Why Scare Tactics Don’t Work

Sarah Malich, LSW
Molly Stone, LSW, OCPSII

September 24, Room 204
Objectives

Understand why scare tactics cause high risk groups to be MORE attracted to the behavior

Understand ineffective and/or harmful strategies that should be avoided

Identify why youth have a different filter than adults when it comes to scare tactics.

Importance of collaborating with the prevention experts at the county and state level

Identify pro-active, comprehensive prevention approaches that encompass the needs of target populations
What do we really mean by a “scare tactic?”
Examples of Scare Tactics:

Graphic warnings

Graphic images

Scary stories told by someone in recovery

Tragic consequences told by families or others impacted by someone else’s use

Mock DUI crashes
Scare Tactics: A Definition

Emphasizing the worst dangers of drug use in order to create fear and anxiety, in hopes that the *fear alone* will prevent or stop risky behaviors.
Our long history with scare tactics

• In every time period,
• 1920’s prohibition era
  1930’s: Reefer Madness
  1970’s: Scared Straight
• 2001: Drug use supports terrorism!
Fear-based Approaches

Strong intuitive appeal
Tempting
Seems powerful
Our gut tells us this will work
Used by parents for ages
The “go-to” approach by youth leaders
BUT . . .
Research shows scare tactics are ineffective and can . . .

BACKFIRE!
Research Against

Over 60 years of studies show that relying on fear simply does not work

“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
Research Against

• Richards, 1969
• 1970’s studies of single focus scare programs
• Goodstadt, 1974
• Swisher & Hoffman, 1975
• Dorn & Thompson, 1976
• Kinder et al., 1980
• Schaps et al., 1981
• Beck, 1998
• Petrosino, Turpin-Petrosino & Finckenauer, 2000
Why scare tactics don’t work

1. Often youth dismiss these messages, as a defense to the feeling of fear.

“That could never happen to me”
“I know people who do that, and they are fine.”
2. Youth have a different filter than adults

- Less life experience
- Status of brain development
3. High risk groups can be MORE attracted to the behavior

• Sensation-seekers
• Impulsive
• Risk-takers
4. Strong warnings can send unintended messages.

“Wow! Drug use must be a big problem, with lots of people doing it and resistance must be difficult.”
Why scare tactics don’t work

5. Trauma: Showing graphic images could bring up past traumas
We need to curb our instinct

Knowing that scare tactics don’t work, doesn’t stop that first, natural instinct from coming up.

But knowing what we know, we need to:

Recognize it

Pause

Consider the research

Identify other solutions
Message Test

• Is fear the primary element of the message?
• Can it stand the test of time?
• Will it erode by the light of truth or experience?
• Does it include concrete steps to avoid the problem?
What does NOT Work?

Teaching only the adverse consequences of substance use

Focusing only on values clarification

Large assemblies

Focusing only on raising self-esteem

Didactic presentation of material
If scare tactics worked, there would be no:

- Smoking
- Drinking & driving
- Teen pregnancy
- STDs, Etc...

Prevention is more complex than we would all like it to be.
Prevention is both a Movement & Discipline

We need change!

Yes, but ... Which way is best?
Prevention is more than just education!

- Assessing Community need
- Creating community awareness
- Obtaining community buy-in
- Creating community change
- Developing new laws & policies
- Advocacy with community leaders, policy makers

**And these all need followed up with skill development!**
<table>
<thead>
<tr>
<th>LEVEL OF SPECTRUM</th>
<th>DEFINITION OF LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Influencing Policy</td>
<td>Developing strategies to change laws and policies to influence outcomes</td>
</tr>
<tr>
<td>and Legislation</td>
<td></td>
</tr>
<tr>
<td>5. Changing Organizational Practices</td>
<td>Adopting regulations and shaping norms to improve health and safety</td>
</tr>
<tr>
<td>4. Fostering Coalitions</td>
<td>Convening groups and individuals for broader goals and greater impact</td>
</tr>
<tr>
<td>and Networks</td>
<td></td>
</tr>
<tr>
<td>3. Educating Providers</td>
<td>Informing providers who will transmit skills and knowledge to others</td>
</tr>
<tr>
<td>2. Promoting Community</td>
<td>Reaching groups of people with information and resources to promote health and safety</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>1. Strengthening Individual Knowledge and Skills</td>
<td>Enhancing an individual's capability of preventing injury or illness and promoting safety</td>
</tr>
</tbody>
</table>
What to do when community collaboratives are dead set on scare tactics

• Strong community buy-in
• Strong collaborative support
• Something we’ve “always done”
• Strong political support
Is there a place in prevention for:

- Recovery speakers?
- Impacted families?

• **YES!** When done with the appropriate target population.
• Parents, teachers, coaches, faith-based leaders, other community leaders

**Not with children or adolescents**
<table>
<thead>
<tr>
<th>LEVEL OF SPECTRUM</th>
<th>DEFINITION OF LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Influencing Policy and Legislation</td>
<td>Developing strategies to change laws and policies to influence outcomes</td>
</tr>
<tr>
<td>5. Changing Organizational Practices</td>
<td>Adopting regulations and shaping norms to improve health and safety</td>
</tr>
<tr>
<td>4. Fostering Coalitions and Networks</td>
<td>Convening groups and individuals for broader goals and greater impact</td>
</tr>
<tr>
<td>3. Educating Providers</td>
<td>Informing providers who will transmit skills and knowledge to others</td>
</tr>
<tr>
<td>2. Promoting Community Education</td>
<td>Reaching groups of people with information and resources to promote health and safety</td>
</tr>
<tr>
<td>1. Strengthening Individual Knowledge and Skills</td>
<td>Enhancing an individual's capability of preventing injury or illness and promoting safety</td>
</tr>
</tbody>
</table>

**Best Fit:**
- Personal Stories
Prevention Strategies

• There are 6 Strategies that have been identified for effective Prevention
• All six strategies in appropriate proportions are needed as part of a comprehensive prevention approach

- Education
- Community-based Process
- Environmental
- Information Dissemination
- Alternatives
- Problem Identification & Referral
This strategy focuses on the delivery of services to target audiences with the intent of influencing attitude and/or behavior.

For example:
• Classroom and Group Presentations
• YLP Conferences (Y2Y & OTI)
• Skill focused training
• Opportunities to utilize the skills that are taught to peer leaders
This strategy focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking. (This strategy is not designed to be conducted alone but as part of a comprehensive evidenced-based approach)

Sample Methods:
• Youth Advisory Boards
• PSAs
• Fundraising in the Community
• Community Service
• Town Hall Meetings
• School-Community Meetings
• Coalitions
This strategy seeks to establish or change standards or policies to influence the incidence and prevalence of behavioral health problems in a population. This is accomplished through media, messaging, policy and enforcement activities conducted at multiple levels.

For Example:
- Social Norms Campaigns
- Compliance checks to be sure IDs are checked
- Limiting Alcohol Advertising
Information Dissemination

This strategy focuses on building awareness and knowledge of behavioral health and the impact on individuals, families and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience. (This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.

For Instance:

• Brochures
• Media Campaigns
• PSAs
• Health fairs
• Assemblies
• Information Booths at community events
• Red Ribbon Week activities
This strategy focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior, and reinforcing protective factors. Alternative programs include a wide range of social, cultural and community service/volunteer activities. This strategy is not designed to be conducted alone but as a part of a comprehensive evidence-based approach.

For Example:

- Drug-free dances
- Fun Events
- Lock Ins
This graphic shows how the six CSAP Strategies contribute to individual and community-level change. The focus on intended level of change and the interaction of strategies allows for the interventions funded by multiple systems and funding streams to be integrated into one conceptual model for a community.
Summing up: Scare tactics . . .

• May create immediate, temporary reactions, but these do not translate to the moment of choice.

• Can backfire, especially with high risk youth.

• Creates lack of trust in other prevention messages when dangers don’t match personal experience.

• Can create the impression that drug use is more prevalent than it really is.

• Wastes precious resources: Time, money, attention
We need to help **PREPARE** them, not **SCARE** them!
Focus on Research-based Prevention Strategies

NIDA’s 16 Principles of Effective Prevention

Lessons from Prevention Research*

The principles listed below are the result of long-term research studies on the origins of drug abuse behaviors and the common elements of effective prevention programs. These principles were developed to help prevention practitioners use the results of prevention research to address drug use among children, adolescents, and young adults in communities across the country. Parents, educators, and community leaders can use these principles to help guide their thinking, planning, selection, and delivery of drug abuse prevention programs at the community level.

Prevention programs are generally designed for use in a particular setting, such as at home, at school, or within the community, but can be adapted for use in several settings. In addition, programs are also designed with the intended audience in mind: for everyone in the population, for those at greater risk, and for those already involved with drugs or other problem behaviors. Some programs can be geared for more than one audience.

NIDA’s prevention research program focuses on risks for drug abuse and other problem behaviors that occur throughout a child’s development, from pregnancy through young adulthood. Research funded by NIDA and other federal research organizations—such as the National Institute of Mental Health and the Centers for Disease Control and Prevention—shows that early intervention can prevent many adolescent risk behaviors.

Principle 1—Prevention programs should enhance protective factors and reduce or reverse risk factors (Hawkins et al. 2002).

- The risk of becoming a drug user involves the relationship among the number and type of risk factors (e.g., deviant attitudes and behaviors) and protective factors (e.g., parental support) (Wills et al. 1996).
- The potential impact of specific risk and protective factors changes with age. For example, risk factors within the family have greater impact on a younger child, while association with drug-using peers may be a more significant risk factor for an adolescent (Carnold and Green 1993; Dishion et al. 1999).
- Early intervention with risk factors (e.g., aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child’s life path (trajectory) away from problems and toward positive behaviors (Barnes et al. 2001; Hawkins et al. 2008).
- While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person’s age, gender, ethnicity, culture, and environment (Bevacqua et al. 1996; Moon et al. 1999).

Principle 2—Prevention programs should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g., tobacco or alcohol); the use of illegal drugs (e.g., marijuana or heroin); and the inappropriate use of legally obtained...
To purchase, please visit our online store at: www.DrugFreeActionAlliance.org
Statewide Non-Profit: Drug Free Action Alliance educates key leaders on the problems facing their communities & provides the resources needed to take action!

Mission Statement: Leading the way in promoting healthy lives through the prevention of substance abuse and related problems.

Diverse Programs:

• Ohio Youth-Led Prevention Network
• Buzzkill
• Parents Who Host, Lose the Most: Don’t be a party to teenage drinking
• Know!
• Ohio Center for Coalition Excellence
• Ohio College Initiative to Reduce High-Risk Drinking
• Statewide Prevention Coalition Association
• GAP Network
Contact

Sarah Malich, LSW, RA
Program Manager, Ohio Youth-Led Prevention Network,
Drug Free Action Alliance
614-540-9985 x. 24
smalich@DrugFreeActionAlliance.org

Molly Stone, LSW, OCPSII
Chief, Bureau of Prevention
Ohio Department of Mental Health and Addition Services
614-728-6866
molly.stone@mha.ohio.gov