



APG Planning Idol 2007- Highly Commended

Background:

Ice (crystalline methamphetamine) is the most potent meth/amphetamine to ever hit Australian streets – and it's reaching epidemic proportions. Impacting the user physically and mentally, it often leads towards violence and crime, making it dangerous to both users and nonusers alike.

The Brief: Address the growing threat of ice in Australia

Client: Inspire Foundation

APG PLANNING IDOL

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Breaking the Ice

A plan to help curb the demand for crystal meth amongst young Australia

01. A hopeful sign

After ten years of worrying growth, a report issued in October by the National Drug and Alcohol Research Centre offered some hopeful news: the reported use of ice had dropped for the first time since 1997. And whilst the number of actual addicts and regular users had not dropped significantly in this latest sample, the number of first-time users had.

An interesting point with which to start this paper.

Further interrogation of the report yields more interesting clues. The price hadn't changed. Supply hadn't increased. And there was no change in the number of reported 'outlets' to obtain the drug.

What *had* changed was this: after years of non-specific drugs ads, the Australian government launched a \$30 million campaign specifically aimed at reducing the trial of ice. "Don't let Ice destroy you" was a specific education campaign that warned of the extremities of crystal meth – the violence, the psychosis and the radical effect it can have on the user's mind. The advertising was controversial and thought-provoking. And the figures attest to its power to change the minds of those considering the drug.

Its proof that advertising can work. And it forms the basis for this paper – which will focus on a future communications direction to help continue reducing the number of first-time ice users in Australia.

02. What do we need to do?

Whilst the government has continued to commit substantial resources towards a cohesive policy of law enforcement and rehabilitation, communications can play a role in helping to curb the drug industry's most precious growth asset: the first-timer. Targeting first-timers is not new. But what can be new is the approach that communications takes. Whilst the traditional approach relies on the use of rational fact to make its case to first-timers, this paper suggests that 'rational' should only be half the story.

03. Targeting the 'Moment of Truth'

Ultimately, ice is a very pragmatic drug choice. 'More high for your dollar' is an attractive proposition, particularly for the type of person most likely to try ice in the first place. Profiling work undertaken by IDRS found the largest risk group to be amongst lower-income young adults (17-25) who are socially networked to other

users of the drug. When you assume that the majority of these users within one's social network have only had positive experiences, how is it that communications can actually sway a first-timer not to try ice in the first place?

The answer is stigma.

66% of first-time users will encounter the drug either at their home or a home of a friend or acquaintance. NDARC reports also conclude that the majority of ice trialists are 'polydrug users' – meaning that they encounter ice whilst under the influence of other drugs, namely alcohol and marijuana. Therefore, the most 'moment of truth' will likely be at the house party of an acquaintance amongst others who may have had largely positive experiences with ice.

In an environment like this, we need to make it easier for first-timers to reject the offer of the drug. We can achieve this by creating and cementing a clear social stigma around the ice drug.

04. Defining the role for communications

I was fortunate enough that my regular line of work took me around Australia to understand the lives of young Australians for one of our major clients. As a result, I was given access to twenty young Australians from around the country. Whilst the majority of them did not know anyone directly who had tried ice, those who did mentioned that their friends/acquaintances 'were pretty normal and that there was no long-term effect' (which we know is contrary to the truth).

Whilst they didn't know much about ice (they had heard of it), they were much more familiar with ecstasy, cocaine and the other 'mainstream drugs'. It became apparent that each of these drugs had an almost 'brand presence'. I asked each of the respondents to explain what each drug would be if they were a brand.

"Marijuana is like Sunday afternoon with mates"

“Marijuana makes me think of California and the beach”

“Cocaine is definitely high-class nightclub”

“Yuppies... I think coke is about being rich...”

“Ecstasy? That’s like Parklife, Harbour Life, that sorta thing”

“Yep, definitely rave scene... sweaty dancers”

When I asked about what ‘ice’ constituted, the responses were blank. And the opportunity was born.

In 10 years, ice has yet to become a ‘brand’. It has yet to define a typical ‘user profile’ in the minds of young Australians. ‘Mainstream drugs’ carry positive associations that make it easier for first-timers to accept the offer of each drug, despite their knowledge and better judgement.

If our work is to mean something to young Australians at the ‘moment of truth’, its to create a powerfully negative social stigma that robs the ice ‘brand’ of the positive associations attributed to similar ‘party drugs’.

The communications need to kill the ice ‘brand’ before it can become one.

05. What to Say

The approach will be to create a stigma around ice that ultimately takes the value (social and financial) out of trying it the first time.

In further research, undertaken through a series of phone interviews and observations of frontline hospital staff, there emerged an interesting fact: hospitals just don’t quite know how to deal with those who overdose on ice. Whilst heroin overdose cases can be prescribed a number of remedies, doctors report that very little can be done for those in the throes of an ‘ice high’. Whilst fatalities can be usually prevented, its never a guarantee.

So, in short, you go overboard on ice and nobody will know how to help you. A powerful fact.

A fact made even more powerful when you consider the context in which young Australians live. Sociologists dub them as the ‘safety net generation’, a generation of youth brought up amidst lofty economic growth and social progress over the past ten years in Australia.

This is a generation of youth whose general sense of being untouchable is reinforced by a plethora of media with daily stories of celebrities who take their drug habits to the edge – but then who safely return to orbit through a staged series of rehab stints (hello Lindsay Lohan, hello Ben Cousins).

The job is to jar their expectations and make them aware of the fact uncovered earlier – nobody will know how to help you.

The creative proposition is simple: **With ice, there is no Plan B.**

The proposition casts ice in the unfavourable light it deserves. Imagine a drug so wickedly powerful that not even trained doctors knew how to treat you. Imagine a drug so dangerously potent that you cause irreparable brain damage when you try it. Imagine a drug that locks you in a dark room and never lets you out.

The work should seek to take the ‘sex’ out of the danger when using this drug. Ice is plainly reckless and those who use it

06. A possible creative solution

A possible interpretation of the creative proposition would look like this:

“Ice. What’s your back-up plan?”

The campaign would be centred around this one question, which provides a robust platform for online initiatives.

This creative route allows us to communicate the very real fact from the research: ice is a relatively new drug that nobody quite knows how to handle. Executions can dwell on the infinite possibilities that face the trial-user at that critical ‘moment of truth’. It also creates a useful dialogue through high-school programs and online initiatives.

Executions should have the effect of casting the ice ‘brand’ as a complete ‘dead end’. It recognises that users may be tempted by the ‘next big high’, but cautions trialists to reconsider their choice, given the myriad of consequences.

As ice is commonly encountered in a polydrug environment, the touchpoints should target trialists en route to ‘moments of truth’ – online, this would mean a presence on websites dedicated to major youth events such as Harbour Life and Park Life, whilst materials can also be present at major Liquorland outlets, convenience stores and other retail outlets where trialists are likely to stock up before a big weekend.

07. What does success look like?

Ultimately, we aim to continue curbing the demand for ice amongst young Australians and this can be proven with the ongoing work conducted by the National Drug and Alcohol Research Centre (NDARC).

Importantly, this paper suggests that through a monitoring of PR, media and the web, we can ascertain the effectiveness of this campaign in creating a negative brand identity for ice – a ‘brand tracker’, if you will.

Change will come not as a result of a major revolution, but instead as an evolution: through each ‘moment of truth’, we can help curb the demand for ice and work towards a better future together.