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The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

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Abstract

Given the popularity of public service announcements, as well as the broader implications of risk associated with illicit drug use, this study sought to identify potential disconnects between drug prevention messages espoused by the Canadian government’s *DrugsNot4Me* anti-illicit-drug public service announcement campaign and how high-risk, drug-using street-involved youth perceive the campaign. A qualitative content analysis was undertaken to examine the framing of illicit drug use among youth, and a series of qualitative interviews was conducted with a group of street youth to explore their perspectives on the campaign. Results indicate that not only did drug prevention messages *not* address the needs of this population, including providing resources for support, they also did not translate to youth and rather caused undue emotional harm and suffering. Rigorous evaluation of public service announcements are necessary to mitigate negative outcomes for youth with increased vulnerability to illicit drug use.

**Keywords:** public service announcement; public health communication campaign; *DrugsNot4Me*; illicit drug use; street-involved youth; social suffering
To my friends and family.
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List of Acronyms

AIDS   Acquired Immune Deficiency Syndrome
ARYS   At-Risk Youth Study
CATIE  Canadian AIDS Treatment Information Exchange
CTADS  Canadian Tobacco, Alcohol, and Drugs Survey
EPPM   Extended Parallel Process Model
HBM    Health Belief Model
HIV    Human Immunodeficiency Virus
IM     Integrative Model
PHAC   Public Health Agency of Canada
PHC    Providence Health Care
PSA    Public Service Announcement
SCT    Social Cognitive Theory
SFU    Simon Fraser University
STBBI  Sexually Transmitted and Blood-Borne Infection
UBC    University of British Columbia
UHRI   Urban Health Research Initiative
Chapter 1.

Introduction

Contemporary ideologies of fear and panic that surround illicit drug use are evidenced by the pervasive use public service announcements (PSAs) and fear arousal techniques that seek to prevent use of or intention to use illicit drugs. Because of the broader implications of risk for a wide array of health-related harms such as HIV/AIDS and other sexually transmitted and blood-borne infections (STBBIs), the illicit drug use epidemic is an urgent and critical social issue. As such, the past several decades have observed a steady growth in the use of anti-illicit-drug PSAs and public health communication campaigns more generally both in Canada and worldwide, and such PSAs and campaigns are often viewed as essential to drug prevention strategy and policy. Moreover, parallel to this growth is the increasing use of fear arousal techniques in PSAs and campaigns primarily designed to highlight the negative effects and consequences of illicit drug use and health-related harms among target audiences in an effort to promote health-protective behaviours (Atkin, 2001). However, despite their popularity, the effectiveness of PSAs and the use of fear appeals in PSAs have been at the forefront of much recent discussion, and studies measuring these issues have presented mixed results (Green & Witte, 2006; Werb et al., 2011).

As part of its National Anti-Drug Strategy, in 2009, the Government of Canada released an anti-illicit-drug PSA campaign that primarily targeted youth, entitled DrugsNot4Me. The National Anti-Drug Strategy, consisting of 12 federal departments and agencies and led by the Department of Justice Canada, is an initiative of the Government of Canada that aims to contribute to community health and safety by: 1) preventing the use of illicit drugs and misuse of prescription drugs, 2) treating individuals with drug dependencies, and 3) reducing the production and distribution of illicit drugs (Government of Canada, 2014). In total, two PSAs were produced for the DrugsNot4Me campaign: Fast Forward (Government of Canada, 2009a) and Mirror (Government of
Canada, 2009b). An interactive video (Government of Canada, 2009c) was also created as a part of this campaign, which provided options for “paths” for viewers to select at regular intervals throughout the video, though it will not be considered a PSA due to its interactive nature and different distribution channels. A total of CDN $29.8 million was budgeted from the years 2007/2008 to 2011/2012 for the Government’s Mass Media Campaign, which included the DrugsNot4Me campaign, as a part of its Prevention Action Plan (Evaluation Division, Office of Strategic Planning and Performance Management, 2012). Interestingly, it has been argued that the politics of anti-illicit-drug rhetoric governing the DrugsNot4Me campaign inhibits the delivery of effective interventions for illicit drug use among youth, exaggerates drug prevention messages to the point of fostering cynicism among audience members, and fails to address the needs of those who are truly at risk (Canadian Students for Sensible Drug Policy, 2010), though such claims have yet to be substantiated by this particular group. Most recently, the Government allocated CDN $5.5 million for mass media campaigns related to drug prevention for the years 2014/2015 (Geddes, 2014; Government of Canada, 2015).

Despite the tens of millions of taxpayer dollars allocated to the Canadian Government’s DrugsNot4Me anti-illicit-drug campaign, as well as recent allocations of taxpayer dollars toward similar drug prevention efforts, the effectiveness of DrugsNot4Me in preventing illicit drug use or intention to use illicit drugs has yet to be rigorously evaluated, and whether or not this campaign warranted the funds dedicated to this prevention effort is a provocative question that has been at the forefront of much debate. It has further been noted that despite the prevalence of anti-illicit-drug campaigns, there is surprisingly little research that has measured the effectiveness of such campaigns in promoting health-protective behaviours among target audiences or assessed their impact on audience beliefs and attitudes (Atkin, 2001; DeJong & Wallack, 1999, 2000; DeJong, Wolf, & Austin, 2001; Fishbein, Hall-Jamieson, Zimmer, von Haeften, & Nabi, 2002; Winett, Altman, & King, 1990). Therefore, the effectiveness of DrugsNot4Me specifically, as well as anti-illicit-drug PSA campaigns and the use of fear arousal techniques more generally, warrants further study.
1.1. Aims and Objectives

Broadly, the goal of the present study is to address potential disconnects, or gaps in knowledge and understanding, between how anti-illicit-drug messages are portrayed by the Canadian government and how they are actually interpreted and understood by one key target audience—high-risk, drug-using youth who are street-involved. In this specific context, this study aims to investigate the effectiveness of the DrugsNot4Me anti-illicit-drug PSA campaign by comparing how the Government frames illicit drug use among youth and young people who use illicit drugs, and how street youth, an segment of its broader target population of youth that stand to benefit most from drug prevention messages, perceive and receive this campaign.

This study seeks to answer the following questions:

1. How does the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign frame illicit drug use among youth and young people who use illicit drugs?
2. How do street youth perceive and receive anti-illicit-drug messages delivered via this campaign?

1.2. Rationale

Trends of illicit drug use, as well as the potential for health-related harm associated with this epidemic such as HIV/AIDS and other STBBIs, suggest the gravity and urgency of this situation; that is, rates of STBBIs are increasing, and the use of illicit drugs plays a significant role in this phenomenon (Canadian AIDS Treatment Information Exchange, 2014). Briefly, a report published by the Canadian AIDS Treatment Information Exchange of the Public Health Agency of Canada found that a concerning number of young people reported risk behaviours while injecting drugs: over a quarter indicated that they had borrowed used needles or syringes, and nearly half indicated that they had borrowed used injection equipment (I-Track, as cited in Canadian AIDS Treatment Information Exchange, 2014). Researchers at the Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS have outlined similar trends, noting that the numbers of high-risk, drug-using street-involved youth in British Columbia engaging in illicit drug use have been growing over the past 15 years (Urban
Health Research Initiative, 2013). Such concerning trends of illicit drug use among youth in Canada should not be taken lightly and undoubtedly necessitate effective drug prevention strategies.

When reflecting on the dire situation of illicit drug use among youth in Canada, as well as the increasing reliance on anti-illicit-drug PSAs and public health communication campaigns as viable drug prevention strategies, it becomes important to also consider how such PSAs and campaigns will impact audiences. Briefly, PSAs may be described as advertisements or commercials that aim to provide information or advice about a particular health or social issue or promote activities that serve the wider community (Werb et al., 2011, p. 834). PSAs have been used not only to raise awareness and promote education on a particular health or social topic, but also to motivate and encourage health-protective behaviour change among target audiences (Atkin, 2001, "Historical Background", para. 1; Georgiadis, 2013, p. 62). Importantly, it has been argued that more than increasing awareness and education, PSAs fundamentally shape public perceptions about a health or social issue (Johnson, Flora, & Rim Al, 1997), and the use of fear arousal techniques in PSAs have the potential to produce negative outcomes for specific audiences, including emotional distress among or stigma and discrimination toward people who use drugs (Green & Witte, 2006; Guttman & Salmon, 2004; Guttman, 1997; Hastings, Stead, & Webb, 2004; Witte, 1994). Due to the growing use of PSAs, their influence in shaping public perception, and the potential for negative outcomes and harm related to illicit drug use, it is evident that mass media campaigns should be subject to rigorous evaluation, and similar sentiments have been shared in the literature (DeJong & Wallack, 1999, 2000; DeJong et al., 2001; Fishbein et al., 2002; Winett et al., 1990).

Furthermore, the specific targeting and tailoring of drug prevention messages has been identified as a necessary component of public health communication campaigns (Guttman & Salmon, 2004; Winett et al., 1990). This is especially pertinent given that the DrugsNot4Me campaign focused on the youth population as a whole rather than a specific group of young people, showcasing a need for increased specificity. The present study will address this need by inviting a group of street youth, an important segment of the broader target population of youth, to participate in interviews regarding their perceptions of the DrugsNot4Me campaign.
Worthy of note is the notion that individuals experience different levels of vulnerability or resilience toward contracting STBBIs. An individual's increased vulnerability toward infection and status as at risk is a result of numerous factors, including his or her social, cultural, economic and structural environments (Canadian AIDS Treatment Information Exchange, 2014, p. 49). For example, an individual may experience obstacles related to his or her “socioeconomic situation, mental or physical health, drug use practices, social or physical environment, or family situation” (Urban Health Research Initiative, 2013, p. 10). Youth who are at risk, or street-involved, demonstrate a propensity toward increased vulnerability, and as such represent the segment of the youth population that are most in need of and stand to benefit most from anti-illicit-drug campaigns.

1.3. Methodological Approach

Briefly, the present study will meet its objectives in the following ways:

1. A qualitative content analysis will be undertaken to explore the DrugsNot4Me campaign's drug prevention messages, as well the ways in which the Canadian government frames illicit drug use among youth and young people who use illicit drugs.

2. A qualitative study consisting of in-depth, semi-structured interviews will be conducted with participants of the At-Risk Youth Study (ARYS) in Vancouver, Canada.

Further details regarding each study’s methodology will be discussed in their respective chapters (see Chapter 3, “Framing DrugsNot4Me: A qualitative content analysis of the Canadian government’s anti-illicit-drug PSA campaign” and Chapter 4, “Absolutely no straightforward story: A qualitative study with At-Risk Youth Study participants”).
Chapter 2.

Literature Review

2.1. Introduction

Evident in the existing literature is that the exploration of any potential disconnect between the intended messages of anti-illicit-drug public service announcements (PSAs) and target audience perception and reception has been neglected, though various results have been reported regarding the effectiveness of anti-illicit drug PSAs in different settings. While several sources have maintained that there is limited evidence in support of the effectiveness of anti-illicit-drug PSAs in reducing illicit drug use or intention to use illicit drugs among target populations (Atkinson, Sumnall, & Measham, 2011, p. 455; Canadian Students for Sensible Drug Policy, 2010; Werb et al., 2011, p. 834), others have argued that anti-illicit-drug PSAs demonstrate a potential to influence target audience members into adopting or maintaining health-protective behaviours if produced and disseminated appropriately (Palmgreen & Donohew, 2006; Scheier, Grenard, & Holtz, 2011).

The lack of knowledge pertaining to the relationship between anti-illicit-drug messages in PSAs and target audience perception and reception, especially in the Canadian context, warrants more thorough discussion of key issues. In its simplest form, the intent of any public health PSA is to improve pre-existing health behaviours in its target audience. In this particular case, anti-illicit-drug PSAs aim to prevent use of or intention to use illicit drugs, and by extension, related health harms, including sexually transmitted and blood-borne infections (STBBIs) such as HIV. Of concern, however, is that numerous PSAs aiming to prevent illicit drug use or related harms lack basic information, such as information about the link between illicit drug use and HIV/AIDS or how to obtain treatment or support. For example, an analysis of HIV/AIDS PSAs around
the world revealed that of 317 PSAs from 33 countries, only 16% linked HIV risk to illicit drug use, despite its role as a major contributor to HIV transmission (Johnson, Flora, & Rim Al, 1997, p. 227).

The reasons why it is not only important but also necessary to understand how target audiences perceive and receive government-produced anti-illicit-drug messages are at least two-fold. Firstly, a review of the literature on the effectiveness of anti-illicit-drug PSAs demonstrated that they may not only weaken anti-drug norms, albeit unintentionally, but also potentially contribute to increases in illicit drug use among the youth population (Werb et al., 2011). Secondly, it is concerning that despite the substantial amount of taxpayer dollars that was required to implement and sustain the campaign, the Canadian government’s DrugsNot4Me campaign has not yet been evaluated for effectiveness among specific groups of the youth population, including high-risk, drug-using street-involved youth, a population that stands to benefit most from drug prevention messages.

Consequently, strategic targeting and messaging become key in the development of anti-illicit-drug PSAs due to their potential to elicit the reverse effect of increasing illicit drug use among youth. Reflecting this sentiment, behavioural change theories play a significant role in the creation of any public health communication campaign, including those aiming to prevent the use of illicit drugs. Behavioural change theories attempt to explain the circumstances under which behaviour change occurs, as well as how they modify pre-existing health behaviours (Rosenstock, Strecher, & Becker, 1988). Accordingly, a better understanding of the circumstances under which behaviour change occurs, as well as the particular context of illicit drug use in a specific setting, would contribute to improving existing knowledge of a successful and effective public health campaign among youth. By extension, the creation of effective anti-illicit-drug campaigns would thereby contribute to reducing or preventing health harms related to illicit drug use among this population. Behavioural change theories specific to the health communication context will be discussed in more detail in a subsequent section.

Also of significance is that it appears as though the default method used by many contemporary anti-illicit-drug campaigns worldwide is based on fear, or frightening the public into changing their existing health behaviours. There has been much debate
concerning not only the effectiveness of fear, but also the ethical issues surrounding its use. For example, some have argued that fear may have a negative impact on an individual’s ability to rationally consider and compare multiple responses to a perceived health-related threat, and the use of fear has been described as “amateurish” or “misguided” by many professionals working in the field of HIV/AIDS (Green & Witte, 2006, p. 245). However, others have asserted that fear appeals, when used under the right circumstances, can be an effective tool in promoting and sustaining health-protective behaviours (Atkin, 2001; Green & Witte, 2006; Hastings, Stead, & Webb, 2004; LaTour & Zahra, 1989; Murray-Johnson et al., 2001). The effectiveness of fear appeals among street-involved youth in the Canadian context is not known.

When considering these concepts as pieces of the larger and more pressing issue of illicit drug use among youth and related health harms, it becomes apparent that the ability to evaluate the effectiveness of any campaign derives from an understanding of the two groups involved in the process of knowledge exchange—namely, message producers and message receivers—and of how a message is communicated from the former group to the latter group. Likewise, this study aims to address how drug prevention messages are framed and communicated by the Canadian government’s (i.e., message producers) DrugsNot4Me PSA campaign, as well as how such messages are translated to and perceived by a group of street youth (i.e., message receivers), an important segment of its broader youth population target.

In light of this aim, the main objectives of this chapter are the following: 1) to provide background on the issue of illicit drug use and health-related harms among youth in Canada and more specifically, youth residing in Vancouver, British Columbia; 2) to discuss behavioural change theories relevant to health communication processes; 3) to describe the history and context of anti-illicit-drug PSAs; 4) to address the widespread use of fear-based appeals in anti-illicit-drug and HIV/AIDS PSAs; 5) to review previously discussed ethical considerations related to the use of fear-based appeals in public health communication campaigns; and finally, 6) to offer a brief account of alternative methods of communicating health-related messages that have previously been explored.
2.2. Background: Illicit Drug Use and Health-Related Harms Among Youth

There is a large body of research documenting the severe public health harms associated with the use of illicit drugs, including the use of ‘hard’ drugs such as cocaine, heroin, and methamphetamines. These include: fatal and non-fatal overdose, sexually transmitted infections, blood-borne infections, soft-tissue infections, and elevated rates of mental illness (Boivin, Roy, Haley, & Galbaud du Fort, 2005; Canadian AIDS Treatment Information Exchange, 2014; Canadian Centre on Substance Abuse, 2007; Kerr et al., 2009; Urban Health Research Initiative, 2013; Werb et al., 2011; Wood, Stoltz, Montaner, & Kerr, 2006). Statistics reported in recent years not only highlight the health harms related to illicit drug use among youth populations nationally, but also suggest the urgency of this public health issue.

In general, trends suggest that the use of drugs plays a significant role in increasing rates of sexually transmitted and blood-borne infections (STBBIs) (Canadian AIDS Treatment Information Exchange, 2014, p. 47). The Canadian Tobacco, Alcohol, and Drugs Survey (CTADS), conducted by Statistics Canada on behalf of Health Canada, is a biennial general population survey of tobacco, alcohol, and illicit drug use among Canadians aged 15 years and older. According to a CTADS, in 2013, the reported rate of use of at least one of five illicit drugs—cocaine or crack, speed, ecstasy, hallucinogens, or heroin—in the past 12 months by youth aged 15 to 19 was 5%, while the reported rate of use for young adults aged 20 to 24 was 6%. Significantly, these rates of use were substantially higher than those reported by adults aged 25 and older, which was 1%. Regarding prescription psychoactive pharmaceuticals (i.e., opioid pain relievers, stimulants, and tranquilizers/sedatives), rates of abuse were significantly higher among youth (10%) and young adults (9%) compared to adults (1%). Finally, of those who reported harm due to their use of illicit drugs, youth (8%) and young adults (8%) reported harm at a rate four times higher than that of adults (2%) (Health Canada, 2015, paras. 32-48).

Similar to CTADS, I-Track is a surveillance system that collects information on the prevalence of HIV and hepatitis C and associated risk behaviours among people who inject drugs in multiple sites across Canada. According to this system’s latest
findings derived from data collected between 2010 and 2012, 41.4% of youth reported initiation into injection drug use at 16 years of age or younger. Furthermore, more than 25% of youth who participated in I-Track reported borrowing used needles or syringes in the previous six months, and nearly 50% reported borrowing used injection equipment such as cookers, water, filters, tourniquets, swabs, and acidifiers in the previous six months (as cited in Canadian AIDS Treatment Information Exchange, 2014, p. 22).

Drug-related harms among young people have also been observed in Vancouver, British Columbia. For example, a report released in 2013 by the Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS, entitled Drug Situation in Vancouver, found that numbers of high-risk street-involved youth engaging in illicit drug behaviours were growing despite the overall decline in illicit drug use over the past 15 years in Vancouver (Urban Health Research Initiative, 2013, p. 1, 5). This is an especially concerning trend given findings from two recent studies related to illicit drug use among street youth in Vancouver. Firstly, a study found that people who use drugs, including young people who use drugs, experienced high availability of and easy access to illicit drugs—a number of participants reported that they were able to obtain drugs within 10 minutes—despite law enforcement efforts to reduce availability (Hadland et al., 2012, pp. 489-490). Secondly, many street youth perceived themselves to be at low risk of acquiring infectious diseases, such as HIV, in spite of their high vulnerability to transmission (Johnston et al., 2011; Urban Health Research Initiative, 2013, p. 5). Additionally, data collected between 2005 and 2011 from the Drug Situation in Vancouver report indicated a high prevalence of crystal methamphetamine use via injecting and smoking among the street youth population in Vancouver (Urban Health Research Initiative, 2013, p. 2).

Despite the alarming picture of the drug situation among youth in Canada, various social determinants of health may impact an individual’s vulnerability to or resilience against illicit drug use and health-related harms. Such determinants may include, but are not limited to: education, income, employment, gender and gender norms, culture, unstable housing or homelessness, access to health services, and social and structural environments. Accounting for these factors permits a better understanding of why certain groups such as street-involved youth, including young
people who inject drugs, are deemed more vulnerable or at risk than others (Canadian AIDS Treatment Information Exchange, 2014; Urban Health Research Initiative, 2013).

2.3. Behavioural Change Theories

Behavioural change theories rooted in the psychology and health science disciplines attempt to explain and modify human behaviour (Rosenstock et al., 1988). Such theories have previously been used as frameworks to evaluate the effectiveness of public health campaigns, and in particular PSAs, with a focus on the conditions under which people adopt certain health-protective behaviours (Fishbein & Yzer, 2003; Georgiadis, 2013; Palmgreen & Donohew, 2006; Rosenstock et al., 1988). In other words, such theories are intended to describe and better inform practices that can drive behavioural change among target populations.

Also of significance is that even though much social learning occurs from modeling behaviour directly from the immediate environment, more information is gained through study of the symbolic environment in mass media in the increasingly technocentric present. According to Bandura (2001), due to the reach of the symbolic environment, which occupies an extensive part in people’s everyday lives, “much of the social construction of reality and shaping of public consciousness occurs through electronic acculturation” (Bandura, 2001, p. 271). This notion of ‘electronic acculturation’ becomes particularly evident when studying the impact of PSAs on the adoption of health-protective behaviours, such as illicit drug use prevention and cessation.

2.3.1. Social Cognitive Theory

Social cognitive theory (SCT), previously known as social learning theory, derives from the discipline of psychology. The SCT was originally developed by Albert Bandura in 1977 and modified and improved over a period of more than two decades. Following Bandura’s SCT, the adoption of a health-protective behaviour is determined by two primary factors: expectancies and incentives (or reinforcements). Briefly, expectancies can be further divided into three types: 1) expectancies about environmental cues or how events are connected; 2) expectancies about the
consequences of one’s actions or how behaviours influence outcomes; and 3) expectancies about one’s competence to perform the behaviours required to influence desired outcomes, which is also known as self-efficacy (Bandura, 2001, pp. 289-290; Rosenstock et al., 1988, p. 176; St. Lawrence & Fortenberry, 2008, pp. 30-31).

Incentives or reinforcements are defined by Bandura (2001) as the value of a desired object or outcome such as health status, physical appearance, external reinforcement or approval, and financial gain, among others. The motivation for an individual to improve their existing behaviours derives from how he or she interprets and understands the desired outcome (Bandura, 2001, pp. 289-290; Rosenstock et al., 1988, p. 176). In other words, expectancies create the ideal circumstances under which an individual changes his or her behaviours, while incentives or reinforcements are the driving force behind the behaviour change. That is, an individual must desire a particular outcome and be provided with the best circumstances to bring about this outcome in order for behaviour change to occur or be maintained (Bandura, 2001, pp. 276, 289-290; Rosenstock et al., 1988, p. 176; St. Lawrence & Fortenberry, 2008, pp. 30-31).

In order to illustrate the process of behavioural change according to the SCT, Rosenstock et al. (1988) provide the following example:

Individuals who value the perceived effects of changed lifestyles (incentives) will attempt to change if they believe that: (a) their current lifestyles pose threats to any personally valued outcomes, such as health or appearance (environmental cues); (b) that particular behavioral changes will reduce the threats (outcome expectations); and (c) that they are personally capable of adopting the new behaviors (efficacy expectations). (Rosenstock et al., 1988)

In other words, an individual must perceive a threat, believe that the benefits of behaviour change outweigh the costs, and that he or she has the capacity to make that change and overcome any potential barriers to doing so (Fishbein & Yzer, 2003, p. 165; Georgiadis, 2013, p. 61).
2.3.2. Health Belief Model

The health belief model (HBM), adapted from the psychology discipline to fit within the public health and health science disciplines, explains that the drive to adopt health-protective action is dependent on the presence of three factors: 1) the belief of susceptibility or vulnerability to serious health harms, also known as perceived threat; 2) the existence of sufficient health-related concerns or motivations; and 3) the belief that following a health-related recommendation will reduce the perceived threat at an acceptable cost (i.e., the recommendation can be overcome despite potential barriers) (Fishbein & Yzer, 2003, p. 165; Georgiadis, 2013, pp. 61-62; Rosenstock et al., 1988, p. 177; Scheier et al., 2011, pp. 434-435; St. Lawrence & Fortenberry, 2008, p. 27).

In other words, the HBM purports that the individual must believe that they are at risk of acquiring a serious health condition; that the risk is severe enough to warrant concern or the intention to mitigate or prevent that risk; and that in following the recommendations to doing so, the benefits would outweigh the costs (Fishbein & Yzer, 2003, p. 165). According to this model, several cues may aid an individual in initiating the advised action to improve behaviour. Such cues may include ‘how-to’ information about how to take action and protect oneself against a health threat, verbal reinforcement when steps are taken and progress is made toward this end, and general guidance about the process of successfully executing the health-protective recommendation(s) (Georgiadis, 2013, p. 62).

2.3.3. Integrative Model (IM): An Integrated Theoretical Approach

In essence, the IM incorporates elements of both the SCT and HBM and suggests that a specific behaviour is more likely to occur if the following conditions are met: strong intention to perform that behaviour exists, the necessary skills to perform that behaviour are available, and there are no environmental constraints or barriers preventing the performance of that behaviour (Fishbein & Cappella, 2006, p. 166; Fishbein & Yzer, 2003, p. S2; Hornik & Yanovitzky, 2003, pp. 216-217). This model further recognizes the importance of the roles attitudes, perceived norms, and self-efficacy play in altering health-related behaviours (Fishbein & Cappella, 2006, pp. 167-168; Fishbein & Yzer, 2003, p. S3).
When comparing the SCT and HBM, Rosenstock et al. (1988) found many similarities but posited that the use of the two theories together may serve to address and overcome qualities lacking in each. For example, the authors maintain that a key ingredient in successfully motivating behavioural change is the target audience’s perceived self-efficacy, or the feeling that they are sufficiently competent to implement change. Although self-efficacy is not prioritized in the HBM, the SCT does, in fact, emphasize the role of self-efficacy and supplements the HBT in this instance (Rosenstock et al., 1988, pp. 177, 179-180). The authors conclude that the planning of health intervention and communication programs requires the use of an integrative model (IM) that incorporates both frameworks to successfully target audience groups, particularly emphasizing the role of self-efficacy in the IM’s theoretical foundation. This is especially true of health-protective behavioural change related to complex lifestyle practices such as smoking, alcohol and/or substance abuse, lack of physical activity, and negative dietary habits (Rosenstock et al., 1988, pp. 181-182). Similar emphases on the concept of self-efficacy and encouragement of the use of an IM are reflected in other works on public health interventions and communication campaigns promoting health-protective behavioural change (Bandura, 2001; Fishbein & Cappella, 2006; Fishbein & Yzer, 2003; Hornik & Yanovitzky, 2003; Rosenstock et al., 1988).

Consideration of the aforementioned behavioural change theories may be helpful in planning effective public health communication campaigns, and particularly PSAs, which aim to drive health-related behavioural change among target audiences (Atkin, 2001; Fishbein & Cappella, 2006; Fishbein & Yzer, 2003; Georgiadis, 2013; Hornik & Yanovitzky, 2003; Rosenstock et al., 1988). It is important for such campaigns to draw from these behavioural change theories in order to maximize effectiveness of communication of health-protective messages to target audiences.

2.4. Public Service Announcements

Briefly, PSAs are not only used to promote awareness and education on a particular health or social issue (e.g., diet, obesity, use of licit and illicit substances, HIV/AIDS, etc.) among the general public, but also strive to motivate health-protective behavioural change through recommendations to target audiences (Atkin, 2001,
"Historical Background", para. 1; Georgiadis, 2013, p. 62). PSAs refer to advertisements or commercials that may be produced for various media outlets (e.g., print, television, radio, Internet, etc.) and aim to provide information or advice about a particular issue or promote activities that are deemed to serve the interests of the wider community (Werb et al., 2011, p. 834). It is important to note that while PSAs aim to improve health behaviours, ineffective messaging has the potential to inadvertently produce negative outcomes (Werb et al., 2011; Witte, 1994).

It has been argued that PSAs “not only educate audiences about health issues but also shape the way viewers articulate fundamental questions about a disease, themselves, and their relationship with each other…PSAs can have lasting implications for how societies understand, organize, and live their individual and collective existences” (Johnson et al., 1997, p. 233). This argument indicates that PSAs play a significant role not only in explaining and modifying behaviour, but also in our understanding of how certain health issues impact us both as individuals and collectives, as well as our environment. Importantly, such sentiments signify that PSAs contribute heavily to shaping the ways in which we perceive health issues, whether positively (i.e., awareness and education) or negatively (i.e., stigma and discrimination).

Studies conducted on the effectiveness of PSAs and other means of communicating health-protective information in public health communication campaigns (e.g., presentations in educational institutions, interactive discussions such as interviews and focus groups, print materials such as handouts and flyers), have found that a targeted strategy for translating health information to audiences, including specification of a particular audience segment and use of appropriate channels of communication, may improve the conditions for health-protective behavioural change (Georgiadis, 2013, p. 61; Palmgreen & Donohew, 2006, p. 28). However, it has also been noted that such mass campaigns face the ultimate challenge of reaching individuals of differing backgrounds simultaneously (Georgiadis, 2013, p. 61).

2.4.1. Context: A Brief History of Public Service Announcements

The use of PSAs to promote healthy behaviours has been observed over the past half-century, and has been applied in numerous settings for various health-related
messages. Specifically, messages distributed via mass media channels about both licit and illicit drug use, and by extension related health harms such as HIV/AIDS and other STBBIs, became prevalent throughout the 1980s and 1990s (Atkin, 2001, "Historical Background", para. 7). However, in spite of its recent popularity, the 1940s saw growing pessimism among the academic community regarding the effectiveness of PSAs and media impact more broadly, as scientific studies published during this time period strongly highlighted the lack of influence such campaigns had on target audiences. This became the dominant approach to media impact in the 1950s and was partially blamed on audience apathy (Atkin, 2001, "Historical Background", para. 2).

In the 1970s, however, a dramatic reversal in this pessimism began to emerge. This new optimistic approach theorized that media messages could in fact be successful in promoting health-protective lifestyles, though the degree of success would depend upon the presence of certain conditions thought to contribute to changes in behaviour. Accordingly, the focus of research in this area began to shift away from measuring the effectiveness of PSAs and toward identifying ideal conditions under which such a campaign could maximize health-protective behaviours among target audiences (Atkin, 2001, "Historical Background", para. 3).

As a result of the inconsistencies that historically befell this field of study, contemporary research has seen a rift form between two scholarly groups: those who believe that media have the potential to be influential and those who believe in the lack of impact media have on target audiences. Of note, the former group emphasizes that media may only be effective “if a campaign is properly designed and effects are sensitively measured and interpreted”, and researches the conditions under which success may be experienced (Atkin, 2001, "Historical Background", paras. 5-6).

2.4.2. Characteristics of Public Service Announcements

In his review of the impact of public service advertising, Atkin (2001) maintains that there are three types of campaigns, grouped according to their respective intended outcomes: prevention of an unhealthy behaviour or initiation into an unhealthy behaviour, cessation of an existing unhealthy behaviour, and adoption of a healthy behaviour. Anti-illicit-drug PSAs may be categorized under the prevention category; that
is, they aim to prevent the use of illicit drugs or initiation into illicit drug use among target audiences. Despite the prevalence of anti-illicit-drug campaigns observed in recent years, research assessing the impact of PSAs on audience behaviours has been found lacking (Atkin, 2001, "Review of Recent Health Campaigns", paras. 1, 15).

In an effort to explain factors that may contribute to maximizing the effectiveness of PSAs, Atkin (2001) notes that there are three types of messages: 1) messages of awareness, 2) messages of instruction, and 3) messages of persuasion. Messages of awareness are designed to increase consciousness of an issue by providing information about a given health topic, such as what action to take, who should take that action, and when and where that action should be taken. Messages of instruction are designed to encourage audiences to take a specific action by providing “how-to” information and other tools necessary to take that particular action. And finally, messages of persuasion are designed to convince audiences of why a particular behaviour should be adopted or avoided in the first place (Atkin, 2001, "Three Types of Campaign Messages"; Georgiadis, 2013, pp. 62-63).

The types of messages suggested by Atkin (2001) reflect the processes of the behavioural change theories previously discussed, which essentially explain that the audience must first be aware of the health issue, feel threatened by it, and then be provided with health-protective behaviour recommendations and be convinced that they can and should follow the recommendations. Atkin further proposes that PSA effectiveness can also be increased by the use of a credible messenger, an engaging style, and a simple and relevant message (Atkin, 2001, "Qualitative Factors in Effective Health Message Design"; Georgiadis, 2013, pp. 62-63).

Similar suggestions have been made elsewhere regarding the notion that a PSA’s design elements may contribute to a campaign’s success. These include: audience targeting of those segments of the population that are most at risk; professional quality messages; use of appropriate channels of communication; incorporation of sophisticated theories of persuasion; coupling of mass media methods such as the use of PSAs with other kinds of non-media interventions such as school-based presentations; and widespread, frequent, and prolonged exposure (Palmgreen & Donohew, 2006, pp. 28-29). Interestingly, while the Canadian government's
DrugsNot4Me campaign was disseminated over a period of several years, its most recent PSA campaign released in late 2014 was allotted only several months of airtime.

Although many have supported the argument that specific message and design elements can contribute to the creation of an effective PSA, a study on HIV/AIDS-focused PSAs worldwide indicated that these elements were lacking in most PSAs. This analysis found that the majority of PSAs were heavy on information but light on recommendations, encouraged audiences to seek further information on an issue when recommendations were provided but were vague about the process of obtaining this information, and were unclear about exactly which populations were being targeted. Due to the role of illicit drug use as a major contributor to HIV transmission, this finding is concerning as it indicates that the majority of HIV/AIDS-focused PSAs do not provide adequate information on HIV/AIDS and routes of transmission, potentially resulting in campaigns that are ineffective at promoting and sustaining health-protective behavioural change among target audiences (Johnson et al., 1997, p. 227, 231). Although a similar study has yet to be conducted on anti-illicit-drug PSAs around the world, this related case demonstrates the potential harm that can arise from ineffective health messaging.

2.5. The Use and Effectiveness of Fear Appeals in Public Service Announcements

The use of fear appeals in PSAs has become a pervasive strategy in motivating behavioural change related to illicit drug use and HIV/AIDS worldwide. Yet, similar to studies of PSAs and public health communication campaigns more broadly, the literature to date on the effectiveness of fear in PSAs has observed mixed results (Hastings et al., 2004; LaTour & Zahra, 1989; Witte, 1992). This may be attributed to the fact that individuals are unique in the ways they respond to fear, and studies assessing the impact of fear appeals may not fully account for diversity in human characteristics (LaTour & Zahra, 1989, p. 67).

Fear appeals may be defined as persuasive messages that aim to motivate behavioural change by frightening or threatening the audience with negative outcomes if unhealthy behaviours are initiated or continued and recommendations are not followed.
Fear-based methods are further classified as having “severe negative physical consequence with an intense stylistic presentation (emotional, vivid, and involving)” (Atkin, 2001, "Qualitative Factors in Effective Health Message Design", para. 8) and are described as containing “‘gruesome content’ in the form of vivid language…personalistic language…or gory pictures” (Witte, 1992, pp. 330-331).

2.5.1. **Fear-Based Appeals in Public Service Announcements**

Although the prevailing belief among scholars is that fear appeals in public health communication campaigns are ineffective, several authors have proposed the opposite view; that is, that fear has demonstrated effectiveness in changing behaviour, though its impact is necessarily dependent upon certain factors such as design and targeting, as well as individual sociocultural considerations such as age, gender, ethnicity, culture, and socioeconomic status, among others (Atkin, 2001; Green & Witte, 2006; LaTour & Zahra, 1989; Murray-Johnson et al., 2001). Despite the potential for effectiveness, however, the use of fear appeals poses the risk that audience members may choose to control their fear rather than the health-related danger (Hastings et al., 2004, p. 974). Interestingly, Bandura (2001) highlights “the need to shift the emphasis from trying to scare people into healthy behavior to empowering them with the tools and self-beliefs for exercising personal control over their habits” (p. 289).

Broadly, “[f]ear appeals operate on the assumption that target audience members will engage in an appraisal process if they perceive a threat in their environment” (Murray-Johnson et al., 2001, p. 337). This process consists of heightening audience perception of their personal susceptibility to the threat and the threat’s severity, as well as providing a solution to reduce risk or vulnerability to the threat (LaTour & Zahra, 1989, p. 61; Murray-Johnson et al., 2001, p. 337). In other words, a member of the target population should believe that they are at risk of acquiring an illness (e.g., AIDS), that the threat or danger is severe enough to warrant their attention and action (e.g., AIDS is fatal), and that they are able to change their behaviour with minimal cost (e.g., use of condoms, clean needles, etc.). Those who believe they are not at risk or that the threat is trivial are more likely to ignore the message altogether.
(Murray-Johnson et al., 2001, p. 337), and some may choose to distance themselves from a health issue as a way to cope with the fear aroused by the campaign (Hastings et al., 2004, pp. 974-975). Reasons for these reactions may derive from the view that the recommended health-protective actions are too difficult or costly to achieve, consume too much time and energy, or are insufficient to avert the health danger or threat (Murray-Johnson et al., 2001, p. 337).

In this context, therefore, it is important to recognize that fear-based public health campaigns that attempt to heighten the level of perceived threat and promote health-protective behaviour change may actually produce the opposite effect—that is, they may provoke inadvertent, negative consequences—as a result of ineffective messaging strategies (Guttman, 1997, p. 156). Examples of such negative consequences include, but are not limited to: the glamorization of illicit drug use or feelings of antagonism or alienation among the target audience. Ethical considerations of using fear appeals in health communication campaigns are discussed in further detail in a following section.

2.5.2. Sociocultural Considerations in Fear-Based Appeals

Green and Witte (2006) argue that the prevailing belief among most American health professionals, especially those working in the field of HIV/AIDS, is that fear-based appeals or ‘scare tactics’ are ineffective in promoting behavioural change and sustaining health-protective behaviours. Yet, they further assert that many health professionals working in African countries claim the opposite; that is, fear appeals have been effective in reducing HIV infection rates in certain areas (Green & Witte, 2006, p. 245). The literature has observed similar inconsistencies, which have been attributed to the complexity of human response to fear (LaTour & Zahra, 1989, p. 67). This inconsistency indicates that there may be sociocultural factors such as age, gender, ethnicity, culture, and socioeconomic status, among others, associated with individual response to and effectiveness of fear arousal in public health communication campaigns, and that these factors must be taken into consideration when measuring any fear-based campaign for effectiveness. Essentially, it has been argued that fear-based campaigns can be effective in promoting and sustaining health behavioural change, though only under appropriate circumstances, such as when sociocultural factors are accounted for and
when self-efficacy in audience members is high (Green & Witte, 2006; Hastings et al., 2004; Johnson & LaTour, 1991; LaTour & Zahra, 1989; Murray-Johnson et al., 2001; Terblanche-Smit & Terblanche, 2010, 2011).

Several studies have arrived at similar conclusions. Firstly, a study conducted by Johnson and LaTour (1991) found gender to be an important consideration when measuring the intensity of fear appeals in AIDS prevention messages among college students. In response to two separate PSAs regarding the use of condoms to prevent AIDS, female students found the PSAs to be more irritating, less good, and of lower quality than male students, suggesting that overall, female students perceived the condom use PSAs more negatively than did male students. Due to the increasing rate of HIV/AIDS infection among women and the social consequence of potential transmission to children, this study demonstrates the need for more specificity in targeting women of childbearing age and tailoring HIV/AIDS prevention messages to this particular segment of the female population (Johnson & LaTour, 1991).

Secondly, Terblanche-Smit and Terblanche’s (2010, 2011) study using fear-based HIV/AIDS prevention PSAs discovered that racial characteristics play an important role in attitude formation among audiences. Using PSAs with different levels of fear appeals (low, medium, high), this study revealed that different reactions were elicited regarding fear, attitude, threat, and efficacy. Though respondents of all races experienced similarly low levels of fear from low-fear appeals, different reactions were observed with regard to medium- and high-fear appeals. For example, respondents who were either Black or White required higher fear appeals to arouse increased levels of fear and perceived vulnerability to HIV/AIDS; attitudes of respondents who were Black reached an optimal level at medium-fear whereas attitudes of respondents who were either Coloured or White reached an optimal level at high-fear; and respondents who were White perceived lower susceptibility to HIV/AIDS than respondents who were Black, whose perceived susceptibility was even lower than respondents who were Coloured. Despite the somewhat simplistic categorization of racial characteristics in this particular study, it nonetheless demonstrates that an individual’s race may influence the ways in which he or she responds to fear, and more importantly, it is believed that an individual’s ethnicity or cultural background may have a similar effect (Terblanche-Smit & Terblanche, 2010, 2011).
Finally, Murray-Johnson et al. (2001) conducted two studies focusing on the role of cultural orientation in participant response to fear appeals using the complementary theoretical concepts of *individualism* and *collectivism*, as well as *idiocentrism* and *allocentrism*. Briefly, in comparing African-American and Mexican immigrant junior high school youth (Study 1) and US and Taiwanese college undergraduates (Study 2), these studies found that public health campaigns that emphasized threats to the individual were found to produce the most fear in members of individualist cultures and idiocentric individuals, who place individual priorities above collective priorities. In contrast, campaigns that focused on threatening the family or collective were found to produce maximum fear in members of collectivist cultures and allocentric individuals, who place collective priorities above individual priorities (Murray-Johnson et al., 2001). The terms individualist/collectivist are separated from idiocentric/allocentric because cultural orientation cannot be inferred based on ethnicity (Murray-Johnson et al., 2001, p. 336). Essentially, these studies showcase that there is a need to specifically and appropriately target fear appeals according to cultural orientation in order to achieve success.

Ultimately, the three aforementioned studies explore and describe the impact that gender, race, and cultural orientation may have on audience response to fear in PSAs. Despite the dearth of literature on the influence of sociocultural characteristics of audiences on response to fear appeals in public health communication campaigns, it is reasonable to suggest that all such characteristics have the potential to affect how an individual responds to persuasive communication campaigns that predominantly attempt to elicit emotions, whether positive or negative, in target audiences. Summarily, these studies support the notion that when fear appeals are appropriately targeted and messages are specifically tailored, this technique has the potential to be successful in encouraging the adoption or maintenance of health-protective behaviours.

### 2.5.3. The Extended Parallel Process Model

The Extended Parallel Process Model (EPPM), developed by Kim Witte, is a framework designed to measure the effectiveness of fear appeals in public health communication campaigns. It posits that if an individual appraises a particular threat to be high, fear is elicited and he or she begins to seek ways to avert or minimize the threat
According to Witte’s EPPM, “perceived threat (causing fear arousal) motivates action, and perceived efficacy (causing hope) determines the nature of that action” (Green & Witte, 2006, pp. 249-250). In other words, if an individual believes that he or she is vulnerable to a health-related threat and is frightened by it, then he or she will seek to take action against that threat. Further, what course of action an individual chooses to take is dependent upon the individual’s belief in his or her capacity to take action and his or her hope for success.

The emphasis on self-efficacy, or an individual’s belief in his or her competency to perform desired behaviour change, observed in the EPPM is also reflected in the behavioural change theories previously outlined. An assumption can be made based on these emphases: the presence of self-efficacy in audience members is necessary for PSAs to successfully drive desired health-protective behavioural change whether or not the PSAs employ elements of fear. Essentially, many have agreed that despite the appeal techniques used, health-protective behaviours desired, or audience targeted, “[h]ealth knowledge gets translated into healthful habits through the mediation of perceived self-efficacy” (Bandura, 2001, p. 289).

2.6. Ethical Considerations Concerning the Use of Fear Appeals in Public Health Communication Campaigns

Various ethical issues pertaining to the use of fear appeals in public health communication campaigns have arisen over the past several decades. Many have outlined numerous concerns regarding the appropriateness of the use of fear when conveying a health message to an audience group (Guttman & Salmon, 2004; Guttman, 1997; Hastings et al., 2004; LaTour & Zahra, 1989). Fear arousal has been described as “a complex, individually unique emotion” (LaTour & Zahra, 1989, p. 61) and consequently, campaigns that aim to arouse fear may potentially expose target subjects to “unethical manipulation” (Guttman, 1997; Witte, 1994). As a result, it follows that ethical considerations concerning the use of fear in public health communication campaigns and PSAs should be discussed.
Most importantly, it has been suggested that the use of fear may induce stigma for certain populations. By using fear-based appeals to present a negative image of those who are already immersed in a negative health outcome that a campaign attempts to prevent or reduce (e.g., people who use illicit drugs, HIV-seropositive individuals, etc.), they may become stigmatized, discriminated against, and further ostracized (Guttman & Salmon, 2004, pp. 547-549; Guttman, 1997, p. 166). Accordingly, the following question is posed: “By telling people they have a certain medical condition that puts them at risk, to what extent does the campaign label them as ill? To what extent does the campaign stigmatize certain individuals by portraying the health-related conditions they have as undesirable or bad?” (Guttman, 1997, p. 165).

In describing ethical concerns about using fear arousal as a method to promote health-protective behaviours, Hastings (2004) notes that they may include:

- maladaptive responses such as chronic heightened anxiety among those most at risk and, paradoxically, complacency among those not directly targeted, and increased social inequity between those who respond to fear campaigns, who tend to be better off, and those who do not, who tend to be the less educated and poorer members of society. (Hastings et al., 2004, p. 961)

Such responses may also lead consumers to miss important health information or process information in a biased manner, and as a result, to form an erroneous understanding of health behaviours (Hastings et al., 2004, p. 974).

In addition, it has been argued that a great level of fear may prevent the recipient of the message from calmly and rationally considering a range of responses to deal with a perceived health threat by limiting their choices and controlling their perceptions (Green & Witte, 2006, p. 245; Guttman, 1997, p. 159). More specifically, the exaggerated use of fear in PSAs may encourage low self-efficacy among target populations. People who engage in health-damaging behaviours typically have lower self-efficacy than those who do not. For those individuals with low self-efficacy, heightened feelings of fear caused by exaggerated appeals may result in feelings of anger, defensiveness, or resentment, thereby potentially exacerbating risk behaviours (Hastings et al., 2004, pp. 974-975).
LaTour and Zahra (1989) argue that due to the complex nature of fear and unique responses to fear by individuals, it is of the utmost significance that campaigns intending to heighten this emotion in audiences do so in such a way that avoids provoking anxiety or discomfort as much as possible (p. 67). Notably, scientific studies on the long-term effects of fear appeals on individuals, whether as a result of single-time or repeated exposure, are lacking in the existing literature. It has been suggested that prolonged exposure to fear messages may manifest indifference among audience members, thereby lessening the effectiveness of such messages altogether (Hastings et al., 2004, p. 966). Additionally, intense experiences of anxiety or discomfort among target audiences while watching a fear-eliciting PSA may even trigger behaviours the PSA intended to prevent or reduce in the first place (Hastings et al., 2004; Werb et al., 2011). In other words, an individual who uses illicit drugs may feel the urge to use drugs after experiencing anxiety or discomfort from watching a PSA that emphasizes the negative health consequences of this action.

It is important to note that on a broader level, all public health communication campaigns contain an element of manipulation that is, by nature, an issue of some concern (Guttmann, 1997; Witte, 1994). Guttmann (1997) highlights the dilemmas regarding whether such manipulative strategies are justified to begin with, noting that critics of the use of social marketing strategies to convey health information maintain that manipulative methods are unethical partially because of their inherent tendency to target populations that are particularly vulnerable (p. 159). Thus, there is a need to develop strategies for the ethical use of manipulation techniques within the health communication field (Witte, 1994, p. 286). To date, a standard set of strategies or guidelines for the ethical use of manipulation techniques in health campaigns intended to communicate health-protective information has yet to be produced.

Ultimately, fear-arousing campaigns have the potential to cause distress, and by extension, health-related harms among vulnerable populations who may not possess the resources to act upon health recommendations made by such campaigns. Such circumstances may further cause stigmatization, discrimination, or ostracism among vulnerable groups, including people who use illicit drugs. Overall, manipulative techniques have been portrayed by some to not only be ineffective, but also to involve questionable methods. Consequently, Hastings et al. (2004) suggest alternative
methods of conveying health information, such as positive reinforcement appeals aimed at good behaviour, humour, and postmodern irony (p. 961). (Alternative methods of conveying health information to target audiences are discussed in the following section.) Although the field of health communication would certainly benefit from the consideration of alternative methods to fear that are effective in encouraging health-protective behavioural change, it is noteworthy that this field of study is still in its early stages and existing literature on the subject appears to be limited, presenting yet a further avenue for future research in this field.

2.7. Alternative Methods of Communicating Health Information

Scholars have suggested alternative methods to communicating health information that emphasize positive emotions rather than negative emotions. Methods that focus on positive emotions that have previously been explored include: positive reinforcement, positive role models, humour, empathy, love, excitement, sex, hope, empowerment, and postmodern irony (Hastings et al., 2004, p. 961, 976-977). Though there has been some optimism regarding the potential for alternative methods to be more effective than fear, studies comparing these alternative techniques have again observed mixed results.

It has been proposed that elicitation of positive rather than negative emotions may be equally, if not more, effective than arousing fear in audience members when aiming to promote health-protective behavioural change (Hastings et al., 2004). Hastings (2004) claims that past anti-illicit-drug media campaigns that have employed humour, irony, and supportive messages have produced favourable results among youth; members of this target audience have demonstrated increased awareness, liking, attitude change, and attempts to quit health-damaging behaviours (p. 976). This study additionally revealed that rational and social appeals were also effective among this particular population (Belch, Belch, & Jones, 1995; Hastings et al., 2004, p. 976).

In contrast, a study conducted in Italy indicated that fear appeals were more effective than humour appeals (Soscia, Turrini, & Tanzi, 2012). This is perhaps
explained by the weight of humour as lighter and less serious than fear in terms of emotional stimulation; audience members may find humorous appeals less memorable. This particular study measured level of attention and recall of printed HIV/AIDS prevention PSAs among young adults and found that humour appeals were less effective than shock and fear appeals (Soscia et al., 2012). As is evident, the effectiveness of humour appeals in health communication campaigns is still debatable. Similar debate can be seen in alternative methods of conveying health information that have yet to be rigorously evaluated.

Interestingly, postmodern techniques have become increasingly popular following heavy and continuous saturation of consumer advertising in contemporary society. Advertising trends have indicated general feelings of boredom, irritation, fatigue, and overall indifference among audiences. The postmodern approach is “an advertising style characterized by relativism, irony, surrealism, self-referentiality, and hedonism” (Hastings et al., 2004, p. 978). Rather than assuming an authoritative position, campaigns employing this technique treat audiences as knowing, wise, and reasonable and do not appear to try too hard or be too obvious or desperate. Many such campaigns may be characterized as poking fun of advertising itself or acknowledging audience fatigue in advertising (Hastings et al., 2004, p. 978).

Despite the interest shown in alternative methods to convey health information to certain populations, movement away from PSAs and health communication campaigns altogether has also been proposed. Briefly, in such cases, more innovative avenues for the promotion of behaviour change that have been suggested include: use of new media such as online discussion forums, social networking sites, and other social platforms (Baelden, Van Audenhove, & Vergnani, 2012); and photography projects which members of the vulnerable population direct and participate in (Bleiker & Kay, 2007; “PhotoVoice,” 2015). Such participatory and community-based methods are thought to give voice to and empower vulnerable groups while translating health-protective information to affected communities and increasing awareness on the issues of a particular health issue.

Although the investigation of the effectiveness of alternative approaches to conveying health information is beyond the scope of the present study, this brief
discussion simply demonstrates the potential of approaches that do not rely on fear to impart health information. Although evaluation of the effectiveness of such methods is limited at present, many have considered use of such non-fear-based methods to promote health-protective agendas.

2.8. Conclusion

In reviewing the existing literature, several key points should be noted. Firstly and most importantly, reports indicate that youth in Canada are engaging in high-risk drug-related behaviours that contribute to the transmission of STBBIs such as HIV. Of particular concern in the context of Vancouver is the ready availability of and easy access to illicit drugs, and that street-involved youth who engage in high-risk sexual and drug use behaviours have reported that they perceive themselves to be at low risk of acquiring and transmitting STBBIs despite their vulnerability, which may indicate that current messaging and/or targeting strategies related to this issue are ineffective. Secondly, taking into account behavioural change theories when designing public health interventions may aid in the promotion of health-protective behaviours among target audiences. Thirdly, though there has been frequent use of fear arousal techniques to encourage behavioural change, an abundance of research on the effectiveness of fear-based appeals, as well as PSAs more generally, has shown mixed results. This points to the need for specifically targeted and tailored approaches toward populations in the context of differing sociocultural characteristics. Finally, the use of fear as a method to manipulate audiences naturally begets ethical concerns and discussions of alternative methods for conveying health information, and though these points should be considered, they are not the foci of the present study.

The following chapters will attempt to explore the aforementioned issue of how effectively the anti-illicit-drug messages of the Canadian government’s DrugsNot4Me PSA campaign translate to street-involved youth. In essence, the goal is to investigate its effectiveness among a high-risk, drug-using segment of the campaign’s target population that stands to benefit most from drug prevention messages. Chapter 3, “Framing DrugsNot4Me: A qualitative content analysis of the Canadian government’s anti-illicit-drug PSA campaign”, explores portrayals of illicit drug use among youth and
young people who use illicit drugs that the Government deems to be effective, while Chapter 4, “Absolutely no straightforward story: A qualitative study with At-Risk Youth Study participants”, investigates how street-involved youth perceive and receive this campaign in a series of interviews conducted with street youth in Vancouver. It is hoped that insight gained from these complementary methods of study will contribute to a better understanding of how best to communicate drug prevention messages to a high-risk, drug-using, street-involved group of youth that are most in need of and stand to benefit most from such messages.
Chapter 3.

Framing *DrugsNot4Me*: A Qualitative Content Analysis of the Canadian Government’s Anti-Illlicit-Drug Public Service Announcement Campaign

3.1. Introduction

Since their growth in popularity in the 1980s, observations have been made about the lack of information provided in public service announcements (PSAs) regarding illicit drug use and related health harms such as HIV and other sexually transmitted and blood-borne infections (Atkin, 2001; Johnson, Flora, & Rim Al, 1997). Additionally, many have drawn attention to the increased use of fear arousal techniques in anti-illicit-drug PSAs in several different ways, including: their general ineffectiveness (Green & Witte, 2006); the disregard for sociocultural considerations that may contribute to effectiveness (Green & Witte, 2006; Johnson & LaTour, 1991; LaTour & Zahra, 1989; Murray-Johnson et al., 2001; Terblanche-Smit & Terblanche, 2010, 2011); and the overall unethical manipulation of audiences in persuasive communication strategies (Guttman & Salmon, 2004; Guttman, 1997; Witte, 1994). This is especially pertinent given that the lack of information and use of fear appeals in PSAs may reduce audience perceptions of self-efficacy, or the belief in one’s competence to perform health-protective behaviour change. According to the behavioural change theories previously discussed, low self-efficacy among audience members is likely to work against the adoption and maintenance of health-protective behaviours (Rosenstock, Strecher, & Becker, 1988).

The potential lack of information and use of fear appeals in these campaigns intimates that there may also be disconnects between those who produce health-protective messages and those who are targeted to receive them. Of significance,
relevant targeting and messaging strategies play important roles in addressing these potential disconnects (Guttman & Salmon, 2004; Winett, Altman, & King, 1990). In order to identify such gaps in understanding, it is important to consider both groups in terms of the intended audience of any particular message, how the message is framed, and finally, how the message is perceived and received by target audiences.

In exploring the effectiveness of anti-illicit-drug messages communicated through PSAs from message producers, it is also crucial to consider content in terms of what kinds of information and reinforcement are provided to encourage the ultimate goal of preventing the use of or intention to use illicit drugs. As previously noted (see Chapter 2, “Literature review”), Atkin (2001) has maintained that in order to maximize the impact or effectiveness of a PSA, three types of messages are required: 1) messages of awareness, which are designed to increase consciousness of a health issue; 2) messages of instruction, which aim to provide information on how to adopt or maintain health-protective behaviours; and 3) messages of persuasion, which convince audiences that health-protective behaviour change is necessary to begin with.

The present study concerns the message producers; that is, the Canadian government. It intends to explore how the Government frames illicit drug use among youth and characterizes young people who use illicit drugs in the DrugsNot4Me campaign. Specifically, it seeks to describe the intended drug prevention messages of this particular campaign, including how key messages such as fear, abstinence, and deviance are positioned toward reducing or preventing the use of or intention to use illicit drugs. The need for such an evaluation is especially pertinent given the high costs of the DrugsNot4Me campaign and previous arguments made in various settings emphasizing the need for more rigorous evaluation of mass media campaigns (DeJong & Wallack, 1999, 2000; DeJong, Wolf, & Austin, 2001; Fishbein, Hall-Jamieson, Zimmer, von Haeften, & Nabi, 2002; Winett et al., 1990). It is hoped that examining the framing of drug prevention messages in the DrugsNot4Me campaign will permit a better understanding of the methods the Canadian government used to communicate health information to youth in this campaign, and what it deems to be an effective strategy.
3.2. Methods

Using a qualitative content analysis technique and both deductive and inductive approaches to examine content, the present study aims to identify and code common themes and patterns found in the two anti-illicit-drug PSAs produced for the DrugsNot4Me campaign: Fast Forward (Government of Canada, 2009a) and Mirror (Government of Canada, 2009b). The unit of analysis for the present study was operationalized as each PSA produced for the campaign.

Content analysis can be defined as a method of analyzing written, verbal, or visual communication data that produces replicable and valid inferences about the data through categorization techniques. Its intention is to enable researchers to analyze messages and draw conclusions from the data about a particular phenomenon, which entails developing a coding framework in which categories are created and applied in order to determine underlying themes and patterns. It has been noted that although content analysis methods are most frequently used for analyzing written texts, they are also effective for studying other types of communication media, such as those of a visual nature (Elo & Kyngäs, 2008; Georgiadis, 2013; Gradlyan & Baghdasaryan, 2013; Krippendorff, 2012; Macnamara, 2005).

Qualitative content analysis was deemed more appropriate for the present study than either quantitative content analysis or a mixture of qualitative and quantitative approaches due to the limited number of PSAs that were available for analysis (Berg, 2001). Qualitative content analysis can be defined as a research method that interprets content or data using a systematic and iterative process of coding to identify themes or patterns to make sense of the content or data in broader terms (Hsieh & Shannon, 2005, p. 1278; Macnamara, 2005, p. 5; Schreier, 2014, p. 170). The term “content” may refer to any means of communication. Qualitative content analysis techniques examine latent content, defined as the deeper meaning implied in content, as opposed to manifest content, closely linked with quantitative content analysis and defined as items that are literally present in the text (Kondracki, Wellman, & Amundson, 2002).

Prior to running the full analyses, a pre-test of the coding framework was conducted against one of the PSAs, entitled Mirror. This decision was based on the fact
that only two PSAs were produced for this initiative, as well as the researcher’s intent to develop an extensive and comprehensive coding scheme that would incorporate elements related not only to the audiovisual content of the PSA, but also to include production components and other broader criteria related to the effectiveness of PSAs. The overall objective of the pre-test was to devise a valid, reliable, and relevant coding scheme that would not only be applicable to the present study, but may also be put to use for other studies of a similar nature. Due to the nature of the contents of the PSAs, discussed in further detail in a following section, it was deemed more beneficial to conduct the pre-test and formulate an initial coding scheme based on Mirror.

During the pre-test phase, both deductive and inductive approaches to data collection were utilized in an iterative process. On the one hand, in the deductive approach, the analysis is based on previous theory, models, or knowledge measuring similar phenomena; it moves from the general to the specific (Berg, 2001, pp. 245-246; Elo & Kyngäs, 2008, p. 111; Mayring, 2000, paras. 19-21). Despite the limited body of literature on coding schemes for anti-drug messages specifically, much research has been conducted on various topics using content analysis methods. Deductively, coding schemes were modeled after studies conducted on various topics, including: alcohol awareness (Atkinson, Sumnall, & Measham, 2011; Banerjee, Greene, Hecht, Magsamen-Conrad, & Elek, 2013), consumer products (Bock, 2003), childhood obesity (Georgiadis, 2013), as well as general descriptions of the impact of PSAs (Atkin, 2001).

On the other hand, inductive coding moves from the specific to the general and is recommended for studies for which there is a lack of former knowledge relevant to the phenomenon or if this knowledge is fragmented (Berg, 2001, p. 245; Elo & Kyngäs, 2008, p. 109; Mayring, 2000, paras. 17-18). Therefore, in the present study, an inductive approach was used to identify other areas of interest presented in the PSAs that were not addressed in the aforementioned studies. This process included open coding, which refers to the process of making notes and headings while studying content (Berg, 2001, p. 251; Elo & Kyngäs, 2008, pp. 109-110). Next, axial coding or ‘abstraction’ was used to foster connections between thematic concepts by collapsing themes into higher order categories (Banerjee et al., 2013, p. 5; Barbashina, 2012, p. 16; Berg, 2001, p, 253; Elo & Kyngäs, 2008, p. 111).
Following the pre-test of the coding framework, the Codebook (see Appendix A for Codebook) was revised and adapted to address categories found to be irrelevant in the analysis. Upon completion of the analysis, the coding scheme was applied to the remaining DrugsNot4Me PSA, Fast Forward.

3.2.1. **Mirror**

*Mirror* follows a young woman’s progression of illicit drug use, presumably from when she initiates recreational drug use to when she enters a state of addiction and feels as though it is too late to quit. She is depicted as a Caucasian teenager or young adult from what appears to be an affluent home, and her journey of illicit drug use is primarily set in her bedroom. The story is accompanied by a musical rhyme, somewhat representative of a children’s nursery rhyme, in which a female voice sings: “One, two, kicked out of school. Three, four, snort some more. Five, six, need my fix. Seven, eight, it feels too late.” The PSA closes with a before-and-after scene in which her two selves are depicted: one who initiated drug use and another who did not initiate drug use. The PSA closes with a scene of the young woman leaving her bedroom and house for the first time and joining two friends for a recreational excursion. A male voice completes the scene with the following narration: “Drugs. Do you know where they’ll take you? To learn the effects of drugs and how you too can say no, visit drugsnot4me [dot] ca.” (Government of Canada, 2009b)

3.2.2. **Fast Forward**

*Fast Forward* begins with a scene of a house party accompanied by loud music and dancing. A group of young people are smoking what appears to be cannabis, though it is important to note that this is an assumption as the cannabis neither appears nor is discussed in the scene. The primary character, a young Caucasian man depicted in his early teenage years, is offered a puff. The PSA then cuts to a series of different scenes in which he is imagining the consequences of accepting the offer, including scenes where he is taking what appears to be ecstasy (i.e., pills with smiley faces on them), arguing with his mother, sleeping in class, experiencing migraines, and getting caught with illicit drugs on his person. Following this, the PSA cuts back to the initial
scene, and the young man refuses the offer and joins a group of his friends who, presumably, do not use illicit drugs, in a final scene. A male voice narrates: “Drugs. Do you know where they’ll take you? To learn the effects of drugs and how you too can say no, visit drugsnot4me [dot] ca.” (Government of Canada, 2009a)

3.3. Results

3.3.1. The Limited Relatability of Primary Characters

Analyses of the DrugsNot4Me PSAs demonstrate, perhaps most perceptibly at first glance, the limited relatability of the primary characters. Mirror focuses on the journey of drug use of a young Caucasian female of middle-to-upper socioeconomic status. The majority of the PSA is filmed in the primary character’s bedroom in her house, both locations denoting by appearance her socioeconomic status as middle-to-upper class. Specifically, the simple fact that she is represented as having a bedroom of her own, let alone a home at all, indicates that she belongs to an affluent family. As the PSA progresses, her bedroom becomes increasingly sparser, suggesting that the possessions that filled her bedroom shown at the beginning of the PSA were sold to finance her addiction. This further implies that she had sufficient material possessions to finance her addiction for some time, and because of her age, also indicates that these possessions were likely gifts from her family (Government of Canada, 2009b).

Similarly, Fast Forward follows a young Caucasian male, also deemed to be of middle-to-upper socioeconomic status. This assumption is derived from several clues; for example, he is attending a house party in a house that appears to be large, well-decorated, and owned by a family from a middle-to-upper class background. Furthermore, the presence of cars and motorcycles at the beginning of the PSA suggest that these vehicles are owned by the young people in attendance at the party, who are all well-dressed and appear to be well provided for. Finally, scenes filmed at the primary character’s home further add to the belief that he belongs to an affluent home, as the young man is shown to have his own bedroom that is filled with his personal possessions (Government of Canada, 2009a).
Essentially, without overlooking the notion that the Canadian government did in fact intend to target the youth population with their DrugsNot4Me campaign, their characterization of the ‘typical’ young person who uses drugs is Caucasian and of middle-to-upper socioeconomic status. This narrow characterization, while perhaps relatable to young people who fit within these demographics, likely offers limited relatability to groups outside of these demographics, such as street-involved young people who were raised in government care, those who are from non-affluent homes or experience unstable housing or homelessness, and those who have mental health conditions. Arguably, these are the groups who would stand to benefit most from anti-illicit-drug PSAs due to their vulnerability to illicit drug use and health-related harms. Furthermore, the primary characters appear to have lives of opportunity, and those without such opportunity may perhaps even resent the notion that the characters did not take advantage of them.

3.3.2. Negative Portrayals of People Who Use Drugs

Although some positive experiences of illicit drug use are represented in the DrugsNot4Me PSAs, instances of negative experiences are portrayed to an even greater extent. Mirror begins with an initial depiction of the ‘fun factor’ of drug use by the primary character’s laughter and overall happiness. However, these short-lived positive experiences are replaced with instances of negative experiences, including: intoxication, evidenced by her uncontrollable actions; acts of violence and aggression, evidenced by the destruction of her personal property; and drug-related illness or disease, evidenced by the track marks on her arms as well as the sores around her mouth. In terms of the effects or consequences of drug use, emotional experiences are portrayed by initial but short-lived happiness, followed by anxiety, frustration, anger, craze, sadness, regret, and despair. Physical consequences are portrayed through sunken cheeks, mouth sores, and infected (indicated by her scratching) track marks on her arms (Government of Canada, 2009b).

Fast Forward similarly begins with positive experiences of illicit drug use, such as the ‘cool factor’; that is, social interaction with a group of friends through the use of cannabis. However, similarly to Mirror, the positive experiences are short-lived and
swiftly replaced with negative experiences that the primary character imagines could happen if he were to choose to accept the offer to smoke the cannabis. These include personal problems such as violence or aggression toward family members; health problems such as migraines; and social problems such as passing or blacking out in class, a gradual transition into ‘hard’ drugs, and involvement in criminal activities such as drug dealing. In addition, negative emotional experiences of illicit drug use, such as anxiety, frustration, anger, and regret, are portrayed in the PSA. However, worthy of note is that this particular PSA does not place strong emphasis on the physical consequences of drug use, which may be explained by its focus on the use of ‘soft’ and ‘party’ drugs such as cannabis and ecstasy, respectively (Government of Canada, 2009a).

Overall, the PSAs characterize young people who use drugs in a negative light and as deviants, using their behaviours while under the influence of illicit drugs to illustrate these representations. Because the DrugsNot4Me campaign was prioritized as abstinence-based—for example, comparison of a person who uses drugs versus a person who does not use drugs in Mirror, or highlighting of the choice to accept or refuse drugs in Fast Forward—it is implied that those who choose to use drugs are, in a way, undeserving of sympathy due to the high degree of emphasis placed on personal choice to initiate illicit drug use. Absolute focus is placed on the misguided idea that once illicit drug use is initiated, the opportunity for recovery is diminished or nonexistent. Importantly, the overall negative representation of young people who use drugs underscored by the campaign may contribute to negative experiences or outcomes in the lives of people who use drugs, including: fostering overall feelings of alienation, isolation, resentment, or hopelessness; or reinforcing stigma of and discrimination toward this population.

3.3.3. Gender Stereotypes

Interestingly, a juxtaposition of gender roles in relation to illicit drug use among youth was observed in the DrugsNot4Me PSAs, initially recognized in the decision to produce two PSAs, one with a female lead and the other with a male lead. Further, gender stereotyping was evidenced by Mirror in the ways in which the primary
character’s relationship with illicit drugs was portrayed in the PSA. The focal point of the storyline of this particular PSA emphasized the importance of appearance among young women. Specifically, the beginning of Mirror demonstrates the primary character’s struggle with addiction, and toward the end, she is seen standing in front of a mirror in a before-and-after scene, where she is depicted as a young woman who is addicted to illicit drugs (within the mirror) and one who has made the decision to avoid illicit drug use (outside the mirror). The framing of this PSA—including the use of a female lead, the symbol of the mirror, and the emphasis on physical appearance before and after illicit drug use—suggests that it preys on the appearance-related insecurities of young women.

Comparably, Fast Forward appears to attempt to focus its appeals to the young male population. After being offered illicit drugs, the primary character imagines scenarios in which he has chosen to use illicit drugs and is forced to deal with the consequences. In the imagined scenes, the young man is observed to “act out” by arguing with his mother, failing in school, and perhaps even engaging in criminal activity, such as drug dealing. This is evidenced by the scene in which he is found by the school principal to be in possession of a large quantity of illicit drugs. Another scene, which depicts the young man transitioning into the use of ecstasy, demonstrates the potential for cannabis to act as a ‘gateway’ drug, leading to other, harder drugs such as ecstasy. In the framing of this PSA, the use of a male lead, the aggression he shows toward his family, and the emphasis on criminal behaviour provides clues as to how the Government views the relationship between young men and illicit drug use; that is, in the context of criminalization.

The framing of the relationship between illicit drug use and gender portrayed in the DrugsNot4Me campaign suggests a high level of gender stereotyping. Consequently, the use of gender stereotypes have implications for audiences in terms of the relatability of characters and events, and affects whether or not a young person will be able to identify with the primary character or storyline. Though young people’s perspectives of these gender stereotypes, whether positive or negative, cannot be assumed by the present study, it can be argued that such specific stereotypes will impact how the general public perceives illicit drug use among youth, perhaps even
contributing to increasing the stigma and discrimination continuously faced by young people who use drugs.

3.3.4. The Use of Fear Appeals

It may be argued that the DrugsNot4Me campaign employs elements of fear in its anti-illicit-drug messages, namely in the ways in which the PSAs characterize people who use drugs. Fear-based appeals may be defined as persuasive messages that arouse fear in audiences in an effort to motivate health-protective behaviour change or maintenance. Such fear-based appeals often use intense or vivid emotional presentations to alert audiences to potential negative health outcomes that could occur if unhealthy behaviours are initiated or continued and if recommendations from the PSA are not met (Atkin, 2001; Murray-Johnson et al., 2001; Witte, 1992).

For example, Mirror provokes fear in audience members by depicting illicit drug use as harmful to an individual both emotionally and physically, as previously mentioned. The primary character experiences the emotional consequences of drug use as she presumably transitions from a recreational user to a person who has become addicted to drugs, characterized by feelings of anxiety and frustration from not having drugs, anger and craze from feeling isolated, sadness and regret from initiating drug use in the first place, and despair and hopelessness from believing that it is too late to quit. Moreover, the before-and-after drug use comparison scene toward the end of the PSA, also comparing reality and the possibility of what could happen if she used illicit drugs, demonstrates how extensive the effects of illicit drug use can be. Physically, the appearance of the young woman ‘before’ is shown in stark contrast to her appearance ‘after’, as consequences of drug use are emphasized by way of sunken cheeks, mouth sores, and track marks on the young woman, as well her overall lack of personal hygiene (Government of Canada, 2009b).

In addition, in Fast Forward, fear is elicited in audience members through the illustration of the potential outcomes if illicit drug use is initiated. In the scenes that depict the young man imagining the effects or consequences of drug use, he is shown to experience feelings of anxiety and frustration from not having drugs for personal use or dealing; anger, violence, and aggression toward his family while under the influence of
drugs; and regret for having used illicit drugs. The young man is also shown to experience difficulty in school, either falling asleep or blacking out in class, which seems to imply that his academic performance suffers as a result of illicit drug use. Although the level of fear that this PSA attempts to elicit from audience members is arguably much lower than that of Mirror due to the nature of its content, the effort to provoke at least some degree of fear in target audiences to promote health-protective behaviour change should nevertheless be acknowledged. (Government of Canada, 2009a)

Several other production components of the PSA also contribute to establishing a fear-based tone in the DrugsNot4Me campaign. For example, Mirror makes use of lighting techniques to add to the scariness of the PSA. First filmed in natural, bright lighting, the PSA provides undertones of the young woman's feelings of happiness, warmth, and comfort. However, the gradual progression to dim lighting suggests that her journey of illicit drug use has become dark, affiliated with feelings of sadness and hopelessness. Further, the PSA's use of children's nursery rhyme-type of song, soft music, and female narration add an element of eeriness to the PSA, perhaps signifying her initial innocence, which is then followed by her corruption by illicit drug use. For Fast Forward, the most notable sound-related production component is the use of screaming and crying, heard in the background, while the young man is imagining the potential effects of illicit drug use. The use of screaming and crying is perhaps intended to imply in a subtle way the emotional toll that illicit drug use may take on an individual and, by extension, his or her friends and family.

Ultimately, the use of such emotional and physical effects or consequences of illicit drug use, as well as the sound elements used in the PSAs, illustrates the Government's emphasis on 'scare tactics' as a method to convey anti-drug messages to youth; that is, the intent to invoke fear of what could happen among its target audience. Although primarily targeted at youth, parents are also likely to be impacted by such fear arousal techniques.

3.3.5. The Lack of Information

Perhaps most importantly, there is a noticeable deficiency in the information provided about the use of illicit drugs in both of the PSAs that make up the DrugsNot4Me campaign.
campaign. For example, in *Mirror*, illicit drugs are portrayed implicitly; that is, physical drugs are never actually shown in the PSA but rather implied. Moreover, acts of drug use are also implied using hand gestures, such as the primary character’s hand-to-nose and arm-scratching gestures that indicate snorting and injecting as methods of illicit drug use, respectively. This perhaps intimates the transitional nature of her illicit drug use or the idea that she is using various types illicit drugs; however, these intimations are based on assumptions as they are not addressed explicitly in the PSA. In combining hand gestures and methods of drug use, it may also be assumed that she is using any type of illicit drug that can be either snorted or injected, such as methamphetamines, cocaine, and/or heroin. Reasons for her initiation into illicit drug use appear to be recreational, exhibited by the primary character’s socioeconomic background, as well as her actions and behaviour, while under the influence of illicit drugs (Government of Canada, 2009b).

Significantly, in contrast to *Mirror*, illicit drugs are portrayed explicitly in *Fast Forward*. Two scenes in the PSA display what appears to be cannabis and ecstasy, though this is uncertain as no explicit references are made in the PSA. However, drug use acts are only implied; that is, although a group of young people are shown to be partaking in illicit drug use, no individual is actually seen using the cannabis or ecstasy pills in the PSA. The PSA clearly identifies the method of cannabis use as smoking, though the method of ecstasy use is implied as swallowing as it is depicted in pill form and is the most common method of use for this particular drug. Reasons for illicit drug use are also fairly clear; a group of young people are using illicit drugs at a house party, which indicates the recreational nature of use, though the involvement of peer pressure cannot be inferred by this particular storyline (Government of Canada, 2009a).

Although differences in portrayals of illicit drugs and use of illicit drugs are observed, both PSAs have a single but significant commonality; that is, neither PSA provides any helpful or useful practical information, such as information about various types of illicit drugs and their specific effects, how to refuse illicit drugs when offered, locations for young people to get help or support for basic necessities or how to cease illicit drug use, and the like. Without the provision of practical information, the campaign purely emphasizes abstinence, which may potentially contribute to the hopelessness felt by young people who use illicit drugs or those who have already become addicted. This
lack of information suggests that this campaign may not have maximized its potential to be effective (Atkin, 2001), discussed in further detail in the following section.

3.3.6. The General Ineffectiveness of DrugsNot4Me

As previously mentioned, according to Atkin (2001), the impact or effectiveness of PSAs and communication campaigns in general is dependent on the existence of three types of messages: 1) awareness, 2) instruction, and 3) persuasion. Note that the PSAs will be analyzed jointly in this section due to the overwhelming similarities with regard to how they address the types of messages outlined. Firstly, with regard to messages of awareness, the following considerations are noted: the PSAs lack clear definitions and descriptions of the health topic they intend to reduce or prevent, they do not provide specific recommendations for adopting or maintaining health-protective behaviours, and they do not offer any cues on when and where these recommended actions should be taken. Despite this, arguments may be made in support of the notion that the PSAs motivate further exploration of the subject due to their highlighting of the DrugsNot4Me website at the end of the PSAs, both verbally (i.e., narrated) and visually (i.e., displayed), though it may be argued that this motivational technique is somewhat passive and overall inadequate (Government of Canada, 2009a; Government of Canada, 2009b).

Secondly, concerning messages of instruction, the PSAs neither define what actions to take, nor do they describe how, when, and where those actions should be taken. Further, they do not provide any type of encouragement or training to enhance self-efficacy among audience members. However, it is worth noting that narrations toward the end of the PSAs imply that visiting the DrugsNot4Me website (i.e., drugsnot4me.ca) may be a first step toward obtaining such encouragement or training. Despite this, the PSAs do in fact clarify the positive effects to be expected, albeit in a visual rather than verbal manner; for example, saying ‘no’ to drugs leads to friendship and a healthy social life, long-term personal happiness and harmony with friends and family members, and overall good health and hygiene. Though the positive effects of not using illicit drugs portrayed in the PSAs are possible, they are in no way a certainty.

Finally, and as previously mentioned, the voice-over refers audience members back to
the website for more information (Government of Canada, 2009a; Government of Canada, 2009b).

Thirdly, messages of persuasion also appear to be absent overall; the PSAs lack both direct “how to” information and verbal reinforcement. Nevertheless, they do in fact demonstrate the desired behaviour of abstaining from drug use at the end of the PSAs, when the young woman meets her friends for an out-of-house excursion and the young man refuses the offer to smoke and joins his non-drug-using friends inside the house. It should further be noted that Atkin (2001) outlines messenger credibility as a contributing factor to PSA effectiveness. In this context, the messengers are framed as ‘typical’ young people that are intended to be relatable to the target audience, though clearly, the degree of relatability necessarily depends on the group being targeted. In this case, the messenger may be relatable to young people with families from affluent households but simultaneously not relatable to young people who fit outside of this particular classification (Government of Canada, 2009a; Government of Canada, 2009b).

Overall, analyses of Mirror and Fast Forward in terms of the potential impact or effectiveness of PSAs demonstrate that this campaign is ineffective due the absence of a number of qualities believed to contribute to effectiveness (Atkin, 2001). Despite the inclusion of several elements deemed to contribute to a high-impact PSA, including motivating further exploration of the health topic by referring audiences back to the website and illustrating the benefits of saying ‘no’ to drugs, they do not incorporate all key elements that are required to work together to motivate health-protective behaviour change in target audiences. Such messages appear to be disregarded in favour of a more graphic representation of illicit drug use among youth that is designed to invoke fear in both target audiences (i.e., youth) and peripheral audiences (i.e., parents).

3.4. Discussion

For the present study, a qualitative content analysis was conducted on the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign in an effort to explore how the Government frames illicit drug use among youth and young people who use illicit drugs. The results revealed six critical points about this particular campaign: 1)
the primary characters of the PSAs likely had only limited relatability to the youth population; 2) the Government framed illicit drug use and young people who use illicit drugs in a deviant and overall negative light; 3) a high level of gender stereotyping was observed in the PSAs; 4) the PSAs used fear arousal techniques to promote health-protective behaviour change among its target audiences; 5) there was an overwhelming lack of practical information provided by the PSAs about how to find help or support if needed; and 6) overall, the campaign was found wanting in areas considered to be essential to producing effective PSAs (Atkin, 2001), while opting for a more graphic and fear-invoking representation of the negative emotional and physical effects and consequences of illicit drug use among youth.

Despite a lack of similar studies focused specifically on anti-illicit-drug PSAs, these results are in line with previous literature related to substance misuse PSAs or public health communication campaigns more generally. First, it is of significance to note that while the use of a young Caucasian woman and man of middle-to-upper socioeconomic status may have been intended to make the characters more relatable to the general public, it may have also limited the relatability of the PSAs to groups of young people who fit outside of these categories. For example, despite the vulnerability of high-risk, drug-using street-involved youth to illicit drug use, the campaign appears to overlook the importance of targeting this particular population. The framing of the PSAs’ primary characters allows for the possibility that street youth, arguably the segment of the campaign’s target population that are in the greatest need of and stand to benefit most from such anti-illicit-drug PSAs, will not be able to identify with these characters given their sociocultural backgrounds, and as a result may not see themselves as part of the target population in the first place. According to the literature on public health communication campaigns, effectiveness of such campaigns rely on the appropriate targeting of audiences and tailoring of messages in order to heighten impact and successfully motivate behaviour change (Guttman & Salmon, 2004; Hornik & Yanovitzky, 2003; Winett et al., 1990). It may be argued that in this scenario, appropriate targeting would undoubtedly include young people who are most at risk of illicit drug use as a key audience, and drug prevention messages should be tailored toward this specific audience. Similarly, a study involving alcohol-related PSAs and advertisements found that PSAs with a high level of realism and themes that young
people could identify with increased the degree of message persuasiveness (Adnsager, Austin, & Pinkleton, 2001). That the DrugsNot4Me PSAs employed an extremely narrow sociocultural background for the primary characters allows for the possibility that they did not possess sufficient themes that many young people can identify with.

Second, the message of the DrugsNot4Me campaign places significant emphases on the negative experiences of illicit drug use among youth, as well as the negative emotional and physical effects and consequences of illicit drug use among this population, which contributes to the framing of young people who use illicit drugs in a harshly negative light. However, such negative portrayals are in line with general media representations worldwide. For example, according to a study on how the Russian press view illicit drug use, several narratives emerged regarding the ‘typical’ image of people who use drugs and reasons for drug use, including the following: any child can become a drug user, young drug users begin with soft drugs and progress to harder drugs, drug use is a solely personal choice, and drug use is a disease (Lilja, 2013). Methods of other campaigns also follow similar patterns, including a study on adolescent-created print alcohol counter-advertisements, in which adolescents were found to focus more on negative consequences and comparisons between negative and positive consequences rather than the positive consequences alone (Banerjee et al., 2013). Although this particular study addressed content created by youth themselves, it is of importance to note that focusing on negative consequences and negative-positive consequence comparisons do not necessarily produce health-protective behaviour change. Additionally, another study consisting of two smaller sub-studies found that an individual’s liking for a PSA influences how he or she feels about the issue being discussed, and that positive messages provoked more likeability than the negative messages often inherent in anti-illicit-drug and other PSAs (Nan, 2008). Of concern, in the context of the present study, negative messaging and use of fear have the capacity to diminish PSAs’ likeability factors and will likely negatively impact public attitudes toward illicit drug use and people who use illicit drugs, and perhaps even reinforce stigma and discrimination toward this population (Guttmann & Salmon, 2004; Guttmann, 1997; Hastings, Stead, & Webb, 2004; Witte, 1994).

Third, messages of abstinence and fear of the effects and consequences of drug use govern the DrugsNot4Me campaign. Similar messages of abstinence and fear are
seen in campaigns on various public health issues worldwide. Though evidence in support of the effectiveness of fear-based appeals has observed mixed results (Green & Witte, 2006; Hastings et al., 2004; LaTour & Zahra, 1989; Murray-Johnson et al., 2001; Witte, 1992), sentiments have been shared around the possibility that delivering negative messages about substance abuse that aim to reinforce abstinence by evoking fear are rarely effective as this process may contribute to feelings of helplessness among participants (Atkinson et al., 2011; Fishbein et al., 2002; Guttman & Salmon, 2004). Furthermore, numerous studies on various health topics have emphasized the importance of sociocultural demographics when measuring response to fear in PSAs (Green & Witte, 2006; Hastings et al., 2004; Johnson & LaTour, 1991; LaTour & Zahra, 1989; Murray-Johnson et al., 2001; Palmgreen & Donohew, 2006; Scheier, Grenard, & Holtz, 2011; Terblanche-Smit & Terblanche, 2010, 2011), though this particular campaign did not appear to take such sociocultural demographics into consideration, evidenced by the lack of specificity in audience targeting and message tailoring. It has also been suggested that the prevailing belief among scholars is that fear arousal techniques in PSAs are ineffective methods to communicate health-related information (Green & Witte, 2006), which has been found to be ethically concerning given the nature of manipulation observed in persuasive communication campaigns (Guttman & Salmon, 2004; Guttman, 1997; Hastings et al., 2004; Witte, 1994).

Fourth, there appears to be an overwhelming lack of practical information provided to target audiences in the PSAs about how to locate help or support if necessary, and by extension, a noticeable deficiency in information to promote self-efficacy among target audiences. This insufficiency, according to Atkin (2001), adds to the potential ineffectiveness of the DrugsNot4Me campaign. Similar deficiencies have been seen in other campaigns, including Atkinson et al.’s (2011) investigation on a campaign related to alcohol misuse that revealed two significant findings: 1) though the campaign provided insight into the potential harm that could result from alcohol misuse, it lacked guidance on how to respond to situations of alcohol misuse; and 2) that alcohol-related content was often implicit rather than explicit; that is, never showcasing content related to alcohol misuse but rather implying it through other means. This astounding lack of information is concerning given that audiences are expected to accept key messages and execute the recommendations provided by PSAs (Atkinson et al., 2011).
This emphasis on the significance of self-efficacy among audiences in promoting desired behaviour change is consistent with a general agreement in the literature (Atkin, 2001; Fishbein & Cappella, 2006; Fishbein & Yzer, 2003; Georgiadis, 2013; Green & Witte, 2006; Rosenstock et al., 1988).

One immediate implication of these findings is that effective communication strategies, including public health communication campaigns and the use of PSAs more specifically, necessitate consideration of a myriad of factors that have been highlighted in the literature to produce high-impact communications. For example, it has been argued that strategic targeting and messaging contribute to the success of any campaign (Georgiadis, 2013; Palmgreen & Donohew, 2006). Additionally, some have maintained that fear-based appeals in PSAs may be effective in motivating health-protective behaviour change if certain sociocultural factors are accounted for (Green & Witte, 2006; LaTour & Zahra, 1989; Murray-Johnson et al., 2001). As tens of millions of taxpayer dollars were poured into the Canadian Government’s DrugsNot4Me initiative (Evaluation Division, Office of Strategic Planning and Performance Management, 2012), rigorous evaluation of this campaign for effectiveness and impact on specific populations is necessary. Likewise, future campaigns with equal investments of taxpayer dollars warrant rigorous evaluation, and arguments have been made in support of this necessity (DeJong & Wallack, 1999, 2000; DeJong et al., 2001; Fishbein et al., 2002; Winett et al., 1990).

3.5. Limitations and Future Directions

Despite the relevance of this study, several limitations were encountered. Although there has been much research into content analysis techniques, and countless scientific studies have used these techniques with success, it should be noted that the flexibility of content analysis, and especially qualitative content analysis, determines that it cannot be restricted to an exact method (Elo & Kyngäs, 2008). Furthermore, qualitative content analysis has previously been typified as heavily reliant on personal interpretation, intensive, and time-consuming, resulting in smaller samples of content (Macnamara, 2005). This is particularly relevant for the present study due to the dearth of research on the effectiveness of anti-illicit-drug PSAs specifically among groups of
youth. As a result, some difficulty was experienced in the decision-making process regarding the coding scheme. Yet, the existing body of literature consists of numerous investigations into PSAs related to substance misuse, while other literature have discussed the use of theory in anti-illicit-drug PSAs, both of which are relevant to this research. In terms of the pre-test specifically, only one PSA was examined in order to conduct an evaluation of the coding scheme. The basis of this decision derives from the fact that there were only two PSAs produced in total by the Canadian government for the DrugsNot4me campaign. As a result, however, the coding scheme may not encapsulate in its entirety all of the components relevant to a qualitative, thematic analysis of anti-illicit-drug PSAs.

Furthermore, due to the specificity of the chosen campaign as opposed to a selection that includes anti-illicit-drug PSAs from various sources worldwide, results of the present study will not be generalizable to all anti-illicit-drug PSA campaigns, though similarities in PSA content have been observed by the researcher. Nevertheless, the intent of this study was not to conduct analyses of two PSAs in the hope of producing generalizable findings to other PSAs in the broader context. Rather, it was to describe in detail the specific way in which the Canadian government framed the use of illicit drugs among youth and young people who use illicit drugs in its national drug prevention campaign. The coding scheme devised for this particular study was found to be effective in providing information on the content, production qualities, and effectiveness of the PSAs analyzed nonetheless, and it is indeed hoped that it may be used in future analyses of other anti-illicit-drug PSA campaigns.

Ultimately, it would be problematic to say that by analyzing the two DrugsNot4me PSAs, we have gained a comprehensive understanding of what the Canadian government considers to be effective in preventing or reducing illicit drug use or intention to use illicit drugs among youth populations. Without additional material available for analysis using this particular coding scheme, we may only suggest tools that the Government has employed in this campaign that were intended to prevent or reduce illicit drug use among youth. Yet, this research nonetheless provides insight into the ways in which the Government used these tools toward this end, and the analyses demonstrate that it has not taken full advantage of the available literature regarding the factors pertaining to the successful communication of health-related information more
broadly, and the factors contributing to an effective anti-illicit-drug PSA campaign more specifically.

Future research should focus on further adapting, applying and testing the coding scheme in the context of other anti-illicit-drug PSAs for relevance. Despite the fact that the coding scheme devised was found to be useful, certain aspects were simultaneously found to be irrelevant; for example, many of the categories derived from deductive methods were designed for use in print-based texts, and as such, were not completely useful for the study at hand. Therefore, adaptation of the coding scheme to remove irrelevancies is highly urged. Moreover, interesting results could be derived from testing the Codebook (see Appendix A for Codebook) against anti-illicit-drug PSAs from different organizations worldwide to determine whether or not existing categories remain relevant across cultural boundaries, and the extent to which sociocultural factors (e.g., age, gender, ethnicity, culture, socioeconomic status, etc.) of target audience groups impact responses to fear appeals in anti-illicit-drug PSAs. As well, examining the drug prevention messages and framing of PSAs created by various types of message producers (e.g., NGOs, privately-funded organizations, etc.) in comparison to the state (i.e., governments) may also prove fruitful.

3.6. Conclusion

PSAs and public health communication campaigns more generally intend to motivate health-protective behaviour change among audiences, and the utilization of such PSAs and campaigns are gaining popularity. With broader implications such as the potential for transmission of sexually transmitted and blood-borne infections such as HIV/AIDS, as well as the increasing rate of illicit drug use among youth in Canada, illicit drug use is an urgent and critical social issue for this population and various others, and efforts aimed at preventing drug-related harm should be considered a priority. It is crucial that future research take into account the myriad of factors that can contribute to the success of PSAs, as well as sociocultural considerations among target populations in terms of strategic targeting and messaging. It is hoped that the coding scheme produced for this analysis may be used in future evaluations of various types of anti-illicit-drug PSAs worldwide, and that this evaluation of the Canadian government’s
DrugsNot4Me campaign will serve as a basis for policy recommendations toward more effective measures of drug prevention that efficiently target the street-involved youth population.
Chapter 4.

“Absolutely no straightforward story”: A Qualitative Study with At-Risk Youth Study Participants

4.1. Introduction

The past half-century has observed a growing popularity in the use of public service announcements (PSAs) to promote healthy behaviours, including an increased deployment of PSAs in the 1980s and 1990s related to anti-licit and – illicit drug use and related health harms (Atkin, 2001, "Historical Background", para. 7). In particular, literature on the effectiveness of anti-illicit-drug PSAs to prevent use of or intention to use illicit drugs reveals mixed results across various settings (Green & Witte, 2006; Werb et al., 2011). Though some have argued for the need for more rigorous research into the circumstances under which PSAs may be effective, including the consideration of audience demographics (Green & Witte, 2006; Hastings, Stead, & Webb, 2004; LaTour & Zahra, 1989; Murray-Johnson et al., 2001; Palmgreen & Donohew, 2006; Scheier, Grenard, & Holtz, 2011), others have maintained that PSAs are an ineffective method to communicate health-related information (Atkinson, Sumnall, & Measham, 2011; Canadian Students for Sensible Drug Policy, 2010; Hornik, Jacobsohn, Orwin, Piesse, & Kalton, 2008; Werb et al., 2011). Despite these opposing viewpoints, their unwavering popularity in the present day necessitates recognition of the influence that PSAs can have, especially given widespread recognition of media saturation and audience apathy, as well as the expansion of new media technologies such as blogging and social networking websites.

More than simply explaining and modifying behaviour, PSAs play a significant role in framing the ways in which people understand health issues in terms of the individual, the collective, and the environment. Importantly, PSAs may “shape the way
viewers articulate fundamental questions about a disease” (Johnson, Flora, & Rim Al, 1997). Although there may be positive consequences resulting from the influence of PSAs such as increasing awareness and education about a particular health issue, there are also negative consequences that can arise from this influence. In this particular instance, it has previously been argued that anti-illicit-drug PSAs have the potential to generate unintended negative consequences, including: weakening anti-drug norms by glamorizing drug use and thereby contributing to increases in drug use; fostering feelings of antagonism, alienation, or resentment among the target population; and importantly, increasing stigma and discrimination toward those who are most at risk (Guttman & Salmon, 2004; Guttman, 1997; Werb et al., 2011; Witte, 1994).

In light of the potential for PSAs to shape understandings of illicit drug use and related harms among the general population, the present study aimed to formulate a comprehensive understanding of how a group of high-risk, drug-using street-involved youth in Vancouver, Canada perceive the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign and whether this group believes it warrants the large sum of taxpayer funds dedicated to this prevention effort. As a high-risk segment of the campaign’s broader target population of youth, street youth have the highest need for and stand to benefit most from such anti-illicit-drug PSA campaigns. Indeed, rising rates of illicit drug use and sexually transmitted and blood-borne infections (STBBIs) have been observed among youth in Canada (Canadian AIDS Treatment Information Exchange, 2014; Urban Health Research Initiative, 2013), and in particular, street youth experience increased vulnerability to illicit drug use and related health harms. Determining how street youth respond to the DrugsNot4Me campaign would serve to identify potential disconnects between what the Government deems effective and what street youth believe to be successful in an anti-illicit-drug PSA campaign. Further, due to the increasing deployment of anti-illicit-drug PSAs as drug prevention interventions, as well as the potential for PSAs to cause a range of negative physical and emotional outcomes for youth, it is of importance that PSAs targeting this population are evaluated for effectiveness, especially among those who are more vulnerable to or at risk of illicit drug use and related health harms.
4.2. Methods

For the present study, participants of the At-Risk Youth Study (ARYS) cohort were invited to participate in interviews for a qualitative study as part of a larger program of ethno-epidemiological research, both research initiatives of the Urban Health Research Initiative (UHRI) of the British Columbia Centre for Excellence in HIV/AIDS.

ARYS, described in more detail previously (Wood et al., 2006), is an ongoing prospective cohort study of street-involved youth in Vancouver, Canada that aims to examine trends in injection drug use initiation and HIV and hepatitis C risk behaviours among young people who use illicit drugs. Briefly, snowball sampling and extensive street-based outreach methods are employed to recruit participants. To be eligible, participants have to be aged 14-26 years, have used illicit drugs other than marijuana in the past 30 days, provide written informed consent, and be “street-involved” at time of enrollment. In this context, “street-involved” is defined as: 1) being homeless (e.g., having no fixed address, sleeping on the street, couch surfing, or staying in a shelter or hostel); and 2) having used services designated for street-youth in the past year.

Eligibility to participate in the study is assessed during an in-person, semi-structured interview with an ARYS staff member. At enrollment and on a bi-annual basis, participants complete an interviewer-administered questionnaire that includes questions related to demographic information and drug use patterns. Participants also meet with a study nurse and provide a blood sample for serologic testing. At each study visit, participants are provided with a stipend (CDN $30) for their time. All interviews (i.e., screening, baseline, and follow-up) are conducted at the ARYS frontline office, located in the Downtown South area of Vancouver, a neighbourhood where street youth feel most comfortable (Fast, Shoveller, Shannon, & Kerr, 2010). The At-Risk Youth Study was approved by the Providence Health Care (PHC)/University of British Columbia (UBC) Research Ethics Board.

The larger program of ethno-epidemiological research is an ongoing longitudinal investigation of the risk environment surrounding the use of injection drugs. The program utilizes a range of ethnographic and qualitative methods to examine the influence of social and structural forces in the production of drug-related harm with large
epidemiological cohort studies of people who use drugs. This program was approved by both the PHC/UBC and Simon Fraser University (SFU) Research Ethics Boards.

For the present study, twenty-five in-depth, semi-structured, qualitative interviews were conducted with participants of ARYS. Interviews focused on youth’s perspectives of the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign, as well as the effectiveness of anti-illicit-drug PSAs in general. Potential interviewees were recruited by ARYS frontline staff members when they visited the ARYS office for their bi-annual ARYS interviews. Potential interviewees were given brief synopses of the present study and then invited to participate. Eligibility criteria included currently being enrolled in ARYS and providing written informed consent. Participants were not required to have previously seen the DrugsNot4Me PSAs as they were shown to all participants throughout the interview process. Each interview lasted approximately one hour and was conducted by either one or two of the study’s research team members (Lianlian Ti and Danya Fast) at the ARYS frontline office between April and June 2015.

An interview guide, guided by an extensive literature review on public health communication campaigns, was used to facilitate dialogue on the DrugsNot4Me campaign (see Appendix B for Interview Guide). Briefly, interview topics included: participants’ exposure to the campaign, visual and audio components of the PSAs, participants’ perceptions of the use of fear appeals in the PSAs, impact of the PSAs, comparisons with separate PSAs related to illicit drug use and other health topics, and alternatives (if any) to the content and use of the PSAs. All interviews were audio-recorded and transcribed verbatim, and transcriptions were checked by the lead author to ensure accuracy. Following transcription, a coding framework was developed based on thematic analyses through an inductive and iterative process by research team members. Data were imported into NVivo (v. 10.2.1), a qualitative analysis software, to facilitate data management.

All participants were compensated with an honorarium (CDN $30) for their time. Ethical approval for this study was granted by the PHC/UBC and SFU Research Ethics Boards (see Appendix C, Figures C.1 and C.2 for Ethics Approval Certificates).
4.2.1. Operationalization of Terms

Verbal counting refers to the implication of numbers (e.g., a few, some, many, most, etc.) rather than the actual use of numbers to quantify participants, themes, and experiences in describing research findings (Sandelowski, 2001, pp. 236-237). According to Sandelowski (2001), the operationalization of terms is integral to forming a comprehensive understanding of results. To address verbal counting, the terms “many”, “most”, and “often” were operationally defined as having been reported by at least half of the participants. In contrast, the terms “some”, “several”, and “a few” were operationally defined as having been reported by less than one-third of the participants. It is worthwhile to note that inferences of generalizability from these terms are discouraged.

4.3. Results

4.3.1. Sample Characteristics

The 25 individuals who participated in the qualitative interviews included 11 (44%) women and 14 (56%) men. Participants ranged in age from 20 to 32 years with a median age of 25 years (interquartile range: 22–27 years). Of the participants that self-identified as a single race or ethnicity, 10 (40%) self-identified as White, 5 (20%) as Aboriginal, 2 (8%) as Southeast Asian, and 1 (4%) as Black/African-Canadian. Of the participants that self-identified as more than one race or ethnicity, 5 (20%) self-identified as Aboriginal and White, 1 (4%) as Aboriginal and Black/African-Canadian, and 1 (4%) as White and Black/African-Canadian.

4.3.2. High Levels of Campaign Exposure Among Study Participants

Interview findings suggested that the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign had a high level of exposure among study participants; the majority of participants indicated that they had seen at least one PSA or part of a PSA. Many also noted that they had seen the campaign in various regions of Canada other than British Columbia, that they had seen the campaign through various channels of communication such as on television or the Internet (e.g., YouTube) or via billboards,
and that they had also seen them in various locations such as at home, on public transit (e.g., buses and skytrains), or in youth shelters and services.

However, it is worthwhile to note that despite the campaign’s high level of exposure, a few participants reported never having seen the campaign, attributing their minimal level of exposure to the lack of access to a television or the Internet, or a preference for not watching television on a regular basis, if at all.

4.3.3. “Your message is not clear”: Unrealistic Representations of Illicit Drug Use and People Who Use Illicit Drugs

Overall, the majority of the study participants characterized the DrugsNot4Me PSAs as nonsensical and unrealistic, using terms such as “inauthentic”, “simplistic”, and “illogical” and going so far as to label them as “comical” and “ridiculous”. These and similar terms were used to describe the specific storylines and primary characters developed in the PSAs. Participants voiced opinions about the PSAs’ lack of realism in several ways, including: 1) taking note of the vague and confusing ways in which the PSAs described the situation of illicit drug use among young people; 2) commenting that the storylines presented in the PSAs were comical and ridiculous; and 3) noting that the PSAs’ primary characters and storylines did not accurately represent the situation of illicit drug use among young people, and as such were not relatable. Firstly, participants described the PSAs as vague and confusing:

What really irks me about … both of these ads though, is they’re just saying drugs in general, you know? It’s a very, very, very vague term … And its just, the context goes out the window when they play this video … It’s like, you know what? Your message is not clear. And it should be much clearer. (Participant #12, Male, White)

They’re trying to shove like, years of like, drama and abuse into like, five seconds … We don’t even know what she’s doing [in Mirror] … If I watched and had no idea what was going on I would be very confused, probably. I would have no idea why she’s freaking out or anything. It wouldn’t make any sense at all … It’s all implied … There’s absolutely no straightforward story … Every new shot is an implication about something else. (Participant #11, Male, White)
Secondly, in describing the storylines of the PSAs, participants’ comments on their lack of realism suggest that the gravity of the situation of illicit drug use and health-related harms among youth did not translate to this group of street youth. For example, after watching the both PSAs, one participant remarked,

That was hilarious! [Laughs] I’m sorry, I’m sorry. I should not be laughing at this terrible drug addict ‘cause it is a mockery of what life is really like, and the first one [Mirror] ... I’m sure, right there like, that was just a very, very overblown dramatization trying to make you feel as bad as possible. And the second one [Fast Forward], I smoke weed like, every day of my life and I’ve never in my life felt bad about that so like, those are very mean, mean ads targeting very specific people and trying to like, twist them. (Participant #8, Male, White)

Similarly, another participant drew attention to the notion that the storylines were both ridiculous and funny:

They’re ridiculous. [Laughs] They’re really bad ... First of all, they’re like, completely just trying to scare people. And that’s it ... It’s funny, at the end they’re like, “For more information on drugs“ or whatever, as if they were trying to teach me something. It’s bullshit ... It doesn’t make any sense at all ... They’re pretty comparable because some kid freaking out in her room, [becoming] like, a meth addict by herself doesn’t make any sense. But then some kid who gets offered to smoke a joint ends up like, yelling at his [family] ... I don’t even know. I don’t know what I mean ... They’re both really shitty. (Participant #11, Male, White)

And thirdly, a number of participants also found the primary characters and storylines of the DrugsNot4Me PSAs to be unrealistic due to their inaccurate representation of illicit drug use among youth. Participants noted that the representation of both characters and storylines did not resonate with their own lives and as such were difficult to relate to. For example, one participant highlighted dissimilarities in the sociocultural characteristics of the PSAs’ primary characters and those of ‘real’ people who use drugs:

[The primary characters are] from like, a stable environment, I’m imagining, and they have a family ... And they definitely don’t have ... to deal with poverty. It doesn’t seem like they’re from a poor background. It looks like they’re from a middle-class or higher income family ... If I think of like, [the] type of people who are going to continually use, [they aren’t] going to have support systems and stuff
like that ... It’s not the like, the reality of ... why people continue using drugs ... It seems like these ads are much more [focused] on when you first start. (Participant #3, Male, Southeast Asian)

Relatedly, another participant compared the sociocultural characteristics of Mirror’s primary character to her own and questioned why the character was using drugs in the first place. She explained,

Well, she looks like a yuppie. She’s well-dressed, her hair is clean, she’s somewhat ... pretty-looking, ... she probably has a good home. My bedroom never looked like her bedroom, I’ll tell you that. I don’t relate to her at all ‘cause my mom’s a drug addict. She’s been a drug addict since I was little. I’ve been around drugs all my life. This is, no, this is not realistic ... It’s phoney-baloney ... She don’t look sad, she looks pretty happy to me ... Like, what happened? ... What’s her stressor? ... Like, why does she have to use drugs? She doesn’t look like the kind of person that ... needs to use drugs. (Participant #21, Female, Aboriginal and White)

Essentially, the study participants recognized the DrugsNot4Me campaign as unrealistic and not at all representative of illicit drug use among youth and young people who use illicit drugs. Additionally, despite the PSAs’ heightened use of fear appeals to promote the adoption and maintenance of health-protective behaviours, participants’ descriptions of the PSAs as ridiculous and comical highlight the disconnect between the intended drug prevention messages of the campaign and how street youth perceive and receive them.

4.3.4. “She started crying when she seen that commercial”: The Emotional Impact, Reinforcement of Stigma, and Creation of Public Fear

Despite the majority view that the PSAs were unrealistic, several participants found that they were able to relate to the PSAs’ storylines. For these young people, the PSAs represented a “reality”; whether the reality of their own lives and experiences or the reality of the world surrounding them. Importantly, viewing the PSAs instigated a negative emotional outcome for this group, exemplified by participants’ expressions of feelings of sadness, alienation, and hopelessness. Further, participants articulated concern regarding the potential for the PSAs to amplify such feelings by reinforcing
stigma and discrimination against, as well as creating public fear surrounding, people who use illicit drugs. Narratives included not only their personal stories, but also those of family members, friends, acquaintances, and even strangers. Though they acknowledged the blatant stereotyping of people who use drugs represented in the PSAs, the storylines were not simply dismissed as unrealistic. Evidence of the emotional impact the PSAs had on some participants is clear in this participant’s retelling of her friend’s experience:

My friend really relates to that ad [Mirror] a lot. ‘Cause she’s from [a] well-off family. And like, that’s what happened to her. She started crying when she seen that commercial. It like, blew her out of the water. Like, [it] gave her like, [a] kick in the ass. Yeah, she got really scared. I think [the ad is] sad. (Participant #6, Female, Aboriginal)

According to this recounting, simply watching the PSA elicited a negative emotional response from this young woman’s friend because she was able to relate to the story being told. Similar sentiments were also reflected in other participants’ accounts:

The [ads] just feel painful … I don’t like the sense of what’s going on. Sucks to watch [it], sucks to live it. (Participant #10, Male, White)

I don’t know … It makes you sit there and suffer more. (Participant #24, Female, White)

For one participant, the PSA Mirror was extremely “alienating” because it produced, and perhaps even affirmed for some, an overwhelming feeling of negativity and hopelessness for those who may already be immersed in these feelings on a daily basis as a result of their addictions. Reflecting on the PSA, he noted,

This is like, [a] really alienating ad, right here. The first one that I watched [Mirror]. It’s really making it seem like, like that there’s no hope for that girl, is what I’m getting. And that she’s fucked and you better not get to that point because there’ll be no hope for you as well. And there’s so may people that, in their addiction, whether it’s been a year or twenty years, they feel that way. And … I feel like, that this is just backing that up. (Participant #17, Male, Aboriginal and White)

The emotional impact experienced by participants is clear in these reactions to the PSAs. Understandably, Mirror provoked more emotional responses than Fast
Forward due to the nature of its content (see Chapter 3, “Framing DrugsNot4Me: A qualitative content analysis of the Canadian government’s anti-illicit-drug PSA campaign”). Of note, two sub-themes specific to the campaign’s emotional impact emerged after participants watched and reflected upon the PSAs: 1) the reinforcing of stigma and 2) the creation of public fear.

Firstly, of concern, many of the study participants who were emotionally impacted by the DrugsNot4Me campaign indicated that the use of fear in the PSAs reinforced stigma of and discrimination toward people who use drugs. This was evident in the way in which they drew attention to the stereotypical portrayals of people who use drugs and lack of differentiation between functioning and non-functioning addicts. One participant used her own experiences as an example:

I think that in a way [anti-illicit-drug advertising] kind of creates like, a stigma towards people who use drugs. And like, maybe like a falsified sense of like, who they are ... I don't know, like, maybe it's preventing youth from using drugs ... I don't really think so. Like, and then it just makes people who do drugs look like, all a certain way, you know? ... I mean, that's definitely not everyone who uses drugs. For sure. It's not effective that way, like I was a closet-case addict for [a] couple of years before anyone even knew, you know? I was like, super high-functioning until I like, aged out of care, I guess, or whatever. (Participant #19, Female, White)

Other participants similarly referred to the differences between functioning and non-functioning addicts:

You always hear about functioning addicts and non-functioning addicts, you know? There are businessmen in the financial district that will probably go and have a toke of meth every now and then, or quite casually. Or be drunk a lot of the time. Or enjoy their cocaine on the weekends 'cause they can afford it and they go to work on Mondays. So yeah, I think [the ad, Mirror] definitely reinforces stereotypes. (Participant #17, Male, Aboriginal and White)

[The story is] fabricated, it’s stupid ... it’s not like that at all. I know people who do heroin every single day and still go to their job every day ... looking normal like functioning addicts ... I know at least ten I can count that’s within this area ... They're [the Canadian government] just making ... all drug users look like they’re dirty and scabby and like, always sad ... It [the story] just makes drug users look bad all the time like ... the stereotypical like, “You’re all bad, let’s see one go
across the street.” (Participant #7, Male, White and Black/African-Canadian)

Secondly, a few participants expressed concern that fear appeals commonly observed in anti-illicit-drug campaigns, including the DrugsNot4Me PSAs, may serve to shape the general public’s perceptions of and interactions with people who use drugs, and even more specifically, to create public fear of people who use drugs. For example,

[The ads] reinforce that like, people who do drugs are like, bad and like it’s just easy not to do drugs. Like, [they act] like it’s really easy not to do drugs. (Participant #3, Male, Southeast Asian)

It makes society scared of everybody that’s on drugs ... You shouldn’t be afraid of it. I think you should just be more aware of it. What it could do to your life. Or like, fear isn’t a way to get your message or point across ... More information on [drug use]. It would be more helpful than to like, just put an ad on. Like, freak out people, you know? More information on ... what would it do. (Participant #6, Female, Aboriginal)

4.3.5. “Prevent a problem by not doing it”: The Lack of Information and Solutions

In spite of the extensive reach of the DrugsNot4Me campaign, perhaps the most concerning aspect of these PSAs is their characterization by study participants as “problem-based” rather than “solution-based”, and preaching abstinence without providing useful information to people who are already addicted to drugs. As one participant noted,

This ad is not solution-based in any way ... It shows a problem, and [says], you know, prevent a problem by not doing it. But what if someone was to look at this ad and they are in that place in their lives? How is this going to be bettering [for] where they are in their addiction, in any way? It’s just kind of creating a separation ... making them appear to be in a different category. Like, the segregation of people who are on drugs. It’s just saying, ”Don’t use drugs.” It’s not saying that, you know, ”But if you do use them, here’s how we can help.” (Participant #17, Male, Aboriginal and White)

Noticeable in nearly all of the interviews conducted with this group, participants underlined that they did not deliver sufficient information regarding how to get help or
support or offer a solution or way out. Rather, as seen in previous quotes from this group, the PSAs produced more negative than positive outcomes for street-involved youth. Several participants found the link to the website (drugsnot4me.ca) provided at the end of the PSAs to be problematic, raising the issue that it was insufficient, despite the information provided on the website itself. To this effect, one participant explained about Mirror:

It said … drugsnot4me.com. If I got to learn more about that resource it would be more beneficial to me. Yeah, I would’ve liked to see more about what happens when I go to that site … what kind of help there is available to me just so [it] seemed more realistic. ‘Cause when I see a link, I’m left with a story and a link … it’s not like, okay, separate now, separate myself from the girl and … imagine myself getting the help. I would’ve liked to see some more of that in order for it to really strike a chord with me … I don’t think the link is sufficient … as I said, even in like, a short snippet, you know, she goes onto the porch and she’s with her friends. That’s great, but how did she get the help? Like, … what was the thing that she did that she chose not to use? And … choosing not to use won’t just miraculously change your life. You can be sober and clean and still feel dead on the inside and still have all of the issues that you had when you were using. So I would’ve liked to see more of what happens when I visit the link. (Participant #14, Female, Aboriginal and White)

Importantly, this passage not only describes deficiencies in the drugsnot4me.ca link, but also suggests the simplicity of the storyline itself. The participant noted that although the storyline reflects the idea that choosing not to use will “miraculously” improve one’s life, it is often not the case, especially among a group of young people who have little control over their lives. In addition, and similarly to the previous quote, another participant reflected on the DrugsNot4Me website link:

Well, I mean like, you know how they put drugsnot4me[.com] at the end? They should also like, advertise, you know, youth detox or adult detox like, the line number, right? Or like, kids’ help phone too because they can help you out, you know? Like, that’s really what they should be doing so that it’s not just, “Oh, go to this website and it’ll tell you ways to get off drugs.” It’s like, you know, “Go to this website, check it out, you know, if you need some help call this number, need to talk to somebody call this number,” you know? Like, I think that would be a little bit more beneficial for younger kids ‘cause I mean, you know, if they reach out soon enough they’ll get off it before they’re really hooked. Before it really hurts. (Participant #20, Female, Aboriginal and White)
It is important to note that while the *DrugsNot4Me* PSAs intended to prevent use of or intention to use illicit drugs among youth, nearly all individuals interviewed from the group most in need of and most likely to benefit from such anti-illicit-drug campaigns were unable to find any support from the PSAs. Their characterization as problem-based is troubling given that, as one participant illustrated earlier, the PSAs emanate an air of hopelessness. Consequently, many participants hinted at the notion that the PSAs treat those who use or are addicted to drugs as less deserving of help and support than those who do not use drugs. For example, one participant described the PSAs as largely excluding people who use drugs in the Downtown Eastside:

[The ads are] not super inclusive, right? Like, this is one of those ads that like, targets middle-class white people … [and if] someone from the Downtown Eastside watches that, I would love to see that. I would love to hear the audio commentary from that … This commercial’s just a little bit twisted, just trying to skew the facts a little bit to try to make people feel a bit bad. (Participant #8, Male, White)

Another participant noted that anti-illicit-drug PSAs should seek to target different populations rather than the few, privileged young people who had the opportunity to attend high school. He stated,

Well, the thing with … government anti-drug ads is … they pinpoint at what demographic they want to hit … They should be targeting everybody. If they … want, you know, their so-called war on drugs on the street to end, they should be trying to help everybody. And not just, you know, people who get high at school and then get caught and get suspended and expelled for it. There’s a lot of other people that didn’t even make it to high school that were on drugs already, you know? (Participant #12, Male, White)

4.3.6. “Not just fucking scaring someone”: Arguments Against the Use of Fear Appeals and Anti-Ilicit-Drug PSAs and Suggestions for Alternatives

Almost all study participants interviewed in the present study argued that there are more effective alternatives to preventing use of drugs than anti-illicit-drug PSAs. Although some participants highlighted that PSAs may be effective for some in preventing the use of drugs, many suggested alternative approaches to using fear appeals to frighten people into adopting and maintaining health-protective behaviours,
including: 1) the use of more rational, informational, or educational approaches and 2) 
through “real people with real stories”. Yet, a third perspective was introduced; many 
were convinced that the taxpayer dollars invested in the production and dissemination of 
PSAs would have been put to better use in housing and harm reduction programs.

Firstly, for many of the study participants, the use of fear appeals in PSAs 
intended to prevent the use of or intention to use drugs was regarded as ineffective. 
Whether or not directly asked about other approaches to communicating anti-drug 
messages (i.e., messages that do not use fear), some indicated that a rational, 
informational, or educational approach rooted in a meaningful relationship would be 
more effective. As previously demonstrated, youth recognized the capacity of fear 
appeals in PSAs to manifest negative outcomes for street-involved youth populations, 
among various others. They argued that a rational, informational, or educational 
approach would more likely benefit audiences, encouraging rather than frightening them 
into adopting and maintaining health-protective behaviours. One participant indicated,

But I think just like any conversation or any situation, a rational 
conversation always works better, you know? Where it’s not someone 
telling someone what to do. It’s not someone scaring someone [into] 
doing [something], you know? Works thousands [of] times better to have a relationship about it. Not just fucking scaring someone. (Participant 
#11, Male, White)

In discussing the DrugsNot4Me PSAs, one participant raised the notion that anti-
illicit-drug PSAs that use fear arousal techniques, such as this particular campaign, are 
not only ineffective, but also have the potential to encourage ignorance among the 
general public. This is concerning in light of his beliefs that this ignorance may cause 
segregation between those who use drugs and those who do not use drugs, and that 
this segregation may in turn cultivate feelings of ostracism among people who use 
drugs. He argued,

I don’t find that ... any campaigns or whatnot, when they try to instill 
fear in someone, I don't find that ... as a qualified or [an] effective way 
to educate people and prevent people from using ... it’s kind of like the 
lowest form of education, is to create fear ... I guess it like, works to an extent, but not in an educated sense. And it create[s] ignorance amongst people as well. And that is going to create separation amongst the people in life who are struggling with handling their
[lives] and using things such as substances to deal with it. (Participant # 17, Male, Aboriginal and White)

Secondly, other study participants suggested that the use of “real people with real stories” would be a superior alternative to fear-based appeals in anti-illicit-drug PSAs. As was commonly heard in the interviews, the cinematic nature of the DrugsNot4Me PSAs and their characterization of young people who use drugs as affluent, White, and from middle-to-upper socioeconomic backgrounds made the primary characters difficult to relate to. Furthermore, participants indicated that documentary-style short films would better serve the purpose of really illustrating to audiences the actual effects and consequences of drug use, whether physical or emotional. One participant was clear in his explanation of how the PSAs may have been improved in this way, noting that the political and manipulative nature of the PSAs made them difficult to take seriously:

Maybe like, [if] it wasn’t fictional. That might help too … if it was like, actual people who’d gone through some of the things. ‘Cause that might … resonate more with [people] than this fictional political ad created by the Government, you know what I mean? … If it was like, “Oh … we interviewed some addicts and this is what they had to say” and stuff like that … “This is a real person … we didn’t make this up to sell you an idea. This is an actual person that’s gone through this.” (Participant #3, Male, Southeast Asian)

In the same vein, several participants suggested that, despite its improbability, those responsible for creating PSAs—in this case, the Canadian government—employ current or recovering people who use drugs either as primary characters, or to consult in the creation process, in an effort to construct PSAs that are more realistic and to increase relevance to various audiences, including young people who use drugs. Examples of these accounts include the following:

Well, if they want to show people the danger[s] [of drug use] … What I think is they should put people that are on drugs [on film] and interview them and get their permission to air it and see [it] from the perspectives of people that are actually using. Not from the perspective[s] of people that have probably never used or just [actors]. (Participant #1, Male, Southeast Asian)
I honestly think that it probably would’ve … [been better if the ads were] … real people, real addicts, you know, being like … this is how your life is going to be if you come down here [to the Downtown Eastside] … People can read it in a book of, you know, how the pains are and what it is to use opiates and what it is to use … other stuff but until they do it they don’t really know. (Participant #20, Female, Aboriginal and White)

One participant’s sentiment reflected similar ideas in terms of a community-based, participatory approach:

I think it would be more effective for them to hire onto their advertising team and their campaign team people who are … recovered addicts. People who work in the addictions industries. People who have like, experience being in and out of rehabilitation programs. And I feel like, that those people would have a lot of the similar ideas or thoughts that I have towards this and be able to really make an actual effective ad and program for people. But this is not like those are the people they’re trying to call to be able to make this prevention [ad]. (Participant #17, Male, Aboriginal and White)

Finally, when asked whether or not they saw value in producing and disseminating anti-illicit-drug PSAs in general, a number of the study participants claimed that the money allocated to these drug prevention interventions would be better spent on endeavours related to housing and harm reduction programs, both identified as urgent and necessary for people who use drugs. Participants recognized the need for such programs to help those who are already addicted to drugs, as well as the notion that such programs were lacking in Vancouver. When one participant was asked what he would do with the taxpayer dollars the Canadian government invested in the DrugsNot4Me campaign, he stated,

Just like detoxes or fucking, try to make it safer for [people] to use … I mean, you spend lots of money on fucking, all that shit [the ads], and you know, and it still doesn’t work, you know? There’s still fucking people dying down there [in the Downtown Eastside] every day right? (Participant #16, Male, White)

Beneath this powerful statement is the implication that in spite of the harm reduction programs available to people who use drugs in the Downtown Eastside and elsewhere in the Lower Mainland, the situation in these neighbourhoods may perhaps be more dire than the general public has come to understand. Similar sentiments of anger and
frustration were reflected in many other interviews conducted with this group of street-involved youth.

Another participant underscored the need for specific targeting of people who are already addicted to drugs, as well as more and better supportive housing programs for those who use drugs, noting that a large proportion of individuals belonging to this population were also vulnerable to or already suffering from mental health conditions.

I would really want to focus on the drug addicts and not the could-be drug addicts because, you know, like we did, they have a choice ... to start doing drugs or not doing drugs. So what I would spend the money [allocated to the production and dissemination of the ads by the Canadian government] on is focusing [on] and helping the already addicted. More supportive housing. More mental health advocates ... 'Cause that's what I see right now is the problem. The Downtown Eastside is drug addicts and, you know, drug addicts with mental health issues ... 'Cause ... I'm one of those people that have both. (Participant #23, Female, Aboriginal)

In line with previous comments from participants regarding the potential for rational, informational, or educational approaches to be successful in communicating drug prevention messages, when asked about whether or not he could think of other methods of communicating such messages that did not involve the stimulation of fear, one participant made the following claim:

Absolutely ... Education ... Like, real education. Not the education of like, how your life's going to be fucked up if you use drugs. But education that if you or someone you know is struggling with abuse, you know, give them these resources. Give them these hotlines. Give them these centres where they can go and they can confidentially talk about, you know, what they're struggling with and be provided with the support that they need. (Participant #17, Male, Aboriginal and White)

4.4. Discussion

In summary, the present study investigated perceptions regarding the content and impact of the Canadian government's DrugsNot4Me anti-illicit-drug PSA campaign among a sample of high-risk, drug-using street-involved youth. The campaign had an extensive reach, with many of the study participants indicating that they had seen the campaign, at least partially. The campaign’s reach was further evidenced by the nature
of this cohort’s status as at risk or street-involved, partly defined as being, either presently or in the past, absolutely, periodically, or temporarily homeless (e.g., having no fixed address, sleeping on the street, couch surfing, or staying in a shelter or hostel), in addition to having used hard drugs such as cocaine and heroin. Indeed, many of the participants reported that they were currently, had recently been, or were once homeless. That many participants experienced homelessness at some time in their lives and reported seeing this campaign illustrates that the campaign managed to reach this marginalized population.

Although many participants characterized the PSAs as “unrealistic”, “simplistic”, or “ridiculous”, some found that they could relate to the PSAs on a level that caused a negative emotional impact. Participants especially focused on the use of fear appeals in the PSAs, asserting that they produced negative outcomes for this population by not only reinforcing stigma against people who use drugs, but also creating public fear of this vulnerable population. Perhaps most importantly, almost all participants acknowledged the lack of solutions presented in the PSAs. They described them as being “problem-based” rather than “solution-based”, and maintained that they are bereft of useful or practical information such as hotlines for treatment or harm reduction services.

In light of these views, almost all participants suggested alternatives to fear-based anti-illicit-drug PSAs, or anti-illicit-drug PSAs in general. While some articulated a preference for non-fear-based methods to communicate drug prevention messages, such as rational, informational, or educational approaches, and some highlighted the usefulness of representing “real people with real stories” in the PSA development process, either as primary characters or consultants, others emphasized the benefit of reallocating taxpayer dollars to housing and harm reduction programs in the Lower Mainland, and especially in the Downtown Eastside, frequently emphasizing the overall urgency of this need and the insufficiency of current service delivery.

Though research regarding the effectiveness of anti-illicit-drug PSAs, and more specifically the use of fear appeals in anti-illicit-drug campaigns, has produced mixed results (Green & Witte, 2006; Werb et al., 2011), the findings of the present study are consistent with previous works that have indicated that not only are PSAs ineffective at
preventing use of or intention to use illicit drugs, they may also have negative repercussions for various populations (Guttman & Salmon, 2004; Guttman, 1997; Hastings et al., 2004; Werb et al., 2011; Witte, 1994). For example, a systematic review and meta-analysis conducted on the effectiveness of anti-illicit-drug PSAs found that overall, there was limited evidence to support the use of PSAs for illicit drug prevention among youth, specifically noting that they have the capacity to weaken anti-drug norms, potentially producing an effect opposite to drug prevention, and also thereby potentially increasing illicit drug use (Werb et al., 2011). Further, many have argued that the arousal of fear in PSAs may foster feelings of antagonism, alienation, or resentment among the target population, but more importantly, that they may play a significant role in increasing stigma and discrimination toward those who are most at risk. Additionally, the ways in which PSAs frame particular health issues may encourage ignorance among the general public, which may lead to biased and erroneous understandings of those health issues (Guttman & Salmon, 2004; Guttman, 1997; Hastings et al., 2004; Witte, 1994). These arguments are evident in participants’ responses to the DrugsNot4Me campaign—particularly in the negative emotional impact that the PSAs provoked. Essentially, the present study accentuated the absence of any positive consequences of the DrugsNot4Me campaign while exemplifying the myriad of negative outcomes for this street-involved youth population.

Notably, studies of other anti-illicit-drug media campaigns appear to have produced similar findings. Numerous campaigns on various health topics in a variety of settings have generated similar concerns over the inattention to the promotion of self-efficacy among target audiences through the provision of information regarding skill-building techniques, encouragement, or support necessary for audiences to adopt and maintain health-protective behaviours; as well as the exaggerated use of fear appeals due to previous evidence indicating the rarity of its success (Bastien, 2011; DeJong & Wallack, 1999, 2000; DeJong, Wolf, & Austin, 2001; Winett, Altman, & King, 1990). Indeed, the importance of the relationship between self-efficacy and fear was evidenced in a meta-analysis on fear appeal research that found that strong fear appeals combined with high efficacy messages produced the greatest behaviour change, while strong fear appeals with low efficacy messages produced high levels of defensive responses from audiences (Witte & Allen, 2000). Clearly, and similarly to the Canadian government’s
DrugsNot4Me PSAs, these campaigns reflect a marked deficit in information to encourage self-efficacy among audience members, a necessity for the successful promotion of health-protective behaviour change, according to the behavioural change theories discussed in a previous chapter (see Chapter 2, “Literature Review”). Parallel to suggestions from the present study’s participants, arguments have also been made regarding the need for more rational approaches and/or positive reinforcement to communicate health information to youth and other target audiences (Marchand & Filiatrault, 2002; Soames Job, 1988), as well as the benefit of messages related to harm reduction (Guttman & Salmon, 2004).

Perhaps at its broadest level, evidence from the existing research and findings of the present study illustrate that PSAs play a fundamental role in framing the ways in which people understand and articulate questions about health-related issues (Johnson et al., 1997). Specifically, PSAs have the potential to instigate negative health and emotional outcomes for people who use drugs and perpetuate bias among the general public toward this population. It should be acknowledged that this potential, alongside the insufficient provision of useful information and the heightened use of fear appeals, may contribute to experiences of social suffering among marginalized populations.

Social suffering refers to the collective lived experiences or lived realities of suffering among people resulting from social and structural factors beyond their control (Kleinman, Das, & Lock, 1996, p. XI; Wilkinson, 2004, p. 114; Wilkinson, 2006, p. 2, 4). It has been argued that a great deal of social suffering experienced by various groups of people has been overlooked, resulting in a lack of understanding among the general populace (Graubard, 1996, p. VII; Wilkinson, 2004, p. 113). Acknowledging the landscape of social suffering as it exists in the world today means also acknowledging its nature, “where the experiences of different peoples have been so diverse, where so many harbor memories of dangers barely averted, of families destroyed, disasters brought on not by personal fault or negligence but by the accident of birth” (Graubard, 1996, p. VII). Importantly, as a result of their increased vulnerability toward illicit drug use and transmission of STBBIs, some street-involved youth participants experienced a form of social suffering caused by the Canadian government’s framing of drug prevention messages in the DrugsNot4Me campaign. The negative outcomes experienced by this group of youth, including feelings of stigmatization, discrimination,
ostracism, and segregation, exemplify the need for calls for greater attention to interventions that address social and structural conditions, such as housing and harm reduction services. Though unfortunate, too often are the epidemics of illicit drug use and HIV, among other health-related harms, ascribed to personal choice and freedom to initiate illicit drug use rather than the social and structural factors surrounding vulnerable populations such as street-involved youth and people who use drugs.

Given the high costs associated with the production and dissemination of anti-illicit-drug campaigns, as well as the dire situation of illicit drug use among youth in Canada, the findings of the present study have implications for resource allocation. From the years 2007/2008 to 2011/2012, during which time the DrugsNot4Me campaign ran, the Canadian government budgeted CDN $29.8 million for its Mass Media Campaign as a part of its Prevention Action Plan (Evaluation Division, Office of Strategic Planning and Performance Management, 2012). Furthermore, according to the Central Advertising Fund, the Government has allocated CDN $5.5 million to Health Canada for the years 2014/2015 for the “prevention of illicit drug use” (Geddes, 2014; Government of Canada, 2015). Therefore, as is illustrated by the present study, without serious alterations to the creative process of the Government’s anti-illicit-drug PSAs, it is probable that future PSAs will continue to produce negative, and likely even damaging, consequences for street-involved youth—a segment of the youth population who are most in need of and can benefit most from these PSAs. It has been suggested that “anti-illicit-drug PSAs should be developed with a broader understanding of the range of external factors that influence drug-related decision-making” (Werb et al., 2011), such as culture and socioeconomic status, among others. Similar sentiments regarding the need to consider social and environmental factors when designing a public health communication campaign is reflected in various other studies (Green & Witte, 2006; Hastings et al., 2004; Johnson & LaTour, 1991; LaTour & Zahra, 1989; Murray-Johnson et al., 2001; Terblanche-Smit & Terblanche, 2010, 2011) and was also shared by the majority of the study participants, many of whom also suggested an alternative approach worthy of consideration: that taxpayer dollars be reallocated to housing and harm reduction programs for people who use drugs in Vancouver.
4.5. Limitations and Future Directions

The present study has several limitations that warrant discussion. First, the thematic analysis conducted for the study was focused on only one PSA campaign and as such the findings of this study may not apply to other drug prevention PSA campaigns or those on other health issues. Second, the findings revealed by this study are specific to the study participants and are not representative of the wider street-involved youth population in Canada or elsewhere. However, it is suspected that the sentiments articulated by this group of street youth may be reflected among other street youth populations characterized by similar sociocultural landscapes. Additionally, it is believed that findings from the present study have important implications for various settings in Canada insofar as the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign elicited similar responses of suffering in street youth. Third, during data collection and analysis, while the research team was cognizant of participants’ sociocultural characteristics, such as age, gender, ethnicity, culture, socioeconomic status, etc., investigation of the complex intersections between these characteristics and fear response was beyond the scope of the present study. Fourth, although 25 interviews were conducted with street-involved youth, expanding the number of interviews and including street youth from different settings may have strengthened the present study’s arguments related to experiences of social suffering on a larger scale. And finally, it is important to acknowledge researchers’ biases during the interview process in the ways questions are framed, as well as the existence of power relations embedded in the research process, particularly when working with youth, that may influence responses to favour researchers’ interpretations (Fast et al., 2010).

Further exploration of the relationships between sociocultural characteristics and response to fear represents an important area for future research and derives from previous literature that revealed that such characteristics could potentially colour an individual’s response to fear arousal techniques in anti-illicit-drug and other health-related PSAs (Green & Witte, 2006; Johnson & LaTour, 1991; LaTour & Zahra, 1989; Murray-Johnson et al., 2001; Terblanche-Smit & Terblanche, 2010, 2011). Despite this, however, few studies have actually delved into the complex intersections between sociocultural characteristics and fear response. Barring several studies that accounted
for gender (Johnson & LaTour, 1991), race or ethnicity (Terblanche-Smit & Terblanche, 2010, 2011), and cultural orientation (Murray-Johnson et al., 2001) in response to fear appeals, the literature surrounding these relationships has been markedly deficient.

Significantly, arguments have been made in support of the need for rigorous evaluation of PSAs and media campaigns during production and before dissemination processes in an effort to avoid negative outcomes among populations that are most vulnerable to illicit drug use, as well as other health concerns. As viable interventions that have continued to garner support over the years, such evaluative strategies have yet to be implemented consistently during the PSA production phase and before the dissemination phase. The absence of the implementation of plans to evaluate public health communication campaigns during production and before dissemination presents an area in which message producers should consider in the future (DeJong & Wallack, 1999, 2000; DeJong et al., 2001; Fishbein, Hall-Jamieson, Zimmer, von Haeften, & Nabi, 2002; Winett et al., 1990).

4.6. Conclusion

The present study served to provide insight into how a population of high-risk, drug-using street-involved youth in Vancouver, Canada perceive the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign. Findings revealed that the majority of the study participants perceived the campaign as nonsensical and unrealistic, with some going so far as to describe them as “hilarious” and “ridiculous”. Despite this, some participants found the PSAs to be both realistic and relatable, causing a negative emotional impact that were expressed as feelings of sadness, alienation, and hopelessness. Furthermore, these participants also viewed the PSAs as having the potential to induce stigma and discrimination toward people who use drugs, as well as to create public fear surrounding this population. Almost all participants recognized the lack of information presented in the PSAs, the ineffective use of fear by the PSAs, and the need for alternatives to both the use of fear appeals and drug prevention PSAs in general, including using non-fear-based methods to communicate health information, portraying “real people with real stories”, and reallocating taxpayer dollars to much needed housing and harm reduction services.
The findings of the present study are significant in the context of broader health and social implications such as the increasing rate of illicit drug use among youth in Canada, the potential for transmission of HIV/AIDS and other infectious diseases, and the possible stigma, discrimination, and ostracism felt by vulnerable populations of people who use drugs. Participants’ expressions of how they perceive and receive the DrugsNot4Me campaign reflect the lived experiences or realities (Wilkinson, 2004; Wilkinson, 2006) of social suffering among this population of high-risk, drug-using street-involved youth. Moreover, the obvious disconnect between the perspectives of the Canadian government and street youth on what constitutes an effective drug prevention campaign necessitates consideration of alternative solutions to anti-illicit-drug PSAs and the use of fear appeals. Ultimately, there is an urgent need to drastically change the ways in which these PSAs are produced creatively if they will continue to be employed to communicate drug prevention messages to various target audiences. Funding for interventions must be contingent upon scientific evidence in support of their effectiveness and rigorous evaluation strategies, and thus far, these have been found wanting.

Until the voices of vulnerable groups, including people who use drugs and street-involved youth, who stand to benefit most from drug prevention interventions are heard, accounts of the perception and reception of such interventions by these groups will likely continue to reflect both the ineffective and overwhelmingly negative emotional impact on these populations. As in the present study, importantly, this impact concerns the stigma, alienation, and hopelessness felt on a daily basis by young people whose daily lives and health are shaped by a range of social, structural, and environmental factors rather than simple choices.

4.7. Conflict of Interest Statement

The authors report no conflicts of interest.
4.8. Acknowledgements

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Chapter 5.

Conclusion

The intent of the present study was to gain a comprehensive understanding of the effectiveness of the Canadian government’s DrugsNot4Me anti-illicit-drug public service announcement (PSA) campaign. In more specific terms, it aimed to investigate potential disconnects between how the Canadian government framed illicit drug use among youth and young people who use illicit drugs in the DrugsNot4Me campaign and how a group of high-risk, drug-using street-involved youth perceive and receive this particular campaign. As street youth experience an increased vulnerability to illicit drug use and related health harms such as overdose, HIV/AIDS, and other sexually transmitted and blood-borne infections (STBBIs) (Canadian AIDS Treatment Information Exchange, 2014), it may be argued that this group represents a prime target population for drug prevention campaigns as they are most in need of and stand to benefit most from such interventions. In an effort to meet the study aims and objectives, two methodological approaches were employed: 1) a qualitative content analysis was undertaken to explain the Canadian government’s framing of drug prevention messages, including illicit drug use among youth and young people who use illicit drugs, in the DrugsNot4Me campaign; and 2) a qualitative study consisting of in-depth, semi-structured interviews with a group of street-involved youth in Vancouver, Canada was conducted to describe how this population responds to this particular campaign.

5.1. Summary of Findings

The qualitative content analysis of the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign (see Chapter 3, “Framing DrugsNot4Me: A qualitative content analysis of the Canadian government’s anti-illicit-drug PSA campaign”) yielded several major findings: 1) the sociocultural demographics of the primary characters
permitted only limited relatability for youth audiences; 2) the Government framed illicit drug use among youth and young people who use illicit drugs in a harsh and overall negative light; 3) gender stereotyping was observed in the PSAs in terms of the characters’ relationships with illicit drug use; 4) fear appeals were highlighted as a major component of the PSAs; 5) there was an overwhelming lack of useful information on how to find help or support; and 6) in relation to types of messages necessary for producing effective PSAs (Atkin, 2001), both PSAs were found to be markedly deficient, rather relying on fear-based appeals to represent the negative emotional and physical effects and consequences of illicit drug use in an effort to promote the adoption and maintenance of health-protective behaviours among target audiences.

The qualitative study with At-Risk Youth Study participants (see Chapter 4, “Absolutely no straightforward story: A qualitative study with At-Risk Youth Study participants”) highlighted the viewpoint that the DrugsNot4Me campaign was unrealistic and absurd, as well as the negative emotional impact on and social suffering experienced by street-involved youth participants as a result of watching the PSAs. Despite the extensive reach of the campaign, extending to a population that is particularly difficult to reach, this positive result was overshadowed by the negative outcomes experienced by street-involved youth participants. According to this group, the use of fear appeals in the PSAs had the potential to reinforce stigma against, create public fear of, and encourage ignorance about people who use drugs. Furthermore, the majority of participants recognized the lack of information, solutions, and support provided in the PSAs and suggested alternative methods to fear arousal techniques, as well as anti-illicit-drug PSAs in general, for communicating drug prevention messages. These included: rational, informational, or educational appeals; “real people with real stories”; and the reallocation of taxpayer funds to housing and harm reduction services, which were identified as necessary and insufficient, especially in Vancouver’s Downtown Eastside.

Findings from the qualitative content analysis and qualitative study observe a number of relatable, if not similar, concepts. Importantly, overall negative portrayals and stereotypes of people who use drugs, as well as the heavy reliance on fear appeals, found in the analyses of the PSAs were described by street-involved youth participants as contributing to the stigma and discrimination felt by people who use drugs, public fear
of people who use drugs, and ignorance about illicit drug use among the general public. Furthermore, analysis of the campaign illustrated that the sociocultural demographics of the PSAs’ primary characters may reduce the degree of relatability among specific populations. Likewise, many youth found these characters difficult to relate to due to sociocultural disparities such as ethnicity and socioeconomic status, and suggested that representing “real people with real stories” would be more beneficial. This suggestion, along with suggestions for the use of rational, informational, or educational appeals and the need for improved housing and harm reduction services, were highlighted by youth in response to their recognition of the absence of useful information, which was also found to be true in the analyses of the PSAs. Finally, the campaign in its entirety was deemed to be ineffective, a sentiment that was echoed by the majority of the study participants.

Ultimately, findings from the qualitative content analysis and qualitative study suggest that there was, in fact, a disconnect between the intended drug prevention messages of the Canadian government’s DrugsNot4Me campaign and the ways in which these messages were perceived and received by a group of street-involved youth. Although the campaign aimed to prevent use of or intention to use drugs among youth, most participants agreed that the stereotypes portrayed in the PSAs, as well as the lack of information, diminished the potential for this campaign’s impact and proficiency to meet its aims. Perhaps most importantly, the campaign was described as contributing to the negative outcomes experienced by young people who use drugs and causing general social suffering among this group. Overall, findings revealed that DrugsNot4Me was ineffective and failed to communicate drug prevention messages to the segment of its target population that are most in need of and stand to benefit most from drug prevention campaigns.

5.2. Implications

Despite mixed results reported in various settings on the effectiveness of anti-illicit-drug PSAs and the use of fear appeals in such campaigns, the significance of these findings should not be overlooked, owing to the important role that PSAs play in shaping the ways that health conditions are understood and discussed among the general public.
In particular, ethical considerations have emerged regarding the use of fear appeals in framing health issues, including illicit drug use and health-related harms such as overdose, HIV/AIDS, and STBBIs. Typically, ethical concerns have been voiced over the potential for PSAs and the use of fear appeals to contribute to the intensification of feelings of ostracism among people who are already immersed in the negative health condition attempting to be reduced or prevented. By extension, the potential also exists for increased stigma and discrimination toward this group by the general public as a result of the influence of negative framing in PSAs (Guttman & Salmon, 2004; Guttman, 1997; Hastings, Stead, & Webb, 2004; Witte, 1994). This potential for negative consequence is what makes the issue of such critical importance, especially in light of the immense social suffering already experienced by street youth who use illicit drugs, such as the individuals who participated in this study. Although a search of the existing literature highlighted the abundance of research in diverse settings dedicated to investigating the effectiveness of PSAs, public health communication campaigns in general, and fear arousal techniques, it has previously been argued that there is a shortage of and critical need for the rigorous evaluation of campaigns, both before and after dissemination (DeJong & Wallack, 1999, 2000; DeJong, Wolf, & Austin, 2001; Fishbein, Hall-Jamieson, Zimmer, von Haeften, & Nabi, 2002; Winett, Altman, & King, 1990). However, rarely are such campaigns evaluated based on the many factors considered in the present study: 1) whether or not messages are communicated or translated accurately to a specific segment of the target audience; 2) the impact that campaigns have on target audiences; and 3) the potential for campaigns to cause undue emotional harm or suffering among audiences. In this context, for example, although the DrugsNot4Me PSAs were found to have an extensive reach, many street-involved youth participants understood the campaign to be, among other things, negative, stereotypical, and ineffective, and highlighted its potential not only to produce negative outcomes for people who use drugs, but also to shape the ways that the public perceives illicit drug use, allowing for the possibility of adding to the stigma and discrimination felt and lived by people who use drugs on a daily basis. Essentially, drug prevention messages did not translate to target audiences in the ways they were intended to and produced negative, albeit unintended, consequences for this group of young people. Optimistically, such consequences may
be mitigated by careful and thorough evaluation at different stages of the production and dissemination processes, which would serve to limit experiences of negative outcomes among vulnerable populations.

What this means for future health communication research related to PSAs, public health communication campaigns in general, and the use of fear appeals in such PSAs and campaigns is that there is a critical need for a more comprehensive understanding of not only the effectiveness of campaigns, but also the impact of such campaigns on audiences, especially those who experience increased vulnerability to a particular health issue and those who are truly at risk due to social and structural circumstances beyond their control. Suffice it to say, a more complete understanding of the ways in which specific audiences respond to campaigns and fear appeals would undoubtedly produce interesting and beneficial recommendations toward policies around their use to communicate health-protective messages, and whether they warrant the taxpayer dollars dedicated to these prevention efforts to begin with.

5.3. Final Words

Essentially, the most concerning if not unexpected discovery of the entirety of this work is the profound impact that a PSA can have on a specific group of people. In this instance, what would amount to a commonly seen and ignored social advertising campaign for many people had real impacts on a group of vulnerable youth. Though the Canadian government’s DrugsNot4Me anti-illicit-drug PSA campaign was frequently referred to as “unrealistic”, “comical”, or “ridiculous” by many street-involved youth participants, the extent to which an even smaller group of participants was emotionally affected by and experienced negative outcomes as a result of this campaign establishes the importance of careful consideration of the production, dissemination, and evaluation processes of PSA campaigns. Irrespective of the number of people affected, the perpetuation of social suffering caused by this campaign is enough to warrant public attention. It is of paramount importance that PSAs and other types of mass media campaigns avoid exacerbating the lived experiences or lived realities of suffering among a group of people who experience stigma and discrimination on a daily basis; who face
barriers to even the most basic of necessities such as healthcare; and who have, through no fault of their own, exceptionally little control over their lives and life chances.
References


## Appendix A.

### Qualitative Content Analysis Codebook

<table>
<thead>
<tr>
<th>CODING CATEGORY</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Portrayals of illicit drugs and illicit drug use acts</strong></td>
<td></td>
</tr>
<tr>
<td>1. Representation of drugs</td>
<td>How are drugs represented?</td>
</tr>
<tr>
<td>Explicit</td>
<td>Drugs are represented explicitly; that is, drugs are shown.</td>
</tr>
<tr>
<td>Implicit</td>
<td>Drugs are represented implicitly; that is, drugs are implied (e.g., hand gestures, mention of drug use).</td>
</tr>
<tr>
<td>2. Representation of drug use acts&lt;sup&gt;1&lt;/sup&gt;</td>
<td>How are drug use acts represented?</td>
</tr>
<tr>
<td>Active</td>
<td>When drug use is actually depicted.</td>
</tr>
<tr>
<td>Implied</td>
<td>When drug use is not actually depicted but suggested through various actions such as buying or preparing drugs, or discussing drug use.</td>
</tr>
<tr>
<td>3. Type of drugs used</td>
<td>What types of drugs are represented?</td>
</tr>
<tr>
<td>4. Method of drug use</td>
<td>What methods of drug use are represented?</td>
</tr>
<tr>
<td>5. Reasons for drug use&lt;sup&gt;1&lt;/sup&gt;</td>
<td>What are the reasons for drug use?</td>
</tr>
</tbody>
</table>

| **Portrayals of people who use illicit drugs and experiences and effects/consequences of illicit drug use** | |
| 6. Representation of experiences of drug use<sup>1,2</sup> | How are the experiences of drug use represented? |
|     Positive experiences | Instances portraying positive experiences using drugs such as those contributing to fun or leisure activities, social interaction, or the positive image of characters (e.g., socializing with friends, image of character as “cool”), or instances portraying the benefits of not using drugs (e.g., looking sober, socializing with friends, getting good grades, overall success in life). |
|     Negative experiences | Instances portraying negative experiences using drugs or the harmful effects of drug use such as those experiences associated with personal, health, or social problems or affecting everyday life and functioning (e.g., intoxication, slurred speech, verbal indiscretion, passing or blacking out, memory loss, hangover, drug-related illness or disease, driving under the influence, sexual behaviour such as flirtation, regretted sexual encounter, violence or aggression toward others, death, jail or prison). |
| 7. Representation of effects or consequences of drug use<sup>2</sup> | How are the effects or consequences of drug use represented? |
Emotional consequences: Instances portraying emotional experiences of drug use, either positive (e.g., happiness, excitement, relaxation) or negative (e.g., sadness, regret, guilt, shame, anxiety, frustration, craze, anger, despair, depression).

Physical consequences: Instances portraying physical consequences of drug use (e.g., bad teeth, mouth sores, sunken cheeks, track marks, STI-related issues).

Stylistic approach
8. Music: What is the significance of the PSA’s musical component?
9. Lighting: What is the significance of the PSA’s lighting component?

Primary character demographics and PSA setting
10. Demographics: What is the age, gender, ethnicity, and socioeconomic status of the primary character?
11. Setting: Where does the PSA take place?

PSA effectiveness
12. Types of messages\(^3,4\): What types of messages does the PSA contain?

- Messages of awareness
  - The PSA defines the health topic.
  - The PSA informs viewers of what to do.
  - The PSA specifies how to do it.
  - The PSA offers cues about when and where it should be done.
  - The PSA motivates further exploration of the subject.

- Messages of instruction
  - The PSA defines actions to take (i.e., how, when, where).
  - The PSA clarifies the positive effects to be expected.
  - The PSA provides encouragement or training to enhance self-efficacy.
  - The PSA refers back to the website.

- Messages of persuasion
  - The messenger is credible.
  - The PSA gives “how to” information.
  - The PSA demonstrates the desired behaviour.
  - The PSA gives verbal reinforcement.

\(^1\) (Atkinson, Sumnall, & Measham, 2011)
\(^2\) (Banerjee, Greene, Hecht, Magsamen-Conrad, & Elek, 2013)
\(^3\) (Georgiadis, 2013)
\(^4\) (Atkin, 2001)
Appendix B.

Qualitative Study Interview Guide

EXPLORING THE NATURAL HISTORY OF INJECTION DRUG USE:
A QUALITATIVE STUDY OF SOCIAL AND ENVIRONMENTAL INFLUENCES

QUALITATIVE INTERVIEW GUIDE

INTERVIEW GUIDE FOR ARYS PARTICIPANTS EXPLORING YOUNG PEOPLE’S PERCEPTIONS AND RECEPTIONS OF THE CANADIAN GOVERNMENT’S DRUGSNOT4ME PUBLIC SERVICE ANNOUNCEMENT CAMPAIGN

Interviewer: ________________________________________________________________

Date and Time: ____________________________________________________________

Filename: ________________________________________________________________

Cohort Code: _____________________________________________________________

BACKGROUND

This study aims to explore how young people perceive and receive the Canadian government’s DrugsNot4Me public service announcement campaign. Eligible participants include any individuals currently enrolled in the At-Risk Youth Study (ARYS) cohort.

DIRECTIONS

I’d like to start by giving you some background on this project. My focus here is to study young people’s perceptions about the anti-drug ad campaign, called DrugsNot4Me, which was run by the Canadian government. This campaign began in 2009 and was a part of a National Anti-Drug Strategy that targeted youth specifically, with the intention of preventing illicit drug use. The purpose of these interviews is to get your opinion on the campaign’s effectiveness, because you are part of the population that it targeted. In other words, by discussing your opinions of the ads, we can determine how useful they were in preventing illicit drug use or the intention to try illicit drugs among young people. Don’t worry if you’ve never seen any of the ads from this campaign. We will show them to you before we ask you to answer any questions about them. Ultimately, we are trying to evaluate the effectiveness of this specific campaign, and at the same time to determine what young people believe would be effective in general.

This interview is designed to be more like a conversation. I will start by asking you some broad questions in order to facilitate a discussion of your personal experiences. There are no right or wrong answers. I would like you to be honest and open, and please remember that what you say is confidential. The interviews will be recorded and
transcribed, but all names will be removed from the written transcripts. If you do not feel comfortable answering a question, or don’t want to answer, that is not a problem. Your perspective is important to us, because your experiences as a young person here make you an expert on the topics we are interested in. Finally, I would like to thank you in advance for taking the time to speak with me.

**IN-DEPTH INTERVIEW – START RECORDING**

**SECTION ONE: INTRODUCTION TO THE DRUGSNOT4ME PSA CAMPAIGN**

**INTRODUCTORY QUESTIONS**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you seen any of the DrugsNot4Me ads?</td>
<td>▪ If so, can you name or describe the ones you’ve seen?</td>
</tr>
<tr>
<td></td>
<td>▪ Where did you see them?</td>
</tr>
<tr>
<td></td>
<td>▪ How often did you see them when they were running?</td>
</tr>
<tr>
<td>If not, why do you think you have not seen this campaign?</td>
<td>▪ Tell me more about that. What is effective about them? What is ineffective about them?</td>
</tr>
<tr>
<td>Overall, do you think anti-drug ads are effective in reducing drug use or the intention to use drugs among young people?</td>
<td></td>
</tr>
<tr>
<td>If you’ve seen these ads, we ask that you please take a moment to watch them again. If you haven’t seen them, don’t worry, we will show them to you before we ask you to answer any questions about them.</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION TWO: “MIRROR”**

**INTRODUCTION**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>We’ll start by showing you the ads.</td>
<td>▪ [Show “Mirror” PSA]</td>
</tr>
<tr>
<td>Let’s begin with the first one, called “Mirror”. This section will ask you about what you see, so please pay attention this as you’re watching the ad.</td>
<td></td>
</tr>
<tr>
<td>What are your initial reactions or thoughts?</td>
<td></td>
</tr>
<tr>
<td>Questions</td>
<td>Probes</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Did you like it or dislike it?</td>
<td>• What did you like about it?</td>
</tr>
<tr>
<td>In your opinion, what story is this ad telling?</td>
<td>• What did you dislike about it?</td>
</tr>
<tr>
<td></td>
<td>• Is the story confusing in any way?</td>
</tr>
<tr>
<td><strong>VISUAL COMPONENTS: REPRESENTATION OF ACTS AND CONSEQUENCES OF DRUG USE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Questions</strong></td>
<td><strong>Probes</strong></td>
</tr>
<tr>
<td>Thinking about the young woman’s physical appearance, what does it tell you?</td>
<td>• Probe for indications of age, ethnicity, socioeconomic background, gender, lifestyle (e.g., clothing), etc.</td>
</tr>
<tr>
<td>What settings does the ad take place in?</td>
<td>• What clues does the ad give about her background?</td>
</tr>
<tr>
<td>What does the young woman’s change in physical appearance and behaviour over the course of the ad tell you?</td>
<td>• How old do you think she is?</td>
</tr>
<tr>
<td>What kind of a story do the “before and after” images tell?</td>
<td>• Probe for indications of socioeconomic background (e.g., bedroom, school), etc.</td>
</tr>
<tr>
<td>What drugs do you think she is using?</td>
<td>• Thinking about these settings, what clues do they give about her background?</td>
</tr>
<tr>
<td>What kind of story does the ad tell about how ______ use progresses? [Choose examples based on answer to above question.]</td>
<td>• Probe for changes in clothing, hairstyle, physical health (e.g., sores on face and arms), mental health (e.g., behaviour), etc.</td>
</tr>
<tr>
<td>What kind of story does the ad tell about the physical consequences of ______ use? [Choose examples]</td>
<td>• What clues does the ad provide about the kinds of drugs she is using?</td>
</tr>
<tr>
<td></td>
<td>• What clues does the ad provide about how she is using them (e.g., sores on face and arms)?</td>
</tr>
<tr>
<td></td>
<td>• Do you think it’s important to these kinds of stories to know what kind of drugs she is using and how she is using them?</td>
</tr>
<tr>
<td></td>
<td>• Do you think it’s important to these kinds of stories to actually see her using drugs?</td>
</tr>
<tr>
<td></td>
<td>• In your opinion, does the ad give enough detail about how ______ use progresses over time? [Choose examples based on answer to above question.]</td>
</tr>
<tr>
<td></td>
<td>• What happens to the young woman, physically?</td>
</tr>
<tr>
<td></td>
<td>• Is this story an important one to tell about?</td>
</tr>
</tbody>
</table>
based on answer to above question.]

What kind of story does the ad tell about the emotional consequences of _______ use? [Choose examples based on answer to above question.]

Do you think it’s important to these kinds of stories to know why the young woman is using drugs?

What kind of story does the ad tell about not using drugs?

Does the story told by the ad fit with what you know about why young women start using drugs like _______? [Choose examples based on answer to above question.]

Do her actions (e.g., cutting her hair, wearing provocative clothing, acting “crazy”) fit with what you know about what happens when young women start using drugs like _______? [Choose examples based on answer to above question.]

Do you think her actions show in a real way what happens when young women use drugs?

---

**AUDIO COMPONENTS: MUSICAL AND INFORMATIONAL**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now, let’s watch this ad a second time. The next section will ask you about what you hear, so please pay attention to the sounds this time around.</td>
<td>[Show “Mirror” PSA]</td>
</tr>
<tr>
<td>What do you think about the use of music and lyrics in this ad?</td>
<td>What do they tell us about drug use?</td>
</tr>
<tr>
<td>What do you think about what the narrator is saying in...</td>
<td>What do they add to the story being told?</td>
</tr>
<tr>
<td></td>
<td>What do they tell us about drug use?</td>
</tr>
</tbody>
</table>
**PRODUCTION COMPONENTS: MECHANICAL AND STYLISTIC**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking about the ad like a very short movie, do you think it is well done?</td>
<td>Think about factors like colour, point of view, close-ups, and lighting.</td>
</tr>
</tbody>
</table>

**SECTION THREE: “FAST FORWARD”**

**INTRODUCTION**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now we’re going to show you another ad from the same campaign.</td>
<td>[Show “Fast Forward”]</td>
</tr>
<tr>
<td>This one is called “Fast Forward”. Again, we will first ask you about what you see, so please pay attention this as you’re watching the ad.</td>
<td></td>
</tr>
<tr>
<td>What are your initial reactions or thoughts?</td>
<td></td>
</tr>
<tr>
<td>Did you like or dislike it?</td>
<td>What did you like about it?</td>
</tr>
<tr>
<td>In your opinion, what story is this ad telling?</td>
<td>What did you dislike about it?</td>
</tr>
<tr>
<td></td>
<td>Is the story confusing in any way?</td>
</tr>
</tbody>
</table>

**VISUAL COMPONENTS: REPRESENTATION OF ACTS AND CONSEQUENCES OF DRUG USE**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking about the young man’s physical appearance, what does it tell you?</td>
<td>Probe for indications of age, ethnicity, socioeconomic background, gender, lifestyle (e.g., clothing), etc.</td>
</tr>
<tr>
<td></td>
<td>What clues does the ad give about his background?</td>
</tr>
<tr>
<td></td>
<td>How old do you think he is?</td>
</tr>
<tr>
<td>What settings does the ad take place in?</td>
<td>Probe for indications of socioeconomic background (e.g., bedroom, school), etc.</td>
</tr>
<tr>
<td></td>
<td>Thinking about these settings, what clues do they give about his background?</td>
</tr>
<tr>
<td></td>
<td>Probe for changes in clothing, hairstyle,</td>
</tr>
</tbody>
</table>
appearance and behaviour over the course of the ad tell you?

What kind of a story do the “before and after” images tell?

What drugs do you think he is using?

Do you think it’s important to these kinds of stories to know what kind of drugs he is using and how he is using them?

What kind of story does the ad tell about how _______ use progresses?  [Choose examples based on answer to above question.]

What kind of story does the ad tell about the physical consequences of _______ use?  [Choose examples based on answer to above question.]

What kind of story does the ad tell about the emotional consequences of _______ use?  [Choose examples based on answer to above question.]

Do you think it’s important to these kinds of stories to know why the young man is using drugs?

What kind of story does the ad tell about not using drugs?

Does the story told by the ad fit with what you know about physical health (e.g., exhaustion), mental health (e.g., behaviour), etc.

- What clues does the ad provide about the kinds of drugs he is using?
- What clues does the ad provide about how he is using them (e.g., smoke)?
- Do you think it’s important to these kinds of stories to know what kind of drugs he is using and how he is using them?
- Do you think it’s important to these kinds of stories to actually see him using drugs?
- In your opinion, does the ad give enough detail about how _______ progresses over time?  [Choose examples based on answer to above question.]
- What happens to the young man, physically?
- Is this story an important one to tell about _______ use?  [Choose examples based on answer to above question.]
- What happens to the young man, emotionally?
- Is this story an important one to tell about _______ use?  [Choose examples based on answer to above question.]
- Does the ad provide any clues about why he is using drugs?
- What kind of comparison is made through the “before and after” images of the young man?
- Is this story an important one to tell about _______ use?  [Choose examples based on answer to above question.]
about why young men start using drugs like _________?  
[Choose examples based on answer to above question.]

Do his actions (e.g., sleeping in class, arguing with family, acting “crazy”) fit with what you know about what happens when young men start using drugs like _________?  
[Choose examples based on answer to above question.]

Do you think his actions show in a real way what happens when young men use drugs?

**AUDIO COMPONENTS: MUSICAL AND INFORMATIONAL**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now, let’s watch this ad a second time. The next section will ask you about what you hear, so please pay attention to the sounds this time around.</td>
<td>• [Show “Fast Forward”]</td>
</tr>
<tr>
<td>What do you think about the use of music in this ad?</td>
<td>• What do they tell us about drug use?</td>
</tr>
<tr>
<td>• What do they add to the story being told?</td>
<td>• What do they tell us about drug use?</td>
</tr>
<tr>
<td>What do you think about what the narrator is saying in this ad?</td>
<td>• What do they add to the story being told?</td>
</tr>
</tbody>
</table>

**PRODUCTION COMPONENTS: MECHANICAL AND STYLISTIC**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking about the ad like a very short movie, do you think it is well done?</td>
<td>• Think about factors like colour, point of view, close-ups, and lighting.</td>
</tr>
</tbody>
</table>

**SECTION FOUR: COMPARING “MIRROR” AND “FAST FORWARD”**

**COMPARISONS**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which of the two ads do you like better?</td>
<td>• How are they similar?</td>
</tr>
<tr>
<td>• How are they different?</td>
<td>• How are they similar?</td>
</tr>
<tr>
<td>Which of the two main characters did you like better?</td>
<td>• How are they similar?</td>
</tr>
<tr>
<td>• How are they different?</td>
<td>• How are they similar?</td>
</tr>
<tr>
<td>Questions</td>
<td>Probes</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
</tr>
<tr>
<td>Is one of the ads more “realistic,” in your opinion?</td>
<td>• Which of the two ads fits more with what you know about drug use among young people?</td>
</tr>
<tr>
<td>What do the ads tell us about age and drug use?</td>
<td>• How are they similar?</td>
</tr>
<tr>
<td>What do the ads tell us about young women and drug use?</td>
<td>• How are they different?</td>
</tr>
<tr>
<td>What do the ads tell us about young men and drug use?</td>
<td>• How are they similar?</td>
</tr>
<tr>
<td>What do the ads tell us about a young person’s background and drug use?</td>
<td>• How are they different?</td>
</tr>
<tr>
<td>Is there a common message that we can take away from both ads?</td>
<td>• What are the ads telling young people to do?</td>
</tr>
<tr>
<td>In your opinion, do the ads give enough information about what actions to take?</td>
<td>• What are they telling parents to do?</td>
</tr>
<tr>
<td>In terms of changing behaviour, are the ads encouraging?</td>
<td>• Are the recommendations realistic?</td>
</tr>
<tr>
<td>Are they discouraging?</td>
<td>• Do the ads give details on where to get more information?</td>
</tr>
<tr>
<td>• Has being scared of drugs, and the consequences of using drugs, ever prevented you from trying drugs?</td>
<td></td>
</tr>
<tr>
<td>• Has being scared of drugs, and the consequences of using drugs, ever stopped you from using drugs?</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION FIVE: FEAR-BASED APPEALS**

**USE OF FEAR-BASED APPEALS**
Do you think this method of scaring people into changing is ethical?

Can you think of other ways of causing changes in behaviour that are not based on fear?

### SECTION SIX: IMPACT

**MESSAGING**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking about the general public, do you think the ads increase awareness about the use of illicit drugs among young people?</td>
<td>Do the ads tell the right stories about young people and drug use?</td>
</tr>
<tr>
<td>How important do you think it is for television ads to increase awareness about young people and drug use?</td>
<td>Are these stories that the public needs to see and hear, in your opinion?</td>
</tr>
<tr>
<td>Do you feel like you’re a part of the audience group being targeted by these ads?</td>
<td>Are there other stories that the public needs to see and hear about young people and drug use, in your opinion?</td>
</tr>
<tr>
<td></td>
<td>Do the ads “speak” to you?</td>
</tr>
</tbody>
</table>

### SECTION SEVEN: COMPARING THE DRUGSNOT4ME CAMPAIGN TO OTHER CAMPAIGNS

**COMPARISONS**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you seen other anti-drug ads that target young people?</td>
<td>If so, can you name or describe the ones you’ve seen?</td>
</tr>
<tr>
<td></td>
<td>Where did you see them?</td>
</tr>
<tr>
<td></td>
<td>How often did you see them when they were running?</td>
</tr>
<tr>
<td>[If above answer is yes] How do the other ads that you’ve seen compare with the DrugsNot4Me ads?</td>
<td>Do you think they are better?</td>
</tr>
<tr>
<td></td>
<td>Are the messages in these different ads conflicting?</td>
</tr>
<tr>
<td></td>
<td>How do they conflict?</td>
</tr>
</tbody>
</table>
**SECTION EIGHT: POINTS OF IMPROVEMENT AND FINAL THOUGHTS**

### POINTS OF IMPROVEMENT

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think these kinds of ads play a part in how people and society respond to drug use?</td>
<td>[If not, skip to “Final Thoughts” section]</td>
</tr>
<tr>
<td>What improvements could be made to the DrugsNot4Me campaign, or the other ads you’ve seen?</td>
<td>Would you do anything the same?</td>
</tr>
<tr>
<td>If you were responsible for creating an anti-illicit-drug ad that targets young people, what would you do?</td>
<td></td>
</tr>
</tbody>
</table>

### FINAL THOUGHTS

<table>
<thead>
<tr>
<th>Questions</th>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any final thoughts that you’d like to add to the conversation before we wrap up?</td>
<td>Thank you for your participation in this study!</td>
</tr>
</tbody>
</table>

**Notes:**

---

H10-00838   VERSION 2015/1/23
Appendix C.

Qualitative Study Ethics Approval Certificates

Figure C.1 Providence Health Care/University of British Columbia Ethics Approval Certificate

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**ETHICS CERTIFICATE OF EXPEDITED APPROVAL: AMENDMENT**

<table>
<thead>
<tr>
<th>PRINCIPAL INVESTIGATOR:</th>
<th>DEPARTMENT:</th>
<th>UBC-PHC REB NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Kerr</td>
<td>UBC/Medicine, Faculty of Medicine, Department of</td>
<td>H10-00838</td>
</tr>
</tbody>
</table>

**INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT:**

<table>
<thead>
<tr>
<th>Institution</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providence Health Care</td>
<td>St. Paul's Hospital</td>
</tr>
</tbody>
</table>

**Other locations where the research will be conducted:**

- VIDUS office (342 E Hastings St, Vancouver, BC)
- ARYS office (807 Drake St, Vancouver, BC)
- Insite/Onsite (139 E Hastings St, Vancouver, BC)
- Women's Information Safe Haven (WISH) Drop-In Centre (330 Alexander St, Vancouver, BC)
- AESHA Project Office (2543 Kingsway, Vancouver, BC)
- Rainier Hotel (309 Carrall St, Vancouver, BC)

In addition to the above named research sites, and consistent with research previously approved by UBC/Providence Health ethics review board (with which this application is linked), participants may identify an alternative safe and private place to conduct the interviews if the above options are not accessible (for example, their work space or home). This flexibility is considered critical by our community partners for ensuring that participants are interviewed in a safe and accessible place. In addition to the research activities occurring in the above mentioned locations, observational research activities will take place in a variety of field settings in the Lower Mainland where young drug users, injection drug users, and/or sex workers congregate or live. It is not possible to identify all of these locations at this point in time, but they will include public places, service locations, private residences and other venues which are key in the daily activities of the populations being studied.

**CO-INVESTIGATOR(S):**

- Melanie L. Rusch
- Andrea Krusi
- Jean A. Shoveller
- Kathleen N. Deering
- Tim Rhodes
- Megan Hobkins
- Evan Wood
Danya L. Fast  
Kate Shannon  
Brandon D.L. Marshall  
Claire Hacksel  
William G. Small  
Cody T. Callon

SPONSORING AGENCIES:  
Canadian Institutes of Health Research (CIHR) - "Exploring the natural history of injection drug use: A qualitative study of social and environmental influences."  
National Institutes of Health - "HIV Risk Environments among FSW and DU: A Longitudinal Ethno-Spatial Approach"

PROJECT TITLE:  
HIV Risk Environments among FSW and DU: A Longitudinal Ethno-Spatial Approach  
(Alternate title: "Exploring the Natural History of Injection Drug Use: A Qualitative Study of Social & Environmental Influences")

REMINDER: The current UBC-PHC REB approval for this study expires: June 27, 2015

<table>
<thead>
<tr>
<th>AMENDMENT(S):</th>
<th>AMENDMENT APPROVAL DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire, Questionnaire Cover Letter, Tests:</td>
<td>February 2, 2015</td>
</tr>
<tr>
<td>Other:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

CERTIFICATION:  
1. The membership of the UBC-PHC REB complies with the membership requirements for research ethics boards defined in Part C Division 5 of the Food and Drug Regulations of Canada.  
2. The UBC-PHC REB carries out its functions in a manner fully consistent with Good Clinical Practices.  
3. The UBC-PHC REB has reviewed and approved the research project named on this Certificate of Approval including any associated consent form and taken the action noted above. This research project is to be conducted by the principal investigator named above at the specified research site(s). This review of the UBC-PHC REB have been documented in writing.

The amendment(s) for the above-named project has been reviewed by the UBC-PHC Research Ethics Board Chair or Associate Chair, as presented in the documentation and the accompanying documentation was found to be acceptable on ethical grounds for research involving human subjects.

Approval of the UBC-Providence Health Care Research Ethics Board by one of the following:

Dr. Kuo-Hsing Kuo, Chair  
Dr. J. Kernahan, Associate Chair  
Dr. I. Fedoroff, Associate Chair

https://rise.ubc.ca/rise/Doc/0/QJ258TVLGVK2E69PMCS1L0F/fromString.html
Figure C.2  Simon Fraser University Ethics Approval Certificate

Amendment Approval

Study Number: 2014s0338
Study Title: HIV Risk Environments among Illicit Drug Users: A longitudinal Ethno-Spatial Approach

Amendment Approval Date: 2015 April 16
Expiration Date: 2015 July 15
Principal Investigator: Small, Will
Supervisor: n/a
SFU Position: Faculty
Faculty/Department: Faculty of Health Sciences

SFU Collaborator: Ti, Lianlan; McNeil, Ryan
External Collaborator: Kerr, Thomas
Research Personnel: n/a

Funding Source: US National Institutes of Health
Grant Title: HIV Risk Environments among FSW and DU: A Longitudinal Ethno-Spatial Approach
Grant Title: HIV Risk Environments among Illicit Drug Users: A longitudinal Ethno-Spatial Approach

Documents Approved in this Amendment:
- ORE Amendment Request Form, uploaded 2015 April 15
- UBC PHC Approval, uploaded 2015 April 15
- Amended Interview Guide, uploaded 2015 April 15

I am pleased to inform you that the above listed Amendment to your previously approved study has been approved by the Associate Director, Office of Research Ethics, on behalf of the Research Ethics Board in accordance with University Policy R.20.01 (http://www.sfu.ca/policies/research/r20.01.html).

The approval for this study expires on the Expiry Date, or the term of your appointment / employment / student registration at SFU, whichever comes first. An annual renewal form must be completed every year prior to the anniversary date of approval. Failure to submit an annual renewal form will lead to your study being suspended and potentially terminated. If you intend to continue your protocol to collect data past the term of approval, you must contact the Office of Research Ethics at dore@sfu.ca and request an extension at least 6 weeks before the expiry date.

Please notify the Office of Research Ethics at dore@sfu.ca once you have completed the data collection portion of your project so that we can close the file.

This Notification of Status is your official Amendment approval documentation for this project. Please keep this document for reference purposes.

Sincerely,