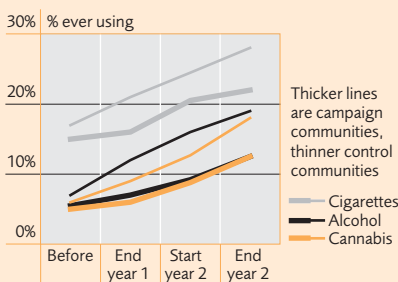


15.10 Effective delivery and positive messages work for school-based media campaigns

Findings A rare finding of substantially reduced youth substance use following a media campaign demonstrates the value of well tailored content and an effective, manageable delivery mechanism. The campaign included print materials such as posters and promotional items such as book covers, tray liners, T-shirts, water bottles, rulers and lanyards, intended to associate drug-free lives with early teen aspirations for autonomy (“Be Under Your Own Influence” was the campaign’s identifier). Over two years school staff distributed the materials to secondary school pupils while community leaders involved in drug prevention worked with project staff to devise broader campaigns intended to reinforce the school-based measures. 16 communities across the United States were randomly allocated to mount these campaigns or to act as controls. Parental permission was received for 4216 first year pupils (average age 12) to participate in the study. They were surveyed before the interventions and then three more times, the last time after they had ended. The key question was whether growth in substance use was retarded in the media campaign communities. The answer was yes, most clearly for drinking and cannabis use and less clearly (but still substantially) for smoking. In the two sets of communities, at the start roughly the same proportions of pupils had tried these substances. Over the next two years, half as many pupils in the campaign communities started to use each of the three [chart](#). An [earlier analysis](#) suggested that the school campaign had worked by fostering the perception that substance use was incompatible with the pupils’ aspirations.



In context Its inexpensive strategy meant the project could afford repeated exposure in a way that would not have been possible with mass media ads. It also gave teachers and school counsellors (who often distributed the materials) a chance to amplify the effects through interaction with the pupils and for pupils to discuss the campaign among themselves. Possibly relevant too were the marketing and PR backgrounds of the leading researcher and campaign strategist, who co-opted strategies used by companies seeking to sell to young people.

LINKS [Nugget 2.15](#) • [Nugget 12.8](#)
[Boomerang ads](#), issue 14

Effects were much larger than the norm, probably because the study incorporated principles of effective media campaigns including tailoring to the community, preparatory research with the intended audience, a theoretical foundation, targeting to relevant sub-groups (in this case, youngsters largely yet to try drugs), novel and appealing messages, and effective delivery channels. However, a third of the pupils did not participate in the study (among whom are likely to have been those most prone to substance use) and larger conurbations were excluded. Nor we do not know whether frequent use was also retarded, though this seems likely.

Practice implications An expertly planned and adequately resourced media campaign systematically focused on preventing substance use in young people can make a difference. Localities which want to achieve this will need to maintain focus on this objective rather than the many others campaigns can explicitly or implicitly serve. Upbeat messages about the advantages of not using seem to have more effect and less potential to backfire than negative warnings. Despite the emergence of important principles ([In context](#)), there is no formula which guarantees success. Especially since there are also no demonstrably successful UK examples, any campaign should be evaluated against its objectives or a close proxy. If they will cooperate, schools are an effective and inexpensive delivery mechanism, but such activities are not an alternative to drug education lessons or pastoral interventions for high-risk pupils.

Featured studies Slater M.D. *et al.* “Combining in-school and community-based media efforts: reducing marijuana and alcohol uptake among younger adolescents.” *Health Education Research*: 2006, 21(1), p. 157–167 [DS](#)

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