



An Executive Summary of the Process Evaluation of the National Drug Awareness Campaign 2003-2005



Published by the Stationery Office
Dublin

To be purchased directly from the
Government Publications Sales Office,
Sun Alliance House, Molesworth Street, Dublin 2,
or by mail order from
Government Publications, Postal Trade Section,
51 St. Stephen's Green, Dublin 2,
(Tel: 01-6476834/35/36/37; Fax: 01-6476843).

Prn. A8-0004
ISBN 978-1-4064-2107-1

€3

Baile Átha Cliath
Arna Fhoilsiú ag Oifig an tSoláthair.

Le ceannach díreach ón
Oifig Dhíolta Foilseachán Rialtais,
Teach Sun Alliance, Sráid Theach Laighean, Baile Átha Cliath 2,
nó tríd an bpost ó
Foilseacháin Rialtais, an Rannóg Post-Tráchtá,
51 Faiche Stiabhna, Baile Átha Cliath 2,
(Teil: 01-6476834/35/36/37; Fax 01-6476843).

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Designed by First Impression

An Executive Summary of the Process Evaluation of the National Drug Awareness Campaign 2003-2005

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December 2007

Acknowledgements

This report represents the completion of a project to track the development and delivery process of the National Drugs Awareness Campaign 2003/5. The research was commissioned by the National Advisory Committee on Drugs (NACD) and undertaken by The Health Promotion Research Centre, Department of Health Promotion, National University of Ireland, Galway. The researchers extend a warm thanks to all those who contributed to this research process either at interview, by sending material or facilitating access to internal documents.

Researchers

The research for this study was carried out by Jane Sixsmith, Maureen D'Eath, Pauline Clerkin, Siobhain O'Higgins and Dr Saoirse Nic Gabhainn. The interviews were undertaken by Dr Evelyn Stevens, Micheal Keogh and Pauline Clerkin. The NACD convened a Research Advisory Group to mentor and monitor this process and the research team are indebted to them for their support throughout.

Finally thank you to the staff at the NACD who have taken this document and brought it to publication.

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Foreword – Minister of State

I wish to welcome this report from the National Advisory Committee on Drugs (NACD), which is an Executive summary of the Process Evaluation of the National Drug Awareness Campaign 2003-2005. This report includes a summary of the literature on the effectiveness of mass media campaigns for drug prevention and harm reduction and which summarises the process evaluation of the Campaign providing recommendations for the future.

Since my appointment I have repeatedly emphasised that I will have a particular focus on prevention/awareness raising – if we can prevent people starting a drug habit we can avoid the heartache and pain, as well as the expense, that arises as a result. This report will, I consider, make a useful contribution to improving our approach to raising drugs awareness in Ireland not withstanding, as the report identifies, the difficulty associated with both the development and evaluation of campaigns.

Finally, I would like to extend my gratitude to the researchers for producing this report. I also wish to acknowledge the role of the NACD in finalising the report and the ongoing work of its members, in particular, Dr Des Corrigan, Chairperson, and Mairéad Lyons Director and all her staff in the NACD.

Pat Carey TD

Minister of State with Responsibility for the National Drugs Strategy.

Foreword – Chairperson, NACD

The prevention of drug taking is a central pillar of any drug strategy and its importance was highlighted not only in the terms of reference for the setting up of the NACD in 2000 but also in the fact that our first report was “Drug Use Prevention – An Overview of Research” prepared by Dr. Mark Morgan of St. Patrick’s College, Drumcondra in November 2001. Dr. Morgan’s report forms the background to this evaluation of the National Drug Awareness Campaign which operated between 2003 and 2005.

This present report has arisen from the enthusiasm of the Department of Health and Children to utilise a different type of evaluation of the campaign and the NACD is grateful to the Department for its involvement in the process. As a result of this collaboration and the excellent work of the research team from the Health Promotion Research Centre at NUI Galway led so ably by Jane Sixsmith and Saoirse Nic Gabhainn, we have a first comprehensive overview of what works in developing national campaigns.

It highlights the diversity of approaches needed in a campaign where different drugs and combinations of drugs with different effects and risks are involved. Tailoring messages nationally to the needs of different age groups exposed to widely differing types and patterns of drug use is no easy task. Learning from experience enhances our understanding of best practice in prevention activities.

This report emphasises the need to build on the combination of social marketing, community development and engagement and behavioural interventions as best practice models for future campaigns. The NACD is therefore making the learning from this evaluation process widely available as a contribution towards improving and strengthening the processes which underpin awareness campaigns.

Dr. Des Corrigan F.P.S.I.

Chairperson

NACD

Introduction

The National Drugs Strategy 2001-2008 (Department of Tourism, Sport and Recreation, 2001) aims to “significantly reduce the harm caused to individuals and society by the misuse of drugs” (p8) through the four “pillars” of supply reduction, prevention, treatment and research. A key objective cited in relation to prevention is to create a greater awareness of the dangers and prevalence of drug misuse. A specified action towards achieving this objective is the development and launch of a National Awareness Campaign (Recommendation 6.8.38 National Drugs Strategy 2001-2008; Department of Tourism, Sport and Recreation, 2001). The realisation of this action is allocated to the Department of Health and Children, within which the Health Promotion Unit were tasked with the responsibility of campaign development, which commenced in 2001.

The National Advisory Committee on Drugs commissioned The Health Promotion Research Centre, (Department of Health Promotion, National University of Ireland, Galway) to track and evaluate the development and delivery process of the National Drugs Awareness Campaign 2003/5. This project comprises two distinctly separate pieces of work carried out. The first comprises an assessment of the effectiveness of mass media campaigns for drugs prevention and harm reduction through a critical examination of the pertinent literature. The second consists of research that tracks the process of campaign development and dissemination from November 2003 to October 2005.

Methods

Literature Review

The literature review was undertaken through the development and application of a search strategy that enabled identification of relevant literature which was subsequently acquired, collated and evaluated.

Process Evaluation

Traditionally, evaluations of mass media campaigns have focused either on initial recall and recognition or programme outcomes. However, it is increasingly recognised that it is not possible to assess campaign effects without information on programme implementation (Freimuth *et al.*, 2001), which can be undertaken through process evaluation. Process evaluation of the campaign development and dissemination was carried out utilising a qualitative research approach.

Semi-structured interviews were used to gather data. Research participants were selected purposively from key stakeholders involved in the campaign development and dissemination process. The core interview group comprised members of the Steering Committee with additional contributions from the advertising agency and representatives of stakeholders at regional and local level, as well as some representatives of the campaign target groups. A total of 94 interviews were carried out at six points in time between 2003 and October 2005. Documentary data relating to the campaign was also sought from stakeholders. Analysis, drawing on work by Miles and Huberman (1994), was conducted on the transcribed interview data with the documentary data integrated into this process.

Results

Literature Review

The apparent potential of the mass media has enticed those aiming to reduce the harm caused by the misuse of drugs to purposefully use this approach in attempts to exert influence and persuade. The aims of anti-drug mass media campaigns vary and range from the communication of simple information to the dissemination of persuasive messages to change behaviour (Tones & Tilford, 1994; Atkin, 2002; Coffman, 2002). In assessing the efficacy of mass media campaigns for drug prevention and harm reduction it is important to consider the evaluation methods used. The evaluation of mass media campaigns has consistently been recognised as particularly difficult (Palmgreen *et al.*, 2001; Wellings & Macdowell, 2000; Paglia & Room, 1999; Barth & Bengal, 2000; Redman *et al.*, 1990) with further complexity provided by the combination of mass communication approaches with other interventions, such as school or community programmes. In addition a lack of high quality evaluation research assessing the efficacy of the use of mass communication approaches has been identified (Derzon & Lipsey, 2002; Botvin, 1995). Various models of evaluation have been applied and a combination of formative and summative evaluation is necessary to inform campaign development and implementation (Hawks *et al.*, 2002; Atkin, 2002; Rice & Atkin, 1994; Flay & Burton, 1990).

For any campaign to be considered effective, whatever the desired outcome, the message must reach the target audience, attract their attention, be correctly understood and acted upon. McGuire's hierarchy of communication effects (1989) places these areas in a sequential order of: message source, the message itself, the channel via which the message is disseminated and the receiver of the message (or the audience). For effective communication campaigns, the source of the message needs to be: credible (McGuire, 2001), the message construction should not be fear inducing (Hastings & MacFayden, 2002; DeJong & Wallack, 1999; Wang, 1998; Dillard *et al.*, 1996; Patterson, 1994; Whitehead, 1989), the channel should be appropriate to the target audience which should be segmented into specific target groups with shared characteristics (Atkin, 2002; Hawks *et al.*, 2002; Slater, 1995; Rice & Atkin, 1994; DeJong & Winsten, 1990). These factors are specific to the campaign and for effectiveness should be heavily informed by formative evaluation and pre-testing of messages with the target group (Hawks *et al.*, 2002; Atkin, 2002; Rice & Atkin, 1994). Thus, there is research on the constituent parts of mass media campaigns, which can inform best practice in campaign design and implementation. However, there is a lack of research on the optimal combination of these components.

Campaign design falls into two categories: stand alone campaigns using media only and multi-component campaigns using combinations of multi-level interventions such as school and / or community programmes in conjunction with the media. Assessments of interventions that comprise mass media alone suggest that this is a less than optimal approach (Hawks *et al.*, 2002; Atkin, 2002; Rice & Atkin, 1994; Flay & Burton, 1990). Multi-component multi-level interventions which reflect the complexity of the issue of drug prevention and harm reduction appear to be more successful, suggesting that media is

contributing to the role of agenda setting (McCombs, 2001) rather than having direct effects (Redman *et al.*, 1990). However, weaknesses inherent in evaluation methodology temper this apparent success. Therefore, future campaigns need to be informed by best practice for the specified constituent components guided by formative evaluation (Hawks *et al.*, 2002; Atkin, 2002; Rice & Atkin, 1994) and set within a structured theoretical framework for coherence (Atkin, 2002; Myre & Flora, 2000; Maibach & Parrott, 1995; Rice & Atkin, 1994).

Process Evaluation

Initially, a description of the campaign implementation process is described from participants' perspectives, which provides the context for subsequent presentation of campaign efficacy indicators.

Campaign Development and Implementation

In order to respond appropriately to the recommendations that were laid down in The National Drugs Strategy (Department of Tourism, Sport and Recreation, 2001) and to reflect its emphasis on partnership and inclusiveness, a campaign Steering Committee was formed at the instigation of the Health Promotion Unit. It included: representatives from the Health Promotion Managers, the Drugs Strategy Unit, An Garda Síochána, media experts, Health Service Executive (HSE) drugs education officers and the National Advisory Committee on Drugs (NACD).

The objectives of the National Drugs Awareness Campaign were decided and agreed upon, over the first three meetings of the Steering Committee, which were held in November and December 2001 and January 2002. In addition, it was agreed that a drugs education consultant would be employed to work closely with the advertising company as part of the development team. The tender brief for the campaign was designed and completed in early spring 2002. The tendering process conformed to the European Union's regulations in relation to public sector tendering. The submission by the successful company was seen as having the most flexibility in terms of the stated campaign goals. The company was awarded the contract in September 2002. The period leading up to the end of 2002 entailed a great deal of activity in planning the development of various campaign elements: television, radio and cinema scripts, website, help-line and brochure. At the end of November it was proposed that the campaign would be launched in January 2003 (proposed timeline document, 25th November 2002). Formative evaluation of campaign developments were undertaken in advance of the launch date. The launch of the campaign actually took place in May 2003 with the slogan '*Drugs - there are answers*'. A significant amount of public relations activity took place simultaneously in both the national and local media around this time. A help-line was launched at the same time as the main media campaign. The campaign booklet was made available through the health boards and also on request through the help-line.

The original campaign Steering Committee officially came to an end with the launch of the campaign but it was recognised that there was a need for a reference group to advise campaign developments due to the complexity of drugs issues. Some of this group comprised the same people who had previously sat on the Steering Committee and some were invited to be members due to the perceived need to develop clear partnerships for different elements of the campaign. The first meeting of the reconvened group took place in October 2003. The terms of reference for the group were set out, and it was confirmed that the committee would meet every 2-3 months to discuss campaign progress.

Part of the plan for the overall campaign into 2004 was to focus on different target groups over the three years. It was decided that the next phase of the campaign should focus on parents. A brochure entitled '*A Parents Guide to Drugs*' was developed in association with the Department of Education and Science in concordance with one of their obligations under The National Drugs Strategy. A local community event was also proposed taking the format of a '*Questions and Answers*' roadshow. There was a change in personnel in one of the central campaign organisations at the start of 2004. In September the public relations representative changed, with a different member of staff taking responsibility for the account.

Roadshows

Over the autumn months of 2003 there was considerable investment in developing the concept of the roadshow and liaising with drugs co-ordinators at local level. A pilot road show was held in November 2003 which was followed by further planning and development. The first of the local roadshows took place in April 2004 and they were rolled out around the country, finishing in early 2005.

The Campaign Website

The campaign website was launched in May 2003 alongside the first set of media advertising. In December 2003, the Steering Committee agreed that the website required further development and sought costings and a plan for this. The Advertising and Public Relations Company tabled a document at the January 2004 Steering Committee meeting, with suggestions for a development plan for the website for 2004. At the Steering Committee meeting in February 2004, it was reported that some changes had been made to the site following the proposals advanced at the previous meeting.

Cocaine Campaign

Two main factors contributed to the adoption and development of the cocaine campaign. First, it was noted at the December 2003 Steering Committee meeting that there was concern about recent statistics on cocaine use (NACD & DAIRU, 2003; NACD, 2003) and anecdotal evidence indicated that cocaine use was spreading in terms of the socio-demographic characteristics of users and that use was increasing. There was also concern about low levels of accurate knowledge about cocaine in the general population. Plans for the cocaine

campaign were brought to the Steering Committee meeting in September 2004. At that stage, it was reported that final versions of advertisements were at an advanced stage and that the campaign was ready to be launched. The campaign banner stated that *"there's no fairy tale end with cocaine"* and involved using fairy tale or nursery rhyme characters (Georgie Porgie, Jack and Jill) focusing the message on the negative outcomes of cocaine use. The cocaine campaign was launched on October 4th 2004, commencing with convenience advertisement installation in Cork, Limerick and Dublin and the launch of the cocaine microsite on the campaign website, with beer mats and postcards to follow. Press advertising in selected magazines continued throughout October and November 2004. October 2004 saw substantial press and broadcast coverage of the campaign notably on local radio stations.

Developments into 2005

During the first half of the year, the drugs education consultant, employed by the media company resigned and was replaced. A meeting of the Steering Committee, originally scheduled for November 2004, took place in January 2005. The meeting concluded that, at that stage, insufficient clarity existed for the media company to proceed to the next phase of the campaign. However, it appears that a decision was made at this meeting that the campaign would focus on cannabis. During the final set of interviews, participants reported that they were still vague as to how this decision was made. The cannabis campaign was launched on October 17th, 2005.

Campaign Components as Indicators of Efficacy

(i) Application of Theory

While reference was made to social marketing and other structures, no consistent theoretical framework was identified by interviewees as informing campaign development. This was perceived as a limitation by some interviewees in the latter stages of the evaluation.

(ii) Target Audience

The need to divide the potential audience into specific target groups was recognised at the start of the process. A multi-level targeting strategy, with initial message dissemination to the general population, followed by more specific targeting of adults, particularly parents as well as young people, was adopted. In relation to the roadshows, various audience groups were perceived to be targeted through the events. Some disquiet was expressed during the second phase of the campaign about the apparent lack of focus regarding target groups. This need to focus came to the fore during the development of the website and substantial awareness of its importance was exhibited. The main website was said to be targeted at adults. But this was not entirely clear to all interviewees, and a lack of clarity in relation to the perceived target group emerged. In the final phase of the campaign a consensus emerged that, on the whole, the correct audiences had been targeted throughout the campaign. These were variously identified as: parents, those on the periphery of drug use, teachers, concerned adults, and the general public.

(iii) Channels of Dissemination

As with the target audience, a number of potential channels for message dissemination were initially discussed but the planning of the channels of dissemination was not considered to be as transparent as other areas of development. The opinion was expressed that the channels ultimately employed were not actively planned and not the best use of limited resources.

(iv) Message Development

In relation to the message development, interviewees identified a number of important factors. One was the need to have a consistent message that develops with the campaign over time. It was argued that the campaign message should relate to specific drugs, including alcohol, which was excluded from the campaign, rather than have a generic message for all drugs. All interviewees who spoke about the message construction stated that a fear appeal approach was unacceptable.

(v) Time and Money

Issues around the financing of the campaign came to the fore in the early stages. Although the campaign had been announced, the finance had not been clearly secured. This issue arose constantly throughout the planning phase. Initially, the issue of funding led to some delay and there were a number of factors, including Ministerial availability, which contributed to delays in the campaign launch. While the original deadline of January 2002 was seen by some as ambitious, the overall campaign development was perceived as taking longer than it should have. Time also emerged at the start of the process as a personal issue for some. Many found it difficult to find the time to be involved to the extent that they would have liked. The roadshows were described as being particularly time consuming. Time was also considered a key issue in the development and redevelopment of the website, particularly in terms of the potential for the website to be reactive. In contrast, the cocaine campaign was perceived as being developed speedily and rolled out efficiently. However, the Steering Committee was not given as many opportunities to contribute to the campaign development as they had with earlier components.

Organisational Components Contributing to Efficacy

(i) Co-ordination and Collaboration

At the start of this process evaluation, most interviewees were happy with the co-ordination of the campaign but this perception gradually deteriorated as the campaign progressed. The co-ordination of the roadshows was identified as problematic. Following the success of the pilot roadshow, where the local co-ordinators showed commitment to the campaign and took on a considerable amount of work, it was found that this was not the case in all locations. Notwithstanding this, the co-ordination of the roadshows continued to be seen as having been a collaborative rather than authoritative effort. During the period of development of the cocaine campaign and running up to and through its launch, it is clear that it became increasingly difficult to schedule meetings which all or

even most of the Steering Committee members could attend. This caused some delays in decision-making, but the issue that decisions were made without the collaboration of the Steering Committee was also frequently raised.

(ii) Communication

Issues about communication emerged strongly in the second year of the process with many interviewees identifying communication as a key issue, specifically when the cocaine campaign was signed off at the end of September 2004. There were other concerns expressed about communication in relation to funding. The period covered by the final set of interviews was not one that was marked by a high level of communication. Several interviewees stated that they were not aware of any communication during this time.

(iii) Conflict

Some interviewees noted tensions that did not amount, in the interviewees' opinion, to conflict. These tensions were deemed by some as a consequence of the involvement of a committee in the process, and the need for acceptance that the dynamics of such committees change over time. Several interviewees ascribed the conflicts; such as they were, to clashes of personalities and personal styles of working and traced much of the stresses to the point at which key personnel changed.

(iv) Perceived Objectives

At the end of the first phase, all interviewees were of the opinion that throughout the development process the objectives of the campaign had stayed the same, although the emphasis may have changed. It was generally recognised that the campaign's aim of raising awareness was realistic but some interviewees expressed the hope that the campaign would also, ultimately, influence behaviour. Towards the end of the second phase, most interviewees felt that the main objective of the campaign had not changed but had perhaps become more focussed, which was reported as a positive development. During the final sets of interviews, most participants stated that their understanding of the objectives for the overall campaign was that they related to awareness raising and provision of information. Several interviewees made the point that awareness raising represents the limits of what such campaigns can hope to achieve and amounts to a "chipping away" at the ultimate goal of behaviour change. Opinions were divided on whether the objectives of the campaign had been met with many interviewees unable to answer the question categorically.

(v) Perceived Effects

In the interviews at the end of the first phase, participants thought that it was too early in the campaign to judge what the effects might be. However, they did think that the effects could be positive, that it could inform people and enable them to reduce drug related harm, although this contradicted their understanding of the campaign objectives. In the early stages of the second phase, it was hoped by some that the roadshows would have the greatest impact and that with their completion, the development of the website and further bursts of advertising, awareness would be raised. Disappointment at the initial

outcome of the roadshows changed some people's views on the potential campaign effects. By phase three of the campaign most interviewees were negative, not just about the effects of this campaign, but about such media campaigns in general. The point was repeatedly made that media campaigns can only have an impact if they are part of a broader based intervention programme.

(vi) Role of Steering Committee

Views expressed during the first round of interviews identified the Steering Committee as having functioned well and no-one reported any major barriers to carrying out their role at that point. However, this positive view deteriorated over time to the extent that by the final interviews there was the perception expressed that the role of the Steering Committee was unclear and confused.

Discussion

It is clear that the aspects of the campaign that were perceived most positively by the interviewees were those with which they felt they had most involvement and/or those that were seen to have the most relevance to day-to-day drugs issues. The extent to which the campaigns resource materials were considered to be useful is unclear. The mass media aspects were evaluated positively; however, the limitations of evaluation based on measurements of message exposure, recall, and message characteristics were noted by others. The closer stakeholders were to the drugs issue at community level, the less likely they were to value these materials. The print media and web based materials, more generally used in harm reduction interventions (Hunt *et al.*, 2003) were widely perceived to be useful and to constitute a positive legacy of the campaign.

The campaign focussed exclusively on illicit drugs which set it apart from most such campaigns, which also address alcohol and tobacco use (Jason, 1998; Pentz *et al.*, 1997). It is clear from the stakeholders' consideration of the roadshows that, in many areas, alcohol was the substance of most concern to communities and The National Drugs Strategy (Department of Tourism, Sport & Recreation, 2001) recommended that alcohol should be included in such campaigns. It should be noted that an alcohol focused mass media campaign ran concurrently yet independently of the drugs awareness campaign.

From the earliest interviews, most interviewees considered that this campaign was not informed by any theory, model or framework. The lack of a widespread or shared understanding of an agreed theory or framework could be considered to have disadvantaged the campaign through a lack of a structure to facilitate integration and coherence.

Formative evaluation may be considered the foundation for the successful development of campaigns (Atkin, 2002; Hawks *et al.*, 2002; Rice & Atkin, 1994). Such research can provide information on target audience beliefs, attitudes, behaviours and motives and can be used to test campaign materials. Formative evaluation was applied and is evident in: the qualitative review of the campaign concepts (Behaviours and Attitudes Market Research, 2002), the roadshow pilot, focus groups with teenagers consulted on the cannabis dimension and research carried out in bars and clubs to choose between two concepts for the cocaine advertising campaign.

Messages that build on the audience's current knowledge have been found to be effective, but the message type depends on the issue to be addressed and the target audience and therefore relies on formative research (Hawks *et al.*, 2002; DeJong & Winsten, 1990). The target audience for this campaign was both wide and, at times, unclear to the Steering Committee. The cannabis campaign represented a targeting of the campaign through an ill-defined decision making process and apparently failed to target the age group that have been identified as most appropriate (Pentz *et al.*, 1997; Ellickson *et al.*, 1993; Botvin *et al.*, 1990). Some exploration was conducted of current knowledge among the target audiences. However, in relation to the qualitative exploration of perceptions of cocaine, the campaign appears to be considered within a framework of individual behaviour change, which was not the campaign's aim.

The Steering Committee do not appear to have been clear about the message type that they wanted to employ but they were very clear and a general consensus prevailed throughout the development of the campaign that it should avoid fear appeals, a stance which appears to be supported by the literature (Hastings & MacFayden, 2002; DeJong & Wallack, 1999; Wang, 1998; Dillard *et al.*, 1996; Patterson, 1994; Whitehead, 1989).

The original tender brief identified the intention of the campaign to communicate with targeted groups in a manner that would augment on-going education and prevention work (Tender Brief, 2002). A media plan that includes the use of multiple channels alongside additional integrated interventions is more likely to be successful (Atkin, 2002; Hawks *et al.*, 2002; Rice & Atkin, 1994; Flay & Burton, 1990). The roadshows represented the sole attempt to incorporate a community dimension into the campaign and was the channel considered to have the most potential for effect by many of the stakeholders in the campaign. The roadshows were also the element of the campaign that most involved or had the potential to involve local networks and local drugs co-ordinators. The more general lack of involvement of these community based stakeholders led to the campaign being perceived as irrelevant by them.

The campaign was initially conceptualised as a partnership process. It could be argued that this process was overly dependent on personalities to drive its success, and did not easily withstand changes in personnel which are inevitable. It must be acknowledged that this inter-agency, multi-sectoral approach to drugs issues is one espoused by The National Drugs Strategy itself (Department of Tourism, Sport and Recreation, 2001). This style of working may require considerably more preparation at the outset with all organisations and agencies fully aware of the implications for organisational management, enabling and supporting personnel to commit to the processes involved, and facilitating the smooth handover between representatives when necessary. It may be that the original intent was a naïve one; the power balance was an uneven one not least because one party to the partnership was employed by another and one party held the finances. It may be that it cannot be assumed that individuals can easily, or in some instances, willingly adapt to an ethos of working which is at variance with their usual working patterns. The organisational structures within which most of the stakeholders operate are hierarchical ones and it is unlikely that the adjustment to a different ethos for the purposes of one project would be a natural one for all involved.

Conclusion

No media awareness campaign can have guaranteed outcomes but one that is developed against identified criteria of best practice maximises its potential for success. The National Drugs Awareness Campaign can be seen to have fallen short of the previously identified criteria for success that in turn may have reduced the latent effectiveness of the campaign. However, overall, substantial learning has been gained by participants as a result of their involvement with the development and execution of this mass media campaign. The importance of planning and management emerged as paramount, with effective and timely communication mechanisms as key factors. The development of inter-agency protocols to guide the principles and practice inherent to collaborative working should be considered in any future campaigns of this nature.

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