



Partnership Attitude Tracking Study

Teens • 2004

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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.

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 more than 200 corporations and companies. 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 a current annual appropriation of \$120 million¹ 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 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

¹ 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: \$144 million; 2005 appropriation: \$120 million.

exposure as many leading commercial advertisers, and returning outstanding value to U.S. taxpayers. For every dollar the government 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 effort.

In addition to its work on the national level, the Partnership has helped create two chapters and 39 state- and city-based versions of its national advertising campaign through its State/City Alliance Program. Working with state/city governments and locally based drug prevention organizations, the Partnership provides – at no cost – the guidance, on-site technical assistance and creative materials necessary to shape a multimedia campaign tailored to local needs.

The Partnership is a prevention organization. Its messages seek to reinforce behavior among teens and pre-teens who do not use drugs; to prevent drug experimentation and initiation; and to persuade non-addicted users to stop. 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

– ensures that Partnership ads continue to meet the highest standards of excellence. 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. Our singular concern is reducing drug use among children.

(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 Group at 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 17 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 influenced 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 2004 PATS is the 17th 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. In the 2004 PATS teens' study, 7,314 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 2004. 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 Public Affairs and Media'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 2004 results versus 1998 and 2003, unless otherwise noted. Significant differences versus 2003 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-Report 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 2004 Partnership Attitude Tracking Study shows substance use among 7th through 12th grade students continues to decline. After years of increasing adolescent drug use seen in the mid 1990s, the trend is reversing. The only two exceptions to note are inhalants and prescription and over-the-counter medicine abuse.

Prescription and Over-The-Counter

Medicine Abuse: An alarming number of teenagers are abusing a variety of prescription and over-the-counter (OTC) medications to get high. Approximately one in five teenagers has abused a prescription painkiller to get high, and one in 11 has abused OTC products, like cough medicine.

A new category of substance abuse is emerging in America: Increasingly, teenagers are getting high through the intentional abuse of medications. For the first time, the PATS study finds that today's teens are more likely to have abused a prescription painkiller to get high

than they are to have experimented with a variety of illicit drugs – including Ecstasy, cocaine, crack and LSD.

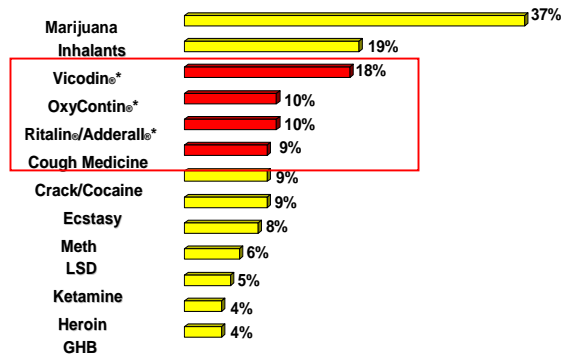
In 2004 nearly one-fifth of teens (18 percent) reported non-medical use of Vicodin®, one in ten (10 percent) report abuse OxyContin® and about one in ten (10 percent) report abuse of Ritalin® or Adderall® without a doctor's prescription. This is very similar to 2003. Forty-eight percent of teens see 'great risk' in trying prescription pain relievers non-medically and 54 percent see 'great risk' in trying Ritalin® or Adderall® non-medically.

For the first time, PATS asked teens if they had ever taken a non-prescription cough medicine to get high. In 2004, 9 percent of teens responded yes.

Given the significant levels of Rx and OTC medicine abuse reported in the PATS study, the Partnership commissioned additional consumer research to better understand teens' awareness, knowledge and attitudes about this category of substance abuse. Researchers are probing teens' reasons for abusing Rx and OTC medications, teen access points to Rx and OTC medications, and, very importantly, the degree of risk teens associate with specific medications. Results of this research will be released by early summer.

Generation Rx: Emerging Category of Substance Abuse

Teens Who Have Ever Tried:



*That a doctor did not prescribe for them

Partnership Attitude Tracking Study, 2004

Marijuana: Between 1998 and 2004 there have been significant improvements in teens' attitudes about and use of marijuana.

In the past year, teen perception that marijuana use carries 'great risk' of *getting in trouble with the law* and *dropping out of school* increased significantly (from 67 to 70 percent and from 58 to 61 percent respectively). Other specific risks have strengthened slowly over the six year period from 1998 to 2004 and are significantly higher than 1998, the baseline year for the National Youth Anti-Drug Media Campaign.

Perception that marijuana is easily available decreased significantly during the past year, from 51 percent to 48 percent.

While there was no significant change in marijuana use compared to the previous year, all measures of use (lifetime, past year and past month) continued to decline and are significantly below 1998 levels. In 2004, 37 percent of teens report lifetime trial of marijuana, compared to 42 percent in 1998.

Ecstasy: Ecstasy use appears to be less prevalent. Perceived availability of Ecstasy decreased significantly between 2003 and

2004 (from 18 to 14 percent). Fewer teens than last year report having a close friend who uses Ecstasy (25 percent versus 28 percent).

Teens' perception of risk in Ecstasy use rose slightly but not significantly over the past year. Lifetime use appears to be stabilizing, remaining at 9 percent in 2003 and 2004.

Inhalants: Over the past year, the belief that using *inhalants can kill you* fell significantly, from 71 percent to 66 percent. This is of great concern because trends in drug use have shown that when perception of risk falls, increases in use usually follow. Abuse of inhalants remains below peak usage levels in 1995, but stable with last year. In 2004 lifetime trial is at 19 percent, past year use is at 12 percent and past month use is at 7 percent.

Other Drugs:

Cocaine: Overall measures on *cocaine* and *crack* have remained stable for the last decade – with 48 percent of teens seeing great risk in trial and 9 percent reporting lifetime use.

However, perceived availability of cocaine has decreased since 1998, from 19 percent to 15 percent, while perceptions of several specific risks in cocaine/crack use; *losing their friends*, *becoming a dealer* and *getting depressed*, increased.

Methamphetamine: Perceptions of risk in using *methamphetamine* increased slightly over the past year, but not significantly.

About half (52 percent) of teens see 'great risk' in trying meth and lifetime methamphetamine trial appears to be stabilizing at 8 percent. All measures of

risk are significantly higher than in 1998 and use is significantly lower.

LSD: Use of LSD continues to drop and is now half as common as it was in 1998 (6 percent reported trial in 2004, versus 12 percent in 1998).

Club Drugs: Lifetime use of the club drugs GHB and ketamine remained steady versus previous years, at 4 percent and 5 percent respectively.

Heroin: Perception of risk in heroin use fell significantly since additional questions were added in 1999. In 2004, 82 percent of teens agree strongly that *heroin can wreck your life*, compared to 90 percent in 1999. Trial of heroin has remained stable at 4 percent since 1995.

Alcohol and Cigarettes: Teen use of alcohol and cigarettes has fallen significantly since 1998. Past year alcohol use fell from 58 percent to 50 percent and binge drinking fell from 34 to 28 percent between 1998 and 2004. For cigarettes, the decline is much sharper – from 42 percent to 23 percent (past 30 day use).

Sources of Information About the Risks of Drugs:

For the second year in a row teen reports of learning ‘a lot’ *about the risks of drugs* TV commercials increased significantly, (from 33 in 2003 to 39 percent in 2004). During this period, other sources of information – did not change. More teens now report learning ‘a lot’ about the risks of drugs from TV commercials than from their parents.

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 first time 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). Exposure to anti-drug ads remains well above pre-campaign levels of 32 percent.

In 2004 there was a significant increase in reports that anti-drug commercials *encouraged [teens] to talk to someone else about the risks of drugs* (from 28 percent in 2003 to 31 percent in 2004). Overall, teens are more likely to rate anti-drug messages as efficacious – i.e. that the ads *made them more aware of the risks, gave them new information, made them less likely to use* – than they were in 1998.

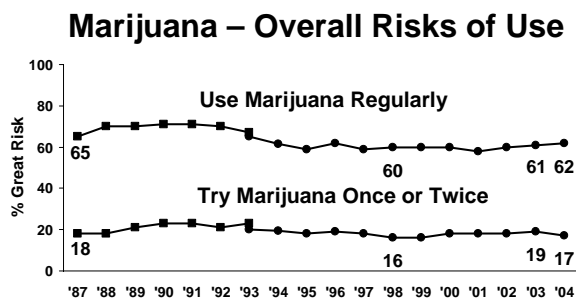
Analysis of teens with higher exposure to ads versus teens with lower exposure continues to demonstrate a positive relationship between heavy exposure and stronger anti-marijuana attitudes.

The Partnership Attitude Tracking Study – Teens

Marijuana Attitudes and Use

1998 to 2004: *Stronger Anti-Marijuana Attitudes and Decline in Use*

Perceived risk in trying marijuana and in using it regularly have remained relatively stable over time.



However, perceptions of specific types of risk in marijuana use continued to increase in 2004 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

% Great Risk	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Upsetting their parents	69	66	65	65	64	67	67	66	68	68	69+
Losing the respect of family and friends	NA	NA	NA	NA	NA	62	62	58	63	62	63
Losing their friends	46	40	40	48	47	50	50	47	49	49	51+
Letting other people down	NA	NA	NA	NA	NA	46	46	45	49	48	50
Not being able to get a girlfriend/boyfriend	33	29	29	31	29	28	29	28	32	31	33+

+==significant vs. 1998 at .05 level

Looking at risks by category or type of risk, relational risks such as *upsetting their parents, losing their friends or not being*

able to get a girlfriend or boyfriend are all significantly greater than in 1998. *Letting other people down* has increased significantly since its addition in 1999.

Aspirational risks, such as *getting in trouble with the law and dropping out of school* increased significantly over the past year, and remained higher than in 1998.

Other aspirational risks such as *not getting a job because of pre-employment drug testing, losing their drivers license, missing out on the good things in life, not getting into a good college and becoming a dealer* are significantly above 1998 levels.

Marijuana – Aspirational Risks

% Great Risk	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Wasting money	NA	NA	NA	NA	NA	70	69	70	71	70	71
Not getting a job because of pre-employment drug testing	67	65	64	65	65	64	64	63	67	67	69+
Getting in trouble with the law	67	64	64	63	64	68	67	67	67	67	70*+
Messing up their lives	NA	NA	NA	65	64	64	65	63	67	64	66
Dropping out of school	62	57	56	58	57	58	59	58	59	58	61*+
Losing their driver's license	56	54	52	55	54	57	56	57	58	60	62+
Missing out on the good things in life	NA	NA	NA	52	53	56	56	55	57	58	60+
Not getting into a good college	58	52	52	52	51	55	57	53	56	59	60+
Becoming a dealer	59	53	51	52	50	46	47	46	55	55	57+
Doing worse at school or sports	62	56	56	56	54	53	54	52	54	54	56

*=significant vs. 2003 at .05 level +=significant vs. 1998 at .05 level

Teen perceptions of the emotional risks of marijuana use, such as *acting stupidly and foolishly, getting depressed, becoming lazy, being lonely, becoming boring* are also significantly higher than in 1998.

Marijuana – Emotional Risks

% Great Risk	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Making their problems worse	NA	NA	NA	NA	NA	61	60	59	61	60	62
Acting stupidly and foolishly	55	52	51	51	51	53	54	52	54	58	59+
Getting depressed	51	46	44	46	44	48	49	48	49	50	51+
Becoming lazy	46	42	44	46	44	48	48	46	47	49	52+
Becoming a loser	56	49	50	48	45	47	46	42	45	43	44
Being lonely	41	36	35	38	38	41	43	42	41	42	44+
Becoming boring	31	26	26	29	28	31	32	31	33	34	35+

+ = significant vs. 1998 at .05 level * = significant vs. 2003 at .05 level

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	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Going on to harder drugs	73	67	67	67	68	67	68	67	67	67	68
Getting hooked on marijuana	74	64	65	64	63	65	65	64	66	68	68+
Driving dangerously	71	64	64	63	61	66	66	65	64	66	68+

+ = significant vs. 1998 at .05 level

Specific risks mentioned in advertising such as *exposing themselves to more cancer causing tar than from cigarette smoking*, *putting themselves or others in danger*, *losing control of themselves*, *impairing their judgment*, and *putting themselves in a sexual situation they might later regret* remain stable, with about two-thirds of teens seeing great risk of these outcomes.

These are key attitudinal measures that together suggest teens are becoming more aware of the risks in marijuana and potentially less likely to initiate trial.

Marijuana Negative Consequences Campaign

% Great Risk	2003	2004
Exposing themselves to more cancer causing tar than cigarette smoking	66	67
Putting themselves or others in danger	63	66
Losing control of themselves	62	64
Impairing their judgment	61	63
Putting themselves in a sexual situation they might later regret	61	61

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*, *most people will try marijuana sometimes* and *in my school marijuana users are popular* are lower than in 1998.

Marijuana – Social Acceptability

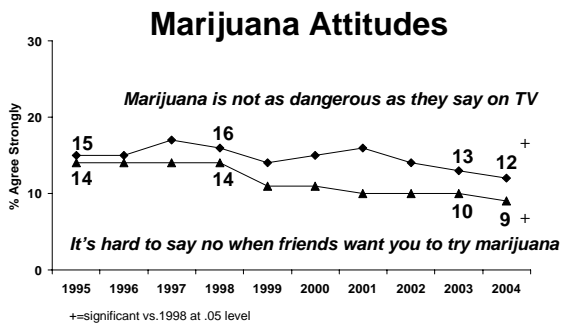
% Agree Strongly	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
It seems like marijuana is everywhere these days	NA	60	56	59	52	48	47	47	45	44	42+
Most people will try marijuana sometimes	32	38	39	41	40	35	36	37	37	37	37+
I hear more and more talk about legalizing marijuana	NA	35	33	43	32	28	27	28	23	25	22*+
It should be OK for someone over 21 to smoke marijuana in private	12	18	18	19	19	16	19	20	19	19	18

In my school, most teens don't smoke marijuana	NA	NA	13	13	16	16	15	16	17	17	17
Smoking marijuana is OK sometimes	11	16	16	18	15	13	15	16	15	14	13+
In my school marijuana users are popular	NA	20	20	19	17	10	13	13	13	13	12+
The coolest kids smoke marijuana	NA	NA	NA	NA	NA	4	5	4	5	6	6

* = significant vs. 2003 at .05 level + = significant vs. 1998 at .05 level

Reports of hearing *more and more talk about legalizing marijuana* have also fallen over the past six years, from 32 percent in 1998 to 22 percent in 2004.

Teens are less likely to push back against messages about the risks of marijuana, with fewer saying *marijuana is not as dangerous as they say on TV*. They are also feeling more able to turn down their friends' offers to try marijuana.

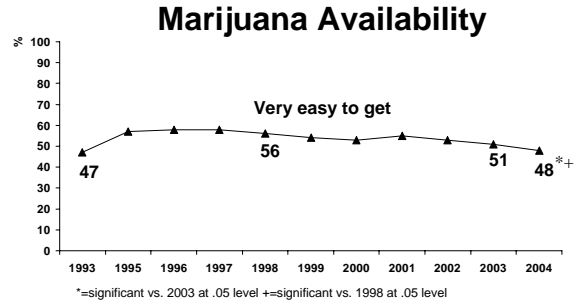


“Weed” and “pot” are the most common names for marijuana, with about 9 out of every 10 teens knowing these terms. Two out of three teens have heard of “blunts,” and half are familiar with “chronic.” “Hemp” is not widely used – only one-third of teens have heard the term.

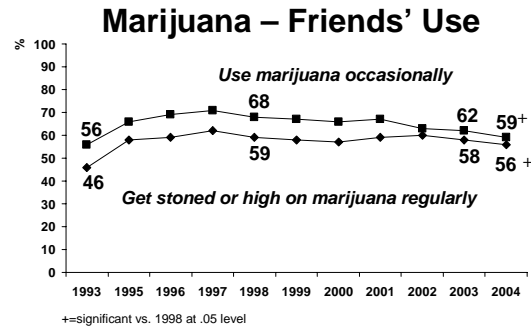
Slang for Marijuana

%	1999	2000	2001	2002	2003	2004
Weed	91	91	91	91	91	92
Pot	82	83	82	84	83	86*
Blunts	63	63	63	67	67	68
Chronic	45	53	54	54	52	51
Hemp	48	46	43	42	38	37
Don't Know/No Answer	5	5	4	4	5	3

Perception of the availability of marijuana has fallen since 1998. Only half of today's teens say that marijuana is ‘very easy to get.’



Teens are less likely to report that their close friends use marijuana. This is important because teens whose friends use drugs are more likely to use drugs themselves.



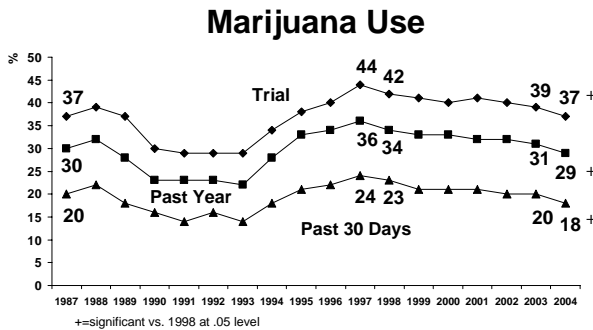
Sibling marijuana use is stable, but perceptions of parent drug use have increased. Now one in six teens say at least one parent uses drugs.

Marijuana – Family Use

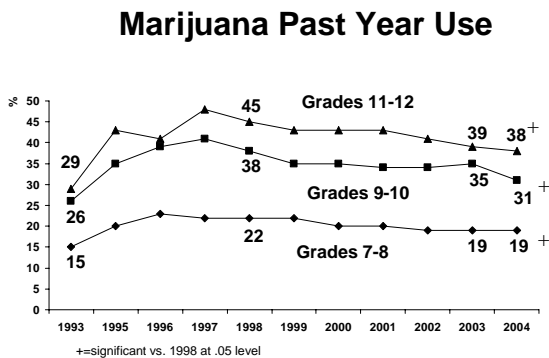
%	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Older brother/sister uses marijuana (base: have older sibling)	19	26	26	27	25	27	28	28	28	26	24
Younger sibling uses marijuana (base: have younger sibling)	4	7	8	9	8	8	8	7	8	8	7
Either parent uses drugs	10	14	14	13	13	12	14	15	15	17	17+

+=significant vs. 1998 at .05 level

In the early 90s, teen use of marijuana increased significantly, peaking in 1997. Since 1998, marijuana use has been declining slowly and in 2004 teens are significantly less likely to have tried marijuana or to use it in the past year or past month.



Past year marijuana use is significantly lower in all school grades compared to 1998.



Ecstasy Attitudes and Use

2001 to 2004: Stronger Perception of Risk and Decline in Use

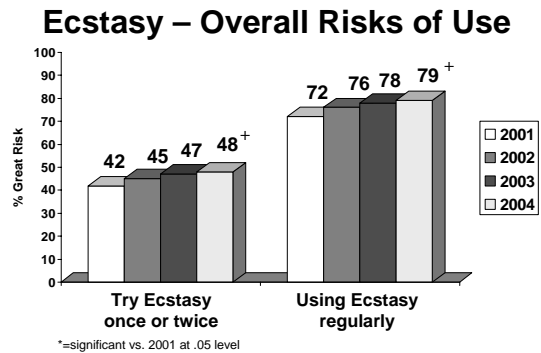
MDMA or Ecstasy (3,4-methylenedioxymethamphetamine) is a

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 using 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. To view the campaign, go to www.drugfree.org.

Teen perception of 'great risk' in trying Ecstasy once or twice increased significantly between 2001 and 2004. In 2004, just under half (48 percent) perceive 'great risk' in trying Ecstasy once or twice and eight in ten (79 percent) see 'great risk' regular use.



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

Ecstasy – Specific Risks

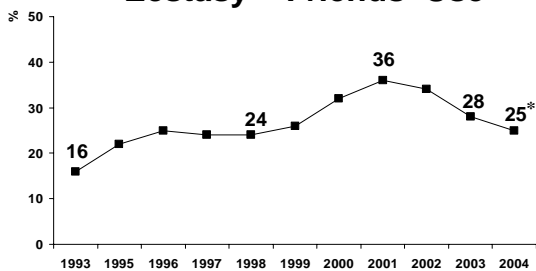
% Great Risk	2001	2002	2003	2004
Getting hooked on Ecstasy	73	77	78	78+
Dying	72	75	78	78+
Getting depressed	51	55	57	58+

*=significant vs. 2001 at .05 level

Effects of Ecstasy can include feelings of peacefulness and acceptance, a loss of inhibitions, involuntary teeth clenching, severe dehydration and hyperthermia potentially leading to muscle breakdown and organ failure. Addiction and death are also possible. After-effects can include anxiety and depression. For more information visit: www.drugfree.org.

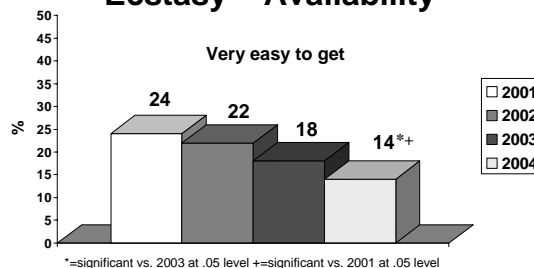
Reports of close friends using Ecstasy fell significantly over the past year (from 28 to 25 percent) and are far below 2001, the peak of Ecstasy use.

Ecstasy – Friends' Use



Perception that Ecstasy is 'very easy to get' declined sharply between 2002 and 2003 and then again between 2003 and 2004. Today, only one in seven teens (14 percent) say Ecstasy is 'very easy' for them to get, compared to one in four teens (24 percent) in 2001.

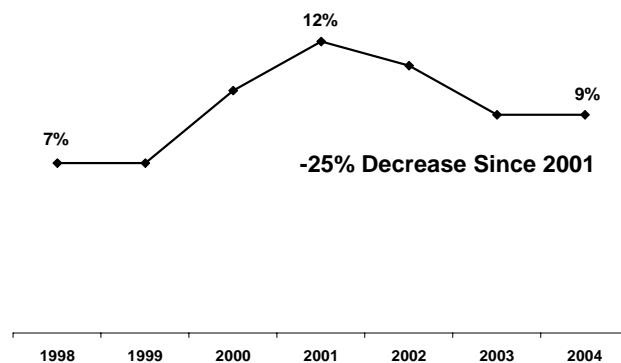
Ecstasy – Availability



Over the past year measures of Ecstasy use have leveled off, with trial or lifetime use at 9 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.

Teens and Ecstasy Use

Percentage of Teens Who Report Trying Ecstasy:



Source: 2004 Partnership Attitude Tracking Study

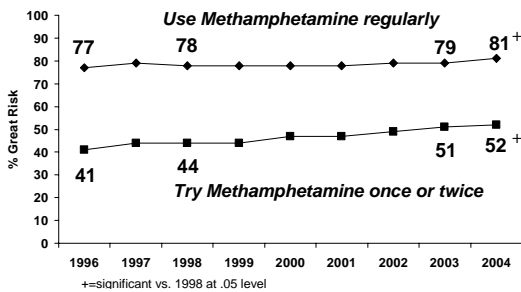
Methamphetamine

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 increased slightly over last year and are significantly higher than in 1998.

Methamphetamine – Overall Risks



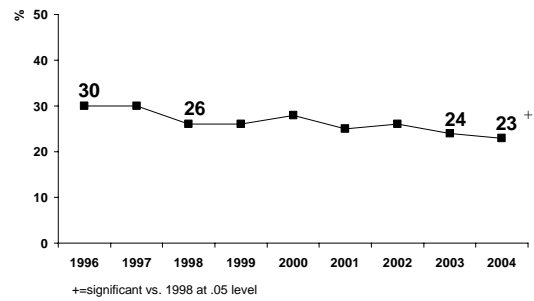
All the specific risks of methamphetamine use – *getting hooked on methamphetamine, dying, becoming violent, dropping out of school, becoming paranoid, getting depressed* – are stable with last year and significantly higher than in 1998.

Methamphetamine – Specific Risks

% Great Risk	1996	1997	1998	1999	2000	2001	2002	2003	2004
Getting hooked on Methamphetamine	77	78	77	79	79	78	81	79	81+
Dying	75	76	76	78	78	79	79	79	79+
Becoming violent	72	74	72	75	74	73	75	75	75+
Dropping out of school	64	68	67	70	70	68	71	71	72+
Becoming paranoid	64	65	64	66	68	66	69	70	69+
Getting depressed	53	57	56	60	61	60	63	64	64+

Teen reports of having close friends who use meth are significantly lower than 1998.

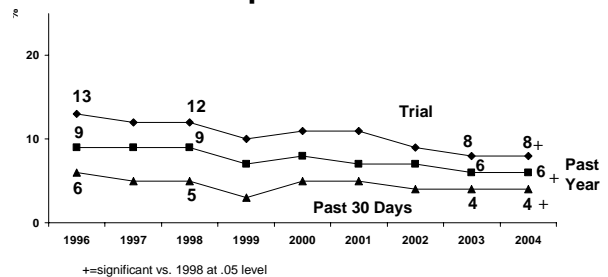
Methamphetamine – Friends' Use



Use of meth appears to be stabilizing, with no changes in lifetime trial, past year use or past month use between 2003 and 2004. All measures of meth use are significantly below 1998 levels. Eight percent of teens have tried meth, 6 percent have used it in the past year and 4 percent in the past month.

Methamphetamine abuse has been a significant problem in certain regions of the country -- i.e., meth labs, once confined to the west coast, have spread to most states in the country, creating significant problems for states and municipalities. Local data are, most often, not available to compare usage of meth in "hot spots" to national averages. It is plausible that meth-rates are higher in regions where the drug is a problem, although local research can only confirm this observation.

Methamphetamine Use



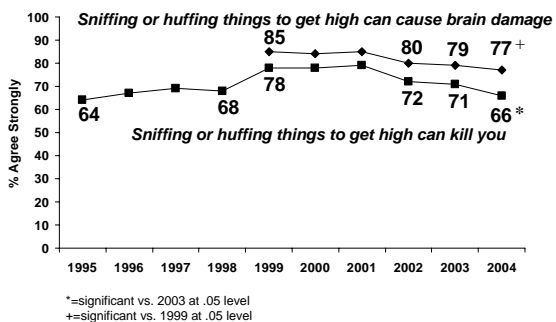
Inhalant Abuse

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.

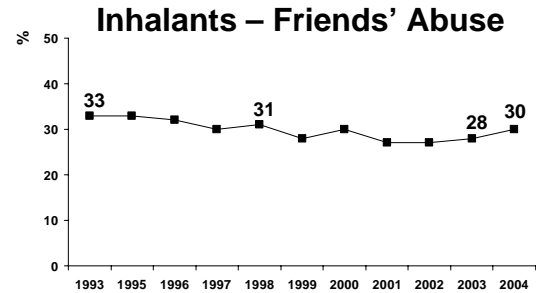
Effects of inhalants can include a rapid high similar to alcohol intoxication –i.e. initial excitation, then drowsiness, disinhibition, lightheadedness, and agitation. Anesthesia, a loss of sensation, and even unconsciousness are also possible. Sniffing highly concentrated inhalants can directly induce 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.

Over the past year, teens have become significantly less likely to agree that *inhalants can kill you* (falling from 71 percent to 66 percent). Belief that inhalants can cause *brain damage* has also fallen significantly since the question was introduced in 1999. Falling perception of risk in inhalants is troubling because lower perceptions of risk usually correlate with or precede increases in drug use.

Inhalants – Risks

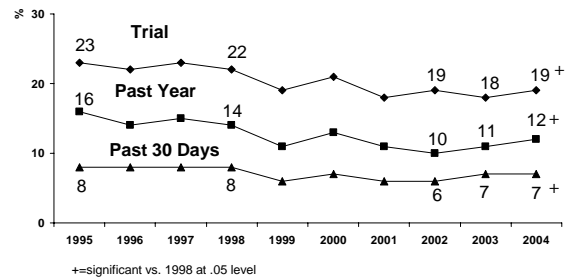


Teens are as likely to report having close friends who abuse inhalants as they have been in the past. Three in ten have a close friend who uses inhalants.



While all measures of inhalant abuse (lifetime trial, past year and past month use) remained stable from 2003 to 2004, past year use has increased for the past two years. Inhalant abuse is less common than it was in 1998; however, falling perceptions of risk warn us to watch for future increases in use. One in five teens (19 percent) have tried inhalants.

Inhalant Abuse

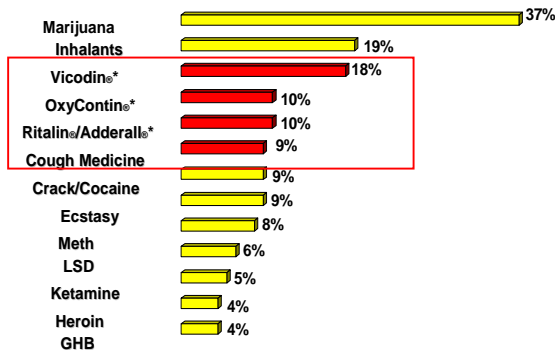


Prescription Medication Abuse

The 2004 PATS survey expanded coverage of prescription drug abuse to include risk, availability and friends' use.

Generation Rx: Emerging Category of Substance Abuse

Teens Who Have Ever Tried:



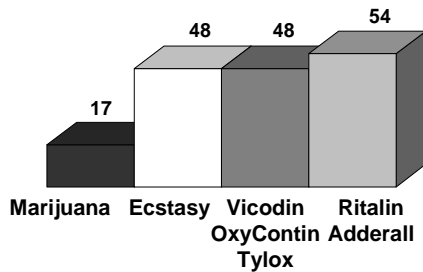
*That a doctor did not prescribe for them

Partnership Attitude Tracking Study, 2004

Teens see as much risk in trying prescription pain relievers (Vicodin®, OxyContin® or Tylox®) as in trying Ecstasy. Interestingly, teens are more likely to see great risk in abusing Ritalin® or Adderall (54 percent) than in Vicodin®, OxyContin® or Tylox® (48 percent).

Prescription Drugs – Overall Risk

% see great risk in trial



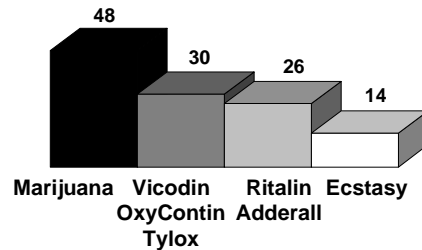
Prescription medications can be extremely helpful to those for whom they are prescribed. However, non-medical use of these substances can lead to serious health risks including addiction.

Prescription medications, without a doctor's prescription, are easier to get than

most illegal drugs, with the exception of marijuana.

Prescription Drugs - Availability

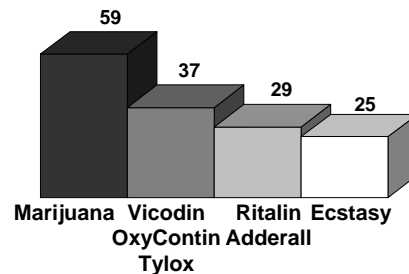
% say very easy to get



Friends' abuse of prescription drugs appears to be less common than marijuana but more common than Ecstasy.

Prescription Drugs – Friends' Use

% have close friends who use



Abuse of prescription medicines sits in the middle of the teen drug use continuum—less common than marijuana or inhalants and more common than other drugs. Nearly one in five teens (18 percent) say they have used Vicodin without a doctor's prescription.

Cocaine/Crack

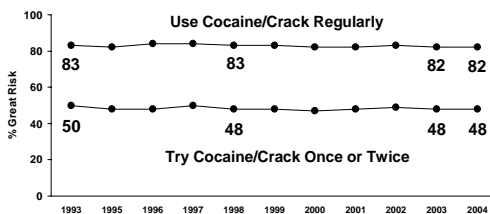
Cocaine and crack are powerfully addictive stimulants made from the coca plant. Cocaine comes in powdered form and is snorted or dissolved into liquid and

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 (82 percent) see 'great risk' in regular use.

Cocaine/Crack – Overall Risks



In 2004 all specific risks in cocaine/crack use remained stable versus 2003. Risks such as *becoming a dealer*, *getting depressed* and *losing their friends* increased slowly and significantly between 1998 and 2004.

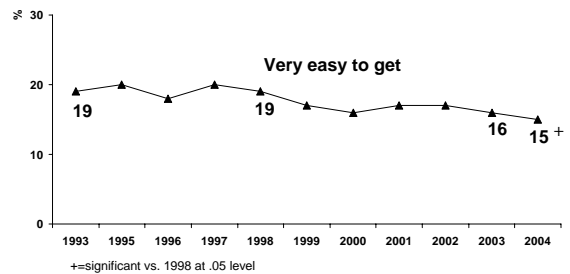
Cocaine/Crack – Specific Risks

% Great Risk	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Getting hooked on Cocaine/ Crack	89	88	87	88	86	87	86	86	87	85	85
Dying	86	82	82	83	81	82	82	82	82	81	80
Doing worse at school, work or sports	77	73	73	73	72	73	74	74	74	73	73
Becoming a dealer	71	65	65	64	62	62	64	62	67	66	66+
Getting depressed	65	62	61	64	62	66	67	66	67	68	66+
Losing their friends	57	54	57	63	61	63	65	65	65	65	66+

+ = significant vs. 1998 at .05 level

Teens are less likely to say cocaine/crack is 'very easy to get' than they were in 1998.

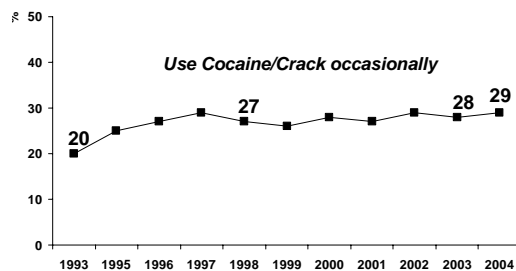
Cocaine/Crack Availability



+ = significant vs. 1998 at .05 level

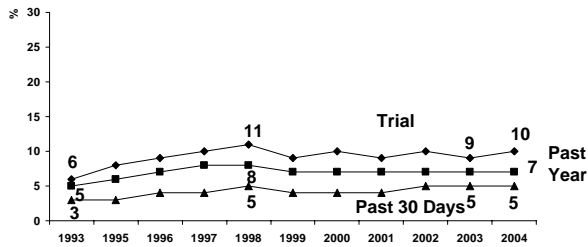
Teen reports of having friends who use cocaine or crack remain relatively stable. About three in ten (29 percent) teens say close friends use cocaine or crack occasionally.

Cocaine/Crack – Friends' Use



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

Cocaine/Crack Use



Cough Medicine

As reported above, PATS introduced a question in 2004 about using a non-prescription cough medicine to get high. Nine percent of teens reported having abused cough medicine. Forty percent of teens agree strongly that *taking cough medicine to get high is risky*.

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.

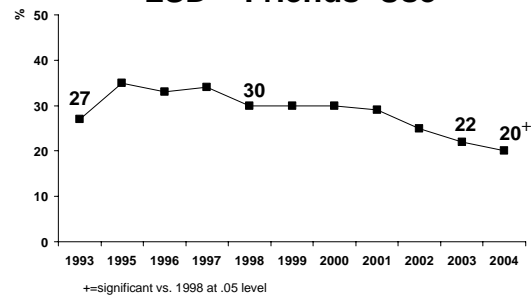
LSD is known for causing hallucinations, which can include visual disturbances and distortion of the user's sense of time and self. Effects are unpredictable and highly dependent on the setting and the dose. They can vary from beautiful to terrifyingly bad trips. Flashbacks and long-lasting psychoses,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

Signs to look for are dilated pupils, loss of appetite, increased wakefulness, and

transfixion on visual stimuli. For more information go to www.drugfree.org.

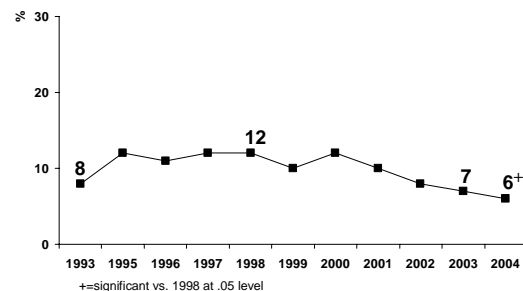
Use of LSD has declined sharply over the last six years. In 2004 one-fifth of teens (20 percent) reported having close friends who use LSD, compared to 30 percent in 1998.

LSD – Friends' Use



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

LSD – Lifetime Use



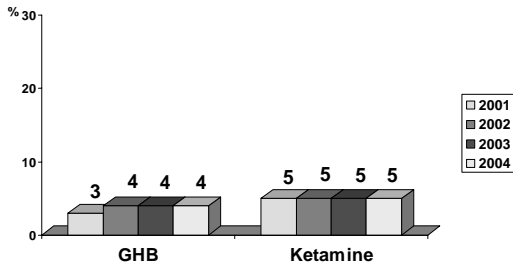
GHB and Ketamine

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 (four percent and five percent respectively) and lifetime use is stable.

GHB and Ketamine – Lifetime trial



Heroin

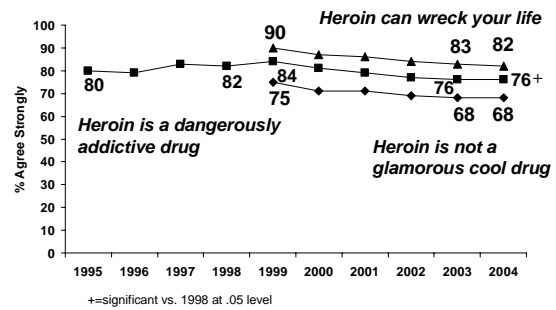
Heroin is an opiate, derived from the morphine in certain poppy plants. All uses of heroin – whether snorted, smoked or injected – are highly addictive.

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.

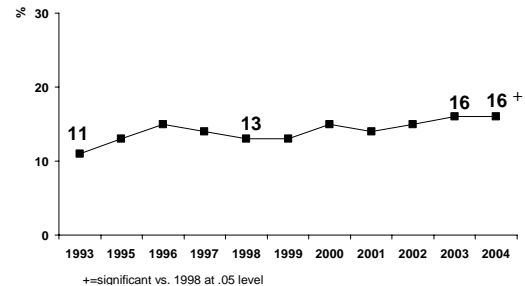
While there was no change compared to the previous year, teens in 2004 are less likely to see risks in heroin use. Belief that *heroin is a dangerously addictive drug* is significantly less common than in 1998 and belief that *heroin can wreck your life*, *heroin is not a glamorous cool drug* has fallen significantly 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.

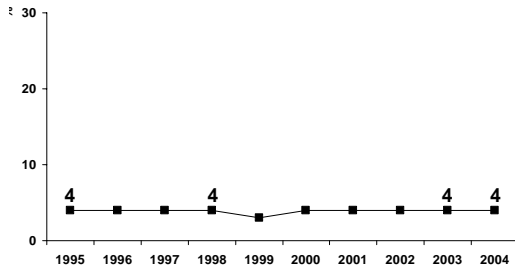
Heroin – Friends' Use



Very few teens (4 percent) have ever tried heroin. This has remained stable throughout the survey, in spite of the decreases in perception of risk and increased use by friends. Based on these

indicators, heroin use could be poised to rise. However, this drug traditionally only reaches a small percent of the teen population. Use is concentrated in the young adult population.

Heroin – Lifetime Use



Drugs in general

General anti-drug attitudes, such as *not wanting to hang around drug users, taking drugs scares me and kids who are really cool don't use drugs*, have remained fairly stable over the past six years.

General Attitudes Toward Illegal Drugs

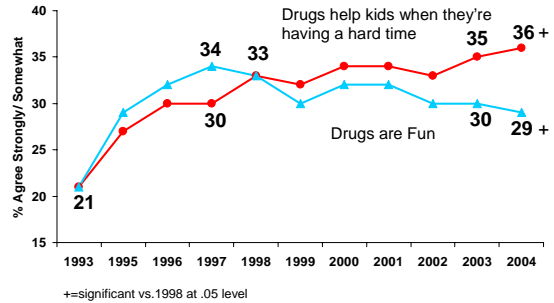
% Agree strongly	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
I don't want to hang around drug users	55	39	37	35	35	35	34	35	34	37	37
Taking drugs scares	47	36	34	34	32	34	34	33	33	33	33
Kids who are really cool don't use drugs	NA	NA	38	36	35	40	39	38	34	33	34

However, drugs may be losing some of their fun and adventurousness image. There was a significant decrease from 2004 to 1998 in agreement that *drugs are fun, drug users feel adventurous, and parties are more fun with drugs*.

Further, perception that kids use drugs to cope with problems has risen significantly

since 1998. Belief that kids use drugs because *drugs help kids when they're having a hard time* increased from 33 to 36 percent.

Reasons for Drug Use



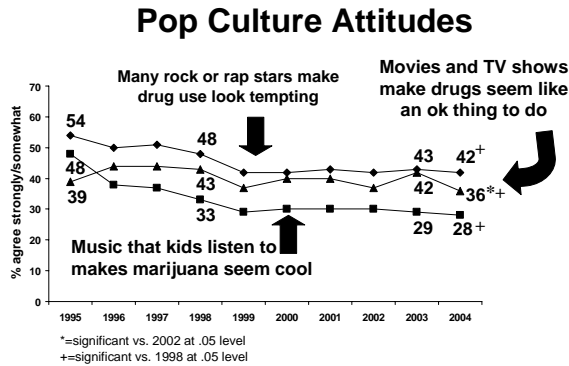
Reasons For Using Drugs

% Agree Strongly/Somewhat	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Kids use drugs to look cool	NA	NA	66	65	63	63	63	59	62	61	61
Drug users feel adventurous	53	59	60	58	55	54	55	53	50	50	50+
Marijuana helps you relax	34	44	47	51	48	46	48	48	46	46	46
Drugs help you forget your troubles	32	41	43	42	42	44	43	43	42	46	46+
Being high feels good	36	44	46	48	46	45	45	45	44	44	43
Drugs help you relax socially	30	39	42	45	44	40	43	42	41	41	40+
Parties are more fun with drugs	23	30	31	34	33	30	32	32	29	29	28+
It's OK to sell drugs to make money	17	21	20	23	22	19	20	19	20	21	20

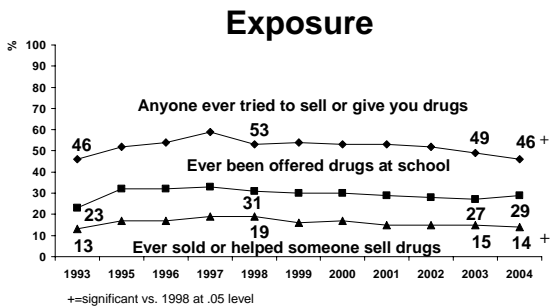
Over the past year teen perceptions that *movies and TV shows make drugs seem like an OK thing to do* fell substantially, from 42 percent in 2003 to 36 percent in 2004 (agree strongly/agree somewhat).

Other measures of media's promotion of drugs such as *many rock or rap stars make drug use look tempting, and music that kids listen too makes marijuana seem cool* fell sharply in the late 90's and have remained stable since 1999. In 2004, 52 percent of

teens agreed that *many professional athletes use drugs sometimes*.



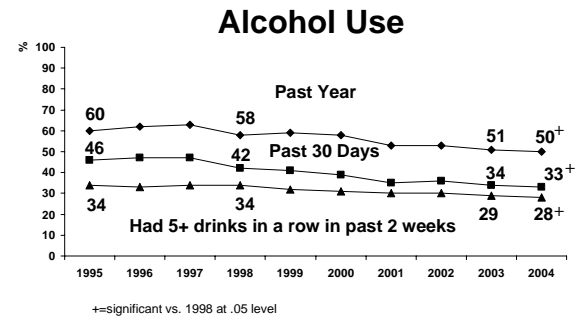
Drug offers have declined over the past six years. In 1998, 53 percent of teens said they had been offered drugs, compared to 46 percent in 2004.



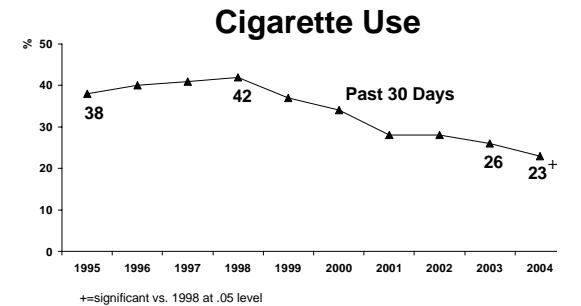
Alcohol & Cigarettes

The positive changes seen in the illicit drug arena are even greater for alcohol and cigarettes.

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



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 one quarter (23 percent) in 2004.



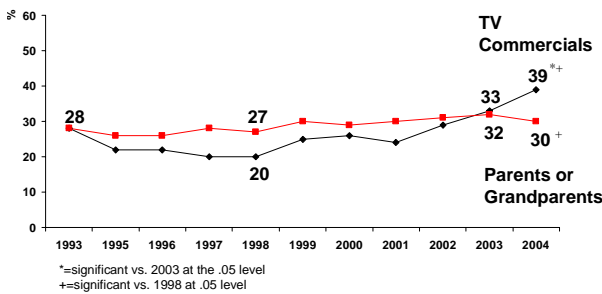
National Youth Anti-Drug Media Campaign began.

Sources of Information on the Risks of Drugs

For the first time, teen are more likely to say they learn a lot about the risks of drugs from TV commercials than from their parents or grandparents. This shift occurred because of a significant increase this year in *TV commercials* as a source on risk information (from 33 to 39 percent). Those learning ‘a lot’ about the risks of drugs from parents or grandparents remained stable at 30 percent.

While the increasing role of television commercials in anti-drug education is important and useful, parents remain a key influencer of teens’ decisions to use drugs. Parents could be doing more to convey the risks of using drugs to their teens.

Learned “a lot” about risks of drugs from:



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, comic books and yellow pages* than in 1998, before the

Sources of Information

% Learned a lot about risks of drugs from...	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
School lessons or programs	50	41	44	43	44	42	44	44	44	45	43
TV shows, news, or movies	39	28	28	27	26	28	29	28	30	32	33+
Friends	24	25	28	30	28	28	29	30	32	27	26
School posters	22	20	19	19	20	20	20	20	22	25	24+
The internet	NA	NA	NA	NA	13	15	17	21	22	22	24+
On the street	23	22	20	21	20	19	20	20	21	20	20
Outdoor billboards	11	10	11	11	12	13	15	15	19	20	20+
Print ads in newspapers or magazines	20	15	15	15	16	15	16	18	19	20	19

Brothers or sisters	14	15	14	15	15	16	17	18	18	18	17
Radio	12	10	11	11	10	13	12	14	15	16	17+
Music that I listen to	NA	NA	NA	NA	NA	NA	NA	NA	NA	18	16
Posters on buses, bus stops, or subways	10	10	10	10	11	11	13	13	15	17	16+
Video rentals	15	11	13	12	12	12	12	13	13	14	12
Comic books	6	6	6	6	6	7	7	8	8	10	8+
Yellow Pages ads	4	5	5	4	5	6	7	7	7	8	8+

+=significant vs. 1998 at .05 level

Discussions

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 Talking about Drugs with Parents or Grandparents in Past Year

%	1997	1998	1999	2000	2001	2002	2003	2004
Spoke (net)	67	65	69	67	68	69	67	65
4+ times	24	22	24	24	25	26	23	23
2-3 times	23	22	24	25	24	25	24	23
1 time	20	21	21	18	19	18	20	20
Never	31	33	29	31	31	30	31	33

Teens are most likely to say their mothers initiate these discussions (58 percent say their mother did) but one-fifth of teens (20 percent) say they initiate these discussions.

Initiation of Discussion

%	1997	1998	1999	2000	2001	2002	2003	2004
You	22	20	22	21	22	19	20	20
Your mother	55	60	58	57	57	59	57	58
Your father	26	28	29	30	31	29	29	29
Your grandmother	5	5	6	3	6	6	6	6
Your grandfather	2	3	2	3	3	3	3	3

Computer Use

Not surprisingly teens' computer and internet use has risen substantially over the past six years.

In 2004, seven out of ten teens (69 percent) say they use a home computer and 65 percent use the internet, each for at least one hour every week. Forty percent are using school computers and 25 percent are using computers in other locations.

Computer Use

%	1998	1999	2000	2001	2002	2003	2004
Use a computer at home for 1 or more hours each week	44	54	61	66	67	68	69+
Use a computer at school for 1 or more hours each week	33	35	39	36	41	40	40+
Use a computer at some other place for 1 or more hours each week	22	24	27	27	29	28	25+
Spend time on the Internet for 1 or more hours each week	38	52	60	64	65	65	65+

+ = significant vs. 1998 at .05 level

Few teens report using the internet to find information about illegal drugs. One-fifth (19 percent) report visiting Web sites that support illegal drug use. Three in ten teens (26 percent) report visiting Web sites that discourage illegal drug use.

Internet and Illegal Drugs

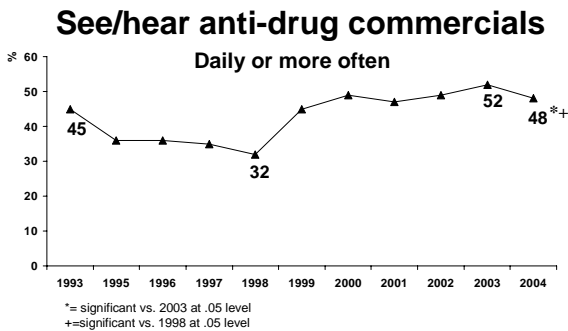
%	1998	1999	2000	2001	2002	2003	2004
Used the Internet to find information on drugs	16	19	22	25	27	22	24
Websites that support illegal drug use Often/A few times	24	30	33	35	20	20	19
Websites that discourage illegal drug use Often/A few times	24	33	36	39	24	24	26

Question changed in 2002 from: How often do you come across websites that support/discourage illegal drug use? To: How often do you go to websites that support/discourage illegal drug use

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 media campaign, and thus can be used as a baseline for the campaign.

For the first time since the campaign began, there was 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). Exposure is still significantly above pre-campaign levels and nearly half of teens today see or hear anti-drug ads frequently, compared to one-third in 1998.



Over the past year there was a significant increase in teens reporting that anti-drug commercials *encouraged them to talk to someone else about the risks of drugs* (from 28 percent in 2003 to 31 percent in 2004).

Since 1998, teens have been increasingly more likely to 'agree a lot' that the anti-drug messages *made you more aware of the risks of using drugs, gave you new information or told you things you didn't*

know about drugs, made you aware that America's drug problem is a problem for you and your family, 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.

Effects of Anti-Drug Messages

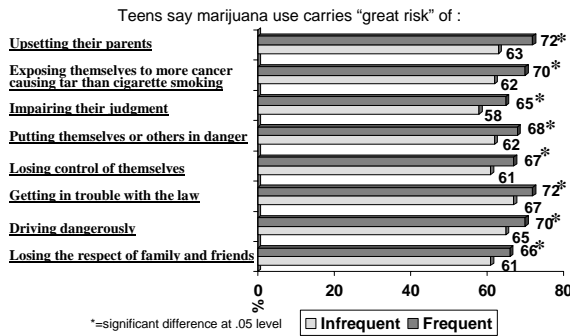
% Agree a lot	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Made you more aware of the risks of using drugs	40	35	34	33	31	36	39	38	43	42	41+
Given you new information or told you things you didn't know about drugs	38	32	33	31	31	33	37	36	43	44	41+
Made you less likely to try or use drugs	43	34	33	31	30	35	37	36	40	40	41+
Made you aware that America's drug problem is a problem for you and your family	43	36	33	33	31	33	35	34	37	35	36+
Encouraged you to talk to someone else about the risks of drugs	29	26	24	24	24	26	28	29	30	28	31*+

*= significant vs. 2003 at .05 level +=significant vs. 1998 at .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



Summary

Significant gains have been made in reducing teen drug use over the past six years.

- Marijuana trial has fallen 12 percent (from 42 percent in 1998 to 37 percent in 2004)
- Ecstasy trial has fallen 25 percent (from 12 percent in 1998 to 9 percent in 2004)
- Methamphetamine trial has fallen 33 percent (from 12 percent in 1998 to 8 percent in 2004)
- Cigarette and alcohol use are down 45 percent and 16 percent respectively (past 30 day cigarette use falling from 42 percent in 1998 to 23 percent in 2004 and past year alcohol use falling from 58 percent in 1998 to 50 percent in 2004)

However, there are few areas of concern:

- While trends in prescription medication abuse are not available in this survey, abuse of pain relievers such as Vicodin® is quite high (18 percent) and other sources show recent increases.
- Weakening perception of risk in inhalant trial is could be a beacon of future increases in use.
- Television commercials now surpass parents as the greatest source of information on the risks of drugs. Parents are highly influential and should discuss drugs more with their children.
- Exposure to anti-drug messages has fallen.