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*Alcohol/Safety
Public Information Campaigns:*

Seminar No. 6

*A REPORT OF AN INFORMAL MEETING HELD
OCTOBER 28, 1975 TO DISCUSS SELECTED
CAMPAIGNS ON ALCOHOL AND HIGHWAY SAFETY*

NEW YORK, NEW YORK

PUBLIC COMMUNICATION GROUP
HIGHWAY SAFETY RESEARCH INSTITUTE
THE UNIVERSITY OF MICHIGAN
HURON PARKWAY AND BAXTER ROAD
ANN ARBOR, MICHIGAN 48109

ALCOHOL/SAFETY
PUBLIC INFORMATION CAMPAIGNS:

SEMINAR NO. 6

A report of an informal meeting held October 28, 1975 to discuss selected campaigns on alcohol and highway safety.

Public Communication Group
Highway Safety Research Institute
The University of Michigan

This seminar was sponsored by the Distilled Spirits Council of the United States, Inc., 1300 Pennsylvania Building, Washington, D.C.

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16. Abstract This series of seminars is designed to bring people together who are developing or evaluating public information campaigns in the alcohol/highway safety area. In this seminar, programs of the South Carolina Commission on Alcohol and Drug Abuse, the National Council on Alcoholism, the Distilled Spirits Council of the United States, and the National Highway Traffic Safety Administration were described. An evaluation of the Children's Television Workshop's "Feeling Good" series was discussed, and a University of Michigan Department of Journalism study of young people's response to media messages was also presented.			
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ALCOHOL/SAFETY PUBLIC INFORMATION CAMPAIGNS:

Seminar No. 6
October 28, 1975

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SEMINAR PARTICIPANTS

Peggy Anderson
South Carolina Commission
on Alcoholism & Drug Abuse
P.O. Box 4616
Columbia, S.C. 29240
803/758-3866

James Breslin
National Council on Alcoholism
Delaware Valley Area
3401 Market St.
Philadelphia, Pa. 19104
215/387-0590

Duncan Cameron
Distilled Spirits Council of
the United States, Inc.
1300 Pennsylvania Bldg.
Washington, D.C. 20004
202/628-3544

Donald Dougherty, Director
Public Relations
City Addiction Services Agency
65 Worth St.
New York, N.Y. 10013
212/433-3790

Richard Douglass, Head
Public Communication Group
Highway Safety Research Institute
The University of Michigan
Ann Arbor, Mich. 48109
313/763-2465

Charles Frazier
Director of Education
Christopher D. Smithers Foundation
41 East 57th St.
New York, N.Y. 10022
212/752-4881

Paul Gavaghan, Vice President
Distilled Spirits Council of
the United States, Inc.
1300 Pennsylvania Bldg.
Washington, D.C. 20004
202/628-3544

Michael Goodstadt
Addiction Research Foundation
33 Russell St.
Toronto M5S 2S1, Ont., Canada
416/595-6000

James Graham
Grey Advertising
777 Third Ave.
New York, N.Y. 10017
212/751-3500

Thomas Hadlock
Grey Advertising
777 Third Ave.
New York, N.Y. 10017
212/751-3500

F. Gerald Kline
Department of Journalism
The University of Michigan
Ann Arbor, Michigan 48109
313/764-0421

Art Koushel, Director
Alcohol Safe Driving Program
134 North 5th St.
Reading, Pa. 19601
215/372-8957

Ruth MacKenzie
National Council on Alcoholism
2 Park Avenue, #1720
New York, N.Y. 10016
212/889-3160

George Marcelle
National Council on Alcoholism
2 Park Avenue, #1720
New York, N.Y. 10016
212/889-3160

John G. Marder, Vice President
Grey Advertising
777 Third Avenue
New York, N.Y. 10017
212/751-3500

Robert O'Donnell, Director
Greater New York Safety Council
302 Fifth Avenue
New York, N.Y. 10001
212/594-6020

Jeroma A. Palisi
Highway Safety Management
Specialist
National Highway Traffic Safety
Administration, Region II
200 Mamaroneck, #400
White Plains, N.Y. 10601
914/761-4250

Nick Piccone
Alcohol Safe Driving Program
1405 Locust St.
Philadelphia, Pa.

Frank Seixas, Medical Director
National Council on Alcoholism
2 Park Avenue, #1720
New York, N.Y. 10016
212/889-3160

Milton Sutton
Marsteller, Inc.
866 Third Avenue
New York, N.Y. 10022
212/752-6500

James W. Swinehart, Research Director
Health Series
Children's Television Workshop
1 Lincoln Plaza
New York, N.Y. 10023
212/595-3456

SOUTH CAROLINA COMMISSION ON ALCOHOL AND DRUG ABUSE
--Peggy Anderson

This will be a brief rundown on the ASAP system in South Carolina in terms of how it developed. I will then talk about our Outreach program and some of the materials we have produced. You might be interested to know that South Carolina experienced a 13% reduction in traffic fatalities in the first six months of 1975. This compares to the national 3% increase. South Carolina has always had a high traffic fatality rate. Highway experts of South Carolina point to a number of different reasons for this decrease; for instance, the cost of gas, the 55 mph speed limit, and, perhaps, the state's mini-bottle law. The mini-bottle law states that restaurants and bars can serve alcoholic beverages in 1.6 oz. bottles (similar to those you get on airplanes). 25% of all revenue from mini-bottle sales goes back to the counties for alcohol-drug programming. So the state receives some tax revenue from the sale of mini-bottles. The current ASAP system has developed from the 25% revenue that goes back to the counties, allowing the establishment of local alcohol and drug administrative units. When we started to develop this statewide ASAP program, it was easy to establish because grass roots support was already there. The program currently has 41 local courtworker/coordinators, 34 secretaries, 110 instructors, and 25 other instructors in training for alcohol-traffic safety schools. We have 32 county contracts covering all 46 counties of the state.

This effort began in July of 1971 when Richland County was chosen as one of the 35 original federally-funded ASAP sites. From that, after a year of operation, Richland County experienced a 33% reduction in traffic fatalities, whereas the rest of the state had an increase of about 7%. So the governor of South Carolina decided that some of the experiences of Richland County could

be of value to the rest of the state, with the aim of decreasing traffic deaths. The General Assembly appropriated funds from the uninsured motorist fund. With this South Carolina fund, drivers are required to have insurance, or else they must pay a fee of \$50 to \$100 to the South Carolina Highway Department. This money was used for highway safety programming in South Carolina. The General Assembly appropriated funds from that to set up statewide ASAP programming.

In November of 1973, we began to spread the ASAP program across the state. It started using countermeasures that worked for Richland County. It was initiated in areas of the highest population and also the highest DUI arrest rates. Traditionally, South Carolina has about 20,000 DUI arrests per year. Prior to the statewide ASAP program, only a small minority of arrestees were processed through the Richland County ASAP into some sort of intermediate or alternative treatment programming.

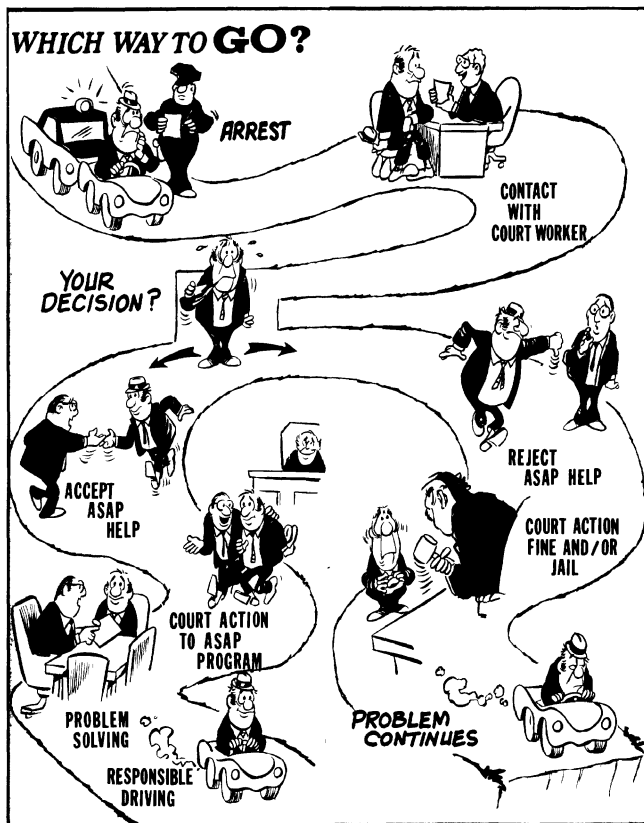
When the ASAP first started across the state, the priorities were to get the unit established, to get the program operational, and to get clients into the program so that there could be referral for treatment in the case of a social drinker or some other educational method instigated. Each alcohol-drug program from the county contracted with ASAP. They were to provide the coordinators for the county and also quality services for the clients. We, in turn, would provide consultation, training, funds, and other supportive services such as public information and education.

In January of 1975, we had 30 contracts in the state covering 85% of the population. We began a massive effort to get the provisional driver's license law passed in South Carolina. We had tried in previous years but had failed. Under the provisional license, those arrested for driving under the influence (on a first offense) who were either found guilty, or pleaded nol-pros or nolo contendere, could apply for a provisional driver's license, good for an interim period of six months. So we undertook a massive public information and

education effort from the local grass roots level, encouraging people to contact their legislators, their representatives, and so forth. We stressed the importance of having a systemized approach to getting people into ASAP, so that everybody could take advantage of the program, not just those who could afford lawyers. The people who weren't aware of ASAP were the people we really wanted to reach, so we needed a statewide system to get them into the program. By April 15, when the provisional driver's license law was passed, we had the entire state covered with ASAP programming. Between April 15 and July 31, we were referred 2,900 clients, as opposed to 3,200 for the entire previous ASAP experience.

We started trying to instigate, in the counties, the countermeasures that we felt would have the most effect, based on the experiences of Richland County. We didn't have any money for enforcement, but we did heavily encourage the use of enforcement as a means for getting our clients into the ASAP program. We have hosted regional law enforcement training workshops. In these workshops, we have tried to emphasize courtroom demeanor--so that when the officer goes into court he knows what he's up against. We also stressed the importance of South Carolina as a rural state. In many small towns, for instance, law enforcement personnel tend to drive an intoxicated person home or to charge him with another offense (such as speeding) which is not as serious as driving under the influence. We have tried to emphasize to them that it would be more meaningful for the individual to be put into an educational program.

We get a lot of cooperation from the judicial system in South Carolina. We don't have any funds to aid the courts, but we do provide a county coordinator/courtworker who works with the arrestees and the judges. An individual who applies for a provisional driver's license doesn't have to go to court. If he does, the judges refer him to the ASAP program, many times the judges will say that as a part of their probation they have to go through the ASAP procedure and



see whether or not they need additional treatment. Those that have been arrested for DUI two or three times obviously need some sort of treatment. Also, we've begun to get referrals from correctional institutions as part of parole. Parolees have to go through the ASAP program. This is unique and, although we haven't had many, we're seeing more and more starting to drift into the program.

For legislation we rely on the local county governments because we feel that they know what is best needed for their counties. It has always been our philosophy at the Commission on Alcohol and Drug Abuse that we provide an architectural concept, giving the counties a guideline from which to build their programs. We try to let them remain autonomous, something that is very important to them. Regarding the provisional driver's license law, one year it failed because it wasn't recognized as being important. But when these grass-roots people went to their legislators and representatives saying how much it was needed it was immediately passed with little opposition. We have formed a study composed of six people (3 from the Senate and 3 from the House) to review the provisional driver's license law each year. In 1978, after 3 years, this committee will determine whether or not it's effective and, if it is, then we'll continue with the present system. If it's not proven effective, we'll have to come up with something else to make it more effective.

We always monitor our data systems, looking at client intake forms, looking at BAC levels at time of arrests, looking at the reports we get from law enforcement agencies, etc. We are attempting to determine what methods we need to improve on and what other research is needed. We're also constantly evaluating our public information programming.

South Carolina also passed a law providing that the coroner has to take a blood sample from fatally-injured drivers and pedestrians within four hours to determine whether or not alcohol was present. Preliminary reports showed that 78% of people killed have alcohol in their blood, with 64% over the legal limit of .10%. (This is over a three-month period.)

An interesting development in the Alcohol Traffic Safety Schools is that some people are there not because of alcohol arrests, but because of other drugs. Based on preliminary findings we decided to conduct a survey in South Carolina to determine the incidence of drugs other than alcohol in driving. We haven't released the findings from our office yet, but there is a very high incidence of the use of psychoactive prescription and illicit drugs in South Carolina, both alone and in combination with alcohol in driving. It was very surprising to learn. This will affect our public information programming and a number of other future law enforcement training programs.

We call our rehabilitation countermeasure "intervention" rather than "rehabilitation." We view our ASAP as a double-barrel strategy. Not only do we think that it's a good measure for highway safety, but also for recognition and confrontation of problem drinkers or drug abusers.

In terms of outreach we have a number of public information programs. The provisional driver's license is, of course, an outreach program inasmuch as if a person wants his license for the six months for which it has

been suspended, he has to go through the ASAP program. One of the provisions of the law is that he complete the Alcohol-Traffic Safety School educational program, which is a ten-hour curriculum. Another outreach program is a van, containing a breathalyzer, which is funded by 402 Highway Safety Funds. It is taken to various parts of the state to functions where alcohol is served. People can have their blood alcohol content measured and learn about other ASAP functions.

This is the type of thing we feel we have to do if we're ever going to reach the people of South Carolina who are in rural areas. The Newberry County Commission on Alcohol and Drug Abuse, for instance, thought it would be a good idea to have the van and some program emphasis on alcohol at one of the football games. We've done that for a couple of years now. This gets us a tremendous amount of program exposure. Somewhere between 90-99% of the people tested on the breathalyzer had consumed alcohol. Naturally, those who were drinking were more likely to have their breath tested. We make sure to have people with the van from the local Commission on Alcohol and Drug Abuse to answer questions. Based on an evaluation of Richland ASAP we learned that if we passed out blood alcohol calculators indiscriminately, they weren't used and didn't aid in program recognition. Now we only pass them out at the ATS Schools or at the van where a one-to-one contact can be made and a person can be shown how to use the BAC calculator.

--Question--Does this van operate all year round?

--Answer--Yes, it does. We used it in the Richland ASAP, with the roadside surveys, and with some of the public information functions. However, since it's been under this new 402 grant, it goes all over the state. Any time one of the counties

OASAP
ALCOHOL SAFETY ACTION PROJECT

DIRECTIONS:
Turn disc to line up body weight with number of drinks.
Arrows at window will point to blood-alcohol content (BAC).
IF YOU ARE:
In the pink area (.05% to .09%) - Indicates a loss of driving skills.
SHOULD NOT DRIVE.
In the red area (.10% or above) - Indicates under-the-influence of alcohol.
DO NOT DRIVE!

ONE DRINK EQUALS
1/2 oz 80 proof liquor, or
1 12 oz beer, or
1 80 proof Minibottle (Approx)
(Minibottle is 1 6 oz), or
3 oz 20% wine

THESE FIGURES ARE AVERAGES AND NOT LEGAL EVIDENCE

BLOOD-ALCOHOL CALCULATOR

HOURS SPENT DRINKING

APPROX % BLOOD ALCOHOL

Want more information?
Contact your local Alcohol Safety Action Project
or the S. C. Commission on Alcoholism
1611 Devonshire Dr., Columbia, S. C. 29204 Phone 758-3537

Be "FIRST A FRIEND, THEN A HOST"
when serving alcoholic beverages.

- Show lavishness as a host with a tempting display of food rather than an over-generous supply of alcohol.
- Avoid double shots and have non-alcoholic beverages on hand.
- Play simple games like "Walk-a-Line" to identify those who've had too much to drink.
- Arrange a car or taxi pool for those who've over imbibed.

Percent Blood Alcohol	Common Effects on Driving Ability
.02	Mild changes. Bad driving habits are more pronounced.
.05	Driver takes too long to decide in an emergency. Loss of driving skills.
.10	Drunk Inhibition, judgment and co-ordination seriously affected. Presumed under-the-influence by S.C law.
.15	All physical and mental faculties affected. Wait 9 or 10 hours before taking wheel.
.40	At this point most drivers have "passed out" into a coma and are on the verge of death.

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BAC Calculator--both sides

requests it, if it's not booked and we feel that it's a cost-effective event, we send it out.

--Question--What is your reasoning for the way you hand out blood alcohol cards?

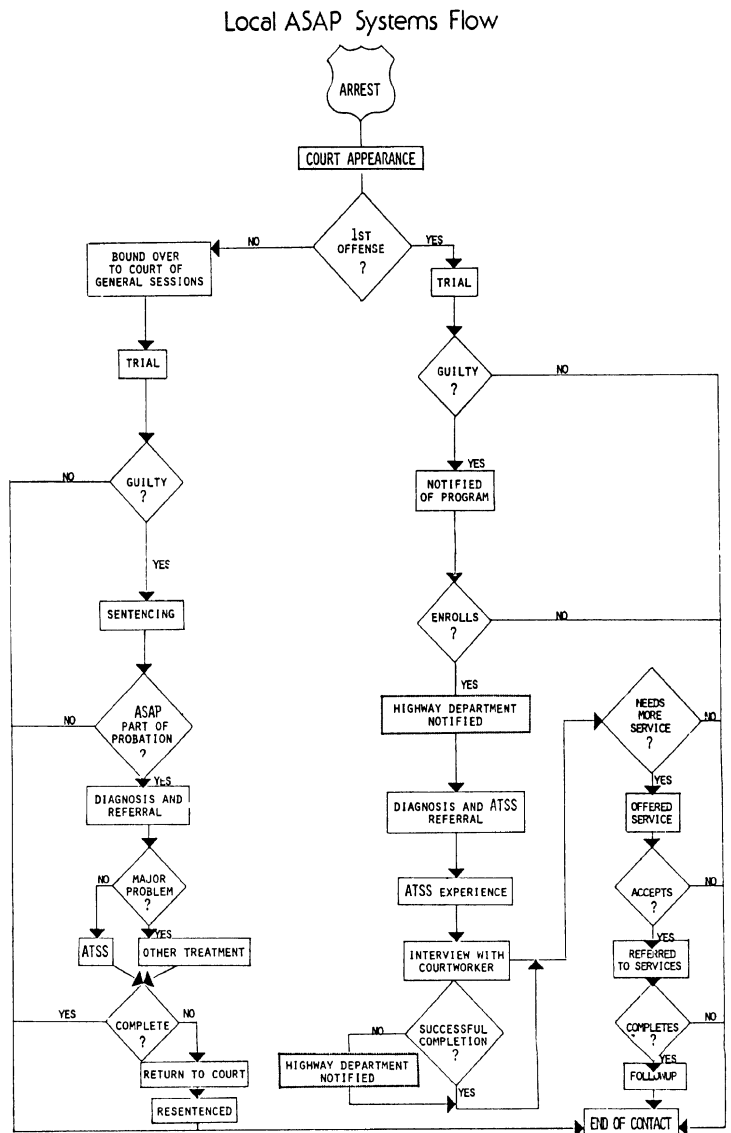
--Answer--When a person comes into the van one person will be taking the breathalyzer test while a staff member explains how the blood alcohol cards work. We always point out that it is just a guide and not a legal measurement. But if this is not explained, then it has no effect whatsoever.

--Question--Do you have problems in testing people when they claim to have had only one drink, but register on the breathalyzer as having had three or four?

--Answer--We have two people who run the breathalyzer regularly and they're responsive to this sort of attitude. They know what to expect and they don't let anybody fool them. And, since there are two breathalyzers, if they get a contested reading on one, then they can always test them on the other machine.

One other program we emphasize is our intervention measure. When a person enters the ASAP system, this is the process they go through. First, there is a court appearance. If the person does not appear and if it's his first offense, he may still get a provisional driver's license. It's not necessary that he be there, as long as he's found guilty or pleads no contest. These people are then notified of our program.

If they enroll in the ATS program, we notify the highway department. The ASAP coordinator works with the ATS instructor on a diagnosis of the person while he's in the ATS school, and again afterwards. There is also an interview with the court worker. One of the stipulations of the provisional driver's license is the successful completion of the Alcohol Traffic Safety



School. Not everybody does, but if they need further treatment of some sort, it is recommended. Normally, we recommend then that they go through a different sort of treatment. If that is successfully completed, then the highway department is notified. The law states that if a person successfully completes the school, he isn't required to undergo further treatment, but our court workers normally try to persuade him to go through it. If this is accepted, he is referred to other county supportive services such as mental health or another alcoholism program.

Many times, as I've said, part of the multiple offenders' probation will be to go through the ASAP system. If they do, in many cases their sentence is reduced. This is the general pattern. If they are found guilty in their trial, they are sentenced with ASAP being a part of their probation (though this is not true in all cases). If they are diagnosed as problem drinkers, they are sent to other treatment. If they successfully complete the treatment, they're returned to the court for re-sentencing. But they are not returned until they've received the necessary treatment. As previously mentioned, the first offender doesn't have to accept further treatment; although it's recommended, it's not required by law.

In the first year the ASAP programs were statewide, we conducted statewide public information campaigns and, at the same time, gave some counties money for their own public information efforts. This gave them an opportunity to use the money as they liked. We ran into some problems with this. Some of the counties, for one reason or another, whether personal preference or just different degrees of sophistication, simply lack funds to get billboards put up. Not every county was using the

statewide programs that were provided. This year we're doing something a bit different. In addition to providing one or two statewide campaigns along with what we're using from Grey Advertising, we're giving the counties an opportunity to apply to us for public information and education funding. So far five counties have applied.

One item that has been prepared by two counties is an annual school activity planner designed by high school students. This was an idea borrowed from Richland; it gives the students a calendar of events within their schools and also gives them information on alcohol and drug abuse. It accomplished some of the national goals in terms of trying to

OCTOBER 1975
S M T W T F S
1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30 31

NOVEMBER

NOVEMBER

DECEMBER 1975
S M T W T F S
1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30 31

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>Q What is the Implied Consent Law? A Any person operating a motor vehicle upon the public highways of this State shall be deemed to have given consent to a chemical test of his breath for the purpose of determining the alcoholic content of his blood if arrested for any offense alleged to have been committed while the person was driving a motor vehicle while under the influence of intoxicating liquor.</p>			<p>Note: This law applies whether or not the person is a licensed driver Q Who gives the test? A The test shall be administered by a person trained and certified by the S. C. Law Enforcement Division using methods approved by the South Carolina Law Enforcement Division.</p>		<p>Q Do you have to take the test? A No such test shall be administered unless the defendant has been informed that he does not have to take the test but that his privilege to drive will be suspended or denied if he refuses to submit to the test.</p>	
2	3	4	5	6	7 North Augusta at Columbia Aiken at Orangeburg Thurmond at LSC Graniteville at Allendale-Fairfax Orange at Jackson Wagner-Salley at Wagner-Salley Spartanburg at Spartanburg Ridge Spring-Monetta at Barnwell	1 Florida State at Clemson Carolina at N. C. State
9	10	11	12	13	14 North Augusta at Aiken LSC at Lexington Barnwell at Graniteville Williston-Eiko at Jackson Allendale-Fairfax at Wagner-Salley Mid Carolina at Ridge Spring-Monetta	8 Clemson at North Carolina Appalachian State at Carolina
16	17	18	19	20	21 Graniteville at North Augusta Wagner-Salley at Jackson Gilbert at Ridge Spring Monetta	15 Maryland at Clemson Wake Forest at Carolina
23	24	25	26	27 Thanksgiving Day Thanksgiving Holiday	28 Thanksgiving Holiday	22 Clemson at Carolina
30						29 Q Can other tests be made by other persons to determine the alcoholic content of the individual's blood? A A qualified person of your own choosing may conduct a test or tests in addition to the test administered by the law enforcement officer.

A
S
A
P

November pages from school activity planner.

dispel some of the myths about alcohol. It also lets them know that a program exists and tries to instill the idea of appropriate interventions.

After three years of public information and education programming, we felt the need to re-emphasize the program and the problem. In our first three television spots that was what we were trying to do. In the second two spots we were trying to identify the relative risk of accident after drinking alcoholic beverages and also the effects of alcohol on the driving abilities. In the third spot we felt that the state had progressed to the point where they could identify with the national theme of getting people to make drinking and driving a social issue and getting people to take action to prevent drinking and driving. This is what we tried to do with the last spot for a youthful audience.

--Question--Do you get television spots from Grey?

--Answer--Yes. We're using them more now than previously. The spots are not always used, but they are good and we try to use them when appropriate. In fact, we're getting ready to send out the NHTSA "Teddy" and "Bartender" spots now. We held them for awhile because we had our own statewide program going. We feel that our programming should be designed to complement Grey rather than conflict with it.

South Carolina has a lot of public service programming, so we have a good rapport with our public service people. Television people play our spots before programs having anything to do with alcohol or drugs. We add local tags to radio and television material from Grey, saying "Contact your local Alcohol or Drug Help Center or Local ASAP program." We feel it has much more impact that way.

Alcohol Safety Action Project--Columbia, S.C.
 Television Spot--March 11, 1975
 DUI What a Hassle, 30 seconds

Visual

MS of young boy hanging up receiver of outside pay telephone. He looks as though he has been drinking, but is not falling down drunk. (An indication could be him putting down or crushing a cup.) It should be an obvious action. There should be flashing lights and an obvious bar setting behind or near the booth. Boy slings casual-type coat over his shoulder, begins walking towards corner (on sidewalk). CU as boy begins to talk.

Boy reached corner. Stands waiting for car.

ECU of boy's face as he speaks into the camera.

ASAP logo.

Audio

SFX: Bar sounds in background (sounds from jukebox).

Pride? Sure I've got pride, that's why Fred's pickin' me up.

Last time, I was sure I could drive. Yeah...I was arrested, finger-printed, locked up and fined \$100. Not to mention my insurance going up and a DUI on my record.

SFX: Cars passing by. Horns, etc.

Proud? Yeah, proud that I've got friends like Fred. He's giving me a ride... 'cause he wants me around tomorrow.

Anncr: A public service announcement from your local Alcohol Safety Action Program.

Although we get a lot of coverage on some of the Grey spots in South Carolina, we also get a lot of coverage on our state-produced spots.

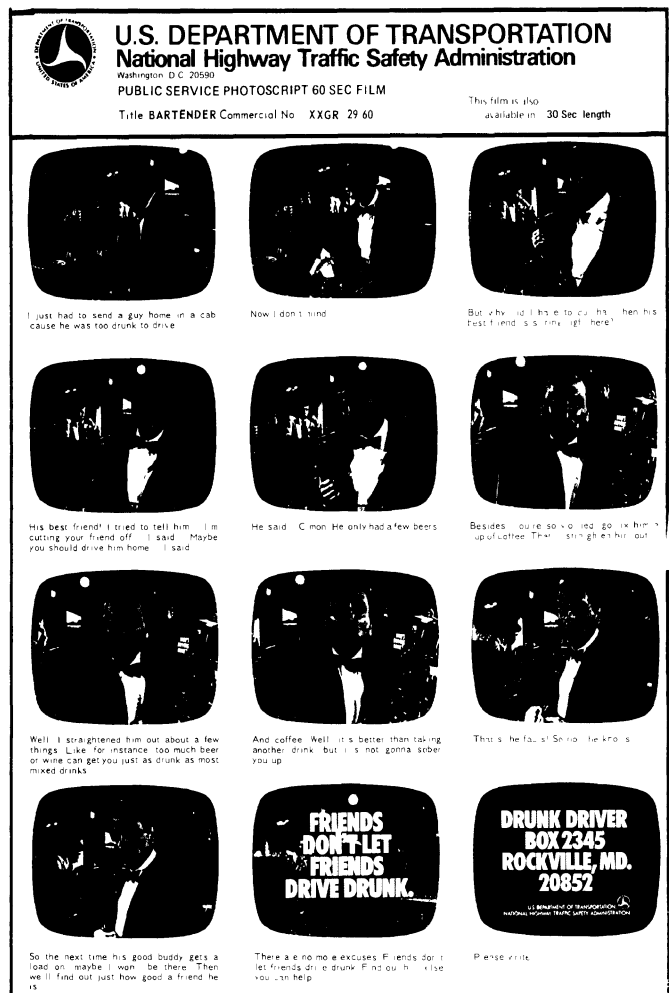
While it is not nearly as much as we would like to have, the fact that

we've got local people going to the various radio and television stations makes all the difference in the world in terms of the amount of public service programming exposure we get.

Two of the spots came across just a bit too "cute". In the first three we attempt to identify the program and the problem. The last one complements Grey. We did, in some measure, communicate the fact that persons should call friends if they've had too much to drink and also get friends to realize that they ought to be willing to take their friends home. However, it may have been too subtle. We will follow this by using Grey's "Bartender" spot.

--Comment--I think you may be right about how, for rural states, where there are many communities, you might have to go back to more simple concepts.

--Reaction--That's the attempt of the first three spots. Now, hopefully, we've got them oriented enough to the program and to the problem so that we can continue with our thrust and complement Grey.

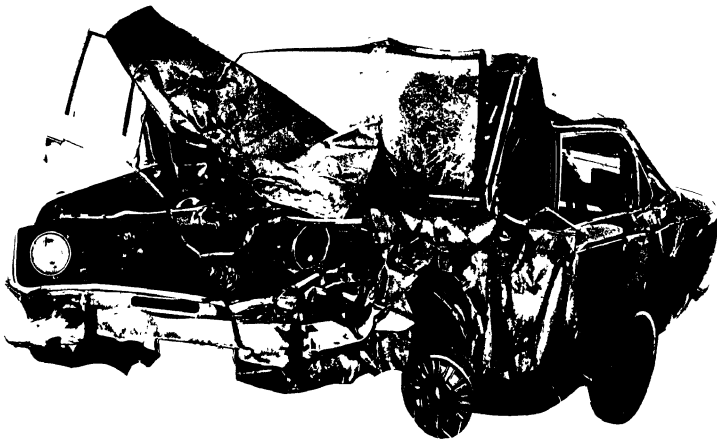


We did billboards and posters on the last two campaigns, whereas we didn't on the first three. In the first poster we didn't call for any action on the forecast for drinking drivers. All we did was to identify

the possible problem and its effects. We didn't ask them to do anything which is the national thrust now--getting people involved. We thought the stark colors and the scare tactic would get people's attention. In small counties we had to do that first.

We read the Grey report saying that kids don't identify with or

FORECAST FOR DRINKING DRIVERS



It doesn't have to end this way. But because alcohol blurs vision, impairs judgment and causes one to lose control of his coordination, drunken drivers are seven times more likely to have an accident. If you must drink and drive, drink responsibly.



ing ASAP sites, we are continuing to inform people about the program and to make drinking and driving a public social issue. Now we are sponsoring responsible host and hostess workshops. A meeting this November with Jaycee and Jaycee-Ette presidents will give the ASAP coordinators the opportunity to meet with these representatives.

respect law enforcement and based this poster on that. When developing the last spot a group of kids was consulted. They thought it was terrible. So we killed that spot, on which we had spent a good deal of money. I asked the same kids to look at this poster. Here we suggest countermeasure techniques for them to use: driving a friend home, etc.

In South Carolina, along guidelines that DOT has established for exist-

BUSTED!



What A Hassle!

Avoid the hassle. Don't try to drive after drinking too much. Being frisked, spending time behind bars, paying a \$100 fine and higher insurance rates, plus irate parents are just part of a DUI bust. Don't for-

get your friends either. If they get drunk, put them up for the night, call a cab, or send them home with a sober driver. After all, isn't that what friends are for?



some other technique.

Another of the problems that is seen regularly in social situations is that when people are totally inebriated, and their friends say, "Can you drive?," naturally, the response is "Yes." Grey's research also backs this up; people don't know when another person has had too much to drink.

--Comment--I've seen a theme encouraging parents to be willing to drive their kids home if they call from a party and are too drunk to drive themselves home.

The overall strategy of the South Carolina ASAP administrative unit is to get the counties to pick up the programs on their own. Next year they'll have to foot 40% of the programming costs. If they don't get community support starting at the grass roots level, then they won't be able to do that. Another thing, too, is that in 1978 if the provisional driver's license bill hasn't proven effective, we will have to use

--Question--But how can you suggest we go about doing that? How can we encourage parents and kids to accept that countermeasure?

--Answer--We need a lot of public information talent to come up with a solution to that.

--Comment--I don't think the kids will call their parents.

--Comment--It's a way of getting parents to understand what the situation is with teenagers--they're going to drink anyway. They might as well get used to it and try to help by driving them home.

--Comment--We face this with our Alcohol Education Program for high school kids (7th through 10th grades). Some people wonder why we bother to talk to them about alcohol and driving. The problem with these kids is they're not driving themselves at this age, but they might influence their parents the same way that they influence their parents to use seatbelts. Perhaps they can influence their parents in this area even if they're not driving.

UNIVERSITY OF MICHIGAN, Department of Journalism
--F. Gerald Kline

This research of the University of Michigan has nothing to do with alcohol and highway safety. It has to do with how young people get information, how they relate to it, and what the outcomes are. We chose to approach this from a theoretical point of view. That is to say, we were interested in how media messages do or do not affect people. For years there has been what was referred to as a "hypodermic needle effect." If you get the stimulus just right, it will do the job. There has been a trend away from that. Our research found that media don't produce effects in a consistent, patterned way. At least, we have a hard time finding them. However, I believe they are effective. The problem is that it is an interaction between the needs, motivations, and characterizations of the people on the receiving side and the attention-getting, specific or non-specific, characteristics of the stimulus, the message, or the various kinds of vehicles. I'm sure you are aware of the Surgeon-General's report on smoking and of all the debates on television violence and children. Much research on these topics has come out of the laboratory. It is very difficult to apply this to real life. But by the same token, survey research does not have the appropriate experimental controls enabling one to know just where the explanation lies.

At the University of Michigan we conducted a field experiment. We received a grant from the John and Mary Markle Foundation in New York. We got supplemental grants from NIAAA, from NIDA, and from the Population Research Fund of the University of Michigan. We put

together a four-topic field experiment. We matched two cities on the basis of media markets alone--Flint and Toledo. The first topic we chose was "family planning information." We knew we'd have a hard time penetrating households if we asked very daring questions, yet this is a difficult problem for young people. Other topics were alcohol, drugs, and occupational aspirations. These are the kinds of choices that young people are often forced into or are apt to have to make some decision about. If the choices are not made then we have some perspective on the kind of trouble they may run into in the future. We were unsatisfied with the public service announcement approach to these topics. When our campaign was running it was National Drug Week and we had students monitor TV continuously. In our area we found only three PSA's on drugs during National Drug Week. The PSA's are put in in certain stations, and I think people overgeneralize their reach. We couldn't afford that in the context of what we were doing, so we purchased time on rock radio stations and put together advertisements that would be played 400 to 500 times a month on a specific topic in one city. The other city was used as a control. We reversed the procedure so that in the alternate city we ran a different campaign shortly thereafter. We interviewed adolescents three different times over a year to analyze before-and-after effects.

The first campaign dealt with family planning. We ran into some interesting problems there. Whenever we used the word "period" or "time of the month," we couldn't buy time for those spots because they were seen as promoting promiscuity and the radio stations didn't think that was in their best interests. It wasn't as much of a problem for

alcohol and drugs because everybody saw that as a legitimate problem. So our alcohol and drug advertisements were accepted.

NIAAA thought the first set of family planning ads were terribly naive, and I'm sure they were. I'm not an advertising person. We constructed one-minute soap operas. For example:

Two girls talking in school:

"Would you like to go for a swim after school?"

"No, no I can't. I've got my period and I understand you faint when you go in the water when you've got your period."

"Oh, that's hogwash, that's an old wives tale."

"Well, I don't know much about that."

"Well, talk to your mother."

"No, I really can't. It's a difficult topic."

Then we'd give information about local health centers they could visit. We did the same thing for drug and for alcohol advertisements using different kinds of stimuli.

For alcohol we used "audio-triggers." You've heard the term "video-triggers." This type of filming has been done experimentally at the University of Michigan, using a quick visual stimulus. People are intrigued by it, but they don't get a consistent, continuous message. With radio we used "audio-triggers"--breaking bottles, screaming sirens, characterizations of the things people associate with drinking and driving. Then at the end we inserted information about local health centers where they could get information.

Our basic attempt was not to change attitudes or behavior, but to see whether people learned to cognize the messages themselves. The discussion around the table this morning indicates that people are cognizing the messages, but they wonder whether attitudes are being changed. I'm not so sure they interpret the messages at all. That's the first issue with which we have to be concerned.

THERE ARE A LOT OF THINGS YOU CAN DO WITH A BOTTLE
Radio spot -- 60 seconds

SFX

Fade in with several voices depicting party situation. Conversation unintelligible.

Sounds of waves breaking and seagulls. Breaking bottle.

Crowd cheering.

Cheering fades out.

Siren, followed by screeching brakes. Car whizzes by as screeching comes to a halt and car door slams.

Heavy door closing loudly; bottle falls and rolls along the pavement.

Sound of bottle top being removed. Bottle top clatters to table. Sound of beer being poured into a glass.

Audio:

Male, black voice

There are a lot of things you can do with a bottle. You can share it with friends.

Launch a ship,

Celebrate a victory,

Or go to jail.

Make yourself a bum,

or just relax after a long day.

There are a lot of things that a bottle can do to you. You might want to talk it over with your friends or family. Or contact your high school student service center. Or phone UP in Flint. 785-0855. That's 785-0855.

There are a number of different pieces of information here that may interest you. I hope that they have some relevance so that you can convert my research into some practical perspective. We did find out about teenage use of drugs and alcohol. Now that national figures are out, I

see that ours are not far off, though there are some differences. We showed about 23% abstinence from alcohol, marijuana or poly-drugs and about 70-75% for alcohol only.

In our first study on family planning we found that what made the difference, more than anything else, was how a person perceived the people around him or her; in particular the mother, the father, or a peer--someone whom they considered to be a person they've talked to about the topic. In our sociometric design, we actually interviewed these peers and mothers and fathers. We could get up to four peers--one for each topic--because it's not inconceivable that a person would choose a different peer for each topic. We found that, in general, you always perceived your peer, regardless of the topic, as congruent with you--not smarter than you, not less smart than you, but about the same. With regard to family planning, the mother and father were seen as much more congruent. With regard to alcohol, the mother and father were seen as ahead or congruent, but very seldom were behind. With drugs it was just the reverse. With drugs you were seeing your mother and father as not very knowledgeable, although perhaps congruent as you get older. That particular characteristic alone triggered our thinking about whether, indeed, substance as it is used in its generic sense, is the appropriate way to target messages.

We did find in family planning that, if people talk to their parents--to raise a question such as the one stated earlier--they were much more likely to cognize messages if there's good communication between the mother or the father and the child. In fact, targeting messages toward the instigation of talking is bound to be productive in terms of raising the salience enough so there is potential cognizance of messages. At least, that is my interpretation of the data. Another predictor of our

campaign effectiveness was whether a person was likely to try to obtain information from the media. That is to say, using the non-social information sources to bring you into some congruence with people around you. If you saw yourself as ahead, there was no reason to rely upon the people around you, but rather you would be using the media even more. So you would expect more use for the people who saw themselves as ahead. At the beginning this worked perfectly in the family planning campaign; however, it didn't continue.

Alcohol fell somewhat into the same pattern. Talking was a very important predictor of how much people could cognize information. With regard to drugs, it was as if people around you really weren't very helpful at all. That was the result of cross-sectional data taken in personal interviews. We asked people to list the kinds of messages they had come in contact with about drugs on television, radio or billboards, or in books, magazines, pamphlets, or movies. We found that there are different numbers of messages in different channels, partly due to the channel carrying the information, but partly because some channels just aren't appropriate. Some media program for teenagers 14 to 17. Yet, it's amazing how much people got out of the different channels. TV was the most important channel with regard to alcohol. With drugs, newspapers and TV were most important. For drugs, films and posters were important, but this was not true for alcohol. My instincts indicate that there are not as many alcohol films or as many alcohol posters available in schools relative to drug films and posters, because drugs have been a recent salient topic. That is an area that strikes me as being quite fruitful in terms of pursuing an information dissemination

campaign on alcohol. There seems to be more information about drugs in newspapers, books, magazines, and pamphlets. Alcohol was not found to be a high-priority topic, though it was more visible than family planning, which is nearly a taboo topic. In the state of Michigan, for example, family planning may not be taught in schools.

The choice and use of delivery vehicle for public information messages seems to be of high importance. We found a significant relationship between the number of messages discriminated and the amount of knowledge a person had in these areas. Our major measure of knowledge in drugs and alcohol was number of places you could go to get further information or help. The place most often mentioned was a doctor's office. A number of different places were named, but there was a strong correlation between the discrimination of messages pro and con (advertisements versus non-advertisements) which correlated very significantly with people's knowledge about places to go for help.

We asked other questions which might be of interest to you. Those dealt with whether they had heard the messages in our campaign. Our campaign on alcohol was a roaring failure. I almost hate to confess this, but it happens, and I think one has to take into account that these real-life situations are really quite different in experiments. There were significantly more messages discriminated in the control city than in the experimental city. I've tried to trace this out, and I think I have a solution. People had not actually heard more messages, they just had more initial knowledge. There are a number of issues that are methodological in this instance. But when you look at the abstainers versus the users of alcohol, there were no differences between hearing and not hearing campaign messages, and there were no differences between

cities. This was a campaign of 500 spots in prime-time, 4:00 to 9:00, on the major rock radio stations in the experimental city. There's no doubt that we were having an impact.

SOME GOOD SCENES GET STRANGE
Radio Spot -- 45 seconds

SFX: Woman's voice, laughing softly, then louder.
Finally, laughter turns to sobbing which
fades out as man's voice begins...

Black male voice: Some good scenes get strange.
Drinking can be like that. You can laugh.
You can cry. Find out why. Talk it over
with your friends or family or contact your
high school student service center. Or
phone UP in Flint. 785-0855. That's
785-0855.

Some non-experimental findings are interesting with regard to the family planning campaign. To use an example: the agencies who were going to keep track of the number of phone calls, so we'd have a behavioral measure of outcome, quit after the first four days. They were so professionalized to help suicide victims rather than people who might have trivial problems that they didn't want to be bothered with it. It's an interesting examination of the way in which professionalization of help agencies can often go awry. In one of our spots we mentioned family education courses as "Mickey Mouse." The teachers in the city were insulted by their students saying "I'm taking a 'Mickey Mouse' course, I heard it on radio." Both our office and several radio stations got calls from the School Board. In the end we had to "bleep" the use of "Mickey Mouse" from the commercials to stay on the air, even though we were paying for the ads. The stations saw it as affecting their marketing and their general image.

We did ask some questions about whether people sought information from the time of our first interview until the time of the second interview. One of the things that we were trying to instigate was information-seeking behavior. We're not trying to change an attitude. We're providing places to get information. Although the findings aren't significant, there is a consistent pattern which is very upsetting. I don't want to place a lot of attention on it, but I want to draw your attention to it just to keep it in mind. Thirty years ago there was an effect called "narcotizing dysfunction." People think they know more if they've heard a little bit of a message in the media about something, and it often deters their action as opposed to enhancing it. We found that people who heard the message actually sought less information than those people who didn't between the first time and the second time. Though this was not a statistically significant trend, there was a pattern in every instance. People say to themselves, "I don't have to seek any more information, because I just learned something." But they really didn't learn anything. We know that because we didn't give them much to learn about. We couldn't get those kinds of commercials on the air. But there is a pattern there that needs to be considered. For example, at the University of Michigan someone claimed to have found a negative consequence of showing messages. I don't want to be an alarmist, but I do want to draw your attention to it. Sometimes, if you're looking for behavioral outcomes, you need to understand that you may have deterred people in a slight amount, at least for the moment, by virtue of having given them enough to satisfy them for the present. Again, I emphasize that this was not statistically significant, but was a pattern.

Another thing that is quite clear to us is that if you ask people the kinds of messages they discriminate, you get very interesting pictures of the channels delivering the information. For example, we were rather surprised to find that so many people knew about occupations from television. It turns out that two classes of advertisements have been making a tremendous impact. One is the Control Data Institute and the other is a truck driver school. They have a tremendous impact in terms of what people think are jobs. The newspaper want ads are also very big. People know this is where to go for job information. The point is that the word "jobs" often has a double meaning for people. When we asked the question "What do you think the words 'family planning' mean?," 50% didn't know. So anybody putting family planning information on billboards was having problems.

The same thing is true for alcohol and drugs because often people have a hard time distinguishing between ethyl alcohol and other kinds of things that attach to that word. Jobs, alcohol, and family planning are all difficult terms for adolescents to come to grips with. We had to standardize the survey instrument so that the first question "Do you know what 'family planning' means?" acted as a stimulus for the rest of the items in our questionnaire. We didn't do this for drugs or alcohol because we were sure people would know more. It wasn't until later that we found out that we weren't quite on target. Again, certain channels carry more of a specific kind of information. The most information-laden channel we found was school films because they're educationally organized. Newspapers generally contained most information on getting jobs. Regarding billboards, the main campaign theme was joining the Army; 40 or 50% of billboards mentioned the Army.

Media usage doesn't seem to be as clear-cut as it used to be. That is one of the reasons we've gone away from measures of exposure, measures of time, and number of hours people are in contact with messages during the year, to asking them what it is they've learned at first contact. When we asked, "Did you hear a message?", people answered, "Yes." Yet we got no significant results when we asked, "What did you hear?" We are able to tell whether they actually heard something reasonable as opposed to just claiming to have heard something. Then our pattern of expectations in the data falls together.

We are now trying to look at cross-topic comparisons. General theory of mass communication research always organizes itself around the literature that's published, and most money in the past has gone into political studies as opposed to this kind of study. In fact, we're finding large topic differences. It has to be understood that you're not dealing with the same phenomenon when you use drugs, alcohol, and family planning as topics. My speculation is that the parents are perceived as more knowledgeable about sex and alcohol because they have more contact with both than children do. Drugs are perceived as not being used by adults and, therefore, children don't see adults as a positive contributory reference for information. Evidence indicates that talking behavior in the family is a very important phenomenon and the mother is the clear target. The mother is much more talked to even with cross-sex differences. She's the one who's at home the most. Those aspects should be concentrated on. Preliminary results with regard to an NIAAA poster entitled "Talk to your brother" indicated it did not work. This conflicts with the speculations that I'm making. But I'm not so sure that

that didn't have to do with the way in which they went about their research as opposed to other aspects of the campaign.

One very important issue is that you really have to be concerned with what people claim they've discriminated as opposed to what they've merely been exposed to, although there's obviously a relationship--the more you watch the more you're likely to be exposed and, therefore, the more likely you are to be able to say you have seen it. I should add quickly that we did not ask about advertising per se. We asked, "What have you seen?," which included advertisements as well as stories about drug raids, etc. There is a pattern. That is to say, people don't watch only ads or only other stories. If they're interested in the topic, they watch all aspects of it. Our evidence is very flimsy on this topic but it seems to me that it's a bit premature for the small group of lawyers who want to take all pharmaceutical and alcohol advertising off television from 9:00 a.m. to 9:00 p.m. There isn't clear discrimination on that topic. Drugs and alcohol constituted only about 10% of all the mentions we had. With our data we will be able to compare adult versus adolescent perception of specific topics within the same family.

--Comment--I think it's often more meaningful for people to see the messages rather than just hear them. On radio it's a proven fact that, when dealing with teenagers, you have to use music. And you have to use the right stations, the contemporary stations, to get their attention. I can't tell how much you've done along these lines.

SOUNDS OF NATURE
Radio spot -- 60 seconds

SFX

Birds chirping.

Low muffled crowd sound fades in as 1st voice speaks. Distinctive above murmur is sound of vocalist in rock band.

Motorcycle starts.

Motorcycle accelerates and moves away.

Sitar music.

Sound of bottle top being removed.
Bottle top clatters to table.
Sound of beer filling glass.

Audio

Female #1: Sounds of nature really turn me on.

Male #1: I really get into music.

Female #2: Cycles really get me high.

Male #2: Just thinking and getting into myself turns me on.

Male #3: Oh yea? Well, this is what I'm into.

Black announcer: If the last sound is the only one that turns you on, you may be missing something. Talk it over with friends or family or contact your high school service center. Or phone UP in Flint. 785-0855. That's 785-0855.

--Response--We did that. Some stations insisted on putting music behind our speaking parts, so they wouldn't lose the character of the ad for the youth audience. Particularly with the alcohol advertisements, we kept the music up, we kept the stimulus high, and we used the "audio-trigger" as the main definition of what was going on. With the family planning ads we found it wasn't appropriate to use "audio-triggers." At first we weren't

sure it was appropriate to use "audio-triggers" for commercials. So we actually interviewed people, had roundtable sessions, and we abstracted commercials from them.

--Question--Did I hear you say that, in terms of drugs, the physician was the authority figure?

--Answer--Have you seen any messages about drugs? We gave them all the channels, they were all open-ended. We got up to three different probes. It was a very expensive, very heavily open-ended questioning process. The analysis showed the authority figures to be, predominately, doctors, nurses, and school counselors.

--Question--I don't know of any materials that mention the physician that way. People must have had a preconception that they were reading into it, right?

--Answer--Let me clarify it. The message-discrimination information that we collected came from our baseline survey. We asked what people had seen in the last two weeks about drugs or alcohol. Then we asked where they would go for more information, and doctors' offices were very high on the list.

--Question--Was that true for every category you were asking about--family planning, alcohol, drugs, and jobs?

--Answer--Doctors were very high with family planning, but not so with drugs. People would go to health centers for alcohol, too, but not as much. I think it's a matter of there not being as many alcohol centers. People don't yet treat it as a major problem.

--Question--Regarding your findings on job situations, that they seem to gain a lot of visibility. Most people know that jobs are somewhat desirous. But we all know that, of the drunk driving population, a large number (60% or greater) are problem drinker-drivers, people who really can't make the choice not to drink and drive. One of the things that we know about alcoholic people is that their job is that one last tie they have with reality. That's the one thing they don't want to lose above all else. Do you think it might be worth an effort trying to tie in your need to be sober and to have a valid driver's license in order to retain your job? A campaign of that kind might have some real impact on a population we haven't been able to reach yet.

--Answer--I can't answer that based on our adult survey data. There might be alcoholic adolescent drivers. I'm sure you know the statistics better than I do, but I think there are less of them, proportionately, because, in our sample, they're just starting to drive and whether they're alcoholic or not, we don't know how they're getting on the road or under what circumstances. I might add, though, that we did not ask about alcohol and driving. We asked only about alcohol. However, a large proportion of alcohol messages deal with alcohol and driving.

--Comment--One possibility would be to tie another message to one advertising a truck driving training school. In addition to their message, put another sentence in, something to do with drinking and driving or the need to have a valid driver's license and not have been arrested. This could have a real impact.

We've done one other analysis, on channel delivery. We've looked at the variety of messages seen in various channels. With regard to jobs we found a rectangular distribution. There are eight major categories and all channels delivered messages on jobs. There's a rectangular distribution, in some channels, for educational films talking about a little bit of everything. Whereas, with newspapers, it's a way of dealing with the single issue of getting a job. With television it deals with education associated with getting skills for a job. Some channels aren't informative at all and some are very informative, depending on the controlled circumstances under which you can use them.

--Comment--It was my understanding that you said that the student picked up a lot of information about drugs through posters in the schools, but not about alcohol.

--Reaction--Let me give you these statistics. We asked "How many messages did you discriminate?" and the average number of messages, per person, about drugs was 3.6. For alcohol it was 2.9. That's about a 25% difference. .8 or .7 messages came from TV (alcohol was .8, drugs was .7). For newspapers, alcohol was .46, drugs was .76--quite a bit higher. They're both equal for magazines, .23 or .28. The next highest for alcohol was films, but it's lower for drugs for films. And I just don't think that they're getting it into the schools.

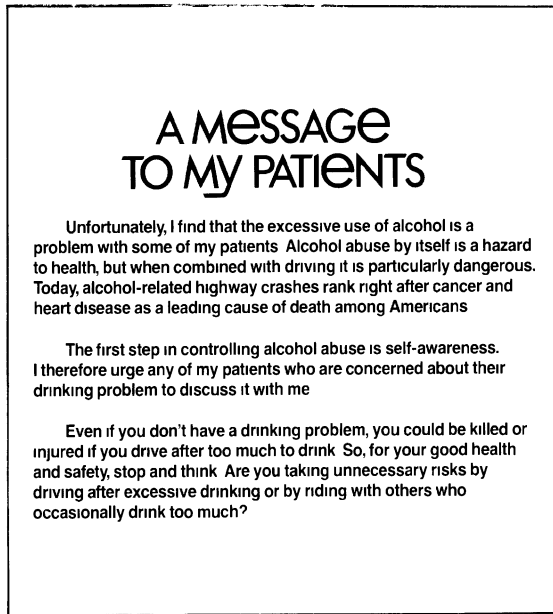
There is a book coming out in the next two or three months, published by Russel Sage, dealing with mass communication and alcohol use. There will be a chapter about these findings in that.

NATIONAL COUNCIL ON ALCOHOLISM
--Frank Seixas for Mary Korch

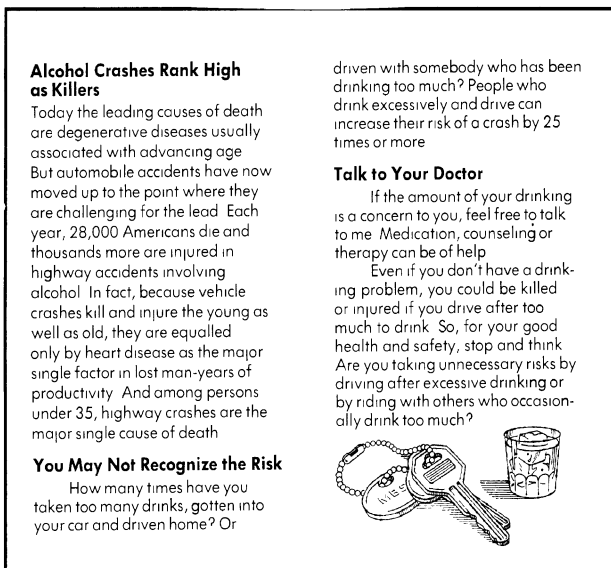
We had the opportunity this year to see what 'volunteer power' could do in assailing the most difficult bastion to conquer in the fight against alcoholism--the medical profession. This opportunity was given us through a grant from the United States Department of Transportation (DOT); specifically, we distributed, on a five-locale pilot basis, specified materials on the dangers of alcohol misuse, particularly in combination with driving. We would like to present some preliminary results of this effort. As will be shown, despite many obstacles we were able to obtain some encouraging results.

DOT has mounted an extensive program of deterrents to prevent alcohol-related fatal crashes on the highway. Even though many problem drinkers can be identified and are referred for treatment by the courts, it has been shown that persons with alcoholism average only one Driving Under the Influence of Liquor (DUIL) arrest per 100 to 200 instances of actual DUIL, and alcoholic persons have an average of five medical hospitalizations before they have an alcohol-related crash. The first alcohol-related highway incident may be a fatal crash. Thus, DOT is attempting to encourage early diagnosis of alcoholism by the physician, who is the family advisor most likely to be asked for help and in the most favorable position to give it.

To that end, DOT has prepared a placard and pamphlets for physicians' offices encouraging patients to discuss with their doctors potential or current signs of alcohol problems in themselves or member of their families.



Placard for doctors' offices.



Inside of pamphlet.

Because of the high volume of physicians' mail, it was desirable to develop a simple and effective delivery and follow-up system for the materials. It was important that the system guarantee that a high percentage of physicians receiving the materials would actually use them.

The National Council on Alcoholism consists of a network of member organizations throughout the country which mobilize volunteer support for increased awareness of the problem of alcoholism and for the improvement of its treatment. NCA has effectively performed large-scale, nationwide research studies

such as "The Effect of Rehabilitation on the Driving Behavior of Problem Drinkers." It was proposed that NCA, in conjunction with DOT, undertake to place the materials developed by DOT in physicians' offices by maximum use of volunteer effort.

NCA proposed that a demonstration project be performed, using volunteers from five of its member organizations to hand-deliver as many packets (each containing one placard and 25 pamphlets) as possible and to mail a larger number with appropriate cover letters to the remaining physicians in the area. One to two months after delivery, follow-up visits would be made to a sample of a specified percentage of physicians in both categories to ascertain the effectiveness of the delivery, by category, and the response to the materials themselves.

This pilot program was designed to provide useful information for more widespread efforts.

Placards and pamphlets were prepared and printed through DOT and shipped in bulk to the five member organizations. U.S. Government-franked envelopes were used for mailing individual physician packets. DOT provided funds to cover printing and reproducing costs of the cover letters. NCA undertook the costs of staff time and the travel expenses of volunteers who made the field visits.

METHOD

Subjects: Approximately 12,00 doctors (M.D.'s and D.O.'s), members of their county medical societies or state osteopathic societies, were sent placards and pamphlets.

Materials: Placards, "A Message to My Patients"

Pamphlets, approximately 25 per packet, accompanying the placard.

Cover letters - one from the Medical Director of NCA and one under the signature of a person in authority from the local Council, as explanation. The local letter, in addition, noted the endorsement of the local medical and osteopathic societies.

Follow-up questionnaires.

Procedure: Five NCA member organizations cooperated in this project: New York and Westchester Counties, Philadelphia, Denver, and Lansing, Michigan. They supplied estimates of the total number of physicians who were members of their county medical societies or local members of the American Osteopathic Association. We were given the approximate number of physicians to whom volunteers could personally deliver the materials and the remaining number of physicians to whom they could be mailed.

DOT was to send the appropriate number of placards and pamphlets to each member organization with reorder forms. The local Councils would then stamp their names, addresses, and phone numbers on the pamphlets. Within a month after receiving the materials, volunteers from each Council were to mail and deliver (with the assistance of the county medical societies and local osteopathic associations) the placards and pamphlets.

One to two months after the materials had been distributed, local volunteers were to personally return with follow-up questionnaires to 5% of doctors to whom materials were mailed and 10% of those to whom original materials were hand-delivered. Physicians were to be representatively selected from alphabetical lists for the follow-up. Questionnaires were to be filled out by volunteers.

We will now proceed to describe the actual methods employed in the project and the results derived.

The original proposal was made on July 23, 1974; the contract was approved in December, 1974; and we were given the signal to proceed in March, 1975. The materials arrived from DOT in Westchester in the last week in March; New York did not receive its materials until May 15, due to a number of technicalities. Follow-ups were carried out until the last week in June.

The delay caused immediate problems. Denver, originally enthusiastic about the project, found itself, by the time of the follow-up, in the last stages of preparation for the national Alcoholics Anonymous convention, when 20,000 members of "the club" descended upon their city. New York found itself with its volunteers disbanded for the summer. In Philadelphia the volunteers' coordinator had a coronary and the follow-up questionnaires for these doctors, from the hand-delivered sample, visited by volunteers were lost in the mail, so a second follow-up (much delayed, due to the fact that the mail loss was not realized immediately) had to be done. In Westchester the "Message to My Patients" distribution coincided not only with the distribution of American Cancer Society poster, but, even worse, with posters distributed by the New York State Medical Society on the malpractice insurance crisis.

We thus ended up with a variety of follow-up methods, and we found that this was not all negative, as it answered some questions we hadn't asked. The first question we did want to answer was, is a mailed distribution as good as one that is hand-delivered in getting materials into physicians' hands--i.e., what percentage of mailed packets have 'did not receive materials' responses?

The remarkable similarities among mailed deliveries may be something about our postal system or more likely the uniformity of secretarial habits. It may have been, also, a convenient reply to cut off the need for answering further questions. We know that when materials were hand-delivered, they arrived at their destination. Moreover, visits turned up situations where two to four physicians shared an office. They also corroborated what one secretary had surmised--some medical society lists included retired physicians and even Ph.D.'s--and suburban Westchester

		<u>Packets Sent By Mail</u>		
	Philadelphia	50 out of 134	(37.3%)	
	Westchester	23 out of 48	(47.9%)	physicians responded that they "never received the materials"
In	New York City	21 out of 55	(38.2%)	
	Denver	3 out of 8	(37.5%)	
	<u>Lansing</u>	<u>10 out of 28</u>	<u>(35.7%)</u>	

In five locales 107 out of 273 (an average of 39.3%) physician-respondents reported that they did not receive the original materials mailed to them.

County has on the rolls of its Medical Society the home addresses of many physicians who practice in New York City.

In Westchester, the only location where we have a comparison between hand and mail delivery (although we may yet be able to retrieve information from the lost Philadelphia questionnaires), 5 of 13 (38.4%) physicians who received materials by hand delivery had the pamphlets displayed, while 16 of 48 (33.3%) who received the materials in the mail had pamphlets available. Understandably, in poster-ridden Westchester only one physician in each multi-doctor office was displaying the placard. Although the numbers are obviously too small for statistical significance, the edge seems to be toward hand delivery. Three physicians in the mailed group noted interest although they had not displayed either the placard or pamphlets.

New York, where the follow-up was done entirely by mail to a 10% sample of doctors--enclosing a postage-paid return envelope with a follow-up questionnaire and a cover memorandum from the Medical Director of NCA--showed 27 physicians or 45.8% of those returning the questionnaire who noted that the placards were displayed and/or pamphlets were

available in their offices. In addition, there were two calls to the Council requesting additional materials and two letters commending the program.

In Denver, the follow-up was made in a rush. Four volunteers participated in the follow-up; each one visited doctors' offices in a specified area and stayed only long enough to leave the questionnaire and a postage-paid return envelope. This allowed them to observe that the placard and pamphlets were displayed in two physicians' offices. In addition to these, another two of those selected to receive the questionnaire responded positively. One had had the placard and pamphlets displayed; the other was distributing the pamphlets to his patients. This modest positive response of four out of 54 comes to 8%.

Contrast this to Lansing, where all follow-ups were made by telephone. Here 56% of the 18 physicians who could be reached and who had received the materials reported displaying both placard and pamphlets, and four, or an additional 22%, had the pamphlets available. One pathologist keeps the placard in his office although he sees no patients. (He is, however, visited by most of the physicians in the hospital.) We hope that this surprisingly positive response from Lansing did not come about because of the visual anonymity of the telephone.

Were referrals for alcoholism treatment made following distribution of these materials? There were two in Lansing, eight in Denver, 14 or more in Westchester, 26 in New York (and two other calls to the Council), and 16 in Philadelphia. The small numbers, we believe, reflect the short time span and the small sample size rather than a disappointing lack of influence on the physician.

Let us indulge in some statistically unwarranted speculative extrapolations from these figures, which will serve to show the meaning of the sample. Taking the number of referrals of our sample and assuming that had we reached the entire group of physicians in the area, the same percentage of referrals would have ensued, we would have had 970 referrals by 11,618 physicians.

To take this further, had the rate of referrals in the six-week period (using the longest period of follow-up) continued throughout the year, this group of physicians would have referred roughly 8.5 times that number for treatment, or 82,450. Then we might assume that the physicians in the sample areas are not too different from their colleagues in other areas. There are 175,000 internists, psychiatrists, and family practitioners in this country, or 15 times the number in the areas selected for study. Thus, if all these physicians maintained the same rate of referral as the sample for the entire year, 1,236,750 patients would have been referred per year. If there are indeed 9 million people suffering from alcoholism in the United States, at this rate, all of them would have been seen in consultation for their alcoholism in about eight years.

While this speculation does not count the number of new alcoholics appearing during that period, nor the number who die without treatment, nor the number who are unsuccessful in treatment, neither does it account for the increased number of diagnoses which will be made by a physician who has started to become aware of alcoholism, nor the contagion of treatment, nor the 'herd immunity' effect of having more successfully treated 'recovering' alcoholics in our midst, which has been noted to occur. The usefulness of the placard and pamphlets has thus only begun to become apparent.

Our experience with this leads to the following suggestions for an expanded future project:

1. Insure a firm start-up date.
2. Publicize the distribution before getting underway.
3. Make personal visits to train volunteers.
4. Deliver as many packets by hand as possible.
5. Continue to use the follow-up technique, expanding the sample as much as possible.
6. Although we obtained excellent cooperation from our Councils, we feel that an unjustifiable burden was placed on them in regard to office and travel expenses and volunteer time. The provision of minimal funds in the future would help to increase the priority given to a project such as this.
7. DOT did not and should include forms so physicians can reorder the pamphlets.
8. Only one Council was able to stamp its name, address, and phone number on the pamphlets. Suitable arrangements should be made for this.
9. Recognize the services of volunteers with the NCA Volunteer Service Award.

One of the things a voluntary health agency such as NCA can do is to utilize the services of volunteers, allowing them to do appropriate jobs which have a positive and beneficial effect. This method of using volunteers may well increase their dedication to the operation, while it aids in disseminating a positive attitude towards decreasing alcoholism--in this case, before the final crash.

Many other real advantages can accrue with this placard-pamphlet distribution: the physician, whether or not he responds, is alerted to the possibility of dealing directly with alcoholism. The patient has the opportunity to overcome his shyness in mentioning the problem. The physician learns of a resource otherwise unused--the local Alcoholism Council.

CHILDREN'S TELEVISION WORKSHOP

--Jim Swinehart

Last year the Children's Television Workshop produced a series called "Feeling Good," which was aimed at adults and was disseminated by the public broadcasting service on prime-time television. Each program was aired, in most cases, twice during the week it first came out. The standard time was 8:00 on Wednesday night, and most stations ran it again sometime during the weekend. The series started out to be 26 one-hour shows, but was changed along the way to 11 one-hour programs and an additional 13 half-hour programs. The earlier programs dealt with four or five topics each and did not have a host. They had a situation-comedy element designed to get you to come back to the program the following week as well as to pull you through the program on the way. It had an orientation toward general preventive health behavior, life-style influences, the way you feel, how long you live, what you get sick with, etc. As you know, prevention is very hard to sell. For example, when doing a campaign on multiple sclerosis, muscular dystrophy, or something of this sort, our poster child would be healthy, running and skipping through the playground. There is just no "grab" in that kind of thing. Showing a bad thing not happening is very hard. That's why most of the drinking-driving stuff ends up with a picture of a car crash or somebody in a cast instead of somebody healthy and happy.

"Feeling Good" dealt with 20 different topics; alcohol abuse was one of them. Alcoholism turned up, in fact, on shows 4, 7, and 10 in the one-hour series and on shows 2 and 11 in the half-hour series. Altogether, those programs were viewed by a little over 9 million adults according to Nielsen estimates.

I want to tell you very briefly about our plans for evaluating the impact of the series in general. I have to say "plans" because we don't yet have reports in from the contractors who are doing the assessment for us. C.T.W. does internal or in-house research on its programs-- audience testing and so-called formative research--just as a good many ad agencies and other organizations do. But the assessment of the impact of what happens when a series goes on the air is contracted through outside independent research organizations. We work with them in developing the design and carrying it out and trying to be sure that they understand the objectives of the program. In this particular series, there were a lot of problems in the assessment, in part because PBS normally reaches about 1% of home television sets in the country, and trying to interview 100 people in the hope of finding one who has seen a program is a very inefficient enterprise. So, we developed a complementary set of studies. One is a voluntary viewing study in four widely separated cities, each with a VHF public broadcasting station--this increased the likelihood that some people, at least, would have a chance to see the program. Boston, Seattle, Dallas, and Jacksonville, Florida, were the four cities. They are starting out with a baseline of about 5,000 people plus a separate group of 1,700 selected from a larger pool. The baseline measure was taken last October and November before the series went on the air. The other group, the panel effects control group, was not measured at all at that point. Then at various interim points during the course of the series, subsets were re-interviewed and at the end we got a set of the post-measure data from the initial panel and we also got post-measure data from the group that had not been questioned at the time of the baseline. Although our data are not ready for publication or

distribution yet, of the 6,100 people RAC mailed questionnaires to, we had an astonishing net completion rate of about 92%. Response Analysis clipped a dollar bill to each of the questionnaires mailed out as a small token of appreciation. The questionnaire also had a letter with it from the president of Response Analysis asking people to call him collect if they had any questions at all. The office did receive a few calls. The response rate was the highest they've ever enjoyed using that set of techniques. So this was to give us data on viewer, non-viewer comparisons, over long periods of time and within shows. We figured there would be some self-selection, but it gave us an opportunity to compare people who watched a given show with people who watched other shows excluding that one, and with people who watched no shows at all. We were also able to prepare separate indexes on number of shows viewed. So we have pre-, post-, and within-wave comparisons of viewers and non-viewers with the measurement control. We asked about viewing and included items on knowledge, attitudes, and behavior related to the content of the programs in the series.

Nielsen is another exposure measurement. We included it in the research because, although the data are not all that trustable, it is accepted as an industry standard. So, through Nielsen, we got weekly measures throughout the course of the series.

Gallup did 4 national surveys for us of 1,500 to 1,600 people each. Some questions were repeated across the four waves. Samples were independent, but similarly selected and thus presumably comparable. Some of the same items asked on the Gallup personal interview surveys were used in our Response Analysis mail questionnaire study, and in the National Opinion Research Center telephone and personal interview study.

In the National Opinion Research Center study, 468 women were sampled. A sampling procedure was used which gave us a high weighting of low-income people. The respondents had at least one child under six and were of either Black or Spanish background. This study involved a fairly complicated design with a number of measurement points. The reports from the two largest studies, Response Analysis and NORC, are about a month overdue already. Hopefully, we will have some data about the effects of the series very soon.

Let me just mention, very briefly, some materials in the show. These included a song by Sally Kellerman on parental influence on kids and drinking. The wording of the song doesn't say anything about alcohol specifically, but in the context of the program, the meaning was quite clear. We had several viewer self-tests of about a dozen questions to be answered "yes" or "no". There is a voice-over narration and the viewer is asked to keep score; at the end he is told that if he has 3 or more "yes" answers, then he might find it useful to seek some appropriate professional help. There was an alcohol quiz for parents with regard to teen drinking, a teen alcohol quiz for teen-agers to take themselves, and one for adults to take for themselves.

FEELING GOOD
SHOW #7

(MUSIC)

ANNOUNCER:

SELF-TEST: ALCOHOL: TEENAGERS

In America today, three out of four young people over age fourteen have tried alcohol. True, most of them tend not to drink hard liquor, they prefer beer and sweet wines. But they are

consumers of alcohol, and alcohol is a drug and like all drugs, it can be misused. It can also be used responsibly.

You're about to take a short quiz on teen-age drinking. Because a young person's attitude towards drink is usually affected by his parents, the quiz is in two parts: the first part for teen-agers, the second part for their elders...

If you're a young person, see how many of these questions you answer YES.....

Question 1...For you, does having a good time usually mean having a drink?

Question 2...Do you get hangovers?

...Question 3...Do you sometimes have a drink when you're all by yourself?...Question 4...Have your parents or friends ever told you they were unhappy about your drinking?

...Question 5...Do you often get drunk when you drink?...Question

6...Did you ever drink so much that people had to help you home, or that you just fell asleep wherever you happened to be?...

Question 7...Do you break things, or get into fights or bad arguments when you've been drinking?...Question 8...Have you ever missed classes or been unprepared for school or work because you'd been drinking?

...Question 9...Have you ever gotten in trouble with the police because of drinking...Question 10...Have you

ever awakened without being able to remember what had gone on while you'd been drinking?...

If you're a teenager and answered YES to any of these questions, your drinking habits might become a problem...

Parents can have a powerful influence on their children's relation to alcohol.

An example of responsible use seems to be the best influence. The children of people who misuse alcohol are the most likely to misuse it. And the children of teetotalers - people who never touch a drop - are also likely to misuse it.

There was another song by Tammy Grimes about an alcoholic housewife who denies her problem. There was a five-minute documentary with a family and a psychiatrist, teen-age kids and parents, who had confronted an alcohol problem within the family and were talking about their reactions to it, the effects on the family as individuals and as a family unit. The psychiatrist contributed an added perspective.

FEELING GOOD
SHOW #7

SELECTED PASSAGES FROM THE DOCUMENTARY: "IF YOU REALLY LOVE ME"

YOUNG MAN:

My parents both were drinking. They got depressed, I guess and they started to drink and stuff. And they'd come home and they'd take out their frustrations and everything on whatever they could... they'd find a scapegoat. And they'd take it out on anybody, except, you know, it wasn't their fault, it was somebody's else's fault. And that happened for a couple of years.

WOMAN:

When Lenny would drink, he would drink mostly out of the house. And it angered me. And I would get angry with him by retaliating with drinking myself.

MAN:

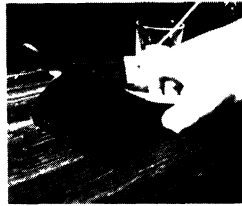
Kids like to follow in their parents' footsteps. They see'em drinking, they're gonna think it's all right for them. But, some smart kids they see their parents are making a fool, they're drinking and making a fool of themselves. They might tend not to do it cause they'll think they'll act like that.

We had a 3-minute film on drinking-driving which began at a party where the wife is saying to the husband, "Give me the keys to the car. You agreed to give me the keys to the car." He's drunk and says, "No." So they go out and drive away and you see her while you hear her voice saying, "I know I shouldn't argue with him when he's drunk like this, and yet I'm the stupid one because here I am in the car with him. We could have stayed there, we could have had somebody else drive, we could have called a cab . . ." She's mentioning the alternatives. Predictably enough, there is a crash. I was unable to talk the producer out of having the next cut to a graveyard with the guilt-ridden husband standing over his wife's grave. My 7-year old son, when he looked at this and they started out in the car said, "Oh, I know. They're going to have a crash." It's that much of a cliché, for the information of those of you who may be thinking of doing the same thing. At the end of the film, by the way, there's a flash-back to the party scene again, repeating the scene where the wife says, "Give me the keys to the car." In this case, he says, "O.K." And that's the end of it. That was followed by a one-minute spot, shown with approval from the Kentucky Association of Insurance Agents, called "Blinders," which illustrates the visual and reflex impairment that results from excess alcohol intake. One entire show in the half-hour series called "The Little Pick-Me-Up" dealt with alcoholism in general, denial, treatment success, treatment availabilities, and so on. And we had a show on drug and alcohol abuse by teenagers called "Show Me Something Better" which dealt with alternative programs around the country.

I won't go into detail about the methods of our formative testing of showing materials to representative target audiences, but I will



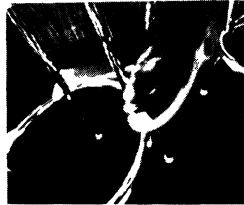
Your eye sight is now distorted,



like looking through greased glasses



Your side vision is cut down by as much as 80%



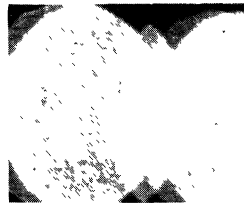
Your reaction time is all off, as if you has weights on your feet



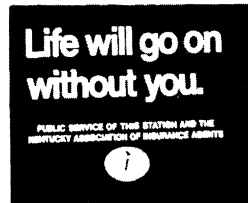
How would you like to try driving your car like this some night? A lot of people do



This is the way it is after you've had a few drinks then try to drive



Shouldn't you think twice before trying to drive before drinking?



You bet your sweet life you should!

quickly give you some of the findings. Appeal and comprehension tended to be directly related to one another. In general, the more a segment was liked, the greater were the chances that its information points would be recalled correctly. Both appeal and comprehension tended to be related to the perceived usefulness of the information conveyed. Self-tests and other formats which involved the viewer directly generally rated high on both appeal and ability to convey information effectively. The use of terms which denigrate persons with certain kinds of health problems, for example, "a drunk," were responded to negatively. Viewers sometimes drew incorrect inferences from drama or comedy sketches. These sketches turned out to be appealing, but a point made for comedic or dramatic purposes would often get misunderstood. Believable dramatic situations were found to convey information effectively to diverse audiences, including



those whose ethnic or other characteristics differed from those of the performers.

This was a major question we had in the beginning, but it turns out that if you have

a good, strong drama, it doesn't make any difference what the characters are like or how different they are from the people watching. It will still have impact. In the context of a program with low information density, documentary segments and straight forward presentations of facts were usually far more effective than one might expect from their performance and isolation.

We did a separate study on laugh tracks. The commercial people have known for some time in sitcoms that using a laugh track increases appeal. They are not concerned with comprehension or educational effectiveness. So we came up with a dilemma for producers in the study, because we did a control set with a laugh track and without a laugh track, and the use of the laugh track increased appeal but decreased comprehension of the information point. Songs were found to be a high-risk format for conveying health information and inducing positive effects toward a recommended behavior. Some were regarded very favorably, though some people said

it detracted from what we were trying to do. Parody was also a poor vehicle for health messages, which were often misinterpreted, especially when viewers were unfamiliar with the basis for the parody. Segments using a strong fear appeal tended to be understood less well than those with a straight informational style; and the latter, judging from self-report data, were more likely to be mentioned to others by viewers.

Drama and comedy both elicited extreme reactions, with some viewers liking them very much and others objecting to them strongly. For example, on the alcohol segments on the tenth show, some people found the drinking and driving film informative and emotionally involving, while others saw it as contrived and artificial. There was a sketch on that same show called "On The Wagon," which some people said was entertaining and others said was foolish. Even a very short segment can convey information effectively. The "Blinders" spot in the tenth show lasted only 55 seconds, but it produced clear gains in the number of viewers who agreed with the statement that excessive drinking blurs vision and that it can reduce side-vision by as much as 80%.

From some of our survey data, it's reasonable to conclude that the public is fairly well informed with regard to several aspects of alcoholism. For example, 83% of the respondents in one study were aware that alcoholism is a disease which usually develops slowly and that it is easier to treat in its early stages. On the other hand, some areas of ignorance were also identified. Only 52% were aware that it is hard to tell when somebody is beginning to develop alcoholism, and many did not know that children of non-drinkers are more likely to abuse alcohol than are children of moderate drinkers. While a large majority agreed that

driving after drinking is dangerous, many people were not aware of the physiological changes which impair driving skill. Finally, and this was particularly true with the half-hour show on alcoholism, viewers responded very favorably to elements they regarded as honest or realistic. They also found new information in these segments. But the primary basis for their approval appeared to be their feeling that a serious problem deserved serious treatment. This poses a dilemma for producers of television programs on alcoholism since serious treatments tend to attract audiences which are relatively small and are composed largely of people already concerned about the problem. The solution may lie in the use of well-written dramas which attract audiences because of their entertainment value, but also manage to convey significant information in an unobtrusive manner.

I should mention, incidentally, that I have been quoting from a report we prepared for NIAAA, because NIAAA was one of the sponsors of the series. The title of the report is "Interim Report on Alcohol-Related Research for 'Feeling Good' Series." There will be more data released later on.

--Question--Did I understand you to say that it would be better to have continual repetition of a subject within a segment as opposed to jumping from segment to segment?

--Answer--It's hard to make a conclusion from the data we have, because we didn't have a good control. People expressed a preference, in many cases, for more extended treatment, as in the half-hour shows on one topic, than we were able to provide the earlier shows. The one-hour four- or five-topic shows were very

complicated to do in television terms. They were hard for the viewer to follow in many cases; people are not used to it. What we were trying to do was to attract an audience of people who don't watch public television, who have high health needs, who probably wouldn't seek this kind of information on their own. So, it was an "entertainment as bait" concept with people like Pearl Bailey, Bill Cosby, John Davidson, Johnny Mathis, Johnny Cash, Tammy Grimes, and other fairly well-known people doing comedy sketches and songs and dramas, not just documentary or lectures. The people you want to reach don't watch it. In a sense, we were producing a number of programs which were like half-hour or one-hour commercials for positive health behavior, and we were asking people to watch them voluntarily.

--Comment--There's a book coming out in the near future on televised political commercials in 1972. They are, by and large, a more important information-delivery vehicle for public affairs issues than are newspapers or television interviews, because they are so concise and pointed.

--Comment--I draw from what you say that people seem to recall better the short burst as opposed to the longer burst because it doesn't mix them up.

--Response--That may be. Clearly, somebody constructing a 30-second or a 60-second spot to include one, or at most two, information points can concentrate on it, make it dramatic, and, if you see it five times in a week, that's unlike anything else you're seeing that week.

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES

--Paul Gavaghan

As those who have attended these informational meetings from the beginning know, DISCUS has been a firm believer in their value. Since 1970, to pick what I think is a benchmark year, there's been genuine progress in public information programs devoted to the subject of alcohol abuse whether on the highway or in society in general. Unfortunately, I see occasional signs of relapse.

I attended a recent, major safety conference, and I thought it was being held back in 1967. They were introducing a lot of the primitive throw-back approaches keyed to crack-downs which proliferated in that era--based on the notion that putting all drunks in prison will solve the problem. But we are really talking today about complex social, medical and health problems and we know they won't be solved in any simplistic way.

While we all have different perspectives, we are united in the goal of doing all we can through advertising and other media to help reduce problems related to alcohol abuse in this country. I'd like to spend a few minutes bringing you up to date on the fourth consecutive year of our national advertising program which has the theme, "If you choose to drink, drink responsibly."

Anyone familiar with the program, which has appeared in Time, Newsweek, and U.S. News and World Report, and by means of a special ad this year in business magazines, realizes that our approach is, in a real sense, a form of prevention of alcohol abuse. We feel that there is a role for our industry to play in bringing realistic, concrete, specific information to the attention of normal adults and, in the case

of this year's program, to teen-agers. I think we broke some new ground on that sensitive subject.

We make no pretense that advertising ever cured a single alcoholic or that these ads are reaching alcoholics or chronic problem drinkers. We believe that other approaches are needed. We don't think that you can address those groups directly and secure action. Perhaps, some day, that can be done with the right approach and appeal, but alcoholics and chronic drinkers are not our target audience.

Our target audience includes opinion leaders, those who are, in effect, the gatekeepers; those who are interested in alcohol abuse, alcoholism, drunk driving, social and health problems; and those who are generally interested in doing something about these problems.

Our ads have drawn a fantastic cross-section of response ranging from educators to alcoholism counselors, public officials, law enforcement officers. This cross-section covers the entire spectrum of the professional level of those interested in alcohol abuse problems, as well as segments of the general public.

Our 1974 messages received a unanimous award in the Saturday Review competition. I bring that up, not for self-congratulation, because our work is a collective endeavor, but to point out that there is a different set of standards applied to our campaign compared to most public service campaigns. We feel that our 1975 messages are having an even greater impact. While we haven't gone through the elaborate network this year of readership surveys, based on mail responses and requests, we feel that it is having such an impact. As in the past, we sought prior review of these ads by NIAAA and DOT, which are the major federal agencies with

responsibilities in this field. We're most grateful for their affirmative view of our efforts.

We devoted a lot of thought, care and study to developing, selecting and refining our messages because we want them to serve a constructive purpose. There are many semantic problems in this field. Certain phrases get people who are active in the field upset. We want to make a contribution rather than create needless misunderstanding. Also, we want to put together what we think is the best and most reasoned position, the most realistic approach to various problems and situations in the opinions of scientists and educators. We go to a great deal of trouble to sound out their viewpoints, to see that what we say is compatible with the scientific and professional literature.

How many minutes in a cocktail hour?



When most Americans entertain at home, serving drinks before dinner is a gracious custom. But an invitation to dinner at seven should not mean cocktails until ten.

Common sense in this respect is a mark of the considerate host.

And just as he has enough alcohol beverages on hand for guests who drink, he has a variety of soft drinks for those who don't.

We, the makers and sellers of distilled spirits, hope that you show as much care in using our products as we do in making them.

If you choose to drink, drink responsibly.

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES
1300 Pennsylvania Building, Washington D.C. 20004

Our platform message this year dealt with a new subject. "How Many Minutes in a Cocktail Hour" was the headline of this ad. This ad has received the most overwhelmingly favorable response of any DISCUS ad over the past four years. We've received a larger response, perhaps, for other ads, but in terms of favorable versus unfavorable, agreement versus disagreement, controversy versus acceptance, this one rates highest on the scale. One of

the reasons this might be true (and this was mentioned in quite a few letters), is one particular line which reads "And just as he has enough alcohol beverages on hand for guests who drink, he has a variety of soft drinks for those who don't." Here is a sampling of the responses:

- 1 - "At last someone is presenting liquor as it should be enjoyed and respected." wrote a lady from Franklin, Maine.
- 2 - "I am a teetotaler by choice... This advertising has greatly impressed me and improved my otherwise prude tolerance towards drinkers." from a gentleman in Fridley, Minnesota.
- 3 - "I feel that your message should be posted in every livingroom in America" wrote the director of Public Information at Gaston College in North Carolina.
- 4 - "We were deeply gratified at reading your splendid ad... Any word of common sense that these people (problem drinkers) may see could be the recovery point in their lives" from the Director of the Alcoholism program in Galveston County, Texas.
- 5 - "Thank you for upholding an important premise of our American system - that with freedom comes responsibility" wrote a woman in Burlington, Iowa.
- 6 - "We will call the series to the attention of our young officers as excellent examples of the way to get a public service message across" from the associate director of the U.S. Information Agency.

Comment number 4 might apply to those who are problem drinkers, but I don't think it would apply to alcoholics per se. We understand that there's a real difference between the two categories, even though the semantics may vary among organizations. The responsibility theme, mentioned in comment 5, has been getting a favorable reaction. In other words, individuals who are normal have a responsibility in terms of their health and their behavior. This idea is getting across, because it has been the continuous theme in our program for the past four years. The range of respondents included drinkers, non-drinkers, educators, alcoholism

counselors, and a wide variety of public officials. Those are the groups that we are trying to reach; those who are interested, active, and concerned.

We also have another objective with this program and it's what I call the multiplication effect. These are platform ads which we want our industry to emulate. We want other industry groups to adopt these ads. That includes people in various levels of the industry--including distribution and retailing. By our conservative estimates, more than 12 million reprints of these ads have been distributed to the public at no expense to our industry by non-industry groups. DISCUS also provides posters, copies of ads, booklets, and folders aimed at the general public. This is an extensive promotional effort.

One ad that has gotten a very good response in terms of praiseworthy

responses is the one devoted to alcoholism and industry, "Under New Management: Alcoholism and Industry." This ad appeared in Business Week and the eastern edition of the Wall Street Journal, which we felt were appropriate media for this particular message. We felt that it was an answer to the question of what our

Under new management: alcoholism in industry.



As in other sectors of American life, most people in industry drink. And most of them drink moderately and responsibly.

But a small minority does develop problems which interfere with effective functioning.

Fortunately, management is becoming increasingly responsive to the needs of this troubled group. More companies are starting their own employee programs with the support of governmental and private agencies. To receive information on setting up such programs, write to address below.

For executives and their employees, at all levels, the same principle applies.

If you choose to drink, drink responsibly.

industry thinks about alcoholism. Our ads haven't fully mentioned alcoholism per se for the past three years. We did so briefly during the first year of the program, quoting NIAAA and other sources.

We felt that this was one clear-cut area where progress is being made by groups such as the National Council on Alcoholism and the AFL-CIO. Also we felt that we could meet a need by calling attention to industrial alcoholism programs, because we know from various studies that the overwhelming majority of employers don't have such programs today. It was our way of saying that something practical can be done about this problem.

We also have what we call a resource booklet which cites all of the major sources of information, including NCA. In other words, this is one of the few ads that suggests that people write in to us for information. Responses came from personnel of more than 200 major corporations to date. We expect we'll be getting queries about this ad for years.

So we felt that our resource leaflet would be the best way to approach it, because we don't want to appear as instant experts. Many organizations in our industry have programs. DISCUS has an occupational alcoholism program, we're encouraging others to develop one. Some organizations have instituted a policy to encourage our other members to start such programs.

At the recent National Safety Congress DISCUS was asked to develop a panel on the subject of alcoholism programs in business and industry. We brought together what we felt was a pretty distinguished panel of outstanding authorities. We had representatives from Hiram Walker, the AFL-CIO, and DePaul Rehabilitation Hospital in Milwaukee, which is one of the first institutions to be fully accredited for alcoholism treatment in this country--they've made every mistake in the book. In other words,

they have admitted this frankly and they've ironed out their problems. They've got a complex program now using all major modalities of treatment, with special provisions for the family, with a scientific research laboratory, with constant surveying efforts. They use every technique that we know actually works. They're also a pioneer in third-party coverages which we feel is part of the long term remedy for the problem of alcoholism in our society. From the standpoint of their financing, over 600 employers in Wisconsin alone utilize their services, with a case load of over 4,000 patients a year. We are going to publish the proceedings of the program.

Are their best friends their worst enemies?



Pressure from peers can be a prime cause of drinking problems among some adolescents

And as any teacher knows, it can be one of the most difficult to combat

The right family values help give boys and girls confidence in their own self-worth, help them resist the influence of the wrong kind of friends

And one way to discourage irresponsibility among adolescents is to encourage responsibility among adults

For parents of teen-agers, it is especially important to follow this principle

If you choose to drink, drink responsibly.

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES
1300 Pennsylvania Building, Washington D.C. 20004

Another ad, which is addressed to teen-agers, is titled "Are their best friends their worst enemies?" We recognize the common conception-- I say "conception" because there's some argument about it--that peer pressure is very influential in the choices of the teen-agers. We also know that there is something more fundamental, whether they admit it or not, and that is parental

guidance, which is of great significance. So we had to recognize both facts of life and recognize that there is often interaction between the

two. But the two are often in conflict, in shaping the decisions and the behavior of teen-agers. So we talked about pressure from peers--it can be a prime cause of drinking problems among some adolescents. And as any teacher knows, it can be one of the most difficult to combat. Then another significant point--that the right family values help give boys and girls confidence in their own self-worth, which we think is an extremely important concept to emphasize. This may help them to resist the influence of the wrong kinds of friends. The ad reads, in part, "One way to discourage irresponsibility among adolescents is to encourage responsibility among adults. For parents of teen-agers it is especially important to follow this principle: If you choose to drink, drink responsibly." In other words, we get back to the home, which we think, for better or for worse, sets a pattern for behavior. By the same token, we don't deal with the subject of alcoholism in this ad.

There has been a tremendous amount of publicity about the so-called teen-age alcoholism epidemic. We traced the publicity to its source and found that it had been fabricated--the original statistics, I mean. But that's an issue for discussion at another time. Also, the question of whether people at that age bracket can be pronounced "alcoholics" is another moot point which is open to suspicion. Of all the studies we have seen, generally there isn't universal agreement, but the majority agree that 4% to 6% of our teen-agers have abused alcohol or manifest some form of problem drinking. These studies go back twenty years and there is a remarkable consistency in the findings. So we feel that we should address ourselves to that--to the problem of abuse at that age, of abusive drinking, of secretive drinking, and of imitating the example of the wrong

people, rather than getting into the question of alcoholism. We feel that the two subjects have been confused in public discussions.

--Question--Did I understand you to say that you aimed this at the teen-age audience?

--Answer--No. It's aimed at the parents because we know that a minority of the readers of the publications we use are teenagers-- a substantial minority. So it's really aimed at parents as well as opinion leaders.

Regarding our approach to responsible drinking, we know from our mail and from other indicators, that many organizations agree with our approach to such an extent that they have requested copies of our ads in very large quantities for use in their own programs. That's not our goal. Our goal, originally, was not to get them to use our material in their programs at all. We were asked, "What position do you take? by agencies, public and private, in the alcoholism and drunk driving fields. Our ads answer that question and state our position. But the ads have had an unexpected effect; namely, people like them and want to use them.

--Question--How much do your regional representatives use the ads in local newspapers?

--Answer--They don't. Local industry groups prefer not to use the media, although some states have and the trend is growing. For example, in Connecticut recently, one of these ads was run in all the major newspapers of the state. Industry groups prefer to use these messages at point of sale, however, because that's where purchases are made. Different associations prefer different messages. In one state, "Know when to say when" was the preferred

message. In another state, our "young adult" ad was preferred because of its new minimum age law. It depends on what the major issue is in that given state.

--Question--But again, the original motivation for the public information campaign was to reach a subset of the elites in your industry, as well as a slice of the public?

--Answer--If you compare it to the total U.S. population, yes. But we have never lost sight of the public as a whole. We can't use T.V. or radio because that's prohibited by our Code of Good Practice which has been in effect since the 1930's, so we have to use print media. The local industry groups, to answer your question, use messages which seem to meet a particular situation or need. If the young adult question is a substantial one, then an industry position is obviously important.

--Comment--On the issue of teen-age alcoholism, we don't have statistics on its increase yet, although the clinical impression across the country is very strong. It has, indeed, increased, but it won't be coming out in research for another year or two.

--Response--It hasn't come up in the gallonage figures either because they're either unchanged or down across the board.

--Comment--The gallonage figures are not age-specific, though.

--Response--By no means, no. One would assume from the publicity, however, that there was a tremendous increase in consumption after the lower legal age laws were put into effect. I had an economic research study done by our research director just to see what the gallonage figures were, and there was only one state that increased significantly. The average

gallonage sales increase were lower than with states that did not lower the minimum age.

--Comment--Self-reported alcohol use by teen-agers has gone up, hasn't it? And the incidence of alcohol use at an earlier age has gone down as the laws changed from 21 to 18. What are showing up very persistently are the symptoms of alcohol abuse, alcoholism, or whatever you want to call it--serious alcohol-related problems concerning drinking and driving, for example. Now many clinics are seeing more teen-age alcoholics. In some cases, these are being reported.

--Comment--That's what we find in the drug programs and especially in the youth centers that we operate. The self-reported incidence of youth, and even pre-teen, alcoholism is too dramatic to be ignored. Whether it's in the literature or not, I don't know, but for us it's a real phenomenon.

--Comment--This is immensely important. We realized it in Michigan since the law changed. If you are noticing the same thing now here in New York City where it's been legal to drink at 18 since 1939, then this is on top of a larger problem to begin with.

--Comment--You see, we feel that we've always had abuse of the law here in New York City. It may not be true in your state, but certainly here kids could always obtain liquor if they wanted it, but they weren't taking advantage of the enforcement laxity; however, now they are. I don't know if it's appearing in the literature, but that's what we're seeing.

--Comment--At the 17th Annual Conference on Alcoholism in the state of Pennsylvania, we had a panel of students from Penn State who absolutely shocked everyone there. There were about 400 representatives from the state of Pennsylvania. They were discussing the changing of the legal drinking age law. They were describing to us that half of the members of

the student body were behaving in a manner that we would describe as problem drinking every weekend. All of us were appalled at the naivete expressed by these so-called representatives of the college age group of the state.

--Comment--I think this is mentioned in the Domestic Council Report on Drug Abuse that came out recently. Some people feel that this is a spillover from the effectiveness of the drug abuse campaigns in the late 1960's and early 1970's. The kids' desire for a high was not eliminated, they merely turned from drugs to alcohol.

--Comment--I think young people are drinking to get high. Instead of drinking socially, they drink the whole bottle in order to achieve a similar high. This is very different from adult drinking.

--Comment--My estimate two years ago was that by lowering the drinking age, within 12 months you would have an 18-20% increase in alcohol-related crashes including property damage, injuries and fatalities in certain states, including Michigan. Drinking in bars, taverns and restaurants increases more than drinking in other settings.

--Response--I don't know if you're familiar with the Plaut report, "Alcohol Problems: a Report to the Nation." In it, he made a recommendation that there should be no such thing as a minimum age. He said the rationale was that neither the public nor the legislators would accept it at that time. There may be two aspects to this issue. One is that when you lower the legal age, you also lower the age at which people drink illegally or make illegal purchases. Then there's another point of view which has come to the floor, and that is what I call social expectations. Namely, if people, especially young people, feel that a certain type of behavior is expected of them, they very often oblige. This is

particularly true of destructive behavior. Also, with regard to the drug abuse program, it was mentioned at a meeting about half a year ago, that a moratorium has been declared on drug abuse education in this country because it was found to be counter-productive--that not only was it having no effect, but the problem was worsening.

Finally, I want to mention the one other ad in the series; we run one every year on drinking and driving. We've repeated the graphics because we've found from readership studies that this symbol of a glass and keys have definite recognition and retention value. It's become a symbol for the ad which we tend to run during the holiday season between Thanksgiving, Christmas and New Years. In the ad, we make it clear that we are talking about the excessive drinker. We are trying to get across the idea of people knowing their own limit. I am convinced that most people, who are otherwise normal, are occasionally careless or thoughtless about their own limits or whether they know their own limits. As a matter of fact, for many people it's just a phrase. So there is a problem of penetration there.

--Question--I don't really know what you are doing for the sake of the industry. You say, for example, because of your Code you can't advertise on television. Why not.

--Answer--Because there would probably be a Federal law immediately prohibiting liquor advertising on television.

--Question--But these are not liquor advertisements, are they?

--Answer--Any ad using the name of a distiller or the distilling industry's organization would be in the same category. We know this. Also, the original reason, which goes back in the 1930's and 1940's, was that public sensitivities are still intense on the subject of liquor advertising in the electronic media.

--Comment--The public could very well go for a strong (TV) campaign against the use of alcohol which might support you in doing this.

--Response--Perhaps, if it pertained to abuse. The thing is that we know, just as a practical matter of fact, that there would be two consequences immediately. One, there would be a storm of pressure from opinion leaders who are very sensitive about the use of electronic media by the beverage alcohol industry. The other one is the likelihood there would be a Federal law prohibiting liquor ads on TV very quickly.

--Comment--We found in Canada that a very large majority of the people would support what I would consider to be superlative actions in the alcohol area--there would not be a backlash against the advertising of very serious warnings about the possible effects of alcohol and alcohol abuse on radio or TV. This surprised me and I wouldn't be surprised if in the United States you would find a lot of people who would feel the same way. In Canada we found that the vast majority have a definite stance on this issue. They realize what problems exist.

--Tom Hadlock

Grey Advertising has handled the NHTSA account for three and a half years. Our goal with the campaign is to prevent alcohol-impaired individuals from driving by enlisting the support of the alcohol-related public. This has always been our charge.

This public information and education campaign is a multi-media effort. Television is one of our key public service means of getting messages across. Radio, print ads, and brochures are other ones, but television and radio are the most important to us at Grey. The reason for this is that the FCC has a regulation that stations have to broadcast a certain amount of public service time. We get effective response because

of that regulation. We also deal with magazines and newspapers across the country, but this isn't as effective because they don't have a regulation of this kind. We think brochures are a terrific medium and use them in a number of ways.

At the October meeting in Ann Arbor you saw our two latest TV spots-- "Bartender" and "Teddy."

THE PARTY'S OVER.



All too often, when the party ends, the trouble begins. People who shouldn't be doing anything more active than going to sleep are driving a car. Speeding and weaving their way to death.

Before any of your friends drive home from your party, make sure they aren't drunk. Don't be fooled because they drank only beer or wine. Beer and wine can be just as intoxicating as mixed drinks. And don't kid yourself because they may have had some black coffee. Black coffee can't sober them up well enough to drive.

If someone gets too drunk to drive, drive him yourself. Or call a cab. Or offer to let him sleep over. Maybe your friend won't be feeling so good on the morning after, but you're going to feel terrific.

FRIENDS DON'T LET FRIENDS DRIVE DRUNK.

DRUNK DRIVER B1
BOX 2345
ROCKVILLE, MARYLAND 20852
I want to keep my friends alive:
for the next party
Tell me what else I can do

My name is _____
Address _____
City _____ State _____ Zip _____

U.S. DEPARTMENT OF TRANSPORTATION NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

But returning to the print ads. As I mentioned, we use magazines and newspapers across the country, a total of about 1,000 print vehicles. I also mentioned brochures. Here's an example of one which I think is excellent. The pointers were executed in a very simple manner. We added some recipes on the left-hand page under the headline "Before the party." We wrote about what happens at the party and after the party if someone has too much to drink. We suggested countermeasures which we are promoting in all the media--calling a cab, staying overnight, etc.

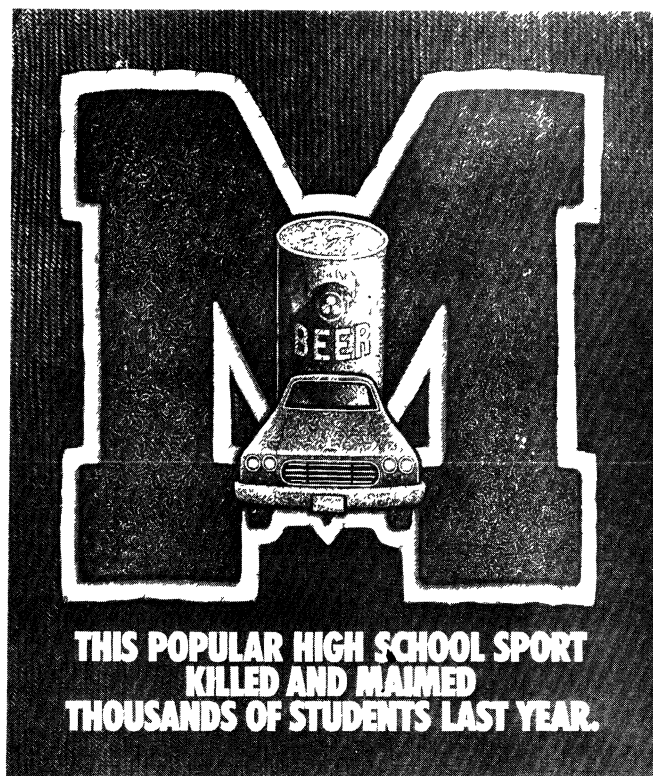
We aim our messages at two audiences. I alluded to the general audience, particularly in the area of broadcast. Naturally we also aim at youth. Our radio commercials are terrific because rock music-oriented local stations will play our commercials. I think we all know the extent of the problem with the general audience, but I want to mention a few points from our research which pertains to youth. NHTSA and Grey did a strategic research survey last year. The study is based on a sample of 2,000 households across the country. We found that half of all high school youths interviewed participated regularly in social drinking occasions with their own age group. Many in this group of young people, who are frequently in alcohol-related situations, drink often. 45% of this group drink once a week, 26% drink twice a week or more. They also drink heavily; 39% of this sample have 1-3 drinks in a given day; 29% have 4-8 drinks. It's important to realize that these alcohol-involved young people are drawn from all classes, ages, and student types. As a matter of fact, the study is also representative of fairly high levels of scholastic achievement. Because of these data we feel a specific need for a youth-oriented campaign. We think that both youth and the general

public should be hit and we're trying to maintain that posture throughout the campaign.

In addition to youth radio spots, we've produced youth posters. We send these out to high school principals across the country with a cover letter asking them to have it posted. We like to think they are getting on walls and getting seen by students. We wish we could even do more in this regard, but we feel that this is an effective tool. We also produce youth print ads which go to high school newspapers.

Another interesting area, but one which Grey devotes less attention to, is the specialized audience. Over the years we have done a number of things, for example, "A Message to My Patients" which is a radio cassette distributed to cassette-manufacturing companies. We have been fortunate to get some of our public service-oriented medical messages onto these cassettes. That's another avenue--a people-to-people, Outreach program. We have a division in Grey Advertising called Grey Medical. It is looking into this medium to see if we can exert more influence to get our message across.

Another area to be mentioned is public enforcement--police departments, attorneys, etc. In the past we have run print ads in magazines that they



Drinking and driving. You and your friends can help make it less serious.
Think about who's been drinking and driving. Careless.
You have to start taking care of each other. That's our message.

FRIENDS DON'T LET FRIENDS DRIVE DRUNK.



would be reading. We found that to be helpful, but I, personally, don't think it is as important as the health care area.

10 minutes ago everyone drank to Harry's health.



**Then gave him black coffee
so he could drive home.**

They thought it would sober him up. It's one of the myths about drinking and driving that most people live by—and some people die by. Like the myths that just a couple of drinks, a few beers or a little wine won't affect driving. That a cold shower will help.

Most people aren't alcoholics or problem drinkers. And they know better than to drive while drunk. Yet they don't know that safe driving ability is gone long before signs of intoxication appear.

Unfortunately, they often won't listen to family or friends, who may not have the facts in any case.

But they will listen to you—the health care professional. They respect you, your knowledge, your motives. You have the facts that can save lives. Information, not medication, will reduce the leading cause of death among high school students—traffic crashes. Information will equip adults who frequently are in situations where drinking is followed by driving, to help themselves and each other. But the information has to come from someone they'll believe—from you.

You can help educate the public you care for. We'll help you. For new literature on alcohol abuse and driving, write to: Drunk Driver, Dept. M.D., Box 2345, Rockville, MD 20852.

They'll listen to a pro.



U.S. DEPARTMENT OF TRANSPORTATION NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

It's important for people to realize that when Grey puts together a TV or radio announcement or a print ad, we give it a lot of time. We think that what goes into it is only as good as the message itself. It can only be acted upon if it's meaningfully communicated to the public to which it's directed. One of the things that we've done in the last year is a major research study covering adults and youth. This research has

become the cornerstone of our program. It gives us even more meaning for the areas we are targeting.

I want to take a moment to talk about the way we go about doing a campaign. This has a lot of relevance for all of us. Based on our research we have found that the average citizen doesn't know that a can of beer or glass of wine is as intoxicating as a shot of distilled liquor. They also think that sticking to one kind of drink is less intoxicating than mixing drinks. They think that black coffee can make a person sober. Of course, we all know this is not the case. The point is, in order get our message across, we feel that we should talk about these myths, get people

oriented to the problem. Because if they think that black coffee can sober them up, then our message has less impact. And they're not going to take the actions that we think they should. By educating the public on these misconceptions, we can increase people's willingness to take countermeasure action. If you don't define your target accurately, you're not going to have a constructive, well-received advertising program.

We feel, based on the research, that we were fairly close to knowing where we should apply ourselves. The point is, we think that people represent different feelings and different thoughts and will, therefore, take different actions. We assign demographic and psychographic characteristics to them.

With Segment A, alcohol-related people, we know that 43% are men and women who are married, are over 25 years of age, and are high on the socio-economic scale. Segment B, representing 27% of the ARS-involved population (which is half of all adults 18-55), is made up primarily of men under 35 years of age who come from middle-income backgrounds. And very importantly the focus and tone of the commercials may differ, depending on the

MORE PEOPLE DIE BECAUSE OF DRUNK DRIVING THAN MURDER.

Last year 27,000 American people were killed in alcohol-related traffic crashes. About 18,000 were murdered. And yet not nearly enough is being done to stop the highway death toll from getting bigger and bigger.

It is vital that Driving While Intoxicated be considered a major priority offense in Traffic Law Enforcement efforts.

There is a large national project now underway that can help change things. The point is to give DWI the emphasis it warrants. To identify drunk drivers, more specifically problem drinkers, the two or three or six or ten time offenders and get them off the road and into treatment. To get the support of the judiciary, so that once a DWI offender is arrested he is dealt with properly in court. And to inform the public of these efforts and to get their support too.

But it's up to you if this thing is going to work at all. It needs your understanding and help. You may be the first person a drunk driver runs into. We want you to be the last.

DRUNK DRIVER DETECTOR
BOX 1969
WASHINGTON, D.C. 20013

I want to help
Please send me the
for law enforcement

Name _____
Address _____
City _____ State _____ Zip _____

U.S. DEPARTMENT OF TRANSPORTATION, NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

group we're appealing to. We think this is reasonably sophisticated, but we also think that this is a way to have the most effective message. In the area of motivation, for example, Segment A (which is the larger group within the ARS population) is, we think, motivated primarily through social conformity. Segment B is a more impulsive, aggressive group whose motivation tends to be friendship. There may not be vast differences between the two, but there are some. With both segments, of course, there are some motivations which pervade both. It might be that preventive action is greatly increased if the potential intoxicated driver is a close friend or relative. That cuts across both groups. But some of these other things don't. Again, by segment, we know the different actions that one is willing to take to prevent drunk driving. In Segment A, you can help by driving the inebriated person home, letting him stay over at your home, or calling a taxi for him. Or you can do such a simple thing as serving food with drinks. With Segment B, you can drive the person home, let him stay over, take the car keys away, or exert physical action to prevent him from driving.

In the past we have felt prominent spokesmen have been helpful. We will probably continue with that this year. Of course, the emphasis on taking countermeasure action is a key element of our messages. In the area of tonality we're concerned that we use people, particularly spokesmen or characters on the air, to whom the audience can relate.

Both Grey and NHTSA feel we have to be constantly monitoring what we're doing. We want to know if our messages are on target. Pre-testing is fine, but you've got to monitor what you're doing or else you may get off the track. So what we have done, just recently, is to complete two major studies. The first is copy-testing of our commercials, using

representatives of our target audience in geographic centers across the country. We've also done some baseline measurements. These numbers are not so important at the moment but we will track them as the next step in the research in the first part of 1976. By those two studies we will be able to see if we're on target. We will do another wave of testing in July or August of next year, making this an ongoing program. We want to know constantly where we're going, how we get there, and how we can change things to make them better.

To evaluate our TV spot, "Teddy," we did some copy-testing, using 450 people--150 adults in each of New York, Chicago, and Los Angeles. We then did comparative tests in shopping centers. We showed a 10-minute travelog first, with two and a half minutes of TV commercials. One of the commercials was "Teddy." We had two exposed groups

and we had an unexposed group where we didn't use any of our commercials in segment of commercials. The people were given a short questionnaire. We were looking for people's misconceptions on beer and coffee in order to re-educate them and thereby increase awareness of potential impairment and perhaps persuade them to use relevant countermeasures. We found that "Teddy" successfully communicates the basic strategic premise to help



friends not drive drunk. Based on this we feel that "Teddy" educates well on the misconceptions about both coffee and beer. The research also told us that "Teddy" persuades people to take some strategic countermeasures. You have to mention the countermeasures to get a positive reaction. It's important that the spokesman state these kinds of measures in a meaningful way. "Teddy" came across as a warm, down-to-earth kind of guy. Finally, we found from our copy-testing that there were no major negative reactions. That doesn't always happen in a commercial.

--Comment--Although that may be aimed at Segment B, I think people would respond to it whether they are garage mechanics or bank presidents.

--Response--It gets back to what was said earlier. If you've got something with "pizazz," it's going to appeal to a number of different target groups.

--Comment--"Teddy" also showed a very positive personal appeal in what he was doing, which is something new. It is clear that he's going to feel good about the actions he's taking.

--Comment--This Eastern character voice wouldn't go over well in South Carolina, but I think the idea is excellent, so our program is going to use it.

--Response--The comment about a distinct character voice accent is one we've heard before. However, the mere fact that you can isolate Teddy's geographic background makes him more real. He's a person right off the street. I think this may work to our advantage.

In the baseline survey of the commercial, we looked at people's frequency of alcohol involvement, their potential for drunk driving situations, and the immediate action countermeasures they took, as well as their general comments regarding this commercial and other commercials on

drunk driving. We have open-ended and closed-ended questions in the area of drunk driving, the communications process, what people see, and what they think they see. From that we're going to Phase Two in March of 1976 to see if we are making progress in the campaign.

Regarding media placement results, we have gone from 23 billion adult impressions in year two of the campaign to 28 billion in year three, the year ending in March, 1975. We've gone from 32 million in dollar value to 43 million in dollar value from year two to year three. That's a 27% increase. We get those numbers from a semi-annual survey of 6,000 media people in print, television, and radio. We put together a massive report that tells us what's happening in the media placement field. We think this is unique in this area. Of course, having good contacts with the media is one of the nice things about being a New York agency. We're in the communication center of the world; CBS, NBC, and ABC are all blocks away and we take advantage of that. We send our message out to Detroit, Los Angeles, and Chicago and we find that that helps. Public service directors respond to a good campaign. The thing we've found is that you have to keep giving them new material or, after six months, it's not going to be played anymore.

--Question--What do you mean by "adult impressions?"

--Answer--When you watch a television commercial at home, you're one impression. Through Nielsen's rating system it is determined how many are watching each television show across the country, as well as each commercial.

--Question--So Nielsen is keeping track of your ad?

--Answer--No, Grey is keeping track of the ad by questionnaires sent to TV public service directors. All Nielsen will tell you is the time of day and what kind of rating you should have.

--Question--Do you find that TV stations use 60-second spots in prime time? I find that, here in New York, it seems that the 30's are a tougher market than the 60's.

--Answer--We found that most of our time on network stations is in the daytime or after the late news. In network, 88% of all announcements are 60's. We send out sets of materials to the 100 top markets in the country, which represents 88% of the U.S. household population.

Most of you know of Grey's coordination center in Washington. It has three objectives. The first is to review all ASAP material, if possible, and to work with local officials on the marketing and communications plans through local organizations throughout the country. They also provide outside assistance in any other way possible. They get down to the grass roots level in dealing with these alcohol and highway safety programs. That's an ongoing activity. They also distribute the Grey national campaign materials on a local basis. Another activity involves holding regional seminars for PI and E people. There were three such seminars this year: two in Washington and one in San Francisco for all ten regions of NHTSA. Finally, Grey-Washington publishes a monthly newsletter for PI and E people. This offers programs a way to get free publicity, a way to talk about what they're doing. The 1,200 copies are distributed to the ASAP's, to state and local governments, to NHTSA regional offices, to highway safety volunteer groups like NSC and AAA, to alcoholism groups, to key public officials, and to private industry.

SUMMARY REMARKS

--Richard Douglass

This sixth Alcohol/Safety Public Information Campaigns Seminar has served as an open forum for the perspectives and approaches of a wide range of individuals and organizations. Inherent in the alcohol/highway safety dilemma is a broad spectrum of professions and vested interests; these seminars are designed to reflect that broad spectrum. To me, the uniqueness of these meetings is the degree to which the participants are normally isolated from one another...out there in the "real world"...and the cancelling-out of that separation here around this table. The Public Communication Group is delighted to serve as the catalyst to bring together the pieces of this massive social puzzle; perhaps the neutrality of a university is essential in that catalytic role.

Today's seminar started with a description of the activities and systems of a statewide highway safety program. Peggy Anderson's dedication to the program reflected, I suspect, the kind of dedication that characterizes any program with as much success as her's has enjoyed.

Gerry Kline shared the results and interpretations of his major research efforts in Michigan and Ohio. I think that in the future I will seek other Michigan colleagues to attend these seminars because normally there is too little time to find out in detail what my friends are doing!

The conclusions of most importance to us in highway safety and alcoholism are general and twofold. First we must be well aware of the limitations and dangers of minimal effort campaigns with limited media involvement. Clearly, public information campaigns cannot do the job alone; campaigns can only help. If too little effort reduces, rather than increases, the public motivation to seek more general information, find helping agencies, or find help for a friend

or relation, then a minimal effort is counterproductive. Perhaps more soul-searching should be incorporated in the planning of all new campaigns to estimate the likelihood of significant results--rather than only a list of significant activities.

Implicit in Gerry's presentation, I think, was still more evidence that a properly designed and executed research evaluation should be an integral part of any major campaign. Far beyond the popular concept of fiscal accountability, it is clear that we don't know the results of media campaigns until we measure them. In 1975, there were no "A's" for effort.

Frank Seixas and Mary Korch deserve a double thanks from us all. Although Mary was unable to attend the meeting, she helped to identify the people in and around New York who would benefit the meeting and who might benefit from attending. Frank provided a summary of NCA's joint project with NHTSA which is a first step toward adequate utilization of physicians. This is a timely approach because we do understand that in all aspects of alcohol abuse and alcoholism, practicing physicians remain the unchallenged first source of information for most people.

Jim Swinehart, who started these meetings when I was still a graduate student, filled us in on the "Feeling Good" media experiment at CTW here in New York. After describing the shows that were produced, Jim brought us back to earth with his "field reports" of the difficulties in maintaining an experimental approach in a traditionally competitive market. Also, Jim demonstrated the flexibility that adequate evaluation must depend on, utilizing a combination of data sources and measurement strategies.

In Paul Gavaghan's opening comments, he reflected the underlying theme of these meetings. Also, he reminded us that the system must be kept appraised of new knowledge and technologies in the public information approach to alcohol problems or, in his words, "primitive crack-down approaches" will resurface with no benefit to anyone.

Paul reflected on the wide acceptance of the "drink responsibly" theme and the degree that all sorts of agencies and programs have adopted it as their own.

Some of the comments from participants emphasized again the need for more network communication among all of us who claim some of the turf in this field. I suspect that Paul or another DISCUS representative has repeated in each of the six PCG seminars that DISCUS and that industry are limited to print media by choice! Certainly all participants on the front lines in public information need to know at least about the media utilization of other involved sectors. The fact that all seminar participants were familiar with the DISCUS campaign theme, but not necessarily the medium, is, I think, a nice measure of that campaign's success.

Tom Hadlock of Grey Advertising served as our host as well as a replacement for the familiar Dwight Fee-Paul Field team in a presentation of the NHTSA campaign. Its materials, I believe, are among the most sophisticated in content and composition of anything in public information vis-a-vis a social problem. "Teddy" best illustrates that point, as one of the newest NHTSA/Grey materials. To me this campaign has three essential components: First is structured on an acceptable, hassle-free behavioral intervention (hide the car keys; have the drunk, would-be driver sleep overnight). Secondly, "Teddy" has a universally acceptable, non-authoritarian central figure. Teddy is a man for all seasons; is there anyone who wouldn't want to be his friend? These qualities give Teddy the kind of source credibility that any short TV spot requires. Finally, in this series the actor himself provides the essential information and education appeal, rather than an unseen narrator whose audience credibility hasn't been established. This keeps the effort to make Teddy everyone's best friend worth all the production. I'm looking forward to the outcome evaluations of this series.

POSTSCRIPT, JANUARY 1976
--Richard Douglass

The Seventh Alcohol/Safety Public Information Campaigns Seminar will be held in the first week of May 1976 in Ann Arbor on the University of Michigan campus. Unless our financial situation shows signs of a dramatic improvement within the next six months, the May 1976 meeting will conclude this series of interpersonal, inter-institutional sharing and mutual learning. As I pen these lines, I am saddened at the prospect of concluding an innovative and generally successful service function of the Highway Safety Research Institute.

Should the seminar series end in May, the Public Communication Group materials collection would still be maintained, although with current funding forecasts I must report that the level of activity will likely diminish along with the flow of supporting funds.

This postscript, obviously, is an appeal for support. Needed immediately and throughout the next year are general purpose maintenance funds. We have too small a budget at this time to even consider the special projects, research ideas, or full utilization that the collection merits. Wouldn't it be sad to lose the only existing forum for all diverse public information participants in the fight for highways freed of drunken drivers?

