

NLWJC - Kagan

DPC - Box 015 - Folder 012

Drugs - Media Campaign

Drugs - medical marijuana



Jose Cerda III

03/16/99 12:31:30 PM

Record Type: Record

To: Karen Tramontano/WHO/EOP

cc: Elena Kagan/OPD/EOP, Bruce N. Reed/OPD/EOP, Leanne A. Shimabukuro/OPD/EOP

Subject: ONDCP Press Availability/IOM Study

Karen:

Elena asked that I send you a note to let you know that we spoke to ONDCP, and that they said that General McCaffrey is committed to doing a press availability on the IOM-Medical Marijuana study tomorrow. After two years of pointing to the study, he feels obligated to go on the record when it is released -- and, despite our suggestion, is not willing to pull back.

I have attached McCaffrey's proposed statement and the Q&A prepared by his staff. If you still have concerns about the press availability, you or John will probably need to connect w/him directly. As you know, he doesn't feel obliged to take guidance from us on this or any other matter he views as his responsibility.

- Jose'



iomquest.wp



stmt.doc

Q & A's for the Director on the IOM Report
Prepared by Dan Schecter, Kate Malliarakis, Carol Gibson
March 15, 1999

- 1. Does this report validate the message sent by voters in California, Arizona, Alaska, Washington, Oregon, Nevada?**
 - I've said before that using the ballot to decide what should become medicine is like asking the voters to make air traffic control decisions. We have always said and we continue to affirm that science, not the ballot box, should determine the practice of medicine.
 - The report says that it is impossible to estimate the clinical value of marijuana and cannabinoids based on anecdotal reports. (Page 1.19 IOM Report) This report does not address the political process that makes marijuana available to medically needy individuals. And, it doesn't address public policy questions such as the distribution of marijuana. But, the sense of the report indicates that distribution marijuana through places like Cannabis Buyers clubs would be inconsistent with sensible scientific practices.

- 2. Will ONDCP's position on the medical use of marijuana change as a result of this report?**
 - Actually this report supports ONDCP's position, as it highlights the need for targeted research on the compounds in marijuana that may be helpful to those in medical need.
 - Medical advancement means rigorous testing before a new drug is released to the public. To recognize this reality is not to shut out the possibility of merit in the cannabis plant but it is to reject exaggerated, at times magical, claims for marijuana.

- 3. The very first recommendation of the IOM study is to conduct more research into the effects of cannabinoids. Yet it is impossible to get marijuana in order to conduct research. Will you use the influence of your position to see that access to marijuana is placed on the "fast track" so that legitimate researchers can conduct the research called for in the IOM study?**
 - The Federal government has established a process for determining the safety and efficacy of drugs. It is a process that has been in place and has proven

to work. I will continue to work with NIDA and FDA and NIH to ensure that this process is efficient and still protects the American public.

4. The study very emphatically states (Page ES.7) that there is “no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.” What does this say about the “Gateway Theory” that you have held?

- The study actually supports the fact that most drug users begin with nicotine, move to alcohol, and then to marijuana. The new point brought out in this report is that the use of marijuana for medical purposes does not fall into the “gateway theory.”
- The significant point is that this study says that we need more research to determine just exactly where and how research on the compounds of marijuana should be conducted.

5. Now that the IOM has concluded that there are potential medical benefits to marijuana, will the Federal government continue to arrest and incarcerate sick people who use the drug for pain relief?

- There is nothing in the IOM report that concludes that there are benefits to smoked marijuana. In fact, the IOM report states that “smoked marijuana is unlikely to be a safe medication for any chronic medical condition.” (Page 3.48)
- This question goes to the crux of the problem. On one hand, we have people who want an excuse to smoke marijuana to get high, claiming that they have debilitating medical conditions. On the other hand, we have a small group of terminally ill people who believe (rightly or wrongly) that marijuana offers them some relief.
- Federal law enforcement policy will continue to be as it has been--focused on drug traffickers.
- What we really need is for pharmaceutical companies to develop alternative delivery systems for the compounds in marijuana.

6. Will you now concede that there is medicinal value to marijuana?

- The IOM report raises serious questions about the medicinal value of smoked

marijuana.

- We've always supported the use of synthetic THC--dronabinol--in treating certain illnesses. The issue is smoked marijuana.
- What we need are alternative delivery systems to ensure that those few people who can't take dronabinol have an effective means of deriving whatever benefits are available in THC without the harmful effects of smoke.

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FOR IMMEDIATE RELEASE
Wednesday, March 17, 1999

CONTACT: Bob Weiner

(202) 395-6618

**WHITE HOUSE DRUG POLICY OFFICE ISSUES STATEMENT
ON INSTITUTE OF MEDICINE'S REPORT
ON MARIJUANA AND MEDICINE**

(Washington, D.C.) – The White House Office of National Drug Policy (ONDCP) issued the following statement today following the release of the Institute of Medicine's report Marijuana and Medicine: Assessing the Science Base:

In January 1997, ONDCP asked the Institute of Medicine to conduct a review of the scientific evidence for assessing the potential health benefits and risks of marijuana and its constituent cannabinoids. ONDCP believed that an objective and independent evaluation of research regarding the use of marijuana for medicinal purposes was appropriate given the ongoing debate about cannabis and its health effects.

The report released today by the Institute of Medicine represents the most thorough analysis to date of the relevant scientific literature. It summarizes recent advances in molecular and behavioral neuroscience, in particular newly elaborated systems of transmitters, receptors, and antagonists – all illuminating the physiological effects of cannabinoids. The Institute of Medicine has addressed all issues that ONDCP requested be examined, including: the science base and gaps in scientific knowledge regarding use of marijuana for medicinal purposes; scientific information about marijuana's mechanism of action; peer-reviewed literature on the uses of marijuana; and costs associated with various forms of the component chemical compounds in marijuana and other pharmacotherapies for special medical conditions. We thank the principal investigators, members of the advisory panel, biomedical and social scientists, patients, advocates, report reviewers, and all who supported the Institute of Medicine in developing this comprehensive report.

The report contains six specific recommendations that address:

Continued research into the physiological effects of cannabinoids.

Clinical trials of cannabinoid drugs for symptom management.

Evaluation of psychological effects of cannabinoids in clinical trials.

Studies of individual health risks in smoking marijuana.

Clinical trials of marijuana use under limited circumstances for medical purposes.

Short-term use of smoked marijuana under strict conditions for patients with debilitating symptoms.

These recommendations are supported by the following observations:

Scientific data indicate the potential therapeutic value of cannabinoids for pain relief, control of nausea and vomiting, and appetite stimulation. This value would be enhanced by a rapid onset of drug effect.

The psychological effects of cannabinoids are probably important determinants of their potential therapeutic value. They can influence symptoms indirectly, which could create false impressions of the drug effect or be beneficial as a form of adjunctive therapy.

Numerous studies suggest that marijuana smoke is an important risk factor in the development of respiratory diseases, but the data that could conclusively establish or refute this suspected link have not been collected.

Because marijuana is a crude THC delivery system that also delivers harmful substances, smoked marijuana generally should not be recommended for medical use. Nonetheless, marijuana is widely used by certain patient groups, which raises both safety and efficacy issues.

If there is any future for marijuana as medicine, it lies in its isolated components -- the cannabinoids and their synthetic derivatives. Isolated cannabinoids will provide more reliable effects than crude plant mixtures. Therefore, the purpose of clinical trials of smoked marijuana would not be to develop marijuana as a licensed drug, but such trials could be a first step towards the development of rapid-onset, nonsmoked cannabinoid delivery systems.

ONDCP appreciates the contributions made by the Institute of Medicine to the debate on the medical efficacy and safety of cannabinoids. We will carefully study the recommendations and conclusions contained in this report. We will continue to rely on the professional judgement of the Secretary of Health and Human Services, the Director of the National Institutes of Health, and the Surgeon General on all issues related to the medical value of marijuana and its constituent cannabinoids. We note the report's conclusion that "the future of cannabinoid drugs lies not in smoked marijuana, but in chemically-defined drugs that act on the cannabinoid systems that are a natural component of human physiology." We look forward to the considered responses from our nation's public health officials to the interim solutions recommended by the report.

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Press Release Approved by the Director

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Jose Cerda III

10/01/98 12:01:24 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP, Leanne A. Shimabukuro/OPD/EOP
cc: Laura Emmett/WHO/EOP, Christopher C. Jennings/OPD/EOP
Subject: Medical Marijuana

BR/EK:

I just got invited to a meeting at ONDCP tomorrow on the DC medical marijuana initiative. I understand that McCaffrey wants us (WH Counsel, DPC, DOJ, ONDCP) to meet/strategize on this ASAP, since he's thinking about doing a press conference w/Mario Cuomo and Bill Bennett next Thursday.

EK: The meeting is tomorrow at 10:30am at ONDCP. Are you interested in going?

BR: Any important history I need to know on how we handled this the last time?

Any other thoughts, reactions?

Jose'

Q & A Methadone Expansion Announcement
(ONDCP background)

What is the scope of the heroin problem?

Although a relatively small percentage of America's illegal drug users use heroin, the debilitating addictive effects of the drug make it one of the major sources of drug-related health, crime, and social costs. ONDCP estimates a population of 810,000 chronic heroin users in the United States in 1995. While the number of new heroin initiates is still relatively low, it is apparent that the availability of high-purity heroin (which can be smoked or snorted as well as injected) has led to an increase in use -- probably because users see smoking and snorting as "safer" than shooting up.

What are the impacts of heroin use?

Heroin is a toxic substance: The danger of a fatal overdose is more immediate and likely for a heroin user than for users of other common drugs of abuse because of the route of ingestion and common miscalculations of dosage. The National Institute of Drug Abuse has declared that heroin is a powerfully addicting substance producing tolerance, physical dependence, and the clinical state of addiction (defined as compulsive, often truly uncontrollable drug craving, seeking, and use).

Heroin use is associated with crime: The need to purchase large amounts of a costly drug inevitably leads to crime. For decades some cities have estimated that over half of all property crime is attributable to heroin use. Twenty percent of all people arrested in Manhattan in 1997 tested positive for opiates. In the same year, 22 percent of all arrestees in Chicago tested positive for opiates.

Heroin use affects public health: There is a strong nexus between heroin use and many life-threatening communicable diseases, including infections such as hepatitis B and C, HIV/AIDS, and endocarditis; as well as tuberculosis and sexually transmitted diseases (especially as they relate to pregnancy outcomes).

Why is methadone treatment needed?

Heroin addiction is difficult to overcome: The psycho-pharmacological effects of heroin are extremely strong. Heroin users are more likely to be addicted to the drug than users of other drugs. (An ONDCP study of cocaine, crack, and heroin abuse in six cities found that the percentage of heroin users who used heroin for 30 or more consecutive days over a 90 day period was four times greater than the percentage for crack and powder cocaine users).

Kicking the heroin habit without methadone as a bridge to abstinence is difficult: the same study found that heroin users reporting 30 or more consecutive days of abstinence in a 90 day period tended to be lower than for crack or powder cocaine users.

Why Methadone?

Methadone has been used for the treatment of heroin addiction since the 1960s. It is a synthetic agonist agent for opiates. In other words, methadone operates by “occupying” the brain receptor sites that are affected by heroin and blocks the craving attendant to addiction. Because withdrawal from methadone is slower than from heroin, it is relatively easy to maintain an addict on methadone without abrupt side effects.

Methadone treatment is the most widely used treatment for heroin addiction today. It has been studied more than any other drug treatment modality, with uniformly positive results. Over 115,000 Americans are able to lead stable lives as a result of methadone treatment. Over 900 methadone treatment programs in America provide an invaluable service.

Some people have criticized methadone. How effective is methadone?

The National Institute on Drug Abuse (NIDA) has conducted literally dozens of studies which show the effectiveness of methadone treatment. *The Drug Abuse Treatment Outcome Study (DATOS)*, the most recent study by NIDA, found that among participants in outpatient methadone treatment, weekly heroin use decreased 69 percent, cocaine use by 48 percent (many heroin users are polydrug users), illegal activity decreased 52 percent, and full time work increased by 24 percent.

How much does methadone treatment cost?

Methadone treatment, at an average cost of \$13 or less per day, is a cost effective alternative to incarceration.

Given methadone’s effectiveness, why is this new initiative needed?

In spite of this proven track record, methadone treatment capacity has not experienced marked growth. Treatment capacity is insufficient to provide most of the 810,000 heroin addicts with methadone treatment or any other effective form of drug abuse treatment. In 1995, the Institute of Medicine identified ten states in which methadone treatment was not available at all: Arkansas, Idaho, Maine, Mississippi, Montana, North Dakota, New Hampshire, South Dakota, Vermont, and West Virginia.

Additionally, studies have shown that not all methadone treatment programs are equal; the full benefits of methadone treatment are only obtained within a comprehensive treatment environment, which screens and evaluates patients and assigns them to treatment regimes based upon the nature of each patient’s addiction. However, a 1990 GAO report found that policies, goals and practices varied greatly and that not one of the

programs studied evaluated the effectiveness of their treatment. The failures of the unsuccessful programs tarnished the entire idea of methadone treatment, rather than spurring efforts to improve the delivery of services. This initiative is designed to ensure uniform effectiveness through new standards for all programs.

How will this initiative make methadone treatment more available, more effective, and better controlled?

- **Expansion of Treatment Capacity:** The *President's National Drug Control Strategy* calls for an expansion of drug treatment capacity across the board. Specifically the *Strategy* seeks to reduce the gap between need and capacity by 20 percent by 2002 and by 50 percent by 2007. For heroin addicts, this means that we must increase treatment capacity to reach all who are prepared to accept effective drug treatment and supervision.

- **Development of a standardized accreditation system for methadone treatment programs with transfer of regulatory oversight for methadone from the Food and Drug Administration (FDA) to the Substance Abuse and Mental Health Services Administration (SAMHSA):**
 - ✓ Replace the current regulatory approach, which focuses exclusively on process standards, with a new system that is more reflective of an outcome-oriented accreditation model.
 - ✓ CSAT/SAMHSA will lead the interagency effort to evaluate the accreditation process and proposed accreditation standards beginning in 1999.
 - ✓ Based on the results of the evaluation, feedback from treatment experts, and public comments on the NPRM, a final rule will be promulgated that will introduce modernized treatment standards and an accreditation process.
 - ✓ In the interim, programs will remain subject to FDA oversight and monitoring. Law enforcement (anti-diversion) responsibilities will remain with DEA.

- **Elimination of regulatory barriers to allow individual physician administration of methadone:** As physician training in the administration of opioid agonist treatment is accomplished, we must change the ineffective regulations which hinder effective treatment and allow trained physicians flexibility in how to administer this treatment (for example, through office visits as opposed to clinical programs). New regulations expanding access to methadone will be issued when testing has validated their effectiveness.

How will this effort be paid for?

The President's drug treatment budget request exceeds \$3 billion, an increase of \$206.5 million over FY 1998. Funding for this initiative will come from the treatment component of the

President's counter-drug budget.

What is the timetable for this initiative?

26 September 1998

American Methadone Treatment Association meeting, release of test accreditation standards for methadone

October 1998

Publication of notice of proposed rule making

November 1998

Issuance of accreditation surveys

February 1999

Release of the *1999 National Drug Control Strategy*
Release of FY 2000 budget w/ increase in treatment funding

March 1999

Accreditation testing begins in 60 MTPs

October 1999

End of accreditation testing: evaluation

January 2000

Evaluation of accreditation complete: phased implementation of accreditation begins
Final rule published

February 2000

Release of the *2000 National Drug Control Strategy*
Release of FY 2001 budget with increase in treatment funding

June 2000

FDA to SAMHSA transfer

CAMPAIGN For TOBACCO-FREE Kids

August 7, 1998

General Barry R. McCaffrey
Director
Office of National Drug Control Policy
750 - 17th Street, NW
Washington, DC 20006

CC: EK
CR
JOSE

BR

Dear General McCaffrey:

As we have stated previously, we are enthused and heartened by your National Youth Anti-Drug Media Campaign. Your careful planning, support from Congress, the media, the business community and many others are strong indications that this campaign will be a success in curbing illegal drug use among our nation's children. In addition, we hope it will be a precedent and a model for a national counter-marketing program against youth tobacco use.

However, there is one aspect of your Campaign that concerns us greatly. We understand that the Bates USA advertising agency is handling the media planning and buying for Phase II of the program and is in contention to be awarded Phase III - the full roll out of the entire Campaign activities.

This is most unfortunate. Bates USA is an advertising agency that is a key partner of the Brown & Williamson Tobacco Corporation, and handles: Capri, a cigarette marketed to women; Kool, a menthol cigarette backed by a new campaign with seductive imagery - "B Kool" - aimed at attracting a younger audience; and Lucky Strike, which is featured in a cover story in this week's *Advertising Age* (see attached) in which a Bates executive discusses "marketing strategies to reach the target audience of young adults through underground and lifestyle channels."

As you will note in the attached article from the *New York Times*, Bates has strengthened its position in the Brown & Williamson roster of advertising agencies and "handles so-called premium brands and Grey the so-called value brands."

Awarding Bates your valued contract would send a very negative message:

- It would be a conflict of interest, in that Bates could not be expected to do its best in media negotiations and buys in which the "matching" time and space they acquire could be used for anti-tobacco messages, thus working against their Brown & Williamson client. Indeed, it is possible that Brown and Williamson would not allow Bates to engage in media strategies that are truly effective. The tobacco industry has a history of threatening and punishing vendors, including advertising agencies, that engage in activities to which the industry objects.

General Barry McCaffrey
August 7, 1998
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- It would raise questions about the credibility of the program. For years the tobacco industry has claimed that they don't market to kids. On a number of occasions they have promoted campaigns that they claimed were designed to discourage tobacco use among children. However, independent experts who have studied these campaigns have always concluded that the campaigns were ineffective and were public relations ploys designed to get Congress off the tobacco industry's back, and not to reduce tobacco use.
- It would say to Madison Avenue and the business community at large that it is perfectly fine –in fact it is rewarding – to handle tobacco marketing and advertising, which has been shown to attract children to begin smoking as well as the selection of the brands they smoke, and at the same time be given important government anti-drug business. This is most assuredly not the message that should be sent.
- It would be extremely discouraging to the public health and tobacco control community, which is fighting against the tobacco industry and its billions of dollars in marketing, legal, lobbying, political contributions and special interest politics.

And finally, General McCaffrey, awarding Bates your business would be a potential embarrassment to the Clinton Administration and those many members of Congress who have taken a very strong position against tobacco marketing to children and in favor of comprehensive tobacco control legislation, including curbs on marketing practices that influence children to smoke and use spit tobacco.

The Campaign for Tobacco-Free Kids and its many partners are watching your National Youth Anti-Drug Media Campaign with great interest and hope. Please do not disappoint us by bringing into your team an ad agency that is working effectively for Big Tobacco, and as such represents a threat to America's children.

We would be pleased to discuss this with you or members of your staff. We look forward to a continuing partnership in reducing drug use in America, including tobacco, which is illegal for children.

Sincerely,



William D. Novelli
President



Matthew L. Myers
EVP, General Counsel

Enclosures:

Advertising Age article
New York Times article
Fact sheets on tobacco marketing and youth

THE WHITE HOUSE
WASHINGTON

July 8, 1998

DRUG MEDIA CAMPAIGN LAUNCH

DATE: July 9, 1998
LOCATION: Sidney J. Marcus Auditorium
World Congress Center
MEET & GREET: 9:45 am - 10:00 am
EVENT TIME: 10:15 am - 11:25 am
FROM: Bruce Reed

I. PURPOSE

To launch the largest ever national media campaign to target youth drug use and educate young people and their parents on the dangers of drugs.

II. BACKGROUND

At this event, you will launch the national expansion of the historic youth anti-drug media campaign -- which is already underway in 12 pilot cities. This is the largest publicly funded anti-drug campaign, with a total proposed budget of \$1 billion over five years and a dollar-for-dollar match from each media outlet airing the ads. Using the full power of the mass media to change youth attitudes toward drugs, the campaign will ensure that when teens and adults turn on the television, listen to the radio, or surf the Internet, they will get the message that drugs are dangerous, wrong, and can kill you. Children are exposed to many media messages that normalize drugs. The campaign will utilize modern media and technology to give alternative messages that will compete with these influences.

By changing attitudes, youth drug use can be reduced. Studies of drug use rates over the last thirty years show that when young people disapprove of drugs and consider them dangerous, youth use rates decline. Furthermore, we now know that if a child can reach the age of 21 without using drugs, he or she will probably never use them.

Specifically, you will announce the following:

- A television "roadblock" that will air Thursday evening -- where every network will show the same counter-drug ad at 9:00 PM (EST). This ad will reach an estimated 85 percent of American television viewers. The roadblock will be

supplemented by print ads in the nation's top 100 newspapers and radio ads in the top 100 media markets.

- Local media buys to target specific drug problems in certain regions of the country. All new ads will provide the campaign clearinghouse number (800-288-7800) that will be staffed 24 hours a day and provide information on drug prevention. The campaign's new interactive website for parents and youth (www.projectknow.com.) will also be unveiled at the event.
- The anti-drug media campaign is more than just ads. It is coupled with public-private partnerships that will generate a wide range of coordinated anti-drug activities with schools, civic organizations, community anti-drug coalitions, and others. It also challenges media outlets to match the campaign's efforts -- on a dollar for dollar basis -- with related pro-bono ads or programming time for youth drug prevention.

You will be addressing audience of 600: including; 300 students ages 11-15 throughout Georgia; parents; local anti-drug advocates; community activists; and Members of Congress. In addition, the event will be carried live to over 150 satellite event sites around the country.

III. PARTICIPANTS

Event Participants:

General McCaffrey

Speaker Newt Gingrich

Senator Max Cleland

Governor Zell Miller

Mayor Bill Campbell

James Miller, 17 year-old from Portland, Oregon. James co-chairs the Regional Drug Initiative and speaks to kids about staying drug free. He is committed to not using drugs because of the pain caused by his mother's addiction when he was young.

Kim Willis, 8th grader from Erie, Pennsylvania. She is very active in her school's anti-drug coalition Kids Interacting Drug-Free Coalition (KIDco). She serves as the KIDco leader for her class and represents her Region in the Statewide organization.

Seated on stage:

Attorney General Reno

Secretary Shalala

Jim Burke, President of the Partnership for a Drug-Free America

IV. PRESS PLAN

Open Press.

V. SEQUENCE OF EVENTS

- **YOU** will be announced onto the stage accompanied by General McCaffrey, Attorney General Reno, Secretary Shalala, Mayor Bill Campbell, Senator Max Cleland, Governor Zell Miller, Speaker Gingrich, Jim Burke, James Wilson, and Kim Willis.
- Senator Cleland will make remarks and introduce Mayor Campbell.
- Mayor Campbell will make remarks and introduce Speaker Gingrich.
- Speaker Gingrich will make remarks and introduce Governor Miller.
- Governor Miller will make remarks and introduce James Miller.
- James Miller will make remarks and introduce General McCaffrey.
- General McCaffrey will make remarks and unveil the Campaign Ads. He will then introduce Kim Willis.
- Kim Willis will make remarks and introduce **YOU**.
- **YOU** will make remarks, work a ropeline, and then depart.

VI. REMARKS

Remarks Provided by Speechwriting.

MEET AND GREET PARTICIPANTS

Lisa Reisberg, Director of Public Education, American Academy of Pediatrics
Wallace Snyder, President/CEO, American Advertising Federation
Betty Shelling, Regional Director, Zeta Phi Beta Sorority, Inc.
Preston Padden, President, ABC TV Network
James Burke, Chairman, Partnership for a Drug Free America
Richard Bonnette, President/CEO, Partnership for a Drug Free America
Nelson Cooney, President, Community Anti-Drug Coalitions of America
Leon PoVey, President, National Association of State Alcohol and Drug Abuse Directors
Jill A. Bartholomew, National Youth Anti-Drug Media Campaign, ONDCP
Hank and Mrs. Aaron, former baseball player
James Kelly, CEO, United Postal Service
Dwayne Ackerman, CEO Bell South
Dan Amos, CEO, AFLAC
Ruth Wooden, President, The Advertising Council
Dennis Windscheffel, Prevention Through Service Civic Alliance
Jim Ervin, Executive Vice President, Lions Club
Thomas Dortch, National President, 100 Black Men
Chief Beverly Harvard, Atlanta Police Department
Michael Hightower, Fulton County Commissioner and Former NACO President
Chief Justice Robert Benham
Bobby Moody, President of the International Association of Chiefs of Police
Alan M. Levitt, Director, National Youth Anti-Drug Media Campaign, ONDCP
Dante Washington, ONDCP
Nancy Olson, ONDCP

Taking the President's Anti-Drug Media Campaign Nationwide July 9, 1998

Today in Atlanta, the President launches the national expansion of the Anti-Drug Media Campaign he first proposed in last year's drug strategy and budget. The kick-off of the 5-year, \$2 billion Anti-Drug Media Campaign will be linked by satellite to over 150 sites around the country.

The Largest Targeted Effort Ever to Teach Youth About Drugs

The President's Anti-Drug Media Campaign is designed to use the full power of the mass media to change youth attitudes toward drugs. It is designed to let teens know -- when they turn on the television, listen to the radio, or surf the 'Net -- that drugs are dangerous, wrong and can kill you. Activities planned for today's nationwide launch include:

- A television "roadblock" that will air this evening -- where every network will show the same counter-drug ad at 9:00p.m. (EST). This ad will reach an estimated 85 percent of American television viewers. The roadblock will be supplemented by print ads in the nation's top 100 newspapers and radio ads in the top 100 media markets.
- Local media buys to target specific drug problems in certain regions of the country. All new ads will provide the campaign clearinghouse number (800-288-7800) that will be staffed 24 hours a day and provide information on drug prevention. The campaign's new interactive website for parents and youth (www.projectknow.com.) will also be unveiled.
- In January 1998, the campaign began in 12 pilot cities (Atlanta, Baltimore, Boise, Denver, Hartford, Houston, Milwaukee, Portland (OR), San Diego, Sioux City, Tucson, and Washington, D.C.). Since ads started to run in these pilot cities, anti-drug awareness has increased and requests for anti-drug publications increased by more than 300 percent.

More Than an Ad Campaign

- The anti-drug media campaign is more than just ads. It is coupled with public-private partnerships that will generate a wide range of coordinated anti-drug activities with schools, civic organizations, community anti-drug coalitions, and others. It also challenges media outlets to match the campaign's efforts -- on a dollar for dollar basis -- with related pro-bono ads or programming time for youth drug prevention.

A Record of Accomplishment

- The President has consistently proposed the largest, most ambitious anti-drug budgets ever -- and more than \$17 billion for FY 99. His 1998 National Drug Control Strategy is a comprehensive ten-year plan designed to cut drug use and its availability in half. Among other initiatives, the Strategy continues the anti-drug media campaign, funds improves and expands the Safe and Drug-Free Schools program, shields our borders with 1,000 new Border Patrol officers and advanced drug detection technologies, strengthens law enforcement with new DEA agents to crack down on heroin and methamphetamine traffickers, and cuts crime by testing and treating crime-committing addicts.

PRESIDENT CLINTON: REDUCING TEENAGE DRUG USE

July 9, 1998

"Parents, the media, athletes, the government -- all of us must fulfill our obligation to protect our children from drugs. But nothing we do will make a bit of difference unless young people also take responsibility for themselves. No one is too young to understand that drugs are wrong. No one is too immature to take responsibility and say no to drugs. We will do everything we can to help you -- but in the end, it is up to you. You can use drugs and risk your life, or you can reject drugs and reach for your dreams. As the ad we saw today said: 'Any Questions?'"

President Bill Clinton
July 9, 1998

Today, President Clinton travels to Atlanta, where he is joined by Attorney General Janet Reno, Secretary of Health and Human Services Donna Shalala, Director of the Office of National Drug Control Policy General Barry McCaffrey, and a bipartisan delegation from Congress in launching the nationwide expansion of the largest ever national media campaign to target youth drug use and educate young people and their parents about the dangers of drug use.

THE LARGEST TARGETED EFFORT EVER TO TEACH YOUTH ABOUT DRUGS. The President's Anti-Drug Media Campaign is designed to use the full power of the mass media to change youth attitudes toward drugs. This Campaign is designed to let teens know -- when they turn on the television, listen to the radio, or access the Internet -- that drugs are dangerous, wrong, and can kill you. Today's announcement will be reinforced by:

- A television "roadblock" that will air this evening -- where every network will show the same anti-drug advertisement this evening during the 9:00 p.m. (EDT) viewing hour. This advertisement will reach an estimated 85 million viewers. The roadblock advertisement will be supplemented by print ads in the nation's top 100 newspapers and radio ads in the top 100 media markets.
- Local media buys to target specific drug problems in certain regions of the country. All new advertisements will provide the Campaign's clearinghouse number (1-800-288-7800), which will be staffed 24 hours a day and provide information on drug prevention. The campaign's new interactive web site (www.projectknow.com) will also be unveiled.
- Existing programs that started in 12 cities earlier this year. In January 1998, the Campaign began in 12 pilot cities. These cities have seen an increase in anti-drug awareness and a 300 percent increase in requests for anti-drug publications.

A PARTNERSHIP WITH THE PRIVATE SECTOR. The Campaign is more than just a series of advertisements. It is coupled with a public-private partnership that will generate a wide range of coordinated anti-drug activities with schools, civic organizations, community anti-drug coalitions and others. The Campaign is also challenging media outlets to match, on a dollar for dollar basis, the efforts put forth by the Campaign with time for youth drug prevention programming or related pro-bono ads.

BUILDING ON A RECORD OF ACCOMPLISHMENT. The President has made drug interdiction and prevention a top priority during his term in office, including:

- **The Largest Anti-Drug Budgets Ever.** The President has consistently proposed the largest anti-drug budgets ever. Between 1996 and 1998, resources for drug control increased by 19%, and the President's budget for fiscal year 1999 calls for an increase in funding for drug control, youth drug prevention efforts, domestic law enforcement, and interdiction.
- **Developing a Comprehensive National Drug Control Strategy.** The President has announced a comprehensive ten-year plan to reduce drug use and its consequences in the United States by 50%. This strategy will help reduce illegal drug use through law enforcement, prevention, treatment, interdiction and international cooperation.
- **Strengthening and Expanding the Safe and Drug-Free Schools and Communities Act.** President Clinton expanded the Drug-Free Schools Act into the Safe and Drug-Free Schools Act of 1994, making violence prevention a key part of this program. The Safe and Drug-Free Schools Program provides support for violence and drug prevention programs to 97% of the nation's school districts. Schools use these funds to keep violence, drugs and alcohol away from students and out of schools.



Record Type: Record

To: Laura Emmett/WHO/EOP

cc:

Subject: 1998-7-9 REMARKS ON NEW DRUG CAMPAIGN

----- Forwarded by Neera Tanden/WHO/EOP on 07/09/98 01:52 PM -----



SUNTUM_M @ A1
07/09/98 11:17:00 AM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: 1998-7-9 REMARKS ON NEW DRUG CAMPAIGN

THE WHITE HOUSE

Office of the Press Secretary
(Atlanta, Georgia)

For Immediate Release

July 9, 1998

**REMARKS BY THE PRESIDENT
IN LAUNCHING THE NATIONAL YOUTH ANTI-DRUG MEDIA CAMPAIGN**

Sidney Marcus Auditorium
Georgia World Congress Center

Atlanta, Georgia

10:40 A.M. EDT

THE PRESIDENT: Thank you. Thank you very much. (Applause.)
First of all, let's begin by giving Kim and James another hand. Didn't they
do a good job? (Applause.) They spoke well for you.

Mr. Speaker, Governor Miller, Mr. Mayor, General McCaffrey, General Reno, Secretary Shalala, I thank you all for your superb efforts in this endeavor. I'd like to say a special word of appreciation to Jim Burke, the President of the Partnership for a Drug Free America. He's not as well-known to most American children as the President or the Speaker or the Governor, but no American has done more to save the children of this country from the horror of drug abuse than Jim Burke. And we all owe him a very great debt of gratitude. Thank you. (Applause.)

I'd also like to thank the Ad Council, the Community Anti-Drug Coalition, the athletic teams and sports figures that are represented here today, the business groups, the Georgia Attorney General, and Agriculture Commissioner of the other state and municipal and county officials -- and Congress Peter Deutch* from Florida is here with us today. I thank all of them for being here. And there are many others who aren't here who are supporting what we are doing together as Americans.

I was interested when we just watched the ads to see what the young people's reaction was to the various ads. I was wondering to myself whether the ads that were most effective with me were also the ones that were most effective to you, or whether they were different. I say that to make the point that the

Speaker made so eloquently -- in the end this is about you, what touches you, what you believe, what your convictions are.

We know from the stories that we just heard from James and from Kim, we know from all the available scientific

research, that what Governor Miller said is right -- attitudes drive actions. There are lots of other factors. There are some places where kids are subject to more temptation than others; there are some blocks where there are more drug dealers than others; all of us have to deal with that. But we know that the more young people fear drugs, the more they disapprove of them, the less likely they are to use them. Therefore, kicking America's drug habit requires a dramatic change in attitudes, accompanied and reenforced by a dramatic increase in personal responsibility by all Americans.

Parents have the greatest power -- that's what one of the ads showed us. The ads we saw today are not meant to replace parents' voices, but to reenforce them. Ultimately, the best drug enforcement program, the best drug prevention program is an effective, caring, loving parent sitting down with a child and talking seriously about drugs early.

Parents have already told us that these ads help to break the ice with their children. So I ask the parents of America today, don't wait until your children are using drugs to talk to them about drugs. Watch the ads together and discuss them, beginning tonight.

Every one of the rest of us can, and must, help parents to teach their children to turn away from drugs. The entertainment industry can shape attitudes, as anyone who has a teenager can tell you. The media should never glamorize drugs. I'm pleased that across the entertainment industry, a real effort is now being made to help, with the anti-drug messages on the Wonderful World of Disney, anti-drug chat groups on America OnLine, even training sessions about youth drug use for screenwriters and producers at Fox -- something I hope we will see for all people who prepare television programs on all networks.

Professional athletes can shape attitudes. I thank Major League Soccer, the Florida Marlins, the New York Mets, Atlanta's own Braves for agreeing to air the ads during their home games. And while one of government's primary responsibilities is to enforce the law -- and we should -- we can also support this change in attitudes.

As General McCaffrey said, with the help of the Speaker and people from across the political spectrum, we have aggressively pursued a comprehensive anti-drug strategy. We've put more police on our streets. We've strengthened our border patrols. We've toughened penalties. We do more drug testing of prisoners and parolees to break the link between crime and drugs. We work more with countries where drugs are grown and processed to try to stop the drugs from coming into the United States in the first place.

But with this ad campaign, in which the public's

investment is matched dollar for dollar by private partners, America is mounting a new and sweeping effort to change the attitude of an entire generation of young people.

Already, we've seen an impact in the 12 cities where the ads have run as a pilot project. Calls -- listen to this -- in just those 12 cities, calls to local anti-drug coalition hotlines have increased by up to 500 percent. Calls to our national anti-drug helpline have nearly tripled. Young people here in Atlanta say that the ads make them realize the serious consequences of using drugs. In Denver, middle school students think the ads could scare kids out of using drugs, to quote one of them. In Washington, D.C., young people say, to quote one, the ads make them stop and think about what illegal drugs can do.

Tonight, when these ads run on every national television network, they will reach more than 40 million Americans, including millions and millions of children. That is just the beginning. Over the next five years, we'll help to make sure that when young people turn on the television, listen to the radio, read the newspaper, or surf the Web, they get the powerful

message that drugs are wrong, illegal, and can kill.

I'm proud to say, as has already been said by General McCaffrey, that this national media campaign was a part of the historical bipartisan balanced budget agreement reached last year with Speaker Gingrich and the other leaders of Congress. And I thank you, Mr. Speaker, for including this in our budget agreement. It shows what we can accomplish when we put progress ahead of partisanship. I will work with the Congress to fund other important programs in our drug control strategy.

All of us -- parents, the media, athletes, business, government -- have an opportunity and an obligation to make a real difference in the fight against drugs. But nothing we do will succeed, as the Speaker said, unless young people also take responsibility for themselves.

We've heard some personal stories; I'd like to close with two -- one from my family, and one from the job the American people have so generously given me these six years. Let me begin with the job.

I spent a lot of time haranguing, cajoling, trying to persuade, sometimes putting brutal pressure on countries where drugs are grown or processed, or through which drugs pass, trying to get people to stop doing things that send drugs to us. And we've had some success. We supported remarkable efforts by the Coast Guard, for example, to cut off drugs before they get to this country. But we can never cut off the whole flow. And every time I'd do this, some leader of a country where drugs are grown will say: You know, Mr. President, you're right, we have a lot of poor farmers in our country, and I wish they'd grow

something else. But America has four percent of the world's people and you're buying almost 50 percent of the world's drugs. Nobody is making you buy those drugs. So you can say whatever you want to us. If you just said tomorrow -- everybody in America said, we're not going to buy any more drugs, all our farmers would immediately start to grow something legal and good. And that's true. (Applause.)

Now, that doesn't let them off the hook, it doesn't excuse the inexcusable behavior of the Colombian drug cartels or any other groups in any part of the world. But it is true. It is true. It doesn't mean we should stop trying to kill the drugs at the border and stop the imports and break the drug gangs. But it's true. If every American young person tomorrow said, no, thank you, they would grow something else. The laboratories would make other chemicals that are legal and not harmful. (Applause.)

I'll tell you another story that's fairly

well-known, but I want you to think about what it means for families. This young man was brave enough to say that his mother used drugs, and talk about what -- the pain it caused the family. My brother nearly died from a cocaine habit. And I've asked myself a thousand times, what kind of fool was I that I did not know this was going on. You know, I got myself elected President, I'm supposed to know what people are thinking, what's going on in their minds. How did this happen that I didn't see this coming and didn't stop it?

And when it all happened he said -- I said, when did this start? He said, well, in high school; I started using marijuana and drinking beer. I said, how often? He said, every day. And I thought to myself, what kind of family member was I?

And these things make you do really bad things. They make you abuse other people. Most of the people selling drugs on the street are out there supporting their own habits. So you take other people, people who are basically good people, and you turn them into animals, because they don't care what they do to anybody else because they've got to get the money if they have to destroy somebody else, so they can keep feeding their own habits. They destroy families. Mothers who love their sons wind up neglecting them, abusing them, walking away, weakening the family. Everybody gets hurt. Nobody in America is free of this. Not the President. Not any community, any school, any church, any neighborhood.

So the hardest thing in the world to do is to get people to change their habits, especially if what you're doing feels good in the moment. But it's very important. Nothing is so important -- not the laws, not the investments, not anything. Nothing is so important as what the American people get up and do every day, just because they think it's the right thing to do. Nothing comes close to it.

So we're here today because we took a little bit of the money the American people gave the national government -- a billion dollars over the next five years -- put it with at least that much and maybe more coming from private sources, to send a message to all these kids. I look at all these little girls out here in their Girl Scouts or their Brownie uniforms -- the message seems simple today. When they're 14 or 15 or 16 or 17 or 18, and life gets more complicated, it's real important that they carry with them the message that they have today deep in their heart.

I look at all these kids with these America's Pride tee-shirts on, and what I want them to do is to go back and somehow reach all those kids that are in their schools that don't wear those tee-shirts. There's somebody like my brother back at your school who is a good kid, just a little lost. Somebody told him something is all right that wasn't. And the family members

were just a little out of it and couldn't believe it was going on. You can save them. That's what these ads are all about.

These ads are designed to knock America upside the head and get America's attention, and to empower all of you who are trying to do the right thing. (Applause.) Please do it.

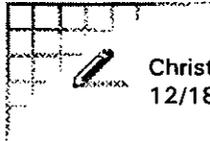
Thank you and God bless you. (Applause.)

END

11:50 A.M. EDT

Message Sent To: _____

Drugs - media campaign



Christa Robinson
12/18/97 01:13:56 PM

Record Type: Record

To: Michelle Crisci/WHO/EOP, Jose Cerda III/OPD/EOP, Leanne A. Shimabukuro/OPD/EOP, Elena Kagan/OPD/EOP

cc:

Subject: Drug Radio Address

The drug PSAs are ready to be unveiled and we could have the President announce them in the Radio Address -- and distribute them to all the news organizations to get some free media. The first one will air in DC/Baltimore media market on Jan. 5, so we should try to find a time for the President to launch them before or on the 5th. After that, Members of Congress will be holding their own press conferences in their districts to roll them out. If we want to announce them this weekend, we still need to check with Media and Leg. Affairs, so we should decide quickly. If we don't do it this weekend, does everyone agree we should submit a scheduling for a Presidential event on or before the 5th? Let me know. Thanks.

Drugs - Media Campaign

THE WHITE HOUSE
WASHINGTON

Date 6-3

To: ^{ERK:mc} John P. Rehn Frank R.
Sylvia Ann Lewis
Barbara Reed

From: The Staff Secretary

Any view on this
suggestion?

[Signature]

cc: EK
Jose



Personal

EXECUTIVE OFFICE OF THE PRESIDENT JUN 3 PM 5:16
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

June 2, 1997

Dear President Clinton:

We need your help. Our proposed \$175 million youth-oriented, anti-drug media campaign is at risk. It has yet to gain broad congressional support from Republicans.

We are now entering the short mark-up period during which the campaign's fate will be decided. Would suggest that using a Saturday radio address to endorse the campaign would help sway those who are still unconvinced about its merits.

There are many demands on your time. Few, however, offer such a potential pay-off. As you know, drug use has doubled among our youth, tripling among eighth graders in the past five years. We are confident this campaign can drive down drug use rates among eighth-graders by fifteen percent within three years. Your intervention will increase our chances of succeeding.

Very respectfully,

Barry R. McCaffrey
Director

The Honorable William Jefferson Clinton
The White House



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D. C. 20503

Potential Benefits of ONDCP's Youth-Oriented Anti-Drug Media Campaign

PURPOSE. To suggest the potential benefits of the \$175 million youth-oriented anti-drug campaign on a typical congressional district.

ASSUMPTIONS.

1. Without intervention, usage of illegal drugs will continue to rise among America's 68 million children.
2. There are approximately 7,250 eighth-graders in a typical congressional district. This number will not change drastically in the next five years.
 - If the increase in current usage rates of the past five years among 8th-graders is unchecked, by 2001, 22.8% of eight-graders will be using illegal drugs. That means 1,653 8th-graders in a typical congressional district would be using illegal drugs.
3. This \$175 million media campaign, in conjunction with other ongoing drug prevention efforts, will result in a fifteen percent reduction in drug usage rates among our youth.
 - The annual investment, per child, of this campaign is just \$2.57.

POTENTIAL BENEFITS.

1. If the media campaign is fully funded, 551 fewer 8th-graders will be using drugs in each congressional district in 2001.
2. This reduction in use translates into dramatic savings.
 - Columbia University's Center on Addiction and Substance Abuse estimates that children who smoke marijuana are eighty-five times more likely to use cocaine.
 - A recent study suggests that the saving a high-risk youth (i.e. a current illegal drug user) might prevent costs to society of between \$1.5 - \$2 million -- the estimated damage caused by a typical addict over a life-time of drug use.
 - If this Campaign deters just one 8th-grader in each congressional district from beginning the descent toward addiction, the campaign will have achieved a three-fold return on a modest investment.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D. C. 20503

Excerpts from May 14, 1997 statement by General Barry McCaffrey,
before the Senate Appropriations Committee,
Subcommittee on Treasury, General Government and Civil Service

Comments about the \$175 Million Youth-Oriented Anti-Drug Campaign.

- Drug use has gone up among America's youth during the past five years. The principal reasons that more of our children are using drugs is that fewer of them disapprove of illegal drug use and fewer perceive regular drug use as dangerous. The University of Michigan's *Monitoring the Future Study* makes clear this association between attitudes and usage rates.
- Unfortunately, in recent years the number of drug-related public service announcements (PSAs) carried by television, radio, and print media have decreased markedly. The economics of the media industry have made advertising space so competitive that pro-bono advertising has dropped more than 30 percent in recent years. Even worse, virtually no PSAs appear in prime-time.
- We seek to reverse this trend by developing a public education campaign that supplements anti-drug announcements already offered by dedicated organizations like the Partnership for a Drug-Free America under Jim Burke's leadership and the Ad Council.
- The President's FY 1998 budget seeks to fund this targeted educational campaign through the \$175 million provided in ONDCP's Special Forfeiture Fund. ONDCP will also seek matching private sector donations. The campaign will use both paid and public service television announcements to inform youth and their parents of the consequences of drug use.
- Targeted TV ads are among the quickest, most efficient and effective means of reducing drug use. They can modify adolescent perception of drug harmfulness and increase societal disapproval of drugs. They can also reach "baby boomer" parents who may be ambivalent about sending strong antidrug messages to their children.
- Attitudes can be changed with accurate and convincing messages. ONDCP believes this campaign can help to reduce youth drug use dramatically.



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D. C. 20503
ONDCP's National Anti-Drug Media Campaign

- **The challenge: To reverse the current sharp rise in illegal drug use by young Americans.**
- **The Problem:**
 - Drug use has been increasing among our youth over the past five years, tripling among eighth graders.
 - This upsurge in drug usage rates was preceded by changing attitudes towards drugs. Young Americans became more tolerant of illegal drug use and less worried about the consequences.
 - Anti-drug messages have declined markedly since 1989, even while messages normalizing illegal drug use have proliferated in popular music, TV, film, Internet, fashion, humor, and other forms of mass communications.
- **The rationale for a funded anti-drug media campaign.**
 - Targeted, mass media advertising works. It sells products and ideas from cereals to seat belt use.
 - Public Service Announcements (PSAs) by themselves are insufficient. They do not reach the right audiences with the required frequency because they air sporadically and in the wrong time spots.
 - Children spend more time watching TV than in school. Other media outlets (i.e. radio, cinema, computer software, the Internet, newspapers, and magazines) are also vehicles to reach young Americans and their parents.
- **Why \$175 million?**
 - The cost of effectiveness -- reaching 90% of all 9 - 17 year olds at least four times a week.
 - In line with per capita costs (< \$1) of publicly-funded CA & MA anti-smoking campaigns.
 - Represents "seed money." Crucial component of the campaign is matching contributions from corporate partners.

The Next Front in the Drug War: the Media

By Barry R. McCaffrey

The nation's youth too often get a pro-drug message from TV, films, and ads, but that's about to be countered

CORPORATIONS spend billions of dollars on advertising because it works. The electronic media - television, radio, film, videos, Internet, CD ROM, and multimedia (including print augmented by color photography) - are the strongest educational tools of the modern world. They change attitudes and behavior among youth in the fastest, most effective way. So if Americans are serious about reducing substance abuse, an aggressive media campaign is a crucial addition to drug prevention at home, in schools, and in communities.

Congress is now considering just such a campaign - our proposal to spend \$175 million to motivate young people to reject illegal drugs. Through support from the media and others in the private sector, this figure could double - allowing us to increase both paid advertisements and public service efforts.

The need is clear

Such an initiative is unquestionably necessary. Even though overall drug use in our country has dropped by half in the last 15 years, teenage drug use rose precipitously. Eighth-grade use, for example, nearly tripled in the last five years. During this period, the number of antidrug public service

announcements fell by 30 percent, and many aired in time slots that attract few children.

The media initiative is only the beginning of a greater educational campaign that will use every tool available to reach US youngsters. Documentaries about the history of drug use, the impact of narco-terrorism, and the link between drugs, crime, and the justice system can be supplemented by factual, dramatic shows about the consequences of substance abuse. Young viewers would be more likely to shun addictive substances if they were better informed about the violence associated with this criminal industry, as well as the health risks posed by illegal drugs.

Today's kids spend more time watching television than attending classes in school. By high school graduation, the average youth has seen approximately 15,000 hours of TV, as compared to 12,000 hours in school. Whether we like it or not, electronic media have revolutionized the way people learn - much as Gutenberg's printing press and movable type changed Renaissance Europe from an oral to a written culture. In the 20th century, mass communication has

brought us back to word-of-mouth, conveying information through speech and pictures that are electronically enhanced to magnify impact.

The media are more than the message; they have become our environment. The signs on buses we see when riding, the eye-catching packaging we view while eating, the music that fills our cars while we're driving, charac-

The idea is not to control young minds, but to offer accurate data that enable individuals to make rational choices.

ters like Roseanne, Seinfeld, or the Bunkers who join our families at home, commentators who bring us news from around the world - all create a media envelope that shapes the way we think.

Because mass media act like a "proxy peer" to our youth, defining culture by identifying what's "cool" and what's not, a broad-based antidrug campaign can

counteract pro-drug messages that youngsters receive from many sources. Ad experts suggest a minimum of four exposures a week, reaching 90 percent of the target audience (mostly children but also parents, coaches, youth leaders, and other adults who work with young people) is necessary to change attitudes. The University of Michigan's "Monitoring the Future" study indicates that changes in behavior are preceded by changes in attitude. We believe that, over a five-year period, the right kind of media campaign - along with other prevention programs - can educate students to reject illegal drugs.

A recent study by the National Institute on Drug Abuse (NIDA) notes that media efforts work best at the community level in conjunction with other programs. To maximize impact, the new campaign will tailor ads to match the age, social, and psychological profile of target audiences. Alan Leshner, director of NIDA, points out that scientific research has established which types of ads achieve good results. For instance, messages that encourage audiences to think about issues - as opposed to celebrities delivering slogans - tend to produce en-

during changes in viewers. Likewise, research-based material is more effective than scare tactics.

Creative minds in the arts and industry can help. We hope the Advertising Council, and the leadership of Jim Burke with the Partnership for a Drug-Free America, will provide experience and talent to help guide this effort.

A powerful counterforce

Education cannot be confined to classrooms any more than morality is limited to religious institutions. The electronic age has seen magazine covers, cereal boxes, food cartons, clothing, video games, and other consumer items turned into billboards. Young people are bombarded by thousands of images, many of which normalize or glamorize drug use. To counter these influences, we must use equally powerful channels of communication.

The idea is not to control young minds. Our purpose is to offer accurate data that enables maturing individuals to make rational choices. Drugs are wrong because they hurt people. We cannot stand idly by while toxic, addictive substances endanger children, family, friends, and neighborhoods.

■ Barry R. McCaffrey is director of the White House Office of National Drug Control Policy.

*Drugs -
media
campaign*

 Dennis K. Burke
01/27/97 11:42:21 AM

Record Type: Record

To: Bruce N. Reed/OPD/EOP
cc: Elena Kagan/OPD/EOP
Subject: McCaffrey PSA Campaign

For FY 98, McCaffrey has requested ~~for~~ \$175 million for a "national media campaign targeting illegal drug consumption by youth. This initiative would rely on high-impact, anti-drug television advertisements aired during prime-time to educate and inform the public on the dangers of illegal drug use."

This is the totality of information that McCaffrey now has on this initiative. He has had several conversations with Jim Burke, with the Partnership for Drug-Free America (the folks who did "this is your brain, this is your brain on drugs") about getting industry to match every dollar that we provide -- \$350 million for a national media campaign is not bad.

McCaffrey's conversations w/ Burke are probably a reflection of something the POTUS said in a meeting. On December 12, 1996, the President had his Drug Council Meeting -- which is effectively a Cabinet Meeting focused on drugs. During the closed meeting, McCaffrey mentioned the ad campaign and both POTUS and VPOTUS were extremely interested. POTUS wanted to write a letter to the networks pointing out how few anti-drug PSAs there are on TV these days -- I think there is a 30% drop since 1990, and then challenging them to match our funding for a media campaign. Gore was going to talk to Reed Hundt. I sent Rahm a memo about this back then.

Mentioning the National Media Campaign for drug-free youth would be good SOTU material -- which I assume is why you were asking -- especially if he was challenging the TV industry/media to match the contribution -- shame them and then challenge them (I bet we could get a read from Jim Burke beforehand whether this would be a challenge that could be met before POTUS did it).

Let me know when you want to talk about Bratton.