

The Ineffectiveness of Scare Tactics in Prevention



Throughout the history of Prevention, well-intentioned professionals and community members have relied upon the use of scare tactics to convey a message to audiences. Scare tactics encompass several different methods, and in each case, research shows us the ineffectiveness of these tactics.



Scare tactics (moral appeals, fear appeals) intend to scare the audience into behaving a certain way. Scare tactics may attempt youth stop a behavior, such as smoking, drinking, speeding, or avoid a behavior altogether. These methods often use violent or shocking images to get the attention of the audience. School districts across the country will frequently use the “mock crash” to encourage students to avoid drinking and driving at specific times of the year, for

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example, prom or graduation. Fear appeals can also include survivor stories and recovery stories.

Scare tactics have gained notoriety throughout the years, beginning as far back as the 1930s, with the propaganda film titled, “Reefer Madness.” This film demonized marijuana and showed side effects that marijuana users found to be inaccurate. The film was re-released in the 1970s, during a time of cannabis policy reform. It is available on public domain, today. In the 1980s the Partnership for a Drug-Free America released the iconic ad, “This is your brain on drugs.” In the mid-1990s, it was re-released with a more violent message, showing the actress smashing an egg with a frying pan, after stating, “This is your brain on heroin.” In the early 2000s, the Partnership re-released the ad again, as a follow-up to the last statement in the ad, “Any questions?” The newer ad intended to show that teens do have questions for their parents regarding drug use and that parents are vital in educating their children about the dangers and truths surrounding substance use.

In the 1980s, the Drug Abuse Resistance Education Program (D.A.R.E.) was founded and implemented in schools across the country, with police officers presenting information in a fear-based way. Students were given an up-close look at drug culture as a means of prevention. Officers brought images of different drugs while also recounting stories of drug overdoses and arrests that had occurred. In recent years, the D.A.R.E. program has been revamped to include more activities for students, but it has yet to be determined if this has increased the program’s efficacy.

Most recently, in the 2000s, the Montana Meth Project released a series of print ads and television commercials detailing the dangers of methamphetamine use. These ads showed the dark, terrifying results of a person’s choice to try methamphetamine. The emotional ads were often painful to watch, and extremely graphic.

Research throughout the years has shown us repeatedly that fear tactics just are not an effective way to address substance use prevention. A 1975 study performed in the Netherlands showed that the most effective means of preventing substance use was by allowing students to

share personal stories and participate in activities that helped them work through some of the difficulties of adolescence. Dr. Gilbert Botvin modeled his curriculum, “LifeSkills Training” after this study (Hasting, G. & Stead, M., 2004).

Researchers have found that a person’s responses to a fear message do not stay static. In other words, it is human nature to form an attitude or opinion toward a subject, re-evaluate it, and then form a new belief as new information becomes available. This re-evaluation is essential to recognize scare tactics. Fear ads or shock messages are undoubtedly effective at gaining immediate attention, but after many views, they stop working because new attitudes and ideas have been formed. Repetition of fear ads may lead to habituation, irritation, and a tendency to tune the information out completely.

There are ethical concerns with the use of fear tactics. Fear tactics can be considered a form of “manipulative advertising,” designed to use emotional pressure to get a response. Frequently, a vulnerability in the viewer is unintentional manipulation. Examples may be a manipulation of youth, illness, or substance use disorder.

Scare tactics can create some unintended consequences. Research shows that they can create mistrust in members of the audience. “This one-sided, negative kind of teaching, which runs contrary to the experience of a majority of older social drinkers, substantially reduces the believability of all our teaching.” (Gorden & MacAlister, 1982). This mistrust carries over to the youth we are trying to reach, as well as their parents. Scare tactics can also create emotional tension in the viewer, and a defensive attitude of, “That would never happen to me.” According to Hasting and Stead (2004), the message may be avoided or tuned out, suppressed, or the viewer may adopt a counter-argument to question the message’s truth.

As prevention professionals, we need to recognize a scare tactic when we see it, consider the research behind it, identify better ideas to relay the information and communicate effectively with our stakeholders and community members. We must ask ourselves, “Is there an element of fear to this message?” One must also ask, “if our audience has any experience with this subject matter (previous alcohol use, for example), will that impact how truthful they perceive the message to be?” Finally, in good prevention practices, there will be a call-to-action and not just a cautionary tale.

Several different agencies have determined what the best prevention practices are. One such document would be National Institute on Drug Abuse (NIDA)’s sixteen principles that guide prevention practice. The sixteen principles address risk and protective factors, prevention



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planning through family, school and community programs, and prevention program delivery. Substance Abuse and Mental Health Services Administration (SAMHSA) also has several links to approved programming, best practices, and current trends in prevention. When in doubt, always refer to best practices and program standards to help guide your prevention efforts.

Sources

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National Institutes on Drug Abuse. <https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/prevention-principles>

Substance Abuse and Mental Health Services Administration <https://www.samhsa.gov/>

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