

**Literature Review on Models and  
Efficacy of Illegal Drug Social  
Marketing Campaigns**

Ministry of Health

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# 1. Executive Summary

The Ministry of Health has identified a social marketing campaign as one potential way to contribute to a reduction in the harm associated with the demand and usage of illegal drugs. To begin the development of such a campaign, the Ministry commissioned Litmus, to conduct a review of national and international literature of best practice in social marketing campaigns.

## Defining social marketing

Broadly, social marketing has been informed by a number of disciplines, including marketing theory and practice, advertising theory and practice, health behaviour modelling, and communications theory and practice. A commonly used definition of social marketing stresses the importance of using commercial marketing technologies to influence behaviour change and to improve the welfare of both individuals and society as a whole. Donovan and Henley define social marketing as:

*The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary or involuntary behaviour of target audiences in order to improve the welfare of individuals and society (Donovan and Henley, 2003).*

## Theoretical principles and concepts of social marketing campaigns

A number of authors have identified and discussed the features, theoretical principles and concepts of social marketing campaigns. These are:

- **A consumer orientation** - Audience members are active participants in the social marketing process, campaigns need to be aware of and responsive to their needs and aspirations
- **The concept of exchange** - Exchange refers to a transaction taking place. For exchange to occur valuable benefits must be offered to audience members, who must give up something valuable to gain these benefits
- **The use of the marketing mix** - The marketing mix includes the four P's of product, price, place and promotion. These four all contribute to the way a marketing campaign is developed and implemented. When they are integrated well they help an exchange to take place
- **The use of market segmentation** - Market segmentation breaks up a population of interest into groups based on lifestyle, demographic, and attitudinal similarities. Groups are selected and campaigns developed to respond to the needs of different audience segments
- **Competition** - Competition comes from the existence of alternative products or services which meet a common underlying need. In socially marketing, competition comes from the behaviours that targeted audiences prefer over the behaviours that social marketers seek to promote

- **Environmental influences** - These are factors outside the control of campaign designers and include political/legal, economic and technological elements, socio-cultural forces and demographic trends
- **Research and evaluation** - Formative research is required to underpin a campaign's design. Process and outcome evaluations are required to measure implementation success, impact and effectiveness
- Finally, campaigns require **an overarching plan** underpinned by solid formative research, a set of clear objectives around which the campaign can be designed and developed, and a sustained approach.

## An integrated social marketing approach

A nine step approach to developing an integrated social marketing campaign includes:

1. Gaining an understanding of what social marketing can do
2. Gaining an awareness of the environmental influences surrounding a campaign
3. Formulating tentative campaign purposes, objectives, segments and time frames
4. Developing a knowledge base
5. Conducting formative research
6. Redefining the purposes, objectives and target groups
7. Pre-testing campaign materials
8. Launching, implementing and tracking the campaign
9. Evaluating the campaign for efficacy.

## New Zealand experience of illicit drug social marketing campaigns

Within New Zealand, community-based approaches have been used to disseminate drug-related information to targeted audiences. These have included school and other community-based initiatives. Findings suggest that there is no evidence that school-based programmes have any impact on long-term illicit drug use.

Alongside school-based activities, a number of organisations such as the New Zealand Drug Foundation (NZDF), Foundation for Alcohol and Drug education (FADE), WellTrust, Life Education Trust (LET) and the Health Action Trust, distribute information about the negative effects of drug use to the wider community. They use a number of approaches in this work, including web-based resources, media presentations, press releases, distribution of magazines, and presentations to wider community groups such as Rotary, Lions and school trustees. Unfortunately, there appears to be limited understanding of the impact these community based activities have on the drug taking attitudes and activities of at-risk youth. It is possible that the Community Action on Youth and Drugs Initiative (CAYAD) offers a structured approach to community initiatives and may have potential in reaching "hard to get" audiences.

While no illicit drug mass media campaigns have been undertaken in New Zealand, some general findings can be gathered from New Zealand-based substance use and misuse media campaigns. These include:

- Media campaigns can be effective in producing behaviour change results when they support enforcement activity
- Campaigns need to be long-term, well resourced and adaptable
- Targeted audiences need to see behaviour change as necessary and personally relevant
- When raising awareness of a helpline, campaigns need to highlight the helpline number. Additionally, successful campaigns can stress helpline resources
- Local campaigns have the potential to engage with audiences who have been difficult to reach with national campaigns.
- A campaign branded to an appropriate partner may increase access to youth audiences
- To be seen as credible, real life approaches need to be spontaneous, unprompted and natural rather than acted or scripted
- Benefits of value must be stressed to overcome the price associated with the behaviour change
- When effectively designed, fear and threat messages work well in achieving campaign aims.

## **International experience of illicit drug campaigns**

A number of trends and learnings have been drawn from the international literature on illicit drug social marketing campaigns as discussed below:

### ***Targeted audiences***

Campaigns have primarily targeted at-risk adolescents and their parents. The adolescent audiences have been further segmented into:

- Children aged nine to eleven who do not engage in drug taking (for this group anti-drug messages have value in affirming anti-drug beliefs)
- Young adolescents aged 12 to 15 who are at-risk of experimenting with drugs (for this group, campaign messages are shown to affirm non-use choices, help to maintain anti-drug attitudes in the short-term and create awareness of sources of information)
- Adolescents aged 15 to 18 who are establishing drug use/non-use habits (for this group campaign messages have value in affirming non-drug use and creating awareness of helplines and supports).

This approach leads to a number of groups who are currently not targeted but who may benefit from receiving information about drug related services, including:

- Adolescents who frequently use illicit drugs

- Parents of children who use drugs recreationally
- Childless adults who choose to use drugs recreationally
- Those in later life transition periods, who use illicit drugs as part of this change process
- Functional drug users, adults who choose to use drugs and maintain highly functional lives around their drug use
- Frequent illicit drug users and those who have developed dependency problems, who have need for specialised treatment and intervention services.

### ***Targeted Drugs***

Many campaigns use a general anti-drug approach rather than targeting a specific drug, particularly in their introductory stages. Examples were also found of messages using an escalating approach to drug use, moving from marijuana, to ecstasy, methamphetamines, cocaine and finally, heroin. Of the campaigns targeting single drugs, marijuana was the most common and methamphetamine campaigns have been prominent in the USA, as well as in the United Kingdom and Australia. Finally, drugged driving is now targeted in Europe and Australia. There was no evidence found to suggest that social marketing campaigns influenced behaviour to the extent of decreasing the use of any specific drug.

### ***Community Channels***

Community programmes are often based in schools to increase responsiveness, adaptability and accessibility. Some evidence has been found of school programmes having short and medium-term impacts on illicit drug use, but no evidence has been found of longer term impacts.

### ***Media campaigns***

A wide range of promotional channels are used in media campaigns including television, radio, cinema and newspaper advertising, publicity, and editorials, outdoor and billboard advertising, ambient advertising, street marketing, sponsorship of youth radio competitions, and online channels including website, banner advertising and chat groups. Measures of effectiveness for specific channels are not available.

### ***Campaign Message Design***

Prevention messages use negative and positive consequence approaches, while harm minimisation messages incorporate humour, social norms and empowerment approaches.

#### **Prevention**

- Negative consequence messaging uses fear/threat accompanied by hard hitting visual imagery. Results show high recall and exposure ratings, indicating this

approach has wide reach, however, no positive measures of efficacy in changing attitudes or behaviour are available

- Positive consequence messages attempt to have the target audience connect with a peer model who actively chooses not to take drugs. The value of this approach is confined to affirming the choices made by those who maintain drug free lifestyles.

### **Harm minimisation**

- Humour is used to decrease pressure and tension associated with drug use and increase engagement with messages. It is a useful design element to increase message exposure
- Social norm campaigns attempt to correct misperceptions of the extent of substance use within targeted audiences. They are used predominately in campaigns on North American college campuses, and have limited efficacy in changing attitudes and no efficacy in changing behaviour
- Empowerment messages aim to model controlled drinking behaviour in a way which overcomes the concerns of targeted groups such as, how limited drinking will affect friendships and social lives, and whether it is possible to have a good time while drinking moderately. Limited evidence suggests this approach may be efficacious in creating behaviour change.

### **Common message elements**

- **Music** - must be liked and relevant to the target audience
- **Copy** - must be clear, short and maximise impact
- **Consequences** - all consequences depicted must be relevant and salient. These include social isolation, loss of motivation and risk of dependency.
- **Models/actors** - should be socially attractive, non-celebrity, peers or slightly older.

## **Evaluating social marketing campaigns**

Appropriate evaluation methodologies include controlled experimental designs and uncontrolled pre-post test surveys.

### ***Controlled experimental designs***

The pre- and post-test controlled experiment is the most rigorous of evaluation methodologies. This design involves the following steps:

1. Measurement of the pre-test attitudes and behaviours of an intervention group alongside a carefully selected group control group
2. Exposure of the treatment group to campaign information/materials
3. Post treatment exposure measurement of the attitudes and behaviours of both groups

4. Comparison of changes in attitude and behaviours between the control treatment groups.

If the treatment group's attitudes and behaviours changed in ways that significantly differ from the control (and the groups were carefully selected and matched) the treatment exposure can be said to be responsible for those changes.

### ***Pre-post exposure Surveys (no control)***

This design is the most commonly used in the literature sourced and includes the following steps:

1. Measures are designed to track baseline information, such as awareness, attitudes, intentions and behaviours
2. Data is collected from a random sample who is representative of the target audience, prior to exposure to the campaign (the baseline)
3. Once the campaign has commenced, appropriate intervention points are determined, such as six weeks, three months, six months and one year
4. Using the same measures as the baseline survey, data is collected at these intervention points from a random sample representative of the target audience (follow-up surveys)
5. The results from the follow-ups are then compared to the baseline to determine changes in the measures used.

This approach enables changes to be seen within the target audience. However, as there is no control group, any changes observed can not be said to be the result of exposure to the campaign.



## 2. Introduction

The Ministry of Health (the Ministry) is responsible for minimising the harm associated with the misuse of illegal and other drugs through the national drugs policy. The policy recognises that the illicit use and misuse of drugs has the potential to create great harm to users, their families, friends and associates and negative life effects on the health and vitality, finances, outlook, work and social relationships for individuals using illegal drugs. As well as these direct effects, indirect negative effects on non-users exist as well, such as increasing risk of injury through accidents, intentional injury or violence. Additionally, substantial societal and economic costs to New Zealand arise through increased medical care, lost productivity and costs associated with legislative enforcement of drug related laws.<sup>1</sup>

At most risk of direct harm are young people, in particular adolescents (aged nine to 17 years) and those aged between 18-24 years. Findings from a recent Otago medical school longitudinal study suggest that up to 80% of the study's cohort of 25 year olds had used cannabis, 40% had used other illegal drugs and up to 15% were at risk of developing dependencies on illegal substances.<sup>2</sup>

The Ministry has identified a social marketing campaign as one potential way to contribute to a reduction in the harm associated with the demand and usage of illegal drugs. To begin the development of such a campaign, the Ministry commissioned Litmus, a Wellington-based research and evaluation company to conduct a review of national and international literature of best practice in social marketing campaigns. The literature review includes:

- A summary of the theories regarding best practice in social marketing campaigns
- Identification of social marketing campaigns in New Zealand related to illicit drugs as well as comparable issues such as tobacco and alcohol, including mass media campaigns and community-based projects
- A summary of international social marketing campaigns related to illegal drugs
- A discussion of what types of campaigns are considered successful in terms of appropriate messages, media channels, targeted audiences and targeted drugs
- Methods for evaluating social marketing campaigns including assessment tools, and measurable outcomes commonly used.

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<sup>1</sup> Ministry of Health. (2007). *The National Drugs Policy*. Wellington. Available: [www.ndp.govt.nz](http://www.ndp.govt.nz) [Accessed 15 February 2008].

<sup>2</sup> University of Otago. (2006). *Illicit Drug Use Starts With Cannabis*. [Press Release] Available: [http://www.otago.ac.nz/news/news/2006/14-03-06\\_press\\_release.html](http://www.otago.ac.nz/news/news/2006/14-03-06_press_release.html) [Accessed 15 February 2008].

## 3. Review Methodology

### 3.1 Introduction

This section defines and explains the methodological approach adopted in this review. It discusses how the literature was identified, the search criteria, databases, keywords and search engines used, as well as the approach undertaken to identify and include grey and unpublished literature. It also reports on how the literature was critically evaluated.

### 3.2 Identification of literature

#### 3.2.1 Search criteria

The search criteria was finalised with the Ministry of Health to include research studies, social marketing programmes and media campaigns published and/or undertaken in the last 10 years.

#### 3.2.2 Databases used

A broad scoping of the literature began by searching the following databases:

- Masterfile premier
- Business source
- Proquest science journals
- Medline
- The Cochrane library

Combined, these databases give access to a wide range of peer reviewed health, science and business journals that informed the review. The review team also had access to substantial personal collections of literature.

#### 3.2.3 Keywords

Keywords for the search included: illegal drugs, illicit drugs, cannabis, marijuana, cocaine, heroin, ecstasy, methamphetamine, 'P', methadone, party pills, tobacco, smoking, alcohol, drink driving, drugged driving, drug education, social marketing campaigns, health behaviour research, prevention messages, harm minimisation messages, fear appeals, social norm campaigns and message framing.

### **3.2.4 Internet searches**

To find additional reports and papers of interest, a Google search was undertaken to identify the websites of government and non government agencies, research centres and organisations of interest that contained information on evaluated social marketing campaigns and programmes including campaign materials.

### **3.2.5 Grey literature**

Grey Literature was sourced through email requests and phone calls to researchers in New Zealand and overseas.

## **3.3 Critical evaluation**

Once appropriate literature was identified, a bibliographic search of key articles identified articles, reports, programmes or campaigns that were commonly cited and/or discussed. These were then included in the literature review material to ensure the review contained the most comprehensive picture of comparable national and international campaigns, research and studies.

A critical evaluation of the literature was undertaken using the parameters given by the Ministry of Health. Any gaps apparent in the literature were identified and telephone or email contact was made to key researchers, organisations and stakeholders to canvas additional information.

## 4. A summary of social marketing theory and best practice

### 4.1 Introduction

The 1952 question posed by Wiebe<sup>3</sup>, “Why can’t brotherhood be sold like soap?”, is seen by many as an important transition for social marketing. From this early point, both theoretical understanding and practitioner-based approaches to social marketing campaigns were developed throughout the 1970’s and beyond, leading to the emergence of a broad based consensus over the definitions and components of social marketing campaigns.

This section provides an overview of:

- The current working definitions of social marketing
- Theoretical principles, concepts and features that inform the components of social marketing programmes<sup>4</sup>
- Some of the latest research into illicit drug campaigns.

### 4.2 Defining social marketing

Broadly, social marketing has been informed by a number of disciplines, including marketing theory and practice, advertising theory and practice, health behaviour modelling, and communications theory and practice. Evolving from the work of many researchers, notably Kotler and Zaltman<sup>5</sup>, Andreasen<sup>6</sup> and Donovan and Henley<sup>7</sup> social marketing has recently been defined as:

*The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary or involuntary behaviour of target audiences in order to improve the welfare of individuals and society.*<sup>8</sup>

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<sup>3</sup> Perese, L., Bellringer, M., Abbott, M. (2005). *Literature review to inform social marketing objectives and approaches, and behavior change indicators, to prevent and minimize gambling harm*. Auckland: Final report Gambling Research Centre, Auckland University of Technology. p.18.

<sup>4</sup> The section draws heavily on Perese, L., Bellringer, M., Abbott, M. (2005). Which provides the format and content basis for the discussions. The content relating to illicit drug programmes is drawn from the wider body of research collected for this review.

<sup>5</sup> Kotler, P., and Zaltman, G. (1971). Social marketing; An approach to planned social change. *Journal of Marketing*, 35: 3-12

<sup>6</sup> Andreasen, A.R. (1995). *Marketing social change: changing behavior to promote health, social development and the environment*. San Francisco, Jossey-Bass, p.7.

<sup>7</sup> Donovan, R. J., & Henley, N. (2003). *Social marketing principles and practice*. IP Communications Ltd, Victoria.

<sup>8</sup> Donovan, R. J., & Henley, N. (2003) cited by Perese, L., Bellringer, M., Abbott, M. (2005) p.18.

Stead et al<sup>9</sup> identified a number of features of social marketing campaigns, including a primary focus on behaviour change. Stead's other features mirror eight theoretical principles and concepts discussed by Perese et al.<sup>10</sup> These eight (which are discussed in detail below) are:

- A consumer orientation
- The concept of exchange
- The use of the marketing mix
- The use of market segmentation
- Competition
- Environmental influences
- Research and evaluation
- Integrated planning process

## 4.3 Theoretical principles, concepts and features

### 4.3.1 A consumer orientation

The consumer has a central role in the social marketing process. Social marketers need to know and be responsive to their audiences, who are an active part of the process

Fundamental to an understanding of marketing in general and social marketing in particular, is the central role that the consumer has in the process. This positioning means that social marketers need to not only understand their audiences, they need to be aware of and be responsive to their needs and aspirations.<sup>11</sup> Additionally, there is a need to understand audiences as active participants<sup>12</sup> in the social marketing process.

In terms of illicit drug social marketing programmes, there has been a mixed approach to consumer orientation. Some are perceived as imperative and authoritarian, with a central focus on informing consumers of an authority's point of view. For example, the early campaigns developed by the Office of National Drug Control Policy (ONDCP) for the National Youth Anti-Drug Media Campaign (NYADMC) faced early criticism for having

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<sup>9</sup> Stead, M., McDermott, L., Gordon, R., Angus, K., & Hastings, G. (2006). *A review of the effectiveness of social marketing alcohol, tobacco and substance misuse interventions*. Institute for Social Marketing, London. NSMC Report 3. p.15.

<sup>10</sup> Perese et al. (2005).

<sup>11</sup> Ibid. p.19.

<sup>12</sup> Ibid. p.18.

insufficient focus on promoting drug treatment and inadequate citizen involvement.<sup>13</sup> Other programme planners have taken a more empowering approach to campaign development, for example, The Partnership for a Drug Free America's *Check Yourself* campaign involved target audience members from campaign inception to ensure the relevancy and responsiveness of the programme's messages.<sup>14</sup>

#### 4.3.2 The exchange concept

The transmission of value between two parties so that each is better off. For exchange to occur social marketers must offer valuable benefits and recognise that consumers must give up something valuable to gain these benefits.

At the heart of marketing exists the concept of exchange. This refers to the fact that there must be a transmission of value between two parties so that each is better off. This concept requires social marketers to:

- Offer benefits of value to the targeted audience
- Recognise that to gain these benefits consumers must give up something valuable
- Acknowledge that all participants to the exchange must receive benefits of value.<sup>15</sup>

In terms of illicit drug campaigns, benefits of value that drug prevention messages offer the audience include the avoidance of negative consequences (mainly legal, health and well-being consequences) and the gain of positive consequences (mainly health and well-being consequences). Acknowledging that the consumer must give up something valuable should not be downplayed. For example, for young adolescents, not taking drugs may mean they forego the excitement associated with experimentation of illicit substances, as well as the pleasurable sensations associated with the high of drug taking. While these experiential consequences may not be valuable to campaign planners, they will be very valuable to some members of their target audience. Not recognising the value of these experiences may create barriers to the target audience adopting the behaviours being promoted and ultimately impact on the effectiveness of the campaign's design, lessening the likelihood of an exchange taking place.

#### 4.3.3 Use of the marketing mix – Product, Price, Place, Promotion

The marketing mix includes the four P's of product, price, place and promotion. In social marketing campaigns, each has a specific role to play and when well integrated they can help an exchange to take place.

<sup>13</sup> Dejong, W., & Wallack, L. (1999). A Critical perspective on the drug czar's anti-drug media campaign. *Journal of Health Communication*, 4, 2, 155-160. Available: <http://www.ingentaconnect.com/content/tandf/uhcm/1999/00000004/00000002/art00007> [Accessed 15 February 2008].

<sup>14</sup> Partnership for a Drug Free America. (2004). *Check yourself: helping at risk teens*. Advertising Educational Foundation. [http://www.aef.com/exhibits/social\\_responsibility/pdfa/3000](http://www.aef.com/exhibits/social_responsibility/pdfa/3000). Accessed 07 February 2008.

<sup>15</sup> Donovan, R. J., & Henley, N. (2003). cited in Perese et al. p.19.

The marketing mix has traditionally been defined as having four elements (or four P's): Product, Price, Place and Promotion. In developing a new campaign, each of the four plays a specific role and when combined well, they help to ensure that an exchange (see above) takes place. Within social marketing, design of a campaign includes consideration of how the marketing mix elements (the four P's) are best used and how they will work together in an integrated way. Decisions made about a campaign's marketing mix will impact on both its implementation and efficacy. Each of the four marketing mix elements are discussed below.

## **Product**

In social marketing, the product is the behaviour or idea the campaign designers wish the target audience to adopt. It can be an action, and it can involve services such as telephone helplines. Products need to be positioned in such a way as to maximise their benefits and minimise their costs.

In terms of illicit drug social marketing programmes, the product is comprised of maintaining drug free behaviour, or in the case of occasional drug users, becoming drug free. Other product elements may include helplines, websites, other information sources, prevention programmes and intervention services. The benefits of these wide ranging product elements are generally described as either the avoidance of negative consequences associated with drug taking or the experiencing of positive consequences associated with not taking drugs.

## **Price**

Price refers to the thing of value that a consumer gives up to gain the benefits offered by a product or service. Price can be considered a barrier that will stop the target audience adopting the behaviour being promoted. Normally, price is thought of in monetary terms, but it can include time, transport, opportunities lost and other items of value to an audience.

In illicit drug social marketing campaigns, the things of value that target audiences are asked to give up may include psychological and physical effort (deciding not to take drugs and physically moving away from drug taking locations), social opportunities (ostracism by drug taking friends), monetary costs (if services are charged for) and time (time taken to source and read materials and attend talks). Campaign designers need to have an in-depth understanding of the things of value their audience members are giving up to adopt or maintain a drug free lifestyle. Once they understand this, they can emphasise the product benefits that will help overcome the barriers that these things of value represent. For example, having friendships is a thing of great value to many adolescents, so the risk of social ostracism is a very real price for many young audience members. Depicting the benefit of gaining many healthy friends, who engage in activities attractive to the target audience, may help to overcome the giving up of old friends who adopt drug taking behaviours.

## **Place**

Place refers to the distribution channels that are used to ensure the product reaches the target audience. It includes locations that provide opportunities to see, try, practice, experience and buy the product. Products must be easily obtainable.

In illicit drug social marketing campaigns, Place includes the distribution of information through media channels, campaign offices, schools, community centres, and recreational and sporting organisations. Often, alliances between programme managers and community-based stakeholders are needed to ensure the campaign materials and information are distributed effectively. Accessible distribution is no longer restricted by geography however, and includes the use of websites to expand the reach of campaign information. Additionally, some use has been made of on-line chat groups to support drug prevention programmes.

### **Promotion**

Promotion refers to all the marketer's efforts to ensure that the target audience is aware of the product, its benefits, price and location. Promotion includes, advertising, publicity (free advertising), public relations (including information in television and newspaper editorial content) and sponsorship. Promotional efforts aim to engender positive attitudes and intentions towards the product.

In illicit drug campaigns, promotion activities include designing effective messages and ensuring that they are widely available in places that target audiences will see them. Examples include, youth directed television commercials (tvcs) being presented on youth oriented channels, sponsorship of activities such as radio competitions being developed with and presented by radio stations relevant to the target audience, and public relations materials such as press releases, being included in news bulletins or editorial pages where and when they will reach parent and adult audiences.



#### 4.3.4. The use of market segmentation

The break up of a population of interest into groups based on lifestyle, demographic, and attitudinal similarities. Social marketers are able to select groups and develop campaigns that respond to the needs of different audience segments.

Market segmentation is a cornerstone of marketing. Marketers break up a population of interest into groups based on lifestyle, demographic and attitudinal similarities and then select and concentrate on those segments they are best able to service. By using the segmentation principle, social marketers are able to select groups and develop marketing mixes that respond to the needs of different audiences.

In terms of illicit drug campaigns, segmentation activities have included identification of a number of key audiences, such as non- and occasional drug using adolescents and as a separate group, the parents of non- and occasional drug using adolescents. Other groups such as regular or dependent drug users have been identified as too difficult to reach with this approach.<sup>16</sup> Additional segmentation activities include gaining an understanding of the risk factors associated with drug use in adolescence to further segment the audience into high and low risk categories. These include psycho-social risk factors such as older sibling use, peer use, peer oriented lifestyle, tobacco and alcohol consumption, low parental monitoring, anti-social behaviour,<sup>17</sup> low religiosity<sup>18</sup> and sensation seeking.<sup>19</sup> Finally, gaining an understanding of the attitudes that young people and their parents have towards drugs and drug taking, and the factors they consider relevant in terms of the negative consequences associated with drug use, leads to segmentation on the basis of degree of negative or positive attitude toward drugs.

Once segments are identified, marketers need to be aware of how ready members of their selected audiences are to their receive messages. One commonly used method of assessing this is through the stages of change approach, which forms the basis of Andreasen's social marketing framework.<sup>20</sup> This approach classifies members of a targeted audience into groups according to their readiness to adopt the recommended behaviour. The stages include:

- **Pre-contemplation** - the audience member is not considering changing his/her behaviour
- **Contemplation** - the audience member is considering changing behaviour, but not in the immediate future

<sup>16</sup> The Home Office. (2007). *The Frank Review (2004-2006)* Available: [http://drugs.homeoffice.gov.uk/communications-and-campaigns/Frank\\_Review\\_\(2004-2006\)](http://drugs.homeoffice.gov.uk/communications-and-campaigns/Frank_Review_(2004-2006)) [Accessed 11 February 2008].

<sup>17</sup> Kokkevi, A. E., Arapaki, A. A., Richardson, C., Floerscu, S., & Sterger, E. (2007). Further investigation of psychological and environmental correlates of substance use in adolescence in six European countries. *Drug and Alcohol Dependence*, 88 308-312.

<sup>18</sup> Herman-Stahil, M. A., Krebs, C. P., Kroutil, L., and Heller, D. (2007). Risk and protective factors for methamphetamine use and non medical use of prescription stimulants among young adults 18-25. *Addictive Behaviours*, 32 (5) 1003-1015.

<sup>19</sup> Palmgreen, P., Donohew, L., Lorch, E.P., Hoyle, R H & Stephenson, M. T. (2001) Television campaigns and adolescent marijuana use: Tests of sensation seeking targeting. *American Journal of Public Health*, 91. 292-296.

<sup>20</sup> Donovan, R.J., & Henley, N. (2003). P.218.

- **Preparation** - the audience member plans behaviour change in the immediate future (for example within two weeks)
- **Action** - the immediate period following the adoption of the recommended behaviour
- **Maintenance** - the period following action until the unhealthy behaviour is extinguished
- **Termination** - the problem behaviour is completely extinguished.

Donovan and Owen<sup>21</sup> considered the usefulness of the stages of change approach in social marketing campaigns and found that they were most useful for audience members in the pre-contemplation and contemplation stages. This was because they act to raise awareness and personal relevance of issues. During the preparation stage, campaign messages have positive effects by reinforcing both self belief and the relevance of the benefits being offered. Finally, in the action stage, messages can act to reinforce reasons for adopting the behaviour change. Donovan and Owen saw no real use of social marketing campaigns in the maintenance or termination stages.

In illicit drug campaigns, the stage of readiness to adopt recommended behaviours should be considered for target segments where a change of behaviour is required (adolescents who occasionally use drugs and the parents of non-using/occasionally using adolescents, who are being asked to talk to their children about drugs). For other targeted groups such as non using adolescents, there is no call for a change of behaviour although social marketing messages may act to reinforce their non-drug taking behaviours.

#### 4.3.5. An awareness of competition

The existence of alternative products to meet a common underlying need. Social marketers face competition from the behaviours that targeted audiences prefer over the behaviours that social marketers seek to promote.

Competition refers to the activities of different marketers who provide alternative products to meet a common underlying need. In social marketing, competition can be viewed as those behaviours that targeted audiences prefer over the behaviours that social marketers seek to promote.

In terms of illicit drug social marketing campaigns, competition comes from:

- Elements of popular youth culture which glamorise the nature of drugs and drug taking
- Competing social messages. For example, in one evaluation, the effectiveness of a school-based programme was compromised in part because an alternative prevention programme was running at the same time. This competing programme had the effect of diluting the message presented by the school-based programme.<sup>22</sup>

<sup>21</sup> Donovan, R.J., & Owen, N. (1994). Social marketing and population interventions. In R K Dishman (ed.), *Advances in Exercise Adherence* (2<sup>nd</sup> Ed.). Human Kinetics Illinois, 249-290.

<sup>22</sup> Hastings, G., Stead, M., MacKintosh, A. M. (2002). Rethinking drugs prevention: Radical thoughts from social marketing. *Health Education Journal*, 61, (4) 347-364.

#### 4.3.6. Environmental influences

The factors outside the control of social marketers that influence the effectiveness of a campaign. These include political/legal, economic and technological elements, socio-cultural forces and demographic trends.

The environmental influences refer to factors outside the control of marketers that influence the effectiveness of a campaign. All social marketing programmes must consider the environmental circumstances in which they operate.

Components of these environmental influences which apply to illicit drug social marketing campaigns include:

- **Political/legal elements** - illicit drugs are by definition illegal and this can affect the way in which campaign approaches are developed and implemented. For example, greater political pressures may exist for prevention messages to be used for illicit substances in comparison to tobacco and alcohol related messages. In New Zealand, the aims and objectives National Drugs Policy need to be considered as a first step in defining how a social marketing programme should be developed
- **The economic environment** - this may influence funding available for programmes. Additional economic elements to be aware of include the costs of drug use and abuse to individuals, families, communities and society as a whole
- **Technological elements** - new technologies such as those that are internet based, as well as cellular telephones can influence both the ways illicit drug use is undertaken and elements that are incorporated into the promotional mix of a social marketing programme. Recent examples include the development of text messaging services, online support groups and online information sites
- **Social and cultural forces** - these include an awareness of the culture surrounding drug use, including the association of drug use with criminality and the differing ways with which drug use is viewed by groups within society
- **Demographic trends** - a general awareness of demographic trends enables the planning for changing population bases. This information is helpful in determining how the drug free message is best presented as well as for planning for required intervention and prevention services.

#### 4.3.7. Research and Evaluation

Social marketing requires formative research in the design phase and process and outcome evaluations to measure implementation success, impact and effectiveness.

Research is important to identify and understand consumer needs, wants, attitudes, perceptions and behaviours, as well as for pre-testing interventions, advertising and promotional elements of the marketing mix.

Perese et al.<sup>23</sup> cite Donovan and Henley's (2003) research framework for social marketing interventions. The framework consists of:

- Formative research to determine which strategies will work best for which audiences
- Efficacy research to determine how likely it is that the campaign will make a difference if implemented
- Process evaluation to determine how the implementation of the campaign differed from what was planned
- Outcome evaluation to determine the impact the campaign had.

All of the illicit drug campaigns sourced for this review have been evaluated to some extent. Some evaluation designs used were more effective than others, and this discussion will be picked up again in section four.

#### **4.3.8. An integrated planning process**

Social marketing campaigns require: an overarching plan underpinned by solid formative research, a set of clear objectives around which the campaign can be designed and developed, and, a sustained approach.

Integration of all elements of social marketing is key to the success of any social marketing campaign.

Illicit drug social marketing programmes are often long-term, have a number of complex stakeholder relationships, face overt, hidden and insidious competition, have funding constraints and need ongoing strategic analysis and support. To have any chance of success they require:

- An overarching plan underpinned by solid formative research
- A set of clear objectives around which the campaign can be designed and developed
- A sustained approach, in that they need to be considered as a long-term means to behaviour change.

Below is a nine step plan, synthesised from a number of approaches<sup>24</sup> and used to illustrate an integrated planning process for illicit drug social marketing campaigns. The nine steps include:

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<sup>23</sup> Perese et al. (2005). p.22

<sup>24</sup> This framework is an integration of those proposed by:

- Nicholas, R (2002) The role of media campaigns in preventing the uptake of illicit drug use in Australia . Australian Centre for Policing research. Available: [www.abc.net.au/news/stories/2007/09/032022645.htm](http://www.abc.net.au/news/stories/2007/09/032022645.htm) [Accessed 14 January 2008].
- Substance Abuse and Mental Health Services Administration. (2007). Social Marketing and health Communications, Canada. Available: <http://preventiontraining.samsha.gov/THEORY/communications.htm>. [Accessed 11 December 2007].
- Falconer, W. (2003). Developing a Youth Drinking Social Marketing Programme: A review of Literature, ALAC. Wellington, personal communication.

1. Gain an understanding of what social marketing can do
2. Gaining an awareness of the environmental influences surrounding a campaign
3. Formulate tentative campaign purposes, objectives, segments and time frames
4. Develop a knowledge base
5. Conduct formative research
6. Redefine the purposes, objectives and target groups
7. Pre-test campaign materials
8. Launch, implement and track the campaign
9. Evaluate the campaign for efficacy.

### **1. Gain an understanding of what social marketing can do**

Illicit drug social marketing campaigns have been shown to have efficacy in the following areas:

- Raising awareness of risks
- Raising the awareness of sources of information and help
- Increasing knowledge about negative consequences of drug use
- Promoting the benefits of behaviour change.

They are useful in reinforcing:

- Existing knowledge
- Anti-drug attitudes
- Non-drug taking behaviour
- The work of prevention and intervention services.

They are useful in:

- Demonstrating skills
- Prompting immediate action
- Increasing demand for prevention and intervention services, information and resources
- Refuting myths and misconceptions.

### **2. Gain an awareness of the environmental influences surrounding the campaign**

Designers of social marketing campaigns need to be aware of the following:

- Political /legal elements such as the aims of the National Drugs Policy and intended changes to drug classifications

- Economic influences include available funding for social marketing campaigns and the true economic cost of illicit drug abuse to the country
- Technological changes that can both encourage the distribution and use of illicit drugs and assist in disseminating social marketing messages
- The competitive and cultural/social influences surrounding drug use, including competing messages such as its glamorisation within popular youth culture and its association with criminality
- Changing demographic patterns and how these may impact upon the provision of services.

### **3. Formulate tentative campaign purposes, objectives, audience segments and time frames**

The overall, purposes, objectives and approaches of the campaign need to be well defined, for example:

- Is the purpose to prevent drug use or minimise harm resulting from drug use?
- Are the objectives to reduce drug use, if so by how much?, or to promote sources of information.
- How is the audience to be segmented, for example, into adolescents, non using, occasional, or regular users? Or is the focus on parents of adolescents?
- What timeframes are appropriate?

### **4. Develop a knowledge base of existing regional/local infrastructure for dealing with drug related problems**

Form appropriate stakeholder partnerships to further the aims of the social marketing programme.

### **5. Conduct formative research within the audience segments to determine**

Formative research should investigate:

- Attitudes towards drug taking
- The dynamics within which drug taking occurs
- Stages of change within the targeted audience – pre-contemplators, contemplators and action takers.
- How cultural diversity will impact upon campaign design.

### **6. Redefine the purposes, objectives and target groups**

Once the formative research is completed, the purposes, objectives and target audiences can be confirmed and the marketing mix elements developed into an overall campaign design. Where possible, target audience members should be involved to help ensure relevance and likeability of the messages.

### **7. Pre-test campaign materials**

Where possible, use controlled pilot programmes to pre-test campaign messages. Check for clarity and relevance.

**8. Launch, implement and track the campaign**

Following launch, track implementation through process evaluations and ensure that changes can be made in a timely fashion.

**9. Evaluate the campaign for efficacy**

Outcome evaluations are required to measure efficacy of the campaign, use well designed outcome measures and appropriate methodologies.

## 5. Identification of New Zealand Social Marketing Campaigns

### 5.1. Introduction

Within New Zealand, a number of approaches have been taken to minimise at-risk youths' drug taking behaviour. These include community-based information provision, prevention and intervention programmes provided by non governmental organisations (NGO's), charitable trusts and others, and community action programmes, such as the Community Action on Youth and Drugs Project (CAYADs) administered by the Ministry of Health. While there have been no nationally run mass media campaigns aimed specifically at preventing or minimising the harm of illicit drugs, a number of campaigns have taken a harm minimisation approach towards the use and misuse of legal substances such as tobacco and alcohol. A discussion of each of these activities follows.

### 5.2. Community information, education and prevention

A wide range of organisations focus, either primarily or in part, on providing information about illicit drugs to the community using a broad range of approaches. They are predominately targeted at youth, teachers and parents and are delivered through schools, community organisations and local media. Using Stead's characteristics,<sup>25</sup> these activities could not be regarded as social marketing, as they do not necessarily reflect a wide and integrated approach, but instead focus on either information dissemination or the provision of early treatment programmes to a range of community audiences. As such they give a useful snapshot of the range of activities being performed at the community level. Example organisations discussed in this report include the following:

- Foundation for Alcohol and Drug education (FADE), a national organisation which aims to help New Zealanders deal with the negative alcohol and drug issues that affect their lives<sup>26</sup>
- WellTrust, established by the community trust of Wellington, WellTrust works to minimize harm from alcohol and other drug (AOD) use<sup>27</sup>
- AMPED4Life, a charitable trust who aims to be proactive within communities in the fight against drug and alcohol abuse and addiction<sup>28</sup>
- New Zealand Drug Foundation (NZDF), an organisation committed to reducing and preventing the harm caused by drugs in New Zealand<sup>29</sup>

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<sup>25</sup> Stead, M., McDermott, L., Gordon, R., Angus, K., & Hastings, G. (2006). *A Review of the Effectiveness of Social Marketing Alcohol, Tobacco and Substance Misuse Interventions*. Institute for Social Marketing, London. NSMC Report 3. p.15.

<sup>26</sup> Foundation for Alcohol and Drug Education. (2008). Available: <http://www.fade.org.nz/> [Accessed 08 February 2008].

<sup>27</sup> WellTrust. (2008). Available: <http://www.welltrust.co.nz/> [Accessed 28 February 2008].

<sup>28</sup> The Amped Group. (2008). Available: [www.amped4life.net.nz](http://www.amped4life.net.nz) [Accessed 09 February 2008].

<sup>29</sup> New Zealand Drug Foundation. (2008). Available: <http://www.nzdf.org.nz/> [Accessed 09 February 2008].



- Life Education Trust (LET) a non-profit organisation which seeks to give young people the knowledge and skills to live a fulfilling and healthy life<sup>30</sup>
- Health Action Trust, a Nelson based organisation which promotes community involvement and ownership of health problems and solutions.<sup>31</sup>

These are not the only community-based organisations active in drug prevention/harm minimisation work in New Zealand, but they are all involved in promoting anti-drug messages within their communities.

### 5.2.1. School-based approach

The use of schools to provide alcohol and other drug (AOD) education and primary prevention programmes is seen as an appropriate means of providing information to the great majority of adolescents.<sup>32</sup> Activities involved in school-based services include:

- Supplying teaching resources that fit in with and expand the drug education components of the health and physical education curriculum for example, 70% of high schools subscribe to additional resources supplied by FADE.<sup>33</sup>
- Conducting teacher information sessions on the effects of legal and illicit drugs on adolescent development. Examples include activities of WellTrust and Amped4life
- Conducting parent information sessions on the effects of legal and illicit drugs on adolescent development. Examples include WellTrust and Amped4life
- Delivering school-based prevention and early intervention programmes such as the DARE programmes,<sup>34</sup> Life Education Trust substance module, High on Life and Amped4Life.

These prevention and early intervention programmes are often developed from international programmes adapted for New Zealand, and/or have multi-sectorial and community-based input. In the case of the High on Life programme, a broad range of community stakeholders were engaged in its development and delivery phases. All prevention and early intervention programmes delivered into schools are required to be evaluated, however many of these evaluations focus of implementation. No evaluated evidence was found of any of the school programmes having an impact on long-term illicit drug use.

### 5.2.2. Wider community

Alongside school-based activities, a number of organisations distribute information to the wider community. Activities include:

- **Web-based resources** - many organisations carry factual information about specific drugs and their effects on their websites. Examples include the Urge website

<sup>30</sup> Life Education Trust. (2008). Available: <http://www.lifeeducation.org.nz/> [Accessed 09 February 2008].

<sup>31</sup> Health Action Trust. (2008). Available: <http://www.healthaction.org.nz/> [Accessed 28 February 2008].

<sup>32</sup> McClellan, V. (2006). *Evaluation of high on life: A secondary school-based alcohol and other drug intervention initiative*. ALAC Wellington report AL534.

<sup>33</sup> Bramfitt, C. (2008) Foundation for Alcohol and Drug Education. [Personal communication] 08 February 2008.

<sup>34</sup> The DARE Foundation (2008) Available: [www.Dare.org.nz](http://www.Dare.org.nz) [Accessed 09 February 2008].

administered by Youthline services<sup>35</sup>, the NZ Drug Foundation (NZDF), Life Education Trust, WellTrust, and FADE. Some, such as Life Education Trust and FADE provide interactive activities for children and youth

- **Media presentations releases and magazines** - many organisations distribute information and views through media releases, their own magazines and through media reports of their activities. Examples include NZDF, FADE and, WellTrust
- **Presentations to wider community groups** such as Rotary, Lions and school trustees to broaden understanding of the negative effects of drug use both for individuals and for the wider community. These often involve single spokespeople from organisations undertaking to broaden the knowledge of illicit drugs within the wider community. Organisations who do this include WellTrust and Amped4life
- Some organisations have developed **innovative ways of distributing information** about drugs and their effects to targeted populations utilising both small and popular new medias. The Health Action Trust bookmark and the NZDF text message service are both designed to give immediate information to potential users and those seeking help.

While an array of activities have been undertaken within the community, organisational initiatives often lack clear aims or objectives and, in the main, evaluations have lacked rigour or have not been undertaken. This means that with the exception of the school-based prevention and intervention programmes, there are limited means for the organisations involved to begin to understand the impact their activities are having in reaching at-risk youth.

### 5.3. Community Action Initiatives

A more structured approach to community initiatives is the Community Action on Youth and Drugs Initiative (CAYAD). This initiative is administered by the Ministry of Health and CAYADs currently operate in urban and rural settings throughout the country.

As part of working to fulfil five key objectives,<sup>36</sup> CAYAD leaders and staff aim to build strong stakeholder alliances within their communities to promote discussion and debate on issues relating to legal and illicit drugs. Disseminating and promoting messages relating to prevention and harm minimisation has taken many avenues, including editorial coverage of CAYAD initiatives in local newspapers, promotion of activities through local youth radio stations and sponsorship of sports teams.<sup>37</sup> Importantly, locally based initiatives and strong stakeholder alliances help to ensure that the CAYAD messages are relevant to their local audiences and supported within their wider communities.

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<sup>35</sup> Youthline Services. (2008). Urge Website Available: <http://www.urge.co.nz/proto/index.asp>. [Accessed 28 February 2008].

<sup>36</sup> Liggins, S., Conway, K., Henwood, W., Irwin, J., Stewart, H., McManus, V., Jensen, V., Takinui, D., Bee, B., Moewaka Barnes, H. (2006) *Community action on youth and drugs project: Final formative evaluation report*. Centre for Social and Health Outcomes Research and Evaluation & Te Ropu Whariki. Auckland. Unpublished report. The objectives of the CAYADs, as at November 2006, were to increase informed community discussion and debate, promote effective policies and practices to reduce harm by working in partnership with a range of community stakeholders and agencies, develop local capacity in areas such as education, employment and recreation to support young people, reduce the supply of drugs to young people, and promote positive whānau responses to substances that threaten the well being of Māori youth.

<sup>37</sup> Ibid p.30 & p.44.

The strong community stakeholder alliances and support which underpin community action developments, combined with the development of initiatives responsive to local needs, gives the CAYADs the potential to reach audiences that other forms of communications (such as mass media campaigns and school-based programmes) do not have. Community action initiatives adopt a long-term approach and offer a very real chance to reach vulnerable at-risk young people in their own environments (including the influences that potentially lead to the use of illicit drugs).

## 5.4. Social Marketing Media Campaigns

New Zealand has many examples of social marketing campaigns, all of which are designed to raise awareness and create behaviour change in socially significant areas. In keeping with the objectives for this literature review, the discussions of campaigns included in this section are restricted to those dealing with substance use and misuse and limited to alcohol and tobacco related messages. These include campaigns emerging from the Alcohol Advisory Council (ALAC), tobacco related campaigns from the Quit Group and drink driving campaigns from Land Transport New Zealand (LTNZ). Guidance for this section was also gained from the Health Sponsorship Council (HSC).

### 5.4.1. ALAC - *The Way We Drink (early results)*

In 2004, ALAC developed a social marketing programme with the objective of changing the pattern of drinking behaviour seen in New Zealand to reduce both the incidence of and the harms resulting from intoxication.<sup>38</sup> Background research concluded that rather than being a youth social norm (as was commonly perceived), binge drinking or drinking past the point of intoxication, was in fact a social norm applying to both youth and adult New Zealanders. Using the stages of change approach, ALAC developed a See-Think-Act-Reinforce model which aimed to get New Zealander's to:

- See a link between risky per occasion consumption and harm resulting from intoxication
- Think their behaviour is a contributor to these harms and that they can do something about it
- Act to moderate their drinking behaviours in ways which reduce the risk of harms to themselves, their families and communities.<sup>39</sup>

Three key audience segments were identified:

- Parents of children aged under 15 years
- Adult men aged under 35 years without children
- Adult women aged under 35 years without children.

The early programme focused on the 'see' stage of the model, attempting to assist audience members to understand the association between risky per occasion drinking and

<sup>38</sup> ALAC. (2005). Without intoxication, a drinking culture for New Zealand: Stage one, setting the agenda. Unpublished Report.

<sup>39</sup> Ibid.

harms resulting from binge drinking. In initiating the programme, ALAC was aware that there was no widespread public concern over New Zealander's drinking habits and no call for behaviour change from within society. ALAC was in fact taking an expert view of drinking norms; supported by concerns from public health stakeholders.

A wide ranging social marketing approach was taken, including seeking strong stakeholder alliances with government, local government and industry, using a public relations approach to deliver expert information about drinking harm through news media and seeking support from educators, health professionals, the police, sporting organisations and churches. Most visibly, ALAC utilised a prominent, well-crafted, mass media campaign to disseminate its drinking in moderation message through a range of channels.

Early results of the campaign (2005) suggest that levels of exposure and recall within target segments were high and that the tagline message "It's not the drinking, it's the way we're drinking" was well understood. However, within the target audiences drinking harms remained associated with stereotypes, particularly youth, and early results indicated that the messages were not perceived as personally relevant to target audience members.<sup>40</sup>

The campaign has continued, and while no further results have been made available, ALAC continues to develop their mass media messages to highlight the personal relevance of drinking in moderation and to emphasise salient benefits of not drinking to intoxication. The early results show the difficulty that social marketing campaigns can face when targeted audiences do not perceive the behaviour change as either necessary or personally relevant. The campaign aims are unlikely to be met without an evolving, long-term and sustained approach.

**Key Learnings:** Targeted audiences need to perceive the behaviour change message as both necessary and personally relevant. Even with a well researched and integrated social marketing campaign, aims are unlikely to be met without an evolving, long-term and sustained approach.

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<sup>40</sup> ALAC. (2005). *The Way We Drink 2005 – Executive Summary*. Occasional Publication No. 27.

### 5.4.2. ALAC – Stay in Play

The Stay in Play (SIP) campaign is a media rather a social marketing campaign, which evolved after an Auckland-based youth radio station, MaiFM, approached ALAC with the concept of providing youth and particularly rangatahi Māori, with appropriate messages aimed at reducing intoxication and harm from alcohol.<sup>41</sup> MaiFM is owned by Ngati Whatua, and has a high Māori and Pacific youth audience. The SIP campaign was not branded as an ALAC initiative, but remained part of MaiFM's interactive programming.

SIP continually evolved using a range of message designs including jingles, competitions, merchandise, directed messages from listeners to friends and family (shout outs) as well as a physical presence at a number of events.

A recent evaluation of the SIP campaign<sup>42</sup> using key informant interviews, focus groups, monitoring data and document reviews, established that progress was made on a number of see, think and act outcome measures:

- See outcomes showed listeners had awareness and recall of messages
- Think outcomes showed progress in listeners gaining an awareness of the link between intoxication and harm, in thinking about the effects of drinking, and in how they could apply SIP messages in their own lives
- Act outcomes included progress toward harm reduction to others, harm reduction for selves and in changing behaviours.

The evaluation concluded that a range of critical success factors contributed to these positive outcomes for the SIP campaign:

- The messages were not branded to ALAC, but rather are embedded within the MaiFM programming, popular with the target audience
- The messages continually evolved and used a range of positively designed interactive message and channels
- The whānau culture of MaiFM engaged the key audiences.

Because of the methodologies used, the findings from the SIP evaluation should be regarded as exploratory in nature and not generalisable to the wider target audience. However, they do indicate that locally driven media campaigns aligned to the activities of appropriate partners may have the potential to engage with hard to reach target audiences.

**Key Learnings:** The SIP results are indicative only, but suggest the possibility that locally driven media campaigns have the potential to engage with hard to reach target audiences.

<sup>41</sup> Research New Zealand. (2007). *Stay in Play evaluation*. ALAC. Unpublished report.

<sup>42</sup> Ibid.

### 5.4.3. Quit Group – Every Cigarette is Doing you Damage and It’s About Whānau

The New Zealand Quit/Me Mutu campaign began in 1999 as a media campaign aimed at motivating smokers to call the Quitline as a first step to stopping smoking. Based on the stages of change approach, the campaign sought to move individuals from pre-contemplation to contemplation and action stages.

Early communications used a fear/threat approach through graphic imagery and a message that every cigarette is doing you damage. Following appropriate fear appeal design, the messages gave targeted audiences a solution to overcome the fear raised by directing them to take action, that is, call the Quitline. In 2001, the It’s About Whānau campaign launched. Taking a softer approach, the campaign specifically targeted Māori, with the intention of sending an empowering, culturally relevant, believable and thought provoking message,<sup>43</sup> to encourage Māori smokers to give up smoking for the sake their whānau. Again the campaign offered direction for audience members to call the Quitline.

Throughout 2002, both campaigns aired at different times complemented by further second hand smoke campaigns.

Using a baseline and two follow-up surveys, evaluations of the television campaigns were undertaken and comparisons made about their overall effectiveness. Results included:

- High levels of recall and awareness among respondents for both campaigns
- Positive perceptions of both campaigns (measured by thought provoking, relevance, believability and likelihood of leading smokers to quit)
- Respondents rated the It’s About Whānau campaign more positively than Every Cigarette
- Its About Whānau was rated by respondents as more likely to help smokers quit
- Both campaigns prompted discussion on cigarette smoking.

The effectiveness of the campaigns were again measured for the 2002-2003 period.<sup>44</sup> Despite more positive perceptions within the targeted audiences, the evaluation found that the Every Cigarette campaign had greater effectiveness at generating calls to the Quitline for both Māori and general audiences. While in general, positive perceptions are found to be associated with positive intentions and behaviours, in this instance, the use of threat combined with positive action in the Every Cigarette campaign moved targeted audience members through the stages of change more effectively than the softer approach taken in It’s About Whānau. The evaluation report also commented on the increased pressures placed on resources as a result of increased awareness of the Quitline, bought about by the campaign.

**Key Learnings:** Well designed fear-based appeals can be effective, although may be less well liked by the target audience than positive approaches. Successful campaigns may create pressure on resources.

<sup>43</sup> Moewaka Barnes, H., & McPherson, M. (2003). *Māori smoker and whānau response to “It’s About Whānau” Television commercials* Available: [http://www.quit.org.nz/file/research/publicationsAndPresentations/IAWreportSHORE\\_March03.pdf](http://www.quit.org.nz/file/research/publicationsAndPresentations/IAWreportSHORE_March03.pdf) [Accessed 2 February 2008].

<sup>44</sup> Wilson, N. (2004). *The impact of television advertising campaigns on calls to the New Zealand Quitline*. The Quit Group Unpublished report.

#### 5.4.4. Quit Group - Video Diaries

A new approach developed in 2005 by the Quit group included a campaign with video diaries of real life people who had undertaken to quit smoking. The campaign launched in 2006 and aimed to:

- Generate awareness of the Quitline
- Increase knowledge of the benefits of quitting
- Increase smokers motivation to quit and stay quit
- Encourage and motivate relapsed smokers to try and quit smoking again.

The campaigns generated increased calls to the quitline, indicating that the design resonated well with the targeted audiences. Focus group research undertaken to inform future development<sup>45</sup> suggests a number of key points in using this approach:

- A real life approach needs to maximise the perception that it is real life. Message designs attempting this lose resonance with audiences when they appear acted and/or scripted.
- Benefits of value salient to targeted audiences need to be stressed so that the costs associated with giving up a desired behaviour can be minimised
- Campaigns need to tie in closely with stated aims. If awareness of a helpline is an objective, campaigns need to visibly promote the helpline.

**Key learnings:** Avoid acting and scripts if using a real life approach. Highlight benefits salient to the target audience, and ensure campaign design reflects the overall aims.

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<sup>45</sup> Grigg, M. (2007). *Feedback on video diaries from smokers: focus group research*. Unpublished report, The Quit Group.

### 5.4.5. Land Transport New Zealand - Drink Driving Road Safety Campaign

Since 1995, Land Transport New Zealand has produced one of the most prominent and well resourced social marketing campaigns ever seen in New Zealand. The campaign targets road safety and forms part of the Supplementary Road Safety Package (SRSP) which includes enforcement and publicity measures intended to support the baseline activities of the New Zealand Road Safety Programme.<sup>46</sup>

The drink-driving component of the campaign aims to highlight the link between drink-driving and road crashes. The target audiences are predominately males aged 18-25, although specific campaigns are designed for wider groups. The communications use vivid, realistic messages and imagery to stimulate social pressure. Two main message designs are employed:

- A negative action/consequence message depicting drink driving followed by graphic imagery of resulting accidents, injury and social ostracism consequences. Examples include the bloody idiot campaigns and the current 'mate' series.
- A positive action/consequence message depicting a decision not to drink-drive followed by the rewards of increased social acceptance. For example, the bloody legends campaigns.

Measures used in evaluating the overall Road Safety Programme include awareness, relevance, attitude change, behaviour change and road trauma outcomes. In terms of the campaign, an evaluation conducted in 2002 found:<sup>47</sup>

- Levels of awareness and recall exceeded the 70% target set for each year between 1996-2000
- The levels with which both the general community and target audience saw the campaign as being personally relevant fell short of the 70% target set for each of the years between 1997 and 2000, although was higher for the target audience (between 65-68%) than for the general community (55.8-63.3%).

A significant reduction in road deaths (20%) and injury (15%) occurred between 1995 and 2000 mirroring the period in which Road Safety Programme has been implemented. Using econometric modelling, the evaluation attempted to determine the influence that the media campaign had on these positive outcomes. While finding that the campaigns had a significant influence on the results, the analysis was unable to draw definitive conclusions about the extent of causal influence of either the campaign advertising or the enforcement activities.

**Key Learning:** Social marketing campaigns are useful when linked with a broader range of initiatives. However, it is difficult to determine the extent of influence that a campaign has on later behaviour change.

<sup>46</sup> Cameron, M., Guria, J., & Leung, J. (2002) An evaluation of The Supplementary Road Safety Package July 1995 to June 2000 Part I. published LTSA, Wellington.

<sup>47</sup> Ibid.



## 5.5. Summary

### 5.5.1 Community Approaches

A number of organisations focus on disseminating information about drugs to a range of community audiences, predominately youth, teachers and parents. Programmes are delivered through schools, community centres and local media.

All school-based programmes are required to be evaluated for implementation and outcome efficacy. There was no evidence found of school-based programmes having an impact on illicit drug use.

Outside of the school-based programmes, community-based organisations have limited understanding of the impact their activities have on the drug taking attitudes and activities of at-risk youth. The Community Action on Youth and Drugs Initiative (CAYAD) offers a structured approach to community initiatives and may have potential in reaching hard to get to audiences.

### 5.5.2 Social Marketing Media Campaign

Some general findings can be gathered from the six substance use and misuse campaigns discussed above. These include:

- Media campaigns can be effective in producing behaviour change results when they support enforcement activity (LTNZ - *Drink Driving campaigns*)
- Campaigns need to be viewed as long-term, well resourced and evolving (ALAC – *The Way We Drink* and LTNZ's *Drink Driving Road Safety Campaign*)
- Targeted audiences need to see the behaviour change being asked for as necessary and personally relevant (ALAC – *The Way We Drink*)
- When raising awareness of a helpline, campaigns need to highlight the helpline number. Additionally, successful campaigns can stress resources (Quit Group - *Every Cigarette* and *It's About Whānau*)
- Locally rather than nationally based campaigns have limited overall reach, but when targeted audiences find the message relevant, a local approach has the potential to get to hard to reach audiences (ALAC – *Stay In Play*)
- A campaign branded to an appropriate partner, who is relevant to and engages with targeted audiences may have potential in reaching hard to get to youth audiences (ALAC - *Stay In Play*)
- Real life approaches need to be seen to be real life rather than acted or scripted, otherwise credibility may be lost (Quit Group - *Video diaries*)
- Benefits of value must be stressed to overcome the price associated with the behaviour change (Quit Group - *Video diaries*)
- Fear and threat messages are not as well liked by target audiences as positive messages, but when effectively designed can still work well in achieving campaign aims (Quit Group - *Every Cigarette* and *It's About Whānau*)

## **6. A summary of international social marketing campaigns related to illegal drugs**

### **6.1. Introduction**

A central objective of a large number of social marketing programmes is the prevention and the minimisation of harm associated with the use of illicit drugs. In this section the focus is on showing how the designers of social marketing campaigns are able to:

- Target specific audiences
- Target drugs in general or specific drugs in particular
- Use specific channels and media to get their message across
- Incorporate appropriate elements of message design.

#### **6.1.1. *Selecting campaigns***

Finding good quality evaluations of different social marketing programmes is more difficult than finding examples of media campaign design. In identifying appropriate campaigns to include in this discussion, the search was limited to those which had been evaluated for effectiveness in some manner, although not always independently or with sound methodologies. Campaigns conducted through school and community-based programmes have been included as well as a number of media campaigns. These are:

- The National Youth Anti-Drug Media Campaign (NYADMC), designed by the Partnership for a Drug Free America (PDFA), administered by the Office for National Drug Policy Control (ONDPC) and independently evaluated
- Media campaigns not included in the above national campaign, designed and administered by the Partnership for a Drug Free America and evaluated through tracking surveys, The Partnership Attitude Survey (PATS) and Monitoring the Future (MTF)
- The Montana Meth Project designed and administered by the privately funded Montana Meth Foundation with limited internal evaluation
- The Australian National Drug Campaign, administered by the Department of Health and Aging, Australian federal government, and evaluated independently in 2003
- The Frank Campaign, administered by the Home Office, government of the United Kingdom. Internal evaluation reports are available for the 2004-2006 period
- The Know the Score Campaign, administered by the Scottish government. Limited monitoring information is available for the 2005-6 cocaine project.

The discussion in this section focuses on campaign design, issues associated with evaluation and effectiveness will be discussed in the next section.

## 6.2. Target audiences

Almost without exception, the audiences targeted through illicit drug social marketing campaigns have been restricted to adolescent youths, those transitioning from high school to tertiary study, and the parents of both groups. Additionally, the campaigns set out to segment on the basis of use/non-use and low/high vulnerability to drug taking, with most targeting high risk non-users and occasional users. Most campaign designers recognise the value of further segmenting the adolescent audience into three groups. Most commonly these groups are grouped according to:

- Younger children (aged nine to eleven)
- Young adolescents (ages eleven to fourteen)
- Older adolescents (ages fifteen to eighteen).

Table 1 summarises the kinds of messages and channels used in targeting the adolescent, youth and parent audiences.

**Table 1: Messages and Channels Used in Illicit Drug Social Marketing Messages Targeting Adolescent, Youth and Parent Audiences**

<i>Target group</i>	<i>Message type</i>	<i>Delivery</i>	<i>Efficacy</i>
9-11 year olds	This group generally do not use drugs and have strong anti-drug attitudes. Prevention messages using positive consequences of not taking drugs.	Mostly through school-based education services and mass media (television, on-line) campaigns.	Value in affirming anti-drug beliefs. Less value in offering protection against future drug use as this age group are unlikely to retain the resolve taught.
12-14 year olds (transitioning to high school)	This group starts to experiment and occasionally use drugs. Both prevention and harm minimisation messages used. Prevention messages directed towards non users. Harm minimisation messages to occasional users.	School-based education. Support through sporting and recreational groups partnering with social marketing campaign providers. Mass media campaign reach through television, cinema, radio outdoors and on-line communities.	Campaigns are shown to assist in affirming choices not to use drugs. Campaigns can help to maintain anti-drug attitudes in the short-term. Harm minimisation messages create awareness of sources of information and help for occasional users.
15-18 year olds	This group are establishing their drug using or non drug using habits. Prevention messages for non users. Harm minimisation messages target occasional users.	All of the above as well as ambient marketing where messages are seen in everyday places such as telephone boxes and public toilets, and street marketing which uses youth to approach and deliver messages to targeted youth.	Prevention messages affirm the choices of non drug users. Harm minimisation messages create awareness of sources of information for occasional and regular users.
University/college students particularly those transitioning from school	This group develop binge drinking and drug taking behaviour at college/university. University based campaigns, often combined with broader substance abuse campaigns. Social norm, or correcting misperceptions of the scale of drug use dominate.	Campus based media (newspapers, radio), outdoor advertising. Use of ambient marketing (defined above). Use of personal approaches from other students.	Some evidence of changes in attitudes. No evidence of behaviour changes as a result of social norms marketing programmes
Parents	Harm minimisation messages. Creating an awareness of the personal relevance of drug taking issues. Increasing confidence in parenting skills and providing information on where to get help.	Mass media campaigns. School based education programmes including parent talks. Editorial articles in newspapers/television.	Evidence found of increasing parental intention to talk to their children.

No evidence has been found of segmentation on the basis of socio-demographic characteristics other than age. Research in many countries indicate that drug use is spread across socio-economic groups<sup>48</sup> and little evidence exists of efforts being made to target girls and boys differently or to segment on the basis of ethnicity or economic grounds. The main approach has been to use both female and male actors from a range of different backgrounds and ethnicities to deliver a consistent message.

One personality trait used to segment the target audience is sensation seeking. High sensation seekers are known to be at greater risk for drug taking than low sensation seekers and a number of message design elements have been identified to specifically target this group. These include:

- High visual impact
- High levels of sound stimulation
- Fast-paced, edgy images and sound
- Highlighting the negative consequences of drug taking.<sup>49</sup>

In practice, the tendency has been to use these elements as a default for many anti-drug messages targeting teen audiences.

One campaign was noted to have broadened the targeted audiences beyond the groups listed above. For example, the cocaine series from the Scottish *Know the Score* media campaign deliberately targeted 18-26 year olds who go out socialising at least once a week.<sup>50</sup> Beyond this, no evidence of social marketing campaigns targeting audiences outside the main adolescent/parent groups was found. This leads to the possibility of a number of gaps in audience segments including:

- Adolescents who frequently use illicit drugs
- Parents of children who use drugs recreationally
- Childless adults who choose to use drugs recreationally
- Those in later life transition periods, such as acknowledging a re-oriented sexuality, leaving a marriage, or facing other major life changes, who use illicit drugs as part of this change process
- Functional drug users, adults who choose to use drugs and maintain highly functional lives around their drug use
- Frequent illicit drug users and those who have developed dependency problems, who have a need for specialised treatment and intervention services.

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<sup>48</sup> Office of National Drug Control Policy. (2002). National Youth Anti Drug Media Campaign [Strategy Statement]. Available: [http://www.mediacampaign.org/publications/strat\\_statement](http://www.mediacampaign.org/publications/strat_statement). [Accessed 11 December 2007].

<sup>49</sup> Palmgreen, P., Donohew, L., Lorch, E.P., Hoyle, R.H., & Stephenson, M T. (2001). Television campaigns and adolescent marijuana use: Tests of sensation seeking targeting. *American Journal of Public Health*, 91. 292-296.

<sup>50</sup> Binnie, I., Kinver, A., & Lam, P. (2006). *Know the score: cocaine wave 3 – 2005/06 Post-campaign evaluation*. Available: [http://www.scotland.gov.uk/Publications/2006/06\\_14152757/1](http://www.scotland.gov.uk/Publications/2006/06_14152757/1) [Accessed 14 February 2008].

### 6.3. Targeted Drugs

An extensive number of illicit drugs have been targeted through social marketing campaigns over the last ten years. Commonly targeted drugs include marijuana, ecstasy, methamphetamine, cocaine, heroin and over the counter and prescription drugs. Some important points include:

- Many campaigns use a general anti-drug approach rather than targeting a specific drug, particularly in their introductory stages and messages were found which used an escalating approach to drug use. For example, the Check Yourself campaign from the Partnership for a Drug Free America<sup>51</sup> uses the idea of an escalation in drug use from marijuana to ecstasy, to methamphetamines, cocaine, and heroin and ends by asking, still in control? Beyond being used as the end point of drug taking escalation, heroin is not a major focus of current social marketing campaigns
- Of the campaigns targeting single drugs, marijuana is the most common, particularly in school and other community-based interventions. This is because firstly, it is by far the most prevalently used illicit drug, and secondly, there is a belief that marijuana use leads on to other drugs<sup>52</sup>
- Methamphetamine campaigns have been prominent in the USA, and have also been undertaken in both the United Kingdom and Australia. These campaigns have accompanied a wide community awareness of methamphetamine use
- Drugged driving is now targeted in Europe and Australia with a prevention approach and messages of don't drive drugged.

When considering which drugs are best targeted, it is worth noting that no evaluations found evidence that social marketing programmes influenced behaviour to the extent of decreasing the use of any specific drug. Some campaigns have increased risk perceptions and negatively influenced attitudes towards specific drugs. For example, the 2003 evaluation of the Australian National Drugs campaign targeted at parents, tested perceptions of the importance of illicit drugs (in general) as a major social problem. Negative perceptions towards drugs rose from 37% pre-campaign to 43% post campaign.<sup>53</sup> Additionally, the 2005-2006 evaluation of Know the Score: Cocaine campaign in Scotland, found 85% of those exposed to the campaign message agreed that cocaine increased the risk of heart attacks, while only 42% of those not exposed agreed.<sup>54</sup>

Other evaluations have reported no effects on attitudes and even produced counter-effects in terms of drug use. The National Youth Anti-Drug Media Campaign (NYADMC), from the USA, included general and marijuana specific campaigns for the evaluation periods of 2000-2001 and 2002-2004. No changes in attitudes toward either marijuana or marijuana

<sup>51</sup> Partnership for a Drug Free America. (2004). *Check yourself: Helping at risk teens*. Advertising Educational Foundation. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/3000](http://www.aef.com/exhibits/social_responsibility/pdfa/3000) [Accessed 07 February 2008].

<sup>52</sup> Office of National Drug Control Policy. (2002). Included in the National Youth Anti-Drug Media Campaign strategy, is the statement that one danger of adolescents' using marijuana is that it places them at higher risk for using more dangerous drugs.

<sup>53</sup> Bertram, S., Barbir, N., Ball, J., & Carroll, T. (2003). *National Illicit drug campaign: evaluation of phase one*. Research and Information Group, Information and Communications Division, Department of Health and Aged Care. Sydney.

<sup>54</sup> Binnie, I., Kinver, A., & Lam, P. (2006).

use were found in either period, and in the 2000-2001 evaluation, there was evidence of a slight increase in marijuana use.<sup>55</sup>

Many other major campaigns such as FRANK in the United Kingdom, the current National Illicit Drugs Campaign of Australia, the campaigns of the partnership for Drug Free America (outside of NYADMC), and the Montana Meth project have not published reliable results of impacts on perceived risks and attitudes towards drugs.

## 6.4. Channels

Two primary channels used to disseminate behaviour change messages are discussed in this section. These are community-based prevention programmes and media campaigns. The discussion in the following paragraphs will begin by looking at the approach used and be followed by a discussion of results found for each of these approaches.

### 6.4.1. Community-based programmes

#### Community prevention programmes

Community-based approaches include prevention and intervention programmes run through schools and other community organisations. Examples of these include the Project Towards No Drug Abuse run through California high schools, the NE Choice Programme targeting adolescents in Northern England, and Life Skills training programmes developed for inner city, ethnic minority students.<sup>56</sup> In some cases the information is presented by teaching staff through curriculum based activities, and in other cases the programmes are delivered by community-based organisations.

The main advantages of the community-based approach are that stakeholders have involvement in campaign design and implementation, and the programmes are responsive and adaptable to community needs. Additionally, by using community-based facilities, they are accessible for their target audiences. One major difficulty with the approach is the variability with which the programme is delivered.

Stead et al.<sup>57</sup> conducted a major review of illicit drug use community interventions, searching for studies from the USA, Europe, the United Kingdom and Australia. They sourced 13 studies which could be categorised as social marketing campaigns. All but one programme was from the USA, the exception was from the Netherlands. Ten of the programmes were school-based and three were community interventions. The authors found eight of the programmes had significant positive impacts on illicit drug use in the

<sup>55</sup> Government Accountability Office. (2006). *ONDCP media campaign: Contractor's national evaluation did not find that the youth anti-drug media campaign was effective in reducing drug use*. Available: [www.gao.gov/cgi-bin/getrpt?GAO-06-818](http://www.gao.gov/cgi-bin/getrpt?GAO-06-818). [Accessed 23 January 2008].

<sup>56</sup> Stead, M., Gordon, R., Angus, K., & McDermott, L. (2007). A systematic review of social marketing effectiveness. *Health Education* 107, 2, 126-191.

<sup>57</sup> Stead, M., McDermott, L., Gordon, R., Angus, K., & Hastings, G. (2006). *A Review of the Effectiveness of Social Marketing Alcohol, Tobacco and Substance Misuse Interventions*. Institute for Social Marketing, London. NSMC Report 3.

short-term (up to 12 months), two had significant impacts in the medium-term (one to two years) and no programmes had effects in the longer term (over two years).

### **Community-based Stakeholder Alliances**

A second approach to community-based programmes is to form alliances with community stakeholders. An example of this approach is the Time to Talk campaign launched in August 2007 by the Partnership for a Drug Free America. This programme encourages parents to talk to their children about drug issues. To assist in achieving its overall aims the programme included strategic alliances with youth oriented recreational organisations such as the Boys and Girls Clubs of America, as well as the YMCA and PTA. These organisations were recruited to distribute programme information and materials to their members. As the campaign was launched recently (August 2007), no evaluation results are available.

The FRANK campaign also makes use of the community stakeholder approach. Partnerships have been built between the FRANK Campaign and organisations such as schools, community drop-in centres, youth clubs, health centres and the police and courts. Resources distributed by FRANK include ideas, literature and face to face support for local organisations to use, as well as action update pamphlets and leaflets, posters, postcards and military style dog tags.

The FRANK review (2004-2006) published results showing that nearly half of their community stakeholders (44%) incorporate the resources distributed by FRANK into their local campaigns and in the main rate the alliance with FRANK very positively. Ninety-three percent rated their satisfaction with FRANK's service very positively and 84% rate their activities as a success.<sup>58</sup> No information on how these influence attitudes towards drugs or drug taking behaviour is available.

### **Media campaigns**

In terms of media campaigns, all of those sourced used a multi-channel approach in their promotional mix, including a heavy reliance on advertising, particularly through television (including unpaid publicity), as well as in cinemas, radio and the outdoors. In the Methamphetamine/Ecstasy drug reduction campaigns (2003) of the Partnership for a Drug Free America, public relations were also extensively used. Television and newspaper editorial stories educated parents about the dangers of methamphetamines and ecstasy, a group of volunteer paediatricians became spokespeople through television talk shows and personal appearances, and real life stories of the negative consequences of using these drugs were disseminated through the news media.<sup>59</sup>

The FRANK campaign in the United Kingdom included the use of ambient advertising, in which posters were placed in telephone call boxes, small stickers in cubicles and urinals in the toilets of pubs, clubs and cinemas, and postcards were made available in the public areas of these places. FRANK also used street marketing, through which vulnerable young people were given campaign materials such as dog tags and T-shirts. Additionally, Frank

<sup>58</sup> The Home Office. (2007). p.69 & 70.

<sup>59</sup> Partnership. for a Drug Free America. (2006). Methamphetamine Demand Reduction Campaign. Advertising Educational Foundation. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/6000/pf\\_printable?](http://www.aef.com/exhibits/social_responsibility/pdfa/6000/pf_printable?). [Accessed 08 January 2008].



made use of sponsorship through youth oriented radio competitions and online channels such as websites, banner advertising and moderated chat groups.<sup>60</sup>

Most campaign evaluations do not break down results to the level of channel used, in part due to the difficulty of measuring exposure over a range of channels and in part, because of the synergy created between different channels. Measurement of the effectiveness of channel placement is performed through exposure measures such as recall and awareness. Many campaigns achieved high exposure and recall results. Examples include:

- The 2003 Methamphetamine campaign from the Partnership for a Drug Free America, found parents rated the following sources as key to gaining information. Television news story (36%), newspaper (29%), television commercials (15%), personal acquaintance (13%) and school-based parent talk (7%)<sup>61</sup>
- The 2001 Australia National Anti Drug Campaign, found parents rated television commercials as the most useful in terms of recall measures, followed by the campaign information booklet<sup>62</sup>
- Recall/exposure results for the 2005-2006 Know the Score: Cocaine campaign include 58% unprompted recall of television publicity, 17% recall of publicity posters, 14% recall of radio and newspaper advertising. Also prompted recall measures generated 85% recognition of television commercials, 51% recall of posters and 45% recognition of radio campaign<sup>63</sup>
- During the 2004-2005 FRANK evaluation, 16% of young people and 10% of their parents spontaneously reported awareness of the FRANK website. In terms of advertising, results suggest that television and online channels were the most effective at reaching young people and recent cannabis users (further details were not included in the report).<sup>64</sup>

## 6.5. Appropriate Message Design in media campaigns

Good message design helps achieve the overall aims and objectives of a social marketing programme. The two common approaches to message design are the prevention messages (known as the just say no approach) and harm minimisation messages.

In the prevention approach, the main objective is to encourage targeted audiences to refuse drugs. The harm minimisation approach seeks to increase understanding of the risks surrounding drug use by giving target audiences information or directing them to appropriate information sources.

The choice of approach greatly informs the elements of message design used. While both seek to engage and involve their targeted audience, the prevention approach typically uses design elements to increase audience perceptions of risk and fear, with a focus on peer

<sup>60</sup> The Home Office. (2007).

<sup>61</sup> Partnership for a Drug Free America. (2006). Methamphetamine Demand Reduction Campaign. Advertising Educational Foundation. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/6000/pf\\_printable?](http://www.aef.com/exhibits/social_responsibility/pdfa/6000/pf_printable?) [Accessed 08 January 2008].

<sup>62</sup> Bertram, S., Barbir, N., Ball, J., & Carroll, T. (2003).

<sup>63</sup> Binnie, I., Kinver, A., & Lam, P. (2006).

<sup>64</sup> The Home Office. (2007).

models either experiencing the negative consequences of drug use or the positive consequences of not taking drugs. The harm minimisation approach employs design elements that seek to better inform and create awareness of information sources such as helplines, websites or treatment and intervention services and uses design elements such as humour and the correction of misperceptions of social norms.

### 6.5.1. The prevention messages

Leading examples of the prevention approach include some of the NYADMC campaigns in the USA, the Montana Meth project, and parts of the Australian National Anti Drug Campaign.

#### Negative consequences

To engage with their audiences, many of the message design approaches apply hard hitting visual images, which act to shock and raise perceptions of fear and risk. The examples below illustrate this type of approach from the Partnership for a Drug Free America and Montana Meth project media campaigns.



Figure 1: Fear/risk-based television commercial message design from the Partnership for a Drug Free America's heroin campaign (1996), juxtapositioned with the images is a contrasting advertising jingle, *everyone's doing it*, to add an unexpected and novel element to the campaign.<sup>65</sup>



Figure 2: Montana meth project fear/risk approach, television commercial (2006).<sup>66</sup>

<sup>65</sup> Partnership for a Drug Free America. (2003) .The Heroin Campaign. Advertising Educational Foundation. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/2414](http://www.aef.com/exhibits/social_responsibility/pdfa/2414) [Accessed 08 January 2008].

<sup>66</sup> Meth Project Foundation Inc. (2007). Montana meth project. Available: [http://www.montanameth.org/About\\_Us/index.php](http://www.montanameth.org/About_Us/index.php) [Accessed 11 February 2008].

While the images and messages follow basic principles of attracting high sensation seeking youths by being novel, intense, emotionally charged and illustrating the negative consequences of drug use, the efficacy of using such a fear-based approach remains in question. Research has shown that such images may damage the credibility of the message and the source when the negative consequences depicted:

- Do not align with either the real life experiences or the expectations of the targeted audiences
- Are not salient or relevant to the audience concerned.

In terms of exposure outcomes, an independent evaluation of the 2002-2004 NYADMC campaign period found good evidence of youth and parental recall and identification of campaign messages increasing over the life of the campaign.<sup>67</sup> Unfortunately, recall and awareness outcomes were unable to be sourced for the Montana Meth project.

Fear and alarm is also used in appeals targeting parents of adolescents. Many of these campaigns show similarly frightening images of injury, illness and death. Examples include:

- The ecstasy television commercial (PDFFA) focused on the parents of a girl who died from taking a single ecstasy pill<sup>68</sup>
- The *Whose More Dead* television commercial compared the drug-related deaths of two teens, one from illicit drugs the other from prescription pills, and asks which of the two is more dead<sup>69</sup>
- The Lost Dreams campaign from the Australian National government,<sup>70</sup> recounted the broken childhood dreams of a number of drug addicted teens. These campaigns used startling messages and images to advise parents on how to help prevent their children taking drugs by talking to them about drug issues and monitoring their behaviour.

This approach undoubtedly gives consciousness to issues surrounding drugs in the minds of parents, however if it fails to equip targeted parents with either the skills or the means necessary to overcome the severe negative consequences depicted. For those that see relevance in the message, fear appeals may result in maladaptive responses such as inaction accompanied by heightened anxiety. For those not seeing personal relevance in the message inaction accompanied by increased complacency may result. Fear appeals work their best when they are accompanied by information which provide the means to overcome the negative consequences depicted.<sup>71</sup>

### Positive consequences

Examples of prevention campaign designs which use a positive consequence approach attempt to have the audience connect with and relate to a peer model who actively chooses

<sup>67</sup> Government Accountability Office. (2006).

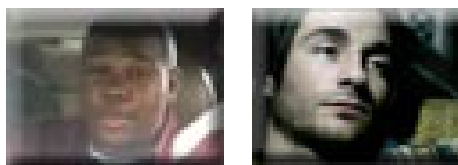
<sup>68</sup> Partnership for a Drug Free America. (2003). The Ecstasy Campaign. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/24-10/FlashForward](http://www.aef.com/exhibits/social_responsibility/pdfa/24-10/FlashForward) [Accessed 08 January 2008]

<sup>69</sup> Partnership for a Drug Free America (2003) OTC and Prescription campaign. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/24-10/FlashForward](http://www.aef.com/exhibits/social_responsibility/pdfa/24-10/FlashForward) [Accessed 08 January 2008].

<sup>70</sup> Department of Health and Aging. (2007). The National Drugs Campaign. Available: <http://www.drugs.health.gov.au/> [Accessed 11 February 2007].

<sup>71</sup> Jones, S. C., & Rossiter, J. R (2004). Believability of messages about cannabis, cocaine and heroin among never-tryers, trier - rejectors and current users of cannabis. *Health Education*, 104 (6) 344-350.

not to take drugs, and who describes the negative effects that drug taking has on the lives of their friends and siblings. These negative effects centre around loss of motivation, loss of social life and a life going no where. The Pete's Couch, Wallet and Whatever television commercial<sup>72</sup> included in the NYADMC anti-marijuana campaign, are good examples of this approach.



**Figure 3: Images from Whatever, and Wallet. Positive consequence media campaigns**

The value of using this positive consequence approach is largely confined to affirming the choices made by those who are young enough to still be protected from the pressures of beginning drug use and those older adolescents who actively choose to stay drug free.<sup>73</sup> While these are important results in themselves, the positive consequence approaches are unlikely to reach vulnerable young people who experiment with or occasionally use drugs. This approach therefore may lack effectiveness in reaching particularly difficult target groups.

### **6.5.2. The Harm Minimisation messages**

Media campaigns that have adopted a harm minimisation approach include the FRANK campaign (England/Wales), Know the Score (Scotland), Time to Talk, and Check Yourself (PDFA, USA) along with some elements of the Australian National Drugs Strategy Campaign.

The harm minimisation messages centre on creating awareness of appropriate sources of information about drug use. These campaigns aim to engage their audiences for the purpose of providing information. Common message design elements include the use of appropriate humour, the correcting of misperceived social norms and use of empowerment persuasion models. These will be discussed in the following sections.

#### **Humour**

Evaluations of campaigns that have used a humorous approach, have noted the difficulty of designing messages for such a sensitive topic, however research has shown humour to be useful when targeting young people.<sup>74</sup> Below are examples of messages pulled from a number of campaigns that have incorporated humour into their design approaches.

<sup>72</sup> Office of National Drug Control Policy. (2002) .National Youth Anti-Drug Media Campaign. Available: <http://www.mediacampaign.org/mq/television.html> [Accessed 11 February 2007].

<sup>73</sup> Office of National Drug Control Policy, (2002).

<sup>74</sup> The Home Office. (2007).



Figure 4: Early FRANK campaign image. The television commercial (2003) moves through visual images of groups of people hugging people as well as inanimate objects, with a voiceover message of “If this was all there was to ecstasy, we’d all be taking it. To find out more about the effects of ECSTASY talk to FRANK”.<sup>75</sup>



Figure 5: In this 2004 campaign two news presenters finish their bulletin and throw to weather man, for his report. After standing still for a few seconds the weather man turns his back and wanders off. The voice over message then begins, “One in three people take drugs, that’s why we need FRANK”.<sup>76</sup>



Figure 6: Poster from the 2007 Time to Talk media campaign (PDFA). The usage of humour connects with parental anxiety over initiating conversations about drugs.<sup>77</sup>

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<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

<sup>77</sup> Partnership for a Drug Free America. (2007). *Time to Talk campaign*. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/2410/FlashForward](http://www.aef.com/exhibits/social_responsibility/pdfa/2410/FlashForward) [Accessed 08 February 2008].

The range of humorous devices used include slapstick visual images (the weatherman), hyperbole, (a related television commercial is the *Becky's not drinking tonight* from the Queensland government's Make Up Your Own Mind about drinking campaign),<sup>78</sup> associating exaggerated effects of drug taking with the ridiculous (ecstasy hugging campaign) and using humour to downplay the anxieties of the target audience (Time to Talk poster). These devices act to decrease pressure and tension associated with drugs, enabling the targeted audience to increase their engagement with the underlying message.

A number of key aspects about using humour noted in the FRANK evaluation report merit consideration. These include that humour:

- End on a thought provoking but downbeat note,
- Conveys an understanding of what it's like to be a teen or a parent
- Makes fun of drug users rather than making them seem amusing
- Portrays situations and conversations that are credible
- Maintains a relaxed informal style and maintains a consistently open, honest and direct approach.

Above all, humorous message designs should help engage the audience to send a clear message.

While no direct tests of the efficacy of humour as compared to non-humorous messages in illicit drug messages were sourced, the evaluation reports of both the FRANK and Make Up Your Own Mind Campaigns suggest that humour makes a useful contribution to creating awareness, with both campaign evaluations reporting better than expected awareness and recall results.

## Social Norms

A further message design used in harm minimisation campaigns is the correction of social norms. This approach is used predominantly in campaigns that aim to decrease substance use and abuse on university campuses in the United States. Social norm campaigns attempt to correct misperceptions within the target audience that such behaviours are the norm, when in fact they are engaged in by far fewer members of the community than is commonly believed. While the approach is more uncommon in illicit drug campaigns, it has been noted as a potentially useful message design for the harm minimisation approach.<sup>79</sup> One campaign sourced that uses a social norms approach is from the Netherlands, with a message that translates to 'You are not mad if you are not smoking cannabis, because 80% of all young people do not smoke either'.<sup>80</sup>

Other messages that indirectly act to change misperceptions about the extent of drug use include FRANK's "one in three people use drugs, that's why we need FRANK". While this message has aims other than overcoming misperceptions, a social norms approach would

<sup>78</sup> Details of the campaign which targets the risky drinking behaviour of young women in Queensland can be found at <http://www.health.qld.gov.au/youngwomenandalcohol/>. The television commercial is not available on this site, but can be viewed on [www.youtube.com/watch?v=hle9KGAJeko](http://www.youtube.com/watch?v=hle9KGAJeko). [Accessed 08 February 2008].

<sup>79</sup> Zhao, X., Sayeed, S., Capella, J., Hornik, R., Fishbein, M., & Ahern, R. (2006). Targeting norm-related beliefs about marijuana use in an adolescent population. *Health Communication*, 19, 187-196.

<sup>80</sup> Cited by the European Monitoring Centre for Drugs and Drug addiction. [Accessed 31 January 2008].

re-frame this, for example, 'About 70% of people don't use drugs' to highlight the fact that drug users are a minority group. Measures of efficacy are not available for social norm campaigns dealing solely with illicit drugs, although in a national evaluation of American college campus campaigns, no positive behavioural change effects were seen as a result of social norm marketing programmes.

## Empowerment

A third harm minimisation approach includes the use of empowerment message designs. These messages aim to show message recipients that they can be in control of their substance use. Examples of message designs using this approach include the *Make Up Your Own Mind Campaign* aimed at reducing the incidence of binge drinking in young Queensland women aged 18-22 years. This campaign particularly focused on reluctant drinkers, those who identified a desire to drink less, but had not yet managed to reduce their binge drinking behaviour.<sup>81</sup>

The campaign used socially attractive peers to model controlled drinking behaviour and saying 'no' to additional drinks while out having a good time with friends, including members of the opposite sex. The campaign sought to positively recognise the decision to drink less, remove the stigma attached to saying 'no' to a drink, put drinking less into perspective, and make reduced drinking acceptable to peer groups. The messages addressed many of the concerns raised by the targeted groups in formative research, including those related to their friendships, relationships with the opposite sex, and whether reduced drinking would inhibit their social life.

Evaluations of the campaign showed high levels of awareness and recall, with 78% saying they had seen a campaign aimed at encouraging young women to drink less. In terms of behaviour change, 64% of those seeing the campaign reported positive behaviour changes with 40% reporting reduced alcohol consumption. Overtime, a significant decrease in high risk drinking was reported, with a shift in behaviour seen within the targeted groups.<sup>82</sup>

### 6.5.3 Common elements

Along with the differing approaches to message design outlined above, a number of common elements also exist. These are discussed below.

#### Music

Campaigns that use channels such as radio, television, cinema and websites are likely to include a music score in their design. Of the campaigns sourced, a wide variety of musical styles were used all with the purpose of creating sound saturation. While the choice of music style is a creative issue, the literature is in agreement that any music used must be both relevant to and liked by the target audience.

<sup>81</sup> Queensland government. (2006). Available: <http://www.health.qld.gov.au/youngwomenandalcohol>. [Accessed 26 February 2008].

<sup>82</sup> Ibid.

## Copy

Print material requires the design of clear copy, which involves choices about framing, language use and message length, all elements that directly affect how well the message is communicated. In the main, campaign print materials feature low amounts of copy to maximise impact, with short messages accompanied by striking visual images designed to engage and involve the audience.

## Saliency of consequences

Messages depicting loss consequences along with the risk of loss are common in many illicit drug campaigns. The effectiveness of using such an approach is dependent on the saliency of the loss/risk of loss to the target audience. Loss consequences shown to be salient to adolescent target groups include loneliness and social isolation,<sup>83</sup> loss of motivation, risk of dependency<sup>84</sup> and those that focus on the near loss rather than the distant future.<sup>85</sup>

As an example of design that incorporated salient loss/risk of loss, the *Check Yourself* campaign launched by the PDFA<sup>86</sup> included a series of multi-channel advertising. Scenarios played out include a drug induced nose bleed in a classroom, an unplanned positive pregnancy test, a car crash and a young man pulling cannabis out of his pocket while looking for change in a fast food restaurant. This campaign involved input from target audience members (15-18 year olds) to ensure that risks and negative consequences shown were relevant and salient. Unfortunately, no published outcomes were available to determine the effectiveness of this campaign.

## Model/Actors

Target audiences need to relate well, respond to and engage with the models/actors used. For teen audiences, the campaign materials sourced show a predominance of socially attractive peer model/actors one to two years older than the target group. Elements of social attractiveness include having good looks, a sense of humour, outgoing personality, many friends, being popular with the other sex, getting good grades, liking 'cool' music and being good at sports.<sup>87</sup> For parents, similar aged model/actors are predominately used.

Limited use was made of celebrity appearance/endorsement. Examples included Jo Frost (Supernanny television show) and Mary Hart (American television personality) in Time to Talk's online community forum. Additionally, cameo appearances of famous urban music artists were used in a television drama broadcast in conjunction with the FRANK campaign. Obvious drawbacks of celebrity use include both the expense involved in gaining their services and the risk of individual drug taking habits being uncovered.

<sup>83</sup> Office of National Drug Control Policy. (2002). Available: [http://www.mediacampaign.org/publications/strat\\_statement.html](http://www.mediacampaign.org/publications/strat_statement.html). [Accessed 15 February 2008].

<sup>84</sup> Jones, S. C., & Rossiter, J. R. (2004).

<sup>85</sup> Nicholas, R. (2002).

<sup>86</sup> Partnership for a Drug Free America. (2004). *Check yourself: Helping at risk teens*. Advertising Educational Foundation. Available: [http://www.aef.com/exhibits/social\\_responsibility/pdfa/3000/pf\\_printable](http://www.aef.com/exhibits/social_responsibility/pdfa/3000/pf_printable) [Accessed 8 January 2008].

<sup>87</sup> Office of National Drug Control Policy. (2002).



### **6.5.4 Summary**

A summary of the areas focused on in this section are presented below:

#### **Targeted audiences**

By primarily targeting at-risk adolescents and their parents, a number of audience gaps emerge. These groups may benefit from receiving information about drug related services and include adolescent drug users, parents and childless adults who are recreational or functional drug users, those facing major transition points who use illicit drugs as a coping mechanism, and those with developed drug dependency problems.

#### **Targeted Drugs**

International campaigns target drugs both generally and specifically, including marijuana, ecstasy, methamphetamines, cocaine and heroin. No evidence is available to suggest that social marketing campaigns influence behaviour to the extent of decreasing the use of any specific drug.

#### **Community Channels**

Community programmes are often based in schools to increase responsiveness, adaptability and accessibility. Some evidence has been found of school programmes having short and medium-term impacts on illicit drug use, but no evidence of longer term impacts were uncovered.

Distribution of programme information through youth oriented sporting and recreational organisations can expand the reach of social marketing programmes.

#### **Media campaigns**

A wide range of promotional channels are used in media campaigns including television for advertising, publicity, public relations and news editorials; radio and cinema advertising; newspaper advertising and editorials; outdoor and billboard advertising; ambient advertising, including posters and stickers in bus stops, the toilets of pubs, nightclubs cafes and cinemas; street marketing, sponsorship of youth radio competitions; and online channels including website, banner advertising and chat groups. Measures of effectiveness for specific channels are not available.

#### **Campaign Message Design**

Prevention messages use both negative and positive consequence approaches, while harm minimisation messages incorporate humour, social norms and empowerment designs.

## ***Prevention***

**Negative consequence messaging** - Uses fear/threat accompanied by hard hitting visual imagery. The design needs to be realistic and salient to the audience and present a clear means of avoiding the negative consequences depicted. Results often show high recall and exposure ratings indicating wide reach, however, no positive measures of efficacy in changing attitudes or behaviour are available.

**Positive consequence messages** - These messages attempt to have the target audience connect with a peer model who actively chooses not to take drugs. The value of this approach appears to be confined to affirming the choices made by those who maintain drug free lifestyles and they may not be effective in reaching occasional users/experimenters.

## ***Harm minimisation***

**Humour** - Humour is used to decrease the pressure and tension associated with drug use and increase audience engagement with the message. Humour should end on a downbeat note, convey an understanding of the target audience, make fun of drug users rather than portray them as amusing, be open, honest and direct. It appears to be a useful design element to increase message exposure.

**Social Norms** - Social norm campaigns attempt to correct misperceptions of the extent of substance use within targeted audiences. They are used predominately in campaigns on North American college campuses, and appear to have limited efficacy in changing attitudes and no efficacy in changing behaviour.

**Empowerment** - These messages aim to model controlled drinking behaviour and saying 'no' to additional drinks in a way which overcomes the concerns of targeted groups. These concerns relate primarily to how limited drinking will affect friendships and social lives, and whether it is possible to have a good time while drinking moderately. Limited evidence suggests this approach may be efficacious in creating behaviour change, particularly among reluctant drinkers.

## ***Common message elements***

- **Music** - must be liked and relevant to the target audience
- **Copy** - must be clear, short and maximise impact
- **Consequences** - all consequences depicted must be relevant and salient. These include social isolation, loss of motivation and risk of dependency.
- **Models/Actors** - Should be socially attractive, non-celebrity, slightly older or peers.

## 7. A summary of methods for evaluating social marketing campaigns including the tools used for assessment

### 7.1 Introduction

Evaluations of social marketing campaigns should to be planned for from the beginning of the programme's design and need to include the following elements:

- **Formative research** - to determine which strategies will work best for which audiences
- **Efficacy research** - to determine how likely it is that the campaign will make a difference if implemented
- **Process evaluation** - to determine how the implementation of the campaign differed from what was planned
- **Outcome evaluation** - to determine the impact of the campaign.

The literature sourced for this review emphasises process evaluation, using measures to track how well programmes have been put into practice - largely measured through exposure, awareness and recall. Additionally, some campaigns have attempted to measure efficacy at the level of outcomes and have focused on attitudes, behavioural intentions and actions. Importantly, no evaluations have been able to establish causal links between exposure to social marketing programmes, campaigns and behaviour change.

The following sections discuss a number of evaluation designs, methodologies and measures that are used to track implementation and outcome results. These are all sourced from the literature discussed throughout this review and while some approaches are more rigorous than others, all have benefits and limitations. The discussion begins with controlled surveys, it then discusses the most commonly used the uncontrolled pre- and post-test survey and includes a range of measures sourced from the literature. Finally, a third approach is discussed, the mapping of trend and survey data.

### 7.2 Controlled experimental designs

The most rigorous approach to evaluating the effects of exposure to campaign materials is the pre- and post-test controlled experiment. This design involves the following steps:

1. Measurement of the pre-test attitudes and behaviours of an intervention group who are going to be exposed to campaign materials, alongside a carefully selected group who are not to be exposed (the control group)
2. Once the pre-test measures are completed, the treatment group can be exposed to the campaign information/materials

3. Post exposure, the attitudes and behaviours of both groups are measured again
4. Changes in the attitudes of the treatment group can then be compared to changes in attitude and behaviours in the control group.

If both group's attitudes and behaviours have altered in the same way, the campaign can be said to have no effect. However, if the treatment group's attitudes and behaviours changed in ways that significantly differ from the control (and the groups were carefully selected and matched) the treatment exposure can be said to be responsible for those changes.

In reality, full experimental designs are used mainly in academic research, for example, Palmgreen et al.'s<sup>88</sup> study used a variation of this approach as did Jones & Rossiter.<sup>89</sup> One evaluation sourced that did use this approach was that of the NE school-based programme.<sup>90</sup> Surveys were used to measure baselines and a range of outcomes for participants (intervention group) and non participants (control group) over three years of the programme. The sample size was considered small at 1936, taken from six intervention and four control schools. Difficulties encountered include a sample size that was too small for a full cluster approach, poor sample matching, high attrition and lack of full disclosure, particularly in the final questionnaire.

The value in this approach is that it enables influences outside the campaign, that is, environmental influences, to be tracked through the control group allowing resulting changes to be attributed to campaign exposure. Because the environmental influences are assumed to be the same for both groups, there is the need for careful selection and matching of the control and treatment groups.

The major drawback of the approach is the fact that it requires measurements over two distinct groups (the intervention and control group) and therefore is more complex to design and implement and more costly than approaches that do not use a control. Additionally, there are ethical questions surrounding the use of a control group who are not able to access the information and/or services given to the intervention group.

### 7.3 Pre/post exposure surveys (no control)

This design is the most commonly used in the literature sourced for this review and includes the following steps:

1. Measures are designed to track baseline information, for example, awareness, attitudes, intentions and behaviours
2. Data is then collected from a random sample who is representative of the target audience, prior to their exposure to the campaign. This provides baseline information
3. Once the campaign has commenced, appropriate intervention points are determined, for example, at six weeks, three months, six months and 12 months

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<sup>88</sup> Palmgreen, P., Donohew, L., Lorch, E.P., Hoyle, R.H., & Stephenson, M.T. (2001).

<sup>89</sup> Jones, S. C., & Rossiter, J.R. (2004).

<sup>90</sup> Hastings, G., Stead, M; MacKintosh, A M (2002).

4. Using the same measures as the baseline survey, data is collected at these intervention points from a random sample who is representative of the target audience (follow-up surveys)
5. The results from the follow-ups are then compared to the baseline to determine changes in the measures used.

This approach enables changes to be seen within the target audience. However, as there is no control group, any changes observed can not be said to be the result of exposure to the campaign.

Examples of campaigns evaluated in this way include many of the New Zealand based campaigns, such as:

- ALAC's 2005 evaluation of The Way We Drink. This included two nationally representative samples, the first made up of young people aged between 12-17, (n= 628), and the second, a nationally representative sample of adults, aged 18+, (n = 659)
- The Quit group's 2003 evaluation of Māori smoker and whānau response to the It's About Whānau campaign. This included a baseline sample of two groups, smokers, (n= 254) and whānau, (n= 219), and two follow-up surveys. At first follow-up, smokers (n= 420), whānau (n= 230) and at second follow-up, smokers (n= 404) and whānau (n = 251).

Land Transport New Zealand also used nationally representative samples to track outcomes of their Supplementary Road Safety Package for the period 1995-2000. Unfortunately the sample size was not available for this literature review report.

The advantage of evaluating campaigns using pre/post exposure surveys is that changes in the target audience can be tracked over a range of measures and over time. The approach is also more cost effective than those that use a control group.

The major drawback of this approach is that it does not allow for the influence of factors external to the campaign to be taken into account, and for this reason, changes in relevant measures can not be considered to be causally linked to exposure to campaign materials.

### **7.3.1 Measures**

Commonly used measures sourced from a range of literature are outlined in table two on the following page. The examples were sourced from the literature and are not necessarily recommended for use in future campaigns as no indicators of validity or reliability were included in the reports.

**Table 2: Evaluation Measures**

Item	Measure	Example (from literature)
<p><b>Exposure Items</b> Measures effectiveness of channel selection and placement</p>	<p>Unprompted/prompted awareness of campaign</p> <p>Unprompted /prompted awareness of specific campaign items Recall of message</p> <p>Recall of channel</p>	<p>a)Are you aware of any [drug] campaigns? b) Are you aware of the [name] campaign? c) Can I just check, have you heard of [campaign name] before?</p> <p>Thinking about the advertising or publicity you have seen about (drug name), what do you remember seeing or hearing? Thinking about the advertising or publicity you have seen about [drug name], what do you think were the main messages in the (campaign name) ad? Do you recall seeing (hearing) this (name of campaign material ) before?</p>
<p><b>Attitude toward the Ad (or other campaign items)</b> Measures efficacy of the design elements</p>	<p>The level of positive/negative attitudes toward the ad</p> <p>Relevance of message</p> <p>Credibility of source Credibility of message</p>	<p>For increased reliability, attitude measures need multi-item scales.</p>
<p><b>Attitude toward drugs (general and specific drugs).</b> Measurement of campaign effectiveness in changing attitudes</p> <p><b>Perception of Risk (general and specific risk).</b> Measurement of campaign effectiveness in increasing risk perceptions</p>	<p>The level of positive/negative attitudes toward drugs in general</p> <p>The level of positive/negative attitudes toward a specific drug</p> <p>The general level of risk associated with drug use</p> <p>The level of general risk associated with a specific drug</p> <p>The level of specific risk associated with a specific drug</p>	<p>Rate how risky you think using drugs is?</p> <p>Rate how risky you think using (drug) is?</p> <p>Rate how likely you think (drug) causes (risk)</p>
<p><b>Behavioural Intention</b> Most closely measures future behaviour</p>	<p>Intention to use drugs</p> <p>Likelihood of using a specific drug.</p> <p>Lifetime use</p>	<p>a) As a result of seeing this advertising campaign, has your intention to use (drug name) in the future changed at all? b) As a result of seeing this advertising campaign, rate your intention of using (drug name) in the future. (no intention (1) – (5) fully intend)</p> <p>a) As a result of seeing this advertising campaign, has the likelihood of you using (drug name) in the future changed at all? b) As a result of seeing this advertising campaign, rate your likelihood of using (drug name) in the future (unlikely (1) – (5) very likely)</p> <p>a)Have you used (drug) ever? b) Which of the following (list of drugs) have you used before? Please be as honest as you can.</p>
<p><b>Behaviour</b></p>	<p>Recent use</p> <p>Frequent use</p>	<p>a)Have you used (drug) in the last six months? b) How many times?</p> <p>a)Have you used (drug) in the last month? b) How many times?</p>

## 7.4 Mapping to trend and survey data

Evaluations which attempt to link campaign evaluations to positive changes in attitudes and behaviours reported in externally sourced trend and survey data represent a flawed approach. While decreases in positive attitudes towards specific drugs and drug use in general are valuable and important results in themselves, they are not evidence of efficacious social marketing programmes. Examples of how this approach can give misleading results include

- The decreasing use of methamphetamines by Montana high school students during the period that the Montana Meth project campaign aired in September 2005 to September 2007. Meth use decreased from 8.3% at campaign commencement in September 2005 to 4.6% in September 2007. However meth use within the targeted group had been in steady decline from 13.5% in 1999 to 8.3% in 2005 prior to the campaign. While the results look encouraging, there is no way of knowing the impact that the campaign had on these rates of decline
- The ONDCP consistently report national survey results which show declining positive attitudes toward marijuana and marijuana use.<sup>91</sup> Independent evaluation reports carried out into the efficacy of their campaigns suggest however, that no evidence can be found of a statistically significant improvement in beliefs and attitudes about the drugs, or a decrease in marijuana use over the 2000-2004 campaign period. Some evidence suggests in fact that there had been an increase in marijuana use during 2000-2001, and it was argued that the campaign may have contributed to normalising the use of marijuana.

Campaigns should plan for evaluation from the beginning of their development and use appropriately rigorous methods such as those outlined above.

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<sup>91</sup> The ONDCP rely on two national tracking surveys. The Monitoring The Future Study, University of Michigan, and the Partnership Attitude Survey day, administered by the PDFA.

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