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A Process Evaluation of the National Drug Awareness Campaign 2003-2005

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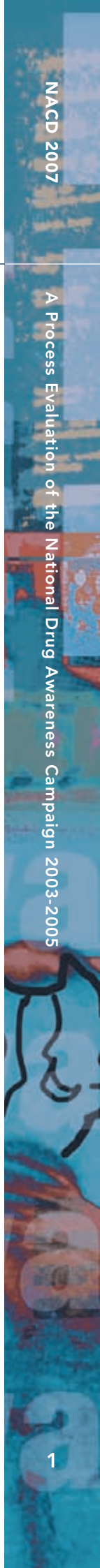

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1 Introduction

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. The overall aims of each pillar are as follows:

- Supply Reduction: to significantly reduce the volume of illicit drugs available in Ireland; to arrest the dynamic of existing markets and to curtail new markets as they are identified; and to significantly reduce access to all drugs, particularly those drugs that cause most harm, amongst young people especially in those areas where misuse is most prevalent.
- Prevention: to create greater social awareness about the dangers and prevalence of drug misuse; and to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.
- Treatment: to encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well-being, with the ultimate aim of leading a drug-free lifestyle; and to minimise the harm to those who continue to engage in drug-taking activities that put them at risk.
- Research: to have available valid, timely and comparable data on the extent of the drug misuse amongst the Irish population and specifically amongst all marginalised groups; and to gain a greater understanding of the factors which contribute to Irish people, particularly young people, misusing drugs.

A key objective cited in relation to prevention is to create a greater awareness of the dangers and prevalence of drug misuse. The mass media have been used extensively to communicate drug misuse prevention and harm reduction messages (Crano & Burgoon, 2002) including dedicated mass media campaigns disseminated via combinations of print and electronic media (Rice & Atkin, 1994). The National Drugs Awareness Campaign was developed and launched in May 2003. The overall aim of the campaign is to *"increase awareness amongst the general population about current problem drug use and its consequences across society through the achievement of measurable change in the knowledge and attitude of targeted groups"* (Tender Brief, Spring 2002 p4).

The stated campaign objectives at the outset were:

- *"Development and dissemination of key messages relevant to identified targeted populations, including the general population*
- *Working in partnership with relevant stakeholders to develop messages and communicate with targeted groups in a manner which will augment on-going education, prevention, service provision and service uptake*
- *Participating in on-going monitoring and evaluation of the campaign including an action-research project which will be initiated in parallel with this campaign"*

(Tender Brief, Spring 2002 p4).

Traditionally, evaluations of mass media campaigns have focused on 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). The purpose of this commissioned research is to track the process of the National Drugs Awareness Campaign and to evaluate its development and delivery. The research examines the potential of public awareness campaigns to contribute to drugs prevention and reducing drug-related harm and locates this study within the current state of research in relevant fields (Request for Tenders, NACD 2003 p2).

1.1 Report Structure

This report presents the two distinctly separate pieces of work carried out. The first part provides an assessment of the effectiveness of mass media campaigns for drugs prevention and harm reduction through a critical examination of the literature in the area. The second presents the results of research tracking the process of campaign development from November 2003 to October 2005. It also describes the perceived efficacy of campaign and organisational components that contributed to the process of campaign development. Finally, in the conclusion, the National Drugs Awareness Campaign is considered against criteria identified from the research literature for campaign success.

2 Review of Literature

The effect that mass media campaigns have on audiences has long been debated. According to Tones and Tilford (2001) there has been much deliberation in relation to the efficiency and effectiveness of mass media communication campaigns for health education with a previously overoptimistic expectation of what they can achieve. Renckstorf and McQuail (1996) go as far as to state *"one cannot deny that there is a long and impressive history of, almost chronic, contradictory research findings concerning media effects"* (p9). This reflects the inherent complexity of using mass media techniques and the subsequent difficulties in evaluating such approaches. It is therefore necessary to place the literature on campaigns and their constituent components within the context of drug use prevention, media effects and evaluation methods.

This literature review explores the subject of mass media campaigns to prevent drug misuse through consideration of evaluation issues, constituent campaign components including the audience, channels through which to reach the audience, the source of the message and the message itself, and the effectiveness of mass media. A number of specific campaigns are discussed and recommended criteria to facilitate campaign success are identified.

2.1 Search Strategy

This literature review draws on studies in the fields of drug prevention, harm reduction, health promotion/education, communication and social marketing to assess evidence of the potential effectiveness of dedicated mass media campaigns in drug prevention and harm reduction interventions. The search strategy employed to identify relevant material comprised a number of approaches. A search of specific databases was undertaken: Science Direct, Swetswise, Cinahal and Pubmed. Web-based searches were also undertaken using Google and Metacrawler which identified project CORK and clearing houses for drug misuse information. The keywords employed were 'anti-drugs', 'drugs', 'campaigns', 'mass media', 'media', 'substance abuse' and 'substance misuse'. Searches were restricted to the English language and focused on work reported from 1990 onwards. Further articles, reports and reviews were identified through follow-up searches of reference lists from the first sweep of sources identified. Searches for work by specific authors who were consistently identified was also undertaken. The literature reviewed focuses on illegal drug use specifically but does refer to other substance use where appropriate.

2.2 Drug Use Prevention

Prevention strategies for drug use are identified as a core pillar of the National Drugs Strategy (Department of Tourism, Sport & Recreation, 2001). Prevention has been conceptualised in a number of ways which itself has implications for interventions and evaluation. In an early classification of prevention, Caplan (1964) distinguished between primary, which included reducing the incidence rate of healthy individuals, secondary which incorporated early detection and treatment of disease through, for example, screening and tertiary which is similar to rehabilitation. In this classification breakdown, prevention is considered according to disease or symptom severity. Morgan (2001) refers to work by Uhl

(1998) that distinguishes four levels of preventive action. Primary prevention aims to prevent onset of a substance related difficulty while secondary prevention comprises strategies to intervene in situations where a problem is likely to occur such as prevention with particular high-risk groups. Uhl (1998) subdivides tertiary prevention into (a) prevention of further harm to those addicted and (b) relapse prevention for those treated. This classification is often collapsed into two groups: prevention aimed at stopping people from using drugs altogether and harm reduction which refers to reducing the risk of any harmful consequences to those using drugs. Mass media campaigns have been used for both approaches. However, national mass media campaigns disseminated through electronic media such as television and radio are more commonly used for prevention (or primary prevention) and print media such as postcards, leaflets as well as video and web-based materials are more generally used in harm reduction interventions (or secondary/tertiary prevention) (Hunt *et al.*, 2003).

Mass media campaigns have been developed in relation to a range of issues including illicit drug use. Campaigns aimed at illicit drug use alone are relatively unusual, with many campaigns also addressing alcohol and tobacco use (Jason, 1998; Pentz *et al.*, 1997). This approach of combining interventions aimed at both licit and illicit substances is supported in the Irish National Drugs Strategy (Department of Tourism, Sport & Recreation, 2001) with a call for the inclusion of alcohol in such campaigns. The review of prevention strategies by Morgan (2001) similarly recommends the inclusion of alcohol and tobacco combined with illicit substances. However, there are fundamental differences between these substances, not least that the use of alcohol and tobacco within specific parameters is legal and drugs such as ecstasy, amphetamines and opiates are illegal. This in itself confers public approbation to anti-drug campaigns, which is quite different from campaigns around alcohol use. Concern about and fear of drug use has also been identified as high in the general population with the perception expressed that drug taking is common among youth (Bryan *et al.*, 2000). The public concern regularly expressed about illegal drug use coupled with a high level of spontaneous newspaper coverage and drugs stories (Sixsmith & Kelleher, 1997) suggests that drug issues are already on the media and public agenda.

2.3 Evaluation Methods

The evaluation of mass media campaigns has been recognised as particularly difficult and complex (Palmgreen *et al.*, 2001; Wellings & Macdowall, 2000; Paglia & Room, 1999; Barth & Bengal, 2000; Redman *et al.*, 1990) and a lack of high quality evaluation research assessing the efficacy of this approach has been identified (Derzon & Lipsey, 2002; Botvin, 1995). There are three broad categories of research methodologies and techniques usually associated with evaluation in this area: formative, summative and process evaluation.

Formative Evaluation

The development of ideas and concepts for any campaign should be informed by research through formative evaluation (Flay & Burton, 1990). Formative evaluation is the research undertaken to assist intervention planners to understand and develop effective

communication strategies and tactics (Freimuth *et al.*, 2001). This includes concept testing, product or message design and pre-testing materials with audiences to assess relevance, comprehensibility, and motivational characteristics and impact (Glanz *et al.*, 1997). Lack or limited formative research in health promotion mass media campaigns has been cited as a contributing factor in the ineffectiveness of this type of intervention (Atkin & Freimuth, 1989).

Summative Evaluation

Traditionally, summative evaluations of media campaigns have been based on the use of one of three models: advertising, impact-monitoring and experimental (Flay & Cook, 1989).

Advertising Model

An advertising model focuses on message exposure, recall, self-reported behavioural intentions and message characteristics. This evaluation design involves a baseline survey prior to programme implementation and a second survey on programme completion. This model, while simple, is often criticised for the lack of a control group which prevents the confirmation of a direct cause and effect relationship between the campaign and its outcomes (Freimuth *et al.*, 2001).

Impact-Monitoring Model

The impact-monitoring model relies on the use of routinely gathered information through, for example, tracking data of population trends and consumption behaviour. It therefore often focuses on the skills acquisition and behaviour change (Freimuth *et al.*, 2001). This model while cost-effective often only measures behavioural outcomes and is therefore less appropriate for campaigns aimed at raising awareness.

Experimental Model

The experimental model focuses on testing hypothesised casual chains through controlled manipulation of interventions. It contrasts two or more equivalent groups, one of which is a control group. This approach is traditionally considered the most rigorous yet has been widely criticised. It is notoriously difficult to assign a control group in evaluating mass media campaigns, especially those that are disseminated nationally (Redman *et al.*, 1990). Where control groups are assigned, the notion that people in these groups are not exposed to background communication on health issues such as drug prevention is misleading (Hornick, 1997).

Pawson and Tilley (1997) extend this argument further and criticise the experimental approach for not recognising the importance of context in any evaluation. This is exemplified by Paglia and Room (1999) who discuss the reduction in tobacco use reported among North American youth in the 1980s. In a discussion which focuses on the contextual aspects of this reduction, they relate how, at the time, adult cigarette consumption was falling, with few adults prepared to admit that they were glad to smoke. Anti-smoking campaigns during

this period were not perceived as oppressive or heavy-handed, and thus were not alienating for youth. Paglia and Room conclude that these factors, providing the context for anti-tobacco interventions targeted at youth, contributed to their success. This illustrates both the contribution of contextual factors as well as the difficulty in relation to evaluation using an experimental model. This example also highlights the fact that tobacco differs from illicit drug use as these contextual factors are unlikely to be replicated in relation to substances that are illegal (Paglia & Room, 1999).

Process Evaluation

Process evaluation is an evaluation of whether the intervention or programme has been implemented as planned (Hawe *et al.*, 1990). The value and contribution of process evaluation to complement summative evaluation is increasingly being recognised in the evaluation of health promotion generally (Thorogood & Coombes, 2001) and in the evaluation of mass media campaigns for health specifically (Wellings & Macdowall, 2001). Summative evaluation can provide information on campaign success or otherwise, but process evaluation can contribute to an understanding of why some campaign components work and others do not (Wellings & Macdowall, 2000). The value of this information has been recognised in schools-based drug prevention interventions (e.g. Morgan, 2001) as well as in mass media campaigns where lack of success has been attributed to a lack of optimally executed interventions (Palmgreen *et al.*, 2001; Redman *et al.*, 1990).

McGuire (1989) describes a number of weaknesses associated with mass media evaluation such as the 'distal measure fallacy' and the 'attenuated effects fallacy'. The distal measure fallacy is where the outcome of a mass media campaign is assessed solely on indicators of recall and recognition. The attenuated effects fallacy is the result of a lack of information on early stages so that it is impossible to unravel causal factors, resulting in difficulty in detecting the effect of media interventions. In the application of any of the three evaluation models to mass media campaigns further complexity is provided by the combination of mass communication approaches with other interventions such as school or community programmes. Difficulties arise in disentangling communication effects from those of other intervention components (Chapman, 1993). This is also the case in long running campaign dissemination when unplanned and uncontrolled factors such as changes in legislation or spontaneous media coverage of drug related events contribute to influencing people's knowledge, attitudes and behaviour beyond that of the media campaign per se (Derzon & Lipsey, 2002). To overcome these evaluation difficulties, Wellings and Macdowall (2001) suggest the use of an 'eclectic' approach where the planning process behind any campaign is meticulously planned and the evaluation approaches draw on a combination of these models designed to complement each other. Process evaluation should be an integral part of this so-called 'eclectic' approach.

2.4 Mass Media Campaign Components

Mass media campaigns for health have been considered to fall within two distinct models. A Direct Effects Models (DEM) in which the role of the mass media is seen as a source of information capable of altering behaviour directly, in much the same way as a health professional may. An alternative role is one of agenda setting where the media are considered to supply the awareness of a health problem that subsequent intervention components such as community based programmes build upon. Within the agenda setting approach the mass media alone are considered insufficient for behaviour change (Wellings & Macdowall, 2001; Redman *et al*., 1990).

Due to complexities identified not only in explanations and expectations of media effects but also in terms of evaluation, Tones and Tilford (2001) suggest that, rather than questioning whether mass media 'works', we should be more sophisticated and specific and ask what effects should we expect from which media, in what situation or context with differing messages, subjects and target audiences. This deconstruction of mass media campaigns equates, to some degree, to aspects of communication as described by McGuire (1989). This comprised identifying communication inputs, including: the source of the message, the message itself, the channel of dissemination and the receiver of the message. Research has been undertaken in these specific composite areas of mass media and is discussed here. The areas specifically delineated below include: the receiver (that is the audience), the channel of dissemination, the source of the message and the message itself. These components are considered to provide the framework for practically all communication activities (Simons-Morton *et al*., 1997).

The Audience

The audience is central to mass communication research. Rice and Atkin (1994) identify that for a mass media health campaign to be successful there must be analysis and understanding of the target audience. As Hornik (1989) points out, the more we know about people the more effectively we can communicate with them. In early research into mass communication the audience was perceived as an undifferentiated mass and a passive target for persuasion and information (Abercrombie & Longhurst, 1998). More recently the audience has come to be recognised not as passive recipients but as active interpreters of messages, typically in the context of interpersonal interactions (Ball-Rokeach & Cantor, 1986). The audience is no longer perceived as one homogenous group but rather made up of subsets or segments. Division of the audience into these subsections is known as audience segmentation. Slater (1995) considers that audience segmentation is the foundation upon which the success or failure of health mass communication is built. Audience segmentation groups the members of the population into meaningful subgroups and in addition attempts to characterise these subgroups in meaningful ways (Lefebvre & Rochlin, 1997; Glanz *et al*., 1997). These characterisations include the expectations, needs and frames of reference of the various subgroups or segments and how they relate to one another (Slater, 1995). Criteria to divide the audience into segments have been developed and applied with various

degrees of success. These criteria fall into three general categories (Gunter & Furnham, 1992): physical attribute segmentation which uses criteria such as geographic, demographic or socio-economic variables; behavioural attribute segmentation which classifies audience members by their behaviour; and finally psychological attribute segmentation which profiles the audience members by standardised personality inventories or more recently what is termed *'lifestyle analysis'*.

Traditionally, demographic variables were most frequently employed to differentiate between segments of an audience. However, for those working within the health sector, segmentation by socio-economic status, age, gender and educational attainment may be inadequate in that it only captures a relatively limited amount of variation in health related behaviour (Maibach *et al.*, 1996; Slater & Flora, 1994) and does not provide the planner with an understanding of the personal and social contexts in which behaviours take place (Slater & Flora, 1991). Alternatively, segmentation can be based on a single health behaviour with audiences divided into those who perform the behaviour and those who do not. Difficulties remain with this approach as two audiences may engage in the same behaviour but for very different reasons. For example, some may take drugs to try to escape the reality of their lives while others may take drugs for recreation or political liberation. Division by demographics or behaviour does not provide any information about the motives underlying decisions made (Vyncke, 2002). Increasingly, alternative approaches to audience segmentation are being applied including lifestyle analysis (sometimes referred to as psychographics). This approach appears to be more successful and effective in segmenting the audience into target groups (Vyncke, 2002; Maibach *et al.*, 1996; Slater, 1995; Slater & Flora, 1991). Slater (1995) states that maximum impact can be achieved most efficiently when people who are similar to one another are identified through audience segmentation and communication content and delivery is targeted to that specific group as illustrated by Palmgreen *et al.* (2001).

Many anti-drugs campaigns have used a combination of demographic, behavioural and lifestyle approaches to segmentation. An example of this is the work undertaken by Palmgreen *et al.* (2001, 1995, 1991) who developed and evaluated a television campaign targeted at high sensation-seeking adolescents. Palmgreen *et al.* (2001) describe sensation-seeking as a personality trait associated with the need for complex, novel, ambiguous and emotionally intense stimuli coupled with the willingness to take risks to obtain the stimulation. Those adolescents who can be classified as high sensation-seekers have been found to be more at risk for use of a variety of drugs with earlier onset of use (Donohew *et al.*, 2002; Zuckerman, 1994 in Palmgreen *et al.*, 2001). The mass media intervention targeted sensation-seeking adolescents and therefore developed messages for this group and disseminated the messages through television programming that appealed to this population subsection with positive results.

Atkin (2002) considers that audience receptivity is a more central determinant of campaign effectiveness than potency of the campaign stimuli so that success of the campaign will differ depending on which segment is targeted. In relation to anti-drug use campaigns, Atkin

(2002) segments the youth audience into three basic groups: 'drug use resisters', 'at risk pre-users' and 'hard-core users'. In terms of target groups, Atkin proposes that campaigns should be aimed at the resistors who are most receptive to the anti-drug message as it supports their stance and facilitates their non-using behaviour and at risk pre-users. The pre-user group is the priority group and the more difficult to reach. The hard-core user group should in Atkin's opinion be ignored in terms of mass media campaigns as the group is the most resistant to change and least receptive to media messages. It has been argued that youth that have used drugs reported anti-drug campaigns to be less persuasive than those who had not used drugs (Skinner & Slater, 1995). It is thought that the information provided in the campaigns competes with personal experiences that contradict the campaign messages with the message then perceived as lacking credibility (Anderson, 2000). Elwood and Ataabadi (1997) have identified that injecting drug and crack users can be successfully reached through targeted mass media interventions where a harm reduction message may be more appropriate. However, this has the potential to backfire and nationally disseminated television media campaigns have been found to encourage drug use in other groups (Whitehead, 1989).

Audience segmentation is complex and sophisticated techniques are required to subdivide the audience into meaningful subgroups. However, research has shown that the division of the audience in this way facilitates the success of mass media interventions (Hawks *et al.*, 2002; Atkin, 2002; Rice & Atkin, 1994; Flay & Burton, 1990). If the audience is divided into target groups then the conduit or channels used to disseminate the message can be similarly targeted. For messages to reach the target audience they must appear in channels used by that audience. The identification of these channels is known as channel analysis.

Channel Analysis

Channel analysis concerns aspects of the message communication, specifically the media that are employed to convey the message, for example print, radio or television media. Flay and Burton (1990) consider that it is not enough to know, for example, that most people watch television, more detail of target audience media habits is required for effective campaigns. Analysis of communication or distribution channels is therefore necessary to assess the times, places and situations where the target audience is likely to be accessed and when they are most attentive and responsive to the message (Glanz *et al.*, 2002). In addition, as print media require greater recipient involvement through reading than for example television, the channel used may influence the impact of a message (Derzon & Lipsey, 2002; Maibach & Flora, 1993). The need for analysis and understanding of media choices for effective media campaigns is reiterated by Rice and Atkin (1994). A study by O'Malley *et al.* (1999) found that sources (such as print media, electronic media, interpersonal communication with health professionals) of health information differed by ethnic group and highlighted the need for the identification of the most commonly used sources to facilitate the provision of health information to what were considered to be hard-to-reach population segments. The use of specific targeted channels to disseminate harm reduction messages to specific groups such as intravenous drug users might

have limited the negative effects reported by Whitehead (1989). The reach (extent to which the intervention has the potential to reach the target group) and frequency (how often the message is carried on a particular channel) of message exposure is influenced by the channel – both factors that have been found to contribute to campaign success (Palmgreen *et al.*, 1995). Another central feature of campaign success is the message itself.

The Message Source

The source of the message has also been identified as contributing to campaign success or otherwise (Atkin & Freimuth, 1989). A source is the individual who the audience perceive as delivering the message (Newcomb *et al.*, 2000). A number of key characteristics of the source have been found to contribute to effectiveness. These are perceived credibility, expertise either in knowledge or experience, attractiveness and trustworthiness (Derzon & Lipsey, 2002; Newcomb *et al.*, 2000; Atkin & Freimuth, 1989). As it is audience perception that denotes these characteristics, formative research to assess potential sources of messages is required to inform the development of successful campaigns.

The Message

The message is designed to attract, hold the attention of, inform and persuade audiences (Donohew *et al.*, 2002) and is therefore central to mass media campaign efforts. According to Derzon and Lipsey (2002), for anti-drug health communications the message is critical. It has been found consistently that messages are most effective when tailored to the social and psychographic profiles of the target audience which in turn reinforces the importance of audience segmentation for health communication campaign success (Kreuter *et al.*, 2000; Maibach & Cotton, 1995; Palmgreen *et al.*, 1995; Lefebvre *et al.*, 1995). In relation to substance use campaigns, messages have often focused on the harmful consequences of drug use, through the use of fear appeals (Atkin, 2002). The use of fear appeals in health promotion media campaigns and drug prevention campaigns is controversial. There has been a resurgence in the use of this approach to message development, notably in anti-smoking mass media campaigns (Hill *et al.*, 1998) and thus this issue deserves detailed consideration. Fear appeals are only one strategy for message development, others that have been used include influencing social norms (Botvin, 2001) and affective messages (Monahan, 1995) and these are both outlined below.

Fear Appeals

Fear appeals are messages that arouse fear in individuals by emphasising harmful physical or social consequences of failing to comply with message recommendations (Hale & Dillard, 1995). Fear has been described as a negatively valenced emotion causing a high level of arousal through a threat that is perceived as significant and personally relevant (Ortony & Turner, 1990). O'Keefe (1971) makes a distinction between two definitions of fear appeals; those that focus on the message content with the depiction of gruesome scenes and others, which focus on the audience reaction with fear arousal. Witte (1992) acknowledges that both

definitions are incorporated into the operationalisation of fear appeals in media campaigns for health. Three theoretical perspectives dominate research on fear appeals: Fear as an Acquired Drive Model, the Parallel Response Model and the Protection Motivation Theory.

Acquired Drive Model

This model represents some of the earliest work into fear appeals and is based on learning theory. In this model fear arousing messages are hypothesised to produce a negative drive state that motivates people to take action (Janis & Feshbach, 1953). Any action that reduces the negative drive state would become the preferred, habitual response to assuage the fear, which would in itself be rewarding. To ensure a positive, constructive strategy is employed to reduce the level of fear, the message in this model includes 'reassuring recommendations' that if attended to and adopted would act as mechanisms to reduce the negative drive. However, other strategies may be used by individuals such as defensive avoidance, where people would avoid thinking about the threat inducing the fear (Janis, 1967; Hovland *et al.*, 1953; Janis & Feshbach, 1953). Early work carried out by Janis and Feshbach (1953) suggested that moderate levels of fear inducement were optimal with the inducement of too much fear resulting in defensive avoidance. Thus a curvilinear relationship between fear arousal and yielding to the message was proposed and is regularly reported in psychological and marketing texts and reviews even today (e.g. Rotfield, 2000; Barth & Bengal, 2000). However, this relationship has been consistently challenged since the 1960s and Janis and Feshbach's findings have not been replicated (Barth & Bengal, 2000). Instead, research has repeatedly identified a linear relationship between fear and persuasion, with the more fear engendered by a communication the greater the persuasion effect (Witte & Allen, 2002; Barth & Bengal, 2000; Boster & Mongeau, 1984; Rogers, 1983; Sutton, 1982; Giesen & Hendrick, 1974; Leventhal, 1970). Barth and Bengal (2000) in a review of the use of fear appeals identify that overall empirical support for the acquired drive model is poor. However, this early model does represent the beginning of research into fear appeals and it is interesting to note that even at this stage there is inclusion of 'reassuring recommendations'. This indicates that fear alone was recognised as insufficient for persuasion from the beginning.

Parallel Response Model

In the 1970s Leventhal changed the focus of fear appeal research from emotion to cognition and the way that messages are processed. He proposed the Parallel Response Model (later to become the Parallel Process Model). This model distinguishes between two distinct reactions to fear appeals: a primarily cognitive response in which individuals attempt to avert the danger threatened (they try to control the danger) and an emotional response in which individuals instigate coping strategies to control their fear. Thus in response to a fear inducing message or threat people instigate both danger control processes and fear control processes (Leventhal *et al.*, 1983; Leventhal, 1971, 1970). Dillard *et al.* (1996) has pointed out that fear control (the need to reduce the emotion of fear) could be accomplished by several means including dulling the impact of fear through the consumption of drugs – which obviously defeats the purpose

of the message. Leventhal *et al*. (1983) considered that the personality characteristics of the receiver of a message were important so that it was assumed that people with high self-esteem would react to threats with more active coping strategies than people with low self-esteem. However, Barth and Bengal (2000) consider that the definition of self-esteem and therefore its measurement in the application of this model lack precision. Similarly, a lack of precision in the differentiation of danger control and fear control mechanisms has been identified (Witte, 1992, 1998; Rogers, 1983). Hale and Dillard (1995) argue following review, that this model does not adequately explain the effects of fear appeals.

Witte (1992) has extended this model into the Extended Parallel Process Model. She proposes that a high fear message would produce the emotion of fear and whether this results in threat control or danger control actions is dependent on the message recommendations. The extent to which danger control operates is dependent on the efficacy of the message recommendations coupled with the self-efficacy of the audience member in terms of their perceived ability to comply with the recommendations. If the recommendations in the message are perceived as an effective means of eliminating the negative outcome and the audience members believe themselves to be able to comply with them, then compliance is more likely (Witte, 1992, 1998). However, criticism can be leveled at this extension because of poor differentiation between threat and thus the model lacks sufficient precision.

Protection Motivation Theory

Protection Motivation Theory focuses on danger control processes, which are thoughts about danger or threat and how to prevent it. In this model, four message components are proposed to result in corresponding cognitive mediation processes. These components are perceived susceptibility to the threat portrayed, perceived severity of the threat, perceived response efficacy and perceived self-efficacy. The first three components were described by Rogers (1975), self-efficacy being added following work by Bandura (1977). The model proposes that when each of the four variables are at a high level, message acceptance is likely to occur. This model has been further developed to differentiate between maladaptive threat appraisal and adaptive coping appraisal processes. Although relatively popular in the literature, empirical data does not support the predictions of the model (Witte, 1992).

Through the review of these models that attempt to explain the effect of fear appeals it can be seen that the role of 'threat' rather than 'fear' has become the central feature (Dillard, 1994). Ruiter *et al*. (2001), in a critique of fear appeal research, highlights this tendency and states that the research does not adequately differentiate emotional responses (fear) from cognitive responses (threat) and therefore is compromised. Much of the research work undertaken on fear appeals is laboratory based and highly controlled and therefore lacks information on real world application (Witte & Allen, 2002). However, a number of reviews of fear appeal research have been undertaken. Barth and Bengal (2000) conclude in their review that this strategy for message design can be useful but that communication of skills and information for reducing fear within the message is important. They consider that to be effective, fear appeals must induce high levels of fear coupled with the promotion of high

levels of self-efficacy. This finding is replicated in a meta-analysis by Witte and Allen (2002) which concludes that strong fear appeals can promote behaviour change but only when accompanied by equally strong self-efficacy and response efficacy messages. This study draws almost exclusively on North American research and includes studies on both negative risk and threat as well as fear.

The research discussed above has focused on the planned effects of fear appeal messages in mass media campaigns but equally important are any unplanned effects that messages may have. Patterson (1994) in relation to fear appeals targeted at adolescent audiences has identified that this approach is ineffective and can backfire. It has been found that high levels of threat have produced a 'boomerang' effect so that as the threat increases so adolescent attitudes towards drug use become more rather than less favourable (Schoenbachler *et al.*, 1996). It has also been reported that fear appeals are only effective for audiences with low levels of awareness (WHO, 1997) which is not usually the case in relation to drug use. Dillard *et al*. (1996) found that while fear appeals produced the response of fear they also produced significant levels of surprise, puzzlement, anger and sadness. Other responses that have been identified include irritation (Kirscht *et al.*, 1973), disgust and feelings of impotence (Leventhal & Trembley, 1968), tension, depression, anxiety and loss of pleasure (Kohn *et al.*, 1982). These responses are unlikely to contribute to drug use prevention or harm reduction and may even compromise these goals.

Fear appeals may also stigmatise particular groups and promote victim-blaming (Hastings & MacFayden, 2002; Witte & Allen, 2002; Wang, 1998). Nationally disseminated campaigns will result in many people beyond the target audience being exposed to the message. This will include people who are made fearful for others, such as parents who become frightened for their children. Even though an ideally constructed fear appeal message will include promotion of perceived efficacy this may be targeted at for example young people and may not assuage the feelings of parents who remain fearful. This has ethical implications and could potentially cause that group of people harm.

Unplanned effects can occur with any type of message strategy. The experience in the UK in the 1980s following the dissemination of drug prevention and harm reduction mass media campaigns is discussed by Whitehead (1989). The campaign provided the information that heroin could be smoked as opposed to injected. The aim of portraying this information was one of harm reduction in relation to the spread of HIV but it was found to promote the use of heroin to a group of people who had found the idea of injecting off-putting. Similarly a graphically illustrated portrayal of someone apparently injecting heroin aimed to frighten was found to be intriguing and informative by the target group (Whitehead, 1989). This suggests a lack of detailed formative evaluation in the planning phases and also that harm reduction messages need to be far more targeted and channels for dissemination need to be far more specific.

Social Norms

The prevalence of illicit drug use is often overestimated by adolescents and adults and therefore perceived as 'normal' behaviour, which in turn promotes use by suggesting it is acceptable. This is often reinforced by misinformation, as demonstrated in a Northern Irish evaluation of an anti-drugs campaign that found that many young people believed ecstasy to be legal (Ives & Wyvill, 2000). Messages have been developed which attempt to correct this misperception in order to establish anti-substance use norms (Botvin, 2001). While older adolescents overestimate drug use, younger adolescents often have strong anti-drug use beliefs. Two recent interventions have employed this approach. Slater and Kelly (2002) used this in their message which was targeted at a young audience and was designed to both reinforce their anti-drug stance and to prevent the decay of strong anti-drug beliefs in an attempt to postpone drug use. Lederman *et al.* (2001) report on this approach as the rationale behind a campaign on binge drinking entitled 'RU Sure'. Unfortunately no results are as yet available from these evaluations.

Affective Messages

Message appeals can use positive as well as negative stances. While mass media communications for health have generally used fear appeals or rational messages that provide factual information, commercial advertisers often focus on positive message construction (Monahan, 1995). Positive emotional appeals promote active benefits that can be gained from taking certain actions; an example would be a message that promoted a sense of freedom from giving up smoking. Heuristic appeals use a more indirect approach by instead of trying to persuade the message recipient that giving up smoking is good, these appeals evoke positive imagery or a favourable mood which is expected to sell the idea (Monahan, 1995). These ideas are used extensively in advertising commercial products and according to Hastings and MacFayden (2002) are also applicable and appropriate to promote health.

2.5 Mass Media Effectiveness

Mass media campaigns are developed for a range of reasons and have a variety of purposes. They are generally developed to achieve or contribute to the achievement of one of three goals: to prevent a behaviour from starting, to stop a behaviour (cessation) or to encourage adoption of a new behaviour. The aims of campaigns differ in that they may endeavour to communicate simple information to raise awareness, teach complex skills or persuade people to change their attitudes or behaviour (Atkin, 2002; Tones & Tilford, 1994). These various stances need to be taken into account when assessing the effectiveness of mass media campaigns. Furthermore, for any type of message to be effective, whatever the aim, a number of stages need to be achieved. The message not only has to reach the audience but has to attract their attention, be correctly interpreted and understood and any potential action recommended by the message needs to be easy or at least possible for the audience to undertake. These sequential steps are made explicit in McGuire's (1989) Hierarchy of Communications Effects, which is a theory that seeks to explain media effects and can inform the assessment of media communications efficacy.

Hierarchy of Communications Effects

McGuire's (1989) hierarchy of effects is illustrated by the communication/persuasion matrix (see Figure 1) and provides a theoretical explanation of planned media effects and depicts the factors that are related to the effectiveness of media campaigns (Derzon & Lipsey, 2002). This theory proposes that an individual's processing of a message flows through twelve sequential response steps from exposure to communication to behavioural consolidation. The transition through the response steps is determined by outputs from the previous step. Independent manipulable variables, which make up mass communication, comprise the inputs (see Figure 1). This input dimension includes the source of the message, the message itself, the channel via which the message is disseminated and the receiver of the message. These inputs are therefore variable depending on the campaign. The response to the communication is mediated by the relationship of the steps (outputs) and the communication inputs. This is illustrated in Figure 1.

Figure 1: Communication/Persuasion Matrix

Input: Communication		Output: Response steps mediating persuasion
Source Number	→	Exposure to the communication ↓ Attending to it
Unanimity Demographics Attractiveness Credibility	→	↓ Liking, becoming interested in it
Message Appeal Information Inclusion Organisation Repetitiveness	→	↓ Comprehending it ↓ Skills acquisition ↓ Yielding to it
Channel Modality Directness Context	→	↓ Memory storage of content and/or agreement
Receiver Demographics Ability Personality Lifestyle	→	↓ Information search and retrieval ↓ Deciding on basis of retrieval ↓ Behaving in accord with decision
Destination Immediacy Prevention Direct	→	↓ Reinforcement of desired acts ↓ Post behavioural consolidation

(Adapted from McGuire, 1989)

This hierarchy of communication effects has been applied and simplified by Tones and Tilford (2001) as shown in Table 1. This rationalisation graphically displays potential media effects based on a series of specified assumptions. Table 1 shows the psychological stages in the process of influencing individual behaviour change as well as the level of success that can be expected from a comprehensively constructed media campaign. By performing the appropriate multiplication the net success rate in this example would be 0.09% of the audience changing their behaviour.

Table 1: Process of Media Effects

Campaign Stage	Assumptions	% of audience
Stage 1 Level of awareness	Sufficient media exposure results in target audience exposure to message. Target audience not threatened by message, which does not imbue defensive avoidance behaviour.	30%
Stage 2 Level of understanding	Target audience understand and correctly interpret the message	25.5%
Stage 3 Positive beliefs and attitudes	Target audience accept the truth of the message and have a positive attitude towards the adoption of the action proposed	7.9%
Stage 4 Acquisition of skills	Target audience that have reached this stage have the skills and any other supportive factors required to translate the positive attitude into action	3.16%
Stage 5 Adopt behaviours	Target audience who move onto action sustain the behaviour	0.09%

(Adapted from Tones and Tilford (2001, p129) and Tones (2000, p32))

Tones and Tilford (2001) state that the assumptions are not purely hypothetical but rather based on *'empirically based media research'* (p128) although they fail to support this with references. While the hierarchy of communication effects seen in Table 1 graphically illustrates the ever decreasing return on the initial communications investment, in terms of mass media which is fundamentally aimed at a mass audience, 0.09% of a population can translate into thousands of people (Flay, 1987). The initial estimate used of 30% becoming aware of the message in the first instance may be overly pessimistic in that anti-drug media campaigns have achieved message penetration rates of over 60% (e.g. Hornik *et al.*, 2002; Ives & Wyvill, 2000; Makkai *et al.*, 1991). Importantly, Table 1 highlights that campaign effectiveness is based on more than audience exposure to the message. It demonstrates that potential effects are likely to decrease incrementally and that awareness raising is more likely to be achieved than skills acquisition or behaviour change. Challenging this approach, Slater and Flora (1994) question the assumption of the link between the need for raising awareness to occur prior to behaviour change. They also argue that the hierarchy does not take account of subjective norms which have been found to contribute to beliefs, attitudes and behaviour (e.g. Grube

et al., 1986). Thus, this theory while very popular in the health promotion literature in relation to mass media campaigns (Derzon & Lipsey, 2002) has documented limitations. Nevertheless, the construction of media communication effects into a hierarchy highlights issues for evaluation and therefore for the assessment of the efficacy of mass media campaigns.

Integration of Components

The constituent parts of campaigns have been reviewed above, including the audience, channel of dissemination and both the source and the message itself. In relation to addressing harm reduction and drug use prevention it is apparent that a complex mix of customised messages appealing to very specific population subgroups is necessary. This should be coupled with broadly applicable multi-targeted messages channeled appropriately (Atkin, 2002; Wellings & Macdowall, 2000, 2001). In media campaigns generally and those aimed at drug prevention specifically, the coherence of the campaign, that is the way in which these constituent parts are brought together, is obviously important. A theory, model or framework can inform the optimal construction of the constituent parts into an effective campaign but there is no single formula for efficacious integration of components. However, criteria for campaign success have been identified by a number of authors and those consistently cited are presented in Appendix 1.

2.6 Mass Media Campaigns

There is a relative dearth of examples of anti-drugs mass media campaigns discussed in the literature. This may be because of the difficulties inherent in the evaluation of such campaigns, a publication bias against negative findings, difficulties in attributing change to mass media effects when the campaign has been one part of a suite of activities designed to target drug misuse or indeed the targeting of licit and illicit drugs together in generalised mass media campaigns. There are however a small number of campaigns, which focus on illicit substances and are widely reported and they fall into two broad categories; stand alone campaigns and mass media campaigns that form part of a multi-component approach (including school and/or community activity). Examples of both are outlined below.

Stand Alone Mass Media Campaigns

An illustration of a campaign that did not include a school or community component is provided by the North American National Youth Anti-Drug Media Campaign (2000). The context of American campaigns is one of primary prevention with a so-called 'war on drugs', which emphasises the negative impact of use rather than a harm reduction approach. The general aim of the campaign was to educate and enable American youth to reject illegal drugs (specifically marijuana). The goals included the prevention of initiation into substance use by potential users and encouraging discontinuation of substance use among occasional users. The initial target audiences were 11-13 year old at-risk non-users and occasional users as well as their parents/caregivers. The intervention included advertising and non-advertising components, which were aimed at building sustainable programmes and partnerships that

encouraged audiences to talk about and act on the campaign. Multiple messages were disseminated; some tailored to specific ethnic groups (Hannon, 2000; Ramirez *et al.*, 2000; Kuramoto & Nakashima, 2000; Kelder *et al.*, 2000).

DeJong and Wallack (1999) in a criticism of early phases of the campaign questioned the campaign's ability to change behaviour in the target audience. A number of limitations to the approach taken were identified. With the campaign focus on reinforcing problem awareness, a lack of skills development for the target audiences is highlighted. This was seen as inadequate to facilitate behaviour change. The lack of investment in drug treatment programmes or community based prevention programmes with community participation at a local level were also identified as factors that were likely to restrict campaign success, as was the use of exaggerated fear messages. DeJong and Wallack also identify that the exclusion of alcohol and tobacco from the campaign in the initial stages with a focus on marijuana was a limitation, as they identify these as 'gateway' substances to illicit drug use.

The campaign has been comprehensively evaluated throughout all of its three dissemination phases. Evaluation of the first two phases of the campaign focused on evidence on exposure to the messages (Cappella *et al.*, 2001). This falls into McGuire's (1989) distal measure fallacy where emphasis is placed on assessment of media exposure with less emphasis on media effects or outcomes. The evaluation of the third and final phase is far more comprehensive and has been undertaken by an independent agency. This has a three stranded approach: a six monthly survey of parents and youth, a repeat community survey of parents and children with the same respondents in four specific areas and finally extended observational and interview research in the four community areas (Cappella *et al.*, 2001). The results of a tracking survey, which was repeated throughout campaign dissemination, was reported in 2003 (Roper, 2003). This survey recorded a statistically significant decrease in reported marijuana use in youth, which is attributed to the campaign. However, Roper (2003) also reports a perceived reduction in availability of marijuana by youth, which could equally explain this decrease, as reduced supply impacts on use (Pentz *et al.*, 1996). This demonstrates the difficulty in attributing cause and effect when evaluating mass media campaigns. A report of the comprehensive final stage evaluation states that *"there is little evidence of direct favourable campaign effects on youth"* (Hornik *et al.*, 2002, pxi). This campaign was comprehensively planned and executed but failed to meet expectations with regard to consistently and significantly reducing illicit drug use by American youth. Many of the original criticisms made by DeJong and Wallack (1999) hold, most notably the lack of both skills development and links with community level programmes. The potential contribution of additional components such as community level interventions is highlighted in work by Kelly *et al.* (1996).

Kelly *et al.* (1996) assessed the impact of localised stand-alone anti-drug media campaigns disseminated over a one-year period. The intervention was not expected to change behaviour and reduce drug use in youth but to change targeted variables found to be predictive of drug use. Three separate campaigns were assessed in three communities that were matched to control communities in a quasi-experimental research design. Results

indicated that recall of the campaign was low for all three campaigns but the campaign with the message *'Drugs Mean U Can't Be U'* was found to be the most effective and also generated the most spontaneous community and school based activities. It may be that these additional activities reinforcing the campaign message resulted in the campaigns' success indirectly as opposed to direct effects of the campaign itself. Thus it is argued that activities additional to the media alone can contribute to success.

Hawks *et al*. (2002) in a selected review of what works in the area of drug use prevention for the World Health Organisation initially identifies 92 studies, including those on tobacco and alcohol, that broadly relate to mass media, of which 13 meet inclusion criteria as primary studies and 13 as review articles. These include not only dedicated mass media campaigns but also examples of media advocacy and advertising restrictions. The criteria for inclusion of review articles were that the review had to identify components or issues related to effectiveness which have an international application. It had to provide media-related information on theories, concepts or mechanisms that potentially create changes in knowledge, attitudes and behaviour and finally it had to be published from 1985 onwards. Research to be included as primary studies met different criteria which were: that the campaign was pre-tested, had a clearly defined target audience, provided a description of all mediums employed and was evaluated commensurate with the key campaign aims. Of the total of 26 identified studies that met the inclusion criteria only two related to illicit drug use alone, specifically amphetamine use (World Health Organisation, 1997; Carroll, 1993) while four related to illicit drug use as well as alcohol and tobacco use (Proctor & Babor, 2001; Makkai *et al*., 1991; DeJong & Winsten, 1990; Wallack, 1983). The majority of the studies identified focused on alcohol use rather than illicit substance use. While Hawks *et al*. recognise that theirs is a selective review, a number of campaigns are not included such as project STAR (Pentz *et al*., 1990), the North American national anti-drug campaign (Kelder *et al*., 2000) and NE Choices (Hastings *et al*., 2002). The findings reported reflect the focus on tobacco and alcohol with references to effectiveness of advertising restrictions, which is not applicable to illicit drug use. The review identifies the weaknesses inherent in evaluations of mass media campaigns that make assessment of effectiveness difficult. However, the report suggests that mass media campaigns can raise awareness of substances and substance use but their effectiveness in changing behaviour is not clearly demonstrated. Hawks *et al*. (2002) also state that media based campaigns instigated in conjunction with complimentary community action are more effective than media based interventions alone. These findings concur with other studies discussed in the next section.

Multi-Component Interventions

It has long been recognised that mass media campaigns alone are less likely to achieve behaviour change than multi-component interventions (Jason, 1998; Simons-Morton *et al*., 1997; Elwood & Ataabadi, 1997; Rice & Atkin, 1994; Jason *et al*., 1994). Palmgreen *et al*. (2001) through very targeted campaigns aimed at high sensation-seeking adolescents with high reach and frequency demonstrated a short-term reduction in drug use in this specific

population. However, the issue of drug use is multi-causal and complex and as a result is likely to require creative multi-component intervention efforts implemented over a long period of time (Simons-Morton *et al.*, 1997). Interventions that have integrated community and/or school level components appear to be the most successful (Hawks *et al*, 2002; Flay, 1986). Examples of these campaigns are: KidsInTouch which included parent training workshops found to significantly improve parenting skills (Jason, 1998) and project STAR (Pentz *et al.*, 1990, 1996; Rohrbach, 1994).

Project STAR included mass media, school, parent and community programmes with health policy change and was aimed at alcohol and tobacco use as well as illicit substances. The goals of this intervention were multiple, with stated aims to decrease rates of onset of use and prevalence in those aged 10-15 years and decrease drug use among parents and others through supply reduction, improving drug resistance skills and the institutionalisation of prevention programmes. The evaluation of the project suggested a 20% reduction in tobacco, alcohol, cocaine and amphetamine use, which was maintained for the youth target group through school and for three years beyond school. Interestingly, marijuana use was not reduced to the same degree (Pentz *et al.*, 1996). While this integrated programme suggests that this approach holds promise for prevention interventions, a UK study also using multiple approaches (Hastings *et al.*, 2002) did not replicate these findings.

A programme in the UK that employed media interventions alongside a community dimension was entitled NE Choices (Hastings *et al.*, 2002). Unlike many US programmes, this intervention included explicit harm reduction as well as drug use prevention and prevalence reduction behaviour change objectives with the principal aims of prevention and delaying the onset of drug use. The intervention was targeted at a specific geographic area and was comprised of a strong theoretical foundation with a multi-component design, which combined a schools based programme with community, media (print and CD-rom) and stakeholder activity alongside a comprehensive evaluation framework. However, the intervention failed to meet its objectives in relation to behaviour change. Hastings *et al.* (2002) identify a number of reasons for this, including that the intervention was *"too little, too late"* (p351). The school based component had significantly fewer dedicated hours than similar successful interventions (Pentz *et al.*, 1997) and the community component was recognised as weak. The target audience was 13-16 year olds and this is the group who was subsequently identified as already having commenced experimentation with drugs. A more appropriate age range to target in order to achieve the intervention objectives was identified as 10-14 year olds; an age range supported by other studies (e.g. Pentz *et al.*, 1997; Ellickson *et al.*, 1993; Botvin *et al.*, 1990). A further difficulty with the NE Choices intervention was one of conflicting conceptual foundations. The concept of the programmes creative theme, enshrined in the title, was one of free choice. This is an ideal espoused by health promotion, which translated into action argues that people should be enabled to make informed and empowered decisions. This is as opposed to dictating expected actions such as *'do*

not use drugs' which is the basis of the programme design which was made explicit in the programme objectives (Hastings *et al*., 2002). While this intervention appears unsuccessful, Hastings *et al*. (2002) identify a number of positive outcomes other than behaviour change that were achieved.

The issue of conflict between the notion of choice and campaign objectives is also seen in a campaign with the slogan *'Your Body, Your Life, Your Choice'* disseminated in Northern Ireland. The title is rather inconsistent with the stated aims of delaying the onset of experimentation with illicit drugs, providing accurate information, raising awareness and influencing attitudes. The evaluation illustrated that the campaign drew young people's attention to negative aspects of drug use (Ives & Wyvill, 2000). These descriptions of campaigns aimed at influencing either drug use itself or beliefs and attitudes towards drug use demonstrate the difficulty in assessing the effectiveness of media interventions on this issue due to the many potential variations within the approach. These differences in campaigns include the variety of objectives stated for which different strategies and target audiences are appropriate. A recent review of mass communication in relation to illicit drug use attempts to assess the effectiveness of anti-drug mass media campaigns.

A meta-analysis undertaken by Derzon and Lipsey (2002) purports to assess the effectiveness of mass communication for changing substance use knowledge, attitudes and behaviour. This review also included tobacco and alcohol campaigns and was restricted to interventions aimed at youth. It included both published and unpublished reports in English carried out in developed countries. The initial summary draws greatly on alcohol and tobacco initiatives as opposed to illicit substance use and relies heavily on studies undertaken in North America. This dependence on studies from the US has been found previously in more general reviews of substance use prevention (e.g. Paglia & Room, 1999).

The reviewers refer to the difficulty inherent in evaluation of mass media campaigns and apply the standardised pre- to post-test effect size statistic in the meta-analysis which is appropriate for evaluation designs employing one group pre- to post-designs, nonequivalent comparison group designs or comparisons of one intervention with another. However, the generally weak evaluation designs of mass media interventions resulting from the amorphous nature of the media are reflected in the reported meta-analysis. This is acknowledged by the authors who recognise that the effect sizes resulting from this approach cannot be interpreted as intervention effects. This approach cannot distinguish between mass media intervention effects, separate from other factors such as changes in legislation or attention focusing events, that may confound changes detected pre- and post-mass media intervention. However, the meta-analysis does include pre- to post-effect sizes for the available control samples to provide a baseline against which to compare although the quality of the control sample in terms of matching may compromise this technique. While, in many cases, for attitude and

knowledge measures on average, post-test scores are better than pre-test scores, behaviour effect sizes are negative, indicating that post-test use is higher than pre-test use (Derzon & Lipsey, 2002). However, the pre- to post-test changes in the intervention sample for knowledge, attitude and behaviour are more favourable than those in the control groups, so that for behaviour, while there is a post-test increase in use that increase is greater in the control group.

Comparison of media interventions alone with media and complementary programmes such as school and/or community based initiatives suggest that media alone is less effective than a combination of approaches. The magnitude of these effects is estimated at 1 to 2 per cent. This suggests that media interventions can contribute to knowledge and attitude change when used in conjunction with other approaches but that the effects appear relatively small. It is less clear that media alone or media coupled with community and/or school based interventions aimed at changing behaviour can contribute to drug prevention initiatives.

In order to facilitate successful campaign development a structure is required within which to bring campaign constituent parts together as well as to provide coherence to multi-component interventions incorporating school and/or community aspects. The application and use of theory, models and frameworks has been found to contribute to campaign success probably by providing such a structure (Atkin, 2002; Rice & Atkin, 1994; Flay & Burton, 1990). A framework that incorporates the constituent campaign parts reviewed above and has been identified as appropriate for and has been applied to drug prevention is that of social marketing (Kelly, 1995).

2.7 Social Marketing

An early definition of social marketing is provided by Kotler and Zaltman (1971). They describe it as the use of marketing principles and techniques to advance a social cause, an idea or a behaviour. This indicates that social marketing draws on ideas and concepts from commercial marketing. This definition is contested by Andreasen (1995) who discussed the lack of clarity around the definition of social marketing. This lack of a consistent agreed definition in the health promotion/public health literature has also been identified by Maibach *et al*. (2002). Indeed, even the nature of social marketing as an approach, theory, model or framework is contested (Tones, 1994; Lefebvre, 1992). However, social marketing is generally described as a framework (MacFadyen *et al*., 1999; Lefebvre, 1992). In an attempt to provide a comprehensible, shared conceptualisation of social marketing Maibach *et al*. (2002) draw on previous definitions by Kotler and Roberto (1989), Andreasen (1995) and Rothschild (1999) incorporating what they consider to be critical attributes of social marketing from each definition. These are summarised in Table 2.

Table 2: Key Attributes of Social Marketing

Attribute of Social Marketing	Source
Primary objective of social marketing is to influence voluntary behaviour of target market members	Kotler & Roberto (1989), Andreasen (1995), Rothschild (1999)
Influence behaviour through increasing benefits and reducing barriers to behaviour change for target members	Kotler & Roberto (1989)
Beneficiaries of the social marketing programme are target market members or society as a whole	Andreasen (1995)
Fulfilling target market members self-interest	Rothschild (1999)
Voluntary exchange	Rothschild (1999)

(Adapted from Maibach *et al.*, 2002)

These attributes are included in Maibach *et al.*'s (2002) definition of social marketing quoted in full below:

"Social marketing is a process that attempts to create voluntary exchange between a marketing organisation and members of a target market based on mutual fulfillment of self-interest. The marketing organisation uses its resources to understand the perceived interests of target market members; to enhance and deliver the package of benefits associated with a product, service, or idea; and to reduce barriers that interfere with the adoption and maintenance of that product, service or idea. Target market members in turn expend their resources (such as money, time, or effort) in exchange for the offer when it provides clear advantages over alternative behaviours. Success of the social marketing programme is defined primarily in terms of its contribution to the well-being of target market members, or to society as a whole."

(Maibach *et al.*, 2002 p440)

Maibach *et al.* (2002) identify these key attributes for social marketing as well as key elements that differentiate this framework from other health promotion approaches. These elements overlap with some of the attributes to some extent but are not wholly congruent which is confusing. The difference between commercial and social marketing in this definition is the meaning of success, which for commercial marketers is primarily in terms of financial gain as opposed to social gain as in the case of social marketers. The elements described are mutual fulfillment of self-interest through exchange, consumer orientation, segmentation and marketing mix. The attributes and elements elucidated can be compared to other descriptions of social marketing. MacFadyen *et al.* (1999), for example, identify the elements of social marketing as consumer orientation, an exchange and a long-term planning outlook.

Tones and Tilford (2001, 1994) refer to Solomon's (1989) ten-point guide to marketing. In a description of social marketing for public health, Lefebvre and Flora (1988) describe eight constructs of social marketing. While there is overlap across these constructions there does not appear to be consensus, which complicates the application of this framework to

programme design and thus evaluation of the approach as a whole. Kennedy and Crosby (2002) explain some of the variation by identifying that some constructions of social marketing describe components of the framework while others detail the stages or strategic decision points in the social marketing process. Maibach *et al.* (2002) describe four social marketing elements which equate to those earlier described by Hastings and Haywood (1991) although they are not credited as such. These four commonly described elements are discussed below.

Mutually Beneficial Voluntary Exchange

Exchange has been defined as an exchange of resources between two or more parties with the expectation of some benefits for each party. The emphasis in social marketing is on voluntary exchange therefore, in order to achieve success, benefits to the consumer have to be explicit (MacFayden *et al.*, 1999).

Marketing Mix

It has been said that *"marketing is essentially about getting the right product at the right price to the right place at the right time presented in such a way as to successfully satisfy the needs of the consumer"* (Hastings & Haywood, 1991 p59). This demonstrates the four components of the marketing mix specifically: price, product, place and promotion often referred to as the 4Ps. These 4Ps will be considered in relation to health promotion.

Product

At a general level this would be *"good health'*. However specific programmes would break this down to the 'core' product such as exercise or smoking cessation.

Price

This is what the consumer must give up in pursuit of the product. This may be money but could equally be time, psychological or physical costs (Sidell, 1997). This is the cost to the consumer of the change, which must be acceptable for success (Maibach *et al.*, 2002).

Place

This equates to the distribution channel used to reach the consumer (Sidell, 1997). Information is therefore required on when or where the target market members will be most open to the offer (Maibach *et al.*, 2002).

Promotion

This is the way in which the product is communicated to the consumer. This is not necessarily restricted to advertising and may include sales promotions or public relations events.

Consumer Orientation

In the social marketing framework the target of the intervention, known as the consumer, is central (Sidell, 1997). Therefore the consumer is assumed to be an active participant in the change process. Participation is sought at all stages of programme development through formative, process and summative evaluation research (MacFayden *et al.*, 1999).

Market Segmentation and Targeting

This has been defined previously in relation to media campaigns and is the division of heterogeneous mass audiences or markets into smaller more homogenous audience or market segments (Maibach *et al.*, 2002).

The lack of a coherent agreed description of social marketing makes its practical application in programme design and implementation problematic. The utility of social marketing as a framework for health promotion interventions and programmes is therefore difficult to assess. An area that has been heavily criticised in social marketing is its focus on individual behaviour change. However, the construction of social marketing by MacFayden *et al*. (1999) emphasises that social marketing seeks to influence not only the behaviour of individuals but also groups, organisations and societies (MacFayden *et al.*, 1999; Hastings *et al.*, 1994). It is evident from the literature that the description and application of social marketing is often in relation to an individual behaviour change focus. Sidell (1997) identifies the need to recognise the context in which people live their lives in order to avoid victim-blaming. This would be less likely if social marketing was applied at an organisational level. A further consequence of the ambiguity about what constitutes social marketing, is that it has become equated with mass media campaigns (Lefebvre, 1992). However, in social marketing, mass media campaigns are only one potential activity, and in fact a sub-section of one element, that of the marketing mix.

It has been suggested that the concepts proposed in social marketing are in fact the re-packaging or renaming of ideas already used in health education/promotion (Tones, 1994). Buchanan *et al*. (1994) point out that the centrality of participants described in social marketing as consumer orientation has been recognised although not labelled as such. In fact, Derryberry identified the need to actively involve people in the development of health programmes as early as 1945 (Derryberry, 1945 cited in Buchanan *et al.*, 1994).

Both Tones (1994) and Buchanan *et al*. (1994) identify that there are fundamental differences between selling products and selling health that impact on the efficacy of the application of social marketing for health promotion. The product in terms of health is often complex, intangible and offers gratification in the distant future, which is in sharp contrast to many commercial products (Tones & Tilford, 2001). This makes the marketing of health more difficult and highlights the need to define the health product in more detail and explicitly state the benefits associated with it (MacFayden *et al.*, 1999). The message that promotes the product is often more complex than the information provided to persuade people to buy products. This leads to a further difference between social and commercial product marketing, which is one of ethics. Tones and Tilford consider that commercial marketing while constrained to avoid blatant lying about a product can be "economical with the truth" (Tones & Tilford, 2001, p348). Health promotion is about facilitating people to make informed decisions, which requires by its very nature the presentation of facts and truth. Social marketing therefore has ethical challenges which are different and more stringent than those faced by commercial marketing (Brenkert, 2002).

Despite the criticism of social marketing it has been used extensively in drug prevention programmes (Kelder *et al*., 2000; Kelly, 1995). An area that has developed from social marketing combined with other frameworks and theoretical approaches is that of prevention marketing, a general conceptual framework (Kennedy & Crosby, 2002). This draws on social marketing, community development and behavioural science. The limitations of the approach have been identified and focus on a lack of specificity from such a combined general framework. The difficulty of multi-disciplinary working has been highlighted with a lack of coherent disciplinary boundaries resulting in contention within projects; as has a lack of specified sequence of activities with no clear entry point (Kennedy & Crosby, 2002). However, this approach while in an early stage of development, does ensure that community level intervention as opposed to individual level programmes remain the focus.

While there are strong criticisms against the use of a social marketing framework it does make explicit factors that are important and appear to contribute to the success of health promotion interventions using mass media, specifically audience segmentation and channel analysis. The importance of formative research and the centrality of the target group are also included in the framework. It is likely that a combined approach using an overall framework such as social marketing combined with community development and behavioural science theories is likely to be more effective than the application of a single approach. It could be argued that a framework including social marketing for interventions that incorporate a mass media element may be beneficial as working in conjunction with advertising and marketing professionals, social marketing could provide a common conceptual basis and possibly a common language with which to work. The prevention of drug use and harm reduction is complex. It is likely to require a complex multi-level framework, which can provide coherence for micro, community and macro level interventions to accommodate the joint aims of drug prevention and harm reduction.

2.8 Summary and Conclusion

The aims of mass media campaigns vary and range from the communication of simple information to the dissemination of persuasive messages to change behaviour. 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. This demonstrates a number of areas for study. McGuire's hierarchy of communication effects (1989) places these areas in 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, the message construction not fear inducing and the channel appropriate to the target audience which should be segmented into specific target groups with shared characteristics. 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. In assessing the efficacy of mass media campaigns for drug prevention and harm reduction it is important to consider the evaluation

methods used. Various models of evaluation have been applied but a combination of formative and summative evaluation is necessary to inform campaign development and implementation.

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. 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. Assessment of interventions that comprise mass media alone suggest that this is a less than optimal approach. 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 acting in the role of agenda setting. However, weaknesses inherent in evaluation methodology temper this apparent success. Therefore, future campaigns need to be informed by best practice for the said constituent components, guided by formative evaluation and set within a structured theoretical framework for coherence.

3 Methods

3.1 Overall Design

The aim of this research is to make explicit the process of development of the National Drugs Awareness Campaign. This is undertaken though process evaluation using qualitative research. Process evaluation describes what happens when a programme is developed and implemented (Stewart, 2001).

The specified research objectives comprised:

- To assess the effectiveness of mass media campaigns in drugs prevention and harm reduction interventions
- To make explicit the development process for the National Drugs Awareness Campaign (2003/5)
- To determine how the aims of the awareness campaign were interpreted and negotiated by the stakeholders
- To assess the usefulness of the resource materials
- To assess the perceived effect on the uptake of drug services
- To identify aspects of the campaign that were most supportive in realising campaign aims
- To assess the contribution of the audience segmentation techniques to campaign effectiveness
- To link the campaign with ongoing NACD research activities
- To disseminate written research findings to a wider audience.

3.2 Sample

The sampling strategy used for this qualitative study is that of purposive sampling (Curtis *et al.*, 2000) with the sample being intentionally selected from those actively involved in the campaign development process. Individuals considered to be information rich in this regard were identified to act as 'expert witnesses' to inform the study (Polit & Hungler, 1995). Those commissioning the research identified these key stakeholders and 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 target groups.

3.3 Sample Size

It is difficult to specify the sample size in qualitative studies prior to data collection (Robson, 2002). For this evaluation, interviews took place at six different stages with some of the core interview group being interviewed at all points in time. Overall, a total of 94 interviews were carried out. Table 3 below indicates the number of people interviewed at each stage.

Table 3: Number of interviews conducted across stages

	Stage A	Stage B	Stage C	Total
Phase 1	Nov 2003 17	-	-	17
Phase 2	March 2004 16	June 2004 12	Nov 2004 18	46
Phase 3	March 2005 11	Sept/Oct 2005 20	-	31
All Phases				94

3.4 Data Collection

Documentary Data

Two forms of data were gathered. Documentary evidence relating to the process of campaign development was requested from stakeholders. The amount of documentary information that was provided in the different phases varied with more being available at the earlier stages. This variation may reflect fluctuations in the generation of documentary data at various points in time. That which was provided is included where appropriate. However, the variation may also be the result of such data not being volunteered to researchers and thus this data set may not be complete.

Semi-Structured Interviews

The second form of data collection was through semi-structured interviews. These were planned to be face-to-face in the first instance but where this was not feasible telephone interviews were conducted. The basic principle of qualitative interviewing is to provide a framework within which respondents can express their own understandings in their own terms (Patton, 2002). The framework was provided by the application of: a logic model with the constituent constructs of communication, co-ordination, collaboration, conflict and power; social marketing with sections on audience segmentation, message development, channel use and marketing mix; and finally interviewees' assessment of the potential impacts of the campaign. These three areas informed question development.

A more, rather than less structured approach was employed, and therefore the questions in the interview schedule were followed in the order written with no omissions. This approach may limit the flexibility of the interviewer resulting in constrained responses (Patton, 1990). However, interviewers were able to use probes in the interviews and include additional questions. This was enabled by the interviewers actively participating in the development of the open-ended interview questions. All interviews were tape recorded and transcribed verbatim. The interview transcriptions were entered into the software package NVIVO for analysis.

3.5 Data Analysis

The basis of the process of data analysis for this study draws predominantly but not exclusively on work by Miles and Huberman (1994) and Huberman and Miles (1998). The aim of analysis in qualitative research is, according to Burnard (1991), to establish a detailed and systematic recording of themes and link them together in a category system. Initially the data was fractured or split into discrete parts (Strauss & Corbin, 1990; Miles & Huberman, 1994), these parts were then labelled; a process known as coding. The data gathered under the code is referred to as a category. In this instance *a priori* codes were developed prior to data collection through the conceptual framework for question development in the semi-structured interview schedule and issues developing from the literature review. These were used as a so-called *'start list'* (Miles & Huberman, 1994) rather than as strict differentiations and comprised the range of issues concerned with the design and implementation of the campaign, including audience segmentation, channel analysis, formative research and so on.

The rationale for the use of *a priori* coding in this study is the time series design over a period of three years with different participants at various stages of campaign development. This approach provides consistency over time and a coherent framework within which analysis can develop. This allows the analysis to be concentrated and focused on the issues under investigation (Altheide, 1996). These pre-determined codes were not strictly fixed from the start but developed as the study and analysis progressed, particularly over the first phase. Neither was the analysis restricted to the *a priori* coding, categories emerged from the data as data collection and analysis proceeded and examples of these include time and money.

A further level of analysis is referred to as pattern coding (Miles & Huberman, 1994). At this stage the categories are brought together or clustered into groups. Patterns of relationships between groups of categories develop providing a coherent, conceptual, structured order (Miles & Huberman, 1994). The results of this approach in this study manifest themselves in two areas. The first, an account of the campaign as it developed from the participants' perspective and as it was reported by them. Within this, categories developed on the tender process and planning and development of campaign components, such as the roadshows, the website, the cocaine campaign and developments in 2005. The second relates to the perceived efficacy of campaign development and is divided into two further areas. The first labelled *'indicators of efficacy'* which includes categories framed from the literature review and interview schedule which developed into the categories of theory application, target audience, channels of dissemination and message development, as well as the emerging categories from the data, coded money and time. The second, developed from the interview schedule and study purpose, comprising *'organisational components contributing to efficacy'* which includes the categories coordination and collaboration, communication and conflict. In this way the range of issues as they developed from the interviews are reported. The role of conflict is identified as a category and dissension is therefore important to consider, whether it be an individual or multiple participants. The range of the opinions expressed by participants in relation to these issues is also important to reflect in the report.

Therefore, when appropriate to the study aim, reference is made to individual participants opinions, even if apparently unsupported by others.

3.6 Data Presentation

The interview data and documentary data were integrated during the analysis and are reported together. The results presented in concurrence with the category development and pattern coding. Quotes are used to illuminate specific aspects of the data and are reported throughout the text. The quotes used in this report are coded to indicate from which phase and stage they were taken e.g. IP1 refers to interview in phase 1, IP2b to interview phase 2 stage b or IP3a to interview in the first stage of phase 3 as presented in Table 3.

3.7 Ethics

It was acknowledged in the planning stage of the study that the anonymity of the interviewees may be compromised, as participants were often senior professionals and through their position and known contribution to campaign development may be identifiable in the presentation of the results. Anonymity was promoted through the reporting of quotes by the removal of reference to names or gender. This is denoted in the text through the use of square brackets (eg. […]). The issue of confidentiality was discussed and agreement reached, with the research advisory group, that permission would be sought subsequent to draft report submission, for any attributable quotes used in the report. This was carried out at two points in time: following phase 1 and on completion of the draft final report. Interviewees were contacted, provided with the relevant section of the draft report and asked to contact the research team should they have any concerns about the quotes used in relation to anonymity and/or misrepresentation. Two interviewees requested minor changes which were undertaken.

4 Findings

4.1 Introduction

As previously stated, the results of the analysis of the interview and documentary data are presented in this section. These are divided into two parts: an account of the campaign as it developed from participants' perspectives set in the context of campaign initiation and presentation of indicators of efficacy. This is followed by the study conclusion.

4.2 The Context

The National Drugs Strategy (Department of Tourism, Sport and Recreation, 2001) followed a comprehensive review of previous policy initiatives and a consultation process, which resulted in the Government approval and launch of the National Drugs Strategy (2001-2008) in 2001 (Moran & Pike, 2001). According to Moran and Pike (2001), this strategy endorsed the Government's previous approach and sought to provide focus and therefore strengthen drugs policy through the specification of objectives and key performance indicators in the four areas of supply reduction, prevention, treatment and research.

Objectives under the prevention pillar include:

- To create greater social awareness about the dangers and prevalence of drug misuse
- To equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development (Department of Tourism, Sport and Recreation, 2001 p11).

Specific initiatives are identified to achieve these objectives and includes, as stated in Action 38, *"to develop and launch an on-going national awareness campaign highlighting the dangers of drugs, based on the considerations outlined in the conclusions. The campaign should promote greater awareness and understanding of the causes and consequences of drug misuse, not only to the individual but also to his/her family and society in general. The first stage should commence before the end of 2001"* (Department of Tourism, Sport and Recreation, 2001 p122).

As well as seeking to focus drugs policy through explicit objectives, specific actions and the identification of key performance indicators, the strategy re-emphasised the importance of the need to coordinate a range of Government sectors in an integrated approach to drugs issues (Butler & Mayock, 2005; Moran, 2000). This is manifested in the strategy by the assignment of specific actions to stated sectors. The realisation of Action 38, a national awareness campaign, is allocated to the Department of Health and Children. As the National Health Promotion Strategy (Department of Health and Children, 2000) identifies issues of drug use in its objectives, it is unsurprising that the Health Promotion Unit within the Department of Health and Children was charged with developing and coordinating the national awareness campaign (Department of Tourism, Sport and Recreation, 2001). The role of the Department of Education and Science in prevention is also recognised as appropriate under the prevention pillar with reference to the objectives cited above. These two Government departments have a history of working together on health education

programmes generally. The Department of Education and Science in relation to the National Drugs Strategy (Department of Tourism, Sport and Recreation, 2001) was allocated, among other things, the development and dissemination of factual preventive materials aimed at parents (Moran & Pike, 2001). While the National Drugs Strategy allocated actions, the funding to support such developments did not necessarily follow, creating potential for financial tension at the point of campaign inception.

4.3 Campaign Development

In order to respond appropriately to the recommendations that were laid down and to reflect the strategies emphasis on partnership and inclusiveness, a campaign steering committee was formed. It included representatives from the Health Promotion Unit, the Health Promotion Managers, Regional Drug Coordinators, the Drugs Strategy Unit, the Garda Síochána, media experts and Health Board drugs education officers. The National Advisory Committee on Drugs (NACD), who had published a report that had included a review of the effectiveness of mass media campaigns in the prevention of drug misuse (Morgan, 2001), were subsequently invited to participate.

The first meeting of the national drugs campaign steering group took place on November 8th 2001. That meeting was described as exploratory; concerned with the generation of dialogue about what direction the campaign should take. In general the people on the steering committee saw their role as participating in discussion and giving their own views and opinions on the principles of media campaigns in general, and on what the focus and content of this specific campaign should be. It was decided at this meeting that further time was needed to discuss these issues before developing the tender to recruit an advertising company. It was acknowledged that it was unrealistic to have the campaign commence by the end of the year and it was noted that *"a 2002 start would be a more appropriate timeframe"* (Notes of meeting, November 8th 2001).

The second meeting took place on December 4th 2001 and entailed further discussion regarding the nature and focus of the campaign. Notes from the meeting concluded that:

> *"the overall campaign should be a drug awareness campaign backed by community/ education based messages and aimed at different types of drug user".*
> (Notes of meeting, December 4th 2001).

It was emphasised at this meeting that a drugs education consultant should form part of the campaign development team and that this should be insisted upon. It was also suggested at this meeting that a subcommittee could be set up to examine tenders and a volunteer subgroup was formed which worked on the tender process up until the campaign launch. This group consisted of a representative from the Health Promotion Unit, the National Advisory Committee on Drugs, the Drugs Strategy Unit and an independent media and communications expert.

By the third meeting of the campaign steering committee on January 7th 2002, committee members who had been unable to attend the earlier meetings had an opportunity to contribute to the discussion. It must be noted that many of the participants were not completely in favour of the mass media approach. However, the consensus was that if it was being done, that an effort should be made to do it well within the constraints of what was perceived as a very limited budget. Two aspects of the campaign were discussed in some depth; there was agreement that the concept of family communication should be included and that the campaign should be useful to those working on the ground in the drugs field:

> *"…was very clear that we needed to also come at it from a perspective of making it meaningful to task forces, useful to them, to the work that they're doing and useful to organisations that are at the coal face"* (IP1).

Thus the objectives of the National Drugs Awareness Campaign were decided and agreed on over the first three meetings of the steering committee. The perception by the end of the third meeting was that there was *"a general consensus about what the campaign should and shouldn't do"* (IP1). The aims and objectives were agreed on and outlined as below.

The overall aim of the campaign is:

- To increase awareness amongst the general population about the current drug problems facing our society through the achievement of measurable change in the knowledge of targeted groups.

This overall aim will be achieved through the following objectives:

- Development and dissemination of key messages relevant to identified target populations, including the general population.
- Working in partnership with relevant stakeholders to develop messages and communicate with targeted groups in a manner which will augment on-going education and prevention work.
- Participating in on-going monitoring and evaluation of the campaign as part of an action-research project which will be initiated in parallel with this campaign.
  (Tender Brief, Spring 2002 p4)

4.4 Tender Process

The tender brief for the campaign was designed and completed in early spring 2002 outlining the campaign aims and objectives and the intended theme for the campaign. The brief, outlined that:

> *"… it is intended that an overall campaign theme should be developed which is of a positive and empowering nature, reinforcing the importance of family communication and community action. The theme should recognise the complex nature of the drug problem and not seek to blame or stigmatise any subgroups of the population. Drugs, and drug related issues, should be highlighted as 'everybody's business'"*
> (Tender Brief, Spring 2002 page 8).

Having developed the draft brief for the campaign to be sent out to tender the original steering committee did not meet again as a group and all further correspondence was achieved through email.

The tendering process instigated conformed to the European Union regulations in relation to public sector tendering. More than 60 expressions of interest were received from media companies. These companies were invited to write a short synopsis of how they saw the campaign. Twenty bids were submitted by the closing date (May 22nd 2002). This was shortlisted to 10 who were invited to give submissions.

At this stage there was some disappointment in the type of tenders that were received in that the tendency was towards negative, fear-based campaigns rather than the more positive message outlined in the tender brief:

> *"They all came up with all the dark grey, grim reaper type stuff, which didn't surprise us but disappointed us because we thought in our tender brief it was very detailed and we thought that we were very clear about the positive nature of … that we didn't want anything that was dark, grim, fear-based, all that shock, dreadful stuff"* (IP1).

An information session was held for potential contractors to talk about the brief and what the expectations for the campaign were. The information session was reported as invaluable in influencing the quality of subsequent submissions, enabling decision making in awarding the contract. Subsequent to the information session companies were invited to re-submit their proposals and five organisations did so. Following presentations from the five companies and further evaluation of the tenders, the contract was awarded in September 2002.

4.5 Drugs Education Consultant

It was agreed at the outset that a drugs education consultant would be employed to work closely with the advertising company as part of the development team. This decision was made on the basis of previous experience, particularly in relation to the value of providing outside contractors with an *"informed and research basis to inform what they are doing"* (IP1). The drugs education consultant was brought into the team in late November 2002. The person appointed was recommended for the role due to his qualifications and experience in the field of drug education. It was clear from the perspective of the consultant, joining a group that had already been working together for some time proved difficult to start with, as did working with both the steering committee and the advertising agency. Despite these teething difficulties and some misgivings about the effectiveness of a stand alone media campaign, the drugs education consultant reported positively about the campaign as a whole, while strongly supporting the need for community and local level work to support the proposed media interventions. The advertising company saw collaboration with the drugs education consultant as greatly beneficial.

4.6 Planning and Developing

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 and the website, helpline and brochure. Planning of the evaluation of these advertising and public relation activities was also undertaken and proposed through regular population tracking surveys (Drugs Awareness Campaign Evaluation, hand-written 'late 2002') and monitoring of attitudes to drug use over time with reference to on-going surveys (e.g. NACD, 2003). At the end of November it was proposed that the campaign would be launched in January 2003 (Proposed timeline document, 25th November 2002). Formative evaluations of campaign developments were undertaken in advance of the launch date.

In December 2002 reaction to the proposed campaign through qualitative research was reported (Behaviours and Attitudes Marketing Research, December 2002). The advertising objectives for the campaign were identified at this stage as follows.

Help the target market of parents and young people to:

- Develop a positive attitude to discussing the issues of drugs
- Approach the issue in a rational and balanced manner
- Encourage questioning of the issues surrounding drugs
- Equip the target market to find the solutions.

It was stated that the approach *"sets out to cause discussion rather than a 'knee-jerk' reaction, by eschewing scaremongering type tactics"* (Behaviours and Attitudes Marketing Research, December 2002 p3). This formative evaluation was embedded within the context of exploration of drug issues from both young people's and parent's perspectives. Key findings identified that the advertising concept was effective in initiating discussion but expectations of additional support services such as a helpline, website or leaflet were expressed. The campaign was considered to act as a *'thought provoking first step'*. It was suggested that the campaign slogan *'Drugs. There is an answer.'* was perceived as simplistic for such a complex issue as drug use (Behaviours and Attitudes Marketing Research, December 2002 p56).

Development of the website was ongoing in January 2003 with the identification of the need to incorporate disability access requirements into the design. Formative evaluation of the leaflet was undertaken in February 2003 through focus testing (Focus Group Report, February 2003), with feedback on the proposed brochure also provided by members of the steering committee.

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. The helpline 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 helpline. The radio advertisements were launched later than the television advertisements. One interviewee reported that the radio advertisements did have more of an impact in terms of calls to the helpline and requests for brochures, which influenced the decision made for the second round of advertising that was due to commence in September 2003:

> *"… we decided to respond to that by running a radio only campaign based on the fact that that was what created the most interest for the booklet" (IP2a).*

Activity at this stage involved liaising with people who were interested in the campaign and the continuation of media relations. Following the second round of radio advertising, figures showed that calls to the helpline were substantially increased and the booklet was disseminated quite widely. Evaluation of the campaign, through a tracking survey undertaken in November/December 2003, reported that one in eight of 205 respondents aged 15-55 years could accurately recall the specific *'Drugs. There are answers.'* campaign. Television appeared to generate higher levels of awareness of the campaign in general than radio. The survey reported that 22% of the sample had seen the leaflet and had evaluated it positively in relation to layout, ease of understanding and amount of information (Research Solutions, December 2003).

Planning began for the campaign into 2004. Part of the plan for the overall campaign was to focus on different target groups over the three years. A document presented by the drugs education consultant outlined that *"it will be time and money well spent if we concentrate our efforts on parents during 2004"*, suggesting that if the campaign were to be diluted by having too many targets too early, it would risk a lack of clarity in terms of the rationale and thus a lack of support (Rationale for a Parent – Focused Campaign, 30th September 2003). A brochure entitled 'A Parent's Guide to Drugs' was developed in association with the Department of Education and Science that "met one of their obligations under the National Drugs Strategy, targeted specifically for parents" (IP2a).

While the original campaign steering committee officially came to an end with the launch of the campaign, it was recognised that there was a need for:

> *"some sort of a small reference group to run the campaign through and that's again because … complexity of the drugs issue and the multi kind of sector and nature of all the different players involved"* (IP2a).

While it was pointed out by the main campaign coordinator that this group was a *'reference'* rather than *'steering'* group, most interviewees in this evaluation continued to use the term *'steering group'* throughout their interviews. The view of the group as a reference group is contradicted by documentary data from October 2003 entitled *"steering committee meeting"* which lists members and terms of reference specifically for a *"steering committee"* (Steering Committee Meeting, October 16th 2003).

Some of this reconvened group comprised the same people who had previously sat on the steering committee, for example representatives of the National Advisory Committee on Drugs (NACD) and the Drugs Strategy Unit, and some were invited to be members due to the perceived need to develop clear partnerships for different elements of the campaign:

> *"For example, based on the fact that the Department of Education were co-funding our parents' leaflet – they were around the table, based on the fact that the Gardai saw themselves as having a very, a very influential role around the dissemination of information to parents – they were around the table"* (IP2a).

Other groups were invited to sit on the steering committee but did not take up the offer. An interview with a representative of one specific organisation however, indicated that they were unaware of this invitation and had little awareness of the campaign in general.

The first meeting of the reconvened group took place on October 16th 2003. The meeting focused on the clarity of the terms of reference of the steering committee, roles and responsibilities and where decision-making lay. 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 the progress of the campaign. It was agreed that:

> *"recommendations will be made by consensus to inform the development of the campaign … problems/issues will be dealt with by the entire team"* (Committee Meeting Minutes, October 16th 2003).

This meeting was seen by some as an opportunity for what was described by one person as *"a fairly tense discussion"* (IP2a), about what they were not happy with during the first round of the campaign. There was debate around the use of television advertising with some committee members wanting to focus on television and others being very much against it, holding the view that the objective for the second phase of the campaign was to *"work in a more localised fashion"* (IP2a). It was felt by some that the advertising company was proposing approaches that were more relevant to consumer goods rather than social and health issues, and that further thought needed to go into their approach. The use of the website was also considered at this meeting and plans made to further develop this resource. Future plans were also discussed; advertising and public relations activities in 2003 were reviewed and plans for a media and public relations strategy for 2004 were presented.

During this meeting it was decided that the next phase of the campaign should focus on adults, particularly parents. A local community event was proposed taking the format of a *'Questions and Answers'* roadshow. The idea to run a *'Questions and Answers'* roadshow at local level came initially from the campaign drugs education consultant, who had experience of this format at local level. These roadshows were perceived to have:

> *"the potential to engage the services, the professionals and the parents and to start stimulating that profile at a local level which we then could build on and target to drug users with specific messages potentially down the road"* (IP2a).

In March 2004, a further population tracking survey was undertaken with a sample size of 250 parents aged 25-55 with children aged 18 years and under. This found an increase in recall of the specific campaign through television to one in four but the level of awareness of the leaflet had dropped. The research concludes that *"the campaign remains effective at communicating a core message that help is available and more specific messages … 'talk to your children about drugs' and 'what to look out for/signs'"* (Research Solutions, April 2004 p51).

There was a change in personnel in one of the central campaign organisations at the start of 2004. While acknowledging the experience and expertise of the new team member, many people interviewed noted their regret at losing the main campaign coordinator, who was seen as an important and influential member of the group. In September the public relations representative changed, with a different member of staff taking responsibility for the account.

4.7 Roadshows

During the summer of 2003, forward planning began on the local 'Questions and Answers' roadshows. It was decided that a pilot roadshow would be held towards the end of 2003 to *"see what was needed for the whole of 2004"* (IP2a). It was suggested that:

> *"the format would follow that of the 'Questions and Answers' programme on RTE whereby a panel of experts would take prepared questions from the audience around the theme of drugs with a bias towards parents and education. The panel would consist of nationally known experts from various disciplines chaired by a well-known personality"* (Proposed public relations' activities for September – December, 2003).

Each individual local roadshow would be aimed specifically at problems facing those communities. Other steering committee members welcomed this input and liked the idea of a local roadshow as it linked the national campaign to local community initiatives.

Over the autumn months there was considerable investment in developing the concept of the roadshow and liaising with drugs coordinators at local level. It was decided to hold the pilot roadshow in November 2003. Links were made with local drugs coordinators in the area proposed.

The principal coordinator locally took on a huge amount of responsibility for the planning of the event as well as the public relations and used the initiative in a positive way, planning a schools' event around it:

> *"Your 'Drugs. There are answers.' is targeted at the older adult population but if we can, if I can take that and adapt it, I can run a similar version for post primary schools in the afternoon and I can run this other piece in the morning"* (IP2a).

Between 50 - 60 students attended and the schools roadshow was thought, by those organising it, to have been a success. Similarly, the main roadshow in the evening was deemed to be a success with more than 60 people in attendance. In contrast to this pivotal role in organising the schools' roadshow the local coordinator felt, in relation to the main

event, that the role was more around liaising with the public relations' representative in the venue ensuring that the event ran smoothly, although a lot of work went into organising display and information stands.

There were some difficulties in the planning of the main pilot roadshow, particularly in relation to the lack of availability of potential panelists. This was ironed out in time for the event, with some members of the steering committee sitting on the panel with a local chairperson. However, the local coordinator felt that this perhaps led to the discussion not being sufficiently focused on local drug issues.

The pilot roadshow resulted in many phone calls from people looking for information and an interest in and demand for the booklet. Attendance at the pilot roadshow, although thought by some to have been quite low, was seen as a success in the initial interview stages as it included representatives of the main target group, considered to be parents, as well as service providers and professionals working in the drugs field. Getting this balance right was something that proved to be difficult in subsequent roadshows:

> *"…and what I liked about the attendance was it was a broad attendance, it wasn't all staff from services, it included members of the public"* (IP2a).

Feedback from the pilot roadshow was generally positive and attendees were *"quite satisfied"* (IP2a) with it. The tracking survey, reported in December 2003 (Research Solutions, 2003), included a booster sample of 66 people from the pilot roadshow area. This found that this sample reported an increased awareness of drug issues generally, compared to the total sample, with 50% citing local radio as the source of this awareness. However, only 23% reported an awareness of the roadshow event.

One of the reasons suggested for the perceived success of the pilot roadshow was the commitment of the local health board and drugs education officers. It was agreed that the format for the roadshow would need to be changed slightly, and that future roadshows would take place within regions that were willing to work in partnership with the campaign, in terms of planning operations and administration.

National Roadshows

Following further planning and development, the first of the local roadshows took place in Carrickmacross, Co. Monaghan, on the 21st April 2004. Subsequent events were held in Waterford, Portlaoise, Athlone, Cork, Tralee, Galway, Castlebar, Limerick and Ennis during the following two months. Roadshows in Sligo, Donegal, Dun Laoghaire, Wicklow and Dublin were undertaken in the later part of 2004; thus each health board area was represented. The events were coordinated with the assistance of drugs coordinators and drug education officers in each region.

As in the pilot, it was planned that in the run-up to the roadshows local press advertising and local radio would announce the event in each town to raise awareness. The national radio campaign was used at local level with an add-on:

" … of ten seconds onto the end of it announcing where the drugs awareness event was taking place and the time and the date … so it was basically thirty seconds of it was the same and aimed at the parents and then it was just localising it" (IP2b).

The format for the roadshows was similar although not the same as that of the pilot. In the initial roadshows, questions were prepared in advance, although latterly it appears that they were spontaneous from the audience. In some areas, a junior version of the roadshow was run and this format appears to have been left up to the discretion of the local coordinators.

Interviewee accounts and evaluation figures, taken from questionnaires completed by attendees on the night of the roadshows held in the first part of the year, indicated very varied, but often low, levels of attendance. As well as disappointment around the poor attendance, some concern was raised about the profile of attendees. It was felt that the majority of those present were service providers and professionals working in the drugs field rather than parents, the apparent, intended, target group. In fact, in three of the venues the number of non-parents who completed the questionnaires exceeded the number of parents. This was also seen as having the potential to limit how free those parents who did attend felt to participate in the discussion and debate:

"So far what has happened is that we are not getting enough of the public and we are getting too many professionals. And that was very evident in […], when I was speaking to a lady afterwards. And she said that she was afraid to say anything because she did not know as much as the panel" (IP2b).

Roadshow attendance figures are presented in Appendix 2. The roadshow coordinators, at both national and local level, were disappointed with the attendance and suggested a number of reasons for this.

The lack of local commitment or *"buy-in"* (IP2b) to the roadshows in some areas was perceived to have restricted the dissemination of information to the community. It was suggested that the absence of such a community link was a consequence of weak support from the coordinators/health board at local level. However, it was said by some local coordinators that they did not have the resources or personnel to make this kind of commitment to the project.

One local coordinator suggested that lack of relevance at local level may have been a barrier to the success of some of the roadshows. This person was involved in the coordination of two roadshows, which despite the same input in terms of publicity, had very different outcomes; one being deemed much more of a success than the other. The more successful roadshow was held in an area where *"drugs is fairly high on the agenda and has a fairly high profile"* while the roadshow deemed to be less successful took place in an area were drug use was *"not such a big issue, it isn't a major public issue"* (IP2b).

It was acknowledged, however, that some of the roadshows with a poorer turnout were actually more successful than others on the night, in terms of how the session flowed and

according to questionnaire feedback from attendees. This was recognised by coordinators at national and local level. A factor identified as contributing to successful events was a good chairperson, experienced in *"working the crowd"* and in dealing with any difficulties. The survey data from the roadshow questionnaires completed after the events, indicated that the attendees found the event informative and they would recommend it to a friend if the event were to be held in their area again (Summary Brief – Questions and Answers Roadshow, August 2004).

The summary of the roadshow questionnaires was distributed to the steering committee in July 2004. The survey results and anecdotal evidence from the main roadshow coordinators were combined to indicate areas for improvement in future events. Suggestions were also made regarding the panel itself; that it should be chosen on the basis of issues that need to be debated in the local area and that panel members should be selected from diverse backgrounds. It was also suggested that panel members should have the questions at least a week in advance although this contradicted the desire for spontaneous participation.

With regard to advertising the roadshow, coordinators recognised the need to use existing channels via local networks to publicise the events, such as flyers to students and parents, parish newsletters, local drugs and alcohol workers and mailshots to key agencies and other health board personnel in the area (Summary Brief – Questions and Answers Roadshow, July 2004). These suggestions are also supported by the interview data from this process analysis. The roadshows were generally seen as being useful and beneficial in setting up links with key drug service personnel throughout the country and, according to the survey results, had proved interesting and informative to attendees.

The points highlighted above appear to have been taken on board in the subsequent round of roadshows that commenced in September 2004. The need for the use of local infrastructures and knowledge in raising awareness of the roadshow was recognised and applied to some extent in subsequent events where attendance appears to have improved:

> *"We got an audience of 120 which wasn't bad considering the thousands we sent through the schools. We sent applications home through the schools, through the post to various places, we even got some community groups to put them in doorways in their areas"* (IP2c).

It was acknowledged that this created a lot of work at local level but this was felt to be necessary for success. This approach suggests that local coordinators in this area were committed to the roadshow. This was not the case in all areas where, in some instances, local support was still not garnered, which in turn was detrimental to the efficacy of the event. All roadshows were completed by early 2005. While intensive work was carried out in contacting, liaising and networking with regional and local drugs task forces in the development, implementation and evaluation of the roadshows this foundation does not appear to have been capitalised upon in later campaign developments.

4.8 Campaign Website

The campaign website was launched in May 2003 alongside the first set of media advertising. Initial assessment of website visibility suggested an increase from the launch from 0% to 62.52% but no listings with Yahoo Directory, Looksmart and The Open Directory were found. However, in Google and Yahoo almost all targeted key phrases obtained number one position (Online Marketing Report, September 2003). In subsequent reports a change in the methodology of website visibility assessment was detailed with reference to KROSETM scores of 57.54% in July 2003 rising slightly to 59.72% in November 2003. Suggestions for actions to increase these scores were made (Visability Report, November 2003). Actions suggested included the use of keywords on the homepage and re-registering with some of the search engines. This website report was emailed to all steering committee members.

In December 2003, the steering committee agreed that the website required further development *"to really include much more information but kind of tangible information that you can download"* (IP2a) and to seek costings and a plan for this development. Suggestions for improvement included adapting Corrigan's *Facts about Drug Misuse in Ireland* (2003), developing a quiz and incorporating schools' projects for students. 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. The plan included:

- Some restructuring of the site to accommodate increased volume of text information
- Additional text content, sourced from Corrigan (2003) and from the drugs education consultant
- The incorporation of a harm reduction message where appropriate, the inclusion of some information on alcohol and the inclusion of information aimed at young people in addition to adults
- Updating the site throughout the year, with new content in all sections (Site Development and Maintenance Document, January 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. Other actions that would be taken included using information from the All Ireland Drugs Survey (NACD & DAIRU, 2003) and links to the NACD website. Chapters 2 and 3 from Corrigan (2003) were to be summarised, reviewed and uploaded. A chapter on drugs and the law would be reviewed by a representative of the Garda Drugs Unit. The campaign brochure and other resources would be available for download as well as information on local events. In addition, questions for the online quiz would be changed over time as the campaign focus changed (Notes of Campaign Review Meeting, February 16th 2004). Changes in the website were welcomed by the steering committee as it had been considered that it was not being used to its full potential:

"… that was very static for a long time, I wasn't hugely happy with that and they started to develop that a bit now, so I think they should try and make more use of that" (IP2a).

The website was considered to be important as it could provide a reference point for the broader national campaign. The most notable contributions to the materials and the design of the website came from the drugs education consultant and the website designer. However, some interviewees reported that while they were involved in drafting and redrafting material, they did not know what had happened to the material they had submitted for inclusion. At least some of the content was drawn from previously published and available materials, and it is clear that, although this had been discussed at earlier steering committee meetings, some interviewees expected to find the material distilled, summarised and in general rendered 'web-friendly' to a greater extent.

The revamped website was launched at the end of July 2004. During that year, work on the website development was on-going with a dedicated staff member at the advertising and public relations company committed to this section of the work, although not in a full-time capacity. There was recognition, during the interviews at the time, that this allocation of personnel might not be sufficient to reach the potential for the website as staff might be consumed with other tasks. Some interviewees were positive about the website, *"I think the website is very good"* (IP2c) and some noted that the website had improved. However, substantial concerns were also expressed and it was variously described as *"lazy"* (IP2c), *"boring"* (IP2c), *"not very well thought out"* (IP2c) and generally as requiring more work. *"They're just not doing a great job on it"* (IP2c). It was singled out by one interviewee for specific criticism:

"The only thing that bothers me about the whole year so far is the website. The website in my view is appalling" (IP2c).

A number of suggestions for further improvement emerged, some more concrete than others. In general, it was suggested that the website would benefit from being more dynamic and user-friendly, with more clarity about the target audience. More specific suggestions were that it required more detailed editing to remove typographical errors and factual inaccuracies, that the font size should be increased, that more links were desirable, that some links didn't work and that some buttons that one might assume were links were in fact not. Issues of access to the internet were identified as a limiting factor by some interviewees, one suggesting that it was an inappropriate channel in relation to the potential target groups:

"… and I can't really imagine either Mrs Murphy … who is worried about her child, she would probably talk to her neighbour before she would go to a website" (IP3b).

4.9 Cocaine Campaign

One of the public relations' proposals for 2004 was activity around club drugs. 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: *"it was becoming the drug of choice in those communities … where heroin might once have been popular"* (IP2c). There was also concern about low levels of accurate knowledge about cocaine in the general population. At the steering group meeting it was agreed that any campaign development targeting cocaine use would require buy-in from Local Drug Task Forces and should include harm reduction messages. There was general recognition among the steering committee members that this particular substance deserved some specific attention as it was becoming a *"public issue"* (IP2c). Thus it was reported:

> *"we were coming under pressure from a strategy point of view to make some initiative on the cocaine campaign"* (IP2c).

The second major impetus was the campaign that was being developed in the Dun Laoghaire/Rathdown Local Drugs Task Force (LDTF) area. It was suggested at the December 2003 steering committee meeting, that the convenience advertising campaign being run in Dun Laoghaire/Rathdown could be considered as a pilot project, and that the services of the campaign advertising company could be offered in order to facilitate further developments. During the February 2004 steering committee meeting, and following circulation of a proposal from the advertising company, it was suggested to expand the convenience advertising campaign to a national level. The drugs education consultant worked with the advertising designers with a proposed start date of April 1st 2004 (Steering Committee Meeting Minutes, 16th February 2004).

The advertising company brought in a junior (younger) team who they thought would be *"perfect because they are the target market"* (IP2b). Two separate concepts were subsequently subjected to research with the target market in bars and clubs. One of these was *'retro-advertising'*, the other, and ultimately preferred concept, entailed the banner *"there's no fairytale end with cocaine"* (IP2c). This involved using fairytale or nursery rhyme characters (Georgie Porgie and Jack and Jill) and focusing the message on the negative outcomes from cocaine use.

Plans for the cocaine campaign were brought to the steering committee meeting on September 28th 2004. At that stage, it was reported that final versions of the advertisements were at an advanced stage and that the campaign was ready to be launched. Interviewees alluded to some conflict concerning deadlines: *"they had already scheduled the launch three days later so it sounds to me like things were all set up to go, you know what I mean?"* (IP2c). 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. This was most notable on local radio stations and many members of the steering committee along with others were involved in radio interviews and debate (Cocaine Campaign Coverage Report, October 2004).

In general, interviewees, at the time of the cocaine campaign, viewed it very positively. They stated that they were impressed by the concept, the text and the pictures, the materials and quite importantly the flexibility that such an approach would allow for future developments. However, some of this positivity had waned by the time of the final interviews in the autumn of 2005. Some measured the success of the cocaine campaign by the high level of reaction that it generated and the extent to which the posters and beer mats were "souvenired" (IP3a) and the fact that the demand for the postcards was said to be unprecedented. The campaign was less well received by some of the interviewees with direct drugs working experiences, and the *"fairytale"* (IP3a) element of the campaign was particularly disliked by them.

A *'microsite'* to accompany the cocaine campaign formed a component of the work on the more general website that was carried out in the spring and summer of 2004. It was launched with the cocaine campaign in October 2004. The reaction to this microsite was generally positive and interviewees were substantially less critical of this aspect of the website.

Research was commissioned to evaluate the cocaine campaign which was reported in January 2005 (Research Solutions, January 2005). The main objective of the research was to explore the perceptions of the 'fairytale' drug awareness campaign amongst the key target groups (p4). Other research objectives were cited and included reference to the likelihood of the campaign influencing behaviour – which was not a campaign objective. The research comprised four qualitative discussion groups held in Cork and Dublin with adults aged 24-29 years of differing socio-economic status. The campaign research is embedded in an exploration of the environment of Irish socialisers, social advertising and perceptions of drug and specifically cocaine use. Spontaneous awareness of the campaign was reported as limited but imagery used in the execution was considered to be *"extremely effective"* (p57). The microsite homepage was found to be unappealing with some barriers to navigation. According to the research report some of the most relevant information was lost in the text (Research Solutions, 2005 p86).

4.10 Developments during 2005

A meeting of the steering committee, originally scheduled for November 2004, took place on January 25th 2005. The meeting was intended to review *"the feedback from the cocaine initiative"* (IP3a) and to consider the way forward. A presentation by the advertising company for the steering committee became a focus of some disquiet and dissatisfaction for several parties. The presentation reviewed the campaign to date and outlined a strategy for phase 3. The proposed strategy, as originally prepared by the company for the steering group, was *"very detailed … and quite broad ranging"* (IP3a) and was rejected as unsuitable by the organisation perceived to be the lead organisation, who wanted the meeting to work on *"a top line discussion"* (IP3a). However that was perceived by others in attendance at that meeting to amount to a *"watered down"* (IP3a) version of the proposed strategy that was subsequently agreed and of *"ever so slightly wasting"* (IP3a) the committee's time. The meeting concluded that, at that stage, insufficient clarity existed for the media company to

proceed on to phase 3. It was decided that committee members would consider the issues and forward suggestions or comments by email.

During the first half of the year, the drugs education consultant, employed by the media company resigned and was replaced by another consultant who worked in drug education. While participants discussed the initial post of drugs education consultant in some detail, there was little discussion by participants on the change in personnel, apart from acknowledging that it had occurred.

The committee met again in June 2005 at a meeting that was characterised by one interviewee as a *"crisis meeting called under duress"* (IP3b). Another described how concerns were aired at this time but that it was decided:

> *"ok, the past is the past right; we haven't been involved or included so now let's make sure that we know what we are doing now and that we include people"* (IP3b).

Although a decision was made at this meeting that phase 3 of 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 and it was reported that no minutes were circulated from that meeting. Members had understood that they would be further informed as to the rationale for the chosen target age group and details regarding potential messages and media.

> *"Some of the steering group felt that there would be another meeting where those ideas would be teased out, and we would agree then what we were going to focus on. That didn't materialise"* (IP3b).

A report by Research Solutions (October, 2005) presented a qualitative exploration and assessment of two competing advertising concepts developed by the advertising organisation. It is stated that the research was commissioned to evaluate both concepts and executions to identify the most effective, which would be launched (Research Solutions, October 2005 p3). Documentary information indicates that on Thursday, October 13th 2005 the steering committee received a press release, planned for issue the following Monday, to coincide with the first radio broadcast of the cannabis campaign. The committee was requested to forward any comments on the draft by *"close of business"* (IP3b) the following day. October 17th 2005 saw the launch of the cannabis campaign with the first radio broadcast with the poster campaign launched one week later. Two weeks before, in an interview with a key participant, it had been stated: *"I don't think phase 3 will happen"* (IP3b).

The main activities and developments over the three years of the National Drugs Awareness Campaign, as detailed above, are presented in chart form in Appendix 3.

5 Indicators of Efficacy

5.1 Campaign Components

Application of Theory

In the early stages of this process evaluation, an explicit question in the interview schedule asked interviewees whether the campaign development was informed by any specific theory, model or framework. The majority of respondents did not consider that any formal framework, such as a theory, had been applied. Many interviewees referred to a general 'broad' approach being adopted and referred to health promotion and community development. Those that expanded on this issue did so by referring to approaches that were either not considered to be useful, appropriate or effective or were not explicitly applied. Three people mentioned three specific theories/frameworks and these were the Health Belief Model, Social Learning Theory and social marketing. However, two interviewees considered that these were examples of approaches that could have been used, but were not. One interviewee employed the language of social marketing throughout the interview, although there was no explicit reference to that approach as a framework for the development of this campaign. Another referred to a *'harm reduction approach'* being explicitly taken as opposed to a focus on abstinence. Interviewees defended their reasons for not using particular approaches but none provided a rationale for why the campaign developed in the way that it did. Many respondents expressed the opinion that the decisions made were informed by *'research'*, *'evidence'* of *'what works'* or expert opinion and previous experience of awareness campaigns and drugs issues.

In the last series of interviews, most respondents, when asked whether any theory underpinned the campaign, considered themselves unaware, though a few suggested that it would be a good idea as the alternative was *"gut feeling"* (IP3b). A few were clear that no specific model, framework or approach, theoretical or otherwise, was used and that the campaign suffered as a result.

Target Audience

The need to divide the potential audience into specific target groups was recognised at the start of the process as an effective component of mass media interventions. A number of target groups for the campaign were discussed during the early development of the campaign. Those cited are listed below.

- General population
- Local community
- Parents/guardians
- Parents of users
- Regional drug coordinators
- Teachers
- Sports coaches
- Young people aged 14-20
- Younger pre-users
- Users with problems
- Older experimenters
- Recreational drug users
- Disadvantaged high risk
- Focus on specific drugs and their users

- Outreach community workers
- Club owners
- Doormen
- Young people aged 18-25
- Cocaine users in 20-30 age range
- Areas of high problem drug use
- Rural middle class youth using ecstasy or cannabis
- Inner city Dublin IV heroin users

Considerable discussion on this issue was reported in phase 1. One interviewee expressed the opinion that the campaign should not be directed at the general population with *"grand awareness"* (IP1) but should focus on areas of highest incidence of problem drug use, so that resources could be targeted at those perceived by the interviewee to be most in need. The desirability of targeting groups and areas of disadvantage arose throughout the first set of interviews. However, intravenous heroin users were considered to be an inappropriate target group for an awareness campaign.

A suggestion was made that school-aged children should be targeted through schools. However, given that substance use education was being addressed in Social, Personal and Health Education (SPHE) in the school context, it was decided that other settings involving school-aged children should be targeted, for example through the youth sector. As schools were required to engage in developing substance use policies under Action 43 of the National Drugs Strategy and to provide substance use education in the context of SPHE, it was proposed that parents be the campaign target, to complement the developments being undertaken by schools.

Ultimately 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:

> *"The phased nature of the campaign was going to move forward from kind of the general population messages to specific targeting of parents and young people to targeting other groups"* (IP1).

In relation to the roadshows, various audience groups were perceived to be targeted through the events. Some considered that the main target group were *"members of the public"* or *"adults"*, others more specifically cited *"parents"*, while for others the target audience included a mix of parents and health professionals, particularly those working in the drugs field. The development of the junior roadshows by local drugs coordinators suggests the targeting of young people of school going age. However, no interviewee explicitly cited this group as a target for this aspect of the campaign.

Some disquiet was expressed during the second phase of the campaign about the apparent lack of focus regarding target groups and a need was identified for agreement and clarity about *"exactly who the public are"* (IP2c) between the various organisations involved in the campaign development and implementation. 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:

> *"I thought it was directed at parents and adults, but it took me a while and then I kind of thought young people would use it … I wasn't sure who it was for"* (IP2c).

The cocaine advertisements were designed not to be targeted at the general population and this development reflected a specific focusing of the broader media campaign. While the campaign was still targeted at adults, it was younger adults rather than parents per se. The target group was defined in terms of age, being between 18 and 35 but they were also described by other attributes:

> *"These are very … well-to-do people that you know are looking for something that is a little bit different from the traditional Irish social scene …"* (IP2c).

Their relationship with the substance was considered to be the primary descriptor of the target group. It is also of note that although one of the main incentives behind the cocaine campaign was concern that cocaine use was spreading among people from a wider socio-demographic profile, there is no suggestion that this particular campaign was targeted at people who may have been at risk of cocaine misuse in the absence of access to heroin.

Some discussion as to the target for the proposed cannabis campaign took place with reference to the complexity of the situation:

> *"Who do you target, the pre-experimental or the pre-user or is it the social recreational user and what age group because if you're going to target somebody of 12 or 13, they need a different message as opposed to somebody who is 15 to 17"* (IP3b).

Some interviewees considered that the younger age group should have been targeted or that the teenage group should have been split, both in terms of age group and urban and rural.

However, 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. Several interviewees considered that the steering committee identified the target groups, though one or two others claimed a more personal responsibility. The importance of the decision was recognised and stated by one participant as *"if you don't get the target market right, forget it"* (IP3b).

Channels of Dissemination

As with the target audience, a number of potential channels for message dissemination were initially discussed. These are listed below.

- Television
- National radio
- Local radio initiatives
- Mobile phone message
- Telephone helpline
- Regional coordinators linking in with local

- Brochure/booklet/ leaflet
- Website
- Posters boards, libraries
- Health promotion officers
- Billboard
- Roadshow
- Work through business and social partners
- Print material disseminated through health
- Regional task forces
- Local task force coordinators

The process for distilling the channels was described as being based on both the identification of the most effective conduit for the target group and the enforced financial constraints. The discussion of channel choice and preference was generally linked by the interviewees to issues of the identified target audience. However, 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:

> *"So that got lost and a brochure was produced which meant that a substantial sum of money that would have gone into developing that poster type approach, went into a brochure"* (IP1).

As part of the phase 1 dissemination, three advertisements were to be aired on television and radio with a booklet aimed at the general population. This was considered to be a *"broad stroke"* (IP1) approach in an attempt to *"get everybody"* (IP1) prior to a more focused dissemination, which was to employ local radio to target parents in specific localities. A telephone helpline was included alongside the advertisement, which was, according to a number of interviewees, instigated at the behest of the Minister of Health and Children. The inclusion of the telephone helpline was described as a necessary addition to the campaign because the aim of the initial advertisements was to highlight the need for and generate discussion by parents with children. Therefore, there was an expressed need for supportive quality information that should be readily available, reliable and consistent.

The roadshows provided a focused event via which to target parents in specific areas and engage them in face-to-face discussion, providing them with an opportunity to ask questions of experts. These were promoted through local radio and newspapers as well as, in some places, flyers distributed to parents and students. Some members of the steering committee suggested that not enough effort had been put into publicising the events at local level and making use of local networks and media channels. This seemed to be the case in some venues with one local coordinator discussing the fact:

> *"No, no and looking back on it I suppose afterwards, I don't think we publicised it enough … as far as I am aware the only paper it actually turned up in was the [newspaper] which is the one for the local area in [venue] … now, it was only afterwards that I realised this, 'cause we had done up the press release so I assumed it had gone out to everyone …"* (IP2a).

A questionnaire completed by roadshow audience members indicated that 31%, across all events, were made aware through local radio or local newspaper, while an average of 33% learnt of the event from a friend or colleague, 35% reported hearing about it from other sources. Variation is seen between venues (Summary Brief – Questions and Answers Roadshow, July 2004).

In the planning of the cocaine campaign, considerable attention was given to channels of dissemination. Some channels were discounted, *"it would have been crazy to take ads in the Irish Times, Sunday Tribune or you know"* (IP2c). Given the target group and the focus on a specific substance, *"you're talking about a relatively sociable group of people so, and it's also the setting where cocaine use takes place"* (IP2c). Within these settings, the advertising campaign was considered to have the capacity to capture the imagination of the target group and to challenge their decision-making.

In the interviews of March 2005, there was some discussion about the channels to be used in phase 3, but interviewees were unclear as to the status of these. It was said that the campaign might become visible in bus shelters, shopping centres, video shops and places where young people *"hang out"* (IP3b). It was also suggested that text messaging could be used as part of this phase of the campaign. However, following the completion of the interviews, it became clear that the cannabis campaign was to utilise radio broadcasts and posters.

The role of public relations in the campaign was raised by interviewees in the final series of interviews. Although some were positive about the amount of media coverage generated by the company, as evidenced by the portfolio of press cuttings, more were critical, believing that opportunities were lost. It was reported by interviewees that explicit direction was given regarding the appropriateness of specific members of the steering committee being interviewed by the media and this led to some frustrations in operational terms. The media company described lost opportunities that they considered hampered their work:

> *"We had to turn down three or four radio interviews because we couldn't front anybody up … I mean if I get another RTE news guy coming on saying 'what about a spokesperson' and for the second time in a row, I'm saying 'sorry I don't have anyone' he won't ring the third time"* (IP3b).

The use of television advertising drew a mixed response. Some considered it fundamental to any awareness raising campaign and argued that it should be continued notwithstanding its cost. Yet for another interviewee, the difficulty in quantifying its effectiveness rendered the associated expense unjustifiable. Mixed opinions were expressed about the convenience advertising. For some, success was demonstrated by the high level of reaction that it generated and the extent to which the posters and beer mats were collected; the demand for the postcards was said to be unprecedented. No consensus emerged about the website as a channel. Leaflets and booklets were singled out by several interviewees as materials of a particularly high quality, but the extent of their dissemination was questioned. There were calls for these materials to be more widely available in Garda stations, doctors' surgeries and hospital waiting rooms.

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 and would not *"work"*. One interviewee spoke of the message as needing to be empowering as opposed to making people feel *'helpless'*. The limitations of the campaign message were highlighted in that, while the campaign was aimed at generating discussion between young people and their parents, parents might not have the communication and/or parenting skills to discuss drug issues with their children constructively. Education and skills development for parents were seen as necessary additions for campaign success. In addition, a more local community approach with complementary interpersonal communication skills development was desirable:

> *"There's no point giving them leaflets telling them it's great to be talking, you've got to build communication with your children … materials can only do so much – it's about face to face conversation"* (IP1).

The concept of branding the campaign was introduced and discussed. This is a consistent approach with consumer recognition of all aspects of the campaign, including various messages so that the target audiences recognise campaign elements as part of a larger programme that would include local drug service provision. Brand consciousness was encouraged by the use of the slogan 'Drugs. There are answers.' throughout the campaign, although interviewees did report that they had failed to recognise this and that there had been a certain lack of coherence to the campaign components.

Mutual Benefit

In the first set of interviews, a number of interviewees identified advantages of contributing to campaign development that they perceived accrued for themselves personally and for their organisations. Interviewees identified the value of building and developing a good working relationship with other professionals that they would be unlikely to have been in contact with otherwise.

The harnessing of various individuals and organisations to a drug prevention agenda was also identified as beneficial for those concerned with drug use prevention. The profile of each group represented was identified as being enhanced and that was perceived as advantageous. One respondent stated that, from a personal point of view, contributing to a drug prevention initiative was more meaningful than work more usually undertaken. Links were actively made between the campaign organisers and local and regional drugs coordinators in the development and dissemination of the roadshow. The development of this network can be considered mutually beneficial in the execution of the roadshows particularly.

When considering the cocaine campaign, many of the 'partners' identified benefits for their own organisation from their involvement. This was attributed to a number of specific factors. First the campaign addressed, within a relatively short period, a key concern of Government. Second, the campaign was perceived as being of high quality and third, it generated substantial media coverage. Benefits were centred on their profile and their credibility. All 'partners' indicated that the benefit to them was more valuable in the long-term rather than the immediate future:

> *"I suppose it's good for our profile, but that's a short-term thing really … I think we'll be more interested in the benefit which comes from a long association"* (IP2c).

In the last phase of the campaign, some interviewees perceived that involvement was of no benefit either to them or to the organisation for which they work. Some said they were involved only because they were asked or mandated to by their organisations and one became involved as a favour to another. The low estimation in which one organisation held the campaign gave a participant the freedom to resign from the process. The participant chose to stay in order, it was stated, to protect the reputation of the organisation which would still be seen as associated with the campaign. Some, however, still perceived individual or organisational benefits from involvement; the campaign materials, particularly the booklets and the website, were said to be a positive resource for some of the participants in the course of their work and one interviewee considered:

"I would see that my own job, I think, has been enriched as a result of it" (IP3b).

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 and the involvement of two separate departments in financing was an added complication. Issues of finance arose constantly throughout the planning phase. It was suggested that the limited resources that had been allocated to the campaign indicated a lack of understanding by Government. This lack of financial resources resulted in some very tight budgeting and limited the capacity of the campaign. This capacity was further compromised when time delays in campaign dissemination developed due to the unplanned need to re-edit advertisements. This had a knock on financial effect as monies were not drawn down within the originally planned and agreed timeframe as dictated by the standard accounting procedures for Government departments resulting in excess demand on the subsequent years budget allocation.

Other accounting practices were highlighted as leading to some difficulties:

> *"I said I believe this is an unreasonable cost, you really must alert us to when you have exceeded what you've budgeted or costed us for in a quote and that we can't allow work to continue indefinitely with an undefined fee that I'm not aware of and they came back and gave us a credit note, so they recognised that it's unreasonable"* (IP1).

Although issues of finance did not emerge strongly during discussions of the website, interviewees did acknowledge that increased funding might be required to enable further developments to take place, *"I suppose there is financial barriers in the style of the website"* (IP2c). They also indicated a desire for more of the overall campaign funds to be allocated to this area of work, *"I would like to see more money for it"* (IP2c). As the campaign came towards its conclusion, money was discussed as an issue again in relation to television advertising. One interviewee felt that further expenditure on television advertising was the best way for the campaign to reach its objectives. Others, however, held contrary opinions and believed that such advertisements were too great a drain on resources and that the money might have been spent more productively in other ways.

Time

Time was an important influencing factor at various phases during the campaign, most notably in the early stages. The procedures dictated by the European Union in relation to public sector tendering were found to be time-consuming and inescapable. The tendering process was bound by European Union regulations due to the size of the contract, which added to the time involved.

Initially, the issue of funding led to some delay but this was not seen as being of major significance, the associated delay being described as *"a week or a month"* (IP1). 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 to say the least"* (IP1), the overall campaign development was perceived as taking longer than it should have. Some delays were seen as avoidable while others were seen as a necessary part of the process.

Time also emerged at the start of the process as a personal issue for some. Interviewees reported experiencing difficulty finding the time to become involved and that influenced attendance at planning meetings. 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. The format was perceived as labour intensive and as having pressures of time in relation to coordination throughout the year, from the initial planning through subsequent implementation. However, most interviewees saw the amount of work that they put into that phase of the campaign as a good use of their time and recognised that their input was valued.

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: *"I really don't know what the block is but the turnaround isn't what it should be"* (IP2c). Other interviewees reported that they had invested considerable amounts of time in reviewing the website. 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, despite the extension in the target date for roll-out from April to October 2004.

Towards the end of the campaign, involvement did not place high demands on the time of most interviewees who gave as required in *"burst and lulls"* (IP3b) and *"peaks and troughs"* (IP3b) committing whatever time was required of them. At that stage, time was mainly discussed as an issue in terms of how quickly it was passing to the end of the allocated three years of the campaign and the frustration which this caused:

> *"It is quite frustrating because I think it should be moving along at a greater pace and I just reiterate I cannot believe that we're … nearly a third of the way through the year and we haven't had any activity in particular, which means that all activity then is going to be squeezed into a short period, it is not the ideal way to do it"* (IP3b).

5.2 Organisational Components

Coordination and Collaboration

At the start of this process evaluation, most interviewees were happy with the coordination of the campaign and it was pointed out that coordination of such a project was a more complex task than just gathering people together. Coordination was described as *"providing a forum where each one can voice their opinions"* (IP1) and requiring *"very subtle chairing"* (IP1). Despite the complexities, the coordination of the campaign was praised and the skills of the person perceived to be the main coordinator, in the initial stage in particular, were highlighted.

In the second phase of interviews, interviewees continued to be generally happy with the coordination of the campaign. The main campaign coordinator for this phase of the campaign development was praised by some interviewees as being influential in the building of positive group relationships and open lines of communication.

Regular steering committee meetings were held during the initial phase enabling the group to have an influence on and to receive feedback from the roadshows. The public relations representative and the drugs education consultant were reported as carrying out the main coordination with other steering committee members sitting on the panels for some of the roadshows. Initially, in March 2004 and June 2004, two individuals were seen as being *"in charge"* (IP2b) of the campaign and most interviewees saw the Health Promotion Unit as being the driving force behind the campaign. The development of the campaign was seen as being collaborative rather than authoritarian. Many voiced the opinion that this positive sense of collaboration came as a result of having developed a good working relationship over the course of the initial campaign development.

Personnel from multiple agencies contributed to the campaign development. Many interviewees discussed the way that the various organisations worked together. The importance of the way work was undertaken for the campaign development was reflected during the first set of interviews, where it was reported that the tender process for the advertising agency should be based on the organisations' ability to work in partnership. This was felt to be at least as important as, if not more important than, the potential creative contribution of an agency. The ideal model of working was described by two of the

interviewees as a public/private partnership, requiring a dedicated person committed to the project. Advice from both sides, regarding working in partnership, included the need for clarification and confirmation of decisions to be made in writing, in order to maximise accountability. Nevertheless, it was felt that in general, individual views from all parties were taken on board and that this was an important factor in building a professional relationship.

The coordination of the roadshows was identified as somewhat problematic. Following the success of the pilot roadshow, where the local coordinators 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. This was a factor that persisted throughout the year. Notwithstanding this, the coordination of the roadshows continued to be seen as having been a collaborative rather than authoritative effort.

Considering the website development was in-house, in that it did not require the active involvement of a number of bodies, the issue of coordination was less salient than for some other areas of the campaign. However, some interviewees identified the development process for the website as being collaborative.

The main collaborative relationships during the development of the cocaine campaign were within the advertising company. These appeared to work very well and there were no identified difficulties. This campaign was embraced enthusiastically and was enjoyed by those working on it. However, the nature of the relationship between the advertising company and the Dun Laoghaire/Rathdown LDTF is unclear. Some interviewees were very positive about the collaboration and others were not.

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 when all or even most of the steering committee members could attend. This caused some delays in decision-making, but it was also frequently raised that decisions were made without coordinating with the steering committee. One interviewee commented, *"… it met so infrequently we won't actually recognise each other"* (IP2c).

In the first of the two sets of phase 3 interviews (IP3a), few participants considered the process to be a collaborative one, *"we've gone backwards in terms of partnership"* (IP3a), though one suggested that it could not be said to be either authoritarian or collaborative as so little happened. The perceived authoritarian approach to campaign development resulted in participants feeling *"out of the loop, undervalued and not involved"*, and involved in *"a one-way relationship"* (IP3a). While the importance of collaboration was stressed by one interviewee, this participant did not believe that other participating agencies were able or willing to work in such a manner. Several interviewees perceived a deterioration in coordination and one considered that this was as a result of the campaign being *"downgraded"* (IP3b) in importance within what was considered to be the lead organisation. Others suggested that the campaign *"ran out of steam"* or had *"lost focus"* (IP3b). This appeared to impact most strongly on a single organisation who considered that during

the latter period they had been in the position of having to maintain the impetus of the campaign. An interviewee tracked the shift through the process:

> *"I would say originally it was reasonably collaborative and it slipped more towards the other end you know, especially in the last year, hopefully we've turned a corner back towards the other way now and I'm definitely seeing stuff now that I wouldn't have seen six months ago"* (IP3b).

However, several other interviewees held contrary views to this one and noted a deterioration of collaboration since the start of the campaign that was generally attributed to changes in personnel. Indeed, these changes are reflected in the interviewees throughout the process, only four of the original 16 interviewees were still involved by the end of the evaluation.

Future Working Collaboration

During the final interviews of this evaluation, participants were asked about future working collaborations between themselves and others involved in the campaign. Some of the participants are currently working together on different unrelated projects and some stated that they would work with other participants if required to for work purposes with greater and lesser degrees of enthusiasm. However, a few were also clear about the limits of their willingness to collaborate again. One interviewee was adamant that, to become involved in future, things would have to be organised differently:

> *"I wouldn't get involved on the basis that I got involved the last time. I suppose the learning process for me was not to get involved in something like that again unless you're very clear what your involvement is and what you're there for"* (IP3b).

Two interviewees noted their reluctance to work with one organisation in the future. One organisation was singled out by several interviewees as partners of choice both in terms of their professional standards and, in one instance, personal characteristics. On the other hand, another interviewee identified them as the one organisation that they would prefer not to work with again. But most interviewees professed themselves willing to get involved in future collaborations, even while expressing a sense of disappointment about the current campaign.

Communication

A distinction can be drawn between perceptions of communication outside meetings and communication within or during meetings.

Communication In and Around Meetings

Initially, committee members were happy with the amount of advance notice they received regarding meetings but a number felt that this could have been improved. One felt that the lack of consultation around times led to non-attendance. Another person who missed some meetings reported that if one meeting was missed then the minutes were not received until very close to the next meeting, which was, in their opinion, too late.

In the initial interviews, many interviewees reported that the minutes of meetings broadly reflected the content of the meetings but also described them as being *"sporadic"* (IP1) and *"not as robust as the minutes you get in a private company"* (IP1). One person described them as being *"cleverly written to reflect views but without being committal"* (IP1).

In the final series of interviews, the minutes of meetings held gave rise to frustrations. Although some were happy with the quality and quantity of minutes, more identified the absence of minutes, particularly those from the steering group meeting in June 2005, as unsatisfactory. Others commented on the lack of detail in any minutes received:

> *"The notes that were made weren't notes of the discussion, they were notes of the decisions and that is a very civil servant approach. And really for the kind of work we were involved in, really we should have taken notes, minutes of discussions"* (IP3b).

In the later stages of the campaign, a lack of clarity about responsibility for the minutes of meetings emerged. One organisation was identified by a few interviewees as responsible for the minutes and subject to some criticism for their perceived deficiencies. Meetings, while considered frequent and well-attended at the beginning of campaign development, became less frequent as the campaign progressed. This mirrored the perception of communication generally.

Communication Outside Meetings

Issues about communication emerged strongly in the second year of the process with many interviewees identifying communication as a key issue from this part of the campaign. They were particularly vocal about the period where the cocaine campaign was signed off at the end of September 2004. The procedures were described as *"ridiculous"* (IP2c):

> *"I kept meeting people who said no, no nobody told me either, so there was some communication failing somewhere"* (IP2c).

There were other concerns expressed about communication around funding the campaign:

> *"The note I got said you know that I had agreed or that we had agreed to co-funding, which we never had"* (IP2c).

Most importantly, interviewees highlighted general communication difficulties as having emerged throughout this second stage. 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, while another characterised it as *"sporadic"* (IP3a). One interviewee, in the March 2005 interviews, felt that they no longer even knew what the lines of communication were and that any attempts that were made to clarify the position had not been productive. The reported dearth of communication had led another to question their involvement in a campaign where the communication was, in their view, so inadequate.

Many of the interviewees were only aware of communication within their own organisations, though interviewees who had dealings with one specific organisation were generally positive. This organisation was said by several interviewees to be particularly proactive and responsive with regard to communication and also receptive to inputs:

> *"Communication was good and people rang back when they said they would and emailed and sent through various attachments and documents and stuff, so no, I mean I would say that the communication was the strong point"* (IP3b).

However, this opinion was not unanimous and one participant found that:

> *"sometimes they're very bad at listening but you just have to keep repeating the same thing over and over again but that's not unusual"* (IP3b).

The issues raised by some of the participants, about communication during the interviews, re-emerged in documentation after the interviews were concluded. Correspondence suggests that members of the steering committee were uninformed about the launch of the cannabis campaign in October 2005 until asked to comment on a press release within days of the launch.

Conflict

In the first set of interviews, interviewees were reluctant to describe the discussion at meetings as conflictual. Participants in the tendering process described it positively and there were no examples of conflict volunteered by interviewees, though there was some discussion concerning the criteria that should be applied during the process of awarding the contract.

The actual development process involved a substantial degree of liaison and discussion, both within the planning subcommittee and between the committee and the advertising company. The quality of the proposals from the company was said to have minimised potential conflict and consensus emerged relatively easily. However, there were some interpersonal difficulties reported.

> *"One of the […] was incredibly patronising and very difficult to communicate with meaningfully and I found that physically very difficult for myself to be at a table having to communicate with somebody who I had very little respect for and who probably had very little respect for us and that is very difficult"* (IP1).

It was clear that there were differing perspectives around the table at the planning meetings. These were described as being more closely related to financial issues rather than conceptual ones.

Although some interviewees described debate during meetings over the course of the first phase of the campaign this was labelled 'healthy discussion', during which participants' views were heard and taken on board. Most interviewees reported no real conflict as such during this phase of campaign development, although one person indicated that there was a *"little bit of consternation"* (IP2a) with the second burst of advertising, when a press release that

went to the media to regenerate interest in the campaign was *"somehow translated into a thinking sort of, we were launching a new part of the campaign"* (IP2a). The perception that a new part of the campaign was being launched resulted in some interviewees feeling *"aggrieved that they hadn't been consulted"* (IP2a).

Despite the general enthusiasm for the roadshow aspect of the campaign, conflict did emerge. There were some difficulties over money in terms of who was contributing to the costs of the campaign and more specifically concerning the projected costs for the radio advertising. Interviewees also alluded to some conflict concerning deadlines and project planning, *"their project planning I think leaves a lot to be desired … that's why it becomes difficult"* (IP2c). There was some conflict experienced following the steering committee meeting of September 28th 2004 where members of the group were asked to sign off on campaign materials that were due to be launched on October 4th 2004 and of which they reported having no prior sight.

Participants in the final set of interviews considered the issue of conflict from various perspectives. Little or no conflict was noted within most of the various working relationships inherent in the process; several individuals whose relationship was with a particular organisation reported harmonious interaction:

> *"… and maybe at the initial stages I did feel that 'gosh, I can't be seen to be in conflict or disagreeing with the […]' but, I mean, that wasn't an issue and was respectful of my opinion and vice-versa, so there might have been a potential there for conflict but it never happened"* (IP3b).

Others noted tensions that did not amount, in the interviewees' opinion, to conflict but were part of the order of such things. 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, *"I think that was to do with the change of personnel and that was fairly obvious that there was conflict and that was to do with the way of working"* (IP3b), but another characterised the whole process in which the:

> *"conduct from everybody was professional, it was respectful … and there was an acknowledgement that some people … have different views"* (IP3b).

A few interviewees spoke of efforts made at the meeting in June 2005, to *"clear the air"* (IP3b) and to move on and one was clear that a resolution had been reached. The experience of conflict during this campaign led one interviewee to be clear, in hindsight, as to how such difficulties created by working with committees, could be minimised in the future:

"I would certainly set down clear objectives, clear process and clear phases in which difficulties could be managed and addressed because conflict always arises and, you know, there is always conflicting expert points … so I would certainly develop protocol" (IP3b).

Perceived Objectives

In the initial stages of the campaign development process, the steering committee had developed and agreed campaign aims and 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. While some reported that the campaign could meet its objectives, there were many concerns that the potential for success was restricted by the limited resources available to the campaign. It was generally recognised that the campaign aim of raising awareness was realistic but some interviewees expressed the hope that the campaign would also, ultimately, influence behaviour.

Towards the end of phase 2, interviewees were again asked their opinions on the original objectives of the campaign and whether these were still appropriate. Most interviewees felt that the main objective of the campaign, to raise awareness, had not changed but had perhaps become more focussed which was reported as a positive development. The roadshows, in particular, were considered to have matched the objectives of the campaign and there was some agreement that in the main these objectives could be reached. Local roadshow coordinators in general agreed with these views on the campaign objectives.

The objective of the cocaine campaign was described as *"that we would raise their awareness that cocaine is not a clean safe drug"* (IP2c). In the press release this was stated as an intention to *"disprove some of the common urban myths surrounding cocaine use"* (Cocaine Press Release, September 24th 2004). There was little discussion about whether the actual objectives of the campaign could or would be reached by this component.

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, although one interviewee did not know the objectives of the campaign *"offhand"* (IP3b) and another considered that they were to *"alleviate the over-concerns of parents around the possibility of their young people taking drugs"* (IP3b). The focus of the awareness was suggested to centre on the misuse and dangers of drug use and the complexities of the issue in order to empower people, create informed debate, direct people to further information or to make people uncomfortable. 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.

Different participants described the objectives as *"hazy"* and *"vague"* (IP3b) and whereas some interviewees felt they remained constant throughout the campaign one suggested:

"The interpretation of the objective, I think, has been changing and changing to suit people's needs" (IP3b).

Opinions were divided on whether the objectives of the campaign had been met with many interviewees unable to answer the question categorically.

Perceived Effects

In the interviews at the end of the first phase, participants were asked a number of specific questions about campaign effects, including which elements of the campaign they thought would be most effective. Participants were also asked their opinions on what effects they thought the campaign would have. Many thought that it was too early in the campaign to judge what the effects might be but did think 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 greatest impact and that with their completion, 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 effects of the campaign. Some thought that if a wider audience had seen the campaign it might have had more effect. Some were cynical about the projected effects, not being able to see any potential benefits from either the main advertising campaign or the local roadshows.

When it came to the final round of interviews in 2005, a number of the interviewees had little memory of the campaign or the materials used, a fact used as an indicator of effect by some:

> *"I can't remember the key messages to be honest … I suppose it hasn't had any effect on me so I am generalising that I am not too sure what effect it has had on other people"* (IP3b).

By phase 3 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 impact if they are part of a broader based campaign:

> *"All the evidence I've seen anyway, is that it can work as a backdrop to a range of other things happening … but I think if it comes on its own, in an isolated fashion, then I don't think it can have an awful lot of … "* (IP3b).

When asked to reflect on the effect the campaign might have on services, some contemplated the possibility of increased demand for services. By phase 3 of the campaign, although one interviewee referred to the *"constant stream of traffic to the drugs helpline"* (IP3b) as evidence of the effect the media campaign had on services, many others considered that any such effect was not one that was either significant or measurable. The fact that help-lines had been accessed was not necessarily considered to be a useful indicator:

> *"Because somebody picks up the phone and asks for a better service doesn't mean the campaign has really had any effect, unless the service they're getting is going to be a sustainable and effective one"* (IP3b).

However, the *"real issue"* (IP3b) was considered by others to be whether sufficient and appropriate services actually existed. The roadshows were said to be the event most likely to affect the demand for services but interviewees considered that the campaign was not sustained enough and that any impact on services would, at best, be transitory.

Unexpected Effects

In the early interviews, the unanticipated effects that were discussed included the possibility that the campaign would raise curiosity about drugs, or more positively that it would lead to learning about appropriate methods of working with others, networking and *"increasing awareness around the limitation of an awareness campaign"* (IP1). At the time of the final interviews, the possibility that the campaign could produce unexpected effects, whether positive or negative, was not one of great concern to most interviewees who considered that any such effects would be minimal. However, when considering the issue, interviewees consistently interpreted the term unexpected effects as negative, unexpected effects.

Two contrasting opinions were voiced however, as one interviewee dismissed the idea as *"complete and utter rubbish"* (IP3b) while another believed that:

> *"I think there's evidence that it [campaigns] can make drug use seem exciting to some young people and they might actually go out and try something whereas they wouldn't before"* (IP3b).

The campaign's failure to engage others concerned with the drugs issue was deemed to have limited its impact and to have a negative effect on such individuals:

> *"I think that it also had the effect of frustrating people that are working in the field. Because they feel it's not really relevant from the local perspective"* (IP3b).

Role of Steering Committee

The role of the steering committee was a point of discussion for several of the interviewees during the last series of interviews. The committee was said by one individual to be unlike any other they had ever experienced. Some felt that the committee was being bypassed and was no longer kept fully informed or involved. Participants reported that they thought that less detailed information was brought to the committee than was actually available, leaving one individual feeling *"unprofessional"* (IP3a). Several suggested that the dynamic had changed and one organisation was now exerting its authority and adopting a *"take it or leave it"* (IP3b) attitude towards the group. However, an interviewee from that organisation suggested that the steering committee's purpose might have been misunderstood by some of its members:

> *"I think perhaps there has been an expectation from the steering committee that when issues are raised at those committee meetings, that they would be automatically taken on board in terms of developing the basis of the campaign … It leads to a raising of expectations by the committee that, you know, that they, I suppose if the role of the committee is not clarified sufficiently at the outset, there's an expectation that they will be responsible for the campaign"* (IP3b).

Concerns were expressed that the committee was *"underutilised"*, *"ignored"*, *"unbriefed"* and *"left uninvolved"* (IP3b). People spoke of being listened to at meetings but their opinions not being heard, with the key decisions having already been made elsewhere. Several interviewees questioned whether the steering committee's existence amounted to *"going through the motions"* (IP3b) and some suggested that it was emasculated because it was generating *"too much dissension"* (IP3b) or because others were *"afraid of the power of individuals on the steering committee"* (IP3b). While there was a wide agreement that the role of the steering committee had been unclear and confused from the beginning, there were several views as to what the correct role should have been. One party to the process considered that the committee was intended to provide *"expert advice and input"* but that it was a single organisation's role to make the decisions *"in isolation of"* the group and that campaigns cannot *"be managed by committee"* (IP3b). However, it was also argued that while a campaign might not be managed by a committee, a committee could certainly develop a campaign.

Those that perceived that the steering committee was not properly utilised, described its effects from their perspectives. Some noted the toll on individuals, some of whom became *"exhausted and couldn't care less"* (IP3b) and some of whom withdrew from the process on one level:

> *"A lot of people said 'oh Christ, I'm out of this', you know … ah they didn't leave but mentally they switched off … they were saying 'look I have other things to do' do you know what I mean, 'if you don't want me that's fine, but you know you are putting my name up on a committee and saying that I looked at this or asking me then to be a spokesperson on it, perhaps at least I should have seen it' "* (IP3b).

The sentiments of the interviewee who concluded *"if the steering committee are pissed off, they have a right to be"* (IP3b), can be contrasted with those expressed during the first round of interviews when the participants perceived the steering committee to have functioned well and no one reported any major barriers to carrying out their role at that point.

6 Conclusion

This evaluation has considered the development and implementation process of the campaign from a number of perspectives. In this concluding section, the key observations are outlined and the internal indicators of success of the campaign, which equate to the specified aims and objectives as stated in the initial tender brief (Tender Brief, Spring 2002 p4), are considered. This is followed by the extent to which the campaign development and dissemination process met the identified external indicators or criteria for success.

6.1 Internal Indicators of Success

The aim of the campaign as stated in the tender brief was 'to increase awareness amongst the general population about the current drug problems facing our society through the achievement of measurable change in the knowledge of targeted groups.' (Tender Brief, Spring 2002 p4). It was stated that the campaign aim would be achieved through three stated objectives which will be considered in more detail. These objectives are:

- Development and dissemination of key messages relevant to identified target populations, including the general population.
- Working in partnership with relevant stakeholders to develop messages and communicate with targeted groups in a manner which will augment on-going education and prevention work.
- Participating in on-going monitoring and evaluation of the campaign as part of an action-research project which will be initiated in parallel with this campaign.
  (Tender Brief, Spring 2002 p4)

On reflection it can be seen that these objectives even if met are unlikely to achieve the aim as stated in the tender brief suggesting that for future campaign development substantial consideration must be given to the construction of aims and objectives. That participants appear less clear of the campaign objectives as the campaign progressed also indicates a lack of clarity for campaign stakeholders as the campaign developed compromising the initiatives' ability to reach the campaign aim. The objectives will be reviewed in light of the findings of this process evaluation.

Development and Dissemination of Key Messages

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 most relevance to day-to-day drugs issues. Thus, in the earlier stages when the stakeholders perceived themselves to have been actively involved in the planning of the campaign, general satisfaction was expressed about the progress of the campaign developments. Radio was identified as a useful channel of message dissemination by many stakeholders in the earlier campaign stages. The roadshows were also widely characterised in a positive manner despite requiring considerable investment of personal time and energies and were the channel thought most likely to reach the campaign objectives by most interviewees.

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 evaluating on measurements of message exposure, recall and message characteristics were noted by others and 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. However, consistent with the widespread scepticism about the campaign, few were confident that the resources would be made available to continue to update and disseminate the materials when the media campaign came to an end.

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 stakeholders' consideration of the roadshows that, in many areas, alcohol was the substance of most concern to communities and the Irish National Drugs Strategy (Department of Tourism, Sport & Recreation, 2001) recommended that alcohol should be included in such campaigns. However, while alcohol was not included as an integral part of the Drugs Awareness Campaign it must be noted that a National Alcohol Awareness Campaign aimed at promoting awareness of alcohol and attitudes to drinking across all age groups (http.www.healthpromotion.ie/campaigns) was disseminated concurrently but independently of the roadshows. A stated advantage of the roadshows was their capacity to be flexible to local issues and the credibility and potential for impact of the campaign may have been diminished, in the judgement of many of those involved, by its failure to include alcohol within its remit. Therefore while key messages were developed and disseminated through various channels the perceived effectiveness of the approaches taken by stakeholders was mixed.

Partnership

The campaign was initially conceptualised as a partnership process. The objectives, as set out in the tender brief, included the intention that the campaign would work in partnership with relevant stakeholders to develop messages. Those involved in developing the campaign represented a wide range of interests and organisations each with their own perspectives and culture of working style. While the process was perceived to have worked satisfactorily in its early stages, this satisfaction was not sustained. The apparent disintegration of the partnership approach can be tracked through the interviewees' perceptions of the quality of the communication, coordination and collaboration of the process as the campaign developed. A level of cynicism about the rationale behind the campaign was apparent from the beginning. Nonetheless, many of the stakeholders entered the process with a determination to ensure that the campaign would be as successful as it could be and initially this high level of interest in and commitment to the success of the campaign translated into positive communication and collaboration between the stakeholders. However, the lack of either an agreed mechanism for working or clear reporting channels

left individuals without a clear understanding of the various roles and responsibilities leading to stresses in relationships and, allied to that, no system to address misunderstandings or grievances. Many of the grievances that were expressed focussed on both a perceived lack of consultation and a perception that the expertise of individuals was not valued or acknowledged.

It could be argued that this process was overly dependent on personalities to drive its success and did not easily withstand changes in personnel. Such changes in personnel are inevitable in any process which spans a period of three years and unless all stakeholders are as grounded in multi-sectoral participation as others, the approach would appear to be one fraught with difficulties. Nevertheless, it must be acknowledged that this inter-agency, multi-sectoral approach to drugs issues is one espoused by the drugs strategy itself (Department of Tourism, Sport and Recreation, 2001). This style of working may require considerably more preparation at the outset; all organisations and agencies should be 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. The effect of the disintegration of the original concept was apparent in the disillusionment and sense of alienation that many described in the later stages of the campaign, leading to the last phase being perceived as one of limited involvement for most stakeholders. This experience would suggest that more formal structures would have been supportive to those involved, yet it is also the case that terms of reference were agreed for the steering committee but few appeared to be aware of them. 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.

Participation in on-going Campaign Monitoring

This process evaluation carried out over three years of campaign development and dissemination represents a substantial investment in campaign monitoring. However, this qualitative evaluation cannot measure changes in knowledge in the target population, nor was it expected to. Campaign development was supported by additional research through formative evaluation and campaign tracking carried out by various organisations through the campaign development and dissemination process. A summary of the research undertaken is provided in Appendix 4.

6.2 External Indicators of Success

Use of Theory

The application and use of theory, models and frameworks has been found to contribute to the success of media campaigns, probably by providing a structure (Atkin, 2002; Rice & Atkin, 1994). Such a framework can provide coherence to multi-component interventions and a structure within which to bring the campaign's constituent parts together. From the earliest interviews, most interviewees considered that this campaign was not informed by any theory, model or framework, although a few suggested that a community development, health promotion or social marketing model could have been used. The term social marketing was also used in a pejorative way by some interviewees who considered that the campaign did not move beyond an effort to sell health messages or influence behaviours in a manner akin to selling commercial commodities. Yet, social marketing as a model may have been very appropriate in supporting a campaign such as this as its concepts and language can help to create a bridge of mutual understanding between parties to the process. However, while terms such as social marketing were used, it was clear that no shared language existed among the participants so the process and different events and developments were interpreted in different ways.

Social marketing is not a panacea for effective campaigns but it has been used extensively in drug prevention programmes (e.g. Kelder *et al.*, 2000; Kelly, 1995). An area that has developed from social marketing combined with other frameworks and theoretical approaches is that of prevention marketing; a general conceptual framework (Kennedy & Crosby, 2002). This draws on social marketing, community development and behavioural science. Some limitations of this approach have been identified and they focus on a lack of specificity inherent in such a combined general framework. The difficulty of multi-disciplinary working has also been highlighted, suggesting that a lack of coherent disciplinary boundaries can result in contention within projects (Kennedy & Crosby, 2002). Nevertheless, although in an early stage of development, prevention marketing could help ensure that community level intervention as opposed to individual level programmes remain the focus.

This combining approach to theory and models has been recognised as potentially valuable to practice. As the campaign came towards its closing stages, some participants voiced the opinion that the campaign suffered as a result of this lack of theoretical underpinning. 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.

Well-Defined Target Audience

Audience segmentation is an integral construct in social marketing (Maibach *et al.*, 2002) and is based on the premise that audience segment frames of reference differ (Slater, 1995). The definition of the target audience provides the focus for campaign development (Atkin, 2002;

Hawks *et al.*, 2002; Rice & Atkin, 1994; DeJong & Winsten, 1990). However, throughout the development of this campaign, a lack of clarity persisted in the steering committee about the most appropriate group or groups at which to target the message. The National Drugs Strategy defined the audience widely, *'not only to the individual but also to his/her family and society in general'* (Recommendation 6.8.38 of National Drugs Strategy 2001-2008) and the steering committee in the early planning meetings moved from aiming at drug users to unidentified populations, including the general population. The steering committee recognised the need to divide the potential audience into specific target groups but at the time of the first interviews, participants cited 22 separate target groups as appropriate targets. While a strategy was identified whereby more specific targeting of both parents and young people would follow an initial message aimed at the general population, much of the focus of the campaign appeared ad-hoc rather than planned and decided upon rather than agreed.

The target audience for the roadshows was consistent with this and the website was identified as being directed at adults and parents in particular. However, this coherence was diminished in the decision to develop the cocaine campaign. The cocaine campaign was developed as a response to a perceived increase in cocaine use by a very specific group who were identified as potential cocaine users. Likewise, the cannabis campaign represented a targeting of the campaign through an ill-defined decision making process and apparently failed to target an age group that have been identified as most appropriate (Pentz *et al.*, 1997; Ellickson *et al.*, 1993; Botvin *et al.*, 1990).

Evaluation

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. This is demonstrated in this instance in the early stages through the qualitative review of the campaign concepts (Behaviours and Attitudes Market Research, 2002) and as the campaign developed through, for example, 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 convenience advertising campaign.

The steering committee was selected to reflect a broad range of expertise on the drugs issue and the employment of a drugs education consultant was seen as reinforcing the knowledge base of the campaign. Yet, this consultant was not involved in the design of the evaluation of the first and second bursts of advertising, an omission which generated some concern with some members of the steering committee. These tracking evaluations showed improved results in the second evaluation over the first but it was also clear that the respondents were, in some instances at least, not differentiating advertisements that they had seen from different jurisdictions.

Message Development

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. Some exploration appears to have been conducted of current knowledge among the target audience. 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 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. The campaign was widely considered to have succeeded in this. While limited information exists as to the effectiveness of fear appeals in real world applications (Hastings *et al*., 2004), there is some evidence that any such effectiveness is maximised when high levels of fear are coupled with the promotion of high levels of self-efficacy (Barth & Bengal, 2000; Witte & Allen, 2002). However, this approach does have the potential ability to cause harm (Hastings *et al*., 2004).

While the campaign slogan *'Drugs. There are answers.'* was perceived by some steering committee members to be an empowering one, it was dismissed as meaningless or ridiculous by others and as having no relevance to those concerned with the daily issues around drug misuse. At the same time, however, there were repeated calls for the campaign and its slogan to be *'branded'* which some stakeholders believed would represent a greater consistency and coherence to the campaign as a whole and also serve to improve the campaigns credibility with *'grass roots'* workers.

Mix of Multiple Media

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 such as interpersonal channels, school based and/or community programmes, is more likely to be successful (Atkin, 2002; Hawks *et al*., 2002; Rice & Atkin, 1994; Flay & Burton, 1990).

To this end, the campaign included radio and television, website and hard copy communication mechanisms. 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 coordinators. The more general lack of involvement of these community based stakeholders led to the campaign being perceived as irrelevant and, in

some instances, being resented by them. It is interesting to note that those interviewees who worked closer to the ground on drugs issues were more likely to have a negative perception of the campaign, its effectiveness, its message and particularly its slogan. The perception that there was a failure to successfully brand the message further added to the dissatisfaction of some of these participants.

6.3 Conclusion Summary

While no formula exists to ensure the effectiveness of a mass media campaign, various authors have identified certain criteria for success that can inform best practice. In the light of the above findings, the National Drugs Awareness Campaign can be considered against these criteria:

- Apply and extend relevant theory: it is clear that the campaign was not supported by an explicit or implicit theory although such a framework was mentioned in the earlier interviews by a small number of interviewees.
- Well-defined target audience: the interview participants did not perceive the target audience to be clearly defined from the outset and therefore the focus often appeared to them to have been ad hoc rather than planned.
- Formative evaluation: on-going formative evaluation was undertaken – specifically the roadshows, the cannabis campaign and the convenience advertising.
- Message development: much consideration was given at the start of the campaign to the development of a positive and empowering message. Participants were clearer about what they did not want (i.e. fear inducing messages) as opposed to exactly what they did want.
- Mix multiple media with complementary components: a range of different channels were used throughout the campaign, including the broad sweep of television and radio advertising and the more targeted convenience advertising and cannabis posters. However, the roadshows represented the sole attempt to incorporate a community dimension into the campaign.
- Long-term commitment: the three years allotted to the campaign is quite typical of such media campaigns.
- Evaluation: the campaign was evaluated through tracking surveys and qualitative formative evaluation of materials. Monitoring of attitudes to drug issues will be undertaken through on-going surveys (e.g. NACD, 2003). This report comprises the conclusion of a qualitative process evaluation.

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. In addition, an ambitious long-term campaign requires dedicated extensive funding and careful

time management, both for the individuals involved and the overall process. It appears that both money and time shortages militated against the success of this campaign. However, it would be short-sighted to suggest that based on the process evaluation of this specific campaign, drug awareness mass media campaigns should not be resourced in the future. Drug issues are complex and ever changing and interventions must reflect this and be founded on evidence based best practice to have any chance of success.

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. Other learnings include the necessity for adequate funding from the outset, centrality of time frames, time commitments, engaging with appropriate and skilled expertise and embracing the principles of participatory decision-making. 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. Such protocols should include agreement of project aims and objectives and issues of time, money, decision-making procedures, roles and responsibilities should be set out, as should contingency plans that can be referred to as required over the time span of the campaign.

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Appendix 1

Criteria for Success

1. Apply and Extend Relevant Theory (Atkin, 2002; Rice & Atkin, 1994)

Theory, especially multiple theories, can provide a useful framework within which drug prevention and harm reduction initiatives can be developed and implemented coherently. This is especially important in multi-component programmes that include mass media with school and/or community based initiatives with an explicit framework provided by theory facilitating integration and cohesion.

2. Well-Defined Target Audience (Atkin, 2002; Hawks *et al*., 2002; Rice & Atkin, 1994; DeJong & Winsten, 1990)

The definition of the target audience provides the focus for campaign development. The more defined the audience the more specific the message and channels can be.

3. Formative Evaluation (Atkin, 2002; Hawks *et al*., 2002; Rice & Atkin, 1994)

As has been seen in relation to channel analysis, audience segmentation and message development formative research is the foundation for the successful development of campaigns providing information on target audience's beliefs, attitudes, behaviours and motives. Campaign materials should be tested through formative evaluation.

4. Message Development (Hawks *et al*., 2002; DeJong & Winsten, 1990)

Lack of support for the successful use of fear appeals coupled with the potential to cause harm means that alternative approaches should be used. Messages that build on audience's current knowledge have been found to be effective but message type depends on the issue to be addressed and the target audience and therefore relies on formative research.

5. Mix Multiple Media with Complementary Components (Atkin, 2002; Hawks *et al*., 2002; Rice & Atkin, 1994; Flay & Burton, 1990)

To reach the target audience, a media plan that includes the use of multiple channels will facilitate exposure to the campaign. Additional integrated interventions such as interpersonal channels, school based and/or community programmes are more likely to be successful.

6. Long-Term Commitment (Hawks *et al*., 2002; DeJong & Winsten, 1990)

Comprehensive multi-component programmes need long-term commitment over a number of years to increase the likelihood of success

7. Evaluation (Atkin, 2002; Hawks *et al*., 2002; Rice & Atkin, 1994; Flay & Burton, 1990)

Reasonable criteria for campaign success should be identified against which to assess the programme. Evaluation should include both summative and process evaluation to ensure optimal application of the planned intervention.

Appendix 2

The table below shows the number of completed questionnaires from the first ten roadshows and indicates whether or not they were parents or non-parents. It must be taken into account that not everyone in attendance may have completed the questionnaire and also that those who were in the 'parents' category may have also been professionals working in the drugs field.

Roadshow attendance and survey completion

Location	Completed Questionnaires	Parents	Non-Parents
Athlone	13	8 (62%)	5 (38%)
Portlaoise	33	25 (76%)	8 (24%)
Ennis	21	10 (48%)	11 (52%)
Limerick	21	9 (43%)	12 (57%)
Carrickmacross	21	17 (81%)	4 (19%)
Waterford	34	17 (50%)	17 (50%)
Castlebar	15	10 (67%)	5 (33%)
Galway	9	4 (44%)	5 (56%)
Cork	29	18 (62%)	11 (38%)
Tralee	16	12 (75%)	4 (25%)

(Summary Brief – Questions and Answers Roadshow, August 2004)

Appendix 3

	Activity	Planning
Autumn 2001	1st & 2nd meetings of National Drugs Campaign Steering Group	Exploratory dialogue about campaign direction Decision on campaign focus Subcommittee to review tenders Decision to insist on drugs education consultant
Spring 2002	Steering group meeting Tender process proceeds	
Autumn 2002	Contract awarded	
Winter 2002		Planning television, radio & cinema scripts, website, helpline & brochure P.R planning
Summer 2003	Campaign launch May Helpline/website launch Simultaneous PR activity in local and national press	Radio advertising for autumn Planning for local 'Questions and Answers' roadshow Initial talks around convenience advertising campaign
Autumn 2003	2nd burst [radio] Committee/reference group reconvened October 16th 2003	Development of parents booklet Liaison with local drugs coordinators and health boards re: roadshow Planning for updating the campaign website
Winter 2003/4	Pilot 'Questions and Answers' roadshow [Clonmel] First evaluation of main media campaign December Steering committee meeting December Reference group meeting January	Liaison with local drugs coordinators re: roadshow Planning of website

	Activity	Planning
Spring 2004	Personnel change in the Health Promotion Unit Second "burst" of television and radio advertising January - February Reference group meeting February Second evaluation of media campaign February Website development	Planning for 'Questions and Answers' roadshow Liaison with local coordinators and health boards Planning website development
Summer 2004	Reference group meeting May Roadshow events in venues around the country [April – May] Local media and public relations to coincide with local roadshows Third "burst" of television and radio advertising [May] Reference group meeting June Roadshow evaluations carried out PR review July	Planning for next phase of campaign [convenience advertising] due to commence in September Plan to extend cocaine campaign Plan for conference
Autumn 2004	Personnel change in the advertising company Reference group meeting 28th September Cocaine campaign launched October	Press release planned for cocaine campaign launch Planning for professional conference
Winter 2004	Further roadshows rolled out	Planning for reference group meeting December
January 2005	Steering group meeting	Presentation Initial talks around phase 3
February 2005	Meeting between media company and [HPU]	
June 2005	Steering group meeting	Planning for phase 3 – cannabis campaign
October 17th 2005	Cannabis awareness campaign press release 1st radio broadcast cannabis advertising campaign	
October 24th 2005	Cannabis campaign poster launch	

Appendix 4

Summary of Research Undertaken Over Campaign Development

Date	Report	Organisation	Aim	Sample	Data Collection	Findings
Feb 2003	Formative Evaluation	Not stated	Not stated	Convenience Various disciplines undertaking course	One "Focus group" with 20 people	■ Very informative ■ Myths good idea ■ Easy to read ■ Stays away from 'scary' stuff balanced
Sept 2003	Marketing Report	Ogilvy Interactive	Rank of websites with major search engines			■ Since inception rank increased from 0% to 62.52%
Nov 2003	Visibility Report	Ogilvy Interactive	Rank of websites with major search engines			■ KROSE scores July 57.54% November 59.72%
Dec 2003	Drug Awareness and Information Monitor *Drugs. There are answers.*	Research Solutions	Assess effectiveness of ads reaching target audience and communicating message	Quota sample, including teens 14-24 year olds and parents Total size: 476	Face-to-face interviews	■ Level of recall 1 in 4 any drugs ad, 1 in 8 specific campaign ■ Slogan awareness 1 in 4 ■ Perceptions of information availability: GP, schools, TV/radio, Gardai, newspapers/magazines ■ 6 in10 claimed ads would encourage them to seek more information ■ 31% leaflet awareness ■ Leaflet layout, understanding and amount of information perceived positively

Date	Report	Organisation	Aim	Sample	Data Collection	Findings
April 2004	Drug Awareness and Information Monitor *Drugs. There are answers.*	Research Solutions	Assess effectiveness of ads reaching target audience and communicating message	Quota sample of parents aged 25-55 Total: 250	Face- to- face interviews	■ Level of recall 1 in 2 any drugs ad, 1 in 4 specific campaign ■ Slogan awareness 4 in 10 ■ Source of awareness: GP highest ranked ■ 24% leaflet awareness
Jan 2005	Drug Awareness Advertising Evaluation *There's no fairytale ending with cocaine*	Research Solutions	To explore the perceptions of the 'fairytale' cocaine drug awareness campaign amongst the key target audience	4 groups. Mix: socio-economic group , gender, held in Dublin and Cork	Discussion groups	■ Perception that use of cocaine increasing ■ Poor understanding of cocaine dangers ■ Microsite not immediately appealing on homepage ■ Barriers to website navigation
Oct 2005	Cannabis Advertising Formative Evaluation	Research Solutions	To evaluate two proposed advertising concepts and launch most effective	4 groups. Mix: age range 13-15, socio-economic group, gender, location	"Mini discussion groups"	■ Target believe they know about cannabis and believe it is harmless ■ 'Hard enough' communication stronger

Transforming Ireland

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