

## New research shows massive ad campaign didn't reduce meth use

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(PhysOrg.com) -- In 2005, Montana had one of the highest rates of methamphetamine use in the United States. Private funds were used to launch a public awareness campaign, and public dollars followed. Seven other states launched similar projects. Millions have been spent on advertisements.

However, by the time the Montana Meth Project got started, the rate of <u>methamphetamine</u> usage was already declining, and <u>a new study</u> from the University of Washington indicates the project didn't affect use of the drug.

"Methamphetamine use was trending downward already, and the research shows that the project has had no discernable impact on meth use," said D. Mark Anderson, a UW doctoral student in economics whose study is published in the September issue of the Journal of Health Economics.

The Montana Meth Project, launched in 2005, aims to educate Montana residents, particularly young people, about the harm methamphetamine causes.

But Anderson said the project had not been empirically and rigorously scrutinized until his study.

The primary element of the campaign has been graphic advertisements saturating radio, television and print outlets around the state. The ads



depict decay of users' bodies, young girls selling themselves to older men for meth, teens committing violent crimes to support meth habits and groups of meth users allowing their friends to die. Evaluations of the project suggest that the ads reach 70 to 90 percent of the state's teenage population three to five times weekly.

After the Montana Meth Project launched its initial campaign, Arizona launched a similar one, followed by Idaho, Illinois, Wyoming, Colorado, Hawaii and, this past March, Georgia.

In the Midwest and Western states, methamphetamine is the dominant drug problem, according to research published in the Journal of Addictive Diseases.

A 2007 survey conducted by the National Association of Counties showed 47 percent of county sheriffs reporting methamphetamine their No. 1 drug problem. That percentage was higher than marijuana (22 percent), cocaine (21 percent) and heroin (2 percent) combined.

To assess the impact of the project on teen methamphetamine use, Anderson used data from Youth Risk Behavior Surveys. Nationally, the surveys are conducted by the Centers for Disease Control and Prevention, and at the state level by education and health agencies. Using these data, Anderson compared the rate of methamphetamine use in Montana to rates across the nation and in nearby states.

Wyoming and North Dakota, which are demographically comparable to Montana and had no anti-methamphetamine projects until 2008, were used as controls in the study. Their methamphetamine rates largely paralleled those of Montana, showing gradually less use of meth from 1999 through 2009.

Study results also show that the Montana Meth Project has had no



influence on usage rates for other substances such as cocaine, heroin and household inhalants.

Anderson additionally analyzed drug treatment admission reports from the U.S. Department of Health and Human Services. Drug treatment providers that receive federal funding perform methamphetamine testing in admissions and then include results in reports to the federal government. Using those results, Anderson found that the Montana Meth Project had no discernable effect on meth use among Montana residents ages 15 to 29. The findings suggest that other factors, such as increased policing that occurred before the project, are more likely to have contributed to decreased use of methamphetamine.

"Perhaps," Anderson said, "word got around on the street, long before the campaign was adopted, that meth is devastating. Future research, perhaps of meth projects in the other states, should determine whether factors that preceded the campaigns contributed to decreases in usage."

Provided by University of Washington

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