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91-94 THE RELATIONSHIP BETWEEN DRUG ABUSE
AND ADVERTISING

GOVERNMENT

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HEARING

BEFORE THE

CONSUMER SUBCOMMITTEE

OF THE

COMMITTEE ON COMMERCE

UNITED STATES SENATE

NINETY-FIRST CONGRESS

SECOND SESSION

ON

S.J. Res. 200

THE RELATIONSHIP BETWEEN DRUG ABUSE AND
ADVERTISING

SEPTEMBER 22, 1970

Serial No. 91-94

Printed for the use of the Committee on Commerce

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THE RELATIONSHIP BETWEEN DRUG ABUSE AND ADVERTISING

TUESDAY, SEPTEMBER 22, 1970

U.S. SENATE,
COMMITTEE ON COMMERCE,
CONSUMER SUBCOMMITTEE,
Salt Lake City, Utah.

The subcommittee met, pursuant to notice, at 9 a.m., at the State capitol building, Salt Lake City, Utah, Hon. Frank E. Moss (chairman of the subcommittee), presiding.

Present: Senator Moss.

OPENING STATEMENT BY THE CHAIRMAN

Senator Moss. This hearing will now come to order.

This is a public hearing of the Consumer Subcommittee of the Commerce Committee of the U.S. Senate called at this time to hear several witnesses on Senate Joint Resolution 200, that is now pending before the subcommittee and before the Senate.

This is a resolution that was introduced calling for a study of the problem of drug abuse.

Drug abuse by the young has become a social cancer of hideous proportions. There are today 100 million young Americans under 25. At least 12 million have experimented with marihuana and the stench of hard-drug abuse permeates the culture of youth.

And as the curtain of our ignorance is drawn back, we see, enmeshed in this trap, first the tragic ghetto youth and the criminal psychopath and now, unmistakably, our children—the children of middle America.

And we don't know why.

Today's hearing is designed to explore one suspect seminal source of the drug culture: advertising—not only the direct advertising of drugs, but a troublesome spectrum of questionable advertising forms, themes, and techniques.

On May 13, I introduced Senate Joint Resolution 200 to provide for an investigation by the Federal Trade Commission and the National Institute of Mental Health of the relationship between advertising and drug abuse.

Since that time the Consumer Subcommittee has received an outpouring of support for this effort—support ranging from young mothers terrified at the absorption by their young children of the attitudes of the drug culture—to medical professionals urging us on.

One woman writes:

My four-year-old grandchild said, "Grandma why don't you take Compoz or Nytol if you can't sleep?"

Staff member assigned to this hearing: Michael Pertschuk, chief counsel.

Another told of her experience:

Last August I chanced to see a commercial for a stimulant called Vivarin on the CBS network. My children saw it also. The next day at rest time, my then, three-year old daughter said if I give her a Vivarin she would not have to stay in bed.

And another:

As a parent, I have become increasingly aware and concerned about this problem. It was brought *acutely* to my attention a few months ago when my seven-year-old daughter, unable to fall asleep in a strange room, asked to be given a sleeping pill—"like they show on TV." Since we never have such things in the house, I was shocked that such a young child should have been conditioned by TV that the solution to sleeplessness was a pill.

A husband-wife team of pediatricians wrote:

As pediatricians and potential parents, we are angered by the constant pitch to swallow a pill and achieve instant relief—whether from a painful back or painful interpersonal relationship.

Children now chant jingles for Cope or Viv as casually as they once sang nursery rhymes. These and scores of similar nostrums falsely promise effects which are incompatible with reality. Most patent medicines consist of aspirin, caffeine, and phenacetin—none of which alone or in combination fulfill the claims made by the manufacturer. Thus the public is lulled into a "drugs can do anything" attitude while taking preparations that are at best a waste of money and have a potential for damage to certain persons.

And a psychiatrist at Harvard University wrote:

Our various media flood us with ads of proprietary medications offering instant relief from tension and distress. Yet with all this we keep asking, "Why?" Why has our youth turned to drugs—why can't they gratify themselves without chemicals?

I have literally seen and talked with thousands of students (both individually and in large groups) and with their parents about these problems. The eradication of "The Drug Problem" is very complex, and certainly the factors adding to this phenomena are some of the things that you and your committee will, most likely, investigate.

The Chairman of the Federal Trade Commission wrote to me announcing the undertaking of a preliminary study:

This Commission shares your concern that such advertisements for over-the-counter medicines may be a contributing factor in drug abuse problems in the United States. This is certainly a subject of extensive public interest.

Therefore, the Commission on May 27, 1970, directed its Bureau of Deceptive Practices to establish a team of knowledgeable Commission staff personnel to conduct an expeditious but thorough study of the problem, as you suggested. We have accorded this project the highest in agreement with your evaluation of the gravity of the problem.

The message, in sum, is clear and shocking: Certain kinds of advertising stand accused of seducing the young to drug dependency and creating vulnerability to drug abuse.

The dangers inherent in the uninhibited promotion of stimulants, tranquilizers, headache remedies and sleeping pills should have been clear enough. Yet the promotion of these nonprescription drugs may yet prove to be but the tip of the iceberg.

For years we have recognized—and fought—the dangers of cigarette and alcohol advertising as promoters of deadly habits.

What we did not see was that massive cigarette and alcoholic beverage advertising has a secondary, but equally harmful effect.

It teaches, graphically, and powerfully that success and happiness lie, not in the internal mastery of the self, based on discipline and strength of character, but in a variety of external stimulants.

Responding to our concern, the National Association of Broadcasters has informed the Committee that it has adopted new guidelines for the advertising of stimulants, calmatives, and sleeping aids. These guidelines are welcome and should eliminate many of the most undesirable ads. Much depends, of course, upon the vigor with which the guidelines are enforced. Moreover, the guidelines appear to be rather narrowly confined to the named product categories.

Just last week, a House Committee reported an amendment to the new Drug Abuse Prevention and Control Act to add a modified version of my proposal—a comprehensive Commission study of the causes of drug abuse, including the role of advertising. It is my hope that this hearing will provide the impetus to convince Congress that such an investigation is needed—and is needed now.

I will now place in the record my remarks from the Congressional Record when I introduced Senate Joint Resolution 200, also the resolution, the letters referred to earlier, and excerpts from H. R. 18583. (The information referred to follows:)

[From the Congressional Record, May 13, 1970]

SENATE JOINT RESOLUTION 200—INTRODUCTION OF A JOINT RESOLUTION TO PROVIDE FOR A STUDY OF THE RELATIONSHIP BETWEEN ADVERTISING AND DRUG ABUSE

Mr. Moss. Mr. President, I introduce, for appropriate reference, a joint resolution directing the Federal Trade Commission, together with the National Institute of Mental Health and in cooperation with the advertising industry, to undertake a comprehensive study and investigation of the relationship between advertising and drug abuse in the United States. Under the terms of the resolution the FTC would be directed to formulate guidelines designed to help advertisers avoid themes and techniques which contribute to or promote drug abuse. The Commission would also be directed to make such recommendations to Congress and the President as it deems appropriate.

To most of us, until very recently—drug abuse was perceived, as a remote concern—a problem of the racial ghettos, an aspect of the criminal subculture or an aberration of alien societies.

Then drug abuse burst upon the American consciousness. Suddenly, it was the children of the suburbs, not the children of the ghettos—"our children" not "their children" who had become trapped in the descending spiral of alienation, despair, and death which are the grim byproducts of drug addiction.

There are model schools in which marihuana passes freely in the seventh grade. In New York City the death rate stemming from heroin abuse now approaches the homicide rate. A psychiatrist warns suburban school boards that heroin strikes susceptible high school populations "like an epidemic" spreading with infestious speed throughout the school.

To most of us this revelation provokes surprise and shock.

Yet, if we had been alert, we could have seen all around us signs of the phenomenal growth of what has come to be known as America's "drug culture."

We could have seen that parents, who now react in shock and horror to the discovery that their son or daughter has become an addict, have themselves fallen prey to lesser, but related, addictions—sleeping tablets to ease the burdens of the night; two cups of coffee "to get started in the morning"; Benzedrine tablets "to get through the day"; tranquilizers to "ease the tension"; and, of course, at the end of the day, a couple of cocktails to "wind down."

But the drug culture finds its fullest flowering in the portrait of American society which can be pieced together out of hundreds of thousands of advertisements and commercials. It is advertising which mounts so graphically the message that pills turn rain to sunshine, gloom to joy, depression to euphoria; solve problems, dispel doubt.

Not just pills; cigarette and cigar ads; soft drink, coffee, tea, and beer ads—all portray the key to happiness as things to swallow, inhale, chew, drink, and eat.

Does advertising merely reflect the growth of a drug culture initiated and stimulated by other economic and social forces? Or is advertising itself a cause, a promoter of the drug culture?

I do not think we know now. But many Americans, including many professionals who are responsible for seeking paths out of the drug culture, are deeply concerned about the role of advertising.

For example, a distinguished Miami pediatrician, Dr. Richard C. Adler, has called for an end to drug advertising:

There is no reason to advertise drugs. People can shop for them in the drug stores or ask their doctors.

The advertising industry itself is clearly troubled by the growing concern with potential antisocial byproducts of its advertising and its techniques. Advertisers, like their audiences, have never before adequately considered the social consequences of advertising campaigns designed with the singleminded objective of selling goods and services.

Today they are alerted. The distinguished member of the House Public Health and Welfare Subcommittee, Congressman ROGERS of Florida, in a recent letter to broadcasters urged them "to consider restricting mood drug advertising in television."

The news account of a recent gathering of broadcasters meeting to consider the implications of advertising's role in drug abuse was headlined by Advertising Age "Why don't FTC, FDA help us?" Ads pushing pills that stimulate, tranquilize worry broadcasters."

Before we in public life and those in the advertising industry itself can come to grips with this problem and begin to prescribe remedies, we must acquire knowledge and understanding of the precise role of advertising in drug abuse.

Congress and the country was not able adequately to respond to the growing concern over the hazards of smoking until we had the insight gained through the study by the Surgeon General's Advisory Committee on Smoking and Health and the intensive scrutiny and analysis of cigarette advertising practices performed by the Federal Trade Commission.

Similarly, the time is now ripe for exhaustive study and comprehensive analysis of the impact of specific advertising themes and techniques upon the attitudes and behavior of the potential victims of drug abuse. Among other studies, we need content analyses and the utilization of sophisticated marketing techniques to reveal the implicit as well as the explicit messages of those advertisements which trouble us. We need to know the differing susceptibilities of varying age groups to the impact of advertising themes and techniques. We are told that between the ages of 0 and 5 the child learns most of what he is going to learn throughout his life. What is the impact of hundreds and hundreds of advertising messages which the infant receives from a TV set that may be a more constant companion to him than his mother?

We need to learn how to differentiate between the necessary freedom to utilize the techniques of communication to attract customers and exploitation of so-called "crutch advertising" that sells, not the virtues of the product but escape from reality.

Mr. President, there is no doubt in my mind that Congress should proceed with extreme caution when tampering with market mechanisms. This resolution does not contemplate that it will be necessary to impose any additional regulatory burdens upon advertising content. It is based, instead, upon the belief that the advertising industry as much as families and communities afflicted by the spread of drugs, need and will welcome a clear understanding of the dangerous, though unintended, byproducts of certain forms of advertising, and will welcome guidelines which will enable them to avoid these tragic effects.

I ask unanimous consent that an editorial for Advertising Age of May 11, 1970, be printed at this point and that full text of the joint resolution also be printed in the Record.

"[From Advertising Age, May 11, 1970]

"DRUGS, PILLS AND PROBLEMS

"There is a steadily mounting concern over the increased use of drugs—both the legal and illegal varieties—in our society, and not the least concerned by any

means are the pharmaceutical manufacturers, the television networks and stations, and the National Assn. of Broadcasters.

"In a story in last week's issue of Advertising Age it was noted that some people have written to television stations and networks complaining that advertising for such over-the-counter stimulants as Vivarin and Viv and No Doz makes it increasingly difficult for parents today to keep their children from experimenting with some of the not-so-easily-obtainable drugs which can eventually lead to drug addiction.

"With an estimated \$289,000,000 being spent annually on TV advertising of medicines, this serious question is being raised: Is the flood of advertising for such medicine so pervasive that it is convincing viewers that there is a medical panacea for any and all their problems, medical and otherwise? Are we being so consistently bombarded with pills for this and pills for that and pills for the other thing that we have developed a sort of Pavlovian reaction which makes us reach for a pill every time we are faced with an anxious moment, be it of physical or psychic origin?

"In a recent letter to Vincent Wasilewski, president of the NAB, and to pharmaceutical companies and TV networks, Rep. Paul O. Rogers (R., Fla.) said he felt that the growing tendency to promote drugs in TV commercials as mood changers 'has given young viewers a sense of acceptability to taking pills.' Television, understandably, comes in for the brunt of the criticism as the carrier of these pill commercials because it is the primary medium for this type of advertising, and also, more importantly, because it reaches vast numbers of young people who are not exposed to anywhere near as much print advertising. But ads for these products are evident in radio and in newspapers and magazines, as well as in other media.

"Leaving aside for the moment, however, the impact on TV and all other mass media on people of all ages, we wonder if we haven't all grown up in a terribly medically conscious era. From the time a baby is born in our society he is subjected to all kinds of inoculations, vaccinations, external medical applications, pill, powder and liquid ingestions, until it becomes second nature for a person to engage in all forms of 'self medication,' if that is the proper term, to alleviate any and all problems that arise, whatever their nature.

"Partly because of this great preoccupation we have with the use of various drugs, both legal and illegal, we think the pharmaceutical industry and the television industry are facing one of their most crucial problems: What to do about future drug advertising on television. In replying to Rep. Rogers' letter, Mr. Wasilewski said that the NAB TV code board meeting in Washington May 26-27 will be reviewing the entire issue of proprietary advertising in general. And in New York last week both the TV network censors and the NAB code authority officials talked about possibly setting up new or revised copy clearance."

91st CONGRESS
2d Session

S. J. RES. 200

IN THE SENATE OF THE UNITED STATES

MAY 13, 1970

Mr. Moss introduced the following joint resolution; which was read twice and referred to the Committee on Commerce

JOINT RESOLUTION

To provide for a study by the Federal Trade Commission of the relationship between advertising and drug abuse in the United States.

Whereas recent action by the Congress, banning cigarette advertising from the broadcast media, reflects its concern with the potential antisocial impact of certain advertising practices on American society;

Whereas there is mounting concern over increasing drug abuse by young people;

Whereas certain advertising themes and techniques employed in the promotion of drugs and other products appear unintentionally to promote or stimulate drug abuse among the young; and

Whereas the Congress and the President need accurate information and an informed judgment regarding the impact of advertising on the initiation of drug abuse: Now, therefore, be it

1 *Resolved by the Senate and House of Representatives*
2 *of the United States of America in Congress assembled,*
3 That—

4 (1) the Federal Trade Commission, in cooperation
5 with the National Institute of Mental Health and the
6 advertising industry, is authorized and directed to under-
7 take a thorough study and investigation of the relation-
8 ship between advertising and drug abuse in the United
9 States;

10 (2) the Federal Trade Commission, at the conclu-
11 sion of such study, shall publish guidelines for advertisers
12 designed to avoid advertising themes and techniques
13 which contribute to or promote the abuse of drugs; and

14 (3) the Federal Trade Commission shall report to
15 the Congress and the President its findings, including
16 the guidelines published pursuant to this joint resolution,
17 conclusions, and recommendations, not later than Jan-
18 uary 1, 1972.

19 SEC. 2. In conducting such study and investigation the
20 Federal Trade Commission shall have all powers conferred
21 upon it by section 6 of the Federal Trade Commission Act

1 (15 U.S.C. 46), and shall be subject to the limitations im-
2 posed upon it by subsection (f) of that section. The provi-
3 sions of sections 9 and 10 of that Act (15 U.S.C. 49, 50)
4 shall apply with respect to studies made by the Federal
5 Trade Commission under this joint resolution.

6 SEC. 3. There are authorized to be appropriated not to
7 exceed \$1,000,000 to carry out the provisions of this joint
8 resolution.

FEDERAL TRADE COMMISSION,
Washington, D.C.

Hon. FRANK E. MOSS,
U.S. Senate, Washington, D.C.

DEAR SENATOR MOSS: I am pleased to inform you of recent action taken by the Federal Trade Commission in response to your proposal for a detailed study of the possible connection between massive advertisements for over-the-counter medicines and other products and the spiraling drug abuse problem in the Nation. In taking this action we were also aware of the efforts of Congressman Rogers to achieve a voluntary cessation of "mood" advertising of drug products available to consumers over-the-counter. This Commission shares your concern that such advertisements for over-the-counter medicines may be a contributing factor in drug abuse problems in the United States. This is certainly a subject of extensive public interest.

Therefore, the Commission on May 27, 1970, directed its Bureau of Deceptive Practices to establish a team of knowledgeable Commission staff personnel to conduct an expeditious but thorough study of the problem, as you suggested. We have accorded this project the highest priority in agreement with your evaluation of the gravity of the problem.

The project will be under the supervision of the Chief of the Division of Food and Drug Advertising. The major points that will be considered are:

1. The Commission's existing authority and functions with respect to this kind of advertising;
2. A categorized analysis of various approaches that might be made by the Commission to the many facets of the problems involved, including specific theories of deception that might be used, cases brought, rules issued and legislation requested;
3. An analysis of the development potential of a coordinated program including the Commission, Congress, the Department of Health, Education and Welfare, and any other appropriate governmental agencies and also possibly industry and ad agency participants, to come to grips with television advertising of these over-the-counter drug products.

We hope this study will provide the comprehensive analysis you have called for of the impact of specific advertising themes and techniques upon the attitudes and behavior of the potential victims of drug abuse. Our aim, of course, is to formulate an enforcement policy designed to avoid advertising themes and techniques which contribute to drug abuse.

We expect an interim report on this project by July 1, 1970, and a final comprehensive proposal for action by September 1, 1970.

Because of your own great interest in this matter as indicated by your Senate proposal, we would greatly appreciate any suggestions or assistance you may wish to furnish the Commission in this matter.

If I may be of any assistance to you please do not hesitate to call me.

With kind personal regards,
Sincerely,

CASPAR W. WEINBERGER,
Chairman.

U.S. SENATE,
COMMITTEE ON COMMERCE,
Washington, D.C., August 10, 1970.

Hon. A. EVERETTE MACINTYRE,
Chairman, Federal Trade Commission,
Washington, D.C.

DEAR MR. CHAIRMAN: On June 29 Chairman Weinberger informed me that the Commission had undertaken a study of the relationship between advertising and drug abuse. In that letter Chairman Weinberger noted the relationship between the Commission study and the proposal embodied in S.J. Res. 200 which I introduced.

In his letter the Chairman indicated that the Commission expected to have a "final comprehensive proposal" by September 1. The Consumer Subcommittee has now scheduled a hearing on S. J. Res 200 and the problems of advertising and drug abuse for September 22nd. While we do not intend to seek the testimony of the Commission at that time, I would very much appreciate receiving for that hearing

a progress report from the Commission together with such information relating to the basic problems involved as the Commission is able to provide by that time.

Sincerely yours,

FRANK E. MOSS,
Chairman, Subcommittee for Consumers.

FEDERAL TRADE COMMISSION,
Washington, D.C., September 3, 1970.

Hon. FRANK E. MOSS,
*Chairman, Subcommittee for Consumers,
U.S. Senate, Washington, D.C.*

DEAR CHAIRMAN MOSS: I have been informed that the staff is now completing its report to the Commission on the subject of the relationship of advertising to drug abuse. The importance of this subject makes it imperative that the Commission take up the report as soon as possible, but the recent confirmation of Chairman Kirkpatrick and the necessity for him to wind up his personal affairs in Philadelphia means that we do not know the precise date by which we will again have a full complement of five commissioners.

I am sure you agree that a matter of this kind should properly be discussed by the full Commission. Therefore, although we will bend every effort to send you information for use in your September 22 hearings, I cannot be sure that we will be able to do so.

In the meantime, I can give you a partial list of the organizations contacted by the staff:

1. The Proprietary Association;
2. The Bureau of Narcotics and Dangerous Drugs;
3. The American Pharmaceutical Association;
4. Staff Members of a Drug Abuse Research Project funded by the Fort Foundation;
5. The Code Board of the National Association of Broadcasters;
6. The National Association of Retail Druggists;
7. The National Institute of Mental Health;
8. The Advertising Council.

In addition the staff has consulted experts from several fields, and has collected a large number of references from various sources.

I hope the above information meets your needs. If I can be of any further assistance, please do not hesitate to let me know.

With kind personal regards,

Sincerely,

EVERETTE MACINTYRE,
Acting Chairman.

THE CODE AUTHORITY,
NATIONAL ASSOCIATION OF BROADCASTERS
New York, N.Y., September 1, 1970.

Hon. FRANK E. MOSS,
*U.S. Senate,
Washington, D.C.*

MY DEAR SENATOR MOSS: Thank you for your letter of August 27 regarding stimulant and sedative drug advertising on television.

As you may know, the Television Code Review Board at its May 26-27, 1970 meeting appointed a subcommittee to work with the Code Authority staff on a review of the content of sedative and stimulant advertising. The Board also directed the Code Authority, working under the sub-committee's supervision, to promulgate guidelines for such television advertising as may be deemed appropriate in light of the review.

The Code Authority has given this project top priority and is in the process of submitting an initial draft of proposed guidelines to the subcommittee of the Television Code Review Board. It is possible that final guidelines may be ready for issuance on or before September 22, the date on which your Consumer Subcommittee will hold a hearing on "advertising and drug abuse". In any case, the guidelines, as approved by the sub-committee of the Television Code Review Board will be sent to you as soon as they are ready for promulgation.

Thank you for your interest in this matter. If we may be of further assistance to you on this or any other Code issue, please let me know.

Sincerely,

STOCKTON HELFFRICH.

THE CODE AUTHORITY,
NATIONAL ASSOCIATION OF BROADCASTERS,
New York, N.Y., September 15, 1970.

Hon. FRANK E. MOSS,
Chairman, Subcommittee for Consumers,
Committee on Commerce,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: Supplementing your letter of August 27, 1970 to me, and my reply of September 1, 1970, I am pleased to forward to you the attached copy of Guidelines for the Advertising of Certain Non-Prescription Drugs which have been drawn up by a sub-committee of the Television Code Review Board and the NAB Code Authority as part of the voluntary self-regulatory effort of the broadcast industry.

The Guidelines, which cover products advertised as stimulants, calmatives or sleeping aids, have been in the process of formulation since May 1970 when the sub-committee was appointed. They will be promulgated and announced publicly on Monday, September 21, 1970. They have, as detailed in the attached copy of a letter to Senator Magnuson, an effective date of February 1, 1971.

We appreciate the opportunity to forward these Guidelines to you. We would value receiving any comments you would like to make on them and, of course, will be glad to answer any questions you may have about them.

Respectfully yours,

STOCKTON HELFFRICH.

GUIDELINES FOR THE ADVERTISING OF CERTAIN NON-PRESCRIPTION DRUGS

PREAMBLE

The problem of widespread illegal and casual use and increasing abuse of drugs, particularly among young people, has evoked many expressions of public concern. There appears to be no simple explanation for the increase in such use and abuse of drugs and no easy resolution of the situation, but a variety of efforts are being made to understand and cope with it.

Although no link between broadcast advertising of non-prescription drugs and drug abuse has been established, in recognition of some of the far-reaching questions raised, and in accordance with their professional responsibility to further the public interest, broadcasters are seeking to avoid any tendency to inflate claims and exaggerate presentations in broadcast advertising for non-prescription drug products. This reflects broadcaster response to the growing concern about indiscriminate use of, and undue reliance upon, chemical substances.

The Guidelines which follow apply to products advertised as stimulants, clamatives or sleeping aids.

It is believed that the Guidelines will foster advertising approaches which will benefit the public interest.

The Guidelines, of course, are subject to extension and modification as needed.

I. GENERAL

- A. Claims of product effectiveness require substantiation under the Code.
- B. Exaggerated representations of the product's capabilities and pleasurable, palliative or other effects shall be avoided.
- C. Portrayal of immediate relief or other immediate effects shall be avoided.
- D. Over-dramatized presentations through language, audio/visual techniques or otherwise, leading up to or following product use, shall be avoided.
- E. Audio/visual approaches commonly associated with the "drug culture" or which imply a casual attitude toward the use of drugs shall not be employed.
- F. The appearance of, or audio/visual approaches tending to capture the attention of, youth or children shall be avoided.
- G. Products shall be presented for occasional use only. Representations of chronic conditions shall be avoided.

H. Depiction of dependence on a drug or drugs in order to deal with, or as a simplistic solution for, problems of interpersonal relationships or other everyday problems shall be avoided.

I. References to a drug as "non-habit forming" or "non-addictive" shall be avoided.

J. Testimonials and endorsements shall be avoided.

K. On-camera pill taking shall be avoided.

L. Specific copy identification of pills by their color or video over-emphasis on the color of the pill shall be avoided.

II. PRODUCT CATEGORIES

A. Stimulants

1. If ingredients are referenced directly or indirectly, disclose common name where such exists and/or nature of principal ingredient (e.g., "contains caffeine", "equivalent to X cups of coffee").

2. The temporary nature of the product's effectiveness shall be overtly disclosed.

3. Product use to encourage the extension of one's normal abilities shall not be depicted.

4. Representations that a product will allow one to function adequately contrary to sound safety practices shall be avoided.

5. Representations indicating that a product can provide physical energy shall be avoided (e.g., "If simple fatigue wears you down, if you work too hard or rest too little, get pep and energy from product X").

6. Language indicating that a product will heighten one's spirits, such as "quick lift", "more alive", "feel brighter", "pick up" shall be avoided.

7. Direct or indirect references to or comparisons with prescription drugs shall be avoided.

8. Contrasting "before and after" visuals/dramatizations shall be avoided.

B. Calmatives

1. Reference to "tension" is acceptable only if qualified as "simple nervous tension" or its equivalent.

2. The temporary nature of the product's effectiveness shall be overtly disclosed.

3. Product use to encourage the extension of one's normal abilities shall not be depicted.

4. Representations that a product will allow one to function adequately contrary to sound safety practices shall be avoided.

5. Language which tends to oversimplify or exaggerate the condition for which the product is used shall be avoided (e.g., "depression", "tranquilized", "frustration", "nervous wreck", "anxiety", "up-tight").

6. Direct or indirect references to or comparisons with prescription drugs shall be avoided.

7. Contrasting "before and after" visuals/dramatizations shall be avoided.

C. Sleeping aids

1. Representation of the product as a direct cause of, rather than as an aid to, sleep shall be avoided.

2. Depiction of dependence on a drug or drugs in anticipation of next day's activities shall be avoided.

3. If "tension" is mentioned as the cause of sleeplessness, it shall be qualified as "simple nervous tension" or its equivalent.

4. Direct or indirect references to or comparisons with prescription drugs shall be avoided.

EXCERPTS FROM H.R. 18583

[H.R. 18583, 91st Cong., second sess.]

A BILL To amend the Public Health Service Act and other laws to provide increased research into, and prevention of, drug abuse and drug dependence; to provide for treatment and rehabilitation of drug abusers and drug dependent persons; and to strengthen existing law enforcement authority in the field of drug abuse

* * * * *

PART F—ADVISORY COMMISSION

ESTABLISHMENT OF COMMISSION ON MARIHUANA AND DRUG ABUSE

SEC. 601. (a) There is established a commission to be known as the Commission on Marihuana and Drug Abuse (hereafter in this section referred to as the "Commission"). The Commission shall be composed of—

- (1) two Member of the Senate appointed by the President of the Senate;
- (2) two Members of the House of Representatives appointed by the Speaker of the House of Representatives; and
- (3) nine members appointed by the President of the United States.

At no time shall more than one of the members appointed under paragraph (1), or more than one of the members appointed under paragraph (2), or more than five of the members appointed under paragraph (3) be members of the same political party.

(b)(1) The President shall designate one of the members of the Commission as Chairman, and one as Vice Chairman. Seven members of the Commission shall constitute a quorum, but a lesser number may conduct hearings.

(2) Members of the Commission who are Members of Congress or full-time officers or employees of the United States shall serve without additional compensation but shall be reimbursed for travel, subsistence, and other necessary expenses incurred in the performance of the duties vested in the Commission. Members of the Commission from private life shall receive \$100 per diem while engaged in the actual performance of the duties vested in the Commission, plus reimbursement for travel, subsistence, and other necessary expenses incurred in the performance of such duties.

(3) The Commission shall meet at the call of the Chairman or at the call of a majority of the members thereof.

(c)(1) The Commission shall have the power to appoint and fix the compensation of such personnel as it deems advisable, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates.

(2) The Commission may procure, in accordance with the provisions of section 3109 of title 5, United States Code, the temporary or intermittent services of experts or consultants. Persons so employed shall receive compensation at a rate to be fixed by the Commission, but not in excess of \$75 per diem, including travel-time. While away from his home or regular place of business in the performance of services for the Commission, any such person may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5703(b) of title 5, United States Code, for persons in the Government service employed intermittently.

(3) The Commission may secure directly from any department or agency of the United States information necessary to enable it to carry out its duties under this section. Upon request of the Chairman of the Commission, such department or agency shall furnish such information to the Commission.

(d)(1) The Commission shall conduct a study of marihuana including, but not limited to, the following areas:

(A) the extent of use of marihuana in the United States to include its various sources, the number of users, number of arrests, number of convictions, amount of marihuana seized, type of user, nature of use;

(B) an evaluation of the efficacy of existing marihuana laws;

(C) a study of the pharmacology of marihuana and its immediate and long-term effects, both physiological and psychological;

(D) the relationship of marihuana use to aggressive behavior and crime;

(E) the relationship between marihuana and the use of other drugs; and

(F) the international control of marihuana.

(2) Within one year after the date on which funds first become available to carry out this section, the Commission shall submit to the President and the Congress a comprehensive report on its study and investigation under this subsection which shall include its recommendations and such proposals for legislation and administrative action as may be necessary to carry out its recommendations.

(e) The Commission shall conduct a comprehensive study and investigation of the causes of drug abuse and their relative significance. The Commission shall submit to the President and the Congress such interim reports as it deems advisable and shall within two years after the date on which funds first become available to carry out this section submit to the President and the Congress a

final report which shall contain a detailed statement of its findings and conclusions and also such recommendations for legislation and administrative actions as it deems appropriate. The Commission shall cease to exist sixty days after the final report is submitted under this subsection.

(f) Total expenditures of the Commission shall not exceed \$1,000,000.

Senator Moss. We have this morning some very eminent witnesses to testify before us; some have come a long distance, from California, to be here and we look forward to hearing the testimony of these gentlemen.

Our first witness this morning will be Dr. Alan K. Done who is professor of pediatrics at the University of Utah here in Salt Lake City.

We'll be glad to hear from Dr. Done now if you would come up to the table here and be seated. We look forward to hearing your testimony, sir.

**STATEMENT OF DR. ALAN K. DONE, MEMBER OF FACULTY,
UNIVERSITY OF UTAH**

Dr. DONE. Senator Moss, ladies and gentlemen, I am most happy to be here to present my views on what I consider to be a very important matter.

I am Dr. Alan K. Done of the faculty of the University of Utah, where I am professor of pediatrics and adjunct professor of pharmacology in the College of Medicine and professor of clinical pharmacology and toxicology in the College of Pharmacy. One of my responsibilities, which brings me into close contact with the drug-abuse problem, is as director of the poison center of the university hospital. In addition, I have lectured, researched, and written extensively about problems of drug abuse. Indeed, this hearing catches me in the middle of preparing two textbook chapters on drug abuse, its causes and prevention.

I share with Senator Moss and others great concern about problems engendered by drug abuse and its tremendous growth in recent years, especially among young people. I needn't belabor the importance of this problem, because those present would be elsewhere were they not convinced that we are faced with a serious matter which required further light and knowledge and careful consideration.

In order to deal intelligently with the problem of drug abuse, it is important that we view its various causes—and there obviously are many—carefully and in proper perspective. The drug user makes facile rationalizations, discusses sweeping generalizations and then engages in bitter castigations of our materialistic and dehumanizing society, the "generation gap," the "population explosion," our tremendous ecological problems, and the threats of an unpopular war. In making their points, they pretend to be the only young generation which ever faced such problems. All generations have had these problems, though they have not necessarily faced them as squarely, and advertising has been with us for a very long time; yet, the spread of the drug culture has been a recent development.

I don't pretend to know all of the causes of drug abuse. I will, however, venture the prediction that there are numerous causes and that usually several factors will act in concert to guide the individual into drug abuse. If this assessment is correct, it means that problems

of prevention are made more difficult, and so is the necessity for heading in the right direction.

Drug abuse is an individual problem; that is to say that the basic causative factors lie within the individual. The choice of drugs rather than some other form of aberrant behavior may be amenable to outside influences, but the underlying disease still resides in the individual. This disease may be aggravated, or perhaps even caused, by such factors as disintegration of the family unit, permissiveness of educators and parents, the seemingly insoluble problems of society, the growing disrespect on the part of the young people for our leaders and our laws. But whatever role is played by these or other factors, still the disease is in the individual. In the vernacular one may say, with the usual dangers of generalization, that persistent drug abuse is a "cop-out" of the uncommitted. That the individual selects drugs for his abnormal behavior may possibly be determined by such factors as their availability, the examples of adults, the irrationality of some of our drug laws, and perhaps even advertising.

In talking to many drug abusers, and in observing the development of our present drug culture I question very seriously that any of the factors just mentioned (with the possible exception of availability) exerts a significant influence on the incidence of the types of problems which may lead to drug abuse. Whether they determine that drugs, instead of something else, will be adopted as a solution to problems is a somewhat more difficult question; but there, too, I doubt that this is a significant factor. This opinion is based on several observations:

(1) When drug abusers have cited one of the foregoing as a reason, it has usually been obvious that the latter is really only an excuse. The psychological evaluation which emerges eventually reveals that most such individuals were destined (for whatever reasons) to become involved in antisocial or self-destructive activities, and with the current epidemic of drug use a convenient choice was provided.

(2) In point of fact, the majority of materials that are abused are either not drugs at all or else are used in a manner which would not be at all suggested by either parental use or advertising. The significant problems are not the occasional use of an amphetamine for a boost, or a sedative or tranquilizer for the calming effect. The problem is the "trip." It comes from smoking pot, abusing alcohol, injecting enormous amounts of amphetamines intravenously, or taking such nondrug items as peyote, LSK or DMT. These items are not advertised. On the other hand, nonbarbiturate sedatives, minor tranquilizers, caffeine, and numerous other products are advertised widely, but are not important contributors to the drug abuse problem. Such products as nasal decongestants, cold preparations, aerosols, and organic solvents are widely abused, but for purposes that would not even be hinted at by any advertising claims.

(3) Peoples who are not subjected to advertisements frequently have the highest incidence of drug abuse. This is true both within segments of our own society as well as in other countries. This suggests that if advertising plays any role at all it certainly is not an indispensable one.

One cannot deny that advertising may possibly contribute in some minor way to a number of undesirable social consequences, among

which one may possibly be drug abuse. In my opinion, however, it seems doubtful that an important causative role is there. There is no question but that advertising has made the American people medically conscious, but this does not necessarily imply drug consciousness, much less drug abuse. Let us not assume that medical consciousness is bad; as a physician I happen to think that it is a good development. If one is to condemn advertising because it may occasionally spawn abuse, automobile advertising should be stopped because it leads to preoccupation with speed, power, and potential destruction.

The intensive scrutiny and analysis of cigarette advertising practices, which came about through the efforts of our Senator Moss, were effective because they were preceded by a thorough study of all possible aspects of the problem. A thorough study of all factors which affect and cause drug abuse is no less important. To focus, however, on one aspect which seems at best to be a doubtful culprit, may have the effect of actually leading us away from more fruitful areas of investigation. As I contemplated Senate Joint Resolution 200 I found myself, as a scientist, asking the question: "How would I go about obtaining the answer to the question of whether there was a relationship between advertising and drug abuse?" Aside from realizing how terribly difficult it would be to prove and quantify such a relationship, I realized that in the process of attempting to do so I would necessarily have to walk right past other possible causes. What I am saying, in effect, is that the same information would be derived, probably at the same cost, if studies were undertaken of all the factors which contribute to drug abuse. The resolution proposes an expenditure of \$1 million to look just at advertising. The Comprehensive Drug Abuse Prevention and Control Act of 1970 (H.R. 18583) proposes the formation of a commission directed to conduct a comprehensive study, of the causes of drug abuse including not only advertising, but also poverty, urban decay, war, permissiveness, availability, leisure, personal and family use of alcoholic beverages and drugs, movies, music, and other influences in the general social environment. The proposed expenditure for this bill is also \$1 million.

As a scientist and as a taxpayer I support strongly at least the educational and research portions of H.R. 18583. I commend Senator Moss for his efforts to see that the elements of Senate Joint Resolution 200 are in this House bill and as I say, strongly support it and feel that it will accomplish everything that was intended by the resolution and far more.

Thank you, sir.

Senator Moss. Thank you, Dr. Done, for a very fine statement and I am pleased that you made reference to H.R. 18583 which was submitted on the House side I think after our resolution had been filed.

I take it from your statement that you agree that advertising ought to be studied but it should be part of a whole spectrum. We should study all of these other possible areas as contributing to the drug abuse such as you read, poverty, urban decay, war and so on.

Dr. DONE. Yes, I think all of these things need to be studied one way or another. From the practical standpoint this becomes all the more important when one tries to develop ways of conducting studies of this type.

As I mentioned I went through the exercise in my own mind of conducting or producing a study that would come up with these answers and I realized, as I said, that I would simply have to walk past all of these other things and ignore them while aiming at this one thing.

If we look at all of these causes together, I think we can accumulate the same information with little more effort or expenditure.

Senator Moss. As I understand it, your testimony doesn't exonerate advertising and say that it has no effect but you simply say that this is only one possible cause and, in your mind, perhaps minor, as compared with other factors that promote drug abuse in our present society.

Dr. DONE. This is entirely correct, yes.

Senator Moss. I'm very pleased to have your expert opinion on it and certainly your background and your assignments at the present time qualify you as an expert in this field and one whose testimony we need in trying to reach out and find the areas that might be subject to control and might better help us to check the growing drug problem that we have in our society and particularly with our young people.

I was impressed by your pointing out that you feel those who become drug abusers were destined to be antisocial types in the first place, that it came inherently in the development of their character.

Could you expand on that a little bit for me?

Dr. DONE. I think the idea that someone is seduced to drug use is a highly overrated concept. The evidence actually would support the concept that an individual, because of various problems, is vulnerable not only to drug abuse but to other forms of antisocial or self-destructive behavior. The innocent hooking of someone on a drug, for example, is really very rare. It will happen on occasion with only the very strongest of the so-called hard narcotics, but almost never will it happen otherwise.

In other words, if the individual is not capable of being a drug addict for other reasons, he will not be made one because he is exposed to a drug.

Senator Moss. So, a person that does become addicted generally is one that is destined to get into this sort of field rather than one who just accidentally happens to get hooked on it, and this is one reason that you minimize perhaps the advertising effect on people, is that correct?

Dr. DONE. Yes. I should say that by being destined, I don't mean that this is an irreparable predetermination, of course; things can be done about it, but I think these are the things that we need to find out about and advertising, while it may be one item, I think it's probably a small one. But, there are other things that have to be looked at, at the same time.

Senator Moss. We certainly appreciate your testimony and your bringing to our attention these other factors which certainly I recognize and I think the committee generally would recognize that there are a lot of things to be studied besides advertising, although this particular inquiry is directed primarily as to what effect advertising has. We don't mean by studying that, that we are excluding or exonerating other types of inducements that may bring into the drug culture those who are ill prepared to withstand it or have some

“hang-up” or predilection that tends to direct towards the drug culture.

Dr. DONE. I realize that; yes, sir.

Senator MOSS. I have with me Mr. Pertschuk, the chief counsel for the Commerce Committee.

Do you have any questions that you wanted to ask?

Mr. PERTSCHUK. I do not. I, too, wanted to comment, Senator Moss, that I don't believe that it was your intention in developing Senate Joint Resolution 200, denying that there were other causes of drug abuse. But up until the time the resolution was introduced there had not been much attention focused on what the potential role of advertising might be in causing drug abuse.

Another problem which Senator Moss has raised in the hearings and in his statement relates not only to the direct solicitation of drug abuse by drug advertising itself, but to some of the themes and techniques about which we will hear more testimony later today used, by all kinds of advertising; that kind of advertising which promises quick relief from all kinds of problems, whether it be from a pill or an automobile which may be portrayed as the key to social success, or the key to a solution of a problem.

One of the factors in this study was a letter from a pediatrician in Florida who expressed concern about the very young child, the child from the age of zero to five who is exposed to hundreds if not thousands of messages, which in this doctor's interpretation, were telling him that the ways in which success and happiness are acquired in our society are by the taking of things, either by eating or swallowing or pill popping or by wearing or by riding in, but that the easiest solution, instant gratification, was one of the factors which he felt predisposed substantial numbers of otherwise normal children to drug abuse.

Does that strike you as being an unreasonable possibility, or should it be further explored?

Dr. DONE. No. I appreciate what you say and at the risk of repeating myself perhaps for the third time, again it is difficult to look at even that one factor without having to go through all of the others and as long as we are going through all of these others why not harvest these other factors along the way. This is all that I'm saying.

Senator MOSS. Thank you very much, Dr. Done. We do appreciate your appearance and your testimony.

Dr. DONE. Thank you.

Senator MOSS. We will next hear from Dr. Gerald Grow, assistant professor, San Francisco State College, San Francisco, Calif.

I understand that Dr. Grow has a short film that he would like to show and we'll hear perhaps after that from Dr. Berger and further from Dr. Grow.

STATEMENT OF DR. GERALD GROW AND DR. ARTHUR BERGER, ASSISTANT PROFESSORS, SAN FRANCISCO STATE COLLEGE¹

Dr. GROW. This film was taken from television commercials on drugs and serves as an introduction to Dr. Berger's presentation. It will give you some idea in case you haven't been watching television lately of the kinds of advertising that is on the screen.

(At this point, a short film was shown.)

¹ See also, Dr. Grow's additional material at p. 81, *infra*.

Senator Moss. With those pictures as a background and if everyone feels all right, we'll hear from Dr. Berger now, who is from San Francisco State College, a professor, and then after him we'll hear further from Dr. Grow who is the man who showed those excerpts from advertisements.

Dr. Grow, were they all taken from commercials that are on television actually appearing on television?

Dr. GROW. Most of these are currently on TV. I have seen two of them in the past week.

I'll show you two of them in their entirety later that were in the excerpts.

Senator Moss. Thank you very much. Next we will hear from Dr. Arthur Berger.

Dr. Berger, we will place your curriculum vitae in the record at this point.

(Biographical sketch of Dr. Arthur Berger follows:)

BIOGRAPHICAL SKETCH OF ARTHUR ASA BERGER

Age: 37.

Married, Two Children.

B.A., Univ. of Mass., English, Philosophy 1954

M.A., Univ. of Iowa, Journalism, Art 1956

Ph.D, Univ. of Minn., American Studies 1965

M.A. Thesis: Toynbee and the Mass Distribution Press.

Ph.D Dissertation: Li'l Abner—An American Satire

1956-58: Public Information Specialist, U.S. Army, Washington D.C.

1958-60: Travel in Europe.

1960-65: Instructor, English and American Studies, Univ. of Minn.

1963-64: Fulbright Research Scholar (on Italian Press), lecturer, Univ. of Milan.

1965: S. F. State College where he is an Associate Professor in the Social Science Department.

Academic Interests: Popular Culture (and other kinds of communication), its relation to Art and its sociological and political significance. American Society and Culture, especially in terms of cross-national and interdisciplinary perspectives.

Foreign Languages: French, Italian, Spanish.

Personal Interests: Travel, Art (professional cartoonist and caricaturist), Tennis, Music, Theater.

Publications: *Li'l Abner: A Study in American Satire*, Twayne Publishers, 1970
The Evangelical Hamburger: Essays on Commonplace Aspects of American Culture and Society, MSS Publishers, 1970.

Edited special issue of *ETC*, on General Semantics, the FCC and Society.

Plus numerous articles in *the Journal of Popular Culture*, *Trans-Action*, *the Nation*, etc., *the S.F. Chronicle* and foreign publications. Dr. Berger has taught courses dealing with popular culture for a number of years and has done research on the subject in America and abroad. He is the western regional representative of the Popular Culture Association.

Dr. BERGER. My name is Arthur Berger. I am an associate professor of social science, San Francisco State College.

I have been interested in popular culture, mass media and their relationship to society for a number of years. I have written several books on the subject and I am currently collaborating with Dr. Grow on a text on media. I was very impressed by your opening statement and am much encouraged by hearings such as this one, because I feel that drugs are an extremely important problem. I hope that we can be of some assistance in dealing with this phenomenon.

I am submitting for the record some material on drugs and television advertising and several related themes of consumer culture and alienation which you may care to look at at a future date.

Senator Moss. Is this the full statement?

Dr. BERGER. That is the statement. I am going to give the highlights of the statement, and also some other material.

Senator Moss. That will be accepted and your full statement will appear in the record at the conclusion of your testimony.

Dr. BERGER. I would like to start by offering a few quotations from some rather eminent market researchers, historians, psychologists, and psychiatrists. The gist of these statements is as follows: Quite often the actions of people are not completely caused by their own conscious decisions. For example, there is a quote from Ernest Dichter, an eminent motivator researcher, in the "Strategy of Desire":

Whatever your attitude towards modern psychology or psycho-analysis, it has been proved beyond any doubt that many of our daily decisions are governed by motivations over which we have no control and of which we are often quite unaware.

Let me now offer a quotation from Jules Henry, a distinguished anthropologist:

In contemporary America, children must be trained to *insatiable* consumption of *impulsive* choice and *infinite variety*. These attributes, once instilled, are converted into cash by advertising directed at children. It works on the assumption that the claim that gets into the child's brain box first is most likely to stay there, and that since in contemporary America, children manage parents, the former's brain box is the antechamber to the brain box of the latter.

What I am going to suggest, Senator, is that many of the advertisements we see on television are motivating factors of which we are really unaware. And, because we believe we are "free," we are all the more susceptible to being manipulated. If Henry is right and our young people have been trained to be "insatiable consumers," and it may be that our drug culture is but one aspect of our consumer culture.

The last quotation which I would like to refer to deals with our values and with advertising as a social institution. This is from "People of Plenty," by the distinguished historian, David Potter.

But the most important effect of this powerful institution is not upon the economics of our distributive system; they are upon the values of our society. If the economic effect is to make the purchaser like what he buys, the social effect in a parallel but broader sense is to make the individual like what he gets—to enforce already existing attitudes, to diminish the range and variety of choices and in terms of abundance, to exalt the materialistic virtues of consumption.

I used these quotations to establish a general premise which is that advertising is a very powerful social force. Indeed, I would say that television advertising is probably the strongest, most significant influence on our psyches and to a great degree "shapes us," often without our being aware of this. Once we recognize that there are often subtle and unconscious imperatives behind our actions and behavior, we can understand our behavior. I suspect that many of these unconscious imperatives come from the advertisements, to which you alluded earlier. We find that many drug ads have a logical structure—what might be called a "pain-pill-pleasure" syndrome. If you have a pain take a pill and that will solve your problem—until the next problem, for which there is another pill.

The fact is that to a great degree we are a drug culture. If you look at television for an evening, you are bound to be overwhelmed by the number of drug ads, that is advertisements for pain relievers, cigarettes, alcohol, and similar products. You see, what children learn,

what people learn, even though they may not be aware of what they are learning and how they are learning it, is that if you have a problem there is always a solution—by purchasing and “taking” something. The problem can be solved immediately by knowing what the right thing is. In a sense, we believe in *magic*; all you have to know is what to ask for at a drugstore or from your drug dealer. Once you get the idea that problems can be solved by taking the right thing, you are on your way, so to speak. If by chance you have a serious problem, you go to a “druggist” who can take care of your more serious problems in whatever particular way you may wish. So, the logical structure of many advertisements is such that we are led to believe that by taking these remedies, by drugging ourselves and popping pills, we can solve our problems. “A better life through chemistry,” you might say.

In addition, the form of many advertisements is important. I have written an article dealing with the formal structure of those advertisements which have multi-images which appeared in *ETC.*, the *Journal of General Semantics*. The basic thing about multi-image advertisements is that they overwhelm our rationality and make us more susceptible to being manipulated.

You must realize that advertising is a \$20 billion a year industry in America. Yet, nobody really knows how it works; the advertisers cannot guarantee that what they do will increase sales, but a great many people and industries have great faith in advertising and spend vast amounts of money on it. I decided to investigate the amount of drug advertising that is being done and I found it rather remarkable. I checked through the statistical abstracts and came up with the figure that as far as television advertising is concerned, approximately \$1 out of every \$4 is spent on a drug or drug-related advertisement. If you take the spots and the network ads for 1964 for “drugs and remedies, beer, wine, and liquor and smoking”—you see I’m including nicotine and alcohol in addition to the other drugs—you come up with a figure of approximately \$495 million for 1964. This is for television advertising out of a total television advertising of \$2.1 billion. What these figures show then is that if you define drug advertisements broadly to cover nicotine and alcohol, we spend about half a billion dollars a year for these ads out of a total of \$2.1 billion; approximately \$1 out of every \$4. If you accept the notion that we are at times motivated by matters that we are not conscious of and cannot control, the significance of this advertising becomes apparent; we may become conditioned or programmed though we are unaware of it, which makes things even worse. Because we have the illusion of complete control over ourselves we are the more easily manipulated. The enormous amount of drug advertising that is going on tends to reinforce the drug behavior that we get, the illicit drug behavior as well as the legal drug taking. It’s just a matter of degree; once you get the idea that drugs “solve” problems it’s just a little step beyond to hard drugs for hard problems—and addiction.

I would like to summarize some of the points that I have made in this article: First, America is a drug culture in general although most people do not recognize it as such, or themselves as “addicts” or drug abusers.

Second, once the principle of taking drugs is established, it is not too difficult a jump from legal drugs to illegal drugs; it’s just a matter of degree, in essence.

Third, the model offered by many of the advertisements for solving our problem is "A better life through chemistry."

Fourth, the makeup of many advertisements is a kind of drug experience itself. There is distortion, images flash out at us in rapid succession and we have a visceral reaction which tends to confuse us and make us more susceptible to suggestion. Many advertisements are simulated drug experiences. Quite obviously what is in the back of the minds of the people who make such advertisements is latching on to the drug experience. If the various things I've been talking about go on at a time when we have a devaluation of authority in society when many young people look at a society which does not seem to be able to solve its problems, when there is chaos, when the whole problem of law and order is very difficult, many of the social constraints which would prevent people from taking drugs are lessened and people are much more susceptible to them.

There is another aspect that I would like to point out.

The noted semanticist S. I. Hayakawa, currently president of San Francisco State College, wrote an article on television entitled "Who is Bringing Up Your Children" which is relevant to the subject. I will quote him because I think we have to understand that television itself, including television advertising, is one of the greatest educational forces at work in our society. When I say "educational force" I mean that in one way or another, television gives people a great deal of information as well as misinformation.

Professor Hayakawa says:

The child who watches television for four hours daily between the ages of three and eighteen spends something like 22,000 hours in passive contemplation of the screen, hours stolen from time relating to siblings, playmates, parents, grandparents or strangers.

Two:

All happiness, all significance, all values that human beings might strive for are translated by advertising into purchasable commodities. I would suggest that much of the alienation that we find in society stems from this—from the way advertising takes everything and makes it into a commodity.

The third point:

Even as they reject the culture, as they understand it through television, they miss the pleasant fantasies they enjoyed as children when they turned on the set, so they "turn on" in other ways. Having scornfully rejected the notion that they can achieve instant beauty and radiation with Clairol, they espouse the alternative view that they can achieve instant spiritual insight and salvation with LSD.

The kinship of the LSD and other drug experiences with television is glaringly obvious. Both depend on "turning on" and passively waiting for something beautiful to happen. What this leads to I would suggest is that advertising is having a fantastic psychological impact on individuals and it is having great social consequences. After all, we spend on our education from advertising roughly a third of what we spend on all our "regular" education.

In conclusion, I would like to say that we must recognize that advertising is a socializing institution with great power. Television, I would add, is probably the greatest contemporary socializing institution at work today, yet we have not done very much to find out what this institution is doing. I often wonder whether there is a correlation between the development of television advertising and the development of our present middle-class drug culture. After all, this

is the first television generation and our first middle-class drug generation. I'm not saying that one causes the other, but I'm saying I'm wondering if something isn't going on? There may be some connection.

I would like to see some type of center established with adequate financing to make serious studies of advertising's impact on society. I wonder whether there is any correlation between violence in our society and conflict themes in advertising. And, in particular, I think we have to do some work on the possible social consequences of drug advertising. I am really delighted and encouraged to see that you and the staff are holding preliminary hearings on the subject to determine, I assume, whether something of this nature might be done. I am not suggesting that there is a unicausal reason for drug abuse, that is, television advertising is the chief villain, but I do suspect that it might have a considerable bearing on this problem.

Senator Moss. Thank you very much, Dr. Berger. The advertising people claim that advertising simply reflects the popular culture and does not or cannot cause the attitudes. I take it from your testimony that you reject that contention?

Dr. BERGER. Well, I don't think that it's a matter of either affecting or reflecting; I think it's both. You see, advertising can condition people to want things which the advertising then gives them. So then, an advertiser can say, "All I'm doing is giving them what they want." But, what do they want? Why do they want what they want? They want things because they have been told to want things. Who tells them? Advertising, in large measure.

This is to a large degree a consumer culture. The advertising industry is a great instrumentality of that culture. I'm not saying this in a completely negative light. I am saying that there are certain psychological and certain social consequences which stem from this industry, and drug addiction may be one of any number of unintended and unrecognized consequences of advertising.

Senator Moss. Could you suggest a kind of restraint on advertising that might be feasible and desirable?

Dr. BERGER. As a matter of fact, in my presentation I mentioned something to that effect that I think that some work should be done to determine our future course. I think the television industry and the advertising industry are socially responsible and that if they can be shown that some of their advertisements may have negative effects they will refrain from airing them. I think that if some kind of a center could be established that can make scholarly investigations and come up with some material it would be very beneficial. This could be done with advertising people also participating—I could see them participating in a center like this, and I think they would recognize in certain cases that the social consequences of some of their advertisements might be harmful, and do something about it. But, I do think that something must be done. We just can't sit back and let drug addiction destroy us. We must recognize that although the individual makes the ultimate decision to use a drug or do anything, he is not—and I am speaking from a sociological view of man—completely in control of himself. He is responsible but he is often the victim of powerful social forces.

In America we have what I call "The Prisoner of Psychology Syndrome." We believe every individual has complete control over what he does. I happen to come from a discipline which is sociological,

which sees many aspects of people's behavior in sociological terms. As far as suicide is concerned, for example, San Francisco has the highest suicide rate because of certain aspects in the environment there, such as alcoholism, yet other parts of the country have a low suicide rate. Suicide and drug addiction are affected by social constraints and forces. The individual is regulated to a considerable degree by his environment.

Our children watch television 3, 4, 5 hours a day; they are very impressionable especially when they are young. This must have some sort of an impact on them. They become very adept at consumer culture. They know all of the products, but they don't have the rational decisionmaking capacity to recognize something which is good or something which is bad. This is one of the reasons that we have to cover aspirins up and protect them from hurting themselves. And the same thing applies to society in certain cases.

Senator Moss. I may have additional questions I would like to put to you. I think Dr. Grow has an additional film now. Perhaps we can have Dr. Grow and then perhaps both of you return to the table for questions, if there are questions that I feel we should ask.

Dr. Grow, we are glad to have your testimony. We appreciated that first film and we are looking forward to hearing from you.

Dr. Grow. I'd like to show you a basic formula in advertising and illustrate it with several commercials.

Most of the commercials I'm going to show you follow a three part pattern.

(Here a Bufferin commercial was shown.)

The first stage is: problem or pain. (Slide shown.)

The second stage: enter the pill.

(Slide shown.)

The pills appear quite glorious in these commercials; they are photographed with such elegance and perfection that they appear like knights in shining armor.

I can't help pointing out to you the expression on the woman's face as she takes the pill. I don't know how to describe it; it isn't too far short of orgasmic ecstasy.

And then you have the third stage where "everyone lives happily ever after."

(Slide shown.)

This Bufferin commercial has a little clock that counts up to 60 seconds, although it's only 30 seconds long. In one way or another, most commercials stress speed, and offer instant solutions.

Let's go now to the next one.

(Here a Contac commercial was shown.)

There we have the 3-part pattern again. I would like to point out to you that many of these commercials are done with considerable wit, but nevertheless there is a deep underlying psychology behind them. The woman in this commercial has at first a terrible problem with her sinuses; then we see hundreds of tiny colored pills coming out of the Contac capsule in slow motion, hypnotically; the pill looks like magic. Then all her problems are solved.

(Here a Sleep-Eze commercial is shown.) Here again we have the familiar three steps; tension, a problem, in this case which I must say is presented with great graphic power by means of a watch spring winding up in the woman's eye.

In the second phase of this commercial I must admit that they don't really dramatize the picture of the pill as much as they might, but the general pattern is the same. We see the pill; she takes it; and her tension and insomnia instantly vanish. The solution is actually a little bigger than the problem. These ads suggest we can get a little bit more from the product than you would think could come out of a bottle. The woman in this commercial looks pretty happy for somebody that just took an over-the-counter drug.

This ad suggests that the psychological problems which underlie insomnia and tension can be solved by a pill. Yet these problems are deeply rooted in a person's character, and the kind of personal salvation that is shown here isn't the sort of thing that you get out of a bottle.

It is as if all things are possible for him who swallows. These ads don't exactly make false claims—rather, they imply a vague aura of infinite promise.

(Here an Oldsmobile commercial was shown.)

I don't want to suggest that ads like this are corrupting the morals of our youth, however, they illustrate one of the great persuasive psychologies of advertising. Happiness occurs when you push the button on the car heater and adjust the ashtray and move the ventilator around. You can get anything you want through a product; happiness is something that can be bought although the couple in this ad started out bored, they bought happiness with an automobile.

I'm not attacking a particular product or a particular ad, but I'm pointing out certain psychological patterns that underlie many ads. I also am not attacking television in itself. Some familiar ads from magazines illustrate this psychology as well.

(Slide shown.)

Wouldn't it be nice to have an escape machine? The implication is that you can escape all the pressures of life through a new car.

(Slide shown.)

Here is another ad where the appeal is not quite as overt. This is usually the level that magazine ads operate on. They have to be more subdued than television ads because they stay around longer; you can look at them two or three times. If they are really blatant they become objectionable. TV ads are very powerfully stated because they disappear in 30 or 60 seconds.

This ad suggests that, if you buy a Cadillac, a wonderful new life style comes along with it, a life of happiness and outdoor fun and family togetherness.

The basic formula of these ads implies that if you buy a product you get certain psychological features along with it; it will change your life, fulfill you just for buying it. I would like to suggest that this is analogous to taking a pill.

The next commercial is a followup to the investigation this committee made recently on breakfast cereals.

(Here a Cheerios commercial was shown.)

That is a commercial from the Saturday morning series that children watch. Again, I'm not saying that this is a great corrupter of youth that ought to be squelched, but I think we should look very closely at the psychology it promotes.

The psychology of the Cheerios commercial is similar to the psychology of drug commercials. It begins with a problem—and it's a delightful one, cleverly done. In this cartoon, a sea serpent attacks the boy, who is almost defeated. Then he eats his Cheerios. This is the part that interests me; I have eaten Cheerios and I didn't find that my muscles got bigger and the little circle of power appeared in my arm.

But here you have it. The music comes banging in; the ad really picks up. Let yourself go with Cheerios—as if to say, you can do anything you want just by popping something into your mouth.

Again, I don't think that we are dealing with what we call false claims. In a technical sense, maybe it is a false claim. But what matters is the vague aura of promise around the product. You can change your life by popping this product into your mouth. The outcome is instant strength and success and power and popularity.

Ads encourage us to believe that we can pop things in our mouths and solve problems of vast scope, psychological, social, as well as physical. This is the point where ads, encourage psychological attitudes that underlie drug abuse.

In a Listerine ad a salesman can't make a sale, but after he has used Listerine he makes two. It's like magic: you buy a product and you put something in your mouth and your problems are solved.

(Here a Dentyne commercial was shown.)

Well, there again you have it. I love the way she looks at that stick of gum—"OK Dentyne, do your stuff." When she pops that gum in her mouth, she gets both the man and the motorboat. After she has kissed her man, the Dentyne girl looks up over his shoulder and says, "Dentyne—that's all it takes."

There's something going on here; I don't know how serious it is, but there are a lot of ads on television day in and day out, with the message "just consume; that's all it takes."

Is this the way that we actually think? Do we turn to products for instant popularity, success, identity, virility, instant release from loneliness, from our anxieties and our problems? Ads suggest this is the case. If so, we are psychologically addicted to consuming for our sense of identity and well-being, and this resembles addiction to anything else. One of the best descriptions of addiction that I have come across is found in Tennessee Williams' play "Cat On a Hot Tin Roof," where the alcoholic character Brick describes how he drinks until that moment when "a little mechanical click" occurs in his mind "and there is peace."

So often these ads stress the mechanical act of putting something in your mouth to attain instant peace of mind or sex appeal or popularity. If these ads are meaningful in the way that I'm suggesting, then our culture is psychologically addicted to consuming.

(Here a Metrecal commercial was shown.)

You can't overlook the wit in this ad, but you can't overlook its serious undertones either. We are so accustomed to the language of drugs that we immediately pick up on the references in this ad; we know why the woman has her eyes covered over, and when she says, "I can give my brain a little rest", "I'm on the sauce for good now," or, "I found peace through Metrecalism," we know the reference is to drugs. Again it is a sort of mechanical click. Again, peace comes through a product, through something you swallow to make yourself happy.

(Here a Kent commercial was shown.)

I showed this particular ad to an advertiser recently and he said that it is simply meant to associate the product with good times and happy people. Well, that may be true, but I think there are certain features in this particular ad, which go much further than that. Again, there is the implication that if you smoke cigarettes your life, too, will be transformed.

There are several phrases in this commercial that strike me, "Looking for rainbows high on the hilltop." That's all right, but then you add to it, "Suspended in space—" now, there are things you smoke that make you feel suspended in space but I don't think Kent is one of them. "The top of the world is our special place." "You light up and good taste happens." "How about right now?" These are things that the announcer says in the ad. The announcer of course is like the announcer in most ads, he has such a voice of such powerful authority it could get right into your dreams.

Of course I am interpreting all of these ads, and what I say should be measured against your own experience and your own judgment. But, it does seem to me this ad presents a picture of an almost drug-like high with two people running along the beach, the sun bursting through, and a hallucinogenic slow motion effect. When the announcer says, "Light up a Kent," you could say "light up a joint" and similar effects would follow. Kent suggests there is something to smoke that transforms your world, makes you happy, suspended high on top of the world and no longer alone. This kind of promise is often associated with products that lack the physical, medical, or psychological power to produce the effect.

(Slide shown.)

In this Salem ad, "You can't take the country out of Salem—" there's a magic something that comes along with the cigarette. In a recent Salem commercial a couple climbs into a taxi, light up a Salem, and all of a sudden they're in the country; their world has been transformed by the product.

(Here a True commercial was shown.)

One more cigarette ad. Here again we are invited to turn on to the good life by smoking, as if a quick drag is all you need to transform your existence. This ad particularly fascinates me because of the photography. That opening shot of the filter slowly rotating in space is hypnotic. I think in its own way it reveals a great deal about the fascination that we have for small, close things like the tip of a filter. The photography in this ad reminds me of the drug users' fascination with the paraphernalia of his habit.

A few phrases in this ad strike me as having further resonance with drugs: "Why put it off?" "True is here today." "Do it." "Discover how True can satisfy you." If I were 14 years old and trying to decide whether or not to smoke pot, the thunderous announcement, "Don't put off 'till someday what you can smoke today" might have some influence on me.

I would like to show you some magazine ads.

(Slide shown.)

The Chesterfield series associates cigarettes with all sorts of gutsy outdoors living. It is very effective. If you smoke Chesterfield you'll get this kind of life.

(Slide shown.)

Here is a familiar one, a Schlitz ad which advises: "You only go around once in life, so grab for all the gusto you can." And "gusto," in this ad, comes out of a beer can. That's a very interesting thing to know, isn't it? I'll remember that the next time I eat breakfast.

(Slide shown.)

This is a very subdued one: "The Italian sense of life goes into every bottle of Rufino wine." It isn't a large claim, but this is the sort of thing that we get every day in ads: a better life comes through consuming.

(Slide shown.)

In the upper left picture, this True cigarette ad suggests that if you smoked a reduced tar cigarette in 1964 you were pretty much alone in the world, but today "you're not alone anymore." The implication is that you can drive loneliness away by smoking something. In my experience, this simply isn't true. Yet the American public is being trained to believe that products have this kind of magical power.

(Slide shown.)

Here's another example of magical power. The ad seems to imply that if you put on a Van Heusen shirt you'll feel alive. If you look at the ad long enough, though, you might begin to wonder who is really more alive: the man or the manikins shown with him.

(Slide shown.)

Like so many ads this Excedrin ad has some charm. It appeared on the back cover of *Psychology Today*, and it illustrates once again the wonderful faith we have in pills to cure the sometimes dire conditions of modern man. This is one of many, many ads that deal with the basic conditions of what has been called "cultural schizophrenia." People in the modern world often have a sense of alienation. This ad, with its pictures of multiple personality, suggests that if the man within the man can be put to rest with a pill, we will become whole again.

Ads of this kind reinforce and take advantage of our faith in products and technology. We are encouraged to believe that by popping a pill or copying some formula or using a new technique we may transform our identity, solve our problems, and attain peace—all without effort or suffering.

(Slide shown.)

Here is one of many ads that show multiple personalities in one form or another: a self within a self. The ad even implies that states of psychic dissociation can be healed through a product, such as hair coloring. I don't think from my readings in psychology that schizoid states are cured by hair dye.

There is another lecture which I give on cultural schizophrenia in ads which I will spare you here today, but basically I maintain that belief in technique, in numbers, in formulas, splits us up and keeps us from being whole, keeps us from the deep, human solutions that we are striving for, and directs our attention onto products which only accomplish partial human ends.

The more I look at ads the more I think they reflect some of the real suffering and real terrors of our world.

(Slide shown.)

This ad, for instance, if you look at it long enough, and I have looked at this for a long time, portrays a painful state of disassociation.

Not only that, but it gives you a suggestion of how this state comes about. If you pay too much attention to technique, fashion, and products—and too little attention to central human realities, such fragmentation is almost inevitable.

(Slide shown.)

In Michaelangelo's time, the hand of God came down and gave life to man; now the hand of technology comes down and gives us the Sylvania flash cube.

(Slide shown.)

This is an excerpt from the first short film that I showed you. It superimposes a glorious picture of a pill over a father and his little daughter with the implication that such a pill is all it takes for family togetherness. With messages like this going out on national TV every night, is it any wonder certain parents "turn on" with their children?

The more advertising pictures I see of people who are happy and joyous, the more I think that people are unhappy. If people were really happy, they wouldn't respond to such ads and they wouldn't need the escape of drugs.

The general psychology of advertising leads us to associate pills with a great many areas where they don't belong.

(Slide shown.)

This ad again has wit to it, but its message isn't so funny. It suggests that even life insurance can be considered a pill, "Consult your Prudential man. Fight insecurity two ways." What more could you ask for? It doesn't quite come out of the bottle, but it has the same effect. (The ad shows a large pill capsule with the Prudential emblem inside.)

(Slide shown.)

This is a frame from the next commercial that I will show you. I would like you to try and guess what product it depicts before the name comes up.

(Here a Campbell Soup commercial was shown.)

Isn't it strange? It's not enough to promise you a good soup it also has to turn you on.

The last advertisements that I will show you are rather grim compared to the others, and they are worth your close consideration. (Here an L. & M. cigarette commercial was shown.)

Here again we find the basic formula that I have shown you: problem, product, and solution, although the ending in this case isn't quite so joyous. The people in this ad came to New York from the Midwest with grand hopes, but when they got there they found as they say, "This isn't really any better." The couple shown in this ad reflect the disillusion of many Americans with the false promises of advertising. They come to New York, or buy a new cigarette, with the naive hope that it will transform their lives. Instead, they find only disappointment and frustration. Deep human change is not as easy as the ads imply.

Generally, the ideals promised in advertisements are not obtainable through the means offered. This creates a kind of despair which this commercial, and quite a few others, reflect. I think that this commercial is more overtly exploitive than most. It shows how a quarrelsome, bored couple are brought back together by a cigarette. This is a dangerous fantasy for mature people to entertain. Do ads aggravate the problems they exploit? Or do they only reflect problems? I think ads

aggravate the problem because often the problems that they raise can't be solved by buying products—as in this ad.

(Slide shown.)

Here is a suggestive picture of the split personalities that I think is in part caused, and in part reflected, by advertising.

(Slide shown.)

Finally, here is an example of another generation of ads which shows a very lonely, alienated group of mannequins arranged like chessmen.

This solution, "at least talk to each other," does involve human beings, instead of only a product or pill.

Dr. Berger implied that drug culture can be seen as the culmination of consumer culture. The basic idea of consumer culture, "you can get anything you want through products," leads to the basic idea of drug culture, "you can get anything you want through pills." Advertising seems to encourage a psychology of consuming which is quite close to the psychology of drug use. All traditional values—love, work, knowledge, compassion, cooperation—vanish before one thing: Consume, buy the product, and you can obtain the kind of life and the kind of relationships that for centuries people have had to work for. This is the most alarming message of advertising: you can get anything you want and instantly; you don't have to work or love, you only have to consume. That disturbs me more than anything else that I have said to you today.

In my opinion drug abuse is not the problem of a few kids experimenting with pills. It is a problem of our entire culture. Americans consume millions upon millions of pills every day, tranquilizers, sleeping pills, aspirin, diet pills, cold pills, and so forth. One out of every four television dollars on television go to promoting some kind of drug. I maintain that advertising in general, and pill advertising in particular, promotes the state of mind that leads to drug abuse. We are saturated with pictures of pills. And judging from the quantity consumed, I can only conclude that America isn't in danger of becoming a drug culture, *we already are a drug culture.*

Why do we believe in pills? America has always been a country of instant, quick-draw solutions. When a problem comes up, we come up with a speedy solution—a new law, a new war, a new president, a new suit of clothes, a new toothpaste—and think this will solve problems that are deep and difficult. Consumer culture and drug culture both reflect America's demand for instant remedies. We are always looking for *symbolic pills* whether they are "political pills," or products that act as pills, or real drugs. It is difficult for us to realize that it takes time and human effort to solve the deep problems we freely attack with our symbolic pills and quick solutions.

Why do people turn to drugs? This is something that we need to know more about. There must be something deeply wrong with people if they would rather sit around stoned, instead of *living.*

Why do people feel so empty that they do turn to drugs in escape? Maybe drug-taking is a symptom and not a disease, a symptom of some kind of a deep and quiet discontent that has worked its way unknowingly into our culture in recent decades. Perhaps our economy and government and educational system have not put enough emphasis on *living* and on the *human quality of life* rather than the quality of

goods. In my opinion we can't solve this discontent merely through new advertising regulations or new drug laws. That would be, so to speak, a *political pill*.

I'm not sure what solution to offer. Perhaps we need to encourage experiments in living and education which might lead to alternatives to whatever is wrong in the fabric of American life.

I must say that I don't consider the drug problem—to repeat myself—a problem of the young; it is a problem of our whole nation. It seems to me although I didn't bring the statistics, that the middle class consumption of amphetamines and barbiturates is possibly greater than use of drugs among the young. We may be dealing with a problem the scope of which is much vaster than we have imagined. It is a constant endeavor in a democracy to rebuild our institutions, renew them constantly from the bottom up—as in the educational system—with the goal of producing whole human beings rather than economic units, whole human beings who won't be susceptible to drugs or exploitive advertising.

We are more than psychologically addicted, we are physically addicted to consuming. Without our supermarkets and automobiles, most of us would die in a few days. We are so cut off from the basic necessities of living that we deal with life almost totally through machines. Most of us wouldn't know how to find shelter, raise food, or build a fire. The New York power blackout showed how vulnerable our electronic environment really is.

I suggest that we launch a massive investigation into the *quality of life in America today*, in search of the most basic underlying causes of drug use. Perhaps we should stop building machines long enough to take a good hard look at where they are taking us. This is a very difficult thing to do, because changes are coming very fast in our society. It is terribly possible that we are on a dead end road that leads to dissatisfaction, boredom, alienation, doped-up nobodys whose children will swallow any pills that come to hand in order to escape into a few hours of oblivion. The only answer to that kind of problem is to have a fulfilling, satisfying, whole life to offer to the upcoming generation. I stress this because I deal with that generation in teaching and I see anger and despair in the faces of many of my students. When I look at television and at people on the streets sometimes I think that I understand why students have this despair; some days the only happy people I meet are in advertisements.

I'd like to close on a different note from one of the few voices of genuine and quiet sanity in our media.

(Here a *Peanuts* cartoon was shown.)

I would like for the final word in my presentation to be, with Linus, a small, desperate: "Help!"

Senator Moss. Thank you, Dr. Grow, for a very fascinating and graphic discussion of a problem that is much broader than the scope of the resolution that is the basis for these hearings, although you certainly did touch on that aspect, too, pointing out in the advertisements some of the suggestive remedies for every kind of disaffection or unpleasantness, a pill be popped in order to solve the problem, an instant solution. But, I am glad that you did go much beyond it. That would indicate that certainly the inquiry should go beyond adver-

tising and as we suggested in the House report on its bill, it should be much broader than just examining our advertising to try to see if we can find a cause or a basis for the drug culture.

You suggested that maybe the drug culture was symbolic of the psychological stresses that have grown into our society, the failure to find a meaningful life and existence. This is just sort of an offshoot of what we have already descended into in the kind of life that we pursue, the materialistic sort of thing.

I was most impressed with the pictures that you showed and I felt a sort of a sense of anger at one point thinking—as was described by you and also Dr. Berger—that of course our very young children from the very most impressionable ages are watching that 3 and 4 hours a day, those sort of commercials that you illustrated for us and they are being conditioned before they even have a judgment of a relationship outside. Everything is depicted for them there on the screen and in living glorious color, so that we are dealing with a new generation, continued by these commercials, to a new set of values.

I certainly think that's the case. It seems to me that the teenagers of today are wiser about commercials probably than most of us are and take them with more skepticism. However, it is the upcoming young children that do not have the adult cynicism to develop themselves.

When you had the Cheerios ad on I was thinking—this is a Saturday morning program—I assume that it is directed at children. I know that's when they have the big flood of commercials and cartoons for children. The child's desires are going to dominate what his parents are going to buy; he is conditioned to think that the solution to make him strong and great and virile is to eat a certain kind of cereal.

Dr. BERGER. Actually what we have to talk about, what Dr. Grow is talking about, is a distinction that might be made between conscious and unconscious aspects of advertisements.

If you look at the commercials—there are many that Dr. Grow showed—notice that we are constantly being bombarded with people in pain or misery or despair. Then you see why, when you tell people, "don't take drugs, don't drop out, don't do all of these things," they say, "Let's look at life." If you look at life in the terms of the way it is presented in advertisements, you find maybe you don't want to participate in society. There are very dangerous things at work which are probably unintended on the part of the advertisers themselves.

Senator Moss. Well I certainly want to thank both of you gentlemen for coming here to this hearing and presenting so graphically the problem generally. It makes me all the more aware that we don't have any quick and instant solution, undoubtedly. I would recognize that even if we should undertake some control or regulation of commercials that perhaps that's only scratching the surface, but at least it's a place to begin our inquiry. The fact that Dr. Grow showed some of the cigarette commercials revived the experience of this committee and the long fight we had to finally get a statute that will bar cigarette commercials beginning on the first day of January of next year.

But, what you illustrated so well is that this conditioning, again primarily of young people that the instant solution to a problem or to expand the great life and to be virile or desirable or something else, all was needed was a cigarette has grown into the culture. After the Surgeon General's findings that tobacco indeed caused physical damage, it shortened life, we then had to take the step of saying,

"We'll just remove those commercials, at least we'll take that much out of the lure of people to smoke tobacco and therefore bring on themselves this incident of disease."

Dr. BERGER. I think actually that is one of the most helpful and encouraging things that has happened: taking the cigarette ads off of the television stations.

Dr. GROW. I hope I didn't sound too negative. As Thoreau said, "All change is a miracle to contemplate; but it is a miracle which is taking place every instant."

Senator Moss. Thank you again, Dr. Grow and Dr. Berger. I'm most grateful for your appearance and you have helped us in building a good record to take to the committee.

I want to read into the record, statements which indicate that both the Vice President and the Attorney General have acknowledged the role of advertising in contributing to drug abuse.

Vice President Agnew told the National Sheriffs' Association, "Millions of men and women in the United States turn daily to their physician for tranquilizers, pep pills, diet pills, and sleeping pills. Still more millions turn with the encouragement of massive advertising campaigns to the corner drug store to buy a variety of medicines to calm their nerves, put them to sleep or keep them awake. We as a country have hardly noticed this remarkable phenomenon of legal drug abuse. But it is new, it is increasing and the individual and social costs have yet to be calculated."

Attorney General Mitchell told the Federal Wives Forum, "Television commercials constantly hammer home the theme many of lives' difficulties could be solved by swallowing a pill."

That's part of the basis of the hearing today.

(The statements follow:)

SUMMARY OF STATEMENT OF PROF. ARTHUR ASA BERGER

The drug-abuse problem in America must be seen in a social and cultural as well as an individual perspective. From a sociological point of view the actions of an individual whether the act be suicide, drug taking or buying a bottle of aspirin are not completely a matter of individual initiative and personal choice. As the well-known motivational initiative and personal choice. As the well-known motivational research Ernest Dichter points out in *The Strategy of Desire*. "It has been proved beyond any doubt that many of our daily decisions are governed by motivations over which we have no control and of which we are often quite unaware."¹

If this is so, then it is worth examining one of the most powerful influences on our action, advertising, and in particular, television advertising, which is the dominant form of advertising today. We find that a very high proportion of television commercials deal with "drugs and remedies," or what might be called "soft drugs" such as aspirin and cold tablets.

If you add commercials for cigarettes, beer and ale (nicotine and alcohol) we find that approximately one out of every four ads is a drug or drug-related advertisement on television. In 1964, for example, we spent approximately a half billion dollars on television "drug" commercials, out of a total of about two billion dollars for all network and spot commercials.

The message of these "harmless" drug advertisements is very much like the rewards promised hard drug takers—escape or easy and quick solutions (via chemistry) to problems. The logical structure of many drug commercials shows pained people before they take a remedy and happy people after. It is a kind of magic. All problems can be solved by taking the right "potion." It is just one step beyond from aspirin to heroin, so to speak; the principle is the same. Take drug

¹ There is a complicated relationship between drug addiction and our consumer culture. In a sense our drug users are people who have been trained to consume by our culture, but are consuming things we don't approve of. Once you create the compulsive consumer however, you run the risk of him getting out of control.

and somehow things get better. We believe this and to a great degree American culture is a drug culture and a lot of Americans are junkies, though they do not think of themselves as such.

Many of the advertisements simulate a psychedelic drug experience, with distortion, bright colors, images flashing out at us in rapid succession and fuzzy, confused images. They use visceral or sensory stimulation to overwhelm our rationality and make us more susceptible to persuasion. In an article published in *ETC.* I analyzed this phenomenon in some detail and tried to suggest how what Freud called the Id, our desires and drives, overwhelm the Ego, our rationality, which is trying to mediate between the Id and the Superego, our conscience.

There is also a certain "mythology" about drugs that have been built up, and addicts justify their addiction with spurious claims to higher wisdom and deeper knowledge. In addition addicts become involved in a subculture which is, for them, a way of attaining "community," as well as gaining excitement. The drug scene and drug-taking becomes the organizing factor in their empty and tragic lives.

I conclude that the drug addiction problem, as far as the unintentional (I hope) and largely unconscious influence of television commercials is concerned, must be seen as follows: First, we must do something about the commercials themselves. I believe we ought to be able to figure out a way of preventing commercials which might have unfortunate psychological and social consequences, from being aired. If we had alternatives, in the form of non-commercial networks, that, in itself, would be a big help. But secondly, we must recognize that drug addiction is a social problem which can only be solved by social invention: institutions, programs, and social engineering. The drug culture is a reflection of something that is going wrong in our society. It may be that the advertising industry is, somehow, socializing our children and many others, in the wrong way and inadvertently pushing them into drug taking and other kinds of socially destructive and self-destructive behavior. Advertising, itself, a twenty billion dollar behemoth, needs more attention from social scientists, and I believe a center for this purpose should be established. After all, our children spend more time in front of television than they do in school and 20 billion is about a third of our entire educational budget. We must make sure it is not mis-education that they (and we) are getting. I tend to suspect it is, and the consequences have been tragic—which is why we are all here.

(NOTE.—I have discussed some other matters and dealt with some of the topics mentioned in this summary in greater detail in a paper I am submitting to the subcommittee. I have also attached, for inclusion in the record, some work I have been doing dealing with advertising as a cultural force which is at times destructive of personality and community.)

ADS AND ADDICTION: TELEVISION COMMERCIALS, DRUGS AND SOCIETY

(By Arthur Asa Berger, Social Science Department, San Francisco State College)

"Many people mistakenly overestimate the role of willpower and think that nothing can happen to their minds that they do not decide and intend. But we must learn carefully to discriminate between intentional and unintentional contents of the mind."—CARL G. JUNG, *Man and His Symbols*.

"Whatever your attitude toward modern psychology or psycho-analysis, it has been proved beyond any doubt that many of our daily decisions are governed by motivations over which we have no control and of which we are often quite unaware."—ERNEST DICHTER, *The Strategy of Desire*.

"In contemporary America, children must be trained to *insatiable* consumption of *impulsive* choice and *infinite variety*. These attributes, once instilled, are converted into cash by advertising directed at children. It works on the assumption that the claim that gets into the child's brain box first is most likely to stay there, and that since in contemporary America, children manage parents, the former's brain box is the antechamber to the brain box of the latter."—JULES HENRY, *Culture Against Man*.

"What would you do if you found yourself in possession of an effective science of behavior? Suppose you suddenly found it possible to control the behavior of men as you wished? . . . I take it as a fact . . . If a man is free then a technology of behavior is impossible. But I'm asking you to consider the other case."—B. F. SKINNER, *Walden Two*.

"But the most important effects of this powerful institution are not upon the economics of our distributive system; they are upon the values of our society. If the economic effect is to make the purchased like what he buys, the social effect is, in a parallel but broader sense, to make the individual like what he gets—to enforce

already existing attitudes, to diminish the range and variety of choices, and in terms of abundance, to exalt the materialistic virtues of consumption."—DAVID POTTER, *People of Plenty*.

ADS AND ADDICTION: TELEVISION COMMERCIALS, DRUG CULTURE, AND SOCIETY

I. TELEVISION, ADVERTISING, AND DRUGS

In the past few years, drugs have become a national problem. Drug addiction has spread to the middle classes, and the use of "hard" drugs such as heroin has grown greatly, so we believe. Statistics on marijuana use show that large numbers of people smoke it and there is a "great debate" on as to whether it should be "legalized," so that it will not lead to a loss of respect for laws and increased social disorganization. Also, it is hoped that if marijuana is legalized, in some manner, criminal elements will be deprived of revenues made from it.

With all of this for background, an interesting question arises: Is there any kind of a relationship between television and drug use? Is the drug problem, which, in its present proportions, is of recent vintage, related in any way to the recent and phenomenal growth of television? In a recent column (August 27, 1970) Terrence O'Flaherty, the television critic of the *San Francisco Chronicle*, discussed an NBC "White Paper" on youth and drugs and wrote:

"If we are indeed a Nation of youthful dope addicts, and if NBC wants to be of real service, then why doesn't it make a strong documentary of the subject? No network has yet had the courage to take its cameras into the morgues and the asylums and show—specifically—what narcotics addiction can lead to. Perhaps that's where television has 'somewhat failed . . .' Instead, it has been talky and repetitious and evasive.

"No network, to my knowledge, has even done a TV special on how the television industry itself makes the world of narcotics look mighty alluring, or how its comedians make jokes about marijuana when it is the first step into the jungle."

Mr. O'Flaherty draws attention to that fact that we are vitally interested in drugs, and there have been many television programs on the problem. Yet, at the same time, it is possible that glamorizing drugs on television is actually contributing to the problem.

I would like to focus here upon one aspect of the general problem—television advertising and its influence on our society as far as addiction is concerned. If television programs inadvertently glamorize hard drugs from time to time, television advertisements "glamorize" soft drugs almost all the time.

The fact of the matter is that a remarkably large proportion of television ads are used to sell "drugs" of one sort or another: alcohol, nicotine, aspirin, cold remedies, stomach remediew *ad nauseam*. American culture, in general, is a drug culture—and many Americans are "junkies," even though they would be outraged if you were to tell them so. That is because they are legal drug junkies who pop "pep" pills, sleeping pills, headache pills, weight reducing pills, breast enlarging pills, and almost any other kind of pill that can be conceived of. Sociologists have pointed out that being an addict to a large degree is a matter of *self-definition* (in the same way that you have to learn that you are enjoying a "high" when you smoke marijuana).

The "message" of these various "harmless" drugs is, in essence, the same as the "rewards" offered by hard drugs—escape or easy and quick solutions (via chemistry) to problems. Except that instead of reaching for an Anacin or Alka Seltzer you reach for the hypodermic needle, and "escape from the ordinary." I believe that the logical structure of these ads, which show pained, unhappy, troubled people in the "before" part and happy, satisfied, joyful people in the "after" part is an implicit inducement to the drug culture. It is just one step beyond from aspirin to heroin, so to speak; the principle is the same one: immediate relief and gratification, instant solutions to all problems.¹

Another interesting aspect of television commercials is the way some of them utilize broken continuity and multiple images to simulate a psychedelic experience and one which is not far removed from a drug experience. I have dealt with some of these ads elsewhere—in "Commercials Ad Nauseam," which appeared in *The Review of General Semantics* (December, 1969). The basic thrust of these ads, I suggested, was to use sensory stimulation to overwhelm our rationality, and in terms of the subject under discussion, once the rationality is subdued, it is not

¹ For an analysis of soft drinks and drugs, see my article "Soft Drinks and Hard Icons" in *American Icons*, Bowling Green University Press. Another article, "The Politics of Wrestling" shows how television offers people a model of society and suggests a method (violence) of solving social problems. It is in a collection of my articles entitled, *The Evangelical Hamburger*.

hard to sell the person something—in our case, drugs. The forces of the “id,” our drives and desires, overwhelm the “ego” which is analogous to our intelligence, and it can no longer mediate between the “id” and the “superego” which is loosely speaking conscience. The chart below, a modification of the one I used in the article, makes all this explicit:

Freudian analysis	Consumption behavior	Drug taking
Id.....	Buying.....	Need for a fix.
Ego.....	Pocketbook.....	Reason.
Superego.....	Sales resistance.....	Conscience, the law.

What happens, I suggest, is that the need for drugs overwhelms our fear of the law, conscience and any other force which might restrain us. That this is reinforced and facilitated by advertisements which offer a model of how to “Cope” and which tend to overwhelm or evade the ego is a hypothesis I make. I believe it explains the connection between the structure of advertisements and consumption—of goods in general as well as drugs in particular.

All of these considerations add up to the following picture. I have suggested, first, that America is a drug culture in general, though most people do not recognize it as such. Second, once the principle of taking drugs is established, it is not too difficult a jump from legal drugs to illegal ones. Third, the “model” offered by many of the advertisements for solving our problems is very much like the model implicit in the drug culture—a better life through chemistry. We believe in magic, so to speak. Say the right word (to your druggist) and take the right potion, and any problem or difficulty can be solved. For those who have lower “lows” and want higher “highs,” aspirin is inadequate and the next step is quite logical. Fourth, the makeup of many advertisements is a kind of drug experience itself. There is distortion, images flash out at us in rapid succession and we have a *visceral* reaction which tends to confuse us, weaken the power of our reasoning processes and make us more susceptible to suggestion.

The amount of money spent on advertising drugs on television is enormous. (If you add newspaper and magazine advertising, you discover that we are continually bombarded by “Drugs and Remedies” advertising—enough so to give us headaches and other problems which they claim they can cure.) In 1968, for example, “drugs and remedies” ads amounted to \$76 million for spots and \$182 million for national network ads on television. Some other figures follow in the chart below:²

[In millions of dollars]

	Year	
	1964	1968
Spots.....	70	76
Network.....	136	182
Total.....	206	258

The growth has been phenomenal. But these figures do not tell the whole story for they omit items that should be considered drugs—liquor and tobacco.

If we add these items we find the following (for 1964):

[In millions of dollars]

	Year	
	1964 network	1964 spot
Drugs and remedies.....	136	70
Beer, wine, and liquor.....	15	178
Smoking.....	146	250
Total.....	297	198

¹ Ale, beer, wine.

² Tobacco, etc.

² Source: *Statistical Abstracts of the United States 1965-1970*.

These figures become more impressive when we see how large a proportion they are of total figures for television advertising. In 1964, the \$206 million spent on spots and network advertising for "Drugs and Remedies" accounted for about a ninth of all television advertising, which totalled about \$2.1 billion. But if you add smoking and liquors, you find the following:

	<i>Amount</i>
Network-----	\$297, 000, 000
Spot-----	198, 000, 000
Total-----	495, 000, 000
Total network advertising-----	1, 100, 000, 000
Total spot advertising-----	1, 000, 000, 000
Total-----	2, 100, 000, 000

What these figures show, then, is that if you define drug advertisements broadly, to cover nicotine and alcohol, we spend about a half a billion dollars a year for these ads out of a total of \$2.1 billion spent on all television advertising for 1964. Approximately one ad out of four, then, is a "drug" ad.

If you accept the notion that we are at times motivated by matters which we are not conscious of and cannot control, the significance of all this advertising becomes apparent. We are becoming "conditioned" or perhaps even "programmed," though we are unaware of it all, which makes things even worse. Because we have the illusion of freedom, we are the more easily manipulated.

And if all of these ads with all the phenomena associated with them (as described above) occur at a time when there is widespread anxiety about our involvement in Viet Nam, many great crises at home and a government which some feel is not doing enough to solve our social problems and restore the currently distressed social fabric, then government and law, in general, become devalued. Thus we find a society which takes drugs in prodigious quantities (but which tells some people not to) asking people not to drop out or seek to "escape" from life in society when the society itself does not seem able (or willing, perhaps) to solve its own problems.

The devaluation of law and the continued social chaos both nourish the drug culture. In a certain sense our drug addicts are casualties of our society, who have become desperate and have lost hope in politics and have retreated into themselves, trying, with drugs, to "fix" themselves as best they can. There is something ironic to the term *fix*; for the addict problems cannot be solved, so he tries to escape from them.

The noted semanticist, S. I. Hayakawa, wrote a perceptive article on television entitled "Who's Bringing Up Your Children?" which makes the following points:

1. "The Child who watches television for four hours daily between the ages of three and eighteen spends something like 22,000 hours in passive contemplation of the screen—hours stolen from the time needed to learn to relate to siblings, playmates, parents, grandparents or strangers."

2. "All happiness, all significance, all values that human being might strive for are translated by advertising into purchasable commodities."

3. "Even as they reject the culture as they understand it through television, they miss the pleasant fantasies they enjoyed as children when they turned on the set. So they "turn-on" in other ways. Having scornfully rejected the notion that they can achieve instant beauty and radiance with Clairol, they espouse the alternative view that they can achieve instant spiritual insight and salvation with LSD. The kinship of the LSD and other drug experiences with television is glaringly obvious: both depend upon "turning on" and passively waiting for something beautiful to happen."

What has happened, and it is understandable although quite regrettable, is that we have not seriously considered the psychological impact and social consequences of advertising, an industry that is now in the \$20 billion class.

Many of the people who make the advertisements are probably unaware of the ultimate impact of what they are doing just as the people who watch these advertisements do not realize how they are being affected.

In one respect television and drugs are similar: *once you are hooked on them, it is difficult to get off them.* Withdrawal from drugs or of television creates panic, and figures show, for example, that the average household replaces or repairs a broken television set within three days.

II. CONJECTURES ON CLASS CULTURE AND DRUG CULTURE

Since television is so ubiquitous and all-pervading, it is giving American society a certain communality of experience. The very rich and the very poor, leading extremely different life styles, with different "life chances," perspectives, experiences, etc. share a good deal now thanks to television. If television functions as a kind of narcotic, this kind of addiction has spread widely.

All of this makes me wonder whether there aren't certain cultural drifts, some of which are related to television and television advertising, which might affect drug abuse. I offer here some conjectures which may have suggestive value, even though I cannot at this moment, prove them.

Is it not possible that getting "high" is a kind of moral equivalent to being a "success" and rising in the world? For those who cannot make it in the real world, and cannot buy all those things advertised on television, there is the innovation of drug use and getting "high" in another sense of the word.

And is not drug use a kind of ironic reversal of our whole consumer culture and conspicuous consumption? Drug taking (and I'm talking now about the really hard drugs) is just the opposite *inconspicuous* consumption, though the same are at work—a desire for high quality merchandise, "refined" taste, etc. Since the soft drug ads posit a world of dullness and pain, why bother? There is, in fact, a kind of parallelism between taking soft drugs as a kind of relief from ordinary life's pains and trauma and taking hard drugs as a relief from withdrawal symptoms.

For those who find life dull, getting involved in the drug culture gives life, so they believe, a kind of glamour—underworld associations, avoiding the police, a "community" of drug takers, pushers, informers, etc. The drug scene becomes the organizing factor in their lives in the same way that cannibalism was the organizing factor in the lives of many pre-literate tribes. There has also been a mythology about drugs build up, which is one of the things that O'Flaherty alluded to in his review. That most addicts lead desperate lives full of terror and despair is seldom or inadequately publicized. Most of the claims for "higher knowledge" under drugs have been shown to be spurious but every "out" group maintains that it has higher truths as a defense mechanism or rationalization.

The mystic sensibility, which emphasizes the self rather than society, has always been with us and, I would argue, has always been dangerous, since it leads man away from his obligations to others. It may be that for some people there are no more frontiers and there is no place to go but *inside*, so to speak. But this kind of thing is the result, I imagine, of a series of defeats which leads to this variation of autistic behavior.

There is one last question that interests me. The basic motivations behind people in the drug culture seem to be what we might call "lower class" ones. Many students of class culture argue that one of the basic themes in lower-class culture are immediate gratification and, in particular, early sex; it is a kind of vulgar hedonism, perhaps. The lowest classes, for one reason or another, often have time on their hands and little to do. Thus we find a culture of "leisure and love," so to speak, though surveys show that lower-class women do not particularly enjoy sexual relations and I imagine that lower class men do not really enjoy their free time. Often they are unemployed and perhaps unemployable.

Could it be that the lower-class culture of "leisure and love" as well as drugs is slowly working its way upward, and that it has been seized upon by a number of groups who have rejected our "consumer culture" and are seizing upon various different life-styles? That might explain why drug culture has moved from the lower classes to the middle and upper classes. It may be that television is creating some kind of a unitized culture, despite the continuing social class differences, and that our life-styles are merging.

The drug problem admits to no easy solutions. That would be, in a sense, a drug culture answer: if you have a problem take and what is recommended is something that is equivalent to a drug, such as harsher *punishment* (i.e. bad-tasting medicine). I believe we have to redefine drug abuse as a medical problem and take it away from the police, who have a vested interest now in drugs. I also believe that it is useless to multiply anti-drug messages as long as the society behind the messages subverts everything.

I would, however, like to see something done about all the "drug" commercials I've been discussing: it would be best if they were prohibited or, if that is not possible, drug companies were prevented from the kind of ads they do. What has happened is that advertising has changed from being a medium of information,

announcing the existence of various products, to a medium of education and persuasion, though it works in very subtle and often pernicious ways.

If we wish to do something about the drug problem, we have to be willing to make some rather fundamental changes in society. There may be a certain amount of economic dislocation in the television industry from prohibiting drug advertisements but television stations make great profits, so I understand and also they would be the first to admit, I imagine, that the public welfare is more important than revenue loss from these advertisements. There is too much advertising in general on television, and getting rid of a number of annoying and socially harmful advertisements would be a good thing for our peace of mind.

At the very least, we should certainly have some alternatives to the commercial stations, and we need a greater sense of social responsibility on the part of the stations themselves. Perhaps we also need a better regulatory system, which has real power to prevent misleading advertising from being aired and to consider the social and psychological consequences of ads.

Once we realize the drug abuse is a social problem, and not just a matter of this young person or that adult who happened to get hooked, we can do something—for social problems are solved by social action. We can develop institutions to help prevent the problems from developing, we can develop strategies to attack the problem, we can use our ingenuity and imagination. It seems to me that we will have to make some big changes and take some drastic remedies; you do not get rid of cancer by taking aspirins, and you do not get rid of the drug problem by putting out a few scare commercials.

I believe that we can solve the drug problem and will, for we cannot tolerate, for much longer, the destruction of individual lives and the social chaos caused by the flourishing of this pernicious sickness. We need to have some money for research into the relationship that exists between advertising and drugs, and advertising and other aspects of our society. We also need new channels of communication that do not have commercials and we need to do some social engineering in our society in a number of different ways, so that people will not lose hope in themselves and society in general, and take the mainline to lotus land.

PROPOSAL: CENTER FOR THE STUDY OF THE SOCIAL SIGNIFICANCE OF ADVERTISING

Advertising is a twenty billion dollar a year industry which permeates our society. It is estimated that the average person is exposed to 3000 commercial messages *each day*. Given the magnitude of this phenomenon it is surprising that relatively little had been done to examine advertising from a scholarly viewpoint in a sustained manner.

I would like to establish a center for the study of advertising from an interdisciplinary point of view. The center would utilize the techniques and methods of a number of different disciplines such as sociology, psychology, history, economics, psychiatry, and mass communications. It would also use the services of advertising agency executives and people in the industry.

The center would investigate such matters as—

- (a) historical standpoint;
- (b) social consequences of advertising: drugs, violence, etc;
- (c) psychic impact: consumer mentality;
- (d) physiological responses to advertising of different kinds;
- (e) comparative study of advertising in different cultures, and
- (f) other experimental work.

It would also gather materials on advertising and serve as a resource center for those interested in the subject. Hopefully, a center would coordinate a great many scattered efforts and lead to a serious examination of advertising as a socializing and "educating" force. It would fund study projects and research programs with particular attention, at this time, to drugs and drug culture and advertising.

The purpose of the center would be to examine advertising as a social and cultural force, to see if, in some cases, it may unwittingly be deleterious in its influence. In such cases—if, for example, it was found that certain kinds of ads are stimulating drug abuse—something could be done to remedy the situation. I assume that the advertising industry is, generally speaking, responsible and aware of its social responsibilities and obligations as well as its powers. I would hope, then, that the industry would cooperate in funding this center.

We have begun designing the center and a statement of anticipated resource needs over the next five years will be in excess of a million dollars.

[These articles are offered in the hope that they might be of some value to those interested in how television, advertising and various social forces might be related to the drug problem.]

COMMERCIALS AD NAUSEAM¹(By Arthur Asa Berger²)

One of the basic topics of many contemporary cultural critics involves the matter of our consumption society and the attendant commercialization of various aspects of life. Probably the most obvious example of this commercialization is to be found in the television commercial, an "art" form which has evolved to serve directly the desires of industry as far as creating and satisfying consumption needs are concerned. The evolution and significance of the television commercial has been discussed in a revealing article, "TV Commercials: Non-Linear Visuals with Word Power," by Jon Carroll.³ He mentions how commercials developed from simple-minded, "raucous, hard-sell jingles and mini-dramas of various kinds"—comic strip ads with real actors—to sophisticated non-linear creations. He explains this development as follows:

Linear thinking is a pattern of verbalization. Subject, verb. Something does something to something, causing something else to happen. Brush your teeth with Gorgo, and you will win friends. Subject, verb.

The point was that people no longer needed to think like that. Movies had trained them to use their eyes separately from the rationalization processes. Even linear (that is to say, plot-oriented) movies, which most of them were, developed a non-linear visual vocabulary.

This meant, Carroll says, that commercials "didn't have to mean, they just had to be." The function of the commercial changes—it is to leave some kind of general impression, not a message. With this established, creators of commercials were liberated from the old formula of one image every ten seconds and could use all kinds of sophisticated photographic techniques. "Distortions of objects and emotions and people and time and space were okay—nobody would be confused," Carroll adds. "Slow-motion, fast-motion, stop-motion, single frame tricks, distortion lenses, etc," all became part of the repertoire of the ad men, who could move beyond the conventions of even the (American) movies and do away with the "establishing" shot (a shot at the beginning to set the scene).

Carroll cites as an example "the remarkable Goodyear Tire commercial":

("Wide boots are made for rolling"—yes, it does have disturbing and blatant sado-masochistic appeal. The ethics department is on the next floor, third door to the right.) That commercial uses 62 images in 60 seconds, or less than one second per image.

Ad men now use sophisticated humor since they have discovered that the soft-sell works; also "sheer beauty pulls in the customers," so that is used, as well as surrealism:

It started with the relatively mild surrealism of a peculiar object in everyday surroundings (giant in washers, knights in neighborhoods, doves in kitchens), but a new Alka Seltzer commercial featuring a tired salesman in a desolate countryside, and ending with the totally unexpected, illogical and lovely firing off of a rocket on the far side of a hill, indicating that perhaps there will be even bolder explorations into this territory.

All this leads Carroll to suggest that commercials are an art form (or potentially one) and should be reviewed the same way movies and television programs are reviewed, "with an eye towards their continued improvement."

What Carroll seems to have forgotten in his enthusiasm for the technical characteristics of commercials is that they have a particular function which distinguishes them from the arts, unless you wish to posit commercial surrealism as the moral equivalent of socialist realism. Artists make statements, whatever the media in which they work, about life. Commercials are attempts to get people to buy things, and the artistic merits of the commercial are only incidental to the *raison d'être* of the commercial—selling power. If soothing, surrealistic, sophisticated, humorous ads sell tires, so much the better—but if you can sell *Anacin* or *Preparation-H* with ugly, irritating ads (and these ads are effective) you do it that way.

The function of the commercial, in the last analysis, is to manipulate people—not, like art, to give them an understanding of themselves and life. Advertising

¹ Reprinted from 26 ETC. 481 (December, 1969).

² San Francisco State College.

³ *San Francisco Chronicle* Datebook, December 10, 1967.

exploits nonlinearity by "attacking" customers through their eyes, and it benefits from the fact that we have been trained to use our eyes separately from our rationalization processes. That these appeals are effective can be judged from the statistics on consumption, which reveal that the average person spends about half his income for "nonessential" items, though they have been made "psychologically" essential to him.

What is particularly tragic about television is that the commercials are, generally speaking, better than the regular programs. As Carroll puts it:

* * * TV commercials are very good. They may be the best thing on television. They are frequently creative, more witty, better photographed, better planned and better executed than the programs. They are, in many ways, even better than most movies.

Commercials generally cost much more, in terms of dollars per minute (or thousands of dollars, to be more exact) than the programs themselves. We might even suggest that it is in the interest of advertisers to have programs which are inferior to the commercials so that the commercials will stand out in the viewers' minds. Whatever the case, it seems quite evident that in television—and we could project this to the other media—the influence of advertising is destructive and corrosive. It degrades the media in which it works, subtly, to overwhelm both the medium and the viewer. In television, for instance, the commercials are at war both with the regular programs, which they seek to dominate by virtue of their superiority, and with the viewers, whom they seek to manipulate.

Thus the commercial is an attack upon our nationality in two ways: it appeals to our senses while it evades our judgement, and it tends to make our entertainment media banal and tedious. The appeals upon which advertising of all kinds works are implicitly irrational: fear, envy, greed, sexual desire, and so forth. Many television commercials are seductive, with lovely young women calling forth erotic fantasies by suggestive language and tone, dress, and atmosphere.⁴

This represents a kind of prostitution—sexuality is debased to sell, whether it be a body or a product. Curiously enough, this use of sexuality debasing as it is, may be even counterproductive. There is some evidence to support the thesis that although sexy ads are "stoppers"—that is, they attract a great deal of attention—they do not lead to increased brand recognition. In a column entitled "What Sexy Ads Really Sell" Milton Moskowitz (creator of a fascinating syndicated column called, of all things, *The Money Tree*) points out that there is some controversy about the real effectiveness of these ads. Dr. Ernest Dichter, the motivational researcher, advocates using sex to sell products, and not the "puppy love" innocent sexuality used in many ads. Dichter thinks nudity and suggestiveness could be utilized more.

On the other hand a British researcher, Major Steadman, has made a study in Great Britain which suggests that sexy ads sell sex but not products. In this controversy I would tend to give Dichter the benefit of the doubt. A large percentage of our advertisements involve a kind of diffuse sexuality which is used to beat down resistance and attain a particular end. A wit once defined seduction as "the art of persuading a woman to do what she wanted to do anyway," and it is not too far removed to suggest that this is what advertisers are up to also, since they postulate man as a consuming animal.

In Freudian terms we might say that the split between the senses and the reason corresponds somewhat to the split between the id and the superego. Because we have been trained nonlinearly and can function in some kind of schizoid manner, we can now avoid the strictures of the superego and satisfy our desires without remorse. We can see this in the accompanying chart.

PERCEPTION, FREUDIAN ANALYSIS, AND CONSUMPTION

Nonlinear perception of world	Freudian analysis	Consumption behavior
Eyes (senses)	Id	Buying.
Rationalization processes	Superego	Sales resistance.
Intelligence	Ego	Pocketbook.

The attempt is either to overwhelm or evade our intelligence, which is here arbitrarily defined as the combination of our reasoning processes and sensations. This is done by turning a person into someone with "big eyes." In America greedy children are often reproached for having "eyes bigger than their stomachs." But

⁴ The moral equivalent of sexual relations becomes "eyeballing." The difference between the two is significant, statistically and in every other way.

this is exactly what is desired in adults, and if their eyes are bigger than their pocketbooks, no matter—there is installment buying.

In addition to attempting to split man up into a seeing versus a thinking animal (and from this point it isn't too hard to create a radical dissociation of the human personality) and "seducing" him with a bombardment of erotic fantasies, these advertisements project an incredibly distorted image of reality. We are presented with a world permeated with excitement, romance, and beauty, with people who are generally quite different from everyday life—especially in the high-fashion ads, in which indulgence becomes the means toward self-realization. Models have become grotesque: either skeletal women, who, I've heard, have to have back molars extracted to have the correct look (which is that of a suburban society dame) or, in some drawings, grotesques. Many J. Magnin ads are full of beautiful grotesques, women with small heads, long necks, and proportionately very large (though slim and shapely) bodies.

These grotesques, in a way, symbolize a society that is in many respects grotesque—distorted out of shape, irrational in its allocation of resources and distribution of income, and destructive of autonomy, sense, and reason. The person who seeks to be rational in such a grotesque society is attacked at every front, by every means, and is pressured to capitulate to the imperatives of our "need" for a society of consumers.

In the last analysis, the advertisement seeks to create almost automatic responses in people—by using many of the techniques I have just been discussing and by another technique: *repetition*. Literary critics recognize that the repetition of certain phrases or lines in poems gives these phrases or lines great power, and they call this device incremental repetition. Through the use of repetition a mood is established, and the lines at the end of a poem have much greater power and suggestiveness than the same lines at the beginning.

Also, repetition tends to break down resistance and lead to conditioning, in which there is an automatic response to a given signal, just as Pavlov's dogs were conditioned to salivate at the sound of a bell. At the beginning Pavlov rang the bell when the dogs were given food, and the dogs learned to associate the bell with food. After enough reinforcement the dogs salivated wherever they heard the bell, whether it was followed by food or not.

Advertisements do this by creating what the distinguished semanticist S. I. Hayakawa calls intensional orientations—"the habit of guiding ourselves by *words alone*, rather than by facts to which words should guide us." As Hayakawa explains this phenomenon in *Language in Thought and Action*:

Intensional orientation may be regarded as a general term (at the next higher level of abstraction) covering the multitude of more specific errors already pointed out: the unawareness of contexts; the tendency toward automatic reactions; the confusion of levels of abstraction (of what is inside one's head with what is outside); the consciousness of similarities but not of differences; the habit of being content to explain words by means of definitions, that is, more words.

After a discussion of how education and magazine fiction lead to intensional orientations, Hayakawa goes on to say:

Perhaps the worst offender of all in the creation of intensional orientations is advertising as it is now practiced. The fundamental purpose of advertising, the announcing of products, prices, new inventions, and special sales, is not to be quarreled with; such announcements deliver needed information, which we are glad to get. But advertising long ago ceased to restrict itself to the giving of needed information, and its principal purpose, especially in so-called "national advertising," has become the creating, in as many of us as possible, of *automatic reactions*.

Or, as he says a bit later, "Advertising has become, in short, the art of overcoming us with words." This book was published twenty years ago and was essentially concerned with language, which led Hayakawa to deal with verbal and semantic considerations primarily. Since then advertising has developed considerably and television has become the dominant entertainment medium of our time.

If we add up these various considerations—the attack upon our rationality, the seductive eroticism, the distortion, and creation of an intensional orientation with its attendant conditioning and automaticity—we find an awe-inspiring attack on our basic humanity in the name of an industry that supposedly is trying to bring us "the good life." The more we are reduced to automatons who will give the correct "response" to advertisements, the more we are told that we are having satisfying lives. And all the achievements of the human mind and spirit, man's art, science, and discoveries in the social sciences are, literally, turned upon him in an effort to control his behavior along certain lines. With the television commercial (and advertising in general) we have the "art" which signifies the death of art.

TELEVISION AS A WAY OF KNOWING

It has become obvious to anyone who looks at statistics on the number of hours spent watching television programs, that television has become one of the dominant ways of "knowing" in America—and, indeed, the world. Since television dominates life in America more than other countries, what I am talking about in this discussion of television as "epistemology" has special reference, I feel, to the United States.

We have always learned by looking—that is, in fact, the basis of scientific method. Observation is the most fundamental way of "knowing" and the elaborate experiments of scientists are merely attempts at better observation. But with television the observation is diffused; you are overwhelmed at the variety of things available, so that it is often quite difficult to organize your information and learn.

It is frequently remarked that with television you have an "audience", not a "public". An audience is a group of people who have no connection with each other—except that they are "taking in" the signals from the television set. With a public, on the other hand, you have some kind of a thread of identification between the various people; there is some kind of a cohesion. Of course this same thing existed with radio, but radio is a medium that does not demand full attention the way television does, so the impact of radio is considerably less powerful. Radio is a way of knowing, too. You can learn from listening, which is, in fact, the traditional manner in which students are taught in the grade schools and through the universities.

But television combines the audio with the visual, creating the most effective medium for attracting attention and keeping it. Television is much more concrete than radio and forces concrete images upon the viewer at the same time that it surrounds him with auditory messages of one sort or another. The appeals to our eyes and ears become, then, compelling. You cannot iron or read a book while television is on, unless you wish to neglect the video image and turn the television, in effect, into radio. There are certain aspects and consequences of television that must be explained in order to understand how it functions and why its impact has been so great.

For one thing, the images we see are all *miniatures*. Even in the largest 25 inch sets, the figures are all greatly reduced—which is considerably different from what we see in the movies, for example. There we are overwhelmed by the size of the figures and almost absorbed by them. With television sets, however, the figures are all small and, moreover, we usually watch television in a lighted room (to reduce eye strain) which means television cannot "absorb" us the way movies do. Also, we are susceptible to the ring of the telephone, we can talk—in short, the total commitment which we can make in the movie house or theatre is not possible.

In addition to this miniaturization, which must force us to assign a secondary kind of reality status to the television images, the television programs are almost all segmented. Every five or ten minutes, depending upon the time of day and situation, there are one, two or three advertisements which impinge themselves upon the viewer. The average American learns, quickly, not to trust these advertisements, and with good reason. Advertisers are often taken to court by the government for making false statements, and the likes. The viewer, then, develops a certain "resistance" against these advertisements—he creates some kind of a built-in disbelief, and as the advertisements get more and more fantastic, the disbelief grows greater and greater.

From the ads the viewer learns that he cannot believe everything he sees. He learns that illusion is possible and that he must be on guard against it. And yet, much of the time he can *see for himself*. This is the basis strength of the medium; it allows you first-hand information, though this information is affected by the electronic nature of television: images and its segmentation. The viewer need not rely on the descriptions of others, which is both a gain and a loss. It is a gain in terms of concrete knowledge and a loss in terms of stimulation of the imagination.

The imagination becomes debilitated, since there is not work for it to do. Everything is there—you need not (and cannot) use your imagination to create characters or situations. Every character is "cast" and every situation is "concrete" and presented *for you*—to accept or reject. In the case of news and sporting events, this is quite desirable—but in other situations, it is quite important that some scope be left for the imagination.¹

Also, the way that television breaks up time is significant. Television breaks up the ordinary continuity of time * * * things keep repeating themselves, so that you keep moving back and forth through time and "capture" the past. The

¹ This phenomenon may have implications as far as drug abuse is concerned. Drug takers are, essentially, passive, who expect the drug to do the work "for them," so to speak.

past becomes part of the eternal present. You can watch the news at 6 p.m. and at 10 p.m. and see, very often, the same things happening again and again. And as time loses its significance, distance loses its meaning. Distances disappear and the orderliness of time falters, forcing a really radical alteration of our way of sensing and understanding the world. We must readjust our sense of these two dimensions in the same way that we must readjust the tuning devices on our television sets.

In conclusion, then, the very FORM of television is as important as its content. The fact that the "viewer" (and the world television suggests the primacy of the visual) is exposed to segmented, miniature images which he must learn to judge carefully—and many of which he rejects as lying illusions—is of great significance. What television creates is a generation of knowledgeable cynics who cannot trust what they see. It is creating a nation of spectators who watch life but do not participate in it. To the extent that people become preoccupied with observing life, and during week-ends many watch television for eight hours a day, they cannot "live" it—in the real world. In a way, then, America is becoming a nation of people who do not live—who are spirits, and who have—thanks to the fantastic number of channels available now—omniscience, at the cost of existence.

TEENAGE GIRLS AND THE RITES OF PASSAGE

One of the great insights provided to us by the anthropologists involves the notion of cultural continuity. What this means is that most cultures provide a continual training to their younger members in becoming an adult member of the society. This process is called "socialization" and indicates that societies provide a certain kind of education (formal and informal) which indicates how young people are to behave and fit in with the society around them.

What continuity and socialization mean, as far as we are concerned, is that when we see a given kind of behavior that is widespread, we must assume that this behavior condoned by the culture and encouraged, or—if not actually encouraged—caused by certain elements within the culture. In the case of the teen-age American girl, we have some rather interesting information on her habits, thanks to a massive study of teenagers made by *Seventeen* magazine.

If we were to create a fictional "average" teen-age girl the picture we get would look something like this: She would weigh 116½ pounds, stand 5'4½" tall, have a weekly income of almost \$12 from babysitting and other odd jobs, go out on dates five times a month, listen to the radio at least a couple of hours every day, have her own bank account, wear a junior or petite dress but a size seven or larger shoe, want a "trustworthy" husband, and *shop for clothes and cosmetics six days a week*.

There are ten million of these teen-age girls out shopping six days a week, and when they shop, so the study indicates, they look first at the style and the size and *then* at the price. This is the case with 70% of the girls—price comes last, and once the girls have made up their minds what they want, they will go all over to find it. Since the total teen-age market is now \$25 billion a year in America, and women represent half of that population, we must assume that the teen-age girls spend some 12 plus billion a year on their shopping rampages.

They do this because they were taught to do this—not in schoolrooms but by their culture, by the advertising industry which creates fears of sexual inadequacy and unworthiness in them, and by the behavior of their parents. The American child is taught to consume compulsively and uncritically. We find, for example, that Americans between the ages of 13 and 22 buy 43% of the records, 44% of the cameras, 55% of the soft drinks, 39% of the radios, 30% of the watches, 26% of the cosmetics, 53% of the movie tickets and even 9% of new automobiles. Teen age income is called "discretionary," since it can be spent on whims and fancies. but even beyond the actual money spent by teen age girls, there is the matter of "buying influence," which, estimates say, amounts to almost 100 billion dollars.

And all of this is just the beginning, for when the teen-age girl becomes a bride and mother, she will have much more money to spend, in an orgy of consumption, such as that offered by Macy's in San Francisco in its "White Flower Day." The copy for this sale reads as follows:

July 5 is it! One great day of fabulous special purchases and fantastic mark-downs. One incredible day of gorgeous savings for all the family and all the house. Values so very exceptional that sometimes quantities are limited! (That's why we can't take mail or phone orders for this sale-of-sales.) So

plan to get to Macy's when the doors open Friday. Plan to stay and shop late Friday night at all Macy's stores. Plan to sleuth every selling floor. This is a storewide spectacular. In fact, Macy's White Flower Day is pure fireworks!
[My italics]

Having learned to spend six days a week it is not so outrageous for Macy's to suggest that women spend a day spending.

Department stores are the new cathedrals of modern man.—(or woman, perhaps, since women seem to use cathedrals, of all kinds, more than men). The women who crowd through the aisles of these edifices, fingering clothes and trying on shoes, are only carrying out the tasks their culture has given them, are only doing what they have been trained to do.

Whether or not these women, or the teen girls, who go on their perpetual shopping forays—and the compulsive nature of it all suggests a kind of penance—are happy is open to question. But if you spend all your time buying things you don't get the chance to even wonder about that.

And for those who stop to question it all and decide to reject it there is something new—escape via drugs. If the rites of passage lead some girls to frenzied shopping sprees they lead others to the drug culture and their own "religions" far from the cathedrals (actual and imitation) created by society. Behind activities practiced by large numbers of people there are usually social forces at work—forces which may not be evident but whose *consequences*—consumption, drug addiction, etc. are; forces which lead to great individual, as well as social, catastrophe.

LSA AND THE AMERICAN DREAM

The Hippie movement, centered in the Haight-Ashbury section of San Francisco, has been much in the news lately. In that fair city, "the city that knows how," the Hippies have been harassed by the health department and the police—neither of which has been able to cope with them effectively. The health department "invaded" the Hippie territory, determined to drive them out because of their supposedly filthy pads. But, much to their chagrin, the inspectors discovered the Hippies living in relatively sanitary conditions. This was somewhat of a shock to all the middle class burghers of the town, who are looking for a bit of excitement now that the topless phenomenon is losing its capacity to titillate.

The police, and their billy clubs, are currently on the scene and have emerged "victorious" in their latest confrontation with the "love generation." The Hippies staged a "mill in" and took over a street in protest against the automobile, and the corrupt and dehumanized society for which they believe the automobile stands.

America the unbeautiful, and perhaps even immoral, though not immobile, they would add.

What is most curious about all of this is the attitude of the average person, to whom a rejection of the dominant middle class values, accoutrement and hair styling is heretical. The menace of the Hippies is so great that the city bus line has rerouted some busses out of the district, lest the drivers and innocent school children aboard them be corrupted. At the same time, the tourist buses cart people in to see the freaks. The Hippies, ironically, in rejecting the dominant business culture of America, have become (like everything else) its victim—and are now a good tourist attraction.

The intoxication of middle-class citizens with the Hippies suggests that their attitudes are not so simple as their hostility would lead one to believe. Outwardly the middle classes are outraged by the Hippies' dress, their leisure, their sexual experimentalism and their use of drugs—but perhaps secretly they have a longing themselves for some action along these lines.

Actually, the Hippies are very traditional, and perhaps even hark back to the Middle Ages in some respects. Their existence is symptomatic of a breakdown in the American community, which no longer seems to be able to provide increasingly larger segments of the society with moral and psychic support, with a sense of purpose and of obligation. America has had many communities setting themselves apart from what was considered to be a corrupting influence, to form a more perfect social order. Such was the history of Noyes' Oneida community and much of the nineteenth century.

And the long hair, elaborate dress, and role playing of the Hippies hark back to the Middle Ages when, according to the great historian Huizinga, man faced three ways of coping with existence. One could retreat from life into the monastery, affect social and political reform, or make life a dream. Most men (here we're talking about the upper class, of course) chose the latter, since they didn't believe

in progress or the possibility of social reform. Such seems to be the case with many of the Hippies. Like the monks, they see themselves as making up, through the intensity and quality of their love, for the lack of it in the ordinary man. And with their elaborate clothes they reject the "work suit" which has been man's dress for the past few centuries.

It must be counted tragic that so many creative and intelligent young people have lost faith in the quality of American life and the possibility of social reform, and have been driven into the wilderness, so to speak. Feeling it necessary to take LSD does not speak very well for the quality of the American Dream.

PRISONERS AND ESCAPISTS: A LOOK AT ALIENATION ON TELEVISION AND OFF IT

Alienation is becoming a topic of increasing concern lately. The behavior of our students (and students the world over) and existence of many other a-social and anti-social groups is making us suddenly take notice of our society. Our everyday conversation now deals with drop-outs, hippies, beats, and revolutionaries (of every age, color, shape and description). There are a lot of theories used to explain this behavior: the generation gap, the Oedipus complex, communism, Marxism, Maoism—but whatever is behind all this, they all reflect a basic rejection of the social order and its values.

The term which is used to cover behavior of this nature is alienation. It takes many forms but generally speaking it involves the following: *powerlessness, meaninglessness, normlessness, isolation and self-estrangement*. (This list comes from a researcher named Melvin Seeman, who tried to find a way of measuring these aspects, with questionable success.) The ways that alienation manifests itself are not always simple. For example, the sense of powerlessness can take the form of passivism and withdrawal, but it also can be expressed in frenetic and rebellious activity, a kind of "striking out" at forces felt to be oppressive, though with little hope of ridding oneself of them. In this sense, rebelliousness becomes a kind of gesture, a statement, perhaps even a plea for help?

It is only logical that the alienation we find pervading society, and it affects seemingly well-adjusted affluent middle-class people as well as the poor, the middle-aged as well as the young, should be found in our mass media. A glance at the weekly television log reveals such programs as "The Prisoner," "Land of the Giants," "The Outcasts," "The Untouchables," and "The Outsider," to name only a few. All of these titles reflect an underlying sense of alienation—a sense of powerlessness or meaninglessness or isolation most particularly.

"The Prisoner" is a particularly relevant case in point, and the nameless hero of this series in a symbolic figure who represents, in a graphic manner, the dilemma of modern man. He is imprisoned on a remote island where people are called by numbers, not names. He is not sure who is running the island—the British, for whom he used to work as a secret agent, or the "other side." Life goes on with a semblance of normalcy. There is a paper, stores, entertainment, etc. except that everyone there is nameless and mysterious and everything that happens seems random and inexplicable. The rulers of the island are in possession of exotic thinking machines and other technological marvels.

In one adventure he wakes up to find the island seemingly deserted and nothing operating. He takes pictures of the bizarre Italianate architecture, constructs a raft of barrels, and sails away on a voyage that lasts many weeks. Smugglers in a high-powered boat find him in a torpor and push him into the sea, which revives him. He sneaks aboard the boat, overpowers the smugglers and steers the boat toward the land. When the smugglers escape their bonds and come after him, he jumps overboard and eludes them. He wakes on a forlorn, deserted beach, where he finds some Gypsies on top of steep bluffs. Police are, for some reason, searching cars. He managed to jump into a truck and collapses. Later he wakes, jumps out of the truck, and finds himself in London.

He makes his way to his former house and finds that an attractive woman is living there and driving his car. The house lease and car registration show no record of his existence. In effect, as far as official records are concerned, he has never existed; his existence has been blotted out. Then he confronts his former associates in the Secret Service, who are amazed to see him, question his truthfulness (since he has supposedly resigned) and seem, for some reason, disturbed by his presence. He has the pictures in his camera developed, shows them a diary he kept on the raft and is eventually given a plane to search for the island. When

he finds it the pilot, who may have been a counter-agent, ejects him and the prisoner floats back to the island from which he had made such an heroic escape. He returns to his apartment and just as he enters the shower, which he had turned on before his escape, starts working again. We cannot be sure that the British Secret Service returned him to his confinement but it remains a distinct possibility. *In effect he is a man with no past, a man who never existed—and, as a prisoner on the island, without a name, a man with no future.*

All of the important aspects of this story are manifestations of alienation. He is insignificant, though not literally so as in "Land of the Giants." He has experienced depersonalization through the loss of his name (he is number six), he is powerless, unable to control his own destiny, except in day to day terms, and he cannot figure out what things mean. Often, as a matter of fact, there is no meaning and the program becomes as surrealist as the strange shapes shown on the screen monitors of the rulers of the island.

He is an archetype of modern man's predicament and his imprisonment is the basic metaphor of the day. We have always suffered from alienation and probably always will, but never has it been so powerful and all-pervasive. One can read American history as a study in escape from alienation—political, social, psychic, and of every other sort. The Puritans coming to America, the frontier, the Utopian communities of the nineteenth century, isolationism—all are manifestations of a basic impulse to leave an impure or unsatisfactory world behind. Escapism takes other forms now—the rather frenetic and nervous job switching that goes on (and wife swapping), the constant moving from one house to another and from one part of the country to another, the frenzied travelling about the world, the intoxication with outer space, drug culture, sports, and television. All are attempts to escape which are futile, since we can no longer escape. All we can do is indulge in escapism, for there is *No Place To Hide*, and, after all, there is no escaping ourselves.

The popularity of "The Prisoner" is not due to just the technical aspects of the series—which are excellent. The acting is superb and the plots are generally ingenious. "The Prisoner" intrigues us because we recognize in him, alas, ourselves.

Senator Moss. We have one final witness who is to appear for us this morning, Dr. J. Thomas Ungerleider, who is assistant professor of Psychiatry, University of California at Los Angeles Medical Center in Los Angeles and director of Project DARE, Drug Abuse Research and Education.

Dr. Ungerleider graduated from the University of Michigan with honors in psychology and was formerly chief of psychiatry at the U.S. Army Hospital, Fort Ord, Calif.

He has published over 40 articles and one book on various subjects and has contributed chapters on hallucinogens to six books and one encyclopedia. He is a national board diplomate, a fellow of the American Psychiatric Association and on the advisory council of eight local, State, and national professional drug abuse associations.

I wanted to have some of the background of Dr. Ungerleider in the record. I'll submit the remainder of this written biography for the record and ask Dr. Ungerleider if he would proceed. We are very glad to have you and appreciate your appearance.

(The biography follows:)

BIOGRAPHICAL SKETCH OF DR. J. THOMAS UNGERLEIDER

Dr. J. Thomas Ungerleider is an Assistant Professor of Psychiatry, UCLA Medical Center in Los Angeles, and Director of Project D.A.R.E. (Drug Abuse Research and Education).

Dr. Ungerleider graduated from the University of Michigan with honors in psychology and was formerly chief of Psychiatry at the United States Army Hospital, Fort Ord, California.

He has published over 40 articles and one book on various subjects and has contributed chapters on hallucinogens to six books and one encyclopedia. He is

a National Board Diplomate, a Fellow of the American Psychiatric Association and on the Advisory Council of eight local state and national professional drug abuse associations.

Dr. Ungerleider has been consultant on drug abuse to many agencies including branches of the United States Senate, the National Institute of Mental Health, the United States Public Health Service and the California's Attorney-general. He has reported on the adolescent drug problem at a number of national medical conventions, including the American Medical Association, the American Psychiatric Association, the Student American Medical Association and the California Medical Association. He has appeared in multiple radio and television documentaries and has been consultant to a dozen educational films on drug abuse. He has been advisor on LSD presentations to NBC, Universal Studios and Paramount pictures. In the past five years, Dr. Ungerleider has given over 500 lectures on various aspects of drug abuse to professional and public groups and has spoken to over 250,000 college, high school and junior high school students.

STATEMENT OF DR. J. THOMAS UNGERLEIDER, ASSISTANT PROFESSOR OF PSYCHIATRY, UNIVERSITY OF CALIFORNIA, LOS ANGELES MEDICAL CENTER, AND DIRECTOR OF PROJECT D.A.R.E., DRUG ABUSE RESEARCH AND EDUCATION

Dr. UNGERLEIDER. Thank you Senator for inviting me today.

I think a number of my concerns have been well described and even amplified in the previous presentations.

What I would like to do is very briefly explain how I happen to be here today and what my concern is in the area of drug abuse. We began in 1965, at U.C.L.A., on the psychiatric wards, when we became inundated by an adverse wave of LSD reactions, or "bad trips," that flooded our hospital. After beginning our research on these patients we went out into the community's happenings, love-ins, and be-ins, to observe the effects of this drug. When the drugs scene worsened and they were not only the so-called psychedelics, that were involved we came to the conclusion that treatment was very ineffective compared to what we hoped would be able to be effected by prevention. So, we got involved with education of young people about the "risk factor" involved with the use, abuse, and misuse of drugs. Of course we were too late, wherever we went. We went to the colleges and talked to the students and by then the problem was in the high schools; when we got there of course it was in the junior high schools. When we finally got to the elementary schools I was really surprised not only with the extent of drug information and misinformation (the mythology that the young people had) but at their tremendous interest in and exposure to drugs, this in the third, fourth, and fifth grades.

Where my young children go to elementary school they sing, "Marihuana, marihuana, LSD, all The teachers take it, why don't we?"—No longer "London Bridges."

I was also surprised by the young people who were extremely knowledgeable about the commercials and would sing about what they had seen on television. It is true that a number of over-the-counter preparations do not themselves cause a high or a trip or an adverse reaction, but what they do do (the thing that concerns me the most), is to seductively and subtly promote the idea that there is magic in a pill, that no one has to grow up and ever experience

any anxiety, depression, or frustration; one can merely swallow a pill and have a chemical kind of "nirvana. Then the young people's slogan, "Better living through chemistry."

There has been some way to show that some young people who came from families who always called the doctor whenever they got sick who had good medical care which doesn't seem so bad, but who also believed in the magic of prescriptions—often grew up became involved with drugs abuse. In their constant struggles to become independent and yet their fears of becoming independent, we see young people take an idea and then modify the idea. For example, with clothes we see young people rebelling with new kinds of fashions. If you look at the clothes there is great conformity in their non-conformity; it's different than their parents, but there is conformity.

Similarly, they can take the idea of a medication and not abuse that medication, be it a No Doze or Sleep-eze, or Compose. But as they grow older they go out and find their own nirvana with chemicals.

I don't mean to imply that this is the total cause of the drug problem. It is very important that we not scapegoat any one group, be it the Rock music, or the Beatles, or the advertising companies who promote various kinds of chemicals. We have to scrutinize each of the various areas. For it is obvious that if parents could handle the problem in their home the rest of society wouldn't have to become involved with the drug problem.

These problems were given to the schools and the educators; they are struggling. In our State they are starting in the kindergartens to educate children about chemicals and misuse of chemicals. We physicians have been derelict in our responsibilities and the pharmaceutical companies that have manufactured pills also come in for their share of censure. And we need better laws too. It is quite obvious that our drug laws have been in disaster, and the enforcement of the laws has been haphazard. It is obvious to me that we have to look at all the aspects of the drug problem and that is why I am glad to participate in this hearing.

Business leaders must be involved too, especially in providing meaningful kinds of work opportunities for young people to grow up and learn about.

This is the conclusion of my general statement. I will be glad to answer any questions if I am able.

Business leaders, not only in providing meaningful kinds of opportunities for young people to grow up but also meaningful opportunities for drug use, but also in helping the people grow up in a meaningful responsible way.

This is a general statement that I would like to make and I will be glad to answer any questions if I am able.

Senator Moss. I do appreciate your statement, Dr. Ungerleider. Did I understand you to say that they have now started even in the kindergarten teaching about the use of drugs and chemicals in California?

Dr. UNGERLEIDER. That's correct. Just a year and a half ago it was unthinkable even to try to teach about drugs in the sixth or fifth grades. Now the situation has progressed to where they now begin to educate about drugs that doctors give, in the kindergarten; and every year the course gets a little more complex; eventually they introduce the concepts of illicit drugs, risk-taking behavior, pollution of the "internal environment"—the body—et cetera.

Senator Moss. In your observation, is this due in part to the young watching television and the kind of advertisements that we have seen illustrated?

Dr. UNGERLEIDER. I'm not sure exactly how it came to pass, but the elementary kids gained a lot of knowledge and censorship about drugs. We went in to lecture to a group of maybe a hundred children and when we would get to the question and answer period it was the most amazing experience I have ever had.

If there were a hundred kids in the room there would be a hundred hands up with extremely sophisticated kinds of questions.

For example: "If the father takes LSD and the mother gets pregnant and has a baby, what will the baby's chromosomes look like?"

At the last lecture a fifth grade girl got up and asked me about five different kinds of LSD—purple wedges, red barrels, et cetera—even some things that I hadn't heard about. The parents went into shock.

So children are constantly bombarded not only by the television commercials but the news media, constantly playing up adverse drug reactions. Right now in our culture we have a tremendous drug hysteria; we are blaming everything from the Tate murders to the My Lai massacre on drugs. Young people are very responsive to this hysteria and eventually the educator became aware that the young people were so concerned. Then when some reports of junior high school kids coming into the elementary schools on the playgrounds and selling the various drugs, everybody got very, very frightened and said, "We can't wait until junior high. It's too late." That's when the focus shifted to the elementary school, beginning in kindergarten.

Senator Moss. Of course, this is the thing that's unnerved us all and why the use of drugs should suddenly explode as it did among the young people. You are saying it was always a step ahead of you in your investigation and that when you got to the college campus you found it was already in the high schools, and so on, and I asked you the question to verify this and you said that even the kindergarten kids know something about it and you have to start educating them at that point and trying to get some appreciation of the control of drugs and some education as to the effects of the use of drugs.

If it isn't connected with the advertising, what other things do you think might have caused this very fast explosive eruption of drug use in our young people?

Dr. UNGERLEIDER. It's difficult to know all the factors. Of course we have always had drug abuse; there's always been a certain percent of the population that has been involved with the misuse of drugs.

I think the concern today is that the drugs have left the lower socio-economic group and now involves the children of some of the most prominent families in the Nation. They are not only using and abusing drugs but are also getting arrested for it.

The parents of today don't particularly get upset with their children drinking alcoholic beverages. A 16-year-old that I saw recently had an argument with her boyfriend and drank six double shots of bourbon within an hour. She couldn't get up the stairs and called her mother to help her and her mother ran downstairs, smelled her breath and laughingly said—"For a minute I was worried; I thought it was barbiturates." Another thing has to do with the incidence of drug use and abuse—nobody knows; most secondary schools are not going to be

honest on questionnaires, for it is against the law to use drugs. Some kids who haven't used drugs say they have. They fear being called "chicken" because of the peer group pressure; among the kids that have and do use drugs don't want to be "hassled by the authorities and so they often deny use. So we just don't know how many are using drugs. We do suspect it has increased. Where we used to estimate 7 percent of the population were involved in misuse of drugs, now "guesstimates" range from 30 to 40 to 50 percent, particularly the young people, who are misusing drugs. But nobody really knows how many there are. But, added to the "intra-psyche" conflicts of growing up, including sexual and angry feelings, we now have the social kinds of conflicts, protesting, and using drugs symbolically. This also goes with affluence and great permissiveness in our society. There is great affluence in many of our youth who didn't suffer from the material deprivation that their parents did. I believe that I can go into any high school and just by looking at the number of cars in the parking lot, I can tell you what the drug abuse problem is there. With affluence has gone a permissiveness that if you say no to your child means that you don't love him.

Not a week has gone by in the past several years that I haven't seen several families of older youngsters where the youngsters have said to their parents, "I'll not work, "I'll not go to school, I'll stay home, and you'll give me an allowance perhaps of \$5 a day which I'll use to buy drugs. And if you say no I'll leave home and become involved with heroin addicts and you'll have failed as parents."

Almost all of the families have bought this and supply drug monies to their children.

Historically what happened if you recall, in 1965 when this whole thing began, was not through advertising but through the mass media's seductively publicizing the psychedelic missionaries who advocated for everybody the happiness pill, LSD would, they said, also provide instant problem solving in school and so forth. So, people started to use these drugs, particularly LSD in larger numbers than ever before. No longer was the use limited to the artistic and professional people who had been quietly experimenting with the drug since it had been synthesized in 1938. Then the adverse reactions began to appear, the panic reactions, people flying off tops of buildings and walking into the freeway, and so forth. The press became frightened of this monster it had helped create. But, now the stage was set.

No longer do many students say—and I have talked to many of them—that they want to work, to become scholars, to defer gratification; for they can now become leaders as becoming known as the friendly drug "dealer" on the campus—not the pusher. The dealer gives you a few drugs, he sells a few and he supports his own habit, but he doesn't make a lot of money. I have heard some say that they can gain instant recognition and that even students who don't use drugs will afford them the recognition of a leadership role.

I think there are thus many ramifications that have an effect on our society.

Senator Moss. Are you saying that permissiveness grew out of affluence, in effect, as we became an affluent society, that permissiveness followed along in the family unit and does the young person who always has to rebel in some way to establish his independence turned to perhaps this outlet, this drug outlet?

Dr. UNGERLEIDER. I can't blame it just on permissiveness. I think there are many factors involved and equally involved is the whole idea of boredom. The realization that a degree in college doesn't mean so much any more; not all young people still feel it's particular relevant or challenging.

We see kids, in the 10th or 11th grade, with their convertibles and little meaningful experience. Pretty soon, out of boredom, some of these kids have turned to chemicals to alter their own internal horizons. In a tragic way the psychedelics like LSD, STP, mescaline are ideally suited to helping young people to pretend to themselves that they don't have any "hangups". You take too much alcohol and you pass out. Even with the amphetamines, when you go "on a run"—as it's called—for several days, you eventually become delirious or go into a depressed state of semistupor. It is thus called to other people's attention, whether via passing out at school or at home or getting arrested because of an impairment of driving or walking down the street. You don't have this with psychedelics, so their use doesn't come to people's attention early. Thus these drugs are suited to helping youth pretend to themselves that they don't have any problems.

At one of our lectures a young boy got up and screamed, "When I take LSD I don't hate my mother and father."

Senator Moss. Certainly you have indicated that this problem has intense depth to it and we certainly need to know much more about it, not only in the field of advertising but as the House suggested in this report, in all the other matters, permissiveness, availability and exposure, leisure activity, use of alcoholic beverages and so on and so forth. So, I am glad to have your testimony.

I was struck by one thing that you said that there is a changed attitude, unwillingness to delay gratification, demand for instant recognition of some sort whereas in earlier generations it was more conditioned due to the fact that they had to put in some working time, some long effort to get gratification—or recognition, is perhaps a better word for it—than the present generation seems to be willing to accord or many of them.

Dr. UNGERLEIDER. Of course, this may also reflect the change in the older generation, too. I'm not a sociologist so I don't know.

But we have been manufacturing 13 billion amphetamines tranquilizers and barbiturates a year which the older people have been using. We all know about the appalling effects of alcoholism in our Nation; so perhaps something has happened to the older generation, too, where they have to have tranquilizers to obliterate their own consciousness.

Senator Moss. Alcohol is really a drug, isn't it?

Dr. UNGERLEIDER. Yes; and it's the No. 1 drug of abuse.

Senator Moss. That's right, the greatest abuse we have is with alcohol and maybe the younger people have simply turned more to other drugs as the older generation did to alcohol.

Dr. UNGERLEIDER. They find their own drugs and they have their own conformity with their own peer group. It is interesting to me when I speak to groups of executives at dinner meetings, and the executives after four or five drinks, hold up the drinks and say—with slurred speech—"Let's wipe out drug abuse."

Senator Moss. I certainly do appreciate you testifying before us, Dr. Ungerleider, and your background and experience in this field

gives us a great deal of information and certainly much to ponder and also a feeling of the depth of the inquiry here must be increased. Of course we can't by concentrating on one area on advertising, ever think that we are getting to the root of the problem and how we are to deal with it in order to teach, let's say, our younger people about drugs and then have them avoid abuse of drugs.

Dr. UNGERLEIDER. I might mention there are some exciting things going on in the creation of peer groups where it is "in" not to use drugs amongst the young people, to get naturally stoned on music and art and nature. I also think we have to remember to differentiate the effects of a harmful drug and just fads. I don't think one can implicate all "psychedelic" fashions. Just because someone wears a vividly colored tie or slacks—or listens to rock music or has long hair—doesn't mean they are a drug user.

I might mention that from our work in the elementary schools we observed that many of these children really had different—and negative—attitudes about smoking, apparently largely due to the effective advertising campaign against smoking. Also we are seeing a change in their previously negative concept of the police officer apparently due to the television shows, "Mod Squad" and "Adam 12" which have sensibly portrayed police officers. We began to consider how to try to reach the young people about drugs and are starting with some commercials, little 30-second cartoon spots about drugs, done by Hanna-Barbera, who created the Flintstones.

Senator Moss. I'll be happy to see some of the commercials.

I must acknowledge the great job that was done on the tobacco advertising when the backfire was set by those anti-smoking commercials and things began to move to ban cigarette advertisements.

Thank you again Dr. Ungerleider. I could go on with the colloquy because it is fascinating to hear you, but I think our time is pretty well expired and I think I'll be able to correspond with you and if we have further hearings on this matter I may have questions that I would like to submit in writing and ask you to respond to them.

I appreciate your coming to appear before us this morning.

This concludes the witnesses who are scheduled to testify, are there any other witnesses?

If not, we will conclude this part of the hearing. I am happy to indicate that the House report is in our possession and the House has now moved to adopt the Comprehensive Drug Abuse Prevention Control Act of 1970, which was certainly the direction that we have been proceeding with on this committee.¹

Thank you again.

(Whereupon, at 11:30 a.m., the committee was adjourned.)

¹ H.R. 18583 was passed by the House and Senate and on October 27, 1970, it was approved by the President as Public Law 91-513, 84 Stat. 1236.

ADDITIONAL ARTICLES, LETTERS, AND STATEMENTS

THE UNIVERSITY OF UTAH,
UNIVERSITY HEALTH SERVICE,
Salt Lake City, Utah, September 22, 1970.

Senator FRANK E. MOSS,
Senate Commerce Committee,
Old Senate Office Building, Washington, D.C.
(Attention: Michael Pertschuk, Chief Counsel.)

DEAR SENATOR MOSS: I attended today's committee hearing and want to congratulate you on the remarkable evidence which was recorded at the hearing. It was a very fine public service. I should like to make a few comments for the record, emphasizing certain points:

My background is that of physician specializing in student health and internal medicine. I am Director of the Student Health Service of the University of Utah, and clinical member of the Departments of Internal Medicine and Community and Family Medicine of the College of Medicine. I have been interested in drug abuse and have been associated with the Community Drug Crisis Center in Salt Lake City for over two years, serving as its chairman and treasurer. I am also on the Board of Drugs of the State of Utah.

For some time I have been interested in the many social factors which Dr. Done described as possibly contributory. I rate them as considerably more important than he does, however, although individual factors must be significant. My view is an epidemiological one and suggests there are potent factors operating on a mass, societal level which play a role in producing the scale of drug abuse which we see today. One such factor I have tried to examine in the enclosed article.

Many of us have taken for granted the "pill orientation" of our society and the role of advertising in promoting this orientation. For example, David Deitch, in a lecture to a workshop sponsored by the Salt Lake County Drug Abuse Steering Committee in March 1969, described television as "the biggest pusher of them all". Yet it is difficult to be certain of the impact of advertising in this area, and to measure its effect on the behavior of the public. (Perhaps the most reliable measure of its effectiveness is the size of advertising budgets.)

So it was with considerable skepticism that I anticipated this hearing and wondered whether any pertinent data could be presented. The testimony of Dr. Berger and Dr. Grow was for me fascinating and highly pertinent, indeed terrifying. It is unfortunate that it will come through only with difficulty without the films and photographs. Their presentations were particularly important because they did not narrowly focus on advertising of drugs but showed the impact that the promotion of new automobiles, cosmetics, clothing, cereals and soups must have on our need for a product—a thing—to replace problems with pleasure.

One point needs special emphasis: the advertisements are actually better—or at least more honest—salesmen for the illegal drugs than they are for their own products. By this I mean that everyone beyond early childhood *knows* that there are no drugs or products that can make you fly. Most of us also know that Kent cigarettes cannot even make you *feel* you can fly despite their pictorial suggestion of this phenomenon. This, then, is an empty promise which I suspect most young people see through. But most young people do know of drugs which can fulfill that promise of making you feel you can fly. The advertisement suggests that this feeling is desirable and obtainable through a product. It is therefore *directly* selling heroin and hallucinogenic drugs, in my view.

Advertising does another disservice in promoting confusion about behavior through messages with several meanings, which have the effect of destroying our faith in the verities of truth and concern for our fellows. The advertisement I am enclosing appeared in the University of Utah student newspaper in Spring, 1970. It sends a very effective antimarijuana message until one reaches the bottom and sees that it is "a message to stimulate thinking from NoDoz—the pill that helps you think when you're tired". The conclusion I reached was that one drug-maker was knocking another, and that if NoDoz was useful to help me think, probably marijuana was useful to help me relax or enjoy myself at a party.

Finally I am enclosing a few advertisements directed at physicians to indicate that the problem is not limited to television and to suggest that part of the over-prescribing of psychoactive drugs (which in itself contributes to our "pill orientation") is due to successful advertising. Physicians are only human, after all.

Again, Congratulations and keep up the good work. Incidentally, I would appreciate a copy of the proceedings if it contains Dr. Berger's references.

Sincerely,

GEORGE R. EDISON, M.D.,
Director.

[Enclosures]

Social and Political Aspects of Drug Use*

GEORGE R. EDISON, M.D.†
The University of Utah

Reprinted from *The Journal of The American College Health Association* April 1970, Vol. 18 Number 4

THOSE of you concerned about drug use and abuse know that young people turn on for many reasons: pleasure seeking, relief of boredom, tension or depression, self-destruction, rebellion, peer group pressure, and the search for self, among others.

Valid though these may be, they leave a lot unexplained. They do not really tell us *why* large numbers of young people are repeatedly flaunting the law, jeopardizing their futures and exposing themselves to substantial risks, or why there has been such a startling increase in drug abuse in the last five years.

Figure 1 shows the year in which illegal drugs were

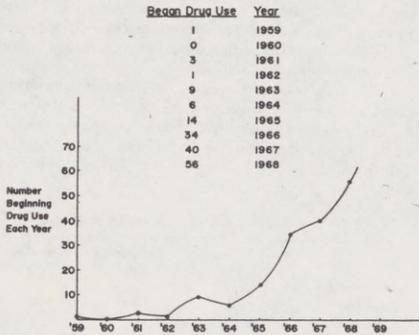


Figure 1. Year of first illegal drug use

first used by the individuals in our study. This curve could just as easily represent drug arrests or hospitalizations for drug-induced psychoses. Curves like this are open to question, both methodologic and substantive. Drug use is certainly not a recent phenomenon. But, despite the fact that society is more sensitive to the drug issue, the police more active, and the reporting of drug use more reliable, I think most of us regard this increase as a real one, and wonder why.

Looking at the problem epidemiologically, we get

* Presented before the General Session, American College Health Association, Forty-seventh Annual Meeting, Oklahoma City, Oklahoma, April 25, 1969.

† Director, University Health Service, The University of Utah, Salt Lake City, Utah 84112.

interested in three factors: the agent, the host and the environment. The agent really has not changed much over the years. Amphetamines and LSD are youngsters in their thirties, but most of the others have been around for several thousand years. Human body and brain chemistry is about the same as it was centuries ago, so the host seems to remain fairly constant.

What we most need to study in the epidemiology of drug use is the environment, and those things about the environment which promote psychological disturbance in large numbers of young people, and which allow them to feel that the use of drugs has more advantages than disadvantages.

What is this environment? I see it as the total social and political structure of the country. Out of this environment we could select many areas which might theoretically influence drug use in young people, from poverty and minority group oppression to the exploitation of our natural resources and pollution of our waterways and atmosphere. (The imagery of this last example is especially evocative as we deal with the pollution of bodies by drugs.)

We have chosen in this study to focus on the war in Viet-Nam. The reason is clear from Figure 2 which depicts American troop commitment in Viet-Nam. Figure 3 simply superimposes the curves shown in Figures 1 and 2.

Side by side, then, two national crises have devel-

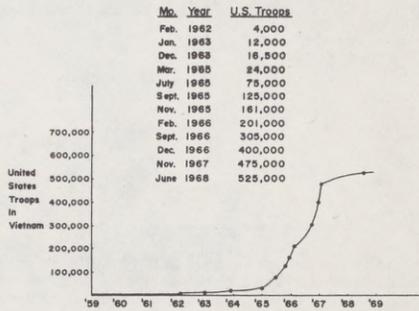


Figure 2. Commitment of American troops in Viet-Nam

ASPECTS OF DRUG USE

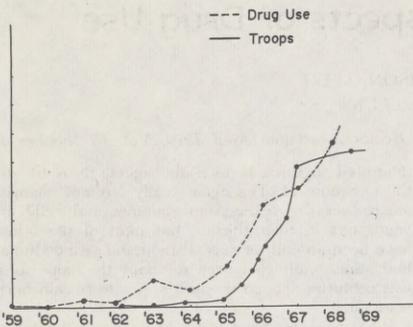


Figure 3. Drug usage compared with American troop commitment

oped in scope and intensity over the same five-year period. Is there a relationship between them? If so, how do they influence each other? To study the problem we formulated a "Social Issues Survey," a questionnaire probing attitudes and knowledge about drugs, dealers, the war, the Viet-Cong, and the United States position in Viet-Nam (Appendix 1).

We submitted this survey in March and April of 1968 to 135 drug users and 302 nonusers, selected in a variety of ways. Bearing in mind that this is an unsophisticated pilot study, these are some of the results, many of which you have undoubtedly predicted.

Table 1 describes the study group. Males predominate, especially among users, who also tend to be slightly younger than nonusers.

Table 1. Age, sex and drug use history of study subjects

Total sample	437	
Users	135 (25 no longer using drugs)	
Nonusers	302	
University students	347	
Nonuniversity students	90	
	Users (%)	Nonusers (%)
Male	67	56
Female	31	40
Age		
14-15	3	0
16-17	16	2
18-19	34	29
20-21	14	31
Over 22	33	39

Table 2 compares the feelings of users and nonusers about the war. Users were strongly against the war and held dovish views of what we ought to do about it, while nonusers were more evenly divided.

Table 3 compares the views of users and nonusers toward both the United States position in Viet-Nam and the university's position toward drug use. These

Table 2. Attitude toward Viet-Nam war

	Users (%)	Nonusers (%)
Opinion of war		
Pro	7	45
Anti	78	37
Hawk - Dove		
Hawk	5	42
Dove	63	22

Table 3. Attitudes toward U.S. position in Viet-Nam and university position on drugs

	Users (%)	Nonusers (%)
U. S. position in Viet-Nam		
Pro	7	50
Anti	75	30
University position on drugs		
Punitive	7	68
Permissive-Educational;		
University should take		
no position	83	31

are not surprising results if you assume the United States and the university both represent authority and establishment. The drug user rebels against it, while the nonuser identifies with it.

Table 4 shows the converse, the views of each group about the most rebellious segment in each situation. As can be seen, users felt rather positively toward both. The surprise here is the rather accepting attitude toward the Viet-Cong on the part of even nonusers.

Table 4. Attitudes toward drug dealers and Viet-Cong

	Users (%)	Nonusers (%)	Former users (%)
Opinion of drug dealers			
Negative	34	90	60
Positive	40	1	24
Neutral	22	4	8
Opinion of Viet-Cong			
Negative	20	37	
Positive	50	43	
Communists primarily	15	37	
Nationalists primarily	57	42	
Do not admire them	32	47	56
Admire them	63	48	44

What do these results mean? I think they support the following notions.

The war in Viet-Nam has caused a crisis of national conscience, principles and goals. The consequent frustrations and debate are forcing our country to a major inward look and re-evaluation. They magnify the adolescent's normal sense of alienation. When grave questions are raised about our country's moral and legal position in a war, young people find it difficult to maintain confidence in our moral and legal codes in areas closer to home.

The war and the drug scene demonstrate a striking

COLLEGE HEALTH

parallel in the disposition of the belligerent forces. Viet-Nam presents underdog rebels fighting a formidable military establishment, while caught in the middle are most ordinary Viet-Nameese, apparently uncommitted. Back home in the drug war we find the same three elements — rebellious drug users clashing with conservative establishment forces, while neutral nonusers hold the middle ground and try to protect both their reputations and their civil liberties.

Undoubtedly there is a spiritual kinship among rebels everywhere. But these are no ordinary bonds that link the Viet-Cong rebels and the rebels of the drug scene. What we must understand, and what this discussion is really about, is that the entire Viet-Nam scene provides the drug user with an ideal model for unconscious identification. In his use of drugs he can share both the exhilaration and the agony of the Viet-Nameese. He recreates their experience in microcosm.

At an age where rebellion, a sense of moral outrage, and the need to establish identity and independence are the norm, he becomes aware of the Viet-Nameese peasant, a man of small stature and dark skin, living in a primitive agrarian culture, a little man who has been struggling for independence for centuries from a succession of giant foreign protectors. This Viet-Nameese is almost a prototype underdog. His nonwhiteness reawakens all of the American student's concerns about the persecution of minority races. It becomes simple for him to transfer his cathexis from our civil rights struggle to the war in Southeast Asia.

Even the religion of the majority of Viet-Nameese lends itself to unconscious identification. The spectacle of Buddhist Viet-Nam subjected to systematic destruction by industrialized wealth crystallizes many a young American's rejection of his country's less noble qualities, its materialism, its militarism, its self-righteousness and aggressiveness. Through drugs he can reflect, discard society's crass traits, and approach the kind of reconciliation with reality that Eastern religions teach. At the same time he can assuage guilt.

Observe also the communion between the two rebel groups in the identity crisis of the drug user *and* of the country Viet-Nam (even now unsure whether it is one or two nations), in the evasive guerrilla game both drug user and Viet-Cong play, and in the risks that both take to achieve their goals. Educational pro-

grams designed to warn about the hazards of drug use are seriously compromised to whatever degree the individual's decision to use or not to use drugs is *not* based on rational thinking. If his behavior is significantly motivated by an unconscious identification with the Viet-Nameese and the Viet-Cong, who are almost daily risking personal and national destruction, education can have only limited value.

Finally, a brief comment about the features common to the establishment response in both wars. We see a disconcerting similarity in war aims. The earliest one in each case is limited, innocuous, and totally acceptable to the public, purporting to help people victimized by ignorance and inexperience and based on the assumption of a vicious and aggressive enemy which cannot be resisted by its weak victim. Through a series of errors and miscalculations the aims and commitment gradually escalate. Goals become confused. We are not sure what we are fighting, or why. In our effort to help people we find ourselves destroying them.

Yet it may turn out that the most devastating effects of our massive intervention in Viet-Nam have been on our own society, torn apart as never before. We seem unable to win because we can hardly define the enemy, much less our goals. Likewise, in the drug war, we the establishment strike out with heavy artillery at all kinds of targets — dealers, heavy users, experimenters. The most obvious effect of this bombardment is on us. We have become very "uptight," while not really reducing drug abuse.

What tentative conclusions might we draw from this new dimension on drug abuse?

1. Social and political situations exert a powerful influence on drug use in young people.

2. A current situation of major importance is the Viet-Nam war.

3. The specific link between the war and drug use is the unconscious identification model which the Viet-Cong provide for drug users, and which the establishment position in Viet-Nam offers the establishment at home.

4. If we really want to curb drug abuse, we must deal with the relevant social issues and, as one example, we might heed the lessons learned in Viet-Nam.

Appendix 1

SOCIAL ISSUES SURVEY

This survey is being conducted by a group of physicians in order to learn more about attitudes toward drugs and possibly related issues. It is entirely anonymous and confidential. *Please do not sign your name.*

Please check applicable categories:

- University student
 — High school student
 — Non-student

— Live in Residence halls

Male _____

Female _____

Age _____

ASPECTS OF DRUG USE

1. Do you use or have you used drugs such as LSD, Marijuana, Methedrine (Speed), Heroin or others? Yes
No (Circle one) If yes, which do you use? (please number them in the order first used). Year of first drug
use _____. How did you start?
2. Why do you use or not use drugs?
3. If you are not now using drugs, but have in the past, why did you stop?
4. Do you use drugs regularly? How often? (frequency per week or month)
5. Do you feel you are addicted?
6. Do you feel there are hazards in drug use? If so, what are they for:

Marijuana _____	Methedrine _____
LSD _____	Heroin _____
7. Why do you feel you (or users) take the risks involved?
8. Do you think you (or users) get pleasure out of taking these risks (as distinct from the effect of the drugs)?
9. Do you feel marijuana use ought to be legalized? 9a. With or without control? 9b. Should other drugs be
legalized?
10. Are there *external* pressures on you to use *or* not use drugs? If so, what are they?
11. What is your estimate of the percentage of drug users among.
 - a. All University of Utah students?
 - b. University Residence Hall students?
 - c. Salt Lake City high school students?
12. What is your estimate of the percentage of drug users who get into *serious* psychiatric or medical difficulty
because of: Marijuana _____ LSD _____ Methedrine _____ Heroin _____
13. How do drugs affect academic performance?
14. What do you think about people who sell drugs?
15. What should the University's or high school's position be toward drugs and users?
16. Does the national or international political situation influence attitudes toward drugs?
17. What is your opinion about the Viet-Nam war?
18. What is your opinion of the Viet-Nameese people?
19. What is your opinion of the Viet-Cong?
20. What is your opinion of the U.S. position in Viet-Nam?
21. Are the Viet-Cong communists first or nationalists first? (Circle one)
22. Do you admire the Viet-Cong for any reason?

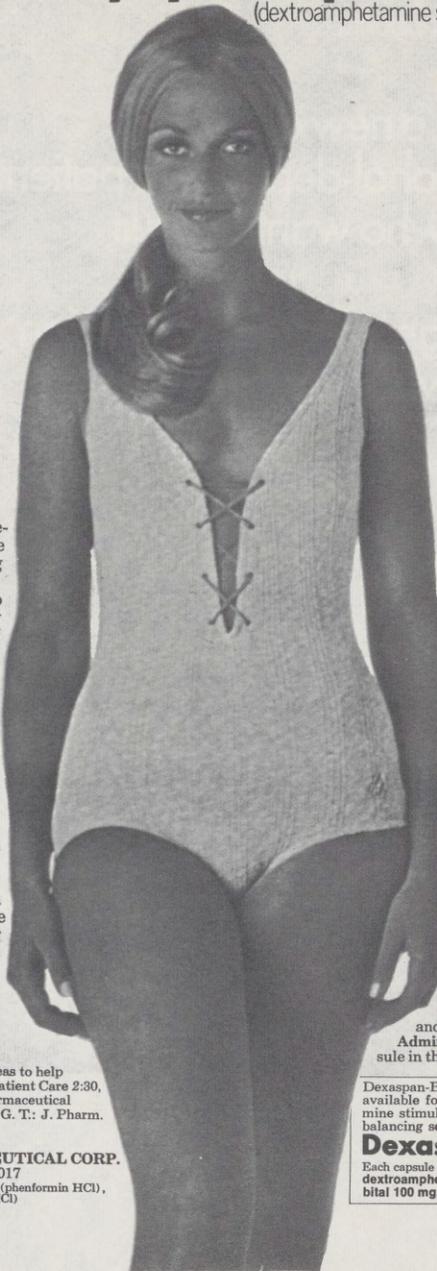
These sample advertisements were clipped from the professional medical journals published in the United States during the period January 1969 to July 1970 and are presented to demonstrate the visual messages used by the pharmaceutical manufacturers of the United States to promote their products. In many cases the data required by the Food and Drug Administration regarding dosage and contraindications has been omitted since our purpose in displaying these ads is not to promote the drugs, but rather explore the visual aspects of the advertising.

Since these advertisements appeared in many of the professional journals and there is no indication that any one journal is more willing than another to carry this type of advertising the name of the journal in which the particular examples appeared has been omitted in every case.

These simple directions were copied from the previous
edition and are published in the present form during the year
1900 to 1901 and are intended to be used by the general
public in the same manner as the former editions. The only
change is the addition of a few words in the first section
to make the directions more complete and to bring them
into line with the latest practice. The only other change
is the addition of a few words in the second section to
make the directions more complete and to bring them
into line with the latest practice.

Swimsuit by Jantzen. Body by Dexaspan.TM

(dextroamphetamine sulfate, 15 mg.)



Her mind's on her body because she likes the way she looks and feels while losing weight. Dexaspan is frequently a key adjunct to dieting success, yet her body is comfortably unaware of its effects.

What makes Dexaspan so acceptable to dieters is its precisely controlled microdialysis release. It comes on smoothly and predictably with only little chance of "jolts" in the morning (when the dieter may need the drug least¹) or "jitters" at night which interfere with sleep. This consistent pattern^{2,3} of release helps keep medication and motivation going steadily during the late afternoon and evening hours (when most people do their overeating¹).

For smooth
appetite control



References: 1. Panel Discussion: Ideas to help cope with the overweight patient. Patient Care 2:30, Feb. 1968. 2. Data on file, USV Pharmaceutical Corp. 3. Beckett, A. H., and Tucker, G. T.: J. Pharm. Pharmacol. 18:725, 1966.

USV

USV PHARMACEUTICAL CORP.
New York, N. Y. 10017
Producers of DBI®-TD (phenformin HCl),
ARLIDIN® (nylidrin HCl)

Contraindications: Hyperexcitability, hyperthyroidism and undue restlessness; agitated prepsychotic states. Do not use in patients taking MAO inhibitors. Barbiturates should not be used for patients with a personal or family history of acute, intermittent porphyria. **Precautions:** Use with caution in patients hypersensitive to sympathomimetics (and barbiturates if Dexaspan-B is used); those with anorexia, insomnia, asthenia, psychopathic personality, or a history of homicidal or suicidal tendencies; in coronary or cardiovascular disease, or severe hypertension. It is generally recognized that all medications should be used cautiously in pregnant patients, especially during the first trimester. **Adverse Reactions:** Possible side effects of amphetamines are insomnia, excitability, nervousness, restlessness, increased psychomotor activity, tremor, sweating, impotence, headache, and cardiovascular and gastrointestinal disturbances. **Administration and Dosage:** One capsule in the morning.

Dexaspan-B, which includes amobarbital, is available for patients sensitive to amphetamine stimulation who may require counterbalancing sedation.

Dexaspan-BTM

Each capsule provides:
dextroamphetamine sulfate 15 mg., amobarbital 100 mg.—WARNING: may be habit forming.



Sandoz announces...

a new agent for
the alcohol-dependent patient
who wants to quit
and
a program for the physician
who wants to help



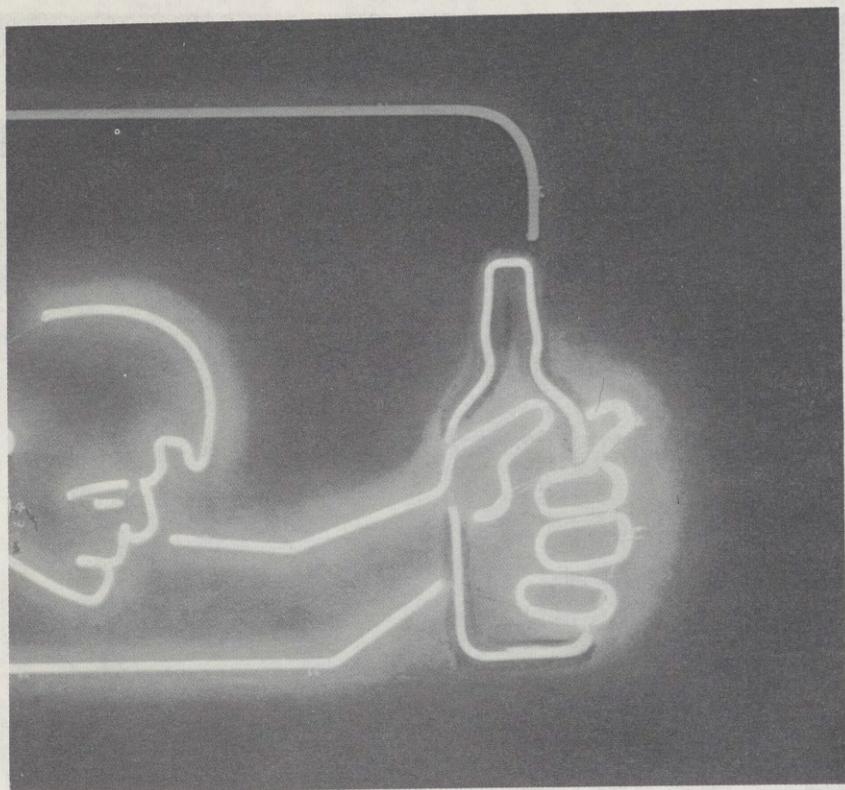


When alcohol
becomes a
way of life

new SERENTIL (mesoridazine)

a major tranquilizer with specific advantages for the alcohol-dependent patient:

1. Alleviates tension, anxiety, and depression; may also ease prevalent neurotic symptoms in personality disorders.
2. No reported habituation or addiction.
3. Antiemetic properties to control nausea and vomiting.
4. Has not caused hepatic dysfunction or interfered with functional recovery of impaired liver.
5. Four tablet strengths to allow flexibility of dosage (usual starting dose: for the problem drinker, 10 mg. t.i.d.; for the frank alcoholic, 25 mg. b.i.d.).
6. Injectable form available for acute episodes.



a program for early recognition and successful treatment:

The Ins-and-Outs of Alcoholism: A series of recordings and other mailings, each concerned with a particular aspect of the alcohol problem. Recognized authorities in the field discuss the scope, recognition and treatment of alcohol-dependent patients. Also included will be **The Alcoholic Directory**, a nationwide survey of treatment centers.

Interested? Complete and mail this coupon to:

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Dr. _____

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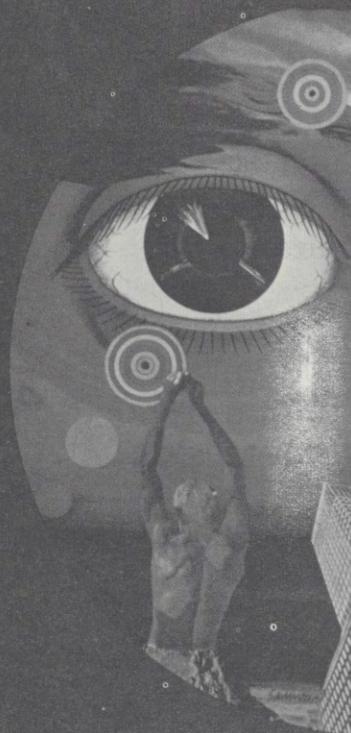
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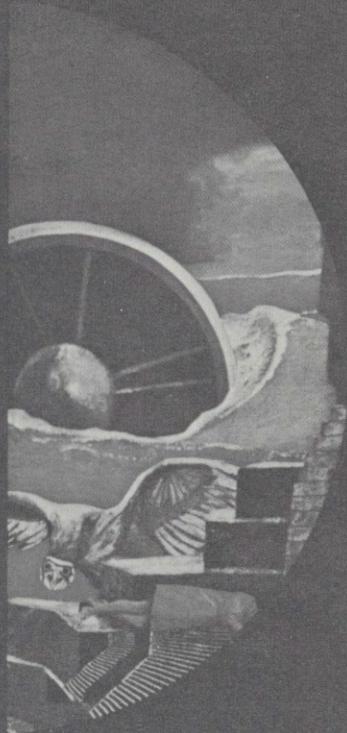
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First, there were
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anxiety



Then, there were
antidepressants for
depression

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DOXEPIN HCl

The tranquilizer that is
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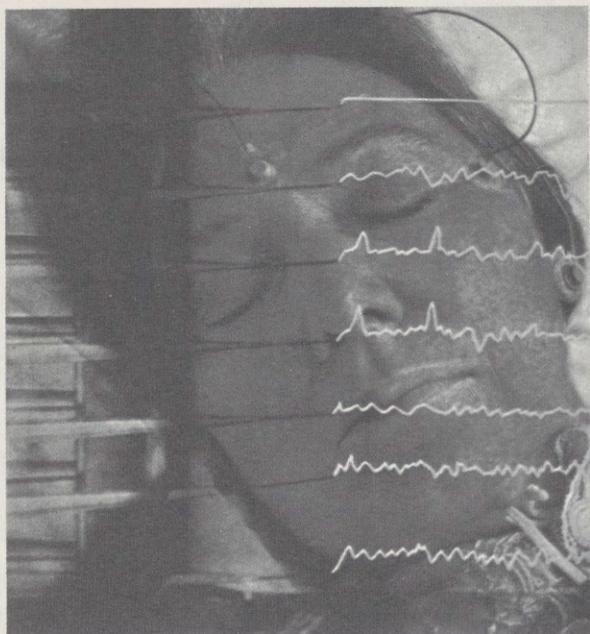
The antidepressant that is
a tranquilizer.

**The first single agent with potent
dual action...active throughout the spectrum
of psychoneurotic anxiety/depression**





Roche
introduces a new,
intensively
investigated agent
for sleep



The action of Dalmane (flurazepam hydrochloride) 30 mg was intensively investigated by electro-objective techniques of sleep research: all-night electroencephalographic (EEG), electro-oculographic (EOG) and electromyographic (EMG) tracings. A sleep laboratory investigation of Dalmane in a single patient for a single night represents a massive project of 510 minutes and approximately 1500 feet of continuous, multiple, electro-objective tracings.

Controlled studies of twenty insomniac patients in a sleep laboratory generated over 2000 hours of polygraphic recordings. These studies revealed that a single dose of Dalmane 30 mg nightly usually induced sleep within 22 minutes and provided seven to eight hours of sleep.

Dalmane was found to be effective in the types of insomnia investigated. When compared with a placebo, Dalmane significantly decreased sleep latency (the time required to fall asleep), decreased the number of wakeful periods after onset of sleep, and increased total sleep time.^{1,2}

**Proved
electro-objectively:
A single 30-mg dose
nightly helps
insomniacs fall asleep,
stay asleep, and
sleep longer.**

Sally Wilson has lost her reputation.

In the last week or so, Sally Wilson's year-old reputation as an unpredictable grouch has melted away.

She doesn't flare up and lash out at business or at home.

She's been coming in on time and turning out more work.

Sally's menopause had triggered symptoms that hormonal therapy by itself apparently hadn't helped.

Now there's been marked improvement since her physician put her on adjunctive Valium (diazepam) 5-mg tablets *q.i.d.*

Valium has helped her relax.

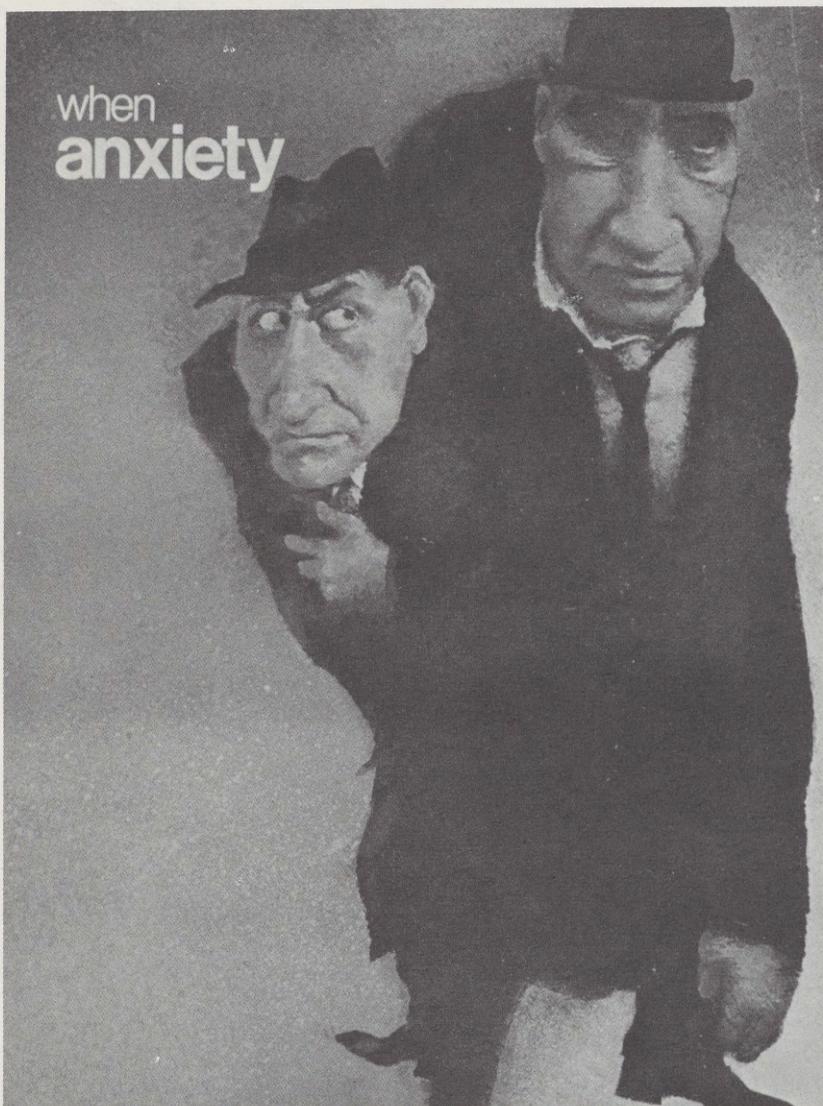
She's less tense and taut; she's more friendly and cheerful and wants to be part of her world.

The menopause may be associated with excessive psychic tension, agitation and depressive symptoms.

In such cases, Valium usually reduces the psychic tension and can encourage a more relaxed outlook, a healthier response to the stresses of everyday living, and help promote a sense of well-being.



when
anxiety



accompanies
depression

ELAVIL[®] HCl (AMITRIPTYLINE HCl | MSD)

single-entity
antidepressant with a
mild antianxiety action

Anxiety is often seen in association with depression. So often, in fact, that every physician has come to recognize a mixed anxiety-depression syndrome.

ELAVIL HCl—one drug, a single entity—has both antidepressant and antianxiety actions. Therefore, to deal with a syndrome consisting of anxiety and depression, consider ELAVIL HCl which deals with both parts of the problem. In some patients, however, anxiety or agitation accompanying depression is too severe to be controlled by ELAVIL HCl alone. In these patients, many physicians use a combination of ELAVIL HCl and a phenothiazine tranquilizer.

Indications: Mental depression and mild anxiety accompanying depression.

Contraindications: Glaucoma and predisposition to urinary retention. Not recommended in pregnancy.

Precautions and Side Effects: Drowsiness may occur within the first few days of therapy. May impair alertness in some patients; operation of automobiles and other activities made hazardous by diminished alertness should be avoided. When depression is accompanied by anxiety

or agitation too severe to be controlled by ELAVIL HCl (Amitriptyline HCl, MSD) alone, a phenothiazine tranquilizer may be given concomitantly. Suicide is always a possibility in mental depression and may remain until significant remission occurs. Supervise patients closely in case they may require hospitalization or concomitant electroshock therapy. Untoward reactions have been reported after the combined use of antidepressant agents having varying modes of activity. Accordingly, consider possibility of potentiation in combined use of antidepressants. Monoamine oxidase inhibitor drugs may potentiate other drugs and such potentiation may even cause death; permit at least two weeks to elapse between administration of two agents; in such patients, initiate therapy with ELAVIL HCl cautiously with gradual increase in dosage required to obtain a satisfactory response. Caution patients about errors of judgment due to change in mood, and that the response to alcohol may be potentiated. May provoke mania or hypomania in manic-depressive patients.

Side effects include drowsiness; dizziness; nausea; excitement; hypotension; fine tremor; jitteriness; weakness; headache; heartburn; anorexia; increased perspiration; incoordination; allergic-type reactions manifested by skin rash, swelling of face and tongue; itching; increased appetite and weight gain; numbness and tingling of limbs, including peripheral neuropathy; activation of schizophrenia which may require phenothiazine tranquilizer therapy; epileptiform seizures in chronic schizophrenics; temporary confusion, disturbed concentration or, rarely, transient visual hallucinations on high doses; evidence of anticholinergic activity, such as tachycardia, dryness of the mouth, blurring of vision, urinary retention, reversible dilatation of the urinary tract, constipation, paralytic ileus, jaundice; agranulocytosis.

Careful observation of all patients is recommended. The antidepressant activity may be evident within 3 or 4 days or may take as long as 30 days to develop adequately, and lack of response sometimes occurs. Response to medication will vary according to severity as well as type of depression present. Elderly patients and adolescents can often be managed on lower dosage levels.

Supplied: Tablets containing 10 mg, 25 mg, and 50 mg amitriptyline HCl, bottles of 100 and 1000; for intramuscular use, in 10-cc vials containing per cc: 10 mg amitriptyline HCl, 44 mg dextrose, added as preservatives 1.5 mg methylparaben and 0.2 mg propylparaben.

For more detailed information, consult your Merck Sharp & Dohme representative or see the package circular.



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**Emotional distress
has many faces.**



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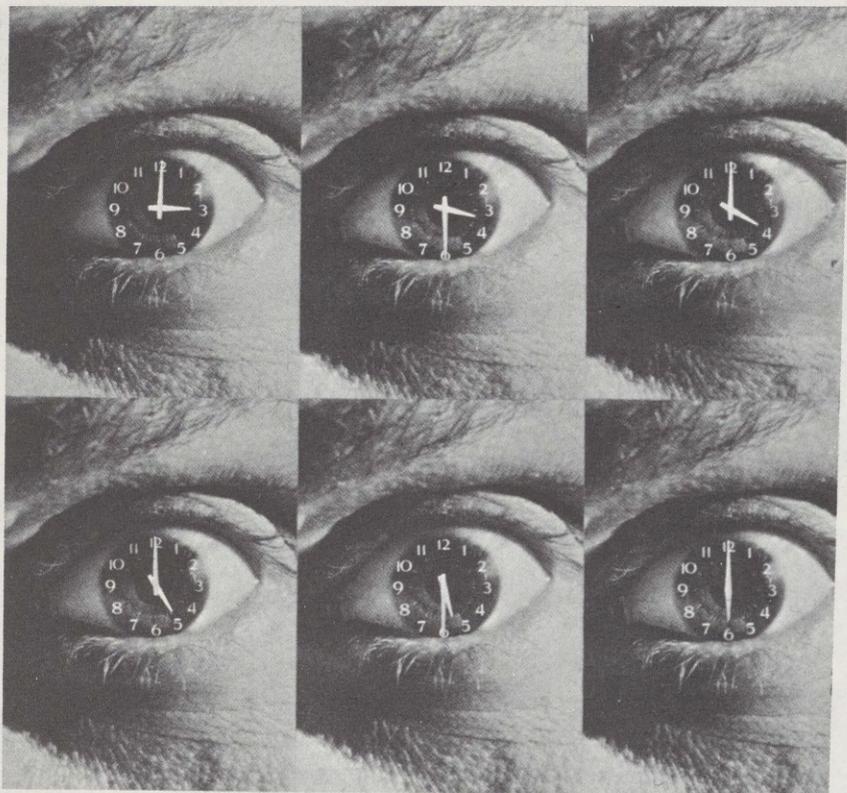
ETRAFON[®]

brand of perphenazine 2 mg. and amitriptyline hydrochloride 25 mg.

**tranquilizer-
antidepressant
treats both.**

When you diagnose the coexisting anxiety and depression that her symptoms point to, ETRAFON, a logical tranquilizer-antidepressant combination provides a variety of useful dosage strengths—dual-drug action for effective coverage...a vital adjunct to office counseling.

In patients previously treated with MAOI drugs, at least two weeks should be allowed before ETRAFON is administered. Patients on ETRAFON should be cautioned against driving a car or operating machinery requiring alert attention while taking the drug. Response to alcohol may be potentiated by ETRAFON. In patients with drug-associated central-nervous-system depression, bone marrow depression, glaucoma, or urinary retention, ETRAFON should not be used. Not recommended during pregnancy. The possibility of suicide is inherent in depression, and patients receiving ETRAFON should be closely observed until significant remission occurs. The drug also potentiates effects of antidepressants, CNS depressants, phosphorus insecticides, and heat.



Indications: Mental depression and mild anxiety accompanying depression.

Contraindications: Glaucoma and predisposition to urinary retention. Not recommended in pregnancy.

Precautions and Side Effects: Drowsiness may occur within the first few days of therapy. May impair alertness in some patients; operation of automobiles and other activities made hazardous by diminished alertness should be avoided. When depression is accompanied by anxiety or agitation too severe to be controlled by ELAVIL® HCl (Amitriptyline HCl, MSD) alone, a phenothiazine tranquilizer may be given concomitantly. Suicide is always a possibility in mental depression and may remain until significant remission occurs. Supervise patients closely in case they may require hospitalization or concomitant electroshock therapy. Untoward reactions have been reported after the combined use of antidepressant agents having varying modes of activity. Accordingly, consider possibility of potentiation in combined use of antidepressants. Monoamine

oxidase inhibitor drugs may potentiate other drugs and such potentiation may even cause death; permit at least two weeks to elapse between administration of two agents; in such patients, initiate therapy with ELAVIL HCl (Amitriptyline HCl, MSD) cautiously with gradual increase in dosage required to obtain a satisfactory response. Caution patients about errors of judgment due to change in mood, and that the response to alcohol may be potentiated. May provoke mania or hypomania in manic-depressive patients.

Side effects include drowsiness; dizziness; nausea; headache; heartburn; anorexia; increased perspiration; excitement; hypotension; fine tremor; jitteriness; weakness; incoordination; allergic-type reactions manifested by skin rash, swelling of face and tongue; itching; increased appetite and weight gain; numbness and tingling of limbs, including peripheral neuropathy; activation of schizophrenia which may require phenothiazine tranquilizer therapy; epileptiform seizures in chronic schizophrenics; temporary confusion, disturbed concentration or, rarely, transient visual



the night shift of depression... insomnia

Depression is a 24-hour-a-day problem. And insomnia is often its nocturnal expression. In fact, insomnia may be a key symptom in establishing the diagnosis of depression.

ELAVIL HCl (Amitriptyline HCl, MSD) may prove quite helpful when you have arrived at such a diagnosis. Unlike psychic energizers or agents that merely elevate mood, ELAVIL HCl embodies a mild tranquilizing action which manifests itself even before the fundamental antidepressant activity of the drug becomes evident. Daytime drowsiness occurs in some patients, usually within the first few days of therapy; such drowsiness eventually disappears in the majority of patients continued on ELAVIL HCl. In any event, the drug may impair alertness in some patients; operation of automobiles and other activities made hazardous by diminished alertness should be avoided. Should not be given to patients who have received a monoamine oxidase inhibitor within two weeks. Should not be given concomitantly with guanethidine or similarly acting compounds.

hallucinations on high doses; evidence of anticholinergic activity, such as tachycardia, dryness of the mouth, blurring of vision, urinary retention, reversible dilatation of the urinary tract, constipation, paralytic ileus; jaundice; agranulocytosis. Careful observation of all patients is recommended. The antidepressant activity may be evident within 3 or 4 days or may take as long as 30 days to develop adequately, and lack of response sometimes occurs. Response to medication will vary according to severity as well as type of depression present. Elderly patients and adolescents can often be managed on lower dosage levels.

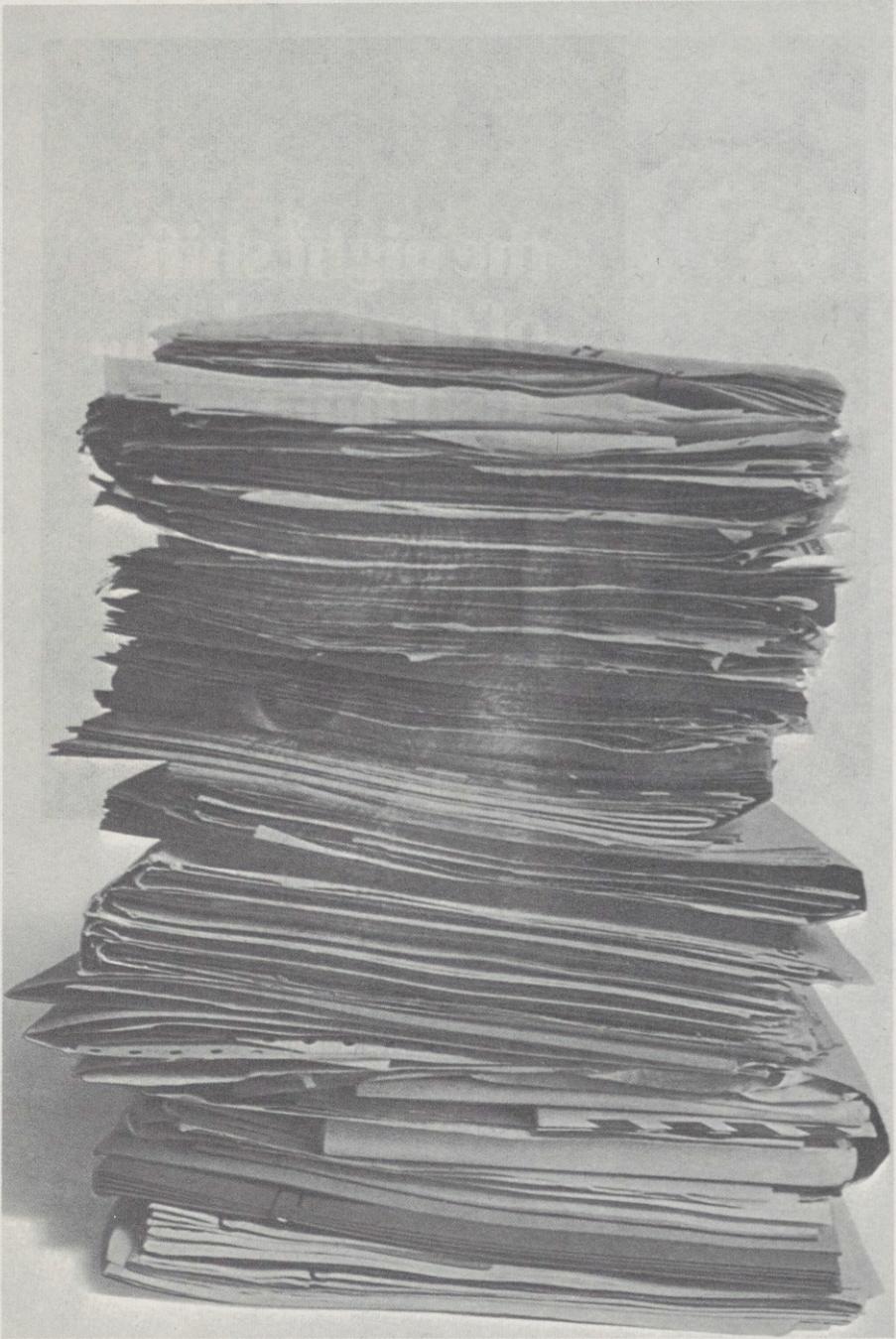
Supplied: Tablets containing 10 mg, 25 mg, and 50 mg amitriptyline HCl, bottles of 100 and 1000; for intramuscular use, in 10-cc vials containing per cc: 10 mg amitriptyline HCl, 44 mg dextrose, 1.5 mg methylparaben, and 0.2 mg propylparaben.

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when the diagnosis
is depression

ELAVIL[®] HCl
(AMITRIPTYLINE HCl | MSD)

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WHERE TODAY'S THEORY IS TOMORROW'S THERAPY



Anxious.

And the work sits there staring.

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Your counsel may help. If it's not enough, Serax (oxazepam) offers you an adjunctive anti-anxiety therapy, usually without serious side-effects. Especially important—dosage can usually be adjusted, within recommended limits, to individual patient requirements.

By helping to relieve anxiety and tension, Serax strengthens the patient's ability to cope with pressures at work or elsewhere. Once confidence is restored, your counsel may be all the support he needs.

As with other CNS-acting drugs, caution patients against driving automobiles or operating dangerous machinery until it is known that they do not become drowsy or dizzy on oxazepam therapy. Carefully observe dosage recommendations and appropriate precautions, especially as pertaining to the elderly or where a drop in blood pressure might lead to cardiac complications.

Serax® (oxazepam)

You can tell it's working because he is. 

IN BRIEF

Contraindications: History of previous hypersensitivity to oxazepam. Oxazepam is not indicated in psychoses.

Warning: *Use in Pregnancy:* Safety for use in pregnancy not established.

Precautions: Hypotensive reactions are rare, but use with caution where complications could ensue from a fall in blood pressure, especially in the elderly. Withdrawal symptoms upon discontinuation have been noted in some patients exhibiting drug dependence through chronic overdose. Carefully supervise dose and amounts prescribed, especially for patients prone to self-overdose, excessive, prolonged use in susceptible patients (alcoholics, ex-addicts, etc.) may result in dependence or habituation. Reduce dosage gradually after prolonged excessive dosage to avoid possible epileptiform seizures. Withdrawal symptoms following abrupt discontinuance are similar to those seen with barbiturates. Caution patients against driving or operating machinery until absence of drowsiness or dizziness is ascertained. Warn patients of possible reduction in alcohol tolerance.

Not indicated in children under 6 years; absolute dosage for 6- to 12-year-olds not established.

Adverse Reactions: Therapy-interrupting side effects are rare. Transient mild drowsiness is common initially; if persistent, reduce dosage. Dizziness, vertigo and headache have also occurred infrequently; syncope, rarely. Mild paradoxical reactions (excitement, stimulation of affect) are reported in psychiatric patients. Minor diffuse rashes (morbilliform, urticarial and maculopapular) are rare. Nausea, lethargy, edema, slurred speech, tremor and altered libido are rare and generally controllable by dosage reduction. Although rare, leukopenia and hepatic dysfunction including jaundice have been reported during therapy. Periodic blood counts and liver function tests are advised. Ataxia, reported rarely, does not appear related to dose or age. These side reactions, noted with related compounds, are not yet reported; paradoxical excitation with severe rage reactions, hallucinations, menstrual irregularities, change in EEG pattern, blood dyscrasias (including agranulocytosis), blurred vision, diplopia, incontinence, stupor, disorientation, fever and euphoria.

Availability: Capsules of 10, 15 and 30 mg. oxazepam; tablets of 15 mg. oxazepam.

Wyeth Laboratories

Philadelphia, Pa.

The girth control pill



Tepanil[®] Ten-tab (continuous release form) (diethylpropion hydrochloride)

works on the appetite
not on the 'nerves'

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug, in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety,

and irritability. In addition, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two cases of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets. One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in mid-evening to overcome night hunger. Use in children under 12 years of age is not recommended.

T. 0084 / 1776 / U.S. PATENT NO. 3,061,910



THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL, INC.
PHILADELPHIA, PENNSYLVANIA 19144

IMAGES AND DESPAIR, AN EXCERPT FROM SHAKESPEARE AND MILTON

(© 1970 by Gerald Grow)

All of us live to some extent by images. We hold in our minds certain images of ourselves, our friends, our world, our identity, and live by reference to these images. Such images serve as buffers between us and experience. They are a kind of shorthand summary of our contact with life and our working techniques for dealing with the world. A man might have an image of himself as grave and restrained, and this image will give him a certain amount of identity, protection, and assurance. With such an image of himself, he will face all situations in life gravely and with restraint, thus saving a great deal of effort: the effort of having to respond directly to each new experience. Of course, a man who sees himself this way will experience the limiting function of images as well: he will probably do and experience little that is not grave and restrained. Similarly, a man who is tough and guarded will find much security and identity from living out his image of himself, but he will experience nothing but toughness and guardedness.

Despair is such an image. It is a mental and emotional "set" which is uniformly imposed onto the varied flow of experience, admitting experiences which reinforce despair, blocking those which do not, and distorting others into a despairing framework. For a convenient illustration, we turn to Shakespeare, for he seems to have understood images as well as anyone who has ever written about them. Jaques, in *As You Like It*, is a melancholy, despairing, and ridiculous character. No matter what happens, he casts over every event the image of satiric, self-pitying despair. In his most famous speech, "The seven ages of man," Jaques describes how men merely grow older and progressively diminish toward a meaningless death, finishing in a decrepit old age which is "sans eyes, sans teeth, sans everything." Just as he finishes, Orlando enters carrying on his back his exhausted friend Old Adam—the very act to contradict Jaques' view that old age is "sans everything." Jaques omits the possibility of human compassion, and compassion is alive and well in this play. Even more, characters change, old ills are repaired, grievances heal, and the natural resilience of man asserts itself above old laws or habits or disillusion. But Jaques can never see this, because he is possessed by an image: the image of despair.

Images guide and shape our lives, but they work another way as well. A woman possessed by a pure-perfect glass-smooth image of beauty may think herself hopelessly ugly only because she is plain. An older generation, inundated by images of youth, vitality, and frenzied FUN in modern advertisements, may feel even older and more discouraged because they cannot live up to this image of the good life. A shy and awkward man, reading *Playboy*, is at once uplifted by images of masculine prowess and downgraded because he doesn't have it like that. Similarly, the mental image of a successful father may inspire one son to greater success, but drive another into despondency.

Images, then, are double-edged. On the one hand, they offer ideals to lead us forward. In this sense, images are like all abstractions—they help organize experience, they simplify the numerous data of daily life into basic, mythic patterns, they stress regularities and simplicity. On the other hand, images always provide an ideal which is inaccessible. No human being can ever look like the photograph of a fashion model—not even the model herself!—for that photograph was arrived at through hours of poses, re-takes, make-up, shifts in lighting, and whatever else went into contriving the illusion of natural grace.

The photographic image, now only a hundred years old, has enormously emphasized the natural human tendency to live by fixed images. Long before, Hamlet was haunted by the idealized memory of his dead father, Don Quixote was possessed by the rules and regulations of knighthood. Ben Jonson's "humours" characters were each possessed by a fixed trait—a "humour" like jealousy, or the inability to tolerate noise(!). The perception of man as a creature uplifted and degraded, inspired and deflated, guided and trapped—by images—received its full introduction during the Renaissance. But only the past fifty years has seen image-consciousness rise to such a peak again, thanks partly to a new philosophical concern with symbolism, and partly to the wedding of photography and advertising. The cinema has explored the nature of images in such masterpiece as *City Lights* and *Blow-Up*. But it is in day to day advertising that images pervade our lives. Now that we have lived with a decade of concentrated image-advertising (which is now reaching its peak in America), now that we have been possessed by images of sartorial perfection, the crystal beauty of high fashion models, elegantly sophisticated playboys, bouncing fun-loving blondes, the images manufactured and promoted by politicians, games in psychology, roles in social life,

inner masks, and other manifestations of images, we are, as a culture, becoming aware again of the complex effect of images which the Renaissance knew so well.

Despair is an image, but even more, despair comes from being possessed by images. If we constantly live according to images of what we should do, what to feel, what to expect in life (as advertising directs us to do), we find either that experience never lives up to these ideals, or that the ideals block off a significant part of our experiences. For example, a man who thinks of himself as "nice" and "gentle" and has a self-image which does not permit anger or disgust, will on the one hand be unable to live up to his image of himself due to constant little whispers of "not-nice" feelings; and on the other hand, he will be severely limited in his experience with life, by not being able to explore anger and "not nice" feelings—which are also real. He will remain trapped by his image of himself, getting no doubt much security and identity from his image, but paying a price for it.

Despair arises when mind and body are locked into a limiting stance which stifles. Images are not just mental, they are also physical. A man who has the image of himself as tough and unyielding will move, walk, and talk in a manner that reveals it. A woman who sees herself as frail and helpless (even if she is a 200-pound lady wrestler) will carry herself in a languid and helpless fashion: her gestures and muscle tone will embody her image of herself, as well as the conflict between her image and her inner feelings. A man who thinks of himself as worthless will breathe less and have lower circulation and a thousand other physiological changes will take place to accompany this attitude. Despair arises from the implicit belief that you are powerless to free yourself from the trap you are in, even if you created that trap (and you probably did). Despair comes from a loss of faith in the value of experience, and a concomitant surrender to a confining image.

Modern advertising is our textbook of despair. When sex is absorbed by cars, cosmetics, clothes, and even rice; when human contact is controlled by liquor, lipstick, cigarettes, and cake-mixes; when self-respect is manipulated to promote disc brakes, new shoes, or cocktail mixes; when pleasure becomes an external commodity attainable through airlines, gum, mouthwash, or jewelry; when relief from tension comes, not through human change, but through the pursuit of headache powders, sleeping pills, tranquilizers, insurance policies, and even postage meters—human activities become depersonalized, severed from one's basic identity, and projected outward onto highly-charged symbolic objects. The center of human personality, robbed of its power, is then attacked from outside by its alienated desires. The world becomes more threatening, people become more neutral. Although the world is populated by our values projected upon it, it comes to seem independent of us, and we feel passively helpless before its onslaught. We set up a series of filters to protect us from attack—attack from our own dissociated energies. Increasingly isolated and immobilized, we retreat into the security of numbness.

By stressing an impossible ideal, magazines like *Playboy* and *Glamour* subconsciously play on their readers' insecurities and make them more vulnerable to the images offered for sale along with the advertised products. Now in a sense there are no false ideals: the energy behind a false ideal is always a true energy. To take an unequivocal—if facetious—example, a man could conceivably despair because he cannot attain the goal of motherhood, but the energies that go into his longing are real energies, and they may find expression in some other form (as in becoming a father). As long as he is fixed on the impossible ideal, though, those energies will be helplessly locked up, and he will live in a state of hopeless dissatisfaction. Advertising locks people onto impossible images (eternal youth, supersex), and thus freezes real, valid human energies into a state of perpetual frustration. (The frustration makes us even more liable to go out and buy.) Much neurosis seems to be a similar freezing of energies into archaic and unsatisfying patterns in the fear-driven pursuit of security.

RELATIONSHIPS AMONG MEDICAL AND NON-MEDICAL USES OF PHARMACOLOGICALLY ACTIVE SUBSTANCES*

(by J. Worth Estes, M.D., and Malcolm Johnson, M.A.)

SUMMARY

Factors associated with patterns of non-medical and medical uses of pharmacologically active substances were investigated by means of a questionnaire administered to 328 students in grades 7 through 12 (a 22 per cent random sample) in a suburban town. Psychoactive drug use was admitted by 14 per cent of the respondents. The incidences of alcohol use, intoxication, smoking, and self-medication with aspirin were several-fold greater. Only tobacco use did not increase with age of the respondents. The frequency of non-medical psychoactive drug use was found to be associated with the frequency of aspirin use.

RELATIONSHIPS AMONG MEDICAL AND NON-MEDICAL USES OF PHARMACOLOGICALLY ACTIVE SUBSTANCES

The epidemiology of drug use among various populations has begun to be studied only recently, primarily with special reference to narcotics and other kinds of psychoactive agents (1-3), as well as alcohol (3,4). Data pertaining to the use of drugs for medical purposes are relatively scarce. Surveys of frequencies of prescriptions written for specific drugs (5,6), or of the relative frequencies of prescriptions filled for the several classes of drugs (7), provide only information about the rates of prescription-writing by physicians, and not of the actual rates of consumption of drugs by their users, although attempts have been made to ascertain the latter (8,9).

This study was performed in conjunction with a survey of junior and senior high school students in a suburban New England town with a predominantly middle-income population of about 13,000 persons. The survey instrument was designed to give information about the incidence of the abuse of psychoactive drugs such as narcotics, hallucinogens, and marijuana, as well as to be a pilot exploration of the epidemiology of the use of common therapeutic agents such as aspirin.

The data pertaining to the abuse of psychoactive drugs, and factors associated with it, will be presented in greater detail elsewhere. This paper is concerned primarily with associations among medical and non-medical uses of pharmacologically active agents.

METHODS

A principal object of the study was to provide baseline information preparatory to the development of programs of preventive education about drug abuse within the community. The written questionnaire had been developed independently by the Division of Drug Rehabilitation of the Massachusetts Department of Mental Health under the direction of Victor A. Gelineau, Ph.D. It consisted of 123 items designed to provide information pertaining to factors affecting drug abuse. Sixteen items were added by us to elucidate factors affecting the use of prescription and non-prescription drugs.

The questionnaire was administered by trained personnel of the Division of Drug Rehabilitation to a random stratified sample of students in grades 7 through 12. The 328 students who answered the questionnaire represented 22 per cent of all students in those grades in the town's schools, or 19 per cent of all persons living in the town who attend those grades in any location.

All questionnaires were administered and completed during the same class period. Teachers were not present during this time. The students were not informed of the survey prior to the time it was actually administered, and no student refused to complete it. All respondents were assured that their questionnaires, which they were not asked to sign, would remain completely anonymous.

The data were coded, key punched, and analyzed by computer using the Data Text Program developed by Harvard University for the IBM 7094.

Comparisons among groups were made by chi-square analysis, using Yates' correction when applicable. Values of P taken to represent statistical significance were less than 0.05.

*From the Department of Pharmacology and Experimental Therapeutics, Boston University School of Medicine, and the Division of Drug Rehabilitation of the Department of Mental Health, Commonwealth of Massachusetts (address reprint requests to Dr. Estes at 80 East Concord Street, Boston, Massachusetts 02118).

For the sake of brevity below, we will refer to "drug use" or "drug abuse" (and to "drug users") when we mean the use of any of the agents commonly considered to be abused. Such agents, all of which have psychoactive properties, include narcotics, amphetamines, barbiturates, tranquilizers, marijuana, cocaine, hallucinogens such as LSD, and volatile glues. The use of medically therapeutic agents will be specified as such.

RESULTS

Fourteen per cent of all of the students surveyed admitted to having taken drugs for other than medical purposes at least once. This is at least an underestimate. Because 10% of all respondents did not answer the key question on which the estimate is based, whereas only about 1 to 3 per cent failed to answer most of the other questions, it may be inferred that 7 to 9 percent of the students did not believe that the questionnaire was completely anonymous. Other data provided by the questionnaire's system of internal checks permitted our estimating a reasonable upper limit of about 20 per cent involvement with drug abuse among 7th to 12th graders.

The incidence of non-medical drug use is relatively stable from grades 7 through 9, about 5 per cent (see Figure 1). It then increases until the maximum incidence occurs among juniors and seniors equally, about 23 per cent. About one-third of all those who have ever used drugs have done so only once, one-third have used them a few times only, and one-third said they were taking drugs frequently or regularly. Therefore, the frequency of repeated drug use may be estimated to be about 5 per cent of all students, although it would be somewhat higher among older age groups.

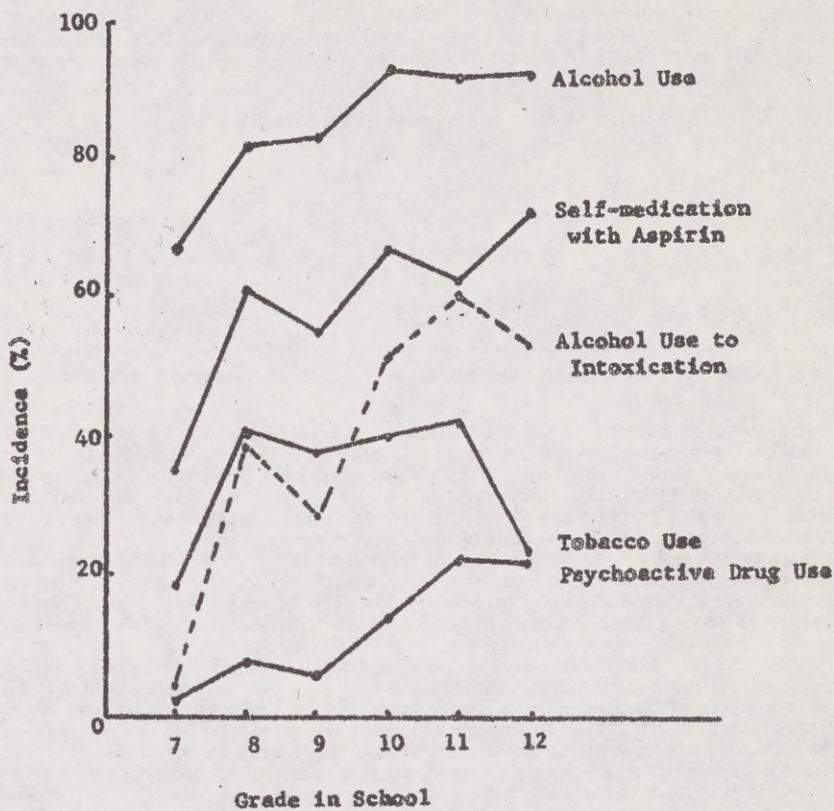


FIGURE 1.—Frequencies of use of several kinds of pharmacologically active agents among seventh to twelfth graders.

Marijuana is the most frequently abused drug, used by 75 per cent of those who have used drugs at least once, followed by the hallucinogens, amphetamines, and barbiturates (see Table 1). Very few have used volatile glues, cocaine, or opiates, and none mentioned the use of tranquilizers. Only two students admitted to having taken any drug by intravenous injection, and neither of them takes any drug regularly. The survey provided no evidence that any student is physiologically addicted to any drug, or that any student knows any other student who is addicted. As might be expected, marijuana, amphetamines, and barbiturates are more likely to be taken repeatedly, while the hallucinogens appear to be tried only once.

TABLE 1.—NUMBER OF STUDENTS WHO HAVE TAKEN DRUG(S)

Drug class	Number	Percent
Marijuana.....	30	75.0
Barbiturates.....	11	27.5
Hallucinogens.....	10	25.0
Amphetamines.....	9	22.5
Volatile glues.....	2	5.0
Narcotics.....	1	2.5
Exempt narcotics.....	1	2.5
Not specified.....	4	10.0

Note. Frequencies of use of psychoactive drugs among 40 high school students who admitted to having used them at least once.

Eighty-seven percent of the students have ingested alcohol at least once, the incidence progressing from 68 percent in grade 7 to 95 percent in grade 10, at which level it remains constant for the upper two grades (see Figure 1). Although only 3 percent of all those who have had at least one drink have had only one drink, the majority (67 percent) of the rest drink only occasionally. Only about 12 percent said they had a drink as often as once a week.

Less than one-half (42 percent) of all the students have ever been intoxicated (see Figure 1). Of these, one-half have been drunk only once or a very few times, and the rest appear to become intoxicated about as often as they drink. The frequency of having been intoxicated at least once rises from about 5 percent in grade 7 to a peak of about 60 percent in grades 11 and 12.

One-third of the students surveyed smoke. Of the smokers in all grades taken together, 1 in 5 smokes rarely, 1 in 5 smokes a pack a day, and only about 1 in 12 smokes more. Although the incidence of smoking levels off at about 40 percent in grades 8 through 11, it falls to 23 percent among seniors (see Figure 1). We believe that this reflects a growing awareness of the distinction between the dangers and the pleasures of smoking in recent years, especially as advertised on television. If this interpretation is correct, it demonstrates that education about the dangers inherent in pleasurable or status-conferring substances can be an effective deterrent to their use among secondary school students.

Whether or not their parents drink or smoke is not related to whether or not the respondents use drugs, alcohol, or cigarettes, contrary to common expectation. However, when parents drink every day, their children are more likely to drink. In this respect, mothers' drinking patterns exert a greater influence ($P < 0.001$) than fathers' drinking patterns ($P < 0.10$) on the frequency of their children's drinking. Teenagers who have been intoxicated come from families in which the parents drink more often than the parents of those who have not been intoxicated ($P < 0.001$ for mothers, < 0.05 for fathers).

Boys use drugs, alcohol, and tobacco no more often than girls, although boys are more often intoxicated ($P < 0.01$). Teenagers who use drugs are likely to use alcohol ($P < 0.05$) and tobacco ($P < 0.001$).

Drug users take the most easily available of all non-prescription therapeutic agents found in the home, aspirin, in any of its proprietary forms and combinations, more often than do non-users ($P < 0.05$). Figure 2 shows that the incidence of drug abuse increases with the frequency with which the respondents take aspirin. Both users and non-users of psychoactive drugs take aspirin, when they take it, for the same reason, "headaches", but drug users take aspirin more often on their own initiative compared to non-users ($P < 0.05$), who take it when it is given to them by their mothers or physicians. Drug users take drugs other than aspirin for medical purposes insignificantly less frequently (13 per cent) than do the non-users (19 per cent).

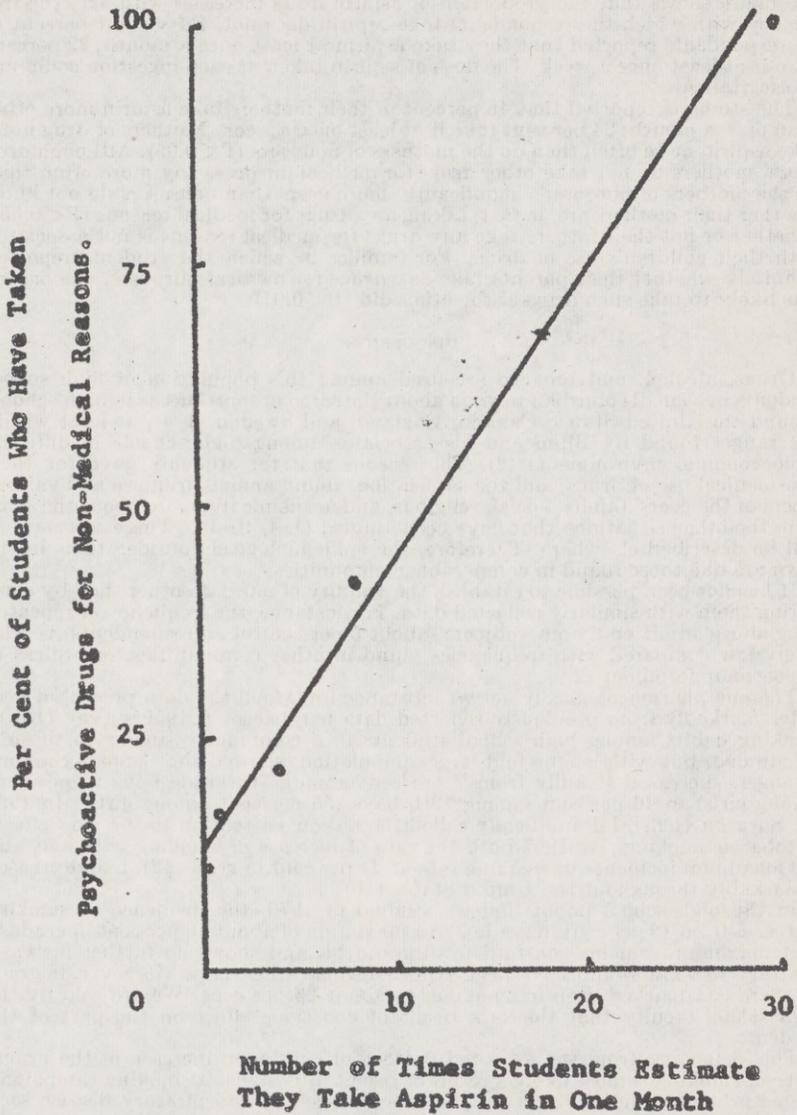


FIGURE 2.—Relationship between the frequency of aspirin ingestion among junior and senior high school students and the incidence of drug abuse. The correlation coefficient is 0.9951, and its P value is 10.01.

That aspirin is more frequently used than the other pharmacological agents encompassed by the survey, except alcohol, is shown clearly in Figure 1. Although the figure shows that the proportion of aspirin users increases with age, the frequency with which the respondents take aspirin does not. Fifty-eight percent of all respondents reported that they take aspirin at least once a month; 22 percent take it at least once a week. The dose of aspirin taken at each ingestion could not be ascertained.

The students reported that 46 percent of their mothers take aspirin more often than once a month; 24 per cent take it at least once a week. Mothers of drug users take aspirin more often than do the mothers of nonusers ($P < 0.05$). Although drug users' mothers do not take other drugs for medical purposes any more often than do the mothers of non-users, significantly more users than non-users do not know whether their mothers are, in fact, taking any drugs for medical reasons ($P < 0.05$). Whether or not their fathers take any drugs for medical reasons is not associated with their children's use of drugs. For families in which the students reported definitely whether their parents take any drugs for medical purposes, one parent was likely to take such drugs if the other did ($P < 0.01$).

DISCUSSION

Drugs, alcohol, and tobacco are used among this population of high school students in a small suburban town in about the same proportions as in high schools around the United States, Canada, England, and Sweden (1-4), at least within the ranges found by Blum and his associates among high schools in differing socioeconomic environments (2). The reasons that the students gave for their non-medical use of drugs, and the associations found among drug use and various facets of the users' family, social, religious, and academic lives, are about the same as in the other situations that have been studied (1-4, 10-14). These associations will be described elsewhere. Therefore, the epidemiological considerations in the town are like those found in comparable communities.

It has not been possible to establish the validity of our data other than by comparing them with similarly collected data. For instance, the frequency of repeated drug abuse admitted by our subjects (about 5 per cent of all respondents) is relatively low compared with frequencies found in other communities, regardless of socioeconomic milieu (2).

The one pharmacologically active substance for which the data presented here differ markedly from previously reported data is tobacco. A 1959 survey (15) of smoking habits among high school students in a community similar to the one we studied, but with a nine-fold larger population, showed that smoking among teenagers increased steadily from 7 per cent among 7th grade boys (1 per cent among girls) to 46 per cent among 12th boys (55 per cent among girls). In 1964 the Surgeon General dramatically called the nation's attention to the side effects of tobacco smoking. By 1967 both the rate of increase of smoking with age, and the maximum incidence of smoking (about 21 per cent in grade 12), had decreased remarkably throughout the United States (16).

In the high school population we studied in 1970, the incidence of smoking increases from 19 per cent in grade 7 to a maximum of about 40 per cent in grade 8; that maximum remains constant until grade 11, and shows no further increase, contrary to what would have been expected from earlier data. Moreover, in grade 12 there is a marked drop in smoking, to about 23 per cent. We are told by the high school faculty that this is a result of conscious effort on the part of the students.

This departure from the expected pattern of continued increase in the prevalence of smoking is most likely a result of recent intensive antismoking campaigns, waged primarily on television by the cancer, heart and respiratory disease societies. The importance of this interpretation for the original goals of our study lies in its implications for the potential usefulness of education applied toward the prevention of drug abuse. In fact, 41 per cent of the respondents to our questionnaire said that prophylactic education would do most to reduce the incidence of drug abuse. The same opinion was expressed by a large number of the students surveyed by Blum (2); they, too, felt that "scare" lectures would not provide adequate prophylaxis.

The absence of any clear association between parents' and children's use of cigarettes was unexpected. It probably reflects the impact of effective preventive education on the younger users. Whether or not their parents drink alcohol also unexpectedly appears to have little effect on whether or not their children drink, although the significant influence of the frequency with which parents drink, especially mothers, confirms the results of a study in a socioeconomically similar

community (17). Patterns of parental use of common pharmacologically active agents such as nicotine and alcohol appear not to affect their children's use of psychoactive agents.

In the survey, students were asked to list any drugs they and their parents take for medical purposes, and why they take them. From the information given by the respondents, 85 per cent of the drugs listed could be tentatively identified. The relative incidences with which these drugs are used by the families represented in the survey (not tabulated) do not depart substantially from the relative incidences of prescriptions filled throughout the United States, determined by an independent marketing survey (7).

Similarly, the incidences of the parents' use of cigarettes (42 per cent among mothers, 38 per cent among fathers), alcohol (65 per cent among mothers, 75 per cent among fathers), and alcohol about once a day (15 per cent among mothers, 23 per cent among fathers) are like those reported for the United States as a whole (12, 16). Therefore, the parents' use of both prescription drugs and what might be called socially acceptable pharmacologically active non-therapeutic agents are about the same in the community studied as in the entire country.

Cisin and Cahalan have demonstrated (18) that from 6 to 31 per cent of adults responding to a national survey regard "tranquillizers" or "other pills or medicines" as helpful when they are depressed or nervous, the incidence varying markedly with sex (i.e., more women than men), and slightly with their patterns of alcohol ingestion. Although these same people more often turn to non-pharmacological forms of relief, such as eating or various types of social or religious activity, the data still show that about 20 per cent of adult Americans may use pharmacological agents available to them as if they were psychoactive drugs, regardless of their actual sites and modes of action.

Psychological dependence on the non-prescription analgesics aspirin and phenacetin has been found in almost one-fourth of a group of psychiatric patients in Scotland (19). This proportion is probably many times greater than that in the general population of non-psychiatric patients. These drug abusers took massive quantities of analgesics for recurrent or chronic headaches; none had chronic joint disease. Many of them also developed the expected side effects—peptic ulcers, anemia, and renal damage.

The extent of self medication with accepted therapeutic agents, in a group of patients popularly known to be at high risk for adverse drug effects, may be gauged by the finding that 67 pregnant women took an average of 4.5 preparations (or 8.7 different drugs) during the last trimester (9). Of the individual drugs, only 20 per cent were specifically ordered by the obstetrician. Although vitamins were prescribed for all 67 women, only 86 per cent actually took them. On the other hand 69 per cent took aspirin, and 12 per cent took barbiturates. Hemorrhagic phenomena, although not serious ones, were detected in the infants of three of 14 mothers who took aspirin during the week prior to delivery (20).

Our study demonstrates a definite association between the use of nonprescription, over-the-counter, publicly advertised drugs (aspirin and its proprietary combinations with other agents) and the abuse of psychoactive agents. Associations were found between both the children's and their mothers' use of analgesics and the children's abuse of drugs. Blum has arrived at similar conclusions from different kinds of data (2). The associations cannot be interpreted as being necessarily causal, but they might be expected in a society that is encouraged to seek relief from common physical and psychical complaints among bottles of pills. The associations probably are rooted in the attitudes underlying drug-seeking behavior directed toward both analgesic and psychoactive agents. The data suggest that uncontrolled use of aspirin and other common analgesics may be a factor in yet another of the "mass drug catastrophes" catalogued by Modell (21).

ACKNOWLEDGMENTS

Victor A. Gelineau, Ph.D., Director of Research in Drug Addiction, Division of Drug Rehabilitation, Department of Mental Health, Commonwealth of Massachusetts, conceived and built the basic survey instrument used, as well as the methods of analysing the raw data. He kindly consented to the inclusion of our additional questions, which form the core of the present study, and to the use here of the basic data pertaining to the prevalence of drug use among the respondents before his detailed analyses are available.

Joseph Cochlin, M.D., Ph.D., made helpful suggestions following his critical reading of the manuscript.

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BERKELEY, CALIF., *September 26, 1970.*

Senator FRANK MOSS,
Washington, D.C.

DEAR SENATOR MOSS: I am a twenty-two year old graduate student in operations research at the University of Calif., Berkeley. Recently I read of your investigation of drug advertising. I would like to commend you and your committee on this long overdue action.

My father is a pharmacist and during my teens I worked at his drug store. From this experience I have gained a healthy respect for pharmaceuticals and the service they have provided to mankind.

Today I am part of a generation steeped in drug culture. I have walked the streets of Berkeley and New York and seen my peers and children much younger than myself turned into zombies by their search of the relentless "high". I have seen a gulf within a divided nation breached even further, as youth escapes to drugs and adult escapes to alcohol and both sides hurl accusations at the other. I have seen a generation on which I place my hope for a better tomorrow begin to crumble away and decay. I am saddened by all I see and am writing you this letter to share my views with you in the hope that the experience of "one in the field" may aid your very important investigation.

Let me begin by stating that I see nothing wrong with the use of alcohol or marihuana or hashish providing the user has a mature attitude regarding the stimulant he's placing in his body. I have read many reports on the effects of all three and have learned that when used properly they are very effective depressants. I am not by any means condoning their use, but I cannot condemn it either. What I do condemn is the use of any stimulant as a crutch. The world has always had hard times as well as easy, bad scenes as well as good and some men have always opted for the easy way out by shutting the door on reality and immersing their mind in a sea of confusion. The idea isn't new, only the vastness and extent of indulgence is. More people today are dropping out and turning on than in any other period of history. I think there are many reasons for this and one of the chief ones is drug advertising.

We are the first generation of *Television Children*. No one can accurately assess the important role TV has played in our upbringing, but for myself I feel it was very great. And while remembering such classical television shows as *Dragnet*, *Life with Riley*, and *I Remember Mama*, I can also remember some classical advertisements such as "Tired blood-take GERITOL", "Excedrin headache #39", and "Can't sleep; slip him some Sleep-Eze". The only thing these drugs have in common is that they advocate the easy way out. They preach the cheap solution. Don't ask yourself if your diet and life style need improvement, just drink the Geritol. Don't examine the cause of your headache and try and change the situation, just drop the Excedrin in. Don't ask yourself "why am I an insomniac?", just swallow the Sleep-Eze. My generation, partly because of these advertisements, was brought up with the attitude that pain should be alleviated by taking some drug to repress it. Is it no wonder then, that when they see people in the world starving while their parents go out and buy a ten speed blender, when they see people living in rat infested slums while the neighbors have just finished installing their new indoor heated swimming pool, when they see their friends and brothers being sent to fight, to be maimed, and to be killed in a war which no one can give a rational explanation for fighting in, that they treat their mental anguish in the easiest way possible—through drugs. The road had been paved over the last fifteen years by our drug industries' advertising campaigns. When they could capitalize on headaches, insomnia, arthritis, malnutrition, vaginal odor, etc. they did so, not taking into consideration the permissive attitude leading to the abuse of drugs which they preached.

I am not saying the drug industry has been the exclusive agent in the mushrooming of drug abuse in our country. There are certainly other agents: media headlining the use of drugs to increase circulation and sell more advertising, a society too immersed in materialism to care about the true values of life, a government with a misplaced sense of priorities, and many other reasons. Regulating all drug advertising more effectively will not totally cease the abuse of drugs in our society. But I do feel that it would be of some help in allowing many children to look at the benefits and drawbacks of taking drugs more clearly before capitulating to the action.

Sincerely yours,

BARRY ALAN PASTERNAK.

CONNECTICUT CONFERENCE OF MAYORS,
New Haven, Conn., October 12, 1970.

HON. FRANK E. MOSS,
Senate Office Building,
Washington, D.C.

DEAR SENATOR MOSS: In view of your interest in the relationship of advertising of over-the-counter medicines to the rising drug abuse problem, we are sending you the attached letter.

The Connecticut Conference of Mayors has asked the Federal Trade Commission to monitor radio and television stations for such advertising at least in Connecticut.

We would appreciate any assistance you could give us on our suggestion to the Commission.

Sincerely,

JOEL COGEN,
Executive Director.

[Enclosure]

CONNECTICUT CONFERENCE OF MAYORS,
New Haven, Conn., October 9, 1970.

Mr. BASIL J. MEZINES,
Acting Executive Director,
Federal Trade Commission, Washington, D.C.

DEAR MR. MEZINES: The Connecticut Conference of Mayors was encouraged to learn from your recent letter that you are taking up with the Federal Trade Commission our proposal for monitoring radio and TV stations for advertising leading to drug dependency.

If there is any doubt about the need for such systematic monitoring, our recent experience will confirm it. Quite by chance our Committee on Drug Abuse heard a commercial (copy enclosed) clearly glorifying "pill-popping," which we then brought to the attention of the radio station. Fortunately, this station, in a cooperative effort with us, has since decided not to use this commercial.

We know from personal experience that many other radio and TV stations are using this and similarly undesirable commercials, but, needless to say, we don't have the resources to catalog them. This could only be accomplished by a full-scale monitoring effort by your Commission.

We hope, therefore, that the FTC will undertake this effort, at least in Connecticut if not nationwide. The Connecticut Conference of Mayors will cooperate fully with the Commission.

May we please hear from you on this.

Sincerely,

JOEL COGEN,
Executive Director.

[Attachments]

Company: American Home Products
Division: Whitehall Labs
Product: "Quiet World"
Content: One-minute Commercial Announcement
Agency: John F. Murray Advertising, Inc., 685 Third Avenue, New York, New York 10017

When my wife complains of tension from the kids and everything, I just tell her it's all in her mind.

It's not all in her mind. Simple nervous tension can be physical as well as mental because it causes a very real physical reaction. Everything speeds up, starts churning inside you. And you can feel it. That's why aspirin isn't enough, but Quiet World tablets can help you relax all over. Their gentle calming agents help soothe the tension away. You can feel your whole body relaxing in minutes.

What is Quiet World? Some habit forming drug?

No. Quiet World is just a simple calmative tablet for simple nervous tension. It's not habit forming, and you don't even need a prescription to buy it. No one needs Quiet World every day. But when you do, it's a nice thing to have it around.

Quiet World, huh? Okay, I'll pick some up for my wife. There are days when I could use some too.

Tell someone you love about Quiet World. It helps you unwind, both body and mind.

Company: American Home Products.
Division: Whitehall Labs.
Product: "Quiet World"
Content: One-minute Commercial Announcement.
Agency: John F. Murray Advertising, Inc., 685 Third Avenue, New York, New York 10017.

Quiet World brings you two sides of a story:

Some days when I get home from work Alice is so tensed up she looks ready to explode. Why can't she just take a nap and unwind?

I'd love to take an afternoon nap, but Ralph doesn't realize what I go through with the kids, the dinner, the tension.

Hold on. Your're both right. Ralph is right when he says a nap would do you good. And you're right Alice when you say you don't always have time.

So what do we do?

On those days when you can't afford a nap to relieve simple nervous tension take Quiet World. Quiet World calmativ tablets ease symptoms of mental and physical tension head to toe.

You mean Quiet World works something like a nap?

Exactly. Quiet World can help relax your mind and body something like an afternoon nap. Help you be at your best.

Are you listening Alice?

Quiet World is non-habit forming and available without prescription.

Are you listening Ralph?

When you suffer from simple nervous tension and can't take a nap, take Quiet World.

FEDERAL COMMUNICATIONS COMMISSION,
Washington, D.C., September 10, 1970.

Hon. FRANK E. MOSS,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR: I noted a UPI dispatch on July 31, 1970, about how TV jingles may be linked to youthful drug dependency.

I am enclosing a copy of a number of songs that would appear to be eulogizing the use of narcotics. This was produced by an advertising agency and does not have any government sanction but I am advised that all of the songs have been regularly played on AM stations in the larger metropolitan areas.

I have a tape recording of this presentation which I would be glad to loan you if you would be interested.

Sincerely,

ROBERT E. LEE,
Commissioner.

[Enclosure]

POPULAR MUSIC AND THE DRUG SCENE

(Compiled for educational purposes by: Jeffrey Martin Inc., edited by Reverend John McVernon, produced by Arma Andon and Jeffrey Himmel, original background music written and performed by "The Smubbs," narration by Harry Hennessey)

INTRODUCTION

This tape is prepared is a documentary sample of lyrics taken from current music, Rock, Folk Rock and Folk which is popular with today's young people. They are buying this music in printed form but primarily, they buy millions of records and tapes featuring the rendition of this music by popular idols and groups. The excerpts we are playing for you are from records which are readily available in record shops.

These particular excerpts have been selected to illustrate that one of the topics used in the lyrics of some songs is the use or effect of illegal drugs such as LSD, cocaine, heroin and even such prescription drugs as the amphetamines and barbiturates.

In some instances the references to drugs are clear and unmistakable. In other cases the lyrics are ambiguous or possibly only suggestive, but correctly or incorrectly many teenagers and even younger children assume that these lyrics are related in some way to drugs and their use. Some of this modern popular music is believed by many people to itself have a "psychedelic" effect but this of course may depend on the listener's own conditioning and responses.

It is not suggested that the current drug abuse crisis has been brought about by words or music or by any other single factor in our culture. But the generation gap—the lack of communication between parents and children—has brought about the development of a sub-culture jargon which many children understand, but most parents do not understand.

The excerpts which you will hear may serve to give you an idea of what many children listen to and talk about. No doubt you will recognize some of the songs, but have you ever really listened to the words. Do you understand this sub-culture jargon? Do you know that "ups" refers to amphetamines which can be

taken in pill form or injected? Do you know that "downs" refers to barbiturate pills? "Grass" may still grow in the front yard, but to kids it means marijuana, also referred to as pot, Mary Jane and by many other nicknames.

Marijuana cigarettes used to be called "reefers" but now they are usually referred to as "joints" or "jays".

If the children are hearing and talking about dope—if their idols are writing and singing songs that sometimes denounce, but often suggest the supposed pleasurable effect of drug abuse, should not parents understand this so that they may help to give their children a full and serious realization of just what is involved in the drug scene.

It is not the purpose of this presentation to suggest any form of legal censorship or to tell anyone what they should not listen to. It is important, though, that parents should know what their children are hearing and talking about and to the extent that the lyrics of popular music discourage drug use perhaps parents should try to guide their children's musical preferences in the direction of songs of this type.

"Happiness is a Warm Gun

"* * * I need a fix 'cause I'm going down
Down to the bits that I left up town.
I need a fix 'cause I'm going down.
Mother Superior jumped the gun * * *"

Title of Album: "The Beatles" performed by the Beatles, Apple Records, Inc., Music and lyrics by John Lennon and Paul McCartney. Copyright (C) 1968 by Northern Songs, Ltd.; 71-75 New Oxford Street, London, W.C. 1, England. International copyright secured. All rights reserved.

This album has been extremely popular. Report No. 1 best seller for entire record industry by "Cashbox" on December 14, 1968, and by "Billboard" on December 28, 1968. As of December, 1968, sales were certified as already having exceeded \$1,000,000.

"Everybody's Got Something to Hide Except Me and My Monkey

"* * * Take it easy, Take it easy,
Everybody's got something to hide
Except for me and my monkey.
The deeper you go, the higher you fly;
The higher you fly, the deeper you go,
So come on, come on,
Come on is such a joy, come on is such a joy.* * *"

Title of Album: "The Beatles", see above for details.

"With a Little Help from my Friends

"* * * Lend me your ears and I'll sing you a song
and I'll try not to sing out of key
Oh! I get by with a little help from my friends,
Mm, I get high with a little help from my friends,
Mm, I'm gonna try with a little help from my friends. * * *"

Title of Album: "Sgt. Pepper's Lonely Hearts Club Band", performed by the Beatles, Capital Records, Inc., music and lyrics by John Lennon and Paul McCartney. Copyright (C) 1967 by Northern Songs, Ltd., 21-75 New Oxford Street, London, W.C. 1, England. International copyright secured. All rights reserved.

Reported to have been the No. 1 best selling Album on July 1, 1967 by both "Billboard" and "Cashbox". Sales have been certified as having exceeded \$1,000,000.

"A Day in the Life

"* * * Found my coat and grabbed my hat
Made the bus in seconds flat
Found my way upstairs and had a smoke
And somebody spoke and I went into a dream * * *"

Title of Album: "Sgt. Pepper's Lonely Hearts Club Band". See above for further details.

"Cold Turkey

"* * * Temperature is rising, Fever is high
 Can't see no future, Can't see no sky
 My feet are so heavy, so is my head
 I wish I was a baby, I wish I was dead
 Cold Turkey has got me on the run (ah ---) ah * * *"

Title of Album: "Live Peace in Toronto 1969". Performed by the Plastic Ono Band, Apple Records, Inc. Music and words by John Lennon. Copyright (C) 1969 for the World by Northern Songs, Ltd., 71-75 New Oxford Street, London, W.C. 1, England. International copyright secured. All rights reserved.

Reported to have been the 10th best selling album by "Billboard", February 14, 1970 and #18 by "Cashbox" on February 21, 1970.

"19th Nervous Breakdown

"* * * On our first trip I tried so hard to rearrange your mind
 But after a while I realized you were disarranged mine * * *"

Title: 19th Nervous Breakdown. (single record 45R.P.M.) performed by The Rolling Stones, London Records, Inc. Copyright (C) 1966 by Gideon Music, Inc. New York, N. Y. International copyright secured. All rights reserved.

Reported to have been No. 1 on "Cashbox" April 2, 1966 and later No. 1 on "Billboard" April 19, 1966.

"Let's Spend The Night Together

"* * * I'm going red and my tongue's getting tied
 I'm off my head and my mouth's getting dry.
 I'm high. But I try, try * * *"

Title of Album: "Between the Buttons" (single record 45 R.P.M.) performed by The Rolling Stones, London Records, Inc. Copyright (C) 1967 by Gideon Music, Inc. New York, N. Y. International copyright secured. All rights reserved.

This song was on the flip side of the single 45 R.P.M. record "Ruby Tuesday", which was reported No. 1 on March 4, 1967 on Billboard.

"Don't Bogart Me

"* * * Don't Bogart that joint my friend
 Pass it over to me
 Don't Bogart that joint my friend
 Pass it over to me
 Roll another one
 Just like the other one
 You've been hanging on to it
 And I would sure like a hit * * *"

Title of Album: *EASY RIDER*, performed by The Fraternity of Man, Dunhill ABC Records Inc., (C) Copyright 1968 by Terrible Tunes. 437 Madison Ave. N.Y.C., N.Y. International copyright secured. All rights reserved.

"White Rabbit

"* * * One pill makes you larger and one pill
 makes you small and the ones that mother gives
 you don't do anything at all.—Go ask Alice
 when she's ten feet tall * * *"

Title of Song: "White Rabbit" (single record 45 R.P.M.). Performed by the "Jefferson Airplane" RCA Victor Records (or Radio Corporation of America) words and music by Grace Slick. Copyright (C) 1966 and 1967 by Copper Penny Music Publishing Co., 6331 Hollywood Blvd., Hollywood, California. International copyright secured. All rights reserved.

Reported #8 on "Billboard" August 5, 1967 and #6 on "Cashbox" August 12, 1967.

"The Acid Queen

"* * * Give us a room and close the door
 Leave us for a while,
 Your boy won't be a boy no more;
 Young, but not a child.
 I'm the Gypsy,—the Acid Queen
 Pay before we start
 The Gypsy, I'm guaranteed to tear your soul apart. * * *"

Album Title: "Tommy" performed by "The Who", Decca Records, a division of MCA, Inc. Words and music by Peter Townshend. Copyright (C) 1969 by Fabulous Music, Ltd., 58 Old Compton Street, London, W. 1, England. International copyright secured. All rights reserved.

Reported #7 on "Billboard" July 26, 1969 and was certified as exceeding one million dollars at this time. Reached #6 in "Cashbox" July 5, 1969.

"Mr. Tambourine Man

"* * * Take me on a trip upon your magic swirlin' ship
 My senses have been stripped, My hands can't feel
 to grip, My toes too numb to step, Wait only for my
 boot heels to be wanderin' * * *"

Title: "Mr. Tambourine Man" (A single 45 R.P.M.) performed by the "Byrds", Columbia Records/CBS, Inc. Words and music by Bob Dylan. MCMLXIV by M. Whitmark & Sons. MCMLXV by M. Whitmark & Sons ASCAP. International copyright secured. All rights reserved including Public performance for profit.

Reported best selling single in courtesy recording to "Billboard" June 26, 1965, and No. 1 on "Cashbox", July 3, 1965.

"Rainy Day Women #12 & 35

"Well, they'll stone ya when you're walkin' the street
 They'll stone ya when you're trying to keep your seat
 They'll stone ya when you're walking on the floor
 They'll stone ya when you're walkin' to the door
 But I would not feel so all alone,
 Ev'rybody must get stoned * * *"

Title: "Rainy Day Woman" #12 & 35 (single R.P.M.), performed by Bob Dylan, Columbia Records/CBS, Inc. Words and music by Bob Dylan. (C) 1966 by Dwarf Music, 15 East 48th Street, New York, N.Y. International copyright secured. All rights reserved including public performance for profit.

Reported #2 on "Cashbox" and "Billboard" May 21.

"Cocaine Blues

"* * * Early one morning while making my rounds
 Took a shot of cocaine and I shot my woman down
 Went right home and I went to bed * * *"

Title of Album: "Johnny Cash at Folsom Prison", performed by Johnny Cash, Columbia Records/CBS, Inc. Words and music by T. J. "Red" Arnall. All rights reserved. Copyright (C) 1947 by American Music, Inc. Copyright assigned to Rumbalero Music, Inc. Elvis Presley Music, Inc. and Gladys Music, Inc.

Certified by "Billboard" as having exceeded \$1,000,000 in sales.

"The Trip

"* * * And all in all, the sea gull said as I
 Look to where I've been, the whole wide human
 race has a taken far too much methedrine.
 What goes off? Chick-a-chick, What goes on? * * *"

Title of Album: "Sunshine Superman," performed by Donovan, on Epic Records subsidiary of Columbia Records/CBS Inc. Words and music by Donovan Leitch, copyright (C) 1966, 67 and 68 by Donovan, Ltd. London. Sole selling agent. Peer International Corporation.

"Cloud Nine

"* * * Depressed and downhearted I took to Cloud Nine
 I'm doing fine up here on Cloud Nine
 Listen one more time, I'm doin' fine up here on Cloud Nine
 Folks down there tell me, they say, "Give yourself a chance son don't life pass
 you by",
 But the world of reality is a rat race where only the strongest survive.
 It's a dog eat dog world and that ain't no lie. * * *"

Title: "Cloud Nine", performed by the "Temptations", Gordy Records, a product of Motown Record Corp. Words and music by Norman Whitfield & B. Strong. Jebete Music, 2457 Woodward Avenue, Detroit, Mich.

Reported No. 8 on "Cashbox" January 4, 1969 and No. 6 on "Billboard" January 4, 1969.

"I Like Marijuana

"*** More foreign aid without taxes to Mexico
 We will buy more marijuana from them
 All together:
 I like marijuana, you like marijuana, We like marijuana, too
 Oh! Mari, marijuana, mari, marijuana
 I like marijuana, you like marijuana, we like marijuana too ***"

Title: "Have a Marijuana" performed by David Peel and the Lower East Side", Electra Records, 1855 Broadway, N. Y. C. 10023. Words and music: Peel, Goldsmith, Smith, Cooper, Barnum. Copyright (C) 1968, Nina Music, BMI/Arvel Music, BMI record sales not available.

"The Alphabet Song

"A-B-C-D-E-F-G—LSD and DMT, P.O.T. and L-S-D
 D-M-T & amphetamine
 P-O-T and L-S-D, L-M-D and D-M-T S-T-P
 D-M-T L-S-D got hold of me
 Smoke pot, Smoke pot, everybody smoke pot.
 Smoke pot, Smoke pot, everybody smoke pot.
 Smoke pot, Smoke pot, everybody smoke pot.
 ABCD P-O-T, L-S-D and amphetamine
 D-M-T S-T-P herion and C-O-P, L-S-D, P-O-T C-O-P
 A-B-C L-S-D
 Help! I'm stoned
 Help! I'm stoned
 Help! I'm stoned
 L-S-D P-O-T, D-M-T S-T-P C-O-P & amphetamine
 Here comes the cat with Heroin ***"

Title: "Alphabet Song"—Nina Music, BMI for Additional information see above for "I Like Marijuana"

"Hashish

"* * * Hashish, Cocaine, Opium
 LSD, DMT, STP, DMT, AMP, IRT"

"Walking in Space

"My body is walking in space
 My soul is in orbit with God face to face
 Floating, tripping, flying, tripping,
 Tripping from Pottsville to Mainline
 Tripping from Mainline to you. * * *"

Title of Album: "Hair" performed by cast of "Hair", R.C.A. Records, Radio Corporation of America. Book and lyrics by Gerome Ragni and James Rado. Music by Galt MacDermott. Copyright (C) 1967 & 1968 James Rado and Gerome Ragni, Galt MacDermott, Nat Shapiro, United Artists Music Co., 729 Seventh Avenue, New York, N. Y. International Copyright secured. All rights reserved.

"Heroin

"*** But I'm going to try for the kingdom
if I can 'cause it makes me feel like I am
a man when I put a spike into my vein and
I tell you things aren't quite the same.* * *"

Title of Album: "The Velvet Underground & Nico", performed by the Velvet Underground & Nico. Verve Records/MGM Records, a division of Metro-Goldwyn Mayer, Inc. Words and music to "Heroin" by Lou Reed, copyright 1966 Three Prong Music. Record sales not available.

The Musical Extracts you have just heard have been reviewed by Reverend John McVernon who has had vast experience in dealing with drug dependent youngsters through the Community Boys Clubs in New York City. We have asked him for his comments.

"In the Big Picture it does not matter whether the songs approve of drugs or not. It's not very significant whether the artist uses drugs or not. The music that's soaked in the drug culture has the overall effect of so familiarizing the audience with the language, the customs, and the life style of the drug user as to make turning on no big deal. The listener we are concerned about is typically the teenager or pre-teen, the highly impressionable youngster. Intentionally or unintentionally we've managed to create the atmosphere where drug usage is syntonic to the young. The drug scene is presented in such an attractive light as such a harmless, humorous, even beneficial aspect of contemporary life but for some of the young "turning on" is just doing what comes naturally. The purpose of the presentation is understanding, no one's looking for censorship. There is only a real concern about making parents, educators, people in media and government aware of the influences acting on the minds of the children of America, before those youngsters are of an age to make the rational decision themselves, whether they will use drugs or not. Before we can find a solution to the drug problem, we must be aware of its full proportions, we too have to be cool."

—Rev. JOHN McVERNON.

DEPARTMENT OF MENTAL HEALTH,
Detroit, Mich., October 20, 1970.

Senator FRANK MOSS,
U.S. Senate, Washington, D.C.

DEAR SENATOR MOSS: I have recently learned of your interest and involvement in the study of the relationship between television advertisements and drug abuse. As a resident psychiatrist at the Lafayette Clinic I too have been greatly upset at the way patent medicine is marketed. The appeal to the public from the drug advertiser, i.e., that cope or sominex will solve any and/or all problems is certainly an inducement to other abuses of drugs.

Frequently, my psychiatric patients have turned to these non-prescription drugs when under stress, only to have their condition complicated by these drugs.

I see no value in the use of over-the-counter antianxiety or sleep medications. I support your work in this area.

Yours very sincerely,

SAUL FORMAN, M.D.,
Resident.

Della Femina

How ad men will sell grass

It's going to happen in our lifetime. No matter how much you or I dislike the idea. That day will come when marijuana, pot, grass, maryjane, whatever you call it, will be legalized in the United States.

Look at it this way. 1992 is an election year. The man who wins the Presidency in that election will be about 40 years old. That means he is 18 years old right now. Do you know what most 18 year olds are smoking these days? And so our new President in 1992 will be an ex-pothead. And one of his first official acts will be to call together his cabinet (made up of a lot of other ex-potheads) and say:

"Men, it's time we legalized grass. It is my opinion as President of the United States that it can't hurt you. I've been smoking since 1968 and it didn't hurt me getting to the Presidency. Besides most of Congress is smoking these days. And I say it's time we got the stuff legalized before some of our more prominent statesmen get busted."

And so, it will be legal. And out of nowhere brands of marijuana will spring up. Packages will be designed, salesmen will go out selling two free with 10. Drug stores (what else) will be putting up giant displays and naturally when the competition gets tough, there will be advertising. Giant budgets will be spent to sell individual brands of marijuana. And, of course, ad agencies will produce television commercials. Did you ever wonder how certain advertising agencies would sell pot? I figure

just about the way they sell everything else.

When Compton gets their first grass account they'll probably sell it with a slice of life commercial.

(Scene opens in laundry room. Two housewives obviously stoned are talking.)

Sally: Now Jane, I'm your best friend so I can tell you I'm a bit worried about something I've noticed lately.

Jane: You mean my wash is not as white as it used to be?

Sally: No silly, it's your pupils. They're just not as dilated as they used to be.

Jane: *(Sad)* I know, I know. It's the grass that Jim and I are using. It just doesn't seem to work as it used to.

Sally: Oh, Bill and I don't use that old brand anymore. We use new Acapulco with gold power. *(Close-up of package of Acapulco)*. It's got action starting power that gives us higher highs and the kind of big black pupils we can be proud of.

Jane: Acapulco, with gold power.
Sally: *(Holds up a pack, takes a long drag.)* That's Acapulco with gold power.

Of course, there's Ted Bates. Did you ever wonder how Ted Bates would sell grass?

(Cut away shot of human head showing smoke going through mouth and nose up to the head)
V.O.: New Dreamo Marijuana.

Gets into your head and bloodstream three times faster than any other pot. It turns you on three times faster.

Faster, faster, faster.
Faster than any grass you ever smoked.

Faster than fast.

New Dreamo.

That's Dreamo, Dreamo, Dreamo.

It works faster, faster, faster.

And then of course there's Ogilvy & Mather. How would they sell pot? With a full page long copy ad with a headline that says, "At 60 drags on Groove Pot the only sound you hear is your heart blasting through your head."

Subtitle: 273 reasons why Groove Pot will be the most unusual experience you will ever enjoy. Sheer bliss and nirvana. As peaceful as the rolling countryside in Chichester, England.

And last how would Needham, Harper & Steers sell grass? With a commercial that takes place in a baseball dressing room with a famous star player puffing his brand and talking to a young kid who is puffing on his brand.

Famous Star Player: *(Takes drag)* Say boy, this "Vitel" is great grass. Hey kid, aren't those colors around us really great?

Kid: I don't see them, sir.

Famous Star Player: Isn't that music terrific?

Kid: I don't hear it, sir.

Famous Star Player: Hey kid, are you still using that grassy kid stuff?

Stop smiling—it's not funny.

By Jerry Della Femina

Della Femina, Travisano & Partners Inc., New York

© Bristol-Myers Co., 1970



How would you feel if your father smoked pot?

If it were all right with him, would it be okay with you?
How okay? Anytime he's home? What about while driving? What about at work?
Even if he's a pilot? If pot should be legal, can anyone smoke it?
Including the President? The Supreme Court? What about your kid sister?
How about your mother? Think about it.

A message to stimulate thinking
from NoDoz—the pill that helps you think when you're tired.
NoDoz keep alert tablets.

APPENDIX

PHARMACEUTICAL ADVERTISING AND YOUTH—A MONOGRAPH REPORTING UPON A QUANTITATIVE PILOT STUDY

(By Donald L. Kanter, Ph.D., Professor of Marketing, University of Southern California*)

ACKNOWLEDGMENTS

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He is particularly indebted to Mrs. Ann Rawson Kanter and Miss Grace Pfardresher in the conceptualization and execution of the qualitative pilot study which serve as a general backdrop for the research completed for the Coronado Island Unified School District.

In addition, the cooperation of the Coronado Island Unified School District personnel was indispensable to the completion of the study. In particular, the author wishes to thank Dr. Clifford Jordan and Dr. Jay Mack for their support and aid throughout the research.

Finally, Mr. Herbert O. Brayer, then Coordinator, Title III, of the Coronado Island Unified School District, and his assistant, Mrs. Zella Cleary, worked with the authors unceasingly in the development and execution of the entire project with efficiency, insight and dedication.

FOREWORD

Television in the United States is an extraordinary influential mass communications medium. Nicholas Johnson, Commissioner of the Federal Communications Commission, has stated:

“. . . Recent polls indicate that 60% of the American people believe they get most of their information from television.”(1)

It has been associated with many cultural and behavioral phenomena in a deterministic sense. Among the associated influences of television are assertions that it is responsible in part for violence in today's society. In a news article printed in the *San Diego Evening Tribune*, entitled, “Youthful Exposure To Violence Probed,”(2) the claim was made that an average child sees approximately 13,000 violent deaths before he reaches the age of 14. The article further states that the increased crime rate over the past two decades and the heavy viewing habits of television by children (“. . . as much total time watching television as he spends in school . . .”) might, in some way, be related.

Another associated influence of television are assertions about the role of advertising as a powerful tool of persuasion. This purported influence, however, is one of degree, depending upon which group of people comprise the audience, and what is being treated in the specific advertisement, the alleged powers of advertising notwithstanding.(3)

It is in the area of advertising over the counter nonprescription pharmaceuticals, which both adults and children see, that advertising most recently has received its severest impassioned criticism.

Nicholas Johnson has posed the question:

“Have you ever asked yourself who are your child's, as well as your contemporaries', teachers, or what they are teaching? Here is a partial answer: That conflicts are resolved by force, violence, or 'destroying the enemy' and not by listening, thinking or understanding; that troubles are dissolved by the 'fast, fast, fast

*With the collaboration of Richard Olsen, Gregory Wood, and Michael Rothschild for the Coronado Unified School District.

E.S.E.A. Title III Project—HEW “Innovative Solution to Teen and Subteenage Drug Abuse,” Project No. 68-5380 Grant No. 9-8-005380-0064 (065), December 30, 1970.

relief' that comes from pills (vitamins, headache pills, sleeping pills, stomach pills, tranquilizers, pep pills or 'the pill'), and not from dedication, training or discipline; that personal satisfaction comes from the passivity of possession and consumption (conspicuous whenever possible) of cars, appliances and toys, cigarettes, soft drinks and beer, and not from the activity of commitment." (4)

Dr. Charles Winick, Director of the American Social Health Association's Program in Drug Dependence and Abuse, seemed to concur with this when he said . . .

"Anyone who listens to commercials or reads drug ads knows he can calm down, perk up, fall asleep, lose weight and ease any number of pains and discomforts by taking one or another pill." (5)

Dr. William Abruzzi, who has treated hundreds of youths for bad drug reactions at Woodstock, Powder Ridge and other summer rock festivals, blames advertising of pharmaceuticals for manufacturing an interest in the chemical solution to problems such as anxiety, tension and pain.

" . . . I have the feeling Madison Avenue does not realize the deleterious sociological effects of some of its campaigns," (6) said the forty-four year-old college physician at State University, New Paltz, New York.

"Over-the-counter drug advertising must share the blame for the drug culture, along with music, movies and television," (7) opined Dr. Judianne Denson-Gerber, Executive Director of Odyssey House, New York-based, psychiatrically-oriented, therapeutic community for the treatment of narcotics addiction and substance abuse.

A particularly strong attack on advertising has been launched by Senator Frank E. Moss (D-Utah), who, as a member of the Senate Commerce Committee, is chairman of a hearing (convened September 22, 1970, in Salt Lake City), the purpose of which is to determine the possible relationship between proprietary drug advertising and drug abuse. (8) He states:

" . . . The drug culture finds its fullest flowering in the portrait of American Society, which can be pieced together out of hundreds of thousands of advertisements and commercials. It is advertising which mounts so graphically the message that pills turn rain to sunshine, gloom to joy, depression to euphoria, solve problems and dispel doubt." (9)

Senator Moss, among others, has introduced the hypothesis that there is a connection between massive advertising for over-the-counter pharmaceuticals and the nation's rising drug abuse problem centered among its youth.

Several prominent spokesmen for the Advertising Industry, however, dispute the foregoing allegation involving proprietary drug advertising with drug usage among children.

Barton A. Cummings, Chairman of Compton Advertising and the Communications Committee for the White House Anti-Drug Abuse Campaign for the Advertising Council, noted that research by the committee of five groups—preteens, teens, parents, ghetto dwellers and the military—has not turned up evidence that "proprietary drug advertising has a tremendous influence on kids." (10)

Miles David, President, Radio Advertising Bureau, commented:

"Narcotics addiction relates more to the fantastic attention given to the drug life-style than it does to proprietary drug advertising.

"Advertising is falsely pinpointed as the source of interest in drugs." (11)

Stockton Helffrich, Director, National Association of Broadcasters' Code Authority:

"There is no clearly established cause and effect, but our feeling is that we want to respond to these anxieties which have been expressed." (12)

Andrew Kershaw, President of Ogilvy and Mather:

"I have seen no research that would suggest this relationship . . . I'd welcome some serious research on the advertising drug abuse." (13)

It would appear, then, that while there are differences of opinion as the effects of proprietary drug advertising on youth, almost everyone involved, including the advertisers themselves, is concerned about finding out what effects, if any, exist. The pilot study which follows addresses itself to some of the central issues in the controversy. The hope is to bring some objective information, no matter how tentative, to a debate, which is, at present, regrettably subjective.

OVERALL PURPOSE

The purpose of this pilot study is to attempt to determine what are some of the salient, *perceived* environmental influences which may affect drug usage

among youth. It will pay special attention to the question of the role advertising may play in influencing drug usage.

These objectives were pursued through three studies:

Phase I, A Recall Study—Respondents were asked to recall the advertisements they remember in their daily television viewing and radio listening.

Phase II, A Survey Study—Respondents were asked their attitudes toward drugs and other hypothetically related factors.

Phase III, A Forced-Viewing Communications Research Study—Respondents were shown six advertisements, and their general receptivity to each was measured.

It was hoped that the subject could be best attacked from three directions, each one employing a widely-used Communications Research tool.

THE MAJOR FINDINGS*

1. There is no indication that pharmaceutical advertisements were easier to recall than other heavily advertised product categories.

2. Advertising had very low salience (was not talked about frequently) among the students when it was compared to other environmental influences.

3. Many students at all grade levels felt that *other* young people were potentially capable of being influenced by pharmaceutical advertising, as well as advertising for cigarettes, and to a lesser extent, beer. In addition, these students felt that elementary school children were more affected by television advertising in general than were students in any other age group.

4. In response to a question about what makes young people try illegal drugs for the first time, the overwhelming majority of responses concerned "peer group influence" and "curiosity."

5. The family was generally seen by the students to have the greatest relative influence on their attitudes toward legal and illegal drugs. Other strong influences were school (peer group), police & courts, and medical subjects.

6. The students felt that advertising was a relatively strong *influence upon* their feelings toward medicines, but not on their feelings toward marijuana or illegal drugs.

7. Students, especially those in Grade 7, felt that advertisements for stimulants and depressants could lead to misuse of the product.

8. Grade 5 students ranked television programs as a relatively strong influence upon their general feelings and knowledge of marijuana and illegal drugs. This was not true for the older students.

9. In general, the 5th Grade students tended to react most positively and least negatively towards six advertisements for pharmaceuticals and cigarettes. They were more receptive to the advertisements than were the older students.

10. The 5th Grade students tended to find the six pharmaceutical and cigarette advertisements in general, and specifically the product claims within the advertisements more believable than did the older students (with the exception of the claims made in the cigarette advertisements).

11. The users of marijuana and/or pep pill seemed to be less negative toward and more receptive to the six advertisements than were the non-users. This was especially true of cigarette advertisements.

12. The users of pep pills tended to find the product claims in the six advertisements studied more believable than did the non-users.

13. One effect of advertising—in conjunction with other environmental influences—which may be inferred is that the antismoking campaigns seem to have helped to develop negative attitudes towards cigarettes among students.

IMPLICATIONS

1. At a conscious level there does not seem to be any greater preoccupation with drug advertisements than for other categories of heavily advertised products. This suggests that there is not a "mental readiness" set, or a predisposition to think about pharmaceutical advertisements or products, which is often found in people about to purchase a product. This "top-of-mind" awareness is one of the predictive criteria which the advertising industry uses to assess readiness to purchase.

Brand and product awareness does not appear to be greater for pharmaceuticals than for other product categories among the students; yet, there is an indication of

*The major findings and their implications are subject, of course, to the limitations of the data, based upon their sample and design, as specified elsewhere in this report.

some latent awareness of brand advertising because the students were able to recall pharmaceutical advertisements when specifically requested to do so.

2. By and large, advertising, per se, seems to have a relatively low level of general influence upon students, when compared to other environmental factors such as home (parents) and school (peer groups). This suggests that advertising is not, by itself, responsible for student behavior toward drugs and/or other products, substances or activities.

At the most, advertising operates within the context of the student's total environment and cannot be uniquely responsible for student values, attitudes and beliefs.

3. Even though advertising, per se, may not be considered uniquely responsible for attitudes towards legal and illegal drugs, the students, nevertheless, feel that it is potentially an influencing agent, particularly on the youngest students.

Moreover, given the fact that many students feel that advertising for some pharmaceuticals might lead to misuse of the product, it is a reasonable hypothesis that some pharmaceutical advertising functions as a reinforcing element in the entire complex of drug attitudes among the young. Further, the finding that users of illegal drugs tend to be more receptive to pharmaceutical advertisements than non-users also suggests that pharmaceutical advertising may be reducing cognitive dissonance (personal conflicts) by implying, symbolically, to the users that . . . "Everyone turns on in his own way." This might be an important rationalization for the furtive user.

The presence, then, of pharmaceutical advertising may be a reminder, so to speak, to its beholder that . . . "Everybody takes some kind of drug for something some of the time."

These frequent reminders in the mass media may well serve to reinforce attitudes derived from a multitude of environmental influences, such as family and peers, that drug-taking (not necessarily illegal) is commonplace and acceptable.

It may just be that pharmaceutical advertising is one more cultural prop in the maintenance of favorable attitudes toward drug usage among the young.

4. The trends in the study concerning the various age groups suggest forcefully that it is the elementary school children who tend to be most receptive and least critical of advertisements. It is in this younger group of students that the influences of pharmaceutical advertising—as a reinforcing agency—may be most pronounced.

This suggests that the industry codes for the content and timing of mass media campaigns be thoroughly reviewed with the understanding that pharmaceutical campaigns about the ingestion of over-the-counter drugs seem to have a potential influence on younger people by presenting a symbolic, cultural approval by their very presence in mass media.

5. It is entirely possible that the younger age group would be most receptive to an anti-drug campaign, given their generally unskeptical attitude toward advertisements in general and the ostensible effects of the antismoking campaign. Whether these effects of the antismoking campaign derive from parental influence, and/or behavior, peer group word-of-mouth or the antismoking campaign itself cannot be determined: Nevertheless there is no reason to think that the antismoking campaign, using a number of diverse communications channels, has not had some effect. This raises the possibility that an antidrug campaign with appropriate strategy, might also have a salutary effect upon the younger students.

6. The limitations of the study, in both design and method preclude any cause and effect judgments concerning pharmaceutical advertising and illegal drug usage. Given the trends developed in this study, however, it is fair to assume that a more sophisticated research design might produce data which is more specific in specifying the role which advertising plays—along with other environmental influences—in the development and reinforcement of attitude patterns which predispose students to adopt illegal drugs as a way of life.

7. In sum: if it is true that pharmaceutical advertising does, in fact, interact with other environmental influences to produce an overall cultural sanction which predisposes many youngsters to adopt illegal drug usage, then several steps might be considered in the short run:

A definitive study (in terms of sampling and design) might be mounted to determine more precisely how advertising interacts with family, school and peer group influences to predispose some students to become illegal drug users.

The mass media may well review their self-regulatory codes to determine if the time and place of exposure is appropriate.

The drug manufacturers, themselves, might examine their promotional programs to see if they are being completely responsible. They should see if they are promoting their products in ways, places and times where children may perceive them to be cultural sanctions for a drug-approving society.

The school administrators and educators might seek a place in their curricula to identify dispassionately, the role of advertising in enterprise and the ways advertisements try to assist the selling processes.

The advertising industry might review their attitudes and behavior towards children, with particular emphasis upon the relative credulity of the younger students vis-a-vis advertisements.

The Government regulatory bodies may wish to develop and maintain an ongoing set of social indicators especially geared to the receptivity of children toward certain kinds of promotional efforts which affect them, intentionally or not.

THE RESULTS—A PERSPECTIVE

Much will be made of the limitations of this study in the succeeding pages. These limitations should not be ignored. This study should be viewed as a first pass at a highly complicated issue, done in one atypical community in Southern California.

Nevertheless, the data to be presented represent findings which strike the investigators as provocative and informative. The implications of these findings should not be ignored, nor should further efforts using more sophisticated methods of determining cause and effect and multivariate interaction be abandoned. In sum, it is felt that the major findings of the study are useful and, up to a point, indicative.

METHODOLOGICAL DESCRIPTION

The study consists of three separate phases.

Each was designed to contribute information concerning the relationship, if any, between the drug abuse problem and television advertising of pharmaceuticals. Each attempts also to confirm or refute the critics' claims that advertisements for pharmaceuticals are in some way responsible for drug abuse. The study incorporates the techniques of advertising research, as well as survey research techniques to evaluate the effects of advertising and the effectiveness of specific advertisements.

PHASE I

The first phase was designed to compare the recall which young people give for pharmaceutical and non-pharmaceutical advertisements. The questionnaire consisted of several open-ended questions designed to probe for the most remembered and most interesting commercials among the sample.

THE SAMPLE

Fifth Graders:	
Crown Coronado School District.....	70
Loma Portal School District.....	65
Total number.....	135
Seventh Graders:	
Coronado Unified School District.....	52
Collier Unified School District.....	59
Total number.....	111
Eleventh Graders:	
Coronado Unified School District.....	42
Grossmont Unified School District.....	54
Mar Vista Unified School District.....	34
Total number.....	130
Grand total.....	376

ADMINISTRATION AND CODING

The questionnaire for this phase was designed and administered by Herbert O. Brayer, Coordinator, Title III. A copy of the questionnaire is found in Appendix I.

Hand tabulation and preliminary analysis of the data of this phase was done by Mrs. Pauline White of Coronado Unified School District.

PHASE II

The second phase was a multi-faceted survey designed to elicit responses, at a conscious level, to questions dealing with environmental and psychological factors and their effect on the attitudes of young people towards legal and illegal drugs.

The questionnaire (see Appendix II) consisted of several areas of inquiry as listed below.

1. The students were asked to rank selected environmental influences in order to determine the relative position of advertising among these influences.

The purpose of this battery of questions was to compare advertising's role as an influence upon young people relative to the other influences in question. (Questions 1-3).*

2. The students were asked to rank these same influences as agents influencing the formation of attitudes toward both legal and illegal drugs. (Questions 4-9).

3. The students were asked to discuss their attitudes, vis-a-vis drug abuse, towards advertisements for various products classes, such as cigarettes, beers and three types of medicines. The questions asked in this section were open-ended in nature; there were five questions for each of the five product classes.

The purpose of these questions was to specifically probe for the influences of advertising, as they relate to the students attitudes towards the use of proprietary drugs.

4. The students were asked to agree or disagree and then defend their position on several controversial statements. For example, "Some people say that excessive use of *headache and pain relievers* lead to the use of marijuana. Other people believe that this is a foolish idea. With which do you agree?" The questions in this section were constructed to obtain feedback on the level of awareness and understanding of the effects of drugs and the problem of drug abuse. (Questions 25-27.)

5. The students were asked to choose the group or groups of individuals which they felt were most affected by television advertising. This question was to deal with the claim that younger children are more affected by television advertising than older children. (Question 28.)

6. The concluding questions of the survey gave the students an opportunity to express their views on why they felt young people try drugs for the first time. It was felt that at this point in the survey the students would be free to express their ideas without contaminating the preceding questions. (Question 31.)

The independent variables are derived from a battery of demographic questions and questions concerning personal and family usage of a wide variety of substances ranging from cigarettes, alcoholic beverages and medicines to drugs.

In this report, the comparisons are made between grade levels and between users and non-users of selected substances.

THE SAMPLE

The sample consisted of students in the fifth, seventh and eleventh grades, all from the Coronado Unified School District.

Grade:	Students
5th.....	221
7th.....	209
11th.....	176
Total.....	606

ADMINISTRATION AND CODING

The questionnaire was self-administered under the supervision of the teachers of the Coronado Unified School District after guidance by professional researchers.**

The questionnaire was split into four similar versions in order to reduce the overall size of the instrument given to any one student.

Four colors were used to distinguish among the versions of the questionnaire: White, Pink, Gold and Yellow.

Each student was exposed to each fundamental area of inquiry, although no respondent was required to answer all of the questions.

The codes used in tabulations of open-ended questions were determined by using a sample of fifty questionnaires from each grade. A tabulation of each group

* The question numbers correspond to those of the questionnaire. A copy of the questionnaire may be found in Appendix III.

**The author wishes to express his appreciation to Martha Jordan for her help in coding the questionnaires.

of fifty was made by professional researchers and the responses were grouped into the categories occurring most often. Up to nine categories were used on certain questions.**

PHASE III

Phase III incorporates the widely-used advertising copy research technique of forced viewing exposure to specific advertisements.

The students were shown six advertisements:*** Salem cigarettes, Marlboro cigarettes, Compoz, Alka-Seltzer, Contac, and Bayer Aspirin.

After seeing each ad, the students were asked a series of open-ended questions to determine their comprehension and their general receptivity towards the products advertised and the advertisements themselves.

Other questions were designed to elicit responses which might give insight into the relationships, if any, linking advertisements for specific products to drug abuse.

Demographic and usage base-lines of comparison were developed similarly to those used in Phase II; this phase also compares grade levels and users versus non-users of selected drugs.

THE SAMPLE

The questionnaire for this phase was administered to the same students as those in Phase II. After editing and coding, there were 569 respondents distributed as follows:

Grade:	<i>Students</i>
5th.....	218
7th.....	217
11th.....	134
Total.....	569

ADMINISTRATION AND CODING

As in Phase II, the questionnaire was self-administered under the supervision of the teachers of the Coronado Unified School District, under the guidance of the same professional researchers.

Professional researchers determined the codes to be used in tabulations by sampling 100 questionnaires and, thereby, determining the most frequent responses.

The coding was done by the same group as coded Phase II.*

METHODOLOGICAL LIMITATIONS OF THE STUDY

Due to the limitations merely touched upon previously, this study should be viewed as a Pilot; that is, a starting point from which further investigation may proceed. These methodological limitations are concerned with the selection of the students and with the methodology of the study.

In terms of sampling, the study was conducted primarily in the Unified School District of Coronado, California. The community itself is unusual, in that half of its families are attached to the United States Navy.

Its locale is unusual for its proximity to Tijuana, Mexico. The school system is possibly unusual, in that drug abuse education is carried on at a high level, and therefore, opinions concerning drug abuse may reflect this. Because of these characteristics, the findings are not necessarily projectable to other communities.

The methodological limitations of the study were primarily caused by limited funds and limited time; hence, limited professional research for editing, coding and tabulating.

The first of these limitations was that only a minimal amount of pre-testing of the instrument was done by the School District. This was done to determine the proper semantics necessary to communicate with the youngest students.

The questionnaires were self-administered by teachers who had no prior training in this type of work. The teachers were given explicit written instructions by letter, with a short explanation about the importance of their compliance with respect to the success of the study. Whatever biases were introduced by these teachers are unknown.

**Key punching and verification was done by FAST-TAX, INC., of Encino, California. Data processing was done at the Computer Sciences Laboratory of the University of Southern California, using the "Statistical Program for the Social Sciences" on the IBM System 360-65.

***See Appendix VII for description of Commercials.

*Key punching and verification was again done by FAST-TAX, Inc., of Encino, California. Data processing was done at the Computer Sciences Laboratory of the University of Southern California, using the "Statistical Program for the Social Sciences." on the IBM System 360-65.

There was a one-week separation between the phases of the study; this presented the possibility of contamination through discussions among the respondents. Again, because of limited funds, coding was done by college students from California Western University. The coding was, however, supervised by professional researchers.

Data processing was limited to the portions of the studies discussed in this report and due to lack of funds, multivariate analysis could not be performed. Numerical analysis was confined to cross-tabulations previously described.

Statistical error terms may be largely due to the low number of users of some illegal substances and the prior methodological limitations discussed.

The low number of users is also suspect, since students are not prone to admitting to usage of an illegal substance.⁽¹⁵⁾

All drug usage questions in Phase III are additionally suspect, since only family usage (as opposed to self usage) was obtained.

A final limitation pertains to the scope of the study. The project was designed to located relationships between users and non-users at different age levels and some environmental influences upon them:

No attempt has been made to determine causality of drug abuse.

Moreover, sophisticated statistical treatment was not applied because of the basic limitations of sample selection and methodology. It was felt by the investigators that such statistical treatment would compound these basic limitations on the one hand; on the other the application of multi-variate techniques would tend to give the data an unwarranted specious neatness.

THE DETAILED FINDINGS: PHASE I

The first phase in this project was a recall study designed to learn, on a very basic level, which advertisements young people remembered without promptings.

The Rationale.—If a large number of the recalled ads were for pharmaceutical products the assumption would be that this could be one basis for examining the overall hypothesis of the study, i.e., Do advertisements for pharmaceuticals have an influence upon young people. If there was not a large proportion of pharmaceutical products in the list which was recalled, then the assumption would be that this was one indication that pharmaceutical advertising was not affecting young people to an inordinate degree (the preceding is based on the theory that cognition is necessary for conation to occur).⁽¹⁵⁾

The questionnaire consisted of four open ended recall questions and six demographic questions. The recall questions separately covered television programs, their sponsors, commercials of interest, and finally pharmaceutical products. A copy of the questionnaire can be found in Appendix I. There were 376 students (as described in the Methodology above).

TABLE 1.—RANKING OF MOST POPULAR PROGRAMS BY GRADE

Program	Nielsen ¹				
	Grade 5 ²	Grade 7	Grade 11	Age 6 to 11	Age 12 to 17
Bewitched.....	4	8	9	4	-----
Bill Cosby.....	10	4	10	2	1
Bonanza.....	-----	-----	-----	10	5
Brady Bunch.....	2	-----	-----	6	-----
Courtship of Eddie's Father.....	3	6	4	-----	-----
Green Acres.....	-----	-----	-----	5	-----
Here's Lucy.....	-----	-----	-----	7	10
Ironside.....	-----	-----	-----	-----	7
Mayberry RFD.....	-----	-----	-----	10	-----
Mod Squad.....	6	7	2	-----	5
My Three Sons.....	-----	-----	-----	8	-----
ABC Tuesday Night Movie.....	-----	10	8	-----	3
NBC Saturday Night Movie.....	-----	-----	9	5	3
Nanny and the Professor.....	5	-----	-----	-----	-----
Petticoat Junction.....	-----	-----	-----	3	3
Room 222.....	9	2	3	-----	6
Rowan and Martin.....	7	1	1	-----	-----
Sports ⁴	-----	3	6	-----	-----
That Girl.....	8	-----	7	-----	-----
Wonderful World of Disney.....	1	5	-----	1	2

¹ Nielsen rankings are for national network evening broadcast for the age group shown for May 1970. Taken from the Nielsen Television Index, May 1970.

² Only the top 10 programs for each age group or grade are shown.

⁴ Nielsen rates sports telecasts, as opposed to sports as an entity.

³ Tie.

Q. 1. What TV Programs do you try to watch regularly?

Table I shows the responses to this question by grade level and the comparable Nielsen ratings. The programs chosen were consistent with Nielsen ratings for prime time network broadcasts for a similar age group during the period when this study was being conducted.

A numerical tabulation of these programs showed that elementary and junior high students watched a great deal more television than did senior high students. The absolute values are not an accurate indicator of the total amount of television watched per week (although the rankings in Table I are accurate) because the question was not designed to elicit numerical information. Table II shows the tabulation of the amount of television that respondents stated they watched when asked "which programs do you try to watch regularly?"

TABLE II.—NUMBER OF TELEVISION PROGRAMS WATCHED (REGULARLY) AT EACH GRADE LEVEL

	Grade 5 (n=135)	Grade 7 (n=111)	Grade 11 (n=130)
Monday.....	1.75	2.00	1.30
Tuesday.....	1.70	1.75	1.20
Wednesday.....	2.05	1.75	1.40
Thursday.....	1.95	2.15	1.30
Friday.....	2.10	2.00	1.25
Saturday.....	2.15	2.30	1.15
Sunday.....	1.90	2.30	1.30
Total week.....	13.60	14.55	8.90

The figures in Table II are quite low when compared with Nielsen data. Nielsen states that the average child, age 5-11, watches over 23 hours of television per week and that the average child 12-17, watches over 20 hours of television per week. It must be kept in mind that question 1 asked for the names of regularly watched TV programs (as opposed to the amount of television watched per week). Table II does point out that the older students watched much less television than did younger students. This finding is confirmed by the Nielsen data.

TABLE III

Grade:	Recall
5th.....	5.4 commercials per student.
7th.....	6.2 commercials per student.
11th.....	4.4 commercials per student.

(n=376).

The average number of commercials recalled by senior high students was lower in an absolute sense, but viewing (Q. 1 above) was also much lower for senior high students.

TABLE IV

Grade:	Recall (Commercials per program regularly watched)
5th.....	.40
7th.....	.43
11th.....	.49

Senior high recall is higher than that of other grade levels when the number of commercials recalled per number of programs regularly watched is tabulated.

The specific advertisements recalled were those which were sponsoring the most popular programs (as listed in Table 1 above). The relationship between the product and the program should be strong because the question asks for the commercials which sponsor the programs.

Table V shows these products as they were recalled by each grade level.

TABLE V.—COMMERCIALS MOST FREQUENTLY RECALLED FROM THE PROGRAMS LISTED IN TABLE 1: ABSOLUTE NUMBER OF RECALLS

Product	Grade 5 (n=135)	Grade 7 (n=111)	Grade 11 (n=130)	Total (n=37)
Alka Seltzer.....	12	35	30	77
7-up.....	12	27	21	60
Coke.....	13	22	19	54
Right Guard.....	18	15	11	44
Crest.....	16	15	10	41
Bayer Aspirin.....	10	8	15	33
Salem.....	13	14	-----	27
Marlboro.....	-----	11	14	25
Scope.....	12	-----	11	23
Winston.....	11	10	-----	21
Excedrin.....	-----	11	9	20

TABLE VI

Programs recalled most often and their sponsors

Program:

Laugh-in.....	Alka Seltzer, 7-Up, Excedrin
Courtship of Eddie's Father.....	7-Up, Right Guard
Room 222.....	Excedrin
Mod Squad.....	7-Up, Right Guard, Excedrin
Bewitched.....	Alka Seltzer, Right Guard, Excedrin
Walt Disney.....	7-Up
That Girl.....	Alka Seltzer, Right Guard, Excedrin
Bill Cosby.....	Crest, Scope
Brady Bunch.....	7-Up
Sport.....	Coke, Right Guard, Salem Winston, Excedrin, Marlboro
Nanny and the Professor.....	7-Up, Right Guard
Saturday Nite at the Movies.....	Alka Seltzer, Coke, Crest

A complete cross tabulation of the products mentioned by respondents at each grade level can be found in Appendix V.

Q. 3. *Of the TV commercials you have seen in the past month, which five interested you or did you pay the most attention to?*

Approximately one-third of the students (120 of 376) stated that they had seen no commercials of interest. Only nine products received at least five mentions as an advertisement of interest. Table VII shows the advertisements of interest mentioned by respondents at the three grade levels.

TABLE VII.—COMMERCIALS OF INTEREST MENTIONED (ABSOLUTE NUMBER OF MENTIONS)¹

Product	Grade 5	Grade 7	Grade 11	Total
Alka Seltzer.....	12	26	21	59
Antismoking ads.....	19	14	-----	33
7-Up.....	-----	21	12	33
Coke.....	10	12	10	32
Right Guard.....	7	9	6	22
Pepsi.....	7	6	6	19
Gulf.....	8	44	-----	11
Excedrin.....	6	5	-----	11
Contac.....	3	-----	4	7

¹ N=376.

Note: Table shows only those commercials with at least 5 mentions.

Questions 2 and 3 were of the unaided recall type, seeking unsolicited mention of pharmaceuticals. The ads mentioned in question 2 corresponded closely with the programs listed in question 1 and were in many cases not mentioned in response to question 3. It is doubtful if the responses to these questions would indicate interest in a particular product. The responses to these questions only indicate an awareness of the product, these responses do not indicate if there is any knowledge of the product's attributes and certainly do not indicate any interest in the product on the part of the students.

Q. 4. *What TV commercials for certain medicines or illnesses do you recall?*

TABLE VIII.—RECALL OF PHARMACEUTICAL ADVERTISEMENTS

Grade:	Recall (pharmaceutical advertisements per student)
5th.....	3. 27
7th.....	4. 40
11th.....	4. 19
(n=376).	

This question provided aided recall data. No assumptions can be made as to unaided or unprompted interest toward pharmaceuticals because the students were specially asked about this product class only. The list of pharmaceuticals recalled in this question was quite extensive and the average number of pharmaceuticals recalled per student was quite high.

A complete listing of the pharmaceuticals named is in Table IX.

TABLE IX.—LISTING OF PHARMACEUTICAL ADVERTISEMENTS MENTIONED IN AIDED RECALL TEST

Product	Grade 5 (n=135)	Grade 7 (n=111)	Grade 11 (n=96)	Total (n=342)
Bayer Aspirin.....	37	38	42	117
Sominex.....	38	26	28	92
Alka Seltzer.....	29	33	26	88
Excedrin.....	32	31	23	86
Bufferin.....	23	29	27	79
Pepto Bismol.....	18	20	16	54
Anacin.....	8	18	18	44
Contac.....	11	11	18	40
Vicks Cough Drops.....	20	17		37
Milk of Magnesia.....	10	12	13	35
St. Joseph's Aspirin.....	7	8	19	34
Sleepeze.....		18	16	34
Vicks 44.....			27	27
Geritol.....		12	15	27
Vivarin.....		6	10	16
Romilar.....		9	6	15
Vicks Cough Syrup.....	11			11
Ex Lax.....		11		11
Pals Vitamins.....	5	6		11
Nytol.....		11		11
Ben Gay.....	10			10

If there had been a large number of pharmaceutical products mentioned in response to questions 2 and 3, the assertion could be made that there was an unusual interest in this class of products on the part of the sample.

This did not occur and therefore the assertion cannot be made. Although a large number of pharmaceuticals listed in response to question 4 were brought about by aided recall, the general assertion still can not be made with any conviction. No question was asked to test recall for a different product class,* therefore there is little basis for stating whether the list of pharmaceuticals is large or small. Aided recall for another product class might have resulted in an equally extensive list.

The listing of pharmaceuticals in response to question 4 is informative only in so far as it is one indication of how much or little pharmaceutical advertising has penetrated the conscious minds of the students.

RADIO

The respondents were next asked the above four questions with different wording to reflect radio listening habits and recall of radio commercials.

Listening increased with age, as opposed to viewing which decreased with age (see Table II above.) Table X shows the tabulation of radio that students stated they listened to when asked "What radio programs do you try to listen to regularly?" As was the case with Table II above, the absolute values are not accurate indicators of the amount of radio listened to per week. The question was not designed to elicit this information. The tabulation suffers from an additional inaccuracy: many radio programs are several hours in length. There is no indication

*This portion of the work was done by H. E. Brayer. Due to strong budgetary limitations, additional data could not be satisfactorily gathered and analyzed.

as to how long a program is listened to each day. Respondents often list only a radio call sign, or stated only that the radio was on a music station. It was impossible to accurately tabulate the names or types of programs listened to.

TABLE X

Number of radio programs listened to (regularly)

Total week:		
Grade 5	-----	5.35 (n=136)
Grade 7	-----	7.96 (n=106)
Grade 11	-----	9.31 (n=134)

TABLE XI

Recall of radio advertisements

		<i>Recall (Adver- tisements per student)</i>
Grade:		
5th	-----	.98
7th	-----	3.39
11th	-----	3.10
(n=376).		

Recall of radio advertisements (question two) was quite low when compared with recall of television advertisements.

TABLE XII

Another view of recall of radio advertisements

		<i>Recall (Adver- tisements per radio program)</i>
Grade:		
5th	-----	.18
7th	-----	.43
11th	-----	.33

In the unaided recall questions for radio (questions two and three), the only pharmaceuticals mentioned more than five times were skin creams. The number of pharmaceuticals mentioned in question four of the radio section (aided recall) was very low when compared with aided recall of televised pharmaceutical advertisements.

The results of Phase I may not be considered as substantiating the claim that pharmaceutical advertisements are salient for the members of the sample. It is interesting to note, however, the high awareness which young people have of television commercials for pharmaceuticals when they are asked directly to list them. (see implications).

THE DETAILED FINDINGS—PHASE II

The second phase of the project was a multi-dimensional survey designed to elicit conscious responses to a wide variety of questions dealing with environmental and psychological factors and their effects upon the attitudes which young people have concerning legal and illegal drugs.

The areas of inquiry (as described in the Methodological Description in a preceding section) are examined in the following pages.

1. *The Saliency of Advertising*(16): Q. 1. *Please rate the following things according to the amount of time that you spend talking about them with your friends, family and teachers.*

In an attempt to measure the relative saliency of advertising as an influence in comparison with other influences prevalent in our society, the students were asked to rate fifteen influences * * * "according to the amount of time (they) spend talking about them" * * * Responses to this question (and, indeed to all responses in this study) are on a conscious level and must be evaluated at that level.

Table I shows the comparative ranking of the fifteen influences.

TABLE 1.—RANKING OF TIME SPENT TALKING ABOUT INFLUENCES AT EACH GRADE LEVEL

Influences	Grade 5 (n=221)	Grade 7 (n=209)	Grade 11 (n=176)
Religion.....	7	8	10
Family.....	1	3	4
School.....	5	4	1
Stores and shops.....	11	9	13
Radio programs.....	15	12	14
TV programs.....	3	5	9
Newspapers.....	10	13	11
Military service.....	9	10	8
Advertisements and commercials.....	14	14	12
Clothes.....	8	7	7
Police and courts.....	12	11	7
Music.....	6	6	2
Medical subjects.....	13	1	15
Sports.....	2	2	5
Movies.....	4	1	3

Note: Religion ranked 7th of 15 items among 5th graders, 8th among 7th graders and 10th among 11th graders. Advertising was ranked quite low as a subject of discussion at each grade level. Heavily discussed items were sports, movies, music, school, and family.

TV Programs were rated quite high (3) for Grade 5, fairly high (5) for Grade 7 and below average (9) for Grade 11. This is the first indicator of the relative influence of television on younger children.

As with TV Programs, the relative importance of Religion and Family as subjects of conversation appears to decline with increasing age.

Conversely, the importance of School, Clothes, Advertisements, Police and Music as subjects of conversation appeared to increase with increasing age.

The low relative saliency of Advertising must be kept in mind when considering the influence of advertising on drug usage later in the study. The high saliency of TV Programs offsets this to some degree, since most advertising considered in this study was related to television. The conflict between advertising and television can be partially explained by the hypothesis that people generally do not admit to being personally or deeply concerned with advertising. (15)

2. *Advertising as an Influencing Agent in Formulating Attitudes Towards Legal and Illegal Drugs: Q. 4. How do these things affect the way you feel about medicines? Q. 6. About Marijuana? Q. 8. About Drugs?*

Tables II, III and IV show the comparative ranking (for feelings toward Medicines, Marijuana and Illegal Drugs respectively) of the influences previously listed.

In Table II, Advertising ranked fairly high among 7th and 11th graders. Advertising had a greater effect on feelings toward medicines (Table II) than on feelings toward Marijuana (Table III) or Illegal Drugs (Table IV).

Family and Medical subjects seemed to have the most effect on young peoples' feelings. Family, very consistently, was the most important influencing agent upon young people in each of the areas of questioning. This is consistent with the findings of Woodrow Zinser, Director of the Ohio State Drug Education Program. (17)

TABLE 11.—RANKING OF ITEMS INFLUENCING FEELINGS TOWARD MEDICINES¹

Item	Grade 5	Grade 7	Grade 11
Religion.....	11	10	7
Family.....	2	1	2
School.....	7	4	6
Stores and shops.....	15	12	12
Radio programs.....	12	13	9
TV programs.....	6	5	4
Newspapers.....	3	8	5
Military service.....	10	11	14
Advertisements and commercials.....	5	3	3
Clothes.....	14	14	15
Police and courts.....	4	7	8
Music.....	12	15	13
Medical subjects.....	1	2	1
Sports.....	9	6	10
Movies.....	8	9	11

¹ n=302.

Note: Religion ranked 11th of 15 items in influencing grade 5 respondent's feelings toward medicines; it ranked 10th of 15 for grade 7 and 7th of 15 for grade 11.

TABLE III.—RANKING OF ITEMS INFLUENCING FEELINGS TOWARD MARIHUANA¹

Item	Grade 5	Grade 7	Grade 11
Religion.....	11	8	10
Family.....	6	1	1
School.....	5	3	5
Stores and shops.....	14	15	15
Radio programs.....	9	11	8
TV programs.....	4	6	6
Newspapers.....	2	5	4
Military service.....	10	11	13
Advertisements and commercials.....	7	10	11
Clothes.....	13	14	14
Police and courts.....	3	2	2
Music.....	15	13	7
Medical subjects.....	1	4	3
Sports.....	12	7	12
Movies.....	8	8	9

¹ n=155.TABLE IV.—RANKING OF ITEMS INFLUENCING FEELINGS TOWARD ILLEGAL DRUGS¹

Item	Grade 5	Grade 7	Grade 11
Religion.....	8	8	6
Family.....	2	1	1
School.....	9	3	2
Stores and shops.....	14	13	15
Radio programs.....	11	11	11
TV programs.....	3	6	7
Newspapers.....	7	4	5
Military service.....	12	11	13
Advertisements and commercials.....	5	7	9
Clothes.....	15	14	14
Police and courts.....	1	5	3
Music.....	13	15	8
Medical subjects.....	6	2	4
Sports.....	10	10	12
Movies.....	4	9	10

¹ n=147. The wide range of n from 1 question to another is a result of split runs. To avoid respondent fatigue, the questionnaire was split 4 ways.

In Tables III and IV, Advertising is ranked near the center of the listing of items

This would indicate that young people do not feel that Advertising per se is a chief influencer of their feelings toward Marijuana or Illegal Drugs.

In Tables III and IV, elementary school students ranked TV Programs above or with School and Family as an influencing agent. This ranking, if true, would be an important finding. This attitude appears only at this point in the findings; it is not substantiated elsewhere. Nevertheless, the relationship should be noted and studied more closely.

Tables II, III and IV were concerned with Medicines, Marijuana and Illegal Drugs respectively. Table V is a composite of these three tables.

High School students rated School as the second most influential factor (behind Family) in affecting feelings toward drugs.

The students in the pilot study rated school as the psychological equivalent of peer group.

TABLE V.—COMPOSITE RANKING OF ITEMS INFLUENCING FEELINGS TOWARD MEDICINE, MARIHUANA, AND ILLEGAL DRUGS

Item	Grade 5	Grade 7	Grade 11
Religion.....	9	9	8
Family.....	3	1	1
School.....	7	3	4
Stores and shops.....	14	13	14
Radio programs.....	11	12	9
TV programs.....	5	6	6
Newspapers.....	3	5	5
Military service.....	11	11	13
Advertisements and commercials.....	6	7	7
Clothes.....	14	14	15
Police and courts.....	2	4	3
Music.....	13	15	9
Medical subjects.....	1	2	2
Sports.....	10	8	12
Movies.....	7	9	11

In examining Table V, the most influential items were Family, School, Police & Courts and Medical Subjects. Advertising and TV Programs ranked near the center of the listing for each grade.

Again, the notable exception to this was that, even on a composite basis, TV Programs were ranked above Schools by the Elementary school students.

The data examined in Tables I through V above compared the feelings of young people of different grades. This data was also examined to compare the feelings of users and non-users of various substances (beer and wine, tranquilizers, pep pills and marijuana).

In Table VII, the rankings of ". . . time spent talking about . . ." are displayed to show the responses in a user/non-user dichotomy.

In Table VI, it was shown that usage of these substances was heavily skewed toward the older students.

TABLE VI.—USERS OF VARIOUS SUBSTANCES AT SEVERAL GRADE LEVELS¹
[In percent]

Substance	Grade 5	Grade 7	Grade 11	Overall
Beer and wine.....	41	45	77	53
Tranquilizers.....	4	10	13	9
Pep pills.....	4	7	13	8
Marihuana.....	2	13	31	16

¹ n=570.

TABLE VII.—RANKING OF TIME SPENT TALKING ABOUT INFLUENCES BY USERS AND NONUSERS OF SELECTED SUBSTANCES

Influences:	Usage of—							
	Beer and wine		Tranquilizers		Pep pills		Marihuana	
	Have not used	Have used						
Religion.....	7	8	7	8	7	11	7	9
Family.....	1	3	1	2	1	9	2	2
School.....	3	7	3	4	3	3	3	3
Stores and shops.....	10	11	11	9	10	7	10	10
Radio programs.....	15	13	15	10	15	10	15	15
TV programs.....	5	5	6	6	5	8	5	8
Newspapers.....	11	12	12	13	12	13	11	13
Military service.....	9	10	9	12	9	15	9	11
Advertisements and commercials.....	13	14	13	15	13	12	14	12
Clothes.....	8	6	8	5	7	5	8	7
Police and courts.....	12	9	10	11	11	6	12	4
Music.....	6	4	5	3	6	1	6	1
Medical subjects.....	14	15	14	14	14	14	13	14
Sports.....	2	2	2	1	2	2	1	6
Movies.....	4	1	4	7	4	4	4	5
	(n=279)	(n=314)	(n=534)	(n=53)	(n=544)	(n=47)	(n=496)	(n=95)

If Table VII and Table I are compared, it may be seen that (with minor differences) the rankings of non-users' feelings correspond to the rankings of younger respondents' feelings, and the rankings of users' feelings correspond to the rankings of older respondents' feelings. This roughly parallel relationship holds throughout Phase II of the study.

There is no recognizable pattern of association between usage of substances by the family and feelings toward influences by the respondents. The influence of the family is examined more closely at another point in the study.

3. *Respondent Attitudes Toward Advertisements for Various Product Classes: Q. 10 Headache and pain relievers. Q. 11. Stimulants and depressants. Q. 12. Cold remedies. Q. 13. Cigarettes. Q. 14. Beers.*

Questions 10 through 14 were designed to seek out student opinions on specific product classes and on advertisements for these product classes. There were five questions concerned with each product class. The first three questions for each class dealt with recall and thoughts concerning the advertisements. All students were examined as one group for these three questions; there are no cross tabulations by grade level or usage.

A. What messages, if any, do the advertisements for this type of product have in common?

A great majority of respondents, when asked what messages a product class had in common, stated merely that the ad told about the product attributes:

TABLE VIII.—RESPONDENTS STATING THAT AD IS MERELY DESCRIBING PRODUCT

	Percent	(n)
Headache and pain relievers.....	82	(305)
Stimulants and depressants.....	64	(301)
Cold remedies.....	71	(305)
Cigarettes.....	58	(301)
Beers.....	69	(305)

Conversely, a very small group of respondents stated that the message either implied escape or good times, or told about product dangers.

TABLE IX.—RESPONDENTS STATING THAT AD IS IMPLYING ESCAPE, GOOD TIMES OR PRODUCT DANGER

	Percent	(n)
Headache and pain relievers.....	1	(305)
Stimulants and depressants.....	4	(301)
Cold remedies.....	2	(305)
Cigarettes.....	7	(301)
Beers.....	2	(305)

A complete tabulation of the results of parts A, B and C of questions 10 through 14 can be found in Appendix VI.

B. What Thoughts Go Through Your Mind When You See These Advertisements?

The largest group of respondents answered that either the ad or the product was bad. The second largest group said that the ad was true or it made one want to use the product. A small group said the ad led to misuse of the product or to use of illegal substances.

TABLE X.—RESPONDENTS' REPLIES TO "WHAT THOUGHTS GO THROUGH YOUR MIND WHEN YOU SEE THESE ADVERTISEMENTS"¹

	[In percent]
Headache and pain relievers:	
Bad ad; bad product.....	44
Ad leads to use; true ad.....	11
Leads to misuse (n=305).....	2
Stimulants and depressants:	
Bad ad; bad product.....	46
Ad leads to use; true ad.....	11
Leads to misuse (n=301).....	2
Cold remedies:	
Bad ad; bad product.....	29
Ad leads to use; true ad.....	13
Leads to misuse (n=305).....	4
Cigarettes:	
Bad ad; bad product.....	70
Ad leads to use; true ad.....	7
Leads to misuse (n=301).....	1
Beers:	
Bad ad; bad product.....	30
Ad leads to use; true ad.....	21
Leads to misuse (n=305).....	2

¹ The figures in the above table do not sum to 100 percent because only the most relevant responses are shown in this section of findings.

C. Do you ever discuss ads for this type of product with your friends? In what way? What do you say?

The third question dealt with what young people said when (or if) they discussed ads for these products. A majority of respondents did not discuss the ads. The remainder were split between those who criticized the ads and those who discussed effectiveness of the product or the ad.

TABLE XI.—RESPONSES TO "DO YOU EVER DISCUSS ADS FOR THIS TYPE OF PRODUCT WITH YOUR FRIENDS?"¹

	Percent
Headache and pain relievers:	
Do not discuss.....	47
Joke about or criticize ad.....	22
Discuss product or add attributes (n=305).....	13
Stimulants and depressants:	
Do not discuss.....	58
Joke about or criticize ad.....	13
Discuss product or ad attributes (n=301).....	11
Cold remedies:	
Do not discuss.....	62
Joke about or criticize ad.....	10
Discuss product or ad attributes (n=305).....	8
Cigarettes:	
Do not discuss.....	54
Joke about or criticize ad.....	14
Discuss product or ad attributes (n=301).....	15
Beers:	
Do not discuss.....	59
Joke about or criticize ad.....	6
Discuss product or ad attributes (n=305).....	14

¹ The figures in the above table do not sum to 100 percent because only the most relevant findings are shown in this section of findings.

The tabulations for the three questions examined above seem to concur with earlier findings (Questions 1, 4, 6, 8). At a conscious level advertising does not greatly seem to affect young people. They are critical of it and do not feel *personally* affected in an adverse manner.

D. Do you think that these ads affect young people in any way? How?

TABLE XI.—RESPONSES TO "DO YOU THINK THAT THESE ADS AFFECT YOUNG PEOPLE IN ANY WAY?"¹

	Percent
Headache and pain relievers:	
No effect on young people.....	36
Leads to proper use.....	5
Leads to improper use (n=305).....	22
Stimulants and depressants:	
No effect on young people.....	37
Leads to proper use.....	4
Leads to improper use (n=301).....	36
Cold remedies:	
No effect on young people.....	48
Leads to proper use.....	4
Leads to improper use (n=305).....	13
Cigarettes:	
No effect on young people.....	22
Leads to proper use.....	2
Leads to improper use (n=301).....	54
Beers:	
No effect on young people.....	36
Leads to proper use.....	3
Leads to improper use (n=305).....	19

¹ The figures in the above table do not sum to 100% because only the most relevant findings are shown in this section of findings.

In answering the fourth question, the students felt that *other* young people might be adversely affected; although in response to prior questions, students stated that they, personally, were not affected.

The apparent contradiction which is brought to bear at this point is one of the major points of the study.

The fact that the students felt that young people in general were affected by advertising suggests "projection"; or an admission that they personally are also susceptible. The fact that a substantial (see Table XI) number of students felt that advertisements for certain product classes led to improper use suggests a latent feeling exists that advertising is a powerful influence, capable of abuse.

One possible effect of the anti-smoking campaigns seems to be evident in the figures (Table XII) which show that in almost all cases respondents feel that cigarette commercials are advertising a "bad" product: This is an example of the potential abuse mentioned above.

E. Do you feel that it is wrong to have ads for this type of product on television? Why?

With the exception of cigarettes, it was generally felt that advertising was a necessary part of our society, since the manufacturer has the right to sell his product and advertising is a source of information. Respondents also felt strongly

that ads for stimulants and depressants should not be allowed on television. (See Table XIII.)

TABLE XIII.—PARTIAL RESPONSES TO "DO YOU FEEL THAT IT IS WRONG TO HAVE ADS FOR THIS TYPE OF PRODUCT ON TELEVISION?"

	Percent
Headache and pain relievers:	
It is wrong to have ads on TV.....	28
It is not wrong.....	64
No answer (n=305).....	8
Stimulants and depressants:	
It is wrong to have ads on TV.....	38
It is not wrong.....	52
No answer (n=301).....	10
Cold remedies:	
It is wrong to have ads on TV.....	19
It is not wrong.....	69
No answer (n=305).....	12
Cigarettes:	
It is wrong to have ads on TV.....	63
It is not wrong.....	26
No answer (n=301).....	11
Beers:	
It is wrong to have ads on TV.....	23
It is not wrong.....	65
No answer (n=305).....	12

The distribution of the three questions was similar to that of the first question. The first question was asked first, and the second and third questions were asked in that order. The first question was asked first, and the second and third questions were asked in that order. The first question was asked first, and the second and third questions were asked in that order.

TABLE IV.—RESPONSES TO "DO YOU THINK THAT THERE ARE ANY WAYS IN WHICH YOU FEEL THAT IT IS WRONG TO HAVE ADS FOR THIS TYPE OF PRODUCT ON TELEVISION?"

Response	Percent
It is wrong to have ads on TV.....	28
It is not wrong.....	64
No answer (n=305).....	8
It is wrong to have ads on TV.....	38
It is not wrong.....	52
No answer (n=301).....	10
It is wrong to have ads on TV.....	19
It is not wrong.....	69
No answer (n=305).....	12
It is wrong to have ads on TV.....	63
It is not wrong.....	26
No answer (n=301).....	11
It is wrong to have ads on TV.....	23
It is not wrong.....	65
No answer (n=305).....	12

The distribution of the three questions was similar to that of the first question. The first question was asked first, and the second and third questions were asked in that order. The first question was asked first, and the second and third questions were asked in that order. The first question was asked first, and the second and third questions were asked in that order.

With the exception of cigarettes, it was generally felt that advertising was a necessary part of our society, since the manufacturer has the right to sell his product and advertising is a source of information. Experiments also indicated

TABLE XIV.—DO ADS FOR THESE PRODUCTS AFFECT YOUNG PEOPLE?

Product	[By percentage]														
	Headache and pain relievers (n=305)			Stimulants and depressants (n=301)			Cold remedies (n=305)			Cigarettes (n=301)			Beers (n=305)		
Grade	5	7	11	5	7	11	5	7	11	5	7	11	5	7	11
Yes	59.0	46.2	46.8	56.5	59.8	49.4	40.4	25.2	44.3	74.8	70.4	59.5	53.8	50.0	51.3
No	26.7	42.3	38.7	35.2	36.1	40.0	42.3	58.3	44.3	14.0	22.4	32.1	34.6	34.6	43.4
No answer/don't know	14.3	11.5	14.5	8.3	4.1	10.6	17.3	16.5	11.4	11.2	7.2	8.4	11.6	15.4	5.3

IS IT WRONG TO HAVE ADS FOR THESE PRODUCTS ON TELEVISION?

Product	[By percentage]														
	Headache and pain relievers (n=305)			Stimulants and depressants (n=301)			Cold remedies (n=305)			Cigarettes (n=301)			Beers (n=305)		
Grade	5	7	11	5	7	11	5	7	11	5	7	11	5	7	11
Yes	33.3	27.9	16.1	39.6	44.4	32.9	21.4	15.4	13.1	74.1	70.7	41.2	29.8	24.0	13.5
No	58.1	63.5	75.8	52.8	46.5	57.3	67.0	70.2	80.3	20.4	21.2	37.6	55.8	62.5	82.2
No answer/don't know	8.6	8.6	8.1	7.6	9.1	9.8	11.6	14.4	6.6	5.5	8.1	21.7	14.4	13.5	4.3

Sections D and E (above) examined at several grade levels.—The fourth and fifth questions in this section were further examined to compare the responses of users and non-users of several substances and to compare the responses of students at the various grade levels.

The problem discussed previously when comparing users and non-users held true in this section also. Therefore, only the grade levels were examined.

The figures which stand out most in Table XIV are those concerned with cigarettes: I.e., the relatively large number of students (in Grades 5 and 7 especially) who felt it was wrong to have cigarette ads on television, feeling these ads could lead to improper use of the product. The number of younger students that felt there is a proper use for cigarettes is very small, another indication of the potential for abuse inherent in advertising.

The anti-smoking campaign seems to have shown the potential of advertising: If nothing else in this study stands to show the influence of advertising in general upon young people, the data presented here make this point. This is because antismoking ads, in combination with other environmental influences, seems to have affected attitudes toward the product, *per se*.

Generally the younger students felt more strongly that "advertising affects young people." This could be because younger people have a greater dependency than older people upon outside influences. Regardless of the reason, the majority of students felt that advertisements affected young people.

With the exception of cigarette advertisements, students felt that ads were a part of our society. Only a small minority of the older students felt that it was wrong to have ads on television. This may merely reflect a better knowledge of business and economics on their part.

A notable exception to the results described in the previous paragraphs was that 7th graders had unusual feelings toward stimulants and depressants as a class of products. These students felt strongly that ads for this type of product affect young people and that ads for these products should not be on television. In each of the other product classes, 7th graders felt less strongly than did 5th graders about the advertising. This concern is not reflected in usage patterns for these products and indicates that real usage patterns may differ from the reported usage patterns.

4. Comparison of Usage Patterns of the Respondents and Their Families: Q. 23. How Often Do You Use These Substances? Q. 24. How Often Do Members of Your Family Use Each of These Substances?

An important area of influence upon young people is the family. This point was shown in the first section of findings for Phase II. When various influences were rated and ranked, the family was judged as the most important influence upon the individual respondent by 7th and 11th graders. It ranked high among 5th graders (Tables II through V).

At this point of the study the family is examined as an influencer of usage. Tables XV through XXVI show the relationship between family usage and individual usage.

Tables XV through XIX deals with the effects of family usage habits on respondent usage of marijuana. The tables show that marijuana usage is much higher in families that consume alcoholic beverages, depressants or marijuana itself. Cigarette consumption by the family does not seem to affect marijuana usage among respondents.

TABLE XV.—RELATIONSHIP OF FAMILY USE OF CIGARETTES TO RESPONDENT USE OF MARIHUANA¹

		[In percent]	
		Family use of cigarettes	
		Do not use	Use
Respondent use of marihuana:	Do not use.....	85.3	84.2
	Use.....	14.7	15.8
	Total.....	100.0	100.0

¹ n=576.

TABLE XVI.—RELATIONSHIP OF FAMILY USE OF BEER AND WINE TO RESPONDENT USE OF MARIHUANA¹
[In percent]

	Family use of beer and wine	
	Do not use	Use
Respondent use of marihuana:		
Do not use.....	90.8	84.0
Use.....	9.2	16.0
Total.....	100.0	100.0

¹ n=572.

TABLE XVII.—RELATIONSHIP OF FAMILY USE OF LIQUOR TO RESPONDENT USE OF MARIJUANA¹

	Family use of liquor (percent)	
	Do not use	Use
Respondent use of marijuana:		
Do not use.....	91.0	82.0
Use.....	9.0	18.0
Total.....	100.0	100.0

¹ n=564.

TABLE XVIII.—RELATIONSHIP OF FAMILY USE OF MARIJUANA TO RESPONDENT USE OF MARIJUANA¹

	Family use of marijuana (percent)	
	Do not use	Use
Respondent use of marihuana:		
Do not use.....	90.6	25.5
Use.....	9.4	74.5
Total.....	100.0	100.0

¹ n=572.

TABLE XIX.—RELATIONSHIP OF FAMILY USE OF SLEEPING PILLS TO RESPONDENT USE OF MARIHUANA¹

	Family use of sleeping pills (percent)	
	Do not use	Use
Respondent use of marihuana:		
Do not use.....	83.5	72.1
Use.....	16.5	27.9
Total.....	100.0	100.0

¹ n=572.

Tables XIX and XX show the high correlation between family usage of alcoholic beverages and respondent usage of beer and wine.

TABLE XX.—RELATIONSHIP OF FAMILY USE OF BEER AND WINE TO RESPONDENT USE OF BEER AND WINE¹

	Family use of beer and wine (percent)	
	Do not use	Use
Respondent use of beer and wine:		
Do not use.....	81.5	42.4
Use.....	18.5	57.6
Total.....	100.0	100.0

¹ n=574.

TABLE XXI.—RELATIONSHIP OF FAMILY USE OF LIQUOR TO RESPONDENT USE OF BEER AND WINE¹

	Family use of liquor (percent)	
	Do not use	Use
Respondent use of beer and wine:		
Do not use.....	70.5	37.3
Use.....	29.5	62.7
Total.....	100.0	100.0

¹ n=566.TABLE XXII.—RELATIONSHIP OF FAMILY USE OF CIGARETTES TO RESPONDENT USE OF PEP PILLS¹

	Family use of cigarettes (percent)	
	Do not use	Use
Respondent use of pep pills:		
Do not use.....	94.7	91.2
Use.....	5.3	8.8
Total.....	100.0	100.0

¹ n=576.TABLE XXIII.—RELATIONSHIP OF FAMILY USE OF BEER AND WINE TO RESPONDENT USE OF PEP PILLS¹

	Family use of beer and wine (percent)	
	Do not use	Use
Respondent use of pep pills:		
Do not use.....	96.9	91.9
Use.....	3.1	8.1
Total.....	100.0	100.0

¹ n=572.TABLE XXIV.—RELATIONSHIP OF FAMILY USE OF LIQUOR TO RESPONDENT USE OF PEP PILLS¹

	Family use of liquor (percent)	
	Do not use	Use
Respondent use of pep pills:		
Do not use.....	95.2	90.9
Use.....	4.8	9.1
Total.....	100.0	100.0

¹ n=564.TABLE XXV.—RELATIONSHIP OF FAMILY USE OF TRANQUILIZERS TO RESPONDENT USE OF PEP PILLS¹

	Family use of tranquilizers (percent)	
	Do not use	Use
Respondent use of pep pills:		
Do not use.....	94.0	87.7
Use.....	6.0	12.3
Total.....	100.0	100.0

¹ n=572.

TABLE XXVI.—RELATIONSHIP OF FAMILY USE OF PEP PILLS TO RESPONDENT USE OF PEP PILLS ¹

	Family use of pep pills (percent)	
	Do not use	Use
Respondent use of pep pills:		
Do not use.....	95.5	51.1
Use.....	4.5	48.9
Total.....	100.0	100.0

¹ n=572.

Tables XXII through XXVI show that the likelihood of usage of pep pills by students is higher in families where alcoholic beverages, stimulants, or depressants are used.

Tables XV and XXVI indicate trends in support of the argument that the family influences young peoples' actions to a great degree.

5. *Which Types of People are most affected by Advertising? Why were these Groups Picked? How are they Affected?*

The students were asked to choose the group of groups of individuals which they felt were most affected by television advertising. This question was to deal with the claim that younger children are more affected by television advertising than older children (Question 28).

TABLE XXVII

Which groups are most affected by advertising?

Group:	Percent
Young people not yet going to school.....	19.3
Young people in grades K to 3.....	25.6
Young people in grades 4 to 8.....	25.4
Young people in grades 9 to 12.....	15.3
People in college.....	11.9
People in military.....	5.1
Housewives.....	24.6
Group leaders.....	5.4
Followers.....	13.0
People who watch a lot of television.....	32.5
Boys.....	8.6
Girls.....	10.1
Good students.....	5.6
Average students.....	6.4
Poor students.....	19.8

(n=606.)

Note: Total is more than 100% due to multiple responses.

The groups chose most often by the respondents were (in ranked order): people who watch a lot of television; young people in grades K to 3; young people in grades 4 to 8; housewives; young people not yet going to school; and poor students. This ranking concurs with earlier findings: students felt that young people were affected by advertising.

Table XIV shows that younger respondents felt more strongly that "advertising" affects young people". Table XXVII shows that all respondents felt that younger people are most susceptible to being affected by television advertising.

Table XXVII presents a more detailed view of this topic by examining responses by grade level.

TABLE XXVII.—GROUPS MOST AFFECTED BY ADVERTISING CROSS-TABULATED BY GRADE LEVELS

Groups most affected	Percentage		
	Grade 5 (n=216)	Grade 7 (n=204)	Grade 11 (n=172)
Young people not yet going to school	16.7	19.1	19.2
Young people in grades K to 3	17.6	25.5	30.8
Young people in grades 4 to 8	20.8	21.8	29.1
Young people in grades 9 to 12	18.1	13.7	11.0
People in college	16.2	15.2	1.7
People in military	5.6	3.9	3.5
Housewives	13.9	22.5	32.6
Group leaders	6.4	7.4	1.2
Followers	5.2	13.7	19.8
People who watch a lot of television	21.8	34.3	40.7
Boys	9.7	12.3	1.7
Girls	10.6	14.2	2.3
Good students	8.8	6.4	1.2
Average students	6.0	9.8	2.3
Poor students	¹ 17.6	25.0	8.1

¹ 17.6 percent of grade 5 respondents felt that poor students were affected by advertising.

Note: Total is more than 100 percent due to multiple responses.

As seen in Table XXVIII, Grade 5 students thought that all age groups (pre-school through college) were affected approximately in the same way. Grade 7 students thought that young people in Grades K-3 were most affected but that all young people through Grade 8 were highly affected. Grade 11 respondents showed the most distinctions in their choices; they felt strongly that young people in Grades K-8 were most affected by television advertising.

Grade 11 students also felt strongly that "housewives" and "people who watch a lot of television" were highly affected by television advertising. The later would seem obvious.

There is no pattern to indicate differences of opinion in examining the responses of users and non-users to this question. Generally the choices were within a few percentage points of the figures in Table XXVI and any larger differences seem to fluctuate randomly on either side of these figures.*

Interpretation of "why did you pick these groups?" and "how are they affected?" was very difficult because a large number of responses (over 40% and over 50% respectively) were of the "don't know/no answer" type. The remaining answers were quite shallow, therefore, analysis of these two questions was not done.

6. What Makes Young People Try Drugs for the First Time?

This, the last question in the study, was designed to give the respondents the opportunity to express themselves in an area which had been encircled but not necessarily touched upon.

TABLE XXIX.—WHAT MAKES YOUNG PEOPLE TRY DRUGS FOR THE 1ST TIME?

	Percentage		
	Grade 5 (n=209)	Grade 7 (n=200)	Grade 11 (n=146)
Rebellion	3.3	3.0	13.0
Curiosity	25.4	30.0	54.8
Escape	13.4	15.0	36.3
Thrills	12.0	13.0	15.1
Peer group influence; to be "in"	42.1	50.0	59.6
Next step after legal drugs and liquor	2.9	1.0	1.3
Other (7 categories)	12.9	13.0	18.0
Don't know	18.7	13.5	6.2
No answer	11.5	19.0	7.5

Note: Total is more than 100 percent due to multiple responses. Base: Total number of respondents at each grade level.

*Under the circumstances it was thought unnecessary to reproduce this table.

Many of the respondents were quite verbose when asked to state the reasons that young people try drugs for the first time. This was especially so for the 11th graders; there were more than two responses per student in Grade 11 and approximately 1.5 responses per student in Grades 5 and 7.

"Peer group influence; to be 'in' was the most common response to the question. 'Curiosity' was the next most common response."

THE DETAILED FINDINGS—PHASE III

Background

Copy testing is one aspect of advertising research. It involves the evaluation of an advertisement in terms of the achievement of communications objectives set for it by a marketing strategy.* There are several techniques used in evaluating an advertisement *before it is mass exposed*.

Copy testing was used in this study, so the effect of the advertisements, in terms of students' reactions to them, might be measured according to the same criteria used in the advertising business.

The technique used in Phase III is one where the audience is exposed to an advertisement on a one-time basis. Reactions to the advertisement are then measured in terms of the following dimensions:

1. *Comprehension*.—What message is communicated? How clear is it to the students?

2. *General Receptivity*.—Are there any factors in the communication which are off-putting (negatives)? Do they interfere with the communication process? Are there any factors which are intriguing (positives) and possibly affect the communications process in a positive manner?

3. *Believability*.—Are there elements which one finds hard to believe, which might predispose one against positive action (purchase) toward the product as a result of the communication (advertisement) itself?

4. *Purchase Interest*.—What is the level of student interest-to-buy for the products being advertised?***

PURPOSE

The purpose of Phase III is to measure the students' reactions to six specific advertisements along the dimensions of comprehension, negatives and believability.

By the use of an industry-standardized communications research technique, it is hoped that the relationship between general receptivity to the advertising and students' personal use of drugs may be adduced.*** Moreover, the intent was to see if general receptivity to pharmaceutical advertising varies with the age of the student and with the usage.

METHODOLOGY

Five hundred sixty-nine students were shown six advertisements: (1) Salem cigarettes; (2) Marlboro cigarettes; (3) Compoz (calmative); (4) Alka-Seltzer (upset stomach remedy); (5) Contac (cold capsule); and (6) Bayer (Aspirin).

After viewing each advertisement, the students were asked to answer a self-administered questionnaire consisting of six questions designed to test for the dimensions above.****

THE FINDINGS

Comprehension

Approximately 95% of the students were able to play back a general understanding of what each advertisement was about. This is a high level of comprehension.

General Receptivity

The students as a whole reacted differently to the advertisements, depending upon the specific ad and product being advertised.

The following data show the students' reactions toward the commercials themselves:

*A marketing strategy is based upon information which leads one to suspect that a certain message and approach will be more effective in communicating to a certain audience the merits of a certain product.

**Purchase interest is an evaluative dimension whereby the students' reactions along the previous dimensions may be qualified. With established products, purchase interest does not necessarily correlate to the persuasive ability of the advertisement.

***Users are defined in this study in terms of whether a substance is "ever" or "never" used by members of a household. The sample is too small to permit a more discreet definition.

****See Appendix VII for description of advertisement and detailed Tables.

TABLE I

	Liked commercial			
	5th (n=214)	7th (n=213)	11th (n=133)	Total (n=560)
Salem.....	82.3	61.5	78.8	73.6
Marlboro.....	77.8	71.8	72.0	75.2
Compoz.....	53.5	34.3	50.0	45.7
Alka-Seltzer.....	78.1	68.1	78.0	74.5
Contac.....	72.1	63.8	71.2	69.8
Bayer.....	50.5	26.8	32.6	47.5

It may be seen from the above data that the 5th Grade respondents consistently liked the commercials (as opposed to the products) to a greater extent than did either the 7th or 11th Grade students.

Moreover, the Compoz and Bayer ads, were liked as ads less than the others. This could be a function of the product and/or the contents of these commercials.

Believability

There was some disbelief of the claims made by the different products in the advertisements:

TABLE II.—DISBELIEF OF PRODUCT CLAIMS

	5th (n=214)	7th (n=213)	11th (n=133)	Total (n=560)
Salem.....	31.2	27.2	31.1	30.8
Marlboro.....	7.9	12.2	12.0	11.1
Compoz.....	42.3	47.4	40.9	45.7
Alka-Seltzer.....	15.3	10.3	6.8	12.1
Contac.....	32.6	42.3	47.0	40.4
Bayer.....	15.3	18.8	23.5	18.6

In most cases, the 5th Grade students expressed a lesser degree of disbelief in the product claims than did the 7th or 11th Grade students.

Supporting this finding, on another basis, is the following table:

TABLE III.—FOUND NOTHING HARD TO BELIEVE

	5th (n=214)	7th (n=213)	11th (n=133)	Total (n=560)
Salem.....	21.4	16.4	9.1	16.2
Marlboro.....	30.2	26.8	22.0	27.1
Compoz.....	16.7	10.8	4.5	11.8
Alka-Seltzer.....	31.6	28.6	22.0	28.8
Contac.....	38.1	27.7	13.6	28.5
Bayer.....	42.8	43.7	16.7	37.1

The general level of receptivity varied according to product class. This change was in the same direction among all grades for each product.

The cigarette advertisements elicited far more desirable responses about the product from all students than did the other four ads.

The 11th Grade students (highest users of cigarettes) were less negative toward cigarettes than were either the 5th or 7th Grade students.

Among the proprietary drug advertisements, the 5th Grade students were consistently *less negative* toward the product itself.

The data clearly show that a strong relationship exists between age and level of skepticism. Fifth Grade students are almost always more believing than the 7th and 11th Graders.

Point: It could appear that the younger students are more likely to believe the ads tested than are older students.

Believability differed by usership between the users and non-users of Pep Pills only, not the other four substances.

TABLE IV.—HARD-TO-BELIEVE PRODUCT CLAIMS

	Pep pills	
	Users (n=41)	Nonusers (n=464)
Salem.....	14.6	30.8
Marlboro.....	2.4	11.0
Compoz.....	34.1	44.8
Alka-Seltzer.....	14.6	11.6
Contact.....	39.0	41.8
Bayer.....	31.7	18.1

As may be seen from the above data, the users of Pep Pills found product claims hard to believe to a lesser extent than did the non-users. This relationship is found in the Salem, Marlboro and Compoz ads.

Purchase Interest

Purchase interest for the six products was generally *low* among all students.* This might be expected due to the fact that the bulk of purchases are usually made by parents.

The students who said they were *very* interested in purchasing the products are listed by grade below.

*It should be noted here that purchase interest as a dimension is not a true test of student reactions toward the advertisements. Predispositions toward these brands (in that they are all well known and heavily advertised products) is probably operating here.

TABLE V.—PURCHASE INTEREST/VERY INTERESTED

	5th (n=214)	7th (n=213)	11th (n=133)	Total (n=560)
Salem.....	5.6	4.7	0.8	4.2
Malboro.....	5.1	9.9	10.6	8.4
Compoz.....	4.2	3.3	6.8	4.9
Alka-Seltzer.....	14.0	11.7	14.4	13.4
Contact.....	13.0	14.6	17.4	14.8
Bayer.....	17.7	12.2	13.6	14.8

Note: Purchase interest among the users of pep pills and marihuana was appreciably higher than that of nonusers for most of the products in the 6 advertisements.

TABLE VI.—PURCHASE INTEREST/VERY INTERESTED

	Pep pills		Marihuana		Total (n=560)
	Users (n=41)	Nonusers (n=464)	Users (n=62)	Nonusers (n=442)	
Salem.....	9.8	3.7	8.1	3.6	4.2
Malboro.....	24.4	7.1	29.0	5.4	8.4
Compoz.....	14.6	3.9	9.7	3.8	4.9
Alka-Seltzer.....	29.3	12.1	22.6	12.0	13.4
Contact.....	29.3	13.6	27.4	13.1	14.8
Bayer.....	14.6	14.4	14.5	14.5	14.8

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