

# Co-designing a cocaine campaign: Stakeholder perspective

November 2025

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## About this report

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This work is led by the Intelligence and Surveillance team based within the Faculty of Health, Innovation, Technology and Science (HITS). It was commissioned by Manchester City Council, supported by Change Grow Live (CGL) and advised by the Office for Health Improvement and Disparities (OHID) North West Drug and alcohol related death and non-fatal overdose working group.

## Acknowledgements






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# Brief summary of report

Cocaine is an addictive stimulant which is mostly typically snorted, but can also be rubbed into gums, injected or (particularly for crack cocaine), smoked (NIDA, 2024). Over one in ten (11.3%) have used powder cocaine in their lifetime, with 0.8% using crack cocaine (ONS, 2023). The UK sees approximately 75% of all cocaine related hospital admissions in Europe and worryingly research suggests that UK cocaine related deaths have increased in recent years (Rooney et al, 2023). Campaigns aimed to prevent or reduce the use of drugs have mixed efficacy and often do not involve those who have direct experience with using drugs. Therefore, this research aims to co-create campaigns for reducing cocaine related harms with those who use cocaine and expert stakeholders. This research benefits from multidisciplinary expertise across public health, drug services, and local and national government. It is being carried out in conjunction with Change Grow Live (CGL; voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales) and informed by the OHID North West Drug and alcohol related death (DARD) and non-fatal overdose (NFO) working group. This report presents an overview of the stakeholder findings. The online questionnaire was shared through email with OHID North West Alcohol and Drug Treatment Recovery Partnership as well as via existing connections. Key stakeholders were targeted from across public health, criminal justice, drug services, academia and other supportive services. In total, 188 stakeholders responded to the survey.

| Gender  | Age group  | Sector  | Messaging preference   | Population preference  |
|---|--|---|--|--|
| <br>62.2% female | <br>78.7% aged 35 or over | <br>52.9% work in treatment services | <br>74.6% preferred harm reduction messaging | <br>53.4% preferred population specific campaigns |

The most popular messages with stakeholders were

- “You can overdose from cocaine. Know the signs”,
- “Regularly use cocaine? Deaths in which cocaine is implicated have increased by 700% over the last decade. Start low. Go slow”
- “How much does a night out cost? Cocaine deaths are rising. Don’t be a statistic”
- “Great night out. Good times. Increased confidence. Sociability. Financial difficulties, depression, mental health issues. Don’t cross the line”
- “Use cocaine? Take breaks in between use to give yourself some time to recover”

Overall respondents while having differing views, suggested that

- Tone matters: messages should be factual, non-judgmental, and relatable;
- Visuals and humour are tools for engagement but materials need to be aware of trivialising the issue;
- Specificity is important: vague or overly general messages are less impactful; and
- Scare tactics should be avoided: fear-based messaging often backfires or is ignored.

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# Introduction

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## Cocaine use in the UK

Cocaine is an addictive stimulant that is most commonly snorted, but can also be rubbed into the gums, injected or smoked (particularly in the case of crack cocaine) (NIDA, 2024). Short term effects of cocaine include increased energy and alertness, euphoria, anxiety, and raised heart rate/blood pressure, with long term effects including dependency, mood swings, sleep disturbance, reduction in cardiac and vascular function and poor mental health outcomes (NHS inform, 2024). Cocaine presents a significant risk of overdose when large dosages are administered and this risk only increases with polydrug use, in particular when mixed with opiates or alcohol (McCall-Jones et al, 2017). Emerging risks also include high levels of adulteration (e.g. novel psychoactive substances or cutting agents such as levamisole) and the combined use of cocaine and alcohol, which forms cocaethylene—a metabolite that significantly increases cardiac risk. Growing evidence also links frequent cocaine use with violent incidents, impulsivity, and self-harm.

Globally, cocaine supply is at record levels with 2,000 tons produced in 2020, double that of 2014 (UNODC, 2023; UNODC, 2024). Western and Central Europe remain key consumer markets, and the UK now ranks second globally (after the USA) for cocaine usage (World Population Review, 2024). In England and Wales, around 2.4% of adults aged 16 to 59 years report having used powder cocaine in the past year, rising to 5.1% among those aged 16 to 24 years. Over one in ten (11.3%) have used powder cocaine in their lifetime, with 0.8% using crack cocaine (ONS, 2023). Whilst prevalence does not appear to have increased significantly in recent years, usage is still high. The UK sees approximately 75% of all cocaine admissions in Europe and worryingly research suggests that UK cocaine related deaths have increased in recent years (Rooney et al, 2023). Latest figures show that there were 1,279 deaths involving cocaine registered in 2024, which was 14.4% higher than the previous year (1,118 deaths) and eleven times higher than in 2011 (112 deaths) (ONS, 2025).

Patterns of use have also shifted over time, with research suggesting that cocaine use has become more normalised in recent years, particularly in mainstream nightlife/social contexts (Murray, 2023), with powder cocaine becoming an increasing drug of choice amongst an aging cohort (Ancrum, Scott and Wattis, 2022). Powder cocaine is now relatively affordable and widely available, with purity levels increasing. These factors, combined with changing social norms and the perception of cocaine as a “functional” stimulant used to extend nights out or balance work and social pressures, have contributed to its persistence across social groups (Ancrum, Scott and Wattis, 2022; Parker, Williams and Aldridge, 2002). Cocaine use has become increasingly routinised within social and professional contexts, reflecting wider cultural shifts towards the normalisation of recreational drug use in adulthood (Hellman, 2024). Recent evidence suggests a possible increase in home-based or solitary use, particularly following the COVID-19 pandemic where social restrictions and lifestyle changes disrupted nightlife patterns and encouraged private consumption (Aldridge et al., 2021; Murray, 2024). This shift may heighten risk due to reduced peer monitoring, delayed medical intervention, and increased likelihood of solitary overdose events.

Socioeconomically, cocaine use is observed across the income spectrum, but harm, particularly dependency, hospitalisation, and death is concentrated in deprived areas, reflecting wider health inequalities (Home Office, 2021; ONS, 2023; Marmot, 2020). Crack cocaine use remains more prevalent among marginalised populations, often associated with housing instability, involvement with the criminal justice system, and poor mental health (Public Health England, 2021; Turnbull et al.,

2023; Aldridge et al., 2018). These patterns mirror broader social trends in drug-related harm, with individuals in deprived communities experiencing disproportionate risks despite comparable or lower rates of overall drug use (EMCDDA, 2024).

Overall, while the prevalence of cocaine use in the UK has remained relatively stable, the harms have escalated, driven by greater purity, poly-substance use, and widening social inequalities.

Understanding who uses cocaine, why, and in what contexts is crucial for developing effective harm reduction and public health messaging.

## Types of drug related campaigns

Evidence evaluating the efficacy of media campaigns in preventing drug use or reducing drug related harms is mixed. However, anecdotally campaigns are believed to work best when they are specific to user groups, focused on harm reduction rather than prevention and created in conjunction with those with lived experience (Henwood et al, 2014). Traditional anti-drug campaigns, particularly those rooted in abstinence or fear-based messaging (e.g. ‘just say no’ campaigns of the 1980s) have demonstrated limited or even counterproductive effects, with research suggesting that these approaches facilitate stigmatisation or provoke psychological reactance, whereby people who use drugs resist or reject messages that they perceive as moralising or controlling (Werb et al, 2011). These ‘anti-drug’ campaigns tend to frame drug use in moral or criminal terms rather than as ultimately a health issue and are therefore less successful in changing behaviours.

In contrast, contemporary approaches to drug related campaigns have shifted towards harm reduction, recognising that supporting safe use can be more effective in reducing mortality and morbidity than punitive or abstinence-based health messaging (Henwood, Padgett and Tiderington, 2014). Harm reduction campaigns typically aim to reduce the negative health and social consequences of drug use without necessarily requiring cessation. Examples include messaging around safer injecting practices, overdose prevention (e.g. take-home naloxone schemes), and safer nightlife or festival drug use (EMCDDA, 2022).

Within the UK, several regional and national campaigns have adopted harm-reduction frameworks, particularly in response to opioid and club drug crises. One of the most notable early examples was the “Mersey Model” of the 1980s, which emerged in Liverpool as a pragmatic public health response to the HIV/AIDS epidemic among people who inject drugs. Rather than criminalising users, the model promoted needle-exchange schemes, accessible methadone maintenance, and multi-agency collaboration, thus reducing local HIV transmission rates and becoming an international model for harm reduction (Stimson, 2010). More recently, large-scale campaigns such as the UK take-home naloxone initiative have shown that while media approaches can successfully raise awareness and knowledge around overdose prevention, their measurable impact on behaviour change remains limited (Sumnall et al, 2024). In contrast, community-level interventions have demonstrated greater success, particularly when targeted to specific user groups. Examples include nightlife-focused initiatives such as ‘Crush Dab Wait’ and The Loop’s drug-checking services, which have shown measurable impact in reducing risk-taking behaviours within festival and nightlife settings (Measham, 2021).

## Current cocaine campaign

Cocaine-related harms have risen in the UK over the last decade, yet few public health campaigns have focused specifically on this substance. Against this backdrop, the current project was commissioned to explore how locally informed, evidence-based messaging can help reduce the harms associated with cocaine use.

This research aims to co-create campaigns for reducing cocaine related harms with those who use cocaine and stakeholders within the drugs field including those from across public health, criminal justice, drug services, academia and other supportive services. This research benefits from multidisciplinary expertise across public health, drug services, and local and national government. It is being carried out in conjunction with Change Grow Live (CGL; voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales) and informed by the OHID North West Drug and alcohol related death (DARD) and non-fatal overdose (NFO) working group. These partnerships ensure that campaign design aligns with regional intelligence on cocaine-related mortality, emerging patterns of use and identified risk factors such as polydrug use, cardiovascular health, and mental health.

Involving both stakeholders and people with lived experience is central to this approach. Research increasingly shows that health campaigns are perceived as more credible and effective when the voices of those impacted shape the campaigns tone, content and delivery (Fraser, 2020; Henwood, Padgett and Tiderington, 2014). Co-creation of public health messaging enhances authenticity and reduces stigma by shifting narratives towards safety and support, increasing the likelihood of the campaign being effective and reducing cocaine related harms.

## Methodology



The overall study is mixed method aiming to inform the design, messaging and delivery of a cocaine harm reduction campaign. Several campaign messages have already been developed by the OHID working group and Greater Manchester Mental Health NHS Foundation Trust. Participants were asked to provide feedback on these messages as well as inform their future development. This study is split into two phases 1) online questionnaire with stakeholders, 2) online questionnaire and focus groups with those who have used cocaine in the past 12 months. This report details findings from phase 1 only.

The online questionnaire (Appendix 1) was shared through email with an established steering group (OHID North West Alcohol and Drug Treatment Recovery Partnership) as well as via existing connections. Key stakeholders work across public health, criminal justice, drug services, academia and other supportive services.

Participants who wished to take part in the survey followed a link/QR code to the online survey. The online survey focused on perceived effectiveness of the different campaign messaging (ten in total) as well as demographics relating to age, sex, and type of organisation worked for. The survey was open between December 2024 and May 2025 and took around 15 minutes to complete. Following the results of this survey and subsequent survey with those using cocaine, we will mock up campaign posters using a design company called Bodhi Design. These designs will then be presented to focus groups with those using cocaine to give an opportunity for participants to discuss the design and how the campaign should be carried out. Ethical approval was granted by Liverpool John Moores University (24/PHI/024)

# Findings

## Demographics

The survey was advertised between December 2024 and May 2025 across various local, regional and national drug expert networks. In total, 188 stakeholders responded to the survey, of those the highest proportions were women (n=117; 62.2%), aged between 45 and 54 years of age (n=59; 31.4%) and working within a treatment provider setting (n=100; 52.9%). Those who categorised their employment type as 'other' (n=42; 22.2%), most commonly worked for other support services, e.g. housing or within the charity sector (Table 1).

Table 1. Stakeholder demographics

| Demographics               | Frequency (n) | Percentage (%) |
|----------------------------|---------------|----------------|
| <b>Gender</b>              |               |                |
| Female                     | 117           | 62.2%          |
| Male                       | 70            | 37.2%          |
| Prefer to self-describe    | 1             | 0.5%           |
| <b>Age group</b>           |               |                |
| 18 to 24                   | 6             | 3.2%           |
| 25 to 34                   | 34            | 18.1%          |
| 35 to 44                   | 53            | 28.2%          |
| 45 to 54                   | 59            | 31.4%          |
| 55 to 64                   | 31            | 16.5%          |
| 65 or over                 | 5             | 2.7%           |
| <b>Organisational type</b> |               |                |
| Treatment Provider         | 100           | 52.9%          |
| Other                      | 42            | 22.2%          |
| Local Authority            | 24            | 12.7%          |
| Criminal Justice           | 12            | 6.4%           |
| University                 | 7             | 3.7%           |
| Government                 | 4             | 2.1%           |

## Campaign type preferences

When asked whether respondents believed cocaine campaigns are most effective when they focus on abstinence or harm reduction, the majority (n=141; 74.6%) selected harm reduction (Figure 1). However, there were differences across the organisational types recruited to the survey; stakeholders working within University settings (85.7%) and treatment providers (82.0%) were considerably more likely to pick harm reduction as the more effective, compared to those working in Local Authority settings whose responses were more divided (abstinence: 41.7%; harm reduction: 45.8%). Fourteen respondents (7.4%) selected 'other' and when asked to specify, most argued that both harm reduction and abstinence messaging had their place with some suggesting that this could be population dependent, based on age and also potential polydrug use.

*"A blended approach dependant on the target audience with abstinence focussed on younger people and reduction focussed on existing users."*



*“My understanding is that many of the Cocaine related deaths are out of treatment and may not be a more traditional drug- service using population so may not be as open to the more traditional harm reduction or abstinence messaging. Additionally, there appears to be a significant group of more traditional heroin users who are compounding their opiate difficulties with problematic use of crack cocaine. Messaging for these groups is probably not the same.”*

Others felt the campaign should focus on the moral and ethical aspects of cocaine use, e.g. links to organised crime and modern slavery, that campaigns should incorporate four elements of 1) prevention, 2) reduction, 3) abstinence and 4) education, whilst another participant argued that most campaigns were not effective due to being *“not hard-hitting enough”*.

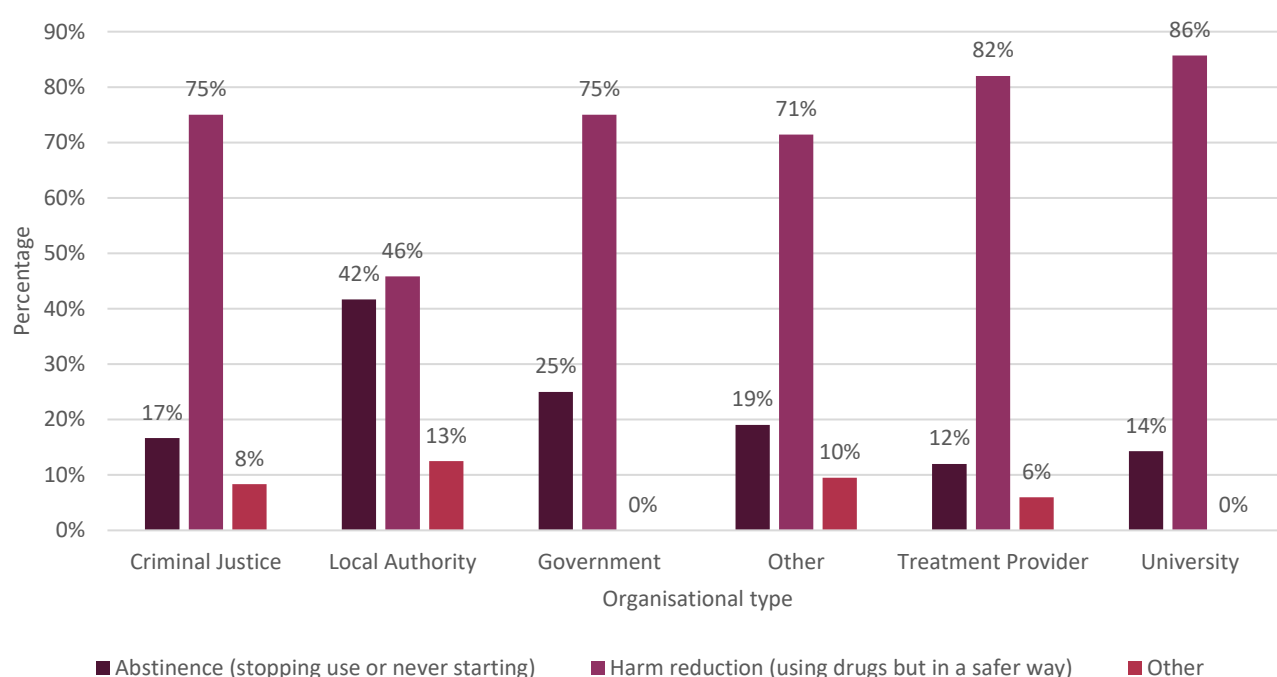


Figure 1. Campaign focus preference by organisational type

Respondents were more mixed when asked whether cocaine campaigns should be universal, i.e. aimed at everyone or population specific, i.e. targeting certain groups of society. Just over half (n=101; 53.4%) stated they should be population specific, 44.4% selected universal (n=84), with four participants selecting other. For those selecting ‘other’, there were suggestions that campaigns needed to be nuanced allowing for polydrug use, cocaine that has been mixed with other drugs, e.g. ketamine and also considering those who can influence individuals such as friends and family. There was also an argument made that the evidence base for campaigns of this nature is unclear outside of treatment settings.

*“Evidence is currently unclear. Most work has been undertaken in treatment populations”*

Most organisational types were more likely to report population specific campaigns as being most effective (Figure 2), with these most preferred by staff from local authority settings (70.8%), treatment providers (61.0%) and criminal justice (58.3%). Staff working within universities conversely were more likely to believe universal campaigns to be effective (57.1%).

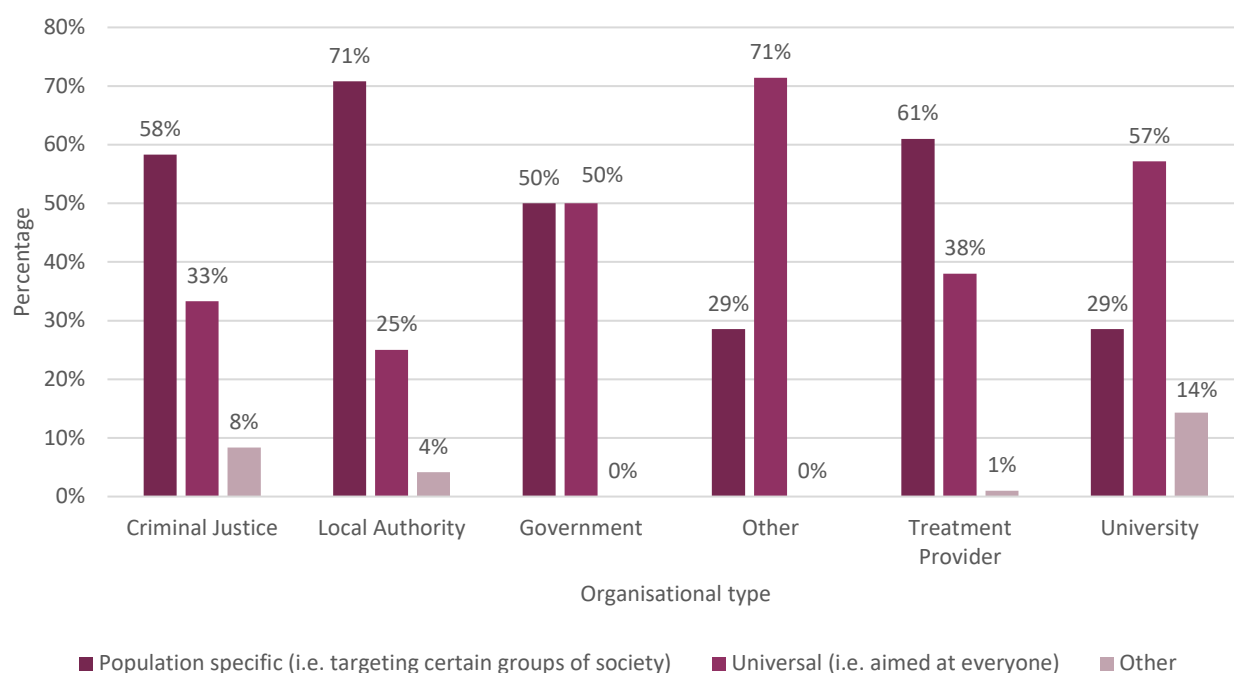


Figure 2. Campaign audience preference by organisational type

When asked which locations would be the most suitable for a campaign relating to cocaine to be placed (Figure 3), most respondents suggested on social media platforms (n=181; 95.8%) and within licensed premises (n=173; 91.5%). Twenty-four participants (12.7%) also selected 'other' with suggestions including health care settings, e.g. GP surgeries and hospitals, festivals and other music venues, sporting arenas, betting shops, gyms and buses. Some participants noted that coverage overall was insufficient and therefore the campaigns should be everywhere, whilst another argued that there could be dangers in triggering people to think about using, particularly in certain locations such as bars or pubs.

*"Campaigns should be carefully considered to avoid triggering use when in licensed premises, sometimes the mention of cocaine is enough to trigger thoughts of use"*

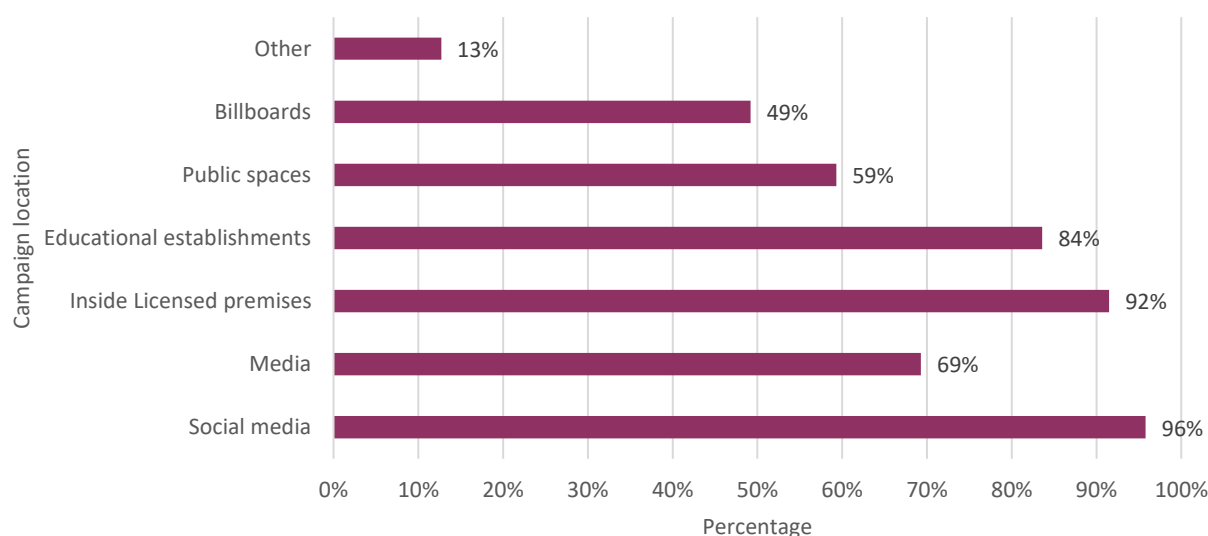


Figure 3. Preferred location of campaign

Preferred formats for campaign delivery (Figure 4) were online through the use of gifs, animations etc (n=163; 86.2%), posters (n=144; 76.2%) and using videos (n=126; 66.7%). Thirteen respondents also ticked 'other', and most commonly reported were that campaigns should be promoted via beer mats, awareness sessions within schools, and short social media posts on platforms such as TikTok and Snapchat. Several participants also stressed the importance of using individuals with lived experience within any campaign.

*“Video people with lived experience, people who have been there themselves”*

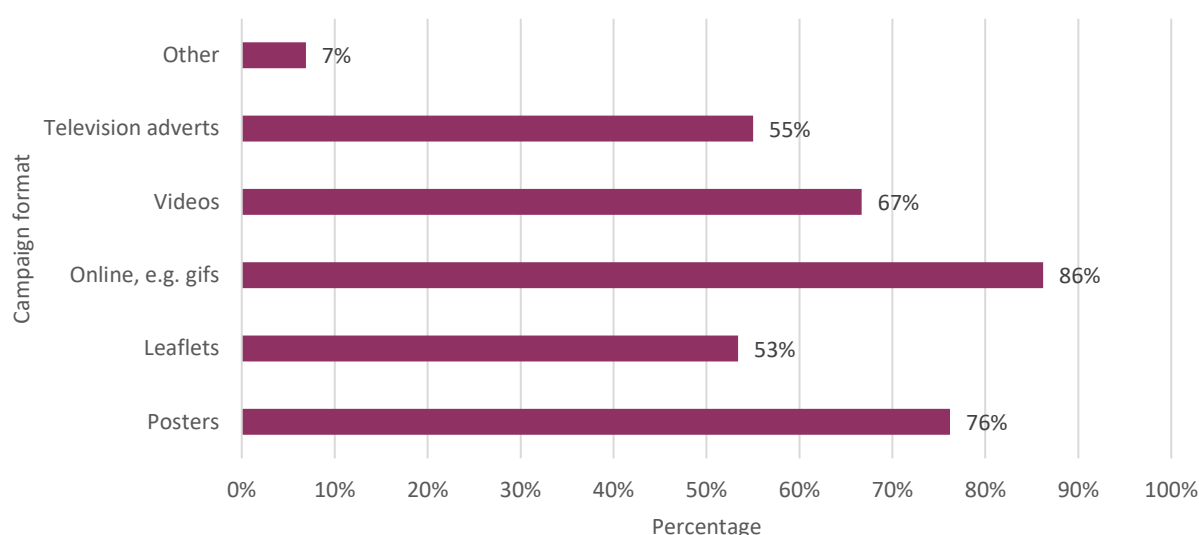


Figure 4. Preferred format of campaign

## Campaign messaging preferences

Respondents were asked to rate how effective they thought the following campaign messages would be for reducing harm from cocaine use (Figure 5). The scale ran from extremely effective to not at all effective and participants were then asked to explain their answer.

- Mixing cocaine and alcohol can put increased pressure on your heart
- High blood pressure? Using cocaine can be risky
- You can overdose from cocaine. Know the signs
- Using cocaine while you have a heart condition can be risky
- Use cocaine? Take breaks in between use to give yourself time to recover
- Feeling low? Cocaine might make you feel worse
- Nosey about cocaine (accompanying an image of a nose with powder cocaine on it)
- How much does a night out cost? Cocaine deaths are rising. Don't be a statistic
- Great night out. Good times. Increased confidence. Sociability. Financial difficulties, depression, mental health issues. Don't cross the line (accompanying an image of a line of powder cocaine)
- Regularly use cocaine? Deaths in which cocaine is implicated have increased by 700% over the last decade. Start low. Go slow

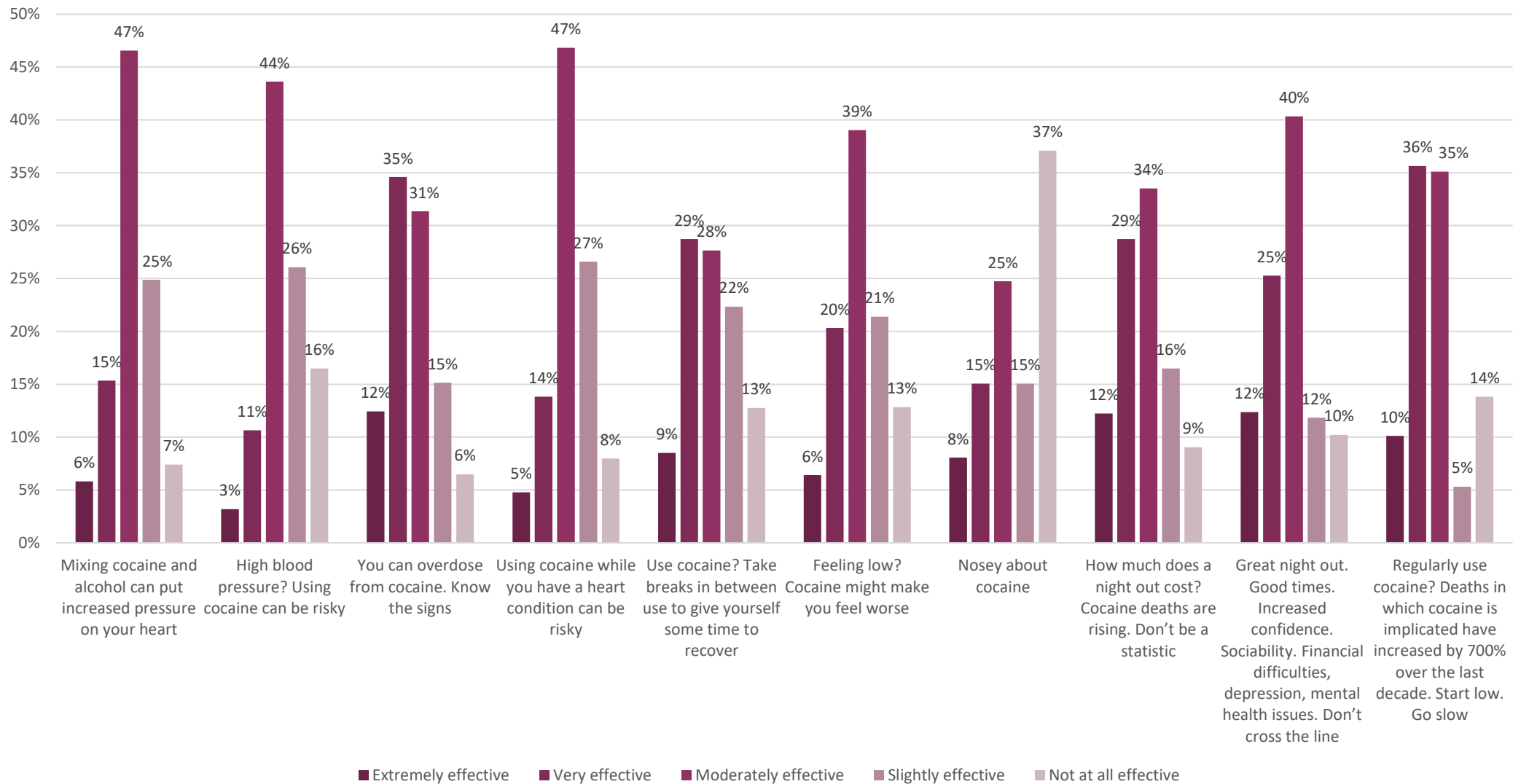


Figure 5. Preferred campaign messaging

When looking at messages which score either extremely or very effective, *"You can overdose from cocaine. Know the signs"* rated the highest (47%), followed by *"Regularly use cocaine? Deaths in which cocaine is implicated have increased by 700% over the last decade. Start low. Go slow"* (46%) and *"How much does a night out cost? Cocaine deaths are rising. Don't be a statistic"* (41%). Conversely, those messages scoring either not at all or slightly effective were *"Nosey about cocaine"* (52%), and *"High blood pressure? Using cocaine can be risky"* (43%).

## Mixing cocaine and alcohol can put increased pressure on your heart

Overall, 21% of respondents felt the message *'mixing cocaine and alcohol can put increased pressure on your heart'* would be effective in reducing cocaine related harms. For those participants, the messaging was found to be *"factual and hard hitting"*, highlighting the *"increased toxic effects"* of mixing cocaine and alcohol, something which was felt to be common practice, and that for many users of cocaine, this information would not be known. Furthermore, it was felt this message would target those who may not class themselves as dependent due to only using cocaine on a night out.

*"Most people would probably be unaware that mixing cocaine and alcohol can result in more damage"*

*"Alcohol and cocaine are often mixed together when out in a night out, or clubbing. It is important to express this as it can relate to people who may not even see themselves as an addict"*

Even those who found the message effective, still have some suggestions to improve. This was mainly around making it clearer that using cocaine with alcohol was riskier than using cocaine alone, and also that the messaging would not be relevant to everyone, e.g. those who do not consume alcohol, young people who are not concerned about risks to their heart.

*"I may include 'compared to using cocaine on its own' at the end as that is more likely to lead to safer use as opposed to just being ignored as an abstract risk cocaine users are already happy taking"*

*"Will work for those with concerns about heart health may not be as effective for those younger people who may have no concerns about their heart etc"*

Conversely 32% scored the message as only slightly or not at all effective. For those participants, there was a sense that the messaging was *"woolly"* and *"vague"* requiring more information on what pressure on the heart means and evidence to support this statement. There were some suggestions that the messaging needed to be more *"hard-hitting"* and fear inducing, for example through removing the word 'can' and linking to more specific outcomes, e.g. risk of heart attacks. Others however felt the message was already using scare tactics, which have previously been found to be ineffective.

*"There's no urgency in the wording. What kind of pressure? If it was more aggressively worded it might scare people into researching more or stopping and more descriptive what can the pressure do? Need to describe and inform in a harsh way to wake people up to the real life effects"*

*"I'm not sure that a fear appeal would be best. We know from stop smoking campaigns that telling people of the negative consequences of smoking does not make them want to quit. I also think because it isn't targeting a specific population it is likely to get discarded and forgotten about".*



Finally, respondents felt that this message was bringing nothing new as this would be information users of cocaine are already aware of and coupled with the messaging being considered vague meant that it would be ignored as just another potential risk.

*"If I was a cocaine user, I might see it as maybe a bit general as lots of things can put increased pressure on your heart, this being another on the list wouldn't necessarily deter me"*

*"We are aware of repercussions of a variety of vices, e.g. alcohol and cocaine. However, these statements are quite generalised, thinking that might not happen to me. Unless someone is ready to quit I don't believe these statements will have impact."*

## High blood pressure? Using cocaine can be risky

Only 14% of respondents felt that the message 'High blood pressure? Using cocaine can be risky' would be effective. This message was found by those respondents to be *"more pointed"*, as it highlights a specific medical condition and a specific subset of the population, i.e. those with high blood pressure. Participants here linked to the Health Belief Model, whereby individuals are more likely to adapt healthy behaviours if they believe there is a serious threat to their health, as well as citing other campaigns which had been effective by linking a risk behaviour to a specific illness or condition.

*"It is targeting a specific population (people with high blood pressure). I think this would increase someone's perceived severity of taking cocaine and would likely make them reconsider the behaviour. This links in with the Health Belief Model for behaviour change"*

*"Health campaigns which mention illness that are widely known to cause problems in later life are more effective. Local campaigns which have highlighted the link between alcohol and hypertension have made significant impact on referrals into treatment services"*

However, 43% of respondents did not find the messaging effective. Firstly, participants felt that for most using cocaine, particularly those of a younger age, they would not know or be concerned about their blood pressure levels. More concerning though is that some felt that the messaging may inadvertently have the opposite effect in suggesting that *"cocaine use is only risky to those with high blood pressure"*. Again, respondents felt that the messaging was not strong enough stating that it *"says 'can' be risky. It IS risky. There is a risk attached to using cocaine with high blood pressure - whether the risk is low or high in each individual case there is still a risk. This message very much leaves organisations at risk of litigation"*. Furthermore, responses suggest that drug taking is inherently risky anyway and by not explaining how it is risky and what the consequences are means this message will have no impact. Finally, there were a number of comments relating to how so many things are considered risky for people with high blood pressure that this messaging would not make a difference, particularly when it feels like the benefits of use outweigh the potential risks.

*"Taking drugs is inherently risky so this means nothing- explain the risks factually, e.g. high BP? Using cocaine will increase your BP even more, putting you at risk of a stroke, heart or kidney problems."*

*"It's not allowing for any further information, all this is suggesting is that cocaine and high-blood pressure are interlinked; but high-blood pressure is linked to multiple things, it's not something that people are generally concerned about as a significant amount of the population are overworked, overtired, and overstressed and have high-blood pressure as a*

*result. If they're using cocaine to let off some of that energy they're going to consider it a risk worth taking, in my opinion."*

*"We get this warning from butter, how is it meant to stop people using cocaine"*

## You can overdose from cocaine. Know the signs

Across all the messaging, the highest proportion of respondents scored 'You can overdose from cocaine. Know the signs' as effective (47%). In these instances, the majority of the comments suggested that due to the normalisation of use, people do not think of cocaine as a drug which can be overdosed from, whilst others appreciated that the message was "simple" and "easy to remember". There was however an acknowledgement that further information relating to the signs of an overdose was needed within this messaging to increase its impact.

*"Common misconception that you can't OD [overdose] on cocaine. Awareness is key to informed choices"*

*"I think this provides the message that there is a risk of cocaine use, as long as there are clear messages on how to identify an overdose, and what to do if you think someone has overdosed."*

It was also felt that this message would encourage those using cocaine to be mindful of the risks for overdose for both themselves and those around them.

*"I think the message is good and not necessarily well known amongst the general public (particularly young people) and presumably the signs will be listed and encourage people to be mindful themselves and watch over friends and family who also use cocaine"*

The 22% of respondents who did not believe the message to be useful, in most cases selected this response due to the message being too obvious, not providing enough information and expecting users of cocaine to already know the information through the statement 'know the signs'.

*"Think it needs to be explained in more detail explaining Why you can overdose? What are the symptoms to look out for?"*

*"To tell somebody to "know the signs" will not increase that persons desire to be educated! If you ask a question, it encourages thought and engagement with the content. So something like, "Do you know the signs of a cocaine overdose?" would work better here. It's a question which confirms cocaine overdoses occur, without inducing anxiety about cocaine use."*

Others felt that for those who had been using cocaine for a long time, they would completely disengage from the message due to a belief that cocaine overdose was not possible or not something which would happen to them.

*"People who use cocaine have used an awful lot of cocaine at some time and think that overdosing is impossible, or at least very difficult. I feel like stating this will simply cause people to disregard this and any other information provided at the same time.."*

## Using cocaine while you have a heart condition can be risky

The message 'Using cocaine while you have a heart condition can be risky' was considered effective by only 19% of respondents. In these instances, respondents felt the message was useful for those

with a specific health condition who may be at increased risk, or by getting younger populations to consider the potential for these risks later in life.

*"I've rated this one to be more effective than a fear appeal on its own because it is targeting a specific population (people with a heart condition). I think this would increase someone's perceived severity of taking cocaine and would likely make them reconsider the behaviour."*

*"Reminding younger people as they often presume their hearts are healthy"*

Similarly to the messaging relating to high blood pressure, many of those (35%) who did not rate the messaging as effective found it to be only relevant to those with a heart condition, something which many people may not know they have. Here it was found to be reaching *"too narrow of a subject audience"* in scope, but also too vague in that it does not *"say how it's risky or what the risks are"*. Respondents also felt that the messaging was not hard-hitting enough, and for many a potential heart condition would be low in their list of concerns. Furthermore, one respondent commented that none of the messages so far would be impactful and instead needed to focus on how use of cocaine could negatively impact their life overall, impacting on relationships and brain structure.

*"Only impactful to people with this specific worry or concern or a family history... most users would have bigger worries or concerns related to their problematic use"*

*"Using cocaine while you have a heart condition IS VERY risky."*

*"Please, there must be better suggestions than this. What about "Cocaine use will destroy your life and positive relationships and negatively alter your brain wiring. Don't be a sausage- Just say no thanks"*

## Use cocaine? Take breaks in between use to give yourself some time to recover

Thirty-seven percent of respondents thought the message 'Use cocaine? Take breaks in between use to give yourself some time to recover' was effective. Here the comments were focused on this message being centred in harm reduction, by not being *"blaming or judgey"* and *"recognising that a person has taken cocaine and may well again"* whilst *"providing information that is relatable, simple and can be implemented"*. This message was felt to be less condescending, pragmatic and realistic whilst having positive consequences, e.g. *"giving the body and brain time for physical and mental recovery and likely to reduce potential for dependency and greater harm"*

*"Abstinence based education does not help people who use cocaine. Promoting safer using can save lives."*

*"I think this one would be more effective because it isn't trying to stop someone from taking cocaine, still allowing them to have their freedom of choice. It does make them consider their behaviours and how they can use cocaine more safely which is why i would say it would be more effective."*

However, views on this campaign were very mixed with 35% of respondents believing it to not be effective. For some they felt that those using cocaine do not *"want to recover quicker"* as they wish to *"prolong the experience"* so therefore this message would not be realistic. Others found the messaging to be too vague suggesting that it needs to state how long of a break is needed, and why breaks are important.

*"I'd like to say this would be effective but when someone's using cocaine and has the urge to use more, this will not be the first thing that leaps to mind, and the non-specificity of it doesn't help someone to understand the 'breaks' - is that 45 minutes, a couple of hours, days, weeks?"*

*"I'd want to know why, recover from what?"*

Others found this campaign shocking and felt that this message was approving cocaine use, with one respondent simply writing *"What???!!! Is this serious?"* and another stating that *"it suggests that well spaced cocaine use is safe"*. Some mentioned that when a person is addicted to cocaine that taking breaks would be impossible anyway, as well as stating that it suggests spacing cocaine use makes it safe when even just one use of cocaine can be harmful. Finally, some respondents argued that messaging should be focused on abstinence as opposed to harm reduction messaging.

*"This almost approves cocaine use – it's a bit like red wine is fine in moderation. Maybe something like Cocaine use poses a risk to your health - you can reduce this risk by reducing your use and having breaks between use"*

*"Once people start to use cocaine, they're already taking risks, asking them to take breaks is like trying to stop a speeding lorry"*

*"I think abstinence is a better message, as users have no idea what's in the drug they are taking"*

## Feeling low? Cocaine might make you feel worse

Over a quarter (27%) of respondents thought *'feeling low? Cocaine might make you feel worse'* was an effective campaign message. For these participants, there was an appreciation of the connection made to *"poorer mental health"* particularly for those who already have mental health condition as well as when *"people might have depression/anxiety and not be making the link with their cocaine use"*. There was also acknowledgement that for some, they may have begun taking cocaine to help with things like low mood but in fact the reverse was happening.

*"This is an extremely effective message highlighting that while cocaine may be a stimulant, it can effect your mental health, particularly if an individual already has a mental health condition or is even experiencing feelings of low mood. It also highlights that there is always an eventual comedown after taking stimulant drugs."*

*"Explaining why excessive use makes us feel worse, when we once took it to feel better is helpful in helping us realise that this is becoming an issue, and why."*

Furthermore, respondents felt that this message targeted a significant gap in knowledge whereby individuals use cocaine which impacts on serotonin levels, suffer poor mental health, engage with a health care provider but do not disclose cocaine use resulting in anti-depressants being prescribed which further impact on serotonin levels.

*"I think this is a massive gap!! People do not understand how cocaine impacts on dopamine and serotonin or that there is a link. Take loads of cocaine...feel down...see your GP...don't tell them you take cocaine...prescribed an SSRI, take cocaine - risk of serotonin syndrome or does not know why SSRIs are not effective."*

However, 34% of respondents found the messaging to not be effective. Some felt that the messaging was incorrect stating *"its false, cocaine will make you feel better, almost euphoric like"* and that *"people associate cocaine with feeling up and so [are] unlikely to believe the message and may feel [they] 'can't feel any worse'".* Others felt the messaging was too vague, the use of 'might' instead of 'will' weakened the argument and furthermore people know how cocaine makes them feel already so the messaging would not change people's use. Here it was advised the messaging should focus on strategies to improve low mood rather than the links to cocaine use.

*"If somebody is feeling low and part of their wheelhouse coping mechanism is using cocaine, telling them that doing so will make it worse isn't going to result in them not doing so. In this scenario I think offering alternatives to improve their mood, or actual harm reduction on safe ways to use cocaine...I would prefer they have some preventative/emergency measures in preserving their safety on mind; rather than "oh it might make it worse", because in their mind, it might make them feel better."*

*"People who use cocaine know how it makes them feel - this won't change anyone's mind"*

## Nosey about cocaine

The message 'nosey about cocaine' (with an accompanying image of a nose with powder cocaine on it) was considered effective by 23% of respondents. Overwhelmingly here, participants praised the use of visuals, humour and links to potential aesthetic harms, arguing that *"the play in words in this message is quite effective in grabbing one's attention"* and *"visual images are often very effective as long as the tone is negative instead of enjoyment"*. There was also acknowledgment that this type of messaging may appeal to a younger audience due to being more visually impactful.

*"Yes gets to the point. Also the aesthetic damage that can be done starting at the nose"*

*"Puns will make people more likely to look at a poster, possibly even point it out to their friends to talk about and open conversations around this."*

However, over half (52%) rated this message as only slightly or not at all effective (the highest proportion out of all the messages). For these respondents, the message was felt to be *"a bit childish"*, *"very cliché"* and *"too light hearted"*. Others went further, arguing that the message could be a trigger for continued cocaine use or could even be seen as *"promotion of cocaine use"*. Even when individuals felt the message did have a useful *"hook"* it was still felt that the message lacked any educational information and completely trivialised the issue.

*"Cheese has no place in Public Health messaging! This imagery is more likely to incite cocaine use, especially somebody in early recovery. I'd drop this one completely".*

*"It may grab attention, and I think followed with some sound harm reduction advise it could be great - but realistically what education is that providing?"*

*"I'd rather do nothing than this one, its triggering, gives no information, creates conflict/ is adversarial"*

Some respondents also felt that if the messaging did want to use imagery of a nose, it would be better to show the negative effects that can occur such as bleeding or septum damage.

*"I would laugh at this. If the nose was bleeding or there was damage to the septum shown then this would be more effective."*



*"No no no! show before, during and after shots of celebrities such as Daniella Westbrook etc instead"*

## How much does a night out cost? Cocaine deaths are rising. Don't be a statistic

Many of the responses to the message *'How much does a night out cost? Cocaine deaths are rising. Don't be a statistic'* were favourable with 41% of respondents believing it to be effective, particularly due to its links to engagement in the nighttime economy. Here, respondents felt the messaging to be *"impactful"* and *"hard-hitting"* with the use of the word *'death'*, firstly being shocking and a potential deterrent, but also increasing awareness that it is possible to die from cocaine use.

*"It links cocaine to what the public would think is the most common time it is taken (on a night out) and the fact that this can be deadly. While the message is less harm reduction focussed (it appears to have a more direct message of taking cocaine could lead to death), it is a powerful message that does need to be shared too."*

Participants felt that the message highlighted the *"money versus life conversation"*, was clear and would make people reflect on the consequences of their actions. This was considered to be particularly important for those using cocaine who often *'other'* themselves and do not believe cocaine use is as risky as using other drugs, e.g. comparing themselves to those who inject. There was a comment however that the message was a little confused and could be worded better.

*"We work with service users who don't see Cocaine as a risk. Theres a hierarchy with drugs, and the cocaine users don't see themselves in the same way that they see those that inject."*

*"I like the clear facts [but] the 2 statements don't relate to each other as the first statement sounds like money. Maybe reword to. What does a night out cost (you)? And not how much"*

In contrast, 26% of participants scored this message as slightly or not at all effective. Respondents expressed that the link to money was contradictory as people use cocaine for a cheap night out. Furthermore, there was a suggestion that this message contradicts evidence which states that nighttime economy use of cocaine was decreasing and people were more likely to use at home.

*"Getting better with these, could try 'cocaine costs lives, how much is your life worth' A night out cost at least a ton, bag of coke costs £20, you're missing a point here, people using are paying less for a bag of coke than a couple of drinks [with] mates!"*

*"Does this align with latest intelligence? Isn't cocaine use in the nighttime economy reducing and home use increasing?"*

Additionally, there were arguments made that the message was *"way too harsh and almost callous"* with respondents believing it would produce anxiety and the original message would be lost. In these instances, the message was likened to *"early HIV/AIDs campaigns"* as well as *"just say no"* messaging, both of which it was felt were unsuccessful. Others felt the message was *"old fashioned"* and *"too preachy"* and other participants made the point that this message would not resonate because *"it's likely the person will think 'well I haven't died x amount of times I've used it, so that message makes no sense to me/doesn't apply to me'"*.

*"Useless - no one expects themselves to be the ones at risk. Unless someone knows someone who has died, the idea of cocaine deaths are abstract and a poster won't change that"*

Great night out. Good times. Increased confidence. Sociability. Financial difficulties, depression, mental health issues. Don't cross the line

Approximately 38% of respondents felt the message *"Great night out. Good times. Increased confidence. Sociability. Financial difficulties, depression, mental health issues. Don't cross the line"* (with an accompanying image of a line of cocaine) was effective. For these participants, it was felt the message was *"balanced"* and *"acknowledges positives, highlights negatives, isn't judgemental or abstinence based."* It was considered easy to understand, clever, impactful with a good use of imagery.

*"Yes - acknowledges why people use cocaine but points out clearly the down-sides. Sometimes the connection between depression/mental health and using cocaine isn't clear for people."*

*"Possibly increased effectiveness with the image of a line and a play on the phrase 'crossing the line'."*

It was felt that this message clearly outlined why people may use cocaine whilst also highlighting the negative elements and potential risks, whilst being both *"relatable"* and *"non-condescending"*.

*"Highlighting issues, as well as being honest about the gains"*

*"This message highlights a path that some individuals could fall down if they begin or continue the use of cocaine. Again, while not directly a harm reduction message (it seems to highlight stopping use), it is a strong message and one that people may want to be aware of."*

Conversely 22% felt this message was either only slightly or not at all effective. Much of the feedback centred on it being *"too long"* and *"jumbled"* and the positives coming first in the message may mean that is all people focus on.

*"Too wordy - not catchy enough. Too doom and gloom. Keep the 'don't cross the line' shorten the rest."*

*People don't generally respond well to being told what to do. By referring to "Great night out" and "Good times" this is more likely to generate euphoric recall before somebody has read the full statement.*

Some found the messaging shaming, and again there were links made to the *"just say no"* campaign with the message described as *"vague scaremongering"*. Conversely though others felt it was not hard-hitting enough and only served to shine a light on the positive elements of cocaine use.

*"We're in a cost of living crisis, half of the country is depressed and penniless. It's about that pros vs cons situation again, for a night out you could just not feel depressed and broke - consequences be damned. Again, it is shaming people, if using cocaine is going to make them feel better, that's okay - as long as they do so as safely as possible and understand the risk."*

*Euphoric recall all this will do is make you call the dealer!! not hard hitting enough (like putting the picture of a smokers lung) needs to be more hard hitting*

*"Isolation, social deprivation, cost to the tax payers purse are you part of the problem? ...picture of on inside of the nose after using a few months cocaine burn marks.. or are you*

*part of the solution... picture of someone physically well and active, going to work and out with friends for drinks actually resent. Your slogans are soft man!"*

## Regularly use cocaine? Deaths in which cocaine is implicated have increased by 700% over the last decade. Start low. Go slow

The final message *'Regularly use cocaine? Deaths in which cocaine is implicated have increased by 700% over the last decade. Start low. Go slow'* was deemed effective by 46% of the respondents. This message was praised for its *"shocking statistics"* whilst also providing *"a clear harm reduction message"*. Respondents found it *"direct"*, *"powerful"* and providing *"actual facts"* whilst also being *"non judgemental"*.

*"This is a stark statistic that could grab peoples' attention. Provides a good harm reduction message (Start low. Go slow)"*

*"Gives the message of harm reduction by gradual dosing and what the implications are - increased death rates"*

*"Clear message about potential consequences and some guidance on capacity to reduce harms - may be reassuring for people who don't want to aim for abstinence."*

Some felt however that whilst the message concept was good, some of the wording could be improved. This particularly related to the use of the word *'regularly'* as this message was considered good advice for anyone using cocaine, and the word *'Start'*, due to previous research which suggests this to be less effective than other alternatives such as *'Go'*.

*"Direct and clear message. Regularly;- some users may think this doesn't apply to them even if they use infrequently. Could it be Use cocaine?;- speaks to all users of cocaine. Start low;- Fiona Measham stated that the word start was not perceived well, there is a preference to use Go low"*

*"Clear statistics and advice but doesn't trip off the brain well - had to read it twice. Maybe change the middle sentence to: Cocaine-related deaths have increased 700% over the last decade"*

Overall, 19% of respondents found the message to not be effective. Here many of the comments echoed earlier feedback around wording but also the potential complexity of the message with several participants saying that *"number of deaths rather than percentage"* would be easier to understand and more meaningful.

*"Needs to consider health literacy. % not accessible for all. ""Implicated"" too high a reading age. Otherwise good message"*

*"700% doesn't mean anything really if you don't know how many people this is"*

However, there were several comments suggesting this message was contradictory in firstly highlighting the risks but then seemingly promoting use.

*"The messaging here is quite contradictory for most people. So stating cocaine deaths have increased 700% but advising somebody to "take it easy" is not how this works. The start low, go slow is just not realistic. A regular user would have experienced dopamine receptor down-regulation, which will reduce the perceived effectiveness of the cocaine, so more is often*

*taken in an attempt to compensate. This targets regular use but that is very subjective. Something like, Problematic cocaine use is increasing and the risk of death is very real. Search online for where you can find help.”*

*“Start low go slow - is a harm minimisation message,. if I were a young person just starting to come into contact with cocaine in my social life I would think this is allowing me to use but encouraging me to use safely. it suggests deaths are rising because people have had too much too soon“*

Overall messages which scored as most effective were:

- You can overdose from cocaine. Know the signs (47% extremely/ very effective; 22% slightly/not at all effective)
- Regularly use cocaine? Deaths in which cocaine is implicated have increased by 700% over the last decade. Start low. Go slow (46% extremely/very effective; 19% slightly/not at all effective)
- How much does a night out cost? Cocaine deaths are rising. Don't be a statistic (41% extremely/very effective; 26% slightly/not at all effective)
- Great night out. Good times. Increased confidence. Sociability. Financial difficulties, depression, mental health issues. Don't cross the line (38% extremely/very effective; 22% slightly/not at all effective)
- Use cocaine? Take breaks in between use to give yourself some time to recover (37% extremely/very effective; 35% slightly/not at all effective).

## Summary of findings

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The survey responses highlighted some of the challenges in getting agreement from a range of professionals on public health campaigns which are considered to be viable and effective. A broad range of sectors responded to the survey from public health, criminal justice, treatment services, academia, and support services, although there were differences between different sectors to what the area of focus should be, and responses were dominated by drug treatment providers whose contact will generally be with people who use drugs whose usage has developed into a disorder. While the respondents overall indicated that they favoured harm reduction over abstinence-based messaging in principle, this was by no means a universal belief and there was less agreement still over which messaging specifically was better perceived to be effective, with many respondents suggesting that for it to have impact it should be “hard hitting”. None of the ten proposed messages were viewed by a majority of respondents to be “extremely” or “very effective”, highlighting the challenges of public health messaging with a consensus, although some messaging was more popular than others. The most effective message (47% of respondents) was considered to be “You can overdose from Cocaine”, the simplicity of which was considered to be a positive and productive health promotion messaging given that there is not widespread awareness that its usage can trigger a significant health event. In a similar vein, messaging around deaths around the rise in implications were also considered to be more effective than other messaging, highlighting the link between the usage of cocaine and potential harms. Where there were criticisms of the messaging, they were generally around it being either too narrow or vague, or in the case of one potential message trivialising or triggering. While some messaging around the effect on the heart or blood pressure were considered to be ineffective with certain audiences like young people, it was acknowledged that they might be more effective in targeted settings, particularly for people already aware that they have heart-related health conditions and/or older adults. Overall respondents while having differing views, suggested that a. tone matters: messages should be factual, non-judgmental, and relatable; b. visuals and humour are tools for engagement but materials need to be aware of trivialising the issue; c. specificity is important: vague or overly general messages are less impactful; and d. scare tactics should be avoided: fear-based messaging often backfires or is ignored. Further, while social media and licensed premises were considered to be the most effective spaces in which to deliver the messaging, there may be issues related to resources for the former and willingness to participate for the latter because of perceived acknowledgement of customers engaging in illegal activity on the premises. This will need some consideration in terms of how the messaging can effectively be disseminated.

## Next steps

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Following the stakeholder survey, a second survey was launched to identify the proposed campaign views of those who use cocaine. Participants had to be UK residents, aged 18 years or older and have used cocaine within the last 12 months. Recruitment strategies have been twofold, 1) general recruitment via social media and posters advertising the study being placed across cafes, licensed premises and University buildings, and 2) via CGL to target those engaged with drug services. The second survey will close at the end of October 2025 and following this and based on combined stakeholder and users of cocaine viewpoints, the most popular campaign messages will be mocked



up and presented for feedback to focus groups. The second and final report will be published by January 2026.

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