DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

January 9, 2002

Dear Colleague:

Enclosed is the sixth Prevention WORKS! rapid response advisory based on the data from the U.S. Department of Health and Human Services' (HHS') 2001 Monitoring the Future Study. Previous Prevention WORKS! advisories have addressed the 1998, 1999, and 2000 National Household Survey on Drug Abuse, as well as the 1999 and 2000 Monitoring the Future Study.

These advisories are intended to assist you in getting maximum benefit from media and policymakers on substance abuse prevention issues. The documents synthesize and summarize many of the research findings and contain graphs, HHS' press release, drug-specific fact sheets, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) fact sheets, and talking points.

We enjoy and appreciate the partnership between our organizations and look forward to jointly promoting what we all know—Prevention WORKS!

Sincerely,

Alvera Stern

Alvera Stern, Ed.D.
Acting Director, Division of Prevention Application and Education
Center for Substance Abuse Prevention

Dave Robbins

David Robbins
Acting Director, Division of State and Community Systems Development
Center for Substance Abuse Prevention

Enclosure

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Rapid Response Contents

This Rapid Response Advisory addresses the 2001 Monitoring the Future study released on December 19, 2001, by the U.S. Department of Health and Human Services (HHS). This kit provides the most up to date and relevant information about drug use in America, along with tools that can be used to reach the media, legislators, community groups, and others in your State with critical messages about the importance of substance abuse prevention.

All materials in this kit can be reproduced. Electronic files are available on the Center for Substance Abuse Prevention's Decision Support System Web site (www.preventiondss.org) in the "Get Training & Support" section.

Additional information on the 2001 Monitoring the Future study is available on the Monitoring the Future Web site at www.monitoringthefuture.org. Please note that Web site addresses may change, therefore you may wish to confirm addresses before distributing materials. If you have any difficulties accessing these files or need additional assistance, please contact George Marcelle at (800) 729-6686, ext. 468.

The following materials are included in this kit:

Pitch Letter

- The sample letter can be used to reach both the media and constituent groups with information about the Monitoring the Future study and the importance of drug abuse prevention. The letter is intended to serve as a model and can be adapted to meet specific needs.

Press Materials

- The HHS press release and fact sheet, published December 19, 2001, can be reproduced and used as background information.

- A "boilerplate" release about local issues in connection with the Monitoring the Future study is provided. This release can be adapted to address the specific State and local issues of each National Prevention Network (NPN) member.

Fact Sheets

- The fact sheets address key issues of interest surrounding the Monitoring the Future study results. Issues addressed include:
  - Overall illicit drug use.
  - Alcohol, cigarettes, and smokeless tobacco.
  - Marijuana, cocaine, and heroin.
  - Ecstasy (MDMA)
  - Inhalants, hallucinogens, and steroids.

Talking Points

- Talking points about key issues are provided and can be used in presentations or in preparing for interviews with the media.

Charts and Graphs

- Relevant charts and graphs are included. These visuals can be reproduced for use as handouts or in presentations.

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Sample Pitch Letter

This sample letter can be used to reach the media as well as constituent groups with information about the Monitoring the Future study and the importance of substance abuse prevention. The letter is intended to serve as a model that can be adapted to meet specific needs or to include local statistics on youth substance abuse. The fact sheets provided in this kit can be included as attachments with this letter.

(Date)

Dear _____:

Recently released findings from the U.S. Department of Health and Human Services' 2001 Monitoring the Future study tell us that teen use of illicit drugs has held steady or declined for the fifth consecutive year.

The study proves that America's youth are responding to prevention efforts. Alcohol, marijuana, and other illicit drug use has remained more or less unchanged since 1999. There has been a significant drop in the rate of teen cigarette use, and while the rate of teen ecstasy (MDMA) use is still increasing, its velocity has finally started to decelerate.

Even teen attitudes and perceptions showed some marked changes. Among 8th and 10th graders, the perceived harmfulness of using inhalants increased. Among 12th graders, disapproval of trying ecstasy once or twice increased.

However, the Nation's drug problem is far from being a thing of the past. In 2000, an estimated 14 million Americans (6.3 percent of those age 12 years and older) were current users of illicit drugs. According to the 2001 Monitoring the Future study, 21.5 percent of 8th graders used alcohol in the past month along with 39 percent of 10th graders and 49.8 percent of 12th graders. While the rate of cigarette use has decreased, the percentage of 8th and 10th graders using smokeless tobacco has remained statistically unchanged. Overall, the rates of alcohol, tobacco, and illicit drug use were at unacceptably high levels.

The study also points to new threats on the teen drug front—increase in the use of tranquilizers among 8th, 10th, and 12th graders and an increase in the use of steroids among 12th graders from 1.7 percent to 2.4 percent. Furthermore, while the rise in ecstasy use has slowed, the perceived availability of ecstasy increased sharply, from 51.4 percent to 61.5 percent. Ecstasy, often referred to as a club drug, is a dangerous substance that can have life-threatening consequences, and today more teens think it is available and easy to obtain.

There is no doubt that targeted and relentless efforts to prevent teen substance abuse are working. But, the challenge remains. To help our children resist the pitfalls of substance abuse, prevention must continue to be at the heart of local strategies.

Sincerely,

HHS News

U.S. Department of Health and Human Services

www.hhs.gov/news

(Your Name)
(Title)
(Office or Agency)

IMMEDIATE RELEASE
Wednesday, Dec. 19, 2001

Contact: NIDA Press Office
Blair Gately or
Michelle Muth Person
(301) 443-6245

2001 MONITORING THE FUTURE SURVEY RELEASED
Smoking Among Teenagers Decreases Sharply and Increase in Ecstasy Use Slows

Use of cigarettes by American teenagers decreased from 2000 to 2001 according to the annual Monitoring the Future Survey released today by the Department of Health and Human Services. This decline, observed for 8th and 10th graders, continues a decreasing trend begun around 1996. Decreases have also been found for seniors in recent years. These reductions in teenage smoking come on the heels of increases from the early to mid-1990s and are excellent news in the nation's battle to reduce the toll exacted by this leading cause of preventable death and disease.

The survey also found that the rise in use of MDMA (ecstasy) in teenagers seen over the past 2-3 years slowed from 2000 to 2001 among students in grades 8, 10, and 12. In addition, rates of heroin use decreased notably among 10th and 12th graders, and a gradual decline in use of inhalants continued in 2001 with a significant decrease occurring among 12th graders.

"The finding that fewer teenagers are smoking is very encouraging as more teens are making smart choices that will help them avoid tobacco-related health threats," said HHS Secretary Tommy G. Thompson. "Overall, drug use among America's teenagers has remained level or declined for the fifth year in a row, and that's good news. But we must remain vigilant to the threats that heroin, ecstasy, marijuana, alcohol and other dangerous drugs pose to our youth."

Use of most other illicit drugs remained stable from 2000 to 2001. Illicit drug use rates are below their recent peaks in 1996 for 8th graders; for 10th and 12th graders, they remain largely unchanged from recent peak levels seen in 1997. Long-term trends available for 12th graders indicate current levels of illicit drug use are well below their 27-year peaks, which occurred in the late 1970s and early 1980s.

"We are pleased that the trend we noted in 1999 and 2000 that showed teens increasingly using ecstasy appears to have slowed in 2001. And we hope that our concerted effort to give adolescents science-based information about the health risks of ecstasy and other drugs will contribute to a further reduction in the use of these drugs," said Dr. Glen Hanson, acting director, National Institute on Drug Abuse (NIDA).

The most notable change in the 2001 survey was a continuation of the decrease in cigarette use among 8th and 10th graders. Decreases were observed for 8th and 10th graders based on the lifetime, past month, and daily use measures. Past month use declined from 14.6 percent to 12.2 percent among 8th graders, and from 23.9 percent to 21.3 percent among 10th graders. These changes continue a general pattern of declines seen between 1996 and 2000.

The increase in MDMA reported in the last two Monitoring the Future surveys slowed in 2001. While increases were observed in all three grades, they were generally not as steep as in the past two years and were not statistically significant. In addition, the perceived risk of harm from trying MDMA once or twice increased among seniors. Increases in perceived risk are often harbingers of future reductions in rates of use.

Also on the encouraging side, lifetime and past year use of heroin decreased among 10th and 12th graders, and past month use decreased among 12th graders. These changes reflected declines in heroin use without a needle.

Rates of marijuana use in the lifetime, past year, and past month remained unchanged in all three grades, continuing a pattern seen in recent years. Among 8th graders, marijuana use is below its recent peak in 1996. Rates of use among 10th and 12th graders have been stable since their recent high points in 1997.

In addition, 10th graders showed a reduction in use of cocaine. Decreases were found in lifetime use of crack, lifetime use of cocaine in any form, and past year use of cocaine powder.

Alcohol prevalence rates were mostly stable; only two changes were statistically significant: having been drunk in the past year declined among 8th graders; and, daily alcohol use increased among 12th graders.

Marijuana

- Marijuana use in the lifetime, past year, and past month remained statistically unchanged from 2000 to 2001 in each grade. In 2001, past year rates of marijuana use were 15.4 percent of 8th graders, 32.7 percent for 10th graders, and 37.0 percent for 12th graders.

- In the 27 years that the MTF study has collected data, past year prevalence rates for self-reported marijuana use by seniors peaked at 50.8 percent in 1979 and declined to a low of 21.9 percent in 1992. Since then, it reached a relative maximum of 38.5 percent in 1997 and is now at 37.0 percent in 2001.

Cocaine

- Cocaine use, including both cocaine powder and crack, decreased from 2000 to 2001 among 10th graders. Lifetime use of cocaine in any form declined from 6.9 percent to 5.7 percent in this group, lifetime use of crack decreased from 3.7 percent to 3.1 percent, and past year use of cocaine powder declined from 3.8 percent to 3.0 percent.

Heroin

- Heroin use declined from 2000 to 2001 among 10th and 12th graders. For 10th graders, past year use decreased from 1.4 percent to 0.9 percent, and for 12th graders it was down from 1.5 percent to 0.9 percent. In addition, lifetime heroin use declined for both these grades. This decrease in overall heroin use among 10th and 12th graders resulted largely from a decrease in use of the drug without a needle (i.e., snorting or smoking it).

- This year's decrease in heroin use among 12th graders reverses an increase in use of the drug in this grade between 1999 and 2000 that brought it to the highest level seen in the history of the survey; the new rate for 2001, 0.9 percent for past year use, is the lowest seen since 1994.

Inhalants

- Rates of inhalant use continued the gradual declining trend seen in recent years, though the decrease from 2000 to 2001 was statistically significant only for 12th graders' past year use of these substances; the rate declined from 5.9 percent to 4.5 percent. In 2001 9.1 percent of 8th graders, 6.6 percent of 10th graders, and 4.5 percent of 12th graders reported using inhalants in the past year.

Hallucinogen/LSD

- Hallucinogen use overall remained stable from 2000 to 2001 among 8th, 10th and 12th grade students. This stability follows declines between 1999 and 2000 in past month use of these drugs among 10th and 12th graders and in past year use among 12th graders.

- In an exception to this overall pattern of stability for hallucinogens, LSD use showed mixed changes from 2000 to 2001. Past month use increased among 12th graders from 1.6 percent to 2.3 percent, but among 10th graders past year use of the substance declined from 5.1 percent to 4.1 percent.

Steroids

- Seniors' use of steroids in the lifetime, past year, and past month increased from 2000 to 2001. Past year use increased from 1.7 percent to 2.4 percent. Comparable 2001 figures for past year steroid use in other grades were 1.6 percent for the 8th and 2.1 percent for the 10th.

Use of Cigarettes and Smokeless Tobacco

- Cigarette use by 8th and 10th graders declined in several categories between 2000 and 2001: Lifetime use decreased from 40.5 percent to 36.6 percent among 8th graders and from 55.1 percent to 52.8 percent among 10th graders; Past month use declined from 14.6 percent to 12.2 percent among 8th graders, and from 23.9 percent to 21.3 percent among 10th graders; Daily use in the past month declined from 7.4 percent to 5.5 percent among 8th graders and from 14.0 percent to 12.2 percent among 10th graders.

- Recent years have seen several declines in smoking by youth. Reductions in smoking between 1999 and 2000 involved students in all three grades and several categories of use; between 1998 and 1999 past month use declined among 8th graders; and between 1997 and 1998 cigarette use decreased among 10th and 12th graders.

- Use of bidis decreased among 8th and 10th graders. Past year use of these small, flavored cigarettes went from 3.9 percent to 2.7 percent among 8th graders and from 6.4 percent to 4.9 percent among 10th graders.

- Rates of smokeless tobacco use remained statistically unchanged between 2000 and 2001. In 2001, 4.0 percent of 8th graders, 6.9 percent of 10th graders, and 7.8 percent of 12th graders reported using smokeless tobacco in the past month.

Alcohol Use

- Between 2000 and 2001, alcohol use indicators remained mostly stable with some signs of decrease but only two changes that were statistically significant: Having been drunk in the past year declined among 8th graders, from 18.5 percent in 2000 to 16.6 percent in 2001. In an exception to the overall pattern, daily alcohol use increased among 12th graders, from 2.9 percent to 3.6 percent.

PERCEIVED HARM, DISAPPROVAL, AND PERCEIVED AVAILABILITY

- Perceived harmfulness of using inhalants increased among 8th and 10th graders. Perceptions of "great risk" from trying inhalants once or twice increased from 41.2 percent to 45.6 percent among 8th graders and from 46.6 percent to 49.9 percent for 10th graders.

- Perceived harmfulness of regularly smoking marijuana decreased from 74.8 percent to 72.2 percent among 8th graders.

- Perceived harmfulness of regularly taking LSD declined from 57.5 percent to 52.9 percent among 8th graders and from 72.0 percent to 68.8 percent among 10th graders.

- Perceived harmfulness of trying MDMA once or twice increased among seniors, the only grade asked; the proportion seeing "great risk" increased from 37.9 percent to 45.7 percent.

- Seniors' disapproval of using heroin once or twice without a needle declined from 94.0 percent in 2000 to 91.7 percent in 2001.

- Disapproval of steroid use decreased among seniors.
- Perceived availability of MDMA (ecstasy) increased sharply among seniors, from 51.4 percent to 61.5 percent.
- The perceived availability of crack and cocaine powder declined among 10th graders. The percent that thought cocaine powder would be "very" or "fairly easy" to get went from 34.5 percent to 31.0 percent.

The Monitoring the Future Survey, conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse (NIDA), at the National Institutes of Health, has tracked 12th graders' illicit drug use and attitudes towards drugs since 1975. In 1991, 8th and 10th graders were added to the study. The 2001 study surveyed a representative sample of more than 44,000 students in 424 schools across the nation about lifetime use, past year use, past month use, and daily use of drugs, alcohol, and cigarettes and smokeless tobacco. Findings are available at *http://www.drugabuse.gov/DrugPages/MTF.html*.

Monitoring the Future is one of three major surveys sponsored by HHS that provide data on substance use among youth. The other two are the National Household Survey on Drug Abuse (NHSDA) and the Youth Risk Behavior Survey (YRBS).

The NHSDA, sponsored by the Substance Abuse and Mental Health Services Administration, is the primary source of statistical information on illicit drug use in the U.S. population 12 years of age and older. Conducted periodically from 1971 and annually since 1990, the NHSDA collects data in household interviews, currently using computer-assisted self-administration for drug-related items. NHSDA findings for 2000 have recently been released and are available at *http://www.drugabusestatistics.samhsa.gov*.

The NHSDA reported decreases in rates of smoking among youth 12-17 and 18-25 years of age between 1999 and 2000. These new findings from Monitoring the Future being released today indicate that this positive trend is continuing, particularly among the youngest students. The 2000 NHSDA also found no statistically significant changes in rates of lifetime, past year, or past month illicit drug use among youth 12-17 years old. Data from Monitoring the Future going into year 2001 confirm the continuation of this pattern for the most part, although, as noted previously the new survey findings indicate a drop in heroin use among 10th and 12th graders between 2000 and 2001 and other changes more specific to individual grades. Also consistent with the findings from Monitoring the Future, the NHSDA found an increase from 1999 to 2000 in lifetime use of MDMA among persons 12-17 years old, as well as other age groups.

The Youth Risk Behavior Survey (YRBS), part of the Centers for Diseases Control and Prevention's Youth Risk Behavior Surveillance System, is a school survey that collects data from students in grades 9-12. YRBS, which began in 1990 and has been conducted biennially since 1991, includes questions on a wide variety of health-related risk behaviors, not simply drug abuse. The most recent findings from YRBS, for 1999, are available at *http://www.cdc.gov/nccdphp/dash/yrbs/index.htm*.

While it is somewhat difficult to make comparisons due to the differences in time period, the findings of YRBS and Monitoring the Future appear reasonably consistent with respect to smoking trends. The most recent data from the YRBS reported trends for 1991 through 1999. Toward the end of the period, rates of smoking were becoming stable or declining. The reductions in smoking observed in the Monitoring the Future surveys have been irregular over the 1996-2001 period and varied by individual grades and recall periods but have been particularly important in the past two years. Data from the 2001 YRBS, scheduled for released in the summer or early fall of 2002, will provide a basis for further comparison.

In-depth studies comparing the methodologies of these surveys of youth substance use were published in the Summer 2001 issue of the Journal of Drug Issues (volume 31, number 3). These comparisons, commissioned by HHS, concluded that the design, implementation, and documentation of all three surveys are of high quality and that the surveys exhibit no flaws in the execution of basic survey procedures. In addition, the comparison found that the goals and approaches of these three surveys are very different, making comparisons between them difficult. The surveys differ significantly in terms of populations covered, sampling methods, mode of data collection, questionnaires, and estimation methods. Estimates of substance use are generally highest from the YRBS and lowest from the NHSDA. The NHSDA probably produces lower rates because it is done in the home, whereas the other two surveys collect data in school classrooms, away from parents and other family members.

"Lifetime" refers to use at least once during a respondent's lifetime. "Past year" refers to an individual's drug use at least once during the year preceding their response to the survey. "Past month" refers to an individual's drug use at least once during the month preceding their response to the survey.

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HHS News
U.S. Department of Health and Human Services
www.hhs.gov/news

December 19, 2001

Contact: HHS Press Office
(202) 690-6343

FACT SHEET

SUBSTANCE ABUSE -- A NATIONAL CHALLENGE PREVENTION, TREATMENT AND RESEARCH AT HHS

Overview: *Each year, drug and alcohol abuse contributes to the death of more than 120,000 Americans. Drugs and alcohol cost taxpayers more than $294 billion annually in preventable health care costs, extra law enforcement, auto crashes, crime and lost productivity. The Department of Health and Human Services (HHS) plays a key role in the administration's substance abuse strategy, leading the federal government's programs in drug abuse research and funding programs and campaigns aimed at prevention and treatment, particularly programs designed for youth. While overall use of drugs in the United States has fallen by 50 percent in the past 20 years, the past 10 years have shown an increase in drug use by adolescents. However, since 1996 drug use by youth has leveled off with the past four years showing a moderating trend in drug use among adolescents.*

In fiscal year 2001, HHS invested nearly $220 million in youth-focused substance abuse activities, raising awareness among youth and helping communities identify and adopt proven, science-based substance abuse prevention strategies. HHS was appropriated a total of $3.3 billion for all substance abuse-related activities in fiscal year 2001.

RECENT FINDINGS FROM HHS SUBSTANCE ABUSE SURVEYS

HHS tracks the nation's substance abuse patterns through three major surveys: the National Household Survey on Drug Abuse (NHSDA), the Monitoring the Future Survey (MTF) and the Youth Risk Behavior Survey (YRBS). Information from these surveys helps the nation to identify potential drug problem areas and ensure that resources are targeted to areas of greatest need.

The National Household Survey on Drug Abuse. The NHSDA, directed by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides annual estimates of the prevalence of illicit drug, alcohol and tobacco use in the United States and monitors trends over time. It is based on a representative sample of the U.S. population age 12 and older. Findings of the 2000 NHSDA are available at: *http://www.samhsa.gov/oas/oas.html*.

Monitoring the Future. The MTF survey, funded by the National Institute on Drug Abuse (NIDA) at the National Institutes of Health, tracks illicit drug use trends and attitudes by 8th, 10th and 12th grade students. The 2001 study surveyed more than

44,000 students in 424 schools across the nation about lifetime use, past year use, past month use and daily use of drugs, alcohol, cigarettes and smokeless tobacco. Findings of the 2001 MTF survey are available at: *http://www.drugabuse.gov/DrugPages/MTF.html*.

Youth Risk Behavior Survey. The Center's for Disease Control and Prevention's Youth Risk Behavior Survey is a biennial school-based survey that collects data from students in grades 9-12 on health-related risks. In addition to surveying tobacco, alcohol and other drug use, the survey covers other injury-related behaviors such as weapon carrying and attempted suicide, sexual and dietary behaviors, and physical activity. Findings of the 1999 YRBS are available at: *http://www.cdc.gov/nccdphp/dash/yrbs/index.htm*.

HHS PROGRAMS AND SERVICES TO PREVENT AND TREAT SUBSTANCE ABUSE

Grant Programs to Combat Substance Abuse. SAMHSA supports a number of grant programs that enable states and community organizations to establish comprehensive programs to treat and prevent substance abuse. Examples of these grant programs include:

- *Supporting and Maintaining State Prevention and Treatment Systems.* SAMHSA provides funds directly to states for these purposes through the Substance Abuse Prevention and Treatment Block Grant. These grants support almost 40 percent of all substance abuse treatment provided through state agencies. Using these federal resources, the states supported more than 10,500 community-based substance abuse prevention and treatment programs, providing treatment to almost 390,000 persons with serious substance abuse problems in fiscal year 2000.

  States use a minimum of 20 percent of their block grant funds to deliver state substance abuse primary prevention services in community and school settings. That represents approximately 60 percent of prevention services provided through state agencies. Block grant services generally target populations with greatest need, including high-risk youth and youth involved with the criminal justice system, pregnant and postpartum women, and people with HIV/AIDS. The total Substance Abuse Prevention and Treatment Block Grant for fiscal year 2001 is $1.67 billion.

- *Targeted Capacity Expansion Grants.* SAMHSA's Targeted Capacity Expansion Grants program identifies and aggressively contains emerging substance abuse trends and related public health problems, such as HIV/AIDS, before they intensify. These grants enable officials from municipalities, including Indian tribal governments, to provide a rapid, strategic response to the demand for services that are more regional or local in nature. The total funding for these grants is estimated at $161 million in fiscal year 2001, supporting more than 350 awards.

- *State Incentive Grants.* SAMHSA also is working with governors of 35 States, Puerto Rico and the mayor of the District of Columbia, all awardees of the State Incentive Grant program, to develop state/city-wide strategies and to deliver

science-based substance abuse prevention services, funded at $61 million in fiscal year 2001. Today, more than 1,000 communities have benefited from these programs. An additional $37 million in prevention funds supported targeted capacity expansion grants to local and regional substance abuse prevention in emerging areas of concern.

- *Best Practice Grants.* SAMHSA's Best Practices program (formerly known as the Knowledge Development and Application program) supports the discovery of new, more effective ways to deliver substance abuse treatment and prevention services, translating new research knowledge to community-based substance abuse prevention and treatment programming. SAMHSA programs include a number of targeted prevention areas such as underage drinking, family-focused prevention programs, and children of substance-abusing parents, to improve system performance and service quality. The total funding spanning substance abuse prevention and treatment for fiscal year 2001 is estimated at $164 million, including $69 million in new competitive grants.

More information on SAMHSA grant program opportunities can be found at *http://www.samhsa.gov/grants/grants.html*.

Programs Through the Administration for Children and Families (ACF). ACF's Community-Based Resource Centers serve as comprehensive family service centers that can provide referrals to treatment programs for parents and other family members. The Head Start program, also administered by ACF, helps families access substance abuse services and provides training for Head Start workers in substance abuse issues. In addition, ACF provides counseling, education, referral and other services to high-risk, runaway and homeless youth. More information on ACF programs is available at *http://www.acf.dhhs.gov*.

Improving Quality and Oversight of Methadone Treatment. A new accreditation program managed by SAMHSA will improve the oversight of addiction treatment programs using methadone and other medications to treat opiate dependence. With an emphasis on clinical decision-making, it replaces a 30-year-old inspection program.

Programs Serving American Indians and Alaska Natives. Substance abuse continues to be a leading contributor to health problems among American Indians and Alaska Natives. The Indian Health Service (IHS) funds approximately 400 alcoholism and substance abuse programs that provide a number of treatment and prevention services to rural and urban communities. More information on IHS programs is available at *http://www.ihs.gov/medicalprograms/alcohol/*.

Inpatient/Outpatient Benefits. The Medicare and Medicaid programs help thousands of Americans each year overcome drug addiction. Medicaid may cover some emergency treatment of drug-related symptoms, detoxification and rehabilitation as well as some outpatient services. Many states have also used Medicaid waivers to implement managed care programs targeted at substance abuse. Information on the Medicare program is available at *http://www.medicare.gov*. Information on Medicaid is available at *http://www.hcfa.gov/medicaid/medicaid.htm*.

Recovery Community Programs. Twenty-one community-based organizations with new or ongoing involvement in substance abuse treatment activities have been awarded SAMHSA grants - totaling $4.8 million - to foster participation of people in recovery and their family members in the programs' dialogue about addiction, treatment and recovery.

Workplace Programs. Working with private corporations and managed care organizations, SAMHSA works to improve substance abuse prevention programs in the workplace. A SAMHSA-supported Workplace Helpline, 1-800-967-5752 (WORKPLACE), also provides assistance to employers who are developing and implementing substance abuse prevention programs. More information on workplace programs is available at *http://www.drugfreeworkplace.gov*.

HHS CAMPAIGNS TO PREVENT AND TREAT SUBSTANCE ABUSE

In addition to the programs and services that the department supports, HHS has joined with numerous private and public partners to establish comprehensive prevention campaigns to educate the public about the dangers of illicit drug use, particularly among youth. Following are just a few examples of the department's initiatives:

Marijuana. To reduce marijuana use among American youth, in 1995 HHS launched a comprehensive marijuana initiative including support for new research on the effects of marijuana and the launch of campaigns to help parents educate children about the dangers of drugs. Two campaigns launched are SAMHSA's "Reality Check" campaign and NIDA's "NIDA Goes to School" initiative. Information on SAMHSA's program is available at *http://www.samhsa.gov* or by calling 1-800-729-6686. Information about NIDA's campaign may be obtained at *http://www.nida.nih.gov/* or by calling 1-800-729-6686.

Club Drugs. In 1999, NIDA launched a new national education, prevention and research initiative to combat the increased use of club drugs such as ecstasy. These drugs are often used at all night "raves" or dance parties and have potentially life-threatening effects. This new initiative includes a multi-media public education strategy including a Web site to alert teens, parents and educators about the dangers of club drugs such as ecstasy, GHB and Rohypnol. More information is available at *http://www.clubdrugs.org*. SAMHSA is also focusing on the dangers of club drugs in its substance abuse publications and other awareness programs. Information from SAMHSA is available at *http://www.samhsa.gov* and at *http://www.samhsa.gov/oas/dawn.htm*.

Steroids. Recognizing from the 1999 MTF data that steroid abuse may be on the rise, NIDA took a preemptive strike to curtail this problem by joining with seven national partners in 2000 to launch an initiative designed to alert the public about the risks associated with anabolic steroid use. The Institute's partners in the initiative include the National Collegiate Athletic Association, American College of Sports Medicine, American Academy of Pediatrics, National Association of School Nurses, National Federation of High Schools, International Students in Action, and Dr. Drew Pinsky, co-host of MTV's Loveline and dr Drew.com. More information is available on the campaign's Web site at *http://www.steroidabuse.org*.

Alcohol. To combat the major public health problem of drinking by children aged 9 to 15, NIH's National Institute on Alcohol Abuse and Alcoholism (NIAAA) has launched Leadership to Keep Children Alcohol Free. The Leadership initiative is led by an alliance of 33 governor's spouses and five emeritus spouses with funding from NIAAA, the Robert Wood Johnson Foundation, the NIH Office of Research on Women's Health, the NIH Center on Minority Health and Health Disparities, the Office of Juvenile Justice and Delinquency Prevention, the National Highway Traffic Safety Administration and SAMHSA. In addition, representatives of more than 25 national organizations support the initiative through participation on an advisory executive working group. More information about the activities of the initiative is available at *http://www.alcoholfreechildren.org*.

National Alcohol and Drug Addiction Recovery Month. This annual September public education campaign celebrates the gains made by people in recovery from alcohol or substance abuse and lauds the benefits of substance abuse treatment. The theme for the 2001 observance was "We Recover Together: Family, Friends, and Community." More information on the observance is available at *http://www.samhsa.gov*.

National Alcohol Screening Day (NASD). NASD is a national, one-day outreach, education and screening event conducted by hospitals, clinics, treatment centers, colleges and primary care offices. NASD offers screening, education, intervention and referral to treatment when necessary for at-risk drinking and a range of alcohol problems. This year, an expanded focus provides information on how alcohol affects overall health and existing medical conditions. The program also provides information and guidance for those who are concerned about a friend or family member. NASD is the result of a collaboration between NIAAA, SAMHSA and Screening for Mental Health, Inc. More information on the fourth annual NASD observance is available at *http://www.mentalhealthscreening.org*.

Girl Power! This education campaign was designed to help encourage and motivate 9- to 14- year-old girls to make the most of their lives. Studies show that girls tend to lose self-confidence and self-worth during this pivotal time and may become less physically active, perform less well in school, potentially use drugs, alcohol and tobacco, and neglect their own interests and aspirations. For more information on the campaign, see *http://www.girlpower.gov*.

Prescription Drug Abuse. To raise awareness about and increase research efforts on the misuse and abuse of prescription drugs, NIDA has launched a new Prescription Drug Abuse Initiative. Seven organizations, including AARP, have joined NIDA in this effort to reduce the non-medical use of prescription drugs, which appears to be on the rise. More information on the initiative is available at *http://www.drugabuse.gov/DrugPages/Prescription.html*.

HHS RESEARCH INTO DRUG ABUSE PREVENTION AND TREATMENT

Drug Abuse Research. NIDA provides more than 85 percent of the support for research on drug abuse and drug addiction in the world, providing the scientific foundation for prevention and treatment programs all across America. Examples of recent and ongoing

research include: studying the biological basis of addiction; developing medications to treat drug addiction; assessing and improving behavioral and psychosocial treatments; studying the organization and financing of drug abuse treatment and linkage to primary medical care; studying abused drugs and their health consequences; studying the long-term consequences of prenatal exposure to drugs; and applying state-of-the-art neuroimaging and genetics techniques to advance drug abuse prevention and treatment efforts. NIDA's fiscal year 2001 budget was $781 million. More information about NIDA research is available at *http://www.nida.nih.gov/*.

Alcohol Research. NIAAA provides leadership and financial support for approximately 90 percent of all alcohol-related research in the United States. NIAAA supports research on the causes, consequences, treatment and prevention of alcohol-related problems. Highlights of NIAAA research include: determining how genetic and environmental factors interact in the development of alcoholism; researching the brain mechanisms involved in alcoholism; developing new treatment approaches and medications; assessing alcohol's effects on the body; studying the risk/benefit tradeoffs of moderate alcohol use; developing and testing prevention strategies; evaluating the effects of alcohol in the development of birth defects and identifying prevention approaches; and assessing alcohol treatment and prevention services. NIAAA's fiscal year 2001 budget was $341 million. More information on NIAAA research is available at *http://www.niaaa.nih.gov/*.

HHS RESOURCES FOR CONSUMERS AND PROVIDERS

Treatment Referral Services. SAMHSA's on-line locator system provides a private, convenient way to find treatment programs for substance abuse problems. Information on more than 11,000 facilities recognized by states as appropriate sources of care can be found through this database at *http://www.findtreatment.samhsa.gov*. This new service augments the locator services available through SAMHSA's National Drug and Alcohol Treatment Referral Hotline at 1-800-662-HELP.

Hablemos en Confianza. This program built around Latino strengths is helping Hispanic families bring critical anti-drug messages home to their pre-teens and young teens. The materials for this communications initiative were built upon input from key leaders and focus groups from Latino communities across the country. An intergenerational communications book provides parents clear examples of ways to discuss substance abuse with family members. Supplementary products include both a children's healthy behaviors activity book (designed for ages 4-6) and a community action guide to help community leaders organize, enhance and expand local substance abuse prevention activities. Information is available at SAMHSA's Web site at *http://www.samhsa.gov*.

Model Programs for Youth Substance Abuse Prevention. SAMHSA makes available a series of proven and promising prevention programs that have produced consistent, replicable results in prevention with high-risk youth populations. To date, 39 model programs have been identified through a rigorous peer review process to build resilience and self-esteem among youth at high risk for substance abuse. The information is available through SAMHSA's Model and Exemplary Programs Web site at *http://www.samhsa.gov/centers/csap/modelprograms*.

Treatment Improvement Protocol Series Guide for Treatment Providers. The SAMHSA Treatment Improvement Protocol (TIP) series provides substance abuse treatment professionals with "best practices" in treatment. SAMHSA draws on the experience and knowledge of clinical, research and administrative experts to produce each TIP. Copies of the guides are available through the SAMHSA Web site at *http://www.samhsa.gov* and through the National Library of Medicine's site at *http://text.nlm.nih.gov*.

National Clearinghouse. SAMHSA maintains the National Clearinghouse for Alcohol and Drug Information, which can be reached at 1-800-729-6686 for assistance in English or Spanish, or at TDD 1-800-487-4889 for hearing-impaired callers. It is estimated that more than 100 million Americans benefit from Clearinghouse services each year. PREVLine (PREVention-on-Line), a 24-hour Web-based prevention information portal and search engine, is maintained by SAMHSA and is accessible at *http://text.nlm.nih.gov*.

NIDA Infofax. Callers can access pre-recorded information and request fact sheets on drug abuse and addiction in English and Spanish 24 hours a day by calling NIDA's toll-free Infofax service at 1-888-NIH-NIDA (644-6432). Hearing-impaired callers can access the system at 1-888-TTY-NIDA (889-6432). All fact sheets from NIDA Infofax are also available on the NIDA home page at *http://www.nida.nih.gov* .

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U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Sample Press Release

Date

Contact: *Your Name*
Phone

Teen Smoking Decreases, Ecstasy Use Slows in 2001

Recent findings from the U.S. Department of Health and Human Services' 2001 Monitoring the Future study show that cigarette use by American teenagers is on the decline, a continuing trend that began in 1996. The study also finds that ecstasy (also known as MDMA, methylenedioxymethamphetamine) use by teenagers remains popular. However, the rate of use is beginning to lose pace.

Between 1996 and 2001, the number of 8th graders who identified themselves as current smokers dropped from 21 percent to 12 percent, while the number of 10th graders dropped from 30 percent to 21 percent. The number of 12th graders dropped from 37 percent to 30 percent from 1997 to 2001.

The study also found that the sharp rise of ecstasy use among 8th, 10th, and 12th graders over the past 2 to 3 years slowed notably from 2000 to 2001. While the increase in ecstasy use was modest in comparison to earlier years, popularity of this drug among youth continues to be a serious concern.

"These findings are excellent news in the battle against cigarette smoking among youth and are especially welcome after an increase in teen smoking from the early to mid-1990s," said (name) of the (office or agency). "More important, the decline in the rate of ecstasy use, at one time the fastest growing drug used by our Nation's youth, is an important sign that our prevention messages are working."

One explanation for the slowdown in the rate of increased ecstasy use among youth is that more teens now recognize the drug as dangerous. Twelfth graders (the only participants asked about their perceptions of risk for this drug) polled for the study indicated that they believed there is great risk associated with ecstasy experimentation. Student responses in this category show a change of 8 percentage points, a jump from 38 percent in 2000 to 46 percent in 2001.

For the fifth consecutive year, teen illicit drug use has stayed level, largely due to the fact that use of marijuana—the most widely used of all illicit drugs—held steady this year.

Alcohol use has continued to decrease slowly, following peak rates in 1996 and 1997. The most pronounced changes occurred among eighth graders, who showed a decline in 30-day prevalence of any alcohol use from 26 percent in 1996 to 22 percent in 2001.

"Our success this year is a clear indication that teenagers respond positively to prevention messages from dedicated parents, teachers, prevention specialists, community members, and others," said (name) of the (office or agency). "But, our battle against ecstasy and other illicit drug use by (State)'s youth has only just begun."

The study, which obtains information from more than 44,000 students at 424 schools across the country, has tracked substance use among high school seniors for 27 years and began monitoring 8th and 10th graders 11 years ago.

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For more information on substance abuse prevention, contact the Substance Abuse and Mental Health Services Administration's National Clearinghouse for Alcohol and Drug Information at (800) 729-6686 or on the Internet at www.health.org (or add local information).

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Fact Sheet: Overall Substance Abuse

The 2001 Monitoring the Future study of drug use among 8th, 10th, and 12th graders found that illicit drug use, including the use of marijuana, generally remained unchanged in the last year. In 2001, past year use of an illicit drug was 19.5 percent among 8th graders, 37.2 percent among 10th graders, and 41.4 percent among 12th graders. There was a significant drop in the rate of teen cigarette use and a deceleration in the rise of teen ecstasy use.

Despite the trends of cigarette and ecstasy use, teen substance abuse levels continue to be unacceptably high. The 2001 survey highlights some specific areas of concern. The number of 10th and 12th graders using smokeless tobacco went up. Steroid use climbed among 12th graders, and the use of tranquilizers increased among 8th, 10th, and 12th graders.

Perceived Harmfulness, Disapproval, and Perceived Availability of Illicit Drugs

- Perceived harmfulness of using inhalants increased among 8th and 10th graders. Perceptions of "great risk" from trying inhalants once or twice increased from 41.2 percent to 45.6 percent among 8th graders and from 46.6 percent to 49.9 percent for 10th graders.
- Perceived harmfulness of regularly smoking marijuana decreased from 74.8 percent to 72.2 percent among 8th graders.
- Perceived harmfulness of regularly taking LSD declined from 57.5 percent to 52.9 percent among 8th graders and from 72.0 percent to 68.8 percent among 10th graders.
- Perceived harmfulness of trying MDMA once or twice increased among seniors, the only grade asked this question; the proportion seeing "great risk" increased from 37.9 percent to 45.7 percent.
- Twelfth graders' disapproval of using heroin once or twice without a needle declined from 94.0 percent in 2000 to 91.7 percent in 2001.
- Disapproval of steroid use decreased among seniors.
- Perceived availability of MDMA (ecstasy) increased sharply among seniors, from 51.4 percent to 61.5 percent.
- The perceived availability of crack and cocaine powder declined among 10th graders. The percent who thought cocaine powder would be "very" or "fairly easy" to get went from 34.5 percent to 31.0 percent.

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Fact Sheet: Alcohol, Cigarettes, and Smokeless Tobacco

Alcohol Use

- Between 2000 and 2001, alcohol use indicators remained mostly stable with some signs of decrease, but only two changes were statistically significant: Having been drunk in the past year declined among 8th graders, from 18.5 percent in 2000 to 16.6 percent in 2001; an exception to the overall pattern, daily alcohol use increased among 12th graders, from 2.9 percent to 3.6 percent.

Cigarettes and Smokeless Tobacco

In 2001, cigarette use among teens declined significantly.

- Cigarette use by 8th and 10th graders declined in several categories between 2000 and 2001. Lifetime use decreased from 40.5 percent to 36.6 percent among 8th graders and from 55.1 percent to 52.8 percent among 10th graders. Past month use declined from 14.6 percent to 12.2 percent among 8th graders, and from 23.9 percent to 21.3 percent among 10th graders; Daily use in the past month declined from 7.4 percent to 5.5 percent among 8th graders and from 14.0 percent to 12.2 percent among 10th graders.
- Recent years have seen several declines in smoking by youth. Reductions in smoking between 1999 and 2000 involved students in all three grades and several categories of use; between 1998 and 1999 past month use declined among 8th graders and between 1997 and 1998 cigarette use decreased among 10th and 12th graders.
- Use of bidis, small, flavored cigarettes, decreased among 8th and 10th graders. Past year use went from 3.9 percent to 2.7 percent among 8th graders and from 6.4 percent to 4.9 percent among 10th graders.
- Rates of smokeless tobacco use remained statistically unchanged between 2000 and 2001. In 2001, 4.0 percent of 8th graders, 6.9 percent of 10th graders, and 7.8 percent of 12th graders reported using smokeless tobacco in the past month.

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Fact Sheet: Marijuana, Cocaine, and Heroin

Marijuana

- Marijuana use in the lifetime, past year, and past month remained statistically unchanged from 2000 to 2001 in each grade. In 2001, past year rates of marijuana use were 15.4 percent for 8th graders, 32.7 percent for 10th graders, and 37.0 percent for 12th graders.
- In the 27 years that the MTF study has collected data, past year prevalence rates for self-reported marijuana use by seniors peaked at 50.8 percent in 1979 and declined to a low of 21.9 percent in 1992. Since then, it reached a relative maximum of 38.5 percent in 1997 and is now at 37.0 percent in 2001.

Cocaine

- Cocaine use, including both cocaine powder and crack, decreased from 2000 to 2001 among 10th graders. In this group, lifetime use of cocaine in any form declined from 6.9 percent to 5.7 percent, while lifetime use of crack decreased from 3.7 percent to 3.1 percent. Past year use of cocaine powder declined from 3.8 percent to 3.0 percent.

Heroin

- Heroin use declined from 2000 to 2001 among 10th and 12th graders. For 10th graders, past year use decreased from 1.4 percent to 0.9 percent; for 12th graders, it was down from 1.5 percent to 0.9 percent. In addition, lifetime heroin use declined for both these grades. This decrease in overall heroin use among 10th and 12th graders resulted largely from a decrease in use of the drug without a needle (i.e., snorting or smoking it).
- This year's decrease in heroin use among 12th graders reverses an increase in use of the drug in this grade between 1999 and 2000 that brought it to the highest level seen in the history of the survey. The new rate for 2001, 0.9 percent for past year use, is the lowest since 1994.

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Fact Sheet: Ecstasy (MDMA)

Ecstasy (MDMA)

- Ecstasy use continued to increase, but not at the velocity as reported in 1999 and 2000. The proportions of 8th, 10th, and 12th graders who reported having ever taken ecstasy in 2001 were 5 percent, 8 percent, and 12 percent, respectively.

- The proportion of 12th graders (the only ones asked about their perceptions of risk for this drug) who said that there is a great risk associated with experimenting with ecstasy jumped by 8 percentage points this year, from 38 percent in 2000 to 46 percent in 2001.

- There was a continuing sharp increase in the perception of the availability of ecstasy, with the proportion of 12th graders saying that they could get ecstasy "fairly" or "very" easily, increasing from 40 percent in 1999 to 51 percent in 2000, and then again to 62 percent in 2001.

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Fact Sheet: Inhalants, Hallucinogens, and Steroids

Inhalants

- Rates of inhalant use continued the gradual declining trend seen in recent years, though the decrease from 2000 to 2001 was statistically significant only for 12th graders' past year use of these substances; the rate declined from 5.9 percent to 4.5 percent. In 2001, 9.1 percent of 8th graders, 6.6 percent of 10th graders, and 4.5 percent of 12th graders reported using inhalants in the past year.

Hallucinogens/LSD

- Hallucinogen use overall remained stable from 2000 to 2001 among 8th, 10th and 12th grade students. This stability follows declines between 1999 and 2000 in past month use of these drugs among 10th and 12th graders and in past year use among 12th graders.
- In an exception to the overall pattern of stability for hallucinogens, LSD use showed mixed changes from 2000 to 2001. Past month use increased among 12th graders from 1.6 percent to 2.3 percent, but among 10th graders past year use of the substance declined from 5.1 percent to 4.1 percent.

Steroids

- Seniors' use of steroids in the lifetime, past year, and past month increased from 2000 to 2001. Past year use increased from 1.7 percent to 2.4 percent. Comparable 2001 figures for past year steroid use in other grades were 1.6 percent for 8th graders and 2.1 percent for 10th graders.

U.S. Department of Health and Human Services—2001 Monitoring the Future Study

Talking Points

About the 2001 Monitoring the Future Study

- The 2001 Monitoring the Future study, released by the U.S. Department of Health and Human Services on December 19, 2001, tracks how many teenagers have used illicit drugs in the past year or ever in their lifetime.

- The study, conducted by the University of Michigan, has been tracking high school seniors for 27 years and following 8th and 10th graders for the past 11 years. The study included 44,000 students from 424 schools across the country.

Findings From the 2001 Study

***Good News*:**

- Overall use of cigarettes among teenagers has declined sharply, continuing a trend that began in 1996.
- Use of ecstasy (MDMA), while still increasing, has begun to decelerate.
- Overall use of marijuana and other illicit drugs among teenagers remained unchanged from 2000 to 2001.
- Since 1997, there has been a significant decline in the use of illicit drugs among 8th graders, the youngest students surveyed in this study.
- More 12th graders disapprove of trying ecstasy once or twice.
- Steroid use, which increased among 10th graders in the 2000 survey, did not increase in 2001.
- In 2001, teens used less alcohol, cocaine, and hallucinogens, including LSD, than in 2000.
- Use of inhalants decreased among teenagers, while perceived harmfulness of using inhalants increased among 8th and 10th graders.

***Bad News*:**

- Ecstasy use increased in all three grade levels.
- Use of tranquilizers increased in all three grades.
- Perceived harmfulness of regularly smoking marijuana decreased from 74.8 percent to 72.2 percent among 8th graders.
- Disapproval of steroid use decreased among 12th graders.

- Perceived availability of MDMA (ecstasy) increased sharply among seniors, from 51.4 percent to 61.5 percent.

Prevention Works!

- The 5-year declining trend in teen substance abuse is indicative of prevention efforts that are working. To maintain and further this progress, we must continue to make prevention the centerpiece of local strategies.

- The problem of adolescent substance abuse is far from over. We must continue to target teenagers with prevention messages. If we fail to prevent substance abuse early in life, the problem is most likely to continue.

Comments About the 2001 Monitoring the Future Study

Below are public comments about the 2001 Monitoring the Future study made by key Federal officials:

Tommy G. Thompson
Secretary, U.S. Department of Health and Human Services

"Overall, drug use among America's teenagers has remained level or declined for the fifth year in a row, and that's good news. But we must remain vigilant to the threats that heroin, ecstasy, marijuana, alcohol, and other dangerous drugs pose to our youth."

Dr. Glen Hanson
Acting Director, National Institute on Drug Abuse (NIDA)

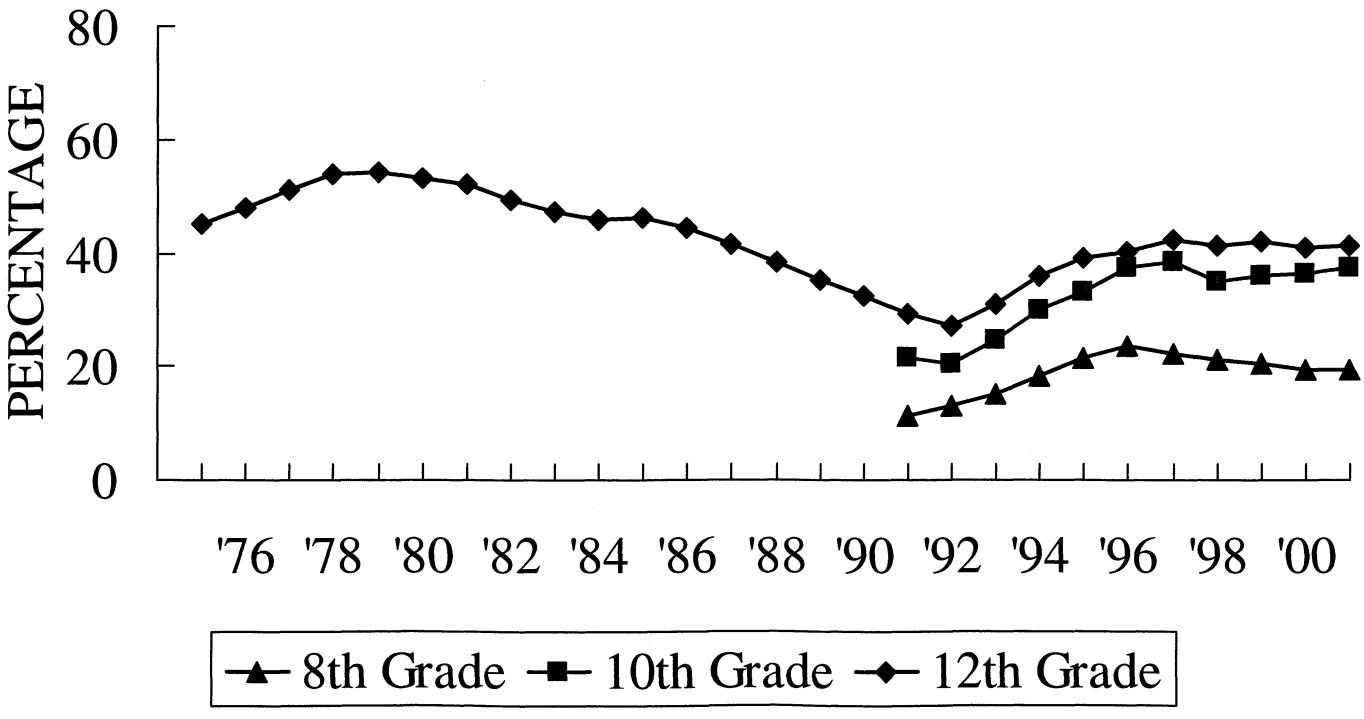
"We are pleased that the trend we noted in 1999 and 2000 that showed teens increasingly using ecstasy appears to have slowed in 2001. And we hope that our concerted effort to give adolescents science-based information about the health risks of ecstasy and other drugs will contribute to a further reduction in the use of these drugs."

2001 Monitoring the Future Study

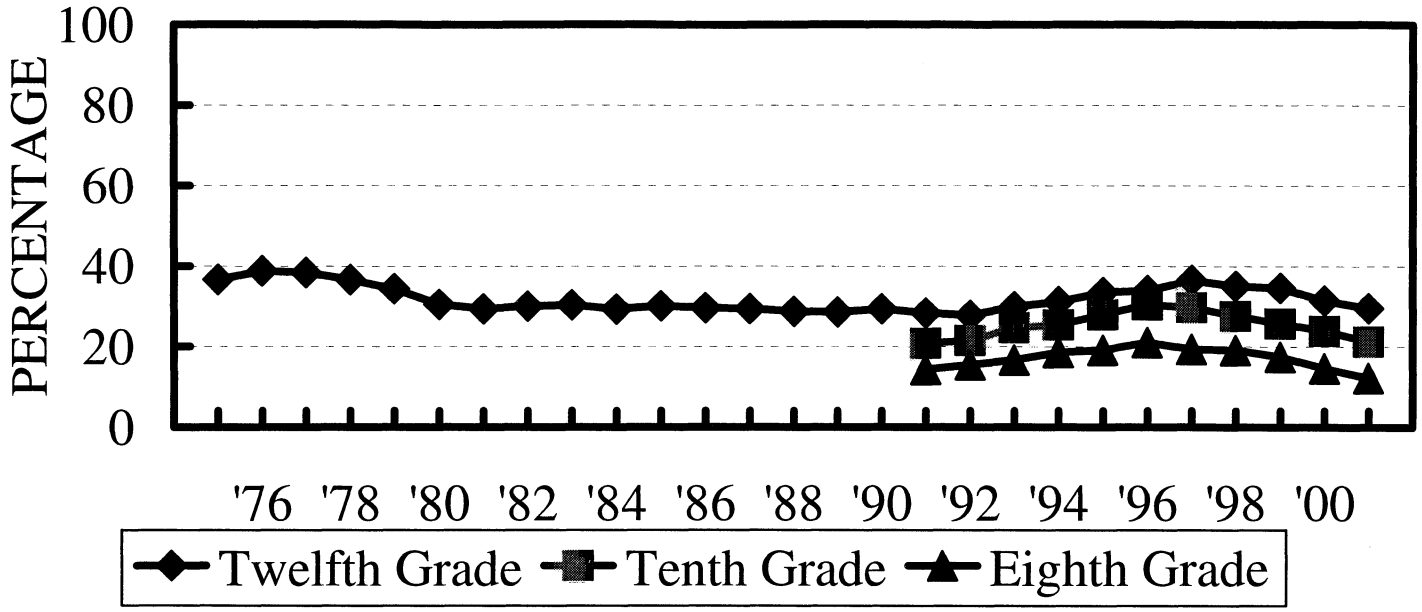
U.S. Department of Health and Human Services
National Institutes of Health
National Institute on Drug Abuse

December 19, 2001

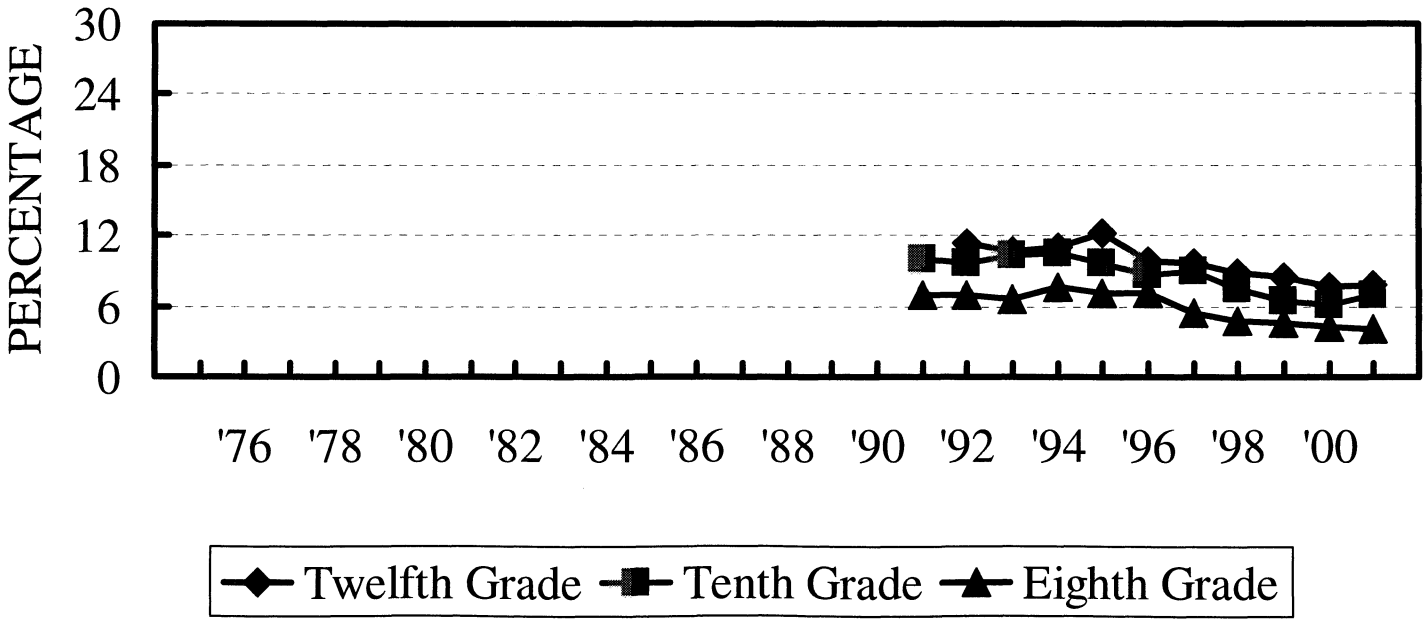
Past Year Illicit Drug Use



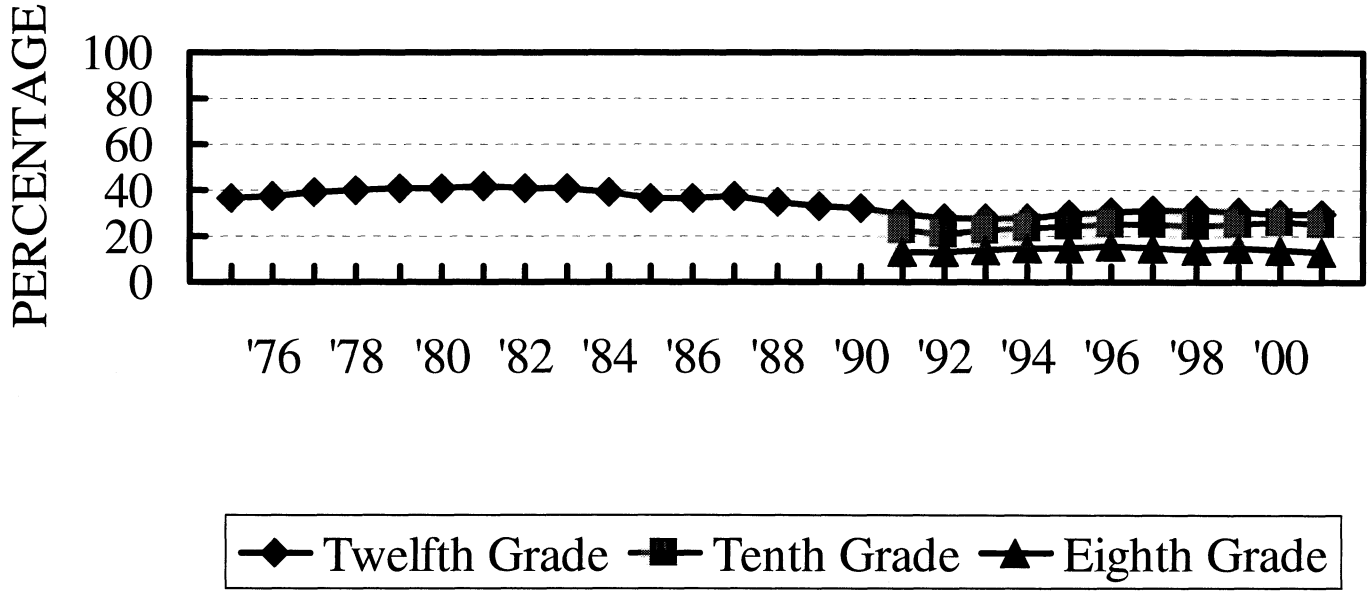
Past Month Use of Cigarettes



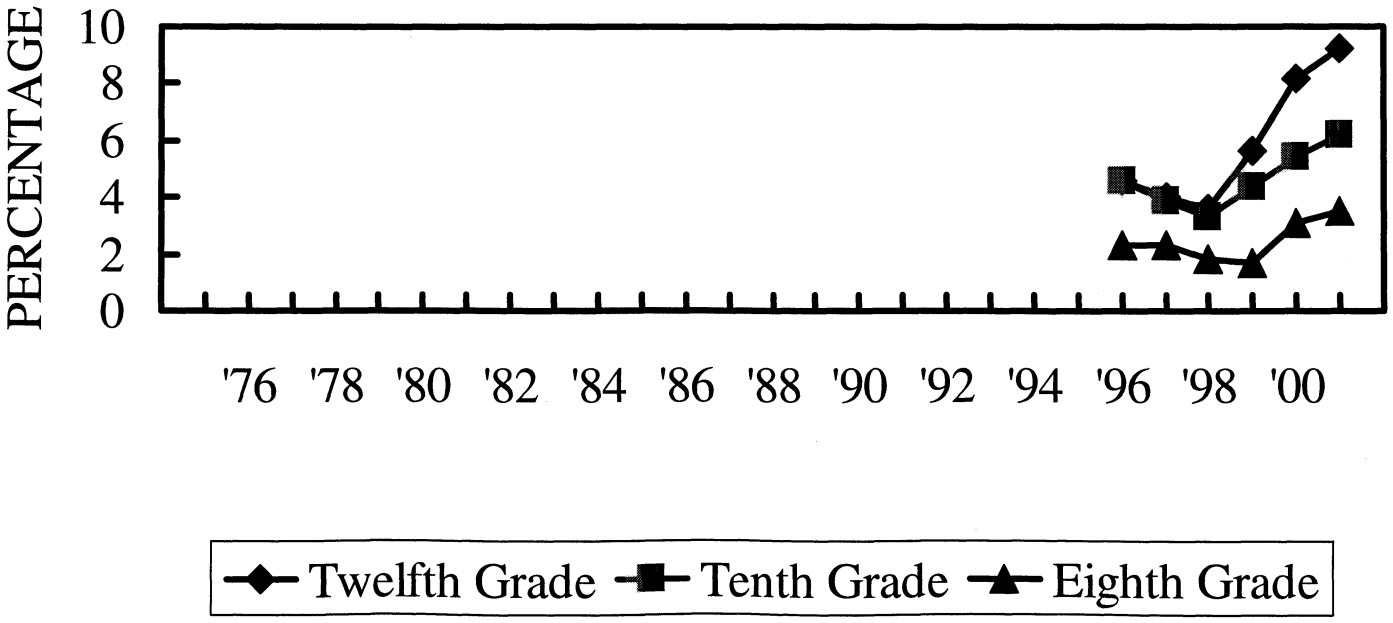
Past Month Use of Smokeless Tobacco



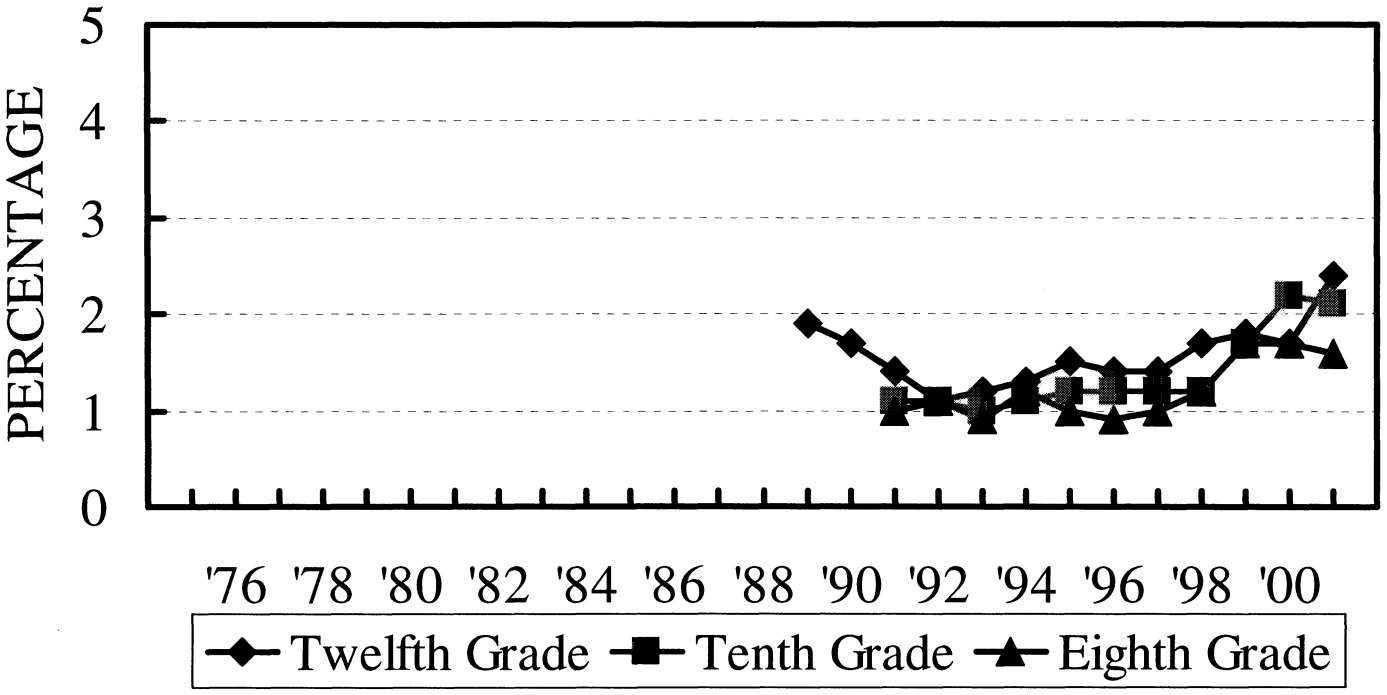
Students Who Had 5+ Drinks in a Row in the Previous 2 Weeks



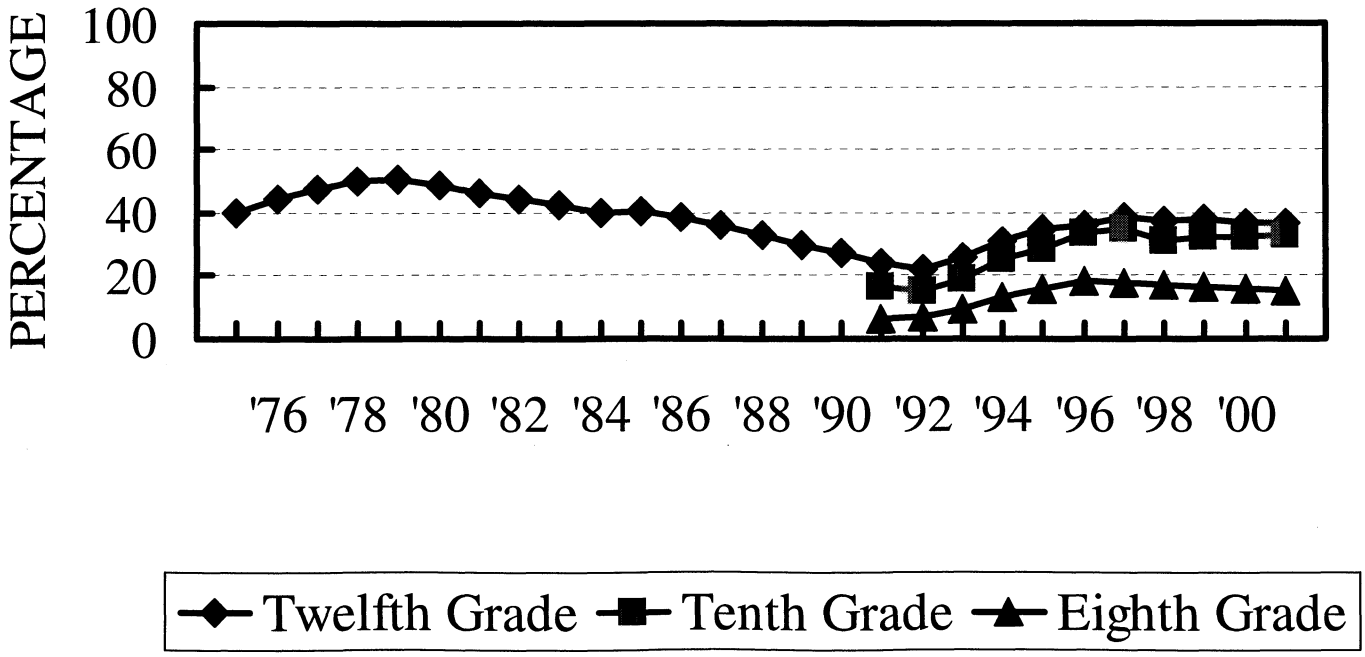
Past Year Use of MDMA (Ecstasy)



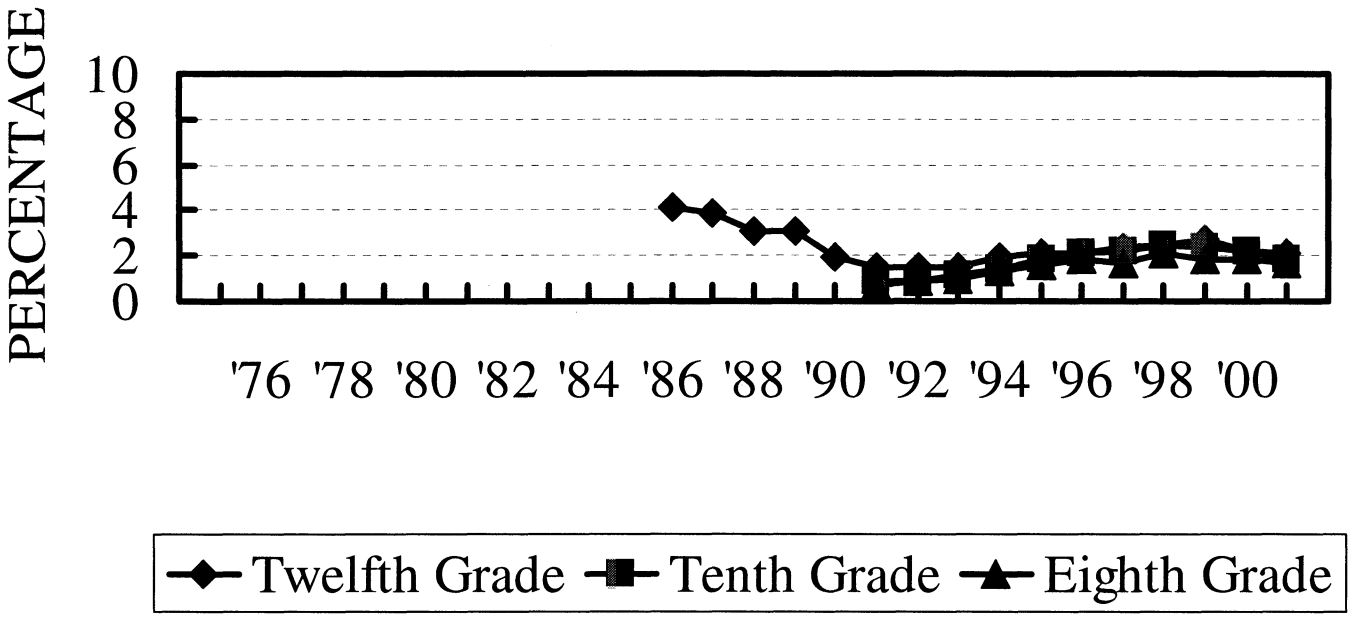
Past Year Use of Steroids



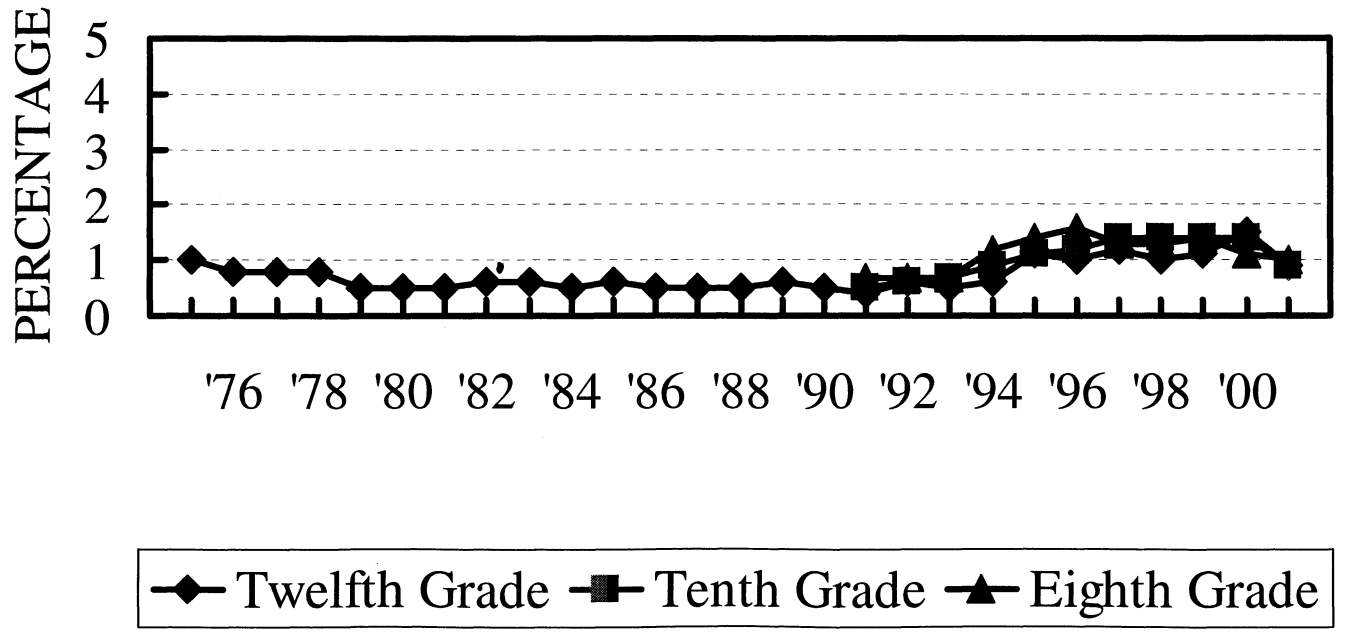
Past Year Use of Marijuana



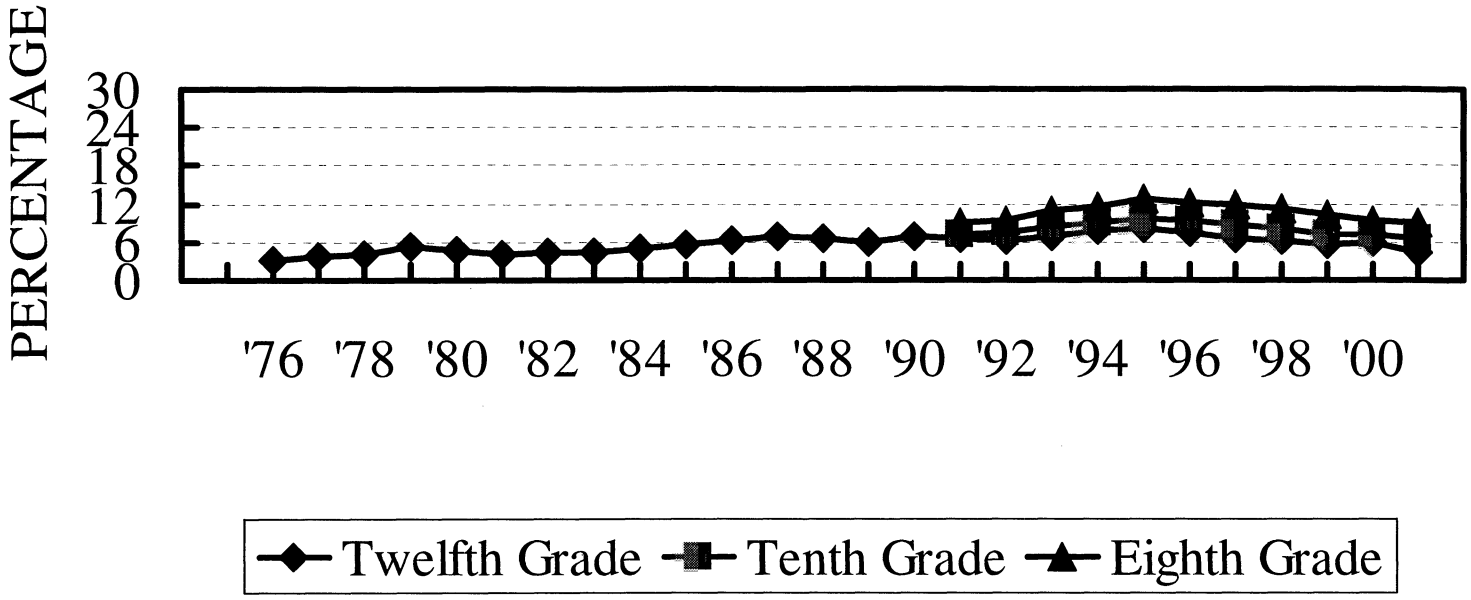
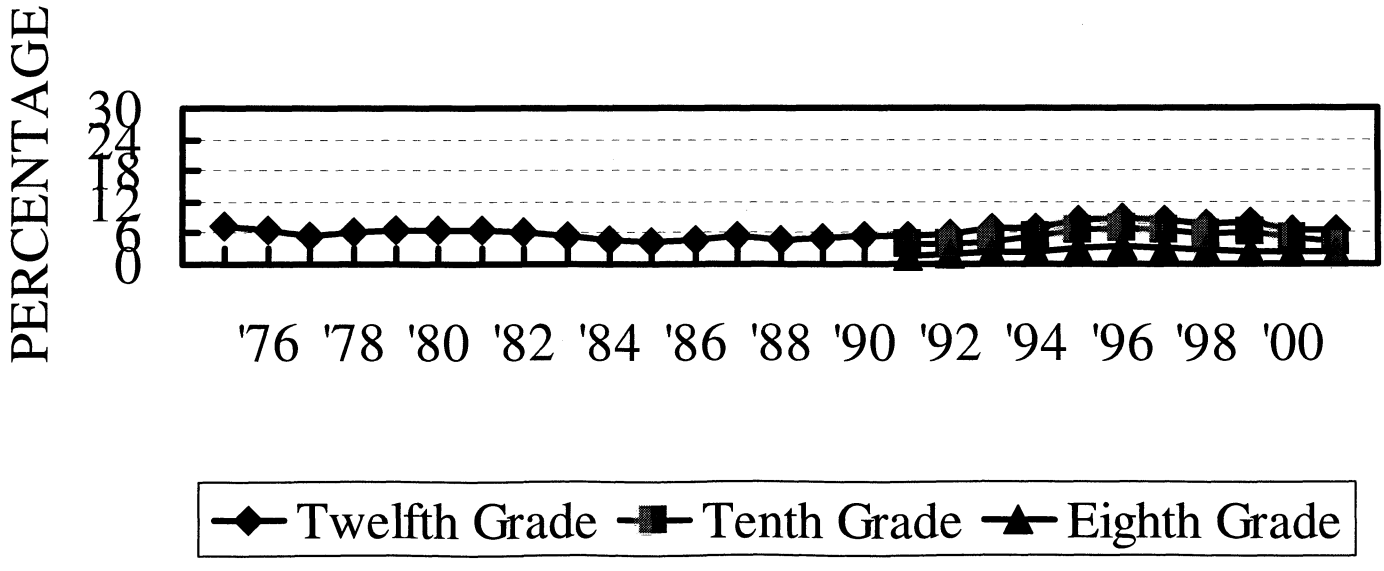
Past Year Crack Cocaine Use



Past Year Heroin Use



Past Year Inhalant Use



Past Year Hallucinogen (LSD) Use