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DrugsNot4Me: Going Forward, Looking Back

Abstract

Canada has some of the highest cannabis use rates among adults and adolescents, with teen use growing substantially. Since its popularization in the late 1960s, use of marijuana has been socially, if not legally, sanctioned. Despite less developed evidence about negative effects of marijuana, compared to alcohol and tobacco, the research shows negative effects of marijuana use.

As a response to elevating evidence, the National Anti-Drug Strategy aimed to “...help inform our kids that drugs are dangerous and destructive and put to rest the perception that is somehow all right to use illicit drugs” was launched by Prime Minister Stephen Harper on October 4, 2007. The series of several videos targeting marijuana and illicit drug use among youth were launched through public media and YouTube.

The purpose of this paper is to provide personal reflection on government’s multimedia campaign against teenage drug use. Drawing on critical social theory, I offer critique of the assumptions underlying the campaign strategy, as well as the limitations of what and how the campaign communicates.

Through critical discussion of the “Fast Forward” video in particular and, more broadly, of the assumptions underlying the government’s DrugNot4Me campaign, I will argue that current approach has been based on impoverished ontology, assuming linear process of cause-effect relationships, putting less emphasis on contextual factors, and thereby fails to account for possible variations.

This paper contributes to interdisciplinary debates by offering a perspective from outside media studies, calling for more comprehensive view of factors that influence drug use among adolescents.

Introduction

Cannabis is the most widely used illicit drug in the world (Kingery, Alford, & Coggeshall, 1999). Since it became popularized in 1960s, marihuana use has been socially, if not legally, sanctioned (Tonkin, 2002). It is argued that cannabis is also the most commonly used illicit drug in Canada, used by 1 in 7 adults and 1 in 4 students (Fisher, Rehm, & Hall, 2009). Findings indicate the increased use of marihuana among adolescents in British Columbia, with similar results reported in other provinces and in the United States (Tonkin, 2002). In Ontario, one in three addiction admissions in 2000/01 included cannabis use as a main problem substance (Fisher, Rehm, & Hall, 2009).

Cannabis use has been linked to symptoms of low mood and anxiety (Boyce & McArdle, 2007); impairing driving, causing a twofold to threefold increase in accidents (Danovitch, 2010); intoxication and respiratory problems (Fisher, Rehm, & Hall, 2009), as well as reduction in general measurements of intelligence (Danovitch, 2010). Findings also show that early adolescence drug use has significant long-term effects on later cognitive functioning, such as decreasing implementation of cognitive self-management strategies (Scheier & Botvin, 1996). In people with pre-existing vulnerabilities, marihuana use can unmask psychiatric problems, such as schizophrenia (Danovitch, 2010; Murdoch, 2003). It has also been linked to aggressive and violent behaviour (Lane, Cherek, Tcheremisse, Lieving, & Pietras, 2005), as marihuana users have been found to be at increased risk of not graduating from high school, having lower grades, and increased scores on deviant and criminal behaviour measures (Barnes, Barnes, & Patton, 2005).

Recently, ‘...in Canada youth-focused substance use prevention and surveillance efforts primarily address tobacco use’ (Leatherdale, Hammond, & Ahmed, 2008, p.361), despite the evidence that the prevalence of marihuana use is now similar to that of tobacco (Fisher, Rehm, & Hall, 2009). Multimedia DrugNot4Me campaign on substance use prevention was launched as an effort to address current concern about drug use among adolescents.

The National Anti-Drug Strategy aimed “...to inform our kids that drugs are dangerous and destructive and put to rest the perception that it is somehow all right to use illicit drugs” was launched by Prime Minister Stephen Harper on October 4, 2007 (Health Canada, 2009). The series of several videos targeting marihuana and illicit drug use among youth were launched through public media and You Tube.

Human beings differ in essential aspects from the objects of natural inquiry in their complexity, unpredictability and reflexivity on their own behaviour (Green & Thorogood, 2004). How people experience and assign meaning to events can differ tremendously due to complex factors, such as race, gender, age, social status, country, etc, which is often overlooked within linear cause-effect paradigm. Some suggest that ‘reality’ reflects what a person sees and experiences as being real within a particular context, thus, there is no one single ‘truth’ or ‘reality’, but rather multiple interpretations (Green & Thorogood, 2004; Rapport & Wainwright, 2006).

This paper seeks to critically examine the underlined assumptions of the DrugsNot4Me multimedia campaign in general, and “Fast Forward” video in particular, to call for more comprehensive approach that includes biological, socio-economical, and socio-political contexts in order to enhance the effectiveness of health education.

Framing Drug Use among Adolescents

Symbolic Images as a Tool

The TV “Fast Forward” 35 seconds was launched on You Tube as a part of National Anti-Drug Strategy Action Plan which target adolescents as young as 11 years old and focuses on prevention and access to treatment for those with drug dependencies (National Anti-Drug Strategy, n.d.).

The video starts with showing a typical suburban middle-upper class house with a fancy car on the driveway and teens coming for a party. We can hear loud music; everybody is smiling and having fun. The camera shows a Caucasian teenage boy entering the party and passing through a room full of

teenagers to the backyard, where a group of three teens, two non-Caucasian-looking boys and one girl are laughing and passing a joint. One guy from this group offers main character a smoke. However, after imagining how this decision might affect his life (arguing with his mother, not getting enough sleep, etc) the boy refuses and goes back to the party to enjoy himself. A background voice advises to get more information on how to say “no” by going to the website.

Portraying the main character as a white blond boy contrasts with the images of the “backyard “group of teens. The symbolic image of a “good boy from next door in a bad company” is evoked. We see ‘typical’ white middle class suburban boy with other kids parting and “having fun” in a nice suburban house. The teen’s group is portrayed in a way as rude villains, and “outsiders” (sitting outside of the house, not participating in common activities, etc).

The choice of the main character current reflects current gender/race evidence on drug use, which suggests that white males are more likely to use illicit non-injection and injection drugs at younger ages than Blacks and Hispanics (Fuller et al., 2005; Unlu, 2009). Therefore, one can assume that health education’s target population is white boys from middle-upper class families in their early adolescence. However, the literature suggests that although rates of adolescence substance use have typically been higher among boys than girls, empirical work points to a narrowing and/or closing of this gender gap where girls may actually be catching up in terms of substance use rates (Walls, 2008). Moreover, groups other than Whites, such as Aboriginal/Indigenous people have been found more vulnerable to marijuana use because of disparities in social determinants of health (Sharma, 2009; Walls, 2008).

Data from the National Survey on Drug Use and Health (NSDUH) suggest that rates of adolescent previous-month substance abuse were 13.7% in American Indians/Alaska Natives, 9.8% for Blacks, 8.9% for persons reporting two or more races, 8.5% for non-Latino, 7.5% for Native Hawaiians/Pacific Islanders, 6.9% for Latinos, and 3.6% for Asian, suggesting that when more than 2.1 million needed treatment for drug use, only 8.7% of these have received it (Alegria, Carson, Goncalves, & Keefe, 2011).

The choice of the main character also reflects the challenge in conveying anti-drug message to minority youth, which has found have less access to, and lower quality of, health services compared to their White counterparts (Alegria et al., 2011). Further exploration on strategies is needed in order not to bring more stigmatization to disadvantaged populations.

Unlu (2009) also suggests that race/ethnic and drug use association relies upon neighbourhood characteristics, where Non-Whites are more likely to initiate use if they are from a neighbourhood with a high percentage of minority residents and low levels of education during adolescence. These findings show the importance of the context, such as social determinants of health, in substance use, which is mostly overlooked in mainstream multimedia campaign. Literature suggests that recently the phenomenon of equality of marijuana use among racial/ethnic groups has emerged subsequent to historically higher levels of such use among Whites prior to 1991 (Kingery, Alford, & Coggeshall, 1999). Miller et al. (2008) also indicate that based on a considerable extant literature, the association of marijuana use and Mexicans is perhaps the “most pronounced of the ethnic drug differences” (p. 199). Therefore, focus on White teens as a target may overlook other groups, which can benefit from anti-drug interventions significantly.

The influence of symbolic appeal in framing drug use among teens as a problem is important, because it may mean that this issue might have low public appeal for other groups. To assess effectiveness of the campaign with the intended audience, it would be interesting to examine how public response might be different if other images are used, such as, for example, the image of a homeless teenager, rude and using drugs, living on a street and hanging around with friends.

Framing the Problem

The DrugNot4Me campaign appears to operate under the assumption that in order to change behaviour, individuals predominantly need information on risks and benefits. This reflects discourse

common in public health that posits individuals as rational decision-makers who can process and act on risks irrespective of context. This perspective assumes that people logically choose healthy behaviours when presented with the ‘right’ information, which is similar to Health Behavioural Model (HBM) belief that targeting risks and benefits of behaviour change is crucial in behaviour change (Midford, 2000).

From this perspective the belief is that the problem can be remediated by enhancing knowledge, assertive and decision-making skills (Glanz, Rimer, & Viswanath, 2008). To illustrate, if taken HBM as a base for current behavioural intervention/approach towards drug use, one can notice that not all elements of HBM are used, such as self-efficacy and health beliefs are not targeted, which along with the lack of attention to the broader contextual factors, such as exclusion, poverty, and discrimination, makes behaviour change problematic, if at all possible. The use of drugs is simplified to the personal matter of choice, to the ability just to ‘say no’.

Government departments are committing to address the issue of drug use among youth by framing it as a health, social and moral problem; however, there are some serious deficits in its drug prevention approach. Critique on conventional health education is well developed and emphasis the danger of placing an issue within individual deficiency, which can result in “victim blaming”, whereas people may not adhere to government discourses due to broader structural barriers not addressed through behavioural and “knowledge transfer” models (Caplan & Holland, 1990; Ennet et al., 1994; May, 1993). Taking into consideration extensive evidence, it is surprisingly that government campaign tends silently to ignore it.

Despite increasing amount of evidence on addictions and the importance of biological predisposition, social and political forces in drug use (Alegria, Carson, Goncalves, & Keefe, 2011; Barnes, Barnes, & Patton, 2005; Bucholtz, 2002; Fisher, Rehm, & Hall, 2009), the main discourse on behaviour change still reflects the idea of framing addiction as an individual pathology, and locating the solution within individual’s willingness or unwillingness to make the desired change.

Contextual Factors in Substance Use among Adolescence

Biological predisposition, personal characteristics, family and neighbourhood structures, socio-political context, along with peer domain are all cited as key factors in developing substance dependency (Barnes, Barnes, & Patton, 2005; Gibbons et al., 2010; Hampson, Andrews, & Barckley, 2008; Oman, Vesely, Tolma, & Aspy, 2007). Despite mounting evidence on the importance of socio-economic and political factors in substance use, in this campaign little attention is paid to how pre-existing organizational, social and structural forces are likely to affect drug use among adolescents.

Socio-Economic Adversities. It has been shown that individuals living in adverse social circumstances are more prone to negative health effects due to factors such as psychological stress, poor housing, poor transport, insecurity, low social cohesion, and social exclusion (Clark, MacIntyre, & Cruickshank, 2007; Martino, Allickson, McCaffrey, 2008). It is also becoming evident that ethnic minorities, such as Aboriginal, Non-Whites and transgendered youth experience particular difficulties in accessing quality health and behavioural services (Alegria, Carson, Goncalves, & Keefe, 2011), and tend to experience disparities in socio-economic status (Leatherdale, Hammond, & Ahmed, 2008). Therefore, information-focus campaign ignores the significant body of research that highlights the ineffectiveness of abstinence-only, `transfer of knowledge` approaches to drug education for young people (Ghelani, 2011).

Biological Factors. Some studies also suggest that children high in sensation-seeking will seek out environment that provides opportunities for novel, non-normative stimulation; hence joining a deviant group is one way for sensation seekers to find a niche compatible with their traits (Hampson, Andrews, & Barckley, 2008). Despite the evidence on the importance of biological predisposition (Sharma, 2009), this current intervention does not address it.

Peers. The research suggests that there are a number of closely related variables that play an important role in why young people engage in drug and alcohol consumption. Among these are peer pressure, which

is arguably a part of this ad; the need for expression of adolescent rebelliousness; tension reduction; coping with identity-formation crises, and a sense of alienation from the largest culture (Bucholtz, 2002; Leatherdale, Hammond, & Ahmed, 2008). When combined with family/social stressors socio-economic all mentioned above might produce living conditions that encourage continued dependence on alcohol and drugs for overcoming powerlessness and inhibitions, expressing emotions and diffusing feelings of anxiety, low self-esteem, and frustration (Ghelani, 2011). While the DrugsNot4Me campaign acknowledges the importance of peer pressure, it's approach appears have been taken from a more 'adult' perspective, as it ignores teenagers' perceptions on the importance of peer-acceptance and resistance.

Systemic Oppression. Beneath the surface of these realities lie systemic factors like racism, economic inequality, and the historical traumas. Not to simplify drug use as caused by existing experience of discrimination and oppression only, some research shows that Blacks who report more experience with discrimination are also more likely to report that they use alcohol and tobacco, and are more likely to report lifetime use of marijuana or crack (Gibbons et al., 2010), which may be indicative of much more complex factors which come into play when talking about drug use. Thus, a program that promotes drug prevention through enhancing knowledge on negative consequences and framing addiction as a personal matter excludes and limits the influence and importance of other social and political factors.

Substance Use as a Social Activity. The use of another approach, such as the variety of social influence theories (Glanz, Rimer, & Viswanath, 2008) frames drug use as a collective, social activity, and acknowledges the importance of environment and relationships between individuals and structures. Following the vision that young people begin to use drugs under social pressure and personal negative images of themselves, the campaign makes a statement that in order to resist drug use young people need to be inoculated by prior exposure to counterarguments ("not for me") and trained in the skills necessary to implement non-use choices "just say no" approach (Midford, 2000). The program universally retains abstinence as a goal, which is important to consider because it reveals ideological and therefore political

nature of this problem. Framing drug use as “bad habit”, “individual pathology” reflects mainstream Christian values of “right” and “wrong” and universal assumption that drug use is harmful for health and is especially unacceptable among youth (this assumption might be different for adults, where it may be framed as a matter of personal choice, personal rights and freedom) and, therefore, drug use among teens requires an intervention. To illustrate, Eakin et al. (1996) state that general “unresponsiveness” of youth to health promotion messages can be seen as resistance to “reasoned action”, and, as a result may contribute to the framing drug use among youth as a problem.

Framing Teenagehood through an Adult World

The DrugNot4Me campaign, and Fast Forward ad in particular emphasizes the presentation of images of negative consequences of drug use, such as arguing with a family member, falling asleep during the class, and having troubles with friends. Following Paul (2010), this approach ‘...feels like an adult wagging his/her finger at the audience’. Projected images of negative consequences, such as decline in school performance, or arguing with parents, or falling asleep at school construct an adult authoritarian perspective, which may not be reflective of teenager’s realities and their values and behavioural norms. It seems like the cooptation of teen culture is done for professional rather than teen-defined purposes, which might be of doubtful effectiveness as it may activate resistance (Eakin, Poland, Coburn, & Edwards, 1996). The fact that there is no ‘comment’ button under the video suggests that even if it was a good source of information, the campaign fails to engage youth in an interactive way to encourage conversation dialogue. Thus, the expectation is to show up, rather than to actively participate.

Taking into consideration that some analysts propose that drug/alcohol use is a form of resistance to authority in general, particularly among youth, in a society that constantly limits the autonomy of youth, drug use can be viewed as a part of broader discourse of resistance (Eakin, Poland, Coburn, & Edwards, 1996).

Substance Use as a Political Agenda

Next, one should ask why drug use is presented as an important research and public health problem. The superficial answer is rooted in epidemiological evidence, which shows that drug use is associated with high societal, economic and health costs for population (Boles & Miotto, 2003). There is also evidence that drug use results in higher violence rates, is prevalent among youth and has a high social burden on the public health system (Boles & Miotto, 2003; Owen, 2002). However, socially and institutionally vested interests play role in the framing of drug use among youth as a particular “problem” (Eakin, Poland, Coburn, & Edwards, 1996, p.162). There is an ongoing debate on the use of marihuana and its legalization, where different organizations advocate for legal marihuana use, academics and institutions conduct research on the negative/positive consequences of marihuana use, human rights organizations advocate for seeing marihuana use as a matter of personal choice, and governments have indirect revenue from drug administration and legalization for particular group of population. Therefore, drug use among youth is situated within a broader context of converging institutional interests and symbolic conflict.

Conclusion

To summarise, by launching “DrugsNot4ME” campaign Health Canada aims to make teenagers aware of the adverse effects of illicit drug use and convince them of the benefits of drug-free lifestyle (Paul, 2010). Building on the example of Fast Forward video in particular, and DrugNot4Me campaign in general, this paper aims to contribute to critical interdisciplinary debates on addressing substance abuse among adolescents.

The general message of the campaign as ‘talking out of engaging in bad behaviour by projecting...and imaging what might be’ (Paul, 2010) provides a powerful example of how mainstream values and norms are embedded in our society and are used to present and promote particular discourses of health and

illness. Through critical discussion about what and how images are constructed, the supremacy of the White positivistic culture is demonstrated, where a focus on individuality, personal choice and responsibility are underscored. Through this position addiction is framed as individual pathology which is expected to be overcome by personal efforts with little consideration of broader social and political forces.

Critical appraisal can be helpful in exploring aspects of power and control, politics and worldview in framing drug prevention policies and addressing behaviour change interventions. Therefore, more comprehensive approach with contextual focus may increase effectiveness of intervention, and inclusion of groups other than Caucasian teens.

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