Scare Tactics

Fast facts:

- May create immediate, temporary reactions, but these do not translate to the moment of choice.
- Can backfire, especially with high risk youth.
- Can create the impression that drug use is more prevalent than it really is.
- Decades of research have proven scare tactics are an ineffective approach to prevention.

What are scare tactics?

Emphasizing the worst dangers of drug use in order to create fear and anxiety, in hopes that fear alone will prevent or stop risky behaviors.



"Programs that rely on scare tactics to prevent problems are not only ineffective, but may have damaging effects."

National Institute of Health Science Panel, 2004

Why don't Scare Tactics work?

- 1. Youth tend to dismiss the messages as a defense to the feeling of fear (e.g., "that could never happen to me").
- 2. Youth have a different filter than adults (e.g., less life experience and different stage of brain development).
- 3. High risk groups may become MORE attracted to the behavior (e.g., sensation-seekers, impulsive, risk-takers).
- 4. Strong warnings can send unintended messages (e.g., drug use must be a big problem with lots of people doing it).
- 5. Graphic images can bring up past traumas.
- 6. May cause anxiety, which can lead to increased use of substances, especially when there is a lack of confidence in the ability to guit.

Four questions to ask to determine if something is a scare tactic:

- 1. Is fear the primary element of the message?
- 2. Can it stand the test of time?
- 3. Does it include concrete steps to avoid the problem?
- 4. Does it teach more than just the adverse consequences of substance use?





One of the unintended consequences of depicting marijuana or alcohol use as if it is as dangerous as narcotics, like heroin, is that youth learn to not trust any prevention messaging, or worse, see a wide variety of drugs as equally harmless.

"Finding that the *initial marijuana experience* did *not conform to their horror conceptions* of the drug, they {youth} are ready to *discount across the board* the conventional *scare-like images* applied to a wide range of drugs" (Brotman and Suffet, 1973).

Alternatives to Scare Tactics		
Role Play o Peer Involvement o Refusal Skills	Positive Alternatives Lock insDrug free dances	Social Norms o Facts-based messages combined with open discussion

What about Prescription Drugs?

Research shows that prescription drugs pose several unique challenges for prevention relative to illicit drugs:

- 1. **Perceived Safety of Prescription Drugs:** One study found that 40% of teens believed prescription drugs were safer to use than illicit drugs, with 33% reporting that there is nothing wrong with using prescription drugs occasionally without a prescription (Twombly, Holtz, & Agnew, 2011).
- 2. **Availability and Legality:** Over 60% of teens report prescription drugs are easy to obtain from their own or someone else's prescription (SAMHSA, 2008).
- 3. **Media Messages and Social Acceptability**: Advertising decreases the perceived dangers of misuse.
- 4. **Motivations for Use:** Teens report self-medication as a stronger motivator for prescription drug misuse than partying or getting high, unlike with illicit drugs and alcohol.

Therefore, the messaging and approach to prescription drug abuse should differ from illicit drugs. Some research has shown that more hard-hitting messages about the consequences of prescription drug abuse may be beneficial and get the attention of teens who have not been exposed to much information on these drugs. However, it is important to consider these messages carefully as they may produce the unintended consequence of stigmatizing drugs that have legitimate purposes when uses as prescribed (Twombly, Holtz, & Agnew, 2011).

References:

Brotman, R., & Suffet, F. (1973). Illicit drug use: Preventive education in the school. Psychiatric Annals, 3(4), 48-69.

Dunsenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. Health Education Research, 18 (2), 237-256.

Orleans, C. T. (1985). Understanding and promoting smoking cessation: Overview and guidelines for physician intervention. *Annual Review of Medicine*, *36*, 51-61.

Rosenbaum, M. (1998). "Just Say Know" to teenagers and marijuana. Journal of Psychoactive Drugs, 30(2), 197-203.

Twombly, E. C., Holtz, K. D., & Agnew, C. B. (2011). Resonant messages to prevent prescription drug misuse by teens. *Journal of Alcohol and Drug Education*, *55*(1), 38-52.

https://www.samhsa.gov/capt/sites/default/files/resources/fear-messages-prevention-efforts.pdf
https://www.samhsa.gov/prevention/publications-resources
https://sopengus.pib.gov/2004/2004/southyiologengus.patienges022html

https://consensus.nih.gov/2004/2004youthviolencepreventionsos023html.htm