

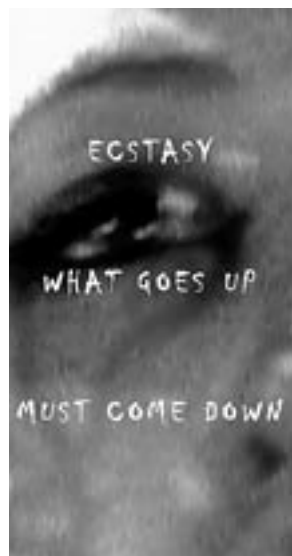
The illicit drugs community awareness and advertising campaign

by Lisa Clifford, Senior Policy Officer, Drug Policy Coordination Unit, Department of Human Services

In response to the growing concern about illicit drug use by young people, the Victorian Government implemented the Illicit Drugs Community Awareness and Advertising Campaign. There was concern that many young people were not aware of the harms caused by drug use and how it can affect them physically, emotionally and socially. The Campaign ran from July 2001 to the end of February 2002. It was a broadband initiative comprised of television, cinema and radio advertisements, as well as print media and mobile billboards placed at locations where young people gather, or travel to and from school.

What did we want the community to know about drugs?

Research told us that some teenagers who experiment with drugs are on the threshold of shifting to more problematic drug use. Between age 15 and 18 years, many young people are still receptive to messages that communicate that there are consequences associated with illicit drug use. Accordingly, the Government was keen to develop a campaign targeted at 15–18-year-olds around the consequences associated with using cannabis,



"When I was going out for a big night, I'd use Ecstasy. In the end I was taking it a lot. Yet it left me agitated, depressed and feeling low."
If you or someone close to you has a problem with drugs, just call.



heroin and ecstasy. Three 45-second advertisements about cannabis, heroin and ecstasy ran throughout the 8-month period of the campaign, showing young people, and the community in general, that these drugs can and will impact on your life; that the potential for significant harm is very real, and that confidential, 24-hour, 7-day assistance and support is available for the user, their friends and family via a

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DRUGINFO

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 **Australian Drug Foundation**
preventing drug problems

 **Premier's Drug Prevention Council**

The application of social marketing in the national tobacco, alcohol and drugs campaigns

Guest editorial by Tom Carroll, Senior Adviser (Consultant) on social marketing and research to the Australian Government Department of Health and Ageing

The development, implementation and evaluation of the national tobacco, alcohol and drugs social marketing campaigns have followed a multi-stage, research-driven process. They have focused on a designated population group or subgroups, and have been firmly embedded within the National Drug Strategic Framework.

Effective social marketing strategy development is premised upon a thorough understanding of the target audience, where behavioural change (for example, smoking cessation) or maintenance (for example, not initiating illicit drug use) is sought, and a clear and specific set of (social marketing, behavioural and communication) objectives grounded in appropriate behaviour change theoretical frameworks.

In addition to gaining an understanding of knowledge, beliefs, attitudes and behaviour within a target audience, formative research can play a key role in strategy development by identifying specific subgroups or "segments" within a broader target audience. For instance, formative research for the current National Drugs Campaign was designed to identify subgroups or "segments" of the Australian population of young people, with respect to their predisposition toward illicit drug use. This was in recognition that not all young people have the same level of risk of experiencing problems with drugs. Based upon this target audience segmentation,



Dr Tom Carroll

a multi-streamed approach was developed, recognising the need to reinforce the position of those who held relatively negative attitudes toward illicit drug use, to promote credible alternatives to those who were attracted to illicit drug use because of their propensity for risk-taking behaviour, and to promote support and assistance for those who were experiencing particular needs and challenges in their lives.

For each of the national tobacco, alcohol and drugs campaigns, formative research was critical in identifying the most effective communication messages to be promoted through particular campaigns, and then in pre-testing and refining potential ways of credibly and realistically executing these messages in advertising, information resources and other marketing strategies. This was just as important to determining the smoker response to visual images of "dangerous fatty deposits" being squeezed out of an artery as it was to finetuning depictions of the various scenes and consequences in the parallel worlds of the National Alcohol Campaign "Choices" television commercials, or the

various drug consequence scenes in the current National Drugs Campaign. Further, the involvement of health and medical advisers from the drugs field in the filming of these numerous drugs campaign scenes was essential to ensuring authenticity of campaign communication.

There has been a significant reduction in the prevalence of smoking among Australians over the period of the National Tobacco Campaign (AIHW 2005; SRC 2005). In seeking to explain this reduction in smoking, the National Tobacco Campaign shouldn't be seen as a discreet intervention. Rather, from a broader social marketing perspective, it is the combined, mutually reinforcing influence of factors such as the increased salience of the negative health consequences of smoking achieved by campaign communication, along with other policy interventions such as the increased costs of tobacco products and restrictions of where smoking is permissible, which is best understood to have contributed to this positive outcome.

The reduction in the proportion of younger teenagers who reported recent drinking over the course of the National Alcohol Campaign and the reduction in the proportion of teenage boys drinking excessively (although still alarmingly high), are positive findings from this campaign's evaluation studies (King *et al.* 2005). Unfortunately, the same positive reduction

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What is social marketing?

by Robert Donovan, Professor of Social Marketing & Director, Social Marketing Research Unit, Curtin University

Put simply, social marketing is the application of the concepts and tools of commercial marketing to the achievement of socially desirable goals.

Marketing is characterised by things like a consumer orientation, segmentation, targeting, advertising, sales promotions, and consumer research to ensure that things like packaging and pricing are appropriate for the product, and that advertising messages are relevant and motivating. Negotiations are also undertaken with intermediaries (like retailers) and stakeholders (like unions and government) to ensure that making the product attractive, available and affordable will be facilitated by distributors and not hampered by structural and regulatory restrictions.

In all these areas, an exchange process between the “buyer” and the “seller” underlies the process of marketing. A necessary condition for a successful exchange is that *social* marketers offer people something they value in exchange for them adopting our recommended behaviour, whether they are consumers, intermediaries or legislators. “What’s in it for me?” is a key driver for the target groups in our campaigns.

Marketing draws on a number of disciplines, but primarily psychology (attitudes, values), communication (persuasion), economics (price elasticity) and sociology (behaviour of groups; diffusion).

What makes *social marketing* “different” from other sorts of marketing?

Social marketing is just one “branch” of marketing, reflecting the area of application: for example, sports marketing, business-to-business marketing, not-for-profit marketing, religious marketing and political marketing. However, social marketing is more than the application of marketing to *social issues*; the key difference from other branches is that social marketing’s goal is the wellbeing of the *community*, whereas for all others, the marketer’s goal is the wellbeing of the marketer (profits; donations; political representation). If the wellbeing of the community is not the goal, then it ain’t social marketing.

A note on terminology. It’s becoming common for people to say they are *using* social marketing to do something (like decrease cannabis use among teenagers). However, we don’t “*use*” social marketing, we simply use marketing. If the goal is community wellbeing, we are *doing* social marketing. A church using marketing to increase attendance is *doing* religious marketing—not *using* religious marketing.

How else does *social marketing* differ?

- Target behaviours are far more complex (drug addiction

versus purchasing toothpaste or soliciting donations).

- The number and types of intermediary and negotiations for cooperation are more complex (buying supermarket shelf space versus negotiating with government on youth workers’ training).
- The number of stakeholders can be extensive (illicit drug campaigns involve a variety of professionals—from sexual health; prostitution; homelessness; as well as entertainment venue operators).
- The range of competitors (“sin products”; materialistic values) is almost overwhelming.

Social marketing broadens marketing’s borrowings from psychology (mental health), sociology (social movements) and economics (globalisation effects), and also draws on disciplines such as public health and health promotion, criminology, social policy and environmental sustainability. However, regardless of borrowings and whether we are targeting individual consumers or those in power to make regulatory changes, the primary paradigm is that of marketing.

When does it work?

Just like any good marketing campaign, social marketing works when it’s based on good research, planning, behaviour-change models, when all marketing mix elements are integrated, and when the sociocultural, legislative and structural environments facilitate (or at least don’t

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Some cautions on the use of fear appeals

by Sandra Jones, Director, Centre for Health Behaviour and Communication Research, University of Wollongong

The use of fear appeals is extremely common in social marketing practice, particularly in the areas of alcohol and drug prevention. Despite many hundreds of studies on fear appeals, the jury is still out as to the effectiveness of different levels of fear in motivating behavioural change. It is important to note that the majority of studies conducted on fear appeals have utilised hypothetical messages, student respondents and measured only attitudes or intended behaviours.

However, there is greater agreement on the necessary precursors for fear appeals to be effective:

- The proposed threat must be sufficiently severe *without* being so extreme as to not be believable.
- The target audience must feel that it could happen to them.
- There must be an efficacious response—something I can do to prevent/reduce the effect.

The most commonly cited model in studies of fear appeals is Kim Witte's Extended Parallel Process Model (EPPM), which posits that:

- Threat motivates action, but efficacy determines the nature of that action.
- If the level of threat is low, there is no response to the message.
- If the level of threat is high and the level of efficacy is high, people will act to control the danger (that is, take the recommended action)
- If the level of threat is high but the level of efficacy is low, people act to control

their fear (that is, ignore the message).

It is important to consider not only the nature of the message (or fear appeal) itself, but also the intended audience. There have been a number of studies that have demonstrated different reactions to fear appeals as a result of individual differences (such as levels of sensation seeking) and personality traits (such as anxiety).

However, an even more important aspect of the intended audience is level of experience with the substance that the message is targeting. While the exact nature of this relationship is complex, the primary finding is that fear appeals are often most effective as a deterrent. That is, those who have never used a substance can be persuaded to remain abstainers by appeals that arouse high levels of fear (for example, "This is your brain on drugs"), as these messages confirm the wisdom of their current behaviour.

In EPPM terms these messages combine high threat with high efficacy (as there is no new behaviour required) and motivate danger control (that is, "Don't start using"). One important caveat on this finding is that campaigns that focus on the extent of the "drug problem" can result in uptake of the behaviour by creating a sense among young people that "everyone is doing it".

Conversely, high fear messages are less effective among those who are current users of the

substance the audience is being cautioned against. First, the level of threat is likely to be perceived as lower and thus they may not respond to the message. Second, even if they accept the threat component of the message, they are less likely to perceive a high level of efficacy (particularly in the case of addictive substances).

In EPPM terms these messages combine high fear with low efficacy and thus motivate fear control (that is, ignore the message). Further, there is evidence that such messages may also damage the credibility of the communicator to such an extent that negative messages about other (untried) substances may also be ignored.

Clearly, there are examples of highly effective fear appeal campaigns. However, they should not be seen as one potential strategy—with the need for further investigation to determine the most effective appeals for different behaviours, situations and target groups.

NOTE: Another important caveat on fear appeals is the effects these may have on unintended audiences—for an excellent review of related issues see the recent paper by Gerard Hastings: Hastings G, Stead M & Webb J 2004 "Fear appeals in social marketing: Strategic and ethical reasons for concern", *Psychology and Marketing*, 21(11): 961–86

Effects of social marketing campaigns on smoking behaviour

by **Melanie Wakefield, Director, Centre for Behavioural Research in Cancer, The Cancer Council Victoria**

Evidence is growing that anti-smoking advertising campaigns can positively influence smoking-related attitudes and behaviour among both adolescents and adults. Research from the United States, Britain and Australia has shown that mass media campaigns can lead to sensitive and specific changes in awareness of the health risks of smoking and benefits of quitting, prompt help-seeking by smokers to quit, and reduce the likelihood that adolescents will take up smoking.

For example, the graphic advertising used as part of Australia's National Tobacco Campaign from mid 1997—recall the ad featuring “cottage cheese” being squeezed from an artery—was associated with specific population changes in beliefs about smoking and arterial disease. Those who run the telephone Quitline know that each time an anti-tobacco television ad like that is broadcast which is tagged with the Quitline number, their switchboard lights up like a Christmas tree with new callers wanting access to smoking cessation advice and self-help materials.

It is thought that social marketing campaigns can act to influence smoking behaviour through several pathways. First, advertising can have direct effects on individuals as consumers of the media. So, someone might see a television ad with new information about the dangers of smoking and say

to him/herself “my goodness, that’s it—I’m going to have a go at quitting”.

Second, advertising can have an indirect influence through stimulating discussion among people about smoking, which in the process leads someone closer to quitting. So, an adult who views an anti-tobacco television ad might be prompted to raise the issue of smoking with their smoker spouse, or a child might raise it with a parent, and it is that interaction that prompts an attempt to quit.

And third, social marketing campaigns can influence the preparedness of the public and policy makers to support increased program funding for tobacco control, or the passage of stronger tobacco control laws, with consequent flow-on benefits to smokers. Advertising doesn't work well in a vacuum, so supporting media messages with community wide programs to give practical support to smokers to quit, and having stronger tobacco control policies, such as higher tobacco tax and smoke-free laws which reduce opportunities to smoke, are ingredients generally held to maximise the success of media campaigns.

Aside from advertising, news coverage on tobacco may also influence smoking. For example, a study from New Zealand showed that supermarket sales of cigarettes declined as the number of weekly newspaper articles about tobacco increased. Even in the absence of paid

advertising campaigns, media advocacy about tobacco may play an important role in keeping smoking on the public's health agenda. There is also growing evidence that adolescent exposure to the ever-increasing portrayal of smoking in movies increases the likelihood of taking up smoking. This has led some commentators to suggest “R” ratings for movies depicting characters who smoke, and a range of other policy and educational options—including showing anti-smoking ads before movies, and tighter parental controls on young people's access to movie watching.

Whichever way you cut it, potentially powerful media messages about smoking abound in our society. It is important to ensure that public health messages get sufficient airplay or exposure in order to have a chance of positively influencing smoking behaviour.

For information about The Cancer Council Victoria's research on social marketing, see the website at www.cancervic.org.au/cbrc or visit www.quit.org.au to view Quit Victoria's campaign advertisements and other relevant material.

It's not the drinking; it's how we're drinking

by Mike MacAvoy, Chief Executive Officer, Alcohol Advisory Council of New Zealand

The New Zealand Alcohol Advisory Council (ALAC) is undertaking a multi-million dollar social marketing program aimed at changing New Zealand's risky drinking culture.

It's not the fact that we drink that's the problem; the problem is how we drink, that is, the excessive per-occasion consumption. New Zealand is a nation that seems to pride itself on the "save it up for Friday night" style of drinking, the "we deserve a drink" perspective or consider "it's a rite of passage that causes little harm".

This pattern of drinking results in more harms and social costs than those incurred by the dependent drinker. The harms range from injuries resulting from accidents or fights; problems with relationships because of alcohol; problems at work; neglect of family responsibilities; embarrassment from indulging in behaviours that you wouldn't normally indulge in—all are associated with excessive per-occasion consumption.

The most high-profile, but by no means the most important, part of the program is the marketing component that includes a series of print, radio and television advertisements.

The first step is to get people to link that pattern with harms, and at the moment many don't recognise that connection. We're not likely to get behavioural change if no-one thinks it's his or her problem. So that is what our advertising campaign will do at first.

The advertising aspect of the program follows the "stages of change" model. ALAC won't move from one phase to another



Dr Mike MacAvoy

until a set level of engagement from the community had been achieved.

Specifically, it takes New Zealanders on a journey by:

- enabling New Zealanders to make the connection between risky per-occasion consumption and the social and physical harms that result
- showing New Zealanders that they might be at risk of contributing to that harm and that there is something they can do about it
- persuading New Zealanders to drink differently so that harm does not occur.

The program is a long-term strategy. It's not a silver bullet that'll solve the problem overnight.

In order to get the necessary behavioural change, we have to "sell" to the New Zealand drinker the notion that we have to reduce the quantity of alcohol we drink on a single occasion.

However, the advertising will not work on its own. It is not about simply delivering a social message by mass media. It is about an integrated program of complementary strategies that the marketing messages are designed to stimulate.

Supporting activities range from achieving better compliance with, and

enforcement of, the Sale of Liquor Act, controlled purchase operations to identify breaches of the Act, parents' programs, policy measures such as taxation/pricing policies, outlet density, advertising and purchase age, and community programs, to strategies that focus on the group of dependent and hazardous drinkers who need support and assistance to reduce or stop their drinking.

The background work to the program was robust and unequivocal. ALAC is delighted at the support the program has received from many government and non-government stakeholders, and the interest it has generated internationally.

For further information, see the ALAC website at www.alac.org.nz.

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What is social marketing?

inhibit) people from responding to the campaign. An effective campaign stimulates people's motivations to respond, removes barriers to responding, provides opportunities to respond, and, where relevant, the skills and means to respond.

Where social marketing campaigns have failed, it has been because the application has been inadequate or incomplete, not because the marketing paradigm has been inappropriate.

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The illicit drugs community awareness and advertising campaign

1800 telephone information, counselling and referral service, and a website.

How the campaign was developed: what we learnt from focus groups

The campaign was developed from research and consultation looking at the place of drugs in the lives of young people. Twenty-five focus groups of drug users, young people, parents and other community members in both metropolitan and regional settings were conducted around Victoria. The focus groups explored a range of issues relating to illicit drugs and young people.

Young people spoke about how drugs were a part of life for them, yet they didn't fully understand the consequences of drug use. They said that more information was needed about what would happen

if they, or their friends, used regularly and where to get help. Significantly, their concerns about the impact of their drug use were for their loss of looks, loss of social standing and loss of job prospects and sporting opportunities. It was this information on which the campaign was designed.

Young people also said that, in order to address successfully the many complex issues of drug use and to convey these to them, a communications campaign must be:

- Non-judgemental
- Credible
- Teen-to-teen not adult-to-teen (at least in tone)
- Not contrived (language is particularly important)
- Evoke identification and empathy
- A mix of the emotional and the rational
- Demonstrate the consequences of drug mis-use through witnessing the many

layers of deterioration a drug user can experience

- Tailor the message to the individual drug.

Campaign outcomes

The successful targeting and structuring of the campaign was evident by the 4600 calls to the 1800 helpline for information, counselling and referral. Of these, where drug use was identified, 61 per cent were current drug users. Significantly, the cannabis advertisement inspired cannabis users and young male cannabis users, in particular, to make a call to the helpline. This is seen as a significant campaign milestone as young men are traditionally very reluctant to seek help. Further evidence of the campaign's success was measured by a post-campaign evaluation, which showed significant recall by the community of the campaign's messages.

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Guest editorial

in excessive drinking was not observed among teenage girls.

The initial phase of the National Drugs Campaign in 2001 resulted in 60 per cent of parents and 50 per cent of teenagers reporting that the campaign made it easier to talk about drugs with their children and parents respectively—the key objective of the campaign (Bertram *et al.* 2003). Evaluation of the current campaign will assess how effective it has been in achieving its primary objective of

reinforcing barriers to initiation to illicit drug use among its teenage audience.

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Prevention research summaries

Media campaigns in health promotion

Research summaries prepared by Mr Netzach Goren, Research Officer, Centre for Youth Drug Studies, Australian Drug Foundation

Introduction

In presenting the following summaries we hope to provide the reader with a snapshot of a variety of recent mass media campaign-related studies. The first two studies examined the effectiveness of "social norms" marketing programs to reduce binge drinking among students. The next study examined the relative appeal of commercial alcohol advertising and counter alcohol advertising among young people from a variety of perspectives. Drug-

related studies that address different aspects of communicating drug campaigns to the public are the focus of the next summary. For more summaries of current research on social marketing and drug prevention, refer to DrugInfo's *Prevention Research Quarterly*, September 2005, or see the website at www.druginfo.adf.org.au.

Centre for Youth Drug Studies

Targeting young people and binge drinking

Glider P, Midyett SJ, Milles-Novoa B, Johannessen K, Collins C 2001 "Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking", *Journal of Drug Education*, 31: 2, pp. 207–20

Key findings This "social norms" marketing media campaign aimed to test strategies for preventing binge drinking on campus at the University of Arizona, in the United States. The study adopted a longitudinal approach (three-year duration), utilised a large sample, and employed multiple waves of measurement. The campaign has yielded positive preliminary results, with a 29.2 per cent reduction in overall binge drinking rates. In addition, the percentage of respondents reporting "getting in trouble" with police and other campus authorities following the use of alcohol or other drugs dropped by approximately 65 per cent. Generally, the study provides some evidence for desired behavioral change.

Study quality was moderate to high

The longitudinal design, multiple waves of measurement and large sample were excellent. Moreover, the promising results achieved highlighted the overall contribution of the research

to the current body of knowledge. The low response rates for each wave (approximately 20 per cent) raise some concerns for possible selection bias, and whether the results can be generalised. In addition, the fact that the statistical analysis does not provide information regarding levels of binge drinking among students who were not exposed to the campaign during that period, raises the question of whether overall reduction in alcohol drinking was campaign related.

Wechsler H, Nelson TF, Lee JE, Seibring M, Lewis C & Keeling RP 2003 "Perception and reality: a national evaluation of social norms marketing interventions to reduce college students' heavy alcohol use," *Journal of Studies on Alcohol*, 64, i4, p. 484

Key findings This study was the first national evaluation of a social norms marketing program (SNMP) to reduce college student alcohol consumption in the United States. Using multiple waves of data collection over a four-year period, the study compared behavioural outcome measures from 57 colleges that implemented SNMP, with data from 61 that did not. Researchers did not detect a decrease in alcohol consumption at schools that employed the SNMP. Furthermore, at these colleges an increase was observed in the amount of alcohol consumed in the past month. Surprisingly,

no such increase was observed in colleges not taking part in the program. These results suggest that the well-funded SNMP was ineffective in combating drinking-related issues in United States colleges.

Study quality was high, using a representative sample of United States colleges, consequently, the findings of this carefully designed cross-sectional study can be generalised to all educational institutions across the United States. One limitation relates to the fact that researchers were unaware of potential variations in the quality and contents of SNMP across colleges. A possible solution for this issue could have been a comparison between colleges that applied well-designed programs and those that did not implement programs at all.

Commercial advertising versus counter-alcohol advertising

Austin EW, Pinkleton B & Fujioka Y 1999 "Assessing prosocial message effectiveness: effects of message quality, production quality, and persuasiveness", *Journal of Health Communication*, 4, pp. 195–210

Key findings Using a sample of 246 college students, Austin et al.'s (1999) cross-sectional study examined the relative appeal of commercial alcohol advertising and counter alcohol advertising among youth, as well as the relationship of perceived message quality, production quality, and perceived persuasiveness to drinking behaviour. Participants were exposed to commercial advertising and pro-social advertising (video clips) and then asked to fill in a set of questions to measure their beliefs. Overall, results indicated that alcohol users favoured the commercial advertising and reported lower levels of perceived effectiveness of pro-social advertising. In addition, it was found that viewers' judgments were being driven more by emotional thinking than logical reasoning.

Study quality was low to moderate The study provides valuable insights concerning individuals' beliefs and perceptions about two types of advertising. As such, the research contributes to the body of knowledge in the field. In addition, it explored some of the weaknesses of health promotion media campaigns that need to be taken in to account by campaign designers.

However, there are some limitations and concerns regarding the obtained results. Firstly, one group of participants observed the two types of video clip. Thus, contents of mixed messages in a short period of time might have influenced participants' perceptions. A randomised control study with three groups (control group watching an irrelevant film, alcohol advertising group, and pro-social group) would have produced more rigorous results. Finally, as a cross-sectional study, the data cannot to be interpreted as causative.

Effectiveness of drug campaigns

Elder RW, Shults RA, Sleet DA, Nichols JL, Thompson RS, Rajab, MS 2004 "Effectiveness of mass media campaigns for reducing drinking and driving and alcohol- involved crashes—A systematic review," *American Journal of Preventive Medicine*, 27:1, p. 57

Key findings Examining the results of eight studies that met inclusion criteria for this review, the authors identified that the median decrease in alcohol-related crashes (ALC) post campaigns was 13 per cent. Economic analyses of two of the campaigns included in the review revealed that the estimated societal benefits resulting from the mass media campaigns were significantly greater than the costs of developing and conducting campaigns. In summary, it appeared that well-designed media campaigns can contribute to reduction in alcohol-related crashes and are cost saving.

Study quality was moderate This study provides a critical review of the literature pertaining to mass media campaigns and drink driving-related issues. A strength of the review is the distinction between different types of drink driving-related issues, and the definition of outcome variables. One of the limitations of the study is that the authors did not define, or at least report, search strategies and literature databases. From this aspect, it is unclear how comprehensive this systematic review actually is. Support for this argument derives from the fact that, although the study was published in 2004, the most recent study reviewed was actually from 1998.

Social marketing: little evidence of effectiveness

by Linda Hill, Global Alcohol Policy Alliance

A common response to increased drinking and alcohol-related problems is to call for more education and public information. We need to teach our young people about the risks of alcohol and to drink more responsibly, we say. But a recent research review sponsored by the World Health Organization, *Alcohol: No Ordinary Commodity*, gave mass media public health messages about alcohol a zero rating for effectiveness.¹

Which policies are effective?

The policies shown to be effective in reducing alcohol-related problems are ones that increase the price or restrict the availability of alcohol. Education and persuasion strategies increase knowledge but appear to have little impact on actual behaviour. There is little evidence that "social marketing"—that is, the latest techniques to tailor media messages to the motivations of particular groups of drinkers—is any more effective in changing drinking behaviour than earlier evaluated campaigns.²

Similarly, some well-designed, school-based programs have shown a small effect which does not persist.³ The weight of evidence is more convincing than any small positive findings, concluded the reviewers. "Despite their good intentions, [health promotion messages] are an ineffective antidote to the high quality pro-drinking messages that appear much more frequently as paid advertisements in the mass media."

Some may find this hard to accept—after all, a great deal of effort and money goes into health promotion campaigns in many countries. In the case

of alcohol, I think we have to understand this lack of effectiveness in the context of the enormous resources available to the sellers and promoters of alcohol. Health promotion messages about alcohol can never compete unless we decide to restrict the commercial promotion of alcohol, as we have done with tobacco. One mass media campaign that did show effectiveness told young people they were being deliberately manipulated and addicted by the tobacco giants. Even that successful campaign lapsed after a year because of costs.

When can public health messages be more effective?

When they are used to support alcohol policies that are effective. For example, drink driving media campaigns don't tell people about the harms associated with drink-driving, but about the *risk of getting caught* drink driving through high-profile enforcement. We all now know we can be breathalysed at any time, anywhere.

The Norwegian Ministry of Health is currently evaluating a campaign that tells people about the risks of heavy drinking and also about the kinds of policies that will need to be implemented if the country is serious about reducing alcohol-related harm.

How can health promoters use mass media effectively?

There is one way in which health promoters can use the mass media that is both effective and cost effective: media advocacy. Advocacy often forms part of community action projects on alcohol. It involves using media *content*, rather than

paid advertisements, to raise the awareness of communities and policy makers. It can frame alcohol as a policy issue, not just an individual choice.

News items and articles can bring attention to problems, translate research and statistics in readable articles in the local media, and keep policy issues under politicians' noses. The effectiveness of this approach has been demonstrated in evaluated community action projects in the United States of America and New Zealand.⁴

For information about the Global Alcohol Policy Alliance, see the website at www.globalgapa.org.

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The role of research in designing, implementing and evaluating cultural and linguistically diverse social marketing strategies

by Andrew J Milat and Jenny Taylor, Research and Marketing Group, Australian Government Department of Health and Ageing

Cultural and linguistic diversity (CLD) has significant implications for those who wish to implement drug communication strategies in a culturally diverse society such as Australia.

It is estimated that people from 160 countries live in Australia¹ and 15 per cent of us speak a language other than English at home.² Our CLD population is diverse, with language contributing to only a small part of the cultural diversity resulting from different countries of origin and/or religions.³

It is important that drug messages reach all members of the Australian community. The development of CLD-specific communication strategies is based on the premise that communication materials carried in the mainstream media may not reach the majority of CLD people or may not be culturally appropriate.⁴

Prioritising target audiences

Critical factors to consider when prioritising CLD language groups for drug communication strategies include, risk status, English language proficiency, length of time in Australia, the size of the language group, geographic distribution, age distribution, availability and appropriateness of communication channels, as well as socioeconomic risk factors (for example, refugee status, unemployment rate, education level and family income).

While literature reviews can assist in this prioritisation process, drug-related data

are often not available for all language groups and age strata. However, local drug and alcohol service provision data in certain geographic areas can provide at least some information.

Role of formative research

Once priority language groups are established, the next step in campaign development is formative research, investigating underlying knowledge, attitudes and behaviour of the target audience to inform the campaign's strategic approach. Formative research results are then used, in the context of social marketing and health communication theories, to develop effective strategies and materials.

Pre-testing drug message concepts and materials with CLD target audiences can greatly improve the likelihood that messages are communicated in a culturally sensitive way and that appropriate images and language are used.

Media research

While creating culturally appropriate messages is essential, determining appropriate communication channels is also of great importance. Lack of knowledge about media consumption habits of CLD people can make communication planning difficult.⁴ Data from CLD-specific campaign evaluations suggest that people from CLD backgrounds consume mainstream as well as ethnic media.⁵⁻⁷ However, language groups with the lowest levels of

English language proficiency are more likely to source information from ethnic media.

Evaluation research

Population surveys that are conducted to evaluate national mainstream drug campaigns can also reach CLD people, and they result in CLD sub-samples ranging from 5–10 per cent.⁶⁻⁷ However, this method does not provide language-specific data, is more likely to include those with higher English language proficiency and is insensitive to diversity among CLD communities.

Language-specific tracking surveys can evaluate the effectiveness of CLD targeted drug campaigns, but it can be time consuming and costly to locate respondents who speak the specific language and meet sampling requirements. A way to reduce these problems is to use surname-based sampling methods to select households in which there is a high likelihood of one or more of the residents speaking the target language/s and limiting evaluation to a selection of the languages targeted by the campaign.

If resources are not available to conduct survey research, campaigns can also be evaluated using qualitative research. This may involve consulting with key CLD community informants to assess their perception of the effectiveness of a campaign. However, this approach does not provide quantitative data on knowledge, attitude or behaviour.

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Small-scale social marketing

by Danika Hall, Associate Research Fellow, Centre for Health Behaviour and Communication Research, University of Wollongong

When most public health practitioners think of social marketing, they think of large-scale, big-budget, mass-media campaigns such as Australia's National Drug Campaign or the National Alcohol Campaign.

Social marketing can also be a useful framework for the average public health practitioner working on smaller-scale programs.

Social marketing is a process that can be used to bring about change at a group or community level. It utilises theories, principles and models from a range of bodies of knowledge, predominantly commercial marketing, but also psychology, sociology, communications theory, behaviour change theory and anthropology. When applied to the field of public health, social marketing has many similarities with health promotion. Common strategies used in public health and health promotion including advocacy, skills development, environment and policy change can be incorporated components of a social marketing strategy for a select target market.

Social marketing principles include market research, market segmentation, the use of the marketing mix (product, price, promotion and place), pre-testing and evaluation. Some of the principles that have been identified as most useful in the prevention of tobacco use and alcohol misuse include conducting and building on research into target markets and targeting specific segments including different age groups and different patterns of behaviour.

Smaller-scale alcohol and drug prevention programs

have used social marketing to: improve recruitment; design interventions; improve communication materials; and improve the dissemination and uptake of interventions by other health professionals.

For example, a university alcohol program in the United States of America and a smoking cessation service for pregnant smokers in the United Kingdom used a social marketing approach to increase recruitment to their interventions. Both undertook market research, the former via a survey and the latter via focus groups. For the smoking cessation program, market research revealed a number of barriers to program uptake and, as a result, the program was re-designed to overcome the barriers and provide more tailored and accessible services. For this program, market research also guided the design of campaign materials, including posters and leaflets, and these were further pre-tested with the target group.

Practitioners in the United Kingdom have successfully used a social marketing approach to convey research findings to general practitioners and improve their uptake of a screening and brief alcohol intervention for patients. There are a number of other successful programs that, while not directly referring to social marketing theory, appear to use elements of social marketing practice. For example, key to the success of the School Health and Alcohol Harm Reduction Project (SHAHRP) in Perth was the provision of messages that were both relevant and credible to the target market.

It is achievable and effective to use the social marketing process and principles, including market research and segmentation, to guide smaller-scale public health programs. Such programs are strengthened when integrated with, or reinforced by, other prevention strategies such as media advocacy, law enforcement or education. While mass media can also play an important role, it must be supported by community based interventions in order to have any sustained impact.

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Social marketing effectiveness

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Needle and syringe program information kit

Edmund Silins, Research Officer, National Drug and Alcohol Research Centre

Needle and Syringe Programs (NSPs) have been implemented in Australia since 1986. There are now about 800 NSPs in New South Wales and over 3000 Australia-wide. It has been estimated that between 1991 and 2000, Australian NSPs prevented 25 000 cases of HIV infection, 21 000 cases of hepatitis C infection and saved at least \$2.4 billion in treatment costs.¹

The weight of evidence in favour of NSPs is compelling. However, the role of the NSP in the community is at times misunderstood, and the programs are frequently at the centre of public debate. In order to disseminate this evidence as widely as possible, and to promote the beneficial outcomes of NSPs to the community, an information kit was compiled in 2000.

The two-booklet kit provides a summary of the scientific evidence for NSPs in a quick-reference question and answer format. Most respondents to a survey used to evaluate the

existing kit found it easy to understand, comprehensive, accurate and increased their knowledge of NSPs. An attitudinal change towards support for NSPs was reported by one in 20 respondents. Feedback about the information kit continues to be positive.

Current information about NSPs is essential as these programs are the cornerstone of the nation's response to blood-borne viruses among injecting drug users. Presently, a project is underway to update the existing information kit. An extensive literature review will be undertaken covering NSPs and blood-borne viral infections; NSPs and illicit drug use; NSPs and discarded injecting equipment in public places; blood-borne viral infections after injury with a discarded needle; cost-effectiveness; global implementation; strength of support by scientific and religious bodies; consistency with Australia's national drug

policy; community opinion; NSPs in prisons; referrals to drug treatment or primary health care through NSPs; vending machines; injecting rooms; and legal aspects of NSPs.

The target audience for the updated kit will include Federal, state and territory parliamentarians; resident action groups in areas of highly visible drug use; local government councillors; health department officers; pharmacies providing needles and syringes; NSP workers; and journalists.

A national steering committee to inform the project has been established. It is expected that the new NSP information kit will be distributed in September 2005 and be made available online.

Reference

- 1 Commonwealth Department of Health and Ageing 2002 *Return on investment in needle and syringe programs in Australia*, Canberra: Commonwealth of Australia

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The role of research in cultural and linguistically diverse social marketing strategies

Essentially, decisions regarding evaluation methodologies within a defined budget require pragmatic trade-offs. The more sensitive and reliable the assessment of impact required for each particular community, the fewer communities that can be included in the evaluation design.

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CALENDAR

September

- 2 The MHS 15th annual conference: Dancing to the beat of a different drum, Adelaide, web www.themhs.org
- 6 Cyclone Junkie—Banging up in the tropics... The 2005 Harm Reduction Symposium, Darwin, web www.tuf.org.au/cyclonejunkie.html
- 9 Logistical and ethical dilemmas in researching drug and alcohol use among refugees and asylum seekers in Australia, Prof. Sandy Gifford, La Trobe University (Talking Point seminar series), Melbourne, tel. **8413 8413**
- 14 Benzodiazepines and antidepressants. What are they, how do they work, and what are the risks?, TRANX, Melbourne, web www.tranx.org.au/educat_train.html
- 25–28 36th Public Health Association of Australia Annual Conference: Successes in public health, Perth, web www.phaa.net.au/conferences/perth/perthconffront.htm

October

- 7–9 Drug & Alcohol/Mental Health Forum: A rural perspective, Wagga Wagga, NSW, web www.rdgp.com.au
- 14 Counselling skills using Cognitive Behavioural Therapy (CBT) for anxiety and depression: Difficulties and solutions, TRANX, Melbourne (also Bairnsdale 27 Oct, Geelong 16 Nov), web www.tranx.org.au/educat_train.html
- 21 Age of drinking onset research: US and Europe, Prof. Lee Strunin, Boston University (Talking Point seminar series), Melbourne, tel. **8413 8413**
- 25 Drug and alcohol use, pregnancy and depression (WADS seminar), Melbourne, web www.rwh.org.au/wads
- 29–31 Pharmacy Australia Congress, Melbourne, web www.psa.org.au/PAC

November

- 3–4 Aboriginal Health Promotion Conference, Fremantle, web www.healthinonet.ecu.edu.au/html/html_ourservices/ourservices_noticeboard.htm#ahpc
- 6–9 Annual APSAD Conference: Science, practice, experience, Melbourne, web www.apsad.org.au
- 11 From grief to action: Families influencing drug policy, Nichola Hall, From Grief to Action, Canada (Talking Point seminar series), Melbourne, tel. **8413 8413**

News

Free Victoria Legal Aid information in Vietnamese for injecting drug users

Overdoses, the Law, Safer Injecting is a wallet-sized publication produced by Victoria Legal Aid. It covers legal and health issues relevant to injecting drug users, including police powers, drug laws, syringes and the law, syringe disposal, safe injecting and CPR information.

The resource is now available in Vietnamese and English. To order multiple copies for distribution or display, see details below.

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New in the library

Di Clemente Ralph J, Crosby Richard A, Kegler Michelle C (eds) 2002 *Emerging theories in health promotion practice and research. Strategies for improving public health*, Hoboken, NJ: Jossey-Bass

Behavioural and social science theory can effectively contribute to the development of preventative behaviour in health-compromising situations such as drugs and alcohol, and in the cultural and social situations in which psychological factors can contribute to risk taking with health.

This work contains new and emerging health promotion theories that are grounded in research

FUNDING OPPORTUNITIES

Sony Foundation Australia

The Sony Foundation Australia is a non-profit charitable organisation, an initiative of the Sony group of companies in Australia. The Sony Foundation Australia cohesively integrates technology, film, interactive games and music initiatives to uniquely benefit the development of Australia's young people. Web: www.sonyfoundation.org.au

Community Broadcasting Foundation

The Community Broadcasting Foundation is an independent, non-profit funding body which acts as a funding agency for the development of community broadcasting in Australia. The CBF assesses applications for funding and distributes grants for development, programming and infrastructure support for:

- Indigenous community broadcasting
- Ethnic community broadcasting
- Radio for the Print Handicapped (RPH)
- general community broadcasting
- the Australian Ethnic Radio Training Project (AERTP)
- sector coordination and policy development.

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and practice. It is aimed at researchers, practitioners and students, and is devoted to emerging theories only. The reader can be assured that each theory presented is either a new concept or a re-take on an old theory, and many of those included were still undergoing the testing phase when the work was published.

There is plenty here for the social practitioner or researcher. The section on prevention marketing is especially relevant if you are looking for methods for community involvement and coping with social pressure. This book is not for the faint-hearted, it contains lots of statistics, examples and references. If you are interested in social theory and preventing adverse health outcomes, this work is for you.

WEBSITES

Adbusters

www.adbusters.org

At the forefront of social marketing, Adbusters focuses its attentions on alcohol, tobacco, consumerism and globalisation. TV Turnoff Week (www.adbusters.org/metast/psycho/tvturnoff/) and Buy Nothing Day (www.adbusters.org/metast/eco/bnd/) are two of the best-known Adbusters campaigns that utilise television ads, web activism and grassroots support.

Tools of Change

www.toolsofchange.com

Tools of Change offers exactly that: the tools to create change in society through social marketing. This Canadian site offers practical advice, tools and case studies for those interested in social marketing and health/environmental promotion. Repeat users of the site are invited to create a free account to store information, online communication plans and save work between sessions.

The Truth

www.thetruth.com

Users are urged to "seek the truth" about tobacco use and advertising and see how they are being manipulated by marketing. Displaying a cutting-edge aesthetic aimed at the teen demographic, the site features drug information, polls, downloads and games. Information about tobacco is divided into topics and presented as one-sentence facts. Boosting interactivity and knowledge, any number of facts can be added to a cart for inclusion in a PDF document users can download and print for free. Users are also invited to submit their thoughts about tobacco. The Truth campaign also features an offline component, with bus tours and giveaways. A hugely successful example of social marketing, the Truth brand reached a 98 per cent campaign awareness level with teens in Florida (USA). Further research showed a reduction of 19.4 per cent of middle and 8.0 per cent of high school teens using tobacco regularly. According to the Centers for Disease Control and Prevention (CDC), this outcome was "the largest annual reported decline observed in this nation since 1980".

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FROM THE EDITOR

How effective is social marketing in influencing attitudinal and behavioural change in relation to drug use? What is social marketing, anyway?

This issue of *DrugInfo* tackles these and other questions about putting commercial marketing concepts and tools to work in order to achieve social goals. We profile some of the latest research and practice, as well as some of the issues that are currently under debate in this area of drug prevention.

The diversity of views is also reflected in the diversity of contributors, and we welcome the views of colleagues in New Zealand, Western Australia, New South Wales and Canberra. Dr Linda Hill's

insightful article on whether there is evidence for the effectiveness of social marketing also adds a global dimension to this issue of *DrugInfo*.

As always, we welcome your feedback and contributions.

Coming up

Our theme for the next issue of *DrugInfo* (early December 2005) is "Prevention and party drugs: What is showing promise?" This is likely to be a hugely popular topic, so make sure you let us know if there are any particular subject areas or programs you'd like us to cover, or contributors you think we should invite to write an article. Meanwhile, do check our website (or call the InfoDesk on 1300 85 85 84) regularly for the latest on drugs and drug prevention—the website is updated several times a week.

Acknowledgements

A big thanks to all of our contributors for their generosity in sharing their views and taking time out from their busy schedules to write. Special thanks to the regulars: Wendy Fortington, Linda Rehill (reviews), Amy Gray (web reviews) and Rosemary McClean (funding opportunities).

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