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NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES

OF THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTH CONGRESS

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NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

TUESDAY, JUNE 25, 2002

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 10 a.m., in room 2247, Rayburn House Office Building, Hon. Mark E. Souder (chairman of the committee) presiding.

Present: Representatives Souder, Cummings, Barr, Gilman, and Mica.

Staff present: Christopher Donesa, staff director and chief counsel; Sharon Pinkerton, professional staff member; Conn Carroll, clerk; Julian A. Haywood, minority counsel; and Jean Gosa, minority assistant clerk.

Mr. SOUDER. The subcommittee will come to order.

Good morning. In announcing the national drug control strategy for this year, President Bush said the following: "More than 50 percent of our high school seniors have said that they have experimented with illegal drugs at least once prior to graduation. There are some new hip drugs like ecstasy and GHB that are kind of fads. But they're dangerous and lethal, and they're taking too many lives."

President Bush continued, "And we know the results, we know what can happen. The important bonds between parents and children are fractured and broken, sometimes forever. Schools can turn into places of violence and chaos, as opposed to places of learning and hope. Productive citizens can be so dependent, so addicted that they live a life of hopelessness. We've got to do something about it here in America."

As part of the same announcement, the President said "It is important for Americans and American families to understand this: that the best way to affect supply is to reduce demand for dugs, to convince our children that the use of drugs is destructive in their lives." One of the specific programs that President Bush noted was the National Youth Anti-Drug Media Campaign, which is budgeted for $180 million this year. Under the media campaign, the Federal Government buys advertising time to reach American youth with the message that drug use should be rejected.

Like the President, I have supported this program, because I believe that it is one of the cornerstones of our integrated national strategy to prevent teen and later adult drug use. Recent weeks

have brought more troubling news about the media campaign. The last periodic evaluation of its results suggested that the advertisements have not had a directly measurable effect in persuading adolescents. Director Walters of the Office of National Drug Control Policy was quoted the next day in the Wall Street Journal as flatly stating that this campaign isn't reducing drug use.

When coupled with other issues, such as the continued implications of the billing irregularities previously revealed in the program, it is clear that significant questions must eventually be addressed and resolved as a prerequisite to any authorization of the program in this subcommittee. The most useful way to begin the reauthorization process, however, is to start with the fundamentals.

Today's hearing is intended to review the most fundamental question of all: do we need an anti-drug media campaign? I believe that the answer to this question is yes, because it is one of a limited number of major prevention programs in the United States, but also because we must watch the social messages our kids receive by fighting fire with fire in the public arena.

Our witnesses today will give their views on the issue, including several reasons why they believe that at the conceptual level, a media campaign is necessary and can be successful. My friend and co-chair of the Speaker's Drug Task Force on a Drug-Free America, Congressman Rob Portman of Ohio, was to be our first panel. He is tied up and we will have him join this panel when he gets there, but we'll go ahead with the second panel. He has been a leader in the Nation's demand reduction efforts and recently has been giving careful study to this program, in addition to his many other responsibilities, working as President Bush's liaison on Capitol Hill.

Our second panel, now our first panel, will feature prevention professionals and academics from around the country, including Dr. Lloyd Johnston of the University of Michigan, the principal investigator for the Monitoring the Future study tracking adolescent drug use; Professor Philip Palmgreen, of the University of Kentucky, who has authored a study on the effect of public service advertisements on teens; Susan Patrick, of the Governor's Prevention Partnership for the State of Connecticut; and Mr. Paul Zimmerman of the Procter and Gamble Corp., who has been active in the Community Coalition for a Drug-Free Cincinnati.

[The prepared statement of Hon. Mark E. Souder follows:]

Opening Statement
Chairman Mark Souder

"Do We Need an Anti-Drug Media Campaign?"

Subcommittee on Criminal Justice, Drug Policy, and Human Resources

Committee on Government Reform

June 25, 2002

Good morning. In announcing the National Drug Control Strategy for this year, President Bush said the following:

> More than 50 percent of our high school seniors have said that they've experimented with illegal drugs at least once prior to graduation. There's some new, "hip" drugs, like ecstasy and GHB. They're kind of fads. But they're dangerous and lethal, and they're taking too many lives.
>
> And we know the results. We know what can happen. The important bonds between parents and children are fractured and broken, sometimes forever. Schools can turn into places of violence and chaos, as opposed to places of learning and hope. Productive citizens can become so dependent, so addicted, that they live a life of hopelessness. We've got to do something about it here in America.

As part of the same announcement, the President said "It is important for Americans and American families to understand this: that the best way to affect supply is to reduce demand for drugs . . . to convince our children that the use of drugs is destructive in their lives." One of the specific programs that he noted was the National Youth Anti-Drug Media Campaign, which is budgeted for $180 million this year. Under the Media Campaign, the federal government buys advertising time to reach American youth with the message that drug use should be rejected. Like the President, I have supported this

program because I believe that it is one of the cornerstones of our integrated national strategy to prevent teen, and later adult, drug abuse.

Recent weeks have brought more troubling news about the Media Campaign. The last periodic evaluation of its results suggested that the advertisements have not had a directly measurable effect in persuading adolescents. Director Walters of the Office of National Drug Control Policy was quoted the next day in the Wall Street Journal as flatly stating that "This campaign isn't reducing drug use." When coupled with other issues, such as the continued implications of the billing irregularities previously revealed in the program, it is clear that significant questions must eventually be addressed and resolved as a prerequisite to any reauthorization of the program in the Subcommittee.

The most useful way to begin the reauthorization process, however, is to start with the fundamentals. Today's hearing is intended to review the most fundamental question of all: "Do we need an Anti-Drug Media Campaign?" I believe that the answer to this question is yes because it is one of a limited number of major prevention programs in the United States, but also because we must match the social messages our kids receive by fighting fire with fire in the public arena. Our witnesses today will give their views of the issue, including several reasons why they believe that – at a conceptual level – a media campaign is necessary and can be successful.

We will first hear from my friend and co-chair of the Speaker's Task Force on a Drug Free America, Congressman Rob Portman from Ohio. Congressman Portman has been a leader on our nation's demand reduction efforts and recently has been giving careful study to this program in addition to his many other responsibilities, so we look forward to his insight. Our second panel will feature prevention professionals and academics from around the country, including Dr. Lloyd Johnston of the University of Michigan, the principal investigator for the Monitoring the Future study tracking adolescent drug use; Professor Philip Palmgreen of the University of Kentucky, who has authored a study on the effect of public service advertisements on teens; Susan Patrick of the Governor's Prevention Partnership for the State of Connecticut; and Mr. Paul Zimmerman of the Procter & Gamble Corporation, who has been active in the community Coalition for a Drug-Free Cincinnati.

We welcome you all and look forward to your testimony on this important issue.

Mr. SOUDER. We welcome you all and look forward to your testimony on this important issue. I would now like to recognize Mr. Cummings for an opening statement.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

The Office of National Drug Control Policy's Youth Anti-Drug Media Campaign plays an important role in our Government's efforts to reduce the demand for illegal drugs. The goal of the campaign is to halt drug use before it starts by spreading the word and encouraging the belief that illegal drug use is harmful and inconsistent with success in life.

The campaign also stresses the importance of frank and honest discussion about drugs among parents and their children. The campaign as we know it began in 1997, when the Partnership for a Drug-Free America turned to President Clinton and Congress for Federal support of its pioneering drug prevention effort. For a decade, the Partnership had been successful in soliciting millions of dollars in creative ad content from advertising firms and valuable free air time from the major networks to produce a series of hard-hitting public service announcements aimed at discouraging teen drug use.

The University of Michigan's Monitoring the Future survey, moreover, showed that the ads were not only making an impression, but they were actually changing attitudes and behavior for the better. When deregulation in the television industry caused free air time to dry up, Congress stepped up to the plate and gave ONDCP $185 million to place pro bono ads on TV. We subsequently reauthorized the campaign which has since grown into a comprehensive media effort involving Web sites, entertainment industry outreach efforts, and an array of things, in addition to television advertising.

Five years later, we are here asking, do we need an anti-drug media campaign? In my view the answer is simply yes. Illegal drug consumption continues to tear at the fabric of our communities, and we need to do everything we can to convince our young people to stay away from illegal drugs.

An effective anti-drug media campaign should, without question, continue to be a part of our Federal drug control and prevention strategy. The operative word, of course, is effective. We have understood that from the very beginning. That is why Congress mandated that the National Institute for Drug Abuse design an evaluation competent to measure the campaign's impact on the attitudes and behavior of youth and their parents. The most recent data from NIDA tell us that the ads are sticking and that they are causing parents to take a more active role in counseling their children about drugs.

The data does not show, however, that the ads are causing use of marijuana to decline among youth. Unfortunately, these mixed results have led to some rather gloomy public appraisals of a campaign by ONDCP Director John Walters, who has emerged as the campaign's harshest public critic.

It is clear enough that the campaign requires some retooling. And Director Walters has suggested a number of steps that might be taken to improve the campaign's effectiveness, as has the Partnership. We must evaluate the options before us carefully, but even

more importantly, we must undertake this effort with a firm determination to see that this campaign succeeds.

In private meetings with myself and other members and in public testimony before the appropriations subcommittees in the House and Senate, Mr. Walters has indicated he remains committed to the campaign. So I would argue, should we in Congress be committed also? We must make the case to our colleagues. Helping us to lay a foundation for that case today are several individuals with valuable expertise and experience in the area of anti-drug media campaigns and their impact on drug use and attitudes toward drugs.

One of them is Congressman Rob Portman of Ohio, who believes that the campaign is making a difference for the better in his hometown of Cincinnati. Congressman Portman and I have been working with our Senate colleagues, Joe Biden and Orrin Hatch, to craft legislation to reauthorize the ONDCP media campaign. I think it is fair to say that we share the belief that Federal support for an anti-drug media campaign must continue. It is the right thing to do, and it can be done effectively, as it has been done before.

I look forward to hearing the testimony of all of our witnesses today, and I look forward to working with you, Mr. Chairman, and the rest of our colleagues, to make the media campaign as effective as it can be. Thank you.

Mr. SOUDER. Thank you.

Before proceeding, I would like to take care of a couple of procedural matters. First, I ask unanimous consent that all Members have 5 legislative days to submit written statements and questions for the hearing record, and that any answers to written questions provided by the witnesses also be included in the record. Without objection, it is so ordered.

Second, I ask unanimous consent that all exhibits, documents and other materials referred to by Members and the witnesses may be included in the hearing record, and that all Members be permitted to revise and extend their remarks. Without objection, it is so ordered.

Would the witnesses on this panel each stand up? It's been a longstanding practice in our committee that we swear the witnesses in. If you'll raise your right hands.

[Witnesses sworn.]

Mr. SOUDER. Thank you. Let the record show that the witnesses have each answered in the affirmative.

We're looking forward to your testimony. As you have gleaned, if you didn't know before, this committee is unusual in the sense that we're an oversight committee, but in this case of this program, we're also the authorizing. We're trying to figure out what things might need to be changed in the definition of this campaign, so we're very much looking forward to your testimony.

Dr. Johnston, if you would start.

STATEMENTS OF LLOYD D. JOHNSTON, DISTINGUISHED RESEARCH SCIENTIST, SURVEY RESEARCH CENTER, UNIVERSITY OF MICHIGAN; PHILIP PALMGREEN, PROFESSOR, DEPARTMENT OF COMMUNICATION, UNIVERSITY OF KENTUCKY; HON. ROB PORTMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO; SUSAN PATRICK, PRESIDENT, THE GOVERNOR'S PREVENTION PARTNERSHIP; AND PAUL J. ZIMMERMAN, SENIOR MANAGER, CORPORATE FUNCTION CONSUMER OF MARKET KNOWLEDGE, PROCTER AND GAMBLE

Mr. JOHNSTON. Good morning, Mr. Chairman and Congressman Cummings. It's a pleasure to have the opportunity to testify before you this morning on the National Youth Anti-Drug Campaign.

My name is Lloyd Johnston. I'm a program director and distinguished research scientist at the University of Michigan's Institute for Social Research, where for the past 28 years, I've directed the Monitoring the Future Study that you referred to, both of you, in your opening comments.

Much of my testimony, in fact, will be based on results from that study, so I'd like to start by just taking a moment to say a few words about what it is. This is a research grant that's funded by the National Institute on Drug Abuse. As I say, it's been going on for 28 years. And we do national samples of 8th, 10th and 12th grade students around the country each year, roughly ages 13 to 18, so basically the teen years.

At present, some 45,000 students are surveyed each year, and they're asked about their use of a wide array of substances, and it's a wide array that they have available today, as well as related attitudes and beliefs and experiences. Specifically related to the current issue, we ask them, and have since 1987, how frequently they see the anti-drug commercials or spots on radio and television and about the extent to which they feel these commercials have made them personally less likely to use drugs. So it's their own judgment about impact.

My comments are organized around a set of charts to my right. I'll mention to the audience that the same charts are in the testimony that's on the table.

Chart one contains the long term trends in marijuana use for students in 8th, 10th and 12th grades. It goes back over a 26 year period. I want you to note a couple of things about this, and it's true of the other drugs that I don't have up on charts. There's a great deal of variability over time. These have not proven to be immutable behaviors. They're subject to a range of social influences and change has occurred. If I put the line up there for delinquency, for example, it would be much flatter.

Notice also that use leveled off in about 1996 or 1997, in all three grades, after a period of increase. And in fact, there has been some fairly steady decline among the eighth graders in their marijuana use since then. This most recent year, 2001, didn't show any further decline.

Chart two shows the similar trends for illicit drugs other than marijuana taken as a group, the proportion of kids who used something beyond marijuana. It has fairly similar trends over time and note that there has been some progress since 1998 when the Fed-

eral campaign began for the eighth graders in particular, who have shown declines. And for a number of the specific drugs that are in the class, that I don't have up here, there have been important declines. Inhalants, LSD, heroin, cocaine, crack, some of the most serious drugs, have actually shown improvements during this period.

I note that the report that you alluded to from Weststat and Annenberg only deals with marijuana, not with all these other drugs.

I don't have any charts on the various individual drugs, but if I did, what they would show is that there is a great deal of individuality in their cross-time profiles of change. This suggests that there are drug-specific influences driving their levels. Two powerful influences that we have identified in this study are perceived risk, how much kids think they are harmful, and their disapproval.

Turning to our findings about the media campaign, chart three shows the trends in reported weekly exposure by students to anti-drug commercials on TV and radio. Note first of all the gradual decline in the early 1990's as the pro bono placement waned, and then a sharp increase in 1999 as the Federal program kicked in to buy space and time. But right after that, pretty much a leveling. In fact, the level has not yet reached where it was in the heyday of the pro bono campaign in the early 1990's.

Chart four shows trends in the students' reactions to the campaign: students are asked to what extent the ads made them personally less likely to use drugs. And the majority of students at all three grade levels credited the ad campaigns with having at least some deterrent influence on their drug use. Substantial portions credit the ad campaign with having a lot of influence: and in fact, 48 percent of the eighth graders say that. I think that's most advertisers' dream, to get that much impact self-reported by the target audience.

The proportion of eighth graders reporting effects has risen steadily since 1997 as exposure has increased for them. But note that the older kids have not shown an increase in reported impact. That suggests to me that we've lost some salience with the older kids, because they should be showing more impact with more exposure.

Chart five shows one particular drug where I think there is quite compelling evidence of impact, and that's inhalants. The Partnership for a Drug-Free America, before the Federal campaign set in, had an anti-inhalant campaign that was initiated in 1995, largely because of our calling attention to the continuing increase in inhalant use. And the proportion of students who said there was a great risk in using inhalants, even once or twice, jumped up in that year, as you can see. And that was at a point where practically no other drugs were turning down. So it wasn't part of a larger trend.

Chart six, the final chart, shows that inhalant use, which had been gradually rising for virtually a 20 year period, began to decline in 1996, at the same time that the campaign kicked in, and has been declining since, as much as 45 percent in some grades.

So, in conclusion, I think there's evidence that media campaigns can and do have deterrent effects. There's also evidence in other domains, I might add, like alcohol and tobacco. So I hope we're careful not to throw out the baby with the bathwater here. Just be-

cause one preliminary report dealing with a single drug out of the very many that we now have, covering a very short period of time, 18 months, and focused on a particular implementation of the media strategy, which was whatever was done in those 18 months, just because that study fails to find evidence of effects is certainly not sufficient reason to give up on the entire enterprise.

I've tried to show evidence that would lead to a quite different conclusion about the need and desirability for having a vigorous and sustained anti-drug media campaign. It's one of the very few tools that we have for reducing demand, and I think it can be effective. Thank you.

[The prepared statement of Mr. Johnston follows:]

TESTIMONY OF

LLOYD D. JOHNSTON, PH.D.

before

THE SUBCOMMITTEE FOR CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES

of the

COMMITTEE ON GOVERNMENT REFORM,

U.S. HOUSE OF REPRESENTATIVES,

at hearings held on

JUNE 25, 2002

ON THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN

I am pleased to present testimony to the Subcommittee on Criminal Justice, Drug Policy, and Human Resources. My name is Lloyd Johnston. I hold the titles of Distinguished Research Scientist and Program Director at the University of Michigan's Institute for Social Research, and my training is as a social psychologist. I have spent the majority of my career studying the substance-using behaviors of American adolescents and young adults. Much of that time has been spent serving as the principal investigator of the ongoing Monitoring the Future study, which was launched in 1975 and has been funded under a series of competing research grants from the National Institute on Drug Abuse. Findings from the study are disseminated widely through national press conferences and press releases, three annual monographs, occasional books, journal articles, chapters, etc. I have also served on the National Commission for Drug-Free Schools, the National Advisory Council on Drug Abuse, and various other national and international advisory bodies in the drug field.

The Monitoring the Future Study

Monitoring the Future, from which I will be drawing most of the findings for this testimony, is based on large, nationally representative samples of students in eighth, tenth, and twelfth grades. At present some 45,000 students in roughly 425 secondary schools are surveyed each year and asked about their use of a wide array of licit and illicit substances, as well as related attitudes, beliefs, and experiences. Among the experiences about which they are asked is their exposure to anti-drug commercials on radio and television, which provides information relevant to the present hearings. Considerably more information about this study and its many publications may be found on its Web site, www.monitoringthefuture.com.

Questions on the Media Campaign

The National Youth Anti-Drug Media Campaign constitutes an expansion, and to some degree a redefinition, of the national media campaign initiated by the Partnership for a Drug-Free America (PDFA) in the latter half of the 1980s. When the original PDFA campaign was launched, my colleagues and I on the Monitoring the Future study decided to add a set of related questions to the ongoing surveys. Our interest was to determine the extent to which the campaign was reaching American young people, how they were reacting to it, and to what extent they saw the ads as credible. We were also interested in how these factors would change over time. To the best of my knowledge, these are the only such long-term data in existence and the only such data that predate the launching of the effort by ONDCP.

Questions were first placed in the questionnaires in 1987. At that time only twelfth grade students were being surveyed annually, but in 1991 younger students—eighth and tenth graders—were added to the annual surveys. The questions have been retained in the surveys in the years since, and much of what I will share here derives from them. They ask about the respondent's frequency of exposure to *all* anti-drug media spots, not just those contained in the national campaign; but, because the preponderance of such

advertising has been contributed by the campaign, we take them as responses that apply directly to the campaign.

Trends in Adolescent Drug Use

Let me first note the fundamental trends in the phenomena that the campaign is intended to influence—the use of illicit drugs by American young people. Figure 1 shows the trends in the use of *marijuana* by all three grade-levels (8, 10, and 12) for the years in which we have data on each, and Figure 2 does the same for the use of *any illicit drug other than marijuana*. (The "other illicit drugs" category encompasses quite a range of substances, from amphetamines and cocaine to LSD and heroin.)

Two things should be noted in these figures. The first and most important is that the levels of use of these substances have fluctuated widely over time. These are not immutable behaviors: they are subject to a range of social influences. The second is that, while drug use rose substantially during much of the 1990s, there has been a leveling in recent years and, among the eighth graders in particular, some relatively steady, gradual decline in use. In other words, there has been some recent progress among the younger teens, who have been the primary targets of the media campaign.

An additional point that derives from our data, but is not illustrated in the figures, is that no two drugs follow the same cross-time trajectory. Each has its own pattern of change, strongly suggesting that factors specific to each drug are responsible for changes in its use. Central among the controlling factors that we have been able to identify have been the level of risk that young people perceive to be attached to the use of each particular drug (perceived risk), and the degree to which they disapprove of its use (disapproval). Perceived risk has actually been a leading indicator of change in a number of cases, including for marijuana and cocaine. These two facts in combination suggest that young people respond to what they perceive to be the dangers of using particular substances as well as to peer norms about their use. I will return to illustrate this point toward the end of this testimony.

Adolescents' Views of the Ad Campaign

Across the years that we have had questions on anti-drug ads, we have been surprised at the high levels of recalled exposure young people report and also at the high degree of efficacy they attribute to the ads in influencing their own likelihood of using drugs. Adolescents are not known for their willingness to admit that anyone is influencing them, which I thought put the bias in the direction of their *underestimating* the effects of the campaign.

Figure 3 illustrates that students' recalled exposure to anti-drug ads has been quite high for some years, though there have been important changes over time. The younger teens—the ones most heavily targeted in the campaigns—consistently report higher exposure than the older ones. All three grade-levels showed a steady decline in exposure during much of the 1990s, as *pro bono* media placement of the PDFA-produced ads

declined. Between 1998 and 1999, however, there was a sharp jump in exposure, no doubt reflecting the effect of the federal infusion of resources into the campaign in order to buy media time and space.

Note, however, that the reported exposure levels still have not reached what they were in the best years of the *pro bono* campaign. Whether that means that actual exposure levels are lower or that the ads are somehow less memorable, is not clear.

Figure 4 shows trends in the proportions of students who say that they think the ads have made them less likely to use drugs at least "a little" or have done so "a lot." The majority of students at all three grade levels credit the anti-drug ads with having at least some deterrent influence on them, and substantial proportions credit the ad campaign with having a lot. That would seem to me to be every marketer's dream.

The younger the students, the higher the judged influence rating has been. At present, fully 40% of eighth graders say the ads to which they have been exposed have had a lot of influence in making them less likely to use drugs. How would I reconcile this with the negative findings from the recent evaluation of the campaign? Certainly one possibility is that the students are responding in relation to their possible use of *all* illicit drugs (which is what the question asks about) and not just about marijuana use, which was the subject of the evaluation. Another is that they are talking about the *cumulative* impact on them over a longer period of time than that encompassed in the evaluation.

One puzzling finding is that, although judged impact declined along with recalled exposure in the earlier part of the 1990s, judged impact has not risen much with the increase in exposure in the late 1990s, as would be expected. The primary exception has been among the eighth graders. They *have* shown a steady increase in judged impact and, perhaps not coincidentally, are the ones showing a decline in drug use in recent years. In fact, their increase in judged impact of the ads actually began prior to the sharp increase in recalled exposure in 1999, when the federally funded campaign really got underway. It may be that qualitative changes in the ads, and/or emphasis on different drugs (including inhalants), started to get through to the younger teens even before there was an increase in exposure.

In sum, there is considerable evidence consistent with the notion that the ad campaign(s) *have* had influence on the drug-using behaviors of American adolescents over the years. Every year's respondents have had considerable proportions judging the ads to be effective with them. And in recent years drug use has declined most among the eighth graders, who are also the ones reporting the highest levels of ad exposure and who judge the impact on their own behavior to have been greatest. But there is also some indication that the more recent ads have somehow had less salience than those used in the earlier campaigns, because among the tenth and twelfth graders, at least, judged impact has not risen very much even though their rate of recalled exposure has.

What might account for such a shift is difficult to identify, and there may be as many hypotheses as there are commentators. My own hypothesis for some time has been that

placing the name Office of Drug Control Policy as a tag line at the end of each ad causes many young people to dismiss the message content immediately upon viewing. After all, the credibility of the message is judged in large part by the identity of the message giver, and an "office" involved in "control" and "policy" is not likely to be a source from whom adolescents would welcome a communication. I also have not been convinced that the strategy of branding the campaign with "the anti-drug" has been a good idea. I suspect that it may be seen by young people as too slick, but surely some focus groups could be used to examine that hypothesis.

The Case for Inhalants

I would like to close my comments by referring to what may be the most persuasive evidence of the capacity of an anti-drug ad campaign to influence youth behavior. It relates to the notion that each of the many drugs has specific influences that affect its level of use. In the mid-1990s Monitoring the Future drew the attention of the PDFA to the fact that inhalant use, which is used mostly among younger teens, had been rising gradually but steadily for nearly twenty years, as of 1994 or 1995. (Inhalants are solvents, aerosols, and gases that can be inhaled for the purpose of getting high.) PDFA undertook an anti-inhalant campaign in 1995 aimed at teens, and in 1996 we saw a sharp increase in the perceptions of risk associated with using these drugs—an increase that has continued in the years since (see Figure 5).

Since 1995, there has been a fairly steady and quite substantial decline in inhalant use that is continuing today. Proof positive of an impact of the media campaign? No, but we almost never have proof positive. The fact that the decrease in the use of the other drugs generally did not occur for another one to two years strongly suggests that something was going on specifically related to inhalants. And the one thing that we know occurred that year was the introduction of the ad campaign, which emphasized the dangers of inhalant use, of which, by the way, I think many young people were relatively unaware. Their perception of risk went up and use started down.

Inhalants may have been an ideal case for public service advertising to be effective, since the dangers of the drug were not yet well known up to that point. A parallel case might be made at the present time for ecstasy (MDMA), the use of which has grown sharply in recent years, as our study has documented. And, unfortunately, there will always be new drugs coming onto the scene, like ecstasy, with false promise and little yet known about their risks. Ad campaigns have particular potential for dealing with them; and, unfortunately, we do not have all that many alternatives in our armamentarium for dealing quickly and effectively with such threats.

Conclusions

So, I hope that we are careful not to throw the baby out with the bath water here. Just because one preliminary report, dealing with a single drug out of many, over just a very short period in history, and focused on a particular implementation of the media strategy,

fails to find evidence of effects is not sufficient reason to give up on the entire enterprise. I have tried to show evidence that would lead to a quite different conclusion.

Each new generation of American young people needs to be taught anew just why it is that they should stay away from the many illegal drugs available to them. That is because with generational replacement comes what I call "generational forgetting." If young people were born too late to learn the lessons learned by their predecessors when the ravages of particular drugs became widely known, then they are poised to repeat their mistakes as a result of their own naivete. The country needs to institutionalize mechanisms for passing on such knowledge persuasively, and there are not a lot of options available to us for doing that. So we discard any of them at our peril. An anti-drug advertising campaign is one of those few such mechanisms. Good prevention curricula in the schools constitute another, and engendering motivated and informed parents is the third. (The third is largely accomplished through media campaigns, incidentally.)

There is too much at stake. While American young people now have considerably lower rates of illicit drug use than they did in earlier periods of this 35-year epidemic, they still become involved with illicit drugs at a rate higher than just about any other country in the world. That means that the problem remains to be contained, as well as to be prevented in future generations.

Selected References

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2002). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2001.* (NIH Publication No. 02-5015). Bethesda, MD: National Institute on Drug Abuse, 57 pp.

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2001). *Monitoring the Future national survey results on drug use, 1975-2000. Volume I: Secondary school students.* (NIH Publication No. 01-4924). Bethesda, MD: National Institute on Drug Abuse, 492 pp.

Mr. SOUDER. Thank you.

Professor Palmgreen.

Mr. PALMGREEN. Well, I was told, I have to apologize, that there was going to be Power Point available today. And there is no Power Point available today, so I think the members of the committee will have to follow along with the handout of my slides, which is what I'm going to use. I have to apologize to the audience for not being able to see these.

My name is Phil Palmgreen. I'm a professor of communication at the University of Kentucky. I've been doing research with a number of colleagues there for the last 15 years on anti-drug public service announcements specifically, funded by the National Institute on Drug Abuse. NIDA has been very interested in the impact of these kinds of PSAs.

I'm going to report to you today on one of those studies, probably our most important study, which assesses the impact of televised PSA campaigns on at-risk teens' marijuana use. And that was the only component of this campaign, anti-drug public service announcement, because NIDA wanted to know if those PSAs worked. And it's difficult to tell if you have a multi-component campaign that includes schools, community efforts and so forth. So we just ran a PSA campaign only as the purest test of the possible impact of such a campaign.

In a nutshell, our research shows that a scientifically targeted television campaign can reduce marijuana use among at-risk youth. Now, a key element of these campaigns was something called sensation seeking. Sensation seeking is a personality trait that's been studied in hundreds of studies over the last 40 years or so. It involves a need for novel and emotionally intense stimulation. High sensation seekers just need a lot more of that than low sensation seekers.

It also involves a willingness to take risks for such stimulation. It's about 60 percent inherited, which means that for many people, their brains are hard-wired to become high sensation seekers. It's moderately to strongly associated with all kinds of substance use, from cigarettes and alcohol up the hardest drug, and I'll show you some of that in a moment.

Also, high sensation seekers make up about 50 percent of the population as defined by most researchers. It's not a small group of people. How do you identify high sensation seekers? Usually through a small scale, we developed a short version that we can use with kids. It has items in it like, I would like to explore strange places, I prefer friends who are excitingly unpredictable, I like to do frightening things, I like wild parties and so on. People who agree with those kinds of items tend to be high sensation seekers.

Now, I said that high sensation seekers use a lot more drugs and a lot more of a particular drug than low sensation seekers. I have some data from the Partnership for a Drug-Free America, who has an attitude tracking survey that they do annually of about 7,000 kids, a nationally representative sample, 7th to 12th graders. For example, for marijuana, among those 7th to 12th graders, about 2½ times as many high sensation seekers as low sensation seekers use marijuana. And that's really an underestimate, because that's

an average across 7th to 12th grades. And in 7th grades, there's very little difference between high and low sensation seekers.

By the 12th grade, there's usually a much bigger difference, about as high as four to one in favor of the high sensation seekers. But you also see those same kinds of ratios for alcohol, cigarettes, inhalants, for example, inhalants is 3.3 to one, cocaine. When you look at lifetime use of some of the harder drugs, like meth, which is such a troubling drug today, it's almost four to one in favor of high sensation seekers using it in the last 30 days. Ecstacy, three to one.

So in other words, sensation seeking really is, we have found it to be a particularly effective variable for targeting those who are most in need of hearing the message, the anti-drug message. Now, how do you reach these people? Because they're not easy to reach.

There happens to be a fortuitous circumstance, and that is that high sensation seekers, it turns out, in their need for stimulation, also require stronger messages to get their attention and to persuade them. These messages ordinarily are novel, dramatic, emotionally powerful, graphic, unconventional and certainly not preachy, as you might expect. Without these kinds of characteristics, we have found that you can't even get the attention of high sensation seekers, much less persuade them.

The study I'm talking about was carried out in Lexington, Kentucky and Knoxville, TN. They are, it turns out, two very comparable communities. It had two principal goals. One was to study the impact of televised PSA campaigns on at-risk teens' marijuana use, especially among high sensation seekers, and to try to interrupt or even reverse the normally observed age related upward trends in teen marijuana use that you ordinarily see.

The study's principal design features included PSAs developed or selected for appeal to high sensation seekers. We did a lot of research on that. We developed our own five PSAs. We had a few PSAs from the Partnership for a Drug-Free America as well, but they didn't get much air time, because the Partnership at that time was operating strictly on a pro bono basis. We were buying time for our own PSAs, so our own five PSAs that we developed had to carry the load.

The PSAs were placed in programming with high sensation seeking appeal, according to our surveys. High exposure also, we had high exposure to the PSAs, a combination of purchased and donated time. We also used a powerful control time series design to measure behavior change in high sensation seekers. That's probably the most powerful design available for this kind of study.

The study itself involved 6,400 adolescents, approximately. We started gathering data, started sampling 100 kids per month in Lexington, Kentucky and Knoxville, Tennessee. We did that for 32 months, sampling from the same cohort of kids as they got older. They were 7th to 10th grade when we started, 32 months later, this same cohort of kids was in what we call the 10th through 13th grade, or the grade after graduation from high school.

We started gathering data 8 months prior to the first campaign, which was carried out in Lexington, Kentucky, a 4-month campaign in the spring of 1997. A year later, we did a booster campaign in Lexington, Kentucky and we ran a campaign, the same

kind of campaign, same ads, in Knoxville, Tennessee. So we were able to plot trends in use of marijuana, 30 day use of marijuana, to see if the campaigns affected these trends, both before, during and after the campaign, a unique feature of this study.

Finally, look at the results here, unfortunately some of you in the audience will have to look at the handout that I've passed around, there are two charts here, one for Knoxville, Tennessee, where we only ran one campaign. What you see there, there is some sampling error due to the small sample sizes. But we divided the samples into high sensation seekers and low sensation seekers. If you look at the circles at the bottom, that's the low sensation seekers. They're just sort of not using much marijuana. Average use of about 7 percent in the last 30 days, and they're not going up over that 32 month period.

High sensation seekers, on the other hand, went up from about 16 percent use to 20 months later, before the first campaign started, they went up, they doubled, went up to almost 33 percent. That's a typical age related increase that you see. Our campaign started in January 1998 in Knoxville. They immediately started down. And they were still going down 8 months after the campaign ended.

In Lexington, where you have a more complex pattern, because you have two campaigns, once again, low sensation seekers going along the bottom, not using much. But the high sensation seekers, that 50 percent of the population we were studying, were going up like a rocket, basically, to start with. Then they encountered our first campaign in 1997. Down they went.

Then 6 months after that campaign, that campaign had a wear-out effect, like you usually see with product advertising. And they started back up again. So we hit them with the booster campaign. And down they went again. And they were still going down at the end of the campaign.

So we estimate that there was a 27 to 36 percent decline in the proportion of high sensation seeking teens using marijuana in the past 30 days in these two communities. That's a substantial decrease.

What are the implications? What did we learn from all this? That we think televised PSAs emphasizing marijuana risks, because that's what we did, and one of the things I guess I failed to mention was that we only used PSAs that involved risks, marijuana risks, risks scientifically documented and risks that high sensation seekers told us were very important in their lives, such as damaged relationships with family and friends, decreased academic and sports performance, loss of part-time jobs, impaired memory and judgment, reduced motivation, depression, lung damage and so forth. We put those things into our PSAs.

So our study speaks to PSAs that feature marijuana risks and we feel those kinds of campaigns can substantially reduce marijuana use among at-risk teens. To be successful, we think these kinds of campaigns should be designed specifically for at-risk teens,

especially high sensation seekers. And they should achieve high levels of audience penetration and exposure, that's important.

And finally, we feel that our results show rather dramatically that TV campaigns can play an important, very cost effective role in preventing teen marijuana use. Thank you.

[The prepared statement of Mr. Palmgreen follows:]

TESTIMONY GIVEN JUNE 25, 2002
U.S. HOUSE OF REPRESENTATIVES SUBCOMMITTEE ON
CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES
by
DR. PHILIP PALMGREEN
UNIVERSITY OF KENTUCKY

This is a report on a study assessing the impact of televised PSA campaigns on marijuana use of at-risk teens, especially that of high sensation seekers who are particularly prone to drug use. Our research shows that a scientifically targeted television campaign can reduce marijuana use among at-risk youth. The study, which was funded by the National Institute on Drug Abuse, was carried out between May, 1996 and December, 1998 in Lexington, KY and Knoxville, TN, involving approximately 6,400 adolescents. A key element of these campaigns was *sensation seeking* – a personality trait involving the need for novel and emotionally intense stimulation, and the willingness to take risks to obtain such stimulation. Sensation seeking is moderately to strongly associated with use of all kinds of drugs and other substances, making it a particularly effective characteristic for targeting campaigns to those most in need. It is about 60% inherited, and high sensation seekers (HSS) comprise about 50% of the population, as defined by most researchers. HSS also require stronger messages to get their attention and persuade them. These messages are novel, dramatic, emotionally powerful, graphic, unconventional, and not preachy.

The principal goals of the study were: 1) to study the impact of televised PSA campaigns on marijuana use of at-risk teens; 2) to attempt to interrupt or reverse the normally observed age-related upward trends in adolescent marijuana use.

The principal design features were: 1) PSAs developed or selected for HSS appeal (we produced 5 PSAs, others donated by the Partnership for a Drug-Free America); 2) PSAs placed in programming with HSS appeal; 3) high exposure to PSAs through purchased and donated time; 4) powerful controlled time-series design to measure behavior change in HSS; 5) PSAs focused principally on *scientifically-documented risks of marijuana use* that *HSS teens* see as important—damaged relationships with family and friends, decreased academic and sports performance, loss of part-time jobs, impaired memory and judgement, reduced motivation, depression, lung damage.

Data Collection and Campaign Timetable

A four-month campaign was conducted from January-April 1997 in Lexington, KY. Similar campaigns were conducted from January-April 1998 in Lexington and in Knoxville, TN. Beginning 8 months before the first Lexington campaign and ending 8 months after the 1998 campaigns (a total of 32 months), interviews were conducted with 100 public school students randomly selected each month in each community from a particular grade cohort of students (for a total sample of 6,371 students). Students in this cohort were in the 7th-10th grades at the start of interviewing and in the 10th-13th (1st semester after high school graduation) grades at the conclusion of the study. The cohort aged as the study progressed, allowing us to plot developmental profiles of marijuana use in each city prior to, during, and after the campaigns to detect campaign effects.

Results

Low sensation seekers (LSS), as expected, displayed low levels of current (last 30-day) marijuana use in both communities, and showed no age-related increases. High sensation seekers, on the other hand, displayed steep age-related upward trends in use, which were sharply reversed by each of the 3 campaigns. Use among HSS was still declining 8 months after the 1998 campaigns in each city, when data gathering ceased. Overall, the campaigns resulted in an estimated 27%-36% decline in the proportion of HSS teens using marijuana in the past 30 days.

Implications

Televised PSAs emphasizing marijuana risks can substantially reduce marijuana use among at-risk teens. To be successful, the campaign should:

1) **Be designed specifically for at-risk teens, especially high sensation seekers.**
2) **Achieve high levels of audience penetration and exposure over at least a 4-month period.**

THUS TV PSA CAMPAIGNS CAN PLAY AN IMPORTANT COST-EFFECTIVE ROLE IN PREVENTING TEEN MARIJUANA USE.

[See full report in *American Journal of Public Health*, Feb. 2001, V.91, No.2]

Sensation Seeking Media Campaign

Investigators:
Dr. Philip Palmgreen
Dr. Lewis Donohew
Dr. Elizabeth Lorch
Dr. Rick H. Hoyle
University of Kentucky
Dr. Michael Stephenson
Texas A&M University

Funded by:
National Institute on Drug Abuse

Our research shows that a scientifically *targeted* television campaign can *reduce* marijuana use among at-risk youths.

Defining the Target:
Sensation Seeking

Sensation Seeking is a Personality Trait

- Need for novel and emotionally intense stimulation
- Willingness to take risks for such stimulation
- About 60% inherited
- Moderately to strongly associated with all kinds of substance use
- High Sensation Seekers (HSS) make up about 50% of the population

Identifying Sensation Seekers

I would like to explore strange places.

I would like to take off on a trip with no pre-planned routes or timetables.

I get restless when I spend too much time at home.

I prefer friends who are excitingly unpredictable.

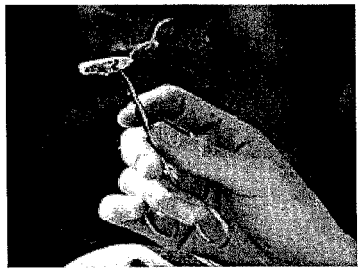
I like to do frightening things.

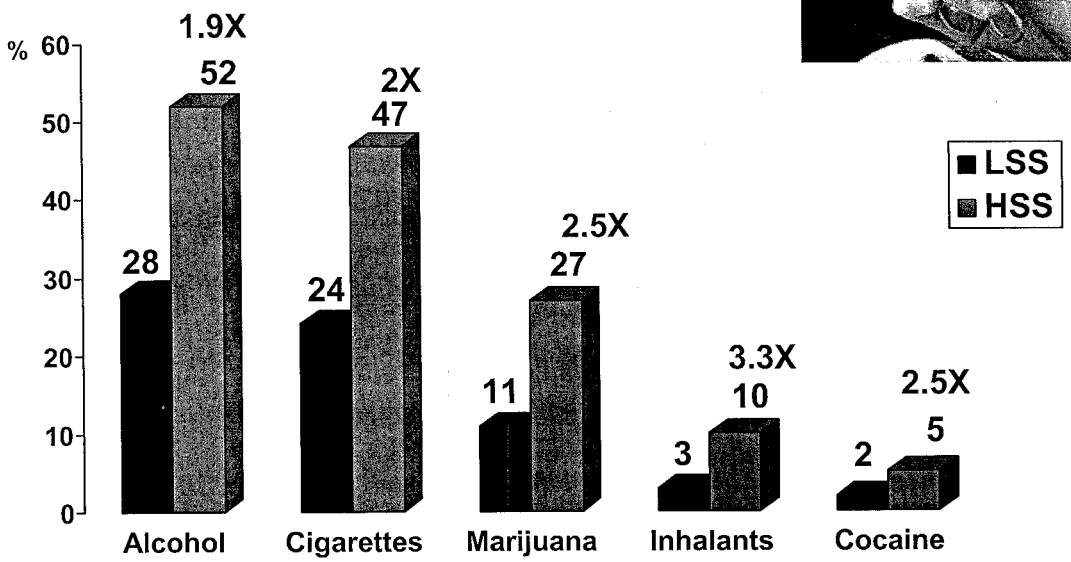
I would like to try bungee jumping.

I like wild parties.

I would love to have new and exciting experiences, even if they are illegal.

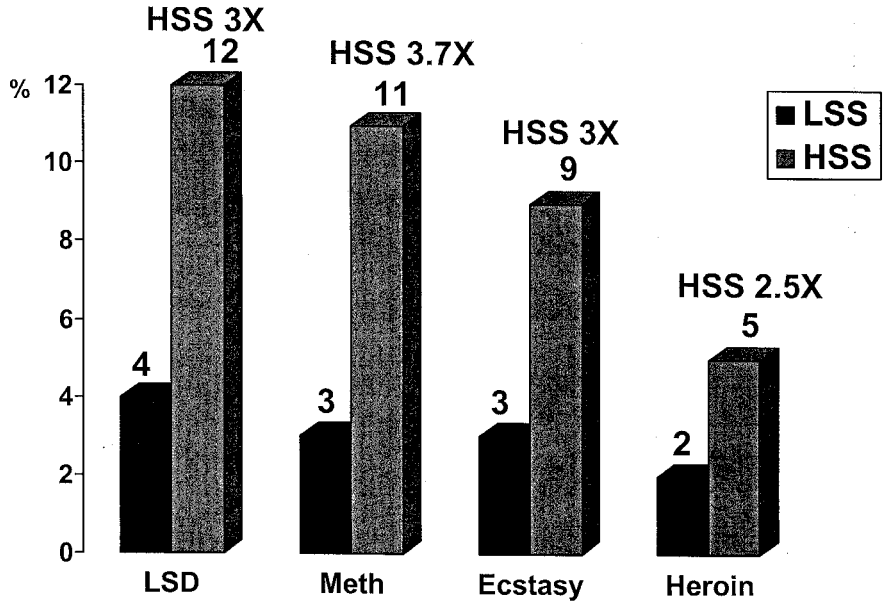
30 Day Substance Abuse





Partnership for a Drug-Free America Attitude Tracking Survey 1999

Lifetime Use



Partnership for a Drug-Free America Attitude Tracking Survey 1999

Sensation Seeking:
TV Message Characteristics

Novel

Dramatic

Emotionally powerful

Graphic

Unconventional

Not preachy

Lexington-Knoxville Study: Principal Goals

To study the impact of televised PSA campaigns on at-risk teens' marijuana use, especially high sensation seeking teens.

To try to interrupt or reverse the normally observed age-related upward trends in teen marijuana use.

Lexington-Knoxville Study: Design Features Target HSS

- PSAs developed or selected for HSS appeal
- PSAs placed in programming with HSS appeal
- High exposure to PSAs through purchased and donated time.
- Powerful controlled time-series design to measure *behavior* change in HSS.

Lexington-Knoxville Study: Content Targets HSS

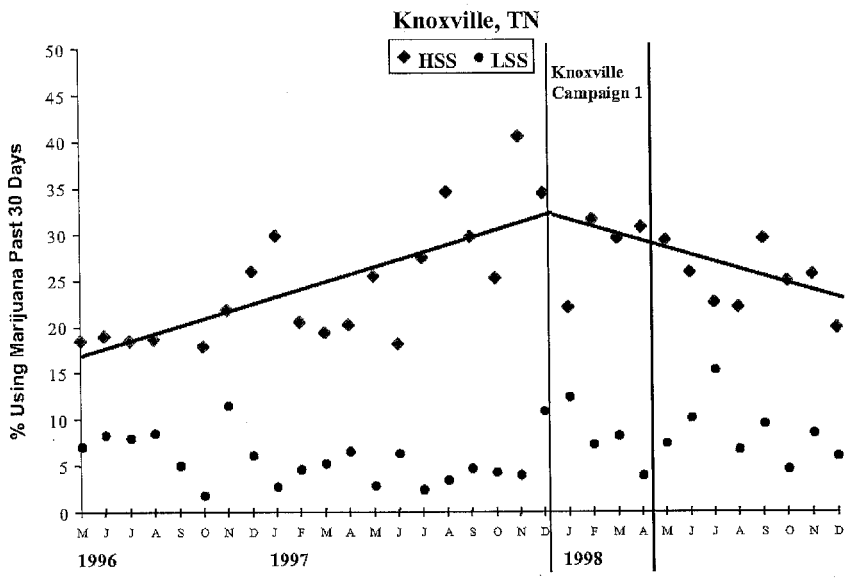
PSAs focused on *scientifically-documented risks of marijuana use* that *HSS teens* *see* as important.

- Damaged relationships with family & friends
- Decreased academic & sports performance
- Loss of part-time jobs.
- Impaired memory & judgement.
- Reduced motivation.
- Depression.
- Lung damage.

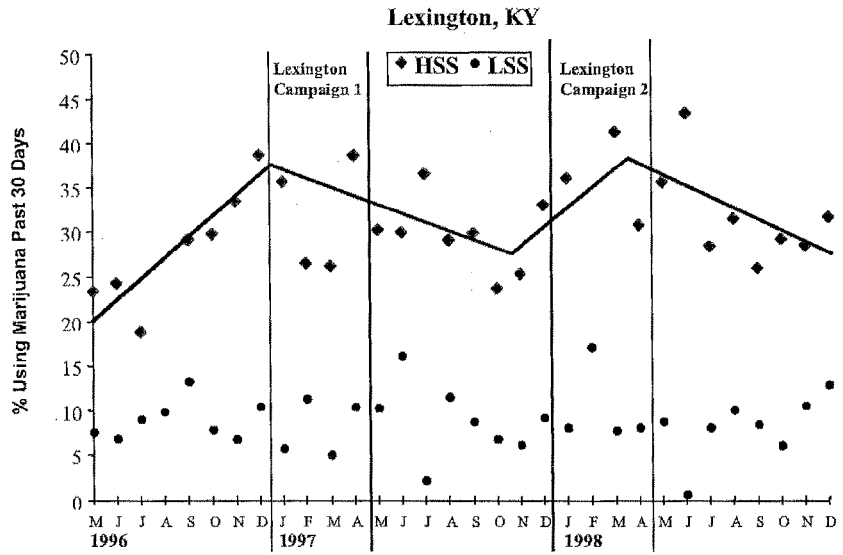
Lexington-Knoxville Study: Data Collection & Campaign Timetable

Data Collection →	*Data Collection →*	*Data Collection →*	*Data Collection*
Lexington	**Campaign I**	**Campaign II**	
Knoxville		**Campaign I**	
1996 M J J A S O N D	1997 J F M A M J J A S O N D	1998 J F M A M J J A S O N D	
Students begin in 7th-10th Grades →	32 Months	→	Students finish in 10th-13th Grades

Knoxville Results:
TV Campaign Reduces Marijuana Use



Lexington Results:
TV Campaigns Reduce Marijuana Use



Lexington-Knoxville Study: Results

An estimated 27% - 36% decline in proportion of HSS teens using marijuana in the past 30 days.

Low sensation seekers' marijuana use remained at low levels throughout the 32 months.

Implications

TV PSAs emphasizing *marijuana risks* can substantially reduce *marijuana use* among at-risk teens.

To be successful the PSA campaign should:

- Be designed specifically for at-risk teens, especially HSS.
- Achieve high levels of audience penetration & exposure.

TV campaigns can play an important, *cost-effective* role in preventing teen marijuana use.

Mr. SOUDER. Thank you. We've been joined by our colleague from Ohio, who has been the Republican leader on demand reduction. It's a privilege to have you here, Congressman Rob Portman.

Mr. PORTMAN. Thank you, Mr. Chairman. I apologize that I was delayed getting here earlier, but delighted that I got to hear some of Professor Palmgreen's testimony. I'm sorry I missed Dr. Johnston's, who is really one of the great researchers in this area. His work is viewed as the seminal survey work in this area and has been for 15 or so years. I look forward to hearing more from our other panelists. You've got a great panel here, including my colleague from Cincinnati, Paul Zimmerman.

Ranking Member Cummings and Mr. Barr and Mr. Chairman, I thank you for having this hearing. This is very important that we have a hearing just about what the heck a media campaign can do and should do, and to back up a little bit and talk about why Congress made that big decision back in 1998 to get into this area of helping to encourage and to be sure that we had a strong media campaign out there. I enjoyed working with you, Mr. Chairman, and Chairman Burton on the reauthorization of the Drug-Free Media Campaign, Mr. Cummings as well, and I look forward to working with you to tackle this new issue we have before us, which is reauthorizing the media campaign in a way that makes sense.

I also want to thank you, Mr. Chairman, for your personal commitment to this and your commitment to substance abuse across the board, demand and supply side. I think this hearing recognizes the importance of the media campaign to the country, and it recognizes we're not going to cede the health, safety and lives of our children to the dangers of illegal drug use. I think that's very important, just as a statement.

I think we all agree that there's no silver bullet in this business. There's no magic solution that's going to enable us to stop drug use overnight. But we also, I think, all agree that a very important way to get the message across is through public media, and that includes television, radio and newspapers. I personally am a firm believer, as you know, Mr. Chairman, that an effective media campaign can help, as we just heard based on good survey data, to help keep kids off drugs.

The Partnership, of course, operated a successful campaign long before we got involved in 1998. Congress, in 1998 understood the importance of that and wanted to ensure that it would continue under more difficult circumstances. So we came up with the idea to use Federal dollars on a matching basis to purchase media time to air anti-drug ads. These ads would be prepared by the best in the business, the best creative talent and the Partnership was asked to help ensure that creative production process would continue to be there on a pro bono basis, which was part of the cost effectiveness of the campaign. By doing so, we had hoped that the free creative would result in not only the best work but a cost savings to the taxpayer.

We knew we had to purchase the actual advertising time, but even there, we realized the taxpayers would get a strong return on that investment, because we were going to be sure that every dollar spent on media buys would be matched by the private sector. And again, as was just noted in terms of the cost effectiveness, if

you look at the other things we're doing in prevention or treatment, or for that matter on the supply side, as Professor Palmgreen has said, this is a very cost effective way to deal with these issues.

Since 1998, ONDCP has run its campaign. With the help of the Partnership, they've created more than 212 commercials. Some have said the campaign has lost its way. Many of us of course are familiar with the criticism that John Walters, the Director of the Office of National Drug Control Policy, recently had to the media campaign based on the NIDA study.

There are questions about the methodology used in that study, I'm sure you're going to get into that today. I'll let your experts testify to that. But even if you support the methodology and even support the results of this latest survey, it's not all bad news, which is how the media portrayed it often. For instance, there were very positive outcomes with parents. More parents were seeing the ads, more parents were talking to their kids about drugs as a result. And we have found in our work back home and even nationally this is a vital element. Probably the single most important thing we could do is just to get parents more engaged in the lives of their kids and talking to their kids about the consequences of drug use, dealing with it. And that has been successful in these ads.

Unfortunately, other aspects of the NIDA study were not as positive, and of course, we're not seeing the decrease in the percentage of teenagers using drugs that we'd like to see.

I'm here to tell you, Mr. Chairman, that I'm willing to work with the subcommittee in whatever way possible. I know you're committed to this as well, to make sure that the ad campaign is made more effective. I'm convinced that it can be done. I say this because of the proven ability of public service campaigns around the country on various issues. Again, we just heard testimony to that.

But I also speak from first-hand knowledge in our own community, because we've seen the positive results that can be gained by an effective media campaign. We started the Coalition for a Drug-Free Greater Cincinnati about 6 or 7 years ago. I founded it as chairman. And we recently conducted a survey, we do a survey every 2 years. Our recent survey showed a decline in teen drug use in our region for the first time in a dozen years.

So for the first time in 12 years we're seeing a decline. And it's a fairly substantial decline, marijuana use down 13 percent, alcohol use down 24 percent among teens, cigarette use among teens down 28 percent. We coordinate back in Cincinnati an extensive local anti-drug media campaign. We've been very successful in getting TV stations, radio stations involved. We've had over $1 million donated in free time every year for the past 3 years, making it one of the most aggressive anti-drug media campaigns in the country, we think the most aggressive in terms of a city our size and our market.

We think it's working. Our survey has shown that kids who have seen the anti-drug ads on a regular basis are 20 percent less likely to use. Paul will go into more detail on that in terms of the methodology. But this survey, we think, is the best local survey out there. It's almost like a census rather than a survey. We have 67,000 kids from 123 greater Cincinnati schools now involved in our survey. So it's a huge sample, and it means that we're able to

get to a pretty fine point in terms of the variations. So we feel good about the survey and its methodology.

We know that prevention and education tools like the media campaign work, based on the survey. We need to keep the effort going. Again, you're going to hear from Paul, and he was the mastermind behind how to put this survey together so we could benchmark and compare it to Dr. Johnston's work, Monitoring the Future, other national surveys, as well as all the local survey work that had been done in our area over the last decade.

A lot of different ideas, Mr. Chairman, have come up as to how to improve the national media campaign. Among those are focusing on older kids, centering the campaign more on marijuana, ensuring that every single ad, not just most ads, are tested before they air. All these seem sensible to me. They all seem like good ideas. The key is that we work together on a bipartisan basis to keep the good ads on the air as part of a complementary prevention and demand reduction effort.

I'm hopeful and confident that this and other hearings will give us the guidance we need to be able to move forward with that and draft a reauthorization bill that will indeed result in a more effective campaign to assure that we keep our kids drug-free. And I thank you again for giving me the opportunity to testify today.

Mr. SOUDER. Thank you for your testimony. We were originally going to have you on a separate panel, so if you need to leave at any time, feel free to do so.

We'll now go to Susan Patrick. Thank you for coming today.

Ms. PATRICK. Mr. Chairman, members of the committee, thank you very much for this opportunity to testify today.

I've been in the prevention field for over 25 years, and I'm currently the President of the Governor's Prevention Partnership, which is a bipartisan, public-private alliance in Connecticut founded in 1989. The organization is currently co-chaired by Governor John Rowland and by the CEO of People's Bank, John Klein. Our board includes business and community leaders and the State's legislative leadership. Our mission is to lead a State-wide movement to keep Connecticut's youth drug-free and safe.

So I am here today to speak to the impact of the campaign in one State. We do a variety of programs which include a media partnership, programs that teach parents how to talk to their children about drugs, and that has been significantly motivated by the campaign, a State-wide mentoring initiative, and a State-wide coalition to drop underage drinking.

Our organization has been affiliated with the Partnership for a Drug-Free America since 1991, and we are strongly committed to delivering anti-drug messages to Connecticut youth and their parents. Through our network of more than 90 media partners and with the support of the Partnership, we too have garnered more than $1 million each year in pro bono support.

While we are proud of the support from Connecticut's media, we recognize its limitations in consistently and frequently reaching our target audiences. When we received word of the ONDCP anti-drug media campaign, we were thrilled. I haven't been that excited in ages. Pro bono support had declined and drug use was going up. In fact, marijuana use in our eighth graders had just tripled.

Connecticut was selected as one of the 12 pilot sites for the campaign. And I can tell you first hand, it worked phenomenally. Calls to our 1–800 number quadrupled during the first 3 months. Businesses began calling and asking us to deliver lunchtime talks on drug prevention. Law enforcement professionals and chief elected officials called to request copies of campaign materials to distribute to the citizens in their communities.

ONDCP's formal evaluation of the Connecticut pilot found that key community influencers in Connecticut were aware of and supported the campaign and youth and that parents reported a higher level of awareness of anti-drug messages, particularly those on television and radio.

In addition, this campaign provided fertile ground for our organization to significantly expand its parent education work. We believe parents are key to drug prevention, but reaching them and involving them and getting them to actually talk with their kids has been challenging. I would go to panels on schools for parent education programs where more panelists were there than parents.

Through a program called Parents Work! we partner with businesses to provide onsite lunchtime seminars for their employees. We train them in how to talk to their children about drugs, alcohol, violence, bullying and most recently, how to deal with the traumatic effects of September 11th. The campaign was instrumental in bringing the issue of parents, kids and drugs to the forefront of business interests, because motivated by the ads, employees were asking for it.

We have since delivered the program to 5,000 employees in 250 businesses. Our evaluation shows that there is a 71 percent increase in the number of parents who say they will talk to their children about drugs and who feel prepared to do so, and a 57 percent decrease in parents who believe they have no influence on a child's decision to use drugs.

Overall, in Connecticut, we know this campaign works and we urge you to continue full funding. We also urge you to return the campaign to the principles and practices that guided it in the first couple of years. During that period, from our 1997 survey to our 2000 survey, past month marijuana use declined from 10.5 percent to just over 7 percent among Connecticut's seventh and eighth graders and dropped from 27 percent to 22 percent among ninth and tenth graders.

You've heard testimony on what makes a campaign like this effective. I'm not a researcher, but I can tell you what I've observed is the end result. When the campaign began to wander and the frequency of spots went down, especially when the local buy was eliminated, kids' attitudes began to soften, especially toward marijuana. Not only were they not seeing as many anti-drug ads, but they were and are being influenced by the national movement to legalize marijuana, which they increasingly see as a harmless drug.

While we are all deeply concerned about the threat of terrorism, we are equally concerned about our children's future. As more Federal resources are directed toward homeland security and as States grapple with their own budget crises, it becomes even more critical to invest our limited dollars wisely. As you probably know, each

dollar invested in prevention saves $15, double what we actually save from an investment in treatment.

This campaign is a wise and necessary investment. But the investment must be guided by good business practices. This campaign must be structured to produce results, and there are several things I'd like to suggest to do this. First, return to the strategy of focused messages crafted by advertising professionals. Second, make sure that the ads are seen often enough to have an impact by increasing the amount of campaign dollars directed to media buys at the national and at the local level.

Third, continue to require a pro bono media match. Fourth, partner with organizations like ours to leverage an even wider distribution of the ads. For example, last year we reached more than 12,000 parents with campaign messages by partnering with faith-based organizations who included them in their bulletins, libraries who set up special displays and schools who sent them home with students.

Our organization is thankful for the congressional support that has allowed widespread anti-drug media exposure. We appreciate the foresight Congress has shown in the fight against illegal drug use, and we urge a recommitment of these efforts to the full funding of the campaign under these conditions.

Thank you very much.

[The prepared statement of Ms. Patrick follows:]

WRITTEN TESTIMONY OF SUSAN PATRICK, PRESIDENT
THE GOVERNOR'S PREVENTION PARTNERSHIP
HARTFORD, CT
HEARING ON THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN
BEFORE THE HOUSE SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN SERVICES
Washington, D.C.
June 25, 2002

Mr. Chairman, members of the committee, I would like to thank you for the opportunity to testify today on the ONDCP National Youth Anti-Drug Media Campaign.

My name is Susan Patrick, and I am the president of The Governor's Prevention Partnership which is a bi-partisan public-private alliance in Connecticut founded in 1989. The organization is currently co-chaired by Governor John Rowland and by the CEO of Peoples' bank, John Klein. Our board includes business and community leaders and the state's legislative leadership. Our mission is to lead a statewide movement to keep Connecticut's youth drug-free and safe. We do this through a variety of programs, including a 90-member Media Partnership; programs that teach parents how to talk with their children about drugs; a statewide mentoring initiative; and a statewide coalition to stop underage drinking.

Our organization has been affiliated with the Partnership for a Drug-Free America since 1991, and as one of more than 50 state alliances, we are strongly committed to delivering anti-drug messages to Connecticut youth and their parents. Through our network of more than 90 media partners, and with the support of the Partnership, we have garnered more than $1 million each year in pro bono support. While we are proud of this support from Connecticut's media, we recognize its limitations in consistently and frequently reaching our target audiences.

In 1997, when we received word of the ONDCP anti-drug media campaign, we were thrilled. Pro bono support was declining, and drug use was going up. In fact, we had just experienced a 300 percent increase in marijuana use among 8th graders. Connecticut was selected as one of the 12 pilot sites for the campaign, and I can tell you first-hand, the campaign worked! Calls to our 1-800 number quadrupled during the first three months of the campaign, primarily from parents requesting copies of our *Parent Action Guide* which has information on how to talk with their children about drugs.

Businesses asked us to deliver lunch-time talks on drug prevention. Law enforcement professionals and chief elected officials called to request copies of campaign materials and our

guides to incorporate in their own discussions with parents and youth. Staff told us that teachers were hosting more anti-drug dialogues with students in their classrooms. Our local news media also picked up on the campaign and generated many stories that continued to spark interest in the campaign.

ONDCP's formal evaluation of the Connecticut pilot echoes everything I just said. Researchers found that key community influencers in Connecticut were aware of and supported the campaign. Youth of all ages and their parents reported a higher level of awareness of anti-drug messages, particularly those on television and radio.

In addition, this campaign provided fertile ground for our organization to significantly expand its parent education work. Through a program called *Parents Work*!, we partner with businesses to provide on-site lunchtime seminars for their employees who are parents, mentors and grandparents. We train them in how to talk to the their children about drugs, alcohol, violence, bullying and most recently how to deal with the traumatic effects of 9-11. The campaign was instrumental in bringing the issue of parents, kids and drugs to the forefront of business interest because, motivated by the ads, employees were asking for it.

We have since delivered the program to more than 5,000 employees in 250 businesses. Our evaluation shows that there is a 71 percent increase in the number of parents who say they **will** talk to their children about drugs and who feel prepared to have the talk and a 57 percent decrease in parents who believe they have no influence on their child's decision to use drugs.

Overall, we in Connecticut know that this campaign works, and we urge you to continue full funding. We also urge you to return the campaign to the principles and practices that guided it in the first couple of years. During that period, from 1997 to 2000, past-month marijuana use declined from 10 ½ percent to just over 7 percent among Connecticut's junior high students and dropped from 27 percent to 22 percent among 9th and 10th graders.

Unfortunately, in the last two years, we have watched the campaign lose focus, and the number of ads seen by Connecticut's youth and parents has declined dramatically. One factor contributing to the decline was the elimination of purchased ads at the local level. As the ads disappeared, drug use, which had been declining, leveled off and Ecstasy use, which children had not been warned about, began to go up.

You have heard expert testimony on what makes a campaign like this effective. I'm not an advertising expert, but I can tell you what I observed as an end result. When the campaign began

to wander and the frequency of spots went down, kids' attitudes began to soften, especially toward marijuana. Not only were they not seeing as many anti-drug ads, but they were – and are -- being influenced by the national movement to legalize marijuana, which they increasingly see as a harmless drug.

The arguments of the pro-legalization advocates that we have lost the war on drugs are especially troubling. Not only are they negatively influencing a future generation, they are wrong. While we still have work to do, we have seen rates of declines in drug use - - up to 79 percent in cocaine use - - that are unprecedented and would be hailed as miracles if they occurred in other areas such as cancer. These dramatic declines paralleled the growth of prevention programs and the Partnership for a Drug-Free America's anti-drug advertising strategy.

While we are all deeply concerned about the threat of terrorism, we are equally concerned about our children's future. As more federal resources are directed towards homeland security, and as states grapple with their own budget crises, it becomes even more critical to invest our limited dollars wisely. As you probably know, each dollar invested in prevention saves $15, double what we have from an investment in treatment. And, when we don't make this investment, the results are frightening. According to the National Crime Prevention Council, each child who drops out of school for a life of crime and violence costs between $1.5 and $2 million a year.

The campaign is a wise and necessary investment. But the investment must be guided by good business practices. This campaign must be structured to produce results, and there are several things we can do to assure this.

1. Return to the strategy of focused messages crafted by advertising professionals.
2. Make sure the ads are seen often enough to have an impact by increasing the amount of campaign dollars directed to media buys at the national <u>and local</u> level.
3. Continue to require a pro-bono media match.
4. Partner with organizations like ours to leverage an even wider distribution of the ads. For example, last year we reached more than 12,000 parents with campaign messages by partnering with faith-based organizations who included them in their bulletins, libraries who set up special displays, and schools who sent them home with students.

If done correctly, this campaign will truly strengthen local anti-drug efforts in states across

America.

Our organization is thankful for the Congressional support that has allowed widespread anti-drug media exposure. We appreciate the foresight Congress has shown in the fight against illegal drug use and urge a recommitment of these efforts through the full funding of ONDCP's National Youth Anti-Drug Media Campaign under the conditions I have outlined.

Thank you very much.

Mr. SOUDER. Thank you very much.

Mr. Zimmerman, we're going to let you bat cleanup on the Cincinnati campaign.

Mr. ZIMMERMAN. Thank you, Mr. Chairman and members of the subcommittee. My name is Paul Zimmerman, from Cincinnati, OH.

As a volunteer, I am responsible as Vice President for Programs of the Coalition for Greater Cincinnati, for designing and analyzing the results of our usage survey, which we've done, and then making sure that those results are understood and implemented by our various subcommittees. For my day job, I work for Procter and Gamble company, for the past 26 years, where I am in the market research department. Germane to my recommendation on my written survey, I was responsible for the validation of our copy testing system, which we use at Procter and Gamble, where we can evaluate copy before it goes on air, and then determine whether or not it has a probability of building business.

I wish to discuss very briefly the results of drug usage in greater Cincinnati, because I feel that our results are applicable to many communities around the United States. Our usage trends that we have seen are fairly typical. The monthly usage of marijuana, alcohol, tobacco and other drugs are fairly typical compared to other communities in the United States. We too have seen, as Rob said, a decrease in monthly usage of all drugs locally. That is shown in table one.

Table two demonstrates, when we look at risk and protective factors, that the level of protective factors, such as parents talking to their children about drugs, parents setting rules, children attending church and finally, seeing anti-drug media, are fairly reasonable. We see that proportionally, about two-thirds of students, similar to some of the other results you've seen this morning, have claimed to have seen ads one or more times per week.

I want to backtrack 1 second and say that our survey, which we did as a modified PRIDE survey. We administered it to students in grades 7 through 12 in greater Cincinnati. Our base sizes were 47,000 in the year 2000 and 68,000 in the year 2002. This is important, because those figures indicate that the survey was conducted by over half of all students in the 10 county area surrounding greater Cincinnati. Also, within the schools that participated, we had over 85 percent of students in each individual school. So as Rob said, our results are virtually a census as opposed to a sample.

The results that are key that I wish to highlight today are shown in table three. What we did is look at those students who had seen anti-drug ads one or more times per week and contrasted those with the usage of students who had seen those ads less frequently. What you'll see on the bottom line was that those students who saw the ads more frequently had a 20 percent reduction in marijuana usage. We saw similar reductions in other drugs also, you should be aware of.

If you notice, however, that for parents setting rules, the reduction was much higher. I highlight this because it demonstrates the face validity of our results. We're not saying that the anti-drug ads will replace the effective parents and their role in the family. What we're saying, however, is that they are very meaningful results and statistically significant.

My recommendation is to very strongly continue the advertising campaign which you have started. You should be very sensitive to over-saturation. I have heard some discussion that there might be interest in targeting more senior students, grades 10, 11 and 12. I would highly recommend against this, because we know from our data that they also perceive the ads to be, they get more cynical as they get older, basically. They perceive them to be less effective.

We've tracked the same schools year to year, we've seen that if you start them out low, the rate of adoption of marijuana and other drugs continues on a lower level. So I think if I were putting my money in the campaign, I would do it for younger students, not older.

My second recommendation is very strongly to test every ad before you put it on air. We do this at Procter and Gamble. Every major manufacturer does this. There's no reason you shouldn't do the same thing. Very importantly, you should make sure that the comments you're getting from students as they view these ads include both rational and, as other speakers have said, emotional components of what they feel about it. You buy Tide and Pantene and Dawn detergent not only because they work well, which they do, but also because there's an emotional bond with those products which we develop through our copy.

The thing you wish to avoid, the thing you have to avoid, is a situation where they hear the message that they think the commercial is stupid or they don't believe it. By all means, measure both components. Every major manufacturer of consumer goods measures copy on both of these. Please do the same thing.

That's all the comments I have. If there are any questions, I'd be glad to answer them.

[The prepared statement of Mr. Zimmerman follows:]

Statement of Paul J. Zimmerman

Before the

House Government Reform Committee's

Subcommittee on Criminal Justice, Drug Policy and Human Resources

Coalition for a Drug-Free Greater Cincinnati

Report On Anti-Drug Media Campaign

Effectiveness

25 June 2002

SUBJECT: ANTI-DRUG MEDIA CAMPAIGN TESTIMONY

This testimony argues that the Coalition for a Drug-Free Greater Cincinnati has demonstrated twice that the Anti-Drug Media Campaign has been an effective factor in reducing the regular (monthly) usage of marijuana. Our data has consistently shown that the media campaign's effect is meaningful but not as large as parental-driven protective factors, as expected. Recommendations for conducting an evaluation of the national anti-drug campaign are given.

BACKGROUND

Rep. Rob Portman started the Coalition for a Drug-Free Greater Cincinnati in 1996 and also serves as President of the Coalition. Rhonda Ramsey-Molina is the Coalition's Executive Director and manages a small group of paid staff and a large group of approximately 300 volunteers.

The Coalition has fielded a modified PRIDE survey in school year 1999-2000 and again in 2001-2002. The instrument was modified to meet local needs by the inclusion of a series of questions on risk and protective factors, certain background questions, and questions to clarify where and when usage was occurring. The majority of the instrument and the key questions on usage and perception of harm were left unchanged, so that our data would be comparable to national PRIDE usage numbers. We did perform a statistical reliability pilot study before fielding the full survey and the instrument was found to be over 90% reliable, in line with PRIDE survey reliability data.

The cost of fielding the survey among students in Grades 7-12 was paid for by the Coalition for a Drug Free Greater Cincinnati. Schools self selected to participate in the survey. Among those schools that participated, approximately 85% of students in those schools completed the survey. Base sizes were substantial: 47,727 in the 2000 survey and 66,938 in the 2002 survey. This represents over half of all students in school, so the survey data is more like a census than a sample. The survey geography included schools in 10 Ohio and Northern Kentucky counties surrounding Cincinnati, roughly equivalent to the viewing area of the local television stations.

The Media Task Force of the Coalition for a Drug Free Greater Cincinnati has solicited the local television and print media to run Partnership ads, tagged with the local Coalition logo and phone number, whenever possible. The Media Task Force estimates that $1MM/year in free advertising was donated by local media; making the Greater Cincinnati Media Campaign proportionately one of the largest in the Nation—given our population. As a comparison point, many new consumer brands launch nationally with advertising budgets in the $7-10MM/year range

RESULTS

Usage: Usage of Tobacco, Alcohol and Other Drugs in Greater Cincinnati approximates National usage levels. We are neither atypically high nor low in usage, so our results on Media campaign effectiveness are translatable to other communities. As background, monthly Drug and Alcohol usage in Greater Cincinnati is decreasing, in line with National trends. Results are shown in Table 1.

Table 1—Coalition for a Drug-Free Greater Cincinnati—Overall Monthly Usage

Substance	2000 Greater Cincinnati Monthly Usage, (%)	2002 Greater Cincinnati Monthly Usage,(%)	2001 National Monthly Usage,(%)
Cigarettes	21	16	21
Beer	30	23	23
Marijuana	15	13	15
Cocaine	2	2	2
Inhalants	2	2	3
Ecstasy	2	3	--

Protective Factors: Table 2 highlights the trends in the percent of students, Grade 7-12 who say that they experience various protective factors either "A Lot" or "Often". As an example, in 2002, 49% of students said they either went to Church "a Lot" or "Often". Our Coalition feels the increases in church/synagogue and School events is, in part, due to the 9/11 event. The relative positioning of the frequencies of these protective factors has face validity based on our local experience. Importantly for this subcommittee, awareness of Anti-Drug media has remained constant over the time period.

Table 2—Coalition for a Drug Free Greater Cincinnati – Summary Absolute Levels of Protective Factors

Protective Factor	2000 Greater Cincinnati (% Lot or Often)	2002 Greater Cincinnati (% Lot or Often)
Attending Church/Synagogue	42	45
Parents Setting Rules	70	67
Parents Talking to Children about Drugs	39	31
Participation in School Clubs/Sports	51	55
	(% Once a Week or More)	**(% Once a Week or More)**
Seen Anti-Drug Media	65	66

Impact of Protective Factors on Monthly Marijuana Usage: Table 3 Shows the PERCENT REDUCTION in Monthly Usage of Marijuana of those students who say they experience the protective factors "A Lot" or "Often" compared to those students who gave all other responses ("Sometimes, Rarely, Never). As an example, there is a 20% reduction in monthly marijuana usage among students who say they recall seeing Anti-Drug Media "Once a week or more often" compared to those students who say they saw the media less frequently.

Table 3—Coalition for a Drug Free Greater Cincinnati – Summary of the Impact of Various Protective Factors on Monthly Marijuana Usage

Protective Factor	2000 Greater Cincinnati (% Reduction)	2002 Greater Cincinnati (% Reduction)
Attending Church	60	63
Parents Setting Rules	50	54
Parents Talking to Children about Drugs	23	14
Participation in School Clubs/Sports	52	58
	(% Once a Week or More)	(% Once a Week or More)
Seen Anti-Drug Media	18	20

CONCLUSION:

The Cincinnati Coalition data clearly supports the conclusion that regularly seeing Anti-Drug Media reduces regular marijuana usage by a meaningful amount. Obviously, Parents Setting Rules, Church and Club participation have larger effects, but the RELATIVE effect of Media certainly has face validity. We shouldn't expect the TV campaign to replace parents or church.

RECOMMENDATIONS:

1. Continue the Anti-Drug Campaign. It is working. Be sensitive to over-saturation (too much media) and make sure the messages are consistent but mixed. Our Coalition has also asked questions on the student's perception of the effectiveness of Anti-Drug Media which shows that the perceived effectiveness decreased with age. This is quite similar to age trends on harm perception. Targeting only older students would be much less effective and it would be counter to our data that shows that lowering usage at a younger age tends to continue through older years.
2. Quantitatively test each piece of copy, making sure that students can give open ended, emotional responses. This will ensure you only put good copy on air and that the copy generates the appropriate emotional response. It's imperative that both the rational and emotional response to the anti-drug copy be consistent. Consumer goods manufacturers

have long realized that it's important to measure and track both responses and that putting bad copy on air at high levels is not necessarily either efficient or good.

Respectfully submitted,

Senior Manager, Corporate Function
Consumer & Market Knowledge
The Procter & Gamble Co.

Vice President, Programs
Coalition for a Drug-Free Greater Cincinnati

Mr. SOUDER. Thank you very much. I would yield to Mr. Barr if he has any opening statement or questions.

Mr. BARR. Thank you very much, Mr. Chairman. I appreciate the chairman yielding and I appreciate this hearing today. I apologize, we have a mandatory whip meeting that I have to go to in a few minutes. But this hearing, this topic is very, very important and I appreciate the testimony, including some of the specific points, for example, that you just made, Mr. Zimmerman.

I'm going from somebody who is very, very supportive of an anti-drug campaign to somebody that's very skeptical of it. Maybe it's just the way we're doing it, maybe it's the fact that we're continuing to provide money to a company under criminal investigation, and which has already defrauded the Government out of millions of dollars. I'm talking about Ogilvy and Mather.

It seems to me rather contradictory and sending a strange message that we're using taxpayer dollars to fund an anti-drug message and we're giving money to a company under criminal investigation. I know that's not the topic of the hearing today, but that, to be honest, is coloring very significantly my view of this whole program and kind of illustrates part of the problem with it.

I don't think we have a handle on it at the Federal Government level in terms of how to do this in a method with integrity and that's based on good science and so forth. So I'm going to look very, very carefully at reauthorizing this program.

The one concern about everything else in terms of the substance, though, aside from this problem with Ogilvy and Mather that I think is very, very serious, is the problem with so-called medicinal marijuana. The NORML group, the National Organization for the Reform of Marijuana Laws, which is sort of one of the points of the spear for the pro-drug movement, they've become much more sophisticated, much smarter than they used to be, unfortunately. They realize now, I think, and have come to realize over the last several year that the way to get their foot in the door is not through directly advocating the legalization of mind-altering drugs, but to do it under the guise of the benign approach of medicinal marijuana.

And to be honest with you, I think they're having some considerable degree of success in this area by portraying marijuana as a medicine to help sick people, particularly those who are very sick, cancer patients, for example, those in pain, preying on the natural tendency of all people, young or old, to reach out and try and help somebody who is in pain or who is suffering from a very debilitating, indeed, life threatening illness. I don't think that we've done a good job of countering that, even recognizing the insidious nature of what these drug legalizers are doing under the guise of so-called medicinal marijuana.

Should we confront this directly through the ad campaign? In other words, tell particularly young people that marijuana is not a medicine, it is not something benign. Because I think the message of the drug legalizers who have realized that the way to get their foot in the door is to use this so-called medicinal marijuana approach is working. I worry about that a great deal, and we don't seem to be confronting it directly. I think we need to. Otherwise,

we're going to lose this battle. We've already lost it at some level in a couple of the States.

Do you all have any thoughts on that? I guess the question is, should we address this specifically and try and counter it? Do you all see this as a serious threat to continuing the effort against mind-altering drugs, what the legalizers are doing through the so-called medicinal marijuana approach?

Mr. ZIMMERMAN. If I was trying to answer your question, I would first talk with a number of students, grades 7 through 12, and find out from them the most convincing arguments and counter-arguments. I would have to shift my frame of reference from the legalization to the kids and say, what's effective for them.

And if, indeed, talking and convincing them that the medicinal use, convincing them that it's not just an actual good drug, is effective, then I would go after that full barrel. But I'd have to talk to some students first, to be quite honest.

Mr. BARR. I hear this from students, when we have student groups up here and student groups in the district, not in large numbers, mind you. I mean, it's not like all of the students are in favor of this. But I'm hearing it with increasing frequency among some student groups, and that worries me, that the message is getting out to them that marijuana is simply a drug, it's a medicine, it helps people as opposed to destroying minds.

Ms. PATRICK. We actually did a summit with Connecticut youth that they held and ran on this topic. I also took young people out to testify to our own legislature when one of these bills was being considered.

I agree that message is getting through to young people. I think it speaks even more to the need for this campaign and to have that counter-balancing influence, because it's through mass media and it's through the Internet that young people are acquiring this perception that marijuana, and the other drug this is happening with is ecstacy, are harmless drugs. Without that counterbalancing force, we in the prevention field simply do not reach enough of these kids.

Our State right now is in the process of cutting budgets and prevention has been deemed the lowest priority, therefore, the first thing to be cut. So I am very, very concerned that if this campaign ends, we will see that same cycle that we've seen over and over again, where funding declines, use goes up, we have a crisis and then we pour a lot more money into it again. Like I said, I've been at this for 25 years, I've seen a number of those cycles.

But I agree with you that message is getting through to young people. And I think counterbalancing that is very important.

Mr. BARR. Specifically addressing the medicinal marijuana issue?

Ms. PATRICK. Specifically the medicinal marijuana. We had gotten that signal, too, which is why we did this summit, because we wanted to ask kids. Then we asked them for their recommendations on what they thought should be done to counterbalance it. They did include the anti-drug advertising as part of the recommendations. They also focused very heavily on the importance of parents talking to them about this stuff.

But yes, in Connecticut, that is definitely influencing kids.

Mr. BARR. Thank you. Thank you very much, Mr. Chairman, for letting me go out of order. I appreciate the ranking member's indulgence also.

Mr. SOUDER. Thank you. Mr. Gilman, do you have an opening statement?

Mr. GILMAN. Yes, I do, Mr. Chairman. And I want to thank you for conducting this hearing. I'll be brief.

I think the media campaign is an essential part of our drug war. The problem has been how effective has it been. I note that the Congress appropriated some $35 million to study, make an evaluation of the media campaign, specifically the phase three multimedia efforts, which have been underway since 1999. In that study, the results of which I guess will not be published until the year 2004, we were hoping it could be earlier, is charged to examine the effectiveness of the campaign at preventing kids from using drugs as well as its effect on getting parents to talk to their children.

I regret I was delayed in coming over and didn't hear some of the initial evaluations of our present campaign. But I'd like to direct a question to Mr. Portman, who's doing an outstanding job in his work. Mr. Portman, several advertising professionals have noted that the media campaign is spending up to one-third of their annual budget on things other than direct media buys. Should Congress legislate that a minimum percentage of the budget be spent on direct media buys, and what percentage would you recommend?

Mr. PORTMAN. You put me on the spot, my friend.

Mr. GILMAN. I'm sorry to do that.

Mr. PORTMAN. First of all, thank you very, very much for not just coming today and your focus on the media campaign, but for all you've done on this issue. When I first got here 9 years ago and joined the task force, you were the co-chair, and you were one of the few people around here who was focused on this issue.

Mr. GILMAN. Thank you.

Mr. PORTMAN. You have now spawned some acolytes here on this subcommittee. Thank you for the work on the supply side and the demand side. One of your proteges has just arrived here on the drug front.

Mr. GILMAN. Not a protege, he's a good fellow battler.

Mr. PORTMAN. I think you raise a very, very valid concern. We heard from the professionals here about the necessity to have a certain level of advertising out there. When we started this campaign, you recall we basically had three principles.

One was this notion of continuing to get pro bono help from the creative side, so the taxpayer wasn't picking up the creative side, and because frankly, we didn't think the Government could do it as well as the people itself. So people that are out there every day trying to determine what the consumers actually want and need seemed to us to be probably better equipped that somebody in the bureaucracy in Washington. And Paul just talked about that, his training in that and how he's brought that training to bear on what we do in Cincinnati.

Second is, we wanted to get a match for it. So it was $1 of Federal money would be matched by the private sector. We were leveraging private sector resources to try to keep this campaign

going. Because as you know, at that time, the campaign had fallen off, partly because of the competition in the media market.

But the third thing was, hard-hitting ads that would be on public media. To us that was primarily TV. And also it included radio and print. But we wanted to be sure we had enough in the budget to do this in a way that met a certain level, just like you do in a political campaign, so people could actually have their attitudes change, which would then change behavior.

And I do have a concern that as you begin to pull money away from that and pull it toward other things, which may be very well meaning and even effective in some cases, like advertising at a grocery store or advertising a sporting event or even some of the Internet work which is very important, but then you're pulling it away from what our focus was. And our focus was to be sure you have these ads out there, hard-hitting ads, countering what Bob Barr just talked about a moment ago. I think we have gotten away from that. And I think we need to get more focused on kind of the bare bones, what we started with and what the original principles were.

So I don't know what the magic number is. I don't know whether 30 percent, which I think you indicated is the amount that's taken away now, I think that's too much to take away from the campaign in terms of hard-hitting ads in public media. I don't know if there should be a 10 percent number or 15 percent. I don't know what that number is. That's why I say you put me on the spot. That's really for this subcommittee to grapple with, and I want to work with you on that.

But I do think we need, unfortunately, because we're all for flexibility here, but we need to put in at least some guidelines now that we didn't have before. That was certainly our intent, it's in the legislative history. But ONDCP did take that and expand it, the so-called non-media uses to a point where I think they've gone too far.

Mr. GILMAN. Thank you very much, Rob. Is there any——

Mr. ZIMMERMAN. Can I make a statement, please? You asked about 30 percent. I have some information which would be relevant to that.

Mr. GILMAN. Yes.

Mr. ZIMMERMAN. Whenever we launch new business products into the marketplace, you typically weight your advertising spending so that it gears toward television, typically. You might spend 90 percent of your funding on television, 10 percent, as an example, on magazines or other media.

The important thing to realize is that this does vary by category. If people are looking for information on a new drug, such as Prilosec or something like that, they typically would look not necessary for mass media, but they would look for print or alternative sources of media. So depending upon your goal as a subcommittee, if you're looking to get the message out to a group of people who will be convinced more by print than they would be by television, then you should skew your spending toward print.

So again, focus on your end user and where they look for information to help them make up their mind. Is it the pulpit, is it the magazine or is it TV?

Mr. GILMAN. Is that one-third of the expenditure on other than direct media buys, is that an appropriate figure?

Mr. ZIMMERMAN. I don't know unless I knew what that 30 percent was for. I would need to know more detail.

Mr. PALMGREEN. I think I can add something of an insider's view on this. Up until last summer, I was a member of the scientific panel advising the ONDCP campaign. I say advising, that doesn't mean we were always listened to. But we were listened to very frequently.

And one of the goals of the campaign has always been to have a non-media component. Absolutely the major component of the campaign has been a media component, and television has been the primary portion of that component.

But there has always been a non-media component that involved things like the Internet, partnering with various local anti-drug coalitions. The idea here is that as Paul said, there are many ways to reach the audience that we need to reach. Coupled with this has been a very large increase in the cost of purchasing advertising in the national media over the last 4 to 5 years.

I've heard as high as 50 percent during some time periods. That means that for the same amount of money that the campaign is getting a lot less air time than they did when they first started. Yet they started out with $195 million a year funding, and that has dropped to $180 million a year. We're not keeping pace. The campaign is not keeping pace with inflation.

Mr. GILMAN. Is that 50 percent figure—just one followup——

Mr. SOUDER. Mr. Gilman, we skipped over our turn in questioning. We really need to——

Mr. GILMAN. Just one question. What is the 50 percent you're referring to? Is that the cost of purchasing?

Mr. PALMGREEN. The cost of purchasing national television time during certain time periods like prime time.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. SOUDER. Thank you. Mr. Cummings.

Mr. CUMMINGS. I want to go back to, I think it was you, Mr. Palmgreen, that talked about the most effective ads being ones that show some kind of risk, right? Is that you?

Mr. PALMGREEN. That is the types of ads that we have studied in our research. Actually, it follows right along with Dr. Johnston's research at the University of Michigan, in his Monitoring the Future study, where he has found over this period from 1975, I believe, that use of drugs and the perceived risks of drugs have tracked each other almost in a mirror image. As perceived risk of drugs went up, drug use has gone down.

Mr. CUMMINGS. OK. Let me get to the way I want to take you. One of the things that was very interesting, the previous drug czar came to my district and talked to some young people about the ads. These were high school students. It was interesting to note that one of, and they ran about maybe 10 or 15 of the typical ads. One of the ads that they ranked No. 1 was one by a woman named Lauryn Hill. She's a singer. She didn't talk a lot about risk, she just talked about it's not good for you, that kind of thing.

But I think they were more impressed with the fact that she was somebody who had a similar experience of life as they were experiencing, at least this is what they said. And it wasn't so much risk, but the personality. I've noticed these ads, some of the ads have

personalities, I think one of them has some skateboard guy and different people.

I was just wondering, to all of you, have you found there to be, if you combine the two, that is a personality talking about risk, is that more effective? Is it basically personality? Or is it risk? In other words, which ones are most effective?

Mr. PALMGREEN. Well, our research with high sensation seekers, we have spent a lot of time talking to high sensation seeking youth about what really does influence them. One of the things, we're talking about from youth all the way through to young adults, and they consistently told us over the years that they are not really influenced by celebrities. They want to see people in messages that look like themselves, that can speak to themselves.

Now, the Lauryn Hill ad that you're referring to, I think one of the reasons that it was effective was because she did mention in that ad some of the really negative things, very briefly, she mentioned some of the very negative things that using drugs did to her. Then she moved on to some of the more positive consequences of the lifestyle that was drug-free, which is a very effective way to counter-argue the idea of using drugs.

Mr. CUMMINGS. Mr. Zimmerman, you talked about over-saturation. I'll get back to you, Mr. Johnston, but over-saturation, when they got to be older, I guess you were talking about seniors in high school. So the question becomes, do you put your money, if you really want to affect high school students, do you put your money in when they're younger, and does that hold? In other words, if we were to reduce our aiming at the high school students, does the research show that if you do an effective job when they're younger, that it will hold when they become seniors? Are you following me?

Mr. ZIMMERMAN. Yes.

Mr. CUMMINGS. OK.

Mr. ZIMMERMAN. I'll know for sure in another 2 years. But we do our survey every 2 years. So I only have those two cells of information.

What we've seen is, whereas our normal curve of usage, monthly usage, starts out low in grades 7 and 8, then it ramps up like a stairstep through grade 12. What we saw was last year's seventh graders are now this survey's ninth graders. They're definitely on a different slope, the rate of adoption is much lower. We're hoping this continues. But as the other speakers have said, this is totally dependent upon their attitudes toward the usage of drugs. So you have to have a message that they can relate to, as you said with the Lauryn Hill copy, and you have to have a message that makes sense to them.

So we feel that there is evidence to suggest that, if you target the younger people, it will stay there, as long as their attitudes hold constant.

Mr. CUMMINGS. Dr. Johnston, did you have something?

Mr. JOHNSTON. I would agree with that. As we've looked over the years at where changes first occurred, it's almost always the youngest students that either startup or start down. And our interpretation of that is that they are the most, in a sense, the most blank slates. So there's a new story to be written on that slate. And the influences that society presents to them are quicker to show up in

behavior. We've also seen that as they get older, as you're saying, they tend to carry those behaviors with them.

Actually, tobacco is the most powerful of all the so-called cohort effects. If a generation of kids starts smoking even at age 11 or 12, that generation is going to be heavier smokers throughout the life cycle. It tends to stay with them. There's less of a cohort effect with the other drugs, because they're easier to stop, ironically.

But nevertheless, we have seen a cohort effect working during the 1990's. So what we see among the eighth graders then keeps getting shifted up in the age spectrum.

My guess from seeing that is that we're best to focus on the youngest kids. You don't forget about the older ones, but you put the majority of your resources and targeting on the younger ones, which I think received regional partnership campaign strategy. I also think it's important to get sufficient weight out there. We've been talking about how inflation has sort of reduced the actual number of messages received. And as you saw, even with the payment these days, we still haven't gotten up to the media weight that the kids were reporting in the early 1990's, when we were quite successful, actually.

So I think I would certainly argue against reducing resources. I would argue more for increasing them. Probably focusing on more. I think they've been diced up too many ways. There's a lot of good objectives. But you can't pursue them all. If you say, where am I going to get the most bang for the buck, I think it's by focusing.

One other thing I might mention, two I guess, one is that I think the ONDCP probably made a strategic error in always putting their byline at the end of their ads. Because I think, as your Lauryn Hill example showed, the effect of a message depends on who the messenger is. I don't think a Federal office is the messenger that most teenagers are very responsive to. So putting that at the end of every ad I think just causes them to reach for the mental flush valve and drop that message that they just temporarily stored. I think we ought to get out of that. If there has to be some sort of a label that says this is Government funded, come up with a new label that's not so offensive to kids.

But the other point I wanted to make is, I said that a lot of the change we've seen is drug specific. I think that will continue to be the case. If you see marijuana as more dangerous, that doesn't necessarily mean you're going to use cocaine less. So it's one's beliefs about all the individual drugs that matter. Right now we're dealing with a burgeoning ecstacy problem in the country. We're finally beginning to see a turnaround in perceived risk on ecstacy, and I think it's quite possible next year we'll see a turnaround in use.

But that's a good example of where there needs to be focused campaigns and conceivably for a year or two, that would be the majority of the campaign on a specific drug that is a threat at that point and about which people know relatively little in terms of the consequences.

Mr. SOUDER. Dr. Palmgreen, your study shows the opposite of what those two gentlemen just said, that in the Lexington results it worked in the first period and in 6 months, it was rising almost back to the level where it was. And if you hadn't run a second cam-

paign on the older kids, it wouldn't have dropped back down, according to your data. How do you reconcile that?

Mr. PALMGREEN. I think that's correct. I think our research does indicate that you can reach these older teens with the right kinds of messages. The kids, when we ran that Lexington campaign and that Knoxville campaign in 1998 were the 9th through 12th grades. So we're talking about the average grade being about the 10th grade, something like that. And it worked in both cities.

So I think they can be reached with the right kinds of messages that feature the kids their age to talk about the kinds of problems that kids their age face. I think prevention is something that's almost a lifelong problem. There are always new drugs surfacing that people will adopt. We all know, for example, that college students, when they become college students, that alcohol use often increases quite a bit, and binge drinking tends to go up quite a bit. This is why we have so many efforts on college campuses to try to stop binge drinking.

I think what Director Walters has proposed, to focus on 14 to 16 year olds, I know this runs somewhat counter to what Paul was suggesting, but I guess I'm going according to the data that we have, and also thinking of it in these terms. These will be the same kids who are going to be 14 to 16 this coming year who were hit with ads earlier when they were younger, when they were 11 to 13 years old. They will be getting a double dose, they will be getting the message reinforced. That's very important in prevention, and it's something that doesn't happen very often in prevention.

Mr. SOUDER. I'll come back to some more questions. I was going to yield to Mr. Mica next.

Mr. MICA. Thank you, Mr. Chairman. I appreciate your calling this hearing. I'm dismayed at the lack of progress we've made in this whole media campaign effort, anti-drug effort.

When I chaired the subcommittee, we instituted the program as a compromise between those of us who wanted the private sector to take a larger role and the media, which has basically free access to our air waves, to increase their public participation and public interest contributions to the community and our society by donating more time. The program has been a disaster. I'm dismayed at both, I was dismayed at its beginning activities.

We heard testimony on the subcommittee of how it was sort of put together on a half-baked basis. And finally it was then turned over to a horde of consultants, some of whom ripped off the program. Some I'm hoping that we're still pursuing criminal charges on, and I think some have already paid fines for their participation.

I'm dismayed that what's happened is actually continuing a decline of the media participation in some of the programs. I'm pleased that the new director has called a time out to look at where we are in this. We need to get back to the public sector, providing some guidance and more participation from the private sector, which has been so successful. Certainly the Partnership has done an excellent job in the past and I think can continue in the future.

But we do need to sort this out. The Kentucky study is interesting, but the Kentucky study, I don't have a clue as to how it relates to the ads that we now have. I think it's sort of comparing apples and oranges. It does show that public service announcements I

guess were successful. As I look at the study in this limited case, and in bringing down some use of marijuana, that's primarily what was studied?

Mr. PALMGREEN. Yes, that's right, Congressman.

Mr. MICA. Was there any study or are there any statistics about increased other drug use during that period? We didn't have as much of an ecstacy problem from May 1996 to 1998 as we've had from May 1998 to current time.

Mr. PALMGREEN. One of the things we looked at, we didn't look at ecstacy at that time, because it was not a major problem at that time. But we looked at alcohol, cigarettes, cocaine, methamphetamine, LSD, a whole range of drugs.

Mr. MICA. I don't see any statistics.

Mr. PALMGREEN. Not this——

Mr. MICA. Is there any evaluation of what took place with those other substances?

Mr. PALMGREEN. That's in a much longer report that was published in the American Journal of Public Health.

Mr. MICA. Were there increases, decreases?

Mr. PALMGREEN. What we found, we put those in there for one major purpose, we expected, we were targeting marijuana only. We expected to see effects of the campaign on marijuana. Therefore, we did not expect to see effects on any of these other substances. So we also ran profiles on all of these other substances. And sure enough, we found no effects on these other substances.

As Dr. Johnston says, the beliefs about these drugs are specific to the particular drug. So we affected what we were aiming at, marijuana. The other drugs did not show those effects.

Mr. MICA. Again, we have just seen a transfer, maybe some decreases in some areas, increases in others, and I'm concerned about the ongoing NIDA evaluation, $35 million. We won't have results until 2004.

In the private sector, I think if you waited to see the results for that long, you'd not only be out of business and have declared bankruptcy, but you would definitely be defunct. I guess the Cincinnati experience would be the only thing that might be comparable. I notice, and you have had some good success there. Is there an evaluation as to transfer from other drugs, from marijuana in Cincinnati?

Mr. ZIMMERMAN. There is no transfer, absolutely, unequivocally.

Mr. MICA. So your evaluation shows across the board reductions or at least some stabilization?

Mr. ZIMMERMAN. Yes, sir.

Mr. MICA. OK. What was the cost of this effort? And I don't want you to give me a figure of private contributions. Actually, if you could separate them out, public money that was in the program, and over what period of time, and then maybe some guesstimate of what the private contributions were.

Mr. ZIMMERMAN. I don't have to guesstimate. We had approximately $1 million worth of advertising media donated per year in the greater Cincinnati area, which includes southwestern Ohio and northern Kentucky.

Mr. MICA. How much public money was in it?

Mr. ZIMMERMAN. The only public money was the national campaign.

Mr. MICA. And how much?

Mr. ZIMMERMAN. I don't know the dollar value of that in Cincinnati.

Mr. MICA. See, I think that's very important. I'd like to see what was put in there. I mean, if there was not that much, maybe we should abandon the whole project and just let the locals do a good job like you did.

Mr. ZIMMERMAN. Judgmentally, the majority of the effort was the national program.

Mr. MICA. Can anybody tell us, was it half a million, a million over a year or 2 years?

Mr. SOUDER. The problem is that they reduced the local ads, but they were running national ads which of course were carried in the local market.

Mr. MICA. But we can, I mean, this isn't rocket science, even if you're running a campaign for Congress, you can tell what your opponent has placed as far as ads. We can certainly find out how much was spent in this area.

But I cannot believe a $1 billion program we can't point to once place, see how much it cost, how effective it was across the board, what the private contributions were. And then if it was successful, as Cincinnati is, why we can't duplicate that in other areas. It's just absolutely mind boggling. We spend more damned money studying, and this NIDA thing, I would like to cancel that right now, $35 million in the evaluation that won't be done until the spring of 2004. Only in Government could we throw money around in such a waste, and we've got kids dying on the street and we can't duplicate a successful program.

Mr. ZIMMERMAN. Mr. Mica, what I will do is, in greater Cincinnati, is I will go back to our media subcommittee for our coalition. We have a very good working relationship with the various TV channels in Cincinnati. We'll see if we can back that number out. The problem is, sir——

Mr. MICA. I think it would be very good to look at, and again, Rob Portman and some of the others from Ohio have done such a great job in an area that during the time we've had this campaign, so we could see what nationally has been done, get a handle on those figures and replicate that to other communities that are willing to come forward and support that.

Mr. ZIMMERMAN. The difficulty in doing that, sir, is that some of the national programs, the commercials are fed in by satellite and the local TV stations don't have control over them.

Mr. MICA. Well, certainly we can get their records, if necessary, we could subpoena those records.

Mr. ZIMMERMAN. It's difficult to back out, having done this for tracking our current businesses at Procter and Gamble, it's very difficult to do. I'll see if I can do it and I'll get back to you.

Mr. MICA. I think that's important. I think we should ask that from Mr. Walters' office. Because we need to get this back together, we need to make it work, best utilization of limited Federal dollars. These aren't limited amounts, they're significant amounts. And then where we can have some good results, such as this community

has exhibited, use that as a model. I don't have any further questions, thank you.

Mr. SOUDER. What I would like to do for this hearing report in the number of days we have is to ask—since there's no point in trying to back this through to Cincinnati, I think what we should do is go to Ogilvy and Mather and see where their time period buys were that would have been national buys and local buys. They have to report that to the Federal Government. It will be in Federal Government records.

Mr. ZIMMERMAN. But the issue is whether or not they break it down by our region or not. They may not break it down by our MMA, and if they don't, that's the problem. That's when it get difficult.

Mr. SOUDER. OK. But for example, if the ad ran on 60 Minutes, unless it was preempted in your region, that should count as a national buy that hit your region. So we'll have the national buy during the period of time of your study, we'll have if they bought any regional buy during the period of time of your study and then your own buy. And to combine those three, they have to report by law. That was one of the disputes that we were having in the bookkeeping.

Mr. MICA. Mr. Chairman, would you yield a second? To me, again, this isn't rocket science. We're all running, will be running campaigns or people run campaigns. You do target areas. I cannot believe that ONDCP cannot run in, say 10 communities, take Baltimore, I mean, and run a concentrated campaign and evaluate it. There are firms out there that will tell you the effectiveness of your message over a certain period of time in the program. The gentleman here has given us an evaluation of what good and bad ads are, I mean, even putting the tag line on that he's telling us, free, that you have to sort out who the messenger is to make these ads most effective.

But if we can't take a few areas in the country, run a program, and evaluate its effectiveness, and this hasn't been going on just today, we're 3 years into the program.

Mr. SOUDER. We need our committee records before we do any earmarking inside the bill, we need to know the interactive variables in Cincinnati and Lexington and Knoxville. In other words, your campaigns were not running alone. Because there would have been Federal ads running, if there were local placements, and we can get those things by regional markets. If it's true, then part of what I would be thinking is that some of this 33 percent that got away from the media buy might be used for the local market supplement. In fact, there could be bonuses if the communities come up with dollars to match.

Do they offer you the ads that you can raise money to run the national ads if you chose in your market?

Ms. PATRICK. We've actually just started in Connecticut working with our media to have sponsored ads. Because again, I think sustaining the pro bono support is very difficult. I have to say too that I'm very concerned that the national publicity discrediting the campaign is going to affect media's willingness to continue to run it on a pro bono basis.

So where we may have been successful in the past, and certainly I think when we, during out pilot phase in Connecticut and during the period that there was a local buy going on, our media were going way beyond a one to one match. They were excited, they were invested. Some of them have sustained that, others have dropped off.

I think we need to also look at the unintended consequences here that the discrediting of the campaign is having in terms of media's willingness to participate, period.

Mr. SOUDER. Have any of you used any of the national ads to have local people put them up in your markets?

Ms. PATRICK. Yes.

Mr. SOUDER. You have. So they make that available, actually nationally, you don't have to produce.

Dr. Johnston and all of you who have dealt with market research, it would intuitively tell me that the medicinal marijuana campaigns have had a cross impact on our message, when you're trying to run ads that it's harmful, particularly if it's high risk oriented, and medicinal marijuana ads are running simultaneously. To my knowledge, we don't have any data. But would you just kind of initially comment, because at the very least, what we would probably have in the study mix of the tracking is whether or not, although it wouldn't be a significant sample size, that California, Arizona and States where referendums were running may have skewed even this survey that suggest that the recent ads weren't working on marijuana.

In other words, it may be that they were working in Lexington and Knoxville, in Cincinnati, in other parts of the country, and what we may be getting is a byproduct of medicinal marijuana referendums in certain States where it's changed the nature of that in market research. It happens all the time. None of us know the answer to that question.

But wouldn't you, if you were trying to basically sell Crest toothpaste, try to figure that out, if there was a variable, or wouldn't you look for, and then if it looked like it was there, then you'd try to get it to a statistical sample size?

Mr. JOHNSTON. Maybe I could address that. I think it's a good point that what else is going on in society is going to be influencing the very things we're trying to influence with the ad campaigns and maybe upsetting them or hiding, masking the effect of them. Certainly if you look at marijuana, that's one of the things that's been going on in the last few years is a very vigorous public discussion about medical marijuana use and the initiatives to bring it about in various States.

We have done some analysis in California of the attitudes of kids before and after the initiative that was passed, thinking that while it may or may not influence their actual marijuana use, it may influence their attitudes about marijuana. So far, and this is not yet published, but so far we have not found any evidence of effects there. But that's because we're comparing them to the rest of the Nation.

The fact is, I think if there is an effect, it probably is nationwide, because it was in the national media. So it could be that there is an effect, but we can't parse it out, because it's affecting everybody.

Mr. SOUDER. What age group were you studying on that? It could also be they were too young.

Mr. JOHNSTON. I'm sorry?

Mr. SOUDER. What age group were you studying? They may not have seen the campaign. On California, when you said that you did the study in California, you were tracking medicinal marijuana, were you tracking junior high students who would have been not kind of in the market at that time, or were you tracking high school or adults?

Mr. JOHNSTON. Both junior and senior high school students.

Mr. SOUDER. So theoretically, you should have seen some response.

I also need to clarify for the record, because Mr. Zimmerman raised his hand, but that isn't in the record that in fact Cincinnati used the national ads.

Now, I want to come back to another question, which was, several times you said there didn't seem to be, in fact you said it stronger than that, any gain in other illegal drugs when you convinced the target market on that drug. Mr. Zimmerman I believe said that, I believe Dr. Johnston said that, Professor Palmgreen. There seemed to be that kind of general consensus. If that's true, whenever we run a campaign are we merely shifting them to another drug?

Mr. PALMGREEN. That was one of our fears, and that's another reason why we've measured all of these other substances. We really did not see any increases in those other drugs. We were afraid perhaps we might push them from marijuana to using something else. We didn't see any increases in other drugs.

Mr. SOUDER. There was no reduction, but there was no increase?

Mr. PALMGREEN. There was no increase, right.

Mr. SOUDER. OK. And you saw the same?

Mr. ZIMMERMAN. Yes, sir.

Mr. SOUDER. Good. That's good to clarify. So you didn't lose ground by shifting, you just didn't gain the ground that you had hoped.

I wanted to ask some questions on the specific targeting in Lexington and Knoxville. My probably biggest single complaint about what we've been doing in the narcotics area is that we don't target to high risk. In fact, we in the community anti-drug initiative put a percentage that went to higher drug use areas in the allocation of funds.

But you've come up with a different concept here, and I have some first technical questions, Dr. Palmgreen. Are these eight questions all the questions that you do in the profile?

Mr. PALMGREEN. The original questionnaire that was developed back in the 1960's had something like 80 items. And you can't administer that to kids. They go to sleep.

So we had to shorten it as much as we could and still have a valid instrument. So we cut it down to eight items. That's the only thing that we used to measure sensation seeking, and it correlates very strongly with the longer version.

Mr. SOUDER. Do they have to say yes to all eight?

Mr. PALMGREEN. Oh, no, it's a five point scale, they can strongly agree to strongly disagree on each one.

Mr. SOUDER. And in this, when you looked at these variables, you don't have, for example, income, performance in school, you went more to psychological variables?

Mr. PALMGREEN. We measured all those things, we looked at a whole range of what we call risk and protective factors, risk factors being things like delinquency, having friends that use marijuana, protective factors being things like being highly engaged in religion and so forth. We took those things into account, controlled for them statistically in our analyses. So they have been built into the analysis.

Another thing, too, I'd like to make a point, is that Lexington and Knoxville were very similar. No ONDCP campaign was running at that time nationally, except for the last 6 months of data gathering. The pro bono effort by the Partnership had really dropped off tremendously. But it was the same effort in both the Lexington and Knoxville markets. We also checked with the schools to make sure that they were running the same kinds of anti-drug programs. We are still in touch with them about that, and they still are running exactly the same kinds of anti-drug programs.

We monitored the daily newspapers in each community, looking for things that might be going on, changes in laws and so forth that might have changed marijuana use in one community but not the other. No such things happened. So it was a very well controlled study that you can do on the community level, you can compare one community against another.

The problem with the ONDCP campaign is that there is no comparison group. The comparison group would have to be a country identical to the United States, basically, that did not have an ONDCP campaign. Obviously, that's impossible to do.

Failing that, if you really want to make strong statements about the effects of the campaign, what most social scientists will agree is that you need data about drug use well before the campaign started, during the campaign and after the campaign. One of the things that's always puzzled me is that no money was appropriated, perhaps it was never asked for, was appropriated for NIDA or anybody else to gather data prior to when the campaign started to find out what the trends were in use prior to when the campaign started, as we did in Lexington and Knoxville, so you could see what happened when the campaign started.

Unfortunately, the NIDA study that Congressman Mica has referred to didn't really start gathering data until——

Mr. SOUDER. I don't think that's fair. Don't you believe that at the national level we track this stuff through multiple different studies that could be correlated? In other words, you're right, it wasn't precisely correlated, there's no control group, I agree with those premises. But it wasn't that we don't have the Michigan studies, other studies that we do through schools that kind of show trends in drug use that public agencies do?

Mr. PALMGREEN. Right, they show trends in drug use. There's no question about that. They are not geared as specifically, though, as the NIDA investigation to measure exposure to particular PSAs in the campaign, relate that exposure to changes in attitudes and beliefs and so forth. The NIDA study unfortunately didn't get started

gathering data until 1½ years after the campaign went national; 1½ years after the campaign went national.

And then we only have 18 months of data since then. We have a snapshot, is what we have. And this is what all the hullabaloo is about. We're making a lot about something that we shouldn't be making a lot about, that at this point, that study was really not able to make the kinds of statements about the campaign impact that people wanted it to be able to make.

Mr. SOUDER. Right. You wouldn't do it this way if you were in private business, you'd go broke. In fact, I just had a conversation with Dr. Walters, that I believe this anti-terrorist campaign is effective, it links up with the subject at hand.

But I told him, I have a concern that in the ad research, my background is more marketing and business, that the measurement of this is that what we didn't know going on is whether, if somebody who is a risk user of narcotics will actually be swayed by the premise that he might be funding a terrorist. What we may find is that 90 percent of the people, we've convinced them that narcotics, which is what the goal of the advertising agency is, that there's a link between terrorism and narcotics. What we didn't do in our preliminary study is show that had a resulting reduction in drug use, because we didn't measure that.

So it would be, from an ad perspective, a successful campaign. And as a building block, but it could come out with another study that says, it didn't reduce drug use because it was a building block in a longer process. And we're not used to taking people's taxpayer money and, when we were trying to get the maximum use up in some frequency on the TV not to do the marketing research. We're paying some of the price for that, we're hoping that would be cross-correlated.

I have a couple of other questions, but I'll yield to Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

What is the most effective way, do you all think, to reach young people? Just to reach them. In other words, is it in print, through peers, parents, television? If you had to put together a tool kit to reach young people the age we're talking about here, what are the three things you would make sure you do? I'm talking about the kinds of things I just talked about. And is television probably the most effective?

Let me just take it a little bit further. Mr. Mica talks about television. When I first ran for office, I was literally two to one down. It was a very short campaign. And over in the process of a weekend, I went to two to one up because of television. In a weekend, I mean from Friday to Monday morning. So I'm just wondering, first of all, I'm trying to focus in, I take it that all of you believe we need a media campaign.

I'm just trying to figure out how significant is it. In other words, if we took it out, this is a better way of asking it, what will we substitute it with? Assuming you're trying to reach young people.

Mr. JOHNSTON. That's part of the problem. We don't have a lot of arrows in this quiver. We've got prevention in the schools, but there's not a lot of evidence that's what in most of the schools is

terribly effective. I think there are programs that are effective, but they mostly aren't in the schools.

We've got what parents do, but one of the major ways you can influence that is through the media. So I think if we threw this out, we'd give up a lot.

The media itself is important. News coverage, I think, is important partly because it has credibility. So when a new drug comes along and there start to be casualties, and those get reported in the media, people believe that and it begins to change their views. But I think we can accelerate that process considerably by means of advertising and focused messages. I think within the media, it seems to me that radio and television are the most powerful for teenagers. If I had to pick, it's clear from our data that their use of the Web is a growing source of media consumption. Actually, they are gradually reducing their consumption of radio and television. But still it's very high.

So you ask a very broad and difficult question to answer. But I think that if I had to place my own money where I wanted to get the most impact, I think it would probably be in radio and television, and to a lesser extent, the Web. I probably would not try to do a lot of the other things that are here, not because they aren't worth doing and worthy causes, but because I think that if you spread your resources too finely across too many objectives, you don't accomplish any of them.

Mr. PALMGREEN. I would certainly agree with that. The media are far and away the most cost effective way of doing the prevention job. That doesn't mean that there aren't other ways to approach it, there certainly are. School programs, school-based programs are certainly very important and the Internet is certainly becoming much more important. In fact, ONDCP in the campaign has been making a very concerted effort on the Internet. They've been making a very concerted effort to partner with schools to try to get a multiplier effect for the dollars that they're spending. But the media portion is the portion that's by far the most effective. We would miss it tremendously if it disappeared.

Mr. CUMMINGS. Let me just throw one thing in here real quick. When we talk about ad specific, let's say an ad specific to ecstacy, and you all talked about how it didn't seem to make things worse or better, I mean, as far as other drugs are concerned. Is it better to have a, and I'll go back to the Lauryn Hill ad, I don't think she talks about a specific drug. Is it better to have sort of like a generic ad in instances, or can they be just as effective, for example, as an ecstasy ad? I mean, have you all looked into that kind of thing?

Mr. JOHNSTON. I follow your point. I think that you probably want a mix, obviously some ads can talk about drug use as kind of a constellation of decisions that people make to avoid or to engage in. But I guess I would argue that based on what we know, it's important for a number of the ads to address specific drugs, basically to pick out targets. So at any given point in history, it seems to me, you look at what are the problems that are facing kids who are growing and try to focus some of the ads on those.

I mentioned the ad campaign on inhalants, which looked like it was very successful. I think there was an earlier one on heroin which had some evidence of success. Today clearly a target is ec-

stasy. I guarantee you that within a year or two there will be something else coming around. Because it keeps coming around and we have to keep adding questions about new drugs.

So I think to a certain degree, you need to tailor the targets to what's there. And in a sense, you might be allocating money for a target you don't even recognize yet, but it's yet to be seen.

Mr. PALMGREEN. Another point I'd like to make that is very important, I think, is that it's age related. Our research that we've done with kids of various age ranges, and a lot of other research, has shown that young kids have a tendency to think of drugs in general. They don't differentiate among drugs. They don't know enough yet. So a generic anti-drug message can be very effective with those younger kids.

As kids get older, they get smart. And they start to differentiate among different types of drugs. The kids we talked to said, look, don't try to tell us that marijuana is going to kill us, because we know it's not going to. Tell us what the effects of marijuana really are that we should be worried about. And if you want to focus on some other drug like meth or something, then give us something specific about meth. Because we know the differences among those drugs.

So there, I think, as you get into the older kids, you have to go to more targeted, more specific kinds of ads.

Mr. CUMMINGS. I do believe that we are going to have an ad campaign. But I also believe that we really have to clean this up, so that we are spending these tax dollars efficiently and effectively. Part of the reason why I say I think we're going to have an ad campaign is based upon the things that you all just said.

And if there were, if you had to give us advice, the one thing that you would definitely do, or two things that you would do, to make sure we're most effective and efficient in the ad campaign, because that's what we're dealing with, when all the dust settles, Barr can say what he wants to say, Mica can say what he wants to say, I'm telling you, when it all settles and boils down, there's going to be an ad campaign. That's my guess. And you've got some ONDCP people sitting in behind you.

What would you all say to Walters when you say, don't throw out the baby with the bathwater, what would you say that you've really got to do?

Mr. PALMGREEN. Well, I think one of the things that needs to be done is, as I said, our research said that I think very dramatically and with a great deal of scientific rigor, showed that campaigns that focus on the risks of drug use can be very effective. And again, this ties in very closely with the national data from Dr. Johnston's ongoing study.

One of the things, unfortunately, that the ONDCP campaign has not done, and I'm not sure why that has occurred, is that there have been very few risk ads produced, or what we call negative consequence types of ads. Many of them have focused on the positive consequences of a drug-free lifestyle, for example. There hasn't been any research that I know of that has really looked at those kinds of ads specifically to see whether they are effective.

There have been a number of ads that have dealt with how to resist efforts by your friends to get you to use drugs. Now there is

some research that indicates that programs like that can work. We don't know whether ads like that can work. But just this year, the ONDCP is now starting to focus on risk type ads, negative consequence type ads, the terrorism ads would be an example of that, but there are some other ads that they're putting out.

I've seen the media plans for the rest of the year, they're planning on running nothing but negative consequence or risk ads for the rest of the year. What Director Walters has said is they are going to be focusing more on those kinds of ads. I think that's the right direction to be going.

Mr. CUMMINGS. I'm almost finished, Mr. Chairman. But before you answer, Dr. Johnston, it's interesting, the kids that I talked about in my district, there were about 100 of them, high school students, do you know what the No. 2 ad was after Lauryn Hill? And these are all inner city, African American kids. It was the frying pan. It says, the woman is throwing the frying pan all around. Do you know the one I'm talking about?

Mr. PALMGREEN. Yes.

Mr. CUMMINGS. Is that considered a risk ad?

Mr. PALMGREEN. Yes. I think that's considered a risk ad. That was sort of the signature ad that kicked off the campaign. And then we saw very few of those ads after that.

There was one in particular that you may have seen called Vision Warrior that involved an African American who at one time was an aspiring actor, became very much of a heavy drug user, ruined his career, came out of that and decided to do something about it. He started going around to schools and so forth and produced a program. And he called it the Vision Warrior, which is really an extremely effective approach.

The one PSA was made which in 30 seconds sort of shows a microcosm of what he presents at the schools, at treatment centers and so forth, an extremely effective ad. It has not received very much air time, unfortunately. I think we need more ads like that in the campaign.

Mr. CUMMINGS. Dr. Johnston, what would you do? What would you tell ONDCP, since they're listening?

Mr. JOHNSTON. In some ways I hesitate, because persuasion is a very, very difficult and subtle process. So if I come up with simple solutions, they may not take into account the subtleties. I think in general, I would argue for more media weight, reaching kids with more messages, probably more of the messages being drug specific, dealing with the drugs of greatest concern at the moment or rising concern.

I would certainly do some research on whether or not to take the ONDCP tag line off the back of all these ads, because I think that may be a major discounting factor all by itself. That would be the cheapest. In fact, it would cost nothing to fix it.

And I think probably in the end, I would leave the creatives to the advertising professionals who have spent their careers doing this kind of thing. I think they can get guidance about strategy. But I think at some point you have to turn them over to the pros. I don't think we academics are very good at it. I've tried at times, and I don't think probably Government officials are probably good

at it, either. But that doesn't mean we shouldn't have judgments and shouldn't review what's done.

Mr. CUMMINGS. Ms. Patrick.

Ms. PATRICK. I guess the thing I would urge you to do is to keep the focus on parents. Because we saw such a significant increase in parents' willingness to be educated on how to talk to their kids when they would be motivated to have the talk. Before that, we just didn't have much penetration with the parent market at all in Connecticut.

So I think it motivated them, it scared them, quite honestly. And then they wanted to know, well, what do I do, how do I do it. And then they started coming to things.

Mr. CUMMINGS. Mr. Zimmerman.

Mr. ZIMMERMAN. I'm going to answer several of your questions you raised earlier all at once. Specifically, when people make decisions to try new products or to try marijuana or whatever, they're doing it because they are not only aware but they are persuaded to do that.

So if I were to tell the ONDCP one thing, I would tell them that they absolutely must understand not only the ability of their ads to generate awareness, but the ability of their ads to persuade someone to not use, maintain non-usage or to stop usage. You have to measure both. You also have to understand the weight at which they go on the air.

Once you know those three things, awareness, persuasion and weight, which is GRPs, then you can very effectively determine and hold your agency's feet to the fire to understand whether or not what they're putting on air is causing behavioral change, which is what we want.

So if I were to say is the ad effectiveness, as the chairman asked me, whether the TV ads were working or not, would I cut those, absolutely not. TV is the most effective way for generating awareness. We have seen at P&G that word of mouth, as an example, can be extremely effective at persuading people. Although the level of that is smaller, it can be very effective if you hear about a new car, you hear about a new movie, it's frequently through word of mouth.

So the important thing I want to stress is measure all three components, the weight, the awareness and the persuasion ability of your various ads. But by all means, do it.

Mr. CUMMINGS. Thank you. Thank you, Mr. Chairman.

Mr. SOUDER. I have a few last questions.

Mr. Zimmerman, could you address this question, the focus has historically been on, to the degree we have research on longitudinal, large enough sample size, could you explain how focus groups might be used in this mix? Because some of the things you were describing earlier we really need to get the intensity off of, which you can't in a survey. Also, if I can ask a secondary question, do you believe that self surveys are accurate, which is a fundamental assumption in this?

Mr. ZIMMERMAN. There is a definitely a role for focus groups. I've moderated probably 200 to 300 focus groups myself. I use them to develop an understanding of why people have the opinions they do. I would not use those as a replacement for quantitative measures.

Yes, I can measure quantitatively some of the same things we ask in focus groups. And we frequently do that.

Your second question was?

Mr. SOUDER. When you do a new product at Procter and Gamble and do research, how much of it is based on, for example, certainly on media buy, or you wouldn't ask whether people ask the news, they all watch the news, they don't watch game shows. But where is the line here where self reporting versus actually measuring arrests in an area, expulsions out of school, should we cross measure?

Mr. ZIMMERMAN. I would say that the majority of the research we do is self reported, either by phone interviews or by questionnaires. This is probably 90, 95 percent. But we also look for other habits and practices data, which we collect from secondary sources. And we look at convergence of results, that we're getting the same results from all three different areas. We don't depend on any one alone.

Mr. SOUDER. So if you saw in a given market a successful reporting of a campaign, but the arrests went up and expulsions from school went up, you might check to see whether in fact you had a more aggressive sheriff, or whether the schools are cracking down. But then you'd look at that as cognitive dissonance if in fact there hadn't been a change?

Mr. ZIMMERMAN. Yes, and that's where focus groups coming into being. They're miracle workers. As an example, we had one school district where we saw very low usage in grades seven and eight. It suddenly jumped up hugely, it was like a huge step, grades 9, 10, 11 and 12, marijuana usage was constant. And alcohol usage was constant. So the data was accurate, we had 85 percent of the kids in this school district self reporting this was happening. So we said, what's going on?

Well, it turns out the kids in a community meeting said, oh, that's because of field parties. Everybody goes out after football games, just like the parents used to do, and they used to drink pop, the kids are now drinking alcohol and smoking dope. So the focus group type of activity helped us understand what was going on. Then we could work with the local law enforcement community and with the parents to help them understand what to do next.

You've got to surround the issue with parents, as you've said, it is extremely important. Our data says parents are these most important source, faith community and local media.

Mr. SOUDER. I'll finish with this question, but I'd like to get your reactions, starting with Dr. Johnston. One of the things that really troubles me in this process, because you've highlighted it, I've never heard of a business that doesn't do market segmentation and targeting. You have to know who you're going after and why you're advertising or of course it's going to fail. If we don't know who we're trying to reach with our ads to win, we're not going after registered voters, if we're in a primary it's different than the general election, if we don't know whether we're going for swing voters, we lose. We do that every day.

The problem I see here is the resources aren't sufficient to get market clout for all the things you've just identified. And we're not likely to dramatically change it.

For example, prevention, is one group that you're targeting, the maintenance is another, and getting somebody off is a different group. I would like you each to comment on the adventure seekers. To that degree, they may be more likely to be in one of those three groups, if we could identify that. Is that a way to get around that?

Furthermore, if you're already targeting different ads for those you're trying to prevent from those you're trying to keep off and those you're trying, in other words, eighth graders or potentially sixth to eighth graders are coming into the market, you've got another group that weren't at risk in eighth grade, but as they go to high school, they start going to parties or they start to do these things, so they're now becoming at risk. You have adults who lose their job, in other words, the market isn't static, either.

Now you've also said that it's best that when you target certain narcotics, it has an impact. But it doesn't necessarily have a cross referral. Then there's the whole question of targeting the parents, which is another whole market. How do you do this if in fact at best we're going to get probably flat funding, which is declining every year because of advertising costs going up? What would you use? Would you do a mixed strategy?

First off, do you have any comments on what I just said. Would you use a mixed strategy where you vary it from time to time? Would you in this try to leverage? Because these are policy questions. We don't do the ads. Ad people should do the ads. But these are kinds of fundamental policy questions of where's our priority as a country, and what's most effective with that, along with the drug czar and the executive branch, and who are we targeting. And if it becomes we're targeting everybody, then we're targeting nobody. We don't have enough dollars.

Mr. JOHNSTON. That's the problem with having too many targets. I think the Partnership does do market segmentation in their research and planning. I can't tell you the details of it, because I don't know them.

But one of the things we've seen over the years is that when there has been an important shift, let's say, in marijuana use among young people, it's almost always due to fewer kids initiating use, but also to more kids quitting use. And I suspect that some of the very same messages and influences lead to both.

I don't think that generally the heavy users, people who have already got an established pattern, are likely to be very influenced by marketing kinds of interventions. They are too mild an intervention for the strength of the behavior. So I don't think that's probably a realistic part of the market to target.

But I'm not sure, actually, that the strategy would be too different if we're talking about trying to prevent initiation versus getting people to quit. If they say a drug is more dangerous, both things tend to happen.

Mr. SOUDER. How did you feel about the sensation seeker targeting? I'd like to hear Dr. Johnston on that.

Mr. JOHNSTON. Well, Dr. Palmgreen's done a lot more research on this than I have. I think that very likely that is a high risk segment, as his research suggests. I don't have a good, intuitive feel for how effective we can be with them. But his research suggests that we can. And clearly if we can, those are some of the higher

risk types of individuals that we might be able to nip the bud early before they do become established.

Mr. SOUDER. Do you agree with the principle that in marketing research and focus groups we should be looking at the higher risk population? Because one of the things that we found in our community anti-drug initiatives, in our drug-free schools initiatives, who by the way, the data is even worse than here overall, it isn't that there isn't data, but that there isn't even as much scientific data. There's lots of individual reports and individual programs.

But one of the things is, they tend to be more effective at reaching kids who are less at risk. It is a fundamental problem we've had in these programs.

Mr. JOHNSTON. Right. I certainly think it's worth differentiating them in the research and looking at that and probably in the evaluations as well. And in a sense, it's an empirical question, how effective can we be, where do we get the most bang for our buck. My guess is we need to go after both segments, the high sensation seeking, which may take a certain qualitative type of ad, as was suggested, and the rest of the kids.

We have to remember that drug use is a majority behavior among our kids by the time they're out of high school. So there are a lot of people in the population that we have to influence.

Mr. SOUDER. Dr. Palmgreen, before you comment, may I ask you, on your Knoxville and Lexington studies, you showed a double difference between the two different groups. Did you have that as heavy use, light use, one time use? In other words, in fact how much can we isolate them? Because doubling is pretty significant.

Mr. PALMGREEN. Well, our only measure of use was the one that has been kind of the gold standard, I guess, it's been used in a lot of national studies, and that's any use in the last 30 days. Now, that can be misleading sometimes, because someone may just have used it just one time in the last 30 days when you ask that person by self-report. But overall, it's a very good measure of what we call current use of marijuana.

The question that you asked Dr. Johnston about targeting high sensation seekers, the ONDCP campaign certainly is built, I know, on social marketing premises. That's one of the reasons why they were targeting 11 to 13 year olds, because they knew that this was the blank slate, as Dr. Johnston called it, that you can write on. They also have been making an attempt to target high sensation seekers by doing focus groups with high sensation seekers.

The difficulty, and the real difficulty we faced in Lexington and Knoxville, was to develop high sensation value ads, ads that were really dramatic, graphic and so forth, for a drug like marijuana, which is not like ecstasy or meth or something or cocaine, where you can produce very graphic ads that say that use of this drug is going to kill you or cause other extremely serious physical problems and so on.

We had to, therefore, in Lexington and Knoxville, focus as much as we could on two things. One, on novelty, try to give them some ads like they had never seen before, because that's the primary thing high sensation seekers are looking for. The second thing was, we wanted to make them dramatic. We wanted to tell a story. We

didn't want someone preaching to them. We wanted a little narrative. That was very, very important.

This was one of the things they faced, that the Partnership has faced in producing ads for the ONDCP campaign. I remember the Partnership coming to us early on in the ONDCP campaign and telling us that a number of the agencies that they had relied on in the past to produce ads refused, absolutely refused to produce or participate in the campaign to produce anti-marijuana ads, because they felt that marijuana was a drug that was so mild, as they thought, in fact, they needed some convincing themselves, that they could not produce really hard hitting ads on this drug.

Mr. SOUDER. So maybe we need to drug test our ad agencies. Because certainly BC Bud, which is the hottest thing in the street in Boston, it's selling for as much as cocaine, in Seattle and San Francisco, it's about half, its THC content is roughly triple what we saw. We're in this mythology of the old marijuana, Quebec Gold on the East Coast, BC Bud on the West. In my home city of Fort Wayne, BC Bud is selling for more than cocaine. There's not a lot of it yet, but we're intercepting it. It's more like meth. It's a constant moving target.

Ms. Patrick or Mr. Zimmerman, do you have any closing comments?

Anything else, Mr. Cummings?

Mr. CUMMINGS. I just wanted to thank you all for what you're doing. This is very, very helpful. I think that we have to be practical, and we have a limited amount of time, and a limited amount of space we occupy on this Earth. I think that we have to be as effective as we can while we're here.

I think the testimony that you have given has been very balanced and very thoughtful. It's this kind of testimony that helps us to make the kind of decisions that we have to make. I've often said if you've got bad information, it's hard to make a good decision, or lack of information, it's hard to make a good decision. So we really do appreciate your being here, and we thank you for what you do every day to make a difference.

Mr. SOUDER. Let me add to that my thanks for both being here and all your work. With that, the subcommittee stands adjourned.

[Whereupon, at 12:12 p.m., the subcommittee was adjourned, to reconvene at the call of the Chair.]

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