

RSAC Issue Brief 1: Use of Scare Tactics in Prevention Messaging

Purpose:

The Barnstable County Department of Human Services is producing a series of issue briefs that will present factual information on an array of topics related to substance use. This document explores the strategy of using ‘Scare Tactics’ in messages targeted at substance use prevention.

Scare Tactics in Prevention

One of the earliest prevention messaging strategies for youth were scare tactics, i.e. “Reefer Madness” in the 1970’s, a film that emphasized and dramatized the negative aspects of marijuana use. These tactics are still seen today in PSA’s produced by “The Meth Project” and the CDC’s “Tips from Former Smokers.” These include dramatic reenactments of drug use, stories told by recovering addicts, threats to personal safety, and dire warning of the results and consequences of substance use.

According to Prevention First, ‘Scare Tactics’ are defined as messages that focus on emotion, and rely on shock appeal. However these messages may often amplify the harmful effects and address only the most harmful consequences.¹

Scare tactics are widely used as a prevention strategy and are based on the assumption that understanding the consequences and risks of illegal behavior will act as a deterrent.

Do scare tactics work?

While these tactics are widely used, research has shown that they are not effective in producing sustained reductions in substance use among youth. The U.S. Department of Health and Human Services National Institutes of Health found in 2004 that programs which rely on scare tactics to prevent youth from engaging in risk behaviors are not only ineffective, but may have damaging effects.²

Research has shown that messages based in fear may actually be counterproductive by appealing to risk-taking in some members of the target audience. Even when the messages are delivered by credible communicators fear-based messages that are focused on the long-term

¹ Prevention First (2008). *Ineffectiveness of Fear Appeals in Youth Alcohol, Tobacco, and Other Drug (ATOD) Prevention*. Springfield, IL: Prevention First.

² U.S. Department of Health and Human Services, National Institutes of Health, NIH Consensus Development Program, NIH News, October 15, 2004.

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consequences of substance use are “known to have a limited effect on the behavior of young people.”³

Fear appeals may cause an audience to tune out a message or not believe it, particularly when youth have access to information or have personal experiences that are contrary.⁴ If the message is perceived as an exaggeration or if the perception of risk is low, fear appeals may undermine the credibility of the campaign. Fear appeals may become increasingly ineffective if they fail to provide a way out of a negative situation, which can evoke responses designed to cope with fear, including drug and alcohol use.⁵

In addition to the potential for the message to be lost, or for the message to result in unintended negative consequences, research continues to show that “while fear may constructively influence drinking-related attitudes, it appears to have either no effect or a detrimental effect on actual drinking.”⁶ Thus, fear based messages can increase knowledge and negative attitudes towards substance use, this approach has not been shown to directly reduce or prevent substance use behavior in the long term.

An example of the above comes from the results of the anti-tobacco “truth” campaign designed to prevent smoking by youth (1999-2014). Preparatory research “revealed that although youth were aware of the deadly nature of cigarettes, they were attracted to smoking as a tool for rebellion and empowerment”.⁷ So, instead of employing scare tactics the “truth” campaign worked to change social norms and redirected youths’ existing rebellious tendencies towards the tobacco companies.⁷ This campaign resulted in a 6.8% decline in smoking rates among youth.⁸

Effective Prevention Messaging

Research has shown that positive messaging focused on teaching and showing youth what to do instead of what not to do conveying truthful information about the biological and social consequences of substance use, including youth perspectives in message development, and

³ Zimmerman, Robert. [Social Marketing Strategies for Campus Prevention of Alcohol and Other Drug Problems](#). Newton, Massachusetts.: Higher Education Center for Alcohol and Other Drug Prevention, 1997.

⁴ Golub, A, Johnson, B.D. (2001) Variation in youthful risks of progression from alcohol and tobacco to marijuana and to hard drugs across generations. *American Journal of Public Health*; 91:225-232.

⁵ Hasting, Gerard, and M. Stead. “Fear Appeals in Social Marketing; Strategic and Ethical Reasons for Concern.” [Psychology and Marketing](#) 21 (2004) :961-986.

⁶ Steele, Claude M., and L. Southwick. “Effects of Fear and Causal Attribution About Alcoholism on Drinking and Related Attitudes Among Heave and Moderate Social Drinkers.

⁷ National Cancer Institute (June 2008). [The Role of the Media in Promoting and Reducing Tobacco Use: Tobacco Control Monograph No. 19](#). Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

⁸ Farrelly, M.; Davis, K.; Haviland, M.; Messeri, P.; Heaton, C. (March 2005). "Evidence of a Dose—Response Relationship Between "truth" Antismoking Ads and Youth Smoking Prevalence". *American Journal of Public Health* 95 (3): 425–431.

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engaging in non-judgmental discussions on a personal level can be more effective than fear tactics or shock campaigns.⁹

The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided substantial guidance around best practices in prevention messaging. They include:

- Framing the conversation as a health issue
- Employ real-life, relatable examples
- Do not glamorize or demonstrate drug use
- Do not lecture, guilt, shame or encourage sensation-seeking behavior

Beyond prevention messaging scientists and practitioners have begun to develop a broad range of evidence-based programs that balance both risk and protective factors for substance use. These programs focus on personal decision making, peer-support, resistance skills, self-esteem building, drug use knowledge and consequences.

The National Institute on Drug Abuse, in collaboration with the National Institutes of Health provides a comprehensive list of these types of programs which includes, but is not limited to:

- [Caring School Community Program](#)
- [Guiding Good Choices](#)
- [Life Skills Training](#)
- [Lions-Quest Skills for Adolescence](#)
- [Project ALERT](#)

Conclusion

Current research on the effectiveness of scare tactics with specific reference to opioid use is limited, but past research on behavior change in youth coupled with current data indicates that the strategy does not produce long-term, sustained reductions in substance use. Without an evidence-base and with the possibility of adverse reactions, the use of scare tactics to change youth behavior is not recommended.

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⁹ National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.