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# Parliamentary Joint Committee on Law Enforcement

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Public communications campaigns targeting drug and  
substance abuse

May 2021

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# Abbreviations

AOD	alcohol and other drugs
AOD framework	National Quality Framework for Drug and Alcohol Treatment Services
CALD	culturally and linguistically diverse
COAG	Council of Australian Governments
committee	Parliamentary Joint Committee on Law Enforcement
ITS	interrupted time series
MDAF	Ministerial Drug and Alcohol Forum
meth	methamphetamine
National Drug Strategy	National Drug Strategy 2017–2026
STEP Project	Support Treatment Education Prevention Project
USA	United States of America



# List of Recommendations

## Recommendation 1

2.90 The committee recommends the Australian Government implement a new public communications campaign via the National Drugs Campaign that will support law enforcement agencies' efforts to reduce current and future illicit drug demand. The campaign should include the targeted use of social media.

## Recommendation 2

3.75 The committee recommends future Australian Government communications campaigns include the following characteristics:

- contain targeted messages on the dangers of illicit drug use to key cohorts;
- reflect the lived experiences of illicit drug users and also the experiences of trusted people, such as teachers and healthcare workers, to establish behavioural change;
- provide information on addiction treatment off-ramps;
- include a national schools element that will take a multi-component approach to developing protective factors and involve the national education community in its design and implementation;
- be based on appropriately detailed and considered research and, prior to commencement, have in place both quantitative and qualitative measures for efficacy; and,
- take a long-term approach of at least 3–5 years and include a sustained approach to key cohorts over that entire period.

## Recommendation 3

4.18 The committee recommends the Australian Government establish a formal mechanism to ensure that Commonwealth, State and Territory law enforcement bodies have a strong, equal voice in developing policies and strategies to reduce illicit drug demand, including drug treatment services.

## Recommendation 4

4.19 The committee recommends the Australian Government support research, potentially by the Australian Institute of Criminology, into the efficacy of addiction treatment programs in reducing drug-related crime recidivism.



# Chapter 1

## Introduction

- 1.1 Illicit drugs<sup>1</sup> have been a major cause of concern for Australian policy makers, police and health authorities for many decades, because of the harms caused to individuals who consume illicit drugs, and also because transnational, serious and organised crime syndicates are involved in the production and trafficking of illicit drugs.
- 1.2 In order to better understand how public communications campaigns can assist in reducing demand for illicit drugs, the Parliamentary Joint Committee on Law Enforcement (committee) resolved on 16 October 2019 to inquire into and report on public communications campaigns targeting demand for drugs and substance abuse.<sup>2</sup> The formal terms of reference for this inquiry are included later in this chapter.

### Drug-related harms

- 1.3 Worryingly, the amount of illicit drugs being consumed in Australia is increasing. The Australian Criminal Intelligence Commission reported that over the past decade, while the Australian population increased by around 13 per cent, the number of national illicit drug seizures increased 77 per cent and the weight of illicit drugs seized nationally increased 241 per cent, highlighting 'why illicit drugs continue to be a concern for law enforcement and the wider community, and the ongoing need to reduce demand'.<sup>3</sup>
- 1.4 The cohorts of people using illicit drugs are also changing. The latest National Drug Strategy Household Survey has found that 'the use of illegal drugs in Australia is not uncommon: one in eight people had used at least one illegal substance in the last year and one in 20 had misused a pharmaceutical drug'. Furthermore, illicit drug use has 'increased among people aged 40 to 49 and 50 to 59'.<sup>4</sup>

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<sup>1</sup> This inquiry has focused on the issue of illicit drugs, or substances that are not legal to consume in any context, as these are a law enforcement issue. The abuse of pharmaceuticals drugs is generally approached as a health regulation issue.

<sup>2</sup> Pursuant to paragraph 7(1)(g) of the *Parliamentary Joint Committee on Law Enforcement Act 2010*. The alcohol and other drugs (AOD) sector refers to 'demand reduction' as minimising existing drug use, whereas 'prevention' refers to potential future drug use. In the context of this inquiry, the term 'demand reduction' refers to both existing and future demand.

<sup>3</sup> Australian Criminal Intelligence Commission, [Illicit Drug Data Report 2018–2019](#), September 2020, pp. 1–2. See also Mr Michael Chew, Acting Deputy Commissioner, Acting Chief Police Officer, A Policing, *Committee Hansard*, 15 October 2020, p. 5.

<sup>4</sup> Penington Institute, *Submission 16*, p. 9.

- 1.5 Submitters to this inquiry from the alcohol and other drugs (AOD) treatment sector almost universally described drug-related harms to this inquiry in terms of the harms that impact drug users. Their focus is, quite naturally, on minimising harms felt by their client groups.
- 1.6 However, the Department of Health takes a broader view of drug-related harm and states that '[h]arm minimisation considers the health, social and economic consequences of AOD use in relation to the individual and the community'.<sup>5</sup> The National Drug Strategy identifies drug-related harm as including 'health, social, cultural and economic harms among individuals, families and communities'.<sup>6</sup>
- 1.7 The Australian Institute of Health and Welfare estimates the harm-related economic impacts of the use of alcohol and other drugs as:
- \$17.76 billion Opioid use (illegal and off-prescription)
  - \$14.35 billion Alcohol
  - \$4.5 billion Cannabis
  - \$5 billion Methamphetamine (2013–14)<sup>7</sup>
- 1.8 The above \$5 billion cost estimate of methamphetamine use is for costs such as harm reduction and treatment, health care, crime, premature mortality, road accidents, workplace accidents and productivity. This \$5 billion does not include the estimated cost of up to \$12.2 billion in harms to partners and children of people who use methamphetamine.<sup>8</sup>
- 1.9 Drug Free Australia submitted that the increased incidence of child abuse and neglect was of particular concern, and cited National Institute on Drug Abuse estimates that '[a]pproximately 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents'.<sup>9</sup>

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<sup>5</sup> Department of Health, *Training frontline workers – young people, alcohol and other drugs: Module 9, 2.1 Harm minimisation*, [www1.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front9-wk-toc~drugtreat-pubs-front9-wk-secb~drugtreat-pubs-front9-wk-secb-2~drugtreat-pubs-front9-wk-secb-2-1](http://www1.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front9-wk-toc~drugtreat-pubs-front9-wk-secb~drugtreat-pubs-front9-wk-secb-2~drugtreat-pubs-front9-wk-secb-2-1) (accessed 18 January 2021).

<sup>6</sup> Department of Health, 2017, *National Drug Strategy 2017–2026*, p. 1.

<sup>7</sup> Australian Institute of Health and Welfare, *Alcohol, tobacco & other drugs in Australia: Economic impacts*, [www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/economic-impacts](http://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/economic-impacts) (accessed 18 January 2021). Economic costs estimated include household expenditure, decreased productivity and healthcare and law enforcement costs.

<sup>8</sup> S Whetton., M Shanahan, K Cartwright, K., V Duraisingam, A Ferrante, D Gray, S Kaye, V Kostadinov, R McKetin, K Pidd, A Roche, R.J. Tait, and S Allsop, *The Social Costs of Methamphetamine in Australia 2013/14*, p. 6, National Drug Research Institute, Curtin University, Perth, Western Australia, 2017.

<sup>9</sup> Drug Free Australia (Queensland), *Submission 15, Attachment 3*, p. 7.

1.10 In addition to these harms to the Australian community are the harms caused in countries with drug manufacturing and trafficking. Dr John Coyne told the committee:

I've seen firsthand in the last 12 to 18 months the net effect of 28 clandestine labs producing dual lines of tonnes at a time of methamphetamines in the far-flung jungles of Myanmar and the impacts that that has had on the rule of law and local communities all the way from there through places like Thailand to Australia.<sup>10</sup>

## Policy setting

1.11 The *National Drug Strategy 2017–2026* (National Drug Strategy) is the overarching government drug policy and is discussed at relevant points throughout this report. The National Drug Strategy is aimed at 'preventing and minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities'.<sup>11</sup>

1.12 The aim of the National Drug Strategy is:

To build safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities.<sup>12</sup>

1.13 The Police Federation of Australia submitted that it supports the current National Drugs Strategy and its underlying National Drugs Campaign, and advocates for a multi-pronged approach of strong law enforcement strategies alongside a 'comprehensive communications arm, with specific focus on younger people'.<sup>13</sup>

1.14 Until recently, the Ministerial Drug and Alcohol Forum (MDAF), a Council of Australian Governments (COAG) body, oversaw the work on Australia's national drug policy framework, including the National Drug Strategy. The MDAF was chaired by the Commonwealth's Minister for Health and Minister for Justice, with members comprised of two Ministers from each state and territory, one from the health or community services portfolio with responsibility for AOD policy and one from the justice or law enforcement portfolio.<sup>14</sup>

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<sup>10</sup> Dr John Coyne, Private capacity, *Committee Hansard*, 14 October 2020, p. 13.

<sup>11</sup> Department of Health, *National Drug Strategy 2017–2026*, November 2017, p. 1.

<sup>12</sup> Department of Health, *National Drug Strategy 2017–2026*, November 2017, p. 1.

<sup>13</sup> Police Federation of Australia, *Submission 9*, p. 1.

<sup>14</sup> Department of Health, *Ministerial Drug and Alcohol Forum*, 8 December 2020, [www.health.gov.au/committees-and-groups/ministerial-drug-and-alcohol-forum-mdaf](http://www.health.gov.au/committees-and-groups/ministerial-drug-and-alcohol-forum-mdaf) (accessed 10 January 2021).

- 1.15 With the disbanding of COAG and its subsidiary fora, the new National Cabinet and its various committees do not include a specific forum that brings together health and policing bodies to discuss illicit drug issues.<sup>15</sup>

*Responsibility for communications campaigns*

- 1.16 Responsibility for developing public communications campaigns in relation to illicit drug use is a joint responsibility of the federal and state or territory governments under their health and law enforcement functions.

- 1.17 The overall responsibilities of the Federal Government in relation to illicit drugs include:

- national policy management and coordination, which would include communications campaigns;
- drug use treatment via medical and hospital treatment and pharmacotherapy maintenance programs using Medicare and the Pharmaceutical Benefits Scheme;
- coordination of any national schools based drug education strategy (none current);
- monitoring adherence to international treaties, and policy development and implementation in the areas of crime prevention, money laundering, extradition, mutual assistance and illicit drug supply reduction and law enforcement;
- investigating offences related to, and disrupting, the international supply of illicit drugs; and
- collecting and analysing crime-related intelligence and investigating organised criminal activities such as illicit drug dealing.<sup>16</sup>

- 1.18 The responsibilities of state and territory governments in relation to illicit drugs include:

- drug policy development, implementation and evaluation within their jurisdiction, which would include communications campaigns;
- controlling the supply of illicit drugs and enforcing laws through the relevant Police service;
- public information and education prevention programs;
- drug treatment services via public sector health services or funding for community-based organisations;
- managing the criminal justice system including police and court drug diversion programs;

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<sup>15</sup> Department of the Prime Minister and Cabinet, *National Federation Reform Council*, <https://pmc.gov.au/domestic-policy/national-federation-reform-council> (accessed 16 February 2020).

<sup>16</sup> Timothy Moore, *What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia*, December 2005, p. 7.

- establishing an appropriate public policy framework to deal with drug use and drug-related harm; and
- analysing and monitoring patterns of drug use and drug-related harm.<sup>17</sup>

### Key issues raised

- 1.19 In evaluating whether or not public communications campaigns are effective to reduce demand for illicit drugs, a number of key issues were raised throughout this inquiry, which highlighted the very different perspectives of stakeholders concerned with this issue. These different perspectives are, at their essence, a continuation of the perennial debate over whether illicit drugs are a health or law enforcement issue, which then determines the preferred approach of either harm minimisation (health issue) or supply-side reduction (law enforcement approach).
- 1.20 Inquiry participants from the AOD treatment sector argued that the primary focus should be on reducing drug-related harms by supporting drug users to voluntarily halt or reduce their drug intake.<sup>18</sup> The argument put forward was that as 'shock advertising' campaigns would likely result in stigmatising drug-users, this would reduce the numbers of people who will seek AOD addiction treatment due to the shame associated with their drug-use, and would therefore be counterproductive if the goal is to reduce overall drug demand.
- 1.21 The position of policing organisations and anti-drug campaigners, however, is to view drug-related harms in a much broader sense by including harms felt by the entire community. These harms, outlined earlier in this chapter, include road accidents, child maltreatment, victims of crime, impaired work performance and increased staff turnover, the cost of tax-payer funded health and harm reduction services, border protection and the judicial system.
- 1.22 Other serious harms are those caused by organised criminal elements which traffic illicit drugs, both within Australia and in drug-source countries. The argument put forward by policing and anti-drug stakeholders is that a primary focus on minimising the harms felt by individual drug-users would likely increase these other harms felt by the broader community, therefore a public communications campaign would be one effective mechanism to reduce overall drug harms.
- 1.23 Another key issue raised is the efficacy of a purely law enforcement approach to reducing the impact of illicit drugs in the Australian community.

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<sup>17</sup> Timothy Moore, [What is Australia's "drug budget"? The policy mix of illicit drug-related government spending in Australia](#), December 2005, pp. 7–8.

<sup>18</sup> See, for example, Drug Education Network, *Submission 4*, p. 13; State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 1; Penington Institute, *Submission 16*, pp. 7–8; Victorian Alcohol and Drug Association, *Submission 17*, p. 1.

1.24 The Australian Criminal Intelligence Commission's *Illicit Drug Data Report 2018–2019* stated:

The risk and harm posed by illicit drugs to the Australian community is ever-growing, which underscores the need for law enforcement and health agencies to work collaboratively to combat both the supply and demand for illicit drugs in Australia.<sup>19</sup>

### **Report structure**

1.25 This report examines the many different facets of the illicit drug problem in Australia, including the different approaches that can be taken towards minimising the considerable harm that illicit drugs cause for everyone—individuals, families and the broader community—and presents the committee's findings and recommendations:

- Chapter one: introduces the issues and outlines the structure.
- Chapter two: investigates the efficacy of public communications campaigns to reduce drug demand, different types of campaigns, and the potential negative outcomes.
- Chapter three: looks at the needs of different audiences and examines best practice approaches.
- Chapter four: briefly discusses the alternatives to a public campaign proposed by some stakeholders.

1.26 The committee's recommendations are found across chapters two, three and four.

### **Conduct of the inquiry**

1.27 The terms of reference for the inquiry are:

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

- (a) the efficacy of different approaches to such campaigns, including:
  - (i) 'shock advertising', informational campaigns and the use of social marketing;
  - (ii) the use of campaigns aimed at various audiences, including, but not limited to, children at an age before they would typically become illicit drug users, Indigenous communities and Culturally and Linguistically Diverse groups; and
  - (iii) international approaches;

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<sup>19</sup> Australian Criminal Intelligence Commission, [Illicit Drug Data Report 2018–2019](#), p. 1.

- (b) research and evaluation methods used to plan, implement and assess the effects of such campaigns;
  - (c) identifying best practice approaches to designing and implementing campaigns, including social media, digital channels and traditional advertising, to guide Australia's approach to drug demand reduction;
  - (d) the efficacy of the current and past National Drug Strategy in achieving demand reduction through public communications campaigns; and
  - (e) any related matter.<sup>20</sup>
- 1.29 The committee advertised the inquiry in *The Australian* and on the committee's webpage. The committee also invited submissions from interested organisations, individuals and government bodies. The committee received 22 submissions. A list of individuals and organisations that made submissions, together with other information authorised for publication is provided at Appendix 1.
- 1.30 The committee held two public hearings in Canberra for this inquiry. These hearings were held on 14 and 15 October 2020. The transcripts are available via the inquiry website<sup>21</sup> and the list of witnesses who appeared before the committee are listed at Appendix 2.
- 1.31 The committee thanks the organisations and individuals that made written submissions and those who gave evidence at the public hearings.

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<sup>20</sup> Parliamentary Joint Committee on Law Enforcement, *Public communications campaigns targeting drug and substance abuse: Terms of Reference*, [www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/CommsCampaignsDrugAbuse/Terms\\_of\\_Reference](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/CommsCampaignsDrugAbuse/Terms_of_Reference) (accessed 18 January 2021).

<sup>21</sup>

[www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/CommsCampaignsDrugAbuse](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/CommsCampaignsDrugAbuse)



# Chapter 2

## Public communications campaigns

- 2.1 There are many different approaches that can be taken to reduce illicit drug use or to mitigate its harmful effects, including law enforcement approaches and drug treatment to reduce addiction. Public communications campaigns can also be useful in achieving both these aims. This chapter will examine the different types of public communications campaigns and evaluate their efficacy.

### Introduction

- 2.2 Public communication campaigns have been used for many years in Australia as a key method in achieving both health and law enforcement objectives. Public communications campaigns can be delivered via many forms of media, including mass media such as television, radio, newspapers and roadside advertising, as well as methods that allow for targeting specific cohorts of people, such as via social media, printed materials distributed in health facilities, or information campaigns that utilise advocacy or service delivery networks.
- 2.3 The *National Drug Strategy 2017–2026* (National Drug Strategy) itself includes 'targeted communication strategies' as a method to achieve its overall aim of reducing drug-related harms.<sup>1</sup> However, the last campaign activity associated with the National Drug Strategy was in 2017–18.<sup>2</sup>
- 2.4 The Parliamentary Joint Committee on Law Enforcement (committee) was informed by submitters and witnesses that public communications campaigns are effective to raise awareness and provide factual, evidence-based information. Saatchi & Saatchi, an multi-national advertising agency, submitted that:

Mass media campaigns in public health disseminate information about health, or threats to it, to persuade people to adopt a behaviour change. They are commonly used by authorities around the world due to their perceived ability to change the knowledge or attitude of a target audience, reaching large populations at a low cost per capita.<sup>3</sup>

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<sup>1</sup> Department of Health, [National Drug Strategy 2017–2026](#), p. 14.

<sup>2</sup> Department of Health, *Submission 1*, p. 4.

<sup>3</sup> Saatchi & Saatchi, *Submission 20*, p. 9

- 2.5 ACT Policing submitted that media campaigns are important in 'addressing drug and substance abuse' and that 'education and public messaging are important components of crime prevention and community safety'.<sup>4</sup>
- 2.6 The committee heard there are two distinct main aims of public communications campaigns on illicit drug use, and each individual campaign can assign different priorities to either one, or both, of these aims. The first aim is simply information awareness, to increase knowledge in the targeted cohort. The second aim is to effect a desired behaviour change, in this case to reduce the use of illicit drugs.<sup>5</sup>

### **Effectiveness of public communications campaigns on illicit drug use**

- 2.7 The committee received a great deal of evidence, some of it conflicting, on the effectiveness of public communications campaigns to reduce illicit drug use.
- 2.8 Most submitters agreed that public communications campaigns can be effective to raise awareness of illicit drug issues and safety, but most submitters from the alcohol and other drugs (AOD) treatment sector questioned whether such campaigns translate into the desired behavioural change of reduced illicit drug use.<sup>6</sup>
- 2.9 Additionally, questions were raised by submitters as to the effectiveness of communications campaigns depending on the substance being targeted. Multiple submissions to this inquiry cited mass media campaigns as being very effective to reduce tobacco use and alcohol misuse, but stated that such campaigns are not effective for illicit substances without providing an explanation as to why.<sup>7</sup>
- 2.10 360Edge submitted that while harm reduction messages are suitable for successful mass media campaigns in areas such as drink driving, substance reduction campaigns have little evidence they work.<sup>8</sup> The Drug Education Network suggested there should be further examination of 'why on the whole

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<sup>4</sup> ACT Policing, *Submission 8*, p. 4.

<sup>5</sup> Alcohol and Drug Foundation, *Submission 12*, pp. 2-3.

<sup>6</sup> See for example, Victorian Alcohol and Drug Association, *Submission 17*, pp. 1-2; Drug Education Network, *Submission 4*, p. 9; State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 2; Penington Institute, *Submission 16*, p. 10; Dr Devin Bowles, Chief Executive Officer, Alcohol Tobacco and Other Drug Association ACT, *Committee Hansard*, 14 October 2020, pp. 1 and 5.

<sup>7</sup> See for example, Dr Erin Laylor, Chief Executive Officer, Alcohol and Drug Foundation, *Committee Hansard*, 14 October 2020, p.15; Penington Institute, *Submission 16*, p. 10; Drug Education Network, *Submission 4*, pp. 3 and 7; 360Edge, *Submission 6*, p. 2.

<sup>8</sup> 360Edge, *Submission 6*, pp. 1-2.

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mass media campaigns of all types work for antismoking messages and not for anti-drug messages'.<sup>9</sup>

- 2.11 Harm Reduction Australia and the Drug Education Network both cited a 2015 review of communications campaigns that targeted illicit drug use. Harm Reduction Australia submitted the review found that mass media campaigns showed little to no evidence that they were effective in reducing illicit drug consumption.<sup>10</sup> Conversely, the Drug Education Network submitted the review found that while eight studied campaigns had no effect on drug use and intention to use drugs, four had some evidence of beneficial effects in preventing drug use and two provided evidence of 'iatrogenic' effects, that is, where the intervention itself caused an illness.<sup>11</sup>
- 2.12 Many submitters from the AOD treatment sector told the committee that public information campaigns that seek to reduce drug use are both ineffective and potentially damaging, and the best way to reduce drug use is through behaviour change programs and 'other activities that for the same investment would definitely have positive results' such as AOD treatment for individuals. This is discussed further in chapter four.<sup>12</sup>
- 2.13 However, Dr Vernon White, a Canadian Senator who has led a successful drug use reduction campaign in Canada targeting school children, advised the committee that approaches should be a combination of reducing or delaying young people's first drug use, as well as assisting existing drug users to reduce or cease. Dr White advised that targeting younger people tended to be more successful, because the earlier they are in their addiction the more likely they are not to resume drug use.<sup>13</sup>
- 2.14 The State and Territory Alcohol and Other Drug Peaks Network submitted that national mass media campaigns for alcohol and other drug demand have stigmatised drug users which reduces treatment seeking and are expensive and 'should not be considered a viable alternative to place-based demand reduction (treatment and prevention).<sup>14</sup> The issue of stigma is discussed in greater detail later in this chapter.

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<sup>9</sup> Drug Education Network, *Submission 4*, p. 7.

<sup>10</sup> Harm Reduction Australia, *Submission 2*, p. 1.

<sup>11</sup> Drug Education Network, *Submission 4*, p. 3.

<sup>12</sup> Dr Devin Bowles, Alcohol Tobacco and Other Drug Association ACT, *Committee Hansard*, 14 October 2020, p. 5. See also Mr Sam Biondo, Executive Officer, Victorian Alcohol and Drug Association, *Committee Hansard*, 14 October 2010, p. 5; Professor Nicole Lee, Managing Director, 360Edge, *Committee Hansard*, 14 October 2010, p. 15; State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 9.

<sup>13</sup> Dr Vernon White, International Fellow, Australian Strategic Policy Institute, *Committee Hansard*, 14 October 2020, p. 12.

<sup>14</sup> State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 1.

2.15 Conversely, Drug Free Australia (Queensland) submitted evidence on the effectiveness of communications campaigns in reducing drug use, citing a 2006 Australian Government illicit drug campaign that 'produced a confronting, but potentially effective media and community communication campaign designed for television' complemented by every Australian household receiving a booklet about the harms of illicit drugs. Drug Free Australia (Queensland) noted that '[i]nterestingly the 2007 National Household Survey showed a decrease in illicit drug use'.<sup>15</sup>

### *Awareness raising versus drug use reduction*

2.16 As outlined above, the committee heard general agreement from submitters and witnesses that communications campaigns targeting illicit drug use are effective in raising awareness and providing information. Opinion differed as to whether that raised awareness resulted in the behaviour change of reduced drug use.

2.17 The Drug Education Network submitted that even where no significant change in drug use or intention to use is demonstrated, 'studies show that recall of campaigns is high and that they can have an impact on knowledge, attitudes and beliefs about substance use'.<sup>16</sup>

2.18 Dalgarno Institute submitted that information itself can influence drug-taking behaviours and that '[i]gnorance of fundamental drug facts is also suggested from data showing 65 per cent of first-time users begin from curiosity and 50 per cent are influenced by friends or family'.<sup>17</sup>

2.19 Dalgarno Institute further argued:

[In a] free democratic society, the continued right to choose well rests on access to all necessary information in order to rationally assess the benefits and risks associated with those choices. As no individual can fully consent to what they have no conscious understanding and awareness [of].<sup>18</sup>

2.20 The Victorian Alcohol and Drug Association argued the opposite, and submitted that communications campaigns on illicit drugs 'rarely achieve any substantive change in either perceptions or levels of drug use'<sup>19</sup> and referred to such campaigns as 'virtue-signalling'.<sup>20</sup> Drug Free Australia (Queensland)

<sup>15</sup> Drug Free Australia (Queensland), *Submission 15, Attachment 3*, p. 6.

<sup>16</sup> Drug Education Network, *Submission 4*, p. 3.

<sup>17</sup> Dalgarno Institute, *Submission 14*, p. 8.

<sup>18</sup> Dalgarno Institute, *Submission 14*, p. 5.

<sup>19</sup> Victorian Alcohol and Drug Association, *Submission 17*, pp. 1–2.

<sup>20</sup> Mr Sam Biondo, Victorian Alcohol and Drug Association, *Committee Hansard*, 14 October 2010, p. 5.

similarly submitted that '[g]iving knowledge about a behaviour may not, on its own, produce significant behaviour changes'.<sup>21</sup>

- 2.21 The committee was told by public communications experts that the lack of appropriate evaluations of such campaigns targeting means the question of efficacy cannot be conclusively answered by either side of the debate. Saatchi & Saatchi submitted that despite the many campaigns that have targeted illicit drugs and substance abuse, 'there are few available conclusive peer reviewed studies on the efficacy of mass media campaigns targeting the prevention of illicit drug use'.<sup>22</sup> Research and evaluation of campaigns is discussed in chapter three.
- 2.22 The committee was told, however, that public communications campaigns are more effective in changing behaviours where they are complemented by a broader group of interventions. The Drug Education Network cited an Icelandic model which focuses on risk reduction and enhancement of protective factors at various levels of prevention, which was later reviewed and found to have reduced drug use from one of highest in Europe 20 years ago to one of lowest.<sup>23</sup>
- 2.23 Similarly, Dr Vernon White informed the committee of a highly successful program being run for many years in Canada, which coupled a communications campaign with a schools-based education program that included social workers, mental health workers and addiction counsellors.<sup>24</sup> This program is discussed in further detail in chapter four.

### *Unintended consequences*

- 2.24 The committee heard that communications campaigns on drug use can have unintended negative consequences. The Drug Education Network submitted information from a European Monitoring Centre for Drugs and Drug Addiction meta-analysis of 14 illicit drug campaign studies which found 'no effect on the reduction of use and a weak effect on the intention to use illicit substances' as well as 'possible unwanted effects in terms of young people declaring that they would like to try drugs... after having watched a media campaign'.<sup>25</sup>
- 2.25 The Victorian Alcohol and Drug Association similarly submitted information from a study of Phase Two of the Australian Government's National Drugs

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<sup>21</sup> Drug Free Australia (Queensland), *Submission 15, Attachment 3*, p. 14.

<sup>22</sup> Saatchi & Saatchi, *Submission 20*, p. 9. See also 360Edge, *Submission 6*, p. 2.

<sup>23</sup> Drug Education Network, *Submission 4*, pp. 13–14. See also Australian Association of Social Marketing, *Submission 18*, p. 8.

<sup>24</sup> Dr Vernon White, Australian Strategic Policy Institute, *Committee Hansard*, 14 October 2020, p. 9.

<sup>25</sup> Drug Education Network, *Submission 4*, p. 9.

Campaign, which targeted youth aged from 13 to 24, which found 'rather than having the intended outcome of preventing the use of drugs, the campaign failed to garner any significant change to existing rates of illicit drug use'.<sup>26</sup>

2.26 The negative impacts of campaigns are discussed in greater detail later in this chapter.

### **Cross-portfolio approach**

2.27 The committee heard that a cross portfolio approach, where law enforcement and health agencies collaborate on the task of reducing illicit drug use, was the most successful approach.

2.28 The Department of Health emphasised to the committee that the 'balanced approach between health and law enforcement is key to achieving excellent outcomes in relation to [the National Drug Strategy]'.<sup>27</sup>

2.29 Dr John Coyne, a former officer working on transnational serious organised crime with the Australian Federal Police, agreed that a cross-portfolio approach was necessary:

I want to see us target those people who are producing and making millions of dollars off the misery of our country, but I don't want to see our young people injected into the criminal justice system and I do want to see as many off ramps as we can possibly offer them.<sup>28</sup>

2.30 The Western Australia Network of Alcohol and other Drug Agencies noted that previous inquiries of this committee on methamphetamine use highlighted the 'need for a balance of approaches across demand, harm and supply reduction'.<sup>29</sup>

2.31 The Police Federation of Australia supported this view, telling the committee that while they advocate for 'strong law enforcement strategies to be an integral element of any anti-drugs campaign, we also strongly support a comprehensive communications arm, with specific focus on younger people'.<sup>30</sup>

2.32 ACT Policing submitted that while its 'key focus is on targeting sale and supply of illicit drugs' it also 'supports a whole-of-government response to reduce the social harm caused by drugs' which is operationalised by ACT

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<sup>26</sup> Victorian Alcohol and Drug Association, *Submission 17*, p. 2.

<sup>27</sup> Mr David Laffan, Assistant Secretary, Alcohol Tobacco and Other Drugs Branch, Department of Health, *Committee Hansard*, 15 October 2020, p. 25.

<sup>28</sup> Dr John Coyne, Private capacity, *Committee Hansard*, 14 October 2020, p. 13.

<sup>29</sup> Mr Ethan James, Manager Advocacy and Systems, Western Australia Network of Alcohol and other Drug Agencies, *Committee Hansard*, 14 October 2020, p. 25.

<sup>30</sup> Police Federation of Australia, *Submission 9*, p. 1.

Policing's 'focus on diverting lower level drug offenders from the criminal justice process' in accordance with the National Drug Strategy.<sup>31</sup>

- 2.33 ACT Policing further submitted that it 'acknowledges that education and public messaging are important components of crime prevention and community safety' and engages in 'effective safety messaging' using a range of platforms that include social media, face to face engagement, media releases and transient advertising.<sup>32</sup> A case study of ACT Policing's most recent communications campaign is included below.

### **Box 2.1 *What Would They Think?* campaign**

In December 2019, ACT Policing launched the *What Would They Think?* campaign to enable ACT Policing to continually educate and engage with the Canberra community on alcohol and drug safety, to encourage members of the community to think about their decisions and consequences, and the potential impacts on family members, friends and colleagues.

Policing along with ACT Ambulance, Transport Canberra, Canberra Metro and CBR NightCrew were at City Walk on Saturday 14 December 2019 and reminded members of the community that their decisions, while alcohol or drug impaired, can have devastating and long lasting effects.

A display was also set up featuring vehicle wreckage recovered from a fatal single vehicle collision in 2014 where the driver was found to have a combination of drugs and alcohol in his system. The display promoted awareness of alcohol and drug safety, and to reinforce the fact that there are potentially life-altering consequences of the decisions people make when they consume alcohol or illicit drugs.

*What Would They Think?* incorporates a variety of different approaches to educate and raise awareness in the community including merchandise, strategic social media messaging and web content. The Territory Targeting Team also used the tagline to brand their drug and alcohol presentations which are delivered to high schools and tertiary institutions across Canberra, to assist in the approach to drug demand reduction through early intervention strategies.

*Source: ACT Policing, Submission 8, pp. 9–10.*

- 2.34 ACT Policing submitted that it will continue to support 'public communication campaigns that focus on early intervention and drug harm minimisation strategies' and will continue to 'work collaboratively with partner agencies to reduce the social harm caused by drugs and other harmful substances'.<sup>33</sup>

<sup>31</sup> ACT Policing, *Submission 8*, p. 4.

<sup>32</sup> ACT Policing, *Submission 8*, pp. 4–5.

<sup>33</sup> ACT Policing, *Submission 8*, p. 10.

- 2.35 The Department of Health informed the committee that 'continuing to invest in all of those [cross-portfolio] services is important for reducing the prevalence of illicit drug use into the future'.<sup>34</sup>

### **Social marketing**

- 2.36 The committee received evidence from communications experts on the use of social marketing methods for public communications campaigns. The Australian Association of Social Marketing provided a definition of social marketing to the committee:

Social marketing is an interdisciplinary and strategic approach to behaviour and social change. It seeks to develop and integrate marketing concepts with other approaches to influence behaviour that benefit individuals and communities for the greater social good.<sup>35</sup>

- 2.37 Advertising agency Saatchi & Saatchi similarly submitted that social marketing seeks outcomes that benefit both society and the target audience, and further submitted it is 'that intent to change the behaviour for the individual and society that makes social marketing distinguishable from information campaigns, that focus on simply raising awareness'.<sup>36</sup>
- 2.38 The Department of Health submitted that social marketing methods can exert influence on behaviour by stimulating discussions, increasing knowledge and modifying attitudes. The Department of Health further submitted that social marketing is different to broader health communication in that it is based on a 'strongly research-driven framework' that seeks to understand the 'knowledge, attitudes and behaviour of the target audience' and frames the 'promoted behaviour in a way which reflects and meets the needs of this audience'.<sup>37</sup>

### *Efficacy of social marketing*

- 2.39 The committee heard differing views on the efficacy of social marketing in reducing illicit drug use.
- 2.40 The Australian Association of Social Marketing submitted that there is 'consistent evidence supporting a strategic and multi-faceted social marketing approach as being effective in changing behaviour' including 'drug and substance abuse behaviours'.<sup>38</sup>

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<sup>34</sup> Mr David Laffan, Department of Health, *Committee Hansard*, 15 October 2020, p. 25.

<sup>35</sup> Australian Association of Social Marketing, *Submission 18*, p. 2.

<sup>36</sup> Saatchi & Saatchi, *Submission 20*, p. 4. See also Department of Health, *Submission 1*, p. 2; Drug Free Australia, *Submission 5*, p. 5; Alcohol and Drug Foundation, *Submission 12*, p. 2.

<sup>37</sup> Department of Health, *Submission 1*, p. 2.

<sup>38</sup> Australian Association of Social Marketing, *Submission 18*, p. 2.

2.41 The Drug Education Network submitted that as social marketing seeks to influence people in subtle and complex ways through a 'combination of cognitive processes and attitude changes that are not fully understood... we are a long way from developing a reliable method for delivering infallible social marketing campaigns'.<sup>39</sup> The Drug Education Network further submitted that reviews of social marketing campaigns found the effects tended to be small and 'evidence for social marketing campaigns for harmful substance use is unclear, as studies often only examine their impact on short-term outcomes'.<sup>40</sup> The Drug Education Network recommended that instead, more funding should be given to harm reduction, not because of existing evidence that approach would work, but because such finding 'could result in sufficient funding to build a substantial evidence base for what works'.<sup>41</sup>

## Social media

2.42 The committee was informed that social media can be an effective tool in public communications campaigns, noting that social media is a medium like television or radio, as opposed to a type of campaign such as social marketing.

2.43 Social media usage has increased significantly in recent years, with current statistics showing that worldwide, 2271 million people use Facebook, 326 million people use Twitter, 1000 million people use Instagram, and 287 million people use Snapchat. In Australia, 60 per cent of the population are active Facebook users and 50 per cent of Australians log onto Facebook at least once a day.<sup>42</sup>

2.44 ACT Policing uses social media as a communication tool, with a presence on Facebook, Twitter and Instagram and conducts ongoing social media messaging on a range of crime prevention and community safety issues, including illicit drug use and alcohol-fuelled violence. ACT Policing advised it 'supports and amplifies illicit drug campaigns generated by partnering agencies such as the ACT Justice and Community Safety Directorate and ACT Crime Stoppers'.<sup>43</sup>

2.45 ACT Policing agreed with that social media can significantly reduce communication costs, and told the committee that:

Having a broad ranging campaign doesn't necessarily have to be expensive and come with a significant price tag. As we all know, the way society works now is that social media platforms are the way that people get their news and their information. It's quite an accessible platform and quite a

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<sup>39</sup> Drug Education Network, *Submission 4*, p. 7.

<sup>40</sup> Drug Education Network, *Submission 4*, p. 6.

<sup>41</sup> Drug Education Network, *Submission 4*, p. 13.

<sup>42</sup> Drug Education Network, *Submission 4*, p. 6.

<sup>43</sup> ACT Policing, *Submission 8*, pp. 4–5.

reasonably priced, cheap platform to advertise on and get through to people.<sup>44</sup>

- 2.46 Other submitters agreed that using social media channels can significantly reduce the costs of a communications campaign. The Drug Education Network submitted that social media has both a lower cost than traditional mass media and the ability to personalise communications to the target audience, but must also adapt to trends such as current use of Snapchat and Instagram.<sup>45</sup> The Alcohol and Drug Foundation agreed that while mass media campaigns can be a powerful tool, they can be expensive, and further submitted that 'costs can be controlled through better targeting of "at risk" populations through online marketing campaigns'.<sup>46</sup>
- 2.47 A key advantage of social media was seen to be its ability to deliver communications that are targeted at different audiences or cohorts. The Australian Association of Social Marketing told the committee that while social media can change the way to reach and engage with an audience 'it doesn't fundamentally change what drives human behaviour and what can influence it to change'.<sup>47</sup>
- 2.48 The Advertising Council of Australia concurred with the view that social media changes the way in which communications can be delivered, but doesn't fundamentally change the underlying behavioural motivations that the communication is attempting to target:

What's fascinating to me is that it [social media] doesn't really change what people do, it changes how people do it. What people do—the behaviour, the motivation, the reactions and the responses—are the same; they're wired into human beings. It's the ability to do it in a different way. We used to talk about advertising...in a one-channel universe. People can now talk in a very different way; they're still talking, but in a very different way.<sup>48</sup>

- 2.49 As with other media formats, communication campaigns delivered via social media can have both positive and negative outcomes. The Drug Education Network contrasted the NSW 'Stoner sloth' anti-marijuana social media campaign, which was mocked by young people and criticised by health experts, with a United States of America (USA) campaign using digital and

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<sup>44</sup> Mr Michael Chew, Acting Deputy Commissioner, Acting Chief Police Officer, ACT Policing, *Committee Hansard*, 15 October 2020, p. 5.

<sup>45</sup> Drug Education Network, *Submission 4*, pp. 6 and 8.

<sup>46</sup> Alcohol and Drug Foundation, *Submission 12*, p. 4.

<sup>47</sup> Professor Ross Gordon, President, Australian Association of Social Marketing, *Committee Hansard*, 15 October 2020, p. 11.

<sup>48</sup> Ms Kate Smither, Strategic Planning Consultant, Advertising Council of Australia, *Committee Hansard*, 15 October 2020, p. 9.

social media campaigns which showed evidence of exposed teens being less likely to use the target illicit drug. The Drug Education Network advised the effectiveness of the USA campaign may be due to the avoidance of a lecturing approach.<sup>49</sup>

## Shock advertising

- 2.50 Shock advertising is a method that seeks to penetrate through a cluttered media environment by intentionally shocking or startling audiences via 'graphic, disturbing, explicit, provocative or offensive content'.<sup>50</sup>
- 2.51 Advertising agency UM submitted that this shock is intended to generate a surprised response, which has been 'documented as a catalyst for the processing of information, attracting attention, encouraging additional processing/comprehension'. UM further submitted that while this 'improves the memorability of content its impact on behaviour, is weaker and less documented'.<sup>51</sup> Drug Free Australia, however, argued that shock advertising tactics have been used successfully in campaigns to reduce tobacco use, and should therefore be considered for a campaign to reduce drug demand.<sup>52</sup>
- 2.52 A seminal shock tactic public health campaign was the 1987 *Grim Reaper* HIV/AIDS campaign, which pioneered the use of shock tactics for harm minimisation. Advertising agency Saatchi & Saatchi agreed that the campaign was 'ground breaking' in its ability raise awareness of public health issues, but did have some unintended negative consequences.<sup>53</sup> These are discussed in greater detail later in this chapter.
- 2.53 The Police Federation of Australia noted that while there are some detractors of this campaign, 'it should be noted that over 30 years later, people are still talking about Reynolds' AIDS ads'.<sup>54</sup> The Police Federation of Australia further quoted Mr Siimon Reynolds, creator of the *Grim Reaper* campaign:
- Most people say fear campaigns don't work on them. In fact, most people say advertising doesn't work on them. Neither is true ... That's why it's a multi-billion dollar industry. Many countries use fear campaigns with great success, but they have to be cleverly done.<sup>55</sup>
- 2.54 Submitters and witnesses with expertise in advertising and social marketing agreed that the evidence is both mixed and emerging on the efficacy of shock

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<sup>49</sup> Drug Education Network, *Submission 4*, pp. 7–8.

<sup>50</sup> Independent Drug Education Australia, *Submission 11*, p. 1.

<sup>51</sup> UM, *Submission 21*, p. 6. See also Drug Education Network., *Submission 4*, p. 5.

<sup>52</sup> Drug Free Australia, *Submission 5*, p. 4.

<sup>53</sup> Saatchi & Saatchi, *Submission 20*, p. 5.

<sup>54</sup> Police Federation of Australia, *Submission 9*, p. 2.

<sup>55</sup> Police Federation of Australia, *Submission 9*, p. 2.

tactics in health messaging, as well as whether shock and surprise versus fear can best generate behavioural change.

- 2.55 UM submitted that shock and fear involve different emotional elements, and can therefore have different impacts:

Shock's impact is attributed to the additional cognitive processing produced by surprise. Whereas fear's impact is linked to inducing more emotive responses. Surprise, compassion, and interest appear to be the key emotions linked to influencing behavioural intention. Shock, in comparison, tested as largely ineffective.<sup>56</sup>

- 2.56 Saatchi & Saatchi similarly submitted that the power of shock tactics lies in the element of surprise and how it impacts memory and response, but also argued that:

[S]urprise without shock (startling or offending the audience) can have stronger impacts on behaviour. To improve behavioural influence this surprising element partnered with modelling the intended behaviour in a way that reflects and is relatable to the majority is recommended.<sup>57</sup>

- 2.57 The Australian Association of Social Marketing agreed with this view and submitted that evidence is mixed as to the achievement of behaviour change from shock tactics, with meta-analysis suggesting that some kinds of strong fear-based messaging are found to be more effective than others in changing behaviour.<sup>58</sup>

- 2.58 In regards to the efficacy of shock tactics to effect behavioural change, the Drug Education Network cited research from the Murdoch University School of Psychology and Exercise Science which found that using fear as a marketing tool 'has an intuitive appeal, but paradoxically the outcomes are often ineffective or counterproductive rendering it at best an equivocal tool for changing behaviours'.<sup>59</sup>

- 2.59 The Australian Association of Social Marketing submitted that fear campaigning does not work effectively with people who are engaging in risky behaviours, as they tend to take the view '[t]hat's not going to happen to me. I've taken a calculated risk, and I can push to the side this fear that's being pushed in this campaign'.<sup>60</sup>

- 2.60 Dalgarno Institute submitted that this should not be used to evaluate the success of 'scare tactics', arguing that the failure to sway some people who are

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<sup>56</sup> UM, *Submission 21*, p. 6

<sup>57</sup> Saatchi & Saatchi, *Submission 20*, p. 6.

<sup>58</sup> Australian Association of Social Marketing, *Submission 18*, p. 2.

<sup>59</sup> Drug Education Network, *Submission 4*, p. 4.

<sup>60</sup> Professor Ross Gordon, Australian Association of Social Marketing, *Committee Hansard*, 15 October 2020, p. 10.

already using drugs does not mean it is not effective for reducing uptake in people not yet taking drugs, because 'experience reveals that in every society across all demographics and throughout all civilisations there are always individuals who will defy authority, push against sound advice and ignore best practice'.<sup>61</sup>

- 2.61 Regardless of whether or not fear or shock campaigns are effective, concerns were raised by submitters regarding the ethical and moral concerns about the impact of fear in shock campaigns.<sup>62</sup>
- 2.62 The Alcohol and Drug Foundation submitted that shock advertising can result in a form of 'moral disgust', which 'may be accompanied by other negative emotions like anger or contempt for those who are engaging in that "disgusting" behaviour which can inadvertently increase stigma and discrimination'.<sup>63</sup> The Drug Education Network submitted that 'it cannot be said these are appropriate and just interventions if they use disgust, fear and shame, often provoking anger and contempt for those who are portrayed as weak and as "other" for the promotion of public health'.<sup>64</sup>
- 2.63 However, an American addiction specialist wrote that it is not unethical to place stigma on the 'reckless and harmful behaviours that addicts commit' as opposed to the people themselves, and this does not negate sympathy or a duty to provide care and addiction treatment.<sup>65</sup>

### **Negative impacts of campaigns**

- 2.64 The committee received evidence around the potential negative impacts of public communications campaigns targeting illicit drug use, largely campaigns where shock tactics are used, with some impacts attributable to all types of campaigns.
- 2.65 A range of negative impacts of shock tactics were cited, including:
- Making people believe drug use is more common than they had thought, triggering an increase rather than decrease of drug use.
  - Scenarios not being seen as credible or realistic, leading people to reject entire safety message.
  - People becoming desensitised or avoiding distressing images.

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<sup>61</sup> Dalgarno Institute, *Submission 14*, pp. 31–32.

<sup>62</sup> Alcohol and Drug Foundation, *Submission 12*, p. 1. See also Australian Association of Social Marketing, *Submission 18*, p. 2.

<sup>63</sup> Alcohol and Drug Foundation, *Submission 12*, p. 2.

<sup>64</sup> Drug Education Network., *Submission 4*, p. 5.

<sup>65</sup> Dr Sally Satel M.D., 'In Praise of Stigma', *Addiction Treatment: Science and Policy for the twenty-first century*, p. 151.

- Drug use becomes stigmatised, leading people to avoid drug treatment programs.

2.66 These negative impacts are discussed in greater details below.

### *Trigger increased drug use*

2.67 The committee heard from a number of submitters from the AOD treatment sector that campaigns targeting illicit drug use can sometimes have the opposite effect and inadvertently trigger increased drug use. 360Edge submitted that campaigns which imply illicit drug use is on the rise can make young people more likely to use, as they believe it more commonplace than previously thought.<sup>66</sup> 360Edge further submitted:

Paradoxically, describing drugs as 'deadly' or 'dangerous' can actually make them more appealing. A 2007 study of media reports and public health messages warning of a spike in heroin overdoses, found that for some people who use the message had the effect of encouraging them to seek out the more potent product.<sup>67</sup>

2.68 The Drug Education Network cited a review of a US campaign targeting methamphetamine use, which found that 50 per cent of surveyed teenagers believed the graphic ads exaggerated the drugs risks, and that the campaign caused a threefold increase in percentage of teens who thought using methamphetamine is not risky.<sup>68</sup>

### *Credible and realistic solutions*

2.69 The committee heard that for fear tactics to work, viewers must think they are susceptible to the threat, and then be presented with a solution to the fear that is both attractive and that people believe will work. The Department of Health advised the committee that audiences respond to severe consequences if they are credible and realistic 'which is judged as whether they have experienced this or know or have heard of someone to whom the consequence has happened.'<sup>69</sup> Drug Free Australia agreed with this view and submitted that a level of reality needs to be conveyed in messaging if dangerous and unhealthy behaviours are to be prevented.<sup>70</sup>

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<sup>66</sup> 360Edge, *Submission 6*, p. 3. See also Drug Education Network, *Submission 4*, pp. 2 and 9; Independent Drug Education Australia, *Submission 11*, p. 5; Dr Devin Bowles, Alcohol Tobacco and Other Drug Association ACT, *Committee Hansard*, 14 October 2020, pp. 4–5, Dr Erin Laylor, Alcohol and Drug Foundation, *Committee Hansard*, 14 October 2020, p. 15.

<sup>67</sup> 360Edge, *Submission 6*, p. 3. See also Australian Association of Social Marketing, *Submission 18*, p. 2.

<sup>68</sup> Drug Education Network, *Submission 4*, p. 9.

<sup>69</sup> Department of Health, *Submission 1*, pp. 2–3.

<sup>70</sup> Drug Free Australia, *Submission 5*, p. 3.

2.70 The Alcohol and Drug Foundation submitted that the messaging may be ignored by the target audience if 'people reject the credibility of the message, that suggested threat or their consequences seem unlikely (especially if a person has engaged in the activity and has not experienced a negative outcome), or people becoming desensitised to the intended message'.<sup>71</sup>

2.71 Dr Vernon White informed the committee that even where a negative outcome might be realistic, young people believe it would never happen to them:

I spent 32 years policing in 16 communities across this country for three different police agencies. I have never met a 15 year-old girl who wants to be a drug addict living in a ditch and performing sex acts so they can buy their next hit of crack cocaine or crystal meth, yet I know hundreds of those drug addicts. The challenge you have is that, no matter what you show those young people, they will not believe it's going to be them.<sup>72</sup>

### *Avoidance and desensitisation*

2.72 Another negative consequence of campaigns targeting illicit drug use, particularly where shock tactics are used, is where people either avoid messages they find distressing, or become desensitised to the shock.

2.73 Independent Drug Education Australia said the danger with desensitisation is that young people can get 'warning fatigue' where they develop 'a sense of indifference or apathy towards other, legitimate health warnings'.<sup>73</sup>

2.74 The committee was also told that some studies of such campaigns has suggested they can cause target audiences 'to avoid the confronting messages by responding with perceptual and cognitive defence mechanisms - in effect engaging in avoidance or denial that the risk affects them or a fatalistic acceptance of risk'.<sup>74</sup>

2.75 Conversely, the opposite problem can occur where shock tactics can trigger 'hyper-sensitivity, the complete opposite to desensitisation, whereby individuals become over vigilant with choices they make to avoid risk'. This occurred as a result of a British Government warning in 1995 regarding deep vein thrombosis, which resulted in many women discontinuing or avoiding oral contraceptives.<sup>75</sup>

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<sup>71</sup> Alcohol and Drug Foundation, *Submission 12*, p. 1.

<sup>72</sup> Dr Vernon White, Australian Strategic Policy Institute, *Committee Hansard*, 14 October 2020, p. 13.

<sup>73</sup> Independent Drug Education Australia, *Submission 11*, pp. 7–8. See also Drug Education Network, *Submission 4*, pp. 5–6; Dr Vernon White, Australian Strategic Policy Institute, *Committee Hansard*, 14 October 2020, p. 10; Dr Erin Laylor, Alcohol and Drug Foundation, *Committee Hansard*, 14 October 2020, p. 15.

<sup>74</sup> Drug Education Network, *Submission 4*, p. 5.

<sup>75</sup> Independent Drug Education Australia, *Submission 11*, p. 10.

## *Stigma*

- 2.76 By far the greatest concern with potential negative outcomes of campaigns against illicit drug use, primarily expressed by submitters from the AOD treatment sector, was that these campaigns can lead to the stigmatisation of drug users, causing them to avoid addiction treatment and disengage from harm minimisation programs.<sup>76</sup> The World Health Organisation has ranked illicit drug dependence as one of the most stigmatised health conditions globally.<sup>77</sup>
- 2.77 The Department of Health has defined stigma as:
- The term 'stigma' means a mark or sign of disgrace or discredit, and 'to stigmatise' means to regard a person as unworthy or disgraceful.<sup>78</sup>
- 2.78 The *Grim Reaper* campaign was cited as an example of health messaging that created strong awareness of the targeted health condition, but also created fear and hysteria that resulted in discrimination towards homosexual men.<sup>79</sup>
- 2.79 The Penington Institute submitted that people who use drugs 'face a stigma that is complex, pervasive and wide-ranging ... the effects of stigma are less-safe drug consumption, a reduction in people seeking help and feelings of shame and loss of honour'. The Penington Institute recommended that effective interventions for people who use drugs actively seek to eliminate stigma from the service experience, such as needle and syringe programs.<sup>80</sup>
- 2.80 The Victorian Alcohol and Drug Association submitted that stigma may deter people from accessing treatment because doing so means taking on the stigmatised identity of a drug user, which can 'lead to people hiding their drug use from their doctor, not seeking support, and, as a result, they may not receive the appropriate and necessary care that they require'.<sup>81</sup>
- 2.81 However, it must be noted that addiction treatment engagement is already very low. The *Australian Drug Trends 2018* report found that only four per cent of regular drug users of ecstasy and related drugs engaged with drug use treatment across the reporting year, despite 25 per cent reporting a non-fatal

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<sup>76</sup> Organisations which raised concerns with stigma include the Penington Institute, Alcohol and Drug Foundation, Victorian Alcohol and Drug Association, Department of Health.

<sup>77</sup> Alcohol and Drug Foundation, *Submission 12*, p. 2.

<sup>78</sup> Vaughan Carr and Sean Halpin, 'Stigma and discrimination', *Department of Health and Ageing, National Survey of Mental Health and Wellbeing Bulletin 6*, p. 1.

<sup>79</sup> Department of Health, *Submission 1*, p. 2. See also Alcohol and Drug Foundation, *Submission 12*, p. 1.

<sup>80</sup> Penington Institute, *Submission 16*, p. 5. See also Victorian Alcohol and Drug Association, *Submission 17*, p. 1.

<sup>81</sup> Victorian Alcohol and Drug Association, *Submission 17*, p. 3. See also Dr Devin Bowles, Alcohol Tobacco and Other Drugs Association ACT, *Committee Hansard*, 14 October 2020, pp. 1–2.

stimulant overdose and 20 per cent reporting a non-fatal depressant overdose.<sup>82</sup>

- 2.82 Stigma has been shown to have positive impacts as well as negative ones. Dalgarno Institute argued that portraying drug use in a negative manner can have positive impacts, citing 'successful outcomes of other campaigns such as tobacco quitting campaigns 'that are focused on an ideal goal and towards that aim provide accurate, timely and targeted information while still offering compassion and support to those struggling to overcome these behaviours'.<sup>83</sup>
- 2.83 One study into developing resilience, found that the majority of discussion on stigma focuses on the harmful impacts of stigma and does not acknowledge the many cases of stigmatised individuals who are able to flourish in society. The study found that 'successful individuals view overcoming the adversities associated with stigma as an empowering process, as opposed to a depleting process' and recommended 'adopting a new approach to gain a fuller understanding of the experience of being stigmatized'.<sup>84</sup>
- 2.84 Another study into the consequences of stigma found positive impacts of stigma in 'three generic categories of positive responses to negative labelling: therapeutic opportunities, personal growth experiences, and interpersonal opportunities'.<sup>85</sup>
- 2.85 Dr Sally Satel, an American psychiatrist and lecturer at Yale University School of Medicine, has written extensively on the value of stigmatisation in drug policy, stating that there are 'few behaviours more deserving of stigmatisation'. Dr Satel questions the value of insulating people 'from the adverse consequences of their behaviour when those consequences (a) motivate them to seek help and (b) serve as a lesson to others about socially acceptable conduct'.<sup>86</sup>
- 2.86 Dr Satel argued that negative messaging around drug use can be posed not as victim blaming, but as endorsing an 'optimistic truth that people have the capacity to transform themselves'. Dr Satel further argued that removing stigma would effectively decrease opportunities for treatment as decisions for

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<sup>82</sup> National Drug and Alcohol Research Centre, [Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drugs Reporting System Interviews](#), 2018, p. 2.

<sup>83</sup> Dalgarno Institute, *Submission 14*, pp. 30–31.

<sup>84</sup> Margaret Shih, 'Positive Stigma: Examining Resilience and Empowerment in Overcoming Stigma', *The Annals of the American Academy of Political and Social Science*, vol. 591, 2004, pp. 175–185.

<sup>85</sup> Nancy Herman and Charlene Miall, 'The positive consequences of stigma: Two case studies in mental and physical disability', [Qualitative Sociology](#), vol. 13, 1990, pp. 251–269.

<sup>86</sup> Dr Sally Satel M.D., 'In Praise of Stigma', *Addiction Treatment: Science and Policy for the twenty-first century*, pp. 147–151.

change 'depend on a cognitive calculus that often includes the desire to minimize shame'.<sup>87</sup>

### **Committee view**

- 2.87 Evidence received by this inquiry indicates there are deeply held and sometimes contradictory views on both the efficacy of public communications campaigns in targeting drug demand, and tactics those campaigns employ, despite drug use being harmful to the individuals engaging in that behaviour and harmful to their family members and broader society.
- 2.88 On balance, the committee believes that public communication campaigns are an important tool to lift education levels on risks, support other policing elements and enable better decision making.
- 2.89 The committee is concerned that there has been no National Drugs Campaign activity since early 2018, particularly with reports of increased problematic drug use during the COVID-19 pandemic. Clearly, the time is ripe for action.

### **Recommendation 1**

- 2.90 **The committee recommends the Australian Government implement a new public communications campaign via the National Drugs Campaign that will support law enforcement agencies' efforts to reduce current and future illicit drug demand. The campaign should include the targeted use of social media.**
- 2.91 The committee notes that the campaign should consider national and international best practice but also include a combination of shock and fear tactics that target the behaviour of drug use rather than the individuals themselves. These tactics should be grounded in a level of reality that potential users or recreational users can find relatable.
- 2.92 The potential for media campaigns to stigmatise drug users, possibly reducing the chances those drug users would seek addiction treatment, was of particular concern to organisations who deliver those addiction treatments. However, the committee notes that these organisations are, understandably, primarily focused on the outcomes for their client base. While these organisations advocate very well for that client base, the considerations of the committee are much broader than one segment of the Australian population, particularly when making population-wide policy recommendations.
- 2.93 The committee also recognises and agrees that stigma, while having some negative impacts, has always been an important tool in regulating behaviour on a societal level. Stigma marks behaviours or characteristics that are seen as

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<sup>87</sup> Dr Sally Satel M.D., 'In Praise of Stigma', *Addiction Treatment: Science and Policy for the twenty-first century*, pp. 147–151.

negative by society. Without defining behaviours that society does not want, it is impossible to indicate the positive behaviours that are preferred.

- 2.94 In addition, it is clear from the evidence received, that mass media public communications campaigns alone cannot effect the level of behavioural change required to have a meaningful impact on drug demand. Any media campaign must be coupled with other cross-portfolio interventions in order to be fully effective.



# Chapter 3

## Best practice approaches

Drug campaigns should have three overarching strategies: integrate into harm reduction strategy, be free from wholly quantitative measures and disrupt problems instead of treating symptoms of problem.<sup>1</sup>

- 3.1 The committee received a significant amount of evidence regarding best practice approaches to public communications campaigns that tackle difficult issues of behaviour change, such as reducing illicit drug use. These include recognising the differing needs of stakeholder groups and taking into account their lived experience, taking a long-term and multi-component approach, and ensuring that campaigns are grounded in research and outcomes are appropriately evaluated.
- 3.2 This chapter outlines those best practice approaches, provides some examples of international approaches, and presents the committees recommendations for future campaigns to reduce illicit drug demand.

### Needs of different audiences

- 3.3 The committee heard that best practice approaches for communications campaigns include understanding the needs of the different audiences, and are tailored to best target those audiences.
- 3.4 The Australian Association of Social Marketing informed the committee that this entails going beyond merely changing the message to the target audience, but also using a 'strategic mix of intervention tools and that involve working with citizens and communities in partnership'.<sup>2</sup>
- 3.5 Dalgarno Institute submitted that vulnerable groups must be consulted in framing messaging, with a focus on mental health and intergenerational cycles of dependency.<sup>3</sup>
- 3.6 UM advised that targeting groups with specific messages based on their needs or concerns in relation to an issue 'can drive relatability and increase the resonance of messaging', but further advised that 'no group is homogeneous and everyone's ... values related to drugs will be different'.<sup>4</sup>

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<sup>1</sup> Dr Vernon White, Senator and Dr John Coyne, *Submission 3*, p. 2.

<sup>2</sup> Australian Association of Social Marketing, *Submission 18*, p. 3.

<sup>3</sup> Dalgarno Institute, *Submission 14*, p. 12.

<sup>4</sup> UM, *Submission 21*, p. 7.

- 3.7 UM further advised the committee that the most important group to target is youth, as 80 per cent of illicit drug use first happens between the age of 15 and 21:

Put another way, the majority of 15 to 21-year-olds will at some point be in a position where they have to make a choice around using illicit drugs. We believe, therefore, they're a clear and obvious target for any campaign that's focusing on illicit drug use, although not necessarily the only target.<sup>5</sup>

### *Youth*

- 3.8 The committee received a range of evidence that highlighted the need to appropriately target a youth audience in efforts to reduce illicit drug demand, and that messages should be appropriate to their needs, maturity levels and ways of consuming media.
- 3.9 The Drug Education network submitted that as adolescence is a time of developing more independence, if drug use is a perceived way of achieving this it will be hard to discourage youth. Furthermore, most young people rarely consider the long-term effects of drug use and do not see any resemblance between images of addicts and their friends or family members who may use illicit drugs.<sup>6</sup>
- 3.10 The Australian Association of Social Marketing recommended a youth-specific program should take a multi-component approach, as discussed later in this chapter, and submitted that a review of programs to prevent substance use in children found best practice approaches address multiple domains of risk and protective factors for risk behaviour.<sup>7</sup> It further recommended that substance use prevention programs aimed at youth were most effective when utilising a psychosocial strategy, consisting of two types:
1. the social influences approach, and
  2. personal and social competence enhancement. Social influences approaches focus on increasing the awareness of the social influences promoting drug use, altering perceived social norms regarding the prevalence and acceptability of drug use, and building up drug resistance skills. Personal and social competence enhancement programs focus on the development of 'life skills' and feature aspects of the social influence approach but also incorporate general self-management and social competence training.<sup>8</sup>
- 3.11 The committee heard that Generation Z (born in the decade from 1995–2005) would be a key target cohort for such a campaign, and are 'digital natives with more fluid identities and a broader range of skills than previous generations' which would require a different approach in order to achieve behaviour

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<sup>5</sup> Mr Brett Elliott, General Manager, UM, *Committee Hansard*, 15 October 2020, p. 15.

<sup>6</sup> Drug Education Network, *Submission 4*, pp. 8–9.

<sup>7</sup> Australian Association of Social Marketing, *Submission 18*, p. 3.

<sup>8</sup> Australian Association of Social Marketing, *Submission 18*, pp. 3–4.

change. UM recommended peer-researchers that move from a passive to a more probing approach to ensure that target cohorts true thoughts and feelings are addressed, and that there is benefit in an approach that speaks to youth specifically on a peer-to-peer level.<sup>9</sup>

3.12 However, the committee was told that campaigns can be seen as not relevant, as communications messages rarely explore topics close to the heart of young people.<sup>10</sup>

3.13 Dalgarno Institute submitted that it is estimated that in alcohol and drug education it takes roughly 15 hours to change knowledge, 30 hours to change attitudes and 50 hours to change behaviours. However, for Australian school children, only 44 per cent of student aged 12 to 17 received more than one lesson on illicit drugs in the past year.<sup>11</sup>

3.14 The committee heard about the *PARTY* program, a Canadian one-day injury awareness and prevention program for youth age 15 and older, which has input from nurses, trauma specialists, allied health professionals and survivors, as each of these groups have direct experience or professional knowledge about the impacts of illicit drugs that can affect change in attitudes and decisions in students. A study conducted in Ontario, Canada between 1993 and 2002 showed that participants in the *PARTY* program had a lower rate of traumatic injury as well as less severity, after controlling for age, gender and residential area. The committee was advised that it is important communications campaigns utilize the experiences and input of healthcare professionals and survivors in order to give young people a better idea around the potential consequences of their decisions.<sup>12</sup>

3.15 The Australian Medical Association South Australia similarly submitted that medical professionals are an important cohort to assist in both developing and delivering messages targeting illicit drug use.<sup>13</sup>

3.16 The committee also heard that anti-drug education aimed at children younger than the age at which they typically become illicit drug users, can be effective when it continues through into early adulthood.<sup>14</sup>

3.17 Dalgarno Institute submitted that in considering a youth target audience, the needs of the children of drug users should also be taken into account, citing the Australian Psychological Society position that parental drug use was one of the

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<sup>9</sup> UM, *Submission 21*, pp. 7 and 12.

<sup>10</sup> Drug Free Australia, *Submission 5*, p. 3.

<sup>11</sup> Dalgarno Institute, *Submission 14*, p. 17.

<sup>12</sup> Lachlan Fitzgerald, *Submission 19*, p. 2.

<sup>13</sup> Australian Medical Association South Australia, *Submission 7*, p. 2.

<sup>14</sup> Lachlan Fitzgerald, *Submission 19*, p. 2.

most serious issues confronting the child welfare system in the last 20 years due to child abandonment, neglect, physical and sexual abuse, and death.<sup>15</sup>

### *Aboriginal and Torres Strait Islander people*

- 3.18 Aboriginal and Torres Strait Islander people demonstrate disproportionate illicit drug usage at a rate of 1.8 times higher than the non-Indigenous Australian population, making them a key audience for education and preventative measures.<sup>16</sup> The committee heard differing advice on how to best target those communities.
- 3.19 The Department of Health submitted that many Aboriginal and Torres Strait Islander youth will be exposed to the mainstream campaign materials and specific targeting may not be necessary or desirable, and further advised that testing is crucial to ensure that any targeted messages do not elicit cultural stigma.<sup>17</sup>
- 3.20 The Department of Health advised the committee that past National Drug Campaigns which have targeted Aboriginal and Torres Strait Islander youth used a multi-tiered approach of mainstream advertising, partnerships with national Indigenous media, sporting events with specific co-branding, and funding regional and remote organisations to develop local media content.<sup>18</sup>
- 3.21 The Australian Association of Social Marketing submitted that public communications campaigns need to be mindful that there is a myriad of factors that contribute to harmful drug and substance abuse aimed at Aboriginal and Torres Strait Islander communities that may not be felt by non-Indigenous communities. The association further advised that this would include 'establishing trust, rapport and strong relationships with communities, developing and adopting an emic cultural understanding, adopting co-creative and collectively reflexive processes, use of culturally appropriate research methods.'<sup>19</sup>
- 3.22 The Australian Association of Social Marketing did advise, however, that while programs developed in partnership with Aboriginal and Torres Strait Islander communities show potential to reduce substance abuse, more rigorously conducted evaluation trials are needed to strengthen the evidence base.<sup>20</sup>

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<sup>15</sup> Dalgarno Institute, *Submission 14*, p. 10.

<sup>16</sup> UM, *Submission 21*, p. 7.

<sup>17</sup> Department of Health, *Submission 1*, p. 4.

<sup>18</sup> Department of Health, *Submission 1*, p. 4.

<sup>19</sup> Australian Association of Social Marketing, *Submission 18*, p. 4.

<sup>20</sup> Australian Association of Social Marketing, *Submission 18*, p. 4.

3.23 UM submitted that although the Aboriginal and Torres Strait Islander audience is English proficient and consumes mainstream media:

... advertising in Indigenous media helps to indicate to this audience that the message is also relevant to Indigenous Australians. When possible, and without being tokenistic, advertisements featuring Indigenous Australians would also be recommended to create a greater feeling of relevance.<sup>21</sup>

### *Culturally and linguistically diverse communities*

3.24 The Department of Health submitted that specific strategies are not typically used to target culturally and linguistically diverse (CALD) communities at a national level due to lower illicit drugs use, media consumption habits and the potential for stigma to be associated if specific communities are targeted. The Department of Health advised that instead, mainstream campaigns are tested with a wide variety of CALD youth and parents regarding different language needs and media use to ensure relevance.<sup>22</sup>

3.25 The Australian Association of Social Marketing submitted that the evidence regarding the efficacy of drug use prevention among CALD communities is quite limited, due to a lack of formal evaluation. Additionally, instances where there is formal evaluation may not be relevant to Australia as those studies involve different types of CALD communities in the United States of America. The Australian Association of Social Marketing advised that ensuring CALD communities are involved in development and evaluation of future campaigns is critical to achieving positive outcomes for this cohort.<sup>23</sup>

3.26 Advertising agency UM also advised that campaigns should review the needs of potential CALD audiences, because their consumption of media is often different to general audiences, particularly groups with low English proficiency. UM also submitted that for some groups with high English proficiency, testing showed that in-language communications, in this case Hindi, had a 36 per cent increase in performance, demonstrating 'the additional power an asset can have if an individual believes it is specific for them or someone like them'.<sup>24</sup>

### **Multi-component approach**

3.27 The committee heard from many submitters that the most successful interventions to reduce drug demand use a multi-component approach, where broader public awareness raising is followed up with targeted messaging to

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<sup>21</sup> UM, *Submission 21*, p. 7.

<sup>22</sup> Department of Health, *Submission 1*, p. 5.

<sup>23</sup> Australian Association of Social Marketing, *Submission 18*, p. 4

<sup>24</sup> UM, *Submission 21*, p. 7.

specific cohorts, combined with behaviour change supports such as social workers and individual addiction treatments.

3.28 The Australian Association of Social Marketing advised the committee:

There is a well-established evidence base regarding what works and what does not with respect campaigns targeting behavioural change generally and for specifically targeting demand for drugs and substance abuse. This evidence shows that multicomponent behaviour change programs are more effective than campaigns that focus simply on information or awareness raising.<sup>25</sup>

3.29 The Advertising Council of Australia agreed and told the committee that a communications campaign alone 'can't effect significant change for societal issues such as drug abuse. An effective approach needs multilayered [communications], multilayered activities and on-ground plans across all audiences and jurisdictions'.<sup>26</sup>

3.30 The committee also heard, however, that different age groups respond better to different approaches, so age must be taken into account in developing messages around illicit drug use. Additionally, different approaches work better for different drugs, for example universal family interventions has been found to work well to reduce marijuana use, but not other drugs.<sup>27</sup>

3.31 360Edge submitted that future campaigns could learn from successful tobacco reduction campaigns, which were accompanied by other product interventions. 360Edge noted, however, that these campaigns were more successful in delaying or stopping non-users from starting, as opposed to encouraging people to stop using tobacco. 360Edge further noted these campaigns need to be long-lived, as there is a notable decline in effect once the campaign ceases.<sup>28</sup>

3.32 ACT Policing highlighted that from its experience in the *Safe Summer* campaign, enforcement activities can be included as part of a multifaceted approach:

Having that harder line enforcement and clamping down on antisocial behaviour was a key element to it as well. It wasn't all about educating and accepting that behaviour. There was a harder edge to it to enforce social behaviour. If we didn't do that, the rest of the community that's out at

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<sup>25</sup> Australian Association of Social Marketing, *Submission 18*, pp. 2 and 4.

<sup>26</sup> Mr Tony Hale, Chief Executive Officer, Advertising Council of Australia, *Committee Hansard*, 15 October 2020, p. 9.

<sup>27</sup> Australian Association of Social Marketing, *Submission 18*, pp. 3–4.

<sup>28</sup> 360Edge, *Submission 6*, p. 2.

those times have been impacted on by a small minority that are behaving badly.<sup>29</sup>

- 3.33 Dr Vernon White, a Canadian Senator who has led a drug use reduction campaign in Canada targeting school children, advised the committee that campaigns are not successful 'without an education piece strongly entrenched in the education community'.<sup>30</sup> The Canadian program is outlined in greater detail later in this chapter.

### Long-term campaigns

- 3.34 In addition to campaigns being multi-component to be effective in changing behaviours, the committee was advised by the Department of Health that campaigns should be long term and sustained.<sup>31</sup> Drug Free Australia similarly advised that effective campaigns are conducted over the long-term, to reach diverse audiences, often with one message.<sup>32</sup> The Alcohol and Drug Foundation submitted that effective health campaigns should not only be long-term, they should be 'consistent to ensure impact'.<sup>33</sup>
- 3.35 Advertising agency UM informed the committee that 'behaviour-change campaigns need to be a sustained effort' to take advantage of 'the multiplier effects on campaign efficacy when communication is maintained for three years or more, compared to a shorter period'.<sup>34</sup>

- 3.36 Dalgarno Institute advised that a long-term approach should also be taken to measuring results, without expectations for immediate change:

The reality is that because of the widespread entrenched attitudes to illicit drugs, initial strategies and pilot campaigns will not necessarily bring about instant results or may have limited success but this is true of many early endeavours in various industries and organisations.<sup>35</sup>

### Campaigns informed by lived experience

- 3.37 The committee was advised that best practice approaches ensured that people with a lived experience of illicit drug use provided input into campaigns, across a number of aspects.

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<sup>29</sup> Mr Michael Chew, Acting Deputy Commissioner, Acting Chief Police Officer, ACT Policing, *Committee Hansard*, 15 October 2020, pp. 6–7.

<sup>30</sup> Dr Vernon White, Senator and Dr John Coyne, *Submission 3*, p. 2.

<sup>31</sup> Department of Health, *Submission 1*, p. 4.

<sup>32</sup> Drug Free Australia, *Submission 5*, p. 3. See also 360Edge, *Submission 6*, p. 2.

<sup>33</sup> Alcohol and Drug Foundation, *Submission 12*, p. 4.

<sup>34</sup> Mr Brett Elliott, UM, *Committee Hansard*, 15 October 2020, p. 15.

<sup>35</sup> Dalgarno Institute, *Submission 14*, p. 18.

- 3.38 The Australian Medical Association South Australia advised that campaigns should be evidence based, up to date and reflect the living experience both of the target audience (illicit drug users) and trusted people the campaign draws upon to assist in influencing behaviour change (health professionals).<sup>36</sup>
- 3.39 The Alcohol and Drug Foundation submitted that appropriate consideration should be given to the at-risk populations, to maximise effectiveness of campaigns as well as prevent stigmatisation. The Alcohol and Drug Foundation further submitted that 'campaigns targeting drug and substance use should take account that at-risk individuals are less likely to be consumers of traditional and new media; that frontline workers and community groups should be used to disseminate information'. The Alcohol and Drug Foundation went on to state that a program it runs, the Local Drug Action Team program, could be funded to deliver these messages instead of funding a public communications campaign.<sup>37</sup>
- 3.40 The Victorian Alcohol and Drug Association also advised that involving lived experience would increase the potential success of campaigns, informing the committee that the 'end result of a lot of these efforts would have greater success if they drew on the experience, the understanding and the nuance of the population they're seeking to target'.<sup>38</sup>
- 3.41 Dalgarno Institute agreed, and submitted that public information campaigns could also include former drug users whose first-hand accounts, lived experience and earned resiliency, could be woven together with collaborating police information to help reinforce their efforts and widen credibility.<sup>39</sup>
- 3.42 The National Drug Strategy itself advises that policies and approaches to reduce drug harms should be informed by evidence, and should not inadvertently or intentionally 'marginalise or stigmatise people who are at higher risk of experiencing alcohol, tobacco and other drug related harm'.<sup>40</sup>

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<sup>36</sup> Australian Medical Association South Australia, *Submission 7*, p. 2

<sup>37</sup> Alcohol and Drug Foundation, *Submission 12*, pp. 2–3.

<sup>38</sup> Mr Sam Biondo, Executive Officer, Victorian Alcohol and Drug Association, *Committee Hansard*, 14 October 2020, p. 4.

<sup>39</sup> Dalgarno Institute, *Submission 14*, p. 29.

<sup>40</sup> Alcohol and Drug Foundation, *Submission 12*, p. 2.

## Research and evaluation

- 3.43 The committee heard that in developing campaigns, good research can be crucial to developing effective new campaigns. Furthermore, that evaluation is crucial to understanding the impact of a campaign once delivered, which can then form the basis of research that can be used to direct future campaigns. Thus, research and evaluation can be viewed as different segments of a cycle of learning regarding the effectiveness of public communications campaigns.
- 3.44 The State and Territory Alcohol and Other Drug Peaks Network advised that campaigns should be preceded by appropriate research and carried out within a well-designed evaluation framework, or risk being both ineffective and harmful.<sup>41</sup>
- 3.45 The Drug Education Network submitted:
- Mass media campaigns are most effective when developed with coherent, credible, evidence-based messages grounded in behavioural science research. When it comes to anti-drug campaigns, truthful representations are the best way to go. There's a fine line between conveying the risks and exaggerating the dangers of drugs.<sup>42</sup>
- 3.46 The committee was informed that the difficulty faced by developers of public awareness campaigns targeting drug demands, is that past campaigns have generally been very poorly evaluated which means there is a limited body of research available upon which to base future campaigns.<sup>43</sup>
- 3.47 The Drug Education Network submitted that illicit drug demand reduction campaigns are seldom evaluated, making it hard to provide accurate and clear evidence of their effectiveness, and further claimed that similar campaigns targeting tobacco and alcohol use 'have been evaluated more frequently and have shown evidence for benefit'.<sup>44</sup> The Drug Education Network further submitted that future evaluations should use interrupted time series (ITS) studies, which collect data at points before and after the intervention to measure the impact and 'is deemed a valuable study design for evaluating the effectiveness of population-level health interventions that have been implemented at a clearly defined point in time'.<sup>45</sup>
- 3.48 The Department of Health submitted that it 'uses a strong evidence-based approach to campaign development and evaluation ... using a variety of

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<sup>41</sup> State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 2.

<sup>42</sup> Drug Education Network, *Submission 4*, p. 6.

<sup>43</sup> See, for example: Drug Education Network, *Submission 4*, p. 3; Penington Institute, *Submission 16*, p. 10; 360Edge, *Submission 6*, p. 3.

<sup>44</sup> Drug Education Network, *Submission 4*, p. 3. See also Penington Institute, *Submission 16*, p. 10.

<sup>45</sup> Drug Education Network, *Submission 4*, p. 11.

research methods including market research commissioned specifically for each campaign'.<sup>46</sup>

- 3.49 However, the Australian National Audit Office submitted that its review of the Department of Health's implementation of the National Ice Action Strategy found:

The department does not have an evaluation approach in place for the National Ice Action Strategy, and is not monitoring progress towards the goal and objective. Public reporting by the department does not currently provide sufficient transparency about how implementation is progressing or what progress is being made towards the goal and objective.<sup>47</sup>

- 3.50 Advertising agency UM informed the committee that behaviours related to illicit drug consumption are difficult to measure definitively and even more difficult to attribute to a single factor, like advertising. However, UM advised:

Pre and post [campaign activity] research related to awareness, perceptions and claimed actions are the closest proxy and used in most examples. If tracking of behaviours can be monitored over a specific time period, this should [be] done and matched as closely as possible to ensure true results align to claimed behaviours as much as possible.<sup>48</sup>

- 3.51 360Edge similarly submitted that to date there has been little work to evaluate campaigns targeting illicit drug use and the evaluations that have been undertaken show very mixed results. 360Edge stated that some campaigns 'show modest reductions in use among the target population but many show increased interest and use'.<sup>49</sup> 360Edge advised that in developing any upcoming evaluation frameworks '[a]ctual behaviour change and other impacts must be measured, as well as possible unintended consequences (such as increases in use)' and that adequate time and funding is required to properly examine the true effectiveness of campaigns.<sup>50</sup>

- 3.52 The Advertising Council of Australia highlighted that while measurement is essential, it is often difficult and should not involve overly simplistic indicators. The Advertising Council of Australia told the committee:

Effective societal change needs bespoke measurements for the particular cause we're talking about and it needs to measure across both attitudinal and behavioural change because you need to understand how that is moving along the continuum. Success is rarely binary, such as it works or it doesn't work, or it's on or it's off.<sup>51</sup>

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<sup>46</sup> Department of Health, *Submission 1*, p. 4.

<sup>47</sup> Australian National Audit Office, *Submission 13*, p. 2.

<sup>48</sup> UM, *Submission 21*, p. 13.

<sup>49</sup> 360Edge, *Submission 6*, p. 3.

<sup>50</sup> 360Edge, *Submission 6*, p. 4.

<sup>51</sup> Mr Tony Hale, Advertising Council of Australia, *Committee Hansard*, 15 October 2020, p. 9.

3.53 UM agreed, and advised the committee that evaluation of campaigns seeking to change behaviours should take a long-term approach:

Certainly, there are things we can do from a communication point of view to track awareness or behavioural intent, but, in terms of getting hard numbers around the effect of a campaign, it always takes time with behavioural change.<sup>52</sup>

3.54 UM further advised that research should include studies of the drivers of drug consumption and the barriers to stopping or avoiding this behaviour for different audience groups.<sup>53</sup>

3.55 The Alcohol and Drug Foundation advised that although long-term evaluation can be difficult, long-term investment is required to build evidence of what works to inform future campaigns.<sup>54</sup> The Australian Association of Social Marketing submitted that research is critical in assessing the effectiveness of drug and substance abuse campaigns in changing behaviour, and it should include a mix of quantitative and qualitative methods, with randomised control trials being the gold standard.<sup>55</sup>

### **Recommended approaches**

3.56 The committee received a number of recommended approaches from witnesses and submitters, many of which were repeated by multiple organisations while others were contradictory. Key recommendations are listed below, not in order of importance:

- Effective drug education campaigns for young people should:
- use interactive methods;
- be delivered by trained facilitators through a series of structured sessions;
- normalise the non-use of alcohol and other drugs;
- impact perceptions of risk associated with substance use; and,
- provide opportunities to practise and learn personal and social skills.<sup>56</sup>
- Fear-based campaigns should be abandoned in favour of evidence-based approaches to ensure that campaigns meet their aims and do not place Australians at increased risk of harm.<sup>57</sup>
- Harm reduction should be a focus as well as demand reduction.<sup>58</sup>

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<sup>52</sup> Mr Brett Elliott, UM, *Committee Hansard*, 15 October 2020, p. 20.

<sup>53</sup> UM, *Submission 21*, p. 12.

<sup>54</sup> Alcohol and Drug Foundation, *Submission 12*, p. 4.

<sup>55</sup> Australian Association of Social Marketing, *Submission 18*, p. 5.

<sup>56</sup> 360Edge, *Submission 6*, p. 4.

<sup>57</sup> Victorian Alcohol and Drug Association, *Submission 17*, p. 1.

<sup>58</sup> 360Edge, *Submission 6*, p. 1.

- Campaigns should also consider providing additional funding to cover any increase in people seeking treatment.<sup>59</sup>
- Prevention and demand reduction should take preference to treatment and rehabilitation as they are more cost effective.<sup>60</sup>
- Drug demand approaches should include investment in stigma reduction, awareness raising, capacity building, holistic approach to drug use prevention through addressing protective factors and place-based community development.<sup>61</sup>
- Campaigns should use visual images such as real brain scans showing the gradual harms from illicit drugs to developing brains, as this offers a more authoritative and scientific approach to messaging.<sup>62</sup>
- Campaigns should be based on scoping research with priority stakeholders to gain insight about their needs, to understand the local context, and to inform appropriate intervention approaches that will result in positive social outcomes. Pre-testing of interventions should be conducted to help test and refine campaign activities, messages and effects.<sup>63</sup>
- New campaigns should be implemented in a framework of rigorous evaluation studies.<sup>64</sup>
- Campaigns should start with consultations with stakeholders, as designers of programs must understand the motivators and point of view of the people they are targeting.<sup>65</sup>
- Campaigns should be long-term to ensure maximum effectiveness.<sup>66</sup>
- Governments should engage creative agencies earlier in the campaign development process.<sup>67</sup>

3.57 The Australian Association of Social Marketing submitted that campaigns that seek to reduce drug demand should follow a strategic social marketing approach, including that campaigns should:

- Draw on core values of reciprocity, mutuality, diversity and inclusivity;
- Be informed by ways of thinking strategically, trans-disciplinary and ethically;

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<sup>59</sup> State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 3.

<sup>60</sup> Drug Free Australia (Queensland), *Submission 15, Attachment 1*, p. 1.

<sup>61</sup> State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 3.

<sup>62</sup> Dalgarno Institute, *Submission 14*, pp. 11–12.

<sup>63</sup> Australian Association of Social Marketing, *Submission 18*, p. 5.

<sup>64</sup> Drug Education Network, *Submission 4*, p. 4.

<sup>65</sup> Drug Education Network, *Submission 4*, p. 14.

<sup>66</sup> UM, *Submission 21*, p. 15. See also Dalgarno Institute, *Submission 14*, p. 13.

<sup>67</sup> Mr Anthony Gregorio, Chief Executive Officer, Saatchi & Saatchi, *Committee Hansard*, 15 October 2020, p. 16.

- Draw on scoping research to unpack key issues, trends, challenges and opportunities that affect drug and substance abuse;
- Make use of careful existing scoping, planning, monitoring and evaluation frameworks;
- Adopt a citizen centred approach;
- Apply appropriate theory and science of behaviour and social change;
- Develop segmented messaging according to different target groups according to their demographic, geographic, psychographic and behaviour characteristics; and,
- Use a broad, creative and multi-faceted mix of intervention tools and tactics that move beyond communications only.<sup>68</sup>

3.58 Additional to the above recommendations, the Australian National Audit Office, made recommendations that the Department of Health:

- develop an evaluation framework for the National Ice Action Strategy, including the identification of suitable baseline performance information from which progress can be measured;
- monitor progress towards the goal and objective of the National Ice Action Strategy and provide this information to government; and,
- improve public reporting on how the implementation of the National Ice Action Strategy is progressing and what is being achieved.<sup>69</sup>

### **International examples of best practice**

3.59 The committee received evidence on public communications campaigns overseas which modelled best practice approaches and achieved successful outcomes. These are outlined below.

3.60 The Drug Education Network provided two examples of effective campaigns. The first, a United States of America (USA) anti-smoking campaign countered the appeal of smoking by encouraging young people to 'rebel against the duplicity of the Tobacco Industry', and was found to have lead to a 22 per cent decrease in smoking among young people.<sup>70</sup>

3.61 The second example, the United Kingdom's *Know your limits* campaign, targeted awareness of sensible drinking and evaluation found one third of the campaign audience reported the campaign made them consider the negative consequences of getting drunk.<sup>71</sup>

3.62 The Australian Association of Social Marketing cited a Norwegian program which uses a portal with accurate and science-based information about drugs,

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<sup>68</sup> Australian Association of Social Marketing, *Submission 18*, p. 6.

<sup>69</sup> Australian National Audit Office, *Submission 13*, p. 2.

<sup>70</sup> Drug Education Network, *Submission 4*, p. 10.

<sup>71</sup> Drug Education Network, *Submission 4*, p. 11.

without moralising, in order to minimise the harms of illicit drug use. The portal provides information on the effects and risks of drug use, as well providing safety guidelines. The Australian Association of Social Marketing noted that while information campaigns are useful for raising awareness and increasing knowledge regarding drug and substance abuse, evidence shows that information alone does not change behaviour.<sup>72</sup>

- 3.63 360Edge submitted that the USA's *Above the Influence* and *Be Under Your Own Influence* campaigns to reduce marijuana use have been effective. They promote the non-use of drugs as a means for young people to support goals of autonomy and achievement, with key messages of rising above peer and social pressures to use drugs.<sup>73</sup>
- 3.64 UM highlighted the USA's *Montana Meth Project: Not Even Once*, which focused on preventing youth methamphetamine (meth) usage by depicting the deterioration of a user over time, who begins by appearing an average teenager who makes the decision to use meth 'just once' and then descends into a dark and shocking place. Campaign research demonstrated a significant understanding that trying meth even once was dangerous both through qualitative and quantitative means, and that the use of shock tactics in this instance appeared to be successful at motivating action and influencing opinion.<sup>74</sup>
- 3.65 Saatchi & Saatchi, however, submitted that evaluations of this campaign challenged the efficacy of the campaign, and that individuals with a lived experience of meth dependency, believed the campaign stigmatised them.<sup>75</sup> Saatchi & Saatchi pointed to the South Dakota *Meth. We're on it* campaign, which uses shock tactics in a way that does not stigmatise or shame drug users. The campaign has received mixed reviews, but has garnered attention and created online conversations.<sup>76</sup>
- 3.66 Dr Vernon White and Dr John Coyne provided details on a Canadian project, which they submitted ' offers a best practice model for public communication campaigns targeting drug and substance abuse'. See text box below.

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<sup>72</sup> Australian Association of Social Marketing, *Submission 18*, p. 2.

<sup>73</sup> 360Edge, *Submission 6*, p. 3.

<sup>74</sup> UM, *Submission 21*, p. 8.

<sup>75</sup> Saatchi & Saatchi, *Submission 20*, p. 6.

<sup>76</sup> Saatchi & Saatchi, *Submission 20*, pp. 6–7.

#### **Box 4.1 Support Treatment Education Prevention (STEP) Project**

Project STEP was launched in 2007 by police, schools, public health and the United Way as well as addictions and mental health service providers to address the need for the support, treatment, education and prevention of substance use issues among youth in the community.

The two areas of focus were development of two residential treatment facilities for youth (previously none) and school-based prevention and intervention.

##### **School-based prevention**

The STEP school-based initiative is a multi-sector community program in Ottawa, Canada. In public school settings STEP's activities run as a close partnership between the schools and the two core service delivery partners. Students at all 57 high schools in Ottawa, including alternate schools, have access to school-based prevention, education and counselling. Many intermediate and elementary schools (grades 6–8) also receive education and prevention services.

In addition to services for students and families, the addiction counsellors also provide teacher training and parent events.

##### **Non-mainstream settings**

In the non-mainstream settings, counselling services are provided for youth in the community through the following partners:

- Youville Centre provides young single mothers and expectant mothers with a full range of counselling and life skills support.
- Operation Come Home provides employment and support programs, addictions and mental health counselling for at-risk youth.
- Wabano Centre for Aboriginal Health's Working Hope program provides culturally aligned mental health and addictions-focused programming for First Nations, Metis, and Inuit children, youth and families.

##### **Outcomes for participants**

In 2016 the Opioid crisis hit the City of Ottawa and as STEP was already fully operating it allowed the team of professionals and organisations to put in action a plan to combat the death that was being seen across the country.

Additionally:

- 79 per cent of youth who reported drug use, reduced their frequency of use.
- 81 per cent of youth felt the program helped them with healthy relationships.
- 84 per cent of youth reported they had fewer suicidal thoughts.
- 2 of every 4 students were able to reduce or stop using one or more drugs during the evaluation period.

## Committee view

- 3.67 The committee notes that while there is strong consistent advice on best practice for how to prepare, deliver and evaluate public messages, expert advice differs on exactly what the message itself should be.
- 3.68 These conflicting approaches to public messaging stem from the different cohorts being targeted, the countries in which they are undertaken and different ideas of how to best reduce illicit drug use, and therefore drug demand.
- 3.69 One approach is to reduce demand by addressing people's addictions because, as pointed out to the committee, drug demand is driven by people who are using drugs not by people who are *not* using drugs. The committee's concern with this approach is that it is reactive, not proactive.
- 3.70 A prevention approach to illicit drug use would require governments to provide information that would assist people to avoid addiction to illicit drugs, rather than attempt to 'cure' them via addiction treatment after the fact. The issue of obesity is a good example. There are significant health implications from obesity that governments, via health messaging, attempt to address as preventative measures while trying to ensure that people do not feel 'fat-shamed' or of lesser value due to weight-gain.
- 3.71 Another approach argued during this inquiry, is that illicit drug use is only a problem because of the harm that it causes and therefore governments should address drug-related harms only, rather than reducing illicit drug use itself. This view does not take into account the significant harms caused by the illicit drug trade, that occur before any drug is even consumed. There needs to be greater recognition of these harms and of the involvement of organised crime groups in the manufacture and distribution of illicit drugs.
- 3.72 The committee believes that reactive and proactive measures do not have to be in conflict, and each approach has both benefits and sensitivities. Governments have a duty of care to ensure that appropriate information on the risks of illicit drug use is made available to the broader public as a preventative measure, weighing up the potential negative impacts to the small community of regular illicit drug users.
- 3.73 The committee is also conscious of expert communications advice that message channels are far more sophisticated now than in past decades, allowing for more nuanced messaging that is tailored to different audiences.
- 3.74 The committee further notes expert advice to prioritise key cohorts, including:
- youth, focussed at the age at which initial decisions about drug taking occur;
  - parents, with strategies to assist them to help their children to avoid illicit drugs; and

- parents, on the dangers of how their drug abuse can lead to child neglect and exploitation.

## Recommendation 2

**3.75 The committee recommends future Australian Government communications campaigns include the following characteristics:**

- contain targeted messages on the dangers of illicit drug use to key cohorts;
- reflect the lived experiences of illicit drug users and also the experiences of trusted people, such as teachers and healthcare workers, to establish behavioural change;
- provide information on addiction treatment off-ramps;
- include a national schools element that will take a multi-component approach to developing protective factors and involve the national education community in its design and implementation;
- be based on appropriately detailed and considered research and, prior to commencement, have in place both quantitative and qualitative measures for efficacy; and,
- take a long-term approach of at least 3–5 years and include a sustained approach to key cohorts over that entire period.



# Chapter 4

## Alternatives to communications campaigns

4.1 A recommendation raised by submitters and witnesses from the alcohol and other drugs (AOD) treatment sector was to divert funds that would be used in a public awareness campaign into funding more AOD addiction treatment and other harm minimisation services.<sup>1</sup> The key argument for this recommendation was that efforts to reduce drug demand, and its related harms, should be focused towards the addiction treatment of current drug users:

To state the obvious, demand for illicit drugs comes from people who use drugs, not from people who don't. Treatment programs which allow people who use drugs to not use drugs anymore or to reduce the amount of drugs that they use are probably the best way to reduce the total amount of drug consumption.<sup>2</sup>

4.2 The Department of Health noted that 'harm minimisation rests on the assumption that we cannot stop all people from using illicit substances. However, while people continue to use drugs, some will continue to experience harm'.<sup>3</sup>

4.3 The Police Federation of Australia told the committee they have ongoing concerns with the negative outcomes of some harm minimisation strategies that take the above view, in particular pill-testing, as it is 'leading people down that path of taking pills and giving them the perception that it's safe'.<sup>4</sup>

4.4 This view accords with some research and writing on the ethics of drug-related harm minimisation programs, which argues that these services enable society to continue to cause 'harm to individuals without accepting responsibility for or acknowledging the social, legal and economic source of those harms'.<sup>5</sup> In

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<sup>1</sup> See, for example, Drug Education Network, *Submission 4*, p. 13; State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 9; Dr Devin Bowles, Chief Executive Officer, Alcohol Tobacco and Other Drug Association ACT, *Committee Hansard*, 14 October 2020, p. 5; Mr Sam Biondo, Executive Officer, Victorian Alcohol and Drug Association, *Committee Hansard*, 14 October 2010, p. 5; Professor Nicole Lee, Managing Director, 360Edge, *Committee Hansard*, 14 October 2010, p. 15.

<sup>2</sup> Dr Devin Bowles, Alcohol Tobacco and Other Drug Association ACT, *Committee Hansard*, 14 October 2020, p. 5.

<sup>3</sup> Department of Health, [Training frontline workers - young people, alcohol and other drugs: Module 9, 2.1 Harm minimisation](#), p. 19.

<sup>4</sup> Mr Scott Weber, Chief Executive Officer, Police Federation of Australia, *Committee Hansard*, 15 October 2010, p. 8.

<sup>5</sup> Gordon Roe, 'Harm reduction as paradigm: Is better than bad good enough? The origins of harm reduction', *Critical Public Health*, September 2005; vol. 15, no. 3, p. 245.

other words, harm-minimisation programs such as needle exchange are themselves causing harms by supporting people in continued illicit drug-use, albeit in a less dangerous manner:

[B]y ameliorating their [drugs] worst effects, harm reduction simply relieves the institutions of prohibition and abstinence-based treatment of responsibility for those harms.<sup>6</sup>

- 4.5 A key concern of some submitters, however, is the current shortfall in the availability of addiction treatment for people seeking to address their illicit drug use, with estimates that there are between 200 000 to 500 000 people who need, want and cannot gain access to AOD treatment each year.<sup>7</sup> The committee was told to beware a demand reduction media campaign that persuades people to seek treatment for drug use if there are not enough treatment places to meet current demand, let alone an increased demand.<sup>8</sup>
- 4.6 However, the engagement of regular drug users in drug treatment is very low. Only three per cent of users of stimulant drugs such as ecstasy, methamphetamine and cocaine reported that they were currently receiving drug treatment.<sup>9</sup> Where people do engage, 21 per cent of treatments are ended by the client against advice.<sup>10</sup> The relapse rate after treatment is around 50 per cent, similar to other chronic health conditions such as asthma, high blood pressure and diabetes.<sup>11</sup>
- 4.7 Additionally, recent reporting indicates serious concerns with the addiction treatments provided from some rehabilitation centres that are requirements of bail or parole conditions, with clients reporting some do not include formal drug and alcohol rehabilitation programs.<sup>12</sup>

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<sup>6</sup> Gordon Roe, 'Harm reduction as paradigm: Is better than bad good enough? The origins of harm reduction', *Critical Public Health*, September 2005; vol. 15, no. 3, p. 247.

<sup>7</sup> State and Territory Alcohol and Other Drug Peaks Network, *Submission 10*, p. 3. See also, Victorian Alcohol and Drug Association, *Submission 17*, p. 1; 360Edge, *Submission 6*, p. 1;

<sup>8</sup> See for example Dr Devin Bowles, Chief Executive Officer, Alcohol Tobacco and Other Drugs Association ACT, *Committee Hansard*, 14 October 2020, pp. 1-2, Dr Vernon White, International Fellow, Australian Strategic Policy Institute, *Committee Hansard*, 14 October 2020, p. 9.

<sup>9</sup> National Drug and Alcohol Research Centre, *Australian Drug Trends 2020: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews*, p. 12.

<sup>10</sup> Australian Institute of Health and Welfare, *Alcohol and other drug treatment services in Australia 2018-19: key findings*, June 2020.

<sup>11</sup> Professor Nicole Lee, Drug rehab: What works and what to keep in mind when choosing a private treatment provider' ABC News, [www.abc.net.au/news/2018-05-02/drug-rehab-what-works-and-what-to-keep-in-mind-when-choosing/9718124](http://www.abc.net.au/news/2018-05-02/drug-rehab-what-works-and-what-to-keep-in-mind-when-choosing/9718124) (accessed 4 February 2021).

<sup>12</sup> Hagar Cohen, Jeremy Story Carter and Alison McClymont, 'Women speak out against controversial religious Sydney drug and alcohol rehabilitation centre the Healing House', *ABC News*, 16 December 2020, [www.abc.net.au/news/2020-12-16/inside-controversial-drug-alcohol-rehab-centre-healing-house/12952436](http://www.abc.net.au/news/2020-12-16/inside-controversial-drug-alcohol-rehab-centre-healing-house/12952436) (accessed 4 February 2021).

- 4.8 Currently, publicly funded health services are required to meet health accreditation standards, but registration and accreditation for privately operated AOD treatment providers is optional, with many such organisations operating with no external oversight or control. This is set to change.
- 4.9 Prior to the Council of Australian Governments (COAG) being disbanded, the Ministerial Drug and Alcohol Forum (MDAF) endorsed the *National Quality Framework for Drug and Alcohol Treatment Services* (AOD framework), which will set a nationally consistent quality benchmark that consumers can expect from treatment providers and will impose registration and accreditation requirements applicable to all AOD providers, regardless of whether or not they receive government funding. These requirements come into effect from 29 November 2022 onwards.<sup>13</sup>
- 4.10 However, the above changes do not appear to improve outcome reporting on the efficacy of treatment, which will remain hard to quantify. There is no standard approach taken to evaluating longitudinal outcomes of drug addiction treatment, with no reporting requirements at all for privately funded addiction treatment services.<sup>14</sup> Additionally, as outlined in chapter one, the MDAF has been disbanded and there does not appear to be a replacement formal mechanism where law enforcement agencies are able to have input to health departments' oversight or regulation of illicit drug addiction treatment policies, services and approaches.
- 4.11 This lack of law enforcement oversight is of concern in relation to AOD treatment services linked to drug-diversion programs that annually see up to 41 000 people who have committed lower-order crimes diverted from the criminal justice system into AOD treatment.<sup>15</sup>
- 4.12 The Police Federation of Australia raised concerns with the performance outcomes of these drug rehabilitation services, and recommended further research into the regulation and oversight of police and court-ordered AOD treatment programs and their impact on recidivism rates.<sup>16</sup>

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<sup>13</sup> Department of Health, [National Quality Framework for Drug and Alcohol Treatment Services](#), 2018, pp. 7 and 12.

<sup>14</sup> Professor Nicole Lee, '[Drug rehab: what works and what to keep in mind when choosing a private treatment provider](#)', *The Conversation*, 2 May 2018.

<sup>15</sup> Australian Institute of Health and Welfare, *Alcohol and other drug treatment services in Australia 2018-19: key findings*, June 2020. Most diversion clients were referred by a court after a charge has been laid via a pre- or post-sentence program rather than by police after being apprehended.

<sup>16</sup> Police Federation of Australia, *Submission 9.1*, pp. 1-2.

### Committee view

- 4.13 It is clear that the AOD treatment sector believes that the best way to reduce illicit drug use is to address *current* drug users through addiction treatment. It is understandable that they have come to this view, taking into account their extensive experience working at the sharp end of illicit drug use, where they daily see the impacts of drug use on individuals and their family members.
- 4.14 Reasonably, AOD organisations focus on the harms felt by their client base, generally being higher volume drug users who correspondingly experience higher volume harms. However, drug-related harms are also felt by people who use a lower volume of illicit drugs for recreational use, albeit harms that are harder to measure as they are often restricted to the reduced educational, professional and economic outcomes for individuals. Additionally, there are broader harms caused to society by the manufacture and distribution of drugs, as well as the harms caused where people may engage in criminal conduct to support the costs of drug use.
- 4.15 Illicit drug policy should not just look at how to reduce *current* rates of illicit drug use by stopping people who are already using them, it should also seek to reduce rates into the future by preventing or delaying people from starting illicit drug use.
- 4.16 The committee is deeply concerned that the disbanding of the Ministerial Forum on Drugs, a Council of Australian Governments body, does not appear to have been replaced with any formal mechanism through which health and law enforcement agencies can cooperate and share knowledge related to reducing illicit drug demand. The committee is concerned that this will have the effect of reducing law enforcement perspectives on policies to address this important issue. While there are significant health implications for individual users of illicit drugs, there are even more significant law enforcement implications for the broader community regarding the overall illicit drug trade.
- 4.17 The committee is deeply concerned that in the laudable approach to reduce harms felt by regular drug users, the harms felt by the broader community in relation to drug-related crimes are being ignored or understated. While the problem of illicit drug use must include a health approach, policy and practice appears to have tipped the balance too far in ignoring the necessity for law enforcement approaches to remain a valuable part of the picture.

**Recommendation 3**

**4.18 The committee recommends the Australian Government establish a formal mechanism to ensure that Commonwealth, State and Territory law enforcement bodies have a strong, equal voice in developing policies and strategies to reduce illicit drug demand, including drug treatment services.**

**Recommendation 4**

**4.19 The committee recommends the Australian Government support research, potentially by the Australian Institute of Criminology, into the efficacy of addiction treatment programs in reducing drug-related crime recidivism.**

**Mr Julian Simmonds  
Chair**



# Appendix 1

## Submissions

- 1 Department of Health
- 2 Harm Reduction Australia
- 3 Dr Vernon White, Senator and Dr John Coyne
- 4 Drug Education Network
- 5 Drug Free Australia
- 6 360Edge
- 7 Australian Medical Association (South Australia)
- 8 ACT Policing
- 9 Police Federation of Australia
  - 9.1 Supplementary to submission 9
- 10 State and Territory Alcohol and Other Drug Peaks Network
- 11 Independent Drug Education Australia
- 12 Alcohol and Drug Foundation
- 13 Australian National Audit Office
- 14 Dalgarno Institute
  - Attachment 1
- 15 Drug Free Australia (Queensland)
  - Attachment 1
  - Attachment 2
  - Attachment 3
- 16 Penington Institute
- 17 Victorian Alcohol & Drug Association
- 18 Australian Association of Social Marketing
- 19 Mr Lachlan Fitzgerald
- 20 Saatchi & Saatchi
- 21 UM
- 22 Advertising Council Australia



## Appendix 2

### Public hearings and witnesses

*Wednesday, 14 October 2020*

1S4

Parliament House

Canberra

*State and Territory Alcohol and Other Drug Peaks Network*

- Ms Jill Rundle, Chief Executive Officer, WA Network of Alcohol and other Drug Agencies
- Mr Ethan James, Manager Advocacy, WA Network of Alcohol and other Drug Agencies
- Dr Devin Bowles, Chief Executive Officer, Alcohol Tobacco and Other Drug Association ACT (appearing in person)

*Victorian Alcohol & Drug Association*

- Mr Sam Biondo, Executive Officer
- Mr David Taylor, Policy and Media

*Dr Vernon White and Dr John Coyne*

*Alcohol and Drug Foundation*

- Dr Erin Lalor, Chief Executive Officer

*Harm Reduction Australia*

- Mr Gino Vumbaca, President

*360Edge*

- Prof Nicole Lee, Director

*Independent Drug Education Australia*

- Mr Thomas Reynolds, Founder

*Penington Institute*

- Mr John Ryan, Chief Executive Officer

*Australian Medical Association (South Australia)*

- Dr Chris Moy, President

*Thursday, 15 October 2020*

2S3

Parliament House

Canberra

*ACT Policing- Via videoconference*

- Mr Michael Chew, Acting Deputy Commissioner
- Mr Callum Hughes, Detective Acting Superintendent

*Police Federation of Australia- Attending in person*

- Scott Weber, President

*Australian Association of Social Marketing- Via Videoconference*

- Professor Ross Gordon, President

*Advertising Council Australia- Via videoconference*

- Mr Tony Hale, Chief Executive Officer
- Ms Kate Smither, Consultant

*Saatchi & Saatchi- Via videoconference*

- Mr Anthony Gregorio, Chief Executive Officer
- Mr Toby Aldred, Managing Director
- Ms Hannah McHardy, Junior Planner

*UIM - Via videoconference*

- Mr Brett Elliot, General Manager
- Ms Lauren Bray, Senior Strategist

*Department of Health- Via videoconference*

- Ms Jodie Grieve, Assistant Secretary, Public Information Branch
- Mr David Laffan, Assistant Secretary, Alcohol Tobacco and Other Drugs Branch