Drug Driving Campaign – Creative Development

DfT

April 2009
Background

Although difficult to accurately quantify, the scale of the drug driving problem is highlighted by a variety of statistics. Surveys and polls indicate that 46% of 16-34 year olds have previously taken illegal drugs, 13% of all drivers acknowledge that they know someone who drug drives and 6% of 18-34 year old drivers admit that they have driven after drugs.

These and other statistics point to a behaviour that, although it may not be as widespread as drink driving, is clearly significant and may indeed have a degree of acceptability for drivers and passengers in a variety of social groupings and contexts.

Changing this behaviour, and delivering messages with a resonant tone of voice will be challenging. Research is required to inform strategic and creative development of all aspects of a drug driving campaign – from the most receptive target audiences and changeable behaviours to most effective messages and engaging tone of voice.
Research Objectives

Overall:
- To deliver clear insight that can inform both the strategic and creative development of the drug driving campaign

Specifically to explore:-

- **Who** can a campaign get through to?
- **What** behaviours can and should be influenced?
- **Which** messages resonate most strongly?
- **How** can these messages best be communicated?
Sample & Methodology

- **4 x friendship triads**

<table>
<thead>
<tr>
<th>Group</th>
<th>Age</th>
<th>Gender</th>
<th>SEG</th>
<th>Location</th>
<th>Typology</th>
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<td>Rural (Truro)</td>
<td>Recreational drug users who drive</td>
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<td>Female</td>
<td>C2D</td>
<td>Suburban (Manchester)</td>
<td>Recreational drug users who drive</td>
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</tbody>
</table>

**All to be:**
- Socialising in a variety of settings as a group – friends’ houses, events, parties, clubs, etc.
- Taking recreational drugs in these settings
- Regular drivers
- To have experienced the issue of drug driving
  - Directly or within peer group
  - To be comfortable talking confidentially about their experiences of drug driving

* **All completed an online task**
# Sample & Methodology

- **3 x 1 hour depth interviews**

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</table>

All to be smoking cannabis regularly

- **2 x mini discussion groups**

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<td>9</td>
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<td>Mixed</td>
<td>C1C2</td>
<td>Suburban (Nottingham)</td>
<td>Ex Drug Drivers</td>
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</table>

All to be:-

- To have experienced the issue of drug driving
  - For friends: via people within their own peer group
  - For ex drivers: directly, but to have now avoided for at least a year
## Sample and Methodology

### 4 x 2 hour discussion groups

<table>
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<tr>
<th>Group</th>
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<th>Location</th>
<th>Typology</th>
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<tbody>
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<td>Male</td>
<td>C2D</td>
<td>Rural (Cheddar)</td>
<td>Recreational drug users who drive</td>
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<td>2</td>
<td>18-24</td>
<td>Female</td>
<td>BC1</td>
<td>Rural (Cheddar)</td>
<td>Recreational drug users who drive</td>
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<tr>
<td>3</td>
<td>25-32</td>
<td>Male</td>
<td>BC1</td>
<td>Suburban (Bristol)</td>
<td>Recreational drug users who drive</td>
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<td>4</td>
<td>25-32</td>
<td>Female</td>
<td>C2D</td>
<td>Suburban (Bristol)</td>
<td>Recreational drug users who drive</td>
</tr>
</tbody>
</table>

- To be recruited in friendship pairs
- Socialising in a variety of settings as a group – friends’ houses, events, parties, clubs, etc.
- Taking recreational drugs in these settings
- Regular drivers
- To have experienced the issue of drug driving
  - Directly or within peer group
Online Task

After the interviews all of the members of the triads were asked to complete an online task which asked them to consider some of their motivations and to react to a set of arguments against driving under the influence of drugs.

Each respondent was given a confidential and anonymous password protected blog on which to write their reflections increasing their confidence to be as forthright and honest as possible.

Interested client parties can access the blogs by following this link: 
http://clientarea.firefish.ltd.uk
Username is SEGA and password is Console
All blogs are anonymous.
Timings & Personnel

- All project design, fieldwork, analysis and reporting was conducted by Andy Bloor, Susan Jones and Francesca Alberry of Firefish Ltd

- Fieldwork was conducted on 30th and 31st March, and the 2nd and 6th April 2009

- Findings were presented to DfT and Leo Burnett on 21st April 2009
Structure

- CONTEXTUAL UNDERSTANDING
- ‘DRUG DRIVING’ – ATTITUDES AND BEHAVIOUR
- THE COMMUNICATION TASK
- THE DRUG DRIVE JOURNEY
- MESSAGING PRIORITIES
- KEY CONSIDERATIONS FOR TONE OF VOICE
- SUMMARY MOVING FORWARD
Our sample contained a wide range of individuals from all walks of life, from landscape gardeners and engineers, to personal assistants and recruitment consultants, to teachers and students.

To varying degrees, all currently opt to use recreational drugs, and it plays an important role within their social lives.

This decision is viewed as one of many lifestyle choices that make up who they are, but it is not seen as a defining feature, nor is it who they are all the time.
Relationship with Drugs

The target enjoy a relationship with drugs that they describe as casual & in control, and of minimal concern

**Pleasurable**

- The target enthuse about the drugs they take and are protective of them
- Universally seen as highly pleasurable
- At centre of many positive experiences
- Catalyst for a good evening, increases sociability, extends occasion, positively effects mood etc
- Impacts on sense of identity and cohesion of their friendship groups

**Risk Free**

- Limited sense of risk to health, or of law enforcement currently
- Seen as a personal choice, a journey they have opted to go on without any pressure from other people
- Actions seen as harmless to others
- Considered a current lifestyle choice and a culture to dip-in-and-out-of
- Posing limited long term repercussions

For the majority it is a deeply entrenched behaviour with minimal cause for thought or reappraisal
“Coming up to good music, when you are all together with your mates is the best feeling in the world”

“There are people I don’t know so well, and it’s hard to connect with them, but when we’ve seen each other and we’re high then we really connect and have had some great times”

“Drugs just put you in such a great mood”

“I have really bonded with my mates through smoking weed”

“You remember all the crazy stuff you did the night before and you just start laughing”

“I’m more a drugs person – I do like some alcohol, but only if it tastes nice. Alcohol can make me really sick”

“I have also sat in a room with five of my close mates and had a great time just chilling together without leaving the room”
Types of Drugs – Overview

Although a wide range of drugs have been consumed by our target as a whole, three emerge as the most common:

- **CANNABIS**
- **COCAINE**
- **ECSTASY and MDMA**

• Some of our target take one drug exclusively, while others have a wider repertoire
  - Attitudes to each can vary dramatically; each have their own separate cultures, association and advocates
  - The three drugs are seen as very distinct and users of each don’t always feel as comfortable with, or associate closely with the others

• Although less common, other drugs taken to varying degrees included Ketamine, mushrooms and acid
  - There was some use of pharmaceuticals (but mainly at the end of the night (at home) to aid sleep), primarily valium and rohypnol
  - None of our sample were experimenting with either crack cocaine or heroin

‘Drugs’ is a potentially dangerous catch-all term...
Although there’s a lot of crossover, usage of one or more of these drugs does not imply identification with usage / appeal of all
**Culture** – for many the first experience of drugs, typically from a young age (13+) frequently begins as a social habit, but can also develop into a personal one. Enjoys very limited stigma amongst peers, is widely available and inexpensive and is considered widespread by all. Not uncommon for youngest target to drive together to a secluded spot to smoke in.

**Positive Effects** – felt to create increased sense of contentment and happiness, induce relaxation and help the smoker unwind. Perceived to affect emotional state rather than capability. For all, experience increases tolerance, and many consider themselves relatively unaffected by smaller amounts.

**Typical Occasions** – For the younger target seen as appropriate in almost all occasions, effects felt to be minimal to others (unless very stoned.) Many of our older target felt it less appropriate during working hours. Often taken independently of alcohol.
“I compare it to drink – we can smoke and just sit and not cause any harm, I’ve got my wits about me, I don’t think you have that at all with drink”

“We often go on road trips, it evolved from not being able to smoke weed at home, so it was a case of all piling in a mate’s Nova, sticking the CDs on and having a couple of joints”

“With weed you are quite safe and its more of a social thing and it’s really cheap”

“Having some weed its just like having a hot bath really – like slipping some comfy clothes on”

“After you’ve had a smoke you are really concentrated and pay loads of attention to detail”

“I trust myself on weed, I could pass my driving test stoned off my face”
Cocaine

Culture – frequently the next drug experimented with after cannabis. Tend to be older (16+), viewed as widespread, but considered by most as slightly less innocuous than cannabis. Very expensive and widely available. Tend to be taken by those with higher disposable income and active social lives. Somewhat less sense of wider social acceptance (than cannabis).

Positive Effects – thought to increase confidence and sense of well being, create buzz and an upbeat mood. Induces desire to communicate with others and increases feelings of all round sociability. Thought to ‘sober up’ ‘liven up’ and even enhance alertness. Seen to predominately affect personality rather than capabilities or levels of control. Effects generally felt to be short-lived.

Typical Occasions – frequently consumed with alcohol at social occasions, seen as appropriate in almost all drinking occasions, to get in the mood, at an event and afterwards. Effects are seen as almost invisible to others and frequently only discussed with those that also enjoy cocaine.
“Experience of taking of drugs gives you a feeling of confidence”

“With coke, someone who doesn’t take it wouldn’t know – it’s very hard to tell if you have coke”

“If you have coke it can bring you back – a guy I worked with who had too much Ketamine and someone gave him a line and it brought him back to life”

“Coke is for before you go out to really get you in the mood”

“It puts you in a more exhilarated mood”

“If it wasn’t so expensive you would just have it all the time”

“Whenever we are in the pub someone will be popping off to the toilets to have a line”

“You just feel in the mood and really up for going out”
**MDMA/ Ecstasy**

**Culture** – an integral part of music culture, drum and bass, electro, house etc. Less likely to be taken exclusively, but rather as part of a wider repertoire of drugs. Ecstasy very cheap and widely available but questionable in quality, MDMA appreciated as the more expensive option for big nights.

**Effect** – felt to enhance sensory awareness, create a feeling of well being and happiness, create sense of love and closeness with those around you. Facilitates a desire to touch and communicate with others. Seen to exert change on your perceptions and sense of the world, recognised as exerting large influence on your capabilities. Effects vary, but not seen to last longer than a few hours.

**Typical Occasions** – Most frequently taken to coincide with main event – often dance or music related. Rarely taken in preparation to going out. Seen as highly overt to other people, and therefore appropriate in far less occasions than cannabis or cocaine.
“You feel like the curtains have been pulled apart and you can see the world in a different way”

“You can tell if someone's pilling; their pupils are dilated and they will be dancing like crazy”

“Ecstasy is for when you go out raving”

“It’s for when you want to lose control”

“It’s really easy to tell if someone has taken any; they will be chewing their face off”

“Everything is changed when you are on E, you can’t judge distances or time”

“If not everyone has done it you can get convinced everyone is looking at you”

“It’s so cheap – that’s a real appeal”
The experience of taking drugs together creates strong and tight knit friendship groups

- Support and look out for each other during experience
- Enables high levels of openness and honesty
- Choice of drugs creates a sense of shared identity
- Drugs, responsibility, and occasionally blame, all shared
- Drugs felt to enhance social bonds
- Shared experiences bring them closer

The cohesion and supportive nature of the group should be considered in all future communication
Group Mentality

There is very little reported pressure exercised within friendship groups regarding the decision to take drugs on any given occasion, either on what to take, or how much.

However, psychologist theory suggests that our target’s peer groups do exert influence on how the individual behaves within it.

The bandwagon effect observes that an individual’s behaviour and beliefs are formed because their peers believe and behave in a similar way.

When individuals make rational choices based on the information they receive from others, people can quickly ignore their personal information signals and impulses and blindly follow the examples of others.

It is worth considering how powerful an influence the immediate peer group is in affecting the accepted behaviour within it.
Social Occasions

- Getting ready at a friend's
- After hours get together
- Socialising at home
- Casual nights in
- Dropping in to see a friend
- At work
- Road Trips
- Day Trips
- Festivals
- Free Parties/raves
- Clubbing
- Gigs
- Pub/bars
- Games arcades

Drugs Planned
Drugs Incidental

Private Space
Public Space
Four types of overlapping occasion emerge for the target:

**Private Social Gatherings (Drugs Planned)**
- Gathering of mates, taking drugs as the event (Class A’s, acid/mushrooms or cannabis for the younger)
- At home (older) in discreet public places (younger)
- Typically planned in advance

**Public Events (Drugs Planned)**
- Free parties, festivals, club nights: Drugs are integral and are taken by the majority
- Often planned in advance
- Typically MDMA/Pills as well as cocaine and cannabis

**Private Social Gatherings (Drugs Incidental)**
- Gathering of friends that take drugs as a natural accompaniment to hanging out together
- Predominately cannabis and cocaine
- Can be pre, post or as the main event
- Often less planned

**Public Events (Drugs Incidental)**
- An accompaniment to a night in pubs, bars and some clubs etc.
- Typically a ‘hidden behaviour’ in a public place
- Often less planned

In reality drugs can feature in almost all social occasions
Social Acceptability

**Authority**

- Majority feel grossly misunderstood, demonised and misrepresented by both the authorities and the media
- Misinformation and grouping together of all drugs leads them to believe themselves and their friends to be the true experts
- Consistently feel broad drug legislation (when aware of it) is unjust or unenforceable and therefore currently willfully ignore it

**Employers/ Colleagues**

- At work, almost all universally discreet about drug use (fear exposure will cause negative impact and long term repercussions)
- Worry employers won’t understand it, or will be overly concerned due to illegal nature
- Fear that it may undermine their professionalism, or be used against them to explain absences or bad moods
Social Acceptability

Family

- Many (but not all) hide drug use from family - Concern they will disapprove or try and stop them (especially younger)
  - However, tend to be more open when get older (although level of use may be underplayed)
  - Cannabis most often admitted

Other Friends

- Frequently discreet about drug use or abstain when with those that aren’t involved
- Seen in the main not to ‘understand’ the culture, but they respect their decision not to partake
- Can be low level influencers
**Spheres of Influence / Concern**

- **Authorities**
- **Work/Colleagues**
- **Family**
- **Wider Friendship Group**
- **Immediate Friendship Group**

**Perceived Accurate Understanding of the Issues Involved**

**Transparency of Feelings and Behaviour**

**Respected Exchanges of Information**

**Perceived Likelihood of Detection**

**Fear of ‘Repercussions’ Around Disclosure**

**Risk of Inciting Long Term Consequences**
“That’s why you take drugs with other people who take drugs because people who don’t, won’t understand and they’ll worry a lot”

“In the past if I have taken drugs with people that don’t I have felt like I’d let them down. Also there’s something uncomfortable about getting out of control and then there’s one person who isn’t”

“My best friend disapproves so I don’t do it in front of them”

“I sort of think that people who don’t do it, just don’t get it”

“I have a smoke in my Dad’s garden, but I don’t tell him about the pills and the rest!”

“I wouldn’t tell work people, it’s just not a good idea, they would start to raise eyebrows when you take a Monday off, or feel rubbish mid week. It just opens you up to all the stereotypes and rubbish”
Pen Portraits

- We have compiled a selection of pen portraits based on behaviour & attitudes our sample talked about.
- They are not real individuals and the names & locations are not related to anyone participating in the research.
- They serve to bring to life some of the realities of the target’s experiences.
Simon is 24 and lives in the suburbs of Birmingham with his girlfriend. He has smoked on and off with his mates since he was about 13, but he has been a regular smoker for the last six years. A lot of his mates smoke, his girlfriend doesn’t, but she keeps off his back about it.

Simon finds it chills him out and helps him pass the day more pleasantly. He has his first joint on the way to work, and sometimes another at lunchtime if he hasn’t much to do, followed by a couple on an average evening. He normally smokes on his own, but a few mates might occasionally drop by and join him.

Unless his mates are around and he’s smoked considerably more than he usually does, he generally feels completely ‘normal’ after he has smoked. It doesn’t haven’t nearly as much effect on him as it used to, and no one is usually able to tell the difference if he’s stoned or not - even his girlfriend.

He has a very similar attitude to smoking weed as he does to cigarettes and there is nothing he would rule out doing after a smoke. As part of his everyday life Simon regularly drives after a smoke and doesn’t consider this to be a problem.
Gemma, Anna, Nick and Faye grew up in Yarmouth, and have always been friends. They started drinking at 12 and started having the occasional smoke since they were 14. They have a few lines of coke every now and again and some pills, but they can’t really afford coke all the time and it’s not something they have very often.

Gemma is the probably the most adventurous and often is the one that gets the weed in for them. Her sisters boyfriend can get it for her. As none of them live on their own they normally drive out to a secluded spot and share a joint in the car or at the beach and then come back. Occasionally they smoke round Nick’s because him Mum isn’t as observant or bothered.

Most of the people they know do smoke weed, there isn’t a great deal else to do and it’s always a laugh. It’s not something they think about that much. They also like to go out and take pills when they get a chance to go somewhere with great music and have a great dance together.

They frequently drive having had a smoke, especially Anna because she has her own car. It’s usually fine although there have been some dodgy moments. They have been on few missions driving back from Thetford from a free party after having a few pills, but they waited till it wore of so they were ok.
Mick, Johnny and Dylan live in Croydon and are part of a large group of about 15 that get together nearly every weekend and go out in their area or up to London. The groups mixed, but there do tend to be more blokes, especially at the bigger sessions.

They generally meet up at Mick’s because he lives closest to town and start the night there with a couple of drinks, and whatever is going round. Next they go to a bar, usually by bus or taxi, unless there's someone around that’s not drunk much, or if someone volunteers to drive because its easier

They will almost certainly end up in a club, where anything goes. Mick might have had a line and spend the night chatting up the girls. Johnny might do the same or get some Ketamine in, and hang out at the edge of the dance floor, where Dylan is dancing with everyone, or conducting ‘meaningful’ conversations with strangers because he’s had five pills.

At the end of the night they all reconvene (probably scrape Johnny off the floor) and head back to Mick’s for a smoke and catch up about the night and to get themselves back to a point where they can consider getting some sleep. They then tend to grab a few hours kip and then drive home
Steve – Pen Portrait

Steve lives in Paisley and is part of a large group of mates. He prefers to go out with the boys and really get on it at the weekend, and let go from the stresses of his job.

Steve, drives straight out from work on a Friday and meets his mates in the local pub. There’s always someone there with a couple of grams and he doesn’t take much encouragement. They tend to spend most of the night there, but when it’s kick out time he may drive home if his keys are in his pocket. He knows it’s a bad idea, but he’s generally careful.

There are however, some occasions where he has found himself driving recklessly well over the limit. When he wakes up in them morning he always thinks ‘that’s the last time’ but he knows in reality it probably isn’t.
Driving after taking drugs is experienced in a variety of circumstances:

- Part of everyday life for habitual cannabis smokers
- An expected and considered part of a planned night out
- The easy option when drugs become part of casual socialising
- An accepted consequence the day after taking drugs
- An acceptable alternative to drinking & driving
- Impromptu decision to take the car on a night out

Currently, it is not widely acknowledged as a problem or issue of significant concern to the target audience or their friendship groups.

- Direct experience of detection / prosecution / legal consequences is rare
- Many dangerous experiences are dismissed as simply to be expected, not a direct result of drugs, or just bad luck
- More acceptable than driving after consuming alcohol
Key Themes

Attitudes and behaviour are shaped by four broad themes

- **Understanding of the Law**
  Across the target there is a low level of concern about detection & awareness of legal penalties

- **Effect of Social Group**
  Journeys are often made as a group, with collective decision-making and mutual responsibility widespread

- **Perception of Impairment**
  Effects of drugs on driving ability is only occasionally acknowledged

- **Consideration of Risk / Danger**
  Many are experienced in these situations and don’t feel they put themselves / others at risk
Legal Realities

Understanding and awareness of the legal realities of driving after taking drugs is extremely mixed

**Understanding of the Law**
Across the target there is a low level of concern about detection & awareness of legal penalties

**Rationally accepted that driving after taking drugs is illegal...**

**But typically on the basis that drugs themselves are illegal rather than specific consideration of effects on driving**

**Few feel that police can actually identify drivers who have taken drugs**

**Roadside testing has low-level awareness but lacks credibility for most**

**VERY LITTLE DIRECT EXPERIENCE OF DETECTION, TESTING, OR PROSECUTION. RELATIVELY WIDESPREAD EXPERIENCE OF LENIENCY FROM POLICE**

**Most currently feel that they would be extremely unlucky to be caught, prosecuted and convicted for driving under the influence of drugs**

**Reporting of isolated cases of convictions do prompt concern / shock**

As a result...
Friendship Groups

Tight-knit social groups play a powerful role, with underlying concern, empathy and understanding for drivers apparent.

Effect of Social Group
Journeys often made as a group, with collective decision-making and mutual responsibility widespread.

Strong sense of community between friends throughout the drug-taking experience
- Looking out for each other...
- Shared sense of adventure
- Shared responsibilities

This continues into the act of driving, when a sense of shared responsibility prevails:
Drivers for the safety of passengers
Passengers to avoid undue pressure on driver

Group provides active support throughout the process - sense-check, moral support, direct assistance

The group is occasionally acknowledged to exert a negative influence primarily through distraction (eg. music, high spirits, etc.)

The strong friendship group is felt to exert an overwhelmingly positive influence.
Levels of Impairment

Unlike alcohol, there is no established framework that informs drivers on how drugs affect driving ability.

**Perception of Impairment**
Effects of drugs on driving ability is only occasionally acknowledged.

Certain drugs are understood via experience & received wisdom to have positive effects on driving:
- Cannabis felt to result in more careful, attentive driving
- Coke felt to counteract alcohol and ‘sharpen’ up the senses

Drugs resulting in an altered reality are acknowledged to have negative effects on driving:

Primary motivation to take Ecstasy, MDMA, Ketamine, LSD, etc is often to forget responsibility / lose control.
Risk & Danger

Consideration of negative consequences – whether as a result of crashes or prosecution – is mitigated by cumulative experience

Many have taken drugs for as long as they have been driving – often longer

They consider themselves expert in the situations and experienced enough to judge when driving would constitute a significant risk

Consideration of Risk / Danger
Many are experienced in these situations and don’t feel they put themselves / others at risk

Risks are widely discounted in most cases

- Effects of most drugs felt to be predictable
- Rules of thumb established via experience
- Positive effects of certain drugs
- Drug taking itself carries inherent risk to be ‘handled’

Overall, risk is judged on a ‘case by case’ basis dependent on factors such as occasion, driver experience, drugs consumed, length of journey, etc.
Although individuals calibrate their own levels of acceptability, a hierarchy emerges of the level of risk of different drugs.
Drug Driving vs Drink Driving

INTERESTINGLY, ALL OF OUR TARGET ADOPT A FAR MORE HARDLINE APPROACH TO DRINK DRIVING (BOTH IN ATTITUDE AND BEHAVIOUR)

SOME OF OUR TARGET HAVE DRIVEN OVER THE LIMIT, BUT THIS IS A BEHAVIOUR THEY ARE FAR FROM PROUD OF, FAR MORE CAGEY ABOUT, AND GENERALLY FEEL THEY HAVE LEARNED THEIR LESSON FROM

INDEED MUCH OF OUR TARGET ARE ACTIVELY CHOOSING DRUG DRIVING AS A SAFER ALTERNATIVE TO DRINK DRIVING (WHERE CAR TRAVEL IS COMPULSORY)

THE CONTRAST AND DIRECT COMPARISON BETWEEN THE TWO PHENOMENA CAN GENERALLY PROVE EXTREMELY USEFUL AND ENLIGHTENING.
# Drug Driving vs Drink Driving

## Key Factors Causing Distinct Approaches to Drink Driving vs Drug Driving

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<tr>
<th>Social Stigma</th>
<th>Awareness of Limits</th>
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<tbody>
<tr>
<td>Agreed to be wholeheartedly frowned upon by society. Far less casual ‘permission’ exists.</td>
<td>Most are fully aware of the legal limits regarding alcohol. Far easier to measure if I am over the limit.</td>
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<tr>
<th>Awareness of Penalties</th>
<th>Acknowledgement of Impairment</th>
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<tbody>
<tr>
<td>All are aware that serious penalties accompany drink driving. Indeed many know someone who has been penalised rendering this a REAL possibility.</td>
<td>The targets confess to feeling more physically out of control, and psychologically reckless when under the influence of alcohol.</td>
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Designated Drug Drivers

Designated drivers are common for planned events

A variety of different ‘motivations’ to be the designated driver emerge...

- Most experienced / confident individual
- Person happiest to moderate intake
- Someone wanting to ‘play a part’
- The car owner

Planning and moderation become part of their social experience

- Greater consideration of timing – arrival & departure, but also drug consumption
- Anticipated intake will be considered and planned for
- Consumption of alcohol is avoided and is felt to be extremely reckless

Unlike drivers abstaining from alcohol, designated ‘drug drivers’ remain fully active participants in the social experience...
And as a result, plans can often be put to one side in the ‘moment’
Drug Driving Occasions

Driving after taking recreational drugs takes place across a variety of social contexts, however two broad areas emerge...

**PLANNED MISSIONS**
Arranged and considered decisions to drive to and from events, where it is know in advance that drugs will be consumed

**INCIDENTAL DRIVES**
Spur of the moment or natural decisions to drive after drugs: - Generally consumed as part of casual socialising & everyday life

<table>
<thead>
<tr>
<th>'BIG NIGHTS OUT'</th>
<th>RELAXED GATHERINGS</th>
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</thead>
<tbody>
<tr>
<td>CLUB NIGHTS/RAVES</td>
<td>NIGHTS IN WITH MATES – FILMS, GAMING, CHILLING, ETC.</td>
</tr>
<tr>
<td>PARTIES</td>
<td>CASUAL NIGHTS IN PUBS &amp; BARS</td>
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<td>FESTIVALS</td>
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<td>GIGS</td>
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<tr>
<td>AFTER-HOURS GET-TOGETHERS</td>
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</tbody>
</table>
Planned Missions

DRUGS CONSUMED
Most take Class A’s… Coke, MDMA / Ecstasy
Ketamine, LSD, Mushrooms more individual choices
Cannabis is almost universally taken throughout

DRIVING CONTEXT
Typically groups of friends
Occasionally solo journeys at end of event

UNDERLYING NEED TO DRIVE
Lack of alternatives – particularly rural areas
Convenience – a more suburban mindset

SOME RECOGNITION OF RISK
Types, amounts & combinations of drugs taken result in an altered reality acknowledged to affect driving ability
HOWEVER… Most say that they would never drive while effects are still apparent

Precautions are commonplace to ensure risk is minimised
• Sleeping / chilling till driver feels ready
• Cannabis to focus / concentrate, take the edges off, etc
• Coke as a livener / counterbalance to alcohol
• Support from passenger group
• Very attentive driving
Incidental Drives

**DRUGS CONSUMED**
Typically cannabis
Occasionally coke in relative moderation
Alcohol within legal limits

**DRIVING CONTEXT**
Typically solo journeys
Short distances - between home & somewhere local

**UNDERLYING NEED TO DRIVE**
Convenience
Alternatives not considered

**LOW RECOGNITION OF RISK**
- Drugs less of a focus of the event... The aim here is social cohesion rather than loss of control / inhibitions.
- Drugs taken felt to enhance mood / self rather than alter reality so effect on driving felt to be minimal

Lack of perceived risk means that few checks / precautions occur

However... combination of drugs & solo journey can heighten nervousness

- Checks that they ‘feel up to’ driving are more intuitive
- Attentive / cautious driving
- Heightened awareness of police / authority – journeys often occur when checks for alcohol are most likely
Summary of Attitudes & Behaviour

- Drugs are a widespread, accepted dimension of socialising for the target
  - Almost completely lacking in social stigma aside from concerns about employers
- Social groups that form around enjoyment of drugs are very strong
  - Views & opinion from outside this group are widely felt to lack understanding / genuine knowledge
- Target confident that they approach driving with responsibility
  - Only driving in cases where effects of drugs are felt to be low or worn off
  - Driving with heightened care and attentiveness in situations when some impairment is acknowledged
- There is a widespread absence of information
  - The law and its enforcement are rarely a consideration
  - Few negative impacts of drugs on driving are understood / acknowledged
- Overall, there is very little recognition of ‘drug driving’ as an issue
  - Much more hardline view taken of drinking and driving
The Communication Task
The Task

Key themes within behaviour and attitudes shape the task for communication

- **Lack of consideration and concern for drug driving**: Highlight the issue and create debate
- **Low acceptance of risk / problem at individual level**: Ensure the target see themselves & their behaviour
- **Lack of information about effects & legal impacts**: Deliver missing factual & legal information
- **Strong social groups suspicious of outside views**: Be empathetic and use a tone of voice that resonates
The Task

I’ve always done it – it’s not that big a deal

Taking drugs is a big part of how I socialise and I need to drive

Drugs have different effects – I only drive when I can handle them

I think I’m a better driver after taking some drugs and the evidence I’ve seen supports that

The police can’t tell whether I’ve had drugs or not – as long as I don’t drink I’ll get away with it

I know more about drugs and how they effect me than the people who make the law

A RANGE OF FIRMLY ENTRENCHED BELIEFS AND ATTITUDES ACT AS PILLARS OF SUPPORT FOR INDIVIDUAL DECISIONS TO DRIVE AFTER TAKING DRUGS

There is no ‘MAGIC BULLET’ that forces reappraisal on its own… A campaign must evolve to challenge the full breadth of these views

However... Responses to the proposed messaging areas informs the order of priorities
The Drug Drive Journey
Influences across the journey

The ‘journey’ an individual takes when driving under the influence of illegal drugs can be broken down into discrete phases

- **PLANNING**: Anticipation, excitement and practical arrangements
- **SOCIALISING**: Letting go of responsibilities, participation, interaction
- **CONSUMPTION**: Drugs are often an integral part of the event
- **CHECKING**: Consideration, discussion, reassurance from group
- **DRIVING**: Concentration, assistance, nervousness, realities of risk
- **REFLECTION**: Reconsideration, compartmentalisation

Factors such as driver mindset, the influence of drugs, the influence of the social group and perception of risks all vary across these phases.
Influences across the journey

The ‘journey’ an individual takes when driving under the influence of illegal drugs can be broken down into discrete phases

PLANNING  |  SOCIALISING  |  CONSUMPTION  |  CHECKING  |  DRIVING  |  REFLECTION

Some variations across the two typical drug driving occasions...

PLANNED MISSIONS
- Timeframe lasts days / weeks
- Drugs an important consideration throughout
- Driving often a necessity

INCIDENTAL JOURNEYS
- Compressed timeframe
- Drugs a lower priority in social occasion
- Driving a convenience / natural option

Potential leverage points and information gaps emerge across these two journeys
Planned Mission: Planning

**Planning**

- Excited, positive and optimistic
- Practical – need to obtain drugs, organise journeys etc
- Driver accepts responsibility
- Passengers grateful to driver

**Positive but Pragmatic Mindset Prevails**

- Collective consideration of plan
- Factors considered; how much, when and what point driving home (reliance on mythology)
- Mutual consent strengthens conviction

**Strong Influence of Social Group**

- Currently higher emphasis on how to maximise safety while driving (under the influence), rather than consideration of other options or a contingency plan

- Acknowledgement of risk prompts the plan (although not always followed)
- Plan can create sense of protection from risks – feels ‘under control’
- Limited recognition of legal risk

**Plan Minimises Sense of Risk**
Planned Mission: Socialising

ESCAPIST MINDSET

- Fully absorbed in the present moment
  - Having a great time
- Far away from the realities of life
- Designated driver frequently feels included

STRONG UNITY OF SOCIAL GROUP

- Strong sense of togetherness
- Spending quality time together
  - Social group in ‘full cry’

Low susceptibility to practical considerations at this juncture. Strong emphasis on forgetting about the formalities and harsher realities of everyday life.

LOW PERCEPTIONS OF RISK

- Low consideration of risks (passengers)
  - Risk at the back of the designated drivers mind
Planned Mission: Consumption

PLANNING  SOCIALISING  CONSUMPTION  CHECKING  DRIVING  REFLECTION

DRIVER STARTS WITH GOOD INTENTIONS

• Behaviour roughly planned in advance  
  • Desire to ‘be good’ and follow plan  
  • Majority abstain from alcohol

DRUGS CAN LEAD DRIVER TO BREAK FROM PLAN

• Small amounts can weaken good intentions made at the planning stage
  • Intake can spiral drug consumption

LOW INVOLVEMENT OF SOCIAL GROUP

• Can be minimal – distracted
  • Passengers may exert some influence – but generally trust driver to be in control of their own consumption

The point of consumption is frequently referenced as the pivotal point that undermines well made plans. Currently responsibility for this stage lies on the driver’s shoulders alone.
Planned Mission: Checking

SAFETY CONSCIOUS MINDSET

• Responsible and serious
• Collective – group comes together
• Driver – self assess – decides when its safe to drive

EFFORTS MADE TO MINIMISE EFFECT OF DRUGS

• Frequently self medicate – tea/coffee/cocaine/cannabis etc.
• Formality of having to drive home can ‘sober’ ‘straighten out’
• Potential gap between perceived and actual effect

HIGH INVOLVEMENT OF SOCIAL GROUP

• High – group helps perform checks
• Can create sense of security – mutual agreement builds confidence
• Decision can be reached by acquiescence rather than informed consideration

SOME LEVEL OF RISK IS ACKNOWLEDGED

• Altered reality forces acceptance of risk...
• But without consideration of specific reasons why it is risky
• Feel checking reduces risk
• High confidence in checking methods builds self belief

Both passengers and driver are actively involved in this process and are potentially highly susceptible to information and advice regarding both risk and impairment.
The point in the journey where our target can feel the most vulnerable to the danger of drug driving, and one where the risks feel real to them.
While sober reflection may highlight the degree to which they put themselves at risk, the successful execution of drug driving, combined with the relieved mind state, can act together to reinforce belief and perpetuate the behaviour in the future.
Across the full extent of the journey there is a clear lack of consideration of the SERIOUSNESS of driving after taking illegal drugs. Greater consideration of legal implications and potential dangers of driving has potential to...

- Encourage consideration of alternatives during Planning & Reflection
- Propagate more informed debate & discussion amongst the group throughout
- Instil even greater levels of responsibility / care onto drivers

The journey can be thought of as having two halves – the first being focussed around carefree enjoyment, the second being about a sudden switch to normality. Contrast between these two polar opposites could prompt debate & discussion

In an ideal world, influence would be exerted on the Planning phase when alternative options to driving have most potential to be considered.

Potential here to highlight possible impacts on career, friendship groups, finances, etc.
Potential Leverage Points

Point of consumption often seen as a ‘pivotal’ moment that can result in good intentions and plans being put to one side in favour of enjoyment.

Potential exists here to challenge perceptions that drivers take a controlled and measured approach to driving after taking drugs.

Collective decisions here are based on common mythology and a belief that drugs have ceased to have any effect on driving ability by this point. This confidence could be challenged by...

Highlighting potential for unexpected ‘second waves’ or after-effects of drugs. Impact of drugs on unforeseen/unpredictable dangers on the road.
• Compared with ‘Planned Missions’, the journey is more compressed and the stages less discrete
• Many of the decisions are taken as a matter of course and with less consideration
Incidental Drive: Planning

INFORMAL PLANNING MINDSET
- Informal and relaxed approach to planning the occasion
- Plans are often familiar and less time-sensitive
- Although they play an important role, drugs are the primary focus of occasion

GROUP FOCUS ON SOCIAL ARRANGEMENTS
- Gatherings valued as vital opportunities to maintain contact
- Focus is on times & locations, not on specifics of planned drug use

ALMOST NO ADVANCE RECOGNITION OF RISK
- With drugs less of a focus for the event, expected levels of impairment are low / negligible
Incidental Drive: Socialising & Consumption

**PLANNING**

**SOCIALISING**

**CONSUMPTION**

**CHECKING**

**DRIVING**

**REFLECTION**

**DRUGS ONE DIMENSION OF THE OCCASION**

- Overall mindset is one of relaxed, easy-going sociability
- Different dimensions of occasion given equal weight – chatting, gaming, watching films, etc.

**FOCUS ON SOCIAL COHESION NOT ESCAPE**

- Alcohol consumed within legal limits
- Effects of drugs are of enhanced moods rather than altered perceptions
- Almost no sense of losing control or escape from reality

**DRIVER LESS ACTIVE PARTICIPANT**

- Shorter overall time period so less opportunity to let go and then recover
- Driver can feel greater separation from group (cf. Planned Missions)

**LOW CONSIDERATION OF RISK**

- Consumption is at an ‘everyday’ level, not to excess
- Few acknowledge significant impairment for these occasions
Incidental Drive: Checking & Driving

LOW CONSIDERATION OF RISK DRIVES QUICK INTUITIVE CHECKS

- Prevalence of cannabis & cocaine so low expectation of impairment
- Focus of occasion on relaxed sociability rather than hedonistic release heightens sense of natural responsibility

FINAL DECISION TO DRIVE TAKEN AS A MATTER OF COURSE

- Experience breeds a high level of confidence
- Driving on moderate amounts of cannabis / cocaine generally felt to be within accepted norms of group

LOW-LEVEL RECONSIDERATION ONCE BEHIND THE WHEEL

- Some risk of detection occasionally acknowledged – drives often happening when police checks most prevalent
- Solitary nature of journey can heighten sense of paranoia / nervousness
Incidental Drive: Reflection

NO REAL SENSE OF HAVING ‘GOT AWAY’ WITH ANYTHING

• Familiarity of experience, short distances and low perceived levels of impairment all minimise any sense of drive having carried any risk
• Low-level appreciation of illegality but genuine concern for detection / prosecution is negligible

DECISIONS TO DRIVE UNLIKELY TO BE RECONSIDERED OR CHALLENGED

• Driver (and friendship group) remain broadly unconcerned with decisions to drive
• AS A RESULT... Alternative options to driving are unlikely to be considered when planning the next casual, social gathering
There is an even greater lack of consideration of the seriousness of driving after taking illegal drugs for these journeys.

Consideration of legal realities will have greater credibility here than dangers on the road due to low levels of perceived impairment.

Potential here to influence planning process due to nature of journeys – short distances, convenient, higher levels of alternatives (cf. Planned Mission).

There is some contrast between the two phases of the journey – driving does inherently force interaction with reality.

HOWEVER... With acknowledgement of impairment very low, this is a much harder contrast to credibly portray.
Messaging Priorities
Messaging Areas

Understanding of the Law
“I just don’t think I’ll get caught drug driving”

Perception of Impairment
“I take precautions first to make sure I’m okay to drive on drugs”

Effect of Social Group
“When you’re the driver, you’re responsible for getting everyone home”
“Drug driving is a collective decision”

Consideration of Risk / Danger
“Nothing too bad has ever happened to me when I have been drug driving”
“After a good night out where I have taken drugs, driving home can end up being the easiest things to do”
Legal Framework

Understanding of the Law
“I just don’t think I’ll get caught drug driving”

Widely used as a justification for driving & for the lack of consideration of alternatives

- Few have direct experience of friends being detected / prosecuted
- Many have more experience of police leniency and disinterest in the issue
- No PR / media evidence that people are being successfully prosecuted

Complete understanding of the legal realities prompts surprise / concern

AS A RESULT

That police can successfully detect suspect driving
That roadside testing is happening effectively
That the offence carries significant penalties

HOWEVER... the full extent of process is key
Legal Framework

Understanding of the Law
“I just don’t think I’ll get caught drug driving”

Key components to credibly deliver legal messaging emerge...

- The fact that it is a ‘growing concern’ – this begins to challenge the historic perceptions of police indifference
- Giving credibility to the FIT test – scientific facts such as pupil size are inarguable, attention tests can feel lacking in substance
- Speed of blood test – combined with the harsh realities of police doctors, this further builds inarguable evidence
- Full range and extent of penalties – driving bans, criminal record and fines all support the seriousness of the issue
- Wider long-term repercussions on life including career, independence and friendship group all deliver emotional impact
Impairment

Perception of Impairment
“\text{I take precautions first to make sure I'm okay to drive on drugs}”

Firmly based in the target’s experience and often a widespread justification for the lack of underlying risk in drug driving

- Active precautions taken from chilling-out periods to counteracting effects with tea, coffee or other substances
- Intuitive checks and measures against prior experience
- Mood/self enhancing drugs widely felt to improve driving skills
- Few acknowledge that they would want to drive when effects of reality altering drugs are being felt
Impairment

Perception of Impairment
“I take precautions first to make sure I’m okay to drive on drugs”

Greatest potential to challenge these ideas lies in harder scientific & medical facts

- Effects of drugs on reaction times, attentiveness, etc are currently an unknown

Currently estimation of length of effects is based purely on personal experience – more ‘science’ could be provided

Forcing the target to reflect on the quality of their own checks & measures can encourage reappraisal

- Seeing the ‘real’ level of their own personal impairment could prove powerful

- Potential to use group as a ‘mirror’ / measure of impairment
Risk vs. Convenience

Consideration of Risk / Danger
“Nothing too bad has ever happened to me when I have been drug driving”
“After a good night out where I have taken drugs, driving home can end up being the easiest things to do”

Both these attitudes tend to be deeply entrenched and rooted in personal experience

Risks are undervalued as a consequence of repeated positive experience and lack of negative repercussions
Similarly repetition can normalise behaviour and cement the idea that convenience outweighs any potential risk

Challenges to these beliefs can fail to convince the target audience

Disconnect between fact and their personal experience (and that of their peer group)
Belief that the authorities are speaking theoretically rather than from experience can lead to dismissal of their point of view
Risk vs. Convenience

Consideration of Risk / Danger
“Nothing too bad has ever happened to me when I have been drug driving”
“After a good night out where I have taken drugs, driving home can end up being the easiest things to do”

Revealing that drink driving deaths are only marginally higher than those where drugs are involved can come as a surprise

• Can cause some reappraisal of danger
• However, where the statistics are revealed (18% vs. 21%) this can have a negative impact on their perceptions of the dangers of drink driving
• Expected that drink driving would be considerably higher
• Few see themselves as part of the statistics...
  • What ‘drugs’ are involved, how much had they taken, do they know that was the cause of the accident, etc.

Attempts to instill the sudden realities of an accident, or prosecution without laying the ground work can have limited effect
Scientific facts are essential to contradict their own personal experience
Effect of Social Group

“When you’re the driver, you’re responsible for getting everyone home”
“Drug driving is a collective decision”

While both these statements are recognised at some level to be true they are rarely used as a justification for drug driving

HOWEVER

Reflecting the collective nature of the group and playing on its tight knit cohesion can be highly emotive as a context for future communication...
The trauma of separation from the group creates emotional impact

AS A RESULT

The reality that once convicted the driver alone has to face the punishment can have some impact, as the process of conviction and loss of license is recognised to alienate them in the future
For all, the consequences of anything happening to their friends is alarming, and is widely considered as the worst of all possible consequences

**HOWEVER**

it is currently very easy to distance themselves from this reality, as recognition of danger is low

Effect of Social Group

“When you’re the driver, you’re responsible for getting everyone home”

“Drug driving is a collective decision”
Messaging Priorities

Understanding of the Law

Perception of Impairment

Consideration of Risk / Danger

Effect of Social Group
Messinging Priorities

Understanding of the Law

- Consistently the most powerful area in provoking reaction and concern...
- Potential for detection & scale of penalties bring home reality of issue

Perception of Impairment

- Important justifications for the existence of the law
- Inarguable facts are needed to challenge the target’s prior experience

Consideration of Risk / Danger

Effect of Social Group

- Strength of social group is difficult to challenge via messaging
- HOWEVER... Strong potential as a credible conduit for ‘messaging from within’
Key Considerations for Tone of Voice
Tone of Voice

- A number of consistent and clear needs emerge when considering future tone of voice for a drug driving campaign.
- Universally it is felt that previous drugs messages/advice that our target have received have lacked many of the vital elements which could have lead them to take the messages more seriously.
Empathy

- All of our target’s drugs experiences are born, lived out, and reflected upon within a tight support network of peers and fellow users.
- A sense emerges that those outside of their ‘circle’ are far less qualified to understand, and therefore advise on how the target should live their lives.

CONSIDERATIONS FOR TONE

Where possible to RECOGNISE or indeed REFLECT the importance and potential influence of the group when taking the decision to drug drive

To attempt to establish a degree of level-headedness, understanding, and empathy with the target and their behaviour

Advice from within the circle of understanding
Inclusivity

- Within our target’s experience spheres, drug taking (esp cannabis and cocaine) are relatively widespread, often with little or no stigma attached.
- This is rarely felt to be acknowledged in messaging around drugs...

TRADITIONAL DEPICTION/UNINFORMED PREJUDICE

- SECRETIVE
- ALIENATING
- EXCEPTIONAL
- EXTREME
- SHAMEFUL
- DEFINING

TARGET’S REALITY

- COMMONPLACE (amongst peers)
  - BONDING
  - HAPPILY SHARED
  - UNDER CONTROL
    (with some exceptions)
- NATURAL PART OF MY LIFE

Where only the extremes are portrayed, then the target can easily exempt themselves from important information/guidance.

- TANGIBLE NEED TO RECOGNISE THEMSELVES IN THE MESSAGE -
Open-Mindedness

- Much of the target confess to feeling unfairly/unjustifiably judged by those outside of their circle.
- Often an overly negative focus can cause the target to shut down/ignore vital information.

A NEW APPROACH MAY HAVE POTENTIAL TO SURPRISE OUR TARGET AND COMMAND THEIR RESPECT

ACKNOWLEDGING A NATURAL AND COMMON DESIRE/NEED TO RELAX, ENJOY, ESCAPE...

NON-JUDGEMENTAL and REALISTIC PROVISION OF VITAL INFORMATION
- Legal Implications
- Physical side effects

EMPHASIS ON EMPOWERMENT, KNOWLEDGE AND SAFETY
- As opposed to punishment and judgement
Experience

- Another common criticism levelled against those formulating drugs messages, and also those setting and enforcing drug laws is that they have no real experience of the topic.
- This can lead the target to consider themselves a greater authority on the matter – upsetting the balance of respect.
- This also leads to number of (ill-founded) but widely held suspicions about drug messaging and legislation:

  - EXAGGERATED
  - UNJUSTIFIED
  - UNREALISTIC

MESSAGING MUST FEEL LIKE IT COMES FROM A REALISTIC CONTEXT, AND AN INFORMED (level-headed) AUTHORITY IN ORDER FOR THE TARGET TO TRULY SIT UP AND TAKE NOTICE.
Solid Information

- As has clearly been established in earlier sections, there are many genuine gaps in the target’s knowledge regarding the real effects of the drugs they are taking, and in particular, the legal consequences of their actions.
- A number of pieces of information will prove both impactful and crucial to the target’s ultimate decision making and should be made available somewhere in the mix.

**ESSENTIAL INFORMATION – CURRENT GAPS IN KNOWLEDGE**

- The REAL effects of their drug of choice
  - Duration of effect
  - Length of time in system
- Some explanation of methods of testing and likely results.
- Breakdown of LIKELY penalties and legal implications for users like themselves

However, tone of delivery will be essential in order to avoid alienation.
Filling in the gaps in our target’s knowledge feels like an essential step in an egalitarian approach to the drug driving decision – THEY HAVE A RIGHT TO KNOW.

However, as the most ‘official’ facets of the drugs message, delivery must be sensitive in order to avoid all previously highlighted barriers:

- EXAGERRATION – UNFAIR JUDGEMENT – LACK OF EMPATHY -

IDEAL FOCUS

EMPOWERING TARGET TO MAKE THEIR OWN INFORMED CHOICE

FOCUS ON THEIR PERSONAL SAFETY (and that of their fellow passengers)
- Less focus on punishment
- Careful management of guilt issues

SCIENTIFIC EVIDENCE AND LEGAL FACTS generate the gravitas (as opposed to heavy handed ‘opinion’)
Authority?

- The heavy handed voice of authority can in some cases have the potential to intimidate and jolt the user into re-evaluation.
- HOWEVER there is a real risk at this stage, of much of our casual target failing to recognise themselves in extreme messages.

THE POTENTIAL RISKS OF AN EXTREME APPROACH

- For much of our target, their casual drug use is felt to be an ingrained, open, natural, and controlled part of their lifestyle.
- Many of our users are very much at the beginning of a journey to understanding the real risks of drug driving.
- A overly serious, heavy-handed focus on punishment can create disconnects at the casual end of the spectrum - ‘This only applies to REALLY heavy users’
Summary – Moving Forward

Key themes within behaviour and attitudes shape the task for communication

- **Lack of consideration and concern for drug driving**
  - Highlight the issue and create debate

- **Low acceptance of risk / problem at individual level**
  - Ensure the target see themselves & their behaviour

- **Lack of information about effects & legal impacts**
  - Deliver missing factual & legal information

- **Strong social groups suspicious of outside views**
  - Be empathetic and use a tone of voice that resonates
The first job of the campaign is to highlight to the target the seriousness of a very real issue that could have real impact on their lives. Although there can be rational acceptance of some inherent risks, there is currently an almost complete lack of consideration and discussion.

A key challenge here is to overcome the suspicion of the target towards messages from outside of their circle of understanding. Opinions from outside of their ‘group’ are often seen as uninformed and judgemental.

**IT IS ESSENTIAL THAT THE SERIOUSNESS IS HIGHLIGHTED WITH EMPATHY FOR THE TARGET’S ATTITUDES AND OPINIONS**
## Summary – Moving Forward

Our target’s justification for drug driving is supported by a number of universally held, inter-connected beliefs. These centre around the following:

- **LOW ACKNOWLEDGEMENT OF IMPAIRMENT**
- **LOW PERCEPTION OF REAL RISK**
- **STRENGTH OF GROUP REASSURANCE**
- **LACK OF AWARENESS/CONSIDERATION OF THE SPECIFIC ILLEGALITY OF DRIVING AFTER TAKING ILLEGAL DRUGS**

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**THERE IS NO ‘MAGIC BULLET’ THAT FORCES REAPPRAISAL ON ITS OWN… A CAMPAIGN MUST EVOLVE TO CHALLENGE THE FULL BREADTH OF THESE VIEWS**
Summary – Moving Forward

When shared with the target, the realities of the legal framework provoke the strongest reaction, surprise, and potential for re-evaluation.

In order to maximise impact, this complete process must be built from scratch for a largely unaware target:

- Credible explanation and substantiation of detection and roadside testing
- Full explanation of nature and likelihood of conviction and penalties

Once this process is understood, many do reconsider the issue as they reflect on the potential ‘life consequences’:

- CAREER
- FINANCIAL POSITION
- ABILITY TO DRIVE
- REPUTATION AMONGST PEERS
- FUTURE SOCIALISING
Summary – Moving Forward

From a communications standpoint, reactions to the legal consequences of the target’s actions supports the idea of increasing awareness about detection and penalties.

- This appears to have real potential to kickstart the needed debate on drug driving
- This is also essential knowledge which the target have a right to know.

However

The level of surprise/disbelief with which the penalties are met, coupled with the comfortable/casual context of drug taking from which most of the target have based their opinions, strongly emphasises the need for a realistic approach and an empathetic tone.

DRACONIAN OR JUDGEMENTAL TONE CREATES ‘SHUT-DOWN’ AND/OR DISCONNECT

RESTORATION OF CREDIBILITY IS ALSO VITAL
- Currently lacking where detection is concerned
- Potential for a new approach from police at ground level
Summary

Where possible, the seriousness of the issue should be further consolidated by sensitively challenging entrenched beliefs around lack of impairment and acknowledgement of risk.

-Vitally, this will help to justify the legal framework in the target’s mind

IT’S FOR THE SAFETY OF MYSELF, MY PASSENGERS AND OTHER ROAD USERS

Key beliefs to be challenged revolve around a perceived lack of impairment, and low acknowledgement of risk.

- Credibly demonstrating inherent risks / unpredictability of drugs (second waves)
  - Credible/scientific explanation of slowed reactions
- Reminder of potential failure to deal with UNFORESEEN problems on the road
As established, two over-arching and universal drug driving occasions emerged across the research. Planned Missions and Incidental Journeys both have potential roles within communication.
- Strength of reaction to the legal consequences shows potential for greater awareness of legal realities to impact driver perceptions in both occasions.

HOWEVER, messaging focussed around the concepts of real RISK and greater awareness of IMPAIRMENT appear to hold far greater credibility and perceived relevance in the context of longer Planned Missions.
- Heightened existing sense of personal impairment.
- Higher classification and greater amount of drugs typically taken increase consciousness of having ‘done something wrong’.