

2010 PARTNERSHIP ATTITUDE TRACKING STUDY

Sponsored by MetLife Foundation

Teens and Parents

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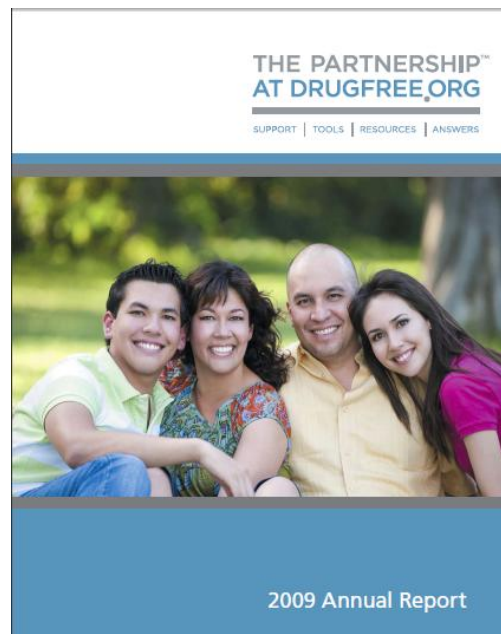
MetLife Foundation

THE PARTNERSHIP™ AT DRUGFREE.ORG

The Partnership at Drugfree.org is a nonprofit organization that helps parents prevent, intervene in and find treatment for drug and alcohol use by their children. Bringing together renowned scientists, parents experts and communications professionals, this public health nonprofit translates current research on teen behavior, parenting, addiction and treatment into easy-to-understand resources at drugfree.org.

The organization also reaches families through its [community education programs](#) which focus on local drug and alcohol issues of concern for parents, youth and the Hispanic community.

The Partnership at Drugfree.org depends on donations from individuals, corporations, foundations and the public sector and is thankful to SAG/AFTRA and the advertising and media industries for their ongoing generosity.



The Partnership at Drugfree.org exists to help parents prevent, intervene in and treat drug and alcohol use by their children

MetLife Foundation

For more than 20 years, MetLife Foundation has provided support for initiatives focusing on substance abuse prevention and education.

Since 1999, the Foundation has collaborated with The Partnership at Drugfree.org on a national public awareness campaign to help parents and caregivers communicate with children about the risks of drug use.

MetLife Foundation was established in 1976 by MetLife to carry on its long-standing tradition of corporate contributions and community involvement.

For more information about the Foundation, visit [MetLife.org](https://www.metlife.org).

THE PARTNERSHIP ATTITUDE TRACKING STUDY, SPONSORED BY METLIFE FOUNDATION

The 2010 Partnership Attitude Tracking Study, sponsored by MetLife Foundation, consists of two nationally projectable samples: a survey that measures attitudes and behaviors of parents with children ages 10 to 19 that relate to substance abuse and a teen sample for students in grades nine through 12. The 2010 survey is the 22nd wave of research conducted since 1987. Beginning in 1993 the teen study has been conducted in schools and since 1995 the parents sample has been conducted in homes. Respondent confidentiality was maintained for both studies. Prior to those years the studies were conducted by interviews in central location malls.

Since 2007, deKadt Marketing and Research, Inc has conducted the in-home parent survey and since 1993, GfK Roper Public Affairs & Corporate Communications has conducted the teen study. In 2010, the parents/caregivers sample was 831 and surveying was conducted from August to October 2010. The margin of error for the parent sample is +/- 3.4 percent. In 2010 the teen sample was 2,544, and surveying was conducted from March to June 2010. The margin of error for the teens sample is +/- 3.6 percent.

Significant differences on tables, charts or graphs in this report are at the .05 level are noted with an asterisk.

*** = Significant at .05 level**

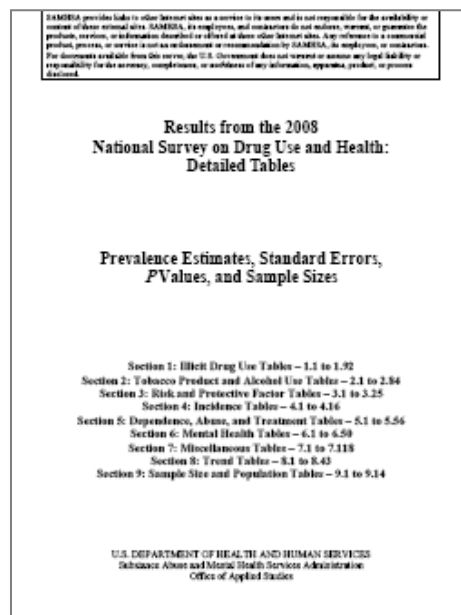
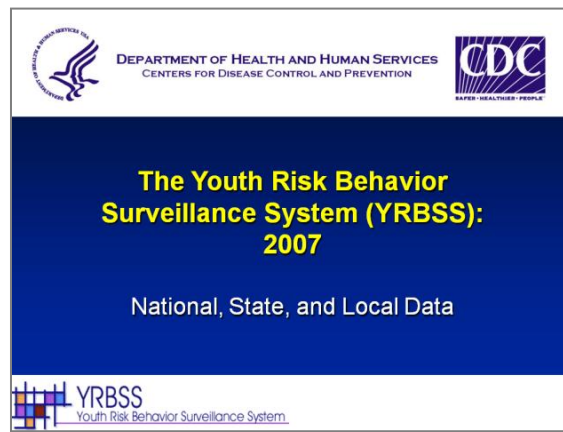
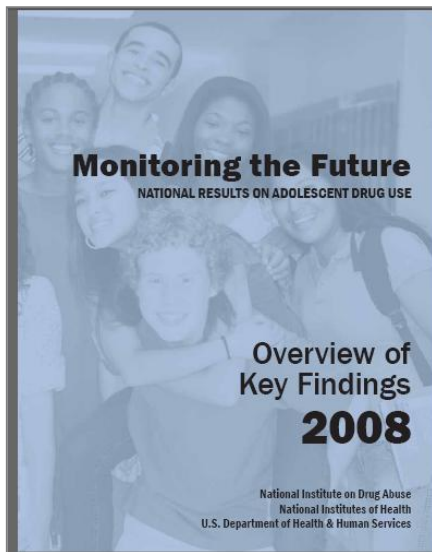
Data points from the 2006 teen survey are omitted, because the investigators believe them to be inaccurate due to sampling error.

QUESTIONNAIRE DEVELOPMENT

deKadt Marketing and Research and GfK Roper Public Affairs & Corporate Communications developed the questionnaires in cooperation with The Partnership at Drugfree.org® and MetLife Foundation.

SELF-REPORTED DATA

These studies are based on self-reported data which represent the dominant methodology used in survey research. Many academic and government institutions use self-reporting data when researching sensitive issues, for example, Centers for Disease Control (*Youth-At-Risk Surveys*), University of Michigan (*Monitoring the Future Study*), and the U.S. Department of Health and Human Services (*National Survey on Drug Use and Health*).



EXECUTIVE SUMMARY

A DISTURBING TREND CONFIRMED

The significant increases in adolescent abuse of marijuana and Ecstasy reported in the 2009 teen survey are confirmed by the 2010 data.

- All measures of marijuana use (ever tried, past year, past month) continue last year's significant increases versus 2008.
- Past year and past month Ecstasy use continue last year's significant increases versus 2008.

The 2010 data also indicated that downward trends in LSD and cigarette use, which began flattening out in 2007, may be poised for an increase.

NORMALIZING UNDERAGE DRINKING

New data from the study on alcohol use shows that drinking is often considered to be acceptable behavior among teens – less risky and more approved of than abuse of other substances. These beliefs are critically important: data from the University of Michigan's annual "Monitoring the Future" survey of 8th, 10th and 12th grade high school students, going back to 1975, show that teens' perceptions of the risk and social disapproval of drug use correlate very closely with drug taking behavior – more closely than demographic characteristics such as race / ethnicity, socio-economic status or geography.

The average age of first use among teens is 14 years old. One quarter had their first drink by the age of 12 and by age 15 six out of 10 teens have had their first drink. Age of first use is critically important: research has shown that more than 40 percent of those who start drinking at age 14 or younger developed alcohol dependence, compared with 10 percent of those who began drinking at age 20 or older.

Underlying this abuse of alcohol among teens is a low sense of risk in use. Almost half of teens do not see a "great risk" in heavy daily drinking.

In addition only one in three strongly disapprove of "getting drunk" which means that seven out of 10 do not strongly disapprove of the behavior.

Teens believe that alcohol is drunk by kids because it is fun, makes parties more fun, and helps them fit in with their peers and not feel left out. Teens who have drunk alcohol in the past year say the primarily reason why they do it is because it is fun.

At the same time, while having fun and social motivations are the most frequently endorsed reasons for use, over a third of teens are drinking to cope with problems. Drinking alcohol for coping reasons in adolescence is a predictor of later problem use.

About one in seven teens feels they may have a problem with alcohol – either reporting they are worried about their drinking or they drink because it is a habit. Again, heavy alcohol use at an early age, when teens' brains are still developing, can alter reward pathways in the brain and foreshadow later problem use.

Parents concede that they think most teens will try beer occasionally; however, the majority doesn't believe their child has drunk alcohol at all.

OTHER TRENDS IN SUBSTANCE ABUSE

Prescription drug abuse, cocaine/crack, methamphetamine, inhalants, heroin, and alcohol abuse remain stable versus 2009.

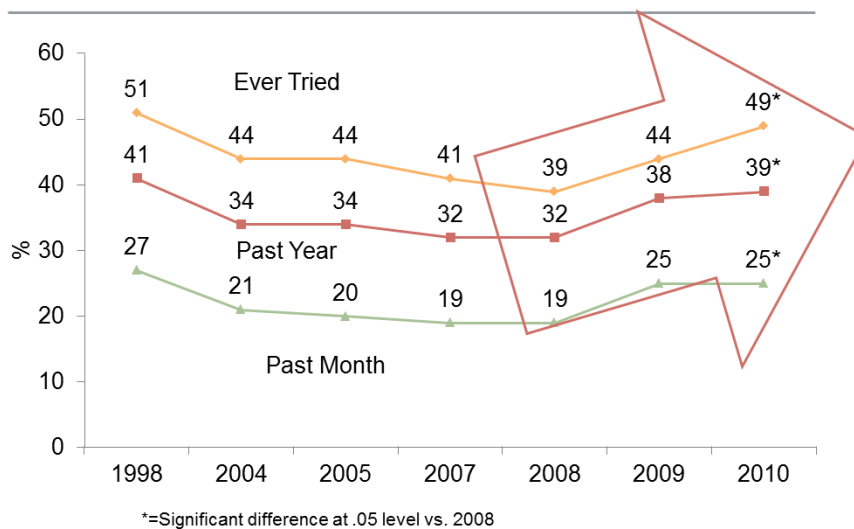
A DISTURBING TREND CONFIRMED

From 1998 to 2008 teen abuse of alcohol and illegal drugs significantly decreased. Among 9th through 12th graders past year alcohol and marijuana use decreased by 30 percent, and past year methamphetamine abuse was down by 60 percent.

After a decade of declines in teen use of drugs and alcohol, The Partnership Attitude Tracking Study in 2009 study of teens found upswings in marijuana and Ecstasy abuse. The 2010 study confirms those significant increases versus 2008.

In 2010 teens in grades nine through 12 were significantly more likely than in 2008 to have smoked marijuana. Almost half of teens (49 percent) report lifetime trial of marijuana and four out of ten (39 percent) report past year use. One quarter (25 percent) report smoking marijuana in the past month, which translates into over four million 9th – 12th graders smoking marijuana in the past month. In just two years, nearly all the progress made between 1998 and 2008 in reducing teen use of marijuana has been lost.

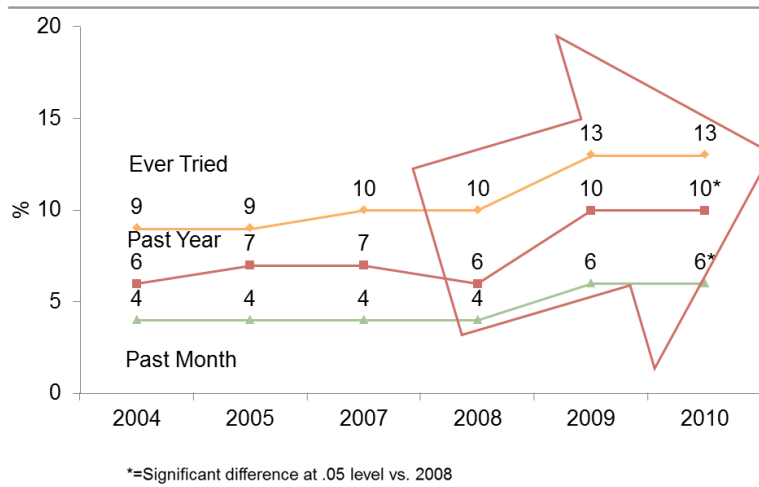
Marijuana



During the same time period, past year and past month abuse of Ecstasy also significantly increased. One in ten report using Ecstasy in the past year and six percent report using the drug in the past month. That translates into about one million 9th through 12th graders using Ecstasy in the past month.

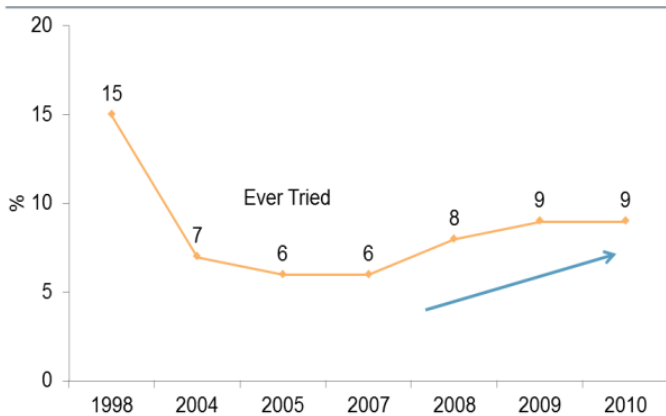
MDMA or Ecstasy (3-4-methylenedioxymethampheta-mine) is a synthetic drug with amphetamine-like and hallucinogenic properties. It is classified as a stimulant.

Ecstasy

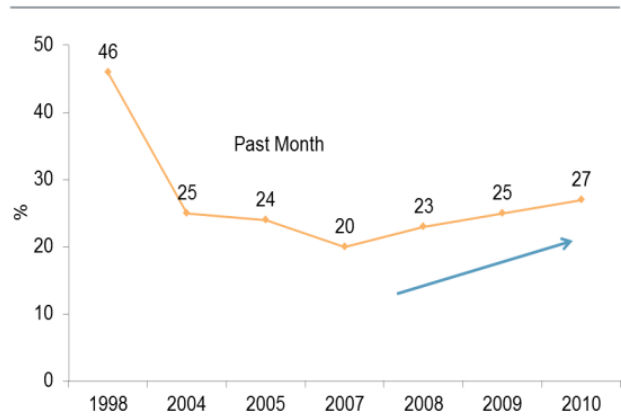


The 2010 data also indicate a potential increase beginning in 2007 in LSD and cigarette use among teens. Smoking among teens is especially important because it is a predictor of adult behavior.

LSD



Cigarette Use

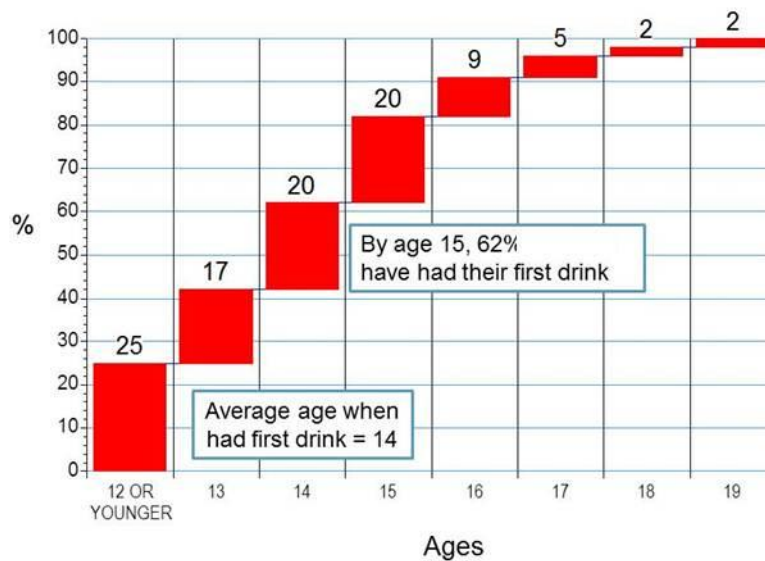


NORMALIZING UNDERAGE DRINKING

New data from the study on alcohol use shows that teen alcohol use is often considered to be acceptable behavior among teens – less risk and more approved of than other substances of abuse.

A new question was asked to determine age of first use: “Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. A “drink” is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)”

Age at Which Teens Who Reported Drinking Had First Alcoholic Drink



Among teens the average age when they had their first drink is 14. One-quarter (25 percent) of teens have had their first drink at age 12 or younger and by age 15, six out of ten (62 percent) have had their first drink. According to the National Survey on Drug Use and Health, persons reporting first use of alcohol before age 15 were more than five times as likely to report past year alcohol dependence or abuse as persons who first used alcohol at age 21 or older. (SAMHSA, 2003, NSDUH)

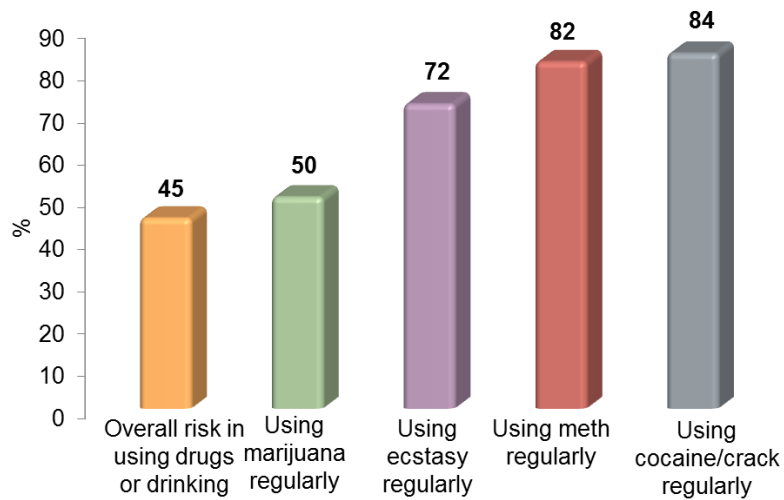
Almost half (45 percent) of teens do not see “great risk” in heavy daily alcohol use.

Almost half (45%) do not see a “great risk” in heavy daily drinking

% Great risk	2010
Drinking one or two drinks nearly every day	27
Drinking four or five drinks nearly every day	55
Drinking five or more drinks nearly every day	55

Of all of the substances measured in the study alcohol use has the lowest perception of risk. Other research has shown that perception of risk is a key predictor of future use. (Monitoring the Future).

Perceptions of “Great Risk”



In addition, social disapproval has been shown to be a key predictor of future adolescent use. Compare to the other substances in the study, “getting drunk” is the least socially disapproved activity.

Disapprove of teens your age...

% Strongly disapprove	2010
Using heroin	65
Using cocaine	63
Using LSD	61
Sniffing or huffing things like glue, gas, or sprays to get high	59
Using prescription pain reliever OxyContin to get high	55
Using prescription pain reliever Vicodin to get high	53
Using marijuana	42
Getting drunk	31

Alcohol is perceived to be readily available with a majority saying they have friends who drink. Teens often exaggerate the number of friends who drink or use drugs; so “friends use” is more often used as a measure of social acceptability than prevalence.

Roughly 6 out of 10 think alcohol is readily available


% Very easy to get	2010
Beer or some other alcoholic beverage	58

7 out of 10 report having friends' who drink alcohol

%	2010
Drink an alcoholic beverage at least once a week	73

Teens believe that their peers drink alcohol for fun, to fit in and not feel alone.

Perceived reasons for alcohol use: fun & fitting in

% Agree strongly/somewhat	2010
Kids use alcohol because it is fun	71 
Kids use alcohol because it improves parties and celebrations	71
Kids use alcohol so they won't feel left out	69
Kids use alcohol to fit in with a group they like	68
Kids use alcohol to be liked	67
Kids use alcohol to forget about their problems	63
Alcohol helps you enjoy a party	58
Alcohol makes social gatherings more fun	53
Alcohol gives you a pleasant feeling	52
Alcohol helps you when you feel depressed or nervous	42
Alcohol helps cheer you up when you are in a bad mood	42
Kids use alcohol to get high	38

For teens the perceived benefit and the delivered benefit jibe. “To have fun” is also the primary reason past year drinkers give for their use. Importantly, about one in seven teens (14 percent) report that drinking is “a habit, I can’t stop.”

Stated reasons for last use of alcohol

% Main Reason why Tried Alcohol (Base = Past year drinkers of alcohol)	2010
To have fun	60 
To help me relax	28
Because being high feels good	20
To help me forget my troubles	32
To help deal with problems at home	24
To deal with pressures and stress of school	20
To feel better about myself	19
Don't know why	28
To look cool	22
It's a habit, I can't stop	14 

Another indication of a group of teens in trouble with alcohol is the concern they report about their own drinking. About one in seven report being “worried that you have drunk too much alcohol.”

Concerns During the Past Year

% Yes	2009	2010
Have you ever worried that you have drunk too much alcohol	19	15*

*=Significant at .05 level

Teens are more likely to think their parents would be ok if they drank beer once in a while; only about one in ten parents agree with teen drinking.

1 in 3 teens say it's ok to drink

% Agree strongly/somewhat	2010
My parents would be OK if I drank beer once in a while	32

Parents disagree

% Agree strongly/somewhat	2010
It is ok if my child/teen drinks alcohol sometimes	12
It is ok if my child/teen drinks beer at a party if there is adult supervision there	10

There is also a significant segment of parents who do not feel that teens can be prevented from drinking alcohol.

More than 1 in 4 parents don't feel they can prevent alcohol use

% Agree strongly/somewhat	2010
There is very little parents can do to prevent their kids from trying alcohol	28

While a majority of parents expect teens to experiment with alcohol, they do not include their own children in that group.

Majority of parents expect teens will drink beer

% Agree strongly/somewhat	2010
It is expected that most teens will try beer occasionally	68

Classic "Not my kid"

%	2010
I don't think my child/teen has drunk alcohol at all	63

PRESCRIPTION DRUG ABUSE

Perception of risk in prescription pain reliever abuse remains stable versus last year. In 2010 OxyContin and Vicodin were asked separately.

Perceptions of Risk

% Great Risk	2004	2005	2007	2008	2009	2010
Trying prescription pain relievers such as Vicodin, OxyContin or Tylox that a doctor did not prescribe for you	46	44	44	44	45	NA
Trying the prescription pain reliever OxyContin without a doctor's prescription	NA	NA	NA	NA	NA	49
Trying the prescription pain reliever Vicodin without a doctor's prescription	NA	NA	NA	NA	NA	42

One area of potential improvement is the significant decrease in the perceived availability of prescription drugs.

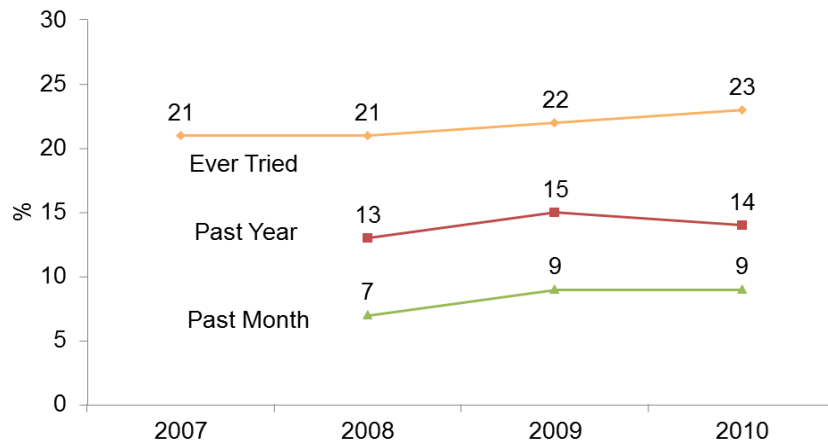
Attitudinal Trends: Prescription Drug Abuse

% Agree strongly/somewhat	2008	2009	2010
Prescription drugs are available everywhere	42	55	38*
It is easy to get prescription drugs from parent's medicine cabinets	56	63	47*
Most teens get prescription drugs from their own family's medicine cabinets	59	62	51*
Most teens get prescription drugs from their friends	53	62	49*

*=Significant at .05 level

Corresponding to the stability in perceived risk in pain reliever abuse, all measures of abuse remained stable.

Prescription Pain Reliever (Not Prescribed by a Doctor)



Teens continue to report that their parents do not talk to them about the risks of prescription drugs at the same levels of other substances of abuse.

Substances parents have discussed

%	2008	2009	2010
Beer/alcohol	79	79	81
Marijuana	79	79	77
Cocaine/crack	36	35	30
Prescription pain reliever without a doctor's prescription	20	20	23
Any prescription drug used without doctor's prescription	21	20	22
Heroin	23	23	21
Ecstasy	21	20	21
Methamphetamine	23	21	21
Non-prescription cold/cough medicine to get high	15	14	15
Steroids for athletic performance or physical appearance without doctor's prescription	17	16	15
Inhalants	19	17	14

Similar to alcohol parents may also need to look at their own attitudes and behavior. Unlike other drugs, there are situations when parents think it is ok to give their children a prescription drug that was not prescribed for them.

Situations ok for parent to give teen Rx drug not prescribed for them

%	2010
Any situation when it is ok	<u>22</u>
The teen got hurt	17
The teen had bad menstrual cramps	7
The teen was having problems sleeping at night	5
The teen was very nervous about something	3
The teen was depressed	2

IMPLICATIONS: CHALLENGES AND OPPORTUNITIES

The findings from the teen study are of critical importance for parents and other caregivers. The increases in marijuana and ecstasy use are a bellwether for potentially serious health problem for American families.

The data suggest that a significant subgroup of teens may be at risk for developing later alcohol and drug problems based on their responses to the current survey. Targeting individuals who display warning signs of early use and abuse is crucial to stopping the progression of alcohol and drug use among our children. Parents should be aware that factors such as the early initiation of alcohol and drug use, low perceptions of the risks of daily heavy drinking, availability of alcohol or other drugs, using substances to cope with problems and parents' own attitudes and behavior with regard to substance use can contribute to their children's drug and alcohol behaviors.

Parents and other caregivers have a tremendous influence on their children's lives, setting a healthy example and inspiring their children to make smart, drug-free choices. The Partnership at Drugfree.org and MetLife Foundation provide guidance for helping parents at drugfree.org.

Teachable Moments

Talking with your child about drugs isn't a formal, one-time-only conversation. You can steer conversational topics to why drugs are harmful or use every day events to start a conversation about them. Take advantage of blocks of time, such as before school, on the way to practice or after dinner to discuss drugs and to voice your "no-use" expectation.

Show Kids You Care

It may seem simple, but one of the best ways to keep your kids drug-free is to show them you care. Simple gestures such as an unexpected hug, saying I love you every day and being supported of your child can help them to become a confident person.

Tips for Talking: Approach Your Teen About Their Possible Alcohol or Drug Use

Mood swings and unpredictable behavior are sometimes evidence of teenage "growing pains," but can also point to use of drugs or alcohol. Be aware of any unexplained changes and know the potential warning signs. Try talking to your teen -- the earlier you intervene, the better chance your child has to regain his health and return to a drug-free life.

Know What Drugs Kids Face Today

While you may be aware of the types of drugs that were around when you were a teenager, there is a new array of substances that kids today may misuse to get high. *The more informed you are, the more your kids will listen to you.*

The Partnership at Drugfree.org encourages and motivates parents of children who are using drugs or alcohol to take action as soon as they suspect or know their child is using.

Developed in collaboration with scientists from the Treatment Research Institute, [Time To Act](#) offers step-by-step advice and compassionate guidance from substance abuse experts, family therapists, scientists and fellow parents to help guide families through the process of understanding drug and alcohol use, confronting a child, setting boundaries, and seeking outside help.

NEW INTERACTIVE RESOURCE FOR PARENTS: TIME TO GET HELP

For parents who suspect or know their child is using drugs or alcohol, [Time To Get Help](#) provides science-based guidance on how to find appropriate help for a child who is using drugs or drinking, and offers parents the chance to interact online, with other parents and with experts, to get the information and support they need.

Nine million of America's teens and young adults are struggling with drugs and alcohol, yet unlike most other adolescent health issues or diseases, parents have not found a concise path to resources and support for teen drug and alcohol addiction.

In response to that need, The Partnership at Drugfree.org created [Time To Get Help](#) – a first-of-its-kind website and online community to provide parents of teens and young adults with lifesaving information when families are in crisis and facing their child's addiction. It offers comprehensive insight into adolescent alcohol and drug abuse, dependence and addiction; support from top experts and other parents who have been there; and treatment options for their child and family.

To learn more, please visit drugfree.org.