

The NSDUH Report

July 29, 2005

Youths' Exposure to Substance Use Prevention Messages: 2003

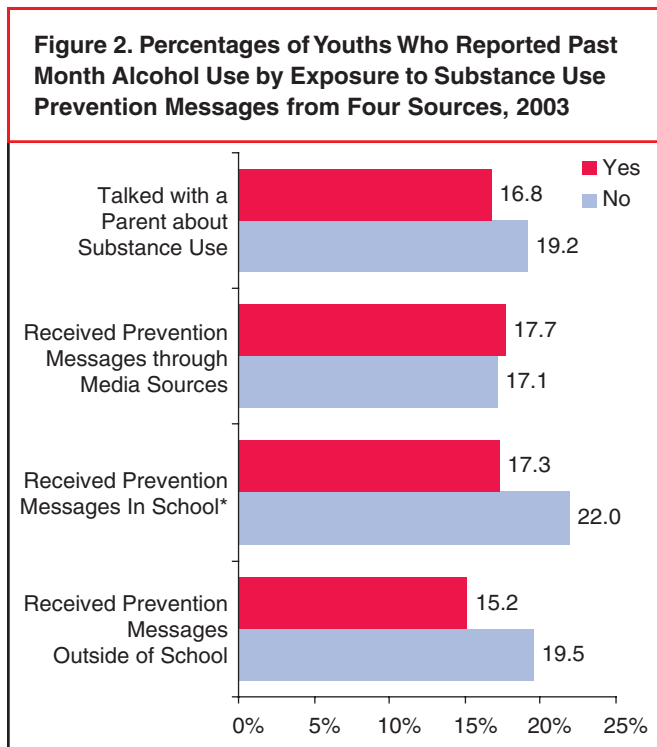
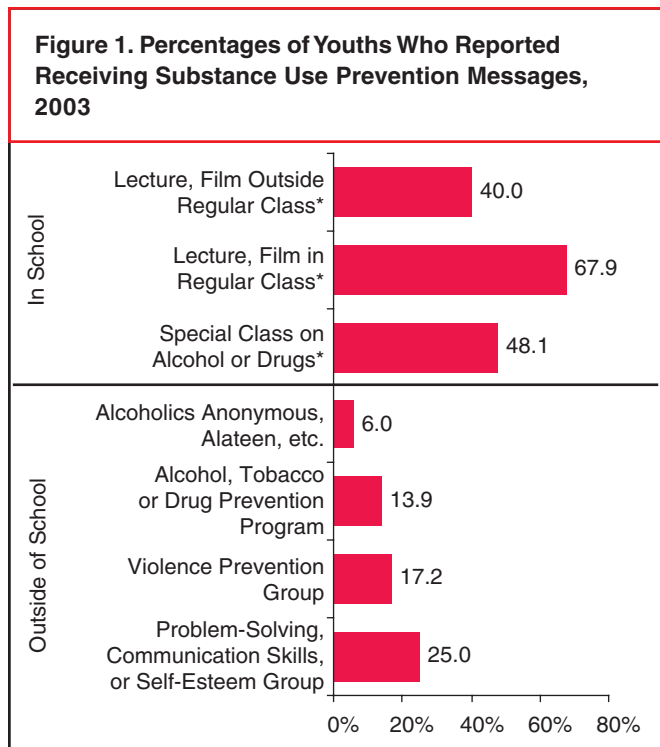
In Brief

- In 2003, 14.6 million youths aged 12 to 17 (58.9 percent) reported having talked with at least one of their parents during the past year about the dangers of tobacco, alcohol, or drug use
- Youths who had talked with a parent about the dangers of tobacco, alcohol, or drug use in the past year were less likely to report past month alcohol use, binge alcohol use, or illicit drug use than youths who had not talked with a parent
- In 2003, 83.6 percent of youths (20.8 million) reported having seen or heard an alcohol or drug prevention message from sources such as posters, pamphlets, radio, or TV in the past 12 months

The National Survey on Drug Use and Health (NSDUH) asks youths aged 12 to 17 whether they have talked with at least one of their parents^{1,2} during the past year about the dangers of tobacco, alcohol, or drug use. Youths are also asked whether they have seen or heard any alcohol or drug prevention messages from sources such as posters, pamphlets, radio, or TV in the past 12 months.

In addition, youths are asked whether or not they have had (a) a special class about drugs or alcohol in school; (b) films, lectures, discussions, or printed information about drugs or alcohol in one of their regular school classes; (c) films, lectures, discussions, or printed information about drugs or alcohol outside of regular school classes such as a special assembly.³

Youths also reported participation in any of the following in the past 12 months: (a) a problem-solving, communication skills, or self-esteem group; (b) a violence prevention program; (c) an alcohol, tobacco, or drug prevention program outside of school; or (d) a program or meeting to help deal with drug or alcohol use such as Alcoholics Anonymous, Alateen, or individual or group counseling.



Conversations with Parents about the Dangers of Tobacco, Alcohol, and Drug Use

In 2003, 14.6 million youths aged 12 to 17 (58.9 percent) reported having talked with at least one parent¹ during the past year about the dangers of tobacco, alcohol, or drug use. Females (61.3 percent) were more likely to talk with a parent about the dangers of substance use than males (56.5 percent). Youths aged 12 to 13 and 14 to 15 were more likely (60.6 and 59.4 percent, respectively) to report having talked with a parent than those aged 16 or 17 (56.6 percent). The percentages of youths who reported talking with a parent about substance use varied somewhat by racial/ethnic group. White youths (61.4 percent) were more likely to report talking to a parent than black (51.2 percent), Hispanic (58.1 percent), or Asian youths (51.7 percent).

Exposure to Alcohol or Drug Prevention Messages through Media Sources

In 2003, 83.6 percent of youths (20.8 million) reported having seen or heard an alcohol or drug prevention message from sources such as posters, pamphlets, radio, or TV in the past 12 months. Females (85.8 percent) were more likely than males (81.4 percent) to report having received prevention messages through media sources. Youths aged 12 to 13 (80.2 percent) were less likely than youths aged 14 to 15 (84.2 percent) or 16 to 17 (86.3 percent) to report that they had heard or seen prevention messages through media sources in the past 12 months. White youths (84.6 percent) were more likely than black (80.5 percent), Hispanic (81.8 percent), or American Indian or Alaska Native youths (77.3 percent) to have received prevention messages through media sources. However,

more Asian youths (89.1 percent) reported hearing or seeing prevention messages through media sources than youths in any other racial/ethnic group.

Exposure to Other Alcohol or Drug Prevention Messages

Youths also reported receiving alcohol or drug use prevention messages in other places, including in school and outside of school. The most common setting for receiving in-school alcohol or drug use prevention messages was lectures or films in a regular class setting (67.9 percent of youths attending school in 2003) (Figure 1).³ Outside of school, participation in alcohol or drug use prevention groups was much less common, with 25.0 percent of youths participating in a problem-solving, communication skills, or self-esteem group, the most frequently reported type of out-of-school prevention program.

Figure 3. Percentages of Youths Who Reported Past Month Binge Alcohol Use by Exposure to Substance Use Prevention Messages from Four Sources, 2003

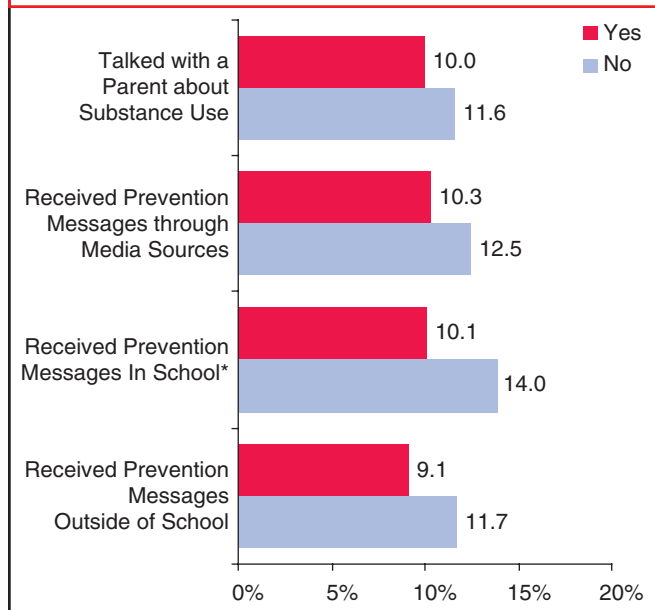
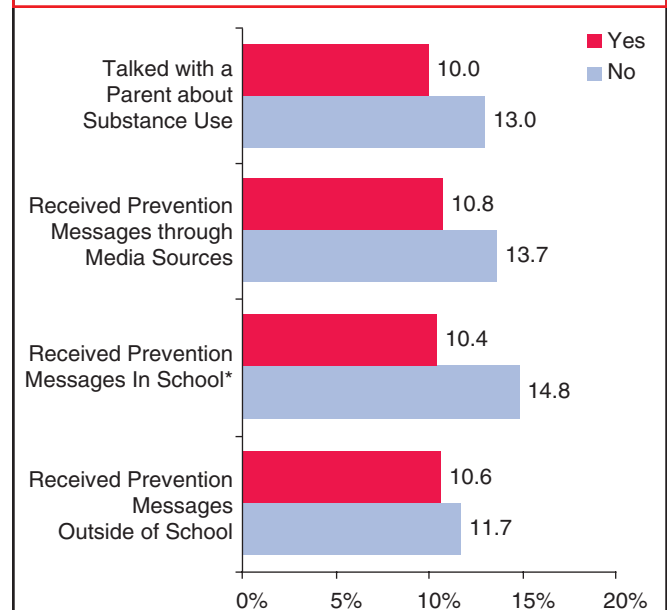


Figure 4. Percentages of Youths Who Reported Past Month Illicit Drug Use by Exposure to Substance Use Prevention Messages from Four Sources, 2003



Association between Substance Use and Exposure to Prevention Messages⁴

Youths who reported talking to at least one parent about the dangers of tobacco, alcohol, or drug use in the past year were significantly less likely to report past month alcohol use (16.8 vs. 19.2 percent), binge alcohol use (10.0 vs. 11.6 percent), or illicit drug use (10.0 vs. 13.0 percent) than youths who did not report talking to a parent (Figures 2, 3, and 4).⁵ Youths who reported having seen or heard media prevention messages in the past year were significantly less likely to report past month binge alcohol use (10.3 vs. 12.5 percent) or illicit drug use (10.8 vs. 13.7 percent). Prevention messages received in school as well as outside of school also were associated with differences in rates of substance use among youths.

End Notes

1. *Parents* were defined as biological parents, adoptive parents, stepparents, or adult guardians whether or not they lived with the child.
2. Responses to the question do not indicate whether the conversation was initiated by the parent or the youth, the duration of the conversation, or the specific content discussed.
3. These questions are only asked of youths aged 12 to 17 who reported attending any type of school or home-school in the past 12 months.
4. It should not be inferred that the associations discussed here reflect causal relationships, but only that correlations exist. Statistical controls for other factors that may explain or influence the associations were not implemented. Because of the cross-sectional nature of the NSDUH data, the direction of the relationship between

exposure to substance use prevention messages and use of substances cannot be determined.

5. NSDUH defines *binge alcohol use* as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. NSDUH defines *illicit drug use* as including marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.

Figure Notes

* Estimates based on youths aged 12 to 17 who reported attending any type of school or home-school in the past 12 months.

Source: SAMHSA, 2003 NSDUH.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2003 data are based on information obtained from 67,784 persons aged 12 or older, including 22,665 youths aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The *NSDUH Report* is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information and data for this issue are based on the following publication and statistics:

Office of Applied Studies. (2004). *Results from the 2003 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 04-3964, NSDUH Series H-25). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online:
<http://www.oas.samhsa.gov/nsduh.htm>

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002 and 2003 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.

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