



**Executive Office of the President
Office of National Drug Control Policy**

National Youth Anti-Drug Media Campaign

Summary

December 1997

***Executive Office of the President
Office of National Drug Control Policy
Washington, D.C.***





**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY**

Washington, D. C. 20503

December 22, 1997

Dear Colleague:

Enclosed is a summary of the National Youth Anti-Drug Media Campaign. We are pleased that Congress recently appropriated \$195 million for this historic drug prevention initiative; doing so underscores the strong bipartisan support that exists at all levels of government to take immediate action to combat the use of illicit of drugs by America's young people.

The Office of National Drug Control Policy is committed to carrying out the goals and objectives first detailed in the *National Drug Control Strategy*. This strategy emphasizes the long-term vision of a nation free of drug abuse in which youthful dreams are fulfilled and the ideals of democracy are realized. It is a comprehensive, balanced approach that seeks to reduce the demand for illegal drugs and decrease their availability. It applies the necessary resources, programs, and initiatives to make significant strides in overcoming our nation's drug problem.

An estimated 12.8 million Americans, about 6 percent of the household population aged twelve and older, use drugs on a current basis (within the past thirty days). This number of "past-month" drug users reflects a decrease by nearly 50 percent from the 1979 high of twenty-five million - a decrease reflecting an extraordinary change in behavior. But drug abuse remains a major threat to the security and stability of our nation. More than a third of all Americans twelve and older have tried an illicit drug. Ninety percent of those who have used illegal drugs used marijuana or hashish. Approximately a third used cocaine or took a prescription type drug for nonmedical reasons. Every year drug abuse kills 14,000 Americans and costs taxpayers nearly \$70 billion. Drug abuse fuels spouse and child abuse, property and violent crime, the incarceration of young men and women, the spread of AIDS, workplace and motor vehicle accidents, and absenteeism in the work force. Exacerbating these troubling conditions is the increased drug use by America's youth between 1991 and 1996. This trend threatens the extensive progress realized through two decades of bipartisan cooperation on drug policy to curtail drug use and is the harbinger of an even greater long-term national drug problem unless action is taken to change juvenile perceptions of illegal drug use.

By "deglamorizing" drug abuse and realistically portraying its dangers, we hope to change the attitudes of young people toward illegal drugs and, ultimately, reduce the number of children and teens who use them. Such ideas were the driving force behind ONDCP's proposal in 1996 to pursue a youth-oriented anti-drug media campaign. Since then, we have consulted with experts in juvenile drug abuse, anti-drug coalition groups, academia, law enforcement, government agencies, community leaders, advertising and media executives, and corporate leaders. These discussions reinforce our belief that a partnership of the federal government, business, non-profit organizations, and communities can help reduce juvenile drug use and its

destructive consequences. In this spirit, the National Youth Anti-Drug Media Campaign has emerged as one of the primary methods for achieving Goal One of the *National Drug Control Strategy*: "Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco."

The National Youth Anti-Drug Media Campaign reflects the collective vision of the President, Congress, community groups, the advertising industry, and other concerned partner organizations and individuals. The Campaign emphasizes prevention can work and seeks to empower parents to discuss this critical subject with their children. As conceived, this initiative has tremendous potential for reducing drug use among young people and sustaining long-term anti-drug attitudes. I ask all Americans to join in this noble crusade to combat the menace of juvenile drug use.

Sincerely,

A handwritten signature in black ink, appearing to read "B. R. McCaffrey", with a large, circular flourish to the right.

Barry R. McCaffrey
Director

National Youth Anti-Drug Media Campaign

The Need for Immediate Action

The six-year trend of increased drug use by America's youth threatens the extensive progress that resulted from two decades of bipartisan cooperation on drug policy. While many factors contribute to juvenile drug-use trends, we hope to halt and reverse these rates through a multifaceted communications campaign that harnesses the energies of parents, mass media, corporate America, and community anti-drug coalitions. By changing the attitudes of young people toward illegal drugs, we seek to reduce the number of children who will use them. This is why ONDCP proposed the youth-oriented anti-drug media campaign in 1997, which was subsequently funded by Congress. Extensive consultation over the past year has reinforced our belief that a partnership of the federal government, business, non-profit organizations, and communities can work together to reduce juvenile drug abuse and its consequences. For this reason, the National Youth Anti-Drug Media Campaign has emerged as a key initiative in support of Goal 1 in the *1997 National Drug Control Strategy*: "Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco."

America's Kids Can't Wait

- In 1990, 86.3 percent of American young people (ages 12-17) said cocaine use was a high-risk behavior and 40.4 percent said smoking marijuana was a high risk behavior. In 1994, risk perception dropped to 81.4 percent for cocaine and 32.6 percent for marijuana.
- The rate of overall drug use among 8th graders has increased 126 percent from 1991 to 1997. Every day, an average 6,488 American children and teens try marijuana for the first time; 1,786 cocaine; and 386 heroin.
- According to Parents' Resource Institute for Drug Education, Inc. (PRIDE), in 1990-1991, 40.3 percent of kids said their parents talked often or a lot to them about drugs. In 1996-1997, that number dropped to 30.8 percent.
- Broadcast time contributions for anti-drug public service announcements (PSAs) have dropped by approximately \$100 million since 1991. Network news drug coverage has declined from 518 segments in 1989 to 250 in 1996 (an election year).
- Anti-drug experts maintain that we must talk about the dangers of illegal drugs to today's youth in order to overcome "generational forgetting" about what we learned from the drug crises of previous decades.

National Youth Anti-Drug Media Campaign

Progress to Date

Since last February, when ONDCP outlined the potential of this media campaign in the *1997 National Drug Control Strategy*, we have consulted with a broad array of drug prevention and communications experts. Our planning has benefited from close coordination with the Partnership for a Drug-Free America and the Ad Council. The Partnership will be a key advisor throughout the planning and implementation of this effort. We are incorporating ideas from experts in other federal and state agencies with experience in advertising campaigns focused on youth. We are also working closely with experts in advertising and marketing, national and local media, substance-abuse prevention, communications research, law enforcement, and community anti-drug coalitions. We continue to invite information and perspectives from interested groups.

In September 1997, following a competitive bidding process, ONDCP selected Porter Novelli, a respected strategic communications firm, to assist in formulating the actual Campaign. It has since assembled a team of in-house personnel, subcontractors, and national experts from corporations, the media, industry, non-profit sector, academia, and government. They are currently assisting ONDCP in a broad consultation process involving nearly two-hundred organizations and leaders with a stake in reducing juvenile drug use. The list includes members of Congress and their professional staff, organizations representing youth, minority and ethnic concerns, educators, government officials, public health organizations, and eminent authorities in the communications fields.

We have directed the Porter Novelli-led communications team to propose a preliminary communications strategy that includes target audiences, objectives, message strategies, and communications channels. Porter Novelli is in the process of analyzing past and current public health and anti-drug media campaigns and is also reviewing consumer product marketing and public-health efforts aimed at youth, minority, ethnic, and other audiences. To facilitate this process, Porter Novelli has formed three panels:

- Campaign Design Expert Panel assesses and refines the communications strategy. Panel members include senior advertising executives, youth marketers, leading researchers in marketing and drug prevention / intervention, public health communicators, and experts from the Ad Council and Partnership for a Drug-Free America. The resulting strategy will shape both ONDCP's paid advertising efforts and other integral non-advertising components of the media campaign.

National Youth Anti-Drug Media Campaign

- Partnership Development Panel ensures that ONDCP's campaign complements and reinforces the anti-drug activities of professional, civic and community associations, businesses, community anti-drug coalitions, and government organizations. Panel participants include members of more than 70 of these groups.
- Corporate Sponsorship Panel advises and assists in shaping the tremendous potential of sponsorships with corporate America and the media industry. These experts will develop recommendations for generating additional campaign resources through corporate sponsorships. Members include leading corporations, the Ad Council, and marketing experts.

Recommendations from these panels, along with review of specific ads and audiences, will be incorporated into six key plans to be completed by February 1998:

- (1) *Communications Strategy Statement*
- (2) *Integrated Communications Plan*, including state and community partnerships
- (3) *Corporate Sponsorship Plan*, including entertainment industry outreach
- (4) Results of ad review for pilot audiences during Phase I
- (5) *Prototype Paid Advertising Media Plan*
- (6) *Request for Proposals to Implement the Media Campaign*

These documents will outline a comprehensive media campaign strategy that emphasizes paid advertising, but also includes the full range of media forms and techniques that influence today's youth. The reach of advertising will be supported and enhanced through news coverage, Internet and "new media" initiatives, partnership activities with private corporations and community groups, and initiatives with the entertainment industry that affect images and messages that children receive about drugs.

Early in the planning process, ONDCP determined that there would be two parts to the advertising component of the media campaign -- paid advertising and public service announcements (PSAs). Figure 1 describes the interrelationship among various components of the media campaign. The paid portion of the campaign will be limited to messages about illegal drugs. As media time and space are purchased, ONDCP will seek public service time as a bonus. Pro bono contributions will be used for a variety of drug-related messages such as ads on mentoring, drug-related violence, and underage use of alcohol and tobacco. These messages will be obtained from the Ad Council, other government agencies, nonprofit organizations, and PDFA.

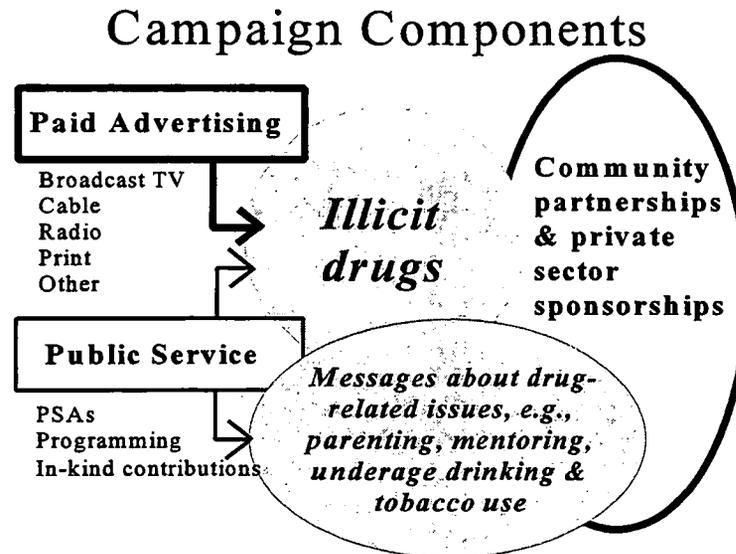


Figure 1 Components of the National Youth Anti-Drug Media Campaign

Although we believe a paid media campaign is the quickest, most effective means of changing youth attitudes and behavior about drug use, research shows that there is typically a two-year time lag between changing norms and risk perceptions of youth about drugs and reductions in actual drug use. Appendix 1 provides a graphical depiction of the campaign flow through each phase and the concept for the integration of the planning, implementation, and evaluation process. More information on ONDCP's campaign planning and development process can be found under Appendix 2.

Three Phases of the Campaign

In order to gain maximum value from the federal investment, ONDCP will conduct the National Youth Anti-Drug Media Campaign in three phases. Each phase builds on work completed in earlier phases and provides continuous feedback to ensure campaign effectiveness.

National Youth Anti-Drug Media Campaign

Phase I: Conceptual Development (the "learning lab" phase). We will begin airing anti-drug messages targeting children between the ages of nine and seventeen and adults who influence them (parents, teachers, mentors, etc.) in January 1998. The following is the concept for Phase I:

- Air ads in the following 12 cities over a four-month period:
Atlanta, Baltimore, Boise, Denver, Hartford, Houston, Milwaukee, Portland (OR), San Diego, Sioux City, Tucson, and Washington, D.C..
- City selection addresses various ethnic and geographic audiences, and drug use trends.
- Campaign emphasizes entry-level drugs (e.g., marijuana, inhalants) in all markets, and focuses on local epidemics (e.g., heroin, cocaine, methamphetamines) where appropriate.
- Will measure impacts on audiences and evaluation of tactics and strategies of this initial advertising component of Campaign.
- Will use existing TV, radio and print advertisements from the Partnership for a Drug-Free America and Ad Council.
- Will monitor adequacy of exposure rates and reactions from target audiences and stakeholder organizations.
- Will provide necessary feedback about campaign design and management to help shape Phases II and III.

More detailed information on this first phase can be found at Appendix 3.

Phase II: Initial Nationwide Advertising ("validation" phase): Beginning in May, 1998, we will expand the anti-drug advertising component of this campaign to reach audiences nationwide. The following is the plan for Phase II:

- Use broadcast cable network as well as local spot television, radio, print, and outdoor media.
- Phase II will be based on the final communications strategy statement to be developed by February, 1998.
- Will begin production of new messages based on the communications strategy statement.
- Will increase monitoring and evaluation to gain maximum information on Campaign performance.
- Will increase partnerships with the private sector, community coalitions and other organizations, and state and local governments as visibility of Campaign increases and as opportunities for involvement become known.

National Youth Anti-Drug Media Campaign

Phase III: Integrated Communications Program (implementation and continued validation phase). By September, 1998, a fully integrated Media Campaign, using all media forms and the most effective communications strategies and approaches to influence youth, will move into full operation. Phase III will be based on the planning documents developed by Porter Novelli:

- Based on the prototype media plan, the messages will reach target audiences at effective exposure rates through a combination of TV, radio, print, Internet, and other media outlets.
- A professional communications contractor(s) will manage all aspects of the Campaign, including media negotiations and buying, development of new message strategies, corporate participation, public service, private-sector involvement, and evaluation.
- Other non-advertising components of the Media Campaign (e.g., entertainment industry, Internet and new media, corporate outreach, news media outreach, professional sports, etc.) will also be incorporated.
- Continuous evaluation and modification of communications strategies.
- Advertising industry will do the bulk of additional creative work on a pro-bono basis via PDFA.
- Will accelerate the establishment of more formal and mature partnerships with community-based and national anti-drug groups; local and state governments; private businesses, and sports teams.
- Messages will be linked and coordinated wherever possible and appropriate to existing demand reduction resources and activities in local communities.
- Messages will be refined to meet the individual needs of local populations and address specific issues.

Through participation by media and corporate partners, we anticipate substantially increasing public service contributions to this campaign. Based on well documented research, we expect the campaign to change drug-use attitudes among young people within two to three years. More information on ONDCP's evaluation process can be found under Appendix 4.

Projected Expenditures of FY 1998 Appropriated Funds

ONDCP estimates that the \$195 million authorized by Congress for the National Youth Anti-Drug Media Campaign will be expended as follows:

Phase I: Advertising in Selected Cities (over four month period). Approximately \$20 million to conduct and evaluate the initial advertising strategies and tactics in 12 cities.

Phase II: Initial Nationwide. Approximately \$65 million to expand the advertising component of the campaign nationally. Substantial portions must be obligated in the first and second quarters of calendar year 1998 to assure availability of required commercial time slots.

National Youth Anti-Drug Media Campaign

Phase III: Integrated Communications Program. Approximately \$93 million to implement ads and other media prescribed by our integrated communications program. Fourth quarter FY 1998 expenditures are projected to include purchases of media time that will be shown in the first quarter of FY 1999. Per the appropriations language, \$17 million will not be available for obligation until 1 October 1998.

Conclusion

ONDCP's National Youth Anti-Drug Media Campaign is an essential part of a bipartisan national effort to combat drug abuse among our nation's youth. Reflecting the collective vision of Congress, community groups, the advertising industry, and other concerned organizations and individuals, the Campaign emphasizes that prevention can work, stresses the negative repercussions of drug use, "denormalizes" drug use, and empowers parents to discuss this vital subject with their children. Our success hinges on formulating and implementing an effective media strategy, creating powerful messages, targeting the right audiences, enlisting support from the private and public sectors, and complementing other national efforts to reduce illicit drug use by America's youth. Working together on this program, we can make major progress in reducing drug use and sustaining long-term anti-drug attitudes among America's youth.

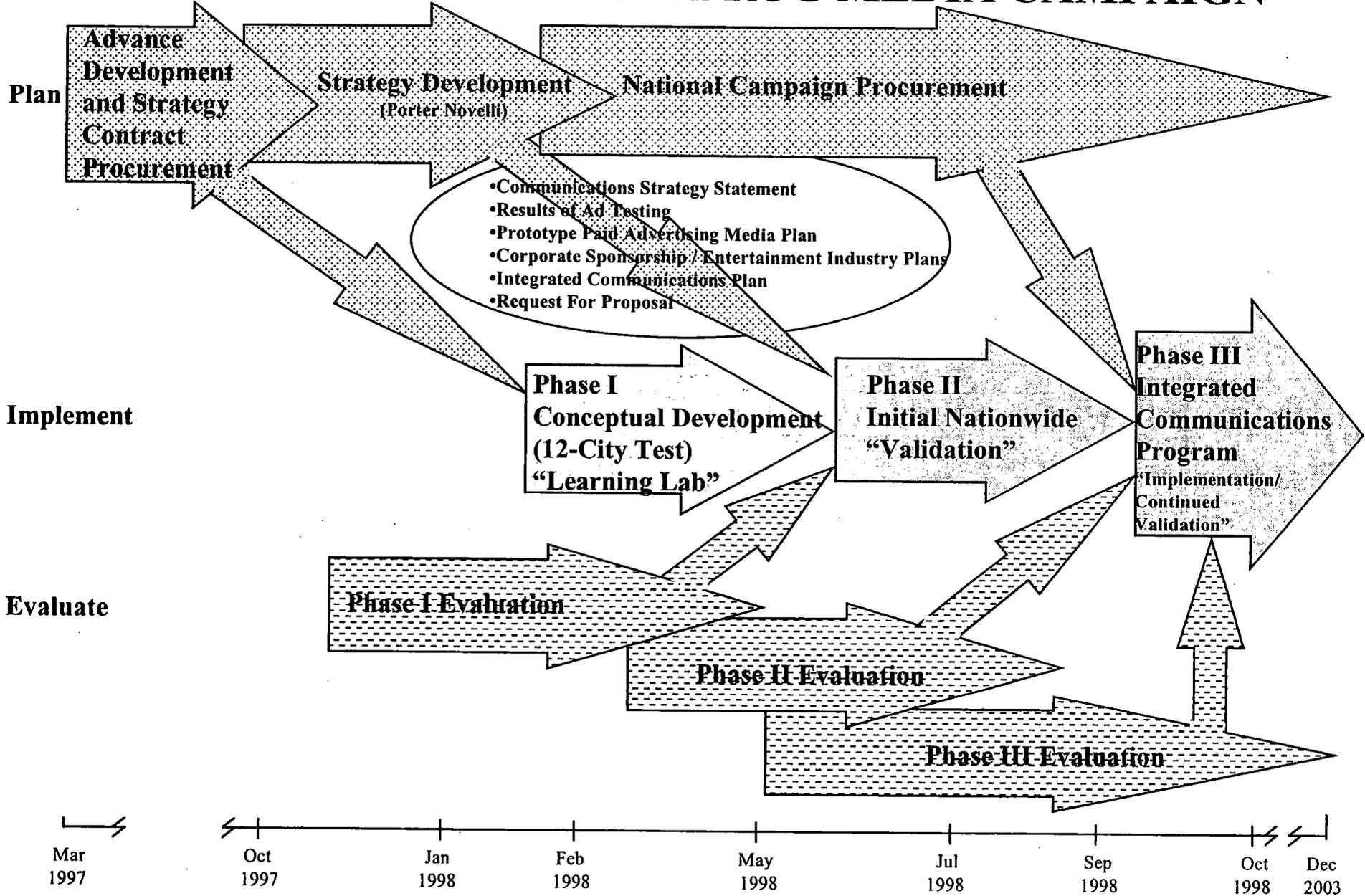
Appendices

- 1: Diagram, 5-Year National Youth Anti-Drug Media Campaign
- 2: Media Campaign Planning and Development Process
- 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")
- 4: Evaluation of the National Youth Anti-Drug Media Campaign



5-YEAR

NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN



Appendix 2: Media Campaign Planning and Development Process

Overview

In mid-September, the Office of National Drug Control Policy (ONDCP) awarded the communications firm Porter Novelli a contract to plan a comprehensive anti-drug media campaign targeting youth ages 9 to 17 and the adults who influence them. The plan that Porter Novelli is developing will provide ONDCP with a broad, comprehensive, cost-effective media strategy along with additional strategies for extending and multiplying the penetration of the media campaign messages. In an intense four-month planning cycle, Porter Novelli is designing this national media strategy based on a comprehensive social marketing model with input from noted experts in the public, private, and academic sectors.

The media strategy will be used to structure and guide ONDCP's paid media advertising campaign. A concurrently produced plan will also identify and recommend non-advertising components in an integrated communication mix (such as media outreach, Internet and other types of new media, and partnerships) to effectively reach, motivate, and enable members of the target audiences to reject illicit drug use. Where appropriate these components will link existing demand reduction programs at the national and community levels.

The Scope of the Work

Porter Novelli will develop four major planning documents: a communication strategy statement, a prototype paid advertising media plan, an integrated communication plan, and a corporate/entertainment industry participation plan.

The *communication strategy statement* will clearly define the target audiences for the campaign, the communication objectives for each target audience (i.e., what we hope to accomplish through communication), and the most promising message strategies to affect each objective (i.e., how we plan to communicate). Concurrently, existing anti-drug public service announcements (PSAs) from the Partnership for a Drug-Free America, the Ad Council, and other sources will be assessed by expert review and target audience research to identify those PSAs that are consistent with the communication strategy. This review will also determine whether there are gaps in the existing inventory of PSAs (by audience, objective, and strategy) that eventually must be filled with new ad productions.

Appendix 2: Media Campaign Planning and Development Process

The ***prototype paid advertising media plan*** will be developed by a subcontractor of Porter Novelli, Creative Media, a New York-based media planning and buying agency. The media plan will be a blueprint to guide the cost-effective, paid placements of selective anti-drug ads. The plan will specify, for a given level of total advertising expenditure, the recommended media mix (i.e., the proportion of media weight given to TV, radio, print, outdoor, and Internet advertising) and placement within each medium nationally and locally to achieve maximum reach and frequency with all target audiences. It will also discuss recommendations for obtaining donated media as a match for paid media placements.

The ***integrated communications plan*** will describe ways to dramatically extend the reach and influence of the paid ad campaign through other forms of marketing communication. It will include approaches for generating media coverage of the campaign, for instance through stories and op-ed pieces in consumer and professional media outlets including newspapers, magazines, newsletters, TV, radio, journals, and association newsletters. The plan will also recommend strategies for Internet and other new media initiatives, special events, and sports teams and celebrities involvement. The plan will address partnerships and alliances with other organizations including government agencies, professional and trade associations, and community and consumer organizations. As with the prototype paid media plan, the integrated communications plan will be based upon the core recommendations in the communication strategy statement to ensure that it targets the right audiences with the right communication objectives and message strategies.

The ***corporate participation plan*** is the final of the four plans to be developed by Porter Novelli. It will provide a set of recommendations that will guide the creation and planning of a broad, far-reaching corporate sponsorship program. Its goal is to further extend the reach of ONDCP's communication strategy and paid media efforts through creating corporate and entertainment industry sponsorships, programming changes, and other involvement; obtaining additional paid ad placements and a variety of in-kind services; and identifying ways to secure and enhance the media match (contributions for public service time and space) for the paid campaign.

In Sum

These four documents will generate a communication campaign that will carry anti-drug messages to America's youth and youth-influential adults in an integrated, strategic, and aggressive manner. The campaign will take full advantage of the complementary strengths of paid advertising, integrated marketing communications, strategic alliances, and corporate partnerships to ensure the most effective possible use of the government's media-related, demand-reduction investment.

Porter Novelli's Process

To create the documents described above, Porter Novelli is using a systematic process, culling the insights and experience of leading experts and stakeholders from a wide variety of appropriate disciplines and professional arenas. The process focuses on analyzing what works when communicating anti-drug messages to youth, youth-influential adults, and other stakeholders. To accomplish this, Porter Novelli is coordinating the development of three expert panels whose objectives, composition, and processes are described below:

- ***Campaign Design Expert Panel***

The *campaign design expert panel* will consist of high level media, marketing, communication, and substance abuse prevention experts, researchers, and evaluators brought together by Porter Novelli and ONDCP. The panel is charged with suggesting the strategic approach to include identifying key target audiences and communication objectives, and recommending the most appropriate communications techniques, spokespersons and media vehicles to affect youth and adults who are influential in their lives. The members of this panel include experts in the following fields: drug use epidemiology (Dr. Lloyd Johnston, Monitoring the Future Project; Dr. Zili Sloboda, National Institute of Drug Abuse), drug use prevention (Dr. Gilbert Botvin, Columbia University Medical School), anti-drug advertising (Dr. Phillip Palmgreen, University of Kentucky; Ms. Doria Steedman and Ms. Ginna Marston, Partnership for a Drug-Free America; Ms. Susan Royer, The Advertising Council), anti-drug community interventions (Dr. Mary Ann Pentz, University of Southern California), anti-drug family interventions (Dr. Tom Dishion, University of Oregon), youth-focused marketing and advertising (Mr. Richard Delano, Independent Consultant; Ms. Phyllis Martin, Kraft Food; Mr. Joe Muse, Muse, Cordero & Chen; Dr. James McNeal, University of Texas), youth-focused marketing research (Peter Zollo, Teen Research Unlimited), and public health and public interest campaigns (Dr. Amelie Ramirez, University of Texas; Dr. Robert Hornik, University of Pennsylvania).

Appendix 2: Media Campaign Planning and Development Process

To gain input and develop solid recommendations for future partnerships, Porter Novelli is convening a *partnership development expert panel*, made up of three distinct task forces. Each task force represents individuals from diverse arenas, namely:

1) government, 2) consumer groups, and 3) appropriate human service professionals (medical, mental health, drug prevention, teachers/coaches, and so forth). In early November, Porter Novelli brought these task forces together in Washington for a day-and-a-half meeting during which their ideas about effectively magnifying and multiplying the anti-drug messages of the paid advertising campaign to target audience members around the country were elicited.

• *Corporate Sponsorship/Entertainment Industry Expert Panel*

In late October, Porter Novelli convened for the first time a panel of experts to advise and assist in shaping and directing the tremendous potential of sponsorships with corporate America and the entertainment industry. This panel of experts from corporate America and the entertainment industry will develop recommendations for generating additional campaign resources through corporate sponsorships, as well as reducing demand for illicit drugs by deglamorizing drug use depictions in the entertainment media. Members of the panel currently include Mr. Sonny Fox, director of the Soap Summit - an annual briefing of soap opera producers, directors, and writers on important social issues--and a former director of children's programming at NBC; Ms. Katie Chin, Vice President of Worldwide Entertainment and Licensing for Alcone Marketing Group; Mr. James Millman, Chairman of Millsports Corporate Sponsorships; and Ms. Donna Finer of the Ad Council. Members of this panel are currently advising Porter Novelli and ONDCP and have begun drafting the corporate/entertainment industry participation plan.

Integration into the Campaign

Through these three expert panels, Porter Novelli will gain invaluable input and recommendations that it will analyze and appropriately incorporate into the strategic planning documents that it will provide to ONDCP. These documents (communications strategy statement, prototype paid advertising media plan, integrated communications plan, and corporate sponsorship/entertainment industry plan) will provide clear direction for ONDCP to follow. They lay out a broad, comprehensive and innovative media strategy incorporating the most effective use of paid advertising, as well as methods for multiplying the reach of those messages through public education, publicity, and partnership activities with corporations, the entertainment industry, and community groups. The end result will be one or more solicitation documents (RFPs) through which ONDCP will acquire the services of the professional organizations that implement these programs.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Purpose

Phase I of the National Youth Anti-Drug Media Campaign is an assessment and evaluation of the early advertising component of the initiative. It is designed to provide feedback and critical information about various initial management tactics and strategies and to assess the short-term impact of the Campaign. Phase I will contain an evaluation plan involving a series of quantitative and qualitative research methods, including surveys of parents and young people; focus groups with campaign target audiences; interviews with key leaders at the national, state and local levels; media monitoring of television, radio and print coverage of illicit drug use; and analysis of existing data on drug use and attitudes. Such information will provide media campaign managers with useful feedback on how to most effectively structure the much larger Phase II, when the advertising component of the Campaign goes national.

Phase I, the "learning lab" phase, will rely exclusively on existing messages (for television, radio, print, outdoor) developed by the Partnership for a Drug-Free America. The messages will run in 12 cities for approximately four months beginning in January 1998. Messages will target various audiences and be repeated with different frequencies to determine impacts.

Information gathered from Phase I will be combined with Porter Novelli ad testing and the ONDCP media campaign strategy (currently under development by Porter Novelli) to shape Phase II, when the advertising component is implemented nationally.

Phase I will accomplish the following:

- Use ads that target various audiences of upper elementary, middle school, high school youth, their parents and other adults who influence them.
- Evaluate Campaign design and audience awareness of messages through surveys and focus groups.
- Use focus-group meetings with representatives of the target audiences to learn their interests and views about the drug problems in their local communities.
- Collect data on phone calls from parents who are seeking further information which have been elicited in response to ads.
- Assess public service contributions to the Campaign by media and community.
- Monitor the Campaign's impact on public service contributions to other issues.

The 12 cities will continue to serve as a test bed for new tactics and strategies and will provide baseline data throughout the Campaign.

Drugs Targeted by the Campaign

The primary purpose of the Media Campaign is to prevent first time use of drugs by children and adolescents, confirm their decision not to use drugs, and encourage those who have experimented to stop drug use. If we can prevent first-time experimental or "casual" use or encourage discontinuation of drug use, we are likely to prevent the progression to chronic drug abuse and addiction.

The substances of primary concern are those most often used as entry-level drugs, primarily marijuana and inhalants, but in some instances heroin, methamphetamines, and other drugs. Recently, because of its greatly increased purity, an increasing number of individuals, including youth, are inhaling heroin instead of injecting it. This has increased its use as an entry-level drug, with often fatal consequences. Crack and cocaine are typically not used as entry-level drugs and will be targeted in this Media Campaign only on an individual city basis, when community problems indicate that this will add to the overall prevention message.

The Campaign strategy references two very valuable national surveys, Monitoring the Future (MTF) and the National Household Survey on Drug Abuse (NHSDA). They provide the most recent data on drug use among adolescents:

MTF:

- In 1997, the MTF indicated that more than one-half (54.3 percent) of the Nation's high school seniors have tried an illicit drug, and **about one in four (26.2 percent) has used illicit drugs on a regular, monthly basis**. These high rates of prevalence are relatively consistent across all gender, race, and geographic groups.
- The MTF reported monthly **marijuana** use increased among 8th grade students from 3.2 percent in 1991 to 10.2 percent in 1997. Tenth and 12th grade use of marijuana began to increase in 1992, from 8.1 percent and 11.9 percent, respectively, to 20.5 and 23.7 percent in 1997.
- Past month use of **inhalants** rose among 8th and 10th grade students from 4.4 percent and 2.7 percent in 1991 to 5.6 percent and 3.0 percent in 1997; among 12th grade students, the percentage remained around 2.5 percent throughout this period. Inhalants are clearly associated with younger children.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

- While **heroin** use percentages remained fairly low over the 6-year reporting period, any use and increasing trends among new segments of the youth population are of great concern. Heroin use rose from 1.2 percent in 8th and 10th grade students in 1991 to 2.1 percent in 1997. Among 12th graders, it rose from .9 percent to 2.1 percent.

NHSDA:

- The rate of first use of inhalants among youths 12 to 17 rose significantly from 1991 to 1997.
- From 1992 to 1995, the overall rate of any illicit drug use in the past month among youth 12 to 17 more than doubled (from 5.3 to 10.9 percent). However, the 1996 data showed a break in the increasing rates of marijuana use. In 1996, the rate of past month **marijuana** use among youths age 12-17 was 7.1 percent, a decrease from 8.2 percent in 1995. However, marijuana use initiation has continued to increase, rising 66 percent between 1990 and 1995.
- Among 12-17 year olds, the rate of **heroin** initiation increased from about 0.5 percent per 1,000 people during the 1980's to 2.5 percent in 1995. A large proportion of the recent heroin initiates were reported to be youth who were smoking, sniffing or snorting it.

While the increase in marijuana use began to show up in the MTF in 1991 among 8th grade students and in 1992 among 10th and 12th graders, the MTF data show that youth **attitudes** about drug use began to **soften in 1990**. The percentage of 12th grade students **who disapprove** of regular marijuana use peaked in 1990 at 91 percent and then declined to 79 percent by 1997. In 1991, 12th grade students' perceptions about the **perceived harmfulness** of regular marijuana use peaked at 79 percent and then declined to 58 percent by 1997. In 1992, as disapproval and perceived harmfulness of drugs declined, the downward trend in marijuana use stopped at 11.9 percent for 12th grade students before climbing to 24 percent in 1997. Similar trends were seen in the Household Survey, as well, revealing an **average two-year lag** between changes in perceptions and attitudes and changes in drug use behavior.

Scientists, including Lloyd Johnston of the MTF survey, suggest that the current generation of youth are not receiving the anti-drug messages because the drug issue received significantly less media attention in the 1990s. According to the Media Monitor, a private monitoring service, television network news coverage of drug issues declined 88 percent from 518 stories in 1989 to only 61 in 1991. Others attribute the increase in youth drug use to

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

resurgence in pop culture encouragement of drug use akin to that of the 1960s and 1970s.

The Youth Anti-Drug Media Campaign is designed to prevent the initiation or experimentation beyond initial use of marijuana, inhalants, and to a lesser degree heroin, cocaine, and methamphetamines, thus preventing the progression to drug abuse and addiction. The serious and chronic problems of the abuse and addiction to crack and cocaine, methamphetamine, injected heroin, and other drugs are unlikely to respond to mass media approaches.

Site Selection

Phase I will serve as a "learning lab" to gather information about the short term impact of the Campaign design and strategies and on awareness and attitudes of the target audiences. In order to obtain this information, the number of cities selected had to be large and diverse enough to allow for study of campaign impacts in relation to various demographic and geographic variables, drug use trends and other conditions. We wanted to limit the number of cities in this phase to the minimum number necessary to provide the above information and reserve the majority of the campaign funding for the mature campaign. The decision to select 12 target and 12 comparison metropolitan areas as the locations to conduct the Phase I evaluation was based on such practical issues as: the feasibility of implementing the evaluation in a compressed time period before the Campaign was implemented; the cost of conducting 48 school surveys and parent telephone surveys (24 sites before and after the Campaign); and the ability to detect Campaign results with large enough sample size populations to detect meaningful changes in awareness in these areas.

The sites were selected with the following criteria in mind:

- Geographic representation within the United States.
- Population size: to ensure large (over 2 million), medium (750,000-2 million) small (less than 750,000) metropolitan areas were represented.
- Demographic representation: to ensure that areas of significant populations of African-Americans and Hispanic-Americans were reached.
- Availability of existing data on drug use, crime, and other relevant issues in order to establish baseline evaluation data.
- Extent of recent anti-drug public service announcements (PSAs): needed low levels of recent or current PSAs. Phase I relies heavily on existing PDFA PSAs and overexposure might affect the evaluation.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

- Local prevention organizations: needed access to organizations available to assist in collecting information about other prevention activities in the local area and to provide sound advice to callers.
- Comparison sites: needed to avoid areas so unique in their demographic profile that it precludes comparison.

Major media markets of New York, Los Angeles and Chicago were excluded because they presented difficult comparison city match issues and because those cities were much more complex and expensive to include. Although adding other cities to Phase I might marginally increase our understanding of the campaign strategies and impacts, it would come at additional cost, with little added improvement to the quality of the overall program.

Profiles of the twelve metropolitan areas included in Phase I are as follows:

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Notes:

- Data is for the entire metropolitan area of each city.
- Statistics for race and ethnicity may not add up to 100 per cent in some locations owing to overlapping race / ethnicity identification categories or affiliation with population groups not shown.

Atlanta, Georgia

DEMOGRAPHICS: Total Population: 2,833,511
Race/Ethnicity: 71% white; 25% African American; 1% Hispanic
Crime Rate: 807/100,000
Percentage of Children Under 18 Below Poverty Level: 34%
Unemployment Rate: 5.13%
Percent of children between the ages of 5 and 17: 18%

MEDIA MARKET: *The Atlanta Journal-Constitution, Gainesville Times, Marietta Journal, Athens Banner; WAGA-TV (Fox Affiliate), WGNX-TV (CBS Affiliate), WSB-TV (ABC Affiliate), WXIZ-TV (NBC Affiliate); WSB-AM (News/Talk), WGST-FM/AM (Talk)*

DRUG PROBLEM: With the overall national rates of the use of specific initiation drugs--i.e., marijuana and inhalants--increasing among youth, there is concern that early use of drugs may expose young people to methamphetamine, crack and cocaine in this metro area where adult use has been increasing and the drugs are readily available. Also, marijuana was the most frequent drug found through urinalysis in a high risk population of juvenile arrestees (age 15-20) as reported in the Drug Use Forecasting (DUF) System in 1996. Methamphetamine related DAWN mentions increased in Atlanta between 1994 and 1995. Those age 25 and younger are in the largest age group for stimulant treatment admissions in Atlanta. Powder cocaine, though not as popular as crack cocaine, is now more easily available at the distribution and street levels.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Baltimore, Maryland

DEMOGRAPHICS: Total Population: 2,383,172
Race/Ethnicity: 71% white; 25% African American; 1% Hispanic
Crime Rate: 1,335/100,000
Percentage of Children Under 18 Below Poverty Level: 34%
Unemployment Rate: 4.79%
Percent of Population Between Ages 5 and 17: 16%

MEDIA MARKET: *The Baltimore Sun, The Washington Post, The Westminster Times, The Annapolis Capitol; WBAL-TV (NBC Affiliate), WBFF-TV (Fox Affiliate), WJZ-TV (CBS Affiliate), WMAR-TV (ABC Affiliate); WBAL-AM (News/Talk), WTOP-AM (News), WOLB-AM (Talk)*

DRUG PROBLEM: Baltimore ethnographers report a continuous rise in new, young drug users. Baltimore City's sixth and eighth graders reported very high drug use rates compared to the rest of the State of Maryland. For example, Baltimore City's 8th graders reported the highest percentage of past month use of "any drug", and marijuana in the state. The low rates of use reported by Baltimore's tenth and twelfth graders are suspected to result from the Baltimore public schools' high dropout rate and low attendance rate.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Boise, Idaho

DEMOGRAPHICS: Total Population: 205,775
Race/Ethnicity: 96% white; .5% African American; 2% Hispanic
Crime Rate: 366/100,000
Percent of Children Under 18 Below Poverty Level: 45%
Unemployment Rate: 4.02%
Percent of the Population Between Ages of 5 and 17: 20%

MEDIA MARKET: *The Idaho Statesman, Nampa Press*; KTVB TV (NBC Affiliate), KBCI-TV (CBS Affiliate), KIVI-TV (ABC Affiliate), KTRV-TV (Fox Affiliate); KIDO-AM (News/Talk), KBOI-AM (News/Talk), KFXD-AM (News/Talk)

DRUG PROBLEM: According to the 1996 Idaho Substance Use and School Climate Survey, marijuana is the drug most often used by senior high students in Idaho public schools. Inhalants are most commonly reported among 6th and 8th grade students. Almost 60 percent of seniors report that they have friends who smoke marijuana. Also, methamphetamine is readily available in Idaho, where methamphetamine traffic appears to have increased. In the last year, law enforcement located and seized 34 methamphetamine labs, an increase from 25 seized in 1995. Idaho's high drug offense rates correlate with the population centers and corridors of the state.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Denver, Colorado

DEMOGRAPHICS: Total Population: 1,848,319
Race/Ethnicity: 86% white; 5% African American; 12% Hispanic
Crime Rate: 513/100,000
Percentage of Children Under 18 Below Poverty Level: 47%
Unemployment Rate: 5.59%
Percent of Population Between Ages 5 and 17: 17%

MEDIA MARKET: *The Denver Post, The Rocky Mountain News, Boulder Camera, Colorado Press; KCNC-TV (CBS Affiliate), KDVR-TV (Fox Affiliate), KMGH-TV (ABC Affiliate), KUSA-TV (NBC Affiliate); KOA-AM (Talk), KHOW-AM (Talk), KTLK-AM (Talk)*

DRUG PROBLEM: With the overall national rates of the use of specific initiation drugs--i.e., marijuana and inhalants--increasing among youth, there is concern that early use of drugs may expose young people to methamphetamine and heroin in this metro area where adult use has been increasing and the drugs are readily available. Methamphetamine related DAWN mentions increased in Denver between 1994 and 1995. DUF data suggests that Denver could experience significant increases in methamphetamine positive rates if current trends continue. Ethnographers report increased heroin use among young middle class suburbanites.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Hartford, Connecticut

DEMOGRAPHICS: Total Population: 1,085,895
Race/Ethnicity: 86% white; 8% African American; 6% Hispanic
Crime rate: 482/100,000
Percentage of Children Under 18 Below Poverty Level: 54%
Unemployment rate: 5.28%
Percent of Population Between Ages 5 and 17: 15%

MEDIA MARKET: *The Hartford Courant, The New Haven Register, New Britain Herald, New London Day; WFSB-TV (CBS Affiliate), WTIC-TV (Fox Affiliate), WTNH-TV (ABC Affiliate), WVIT-TV (NBC Affiliate); WTIC-AM (Talk Radio)*

DRUG PROBLEM: From 1989 to 1995, marijuana smoking and inhalant use increased among most students in the greater Hartford area in the 7th through the 12th grades, especially among 7th and 8th graders. Almost 30 percent of students report lifetime use of marijuana, while twenty percent report past month use; also 11 percent of students reported lifetime use of inhalants and 4.4 percent report past month use.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Houston, Texas

DEMOGRAPHICS: Total Population: 3,711,043
Race/Ethnicity: 67% white; 17% African American; 20% Hispanic
Crime Rate: 856/100,000
Percent of Children Under 18 Below Poverty Level: 45%
Unemployment Rate 7.01%
Percent of Population Between Ages 5 and 17: 20%

MEDIA MARKET: *The Houston Chronicle, Galveston County News, Angleton Times; KHOU-*
(CBS Affiliate), KPRC-TV (NBC Affiliate), KRIV-TV (Fox Affiliate),
KTRK-TV (ABC Affiliate), KXLN-TV (Univision/Spanish), KTMD-TV
Telemundo/Spanish); KTRH-AM (News/Talk), KPRC-AM (News/Talk),
KXYZ-AM (Spanish News/Talk)

DRUG PROBLEM: Almost 30 percent of Houston's secondary students reported lifetime use of marijuana, and 14 percent reported past month use. Ten percent of Houston's sixth graders reported lifetime use of marijuana. Over half of Houston secondary students are most likely to turn to friends for help with a drug or alcohol problem, and least likely to consult another adult in school. Almost half of Houston secondary students said that marijuana was somewhat or very easy to obtain.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test (“Learning Lab”)

Milwaukee, Wisconsin

DEMOGRAPHICS: Total population: 1,607,183
Race/Ethnicity: 83% white; 13% African American; 3% Hispanic
Crime Rate: 533/100,000
Percentage of Children Under 18 Below Poverty Level: 54%
Unemployment Rate: 5.65%
Percent of Population Between Ages 5 and 17: 18%

MEDIA MARKET: *The Milwaukee Journal, The Racine Journal Times, Kenosha News, Sheboygan Press*; WDJT-TV (CBS Affiliate), WISN-TV (ABC Affiliate), WITI-TV (Fox Affiliate), WTMJ-TV (NBC Affiliate); WTMJ-AM (News/Talk), WISN-AM (Talk), WGN-AM (Talk)

DRUG PROBLEM: The use of marijuana, amphetamines, and LSD by youth is most prevalent. Seventeen percent of Milwaukee youth reported past year marijuana use and 26 percent reported lifetime drug use, while 6 percent reported lifetime use of amphetamines and lifetime use of LSD.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Portland, Oregon

DEMOGRAPHICS: Total Population: 1,477,895
Race/Ethnicity: 91% white; 2% African American; 3% Hispanic
Crime Rate: 716/100,000
Percentage of Children Under 18 Below Poverty Level: 41%
Unemployment rate: 5.17%
Percent of Population Between Ages 5 and 17: 18%

MEDIA MARKET: *The Oregonian, The Salem Statesman*; KATU-TV (ABC Affiliate), KGW-TV (NBC Affiliate), KOIN-TV (CBS Affiliate), KPOX-TV (Fox Affiliate); KXL-AM (News/Talk), KOTK-AM (News/Talk); KKEY-AM (Talk)

DRUG PROBLEM: Over 44 percent of Portland's 11th graders and a third of Portland's 8th graders report lifetime use of marijuana. Past month and lifetime reported use of cocaine and heroin (separately) is more prevalent among 8th graders than 11th graders. Past month and lifetime reported use of crack cocaine by 8th graders is approximately twice that of 11th graders.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

San Diego, California

DEMOGRAPHICS: Total Population: 2,498,016
Race/Ethnicity: 75% white; 6% African American; 19% Hispanic
Crime rate: 794/100,000
Percent of Children Under 18 Below Poverty Level: 50%
Unemployment Rate: 6.12%
Percent of Population Between Ages 5 and 17: 16%

MEDIA MARKET: *The San Diego Union Tribune, The Los Angeles Times, The San Diego Blade Citizen; KFMB -TV (CBS Affiliate), KGTV-TV (ABC Affiliate), KNSD-TV (NBC Affiliate), KETV-TV (Fox Affiliate); KFNB-AM (News/Talk/Info), KOGO-AM (News/Talk), KFI-AM (Talk)*

DRUG PROBLEM: Forty percent of 9th graders and 37 percent of 11th graders in San Diego reported that they have been offered, sold, or given illegal drugs on school property in the past year. There is reason to believe that the declines in California teens' marijuana use noted over the last few years has leveled off or reversed. Weekly or more frequent use of marijuana increased by four percent, and was eight percent higher than reported across the state. LSD use has also increased for 9th and 11th graders since 1990. Methamphetamine, a major source of emergency department and treatment admissions, is the dominant illicit drug problem in San Diego. Methamphetamine manufacturing and distribution networks are controlled by organized groups of Mexican nationals and Mexican Americans, located on both sides of the border.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Sioux City, Iowa

DEMOGRAPHICS: Total Population: 115,018
Race/Ethnicity: 93% white; 1% African American; 3% Hispanic
Crime Rate: 1271/100,000
Percentage of Children Under 18 Below Poverty Level: 53%
Unemployment Rate: 5.04%
Percent of Population Between Ages 5 and 17: 19%

MEDIA MARKET: *Sioux City Journal, Des Moines Register, Omaha World Herald, Norfolk News, Strom Lake Pilot; KCAU-TV (ABC Affiliate), KMEG-TV (CBS Affiliate), KTIV-TV (NBC Affiliate); KSCJ-AM (News/Talk), KWSL-AM (Standard/Talk)*

DRUG PROBLEM: With the overall national rates of the use of specific initiation drugs--i.e., marijuana and inhalants--increasing among youth, there is concern that early use of drugs may expose young people to methamphetamine and cocaine in this metro area where adult use has been increasing and the drugs are readily available. In the last three years, there has been a phenomenal increase in the importation, distribution, and clandestine manufacturing of methamphetamine. Combined arrests in Iowa for methamphetamine and amphetamine by federal, state, and local law enforcement increased 712 percent from 1994 to 1996. The hot spots for methamphetamine in Iowa include the regions of Sioux City, Des Moines, and Muscatine.

Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Tucson, Arizona

DEMOGRAPHICS: Total Population: 666,880
Race/Ethnicity: 78% white; 31% African American; 24% Hispanic
Crime Rate: 877/100,000
Percentage of Children Under 18 Below Poverty Level: 46%
Unemployment Rate: 8.15%
Percent of Population Between Ages 5 and 17: 16%

MEDIA MARKET: *The Tucson Star, The Phoenix Gazette, The Nogales Dispatch*; KGUN-TV (ABC Affiliate), KMSB-TV (Fox Affiliate), KOLD-TV (CBS Affiliate), KVOA-TV (NBC Affiliate), KHRR-TV (Telemundo); KNST-AM (News/Talk), KTUC-AM (News/Talk), KTKT-AM (News)

DRUG PROBLEM: Though marijuana is the drug of choice for all of Arizona, which reflects the national statistics of drug use among youth, crack is very available in Tucson, as is Mexican black tar heroin. Juvenile drug arrests in Pima County increased 151 percent between 1984 to 1994. The largest cocaine seizure in the history of the State of Arizona (six tons) occurred in Tucson in 1997. Methamphetamine production in clandestine laboratories is increasing substantially, using chemicals procured in Mexico.

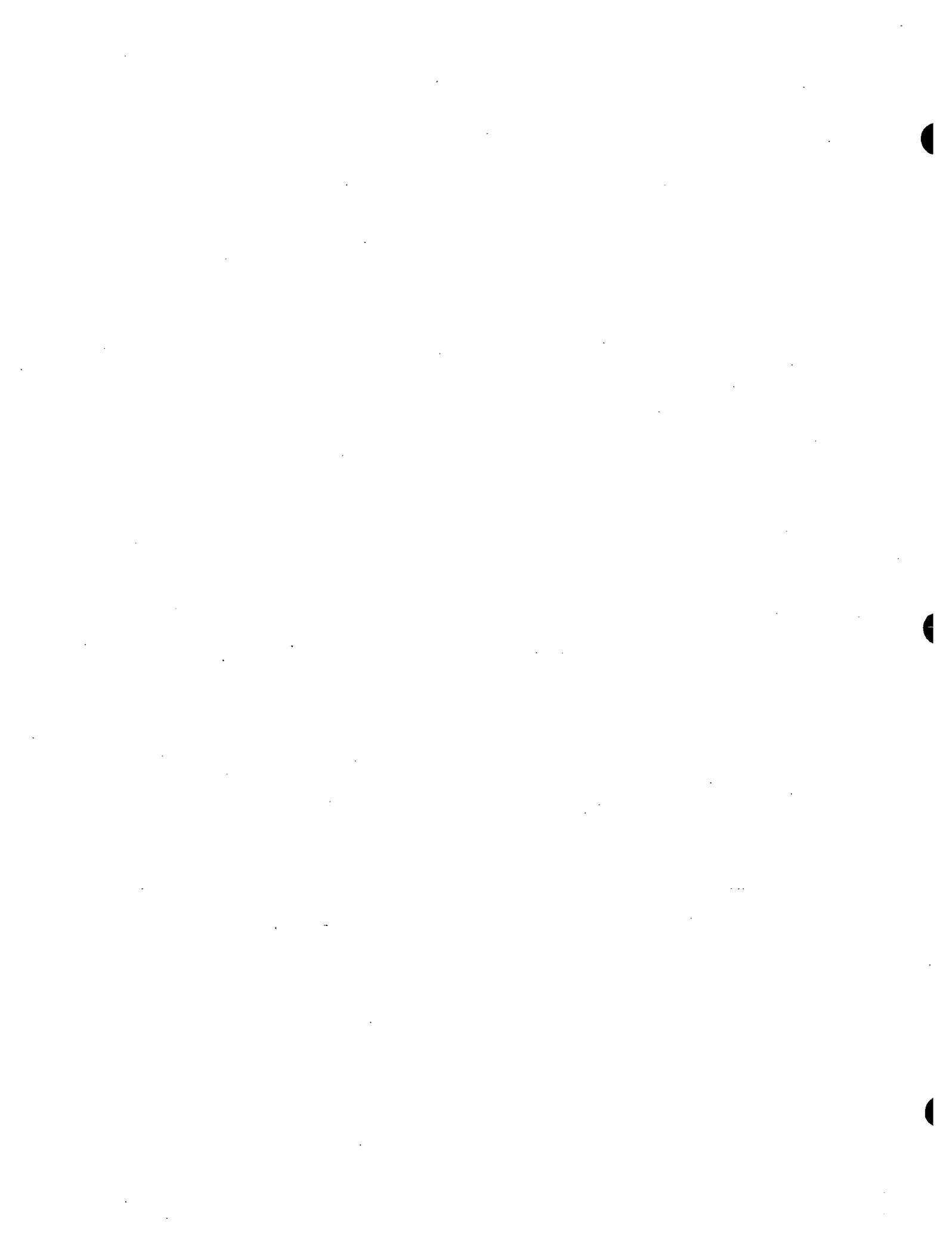
Appendix 3: Overview of Phase I - Conceptual Development / 12-City Test ("Learning Lab")

Washington, D.C.

DEMOGRAPHICS: Total Population: 3,923,574
Race/Ethnicity: 65% white; 26% African American; 5% Hispanic
Crime Rate: 716/100,000
Percentage of Children Under 18 Below Poverty Level: 46%
Unemployment Rate: 3.69%
Percentage of Population Between Ages of 5 and 17: 16%

MEDIA MARKET: *The Washington Post, The Washington Times, Fairfax Journal, Journal Newspapers, Frederick News; WJLA-TV (ABC Affiliate), WRC-TV (NBC Affiliate); WTTG-TV (Fox Affiliate), WUSA-TV (CBS Affiliate); WMAL-AM (News/Talk), WTOP-AM (News), WWRC-AM (Talk)*

DRUG PROBLEM: Marijuana accounts for greater than 10 percent of the non-alcohol treatment admissions in Washington, D.C. Seventy percent of juvenile arrestees tested positive for drugs in 1996 (60% positive for marijuana, up from 6% in 1990). In 1996, in one suburban county outside of Washington, (Montgomery County), 6.6 percent of 8th graders, 15 percent of 10th graders, and 29 percent of twelfth graders reported marijuana use in the past 30 days. In 1995, Washington had the second highest number of DAWN cocaine related emergency department mentions (901). Crack and powder cocaine price and purity are reportedly stable.



Appendix 4: Evaluation of the National Youth Anti-Drug Media Campaign

Overview

To assess the impact of the National Youth Anti-Drug Media Campaign, ONDCP has designed a multi-phase evaluation plan to measure outcomes of success of the national Campaign in increasing the negative attitudes of youth toward drugs, increasing adult involvement in working with children to prevent drug use, and ultimately reducing drug use behavior among youth. Each phase of the impact evaluation will be conducted by an independent contractor under the auspices of the Office of Programs, Budget, Research, and Evaluation, ONDCP. The evaluation plan will involve a series of quantitative and qualitative research methods, including surveys of parents and young people; focus groups with the Campaign target audiences; interviews with key individuals at the national, state and local level; media monitoring of television, radio and print coverage of illicit drug use; and analysis of existing data on drug use and attitudes. The evaluation plan is being designed to address the different characteristics of each phase of the Youth Anti-Drug Media Campaign--e.g., since Phase I is only 13 weeks long, there will only be measures of awareness and some possible attitude changes, since those are the only changes to be expected in this short time-frame.

Impact Evaluation for Phase I of the National Youth Anti-Drug Media Campaign

The Phase I evaluation strategy has been designed to measure the effects of the campaign on awareness and attitudes among parents and youth in twelve target metropolitan areas where the campaign advertisements will be broadcast, as compared to parents and youth in twelve comparison metropolitan areas where the campaign will not be conducted. The impact evaluation of Phase I **will not** be able to detect changes in actual drug using behavior. Research suggests that such behavioral changes are not likely to occur until about 2 years after the launch of a media campaign. The evaluation team will conduct research in the twelve target and comparison metropolitan areas before the Phase I campaign is launched to collect baseline data, intermediate data mid-way through the comparison, and impact results after Phase I of the Campaign is completed. The following are the components of the Phase I evaluation:

- 1) **Target Metro Areas.** The twelve selected target metro areas are **Atlanta, Baltimore, Boise, Denver, Hartford, Houston, Milwaukee, Portland (OR), San Diego, Sioux City, Tucson, and Washington, D.C.** These metropolitan areas were chosen on the basis of geography, to ensure a regional distribution for the country; having existing data sources on drug use attitudes and behavior; and demographic characteristics, such as 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; and serious emerging

drug abuse problems (e.g., heroin or methamphetamine).

- 2) **Comparison Metro Areas.** Use of comparison metropolitan areas (where Phase I of the Campaign is not run but the same data are collected as in the target areas) is necessary to provide a baseline against which to measure the pre and post effects of the Campaign on awareness and attitudes. These metro areas were selected for their similarity of size, representation of minority population, geographic location, and independence from the media markets of the target metro areas.
- 3) **In-school Surveys.** The intent is to assess baseline and follow-up campaign effects on youth awareness and attitudes about drug use in the selected target and comparison metro areas. A total of 1,000 youth (grades 4-12) will be surveyed in each metropolitan area. The ONDCP contractor began conducting the surveys in December 1997 for baseline data and will conduct follow-up surveys at the end of Phase I in April 1998. Schools and classrooms within schools will be randomly selected in each of the twelve target and twelve comparison metropolitan areas. The resulting samples will be statistically representative of the metropolitan areas.
- 4) **Parents' Telephone Surveys.** Since many PDFAs address parents, the contractor will also conduct telephone surveys of parents of youths 18 and younger in the selected target and comparison metropolitan areas at baseline and follow-up to address the effect of the Campaign on parents' awareness and attitudes. A total of 175 parents will be surveyed in each metropolitan area.
- 5) **OMB Clearance for In-School and Parents' Surveys.** In order to conduct the parent and youth surveys, ONDCP has worked closely with the OMB to complete the clearance process.
- 6) **Data Collection Site Visits.** The contractor staff has been visiting the target and comparison metropolitan areas to gather local data (including hospital, law enforcement, school survey, and other drug-related statistics), document local prevention activities, conduct focus groups, and meet with key informants and others relevant to the Campaign evaluation. The site visits, focus groups, and key informant interviews, are to be conducted during the baseline period, after eight weeks into the Campaign, and on follow-up at the conclusion of Phase I.

Appendix 4: Evaluation of the National Youth Anti-Drug Media Campaign

- 7) **Focus Groups.** More probing and detailed information can be collected through the use of focus groups than with surveys. Focus groups will be conducted with parents and youth to provide the opportunity to gain better understanding of their perceptions of the Campaign, and how the Campaign may have affected their attitudes or beliefs about drugs.
- 8) **Key Prevention Activist (Informant) Interviews.** With the assistance of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the Community Anti-Drug Coalitions of America (CADCA), the contractor will identify key prevention activists in the metropolitan areas to learn more about community drug problems, drug prevention programs in the schools, major political or youth-oriented events, as well as law enforcement efforts that might affect the way people view drug use in that city. This information will tell us what other prevention programming is occurring in the metropolitan areas that also may be impacting on youth and parents' attitudes and behavior.
- 9) **Media Tracking.** The contractor has subcontracted with a Washington-based media tracking firm to monitor ongoing electronic and print media coverage related to drugs before and during the 13-week Campaign in all twelve target and comparison metropolitan areas.
- 10) **Re-analysis of Existing Data.** All relevant data on drug use in each of these metropolitan areas has been used to identify the particular problems to be addressed in these areas. These data were provided to the PDFA and provided guidance in the selection of the proposed ads.
- 11) **Evaluation Reports.** By March 1998, there will be an interim report on the baseline data and mid-Campaign follow-up site visits, including focus groups and key informant interviews, to assess progress on Phase I of the Campaign. The final evaluation report with follow-up data analysis will be prepared by July 1998.

Impact Evaluation of Phases II and III of the National Youth Anti-Drug Media Campaign

ONDCP will complete a multi-year contract in early 1998, for a comprehensive evaluation of Phase III of the National Media Campaign. It will assess changes in attitudes and behavior of parents, youth-influential adults, and young people, with an expectation that the Campaign will produce significant reductions in drug use among young people in two to three years. We anticipate the contract competition process taking around nine months. While this

Appendix 4: Evaluation of the National Youth Anti-Drug Media Campaign

process is underway, Phase II of the Media Campaign will be conducted and preparation for Phase III will commence. Since both Phases II and III are national in scope, the components of their evaluations are similar. We will use the same contractor collecting data in Phase I to gather baseline data for Phases II and III and to evaluate the effectiveness of Phase II. All evaluation activities will be consolidated in the Fall of 1998, once the contract for the evaluation of Phase III is awarded.

Campaign messages for parents and adults will encourage them to get more involved in the lives of children and to help youth resist peer pressure and successfully remain drug free. Campaign messages for preteens and teenagers will emphasize increasing perceptions of risk about specific drugs and increasing disapproval of drug use, which are the two key factors associated with changes in norms and behavior in this audience. Impact evaluations will assess the degree to which the Campaign succeeds in conveying these ideas to the target audiences.

ONDCP will issue a Request for Proposal (RFP) for a multi-year contract to an independent contractor in early 1998 to perform the impact evaluation during Phase III. Components of this comprehensive evaluation will include:

- **Establish a group of technical advisers** to provide ongoing review and advice on each phase of the evaluation.
- **Review, analyze and recommend methodologies for evaluating the impact of the Campaign.**
- **Use existing data sources to help establish the baseline**, including the 1998 MTF and NHSDA surveys, and the results of the evaluation of Phase I of the Campaign..
- **Develop data collection instruments and protocols.**
- **Conduct data collection activities**, to include (1) monitoring the media by conducting semiannual key informant interviews, focus groups with parents and youth, and ethnographic research and (2) conducting annual nationally representative telephone surveys of parents and adults who are influential with youth and in-school surveys of youth (grades 4-12).

Appendix 4: Evaluation of the National Youth Anti-Drug Media Campaign

- **Clean and edit data collected** to ensure accuracy of findings.
- **Analyze and publish the results of evaluations for each year of the Campaign.** These evaluation reports will be made available to Congress and the public and will be used to improve Campaign effectiveness.

