

FRANK: RESEARCH SUMMARY

Researching FRANK

FRANK was researched intensively with all elements of the target audience, and through every stage of its development. An initial phase investigated the overall idea of FRANK, and explored reactions to various potential elements, and later phases explored reactions to various elements of the communications mix in detail.

The idea of FRANK was explored using narrative tapes for television commercials, scripts for radio commercials, and 'roughs' for print and ambient materials'.

How The Research Was Conducted

Teenagers and their parents were interviewed in qualitative discussion groups. Qualitative interviewing is relatively informal and unstructured, allowing respondents views to be explored in depth.

Overall we interviewed approximately 320 teenagers with varying attitudes to and experiences of drugs and 100 parents.

Teenagers were interviewed in small groups of 3-4 friends, as given the nature of the subject it was thought that their responses would be more honest, and less inhibited or distorted by exaggeration or posturing. Recruiters utilised established contacts to gain introduction to others, and to establish confidence and provide reassurance, as it was felt that a 'cold' approach would not have been successful given the subject matter.

It was thought that parents might be uncomfortable admitting fears and concerns over the subject of drugs in relation to their children in the company of 'strangers'. For these reasons parents were also interviewed in small friendship groups of mothers and fathers.

A range of different locations were used throughout England in order to make the research as representative as possible:

- metropolitan, urban, provincial
- south, midlands, north

Stakeholders were also interviewed in qualitative discussion groups which were held after briefing sessions conducted by the Home Office Drugs Strategy Directorate about the new FRANK strategy and the rationale behind it. Roughly 110 stakeholders (28% DATs, 19% DPAS/Government departments, 40% NGOs) were involved in discussion groups each of which lasted 2¹/₂ hours and respondents were drawn from all parts of England.

A specific cross-section of **vulnerable or marginalised young people** was also included in the consultation process. This sample involved 188 young people aged from 12-23 and included care leavers, young offenders, young homeless living in hostels, school excludees and truants, children of drug takers, refugees and sex workers. It also comprised a wide cross-section of black and minority ethnic groups and mixed races. With the exception of the sex workers, the homeless living in hostels and a minority of refugees, all respondents

were still in full-time education. The research took the form of qualitative discussion groups held at a wide range of locations throughout England.

Recruitment was undertaken via an extended network of Government departments, local authorities and NGOs. Many of the initial contacts had been involved in the FRANK stakeholder research.

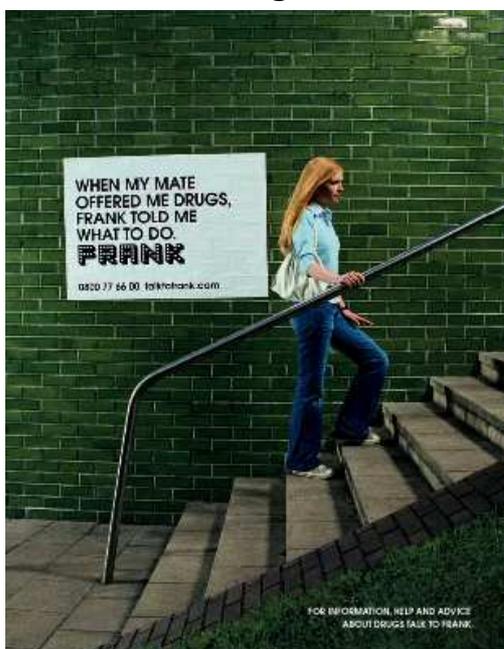
Key Themes To Bear in Mind When Using FRANK

Perhaps surprisingly, teenagers of all backgrounds and parents shared many views about FRANK

1. FRANK's warm, human and empathetic character makes it easier for people to make contact

'FRANK' was understood to be a source of information and advice about drugs, and was seen as warm, human, and empathetic. These characteristics made the prospect of contacting FRANK easier for both parents and teenagers, leading many to feel they might make contact in order to obtain information, or to resolve a problem or a worry rather than needing the stimulus of a 'crisis' as had been felt to be the case for the National Drugs Helpline in previous research.

2. For all young people FRANK's credibility rests on seeming to 'know the score' in relation to drugs



A factor in establishing 'FRANK's' personality was the brand's clear point of view about drugs. FRANK seemed to 'know the score', in the sense of understanding what drugs and drug culture were about from a 'real life' perspective. These attributes were crucial in establishing credibility among teenagers who rejected uninformed dismissal of drugs, whether they themselves were drug users or not. However, it was clear that FRANK was not involved in drugs, and was **outside** drug culture looking in.

Parents can be uneasy over FRANK's familiarity with drugs, but are reassured once they understand that FRANK wants to help young people to avoid, or stop taking drugs.

3. FRANK also understands what it's really like to be a teenager, or a parent of teenagers



Both parents and teenagers are likely to feel misunderstood by the other, and to feel that the other is guilty of over reacting! Both groups could relate to the 'Talk About Drugs' TV commercial and felt understood and supported by FRANK.

4. FRANK does not and should not judge, lecture, or instruct

FRANK was seen to be clearly 'anti drugs' but expressed this point of view via observations, and offering information or food for thought, rather than by overt condemnation or direct instruction to 'just say no'.



Parents recognised from their own experience that teenagers do not respond well to direct pressure on drugs or any 'difficult' subject. While they felt that FRANK was more accepting of drugs than they were, they were prepared to forgive this stance (and some of his jokes) because they felt it was an appropriate way to engage with teenagers.

5. Humour is a powerful tool, although drugs are not a laughing matter

Humour was felt to be a vital part of FRANK's personality, and the style of this was felt to be in tune with the type of humour appreciated by teenagers. Parents recognised this

to be the case, and therefore the value in taking this approach, even if FRANK's humour was not to all of their tastes.



This sense of humour also seemed to be a useful weapon in undermining positive views about drugs, as it allowed negative comment to be delivered in a non-confrontational way, that could also provide a positive starting point for conversations about drugs between parents and teenagers.

However, there was a consensus that drugs should never be a laughing matter, and so while there was a positive response to for example, humour around the difficulties that parents have talking to their children about drugs, and to a serious message delivered in a humorous way, it was felt inappropriate to simply 'play for laughs'. Also, everyone saw heroin and crack use as too serious to be a subject for humour in any form.

6. The name 'FRANK' has connotations which describe the type of conversation those who make contact would like to have

The name FRANK worked well. On the one hand it had a literal meaning in the sense of 'straightforward', 'open' and 'honest'. At the same time the name felt warm, friendly and down to earth. As a result 'FRANK' sounded like someone people could talk to. A small minority (parents) queried FRANK, either because it felt like an older name to them, or because, as would be the case with any name, they had personal or idiosyncratic feelings about it. However, the *literal* interpretation of 'FRANK' *always* resolved these issues and underpinned the choice of name. While FRANK was seen to be a man's name this was not seen to be a problem by female teenagers, as the overall character of FRANK was not excessively masculine. There was no particular association of 'FRANK' with any particular socio economic or racial group.

However, our interviews with young people from vulnerable or marginalised backgrounds raised some particular issues to consider

1. Vulnerable or marginalised young people are likely to have different attitudes towards using FRANK.

Many already have access to information and support about drugs through professional youth and drugs workers who they trust. The relationships between these people and

their youth workers tend to be open, face-to-face and on-going and, as such, are felt to be considerably more useful than potential use of FRANK.

FRANK is nevertheless still relevant to 'supported' young people because they do envisage using the telephone service and the website possibly in the first instance simply to check if the information is as good as implied in the advertising, but latterly as an additional source of information/support if their initial experience is good.

2. The 'at risk' status of these groups, where drug-taking is concerned, starts at a much younger age than for the general population and this has implications for the types of communication and support to be made available

Many people from the vulnerable or marginalised groups who participated in this research reported having first experimented with cannabis or ecstasy at the age of 7 or 8. Some had already become problematic users of alcohol and/or drugs as young as 10-13. The drugs education delivered by the National Curriculum (Key Stage 2: 7-11 year olds) does not provide detailed information about cannabis and Class A drugs, however, because experimentation with drugs is generally more prevalent in the 11+ age group.

There appears to be a gap for FRANK to fill, therefore, at this crucial stage when behavioural problems/ experimentation with drugs are first starting and early intervention with appropriate information and support offer the potential to avert more serious problems in the future.

3. The tone and content of FRANK communications aimed specifically at vulnerable or marginalised groups needs to take account of their special experiences of life and use of drugs

The tone of voice used in communications should be as warm and friendly as the mainstream FRANK campaign but avoid using humour. This is because many find it difficult to associate Class A drugs with humour in any way since they have often witnessed at first hand the misery and desperation brought about by problematic drug use.

4. The communication messages should ideally reflect the type of stresses and pressures which young people face living in socially-disadvantaged communities

. Some of their own suggestions included:

- Help to counteract the peer pressure which makes young people feel they must take drugs in order to 'fit in'
- Attack the perception that dealers are 'your mates' and care about their customers/the purity of the drugs they sell etc
- Communicate the ease with which it is possible for young people to make a few 'wrong choices' and destroy their health, their employment prospects, ties with their families and friends and even, at worst, find themselves homeless and/or making money to feed their habit through theft or prostitution.

5. FRANK's role for vulnerable or marginalised groups is more likely to involve referral to face-to-face services for crisis intervention and long-term support than in the case of mainstream teenagers where a telephone service, website and written publications will generally suffice

(EXAMPLE OF CO BRANDED MATERIAL FRANK AND LOCAL SUPPORT AGENCY?)

This is particularly likely in the case of very young VYP when they first start to exhibit problematic behaviour and have not yet had contact with specialist youth or drugs workers who can provide on-going support and information and monitor their progress

6. Vulnerable or marginalised young people are very similar to other teenagers in their exposure to a wide range of media

Research conducted with stakeholders highlighted concerns that much of the FRANK campaign would not be seen by young people from socially-disadvantaged backgrounds as they had fairly restricted access to TV, magazines, computers, pubs, clubs and the like. The research conducted with vulnerable and marginalised young people themselves, however, revealed that most live at home with their families and have similar patterns of leisure activities and media consumption to other teenagers. Even those who, for a variety of reasons, are not living at home with their families nevertheless have access to TV, computers and magazines in the same way as other teenagers. Some have these provided in their temporary place of residence (e.g. Children's Homes, Young Offenders' Secure Units), some provide them for themselves (e.g. Care Leavers and Refugees working and living independently) and some access these facilities in youth clubs, drop-in centres and internet cafés.

The same media channels can therefore be used for targeting most teenagers. The only groups who appear much less likely to be reached by mainstream advertising are those who live rough much of the time (and are often also problematic drug-users) because the concepts of 'leisure activities' and 'media consumption' cannot really be applied to them and their lifestyle.

7. Ambient and outdoor media is particularly appropriate for targeting vulnerable or marginalised young people

Ambient media in its many forms offers an opportunity to get in touch with teenagers on their own ground. Stickers on lampposts and in bus shelters, posters in pubs and clubs, and in toilets and other such approaches can reach young people in their own environment, and in places where drugs are likely to be encountered and used. Since vulnerable young people appear to spend a disproportionate amount of time hanging around outdoors on street corners, in shopping centres, in bus shelters and on railway stations ambient media and outdoor advertising is particularly appropriate for them.

