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A DRUG FREE AMERICA? A WEB PAGE
DISCOURSE ANALYSIS

by

Darrin Kowitz

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Sociology

Western Michigan University
Kalamazoo, Michigan
June 2004

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2004

A DRUG FREE AMERICA? A WEB PAGE DISCOURSE ANALYSIS

Darrin Kowitz, M.A.

Western Michigan University, 2004

Using the methods of Critical Discourse Analysis (CDA), this research will seek to identify the ways in which social power is exercised through the creation and manipulation of linguistic categories within the text of the web page for the Partnership for a Drug Free America (PDFA). A preliminary examination of the web page identified three general mechanisms of power at work for the PDFA, the use of authority, fear inducement, and identity manipulation. The use of these mechanisms will be analyzed to explain ideological hegemony as the adoption of cognitive categories by individuals from social-structural, or institutional, sources.

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INTRODUCTION

The Partnership for a Drug-Free America (PDFA) was formed in 1986 by a group of advertising executives to “help kids and teens reject substance abuse by influencing attitudes through persuasive information” (PDFA website, 2004). Since then, the PDFA has received over \$3 billion in donated media time for its anti-drug ads on television, radio, and in print, making it “the largest advertiser of a ‘single product’ in the United States – after McDonald’s” (Block et al., 2003).

This enormous amount of media exposure and financial support makes the PDFA an extremely influential voice in the public debate on drugs. The pervasive messages and imagery of the PDFA’s ubiquitous ad campaigns (“This is your brain, this is your brain on drugs. Any questions?” [PDFA website, 2004]) both shape the symbols that we, as the consuming public, use to think about drugs, and serve to define the boundaries within which the public discussion on drugs takes place.

This study is an examination of the ways in which the PDFA wields the power of discourse creation through a critical discourse analysis of its web site (www.drugfreeamerica.org). A preliminary analysis of the web site revealed three likely mechanisms through which power was being exercised within the text of the web page; claims of authority, the inducement of fear, and the manipulation of social categories and identities. These three mechanisms served as a framework to begin the analysis, but several other prominent themes emerged as the analysis progressed, as well as a more complete picture of the PDFA’s corporate structural context.

The analysis begins by establishing a clear conception of just who the PDFA actually is. This is done through a careful reading of the “About Us” page (Figure 2). Here we learn that not only is the PDFA a partnership between advertising agencies

and media outlets, it also includes a third group of partners called the “Corporate Partners” (Figure 5).

The “Corporate Partners” provide the majority of the PDFA’s operational funding (Buchanan and Wallack, 1998). These are the largest of the corporate clients of the Partnership’s advertising agencies and represent several industries, including petroleum, defense, insurance, soft drinks, automobiles, and software. The overwhelming majority of corporate sponsorship, however, comes from the world’s largest health and pharmaceutical related corporations, such as Pfizer, Bristol-Myers Squibb, and GlaxoSmithKline (Figure 7). By the end of this section of the analysis, a much more tangible notion has emerged of just who the “partners” in the PDFA actually are, providing the necessary context for the rest of the analysis.

The next phase of the analysis focuses on how authority, fear, and identity manipulation are used by the PDFA to impose its ideology upon the public. First, an academic paper (“Just Saying No”, Block et al., 2003, Figure 9) that is presented on the PDFA web site is examined and found to contain several examples of both questionable claims of authority and dubious scientific research methods. The implications are discussed.

Moving on to the final leg of the analysis, I examine how the PDFA simultaneously uses fear and identity manipulation in both the “Parents” and “Teens” sections (figures 10 and 17) of their web site. In the “Parents” section, there is a strong theme of “monitoring”, or surveillance, of children. Parental fears of drug-related horrors are stoked and fanned by the PDFA, and then the surveillance doctrine is offered as a solution to quell the inflamed worries. Several different sections of the “Parents” page are examined, each presenting a different approach to selling the reader on the importance of child surveillance as a way of life.

Finally, in examining the “Teens” page, I look at how the PDFA constructs the social category of “teen” through its presentation of five people’s narratives about their experiences with drugs. These narratives combine to form a typical image of what the PDFA has in mind when it uses the word “teen”, and it appears to be primarily white, middle-class, and female. The narratives of these people are examined for similarities, such as their ultimate horrible experience with drugs, which serve to reinforce a general fear of the effects of drug experimentation.

I conclude by tying the different sections of the analysis into a coherent overall picture of the PDFA’s use of discursive power on its web site and the social-structural context in which it occurs. Returning to the web site one last time, I examine some of the fine print of the PDFA’s legal “terms of use” page for a final observation on the power of discourse.

THEORY

While this analysis is not entirely grounded in any particular theoretical orientation, it does draw upon relevant aspects of several perspectives at points throughout. For instance, in the “About Us” section of the analysis, I use Goffman’s (1959) theory of impression management to examine how the PDFA constructs a favorable image of itself as an altruistic organization. In the same section, I also draw upon Mills’ (1956) power elite model to analyze the relationships between the members of the PDFA’s board of directors and the industries they represent.

In neither of these instances do I follow the hallowed theorists dogmatically, choosing instead to use them as a general point of reference and then extrapolating from them a model for my specific application. For instance, Goffman’s theory of impression management is typically applied to individuals, but in this analysis I extend its scope to the level of organizations.

In Goffman’s (1959) dramaturgical approach, social actors create impressions in interactions by constructing and presenting presentations of the self. These presentations constitute a “front”, and are actively managed by the actor to leave favorable or strategic impressions in the audience. In *Asylums* (1961), Goffman describes how institutions, rather than individual actors, use impression management to define situations to their advantage. The “About Us” page of the PDFA website represents that institution’s front-stage presentation of itself, and is managed to define the PDFA in a favorable way. In the analysis of the “About Us” page, I will further explore the techniques used by the PDFA to manage impressions.

Similarly, Mills’ theory of the power elite is typically applied at the societal level and involves the movement of elites between positions in the three spheres of

the military, corporations, and the executive branch of the federal government. In this analysis, I treat the board of the PDFA almost as a microcosm of society and apply Mills' model to it, showing relationships between industries through their elites, but no actual movement between industries by elites.

Further, the web site of the PDFA can be seen to be an intersection of what Mills (1959) calls "personal troubles" and "public issues". The public issues surrounding legal and illegal drugs both shape and are shaped by the personal troubles of individuals, as portrayed in the narratives of the "Teens" and "Parents" sections. The PDFA exploits the personal troubles of its readers by presenting catastrophic examples of drug use gone bad, prepping them to accept their attractive, ideological solutions, such as intense, covert surveillance of children.

While not being firmly grounded in any particular theoretical orientation, this study is implicitly based on certain theoretical assumptions concerning identity. Many of these assumptions are derived from the body of literature surrounding social identity theory (SIT) (Tajfel and Turner, 1979) and self-categorization theory (SCT) (Hogg and Abrams, 1988).

Social identity theory is based upon the idea that people identify with positively evaluated groups and compare themselves with members of negatively evaluated groups in order to enhance their own self-esteem. Self-categorization theory extends SIT and focuses on the social-cognitive processes involved in identification. The core ideas from these theories that I utilize in this study are categorization and identification.

Categorization is the cognitive process through which humans delineate the amorphous world of lived experience into separate and distinct things, or categories. These categories are the units of exchange in which our brains operate, and comprise

the worlds we actively live in. Social categorization refers to the process of categorization applied to people; both others and ourselves.

The process of identification goes hand-in-hand with the process of categorization. Identification is the process of equating one's self with a social category, and taking on the characteristics of that category as one's own. Identities carry with them the associated norms and values of the external category, and herein lies the potential for exploitation and power, and the link between identity and ideology.

This study uses these conceptions of categorization and identification in the analysis of the PDFA's use of discursive identity manipulation. Discourse has the ability to activate social identities and their associated heuristic normative behaviors. By activating an identity such as "parent", a text can address those normative behaviors known to be associated with "parents". As the creator of discourse, the PDFA constructs their own social categories (based upon established social categories, such as "parent"), magnifying existing vulnerabilities, such as fear, and exploiting them.

Finally, the most pervasive theoretical theme underlying this analysis is drawn from critical discourse analysis (CDA). CDA (Fairclough, 1989; Teo, 2000) is an approach to the study of power, language, and social structure based on work done in critical linguistics and post-structural social theory.

The emphasis on linking texts to social structure is what makes CDA unique among content analysis approaches. This emphasis leads CDA inevitably toward the task of identifying power relations within texts, as Fairclough notes "that language connects with the social through being the primary domain of ideology, and through being both a site of, and a stake in, struggles for power" (1989). While CDA, like the

previously mentioned theories, is not rigidly adhered to in this analysis, its fundamental tenet of performing analysis at both the textual and social levels does form the backbone of my critique of the PDFA's web page.

LITERATURE

When I began doing research for this project, I came across the article “This is the Partnership for a Drug-Free America: Any Questions?” by Buchanan and Wallack (1998). This article provided a wealth of information about the PDFA and was written from a critical perspective similar to that of this analysis. Several key ingredients came from this article which contributed to my construction of the PDFA’s corporate/social-structural context, such as information about alcohol and tobacco industry involvement in the PDFA until 1998, a detailed account of the origins of the PDFA, and many statistics pertaining to the PDFA’s financial context.

After deciding to analyze the PDFA’s discourse through their website, I found Zoeteway’s (2002) work to be particularly helpful in several respects. Zoeteway used a similar qualitative method to examine the website of the Promise Keepers, a fundamentalist evangelical Christian men’s movement. Though Zoeteway did not cite any references to CDA methods, he did use close readings of the text of the web page to locate ideological apparatuses within the text. Specifically, he draws upon Habermas and seeks to identify forms of instrumental rationality within the Promise Keepers’ website.

In the vein of CDA, Blommaert and Bulcaen (2000) provide both a comprehensive overview of the tenets of CDA as well as a concrete example which demonstrates CDA’s concern with power, ideology, and social structure. They present a study done by Fairclough and Mauraen (1987) that examines and compares political interviews given by Margaret Thatcher in the 1980’s and interviews given by Harold Macmillan in the 1950’s. They note that Thatcher’s speech style crosses class lines, while Macmillan’s “projects a consistent class-specific conversational voice”

(Fairclough & Mauranen 1997). This doesn't, however, portend good news for the proletariat they claim. They place their analysis within a social-structural context: "Thatcher's conversational style demonstrates how political discourse in the 1980s has 'colonized' everyday speech genres in order to achieve hegemony and increased legitimation for the voice of authority" (Blommaert and Bulcaen, 2000).

There are several other examples of CDA that vary widely in content, yet share the underlying theme of connecting text to social structure. This theme is at the core of CDA as a theory and a method, and is adopted in this analysis of the PDFa's use of discursive power on their website.

METHODS

As discussed in the Theory section, this study draws heavily upon critical discourse analysis (CDA) (Fairclough, 1989; Teo, 2000). In addition to providing theoretical structure, CDA also suggests a certain broad genus of qualitative methodology to fit its model of a dynamic link between linguistics and social structure (Blommaert and Bulcaen, 2000). CDA, by its inductive nature, does not demand a strict adherence to a methodological doctrine, and I obliged this approach by allowing the ongoing analysis to inform itself and adapt to the knowledge it was creating.

I began the analysis with a cursory examination of the PDFA website, looking at many of the pages I would later use in this analysis. I knew little of the PDFA when I began the analysis. I was familiar with their media campaigns from a consumer perspective, and had a general feel for what their message was, but I had no idea who exactly made up the Partnership. I had a vague feeling that it was a government agency.

As I read through the entire website, I found my way onto the “About Us” page and the “Corporate Partners” page and discovered who the PDFA actually was. External research (Buchanan and Wallack, 1998) revealed much more about the PDFA that did not make it onto their website. Going back to the website with this information and a critical sociological perspective, I quickly identified the three discursive mechanisms of authority claims, fear inducement, and identity manipulation, and noted that the entire site was saturated with them.

The identification of these three techniques, along with the notion that the PDFA was serving the corporate interests of its sponsors over the interests of the

public, fit the CDA methodological prescription of analyzing a text at both the immediate, textual level and the social-structural level, and formed a guiding compass for the unfolding analysis. This compass led me to the various sections of the website that best demonstrated the PDFA's exploitation of authority, fear, and identity and were eventually included in the final analysis.

The primary mode of analysis throughout the study included a reading of the text on the page being analyzed, either at the word, sentence, or paragraph level. An image of each web page in the analysis is included here as a figure, and each unit (word, sentence, or paragraph) is first quoted before being analyzed. After the unit is quoted, observations are made regarding the unit's display of one of the three mechanisms and its relation to the social-structural context of the PDFA. Occasionally the unit of analysis was an image on the website, but the method remained the same. As the analysis progressed, other themes emerged, such as parental surveillance, which were subsequently added to the scope of evaluation dimensions.

Before getting into an analysis of the three mechanisms within the text, it was necessary to first establish firmly the corporate interests at work in the PDFA and the social-structural context from which the website was spawned. This involved a close reading of the "About Us" section and its contributory pages. Though I was in the process of establishing the social-structural context of the website, I still utilized the analysis techniques of identifying fear and authority manipulations in the "About Us" section.

After completing the analysis of the "About Us" page and establishing a firm idea of the corporate make-up of the PDFA and its historical roots in the advertising industry, I proceeded to analyze the academic paper "Just Saying No" (Block et al.,

2003). For this leg of the analysis, I focus particularly on the mechanism of authority claims, though not at all to the exclusion of other mechanisms of power. I also critically examine the scientific methods outlined in the paper and raise questions about several apparent inaccuracies, misstatements, and misrepresentations.

In the “Parents” and “Teens” sections, I stick with the same method, only this time I focus simultaneously on the mechanisms of fear arousal and social identity manipulation, again, not to the exclusion of other mechanisms. The two sections utilize the mechanisms of fear arousal and identity manipulation quite differently. The “Parents” section includes analyses of several different pages, all of which use fear arousal to normatively push an ideology of surveillance upon its readers. I suggest that fear is a normal part of a functional parent identity, but the PDFFA constructs a parent identity that is skewed by a disproportionate amount of fear.

The “Teens” page was analyzed by closely examining four narratives presented on separate pages. Each narrative told the story of a person’s introduction to, use of, and eventual downfall to drugs. To facilitate the analysis of these narratives, I created Table 2, which displays excerpts from each narrative that correspond to five dimensions. These excerpts then serve as the units of analysis and are analyzed as in previous sections.

Throughout this analysis there is a back-and-forth flow between examining the actual text of the PDFFA website and the mechanisms therein, and relating this examination to the larger social context in which it takes place. This technique is the defining characteristic of my method, and is what affiliates this analysis with the broader school of CDA.

Partnership for a Drug-Free America®

Home Teens Parents/Caregivers Drug Resource Links Commercials NewsCenter State/City Alliances

Friday, February 20, 2004

The Partnership for a Drug-Free America exists to help kids and teens reject substance abuse by influencing attitudes through persuasive information.

Donate Now


Highlights

Pseudoephedrine & Meth
Pseudoephedrine is a safe and effective ingredient found in several over-the-counter cold tablets. However, some people are using large quantities of pseudoephedrine to illegally manufacture the addictive drug Methamphetamine. For more information on methamphetamine, please visit our [Meth Alert](#).

HEB Food Stores supports drug prevention in Houston. [read more](#)

New Campaign Encourages Action
The Partnership for a Drug-Free America and the White House Office of National Drug Control Policy launched an innovative teen anti-drug initiative to help empower parents and peers to intervene and take action early in the lives of drug-using teens. [read more](#)

Start Talking

 Are you a teen and worried about a friend's drug problem? [Here's help](#). Read stories from teens who have had [drug and alcohol problems](#).

Mom, Dad -- think your child is using drugs? [Here's help](#). Learn more about [marijuana](#), [alcohol](#), [Ecstasy](#), and [other drugs](#).

Do Teens Listen to Anti-Drug Ads?
Wondering if teens pay attention to ads urging them to avoid drugs? [Read this report](#) by researchers from Yale and New York University to find out if anti-drug messages really do reduce teen drug use.

Good News from the (Forgotten) War
A national study released on 1/21/03 delivers a powerful message of hope: Teen drug use in America is declining. The numbers are encouraging, but so too is the message these data communicate: We can contain the drug problem in America. We can indeed unseal drugs to young people. The key is cutting demand for illicit substances by changing consumer attitudes. [read more](#)

The President Addresses Drug Abuse in State of the Union
"We must stand with our families to help them raise healthy, responsible children. And when it comes to helping children make right choices, there is work for all of us to do." [read more](#)

Tools & Resources

Teens Abusing Cough Medicine
Some young people are abusing over-the-counter cough medicines. While abuse of these products is not widespread, every parent should be aware of the facts. Read our special parents section on [Cough Medicine Abuse](#) to learn the effects, the slang terms and things to watch out for.

Take the Two-Minute Challenge
What's the most popular drug among high school seniors? Where do most kids get their drugs? Know the correct answers? Take our drug quiz, the [Two-Minute Challenge](#), to find out.


Drug Resource
What are "G," "Georgia Home Boy," and "Grievous Bodily Harm"? These are slang terms for the drug GHB. What are GHB's long-term effects? Search our [Drug Resource](#) for more info on GHB and other drug names, [slang terms](#), and [drug paraphernalia](#).

Where Is Your Teen?
Partnership for a Drug-Free America and MeLife Foundation are working together to bring parents information about raising drug-free kids. Read the recent [News Release](#). Help your kids stay drug-free by keeping tabs on them and asking questions. Learn more in our special section [Tips for Raising Drug-Free Teens](#).

Recursos en Español
Nosotros proveemos acceso a [recursos en Español](#) sobre la prevención de las drogas, incluyendo publicaciones recientes, estadísticas sobre el abuso de drogas, y ayuda para los padres en nuestra sección de [Links](#). Por favor lea nuestra publicación ["Creciendo Sin Drogas - Una Guía para Padres."](#)


Watch a Partnership PSA
Whether you call it a "commercial," a "spot" or a "public service announcement," 150 of them are now viewable in our [Campaign Viewer](#). Watch over 10 years worth of anti-drug messages, read about them, rate them, and e-mail one to a friend.

Latest News Briefs


 View our [Latest News Briefs](#) area to get up-to-date drug and alcohol news and to hear about the dangers of substance abuse in our country.

We Remember You
Our [Memorial Wall](#) contains tributes to loved ones lost to drugs and alcohol. Read the three recent memorials posted in memory of teenagers, Rachel, Donny and Thomas, who tragically lost their lives.

Overall Teen Drug Use Drops
"We are encouraged by the results of the Monitoring the Future study on drug use in America. We can -- and should -- take a moment to celebrate this exceptional progress, but only a moment. Substance abuse remains a major, preventable health threat facing teens and children across the nation; it is omnipresent." [read more](#)
-- Tom Hedrick, Founding Director, Partnership for a Drug-Free America, on the release of the 2003 Monitoring the Future Study

Ecstasy and Meth: New Resources for Parents
 Our new Health Education Campaign is designed to provide parents and teens with information and resources about two dangerous and widely available drugs -- [Ecstasy](#) and [methamphetamine](#).

Features

 **Real Drugs, False Friends**
19-year-old Nicole Hansen used Ecstasy and other club drugs for 6 months. Then one night, she almost lost her life. [Read Nicole's Story](#) which took her from raves to a hospital room to recovery.


 **Drugs Made My Life a Living Hell**
22-year-old Frank Smith was mad at his girlfriend. That night he went out with friends -- and got drunk and high. Then something happened that changed his life forever. [Read Frank's Story](#).

Figure 1 – PDFa Home page

ANALYSIS

“ABOUT US”: THE PDFA IN THEIR OWN WORDS

On the homepage of the PDFA website, there is a hyperlink at the top of the page (Figure 1b) which reads “About Us”. Clicking on this link brings the reader to the “About Us” page (Figure 2), which contains links to six areas; “Board of Directors” (Figure 2a), “Who We Are” (Figure 2b), “Corporate Partners” (Figure 2c), “Media Partners” (Figure 2d), “Annual Report”, and “Careers”. There is a short paragraph for each of these areas, containing both a heading and a “read more” hyperlink, both of which can be clicked on to continue to the area’s specific page. There are also links to each area along the left edge of the page.

If one extends Goffman’s (1959) ideas of impression management from the level of the individual to that of organizations, these pages represent the public face of the PDFA; its carefully constructed front-stage presentation of itself. These pages provide the members of the PDFA with the opportunity to unilaterally define their organization to the public in the ways that are most beneficial to them, and a critical analysis of how they do this is essential to an overall analysis of their use of discursive power on their webpage. In an effort to deconstruct the PDFA’s self-definition, this analysis will focus on “Board of Directors” (Figure 3), “Who We Are” (Figure 4), “Corporate Partners” (Figure 8), and “Media Partners” (Figure 9).

On the “About Us” page (Figure 2), the “Board of Directors” section (Figure 2a) simply has a link to “View the Partnership’s Board of Directors List”, while the “Who We Are” section (Figure 2b) contains the sentence: “Our Mission: To help kids and teens reject substance abuse by influencing attitudes through persuasive information.” The mission statement, following in the tradition of corporate

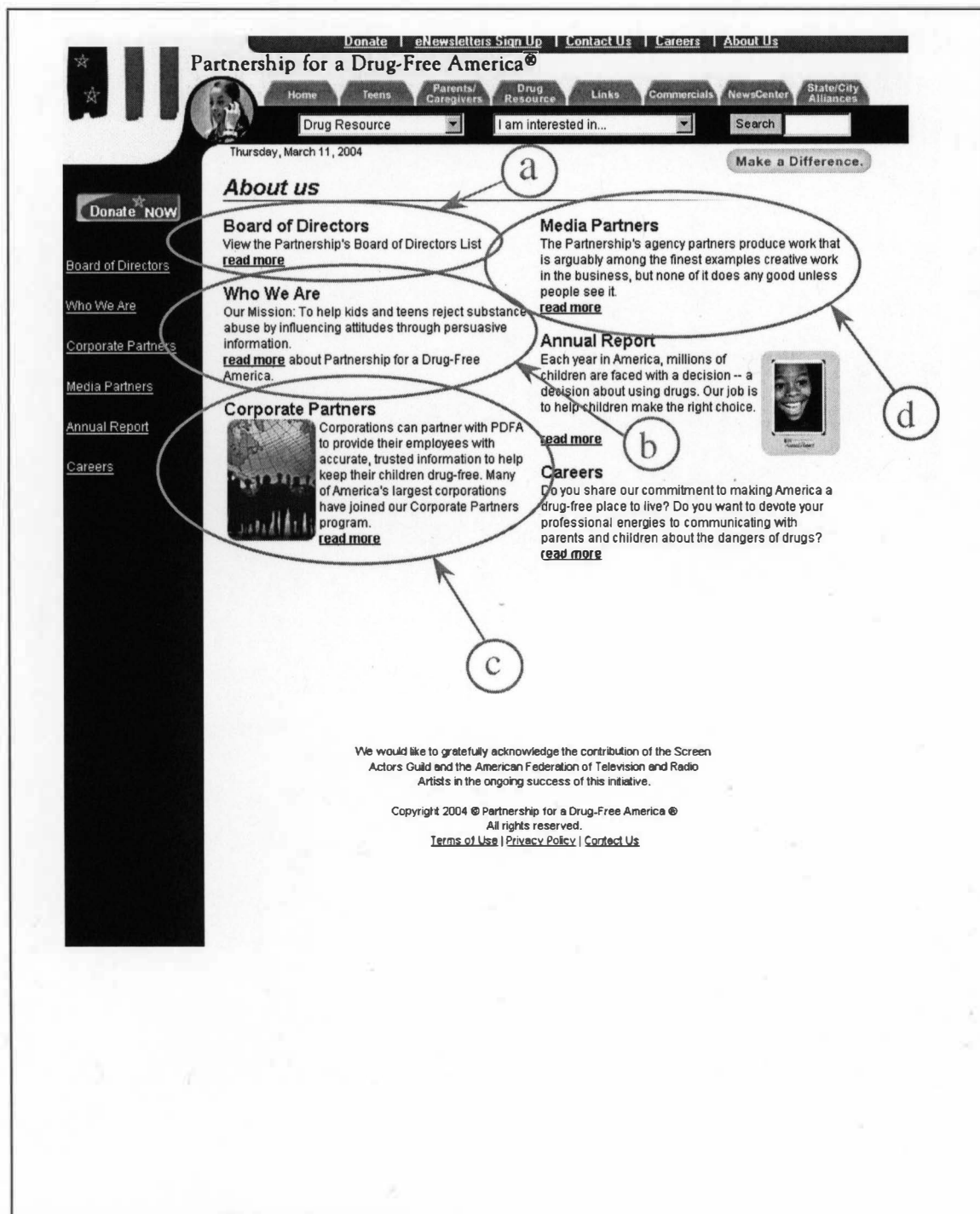


Figure 2 – “About Us” page

organizational models, represents the PDFA’s most concise organizational definition.

It is also the first clue to the form of power wielded by the PDFA, i.e. “influencing

attitudes through persuasive information”. Beneath the mission statement is the sentence, “**read more** about the Partnership for a Drug-free America.” Clicking on “**read more**” brings the reader to the “Who We Are” page.

In the “Corporate Partners” section (Figure 2c), there is an image of the silhouettes of 10 diversely shaped people standing next to each other in front of and beneath a large, iridescent orange globe. Next to the image is the paragraph:

Corporations can partner with PDFA to provide their employees with accurate, trusted information to help keep their children drug-free. Many of America's largest corporations have joined our Corporate Partners program.

read more

The first important aspect of this paragraph is that it legitimates the PDFA’s authority in two ways; first by asserting that they provide “accurate, trusted information”, and secondly, by associating themselves with “Many of America’s largest corporations”, they draw upon and share the supposed pre-existing legitimacy of those corporations.

The second important aspect of this paragraph is that it sets the expectation in readers that these corporations’ primary reason for partnering with the PDFA is to help their employees’ families with substance abuse issues. This expectation will be critically examined in the analysis of the “Corporate Partners” page. Again, clicking on “**read more**” brings the reader to the “Corporate Partners” page.

The “Media Partners” section (Figure 2c) contains the sentence:

The Partnership's agency partners produce work that is arguably among the finest examples creative work in the business, but none of it does any good unless people see it.

read more

As this sentence mentions the “Partnership’s agency partners”, it begs the question as to why there is not a section on the “About Us” page (Figure 2) for these “agency partners” to go along with the “Corporate Partners” and “Media Partners” sections. There are references throughout other parts of the PDFA web page to these agency partners, which include some of the most prominent advertising agencies in the U.S.

This sentence also foreshadows the relationship between the PDFA and its media partners by stating, “but none of it does any good unless people see it.” This implies that the media partners serve the function of transmitting the messages created by the agency partners. Once again, clicking on “**read more**” brings the reader to the “Media Partners” page.

“Board of Directors”: The Power Elite

The “Board of Directors” page (Figure 3) is a list of the individuals who run the PDFA, divided into “officers” and “members”. It is a unique page, because while all of the other “About Us” pages describe the PDFA in terms of its organizational partners, this page is about actual people. One of the most interesting aspects of this page is that it lists one or more credentials for each officer and member, allowing the reader to begin to trace the connections between these elites and their organizations, following loosely in the tradition of Mills (1956).

Unlike Mills, the “Board of Directors” page does not show actual movement of individuals from one organization or sphere to another, but it does reveal patterns of interaction between these organizations through their highest-level people. Additionally, while Mills theorized a movement of elites within society between corporations, the military, and the executive branch of government, the PDFA’s board can only partially reflect the full relationship between these three realms. While centered largely in the corporate realm, the PDFA’s board does still manage to touch upon all of Mills’ realms, even if indirectly.

Of the corporations represented in the PDFA’s board membership, several are media-related, such as ABC, the New York Times, Comcast, Fairchild Publishing, DDB Advertising, Bcom3 Advertising, and the American Association of Advertising Agencies. Other represented corporations include Johnson and Johnson and Clairol. Representing the medical-industrial complex are a professor of psychiatry from Columbia University College of Physicians and Surgeons and the executive vice president and CEO of the American Medical Association.

The distant periphery of the executive branch of government is represented in the PDFA’s board by the former director of the National Institute on Drug Abuse and the former administrator of the US Drug Enforcement Administration. And, just to thinly complete the PDFA’s board of directors as a microcosm of Mills theory, there is a retired US Army Major General, who is also the chairman and CEO of the Community Anti-Drug Coalitions of America.

The “Board of Directors” page tells the reader one important dimension about the individuals who run the PDFA; which industries they represent. This information lends itself to analysis using Mills’ power elite model and helps to place the PDFA as an organization within a network of corporate and government power centers. From

[Donate](#) | [eNewsletters Sign Up](#) | [Contact Us](#) | [Careers](#) | [About Us](#) | [FAQ](#)

[Home](#) | [Terms](#) | [Parents/Caregivers](#) | [Drug Resource](#) | [Links](#) | [Commercial](#) | [NewsCenter](#) | [State/City Alliances](#)

Drug Resource
I am interested in...
Search

Thursday, April 15, 2004

[Donate Now](#)

About us

Board of Directors

[Email this story](#) [Print this story](#)

OFFICERS

<p>Roy J. Bostock Chairman, The Partnership for a Drug-Free America</p> <p>James E. Burke Chairman Emeritus, The Partnership for a Drug-Free America Chairman Emeritus, Johnson & Johnson</p> <p>Allen Rosenshine Vice Chairman & Executive Creative Director, The Partnership for a Drug-Free America Chairman & CEO, BBDO Worldwide, Inc.</p>	<p>Stephen J. Pasierb President & CEO, The Partnership for a Drug-Free America</p> <p>Craig Brown Board Treasurer, The Partnership for a Drug-Free America Former President & COO, Bcom3Group</p> <p>O. Butch Drake Board Secretary, The Partnership for a Drug-Free America President & CEO, American Association of Advertising Agencies, Inc.</p>
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MEMBERS

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We would like to gratefully acknowledge the contribution of the Screen Actors Guild and the American Federation of Television and Radio Artists in the ongoing success of this initiative.

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Figure 3 - "Board of Directors" page

this broad social-structural placement, I return to Goffman's model of impression management to examine how the "Who We Are", "Corporate Partners", and "Media Partners" pages serve to construct the public face of the PDFA.

"Who We Are": The Altruists

While the "About Us" page (Figure 2) serves as a general portal to a broad range of information relating to the PDFA, and the mission statement serves as a concise, one-sentence definition, the "Who We Are" page (Figure 4) lies in between the two with six paragraphs constituting a self-defining public statement and justification of the organization's existence. Sticking both with Goffman's model and the continuing analysis of discursive power on this web page, the "Who We Are" page serves to create a symbolic representation of the PDFA and a definition of the situation that legitimizes both their existence and their practices, and solidifies relationships of power between themselves and the public. The following will examine just how this is done.

In looking at the text of the "Who We Are" page (Figure 4), it is clear that the very first order of business is the definition of the situation: "Each year in America, millions of children are faced with a decision – a decision about using drugs. Our job is to help kids make the right choice."

In this first paragraph we see a clear exercise of power. The situation is defined by the PDFA as thus: there is a social problem (children faced with a decision about using drugs), and the PDFA is in a position to remedy the problem (helping kids make the right choice). Implicitly, this paragraph says that the PDFA has the authority to say what the "right choices" are. In the context of reading the "Who We Are" page, we can assume that what follows in the rest of the page will justify that

The screenshot shows the website for the Partnership for a Drug-Free America. The header includes navigation links: [Donate](#), [eNewsletters Sign Up](#), [Contact Us](#), [Careers](#), and [About Us](#). Below this is a secondary navigation bar with tabs for [Home](#), [Teens](#), [Parents/Caregivers](#), [Drug Resource](#), [Links](#), [Commercials](#), [NewsCenter](#), and [State/City Alliances](#). A search bar is present with the text "I am interested in..." and a "Search" button. A "Donate Now" button is also visible.

The main content area is titled "About us" and "Who We Are". It includes a "Donate NOW" button on the left sidebar. The text describes the organization's mission and history, mentioning its founding in 1986 and its non-profit status. It also mentions the organization's participation in the National Youth Anti-Drug Media Campaign and its State/City Alliance Program.

At the bottom of the page, there is a copyright notice: "Copyright 2004 © Partnership for a Drug-Free America © All rights reserved." and links to [Terms of Use](#), [Privacy Policy](#), and [Contact Us](#).

Figure 4 – “Who We Are” page

authority; that “who they are” are people who have a right to tell our children what the “right choices” are.

The second paragraph is a restatement of the mission statement, with the additional information that the PDFA “is a non-profit coalition of professionals from the communications industry”. The words “non-profit” have a well-established cultural and legal meaning in the U.S., and contribute greatly to the PDFA’s self-portrayal as an organization whose goals are altruistic and non-self-serving. This reduces the public perception of partisan bias within the PDFA, which is crucial to any producer of “persuasive information”, as increases in perceived bias lead to decreases in persuasiveness.

The third paragraph provides a more detailed explanation of who the PDFA is:

With deep roots in the advertising industry, the Partnership is comprised of a small staff and hundreds of volunteers from the communications industry, who create and disseminate the Partnership's work. The organization began in 1986 with seed money provided by the American Association of Advertising Agencies. The Partnership receives major funding from The Robert Wood Johnson Foundation and support from more than 200 corporations and companies. PDFA is strictly non-partisan and accepts no funding from manufacturers of alcohol and/or tobacco products.

The last sentence of this paragraph returns to the task of eliminating the perception of bias, by directly asserting non-partisanship and touting their financial independence from “manufacturers of alcohol and/or tobacco products.” What this page does not mention is that until 1991, the PDFA did accept substantial funding from alcohol and tobacco companies (Schaffer Library of Drug Policy, 2004), and only changed that policy after increasing public scrutiny threatened widespread exposure of this apparent hypocrisy. As will become evident in the analysis of the “Corporate Partners” page, a similar dynamic still exists with the acceptance of funding from pharmaceutical companies.

The next paragraph on this page contains the justifications for the PDFA’s existence:

National research suggests that the Partnership's national advertising campaign - the largest public service campaign in the history of advertising - has played a contributing role in reducing overall drug use in America. Independent studies and expert interpretation of drug trends support its contributions. The New York Times has described the Partnership as "one of the most effective drug-education groups in the U.S."

This paragraph focuses on convincing the reader that the PDFA is effective in executing its mission. There is an interesting juxtaposition in the citation style between the first two sentences and the last one. The first two sentences refer to scientific research, yet instead of including specific citations, they use the generic terms of "national research", "independent studies", and "expert interpretation". The last sentence, on the other hand, refers to a non-scientific source, yet includes the title of the source publication and a quotation from that source.

Many of the concerns raised in the next section of this paper, an analysis of the academic paper "Just Saying No" (Block et al., 2003), can be applied to this paragraph. By not providing specific citations to the sources of their scientific research claims, the PDFA leave themselves open to criticisms of concealing inadequate methods, misrepresenting facts, and omitting contradictory evidence. Similarly, though they refer to the New York Times and draw upon the prestige of that institution, they provide no context for the quotation of "one of the most effective drug-education groups in the U.S." other than to say that they are simply "described" as such.

The last two paragraphs of this page describe two programs with which the PDFA is involved - the State/City Alliance Program and the National Youth Anti-Drug Media Campaign. In both of these paragraphs, the altruistic nature of the PDFA is again stressed in the sentences "the Partnership provides - at no cost - the guidance, on-site technical assistance and creative materials necessary to shape anti-

substance abuse media campaigns tailored to the needs and activities of any given state or city” and “The organization donates all advertising to the effort pro bono and receives no federal funding for its role in the campaign”.

The “Who We Are” page describes the PDFA as a non-profit organization that arose from a very for-profit industry with the noble mission of helping children to reject substance abuse. They describe themselves as “non-partisan” and “non-profit”, projecting an image of themselves as a group whose primary concern is the welfare of America’s children. This message will be seen to gradually come into conflict with the information given in the “Corporate Partners” (Figure 5) page.

“Corporate Partners”: The Profit Motive

The “Corporate Partners” page is divided into three sections (Figures 5, 6, and 7). The first section describes the Corporate Partners program, the second section outlines the various corporate membership categories available for purchase, and the third section lists the current PDFA Corporate Partners.

The first section of the “Corporate Partners” page (Figure 5) has a heading beneath the title that sets the tone for the rest of the page: “It’s good for families and good for business.” What this sentence does functionally is to equate the interests of families with the interests of corporations. This is an important shift in emphasis from the “Who We Are” page (Figure 4), where the focus was on the non-profit nature of the PDFA. With this sentence, the PDFA is directly linking the success of their campaign with the profitability of partner corporations.

The first paragraph of this page again serves to define the situation, stating that keeping kids drug-free is a “compelling cause”, and that “parents rank it among their top concerns”. The last sentence provides a reason for focusing on teens: “if a


kid can be kept drug-free through the teen years, he or she is likely to be free of drugs for a lifetime”. The rhetoric of this page, however, changes as the reader reaches the second paragraph.

Up to the second paragraph, it is not clear that the intended audience for this page is any different than the preceding pages, i.e. the general public, parents, or teens. The second paragraph makes it clear, however, that this page is aimed at a corporate audience:

Your company has a vested interest in the success of these programs. Children with drug problems can well be those of your employees. Kids facing substance abuse questions today are almost certainly your future employees. Substance abuse costs businesses more than \$20 billion a year in higher healthcare costs and lost productivity.

The phrases “your company” and “your employees” indicate that this information is directed at potential corporate partners. Notice how this paragraph begins by restating the link between the success of the PDFA’s campaign and corporate profitability. Then the paragraph transitions from an ostensible concern that drugs could be harmful to your employees children, to a concern that drugs could be harmful to your future labor force, and finally to a concern that drugs are harmful to your present bottom line.

Remember that the introductory paragraph for the “Corporate Partner” section (Figure 2b) on the “About Us” page (Figure 2) set the expectation that the primary reason for corporations to partner with the PDFA is to help their employees’ families with drug abuse issues. Now, the further we read into the “Corporate Partners” page, the clearer it becomes that helping these families is not an end in itself, but merely a means to increase corporate profits and to foster a submissive mindset in the future labor pool. The third paragraph further reinforces this perception:



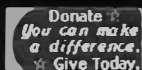
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Partnership for a Drug-Free America®

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Thursday, March 11, 2004

[Donate Now](#)



[Board of Directors](#)
[Who We Are](#)
[Corporate Partners](#)
[Media Partners](#)
[Annual Report](#)
[Careers](#)

About us

Corporate Partners

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It's good for families and good for business.

Helping children choose drug-free lifestyles is a compelling cause. We know that parents rank it among their top concerns. We also know that if a kid can be kept drug-free through the teen years, he or she is likely to be free of drugs for a lifetime.

Your company has a vested interest in the success of these programs. Children with drug problems can well be those of your employees. Kids facing substance abuse questions today are almost certainly your future employees. Substance abuse costs businesses more than \$20 billion a year in higher healthcare costs and lost productivity.

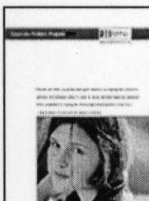
You can demonstrate your corporate concern on this gripping issue and provide your employees with the most trusted information about drug prevention through the Corporate Partners program. As added value for support, you have co-branding and recognition opportunities for positive visibility among employees, customers and shareholders.

Many of America's largest corporations have joined our Corporate Partners. Click here for a [list of members](#).

We will tailor your participation in one of five levels of [membership categories](#). Each level adds additional marketing, employee services and recognition value, including:

- **DrugFree Families:** This new Web-based tool gives your employees access to the latest information on substance abuse via your company Intranet. This site is designed to provide your company with co-branding and other customization options.
- **Employee Drug Awareness Programs:** We can provide expert speakers, parenting guides and video and print ads as tools for an effective drug-prevention program in the workplace.
- **Cause-Related Marketing Promotions:** Enjoy access to PDFA's name and logo and share our outstanding reputation for helping build strong American families. Sixty-five percent of children 12-17 years old and parents are aware of the Partnership and consumers perceive our media messages to be effective in encouraging parent/child discussions about drugs and in making children more aware of the risks of drugs.
- **Regional Market Campaigns:** We can link your company with our [State and City Alliances](#), whose power to influence communities extends to every one of your markets.

View the [Corporate Partners Campaign 2003 brochure](#)



The Power of Partnering with the Right Cause

Partnering can help drive sales, influence brand selection and enhance public image. Seventy-four percent of consumers would likely switch to a brand associated with a good cause and 83% have a more favorable impression of companies that support causes they care about (Cone/Roper Cause-Related Marketing Trends Report - 1998). Partnerships also help differentiate products, build consumer loyalty, improve employee morale and access new markets.

Figure 5 – “Corporate Partners” page 1

You can demonstrate your corporate concern on this gripping issue and provide your employees with the most trusted information about drug prevention through the Corporate Partners program. As added value for support, you have co-branding and recognition opportunities for positive visibility among employees, customers and shareholders.

Notice in Figure 5 that this paragraph directly follows the last sentence from the preceding paragraph, “Substance abuse costs businesses more the \$20 billion a year in higher healthcare costs and lost productivity”. Within this context, it certainly seems that “this gripping issue” is the \$20 billion cost to businesses, not the risks to children. Also within the first sentence, the PDFA again reinforce their own authority by claiming “the most trusted information about drug prevention”.

The second sentence in this paragraph reinforces the idea that helping families deal with substance abuse is merely a pretext to increasing corporate profits. The benefits of “co-branding and recognition opportunities for positive visibility among employees, customers and shareholders” are labeled “added value”, but as the analysis of the rest of this page will demonstrate, these benefits are actually the primary value of purchasing corporate partnership with the PDFA

The next two paragraphs contain links to the pages contained in Figures 6 and 7. Following these sentences, there is a bulleted list of four potential services included in a corporate partnership. The first two services, “DrugFree Families” and “Employee Drug Awareness Programs” provide assistance to corporations with labor relations, while the last two services, “Cause-Related Marketing Promotions” and “Regional Market Campaigns” assist corporations with expanding markets and increasing profits.

Moving down to the last paragraph of Figure 5, “The Power of Partnering with the Right Cause”, we see the culmination of the transition from a concern for actual people to a pure concern for increasing profits:

Partnering can help drive sales, influence brand selection and enhance public image. Seventy-four percent of consumers would likely switch to a brand associated with a good cause and 83% have a more favorable impression of companies that support causes they care about (Cone/Roper Cause-Related Marketing Trends Report - 1998). Partnerships also help differentiate products, build consumer loyalty, improve employee morale and access new markets.

Notice in this paragraph, directed at a corporate audience, that the PDFA provides a very specific citation for the figures they provide, as opposed to the “Who We Are” page (Figure 5), which is directed at a general audience. It seems that when statistics concern corporate interests, no effort is spared to provide verifiable information, but when the numbers are used to describe the effectiveness of the PDFA’s media campaign to a general audience, there are no citations and the reader is expected to simply trust that the information is correct.

Within the framework of the critical analysis of discursive power used by the PDFA, this page uses the mechanism of the profit motive, in conjunction with authority (“the most trusted information”), fear inducement (“costs businesses more the \$20 billion a year), identity manipulation (“your company”, “your employees).

The next section of the “Corporate Partners” page (Figure 6) is a list of the five different membership categories a corporation can purchase. Each category has a title along with the price for membership and a bulleted list of benefits. The categories are Chairman’s Circle (\$50,000 and above), Gold Medallion (\$25,000 - \$49,999), Silver Medallion (\$15,000 - \$24,999), Bronze Medallion (\$5,000 - \$14,999), and PDFA Partner (\$4,999 and below).

Of all the benefits for each category, perhaps the most interesting is the survey data which is provided to Bronze Medallion partners and above (though it is not listed for the Silver Medallion, I suspect this is an error as it is listed for both Gold and Bronze Medallion partners). It is listed as “Survey data about parents and kids from

PDFA's leading research". While this data could certainly be used for drug abuse prevention programs, it could also be enticing from a marketing perspective to potential corporate partners.

Partnership for a Drug-Free America Corporate Partners Program 2003 Membership Categories & Benefits

CHAIRMAN'S CIRCLE
(\$50,000 and above)

- Exclusive co-branding and full customization of the DrugFree Families online tool for your employees and their families as well as shareholders and customers.
- Press announcement of support.
- Availability of a PDFA expert to speak to your employees about substance abuse.

Plus:

- Recognition of support in Annual Report, newsletter and website as well as Certificate from PDFA Chairman.
- Invitations to special events and subscription to PDFA newsletter and periodic bulletins.
- Tools for your employee drug awareness program - parenting guides, video and print ads.
- Survey data about parents and kids from PDFA's leading research.

GOLD MEDALLION
(\$25,000 to \$49,999)

- Exclusive co-branding of the DrugFree Families online tool for your employees and their families as well as shareholders and customers.
- Invitation to special events.

Plus:

- Recognition of support in Annual Report, newsletter and website as well as Certificate from PDFA Chairman.
- Subscription to newsletter and periodic bulletins.
- Tools for your employee drug awareness program - parenting guides, video and print ads.
- Survey data about parents and kids from PDFA's leading research.

SILVER MEDALLION
(\$15,000 to \$24,999)

- Tools for your employee drug awareness program - parenting guides, video and print ads.
- Recognition of your support on PDFA's website, drugfreeamerica.org, with a link from your company.
- Acknowledgement of support in Annual Report and newsletter as well as Certificate from PDFA Chairman.

BRONZE MEDALLION
(\$5,000 to \$14,999)

- Recognition of your support in PDFA's Annual Report and newsletter along with a Certificate from our Chairman.
- Subscription to newsletter, periodic bulletins and major releases.
- Video of PDFA's award-winning television commercials.
- Survey data about parents/kids from PDFA's leading research.

PDFA PARTNER
(\$4,999 and below)

- Certificate of support.
- Recognition of your support in the Annual Report.
- Subscription to newsletter and periodic bulletins.

February, 2002

Figure 6 – “Corporate Partners” page 2

The final section of the “Corporate Partners” page (Figure 7) is a list of current PDFA corporate sponsors, though it cannot be a complete list, since the third paragraph of the “Who We Are” page (Figure 4) states that there are over 200 supporting corporations and companies.

As previously mentioned, the PDFA no longer accepts funding directly from alcohol and tobacco companies. There are, however, several drug companies on this list. Six of the seven “Chairman’s Circle” partners are drug companies (all but Kodak). Of all the partners listed in Figure 7, the following are drug related:

Bristol-Meyers Squibb Foundation
 Consumer Healthcare Products Association
 Johnson & Johnson
 Pfizer Foundation, Inc
 The Procter & Gamble Fund
 Schering-Plough Corporation
 Bayer Corporation
 Bristol-Meyers Squibb Company
 GlaxoSmithKline
 McNeil Consumer Healthcare
 Novartis Consumer Health, Inc.
 Pharmacia Corp.
 Wyeth/Wyeth Consumer Healthcare
 Hoffman – La Roche Inc.
 Colgate-Palmolive Company
 Marsh & McLennan Companies, Inc.

Together, these companies produce numerous powerful prescription drugs, several of which are designed for and marketed toward children and adolescents. These companies also make tens of billions of dollars in sales and profits annually. Table 1 shows data for three of the largest drug companies that belong to the Partnership for a Drug-Free America, including total sales for 2003, total spending on direct to consumer (DTC) advertising for 2000, and spending on DTC for selected products in 2000. It should be noted that though newer data were not available for DTC spending, the average DTC spending rate was rapidly increasing in 2000

Current PDFA Corporate Partners

Lead Support

~~The Robert Wood Johnson Foundation~~
 Betty Wold Johnson
 James E. and Didi Burke Foundation
 MetLife Foundation
 Robert Wood Johnson Jr. Charitable Trust
 The Starr Foundation

Chairman's Circle (\$50,000 and over)

Bristol-Myers Squibb Foundation
 Consumer Healthcare Products Association
 Eastman Kodak Company
 Johnson & Johnson
 Pfizer Foundation, Inc.
 The Procter & Gamble Fund
 Schering-Plough Corporation

Gold Medallion (\$25,000 to \$49,999)

Bayer Corporation
 Bristol-Myers Squibb Company
 The Coca-Cola Company
 The GE Fund
 General Motors Foundation
 GlaxoSmithKline
 H.J. Heinz Company Foundation
 Kimberly-Clark Foundation Inc.
 Major League Baseball Charity
 McNeil Consumer Healthcare
 Merrill Lynch & Company Foundation, Inc.
 Novartis Consumer Health, Inc.
 Perrigo Company
 Pharmacia Corp.
 Wyeth/ Wyeth Consumer Healthcare

Silver Medallion (\$15,000 to \$24,999)

Bechtel Foundation
 ExxonMobil Foundation
 PACCAR Foundation
 The UPS Foundation
 Xerox Foundation

Bronze Medallion (\$5,000 to \$14,999)

BellSouth Corporation
 The Guardian Life Insurance Company of America
 Hershey Foods Corporation
 Hoffman - La Roche Inc.
 Morgan Stanley Dean Witter & Co.
 Toyota Motor Manufacturing, Kentucky, Inc.
 Tribune New York Foundation

PDFA Partner (\$4,999 and below)

Automatic Data Processing
 The Buffalo News
 Caterpillar Foundation
 Chubb Foundation
 Colgate-Palmolive Company
 Creative Teen Concepts Inc.
 Direct Impact LLC
 GJF Construction Corp.
 Hallmark Corporate Foundation
 Marsh & McLennan Companies, Inc.
 Microsoft
 Ohio National Foundation
 Omnova Solutions Foundation
 RoperASW LLC
 The University of Pennsylvania

Figure 7 – “Corporate Partners” page 3

and is likely much higher today.

Direct to consumer advertising, in one respect, is the dialectical opposite of PDFA anti-drug ads – the PDFA’s goal is to keep kids away from drugs, while the goal of DTC is to influence people to buy drugs. In a different respect, however, PDFA anti-drug ads and direct to consumer pharmaceutical advertising are very much the same thing – attempts to shape the thinking of consumers about drugs. It should come as no surprise that the same advertising agencies that create the DTC campaigns for the drug companies also make the PDFA ads (PDFA website, 2004).

GlaxoSmithKline

2003 Sales¹: \$ 38.2 Billion
2000 DTC Total²: \$ 417.2 Million

Product Name	Product Type	DTC Spending 2000 (Millions) ²
<i>Paxil</i>	Antidepressant	\$ 91.8
<i>Flonase</i>	Respiratory Steroids	\$ 73.5
<i>Flovent</i>	Respiratory Steroids	\$ 62.9
<i>Valtrex</i>	Antiviral	\$ 39.7
<i>Zyban</i>	Smoking Cessation	\$ 30.9
<i>Imitrex</i>	Non-narcotic Pain Killer	\$ 37.1

Pfizer

2003 Sales¹: \$ 45.2 Billion
2000 DTC Total²: \$ 249.9 Million

Product Name	Product Type	DTC Spending 2000 (Millions) ²
<i>Viagra</i>	Sex Function Disorder	\$ 89.5
<i>Celebrex</i>	Antiarthritic	\$ 78.3
<i>Zyrtec</i>	Oral Antihistamine	\$ 60.2
<i>Lipitor</i>	Cholesterol Reducer	\$ 58.2

Bristol-Meyers Squibb

2003 Sales¹: \$ 20.9 Billion
2000 DTC Total²: \$ 140.6 Million

Product Name	Product Type	DTC Spending 2000 (Millions) ²
<i>Pravachol</i>	Cholesterol Reducer	\$ 62.0
<i>Buspar</i>	Anti-Anxiety	\$ 28.7

¹ Hoover's Online, 2004

² National Institute for Health Care Management, 2001

Table 1 – DTC spending on pharmaceuticals

In order for drug companies to create, market, and sell drugs, while at the same time contributing to an organization called the Partnership for a *Drug-Free* America, and still remain “legitimate”, a fundamental distinction must be maintained

at all times; the distinction between “bad” and “illegal” drugs and “good” drugs and “medicine”. It is this manufactured dichotomy at which the rhetoric of the PDFA website is aimed at supporting.

The goal of this research is to critically examine the information the PDFA disseminates to the public about drugs, with the knowledge that the companies that form the PDFA have a clear financial interest doing so. Throughout this analysis, it will be helpful to refer back to the companies listed in Figure 7 to remain aware of just who makes up the PDFA and whose interests are being served through the information on the PDFA web site.

“Media Partners”: Donating the Ideological Apparatus

The “Media Partners” page (Figure 8) begins by restating its introductory paragraph from the “About Us” page (Figure 2d). The second paragraph, however, explains in detail the breadth of infiltration the PDFA has attained in the U.S. mass media:

Literally thousands of people have been involved and have come from all sectors of the media: national broadcast and cable TV networks, local TV stations and cable TV systems, national radio networks, local radio stations, newspapers, magazines, outdoor media of all types, phone directories, trade journals, home video, movie theaters, corporate publications, mall and in-store displays, armed forces print, radio and TV, place-based media, the Internet and a variety of other media have teamed over the years to give Partnership messages more support than any other public service campaign in history.

The next paragraph continues to describe the PDFA’s massive influence, “Since advertising started in 1987 through the start of the National Youth Anti-Drug Media Campaign in 1998, the value of the time and space donated pro bono by the media reached \$3 billion.” According to Block, et al. (the authors of “Just Saying No” [Figure 9]), this donated time and space has made the PDFA “the largest

advertiser of a “single product” in the United States – after McDonald’s” (2003).

The last sentence of the third paragraph in Figure 8 states, “This incredible contribution has had a dramatic impact on the very significant progress this country has made on illegal drugs from 1985 through the present.” Once again, in predictable, ambiguous fashion, the PDFA has neglected to provide any reference for their claim of “dramatic impact on the very significant progress... on illegal drugs”. If swallowed whole, however, this sentence serves to legitimize the hegemonic media presence described in the preceding paragraphs. The final paragraph on this page serves a similar function:

Wide recognition of drugs as one of this nation's most dangerous problems, the excellence of the creative work and research proof that the campaigns actually work have helped drive the media support of PDFA to such high levels.

The first sentence of this paragraph poses three factors that have “helped drive the media support of PDFA to such high levels.” The first, “Wide recognition of drugs as one of this nation’s most dangerous problems,” is a highly controversial claim. While drugs may indeed be recognized as one of the nation’s most dangerous problems, that recognition is not necessarily accurate. The labeling of drugs as “one of this nation’s most dangerous problems” is a subjective and ideological statement. Just as valid are claims made by competing groups that drug *prohibition* is one of this nation’s most dangerous problems.

Also cited as factors that have driven media support for the PDFA are “...the excellence of the creative work and research proof that the campaigns actually work.” What are not mentioned as factors that may have contributed to the “generosity” of the media donors are the myriad systems of interconnections, kickbacks, and back-room deals between the PDFA’s corporate partners, agency partners, and media

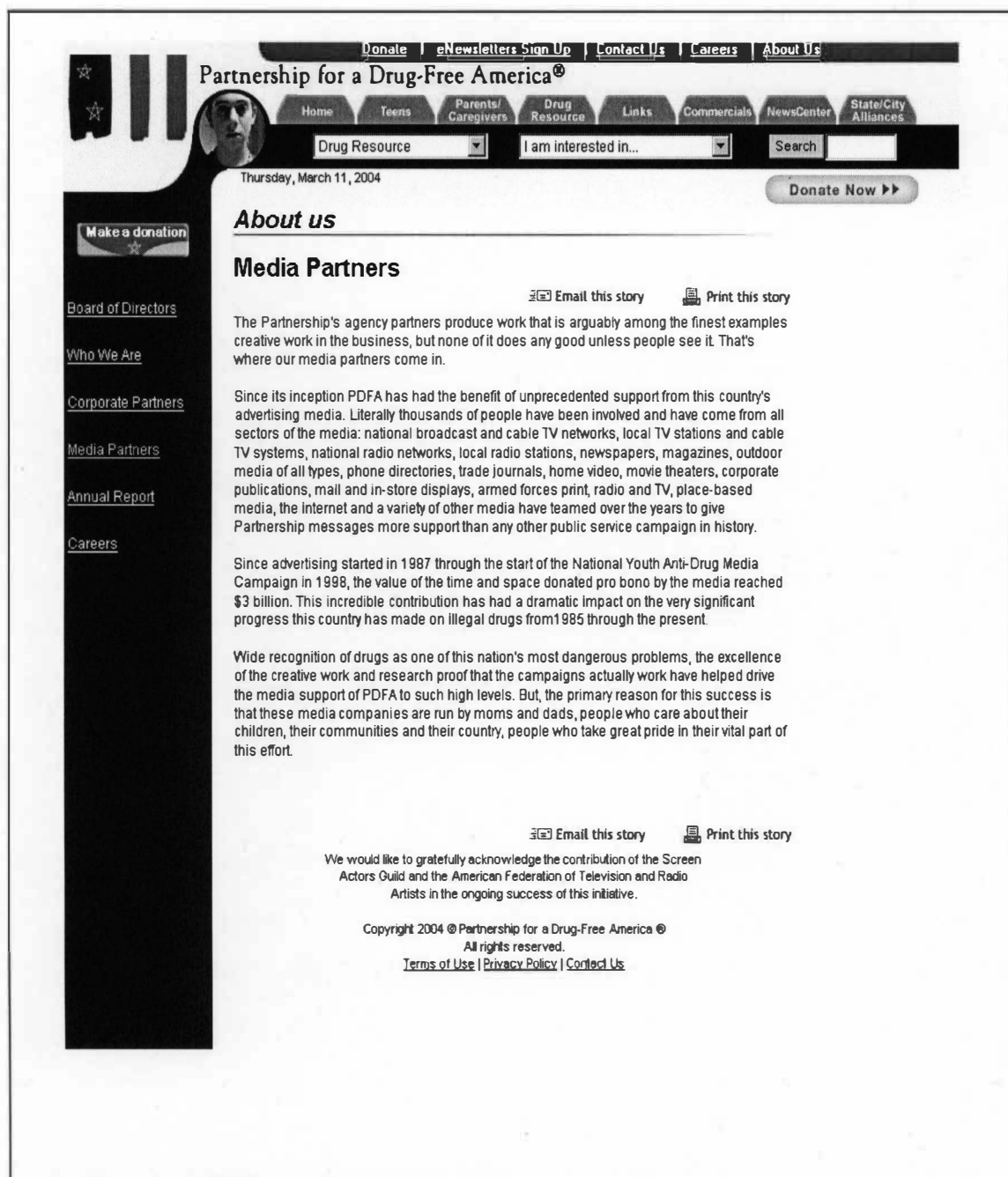


Figure 8 – “Media Partners” page

partners. Many of the PDFA’s pharmaceutical companies, advertising agencies, and media outlets have existing relationships outside of their anti-drug crusade. The same agencies that make the PDFA advertisements also make the pro-drug direct to

consumer advertisements for the pharmaceutical companies and pipe them through the same media outlets. These existing relationships may profoundly influence the relationships of these companies within the context of the PDFA (i.e. “more support than any other public service campaign in history” [second paragraph, Figure 8].)

The final sentence of the “Media Partners” page ends the description of the PDFA’s mass media network by attempting to once again (“it’s good for families and good for business”, Figure 5) equate the interests of parents with the interests of multibillion-dollar corporate media conglomerations:

But, the primary reason for this success is that these media companies are run by moms and dads, people who care about their children, their communities and their country, people who take great pride in their vital part of this effort.

The “About Us” pages have told us a great deal about the PDFA; the actual people listed on the “Board of Directors” page (Figure 3), the altruistic image presented on the “Who We Are” page (Figure 4), the underlying crony capitalism of the “Corporate Partners” pages (Figure 5), and the description of the PDFA’s relationship to the mass media on the “Media Partners” pages (Figure 8).

With this understanding of the who the PDFA is, I will now move on to further analysis of the web page, first looking at how the PDFA uses claims of authority in the presentation of an academic paper that supports their stance, then at how the PDFA targets teens and parents through their web page with disinformation and fear.

AUTHORITY: THE ACADEMIC PAPER

On the PDFA homepage there is a section titled “Highlights” which includes a series of short paragraphs, each with a boldface headline and a link to further information. The paragraph of interest to this analysis (Figure 1a) has the headline, “Do Teens Listen to Anti-Drug Ads?” along with the text:

Wondering if teens pay attention to ads urging them to avoid drugs? Read **this report** by researchers from Yale and New York University to find out if anti-drug messages really do reduce teen drug use (PDFA website, 2004).

The questions in the headline and the first line of this paragraph are of vital importance to the PDFA, as a negative answer to either of them would render the organization’s goals as pointless. In the next sentence, the words, “researchers from Yale and New York University,” are the source of authority for both the current paragraph and for what lies ahead if the reader clicks on **“this report”**, a hyperlink. Yale, as demonstrated by Stanley Milgram (1983) in one of the variants of his famous electroshock experiments, holds an almost sacred claim to legitimate authority in American culture.

Clicking on **“this report”** brings the reader to a new page that contains an academic paper, “Just Saying No” by Block et al. (Figure 9), taken from the Stern School of Business Journal, Fall/Winter 2003. Beneath the title in boldface, the following lines summarize the “positive” findings of the report: “Adults may think teenagers don’t pay attention to media messages urging them to avoid destructive behavior. But a study of a well-known anti-drug advertising campaign from the late 1980s reveals that they were.”

Jumping for a moment to the end of the article, we see that, “A longer version

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News Releases

Are Teens Listening to Anti-Drug Ads?

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January 25, 2004

Just Saying No

By Lauren G. Block, Vicki G. Morwitz, William P. Putsis, Jr., and Subrata K. Sen
From the Stern School of Business Journal, Fall/Winter 2003

Adults may think teenagers don't pay attention to media messages urging them to avoid destructive behavior. But a study of a well-known anti-drug advertising campaign from the late 1980s reveals that they were.

Over the years, advertisements run by the Partnership for a Drug-Free America (PDFA) have turned into popular culture icons. Spots like "This is your brain . . . this is your brain on drugs" have become part of the lingua franca. Over the years, PDFA, a non-profit started in 1986 and backed by the American Association of Advertising Agencies, has received more than \$3 billion in donated media from the broadcast, cable, and radio networks, more than 1000 newspapers, and more than 100 magazines and medical journals. The massive amount of donated media PDFA receives annually makes it the largest advertiser of a "single product" in the United States – after McDonald's.

But does all that spending work? After all, as any parent will testify, it can be difficult getting through to teenagers. So we decided to investigate whether the target audience of the advertising – adolescents – was listening.

Fortunately, there were good data available. Before it aired the ads, the PDFA began conducting annual surveys to independently test whether the advertising campaign was associated with a change in adolescents' drug use. These were known as the Partnership Attitude Tracking Surveys (PATS) and were obtained by getting teenagers to fill out anonymous questionnaires at central locations like malls. The first "wave" of PATS was initiated during February and March, 1987, three months before the first anti-drug messages were aired. Additional waves, which took place in 1988, 1989, and 1990, measured respondents' recall of PDFA advertisements. (The sample sizes of adolescents aged 13–17 years were 797, 1031, 870, and 1497, respectively.) These four waves formed a "natural experiment." Respondents during the first wave were not exposed to PDFA advertising, whereas respondents in subsequent waves were.

A preliminary examination of the PATS data reveals that the percentages of respondents who reported *Marijuana* or *Cocaine*/crack use in the previous 12 months did, in fact, decrease significantly between 1987 and 1990. Survey data from the University of Michigan's Institute of Social Research and National Household Survey on Drug Abuse corroborate this trend. But while this pattern is consistent with the hypothesis that anti-drug advertising reduces drug consumption, this analysis does not accommodate other potential explanations for changes in drug consumption over time, such as exposure to school-based anti-drug campaigns. To adjust for such other factors, we developed a detailed behavioral economic model that investigated the relationship between adolescents' recall of anti-drug advertising and their probability of using marijuana, cocaine, or crack – as well as the volume of use for those already using these drugs.

Model Behavioral

We began with an individual-level behavioral economic model of drug use, focusing on the impact of advertising. This well-established economic framework provided the rigorous link between the underlying theory and the statistical model needed to estimate individual behaviors. We then relied on health behavior theory to select the specific variables used within this empirical specification. The measures used in the analysis represented the predominant benefits and costs of drug use identified in major health behavior theories. We analyzed marijuana use separately from cocaine/crack use because reasons for use differ for specific drugs. And we combined cocaine and crack into a single category because 92% of respondents reported using both with equal frequency.

Respondents indicated how often in the past 12 months they had used each drug by selecting a number on a scale running from 1 – meaning no use – to 7 – meaning 40 or more times. These responses allowed us to determine both the percentages of respondents who reported using each drug in the previous 12 months and the volumes of use. In the case of users of both drugs, we divided their volume of use at the median and considered those below the median to be light users and those above the median to be heavy users.

Illustration by Michael Gibbs

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You can make
a difference.
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Figure 9 – “Just Saying No” page

of this research appeared in the *American Journal of Public Health*, August 2002, vol 92, No. 8,” as well as:

Lauren G. Block is associate professor of marketing at the Zicklin School of Business at Baruch College.

Vicki G. Morwitz is associate professor of marketing at NYU Stern.

William P. Putsis Jr is professor of marketing at University of North Carolina at Chapel Hill.

Subrata K. Sen is Joseph F. Cullman III Professor of Organization, Management, and Marketing at the Yale School of Management.

The prestige of the *American Journal of Public Health*, the authors' academic titles, and the institutions with which they are affiliated again bolster the authority of the text. This report is apparently the result of legitimate, peer-reviewed academic research in the field of marketing. With that in mind, we jump back to the beginning of the article and find out what it has to say.

Back at the top of the page, we see the picture in Figure 9a inlaid next to the first two paragraphs of the article. It has the title of the article, “Just Saying No,” over the image of a face with eyes closed and a white “X” where the mouth should be. This image of death, in the context of a report on the effectiveness of anti-drug ads, can be seen as supplementing the authority of the academic paper with a dimension of fear, with the implication that the absence of anti-drug messages results in death.

The article begins by describing the PDFA, stating that the organization, “has received more that \$3 billion in donated media from the broadcast, cable, and radio networks, more that 1000 newspapers, and more than 100 magazines and medical journals,” and that the PDFA is, “the largest advertiser of a ‘single product’ in the United States – after McDonald’s.”

The authors then ask their research question, are the PDFA ads effective in

changing the attitudes of teens about drugs? The first claim they make in answering this question immediately raises suspicions about the possible motives, biases, and validity of the basis of this study:

Fortunately, there were good data available. Before it aired the ads, the PDFA began conducting annual surveys to independently test whether the advertising campaign was associated with a change in adolescents' drug use. These were known as the Partnership Attitude Tracking Surveys (PATS) and were obtained by getting teenagers to fill out anonymous questionnaires at central locations like malls.

The first sentence of this paragraph makes a qualitative statement concerning the data upon which this study is based, namely that it is "good". The validity of this judgment lies in the authority of the authors to make such a claim. The very next sentences, however, raise reasonable doubts about just how "good" this data is.

The first and most important indicator that there may be problems with the data is the fact that the data come from the PDFA itself, yet are called "independent". Any pretext of objectivity is quickly evaporated when a supposedly external evaluation of a program is conducted using internally generated criteria. This logical inconsistency is nullified, however, through the initial authoritative statement that the data is not only "good", but also "fortunate". This is a concrete example of an exercise of discursive power.

Not only are the source and objectivity of the data questionable, but the last sentence of the paragraph describes a convenience sampling method that knowingly produces ungeneralizable results ("getting teenagers to fill out anonymous questionnaires at central locations like malls"). When conducting quantitative social research, the sampling method generally lies close to the heart of what makes a data set "good". The authors do make the acknowledgement in the second to the last paragraph of the article:

This study was not without limitations. Although the sample was constructed to be representative of American adolescents, central location sampling was used.

Besides being ungeneralizable, the use of self-report measures of teen drug use raise further questions of validity and reliability. Studies have shown that social desirability can seriously affect the accuracy of self-report instruments (Sudman, Bradburn, & Schwarz, 1996), a fact which is compounded by population characteristics (teens) and the context of the administration of the survey (malls). Again, these considerations are glossed over by the authoritative claim of “good” data.

The researches then explain that:

The first “wave” of PATS was initiated during February and March, 1987, three months before the first anti-drug messages were aired. Additional waves, which took place in 1988, 1989, and 1990, measured respondents’ recall of PDFA advertisements.

Once again, the claim of “good” data comes into question. Data on teen media consumption and drug use behavior from 12-15 years ago has serious limitations in its generalizability to teen populations today. The rapid pace of technological and cultural change means that teens today live in a very different environment than the teens of the late 80’s.

The time frame of the data collection does have a redeeming characteristic for the study, however. Since the first “wave” of PATS was initiated before the first anti-drug messages were aired, the researchers are able to set up a “natural experiment”, comparing this “control” group to the succeeding “experimental” condition groups of 1988, 1989, and 1990.

The researchers then go on to describe the variables obtained through the PATS surveys, including how often respondents had used marijuana and crack/cocaine, their perceived susceptibility to drug use, perceived severity of drug

use, attitudes toward drugs, attitudes toward drug users, and how often respondents had viewed specific anti-drug ads. They then tested three separate assumptions about teens' decisions to use marijuana and crack/cocaine.

First, we estimated the marijuana and cocaine/crack equations independently, assuming that the decision to try the two drugs is independent. (Empirical research suggests that the process may be sequential; that is, one first tries marijuana and then cocaine/crack.) Second, the common syndrome theory suggests that individuals have a "predisposition" to use drugs that manifests itself first in marijuana use. Third, certain factors associated with the experience of using marijuana could lead people to use harder drugs, such as cocaine/crack. This has been referred to as a "gateway" or "stepping stone" theory. These three alternatives resulted in different statistical specifications, which allowed us to test the hypotheses with the available data.

This paragraph describes the three different assumptions the researchers tested with their data, that marijuana use is independent of later crack/cocaine use, that individuals are predisposed to using drugs and this predisposition manifests itself first with marijuana and then crack/cocaine, and that marijuana use leads to crack/cocaine use - the gateway theory. They found that:

Using nested tests, we concluded that the "predisposition" formulation - i.e. that individuals have a "predisposition to use drugs" that manifests itself first in marijuana use - fit significantly better than the notion that the decision to try the two drugs is independent. Consequently, we used this formulation throughout. In addition, the data led us to reject the hypothesis that marijuana use increases the probability of cocaine/crack use.

The article does not go into more depth about what it means to be "predisposed" to drug use. Are all people predisposed to drug use? Why does this predisposition manifest itself first with marijuana? These questions are not answered by the researchers, but it seems to me that if an individual has the "predisposition" to use drugs, its manifestation would be purely determined by the environment, i.e. what drug is available.

The researchers then conclude that, according to their model, “The findings demonstrate that recall of anti-drug advertising was associated with a decreased probability of marijuana use.” They conclude the article with the statement:

. . .our findings have important public policy implications. Our model, based on survey data from 1987 to 1990, indicates that increases in amounts of anti-drug advertising are associated with decreases in teenage drug use. During this time period, media financial support for anti-drug advertising increased, from a low of \$115 million in 1987 to a high of \$365 million in 1991. Given the results, this increase appears to have been a worthwhile investment.

The very claim that “our findings have important public policy implications” is a direct statement of the authors’ own authority. Combined with the last sentence of this paragraph, these claims represent the most definitive and poignant exercise of the authors’ authority, to make the evaluative claim that a massive increase in spending on anti-drug advertising was a “worthwhile investment”.

From the “teaser” paragraph on the homepage of the PDFA website to the last sentence of the article, the implied authority of researchers from Yale and other elite institutions and the American Journal of Public Health is used to legitimate the self-serving claim that anti-drug advertising is effective in reducing teen drug use. This authority is used to drown out legitimate concerns with methods, such as using data originating from the target of the evaluation, the generalizability of convenience samples from 12-15 years ago, and the validity and reliability of self-report drug use measures.

Perhaps the most effective exercise of power, by both the PDFA website and the academic paper “Just saying no” lies not in what they say, but from what they failed to say. Since 1998, the PDFA has been in partnership with the White House’s Office for National Drug Control Policy (ONDCP) in a targeted media blitz called the National Youth Anti-Drug Media Campaign. Also since 1998, another government

agency, the National Institute on Drug Abuse (NIDA) has performed independent evaluations of the Media Campaign through contracts with Westat Inc and the Annenberg School for Communication, University of Pennsylvania. The NIDA publishes its report annually (<http://www.drugabuse.gov/DESPR/Westat/>), but there is no mention of it anywhere on the entire PDFA website or in the paper by Block, et al.

Perhaps this report is not mentioned because its findings directly contradict those of Block, et al. According to the report:

There is little evidence of direct favorable Campaign effects on youth, either for the Marijuana Initiative period or for the Campaign as whole. The trend data in marijuana use is not favorable, and for the primary target audience, 14- to 16-year-olds, past year use increased from 2000 through 2003, although this increase was already in place before the start of the Marijuana Initiative. However, an independent source of trend information, the Monitoring the Future Survey, showed a decline in use for some age groups. In any case, youth who were more exposed to Campaign messages are no more likely to hold favorable beliefs or intentions about marijuana than are youth less exposed to those messages, both during the Marijuana Initiative period and over the entire course of the Campaign.

The fact that this government report is not mentioned by the PDFA when answering the question, “Are teens listening to anti-drug ads?” is a direct exercise of power. By suppressing the NIDA report, a source with just as much potential legitimate authority as Yale and the American Journal of Public Health, the PDFA is intentionally misrepresenting the facts to its audience.

CHANNELING FEAR TO PARENTS AND TEENS

Power as Social Identity Manipulation

The PDFA uses several techniques to activate specific social identities in the readers of its web site, such as portraying images of people that readers can identify with and using language structures that are associated with specific identities (i.e. using “your employees” activates the identity of an employer). By activating social identities, the PDFA is able to exploit vulnerabilities that are intrinsic to those identities and are common to all who share the identity. By using the identity of an employer, for example, the PDFA is able to exploit features that are common to all employers, such as the needs to ensure reliable labor sources and increase profits, by linking participation in their Corporate Partnership program to the fulfillment of those needs.

While employers and corporate executives are the targeted identity of the “Corporate Partners” page (figure 5), the majority of the PDFA web site is targeted at two specific categories of people: parents and teens. In addition to using images and language structures to indirectly activate these social identities in its readers, the PDFA uses powerful features unique to the medium of HTML web pages to directly access desired social identities.

As can be seen in any of the included figures, all of the pages of the PDFA’s web site are displayed within a common “frame” along the top and left-hand sides. Included in this omni-present frame are a pseudo American flag in the top left corner next to the words “Partnership for a Drug- Free America”, a picture of a teen’s face,

various page-specific links along the left edge, and 8 "tabs" that correspond to the main areas of the web site.

Two of these tabs, "Teens" and "Parents/Caregivers", directly activate social identities by providing social categories, or positions, for the reader to identify with through the action of clicking on them. This form of identity activation, providing a clickable link labeled with a social category, is uniquely suited to the medium of web pages and is a potential source of discursive power.

The creator of the discourse (the PDFA) both determines which social categories are presented to the reader and defines the parameters of the corresponding social identities. These parameters include the previously mentioned vulnerabilities that are inherent in any specific identity. The PDFA magnifies these vulnerabilities in their constructed version of the "parent" identity, elevating the normal sense of fear that all parents share for their children into a disproportionately large aspect of that identity. When this lopsided identity, top-heavy with unnatural levels of fear and paranoia, is assumed by the reader, it acts like fertile soil for the ideology of the PDFA to take root in. In the next two sections, I will examine some of the ways in which this is done with the "Teens" and "Parents/Caregivers" tabs.

Parents: Trust Us, Not Your Kids

Clicking on the "Parents/Caregivers" tab predictably brings the reader to the "Parents/Caregivers" page of the PDFA web site (Figure 10). In the top-right corner of the page (Figure 10a) is the sentence "The Parents section is made possible by a generous grant from **MetLife Foundation**." Metlife is an insurance and banking conglomerate with 2003 sales of \$35.8 billion (Hoover's, 2004). The page is then organized in two columns labeled "Tips & Resources" and "Personal Stories".

In examining this web page, one particular theme stands out more prominently than any other; the importance of monitoring your teen. Figures 10b through 10f all approach the idea of surveillance and monitoring of teenagers from different angles. Beneath this pervasive theme of surveillance lies the exploitable vulnerability of the parent identity, the fear of losing your child in some way. This fear provides the reader with the rationale for accepting the PDFA's surveillance and monitoring guidelines, and is implicitly reinforced throughout the pages of the PDFA web site.

Looking at Figure 10b, which has the heading "Make Everyday Kids Day" and contains the following paragraph, we can see the technique of fear arousal in action:

Parents play a vital role in drug prevention. Research shows that kids who are not regularly monitored by their parents are twice as likely to smoke cigarettes and four times more likely to use other drugs. Help your child have a happy, healthy, drug-free day—today and everyday. Read these 23 parenting tips.

The second sentence of the paragraph is unspecific about two facts, and very specific about two others. The "research" referred to is not specified in any way, and it is not at all clear exactly what "regularly monitored" means. However, the supposed correlates of a lack of regular monitoring, "twice as likely to smoke cigarettes" and "four times more likely to use other drugs", are indeed very specific formulations. This unbalanced specificity feeds into a parent's fear of losing their child to rampant (4x) drug use, and increases their susceptibility to embracing the "solutions" provided by the PDFA.

Since the phrase "Make Everyday Kids Day" is a link that leads to further information when clicked on, the reader may think that the unspecified facts are addressed in subsequent pages. This is not so. Clicking on "Make Everyday Kids Day" brings the reader to the "Help for Parents" page (Figure 11). This page does not

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Wednesday, March 31, 2004

Parents/Caregivers

Tips & Resources

We Remember You
Our **Memorial Wall** contains tributes to loved ones lost to drugs and alcohol. Read the three recent memorials posted in memory of teenagers, Rachel, Donny and Thomas, who tragically lost their lives.

Teens Abusing Cough Medicine
Some young people are abusing over-the-counter cough medicines. While abuse of these products is not widespread, every parent should be aware of the facts. Read our special parents section on **Cough Medicine Abuse** to learn the effects, the slang terms and things to watch out for.

Make Everyday Kids Day
Parents play a vital role in drug prevention. Research shows that kids who are not regularly monitored by their parents are twice as likely to smoke cigarettes and four times more likely to use other drugs. Help your child have a happy, healthy, drug-free day -- today and everyday. **Read these 23 parenting tips.**

Where Is Your Teen?
Partnership for a Drug-Free America and MetLife Foundation are working together to bring parents information about raising drug-free kids. Read the recent **News Release**. Help your kids stay drug-free by keeping tabs on them and asking questions. Learn more in our special section **Tips for Raising Drug-Free Teens**.

Drug Quiz - The Two Minute Challenge
What's the most popular drug among high school seniors? Where do most kids get their drugs? Know the correct answers? Take our drug quiz, the **Two Minute Challenge**, to find out.

Keeping Tabs on Kids
Know exactly where your teens are, what they're doing, who their friends are -- it can make them less likely to experiment with drugs. **read more.**

Alcohol & Drug Info

Ecstasy and Meth: New Resources for Parents
The Partnership is proud to announce our new **Health Education Campaign** in association with the American Academy of Pediatrics and the Consumer Healthcare Products Association. The campaign is designed to provide parents and teens with information and resources about two dangerous and widely available drugs -- Ecstasy and methamphetamine. **read more**

Personal Stories

Parents of Addicts Share Stories
The Mom Squad, a parent group in St. Charles, IL, is deeply concerned about the effects that drug abuse is having on their families and communities. They strive to educate others about cocaine and heroin addiction while offering compassion and hope to one another. **Read 8 personal stories** in which Mom Squad members describe the enormous impact that their teens' addictions have had on their lives.

9 Tips: From One Parent to Another
It sure wasn't easy for Barbara Hansen to watch her daughter Nicole become addicted to drugs. But she certainly learned quite a bit about parenting along the way. Now all the wiser, she wants to share these **9 Tips for Parents**.

"Where Did I Go Wrong?"
Since my daughter died I've learned plenty about Ecstasy. Intellectually, I know it was Kelley's decision to start using drugs, but my heart asks, "Where did I go wrong?" **read more**

Monitoring Her Teens
Read about the challenges -- and rewards -- Dawn faces in monitoring her teenagers: **Three Children, Three Choices**

Addicted to Inhalants
Megan inhaled household products to get high and forget her problems. When her mother found out, she was shocked yet determined to help. Read their stories: **Megan's Story | Joan's Story**

Keeping Teens In Hand
To be a "hands-on" parent, at least 10 of the following 12 must be true. You must:

- Monitor what your kids are watching on TV.
- Monitor their use of the Internet.
- Put restrictions on CDs they buy.
- Know where your kids are after school and during weekends.
- Be told the truth about your teenager's whereabouts.
- Be aware of your teenager's academic performance.
- Impose a curfew.
- Make it clear that you would be "extremely upset" if your teen used **Marijuana**.
- Eat dinner with your teen six or seven nights a week.
- Turn the TV off during dinner.
- Assign regular chores for your teen.
- Have an adult present when the teen comes home from school.

Did You Know?
Monitoring is asking your kids "Who, What, When, Where" every day.

Feature Stories
In Your Own Words
Memorial Wall
Commercial
Help for Parents
Prescription Medication Abuse
Ecstasy Alert
Inhalants Prevention: Parent's Guide
Meth Alert

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The Parents section is made possible by a generous grant from **MetLife Foundation**

Figure 10 – "Parents/Caregivers" page

contain any further references to the mysterious “research” from the previous page, but it does contain some other interesting information, such as the first paragraph:

From early childhood on, children are presented with a confusing picture of the world when it comes to drugs: while all drugs carry risks, some are legal (alcohol and tobacco); some are “medicines;” others are illegal. Parents can help children understand the differences better than most, every step of the way toward adulthood.

And the final sentence on the page, “For more information detailing how to talk to your child, click on a link to the right of the page for age-specific tips.” While these paragraphs do not deal so much with surveillance as with shaping youngsters’ attitudes about the differences between types of drugs, the exploitation of parental fear continues. The fear addressed by this page is that parents will not be capable on their own of properly informing their child about drugs, leading the child to make poor choices. Notice the section “Help Topics” along the right side of Figure 10, for instance. The various links are titled things like “Help! I think my child is using drugs”, and “Is Your Child Using Drugs? How to Find Out”. The wording used in these links places the parent in a disadvantaged position of helplessness and the PDFA in a position authority and reassurance.

The PDFA may suffer from somewhat of a conflict of interests in providing “information detailing how to talk to your child” about the differences between legal drugs, “medicines”, and illegal drugs. Since the primary corporate funders of the PDFA are pharmaceutical-related corporations (Figure 5), they may have a vested interest in downplaying the risks of the “medicines” from which they profit while unfairly demonizing (creating fear about) the “illegal” drugs that may compete with their products.

Looking to the right-hand side of this page under the heading “What you can do”, there is a link to “Keeping watch over your child”. Clicking on this link brings

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Monday, April 12, 2004

Help for Parents

Help for Parents

From early childhood on, children are presented with a confusing picture of the world when it comes to drugs: while all drugs carry risks, some are legal (alcohol and tobacco); some are "medicines," others are illegal. Parents can help children understand the differences better than most, every step of the way toward adulthood.

Talking with your children about illegal drugs is not as difficult as most parents think, but is not as simple as delivering one message ("don't do drugs") over time. As kids age, their attitudes about drugs become more and more sophisticated. For more than 15 years, the Partnership for a Drug-Free America has been tracking drug-related attitudes among children, teenagers and parents, gaining tremendous insights into what kids of all ages think and feel about a wide variety of illegal drugs. While young children tend to view drugs in simple terms ("good" vs. "bad"), pre-teens and teenagers come to understand that not all drugs are the same. Drug-related attitudes have a direct influence on decisions to use drugs, and are influenced by a wide variety of factors-age, gender, peer and family influences, etc. The messages and warnings parents use with young children will not work with children as they grow into adolescents.

On-going communication with children about drugs is critical. As their attitudes about drugs change, kids need guidance and advice from parents. That's why one-time conversations about drugs will not do the job. For parents who don't know what to say or aren't sure where to start, the ability to listen intently to children about drugs is a great strategy to employ. Ask open-ended questions about the issue of drugs, and listen.

For more information detailing how to talk to your child, click on a link to the right of the page for age-specific tips.

Help Topics

Help! I think my child is using drugs.

- [Helping a Child Who is Using Drugs](#)
- [Is Your Child Using Drugs? How to Find Out](#)

How can I talk to my child about drugs?

- [Get the Conversation Going](#)
- [Help Your Kids Turn Down Drugs](#)
- [Your Preschooler](#)
- [Grades K-3](#)
- [Grades 4-6](#)
- [Grades 7-9](#)
- [Grades 10-12](#)

What you can do.

- [23 Tips to Keep in Mind and Put to Use](#)
- [Keeping Watch Over Your Child](#)
- [Raising the "Sensation Seeker"](#)
- [Setting Rules for Your Kids](#)

What you should know.

- [Answering the Question: "Did you ever use drugs?"](#)
- [Facts Every Parent Should Know](#)
- [Grandparents Hold A Key to Keeping Teens Drug-Free](#)
- [The First Year of Middle School: A Critical Time](#)

We would like to gratefully acknowledge the contribution of the Screen Actors Guild and the American Federation of Television and Radio Artists in the ongoing success of this initiative.

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Figure 11 – “Help for Parents” page

the reader to a page of the same name (Figure 12), and back to the subject of monitoring. On this page there are three paragraphs that serve to introduce the parent to the craft of teen surveillance. The PDFa goes to great lengths on this page to assuage the reader's natural repulsion at the level of privacy invasion that is

advocated:

The idea of "monitoring" your tween or teen may sound sinister, but it's actually a very simple idea that leads to great things: You know where your child is at all times (especially after school), you know his friends, and you know his plans and activities. By staying in-the-know about your child's daily schedule, you're taking an important step in keeping your child drug-free. Kids who are monitored are four times less likely to use drugs.

In the effort to paint monitoring as something not "sinister", the PDFA reverts to the tactic of strategic information omission. Monitoring may indeed lead to "great things" like kids who are "four times less likely to use drugs", but this does not mean that these are the only things that monitoring leads to. What the PDFA neglects to address are the potential negative effects of monitoring, which *do* render it "sinister" when they occur, such as the strong sense of mistrust it inevitably introduces into the parent-teen relationship or the militarized home atmosphere that surveillance fosters.

The next paragraph delves even deeper into the psychological aspects of monitoring your teen, sounding more like an excerpt from a CIA training manual than a parenting tip:

Because monitoring conflicts with your child's desire to be independent, he is likely to resist your attempts to find out the details of his daily whereabouts. Don't let this deter you from your goal. He may accept the idea more easily if you present it as a means of ensuring safety or interest in who he is and what he likes to do, rather than as a means of control. You need to be prepared for your child's resistance — because the rewards of monitoring are proven.

This entire paragraph reeks of authoritarianism. In the first place, a teenager's (or any human being's) desire to be independent and not have the details of his or her daily whereabouts known should not be blithely seen as deterrents to healthy parental goals. While there is certainly a need for parents to be involved in their children's lives, this paragraph presents budding teenage autonomy as something to be squashed

in order to keep them away from any possible real life experiences with drugs.

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Monday, April 12, 2004

Help for Parents

Keeping Watch Over Your Child

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The idea of "monitoring" your tween or teen may sound sinister, but it's actually a very simple idea that leads to great things: You know where your child is at all times (especially after school), you know his friends, and you know his plans and activities. By staying in-the-know about your child's daily schedule, you're taking an important step in keeping your child drug-free. Kids who are monitored are four times less likely to use drugs.

Because monitoring conflicts with your child's desire to be independent, he is likely to resist your attempts to find out the details of his daily whereabouts. Don't let this deter you from your goal. He may accept the idea more easily if you present it as a means of ensuring safety or interest in who he is and what he likes to do, rather than as a means of control. You need to be prepared for your child's resistance — because the rewards of monitoring are proven.

The most important time of day to monitor is after school from 4 p.m. to 7 p.m. Kids are at the greatest risk for abusing drugs during these hours. Call your child's school to find out about adult-supervised activities he can take part in during these hours. Encourage him to get involved with youth groups, art or music programs, organized sports, community service, or academic clubs. Follow up with your child to make sure he is actually going to the program he has chosen.

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Help Topics

Help! I think my child is using drugs.
 • [Helping a Child Who is Using Drugs](#)
 • [Is Your Child Using Drugs? How to Find Out](#)

How can I talk to my child about drugs?
 • [Get the Conversation Going](#)
 • [Help Your Kids Turn Down Drugs](#)
 • [Your Preschooler](#)
 • [Grades K-3](#)
 • [Grades 4-6](#)
 • [Grades 7-9](#)
 • [Grades 10-12](#)

What you can do.
 • [23 Tips to Keep in Mind and Put to Use](#)
 • [Keeping Watch Over Your Child](#)
 • [Raising the "Sensation Seeker"](#)
 • [Setting Rules for Your Kids](#)

What you should know.
 • [Answering the Question: "Did you ever use drugs?"](#)
 • [Facts Every Parent Should Know](#)
 • [Grandparents Hold A Key to Keeping Teens Drug-Free](#)
 • [The First Year of Middle School: A Critical Time](#)

We would like to gratefully acknowledge the contribution of the Screen Actors Guild and the American Federation of Television and Radio Artists in the ongoing success of this initiative.

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Figure 12 – "Keeping Watch Over Your Child" page

Again, the paragraph ends with an unsupported claim in propagandesque

fashion, “because the rewards of monitoring are proven.” The dark prescriptions of this paragraph rely on the festering fear all parents have of seeing their child turn into a junkie, inflamed by the emotional imagery created by the PDFA.

The final paragraph offers some practical suggestions:

The most important time of day to monitor is after school from 4 p.m. to 7 p.m. Kids are at the greatest risk for abusing drugs during these hours. Call your child's school to find out about adult-supervised activities he can take part in during these hours. Encourage him to get involved with youth groups, art or music programs, organized sports, community service, or academic clubs. Follow up with your child to make sure he is actually going to the program he has chosen.

Returning to the “Parents/Caregivers” page (Figure 10), we can see further reinforcing of the surveillance theme. Figure 10c has the heading “Where is Your Teen?” and contains the following paragraph:

Partnership for a Drug-Free America and MetLife Foundation are working together to bring parents information about raising drug-free kids. Read the recent News Release. Help your kids stay drug-free by keeping tabs on them and asking questions. Learn more in our special section Tips for Raising Drug-Free Teens

Looking back at the “Corporate Partners” page (Figure 7), we see that MetLife Foundation is in the category “Lead Support”, which is even higher than the “Chairman’s Circle” category, and seems to denote something like founding member status. Again, the claim that the PDFA and their partner MetLife Foundation are in any position to “bring parents information about raising drug-free kids” is merely internally valid and ultimately self-serving.

Clicking on either the “Where is Your Teen?” or the “Tips for Raising Drug-Free Teens” links brings the reader to the “Tips for Raising Drug-Free Teens” page (Figure 13). This page describes a specific campaign called “Parent Talk” launched by the PDFA and MetLife Foundation that includes two radio messages and a brochure for parents about how to monitor your teen.

Below a paragraph describing the brochure, there is a paragraph titled “Parent Talk” Radio Campaign:

This new round of the “Parent Talk” campaign features two radio ads created by the agency Young & Rubicam, each seeking to remind parents of the importance of monitoring their kids’ time. The messages will air in 20 markets in the U.S.

The message? Be involved in your kids’ life — by asking questions, listening to what they have to say, knowing their friends, their interests, who they hang out with, and where they go after school. Most importantly, give them your time. Even if it seems like they don’t want your attention — they do.

The now familiar theme of monitoring is again repeated, further normalizing the idea of eroded privacy in the name of keeping teens “drug-free”. Below these two paragraphs are two more paragraphs describing the parental instructions being disseminated to 20 U.S. markets. Of particular interest is the description of the radio ad titled “Babies”:

Parents, even though your teenager no longer plays with his food and is almost taller than you are, in some ways he’s still a baby. Once he hits 13 a lot of temptations lurk — marijuana, ecstasy, cocaine, and conformity. While you can’t dress your teens in drug-retardant feety pajamas, build a giant protective gate, or hold their hands until they’re 21, there is a way to protect them. Ask them questions. Know who they’re with, what they’re doing, and where they are. Because kids whose parents don’t, are more likely to do drugs.

This paragraph represents precisely the exploitation of parental fear as a justification for increased surveillance of teens. By stating that “in some ways he’s still a baby”, the PDFA enfeebles teenagers, discounting the fact that they are pre-adults with their own autonomy. The argument for increased surveillance is more easily swallowed if teens are equated with babies, because babies really do need the kind of monitoring advocated here. One fact is being glossed over, however. Teens are not babies. The next sentence invokes the imagery of fear for parents of 13 year

olds, “a lot of temptations lurk — marijuana, ecstasy, cocaine, and conformity.” The sentence after that returns to the teen-as-baby idea with fantasy imagery of protectionism to quell the fear, “While you can't dress your teens in drug-retardant feety pajamas, build a giant protective gate, or hold their hands until they're 21, there is a way to protect them.” And that way, of course, is increased surveillance. Again, the paragraph ends with the unsupported claim alluding to the sacred knowledge possessed by the PDFA, “Because kids whose parents don't, are more likely to do drugs.”

For yet another dose of how and why parents should monitor their children we return once again to the “Parents/Caregivers” page (Figure 10). Figure 10d has the heading “Keeping Tabs on Kids” and contains the sentence, “Know exactly where your teens are, what they're doing, who their friends are -- it can make them less likely to experiment with drugs. read more.”

Clicking on either the words “Keeping Tabs on Kids” or “read more” brings the reader to the “Keeping Tabs on Kids” page (Figure 16). This page describes another media campaign directed at instructing parents on how to monitor their children. There are several different parts to this page, including some quotes from parents about their experiences with monitoring, a description of the importance of monitoring from a “senior scientist at the Oregon Research Institute”, and a box with a checklist for being a “hands-on” parent. At the bottom of the page is the following sentence in boldface, “For more information about monitoring, please call 1-800-788-2800.”

The box with the checklist for being a “hands-on” parent is also found back on the “Parents/Caregivers” page (Figure 10e). According to this box, a parent must meet 10 of 12 requirements in order to be a “hands-on” parent, thus supposedly

leading to drug-free children. The phrasing of each bulleted requirement again

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Wednesday, March 31, 2004

Tips For Raising Drug-Free Teens

MetLife Foundation in cooperation with Partnership for a Drug-Free America has re-launched its award-winning "Parent Talk" anti-drug campaign. This renewed campaign offers two new radio messages focusing on improving parenting skills. Monitoring has been proven to be an extremely effective parenting skill in keeping kids drug-free. It emphasizes knowing where your children are at all times, especially after school, personally knowing their friends, knowing their daily plans and activities and limiting time spent without adult supervision. The messages also promote a new free parents' brochure, which includes information on the dangers of club drugs such as Ecstasy.

Partnership for a Drug-Free America and **MetLife Foundation** are working together to bring parents information about raising drug-free kids. View the Partnership's recent [News Release](#).

"Tips for Raising Drug-Free Teens" Brochure

Our "Tips For Raising Drug-Free Teens" brochure, available in English and Spanish, helps parents monitor their kids and be proactive in their lives. It also encourages parents to learn about drugs that are popular among teens and to know the dangers of these drugs. Parents will also find information on the increasingly popular and dangerous illegal drug Ecstasy — complete with descriptions, slang terms and warnings to watch for.

Brochure design by The McGraw-Hill Group, NYC.

English Spanish

To view or print the PDF file of the brochures download [Adobe Acrobat Reader](#).

To order copies of the brochure, please call NCADI at 1 800 729-6886.

"Parent Talk" Radio Campaign

This new round of the "Parent Talk" campaign features two radio ads created by the agency Young & Rubicam, each seeking to remind parents of the importance of monitoring their kids' time. The messages will air in 20 markets in the U.S.

The message? Be involved in your kids' life — by asking questions, listening to what they have to say, knowing their friends, their interests, who they hang out with, and where they go after school. Most importantly, give them your time. Even if it seems like they don't want your attention — they do.

"Babies"

Parents, even though your teenager no longer plays with his food and is almost taller than you are, in some ways he's still a baby. Once he hits 13 a lot of temptations lurk — marijuana, ecstasy, cocaine, and conformity. While you can't dress your teens in drug-resistant feisty pajamas, build a giant protective cage, or hold their hands until they're 21, there is a way to protect them. Ask them questions. Know who they're with, what they're doing, and where they are. Because kids whose parents don't are more likely to do drugs.

"My Mother"

An older teen reflects back on how when she was 13 her mother used to bombard her with questions — where she was going, whom she was going with, and when she would be home. While at the time she found it annoying and even hated her mom for it, she now knows that all those questions kept her from trying drugs. And for that, she is grateful.

Listen to this radio commercial:
English - [Real Player](#) | [Windows Media](#)
Spanish - [Real Player](#) | [Windows Media](#)

Calling All Parents of Middle-School Kids

From ages 6-13, children are making the often tough transition from a controlled, sheltered elementary school environment, with strict exposure to legal drugs, to the new environment of middle school, full of peer influences, peer pressures, and more potential drug use.

"What Are Your Plans After Soccer?"

Most kids are busy with all of their after-school activities, especially after school. Although most parents are not for drugs, many parents report knowing what their child does after school.

What is Monitoring?

Monitoring means asking teens questions about where they're going, what they're doing, and with whom they're doing it. Put some of these tips to use, and your kids will benefit with healthy lifestyles. Read more about [Keeping Kids on Your Kids](#).

Learn About Ecstasy

Partnership for a Drug-Free America research notes the number of teens who have tried Ecstasy climbed 71% between 1991 and 2001. For more information, visit our Ecstasy microsite [KICK UP CLASH: Real Stories](#).

Parents Can Influence Teens' Decisions About Drugs

Research shows that kids who learn about drug risks from their parents are 42% less likely to use marijuana than are young people whose parents don't discuss this issue with them.

We would like to gratefully acknowledge the contribution of the Screen Actors Guild and the American Federation of Television and Radio Artists in the ongoing success of this initiative.

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Figure 13 – "Tips for Raising Drug-Free Teens" page

reinforces an authoritarian type norm, “To be a hands-on parent, at least 10 of the following 12 must be true. You must: . . .”

Finally, Figure 10f has the title “Monitoring Her Teens” over the sentence, “Read about the challenges – and rewards – Dawn faces in monitoring her teenagers: Three Children, Three Choices”. Next to this is a picture of a middle-aged white woman sitting in an easy chair reading a newspaper. Clicking on either the heading or the link “Three Children, Three Choices” brings the reader to the “In Your Own Words” page (figures 14 and 15).

This page is the personal narrative of Dawn and her experiences raising three children, two of whom used drugs and one that did not. Interestingly enough, though Dawn describes in the first paragraph how she was emotionally touched by a PDFA television commercial about monitoring, the rest of the narrative does not include the pervasive theme of surveillance from the previous sections of the “Parents/Caregivers” page. She tells about how her sons Josh and Nick became involved with drugs and alcohol, and how her daughter Jessica avoided the pitfalls of her brothers. The only real reference to monitoring and surveillance is in Dawn’s last paragraph:

I believe that parents are the most effective anti-drug available, but there are few with the courage to rise to the occasion. I would like to encourage other parents to monitor their kids’ time and activities right from the start. It’s never too early. Do whatever it takes to stand between them and drugs. And like the inspiring commercial that touched me so deeply says, ultimately your kids will thank you for it!

The real power of this page is not in directly reinforcing the PDFA’s surveillance doctrine, but reinforcing the identification of the reader with the “parent” position and its associated norms, values, and expectations as portrayed by the PDFA.

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Wednesday, March 31, 2004

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In Your Own Words

Three Children, Three Choices

Know what your child is doing. Here are ways to [Keeping Tabs On Kids](#)

As a mother of three kids who have all taken very different paths in their lives with respect to drugs, I was deeply touched by the commercial "Thanks," created by the Partnership for a Drug-Free America. The first time I saw it on television I was motionless. The commercial shows kids sternly telling their parents how intrusive they'd been and that they were the most miserable parents in the world for making it impossible for them to get away with anything. Then at the very end, one child stares straight into the camera and utters just one word: "Thanks." My eyes filled with tears as I saw numerous kids detailing the steps I had taken to monitor my own kids' activities. It was as if this powerful, encouraging commercial was speaking directly to me. Its significant and distinctive message was crystal clear: It's about parents who are brave enough to stay involved in their children's lives and help them make the right choices, even when they sometimes make the wrong choices. I still see this reflected today in my relationship with my three teenagers.

I had believed that if my husband and I did all the "right things," we could protect our kids from the dangers of drugs. The "right things" included maintaining a strong marriage and showing our children love and affection, while teaching them good morals and values. We also knew it was important to monitor our children's time and involve them in positive activities, like church and athletics. Although we tried our hardest to steer our kids clear of drugs, we've learned that no one is immune to the lure of these substances. We have three children, all with the same upbringing, and the decisions they've made have all been dramatically different.

Josh

My oldest son JoshTM, now 18, was always very clever. I was amazed when he learned to read at age four and went on to become the kind of witty student who always thought he knew more than his teachers. Tall, handsome and of slender build, Josh was also an athletic child who enjoyed baseball, soccer and other sports.

Josh was never shy or unpopular; he just wasn't what I would call "socially-savvy." During his sixth-grade year, I found out he had started drinking. Josh's attitude began to change drastically for the worse; his personality traits, like his independence and strong character, turned to defiance and rebelliousness. He became verbally abusive to me and he was physically threatening to his siblings. Then Josh began to experiment with [Marijuana](#) and eventually went on to use other stronger drugs, including [Ecstasy](#) and acid. Pretty soon he was doing just about every drug there was, short of anything that required him to inject himself with a needle.

As Josh continued to use drugs, his behavior became consistently negative. I always hoped deep down inside that none of my kids would ever try drugs and when I was confronted with Josh's problem, I felt frustrated and angry. Eventually, I reached a point where I felt hopeless and appalled with him. I resented my son for the chaos he was bringing upon our family and there were times I didn't want to have him around. It was tearing us all apart.

Over the past six years, my husband and I have been fully involved in trying to help our son cope with his drug abuse problem. We never had that "oh, no not my kid" mentality. Instead, our family has spent countless hours and dollars in therapy and outpatient programs for him. But when Josh sold drugs from my home, I turned him in; when he broke probation, I called his probation officer; when I found drug paraphernalia in my house, I destroyed it. We were firm and clear and Josh knew we expected him to live a drug-free life. All the while, we've never given up hope -- we've never given up on him.

Email this story

Print this story

Email to Dawn Branham

Dawn's received hundreds of emails in response to this story. Here's one we've selected for you to view.

Hi Dawn,

My 14-year-old son is using/abusing drugs. He overdosed right before Easter and couldn't hide or deny the fact anymore. Prior to the overdose, he denied or minimized drug use. I'm divorcing, and have been separated for a year. His father had drug and alcohol problems, so your story helped to remind me our situation isn't the sole blame for his behavior. This happens to kids from good families too.

I agree it's not a normal part of growing up. Kids will try stuff -- probably 90 percent will at some point, but others like ours will use drugs and alcohol as a crutch to get through tough spots and that's the road to addiction.

I admire your strength. I am having a difficult time coping with this. If you have time, your support via email would be much appreciated.

Thanks,

Mary Ann

Cleveland, OH

[Read more email sent to Dawn](#)

Figure 14 – “In Your Own Words” page 1

The identification process that began when the reader clicked on the “Parents/Caregivers” tab is continued with the presentation of Dawn, who exemplifies the PDFA’s category of “parent” and serves as a concrete example with which readers can identify.

Along with Dawn’s narrative are three photographs of her; one where she is sitting in an easy chair reading a newspaper and two pictures of her in her kitchen. She is a very typical white, middle-class suburban mother of three teenagers. By strengthening the identification of readers with Dawn as a parent, the PDFA can more easily exploit fears that readers’ children will turn out like Dawn’s, thus indirectly supporting the surveillance doctrine repeatedly espoused on other pages as a viable remedy for eliminating the fear.

As seen in this analysis, it is clear that the PDFA is seeking to impose an ideology of authoritarian surveillance into the collective consciousness of American parents. This imposition is facilitated by presenting a customized social category of “parent”, that includes exaggerated fears of losing children to drugs, and that the reader identifies with. As this identification is strengthened, the inherent fears of the identity are exploited by the PDFA by presenting their doctrine of authoritarian surveillance, under the moniker of “monitoring”, as the solution that will save your children and soothe your fears.

Teens: The Construction of an Identity

On the “Teens” page of the PDFA web site (Figure 17), arrived at by clicking on the “Teens” tab, we are presented with the personal narratives of five individuals (figures 17a – 17e) beneath the “Personal Stories” column heading. These narratives serve to mirror the processes of identity manipulation and fear exploitation found

Nick



My 16-year-old, Nick*, experienced his older brother's drug addiction firsthand. Like Josh, Nick was athletic, a good student and a very attractive young man, but Nick had a much more easy-going personality. He wanted to be like his brother because Josh was intelligent, bold and a risk-taker. But once Nick saw that Josh was in and out of jail and outpatient treatment programs, he came to view him as a bad example.

Yet somehow, my second son still found his way to drugs. Nick started using marijuana in middle school; he even attended classes stoned and said his teachers did nothing about it. In his sophomore year, Nick began to drink heavily with some neighborhood friends. When we confronted him and asked him to explain his behavior, he decided to run away. After several runaway attempts, many tears and long discussions with him, he finally agreed to come home, at which time we increased the monitoring of his activities and required him to change peer groups.

It took awhile before he stopped using completely, but I am overjoyed to report that Nick has not used marijuana in two years and has been **Alcohol**-free for nine months. And counting. Nick recently returned from a youth mission trip to Japan, now has friends who influence him positively and is in fact living drug-free. I am so relieved and thankful that Nick is finally on the right track and am so proud of my son for having had the courage to change his life.

Jessica

Then there's my daughter Jessica*, who is very feminine, and very much the "girly-girl" of her peer group. She likes to straighten her curly hair, wear make-up and polish her nails. Jessica enjoys listening to music, talking on the phone with her friends and shopping. In most ways, she is just an average teenager. She has a lot of very good, close friends, all of whom are positive influences on her. But Jessica is independent and has a mind of her own.

My daughter is 15 and has had plenty of opportunities, like all teens, to try drugs, but she has resisted. Perhaps her strongest anti-drug influence was experiencing the turmoil and pain of her brothers' drug abuse. For a long time, Jessica hated Josh for the intimidating way he treated her while he was on drugs. She blamed him for the financial and economic strain his drug abuse put on the family. She wondered aloud why anyone would choose to do this when she knows drugs are "stupid."

Now that both of her brothers are trying to remain clean, she shows her support for them and for me by staying involved. She's the baby of the family and she tries to protect her older brothers by monitoring them and watching what they do. I am proud of Jessica's maturity and her resolve to stay drug free.

It's Not Easy

Over the years I have heard a variety of opinions regarding teen drug use from other parents. Many may feel that it is a natural, normal process of maturing and that "kids will be kids," but I don't see it that way. We instilled our morals in our children, but the opportunities for them to use drugs will always be there and it would ultimately be their choice to make the right decision.

All of our kids are now doing their best to be on the right path to drug-free lives: Jessica has always been there, Nick has been drug-free for quite some time and Josh, while still an occasional user, is trying very hard to attain that goal. But regardless of this, we will continue to support and encourage them to make healthy choices.

For me, trying to encourage our kids to remain drug-free hasn't gotten any easier. It continues to be an uphill battle with my son Josh, though I will never stop trying, and hopefully, neither will he. In fact recently, Josh wrote me a letter expressing his thoughts about his future. In part, it reads:

"Today is my 17th day clean and I'm loving it. It's becoming easier for me to avoid potential relapses. My life is now full of hope, instead of despair. I can use all of the support I can get, so please remember me in your prayers."

Drugs have always been there for me, but I would rather have the people I care about most be my support when I need it.

I forgive you for all your mistakes, no matter how big or small, and now I understand that you have always done the same for me."

The incredible love I feel for my son keeps me fighting for his survival. There is no doubt in my mind that he will be a success story...Josh will succeed and we will never give up on him!

I believe that parents are the most effective anti-drug available, but there are few with the courage to rise to the occasion. I would like to encourage other parents to monitor their kids' time and activities right from the start. It's never too early. Do whatever it takes to stand between them and drugs. And like the inspiring commercial that touched me so deeply says, ultimately your kids will thank you for it!

--Dawn Branham

[* Names have been changed to protect minors.]

Be involved in your child's life. Find out ways to [Keeping Tabs On Kids](#)



View the "Thanks" commercial

Figure 15 – "In Your Own Words" page 2

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Feature Stories

Keeping Tabs On Kids

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What Parents Are Saying About Monitoring

Rever from New York
"It's imp. for most of us to find something there past on-line about and for parents to be involved."

Becky from Oklahoma
"As they grow older they tend to and you out. You have to resist that. My son's friends pressured him to use drugs. We talked about it. I told him I was right for not listening and that I was proud of him."

"I take advantage of situations. If we see something on TV, I always use that to do my parental brainwasing."

"Would I search his room? Probably not. But if I had something to worry about, I probably would."

"We have a little password. If he's uncomfortable in a situation he can call and say, 'Did somebody call?' and I can't know to go to pick him up."

Why "I'm Going Out!" is Not Enough of an Answer

Whether it's been in your own living room or on a TV sitcom, you've seen and heard the scenario before:

Father: Where are you going?
Teen daughter: Out.
Father: Who are you going with?
Teen daughter: (raises her tone) I'm just going out with everybody I like home! (Door slams. Scene ends.)

Time for a rewind on that one. Although this dad might not have known it, he was attempting to mind or his daughter and he shouldn't have let the scene and with the door slam. "Parents need to know what their kids are doing," says Anthony Biglin, Ph.D., a senior scientist with the Oregon Research Institute. "They can discourage behaviors that lead to drug use." Kids who are not regularly monitored by their parents are four times more likely to use drugs.

Keeping Teens In Hand

To be a teenager, on parent, at least 10 of the following 12 must be true (You must):

- Monitor what your kids are watching on TV.
- Monitor their use of the Internet.
- Put restrictions on CD/dvd play.
- Know who your kids are after school and during weekends.
- Go to bed with your teen's room.
- Know your teen's friends.
- Know your teen's friends.
- Know your teen's friends.
- Know your teen's friends.
- Know your teen's friends.
- Know your teen's friends.

What is Monitoring?

We won't mince words here. Although monitoring is one of the best ways to keep your kids out of drugs, it isn't always easy. "It's a child rarely talks about what's going on, then monitoring happens naturally during the course of events," says Biglin. "If it doesn't happen naturally, parents need to make some rules to be a little more on top."

That means:

- Know where your child or teen is at all times. Make sure he/she knows you're asking out of love, not because of a lack of trust.
- Personally know all of your teen's friends. Having your teen point out their friends from down the block is a good start. Know their faces and their voices. Interact with them whenever possible—without actually forcing them to play scrabble with you.
- Find out your kid's plan for the next day. Looking for something to discuss during dinner? This is a great one. "So... what's you up to tomorrow?" Easy. Right?
- Limit the time your child spends without adult supervision. The after-school hours of 4 to 6 are the most dangerous time for teens or teens to be on their own. The potential for peer pressure or boredom leading to an after-school drug use habit are huge. If you or another adult you trust can't be home for your teen, find out about after-school programs they can get involved with.

According to Biglin, monitoring becomes critically important when kids reach middle school. Because kids go from class to class during middle school or junior high, they don't develop the close relationships they had during their earlier school years. Also, kids at this age are extremely sensitive to the beliefs of their classmates so peer pressure becomes a major contributing factor in their behaviors. Of course, monitoring doesn't mean you have to go through your child's dresser drawers. "Kids need an increasing amount of privacy as they get older and that's ok," says Biglin. But the balance between monitoring and privacy can shift if signs of drug use show up. Remember, says Biglin, "when it's time to intervene, kids' privacy issues take a backseat."

The Thanks You May—Or May Not—Get

You might have seen some of the new Partnership for a Drug-Free America advertisements running on TV lately. They're collages of kids discussing how their parents but into their lives and made things at times, miserable—but the end message from the kids to their parents is "Thanks." Although you might not hear that word out of your teen's mouth for a long time, keep it in your head as you question your teen.

Of course they're going to rebel against your questions—there's an age where they're trying to assert their independence and figure out who they are as a person, not as your child. You can work with your teen to help him/her find that out without going up the monitoring conflict. You really need, in fact, by really understanding what's or she is up to, you might even see a opening to learn more about the person your teen wants to become.

For more information about monitoring, please call 1.800.708.2900.

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Figure 16 – “Keeping Tabs on Kids” page

throughout the “Parents” page (Figure 10), though now geared toward the category of “Teen” instead of “Parent”.

The first of these narratives (Figure 17a), Jack Osborne’s, is quite different from the other four in several respects. Most obviously, there is no picture of Jack next to his introductory paragraph, which reads under the heading “Jack Osborne’s Addiction”:

17-year old Jack Osborne, son of rocker Ozzy Osbourne, recently battled an addiction to alcohol, illicit drugs and prescription medications. Luckily, he had the guts to go to his parents for help with his problem. Now just out of treatment, he shares his story about his addiction and recovery. Meanwhile, Ozzy blames marijuana as the gateway drug that led his son to “hillbilly heroine”. read more

Besides having no picture, Jack’s narrative differs from the others in a fundamental way. While clicking on the words “alcohol”, “illicit drugs”, or “prescription medications” brings the reader to the PDFA’s “Drug Resource” page, clicking on the words “his story”, “Ozzy blames”, or “read more” takes the reader off from the PDFA site and opens MTV’s web site, which contains transcripts of interviews with both Jack and Ozzy by MTV journalists. This is a very different format from the other four narratives, which are all totally self-contained on the PDFA site and do not involve famous people.

It should be noted here that subsequent to the analysis of the “Jack Osborne” paragraph, it was removed from the “Teens” page, some time around the middle of March, 2004. It is still accessible on the PDFA web site by clicking on the “Feature Stories” link in the left-side frame. Furthermore, I have not included Jack in the following analysis of the rest of the narratives on the “Teens” page because of the fundamental differences between his narrative and the others.

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Teens

Features

We Remember You
Our **Memorial Wall** contains tributes to loved ones lost to drugs and alcohol. Read the three recent memorials posted in memory of teenagers, Rachel, Doreen and Thomas, who tragically lost their lives.

Still In Control?
Is your partying beginning to catch up with you? You may want to check out [checkyourself.com](#) - a website for teens who want to check where they are with drugs and alcohol. Drug quizzes, decision games, short films and real teen stories can help you figure out what's up. There are also resources for getting help. [Read more](#)

Reusing, Raw, and Real
Scott Anthony Robinson - **Warner**
Creating the tortured swirl of emotions surrounding a descent into the horrors of drug abuse is a tall order for any actor - unless, of course, he's been there. Scott Anthony Robinson's... [read more](#)

Help for Teens

- Are drugs really that bad for you?
- How can I tell if a friend has a drug problem?
- Is there any way for a drug user to not help?
- OK, so I'm thinking about talking to my friend about his drug use. What's going to happen to our friendship?
- So what do you do when a friend is abusing drugs?
- What's the deal? Why can't some people handle alcohol and drugs?
- Why is it so hard for alcoholics and drug abusers to ask for help?

Spotlight On: Nate Sallie
Click on the box to meet musician Nate Sallie

Spotlight On: B2K
Are you a B2K fan? Click on this box to view a slideshow of the Pop R&B band B2K. [View slideshow](#)

Watch a Partnership PSA
Whether you call it a "commercial," a "spot" or a "public service announcement," we have over 150 of them available for your viewing pleasure. Our new **Keepin' It Moving** allows you to watch a sampling of the Partnership's anti-drug messages from the past 10 years. From the popular "Venus and Serena" to the most recent "Colorful Mosaic" - browse through them, view them, read about them, rate them, and e-mail one to a friend.

Drug Resource
What are "O," "Georgie Home Boy," and "Ornvious Booby Ham"? These are slang terms for the drug **GH**. What are GH's long-term effects? Search our **Drug Resource** for more info on GH and other drug names, slang terms, images and drug-related material.

Take the Pledge!
Teens, promise to stay drug-free by signing this pledge. [Grab it!](#) [Share it!](#)

Personal Stories

Jack Osborne's Addiction
17-year-old Jack Osborne, son of rocker Ozzy Osbourne, recently battled an addiction to alcohol, **black drugs** and prescription medications. Luckily, he had the guts to go to his parents for help with his problem. Now just out of treatment, he shares his story about his addiction and recovery. Meanwhile, **Ozzy Osbourne** marijuana as the gateway drug that led his son to "turning himself in." [Read more](#)

Drugs Made My Life a Living Hell
22-year-old Frank Smith was mad at his girlfriend. That night he went out with friends - and got drunk and high. Then something happened that changed his life forever. [Read Frank's Story](#)

Real Drugs, False Friends
19-year-old Nicole Hansen used Ecstasy and other club drugs for 6 months. Then one night, she almost lost her life. [Read her story](#), which took her from raves to hospital room to recovery.

Anxiety From Ecstasy
I hear a lot of people talking about Ecstasy: calling it a fun, harmless drug. All I can think is, "if they only knew." There's nothing happy about the way that "harmless" drug chipped away at my life. Ecstasy took my strength, my motivation, my dreams, my friends, my apartment, my money and most of all, my sanity. [Read more](#)

Addicted to Inhalants
Megan inhaled household products to get high and forget her problems. When her mother found out, she was shocked yet determined to help. [Read their stories here.](#)

Mosha's Story / Joan's Story

Teen Treatment Stories
Six teens currently in treatment for drug use have agreed to serve as ongoing columnists for the Partnership for a Drug-Free America in order to share their life experiences and thoughts with others. [Read more](#)

Ecstasy UP CLOSE: Real Stories

"I was addicted to Ecstasy."
"I thought it would be innocent."

Want to hear more personal stories? Take a look at **In Your Own Words** where you can read hundreds of alcohol and drug stories submitted by our visitors.

DEREK JETER
Up Close

We would like to gratefully acknowledge the contribution of the Screen Actors Guild and the American Federation of Television and Radio Artists in the ongoing success of this initiative.

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Figure 17 – "Teens" page

The people presented in figures 17b – 17e - Frank, Nicole, Lynn, and Megan – each tell the story of how they became involved with drugs and what happened as a result of that involvement. What is of particular interest are the similarities between these four narratives along several dimensions, and how these similarities contribute to the construction of a prototypical image for the PDFA’s “teen” social category with which the readers are to identify.

Figure 17b, “Drugs Made My Life a Living Hell”, introduces us to Frank with the paragraph:

22-year-old Frank Smith was mad at his girlfriend. That night he went out with friends -- and got drunk and high. Then something happened that changed his life forever. Read Frank's Story.

Clicking on “Read Frank's Story” brings the reader to the page “Drugs Made My Life a Living Hell” (Figure 18). Here we read the story of how 42 year old Frank became more and more involved in drinking and using drugs throughout school and college, and then fell out of a tree and became paralyzed after using methamphetamine when he was 22.

In Figure 17c, “Real Drugs, False Friends”, we are introduced to the story of Nicole, “19-year-old Nicole Hansen used Ecstasy and other club drugs for six months. Then one night, she almost lost her life. Read her story, which took her from raves to hospital room to recovery.”

The words “her story” are a link to the page that contains Nicole’s narrative and seven pictures of her (Figure 19). Nicole tells how she got hooked on ecstasy and had a life-threatening experience while on it.

“Agony from Ecstasy” is the heading for Figure 17d, which introduces us to Lynn:

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Drugs Made My Life a Living Hell

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After having a huge fight with my girlfriend one night, I decided to go out with some friends to have a good time and forget my problems. I was very drunk and high on Methamphetamine when I foolishly climbed up a tree and fell about 40 feet to the ground. The next thing I remember is waking up from a coma eight weeks later and feeling a pain so tremendous and so severe that I could barely endure it. I had lost control of my bowel movements, could no longer perform day-to-day tasks by myself and the legs that once carried me swiftly down the football field in high school were now lifeless. I weighed less than 100 pounds and was faced with the harsh reality that at 22 years old, I would be wheelchair-bound for the rest of my life. I was lucky to just be alive, but I knew my life would never be the same again.

It has been 20 years since the stupid act I committed in a severe drug-induced state changed my life forever. But I can tell you it has been hell on earth -- an existence filled with enough misery to last a lifetime.

As a kid, I was your average American teen growing up in the suburbs of New Jersey. I was a B student, had lots of friends, an out-going personality and a passion for playing sports. I was a polite, quiet kid and part of a nice middle-class family.

When I was in sixth grade, I convinced myself that drinking beer wasn't a big deal. "I'll only drink on the weekends," I thought, "anyway it's only beer, and everybody else drinks." My friends were all the "jocks" in the school and playing football and other sports was what we lived for. But yes, a lot of them were drinking beer and I wanted to do what they were doing to fit in. I didn't want to feel left out or be the only kid who wasn't cool. Not surprisingly, I graduated from beer to harder liquor and I continued to drink more frequently once I entered high school. The heavy drinking led me to experiment with drugs and I put my life on a direct crash course with disaster.

I started smoking Marijuana (or "dope" as we used call it) in 10th grade and I began losing interest in all the activities I was involved in. I even lost interest in practicing hard for the junior varsity football team at my high school in New Jersey. Then during a game one day, I tore all the ligaments in my right leg and a doctor informed me that I would never play sports again. I was crushed. Sports had always been such an important part of my life and a way for me to release frustration. I spent my newfound free time with a new group of drug-using friends. We smoked a lot of marijuana, which led me to harder drugs like Cocaine, acid and methamphetamine.

By the time I was a senior in high school I was using heavily. Somehow, I still felt like I had everything under control. In my own mind, my freedom was rooted in the notion that I did what I wanted, when I wanted. Going out with my friends and getting wasted became more important to me than going to school. Nothing else mattered and I didn't care about anybody or anything, except getting high.

My parents didn't know I was using drugs at the time and I started lying to my family to hide my abuse, even as I failed out of school. They all watched at the ceremony where I was supposed to graduate as I was handed an empty diploma sleeve with no diploma. I told myself that if I finished my classes I could graduate with a real diploma. Another lie.

Occasionally I'd make attempts to change things so I could turn my life around to escape the drugging environment that surrounded me. I always found aeronautics interesting and a guy I knew was attending an aeronautics school in Oklahoma. So I moved there to try school again and to do something with my future. But drugs just seemed to follow me wherever I went. After a year at the school of aeronautics, I flunked out and started using drugs again. Choosing the two roommates I lived with in Oklahoma was one of the biggest mistakes of my life. We did so many drugs together and made light of the situation. We owned two pure white German Shepherds; we named one "Coke," the other one "Caine." I found myself knee-deep in drugs again and I really didn't care.

We were all passing around marijuana joints at a rock concert one night, when I mistakenly handed a joint to an undercover police officer. He in turn handed me a pair of shiny, new handcuffs and arrested me.

Once I got out of jail, I decided to try and make a new start and move back to New Jersey without drugs. But I would fall myself one last time, my worst mistake would be that night when I climbed that tree.

With the help of loved ones and a lot of strength and resolve, I've been able to put my life back on the right track. I finally graduated from community college and I now serve as a youth drug-abuse prevention motivational speaker. I've shared my personal story with over 34,000 kids and teens. This is my life force now.

The unique opportunity to connect with teens and help them make the right decisions about substance abuse is what keeps me motivated. Looking back on my own teen years, I now realize that the decision to do drugs is a very personal and critical choice. It is choice between ruining your life the way I did, or giving yourself a chance at happiness and a promising future. Please, learn from my mistakes and make the right choice.

Figure 18 – Frank's page

I hear a lot of people talking about Ecstasy, calling it a fun, harmless drug. All I can think is, "if they only knew." There's nothing happy about the way that "harmless" drug chipped away at my life. Ecstasy took my strength, my motivation, my dreams, my friends, my apartment, my money and most of all, my sanity. [read more](#)

Clicking on "[read more](#)" brings the reader to Lynn's narrative (Figure 20), which tells how Lynn got into ecstasy after moving to New York to go to acting school and eventually having a psychotic episode from drug use.

Finally, under the title of "Addicted to Inhalants", Figure 17e introduces us to the story of Megan, "Megan inhaled household products to get high and forget her problems. When her mother found out, she was shocked yet determined to help. [Read their stories here](#)". Megan's narrative (Figure 21) is reached by clicking on "[Read their stories here](#)", and chronicles her progression into a spiraling addiction to huffing inhalants.

In looking at how the combined narratives of these four people construct a typical image for the PDFA's "teen" category, it is important to look at the characteristics they share, and those in which they differ. Being white and middle class are the two major characteristics shared by all four people. This is important, because in the U.S., real problems with drugs overwhelmingly affect populations other than middle-class whites.

According to Prendergast, Hser, and Gil-Rivas (1998), who conducted a longitudinal analysis comparing drug use between whites and Hispanics, "Compared with white addicts, Hispanic addicts showed a progression of more persistent and severe narcotics addiction. At each interview point, Hispanics were more likely than whites to be using opiates or to be incarcerated." They also found Hispanics to have higher rates of cocaine use, rates of relapse, and deaths due to violence than whites.

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In Your Own Words

Real Drugs, False Friends

by Nicole Hansen

I never believed something like this would happen to me, but it did – and it happened fast.

I grew up just outside of Salt Lake City with my parents and younger sister in a typical, middle-class suburb. I had friends, but by high school they were few. I didn't fit in. I wasn't a cheerleader or a soccer or even a jock. I was just me – and often that felt like being very alone. I didn't feel like I fit in anywhere.

Everything changed during the summer when I was 17. The people I knew started going to raves, I distanced myself from friends because I thought it was weird. Slowly though, my perspective changed. The more parties I knew who went to raves, the more I realized I couldn't live without it.

That October, I decided to go to a party where I knew people would be doing drugs. Everyone seemed to know each other. I have to admit, I was jealous. I felt like an outsider.

Halfway through the night I met a really awesome guy. After talking for a while he offered me Ecstasy. I decided to try it. As I swallowed the pill I thought, there's no way this could be bad.

A half an hour went by and I began to question its power. But then it hit me like a ball of fire. I was invincible. My senses multiplied, the lights became more vivid, my music sounded more powerful, and my new acquaintances felt like best friends. I didn't even know half of these names and yet I felt I loved them. I loved everything that night. So, it was no wonder why I wanted to feel that way again soon.

Before long started dragging Ecstasy every other Saturday night. It was fun going to parties and meeting new people. Soon I was using every Thursday, Friday and Saturday. I wasn't alone when I was a cheerleader and football players were using the "love drug." And they were using the drugs from the basketball players and band members who were asking girls right out of their brains.

All my parties took as toll on me. My body ached from the hours of dancing. My eyes were bloodshot with the dark circles around them. I was always sick and stressed. I began to hate everything – school, school, I hated my job and fought constantly with my family. I thought that I had the world in the palm of my hand. I felt happy because I was using Ecstasy, but the drug was never as good as the first time. Now it seemed like even Ecstasy couldn't keep the pain at bay. I began to move on to other drugs – Cocaine, Ecstasy and Alcohol. Cocaine, I didn't think I had a problem but I was still using and going to school.

Out within three months my relationship changed with me. I was at a small house party and started drinking from a container of Red Bull – which turned out to be a bad idea. I thought I was the "strong" one. I used to be a jock. I didn't remember what happened, the next day the next morning I was awakened to me.

I became unconscious. My body forced itself to throw up several times. My "best" friend was alarmed. They just thought I was out. I was passed out for hours. I was in the bathroom. I was unconscious for hours and nobody checked on me.

Finally, the owner of the house came home and found me passed out on the bathroom floor. He ran out frantically screaming for answers. When he came back to check on me, I wasn't breathing.

As he and another guy called me to the car, they had to get me down every 10 feet to give me mouth-to-mouth resuscitation. Luckily, the hospital was only four blocks away. They got me out of without losing anyone who I was.

Fortunately, the doctors recognized my symptoms and immediately went to work. They used machines to revive me. Each time they had me breathing, I would stop. I felt like I was in a coma for three hours.

Waking up was one of the most horrible experiences of my life. I woke up in a strange, white room, my eyes were so red I was uncomfortable. Then I began to choke. I tried to catch my breath but all I could do was choke. I couldn't breathe. My arms and legs were tied down and I panicked. I thought I was going to die. The nurse had to calm me down, keeping me to believe that the idea in the mouth was for my benefit. I was screaming to breathe.

They said me if I knew where I was, who I was, or what had happened I should try to relax. I knew nothing.

"You overdosed on O.H.C.," a nurse said. I couldn't believe it.

My mom and dad arrived as soon as they could. They found my video in the intensive care unit. The board outside read: "Jesse Dies."

This whole experience was a huge wake up call. While I was using drugs, I thought I made some stupid friends. On the night I overdosed, I met, however, my "friends" were not there for me. They just came to me in the bathroom, not wanting me to disrupt their good time. Only two people came to see me in the hospital. Of course, these people were not my friends. They were there to see me so I didn't interfere with their life or ruin fun, or get them in trouble.

When I left the hospital, I tried to get my life back together. I was hurt. I'd gone from partying with groups of people every weekend, to calling home every night to my parents. I wasn't going to go to my school, but I seemed unable to do anything to give up the lifestyle, the "friends." Once I started using, they wanted nothing to do with me.

My family has been there for me the whole time, wanting to help and support me. Without them I don't know how I would have ever pulled out of it. I was in a real state of mind. I was just as I was before my parents as facing my problems. They were in shock at some of the things I said then.

I decided to clean up by myself without rehab or counseling. I got myself into it, but I wanted to get myself out. I may not have been the right way, maybe I should have asked for help. But I made the choice to quit, and I am the one who has stayed clean and sober for over 18 months. But without my parents, I may have relapsed.

I have recovered, but not fully. Now, a year and a half later, I still struggle with both school and long-term memory loss. A lot of the time I don't remember what I said right after I say it.

Because of the choices I made I wasn't able to graduate with my class, but did return the following summer to get my GED.

If at the rest of my life is to be in recovery – because not one who can blow everything. The most important thing for me is to remember that despite the mistakes I've made, I am still a good person and have much to give. I stay clean because I make up every day and promise myself that I won't do drugs. I'll see if I can get my life back on track.

In 2001, I entered the Miss Teen Utah contest. I was the only candidate who I didn't believe to be there because of my past. I was hard to hear. But I couldn't let other people's perceptions prevent me from believing myself. I turned out well – and the feeling was ten times better than any high I had on drugs.

I also had many incredible experiences such as the privilege to run the 2002 Weber County Teen Through Spokane Washington, and appear on the Miss Teen Utah show about drugs.

Now I'm concentrating on reaching my goals. I recently moved to New York City to pursue my love of singing and performing. I have a long, hard road ahead. I know what can happen when you choose the wrong path. I have seen it through something as difficult as drugs and addiction, I know my dream will be a piece of cake.

I'm also focusing on educating kids about drugs. I speak at elementary, middle schools, high schools, and college campuses. I want kids and teens to know what can happen when you choose the wrong path. I have seen it through something as difficult as drugs and addiction, I know my dream will be a piece of cake.

Parents of teenagers, read it like for Parents from Nicole's mom Barbara.




Figure 19 – Nicole's page

Similarly, Amey and Albrecht (1998) measured drug use between ethnic

groups and found that deep cultural differences between whites, African-Americans and Hispanics, such as the structure of the family, influence attitudes and behaviors toward drugs. They conclude that, "Our findings suggest that the development of policy based on a knowledge of correlates of substance use within the white community may be both inefficient and ineffective when applied to minority communities." The PDFA seems to have developed just such a policy, judging by Frank, Nicole, Lynn, and Megan.

By completely excluding other populations from its representation of the social category of "teens", the PDFA is leaving a clue as to who their targeted demographic is; not the poor who are most affected by drug abuse, but middle class families who are potential consumers of the products of the "Corporate Partners" (Figure 7). The evidence that this market is booming is clear, according to a study reported in the New York Times (Freudenheim, 2004), which states that, "Spending on drugs to treat children and adolescents for behavior-related disorders rose 77 percent from 2000 to the end of 2003...Most of the drugs were treatments for depression and attention deficit disorder, including prescriptions combining both treatments for the same patient."

Besides all being white and middle class, there are other dimensions along which to compare our four characters. For instance, Nicole, Lynn, and Megan are all teenage girls, while Frank is a 42-year old male. This major difference makes Frank's narrative stand apart from the other three in many other ways, which can be seen in the analysis of the narratives. Table 2 provides a comparison of the four narratives along five dimensions, 1) where each person grew up as a child, 2) how each person was before they used drugs, 3) how and why each person started to use drugs, 4) why they liked doing drugs, and 5) how their drug use turned into a bad thing. For each of

these dimensions, quotes are taken from each person's narrative that explain their situation.

Just as each person being white, middle-class, and male or female contributes

The screenshot shows the website for the Partnership for a Drug-Free America. At the top, there is a navigation bar with links: Home, Newsletters Sign Up, Contact Us, Careers, About Us, and FAQ. Below this is a search bar with a dropdown menu for 'Drug Resource' and a button 'I am interested in...'. The main content area is titled 'Feature Stories' and 'Agony From Ecstasy'. It includes a 'Donate NOW' button and a 'Email to Lynn Smith' section. The story text is as follows:

I hear a lot of people talking about Ecstasy, calling it a fun, harmless drug. All I can think is, "if they only knew."

I grew up in a small, rural town in Pennsylvania. It's one of those places where everyone knows your name, what you did, what you ate and soon. They certainly know me - I was a straight-A student involved in many school activities. I was one of the popular kids, liked by all the different crowds, involved in homecoming, regularly cast in school theater productions. Drugs never played a part in my life. They were never a question - I was too involved and focused on other things.

I always dreamed of moving to New York City to study acting and pursue a career in theater. My dream came true when my mom brought me to the city to attend acting school. As you can imagine, it was quite a change from home.

I was exposed to new people, new ideas and a completely new way of life - a way of life that exposed me to drugs. Most of the people that I met and spent time with in acting school had already been doing drugs for years. I guess I felt that by using drugs, I would become a part of their world and it would deepen my friendships with them to new levels. I tried pot, even a little Ecstasy, but it was Ecstasy that changed my life forever.

I remember the feeling I had the first time I did Ecstasy: complete and utter bliss. I could feel the pulse of the universe; I felt every breath, touch and molecule move my soul. It was as if I had unlocked some sort of secret world. It was as if I'd found heaven. And I have to admit I wondered how anything that made you feel so good could possibly be bad.

At first, going to school and holding down two jobs to stay afloat left little time for partying, but as time went by things changed. I graduated, had a steady job, made more new friends - and began to use drugs, especially Ecstasy, more frequently. As I did, I actually started to look down on those who did not. I surrounded myself only with those who did. Looking back on my old friends, I see how we were all so similar, not just in our drug use but in a deeper sense. We were all broken in some way, feeling sad, hurt and alone. Whether it was from a difficult childhood, a broken heart, or feelings of insecurity. We were a crowd of lost souls wanting so badly to be a part of something, I had gone from a girl who never used drugs to a woman who couldn't imagine life without them.

Fortunately - at least as I saw it - all my friends did Ecstasy, and since my boyfriend said I rarely paid for anything, my weekends were spent popping pills and dancing alone in the many clubs in New York City - but I didn't really matter where I was. Clubs, bars, apartments - anywhere, anytime became a good place and a good time to use. My weekends began on Thursday and ran until Sunday.

I had come to New York dreaming of a career in the theater. Drugs didn't rob me of that dream, but they did make me willing to forget about it. I wasn't that - I stopped getting parts because I was using. I just stopped auditioning. Sometimes I stopped eating and sleeping. I worked only two days a week to support my habit. The rest of the time was spent getting high, almost always on Ecstasy. Theater was of my first Ecstasy experience was a distant memory. Of course, I never could recapture that first high, no matter how much Ecstasy I took.

In five months, I went from liking some what responsibility while pursuing my dream to a person who didn't care about a thing - and the higher I got, the deeper I sank into a dark, lonely place. When I did sleep, I had nightmares and the shakes. I had nasty skin, a throbbing head and the beginnings of feeling paranoid, but I ignored it all, thinking it was normal. Until the night I thought I was dying.

On the night, I was sitting on the couch with my boyfriend and roommates, watching a movie and feeling normal when suddenly, I felt as if I needed to jump out of my skin. Racing thoughts, horrible images crept through my mind. I thought I was seeing the devil, and I repeatedly asked my friends if I was dead. I was pacing frantically back and forth, incapable of relaxing or understanding anything that was going on around me. On top of all this, I felt as if I was having a heart attack. The worst thing was those moments when I could see my self, and what I had become. Somehow I managed to pick up the phone and call my mom in the middle of the night, telling her to come get me. She did, pulling me out of my apartment at the next morning.

I didn't know who I was or where I was as my mom drove me back to my family's hospital in Pennsylvania. I spent most of the drive curled up in the back seat while my younger sister tried to keep me calm. I think ahead my mom were afraid I'd jump out the window or at any moment - and given my state of mind at the time, I can't say I blame them. When we finally got to the hospital, I was committed to the psychiatric ward. I spent the next 14 days there in a state of extreme confusion.

Since then my life has been an uphill climb, filled with doctors, therapists, meetings and a lot of soul searching. I have been placed on several medications such as anti-depressants, anti-psychotics and mood stabilizers, all to help me live with the chemical imbalance caused by my drug abuse. Looking back, it all happened so fast. Worst of all, I know I did this to myself.

22 year old Lynn Smith shares her story on The Oprah Winfrey Show "What Excesses Should Know About Ecstasy" (November 2003). Lynn describes how the immediate effects of this Ecstasy use led to her at present effects from starting to use the drug.

I hear people say Ecstasy is a harmless, happy drug. There's nothing happy about the way that "harmless" drug chipped away at my life. Ecstasy took my strength, my motivation, my dreams, my friends, my apartment, my money and most of all, my sanity. I worry about my future and my health every day. I have many mountains ahead of me, but I plan to keep climbing because I'm one of the lucky ones.

I've been given a second chance, and that's not something that everyone gets.

Figure 20 – Lynn's page

to the construction of the PDFA's typical "teen", so do their accounts of these personal details, which overall tend to correlate with the demographic of white, middle-class teens.

Table 2 – Construction of a "teen" identity

	 <p>"Drugs Made My Life a Living Hell" Frank</p>	 <p>"Real Drugs, False Friends" Nicole</p>	 <p>"Agony From Ecstasy" Lynn</p>	 <p>"Addicted to Inhalants" Megan</p>
Where I came from	"As a kid, I was your average American teen growing up in the suburbs of New Jersey."	"I grew up just outside of Salt Lake City with my parents and younger sister in a typical, middle-class suburb."	"I grew up in a small, rural town in Pennsylvania. It's one of those places where everyone knows your name, what you did, what you ate and so on."	"My family lives in a fairly small, close-knit community where there were always fun activities planned for the kids."
Before Drugs,	"I was a B student, had lots of friends, an out-going personality and a passion for playing sports. I was a polite, quiet kid and part of a nice middle-class family."	"I didn't play sports, I wasn't a cheerleader or a dancer or even a thug. I was just me - and often that left me feeling very alone. I didn't feel like I fit in anywhere."	"I was a straight-A student involved in many school activities. I was one of the popular kids, liked by all the different crowds, involved in homecoming, regularly cast in school theater productions."	"I had a pretty good childhood, playing sports and hanging out with my brother and neighborhood friends."
How I started using drugs	"When I was in sixth grade... My friends were all the 'jocks'... But yes, a lot of them were drinking beer and I wanted to do what they were doing to fit in. I started smoking Marijuana (or 'dope' as we used call it) in 10th grade and I began feeling braver in all the activities I was involved in."	"Everything changed during the summer when I was 17. The people I knew started going to raves... Halfway through the night I met a really awesome guy. After talking for a while he offered me Ecstasy. I decided to try it."	"Most of the people that I met and spent time with in acting school had already been doing drugs for years. I guess I felt that by using drugs, I would become a part of their world and it would deepen my friendships with them to new levels."	"Although a lot of teens probably feel as though they have problems, mine were rooted in something that wasn't my fault: sexual abuse... Shortly after my 13th birthday, an older kid in the neighborhood who knew I was struggling offered me some weed. He thought it would help. So did I."
When it was good	"By the time I was a senior in high school I was using heavily. Somehow, I still felt like I had everything under control."	"It was incredible: My senses magnified, the lights became more vivid, the music sounded more beautiful, and my new acquaintances felt like best friends."	"I remember the feeling I had the first time I did Ecstasy: complete and utter bliss. I could feel the pulse of the universe; I let every breath, touch and molecule move my soul. It was as if I had unlocked some sort of secret world; it was as if I'd found heaven."	"I enjoyed huffing because it was cheap, an easy high to obtain, and in 20 minutes my high would be gone so no one would know."
When it was bad	"I was very drunk and high on Methamphetamine when I foolishly climbed up a tree and fell about 40 feet to the ground... at 22 years old, I would be wheelchair-bound for the rest of my life."	"[I] started drinking from a container of Red Bull - which turned out to be full of GHB... I flat lined twice. I was in a coma for three hours."	"Racing thoughts, horrible images crept through my mind. I thought I was seeing the devil, and I repeatedly asked my friends if I was dead. On top of all this, I felt as if I was having a heart attack."	"Huffing was becoming a big problem, and an everyday occurrence. I did it alone, I did it with friends, I did it when I felt sad, lonely or scared - even when I was happy. It was my escape. I did it anytime - I didn't care about family, friends, life or anything."

Looking at the first row in table 2, “Where I came from”, we see that all four people are from either suburbs or small towns. Not one grew up in the projects, the ghetto, or the inner city.

In the second column, we see how the “normal”, drug-free kid is constructed

The screenshot shows the website 'Partnership for a Drug-Free America' with a navigation bar at the top containing links like 'Home', 'Teens', 'Parents/Caregivers', 'Drug Resource', 'Links', 'Commercials', 'NewsCenter', and 'State/City Alliance'. A search bar and a 'Donate NOW' button are also visible. The main content area is titled 'In Your Own Words' and features the story 'The Story of a Teen Girl's Huffing Addiction'.

The Story of a Teen Girl's Huffing Addiction

[Email this story](#) [Print this story](#)

Email to Megan Hakeman

Megan's received hundreds of emails in response to this story. Here's one we've selected for you to view.

Dear Megan,

I'm about to turn 16 and I've struggled with huffing so much in my past. Your story described just what I was feeling and has been a great encouragement to me. Thank you for telling it to me and the world!

Siera Dennis
Athens, GA

[Read more email sent to Megan](#)

Inhalants Prevention-Parent's Guide

I never thought it could happen to me. Becoming addicted to ~~inhalants~~ was not a plan that I had. I had a pretty good childhood, playing sports and hanging out with my brother and neighborhood friends. My mom and I were close, and we would spend quite a bit of time together.

My family lives in a fairly small, close-knit community where there were always fun activities planned for the kids. When I was 12 years old and entering seventh grade, when most kids anticipate new and exciting adventures, my life went downhill. I, Megan - you know, the girl next door - had many problems. Although a lot of teens probably feel as though they have problems, mine were rooted in something that wasn't my fault: sexual abuse. Dealing with something such as this, alone, is virtually an impossible task, and at the time, it felt impossible to overcome. Therefore, I needed to cope. Life was becoming too much for me, and when I was offered help to begin a healing process, I refused it. I felt nothing at that time would help, until I encountered drugs.

Shortly after my 13th birthday, an older kid in the neighborhood who knew I was struggling offered me some weed. He thought it would help. So did I. It really seemed as though getting high was helping me forget my problems. Although, without even noticing, soon, I needed more drugs to get high. That's when I began huffing - you know, inhaling various household products to get high. I inhaled almost anything I could get my hands on - computer cleaner, air freshener, various spray bottles, etc - so that I could get high.

My parents knew something wasn't right, and they would drag me to counseling. I learned though that when one starts inhaling, he or she can be very sneaky so that they don't lose an opportunity to get high. Honestly, I was a great manipulator. I even had the counselors fooled. I would sit there with my arms crossed for an hour - not listening to a word they had to say. I just wanted to continue my huffing.

I enjoyed huffing because it was cheap, an easy high to obtain, and in 20 minutes my high would be gone so no one would know. Inhalants took up so much of my time, thoughts and energy that I didn't realize my life was getting totally out of control. Huffing was becoming a big problem, and an everyday occurrence. I did it alone, I did it with friends, I did it when I felt sad, lonely or scared - even when I was happy it was my escape. I did it anytime - I didn't care about family, friends, life or anything.

It was inevitable that my family would learn of my abuse. I couldn't hide it anymore. That's when my parents sent me to treatment for my huffing addiction. For the first month, I hated treatment and I hated my parents. It wasn't until I completed the initial month that I realized this is what I needed if I wanted to stay alive.

When I entered treatment at age 14, I definitely wasn't the same girl, Megan, who lived next door. In treatment I learned how to communicate my feelings instead of hiding from them through drugs. That was a major problem for me - anytime there was a problem, I thought if I got high it would go away. Even though I hated treatment for the first month, it was the best thing that could have happened, because I changed in so many ways. Now, I am able to talk about my thoughts and feelings, instead of covering them up. I was in treatment for three months, and actually, I feel lucky. In fact, I know I am lucky. Huffing could have killed me. I started to huff when I was 13 years old... that's too young to do a lot of things, including becoming an addict, or dying.

I recently celebrated my 15th birthday, as a sober, healthy high school student and to be honest, staying sober can be challenging at times. Kids in school definitely huff to get high, and some even ask me to participate even though they know what I've been through. Trust me, I have no plans to ever get high again. I never want to go through that nightmare again.

An important lesson I learned when I got out of treatment was that my supposed friends who I used to get high with only liked me when I was high. I also realized that I didn't like me when I was high.

--Megan Hakeman

Megan's mother has her own personal story. [read it here.](#)

[Inhalants Prevention-Parent's Guide](#)

Figure 21 – Megan's page

by the narratives as each person tells how they were before they became involved in drug use. All but Nicole were highly involved in school activities; sports for Frank and Megan, and theatre for Lynn. Nicole represents a different type of white, middle-class teen, "I didn't play sports, I wasn't a cheerleader or a dancer or even a thug. I was just me -- and often that left me feeling very alone. I didn't feel like I fit in anywhere."

In their accounts of how they began using, all four credit their friends with introducing them to drugs. Frank started drinking beer in sixth grade with his fellow football players, and then graduated to marijuana in tenth grade. Nicole and Lynn both got hooked on ecstasy; Nicole from a "really awesome guy" at a rave, and Lynn from her new group of friends at acting school. Megan was introduced to weed from "an older kid in the neighborhood", who thought it would help her cope with sexual abuse issues.

Frank's account of why he enjoyed doing drugs was not as clearly expressed as in the three girls' narratives. Frank merely says that he "felt like he had everything under control" while in the grips of his substance abuse. Nicole and Lynn again share similar experiences in regard to their ecstasy use, each painting very poetic and alluring pictures of the pleasures of their first ecstasy experience. Megan takes a more practical approach to why she liked huffing, because it was "cheap, an easy high to obtain, and in 20 minutes my high would be gone so no one would know."

The final dimension along which the four narratives are compared in table 2 is how each person's drug use eventually went terribly wrong. This dimension is where the exploitation of fear comes back into play, by painting these worst-case scenarios as the typical experience that can be expected from drug use. By building up a character the reader can identify with by race, class, gender, and childhood

experiences, the culminating account of the catastrophic downfall hits home all the closer, giving certainty to the deepest fears held by a real teen.

Frank's story is perhaps the most tragic. At 22 years old, Frank fell out of a tree while drunk and high on meth and he became paralyzed for life. Nicole was a victim of the urban-mythical date-rape tactic of being slipped a GHB mickey, sending her into a coma for three hours and almost dying. Lynn seemed to have been plagued by a "bad trip", experiencing a hallucinogenic and psychotic episode where she lost her grip on reality. Megan did not have a distinct "crash" like the others, but came to the realization that she had an addiction to huffing.

These narratives construct an image of what the PDFA means by the category of "teen". Their "teen" is white and middle-class, likely a female, likely to use ecstasy, and likely to suffer horrible consequences for their drug use. In the context of the PDFA's corporate sponsorship partners, it cannot be ignored that the PDFA's "teen", while not the population in the U.S. most vulnerable to drug abuse, is the ideal customer of many of their products.

Vedantam (2004) reports that antidepressant use among children has grown up to tenfold from 1987 to 1996, and antidepressant prescriptions have risen a further 50 percent from 1998 to 2002. Add to this Richardson et al.'s (2003) findings that white Medicaid-covered youth were more likely than Hispanic, Asian/Pacific Islander, and African-American Medicaid-covered youth to be diagnosed with depression and prescribed antidepressants. The resulting picture reveals that the identities portrayed on the "Teens" page closely resemble the prime demographic of the booming youth pharmaceutical market, while neglecting to represent populations at equal or greater risk to drugs than middle-class whites.

Fear continues to be a major component in the construction of the "teen"

category. Extreme cases, like Frank, who is paralyzed, are presented as typical outcomes. As seen in table 2, the narratives of Frank, Nicole, Lynn, and Megan share a structure that emphasizes the fear inducement value of their accounts of “crashing” (“when it was bad”). The progression of each narrative starts with wholesome, white, middle-class beginnings and then proceeds to how each person was introduced to drugs, then to how much they liked using drugs, and finally to the fear inducing climax of each person’s defeat at the hand of drug use. The consistency with which this structure is followed by all four narratives solidifies the impression in the reader that such stories are the norm, again stoking unrealistic fears about the consequences of drug use.

CONCLUSION

This study has been an attempt to take the PDFA's own words and interpret them within the context of the ideological interests corresponding to the industries and companies that comprise the Partnership. Within this context, the linguistic and psychological devices deployed by the PDFA to "[influence] attitudes through persuasive information" are shown to have a much broader scope than simply to "help kids and teens reject substance abuse" (figure 2b). The shaping of the American public's attitudes about drugs takes on a whole new meaning when the PDFA is viewed within its corporate context.

The first section of the analysis, "About Us", served to paint a picture of who exactly makes up the PDFA and what types of interests are represented by the PDFA. When looked at together, the "Board of Directors" page, the "Who We Are" page, the "Corporate Partners" page, and the "Media Partners" pages combine to present the PDFA, in many ways, as merely a public-relations and marketing arm of the various industries represented in the partnership. The fact that the advertising agencies that make the PDFA anti-drug campaigns are the same agencies that make the direct-to-consumer ad campaigns for the drug companies simply confirms this image of the PDFA.

The power of the PDFA lies in its corporate coalition, which provides it with the money and talent to produce powerful ideological content and the media distribution network to impose that content on the American collective psyche. In order to achieve maximum ideological penetration, though, the PDFA relies on certain techniques to increase people's receptiveness to adopting the PDFA line. This

is the function of the mechanisms of authority, fear, and identity manipulation within the discourse of the PDFa, as identified in the analysis of the academic paper and the “Teens” and “Parents” sections.

In the analysis of the academic paper “Just Saying No” by Block et al. (2003), several inaccuracies were exposed as well as numerous questionable claims of authority and problematic scientific methods. In the analysis of the “Parents” section, arousal of fear is used to increase receptiveness to a doctrine of surveillance, and in the “Teens” section, identities are constructed that emphasize fears of drug experimentation.

Interestingly, the PDFa seems to have covered itself legally from any potential blowback from its disinformation campaign. Clicking on the tiny “Terms of Use” link that sits at the very bottom of every page of the PDFa’s web site, the reader is brought to the “Terms of Use” page, which contains eleven legal terms or conditions, one of which is:

While PDFa uses reasonable efforts to include accurate and up-to-date information in the Site, PDFa makes no warranties or representations as to its accuracy. PDFa assumes no liability or responsibility for any errors or omissions in the content of the Site.

Similarly, the “trusted” advice of the PDFa is given a vote of no confidence by another “term of use”:

The information contained in the Site is not intended to replace, and should not be interpreted or relied upon as, professional advice, whether medical or otherwise. Accordingly, please consult your own professional for all advice concerning medical, legal or financial matters or the like which may be located in, or transmitted in connection with, the Site. PDFa assumes no liability of any kind for the content of any information transmitted to or received by any individual/entity in connection with such individual/entity's use of the Site, and PDFa does not endorse or recommend any such information.

Such disclaimers not only call into question the trustworthiness of any

information found on the PDFA web site, they also lay the groundwork for the PDFA's efforts to use exploitive techniques to shape the public discourse on drugs to their benefit. The PDFA's unsubstantiated claims of authority, unrealistic-fear mongering tactics, and social identity manipulation are dishonest practices borrowed from a disingenuous corporate marketing industry. Also borrowed from the marketing and advertising industry is the fine-print legal language that absolves "creative" advertisements of any responsibility for the fanciful claims made in the pursuit of influencing consumer thought.

The PDFA has taken the powerful tools developed over a hundred years of selling cars, cigarettes, food, sex, and happiness to the American populace and applied them to selling the vision of a Drug-Free America. This analysis has shown, however, that the PDFA has a unique idea of what "drug-free" means. With deep roots in the advertising, pharmaceutical, and media industries, the PDFA has direct financial interests in disseminating a definition of "drug-free" that excludes their own products.

The tactics of authority claims, fear inducement, and identity manipulation are deployed by the PDFA to maintain this false bifurcation of "good drugs" and "bad drugs", and to shape attitudes that are sympathetic to the "good drugs" and hostile to the "bad drugs". The implications this dichotomy holds for the profits of drug companies and their ilk are obvious.

This analysis has implications for both sociology and the contemporary American public debate on drugs. Sociologically, this study demonstrates both specific ways in which ideological content is imposed upon individuals (authority, fear, and identity manipulation), and also how that content is determined by the social-structural context within which it occurs (the interests of the partners of the

PDFA).

Similarly, these same implications inform the public debate on drugs by showing that groups which play large roles in shaping the way we think about drugs, such as the PDFA, often have agendas which differ from those of the general population. Specifically, the pharmaceutical corporations that make up the PDFA have interests in shaping the public discourse on drugs in ways that contribute to their bottom line, even though this may be at the cost of honesty and accuracy.

If everyone who had seen the famous “This is your brain on drugs” fried egg commercial had been more fully aware of who was behind its creation, they might take the message with a large grain of salt. After all, aren’t Prozac, Paxil, Zoloft, and hundreds of other Partnership products “drugs”? The inherent contradiction of drug companies belonging to the Partnership for a Drug-Free America is the nucleus of the disinformation campaign that is the PDFA.

Appendix

HSIRB Approval Not Needed Letter

WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: February 13, 2004

To: Darrin Kowitz, Principal Investigator

From: Mary Lagerwey, Ph.D., Chair

Mary Lagerwey

Re: Approval not needed

This letter will serve as confirmation that your project "Web Page of the Partnership for a Drug Free America" has been reviewed by the Human Subjects Institutional Review Board (HSIRB). Based on that review, the HSIRB has determined that approval is not required for you to conduct this project because you are analyzing the text of the organizations web page. Thank you for your concerns about protecting the rights and welfare of human subjects.

A copy of your protocol and a copy of this letter will be maintained in the HSIRB files.

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