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The Role of Media Policy in Combating Drugs (A Study of Mechanisms)

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ABSTRACT

Objective: *This study examines how media policy can contribute to preventing drug use through accurate information, attitude formation, social-norm correction, treatment referral, and institutional coordination.* ***Method:*** *Using a narrative review and policy-analysis approach, the study synthesizes literature on media governance, psychoactive substances, mass-media campaigns, digital communication, stigma, and prevention evaluation.* ***Results:*** *The analysis shows that media interventions are more consistently associated with gains in knowledge, risk perception, and help-seeking awareness than with direct and sustained reductions in drug use. Their preventive value depends on audience segmentation, cultural relevance, credible messengers, non-stigmatizing language, cross-sector coordination, accessible support services, and evaluation at formative, process, outcome, and impact levels.* ***Novelty:*** *Media policy should therefore be treated as one component of an integrated prevention system rather than as a stand-alone solution.*

INTRODUCTION

It has been found that the drug abuse is one of the most severe issues in the society of today, as it hugely affects the human security, social cohesion and potential development. With the spread of narcotic substance abuse and the attendant health, psychological and behavioral harms, it is now a multi-faceted social, cultural and economic problem. In this regard, media policy becomes a suitable instrument that can be used to tackle this phenomenon by disseminating knowledge, creating collective awareness and significantly changing the trend to practice preventive actions [1], [2].

Importance of the Study

The aim of this study is to link the relationship between media policies and social prevention, as the role of the media to increase awareness of the risk, changing attitude and inspiring people to undertake alternative positive behavior. In addition, it is crucial to develop sustainable media strategies that can counter the increased temptations to drug use with the rise of digital media and social media.

The goals of the study are outlined

This study aims at demonstrating that:

1. Identify how the media influences knowledge, attitudes and behavior regarding drugs.
2. Examine the effects of the media campaign on drug use reduction, and share local and international case studies.
3. Formulate a realistic and scientific vision on how to form media policy as an effective preventive action against this phenomenon.

The problem of the study?

Given the number of governmental media programs that are being launched by governments and international organizations, the use of drugs is on the rise and in addition to other fundamental questions are being posed:

1. What do you understand by a media policy? What do they want and what are their characteristics?
2. What are drugs? What are their types and classifications and how much can they really impact upon knowledge, attitudes and behaviors about drugs?

But is there a difference between these campaigns and ones that will actually result in behavior change?

Study Hypothesis

The main hypothesis of this study is that:

Media policies, on various media platforms, if their messages are constructed on scientific foundations and implemented based on the three-part analysis model (knowledge, attitudes, and behavior), can create a real preventative effect that can reduce the phenomenon of drug abuse.

RESEARCH METHOD

This study employed a narrative literature review combined with qualitative policy analysis. Academic studies, systematic reviews, books, and institutional guidance concerning media governance, psychoactive substances, drug-use prevention, campaign effects, digital communication, stigma, and evaluation were purposively examined. Sources were compared through a cognitive–affective–behavioral framework that distinguishes changes in knowledge, attitudes, perceived norms, intentions, help-seeking, and behavior. The synthesis also assessed message accuracy, audience segmentation, cultural relevance, ethical safeguards, institutional coordination, service readiness, and evaluation design. Because this is a conceptual review rather than an experimental study, the findings represent an evidence-informed interpretation and do not establish a new causal effect size [3].

RESULTS AND DISCUSSION

Results

Media Policy as a Preventive Framework

Media policy is one of the most prominent strategic instruments used in the modern societies, since it plays an important role in directing the media to perform in the public interest and in structuring their role in the scope of the state's public policy. It has been perceived as a holistic process involving the legal, political and social aspects in order to achieve responsible freedom of the media for development and stability.

First: Definition of Media Policy

There are a number of different definitions of media policy based on different schools of thought and on research methods. Some see it as a means to control the media

and some see it as a component of the system of public policy. According to Al-Sayyid [4], it is "a set of principles and controls that regulate the media outlets' goals and roles in society and their activities under the public interest and the goals of the state. This definition puts emphasis on the normative and organizational aspect, viewing it as "a set of principles and controls" which act as a regulator and guides the roles of the media and direct them towards the purposes of the state and public interest. That is, the definition is rooted in the role of the media as a service of society in an organized manner that does not lead to media chaos. In the meantime, McQuail [5] believes that media policy is a component of public policy as it reflects the state's public policy attitude towards the media and controls the relationship between the media, authorities and society. From this point of view, it has a strategic-political character. It focuses on a political-structural side of media policy, where not only do the rules of the profession come into consideration, but the media policy itself becomes a part of the state's public policy. It links the media to power on one hand, and to society on the other. It is thus that McQuail gives to media policy its strategic nature, and puts it at the center of the state action. It is defined by Hill [6] as 'the legal and institutional framework that determines the scope of operations of the media and guides them towards supporting stability and development', which emphasizes the legal and institutional aspect. It is a framework for the limits of acceptable behavior by the media, and for guidance in promoting stability and development, in his view. In this context, the importance of the law and official institutions in shaping the media landscape becomes evident, thus making the connection between the media and political stability more apparent [4].

Second: Characteristics and Objectives of Media Policy

Media policy has various characteristics and objectives, that will discuss as follows:

Characteristics of Media Policy

Media policy has some features which set it apart from other public policies:

Normative Nature

Media policy has a normative nature, in which the criterion of the role and objectives of the media are seen. It is not a description of reality but it is a description of how the reality is to be controlled and directed. This is a property that regulates the performance of media in the context of moral and legal regulations.

Incorporate linkage with Public Policy

It is impossible to separate the media policy from the policy of the public, as it reveals the orientations of the state and in determining the relationship of the state with the society and authority, it has a strategic dimension [5].

Legal and Institutional Dimension

Media policy is based on the legal- and institutional framework. It provides guidelines and legislation for the media. It is said to be the framework that sets boundaries for freedom of the media and enables it to develop and become stable.

A characteristic that is variable or changes.

Media policy can adjust to the ever-changing technology and politics. Its feature makes it a versatile instrument that can interrelate with digital transformations and globalization [6], [7].

Comprehensiveness

Media policy involves aspects of the media system, its structures, its ownership, its content and its connection with society. UNESCO [8] defined it as "plural and enduring values which shape the media in the overall values of the state at political, economic, social and cultural aspects.

Balancing Function

Media policy is a balancing act between the freedom of expression and the right to stability and development of the society and is a mechanism which regulates the relationship between the rights and duties in the media field.

Participatory Nature

This is because in the digital media landscape, media policy is not just a state affair anymore, it has turned out to be the result of state, media and civil society interaction. She said that people's opinions and economical interest are influencing the decisions made in the media nowadays, making it more participative [9].

The objectives of Media Policy

The strategic objectives of media policy can be defined as follows:

Supporting the Public Interest and Development

Media policy is set to guide media to serve the mission of public interest and cultural and social development of the society. It aims to strike a balance between the market and the public interest, and thereby to have a positive impact on the media as a "public service.

In other words, media policy acts as a link between the institution and the public, and the concept of social harmony and development is the basis of the philosophy of media policy [10].

Media and Social relations: Control of the relationship between the media, the state and society

Media policy is a policy of regulation, of setting limits on the interaction of the media, society and politics. This policy is an integral component of the balance and control of interactions between institutions.

Promotion of the free flow of information and communication with a social responsibility mentality.

Freedom of expression and social responsibility in the information flow [8].

Media policy is the policy that would provide space for the media to express itself but at the same time being responsible within the profession and ethics. To create a professional and social free media space.

The protection of national and cultural identity.

The preservation of the national identity and culture in the era of globalization of media is one of the main tasks of media policy. Media policy is used in most European

societies to safeguard the production of local media and cultural diversity. Media Pluralism and preventing a monopoly are part of the mandate. The requirement for pluralism and monopoly prevention of the media is also part of the mandate.

Media policy aims to achieve a diversity of voices and the absence of an overpowering voice. The aim is crucial to ensure media pluralism, one of the cornerstones of democracy.

The ability to surmount technological and digital challenges. Capability to beat technological & digital hurdles.

Media policy needs to evolve and become effective to regulate digital media in the digital age. This media domain requires a modern media policy, and a participatory one, as well because public participation is to be expected in this domain, through digital media [11].

An understanding of Local Values and Culture

Media policy is a product of its connection to the values of the country and religion. For instance, the media policy in the Kingdom of Saudi Arabia lays out the media's responsibilities to adhere to Islamic teachings, serve the community, promote national unity and counter any negative thoughts that stem from the nation's development [12].

In this respect, it has been argued here that media policy has a set of characteristics which make it a distinctive trait of the political and social system of the state. It is comprehensive, not just restricting the content of the media, but also the institutional, organizational and legal aspects. Secondly, it is flexible, adaptable and open to political, social and technological changes, enabling it to be able to deal with new challenges such as digital media and cultural globalization. It also carries a high value and cultural aspect particularly in the Arabic setting, where it is linked to national, religious values, and therefore can serve as a tool for protecting identities and promoting social cohesion. Furthermore, it is institutional and regulatory – it is formalized and made compulsory as a tool of regulation of the work of media institutions and their interaction with the public. Last but not least, it performs a guiding role that sets trends and shapes media towards the state and society's objectives.

Regarding its goals, the main goal of media policy is to ensure that media become instruments for development, education and public awareness. One of its goals is to provide balance between freedom and responsibility, ensuring freedom of expression and professional and ethical standards. It also aims to manage the relationship among the media, the state and society in a manner that would ensure stability and preserve the public order. It is one of its most striking aims to promote national and cultural identity and to safeguard society from cultural infiltration and foreign ideologies. Additionally, media policy should ensure freedom from media monopolies and promote pluralism to enable the expression of the views of various social and political groups. It also includes topics on modern issues of technology like fake news and digital media and the speed of information in today's globalized world.

As such, media policy may be regarded as a strategic framework that is flexible, dependent on the needs of freedom and social responsibility, as well as global openness and safeguarding of the national identity.

Third: Media policy can have several interrelated aspects on the preventive role:

Encouraging a culture of prevention based on evidence related to drug use. Addressing incorrect beliefs and skewed social views around substances. Awareness of domestic violence; dialogue and peaceful conflict resolution. Ensuring accurate information about employment opportunities, vocational programs and services available. Helping people impacted by drug use to access treatment, rehabilitation and social-support services.

Another way in which media policy can help manage social problems is to diminish the stigma attached to treatment for addiction and to help social reintegration of those in recovery, while also giving information to affected families. International prevention guidelines however, emphasize the need for communication activities to be part of a comprehensive national prevention strategy that includes family, school, health care, community, and public authority components (United Nations Office on Drugs and Crime [13].

Moreover, the participatory and transparent nature of media policies can also enhance the level of community participation by giving citizens the opportunity to not only be informed about social issues, but also to have their input in defining and discussing them. Participative communication can be used to mobilize communities, to build trust in public institutions, and to promote collective responsibility for prevention. In this regard, media policy offers a normative and regulatory framework to which media institutions can respond to meet the information needs of communities and wider public interest goals [10].

Consequently, media policy should be seen not simply as a "set of professional or regulatory controls. It's a social communication tool that merges awareness-raising, prevention, access to services, and citizen involvement. It plays a key role in social stability and sustainable human development as long as the messages are scientifically sound, the messages are tied to other public policies and its impact on knowledge, attitude and behavior is continually monitored.

Drug Concepts and Classifications

Drug use is a multifaceted public-health and social problem that has health outcomes that are not limited to the individual. Drug use can create unhealthy patterns that impact psychological health, family functioning, academic success, work or career, community safety and economic productivity. Interacting individual, family, social and economic factors, such as psychological distress, peer influence, family instability, social exclusion, and limited access to prevention and treatment services can also be linked to the development of drug-related problems.

The use of drugs, therefore, must not be viewed solely as a criminal or personal issue. An integrated approach to delivering evidence-based prevention, health care, treatment and rehabilitation services, using the right legislation, education and

responsible media communication is essential for effective responses. An accurate scientific knowledge of psychoactive drugs and their classification is key to crafting believable messages and to not portray drugs in a misleading or stigmatizing way in the media.

First: The Concept of Drugs

Psychotropic drugs are drugs that change brain functions affecting perception, consciousness, thinking, feelings, and mood when they enter the body, according to the World Health Organization. The term "psychoactive" does not necessarily mean that a substance produces dependence. It includes many drugs, such as controlled drugs, alcohol, tobacco and drugs that have been manufactured or distributed illegally [13].

There should, be a difference between a psychoactive substance and an illegal drug. The legal classification of a substance as "illicit" relies on the national and international legislation that governs its use while a psychoactive substance is one which affects mental processes. Other psychoactive drugs have established medical uses, but can have significant health effects when used out of approved medical settings, at higher doses or for non-medical reasons. Morphine, codeine, fentanyl, methadone, tramadol, for instance, are the opioids that may, in fact, have some therapeutic value, but their use can lead to dependence, overdose and death.

The use of drugs can be addressed in various interrelated ways:

The health dimension: Psychoactive drugs can impact the brain and other parts of the body, and be linked to intoxication, dependence, mental disorders, chronic illness, overdose, or death.

The psychological and behavioral dimension: Drug use can impact cognition, emotional regulation, judgement, motivation and behavior, but the impact is varying depending on the type of drug, dosage, route, frequency and the person's individuality [14].

The social aspect: Harmful drug use can have an impact on family and social relationships, education, work and community safety. These effects are not true for everyone who consumes a psychoactive substance.

The legal aspect: The manufacture, storage, trade and misuse of numerous psychoactive substances are controlled or banned by national law and international conventions on drugs.

Therefore, drugs should not be thought of as just "bad" or illegal drugs. They are a multi-faceted policy question that must be addressed through an integrated approach in health, social, legal, educational and communication solutions.

Second: Drug Classifications

Psychoactive drugs can be categorized in various ways, such as by their pharmacological effects, from where they come, their medical applications, and their legal status internationally. The classifications are analytical in nature and are not mutually exclusive as one substance can be classified in more than one category.

Classification of drugs is based on their pharmacological effects as follows:

Psychoactive drugs can be grouped based on their primary effects on the brain and central nervous system:

a. Sedatives and hypnotics: These slow down the function of the central nervous system and can cause relaxation, sleepiness, or problems with coordination. These consist of benzodiazepines and some sleeping pills. Their use can sometimes result in serious health problems, especially when used with other drugs, such as opioids, or when mixed with alcohol.
b. Stimulants: These drugs are used to stimulate the central nervous system and alertness. These include cocaine, amphetamine and methamphetamine. They can cause cardiovascular side effects, anxiety and sleep disturbances, paranoia, and dependence.
c. Opioids: These are naturally occurring, semi-synthetic and synthetic substances which bind to opioid receptors. They include opium, morphine, heroin, oxycodone, fentanyl, methadone, and tramadol. While a few opioids are essential to manage pain, misuse or non-medical use can result in dependence, respiratory depression, overdose, and death [15].
d. Cannabinoids: These include cannabis and cannabis related substances. They can cause changes in perception, mood, memory, co-ordination and judgement. The type and severity of the risk vary with factors like potency, frequency of use, early age of use, and susceptibility to the risk factors.
e. Hallucinogens and dissociative substances: These impact on perception, thoughts, emotions and the world around them. Some examples are LSD, psilocybin, mescaline, ketamine or phencyclidine. They can have very different impacts in different people and on different occasions.
f. Volatile Substances (Inhalants): These are substances like solvents, glues, fuels, and aerosols that are breathed in for their psychoactive effects. Although they are legally available for industrial or domestic use, they can have serious neurological and physical effects if used improperly.

Categories may be presented in more than one category. Some drugs, for example, cause depression and some can cause a stimulant, hallucinatory, or sedative effect depending on the dose and the person's response [16].

Classification According to Origin

Drugs can even be categorized based on their origin and how they are made:

a. Natural substances: These are derived mainly from plants or natural materials, such as opium derived from the opium poppy or cannabis, coca leaves and khat.
b. Semisynthetic substances: Made from naturally occurring substances, but chemically altered. A well-known one is heroin, which is derived from morphine.
c. Synthetic substances: They are substances that are chemically produced. These include methamphetamine, fentanyl, MDMA and ketamine.

This classification indicates where a substance comes from, but it does not give a good idea of how dangerous a substance is. Not everything that is natural is safe and not everything that is synthetic is worse. Risks should be evaluated based on the pharmacological properties, dosage, toxicity, mode of use, dependence potential and context of drug consumption.

Classification according to International Drug-Conventions

The international classification of controlled substances is based mainly on three United Nations conventions, which are:

a. The Single Convention on Narcotic Drugs of 1961, amended by the 1972 Protocol, deals mainly with drugs that have cannabis-, cocaine- and opium-like effects.
b. Amphetamine-type stimulants, barbiturates, benzodiazepines and hallucinogens like LSD are controlled by the Convention on Psychotropic Substances of 1971.
c. The United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 was a convention that dealt with illicit trafficking and with precursor chemicals that are often used to make controlled drugs [17].

These conventions should not be presented as a ranking from "highly dangerous" to "less dangerous" drugs. International scheduling takes into account the potential for abuse, the possible adverse effects, therapeutic benefits, and the amount of control that is needed. The WHO, which conducts scientific evaluation, and the United Nations Commission on Narcotic Drugs, which adopts the appropriate international control decisions, make recommendations on scheduling (WHO, n.d.).

These classifications help to develop accurate prevention policies and responsible media campaigns. Media outlets need to inform the public of the dangers of various substances without excessive, normalizing, or stigmatizing. This is especially critical in the context of miscommunication within the scientific community, as the classifications of the messages may lack credibility and effectiveness if they are misclassified.

Three: The Role of Media Policy in Combating Drug Use

Drug use poses a serious public-health and social problem that can have impacts at the individual, family, community and institutional levels. These include physical and psychological harms, family disruption, less educational and occupational involvement, strain of health and social services, and harms of illicit drug markets. Integrated policies in prevention, treatment, rehabilitation, educational, law enforcement and social support are needed to address the problem.

In this comprehensive approach, media policy can play a role in drug-use prevention by providing the foundations, institutional obligations, ethical principles and communication priorities that inform media institutions. It can help to spread scientifically accurate information, challenge misconceptions, promote informed decision-making, spread awareness about treatment services that are available, and allow for public discussion of prevention and recovery.

However, the role of the media should not be overemphasized. An anti-drug message does not automatically result in a change of behaviour. The impact of communication can differ depending on factors related to the audience, the credibility and design of the message, the amount of exposure, the channels through which the communication occurs, and the presence of supportive services and community-based interventions [18].

First: Scientific investigation of the use of media mechanisms in combating drug use among students.

Media campaigns can be explored on a cognitive–affective–behavioral model. This framework highlights three stages of possible influence; change in knowledge and beliefs, change in attitudes and emotional response, and change in behavioral intention and behaviors.

The following levels are not necessarily a step-by-step progression that the recipient has to go through in order to reach this point of behavioral change. People can know about a campaign but not agree with it's message, and they can have a negative attitude towards drug use without changing their behavior. Communication is the only factor that influences behavior, but the influences of social norms, peer and family relationships, psychological conditions, substance availability, economic conditions and access to prevention and treatment services are not to be overlooked.

Therefore, the success of a media campaign should not be judged by the number of people reached or the number of messages recalled, or the number of views of a website, or the number of 'likes', or the number of reported levels of satisfaction. These measures reflect exposure and/or involvement, but not actual reduction of drug use. The evaluation of a scientific rigor should be able to differentiate between cognitive, attitudinal, intentional and behavioral outcomes [19].

Cognitive Effects: Knowledge, Awareness and Risk Perception

Media communication can at the cognitive level include information on psychoactive substances, the health effects of these, signs of problematic use, legal consequences, and services available for prevention and treatment. It can also question false beliefs, such as believing that some drugs are harmless because they are labelled as natural, or that drugs such as stimulants are safe to use to boost energy, focus or schoolwork.

What is important is the accuracy, clarity, relevance and credibility of the information presented, with regard to the effectiveness of cognitive communication. The language of the message must be tailored for the age, education and culture of the target audience. They should also be careful not to overstate actually, because assertions that are contrary to what the audience has experienced or evidence available may cause distrust of the campaign or even the institutions behind it.

While improved knowledge is an important outcome, it is not sufficient evidence of prevention. People can learn about the harms of drugs, but still do the risky things. Cognitive outcomes should therefore be seen as a first or intermediate measure of the influence of the campaign rather than an indication of the success of behavior.

This level of campaign evaluation can include the following aspects:

Change in understanding of the health and social impacts of specific chemicals.

Misinformation and misleading social representations aware.

Change in perceived susceptibility to drug related harm.

A knowledge of services for prevention, counselling, treatment and rehabilitation.

Knowledge of professional help available and where to get it.

These indicators should preferably be taken before and after the campaign and compared, if possible, with an appropriate unexposed or less exposed group.

Affective Effects refers to attitudes, emotions and social perceptions.

Media messages can have an impact on attitudes toward drug use, emotional response to drug risk, sense of social approval, and treatment and recovery attitudes at the affective level. Fears, hopes, empathy, personal testimony, identification with positive role models, or stories of recovery are common tactics in campaigns.

Design is important for emotional appeals. Fear-based messages can garner interest, but overly alarming or "graphic" messages may lead to a psychological reaction, denial, avoidance, or rejection of the source. Fear appeals are more defensible when they are coupled with specific, realistic, and attainable response options that allow the recipient to minimize or escape risk and/or obtain help.

Recovery stories can help to illustrate the possibility of treatment and help reduce the stigma towards individuals impacted by a substance use disorder. However, any such stories must respect the dignity and privacy of the person and do not claim recovery is simple, straight-forward, or the same for everyone.

Media policy should also differentiate between discouraging harmful drug use and stigmatizing persons who use drugs and persons seeking treatment. Negative portrayals can deter people and families from seeking health care. The goal of the communication, therefore, should be to deter bad behavior, while also promoting access to treatment, recovery and social reintegration.

The assessment of affective effects can involve:

Approval/disapproval of drug use.

Changes in perceived risk and perceived social acceptability.

Attitudes about getting professional help.

Will is willing to support rather than stigmatize persons in recovery.

Perceived resistance to peer or social pressure.

But positive attitudes to campaign messages do not necessarily mean that attitudes were changing to behavior.

Behavioral Effects: Intentions, Service use, and actual behavior

Evaluating campaigns on behavior is the most challenging level. The goals may be to deter initiation, lower risky drinking, motivate family member to seek professional help, to utilize treatment, to engage in treatment, or to support family member in treatment.

The original text makes the assumption that these behavior outcomes can be elicited directly by media messages. Evidence is sparse and more circumspect

conclusions must be drawn. An exploratory and descriptive study of the characteristics of these campaigns revealed that there were significant differences among campaigns and evaluation methods, making it difficult to draw firm conclusions about their overall effectiveness (Ferri, Allara, Bo, Gasparrini, & Faggiano, 2013). A later systematic review and meta-analysis of the 23 studies in the sample showed that there was no evidence of pooled randomized studies that mass-media campaigns decreased illicit drug use or drug-use intention, although some studies were non-randomized with favorable results [20], [21].

These results do not preclude the potential of the media communication being a preventive force, as the majority of analyses conducted during the evaluated period did not indicate that the campaign had a positive influence on youth's marijuana use or related outcomes (Hornik, L., R., A., & G., 2018). Instead, they show that increases in exposure or awareness are not enough to assume there will be behavioral outcomes. [22]

Media campaigns should be considered one part of a broader prevention effort. Their contribution can be enhanced when messages are:

Based on formative research on target audience.

Based on an appropriate communication and behavior theory.

Have been tested prior to widespread dissemination.

Provided regularly via complementary means.

Adapted to the cultural and social characteristics of the audience.

Linkage with available prevention, counselling and treatment services.

Coordinated with family-, school-, health- and community-based interventions.

Continuously monitored for intended and unintended effects.

The relationship between knowledge, attitudes and behavior

Although the cognitive-affective-behavioral model can be useful to structure the outcomes of campaigns, it should not be interpreted as a model where leaving out one of the components excludes the possibility of the other components. Attitudinal change does not necessarily follow increased knowledge, and behavioral intentions will not necessarily follow changed attitudes, both connections are neither automatic nor uniform.

The framework is most useful when used as an evaluation structure in which to quantify each of the categories of outcomes separately. A campaign can have an impact on knowledge without having an impact on behavior. Increased awareness and help-seeking for treatment services in another campaign could contribute to dismantling stigma in drug use without changing the prevalence of drug use in the broader community. The results of these must be communicated precisely and not summarized under the blanket term "The campaign was successful".

Thus, scientific evaluation of media policy effects on countering drug use should not be limited to a single indicator, contain a proper research design with baseline and follow-up instruments, and clearly differentiate between exposure, knowledge, attitude, intention, use of services and actual drug use.

Media policy can serve as a catalyst for an enabling communication for prevention, treatment and recovery. Its effectiveness, however, relies on the quality of the design of the message, the credibility of the institutions that are communicating the message, the characteristics of the receiver, its integration with the broader public policies, and careful assessment of the positive and negative impacts of the message.

Second: Media policy mechanisms for combating drug use.

Media policy can use a variety of interconnected tools to help prevent drug use and to respond to substance use disorders. They are the mechanisms of awareness and education, psychological and behavioral communication, social and cultural intervention, digital communication, institutional coordination, and evaluation.

Such mechanisms are effective when they are part of an integrated prevention program. The international evidence is not in favor of using mass-media communication as a standalone intervention. Media campaigns are more likely to be of value when they are used alongside family-, school-, healthcare- and community-based programmers and direct the audience to available services (United Nations Office on Drugs and Crime [13].

Awareness and Educational Mechanisms

Awareness and education are the most direct roles of media policy in this regard. Media institutions can give scientific accurate and comprehensible information on:

Health and psychological effects of psychoactive substances.

The dangers of drug use outside of a health care setting or without a health care worker's supervision.

Signs that a person might need professional help.

How the risks of mixing various types of psychoactive drugs.

Availability of preventative, counselling, treatment and rehabilitation services.

Processes by which people and families can seek help.

Educational messages should be targeted to specific audiences and not applied indiscriminately to the population. There is a difference between the information needs of adolescents, university students, parents, educators, health care professionals and those who use drugs in problematic ways. Therefore, the message language, message content, communication channels and calls-to-action must cater to the attributes of each group.

Media campaigns should also differentiate between giving information and creating prevention results. The original paper stated that drug use, especially for the first time, is about 20% lower in some countries after the communication campaigns. This number is not substantiated by the source cited and should be removed. Systematic reviews have found that mass-media campaigns have had a consistent general effect on reducing illicit drug use among youth (Ferri, Allara, Bo, Gasparrini, & Faggiano, 2013). [20].

The educational process should therefore be assessed by certain parameters: increasing knowledge, correction of wrong ideas, awareness of services and skills to seek help. While these cognitive impacts are beneficial, they cannot be claimed to be indicative of a decrease in drug use unless there is behavioural evidence of such a decrease.

Media policy plays a role in awareness of treatment too. Messages should include information about substance use disorders being a treatable health condition and provide practical information about confidential and professionally supervised services. But advertising services is only effective if the services are actually available, accessible and can meet the increased demand.

Psychological and Behavioral Communication Mechanisms.

Media messages can relate to psychological and behavioral principles to increase attention, relevance, perceived risk, self-efficacy, and willingness to engage in protective behavior. This communication can be in the form of anecdotes, positive role models, refusal skills and information about how to get help.

The role model approach should not only be used for the endorsement of celebrities. A celebrity can garner attention but not necessarily credibility when it comes to drug prevention. The communicators should be considered with terms of trustworthiness, relevance to the intended audience, knowledge about the issue and capacity to communicate without exaggeration or stigmatization.

Persuasive storytelling may include factual scenarios regarding peer pressure, family issues, treatment choices and recovery. Evidence of entertainment–education suggests that identification with characters and perceptions of realism can add to engagement with preventative messages. However, the impact of narrative exposure should not be taken for granted that it will lead to behavioral change. The impact is influenced by the quality of the story, who is being addressed, cultural relevance and the possibilities offered in the message [23].

Emotional appeals should also be employed in a responsible manner. Information that is fear based can stimulate attention, perception of risk, but too much fear can create denial, avoidance, resistance, or distrust. Therefore, messages highlighting the seriousness of the consequences should be followed by an action that can be taken: reject an offer, talk with an adult they trust, call a professional service or help a family member seek care.

While hope-based messages can show that treatment and recovery is possible they should not state that recovery will happen quickly, easily or without fail. Recovery stories recognize that recovery can involve professional treatment, ongoing support and the participation of families and social institutions.

The behavioral aspect should thus focus on risk and effectiveness. It should be informative about not only why a harmful behavior should be avoided, but also what the recipient can realistically do about it.

Social and Cultural Mechanisms:

Social norms, family relationships, peer groups, cultural meanings and perceptions of others' common behavior influence drug-related behavior. Prevention might then be achieved through media policy that addresses the social environment that surrounds drug use.

One explanation is that perceived norms are corrected. Youth could have an unrealistic perception of drug use prevalence or acceptance among their peers. If local

data are available and credible, the data can correct inaccurate local misconceptions, such as the widespread belief that drug use is common and acceptable among some groups.

Norm-based messages should be grounded in up-to-date and reliable data. It's not unusual to hear that drug use is commonplace, including for prevention reasons, which can inadvertently help to normalize the behavior. Media should not sensationalize figures of prevalence, without clarifying their significance, source, source population and limitations.

Drug-related issues can be incorporated into socially relevant contexts through such means as television drama, movie, documentary, and podcast. These representations can feature ideas of vulnerability, family impacts, treatment, recovery, and reintegration in greater detail than can short advertisements. But dramatic treatment can also be harmful, romanticizing the use of a substance, giving unnecessary information about how to use a substance, portraying people who have a substance use disorder as violent, or implying that drug treatment is ineffective.

Stigma reduction is another component of the social and cultural mechanism. Labels and representations can increase social exclusion and can deter people from seeking support. A systematic review identified some positive evidence for the effectiveness of educational interventions, interpersonal contact, and positive accounts of those with SUDs to alleviate at least some stigma-related outcomes, but the evidence base was limited [24].

Media policy should thus foster positive language usage and not the stigmatizing language. Labels such as “a person with a substance use disorder” are preferable to labels that define the person solely as a substance use disorder. The communication goal is not to “normalize” the use of harmful drugs, but to pair firm prevention messaging with dignity and the support of treatment and recovery.

Cultural adaptation is also key. Messages created in one society cannot be automatically reproduced in another without taking into account the local language, values, family structure, religious/cultural issues, drug use, institutional trust and services provided. Cultural adaptation should maintain scientific accuracy and be socially meaningful to the target audience.

Digital and Technological Mechanisms.

Short videos, interactive content, podcasts, infographics, mobile apps, online counselling and targeted communication are all avenues that provide opportunities to reach adolescents and young adults via digital platforms. Digital communication also allows information to be adapted quickly and accessed directly to audiences for verified information and services.

However, just because there is a campaign there doesn't mean that it is effective. Reach or engagement is mainly determined by the number of views, impressions, likes, shares, or comments. These metrics do not show changes in knowledge, attitudes, help-seeking, and drug-use behavior.

Digital evaluation could, however, differentiate between a variety of process and substantive indicators, and a systematic review of social-media health campaigns

indicated that many evaluations focused on process indicators that were not sufficient to establish whether a campaign had achieved its substantive health goals (Kite, et al., 2023). [25]

Reach: Number and Profile of persons to whom the message reaches.

Engagement: Reactions, comments, shares, viewing length and interaction.

Cognitive outcomes: Knowledge, beliefs, and recognition of misinformation changes.

Attitudinal outcomes: Alterations in perceived risk, social norms and treatment attitudes.

Behavioral outcomes: Help seeking, service use, refusal behavior, and/or change in substance use.

The evidence on digital interventions for young people is still diverse. The technologies, target substances, theories and outcome measures were found to differ significantly based on a quick review of the literature. Digital interventions may offer opportunities but their effectiveness cannot be assumed for all drugs, demographics and technology [26].

Media policy also needs to bear in mind that digital platforms can also promote, normalize and visually glamourize substance use among young people. Therefore, substance-related prevention policy needs to address not only the content in social-media platforms that is constructive, but also the social-media environment where commercial and peer-generated, misleading or pro-substance-use content is circulating [27].

Social-media influencers must be used with caution. While influencers can help to expand audience, they should be accompanied by transparency, accurate messages, conflict of interest disclosures, audience appropriateness, and professional supervision. A lack of credentials or knowledge shouldn't be dismissed because of the popularity of the source.

Digital interventions need to safeguard privacy, too. No one should be subjected to data gathering, public identification, commercial targeting, or insecure communication channels, when they go to seek information or assistance about substance use.

Institutional and Policy Mechanisms

The institutional and policy landscape in which media operates cannot be divorced from the activity of the media. Clear responsibilities, coordination, funding, professional standards and connections with real prevention and treatment services are needed in order to have sustainable communication.

A national media-policy response could involve:

A cross-institutional, communication-connecting body between the media and the health, education, social-welfare, security institutions.

National standards of accuracy and ethical treatment of drug related information.

Mechanisms for validation of statistics, medical claims and new chemicals & substances information.

Non-stigmatizing reporting guidelines and privacy protection.

Guidelines for signposting to evidence-based counselling and treatment services.

Journalist, presenter and digital content producer training programmes as well as public communication officer training programmes.

Mechanisms for rapidly correcting misinformation.

Continuous funding for ongoing communication, not campaigning.

Self-regulatory monitoring and evaluation systems.

International prevention best practices focus on the importance of multimodal, evidence-based interventions in families, schools, communities, health care, work environments, and other prevention environments. Media campaigns should thus complement a wider system and not replace it [13].

Also, institutional integration demands uniformity in communication and public services. If treatment isn't available, affordable, trusted, or available to respond, a campaign to seek treatment can result in frustration and loss of trust. Institutions before disseminating a call to action must make sure that the recommended service is in place and ready to handle more calls.

Media policy should also provide for the specification of the institution that will approve the health information, the institution that will act on health misinformation, the institution that will maintain referral information, the institution that will monitor the expenditure of the campaigns and the institute that will publish the results of the evaluation. If institutional responsibility is not clear, campaigns can be disjointed, redundant, and/or conflicting.

Assessment and Evaluation Processes

Evaluation should be a part of media policy and not be the business of media after campaigns. It should be started during planning and remain throughout implementation and follow up.

There are 4 levels of comprehensive evaluation:

A. Formative Evaluation

Formative evaluation is done prior to implementation. It examines:

The characteristics and needs of the target audience.

Established knowledge, attitudes, behaviors and perceived social norms.

Language and cultural issues.

Information sources: trusted and not trusted.

Preferred communication platforms.

Reactions from the audience to potential messages, images, and communicators.

Messages should be pre-tested with the target audience to check for any ambiguities, exaggeration, stigma, unintentionally normalizing, or rejection.

B. Process Evaluation

Process evaluation is assessing if the campaign was carried out as intended. It measures:

Number and type of messages disseminated.

Exposure frequency, timing and duration.

Reach and demographic distribution.

The performance of different media channels.

Consistency and accuracy of implementation.

Participation of institutional resources.

Process evaluation may show the communication was received, but does not show if the communication changed behavior.

C. Outcome Evaluation

Outcome evaluation looks at changes that take place after the exposure, such as:

Knowledge and understanding.

Perceptions and beliefs related to risk.

Attitude towards drug use and drug treatment.

Perceived social norms.

Behavioral intentions.

Knowledge and access to counselling/treatment services.

Ethical and reliable reports of drug-use behavior, if available.

Researchers should, wherever possible, employ baseline and follow-up measures, validated measurement instruments, suitable comparison groups, and techniques that enable the separation of effects of campaigns from other social trends.

D. Impact and Sustainability Evaluation

Impact evaluation reviews longer-term changes and/or the extent to which such changes are reasonably attributed to the intervention. This might be a change (or persist in change) in help-seeking behaviors, service utilization, initiation or frequency of use, or other clearly defined behavioral outcomes.

Long-term evaluation should also investigate if effects vary by age group, gender, geographic region and risk level. Apparent success across the board can mask the lack of success in reaching the most vulnerable groups.

Unintended effects also should be evaluated. A campaign can have unintended consequences of:

Increase curiosity about a substance.

Overestimate the number of drug users.

Reinforce stigma.

Lack of trust due to unrealistic claims.

Give detailed information about getting or using substances.

Send to an unsuitable or unnecessary recipient(s).

Allow online misinformation to spread.

For the above reasons, it is important that evaluation results are published openly, including those yielding no results or a negative result. If you don't consider a campaign successful, you won't learn from it, and you will repeat ineffective communication strategies.

The report is written after Assessment of the Mechanisms.

Media policy can contribute to addressing drug use in a number of ways: (1) Provide access to accurate information, (2) Influence risk perceptions, (3) Correct social misconceptions, (4) De-stigmatize treatment, (5) Guide audiences to treatment, (6) Facilitate coordination of institutional communication, and (7) Support evaluation.

These mechanisms don't work in isolation. An educational message must be designed in a culturally appropriate manner, dissemination of the digital message must be supervised by the institution, promotion of treatment must be based on accessible services and every intervention must be evaluated. Effectiveness of media policy thus is not determined by the amount of messages produced but by the scientific accuracy, ethics, the relevance of the audience, institutional integration and proven effects.

Discussion

The findings demonstrate that media policy can support drug-use prevention most effectively when it functions as part of an integrated public health and social policy framework. Media campaigns appear more capable of improving knowledge, correcting misconceptions, influencing risk perceptions, reducing treatment-related stigma, and encouraging help-seeking than independently producing sustained behavioral change. This limitation reflects the influence of family relationships, peer pressure, psychological vulnerability, socioeconomic conditions, perceived social norms, drug availability, and access to prevention and treatment services. Therefore, campaign effectiveness should not be assessed solely through reach, views, likes, shares, or message recall, because these indicators measure exposure rather than actual preventive outcomes. Effective media policies require scientifically accurate and culturally appropriate messages, credible communicators, careful audience segmentation, non-stigmatizing language, institutional coordination, and direct links to accessible counselling, treatment, rehabilitation, and family-support services. Digital platforms provide opportunities for targeted and interactive communication, especially among young people, but they also increase exposure to misinformation and content that may normalize or glamorize substance use. Consequently, media interventions should be continuously evaluated through formative, process, outcome, and impact assessments to identify cognitive, attitudinal, behavioral, and unintended effects. Overall, media policy should complement family-, school-, community-, healthcare-, and regulatory interventions rather than operate as a stand-alone solution to drug-use prevention.

CONCLUSION

Fundamental Finding: Media campaigns are more likely to generate improved knowledge, correct misconceptions, influence risk perceptions, and promote services than drive changes in drug-use behavior on their own. Media policies that are scientifically designed and well targeted can have a contribution to make in preventive outcomes, particularly by increasing knowledge and changing attitudes, correcting perceived norms and encouraging help seeking. **Implication:** Media campaigns need to be seen instead as part of a wider public policy approach to tackle drug use instead of a stand-alone answer to drug use. Media policy must be integrated and include traditional communication and education, healthcare, family support, intervention, treatment, rehabilitation and legal steps. **Limitation:** The evidence available, however, does not warrant the widespread assertion that media campaigns are successful at leading to measurable, lasting decreases in drug use. Results of campaigns vary based on the type

of communication, length of the campaign and the target audience, campaign delivery and effectiveness, and type of measurement. **Future Research:** Longitudinal and experimental studies should be undertaken by universities and research institutions to investigate the impact of media messages on various population groups. Behavioral outcomes, cultural adaptation, digital exposure, stigma and treatment-seeking should be given special focus.

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