Can Ads ‘Unsell’ Reefer Madness?

With much to-do, the White House, working with a dozen or so government and private agencies and companies, this summer unveiled the Mother of all anti-drug ad campaigns: a mass media project to keep 9-to-11-year-old children from using marijuana cigarettes, colloquially called “reefers,” or inhalants — which are seen as a “gateway” to harder, addictive drugs.

The White House announcement met instant criticism in the advertising trade press and on the op-ed page of the New York Times (July 15), where a clever editor parodied Nancy Reagan’s answer to drugs, in a headline: “Just Say $1 Billion.”

The projected cost, over 5 years, actually is $2 billion; the media are being asked to contribute $1 billion in time and space. The use of paid time/space, instead of the usual free public service announcements (PSAs) — which often are run after midnight — means the ad messages can be positioned in times when kids and their folks are more likely to be tuned in.

Homework is Spotty

PROBE has examined a couple of pounds of promotional paper for this new anti-drug effort. The material shows that the planners have done some homework, and, as they claim, are building their project on the basis of some previous research findings. But the promo material and interviews with program planners also suggest they may not have learned the necessary lessons: Their new National Youth Anti-Drug Media Campaign, or, here, the Campaign, is less-well-grounded in science than its publicity suggests.

This is particularly noteworthy because the chief federal sponsor is the White House Office of National Drug Control Policy (with the unpronounceable acronym ONDCP), headed by retired Gen. Barry R. McCaffrey. In other drug policy issues — particularly the Administration’s refusal to fund needle-exchange programs to fight AIDS — McCaffrey has insisted on scientifically proven efficacy and safety as a condition of federal approval (which is still being withheld, albeit that evidence is now in).

The business executive who is coordinating the Campaign, social marketing and research specialist Edward Maibach, Ph.D., of the Porter Novelli public relations agency’s Washington office, told PROBE by phone late last month: “This Campaign is an educated bet . . . . There’s no definite proof that it will work.” But, Maibach added, “Any wise betting person would put his money on the success of the Campaign because of the solid behavioral evidence we’ve amassed from

Behavior Changes ‘Modest’

“Generally speaking,” Paglia and her co-author write, “studies have shown that anti-substance use/abuse campaigns have had greatest impact on increasing knowledge and awareness, but [only] modest success in affecting attitudes and behaviors.” Public service messages have “failed,” they say, because:

- they didn’t reach intended audiences
- they were directed at unidentifiable “audience segments”
- they relied too much on fear and moral imperatives
- drug-using and at-risk kids tend to ignore PSAs

Can Ads ‘Unsell’ Reefer Madness? (continued on page 4)

Homework is Spotty (continued on page 4)

Behavior Changes ‘Modest’ (continued on page 5)

*The Latin Post hoc, ergo propter hoc means: After this, therefore because of this. It is the well-known, but all-too-often used logical fallacy that because one thing follows another in time, the first caused the second.
Follow-up

‘Dr. Jane’ Weighs In on Sunscreen/Cancer Flap

Our N.Y. Times colleague, Jane Brody, has weighed in (July 1) on the sunscreen/skin cancer flap we’ve been reporting (PROBE, March, June). She starts with the same critique of sunscreens’ value that we did: Sloan-Kettering epidemiologist Marianne Berwick, Ph.D.’s February report to AAAS. Berwick worried that sunscreens allow people to stay in the sun longer without burning, and so may increase their risk of melanoma.

Berwick’s report “set back decades of public health education and left many wondering if medical science would ever get it right,” Dr. Jane writes, under the Times headline: Sunscreens May Not Block Worst Skin Cancer [melanoma].

Our point in this, of course, is that “public health education” based on bad science or highly inconclusive findings — which is what the American Academy of Dermatology and sunscreen makers are presently purveying to the public — is worse than worthless. As Brody says, it persuades people that they have once again been “duped” by the “health police.”

Usage is the Question

For the record, neither Berwick, Brody, nor we ourselves are against sunscreens. The question is who should use them, when, and what else people should do to protect themselves from overexposure to sunshine. (The dermatologists, who are touting Coppertone® products, say, outrageously, that kids should use sunscreens every time they go out-of-doors, even in the dead of winter!)

In her Times “Personal Health Report,” Brody points out that two different band widths of ultraviolet (UV) light, UVA and UVB, have been implicated in solar injury to the skin. Most commercial sunscreen products protect the skin from UVB. Only a few protect against UVA as well — and last time we looked, these were very expensive.

Brody cites newly published findings from Wistar Institute dermatologist Ercem Atillasoy, M.D., of Philadelphia, who has developed an experimental way to study these matters. He puts human skin grafts on immunosuppressed mice, and exposes them to various types of UV light.

Surprise Reported

Atillasoy found that UVB caused melanomas (and also squamous cell carcinomas) to develop in the human skin grafts, thereby providing some new support for sunscreens’ value. However: Brody says he was “surprised” to find that UVB did not stimulate the growth of basal cell carcinomas. While far less deadly, basal cell carcinomas are hundreds of times more common than melanomas. Atillasoy is now testing the obvious hypothesis that it is the UVA that causes these common, sun-related cancers.

In a very preliminary way, then, the Wistar findings support the use of sunscreens, vis-à-vis Berwick’s worries. But none of the data are sound enough as yet to support blanket prescriptions for continuing daily use of Coppertone® or any other sunscreen — which is what the dermatologists’ Academy and sunscreen makers are trying to promote.

# # #

HBO’s Folly: The recent HBO cablecast “Thanks of a Grateful Nation” wholly missed the mark. As we reported last year, the Pentagon did cover up the presence of Iraqi poison gas in the Gulf War zone, and a few GI’s on battlefield cleanup crews may have been injured. But there is absolutely no hard evidence — and very little soft — showing that tens of thousands of other Gulf War Syndrome (GWS) sufferers were laid low by gas or other battlefield chemicals, as a new 800-page Senate report confirms.

(See P. 6 for additional comment.)

# # #

Correction: The no-longer-anonymous author of the novel Primary Colors is Joe Klein, not Joel, as we carelessly wrote in March.
Sen. Trent Lott (R-Miss.), the Majority Leader, and some of his Congressional colleagues have picked up cudgels in this summer’s Southern fundamentalist crusade against homosexuals. According to the AP, Lott told a TV journalist in June that homosexuality is a sin, and gay people should be assisted in dealing with it “just like alcohol... or sex addiction... or kleptomania.” Lott said these miscreants need help “to learn to control that problem.”

Lott’s is the kind of semi-respectable rhetoric that is eagerly seized upon by less-respectables, to justify taunting, burning, and occasionally lynching those who are different: homosexuals, blacks, once in a while an abortion doctor, or a Jew.

But one need look no further than the South — and the U.S. Senate over which Lott presides — to find that the lines are not so neatly drawn.

Take, for example, South Carolina Senator James H. Hammond, who served from 1857 until the South seceded. He was a slave owner — a harsh one — who is famous for his “mud-sills” speech in 1858, on the Senate floor.

“Cotton is King!” Hammond declared. All great civilizations, he continued, need an inferior class of drudges, “the very mud-sill of society and political government.” The South had found its menials, he said, an “inferior” race:

“We use them for our purpose, and call them slaves.”

Private Life Scrutinized
In the years since, Hammond has become more noted for his private life, in part because he, unlike many or all of his fellow Confederates, kept an intimate diary. This, along with two private letters from a male friend, has only recently come to light. The most personal parts of the diary have been edited by Carol Bleser as Secret and Sacred: The Diaries of James Henry Hammond, a Southern Slaveholder (N.Y.: Oxford, 1988).

In 1839, Hammond recounts, he bought an 18-year-old slave, Sally, who had a one-year-old daughter, Louisa. Hammond made Sally his mistress. Then, when Louisa was 12, he became enamored of her, and took her as his mistress. She bore him several children. But, in an unusually frank letter to his son, Hammond explicitly ordered that these slaves not be freed at his death.

“It would be cruelty to them,” he wrote. “Slavery in the family will be their happiest earthly condition” [emphasis in the original].

Better known, and well known to his contemporaries, was Hammond’s simultaneous “ dalliances” with four — four — of his own teenage nieces. He writes:

Here were four lovely creatures from the tender but precocious girl of 13 to the mature but fresh and blooming woman nearly 19 (in 1840-1), each contending for my love, claiming the greater share of it as due to her superior devotion to me, all of them rushing on every occasion into my arms and covering me with kisses, lolling on my lap, pressing their bodies almost into mine, wreathing their limbs with mine, encountering warmly every portion of my frame, and permitting my hands to stray unchecked over every part of them and to rest without the slightest shrinking from it, in the most secret and sacred regions, and all this for a period of more than two years continuously.

Is it in flesh and blood to withstand this? Is there a man, with manhood in him and a heart susceptible of any emotions of tenderness, who could tear himself from such a cluster of lovely, loving, amorous and devoted beings? Nay are there many who would have the self-control to stop where I did? Am I not after all entitled to some, the smallest portion of, credit for not going further?

So much for Hammond and girls. What about boys?

Gay historian Martin B. Duberman, Ph.D., unearthed, from Southern archives, a “writhing bedfellows” letter, written in 1826, that Hammond’s friend, Jeffrey Withers — who also later became a Confederate leader — wrote of their “extravagant delight” when they were in bed together in their twenties.

The “Dear Jim” missive says in part:

“I feel some inclination to learn whether you yet sleep in your shirt-tail, and whether you have the extravagant delight of poking and punching a writhing bedfellow with your long fleshen pole — the exquisite touches of which I have often the honor of feeling?”

Withers continues in this vein, signing off as “Old Stud.” The second letter has similar passages.

No return letters from Hammond have been found. Duberman published the “writhing bedfellows” letters in the Journal of Homosexuality (vol. 6, pp. 85-101, 1980-81)

The unanswered question about Hammond, historians Bleser and Duberman write, is whether he alone carried on in this way, or, rather: Was it he alone, among his confederates, who recorded and preserved a “secret and sacred” record of his deeds?

Despite Hammond’s bad reputation, historian Duberman approves Withers’ “guilt free... nonchalance” in discussing homosexuality, which he says may have been widespread in that period. It thus may be a landmark in the history of American male-male sexual relations.

From today’s political vantage point, it seems fair to ask Trent Lott and his colleagues — who say they want to cure homosexuality — to first come to grips with their promiscuous senatorial forebear, who was: A white slaver. An adulterer. A rapist. A pedophile. An apparent homosexual.

Given this record of Southern manhood, should Lott and his lot cast the first — or even the last — stone?
previous work that informs the Campaign strategy.”

Maibach conceded, however, that scientific evidence that a campaign will, specifically, help deter adolescents from using illicit drugs is thin. And he said he “would agree with” Gilbert J. Botvin, Ph.D. — a drug prevention expert and a Campaign planner, who is chief of Cornell Medical Center’s Institute for Prevention Research, in Manhattan — that there is “a paucity of high-quality evaluation research” on ways to run, and assess, the efficacy of mass media anti-drug campaigns. Botvin was on vacation as this issue was prepared, his office
said, and could not be reached for comment.

The scientific inferences — and gaps — in the Campaign planning are described in the adjacent story on Page 1, and PROBE’s analysis appears on P. 5. The rest of this article focuses on how the Campaign is supposed to unfold.

The $1 billion is coming from the fed, at the rate of $200,000 per year. The time and space buy is being handled by the nonprofit Partnership for a Drug-Free America (PFDA), in New York.

**Millions Already Spent**

The PFDA, which thus has a subsidiary role — as media buyer — in this Campaign, has filled $2.8 billion worth of donated time and space with anti drug PSAs in the last dozen years, according to their press kit on the Campaign. What PFDA does not say, is that, allegedly, none of its ads through the years has either been pretested, or integrated into a broader anti-drug strategy linked to school-based and community-based anti-drug activities. The ONDCP Campaign director, Alan Levitt, told PROBE in a phone interview:

“The Partnership has never had their ads tested before. They’ve never had a strategy.”

A PFDA spokesperson denied this was so. She said ads are tested PFDA’s way, not ONDCP’s way — and strategies for their use have been developed from these studies.

The Campaign’s primary target is 9-to-11-year-old middle school children; younger and older kids, and kids’ parents also are targeted. The aim is to prevent the youngsters from initiating the use of inhalants and marijuana, or to step back if they already are experimenting with them. The Campaign is not aimed at regular users, who tend to be older, and have been shown to be unresponsive to media anti-drug ads.

The new ads’ contents and appearances are still unknown. None has been designed as yet, ONDCP says. Meanwhile, however, the Campaign is using ads previously prepared by PFDA. These messages have recently been screened, using student focus groups, by Kathleen Hall Jamieson, of Penn’s Annenberg Public Policy Center, in Philadelphia. “Ads that tested poorly have been quashed,” Hall told the *N.Y. Times* (July 19), in a letter. She does not indicate her criteria for acceptance or rejection. She did not return calls seeking her comment.

**Post Hoc, Ergo Propter Hoc**

No method is currently in place to measure directly the Campaign’s effects on teenagers’ use of drugs. Nor is it clear that there ever will be one.

Three indirect measurements will be used: One is changes in drug use detected in the University of Michigan’s annual National High School Senior Survey — which, however, does not track students’ attitudes or behaviors longitudinally. The second, according to a Campaign planner who requested anonymity because he is a federal employee, is an ongoing National Household Survey conducted each year by the National Institute on Drug Abuse (NIDA). A third study is being planned by NIDA, which is looking for a research organization to develop new evaluative methods.

Presently, as Maibach tells it, there are four criteria:

- exposure to Campaign messages
- change in kids’ key beliefs about drugs
- impact on community-based drug programs, i.e. do the ads increase their business
- prevention of drug use behaviors

However, an ONDCP background paper for the Campaign treats the “behavior” part ambiguously, as “whether parents talk with their children about drugs and the prevalence of drug use.”

**Community Links Stressed**

The plan is to tie the media presentations tightly to anti-drug efforts in the kids’ schools and communities. “If it were just an ad campaign, it would be fatal,” explains ONDCP’s Levitt.

Of the handful of mass media anti-drug campaigns that have been proven successes, few if any were targeted specifically at middle-school kids to keep them from using marijuana and inhalants. Botvin and other experts say most of the successful campaigns have focused on smoking and drinking, not marijuana. They tend not to target primary prevention of drug use, but rather risk-reduction among users, for example “designated driver” programs.

“That is not to say,” planner Maibach explained, “that we can’t borrow from similar experiences with similar topics. Smoking is a very good indicator that we can use as a model to combat illicit drugs.”

If Joe Camel can swell Camels’ youth market share from 3% to 33% in four years, Maibach added, advertising can certainly help “unsell” adolescents from using marijuana and other illicit drugs.
Data Do Not Back Claims for Ads

The president of Partnership for a Drug-free America (PFDA), Richard D. Bonnette, responding to press criticism (see box, below), wrote to the Times (July 19), saying: “Studies show that when anti-drug advertising runs, and runs heavily, it can indeed contribute to lasting changes in drug use.” The White House shares this optimism. Gen. McCaffrey declared:

Preventing children from ever trying drugs requires the use of mass media. That’s where kids take their cues . . . . By using the full power of the mass media to change youth attitudes, we can cut youth drug use.

PROBE phoned PFDA, in New York, and asked for their press kit on the new Anti-Drug Media Campaign, for which PFDA is the media buyer. We asked for the evidence that mass media campaigns lead to lasting changes in drug use.

The kit they sent said the “three leading national studies on drug use . . . . support [the] effectiveness” of PFDA’s national campaign “to increase anti-drug attitudes across America.”

Changed attitudes, of course, do not equal “lasting changes in drug use.”

One of the three reports PFDA sent us is the 1998 annual report of the University of Michigan’s much-publicized National High School Senior Survey. It does not contain a single word about the mass media or its putative role in reducing drug use. Ironically, however, given the new Campaign’s focus on marijuana use among eighth-graders, the 1998 Survey indicates that marijuana use in this group has stabilized in recent years.

Professors Report Findings

The second PFDA document that allegedly validates mass media campaigns is an undated abstract of an unpublished study by two New York University business school professors; it’s called “Does Anti-Drug Advertising Work?” No data are presented. But, based on a model from studies of kids exposed to PFDA ads, the professors say:

“We find that the more susceptible a person feels, the more severe the perceived consequences, and the more benefits outweigh barriers to action, the less frequently a person will report consuming illegal substances.”

Big news!

We phoned PFDA and asked for copies of the professors’ text. Public relations rep Leigh Leventhal said she couldn’t send it; apparently there are several versions, all as yet unpublished. Calls to the two profs’ offices were not returned.

PFDA’s third supportive document is a published report by Johns Hopkins pediatrician Evelyn Cohen Reis, M.D., and several colleagues; it appeared four years ago in the Archives of Pediatric Adolescent Medicine (Dec. 1994). The paper is based on a self-administered anonymous survey of 837 Maryland public school children. Eighty-three percent had been exposed to anti-drug ads; of them, 92% reported increased knowledge about drugs; 60% said they had gained stronger beliefs about drugs’ hazards; 52% indicated that, personally, they now liked drug-users less than they had before; and 75% said they had decreased, stopped, or become convinced never to use drugs.

Reis et al conclude that “anti-drug advertising was perceived to have a deterrent effect on self-reported substance use among this population of adolescents.”

This is the evidence PFDA provided to back its president’s claim that “anti-drug ads can indeed contribute to lasting changes in drug use.”

(For an evaluation of the Reis et al report, see story, below). •

Campaign...

continued from page 1

- they don’t prompt interpersonal discussions on key drug issues

This forthcoming Canadian review overlooked the report on Maryland school kids by pediatrician Evelyn Cohen Reis and co-workers that the Partnership for a Drug-free America sent PROBE to substantiate the value of anti-drug ads (see story, above). So we faxed a copy of it to Paglia, in Toronto.

“I would interpret this with caution,” she said by phone. “In my mind, it’s not the most scientific study because it’s based on students’ perception of media impact on their behavior. In general, people are not very good at deciding why they do or don’t do things.” What is more, Paglia added, the Q&A format “explicitly prompts” the kids’ answers, particularly the younger ones.

“It’s an interesting study,” the Toronto psychologist said. “But I wouldn’t invest a billion based on it!”

In the U.S., a major, recent “comprehensive survey” called the Handbook on Drug Abuse Prevention (Boston: Allyn and Bacon, 1995) capsulizes professionals’ doubts about mass media anti-drug ads. The volume is edited by medical sociologist Robert H. Coombs, Ph.D., of UCLA and psychiatrist Douglas M. Ziedonis, of Yale.

In a literature review, psychologist Mary Ann Pentz, Ph.D., of the University of Southern California in Los Angeles, who is one of the Campaign’s strategic planners, says that, collectively, studies of mass media campaigns show that “the most significant contributions . . . are community agenda-setting; increasing the motivation of nontarget or hard-to-reach populations to participate in available programs; and cuing recall of continued on page 8
Two Rigorless Investigative Journalists

Two colleagues whose work we very much respect have written disappointing accounts that differ from our own views - which they know - on stories we've been following. One is Pulitzer Prize-winning investigative journalist Seymour M. Hersh. The other is Mark Dowie, a founder of the muckraking Mother Jones.

Their mistakes, we think, illuminate the need for writers to use logical analysis and scientific rigor, and avoid political bias in reporting controversial science stories.

Hersh, whose The Dark Side of Camelot was a best-seller last year, takes on Gulf War Syndrome (GWS) in a short new book, Against All Enemies (Ballantine). Dowie, who is now studying science and philanthropy on an MIT fellowship, does a hatchet job on Gina Kolata and her newspaper in a Nation magazine cover story (July 6) entitled "What's Wrong with the New York Times's Science Reporting?"

First to Hersh:
He presents some fascinating new investigative findings, particularly the revelation that before Desert Storm, U.S. commandoes kidnapped several Iraqi soldiers inside Iraq. Blood samples were drawn from these prisoners — whose fate Hersh does not disclose — and analyzed immunologically. The Iraqis were found to have antibodies to anthrax, a biowar pathogen, which indicated that they had been protectively immunized against anthrax. This persuaded U.S. planners to prepare for Iraqi bio- and chemo-war attacks on our troops. The U.S., Hersh claims, warned Saddam Hussein: If these agents are used against U.S. troops, we’ll nuke Baghdad.

Vaccines Given

These concerns also led the Pentagon to make frantic, but probably futile — and in the end, needless — efforts to protect Desert Stormers with vaccines, antidotes, and other chemicals. These, Hersh speculates, may have contributed to GWS.

Hersh also shows that U.S. military leaders, including Joint Chiefs chief Colin Powell — shockingly — ignored the problems of the Gulf GI’s when they became ill after the war. Hersh asked us, while he was writing, if we thought there was a Pentagon coverup. We told him we weren’t sure — and said we hoped he’d uncover a smoking-gun document that would resolve the question.

He didn’t.

The weak part of Against All Enemies — where Hersh fails — is his acceptance, without any direct evidence, that not just one of the purported causes of GWS, but, rather, eight of them, are causing the vets’ symptoms. Of the 10 possible causes identified last year by the Presidential Advisory Committee on the Gulf War (see box), Hersh disregards only two: stress, which has been the Pentagon’s favorite candidate; and endemic desert infectious agents, which, readers will recall, is our favorite hypothesis, based on the fragmented but growing medical and scientific records (PROBE, Jan., ’97).

Hersh implicates chemical and bio-weapons, “odorless and silent weapons of terror, known or suspected to be in Saddam Hussein’s arsenal”: Sarin. Soman. VX. Botulinum toxin. He also implicates American armaments and shells made out of depleted uranium, which is radioactive. Also: oil-well fires, smoke, and battlefield exhausts and vehicular gases.

But, he acknowledges:
“Just what it was in the Persian Gulf air that had badly wounded the veterans remained unknown in mid-1998, and will remain so for years.” He concedes that the “medical mystery behind GWS is a complex epidemiological maze that will take years to fully unravel, if ever.”

Sadly, Hersh contributes little to this effort. And as the book progresses, he accepts the eight putative causes — all of them — as real and proven.

Post Hoc, Ergo Propter Hoc

Hersh pursues this to absurd ends. A much-decorated 15-year Air Force vet, Michael Donnelly, of South Windsor, Conn., is exposed, at home, to malathion, a poisonous insect spray that is chemically similar to, but weaker than, nerve gas. He subsequently comes down with Lou Gehrig’s disease (amyotrophic lateral sclerosis, or ALT), and eventually dies. Donnelly and Hersh blame Gulf War exposures, even though one of the Pentagon’s top docs, public health specialist Stephen C. Joseph, M.D., tells Hersh, flatly, “We know that Donnelly doesn’t have GWS.”

Specific evidence that Gulf War exposure does not cause ALS is contained in a recent report from public health specialist Gregory C. Gray, M.D., and two co-workers at the Naval Health Research Center in San Diego. They compared Department of Defense hospitalization records for 587,472 active-duty Gulf vets and 1,742,907 non-deployed vets (roughly a one to three ratio). In a report to colleagues in Pentagon City, Va., in June, Gray said they had found three cases of ALS in the Gulf Vets and 13 cases in the non-deployed vets; this is a one to four ratio. This disease thus has been less common in men and women who served in the Gulf than it has been in those who served elsewhere.

Attributing all subsequent illnesses to service in the Gulf reaches a reductio ad absurdum in comments Hersh quotes from a former Pentagon lawyer, Sara Lister. She told him,
Foul Out on Gulf War, Times Science

"there were as many causes of Gulf War illness as there are human beings."

Even if true, which is implausible, this would make GWS a common but idiosyncratic event, one that is not and could be defined as a disease. Only if patients have symptoms in common, and one, or at most a few common exposures (caus- es), is it possible to describe the condition scientifically as a disease.

Case Definition Needed

Only if a specific disease can be identified, and a cause found for it, is there good chance that scientists can come up with a specific therapy or cure. One man, one illness, as Lister proposes, and Hersh repeats, is a formula for defeat. It's nihilism.

This proposition is succinctly stated by GWS investigator Robert Gibbons, M.D., a preventive health specialist at the Uniformed Services University in Bethesda, Md., and several colleagues in a report to the GWS conference in Pentagon City. "Searches for causes are futile," they say, "until a practical case definition or syndrome definition is established, and this outcome is shown to be more common among those who have a specific exposure."

Gibbons and his colleagues add:

"Causal inference requires an association of a specific exposure with a specific outcome. A review of the health data pertaining to GW veterans reveals no such association."

Data Are Lacking

Hersh reports, approvingly, that the Pentagon and Veterans Administration (VA) now are moving toward clinical trials for GWS vets, on an experimental basis. One of the first, in Vermont, will be with antibiotics, which, ironically, can work only if GWS is caused by endemic bacteria — the one hypothesis Hersh rejects out of hand!

Does journalistic attention to scientific rigor bespeak a cold, narrow, inhuman outlook? We think not. Quite the contrary!

It requires, for example, faith. Faith that a meaningful answer can be found, and hope, too, that the individual researchers who have accepted the challenge will reach the Grail. They may — or they may not.

The problem with Mark Dowie’s Nation piece on Gina Kolata is more complex, but no less illuminating.

Dowie’s ideologic problem is that he wants to deconstruct Gina Kolata’s — and the Times’ — shortcomings in science reportage in a Marxist mode. "Kolata is not a skeptic, at least in the best sense of the word," he writes. "She is instead a faithful apologist for corporate science."

Well, sure! You probably can’t be a Marxist science writer, or for that matter a Marxist any-kind-of-writer at the Times today. But Kolata is no more a corporate apologist than anyone else there — and a pro-business outlook is not the source of her recent problem (PROBE, June). Kolata’s problem, rather, is judgment — but not as Dowie sees it.

He focuses on an incident in which the authors of a book called Our Stolen Future, which is about the risk of environmental hormones, meet with Kolata and her editor at the Times seeking coverage for their concerns. Their fears, they said, were based on 4,000 scientific studies. Dowie writes:

Dr. Theo Colborn and her colleagues cautiously suggested...that research should be conducted to determine whether human health and reproduction might in any way be affected by these chemicals. And they proposed a modest set of protective measures that industry and citizens could take in the meantime — things like advising pregnant women not to drink tap water in some parts of the country.

Kolata’s editor, Nicholas Wade, flew into a rage, Dowie alleges, saying: "This is not real science... You are creating an environmental scare without evidence... You have no credibility."

Kolata then bad-mouthed the book in the Times, using phraseology and citing experts put up by the chemical industry — which, obviously, she should not have done.

Dowie’s criticism is that Kolata and Wade had "little patience for presumptive evidence or the precautionary principle."

Case Was Weak

But if the Our Stolen Future authors had 4,000 reports to make their case with, and their evidence still was "presumptive," not compelling, or at least, convincing, then Wade and Kolata were correct: It wasn’t science. And "precautionary" public health moves based on such presumptions could be more damaging than saying nothing until stronger evidence became available.

(We tried to read Our Stolen Future, and found it boring, patronizing, and unconvincing; we gave up half way through.)

Like Gulf War writer Hersh’s willingness to affirm all causal hypotheses as if proven, Dowie’s focus on "presumptive evidence" — which we take to mean "It might be so," or "It looks like it’s so" — lacks the criticality that we expect from science. Also, from science reporting. There are far too many "presumptive" ideas out there for anyone to make sense of, and we agree with Kolata and her bosses that science reporters should deal with the credible ones, and ignore or critique the rest. (When it comes to alternative medicine, unfortunately, the Times has abandoned criticality.)

In most scientific issues, there usually are two or three major points of view: the reigning paradigm; a major challenging paradigm; and perhaps one or two others. The point to science, and to writing about it, is precisely that it allows you to ignore the "presumptive" noise, and focus on the reigning theories and on specific new hypotheses that, however far-fetched they may seem, have the best chance — based on fresh research — to overthrow it.

Science is not a little-bit-of-everything soup, as our colleagues Hersh and Dowie seem to portray it. Neither is science writing!
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prevention messages and skills that are delivered through... face-to-face instructions” [emphasis added].

The preferred locus of these face-to-face efforts is school, most experts agree. But this essential element has not been put in place for ONDCP’s media Campaign. Its Strategic Statement concedes, in fact, that “a critical asset—effective school-based programs—has not been widely adopted.” It adds, “relatively few schools and communities have actually implemented” these programs.

The researcher who perhaps more than any other has demonstrated the need and efficacy of school-based instruction—which may require a half dozen classroom sessions plus later “boosters”—is psychologist Gilbert J. Botvin, Ph.D., director of the Institute of Primary Prevention at Cornell Medical Center, in Manhattan. Botvin, too, is one of the Campaign’s official strategists. But in a pivotal paper in the Coombs volume, he writes:

“Prevention approaches based on information about the adverse consequences of drug use, personal development, and alternatives to drug use have had little measurable impact on drug use.”

These are almost precisely the Campaign’s methods and goal. Botvin’s findings thus almost directly contradict the Campaign’s strategic claim that it is developed from “a solid scientific base.”

It is noteworthy that while the Campaign’s Statement lists four of Botvin’s publications in its bibliography, three from 1995, it does not cite the critical one, referred to here.

Given the sponsors’ acknowledgement that the essential school-based programs are not in place, it is hard to countenance their claim that the Campaign has “a solid scientific base.”

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