

Police scare campaigns won't stop people from using drugs, but will increase stigma

November 9 2021, by Nicole Lee, Jarryd Bartle



Credit: Kelly from Pexels

As part of a Halloween-inspired campaign, the Australian Federal Police has released a series of ill-advised memes attempting to highlight the "lesser-known impacts" of illicit drug use.

The campaign demonstrates a skewed and overly simplistic understanding of drug problems. It's superficial, inaccurate and demonizes people who use drugs.

People who use drugs are depicted as [spine-chilling zombies](#) that "bankroll criminals who enslave women and destroy the environment." [Cocaine use](#) is linked to infertility, jokingly exclaiming "get off the junk to protect your junk." People who use [heroin](#) are blamed for increasing insurance premiums.

Arguably the worst of the memes is a computer generated image, *manufactured* by the AFP's Forensics Facial Recognition team, claiming to be ["before" and "after" methamphetamine use](#). It seems to be inspired by the infamous American "[Faces of Meth](#)" and [Montana Meth Project](#) campaigns, which have been widely criticized as [ineffective, inaccurate and highly stigmatizing](#). In fact, they may have [increased risk](#) of use.

[Concerned community organizations](#) are calling on the AFP to remove the posts.

Here's what the AFP campaign gets wrong.

Scare campaigns and distorted 'facts' don't reduce use or harms

The AFP campaign uses confronting imagery and distorted and exaggerated claims in an attempt to scare people from using drugs.

[Decades of evidence](#) show scare tactics don't work. And [mass media campaigns](#) aren't very effective in reducing [illicit drug use](#).

The overwhelming majority of the 16.4% of [Australians who currently](#)

[use illicit drugs](#) do so occasionally and without harmful consequences. So when they see exaggerated images or messages trying to make drugs seem more dangerous or risky than they are, [they switch off](#).

Scare tactics have been shown to make drugs seem [more alluring](#), increasing the risk of use, not decreasing it. [Some](#) may see it as a challenge, it can increase awareness of specific drugs, and sometimes young people are attracted to activities that are forbidden.

It's best to stick to the facts

Most people who use methamphetamine don't look like the "Faces of Meth" images. The typical person who uses methamphetamine is in their 20s, and they use the powdered form of the drug (commonly referred to as "speed") just once or twice a year.

There are multiple and very complex reasons why people's appearance might change when they use drugs over a long period. Most of them aren't to do with the drug itself but are related to a range of other social factors, like poor diet, lack of access to [health care](#) and mental health problems that often predate the drug use.

The "Faces of Meth" are really the faces of poverty, trauma and exclusion.

The belief that [bugs are crawling under your skin](#) can occur with methamphetamine-related psychosis. But it isn't very common, and people with other forms of psychosis, unrelated to drug use, also sometimes experience this delusion.

The role of [cocaine use](#) on male fertility [still isn't clear](#).

The [link between drug use and crime](#) isn't straightforward. Most people

who use [illicit drugs](#) don't commit crimes, other than the drug use itself.

Even among people who are dependent on drugs, risk of offending actually increases when [they can't access](#) treatment.

Treatment reduces criminal behavior. For every A\$1 spent on drug treatment, the [community saves \\$7](#) in other costs. This includes a reduction in the costs to society related to crime.

Demonizing people increases problems

Even if you have a moral objection to drug use, making simplistic links between drug use and physical appearance, offending and other behaviors does nothing to stop people using.

The campaign tagline, "have a conscience," suggests people who use drugs are morally corrupt. This makes the problem worse by increasing stigma.

[Stigma](#) is one of the biggest barriers to seeking help for drug problems. It [delays help-seeking](#) and increases the risk of dropout from treatment.

Any public messaging about drugs should follow well-established guidelines for reporting on drug-related issues, including those from [Mindframe](#) and [AOD Media Watch](#).

Blaming individuals for structural problems doesn't reduce use or harms

The AFP's [cocaine post](#) tries to link individual drug use to large scale structural problems, like organized crime and the global drug trade.

This ignores the key underlying causes of organized crime, which are linked to the massive profits made possible by the [prohibition of drugs](#). If drugs were regulated, it could [significantly reduce the black market](#) and generate revenue for more treatment.

Drugs are more harmful because they're illegal. They're manufactured in backyard labs with no quality or dose control.

This is why [most experts](#) support drug law reform, such as [decriminalization](#) or [legalization](#). Public [support for legalization of drugs](#) has been increasing, with more people now supporting the legalization of cannabis than opposing it.

Some argue that with the massive amount of money spent on drug law enforcement ([66% of the entire spend on drugs](#)) and the [very small long-term impact](#) on the drug market, we need a different approach.

What does work?

What works in preventing uptake is providing [good factual information](#) about drugs from an early age, including evidence-based school drug education.

Harm reduction strategies, like [needle and syringe programs](#) and medically supervised [injecting facilities](#), reduce harms from drug use. Often these activities also reduce use, although this isn't their main aim.

[Treatment is effective](#) in reducing drug use and harms.

There has been a significant shift in Australia and internationally to viewing [drug](#) use as a health and human rights issue rather than a criminal justice issue.

Law enforcement should stick to policing. Drug prevention and harm reduction are specialized areas of health science, and public health isn't served by the AFP acting outside its area of expertise.

Getting help

If you're worried about your own or someone else's use of alcohol or other drugs call the National Alcohol and other Drug Hotline on 1800 250 015, free from anywhere in Australia.

You can also chat online with a counselor at Alcohol & Drug [Counseling Online](#), join an online support group at [SMART Recovery](#), or talk to your GP about seeing a psychologist or counselor. You may be able to access support via telehealth.

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