
Kentucky Needs Assessment Project 2005 Adolescent Household Survey Report

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Kentucky Cabinet for Health and Family Services
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Executive Summary

The Kentucky Needs Assessment 2005 Adolescent Household Survey Report uses household survey information to develop estimates of how many adolescents in Kentucky use nicotine, alcohol, and illicit drugs and how many youth need treatment.

Lifetime Use Estimates

	Gender		Age Group			
	Kentucky	Males	Females	12 to 13	14 to 15	16 to 17
Cigarettes	22.0%	22.8%	21.1%	5.1%	22.3%	39.2%
Alcohol	28.8%	29.7%	27.9%	6.8%	29.0%	51.7%
Illicit Drugs	11.1%	11.3%	10.8%	2.6%	10.9%	20.1%
Treatment Need	7.6%	7.2%	7.9%	0.6%	7.9%	14.5%

For this study 1,607 adolescent Kentuckians between the ages of 12 to 17 were interviewed between June and September 2005. The study provided data on the percent of youth in this sample who reported using various substances including nicotine. These percentages were used to develop estimates of youth who have ever used selected substances, who currently use, and who are likely to need treatment.

Nicotine

An estimated 74,315 (22.0%) adolescent Kentuckians smoked at least one cigarette and, of those, 26.8% smoked more than 100 cigarettes in their lifetime. Approximately one-third of adolescents who smoked a cigarette have done so in the past 30 days. An estimated 24,213 (7.1%) adolescent Kentuckians have used smokeless tobacco. While similar percentages of adolescent males and females smoked cigarettes (22.8% and 21.1%, respectively), adolescent males were more than five times as likely to have ever used smokeless tobacco than females.

Alcohol

An estimated 98,186 (28.8%) adolescent Kentuckians drank alcohol and an estimated 30,520 (9.0%) adolescents drank in the past 30 days. Males (29.7%) were slightly more likely to drink alcohol than females (27.9%). Of adolescents who used alcohol, males drank more frequently (1.9 vs. 1.5 days per month) and were more likely to have binged on alcohol than females (36.2% vs. 23.0%, respectively). Age was strongly related to the use of alcohol, characterized by large increases of lifetime alcohol use from 13 years old (8.7%) to 14 years old (27.4%) and from 15 years old (30.3%) to 16 years old (49.1%).

Marijuana

An estimated 31,423 (9.3%) adolescent Kentuckians used marijuana and an estimated 3% of adolescents used marijuana in the past 30 days. While males (9.8%) and females (8.7%) had similar rates of lifetime use, large differences were found between age groups. Less than 1% of 12 and 13 year olds used marijuana, whereas 8.9% of 14 and 15 year olds and 18.3% of 16 and 17 year olds used marijuana in their lifetime.

Cocaine

An estimated 3,698 (1.1%) adolescent Kentuckians used cocaine and very few (0.2%) reported using cocaine in the past 30 days. Equal percentages of male and female adolescents reported cocaine use and 16 and 17 year olds (2.4%) were more likely to report use than younger adolescents (1%).

Other Stimulants

An estimated 2,689 (0.8%) adolescent Kentuckians used stimulants other than cocaine (e.g., amphetamine or methamphetamine) and only 0.1% of adolescents report other stimulant use in the past 30 days. Adolescent males were slightly more likely to report other stimulant use (0.9%) in their lifetime than females (0.7%) and 16 and 17 year olds (1.4%) were more likely than other age groups (1.1%) to report lifetime use.

Oxycodone

An estimated 4,476 (1.3%) adolescent Kentuckians used oxycodone illicitly. Twice as many adolescent males (2,868) are estimated to have ever illicitly used oxycodone than females (1,608). Three percent of 16 and 17 year olds report illicit use of oxycodone whereas smaller percentages of use were found in younger groups (1.2%).

Other Opiates

An estimated 6,982 (2.1%) adolescent Kentuckians used opiates other than oxycodone illicitly. A larger percentage of adolescent males (2.5%) than females (1.7%) reported lifetime use of other opiates. While very few 12 and 13 year olds reported other opiate use (0.7%), higher rates of use were found in the 14 and 15 year old age group (5.0%) and the 16 and 17 year old age group (7.1%).

Sedatives

An estimated 7,439 (2.2%) adolescent Kentuckians used sedatives. Unlike most other drugs, a larger percentage of adolescent females (2.3%) reported lifetime sedative use relative to males (2.1%). A large increase for sedative use was found between 13 and 14 year olds (1.8%) and the 16 and 17 year olds (4.8%).

Hallucinogens

An estimated 3,044 (0.9%) adolescent Kentuckians used hallucinogens. A higher percentage of adolescent males (1.1%) than females (0.7%) reported lifetime hallucinogen use, and a higher percentage of 16 and 17 year olds (1.7%) reported lifetime hallucinogen use than other age groups (< 1.2%).

Club Drugs

An estimated 2,996 (0.9%) adolescent Kentuckians used club drugs. A slightly higher percentage of adolescent males (1.0%) than females (0.8%) reported the use of club drugs. A higher percentage of 16 and 17 year olds (1.6%) reported club drug use than younger age groups (1.2%).

Inhalants

An estimated 5,800 (1.7%) adolescent Kentuckians used inhalants. A higher percentage of adolescent males reported lifetime inhalant use as compared to females (1.9% and 1.5%, respectively). One percent of 12 and 13 year olds reported lifetime inhalant use, whereas approximately 2% of the older age groups reported inhalant use in their lifetime.

Other Drugs

An estimated 7,036 (2.0%) adolescent Kentuckians used a substance for the purpose of achieving intoxication other than those previously highlighted (e.g., over-the-counter cold and cough remedies). Like sedatives, a higher percentage of females (2.1%) reported lifetime use of other substances than males (1.9%). An increase in the percentage of adolescents who ever used other substances was found between the 14 and 15 year old age group (1.7%) and the 16 and 17 year old age group (4.0%).

Any Illicit Drug

An estimated 37,547 (11.1%) adolescent Kentuckians used an illicit drug, excluding alcohol and nicotine. Almost 8% of adolescents report illicit drug use in the past year and 3.3% report illicit drug use in the past 30 days. A slightly higher percentage of adolescent males (11.3%) reported lifetime illicit drug use as compared to females (10.8%). A relationship between age and illicit drug use was found with 2.6% of 12 to 13 year olds, 10.9% of 14 to 15 year olds, and 20.1% of 16 and 17 year olds reporting lifetime illicit drug use.

Alcohol Abuse and Dependence

An estimated 21,526 (6.3%) adolescent Kentuckians met DSM-IV-TR criteria for alcohol abuse and/or dependence in their lifetime. A higher percentage of female adolescents (6.9%) met alcohol use disorder criteria than males (5.8%).

Drug Abuse and Dependence

An estimated 9,617 (2.8%) adolescent Kentuckians met DSM-IV-TR criteria for drug abuse and/or dependence in their lifetime. A higher percentage of female adolescents (3.0%) met drug use disorder criteria than males (2.6%).

Substance Abuse Treatment Utilization

An estimated 4,027 (1.2%) adolescent Kentuckians received treatment or counseling in their lifetime for their use of alcohol and/or drugs.

Substance Abuse Treatment Need

An estimated 25,793 (7.6%) adolescent Kentuckians need substance abuse treatment. More adolescent females need substance abuse treatment than males (13,177 vs. 12,616, respectively). Almost two-thirds (62.7%) of adolescents who need substance abuse treatment are between 16 and 17 years of age.

Attitudes and Beliefs

As adolescent Kentuckians grow older, there is an increasing belief that their use of cigarettes, alcohol and marijuana will make them be “cool.” This was noted for alcohol particularly and when survey respondents were users of these substances. Perceptions of the risk associated with substance use were high, especially among females and younger adolescents. Peer influence was also found to be strongly related to adolescent drug and alcohol use. Most adolescents believe their parents would think it “very wrong” if an adolescent used nicotine, alcohol or marijuana.

Comparison to the 1998 Kentucky Adolescent Household Survey

When the 2005 and 1998 Kentucky Adolescent Household Surveys are compared, there are notable declines in the use of nicotine, alcohol and illicit drugs. From 1998 to 2005, the percentage of adolescent Kentuckians who have smoked a cigarette decreased by one half (44.3% vs. 22.0%). In 1998, adolescent females were more likely to have smoked (49.8%) than males (39.1%) but female adolescents (21.1%) now are less likely to report smoking a cigarette than males (22.8%). The use of smokeless tobacco also declined from 12.6% in 1998 to 7.0% in 2005. Half as many male adolescents (11.8%) report ever using smokeless tobacco in 2005 as compared to males in 1998 (21.9%). Lifetime alcohol use has also declined from 1998 (40.8%) to 2005 (28.8%). Like cigarette use, more adolescent females used alcohol than males in 1998 but a smaller percentage of females used alcohol than males in 2005. The overall lifetime use of illicit drugs also declined from 1998 (14.9%) to 2005 (10.8%) but not as sharply as the declines in nicotine and alcohol use.

Regional Comparisons

Variability in substance use and treatment need was found across State regions. The lifetime use of cigarettes was higher in the West and East regions (both 24.5%) than for the more populated North-Central region (19.4%) and Jefferson County (20.4%). Alcohol use was lowest in the East region (25.0%) and highest in the West region (30.7%). Lifetime illicit drug use was highest in Jefferson County (14.6%) and lowest in the East region (7.7%). Substance abuse treatment need ranged from a low of 6.5% in the East region to a high of 9.0% in the West region.

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1. Purpose, Objective, and Method

PURPOSE

The Kentucky Department of Mental Health and Mental Retardation Services, Division of Mental Health and Substance Abuse contracts with the University of Kentucky Center on Drug and Alcohol Research to survey Kentucky households on the prevalence of substance use and treatment utilization. This study meets the Federal Substance Abuse Prevention and Treatment Block Grant requirement. The purpose of this study is to provide information to state planners in estimating the overall need for substance abuse treatment in Kentucky and for treatment and prevention planning at statewide and regional levels.

OBJECTIVE

The Kentucky Needs Assessment Project (KNAP) 2005 Adolescent Household Survey estimates the prevalence of substance use and abuse among adolescent Kentuckians between the ages of 12 and 17 and also estimates the percent and number of adolescents who need substance abuse treatment. Using a telephone survey of Kentucky households, this study examines the prevalence of the use of nicotine, alcohol, marijuana, cocaine, other stimulants, oxycodone, other opiates, sedatives, hallucinogens, club drugs, inhalants, and other substances used to achieve intoxication. In addition, the study develops estimates for the prevalence of alcohol and drug abuse/dependence. Respondents were asked questions related to the criteria defined in the Diagnostic and Statistical Manual, Fourth Edition Text Revision¹ (DSM-IV-TR) for substance abuse and dependence. In order for respondents to be classified as needing substance abuse treatment, one of four criteria had to be met:

- At least one DSM-IV-TR criterion for abuse in their lifetime
- At least three DSM-IV-TR dependence criteria in their lifetime
- A self-report of needing but not receiving treatment
- A self-reported desire to participate in treatment if services were more readily available

While these criteria support a need for interventions, they do not suggest a uniform level of treatment need. The results of this survey provide an overall estimate of adolescent treatment need.

The study also provides substance abuse prevalence estimates and treatment need estimates for four areas or regions of the state.

METHOD

Study Design

The KNAP 2005 Adolescent Household Survey is a descriptive study of lifetime, past 12 month and past 30 day substance use, substance abuse treatment utilization and need, as well as attitudes and beliefs related to the use of drugs and alcohol.

Principal Findings

Results of the survey indicate that an estimated 7.6%, or over 25,000, adolescents in Kentucky need substance abuse treatment which is based upon self-reported substance use and other problems. An estimated 22.0% percent of adolescent Kentuckians aged 12 to 17 have smoked a cigarette, 28.8% used alcohol, and 11.1% used an illicit drug in their lifetime. An estimated 6.3% percent of adolescents met DSM-IV-TR lifetime criteria for an alcohol use disorder and 2.8% met DSM-IV-TR criteria for a lifetime drug use disorder.

Measures

This study examines drug and alcohol use by asking specific questions on each substance. Data analyses focused on estimating the number of Kentucky adolescents for:

- Lifetime, past 12-month, and past 30-day use of cigarette, smokeless tobacco, alcohol, and illicit drug use;
- The need for, and use of, substance abuse treatment; and
- Lifetime abuse or dependence for alcohol or other drugs.

It should be noted “illicit drugs” includes both the commonly known “street drugs” as well as drugs legally obtained by prescriptions but used outside the intended dose or purpose.

Estimates of specific substance use and related problems are presented in this report. The survey instrument can be seen in the Appendix. The tables and figures presented in this report also present data from specific question(s) the respondent was asked which are referred to in parentheses. The following section presents methodologies for surveying and estimating prevalence.

Reliability and Validity of Telephone Interviews

The KNAP 2005 Adolescent Household Survey used phone interviews across the state of Kentucky to develop estimates of the prevalence of drug/alcohol abuse or dependence and to also estimate treatment needs. This methodology was used in the KNAP 1998 Adolescent Household Survey² as well as the KNAP Adult Household Surveys conducted in 1995, 1999, and 2004.

The main advantages of telephone surveys over face-to-face interviews are that telephone surveys have low cost, allow direct monitoring of interviewers, greater security and privacy, more efficient sampling, and easier administration.^{3,4} Consequently, telephone surveys have become a well established method of estimating drug and alcohol use over the past two decades for state-wide, national, and international estimates.⁵

Overall, it has been shown that telephone interviews provide high quality data.^{6,7} Although validity tends to be slightly lower in telephone interviews than in face-to-face

interviews, several studies have shown that telephone interviews provide good internal consistency and reliability.⁸ For example, a study comparing phone and computer-assisted self interviews to assess HIV risk among teens found no difference between the two methods on comfort level, response bias, and truthfulness.⁹ In addition, a veteran's longitudinal study of alcoholism diagnoses in a large national telephone survey showed strong support for the validity and reliability of assessment using the telephone.¹⁰ Advances in methodology have also worked to improve the accuracy and validity of survey estimates in general, as well as for telephone interviews.^{4,11} Telephone interviews are a widely used, cost-effective way in which to collect data, and, in general, they remain a viable method for researchers today to gather policy planning information.

The National Survey on Drug Use and Health

The National Survey on Drug Use and Health¹² (NSDUH) study is a national survey which includes prevalence measures for selected drugs, substance abuse, and treatment need. Names and addresses of persons are obtained, and potential participants were sent a recruitment letter followed by a screening contact at the person's home. If criteria were met for study participation, interviewers recruited up to two persons per household for participation in a computerized interview. Interviewers entered participant responses in a laptop computer and participants answered sensitive questions by directly entering their own answers in the computer. Participants who lived in group homes, shelters, halfway houses, college dormitories, migratory workers' camps and civilians living on military bases were included as potential participants.

The 2004 NSDUH reported higher adolescent prevalence rates for drug and alcohol use as well as prevalence rates for substance abuse and dependence than this KNAP 2005 Adolescent Household Survey. There are several differences between these surveys which may account for the difference in estimates. First, the NSDUH used a face-to-face interview where selected individuals were contacted by letter, and then interviewed. The participants were then paid for their time. In the KNAP 2005 Adolescent Household Survey, participants were not contacted before their interview call, nor were they paid for their participation.

The higher prevalence rate reported in face-to-face interviews such as the NSDUH is supported by other research that has shown, in general, that individuals tend to underreport drug or alcohol use over the telephone than in face-to-face interviews.¹³ There are several potential reasons for these differences. Face-to-face contact often allows interviewers to probe for more complete answers. In addition, the anonymity of phone interviews may free participants from feeling the obligation to be truthful.¹⁴ Finally, a participant may be put more at ease about the confidentiality of their responses in a face-to-face setting.¹⁵ Reporting differences between the two interview styles have usually been shown to be small to non-significant.⁴ However, the NSDUH provided monetary compensation (\$30 per respondent) which may have increased motivation as well as providing a higher response rate.¹⁶ The NSDUH survey also collected data from more than one user per household (2), thus potentially increasing the pool of at-risk subjects. The weighted interview response rate for the NSDUH (including adult

respondents) was 76% compared to the 17.1% response rate in this adolescent survey. Additionally, the number of adolescent subjects used in the 2003 NSDUH Kentucky estimates was only 325 respondents compared to the 1,607 respondents used in this report. The KNAP Adolescent Household Survey interview is based largely on the CSAT protocol. The CSAT questionnaire was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment.

Monitoring the Future

The Monitoring the Future (MTF) study is a national survey of 8th, 10th, and 12th graders conducted annually from selected schools across the nation.¹⁷ This cross-sectional survey includes prevalence estimates for nicotine, alcohol, and drug use. Data are gathered from about 120 to 150 public and private high schools and junior high schools across the United States based on geographic regions. Up to 350 students per grade are selected from each participating school. Questionnaires are typically administered during a scheduled class period with response rates of 82% to 89%. The subjects' parents are not consented unless explicitly required by the participating school. The study uses a "parental dissent" where consent is assumed unless the parent states otherwise.

Differences in methodologies make direct comparisons between NSDUH, MTF, and KNAP studies impractical. For example, the KNAP 2005 Adolescent Household Survey showed a decrease in lifetime smoking prevalence rates compared to the KNAP 1998 Adolescent Household Survey (See Section 9, Tables 1-4). This decrease is similar to the national decrease in lifetime prevalence noted in the 2004 MTF report. Conversely the NSDUH noted an increase in lifetime cigarette use over this same period.

APPROACH

The KNAP 2005 Adolescent Household Survey methodology and approach was similar to the last KNAP Adolescent Household Survey conducted in 1998. However, the 2005 survey was administered by the Survey Research Center at Indiana University-Purdue University Indianapolis (formerly the Indiana University Public Opinion Laboratory). The Director of the Survey Research Center, James Wolf, conducted the KNAP 1998 Adolescent Household Survey while at the University of Kentucky and now conducts an identical study for the State of Indiana.

The interviews were completed by trained interviewers at the Survey Research Center from special facilities in Walker Plaza on the Indiana University-Purdue University Indianapolis campus. All interviewers received at least nine hours of general interviewer training, in addition to more than one hour of specific training on the KNAP 2005 Adolescent Household Survey. Most of the interviewers were "veteran" interviewers in the sense that they had participated in other similar survey research projects. Some have been interviewers for the Survey Research Center for more than five years.

Kentucky households in each region were contacted using random-digit dialing. This ensured that every residential phone, listed or unlisted, had an equal probability of being

selected. The interviews were designed so that equally reliable calculations could be made in each region. However, the demographic characteristics of each region are not equal. In order to compensate for this difference, standard weighting was used to more accurately depict the regional population of Kentucky.

The population of the study was defined as permanent residents of randomly selected homes who were at least 12 years old but not yet 18. Only one person per household was included. Interviewers first asked to speak with an adult in the household. At that time, they determined if any eligible respondents were currently living in the home. In situations where more than one member of the household was eligible, the respondent was randomly chosen from all eligible residents using a number randomization method available through the computer-assisted telephone interview (CATI) software. Once a respondent was chosen, the interviewer asked to speak with their parent or legal guardian to explain the study and answer any questions they might have. Once the parent or guardian gave consent, the consenting parent or guardian was asked to leave the room and not to listen in on another phone line so as to give the adolescent complete privacy, assure data quality, and the respondent's right to anonymity. Once on the phone, the respondent was informed of the study and asked if he or she agreed to participate.

All interviews were conducted from the central calling room at the Survey Research Center under supervised conditions. Supervisors monitored all interviewing activities in person, using a third "quiet line" and by computer monitoring of CATI activity. Interviewer productivity was recorded and reviewed weekly by the supervisors.

In previous surveys using this approach, the overwhelming majority of parents or guardians gave consent. If the interviewer suspected a parent, guardian, or anyone else was listening to the interview, they asked the respondent if anyone else was listening. If the respondent was not certain the conversation was being conducted in private, the interview was terminated and the data discarded.

Households in Kentucky were divided into four sampling regions: Eastern, North-Central, Western and Jefferson County. The Survey Research Center's interviewers completed screened random-digit-dial telephone interviews with 1,621 respondents. A total of 14 interviews were removed from the final data set provided to the University of Kentucky Center on Drug and Alcohol Research because interviewers judged them to be of such poor quality that they should not be included. Thus, the total interviews available are 1,607 (287 East sample, 508 North Central sample, 446 from the West sample, and 366 Jefferson County sample). Post-stratification weights were used to compensate for known biases in the samples. The maximum margin of error for the total sample was 2.5% at a 95% confidence interval. Additional error may result from issues such as question wording, respondents' inattention, pace of speech by the interviewer, and respondents' willingness to honestly answer individual items. Each of these is given special attention during the questionnaire design and data collection phases so total survey error is minimized as much as possible. However, there is no reason to believe there are major biases in these data.

SECTION ONE: PURPOSE, OBJECTIVE, AND METHOD

The interviews were conducted from June 28th to September 30th 2005. Calls were made between the hours of 10:00 a.m. and 9:30 p.m. Each interviewer was given a set of answers entitled “What the Respondent Might Like to Know” which were to provide standard responses to questions raised by the people contacted for an interview. All “non-contacts” such as answering machines or no answers were reattempted at least three times.

The following table illustrates the overall call disposition for the survey:

Table 1.1: Call Dispositions

Complete	1,607
Partial	12
Refusal	6,733
Break off	6
Removed for poor quality	14
Respondent never available	294
Answering Machine	599
Deceased respondent	1
Physically or mentally unable/incompetent	46
Language	39
Unknown if housing unit	801
Always busy	34
No answer	65
Technical Phone Problems	208
Unknown if eligible Respondent	3
Out of sample	11,562
Fax/Data line	299
Non-working number	187
Disconnected number	1,957
Number changed	200
Cell phone	65
Business, government office, other organizations	229
Group quarters	9
Total phone numbers used	24,970

Following the American Association for Public Opinion Research’s Standard Definitions and using an estimate of the proportion of cases of unknown eligibility that were actually eligible, the survey achieved a cooperation rate of 19.0%, a contact rate of 90.0%, a refusal rate of 71.9%, and an overall response rate of 17.1%.

Weight Calculations

The sampling strategy of this survey was to collect a parallel number of respondents from each of the sampling regions. This strategy allows for the possibility of calculating variable estimates with equal precision in each region, but would result in biased estimates for the entire state without the use of weights to correct for the sampling strategy. One region is a single county (Jefferson). It is clear that the proportion of the sample from each of the selected regions does not coincide with the proportion of the population living in those regions according to 2005 U.S. Census estimates. To correct for this sampling strategy, a sample weight was calculated.

The final sample was also found to have some disparity with population estimates for age and gender proportions. This is likely due to variations in non-response from one sampling region to another. To correct for this, age and gender were used as stratification criteria when comparing the sample characteristics of region, age, and gender to the population distribution for adolescents with the same characteristics using the 2005 U.S. Census Population Estimates.¹⁸

The entire sample was stratified into 24 strata by four regions (Eastern, Western and North Central Counties and Jefferson County), three age groups (12-13, 14-15 and 16-17) and two genders. A separate weight was calculated for each of the 24 sampling strata by multiplying the proportion of the adolescents in the population by the inverse of the proportion of the adolescents in the sample with those same strata characteristics.

Therefore:

$$SAMPWT_k = \frac{N_k}{T_{Pop}} \left(\frac{T_{Samp}}{S_k} \right)$$

Where

$SAMPWT_k$ = weight for adolescents in stratum “k”

N_k = number of adolescents in Kentucky living in stratum “k”

T_{Pop} = total adolescents population living in Kentucky

S_k = number of adolescents in sample from stratum “k”

T_{Samp} = total number of adolescents in the sample

This weight was consistently applied when analyzing data to avoid biased estimates resulting from the sample design. All data presented in this report are weighted.

Data Collection

The KNAP 2005 Adolescent Household Survey generally followed the CSAT protocol in order to be comparable to the 1998 KNAP Adolescent Household Survey and other state needs assessment studies. A copy of the instrument is included as the appendix. The instrument included:

- An introduction that gave the study’s purpose, statement of confidentiality, parental consent, and adolescent assent and affected random selection of an eligible respondent when more than one adolescent resided in the home;
- Demographics including date of birth, gender, race/ethnicity, educational status, and employment status;
- Lifetime, past year, and past month use of nicotine, alcohol, marijuana, cocaine and other substances;
- Questions to assess substance abuse or dependence;
- Substance abuse treatment history;
- Attitudes and beliefs regarding drug and alcohol use;
- Unmet need for treatment; and,
- Interviewer assessments of respondent attitude (suspicious, nervous, impatient), honesty of respondent and overall quality of the interview.

Data Analysis

Data analyses were conducted following an estimation study design to develop detailed demographic distributions of prevalence estimates. The analyses were conducted using statistical software (SPSS v13.0). The approach used to develop these demographic distributions is summarized below.

Statistical Methods for Determining Prevalence Estimates

The integrity of the dataset was initially examined. The dataset had no missing values, because all interview data were recorded electronically at the time of the interview and all items were completed. Each of the core variables was examined looking at their frequencies in terms of the appropriate demographics. For example, lifetime use of cigarettes was examined. Participants were asked if they had ever smoked a cigarette in their lifetime. These data were stratified by gender, so the percent of males who smoked in their lifetime was compared to the percent of lifetime use for females. A frequency that was stratified by age is the analysis of the variable that examined lifetime alcohol and drug use in combination. In that question, participants were asked if they had ever used alcohol and drugs in combination. The sample was initially partitioned into males and females of different ages: 12 to 13, 14 to 15, and 16 to 17 years of age. This allowed for the examination of drug and alcohol combination among the different age groups, as well as by gender.

Limitations

Prevalence estimates of substance abuse and dependence and of certain drug-related behaviors and attitudes among adolescents in Kentucky that are presented in this report can be useful for policy and planning adolescent substance abuse services. However, limitations should be considered when interpreting findings. Specifically, only respondents in residential households were sampled and included. Consequently, the findings can only be generalized to adolescents residing in Kentucky households, and not to those in institutional (e.g., juvenile detention), dormitory or group home settings.

SECTION ONE: PURPOSE, OBJECTIVE, AND METHOD

Because it is not possible to determine the county of origin, the weighting described above included county residence using the U.S. Census.

A potential source of bias in any survey is an understatement or overstatement of reality. The validity of self-report data depends on the honesty, memory, and understanding of the respondents. While individuals generally underreport behavior that they perceive as sensitive or unacceptable, respondents may exaggerate or boast about certain behaviors. Although the protocol for this survey was designed to encourage truthfulness, some under-reporting could have occurred. Consequently, the prevalence estimates from this survey are conservative.

U.S. Census Bureau population estimates are subject to error, especially toward the end of the Census decade. Also, it should be noted that the cross-sectional nature of the data limits the capability to infer causal relationships. Despite these limitations, population based surveys are a practical method for estimating opinions, values, and behaviors.

ACKNOWLEDGEMENTS

This study was supported by contract number M-50117244 under the State Treatment Needs Assessment Program administered by the Kentucky Cabinet for Health and Family Services, Department of Mental Health and Mental Retardation Services, Division of Mental Health and Substance Abuse. Data collection was performed by the Survey Research Center at Indiana University-Purdue University Indianapolis.

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2. Demographics

Adolescents ages 12 to 17 comprise 8.2% of Kentucky's population. Table 2.1 presents the 2005 United States Census based population distribution of adolescent Kentuckians¹⁸ by age and gender. Males represent 51.4% of Kentucky adolescents compared to 48.6% females. The weighted survey ratios are very similar to the population ratios for gender and age. (For more on weighting, please refer to the Methods section, page 23.)

Table 2.1: 2005 United States Census Kentucky adolescent population estimates by age and gender

age	Males	Females	Total
12	29,214	27,753	56,967
13	29,578	28,070	57,648
14	29,841	27,932	57,773
15	28,990	27,336	56,326
16	28,552	27,094	55,646
17	28,720	26,902	55,622
	174,895	165,087	339,982

The survey ratios for race/ethnicity were slightly under-representative for Hispanics and African-Americans but very close to Asian/Pacific Islander and Native American estimates. It should be noted that race/ethnicity estimates are based on the entire population rather than adolescents only. Table 2.2 presents the comparison of race and ethnicity between State population estimates and the adolescent survey participants.

Table 2.2: Kentucky adolescent race and ethnicity estimates (Survey questions q16, q19)

	Population Estimate	Survey Sample
Hispanic (any race)	1.9%	1.0%
White	90.4%	93.4%
African American	7.5%	4.2%
Asian or Pac. Islander	0.9%	0.9%
Native American	0.2%	0.4%

SECTION TWO: DEMOGRAPHICS

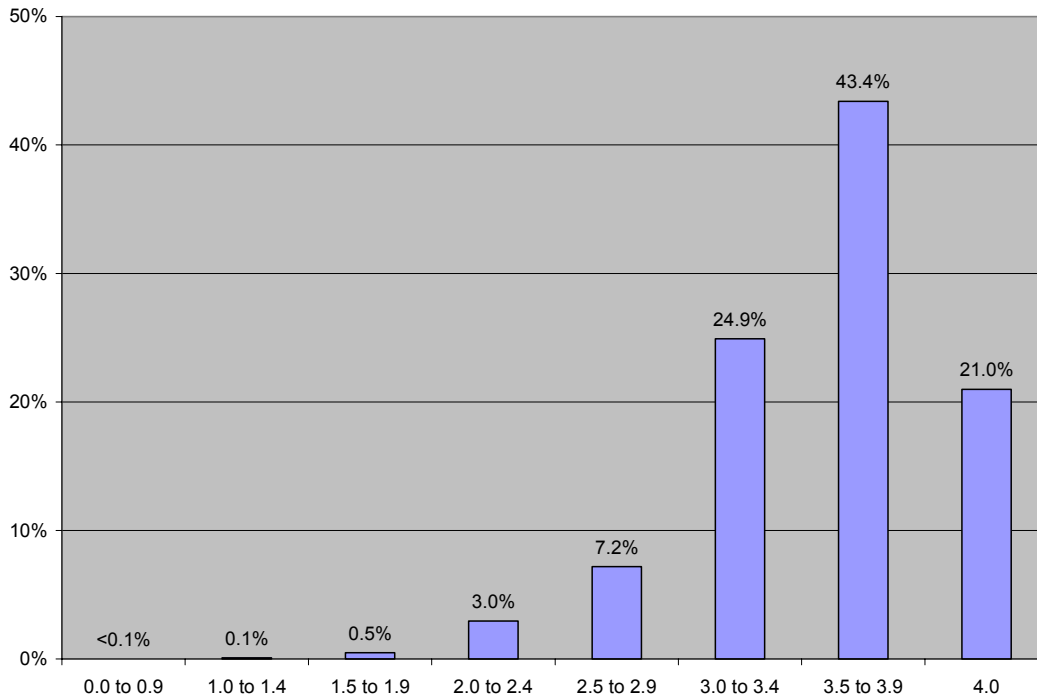
The majority of survey participants (77.8%) were either the only person under 18 living in the household or one of two persons under 18 living in the household. Over two-thirds (69.4%) of adolescents live in a household with two adults. Table 2.3 presents the distribution of households by the number of adults or children (all persons under 18 years old) living in the house.

Table 2.3: Kentucky household distribution by the number of adults and children living in the home (Survey questions q9, q10)

	Adults in Household	Children in Household
1	9.3%	40.8%
2	69.4%	36.9%
3	17.5%	14.8%
4+	3.8%	7.4%

Almost all survey participants were enrolled in school (98.3%). There were no significant age or gender differences between adolescents enrolled and not enrolled in school. An estimated 5,794 adolescent Kentuckians were not enrolled in school last year. Just over 80% of adolescents not enrolled in school reported they were home schooled and 11.1% reported they dropped out of school. Figure 2.1 presents the distribution of grade point average for survey respondents. Note: About half of respondents provided their GPA and only GPA's using a 4.0 scale were included in Figure 2.1.

Figure 2.1: Distribution of grade point averages (Survey question q14)



SECTION TWO: DEMOGRAPHICS

Of the 16 and 17 year old adolescents, 53.4% reported having a driver's license. There was a higher percent of 16 and 17 year olds having a cell phone for personal use (73.4%) than having their driver's license (53.5%). Older adolescents were more likely to have a cell phone than younger adolescents. Table 2.4 presents the percent of adolescents who have a cell phone for personal use by age group.

Table 2.4: Percent of adolescent Kentuckians with a cell phone for personal use by age group (Survey question q23)

12 to 13	14 to 15	16 to 17	Total
34.5%	59.0%	73.4%	55.4%

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3. Nicotine

Kentucky adolescent males were slightly more likely to smoke at least one cigarette and at least 100 cigarettes than females. Figure 3.1 presents the percent of adolescents who ever smoked at least one cigarette and smoked at least 100 cigarettes. Of those who smoked at least one cigarette, 26.8% of adolescents smoked at least 100. Table 3.1 presents the estimated number of adolescent Kentuckians who smoked cigarettes in the past 30 days, past year, and lifetime by gender.

Figure 3.1: Percent of adolescent Kentuckians who smoked at least one and at least 100 cigarettes (Survey questions q29, q30)

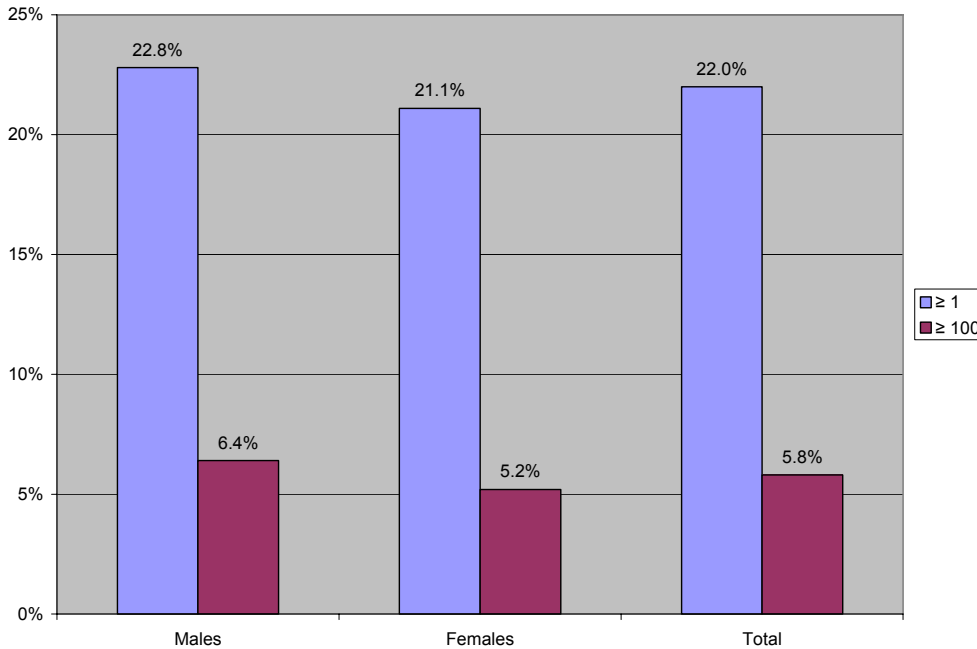


Table 3.1: Estimated number of adolescent Kentuckians who smoked cigarettes in the past 30 days, past year, and lifetime by gender (Survey question q31)

	Males	Females	Total
Lifetime	39,617	34,752	74,369
Past Year	23,771	23,922	47,693
Past 30 Days	11,709	12,687	24,396

SECTION THREE: NICOTINE

Older adolescent Kentuckians were more likely to smoke at least one cigarette and more likely to smoke at least 100 cigarettes than younger adolescents. Figure 3.2 presents the percent of adolescent Kentuckians who smoked at least one and at least 100 cigarettes by age. Table 3.2 presents the estimated number of adolescent Kentuckians who smoked cigarettes in the past 30 days, past year, and lifetime by age group.

Figure 3.2: Percent of adolescent Kentuckians who smoked at least one and at least 100 cigarettes by age group (Survey questions q29, q31)

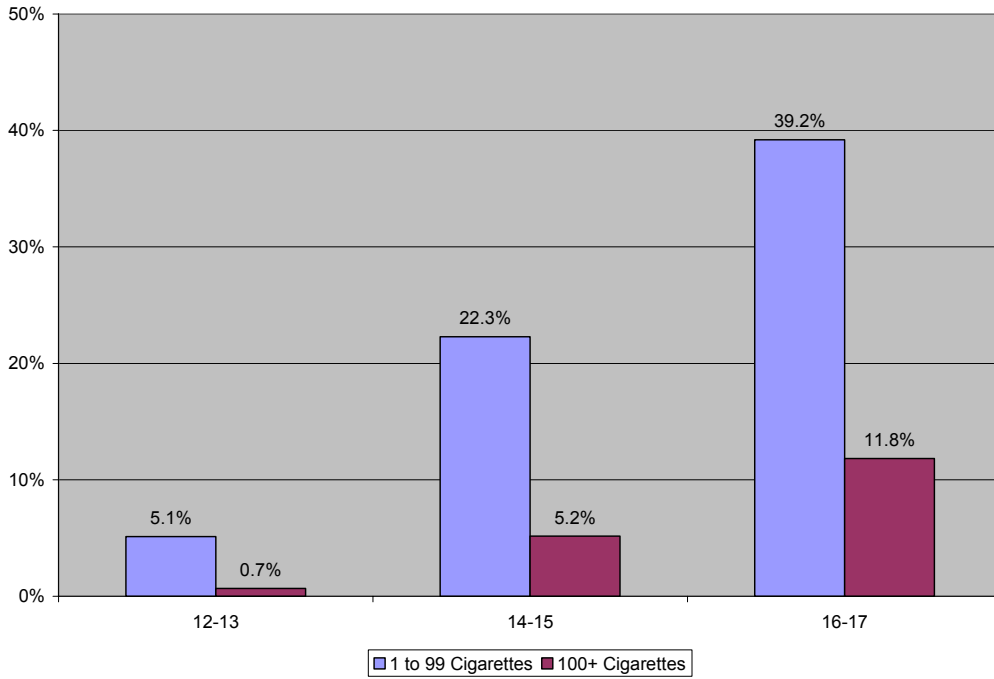


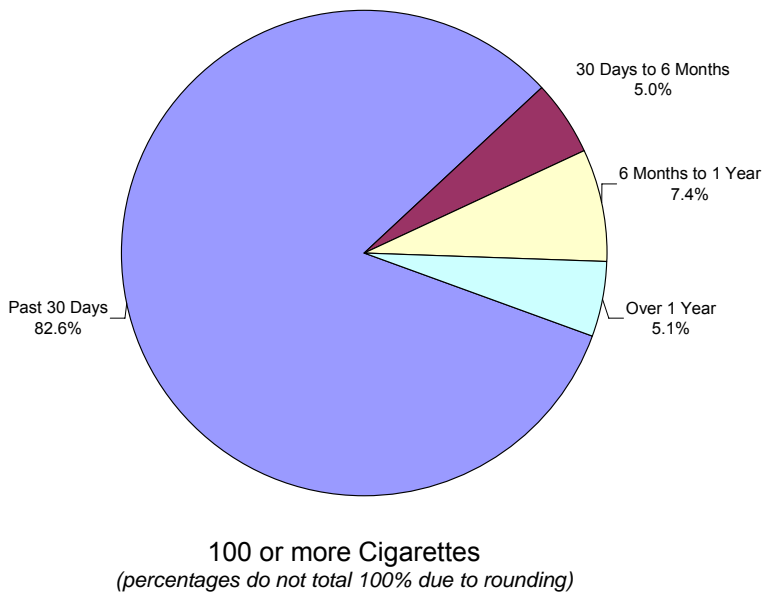
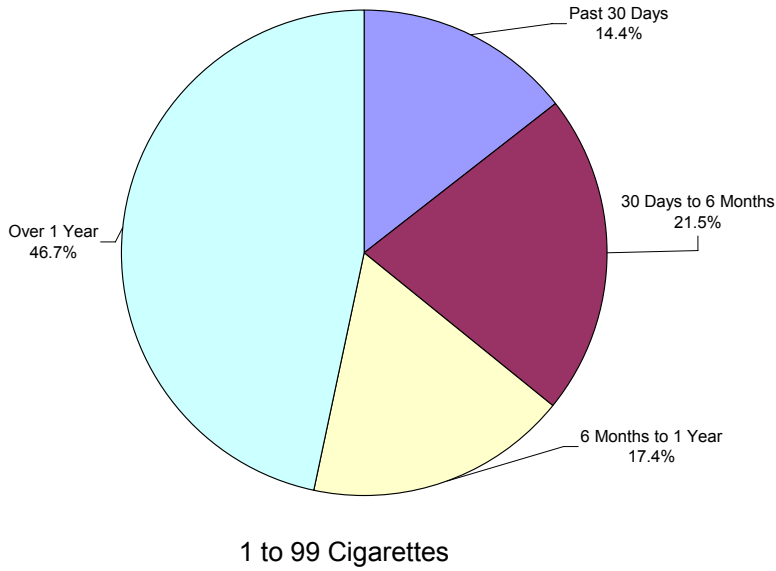
Table 3.2: Estimated number of adolescent Kentuckians who smoked cigarettes in the past 30 days, past year, and lifetime by age group (Survey questions q29, q31)

	12 to 13	14 to 15	16 to 17	Total
Lifetime	5,779	25,117	43,473	74,369
Past Year	2,241	15,493	29,959	47,693
Past 30 Days	432	7,983	15,981	24,396

SECTION THREE: NICOTINE

Adolescent Kentuckians who smoked between 1 and 99 cigarettes in their lifetime were less likely to have smoked in the past 30 days than adolescent Kentuckians who smoked 100 or more cigarettes. Figure 3.3 presents the time since last cigarette for adolescent Kentuckians who smoked 1-99 and those who smoked 100 or more cigarettes.

Figure 3.3: Time since last cigarette (Survey question q31)



SECTION THREE: NICOTINE

Older adolescent Kentuckians are more likely to use smokeless tobacco than younger adolescents. Male adolescent Kentuckians are more likely to use smokeless tobacco than females. Figure 3.4 presents the percent of adolescent Kentuckians who ever used smokeless tobacco by gender. Table 3.3 presents the estimated number of adolescent Kentuckians who ever used smokeless tobacco.

Figure 3.4: Percent of adolescent Kentuckians who ever used smokeless tobacco by gender (Survey question q33)

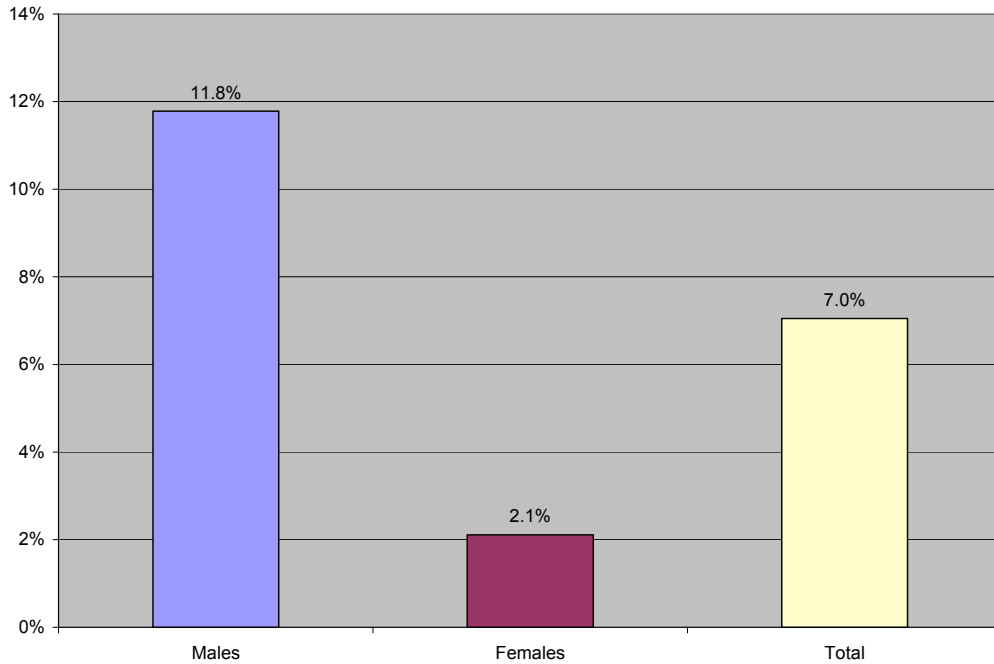


Table 3.3: Estimated number of adolescent Kentuckians who ever used smokeless tobacco by age group and gender (Survey question q33)

Age	Males	Females	Total
12 to 13	1,192	e	1,192
14 to 15	7,009	1,464	8,473
16 to 17	12,430	2,118	14,548
	20,631	3,582	24,213

e = estimate too small to calculate accurately

4. Alcohol

Adolescent male Kentuckians were more likely to ever drink than adolescent female Kentuckians. Figure 4.1 presents the percent of adolescents who use alcohol by gender. Older adolescents are more likely to drink than younger adolescents. Figure 4.2 presents the lifetime and past 30 day use rates for adolescent alcohol use. Table 4.1 presents the estimated number of adolescent Kentuckians who drank alcohol in their lifetime, in the past year, and the past 30 days.

Figure 4.1: Lifetime alcohol use for adolescent Kentuckians by gender (Survey question q35)

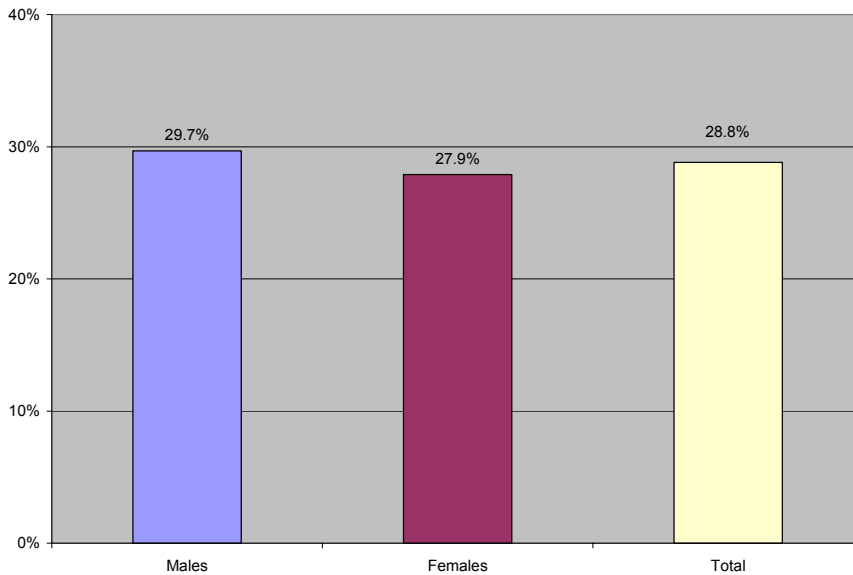
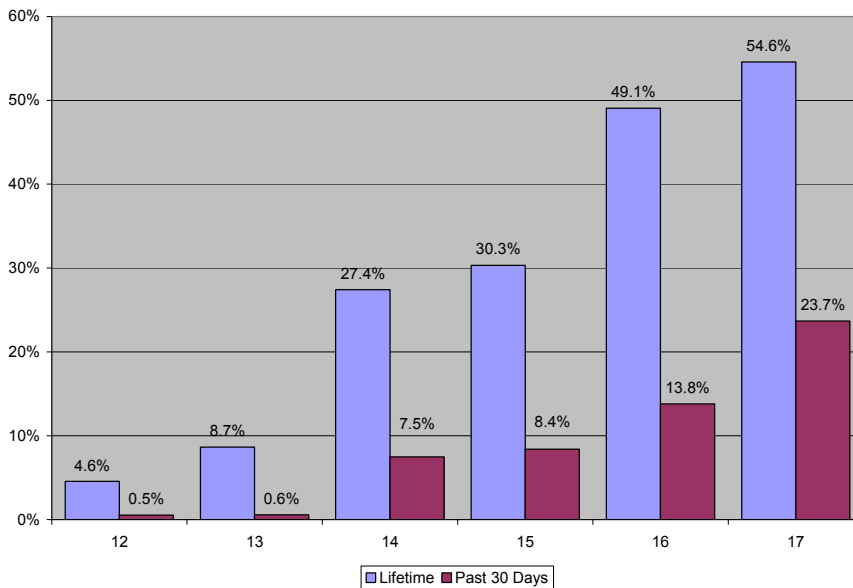


Figure 4.2: Prevalence of alcohol use for adolescent Kentuckians by age (Survey question q35)



SECTION FOUR: ALCOHOL

Table 4.1: Estimated number of adolescent Kentuckians who used alcohol in their lifetime, within the past year, and within the past 30 days (Survey question q36)

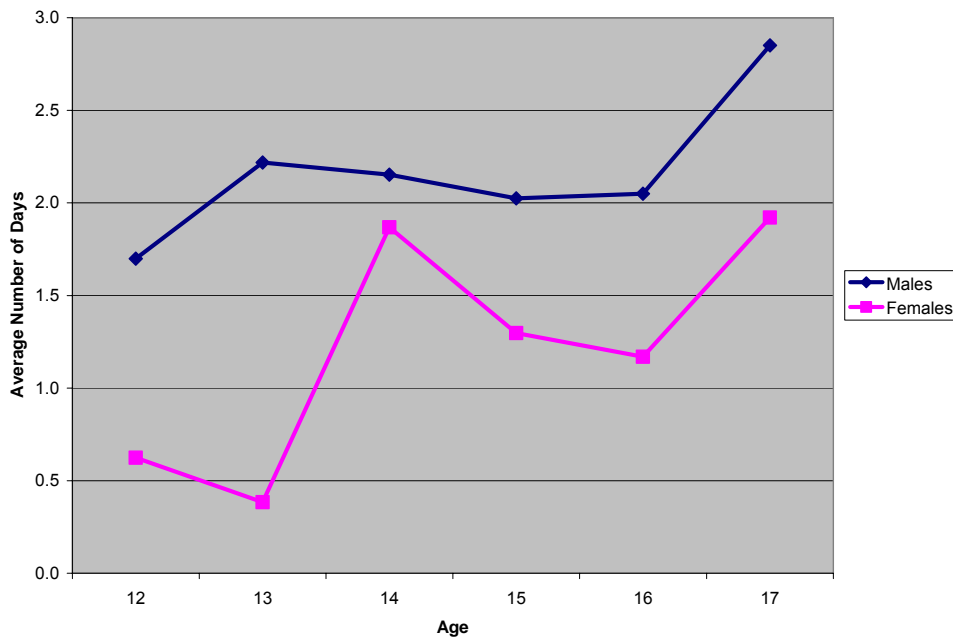
Age	Lifetime	Past Year	Past 30 Days
12	2,601	1,565	308
13	4,992	2,741	337
14	15,840	13,256	4,316
15	17,083	14,148	4,722
16	27,310	23,234	7,669
17	30,360	26,239	13,167
Total	98,186	81,183	30,519

Of those adolescent Kentuckians who drank within the past month, males drank more days per month than females. Table 4.2 presents the average number of days per month of alcohol use by gender. Figure 4.3 presents the average number of days per month of alcohol use by age and gender for those adolescents who drank in the past month. Males were more likely to ever binge on alcohol than females. A binge episode is defined as five or more drinks in one setting for males, four or more for females. Table 4.3 presents the percent and estimated number of adolescent Kentuckians who ever binged.

Table 4.2: Average number of days per month of alcohol use for adolescent Kentuckians who drank within the past month by gender (Survey question q68)

Males	Females	Total
1.93	1.46	1.70

Figure 4.3: Average number of days per month of alcohol use for adolescent Kentuckians who drank within the past month by age and gender (Survey question q68)



SECTION FOUR: ALCOHOL

Table 4.3: Percent and estimated number of adolescent Kentuckians who ever drank and binged on alcohol at least once (Survey questions q66, q67)

	Males	Females	Total
Percent	36.2%	23.0%	30.0%
Estimate	18,929	10,518	29,447

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5. Drugs

Older adolescent Kentuckians were more likely to use drugs than younger adolescents for all substances. Adolescent males were more likely to have ever used marijuana, stimulants other than cocaine, oxycodone and other opiates, hallucinogens, club drugs, inhalants, than females. Females were more likely to have ever used sedatives and “other drugs” than males. Table 5.1 presents lifetime prevalence for drug use by gender. Each drug is discussed in more detail in the following pages.

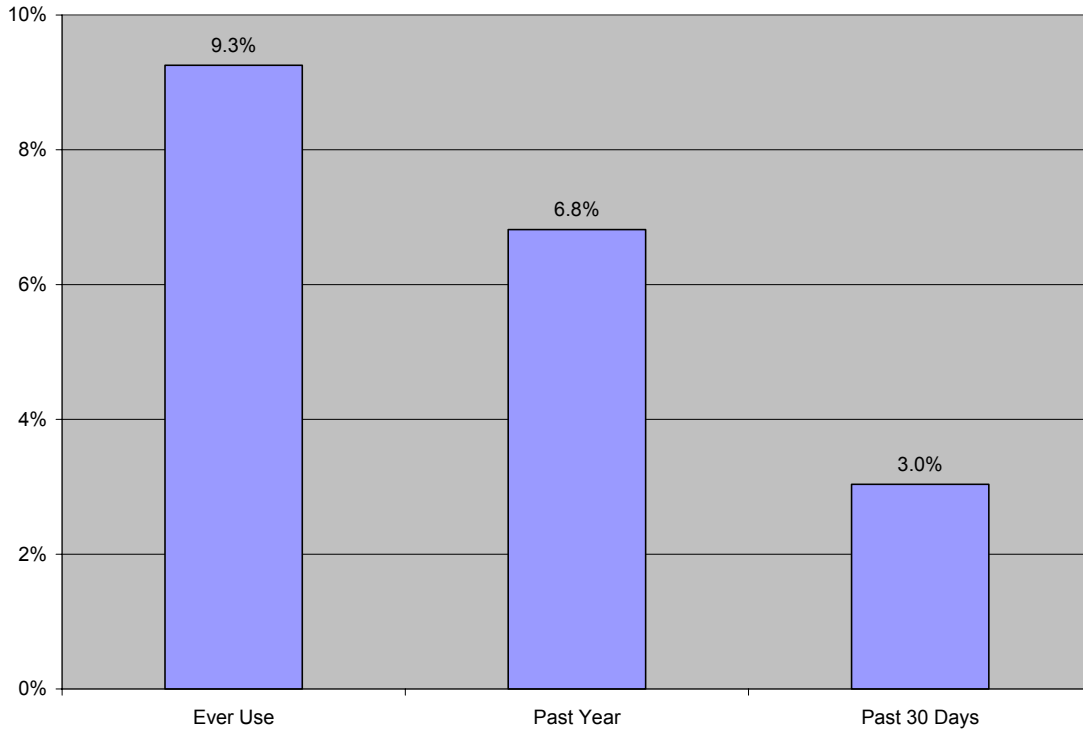
Table 5.1: Lifetime drug use prevalence for adolescent Kentuckians by gender (Survey questions q37-q63)

	Males	Females	Total
Marijuana	9.8%	8.7%	9.3%
Cocaine	1.1%	1.1%	1.1%
Other Stimulants	0.9%	0.7%	0.8%
Oxycodone	1.7%	0.9%	1.3%
Other Opiates	2.5%	1.7%	2.1%
Sedatives	2.1%	2.3%	2.2%
Hallucinogens	1.1%	0.7%	0.9%
Club Drugs	1.0%	0.8%	0.9%
Inhalants	1.9%	1.5%	1.7%
Other	1.9%	2.1%	2.0%

Marijuana

Adolescent male Kentuckians are more likely than females to use marijuana. Older adolescent Kentuckians are more likely to use marijuana than younger adolescents. Figure 5.1 presents the lifetime, past year, and past 30 day use rates for marijuana. Figure 5.2 presents the lifetime use rates for marijuana by age and gender. Table 5.2 presents the estimated number of adolescent Kentuckians who use marijuana.

Figure 5.1: Lifetime, past year, and past 30 day marijuana use rates for adolescent Kentuckians (Survey question q38)



SECTION FIVE: DRUGS

Figure 5.2: Lifetime marijuana use rates for adolescent Kentuckians by age and gender (Survey question q37)

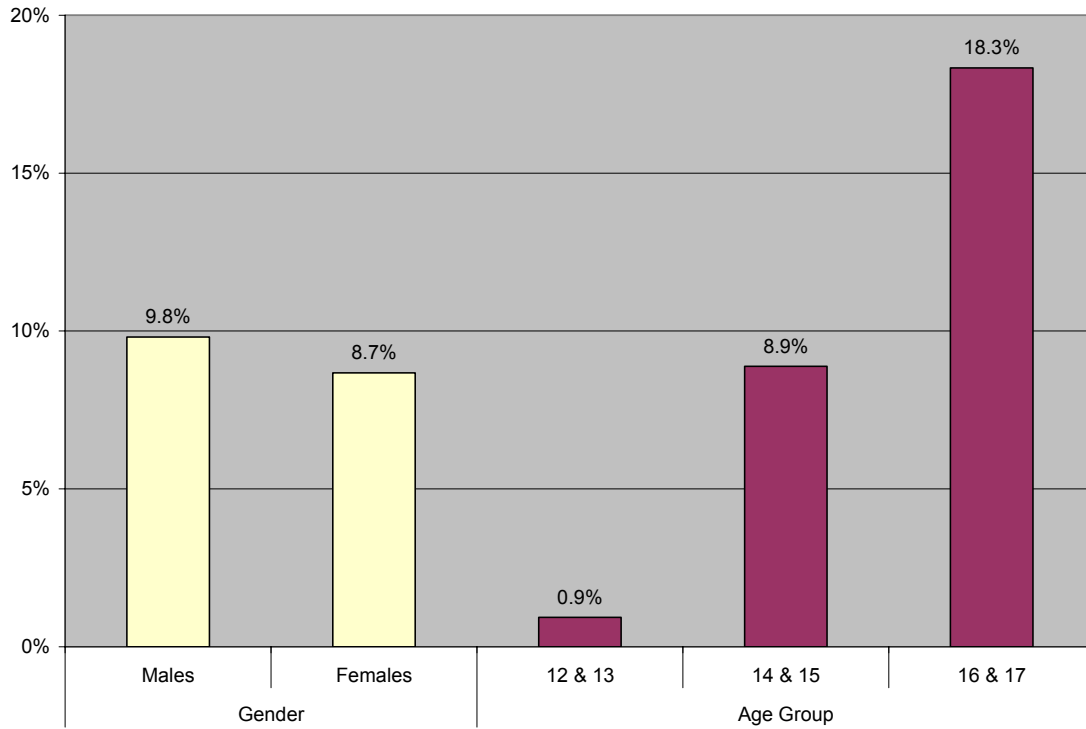


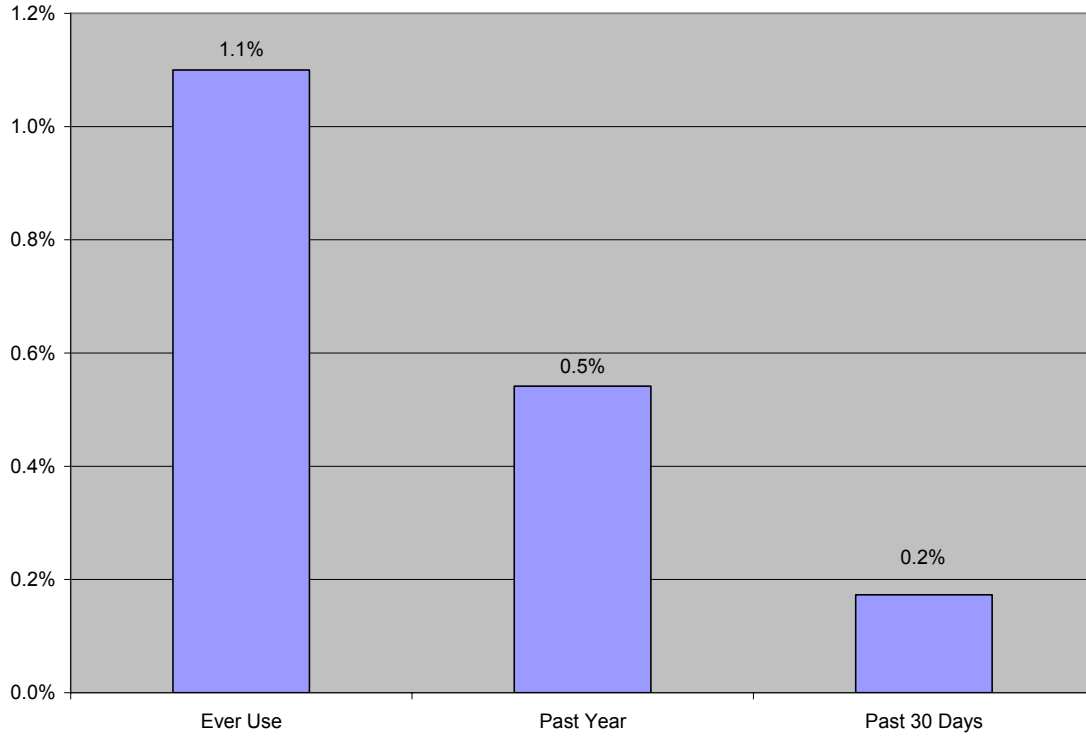
Table 5.2: Estimated number of adolescent Kentuckians who ever used marijuana (Survey question q37)

Males	Females	Total
16,942	14,481	31,423

Cocaine

Adolescent male and female Kentuckians are equally likely to use cocaine. Older adolescents are more likely to use cocaine than younger adolescents. Figure 5.3 presents the lifetime, past year, and past 30 day use rates for cocaine. Figure 5.4 presents the lifetime use rates for cocaine by age and gender. Table 5.3 presents the estimated number of adolescent Kentuckians who ever used cocaine.

Figure 5.3: Lifetime, past year, and past 30 day cocaine use rates for adolescent Kentuckians (Survey question q46)



SECTION FIVE: DRUGS

Figure 5.4: Lifetime cocaine use rates for adolescent Kentuckians by age and gender (Survey question q45)

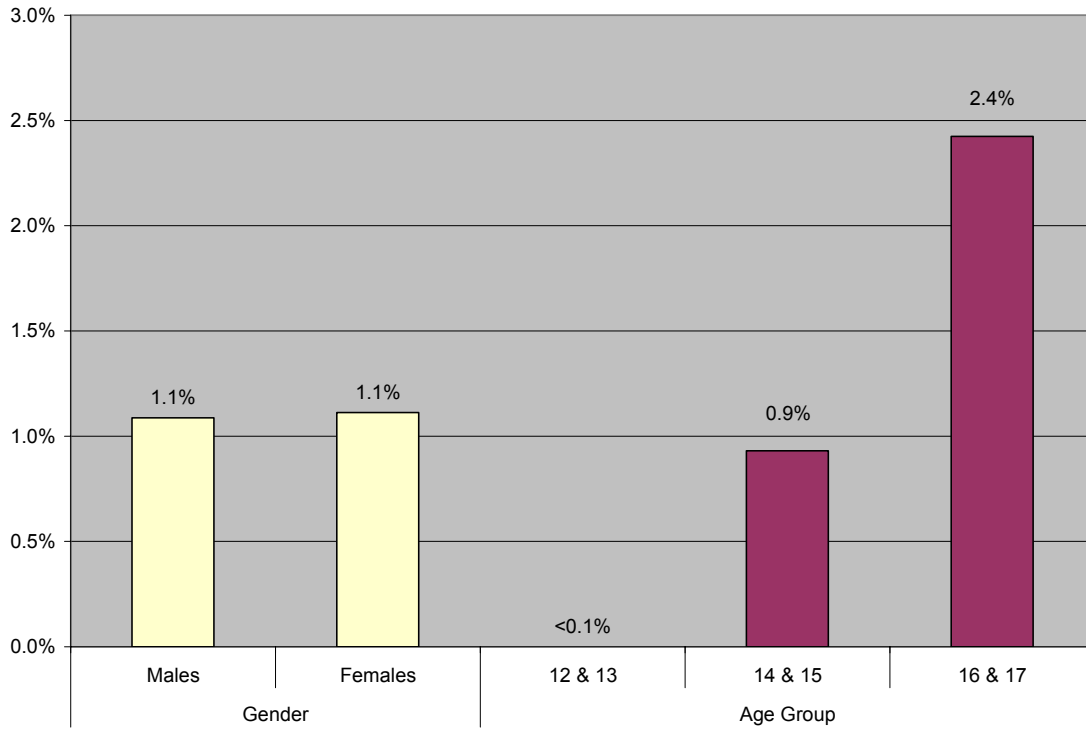


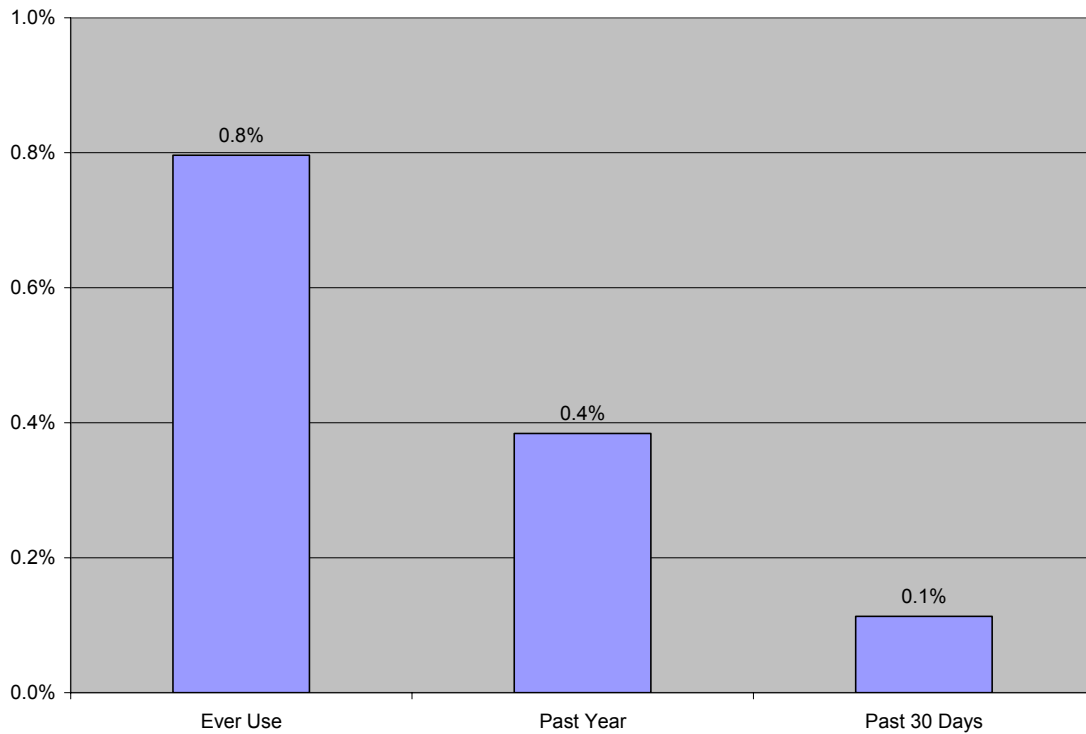
Table 5.3: Estimated number of adolescent Kentuckians who ever used cocaine (Survey question q45)

Males	Females	Total
1,867	1,831	3,698

Other Stimulants

Other stimulants include amphetamine, methamphetamine, and any other stimulants other than cocaine. Adolescent male and female Kentuckians are about equally likely to use other stimulants. Older adolescents are more likely to use other stimulants than younger adolescents. Figure 5.5 presents the lifetime, past year, and past 30 day use rates for other stimulants. Figure 5.6 presents the lifetime use rates for other stimulants by age and gender. Table 5.4 presents the estimated number of adolescent Kentuckians who ever used other stimulants.

Figure 5.5: Lifetime, past year, and past 30 day other stimulant use rates for adolescent Kentuckians (Survey question q48)



SECTION FIVE: DRUGS

Figure 5.6: Lifetime other stimulant use rates for adolescent Kentuckians by age and gender (Survey question q47)

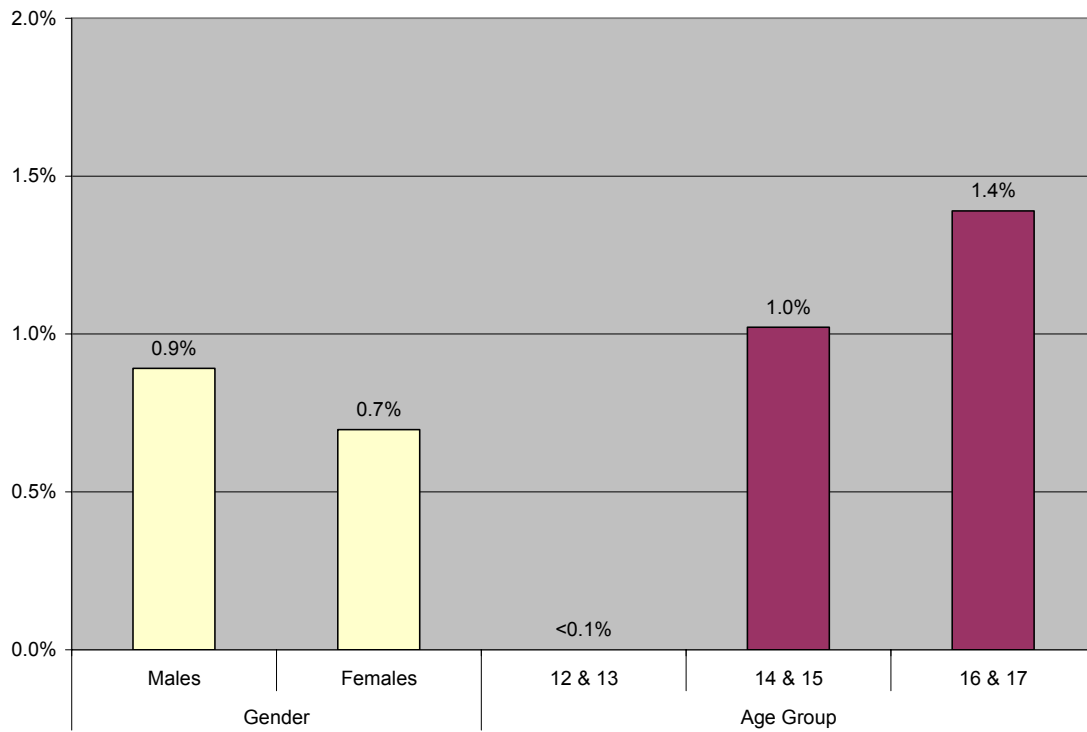


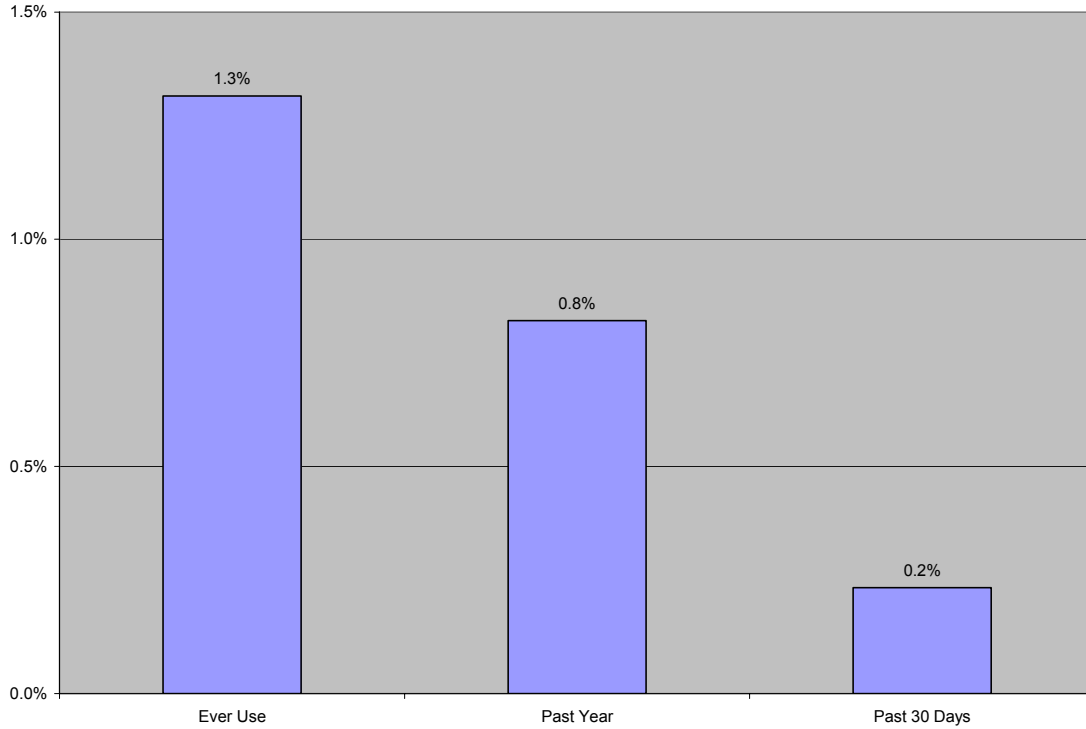
Table 5.4: Estimated number of adolescent Kentuckians who ever used other stimulants (Survey question q47)

Males	Females	Total
1,533	1,156	2,689

Oxycodone

Adolescent male Kentuckians are slightly more likely to use oxycodone than females. Older adolescents are more likely to use oxycodone than younger adolescents. Figure 5.7 presents the lifetime, past year, and past 30 day use rates for oxycodone. Figure 5.8 presents the lifetime use rates for oxycodone by age and gender. Table 5.5 presents the estimated number of adolescent Kentuckians who ever used oxycodone.

Figure 5.7: Lifetime, past year, and past 30 day oxycodone use rates for adolescent Kentuckians (Survey question q53)



SECTION FIVE: DRUGS

Figure 5.8: Lifetime oxycodone use rates for adolescent Kentuckians by age and gender (Survey question q52)

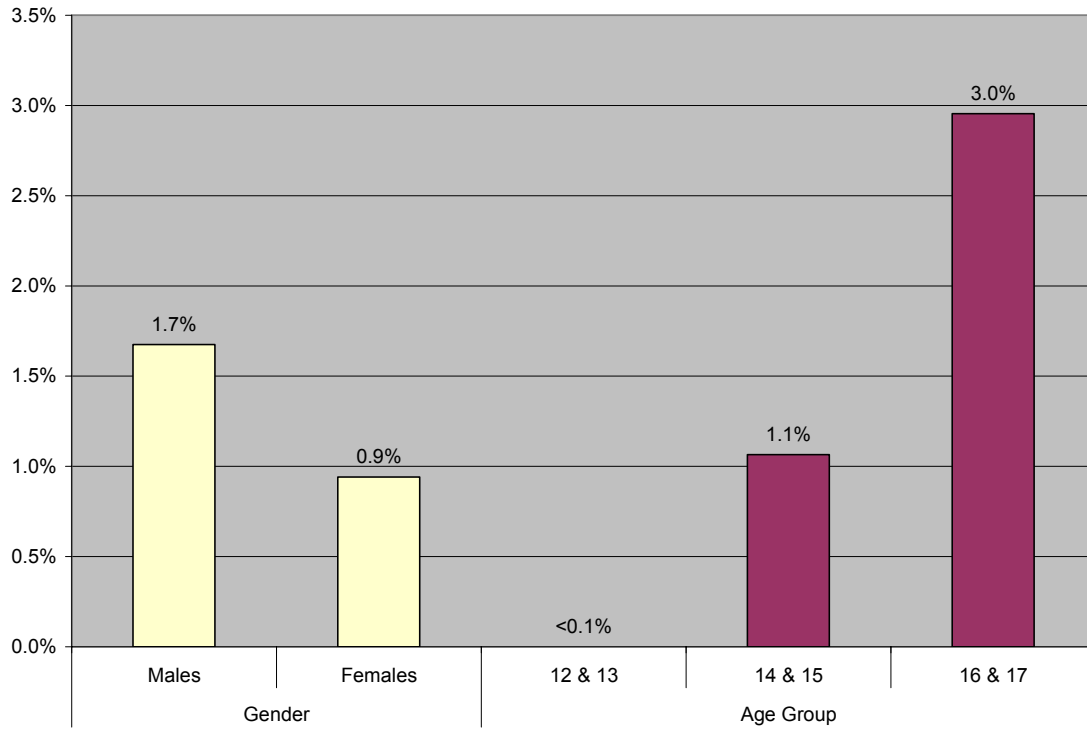


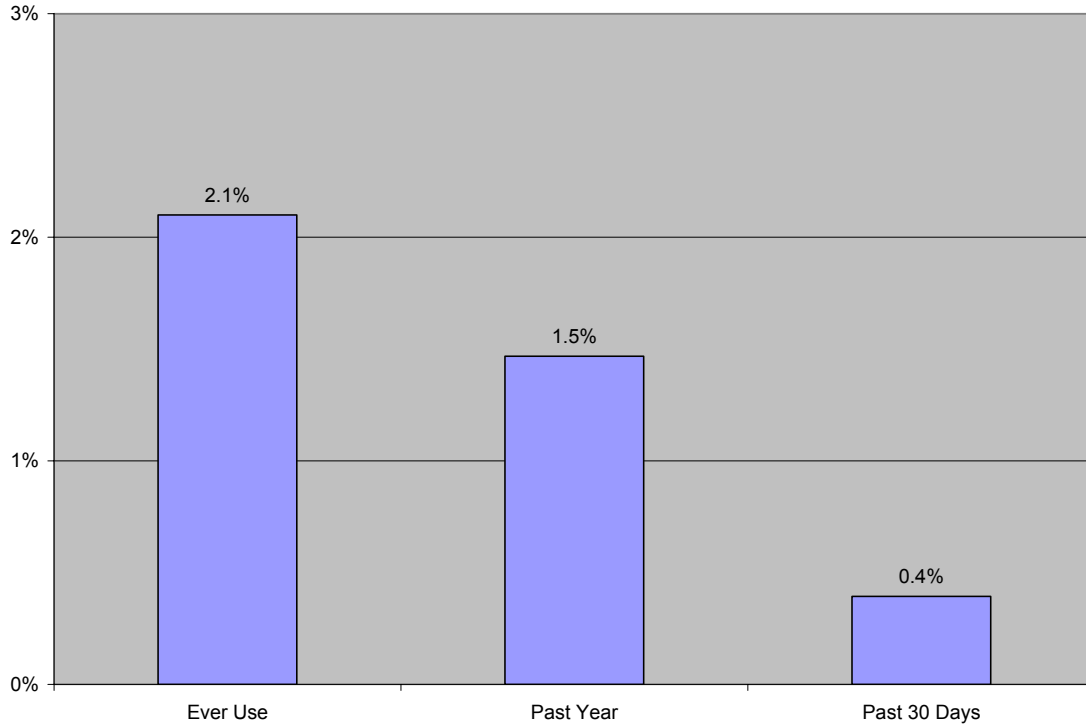
Table 5.5: Estimated number of adolescent Kentuckians who ever used oxycodone (Survey question q52)

Males	Females	Total
2,868	1,608	4,476

Other Opiates

Opiates includes all opiates other than oxycodone which is presented on pages 46 and 47. Males are slightly more likely to use other opiates than females. Older adolescents are more likely to use other opiates than younger adolescents. Figure 5.9 presents the lifetime, past year, and past 30 day use rates for other opiates. Figure 5.10 presents the lifetime use rates for other opiates by age and gender. Table 5.6 presents the estimated number of adolescent Kentuckians who ever used other opiates.

Figure 5.9: Lifetime, past year, and past 30 day other opiate use rates for adolescent Kentuckians (Survey question q51)



SECTION FIVE: DRUGS

Figure 5.10: Lifetime other opiate use rates for adolescent Kentuckians by age and gender (Survey question q50)

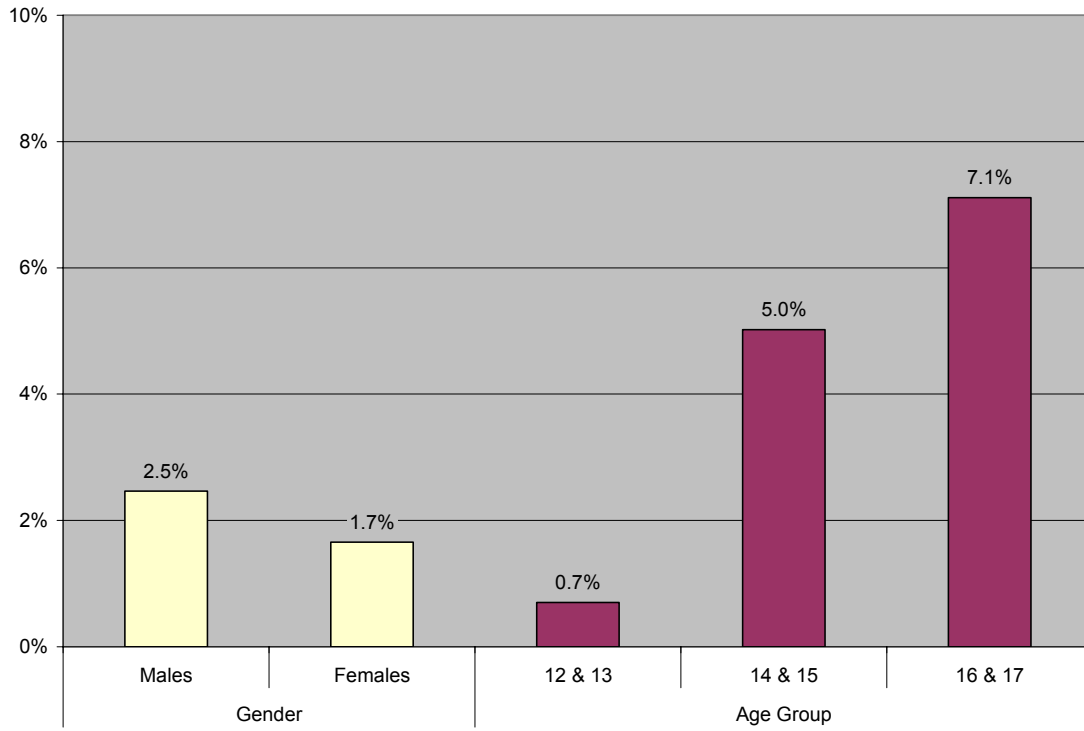


Table 5.6: Estimated number of adolescent Kentuckians who ever used other opiates (Survey question q50)

Males	Females	Total
4,258	2,724	6,982

Sedatives

Adolescent female Kentuckians are slightly more likely to use sedatives than males. Older adolescents are more likely to use sedatives than younger adolescents. Figure 5.11 presents the lifetime, past year, and past 30 day use rates for sedatives. Figure 5.12 presents the lifetime use rates for sedatives by age and gender. Table 5.7 presents the estimated number of adolescent Kentuckians who ever used sedatives.

Figure 5.11: Lifetime, past year, and past 30 day sedative use rates for adolescent Kentuckians (Survey question q55)

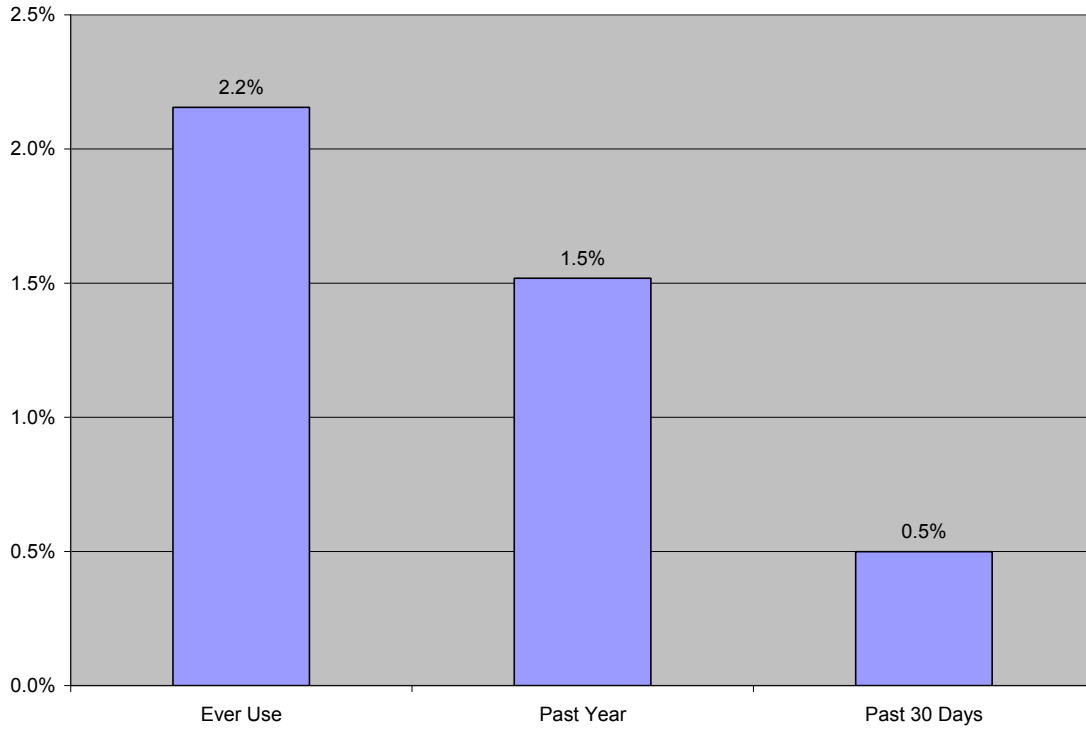


Figure 5.12: Lifetime sedative use rates for adolescent Kentuckians by age and gender (Survey question q54)

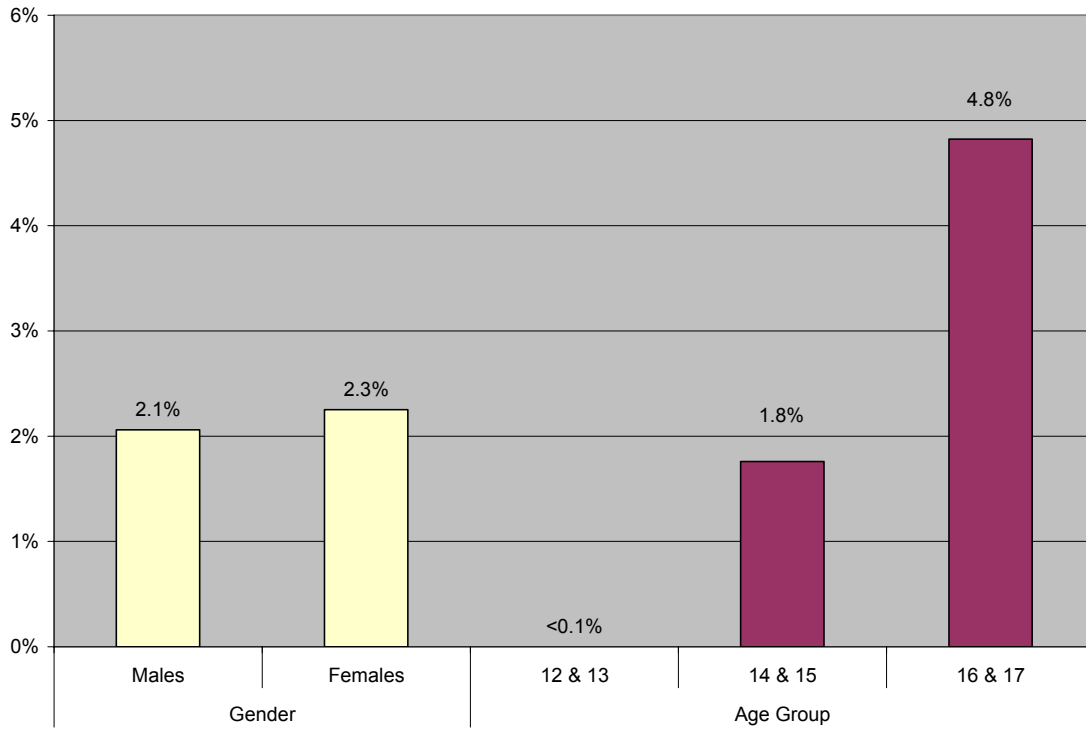


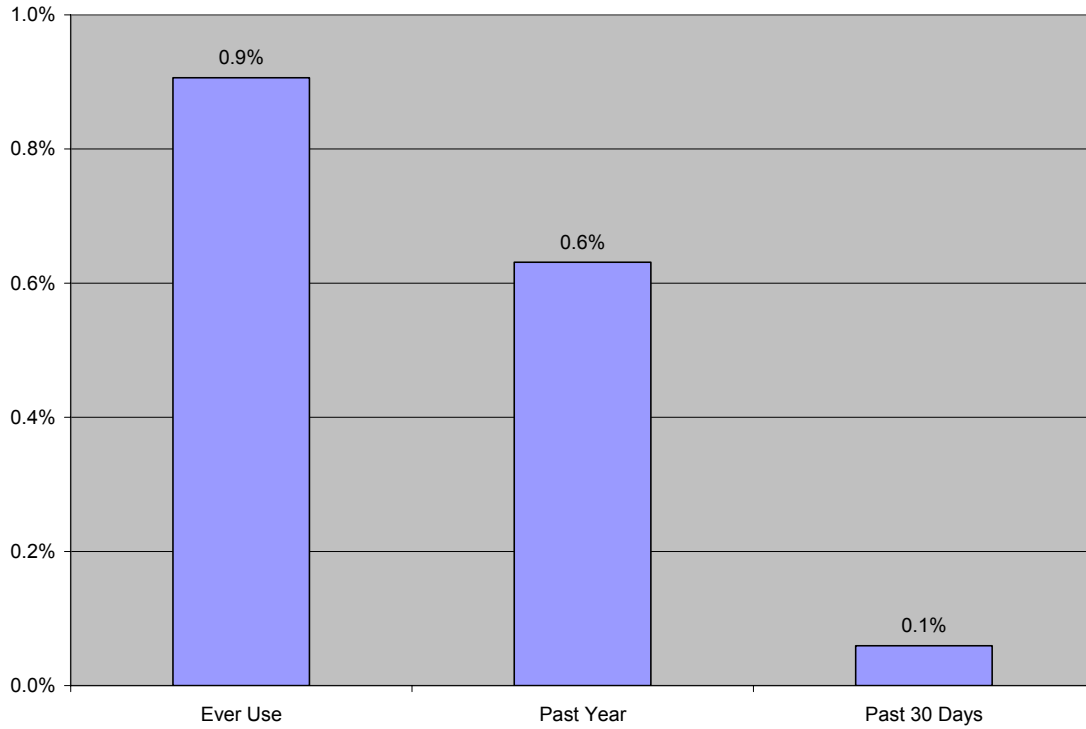
Table 5.7: Estimated number of adolescent Kentuckians who ever used sedatives (Survey question q54)

Males	Females	Total
3,568	3,870	7,438

Hallucinogens

Adolescent male Kentuckians are more likely to use hallucinogens than females. Older adolescents are more likely to use hallucinogens than younger adolescents. Figure 5.13 presents the lifetime, past year, and past 30 day use rates for hallucinogens. Figure 5.14 presents the lifetime use rates for hallucinogens by age and gender. Table 5.8 presents the estimated number of adolescent Kentuckians who ever used hallucinogens.

Figure 5.13: Lifetime, past year, and past 30 day hallucinogen use rates for adolescent Kentuckians (Survey question q40)



SECTION FIVE: DRUGS

Figure 5.14: Lifetime hallucinogen use rates for adolescent Kentuckians by age and gender (Survey question q39)

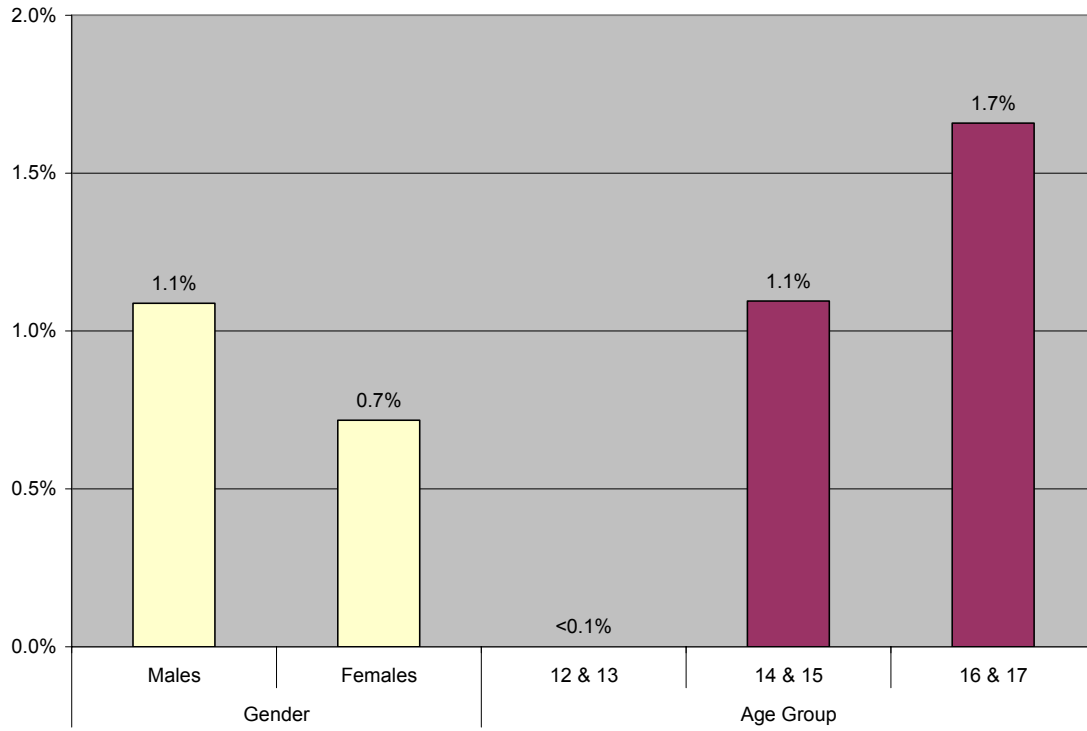


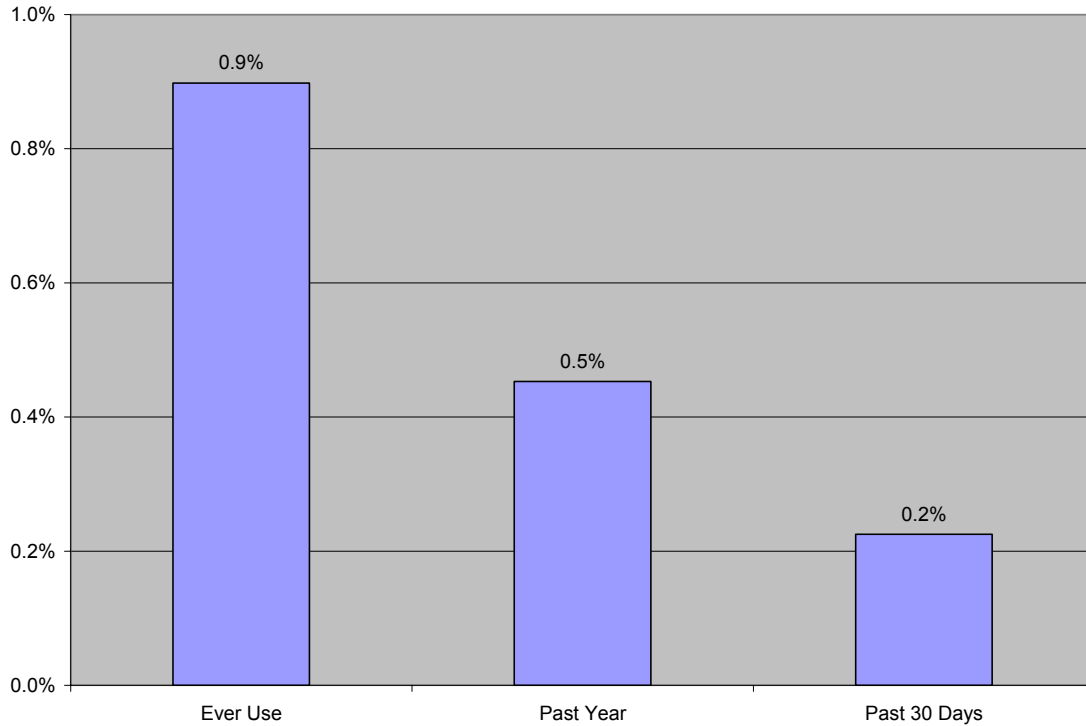
Table 5.8: Estimated number of adolescent Kentuckians who ever used hallucinogens (Survey question q39)

Males	Females	Total
1,869	1,175	3,044

Club Drugs

Club Drugs include MDMA, MDA, and other drugs common to “rave” parties. Adolescent male Kentuckians are more likely to use club drugs than females. Older adolescents are more likely to use club drugs than younger adolescents. Figure 5.15 presents the lifetime, past year, and past 30 day use rates for club drugs. Figure 5.16 presents the lifetime use rates for club drugs by age and gender. Table 5.9 presents the estimated number of adolescent Kentuckians who ever used club drugs.

Figure 5.15: Lifetime, past year, and past 30 day club drug use rates for adolescent Kentuckians (Survey question q42)



SECTION FIVE: DRUGS

Figure 5.16: Lifetime club drug use rates for adolescent Kentuckians by age and gender (Survey question q41)

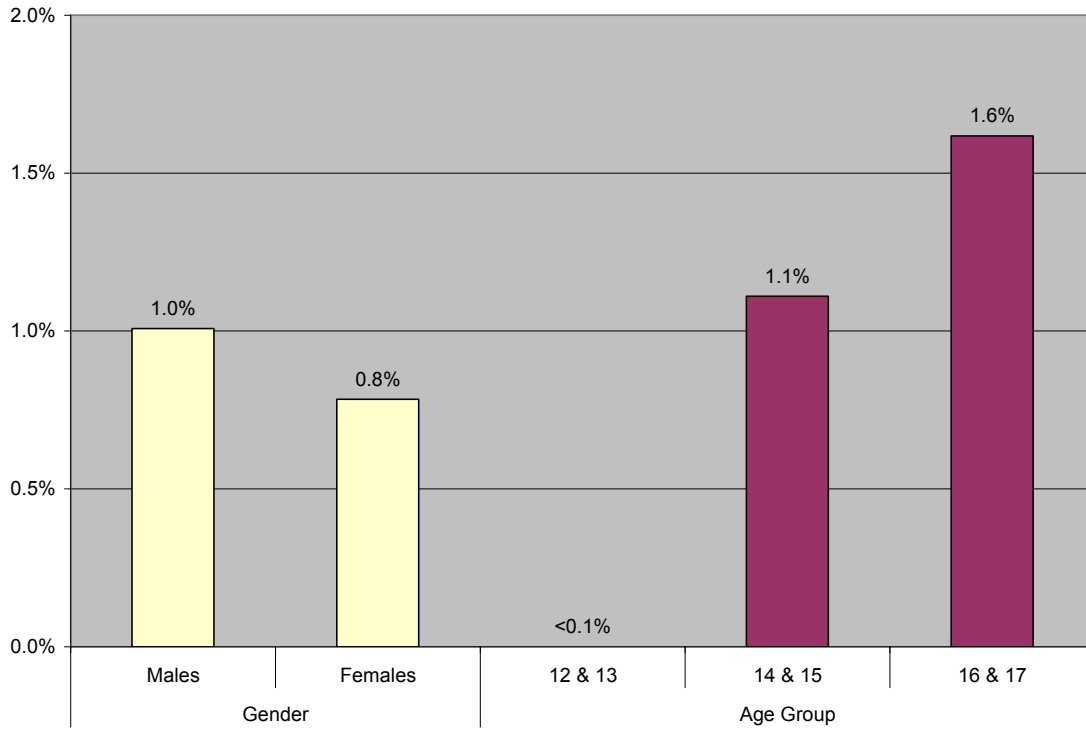


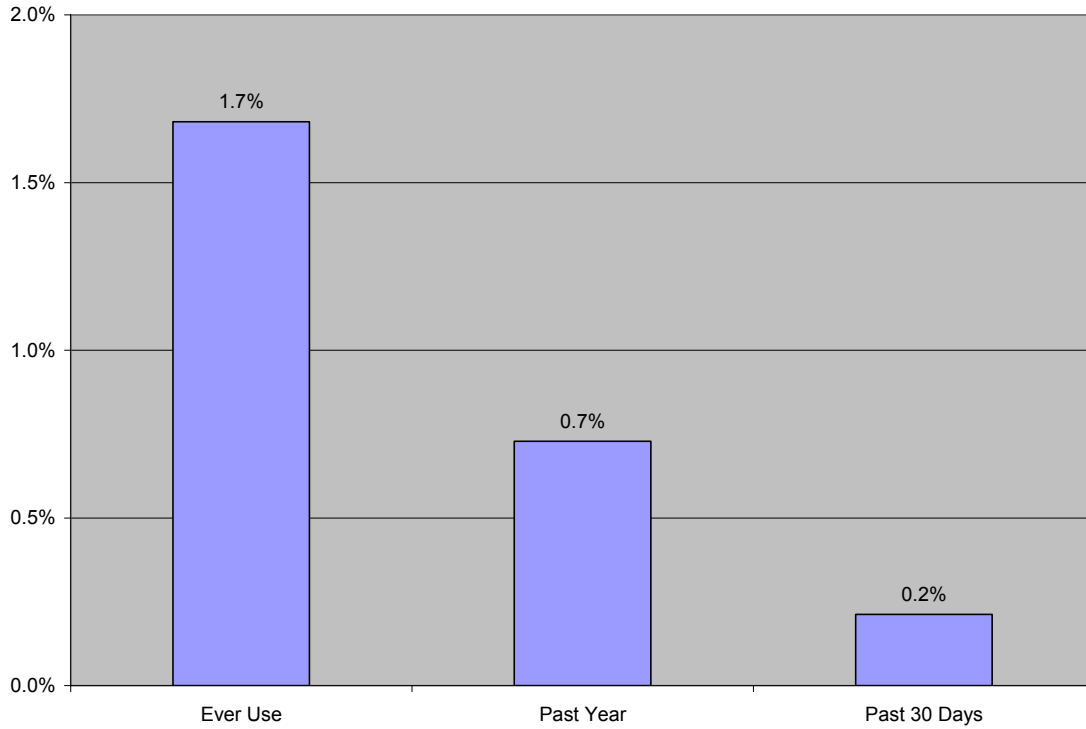
Table 5.9: Estimated number of adolescent Kentuckians who ever used club drugs (Survey question q41)

Males	Females	Total
1,678	1,288	2,966

Inhalants

Adolescent male Kentuckians are more likely to use inhalants than females. Older adolescents are more likely than younger adolescents to use inhalants. Figure 5.17 presents the lifetime, past year, and past 30 day use rates for inhalants. Figure 5.18 presents the lifetime use rates for inhalants by age and gender. Table 5.10 presents the estimated number of adolescent Kentuckians who ever used inhalants.

Figure 5.17: Lifetime, past year, and past 30 day inhalant use rates for adolescent Kentuckians (Survey question q44)



SECTION FIVE: DRUGS

Figure 5.18: Lifetime inhalant use rates for adolescent Kentuckians by age and gender (Survey question q43)

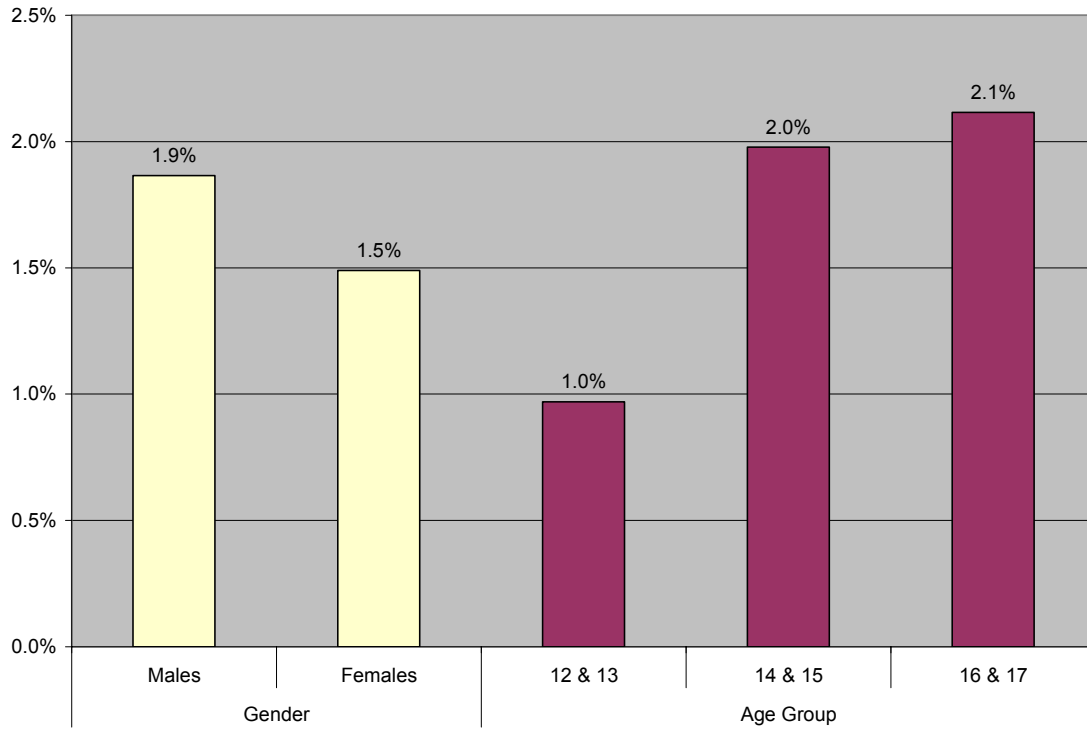


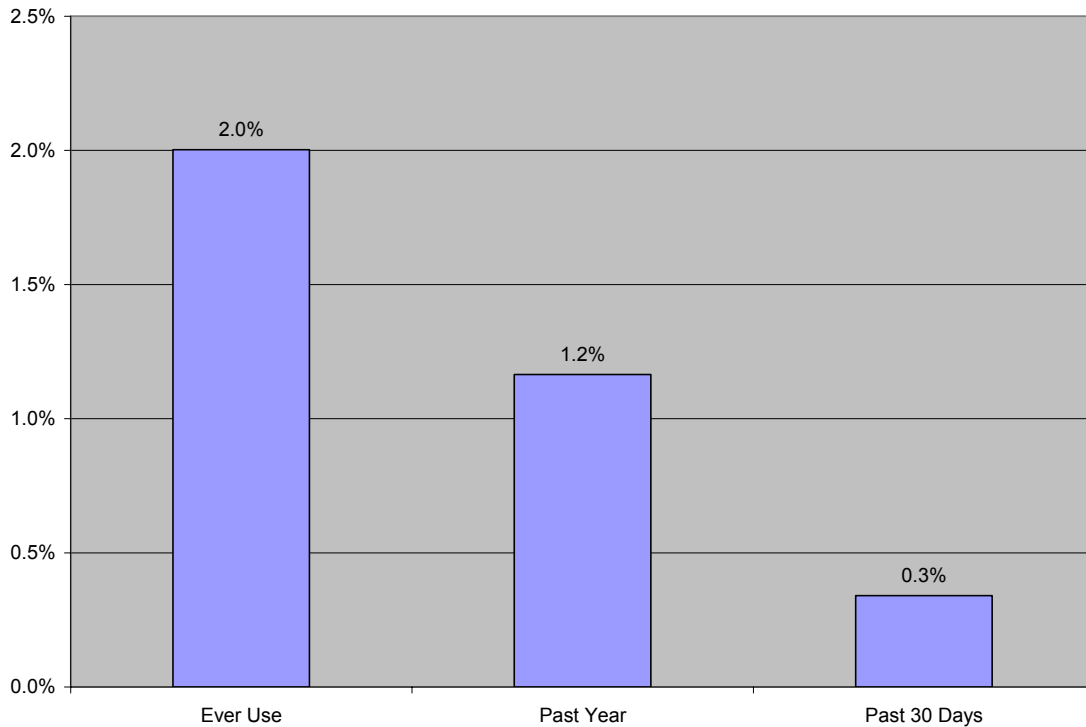
Table 5.10: Estimated number of adolescent Kentuckians who ever used inhalants (Survey question q43)

Males	Females	Total
3,295	2,505	5,800

Other Drugs

Other drugs include any substance used to become intoxicated other than those previously discussed in this section. Most of the drugs used to intoxication are over-the-counter cold and cough remedies. Adolescent female Kentuckians are more likely than males to use these other drugs. Older adolescents are more likely to use other drugs than younger adolescents. Figure 5.19 presents the lifetime, past year, and past 30 day use rates for other drugs. Figure 5.20 presents the lifetime use rates for other drugs by age and gender. Table 5.11 presents the estimated number of adolescent Kentuckians who ever used other drugs.

Figure 5.19: Lifetime, past year, and past 30 day other drug use rates for adolescent Kentuckians (Survey question q59)



SECTION FIVE: DRUGS

Figure 5.20: Lifetime other drug use rates for adolescent Kentuckians by age and gender (Survey question q56)

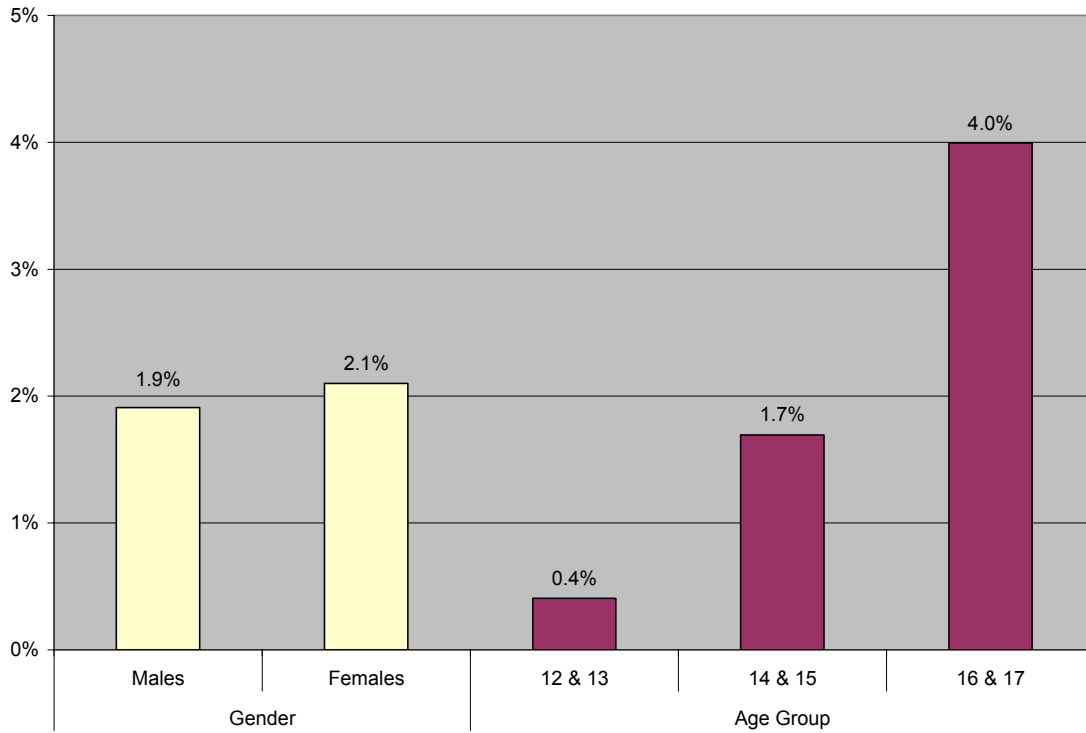


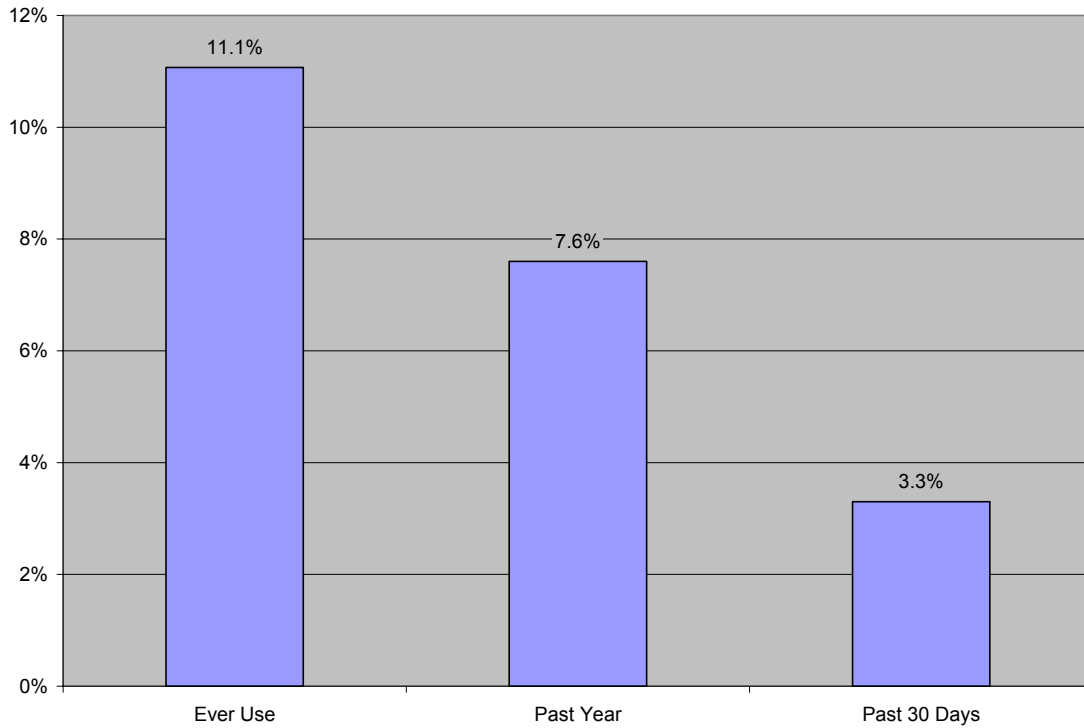
Table 5.11: Estimated number of adolescent Kentuckians who ever used other drugs (Survey question q56)

Males	Females	Total
3,480	3,556	7,036

Any Illicit Drug

Illicit drugs include all substances previously discussed in this section but excludes alcohol and nicotine. Adolescent male Kentuckians are more likely than females to use illicit drugs. Older adolescents are more likely to use illicit drugs than younger adolescents. Figure 5.21 presents lifetime, past year, and past 30 day use rates for illicit drugs. Figure 5.22 presents lifetime use rates for illicit drugs by age and gender. Table 5.12 presents the estimated number of adolescent Kentuckians who ever used illicit drugs.

Figure 5.21: Lifetime, past year, and past 30 day illicit drug use rates for adolescent Kentuckians (Survey questions q37-q63)



SECTION FIVE: DRUGS

Figure 5.22: Lifetime illicit drug use rates for adolescent Kentuckians by age and gender (Survey questions q37-q63)

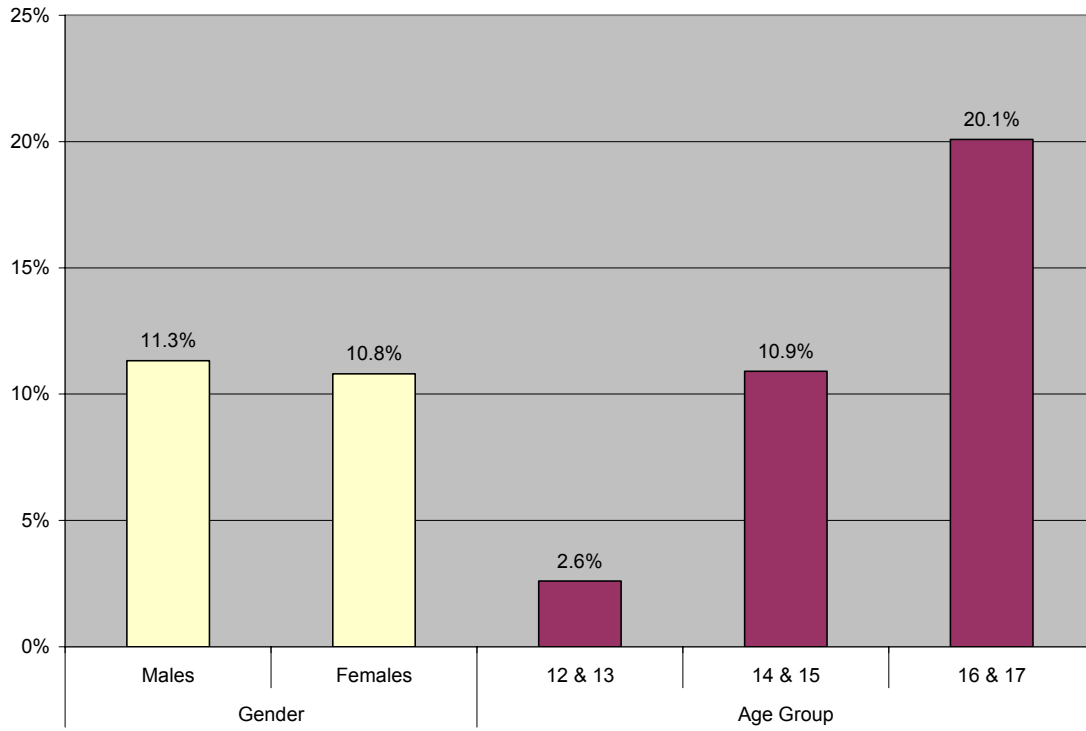


Table 5.12: Estimated number of adolescent Kentuckians who ever used illicit drugs (Survey questions q37-q63)

Males	Females	Total
19,523	18,024	37,547

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6. DSM-IV-TR Criteria

DSM-IV-TR¹ Abuse

Adolescent male Kentuckians were more likely to meet DSM-IV-TR criteria for alcohol abuse than females; however, females were more likely to meet these criteria for drug abuse than males. Figure 6.1 presents the percent of adolescents who meet criteria for substance abuse by gender. Table 6.1 presents the estimated number of adolescent Kentuckians who meet abuse criteria.

Figure 6.1: Substance abuse for adolescent Kentuckians by gender (Survey questions q71-q116)

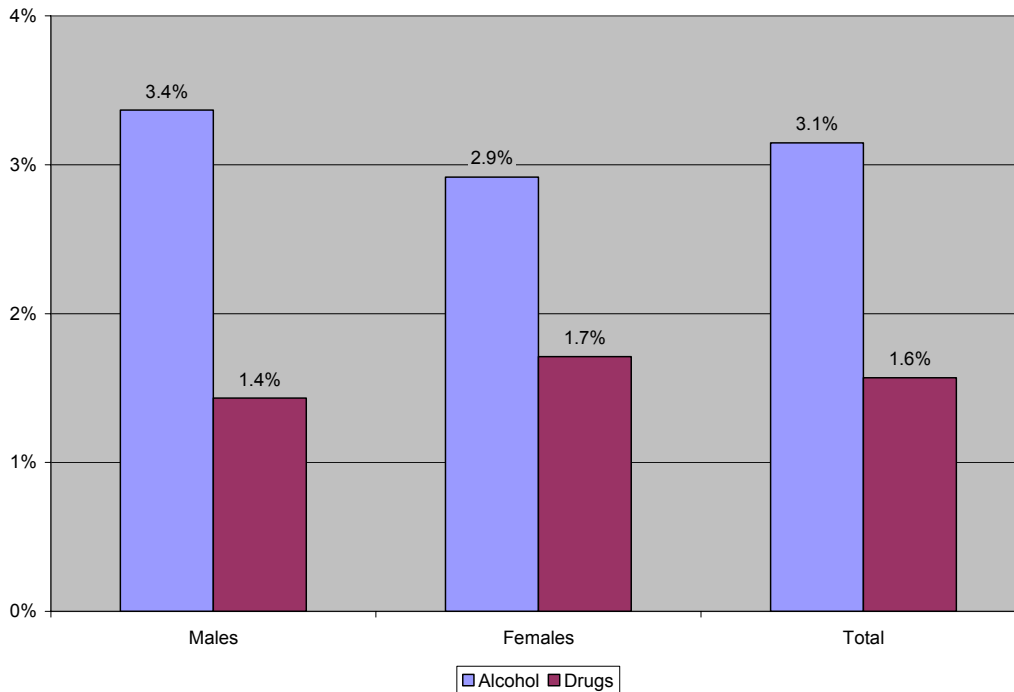


Table 6.1: Estimated number of adolescent Kentuckians who meet abuse criteria by gender (Survey questions q71-q116)

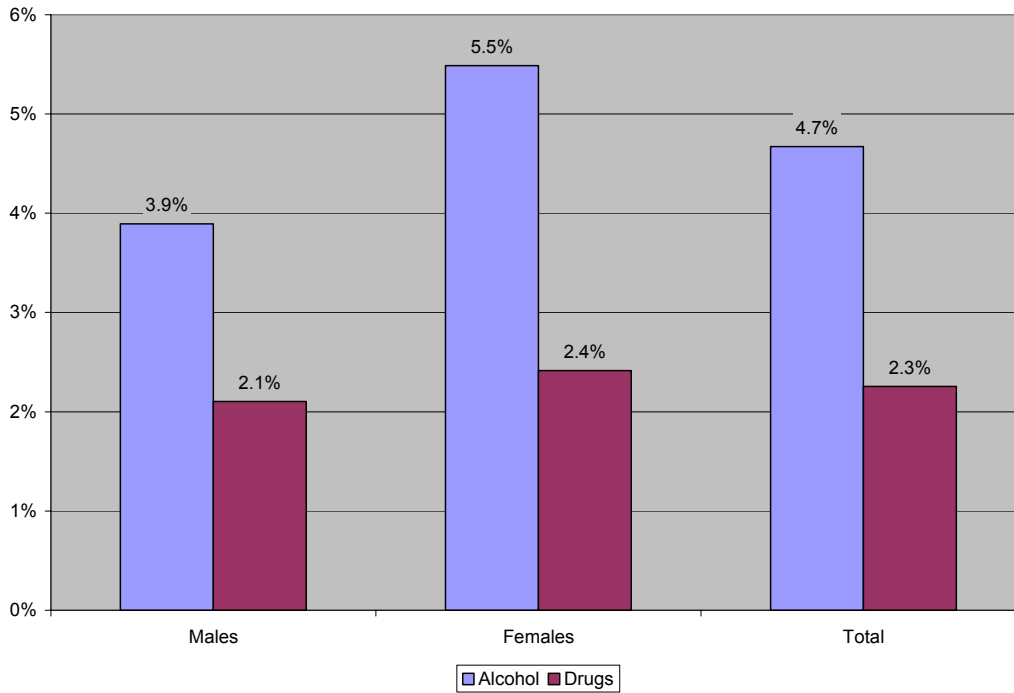
	Males	Females	Total
Alcohol Abuse	5,821	4,915	10,736
Drug Abuse	2,541	2,819	5,360

SECTION SIX: DSM-IV-TR CRITERIA

DSM-IV-TR Dependence*

Adolescent females were more likely to meet three or more DSM-IV-TR criteria for dependence in their lifetime. Figure 6.2 presents the percent of adolescents who ever met three or more dependence criteria. Table 6.2 presents the estimated number of adolescent Kentuckians who ever met three or more dependence criteria.

Figure 6.2: Three or more dependence criteria in their lifetime for adolescent Kentuckians by gender (Survey questions q71-q116)



* The term dependence in this report is not meant to be interpreted as a formal diagnosis. Any person who reported three or more DSM-IV-TR lifetime criteria is included as dependent.

Table 6.2: Estimated number of adolescent Kentuckians who ever met three or more dependence criteria by gender (Survey questions q71-q116)

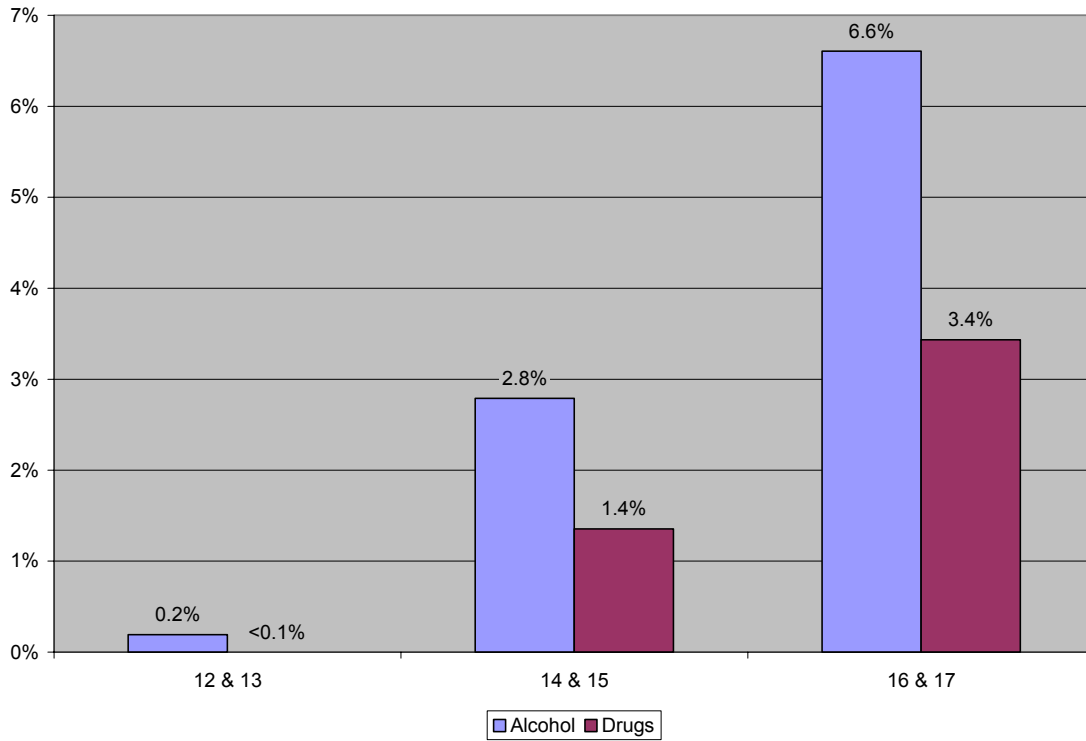
	Males	Females	Total
Alcohol Dependence	6,763	9,153	15,916
Drug Dependence	3,755	4,028	7,783

Note: These are not true clinical diagnoses. It is possible that a person could meet both abuse and dependence criteria.

SECTION SIX: DSM-IV-TR CRITERIA

Older adolescent Kentuckians were more likely to meet DSM-IV-TR criteria for substance abuse or dependence than younger adolescents. Figure 6.3 presents the percent of adolescents who meet substance abuse criteria by age. Figure 6.4 presents the percent of adolescents who ever met three or more substance dependence criteria. Table 6.3 presents the estimated number of adolescent Kentuckians who meet substance abuse and dependence criteria.

Figure 6.3: Substance abuse for adolescent Kentuckians by age (Survey questions q71-q116)



SECTION SIX: DSM-IV-TR CRITERIA

Figure 6.4: Percent of adolescent Kentuckians who ever met three or more dependence* criteria by age (Survey questions q71-q116)

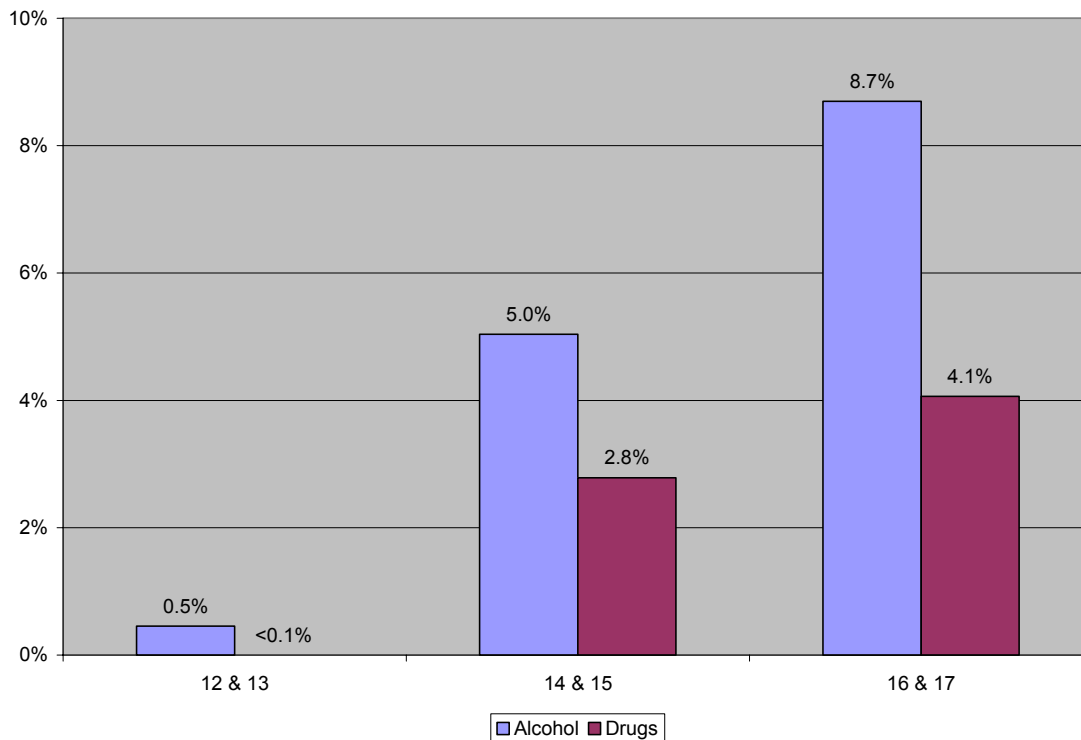


Table 6.3: Estimated number of adolescent Kentuckians who ever met abuse or dependence criteria by age (Survey questions q71-q116)

	12 to 13	14 to 15	16 to 17	Total
Alcohol Abuse	209	3,089	7,438	10,736
Alcohol Dependence	495	5,655	9,766	15,916
Drug Abuse	e	1,550	3,810	5,360
Drug Dependence	e	3,193	4,591	7,784

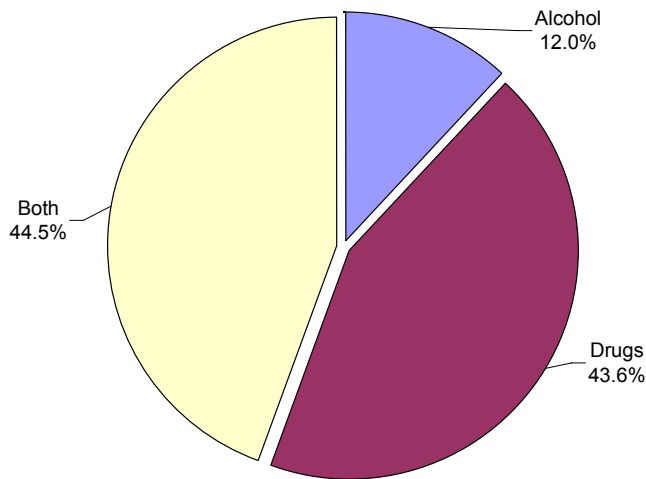
e = estimate too small to calculate accurately

* The term dependence in this report is not meant to be interpreted as a formal diagnosis. Any person who reported three or more DSM-IV-TR lifetime criteria is included as dependent.

7. Treatment Utilization and Treatment Need

Adolescent male Kentuckians were about as likely to receive alcohol or drug treatment services as female adolescents. However, 14 and 15 year old females were more likely to receive treatment than 14 and 15 year old males. In addition, older adolescents were more likely to receive treatment than younger adolescents. Almost 90% of adolescents who received treatment received services exclusively for drugs or for drugs in combination with alcohol. Figure 7.1 presents the distribution of treatment reason.

Figure 7.1: Reason for entering alcohol or drug treatment (Survey question q118)



Just over one-fifth (21.5%) of adolescent Kentuckians who received alcohol or drug treatment received treatment in an inpatient or residential facility. The remaining 78.5% received outpatient services. Of adolescents who received alcohol or drug treatment services, 85.2% reported at least one DSM-IV-TR abuse criterion and/or at least three DSM-IV-TR dependence criteria in their lifetime. Of all adolescents who reported at least one DSM-IV-TR abuse criterion and/or at least three DSM-IV-TR dependence criteria in their lifetime, only 13.6% received treatment services.

Treatment Need Estimates

Adolescent treatment need is defined as anyone who met at least one of the following:

- At least one DSM-IV-TR criterion for abuse in their lifetime
- At least three DSM-IV-TR dependence criteria in their lifetime
- A self-report of needing but not receiving treatment
- A self-reported desire to participate in treatment if services were more readily available

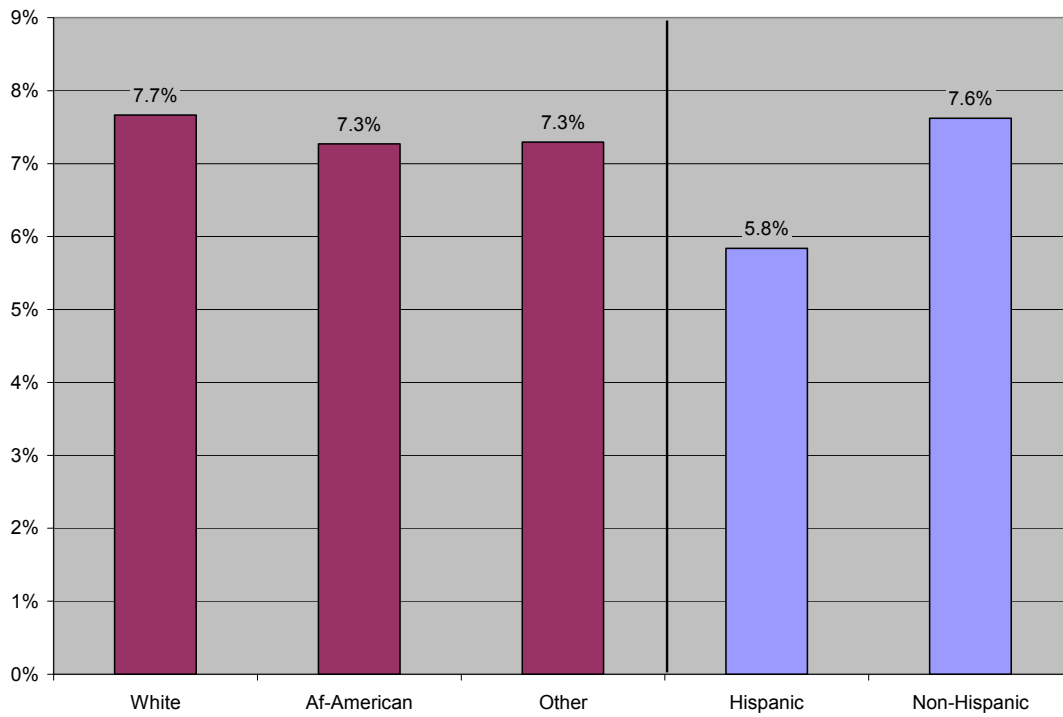
Very few adolescents reported that they needed but did not receive treatment. An estimated 757 adolescent Kentuckians reported they needed treatment but did not receive it (survey question q130). Of those 757 adolescents who reported an unmet need for treatment, 70.4% had received alcohol or drug treatment in their lifetime. An estimated 3,287 adolescent Kentuckians state they would have used alcohol or drug treatment services if they were more readily available (survey question q125).

An estimated 25,793 (7.6%) adolescent Kentuckians need alcohol or drug treatment. Table 7.1 presents the estimated number of adolescent Kentuckians in need of alcohol or drug treatment by age group and gender. Overall treatment need for Kentucky adolescents decreased from 9.6% in 1998 to 7.6% in 2005. Most of this decrease is accounted for by the lower rates of abuse and dependence in 2005 compared to 1998. Treatment need is highest in western Kentucky (9.0%) and lowest in eastern Kentucky (6.5%). Detailed treatment need estimates by region can be found on page 85 and comparison of estimates to the KNAP 1998 Adolescent Household Survey can be found on page 81.

Table 7.1: Estimated number and percent of adolescent Kentuckians in need of alcohol or drug treatment

	Estimate	Percent
Kentucky	25,793	7.6%
Males	12,616	7.2%
Females	13,177	7.9%
12 to 13	704	0.6%
14 to 15	8,912	7.9%
16 to 17	16,177	14.5%

Figure 7.2: Estimated percent of adolescent Kentuckians in need of treatment by race and ethnicity



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8. Attitudes and Beliefs

Older adolescent Kentuckians are more likely to view smoking, alcohol use, and marijuana use positively than younger adolescents. Participants were asked if they thought they would be seen as “cool” in the eyes of their peers if they smoked cigarettes, started drinking once or twice per month, or started smoking marijuana. Figure 8.1 presents the percent of adolescents who answered “pretty good chance” or “very good chance” to these questions by age groups. Adolescents who use cigarettes, alcohol, and marijuana are more likely to think they would be cool than adolescents who do not use that substance. Table 8.1 presents the percent of adolescents who answered “pretty good chance” or “very good chance” to these questions based on their use of that substance.

Figure 8.1: Percent of adolescent Kentuckians who believe they would be seen as “cool” if they used cigarettes, alcohol, or marijuana by age group (Survey questions q131-q133)

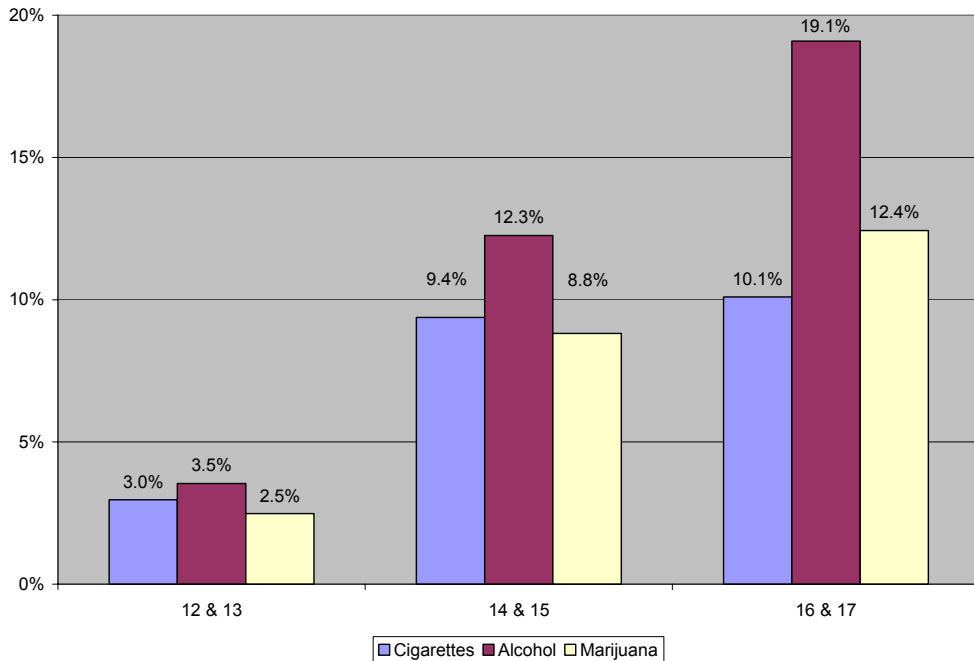


Table 8.1: Percent of adolescent Kentuckians who believe they would be seen as “cool” if they used cigarettes, alcohol, or marijuana by those who have and have not used that substance (Survey questions q131-q133)

	Cigarettes	Alcohol	Marijuana
Used	14.3%	20.8%	30.1%
Not used	5.5%	7.7%	5.6%

SECTION EIGHT: ATTITUDES AND BELIEFS

Participants were asked about their perception of risk for drug and alcohol use. Response choices included “great risk,” “moderate risk,” “slight risk,” and “no risk.” Table 8.2 presents the risk areas and perceptions. Very few respondents answered “no risk” in any area. The highest percent for no risk responses was 5.5% for trying marijuana once or twice. The highest percent of great risk was 89.2% for drinking four or five drinks a day.

Table 8.2: Perception of risk for cigarette, alcohol, and drug use among adolescent Kentuckians (Survey questions q144-q153)

	Great Risk	No Risk
Smoking one or more packs of cigarettes per day	73.2%	1.5%
Trying marijuana once or twice	50.6%	5.5%
Smoking marijuana once a month	54.3%	4.5%
Smoking marijuana once or twice a week	79.4%	2.1%
Drinking one or two drinks a day	63.3%	2.4%
Drinking four or five drinks a day	89.2%	1.2%
Drinking five or more drinks once or twice a week	69.4%	1.3%
Trying cocaine in powder form once or twice	73.1%	1.3%
Trying crack cocaine once or twice	76.0%	1.3%
Trying hallucinogens once or twice	73.4%	1.4%

Peer influence to experiment with and use drugs has been documented.^{19,20} Participants were asked how many of their three closest friends use drugs or alcohol. Adolescents with friends who drink were more likely to drink than adolescents without friends who drink. Similarly, adolescents with friends who use drugs were more likely to use drugs than adolescents without friends who use. Adolescents with at least one close friend who drinks were 5.2 times more likely to have ever used alcohol compared to adolescents with no close friends who drink. Adolescents with at least one close friend who uses drugs were 10 times more likely to have ever used a drug compared to adolescents with no close friends who use drugs. Relative risk is the probability of an event or outcome in an exposed group compared to a non-exposed group. The relative risk for adolescents to use drugs or alcohol increases with the number of friends who use drugs or alcohol compared to adolescents who do not have close friends who use drugs or alcohol. Using this way of thinking, Kentucky adolescents whose three closest friends use drugs are 17.1 times more

SECTION EIGHT: ATTITUDES AND BELIEFS

likely to ever try drugs compared to adolescents with no close friends who use drugs. Table 8.3 presents the relative risk for adolescents to use drugs or alcohol compared to the number of close friends who drank or used drugs.

Table 8.3: Relative risk for adolescent Kentuckians to ever use drugs or alcohol by the number of close friends who drink or use drugs (Survey questions q134-q135)

Number of close friends	Alcohol	Drugs
0 of 3	1.0	1.0
1 of 3	3.6	6.3
2 of 3	5.5	12.2
3 of 3	7.1	17.1

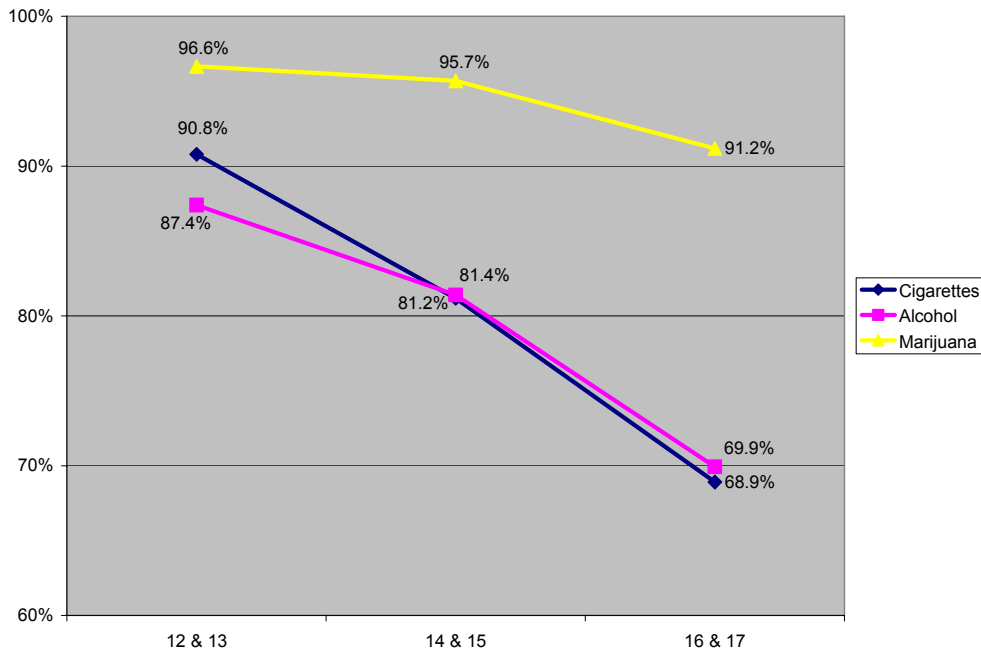
SECTION EIGHT: ATTITUDES AND BELIEFS

Adolescents were also asked how wrong their parents would think it was if he/she smoked cigarettes, drank alcohol, or smoked marijuana. Response choices included “very wrong,” “wrong,” “a little bit wrong,” and “not wrong at all.” The majority of adolescents believed their parents would think using cigarettes, alcohol, and marijuana regularly would be very wrong. Very few adolescents indicated their parents would think using any of these substances was not wrong at all. Table 8.4 presents the degree to which adolescents believed their parents would think using cigarettes, alcohol, and marijuana regularly was wrong. There were no significant gender differences in perception of their parents’ disapproval. However, older adolescents were less likely to believe their parents would think it is wrong for them to smoke cigarettes regularly, drink alcohol regularly, and smoke marijuana regularly. Figure 8.2 presents the percent of adolescents who believed their parents would think it is very wrong for them to use cigarettes, alcohol, or marijuana.

Table 8.4: Adolescent Kentuckians’ perception of parents’ disapproval of using cigarettes, alcohol, or marijuana regularly (Survey questions q136-q138)

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
Smoking cigarettes regularly	80.5%	13.9%	4.0%	1.6%
Drinking regularly	79.7%	14.4%	5.1%	0.8%
Smoking marijuana regularly	94.5%	3.9%	0.9%	0.6%

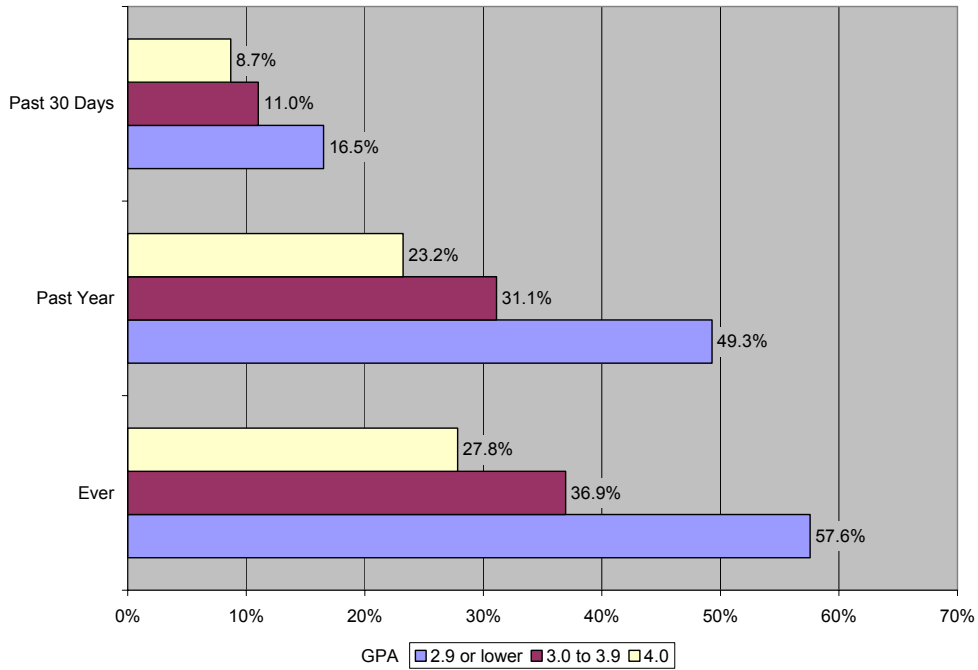
Figure 8.2: Percent of adolescent Kentuckians who believe their parents think it is very wrong to use cigarettes, alcohol, or marijuana regularly by age group (Survey questions q136-q138)



SECTION EIGHT: ATTITUDES AND BELIEFS

Grade point average (GPA) was negatively correlated with alcohol use, drug use, and meeting more DSM-IV-TR abuse and dependence criteria. Figure 8.3 presents the percent of adolescent Kentuckians who use alcohol by GPA. Figure 8.4 presents the percent of adolescent Kentuckians who use drugs by GPA. Figure 8.5 presents the percent of adolescent Kentuckians meeting abuse or dependence* criteria by GPA.

Figure 8.3: Percent of adolescent Kentuckians who drink by grade point average (Survey question q14)



* The term dependence in this report is not meant to be interpreted as a formal diagnosis. Any person who reported three or more DSM-IV-TR lifetime criteria is included as dependent.

SECTION EIGHT: ATTITUDES AND BELIEFS

Figure 8.4: Percent of adolescent Kentuckians who use drugs by grade point average (Survey question q14)

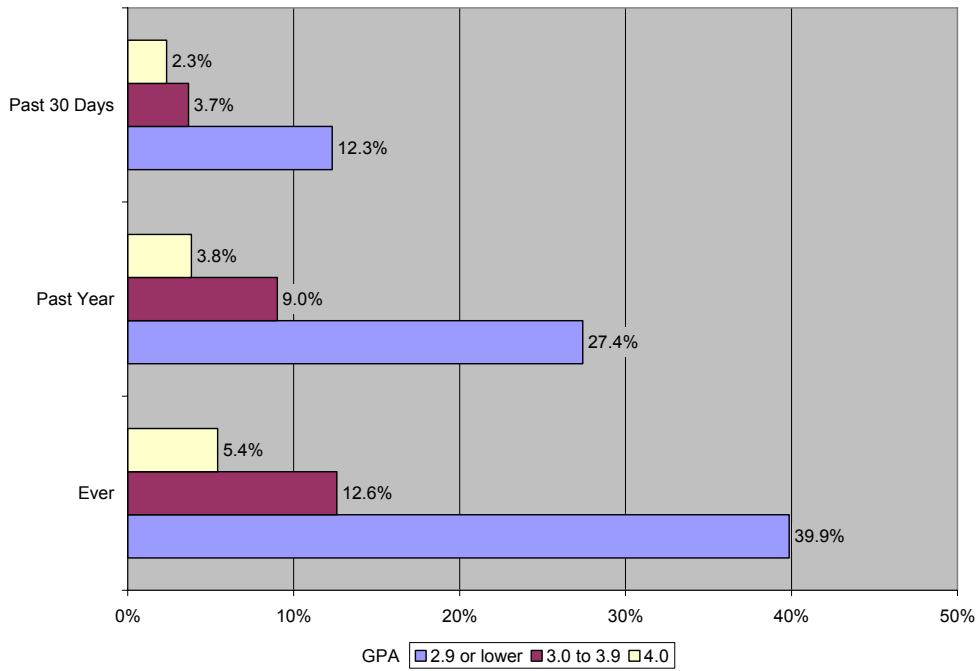
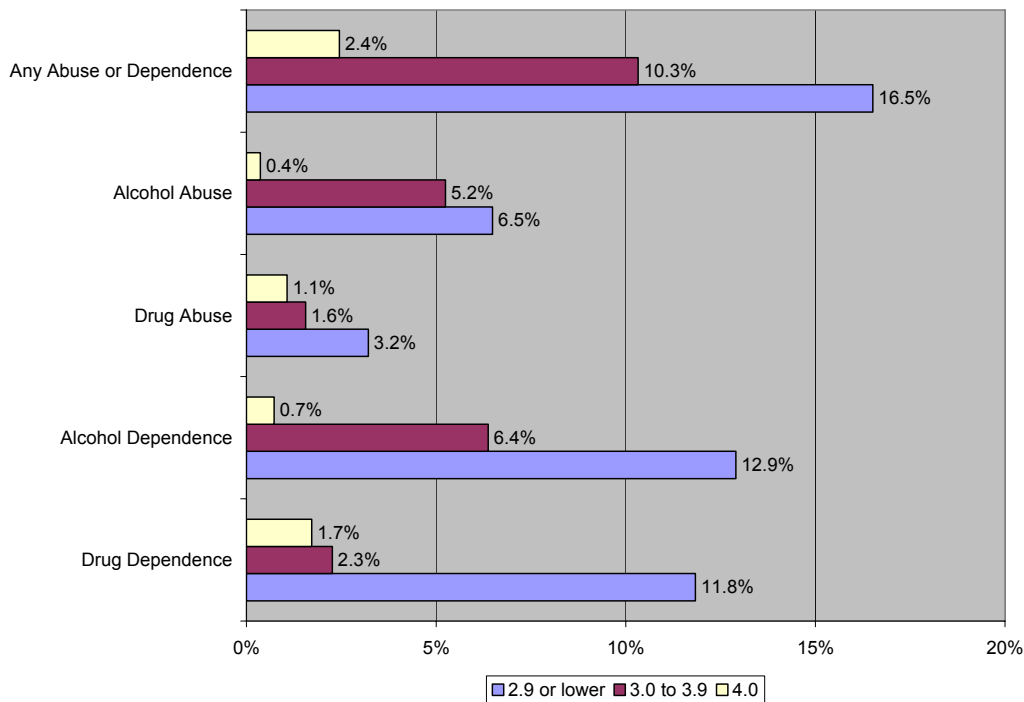


Figure 8.5: Percent of adolescent Kentuckians meeting abuse or dependence* criteria by grade point average (Survey question q14)



* The term dependence in this report is not meant to be interpreted as a formal diagnosis. Any person who reported three or more DSM-IV-TR lifetime criteria is included as dependent.

Alcohol and Drug Use Correlates

A relationship was found between adolescent Kentuckian nicotine use and the use of alcohol and other drugs. Specifically, adolescents who smoked cigarettes were 4.4 times more likely to drink and 14.4 times more likely to use drugs than adolescents who never smoked. Adolescents who smoked at least 100 cigarettes were more likely to drink and use drugs compared to adolescents who smoked less than 100 cigarettes. Adolescents who used smokeless tobacco were 3.0 times more likely to drink and 4.5 times more likely to use drugs than adolescents who never used smokeless tobacco. Table 8.5 presents the percent of adolescents who drink or use drugs by nicotine use. Table 8.6 presents the risk for adolescent users of nicotine to use alcohol or other drugs compared to non-nicotine users.

Table 8.5: Percent of adolescent Kentuckians who drink or use drugs by nicotine use (Survey questions q29-q63)

<u>Risk Factor</u>	<u>Outcome</u>	
	<u>Ever Drink</u>	<u>Ever Use Drugs</u>
Never Smoked	16.5%	2.8%
Smoked \geq 1 Cigarette	72.7%	40.4%
Smoked 1-99	67.2%	28.1%
Smoked 100+	88.3%	74.7%
Ever Use Smokeless Tobacco	75.0%	40.2%

Table 8.6: Relative risk for adolescent Kentuckians who use nicotine to drink or use drugs compared to adolescents who do not use nicotine (Survey questions q29-q63)

<u>Risk Factor</u>	<u>Outcome</u>	
	<u>Alcohol Use</u>	<u>Drug Use</u>
Smoked \geq 1 Cigarette	4.4	14.4
Smoked 1-99	4.1	10.0
Smoked 100+	5.3	26.6
Used Smokeless Tobacco‡	3.0	4.5

‡ compared to “never used smokeless tobacco”

Adolescent Kentuckians who drink are 14.4 times more likely to use other drugs compared to adolescents who do not drink. Adolescents who smoke marijuana are 31.8 times more likely to use drugs other than marijuana compared to adolescents who do not smoke marijuana.

SECTION EIGHT: ATTITUDES AND BELIEFS

Adolescent Kentuckians with a driver's license or cell phone were slightly more likely to drink than others but less likely to use drugs than adolescents without a license or a cell phone. Adolescents who had a job outside of the home were also more likely to drink and use drugs compared to adolescents who did not have a job. When relative risk ratios were computed using the Mantel-Haenszel²¹ statistic to account for age differences, none of these results were statistically significant. Table 8.7 presents the lifetime prevalence of alcohol and drug use and relative risk ratio for adolescents with a driver's license, cell phone, and job outside of the home.

Table 8.7: Percent and relative risk ratio for lifetime alcohol and drug use for adolescents with a driver's license, cell phone, and job outside of the home (Survey questions q15, q22-q23, q35-q63)

	Alcohol		Drugs	
	Percent	RR	Percent	RR
Driver's License*	47.5%	1.1	19.3%	0.8
Cell Phone	30.2%	1.2	12.6%	0.9
Employed	40.0%	1.1	17.6%	1.1

* 16 & 17 year old adolescents only

9. Kentucky Needs Assessment Project 1998 Adolescent Household Survey Comparison

Each alcohol, tobacco, and drug use prevalence estimate was lower in 2005 when compared to the KNAP 1998 Adolescent Household Survey. Overall prevalence decreases are consistent with decreases noted in the 2005 Monitoring the Future.¹⁷ The most notable decrease in prevalence for adolescent Kentuckians from 1998 to 2005 was for cigarettes. In 1998 there was a 44.3% lifetime prevalence for cigarette smoking compared to 22.0% in 2005. Table 9.1 presents the comparison in smoking prevalence in 1998 and 2005. Table 9.2 presents the comparison in smokeless tobacco prevalence in 1998 and 2005 for adolescent Kentuckians.

Table 9.1: Comparison of 1998 and 2005 cigarette smoking for adolescent Kentuckians by gender, age group, and race

	1998			2005		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
Kentucky	44.3%	26.2%	15.3%	22.0%	14.1%	7.1%
Males	39.1%	23.0%	12.6%	22.8%	13.7%	6.7%
Females	49.8%	29.6%	18.2%	21.1%	14.5%	7.6%
12 to 14	31.0%	15.9%	7.6%	10.5%	5.1%	2.4%
15 to 17	56.4%	35.7%	22.3%	33.1%	23.4%	12.1%
White	45.3%	27.5%	16.2%	21.7%	25.5%	13.6%
Af-American	34.0%	12.5%	6.3%	27.4%	1.3%	< 0.1%
Other	48.1%	32.1%	12.7%	21.8%	0.3%	0.2%

Table 9.2: Comparison of 1998 and 2005 smokeless tobacco use for adolescent Kentuckians by gender, age group, and race

	1998			2005		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
Kentucky	12.6%	6.9%	4.1%	7.0%	5.0%	2.2%
Males	21.9%	12.8%	7.5%	11.8%	8.1%	3.8%
Females	2.7%	0.7%	0.5%	2.1%	1.8%	0.5%
12 to 14	7.6%	3.7%	2.2%	3.1%	1.8%	0.6%
15 to 17	17.2%	9.8%	5.9%	10.9%	8.4%	3.8%
White	13.3%	7.2%	4.2%	7.3%	9.6%	4.1%
Af-American	4.8%	3.9%	3.5%	2.8%	0.1%	0.1%
Other	16.1%	6.2%	4.2%	3.5%	0.1%	< 0.1%

SECTION NINE: 1998 REPORT COMPARISON

Alcohol and illicit drug use among adolescent Kentuckians decreased between 1998 and 2005. Adolescent female Kentuckians decreased use of alcohol and drugs more than males. Table 9.3 presents the comparison in drinking prevalence in 1998 and 2005. Table 9.4 presents the comparison in illicit drug use prevalence in 1998 and 2005.

Table 9.3: Comparison of 1998 and 2005 drinking for adolescent Kentuckians by gender, age group, and race

	1998			2005		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
Kentucky	40.8%	28.1%	12.2%	28.8%	23.8%	8.9%
Males	37.6%	24.8%	11.6%	29.7%	25.6%	9.7%
Females	44.2%	31.6%	12.9%	27.9%	21.9%	8.0%
12 to 14	24.3%	14.0%	5.5%	13.2%	9.8%	2.7%
15 to 17	55.9%	41.0%	18.4%	44.0%	37.4%	14.8%
White	41.7%	29.2%	12.4%	28.9%	24.0%	8.6%
Af-American	30.7%	16.8%	10.6%	30.3%	20.3%	11.8%
Other	46.7%	25.9%	11.1%	26.7%	25.2%	15.9%

Table 9.4: Comparison of 1998 and 2005 illicit drug use for adolescent Kentuckians by gender, age group, and race

	1998			2005		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
Kentucky	14.9%	9.8%	3.5%	11.1%	7.6%	3.3%
Males	12.7%	8.5%	3.4%	11.3%	8.2%	4.2%
Females	17.2%	11.2%	3.6%	10.8%	7.0%	2.4%
12 to 14	6.6%	4.3%	1.6%	4.3%	2.5%	0.8%
15 to 17	22.5%	14.8%	5.2%	17.6%	12.6%	5.8%
White	14.8%	9.9%	3.4%	10.6%	7.4%	3.1%
Af-American	15.1%	8.8%	4.4%	18.9%	11.7%	5.9%
Other	18.8%	9.0%	3.9%	16.7%	11.7%	7.9%

SECTION NINE: 1998 REPORT COMPARISON

Lifetime and past year marijuana use for adolescent Kentuckians decreased between 1998 and 2005. Adolescent female Kentuckians decreased lifetime use of marijuana more than males. Table 9.5 presents the comparison of marijuana use in 1998 and 2005. Treatment need for adolescent Kentuckians decreased between 1998 and 2005. Adolescent females showed less of a decrease in need compared to adolescent males. Table 9.6 presents the comparison in treatment need estimates in 1998 and 2005.

Table 9.5: Comparison of 1998 and 2005 marijuana use for adolescent Kentuckians by gender, age group, and race

	1998			2005		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
Kentucky	14.5%	9.4%	3.5%	9.3%	6.8%	3.0%
Males	12.5%	8.3%	3.4%	9.8%	7.4%	3.9%
Females	16.6%	10.6%	3.6%	8.7%	6.2%	2.2%
12 to 14	6.2%	4.0%	1.7%	2.5%	1.7%	0.7%
15 to 17	22.1%	14.3%	5.2%	15.8%	11.7%	5.3%
White	14.4%	9.5%	3.4%	8.9%	6.6%	2.8%
Af-American	17.4%	8.8%	3.7%	14.5%	10.2%	5.9%
Other	15.0%	8.8%	4.5%	16.7%	9.5%	7.9%

Table 9.6: Comparison of 1998 and 2005 treatment need estimates for adolescent Kentuckians by gender, age group, and race

	1998	2005
Kentucky	9.6%	7.6%
Males	10.7%	7.2%
Females	8.5%	7.9%
12 to 14	4.0%	2.5%
15 to 17	14.7%	12.5%
White	9.5%	7.7%
Af-American	10.4%	7.3%
Other	10.2%	7.3%

SECTION NINE: 1998 REPORT COMPARISON

DSM-IV-TR abuse estimates for adolescent Kentuckians increased between 1998 and 2005. Decreases were noted for alcohol and drugs. DSM-IV-TR dependence* estimates also decreased between 1998 and 2005. Table 9.7 presents the comparison of alcohol abuse and dependence estimates in 1998 and 2005. Table 9.8 presents a comparison of drug abuse and dependence estimates in 1998 and 2005.

Table 9.7: Comparison of 1998 and 2005 alcohol abuse and dependence estimates for adolescent Kentuckians by gender, age group, and race

	1998		2005	
	Abuse	Dependence	Abuse	Dependence
Kentucky	2.5%	5.2%	3.1%	4.7%
Males	2.4%	6.4%	3.4%	3.9%
Females	2.5%	4.0%	2.9%	5.5%
12 to 14	0.7%	2.6%	0.8%	1.7%
15 to 17	4.2%	7.6%	5.4%	7.6%
White	2.5%	5.3%	3.2%	4.6%
Af-American	2.1%	7.6%	1.6%	7.3%
Other	2.2%	4.4%	5.3%	5.3%

Table 9.8: Comparison of 1998 and 2005 drug abuse and dependence estimates for adolescent Kentuckians by gender, age group, and race

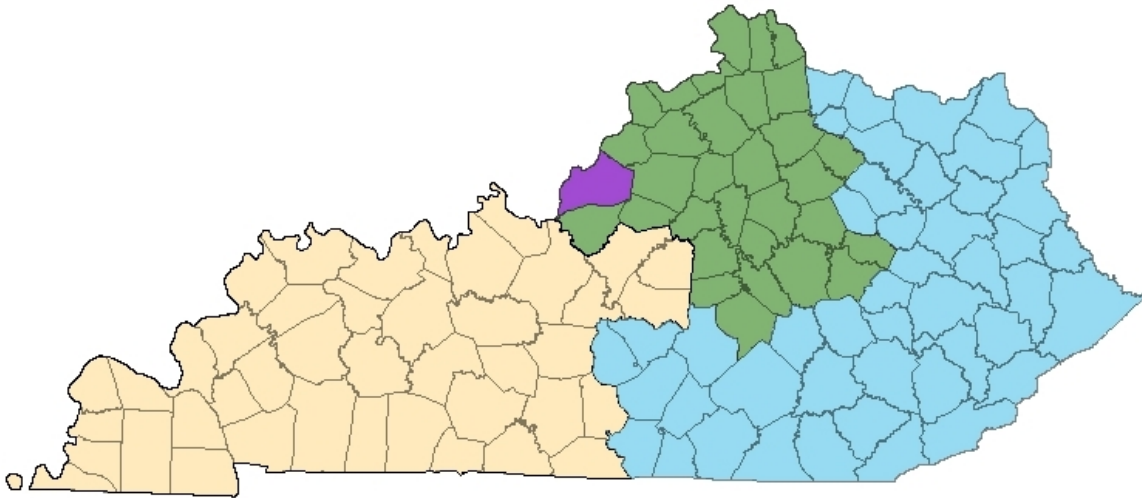
	1998		2005	
	Abuse	Dependence	Abuse	Dependence
Kentucky	2.9%	4.1%	1.6%	2.3%
Males	2.9%	4.4%	1.4%	2.1%
Females	2.9%	3.8%	1.7%	2.4%
12 to 14	1.5%	1.5%	0.5%	0.8%
15 to 17	4.2%	6.5%	2.6%	3.6%
White	2.8%	4.1%	1.6%	2.2%
Af-American	2.4%	5.4%	1.3%	3.0%
Other	3.5%	3.9%	1.8%	3.8%

* The term dependence in this report is not meant to be interpreted as a formal diagnosis. Any person who reported three or more DSM-IV-TR lifetime criteria is included as dependent.

10. Regional Comparisons

Kentucky was partitioned into three regions for sampling purposes. Regions were nested in Mental Health/Mental Retardation (MHMR) regions. Additionally Jefferson County was considered a separate and distinct region. Figure 10.1 presents the map of Kentucky by sampling region.

Figure 10.1: Sampling regions



West Region

MHMR's: Communicare, Four Rivers, Lifeskills, Penny Royal, River Valley

Counties: Allen, Ballard, Barren, Breckenridge, Butler, Caldwell, Calloway, Carlisle, Christian, Crittenden, Daviess, Edmonson, Fulton, Graves, Grayson, Hancock, Hardin, Hart, Henderson, Hickman, Hopkins, Larue, Livingston, Logan, Lyon, Marion, Marshall, McCracken, McLean, Meade, Metcalfe, Monroe, Muhlenberg, Nelson, Ohio, Simpson, Todd, Trigg, Union, Warren, Washington, Webster

East Region

MHMR's: Adanta, Comprehend, Cumberland, Kentucky River, Mountain, Pathways

Counties: Adair, Bath, Bell, Boyd, Bracken, Breathitt, Carter, Casey, Clay, Clinton, Cumberland, Elliott, Fleming, Floyd, Green, Greenup, Harlan, Jackson, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Magoffin, Martin, Mason, McCreary, Menifee, Montgomery, Morgan, Owsley, Perry, Pike, Pulaski, Robertson, Rockcastle, Rowan, Russell, Taylor, Wayne, Whitley, Wolfe

North-Central Region

MHMR's: Bluegrass, Seven Counties (excluding Jefferson Co.), North Key

Counties: Anderson, Boone, Bourbon, Boyle, Bullitt, Campbell, Carroll, Clark, Estill, Fayette, Franklin, Gallatin, Garrard, Grant, Harrison, Henry, Jessamine, Kenton, Lincoln, Madison, Mercer, Nicholas, Oldham, Owen, Pendleton, Powell, Scott, Shelby, Spencer, Trimble, Woodford

SECTION TEN: REGIONAL COMPARISONS

The East and West regions have the highest adolescent lifetime prevalence for smoking cigarettes. Jefferson County and the West region have the highest lifetime prevalence for drinking. Jefferson County has higher lifetime prevalence for all other drugs except hallucinogens and sedatives. Table 10.1 presents the lifetime prevalence rates for cigarettes, alcohol, and other drugs. Table 10.2 presents the estimated number of adolescent Kentuckians who ever used cigarettes, alcohol, and other drugs.

Table 10.1: Lifetime cigarette, alcohol, and drug use prevalence rates for adolescent Kentuckians by region

	Kentucky	West	East	North-Central	Jefferson Co.
Cigarettes	22.0%	24.5%	24.5%	19.4%	20.4%
Alcohol	28.8%	30.7%	25.0%	28.3%	30.2%
Marijuana	9.3%	8.9%	6.9%	8.9%	12.0%
Cocaine	1.1%	1.2%	0.6%	0.7%	1.9%
Other Stimulants	0.8%	0.5%	0.9%	0.6%	1.4%
Oxycodone	1.3%	1.5%	0.6%	1.1%	1.9%
Other Opiates	2.1%	1.7%	0.9%	1.8%	3.9%
Sedatives	2.2%	2.7%	1.6%	1.8%	2.4%
Hallucinogens	0.9%	0.5%	0.5%	1.3%	1.2%
Club Drugs	0.9%	0.4%	0.6%	0.2%	2.6%
Inhalants	1.7%	1.9%	1.5%	1.2%	2.3%
Other	2.0%	1.3%	1.2%	2.1%	3.3%
Any Illicit	11.1%	11.2%	7.7%	10.3%	14.6%

Table 10.2: Estimated number of adolescent Kentuckians who ever used cigarettes, alcohol, and other drugs by region

	Kentucky	West	East	North-Central	Jefferson Co.
Cigarettes	74,681	22,897	19,948	20,519	11,317
Alcohol	98,186	29,395	20,877	30,791	17,123
Marijuana	31,423	8,725	5,916	9,870	6,912
Cocaine	3,698	1,171	583	833	1,111
Other Stimulants	2,689	451	764	703	771
Oxycodone	4,476	1,460	593	1,297	1,126
Other Opiates	6,982	1,724	888	2,082	2,288
Sedatives	7,438	2,668	1,395	1,985	1,390
Hallucinogens	3,044	462	423	1,471	688
Club Drugs	2,966	499	609	331	1,527
Inhalants	5,800	1,879	1,290	1,322	1,309
Other	7,036	1,376	1,177	2,503	1,980
Any Illicit	37,547	10,997	6,628	11,516	8,406

SECTION TEN: REGIONAL COMPARISONS

The West region has the highest prevalence rate of alcohol abuse and alcohol dependence* for adolescent Kentuckians. Jefferson County has the highest prevalence rate of drug abuse and dependence. The West region also has the highest treatment need in the state. Table 10.3 presents the prevalence rates for abuse and dependence and current treatment need. Table 10.4 presents the estimated number of adolescent Kentuckians who meet abuse or dependence criteria in their lifetime or need treatment by region.

Table 10.3: Substance abuse and dependence* prevalence and current treatment need for adolescent Kentuckians by region

	Kentucky	West	East	North-Central	Jefferson Co.
Alcohol Abuse	3.1%	3.6%	2.4%	3.0%	3.5%
Alcohol Dependence	4.7%	6.3%	3.9%	3.6%	4.9%
Drug Abuse	1.6%	1.7%	1.6%	1.2%	1.8%
Drug Dependence	2.3%	2.4%	1.9%	1.5%	3.4%
Any Abuse or Dependence	7.3%	9.0%	6.3%	6.6%	6.9%
Treatment Need	7.6%	9.0%	6.5%	7.3%	7.1%

Table 10.4: Estimated number of adolescent Kentuckians who meet abuse or dependence* criteria and need treatment by region

	Kentucky	West	East	North-Central	Jefferson Co.
Alcohol Abuse	10,736	3,441	2,026	3,259	2,010
Alcohol Dependence	15,916	5,971	3,232	3,944	2,769
Drug Abuse	5,360	1,650	1,360	1,308	1,042
Drug Dependence	7,783	2,384	1,669	1,731	1,999
Any Abuse or Dependence	24,771	8,547	5,188	7,150	3,886
Treatment Need	25,793	8,556	5,372	7,842	4,023

* The term dependence in this report is not meant to be interpreted as a formal diagnosis. Any person who reported three or more DSM-IV-TR lifetime criteria is included as dependent.

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Concluding Remarks

Existing Need for Drug/Alcohol Treatment

There is a large gap between the self-reported need and more objectively defined need among adolescent Kentuckians for alcohol or drug treatment. When respondents were asked if they needed alcohol or drug treatment and had not received it, an estimated 757 adolescents acknowledge an unmet treatment need. When objective criteria for treatment need were used, DSM-IV-TR criteria for drug abuse or dependence, the estimated treatment need increases to 25,793 adolescents. An estimated 3,287 adolescent Kentuckians report they would have sought services if they were available.

The overall need for adolescent treatment decreased from 9.6% in the 1998 Kentucky Needs Assessment to 7.6% in 2005. Cigarette use among adolescents in Kentucky parallels national trends in the Monitoring the Future study. In the seven-year period from 1998 to 2005 cigarette use in the past 30 days in Kentucky decreased from 15.3% to 7.1%. Lifetime cigarette use also decreased, from 39.1% to 22.8% for males, and from 49.8% to 21.1% for females. These decreases may be attributed to adolescents' perception of the harm related to smoking. Approximately 94% of adolescents reported they believed that smoking one or more packs of cigarettes per day was of either moderate or great risk. Furthermore, the use of cigarettes was tied less to being "cool" than was the use of alcohol or marijuana.

Although the percentage of adolescents who used alcohol in their lifetime declined from 1998 to 2005, past year rates increased slightly for males while decreasing for female adolescents. This may be explained by the differences between males and females in their perceived risk of drinking one or two alcoholic beverages a day. The overall percentage of adolescents who have used illicit drugs also decreased from 1998 to 2005, but like alcohol, there was a slight increase in recent use for males.

A clear relationship between age and lifetime use of drugs and alcohol emerged. For many substances, almost no use was found among the youngest group of adolescents but steady increases were found in each subsequent age group. Whereas 12 to 14 year olds used cigarettes, alcohol and illicit drugs at relatively low rates (10.5%, 13.2% and 4.3%, respectively), adolescents aged 15 to 17 report substantially higher rates of using these substances (33.1%, 44.0% and 17.6%, respectively).

Consistent with other research on drug and alcohol use among adolescents, peer group substance use is a strong indicator of an adolescent's own use. Having at least one close friend who drinks alcohol puts an adolescent at 5.2 times the risk of drinking than if no close friends drink alcohol. Having at least one close friend who uses drugs puts an adolescent at 10 times the risk of using drugs compared to adolescents with no close friends who use drugs.

Also consistent with other findings is that the use of nicotine, alcohol, and marijuana can serve as a gateway to other drug use. Specifically, adolescents who smoked cigarettes

CONCLUDING REMARKS

were 4.4 times more likely to drink alcohol and 14.4 times more likely to use drugs than adolescents who do not smoke. In addition, adolescent Kentuckians who drink alcohol are 14.4 times more likely to use drugs than non-drinking adolescents. Adolescents who smoke marijuana are 31.8 times more likely to use drugs other than marijuana when compared to those who do not smoke marijuana.

A strength of the Kentucky Needs Assessment Project 2005 Adolescent Household Survey is that these estimates of substance use and treatment need were developed for the state as well as for four sampling regions. These estimates indicate that substance use and treatment needs are not uniformly distributed across Kentucky. Although more populated areas generally have higher rates of adolescents who use illicit drugs, the more rural West region have the highest rates of alcohol use and substance treatment need.

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Appendix: Survey Instrument

*** QUESTION # 1 ***

Hello, my name is [I]## and I am calling on behalf of the University of Kentucky. We are conducting a survey of adolescents in Kentucky sponsored by the Kentucky Cabinet for Health and Family Services. The study is mostly on health issues and includes questions about alcohol and drug use and should take approximately 10 to 25 minutes depending on the answers given. Your telephone number has been chosen at random and all participants in the study will remain anonymous. Are you the parent or legal guardian of any adolescents aged 12 through 17 who live in this household?

[IF NO: Are there adolescents age 12 through 17 who live in this household?

IF THERE ARE: May I speak to one of their parents or legal guardian?].

- <1> YES → GO TO Q#2
- <2> NO → TERMINATE INTERVIEW

*** QUESTION # 2 ***

How many adolescents age 12 through 17 live in your household?

- <1> open end → GO TO Q#3

*** QUESTION # 3 ***

I would like your permission to speak with the 12 to 17 year old in your household who had the most recent birthday (and is a Kentucky resident). Would you please tell me only his or her first name?

- <1> open end → GO TO Q#4

*** QUESTION # 4 ***

(I'm sorry, is that the name of a boy or a girl?)

- <1> MALE → GO TO Q#5
- <2> FEMALE → GO TO Q#5

*** QUESTION # 5 ***

Are you [Q3]'s parent? or legal guardian?

- <1> YES → GO TO Q#6
- <2> NO

If no, "May I speak with [Q3]'s parent or legal guardian?" then repeat

question. If no one is available → TERMINATE INTERVIEW

*** QUESTION # 6 ***

Are any of the children/Is the child a resident of Kentucky?

- <1> YES → GO TO Q#7
- <2> NO → TERMINATE INTERVIEW

*** QUESTION # 7 ***

If I have your permission to interview [Q3] it will be very important for my discussion with (him/her) to be private. It is important to the credibility of the project that [Q3] feels he/she can answer all the questions honestly, and so I need to ask if you would be willing to leave the room and not listen in on the conversation on another line. When the interview is complete we encourage you to speak with [Q3]

APPENDIX: SURVEY INSTRUMENT

about the survey. If this is acceptable to you, may I have your permission to interview [Q3]?

- <1> YES → GO TO Q#8
- <2> NO → TERMINATE INTERVIEW

*** QUESTION # 8 ***

[READ TO ADOLESCENT RESPONDENT]

Hello, my name is [I]## and I am calling on behalf of the University of Kentucky. We are conducting a survey of adolescents aged 12 through 17 on health issues including the use of alcohol and drugs. The interview should take from 10 to 25 minutes depending on your answers. You may stop the interview at any time or skip questions that make you feel uncomfortable. I have informed your parent that our conversation must be private, so they should have left the room. I assure you that all of your answers will be kept strictly confidential. To help protect your privacy I'm going to ask that you not repeat any of my questions out loud. If you don't understand something I've said you can ask me to repeat the question or just say "skip" to go to the next question.

Do you have any questions?

If I have your permission let me begin by asking, how old were you on your last birthday?

- <1> open end → GO TO Q#9

*** QUESTION # 9 ***

Including yourself, how many people under age 18 live in your home on a regular basis?

- <1> open end → GO TO Q#10

*** QUESTION # 10 ***

How many people 18 years or older live in your home on a regular basis?

- <1> open end → GO TO Q#11

*** QUESTION # 11 ***

Were you enrolled in school this past year?

- <1> YES → GO TO Q#12
- <2> NO → GO TO Q#13
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#15
- <9> *REFUSED* → GO TO Q#15

*** QUESTION # 12 ***

What grade did you just complete?

- <1> open end → GO TO Q#14

*** QUESTION #13 ***

Why were you not enrolled in school in the past year?

- <1> Home School → GO TO Q#15

APPENDIX: SURVEY INSTRUMENT

- <2> Expelled/Suspended → GO TO Q#15
- <3> Other → GO TO Q#15
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#15
- <9> *REFUSED* → GO TO Q#15

*** QUESTION # 14 ***

What is your grade point average so far this year?

- <1> open end → GO TO Q#15

*** QUESTION # 15 ***

Are you employed at a job outside your home?

- <1> YES → GO TO Q#16
- <2> NO → GO TO Q#16
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#16
- <9> *REFUSED* → GO TO Q#16

*** QUESTION # 16 ***

Are you of Hispanic, Latino or Spanish origin?

- <1> YES → GO TO Q#17
- <2> NO → GO TO Q#19
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#19
- <9> *REFUSED* → GO TO Q#19

*** QUESTION # 17 ***

Are you: (specify national origin)

- <1> Mexican / Mexican American / Chicano(a) (USE "a" for female)
- <2> Puerto Rican → GO TO Q#19
- <3> Central or South American → GO TO Q#19
- <4> Cuban / Cuban American → GO TO Q#19
- <5> Other → GO TO Q#18
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#19
- <9> *REFUSED* → GO TO Q#19

*** QUESTION # 18 ***

What other national origin?

- <1> open end → GO TO Q#19

*** QUESTION # 19 ***

APPENDIX: SURVEY INSTRUMENT

Aside from your heritage or national origin, what race do you consider yourself?

- <1> Caucasian → GO TO Q#22
- <2> Black or African American → GO TO Q#22
- <3> Asian → GO TO Q#22
- <4> American Indian or Alaska Native → GO TO Q#21
- <5> Pacific Islander → GO TO Q#22
- <6> OTHER → GO TO Q#20
- <7> #
- <8> *DON'T KNOW* → GO TO Q#22
- <9> *REFUSED* → GO TO Q#22

*** QUESTION # 20 ***

What other race?

- <1> open end → GO TO Q#22

*** QUESTION # 21 ***

What tribe do you consider yourself to be?

- <1> open end → GO TO Q#22

CONDITIONAL: IF Q#8 < 16, THEN GO TO Q#23, ELSE GO TO Q#22

*** QUESTION # 22 ***

Do you have a driver's license?

- <1> YES → GO TO Q#23
- <2> NO → GO TO Q#23
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#23
- <9> *REFUSED* → GO TO Q#23

*** QUESTION # 23 ***

Do you personally have a cell phone? One that is not shared by anyone else in your family?

- <1> YES → GO TO Q#24
- <2> NO → GO TO Q#24
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#24
- <9> *REFUSED* → GO TO Q#24

*** QUESTION # 24 ***

During the past 12 months has your physical health been excellent, very good, good, fair, or poor?

- <1> EXCELLENT → GO TO Q#25
- <2> VERY GOOD → GO TO Q#25
- <3> GOOD → GO TO Q#25
- <4> FAIR → GO TO Q#25
- <5> POOR → GO TO Q#25
- <6> #
- <7> #

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<8> *DON'T KNOW* → GO TO Q#25
<9> *REFUSED* → GO TO Q#25

*** QUESTION # 25 ***

During the past 12 months has your emotional or psychological health been excellent, very good, good, fair, or poor?

<1> EXCELLENT → GO TO Q#26
<2> VERY GOOD → GO TO Q#26
<3> GOOD → GO TO Q#26
<4> FAIR → GO TO Q#26
<5> POOR → GO TO Q#26
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#26
<9> *REFUSED* → GO TO Q#26

*** QUESTION # 26 ***

In the past 12 months, how often have you felt nervous or stressed?
Would you say

<1> NEVER → GO TO Q#27
<2> ALMOST NEVER → GO TO Q#27
<3> SOMETIMES → GO TO Q#27
<4> FAIRLY OFTEN → GO TO Q#27
<5> VERY OFTEN → GO TO Q#27
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#27
<9> *REFUSED* → GO TO Q#27

*** QUESTION # 27 ***

Have you ever, in your entire life, been diagnosed by a health professional as having some sort of emotional or psychological problem that required treatment, like depression, anxiety attacks or schizophrenia?

<1> YES → GO TO Q#28
<2> NO → GO TO Q#28
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#28
<9> *REFUSED* → GO TO Q#28

*** QUESTION # 28 ***

Have you received treatment for any emotional or psychological problems within the past 12 months?

<1> YES → GO TO Q#29
<2> NO → GO TO Q#29
<3> #
<4> #

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<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#29
<9> *REFUSED* → GO TO Q#29

*** QUESTION # 29 ***

Have you ever smoked a cigarette in your life?

<1> YES → GO TO Q#30
<2> NO → GO TO Q#33
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#33
<9> *REFUSED* → GO TO Q#33

*** QUESTION # 30 ***

Have you smoked at least 100 cigarettes in your lifetime?

<1> YES → GO TO Q#31
<2> NO → GO TO Q#31
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#31
<9> *REFUSED* → GO TO Q#31

*** QUESTION # 31 ***

When was the last time you smoked a cigarette?

<1> WITHIN THE PAST 30 DAYS → GO TO Q#32
<2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#33
<3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#33
<4> OVER 1 YEAR AGO → GO TO Q#33
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#33
<9> *REFUSED* → GO TO Q#33

*** QUESTION # 32 ***

How many cigarettes have you smoked in the past 30 days?

<1> ABOUT 2 PACKS/DAY OR MORE → GO TO Q#33
<2> ABOUT 1½ PACKS/DAY → GO TO Q#33
<3> ABOUT 1 PACK/DAY → GO TO Q#33
<4> ABOUT ½ PACK/DAY → GO TO Q#33
<5> 2 TO 5 CIGARETTES/DAY → GO TO Q#33
<6> 1 CIGARETTE/DAY → GO TO Q#33
<7> LESS THAN 1 CIGARETTE/DAY → GO TO Q#33
<8> *DON'T KNOW* → GO TO Q#33
<9> *REFUSED* → GO TO Q#33

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*** QUESTION # 33 ***

Have you ever used chewing tobacco, snuff or any other type of smokeless tobacco?

- <1> YES → GO TO Q#34
- <2> NO → GO TO Q#35
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#35
- <9> *REFUSED* → GO TO Q#35

*** QUESTION # 34 ***

When was the most recent time you used smokeless tobacco?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#35
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#35
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#35
- <4> OVER 1 YEAR AGO → GO TO Q#35
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#35
- <9> *REFUSED* → GO TO Q#35

*** QUESTION # 35 ***

Now I will ask you questions about your use of alcohol and other drugs. For most of the questions you will only need to say "yes" or "no." Please remember that we will keep your answers confidential, so your name will never be associated with your answers.

I would like to know if you have ever had a drink of alcohol in your life. By drink, I don't mean just a sip. I mean a glass of wine or beer, a can of beer, a mixed drink, or a shot of hard liquor.

Have you ever had a drink of alcohol?

- <1> YES → GO TO Q#36
- <2> NO → GO TO Q#37
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#37
- <9> *REFUSED* → GO TO Q#37

*** QUESTION # 36 ***

When was the last time you had a drink of alcohol?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#37
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#37
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#37
- <4> OVER 1 YEAR AGO → GO TO Q#37
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#37
- <9> *REFUSED* → GO TO Q#37

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*** QUESTION # 37 ***

I am now going to ask about your non-medical use of drugs, not drugs you may be taking under a doctor's orders. By "non-medical use" I mean drugs you used to get high, for curiosity, or to go along with friends. Remember, all information on this survey is strictly confidential.

Have you ever used marijuana or hashish, even once in your entire life?

- <1> YES → GO TO Q#38
- <2> NO → GO TO Q#39
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#39
- <9> *REFUSED* → GO TO Q#39

*** QUESTION # 38 ***

When was the last time you used marijuana or hashish?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#39
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#39
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#39
- <4> OVER 1 YEAR AGO → GO TO Q#39
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#39
- <9> *REFUSED* → GO TO Q#39

*** QUESTION # 39 ***

Have you ever used hallucinogens such as LSD, "acid", PCP, or peyote even once in your entire life?

- <1> YES → GO TO Q#40
- <2> NO → GO TO Q#41
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#41
- <9> *REFUSED* → GO TO Q#41

*** QUESTION # 40 ***

When was the last time you used hallucinogens?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#41
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#41
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#41
- <4> OVER 1 YEAR AGO → GO TO Q#41
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#41
- <9> *REFUSED* → GO TO Q#41

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*** QUESTION # 41 ***

Have you ever used "club drugs" such as Ecstasy or GHB even once in your entire life?

- <1> YES → GO TO Q#42
- <2> NO → GO TO Q#43
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#43
- <9> *REFUSED* → GO TO Q#43

*** QUESTION # 42 ***

When was the last time you used "club drugs"?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#43
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#43
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#43
- <4> OVER 1 YEAR AGO → GO TO Q#43
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#43
- <9> *REFUSED* → GO TO Q#43

*** QUESTION # 43 ***

Have you ever used inhalants to get high even once in your entire life?

Inhalants are things like paint thinner, glue, laughing gas, and correction fluid.

- <1> YES → GO TO Q#44
- <2> NO → GO TO Q#45
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#45
- <9> *REFUSED* → GO TO Q#45

*** QUESTION # 44 ***

When was the last time you used inhalants?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#45
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#45
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#45
- <4> OVER 1 YEAR AGO → GO TO Q#45
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#45
- <9> *REFUSED* → GO TO Q#45

*** QUESTION # 45 ***

Have you ever used cocaine or crack even once in your entire life?

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- <1> YES → GO TO Q#46
- <2> NO → GO TO Q#47
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#47
- <9> *REFUSED* → GO TO Q#47

*** QUESTION # 46 ***

When was the last time you used cocaine or crack?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#47
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#47
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#47
- <4> OVER 1 YEAR AGO → GO TO Q#47
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#47
- <9> *REFUSED* → GO TO Q#47

*** QUESTION # 47 ***

Have you ever used amphetamines, methamphetamines, or other stimulants even once in your entire life?

- <1> YES → GO TO Q#48
- <2> NO → GO TO Q#49
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#49
- <9> *REFUSED* → GO TO Q#49

*** QUESTION # 48 ***

When was the last time you used amphetamines, methamphetamines, or stimulants?

- <1> WITHIN THE PAST 30 DAYS → GO TO Q#49
- <2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#49
- <3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#49
- <4> OVER 1 YEAR AGO → GO TO Q#49
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#49
- <9> *REFUSED* → GO TO Q#49

*** QUESTION # 49 ***

Have you ever used prescription medications even once in your entire life for non-medical reasons?

- <1> YES → GO TO Q#50
- <2> NO → GO TO Q#56
- <3> #

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<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#56
<9> *REFUSED* → GO TO Q#56

*** QUESTION # 50 ***

What type of prescription medication(s) did you take for non-medical reasons? Did you take opiates such as, Vicodin, Codeine, or Demerol? (But not including Oxycodone/Oxycontin/Percodan)

<1> YES → GO TO Q#51
<2> NO → GO TO Q#52
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#52
<9> *REFUSED* → GO TO Q#52

***QUESTION # 51 ***

When was the last time you used opiates other than Oxycodone/Oxycontin?

<1> WITHIN THE PAST 30 DAYS → GO TO Q#52
<2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#52
<3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#52
<4> OVER 1 YEAR AGO → GO TO Q#52
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#52
<9> *REFUSED* → GO TO Q#52

*** QUESTION # 52 ***

Did you ever take Oxycodone/Oxycontin for non medical reasons?

<1> YES → GO TO Q#53
<2> NO → GO TO Q#54
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#54
<9> *REFUSED* → GO TO Q#54

*** QUESTION # 53 ***

When was the last time you used Oxycodone/Oxycontin for non-medical reasons?

<1> WITHIN THE PAST 30 DAYS → GO TO Q#54
<2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#54
<3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#54
<4> OVER 1 YEAR AGO → GO TO Q#54
<5> #
<6> #
<7> #

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<8> *DON'T KNOW* → GO TO Q#54
<9> *REFUSED* → GO TO Q#54

*** QUESTION # 54 ***

Did you ever take sedatives like Valium, Librium, or Xanax for non-medical reasons?

<1> YES → GO TO Q#55
<2> NO → GO TO Q#56
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#56
<9> *REFUSED* → GO TO Q#56

*** QUESTION # 55 ***

When was the last time you used sedatives for non-medical reasons?

<1> WITHIN THE PAST 30 DAYS → GO TO Q#56
<2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#56
<3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#56
<4> OVER 1 YEAR AGO → GO TO Q#56
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#56
<9> *REFUSED* → GO TO Q#56

*** QUESTION # 56 ***

Have you ever used any other drugs or medicines, including Over-The-Counter medications, for non-medical reasons?

<1> YES → GO TO Q#57
<2> NO → GO TO Q#64
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#64
<9> *REFUSED* → GO TO Q#64

*** QUESTION # 57 ***

What was that drug? Before you answer, if you think that someone may overhear your answer or that someone may be listening on another extension in the house I suggest you skip this question.

<1> open end → GO TO Q#58

*** QUESTION # 58 ***

Which of the following most closely resembles the effects of [Q#57]?

<1> STIMULANTS (like cocaine or amphetamines) → GO TO Q#59
<2> OPIATES (like Oxy or heroin) → GO TO Q#59
<3> HALLUCINOGENS (like LSD or Ecstasy) → GO TO Q#59
<4> SEDATIVES (like Valium) → GO TO Q#59
<5> MARIJUANA → GO TO Q#59
<6> ALCOHOL → GO TO Q#59

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<7> #
<8> *DON'T KNOW* → GO TO Q#59
<9> *REFUSED* → GO TO Q#59

*** QUESTION # 59 ***

When was the last time you used [Q#57]?

<1> WITHIN THE PAST 30 DAYS → GO TO Q#60
<2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO Q#60
<3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO Q#60
<4> OVER 1 YEAR AGO → GO TO Q#60
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#60
<9> *REFUSED* → GO TO Q#60

*** QUESTION # 60 ***

And are there any other drugs that you have ever used for non-medical reasons?

<1> YES → GO TO Q#61
<2> NO → GO TO Q#64
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#64
<9> *REFUSED* → GO TO Q#64

*** QUESTION # 61 ***

What was that drug? Before you answer, if you think that someone may overhear your answer or that someone may be listening on another extension in the house I suggest you skip this question.

<1> open end → GO TO Q#62

*** QUESTION # 62 ***

Which of the following most closely resembles the effects of [Q#61]?

<1> STIMULANTS (like cocaine or amphetamines) → GO TO Q#63
<2> OPIATES (like Oxy or heroin) → GO TO Q#63
<3> HALLUCINOGENS (like LSD or Ecstasy) → GO TO Q#63
<4> SEDATIVES (like Valium) → GO TO Q#63
<5> MARIJUANA → GO TO Q#63
<6> ALCOHOL → GO TO Q#63
<7> #
<8> *DON'T KNOW* → GO TO Q#63
<9> *REFUSED* → GO TO Q#63

*** QUESTION # 63 ***

When was the last time you used [Q#61]?

<1> WITHIN THE PAST 30 DAYS → GO TO ASSENT REFRESH
<2> BETWEEN 30 DAYS AND 6 MONTHS → GO TO ASSENT REFRESH
<3> BETWEEN 6 MONTHS AND 1 YEAR → GO TO ASSENT REFRESH
<4> OVER 1 YEAR AGO → GO TO ASSENT REFRESH

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<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO ASSENT REFRESH
<9> *REFUSED* → GO TO ASSENT REFRESH

*** ASSENT REFRESH ***

Before we move on to the next section, I would like to make sure you are still comfortable participating in the survey. Are you still comfortable participating and confident that you are the only person in your household on the line?

<1> YES → GO TO Q#64
<2> NO → TERMINATE INTERVIEW

*** QUESTION # 64 ***

CONDITIONAL: IF Q#35 = 2, THEN GO TO Q#99, ELSE GO TO Q#64

I am now going to ask you some questions about your experience drinking alcoholic beverages.

In the past 12 months, how many days each month would you drink any alcohol? Again, by drink I mean a glass of wine or beer, a can of beer, a mixed drink, or a shot of hard liquor.

<1> open end → GO TO Q#65
<88> *DON'T KNOW* → GO TO Q#65
<99> *REFUSED* → GO TO Q#65

*** QUESTION # 65 ***

On days when you drank an alcoholic beverage in the past 12 months, on average about how many drinks would you have?

<1> open end → GO TO Q#66
IF MORE THAN 76, THEN CODE "77"
<88> *DON'T KNOW* → GO TO Q#66
<99> *REFUSED* → GO TO Q#66

CONDITIONAL: IF Q#4 = 2, THEN GO TO Q#67, ELSE GO TO Q#66

*** QUESTION # 66 ***

In the past 12 months, did you even once have five or more drinks in one day?

<1> YES → GO TO Q#68
<2> NO → GO TO Q#68
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#68
<9> *REFUSED* → GO TO Q#68

*** QUESTION # 67 ***

In the past 12 months, did you even once have four or more drinks in one day?

<1> YES → GO TO Q#68
<2> NO → GO TO Q#68

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<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#68
<9> *REFUSED* → GO TO Q#68

CONDITIONAL: IF Q#36 = 1, GO TO Q#68, ELSE GO TO Q#70

*** QUESTION # 68 ***

Earlier you indicated that you have used alcohol in the past 30 days.
How many days in the past month did you have a drink?

<1> open end → GO TO Q#69
<88> *DON'T KNOW* → GO TO Q#69
<99> *REFUSED* → GO TO Q#69

*** QUESTION # 69 ***

During the past month, on the days that you drank, about how many drinks would you have on the average?

<1> open end → GO TO Q#70
IF MORE THAN 76, THEN CODE "77"
<88> *DON'T KNOW* → GO TO Q#70
<99> *REFUSED* → GO TO Q#70

*** QUESTION # 70 ***

In your lifetime, have you ever gone on binges where you kept drinking for a couple of days or more without sobering up?

<1> YES → GO TO Q#71
<2> NO → GO TO Q#71
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#71
<9> *REFUSED* → GO TO Q#71

*** QUESTION # 71 ***

Did you neglect some of your usual responsibilities during times when you were drinking, like missing work or skipping school?

<1> YES → GO TO Q#72
<2> NO → GO TO Q#72
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#72
<9> *REFUSED* → GO TO Q#72

*** QUESTION # 72 ***

Has anyone ever objected to your drinking? Anyone includes family, friends, teachers, doctors, clergy, and co-workers.

<1> YES → GO TO Q#73
<2> NO → GO TO Q#73
<3> #

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<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#73
<9> *REFUSED* → GO TO Q#73

*** QUESTION # 73 ***

Have the police stopped or arrested you or contacted your parents because of your drinking?

<1> YES → GO TO Q#74
<2> NO → GO TO Q#74
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#74
<9> *REFUSED* → GO TO Q#74

*** QUESTION # 74 ***

Have you ever had a traffic accident because of drinking?

<1> YES → GO TO Q#75
<2> NO → GO TO Q#75
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#75
<9> *REFUSED* → GO TO Q#75

*** QUESTION # 75 ***

Have you ever been suspended from school because of your drinking?

<1> YES → GO TO Q#76
<2> NO → GO TO Q#76
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#76
<9> *REFUSED* → GO TO Q#76

CONDITIONAL: IF Q#70 = 2 AND Q#71 = 2 AND Q#72 = 2 AND Q#73 = 2 AND Q#74 = 2

AND Q#75 = 2, THEN GO TO Q#76, ELSE GO TO Q#77

*** QUESTION # 76 ***

Did you continue to drink after you realized drinking was causing any of the problems we just discussed?

<1> YES → GO TO Q#77
<2> NO → GO TO Q#77
<3> #
<4> #
<5> #
<6> #

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<7> #
<8> *DON'T KNOW* → GO TO Q#77
<9> *REFUSED* → GO TO Q#77

*** QUESTION # 77 ***

Have you ever accidentally injured yourself when you had been drinking, for example, had a bad fall or cut yourself badly?

<1> YES → GO TO Q#78
<2> NO → GO TO Q#78
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#78
<9> *REFUSED* → GO TO Q#78

*** QUESTION # 78 ***

Have you often been intoxicated in a situation where it increased your chances of getting hurt; for instance, when driving a car or boat, using knives, machinery, or guns, crossing against traffic, climbing or swimming?

<1> YES → GO TO Q#79
<2> NO → GO TO Q#79
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#79
<9> *REFUSED* → GO TO Q#79

*** QUESTION # 79 ***

Has there ever been a time when your drinking or being hung over frequently kept you from household chores or other responsibilities around the home?

<1> YES → GO TO Q#80
<2> NO → GO TO Q#80
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#80
<9> *REFUSED* → GO TO Q#80

*** QUESTION # 80 ***

Did your drinking or being hung over ever cause you to miss work frequently, lose a raise or promotion, or get fired?

<1> YES → GO TO Q#81
<2> NO → GO TO Q#81
<3> #
<4> #
<5> #
<6> #

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<7> #
<8> *DON'T KNOW* → GO TO Q#81
<9> *REFUSED* → GO TO Q#81

*** QUESTION # 81 ***

Did your drinking or being hung over ever cause you to miss school, be suspended from school, or do poorly on school work?

<1> YES → GO TO Q#82
<2> NO → GO TO Q#82
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#82
<9> *REFUSED* → GO TO Q#82

*** QUESTION # 82 ***

Have you often drunk more than you intended to?

<1> YES → GO TO Q#83
<2> NO → GO TO Q#83
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#83
<9> *REFUSED* → GO TO Q#83

*** QUESTION # 83 ***

Have you often drunk for a longer period of time than you intended to?

<1> YES → GO TO Q#84
<2> NO → GO TO Q#84
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#84
<9> *REFUSED* → GO TO Q#84

*** QUESTION # 84 ***

Have you ever drunk for a longer period of time than you intended repeatedly over a period longer than one month?

<1> YES → GO TO Q#85
<2> NO → GO TO Q#85
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#85
<9> *REFUSED* → GO TO Q#85

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*** QUESTION # 85 ***

Have you ever found that you had to drink more than you used to in order to get the same effect?

- <1> YES → GO TO Q#86
- <2> NO → GO TO Q#86
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#86
- <9> *REFUSED* → GO TO Q#86

*** QUESTION # 86 ***

Did you ever find that the same amount of alcohol had less effect on you than before?

- <1> YES → GO TO Q#87
- <2> NO → GO TO Q#87
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#87
- <9> *REFUSED* → GO TO Q#87

*** QUESTION # 87 ***

Have you often wanted to quit, cut down, or control your drinking?

- <1> YES → GO TO Q#88
- <2> NO → GO TO Q#88
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#88
- <9> *REFUSED* → GO TO Q#88

*** QUESTION # 88 ***

Were you ever unable to quit, cut down, or control your drinking?

- <1> YES → GO TO Q#89
- <2> NO → GO TO Q#89
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#89
- <9> *REFUSED* → GO TO Q#89

*** QUESTION # 89 ***

Has there ever been a period when you spent a great deal of time drinking alcohol or getting over its effects?

- <1> YES → GO TO Q#90
- <2> NO → GO TO Q#90
- <3> #

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<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#90
<9> *REFUSED* → GO TO Q#90

*** QUESTION # 90 ***

Have you ever given up or greatly reduced important activities in order to drink, like sports, work, or associating with friends or relatives?

<1> YES → GO TO Q#91
<2> NO → GO TO Q#91
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#91
<9> *REFUSED* → GO TO Q#91

*** QUESTION # 91 ***

Did you do that for at least a month, or do it more than twice?

<1> YES → GO TO Q#92
<2> NO → GO TO Q#92
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#92
<9> *REFUSED* → GO TO Q#92

*** QUESTION # 92 ***

People who cut down or stop drinking after drinking for a considerable time often have withdrawal symptoms. Common ones are the 'shakes' (hands tremble), being unable to sleep, feeling anxious or depressed, sweating, heart beating fast or the DTs or seeing or hearing things that aren't really there. Have you had any problems like that when you stopped or cut down on drinking?

<1> YES → GO TO Q#93
<2> NO → GO TO Q#93
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#93
<9> *REFUSED* → GO TO Q#93

*** QUESTION # 93 ***

Have you ever taken a drink to keep from having a hangover, the shakes, or any withdrawal symptoms, or taken a drink to make them go away?

<1> YES → GO TO Q#94
<2> NO → GO TO Q#94

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<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#94
<9> *REFUSED* → GO TO Q#94

*** QUESTION # 94 ***

There are several health problems that can result from drinking. Did drinking ever cause you to have liver disease, or yellow jaundice, give you stomach disease, or make you vomit blood, cause your feet to tingle or feel numb, give you memory problems even when you weren't drinking, or give you pancreatitis?

<1> YES → GO TO Q#95
<2> NO → GO TO Q#95
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#95
<9> *REFUSED* → GO TO Q#95

*** QUESTION # 95 ***

Did you continue to drink on more than one occasion knowing that drinking caused you to have a health problem?

<1> YES → GO TO Q#96
<2> NO → GO TO Q#96
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#96
<9> *REFUSED* → GO TO Q#96

*** QUESTION # 96 ***

Have you continued to drink when you knew you had any other serious physical illness that might be made worse by drinking?

<1> YES → GO TO Q#97
<2> NO → GO TO Q#97
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#97
<9> *REFUSED* → GO TO Q#97

*** QUESTION # 97 ***

Has alcohol ever caused you emotional or psychological problems, such as feeling uninterested in things, depressed, suspicious of others or paranoid, or caused you to have strange ideas?

<1> YES → GO TO Q#98
<2> NO → GO TO Q#98

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<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#98
<9> *REFUSED* → GO TO Q#98

*** QUESTION # 98 ***

Have you ever driven a car or other motor vehicle while intoxicated on alcohol?

<1> YES → GO TO Q#99
<2> NO → GO TO Q#99
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#99
<9> *REFUSED* → GO TO Q#99

CONDITIONAL: IF Q#37 = 1 OR
Q#39 = 1 OR
Q#41 = 1 OR
Q#43 = 1 OR
Q#45 = 1 OR
Q#47 = 1 OR
Q#49 = 1 OR
Q#56 = 1, THEN GO TO Q#99, ELSE GO TO Q#117

*** QUESTION # 99 ***

Earlier you indicated that you have used drugs other than alcohol. I would like to ask you a series of questions about the drugs you have used in your lifetime. Please remember that your answers are confidential and will never be associated with your name.

First, have you ever spent a great deal of time getting, using, or getting over the effects of drugs?

<1> YES → GO TO Q#100
<2> NO → GO TO Q#101
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#101
<9> *REFUSED* → GO TO Q#101

*** QUESTION #100 ***

Was that period ever as long as two weeks?

<1> YES → GO TO Q#101
<2> NO → GO TO Q#101
<3> #
<4> #
<5> #

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<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#101
<9> *REFUSED* → GO TO Q#101

*** QUESTION #101 ***

Have you often used drugs in larger amounts or used them for a longer period than you intended to?

<1> YES → GO TO Q#102
<2> NO → GO TO Q#102
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#102
<9> *REFUSED* → GO TO Q#102

*** QUESTION #102 ***

Have you often wanted to cut down on using drugs or ever tried to cut down but couldn't?

<1> YES → GO TO Q#103
<2> NO → GO TO Q#103
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#103
<9> *REFUSED* → GO TO Q#103

*** QUESTION #103 ***

Did you ever find you needed more drugs to get the same effect or find that the same amount had less effect than before?

<1> YES → GO TO Q#104
<2> NO → GO TO Q#104
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#104
<9> *REFUSED* → GO TO Q#104

*** QUESTION #104 ***

Did stopping or cutting down on drugs make you sick or give you withdrawal symptoms?

[READ LIST OF SYMPTOMS AS NEEDED:] Such as being depressed, anxious, having trouble concentrating, being tired, having trouble sleeping, trembling, sweating, being nauseated, having diarrhea, affecting your appetite, seeing or hearing things, having runny eyes, fits or seizures, muscle pains, or a fast heart rate?

<1> YES → GO TO Q#105
<2> NO → GO TO Q#105
<3> #

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<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#105
<9> *REFUSED* → GO TO Q#105

*** QUESTION #105 ***

Have you ever used drugs to make withdrawal symptoms go away or to keep from having them?

<1> YES → GO TO Q#106
<2> NO → GO TO Q#106
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#106
<9> *REFUSED* → GO TO Q#106

*** QUESTION #106 ***

Did drugs ever cause you physical health problems?

<1> YES → GO TO Q#107
<2> NO → GO TO Q#107
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#107
<9> *REFUSED* → GO TO Q#107

*** QUESTION #107 ***

Did you continue to use drugs after you knew it caused you these problems?

<1> YES → GO TO Q#108
<2> NO → GO TO Q#108
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#108
<9> *REFUSED* → GO TO Q#108

*** QUESTION #108 ***

Did your use of drugs cause you considerable problems with your family, friends, on the job, at school, or with the police?

<1> YES → GO TO Q#109
<2> NO → GO TO Q#110
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#110

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<9> *REFUSED* → GO TO Q#110

*** QUESTION #109 ***

Did you continue to use drugs after you realized it was causing any of these problems?

<1> YES → GO TO Q#110
<2> NO → GO TO Q#110
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#110
<9> *REFUSED* → GO TO Q#110

*** QUESTION #110 ***

Have you often been high on or suffering the after-effects of drugs while working or at school?

<1> YES → GO TO Q#111
<2> NO → GO TO Q#112
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#112
<9> *REFUSED* → GO TO Q#112

*** QUESTION #111 ***

Has that ever occurred repeatedly over a longer period of time?

<1> YES → GO TO Q#112
<2> NO → GO TO Q#112
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#112
<9> *REFUSED* → GO TO Q#112

*** QUESTION #112 ***

Have you often been high on drugs in a situation where it increased your chances of getting hurt?

<1> YES → GO TO Q#113
<2> NO → GO TO Q#113
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#113
<9> *REFUSED* → GO TO Q#113

*** QUESTION #113 ***

Did your drug use give you emotional or psychological problems?

<1> YES → GO TO Q#114

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<2> NO → GO TO Q#115
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#115
<9> *REFUSED* → GO TO Q#115

*** QUESTION #114 ***

Did you continue to use drugs after you knew it caused you those problems?

<1> YES → GO TO Q#115
<2> NO → GO TO Q#115
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#115
<9> *REFUSED* → GO TO Q#115

*** QUESTION #115 ***

Did you give up any important activities to get or use drugs?

<1> YES → GO TO Q#116
<2> NO → GO TO Q#116
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#116
<9> *REFUSED* → GO TO Q#116

*** QUESTION #116 ***

Have you ever driven a car or other motor vehicle while intoxicated on drugs?

<1> YES → GO TO ASSENT REFRESH
<2> NO → GO TO ASSENT REFRESH
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO ASSENT REFRESH
<9> *REFUSED* → GO TO ASSENT REFRESH

*** ASSENT REFRESH ***

We're over halfway done but before we move on to the next section, I would like to make sure you are still comfortable participating in the survey. Are you still comfortable participating and confident that you are the only person in your household on the line?

<1> YES → GO TO Q#117
<2> NO → TERMINATE INTERVIEW

CONDITIONAL: IF Q#35 = 1 OR

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Q#37 = 1 OR
Q#39 = 1 OR
Q#41 = 1 OR
Q#43 = 1 OR
Q#45 = 1 OR
Q#47 = 1 OR
Q#49 = 1 OR
Q#56 = 1, THEN GO TO Q#117, ELSE GO TO Q#131

*** QUESTION #117 ***

Now, I'm going to ask you about alcohol or drug treatment. Treatment might include a stay in a hospital, treatment center, or halfway house. It could also consist of seeing a counselor or receiving medication such as antabuse or methadone as an outpatient, or any substance abuse treatment received while in juvenile hall.

Have you ever been in an alcohol or drug abuse treatment program?

<1> YES → GO TO Q#118
<2> NO → GO TO Q#125
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#125
<9> *REFUSED* → GO TO Q#125

*** QUESTION #118 ***

Was the treatment you received for your alcohol use, drug use or for both?

<1> ALCOHOL → GO TO Q#119
<2> DRUGS → GO TO Q#119
<3> BOTH → GO TO Q#119
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#119
<9> *REFUSED* → GO TO Q#119

*** QUESTION #119 ***

Was this treatment at a program where you spent the night at the treatment center or where you would live at home?

<1> SPENT THE NIGHT → GO TO Q#120
<2> LIVED AT HOME → GO TO Q#121
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#121
<9> *REFUSED* → GO TO Q#121

*** QUESTION #120 ***

How many days did stay in this program?

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<1> open end → GO TO Q#123
IF MORE THAN 365, THEN CODE "777"
<888> *DON'T KNOW* → GO TO Q#123
<999> *REFUSED* → GO TO Q#123

*** QUESTION #121 ***

How many days per week did you attend this program?

<1> open end → GO TO Q#122
<8> *DON'T KNOW* → GO TO Q#122
<9> *REFUSED* → GO TO Q#122

*** QUESTION #122 ***

How many weeks did you attend this program?

<1> open end → GO TO Q#123
IF MORE THAN 52, THEN CODE "77"
<88> *DON'T KNOW* → GO TO Q#123
<99> *REFUSED* → GO TO Q#123

*** QUESTION #123 ***

Where was the program administered, through your school, your health department or some other type of program?

<1> SCHOOL → GO TO Q#125
<2> HEALTH DEPARTMENT → GO TO Q#125
<3> PRIVATE TREATMENT PROGRAM → GO TO Q#125
<4> HOSPITAL → GO TO Q#125
<5> OTHER → GO TO Q#124
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#125
<9> *REFUSED* → GO TO Q#125

*** QUESTION #124 ***

Where else was this program administered? Before you answer, if you think that someone may overhear your answer or that someone may be listening on another extension in the house I suggest you skip this question.

<1> open end → GO TO Q#125

*** QUESTION #125 ***

In the past 12 months, were there any types of help, treatment or services that you would have sought if they had been easily available? This includes detoxification, residential rehabilitation, halfway house, outpatient treatment, self-help, counseling outside of a formal program, and other social services you may have required.

<1> YES → GO TO Q#126
<2> NO → GO TO Q#130
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#130
<9> *REFUSED* → GO TO Q#130

*** QUESTION #126 ***

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Which of the following? Detox, Residential or inpatient rehabilitation, Halfway house, Outpatient rehabilitation, Self-help group, Treatment outside a formal program, or other types of services (child care family counseling, etc)?

- <1> DETOX → GO TO Q#128
- <2> RESIDENTIAL → GO TO Q#128
- <3> INPATIENT → GO TO Q#128
- <4> OUTPATIENT → GO TO Q#128
- <5> SELF-HELP GROUP → GO TO Q#128
- <6> OTHER → GO TO Q#127
- <7> #
- <8> *DON'T KNOW* → GO TO Q#128
- <9> *REFUSED* → GO TO Q#128

*** QUESTION #127 ***

What other services would you have wanted? Before you answer, if you think that someone may overhear your answer or that someone may be listening on another extension in the house I suggest you skip this question.

- <1> open end → GO TO Q#128
- <88> *DON'T KNOW* → GO TO Q#128
- <99> *REFUSED* → GO TO Q#128

*** QUESTION #128 ***

What was the one main reason you did not seek additional treatment for your use of drugs or alcohol?

- <1> DIDN'T WANT ANYONE TO KNOW → GO TO Q#130
- <2> EMBARRASSED OR ASHAMED → GO TO Q#130
- <3> THOUGHT IT WOULD COST TOO MUCH → GO TO Q#130
- <4> DIDN'T KNOW WHO TO ASK → GO TO Q#130
- <5> THOUGHT I COULD HANDLE IT MYSELF → GO TO Q#130
- <6> OTHER → GO TO Q#129
- <7> #
- <8> *DON'T KNOW* → GO TO Q#130
- <9> *REFUSED* → GO TO Q#130

*** QUESTION #129 ***

What was the other reason you did not seek additional treatment for your use of drugs or alcohol? Before you answer, if you think that someone may overhear your answer or that someone may be listening on another extension in the house I suggest you skip this question.

- <1> open end → GO TO Q#130
- <88> *DON'T KNOW* → GO TO Q#130
- <99> *REFUSED* → GO TO Q#130

*** QUESTION #130 ***

At any time during the last 12 months, did you need treatment for drug or alcohol use but not receive it? Treatment includes detoxification, residential rehabilitation, being in a halfway house, outpatient treatment, self-help groups such as Alcoholics Anonymous, and counseling outside of a formal program.

- <1> YES → GO TO Q#131
- <2> NO → GO TO Q#131
- <3> #
- <4> #

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<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#131
<9> *REFUSED* → GO TO Q#131

*** QUESTION #131 ***

Now I'd like to ask you some questions about what people your age might think about you if you did certain things. For example, what are the chances you would be seen as cool if you smoked cigarettes?

Would you say:

<1> NO CHANCE → GO TO Q#132
<2> A LITTLE → GO TO Q#132
<3> SOME CHANCE → GO TO Q#132
<4> PRETTY GOOD CHANCE → GO TO Q#132
<5> VERY GOOD CHANCE → GO TO Q#132
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#132
<9> *REFUSED* → GO TO Q#132

*** QUESTION #132 ***

What are the chances you would be seen as cool if you started drinking alcohol once or twice a month? Would you say:

<1> NO CHANCE → GO TO Q#133
<2> A LITTLE → GO TO Q#133
<3> SOME CHANCE → GO TO Q#133
<4> PRETTY GOOD CHANCE → GO TO Q#133
<5> VERY GOOD CHANCE → GO TO Q#133
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#133
<9> *REFUSED* → GO TO Q#133

*** QUESTION #133 ***

What are the chances you would be seen as cool if you smoked marijuana? Would you say:

<1> NO CHANCE → GO TO Q#134
<2> A LITTLE → GO TO Q#134
<3> SOME CHANCE → GO TO Q#134
<4> PRETTY GOOD CHANCE → GO TO Q#134
<5> VERY GOOD CHANCE → GO TO Q#134
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#134
<9> *REFUSED* → GO TO Q#134

*** QUESTION #134 ***

Please think of your three closest friends at school. How many of them have drunk alcohol in the past month? (If not in school, ask about 3 closest friends that are about the same age as the respondent)

<1> none of them → GO TO Q#135
<2> 1 of 3 → GO TO Q#135
<3> 2 of 3 → GO TO Q#135
<4> all three → GO TO Q#135

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<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#135
<9> *REFUSED* → GO TO Q#135

*** QUESTION #135 ***

Please think of your three closest friends at school. How many of them have used drugs (other than alcohol) in the past month? (If not in school, ask about 3 closest friends that are about the same age as the respondent)

<1> none of them → GO TO Q#136
<2> 1 of 3 → GO TO Q#136
<3> 2 of 3 → GO TO Q#136
<4> all three → GO TO Q#136
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#136
<9> *REFUSED* → GO TO Q#136

*** QUESTION #136 ***

How wrong do you think your parents feel it would be for you to drink alcohol regularly? Would they think it is:

<1> VERY WRONG → GO TO Q#137
<2> WRONG → GO TO Q#137
<3> A LITTLE BIT WRONG → GO TO Q#137
<4> NOT WRONG AT ALL → GO TO Q#137
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#137
<9> *REFUSED* → GO TO Q#137

*** QUESTION #137 ***

How wrong do you think your parents feel it would be for you to smoke cigarettes? Would they think it is:

<1> VERY WRONG → GO TO Q#138
<2> WRONG → GO TO Q#138
<3> A LITTLE BIT WRONG → GO TO Q#138
<4> NOT WRONG AT ALL → GO TO Q#138
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#138
<9> *REFUSED* → GO TO Q#138

*** QUESTION #138 ***

How wrong do you think your parents feel it would be for you to smoke marijuana? Would they think it is:

<1> VERY WRONG → GO TO Q#139
<2> WRONG → GO TO Q#139
<3> A LITTLE BIT WRONG → GO TO Q#139
<4> NOT WRONG AT ALL → GO TO Q#139
<5> #

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<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#139
<9> *REFUSED* → GO TO Q#139

*** QUESTION #139 ***

Have you ever been referred to talk to someone because you used alcohol or drugs?

<1> YES → GO TO Q#140
<2> NO → GO TO Q#140
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#140
<9> *REFUSED* → GO TO Q#140

*** QUESTION #140 ***

Have you ever received any counseling because of your behavior or moods?

<1> YES → GO TO Q#141
<2> NO → GO TO Q#141
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#141
<9> *REFUSED* → GO TO Q#141

*** QUESTION #141 ***

Have you ever been in a hospital because of your behavior or moods?

<1> YES → GO TO Q#142
<2> NO → GO TO Q#142
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#142
<9> *REFUSED* → GO TO Q#142

*** QUESTION #142 ***

Have you ever been held in a jail or detention center?

<1> YES → GO TO Q#143
<2> NO → GO TO Q#143
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#143
<9> *REFUSED* → GO TO Q#143

*** QUESTION #143 ***

APPENDIX: SURVEY INSTRUMENT

Have you ever been placed in a special class or school program because of your behavior?

- <1> YES → GO TO ASSENT REFRESH
- <2> NO → GO TO ASSENT REFRESH
- <3> #
- <4> #
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO ASSENT REFRESH
- <9> *REFUSED* → GO TO ASSENT REFRESH

*** ASSENT REFRESH ***

We're almost done. Before we move on to the last section, I would like to make sure you are still comfortable participating in the survey. Are you still comfortable participating and confident that you are the only person in your household on the line?

- <1> YES → GO TO Q#144
- <2> NO → TERMINATE INTERVIEW

*** QUESTION #144 ***

This final set of questions asks for your opinions on the effects of using certain drugs and other substances.

How much do you think people risk harming themselves (physically or in other ways), if they:

Smoke one or more packs of cigarettes per day? Would you say:

- <1> NO RISK → GO TO Q#145
- <2> SLIGHT RISK → GO TO Q#145
- <3> MODERATE RISK → GO TO Q#145
- <4> GREAT RISK → GO TO Q#145
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#145
- <9> *REFUSED* → GO TO Q#145

*** QUESTION #145 ***

How much do you think people risk harming themselves (physically or in other ways), if they:

Try marijuana once or twice? Would you say:

- <1> NO RISK → GO TO Q#146
- <2> SLIGHT RISK → GO TO Q#146
- <3> MODERATE RISK → GO TO Q#146
- <4> GREAT RISK → GO TO Q#146
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#146
- <9> *REFUSED* → GO TO Q#146

*** QUESTION #146 ***

How much do you think people risk harming themselves (physically or in other ways), if they:

APPENDIX: SURVEY INSTRUMENT

.
Smoke marijuana once a month? Would you say:

- <1> NO RISK → GO TO Q#147
- <2> SLIGHT RISK → GO TO Q#147
- <3> MODERATE RISK → GO TO Q#147
- <4> GREAT RISK → GO TO Q#147
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#147
- <9> *REFUSED* → GO TO Q#147

*** QUESTION #147 ***

How much do you think people risk harming themselves (physically or in other ways), if they:

.
Smoke marijuana once or twice a week? Would you say:

- <1> NO RISK → GO TO Q#148
- <2> SLIGHT RISK → GO TO Q#148
- <3> MODERATE RISK → GO TO Q#148
- <4> GREAT RISK → GO TO Q#148
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#148
- <9> *REFUSED* → GO TO Q#148

*** QUESTION #148 ***

How much do you think people risk harming themselves (physically or in other ways) if they:

.
Have one or two drinks nearly every day? Would you say:

- <1> NO RISK → GO TO Q#149
- <2> SLIGHT RISK → GO TO Q#149
- <3> MODERATE RISK → GO TO Q#149
- <4> GREAT RISK → GO TO Q#149
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#149
- <9> *REFUSED* → GO TO Q#149

*** QUESTION #149 ***

How much do you think people risk harming themselves (physically or in other ways) if they:

.
Have four or five drinks nearly every day? Would you say:

- <1> NO RISK → GO TO Q#150
- <2> SLIGHT RISK → GO TO Q#150
- <3> MODERATE RISK → GO TO Q#150
- <4> GREAT RISK → GO TO Q#150
- <5> #
- <6> #
- <7> #
- <8> *DON'T KNOW* → GO TO Q#150

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<9> *REFUSED* → GO TO Q#150

*** QUESTION #150 ***

How much do you think people risk harming themselves (physically or in other ways) if they:

.
Have five or more drinks once or twice a week? Would you say:

<1> NO RISK → GO TO Q#151
<2> SLIGHT RISK → GO TO Q#151
<3> MODERATE RISK → GO TO Q#151
<4> GREAT RISK → GO TO Q#151
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#151
<9> *REFUSED* → GO TO Q#151

*** QUESTION #151 ***

How much do you think people risk harming themselves (physically or in other ways) if they:

.
Try cocaine in powder form once or twice? Would you say:

<1> NO RISK → GO TO Q#152
<2> SLIGHT RISK → GO TO Q#152
<3> MODERATE RISK → GO TO Q#152
<4> GREAT RISK → GO TO Q#152
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#152
<9> *REFUSED* → GO TO Q#152

*** QUESTION #152 ***

How much do you think people risk harming themselves (physically or in other ways) if they:

.
Try "crack" cocaine once or twice? Would you say:

<1> NO RISK → GO TO Q#153
<2> SLIGHT RISK → GO TO Q#153
<3> MODERATE RISK → GO TO Q#153
<4> GREAT RISK → GO TO Q#153
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#153
<9> *REFUSED* → GO TO Q#153

*** QUESTION #153 ***

How much do you think people risk harming themselves (physically or in other ways) if they:

.
Try hallucinogens once or twice? Would you say:

<1> NO RISK → GO TO Q#154
<2> SLIGHT RISK → GO TO Q#154
<3> MODERATE RISK → GO TO Q#154

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<4> GREAT RISK → GO TO Q#154
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#154
<9> *REFUSED* → GO TO Q#154

Emerging Drugs

*** QUESTION #154 ***

Are you aware of any new drugs that are being used by yourself or anyone you know?

<1> YES → GO TO Q#155
<2> NO → GO TO Q#162
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#162
<9> *REFUSED* → GO TO Q#162

*** QUESTION #155 ***

What is the name of this drug? Before you answer, if you think that someone may overhear your answer or that someone may be listening on another extension in the house I suggest you skip this question.

<1> open end → GO TO Q#156

*** QUESTION #156 ***

How is [Q#153] used?

<1> SMOKED → GO TO Q#157
<2> SNORTED → GO TO Q#157
<3> IV → GO TO Q#157
<4> EATEN → GO TO Q#157
<5> OTHER → GO TO Q#157
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#157
<9> *REFUSED* → GO TO Q#157

*** QUESTION #157 ***

Which of the following most closely resembles the effects of [Q#153]?

<1> STIMULANTS (like cocaine or amphetamines) → GO TO Q#158
<2> OPIATES (like Oxy or heroin) → GO TO Q#158
<3> HALLUCINOGENS (like LSD or Ecstasy) → GO TO Q#158
<4> SEDATIVES (like Valium) → GO TO Q#158
<5> MARIJUANA → GO TO Q#158
<6> ALCOHOL → GO TO Q#158
<7> #
<8> *DON'T KNOW* → GO TO Q#158
<9> *REFUSED* → GO TO Q#158

*** QUESTION #158 ***

Are you aware of any other new drugs that are being used by yourself or anyone you know?

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<1> YES → GO TO Q#159
<2> NO → GO TO Q#162
<3> #
<4> #
<5> #
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#162
<9> *REFUSED* → GO TO Q#162

*** QUESTION #159 ***

What is the name of this drug? Before you answer, if you think that someone may overhear your answer or that someone may be listening on another extension in the house I suggest you skip this question.

<1> open end → GO TO Q#160

*** QUESTION #160 ***

How is [Q#157] used?

<1> SMOKED → GO TO Q#161
<2> SNORTED → GO TO Q#161
<3> IV → GO TO Q#161
<4> EATEN → GO TO Q#161
<5> OTHER → GO TO Q#161
<6> #
<7> #
<8> *DON'T KNOW* → GO TO Q#161
<9> *REFUSED* → GO TO Q#161

*** QUESTION #161 ***

Which of the following most closely resembles the effects [Q#157]?

<1> STIMULANTS (like cocaine or amphetamines) → GO TO Q#162
<2> OPIATES (like Oxy or heroin) → GO TO Q#162
<3> HALLUCINOGENS (like LSD or Ecstasy) → GO TO Q#162
<4> SEDATIVES (like Valium) → GO TO Q#162
<5> MARIJUANA → GO TO Q#162
<6> ALCOHOL → GO TO Q#162
<7> #
<8> *DON'T KNOW* → GO TO Q#162
<9> *REFUSED* → GO TO Q#162

Termination of interview

*** QUESTION #162 ***

Those are all the questions I needed to ask. I appreciate your willingness to participate in this study. I would like to remind you that if you ever feel the need to discuss any concerns you might have about alcohol or drug use, you can always receive confidential advice from school counselors or find help at your community mental health center.

(Interviewer has a list of crisis numbers in case the subject requests it)

Thank you for your time. Goodbye.

APPENDIX: SURVEY INSTRUMENT

INTERVIEWER: RESPONDENT'S UNDERSTANDING OF THE QUESTIONS WAS:

- <1> EXCELLENT → GO TO Q#163
- <2> GOOD → GO TO Q#163
- <3> FAIR → GO TO Q#163
- <4> POOR → GO TO Q#163
- <5> VERY POOR → GO TO Q#163

*** QUESTION #163 ***

INTERVIEWER: OPINION OF THE QUALITY OF ANSWERS:

- <1> EXCELLENT
- <2> GOOD
- <3> FAIR
- <4> POOR
- <5> VERY POOR