



THE PARTNERSHIP ATTITUDE TRACKING STUDY (PATS)

**Teens in grades 7 through 12
2005**

May 16, 2006

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The **Partnership for a Drug-Free America®** is a private, non-profit coalition of professionals from the communications industry. Best known for its national, drug-education advertising campaign, the Partnership's mission is to reduce illicit drug use in America. The Partnership's State/City Alliance Program supports the Partnership's mission at the local level. The Partnership accepts no money from alcohol or tobacco manufacturers and receives major funding from the **Robert Wood Johnson Foundation** and financial support from more than 200 private sector corporations.

The Partnership is extremely grateful to the **Robert Wood Johnson Foundation** for their support in making this research possible.

Mission

The Partnership for a Drug-Free America® exists to reduce illicit drug use in America.

Our mission unfolds primarily in the form of a research-based national advertising campaign, now in its 19th year. With a diversity of private sector funders supporting our work, the Partnership is beholden to no special interest, has no political agenda and supports no commercial concern.

The Partnership for a Drug-Free America® Today

The Partnership is comprised of a small staff and hundreds of volunteers from the communications industry who create and disseminate the organization's advertising. Advertising agencies create Partnership messages pro bono; talent unions permit their members to work for free; production professionals bring Partnership messages to life; a network of advertising professionals distribute the group's work to national and local media; public relations firms lend services to various Partnership projects; and media companies donate valuable broadcast time and print space to deliver Partnership messages to millions of Americans.

The organization began in 1986 with seed money provided by the American Association of Advertising Agencies. Today, the Partnership receives major funding from The Robert Wood Johnson Foundation and support from other foun-

dations, corporations, government and individuals. The Partnership accepts no funding from manufacturers of alcohol and/or tobacco products. The Partnership's first ad appeared in March 1987; the campaign is now the largest public service media campaign in advertising history.

Since 1998 the Partnership has participated in an unprecedented public/private marketing effort – the largest ever undertaken in the United States – that is redefining public service advertising. Backed by an annual appropriation⁷ and with bipartisan support in the U.S. Congress, the National Youth Anti-Drug Media Campaign has become the centerpiece of the country's efforts to reduce demand for illegal drugs. Rolled out nationally in July 1998, the effort is taking several directions, but at its core the campaign is tapping into the enormous power of mass media through the Partnership's national advertising campaign. The bulk of federal monies appropriated for this program were specifically earmarked for the one thing that eluded the Partnership's campaign in the early and mid-1990s – consistent, targeted and optimal national media exposure for anti-drug advertising.

The Partnership, which receives no funding for its role in this campaign, is the primary provider of advertising to this federally backed effort. The advertising industry – which is and has been the heart and soul of the Partnership – continues to create our messages for free. All of the Partnership messages are made available to the National Youth Anti-Drug Media Campaign.

The Office of National Drug Control Policy (ONDCP) in cooperation with the Partnership coordinates the campaign. Working with ONDCP and Congress, the campaign is commanding as much exposure as many leading commercial advertisers, and returning outstanding value to U.S. taxpayers. For every dollar the government

⁷ 1998 appropriation: \$195 million; 1999 appropriation: \$185 million; 2000 appropriation: \$185 million; 2001 appropriation: \$185 million; 2002 appropriation: \$180 million; 2003 appropriation: \$145 million; 2004 appropriation \$130; 2005 appropriation \$120 million.

spends on media exposure, media companies are asked to donate equivalent value through additional advertising exposure. To date, the matching component of the campaign has leveraged substantial added media exposure for the campaign.

In addition to its work on the national level, the Partnership has 27 state-level versions of its national advertising campaign through its Affiliate & Alliance Program. Working with state/city governments and locally based drug prevention organizations, the Partnership provides the guidance, on-site technical assistance and creative materials necessary to shape a multimedia campaign tailored to local needs.

The Partnership is an organization that is dedicated to reducing demand for illicit drugs, by 1) preventing teen use, primarily through the NYADMC, 2) monitoring and equipping parents to communicate with their children about the risks of drug and alcohol use, 3) motivating and equipping families to get help for a drug or alcohol problem. Creating effective anti-drug messages requires talent, passion and dedication. It also requires an understanding of the issue that's firmly grounded in research. The Partnership has the largest body of consumer-based attitudinal research on drugs in the nation. This research provides insights into the minds of young people and helps to ensure our messages will reach and resonate with their intended audiences. Consumer research – along with the critically important counsel of our partners in health care, education, government, entertainment and community volunteer organizations across the country – ensure that Partnership ads continue to meet the highest standards of excellence.

(For more information about the Partnership and its programs, go to www.drugfree.org To request a hard copy of the Partnership's latest annual report by mail, call the Partnership's Public Affairs Department @ 212-922-1560.)

The Partnership Attitude Tracking Study

The Partnership Attitude Tracking Study (PATS) is the Partnership's unique contribution to the field of substance abuse prevention. An annual study that tracks the elaborate and complex attitudes consumers have about illegal drugs, this research allows us to understand what our target audiences think and feel about various drugs. This consumer-focused, consumer-based research is the largest drug-related attitudinal tracking study in the country. No other organization in the country – commercial, non-profit or governmental – has the rich insights into consumers and drugs that PATS has captured in its 18 installments. The insights gleaned from this study help us develop advertising designed to unsell drugs to consumers.

Attitudes drive behavior. According to the University of Michigan's Monitoring the Future study, two critical drug-related attitudes – perception of risk (how risky consumers view a particular drug) and perception of social disapproval (consumer appeal and acceptance of a particular drug) – move in correlation with consumption. Generally speaking, as adolescents come to view drug use as more risky and increasingly disapprove of drugs, consumption declines. Similarly, the opposite holds true.

Understanding the vast dimensions of perceptions of risk and social disapproval provides a look into the consumer mindset on drugs, and offers some insight into the challenges of effectively unselling drugs via media communication. It is no easy task. When it comes to drugs and drug taking, youth define risk in a multitude of ways – physical, emotional, social, aspirational. Specific types of attitudes segment each risk category. The same holds true for social disapproval. Both major categories, and the elaborate array of subcategories and attitudinal measures, are influ-

enced by a multitude of variables – age, gender, race, socio-economic background, geography, peers and other influencers.

In developing media messages to speak effectively and persuasively to our target audiences about drugs, we must understand their mindset, their attitudes about drugs. The more we do – and the more our messages acknowledge this reality – the more effective the messages will be.

PATS consists of two nationally projectable samples – a teen sample for students in grades 7 through 12, and a parent sample. The 2005 PATS is the 18th wave of this research conducted since 1987. Prior to 1993, these studies were conducted by interviews in public locations. Since the 1993 study, PATS has been conducted in schools and in homes. Beginning with the 1995 study, the in-home study was conducted with parents of children under the age of 19, and data from that sample are projected accordingly. Since 1993 Roper Public Affairs and Media, a leading market research company, has conducted the studies for the Partnership. PATS is funded, in part, by an organizational grant from The Robert Wood Johnson Foundation. The parents' study also receives support from Procter & Gamble. In the 2005 PATS teens' study, 7,216 adolescents nationwide were surveyed. The margin of error for the sample is +/-1.5 percent.

The data in this report were collected from March through June 2005. Adolescents in grades 7 through 12 were questioned with an oversampling of African- and Hispanic-American populations. Adolescents completed self-administered questionnaires under the supervision of Roper's interviewers. The anonymity of all respondents was maintained throughout the study.

Significant differences on charts and graphs in this report are indicated only for 2005 results versus 1998 and 2004, unless otherwise noted. Significant differences versus 2004 are noted with an asterisk (*) and versus 1998 with a plus sign

(+). The 1998 survey represents a benchmark for monitoring the Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign.

Questionnaire Development

Roper Public Affairs and Media developed the questionnaires for the Partnership Attitude Tracking Study in cooperation with the Partnership for a Drug-Free America.®

Self-Reported Data

PATS is based on self-reported data. Surveys based on self-reported data collection represent the dominant methodology used in the marketplace. Many academic/government institutions use self-reporting data when researching sensitive issues, i.e., Centers for Disease Control (Youth-At-Risk), University of Michigan (Monitoring the Future study), the U.S. Department of Health and Human Services (National Survey on Drug Use and Health).

Executive Summary

The 2005 Partnership Attitude Tracking Study shows that substance abuse among 7th through 12th grade students continues to decline. After years of increasing adolescent drug use seen in the mid 90's, the trend continues to reverse. The only two exceptions to note are inhalants and prescription medicine abuse.

Marijuana:

Between 2004 and 2005 there have been significant improvements in teens' attitudes about and use of marijuana.

Relative to 2004, teens are significantly more likely now to agree that *there is great risk of losing the respect of family and friends, letting other people down or making their problems worse* as a result of using marijuana. Perceived availability of marijuana continues to decline and more and more teens agree that in their school, most teens don't smoke marijuana.

Relative to 1998 when the Youth Anti-Drug campaign first rolled out, there have been several other positive changes. These include heightened risk associated with trying or smoking marijuana regularly, increased risk in *upsetting their parents or losing their friends* as well as *getting in trouble with the law, not getting a job, dropping out of school or losing their driver's license*. Teens are more likely now than in 1998 to agree there are greater physical risks associated with smoking marijuana. These include *getting hooked on marijuana* and the possibility of *driving dangerously*. Perhaps as a result of these perceived heightened risks, the level of teens saying *they don't want to hang around anyone who uses marijuana* is higher than any time recorded in the past while friend's reported use is the lowest.

Trial of marijuana, past year use and past 30 days use continue to be significantly below the levels

recorded in 1998.

Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign:

The National Youth Anti-Drug Media Campaign began in July 1998 and primarily focuses on reducing adolescent marijuana use. Data from the 1998 PATS survey were collected prior to the launch of the Campaign and serve as a benchmark for monitoring its effect.

For the second year since the Campaign began, there was a significant drop in frequent exposure to anti-drug advertising (from 52 percent in 2003 to 48 percent in 2004 to 40 percent in 2005) even though exposure to anti-drug ads remains well above pre-campaign levels of 32 percent.

Overall, teens are more likely to rate anti-drug messages as efficacious – i.e. that *the ads made them more aware of the risks, encouraged them to talk with someone about the risks of using drugs, made them less likely to use* – than they were in 1998. However, with it's reduced campaign budget, fewer teens in 2005 said *these commercials have given them new information or told them things they didn't know* as in 2004. This is unfortunate because analysis of teens with higher exposure to ads versus teens with lower exposure continues to demonstrate a positive relationship between heavy exposure and stronger anti-marijuana attitudes.

Sources of Information about the Risks of Drugs:

Perhaps also as a result of lower campaign spending, TV commercials were actually knocked from their grip on *the most useful source of information* last year to a tie with parents or grandparents this year.

Perceptions of the physically most harmful drug

This year marked a significant increase in the

proportion of teens reporting methamphetamine as a harmful drug. While it is still regarded as less harmful than heroin, the gap is narrowing.

Heroin:

Fewer teens in 2005 reported risks in heroin use; in fact, the perception that *heroin is a dangerously addictive drug* has continued to decline since 1999. Trial of heroin has marginally increased over the past year to 5 percent.

Methamphetamine:

Teen perceptions of risk in both trying meth or using it regularly have steadily increased over last three years and are significantly higher than in 1998. Friend's use of meth continues to slowly decline while trial, past year and past 30 days use have stabilized.

Ecstasy:

Perceived risks in Ecstasy trial and use are significantly higher than in 2001. Over the past year Ecstasy use remained fairly stable with trial and past year use significantly below the peak in 2001.

Cocaine / Crack:

Teens' perception of great risk in trying or regularly using cocaine or crack has remained stable over the past decade. Perceived availability began to decline in 2002 and use of cocaine / crack remains stable.

LSD

Use of LSD has declined sharply over the past seven years. In 2005, fewer than one-fifth of teens (18 percent) reported having close friends who use LSD, compared to 30 percent in 1998.

Inhalants:

Over the past year, teens have become less likely to agree that *inhalants can kill you* making the perception of risk significantly lower than it was in 2001. Trial of inhalants has slowly crept up over the past three years. While past year and past

month use are stable, falling perceptions of risk warn us to watch for future increases in use.

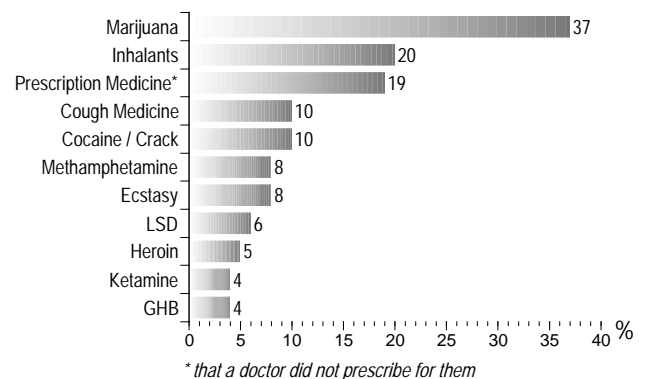
GHB and Ketamine:

Very few teens have ever tried GHB or Ketamine.

Prescription Medicine Abuse:

Abuse of prescription medications remains less common than marijuana but more common than other drugs. Reasons for their use stem from *ease of availability, lack of stigma associated with street drugs* and a false belief that *they are safe to use by many*.

Landscape of Teen Drug Trial



Over-the-Counter Cough Medicine:

By 2005, 45 percent of teens believe taking cough medicines to get high is risky -- significantly higher than last year when 40 percent believed this. But actual use of cough medicine to get high remained stable (9 percent in 2004; 10 percent in 2005).

Computer Use:

Compared to 1998 teen computer use is up significantly -- a 48 percent increase in home use and a 60 percent increase in Internet use.

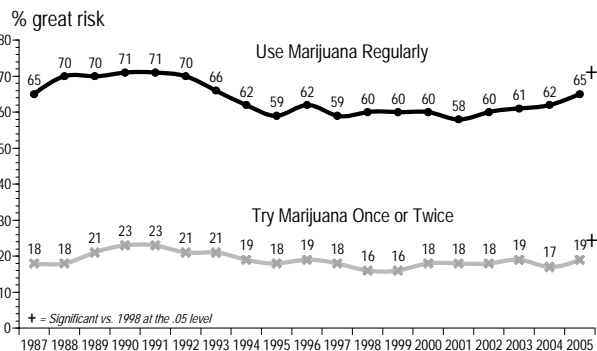
The Partnership Attitude Tracking Study Among Teens

Marijuana Attitudes and Use

1998 to 2005: Anti-Marijuana Attitudes continue to strengthen

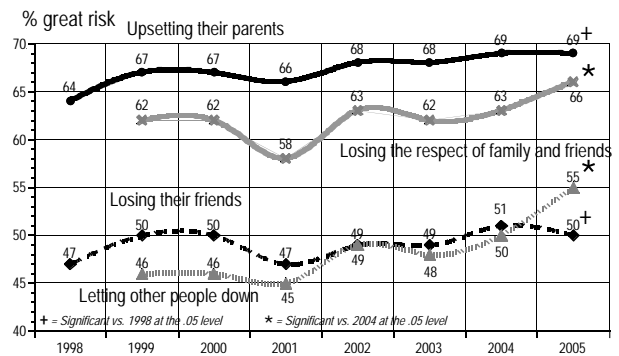
Perceived risk in trying marijuana and in using it regularly are now significantly higher than in 1998 when the national roll-out of the National Youth Anti-Drug Media Campaign began. Perceived risk of using marijuana regularly has, in fact, risen since 2001 when 58 percent considered regular use of this drug to be a great risk. By 2005 this figure has climbed to 65 percent.

Marijuana: Overall Risks of Use



Perceptions of specific types of risk in marijuana use continued to increase in 2005 and are well above 1998. Together these outcomes span physical, emotional, relational and aspirational risks, demonstrating that teens feel marijuana can affect different areas of their lives.

Marijuana: Relational Risks



Looking at risks by category or type of risk, relational risks such as *upsetting their parents* or *losing their friends* are both significantly greater than in 1998. *Losing the respect of family and friends* and *letting other people down* have increased significantly over the past year.

Aspirational risks, such as *getting in trouble with the law*, *not getting a job*, *losing their driver's license* and *dropping out of school* all continue to be perceived as significantly greater risks than in 1998.

Marijuana: Aspirational Risks

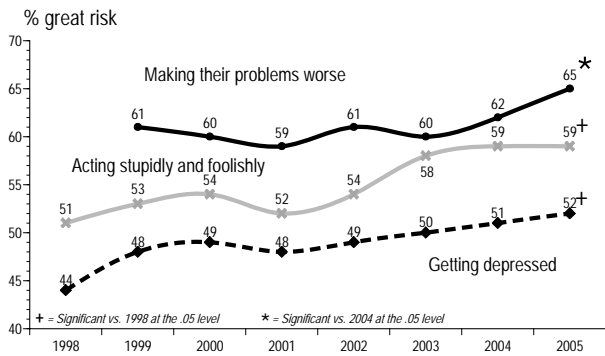
% Great Risk	1998	1999	2000	2001	2002	2003	2004	2005
Getting in trouble with the law	64	68	67	67	67	67	70	72+
Not getting a job/ pre-employment drug testing	65	64	64	63	67	67	69	70+
Losing their driver's license	54	57	56	57	58	60	62	61+
Dropping out of school	57	58	59	58	59	58	61	62+

+ = Significant vs. 1998 at the .05 level

Teen perceptions of the emotional risks of marijuana use, such as *acting stupidly and foolishly* and *getting depressed* are also significantly higher than in 1998 - while making their problems

worse has significantly increased over last year.

Marijuana: Emotional Risks



Teens today are more likely to see certain physical risks associated with marijuana use, such as *getting hooked on marijuana* and *driving dangerously*, than they were in 1998.

Marijuana: Physical Risks

% Great Risk	1998	1999	2000	2001	2002	2003	2004	2005
Going on to harder drugs	68	67	68	67	67	67	68	68
Getting hooked on marijuana	63	65	65	64	66	68	68	70+
Driving dangerously	61	66	66	65	64	66	68	70+

+ = Significant vs. 1998 at the .05 level

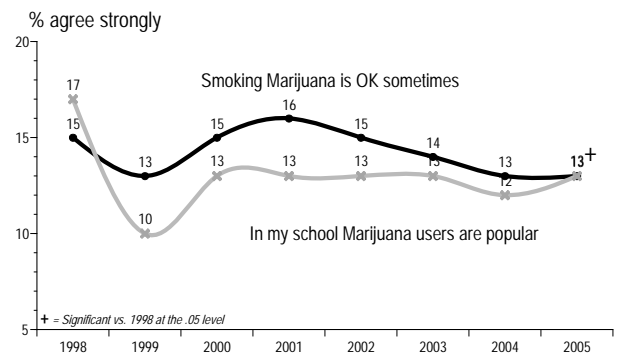
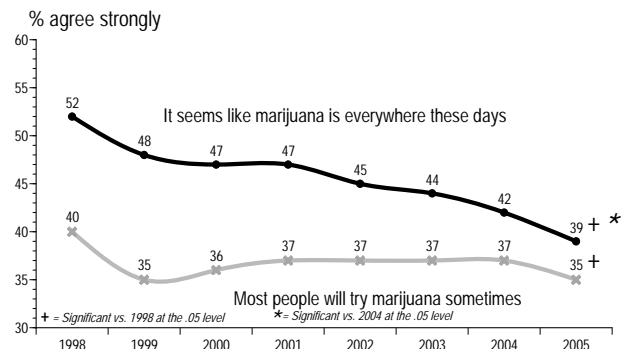
Short-term effects of marijuana include problems with memory and learning, distorted perception (sights, sounds, time, touch), loss of motor coordination, increased heart rate, and anxiety. For more information visit www.drugfree.org.

Marijuana use is becoming less pervasive and less socially acceptable among teens. Attitudes such as it seems like *marijuana is everywhere these days* or *most people will try marijuana sometimes* are lower than in 1998 and show signs of receding further.

Approval of smoking marijuana even sometimes has steadily fallen since 2001 and like the

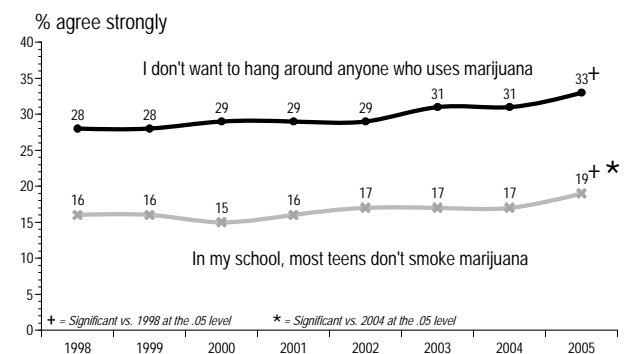
popularity of marijuana users in school is below the levels recorded in 1998.

Marijuana: Social Acceptability



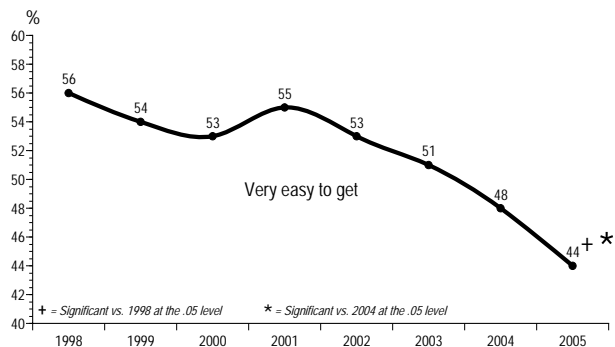
More and more children *don't want to hang around marijuana users* (significantly down since 1998) and significantly more teens now (vs. last year) agree that *most teens in their school don't smoke marijuana*.

Marijuana: Social Acceptability



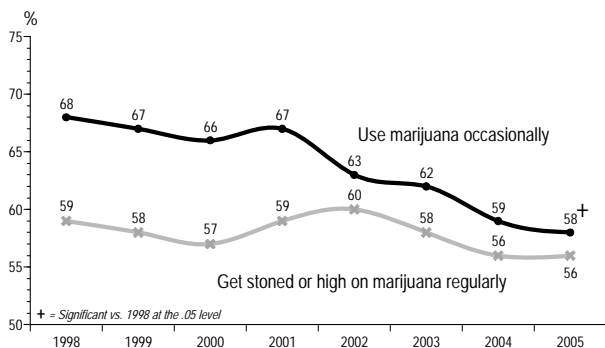
Perception of the availability of marijuana has fallen since 1998. It's decline has, in fact, been quite steady since 2001. This year availability is significantly below the level reported last year.

Marijuana: Availability



Teens are less likely today to report that their close friends use marijuana. Even occasional use among friends has dropped from 68 percent in 1998 to 58 percent in 2005. This is important because teens whose friends use drugs are more likely to use drugs themselves.

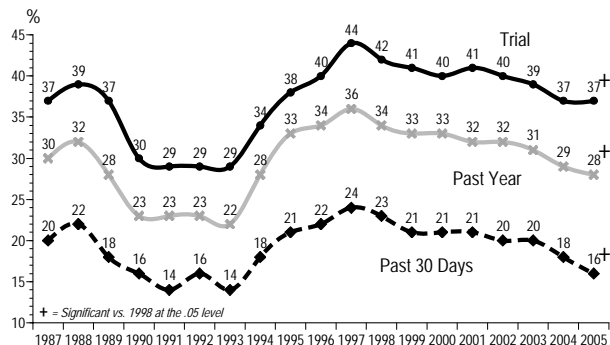
Marijuana: Friend's Use



In the early 90s, teen use of marijuana significantly increased, peaking in 1997. Since 1998, marijuana use has been declining slowly and in 2005 teens are significantly less likely now to have tried marijuana, to use it in the past year or

the past month.

Marijuana: Usage

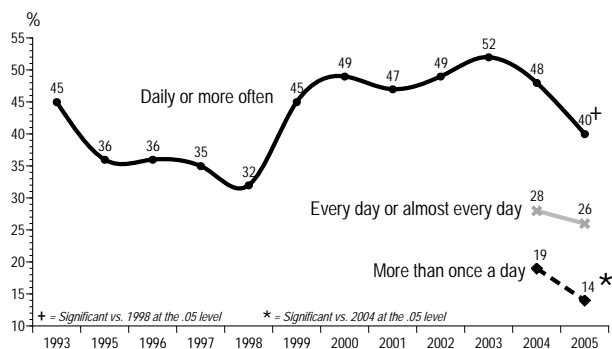


National Youth Anti-Drug Media Campaign

The National Youth Anti-Drug Media Campaign began in July of 1998. Its primary focus is advertising that targets adolescents' attitudes about and use of marijuana. The 1998 PATS data were collected prior to the launch of the National Media Campaign, and thus can be used as a baseline for the campaign.

For the second year since the campaign began, there has been a significant drop in the percentage of teens frequently exposed to anti-drug advertising (measured as seeing or hearing anti-drug advertising almost everyday or more).

Commercial Exposure: See / Hear Anti-Drug Commercials



Since 1998, teens are more likely to 'agree a lot' that the anti-drug messages *made you more aware of the risks of using drugs, encouraged you to talk to someone else about the risks of using drugs and made you less likely to try or use drugs*. All of these positive assessments of anti-drug advertising are significantly higher than in 1998.

But over the past year with its reduced campaign budget, there has been significantly fewer teens reporting that *these commercials have given them new information or told them things they didn't know*.

Effects of Anti-Drug Messages

% Agree a lot	1998	1999	2000	2001	2002	2003	2004	2005
Made you more aware of the risks of using drugs	31	36	39	38	43	42	41	38+
Given you new information or told you things you didn't know about drugs	31	33	37	36	43	44	41	37*+
Made you less likely to try or use drugs	30	35	37	36	40	40	41	39+
Encouraged you to talk to someone else about the risks of drugs	24	26	28	29	30	28	31	29+

+ = Significant vs. 1998 at the .05 level

* = Significant vs. 2004 at the .05 level

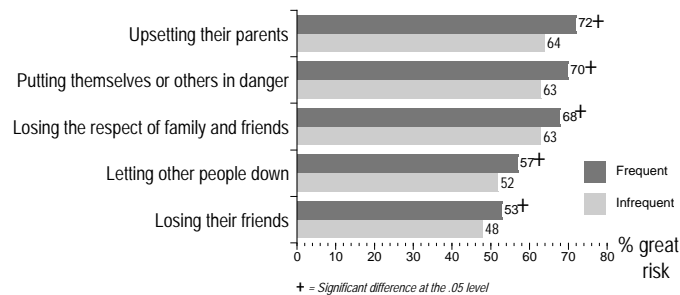
Relationship between Exposure and Attitudes

There is a positive relationship between exposure to the anti-drug messages and stronger anti-marijuana attitudes.

Teens who report frequent exposure (see ads almost every day or more) are significantly more likely than teens who report infrequent exposure (see ads less than once a week) to perceive risks in marijuana use.

The main focus of the National Youth Anti-Drug Media Campaign is the risks of marijuana use.

Relationship between Exposure and Attitudes



Sources of Information on the Risks of Drugs

In 2005 teens are just as likely to say *they learn a lot about the risks of drugs from TV commercials* than from their parents or grandparents. TV commercials as a source of information actually slid down from its grip on the most useful source of information last year to a tie with parents or grandparents this year.

Sources of Information on the Risks of Drugs

% Learned a lot about risks of drugs from...	1998	1999	2000	2001	2002	2003	2004	2005
Parents or Grandparents	27	30	29	30	31	32	30	31+
TV shows, news, or movies	26	28	29	28	30	32	33	29*
TV commercials	20	25	26	24	29	33	39	31*+
The Internet	13	15	17	21	22	22	24	23+
Outdoor billboards	12	13	15	15	19	20	20	18+
Radio	10	13	12	14	15	16	17	15+
Posters on buses, bus stops, or subways	11	11	13	13	15	17	16	15+

+ = Significant vs. 1998 at the .05 level

* = Significant vs. 2004 at the .05 level

None of the other sources of information about the risks of drugs increased over the past year. Teens are more likely to report learning 'a lot' about the risks of drugs from TV shows or movies, school posters, the internet, outdoor billboards, radio, posters on buses or subways, than in 1998, before the National Youth Anti-Drug Media Campaign began.

Teen reports of discussions with parents or grandparents about drugs are stable. Only-one quarter of teens (23 percent) report having such discussions frequently (four or more times a year). Two-thirds (65 percent) report having any drug conversation with their parents in the past year.

Frequency of Parents / Grandparents Talking about Drugs in the Past Year

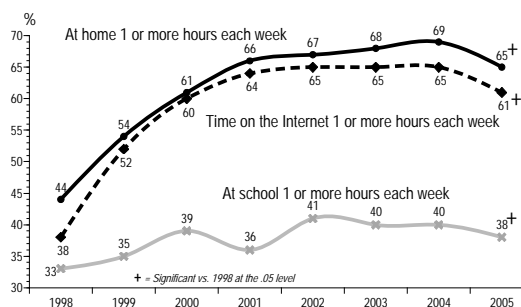
%	1998	1999	2000	2001	2002	2003	2004	2005
Spoke (net)	65	69	67	68	69	67	65	65
4+ times	22	24	24	25	26	23	23	23
2-3 times	22	24	25	24	25	24	23	23
1 time	21	21	18	19	18	20	20	19
Never	33	29	31	31	30	31	33	34

Teens' computer and internet use has risen substantially since 1998.

In 1998, 44 percent of teens reported spending one or more hours each week on a home computer. By 2005 two-thirds (65 percent) reported this frequency of computer use up 48 percent.

In 1998, 38 percent of teens reported spending one or more hours each week on the Internet. By 2005, 61 percent reported this frequency -- up 60 percent.

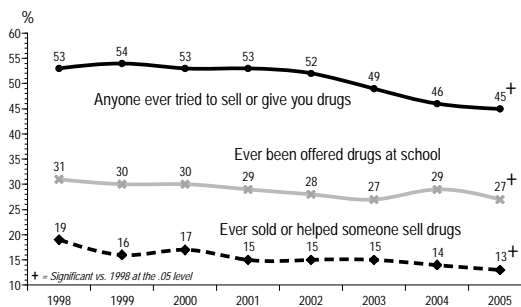
Computer Use



General Attitudes Toward Drugs

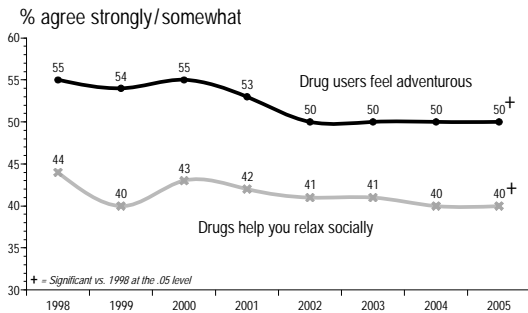
Exposure to Drugs -- *being offered or sold drugs anywhere or specifically at school or involvement in selling drugs* -- is significantly down since 1998. Of these three, *being offered drugs* (anywhere) has shown the most steady decline since 1999. Today, fewer than half the students in the 7th through 12th grades have been offered drugs.

Exposure to Drugs



Since 1998, drugs have lost some of their adventurousness image and social lubricating effects. There was a significant decrease from 1998 to 1999 in agreement that *drug users feel adventurous*, and *drugs help you relax socially*.

Reasons for Using Drugs

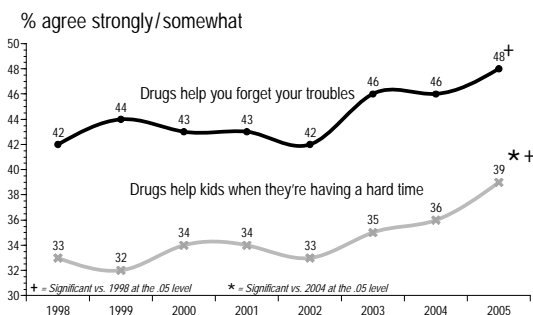


Moreover, drugs no longer share as much of the fun image they had in 1998. Significantly fewer children today in the 7th through 12th grades feel that *drugs are fun* or that *parties are more fun with drugs*.

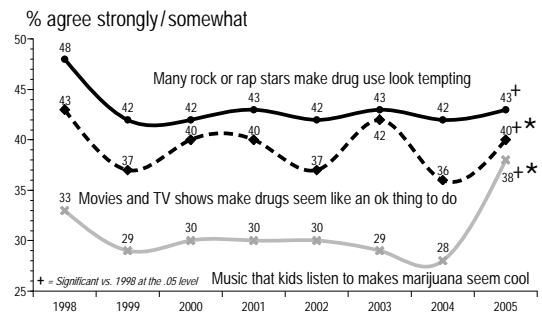
% Agree Strongly / Somewhat	1998	1999	2000	2001	2002	2003	2004	2005
Drugs are fun	33	30	32	32	30	30	29	28 ⁺
Parties are more fun with drugs	33	30	32	32	29	29	28	29 ⁺

⁺ = Significant vs. 1998 at the .05 level

However, perception that drug use has self-medicating benefits has risen significantly since 1998. Belief that kids use drugs because *drugs help you forget your troubles* or that *drugs help kids when they are having a hard time* have both risen over time.



Outside influences on drug use – rock stars, movies and music, for example – change periodically over time. In 2005, both TV shows and music have glamorized drug usage more so than last year.



Moreover, teens are currently more likely this year than last to believe *professional athletes use drugs sometimes*.

% Agree Strongly / Somewhat	2002	2003	2004	2005
Many professional athletes use drugs sometimes	54	53	52	55 [*]

^{*} = Significant vs. 2004 at the .05 level

Perceptions of the Most Physically Harmful Drugs

Since 1998, drugs like heroin, LSD, cocaine and crack have dropped significantly in terms of their most dangerous drug status while Ecstasy has risen. Methamphetamine – second only to heroin in terms of its ranking as a dangerous drug – has risen significantly vs. last year.

Most Physically Harmful

	1998	1999	2000	2001	2002	2003	2004	2005
Heroin	31	30	28	29	27	23	20	21 ⁺
Methamphetamine	13	14	14	11	9	10	12	15 [*]
Ecstasy	5	5	7	11	12	14	14	14 ⁺
Marijuana	8	7	7	8	7	10	9	9
Crack	11	9	10	8	9	8	8	8 ⁺
LSD	8	8	8	6	7	6	6	6 ⁺
Cocaine	9	9	7	7	7	8	6	5 ⁺
Inhalants	6	6	7	8	6	4	4	5
Prescription drugs	NA	NA	NA	NA	4	4	4	4

⁺ = Significant vs. 1998 at the .05 level

^{*} = Significant vs. 2004 at the .05 level

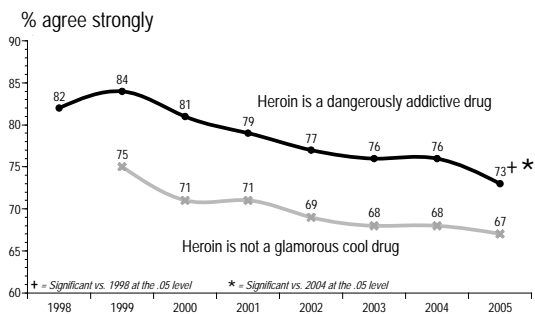
Heroin

Heroin is an opiate, derived from the morphine in certain poppy plants. All uses of heroin – whether snorted, smoked or injected – are highly addictive.

Effects can include euphoria, drowsiness, clouded mental functioning and depressed respiration. Warning signs include slowed and slurred speech, slow gait, droopy eyelids and vomiting. For more information on heroin go to www.drugfree.org and visit the Drug Resource.

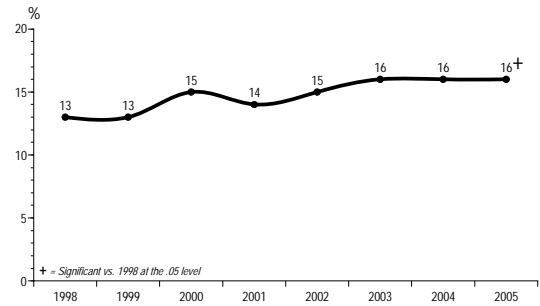
Teens in 2005 are less likely to see risks in heroin use. Belief that heroin is a *dangerously addictive drug* is significantly less common than in 1998 and has also dropped significantly vs. last year -- belief that *heroin is not a glamorous cool drug* has fallen marginally since its addition to the survey in 1999.

Heroin: Risks



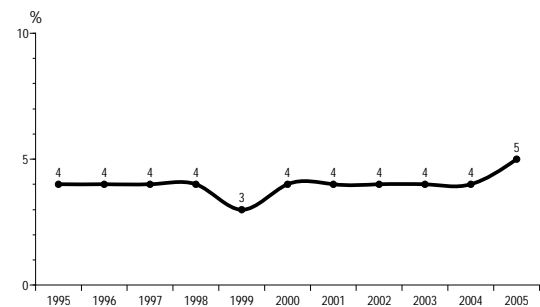
About one in seven (16 percent) teens reports having close friends who have ever tried heroin. This is significantly higher than in 1998.

Heroin: Friend's Use



Relatively few teens (5 percent) have ever tried heroin – although there was a slight upturn in 2005. This has remained fairly stable throughout the survey in spite of the decreases in perception of risk and increased use by friends.

Heroin: Lifetime Use



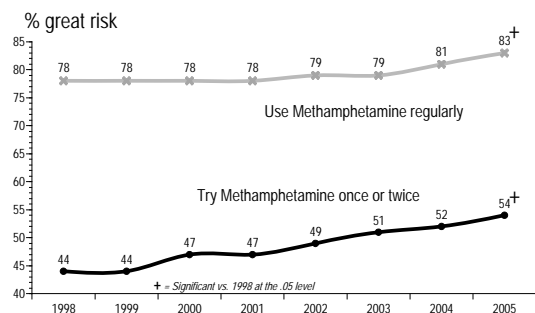
Methamphetamine

Methamphetamine ('meth', 'speed', 'ice' or 'crystal') is a synthetic stimulant made in makeshift laboratories from ingredients including pseudoephedrine, battery acid and paint thinner. It is highly addictive and can cause heart attacks and death. Long term use can cause paranoia, delusions and violent behavior.

Warning signs of meth use include insomnia, decreased appetite and possible weight loss, increased agitation or physical activity, excited speech and repetitive actions such as cleaning and grooming or sorting/ disassembling objects. For more information go to www.drugfree.org.

Teen perceptions of risk in both trying meth or using it regularly has steadily increased over last three years and are significantly higher than in 1998.

Methamphetamine: Risks



All the specific risks of methamphetamine use – *getting hooked on methamphetamine, becoming violent, dropping out of school, becoming paranoid and getting depressed* – are stable with last year and significantly higher than in 1998.

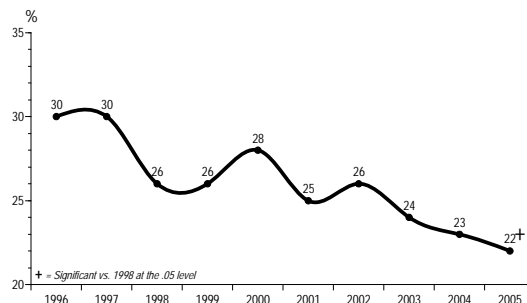
Methamphetamine: Specific Risks

% Great Risk	1998	1999	2000	2001	2002	2003	2004	2005
Getting hooked on Methamphetamine	77	79	79	78	81	79	81	82+
Becoming violent	72	75	74	73	75	75	75	76+
Dropping out of school	67	70	70	68	71	71	72	72+
Becoming paranoid	64	66	68	66	69	70	69	69+
Getting depressed	56	60	61	60	63	64	64	63+

+ = Significant vs. 1998 at the .05 level

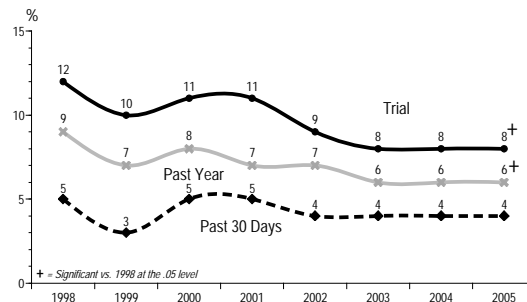
Teen reports of having close friends who use meth are significantly lower than 1998 and have been dropping over the past four years.

Methamphetamine: Friend's Use



Use of meth appears to be stabilizing, with no changes in lifetime trial, past year use or past month use between 2003 and 2005. All measures of meth use are significantly below 1998 levels. 8 percent of teens have tried meth, 6 percent have used it in the past year and 4 percent in the past month.

Methamphetamine: Lifetime Use



Ecstasy

MDMA or Ecstasy (3-4-methylenedioxymethamphetamine) is a synthetic drug with amphetamine-

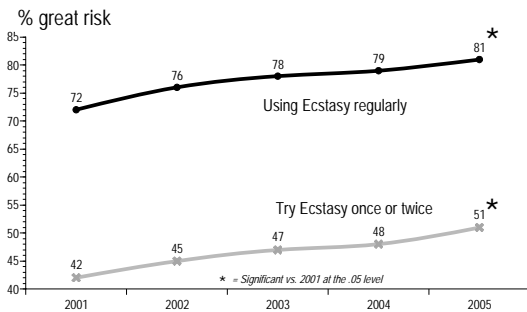
like and hallucinogenic properties.

In 2001, teen experimentation with Ecstasy was rapidly increasing, climbing 71 percent between 1999 and 2001. Nearly 3 million teens had tried it and a full 13 million did not see 'great risk' in trial, leaving them at risk to use Ecstasy.

Based on decades of research which show that drug use is directly affected by the level of risk perceived in its use, the Partnership launched a campaign in 2002 to increase young people's perception of the risks of trying Ecstasy.

Teen perception of 'great risk' in trying Ecstasy once or twice has increased significantly between 2001 and 2005. More than half (51 percent) perceive 'great risk' in trying Ecstasy once or twice and over eight in ten (81 percent) see 'great risk' in regular use.

Ecstasy: Risks



Teen are more likely to see specific risks such as *getting hooked on Ecstasy, dying and getting depressed in using Ecstasy* than they were in 2001, before the campaign began.

% Great Risk	2001	2002	2003	2004	2005
Getting hooked on Ecstasy	73	77	78	78	79*
Dying	72	75	78	78	78*
Getting depressed	51	55	57	58	58*

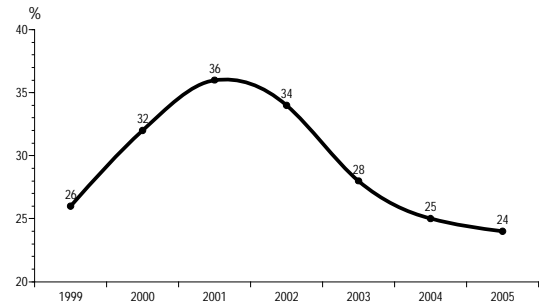
+ = Significant vs. 1998 at the .05 level

Effects of Ecstasy can include feelings of peace-

fulness and acceptance, a loss of inhibitions, involuntary teeth clenching, severe dehydration and hyperthermia potentially leading to muscle breakdown and organ failure. After-effects can include anxiety and depression. For more information visit: www.drugfree.org.

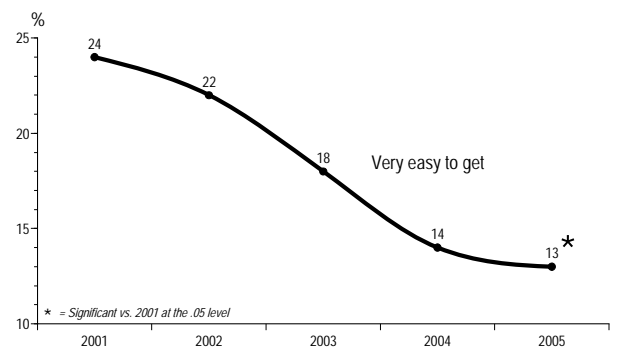
Reports of having close friends who use Ecstasy has fallen since 2001, at the peak of Ecstasy use.

Ecstasy: Friend's Use



Perception that Ecstasy is 'very easy to get' declined sharply between 2002 and 2003 and then again between 2003 and 2004. It's continued decline can be seen in 2005. Today, one in seven teens (13 percent) say Ecstasy is 'very easy' for them to get, compared to one in four teens (24 percent) in 2001.

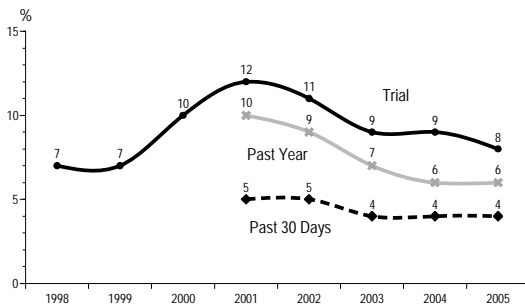
Ecstasy: Availability



Over the past year measures of Ecstasy use have

remained fairly stable, with trial or lifetime use at 8 percent, past year use at 6 percent and past month use at 4 percent. Both trial and past year use are significantly below the peak in 2001.

Ecstasy: Lifetime Use



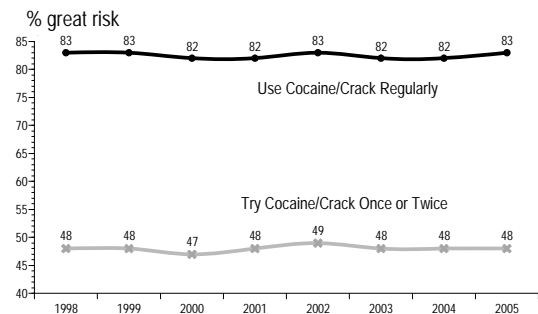
Cocaine / Crack

Cocaine and crack are powerfully addictive stimulants made from the coca plant. Cocaine comes in powdered form and is snorted or dissolved into liquid and injected. Crack comes in small crystal rocks which are smoked, creating the crackling sound the drug is named after.

Cocaine can make the user feel euphoric, energetic, talkative, and mentally alert. It can also temporarily decrease the need for food and sleep. These effects are short lived and once the drug leaves the brain the user experiences a "coke crash" – depression, irritability, and fatigue. For more information go to www.drugfree.org and visit the Drug Resource.

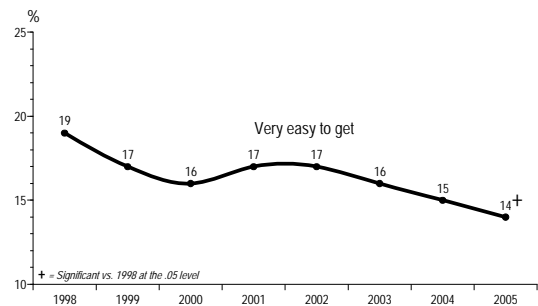
Teens' perception of great risk in trying or regularly using cocaine or crack has remained stable over the past decade. Nearly half of teens (48 percent) see 'great risk' in trying the drug once or twice and four out of five (83 percent) see 'great risk' in regular use.

Cocaine / Crack: Risks



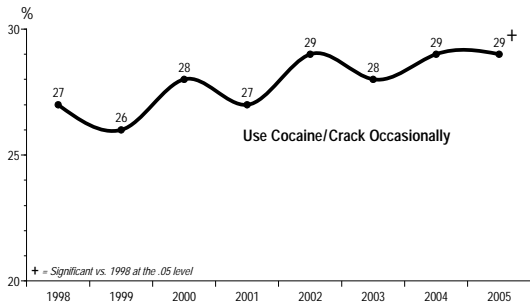
Teens are less likely to say cocaine/crack is 'very easy to get' than they were in 1998. Perceived availability has, in fact, continued to slide since 2002.

Cocaine / Crack Availability



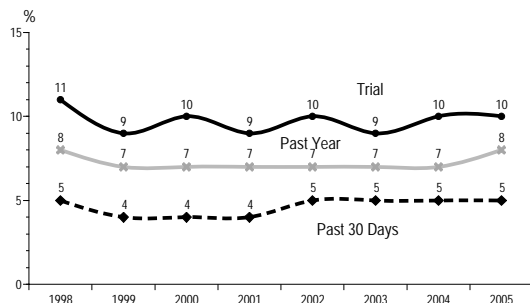
Teen reports of having friends who use cocaine or crack remain stable. About three in ten (29 percent) teens say close friends use cocaine or crack occasionally.

Cocaine / Crack: Friend's Use



Use of cocaine or crack – either lifetime trial, past year, and past month – remains stable.

Cocaine / Crack: Lifetime Use



LSD

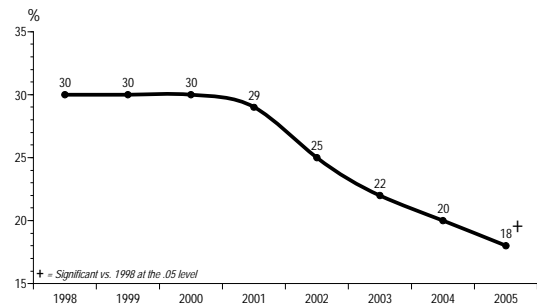
LSD (lysergic acid diethylamide), or 'acid,' is a hallucinogen usually soaked into small squares of paper called 'tabs' or 'hits.' It also can be found in liquid form or on sugar cubes, a popular form in the 1970's.

LSD is known for causing hallucinations, which can include visual disturbances and distortion of the user's sense of time and self. Effects are unpredictable and highly dependent on the setting and the dose. Flashbacks and long-lasting psychoses, such as schizophrenia or severe depression, are also possible.

Signs to look for are dilated pupils, loss of appetite, increased wakefulness, and transfexion on visual stimuli. For more information go to www.drugfree.org.

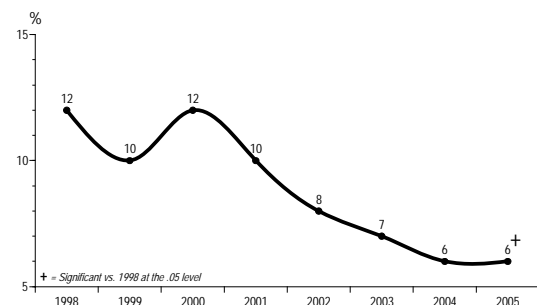
Use of LSD has declined sharply over the past seven years. In 2005, fewer than one-fifth of teens (18 percent) reported having close friends who use LSD, compared to 30 percent in 1998.

LSD: Friend's Use



Only six percent of today's teens report ever having tried LSD, a 50 percent decline in use since 1998. Trial of LSD continues to be at the lowest point ever recorded by this survey.

LSD: Lifetime Use



Inhalant Abuse

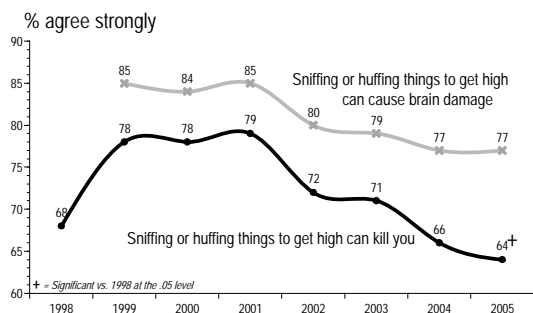
Inhalants are ordinary household products that

are inhaled or sniffed by children to get high. There are hundreds of household products on the market today that can be misused.

Effects of inhalants can include a rapid high similar to alcohol intoxication –i.e. initial excitation, then drowsiness, disinhibition, lightheadedness, and agitation. Anesthesia, a loss of sensation, and even unconsciousness are also possible. Sniffing highly concentrated inhalants can directly induce heart failure and death (“sudden sniffing death”) even the first time. Chronic abuse of solvents can cause severe, long-term damage to the brain, the liver, and the kidneys. For more information go to www.drugfree.org.

In 1995, the Partnership launched a campaign aimed at reducing inhalant abuse. Between 1995 and 2001, teen perceptions of risk in inhalant abuse significantly increased and inhalant abuse declined. However, since 2001, there has been a significant decrease in perception of risk in inhalant abuse. 64 percent of teens in 2005 agree strongly that *inhalants can kill you*, down 19 percent from 2001. 77 percent of teens in 2005 agree strongly that *inhalants can cause brain damage*, down 9 percent from 2001. Falling perception of risk in inhalant abuse is troubling because lower perceptions of risk usually correlates with increases in drug use.

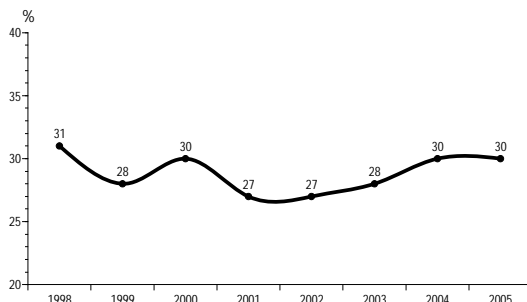
Inhalants: Risks



Teens are as likely to report having close friends

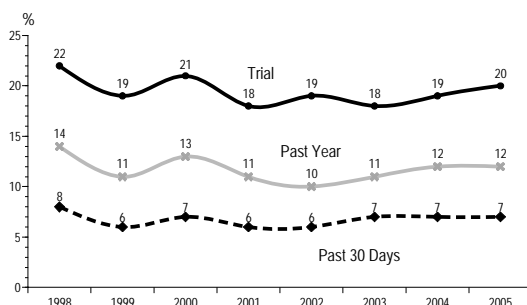
who abuse inhalants as they have been in the past. Three in ten have a close friend who uses Inhalants.

Inhalants: Friend's Use



Trial of inhalants has slowly crept up over the past three years. One in five teens (20 percent) have tried inhalants.

Inhalants: Lifetime Use



GHB and Ketamine

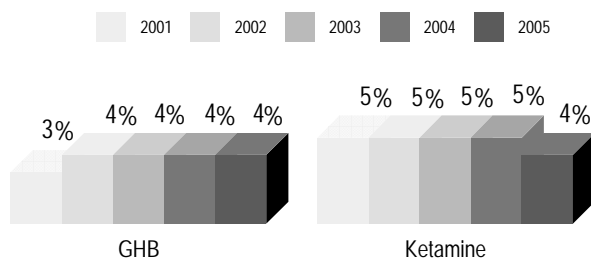
GHB (gamma-hydroxybutyrate) is predominantly a depressant. Effects can include relief of anxiety and relaxation. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. Combining GHB with other drugs such as alcohol can cause difficulty breathing.

Ketamine hydrochloride, or “Special K” is a

depressant and a rapid-acting general anesthetic, legally used in veterinary practice. It can cause sedative-hypnotic, analgesic, and hallucinogenic effects. For more information go to www.drugfree.org.

Very few teens have ever tried GHB or Ketamine (currently 4 percent for both) with lifetime use being stable.

GHB and Ketamine Use



Prescription Medicine Abuse

The 2005 PATS survey expanded coverage of prescription medicine abuse to include why someone might use them, agreement / disagreement statements regarding attitudes toward them, risk, availability, friends' use and personal use.

Prescription medications can be extremely helpful to those for whom they are prescribed. However, non-medical use of these substances can lead to serious health risks including addiction.

About half of teens do not see a great risk in abusing prescription medicine.

% Great Risk	2004	2005
Trying prescription pain relievers such as Vicodin, OxyContin or Tylox that a doctor did not prescribe for you	48	44*
Trying the prescription drugs Ritalin or Adderall that a doctor did not prescribe for you	54	51*

* = Significant vs. 2004 at the .05 level

The primary reasons for abusing prescription pain relievers is their widespread availability and generally easy access. They are also generally cheap and have less of a stigma attached to their use. They are also relatively easy to get on the internet and generally are regarded as safer than 'street drugs.'

Over 7 million teens agree that it is easy to purchase prescription pain relievers over the internet.

Prescription Pain Reliever Abuse: Reasons for Use

%	
Easy to get from parents' medicine cabinets	62
Are available everywhere	52
Easy to get through other people's prescriptions	50
Teens can claim to have a prescription if caught	49
They are cheap	43
Easy to purchase over the Internet	32
They are not illegal drugs	51
Safer to use than illegal drugs	35
Less shame attached to using	33
Fewer side effects than street drugs	32
Can be used as study aids	25
Parents don't care as much if you get caught	21

The safety aspect of using prescription medicines is clearly not well assessed by many teens. A majority of teens agree that *prescription drugs are easier to get than illegal drugs* and four out of ten believe *they are much safer to use than illegal drugs* – even if they weren't prescribed by a doctor. Roughly three out of ten also agree that *there is nothing wrong with using prescription medicines once in a while* and that *prescription pain relievers are not addictive*.

Prescription Medicine Abuse: Attitudes

% Agree Strongly / Somewhat	
Prescription drugs are easier to get than illegal drugs	56
Prescription drugs, even if they are not prescribed by a doctor, are much safer to use than illegal drugs	40
There is nothing wrong with using prescription drugs without a doctor's prescription once in a while	31
Prescription pain relievers, even if they are not prescribed by a doctor, are not addictive	29

Almost 2 out of 5 teens (37 percent) report having friends that abuse prescription pain relievers and nearly 3 out of 10 report having friends that abuse prescription stimulants.

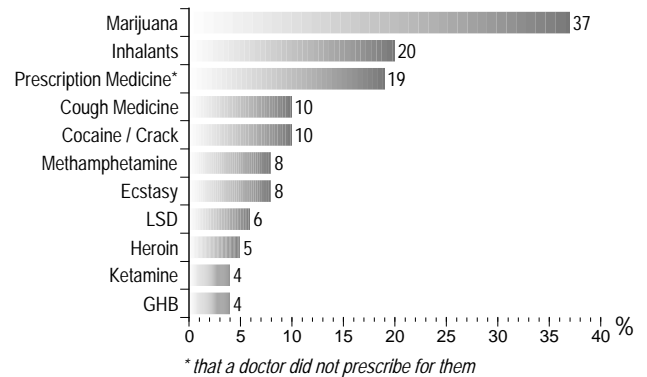
Prescription Medicine Abuse: Friend's Use

%	2004	2005
Use prescription pain relievers such as Vicodin, OxyContin or Tylox, that a doctor did not prescribe for them	37	37
Use the prescription drugs Ritalin or Adderall that a doctor did not prescribe for them	29	29

+ = Significant vs. 1998 at the .05 level

Abuse of prescription medicines sits in the middle of the teen drug use continuum — less common than marijuana and more common than other drugs.

Prescription Drug Abuse: Lifetime Use



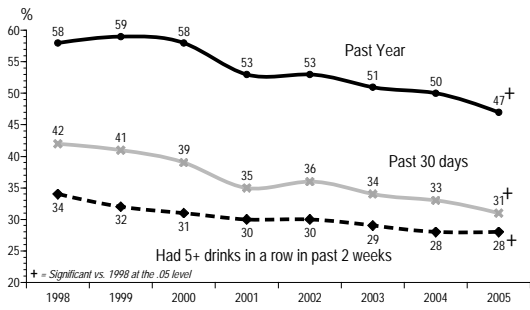
Over-the-Counter Cough Medicines

By 2005, 45 percent of teens believe abusing cough medicines to get high is risky -- significantly higher than last year when 40 percent believed this. But actual use of cough medicine to get high remained stable (9 percent in 2004; 10 percent in 2005).

Alcohol and Cigarettes

All measures of teen alcohol use – past year, past month and binge drinking – have dropped significantly since 1998.

Alcohol Use



Past month use of cigarettes use is nearly half of what it was in 1998, dropping from four in 10 teens (42 percent) smoking in 1998 to slightly more than one-fifth (22 percent) in 2005.

Cigarette Use

