

# Co-designing a cocaine campaign: Perspective of those who use cocaine

July 2026

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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.

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# Brief summary of report

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This report explores perceptions of cocaine harm reduction campaign messaging among people who have used cocaine in the past 12 months. Phase two of the research, which this report focuses on, combined an online survey (n=63) with in-depth interviews (n=14) to understand which messages, designs and delivery methods are most likely to resonate with cocaine users and influence safer behaviours. Phase one which was a survey with stakeholders can be accessed [here](#).

## Survey Findings

Survey respondents were predominantly aged between 18 and 34 years, with an even gender split, and most were not engaged with drug treatment services. Most respondents preferred harm reduction over abstinence messaging. Just over half preferred population-specific campaigns rather than universal messaging, with suggestions made to target specific groups such as university students and older, more long-term users of cocaine.

Preferred locations for campaign delivery were social media, educational settings and licensed premises, with preferred formats of dissemination including online content (e.g. animations or GIFs), posters and videos.

Among the ten proposed messages, respondents generally preferred messages that were direct but non-judgemental, provided new or clearly explained information, and gave advice on how to use safely rather than focusing on telling them to stop using.

The most effective messages (rated extremely or very effective by the highest proportion of respondents) were:

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

Messages perceived as being less effective were those considered vague, too abstract or ambiguous, were trivialising the issue, fear-based, or lacking clear relevance, most notably the message "*Nosey about cocaine*".

## Interview Findings

Fourteen interviews were conducted with two women and 12 men. Campaign messages were preferred when they were immediately understandable and self-contained. Posters that raised risks (e.g. overdose or death) but failed to explain *how*, *why* or *what to do* were seen as incomplete and therefore less likely to be taken notice of or lead to behaviour change.

Participants repeatedly contrasted messages they viewed as "being told off" with those that felt supportive and realistic. Messages that acknowledged continued use of cocaine over abstinence, but encouraged safer practices (e.g. taking breaks, starting low) were particularly well received. Statistics were considered to be powerful by participants. The 700% increase in cocaine related deaths statistic was consistently described as shocking and attention-grabbing. However, some participants

felt that combining strong warnings which related to death with advice on how to use cocaine could feel contradictory unless carefully framed. Messages that were considered to be abstract or required explanation were seen as better suited to online platforms or service settings, where additional context could be provided. Clear, targeted messages (e.g. “Use cocaine?”) were thought to work well in more general settings such as nightlife spaces.

For design, participants overall felt that bright colours and high contrast helped posters to stand out, especially in nighttime economy settings. However, some colours, e.g. bright pink made messages feel less serious, and images depicting cocaine were described as potentially triggering for some. Finally, participants wanted imagery to clearly support, not confuse, the message. For example, in the ‘How much does a night out cost’ message, many felt the addition of the wallet image made it less obvious the campaign was related to loss of life rather than loss of money. Finally, participants requested tailored footers to each poster with clear direction on how to seek further information or support, as well as the inclusion of appropriate regulatory body logos in order to increase the authoritative power of the message.

### **Conclusion**

Across both surveys and interviews, participants preferred targeted, harm-reduction-oriented campaigns that use simple language, credible statistics and practical guidance without stigma or moral judgement. Messages that felt unclear, overly abstract or disconnected from lived experience were thought to be less effective. Interview data reinforced the importance of clarity, empathetic tone, appropriate imagery and credible sources, highlighting that well-designed harm reduction messaging has the potential to prompt reflection, increase knowledge and support safer behaviours, particularly when delivered in relevant settings and formats.

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# Introduction

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## What is currently known about those who use cocaine?

Cocaine is a controlled illicit, addictive stimulant drug, which increases heart rate and can induce feelings of euphoria (BMJ Best Practice, 2022; Man et al., 2021; Royal College of Psychiatrists (RCPsych), 2022). In the UK, it is classified as a Class A drug under the Misuse of Drugs Act 1971 (Home Office, 2025a) due to the degree of overall harm, with severe penalties for possession, supply, production and importation (Sentencing Council, 2025).

Powder cocaine, also known as cocaine hydrochloride, is typically a fine, white powder that is most commonly administered intranasally, though it can also be dissolved in water and injected, or rubbed onto the gums. Cocaine freebase (crack) comes as white or yellow crystals, known as rocks or stones, which are ground up and typically smoked or turned into a liquid and injected (BMJ Best Practice, 2022; National Health Service (NHS) Inform, 2025; RCPsych, 2022).

The UK has one of the highest rates of cocaine use in Europe (United Nations Office on Drugs and Crime (UNDOC), 2023; World Population Review, 2025), and recent data shows an increase in its use and drug related deaths. Data reported by UNDOC (2023) show the global supply of cocaine is at record levels, which can be attributed to the expansion of cultivation and subsequent increase in purity, as well as the growth in demand across Europe (Home Office, 2020). While wastewater analysis estimates a 7% increase in powder/crack cocaine between 2023 and 2024 in England and Scotland (Home Office, 2025b).

There were 21,548 powder cocaine seizures by police forces and Border Force in England and Wales in the year ending March 2024, accounting for just under three in five (57%) of all Class A drug seizures. This is a 14% increase on the 18,978 seizures in the previous year, and the highest number recorded since the year ending March 2009. Furthermore, the largest quantity of powder cocaine on record was seized in the year ending March 2024 (28.27 tonnes), which is a 52% increase on the previous year (Home Office, 2025c).

Powder cocaine continues to be the second most used drug in England and Wales, after cannabis (Office for National Statistics (ONS), 2025a). In the year ending March 2025, around an estimated one in ten (11%) 16- to 59-year-olds reported to having used the substance in their lifetime. Moreover, there was an estimated 686,000 people aged 16 to 59 years who reported to using powder cocaine in the past year, accounting for 2.1% of the age group.

National Drug Treatment Monitoring System (NDTMS) data reported 33,612 adults across England starting treatment in the year ending March 2025 who reported cocaine (non-crack) as a problematic substance; of which, around two in five (41%) were aged 30 to 39 years (Office for Health Improvement & Disparities (OHID), 2025). This is an 11% increase on the 30,249 new treatment episodes in the previous year and a 175% increase on the year ending March 2006 (n=12,215; *Figure 1*).

Notably, as the proportion of adults entering treatment for cocaine increases, there is a corresponding rise in cocaine related mortality. An estimated 1,279 deaths related to drug poisoning in England and Wales involved powder/crack cocaine in 2024, with men accounting for over three-quarters (77%) of these deaths. This is a 14% increase on the 1,114 deaths in the previous year and eleven times the 112 deaths in 2011 (ONS, 2025b).

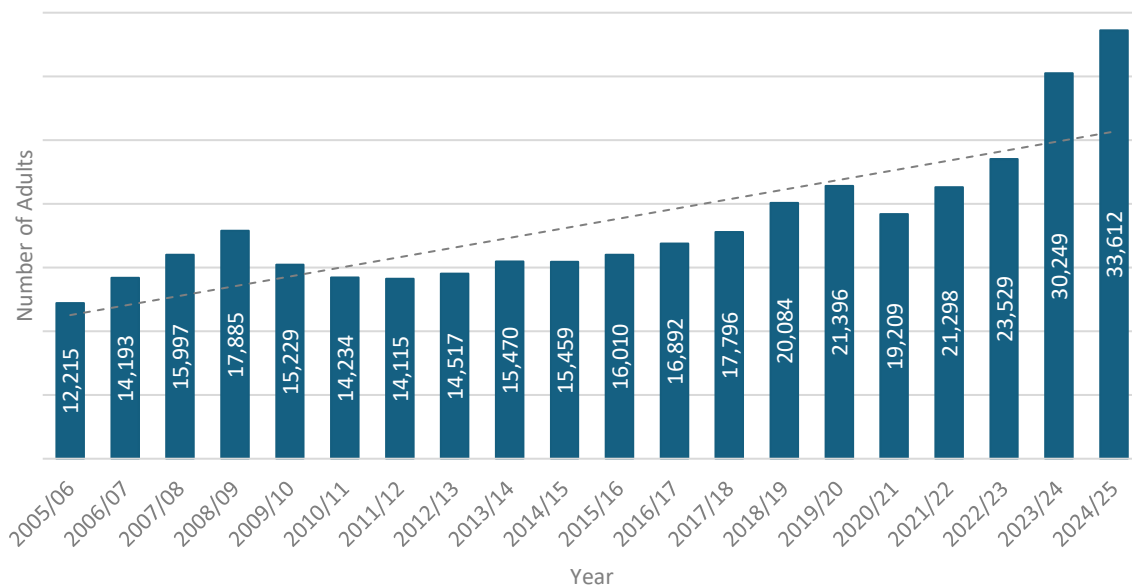


Figure 1. Number of adults starting treatment who reported cocaine (non-crack), England, 2005/06 to 2024/25 (OHID, 2025)

## What are the harms of cocaine use?

Cocaine increases levels of the chemical, dopamine, in the brain, which can provide short-term effects of confidence, energy and euphoria; however, it can also make some people aggressive or agitated (BMJ Best Practice, 2022; RCPsych, 2022). Further negative consequences of cocaine can include anxiety, paranoia and restlessness (NHS Inform, 2025), and it is also possible for a range of longer-term physical and mental health problems. Physical health problems can include heart conditions, kidney damage, nose and sinus problems, blood diseases, impotence, malnutrition and weight loss, while mental health problems can include depression, anxiety disorders, cognitive problems and psychosis, as well as dependency or stroke (BMJ Best Practice, 2022; MedlinePlus, 2024; NHS Inform, 2025; RCPsych, 2022). The European Union Drugs Agency (EUDA, 2025) notes that the chronic harms of cocaine use can be associated with intensive, high-dose or long-term consumption.

There is a body of evidence highlighting the harmful effect of cocaine on the heart (Arenas et al., 2020; Kim and Park, 2019). Chest pain can be common in those who use cocaine and more severe cardiovascular effects are also possible (Stankowski et al., 2015). Cocaine can increase heart rate and blood pressure, cause an irregular heartbeat or fast heart rate (tachycardia) and even a heart attack or heart failure (MedlinePlus, 2024; RCPsych, 2022). As noted by BMJ Best Practice (2022), chronic cocaine use can lead to scarring of heart tissue, hypertrophic cardiomyopathy (making the heart less efficient at pumping blood; British Heart Foundation, 2025) and myocardial remodelling (changes to the size and shape of the heart in response to damage; Cardiomyopathy UK, 2021).

Powder cocaine use is often associated with the nighttime economy (Murray, 2024). The latest Crime Survey for England and Wales (ONS, 2025a), reported that around one in ten (9.0%) 16- to 59-year-olds who used powder cocaine visited a nightclub one to three times in the past month, which increased to 12.6% for four or more visits, while 6.2% visited a pub or bar in the evening four to eight times in the past month, increasing to 8.7% for nine or more visits. Furthermore, the simultaneous consumption of alcohol and cocaine use increases the risk of harm (van Amsterdam et al., 2024), as the substances create cocaethylene, a toxic psychoactive metabolite (Pergolizzi et al., 2022). This

increases the effects on the cardiovascular system; thus, the risk of seizures, cardiac problems, overdose and mortality is higher (NHS Inform, 2025; RCPsych, 2022).

The harms of cocaine use are not only personal but also affect the wider society. Public Health England (2018) estimated that the social and economic burden of illicit drug use in England to be approximately £10.7 billion annually, reflecting costs associated with drug-related crime, healthcare expenditure within the NHS, premature deaths and reduced productivity in the workforce. The use of cocaine can be linked to offending, not only for Misuse of Drugs Act related offending, such as possession, supply and trafficking, but other acquisitive crime (Home Office, 2011). A report by the Public Health Institute, Liverpool John Moores University (Critchley and Whitfield, 2025) shows an increase in the number of positive tests for powder/crack cocaine through Drug Testing on Arrest ([DToA](#)) in Merseyside. Just under three in five (58%) of the positive tests for specified Class A drugs in the year ending March 2025 were for cocaine only, which is the largest proportion since the implementation of DToA through the Drug Interventions Programme (DIP) in 2003.

## Which campaigns are most effective?

Effective public health campaigns provide information that can address health issues and influence behaviour (Baqir, 2023), which need to be targeted appropriately using evidence-based strategies to reduce harm (DrugWise, 2023). Ineffective campaigns tend to use scare tactics and abstinence messaging, such as the *Just Say No* campaign of the 1980s and 1990s, which can be counterproductive (DrugWise, 2024) or increase stigma (Mold, 2021). Another factor to consider is that individuals may engage in moral disengagement as a way to alleviate the guilt they anticipate from knowing the harms linked to the drug trade. Therefore, campaigns that emphasise the morality of cocaine use or promote ethical decision-making may have limited effectiveness unless they also address this as part of their messaging (Sumnall et al., 2021).

Current messaging emphasises harm reduction, incorporating cognitive and behavioural strategies (Pinzón-Gómez et al., 2024) with the aim of minimising the risks of drug use for both individuals and communities (EUDA, 2025). Harm reduction can include drug consumption rooms, needle and syringe programmes, overdose prevention and reversal (e.g. provision of take-home naloxone), information on safer drug use, and drug checking services (Harm Reduction International, 2025). Popular media is generally the main source of information on drugs and research by Sumnall et al. (2024) showed that harm reduction is a suitable topic for large-scale media campaigns. However, its impact may primarily be limited to raising awareness and can vary depending on the media used, which sometimes misrepresents information through stereotypical images (DrugWise, 2023).

Community-level interventions have proven to be more effective, particularly when tailored to specific user groups (Germain et al., 2025). Notable examples include nightlife-focused initiatives such as *The Loop's Crush Dab Wait* (The Loop, 2025) and drug-checking services, both of which have demonstrated measurable success in reducing risk-taking behaviours within festival and nightlife environments (Measham and Turnball, 2021). Findings from the first report in this series, which gained insight from local and regional stakeholders on their perspectives of designing a cocaine campaign, showed that three-quarters (75%) preferred harm reduction messaging and just over half (53%) preferred population specific campaigns (Germain et al., 2025). Notably, co-designing a campaign integrates the knowledge and perspectives of stakeholders, strengthening the process, thus leading to more relevant and effective outcomes (Goodhew et al., 2025; O'Donnell et al., 2025).

## Current cocaine campaign

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.

## Methodology

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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 interviews with those who have used cocaine in the past 12 months. This report details findings from phase 2 only. Findings from phase 1 can be accessed [here](#).

The online questionnaire was shared via two main routes 1) through CGL staff who shared the survey through their networks and placed posters within drug services to recruit those who use cocaine and are engaged in drug services, and 2) a more general recruitment of users of cocaine who are not necessarily engaged in services. For this second element, posters were shared on social media, in university premises, cafes and licensed premises. To be eligible to take part, participants needed to be aged 18 years or older, live in the United Kingdom and have used cocaine in any form within the previous 12 months. 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, and sex, information on whether the participant was engaged with drug services or not and details on their cocaine drug use. The survey was open between April 2025 and October 2025, took around 15 minutes to complete and 63 participants took part. Following the completion of both surveys in phase 1 and 2, campaign posters using a design company called Bodhi Design were developed. These designs were presented to participants during 1-1 interviews as an opportunity for them to discuss the design and how the campaign should be delivered. The order that campaign messages were shared with participants were mixed up over the course of the interviews to account for participant and researcher fatigue.

There were 14 interviews conducted, lasting on average 48 minutes each (range 33 to 57 minutes) and held between 3rd December 2025 and 21st January 2026 on MS Teams. Interview participants were recruited via the online survey whereby they completed a separate form to express their interest in taking part, with additional participants snowballed from original participants. Framework analysis was used to analyse interviews (Ritchie, 1994) with quotes provided to illustrate meaning. Quotes were subject to minor edits to improve readability without changing meaning. Ethical approval was granted by Liverpool John Moores University (24/PHI/024).

## Findings - survey

### Demographics

In total, 63 participants responded to the survey, of which 51% (n=32) were men, with 36.5% aged between 18 and 24 years of age and 30.2% aged between 25 and 34 years. (Table 1). Over three quarters (n=49; 77.8%) live in the North West of England, and the majority (n=47; 74.6%) were not registered with drug services. Just over a third (n=22; 34.9%) saw the survey at university premises, 28.6% (n=18) online, 20.6% (n=13) within drug services, and 7.9% (n=5) in public spaces, e.g. café, pub bar. The remainder received the survey by email (n=3), a community hub (n=1) or did not want to disclose (n=1).

Table 1. Participant demographics

Demographics	Frequency (n)	Percentage (%)
<b>Gender</b>		
Female	31	49.2%
Male	32	50.8%
Prefer to self describe	0	0.0%
<b>Age group</b>		
18-24	23	36.5%
25-34	19	30.2%
35-44	11	17.5%
45-54	9	14.3%
55-64	1	1.6%
65 or over	0	0.0%
<b>Geography</b>		
North West England	49	77.8%
Other location in England	10	15.9%
Wales	2	3.2%
Scotland	2	3.2%
<b>Drug service access</b>		
Not accessing drug services	47	74.6%
Registered with different drug service	2	3.2%
Prefer not to say	1	1.6%
Registered with CGL	13	20.6%

### Cocaine drug use

The overwhelming majority of participants used powder cocaine only (n=58; 92.1%), with 4.8% (n=3) using both powder and crack, and 3.2% (n=2) using crack only. The most common method of cocaine administration<sup>1</sup> (Figure 1) was sniffing (n=61; 96.8%), followed by rubbing into gums (n=23; 36.5%) and smoking (n=6; 9.5%).

<sup>1</sup> Totals may not add up to 100% as participants could select more than one option

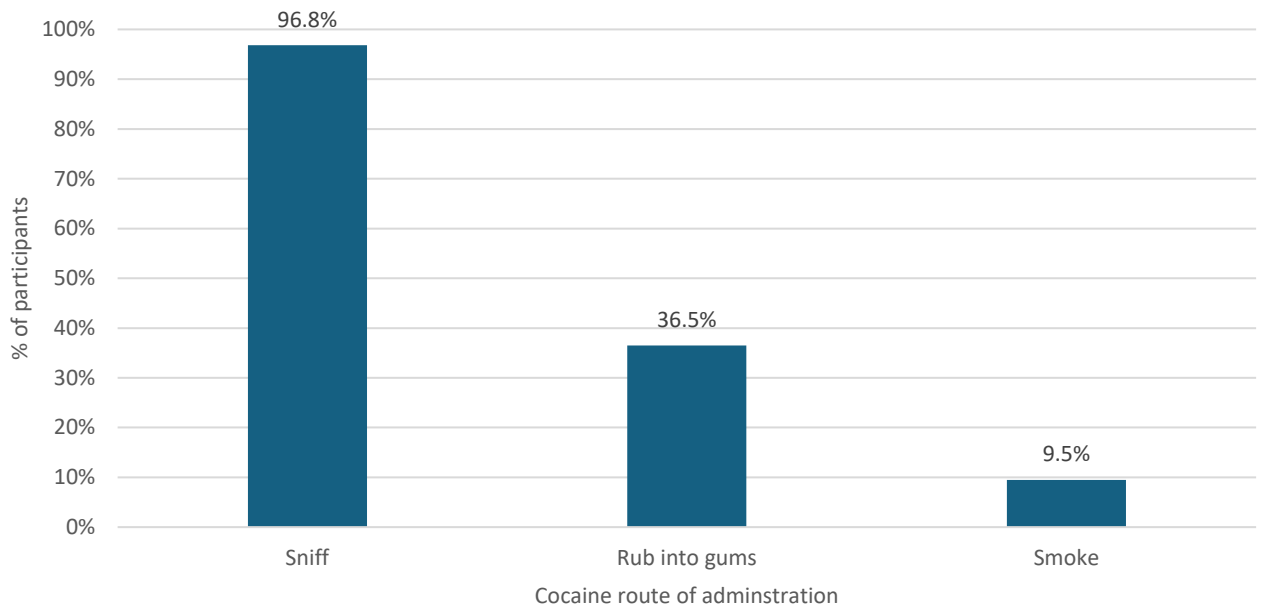


Figure 2. Route of cocaine administration

A large proportion of participants used cocaine infrequently with 26.2% (n=16) using once or twice a year, and 23.0% (n=14) using every couple of months. Four participants (6.6%) used cocaine daily (Figure 3). Over two thirds reported most commonly using cocaine in pub, clubs and bars (n=43; 68.3%) with 27.0% using at home (n=17) and 4.8% (n=3) selecting other. For those who responded other, one did not answer, and the other two stated music events and festivals. Close to eight in ten participants (n=50; 79.4%) stated they most commonly used cocaine with other people, with 20.6% (n=13) using alone.

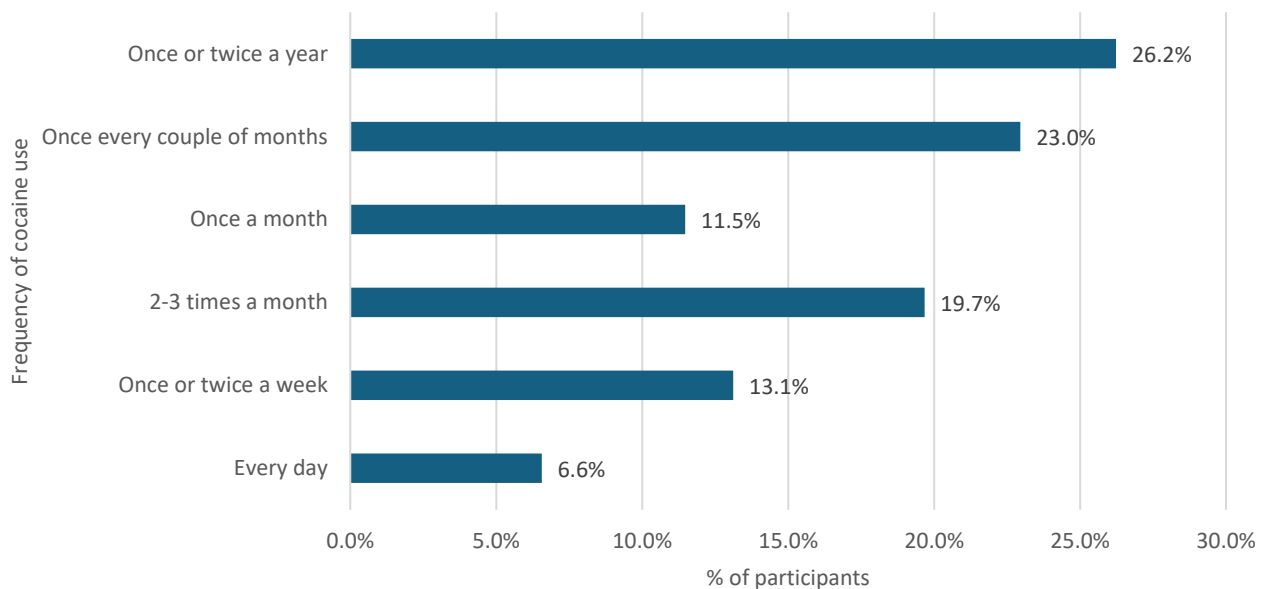


Figure 3. Frequency of cocaine use

Participants were asked if they ever mixed cocaine and alcohol with 95.2% (n=59) reporting that they did. Additionally, 58.1% (n=36) reported mixing cocaine with other drugs. Of the 33 participants who

provided a response<sup>2</sup>, the most common drug reported (Figure 4) was ketamine (n=17; 51.5%), followed by ecstasy or MDMA (n=13; 39.4%) and cannabis (n=11; 33.3%). Four participants (12.1%) mentioned mixing cocaine with prescription drugs which included pain medication (n=1), antihistamines (n=1) and benzodiazepines (n=2). Two people also mentioned using pink cocaine or tusi, which is synthetic designer drug containing a mix of substances and giving both stimulant and hallucinogenic effects. Eighteen of the participants (54.5%) stated multiple substances.

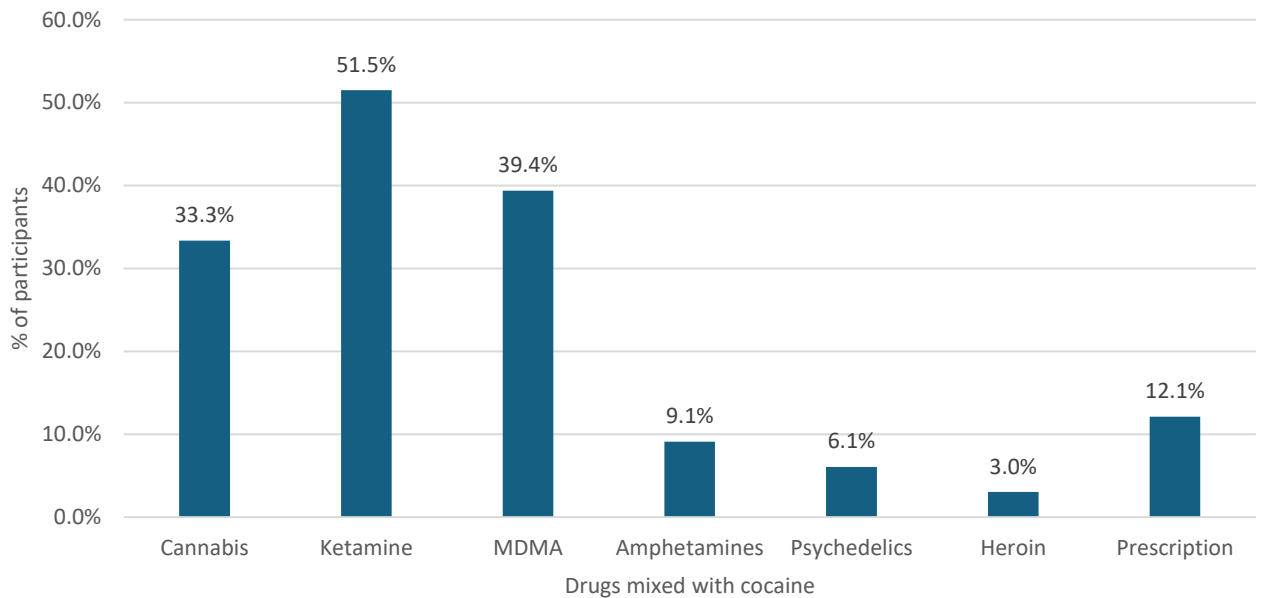


Figure 4. Drugs most commonly mixed with cocaine

## Campaign type preferences

When asked whether respondents believed cocaine campaigns are most effective when they focus on abstinence or harm reduction, the majority (n=47; 74.6%) selected harm reduction. Two respondents (3.2%) selected ‘other’ and when asked to specify, advocated for both types of messaging.

*“Can’t you focus on both at once? The best thing to do is not take cocaine, but not many people use cocaine until they’re pissed.”*

When asked if cocaine campaigns should be universal, i.e. aimed at everyone, or population specific, i.e. targeting certain groups of society, 50.8% (n=32) expressed a preference for population specific, with 39.7% (n=25) selecting universal, and 9.5% (n=6) selecting other. For those selecting ‘other’, suggestions included aiming interventions specifically at groups most at risk, including university students and those aged between 35 and 55 years of age.

*“Focus on different groups, most at risk are cocaine users 35-55, they’re likely to have a little more resources than other groups. You could target comms effectively for this group.”*

*“I think at universities would be good because they are all very young and tempted to do drugs or drink a lot of alcohol.”*

<sup>2</sup> Totals may not add up to 100% as participants could select more than one option

When asked which locations would be the most suitable for a campaign relating to cocaine to be placed (Figure 5), participants preferences were for social media (n=56; 88.9%), educational establishments (n=51; 80.1%) and inside licensed premises (n=47; 74.6%).

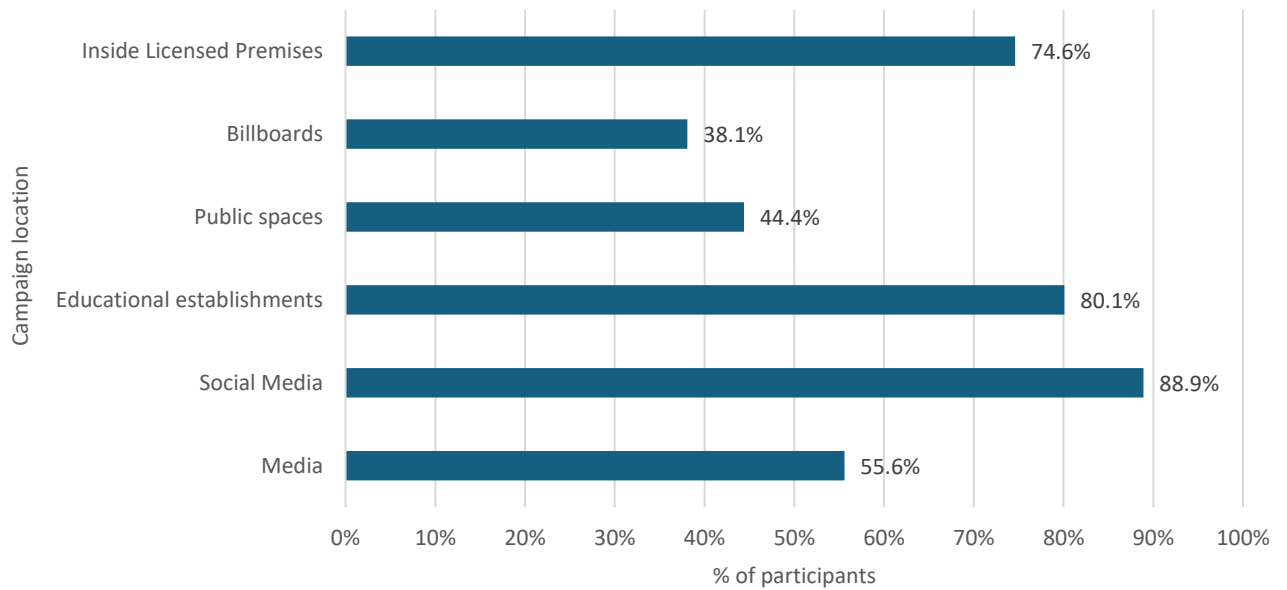


Figure 5. Preferred location of campaign

Preferred formats for campaign delivery (Figure 6) were online through the use of gifs, animations etc (n=43; 68.3%), posters (n=40; 63.5%) and using videos (n=40; 63.5%). Three respondents also ticked 'other' with responses stating campaigns should be in person, and as part of educational sessions.

*“Educational seminars/lectures to students at university induction”*

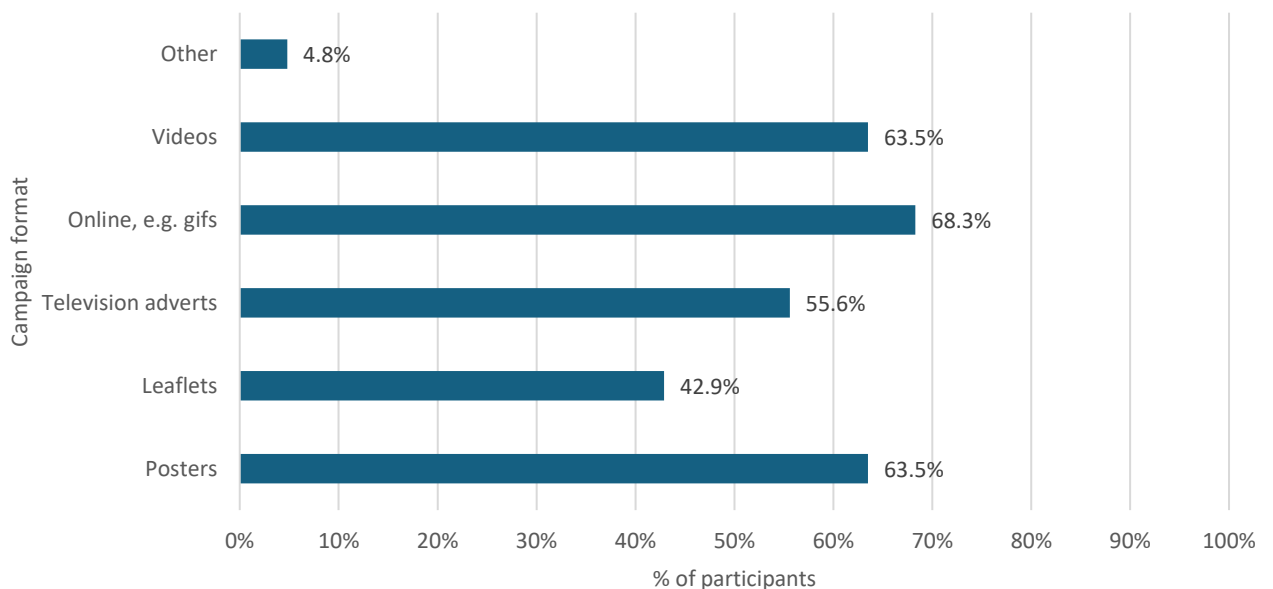


Figure 6. Preferred format of campaign

## 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 7). 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

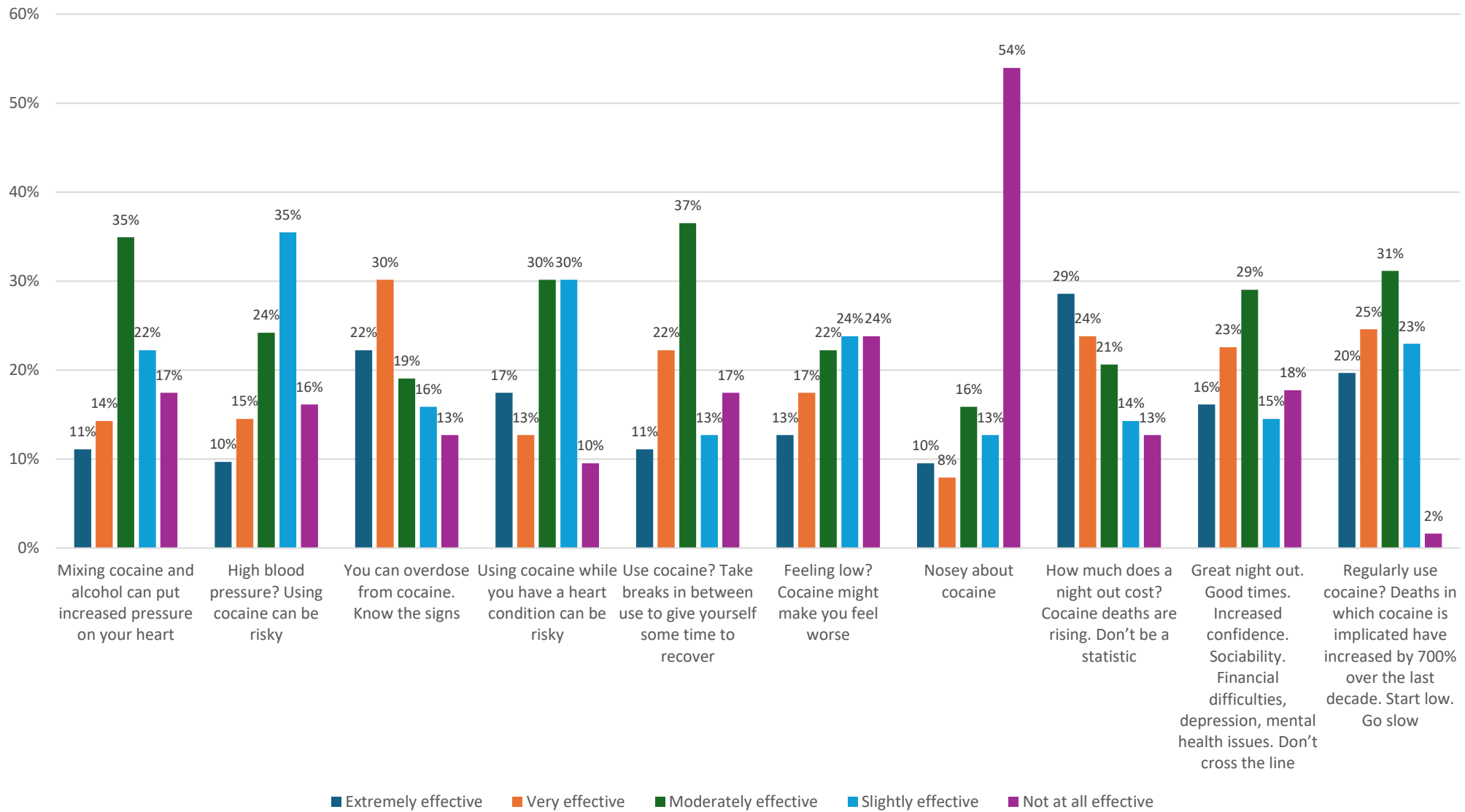


Figure 7. Preferred campaign messaging

When looking at messages which score either extremely or very effective, 'You can overdose from cocaine. Know the signs' and 'How much does a night out cost? Cocaine deaths are rising. Don't be a statistic' both rated the highest (52%), followed by 'Regularly use cocaine? Deaths in which cocaine is implicated have increased by 700% over the last decade. Start low. Go slow' (44%). Conversely, those messages scoring highest for either not at all or slightly effective were 'Nosey about cocaine' (67%), and 'High blood pressure? Using cocaine can be risky' (52%). For each message, participants were asked to write a response explaining their answer.

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

Overall, 25% 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, they found the message to be "quite educational and informative but scary" and that knowing the risks to heart could cause people to be put off trying cocaine.

*"If I had have seen that at the time I would be scared to try cocaine"*

Additionally, participants felt the message offered something new as they were often advised to not mix substances but did not always understand why.

*"I don't see much emphasis on the risks of mixing, it's only ever heard of from people who say don't mix but never actually explain it's because of pressure on your heart."*

Conversely 40% of respondents found the message to be only slightly or not at all effective. In most cases this was because they did not believe users of cocaine would be concerned about these risks and would do it anyway particularly if they had already consumed alcohol or were in a night life environment.

*"People are aware that cocaine is bad for you, if someone reads something like this on a night out say on a toilet door. At that point they've already set out in their mind that they are going to use cocaine"*

*"I don't think anyone who use cocaine is going to read that and think I best not drink alcohol with this line."*

Furthermore, some participants argued that those using cocaine already know this information and still engage in mixing cocaine and alcohol despite knowing the risks. Finally, some felt the message lacked detailed, asking "how" mixing cocaine and alcohol puts pressure on the heart, saying it was "not very specific" and due to this would not alter behaviour.

*"It does not really list why it's harmful, because I do not know why, I'm probably still going to do it."*

## High blood pressure? Using cocaine can be risky

Only 24% of respondents believed the message 'high blood pressure? Using cocaine can be risky' was an effective campaign message. It was argued that the use of a rhetorical question can be an effective persuasive device and would cause people to think and consider/reconsider use. Whilst it was felt that this message would not be that effective for those who are younger, the ageing demography of users of drugs was noted and for this group, the message was considered relevant.

*“Making people aware of their physiological condition and how the drug will not help is a good idea. Most young people don't pay much attention to their blood pressure, and the demographics of the user group is getting older and this will increasingly become a problem.”*

Over half (52%) did not consider this message effective. Many comments focused on the lack of relevance for younger people, arguing that *“this might be more effective for older users but I doubt under 30 would know or care about their blood pressure”*. Others felt the message would not resonate with them because they did not have high blood pressure and the campaign did not explain how use was risky. There were also comments regarding how many people do not really think about or understand what blood pressure is meaning the message would have limited impact.

*“If you had high blood pressure I assume it would be more effective, personally I have low blood pressure so it's not as effective for me”*

*“For me, blood pressure is more of a concept (i.e. not a real thing) as I don't understand what its purpose for the body is (I don't think a lot of people do). Therefore suggested risks to blood pressure aren't as effective as a deterrent”*

## You can overdose from cocaine. Know the signs

*‘You can overdose from cocaine. Know the signs’* was classed as effective by over half of participants (52%). For these participants, they found the message to be *“shocking”* as well as *“direct and informative”*. One respondent described how they did not want to overdose, they just wanted to get high so this message would dissuade them, with another arguing how drug use has been normalised when it should not be, and many participants praising the *“seriousness and realness of the harms of cocaine use”*.

*“Important info to highlight, isn't ‘pussyfooting’ around the seriousness of the drug and is saying it like it is. Not well known that you can overdose on cocaine”*

*“People should know that one key might be their last, it will make them fully aware. In this society we normalise a lot of things that shouldn't be normalised”*

Others stated that they did not know that overdose with cocaine was possible and stated the message could be strengthened further with the signs listed.

*“I can see the risk here, and it is something I didn't know so it's quite 'shocking', surprising. It would be even better with the signs listed.”*

*“Quite scary and I wonder if it is common knowledge that you can overdose from cocaine”*

Just under three in ten (29%) of participants found this message to be effective. Here the message was criticised for not telling the signs of overdose with one user calling it *“scaremongering”* and *“fear tactics”*, and another stating that the information was not accurate. Finally, some participants felt this did not bring any new information and would not act as a deterrent to use.

*“Would be better to include some important signs, this comes across less helpful, maybe a bit patronising.”*

*“People with experience using cocaine will know this not to be true”*

*“Most people know you can overdose on cocaine just like you can any drug, you haven’t explained the signs?”*

## 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 30% of respondents. These participants argued that the message was *“important to consider”* for those with a heart condition and may result in people reconsidering use.

*“If you are paying enough attention to know and treat a heart condition you will give a second thought to exacerbating it.”*

*“People with heart conditions or even a pacemaker, may think they will be fine if they take cocaine. But they should be aware of the risks”*

Conversely 40% found the message to not be effective. Here, participants felt the message was too specific and only targeting a *“limited pool of people”*. They felt many people may be unaware they had a heart condition, and even if they were, the *“weaker wording”* of the message would not prevent use. Finally, respondents argued that the message did not give any information on harm reduction beyond *“just don’t take cocaine”* and may even suggest use of cocaine is fine if a heart condition is not present.

*“How many people know they have a preexisting heart condition?”*

*“‘Can’ be risky? It is risky. Why be soft”*

*“Conveys it’s ok for people to use it if they don’t have a heart condition”*

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

One third (33%) of respondents thought the message *‘Use cocaine? Take breaks in between use to give yourself some time to recover’* was effective. The message was viewed as being *“educational”* and *“non-judgemental”*, avoiding *“scare tactics”* and giving *“practical advice”*.

*“This is nicer and less judgemental. More realistic than ‘never do it ever’”*

*“It’s inciting me to look after myself, and it’s a good advice that I can implement.”*

However, 30% found the message to not be effective arguing that people who use cocaine do not take breaks, that the message is not specific enough, stating that *“a break isn’t a standardised unit of time. Some people might think a break is like 45 minutes”*, and that it could be encouraging use.

*“Expecting such rationality from a cocaine user isn’t an effective approach.”*

*“Once I’ve started I can’t stop until money is exhausted”*

*“Feels a bit too encouraging without outlining the harms”*

## Feeling low? Cocaine might make you feel worse

Approximately 30% of respondents found the message *'Feeling low? Cocaine might make you feel worse'* to be effective. Participants found the message to be *"to the point"* and stated that it could help those with low mood to reconsider their use of drugs.

*"This would make me reflect on why I want to do cocaine right now, it helps being mindful and take a step back."*

*"Think this is the kind of thing that might actually rattle around someone's head"*

*"Not everyone connects the dots between substance abuse and low mood but it's a very real problem"*

Conversely close to half (48%) found the message to be ineffective. Many respondents disagreed with the statement, arguing it to be *"neurochemically false"* and that *"cocaine doesn't make you feel worse"*. Others also stated that the high from cocaine was worth the risk of the low from the comedown. The wording was also criticised in particular *'might'* and *'low mood'* being considered not specific enough.

*"Everyone knows what a coke come down feels like, it's awful. You don't care at the time of using because you do feel good in the short term"*

*"Might is too ambiguous, and most peoples experience is euphoria and boosted self esteem."*

*"Many users would say this this is not true"*

## Nosey about cocaine

*'Nosey about cocaine'* was classed as effective by only 17% of respondents, the lowest score of all the messages. Positive feedback was limited but the message was praised for its imagery by some participants.

*"Unmistakable eye-catching imagery"*

However, 67% considered the message to not be effective which was the highest score from all the messaging. Participants found the message amusing calling it *"edgy and cute but stupid"*, lacking in a message and open to be ridiculed, stating *"people would end up finding a way to mock this"*, and *"this would become a meme as it sounds rather silly"*.

*"Doesn't give any info or warnings or anything. I do not believe it would deter anyone or make anyone seek help "*

Others thought that it could annoy or *"bait"* users of cocaine or even trigger them and encourage use.

*"Bit like saying 'Hungry?' Next to a cheeseburger and asking if it makes fat people more or less likely to get something to eat. That's just baiting coke heads no?"*

*"Almost seems like an advert for cocaine use rather than a campaign against it"*

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

Over half (52%) of participants rated the message *'How much does a night out cost? Cocaine deaths are rising. Don't be a statistic'* as effective. In these instances, the message was praised for being *"factual and non-manipulative"*, *"scary, to the point and relatable"* with one respondent stating *"I*

*don't want to die so yeah it would stop me using".* Respondents liked how it linked to both the nighttime economy and costs, both to money and their life.

*"Encourages people to be careful in an environment where cocaine is likely to circulate and or be in use."*

*"One bag is never enough, cocaine is moreish and expensive. I like this framing!!"*

*"Like the use of putting a cost on a life"*

Just over a quarter (27%) of respondents found the message to be less effective. For these respondents, they found the message to be confused arguing *"it has some important points but it's a bit all over the place I can't really understand what this is saying"* and querying what the question in the campaign means: *"How much does a night out cost for what, alcohol or cocaine use, it doesn't make sense"*. Furthermore, respondents felt the message was *"too negative"*, not in line with a harm reduction model and will not resonate as *"nobody ever thinks it will be them"*

*"Mentioning death isn't harm reduction & I am for harm reduction measures. Feels like a scare tactic & I also feel like it's too long"*

*"Everybody knows cocaine deaths are prevalent, but still do it anyway. Everyone thinks it won't happen to them"*

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

Just under four in ten (39%) of respondents found the message *'Great night out. Good times. Increased confidence. Sociability. Financial difficulties, depression, mental health issues. Don't cross the line'* to be effective. Respondents felt the message was *"relatable"* and would be particularly useful for *"younger to middle aged adults"*. They felt the campaign showed how something which could start off positive, could go out of their control and become harmful.

*"I feel like this shows that people out there understand why you would take cocaine but it also shows how easy it is for it to become a harmful habit. Like I read this and I feel understood and it feels grounded in the reality of cocaine use"*

*"I think it shows how quickly you can lose control, your never in control of drugs"*

However, 32% argued the message was not effective, stating it was *"too long winded"*, they were confused by what the message was saying, and the image could be triggering or encourage use.

*"What line are we crossing in this message? This doesn't make sense"*

*"Anything with an image of a line will just make me want a line."*

**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 considered effective by 44% of respondents. The use of statistics were appreciated by participants, they argued that they were *"scary"*, provided *"facts to back up a claim"* and *"helps add weight to a statement"*. It was also felt that the message was non-judgemental but still effectively got the message across.

*“Gives a scary and deterring statistic, but also isn't judging or telling you to stop. Effective”*

*“Very scary. Would make people worried about their health and even tell their friends / family members”*

A quarter of participants (25%) found the message to be less effective, which was the lowest across all the campaigns – it should also be noted that only 2% scored the message as not at all effective which was considerably lower than any other message. For those scoring as only slightly or not at all effective, they felt that the ‘start low, go slow’ was not possible as tolerance builds and people are using alongside others.

*“It's a moreish drug people build tolerance unbeknown to themselves”*

*“Very hard to go slow especially with others around”*

It was also felt that the use of statistics was “*fear mongering*” and that it could be encouraging use by saying you “*can use cocaine effectively*” rather than not at all.

Overall messages which scored as most effective were:

- How much does a night out cost? Cocaine deaths are rising. Don't be a statistic (52% extremely/very effective; 27% slightly/not at all effective)
- You can overdose from cocaine. Know the signs (52% extremely/ very effective; 29% 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 (44% extremely/very effective; 25% slightly/not at all effective)
- Great night out. Good times. Increased confidence. Sociability. Financial difficulties, depression, mental health issues. Don't cross the line (39% extremely/very effective; 32% slightly/not at all effective)
- Use cocaine? Take breaks in between use to give yourself some time to recover (33% extremely/very effective; 30% slightly/not at all effective).

The top five messages match those reported within the stakeholder survey.

## Findings – interviews

Participants were recruited to take part in an interview to discuss their views on the six (top five identified through surveys, plus message relating to heart condition as requested by the steering group) most popular campaign messages. Messages were presented one at a time and participants were asked to provide their views on the message content, the design, who they believed the target audience to be, and whether they felt the message would alter people’s use of cocaine. Fourteen individuals took part (two women; 12 men).

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

#### Messaging

Many participants found this message confusing, struggling to relate the first message ‘How much does a night out cost?’ with the second ‘Cocaine deaths are rising. Don’t be a statistic’. One participant commented that they “read it like probably like three times before I could, you know, kind of like get the concept here” with others stating that it was too “abstract” and “vague”. For these participants, it was felt that the message needed simplifying to make people take notice of the campaign and take action from it. Some participants, however, felt that the mention of deaths specifically was enough to elicit their attention.

*“I’m trying to understand how much does a night out cost and cocaine, how do they relate? I’m trying to understand it. Maybe it’s because I’m not understanding the question. That’s why it seems like the messages are kind of like independent of each other.” (Participant 13)*

*“So if people don’t do so well with abstract, how are they going to take the advice that you are bringing with this? It’s too abstract for my liking. You have to simplify it for a whole lot of people to understand you. Personally, I think the message is, it’s not self-explanatory on its own. You have to think hard at it for you to understand. You have to make it quite simple because when you grab people’s attention, they need to understand what you are saying in the first few seconds.” (Participant 11)*

*“It carries so much weight and it does this because it talks about death. I don’t want to die. You know, so and I think the next person does not want to also.” (Participant 7)*

For those participants who understood the message, it was felt it offered an “interesting angle” on campaign messaging; however, there were many who thought the message was only discussing the financial implications of cocaine use.

*“I think it’s an interesting angle coming from it, because it’s also like one of the side effect[s] that is crippling for people that I don’t think that people bear in mind all the time is that it’s not just the drug and the health side of it, but the financial costs. I know that it’s kind of a play on words because the cost could be your life, right? But also front and centre is a wallet with*



*the money out and that's an important thing because it is it's fucking expensive and people can, if you no longer have the money to do other things that were like healthy because you're only thinking about putting your like £100/200 hundred a week or whatever that you're going to put onto drugs, then that's not like a sustainable way to be.” (Participant 10)*

*“Yeah, I guess it's just addressing one factor when it comes to using, any sort of addiction, it's always the cost, it's always the cost, people who use sometimes lose their homes, lose their families and considerable financial difficulties and then probably even eventually run out of money and live on the street and can't stop using anyways, so it's good to see that that fact is of interest here.” (Participant 4)*

Others went on to offer suggestions for how the messaging could be made clearer and reduce the disjointed nature of the first and second sentence.

*“You can make it more obvious you know, if you want. Like it could be right so how much does a night cost? It could be like umm you don't always just pay money for drugs. That's kind of bad, but as an example, do you know what I mean.” (Participant 10)*

*“It could have been worded differently. Could have been worded in ways like is your life worth? You know, what is your life worth to you? I think that makes it so much easier for you to weigh and counterbalance your life of having you know, to be a statistic.” (Participant 12)*

### *Design*

The colour combination of the campaign was praised with participants saying it was “*eye-catching*” with a good use of “*colour contrast that would grab attention*”. However, for many the disconnect of the message carried through into the design with people questioning the use of the wallet. Whilst some felt the design and message worked together stating “*I love the design actually- the wallet with the money in it. It's kind of like makes it quite obvious to know that it's a comparison between money and death*”, overall, it was felt either the image needed to change or the message needed to be made clearer.

*“I just think the colours on this one are good. It's really like bright and eye-catching.” (Participant 10)*

*“Words carry more weight than images, right? And if you read everything that is written here, you would understand that the one that carries the most emotional impact is death and images are supposed to sort of like correlate with what is going on. The message right now this, this image sort of like brings down the impacts of the messaging for me, so I'm not kind of like feeling it and I would rather have something like maybe someone actually dead or something to like have that emotional impact on me because I think this image, these resources are supposed to stir up an emotion.” (Participant 6)*

*“I don't think the image actually plays any part and it kind of like disjoints it all together...and it makes it hard for me to understand. And I think it beats the idea of what you are trying to do with this. This is quite confusing.” (Participant 5)*

### *Audience*

As the poster mentions a ‘*night out*’, initially participant thought it would be best suited in a nighttime economy setting, e.g. pubs, clubs, festivals etc. However, for most, on further reflection and due to many participants finding the message to be confusing, it was felt that this campaign would be best

suited in a place where additional context could be given to explain it better. This was generally either within social media or websites that could provide further information or support, or within drug treatment services.

*“You have to say in places like festivals, but it doesn't make sense to share this in places like festivals because if you have a whole lot of people not understanding it, how do you want us to take action with it? So, I think this should be more of like in settings where there's an opportunity to explain it better, maybe like from social media, where you share it like a post and then you have like words that are explaining better.” (Participant 5)*

*“It's quite vague if you do not get to see sort of like in a space where safe usage has been spoken about. Sort of like in a support group where people are talking about safe usage, rehabilitation centres, if that makes sense.” (Participant 8)*

### *Impact*

Overall, it was felt that if people understood the message, it could impact on their use of cocaine in a positive way, with some focusing on the use of the word 'death' and others saying how it was reminiscent of other campaigns, e.g. drink driving. The majority felt though that due to its disjointed nature, it needed changes to make it effective.

*“Personally, a user doesn't care. I don't care about how much. I just want to have my feel good. So I want to be social. I want to be happy, right? But I don't want to be dead.” (Participant 6)*

*“It's quite confusing as it is, but with a little change I think it would change people's perspective because it talks about death compared to having fun over life and all that. So I think it's going to change people, but with the message as it is at the moment, it wouldn't do much of that.” (Participant 14).*

## You can overdose from cocaine. Know the signs

### Messaging

For many this campaign was considered “*impactful*” and “*direct*” due to the use of the word overdose. It was felt the message served as a “*wake-up call*” and could serve as an educational tool for people to understand the signs of an overdose either for themselves or others around them.

*“It's more, more impactful, more direct. Well, yeah, definitely more direct. Overdose you know, carries a lot of important meaning.”* (Participant 1)

*“This is a bit different. Oh, this is like it's a wake-up call. I want to call it that, a wake-up call. Hey, be self-aware. This can go unnoticed except you know about this prior and yeah, watch out for it...Sometimes you just realise how far you have gone and there's just no other voice of reasoning. There's nothing else that you know. So sometimes all the lifeline someone might need is the hey wake up.”* (Participant 2)

*“I guess, good 'cause sometimes you might not know what could mean the other person overdose and probably lose their live. So if you saw the sign, it could be enough. And like, if you know that for a fact and you experience that or you see that you, you can now see it coming. Your brain is going to be on an alert. Having known that this is a sign that is possible to overdosing.”* (Participant 4)

Others however felt the message was not gentle enough and was “*too judgmental and quite authoritative*” in its tone which would make them disengage. Suggested wording here were “*here are signs to look out for so you don't overdose*”. In contrast, many felt that whilst the poster would invoke a curiosity in them to know more, the message was incomplete by not listing some of the signs or not making it clear how they could find out what the signs are.

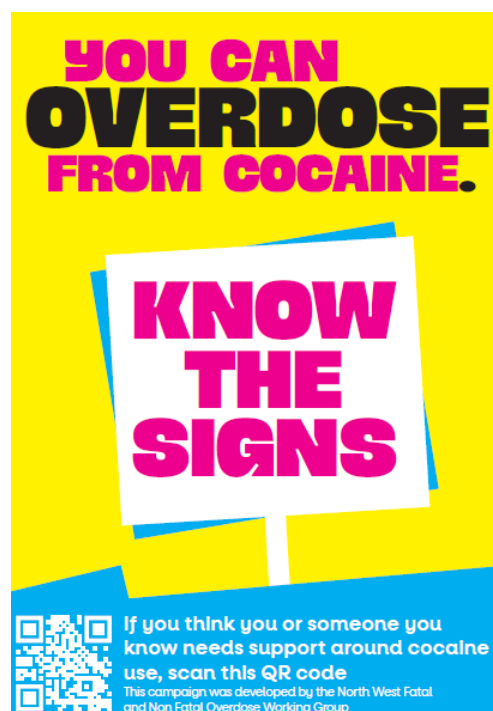
*“What signs, know the signs, what signs? It doesn't tell me how to get to the signs. It doesn't tell me what the signs are and that makes it quite confusing. So the messaging is not complete.”* (Participant 12)

*“Know the signs, what are the signs? Says you can overdose on cocaine and know the signs or all the signs. I can't even see any signs here. I think personally scanning QR codes to me [is] sort of like a hassle, like an extra job.”* (Participant 7)

*“You could actually design in a way whereby you give a few signs that is quite common to everyone that overdoses, and then go ahead to say you know check the QR code for more information.”* (Participant 8)

### Design

Many felt the design was “*bright*” and “*catchy*” and its bold use of colour meant that it would be easy to see even amongst lots of other posters or in dark spaces.



*"I think the design is a little bit shouty with the colours but I think it needs to be easily spotted, in the collage of posters. If you see this on a board where you have different posters because it is so flashy, it is easy for it to be spotted, and the idea of using the big, big board to talk about knowing the signs, it's a genius move." (Participant 11)*

*"Big on bright colours, so I think this is amazing and it's going to stand out in the dark room. It's going to impress people before they even see the words." (Participant 14)*

However, there were some suggestions that the design was too *"in your face"* and the colour choice could be confused with other messaging, such as political messaging concerning Ukraine.

*"This yellow is kind of like just in your face and it doesn't work for me. Right. So, I think personally I would want a more darker overlay and then just a bit of twist in the words just to show a little more empathy." (Participant 3)*

*"I'm not mad about it. Yeah, I mean the arrangements, not terrible, but yeah, the colours don't speak to me right away. Yeah, it looks like the blue and yellow. Looks like the Ukraine sort of stuff which is seeded in the consciousness lately." (Participant 1)*

#### *Audience*

Responses to who the audience should be for this campaign were mixed. Some felt it was targeted messaging and therefore should be at locations where users of cocaine were most likely to be, however others felt it was a general campaign that could be used anywhere. For those that felt it was targeted, one of the most common places suggested was within the nighttime economy. For those who felt it was a more general campaign, the reasons for this were two-fold. Firstly, they felt that people who use cocaine are everywhere so locations should not be restricted, and secondly because it could serve as an educational piece for both users and non-users.

*"The most important places where you can place this is where you have the highest amount of drug overdoses, you know, festivals, and places that have students, nightlife spots. You share them in toilets like sort of, sort of like posters in toilets, stickers on mirrors... I think those are the places where people get to make the most mistakes. Those are places that I made the most mistakes." (Participant 5)*

*"They would be trying to reach out to everyone or anyone who uses or anyone who is like around those who use. And I guess this message like goes for both categories, the people that use cocaine or people that know people who use cocaine or are around people that use cocaine." (Participant 4)*

*"This is an educational piece, it's going to talk about the signs even though it doesn't say them now, I'm just going to think that it's going to talk about the signs, so it should be everywhere. It should be everywhere. Talked about buses, I talked about having sort of like billboards, you know, social media, social media is great to pass the information, you know? So share them in forums that talks about that talks about safe usage. Share them in unconventional places like pubs, share them in nightclubs, share them in festivals, share them bus stations, you know, the train stations so that people who know people who regularly use can actually, you know, sort of like, pass along this information on. But the information has to be complete first before you can use this." (Participant 12)*

## *Impact*

Many participants felt the campaign had the potential to impact positively; however, without clear guidance on what the signs are or how to find out about them, they felt its effect would be limited. Others also felt it was too judgemental in tone and likened it to being told off by a teacher.

*“Hmm I'm struggling to say yes actually, I'm struggling to say yes because I think this doesn't actually kind of like complete itself... this is sort of like sparking curiosity about overdosing and knowing the signs and the signs aren't here, and there's no way for me to get to these signs. It doesn't state here how to do that so I don't think it would actually give you what you want.”* (Participant 9)

*“I'm big on hitting home some certain messages for me before I could, you know, take on board steps that maybe you'll change my direction. If you get to show me the signs and I get to see these signs and I've seen them before, I can relate with them then yes. But when you're vague and don't say the signs and then expecting you to just...nah, you can talk to someone and say you can overdose from cocaine. Know the signs. What are the signs?”* (Participant 8)

*“It kind of like sounds harsh and I kind of like want to feel compassion in your message and yes, you understand what it is and not trying to like come off as a teacher or come off like someone that is trying to shout at me.”* (Participant 3)

However, for some they felt this message offered enough to rethink behaviours by offering a “*lifeline*” or in eliciting curiosity to find out more, particularly if they felt they were losing control of their cocaine use.

*“Yes, I think this campaign is quite like I said, I think this campaign is quite linear, it's straightforward and it isn't, it doesn't take up much time with words or images. It just goes straight to actually telling you that you should know the signs and click this to know the science. And if you are curious person, you would want to know the signs. So yes, I think this would change people's perspective.”* (Participant 5)

*“It looks like it's presenting itself as a lifeline, feeling like you are drowning and all you need is a lifeline. It doesn't matter if you open your eyes to see where it's taking you but just knowing that it's drawing you away from the deep. You will want to take the lifeline when you see it.”* (Participant 2)

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

### Messaging

Many of the participants found this messaging to be effective, offering practical advice which was relatable and resonated with them. Furthermore, participants felt it was grounded in “*harm reduction*” and directly targeting users of cocaine with the opening line of ‘Use cocaine?’.

*“Yes, I'm a fan because I think as [a] past user and trying to, you know, I've been trying to not use myself. I do use once in a while or I do relapse and I just want to think this is for me, 'cause everything here is actually quite understandable. It speaks a whole lot of volume for me and the words are actually not judgmental. They're just words that are actually quite good that I can relate to. And so I think it is okay, to me this is quite perfect.” (Participant 3)*

*“I love the message and it's more direct actually, because it starts with the header of ‘if you use cocaine’, and if you're not using, it is not for you, so you can just drop it. But if you are using then the message is for you.” (Participant 3)*



There was much discussion relating to the non-judgemental nature of the message with participants feeling it did not just “*write them off*” but instead wanted to support them and was not “*whacking them over the head like you're telling them off*”; instead, the campaign was “*offering a suggestion of trying to take care if you're going to do this anyway*”. In turn, they felt this would encourage them to reduce their use. There were also comments specifically requesting that this message should be one of those adopted as part of this campaign,

*“You know that you're not alone and I don't know, I'm not sure, but for myself, when I was using, I wanted to stop almost all the time, I just could not help myself stop. And if I saw that message, I'd probably feel like that means they don't think I'm a deadbeat. They might think that I actually do want to stop, and this is aware of, like, encouraging me...Yeah, it would encourage me to, you know, do away with the habits, the addictive habits.” (Participant 4)*

*“I don't know if you intend to adopt all of them or just a few of them, but if it is just a few of them, I think this should be among your messages.” (Participant 13)*

Some participants however did seek clarity on, firstly, what constituted a break and, secondly, why it is important to take breaks particularly if they are having a good experience.

*“I guess my initial like first reaction is I suppose because it's coming in from the angle of like, acceptance, right? Like people are going to use it anyway. There's no point maybe saying like, don't do [it], it's bad for you because they've clearly already had that and it hasn't done anything. So it's trying to hit like another approach to it. So I think that there's something that's like got some credit to it. I think I guess it's tough as well because, take breaks in between use to give yourself some time to recover is perhaps a touch vague. You know what one might think of break is like maybe if you're in a bad hole, you might think that's like a couple of hours when that's not actually like what you'd be hoping for. (Participant 10)*

*“So I'm going to start by asking a question. Take breaks in between use to give myself some time to recover. Why? Why do I have to take breaks to give myself some time to recover if I'm having so much fun?” (Participant 12)*

### *Design*

The response to the design of the poster was more mixed. Many felt that the colours were eye-catching and that the image used was suitable in representing drug use. However, others felt that the poster was “dull” and the image used could be “triggering” for people who use cocaine.

*“I really like this one maybe it's the colour, the purple shade, the really light shade of purple. It's suitable and the credit card on there, and that's some white substance. It's really obvious 'cause yes, that goes together, those two always do.” (Participant 2)*

*“Why the use of this design? It's quite bland and not shouting enough for me. The colour scheme doesn't make sense to me. If this was sort of like, the bathroom of a pub it might get lost in the different posters that will be there. It doesn't stand out and how do people get to read it? It beats the idea of, you know, grabbing attention.” (Participant 8)*

*“The imaging is quite triggering to me. It might not be for the next person, but it is to me and I would love sort of like another representation for the image, maybe a person that is actually happy because they are taking breaks, you know, sort of like something that shows a positive image of a user that has taken breaks to motivate me to, you know, want to take breaks and stuff like that.” (Participant 6)*

### *Audience*

The majority of participants felt that this message should directly target those using cocaine specifically through the nighttime economy and social media. Again, others felt that this campaign could be shared everywhere to reach as many people as possible.

*“This is a targeted messaging and I think it should be targeted in places where you have people like myself that are prone to using. So bars, carnivals, festivals, wherever we have people, young people who are having so much fun. That[’s] the places you should share it.” (Participant 6)*

*“Social media should be number one. I don't know if you like an official page for drug related information. It can come [in] handy when you share it there and having the share buttons on there is quite handy if you share it on Facebook, other people could share it to different platforms you know and then get to see it.” (Participant 14)*

*“I think users appear every day everywhere. So I think the best thing to do is to share it to the public and grab a large percentage of users.” (Participant 11)*

### *Impact*

Linked to previous comments, many participants felt this message would have positive impacts due to it offering non-judgemental advice. There was however recognition that people would already need to be in the right “mindset” to take this information on board.

*“Sometimes when you see posters or flyers about using or addiction, it's more judgmental than it is like the help that you might need. So when it feels like that, you already unconsciously*

*have your defences up, you already want to explain why or how and how helpless it is, it's not your fault, which is not the best way to start. And so this campaign the way it sounds and the way it feels, like it feels familiar. It doesn't feel judgey and it doesn't feel like I've got to have my defences up.” (Participant 4).*

*“Where you are mentally determines some of the actions that you take but for a person like myself that's been introduced to safe usage, this acts as a reminder and this it's actually very good. So I think even if you are not there emotionally yet, but if you are trying to not go overboard and you see something like this, yes, this messaging it's quite good. I think I love it because it has no words here that means like you are looking down on me or trying to talk down on what I do and say. Yes, I think this is quite good and everyone that is a user would actually resonate with this. But the actions that you take next depends on what you want to do.” (Participant 7)*

Where respondents disagreed, reasons included not having enough information related to why they should take breaks, because they believed the poster to not stand out enough, or because they found the image used to be off-putting.

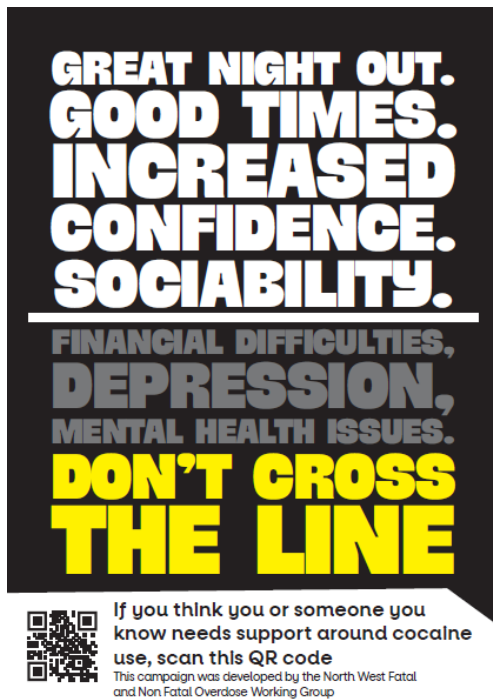
*“I don't think so because personally I think the information is quite short and it doesn't give me enough to work with for me to umm it can stop me in my tracks because it is singling, it is singling me out from the crowd by asking if I use and then doubling up by saying take breaks in between. But I would want more. I would want to know why and it doesn't say so here, so it might stop me my tracks, but it might not necessarily you know, make me take this action that is taking breaks.” (Participant 12)*

*“Maybe but I'm not positive about it changing me, so I'm just going to say maybe for people out there. But with my own experience, I would say it wouldn't actually move me. Like I said, this might be lost. This might be lost because it doesn't stand out.” (Participant 8)*

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

### Messaging

Many of the comments for this campaign message related to it being too “generic” with several participants stating that if they had not been discussing this message as part of the interview, they would not have known it related to cocaine use. Others also found the message to be too long-winded and open to interpretation.



*“It doesn't add up. Yeah, it's only because we're on the topic of drug use and cocaine use that I know. But yeah, it doesn't mention it at all. Doesn't mention what we're talking about, really. Yeah, it could be you could be taking any drug for that, suppose that could be alcohol use.”* (Participant 1)

*“This is highly, very unrelatable to the topic if you're talking about cocaine, that's just cause like first glance at it I don't know what this is talking about, it's a lot of words here. It's a good thing to have it in big font size, I wouldn't know what you're talking about except I read all to the end and I see where the cocaine is being mentioned.”* (Participant 4)

*“Context is lacking here actually, and I'm just going to ask this, does it come with sort of like an explanation to who this is actually being directed to? If you're talking about alcohol users, this could actually apply to them. If you're talking about people that are gambling addicts, this could*

*play a part, people that are in depression, people that are going through things from different causes, that's gonna apply to them.”* (Participant 13)

Others did like the message, appreciating the value of placing the first half of the message over the second to illustrate positive and negative impacts, however, again, there was usually recognition that the message was not obviously talking about cocaine use.

*“I would rather choose a great night out over mental health issues. I would rather choose increased confidence and sociability over financial difficulties and depression, so I wouldn't change anything. Yeah this is a powerful design.”* (Participant 12)

*“Great message but confusing. It says nothing about cocaine usage here, and that makes it quite confusing. I understand the concept of great night out over financial difficulties, good times over depression, mental health issues, you know, sociability over all of that. But how do I know it's talking about safe usage?”* (Participant 14)

### Design

Views on the design of the campaign were more mixed. Some praised the design, in particular the use of the line to separate the first and second half of the message, and the use of the line as the divider between the positive and negative impacts of cocaine use.

*“I think the designer took time to go into details with every use of colour here. Trying to dull the colours right under the line, trying to dull them and make them not quite stand out, but*

*make the ones above the line quite stand out. So I think that's a genius move right there.”*  
(Participant 12)

However, others felt the message was too crowded, did not stand out and that the line should more obviously symbolise cocaine use. Others suggested the use of “emojis or images” to “give it more life”.

*“But this is just words and the design is just bland. It has no form of artistic expression to it.”*  
(Participant 14)

*“I feel like if you got rid of one of the great nights out, good times or like increased confidence, if you just gave yourself a bit more space. So one of the statements comes out, the line in the middle you could perhaps like make it look more like coke or something...It like grabs the eye and becomes obvious what it is that it's talking about, and then the rest of it kind of falls into place a bit more. I just think it's not that clear as is.”* (Participant 10)

### *Audience*

Similar to the message concerning ‘how much does a night out cost?’, many of the participants felt this message should be used where additional context could be given to make it obvious that it relates to cocaine use. In particular, online support and drug treatment services were suggested.

*“If you are going to use this, it has to be in places like social media, right? It has to be a place where you'd have sort of like a footer, like a footnote where you explain what is going on in the design. Yeah, you have [to] give people that context.”* (Participant 5)

*“I don't think you should use it actually. Personally I don't think you should, but if you do, it should be in places where you can teach people and explain to people what it's all about. So I'm just going to say recovery support groups.”* (Participant 7)

*“I'm just concerned with your method of passing the information. Now you don't pass this information generally if you are trying to reach an audience which is me, a user. It has to be quite targeted to where you are, so it should be in mental health recovery forums or through share[d] online support that supports safe usage and withdrawal.”* (Participant 12)

### *Impact*

Overwhelmingly participants felt that this message would not be effective without additional context to make it clearer that it is talking about cocaine use. However, if shared with context it was felt it could be effective as a preventative measure for people who have previously experienced problematic use.

*“It's too general. The messaging is too generalised and it's not quite targeted, so I don't think just like if I see this in any other place I'll just read and not be interested to, you know, know the messaging or whatnot. I might not even read it.”* (Participant 6)

*“I don't know, it might work for some as a preventative...You know, if you see it before you're going to use or to remind you not to use if you had a problem previously. But I don't know about priming people not to use it in general...you know what, you'd have to be already aware and thinking about the negatives I think for this to have an influence.”* (Participant 1)

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

### Messaging

Overwhelmingly the views of this message were positive. Participants liked how it was “directed” to them, was non-judgemental and offered both an alarming statistic alongside practical harm reduction advice. There were also comments relating to how this message felt more supportive in nature with individuals not feeling criticised for their use.

*“This is how you direct a question. You direct a message to people and you filter out people that the messaging is not for. It asks a question about cocaine use and if that doesn't concern you, there's no need to actually go ahead to read what's here. You don't need to consume the message, but if you are a user, a regular user like myself, you can be stopped in your tracks to the messaging, the messaging is good, and it talks about starting low and then going slow.”*  
(Participant 7)

*“It's the difference between getting told off by like your teacher and getting support from like the support staff at a secondary school. You know, they're two different things. You feel like you can't get told off for what you say to one of them, but you can for the other one. And this is like that kind of thing where it's coming from a like a nicer point of view. I don't think they're being nasty, it's saying like, please be careful kind of thing.”*  
(Participant 10)



Participants were shocked at the statistic presented, not realising cocaine related death increases to be so high and reflecting on how they did not want to be part of that 700%. However, some participants did feel that the poster offered conflicting information by first warning about the risks of using cocaine but then going on to advise how to use.

*“And 700% is actually wild, quite wild. So I think if you are a person that you are scared of death and whatnot, I think you should be concerned. And it says start low, go slow, you would be more interested to start low and then take it slowly, so this is lovely.”* (Participant 6)

*“From a crowd, it singles out users and so you can share this to a crowd. But the message says for who it is, for, it is for persons like myself. So I think the messaging is quite good and you did amazingly well with the idea of giving statistics. And I do not want to be among the 700% increase in the next decade. So, I'm always going to take the advice that comes with such warning.”* (Participant 14)

*“Yeah, just seems incongruous. You know, you've got 700% increase in deaths but they're telling me to start immediately after that, but it doesn't make sense...But listen, it's fair enough. Yeah, it's fair enough, but it's just jarring saying that there's such a risk and then telling you to go ahead immediately after it. Although it's trying to urge caution and tell you to, you*

*know, show restraint and so on but it doesn't spell that out clearly enough for me to work.”*  
(Participant 1)

### *Design*

When discussing the image presented on the campaign, one participant suggested that given the advice was to ‘start low’ and ‘go slow’ a smaller volume of cocaine should be presented.

*“Because you're trying to say start slow and go slow. It means you should do it in like moderation. So yes, I think an image with a smaller amount of cocaine speaks more to the message here.”* (Participant 3)

Many of the participants also did not have favourable views on the colour scheme, in particular the pink, with one describing it as “girly” and another as “overly flashy”. Most notably though, participants felt the bright coloured background detracted from the words, made the message seem less “serious” and more difficult to read. In these cases, they suggested having the words in a bright colour but keeping the background dark to make it more visible.

*“A great design. The message is simple and direct, and it is easier to consume and take actions. Probably just change the colour of the background that's pink because I'm not like a pink person. Yeah, I'll probably choose like maybe a black, maybe beige colours. I think every other thing does it for me.”* (Participant 7)

*“Personally, I would say have a backdrop that's actually quite darker and not this bright colour, it gives, it takes away visibility from the words actually.”* (Participant 13)

*“I'm just quite concerned with the design I think...I think making changes from the pink background to having sort of that beige background that we had in other images would actually make it more stand out and make it more serious.”* (Participant 8)

### *Audience*

For many, as the campaign specifically asked if you ‘regularly use cocaine?’ and was therefore already targeted in its message, they felt it could be used anywhere as those it was aimed at would know if was for them.

*“I think this is the most complete and it does this by targeting just users, so it gives some sort of context wherever you share this sort of messaging generally or maybe target it. it's just a message that is singles out every other person. You can share it to the general public. You can share it to non-users and they would know that it is for the users.”* (Participant 9)

*“You can share this everywhere ‘cause the message is kinda like targeted and people that it is for would always find it wherever it is. So, I think the best thing to do is to sort of like share it everywhere...Just literally targets people by the headline.”* (Participant 11)

For those who mentioned specific locations, most commonly discussed were places in the nighttime economy, bus stops, train stations, community centres and social media.

*“You could share this anywhere, social media, bus stops because a whole lot of users like myself use the bus. So yeah, you can share them and then have them in just like I said earlier, pub owners to actually put them up in their walkways and toilets, have them in clubs so that club owners could actually, you know, have them in their toilets. Have them being shared in*

*communities where safe usage is being talked about, you know, so it is a general message that is targeted to users. So, I think that's where you can share this.” (Participant 12)*

### *Impact*

Participants were confident that this message would have a positive impact. They felt the message was “complete”, written in “simple language” gave a “stark statistic” and also practical harm reduction advice. However, some voiced that they wanted to know if the message came from a regulatory body or government organisation in order to give the message “authority”.

*“I don't think [it will], I know it will change people. The idea of a statistic of 700% dying in the past decade actually strikes sort of like fear, and fear is a big emotion to deny. So I know it's going to change a lot of people's erm mindsets about using but if you have sort of like a logo of maybe the NHS or maybe a drug agency it goes ahead to give it some sort of authority and makes it easier for people to trust the message.” (Participant 11)*

*“100% actually I think it's going to change a whole lot of perspective on how to regularly use. This comes with a complete message. You don't necessarily have to even scan the QR code, so you get maximum information and you're good to go. So, I think this would work because to me the message is complete.” (Participant 13)*

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

### Messaging

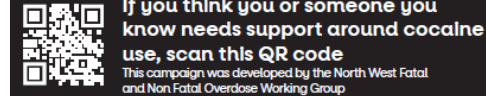
This message was considered to be the most targeted of all the campaigns, specific to those who use cocaine whilst having a heart condition, so for some users it did not resonate with them stating “*I guess I wouldn't be looking at it since I don't have a heart condition*”. However, many felt the message was needed as heart health was something that people (not just users of cocaine) can neglect.



“*I guess I wouldn't be looking at it since I don't have a heart condition*”. However, many felt the message was needed as heart health was something that people (not just users of cocaine) can neglect.

“*It is quite targeted. I think this is the most targeted in all the campaigns that you showed me because it talks about people that have heart conditions and are users. Now if I do have a heart condition and I'm a user, I'd be concerned.*” (Participant 3)

“*I think this is a perfect example of an educational piece that warns you of risks concerning usage, especially if you have a heart condition. So I think the message is quite needed because some persons have heart conditions and they still use.*” (Participant 12)



“*Now you are looking at a subsection of users who have heart conditions. I think it should be out there because people neglect health conditions when they use. You want to use because you want to feel good. You'd get to have sort of like a warning before you do that, and a lot of people who use, just go ahead without having sort of like this warning and then after usage they face the consequences. So I think this sort of like is a lifesaver.*” (Participant 6)

However, there were two main criticisms of the message. Firstly, some felt the language was not strong enough stating that the word ‘can’ did not do enough to emphasise the risks involved.

“*‘Can’ might never be risky and I don't think it gives enough of a warning. Should say it is risky and you can go ahead to list of the risks. Those [risks] that are quite, should I say fatal, that elicits the highest amount of fear in people*” (Participant 8)

“*I think that maybe the language could be stronger. You know I think that like using cocaine, while you have a heart condition can be risky. It's like driving down the motorway can be risky, you know. I think that it could be a bit more forceful, maybe like using cocaine while you have a heart condition is taking a risk. It's perhaps like a better, more to the point way of putting it because all sorts of stuff that we do can be risky. But the whole point is that you kind of believe that you'll be fine because it's a statistics problem, right? Like odds are I'm going to be fine. And anyone that's doing Coke, any kind of illegal drug, you're always aware that it can be a risk, but you're always taking the gamble that it's fine anyway.*” (Participant 11)

The second criticism was that the message did not elaborate on the risks of using cocaine alongside having a heart condition, with one participant describing it as “*telling but not showing*” people what could happen.

“*I'm curious as to if we can quantify the risk but yeah, it's a good, nice, direct and safe message. I [am] not sure how many people know that they've got a heart condition, so maybe should include that element. You know that people mightn't know they've got a heart condition and*

*are taking cocaine, you know? Yeah, I don't know. You could put that stat in how many percentage have an unknown or an undiagnosed heart condition because highlighting that would put the person into that hypochondriac identification space.” (Participant 1)*

*“The message is, like telling, but not showing, I don't know if that makes any sort of sense to you. It's just gone ahead to say when you have a heart condition if you use it can be risky and this is sort of like an educational piece and it's going to talk about the risk, but it's just not talking about the risk, is it? It's just gone along to say it can be risky and doesn't say scan the QR code to know about this risk or we can talk about this risk and how they actually can or cannot be avoided, so I think the messaging is just kind of like telling, you know, and not showing anything.” (Participant 14)*

### *Design*

The design received positive comments from all participants. They liked the use of colour, that it was not too wordy and felt the message and image worked well together.

*“The design is quite expressive having the heart here...the design is good, the design is good...I love that it's done over a colour that doesn't speak above the words, the messaging is quite easy to see. So yeah, I love the design.” (Participant 12)*

*“And this definitely looks good with the image of the heart and the colour combination in the words. This is lovely. This is amazing. This is amazing. I love it.” (Participant 3)*

*“I can't fault the use of the heart because when I see heart condition I am going to think of my heart and that's the first image that's going to come to mind. So I think the use of the imaging and words, they tally with each other.” (Participant 6)*

### *Audience*

As most participants felt this message was targeted to those with a heart condition, the majority felt it would be best aimed at older people, often middle aged or older men, as well as within health care settings.

*“Everywhere as well. You could also include like the pulmonologist, you going in there in the waiting room, you can find it there in hospital spaces, clinics, pharmacy, rehab centres like the physiotherapist.” (Participant 4)*

*“Elderly, well not elderly, but slightly older men. And a lot of adolescents are more at risk of heart conditions and are aware of it as we get fatter and so on, but yet still use cocaine. I think it'll work well with men”. (Participant 1)*

*“It sounds like it's for older folks because heart condition is more common with older folks, and yes, older folks used cocaine too. I think news channels, TV news channels, older folks do like listening to TV news and those platforms. I think also a community type of campaign will be nice 'cause if it's taking place in the community, older folks are at home a lot, yeah leaflets sound good. Leaflets and banners at certain community event centres.” (Participant 2)*

One participant however felt that older people would already be aware of risks concerning the heart and therefore this campaign would be better suited to a younger demographic who may not yet have considered the risks.

*“Like you should be able to work out that it's doing something to your heart if you're older and you've been doing cocaine, whereas maybe if you're like again, like younger person coming to university, new thing to you, you know that you have a heart condition. There's this thing your mates doing. It's fun. You don't put two and two together.” (Participant 11)*

### *Impact*

For some participants, they felt that the message missed the mark in highlighting the risks of using cocaine alongside a heart condition due to not stipulating the risks. One participant described it as being told *“don't go close to the boiler”*, without being told the reasons why this was important. However, others felt it was impactful for those with a heart condition or who were concerned about the health of their heart.

*“Personally, my first impressions I have about this while reading this is that it's trying to make me rethink my decisions of using because of my heart condition, and it does this by trying to make me fear about the risks, but it does not do that. Just like I stated earlier, it doesn't do that to actually elicit enough fear in me.” (Participant 8)*

*“I think it's scary enough to make someone reconsider their decision on continuing to use cocaine or starting to use cocaine at all.” (Participant 2)*

*“Yeah, I think it would just be that like if you had a heart condition and you saw this, this would absolutely like trigger something in your head.” (Participant 10)*

Due to how targeted this message is, many of the participants felt that, whilst it was important, it should not be the main focus of the campaign and instead would be better as an adjunct to more general messaging aimed at all users.

*“It shouldn't be like the core message of your campaign. It should be sort of like an attachment. It should be added to your campaign because this is quite targeted to people who have a heart condition and they are also users. And I know it's not everyone that has a heart condition that uses, so I think it should be part of it and it should speak to a minority of the group of users and it should be added to your campaign message, but not like your number one campaign message.” (Participant 3)*

# Conclusion and final recommendations

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## Conclusion

This report provides an overview of how people who have used cocaine in the past 12 months perceive harm reduction campaign messaging. It offers valuable evidence to inform the design, tone and delivery of future public health interventions. Across both the survey (n=63) and in-depth interviews (n=14), participants most frequently expressed strong preferences for harm reduction-focused messaging over abstinence-based approaches. Messages were considered to be most effective and impactful when they were direct but non-judgemental, relevant to their lived experiences, and offered practical advice that did not focus solely on prevention.

Participants were particularly responsive to messages that combined credible headlines alongside actionable harm reduction guidance, such as advice to start low, go slow, take breaks between use, or how to recognise signs of overdose. The 700% increase in cocaine-related deaths statistic, was repeatedly described as shocking and powerful, and challenged assumptions of safety when using. However, interview findings highlighted that having statistics of this nature along with advice on how to use cocaine must be carefully framed to avoid appearing contradictory or confusing.

Clarity was considered essential for effective campaign messaging. Messages perceived as abstract, vague, overly long, or not obviously related to cocaine use were widely criticised and often dismissed. Several messages required additional explanation to be meaningful, which could limit their suitability for placement in environments such as nightlife spaces. These messages may require rewording or if used in their current form, only used within locations where additional context can be provided, e.g. drug treatment services. In contrast, concise and clearly targeted messages, e.g. opening with “Use cocaine?” or “Regularly use cocaine?”, were more likely to encourage engagement, reflection and potential behaviour change.

The design and delivery of the messages were also considered to be critical. Bright colours were valued for visibility, particularly for use within the nighttime economy. However, participants cautioned that overly flashy colours and certain imagery, e.g. that depicting cocaine use, could reduce perceived seriousness or act as triggers for people. Imagery was expected to support, rather than distract from or undermine, the message. The inclusion of authoritative branding, e.g. NHS or public health logos, and clear signposting to further information or support was seen as essential for credibility and trust.

Overall, the findings demonstrate that well-designed, co-produced harm reduction campaigns have potential to increase awareness, prompt reflection and support safer cocaine use. To ensure messages are as effective as possible, campaigns should prioritise clarity, relevance, empathetic tone and practical guidance, while being delivered through trusted channels and settings.

## Overarching campaign recommendations

Campaign messages should:

- Prioritise harm reduction over abstinence.
- Acknowledge that some people will continue to use cocaine. Therefore, the focus should be on reducing risk rather than promoting purely abstinence-based messages.
- Use messages that clearly identify the intended audience, e.g. “Use cocaine?” or “Regularly use cocaine?”.

- Use a non-judgemental, empathetic and supportive tone. In particular, avoid messages which could be perceived as “being told off”, overly authoritative as these could risk disengagement with the campaign.
- Ensure messages are clear and complete. Messages should be immediately understandable and self-contained where possible. Where this is not possible, messages should clearly signpost to where additional information can be found.
- Strengthen the credibility through trusted branding. All campaign materials should include logos of recognised authorities, e.g. NHS, OHID, or other local public health bodies.
- Avoid potentially triggering imagery where possible. Images depicting cocaine or related paraphernalia should be used with caution. Where included, they should clearly support the harm reduction message and not inadvertently prompt cravings or trigger those who use cocaine.
- Use multiple dissemination routes. Campaigns should not rely solely on posters. In-person delivery via community groups and other relevant services should be considered to enhance understanding and impact. Consider the use of more complex messages for online platform and service settings.
- Develop tailored QR codes or links for each message, directing users to message-specific information.
- Provide non-digital access options, e.g. service contact details for people who are less tech-savvy.
- Continue to involve people who use cocaine in message creation and delivery to ensure relevance, acceptability and effectiveness as campaigns are refined and rolled out.

## Message-specific recommendations

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

- Clarify the core message to explicitly link “cost” to loss of life, not just financial expenditure.
- Reconsider the use of the image of the wallet. This distracts from the message and can lead to misinterpretation.

### You can overdose from cocaine. Know the signs

- Consider including a small number of key overdose warning signs on the poster to make the message complete.
- Provide clear signposting to further information on recognising and responding to overdose.

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

- Clarify what is meant by “taking breaks”. For example, does this mean pauses between doses, between days/nights, or between sessions?
- Briefly explain or signpost more clearly as to why breaks are important.
- Consider use of imagery to avoid potential triggering effects.
- Increase brightness of colours to improve visibility in busy or low-light environments.

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

- Consider reducing the amount of text to improve readability and immediacy.
- Make it more explicit that the poster is related to the use of cocaine.
- Reconsider the line imagery so it clearly symbolises cocaine use rather than appearing abstract or ambiguous.
- Consider the use of brighter colours for visibility in busy or low-light environments
- Given the mixed responses of participants, consider whether this message should be used at all, or only used in contexts where additional explanation is available, e.g. via online or drug service-based settings.

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

- Consider retaining this message as a core part of the campaign component due to its positive response from both the stakeholder and users of cocaine studies.
- Adjust imagery to reflect moderation, i.e. a smaller quantity of cocaine, to better align with the harm reduction advice given.
- Replace bright background colours with darker or more neutral tones to increase impact and readability.

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

- Strengthen language by replacing “can be risky” with “is risky” to clearly convey the seriousness of the message.
- Briefly specify key risks of using cocaine alongside a heart condition or more clearly signpost clearly to further information.
- Retain the existing design, which was consistently praised.
- Consider using this message as a supplementary, targeted campaign aimed particularly at older users or within healthcare settings rather than as a core universal message.

## References

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Arenas, D.J., Beltran, S., Zhou, S. and Goldberg, L.R. (2020) 'Cocaine, cardiomyopathy, and heart failure: A systematic review and meta-analysis', *Scientific Reports*, 10. Available at: <https://doi.org/10.1038/s41598-020-76273-1>.

Baqir, R. (2023) 'Assessing the effectiveness of public health campaigns: Strategies, impacts, and challenges', *Law Research Journal*, 1(2), pp.54-63. Available at: <https://lawresearchreview.com/index.php/Journal/article/view/7> (Accessed: 10 December 2025).

BMJ Best Practice (2022) *Cocaine use Disorder*. Available at: <https://www.kcl.ac.uk/lsm/cocaine-use-disorder-kw-bmj.pdf> (Accessed: 5 December 2025).

British Heart Foundation (2025) *Hypertrophic cardiomyopathy explained*. Available at: <https://www.bhf.org.uk/information-support/conditions/hypertrophic-cardiomyopathy#:~:text=If%20you%20have%20HCM%2C%20the,%2C%20feet%2C%20ankles%20and%20abdomen> (Accessed: 10 December 2025).

Cardiomyopathy UK (2021) *What is cardiac remodelling?* Available at: <https://www.cardiomyopathy.org/news-blogs/tips-and-advice/what-cardiac-remodelling> (Accessed: 5 December 2025).

Critchley, K. and Whitfield, M. (2025) *Drug Testing on Arrest: Class A drug tests in Merseyside Police custody (2024/25)*. Available at: <https://researchonline.ljmu.ac.uk/id/eprint/27206/1/Class-A-drug-tests-in-Merseyside-Police-custody-202425.pdf> (Accessed: 5 December 2025).

DrugWise (2023) *How effective are media campaigns?* Available at: <https://www.drugwise.org.uk/how-effective-are-media-campaigns/#:~:text=These%20campaigns%20are%20deliberate%20attempts,they%20may%20actually%20increase%20experimentation> (Accessed: 10 December 2025).

DrugWise (2024) *Does drug education work?* Available at: <https://www.drugwise.org.uk/does-drug-education-stop-drug-use/> (Accessed: 10 December 2025).

European Union Drugs Agency (2025) *Cocaine – the current situation in Europe (European Drug Report 2025)*. Available at: [https://www.euda.europa.eu/publications/european-drug-report/2025/cocaine\\_en](https://www.euda.europa.eu/publications/european-drug-report/2025/cocaine_en) (Accessed: 5 December 2025).

Germain, J., Schofield, R. and Whitfield, M. (2025) *Co-designing a cocaine campaign: Stakeholder perspective*. Available at: <https://researchonline.ljmu.ac.uk/id/eprint/27626/1/Stakeholder%20report%20final.pdf> (Accessed: 12 December 2025).

Goodhew, M., Matiuk, S., Axisa, C., Gough, C. and River, J. (2025) 'Transforming alcohol and other drug education through co-design', *International Journal of Mental Health Nursing*, 34(1). Available at: <https://doi.org/10.1111/inm.70009>.

Harm Reduction International (2025) *What is harm reduction?* Available at: <https://hri.global/what-is-harm-reduction/> (Accessed: 10 December 2025).

Home Office (2011) *Drug Interventions Programme operational handbook*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/118069/DIP-Operational-Handbook.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/118069/DIP-Operational-Handbook.pdf) (Accessed: 5 December 2025).

Home Office (2020) *Review of drugs: phase one report*. Available at: <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary> (Accessed: 5 December 2025).

Home Office (2025a) *List of most commonly encountered drugs currently controlled under the misuse of drugs legislation*. Available at: <https://www.gov.uk/government/publications/controlled-drugs-list-2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation> (Accessed: 5 December 2025).

Home Office (2025b) *Wastewater analysis: Measuring illicit drug consumption in 2023 and 2024*. Available at: <https://www.gov.uk/government/publications/wastewater-analysis-measuring-illicit-drug-consumption/wastewater-analysis-measuring-illicit-drug-consumption-in-2023-and-2024> (Accessed: 5 December 2025).

Home Office (2025c) *Seizures of drugs in England and Wales, financial year ending 2024*. Available at: <https://www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2024> (Accessed: 5 December 2025).

Kim, S.T. and Park, T. (2019) 'Acute and chronic effects of cocaine on cardiovascular health', *International Journal of Molecular Sciences*, 20(3). Available at: <https://doi.org/10.3390/ijms20030584>.

Man, N., Chrzanowska, A., Price, O., Bruno, R., Dietze, P.M., Sisson, S.A., Degenhardt, L., Salom, C., Morris, L. Farrell, M. and Peacock, A. (2021) 'Trends in cocaine use, markets and harms in Australia, 2003–2019', *Drug and Alcohol Review*, 40(6), pp. 946-956. Available at: <https://doi.org/10.1111/dar.13252>.

Measham, F. and Turnbull, G. (2021) 'Intentions, actions and outcomes: A follow up survey on harm reduction practices after using an English festival drug checking service', *International Journal of Drug Policy*, 95. Available at: <https://doi.org/10.1016/j.drugpo.2021.103270>.

MedlinePlus (2024) *Medical encyclopaedia: Substance use – cocaine*. Available at: <https://medlineplus.gov/ency/patientinstructions/000793.htm#:~:text=To%20use%20the%20sharing%20features,more%20in%20control%2C%20self%2Dconfident> (Accessed: 5 December 2025).

Mold, A. (2021) 'Just say know: Drug education and its publics in 1980s Britain', *International Journal of Drug Policy*, 88. Available at: <https://doi.org/10.1016/j.drugpo.2020.103029>.

Murray, H. (2024) 'Controlled to uncontrolled drug use: The impact of Covid-19 among young people in the UK', *Human Organization*, 83(4), pp. 315-325. Available at: <https://doi.org/10.1080/00187259.2024.2379308>.

National Health Service Inform (2025) *Drugs and drug use: Cocaine*. Available at: <https://www.nhsinform.scot/healthy-living/drugs-and-drug-use/common-drugs/cocaine/> (Accessed: 5 December 2025).

O'Donnell, M., Collier, M., Pineda-Pinto, M., Cooper, C., Nulty, F., Rodriguez Castañeda, N. (2025) 'Redefining co-design for social-ecological research and practice: A systematic literature review', *Environmental Science & Policy*, 164. Available at: <https://doi.org/10.1016/j.envsci.2025.103998>.

Office for Health Improvement and Disparities (2025) *Substance misuse treatment for adults: statistics 2024 to 2025*. Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2024-to-2025> (Accessed: 5 December 2025).

Office for National Statistics (2025a). *Drug misuse in England and Wales: year ending March 2024 (Appendix table)*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/drugmisuseinenglandandwalesappendixtable> (Accessed: 12 December 2025).

Office for National Statistics (2025b). *Deaths related to drug poisoning in England and Wales: 2024 registrations*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2024registrations> (Accessed: 5 December 2025).

Pergolizzi, J., Breve, F., Magnusson, P., LeQuang, J.O.K. and Varrassi, G. (2022) 'Cocaine and alcohol are taken together', *Cureus Journal of Medical Science*, 14(2). Available at: <https://doi.org/10.7759/cureus.22498>.

Pinzón-Gómez, C., Langlade, J.P. and Gantiva, C. (2024). 'Systematic review of cognitive and behavioral strategies used in effective harm reduction interventions for people who use cocaine', *Journal of Addictive Diseases*, 43(2), pp. 107-120. Available at: <https://doi.org/10.1080/10550887.2024.2327762>.

Public Health England (2018) *Alcohol and drug prevention, treatment and recovery: why invest?* Available at: [https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest#:~:text=Local%20commissioners%2C%20providers%20and%20healthcare,complete%20set%20of%2032%20slides](https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest#:~:text=Local%20commissioners%2C%20providers%20and%20healthcare,complete%20set%20of%2032%20slides) (Accessed: 12 December 2025).

Ritchie, J. (1994). *Qualitative data analysis for applied policy research* by Jane Ritchie and Liz Spencer in A. Bryman and RG Burgess [eds.] 'Analysing qualitative data'.

Royal College of Psychiatrists (2022) *Cocaine dependence*. Available at: <https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/cocaine-dependence#:~:text=In%20the%20UK%20cocaine%20is%20classified%20as,possessing%20or%20selling%20the%20drug%20is%20illegal> (Accessed: 5 December 2025).

Sentencing Council (2025) *Drug Offences*. Available at: <https://sentencingcouncil.org.uk/resources/common-offences/drug-offences/> (Accessed: 5 December 2025).

Stankowski, R.V., Kloner, R.A. and Rezkalla, S.H. (2015) 'Cardiovascular consequences of cocaine use', *Trends in Cardiovascular Medicine*, 25(6), pp. 517-526. Available at: <https://doi.org/10.1016/j.tcm.2014.12.013>.

Sumnall, H.R., Montgomery, C., Atkinson, A.M., Gage, S.H. and Boardley, I.D. (2021) 'Moral disengagement and the harms of cocaine use', *Drugs: Education, Prevention and Policy*, 29(5), pp. 490-500. Available at: <https://doi.org/10.1080/09687637.2021.1950126>.

Sumnall, H.R., Atkinson, A.M., Anderson, M. McAuley, A. and Trayner, K.M.A. (2024) 'How to save a life: Public awareness of a national mass media take home naloxone campaign, and effects of exposure

to campaign components on overdose knowledge and responses', *International Journal of Drug Policy*, 131. Available at: <https://doi.org/10.1016/j.drugpo.2023.104111>.

The Loop (2025) *Crush Dab Wait*. Available at: <https://wearetheloop.org/crush-dab-wait> (Accessed: 12 December 2025).

United Nations Office on Drugs and Crime (2023) *Global report on cocaine 2023*. Available at: [https://www.unodc.org/documents/data-and-analysis/cocaine/Global\\_cocaine\\_report\\_2023.pdf](https://www.unodc.org/documents/data-and-analysis/cocaine/Global_cocaine_report_2023.pdf) (Accessed: 5 December 2025).

van Amsterdam, J., Gresnigt, F. and van den Brink, W. (2024) 'Cardiovascular risks of simultaneous use of alcohol and cocaine – a systematic review', *Journal of Clinical Medicine*, 13(5). Available at: <https://doi.org/10.3390/jcm13051475>.

World Population Review (2025) *Most Cocaine Use by Country 2025*. Available at: <https://worldpopulationreview.com/country-rankings/most-cocaine-use-by-country> (Accessed: 5 December 2025).