

The project is expected to yield new information about what kinds of changes in awareness and attitudes toward drugs can be brought about when implementing an anti-drug media campaign that relies on drug abuse prevention advertisements that are aired in *purchased time slots* rather than in free public service advertising spaces provided by local television stations. While the evidence on the efficacy of paid advertisements focused on modifying risk behaviors of youth is scant, a community study has shown that paid advertisements can contribute to changes in the smoking behavior of youth (Flynn, Worden, Seeker-Walker, et al., 1992; Flynn et al., 1994). Furthermore, there is evidence that a Canadian media campaign that utilized a television series targeting youth and adults contributed to a decline in drinking and driving from 18 percent in 1988 to 13 percent in 1992, and increased awareness among youth of a government sponsored anti-tobacco campaign among youth from 62 percent in 1991 to 81 percent in 1992 (Health Canada, 1992). Also, an experimental study conducted in 2 American cities (Wichita, KS, and Omaha, NB) demonstrated that a paid advertising campaign that focused on reducing youthful male drinking-driving behavior reduced the targeted male's drinking-driving behaviors and, consequently, traffic accidents (Murry, Stam, and Lastovicka, 1993). Impact studies have shown that media campaigns increased youth awareness of special drinking and driving sanctions aimed at drivers under the age of 21 years (Blomberg, 1992), and changed youth's attitudes and behaviors regarding designated drivers (Harvard Alcohol Project, Montgomery, 1993).

More generally, social marketing research has consistently demonstrated the contribution of media campaigns in changing variety of health and lifestyle behaviors such as participation in cancer screening programs (e.g., Hager, Furmanski, and Rich, 1988; Nichols, 1989; Suarez, Nichols, Pulley, Brady, and McAllister, 1993; Ramirez, et al., 1995; Bryany, et al., 1996), the general awareness of public health problems such as cancer (Kelly, 1991; Dingnan, et al., 1991; Fulton, et al., 1992; Johnson and Meischke, 1993); and the importance of reduction in dietary fat consumption (Sameuls, 1993). For example, public service announcements (PSAs) combined with other education techniques contributed to a 17 percent increase in the awareness of the causes and dangers of skin cancer among a randomly selected sample of 1,006 Texas residents. Further, a large scale national PSA campaign focused on reducing dietary fat consumption demonstrated a 50 percent national television market penetration (Project LEAN, Sameuls, 1993). Finally, a 17 week media campaign that involved a total of 10 advertisements (over 17 week study period) focused on reducing smoking reached approximately 50 percent of the target audience on any given day, and achieved up to 50 percent recall of specific ads (Worden, personal communication, September, 25, 1997). The proposed anti-drug media campaign will involve a schedule of more frequent advertisements (at least 4 times per week) over a 13 week period, so that an individual potentially could be exposed to at least 52 anti-drug messages during the study (vs. a total of 10 messages in the above referenced study). We therefore expect that the proposed anti-drug campaign will achieve significant market penetration for the targeted audiences (youth in grades 4-12 and parents of children 18 years of age or younger) and result in a high degree of recall of specific advertisements and anti-drug messages.

The study is particularly significant because it will evaluate a major Clinton Administration initiative, implementation of Phase 1 of the national drug prevention strategy that will use advertisements with strong anti-drug prevention messages to increase the perceptions of risk and disapproval of drug use. It has implications for identifying what does and does not work

with regard to using media advertisements to change awareness and attitudes, which in turn can influence one's intention to act or behave in certain ways (e.g., using illegal drugs). The information will be used specifically by ONDCP to identify whether Phase 1 of the media campaign, using new, paid advertisements in 12 test market areas across the nation, is an effective strategy to change youth's and parents' awareness of ads and attitudes about the risk of using illegal drugs. The practical utility in obtaining this information is that it will assist the agency in identifying different kinds of advertisements that have affected changes in awareness and attitudes among youth and parents, and therefore help to delineate specific messages or activities that should be included in any subsequent drug prevention efforts that use media ads. For example, differential effects may be found for youth in market areas that were exposed to specific types of anti-drug advertisements, such as heroin; or the PDFA advertisements might result in differences among youth's awareness or attitudes according to characteristics such as age or race/ethnicity, and youth self-reported use of illegal drugs.

A.3 USE OF IMPROVED INFORMATION TECHNOLOGY

The evaluation of the Phase 1 media campaign has incorporated the use of improved information technology to reduce the burden on participating youth, parents, and schools. The information technology incorporated in the proposed study includes:

- Utilizing existing computerized information from school districts in the target and comparison market areas on the number of students enrolled in each of the elementary, junior high and high schools, number of students per class, and ages of students, thus avoiding duplication of information gathering during the sampling and selection of student classes.
- Use of the A&S/CATI® system, which is a state-of-the-art proprietary computer assisted telephone interviewing (CATI) system. The system controls the entire interviewing process, thus freeing the interviewer from paper and pencil tasks and significantly reducing the amount of time necessary to conduct telephone interviews thus reducing respondent burden. The system also includes a “self-cleaning” function and can randomize the sequence of questions, thus ensuring the reliability of the telephone interview data. This technology will be used in conducting the parental interviews.
- Use of an electronic keypunch system and highly trained and experienced keypunch staff who will minimize data entry errors. ASW extensive experience using this technology with a variety of survey studies¹, including the largest national study ever conducted among high school students regarding their smoking

¹ (e.g., New Jersey Middle School Drug Usage and Attitude Tracking Study involving 35 schools and over 3,000 students; the PDFA Partnership Attitude Tracking Study [PATS] involving over 12,000 children, teenagers, and parents).

behavior and attitudes (sponsored by the Robert Wood Johnson Foundation, involving 200 schools and over 7,000 students).

- Use of electronic mail to communicate with local sites and personnel, as appropriate.

A.4 EFFORTS TO IDENTIFY DUPLICATION

A review of the literature on communications research regarding drug abuse and prevention revealed a variety of perspectives and approaches. For example, research tracking youth's responses to the PDFA advertising campaign have measured students' self-reported attitudes and perceptions regarding the influence media ads had on their own drug-related attitudes and behavior. Black (1991) found that many attitudes became more antagonistic regarding youth drug use by as well as adults. Reis, Duggan, et al. (1994), using a survey of teenagers, found that those who were most impacted by PDFA ads were middle-school-aged youth, in urban settings with higher grade averages, who had never used drugs. These youth reported the ads affected their behavior in the direction of less tolerance for drug use. Other research that has included media as a part of drug prevention efforts (e.g., Pentz, Dwyer et al., 1989; Johnson, 1990) has supported the notion that media can serve to increase community awareness of prevention activities and reinforcement of school and community prevention goals. Finally, a community study has shown that paid advertisements, together with other methods of presenting prevention messages, contributed to a decrease in smoking among teens (Flynn, Worden, Seeker-Walker, et al., 1992; Flynn et al. 1994).

The following are reasons why data obtained through these prior studies will not be sufficient for the purposes of the proposed evaluation, (1) data from prior media studies generally did not focus on drug prevention through "paid" ads, but instead through donated time, which can greatly affect the number of youth and parents who view the ads (e.g., fewer people see the ads if they are not aired during afternoons or prime time); (2) the current drug problem has escalated to a serious level nationwide, meaning that information obtained from prior studies when drug usage was not as elevated may not be comparable to currently collected data about attitudes and perceived risks; (3) new drug-prevention ads developed by the Partnership for a Drug-Free America are being aired that are specific to particular drug problems in certain communities (e.g., methamphetamine in San Diego); hence, in order to effectively evaluate the new Phase 1 campaign, it is necessary to collect current data that assesses responses to the campaign being implemented. We cannot rely on previous findings from research conducted in prior years on different campaigns, in market areas other than the market areas targeted in the Phase 1 campaign. In addition to contextual differences (e.g., youth and parents in 1997 are exposed to different environmental influences than they were in 1991), it would be impossible to draw any conclusions about the effects of the Phase 1 anti-drug media campaign without collecting concurrent evaluation data.

A. 5 METHODS USED TO MINIMIZE BURDEN OF COLLECTION OF INFORMATION INVOLVING SMALL BUSINESS OR OTHER SMALL ENTITIES

This is not applicable to the present submission.

A. 6 CONSEQUENCE TO FEDERAL PROGRAM OR POLICY ACTIVITIES IF THE COLLECTION WERE CONDUCTED LESS FREQUENTLY

The reason for launching the ONDCP campaign is ultimately to impact change in youth and parents with regard to awareness of media ads, their attitudes about the risks associated with drugs and youth drug use behavior². The selection of a 13 week pre-test/-post-test period for the Phase 1 pilot study is based on the least frequent schedule possible to provide the information required to answer critical questions about the efficacy of an anti-drug media campaign in changing youth and parents' awareness and attitudes about illegal drug use. If the information were not collected both immediately prior to and immediately after the media campaign, it would be impossible to examine whether the media ads effected any change in youth's and parents' awareness and attitudes. Data on youth drug use, youth and parents' awareness of media ads, and youth and parents' attitudes and perceived risks of drugs must be collected in the target of comparison sites immediately prior to the 13-week campaign to establish a baseline level of information (pre-test). Data then must be collected a second time immediately *after* the campaign (post-test) so that the pre- and post-test data can be compared in order to discern changes in youth and parent's awareness of the anti-drug media advertisements, and changes in their attitudes about illegal drug use. This information is also necessary to provide baseline measures of youth self-reported illegal drug use in the event that the media campaign continues in the test market areas after the end of the pilot project. The decision to utilize a 13 week time frame is based on the fact that this is the typical advertising time frame for running a commercial campaign. This will also allow time to pilot the media campaign and conduct data analyses before the full-scale national campaign is implemented (around March, 1998). The success of the national campaign will be largely dependent on the lessons learned during Phase 1. Furthermore, as noted in Section A.2.c, the proposed anti-drug media campaign involves an intensive media blitz that is expected to achieve significant market penetration of the target audiences and result in significant recall of specific anti-drug advertisements and messages as compared to other less intensive campaigns.

A.7 EXPLAIN ANY SPECIAL CIRCUMSTANCES THAT REQUIRE THE COLLECTION TO BE CONDUCTED IN A MANNER INCONSISTENT WITH THE GUIDELINES IN 5 CFR 1320.5

² Given the short time frame, we do not anticipate being able to detect changes in drug use behavior. However, if we continue to monitor the 12 Phase I sites throughout the 5-year national campaign, we should be able to detect their changes.

There are no circumstances where data collection will be inconsistent with guidelines in 5 CFR 1320.5.

A.8 CONSULTATION WITH PERSONS OUTSIDE THE AGENCY

A number of experts have been consulted in developing plans for data collection and the inclusion of specific data elements. Because of the emergency drug problem precipitating the Phase 1 media campaign and the corresponding evaluation, the requirement under 5 CFR 1320.8(d) to solicit public comments in regard to the proposed collection of information was suspended. The following sections describe the process implemented to consult with persons outside the study.

A.8.a Process of Consultation with Persons Outside the Agency

ONDCP engaged in three separate activities designed to inform the design and implementation of the Phase 1 evaluation. These included:

- Peer review of drafts of the design documents by experts in ONDCP's Office of Programs, Budget, Research and Evaluation which is not directly involved in the design of the project (see section A.8.b below). Conference calls and telephone discussions were conducted as well as the solicitation of input on the proposed evaluation design, sample selection, and measures for the youth and parent surveys. For example, telephone discussions regarding the content of the youth questionnaire items were held with Dr. Joe Gfroerer (SAMSA) and Dr. James Colliver (NIDA).
- Consulting with other experts regarding their recommendations about the best ways to gather information about youth and parents' awareness of media ads and their attitudes toward drugs. For example, Dr. Lloyd Johnston at the University of Michigan has conducted research on changes in individual drug-related attitudes and behavior through the *Monitoring the Future* project. Consultation with Dr. Johnston has been incorporated to the greatest extent possible. We also consulted with researchers who have significant expertise in measuring drug-related behavior and attitudes among teens and adults, including the effectiveness of advertising campaigns. Their input regarding the design and development of operational plans for sampling youth and parents and for data collection also has been included in the proposed evaluation plan. Sometimes, however, valuable suggestions about ways to conduct more detailed and comprehensive assessment of media campaigns in the media markets included in the evaluation (e.g., including more questions about perceived dangers and risks by specific drugs) could not be incorporated, due to practical constraints (such as time and level of effort needed to gather certain information) and consideration of response burden on participants;

- Reviewing documents and measures from current or recent studies tracking youth and parents' drug-related behavior, attitudes, and awareness of advertising campaigns. Examples include: a study by Mirzaee et al., 1991 that found a greater proportion of young people received most of their drug information from television rather than from other sources; a 1994 study by Reis, Duggan, et al. that measured students' self-reported attitudes and perceptions regarding the influence that media ads had on their own attitudes and behavior; a study by Black et al. (1994) that compared Partnership Attitude Tracking Study (PATs) data with other data on self-reported drug use and perceived risk; and research emanating from the Monitoring the Future study (Johnston, 1996).

A.8.b List of Persons Consulted, Affiliation, and Phone Number

The following individuals were consulted regarding the design and implementation of the evaluation of the Phase 1 campaign:

Dr. Terry Zobeck, ONDCP, 202-395-5503
Ms. Susan David, ONDCP, 202-395-5510
Dr. John Carnevale, ONDCP, 202-395-6725
Dr. Lloyd Johnston, University of Michigan, 313-763-5043
Mr. Joe Gfroerer, Office of Applied Studies, SAMHSA, 301-443-7977
Mr. Doug Wright, Office of Applied Studies, SAMHSA, 301-443-7977
Mr. Arthur Hughes, NIDA, 301-443-6637
Dr. James Colliver, NIDA, 301-443-6637
Dr. Alka Gupta, Audits & Surveys Worldwide, 212-627-9700
Dr. John K. Worden, University of Vermont, 802-656-4187

A.9 EXPLANATION OF DECISION TO PROVIDE PAYMENT TO RESPONDENTS

Payments will not be made to respondents participating in this study. However, schools who agree to participate in the study will receive a gift of \$150 (i.e., \$75 per wave). ASW has found that a gift this size yields high rates of school cooperation. Furthermore, the cash gifts, and a letter from General McCaffrey on Executive Office of the President letterhead asking school district officials and school principal's cooperation, together should ensure the maximum cooperation rate possible.

A.10 ASSURANCE OF CONFIDENTIALITY

Aside from a limited number of standard demographic background questions, no personal or biographical information about participating youth and parents will be collected. The strategies for collecting student and parent information ensure both confidentiality and anonymity of all respondents. The strategy for youth begins with sending parents of students in randomly

selected classrooms information about the project to inform their decision to allow us to administer questionnaires, and a card to be returned to the research team only if parents do not grant permission to include their son or daughter in the study. We will consider any parent who has not contacted us as having provided consent for their child to complete the questionnaire (passive consent).

A member of the research team will hand out a questionnaire and envelope marked with the school and classroom code to each student in randomly selected classrooms. Students will place their completed questionnaires in a locked box that is marked with the school and class identification code solely for the purposes of weighting and identifying analytic groups (e.g., central city vs. environs schools). Students will not be asked to provide their names and no other identifying information will be on the questionnaires. After we receive the questionnaires the appropriate class and school identification codes will be entered on each questionnaire by our research staff. Prior to handing-out the questionnaires the survey proctor will read out-loud the questionnaire completion instructions, including a statement that the students' answers will be kept confidential. To reinforce and clarify this message the proctor also will state that neither the parents of the participating youth or school personnel will have access to completed questionnaires. Students also will be told that they may refuse to complete the questionnaire or skip any question they do not want to answer without consequence. Because ASW's experience administering large scale questionnaire studies in all parts of the United States is that no students have requested questionnaires in Spanish, all questionnaires will be in English.

The data collection strategy for parents is as follows: (1) using a random digit dialing (RDD) technique an interviewer will contact randomly selected parents by telephone and ask them to verify that they are the parents of children 18 years or younger; (2) interviewers will ask parents about their willingness to answer questions over the telephone. If the parent agrees to participate, the interviewer will first assure the parent that their responses will be held in strict confidence insofar as their name, phone numbers, and addresses will not be associated with their answers, and that they may refuse to answer any question or end the interview at anytime without consequence. Spanish-speaking interviewers will be available to interview parents who request the interview be conducted in Spanish.

These procedures will ensure that all questionnaire data on youth and parents collected during this study will be linked only to their demographic background information and to the particular market area, school and classroom identification codes (but not names) within the market areas. As noted previously, the school and classroom identification codes will be used solely for the purposes of weighting and identifying analytic groups. For the purpose of statistical analysis, the student and parent questionnaire data will be aggregated at the test market area level, thus ensuring that the research staff involved in data analyses will not be able to identify individual student or parent respondents.

A.11 JUSTIFICATION FOR QUESTIONS OF A SENSITIVE NATURE

Both student questionnaires include one potentially sensitive self-report question regarding the youths' prior use of illegal drugs. There is no research which shows that asking youth to anonymously answer questions of this nature influences their decisions to begin or increase their use of illegal drugs, and other large scale studies (e.g. Monitoring the Future and National Household Survey on Drug Abuse) have demonstrated that youth are at ease answering questions about their attitudes and behaviors regarding illegal drug use. The informed consent and confidentiality procedures, data collection strategies, and youths' common day-to-day exposure to issues regarding illegal drug use, together should result in the respondents' willingness to answer these questions honestly. These questions must be included in the questionnaire to assess whether the sample of youth is similar to nationally and locally representative samples of youth with regards to the prevalence of illegal drug use, and to determine whether or not youth at greatest risk for the negative consequences of illegal drug use—that is, moderate to heavy drug users—have been reached by the anti-drug media campaign. Furthermore, these youths' responses to these questions can be utilized as baseline measures of youths' drug use behavior in the event that the pilot media campaign is continued throughout the longer-term National Youth Anti-Drug Campaign. These target market areas included in this phase of the project can continue to be monitored as early potential indicators of behavior changes for the larger campaign. It is also important to include the drug-use questions in order to provide the context for interpreting baseline and change results involving attitudes. For example, it is likely that heavy drug users will have different attitudes about drug use and its perceived dangers, and effecting changes in their attitudes may be more difficult in the case of students who do not use drugs or are occasional or moderate users.

Parents will not be asked questions pertaining to their own drug use because this is not a focus of the Phase 1 media campaign. Prior research that has surveyed parents on their attitudes and perceptions of the risk of drugs has found a willingness on the part of parents to provide responses to these questions (e.g., National Household Survey on Drug Abuse; PRIDE survey; CASA Surveys). Hence, we feel confident that there are no items on the parent questionnaire that will be perceived as unduly personal, sensitive, or problematic.

The Office of Management and Budget (OMB) has previously approved the use of questions pertaining to drug-use and attitudes toward drugs among adolescents and adults in other information collection efforts aimed at studying drug abuse (e.g., National Household Survey on Drug Abuse; Monitoring the Future). We therefore placed an emphasis on utilizing the same or similar kinds of questions in the proposed study for evaluating the Phase 1 campaign. In Appendices B, C, and D, we indicate which items are taken or adapted from the Monitoring the Future study survey, or from PDFA studies (which use items similar to those used in surveys previously approved by OMB).

A.12 ESTIMATE OF HOUR BURDEN

This section is designed to provide an estimate and justification for the hour burden placed on youth and parents required to collect information necessary for the evaluation of the

Phase 1 anti-drug campaign. This section consists of four parts: discussion of the number of respondents, description of the frequency of response, justification for the estimates of the annual hour burden, and estimates of annualized costs to respondents for the hour burdens. Hour estimates for each survey in this request for approval are provided.

A.12a. Number of Respondents

The evaluation of the Phase I anti-drug media campaign will include 12 test market areas and 12 comparison market areas. Market areas comprise Census Bureau defined Metropolitan Statistical Areas (MSA), and four additional selection criteria. MSAs are defined as:

- One city with 50,000 or more inhabitants; or
- A Census Bureau-defined urbanized area (of at least 50,000 inhabitant) and a total metropolitan population of at least 100,000 (75,000 in New England).

Twelve test market areas were selected on the basis of four specific criteria: (1) included at least one MSA that had data available on drug use and attitudes, (2) included at least one MSA that reported the were dealing with serious emerging drug problems (e.g., methamphetamine); (3) population size, ethnicity, percent of population between ages 5 and 17, crimes per 100,000, percent of children under 18 below poverty level, and unemployment rate, in order to ensure demographic variation; and (4) geographic dispersion to ensure that market areas sites were representative of the different regions of the country. The same selection criteria were used to select the 12 comparison market areas as was used to select to test market areas. Because the test and comparison market areas are matched on demographic variables, the only difference between the test and comparison market areas will be the presence or absence of the Phase 1 anti-drug media campaign. A list of the test market areas and matched comparison market areas is presented on the following page.

10/29/97

EVALUATION SITES		COMPARISON SITES	
Inner City	Metro. Statistical Area	Inner City	Metro. Statistical Area
Atlanta, GA Medium White = 31% African American = 67%	Atlanta, GA - M.S.A. Large White = 71% African American = 25%	Memphis, TN Large White = 44% African American = 54%	Memphis, TN - M.S.A. Medium White = 58% African American = 40%
Baltimore, MD Large White = 39% African American = 60%	Baltimore, MD - M.S.A. Large White = 71% African American = 25%	Richmond, VA Medium White = 43% African American = 55%	Richmond, VA - M.S.A. Medium White = 68% African American = 29%
Boise, ID Small White = 89%	Boise, ID - M.S.A. Small White = 96%	Eugene, OR Small White = 91%	Eugene, OR - M.S.A. Small White = 95%
Denver, CO Medium White = 69% Hispanic = 23%	Denver, CO - M.S.A. Medium White = 86% Hispanic = 12%	Albuquerque, NM Medium White = 75% Hispanic = 34%	Albuquerque, NM - M.S.A. Small White = 77% Hispanic = 36%
Hartford, CT Small White = 42% African American = 41%	Hartford, CT - M.S.A. Medium White = 86% African American = 8%	Harrisburg, PA Small White = 41% African American = 49%	Harrisburg, PA - M.S.A. Small White = 91% African American = 6%
Houston, TX Large White = 50% Hispanic = 28%	Houston, TX - M.S.A. Large White = 67% Hispanic = 20%	Dallas, TX Large White = 54% Hispanic = 20.9%	Dallas, TX - M.S.A. Large White = 75% Hispanic = 13%
Milwaukee, WI Large White = 65% African American = 31%	Milwaukee, WI - M.S.A. Medium White = 83% African American = 13%	Nashville, TN Medium White = 72% African American = 24%	Nashville, TN - M.S.A. Medium White = 83% African American = 15%
Portland, OR Medium White = 83%	Portland, OR - M.S.A. Medium White = 91%	Spokane, WA Small White = 88%	Spokane, WA - M.S.A. Small White = 94%
San Diego, CA *Large White = 65% Hispanic = 21%	San Diego, CA - M.S.A. *Large White = 75% Hispanic = 19%	Phoenix, AZ Large White = 79% Hispanic = 20%	Phoenix, AZ - M.S.A. Large White = 84% Hispanic = 16%
Sioux City, IA Small White = 91%	Sioux City, IA - M.S.A. Small White = 93%	Duluth, MN Small White = 95%	Duluth, MN - M.S.A. Small White = 96%
Tucson, AZ Medium White = 73% Hispanic = 29%	Tucson, AZ - M.S.A. Small White = 78% Hispanic = 24%	Austin, TX Medium White = 66% Hispanic = 23%	Austin, TX - M.S.A. Medium White = 76% Hispanic = 20%
Washington, D.C. Large White = 30% African American = 66%	Washington, D.C. - M.S.A. Large White = 65% African American = 26%	Birmingham, AL Medium White = 36% African American = 63%	Birmingham, AL - M.S.A. Medium White = 72% African American = 27%

*Inner City Population Size: Large (500,000+), Medium (200,000-500,000), Small (less than 200,000)

MSA Population Size: Large (2,000,000+), Medium (2,000,000 - 750,000), Small (less than 750,000)

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DRUG USE, ATTITUDES, AND RELATED BEHAVIORS AMONG YOUTH AND PARENTS**

TEST MARKET AREA	COMPARISON MARKET AREA
Washington, DC Large, African-American = 66%	Birmingham, AL Medium, African-American = 63%
Milwaukee, WI Large, African-American = 31%	Columbus, OH Large, African-American = 22%
Tucson, AZ Medium, Hispanic = 29%	Austin, TX Medium, Hispanic = 23%
Denver, CO Medium, Hispanic = 23%	Fresno, CA Medium, Hispanic = 30%
San Diego, CA Large, Hispanic = 21%	Phoenix, AZ Large, Hispanic = 20%
Baltimore, MD Large, African-American = 60%	Richmond, VA Medium, African American = 55%
Atlanta, GA Medium, African-American = 67%	New Orleans, LA Medium, African-American = 62%
Milwaukee, WI Large, African-American = 31%	Columbus, OH Large, African-American = 22%
Houston, TX Large, Hispanic = 28%	Dallas, TX Large, Hispanic = 21%
Portland, OR Medium, White = 83%	Minneapolis, MN Medium, White = 79%
Hartford, CT Small, African-American = 41%	Harrisburg, PA Small, African-American = 49%
Sioux City, IA Small, White = 91%	Duluth, MN Small, White = 95%
Boise, ID Small, White = 89%	Eugene, OR Small, White = 91%

For both the student and parent components of the evaluation of the Phase 1 anti-drug media campaign the universe of respondents will comprise the market area from which schools and classrooms are randomly selected.

The expected sample sizes are presented below.

	<u>Test</u>	<u>Comparison</u>
<u>Pre-test</u>		
4th-6th Grade Students	6,000	6,000
7th-12th Grade Students	6,000	6,000
Parents	2,100	2,100
<u>Post-test</u>		
4th-6th Grade Students	6,000	6,000
7th-12th Grade Students	6,000	6,000
Parents	2,100	2,100

A.12.b Frequency of Response

Students will complete questionnaires and parents will be interviewed on two separate occasions during the study 13 weeks apart— once in November 1997, immediately prior to implementation of the Phase 1 anti-drug media campaign (pre-test); and again in February 1998, immediately following the Phase 1 media campaign (post-test). Different youth and parents will be surveyed at the pre-test and post-test points to avoid any reactivity in response that could result from previous exposure to questions about awareness of the Phase 1 anti-drug ads, drug usage (for youth), and attitudes toward drugs.

A.12.c Burden Estimates for Each Form and Each Phase

Each elementary school (4th-6th grade) and secondary school (7th-12th grade) student will spend approximately 15 minutes of class time to complete the self-administered questionnaire. There will be a total of 12,000 students in each age group (i.e., grades 4-6 and 7-12) in the test group across the pre-test and post-test points (i.e., 6,000 at pre-test and 6,000 at post-test), and 12,000 students in the comparison group across the pre-test and at post-test points (i.e., 6,000 at pre-test and 6,000 at post-test), for a total of 48,000 students completing questionnaires during the evaluation of the Phase I anti-drug media campaign (i.e., 24,000 in grades 4-6 plus 24,000 in grades 7-12).

Each parent will be part of a 10-minute telephone interview. There will be 2,100 parents in the test group at pre-test and 2,100 at post-test, and 2,100 parents in the comparison group at pre-test and 2,100 at post-test, for a grand total of 8,400 parent interviews conducted during the evaluation of the Phase 1 anti-drug media campaign.

The time estimates presented above all derive from reported ASW's experiences with the questionnaire items included in the proposed evaluation..

Total respondent burden is as follows:

All Students, Pre-test + Post-test

Test: 6,000 hours

Comparison: 6,000 hours

TOTAL 12,000 hours

Parents: Pre-test and Post-test

Test: 350 hours

Comparison: 350 hours

TOTAL 700 hours

A.12.d Annualized Cost to Respondents

Parent interviews are proposed to take place over the telephone with parents in their homes during convenient hours, and students will complete questionnaires during their home room. Since brief parent interviews will be conducted at their convenience, and students will complete brief questionnaires during school hours, there are no anticipated costs of this data collection to respondents.

A.13 ESTIMATE OF TOTAL ANNUAL COST BURDEN TO RESPONDENTS AND RECORDKEEPERS

A.13.a Total Capital and Start-up Costs

None.

A.13.b Total Operation, Maintenance, and Purchase of Service Costs

None.

A.14 ESTIMATE OF ANNUALIZED COST TO THE FEDERAL GOVERNMENT

The evaluation of the Phase 1 anti-drug media campaign comprises a pre-test and a post-test periods during which information will be collected separately from students and parents. The post-test collection of information will take place 13 weeks after the pre-test collection of information. We will collect a total of 48,000 questionnaires from students during the evaluation of the Phase 1 anti-drug media campaign. At pre-test we will collect questionnaire data from 12,000 youth (6,000 in grades 4-6 and 6,000 in grades 7-12) 12 test market areas; and 12,000 from the 12 comparison market areas (6,000 in grades 4-6 and 6,000 in grades 7-12).

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We also will interview a total of 8,400 parents during the evaluation of the Phase 1 anti-drug media campaign. Interviews will be conducted with 4,200 parents at pre-test (2,100 in the test group and 2,100 at the post-test), and with 4,200 parents at post-test (2,100 in the test group and 2,100 in the comparison group).

The costs associated with this evaluation will include staff labor for drawing the sample, accessing schools, preparing instruments, conducting the student and parent measurements, analyzing the data, and developing a report of the findings. Furthermore, a \$150 gift to participating schools is included in the overall cost. Listed below are the estimate of costs for data collection in the study. The total cost to the federal government for data collection for the entire study is **\$883,100**. A detailed estimate this cost estimates begins on the following page.

Annualized Data Collection Cost Estimate

PRE-TEST

Student Questionnaires

12 test market areas x 500 elementary student questionnaires per area	\$ 56,900
12 test market areas x 500 secondary student questionnaires per area	56,,900
12 comparison market areas x 500 elementary student questionnaires per area	50,700
12 comparison market areas x 500 secondary student questionnaires per area	50,700
Incentives for 192 test schools (\$150. per school)	28,800
Incentives for 192 comparison schools (\$150 per school)	28,000
Contingency	11,000

Total for the Pre-Test Student Questionnaires \$ 283,800

Parent Telephone Survey

12 test market areas x 175 interviews per market area	79,875
12 comparison market areas x 175 interviews per market area	70,375
Contingency	7,500

Total for the Pre-Test Parent Telephone Survey \$157,750

Total Costs for Student and Parent Information at Pre-Test \$441.550

POST-TEST

Student Questionnaires

12 test market areas x 500 elementary student interviews per area	\$ 56,900
12 test market areas x 500 secondary student interviews per site	56,900
12 comparison market areas x 500 elementary student interviews per area	50,700
12 comparison market areas x 500 secondary student interviews per area	50,700
Incentives for 192 test schools (\$150. per school)	28,800
Incentives for 192 comparison schools (\$150 per school)	28,000
Contingency	11,000

Total for the Post-Test Student Questionnaires \$ 283,800

Parent Telephone Survey

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12 test market areas x 175 interviews per area	79,875
12 comparison market areas x 175 interviews per area	70,375
Contingency	7,500

Total for the Post-Test Parent Survey \$157,750

Total Costs for Student and Parent Information at Post-Test \$441,550

Grand Total for Student and Parent Information at Pre-Test + Post-Test \$883,100

A.15 REASONS FOR PROGRAM CHANGES OR ADJUSTMENTS

None. This is a new collection of information.

A.16 PLANS FOR TABULATION AND STATISTICAL ANALYSIS

Responses from participants will be aggregated into market area level datasets for analysis. Market area identification numbers will be assigned to each record and will allow for analyses to be performed within each of the market areas. For information that is gathered on a continuous scale of measurement, the primary comparisons will relate to measures of central tendency (e.g., means, medians) and variation around those central tendencies (e.g., standard deviations, ranges). For information that is dichotomous or categorical in nature (e.g., yes or no) the primary comparisons will be of frequencies, percentages, or proportional differences. The primary group analyses at the aggregate level (i.e., data aggregated across the 12 test market areas and the 12 matched comparison market areas) include: (1) elementary school students in test market areas vs. comparison market areas groups; (2) secondary school students in test market areas vs. comparison city groups; (3) parents in test market areas vs. comparison market areas groups. Furthermore, all aggregate analyses of student data will be replicated at the within market area level. Within market area analyses of the parent data will not be conducted because of the market area level sample sizes are not large enough to yield sufficient statistical power. Cost considerations and the primary emphasis of the anti-drug media campaign on youth vs. parents underlay the decision to limit the sample size of the parent component of the evaluation.

Descriptive Data

Tabulations will be completed for each of the student questionnaire and parent survey items at both the pre-test and post-test. This will include frequencies, cross tabulations, mean scores (where appropriate), and standard deviations (where appropriate). Tabular, descriptive information will be provided on the participants in all three samples (e.g., distributions on sex, age, ethnicity). After the post-test is completed, a set of tabulations will be prepared that compares pre-test responses to the questionnaire and survey items to the post test responses to the questionnaire and survey items, noting instances where there are statistically significant

differences. Pre-test descriptive data will indicate the extent to which students and parents in specific test market areas responded to awareness and attitude questions in the same way that participants did in the matched comparison market areas.

Frequencies also will be examined and compared with other data to check on the representativeness of the sample of students and parents. We will examine demographics and drug use patterns and attitudes from other school surveys in these cities, where available, and will rely on nationally representative samples that collect similar questions (e.g., National Household Survey) to examine how the participants in our sample compare with others on these kinds of questions.

Analyses

Findings will be analyzed on a market-by-market basis for students as well as in aggregate form for students and parents. Simply reporting the results in aggregate form could mask changes that may be evident for participants in some media markets but not other markets. Hence, within each test and comparison market area, analyses that examine groups (4th-6th grade students, 6th-12th grade students) by responses at pre-test and post-test will be conducted.

Data will be weighted as necessary for design considerations. Parent data will be weighted for respondent selection probability. Student data may be weighted to balance markets (if necessary) by such considerations as city vs. environs, or to ensure even distribution of students across grades. Since schools are drawn with probability proportional to enrollment in the grades of interest, they will be given equal weight.

Analyses that report on means and frequencies in the aggregate form (i.e., across market areas) and at the within market area level will include:

- test 4th-6th grade students compared with 4th-6th grade students in comparison market areas;
- test 7th-12th grade students compared with 7th-12th grade students in comparison market areas;
- parents in test market areas vs. compared with parents in comparison market areas.

The standard analysis plan is to report mean scores, standard deviations, and use statistical tests (T-test) to indicate any significant differences on questions from pre-test to post-test. The analysis plan for categorical dependent variables (e.g., yes/no responses) will be the reporting of data in cross tabulations and use the T-tests on a category by category basis to identify significant differences between responses at pre-test and post-test for test group and comparison group responses. Data in the report on analytic results will be reported in terms of change in scores on the questionnaire and survey items, the percent change in awareness among test group students versus the percent change in awareness for comparison group students.

Results for the test market areas will be generalizable to each of the test market area populations of the test market areas themselves (i.e., all public school students in grades 4 through 6 for the elementary sample; all public school students in grades 7 through 12 for the secondary sample; all parents of children 18 or younger for the parents sample). Because we are giving equal weight to each of the market areas, the aggregate results will represent the average effect across these market areas. All else being equal, we would reasonably expect that the results of the statistical tests would reflect not only what would happen in these particular market areas, but also what would happen in other markets of similar character that were exposed to a media campaign of this content and magnitude. Insofar as the market areas have been chosen to be representative of a large segment of the U.S. population, the results of the test (taken in the aggregate) can be expected to reflect what would happen in that portion of the population.

The research design for the evaluation of the Phase 1 anti-drug media campaign encompasses tabulations and statistical analyses of key investigative variables. As follows, we have identified data analysis subtasks that will form the core of statistical analysis and tabulation. These are to:

- a. Solicit input from technical experts, including those with relevant statistical expertise;
- b. Establish databases that link pre-test data with post-test data;
- c. Perform preliminary analyses of the youth and parent survey databases;
- d. Perform major analyses on pre-test and post-test youth questionnaire and parent survey data; and
- e. Write report on analytic results
- f. Project time schedule

Because of the importance of these subtasks, we discuss briefly each item below.

A.16.a Solicit Input From Technical Experts

Before data analyses, we will solicit input from technical experts and relevant statistical consultants. Working with these experts, we will develop a detailed study analysis plan and present preliminary, illustrative results that highlight relevant statistical issues found in the data with respect to models and model assumptions. Such statistical issues will include normality of the data and heterogeneity of data within sites and across program and comparison groups as well as across sites. Further discussions will center on key issues such as when to report data in aggregate form (e.g., for clusters of market areas); justification of use of hierarchical mixed-linear models; theory; assumptions; and alternative analytic methods for estimating the overall effect of paid media advertisements. This material would be prepared and sent to expert consultants so that they have adequate time to review it prior to convening a meeting or conference call. We then plan to have an indepth discussion of this material with all consultants expressing their opinions on the proposed analysis procedures and recommending revisions to the data analysis plan. Their opinions will be incorporated into revisions of the proposed plan.

A.16.b Establish Databases That Link Pre-test Data with Post-test Data

After the collection of pre-test and post-test data we will review the data sets for completeness, reliability, and validation. We will then reconfigure the data sets to produce three relational databases to be used in comparing the pre-test and post-test responses of elementary students, secondary students, and parents so that analyses of change in awareness and attitude can be conducted. Given the prior experience of ASW with preparing these databases in prior survey research, we anticipate that the three databases will be constructed and prepared for analysis within a few weeks after the post-test data are received.

A.16.c Perform Preliminary Analyses of the Youth Questionnaire and Parent Survey Databases

We will review and inspect for completeness of the pre-test and post-test data sets and perform quality control checks and validation measures to review the completeness and integrity of the databases. Preliminary validation runs will be conducted to ensure no loss of data due to transfer process (i.e., between keypunching and copying files). Extensive preliminary analyses will be conducted on the databases such as descriptive statistics for every questionnaire or survey item for test elementary students, comparison elementary students, test secondary students, comparison secondary students, test parents, and comparison parents. These analyses conducted will establish the groundwork for the subsequent planned analyses that will look for pre-test to post-test changes that resulting from the anti-drug media campaign.

A.16.d Perform Major Analyses on Pre-Test and Post-Test Youth Questionnaire and Parent Survey Data

As described above, for both the pre-test and post-test data, exploratory and descriptive analyses will be performed to examine the distribution properties, integrity, and quality of the data. Comprehensive, preliminary analyses will be performed to illuminate our discussions with statistical consultants regarding the data. After incorporating the advice of expert consultants into the data analysis plan, the data analyses described above will be conducted as appropriate. Statistical analyses will be performed on each of the three databases to identify statistically significant changes in students' and parents' awareness and attitudes from pre-test to post-test.

A.16.e Write Report on Analytic Results

Upon completing the analyses of the pre-test and post-test data, a complete summary of results, including statistically significant differences for groups, and percent change on those items, will be prepared. The report will be carefully reviewed by the project team. In addition, relevant statistical consultants and other experts will be asked selectively to review the report. Suggestions for revisions and questions generated by this review process will be incorporated into the final report before submission to ONDCP. This procedure will allow the Government the benefit of a report representing the combined efforts of respected researchers who are highly knowledgeable about the subject area and who have made contributions to the success of the study.

a.16.f Project Time Schedule

**SUPPORTING STATEMENT FOR OMB CLEARANCE: COLLECTION OF LOCAL AREA BASELINE DATA ON
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The project time schedule, by key data collection tasks, follows:

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TASK	Wave 1	Wave 2
Task 1. Selection of Schools	10/17/97 to 10/21/97	-
Task 2. Clearance/Access to Schools	10/22/97 to 10/27/97	12/15/97 to 12/19/97
Task 3. Administer School Questionnaires	10/27/97 to 10/31/97	2/2/98 to 2/6/98
Task 4. Selection of Parent Sample	10/17/97 -	2/2/98 -
Task 4. Conduct Parent Interviews by Telephone	10/20/97 to 10/31/97	2/2/98 to 2/13/98
Task 5. Clean data; conduct preliminary analyses	11/10/97 to 11/14/97	2/16/98 to 2/18/98
Task 6. Consult with expert consultants/statisticians	11/17/97 to 11/21/97	
Task 7. Conduct analyses comparing Pre-test and Post-test data		2/18/98 to 2/25/98
Task 8. Prepare Draft Report		2/25/98 -

A.17 DISPLAY OF THE EXPIRATION DATE

The OMB expiration date will be displayed as required.

A.18 EXCEPTIONS TO THE CERTIFICATION STATEMENT

This submission complies with all requirements contained in 5 CFR 1320.9 and 5 CFR 1320.8(b)(3).

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1 SAMPLING UNIVERSE, SAMPLING METHOD, AND EXPECTED RESPONSE RATE

Universe

The study will comprise samples drawn from each of three discrete universes:

- I. All public school students in grades 4 through 6 in the designated test and comparison market areas (elementary school student sample).
- II. All public school students in grades 7 through 12 in the designated test and comparison market areas (secondary school student sample).
- III. All parents of children aged 18 or younger in the designated test and comparison market areas (parent sample).

There will be 12 test market areas and 12 comparison market areas included in the elementary and secondary student studies, and the same 12 test market areas and 12 comparison market areas in the parent study. For both the student and parent studies the universe of respondents will comprise the market area from which schools and classrooms are randomly selected.

Student Questionnaires

Interviewing for the elementary and secondary student samples will consist of self-administered questionnaires completed in the schools and administered by a representative of Audits & Surveys Worldwide. Questionnaires will be completely anonymous as to individuals, and will be identified as to the school and class in which they were conducted solely for purposes of weighting and identifying analytical groups (e.g., central city vs. environs schools). Within each of the 12 test market areas, a total of 9 schools will be randomly selected for the elementary school student and secondary school student samples, at both pre-test and post-test, resulting in an estimated sample of 3,240 test group students (per each of the 2 student samples). Likewise, within each of the 3 comparison market areas, a total of 9 schools will be randomly selected for the elementary school student and secondary school student samples, at both pre-test and post-test, resulting in an estimated sample of 1,620 comparison group students (per each of the 2 student samples). As noted in Section A.10 all questionnaires will be in English.

For the secondary student sample, the sampling methodology will be as follows:

- Within each market area, a random sample of public schools will be drawn³. The sample will be drawn in two segments: the first segment being the central city of each market (where, by central city, we mean the city whose name designates the market area), and the second being all other territory covered by the market area. Approximately an equal number of schools will be drawn from each of these segments.
- The schools will be drawn from lists obtained from Market Data Retrieval's *CIC School Directory*, using the most recent available such directories. Probability of selection for each individual school will be proportional to the number of students enrolled in the school times the estimated proportion of enrolled students falling into the designated grades (i.e., grades 7 through 12).
- Each school so selected will be recruited for participation in the study. Once a school has been recruited, three classes will be selected for participation at pre-test and three classes at post-test, for a total of six classes. The classes will be drawn with a view to minimizing the likelihood of the same students participating in both waves, so as to avoid conditioning bias. The three classes at pre-test and three classes at post-test will consist of one from each of three different grades in the school (wherever feasible — i.e., wherever the school includes three or more of the designated grades). When a selected school contains fewer than three of the designated grades (for example, a middle school which includes only grades 7 and 8), the classes will be randomly selected from the available grades in such a manner as to ensure at least one class from each grade represented (e.g., for the given example, the designated classes would include either two 7th grade classes and one 8th grade class, or two 8th grade classes and one 7th grade class.)
- The grades from which classes are to be selected will be chosen systematically over the sample of schools so as to generate roughly equal numbers of classes from each of the designated grades over the entire sample.
- The classes selected for the post-test at each school will consist of three classes representing the same grades that were included in the first wave, but comprised of different individuals.
- In general, classes will be selected from those for required subjects or categories of classes which apply equally to all students (e.g., home rooms).

³Private schools will not be sampled because of the relatively high cost of accessing private vs. public schools. Furthermore, because private schools make up a relatively small proportion of all schools it would be cost prohibitive to sample enough schools to yield a large enough sample size of private school students to compare to the public school students. Limiting the sample to public schools means that the results will be generalizable to public school students.

- Because this is a pre-test/post-test study, one further stipulation will be made in the selection of schools — that there be a sufficient number of students in each school to permit a selection of classes such as is described above for both waves of the study without duplication of individuals sampled.
- The sample will then consist of all students in the selected classes who are present on the scheduled date of the interview.

For the elementary school sample, the procedures will duplicate those described above, with the designated grades consisting of grades 4 through 6 instead of 7 through 12.

Parent Interviews

The universe for the study will be all parents of children 18 years of age or younger in the market areas included in the Phase 1 anti-drug media campaign. A probability sample will be drawn, using the principles of random digit dialing, enhanced to increase the incidence of working residential telephone households; by using such a methodology, it will be possible to project the sample results to relevant test universe⁴. The latests government data show that 94% of households in the United States have telephone service, therefore the sample of parents will generally be representative of approximately 94% of the parents of children 18 years old or younger in the United States [http://www.fcc.gov/ccb SUBS0397.zip](http://www.fcc.gov/ccb_SUBS0397.zip); Common Carrier Bureau). For the parent sample, interviews will be conducted by telephone from a central telephone interviewing location. Such random digit dialing gives unlisted telephone households the same chance of falling into the sample as listed ones; this is critical, since the demographics of unlisted households are often different from those in listed households. As noted in Section A.10, Spanish-speaking interviewers will be available to conduct interviews with parents who request that their interview be conducted in Spanish.

The parent sample for each market area will be drawn as follows:

- An RDD (random digit dialing) sample of telephone numbers will be drawn from all exchanges falling within the area covered by the market area; the sample will be stratified by race within market areas thereby adding to the accuracy of the sample profile relative to the population in each market area..
- Each household contacted will be screened to determine whether or not there are any qualified individuals in the household (where a qualified individual is any person who has a child aged 18 or younger). Whenever there is only one qualified individual in the household, that person will be selected for the interview. Whenever there is more than one qualified individual in the household, one of them

⁴RDD with enhancements will yield approximately 60% of all working numbers which are residences. That, combined with an anticipated incidence of 35% for residences containing a parent of a child ages 18 years old or younger, yields a net incidence of 21%.

will be randomly selected for the interview.

- Up to four callbacks will be made to each telephone number sampled in order to find and interview a qualified respondent.
- The pre-test and post-test interviews will be conducted following the same procedures. The pre-test and post-test samples will be independent (i.e., the same individuals will not be re-interviewed). Given the number of interviews per market, the odds of contacting the same parent are so small as to be negligible.

B.2 PROCEDURES FOR SAMPLING AND COLLECTING INFORMATION

Sampling Procedures

Random sampling of students and parents within the selected market areas will be employed (market areas sampling procedures and selection criteria are discussed in Section A.12.a). The parents study will utilize a random digit dialing (RDD) sampling procedure. The school sampling procedure for the both the elementary school student study and secondary school student studies will involve random selection from lists obtained from Market Data Retrieval's *CIC School Directory*, using the most recently available directory, and classrooms will then be randomly selected within schools using a standard computerized random selection procedure.

Information Collection Procedures

Student Study Questionnaires

The student questionnaire item to be used in this evaluation have been taken from the questionnaires that have been used by ASC to measure various youth campaigns including that of the Partnership for a Drug-Free America (see Appendices B and C). The questions have been found to be both effective and useful in keeping the Partnership informed as to the behavior and attitudes of their test audiences. The same questionnaires will be used in all market areas, although in cases where a special ad targeting a specific drug-problem is used in a specific market are, an additional questions asking youth about their awareness of the special ad will be included. This is true as well for parent study telephone interview questions. Items that were drawn directly from the Monitoring the Future survey, or from the PDFA Partnership Attitude Tracking Study (PATS) conducted by ASW for the PDFA, are marked accordingly (contact Barbara Delanay at the PDFA [212-973-3509] for copies of relevant PATS studies).

Parent Study Telephone Interviews

The parent study will be conducted by telephone (see Appendix D for specific questions), using the A&S/CATI® system, which is Audits & Surveys' state-of-the-art proprietary computer assisted telephone interviewing system. The system controls the entire interviewing process, thus freeing the interviewer from paper and pencil tasks. Under CATI,

interviewers are seated at CRT terminals, linked to individual telephones via headsets. As soon as the interviewer signs onto the system, the questions appear on the screen, one at a time, in their proper order. This system guarantees that all "branching" questions are correctly followed and rejects the entry of data into sections of the questionnaire that are inappropriate to the interview. In this way, the interview is "self-cleaned" and flows more smoothly since the interviewer need not worry about what questions to ask next and whether or not he/she has accidentally recorded an illegal response. In addition, wherever appropriate, the randomized sequencing of questions is completely computer controlled.

In households with 2 or more qualified respondents, the selected respondent would be chosen by random selection. There will be at least 4 callbacks to reach non-available selected respondents homes with no answers -- this is essential so that harder to reach people (e.g., younger parents, those with more active lifestyles, etc.) are not under-represented.

Interviews will be conducted from ASW central telephone interviewing installations, and all interviewers will be personally briefed by ASW project directors and supervisors. All interviewing will be carefully monitored by our telephone management staff. ASW has three major facilities (Philadelphia, Chicago, and Portland, Oregon) with a total of some 180 interviewing stations, efficiently maximizing interviewing hours in the various time zones.

In addition to the central monitoring features at all our telephone sites, ASW will validate every interviewer's work and, overall, validate approximately 20%-25% of all interviews⁵. Moreover, at the onset of a new study, they will devote several hours to a detailed briefing, including a run-through of "mock" interviews. This helps to anticipate any problems that may arise and educates each interviewer on all aspects of the questionnaire. After the first day of interviewing, 1-2 hours are devoted to re-briefing the interviewers with respect to any issues that may have arisen which might require clarification. In addition, interviewer feedback is solicited.

Expected Response Rates

We anticipate that at least 75% of the school we contact will agree to participate in both the pre-test due to ONDCP's participation in the school recruitment efforts. Our anticipated cooperation retention rate, that is the proportion of the schools participating in the pre-test that agree to participate in the post-test, is 90%. In the early 1990's we recruited 80 New York schools in a similar targeted study with two waves. At that time we achieved a 99% retention rate (79 schools

⁵Validating will involve re-contacting some parents. This interview will take 1 minute or less. It will simply confirm that the respondent was interviewed and that he or she is the parent of a child ages 18 years old or younger. At a validation rate of 20% the respondent burden per market area is approximately 7 hours. This burden has been included in the amount of time it will take to complete each parent interview.

remained in the study). Also, based on our past experience working with schools, the proposed gift of \$150 per school (\$75 per wave) will make our request to collect data from students more palatable to school officials, especially in schools where resources are scarce (Section B.3 presents our specific plans for maximizing school retention). In the event that a school participates in the pre-test but refuses to participate in the post-test, we will substitute a comparable school, that is one that matches the original school as closely as possible on key demographic factors such as location, size, and racial/ ethnic mix.

We also expect the student cooperation rate to be at least 90% because (1) the questionnaires are relatively brief, (2) the data collection strategy involves minimal disruption of respondents' daily routines, and (3) we will implement an intensive effort to assure respondents of the confidentiality of their responses, and their complete anonymity. Furthermore, our sophisticated telephone interview facilities and techniques, and our experienced interview staff, will maximize our ability to obtain parents' cooperation in completing telephone interviews.

Power Analysis

The parent sample, using RDD dialing, may be expected to exhibit minimal design effect due to clustering (i.e., the design effect is near 1.0). The two student samples, with about 60 completed interviews being obtained per school, will have, for the types of attitudinal questions included in these instruments, a design effect that can be estimated, based on past experience, to fall between 2 and 3 — say, 2.5⁶.

With these assumptions, power analyses for the sample sizes indicated are presented in Tables 1 to 4 following this page. Each power analysis is presented for proportions at two levels: once for proportions around 50% in Wave 1 of the research, and once for proportions around 20% in Wave 1 of the research.

These analyses are for the power of the test represented by the pre- vs. the post-waves for the test groups, and are shown once for the aggregate sample (total interviews), and once for a single market for the secondary or elementary sample. Analyses are shown for the parent interviews in aggregate form and once for a single market sample as well.

To ensure that the study will be able to adequately address the research questions it is essential that a sufficiently large sample be drawn from the population. Statistical power analysis provides a means of determining the minimum sample size necessary to detect statistically significant differences between groups. Power analysis answers the question: If in the population

⁶The design effect estimates are based on a series of calculations performed on data from the Partnership For a Drug-Free America's PATS (Partnership Attitude Tracking Study) data from 1995, in which the design was comparable to the present design. That is, data were collected using self-administered questionnaires in schools, from each of which three classes were sampled, for a total sample size of about 60 interviews per school. The questions for which these design effects were calculated included questions similar to and in some cases identical to those that will be included in the proposed 1997-1998 research instruments. This design effect is a measure of the degree to which the clustering of interviews by school affects the effective sample size of the study.

there exists a difference between two groups on the measure of interest, what is the probability of detecting this difference?. This probability is the statistical power of the test.

The generally accepted standard for survey research is .80 power at the .05 significance level. That is, the sample size yields an 80 percent chance of detecting a given effect size (i.e., difference between two groups) at the .05 significance level. Given these criteria, the effect size that one is able to detect is inversely related to the sample size. Furthermore, the relationship between effect size and sample size is nonlinear, that is very large samples are needed to detect small differences that might exist between groups, or in changes in measures over time.

The power analyses shown in Tables 1 through 4 indicate that the expected sample sizes are large enough to detect small to moderate expected changes over time in awareness and/or attitudes. For example, as shown in Table 1, at the aggregate level (i.e., aggregated across market areas) there is approximately a 99.2 percent chance of detecting an actual change over time of 6 percentage points in either elementary or secondary students awareness or attitudes ($P < .05$), assuming that the proportion responding to a particular attitude or awareness measure is 50 percent in wave 1. The power of tests involving aggregate analyses of the parents data is somewhat lower but still statistically adequate in terms of the probability of revealing expected changes over time in parents awareness and attitudes (See Table 3).

Individual market area estimates of the statistical power of a test are somewhat lower than the estimated power for aggregated analyses due to the smaller sample size of individual market areas relative to the aggregate sample size, but still adequate for detecting expected changes in awareness and/or attitudes over time (See Table 2). As is the case of the aggregate analyses, the power of tests involving within market area analyses of the parents data is somewhat lower but still statistically adequate in terms of the probability of revealing expected changes over time in parents awareness and attitudes. Although we do not plan to conduct within market area analyses of parent data, they could be used to estimate expected changes in parents data within market areas that could be replicated in the national campaign.

Table 1

Probability Of Rejecting The Null Hypothesis⁷ With The Given Sample Size,
Shown For Wave 1 Proportions Around .50, .20, and .10,
Given The Indicated True Shift Occurring In The Population

Secondary Or Elementary School Sample
Aggregate Test Sample, Wave 1 vs. Wave 2
n = 6000 for each wave
One-Tail Test, Significance Level = 0.05

True Population Shift Between Wave 1 And Wave 2	For A Wave 1 Measure About .50	For A Wave 1 Measure About .20	For A Wave 1 Measure About .10
.02	.40	.52	.72
.04	.87	.96	1.00
.06	.99	1.00	1.00
.08	1.00	1.00	1.00
.10	1.00	1.00	1.00
.12	1.00	1.00	1.00
.14	1.00	1.00	1.00
.16	1.00	1.00	1.00
.18	1.00	1.00	1.00
.20	1.00	1.00	1.00

⁷ The null hypothesis for a given proportion: The proportion at the time of Wave 2 was not significantly greater than the proportion at the time of Wave 1. The statistical test that will be used in comparing Wave 2 percentages with Wave 1 percentages will be the normal approximation to the chi square, as presented in Fleiss, *Statistical Methods For Rates And Proportions*.

Table 2

Probability Of Rejecting The Null Hypothesis⁸ With The Given Sample Size,
Shown For Wave 1 Proportions Around .50, .20, and .10,
Given The Indicated True Shift Occurring In The Population

Secondary Or Elementary School Sample
Test Sample For A Single Market, pre-test vs. post-test
n = 500 for each wave
One-Tail Test, Significance Level = 0.05

True Population Shift Between Wave 1 And Wave 2	For A Wave 1 Measure About .50	For A Wave 1 Measure About .20	For A Wave 1 Measure About .10
.02	.11	.12	.16
.04	.20	.25	.34
.06	.33	.41	.56
.08	.48	.59	.75
.10	.64	.75	.88
.12	.78	.87	.95
.14	.88	.94	.98
.16	.95	.97	1.00
.18	.98	1.00	1.00
.20	.99	1.00	1.00

⁸ The null hypothesis for a given proportion: The proportion at the time of Wave 2 was not significantly greater than the proportion at the time of Wave 1. The statistical test that will be used in comparing Wave 2 percentages with Wave 1 percentages will be the normal approximation to the chi square, as presented in Fleiss, *Statistical Methods For Rates And Proportions*.

Table 3

Probability Of Rejecting The Null Hypothesis⁹ With The Given Sample Size,
Shown For Wave 1 Proportions Around .50, .20, and .10,
Given The Indicated True Shift Occurring In The Population

Parent Sample
Aggregate Test Sample, pre-test vs. post-test
n = 2100 for each wave
One-Tail Test, Significance Level = 0.05

True Population Shift Between Wave 1 And Wave 2	For A Wave 1 Measure About .50	For A Wave 1 Measure About .20	For A Wave 1 Measure About .10
.02	.36	.48	.67
.04	.83	.93	.99
.06	.99	1.00	1.00
.08	1.00	1.00	1.00
.10	1.00	1.00	1.00
.12	1.00	1.00	1.00
.14	1.00	1.00	1.00
.16	1.00	1.00	1.00
.18	1.00	1.00	1.00
.20	1.00	1.00	1.00

⁹ The null hypothesis for a given proportion: The proportion at the time of Wave 2 was not significantly greater than the proportion at the time of Wave 1. The statistical test that will be used in comparing Wave 2 percentages with Wave 1 percentages will be the normal approximation to the chi square, as presented in Fleiss, *Statistical Methods For Rates And Proportions*.

Table 4

Probability Of Rejecting The Null Hypothesis¹⁰ With The Given Sample Size,
Shown For Wave 1 Proportions Around .50, .20, and .10,
Given The Indicated True Shift Occurring In The Population

Parent Sample
Test Sample For A Single Market, Wave 1 vs. Wave 2
n = 175 for each wave
One-Tail Test, Significance Level = 0.05

True Population Shift Between Wave 1 And Wave 2	For A Wave 1 Measure About .50	For A Wave 1 Measure About .20	For A Wave 1 Measure About .10
.02	.10	.12	.15
.04	.19	.23	.31
.06	.30	.38	.51
.08	.44	.54	.70
.10	.59	.70	.84
.12	.73	.82	.93
.14	.84	.91	.97
.16	.92	.96	.99
.18	.96	.98	1.00
.20	.99	.99	1.00

¹⁰ The null hypothesis for a given proportion: The proportion at the time of Wave 2 was not significantly greater than the proportion at the time of Wave 1. The statistical test that will be used in comparing Wave 2 percentages with Wave 1 percentages will be the normal approximation to the chi square, as presented in Fleiss, *Statistical Methods For Rates And Proportions*.

B.3 METHODS TO MAXIMIZE RESPONSE RATES

The design for the evaluation of the Phase 1 anti-drug media campaign requires the collection of data from test and comparison group students and parents at two points in time during the study period (pre-test, and 13 weeks later, post-test). To collect complete data from students at each data collection point requires significant cooperation on the part of schools participating in the study. Effort must be expended on the part of field staff to establish and maintain a cordial and professional relationship with the schools, to reinforce the importance of each participating student's role in the study, to put schools as well as students at ease and make them feel comfortable with participating, and to maintain contact with the schools during the 13 week campaign period to minimize school attrition. The following procedures will be followed to ensure a minimum school retention rate of 80 percent. First, a letter from the ONDCP and personally signed by General McCaffrey will be sent to the superintendent of each school district and school principals from which cooperation will be needed. It will describe the research and ask for their cooperation in the study. The letter will be followed up by telephone contacts from staff interviewers who have extensive experience in the recruitment of schools for projects such as this. Emphasis will be placed on the importance of the research for America's young people, and the fact that demands on the school will be kept to a minimum — all administration and handling of questionnaires will be handled by a representative of Audits & Surveys Worldwide, subcontractor for this project. In addition, a gift of \$150 per school will be offered for their participation in the two waves of interviewing (i.e., \$75 per wave).

B.4 PILOT TESTING OF PROCEDURES AND METHODS

OMB guidelines state that "If data collection procedures and instruments are virtually identical to ones used previously with satisfactory results, it is usually sufficient to state that this is the case." Because the emergency nature of the Phase 1 anti-drug media campaign and evaluation of this phase of the campaign does not allow time for conducting data collection pilot tests, and because we are utilizing instruments and procedures that have previously yielded successful findings, pilot testing of procedures and methods will not be employed in the evaluation of the Phase 1 anti-drug media campaign.

B.5 STATISTICAL CONSULTANTS

The following individuals have been consulted thus far about statistical aspects for the proposed study:

Dr. William Scarbrough, III., CSR, Incorporated
Dr. Fred Nicholson, Audits & Surveys Worldwide
Mr. Joe Gfroerer, Office of Applied Studies, SAMHSA

**SUPPORTING STATEMENT FOR OMB CLEARANCE: COLLECTION OF LOCAL AREA BASELINE DATA ON
DRUG USE, ATTITUDES, AND RELATED BEHAVIORS AMONG YOUTH AND PARENTS**

Dr. James Colliver, NIDA

Dr. John K. Worden, University of Vermont

Appendix A

**Authorizing Legislation
H.R. 2378**

Treasury, Postal Service and General Government Appropriations Act, 1998
House/Senate Conference Report
Office of National Drug Control Policy

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H.R.2378

Treasury, Postal Service, and General Government Appropriations Act, 1998 (House
Appropriation Bill as Passed by Senate)

>

Office of National Drug Control Policy

SALARIES AND EXPENSES

(INCLUDING TRANSFER OF FUNDS)

For necessary expenses of the Office of National Drug Control Policy; for research activities pursuant to title I of Public Law 100-690; not to exceed \$8,000 for official reception and representation expenses; and for participation in joint projects or in the provision of services on matters of mutual interest with nonprofit, research, or public organizations or agencies, with or without reimbursement; \$36,016,000, of which \$18,000,000 shall remain available until expended, consisting of \$1,000,000 for policy research and evaluation and \$17,000,000 for the Counter-Drug Technology Assessment Center for counternarcotics research and development projects of which \$1,000,000 shall be obligated for state conferences on model State drug laws: Provided, That the \$17,000,000 for the Counter-Drug Technology Assessment Center shall be available for transfer to other Federal departments or agencies: Provided further, That the Office is authorized to accept, hold, administer, and utilize gifts, both real and personal, for the purpose of aiding or facilitating the work of the Office.

Federal Drug Control Programs

HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM

(INCLUDING TRANSFER OF FUNDS)

For necessary expenses of the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas Program, \$140,207,000 for drug control activities consistent with the approved strategy for each of the designated High Intensity Drug Trafficking Areas, of which no less than \$71,000,000 shall be transferred to State and local entities for drug control activities, which shall be obligated within 120 days of the date of enactment of this Act and up to \$69,207,000 may be transferred to Federal agencies and departments at a rate to be determined by the Director: Provided, That funding shall be provided for existing High Intensity Drug Trafficking Areas at no less than the fiscal year 1997 level.

SPECIAL FORFEITURE FUND

For activities to support a national media campaign for youth, and other purposes, authorized by Public Law 100-690, as amended, \$145,300,000, to remain available until expended: Provided, That such funds may be transferred to other Federal departments and agencies to carry out such activities: Provided further, That of the amount provided, \$110,000,000 shall be to support a national media campaign, to reduce and prevent drug use among young Americans: Provided further, That none of the funds provided for the national media campaign may be obligated until the Director, Office of National Drug Control Policy, submits a strategy to the Committees on Appropriations and the Judiciary of the House of Representatives and the Senate that includes (1) a certification, and guidelines to ensure that funds will supplement and not supplant current anti-drug community based coalitions; (2) a certification, and guidelines to ensure that none of the funds will be used for partisan political purposes; (3) a certification, and guidelines to ensure that no media campaigns to be funded pursuant to this campaign shall feature any elected officials, persons seeking elected office, cabinet-level officials, or other Federal officials employed pursuant to Schedule C of title 5, Code of Federal Regulations, section 213, absent notice to the Chairmen and Ranking Members of the House and Senate Committees on Appropriations and the Judiciary; (4) a detailed implementation plan to be submitted to the Chairmen and Ranking Members of the Committees on Appropriations and the Judiciary for securing private sector contributions including but not limited to in-kind contributions; (5) a detailed implementation plan to be submitted to the Chairmen and Ranking Members of the Committees on Appropriations and the Judiciary of the qualifications necessary for any organization, entity, or individual to receive funding for or otherwise provided broadcast media time: Provided further, That the Director shall (1) report to Congress quarterly on the obligation of funds as well as the specific parameters of the national media campaign and (2) report to Congress within two years on the effectiveness of the national media campaign based upon the measurable outcomes provided to Congress previously: Provided further, That of the amount provided, \$10,000,000 shall be to initiate a program of matching grants to drug-free communities, as authorized in the Drug-Free Communities Act of 1997: Provided further, That of the amount provided, \$10,000,000 shall be used to continue and expand the methamphetamine reduction efforts: Provided further, That of the amount provided, \$6,000,000 shall be used to establish a Federal Drug-Free Prison demonstration project: Provided further, That of the amount provided \$9,300,000 shall be used to continue the reduction of drug use program for those involved in the criminal justice system.

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Appendix B

Elementary Student Survey

This information is being collected to fulfill the need for the Phase 1 (pilot) evaluation of a national anti-drug media campaign being implemented by the Office of National Drug Control Policy (ONDCP). Information collection will be used to provide data on groups of individuals in participating geographic areas. The estimated hourly burden of this collection of information is not estimated to exceed .25 hours per student response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to:

Terry Zobeck
Reports Clearance Officer
Office of National Drug Control Policy
(202) 395-5503
Washington, DC 20503

and to:

Office of Management and Budget
Paperwork Reduction Project
OMB Control Number (New Request)
Washington, DC 20503

**DRUG ATTITUDES STUDY
TEEN QUESTIONNAIRE**

1997
AUDITS&SURVEYS WORLDWIDE
New York, NY

CSR-7-12

DRUG ATTITUDES STUDY

This study is being conducted by Audits & Surveys to find out how people feel about the use of various drugs.

This is not a test. We want to know what you think. Just put an "X" next to whatever answer is right for you. If you don't find an answer that fits exactly, use the one which comes closest. If you are uncomfortable answering any question or feel you cannot answer it honestly, just leave it blank.

Your answers are completely confidential. Please **do not write your name anywhere** on the questionnaire. All questionnaires will therefore be completely anonymous, and it will be impossible to identify who filled out which one. Moreover, no-one from your school will look at any of the questionnaires. When you have finished the questionnaire, put it in the box that will be passed around, so that it will be mixed together with all the other questionnaires.

Your answers will be combined with those of other people from around the country.

Thank you for participating in this important research study.

When answering questions, please place an "X" in the box next to the answers you select.

There are small numbers alongside the answer boxes. **Do not pay attention to these small numbers** -- they are only there to help us in data processing.

SECTION I

Attitudes and Beliefs about Drugs

1. Listed below are some statements about drugs like marijuana and heroin. Please "X" one answer for each statement to tell how much you agree or disagree with it.

		<u>Agree Strongly</u>	<u>Agree Somewhat</u>	<u>Disagree Somewhat</u>	<u>Disagree Strongly</u>	
a.	Taking drugs scares me.	☐ -1	☐ -2	☐ -3	☐ -4	(7)
b.	I don't want to hang around anyone who uses marijuana	☐ -1	☐ -2	☐ -3	☐ -4	(14)
c.	I would try to talk a friend out of using drugs.	☐ -1	☐ -2	☐ -3	☐ -4	(15)
d.	The music that my friends and I listen to makes drugs seem cool.	☐ -1	☐ -2	☐ -3	☐ -4	(20)
e.	Heroin is a dangerously addictive drug	☐ -1	☐ -2	☐ -3	☐ -4	(30)
N						
f.	Heroin will ruin your life	☐ -1	☐ -2	☐ -3	☐ -4	(34)

Dangers or Risks of Using MARIJUANA

2. Now, for each of the statements below, please "X" the answer which describes how much **overall risk** there is in using marijuana...

		<u>Great Risk</u>	<u>Moderate Risk</u>	<u>Slight Risk</u>	<u>No Risk</u>	
MF						
a.	Trying marijuana once or twice.	☐ -1	☐ -2	☐ -3	☐ -4	(47)
MF						
b.	Using marijuana regularly.	☐ -1	☐ -2	☐ -3	☐ -4	(48)

3. How much risk is there that each of the following would happen to someone who uses marijuana?

		<u>Great Risk</u>	<u>Moderate Risk</u>	<u>Slight Risk</u>	<u>No Risk</u>	
a.	Going on to harder drugs.	☐ -1	☐ -2	☐ -3	☐ -4	(49)
b.	Doing worse at school, work or sports ...	☐ -1	☐ -2	☐ -3	☐ -4	(50)
c.	Getting hooked on marijuana.	☐ -1	☐ -2	☐ -3	☐ -4	(51)
d.	Becoming a loser.	☐ -1	☐ -2	☐ -3	☐ -4	(52)
e.	Messing up your life	☐ -1	☐ -2	☐ -3	☐ -4	(53)
f.	Acting stupidly and foolishly	☐ -1	☐ -2	☐ -3	☐ -4	(54)
g.	Missing out on the good things in life	☐ -1	☐ -2	☐ -3	☐ -4	(58)
h.	Upsetting their parents.	☐ -1	☐ -2	☐ -3	☐ -4	(65)

Dangers or Risks of Using COCAINE/CRACK

- 4a. For each of the statements below, please "X" the answer which describes how much **overall risk** there is in using **cocaine/crack**...

	<u>Great Risk</u>	<u>Moderate Risk</u>	<u>Slight Risk</u>	<u>No Risk</u>	
MF					
a. Trying cocaine/crack once or twice.	☐ -1	☐ -2	☐ -3	☐ -4	(8)
MF					
b. Using cocaine/crack regularly.	☐ -1	☐ -2	☐ -3	☐ -4	(9)

Dangers or Risks of Using METHAMPHETAMINES (Meth, Speed, Crystal, Ice, Bennies, Black Beauties, Crank, etc.)

- 4b. For each of the statements below, please "X" the answer which describes how much **overall risk** there is in using **methamphetamines (meth, speed, crystal, ice, bennies, black beauties, crank, etc.)**...

	<u>Great Risk</u>	<u>Moderate Risk</u>	<u>Slight Risk</u>	<u>No Risk</u>	
a. Trying methamphetamines once or twice.	☐ -1	☐ -2	☐ -3	☐ -4	(8)
b. Using methamphetamines regularly.	☐ -1	☐ -2	☐ -3	☐ -4	(9)

- 4c. How much risk is there that each of the following would happen to someone who **uses methamphetamines (meth, speed, crystal, ice, bennies, black beauties, crank, etc.)**?

	<u>Great Risk</u>	<u>Moderate Risk</u>	<u>Slight Risk</u>	<u>No Risk</u>	
a. Getting hooked on methamphetamines	☐ -1	☐ -2	☐ -3	☐ -4	(10)
b. Becoming violent	☐ -1	☐ -2	☐ -3	☐ -4	(12)
N					
c. Acting crazy	☐ -1	☐ -2	☐ -3	☐ -4	(15)

Dangers or Risks of Using HEROIN

- 4d. For each of the statements below, please "X" the answer which describes how much **overall risk** there is in using **heroin**...

	<u>Great Risk</u>	<u>Moderate Risk</u>	<u>Slight Risk</u>	<u>No Risk</u>	
MF					
a. Trying heroin once or twice.	☐ -1	☐ -2	☐ -3	☐ -4	(8)
N					
b. Using heroin regularly.	☐ -1	☐ -2	☐ -3	☐ -4	(9)

		2-3	4-9	10-19	
20+	Never	Once	Times	Times	Times
MF					
5a.	How many times have you used marijuana...				
	In the past 12 months?	☐ 0	☐ 1	☐ 2	☐ 3
	In the past 30 days?	☐ 0	☐ 1	☐ 2	☐ 3
				☐ 4	☐ 5 (42)
				☐ 4	☐ 5 (43)
MF					
5b.	How many times have you used cocaine...				
	In the past 12 months?	☐ 0	☐ 1	☐ 2	☐ 3
	In the past 30 days?	☐ 0	☐ 1	☐ 2	☐ 3
				☐ 4	☐ 5 (44)
				☐ 4	☐ 5 (45)
MF					
5c.	How many times have you used crack...				
	In the past 12 months?	☐ 0	☐ 1	☐ 2	☐ 3
	In the past 30 days?	☐ 0	☐ 1	☐ 2	☐ 3
				☐ 4	☐ 5 (46)
				☐ 4	☐ 5 (47)
MF					
5d.	How many times have you sniffed or huffed things like glue, solvents, or inhalants to get high...				
	In the past 12 months?	☐ 0	☐ 1	☐ 2	☐ 3
	In the past 30 days?	☐ 0	☐ 1	☐ 2	☐ 3
				☐ 4	☐ 5 (48)
				☐ 4	☐ 5 (49)
5e.	How many times have you smoked cigarettes...				
	In the past 12 months?	☐ 0	☐ 1	☐ 2	☐ 3
	In the past 30 days?	☐ 0	☐ 1	☐ 2	☐ 3
				☐ 4	☐ 5 (50)
				☐ 4	☐ 5 (51)
MF					
5f.	How many times have you used alcohol...				
	In the past 12 months?	☐ 0	☐ 1	☐ 2	☐ 3
	In the past 30 days?	☐ 0	☐ 1	☐ 2	☐ 3
				☐ 4	☐ 5 (52)
				☐ 4	☐ 5 (53)

SECTION II

6. How frequently do you see or hear commercials or ads telling you about the risks of drugs?

Not at all	☐ 1			(67)
Less than once a month	☐ 2			
1-3 times a month	☐ 3			
1-3 times a week	☐ 4			
Every day or almost every day . . .	☐ 5			
More than once a day	☐ 6			

7. How much do you agree or disagree that these commercials or ads have:

	I Agree A Lot	I Agree A Little	I Don't Agree At All	
a. Made you more aware of the risks of using drugs	☐ 1	☐ 2	☐ 3	(68)
b. Made you less likely to try or use drugs	☐ 1	☐ 2	☐ 3	(70)

- c. Given you new information or told you things you didn't know about drugs ☐-1 ☐-2 ☐-3 (71)
- d. Exaggerated the risks or dangers of marijuana ☐-1 ☐-2 ☐-3 (75)

8. How much have you **learned about the risks of drugs** from each of the following?

- | | <u>A Lot</u> | <u>A Little</u> | <u>Nothing</u> | |
|---|-----------------------------|-----------------------------|-----------------------------|------|
| a. School lessons or programs | ☐ -1 | ☐ -2 | ☐ -3 | (76) |
| b. Parents or grandparents | ☐ -1 | ☐ -2 | ☐ -3 | (77) |
| c. Brother or sister | ☐ -1 | ☐ -2 | ☐ -3 | (78) |
| d. Friends | ☐ -1 | ☐ -2 | ☐ -3 | (6) |
| e. TV commercials | ☐ -1 | ☐ -2 | ☐ -3 | (7) |
| f. TV shows, news or movies | ☐ -1 | ☐ -2 | ☐ -3 | (8) |
| g. Radio | ☐ -1 | ☐ -2 | ☐ -3 | (9) |
| h. Print ads in newspapers or magazines | ☐ -1 | ☐ -2 | ☐ -3 | (10) |
| i. Billboards outside | ☐ -1 | ☐ -2 | ☐ -3 | (12) |
| j. Posters on buses, bus stops or subways | ☐ -1 | ☐ -2 | ☐ -3 | (13) |
| k. School posters | ☐ -1 | ☐ -2 | ☐ -3 | (15) |
| l. On the street | ☐ -1 | ☐ -2 | ☐ -3 | (16) |

5-3

]

HAVE YOU SEEN ANY OF THESE COMMERCIALS?

9. Below are short descriptions of anti-drug television commercials that have been shown in parts of the United States throughout the past few months. **You may not have seen some of these ads because they did not appear in your area.** Please read each description and tell us whether you have seen the advertisement often, a few times or not at all. How often have you seen the following ads **in the past few months?** ("X" ONE ANSWER FOR EACH ITEM)

- | | <u>Have Seen In Past Few Months</u> | | | |
|--|--|-----------------------------|-----------------------------|------|
| | <u>Often</u> | <u>Few Times</u> | <u>Not At All</u> | |
| a. A teenage boy, seen in close-up, tells us how he used to be a straight-A student, but getting involved with marijuana got him thrown out of his house. | ☐ -1 | ☐ -2 | ☐ -3 | (19) |
| b. A young woman in a kitchen smashes an egg with a frying pan, and then smashes up the kitchen, to show how heroin wrecks your body and your life. | ☐ -1 | ☐ -2 | ☐ -3 | (20) |
| c. You hear very upset people phoning 911 because someone is in trouble from using methamphetamines (speed). The announcer gives you a phone number to call for information. | ☐ -1 | ☐ -2 | ☐ -3 | (21) |

- d. You see a series of scenes: a girl seated at her mirror, a group of boys graduating, a little boy on a seesaw. For each scene, you hear a voice asking: What would make you claw at your skin until it scarred, What would make you rob a convenience store, What would make you cut off your son's head? The spot ends by asking: What would make you try crystal meth?

☐-1 ☐-2 ☐-3 (22)

TV VIEWING

MF

10. How often do you watch TV?

☐ Every day
☐ Almost every day
☐ At least once a week
☐ Once or twice a month
☐ A few times a year
☐ Never

SECTION III Demographics and Background

11. How old are you?

Under 13	☐ -1	16	☐ -5	(28)
13	☐ -2	17	☐ -6	
14	☐ -3	18	☐ -7	
15	☐ -4	19 or older	☐ -8	

12. Your sex:

Male ☐-1
 Female ☐-2

(29)

13. What grade are you in?

7th	☐ -1	10th	☐ -4	(30)
8th	☐ -2	11th	☐ -5	
9th	☐ -3	12th	☐ -6	

14. Race:

White ☐-1
 Black ☐-2
 Oriental/Asian ☐-3
 Other (Please Write Your Race Below) ☐-4

(31)

15. Are you Hispanic?

Yes ☐-1
No ☐-2

(32)

16. Are your parents...? ("X" ALL THAT APPLY)

Married to each other ☐-1
Divorced or separated - neither has married again ☐-2
Divorced - one or both has married again ☐-3
My parents were never married to each other ☐-4
One or both of my parents has died ☐-5

(34)

THANK YOU FOR YOUR HELP!

TEEN QUESTIONNAIRE KEY

The following codes appear above questions or sub-questions in this questionnaire which either originated in "Monitoring the Future," or are new questions added for this study. (All the questions in this questionnaire that appeared in "Monitoring the Future" were also used in the ASW national studies conducted for the PDFA--i.e., the Partnership Attitudes Tracking study [PAT]). All unmarked questions and sub-questions have been used in previous PAT studies. Note also that questions and sub-questions marked "New" comprise a new item that has been added to a question format that has been used previously in either the Monitoring the Future or PAT studies (e.g., the question format for question 4d was used in the PAT, but sub-question b (Using heroin regularly) was added to this questionnaire because of an increase in heroin use in the United States).

CODE

N = New Question or Sub-Question

MF = This Question or Sub-Question, or one almost exactly like it, was asked in "Monitoring the Future"

Appendix C

Secondary Student Survey

This information is being collected to fulfill the need for the Phase 1 (pilot) evaluation of a national anti-drug media campaign being implemented by the Office of National Drug Control Policy (ONDCP). Information collection will be used to provide data on groups of individuals in participating geographic areas. The estimated hourly burden of this collection of information is not estimated to exceed .25 hours per student response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to:

Reports Clearance Officer
Office of National Drug Control Policy
Washington, DC 20503

and to:

Office of Management and Budget
Paperwork Reduction Project
OMB Control Number (New Request)
Washington, DC 20503

DRUG STUDY YOUTH QUESTIONNAIRE

1997
AUDITS&SURVEYS WORLDWIDE
New York, NY

Please take a few minutes to complete this survey about drugs. Your answers and those of others like you will help us understand the problems and needs of students all over the United States. This is NOT a test. There are no right or wrong answers. Just tell us what you know or think by marking an "X" in a box for each question. If you are uncomfortable answering any question or feel you cannot answer it honestly, just leave it blank.

Your answers will be kept confidential. No one will know what answers you give. Do NOT write your name anywhere on the answer sheet.

When you are finished, a box will be passed around. Put your answer sheet in the box so no one will see your answers. No one from your school will be allowed to look at any of the answers.

When you are answering the questions, you will see small numbers alongside the answer boxes. **Do not pay attention to these small numbers** -- they are only there to help us when we record the final results of everyone's answers.

1. Have you ever heard of these drugs: ("X" ONE ANSWER FOR EACH DRUG)

	<u>Yes</u>	<u>No</u>
Marijuana (weed, reefer, pot))	☐ -1	☐ -2
Cocaine	☐ -1	☐ -2
Crack	☐ -1	☐ -2
Things you sniff or huff to get high, like glue	☐ -1	☐ -2
Methamphetamines (meth, speed, crystal, ice, bennies, black beauties, crank, etc.)	☐ -1	☐ -2
Heroin	☐ -1	☐ -2

2. For each of the following questions, please mark the box that shows how **dangerous** you think the drug is.

a. How dangerous is **marijuana (weed, reefer, pot)**? ("X" ONE ANSWER)

- Very dangerous, never should be used

☐-1

(12)
- A little dangerous, but ok to try once or twice

☐-2
- Not at all dangerous, ok to use

☐-3
- Don't know what it is

☐-4

b. How dangerous is **cocaine**? ("X" ONE ANSWER)

- Very dangerous, never should be used

☐-1

(13)
- A little dangerous, but ok to try once or twice

☐-2
- Not at all dangerous, ok to use

☐-3
- Don't know what it is

☐-4

c. How dangerous is **crack**? ("X" ONE ANSWER)

- Very dangerous, never should be used

☐-1

(14)
- A little dangerous, but ok to try once or twice

☐-2
- Not at all dangerous, ok to use

☐-3
- Don't know what it is

☐-4

d. How dangerous are **things you sniff or huff to get high, like glue**? ("X" ONE ANSWER)

- Very dangerous, never should be used

☐-1

(15)
- A little dangerous, but ok to try once or twice

☐-2
- Not at all dangerous, ok to use

☐-3
- Don't know what it is

☐-4

e. How dangerous is **heroin**? ("X" ONE ANSWER)

- Very dangerous, never should be used ☐-1 (16)
 A little dangerous, but ok to try once or twice ☐-2
 Not at all dangerous, ok to use ☐-3
 Don't know what it is ☐-4

f. How dangerous are **methamphetamines (meth, speed, crystal, ice, bennies, black beauties, crank, etc.)**? ("X" ONE ANSWER)

- Very dangerous, never should be used ☐-1 (17)
 A little dangerous, but ok to try once or twice ☐-2
 Not at all dangerous, ok to use ☐-3
 Don't know what it is ☐-4

g. How dangerous is **beer**? ("X" ONE ANSWER)

- Very dangerous, never should be used ☐-1 (18)
 A little dangerous, but ok to try once or twice ☐-2
 Not at all dangerous, ok to use ☐-3
 Don't know what it is ☐-4

h. How dangerous are **cigarettes**? ("X" ONE ANSWER)

- Very dangerous, never should be used ☐-1 (19)
 A little dangerous, but ok to try once or twice ☐-2
 Not at all dangerous, ok to use ☐-3
 Don't know what it is ☐-4

3. Mark the box that shows what you think about each sentence: ("X" ONE ANSWER FOR EACH ITEM)

- | | <u>Agree</u>
<u>A Lot</u> | <u>Agree</u>
<u>A Little</u> | <u>Disagree</u>
<u>A Little</u> | <u>Disagree</u>
<u>A Lot</u> | |
|--|------------------------------|---------------------------------|------------------------------------|---------------------------------|------|
| a. I am scared of taking drugs. | ☐ -1 | ☐ -2 | ☐ -3 | ☐ -4 | (21) |
| b. I don't want to hang around people
who use drugs | ☐ -1 | ☐ -2 | ☐ -3 | ☐ -4 | (23) |
| c. It is hard to say "no" when
friends want you to try drugs. | ☐ -1 | ☐ -2 | ☐ -3 | ☐ -4 | (32) |
| d. Using drugs is dangerous. | ☐ -1 | ☐ -2 | ☐ -3 | ☐ -4 | (37) |

N

- e. Things you sniff or huff to get high (like glue) can kill you ☐-1 ☐-2 ☐-3 ☐-4 (39)

4. Have you ever tried: ("X" ONE ANSWER FOR EACH ITEM)

	<u>Yes</u>	<u>No</u>	
Alcohol (more than just a sip)	☐ -1	☐ -2	(6)
Cigarettes	☐ -1	☐ -2	(7)
Marijuana (pot)	☐ -1	☐ -2	(8)
Cocaine	☐ -1	☐ -2	(9)
Crack	☐ -1	☐ -2	(10)
Things you sniff or huff to get high, like glue . . .	☐ -1	☐ -2	(11)
N			
Heroin	☐ -1	☐ -2	(12)
Methamphetamines (meth, speed, crystal, ice, bennies, black beauties, crank, etc.)	☐ -1	☐ -2	(13)

5a. How much do you learn that drugs are bad from your school class?

- | | | |
|----------|-----------------------------|------|
| A lot | ☐ -1 | (16) |
| A little | ☐ -2 | |
| Nothing | ☐ -3 | |

5b. How much do you learn that drugs are bad from your parents or grandparents?

- | | | |
|----------|-----------------------------|------|
| A lot | ☐ -1 | (17) |
| A little | ☐ -2 | |
| Nothing | ☐ -3 | |

5c. How much do you learn that drugs are bad from your brother or sister?

- | | | |
|------------------------------|-----------------------------|------|
| A lot | ☐ -1 | (18) |
| A little | ☐ -2 | |
| Nothing | ☐ -3 | |
| Don't have brother or sister | ☐ -4 | |

5d. How much do you learn that drugs are bad from your friends?

- | | | |
|----------|-----------------------------|------|
| A lot | ☐ -1 | (19) |
| A little | ☐ -2 | |
| Nothing | ☐ -3 | |

5e. How much do you learn that drugs are bad from TV commercials?

- | | | |
|----------|-----------------------------|------|
| A lot | ☐ -1 | (20) |
| A little | ☐ -2 | |
| Nothing | ☐ -3 | |

5f. How much do you learn that drugs are bad from TV shows, news or movies?

- | | | |
|----------|-----------------------------|------|
| A lot | ☐ -1 | (21) |
| A little | ☐ -2 | |
| Nothing | ☐ -3 | |

5g. How much do you learn that drugs are bad on the street?

- | | | |
|----------|-----------------------------|------|
| A lot | ☐ -1 | (23) |
| A little | ☐ -2 | |
| Nothing | ☐ -3 | |

6. Do you ever see or hear **messages that say drugs are bad**: ("X" ONE ANSWER FOR EACH ITEM)

Yes No

On TV ☐-1 ☐-2 (25)

On large outdoor billboards ☐-1 ☐-2 (26)

On posters that are on buses,
bus stops, or subways ☐-1 ☐-2 (27)

On school posters ☐-1 ☐-2 (29)

7. The next few questions are about TV ads or commercials. Please mark "Yes" if you have seen the ad **in the past few months**, and "No" if you have not seen the ad **in the past few months**. ("X" ONE ANSWER FOR EACH QUESTION)

Have you seen the TV ad or commercial where...

- a. You see all types of colorful, funny cartoon noses called different things: ski slope, snout, schnoz, booger factory. A voice says that if you sniff household products to get high you could get brain damage or die.

Yes ☐-1 (32)

No ☐-2

- b. A young boy is running through alleys and jumping over fences — taking "the long way home" — to avoid drug dealers in his neighborhood. The announcer says, "We hear you; don't give up."

Yes ☐-1 (33)

No ☐-2

- c. To show how dangerous using inhalants is, a girl drowns when her bedroom fills with water. The ad says that sniffing household products to get high keeps your brain from getting oxygen — just like drowning — and you can die.

Yes ☐-1 (34)
No ☐-2

- d. In a cartoon, a guy with a beard gets hit on the head with a cooking pot over and over as a way of saying that if you smoke marijuana and turn into a "pot-head" you can get dumber and dumber.

Yes ☐-1 (35)
No ☐-2

8. Do you agree or disagree with the following: ("X" ONE ANSWER FOR EACH LINE)

Agree Disagree

- a. TV ads or commercials tell you something
you didn't know about drugs ☐-1 ☐-2 (39)

- b. TV ads or commercials make you stay
away from drugs ☐-1 ☐-2 (40)

- c. TV ads or commercials make you more
aware of how dangerous drugs are ☐-1 ☐-2 (41)

- d. TV ads or commercials don't tell you
anything new about drugs ☐-1 ☐-2 (42)

- e. TV ads or commercials tell lies about
how dangerous drugs are ☐-1 ☐-2 (44)

TV VIEWING

MF

9. How often do you watch TV?

_____ Every day
_____ Almost every day
_____ At least once a week
_____ Once or twice a month
_____ A few times a year
_____ Never

10a. Are you a:

Boy ☐-1 (66)
Girl ☐-2

10b. What grade are you in?

4th ☐-4 (67)
5th ☐-5
6th ☐-6

10c. What is your race? ("X" ONE RACE ONLY)

White ☐-1 (68)
Black ☐-2
Oriental/Asian ☐-3
Other (Please write your race below) ☐-4

11. Are you Hispanic?

Yes ☐-1 (69)
No ☐-2
Don't Know ☐-3

12. How old are you?

8 years old or under ☐-1 (70)
9 years old ☐-2
10 years old ☐-3
11 years old ☐-4
12 years old ☐-5
13 years old or over ... ☐-6

13. Are your parents... ("X" ALL THAT APPLY)

Married to each other ☐-1 (75)
Divorced or separated - neither has married again ☐-2
Divorced - one or both has married again ☐-3
My parents were never married to each other ☐-4
One or both of my parents have died ☐-5

Thank you very much for your help!

YOUTH QUESTIONNAIRE KEY

All questions and sub-questions in this questionnaire have been used in the national PAT studies conducted by Audits & Surveys Worldwide for PDFA unless the following code appears above them:

CODE

N = New Question or sub-question.

Note also that questions and sub-questions marked "New" comprise a new item that has been added to a question format that has been used previously in either the Monitoring the Future or PAT studies.

Appendix D

Parent Student Survey

This information is being collected to fulfill the need for the Phase 1 (pilot) evaluation of a national anti-drug media campaign being implemented by the Office of National Drug Control Policy (ONDCP). Information collection will be used to provide data on groups of individuals in participating geographic areas. The estimated hourly burden of this collection of information is not estimated to exceed .16 hours per parent response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to:

Reports Clearance Officer
Office of National Drug Control Policy
Washington, DC 20503

and to:

Office of Management and Budget
Paperwork Reduction Project
OMB Control Number (New Request)
Washington, DC 20503

**DRUG ATTITUDES STUDY
PARENT QUESTIONNAIRE
(PARENTS OF CHILDREN 18 AND UNDER)**

DRUG ATTITUDES STUDY

1997
AUDITS&SURVEYS WORLDWIDE
New York, NY

CSR - PARENT

CATI SCREENER

Hello. I'm _____ of Audits & Survey, a national market research company. We're conducting a survey to find out how people feel about the use of various drugs.

Your answers will be completely confidential. If you feel uncomfortable answering any question or you feel you cannot answer it honestly, you can choose not to answer.

This is not a test. We just want to know what you think.

A. How many members of your household are the parent of child aged 18 or younger (including yourself)? _____

- IF "NONE," TERMINATE.
- IF "ONE," ASK TO SPEAK TO THAT PERSON.
- IF NECESSARY, SCHEDULE CALLBACK.

IF "TWO OR MORE," ASK:

B. Of these people, may I speak to the one who has the next birthday?

YES	→	CONTINUE
NO	→	TERMINATE

- IF NECESSARY, SCHEDULE CALLBACK.

**WHEN PERSON COMES TO PHONE, RE-INTRODUCE SELF.
VERIFY THAT PERSON IS THE PARENT OF A CHILD AGED
18 OR YOUNGER.**

1. How many children age 18 or under do you have?

1	☐ -1	4	☐ -4	(6)
2	☐ -2	5	☐ -5	
3	☐ -3	6 or more	☐ -6	

2. How many are

Under 5 years old .	_____	(7)
5-8 years old	_____	(8)
9-12 years old	_____	(9)
13-15 years old	_____	(10)
16-17 years old	_____	(11)
18 years old	_____	(12)

Attitudes and Beliefs about Drugs

I'm going to read you some statements. For each statement, please tell me whether doing it would be a GREAT RISK, a MODERATE RISK, a SLIGHT RISK or NO RISK.
How much **overall** risk do you think there is in ...

- a. **Trying marijuana once or twice** (26)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk?
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- b. **Using marijuana regularly** (27)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- c. **Trying cocaine/crack once or twice** (26)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- d. **Using cocaine/crack regularly** (27)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- e. **Sniffing things like glue to get high once or twice**
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- f. **Sniffing things like glue to get high regularly** (31)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- T
- g. **Trying methamphetamines once or twice** (32)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- T
- h. **Using methamphetamines regularly** (33)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- N
- i. **Trying heroin once or twice** (34)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk
- N
- j. **Using heroin regularly** (35)
Would you say there is Great Risk, Moderate Risk, Slight Risk, or No Risk? (26)
☐ Great Risk ☐ Moderate Risk ☐ Slight Risk ☐ No Risk

I'm going to ask you a set of statements about **your child's** experiences and how he or she feels about drugs. Please think about **your oldest child who is 18 years of age or younger**.

4. First of all, what is the age of your oldest child who is 18 years of age or younger?

Under 6	(46) ☐ -1	--> SKIP TO Q.9	11	(47) ☐ -1
6	☐ -2		12	☐ -2
7	☐ -3		13	☐ -3
8	☐ -4		14	☐ -4
9	☐ -5		15	☐ -5
10	☐ -6		16	☐ -6
			17	☐ -7
			18	☐ -8

5. What sex is that child?

(48)

Male	☐ -1
Female	☐ -2

6. During this past school year, what grade was that child in?

Pre-school	(49) ☐ -1	4th	☐ -6	9th	(50) ☐ -1
Kindergarten	☐ -2	5th	☐ -7	10th	☐ -2
1st	☐ -3	6th	☐ -8	11th	☐ -3
2nd	☐ -4	7th	☐ -9	12th	☐ -4
3rd	☐ -5	8th	☐ -0	College	☐ -5
				Not in school	☐ -6

7. Have you ever talked to your child about drugs?

Yes	☐ -1	---> ANSWER QUESTION 8
No	☐ -2	---> SKIP TO QUESTION 9

(28)

IF "YES" TO QUESTION 7, ANSWER QUESTION 8:

8. In the past year, how often have you talked to your child about drugs?

Never	☐ -1
Once	☐ -2
Two or three times	☐ -1
Four or more times	☐ -2

(29)

9. For each statement, please tell me whether you AGREE STRONGLY, AGREE SOMEWHAT, DISAGREE SOMEWHAT, or DISAGREE STRONGLY.
- a. **What I say will have little influence over whether my child tries marijuana.**
Do you Agree Strongly, Agree Somewhat, Disagree Somewhat, or Disagree Strongly? (26)
____ Agree Strongly ____ Agree Somewhat ____ Disagree Somewhat ____ Disagree Strongly (50)
- b. **My child knows exactly how I feel about him/her using drugs.** (58)
Do you Agree Strongly, Agree Somewhat, Disagree Somewhat, or Disagree Strongly? (26)
____ Agree Strongly ____ Agree Somewhat ____ Disagree Somewhat ____ Disagree Strongly
- c. **I don't think it is so bad if my child tries marijuana.** (60)
Do you Agree Strongly, Agree Somewhat, Disagree Somewhat, or Disagree Strongly? (26)
____ Agree Strongly ____ Agree Somewhat ____ Disagree Somewhat ____ Disagree Strongly
- d. **I would be upset if my child even tried marijuana.** (63)
Do you Agree Strongly, Agree Somewhat, Disagree Somewhat, or Disagree Strongly? (26)
____ Agree Strongly ____ Agree Somewhat ____ Disagree Somewhat ____ Disagree Strongly
- e. **It wouldn't worry me if my child tried sniffing things to get high, like glue.**
Do you Agree Strongly, Agree Somewhat, Disagree Somewhat, or Disagree Strongly? (26)
____ Agree Strongly ____ Agree Somewhat ____ Disagree Somewhat ____ Disagree Strongly (64)

How frequently do you see or hear commercials or ads telling you about the risks of drugs? Would you say . . . (READ LIST)

Not at all
Less than once a month
1-3 times a month
1-3 times a week
Every day or almost every day
More than once a day

- T
11a. How much do you agree or disagree that these commercials or ads have. . .
made you more aware of the risks of using drugs
Do you Agree a Lot, Agree a Little, Disagree a Little, or Disagree a Lot?
____ Agree a Lot ____ Agree a Little ____ Disagree a Little ____ Disagree a Lot
- T
11b. How much do you agree or disagree that these commercials or ads have. . .
Given you new information or told you things you didn't know about drugs
Do you Agree a Lot, Agree a Little, Disagree a Little, or Disagree a Lot?
____ Agree a Lot ____ Agree a Little ____ Disagree a Little ____ Disagree a Lot
- T
11c. How much do you agree or disagree that these commercials or ads have. . .
made you aware that America's drug problem is a problem for you and your family
Do you Agree a Lot, Agree a Little, Disagree a Little, or Disagree a Lot?
____ Agree a Lot ____ Agree a Little ____ Disagree a Little ____ Disagree a Lot

12. Now I'm going to read you some short descriptions of anti-drug television commercials that have been shown in parts of the United States throughout the past few months. **You may not have seen some of these ads because they did not appear in your area.** For each ad I'd like to tell me how often you have seen it.

- a. **A boy skateboards through a safe-looking suburban neighborhood and then smokes a marijuana joint with his friend.**

In the past few months, did you see this advertisement Often, a Few Times or Not at All? (73)

____ Often ____ A Few Times ____ Not at All

- b. **Carroll O'Connor (who played Archie Bunker on TV) talks about how his son killed himself after using drugs and urges you to get between your kids and drugs any way you can.**

In the past few months, did you see this advertisement Often, a Few Times or Not at All? (73)

____ Often ____ A Few Times ____ Not at All

(74)

- c. **A young girl is being interviewed in a classroom. She is asked how she knows so much about the dangers of matches and strangers. She replies "My mommy told me." When asked about drugs, the girl is silent.**

(75)

In the past few months, did you see this advertisement Often, a Few Times or Not at All? (73)

____ Often ____ A Few Times ____ Not at All

- d. **As you move from room to room in a suburban house, you learn that ordinary household products, when inhaled or sniffed, can kill kids.**

(76)

In the past few months, did you see this advertisement Often, a Few Times or Not at All? (73)

____ Often ____ A Few Times ____ Not at All

- e. **A boy and his father, standing outside in a playground, practice how to say no to drug dealers.**

(77)

In the past few months, did you see this advertisement Often, a Few Times or Not at All? (73)

____ Often ____ A Few Times ____ Not at All

TV VIEWING

MF

13. How often do you watch TV?

____ Every day
____ Almost every day
____ At least once a week
____ Once or twice a month
____ A few times a year
____ Never

DEMOGRAPHICS

-3

DEMOGRAPHICS AND BACKGROUND

now have a few final
questions just for
classification purposes.

14. Which one of the following age groups are you in? Please stop me when I reach your age group. Are you. . . **(READ LIST)**

18 to 24	45 to 54	(6)
25 to 34	55 to 64	
35 to 44	65 or older	

15. Are you white, black, Oriental or Asian, or some other ethnic group?

White	(8)
Black	
Oriental/Asian	
Other (Specify:_____)	

16. Are you of Hispanic origin?

Yes	(9)
No	

Are you **(READ LIST)**

Married	(11)
Single, never married	
Single, never married, and living with opposite sex	
Divorced or separated	
Widow or widower	

18. What is the highest level of schooling you have **completed?** **(DO NOT READ LIST)**

Some high school or less	(12)
Completed high school	
Some college	
Completed college	
Graduate school	

19. Which of the following income groups best describes the total yearly income of all members of your household combined last year **(READ LIST)**

Under \$10,000	(34)
\$10,000-\$14,999	
\$15,000-\$24,999	
\$25,000-\$34,999	
\$35,000-\$49,999	
\$50,000-\$74,999	
\$75,000-\$99,999	
\$100,000 or over	

20 What is your 5 digit zip code? _ _ _ _ _

(35-39)

. **CODE SEX:**

Male

(7)

Female

**THANK YOU VERY MUCH FOR PARTICIPATING IN THIS IMPORTANT RESEARCH
STUDY.**



PARENTS QUESTIONNAIRE KEY

All questions and sub-questions in this questionnaire have been used in the national Parents studies conducted by Audits & Surveys Worldwide unless one of the following codes appears above them:

CODE

- N = New Question or Item (not previously asked in any of our studies)
- T = Question which is new to the Parents Questionnaire, but has been asked in our national Teen study.

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G

Divider Title: _____

**Tab G: Letters of Support and Endorsement for the National
Youth Anti-Drug Media Campaign**



Community Anti-Drug Coalitions of America

901 NORTH PITT STREET, SUITE 300 • ALEXANDRIA, VIRGINIA 22314
(703) 706-0560, FAX (703) 706-0565

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... Communities Against Drugs

B. J. INNER
Chairman & CEO (ret.)
BellSouth Telecommunications, Inc.

October 9, 1998

The Honorable Ben Nighthorse Campbell
380 Russell Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator Campbell:

I am writing on behalf of Community Anti-Drug Coalitions of America and its 4,500 coalition members to urge you to approve the Office of National Drug Control Policy's (ONDCP) strategy for the new media campaign before Congress recesses. With drug use among America's youth increasing and the perception of drugs as risky decreasing, it is imperative that funds be released in order to begin the media campaigns quickly as possible.

We understand that ONDCP stands ready to begin phase I of the media campaign, by airing Partnership for a Drug Free America ads in 12 target cities, as soon as the media strategy is approved.

CADCA and its members strongly believe that this media campaign will be invaluable to the community coalition movement and cannot start soon enough. Community anti-drug coalitions around the country intend to use the ads as a tool to engage, educate, and mobilize citizens at the grassroots level to join in the fight to reduce drug use and its devastating consequences.

Thank you for considering the views of CADCA and its members.

Sincerely,

James E. Copple
President and CEO

cc: General Barry R. McCaffrey

CADCA Membership Working for You

The Advertising Council Inc

Ruth A. Wooden
President

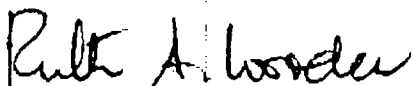
October 9, 1997

The Honorable Bob Livingston
House Appropriations Committee
United States House of Representatives
2406 Rayburn House Office Building
Washington, DC 20515-1801

Dear Congressman Livingston:

The Advertising Council, the largest provider of public service announcements (PSA's) in the U.S. - generating over \$925 million in donated media in 1996 - has been consulting with the Office of National Drug Control Policy (ONDCP) in the development of its anti-drug youth media campaign. We believe that ONDCP is sensitive to the potential of this campaign impacting on declining PSA play. We look forward to further participation in this campaign and will continue advising ONDCP and its contractor as the campaign strategy is further developed.

Sincerely,



RAW:fmg

c.c. General Barry McCaffrey, ONDCP

SENT BY:

10- 9-97 : 1:57PM :

C.A.D.C.A. -

2023636655: 2/ 2

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Public Health Information Unit, Inc.

Community Anti-Drug Coalitions of America

901 NORTH PITT STREET, SUITE 300 • ALEXANDRIA, VIRGINIA 22314
(703) 706-0560, FAX (703) 706-0565

October 9, 1998

The Honorable Orrin Hatch
131 Russell Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator Hatch:

I am writing on behalf of Community Anti-Drug Coalitions of America and its 4,500 coalition members to urge you to approve the Office of National Drug Control Policy's (ONDCP) strategy for the new media campaign before Congress recesses. With drug use among America's youth increasing and the perception of drugs as risky decreasing, it is imperative that funds be released in order to begin the media campaigns quickly as possible.

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Thank you for considering the views of CADCA and its members.

Sincerely,

James E. Copple
President and CEO

cc. General Barry R. McCaffrey

CADCA Membership Working for You

In affiliation with National Drugs Don't Work Partnership and National Association of Drug Court Professionals

Philip Diaz, Chairman
Kent Augustson, President
10911 Billingsgate Road
Columbia, MD 21044
410-884-1679 FAX: 410-884-1679

Honorable Orrin G. Hatch, Chairman
Senate Judiciary Committee
United States Senate
131 Russell Senate Office Building
Washington, DC 20510
202-224-5251

On behalf of the National Drug Prevention League – which is made up of 25 of the country's most significant private-sector, not-for-profit drug prevention organizations (see attached list) – I want to express our support for the efforts of the Office of National Drug Control Policy to address rising teen-aged marijuana and drug abuse through a focused campaign of targeted anti-drug use advertisements.

In our May, 1997 meeting, the League's Board of Directors voted to endorse the ONDCP plan. Since that time, we have been regularly consulted to ensure that, as the plan developed, it was guided by the principles of effective drug prevention - many of those principles developed and proved out by our member organizations - as well as to ensure that the needs of minorities and other special-needs groups (such as parents) were met. In addition, we have been asked to actively consult with the organization developing the plan that will shape the ultimate advertising campaign.

Cordially


Kent Augustson, President
National Drug Prevention League

Cc: General Barry McCaffrey
Office of National Drug Control Policy

National Drug Prevention League

Philip Diaz, Chairman
Kent Augustson, President
10911 Billingsgate Road
Columbia, MD 21044
410-884-1679 - FAX: 410-844-1679

October 6, 1997

Honorable Bob Livingston, Chairman
House Appropriations Committee
United States House of Representatives
2406 Rayburn House Office Building
Washington, DC 20515
202-225-3015

Dear Congressman Livingston:

On behalf of the National Drug Prevention League – which is made up of 25 of the country's most significant private-sector, not-for-profit drug prevention organizations (see attached list) – I want to express our support for the efforts of the Office of National Drug Control Policy to address rising teen-aged marijuana and drug abuse through a focused campaign of targeted anti-drug use advertisements.

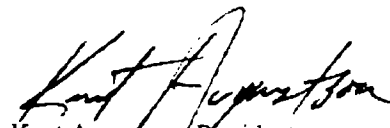
Early education is vital to shaping behavior. As the member of the Drug Czar's office in the Bush Administration most responsible for drug use prevention, League Chairman Phil Diaz knows this from detailed personal and professional experience. In our society, professional paid advertising has proven to be one of the most effective in reaching and educating significant segments of the public. For instance, the California anti-tobacco ad campaign helped significantly reduce tobacco use in that state – the campaign's results have been replicated in other states as well.

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In short, the plan you have recently approved legislatively is sound and necessary – and it has both the support and the involvement of the private-sector drug prevention groups that continue to fight teen drug abuse on a daily basis. We encourage your continued support of this sound and vital program.

Cordially,


Philip Diaz, Chairman
National Drug Prevention League


Kent Augustson, President
National Drug Prevention League

Cc: General Barry McCaffrey
Office of National Drug Control Policy

National Drug Prevention League

Philip Diaz, Chairman
Kent Augustson, President
10911 Billingsgate Road
Columbia, MD 21044
410-884-1679 - FAX: 410-884-1679

October 6, 1997

Honorable Ted Stevens, Chairman
Senate Appropriations Committee
United States Senate
522 Hart Senate Office Building
Washington, DC 20510
202-224-3004

Dear Senator Stevens:

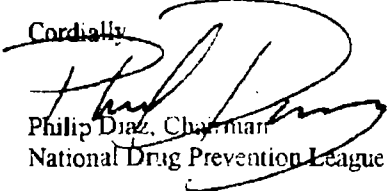
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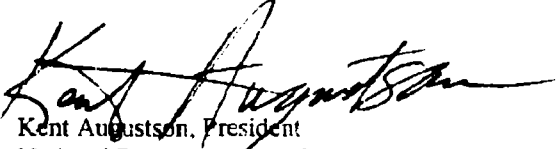
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Cordially,


Philip Diaz, Chairman
National Drug Prevention League


Kent Augustson, President
National Drug Prevention League

Cc: General Barry McCaffrey
Office of National Drug Control Policy



PARTNERSHIP FOR A DRUG-FREE AMERICA

RICHARD D. BONNETTE
President
Chief Executive Officer

November 6, 1997

The Honorable Jim Kolbe
Chairman, Committee on Treasury,
Postal Service and General Government
205 Cannon House Office Building
Washington, DC 20515-0305

Dear Chairman Kolbe:

This is to provide you with our endorsement of ONDCP's plans for the anti-drug media campaign which are being sent to you for approval.

1. The Partnership for a Drug-Free America has been fully involved in the development of these plans and we are satisfied, from marketing and advertising standpoints, that the plans are solid and will result in an effective campaign.
2. We are pleased with the working relationship that has evolved with ONDCP and its contractors hired for the assessment and planning phase and we believe our voice is being heard and heeded.
3. As donated public service time for drug prevention continues to decline, we believe that this effort should start as soon as possible and we respectfully recommend your approval of the expenditure of funds appropriated for this cause.

You have our deepest gratitude for your vital part in bringing this historic public/private partnership together. We are very confident that this campaign will have a significant and positive impact on reversing currently adverse drug trends among our youth.

Sincerely,

Richard D. Bonnette

RDB/lcj



PARTNERSHIP FOR A DRUG-FREE AMERICA

RICHARD D. BONNETTE
President
Chief Executive Officer

November 6, 1997

The Honorable Ben Nighthorse Campbell
United States Senate
SH-110 Hart Senate
Office Building
Washington, DC 20510-0103

Dear Senator Campbell:

This is to provide you with our endorsement of ONDCP's plans for the anti-drug media campaign which are being sent to you for approval.

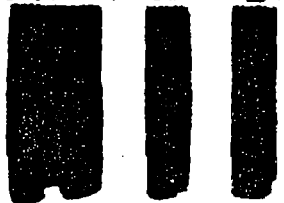
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Richard D. Bonnette

RDB/lcj



PARTNERSHIP FOR A DRUG-FREE AMERICA

RICHARD D. BONNETTE
President
Chief Executive Officer

November 6, 1997

The Honorable Orrin G. Hatch
United States Senate
SR-131 Russell Senate
Office Building
Washington, DC 20510-4402

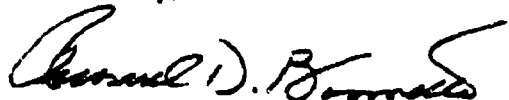
Dear Senator Hatch:

This is to provide you with our endorsement of ONDCP's plans for the anti-drug media campaign which are being sent to you for approval.

1. The Partnership for a Drug-Free America has been fully involved in the development of these plans and we are satisfied, from marketing and advertising standpoints, that the plans are solid and will result in an effective campaign.
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Sincerely,



Richard D. Bonnette

RDB/laj



NATIONAL TROOPERS COALITION

112 STATE STREET, SUITE 1212, ALBANY, N.Y. 12207 518-462-7448

The Honorable Orrin G. Hatch
Committee on the Judiciary
United States Senate
Washington, DC 20510

CHAIRMAN'S OFFICE
1415 SOUTH SHELBY
INDIANAPOLIS, IN 46203-1946
FAX 317-631-8221
317-636-0929

November 7, 1997

Dear Senator Hatch:

I am writing on behalf of The National Troopers Coalition, (NTC). The NTC represents approximately 45,000 state police and highway patrol officers throughout this great nation. We urge you to approve the Office of National Drug Control Policy's (ONDCP) strategy for the new media campaign before Congress recesses. With drug use among America's youth increasing and the perception of drugs as risky decreasing, it is imperative that funds be released in order to begin the media campaigns as soon as possible.

We understand that ONDCP stands ready to begin phase I of the media campaign, by airing Partnership for a Drug Free America ads in 12 target cities, as soon as the media strategy is approved.

The NTC fervently believes that this media campaign will be invaluable to the community coalition movement and should commence immediately. Community anti-drug coalitions around the country intend to use the ads as a tool to inform, educate, and mobilize citizens at the grassroots level to join in the fight to reduce drug use and its devastating consequences.

As always, thank you for your continued support considering again the views of The National Troopers Coalition.

Sincerely,

Johnny L. Hughes
Director of Government Relations for
James A. Rhineberger, Chairman

cc: General Barry R. McCaffrey