

The Gallup Organization

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**Office of National Drug Control Policy
Consultation with America
A Look at How Americans View the
Country's Drug Problem**

Final Report

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

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Executive Summary {tc \11 "Executive Summary}

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Background

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

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

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

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

Methodology

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

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

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

SUMMARY OF KEY FINDINGS

Organization of the Report

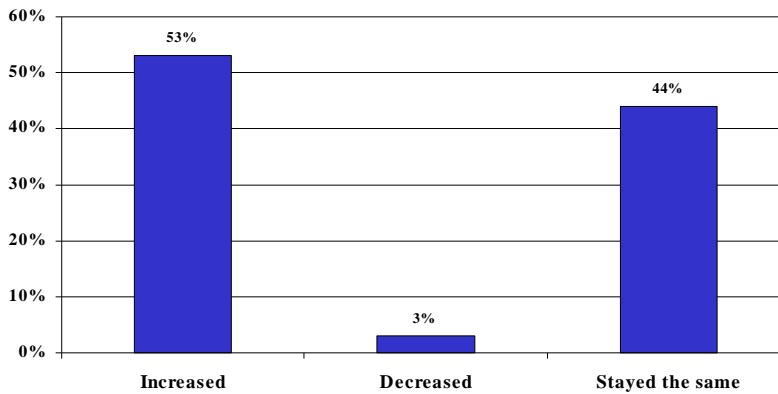
ONDCP's national drug control strategy revolves around five major goals that are geared toward reducing drug use, availability, and its consequences. The research findings in this report are organized around these five goals in order to present insight into public views for each goal.

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

Perceptions of Drugs as a Concern in the United States

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

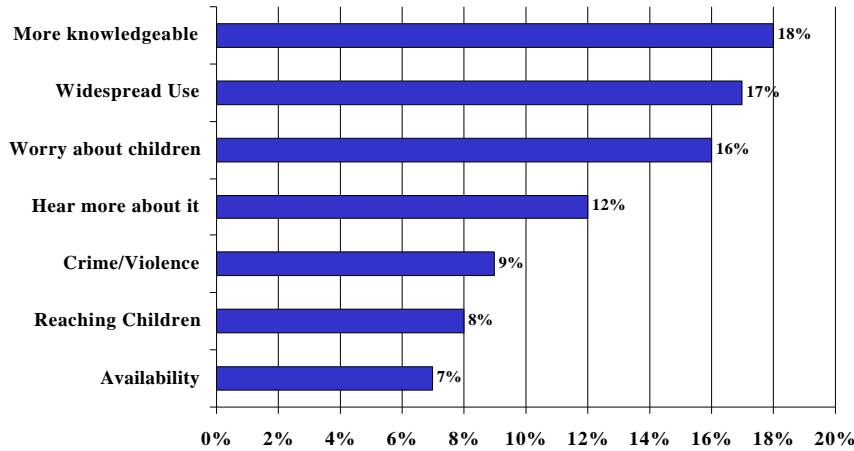
Figure 1. Concerns About Illegal Drug Use Have Increased Over the Past Five Years



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

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

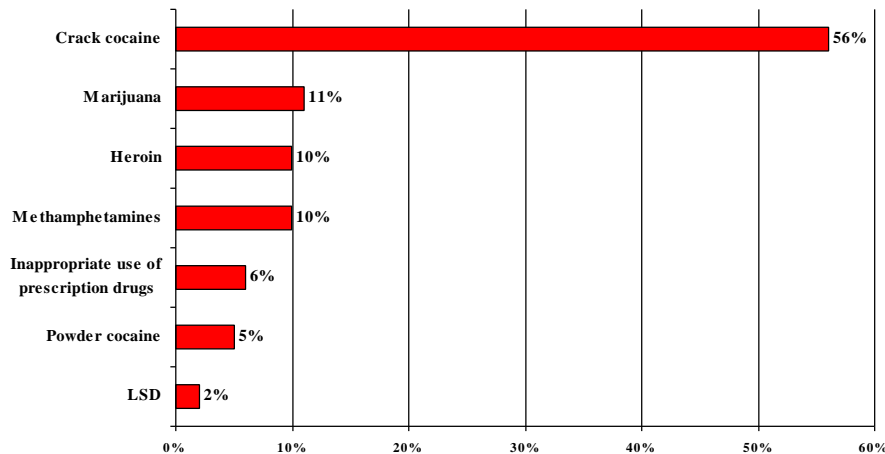
Figure 2. Why Concern Over Drug Use Has Increased



Perceptions of Illegal Drugs

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

Figure 3. Americans Believe Crack Cocaine is the Biggest Problem



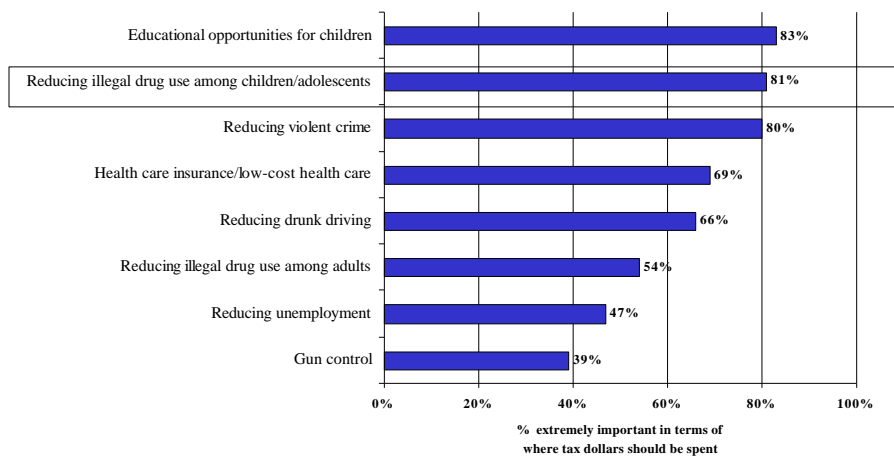
The perception that crack cocaine is the biggest problem drug is much stronger among African American adults than among other racial groups. Well over half of African Americans (57%) consider crack to be the biggest problem drug. Unmarried parents are also more likely to see crack as the biggest problem drug (50%).

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

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

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

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



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

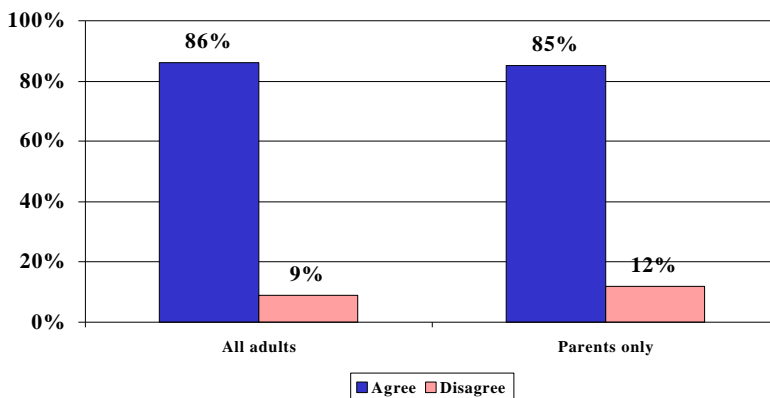
Concern about drugs reaching children is pervasive. Adults, whether they are parents or not, share a concern that youth have an increasing access to drugs. One of the most often-mentioned concerns about drugs is an anxiety about drugs reaching children and worries that their children and grandchildren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

When asked why their concern over illegal drug use has increased, Americans do not cite the crime and violence associated with it as their top reason. Instead, they mention more personal reasons. Most adults report that their concern over drug use has increased because they have become more knowledgeable about it, drug use is becoming more widespread, and they worry about their children and grandchildren. Some specific comments made by respondents include: “It seems to be becoming more prominent, especially with children.” “It is becoming more and more publicized and more and more popular with kids these days.”

“I see more of it among the young people.” “I am seeing it among my son’s peers.”

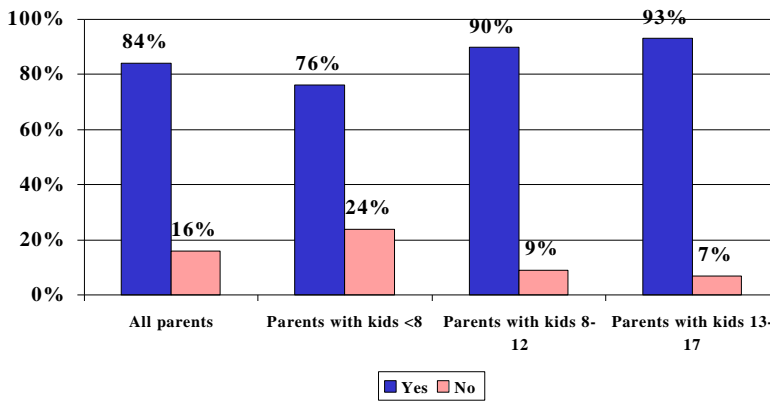
Furthermore, 86 percent of all adults and 85 percent of parents believe that children are starting to use drugs at an earlier age. (See Figure 5.) Single parents are much more likely to agree with this statement (90%) than are married parents (83%). As some respondents said, “Younger and younger kids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

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



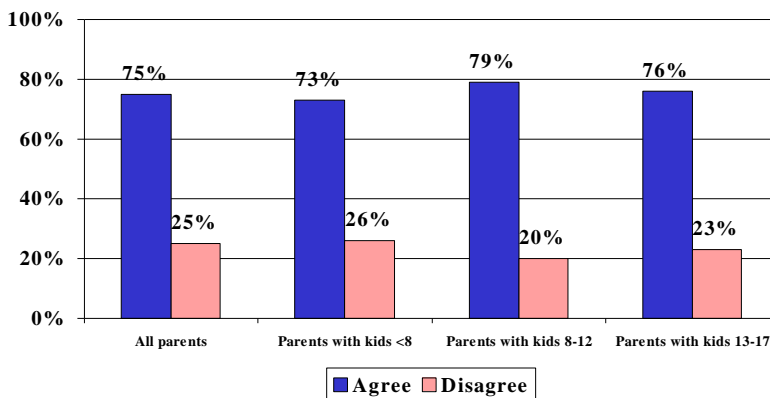
Adult communication with children about drugs is critical. In spite of these serious concerns about drug use and its impact on children, parents express hope that communication with their children can prevent the initiation of drug use. Most parents have talked to their children about drugs (84%), particularly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

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



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

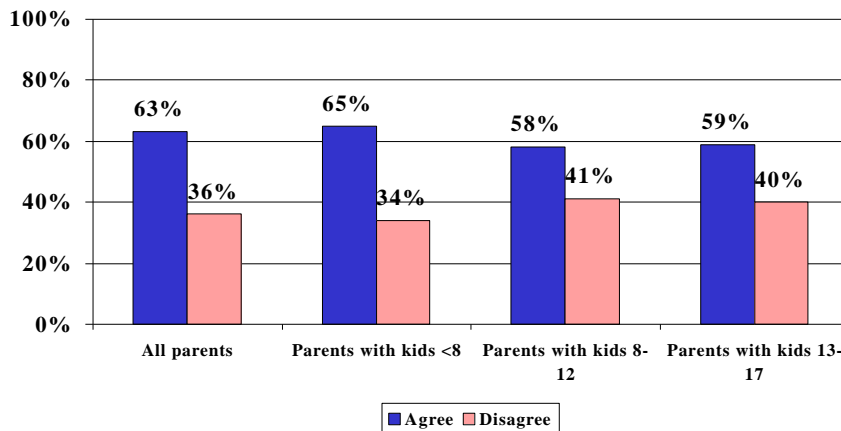
Figure 7. Parents Believe They Have a Great Deal of Influence On Whether Their Child Tries Drugs



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

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

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

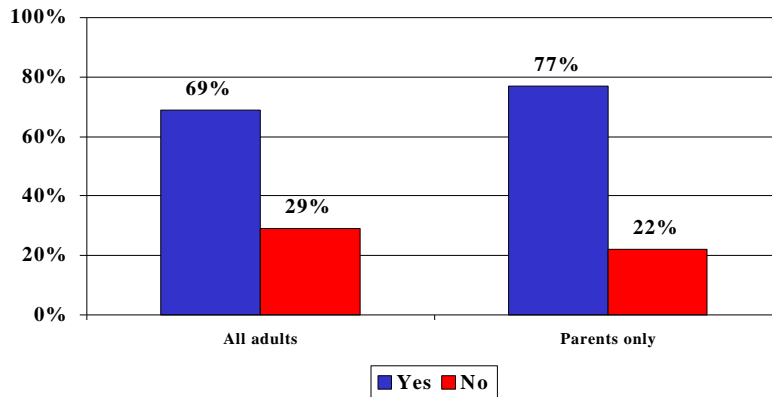


Parents are responsible for stopping youth drug use. In spite of whether parents are saying the right thing to their children and are influencing their drug-related decisions, Americans overwhelmingly believe that parents should be responsible for stopping drug use among children under age 12 (88%).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

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

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

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



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

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

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

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

When presented with various strategies for reducing the illegal drug problem, Americans tend to be more supportive of proactive, rather than reactive, approaches to lower drug-related crime. Only a slight majority agree that a reactive approach, such as harsh criminal penalties for drug users, is an effective way to prevent drug use (55% agree). Segments of the population that are more supportive of harsh criminal penalties include Southerners (60% agree), young adults under age 25 (60%), those with less

than a high school degree (74%), and middle income adults (60%). Similarly, few believe that building more prisons for drug offenders is an effective way to reduce drug use. When asked to choose the most effective way to spend money to reduce the drug problem, only 2% chose building more prisons.

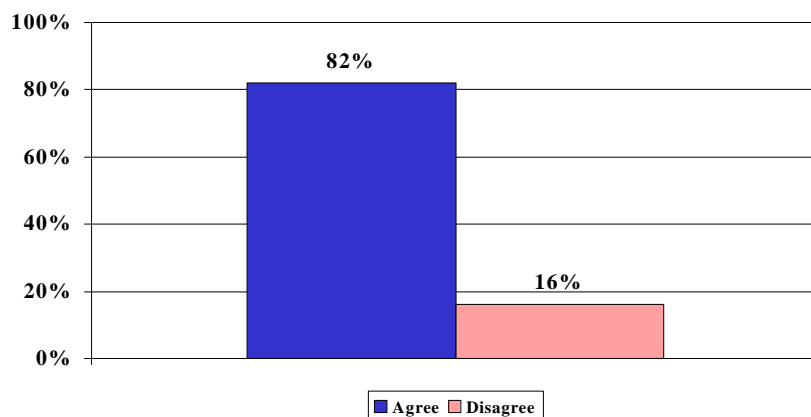
Support is stronger, however, for proactive strategies that prevent and treat drug use, rather than punish for it. Nearly three-fourths agree that if the money spent on building prisons for drug users were instead spent on prevention and rehabilitation, there would be less drug-related crime (73% agree).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

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

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

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

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

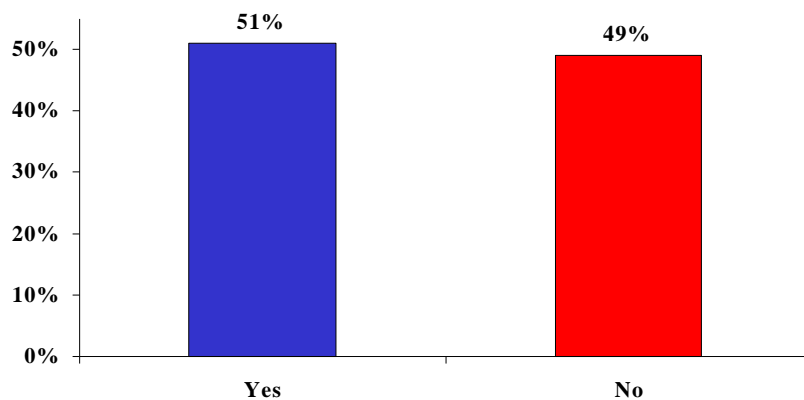


Americans are split, however, in their opinion of whether treatment and rehabilitation programs are effective for those who are addicted to drugs. A bare majority agree that once a person gets addicted to drugs, treatment and rehabilitation programs usually work (50%), while 42 percent disagree. This is correlated with education levels – college graduates are more likely to believe that treatment and

rehabilitation work (57%) than are those with less than a high school diploma (37%). Those who personally know a drug user have more faith in treatment and rehabilitation programs (54%) than do those who do not know a drug user (46%).

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

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



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

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

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

Drug use in the workplace is not tolerable. Americans have a low tolerance for workplace drug use. Nearly eight out of ten agree that employers should be allowed to fire any employee who is using drugs (78%). This low level of tolerance for drug use in the workplace is evident both among those who do

not know a drug user and among those who know a serious drug user. Those who personally know a drug user are less likely to agree with this statement (73%) than are those who do not know a drug user (83%), although those who know a serious addict are tougher on this issue (77%) than those who know an occasional user (70%).

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

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

Conclusions

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

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

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

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

APPENDIX A
DESIGN OF THE SAMPLE

Design of The Sample

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

Weighting Procedures

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

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

APPENDIX B
SAMPLING ERROR RANGES

Sampling Tolerances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX C

Report on Findings of Incentive Experiment

Overview

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

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

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

Methods

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

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

The field period for the experiment ran throughout the final two weeks of data collection, from January

15 through January 31, 1999.

Findings

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

Table 1. Effect of Treatment on Response Rates

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

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

Table 2. Effect of Treatments on Response Rate

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

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

Data Quality

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

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

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

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

*p<.05

Conclusions

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