

**Jean-Eric PELET**  
**BA (HONS) ADVERTISING**

**Persuasion and Influence assignment:**  
Health Communication Campaigns

Subject: Drug Prevention to Teenagers

Title : **How Getting High Can Kill  
You!**

Course Lecturer: Craig WHITTAKER

Hand in date: 25.11.98

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## **PREFACE**

“Doing coke was a once a week thing. I used more and more as time went on. After six months, I was buying it every day. I kept smoking and smoking. You’re paranoid in the beginning. You don’t want to be caught. As you use drugs, you get careless. You’re real bold after a while. People think they can handle their drug use. Nope. It’s not going to happen. I’ve heard it so many times. My friend will say, ‘Yeah, sure. I can handle it.’ That’s real stupid, you know? You go to a party and snort cocaine. No big deal. It’s a one off. Next time you go to a party, you do it again. The next party, again. Each time you need a little bit more of the drug to get the same high as the first time. So, it’s a regular thing. You are not saying, ‘I want to become addicted.’ You think, ‘I can control it at any time.’ You are not realising that the drug is taking hold of you. The drug is telling you that you can handle the high. All of a sudden, it’s mid-week. Well, maybe this one time isn’t going to hurt. You snort again. Before you know it, you’re addicted. The drug becomes stronger than you.”  
(anonymous, extract from:<http://home.earthlink.net/~nodrugs/Addiction.htm>)

**See Appendix 1 to read what a drug is, please**

## INTRODUCTION

In the late 1980's a real-world test took place, in order to find out whether advertising could change people's belief, attitudes, and behaviours regarding drug use. Information gleaned from the research formed the basis for the "Drug-Free America" advertising campaign. One finding was that, among 9- to 12- year- olds, contact with older siblings had the greatest influence on attitudes and behaviour regarding drugs. Furthermore, older siblings who used drugs feared they would negatively influence their younger brothers and sisters. (MOWEN & MINOR, 1998:277)

Therefore, young people are seen as particularly vulnerable and there is evidence of increasing recreational drug misuse and public concern about deaths and accidents among young people related to drug misuse.

## **BACKGROUND**

The aim of this background is to give a summary of the nature of adolescent drug use, using as part of it street-wise extracts:

### **Adolescents underestimate the power of drugs**

"Kids see their friends smoke marijuana and avoid the immediate consequences that adults claim happen. These kids start to believe that they can smoke marijuana and get away with it too. That type of thinking is very much the way adults see cigarette smoking. They see their friends smoke and don't see immediate consequences of tobacco use. Eventually, they minimise the risks and reinforce the persons use of marijuana or tobacco or whatever drug, and nothing happens at all in the immediate future. They think that nothing will ever happen if they use it only at certain places and with certain people. Soon enough, they find themselves breaking their own rules and using more of the drug."

### **Addiction is compulsive and obsessive**

Drugs are just as important as breathing and going to the bathroom. This gives rise to overwhelming feelings of guilt and shame for the user and the family. It has nothing to do with willpower. Teenagers have an all the way, or no way viewpoint. Teenagers go all out when they are into drugs. They pull out all the stops. Habitual drug users are people who use drugs on a regular basis. They will continue to use it all the time and as often as they can. It doesn't matter what the consequences are or how miserable life is. They are only concerned about using. Drugs are what they are living live for.

"I spent my whole day making money, looking for drugs and doing drugs. I forgot there was anything else. I forgot about school, family, friends. Being high became everything to me."

Teenagers who are dependent on drugs choose drugs over everything. Drugs become more important than family, girls/boys, school and health. Drugs replace anything else that give joy or happiness.

### **Adolescent drug users develop a false sense of reality**

"I thought I arrived when I did the hard drugs. I was doing crack. I was doing the big sh-t."

Not getting caught in the beginning contributes to their false sense of reality. The child feels smarter than the parents and perceives the parent as ignorant. This is another reason why kids who use drugs no longer listen to their mother and father.

### **Drugs usage can increase criminal and aggressive behaviour**

There are kids that just like to do drugs and cause trouble. They hate their family and they hate school. Drugs are their way out.

## **Teenagers suffer emotional weakness faster than adults**

Emotional development ceases. The teen stops learning basic life skills necessary to cope with normal, every day problems. The result is a teenager thinking and acting as if in elementary school.

## **Tolerance increases with use**

Tolerance is when someone needs more and more of the drug in the system. "Your body got so used to the drug and now doesn't have any. You feel sick. You be real sick depending on what you used to the drug and now doesn't have any. You feel sick. How sick you are depends on what you use. Weed you crave like you do with cigarettes. Coke and heroin is though to stop using. That sh-t will f-ck you up. "

"Dependence is when your body is accustomed to having the drug and you need to use it to feel normal. The addiction is where you crave for the drug even when you're off the stuff. You could be anywhere doing anything and be craving to be high. That's the addiction. You want it even when you're clean."

## **Addiction is considered a disease or a choice depending whom you talk to**

There is no way someone can be addicted to a drug they haven't tried. An addict has to use the drug to be addicted to the drug. The first step is choice. After that, the drug chooses you. When the family is a mess, the parents are addicts, and the child is exposed to drugs, there is no choice. That child is already addicted because mum used alcohol or cocaine when she was pregnant. Alcoholism might run in the family. That child had no choice. In such a case, there needs to be a serious preventive effort to explain to that child the risks of addiction. Once that child experiments with the drug, you have a serious problem from the start. Mum and dad set the kid up for life with an addiction. Addiction is a disease in every respect. Addiction will lead to jail sentences, institutions, and death when left untreated.

People use drugs because of their need for immediate gratification.

Apparently, there must have been something missing in their life to try drugs and to continue using.

(some extract issued from anonymous, come from:

<http://home.earthlink.net/~nodrugs/Addiction.htm>)

## **Drugs and sex are interrelated**

Getting high can lead to unplanned or unprotected sex and infection with HIV. The National Institute on Drug Abuse (United States) targeted young adults in its ad campaign, "Get High, Get Stupid, Get AIDS," after its studies confirmed that many young adults use alcohol and other drugs to lose their inhibitions with members of the other sex, combining two high-risk behaviours for contracting HIV.

Teenagers and young adults are two of the most difficult and elusive audiences to reach with AIDS preventive messages.

(from <http://www.naples.navy.mil/caac/primer/aids.htm>)



## **THEORIES AVAILABLE**

### **A)-GUIDELINES**

Before setting up the relevant theories that we could need to reinforce our health communication campaigns. It seems useful to give the guidelines we will follow to elaborate on:

#### **1)-WHO ARE WE TALKING TO ?**

As members of the Southampton Drug Prevention Community Centre, the aim at our campaign is to sensitise the teenagers target audience (9- to 12- year-olds).

As CIALDINI has suggested (1993:202), the teenage years represent a rebellion form of the strong tendency to react against restrictions on our freedoms of action throughout our lives. This period is characterised by an emerging sense of individuality. For teenagers, the emergence is out of the role of childhood, with all of its attendant parental control, and toward the role of adult, with all of its attendant rights and duties. Not surprisingly, adolescents tend to focus less on the duties than on the rights they feel they have as young adults. Not surprisingly, again, imposing traditional parental authority as these times is often counterproductive; teenagers will sneak, scheme, and fight to resist such attempts at control.

Furthermore, CIALDINI adds by talking about the scarcity principles, that holds for two reasons:

First, because things that are difficult to attain are typically more valuable, the availability of an item or experience can serve as a shortcut cue to its quality. Second, as things become less accessible, we lose freedoms. According to psychological reactance theory, we respond to the loss of freedoms by wanting to have them (along with goods and services connected to them) more than before.

As a motivator, psychological reactance is especially evident at the teenage years, characterised by an emerging sense of individuality, which brings to prominence such issues as control, rights, and freedom. Consequently, individuals at these ages are especially sensitive to restrictions.

Here are some reason why the teenagers seem to be one of the most obvious target audience.

#### **2)-WHAT ARE WE GOING TO DO ?**

The aim at this campaign is to carry a message about drug abuse prevention: "How Getting High Can Kill You !".

#### **3)-WHY ?**

The goal is to communicate the message to the community to reinforce those already concerned and hopefully motivate others. The message to be delivered must target a specific lack of knowledge of attitude that we hope to influence.



#### **4)-HOW ?**

This media campaign will use the Television (Meridian TV Channel), the Radio (local stations) by the use of Public Service Announcement, Newsprint, Public Relation, Leaflets.

#### **5)-COVERAGE**

The media approach provides the widest possible community coverage at a low cost. The message, however is consequently brief and mixed in with lots of other information affecting community members. This means that the message must be very catching, easy to grasp, and consistent from exposure to exposure. Linking the message to specific programs and resources available locally is useful.

#### **6)-INFORMATION APPEAL RECOMMENDATIONS**

1-Communication should be colourful and vivid, not statistical

2-Communicator should be perceived to be expert, prestigious and trustworthy

3a-Communication should discuss both sides if target inclined to reject viewpoint (our case)

3b-Communication should discuss only one side if target inclined to accept

4-Strong arguments go at beginning and end of message

primacy - recency

5-Messages should be short, clear and direct

6-Messages should state conclusions explicitly, not leave them implicit

7-More extreme messages produce more attitudes change...up to a point

Furthermore, it is crucial that the target markets reacts positively to the ads (those running the "Drug-Free America" recognised it). A positive reaction to an ad leads to a positive attitude which would influence teenagers attitude toward taking drugs.

**See appendix 2 please**

## B)-THEORIES

### 1)-ACCORDING TO MOWEN & MINOR (1998:300-302)

#### a)-PROBLEM IDENTIFICATION

Our problem can be phrased as follows: How do we change teenagers' beliefs, attitudes, and behaviours concerning the use of illegal drugs ?

#### b)-SOLUTION

Several concepts are applicable to this problem but the Multiattribute Models and the Social Judgement Theory appear to be the most relevant, as stated:

**Multiattribute Models** The behavioural intentions model suggests two approaches marketers can take into influence intentions and behaviour. First, communications can be developed to influence the target audience's attitude toward the behaviour-specifically, ads that point out the dire consequences of consuming illicit drugs. Second, messages can be created to influence the target audience's perceptions of how key reference persons-such as older siblings or friends in a peer group-view the behaviour. By influencing teenagers to believe that important others view drug use negatively, the ads may change behavioural intentions.

**Social Judgement Theory** According to social judgement theory, extreme attitudes are difficult to change because the latitude of acceptance for a message is very small in people who are highly committed to a position. Messages should be targeted to consumers with midrange attitudes toward drugs, because these young people are more susceptible than drug enthusiasts. These individuals with nonextreme attitudes would then become a segment that is targeted for the advertising communications.

In fact, the idea of this campaign is to explain to "nonextreme" (average) teenagers what behaviour would be more appropriate towards the consumption of drugs, by giving them messages related to the real world:

The **open house** will host students who are very related to the topic: one of them is currently in treatment for drug addiction whereas the other is still recovering from drug addiction.

The other application issued from the Multiattribute Models concerns the influence given by relatives; siblings, friends, close family are of concern, for the result we are looking for. The **radio media** working in accordance with the **TV** might be helpful in the sense that nobody can interfere with theme. Nobody can forbid someone else to listen to/or watch a programme that can be the first step in helping someone else, in trouble with drugs.

## 2)-ACCORDING TO MARLATT ET AL. (1994)

From CONNER & NORMAN (1996:171-173)

Marlatt *et al.* (1994) proposes five categories of self-efficacy that are related to stages of motivation and prevention pertaining to addictive behaviours.

**Resistance self-efficacy** pertains to the confidence in one's ability to avoid substance use prior to its first use. This implies resistance against peer pressure to take drugs. It has been repeatedly found that the combination of peer pressure and low self-efficacy predicts the onset of substance use in adolescents (Conrad *et al.* 1992).

**Harm-reduction self-efficacy** pertains to one's confidence in being able to reduce the risk after having become involved with drugs. Once a risk behaviour has commenced, the notion of resistance loses its significance. It is then of greater importance to control further damage and to strengthen the belief that one is capable of minimising the risk.

By sending **leaflets** to our target audience, this will help them to be more confident, it will also tell them what is good or bad, our aim is to encourage them to become a little bit more "open minded".

The peer pressure, for a fragile teenager, is a non-avoidable way, in where he/she can be lost easily. Also this peer pressure working along-side with a low self-efficacy can make the teenagers do things, that they wouldn't have never ever thought, of doing.

The reading of the leaflet will hopefully help him/her to follow the right way.

The second theory applicable in our case, the harness theory, might be helpful in the sense that even if the bad is done, there is always a solution which might exist. Talking to people can be one of these.

For that, the advertising of the Southampton Drug Prevention Community Centre which is done thanks to the **public relation**, the **press event**, the **media advisory** and the various different places where our logotype might be seen (Southampton City Council, Colleges, Public Places) is seen as an invitation to the Centre, to meet people.

As these examples from research on addictive behaviours demonstrate, it is essential to identify several stages at which self-efficacy operates in different manners. Specific kinds of self-efficacy are protective as the individual moves through the process of peer influence, substance experimentation, cessation and abstinence maintenance. Psychological interventions have to be stage-tailored.

## **WHAT WILL THE SOUTHAMPTON DRUG PREVENTION COMMUNITY CENTER DO, AS A RESULT OF THESE THEORIES ?**

In order to carry the message of our campaign “How Getting High Can Kill You !”, the Southampton Drug Prevention Community Centre will consider different media , with messages based on the previous theories (and particularly the Mowen & Minor’s one: the Social Judgement Theory), whose aim at targeting individuals with nonextreme attitudes, because these young people are more susceptible to persuasion than drug enthusiasts.

### **1)-THE PRESS EVENT**

Therefore, we will conduct a press event which will recognise and honour individuals in the community who have successfully completed treatment programs. We will invite a prominent person in recovery or someone with a family member in treatment to speak at the event. We will co-ordinate with the Southampton mayor’s office on news releases and media outreach to encourage press attendance and coverage.

### **2)-THE OPEN HOUSE**

We will host an open house to highlight our “How Getting High Can Kill You !” campaign. We will invite the public, treatment providers, parents and friends of addicted teens, area business and religious leaders, the media, etc. We will incorporate a variety of activities to draw people to our event, such as presenting a tour demonstrating the key services provided by the facility, having a bake sale, giving outdoor prizes donated by local businesses, distributing literature on substance abuse treatment, or showing a video about the facility and the people it benefits. We will also invite a local media personality or celebrity to participate and help promote our key message to the public.

### **3)-THE PRESS RELEASE**

We will also send this press release, highlighting activities our organisation has conducted in the last year, including a summary of the breadth of services provided, the total number of people assisted through our facility, and the number of people who have successfully completed a treatment program. We will identify people who are willing to tell their story to local media to highlight the individual faces behind the statistics. Include quotes from these individuals focusing on the support and assistance they received from our organisation and their personal feelings of fulfilment as a result of the experience. We will also consider using the back-to-school time frame as an opportunity to highlight the prevalence of substance abuse among teenagers and the critical need to educate youth on the risks of drug use.

**FOR IMMEDIATE RELEASE**

**CONTACT:** Jean-Eric PELET 01703 345 268

**Mayor Manjit Virdee and Southampton Drug Prevention Community Centre targets Teenagers about Drug Abuse Treatment**

Southampton, Hampshire, September 1, 1998, Mayor Manjit Virdee joined with the Southampton Drug Prevention Community Centre today to launch a public awareness campaign: the "How Getting High Can Kill You !" campaign to encourage teenagers in need of treatment to seek help immediately. The mayor issued an official proclamation to observe and commemorate this important season and recognise the personal and societal benefits of treatment for drug addiction.

"With estimates of more than 10,000 people in our town in need of treatment for drug addiction, we must continue to do all that we can to ensure that our community's children get the help they so desperately need," said Mayor Manjit Virdee. "The Centre is a wonderful example of how people suffering the devastating consequences of substance abuse can turn their lives around."

Approximately 30 percent of individuals enrolled at the Centre are between the ages of 13 and 25. "We've had great success with our outpatient program," said Jean-Eric PELET, supervisor. "However, we must continue to do more to invest in our town's future generations."

Several public awareness activities will take place throughout the month of September:

- Presentations by health providers to local schools and other speaking presentation at college orientations, fraternity/sorority meetings.
- Distribution of leaflets providing the facts about substance abuse in areas frequented by young adults, including schools, libraries, malls, bars, coffee shops, record stores, and restaurants.
- Outreach to parents through mailings and discussion groups at meetings.

The "How Getting High Can Kill You !" campaign celebrates the tremendous strides taken by individuals who have undergone successful treatment and recognises those in this field who have dedicated their lives to helping people in need. This local initiative is part of a national campaign to promote the benefits of treatment and embrace this year's theme, *Addiction Treatment: Investing in Communities*.

Since 1988, the Southampton Drug Prevention Community Centre has managed drug abuse treatment programs for men and women of all ages, providing assistance to approximately 3,000 individuals each year.

Our release will be distributed to local print and broadcast reporters in Southampton.

#### 4)-THE MEDIA ADVISORY

We will write a Media Advisory, in direction to the local radio station, to Meridian TV, the local channel, and to local print.

##### **Media Advisory**

##### **Mayor Manjit Virdee and Southampton Drug Prevention Community Centre to Announce State-wide Public Awareness Campaign**

An estimated 50,000 people in southampton have a problem with drugs. Of these, more than 3,000 are teenagers struggling with a deadly addiction.

To kick off September 1998 The “How Getting High Can Kill You !”, Mayor Manjit Virdee and the Southampton Drug Prevention Community Centre will launch a public education campaign on Tuesday, September 1, to increase awareness of this important issue across Southampton and encourage teenagers to seek treatment for their addiction and reclaim their lives. Mayor Manjit Virdee will be joined by town health officials to discuss how drug abuse treatment is a valuable investment for the community and to unveil a series of youth outreach activities taking place throughout the month. In addition, two students will share their personal experiences in recovering from drug addiction.

##### **Participants:**

- **Manjit Virdee**, Mayor, Southampton
- **Jean-Eric PELET**, Supervisor, Southampton Drug Prevention Community Centre
- **Randy Shapiro**, Project Manager, Southampton Health Department
- **Richard Bennett**, age 14, currently in treatment for drug addiction
- **Mindy Dean**, age 19, recovering drug addiction

**Date:** Tuesday, September 1, 1998

**Time:** 10:00 a.m.

**Place:** TOTTON COLLEGE

Water Lane  
Totton  
Southampton  
SO40 32X

**Contact:** Jean-Eric PELET  
01703 345 268

## **5)-THE PUBLIC SERVICE ANNOUNCEMENT RADIO SCRIPT**

A Public Service Announcement radio script will also be submitted to the local station. A pre-written scripts will therefore be written:

“If you know someone who is struggling with a drug problem, know this: There are effective drug abuse treatment programs in your community. To learn more, call 01703 345 268. A public service of this station and the Southampton Drug Prevention Community Centre for Drug Abuse Treatment.”

## **6)-THE LEAFLET**

Finally, a leaflet giving different advises to the teenagers, it is addressed to will be sent to the families having children.

**Please, see this leaflet in Appendix 3**

## HOW CAN I MEASURE THE EFFICIENCY OF OUR SURVEY

First, different figures will help us to realise such a measurement:

- The amount of call we will receive at the Southampton Drug Prevention Community Centre free phone number (phone number 01703 345 268).
- The participation to the open house
- The amount of coupons we will receive detached from the leaflet, as a proof that the teenagers have read through it. By sending it, teens could receive a present donated by local businesses
- The number of teenagers who will come for any inquiries, in the Southampton Drug Prevention Community Centre.



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## APPENDICES

### APPENDIX 1: What is a drug ?

(DIAZ, 1997)

Investing a drug leads to a logical series of dynamic events, that can be outlined as follows:

- 1)-A drug is introduced in the body;
- 2)-The drug is distributed throughout the body;
- 3)-The drug is often but not always distributed to certain body compartments that will bio transform it, which means the molecular structure of the drug is changed;
- 4)-The drug is excreted from the body as soon as it comes into contact with the body compartments that are involved in excretion;
- 5)-As soon as the drug is introduced into the system and for its duration inside the body (even while it is being excreted), the drug molecule population interacts with whatever structures recognise it. These structures are called receptors.

Now, for there to be a particular outcome, behavioural or otherwise, following the ingestion of a drug, the drug must be present in sufficiently high concentrations at certain receptors.  
Drugs that influence behaviour typically will interact with receptors in the brain.

**APPENDIX 2: THIS AD RECEIVED POSITIVE RATINGS ON ATTITUDE-TOWARD-THE-AD MEASUREMENTS**

**From:** John C. MOWEN/Michael MINOR Consumer Behaviour (5<sup>TH</sup> Ed),  
(1998:300)

## APPENDIX 3: THE LEAFLET