

DRUG ADDICTION AND FEDERAL DISABILITY BENEFITS

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DRUG ADDICTION AND FEDERAL DISABILITY BENEFITS

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Introduction

Many social welfare efforts are confronted by a cruel dilemma: how can society help those in need of support without encouraging, or at least facilitating, behavior that contributed to their condition? The predicament is especially troubling in the case of substance abusers. Many heavy drug users are among the most impoverished and debilitated members of society; by any standard of compassion, they need help. Moreover, in the absence of aid, those who engage in crime to support their habits may increase their criminal activity.

Yet, by providing means for additional drug use, financial assistance can increase both the size and duration of recipients' drug habits. This is true not only of cash assistance, but also of certain types of in-kind aid. Food and housing can often be sold or bartered, but even if consumed by the recipient, will free income that was previously spent on these items.

There appears to be growing concern about public funds being used to finance drug use. For example, such concern is said to have played a major role in the recent passage by San Francisco voters of Proposition N, a ballot measure aimed at homeless recipients of General Assistance (GA), many of whom are drug abusers. Under the measure, recipients who cannot furnish proof of housing will have their GA payments docked to pay for a single room occupancy (SRO) hotel room.

At the federal level, much attention has recently focused on Supplemental Security Income (SSI) disability benefits for drug addicts and alcoholics. Two recent studies by the Department of Health and Human Services Office of Inspector General indicated that the number of these beneficiaries has roughly quadrupled in the past four years.¹ Furthermore, it seems that only a small percentage of recipients are participating in treatment programs, which is mandated by law as a condition of eligibility.

This report briefly discusses the history and policy implications of federal disability benefits for drug addicts. Particular attention is paid to regulations recently proposed by the Social Security Administration.

¹ "Drug Addicts and Alcoholics' Continued Dependence on SSI," OIG-09-94-00070; "SSI Payments to Drug Addicts and Alcoholics: Continued Dependence," OIG-09-94-00071.

History

Immediately after signing the 1935 Social Security Act, President Roosevelt appointed a committee (the Inter-departmental Committee to Coordinate Health and Welfare Activities) to study the provision of disability and medical insurance. In 1938, the committee issued, and the Social Security Board adopted, a recommendation that Social Security be expanded to include disability insurance. Yet despite continued backing by the Social Security Board, a program of cash disability benefits was not enacted until 1956, and initially only workers over fifty years of age, who met very strict eligibility criteria, were eligible. Scholars have stressed that much of the political opposition to disability insurance was rooted in a fear of undermining work incentives.²

In 1972, Public Law 92-603 established Supplemental Security Income (SSI), a federal means-tested assistance program for the aged, blind, and disabled. Although SSI employed the same definition of disability as the disability insurance (DI) program, SSI imposed special requirements on disabled drug addicts and alcoholics (commonly referred to as DA&As). The 1972 legislation required that DA&As participate in treatment (when available) and have a representative payee, an individual or institution that would receive and administer payments on behalf of a recipient.

The Social Security Independence and Program Improvements Act of 1994 (Public Law 103-296) imposes these requirements on DI drug addicts and alcoholics as well. More significantly, the legislation stipulates a number of substantial changes in the administration of DI and SSI payments to DA&As. The most important of these include:

- Termination of benefits after 12 consecutive months of noncompliance with treatment;
- The establishment of at least one agency in each state to refer individuals to treatment programs and monitor their compliance;
- A 36-month limit on benefits.

² Jerry L. Mashaw, "Disability Insurance in an Age of Retrenchment: The Politics of Implementing Rights," in *Social Security: Beyond the Rhetoric of Crisis*, eds. Theodore R. Marmor and Jerry L. Mashaw (Princeton: Princeton Univ. Press, 1988), 151-75.

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Many of the new provisions become effective March 1, 1995. The Social Security Administration (SSA) recently proposed regulations for implementing the law.

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Policy Implications of Current Federal Law

Drug Addiction as a Disability

Whether or not drug addiction should be considered a medical disability is a difficult question. On the one hand, many drug abusers are so incapacitated by their addiction that productive work is, for all practical purposes, an impossibility. And a cessation of drug-taking is a prerequisite for any significant improvement in their circumstances. On the other hand, although drug addiction can involve physical dependence, it is generally defined in terms of certain behaviors, and not a particular organic state. Of course, the same can be said of many mental illnesses, but drug abuse involves a level of volitional choice that, say, paranoid schizophrenia does not. And because of this, many drug abusers are able to eventually quit their habits.

As written, current federal law appears to strike a sensible balance on the issue of disability benefits for drug addiction. Drug addiction is considered a medical disability—a reasonable interpretation of the disability definition: an inability to perform substantial gainful activity due to a physical or mental ailment that has lasted or is expected to last more than one year. At the same time, the law recognizes that drug addiction is different from other disabilities, and so benefits come with strings attached. Recipients must participate in treatment and receive their benefits through a representative payee.

Enforcing Treatment

In practice, the law has been poorly enforced. The Inspector General studies cited earlier discovered that only in a minority of cases does the Supplemental Security Record (SSR), the SSA's database containing information about all individuals receiving SSI, have information on the treatment status of DA&As. In 83.8 percent of records, treatment status was missing or unknown. Overall, only 8.9 percent of DA&As were recorded as enrolled in an approved treatment plan.

The Inspector General studies also found that few DA&As have left the rolls as a consequence of treatment. Of the 20,101 DA&As on the rolls in June 1990, fully 70 percent (14,067) were still receiving benefits as DA&As in February 1994. Of those who had left the DA&A rolls, only 197 did so as a result of medical or earnings improvement.

The amendments in section 201 of the Social Security Independence and Program Improvements Act of 1994 appear to target this problem with dual objectives: to discourage individuals from using Social Security or SSI benefits to support an addiction, and to ensure that those who do receive disability benefits for an addiction are actually enrolled in treatment. As noted above, the law cuts off benefits after 12 consecutive months of non-compliance; establishes agencies in each state to refer beneficiaries to treatment and monitor their compliance; and places a 36-month limit on benefits.

The regulations proposed by the SSA to implement the law appear adequate to the task. However, as with any set of regulations, well-crafted text does not insure skilled implementation and administration. It must be remembered that treatment has been required of SSI DA&As since the program became operational in 1974. In other words, the SSA was supposed to be monitoring treatment compliance for the past twenty years. Although the new regulations look more promising than the old ones, only a genuine commitment on the part of the SSA guarantees a different outcome this time around.

Key to any success will be the state-level referral and monitoring agencies. According to § 404.1541 and § 416.941 of the proposed regulations (the text is identical in each section),

Their duties and responsibilities include (but are not limited to)—

- (a) Identifying appropriate treatment placements for individuals referred to them;
- (b) Referring these individuals for treatment;
- (c) Monitoring these individuals' compliance and progress with the appropriate treatment; and
- (d) Promptly reporting to us any failure to comply with treatment requirements as well as progress achieved through the treatment.

It is obvious that if the referral and monitoring agencies are not doing their jobs, the SSA will not be able to implement the law. The agencies are not only responsible for placing recipients into treatment programs, but also for monitoring their progress and reporting any non-compliance to the SSA. If such notification is not accurate and timely, the SSA will be unable to withhold benefits from delinquent beneficiaries.

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Given that drug addicts are often highly uncooperative, implementation of these regulations will not be easy—even if the SSA and state-level referral and monitoring agencies make concerted efforts to enforce the law. Consider, for example, the requirement that recipients "take appropriate treatment for [their] drug addiction or alcoholism when this treatment is available ..." One can easily imagine crafty recipients working themselves onto long waiting lists for treatment programs. By doing this, they could receive benefits and avoid treatment without depleting the 36-month benefit limit. Note: "Not included in the 36-month period are months in which treatment for your drug addiction or alcoholism is not available ..."

Implementing the proposed regulations may also occasion legal problems. The regulations require that recipients "take appropriate treatment ... and achieve progress from taking this treatment." One of the yardsticks to be used to assess progress is "sustained abstinence from substance ingestion." The motivation behind the "achieve progress" requirement is understandable. Without such a demand, some drug abusers might simply go through the motions in treatment, collecting benefits for a full 36-months. But if applied too strictly, the "achieve progress" requirement is plainly unreasonable. If drug addiction is a medical disability manifested by an inability to refrain from drug use, then rigidly demanding "sustained abstinence" denies the existence of the disability.

The "sustained abstinence" requirement raises another problematic issue. Research indicates that treatment programs work best when they utilize both rewards and punishments. But the SSA regulations essentially employ only punishments. If a treatment recipient fails to achieve progress, his benefits are suspended. But if he does make progress, his "sustained abstinence" may prompt a determination that he is no longer disabled, at which point he also loses his benefits (albeit after a two-month period). There is no easy way out of this problem: beyond a reasonable transitional period, it is hard to justify disability benefits for someone who is no longer disabled. However, it is arguable that two months is not very long for a newly recovered drug addict to get himself back on his feet.

It should also be noted that terminating benefits for those who exhaust 36 months of coverage or fail to comply with treatment is not without costs. The material conditions of such addicts will worsen, and in many cases so will their behavior. Especially worrisome is the possibility that some will turn to or increase their criminal activity as a means of support. On balance, however, it is probably necessary to bear these costs. For without the threat of cutting off benefits, it would be difficult to motivate treatment participation.

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Representative Payees

It is widely believed that only in a minority of cases does the representative payee policy ensure responsible spending of DA&A benefits. While this impression has been fostered by a few headline-grabbing cases—including one where a bartender was the representative payee for several alcoholics, whose benefits he simply added to their bar tabs—it is not unwarranted.

The central problem with current policy is that it is easy for recipients to choose or change payees. The Inspector General studies found that in the 10 months between April 1993 and February 1994, 18 percent of DA&As changed payees. The result is that recipients can easily find payees who pass along their benefits with little supervision. (Another indicator of this: in only 5.5 percent of DA&A cases do organizations—which are more likely than friends or family to impose constraints on recipients—serve as representative payees.)

The recent changes in DI and SSI law—and in turn the proposed SSA implementing regulations—do not significantly address this issue. However, it is clear that improving the representative payee process should be a policy priority. And it is possible for the SSA to make some progress within the framework of existing regulations.

The Growth in DA&A Beneficiaries

According to the Inspector General studies, in June 1990 there were 19,854 SSI DA&As with payees. In February 1994, there were 80,332, more than a four-fold increase. The rise is even sharper if one only looks only at DA&As classified as drug addicts or as both alcoholics and drug addicts.

The Inspector General studies suggest five possible factors that may have contributed to the rapid growth:

- (1) SSI outreach efforts, (2) changes in eligibility for SSI, (3) States encouraging welfare recipients to apply for SSI, (4) recipients sharing information about SSI with other drug addicts and alcoholics, and (5) greater emphasis by State Disability Determination Services to identify DA&As.³

All of these factors are plausible, but in the absence of more detailed research, it is not possible to assess their relative contribution. It is also

³ The State Disability Determination Services are responsible for reviewing and ruling on disability applications.

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somewhat beside the point, since the new SSA regulations would not directly affect the influx of SSI DA&As. The regulatory changes impose new rules on those who have already been determined to be DA&As, but do not alter the process by which SSI applicants are accepted or rejected. It is possible that the regulatory revisions could indirectly affect the inflow of new DA&As, by discouraging applications from those drug abusers so averse to treatment that they are willing to forego benefits. But since treatment is, in principle, already obligatory for DA&As, such a deterrent effect would not be immediate; it would require the SSA to reverse its long-established reputation for not compelling treatment.

In the interim, protracted growth in the number of new DA&As could prove problematic. Presently, few DA&As leave the SSI rolls. If the new regulations are implemented as intended, the rate of outflow from the SSI rolls will rise. But given the 36-month limit on benefits, this could take several years. Meanwhile, the total number of SSI DA&As might continue to multiply. In such circumstances, the new SSA regulations might (inaccurately) look like a failure.

Significantly reducing the number of new DA&As in the immediate future would necessitate either a change in the eligibility criteria or stricter interpretation of current guidelines. Neither step would be easy. The first would require new Congressional law, presumably to revise the definition of disability for DA&As (thereby further distinguishing alcoholism and drug addiction from other disabilities). The second would involve revamping the procedures by which claims are adjudicated, a move which would affect all Social Security and SSI disability claims, of which DA&As comprise only a very small percentage.

Other Assistance Programs

There is little doubt that some benefits from other assistance program—whether in cash or in kind—are used to support drug habits. Programs such as Aid to Families with Dependent Children (AFDC), food stamps, and public housing target the poor, among whom drug abusers are disproportionately represented. Arguably, it is much more important for drug-abusing recipients of these benefits to receive treatment than it is for SSI DA&As. DA&As tend to be older (a majority are over 40), single, and male (70 percent). By contrast, recipients of AFDC, food stamps, and public housing are mostly young parents, meaning that their drug use directly impacts children.

However, efforts to encourage or compel such beneficiaries to abstain from drugs or enter treatment programs need to be undertaken with care. Poor

children are harmed when their parents abuse drugs; but they suffer further damage if, as a result of that drug abuse, their family loses its benefits. This suggests that any policy that endeavors to reduce drug use among poor parents must balance the benefits of reduced drug use with the harms caused by any sanctions for non-compliance.

There are also some practical considerations in pushing poor parents into treatment programs. Most obvious is the issue of child care. Clearly a single mother cannot take care of her children while enrolled in a residential treatment program. And even outpatient programs involve a time commitment that would require significant child care assistance.

Conclusion

The challenge of providing disability benefits for drug addicts is to assist those drug abusers who are genuinely incapable of caring for themselves without encouraging or prolonging their habits. SSI rules have long recognized this challenge by requiring DA&A recipients to participate in treatment. Regrettably, the treatment mandate has not been rigorously enforced.

The DA&A provisions in the Social Security Independence and Program Improvements Act of 1994, and the regulations proposed by SSA to implement them, appear to be a step in the right direction. In particular, the establishment of state referral and monitoring agencies will create part of the infrastructure necessary to implement the law. And the new time limits on benefits are an important tool for both encouraging treatment and disciplining those who are determined to thwart the system. But a good blueprint does not guarantee a well-constructed building. Only a concerted effort on the part of the SSA will successfully move large numbers of DA&As into treatment programs.

Even if all proceeds according to plan, however, it is likely that the SSI DA&A rolls will continue to swell for several years. The number of DA&A beneficiaries has more than quadrupled in the past four years, and the proposed regulatory changes will not affect the eligibility criteria for new DA&As.

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The Gallup Organization

PRINCETON, NEW JERSEY

**Consultation with America
A Look at How Americans View the
Country's Drug Problem**

Final Report

July 1999

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A Look at How Americans View the Country's Drug Problem

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Executive Summary

The Gallup Organization conducted a telephone survey of 2,032 adults nationwide to assess public perception of federal efforts to combat drug use. The findings suggest that drug use is still an area of high concern for Americans and that most Americans are in favor of concrete strategies to reduce the illegal drug problem in America.

Overall, concerns about drug use are high. Over half of all Americans say their concern about drug use has increased over the past five years (53%). Only 3 percent say their concern has decreased, while 44 percent say their concern has stayed the same. Concerns are increasing the most in minority and low-income communities.

Americans report they are most concerned about crack cocaine. When asked which of seven drugs personally concerns them the most, over half chose crack as the biggest concern (56%). Other drugs, such as marijuana, heroin, methamphetamines, powder cocaine, and LSD are of much lower concern, with no more than 9 percent choosing any one of these drugs.

Support is Strong for Goal 1: To Educate and Enable America's Youth to Reject Illegal Drugs

Americans believe money should be spent to reduce drug use among children and adolescents. More than eight out of ten Americans (81%) believe it is "extremely important" to spend tax dollars on reducing illegal drug use among children and adolescents. In particular, Americans want money to be spent on programs to educate youth about drugs.

Adults, whether they are parents or not, share a concern that youth have an increasing access to drugs. One of the most often-mentioned concerns about drugs is an anxiety about drugs reaching children and worries that their children and grandchildren are trying drugs. Furthermore, 86 percent of all adults and 85 percent of parents believe that children are starting to use drugs at an earlier age.

However, parents recognize that communication is a powerful tool for reaching out to children to prevent the initiation of drug use. Most parents have talked to their children about drugs (84%), particularly parents of teenagers (93%). Parents believe that they have a great deal of influence on whether or not their child decides to try drugs (75% of parents agree that what they say to their child about drugs has an influence).

Parents are still searching for better communication ideas and wish they had more information about how to talk to their children about drugs (63% agree). Parents of young children under the age of eight are more likely to admit they need this information (65%) than are parents of pre-teens (58%) and teenagers (59%).

Americans believe that parents have the main responsibility for *stopping* drug use among children (88%) and teenagers (75%). In contrast, for drug use among adults, the view is that the individual (33%) and the police (27%) have the main responsibility for stopping drug use. Even when it comes to *teaching* children and teenagers about drugs, parents, not schools, are viewed as having the primary responsibility for teaching children about drugs (75% of parents agree).

The media is another effective tool for reaching out to parents and children with an anti-drug message. Seven out of ten adults (70%) and nearly eight out of ten parents (77%) have seen an advertisement in the past month discouraging drug use among youth and adolescents. Parents of children under eight are more likely to recall seeing an anti-drug ad than are parents of teenagers (78% versus 71%).

For Goal 2: To Increase the Safety of America's Citizens by Substantially Reducing Drug-Related Crime and Violence, Concerns Are High, Though Solutions Are Unclear

Most Americans are highly concerned about crime and violence associated with drugs. Most Americans perceive a strong link between drug use and violent crime, with 90 percent agreeing that illegal drug use often leads to violent crime. Furthermore, the crime and violence associated with drugs is one of Americans' top explanations for why their concerns about illegal drugs are increasing.

While American adults agree that crime is a serious problem that deserves national attention (80% believe it is extremely important to spend tax dollars on reducing crime), they are torn about the best strategy for reducing drug-related crime. Only a slight majority (55%) agrees that harsh criminal penalties are an effective way to prevent drug use, and few believe that building more prisons for drug offenders is an effective way to reduce drug use. More agree, however, that if the money spent on building prisons for drug users were instead spent on prevention and rehabilitation, there would be less drug-related crime (73% agree). This is a powerful message that Americans support a proactive (prevention), rather than a reactive (punishment) strategy to reduce drug-related crime.

Support is Strong, Though Efficacy is Unclear for Goal 3: To Reduce Health and Social Costs to the Public of Illegal Drug Use

Americans would like to see more drug treatment programs but are not certain of their efficacy. More than eight in ten agree that more drug treatment should be available to reduce drug use (82%). Americans are split, however, in their opinion of whether treatment and rehabilitation programs are effective for those who are addicted to drugs. A bare majority agree that once a person gets addicted to drugs, treatment and rehabilitation programs usually work (50%), while 42 percent disagree.

However, personal experiences with friends and family who have gone through drug treatment are more positive. Half of all Americans say that they, a family member, or a close friend has used drugs (50%). And of these, the drug use is highly problematic—29 percent know someone who was seriously addicted. Only 9 percent reported that they knew someone who had only used drugs once. Fully one-third of those who know someone who has used drugs say that person obtained treatment (33%), and the majority of those users who obtained treatment are drug free today (62%).

When asked where they themselves would turn if they or a family member developed a drug problem, substance abuse clinics were by far the top-mentioned source of help (at least 17 percentage points higher than any other source of help named by survey respondents).

Thus, while the general public is not entirely convinced of the efficacy of treatment programs for addicts, personal knowledge and experiences suggest that treatment is a necessary ingredient for

reducing the drug problem, and there is public support for expanding treatment programs.

Americans have a low tolerance for workplace drug use. Nearly eight out of ten agree that employers should be allowed to fire any employee who is using drugs (78%).

Support is Strong for Goals 4 and 5: To Shield America's Air, Land, and Sea Frontiers From the Drug Threat and To Break Foreign and Domestic Drug Sources of Supply

Americans express a strong support for interdiction. More than eight out of ten agree that more money should be spent on stopping drugs from coming into the U.S. from foreign countries. Many Americans also believe this would be the most effective strategy for how to spend the money to reduce the illegal drug problem in the U.S.

Background

The Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, is the primary Executive Branch agency for drug policy, budget, and broad drug program oversight. ONDCP is charged by law with formulating, evaluating, overseeing, and coordinating both the international and domestic anti-drug abuse functions of all Executive Branch agencies, and with ensuring that such functions sustain and complement state and local anti-drug efforts.

Further, in U.S.C. Title 21, Chapter 20, the Director of ONDCP is directed and required to submit to the Congress a National Drug Control Strategy. In developing that Strategy, the Director is directed to consult with private citizens on what they feel should be included in that Strategy.

In the past, ONDCP has satisfied this requirement for consultation through a complex system of letters, conferences, focus groups, and other time and labor intensive activities. Often, even with this consultation, the views of the general public are not available as input for the Strategy. The current system of consultation requires an extensive and expensive public affairs effort to explain and "sell" the components of the Strategy to the American public and to solicit their input.

In 1998, ONDCP entered into a contract with The Gallup Organization to help ONDCP determine the perceptions of American citizens about the use of illicit drugs and what actions they will support. This effort was designed to help to evaluate the success of the National Drug Control Strategy and also to provide guidance on which to base the development of an effective strategy for 1999.

Methodology

Gallup conducted telephone surveys with a random, representative sample of 2,032 non-institutionalized adults aged 18 or older living in telephone households in the contiguous continental United States. The field period ran from November 4, 1998 to January 31, 1999. In order to boost response rates, OMB approved an experiment towards the conclusion of the field period in which half of the remaining refusal cases would be offered a \$10 incentive and the other half would be given extra efforts by the interviewer to be persuaded to cooperate. See Appendix C for results of the experiment.

After interviewing was completed, the data were weighted to match the latest estimates of the demographic characteristics of the adult population available from the U.S. Census Bureau. A detailed description of the methodology can be found in Appendix A.

All sample surveys are subject to the potential effects of sampling error, a divergence between the survey results based on a selected sample and the results that would be obtained by interviewing the entire population in the same way. The chance that sampling error will affect a percentage based on survey results is mainly dependent upon the number of interviews on which the percentage is based. In ninety-five out of 100 cases, results based on national samples of 2,000 interviews can be expected to vary by no more than 2.2 percentage points (plus or minus the figure obtained) from the results that would be obtained if all qualified adults were interviewed in the same way. For results based on smaller national samples or subsamples (such as men or person over the age of 55), the chance of sampling error is greater and therefore larger margins of sampling error are necessary in order to be equally confident of survey conclusions. A more detailed explanation of sampling tolerances and guideline in interpreting the survey results can be found in Appendix B.

SUMMARY OF KEY FINDINGS

Organization of the Report

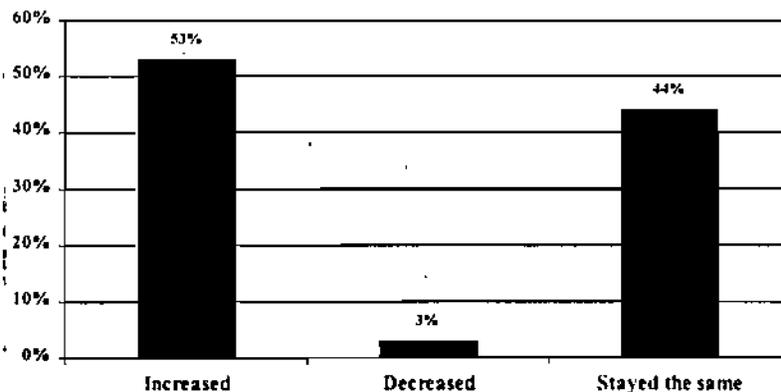
ONDCP's national drug control strategy revolves around five major goals that are geared toward reducing drug use, availability, and its consequences. The research findings in this report are organized around these five goals in order to present insight into public views for each goal.

- **Goal 1: Educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco.** Some objectives to meeting this goal include educating parents and other influential adults to help youth to reject drugs; pursuing a vigorous media campaign dealing with the dangers of illegal drugs; promoting zero tolerance policies at home and at school; and providing students with effective drug prevention programs and policies.
- **Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.** Some of the objectives for meeting this goal include strengthening law enforcement to combat drug-related violence; developing effective rehabilitation programs; and breaking the cycle of drug abuse and crime.
- **Goal 3: Reduce health and social costs to the public of illegal drug use.** Objectives include promoting drug treatment; reducing drug-related health problems; and promoting drug-free workplace programs.
- **Goal 4: Shield America's air, land, and sea frontiers from the drug threat.** Some objectives include conducting operations to detect and seize illegal drugs in transit to the U.S. and at U.S. borders; and to improve the effectiveness of U.S. drug law enforcement programs.
- **Goal 5: Break foreign and domestic drug sources of supply.** Some objectives include to reduce the worldwide cultivation of illegal drugs; to disrupt and dismantle international drug trafficking organizations; and to support international efforts to combat all aspects of illegal drug production, trafficking, and abuse.

Perceptions of Drugs as a Concern in the United States

Overall, concerns about drug use are high. Over half of all Americans say their concern about drug use has increased over the past five years (53%). Only 3 percent say their concern has decreased, while 44 percent say their concern has stayed the same. Concerns are increasing the most in minority and low-income communities.

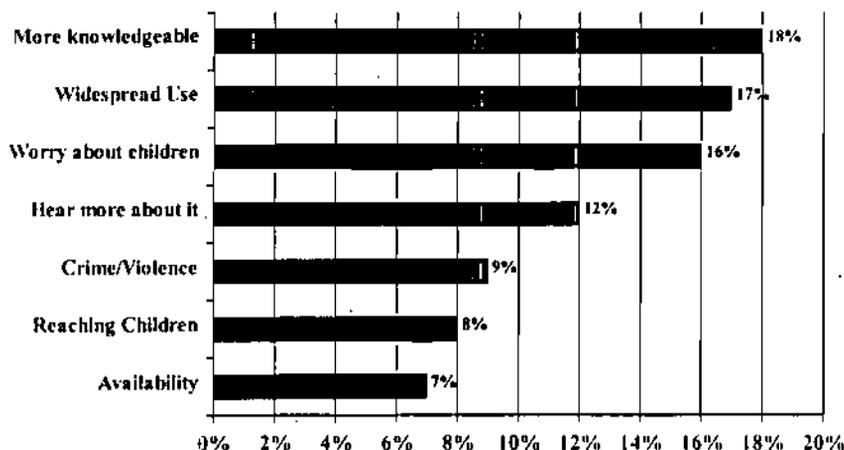
Figure 1. Concerns About Illegal Drug Use Have Increased Over the Past Five Years



Non-whites, including African Americans (69%), other minorities (59%), and Hispanics (63%) are all more likely to report an increased concern about illegal drug use than are whites (51%). Adults aged 55 or older (58%), those living in rural areas (58%), lower income Americans (61%), and those with less than a high school education (64%) are also more likely to say that their concern has increased over the past five years.

When asked why their concern over illegal drug use has increased, Americans no longer cite the crime and violence associated with it as their top reason. Instead, they mention more personal reasons. (See Figure 2.) Most adults report that their concern over drug use has increased because they have become more knowledgeable about it, drug use is becoming more widespread, and they worry about their children and grandchildren.

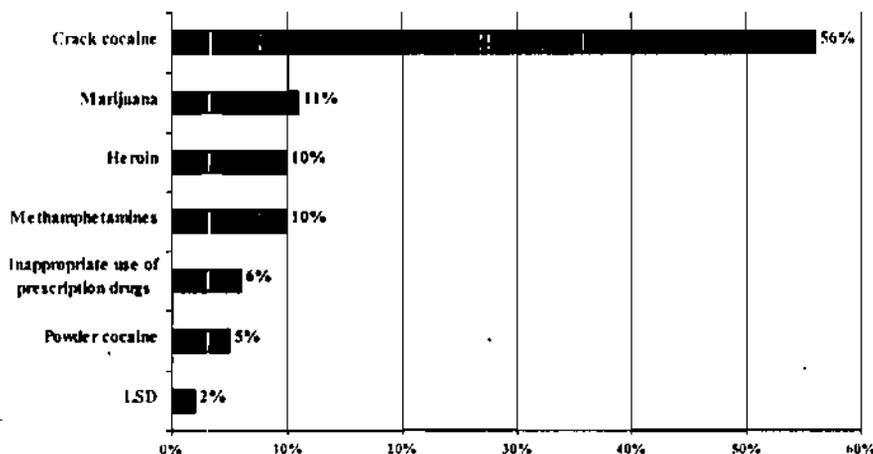
Figure 2. Why Concern Over Drug Use Has Increased



Perceptions of Illegal Drugs

Americans report they are most concerned about crack cocaine. When asked which of seven drugs personally concerns them the most, over half chose crack as the biggest concern (56%). Other drugs, such as marijuana, heroin, methamphetamines, powder cocaine, and LSD are of much lower concern, with no more than 9 percent choosing any one of these drugs. (See Figure 3.)

Figure 3. Americans Believe Crack Cocaine is the Biggest Problem



The perception that crack cocaine is the biggest problem drug is much stronger among African American adults than among other racial groups. Well over half of African Americans (57%) consider crack to be the biggest problem drug. Unmarried parents are also more likely to see crack as the biggest problem drug

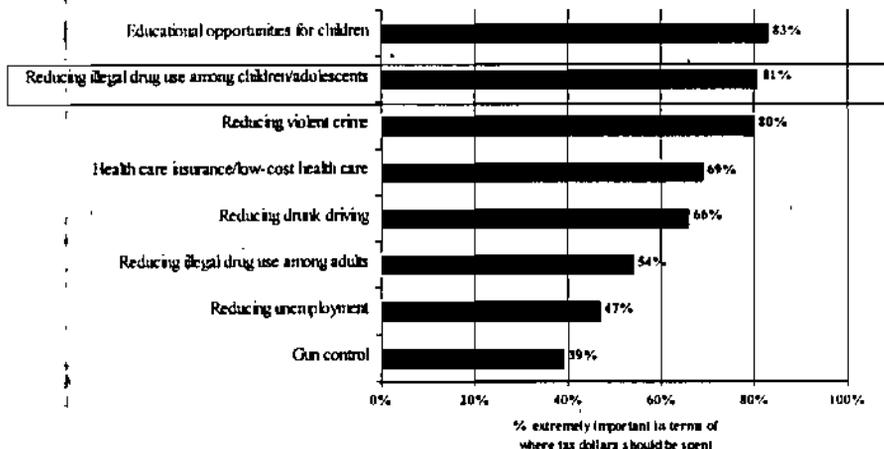
(50%);

Hispanic adults are twice as likely to see marijuana as the biggest problem (16%). Young adults aged 25 or younger are even more likely to feel that marijuana is the biggest problem drug (20%). This group is the least likely to feel that all measured drugs are equally problematic (6%).

Support is Strong for Goal 1: To Educate and Enable America's Youth to Reject Illegal Drugs

Reducing drug use among children is a high priority. Americans believe money should be spent to reduce drug use among children and adolescents. More than eight out of ten Americans (81%) believe it is "extremely important" to spend tax dollars on reducing illegal drug use among children and adolescents. (See Figure 4.) In particular, Americans want money to be spent on programs to educate youth about drugs.

Figure 4. Reducing Illegal Drug Use Among Children Is a Top Priority For Fiscal Spending



Those who feel most adamant that tax dollars should be spent to reduce the drug problem among youth include the least educated (90% extremely important), African American adults (89%), senior citizens (89%), unmarried parents (87%), and low-income adults (87%).

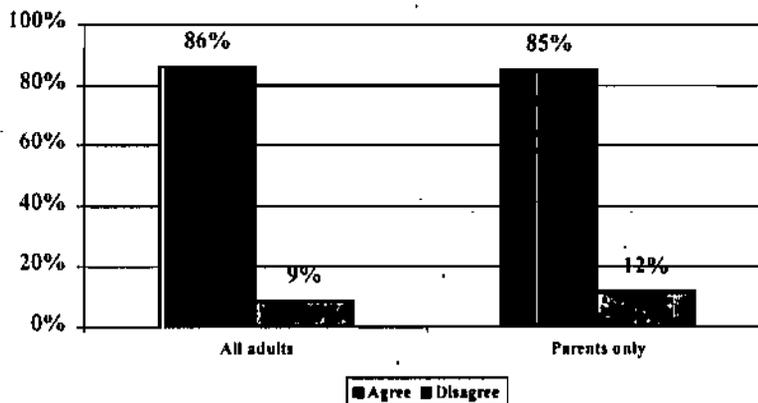
Concern about drugs reaching children is pervasive. Adults, whether they are parents or not, share a concern that youth have an increasing access to drugs. One of the most often-mentioned concerns about drugs is an anxiety about drugs reaching children and worries that their children and grandchildren are trying drugs.

When asked why their concern over illegal drug use has increased, Americans do not cite the crime and violence associated with it as their top reason. Instead, they mention more personal reasons. Most adults report that their concern over drug use has increased because they have become more knowledgeable about it, drug use is becoming more widespread, and they worry about their children and grandchildren. Some

specific comments made by respondents include: "It seems to be becoming more prominent, especially with children." "It is becoming more and more publicized and more and more popular with kids these days." "I see more of it among the young people." "I am seeing it among my son's peers."

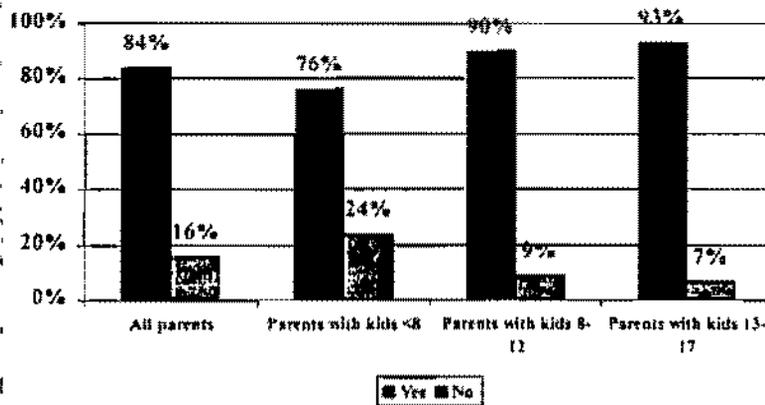
Furthermore, 86 percent of all adults and 85 percent of parents believe that children are starting to use drugs at an earlier age. (See Figure 5.) Single parents are much more likely to agree with this statement (90%) than are married parents (83%). As some respondents said, "Younger and younger kids are using drugs and are dropping out of school and getting into trouble." "More drugs are coming out and more kids are using it at a younger age." "The younger children are growing up around drugs and are getting started younger."

Figure 5. Americans Believe Children Are Starting to Use Drugs at an Earlier Age



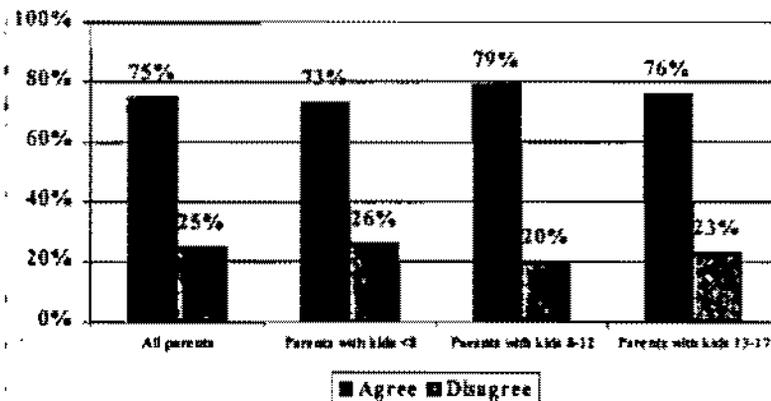
Adult communication with children about drugs is critical. In spite of these serious concerns about drug use and its impact on children, parents express hope that communication with their children can prevent the initiation of drug use. Most parents have talked to their children about drugs (84%), particularly parents of teenagers (93%). Even three-fourths of parents with a child under age 8 have talked to their children about drugs (76%). (See Figure 6.) Furthermore, a strong majority of adults who do not have children under 18 also report having talked to a child or adolescent about drugs (63%). This could reflect an earlier conversation with a child who is now over 18, a conversation with a relative's child, or with some other youth they know.

Figure 6. Most Parents Have Talked to Their Children About Drugs



Parents are confident that they have a great deal of influence on whether or not their child decides to try drugs (75% of parents agree that what they say to their child about drugs has an influence). (See Figure 7.) Married parents feel more sure of their influence (77%) than do single parents (66%). Parents of pre-teens are slightly more apt to feel they can influence their children (79%) than are parents of young children (73%) or parents of teenagers (76%). In general, most Americans agree that parents have "a great deal of influence" on children's decision to use or not use drugs (70%).

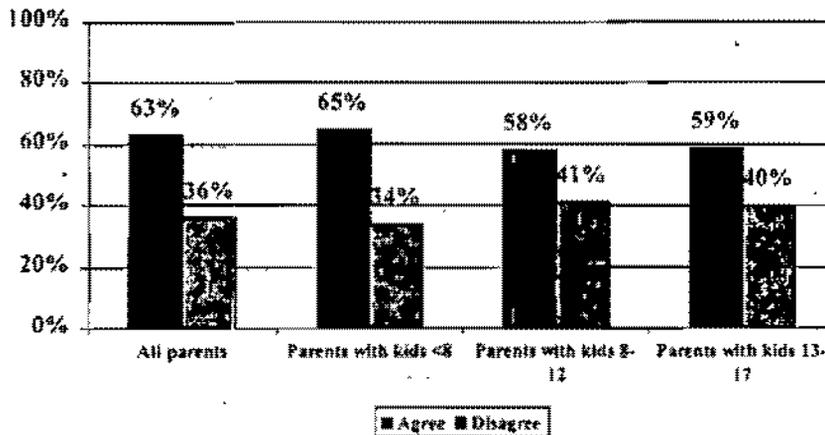
Figure 7. Parents Believe They Have a Great Deal of Influence On Whether Their Child Tries Drugs



In spite of the fact that parents are talking to their children about drugs and feel they are having a great deal of influence on their children's decisions, parents are still searching for better communication ideas and wish they had more information about how to talk to their children about drugs (63% agree). (See

Figure 8.) Parents of young children under the age of eight are more likely to admit they need this information (65%) than are parents of pre-teens (58%) and teenagers (59%). This finding lends credibility to the ONDCP campaign to educate parents about how to talk to their children about drugs.

Figure 8. Parents Wish They Had More Information on How to Talk to Their Children About Drugs

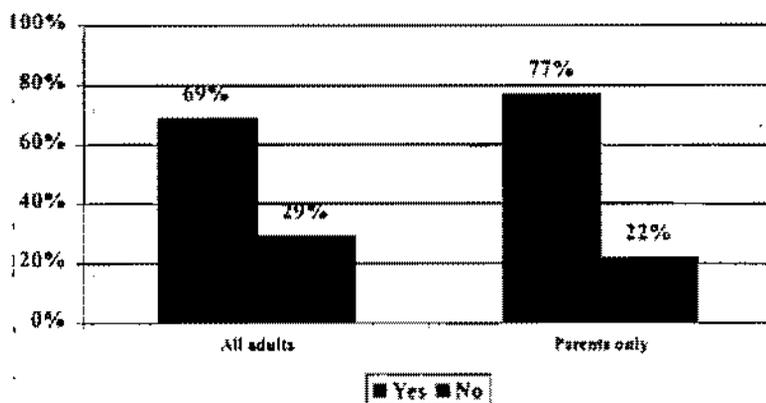


Parents are responsible for stopping youth drug use. In spite of whether parents are saying the right thing to their children and are influencing their drug-related decisions, Americans overwhelmingly believe that parents should be responsible for stopping drug use among children under age 12 (88%). Parents (92%) as well as those without children (86%) agree that this responsibility resides with the parents, and not with others, such as police, communities, or schools. Nearly as many Americans also agree that parents bear the responsibility for stopping teenage drug use (75%). Again, these attitudes are strong regardless of whether the adult has children of their own (81% of parents and 71% of non-parents agree that the responsibility for stopping teenage drug use resides with the parent).

In contrast, for drug use among adults, the view is that the individual (33%) and the police (27%) are seen to have the main responsibility for stopping drug use. Even when it comes to *teaching* children and teenagers about drugs, Americans believe that parents are better equipped to handle drug education than are schools (68% of Americans agree). Parents are more likely than non-parents to believe that drug education is best handled by the parents, not the schools (75% of parents agree, compared to 65% of non-parents).

Awareness of anti-drug advertisements is high. The media is another effective tool for reaching out to parents and children with an anti-drug message. Seven out of ten adults (70%) and nearly eight out of ten parents (77%) have seen an advertisement in the past month discouraging drug use among youth and adolescents. (See Figure 9.) Parents of children under eight are more likely to recall seeing an anti-drug ad than are parents of teenagers (78% versus 71%).

Figure 9. Awareness of Anti-Drug Advertisements is High, Particularly Among Parents



Concerns Are High, Though Solutions Are Unclear For Goal 2: To Increase the Safety of America's Citizens by Substantially Reducing Drug-Related Crime and Violence

Crime and violence are associated with drugs in Americans' minds. Most Americans are highly concerned about the crime and violence associated with drugs. Most adults perceive a strong link between drug use and violent crime, with 90 percent agreeing that illegal drug use often leads to violent crime. Americans living in urban areas are slightly less likely to agree with this statement (86%) than are those living in suburban (91%) and rural (90%) areas. African Americans are more concerned about the link between drugs and violent crime (93%) than are white adults (89%), and senior citizens are much more apt to see this link (96%) than are young adults under age 25 (82%).

Furthermore, the crime and violence associated with drugs is one of Americans' top explanations for why they are concerned about illegal drugs. When asked what it is about drug use that concerns them, the second-most frequently mentioned response revolved around the crime and violence associated with drugs (just behind concerns about children using drugs). Explained some respondents, "Drugs lead to crime and violence, like guns and stealing." "Acts of violence are often committed under the influence of drugs." "Drugs lead to everything: crime, murder, and no respect for anyone."

There is no consensus on the best strategy for reducing drug-related crime. While American adults agree that crime is a serious problem that deserves national attention (80% believe it is extremely important to spend tax dollars on reducing crime), they have mixed views about the best strategy for reducing drug-related crime.

When presented with various strategies for reducing the illegal drug problem, Americans tend to be more supportive of proactive, rather than reactive, approaches to lower drug-related crime. Only a slight majority agree that a reactive approach, such as harsh criminal penalties for drug users, is an effective way to prevent drug use (55% agree). Segments of the population that are more supportive of harsh

criminal penalties include Southerners (60% agree), young adults under age 25 (60%), those with less than a high school degree (74%), and middle income adults (60%). Similarly, few believe that building more prisons for drug offenders is an effective way to reduce drug use. When asked to choose the most effective way to spend money to reduce the drug problem, only 2% chose building more prisons.

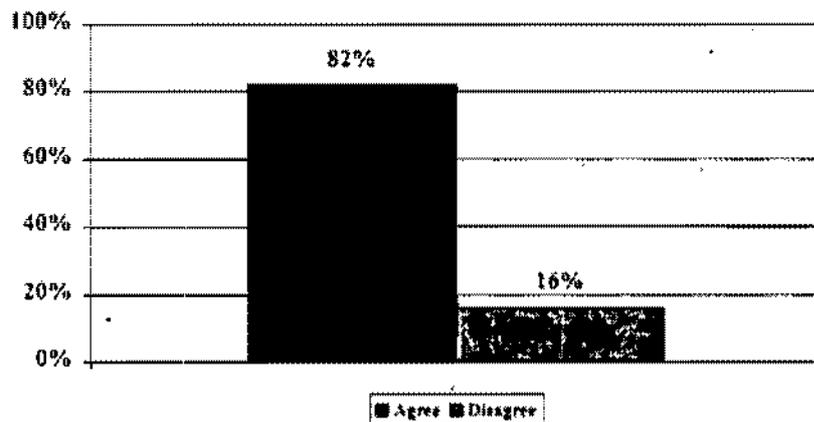
Support is stronger, however, for proactive strategies that prevent and treat drug use, rather than punish for it. Nearly three-fourths agree that if the money spent on building prisons for drug users were instead spent on prevention and rehabilitation, there would be less drug-related crime (73% agree). Certain pockets of the population tend to be more supportive of this approach, including females (78% agree), African Americans (83%), senior citizens (79%), those with less than a high school degree (82%), and low income adults (82%).

This data suggest that Americans support a proactive (prevention), rather than a reactive (punishment) strategy to reduce drug-related crime.

Support is Strong, Though Efficacy is Unclear for Goal 3: To Reduce Health and Social Costs to the Public of Illegal Drug Use

Drug treatment is favored but effects are unclear. Americans would like to see more drug treatment programs but are not certain of their efficacy. More than eight in ten agree that more drug treatment should be available to reduce drug use (82%). (See Figure 10.) Even those who do not personally know someone who has used drugs (48% of the population) support increased availability of treatment programs (81%). Those who personally know someone who has been seriously addicted to drugs (29% of the population) or who know someone who has obtained treatment (17% of the population) tend to be even more supportive of an expansion of drug treatment programs (85% and 86%, respectively).

Figure 10. Americans Would Like to See More Drug Treatment Available to Reduce Drug Use

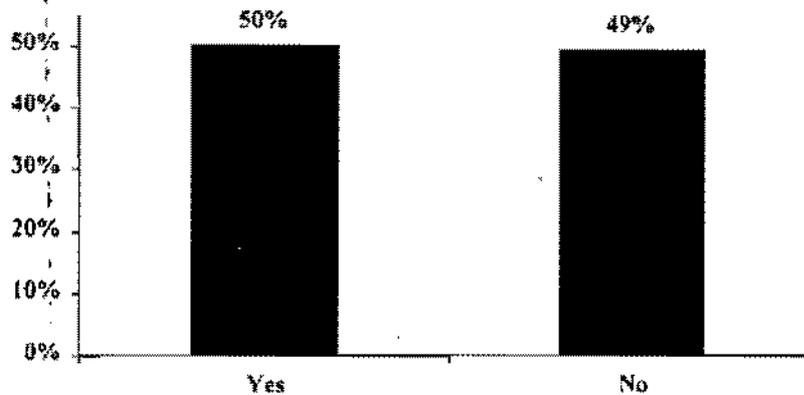


Americans are split, however, in their opinion of whether treatment and rehabilitation programs are effective for those who are addicted to drugs. A bare majority agree that once a person gets addicted to

drugs, treatment and rehabilitation programs usually work (50%), while 42 percent disagree. This is correlated with education levels – college graduates are more likely to believe that treatment and rehabilitation work (57%) than are those with less than a high school diploma (37%). Those who personally know a drug user have more faith in treatment and rehabilitation programs (54%) than do those who do not know a drug user (46%).

Personal knowledge of a drug user is high. Personal experiences with friends and family who have gone through drug treatment are more positive. Half of all Americans say that they, a family member, or a close friend has used drugs (50%). (See Figure 11.) Those who are disproportionately more likely to know a drug user include adults from the West (56%), urban adults (57%), African Americans (56%), and adults under age 34 (64%). Among these users, the extent drug use is highly problematic—29 percent know someone who was seriously addicted. An additional 28 percent know a moderate user. Only 9 percent report that they knew someone who had only used drugs once.

Figure 11. Half of All Americans Currently Personally Know a Drug User



Fully one-third of those who know someone who has used drugs say that person obtained treatment (33%), and the majority of those users who obtained treatment are drug free today (62%).

Americans would turn to substance abuse clinics for help. When asked where they personally would turn if they or a family member developed a drug problem, Americans are more than twice as likely to mention substance abuse clinics than any other source of assistance. Some specific responses included, "drug rehabilitation center," "inpatient drug treatment," "Salvation Army detox center," "a 12-step program," and "a drug treatment program in the community." Other less frequently mentioned sources of help included family physicians, churches, and friends and family.

Thus, while the general public is not entirely convinced of the efficacy of treatment programs for addicts, personal knowledge and experiences suggest that treatment is a necessary ingredient for reducing the drug problem, and there is public support for expanding treatment programs.

Drug use in the workplace is not tolerable. Americans have a low tolerance for workplace drug use.

Nearly eight out of ten agree that employers should be allowed to fire any employee who is using drugs (78%). This low level of tolerance for drug use in the workplace is evident both among those who do not know a drug user and among those who know a serious drug user. Those who personally know a drug user are less likely to agree with this statement (73%) than are those who do not know a drug user (83%), although those who know a serious addict are tougher on this issue (77%) than those who know an occasional user (70%).

Support is Strong for Goals 4 and 5: To Shield America's Air, Land, and Sea Frontiers From the Drug Threat and To Break Foreign and Domestic Drug Sources of Supply

Americans express a strong support for interdiction. More than eight out of ten agree that more money should be spent on stopping drugs from coming into the U.S. from foreign countries (84%). Many Americans also believe this would be the most effective strategy for how to spend the money to reduce the illegal drug problem in the U.S. Supporters of this strategy are more likely to be female, older, African American, and less educated.

Conclusions

The use of illegal drugs is of increasing concern to Americans. Not only do they worry about the crime and violence that is associated with drugs, they worry that drugs are becoming more widespread and are becoming increasingly easy for children to get. Parents, in particular, are trying to communicate with their children about the dangers of drugs and feel they are influencing their children's decisions, but are still searching for better ways to communicate with their children about this difficult subject. Parents are viewed as responsible not only for educating their children about drugs, but also for stopping the drug use once it starts. Advertising campaigns such as ONDCP's can be an effective tool to reaching out to parents with effective communications strategies.

Americans perceive a strong link between illegal drug use and criminal or violent activity, yet they are not in agreement on the best strategy to reduce drug-related crime. Only a slight majority believe that tough penal actions for drug users would be effective. Few believe that building more prisons for drug-related offenses is the right solution. Many believe that support, not punishment is the right strategy, focusing on treatment and rehabilitation.

Half of all Americans personally know someone who has used illegal drugs, and nearly one-third describe these users as seriously addicted. Among those acquaintances who have obtained drug treatment, the efforts are reported to have been successful, with a strong majority now drug-free. This helps explain why, according to the American public, more drug treatment programs are needed.

Finally, support is strong for interdiction efforts. Alongside keeping drugs away from children, lowering drug-related crime, and increasing treatment opportunities, Americans would like to see increased efforts to stop drugs from coming into the U.S.

APPENDIX A
DESIGN OF THE SAMPLE

Design of The Sample

The samples of telephone numbers used in telephone interview surveys are based on a random digit stratified probability design. The sampling procedure involves selecting listed "seed" numbers, deleting the last two digits and randomly generating two digits to replace them. This procedure provides telephone samples that are geographically representative. The random digit aspect, since it allows for the inclusion of unlisted and unpublished numbers, protects the samples from "listing biases" - the unrepresentativeness of telephone samples that can occur if the distinctive households whose telephone numbers are unlisted and unpublished are excluded from the sample.

Weighting Procedures

After the survey data have been collected and processed, each respondent is assigned a weight so that the demographic characteristics of the total weighted sample of respondents matches the latest estimates of the demographic characteristics of the adult population available from the U.S. Census Bureau. Telephone surveys are weighted to match the characteristics of the adults population living in households with access to a telephone.

The procedures described above are designed to produce samples approximating the adult civilian population (18 and older) living in private households (that is, excluding those in prisons, hospitals, hotels, religious and education institutions and those living on reservations or military bases) with access to a telephone. Survey percentages may be applied to census estimates of the size of these populations to project percentages into number of people. The manner in which the sample is drawn also produces a sample which approximates the distribution of private households in the United States; therefore, survey results can also be projected to numbers of households.

APPENDIX B
SAMPLING ERROR RANGES

Sampling Tolerances

In interpreting survey results, it should be borne in mind that all sample surveys are subject to sampling error, that is, the extent to which the results may differ from what would be obtained if the whole population had been interviewed. The size of such sampling errors depends largely on the number of interviews.

The following tables may be used in estimating the sampling error in any percentage in this report. The computed allowances have taken into account the effect of the sample design upon sampling error. They may be interpreted as indicating the range (plus or minus the figure shown) within which the results of repeated sampling in the same time period could be expected to vary 95% of the time, assuming the same sampling procedures, the same interviewers, and the same questionnaire.

Table A shows how much allowance should be made for the sampling error of a percentage.

TABLE A					
Recommended Allowance for Sampling Error					
of a Percentage					
In Percentage Points					
(At 95 in 100 Confidence Level)*					
	<u>1000</u>	<u>500</u>	<u>300</u>	<u>200</u>	<u>100</u>
Percentages Near 10	2	3	4	5	7
Percentages Near 20	2	4	5	6	9
Percentages Near 30	3	4	6	7	11
Percentages Near 40	3	4	7	8	11
Percentages Near 50	3	4	7	8	12
Percentages Near 60	3	4	7	8	11
Percentages Near 70	3	4	6	7	11
Percentages Near 80	2	4	5	7	9
Percentages Near 90	2	3	4	5	7

* The chances are 95 in 100 that the sampling error is not larger than the figures shown

The table would be used in the following manner: Let us say a reported percentage is 27 for a group which includes about 500 respondents (adults aged 55 or older, for example). Then we go to row "Percentages near 30" in the table and go across to the column headed "500." The number at this point is 4, which means that the 27% obtained in the sample is subject to a sampling error or ± 4 points. Another way of saying this is that 95 times out of 100 the true figure in the population would be somewhere between 23% and 31%.

In comparing survey results in two samples--for example, businesses which operate in Florida and those who do not--the question arises as to how large a difference between them must exist before one can be reasonably sure that it reflects a real difference. In the following tables, the number of points which must be allowed for in such comparisons is indicated.

Two tables are provided. One is for percentages near 20 or 80; the other is for percentages near 50. For percentages in between, the error to be allowed for is between those shown in the two tables.

TABLE B Recommended Allowance for Sampling Error of the Difference					
In Percentage Points (At 95 in 100 Confidence Level)*					
	<u>Percentages near 20 and 80</u>				
<u>Size of Sample</u>	<u>1000</u>	<u>750</u>	<u>500</u>	<u>200</u>	<u>100</u>
1000	4				
750	4	4			
500	4	5	5		
200	6	6	7	8	
100	8	8	9	10	12

*The changes are 95 in 100 that the sampling error is not larger than the figures shown.

<p style="text-align: center;">TABLE C Recommended Allowance for Sampling Error of the Difference</p>					
<p style="text-align: center;">In Percentage Points (At 95 in 100 Confidence Level)*</p>					
<u>Percentages near 50</u>					
<u>Size of Sample</u>	<u>1000</u>	<u>750</u>	<u>500</u>	<u>200</u>	<u>100</u>
1000	4				
750	5	6			
500	5	6	6		
200	8	10	8	10	
100	10	10	11	12	14

*The changes are 95 in 100 that the sampling error is not larger than the figures shown.

Here is an example of how the tables would be used: Let us say that 50% of women respond one-way and 40% of men respond the same way also, for a difference of 10%. Can we say with any assurance that the 10-point difference reflects a real difference between men and women? The sample contains approximately 900 men and 1100 women. Since the percentages are near 50, we consult Table C, and since the first group has about 1100 people we use the first column labeled "1000", while the second has 900 so we look at the row labeled 1000: we see the number 4 here. This means that the allowance for error should be 4 percentage points and that, in concluding that the percentage among women is somewhere between 6 and 14 points higher than among men, we should be wrong only about 5% of the time. In other words, we can conclude with considerable confidence that a difference exists in the direction observed, and that it amounts to at least 6 percentage points.

If, in another case, women's responses amount to 25% and men's to 28%, we consult Table B because these percentages are near 20. We look for the number in the column headed 1000 and row of 1000 and see that it is 4. Obviously, then, the 3 point difference is inconclusive.

APPENDIX C
Report on Findings of Incentive Experiment

Overview

Throughout the survey research industry, there is great concern that response rates are declining for RDD telephone surveys. Though there is little direct evidence for this decline, many (perhaps most) survey researchers nonetheless believe that it is far more difficult than it used to be to get high response rates in an RDD telephone survey. This increased difficulty is widely attributed to broad social changes, such as the increase in the amount of telephone solicitation of households and the widespread adoption of answering machines and *Caller ID*, which allow the screening of unwanted calls. About 60-70 percent of the households in the United States now have answering machines and the percentage is still climbing.

Based on Gallup's experience with studies of the general population, we were concerned about achieving the response rates desired by OMB and the client without introducing some additional techniques that are known to improve response rates. Since incentives have been shown to improve the interviewers' ability to gain access to a household (See Church, 1993; Armstrong, 1975; Berk et al, 1987; Gelb, 1975; Goodstadt et al, 1977; Wotruba, 1966; Goetz, Tyler, and Cook, 1984; Gunn and Rhodes, 1981), Gallup initially recommended that a \$20 incentive be promised to refusal cases in the sample in order to boost response rates.

OMB replied that the use of incentives only for non-response conversion is not a common procedure in Federal surveys and recommended that Gallup conduct an experiment that would provide additional information about end of survey incentives. Gallup designed an experiment to divide refusal cases at the end of the survey into two groups: one receiving a \$10 incentive, and one receiving no incentive but additional callback(s) similar in cost to the incentive. Gallup would then compare response rates for the two groups. Gallup would also observe actual response data to determine if any systematic differences appear in response behavior (e.g., the incentive group tends to have more negative views of drug use because that is what they think the interviewer wants to hear).

Methods

Prior to assigning a case to this experiment, Gallup interviewers made two attempts to convert the refusal. They used techniques such as waiting several days between conversion attempts, assigning a refusal conversion specialist to the case, and calling back at a different time of day. Only when these attempts were unsuccessful was the case set-aside for the experimental treatment. Two weeks before the end of the field period, when all numbers in the sample had been resolved (either as a completed interview, as a non-contact, or as a refusal), 453 refusal cases remained unconverted, some of which were considered "soft" refusals, and others of which were considered "hard" refusals. These cases were randomly split into two groups, one of which was offered a \$10 upon the next conversion attempt and one of which required the interviewer to extensively review call notes in order to tailor their refusal conversion strategy.

A refusal conversion training session was held with the five most successful interviewers who were specially selected based on their low refusal rates for the earlier phase of the study. During the training session, interviewers read through the list of call notes taken at the earlier interactions with the refusal cases, and brainstormed possible ways to retort the various types of refusals. Refusals fell into several broad categories: those who said they were not interested, those who hung up or refused before the request could even be made, and those who were considered hard refusals (who made threats, said something inappropriate to the interviewer, or otherwise seemed extremely averse to participating). Strategies for dealing with each of these types of refusals were discussed and agreed upon.

The field period for the experiment ran throughout the final two weeks of data collection, from January 15 through January 31, 1999.

Findings

The results show that the offer of a \$10 incentive for refusal cases was no more effective at improving response rates than was tailoring a strategy for re-approaching the household. In fact, the tailoring strategy used by the handpicked top interviewers resulted in more completed interviews (though not significantly more) than did the offer of a \$10 incentive (see Table 1).

Table 1. Effect of Treatment on Response Rates

Treatment Group	N size	Number of Completes	Percent completed
\$10 incentive	218	57	26.1%
Tailored approach	235	53	22.5%

Overall, each strategy contributed less than 2% to the overall response rate, boosting the overall response rate to 57.0% (see Table 2).

Table 2. Effect of Treatments on Response Rate

Treatment	Number of Completes	Contribution to Response Rate
Base	1922	53.9%
\$10 incentive	57	1.6%
Tailored approach	53	1.5%
TOTAL	2032	57.0%

These data reinforce OMB's reluctance to permit data collection agencies to offer an incentive to respondents. With careful selection of a refusal conversion team, extensive training on refusal conversion, and using a tailored approach in recontacting refusal cases, a tailored approach is just as effective at refusal conversion as is a monetary incentive.

Data Quality

In terms of data quality, the concern was that an offer of an incentive payment might encourage biased reports of concern over illegal drug use. Those who were not offered an incentive payment should have been less subject to the influence.

The data suggests no significant difference between respondents who were offered an incentive and those who were exposed to the tailoring strategy on measures of concern over drug use. Table 3 shows key measures from the survey regarding concern over drug use and opinions on drug use strategies. The findings suggest that respondents being offered an incentive are no more likely to agree with statements about drug prevention strategies than are those who were not offered an incentive. The only measure on which the incentive group significantly differs is whether their concern about illegal drug use has increased or decreased in the past five years. Those offered the incentive were significantly less likely to

report that their concern had increased than were those not being offered the incentive.

Table 3. Comparison of Data Quality by Treatment on Key Survey Measures

Survey Measure	Incentive n=53	No Incentive n=57
6B. Reducing illegal drug use among children % saying "Extremely Important"	94.0%	87.5%
6G. Drug use is not a problem if used in moderation % saying "Strongly Agree"	6.1%	10.7%
7. Over past 5 years, concern about illegal drug use % saying "Has Increased"	42.9%	66.7%*
10A. Once a person is addicted, treatment and rehabilitation programs usually do not work % saying "Strongly Agree"	24.0%	12.3%
10B. Employers should be allowed to fire any employee who is using drugs % saying "Strongly Agree"	54.2%	57.1%
10C. Harsh criminal penalties for using illegal drugs are an effective means of drug prevention % saying "Strongly Agree"	30.0%	37.5%
10D. If the money spent on building prisons for drug users were spent on prevention and rehabilitation, there would be significantly less crime % saying "Strongly Agree"	40.8%	31.6%
10E. More money should be spent on stopping drugs from coming into the U.S. from foreign countries % saying "Strongly Agree"	74.0%	66.1%

*p<.05

Conclusions

This experiment suggests that monetary incentives for the purposes of refusal conversion are no more effective than a well trained, experienced interviewing force. The data suggest minimal differences in data quality between the experimental treatment groups.

FEDERAL DRUG-RELATED DATA NEEDS ASSESSMENT

**DATA, EVALUATION, AND INTERAGENCY
COORDINATION SUBCOMMITTEE**

Executive Office of the President
Office of National Drug Control Policy
Office of Planning, Budget and Research
750 17th Street, N.W., Eighth Floor
Washington, DC 20503

■ October 1995 ■

**DATA, EVALUATION, AND INTERAGENCY
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FEDERAL DRUG-RELATED DATA NEEDS ASSESSMENT

In 1995 the Office of Management and Budget and the General Services Administration authorized the Director of the Office of National Drug Control Policy (ONDCP) to establish the Research, Data, and Evaluation (RD&E) Advisory Committee. This committee, chaired by ONDCP's Director, is tasked to refine and improve the manner in which the results of research are used to support the development of effective drug control programs and strategies. The Director established the Data, Evaluation, and Interagency Coordination Subcommittee under the RD&E Advisory Committee to accomplish the following tasks:

- Develop an inventory of drug-related information systems and their report-generation capabilities;
- Evaluate the adequacy and ability of drug-related data systems to inform the drug policy planning process;
- Integrate Federal efforts related to drug data collection, data processing, and data sharing; and
- Develop a drug data strategy for the Federal Government to improve the quality and efficacy of drug-related data systems.

This report provides the subcommittee's outline for assessing the data needs of the Federal drug control effort.

BACKGROUND

The Anti-Drug Abuse Act of 1988 established ONDCP to coordinate Federal efforts to reduce the use of illegal drugs in the United States. The Act requires the Office to develop

an annual strategy for reducing illegal drug use and to incorporate measurable goals for monitoring its progress.

Upon its establishment, one of ONDCP's immediate tasks was to determine the national scope of the drug problem—in terms of both the supply and demand of drugs—so that the difficult task of designing public policies to impact the problem could begin. However, no coordinated, standard, uniform information system existed at that time to provide data on the national scope and prevalence of the drug problem, and no one set of data described the drug epidemic in all its complexity.

As a result, ONDCP's first step toward coordinating the collection, analysis, and dissemination of Federal drug-related data was to identify baseline data on the scope of the Nation's drug problem that also could be used to measure progress as counter-drug initiatives were developed and implemented. As published in a 1990 ONDCP white paper, *Leading Drug Indicators*, a core set of these Federal data systems was identified. These data sets included the following:

- ***The National Household Survey on Drug Abuse (NHSDA)***.—This survey measures the prevalence of drug use in the United States among the civilian, noninstitutionalized population, ages 12 and older. Periodically since 1972, and annually since 1990, data have been collected through personal interviews conducted primarily in household settings on the use of selected drugs, including marijuana, cocaine, inhalants, hallucinogens, heroin, alcohol, and cigarettes, and the nonmedical use of prescription drugs. Between 1972 and 1991 the NHSDA was operated by the National Institute on Drug Abuse (NIDA); since 1992 the survey has been operated by the Substance Abuse and Mental Health Services Administration (SAMHSA). NHSDA analysts acknowledge that the survey may produce conservative estimates of the extent of drug use among members of the general population, particularly for such rarely used drugs as heroin.
- ***The Drug Abuse Warning Network (DAWN)***.—This survey monitors the annual number and patterns of drug-related emergencies in a nationally

representative sample of hospital emergency departments as well as drug-related deaths reported by selected metropolitan medical examiner offices. Data include (1) the drug(s) involved in the emergency department episode or death; (2) the gender, age, and race of the individuals; (3) the reason for the emergency department visit or cause of death; (4) whether the individual was involved in single or multiple drug use; (5) and the method by which the drug was consumed. Between 1973 and 1979 DAWN was operated by the Drug Enforcement Administration (DEA), between 1980 and 1991 it was operated by NIDA, and since 1992 it has been operated by SAMHSA.

- ***The Drug Use Forecasting (DUF) Program.***—This data collection program was established by the National Institute of Justice to measure the rates of drug use among those arrested for serious crimes. Since 1986 the DUF program has used urinalysis to test a sample of arrestees in selected major cities across the Nation to determine recent drug use. Urine specimens are collected from arrestees anonymously and voluntarily and tested to detect the use of 10 different drugs, including cocaine, marijuana, PCP (phencyclidine), methamphetamine, heroin, and opium. The DUF program releases a report every quarter on the percentage of arrestees tested in each city who recently used drugs.
- ***The Monitoring the Future (MTF) Study.***—This study, commonly known as the High School Senior Survey, is the leading indicator of drug use and attitudes toward drugs among the Nation's secondary school students. The survey has been conducted annually with high school seniors since 1975, and starting in 1991, samples of 8th and 10th grade students were included. The survey is administered in schools, and students responding to survey questions are assured of confidentiality. Survey questions focus on respondents' use and attitudes toward the use of illicit drugs and alcohol. The survey sample does not capture those who have dropped out of school or those who are absent on the day of the survey. The MTF study is conducted

by the University of Michigan's Institute for Social Research and funded through a NIDA grant.

Drug Price and Purity Indicators.—The DEA regularly tracks changes in both the price and purity of drugs available on the streets of major metropolitan areas through data related to the purchase and seizure of drugs. The assumption behind collecting price data is that the illicit drug market is susceptible to the same market forces as other commodities; that is, if supply rises and/or demand falls, prices drop; if supply falls and/or demand rises, prices climb. Drug purity data are important because they provide information about the availability of drugs. This usefulness stems from the fact that heroin and cocaine are routinely “cut” with other substances, a process which decreases its purity. If drug supplies are plentiful, they usually are more pure; if supplies dwindle, drug dealers are more likely to cut their supplies with higher levels of additives so that they can maintain the same level of sales with less potent doses. Although illegal drugs are trafficked across the United States, the levels of price, purity, and availability vary greatly among metropolitan areas and regions.

Crime Statistics.—The U.S. Department of Justice measures crime in three ways: Uniform Crime Reports (UCR), collected by the Federal Bureau of Investigation, which produce both an estimate of all serious or “index” crimes reported to authorities and a record of all arrests made by law enforcement officials, and the National Crime Survey, administered by the Bureau of Justice Statistics, which gathers data through an annual survey of 50,000 households, thereby including crimes that go unreported to authorities. In the National Crime Survey, drug law violations are not counted as index crimes, and because such violations frequently involve the willful possession and distribution of drugs, they are less likely to emerge from survey data. Therefore, most data on drug violations come from UCR's arrest data.

- ***The International Narcotics Control Strategy Report (INCSR).***—The INCSR is the Department of State's annual report to Congress that gauges the effectiveness of drug control efforts among the world's major drug producing and transit nations. The INCSR has been released annually since 1987 in accordance with a law that conditions U.S. assistance to major drug producer or transit countries based on their full cooperation with the United States and their progress in suppressing illicit drug production, drug trafficking, and money laundering. Data for the INCSR are compiled in the field by Department of State specialists, DEA agents, and embassy personnel. Their contributions are supplemented and further refined in Washington, D.C., by Federal agencies directly involved in conducting international drug policy and enforcement activities. Each report contains an extensive description of the progress or lack of progress in suppressing illegal drugs in more than 46 countries.

- ***The National Narcotics Intelligence Consumers Committee (NNICC) Report.***—The NNICC report, an annually produced paper representing a cooperative effort, provides facts and figures on worldwide drug production, eradication, seizures, and trends in U.S. drug consumption. It is a document based more on careful compilation and refinement of existing data than on original research. The NNICC report draws on the most major drug indicators, prime among them the INCSR; it also uses data from DAWN, DUF, and the DEA's Domestic Monitor Program (DMP). The NNICC report organizes its data by drug type, in contrast to the INCSR, which organizes its data according in specialized country dossiers. Similar to the INCSR, the NNICC report contains a special chapter on drug-related financial crimes. Because it documents many facets of the drug problem—ranging from drug trafficking and illicit drug retail price to purity and drug-related hospital emergencies—and because it collects data from a wide range of sources, the NNICC report primarily serves as an expanded summary of current drug statistics. However, the report also includes comprehensive citations to original data sources, making it a useful reference text of drug statistics.

Using these data sets, ONDCP built the basic framework for describing the drug problem in the Nation. However, as understanding of the complexities of the drug problem has evolved, so have the requirements for data. As a result, the United States has entered a stage of counterdrug efforts where a prerequisite for further progress is having improved information about the nature and extent of drug availability and use.

Mandated Reporting Requirements

The Violent Crime Control and Law Enforcement Act of 1994 (hereafter referred to as the Crime Control Act) provided legislative reauthorization for ONDCP, but more importantly, it extended the Office's mission to include budget and resource powers related to formulating and implementing the President's National Drug Control Strategy and established new reporting requirements for ONDCP. This new authority gives ONDCP influence over agency budgets to ensure they carry out the priorities, goals, and objectives of the Strategy. Specifically, ONDCP's reporting requirements under the Crime Control Act include responsibilities in the following areas:

- Assessing the reduction of drug use, including estimating drug prevalence and frequency of use as measured by national, State, and local surveys and by other special studies of the following:
 - High-risk populations, including those who drop out of school, homeless and transient people, arrestees, parolees, probationers, and juvenile delinquents; and
 - Drug use in the workplace, including productivity lost.
- Assessing the reduction of drug availability, as measured by the following:
 - The quantities of cocaine, heroin, and marijuana available for consumption in the United States;

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- The amount of cocaine and heroin entering the United States;
- The number of hectares of poppy and coca cultivated and destroyed;
- The number of metric tons of heroin and cocaine seized;
- The number of cocaine processing labs destroyed;
- Changes in the price and purity of heroin and cocaine; and
- The amount and type of controlled substances diverted from legitimate retail and wholesale sources.

• Assessing the reduction of the consequences of illicit drug use and availability, which include estimating the following:

- Burdens drug users place on hospital emergency rooms, such as quantity of drug-related services;
- The annual national health care costs of illicit drug use, including costs associated with people becoming infected with HIV (human immunodeficiency virus) and other communicable diseases;
- The extent of drug-related crime and criminal activity; and
- The contribution of illicit drugs to the underground economy, as measured by the retail value of drugs sold in the United States.

• Determining the status of drug treatment in the United States by assessing the following:

- Public and private treatment capacities within each State, including the number of drug treatment slots available in relation to the number of

slots actually used and the number intravenous drug users and pregnant women;

- The extent within each State to which drug treatment is available to and in demand by intravenous drug users and pregnant women;
- The number of drug users the Director estimates could benefit from drug treatment; and
- The success of drug treatment programs, including assessing the effectiveness of the mechanisms in place federally and within each State to determine the relative quality of treatment programs, the qualifications of treatment personnel, and the mechanism by which patients are admitted to the most appropriate and cost-effective treatment setting.

In addition to assessing progress in these four areas, the Crime Control Act also requires the Director to include with every other *National Drug Control Strategy* (starting in February of 1995) the following assessments:

- An assessment of the quality of current drug use measurement instruments and techniques that measure supply reduction and demand reduction activities;
- An assessment of the adequacy of the coverage of existing national drug use measurement instruments and techniques to measure the casual drug user population and groups at-risk for drug use;
- An assessment of the actions the Director shall take to correct any deficiencies and limitations identified in the above subparagraphs; and

- Identification of specific factors that restrict the availability of drug treatment services to those seeking it and proposed administrative or legislative remedies to make drug treatment available to those individuals.

As described in its mission statement, the subcommittee's job is to develop an inventory of drug-related information systems and to evaluate the adequacy and ability of drug-related data systems to inform the drug policy planning process, as required by the Crime Control Act.

The remainder of this report is divided into three sections. The first section describes the priorities for data that will better provide understanding of the full scope of the illicit drug problem. The second section describes how improved data can help monitor the government's efforts. The third section presents specific recommendations for improving existing and new data collection efforts.

UNDERSTANDING THE SCOPE OF THE PROBLEM

Historically, a variety of supply and demand reduction data sources have been used to describe the drug problem, working around the gaps and flaws in the data to build a composite picture. As understanding of the scope of the drug problem has improved, so has understanding of the information needed to better formulate and monitor national drug control policy.

Dynamics of Illicit Drug Use

To develop data and information sources useful to formulating strategies that reduce illicit drug use, it is important to understand the challenges of assessing drug use. The complexity of assessing drug use behavior is an outgrowth of (1) various patterns of drug use and its consequences and (2) the degree to which drug use is stigmatized by society.

Illicit drug use and its consequences are sensitive to many influences including (1) existing societal norms associated with tolerating drugs, (2) the availability of drugs, (3) the

ways in which drugs are marketed, (4) the type and quality of drugs available, (5) changing modes of administration of drugs, and (6) social and economic trends. The interaction of these trends over time results in a constantly changing kaleidoscope of drug use patterns involving new drugs of use; new combinations of drugs; resurgence in popularity of old drugs; changing demographic characteristics of users; new marketing techniques; and new social, economic, health, and legal consequences.

Trends in drug prevalence (i.e., new and existing cases of drugs use) and incidence (i.e., new cases of drug use) are sensitive to changes in the delicate balance between supply and demand factors, which are shorthand terms for the influences mentioned above. The Nation's history has demonstrated that the overall prevalence of illicit drug use has been cyclical and dependent on society's tolerance of drug use, tending to respond to perceptions of harmfulness to individuals and to the community. Furthermore, societal tolerance of drug use has been drug specific. For example, at varying points in time, some drugs are considered very harmful, and as a result sanctions are imposed; this stigmatizes drug use, making it more difficult to measure the use of less-tolerated drugs.

Two approaches have been taken to assess the nature and extent of illicit drug use in the United States. One of the approaches—cross-sectional, direct measurement studies with periodic data collection points over time—provide the best estimates of drug use to date. The National Household Survey on Drug Abuse and the Monitoring the Future study are the major cross-sectional studies that assess drug use and its consequences among general population groups of households and school children. However, these surveys are known to undercount drug use among the most serious drug users.

These studies are augmented by a second approach—indicator data sets that capture information on drug users in various institutional settings. For example, systems such as DAWN, the Client Data System, DUF, and the Bureau of Prisons surveys assess drug use in populations that are suffering consequences from their drug use. Together these systems offer a fairly comprehensive and somewhat overlapping assessment of those who use drugs and encounter one or more institutional settings.

Despite their shortcomings in providing a comprehensive assessment of illicit drug use, the data systems collectively serve to identify points where interventions can take place and suggest targets for interventions. Interventions suggested by these data systems include the following:

- Domestic interdiction approaches that reduce or impede the distribution of drugs;
- Universal prevention strategies that saturate communities (through schools, media, and the environment with antidrug messages and with drug prevention policies;
- Prevention strategies that target the needs of those most vulnerable and least resistant to drugs; and
- Drug treatment strategies for those already involved with drugs, in the community as well as in institutions.

The data sources identify specific drugs that need to be addressed by both preventive and treatment interventions. It should be made clear that the combination of supply and demand factors and processes requires a coordinated intervention plan that includes strong and effective interdiction, in conjunction with universal and targeted prevention and treatment strategies. Furthermore, the choice of strategies and the evaluation of a coordinated approach also warrant an equally strong research program.

Critical to overcoming the challenge of breaking the cycle of recurring drug use epidemics is understanding the dynamic nature of drug use. In times of declining drug prevention activities, intervention efforts must be maintained as new generations face their own susceptibility to drug use. Surveillance efforts must be maintained to identify current drugs and routes of administration so that effective drug-specific interventions can be developed. In addition, interdiction activities must be maintained to stop drugs at U.S. borders and to halt drug production and drug trafficking activities within the borders. It is

clear that nearly everyone—particularly preadolescents, adolescents, and young adults—is at risk of becoming a drug user.

More research is needed to understand how drug supply and drug demand factors interact to create observed cycles in drug epidemics. These factors function at the individual level; reflecting psychological and biological influences, and at the community level, reflecting sociological, environmental, economic, and institutional influences. They also function differentially during the developmental stages of individuals and in relation to secular trends. Thus, research cannot be static, and interventions must continually evolve to address today's problems. While the data indicate where to target intervention efforts, only sound research can direct the content of those efforts.

Understanding the Extent of the Demand for Drugs

The principal goal of the National Drug Control Strategy is to reduce illegal drug use in this country. To measure the progress related to achieving this goal, policymakers must know the total number of drug users, their demographic and socioeconomic characteristics, what drugs they use, the quantities of drugs they use and how frequently, and how casual use progresses to chronic, hardcore drug use.

Existing drug-related data provide some of this information, but it is incomplete. For example, most of the demographic and socioeconomic drug use data describe casual users,¹ and the estimates are typically reported in aggregates for large demographic groups. Very little is known about heavy or chronic, hardcore drug users.² Without valid estimates and accurate descriptions of chronic, hardcore users, it is not possible to fully determine the impact of the drug problem on society, fully evaluate prevention and treatment programs, or measure the effect of economic and social forces on the demand for drugs.

¹ Casual drug users use illicit drugs once per month or less and have yet to cross the line into drug dependency.

² Chronic, hardcore drug users are addicted drug users who consume illicit drugs at least on a weekly basis and exhibit behavioral problems stemming from their drug use.

We must rely on data that cover the barest demographic characteristics of chronic, hardcore users, and only for those who (1) happen to visit emergency rooms, (2) die as the result of drug-related incidents, (3) enter publicly funded treatment facilities, or (4) are booked as arrestees through central booking facilities. These sources have limitations. For example, emergency room data do not include information on drug-related admissions of people who access medical services through other parts of the hospital or who receive services at other types of medical facilities. The information on arrestees excludes those booked in facilities other than the central booking facility and some who are booked for drug-law violations.

In conducting the study, analyses of the government's indicators reinforced the belief that the chronic, hardcore user is not captured through standard data collection methodologies. Household and classroom surveys, routinely used to measure drug prevalence, tend to miss this type of user, who is unlikely to live in a stable household or attend school. In fact, casual and chronic, hardcore populations have distinctly different characteristics. As a result, drawing inferences about chronic, hardcore users from data sets that essentially measure casual users is misleading and inappropriate.

To acquire an accurate picture of the drug problem, it is critical to obtain information on chronic, hardcore drug use such as valid estimates of the number of chronic, hardcore drug users, the quantity of drugs they consume, the frequency with which drugs are consumed and purchased, and information on polydrug use. This will enable evaluation of the success of Federal, State, and local efforts to reduce drug use and better predict the influx of new users into the drug-using population.

Understanding the Extent of Supply

Available data suggest that supply reduction efforts appear to have an effect on reducing the demand for illicit drugs and are in fact allies of demand reduction programs. Efforts to further improve understanding related to the amount of illicit drugs available for consumption in this country must include (1) estimating drug availability, (2) estimating drug supply at various stages of production, and (3) identifying the drug market.

Estimating Drug Availability

Knowledge of the supply and movement of illicit drugs in the United States is improving, but many aspects of the drug trade are not clearly understood. For example, evidence suggests that drug trafficking organizations are capable of quickly shifting supplies to meet demand—both in terms of location and of drug. However, more information is needed about their ability to adapt to changing markets and the effect of law enforcement strategies.

Estimating Drug Supply at Various Stages of Production

Great strides have been made to estimate (1) the amount of land in producing countries being cultivated for illicit drugs (2) expected crop yields, (3) the effect of crop eradication by governments in producer countries, (4) the conversion of raw materials into illicit drugs, and (5) the mode of trans-shipment of illicit drugs to the United States. It is less certain how drug seizure and interdiction efforts at various stages of the process, crop loss due to spoilage, consumption in producer and transshipment countries, and drug shipments to other countries impact the amount of drugs available for consumption in the United States. Increased information about these factors will lead to clearer understanding of how supply reduction programs affect street-level markets. In turn, a better understanding of the retail supply will enable the development of policies that affect local drug networks and make drug trafficking a more risky and costly venture in the United States.

Therefore, more complete information is needed about production, seizures, and consumption of illicit drugs at the international level, particularly in production and trans-shipment countries.

Identifying the Drug Market

Better estimates on the number of chronic, hardcore drug users and the retail market for drugs will provide greater understanding of the link between supply and demand and

develop national policies to affect that link. For the purpose of studying the market, there are three basic requirements:

- ***State and Local Seizure Data.***—Federal drug seizure data (which is used as a proxy to monitor market fluctuations in drug price and purity) most often reflect seizures at the wholesale level of the distribution chain. The most cost-effective strategy for Federal agencies is to remove the largest amount of drugs from the distribution chain for the least amount of money. Because of the Federal Government's unique capabilities in drug interdiction, these efforts usually occur on the high seas or at the U.S. borders. However, the trade-off is that the dynamics of the local markets are not clearly known, nor is the extent to which local markets vary from one another fully known. A better understanding of the retail supply of drugs and how the supply changes, or adapts, to demand can be gained through the use of State and local seizure data, which should shed more light on the retail levels of the distribution chain than Federal agency statistics. Currently, however, there is no standard method of collecting or summarizing such seizure data, nor plans for pooling the data in any one location. Access to this information is a priority for improving knowledge of the retail trade. A second priority is to understand the differences in local markets, and how local organizations that market drugs may influence availability.
- ***Price and Purity.***—Price and purity data serve as the primary indicator of drug availability and can be used as a proxy to measure the effectiveness of supply and demand programs. The Federal Government does not have complete data on the retail price and purity trends for hardcore drugs. It is necessary that better information be obtained on (1) the availability, price, and purity of hardcore drugs on the street; (2) how retail prices affect the user market in terms of increased use and the consequences of use; (3) how law enforcement efforts affect price; (4) how increased price translates into decreased use; and (5) how retail prices interact with all market forces. For

example, falling prices and increased use can result from expanding supply or from expanding supply coupled with changing demand.

Consumption.—A better understanding of how individual drug consumption varies with supply- and demand-induced changes in price will enable the development of policies that affect the drug producer and the drug user. The relative effectiveness of supply and demand drug programs then can be explored and evaluated in relation to market price and consumption. Information will be sought about what and how much chronic, hardcore users consume, how often, and for what average price, and how those figures differ according to different modes of administration and when taken in conjunction with other drugs, or how they change according to drug availability or purity. As interactions between supply and demand are better understood, other market dynamics can begin to be understood (e.g., such as how new users are lured into the market).

Measuring the Direct and Indirect Costs of Drugs

The drug trade exacts direct and indirect costs from drug users and from society in terms of health and social costs and lost revenue. Knowing these costs is essential to determining whether the Nation's drug policies and programs are adequate, appropriate, and cost-effective in relation to the magnitude of the problem.

• ***Costs to the Individual.***—The costs associated with the drug trade or drug use are most evident at the individual level. Some data are available related to individual costs in terms of health care and the loss of individual liberties. Continued data collection efforts will be encouraged by the Government, including those related to collecting information on (1) the changing and increasing health risks and consequences related to drug use, (2) the success of criminal sanctions levied against individuals for drug-related crimes, (3) the loss of personal liberties associated with crime and drug use, and (4) the affects of drug use on employment as monitored through workplace initiatives.

- **Costs to Society.**—The costs imposed on society resulting from the drug problem are extremely important to quantify because they describe what the Nation is losing in terms of revenue, lost productivity, and in decaying health and social infrastructures.
- **Health Costs.**—No one set of data quantifies the Nation's costs for treating drug users in medical facilities and treatment centers. It is important to determine to what extent the consequences of drug use affect health care costs, particularly with regard to chronic, hardcore drug users who may require several cycles of drug treatment before reducing or ending their drug use. In addition, the move of private health insurers toward managed care may increase the demand for public treatment, and as a result, increase the burden on an already-constrained public health care system. Determining these costs is essential to determining which drug treatment methods are most cost effective and beneficial for drug users. This information becomes increasingly important as health care costs soar.

Social Cost.—Some social costs of the drug problem are fairly evident, such as costs incurred by the Federal Government. For example, because of its unique capabilities, the Federal Government alone is responsible for international interdiction efforts; these costs are provided in the President's drug budget. However, less is known about State and local expenditures. Accordingly, ONDCP has sponsored a survey to determine how much State and local governments spend on drug-related activities, including health, education, courts and prosecution, and law enforcement activities. But these costs alone do not provide a true estimate of the burden the drug trade places on American taxpayers. Other burdens include the costs of the criminal justice system (e.g., arrest, prosecution, incarceration, and rehabilitation) and the costs associated with boarder babies, crack-cocaine children, and drug-related victimization. This information is important to formulating future national, State, and local budgets and to determining the relative cost-benefit of drug programs.

Quantifying Lost Revenue.—The amount of taxable revenue lost to society is much more difficult to estimate than all the other costs. It is important to estimate the value of lost revenue so that society's sanctions for drug use and drug trafficking appropriately match the costs that society incurs. The money and goods controlled by core, secondary, and local drug trafficking organizations result in the loss of billions of dollars to Federal, State, and local governments. The Internal Revenue Service estimates the value of lost revenue related to drug use, but until the gap between supply and demand is known, these estimates are not complete. Furthermore, the costs of lost productivity and opportunity—or what the Nation would gain if people involved in the drug trade and drug use were gainfully employed and investing in legitimate enterprises—may never be known.

Despite inherent difficulties, measuring the costs of the drug problem is necessary to fully appreciate the scope of the problem and to accurately evaluate U.S. programs and policies. It is estimated that drug users in 1991 spent approximately \$50 billion on cocaine, heroin, marijuana, and other illegal drugs. The implications of that figure to individuals and society are enormous.

Research and Evaluation Priorities

The priorities listed below, in addition to research and evaluation efforts being developed or improved to meet the statutory reporting requirements of the Crime Control Act, are presented for consideration by the subcommittee and are not all inclusive or exclusive of other efforts deemed meritorious by the members of the subcommittee.

Data Priorities for Demand Reduction

The subcommittee will pursue the following data priorities to better understand the extent of the demand for drugs in the United States:

- Obtain accurate and complete information on chronic, hardcore drug users, including hard-to-reach subpopulations, such as those who drop out of

school, transients, homeless people, people in the military, and criminal justice populations;

- Focus on subaggregate data, such as region, State, and city;
- Ensure maximum comparability among data sets;
- Standardize existing data sets that report city-level data; and
- Expand data collection beyond emergency room data and arrestees booked through central booking facilities.

Data Priorities for Supply Reduction

The subcommittee will pursue the following data priorities to better understand the extent of the supply of drugs potential available to users in the United States:

- Enhance information on the ability of drug trafficking organizations to adapt to changing markets;
- Develop information on the effect of law enforcement strategies on the drug trade;
- Increase information related to how drug seizures and interdiction efforts, crop loss due to spoilage, drug consumption in producer and trans-shipment countries, and drug shipments to other countries impact the supply of drugs in the United States;
- Develop a standardized method of collecting and summarizing State and local drug seizure data, and pooling such data in a central location;

- Develop measures to identify and better understand the differences in local drug markets and how local organizations that market drug may influence availability;
- Improve the quality and completeness of data on price and purity trends for hardcore drugs;
- Increase information concerning the consumption of illicit drugs by chronic, hardcore users and the impact of drug type, quantity consumed, user cost, and mode of administration on drug availability and purity;

Data Priorities Concerning the Costs to Individuals and to Society

The subcommittee will pursue the following data priorities to better understand the human and social costs of drug use in the United States:

- Enhance information collection related to the changing and increasing health risks and the consequences of drug use;
- Enhance information collection related to the cost-effectiveness of various criminal sanctions for drug-related crimes, the loss of personal liberty associated with crime and drug use, and the affects of drug use on employment;
- Quantify health costs in terms of chronic, hardcore use, private drug treatment services, and the impact of managed care on increased demand for public treatment;
- Quantify social costs in terms of the burden the drug trade places on the cost of the criminal justice system, border babies and crack-cocaine children, and drug-related victimization and other drug-related criminal activity; and

- * Quantify the amount of taxable revenue lost to society and the costs of lost productivity and opportunity.

DATA AND EVALUATION NEEDS FOR MONITORING PROGRESS

As the drug problem is better understood and policy initiatives and programs develop, gaps and flaws in data are increasingly apparent related to knowing what works best to reduce drug use. For example, drug treatment experts once believed that drug addiction and drug treatment were cyclical in nature; that is, a drug addict would enter drug treatment several times before finally modulating or kicking his or her habit. However, researchers recently have begun to realize that a large portion of chronic, hardcore drug users never sought treatment, and therefore the assumptions on which some treatment strategies have been built may be flawed. In fact, policies and programs must be monitored over time to ensure that they are reducing drug use. As understanding improves regarding the effectiveness of the Nation's drug policies and programs, additional areas should be identified for improved data collection and analysis.

Measuring Efforts Aimed at Affecting the Consumer

Research indicates that the drug consumer may more easily be affected by drug control programs than the supplier. How the consumer is most affected—that is, how programs and policies translate into reduced drug use—is the focus of the data collection activities discussed in this section.

Prevention Methods and "What Works"

Declining numbers of casual drug users demonstrate that prevention programs are working. (Prevention programs generally are based in communities, schools, and the workplace, and media campaigns also have impacted drug use. However, it is not known to what extent successful prevention programs affect drug use among various populations, particularly high-risk groups such as inner-city minorities. As more is learned about these

groups, it becomes increasingly apparent that prevention programs must be geared to each population's unique needs.

Evaluation measures must be developed that reflect the diversity of the U.S. population and the type of intervention involved. These measures should be flexible so that the effects of various prevention methods on different populations may be accurately assessed. For example, community coalitions and their effectiveness at preventing drug use will be targeted for evaluation. A full assessment of community coalitions will provide needed insight into how various communities are affected by prevention programs specifically targeting their unique needs.

Treatment Methods and "What Works"

Drug treatment must be appropriate, effective, and available for those who need it and can benefit from it. In addition, drug treatment programs, like drug prevention programs, must provide services that meet the needs of diverse populations with varying drug problems. Understanding of the Nation's drug treatment system must improve. For example, it is important to determine the Nation's capacity to meet treatment needs and its costs; the types of treatment available; and to whom, and where, and how those who need treatment access it.

It also is important to develop measures that monitor and determine the effectiveness of drug treatment programs and policies. These measures should be flexible so that the definition of successful outcomes accounts for the varying needs of diverse population groups. Once understanding of the treatment system and how it works is improved, more complex policy issues can be evaluated (e.g., the effectiveness of treatment on demand, the impact of managed care on treatment quality, and reducing relapse).

Effects on the User Through the Criminal Justice System

Success on some fronts of the drug problem is producing a backlog of court cases and overcrowded prisons. Therefore, it is important to evaluate various criminal justice responses to drug crime and drug users for their efficiency in reducing recidivism. One priority is to

determine the relationship between sentencing and incarceration and reduced drug use; that is, the Nation must ask how do the severity of the sentence, the length of incarceration, and treatment programs translate into reduced recidivism to drug use and drug crime? What this means is that the effectiveness of programs designed as alternatives to incarceration and their ability to reduce recidivism must be evaluated. The evaluations also must include the effectiveness of mandated treatment and the monitoring of drug use among parolees and probationers as indicators of the long-term effectiveness of criminal justice programs. In addition, the relative cost-effectiveness of when and how to provide drug treatment should be assessed by comparing criminal justice treatment, which is provided as an alternative to incarceration, with drug treatment provided during incarceration.

Shrinking the Market for Drugs

Historically, efforts to reduce the market for drugs have centered on interdiction, the goal of which is to increase the risks and costs to producers, thus affecting the price and purity of drugs at the street level. Higher prices reduce the demand for drugs, because the user cannot afford to pay the prices. As a result, marketing becomes too costly for drug traffickers. ONDCP's intent is to better measure the outcome of supply reduction efforts. This includes evaluating innovative programs such as Operation Weed and Seed, the Community Policing program, and programs designed to reduce the influence and impact of youth gangs.

Operation Weed and Seed

The Federal Government has initiated several programs designed to combat the lure of the drug trade in neighborhoods most likely to support drug markets. The most visible market prevention program is Operation Weed and Seed, in which Federal, State, and local agencies "weed out" the most dangerous and violent criminals and drug activities in high-crime neighborhoods, create a visible police presence, and then "seed" the area by offering a broad array of economic and social opportunities to restore neighborhoods. Measures must be developed to evaluate the success of this program in high-risk neighborhoods and on reducing crime, drug use, and urban decay.

Community Policing

A second market prevention program is the Community Policing program. Many communities have found that it is not enough to arrest and incarcerate street-level drug dealers because they eventually return if they perceive the neighborhood to be a low-risk environment for being rearrested (or other drug dealers take their place). However, an established, high-profile police presence, coupled with community commitment to cooperate with the police, can create a climate hostile to drug dealers and users. It is important to continue assessing the overall effectiveness of community policing, including measuring reductions in crime and drug trade activity, increases in the time drug users must spend looking for drugs, and increases in the risks of drug use or drug marketing.

Youth Gangs and Violence

A third market prevention tactic involves outreach to youth gangs. Throughout many areas of the country, youth gangs are becoming increasingly responsible for local drug dealing. The dynamics of youth gangs and their role in the retail drug market are not uniformly understood. It is important to collect data on the characteristics of youth involved in gang drug trafficking and those responding to prevention or intervention programs. It will help determine the best approach for deterring youth from joining gangs and participating in the drug trade.

Imposing Sanctions To Affect the Market

It is important to understand how criminal sanctions against drug traffickers or street dealers translate into reduced drug trafficking or dealing. Toward this goal, information is needed about how drug crimes impact the judicial process. For example, to address the problem of drug crime cases clogging the Nation's courts and prisons, the impact of compromises made during prosecution and sentencing on law enforcement efforts, as well as the impact of additional resources or reforms on the processing of drug crimes must be examined.

RECOMMENDATIONS FOR IMPROVING DRUG-RELATED EXTANT DATA

A systematic approach must be developed for gathering drug-related data to ensure that policymakers and analysts have complete information for making public policy. This is a critical goal for successful drug control policy, and the blueprint for achieving it encompasses eight components or recommendations: (1) improve the coordination and direction of data collection and evaluation, (2) assess the primary indicators, (3) assess data for policy relevance, (4) design innovative data collection methods, (5) improve analysis capabilities, (6) improve the timeliness of data, (7) improve dissemination of data, and (8) support ongoing research.

Improve the Coordination and Direction of Data Collection and Evaluation

ONDCP serves in the unique capacity as the central coordinator for drug control policy efforts. Inherent in this responsibility is the task of coordinating and improving data collection, analysis, and dissemination so that those who need drug-related information can gain access in a timely manner.

Assess the Primary Indicators

ONDCP will continue to establish priorities for improving the primary indicators, especially in terms of their policy relevance and utility for wider audiences. While much progress has been made in making primary indicators more useful to more people, the more that is learned about the nature of the drug problem, the more policy requirements and refinements to the primary indicators can be defined. The following paragraphs provide a brief description of the primary drug indicators most commonly used: use and consequence indicators, drug treatment indicators, and supply indicators.

Demand Indicators

The primary demand indicators help determine who is using what illicit drugs and how, when, and where the drugs are used. The primary demand indicators fall into the

categories of use (prevalence) and consequence. Other demand indicators fill some of the gray areas; for example, which users are affected and by what drugs? How many interventions are aimed at deterring drug use (prevention) and how many are aimed at stopping drug use (treatment).

The drug-using population is divided into two groups: casual and hardcore. The National Household Survey on Drug Abuse and the Monitoring the Future study are indicators for casual drug use, and the DAWN and the DUF data are indicators for chronic, hardcore drug use. These primary demand indicator data sets, when used in conjunction with one another, serve as the basic barometer of drug use in the Nation.

Drug Treatment Indicators

Drug treatment data provide insight into typical drug use histories and addiction careers of addicts, the availability of treatment for those who need and can benefit from it, and the effectiveness of various treatment modalities.

The National Drug and Alcohol Treatment Unit Survey (NDATUS)—one of two data sets used to describe treatment facilities, treatment capacity, and client characteristics—has been redesigned and integrated with the National Client Data System—the other U.S. Department of Health and Human Services (HHS) system. The new system—the Drug and Alcohol Services Information System (DASIS)—streamlines the process for collecting drug treatment services data by incorporating the National Client Data System and the NDATUS into one integrated system. In the past, the master facility file for the NDATUS was considered incomplete and not representative of all types of treatment units. However, HHS, in redesigning NDATUS, has undertaken several steps to correct problems with the master facility file prior to fielding the new DASIS survey. These steps include implementing procedures for augmenting the file with new provider listings based not only on lists provided by the State, but also on updates from other provider associations and yellow page lists.

The Drug Services Research Survey (DSRS), a resource for drug treatment services data, was designed to provide improved descriptions of drug treatment client characteristics. However, because it used the NDATUS master facility list to draw a sample of treatment

providers, it was beset by limitations similar to the limitations of the NDATUS data. The DSRS sample design included a postdischarge followup phase of the representative sampling of drug clients studies to ascertain their behavior after treatment and to analyze their results in light of the type and cost of treatment services received.

The Services Research Outcome Study (SROS) is the followup of the original DSRS cohort who were discharged from drug treatment during 1989-90. The successor to the DSRS/SROS round of studies is the Alcohol and Drug Services Survey (ADSS), which will update information on clients and facility characteristics begun with the DSRS 1990 data collection. Data from ADSS should be available in the fall of 1996. Some of the design features that evoked criticism in the original DSRS survey are being addressed as the master facilities file is being augmented as part of the DASIS redesign effort.

Supply Indicators

Supply-side indicators are used to answer questions about the availability, price, purity, and quantity of drugs in the United States. The System To Retrieve Information from Drug Evidence (STRIDE) is maintained by the DEA. It contains information on drug removals made during investigations by the DEA and the Federal Bureau of Investigation, as well as by other Federal law enforcement agencies, and to a lesser extent, some State and local agencies. The STRIDE database provides the most comprehensive of seizure information. Federal investigations tend to center on drug activities at higher levels than street activities, because it is more cost effective. Therefore, the information obtained in this study usually represents drugs seized in the distribution chain at a higher level than the retail level.

The DEA also administers the DMP. The DMP uses data on street-level purchases of heroin to monitor the price, purity, and source of heroin. The major drawback to the DMP is that it is not representative of cities, local drug markets and prices, or drug dealers.

The INCSR, maintained by the U.S. Department of State, provides a summary of data collected about drug production, processing, and trans-shipment in the world's major drug producing and transit countries. These data provide the most comprehensive source of

information about international drug production. Anomalies in the data are primarily due to variations in reporting from country to country. In addition, crop estimates reflect potential yield and not true production. The amounts of crops or base lost due to seizure, consumption, or diversion to other countries also are not known.

The Federal-Wide Drug Seizure System (FDSS) was developed by Federal agencies involved in the drug control to provide an unduplicated count of Federal seizures. These data include seizures made in each State and on the high seas. Before developing the FDSS, various agencies involved in similar investigations logged the same seizures, leading to duplicated counts of drug seizures.

Many improvements have been made to these data systems. However, as drug policies evolve, so does the process of identifying needed improvements common to all drug-related data.

Methodological Studies

Methodological research must continue on the effects of the clandestine nature of drug use on obtaining survey data. In particular, this research should include evaluating sample designs to ensure that relevant populations are represented, that the scope of the sample is appropriate, and that the sampling frame is complete. Research also should continue to determine the potential for biases in the data, including coverage and reporting biases, in addition to improving respondent anonymity. Furthermore, it is important to continue studying the characteristics of persons or treatment facilities that do not respond to surveys so the impact of nonresponse may be better understood and data collection methods are improved.

Standardization

It is important that Federal data systems be standardized to the fullest extent possible so data sets are comparable and can be used to validate trends in one another. This is particularly important when the population of interest is as small and elusive as the drug-using population. Improved standardization is an issue for three areas: content, procedure,

and survey scope. In terms of content, survey instruments should contain core demographic, socioeconomic, and drug use measures. In terms of procedure, efforts to standardize should aim to reduce the variation in methods of data collection and respondent reporting. The effects on the estimates of differing methodologies and procedures also should be studied. In terms of survey scope, variables such as populations, drugs, and geography should be standardized.

Processing and Tabulation

The lag time from when correction of data to availability of data must be reduced if Federal data are to be relevant to drug control policymakers. Agencies should review their schedules for collecting, processing, editing, tabulating, and analyzing drug-related data to reduce unnecessary lag time.

Assess Data for Policy Relevance

Drug-related data must be assessed for policy relevance in terms of what meaningful measures they provide. This entails knowing who needs the various data. Specifically, each drug-related data set should be assessed for its usefulness to policy analyses and decisions and for changes that would enhance the process so that agencies can make better use of the data, in turn making the data sets more useful to policymakers. The assessment should include the efficacy of the data, identification of areas with insufficient coverage and potential solutions, and improvement of the utility of the data.

Design Innovative Data Collection Methods

The clandestine nature of illegal drug use and drug trafficking makes many standard data collection methodologies inappropriate or obsolete. New methods of collecting data from hard-to-reach populations must be developed and implemented. Many such efforts are underway, and new ways will be sought to expand the application of these programs to provide information on a variety of policy-related topics.

Despite the existence of mechanisms from which information can be gathered from the street, more information still is needed for many facets of the drug war. Principal among these needs is information on the identity, number, location, and characteristics of chronic, hardcore drug users.

The Environment of the Chronic, Hardcore Drug User

The National AIDS Demonstration Research Project data have demonstrated that it is possible to obtain information from chronic, hardcore users in areas where they congregate (e.g., the crack houses, shooting galleries, or copping areas). These locations are well known to outreach workers and local law enforcement agencies. Given this information, a variety of methods to collect data from this group can be developed.

Beyond basic demographic and socioeconomic information, a wealth of questions could be answered, including those related to a history of drug use, treatment history, and contact with the criminal justice system. The following are methods that could be used to collect this information:

Synthetic Estimation.—Sophisticated statistical techniques could be employed to estimate the number of chronic, hardcore drug users. A national total and a total of the hardcore population in a city could be estimated, and that estimate could be used to form an estimate for a city of similar characteristics. There are limitations to this type of estimation; nonetheless, the possibilities discussed here could yield a far more valid and accurate picture of the chronic, hardcore drug user than any estimation currently available.

Local Networks.—To gather the information needed to produce reliable and valid estimates of chronic, hardcore users and to monitor drug use and drug trafficking trends, networking federally supported drug-related data collection systems in metropolitan areas will be examined. This would allow data to be collected from the drug-using population as needed; the findings to be validated; emerging trends in drug use and drug trafficking to be

monitored; and a local perspective into the analysis to be incorporated, which is particularly important given the belief that illicit drug trends are localized.

Improve Analysis Capabilities

Some existing drug-related data goes unused because particular agencies do not have the analytic capacity to use them or because their analytic capability is outdated and inflexible, lacks resources, or conflicts with the agency's stated policy and program missions. For drug-related data to have an impact on public policy, they must be analyzed correctly and in a timely manner so changes and emerging drug patterns can be detected early.

Furthermore, because policy must sometimes be based on what analysts believe may be happening (because of a lack of timely data), it is important that rough estimates are available to policymakers. These estimates, coupled with the expert opinions of analysts, generally provide adequate information for policymaking decisions.

Improve the Timeliness of Data

Data must be timely so that policy can be made or adjusted to match current patterns of drug use and drug trafficking. Long processing and review phases may render data useless for policy development. Data systems designed to provide early warning of emerging drug trends will be meaningless for that purpose if data are not readily available.

Recognizing it is not possible to have all the data reflect up-to-the-moment illicit drug use trends, it is nonetheless prudent to assess all data sets for their timeliness, beginning with how quickly and how often results are known. The assessment should include data collection, processing, and tabulation schedules. Because preliminary estimates often are available in advance of publication, it may be possible to release data in waves as they become available, followed by more detailed information. For example, aggregate demographic information may be available before estimates on specific frequencies of use.

Improve Dissemination of Data

Disseminating drug-related data must be improved so that everyone with a need to know has access to them. The needs and capabilities of the users of data must be considered when improving and upgrading methods of dissemination, as well as when presenting data.

Access to data is essential. Data users with various needs should be able to obtain the information without undue effort. In this regard, electronic bulletin boards may serve a useful function by posting core drug use statistics. In addition, Federally funded data sets should be archived in a timely fashion for public availability.

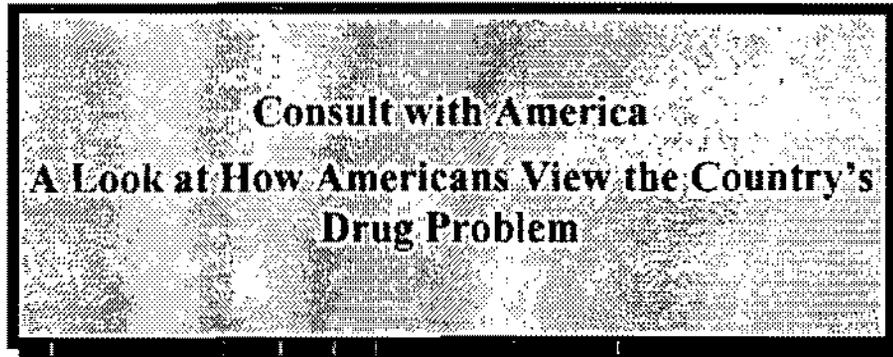
Support Ongoing Research

Ongoing research is critical to evaluating the effectiveness of public policy and programs. ONDCP will continue to lead and fund research initiatives into the components of drug supply and demand, and the effects of various programs and policies on reducing supply and demand.

CONCLUSION

Coordination of Federal research and evaluation efforts and open exchange of information from drug-related research and evaluation projects are essential components of sound policy. The Data, Evaluation, and Interagency Coordination Subcommittee, as part of ONDCP's RD&E Advisory Committee, plays an important role in identifying areas where the information needs of decisionmakers are not well addressed and recommending new systems development initiatives and other steps to improve data coverage. The subcommittee also plays an important role in identifying where departments and agencies can cooperate in sharing existing information.

Embodied in its mission, the subcommittee directly supports the National Drug Control Strategy by developing an inventory of drug-related information systems and evaluating their adequacy. In addition, the subcommittee's mission is to integrate Federal efforts related to conducting drug data collection, data processing, data sharing activities, as well as to develop a drug data strategy to improve the quality and efficacy of drug-related data systems.



Summary Report

Done Under Contract For

The Office of National Drug Control Policy

by

**The Gallup Organization
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Rockville, Maryland 2085**

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INTRODUCTION

Background

The Office of National Drug Control Policy (ONDCP) is the lead Federal agency in the fight against the use of illicit drugs. The agency coordinates a range of Federal prevention, treatment, law enforcement and international efforts to address America's drug problem. As part of its efforts, ONDCP assists in the building of the *National Drug Control Strategy* which outlines the nation's plan to reduce illicit drug use and drug trafficking in the United States. As input into this *Strategy*, ONDCP historically solicits the input from drug-use experts throughout the country. In addition to input and support from local, State and other Federal agencies with similar drug reduction supporting missions, the development of the *Strategy* also depends on awareness, knowledge and support from the general public.

To meet this need, The Office of National Drug Control Policy commissioned The Gallup Organization to undertake a study of the American public to assess their views and perceptions of the country's drug problem and of actions and measures that Americans would support in the war on drugs.

Methodology

Gallup conducted telephone surveys with a random, representative sample of 2,016 non-institutionalized adults aged 18 or older living in telephone households in the contiguous continental United States. After interviewing was completed, the data were weighted to match the latest estimates of the demographic characteristics of the adult population available from the U.S. Census Bureau. A detailed description of the methodology can be found in Appendix A.

Gallup worked with ONDCP to design a survey instrument that would provide information which would be the most useful input for *The National Drug Control Strategy*. ONDCP was responsible for identifying topic areas of concern. Gallup was responsible for designing question wordings which would be meaningful and unbiased. A copy of the survey instrument is attached as Appendix C.

All sample surveys are subject to the potential effects of sampling error; that is, a divergence between the survey results based on a selected sample and the results that would be obtained by interviewing the entire population in the same way. The chance that sampling error will affect a percentage based on survey results is mainly dependent upon the number of interviews on which

the percentage is based. In ninety-five out of 100 cases, results based on national samples of 2,000 interviews can be expected to vary by no more than 2.2 percentage points (plus or minus the figure obtained) from the results that would be obtained if all qualified adults were interviewed in the same way. For results based on smaller national samples or subsamples (such as men or person over the age of 55), the chance of sampling error is greater and therefore larger margins of sampling error are necessary in order to be equally confident of survey conclusions. A more detailed explanation of sampling tolerances and guideline in interpreting the survey results can be found in Appendix B.

Report Contents

This report presents the perceptions of the non-institutionalized, American public aged 18 or older regarding the severity of the problem and the effects of illegal drug use, the perceived effectiveness of various drug control measures and the influence of the media and other sources in the decision to use illegal drugs. It should be made clear that these data represent Americans' perceptions on these issues. A perception can be defined as an attitude, belief or impression and not necessarily a reflection of reality. Some of these perceptions may be accurate and some may be genuine misperceptions about the causes, effects, and drug control measures associated with illegal drug use in the United States.

This report presents the key findings of this data. A more detailed analysis can be found in the data cross tabulations which are presented under separate cover.

SUMMARY OF KEY FINDINGS

Perceptions of Drugs as a Concern in the United States

American adults most cherish the freedom that they experience living in the United States today. On the flip side of this, when it comes to concerns, they are most concerned with the crime and violence the country is experiencing, and regard drugs, our current government (along with President Clinton and Congress), and the current Federal deficit as serious problems. Concerns about all four of these issues have increased dramatically since late 1991. While views of these top problems vary by race and sex, they do not vary among adults of different age groups nor of different income levels.

When asked to report the best thing about living in the United States, 86 percent of Americans mentioned something related to freedom. These include freedom of speech, freedom of religion, and political freedom. One in ten (9%) reported the opportunities available to them as the best thing about living in the United States (see Table 1).

Americans were asked to name what they think is the most important problem facing this country today. Crime and violence is reportedly the top national concern among adults, with 16 percent giving it a "top-of-mind" mention and more than one in four (27%) naming it as one of the top two or three problems facing the country today (see Table 2).

"Drugs" is mentioned as the "top-of-mind" concern to about one of every ten adults (11%), and mentioned as one of the top two or three concerns by 19 percent of American adults. "Drugs" is viewed as a concern by nearly twice as many adults as was found on a similar question asked in late 1991 and early 1993 (10% and 6% respectively) (see Table 3). The Federal budget rivals drugs as the most important problem facing the country, with 15 percent of adults naming it this year as one of the top two or three greatest problems.

The economy is reported as the most important problem by only one-third as many Americans today (11%) as it was in late 1991 or early 1993 when about one-third of Americans felt it was a top concern (32% and 35% respectively). Top-of-mind concern over unemployment has also declined in recent years (to 9% from 23% in 1991).

Other problems mentioned this year by more than 5 percent of Americans include ethical, moral, and religious decline (12%), poverty and homelessness (12%), unemployment (9%), education (7%), healthcare (6%) and race relations (6%).

Table 4 shows that Caucasian American respondents are about twice as likely to name the Federal budget/Federal debt problem and problems with the current government/President Clinton/Congress as a most important problem facing the country today than nonwhite respondents (18% of whites mention government and 16% mention the Federal budget compared with 10% and 7% of nonwhites respectively). In contrast, nonwhite Americans report drugs as a more important problem facing the country today (26% of nonwhites compared with 18% of white respondents). Women view both crime/violence and drugs to be a much greater problem than do men.

Where Tax Dollars Should be Spent

When asked to consider the importance of eight issues and rate the importance of each in terms of where tax dollars should be spent, Americans provide further support for many of the issues they name as top of mind concerns in the nation. Reducing violent crime, reducing illegal drug use among children and adolescents, and increasing educational opportunities for children are clearly viewed as the most important areas where tax dollars should be spent among the list of issues which also included low cost healthcare, reducing unemployment, reducing illegal drug use among adults, reducing drunk driving, and gun control.

Reducing violent crime tops the list of measured national concerns on where Americans feel tax dollars should be spent, with 84 percent of adults saying this is an extremely important area. Children are also clearly a focus in the eyes of Americans, with more than eight of ten reporting that reducing illegal drug use among children and adolescents and increasing educational opportunities for children are extremely important areas for tax dollars to be spent (82% each).

Reducing illegal drug use among adults is viewed as relatively less important than reducing use among children, with slightly more than one-half of all American adults (57%) reporting it as extremely important in terms of where tax dollars should be spent. Reducing drug use among adults rivals reducing unemployment (55% say it is extremely important). Both lag behind reducing drunk driving (63%) and increasing the availability of health insurance or low cost health insurance (66%) in perceived national fiscal importance.

Gun control is viewed as relatively least important among the eight national issues measured. About one in three (36%) Americans sees gun control as an extremely important area where tax dollars should be spent.

The perceived importance of the reduction of violent crime and the reduction of drug use among children and adolescents are universal concerns which do not vary greatly along age, income or racial lines. All of the other issues rated do vary greatly along racial lines and age, however (See Table 5).

African American adults are much more likely than other adults to feel that reducing violent illegal drug use among adults and gun control are important. Three of four (76%) African Americans feel that reducing drug use among adults is extremely important, compared with just 54 percent of white adults who rate it as important, while six in ten (60%) African Americans feel that gun control is extremely important, compared with just 32 percent of Caucasian adults.

African American adults are also more likely to feel that educational opportunities for children are extremely important targets of tax dollars (92% as compared with 81% of Caucasian Americans). Perception of the importance of this issue does not vary by income level.

Concerns about reducing unemployment, reducing drunk driving and increasing the availability of healthcare or low cost healthcare are also much stronger among African American adults.

Age also plays a role in the perceptions of where tax dollars should be spent. Older Americans (aged 55 or older) would place much more emphasis of tax dollars on the reduction of illegal drug use among adults, drunk driving, and unemployment. Older adults also feel tax dollars should be spent on health insurance or low cost healthcare compared with adults under age 35 (see Table 6).

Educational opportunities for children is the one area where older adults are much less likely than younger adults to feel that tax dollars should be applied.

As can be seen in Table 7, women are more likely than their male counterparts to feel that all eight national concerns are extremely important.

Americans with high levels of education are less likely to feel that all of the eight national concerns measured are important in terms of where tax dollars should be spent. The greatest differential between perceptions of college educated adults and those with a high school education or less is noted for reducing drunk driving and reducing illegal drug use among adults. Adults with high levels of formal education are almost half as likely as those with less education to feel that tax dollars should be spent on these two areas (see Table 8).

What About Drug Use Concerns Americans

Americans perceive a strong link between violent crimes and illegal drug use. Both illegal drug use and violent crimes are viewed as extremely important national concerns by the overwhelming majority of Americans. Not surprisingly then, it is the crime and violence associated with drug use that most concerns Americans about drug use. The reach and impact of drug use on children is also of prime concern among Americans. Concern over illegal drug use and over crime and violence have increased significantly over the past five years.

Adults who reported that reducing illegal drug use among either children and adolescents or among adults was extremely important were asked what it was about drug use that concerns them. The connection of crime and violence associated with drug use and drugs reaching children are the top concerns, each mentioned by about three in ten Americans (29% and 28% respectively) (see Table 9).

The availability and easy accessibility of drugs and the effects that drugs have on people vie for a distant second billing of what causes people concern (each mentioned by 12% of respondents).

Other concerns related to drug use mentioned by more than 5 percent of those who say reducing drug use is extremely important include that it ruins people's lives (7%), the negative health risks (5%), and that it affects more than the person using it (5%).

In addition, fully two-thirds (67%) of American adults strongly agree that drug use often leads people to commit violent crimes (see Table 12).

In the past five years, concern over illegal drug use has increased for the majority (60%) of American adults (see Figure 2). Only 3 percent of American adults report that their concern over illegal drugs has decreased in the past five years. This is mirrored in the trend reports of the most important problems facing the country as measured over the past five years. Mentions of crime/violence and drugs/drug use have more than doubled since 1991.

Women (68%), African Americans (70%), adults aged 55 or older (65%), and those with less than a high school education (68%) are most likely to say that their concern has increased over the past half-decade.

When asked why their concern over illegal drug use has increased, Americans again cite the crime/violence associated with it, its widespread use, and the connection to children. Adults also report that their concern is up because they have had more exposure to the drug problem over recent years, both through the media and through firsthand knowledge (see Table 10).

Perceptions of Illegal Drugs

Most Americans generally include alcohol in their definition when they think of drug use. When asked to exclude alcohol from their definition, the adults overwhelmingly see crack cocaine as the drug which is the biggest problem in the country today. This perception of crack cocaine's dominance in the drug world holds across all socioeconomic and demographic groups.

The majority (68%) of Americans say they include alcohol use when they think of drug use (see Figure 3). This inclusion is much higher among African Americans (77%) and adults with less than a high school degree (78%).

Respondents were asked to consider the "term 'drug use' to mean use of one or more times of an illegal drug such as marijuana, cocaine, crack, heroin, LSD or the like" for the purposes of the survey.

Crack cocaine is clearly the illegal drug perceived as the biggest problem in the country today (see Table 11). The majority (54%) of Americans name crack cocaine as the biggest problem out of a list of five major drugs which included powder cocaine, marijuana, heroin and other opiates and the inappropriate use of prescription drugs. None of these other drugs was mentioned as the biggest problem by more than 7 percent of adults (powder cocaine and marijuana were mentioned by 7% and 6% of adults respectively). One in five adults (21%) feels that all of the listed drugs are an equal problem.

The perception that crack is the biggest problem is much stronger among African American adults. Two-thirds (67%) see crack as the biggest problem. African Americans are much less likely to see heroin and other opiates or the inappropriate use of prescription drugs as the biggest problem.

Young adults aged 25 or younger are nearly three times as likely to feel that marijuana is the biggest problem (16%). This group is the least likely to feel that all measured drugs are equally problematic (only 12% say all of these).

While most adults feel that drug use often leads to violent crimes, the majority of adults do not feel that smoking marijuana often leads to use of more serious drugs like crack and cocaine.

Perceptions of Impacts of Illegal Drug Use

The majority of Americans see a strong connection between drug use and violent crime and their impact on children.

When asked to rate how strongly they agree with Statements about drug use, the vast majority (67%) of Americans strongly agree that drug use often leads people to commit violent crimes. Americans are in similar agreement (69%) that children are starting drug use at a younger age than they did a decade ago. In spite of the fact that many adults felt that it was important to reduce drug use among children, as well as their strong concerns about drugs reaching children, only one in three (33%) Americans felt that drug use was a more serious problem among youth than among adults (see Table 12).

The perception that drug use is a more serious problem among youth than among adults is much stronger among African American adults (44 percent of African Americans strongly agree with that statement, compared with 33 percent of all adults). African Americans are also much more likely to agree that children are starting drug use at a younger age now than a decade ago (81% agreement compared with 69% of all adults) (see Table 13).

As can be seen in Table 14, older adults (aged 55 or older) are more likely than younger adults to agree that drug use leads people to commit violent crimes, that smoking marijuana often leads to use of more serious drugs, and that drug use is a more serious problem among youth than it is among adults.

The perception that drug use is a more serious problem among youth than among adults is much stronger among adults with less than a high school education (52% strongly agree drug use is more serious among children), and among African American adults (44% strongly agree). College-educated Americans are less likely to feel that children are starting drug use at a younger age (25%) and that it is a more serious problem among this group (62%) (see Table 15).

Americans apparently do not feel that drugs belong in the workplace. The majority (52%) of Americans strongly believe that employers should be allowed to fire any employee who is using drugs. Adults with college degrees (43%) and African Americans (43%) are the least likely to feel that employers should have this power.

Support for Strategies for Reducing the Drug Problem

Americans generally support prevention and rehabilitation programs to reduce drug use as well as on interdiction in reducing the drug supply at both the source country and at the dealer level, rather than harsh penalties for users. Most Americans also see a larger role for treatment programs.

The majority (64%) of Americans feel that more money should be spent on stopping drugs from coming into the United States from foreign countries. There also seems to be support for the theory that reducing the supply is a more effective means than reducing the desire. Only one in four (25%) adults agree that there should be more severe penalties for drug users than for people who sell drugs (see Table 16).

Fully one-half (51%) of all adults agree strongly that more drug treatment programs should be available to reduce drug use. Only 15 percent feel that once a person becomes addicted to drugs, treatment and rehabilitation programs usually do not work. Furthermore, only 32 percent of Americans feel that harsh criminal penalties for using illegal drugs are an effective means of drug prevention.

While the majority of adults have a perception of the connection between drug use and violent crime, only 38 percent agree that if the money spent on building prisons for drug use were spent on prevention and rehabilitation, there would be significantly less crime. This may be an indication of Americans' perceptions of the effectiveness of prevention and rehabilitation programs.

African American adults are stronger proponents of additional money to be spent on stopping drugs from entering the United States (78% compared with 64% of all adults) and for having more severe penalties for drug users than for drug dealers (33% agree compared with 25%). They are also more likely to feel that more drug treatment programs should be available to reduce drug use. African Americans are of the mind that spending money intended for building prisons for drug offenders on drug treatment and prevention programs would greatly reduce crime rates (58% compared with 38%) (see Table 17).

Americans over age 55 have relatively harsher views of the effectiveness of treatment and prevention programs, and are more supportive of harsh criminal penalties and border interdiction. This group of adults is most supportive of more funds to stop drugs from entering the United States (75% compared with 64% overall), but also is more likely than younger adults to feel that harsh criminal penalties are an effective means of prevention, and that harsher penalties should be given for drug users than for drug dealers (see Table 18).

As can be seen in Table 19, agreement with all six Statements about the effectiveness and availability of possible drug strategies declines as educational attainment increases.

Most Effective Drug Reduction Strategy

When asked to say which of five major drug strategies they feel would be *most effective* in terms of where money should be spent to fight the war on drugs, no single strategy is endorsed by a majority of adults. Government interdiction to reduce the supply of drugs entering the United States and expansion of education programs about the dangers of drugs are each supported by about three in ten Americans (31% and 28% respectively). Additional efforts, including police action and criminal prosecution to stop the drug dealers are also supported by many (22%). Putting more drug treatment programs in communities and neighborhoods and more effort into stopping people from buying drugs are seen as the most effective strategies by fewer than one in ten adults (9% and 6% each).

When combining Americans' first and second choices for effective drug strategies, about one-half feel that reduction of the drug supply into the United States (50%), education programs (47%), and law enforcement efforts against drug dealers (46%) are top strategies.

American adults who have used drugs or have a friend or family member who has used drugs are more likely than those without such an acquaintance to feel that programs that educate people about the dangers of drugs are effective as drug reduction strategies (51% compared with 44%). They also are more supportive of increasing the number of treatment programs in neighborhoods (31% compared with 18%) (see Table 21). Adults without personal acquaintance of someone who has used drugs clearly believe interdiction is the most effective strategy. Those without personal knowledge are more likely to rate stopping drugs from entering the United States (55% compared to 44% of those acquainted with someone who used drugs) and greater efforts to stop drug dealers (49% compared with 43%) above educational programs (44%) as one of the top two most effective strategies.

Personal Contact with Illegal Drug User

Almost one-half (45%) of all Americans report that they, a family member, or a close friend have *ever* used illegal drugs (see Table 22). The drug culture appears to be a practice that is primarily among younger cohorts. Most Americans acquainted with a current or former drug user report that person was an occasional user, but many Americans report knowing a moderately or seriously addicted drug user (see Table 23). While reportedly only one-third (34%) of these drug users received treatment to end their drug use, the treatment programs apparently were effective for the majority of those who attended them (see Figure 4).

Contact with someone who used drugs is highest among adults age 35 or younger (60%), while only 22 percent of adults aged 55 or older know someone who has ever used illegal drugs. Personal acquaintance with a someone who used drugs is reportedly lowest among adults in households with incomes of less than \$25,000 annually. Just four in ten (41%) adults in these lower income households report knowing someone who has used illegal drugs, while one-half of those in households with incomes of at least \$35,000 are acquainted with someone who has used drugs.

Contact with a drug user is substantially higher among Americans who live in the country's western region (56%), and lowest among those in the South Central United States (40%). Suburban Americans are also more likely than their urban counterparts to say they, a friend, or family member has used an illegal drug. There are no differences by racial background.

The largest proportion of adults who report knowing someone who has used illegal drugs classify the drug user as an "occasional user" (41%) (Table 23). Almost three in ten respondents know a "moderate" or "seriously addicted" drug user (28% and 29% respectively). Only 2 percent say the person they know only used an illegal drug one time.

While there was no difference in knowing a drug user by race, African American adults are much more likely to know someone who is or was "seriously addicted." Caucasian adults are most likely to know an occasional drug user (see Table 23).

Only about one-third (34%) of respondents who know someone who used illegal drugs report that the person obtained treatment for their drug use. As might be expected due to the higher connection to seriously addicted users, African American adults are more likely to say that the person who used drugs received treatment for his or her use (59% compared with 31% of Caucasian adults) (see Figure 4).

Three of four (73%) of drug users who obtained treatment for their drug use problem are reportedly drug free today. White respondents who know someone who obtained treatment are more likely to report the person to be drug free (77% versus 52% for African Americans).

Likely Sources of Treatment for Drug Related Problems

All respondents were asked where they would go if they or a family member developed a problem related to the use of drugs. One in seven (14%) adults say they don't know where they would go. Of those who report a source of assistance, the vast majority would seek some form of medical attention. More than one-half (53%) report that they would go to a substance abuse clinic. At least one in six would see a family physician (22%) or go to a hospital (16%). Those adults who wouldn't seek out medical help would be most likely to turn to a church or member of the clergy (18%), or to a friend or family member (13%) (see Table 24).

Women are more likely than their male counterparts to say they would seek out medical help. More than one-half of all adult women (55%) would go to a substance abuse clinic, while one-quarter would look to their family physician for help. Men are more likely than women to report that they would turn to friends or family or to the police (see Table 24).

African American adults are less likely than their white counterparts to say they would seek medical treatment and more likely to say they would seek out a member of the church or a substance abuse clinic. Two-thirds (67%) of African Americans say they would go to a substance abuse clinic compared with 52 percent of white Americans. And 28 percent of African Americans say they would turn to a church or member of the clergy (compared with 17% of white Americans). White adults are more likely than their non-white

counterparts to say they would go to a family physician (23% compared with 13%) or to a hospital (17% compared with 10%) (see Table 24).

Awareness of Efforts in the Community for Drug Prevention

Americans are generally aware of drug prevention programs in their community for children and adolescents, and see these programs as being at least somewhat effective. There is much less familiarity with programs aimed at adults, and any programs respondents were aware of were seen as much less effective than those for children and adolescents (see Tables 25 and 26).

Two of three (64%) Americans are aware of drug prevention efforts in their community for children and adolescents. Respondents report top-of-mind awareness of D.A.R.E. (46%), and school programs (31%). Between 6 percent and 7 percent of respondents report awareness of "Just Say No!" (7%), church-based programs (6%), and police programs (6%). One in six adults (16%) is aware of other programs in the community or neighborhood (see Table 25).

Adults aware of prevention programs for children and adolescents see these programs being somewhat effective (65%). Just one in five (18%) have the impression that such programs are very effective in preventing children and adolescents from using drugs (see Table 26).

In contrast, only 14 percent of Americans are aware of prevention efforts in their community aimed at adults. The relatively few adults who are aware of any programs recall church programs (17%), Alcoholics Anonymous (13%), or other non-specific programs in the community (26%). Only about one-half (54%) of those aware of the existence of any programs feel that the programs are somewhat or very effective in preventing drug use (Table 26).

Perceived Responsibility for Stopping Illegal Drug Use

Americans have very different perceptions of who should be responsible for stopping drug use among different user groups. The overwhelming majority (81%) feel that families and parents should be responsible for stopping drug use among children under age 12. Negligible (3% or less) proportions of Americans feel any other groups should be responsible. While the majority (70%) still feel that families and parents should be responsible for halting drug use among youths aged 13 to 18, one in four feel that some other groups should take responsibility. Adults point the finger at schools (5%), the police (5%) and even the Federal government (3%) to undertake this responsibility (see Table 27).

When it comes to illegal drug use among adults, Americans see the duty falling on the shoulders of each of us as individuals to stop the drug problem. Almost one-half (42%) of Americans feel that individuals are responsible for halting drug use. Many (22%) adults look to police for accountability in ending the drug problem, an additional 6 percent feel the Federal government should shoulder the burden.

Influence on Children and Adolescents in the Drug War

Youth peer pressure is felt to outweigh the influence of parents, the entertainment industry, school, and all other sources in the formation of children's and adolescents' decisions to use alcohol, tobacco or drugs, or not (see Table 28). Parents are also felt to have a strong influence.

Older adults perceive celebrities and the media to have much stronger influence on children's and adolescents' decision to use alcohol, tobacco, or drugs than do younger adults. In contrast, older adults are more likely to discount the impact that parents, friends and classmates and schools have on children and adolescents (Figure 5). Adults in their late teens and early twenties are also much less likely to feel that family authority figures and parents have a great deal of influence on youth's decisions to use illegal substances (Figure 6).

While the media are seen to exert less influence on children and adolescents than peer pressure, it is encouraging that the message sent out via the media recently is perceived as being more a positive than negative influence by adults.

Eight of ten (81%) Americans believe that children's friends and classmates wield a great deal of influence on the decisions of other children and adolescents to use alcohol, tobacco or drugs. Parents and other adult family members are felt to be the next most influential (67%), well ahead of schools (48%) and celebrities in the areas of sports, music, and entertainment (44%). Places of worship (40%), cable TV shows such as music video programs (43%), and advertisements or marketing campaigns on TV and the radio (39%) are seen as somewhat influential. Educational programs on television (28%) are felt to have the least influence on this impressionable group, just behind TV programs like sitcoms and cartoons (33%).

Older adults (age 55 or older) are less likely than younger adults to believe that the friends and classmates have a strong influence on adolescents (77% compared with 83%). Instead, they are much more likely to feel that media and celebrities have a great deal of influence. Young adults aged 18 to 25 are the least likely to feel that celebrities, TV programs like sitcoms and cartoons, educational TV, and places of worship have a strong influence on youth's decision to use illegal substances. These young adults are also least supportive of the influence that parents and other adult family members have on a youngster's decision to use alcohol, tobacco, or drugs (59% say strong influence compared with 68% of older adults) (Figure 6).

Six in ten (58%) Americans say they have seen a movie, music video, television show, or other entertainment source within the past month that showed drug use in a negative light (that is, as a bad thing to do or as something that is dangerous). Only one in four (25%) has seen a media source that has shown drug use in a positive light (that is, as a good thing to do or as something that is not dangerous). Young adults (aged 18 to 25) are much more likely to be exposed to media that show drug use in both a positive and a negative light than older adults (see Table 29).

TABLE 1
Best Thing About Living in the United States

	(Base=2,016)
Freedom (Net)	86 %
<i>Freedom/free country (non-specific)</i>	66 %
<i>Freedom of speech</i>	10 %
<i>Freedom of religion</i>	5 %
<i>Democracy/Political freedom</i>	5 %
Opportunities	9 %
Best place to live	6 %
Employment opportunities	4 %
Economic prosperity	4 %
Living conditions	3 %
Able to vote	3 %
Other (less than 3 % mention)	20 %

Note: Totals to more than 100 % are due to multiple responses.

TABLE 2		
Most Important Problem Facing the Country Today		
(Base=2,016)	First Response	Three Responses
Crime/violence	16 %	27 %
Drugs	11 %	19 %
Government/President Clinton/Congress	12 %	17 %
Federal budget/Federal debt	12 %	15 %
Other non-economic	2 %	14 %
Poverty/Homelessness	6 %	12 %
Ethical/Moral/Religious decline	8 %	12 %
Economy	7 %	11 %
Unemployment	4 %	9 %
Education	3 %	7 %
Race relations/Racism	4 %	6 %
Healthcare	2 %	6 %
Other economic	1 %	5 %
Taxes	2 %	5 %
International problems	2 %	3 %
Immigration/Illegal aliens	2 %	3 %
Medicare increases/social security	1 %	2 %
Trade relations/Deficit	1 %	2 %
Environment	--	1 %
AIDS	--	1 %
War	--	1 %
Recession	--	--
TOTAL	100 %	175 %*

Notes: * Totals to more than 100 % are because of multiple responses.

-- indicates less than .5 % mention.

EXECUTIVE OFFICE OF THE PRESIDENT

24-Apr-1996 02:31pm

TO: carnevale_j

FROM: preuter

SUBJECT: - no subject (01I3X8S923HU0095XV) -

Let's see if this works.

Peter Reuter
Van Munching Hall
School of Public Affairs
University of Maryland
College Park, Md. 20742

ph: 301 405 6367
fax: 301 403 4675

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by PMDF.EOP.GOV (PMDF V5.0-4 #6879) id <01I3X8S4AMNK00H4S9@PMDF.EOP.GOV> for carnevale_j@a1.eop.gov; Wed, 24 Apr 1996 14:31:20 -0400 (EDT)

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TABLE 2
Most Important Problem Facing the Country Today

(Base=2,016)	First Response	Three Responses
Crime/violence	16 %	27 %
Drugs	11 %	19 %
Government/President Clinton/Congress	12 %	17 %
Federal budget/Federal debt	12 %	15 %
Other non-economic	2 %	14 %
Poverty/Homelessness	6 %	12 %
Ethical/Moral/Religious decline	8 %	12 %
Economy	7 %	11 %
Unemployment	4 %	9 %
Education	3 %	7 %
Race relations/Racism	4 %	6 %
Healthcare	2 %	6 %
Other economic	1 %	5 %
Taxes	2 %	5 %
International problems	2 %	3 %
Immigration/Illegal aliens	2 %	3 %
Medicare increases/social security	1 %	2 %
Trade relations/Deficit	1 %	2 %
Environment	--	1 %
AIDS	--	1 %
War	--	1 %
Recession	--	--
TOTAL	100 %	175 %*

Notes: * Totals to more than 100 % are because of multiple responses.

-- indicates less than .5 % mention.

	November 1991	January 1993	January 1996
	Net of Three Responses		
Crime/violence	6 %	9 %	27 %
Drugs	10 %	6 %	19 %
Government/President Clinton/Congress	5 %	5 %	17 %
Federal budget/Federal debt	4 %	13 %	15 %
Poverty/Homelessness	16 %	15 %	12 %
Ethical/Moral/Religious decline	4 %	7 %	12 %
Economy	32 %	35 %	11 %
Unemployment	23 %	22 %	9 %
Education	4 %	8 %	6 %
Healthcare	6 %	18 %	16 %
Race relations/Racism	1 %	3 %	6 %
International Problems	3 %	5 %	5 %
Taxes	3 %	3 %	5 %
Medicare increases/social security	2 %	2 %	2 %
Trade relations/Deficit	4 %	3 %	2 %
Environment	3 %	3 %	1 %
AIDS	5 %	2 %	1 %
War	2 %	2 %	1 %
Recession	5 %	1 %	--
Other non-economic	12 %	17 %	14 %
Other economic	6 %	6 %	5 %
TOTAL	158 %*	190 %*	175 %*

*Totals to more than 100 % because of multiple responses.

TABLE 4			
Most Important Problem Facing the Country Today			
By Race			
	Race		
	White (1,736)	African- American (174)	Other (79)
(Base=)			
Net of 3 Responses - Top Mentions Only			
Crime/violence	<u>27 %</u>	30 %	27 %
Drugs	[18 %]	<u>26 %</u>	<u>26 %</u>
Government/President Clinton/Congress	<u>18 %</u>	[10 %]	[10 %]
Federal budget/Federal debt	<u>16 %</u>	[7 %]	[8 %]
Poverty/Homelessness	12 %	13 %	11 %
Ethical/Moral/Religious decline	12 %	12 %	10 %
Economy	10 %	<u>15 %</u>	[7 %]
Unemployment	[8 %]	<u>13 %</u>	[5 %]

Note: underline denotes statistically greater response than other sub-groups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

Figure 1
Importance of National Concerns
in Terms of Where Tax Dollars Should Be Spent

(Base=2,016)

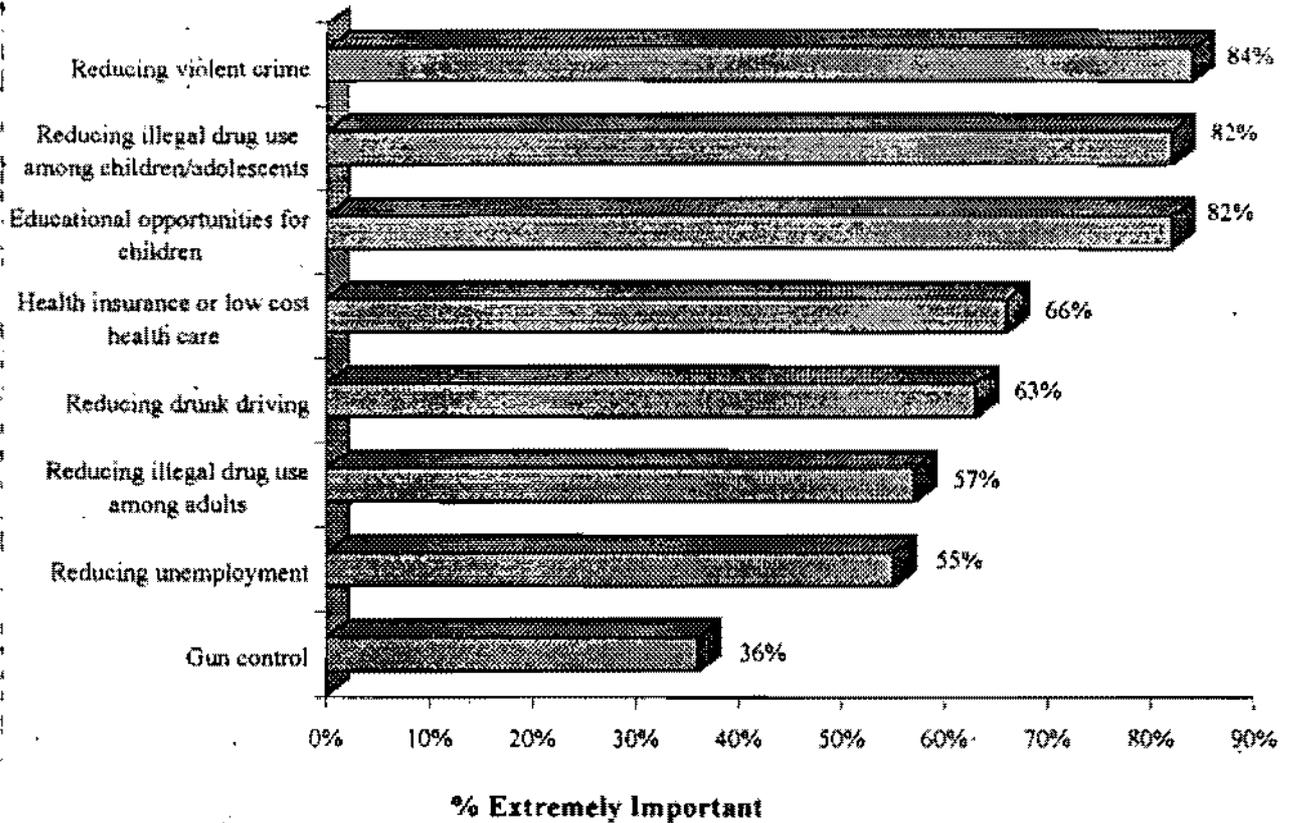


TABLE 5
Importance of National Concerns
in Terms of Where Tax Dollars Should Be Spent
By Race

	Race		
	White (1,728)	African American (174)	Other Races (79)
(Base=)			
% Extremely Important			
Reducing violent crime	83 %	91 %	86 %
Reducing illegal drug use among children and adolescents	81 %	87 %	86 %
Educational opportunities for children	81 %	<u>92 %</u>	86 %
Health insurance or low cost health care	64 %	<u>82 %</u>	74 %
Reducing drunk driving	62 %	<u>74 %</u>	56 %
Reducing unemployment	52 %	<u>74 %</u>	<u>71 %</u>
Reducing illegal drug use among adults	54 %	<u>76 %</u>	59 %
Gun control	32 %	<u>60 %</u>	50 %

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

TABLE 6
Importance of National Concerns
in Terms of Where Tax Dollars Should Be Spent
By Age

	Age			
	18-25	26-34	35-54	55+
(Base=)	(249)	(391)	(831)	(526)
% Extremely Important				
Reducing violent crime	84 %	83 %	82 %	87 %
Reducing illegal drug use among children and adolescents	[75 %]	83 %	81 %	86 %
Educational opportunities for children	88 %	85 %	82 %	[78 %]
Health insurance or low cost health care	[55 %]	63 %	66 %	73 %
Reducing drunk driving	[59 %]	[61 %]	59 %	73 %
Reducing unemployment	[49 %]	[51 %]	56 %	60 %
Reducing illegal drug use among adults	[47 %]	[49 %]	57 %	67 %
Gun control	[35 %]	[34 %]	32 %	41 %

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.
 [] denotes statistically lower response than other subgroups at 95 % level of confidence.

TABLE 7
Importance of National Concerns
in Terms of Where Tax Dollars Should Be Spent
By Gender

	Total (2,016)	Gender	
		Male (907)	Female (1,109)
(Base=)			
% Extremely Important			
Reducing violent crime	84 %	80 %	<u>87 %</u>
Reducing illegal drug use among children and adolescents	82 %	79 %	<u>85 %</u>
Educational opportunities for children	82 %	79 %	<u>85 %</u>
Health insurance or low cost health care	66 %	59 %	<u>72 %</u>
Reducing drunk driving	63 %	56 %	<u>69 %</u>
Reducing unemployment	57 %	49 %	<u>61 %</u>
Reducing illegal drug use among adults	55 %	51 %	<u>62 %</u>
Gun control	36 %	23 %	<u>46 %</u>

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.
 [] denotes statistically lower response than other subgroups at 95 % level of confidence.

TABLE 8
Importance of National Concerns
in Terms of Where Tax Dollars Should Be Spent
By Education

	Education			
	< HS (177)	HS Grad (519)	Some Coll (576)	Coll Grad (734)
(Base=)				
% Extremely Important				
Reducing violent crime	90 %	88 %	84 %	[76 %]
Reducing illegal drug use among children and adolescents	83 %	89 %	84 %	[72 %]
Educational opportunities for children	<u>63 %</u>	<u>63 %</u>	55 %	[44 %]
Health insurance or low cost health care	<u>75 %</u>	<u>74 %</u>	66 %	[54 %]
Reducing drunk driving	83 %	<u>72 %</u>	64 %	[44 %]
Reducing unemployment	<u>63 %</u>	<u>63 %</u>	55 %	[44 %]
Reducing illegal drug use among adults	<u>72 %</u>	<u>69 %</u>	56 %	[40 %]
Gun control	<u>51 %</u>	40 %	[31 %]	[29 %]

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

TABLE 9	
What About Drug Use Concerns You?	
(Among Those Who Say Reducing Drugs is Extremely Important)	
% Extremely Important	(Base=1,906)
Crime/violence associated with it	29 %
Reaching children/concern for my children	28 %
Availability/easily accessible	12 %
Effect drugs have on people	12 %
Ruins people's lives	7 %
Negative health risks	5 %
Affects more than the person using it	5 %
Addictions	4 %
Widespread use	4 %
Breakdown of families/negative effect on society/moral decline	7 %
Death from drug use	3 %
Judicial system/lack of penalties/lack of controlling it	7 %
Tax dollars spent on rehab/healthcare/money people spend	6 %
Other	17 %

Note: Totals to more than 100 % are because of multiple responses.

Figure 2
Change in Concern with Illegal Drug Use
in Past Five Years
 (Base=2,016)

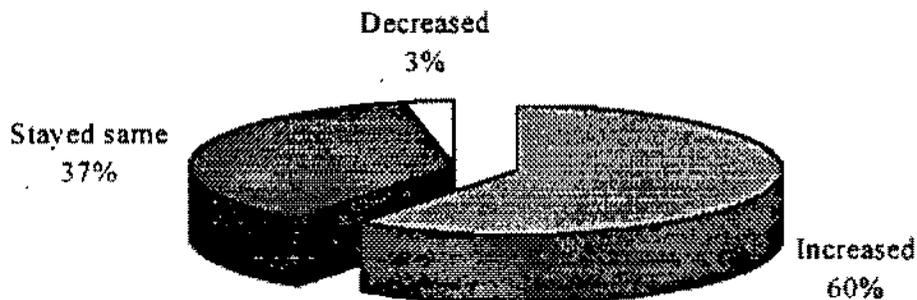


TABLE 10

Why Concern Over Drug Use Has Increased
 (Among Those Who Say Concern Has Increased)

Net of Two Mentions	(Base=1,185)
Crime/violence associated with it	21 %
Widespread use	18 %
Worrying about my children/grandchildren	17 %
Hear more about it/media coverage	13 %
Availability/easily accessible	11 %
Reaching children	12 %
More knowledgeable/firsthand knowledge	15 %
Effect drugs have on people/negative affect on society	4 %
Negative health risks/death from drug use	2 %
Breakdown of families/ruins lives/moral decline	3 %
Other	15 %

Note: Totals to more than 100 % are because of multiple responses.

Figure 3
Include Alcohol When Think of
Drug Use
(Base= 2,016)

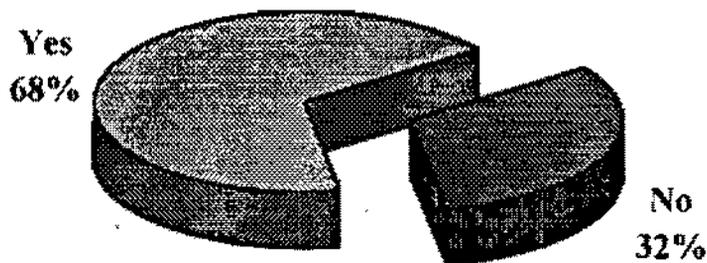


TABLE 11
Illegal Drug You Personally Feel is the Biggest Problem
In Country Today
By Race

(Base=)	Total (2,016)	White (1,736)	African American (174)	Hispanic* (102)
Crack cocaine	54 %	53 %	67 %	[38 %]
Powder cocaine	7 %	6 %	7 %	10 %
Marijuana	6 %	6 %	4 %	5 %
Heroin and other opiates	4 %	5 %	1 %	8 %
Inappropriate use of prescription drugs	4 %	4 %	1 %	8 %
LSD and other hallucinogens	1 %	1 %	1 %	5 %
All of these	21 %	22 %	16 %	21 %

* Respondents identified as Hispanic are a subset of those classified as white or African American.

TABLE 12	
Agreement with Statements About Drug Use	
% Strongly Agree	(Base=2,016)
Children are starting drug use at a younger age than they did a decade ago	69 %
Drug use often leads people to commit violent crimes	67 %
Employers should be allowed to fire any employee who is using drugs	52 %
Smoking marijuana often leads to use of more serious drugs like crack or heroin	43 %
Drug use is a more serious problem among youth than it is among adults	33 %

TABLE 13 Agreement with Statements About Drug Use By Race				
(Base=)	Total (2,016)	White (1,736)	African- American (174)	Hispanic* (102)
(% Strongly Agree)				
Children are starting drug use at a younger age than they did a decade ago	69%	[68%]	<u>81%</u>	[68%]
Drug use often leads people to commit violent crimes	67%	67%	71%	71%
Employers should be allowed to fire any employee who is using drugs	52%	<u>52%</u>	[43%]	<u>59%</u>
Smoking marijuana often leads to use of more serious drugs like crack or heroin	43%	42%	49%	43%
Drug use is a more serious problem among youth than it is among adults	33%	[31%]	<u>44%</u>	<u>40%</u>

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

*Respondents identified as Hispanic are a subset of those classified as white or African American.

TABLE 14					
Agreement with Statements About Drug Use					
By Age					
	Total (2,016)	Age			
		18-25 (249)	26-34 (391)	35-54 (831)	55+ (526)
(Base=)					
(% Strongly Agree)					
Children are starting drug use at a younger age than they did a decade ago	69 %	<u>73 %</u>	68 %	67 %	<u>72 %</u>
Drug use often leads people to commit violent crimes	67 %	50 %	56 %	69 %	<u>80 %</u>
Employers should be allowed to fire any employee who is using drugs	52 %	<u>53 %</u>	48 %	48 %	<u>58 %</u>
Smoking marijuana often leads to use of more serious drugs like crack or heroin	43 %	36 %	34 %	38 %	<u>60 %</u>
Drug use is a more serious problem among youth than it is among adults	33 %	32 %	[27 %]	[27 %]	<u>46 %</u>

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.
 [] denotes statistically lower response than other subgroups at 95 % level of confidence.

TABLE 15

**Agreement with Statements About Drug Use
By Educational Attainment**

(Base=)	Total (2,016)	Education			
		< High School (177)	High School (519)	Some College (576)	College Grad (734)
(% Strongly Agree)					
Children are starting drug use at a younger age than they did a decade ago	69 %	<u>75 %</u>	<u>71 %</u>	<u>71 %</u>	[62 %]
Drug use often leads people to commit violent crimes	67 %	<u>71 %</u>	<u>72 %</u>	68 %	[60 %]
Employers should be allowed to fire any employee who is using drugs	52 %	<u>66 %</u>	58 %	48 %	[43 %]
Smoking marijuana often leads to use of more serious drugs like crack or heroin	43 %	<u>59 %</u>	45 %	44 %	[31 %]
Drug use is a more serious problem among youth than it is among adults	33 %	<u>52 %</u>	36 %	[29 %]	[25 %]

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

* Respondents identified as Hispanic are a subset of those classified as white or African American.

TABLE 16

Agreement with Statements About Drug Strategies

% Strongly Agree	(Base=2,016)
More money should be spent on stopping drugs from coming into the U.S. from foreign countries	64 %
We should have more drug treatment available to reduce drug use	51 %
If the money spent on building prisons for drug users were spent on prevention and rehabilitation, there would be significantly less crime	38 %
Harsh criminal penalties for using illegal drugs are an effective means of drug prevention	32 %
We should have more severe penalties for drug users than for people who sell drugs	25 %
Once a person gets addicted to drugs, treatment and rehabilitation programs usually do not work	15 %

TABLE 17
Agreement with Statements About Drug Strategies
By Race

(Base=)	Total (2,016)	White (1,736)	African American (174)	Hispanic* (102)
(% Strongly Agree)				
More money should be spent on stopping drugs from coming into the U.S. from foreign countries	64 %	[62 %]	<u>78 %</u>	[65 %]
We should have more drug treatment available to reduce drug use	51 %	[49 %]	<u>69 %</u>	<u>61 %</u>
If the money spent on building prisons for drug users were spent on prevention and rehabilitation, there would be significantly less crime	38 %	[35 %]	<u>58 %</u>	<u>51 %</u>
Harsh criminal penalties for using illegal drugs are an effective means of drug prevention	32 %	32 %	32 %	34 %
We should have more severe penalties for drug users than for people who sell drugs	25 %	[24 %]	<u>33 %</u>	<u>29 %</u>
Once a person gets addicted to drugs, treatment and rehabilitation programs usually do not work	15 %	14 %	<u>23 %</u>	16 %

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

* Respondents identified as Hispanic are a subset of those classified as white or African American.

TABLE 18
Agreement with Statements About Drug Strategies
by Age

(Base=)	Total (2,016)	Age			
		18-25 (249)	26-34 (391)	35-54 (831)	55+ (526)
(% Strongly Agree)					
More money should be spent on stopping drugs from coming into the U.S. from foreign countries	64 %	58 %	[53 %]	62 %	<u>75 %</u>
We should have more drug treatment available to reduce drug use	51 %	55 %	[46 %]	51 %	53 %
If the money spent on building prisons for drug users were spent on prevention and rehabilitation, there would be significantly less crime	38 %	33 %	[28 %]	37 %	<u>48 %</u>
Harsh criminal penalties for using illegal drugs are an effective means of drug prevention	32 %	29 %	27 %	29 %	<u>41 %</u>
We should have more severe penalties for drug users than for people who sell drugs	25 %	23 %	20 %	22 %	<u>34 %</u>
Once a person gets addicted to drugs, treatment and rehabilitation programs usually do not work	15 %	13 %	10 %	14 %	<u>22 %</u>

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.
[] denotes statistically lower response than other subgroups at 95 % level of confidence.

TABLE 19
Agreement with Statements About Drug Strategies
By Education

(Base=)	Total (2,016)	Education			
		< High School (177)	High School (519)	Some College (576)	College Grad (734)
(% Strongly Agree)					
More money should be spent on stopping drugs from coming into the U.S. from foreign countries	64 %	<u>79 %</u>	71 %	63 %	[50 %]
We should have more drug treatment available to reduce drug use	51 %	<u>72 %</u>	52 %	48 %	[44 %]
If the money spent on building prisons for drug users were spent on prevention and rehabilitation, there would be significantly less crime	38 %	<u>48 %</u>	41 %	36 %	[33 %]
Harsh criminal penalties for using illegal drugs are an effective means of drug prevention	32 %	<u>45 %</u>	38 %	[30 %]	[22 %]
We should have more severe penalties for drug users than for people who sell drugs	25 %	<u>40 %</u>	30 %	23 %	[15 %]
Once a person gets addicted to drugs, treatment and rehabilitation programs usually do not work	15 %	<u>27 %</u>	17 %	[13 %]	[10 %]

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

* Respondents identified as Hispanic are a subset of those classified as white or African American.

TABLE 20 Most Effective in Terms of Where Money Should be Spent to Fight the War on Drugs		
(Base=2,016)	Most Effective	Most/Second Most Effective
Stopping drugs from coming into the United States	31 %	50 %
Having more programs to educate both youth and adults about the dangers of drugs	28 %	47 %
More efforts, including police action and criminal prosecution, to stop the drug dealers	22 %	46 %
Putting more drug treatment programs in communities and neighborhoods	9 %	24 %
More efforts, including police actions and criminal prosecution, to stop the people who buy drugs	6 %	17 %
Building more jails and prisons for drug offenders	2 %	7 %

TABLE 21

Most Effective in Terms of Where Money Should be Spent to Fight the War on Drugs

(Base=)	Total (2,016)	Self, Friend or Family Member Has Used Drugs	
		Yes (891)	No (1,087)
(First or Second Mention)			
Stopping drugs from coming into the United States	50 %	[44 %]	<u>55 %</u>
Having more programs to educate both youth and adults about the dangers of drugs	47 %	<u>51 %</u>	[44 %]
More efforts, including police action and criminal prosecution, to stop the drug dealers	46 %	[43 %]	<u>49 %</u>
Putting more drug treatment programs in communities and neighborhoods	24 %	<u>31 %</u>	[18 %]
More efforts, including police actions and criminal prosecution, to stop the people who buy drugs	17 %	15 %	18 %
Building more jails and prisons for drug offenders	7 %	7 %	8 %

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.
 [] denotes statistically lower response than other subgroups at 95 % level of confidence.

TABLE 22		
Self, Family Member or Close Friend Ever Used Drugs		
	(Base=)	% Yes
Total	(2,016)	45 %
Race		
White	(1,736)	45 %
African American	(174)	49 %
Other	(79)	37 %
Age		
18-25	(249)	<u>63 %</u>
26-34	(391)	<u>59 %</u>
35-54	(831)	<u>50 %</u>
55+	(526)	[22 %]
Region		
Northeast	(399)	43 %
North Central	(515)	46 %
South Central	(703)	40 %
West	(399)	<u>56 %</u>
Urbanicity		
Suburban	(790)	<u>49 %</u>
Urban	(1,226)	43 %
Income		
Less than \$25,000	(451)	[39 %]
\$25,000-\$34,999	(305)	48 %
\$35,000-\$44,999	(320)	51 %
\$45,000-74,999	(487)	51 %
\$75,000 or more	(281)	47 %

*Table reads horizontally.

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

TABLE 23

Perceived Level of Drug User
(Those Acquainted with Someone Who Used Illegal Drugs)

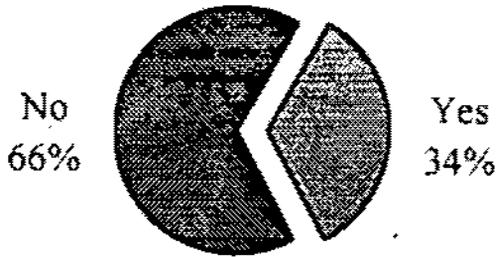
	(Base)	Level of Drug User			
		Occasional user	Moderate user	Seriously addicted	Used only once
Total	(891)	41 %	28 %	29 %	2 %
Race					
White	(770)	<u>43 %</u>	29 %	26 %	2 %
African American	(81)	24 %	23 %	<u>53 %</u>	0 %
Other	(28)	<u>45 %</u>	26 %	21 %	8 %
Age					
18 - 25	(149)	39 %	<u>35 %</u>	25 %	1 %
26-34	(223)	<u>45 %</u>	27 %	28 %	0 %
35-54	(401)	<u>44 %</u>	27 %	27 %	3 %
55+	(114)	[27 %]	26 %	<u>46 %</u>	1 %
Region					
Northeast	(173)	44 %	32 %	[23 %]	2 %
North Central	(227)	42 %	26 %	30 %	1 %
South Central	(274)	38 %	28 %	32 %	2 %
West	(217)	41 %	28 %	30 %	2 %
Urbanicity					
Suburban	(317)	[36 %]	31 %	31 %	2 %
Urban	(520)	<u>44 %</u>	26 %	28 %	2 %
Income					
Less than \$35,000	(316)	[36 %]	25 %	<u>38 %</u>	2 %
\$35,000 or more	(527)	<u>44 %</u>	30 %	[23 %]	1 %

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.
 [] denotes statistically lower response than other subgroups at 95 % level of confidence.

Figure 4

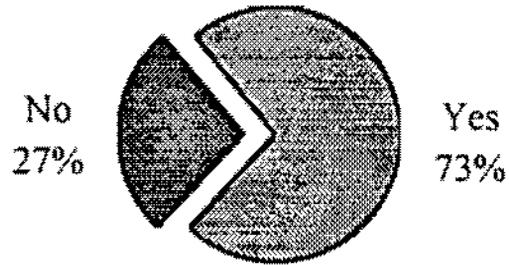
Treatment and Status of Person Who Used Drugs

Did they obtain treatment to stop using illegal drugs?



(Base= 891 Adults Acquainted with Someone Who Used Illegal Drugs)

Are they drug free today?



(Base= 276 Adults Acquainted with Someone Who Sought Treatment for Drug Use)

TABLE 24					
Where Respondents Would Go If They Developed A Drug Related Problem					
(Top Mentions Only)					
(Base=)	Total (2,016)	Women (1,109)	Men (907)	White (1,736)	Black (174)
Don't know	14 %	14 %	14 %	14 %	14 %
(Base=)	(1736)	(925)	(806)	(1483)	(190)
Substance abuse clinic	53 %	<u>55 %</u>	51 %	52 %	<u>67 %</u>
Family physician	22 %	24 %	19 %	23 %	13 %
Church/Clergy	18 %	18 %	18 %	17 %	<u>28 %</u>
Hospital	16 %	17 %	16 %	<u>17 %</u>	10 %
Friends/Family	13 %	11 %	<u>15 %</u>	13 %	14 %
Counseling	5 %	5 %	5 %	5 %	5 %
Police	5 %	4 %	6 %	5 %	2 %
Mental Health Clinic	6 %	6 %	5 %	5 %	7 %

Note: underline denotes statistically greater response at 95 % level of confidence.
Totals to more than 100 % because of multiple responses.

TABLE 25		
Aware of Efforts in Community for Drug Prevention		
(Base=)	<u>Programs For:</u>	
	Children and Adolescents (2,016)	Adults (2,016)
Total - % Yes Aware	64 %	14 %
Programs recalled (Base=)	(1,294)	(283)
D.A.R.E.	46 %	3 %
School programs	31 %	5 %
Other programs in the community/neighborhood	14 %	26 %
Just Say No!	7 %	1 %
Church programs	6 %	17 %
Police programs/McGruff	6 %	6 %
Alcoholics Anonymous/Narcotics Anonymous	2 %	13 %
Treatment Programs	1 %	7 %
MADD	3 %	1 %
Parents educating their children	2 %	0 %
TV Programs/TV ads	2 %	8 %
Partnership for Drug Free America	1 %	0 %
Other	16 %	27 %

TABLE 26		
Perceived Effectiveness of Programs (Adults Aware of Any Program)		
	Aware of Programs for:	
	Children and Adolescents (1,205)	Adults (250)
Perceived Effectiveness		
Very/somewhat effective (Net)	83 %	54 %
Very effective	18 %	15 %
Somewhat effective	65 %	39 %

TABLE 27			
Who Should be Responsible for Stopping Illegal Drug Use			
	Among Following Groups		
	Adults	Youths 13 to 18	Children Under 12
(Base=(2,016))			
Each of us/individuals	42 %	5 %	1 %
Police	22 %	5 %	2 %
Families/Parents	10 %	70 %	81 %
Federal government	6 %	3 %	3 %
Cities/communities/neighborhoods	3 %	2 %	1 %
Schools	1 %	5 %	3 %
State government	3 %	1 %	1 %
Other	14 %	4 %	3 %

Bolding indicates top responses for each age group.

TABLE 28

**Influence On The Decisions Of Children And Adolescents
To Use Or Not Use Alcohol, Tobacco Or Drugs**

% Great Deal Influence	Total (2,016)
Friends and classmates	81 %
Parents or other adult family members	67 %
Celebrities (sports, music)	44 %
School	48 %
Places of worship	40 %
Cable shows such as music or music video programs on TV	43 %
Ads or marketing campaigns on TV and the radio	39 %
TV programs like sitcoms and cartoons	33 %
Education programs on television	28 %

Figure 5

Perceived Amount of the Influence Media and Celebrities Have on Children's Decisions to Use Drugs, Tobacco or Alcohol

By Age of Respondent

(Base=2,016)

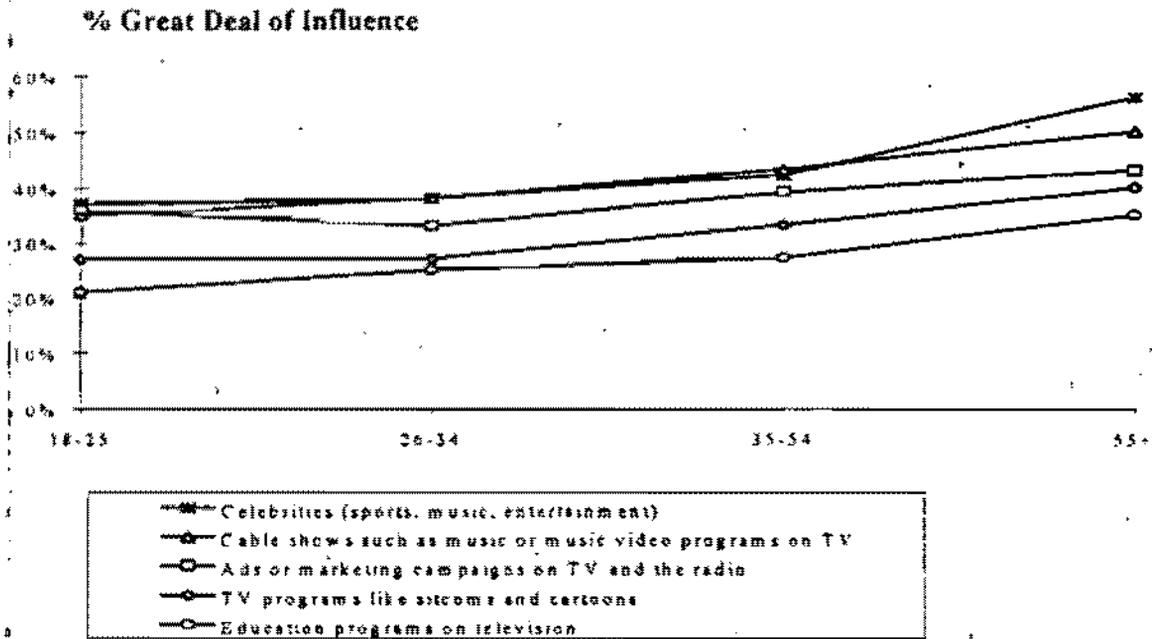


Figure 6

Perceived Amount of the Influence Parents, Friends and Schools Have on Children's Decisions to Use Drugs, Tobacco or Alcohol

By Age of Respondent

(Base=2,016)

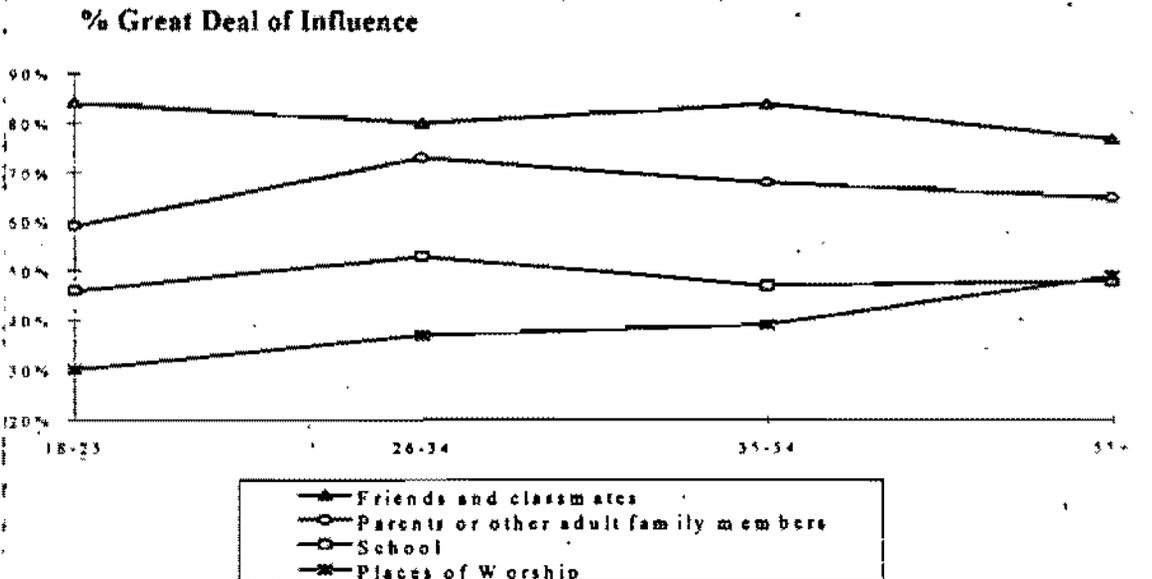


TABLE 29

**Past Month Viewing of Movie, Music Video, Television Show
Or Other Entertainment Source That Showed Drug Use**

(Base=)	Total (2,016)	18-25 (249)	26-35 (391)	36-54 (831)	55+ (526)
% Yes					
In a positive light (i.e., as good thing to do or as something that is not dangerous)	25 %	<u>47 %</u>	30 %	24 %	[13 %]
In a negative light (i.e., as a bad thing to do or as something that is dangerous)	58 %	<u>71 %</u>	<u>66 %</u>	<u>63 %</u>	[39 %]

Note: underline denotes statistically greater response than other subgroups at 95 % level of confidence.

[] denotes statistically lower response than other subgroups at 95 % level of confidence.

APPENDIX A
DESIGN OF THE SAMPLE

Design of The Sample

The samples of telephone numbers used in telephone interview surveys are based on a random digit stratified probability design. The sampling procedure involves selecting listed "seed" numbers, deleting the last two digits and randomly generating two digits to replace them. This procedure provides telephone samples that are geographically representative. The random digit aspect, since it allows for the inclusion of unlisted and unpublished numbers, protects the samples from "listing biases" - the unrepresentativeness of telephone samples that can occur if the distinctive households whose telephone numbers are unlisted and unpublished are excluded from the sample.

Weighting Procedures

After the survey data have been collected and processed, each respondent is assigned a weight so that the demographic characteristics of the total weighted sample of respondents matches the latest estimates of the demographic characteristics of the adult population available from the U.S. Census Bureau. Telephone surveys are weighted to match the characteristics of the adults population living in households with access to a telephone.

The procedures described above are designed to produce samples approximating the adult civilian population (18 and older) living in private households (that is, excluding those in prisons, hospitals, hotels, religious and education institutions and those living on reservations or military bases) with access to a telephone. Survey %ages may be applied to census estimates of the size of these populations to project %ages into number of people. The manner in which the sample is drawn also produces a sample which approximates the distribution of private households in the United States; therefore, survey results can also be projected to numbers of households.

APPENDIX B
SAMPLING ERROR RANGES

Sampling Tolerances

In interpreting survey results, it should be borne in mind that all sample surveys are subject to sampling error, that is, the extent to which the results may differ from what would be obtained if the whole population had been interviewed. The size of such sampling errors depends largely on the number of interviews.

The following tables may be used in estimating the sampling error in any %age in this report. The computed allowances have taken into account the effect of the sample design upon sampling error. They may be interpreted as indicating the range (plus or minus the figure shown) within which the results of repeated sampling in the same time period could be expected to vary 95 % of the time, assuming the same sampling procedures, the same interviewers, and the same questionnaire.

Table A shows how much allowance should be made for the sampling error of a %age.

TABLE A					
Recommended Allowance for Sampling Error					
of a %age					
In %age Points					
(At 95 in 100 Confidence Level)*					
	<u>1000</u>	<u>500</u>	<u>300</u>	<u>200</u>	<u>100</u>
%ages Near 10	2	3	4	5	7
%ages Near 20	2	4	5	6	9
%ages Near 30	3	4	6	7	11
%ages Near 40	3	4	7	8	11
%ages Near 50	3	4	7	8	12
%ages Near 60	3	4	7	8	11
%ages Near 70	3	4	6	7	11
%ages Near 80	2	4	5	7	9
%ages Near 90	2	3	4	5	7

* The chances are 95 in 100 that the sampling error is not larger than the figures shown

The table would be used in the following manner: Let us say a reported %age is 27 for a group which includes about 500 respondents (adults aged 55 or older, for example). Then we go to row "%ages near 30" in the table and go across to the column headed "500." The number at this point is 4, which means that the 27 % obtained in the sample is subject to a sampling error or ± 4 points. Another way of saying this is that 95 times out of 100 the true figure in the population would be somewhere between 23 % and 31 %.

In comparing survey results in two samples--for example, businesses which operate in Florida and those who do not--the question arises as to how large a difference between them must exist before one can be reasonably sure that it reflects a real difference. In the following tables, the number of points which must be allowed for in such comparisons is indicated.

Two tables are provided. One is for %ages near 20 or 80; the other is for %ages near 50. For %ages in between, the error to be allowed for is between those shown in the two tables.

TABLE B					
Recommended Allowance for Sampling Error of the Difference					
In %age Points					
(At 95 in 100 Confidence Level)*					
<u>%ages near 20 and 80</u>					
<u>Size of Sample</u>	<u>1000</u>	<u>750</u>	<u>500</u>	<u>200</u>	<u>100</u>
1000	4				
750	4	4			
500	4	5	5		
200	6	6	7	8	
100	8	8	9	10	12

*The changes are 95 in 100 that the sampling error is not larger than the figures shown.

TABLE C
Recommended Allowance for Sampling
Error of the Difference

In %age Points (At 95 in 100 Confidence Level)*					
<u>%ages near 20 and 80</u>					
<u>Size of Sample</u>	<u>1000</u>	<u>750</u>	<u>500</u>	<u>200</u>	<u>100</u>
1000	4				
750	5	6			
500	5	6	6		
200	8	10	8	10	
100	10	10	11	12	14

*The changes are 95 in 100 that the sampling error is not larger than the figures shown.

Here is an example of how the tables would be used: Let us say that 50 % of women respond one-way and 40 % of men respond the same way also, for a difference of 10 %. Can we say with any assurance that the 10-point difference reflects a real difference between men and women? The sample contains approximately 900 men and 1100 women. Since the %ages are near 50, we consult Table C, and since the first group has about 1100 people we use the first column labeled "1000", while the second has 900 so we look at the row labeled 1000; we see the number 4 here. This means that the allowance for error should be 4 %age points and that, in concluding that the %age among women is somewhere between 6 and 14 points higher than among men, we should be wrong only about 5 % of the time. In other words, we can conclude with considerable confidence that a difference exists in the direction observed, and that it amounts to at least 6 %age points.

If, in another case, women's responses amount to 25 % and men's to 28 %, we consult Table B because these %ages are near 20. We look for the number in the column headed 1000 and row of 1000 and see that it is 4. Obviously, then, the 3 point difference is inconclusive.

APPENDIX C
SURVEY INSTRUMENT

OMB Approval No. 3201-003

CRT

FIELD FINAL -January 3, 1996

RANDOM SAMPLE

AC9028

Project Registration #105031 X APPROVED BY CLIENT

OFFICE OF NAT'L DRUG CONTROL POLICY

Washington, D.C.

DATE

"Consult With America" Study

Copyright, The Gallup Organization

The Gallup Organization

INTERVIEWED BY

Max Larsen/Dawn Balmforth/

December, 1995 n=2,000

I.D.#:

(1-5)

0

**AREA CODE AND TELEPHONE NUMBER: () _____

(32 - 41)

**INTERVIEW TIME: -----

(42) (43)

**STATE:

() _____

**CENSUS REGION: (Code from fone file)

- 1
- 2
- 3
- 4

(813)

**GEO STRATA:

- 1
- 2
- 3

(814)

**MSA CODE: (Code from fone file)

(815) (816) (817) (818)

**URBANICITY: (Code from fone file)

- 3 Suburban
- 4 Rural
- 0 Unknown

(819)

S1. REGION: (Code from fone file)

(Ask for name from fone file) Hello, this is _____ calling from The Gallup Organization of Lincoln, Nebraska. Today, we are conducting a survey for the Executive Office of the President on people's opinions of current issues. We would like to include someone aged 18 or older from your household. Depending on your answers, the collection of this information is expected to last from seven to 12 minutes. If you have questions or suggestions on how to reduce the burden of this information collection, I would be willing to give you the name, phone and address to contact the Office of National Drug Control Policy. All of your answers will be confidential, and you can choose to skip over any questions you wish.

1 Available, yes give name and address - (Continue)

2 Available, no name and address needed - (Skip to S1)

4 (DK) - (Thank and Terminate)

7 Not available - (Set time to call back)

(1143)

(INTERVIEWER NOTE: Office of National Drug Control Policy contact is Mr. Ross Deck, Senior Policy Analyst, Office of National Drug Control Policy, Executive Office of the President, 750 17th Street, N.W., Washington, D.C. 20500) Phone: (202)-395-6727

S1. How many members of your household including yourself are age 18 or older? (Open ended and code actual number)

00 None - (Thank and Terminate)

01 One - (Skip to "READ" before #1)

02-97 - (Continue)

98 (DK) (Thank and Terminate)

99 (Refused) (Thank and Terminate)

(513) (514)

S2. May I please speak to the person age 18 or older who had the most recent birthday?

1 Yes, male available (Continue)

2 Yes, female available (Continue)

3 No, not available - (Set time to call back)

4 (DK) (Thank, Terminate & Tally)

5 (Refused) (Thank, Terminate & Tally)

(515)

S3. ETHNICITY: Are you, yourself, of Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

(49)

S4. RACE: What is your race? Are you white, African American, or some other race?

- 01 Some other race (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 White
- 07 African American/Black
- 08 (Hispanic) - (Continue)

() ()

S5. (If code "08" in S4, ask:) Do you consider yourself to be white-Hispanic, or black-Hispanic?

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 White-Hispanic
- 07 Black-Hispanic
- 08 (Hispanic/Respondent refuses to discriminate)

() ()

(READ:) Hello, this is _____ with the Gallup Polls. We are conducting a study of people's opinions about life in the United States.

1. Again this study is about people's views of living in the United States. What would you say is the best thing about living in the United States today? (Probe:) What else? (Open ended) (Probe for two responses)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

1st _____
 Resp: () ()

2nd _____
 Resp: () ()

3rd _____
 Resp: () ()

2. What do you think is the MOST important problem facing this country today? (Open ended and code) (Allow three responses)

- 001 Other (list)
- 002 (DK)
- 003 (Refused)
- 004 None
- 005 All

- 006 Economy (General)
- 007 Unemployment/Jobs
- 008 Federal Budget Deficit/Federal Debt
- 009 Taxes
- 010 Foreign Trade/Trade Deficit
- 011 Cost of Living/Inflation
- 012 Recession
- 013 Crime/Violence
- 014 Health Care/Hospitals
- 015 Drugs
- 016 Poverty/Hunger/Homelessness
- 017 Ethical/Moral/Religious Decline
- 018 Education
- 019 AIDS
- 020 Medicare Increases/Senior Citizen Insurance
- 021 International Problems/Foreign Affairs
- 022 Government/President Clinton/Congress/Politicians
- 023 Foreign Aid/Focus Overseas
- 024 Race Relations/Racism
- 025 Immigration/Illegal Aliens
- 026 Welfare
- 027 Environment/Pollution

1st _____

Resp: () ()

2nd _____

Resp: () ()

3rd _____

Resp: () ()

3. I am going to read you a list of concerns that people sometimes name as problems in the United States. After I read each one, please tell me if you think it is extremely important, somewhat important, not very important, or not at all important in terms of where tax dollars should be spent. How about (read and rotate A-H)?

- 1 Not at all important
 - 2 Not very important
 - 3 Somewhat important
 - 4 Extremely important
 - 5 (DK)
 - 6 (Refused)
- A. Reducing violent crime _____ ()
 - B. Reducing illegal drug use among children and adolescents _____ ()
 - C. Reducing illegal drug use among adults _____ ()
 - D. Gun control _____ ()
 - E. Reducing unemployment _____ ()
 - F. Educational opportunities for children _____ ()
 - G. Reducing drunk driving _____ ()
 - H. Health care insurance or low cost health care _____ ()

4. (If code "3" or "4" in #3-B or #3-C, ask:) What specifically is it about drug use that concerns you? (Probe:) What else? (Open ended) (Probe for three responses)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

1st _____

Resp: () ()

2nd _____

Resp: () ()

3rd _____

Resp: () ()

5. When you think about drug use, do you include alcohol use too?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)
- 5 (Sometimes)

_____ ()

6. Which of the following illegal drugs do you personally feel is the biggest problem in our country today? (Read and rotate 01-06, then 07)

- 01 Marijuana
- 02 Powder cocaine
- 03 Crack cocaine
- 04 Heroin and other opiates
- 05 LSD and other hallucinogens
- 06 Inappropriate use of prescription drugs
- 07 Other illegal drugs (do NOT list)

- 08 (All of these)
- 09 (None of these)
- 10 (DK)
- 11 (Refused)

_____ ()

(READ:) For the rest of this survey, the term "drug use" means use one or more times, of an illegal drug such as marijuana, cocaine, crack, heroin, LSD or the like.

7. I am going to read you several Statements about drug use. For each, please tell me if you strongly agree, mostly agree, mostly disagree, or strongly disagree. How about (read and rotate A-F)?

- 1 Strongly disagree
- 2 Mostly disagree
- 3 Mostly agree
- 4 Strongly agree
- 5 (DK)
- 6 (Refused)
- 7 (Depends) - (Probe once: In general, would you say you agree or disagree with this Statement?)

A. Smoking marijuana often leads to use of more serious drugs like crack or heroin

_____ ()

B. Drug use often leads people to commit violent crimes

_____ ()

C. Children are starting drug use at a younger age than they did a decade ago

_____ ()

D. Drug use is a more serious problem among youth than it is among adults

_____ ()

7. (Continued:)

E. We should have more severe penalties for drug users than for people who sell drugs

F. We should have more drug treatment available to reduce drug use

8. Over the past five years, has your concern about illegal drug use increased, decreased, or remained the same?

1 Increased - (Continue)

2 Decreased - (Skip to #10)

3 Remained the same (Skip to #11)

4 (DK) (Skip to #11)

5 (Refused) (Skip to #11)

9. (If code "1" in #8, ask:) Why has your concern about illegal drug use increased? (Probe:) Why else? (Open ended) (Probe for two responses)

01 Other (list)

02 (DK)

03 (Refused)

04 HOLD

05 HOLD

1st

Resp:

2nd

Resp:

(All in #9, Skip to #11)

10. (If code "2" in #8, ask:) Why has your concern about illegal drug use decreased? (Probe:) Why else? (Open ended) (Probe for two responses)

01 Other (list)

02 (DK)

03 (Refused)

04 HOLD

05 HOLD

1st

Resp:

2nd

Resp:

11. Next I want to know your opinion on several issues related to illegal drug use in the United States. As I read each Statement, please tell me if you strongly agree, mostly agree, mostly disagree, or strongly disagree. (Read and rotate A-E)

- 1 Strongly disagree
- 2 Mostly disagree
- 3 Mostly agree
- 4 Strongly agree
- 5 (DK)
- 6 (Refused)

- A. Once a person gets addicted to drugs, treatment and rehabilitation programs usually do not work _____ ()
- B. Employers should be allowed to fire any employee who is using drugs _____ ()
- C. Harsh criminal penalties for using illegal drugs are an effective means of drug prevention _____ ()
- D. If the money spent on building prisons for drug users were spent on prevention and rehabilitation, there would be significantly less crime _____ ()
- E. More money should be spent on stopping drugs from coming into the United States from foreign countries _____ ()

12. I am going to read you a list of things that could be done to reduce the illegal drug problem in the United States. After I read all of the options to you, please tell me which one you think is the most effective in terms of where money should be spent to fight the war on drugs. (Read and rotate 1-6) Which of these is the most important? (Probe:) Which is the second most effective? (If necessary, read and rotate 1-6)

- 1 Putting more drug treatment programs in communities and neighborhoods
- 2 Having more programs to educate both youth and adults about the dangers of drugs
- 3 More efforts, including police actions and criminal prosecution, to stop the drug dealers
- 4 More efforts, including police actions and criminal prosecution, to stop the people who buy drugs
- 5 Building more jails and prisons for drug offenders
- 6 Stopping drugs from coming into the United States
- 7 (All equally effective)
- 8 (DK)
- 9 (Refused)

MOST EFFECTIVE: _____ ()

SECOND MOST EFFECTIVE: _____ ()

13. Have, you, a family member or close friend ever used illegal drugs?

- 1 Yes - (Continue)
- 2 No (Skip to #17)
- 3 (DK) (Skip to #17)
- 4 (Refused) (Skip to #17)

_____ ()

14. (If code "1" in #13, ask:) Thinking about the person who used illegal drugs, would you say the person was (read 1-3)?
(INTERVIEWER NOTE: If more than one person, ask about the one respondent knows best)

- 1 An occasional user of an illegal drug
- 2 A moderate user of an illegal drug, OR
- 3 Seriously addicted to an illegal drug
- 4 Used only once
- 5 (DK)
- 6 (Refused)

_____ ()

15. Did that person obtain treatment to stop using illegal drugs?

- 1 Yes - (Continue)
- 2 No (Skip to #17)
- 3 (DK) (Skip to #17)
- 4 (Refused) (Skip to #17)

_____ ()

16. (If code "1" in #15, ask:) Is that person drug free today?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ ()

17. Suppose for a moment that you or a member of your family developed a problem relating to use of drugs. Where would you go for help? (Probe:) Where else? (Open ended and code) (Probe for two responses)

01 Other (list)
 02 (DK)
 03 (Refused)
 04 No one/Nowhere
 05 HOLD

 06 Church/Clergy
 07 Family physician
 08 Substance abuse clinic
 09 Mental health clinic
 10 Hospital
 11 Friends/Family
 12 School counselor

1st

Resp:

2nd

Resp:

 () ()

 () ()

18. There is no #18.

19. Can you think of any efforts in your community to stop children and adolescents from beginning to use drugs?

1 Yes - (Continue)
 2 No (Skip to #22)
 3 (DK) (Skip to #22)
 4 (Refused) (Skip to #22)

_____ ()

20. (If code "1" in #19, ask:) What programs can you recall? (Open ended and code) (Allow three responses) (If respondent cannot name program, ask:) What organization was sponsoring the effort to prevent or stop children from using drugs?

- 01 Other (list)
- 02 (DK) (Skip to #22)
- 03 (Refused) (Skip to #22)
- 04 None (Skip to #22)
- 05 HOLD
- 06 "Just Say NO!"
- 07 DARE
- 08 Partnership for Drug Free America
- 09 Church program (can't recall name)
- 10 School program (can't recall name)
- 11 Other programs in the community/neighborhood
- 12 Coalition or Task Force

1st _____

Resp: () ()

2nd _____

Resp: () ()

3rd _____

Resp: () ()

21. Overall, would you say that the program(s) you are aware of to stop children from starting to use drugs are very effective, somewhat effective, not too effective, or not at all effective? (If necessary, read:) The program with which you are MOST familiar.

- 1 Not at all effective
- 2 Not too effective
- 3 Somewhat effective
- 4 Very effective
- 5 (DK)
- 6 (Refused)

_____ ()

22. Can you think of any efforts in your community to stop adults from beginning to use drugs?

- 1 Yes - (Continue)
- 2 No (Skip to #25)
- 3 (DK) (Skip to #25)
- 4 (Refused) (Skip to #25)

_____ ()

23. (If code "1" in #22, ask:) What programs can you recall? (Open ended and code) (Allow three responses) (If respondent cannot name program, ask:) What organization was sponsoring the effort to prevent adults from using drugs?

01 Other (list)
 02 (DK) (Skip to #25)
 03 (Refused) (Skip to #25)
 04 None (Skip to #25)
 05 HOLD
 06 "Just Say NO!"
 07 DARE
 08 Partnership for Drug Free America
 09 Church program (can't recall name)
 10 School program (can't recall name)
 11 Other programs in the community/neighborhood

1st _____

 Resp: () ()
 2nd _____

 Resp: () ()
 3rd _____

 Resp: () ()

24. Overall, would you say that the program(s) you are aware of to stop adults from starting to use drugs are very effective, somewhat effective, not too effective, or not at all effective? (If necessary, read:) The program with which you are MOST familiar.

1 Not at all effective
 2 Not too effective
 3 Somewhat effective
 4 Very effective
 5 (DK)
 6 (Refused)

_____ ()

25. THERE IS NO #25

26. Who do you think SHOULD be responsible for stopping illegal drug use' (read and rotate A-C)? (Open ended and code)

- 01 Schools
- 02 Federal government
- 03 State government
- 04 Cities/Communities/Neighborhoods
- 05 Churches/Place of worship
- 06 Families (general)
- 07 Parents
- 08 Each of us/Individuals
- 09 Police
- 10 Employers/Businesses
- 11 Media (TV news, TV programs, movies, advertisements)
- 12 Other (do NOT list)
- 13 (DK)
- 14 (Refused)

A. Among adults

_____ () ()

B. Among youth age 13 to 18

_____ () ()

C. Among children 12 and under

_____ () ()

27. In your opinion, how much influence do the following have on the decision of children and adolescents to use or not use alcohol, tobacco or drugs. For each, please tell me if it has a great deal of influence, some influence, only a little influence, or no influence at all on the decision to use or not use alcohol, tobacco or drugs. How about (read and rotate A-I)?

- 1 No influence at all
- 2 Only a little influence
- 3 Some influence
- 4 Great deal of influence
- 5 (DK)
- 6 (Refused)

A. Parents or other adult family members

_____ ()

B. Celebrities (sports, music, entertainment)

_____ ()

C. Friends and schoolmates

_____ ()

D. Advertisements or marketing campaigns on TV and the radio

_____ ()

27. (CONTINUED)

- 1 No influence at all
- 2 Only a little influence
- 3 Some influence
- 4 Great deal of influence
- 5 (DK)
- 6 (Refused)

E. TV programs like sitcoms and cartoons _____ ()

F. Places of worship _____ ()

G. School _____ ()

H. Cable shows such music or music video programs on television _____ ()

I. Educational programs on television _____ ()

(ROTATE #28 AND #29)

28. During the past month, have you seen a movie, music video, television show or other entertainment source that showed drug use in a positive light? That is, showed drug use as a good thing to do or as something that is not dangerous.

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ ()

29. During the past month, have you seen a movie, music video, television show or other entertainment source that showed drug use in a negative light? That is, showed drug use as a bad thing to do or as something that is dangerous.

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ ()

(DEMOGRAPHICS)

D1. (If "Blank" in "URBANICITY", ask:) Do you live within the city limits of (city name from fone file)?

- 1 Yes - (Skip to D6)
- 2 No (Continue)
- 3 (DK) (Continue)
- 4 (Refused) (Continue)

_____ ()

D2. (If code "2", "3" or "4" in D1 AND code "1123" in "MSA", ask:) Do you live within the city limits of Lawrence, Waltham, Haverhill, Salem, or Gloucester?

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ ()

D3. GENDER: (Code only; do not ask)

- 1 Male
- 2 Female

_____ ()

D4. AGE: Please tell me your age. (Open ended and code actual age)

- 00 (Refused)
- 99 99+

_____ (45) (46)

D5. EDUCATION: What is the highest level of education you have completed? (Open ended and code)

- 1 Less than high school graduate (0-11)
- 2 High school graduate (12)
- 3 Some college
- 4 Trade/Technical/Vocational training
- 5 College graduate
- 6 Postgraduate work/degree
- 7 (DK)
- 8 (Refused)

_____ (47)

D6. OCCUPATION: What is your current occupation? (Open ended and code)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 Unemployed
- 05 HOLD
- 06 Student
- 07 Housewife
- 08 Retired/Disabled
- 09 Professional/Managerial
- 10 Secretarial/Clerical
- 11 Services/Labor
- 12 Sales/Retail sales
- 13 Farmer/Rancher
- 14 Military

_____ (50) (51)

D7. EMPLOYMENT STATUS: Are you (read 01-08)?

- 01 Employed full-time
- 02 Employed part-time
- 03 Self-employed
- 04 A full-time student
- 05 A homemaker
- 06 Retired
- 07 On full-time disability, OR
- 08 Unemployed

- 09 (DK)
- 10 (Refused)

_____ ()

D8. MARITAL STATUS: What is your marital status? (Open ended and code)

- 1 Single/Never been married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 (Refused)

_____ (52)

(DEMOGRAPHICS CONTINUED)

D9. Are there any children under 18 living in this household?

- 1 Yes - (Continue)
- 2 No (Skip to D11)
- 3 (DK) (Skip to D11)
- 4 (Refused) (Skip to D11)

_____ ()

D10. (If code "1" in D9, ask:) How many of those children are (read A-D)? (Open ended and code actual number)

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven or more
- 8 (DK)
- 9 (Refused)

A. 0 to 3

_____ ()

B. 4 to 7

_____ ()

C. 8 to 12

_____ ()

D. 13 to 17

_____ ()