THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN
Communication Strategy Statement

TABLE OF CONTENTS

For more information on the National Youth Anti-Drug Media Campaign, visit ONDCP's Web site at www.whitehousedrugpolicy.gov.

INTRODUCTION

BACKGROUND

In 1997, the Office of National Drug Control Policy (ONDCP) proposed and received dedicated funding for a historic initiative: a large-scale paid media campaign to educate and enable America's youth to reject illegal drugs. This campaign, developed from a solid scientific base, will be implemented in collaboration with the Partnership for a Drug-Free America and a wide array of non-profit, public, and private-sector organizations, including America's major corporations and media companies. Although the campaign is likely to be the most visible element of our Nation's response to the youth drug use epidemic, it is but one of many drug-prevention activities offered by schools, civic organizations, and government agencies in communities across America. Developing synergy among these myriad drug-prevention activities is our Nation's best chance to significantly reduce drug use rates. This campaign is a catalyst to create that synergy.

Drug abuse is harmful at any age, but reducing adolescent drug use is crucial for controlling over-all drug use and abuse (Sloboda & David, 1997). People are most susceptible to the allure of illicit drugs during their adolescent years (Kandel & Logan, 1984). Young people who refrain from using psychoactive substances until age 21 rarely become users later in life. Moreover, the earlier in life drug use is initiated, the more likely users are to consume progressively more dangerous substances (Newcomb & Bentler, 1989). Thus, preventing or delaying use of psychoactive drugs among adolescents is a critical public health goal for the Nation.

THE GOAL

ONDCP programs address a range of goals that include demand reduction, reduction of drug-related crime and violence, and reduction of drug-related health and social costs. The goal of the National Youth Anti-Drug Media Campaign is to educate and enable America's youth to reject illicit drugs. This goal includes *preventing drug use and encouraging occasional users to discontinue use.*

PURPOSE AND SCOPE OF THE COMMUNICATION STRATEGY STATEMENT

This document outlines the strategic basis for the National Youth Anti-Drug Media Campaign, a multi-faceted primary prevention media campaign. This communication strategy will be used by ONDCP to chart the overall direction of the campaign, as well as guide the development of specific campaign messages, materials, and activities. Although the communication strategy will evolve over time as a result of campaign monitoring and evaluation, this document represents a solid framework and starting point based on ONDCP's extensive campaign planning process.

The communication strategy represents a distillation and integration of information from many sources. These sources include a review of published studies on the etiology and prevention of adolescent drug use, drug-prevention campaigns, other public health communication campaigns, and general consumer marketing communication campaigns targeting youth and their parents. Also included are the results of unpublished audience research conducted by various organizations, and the results of an original focus group study commissioned by ONDCP to support the development of the campaign strategy.

This research evidence was supplemented with an extensive expert consultation process that included input from over 200 experts in academia, civic and community organizations, government agencies, and the private sector, and through the establishment of a campaign design expert panel. The panel included experts in the fields of drug use and prevention, public health communication, advertising, market research, consumer marketing, and public policy. Panel members met over the course of four days during the fall of 1997 and played a pivotal role in integrating diverse sources of information and guiding the development of the communication strategy for this campaign. (See the Appendix for a list of panel members.)

While the strategy was designed primarily to provide direction for the National Youth Anti-Drug Media Campaign, it can also be used to shape the activities of other national, regional, and local anti-drug programs, and thereby create synergy across youth drug prevention programs. Care was taken to formulate a broad-based and flexible communication strategy that could be applied in a variety of contexts to develop or refine media-, school- and community-based drug prevention initiatives.

KEY DECISIONS UNDERLYING THE COMMUNICATION STRATEGY

A universal approach is necessary: Youth drug use knows no bounds.

The reality of youth drug use defies all stereotypes. Youth drug use rates are more or less consistently high across all gender, racial and ethnic, income, and geographic boundaries. It is critically important that primary prevention efforts address all young people as well as the adults who influence them. Using newly emerging terminology in the field of drug abuse prevention, this is termed a universal approach.

The campaign should focus on primary prevention.

Although preventing and treating drug abuse are both critically important in ensuring the health and well-being of our Nation and its people, a media campaign that attempts to accomplish both is unlikely to accomplish either. To succeed, a communication campaign must have a highly defined purpose. The purpose of the National Youth Anti-Drug Media Campaign is to promote the primary prevention of drug abuse, which means preventing drug abuse *before* it starts.

The campaign focuses on primary prevention for three key reasons. First, primary prevention targets the underlying causes of drug use, and, therefore, has the greatest potential to reduce the scope of the problem over the long term. Second, over time a primary prevention campaign will lessen the need for drug treatment services, which are in critically short supply. And third, a media campaign has greater potential to affirm and reinforce the anti-drug attitudes of youth who are not involved in drug use than to persuade experienced drug users to change their behavior.

Reducing demand is the key to primary prevention.

Youth drug use rates are influenced more by young people's attitudes and beliefs about drugs, and by prevailing social norms, than by the availability of drugs (Johnston, 1997; Johnston, O'Malley, & Bachman, 1996). Thus, the National Youth Anti-Drug Media Campaign seeks to alter these demand-related factors.

Campaign efforts should primarily target illicit drugs of first use.

The goal of the National Youth Anti-Drug Media Campaign is to prevent drug use before it starts and encourage occasional users to discontinue use. In both instances, the drugs to focus on are drugs of first use. Most commonly, the illicit drug of first use is marijuana (Kandel, Yamaguchi, & Chen, 1992). Many adolescents who start using marijuana at an early age progress to use of other drugs (Newcomb & Bentler, 1989). Conversely, people who have never tried marijuana and inhalants are unlikely to try other drugs (Newcomb & Bentler, 1989). Thus, preventing use of marijuana appears to be a powerful means for preventing other drug use.

Inhalants are another class of illicit substances of first use for many adolescents. Unlike marijuana, inhalants can have very immediate and serious physical consequences for users (NCADI, 1997). Both the variety of inhalants used and the proportion of young people who have used them have risen dramatically in the past few years (Monitoring the Future Study, 1997). Thus, this campaign will also focus on preventing the trial and use of inhalants.

Tobacco and alcohol are two other important substances of first use for many adolescents (Grant & Dawson, 1997; Kandel, 1975; Kandel, Yamaguchi & Chen, 1992). Although underage use of alcohol and tobacco is not legal, the campaign will not use paid media resources to address these issues. However, ONDCP will use its media-buying negotiations with media companies to secure support for public service advertising on these and other important issues.*

As necessary, the campaign will also address other illicit drugs that represent an immediate threat to occasional users. New drugs are intermittently developed and introduced into the drug use scene, and new ways of using existing drugs can rapidly become popular among young people. In these cases, adolescents (and adults) often have little or no factual information about the risks involved, and they make decisions based on incorrect assumptions and perceptions. For example, certain communities are experiencing an epidemic of heroin inhalation even among very young adolescents, in part because of the incorrect assumption that inhaled heroin is less dangerous than injected heroin. The campaign will address such emerging trends in efforts to prevent their spread.

Campaign efforts should be responsive to local conditions.

Although adolescent drug use rates are at epidemic proportions nationwide, there is considerable variation from community to community in the drugs that are used. Anti-drug efforts and community resources also vary by community. Therefore, to maximize overall campaign effectiveness, appropriate community groups should be involved in making decisions about how to tailor campaign efforts to best address local conditions.

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* To ensure that these public service advertisements are consistent with and supportive of the overall campaign goal, ONDCP will provide media companies with a variety of pre-approved public service advertisements on a range of topics including underage tobacco and alcohol use prevention.

The campaign should promote effective parenting strategies.

There is a growing and robust body of research that indicates that parenting practices are central to preventing adolescent substance abuse and other problem behaviors (Baumrind, Moselle, & Martin, 1985; Bry, 1988; Newcomb & Felix-Ortiz, 1992; Resnick et al., 1997; Spoth, Yoo, Kahn, & Redmond, 1996). However, many parents and other caregivers do not know what specific actions they should take. The National Youth Anti-Drug Media Campaign will convey parenting practices that are known to be effective not only in helping to prevent use of illicit substances, but also in helping to prevent tobacco and alcohol use, academic failure, and involvement in other high-risk behaviors (Ary, et al., in press; Barrera, Ary, & Biglan, under review; Biglan, Ary, & Smolkowski, 1995; Biglan et al., 1995, 1997; Dishion & McMahon, under review; Dishion, Reid, & Patterson, 1988).

Campaign Design Principle:

Because family-focused prevention efforts have a greater impact than efforts focused only on youth or only on parents and primary caregivers, the campaign should target both audiences. Moreover, the communication objectives for youth audiences and parent/caregiver audiences should be complementary and synergistic.

The campaign should encourage action on the part of other people who influence the lives of youth.

Teachers, mentors, coaches, older siblings, and a wide variety of other people can and do have a critical impact on adolescents' behavior. They help to guide the development of young people, not only through their actions as role models but also through the recommendations, instruction, and encouragement they provide. The campaign can cultivate a key drug-prevention resource by motivating and assisting youth-influential adults to encourage positive youth development and discourage drug use in a variety of ways.

While media can be used to influence important beliefs and behavior, consistent messages from a variety of sources are necessary to produce an effect.

Media have come to play an increasingly important role in public health campaigns due to their wide reach and ability to influence behavior in a variety of ways (Flora, Maibach, & Maccoby, 1989; Maibach & Holtgrave, 1995). There is convincing evidence that carefully planned mass media campaigns can reduce substance abuse by countering false perceptions that drug use is normative and by influencing personal beliefs that motivate drug use. Several recent media campaigns have successfully prevented or reduced consumption of illicit drugs and cigarettes, and risky behaviors such as driving under the influence of alcohol (Flay, 1987; Flynn, et al., 1995; Montgomery, 1995; Popham, et al., 1994; Worden, et al., 1996).

For all their power to inform and persuade, the media alone are not likely to bring about large, sustained changes in drug use behavior. This campaign will be truly successful only if media efforts can be coordinated with other initiatives in homes, schools, and communities. Research has repeatedly shown that media programs work best in conjunction with other community- and school-based anti-drug programs, when consistent messages are conveyed through a variety of channels and in several different contexts (Flay & Sobel, 1983; Maccoby, 1990; Schilling & McAllister, 1990; Sloboda & David, 1997).

The campaign messages must reinforce prevention messages delivered in other settings including schools, community organizations, and homes, and be linked to existing prevention resources in communities. This can be accomplished, in part, by developing a communication strategy based on approaches that have been proven effective and are accepted in these settings. It can be further accomplished by encouraging community organizations, professional groups, and government agencies to incorporate the communication strategy into their new and on-going programs.

THE ROLE OF A MEDIA CAMPAIGN

The media influence most people in a variety of ways. The news media inform and alert us to important developments in our communities and beyond, shaping our subsequent actions in the process. The entertainment media are often used to satisfy our leisure-time needs, and, in the process, they influence our beliefs about the world around us (Brown, Childers, & Waszak, 1990; Gerbner, Gross, Morgan, & Signiorelli, 1986; Marc, 1984). Advertising is used to stimulate our interest in commercial goods and services, and to influence how and where we shop.

Health information, including information about drug use issues, is provided through all forms of media including news, entertainment programming, and advertising. This information is so pervasive that most people report the media as their primary source of information about health issues (Freimuth, Stein, & Kean, 1989). Unfortunately, this does not mean that placing drug prevention and health information in the media necessarily influences people to behave in more healthful ways.

Understanding the potential and limitations of the media is the key to designing successful campaigns. It is also the key to establishing appropriate expectations about what can be accomplished through the media, and over what period of time.

The potential and limitations of media campaigns.

Media campaigns, in some situations, can be a powerful force for social change. In general terms, media campaigns have great potential to raise awareness of an issue, enhance knowledge and beliefs, and reinforce existing attitudes (Alcalay, 1983; Gandy, 1982; Klapper, 1960; McCombs & Shaw,1972;Wallack, 1990). In situations where the recommended behavior change is relatively simple and of obvious benefit to members of the target audience, media campaigns can effect large-scale changes in behavior. Relatively recent campaigns to prevent Reyes Syndrome and Sudden Infant Death Syndrome offer two excellent examples of such situations (Soumerai, Ross-Degnan & Kahn, 1992; Engelberts, de Jonge, & Kostense, 1991). In both cases, modestly scaled media campaigns produced large-scale behavior changes among the parents of young children.

Many behaviors, however, are not so easily changed. Behavior results from complex interactions among people's beliefs and motivations, and their social, cultural and physical environment (Bandura, 1986). In many situations, people are not motivated to change because the perceived benefits of the recommended behavior fail to outweigh the perceived social, cultural, or economic costs. In other situations, people are motivated to change their behavior but are unable to do so because they lack the necessary skills or other resources. Overcoming such social, environmental, and psychological barriers to behavior change is a complex and formidable task, and one not easily achieved by a media campaign alone.

Implications for the Campaign.

The potential for using media to influence adolescent drug use is directly related to the age of the adolescent. Virtually all children begin early adolescence with strongly held anti-drug attitudes, beliefs, and intentions (PATS, 1997). These anti-drug attitudes and beliefs typically begin to erode during the middle-school years. Because media campaigns have tremendous potential to reinforce existing anti-drug attitudes, perceptions, and intentions, the National Youth Anti-Drug Media Campaign should focus its efforts on early adolescents. The objectives of these efforts should be to "inoculate" early adolescents against increasing pressures to use drugs and to enable them to maintain their anti-drug attitudes and intentions (Pfau, 1995).

Campaign efforts targeting older adolescents are likely to be less successful than those targeting younger adolescents because the drug-related attitudes, beliefs and intentions of older adolescents are, on the whole, more pro-drug than those of younger adolescents (PATS, 1997). Media messages simply have less potential to alter rather than reinforce existing attitudes and behavior (DeJong & Winsten, 1998). Moreover, the challenge of reaching older adolescents with effective media messages is aggravated by the facts that they tend to view less media and are more skeptical of media messages than are younger adolescents (Ritchie, 1995; MRI 12+ Study, 1997). These challenges notwithstanding, it is imperative for the campaign to effectively communicate with older adolescents because their rates of drug use are startlingly high.

Parents and other primary caregivers are highly motivated audiences for drug prevention messages. Most firmly disapprove of adolescent drug use and are willing to take action to prevent it (PATS, 1997; National Survey of American Attitudes on Substance Abuse II, 1996; PDFA, 1994b). Although highly motivated to act, parents and caregivers often lack both certainty about what actions to take and confidence that their actions will make a difference (National Survey of American Attitudes on Substance Abuse II, 1996). A media campaign that successfully convinces parents and caregivers that their actions can make a difference, and provides them with effective instruction regarding what actions to take, has tremendous potential to change parenting practices and thereby effect the goal of reducing drug use among youth.

Universal messages can be tailored through media and interpersonal channels.

The wide reach of the mass media is both their most attractive feature and their biggest drawback. While the mass media provide efficient means to communicate with large audiences, they do so at the expense of selectivity and precision. The mass media make it difficult to deliver messages that are tailored to the unique concerns and perspectives of subgroups within the target audience.

The communication objectives presented in this document are "universal" in that they are intended for virtually all adolescents and their parents or other primary caregivers. The specific messages developed to realize those objectives, and the channels through which these messages are delivered, will vary for different subgroups within the target audience. For example, although the communication objectives for Hispanic and Anglo-American parents are the same, the specific messages and channels of message delivery are likely to differ.

Tailoring the campaign's universal messages to respond to regional, ethnic and cultural, gender, and age differences among members of the target audiences will require use of a variety of messages and channels. The National Youth Anti-Drug Media Campaign will harness a diverse media mix including television, video, radio, print, and Internet and other forms of new media to deliver both general and tailored messages. Within the media mix, messages will be delivered through the full range of media content including paid and public service advertising, news, public affairs programming, and entertainment programming. The campaign will further extend its reach and opportunity to tailor messages by developing partnerships with a broad range of community and civic groups, professional associations, government agencies, and corporations.

Campaign Design Principle:

To achieve the maximum effect, the campaign should use a full range of media mechanisms and formats in an integrated fashion and in a manner consistent with the communication strategy.

The commitment to use a variety of media and tailored messages to reach diverse target audience members is a critical component of effective media campaigns, regardless of their goal. Effective message tailoring involves soliciting input from target audience members, working with communication professionals who specialize in creating content for particular audiences, and testing the effectiveness of messages to ensure that they evoke the desired response among members of each target audience. The National Youth Anti-Drug Media Campaign will employ each of these methods to ensure the effectiveness of its messages for diverse audiences.

Campaign Design Principle:

To ensure effectiveness, all message executions should be pre-tested with diverse members of the target audience before final distribution. Moreover, where there is cause to think that messages targeted to a particular audience group can produce unintended negative consequences among other audiences, messages should also be tested with non-target audience members.

Success requires a sustained commitment.

There is no way to know with certainty how much time it will take for the campaign to have an appreciable impact on drug use behavior. Targeting young adolescents, however, requires commitment to a relatively long time frame. Drug use prevalence begins to increase dramatically during the middle-school years. The campaign effort targeting elementary and middle school-aged youth should be sustained, at a minimum, throughout the audience's middle-school years to allow an assessment of its preventive impact.

Analysis of drug use data over the past two decades further supports the need for a sustained commitment. Trend data from large surveys such as the Monitoring the Future Study show that changes in key drug-related beliefs (such as perceived risks of use or personal disapproval of use) usually precede corresponding changes in drug use prevalence by about a year. Media campaign messages typically work gradually by influencing perceptions and fostering interpersonal communications (with friends, family members, and others), a process that is characterized as one of "erosion and accretion" rather than one of "upheaval and conversion" (Roberts & Maccoby, 1985). Given the nature of the campaign goal, and the social and psychological conditions that must be influenced to achieve the goal, the campaign must be sustained over a period of time before it can reasonably be expected to have an effect.

Campaign Design Principle:

The campaign must be sustained for a period of time sufficient to bring about a measurable change in the beliefs and behaviors of the target audiences.

Success also requires a significant media presence.

Another issue relevant to the campaign's impact is exposure. Even if campaign messages are extremely effective, they cannot be expected to drive a national change in drug-use prevalence unless they are seen repeatedly by a sizable proportion of the target audience. To ensure that the campaign messages reach the target audience, they must be aired frequently. To make sure that a consistently high exposure rate can be maintained without having the message seem repetitive, boring, or annoying, a sizable number of different message executions will have to be developed and aired during the course of the campaign.
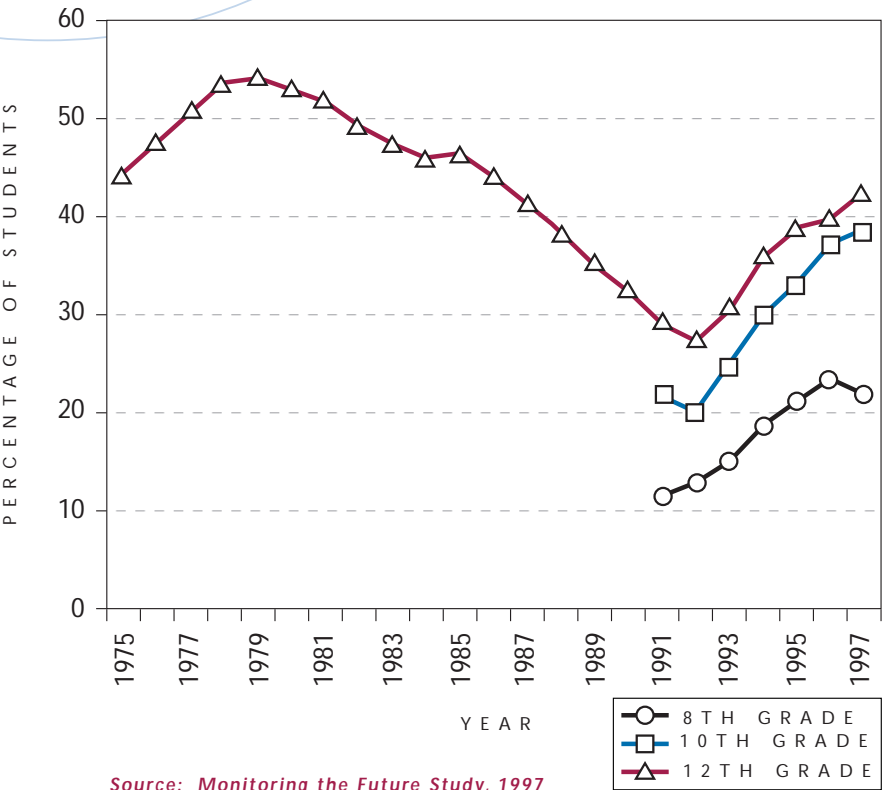
Campaign Design Principle:

The central messages of the campaign should be repeated often and in a variety of ways. Repetition is important to enhance exposure and availability; variety is important to capture the range of perspectives among audience members, and so that the message will not be perceived as annoying or "stale."

STATEMENT OF THE PROBLEM

AMERICA'S YOUTH: A POPULATION AT RISK

There are a number of excellent sources of data about trends in adolescent drug use. These include the University of Michigan's Monitoring the Future Study (MTFS), the National Household Survey on Drug Abuse and other surveys by the Department of Health and Human Services, the Partnership for a Drug-Free America's Attitude Tracking Study (PATS), and surveys of parents, youth, teachers, and principals conducted by the National Center on Addiction and Substance Abuse (CASA). While the exact sampling procedures, methodologies, and measures vary among these studies, their findings are similar. After a substantial decline through the 1980s, drug use among teenagers and pre-teens has been on the rise since 1991 (see Figure 1).* Although the most recent data indicate that this upswing may be leveling, adolescent drug use rates currently stand at or near historically high levels (MTFS, 1997). During this period, there has also been a dramatic decline in anti-drug attitudes and beliefs, particularly among 11-12 year-olds. Moreover, younger children now have access to drugs more easily than before, and more of them say they know people who use illegal drugs.

FIGURE 1: TRENDS IN ANNUAL PREVALENCE OF ILLICIT DRUG USE

Source: Monitoring the Future Study, 1997

* The escalation in drug use among youth thus comes at a time when adult drug use is on the decline.

NO ONE IS IMMUNE

Prevalence data indicate that adolescent drug use is a problem that cuts across all geographic, socio-economic, racial, and ethnic boundaries in American society (MTFS, 1997). After analyzing the socio-psychological correlates of drug use in the United States, the National Survey of American Attitudes on Substance Abuse II (1996) concluded that "*Every child in America is at risk of using drugs, regardless of race, ethnicity or economic status.*"

The overall rate of illicit drug use shows little regional variation, except that marijuana use has traditionally been 3 to 4 percentage points lower in the South. The South does not, however, have lower rates of use of other illicit drugs. There is also some indication that children start using marijuana earlier in the West, but use among high school seniors is equally high in the West and in the Northeast (MTFS, 1997). It is also believed that drug use "fashions" often originate in the urban areas and then radiate out to suburbs and rural areas; however, there is no real difference in overall use rates among urban, suburban, and rural youth. Thus, although there are some differences in when and which drugs are used, the overall picture is equally grim in all parts of the United States.

Socio-economic status, as measured by parents' educational level, does influence the age at which drug use is initiated, but does not have an effect on the overall levels of use. For younger children, parental education has a protective influence on drug use, and drug use rates among 8th graders are higher among those students whose parents have less education. By the 10th grade, however, many of these differences have disappeared, and by the 12th grade the relationship has actually reversed for drugs such as marijuana, inhalants, hallucinogens, and LSD (MTFS, 1997). The trends in drug use for children of different socio-economic levels have shown virtually identical upswings since 1991.

Overall rates of drug use are roughly equal among white and Hispanic adolescents, and slightly lower among black adolescents. The specific drugs used vary somewhat by ethnicity: White adolescents are more likely to use marijuana, hallucinogens, amphetamines and barbiturates, and opiates other than heroin, while Hispanic adolescents have the highest use rates for crack and heroin. Hispanic children also have higher rates of use in the 8th grade, but white children catch up by the 10th grade. Thus, despite stereotypes and media portrayals, illicit drug use is not just a problem for black inner city youth; it concerns all American youth.

From 1992 to 1996, the use of illicit drugs showed parallel increases for 8th, 10th, and 12th graders. In percentage terms, the increase is far more dramatic for the youngest age group. Illicit drug use among 8th graders more than doubled between 1991 (11.3 percent) and 1996 (23.6 percent), and then leveled off in 1997 (22.1 percent).[1] More important, this upswing in drug use was actually first observed among the 8th graders in 1991, and then appeared a year later in the 10th and 12th graders (MTFS, 1997).

MARIJUANA AND INHALANT USE ACCOUNT FOR MUCH OF THE INCREASE

By far, the most widely used of the illegal psychoactive drugs is marijuana. It accounts for three-quarters of the total teen drug use (National Household Survey on Drug Abuse, 1996). Close to a fifth of 8th graders and over a third of 12th graders report they have used marijuana in the past year; and almost a quarter of 8th graders and half of 12th graders report that they have tried the drug at least once in their lives (MTFS, 1997).

The use of marijuana has been increasing at a much faster rate than the use of other drugs, particularly among the youngest teens, and directly accounts for much of the rise in overall drug use statistics. Marijuana use among 8th grade students nearly tripled from 6.2 percent in 1991 to 18.3 percent in 1996, and leveled off at 17.7 percent in 1997 (MTFS, 1997).

Inhalants are another important class of drugs, second only to marijuana in their lifetime use prevalence rates among adolescents. Inhalants are easily available, inexpensive, and often not classified as illicit drugs in the minds of children and their parents. Inhalant use is most prevalent among younger children (8th graders or younger); in 1997, 21 percent of 8th graders, 18 percent of 10th graders, and 16 percent of 12th graders said they had bagged, huffed, or sniffed a chemical at least once in their lives. Inhalants are dangerous; even a single episode of inhalant use can cause brain damage and death.

THE CONSEQUENCES OF DRUG USE

The direct physical consequences of using "hard" drugs such as cocaine and heroin are generally well known, at least among the adult population, as a result of the considerable coverage they have received in the popular media. The public is less aware of the dangers of using marijuana and inhalants.

Marijuana.

One danger of adolescents' using marijuana is that it places them at higher risk for using more dangerous drugs. However, marijuana use itself has serious immediate and long-term adverse consequences.

The immediate effects of marijuana use include sleepiness, difficulty in keeping track of time, and most important, reduced ability to perform tasks requiring concentration or complex psycho-motor skills. These neuro-psychological symptoms can severely impair a child's performance of activities such as studying, memorizing, driving, and sports. Marijuana use also reduces motivation and activity level, thereby interfering with the development of physical and psychological skills important for later life (NIDA, 1997).

Furthermore, the environment in which today's adolescents are using drugs is perilous, and adolescents today deal with life risks and choices that youth and teenagers did not have to cope with in previous decades. Thus, having impaired judgment and awareness is simply more risky now than it used to be.

While all of the long-term effects of marijuana use are not completely understood, there is evidence that marijuana can cause serious health problems.* Marijuana smoke contains more than 400 carcinogenic compounds, and a person who smokes five joints per week may be taking in as many cancer-causing chemicals as someone who smokes a full pack of cigarettes every day (NIDA, 1997). Ironically, many people mistakenly believe that cigarette smoking is more harmful than using marijuana because marijuana users typically smoke less than cigarette smokers. In fact, regular marijuana smokers have the same kinds of respiratory problems as cigarette smokers— daily cough and phlegm and more frequent chest colds.

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* The long-term effects of marijuana are still being investigated. The marijuana that is available today is much stronger than what was commonly available in the sixties and seventies, and thus is more likely to

THC (the active ingredient in marijuana) also affects hormonal systems and can impair sexual and reproductive functions (NIDA, 1997). In males it may delay the onset of puberty and lower the sperm count. In women, it can disrupt the menstrual cycle and inhibit ovulation. Long-term use of marijuana may compromise the immune system (NIDA, 1997). Some people also build tolerance for the drug and may develop a chemical dependency.

Long-term use of marijuana may also cause chronic psychological problems. Some frequent users of marijuana develop "amotivational syndrome" characterized by chronic fatigue, a lack of motivation, and not caring what happens to them.

Inhalants.

The list of physical consequences of inhalant use is as diverse as the list of inhalants themselves. Of the thousand or so chemicals that adolescents have been known to sniff to get high, nearly all can cause brain damage, suffocation, visual hallucinations, and sudden death, even the first time they are used. Short-term effects of inhalants include heart palpitations, delirium, breathing difficulty, dizziness, and headaches. Prolonged use can result in irreversible damage to the nervous system, headaches, muscle weakness, nausea, nosebleeds, decreased sense of smell, irregular heart rhythms, abnormal kidney function, liver damage, incontinence, violent behavior, and dangerous chemical imbalances in the body (NCADI, 1997).

Societal costs of adolescent drug use.

Adolescent substance use takes its toll on the Nation in direct and indirect ways, some of which are quantifiable while others are not. Most often, marijuana use is part of a constellation of deviant behaviors including use of other substances (alcohol, tobacco, over-the-counter medications, inhalants, and other illicit drugs), truancy, academic failure, violence, theft, and risky sexual behavior (Ary et al., in press; Berger & Levin, 1993; Donovan, Jessor, & Costa, 1988; Farrell, Danish, & Howard, 1992; Osgood, Johnston, O'Malley, & Bachman, 1988). Most of the leading causes of death for this age group—motor vehicle crashes, homicide, injury, and suicide—are more likely to occur when one is under the influence of psychoactive substances (Cohen, Kibel, & Stewart, 1997).

Drug use by adolescents accelerates their transition into adulthood, but does not give them the opportunity to acquire the necessary skills and abilities for a successful transition (Newcomb,1994). At the very least, the time adolescents spend under the influence of drugs is wasted time—a sort of hiatus in normal development. At worst, drug use can lead to diminished economic opportunity, incarceration, addiction, and even death. The full societal cost of these outcomes is staggering.

SCIENTIFIC AND SITUATIONAL BASES FOR THE STRATEGY

SCIENTIFIC BASIS FOR THE STRATEGY

Various theories from the fields of sociology, psychology, and psychopharmacology have been used to explain the causes of drug use initiation and continued use. Although the details of these theories and the differences among them are beyond the scope of this document, their basic point of agreement is worthy of note: *Adolescent drug use can be explained, in large part, by a combination of psychological characteristics and factors associated with the social environment.*

Factors associated with adolescent drug use.

The causes of adolescent drug use have been studied extensively over the past several decades. Recently, data from 242 recent etiological studies were meta-analyzed to identify the social and psychological variables that consistently relate to drug use (Hansen, 1997). The results of this analysis are summarized in this section (See Table 1).

Social exposure to drug use among peers and siblings (and parents to a lesser extent), and the perception of social pressures to use drugs appear to play a critical role in the initiation and continuation of adolescent drug use. Social exposure to drug use can influence trial and use in many ways, including creating the perception that drug use is normative, enhancing the likelihood of encountering social pressure to use drugs, and increasing access to drugs.

Drug use is also highly related to a constellation of what are referred to as "deviant behaviors," including antisocial behaviors, truancy, cheating, vandalism, hostility, fighting, lying, and being in trouble with the police. In addition to the factors listed in Table 1, poor academic performance, low academic aspiration, and attributes of the home environment have also been shown to be strongly associated with drug use (Newcomb & Felix-Ortiz, 1992).

TABLE 1: THE STRONGEST PREDICTORS OF ADOLESCENT DRUG USE	
Behavioral and Social Variables That Influence Use	*Average Correlation with Drug Use*
Reported pressures to use substances (including offers from peers or parents)	+0.38
Drug use by peers	+0.37
Prior drug use by the adolescent	+0.36
Deviance (aggression, truancy, vandalism, dishonesty, etc.)	+0.32
Drug use by siblings	+0.28
Drug use by parents	+0.16

Another psychological factor, sensation seeking, has also been shown to correlate strongly with drug use. Sensation seeking is a personality trait, possibly with biological origins, that is associated with the need for novel, complex, ambiguous, and emotionally intense stimuli (Zuckerman, 1979). High school students who score above the median on a scale of sensation seeking are 3-4 times more likely than those who score below the median to report using marijuana in the past month, and 5-10 times more likely to report using other drugs such as cocaine, uppers, and downers (Donohew, 1990). High sensation-seeking adolescents also tend to have more positive attitudes towards drug use (Hoyle et al., in press).

Youth vulnerability to drug use initiation is heightened during periods of transition, such as the transition from elementary school to middle school, and the transition from middle school to high school (Sloboda & David, 1997), and in certain situations, such as when large amounts of time are spent in settings unsupervised by a responsible adult. The transitions from elementary to middle school, and from middle to high school, are accompanied by important developmental and environmental changes that challenge an adolescent's intellectual, social, and emotional coping skills. They are times when adolescents' identity and self-esteem are threatened; they are also times when the environments in which adolescents function change dramatically to provide less structure and supervision, and, therefore, more opportunities for risky behaviors. Participation in non-structured activities, such as "latchkey kid" status, going to parties, hanging around in the neighborhood, visiting restaurants, and seeking out entertainment, has been identified as a significant risk factor for substance abuse (Hansen, Rose, & Dreyfoos, 1993). Conversely, participation in structured activities has a protective influence and reduces the likelihood of drug use initiation, especially for youth in high-risk environments (Hansen, Rose, & Dreyfoos, 1993; Parker, 1990; Schaps et al., 1981; Schinkee et al., 1992; Tobler, 1986).

Campaign Design Principle:

Messages for both youth and parent/caregiver audiences should focus in large measure on common transitions (e.g., the transition from elementary school to middle school) and situations (e.g., when large amounts of time are spent in settings unsupervised by a responsible adult) that are known to heighten adolescents' vulnerability to drug use initiation.

Drug use can be prevented by influencing adolescents' beliefs and skills.

The initiation of drug use is largely an outcome of social influences in adolescents' lives. Drug use prevention programs based on social influence approaches (i.e., programs that focus on the social influences that promote drug use) have, in recent years, proven highly successful in preventing substance use among middle school-aged children and beyond (Botvin et al., 1990, 1995a; Ellickson & Bell, 1990; Hansen & Graham, 1991; Hansen, Johnson, Flay, Graham, & Sobel, 1988; Johnson, et al., 1990; Tobler, 1986).

In programs based on social influence models, adolescents are taught how to recognize situations in which they are likely to experience peer pressure to use drugs so that they may avoid them. They are also taught how to resist such peer pressures in a variety of situations, and, ideally, are

given opportunities to gain mastery of the resistance skills and build confidence by practicing them in a safe environment. Correcting adolescents' misperceptions that a majority of their peers use drugs is the third important component of these programs. Each of these messages and activities communicates to adolescents that refraining from drug use is an acceptable and desirable behavior (Botvin, 1995).

Project STAR, a substance use program implemented with middle-school students, is an example of a successful program based on a social influence model. Program participants are about 50 percent less likely to use marijuana during middle school (MacKinnon et al., 1991), and remain 30 percent less likely to use the drug at three-year follow up (Sloboda & David, 1997; Johnson et al.,1990).

A basic assumption of social influence approaches is that adolescents are motivated to avoid drug use until such time that they experience social pressures to use drugs. While this assumption is true for a majority of middle school-aged adolescents, it is not true for some adolescents, who seek out drug use as a coping mechanism or for some other reason. The social influence approach can be extended to increase its impact on such children by supplementing resistance skills training with generic self-management and social skills. These skills include decision-making and problem-solving skills, skills for enhancing self-esteem, social and assertiveness skills, and productive coping strategies for dealing with stress and anxiety. Adolescents who possess these self-management and social skills become more achievement oriented and, therefore, less motivated to use drugs. They can also apply these skills to deal successfully with a variety of challenges, including social pressure to use drugs.

The Life Skills Training curriculum is an excellent example of a social influence-based program that has been modified to include generic self-management and social skills. Program participation during middle school has been shown to reduce substance abuse by 59 to 75 percent (Botvin et al., 1995a; Sloboda & David, 1997). Studies also show that booster sessions of the program can help maintain program effects over a longer period of time.

A recent synthesis of etiological studies identified the key psychological variables that have been shown to be associated with drug use (Hansen, 1997). The beliefs, attitudes, and values that are most strongly associated with drug use are listed in Table 2. These include adolescents' personal beliefs about drug use and its consequences, their beliefs about the acceptability and prevalence of drug use, their commitment to staying drug free, their susceptibility to social and environmental pressures, and their ability to set personal goals.

TABLE 2: COGNITIVE VARIABLES THAT MEDIATE DRUG USE	
Psychological Mediating Variables	*Average Correlation with Drug Use*
Beliefs about the negative consequences of drug use (overall)	-0.43
Psychological consequences	-0.30
Social consequences	-0.29
Health consequences	-0.20
Normative beliefs—the perception that drug use is normal and common among the adolescent's peers	+0.42
Lifestyle Incompatibility—the perception that substance abuse will interfere with a person's desired lifestyle	-0.37
Personal commitment to not using drugs	-0.30
Resistance skills	-0.30
Goal-setting skills	-0.25

The communication objectives of the campaign should focus on altering those mediating variables (including knowledge, beliefs, and behaviors) that are known to have a significant impact on adolescent drug use.

Promoting parenting strategies is another means of reducing adolescent drug use.

Parents (or other primary caregivers) are the most important and long-lasting influence in children's lives. Although adolescence is a time when parental influence appears to be overshadowed by peer influence, parents' actions play a crucial role in protecting adolescents from drug use and a wide variety of other risky behaviors (Baumrind, Moselle, & Martin, 1985; Bry, 1988; Carnegie Council on Adolescent Development, 1995; Newcomb and Felix-Ortiz, 1992; Resnick et al., 1997; Spoth, Yoo, Kahn, & Redmond, 1996).

One parenting strategy that is particularly critical in preventing substance use and other problem behaviors is parental monitoring. Broadly defined, parental monitoring includes a series of behaviors that are designed to facilitate parents' awareness of the child's activities, while communicating to the child that the parent is concerned about and aware of his or her activities and friends. Active parental monitoring directly contributes to reduced risk of drug use. It also decreases the child's involvement with deviant peers who might encourage involvement in a variety of problem behaviors (Biglan, et al., 1995; Dishion and McMahon, under review).

Many types of parenting interventions have been developed to teach parents general child management strategies and a variety of task-specific parenting behaviors. Interventions of this type have been shown to enhance the quality of parent-child relationships, and to reduce adolescent drug use and other problem behaviors (Bank, Marlowe, Reid, & Patterson, 1991; Dishion & Andrews, 1995; Kazdin, 1995; Spoth, Redmond, & Shin, in press; Spoth, Redmond, & Lepper, in press; Szapocznik & Kurtines, 1989; Taylor & Biglan, in press).

Mentors and other youth-influential adults can also play an important role in preventing drug use.

Besides their parents, adolescents come into daily contact with a host of others who can potentially reinforce, disrupt, or compensate for any lacking protective parental influences. These include educators, mentors, coaches, grandparents and other family members, and youth workers and volunteers in programs like the Boys and Girls Clubs and Scouting. Others who impact youth positively—although on a less frequent basis—can include athletes and entertainers, DARE officers, and even individuals in the community without a formal connection to adolescents. Through their actions and words, these people can help to inspire and guide adolescents in a number of important ways. For example, enrollment in a Big Brothers/Big Sisters program has been shown to reduce the likelihood of drug use by nearly 50 percent (Tiernay, Grossman, & Resch, 1995). Moreover, this type of mentoring relationship also benefits participants in other ways by reducing their involvement in violence, and by improving their attitudes toward school work, their school attendance, and their relationships with their family and peers.

Popular culture portrays drug use as a normal behavior.

Adolescents are deeply immersed in popular culture as it is conveyed through various forms of media. On average, American children are exposed to at least 8 hours of media per day including television, radio, movies, recorded music, comics, and video games (Williams and Frith, 1993). Both media programming and advertising content tend to portray drug use as common and normal. For example, by his or her 18th birthday, an average adolescent will have seen 100,000 television commercials for beer (Monroe, 1994), and will have watched 65,000 scenes on television depicting beer drinking (Coombs, Paulson, & Palley, 1988). Anecdotal evidence suggests that many media messages tend to normalize drug use by portraying it as common, something to be expected, or even humorous.

In view of the myriad media messages that normalize drug use, The National Youth Anti-Drug Media Campaign must be distinctive. One way to enhance its visibility and identity is to integrate different components of the campaign under certain unifying features to build an image akin to "brand identity." A strong brand identity amplifies the impact of a campaign in a number of ways. First, it helps people to remember the key campaign messages because they can connect discrete messages with each other and with the "bigger picture" of the campaign. Second, it stimulates more conversation and comment, an outcome that is particularly important for behavior change campaigns. Third, in time, the unifying features themselves could come to represent the messages and the image of the campaign, leading people to immediately recall the key campaign messages every time the symbol is presented.

Many consumer advertising campaigns (e.g., Budweiser beer, Coca Cola, Toyota) capitalize on the fact that a series of advertisements with a unifying theme, tone, or feature attract more attention and comment than the same number of unrelated advertisements. Perhaps the best example of this strategy is the Nike campaign, which has elevated a simple graphic with no inherent meaning (the Nike Swoosh) to a universally recognized symbol of the Nike brand and a gutsy, sporty lifestyle.

Campaign Design Principle:

The campaign should feature strong integrating elements to build "brand identity" in the minds of target audience members. Integrating features may include a campaign name and a logo or other graphical icon. These integrating or "branding" features can effectively position campaign messages as credible and important; in time, the "branding" features themselves can convey an anti-drug message.

Adolescents believe that drug use is common and normal.

Given the media environment, it is perhaps not surprising that most adolescents have an exaggerated perception of the prevalence of drug use among their peers, and of the degree to which their peers approve of drug use (PATS, 1997). Early adolescents (9-11 years) know of relatively few users among their own friends and classmates, but are confident that drug use is very prevalent among older children. Most adolescents of middle school age say that drug use is very prevalent in their communities and schools, and regard it as socially accepted behavior. High school age adolescents are even more likely to express this view. The perceived social acceptability of marijuana among young people and their exposure to its use have been rising steadily since 1992, and there has been a decrease in the proportion of adolescents who personally disapprove of marijuana use (MTFS, 1997; PATS, 1997).

The perceived reasons for using marijuana differ by age of the adolescent.

Early adolescents (9-11 years) have very strong anti-drug attitudes. They are aware of very little drug use in their own age group, but are aware of use among older adolescents and adults in their communities. Adolescents of this age group can think of few compelling reasons why someone would want to use drugs, but they realize that some people think it is cool, and that older youth feel "peer pressure" to use drugs.

Middle school-aged adolescents (typically ages 12 and 13) tend to think that kids their age often use marijuana because they have seen their peers and older teenagers using it and, therefore, feel a pressure to use it themselves. This peer pressure is often subtle and covert, and may consist of unspoken expectations rather than overt offers. Many adolescents in this age group believe that shared use of marijuana is a good way to make and keep friends, and some believe that refusing drugs can do serious damage to their social lives. Adolescents of this age also feel that drugs can relieve social and other stresses and help a person feel good about him- or herself.

Relaxation and coping with stress appear to be even more important reasons to use marijuana among the adolescents of high school age. Marijuana use is seen by many in this age group as a way to "chill out with friends" and forget one's problems. It is also perceived to lower social inhibitions and to help one to fit in and be accepted by other young people. Overt peer pressure to use drugs may also play an important role in this age group, particularly among boys.

The perceived negative consequences of marijuana use also vary by age.

Early adolescents (9-11 years) have an exaggerated perception of the physical consequences of marijuana use. Many believe that, like other illicit drugs, marijuana has severe physical consequences such as death from overdose, addiction, and brain damage. Children of this age group think that marijuana is much more dangerous than alcohol and cigarettes. Although they primarily focus on the physical consequences of marijuana use, this age group also exaggerates the negative psychological consequences of marijuana. They believe that marijuana can make one "lose one's mind," alter one's personality, and generally mess up one's life. Few children in this age

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group know the specific effects of using marijuana, and how these are different from the effects of using other drugs.

Older adolescents tend not to believe that marijuana causes much physical harm, unless it is laced with stronger substances. They also tend to rate marijuana use as less harmful than alcohol and tobacco. Their concerns about marijuana are centered on the impact it can have on a person's judgment and on their ability to think clearly and function normally. Using marijuana is perceived to be harmful, mostly because it can lead to a variety of large and small problems in their day-to-day lives, problems such as crashing a car, being taken advantage of by other people, being sexually promiscuous, and generally "losing control."

High school-age adolescents also recognize the negative consequences of being caught using marijuana. These include angering or disappointing one's parents, getting thrown off a sports team, going to jail, or losing one's job. The monetary cost of marijuana is also seen as a drawback. Many acknowledge that using marijuana has both short-term physical consequences (such as putting on weight, getting stained lips and teeth, and having red, bleary eyes), and long-term physical consequences (such as blackened lungs, difficulty in breathing, and cancer), but these consequences are not very salient for this age group.

Middle school-aged adolescents have attitudes that reflect a transition from the vague "dire consequences" beliefs of the younger children to the more practical and specific consequences cited by high school-aged adolescents. All in all, this group is concerned about a wide range of negative consequences. They tend to believe that marijuana is physically harmful (although not fatal), and can cause a host of physical problems, including cancer, heart problems, lung problems, and general ill health. In addition, many are aware of, and concerned about, the short-term physical symptoms of marijuana use, such as red eyes, slowed movements, slurred speech, headache, and feeling tired and hungry. Social consequences of marijuana use, such as losing one's friends or family and incurring social disapproval, are also of concern. Many also focus on the harm that marijuana may do in the long run, either by leading to addiction and "messing up" their lives, or less extremely, by compromising their academic and extra-curricular performance and aspirations.

Adolescents' perceptions about inhalants.

Older adolescents report that inhalants are used only when other substances are not available. They recognize several negative physical consequences of using inhalants, including brain damage, inability to breathe, damage to the nose and lungs, heart problems, and death.

Younger adolescents also list a litany of physical consequences, but many early adolescents classify all drugs that are snorted or sniffed as inhalants. The negative consequences that they mention may primarily apply to drugs such as cocaine and speed, which can also be inhaled.

According to data collected by the Partnership For A Drug-Free America, adolescents do not completely understand the dangers of using inhalants. Less than half of adolescents ages 9-15 think that sniffing can cause brain damage and death. More often, adolescents cite less serious consequences, such as getting dizzy, getting a headache, and passing out. Early adolescents (9-12 year-olds) in particular do not appreciate the real risks of inhalant use. They see inhalant trial as less risky than marijuana trial, and tend to think that getting dizzy or getting a headache are the most probable consequences of using inhalants (PATS Youth, 1997; PDFA, 1994a).

Adolescents believe parents are critical role models.

Adolescents of all ages assert that parents cannot tell their children not to use drugs if they are using drugs themselves. Adolescents feel that the primary role for parents with regard to curbing drug use is to be good role models. Younger children also believe that harsh disciplinary tactics work well, but many older adolescents do not believe that parents' admonitions are effective. Whereas younger adolescents see their parents as sources of information and warnings about the dangers of drugs, older adolescents tend not to discuss drugs with their parents. Adolescents of all ages, however, are concerned that their parents will be enraged or disappointed if they discover that their child uses drugs.

Parents have mixed feelings and incomplete knowledge.

Although most parents are quick to admit that illegal substance use is a big problem among teenagers today, relatively few acknowledge that their own child is at risk. For example, while self-reported drug use among teenagers is approximately at 44 percent, only 21 percent of parents think that their teenager has tried marijuana (PATS, 1997). Similarly, three percent of parents think their child has abused an inhalant, whereas 23 percent of teens say they have done so (PATS, 1997). This tendency of parents to underestimate their own children's vulnerability to drug use makes them less likely to take action to protect their children from drugs.

Most parents also feel helpless and don't know how they can protect their children from drugs. A large proportion (40 percent) think they have little or no influence over their teenager's decision to use (or not use) drugs. They tend to avoid personal responsibility and cast the blame for teenage drug use on a variety of socio-cultural factors, such as drug use by their children's friends, the media, the neighborhood environment, and popular music (National Survey of American Attitudes on Substance Abuse II, 1996).

Parents tend to underestimate the negative consequences of marijuana. Nearly a quarter of parents surveyed by the National Survey of American Attitudes on Substance Abuse II (1996) said that they would regard marijuana use by their child as a normal part of growing up. Many baby-boomer parents also feel uncomfortable about disclosing their own past marijuana use to their children while exhorting their children to stay away from drugs.

Many parents are also unaware of the more serious physical risks of inhalant use. Getting dizzy is the most commonly acknowledged risk of inhalant use (81 percent), followed by getting a headache (79 percent), and getting brain damage (74 percent). About a third of parents do not know that inhalants can cause death, and even fewer understand how and in what circumstances this may happen (PDFA, 1994a).

Youth-influential adults may also have mixed feelings.

Relatively little is known about the relevant perceptions of youth-influential adults. According to a recent survey of teachers and principals, 96 percent of school principals and 81 percent of the teachers believe that teachers are responsible for advising, counseling, or informing students about the dangers of alcohol, tobacco, and illegal drugs. Despite this assumption of responsibility, less than half of the teachers (46 percent) feel that they have adequate training in how to deal with substance abuse and teach their students about its dangers (National Survey of American Attitudes on Substance Abuse III, 1997).

Moreover, this study also found that teachers and principals do not regard drug use as a problem to the extent that parents and students do. Only about 15 percent of teachers and principals regard drug use as the primary problem faced by teenagers today, compared to about 35 percent of teenagers and 26 percent of parents. About half of teachers and principals feel that a student who uses marijuana every weekend can continue to do well at school, and about a third say that illegal drugs have not been very harmful (or have not been harmful at all) to the quality of their students' education.

A critical asset—effective school-based programs—has not been widely adopted.

Despite teachers' and principals' feelings of responsibility regarding the need to educate their students about the consequences of drug use, and despite the existence of proven school-based intervention programs, anecdotal evidence indicates that relatively few schools and communities have actually implemented drug prevention programs that are proven to be effective. Encouraging widespread adoption of effective school-based drug prevention programs has great potential to reduce national rates of adolescent drug use, and therefore must be an objective of the National Youth Anti-Drug Media Campaign.

TARGET AUDIENCES

YOUTH AUDIENCES

Target audience definition

The primary youth target audience for the National Youth Anti-Drug Media Campaign is middle school-aged adolescents (approximately 11 to 13 years of age), focusing primarily on at-risk non-users and occasional drug users. There are two secondary target audiences: late elementary school-aged children (approximately 9 to 11 years of age) and high school-aged adolescents (approximately 14 to 18 years of age), again focusing on at-risk non-users and occasional users of drugs. Within each of these target audiences, considerations must be made, as appropriate, of gender differences, racial and ethnic differences, and geographic differences (as related to region and population density).

An "at-risk non-user" is an adolescent who has not started using drugs but has behavioral, environmental, or psychological attributes that indicate an increased risk of initiation. For purposes of the campaign, an "at-risk non-user" is defined as an adolescent who has not used illicit drugs in the past year, but has at least one of the following characteristics: he or she used either alcohol or tobacco in the past year; has a close friend or sibling who currently uses drugs; or scores in the top 50th percentile on a test of sensation seeking (Hoyle, et al., in press). An occasional user is defined as an adolescent who has used an illicit substance at least once but fewer than 10 times during the past year (L. D. Johnston, personal communication, February 10, 1998; G. J. Botvin, personal communication, February 11, 1998). An adolescent who used drugs at least 10 times in the past year is defined as a regular user. While campaign messages will not be specifically developed to target regular users, they will receive campaign messages with the same reach and frequency as other youth audiences.

Primary youth audience:

- **Middle school-aged adolescents (approximately ages 11-13), focusing primarily on at-risk non-users and occasional users.**

Secondary youth audiences:

- **Late elementary school-aged children (approximately ages 9-11), focusing primarily on at-risk non-users and occasional users.**

- **High school-aged adolescents (approximately ages 14-18 years), focusing primarily on at-risk non-users and occasional users.**

Rationale

There is relative consensus among drug use prevention experts that there is little to be gained by intervention efforts targeting youth under the age of 9. Children ages 8 and younger are firm in their anti-drug convictions but too young to acquire the resistance skills they eventually may need. Similarly, adolescents over the age of 18 are excluded from the audience definition because the majority of drug use initiation occurs among younger adolescents.

Age is a necessary segmentation factor for both developmental and practical reasons—adolescents ages 9 to 18 are simply too diverse to be considered a single audience. Rather, this age range consists of at least three distinct audiences: late elementary school age (approximately aged 9 to 11), middle school age (approximately aged 11 to 13), and high school age (approximately aged 14 to 18).

Middle school-age adolescents are the primary target audience for a number of compelling reasons. The transition from elementary to middle school marks a major increase in the rate of drug use initiation; for example, the 1997 PATS Youth Study indicates that 5 percent of 4th to 6th grade students and 27 percent of 7th to 8th grade students have tried marijuana. This dramatic increase in drug use behavior among middle school students is a consequence of a sharp decline in their anti-drug attitudes and beliefs, and increased exposure to people who use drugs. Moreover, school-based prevention programs for middle school students that are based on the social influence model have been shown to be highly effective in preventing sharp increases in drug use rates.

Risk status is also a critical segmentation factor. While it is true that all children in the United States are at risk for drug use, research has shown that some behavioral, situational, and psychological factors increase this risk manyfold. Directing a more intensive prevention effort toward higher risk adolescents will help to ensure maximum campaign impact for two important reasons. First, the research evidence suggests that messages that are designed for high-risk adolescents are also likely to be effective with low-risk adolescents, whereas the converse is not true (Everett & Palmgreen, 1995; Palmgreen et al., 1991). Second, and perhaps more important, because adolescent drug use initiation is fundamentally a social process, one of the most effective ways to prevent lower risk adolescents from initiating use is to effectively prevent initiation among higher risk adolescents.

Moreover, the risk factors that we have identified are not rare occurrences; on the contrary, they are rather commonplace among youth today. Many children have friends and siblings who use illicit drugs; many adolescents have tried alcohol and tobacco; and, by definition, half of all youth would score above the median on a test of sensation seeking. Thus, the focus on "at-risk non-users" simply indicates that messages should focus on target behaviors and factors that are likely to lead to drug use. It does not mean that they will be directed at a small segment of the youth audiences and will ignore the vast majority of youth.

The campaign must also be sensitive and responsive to a variety of other differences among adolescent target audience members. These include gender differences, racial and ethnic differences, regional differences, and differences related to urban, suburban, and rural influences. At a minimum, this entails ensuring that campaign messages are not offensive to, or counter-productive with, members of these diverse audiences. But, in some cases, special messages may be needed that target the specific concerns of certain sub-audiences.

Message tailoring can enhance the perceived relevance and effectiveness of messages with audience sub-groups, but it is not always necessary to ensure program effectiveness. Generic school-based drug prevention programs (i.e., programs not specifically tailored to gender, culture, or geography) have been shown to be highly effective across diverse adolescent populations (Botvin et al., 1995b; Johnson et al., 1990). For the sake of campaign efficiency, messages should be designed to be effective with the full range of audience segment members whenever possible.

Target audience definition

Parents or other primary caregivers of middle school-aged adolescents are the primary parent/caregiver audience for the National Youth Anti-Drug Media Campaign. The campaign has two *secondary parent/caregiver target audiences*: parents or other primary caregivers of late elementary school-aged and of high school-aged adolescents. Within each of these target audiences, considerations must be made, as appropriate, of gender differences, racial and ethnic differences, and geographic differences as related to region and population density. Special consideration may also be required for parents who are former or current users of illicit substances.

Primary Parent/Caregiver Audience:

■   **Parents or other primary caregivers of middle school-aged adolescents.**

Secondary Parent/Caregiver Audiences:

■   **Parents or other primary caregivers of late elementary school-aged children.**

■   **Parents or other primary caregivers of high school-aged adolescents.**

Rationale

The campaign should target both youth and parent/caregiver audiences with complementary and synergistic messages. Parents or other primary caregivers of middle school-aged youth are identified as the primary parent/caregiver target audience for the same reasons that middle school-aged youth were selected as the primary youth audience—middle school is a critical age for prevention of onset of drug use.

The reasons given for considering ethnic and cultural differences among youth audiences also apply to their parents. Ethnic membership has implications for determining message content, message design, and delivery channels. To reach these audiences effectively, messages must be consistent with their customs and values, and must recognize the special challenges of parenting kids in high-risk environments. Moreover, to the extent that members of ethnic minority groups give less credence to mainstream media, other credible channels may be needed to reach them effectively.

There is evidence that adolescents who know that their parents currently use or have used marijuana are at greater risk for drug use (National Survey of American Attitudes on Substance Abuse II, 1996). Although motivated to prevent their children from using drugs, these parents may inadvertently be encouraging, or at least not adequately discouraging, drug use through their words and their actions. For this reason, parents who formerly or currently use illicit drugs warrant consideration as an audience in need of tailored messages that address their situation.

Target audience definition

Many different types of people can positively influence members of the youth target audiences in a number of different ways. As a consequence, the definition of this audience is intentionally broad, and includes any person who, by virtue of what he or she does or does not do, has potential to educate, motivate, and enable young people to reject the use of drugs. This includes family members, school personnel, mentors, religious leaders, youth activity leaders, health care providers, celebrities, and any other member of the community who is willing to get involved in a positive manner.

Rationale

Although somewhat at odds with the precepts of effective communication planning, this broad target audience definition will allow campaign planners and partners considerable latitude to pursue a variety of youth influential audiences, as appropriate and consistent with the communication strategy. Mentoring relationships, for example, are known to help prevent drug use but there is currently a major shortage of adult volunteers for mentoring programs (Tiernay, Grossman, & Resch, 1995).[2] Not all schools have effective drug prevention programs in place, and key school personnel and interested members of the community may be unaware that effective options are available. Celebrities who so dramatically influence the lives of our young people may be willing to speak out or take other actions against drugs, but may never have been asked to do so. Each of these audiences, and many others, are legitimate targets for the National Youth Anti-Drug Media Campaign.

COMMUNICATION OBJECTIVES AND STRATEGIES

COMMUNICATION OBJECTIVES FOR YOUTH AUDIENCES[3]

Communication Objective 1:
Instill the belief that most young people do not use drugs.

One of the most important psychological mediators of drug use among adolescents is the perception that drug use is "normal," and that everyone does it. Adolescents consistently over-estimate the prevalence of drug use among their peers (Falco, 1992; Hansen & Graham, 1991), and are thus susceptible to a subtle and silent form of peer pressure to use drugs. For example, although teenagers believe that over 70 percent of their peers use marijuana at least occasionally, more than half of teenagers (56 percent) report that they have never tried marijuana (PATS, 1997).

Norm education—that is, creating the perception that drugs are not used by most adolescents—has been found to be effective in containing drug use among middle school students.[4] This objective is particularly germane for middle school-aged adolescents: the vast majority of their peers do not use drugs, yet many believe that drug use is normative and socially acceptable. The objective may be less appropriate for high school-aged adolescents; given higher rates of actual use among high school students, messages executed against this objective may not be perceived as credible by this audience.

Numerous messaging strategies have been executed to communicate this objective. Anecdotal evidence suggests three important messaging considerations: (1) prevalence data that are presented should be perceived as credible, (2) the audience should be able to identify with the people shown in the message, and (3) non-users should be presented as being socially attractive.

In school-based interventions credibility of the norms and their relevance to the audience is often established by generating norms interactively. One way to do this is to elicit prevalence estimates from the students in a classroom, and then compare these estimates to actual prevalence rates generated in some fashion through student polling (Hansen & Graham, 1991).

The importance of portraying non-use as socially attractive was discussed in detail at the meetings of the Campaign Design Expert Panel. The concern was raised that teenagers are not likely to be swayed by the message that most of their peers do not use drugs so long as they are convinced that the really "cool" teenagers are using them. Thus, message executions should combine information about prevalence with a positive portrayal of non-use and a negative portrayal of drug users.

Communication Objective 2:
Enhance perceptions that using (specific) drugs is likely to lead to a variety of negatively valued consequences.

Trend analyses of drug use beliefs and behaviors over the past two decades indicate that increases in drug use rates are associated with a decline in the perception that drugs are dangerous, and vice versa (Bachman, Johnston, O'Malley, & Humphrey, 1988; Bachman, Johnston, & O'Malley, 1990; Johnston, O'Malley, & Bachman, 1996). Perceptions of three important categories of potential negative effects have been linked to adolescent drug use: social consequences, psychological consequences, and health consequences (Hansen, 1997).

Adolescents typically assess potential negative consequences differently than do adults. Adolescence is a time characterized by greater concern for the short-term rather than the long-term outcomes of a behavior. Thus, short-term negative consequences of drug use are likely to be more salient and important to adolescents than longer-term consequences. Moreover, since adolescents tend to have inflated estimates of their own invincibility, they find it easy to disregard potential negative physical consequences such as addiction and physical harm. A third consideration is that adolescence is a time of seeking and developing one's identity through social interactions and task mastery; thus, young people are likely to be heavily influenced by potential threats to their social lives and their increasing sense of control over their environment.

A special consideration when designing messages for older adolescents is that they are very aware and informed about drugs and drug use in their communities and schools. They are knowledgeable about a range of drugs, realize that different drugs can do them varying degrees of harm, and also differentiate between the risks of trial and the risks of regular use. Given that most high school students already make distinctions among different kinds of drugs and different use patterns, campaign messages should also be as specific, accurate, and concrete as possible. Messages that are vague or inaccurate are not likely to be perceived as credible by this target audience.

Based on consumer research, expert input, and the literature reported in Section 3 of this document, it appears likely that messages that communicate the following negative consequences of using drugs will be most effective in discouraging drug use among adolescents.

Social consequences of marijuana use:

- It can lead you to act in ways that make you look stupid and "uncool" (like hanging out with losers, or letting people take advantage of you).

- It can alienate you from your friends.

- Your parents will be angry and sad if they find out you are using marijuana.

- You may lose the trust and respect of your parents and siblings; you may have a negative influence on your siblings.

Psychological consequences of marijuana use:

- It can make you lazy and unmotivated.

- It reduces your ability to focus and think clearly.

- It can make you "lose control" and make bad decisions. You tend to do things that you know are stupid or wrong (such as drive recklessly, or have unsafe sex) that you would not do otherwise.

Aspirational consequences of marijuana use:

- Short-term consequences such as losing driving privileges, failing a drug test, losing a summer job, getting thrown off a sports team, not having enough money for other desired things, doing badly at schoolwork, and getting into trouble with one's parents.

- Long-term consequences such as getting into trouble with the law, injuring oneself in a car crash, and dropping out of school.

Messages in this category should highlight the ways in which using marijuana can obstruct an adolescent's achievement of his or her long- and short- term aspirations and goals. They range in severity from minor inconveniences (e.g., being short of spending money) to major setbacks that can change the course of one's life (e.g., not getting into college or getting AIDS). Many of these consequences stem from the loss of motivation and deterioration in mental and physical capacities that often accompany marijuana use. Others result from the fact that adolescents are more likely to make bad decisions and perform risky behaviors under the influence of the drug.

Physical consequences of marijuana use:

- It causes a host of physical problems and diseases, just like cigarettes do.

- It reduces stamina and physical performance.

- It causes overeating and weight gain.

Elementary school-aged children are already aware of and concerned about a wide range of physical and psychological risks associated with drug use. However, their knowledge of these risks is often vague and undifferentiated; they tend to believe that all drugs—including marijuana and inhalants—have very dramatic and immediate physical and psychological consequences. These beliefs are protective in elementary school, but they are easily negated in middle and high school, leaving adolescents vulnerable to pro-use pressures. Thus, it is important to give this age group realistic and specific information regarding the risks associated with marijuana.

Middle school-aged children acknowledge a range of negative consequences of drug use. All the risks of using marijuana are important for this age group, but social risks may be most salient to them.

High school-aged adolescents give little credence to the idea that marijuana use can cause them to suffer dire, irreversible damage (although they are willing to acknowledge that it can mess up other people's lives). The negative psychological and aspirational consequences of using marijuana are likely to be most important to members of this group, especially when those consequences are seen as being personally relevant. Messages that highlight concrete and immediate consequences (such as falling grades) and that present them as barriers to long-term goals (such as not graduating from high school, or not getting into college) are more likely to be effective than messages that only mention long-term negative consequences. Messages should enhance the sense that all users are vulnerable to these risks, even those who think they have their marijuana habit under control. One way to do this is to demonstrate these consequences for "regular" adolescents, rather than focus on the destroyed lives of hard-core users from whom adolescents can easily dissociate themselves.

Consequences of inhalant use:

Physical consequences of using inhalants—such as brain damage, death, delirium, hallucinations, chemical imbalances, breathing difficulty, and damage to several body systems—should be emphasized. Adolescents know that inhalants have negative physical consequences, but many of them are not aware of the more catastrophic and irreversible harm that inhalants can do, even the first time they are used. Thus, messages about inhalants should focus on discouraging trial and use by communicating the immediate as well as the long-term physical consequences of use.

Enhance perceptions that a drug-free lifestyle is more likely to lead to a variety of positively valued consequences.

Psychologists have long made a persuasive case that the carrot-and-stick approach works better than the stick alone. The National Youth Anti-Drug Media Campaign will feature positive messages to emphasize the benefits of remaining drug-free and celebrate the attitudes and behaviors of teenagers who have managed to stay off drugs. The idea is to convey a range of short- and long-term benefits of a drug-free lifestyle, and to portray such a lifestyle as being "cool" and attractive.

A large proportion of early teens (69 percent), and close to half of all teenagers (42 percent) are non-users who believe that drug use is risky (PDFA, 1994c). The Partnership for a Drug-Free America calls these adolescents their "loyal franchise" and suggests that maintaining this loyal franchise by affirming their choice to stay off drugs is an important part of all anti-drug campaigns. Their research shows that messages that highlight the benefits of non-use are most effective with this group (PDFA, 1996).

Based on consumer research, expert input, and the literature reported in Section 3 of this document, the following message strategies that depict positive consequences of a drug-free lifestyle are likely to be most effective in reinforcing non-users.

Social benefits:

■ Being "cool" and socially attractive, and earning the respect of peers.

■ Being part of a close-knit circle of friends and sharing new and exciting experiences.

■ Earning the respect and trust of parents and siblings. Setting a good example for younger siblings.

Psychological benefits:

■ Having a strong sense of self-worth and self-respect.

■ Setting a good example for others (particularly younger siblings).

Aspirational benefits:

■ Gaining greater control over one's life and the direction it is taking. Working towards one's academic and career goals.

■ Achieving personal growth and excellence.

Physical benefits:

■ Staying fit.

■ Performing well in sports.

Positive messages are likely to be effective in reinforcing adolescents' anti-drug attitudes and in affirming their commitment to refrain from drug use. The tone of these messages should be spirited and celebratory rather than preachy. A strategy that has proved highly successful for many major marketers (e.g., Reebok, Nike, Coke, and Levi) is to depict a desirable image and lifestyle, and then associate that image with their product subtly and obliquely. Drug non-use can be marketed in a similar way by creating a highly desirable image of attractive, smart, and successful drug-free teenagers. The actual content of this image will change with teen preferences and can

only be known through audience research, but some attributes of socially attractive teenagers are presented later in this document. (See the section titled: *Message Execution Strategies for Youth.*)

For high school-aged adolescents, it may not be sufficient to market a "cool" image of non-users; in fact, this may not even be perceived as credible since many of the "coolest" high school kids also use marijuana. The focus for this age group should be on self-control and personal growth. Not using drugs in the face of peer pressure should be tied in with asserting one's identity. Messages for this age group should also focus on the aspirational benefits of staying drug-free, and should convey the idea that staying away from drugs is a first step in realizing one's immediate and long-term goals.

Communication Objective 4:
Enhance personal and social skills that promote positive lifestyle choices as well as resistance to drug use.

The most effective drug prevention programs have included drug resistance skills training, either alone or in combination with other program elements (Botvin et al., 1990; Pentz et al., 1989). Contemporary school-based approaches incorporate drug resistance skills into a broader set of essential personal and social skills (Botvin et al., 1995a). These skills include decision-making and self-regulation skills, cognitive skills for resisting interpersonal and media influences, adaptive coping strategies for dealing with stress and anxiety, and general social and assertiveness skills (e.g., requests and refusals). The underlying skill is demonstrated in relevant situations for the target audience. In school-based programs, children may also be given the opportunity to rehearse these skills to build mastery and confidence.

Interpersonal and coping skills that have been found to be effective in helping adolescents resist pressures to use drugs are shown in Table 3. Messages designed to enhance these skills should be framed carefully so as not to have the unintended effect of eroding inhibitions and increasing participation in social activities and events that encourage drug use.

Media presence of drug use is a powerful influence on adolescents, particularly because they do not recognize popular culture as an influence. Therefore, inculcating critical viewing skills and a sensitivity to the distorted images presented by popular culture are important for building resistance skills.

For high school-aged adolescents, it is also important to emphasize that marijuana is not a solution to life's problems and stresses. In fact, it can actually worsen some of the common problems of adolescence—academic and extracurricular challenges, disagreements with parents, and peer relationships. Instead, adolescents should be encouraged to avoid the escapism of drugs and to work towards constructive solutions to their problems.

Skill Domain	Specific Skills To Be Communicated
Decision Making	■ Three-step decision-making strategy: 1. Clarify (identify) the decision to be made 2. Consider possible options 3. Choose the best option and follow through
Self Regulation	■ Identifying situations and people that trigger risky behavior ■ Thinking through the consequences before taking action ■ Goal setting ■ Self-directed behavior-change skills
Resisting Persuasive Influences	■ Critical thinking and viewing skills ■ Countering strategies
Adaptive Coping	■ Positive self statements
General Social and Assertiveness Skills	■ Complimenting ■ Conversational skills ■ Skills for forming new relationships ■ Making assertive requests ■ Stating refusals appropriately

Communication Objective 5:
Reinforce positive uses of time (as behavioral alternatives to drug use).

Adolescents who are involved in constructive, adult-supervised activities during after-school hours and on weekends are less likely to use drugs (Buckhalt et al., 1992; Carnegie Council on Adolescent Development, 1992; Shilts, 1991; Van Nelson et al., 1991). Thus, encouraging and enabling adolescents to engage in such positive activities is a powerful way to prevent drug use. A range of appropriate activities and options should be made salient and attractive to adolescents. Moreover, youth engaged in these activities should be reinforced for their involvement and accomplishments.

Messages executed against this objective have the potential to generate demand for recreational, athletic, educational, or vocational services that may not currently be adequately available to youth in a given community. To avoid this situation, messages that recommend activities that require the provision of specific services should be planned in collaboration with campaign partner organizations that can offer these services.

Summary of youth communication objectives

Table 4 summarizes the communication objectives for youth audiences and specifies which of these are most important for each of the three age groups targeted by this campaign. The objectives that are important for each age group are indicated by circles.

T A B L E 4 : T H E R E L E V A N C E O F T H E C O M M U N I C A T I O N O B J E C T I V E S T O T H E T A R G E T A U D I E N C E S			
Communication Objective	*Late Elementary School*	*Middle School*	*High School*
Norm Education			
Using marijuana and inhalants is not normative or acceptable.	●	●●	
Negative Social Consequences of Using Marijuana			
Marijuana use can lead you to act in ways that make you look stupid and "uncool."	●●	●●	●●
Using marijuana can alienate you from your friends.	●●	●●	●
Marijuana use will anger and sadden your parents.	●●	●●	●●
Using drugs (like marijuana) can cause you to lose the trust and respect of your parents and younger siblings.		●	●●
Psychological Consequences			
Marijuana use can make you lazy and unmotivated.		●	
Marijuana hurts your ability to focus and think clearly.		●	●●
Marijuana can make you "lose control" and make bad decisions.	●	●●	●●
Aspirational Consequences			
Using marijuana threatens many of the things you desire most.	●	●●	●●
Physical Consequences			
Marijuana makes you unfit and unhealthy.	●	●	
Marijuana use causes overeating and weight gain.		●	●
Inhalants can cause serious physical consequences such as brain damage and death.	●●	●●	
Social Benefits of Not Using Drugs			
Being "cool" and socially attractive.	●	●●	●
Earning the respect and trust of parents.		●	●●
Being part of a close-knit circle of friends and sharing new and exciting experiences.		●●	●●
Physical Benefits of Not Using Drugs			
Staying fit.		●	●●
Performing well in sports.	●	●●	●●
Psychological and Aspirational Benefits			
Gaining greater control over one's life and the direction it is taking; working towards one's goals.		●	●●
Achieving personal growth and excellence.		●	●●
Having a strong sense of identity.		●	●●
Setting a good example for others.		●	●●
Skills Training			
Teaching resistance and coping skills (the specific skills will vary for each age group).	●●	●●	●●
Positive Behavioral Alternatives			
Encouraging youth to participate in positive activities.	●●	●●	●●

NOTE: ●   indicates that objective is important for the given audience.

●●   indicates that objective is very important for the given audience.

Communication Objective 1:
Enhance perceptions of harm associated with adolescent use of marijuana and inhalants.

Although nearly all parents dread the thought that their children may get involved with "hard" drugs, many parents do not fully appreciate the dangers associated with marijuana and inhalants (National Survey of American Attitudes on Substance Abuse II, 1996; PDFA, 1994a). Getting parents to have a realistic understanding and appreciation of the specific dangers of these drugs is thus an important communication objective for this campaign. Not only will this enhance the likelihood that parents will take action to prevent drug use among their children, but it will also enable them to serve as informed and credible sources of information for their children.

This objective is particularly important for the many baby-boomer parents who are former or, less commonly, current substance users. Some of these parents report having difficulty reconciling their past drug use and its corresponding lack of harm with their current desire to prevent their children from using drugs. Although audience research must be conducted to determine the most effective message strategies for these parents, there are two promising message themes that can be used to "drive home" the dangers of marijuana for parents who grew up thinking that marijuana is a relatively benign drug. These are:

- The consequences of using marijuana and inhalants are potentially more severe now than in the past, both because the drugs are more potent and because the social and physical environment in which adolescents live is more dangerous.

- Adolescents initiate drug use at earlier ages now than in the past, and the earlier an adolescent initiates drug use, the greater the likelihood that a serious problem will develop as a result.

Communication Objective 2:
Make parents aware that their children are at risk for using drugs and are vulnerable to the negative consequences of drug use.

Although most parents recognize the seriousness and pervasiveness of adolescent drug use, they tend to underestimate or deny the possibility that their own children might use drugs (PATS, 1997; PDFA, 1994b). It seems that parents are well aware of the fact that licit and illicit drugs are commonly used by teenagers, but relatively fewer parents believe that their own children participate in these activities. The impact of anti-drug messages is attenuated by this "self-positivity" bias—a general underestimation of the probability of "bad things" happening to oneself or to one's family (Taylor and Brown, 1988). Unless drug prevention messages are seen as personally relevant, parents and caregivers are unlikely to heed the call to action.

To achieve this communication objective, specific message strategies must be developed to enhance the perceived personal relevance of drug-prevention messages in the minds of target audience members. The phrasing of messages, the selection of actors or models, and the situations depicted must gain viewers' attention and convey that "this message is relevant to you" (Parrott, 1995). One way to do this, for example, is to simply call attention to the fact that parents are likely to incorrectly conclude that their children are not at risk. Another technique is to encourage parents to recall other specific instances when their child surprised them by doing something he or she was not supposed to do.

Communication Objective 3:
Enhance perceptions of personal efficacy to prevent adolescent drug use (i.e., let parents know that their actions can make a difference).

Despite research that shows the strong protective effect of family and parental variables (Newcomb & Felix-Ortiz, 1992; Resnick et al., 1997), many parents feel overwhelmed by environmental factors and believe themselves to be incapable of exerting a protective influence. In one recent survey, 40 percent of parents indicated that they believe that once a child becomes a teenager, parents have very little influence over the child's decision to smoke, drink, or use illegal drugs (National Survey of American Attitudes on Substance Abuse II, 1996).

Feelings of inefficacy are strong predictors of inaction (Bandura, 1997). Parents must be helped to believe that there are specific actions they can take—actions that are well within their abilities—that will have a profound protective influence on the life of their adolescent. Once parents believe that they can protect their children, they are dramatically more likely to take action.

Three general strategies have been shown to be effective in helping audience members overcome their feelings of inefficacy:

- Providing persuasive assurances (from credible sources) that effective actions can be taken by any parent.

- Demonstrating the recommended actions in a variety of relevant circumstances, and with a variety of models.

- Clarifying that most parents already have the skills they need to successfully perform the recommended actions. One way to accomplish this is by calling attention to other ways in which parents have successfully used those skills.

Communication Objective 4:
Convey simple, effective parenting strategies including communication and family management skills that are known to help prevent adolescent drug use.

Parents can take many important actions to protect their children from drug use and other associated risks. While some of these actions pertain directly to how parents deal with the issue of drugs per se, others are more general parenting skills.

The media campaign will recommend to parents the following simple but effective skills in a manner that identifies and enhances their ability to put those skills into action.

Communication skills

- Discuss what the adolescent did each day after school and praise appropriate activities.

- Establish and clearly communicate drug non-use expectations.[5]

- Use anti-drug media messages (e.g., televised advertisements) as a catalyst for discussion and message reinforcement.[6]

- Provide positive reinforcement when the adolescent initiates communication about drugs.[7]

■ Establish protective routines focused on the situations most likely to lead to substance use, particularly after-school hours. Specifically, ensure that the adolescent is usually occupied during after-school hours by requiring that homework be done or that he or she participate in adult-supervised recreational activities.

■ Stay involved in and actively monitor the adolescent's activities (e.g., know his or her friends and the friends' parents, and communicate with those parents to stay better informed of the adolescent's activities).

■ Establish rules that decrease the likelihood of the adolescent's being in situations that are conducive to drug use. Specifically, prohibit the adolescent from spending time with friends in anyone's home when there are no adults present, and discourage or prohibit any unsuper-vised association with other adolescents who use drugs. Establish and consistently apply a curfew and have rules regarding keeping a parent informed of whereabouts at all times.

■ Encourage compliance with these rules by consistently applying mild negative consequences for infractions.

Communication Objective 5:
Encourage specific community-focused actions.

Parents who feel that taking action against drugs in the school or community is, in part, their responsibility are less likely to have children who use drugs (National Survey of American Attitudes on Substance Abuse II, 1996). Parents' participation in community and school drug efforts discourages their children from using drugs in three ways. First, it conveys to the child the parents' commitment to an anti-drug stance. Second, it helps to ensure that prevention programs are available in the community. Third, it helps to ensure that local prevention programs are responsive to the needs of community members.

Two specific actions will be suggested to parents:

■ Inquire about and insist that an effective anti-drug program be implemented at your child's school.

■ Take action to support community anti-drug activities.

Communication Objective 6:
Encourage parents who use psychoactive substances to consider the effects of their own substance use on their adolescents and other children.

Parents are a child's first and most important role models. They influence children by their words and their behavior. Adolescents think that the most important action that parents can take to discourage their children from using drugs is to refrain from using drugs themselves (ONDCP, 1997). Since most adolescents also regard cigarettes and alcohol as "drugs," and older adoles-cents think that these substances are actually more harmful than marijuana, parents who smoke cigarettes and drink alcohol beyond moderation are unintentionally setting a bad example. While encouraging parents to quit smoking and drinking alcohol is outside the scope of this campaign, parents should be encouraged to consider the effects of their own habits on their children.

Communication Objective 1:
Enhance perceptions of harm associated with use of marijuana and inhalants.

While specific estimates are elusive, there is evidence that, like many parents, youth-influential adults tend to underestimate the potential harm associated with use of marijuana and inhalants. Correcting this misperception is an important step in motivating this audience to take appropriate actions.

As is the case with the parent audience, research must be conducted with members of this audience to determine the most effective messages for enhancing their perceptions of harm associated with use of marijuana and inhalants. See the discussion of *Parent/Caregiver Communication Objective 1* for potentially promising message themes to help youth-influential adults recognize that their relatively benign perceptions of marijuana use, possibly formed through personal experience, are no longer accurate or appropriate.

Communication Objective 2:
Enhance perceptions of personal efficacy to prevent drug use (i.e., what you do can make a difference).

As previously stated, feelings of inefficacy are the strongest predictor of inaction (Bandura, 1997). Youth-influential adults must be made to believe that there are specific actions they can take— actions that are well within their abilities—that will help to prevent adolescents in their families and communities from becoming involved in drug use. Once youth-influential adults believe this, they will be more motivated to take action.

See the discussion of *Parent/Caregiver Communication Objective 3* for strategies to enhance perceptions of personal efficacy.

Communication Objective 3:
Encourage specific individual-focused and community-focused actions to facilitate adolescent drug use prevention.

There are many important actions that youth-influential adults can take to protect adolescents from drug use. The specific individual-focused actions to be recommended are:

- Communicate to youth the harmful (social, physical, and aspirational) consequences of using specific drugs.

- Communicate to parents the need to take specific actions to prevent youth drug use. (See the communication objectives for Parent/Caregiver audiences.)

The specific community-focused actions to be recommended are:

- Advocate for effective anti-drug programs in schools and communities.

- Take action to support community anti-drug activities.

MESSAGE EXECUTION CONSIDERATIONS

Understanding the perspectives of target audience members through audience research and developing messages in response to these perspectives is the surest way to ensure that the campaign will be effective. The National Youth Anti-Drug Media Campaign is, and will continue to be, developed based on input from audience members at various stages in the message development process. Audience members will be consulted in a variety of ways before message strategies are developed, and again throughout the process of message execution.

Knowing how to transform audience research into effective messages is the "art" of the communication process. The insights of experienced communication professionals are critical in creating messages that touch hearts and minds, and move members of the target audience to action. Through its collaboration with the Partnership for a Drug-Free America, the National Youth Anti-Drug Media Campaign will harness the efforts of many of America's most experienced and talented communication professionals.

In addition to the insights provided by audience research and the artistry by which this information is translated into messages, there is also a "science" of effective message design as expressed in the literature in the fields of consumer marketing, advertising, public health communication, and social psychology (Maibach & Parrott, 1995). The science of message design arises from the fact that although people are diverse in myriad ways, there are consistent patterns in how they process information, and in the types of information that influence motivation and subsequent action. By understanding these processes, communication professionals can harness them to make their messages more effective.

The following message design considerations gleaned from the academic and professional literatures in various disciplines will be used to inform the National Youth Anti-Drug Media Campaign. Because of developmental differences between adolescents and adults, certain of these considerations pertain only to adolescents or adults.

Campaign Design Principle:

Message executions should be informed by insights from audience research, behavioral science, and the expertise of communication professionals with experience in communicating successfully to the target audience.

MESSAGE EXECUTION CONSIDERATIONS FOR ALL AUDIENCES

■ Messages should be tailored to match the age and the social and psychographic profile of the target audience (Flynn, Worden, et al., 1994; Maibach & Cotton, 1995; Palmgreen et al., 1995). As far as possible, however, messages should be designed to be sensitive to a wider variety of audience groups so that they have wider appeal and applicability.

■ The more audience members can be engaged to actually think about the message (including imagined or actual rehearsal of the recommended behavior), the more likely they are to experience appropriate changes in knowledge, attitudes, and behavior (Maibach & Flora, 1993; Petty, Baker, & Fleischer, 1991). Characteristics of message executions that encourage active processing of messages include unusual, unfamiliar and novel presentations of the information, presentations in discrepant or unexpected contexts, and specific cues requesting audience members to attend to the information (Parrot, 1995).

■ Clearly demonstrating peers modeling performances of the recommended behaviors and/or experiencing the (negative or positive) consequences of these actions is one of the most effective means of enhancing viewers' skills, confidence to use those skills, perceptions of consequences, and motivations (Bandura, 1997).

■ Fear appeals can be effective, but only in combination with messages that heighten viewers' feelings of vulnerability to the threat and offer them a solution that is easy and effective (Hale & Dillard, 1995).

MESSAGE EXECUTION CONSIDERATIONS FOR YOUTH AUDIENCES

■ Messages produced with high "sensation value" are effective in attracting the attention and interest of youth in the target audiences (Lorch et al., 1994). High "sensation value" production qualities include novelty, complexity, intensity, ambiguity, unconventionality, suspense, fast pace, and emotionality (Donohew, Palmgreen, & Lorch, 1994). However, message properties such as ambiguity and rapid pacing can, in some instances, inhibit comprehension of message content, particularly with younger children. Thus, the use of ambiguity and rapid pacing should be tempered by consideration of the age and cognitive capacities of the target audience.

■ The use of peer models, especially socially attractive peer models, is an excellent means of gaining the attention and interest of youth audience members. The attributes of socially attractive peer models include good looks, a sense of humor, an outgoing personality, having many friends (including older friends), and being popular with members of the opposite sex, getting good grades, liking "cool music," and being good at sports and video games.[8] However, the peer models used in messages should not be overly attractive "models" with whom the average teenager cannot identify.

■ Young people tend to pattern their expectations and behaviors based on what they observe among slightly older peers (i.e., students one or several grades ahead). To take advantage of this "looking up" phenomenon, messages that use peer modeling should feature young people who are a few years older than members of the intended target audience.

■ Peer togetherness is highly valued by young people. Conversely, separateness and being different are perceived as negatives. Themes of togetherness may be an effective means of

communicating the positive social consequences of drug non-use, and themes of loneliness a means of communicating the negative consequences of use (Teenage Marketing and Lifestyle Study, 1995; Zollo, 1995).

- Although teenagers want to "belong" and "fit in" they don't want to be like everyone else (Zollo, 1995). Teenagers are striving to carve out a unique identity for themselves, and like to believe that they are independent thinkers who have reached their own conclusions. Thus, advertisements that place the facts before them without explicitly exhorting them to sub-scribe to the message are likely to be well received. Similarly, advertisements that present and market a certain image without explicitly stating the desirability or undesirability of that image are likely to have a better impact than messages that are too obvious.[9]

- Audience research suggests the following "rules" for teen advertising: be funny; be honest; be clear; be original; use music that audience members really like; say or show an important benefit of the product; don't talk down; don't try too hard to be cool; and feature people who are about the same age as the intended audience (Zollo, 1995).

- Messages should use language that is familiar to adolescents of that age group. However, there are large variations in slang among subgroups of teens, so that using anything but the most basic "teenspeak" can backfire and be perceived as inappropriate (Zollo, 1995). Also, teen slang should only come from the mouth of teens. Any adult efforts to appropriate teen terminology may be seen as condescending or ridiculous.

- Given the need for universal messages and the multicultural perspective of youth culture, where possible messages should feature youth from diverse ethnic backgrounds.

MESSAGE EXECUTION CONSIDERATIONS FOR ADULT AUDIENCES

- Although risk analogies can be useful (i.e., explaining a poorly understood risk by comparing it to another more commonly understood risk), such comparisons must be done with caution. The two risks compared should have certain qualities in common, otherwise audience members are likely to reject both the risk comparison and the message (Holtgrave, Tinsley, & Kay, 1995).

- People often have difficulty understanding quantitative expressions of risk (e.g., "a one in three chance"), yet qualitative expressions of risk (e.g., "many") are understood in vastly different ways by different people. Messages that attempt to convey risk information should, when possible, use both quantitative and qualitative expressions to increase audience comprehension (Holtgrave, Tinsley, & Kay, 1995).

- People underestimate the cumulative probability that an event will occur (e.g., the odds of wrecking a car by the time you are 18 if you drive under the influence several times per year), even if they correctly understand the odds that the event will occur on any one occasion. Expressing cumulative probabilities can be an effective means of enhancing the perceived relevance of a risk (Holtgrave, Tinsley, & Kay, 1995).

- People are in varying stages of readiness to adopt the recommended behaviors. Messages intended for people who are not yet ready to adopt the behavior should focus mostly on enhancing the perceived relevance of the recommendations, and enhancing audience members' confidence in their ability to enact the recommendations. Messages intended for people who are ready to act should focus more on the skills and other information necessary to effectively perform the recommended behaviors (Maibach & Cotton, 1995).

CONCLUSION

This document serves two important purposes. It provides an overview of the communication strategy for the National Youth Anti-Drug Media Campaign. As such, it will guide the efforts of campaign planners and stakeholders. Of equal or greater importance, this document can provide direction to the communication activities of a wide range of other individuals and organizations that share ONDCP's goal of encouraging youth to reject the use of drugs.

The drug-related communication environment is remarkably active and diverse. Although there is heightened concern in the media about the adolescent drug use epidemic, popular culture still tends to normalize drug use, and active debates are currently raging on a full range of issues, from the medical use of marijuana to the provision of drug-treatment programs in our Nation's prisons. The fractious nature of this communication environment can, in some instances, cause confusion and inaction. This can be true even for issues, such as preventing adolescent drug use, on which there is broad societal consensus regarding the need to take action.

To reverse the adolescent drug use epidemic in America, our Nation's youth, parents, and other people who touch the lives of youth must hear consistent, clear, compelling, and truthful messages about the reality and true costs of using drugs and the benefits of living drug free. The impact of drug prevention messages and activities offered in communities across America will be enhanced to the extent that the messages are informed by proven strategies and communicated by many voices. The National Youth Anti-Drug Media Campaign will be one of those voices; through coordination with community-based organizations, professional associations, the entertainment industry, and the media, those voices will resonate.

[1] Trends in annual prevalence of drug use from the Monitoring the Future Study are reported here. The numbers for lifetime use are slightly higher but follow a similar pattern; those for 30-day use and daily use are lower.

[2] While there is no accurate count of the number of people who currently serve as mentors, the number is clearly much lower than the stated national goal. At the President's Summit For The Future Of America held in April, 1997 in Philadelphia, it was determined that America should strive to have two million people involved as mentors by the year 2000. Currently, Big Brother/Big Sisters, which is the Nation's largest organization of mentoring programs, has about 100,000 mentors.

[3] In addition to the communication objectives listed, one additional objective is under consideration, pending audience research:

> To encourage audience members to state publicly (to parents, siblings, and peers) their intentions not to use drugs.

Encouraging trial behavior is a reliable way of facilitating both consumer and health behavior changes, especially when the trial leads to a positive outcome. Even though abstinence from drug use is a non-behavior, young people can nevertheless "try" the behavior by publicly stating their intentions not to use drugs. Such trials reinforce intentions to adopt the behavior (i.e., refraining from using drugs) to the extent that the behavioral trial elicits positive rewards. Parents, other youth-influential adults, and peers should be encouraged to respond positively to such proclamations.

For a variety of reasons, including lack of evidence as to its potential impact, and concern that messages executed against this objective would be rejected by target audience members, the Campaign Design Expert Panel recommended withholding the objective from the communication strategy pending further research. Evidence in support of its potential efficacy, however, would necessitate reconsideration of the objective.

[4] Many recent successful interventions have incorporated normative educational elements designed to correct the misperception that most adolescents use drugs. These include the Life Skills Training program (Botvin et al., 1995a), the Adolescent Alcohol Prevention Trial (Hansen and Graham, 1991), Project SMART (Hansen et al., 1988) and Project ALERT (Ellickson & Bell, 1990).

[5] Dr. Lloyd Johnston at the University of Michigan's Institute for Social Research recommends ten "talking points" that parents can use to persuade their children that they should not use marijuana. These points are especially pertinent for parents who used marijuana themselves in their youth and are concerned that their children will think their anti-drug admonitions are hypocritical.

- *We all make mistakes.* "We all make some bad judgements when we are kids, and just because I made some mistakes doesn't mean that it's a good idea for you to repeat them."

- *If we knew then what is known now.* "We didn't know nearly as much about the consequences of using marijuana and other drugs then when we were teenagers; and if we had known then what we know now we might/would have made quite different decisions."

- *It's a different drug now.* "The marijuana today is a lot stronger than what people were smoking in the sixties and early seventies. The same is true for cocaine and heroin, both of which are dramatically more potent today."

- *The dangers associated with moving to other drugs are greater now.* Nearly all young people who use any of the other illicit drugs, or so called "hard drugs," begin by using marijuana. But the danger associated with progressing to these other drugs is greater today than it used to be. There are more dangerous drugs around now, like crack, ice, PCP, and Rohypnol. Moreover, some of the old drugs — in particular heroin and cocaine — are more dangerous now because they are much more pure, which makes both addiction and overdose deaths more probable.

- *People start using younger today.* In the earlier years of the drug epidemic most people who tried marijuana or other drugs began when they were in their twenties, and subsequently when they were in their late teens. People who use today may begin when they are in their early teens or even younger. We know that those who start younger get into considerably more trouble with their eventual drug use, and they also tend to end up having more of the other problems associated with drug use.

- *The world is a more dangerous place than it used to be.* Young people today face more serious hazards in their larger environment than young people did just a generation ago. Today, young people can be exposed to AIDS, a deadly disease, as well as a number of other serious sexually transmitted diseases like herpes and genital warts that were far less common then. Violence levels also are higher, including sexual assault. Having impaired judgement and awareness, as occurs with the use of drugs, is simply more risky in these dangerous times.

- *Adolescence is an important period of physical development.* Early adolescence is a time when a lot of physical growth is still taking place, so whatever effects the various drugs may have — and we don't yet now what all of them are by any means — may be magnified during this vulnerable stage of physical maturation.

- *Adolescence is an important period of social and emotional development.* During adolescence youngsters are doing a lot of very important social and psychological maturation. They are deciding who they are as individuals, differentiating themselves from their parents and others, developing plans and aspirations in their lives, learning to get along with others and form friendships, and learning to get along with the opposite sex and to be comfortable and confident in their own sexual identity. They are also trying to perform well academically so they will be able to reach some of their long-term goals, such as being admitted to college, performing well in college, and getting a good job. These are important tasks in this stage in life, and being high much of the time is detrimental to completing these tasks. These tasks can also be anxiety provoking, and drugs are often used to escape the anxiety and the tasks, leaving some of the important work of adolescence undone.

  Drugs can rob youngsters of energy and the ability to concentrate and perform. They can lead to a decline of interest in constructive activities and other interests. It's a high price to pay.

- *There are known adverse physical consequences.* There are many physical consequences already known to be associated with drugs, and we are learning about more of them every day.

- *Addiction means loss of control.* We all want to remain in control of our own lives to a considerable degree — adolescents in particular. Becoming dependent on a drug means loss of control over the use of that drug, which in turn can lead to a loss of control over a lot of other aspects of your life. It often leads to stealing from the people most important to you — your family and friends — and chronically lying to them. It can make you feel very badly about yourself.

[6] The effects of media messages on youth are conditioned on parents' interactions with their children. Parents can attenuate the negative influences and accentuate the positive influences of media messages by discussing the message content with their children and countering or reinforcing as appropriate (Moschis, 1987).

[7] Parental horror of drug use might actually discourage some teens from having open discussions with their parents on the topic of marijuana (PDFA, 1994b).

[8] These suggestions are based on recommendations in Teenage Research Unlimited's Teenage Marketing & Lifestyle Study (based on survey responses from 2,043 youth ages 12-19) and the 1996 Sports Illustrated For Kids Omnibus Study (based on survey responses of 625 youth ages 9 to 13).

[9] This recommendation is based on PDFA creative briefing documents, 1997.

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