



Center on Addiction

TEEN INSIGHTS INTO DRUGS, ALCOHOL, AND NICOTINE

A National Survey of
Adolescent Attitudes
Toward Addictive
Substances

June 2019

Contents

ACCOMPANYING STATEMENT BY CREIGHTON DRURY, CHIEF EXECUTIVE OFFICER OF CENTER ON ADDICTION 4

Highlights of Key Findings.....5

What Parents and Other Caregivers Can Do 6

**TEEN INSIGHTS INTO DRUGS, ALCOHOL, AND NICOTINE:
A NATIONAL SURVEY OF ADOLESCENT ATTITUDES TOWARD ADDICTIVE SUBSTANCES (TEEN SURVEY)7**

Indicators of Risk for Teen Substance Use 9

Friends’ Substance Use and Intentions to Try Substances in the Future are Strong Indicators of Risk for Teen Substance Use..... 9

- Parents Can Indirectly Influence Their Children’s Choice of Friends and Their Intentions to Try Substances10
- Friends’ Substance Use.....10
- Intentions to Try Substances in the Future..... 12

Teen Insights Into Drugs, Alcohol, and Nicotine..... 13

Substance Use Risk Increases Substantially as Teens Enter Later Adolescence..... 13

Teens Face Widespread Exposure to Substance Use and Addiction 15

- Many Teens Witness Illegal Drug Use in Real Life and This is Related to Substance Use Risk 15
- Many Teens Personally Know Someone with Addiction and This is Related to Substance Use Risk16
- Many Teens Find It Easy to Access Nicotine, Alcohol, and Other Drugs and This is Related to Substance Use Risk... 17

Many Teens Get Their Information about Drugs from Unreliable Sources 18

- Teens Mostly Get Information about Drugs from Reliable Sources, but Unreliable Sources Hold More Sway Over Older than Younger Teens.....19
- Too Few Parents Talk about the Risks of Drug Use.....20
- Teens are Aware of the Harms of Substance Use, but Concern about Friends’ Use is Low.....20

When Parents and other Caregivers are Not Aware and Involved, Teens are at Increased Risk23

- Teens Who Hang Out with Friends Unsupervised are at Increased Risk.....23
- Teens Whose Parents/Guardians do not Monitor their Social Media Accounts are at Increased Risk24
- Teens Who aren’t Truthful to Parents are at Increased Risk26

Parents Have a Powerful Ability to Protect Teens from Substance Use27

The Power of a Positive, Open Parent-Child Relationship.....27

- Fewer Teens with Friends who Use Drugs Report a Positive Relationship with Parents28
- Fewer Teens with Intentions to Try Substances in the Future Report a Positive Relationship with Parents29
- The Power of Eating Meals Together as a Family29

Parents and Other Caregivers Can Even Protect Teens Who Already Are at Risk	31
• The Parent-Child Relationship and Parental Monitoring are Associated with Teens' Exposure to Risk.....	33
• Teens' Exposure to Risk is Associated with Having Friends who Use Drugs and Intentions to Use Substances in the Future	33
• A Positive Parent-Child Relationship and Parental Monitoring can Minimize Risk	34
Given These Findings, What Can Parents and Other Caregivers Do?	35
Start Early: Initiate Prevention Efforts at a Young Age	35
Don't Pull Back as Teens Get Older	35
Be Well Informed About Teens' Exposure to Substances	36
Talk, Talk, Talk: Have Frequent, Open, and Honest Conversations with Teens	37
Set Clear and Fair Rules and Stick to Them	37
Seek Help Early for Signs of Risk.....	38
 CONCLUSION	 39
 ENDNOTES	 40
 APPENDIX	 I
Methodology	i
Participation and Response Rates.....	ii
Weighting	ii
Parent/Guardian Consent Protocol	ii
Teen Assent Protocol	iii
Questionnaire – Main Survey	iv
Demographic Variables (Parent/Guardian Responses)	xiv

Accompanying Statement by Creighton Drury, Chief Executive Officer of Center on Addiction

For over 25 years, Center on Addiction® has conducted national surveys of teens with the goal of helping parents better understand the experiences, attitudes, perceptions, and behaviors of their adolescent children in relation to tobacco, alcohol, and other drugs.

In our latest survey, we interviewed 1,014 teens aged 12 to 17 living in the United States. We asked them questions about their exposure and access to a range of addictive substances; their sources of information and attitudes about these substances; substance use among their friends and peers; and many questions characterizing their relationship with their parents or guardians.

The findings clearly demonstrate that parents continue to be the main source of protection for teens who face widespread exposure to, and misinformation about, nicotine, alcohol, and other drugs. Among the many encouraging findings from this survey are that teens generally feel a very strong bond with their parents or guardians and look to them for information and support when it comes to substance use. This is critical since we also learned that, for many teens, nicotine, alcohol and other drugs are a normal part of their personal lives – they are not an abstraction. About half of teens surveyed said they have close friends who use drugs, know someone personally with addiction and/or find it relatively easy to get their hands on substances.

More than 1 in 4 teens reported having personally seen someone using illegal drugs in real life, with the most frequently reported location for this being at their own school.

In the face of this widespread exposure to influences and pressures promoting substance use, what can parents and other concerned adults do? There obviously is no clear formula for ensuring that a teen will not use tobacco, alcohol, or other drugs. There will always be cases where a young person who appears to have a very low risk profile, in terms of both environmental influences and the parent-child relationship, still goes on to engage in substance use or even develop addiction. There also will be cases in which a child is so surrounded by negative influences that there is little parents can do to overcome or diminish their effects.

Substance use and addiction are highly complex phenomena with multiple determinants, many of which are out of the control of the individual and his or her family. Still, parents and caregivers should not feel hopeless or helpless. For most families, there are effective ways to protect children from the harms of substance use, especially if parents and other caregivers are



* Formerly, The National Center on Addiction and Substance Abuse and Partnership for Drug-Free Kids.

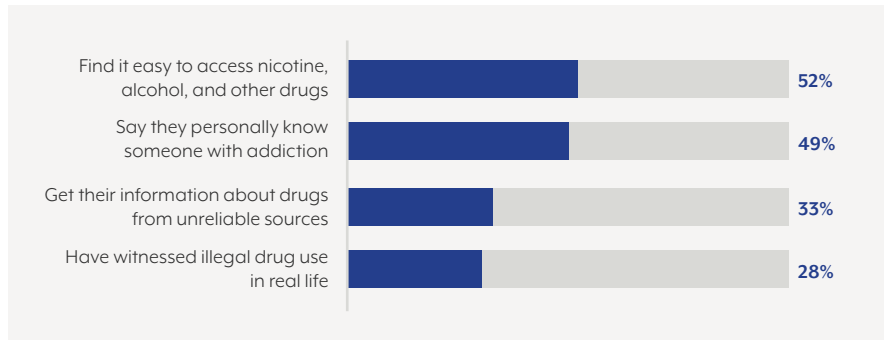
well informed about the risks teens face and do not shy away from exercising their significant influence to mitigate these risks by maintaining a positive and open relationship, communicating their expectations clearly and frequently, and being very involved in their children's lives. Despite what teens might say or do, most welcome their parents' guidance and constructive involvement in helping them navigate the world in which they live, a world that too often is awash in influences pointing them toward substance use.

A core element of our mission at Center on Addiction is to help and empower parents and families to exercise their considerable influence to protect children from addiction. It is for this reason that we merged with Partnership for Drug-Free Kids, an organization with over a quarter century of experience helping countless families navigate substance use and addiction within our society. Together, we couple compassion with science-based information to transform how our nation addresses addiction. Our complementary expertise will allow us to confront this problem from multiple angles to ensure that all young people can achieve their full potential and families get the support they need and deserve.



HIGHLIGHTS OF KEY FINDINGS

TEENS FACE WIDESPREAD EXPOSURE TO AND MISINFORMATION ABOUT SUBSTANCE USE AND ADDICTION



TEENS DO NOT ALWAYS RECOGNIZE THE DANGERS OF SUBSTANCE USE

- Teens' concern about friends' substance use is low
- Although parents/guardians talk with teens about the risks of tobacco, alcohol, and marijuana use, **too few talk about the risks of other drug use, including prescription drugs**
- When parents/guardians are not aware and involved, teens are at higher risk



SUBSTANCE USE RISK INCREASES SUBSTANTIALLY AS TEENS ENTER LATER ADOLESCENCE

More teens aged 15-17 than those aged 12-14 report:

- Having at least a few close friends who engage in drug use
- Having intentions to try addictive substances in the future
- Having witnessed illegal drug use in real life
- Personally knowing someone with addiction
- Relying on unreliable sources of information about drugs
- Perceiving substance use as not particularly risky or concerning
- Hanging out with friends unsupervised
- Having social media accounts that are not monitored by their parents/guardians
- Lying to their parents/guardians
- Not having a very positive relationship with their parents/guardians
- Not eating dinner with their parents/guardians regularly



WHAT PARENTS AND OTHER CAREGIVERS CAN DO

Parents and other caregivers have a powerful ability to protect their children from substance use through a positive, open relationship and reasonable monitoring. They can even protect those children who already are at risk. Regardless of risk exposure, a positive relationship and monitoring are associated with a reduced likelihood that teens will have friends who use substances or have intentions to engage in substance use in the future – two key indicators of risk for teens’ use of nicotine, alcohol, or other drugs.

This report provides a wide range of specific actions parents can take to reduce their children’s risk. These recommendations include:

- Initiate prevention efforts at a young age
- Don’t pull back as teens get older:
 - Eat meals together as frequently as possible
 - Remove distractions during meals and other family activities
 - Take an interest in their interests
 - Know their friends and whereabouts
- Be well informed and up-to-date about the types of addictive substances children and teens might encounter
- Have frequent, open, and honest conversations with children and teens about substance use and addiction, but also about their interests, their friends, their hopes and plans, concerns and fears
- Set clear and fair rules and stick to them
- Seek help early for signs of risk from a trusted health professional

A WORD OF APPRECIATION

Center on Addiction’s 2018 Teen Survey and this report, *Teen Insights into Drugs, Alcohol, and Nicotine*, were prepared by Linda Richter, PhD, Emily Feinstein, JD, Jason Besser, MPP, and Brandie Pugh, MA.

Many other members of our staff made valuable contributions to the development, preparation, and dissemination of this report, including: Pat Aussem, Candice Besson, Josie Feliz, Hannah Freedman, Jennie Hauser, Claire Kelly, Andrea Roley, Catherine Ross Saavedra, Sarah Royal, and Denise Young Farrell.

We would like to express our gratitude to Quest Diagnostics for its generous financial support. The grant we received allowed us to conduct this work, but Quest Diagnostics was not in any way involved in the design or conduct of the survey or in the reporting of the research findings.

While many contributed to this effort, the opinions and statements expressed herein are the sole responsibility of Center on Addiction.

Teen Insights Into Drugs, Alcohol, and Nicotine: *A National Survey of Adolescent Attitudes Toward Addictive Substances (Teen Survey)*

There is little doubt that parenting a teenager can be tremendously rewarding but also quite challenging. Fostering and sustaining teens' trust, responsibility, and independence while maintaining sufficient attention to and control over their actions to ensure their safety is an extremely difficult balance to strike. Many parents and other caregivers understandably feel at a loss when it comes to protecting their children from the dangers of substance use and addiction. Some feel that adolescent substance use is a 'normal rite of passage' and they essentially step back and hope for the best. Others are fearful that any type or degree of adolescent substance use is calamitous and attempt to vigilantly oversee and control as many aspects of their teens' lives as possible.

Years of research and common sense have proven both these parenting styles to be suboptimal. Instead, the most effective approach falls somewhere in between, where parents and other caregivers offer love, warmth, trust, and support and foster independence while clearly conveying to teens that they will remain actively involved in their lives. This involvement includes being informed about teens' activities, friendships, and whereabouts and doing all they can to ensure that teens lead healthy, happy, and productive lives.

Our new survey's findings clearly support this approach and offer some concrete insights into how caregivers can navigate the tumultuous teenage years. They highlight critical factors in the environment that pose an increased risk of substance use for teens, as well as a number of ways in which parents and other caregivers can relate to their children to help reduce the negative impact of those risk factors. The survey findings underscore the importance of resisting the urge to completely pull back as teens age and demand more independence, since that is exactly when the risks for teen substance use spike and young people need their parents and other trusted adults to be involved more than ever.



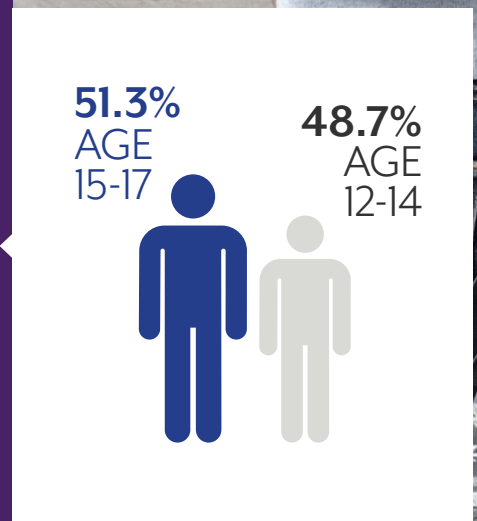
THE CENTER ON ADDICTION TEEN SURVEY

The findings presented in this report are based on a nationally representative survey of 1,014 teens aged 12-17 living in the United States. Data were collected using an online platform between December 21, 2017 and January 5, 2018. (See the Appendix for more details about the survey methodology.) About half the sample was female (50.8 percent), 48.7 percent was aged 12-14, and 51.3 percent was aged 15-17.

The survey assessed how teens view substance use and addiction within the landscape of their family and social environments. Unlike some other national surveys of young people, our survey did not ask respondents to report on their own substance use. Several national studies collect data annually on the prevalence of substance use among adolescents by surveying thousands of young people across the United States. These surveys present reliable and valid estimates of the rates of teen substance use and addiction. Relatively few teens engage in substance use, especially drug use. Rather, this is the age when the key risk factors for future use are solidifying and it was this process and these risk factors that we were most interested in identifying and exploring in the present survey.

Because we did not ask teens to report on their own substance use, it is not possible to discern from our data the individual or environmental characteristics that directly predict an increased risk of teen substance use or addiction. Instead, we have based the survey design and our interpretation of the findings on decades of research and clinical findings that have documented the distal and proximal risk and protective factors for substance use and how they relate to the variables included in our survey.

For example, there is clear evidence that distal factors, like not perceiving substance use to be particularly harmful; living in environments where addictive substances are commonly used, marketed, or sold; or believing that it is relatively easy to access these substances, are predictive of increased risk of teen substance use.¹ Even stronger evidence exists for the more proximal predictors of substance use risk, including having friends who engage in substance use² and expressing intentions to try a substance in the future.³ These and other research-based indicators of risk of teen substance use are especially important when examining young teens, since relatively few of them have yet to begin using nicotine, alcohol, or other drugs.





INDICATORS OF RISK FOR TEEN SUBSTANCE USE

Center on Addiction's new survey explores teen attitudes and experiences in relation to a broad range of issues known to be critical indicators of substance use risk. Of all the factors associated with a heightened risk of substance use, perhaps the two that have the strongest evidence base are (1) teens' reports of substance use among their friends* and (2) teens' intentions to try substances in the future.† Research also consistently points to parents as playing a pivotal, albeit not exclusive, role in protecting adolescents from engaging in substance use or in exacerbating their risk for substance use.⁴ Therefore, this survey included a broad range of items that closely examine the respondents' relationship with their parents or guardians.

FRIENDS' SUBSTANCE USE AND INTENTIONS TO TRY SUBSTANCES IN THE FUTURE ARE STRONG INDICATORS OF RISK FOR TEEN SUBSTANCE USE

Substance use among friends is closely associated with an individual teen's use of nicotine, alcohol, and other drugs. A landmark review study published in 1992 investigated the myriad risk and protective factors associated with adolescent substance use and found that peer substance use consistently is among the strongest predictors of substance use among youth.⁵ Likewise, the National Institute on Drug Abuse's guide for preventing substance use among adolescents stresses that drug-using peers are one of the most critical predictors of a teen's likelihood of initiating drug use.⁶ Other smaller-scale studies have also found peer substance use to be a significant indicator of substance use risk for teens.⁷ Research even suggests that the mere presence of peers can influence teens' brain chemistry, increasing the chances that they will engage in riskier behaviors than they otherwise would, had they not been in the presence of peers.⁸

Aside from the influence of friends, many studies have found that an individual's attitudes and intentions are among the strongest predictors of actual behavior.⁹ This is especially true of adolescents, for whom favorable attitudes toward nicotine, alcohol, or other drugs predict intentions to use them in the future; these intentions are closely associated with an increased risk of actual substance use.¹⁰ A five-year longitudinal analysis of adolescents found that their intention to try cigarettes, alcohol, marijuana, and other drugs in the future was significantly associated with their later use of these substances.¹¹

* The two questions we asked about substance use among respondents' friends were: "Do you have any friends who use drugs?" and "Thinking about your own close circle of friends, how many currently use [cigarettes, e-cigarettes, beer, other types of alcohol, marijuana, cocaine, heroin, methamphetamine, prescription pain relievers, or other types of prescription drugs]?"

† The question we asked to determine respondents' intentions to use addictive substances was "How likely is it that you will try each of the following [cigarettes, e-cigarettes, beer, other types of alcohol, marijuana, cocaine, heroin, methamphetamine, prescription pain relievers, or other types of prescription drugs] in the future?" Those who responded that they 'might' or 'are likely' to try any of these substances in the future were categorized as having an intention to try substances.



Parents Can Indirectly Influence Their Children's Choice of Friends and Their Intentions to Try Substances

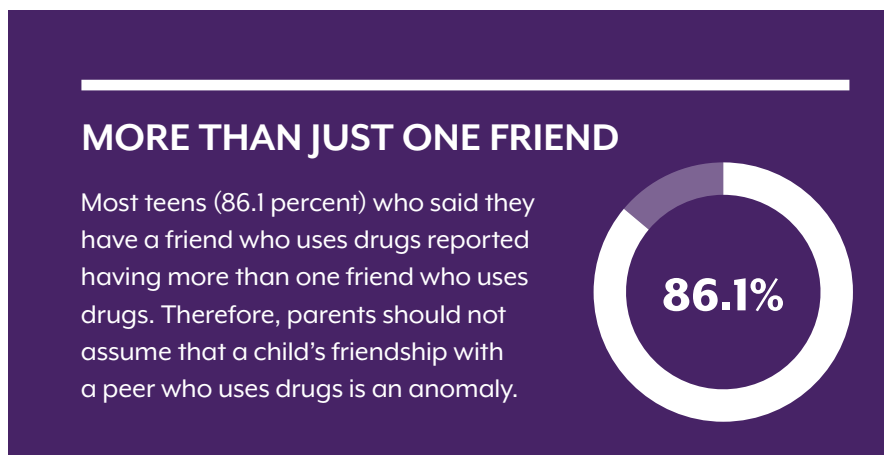
Throughout this report, when we discuss the survey findings, we describe teens' responses to various survey items in relation to their reports of whether their friends use drugs and whether they themselves intend to try substances in the future.

Although we know that having friends who use nicotine, alcohol, or other drugs and having intentions to try these substances in the future are very strong indicators of risk for actual teen substance use, these variables are difficult for parents and other caregivers to influence directly. Instead, parents and others interested in preventing teen substance use can have more leverage over other, more concrete factors – such as whether teens are exposed to addictive substances in their environments, whether they get their information about drugs from reliable or unreliable sources, and whether they foster a strong, loving relationship with their teens – each of which relates to teens' choices of friends and intentions to try substances in the future. Therefore, to reduce the ultimate risk of actual teen substance use, parents can try to influence the key drivers of use: having friends who use drugs and having intentions to try substances in the future.

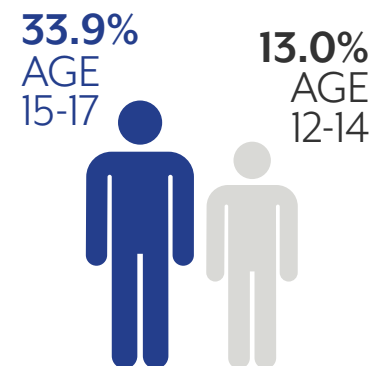
Friends' Substance Use

About one quarter of teens (23.7 percent) responding to our survey said they have at least one friend who uses drugs.

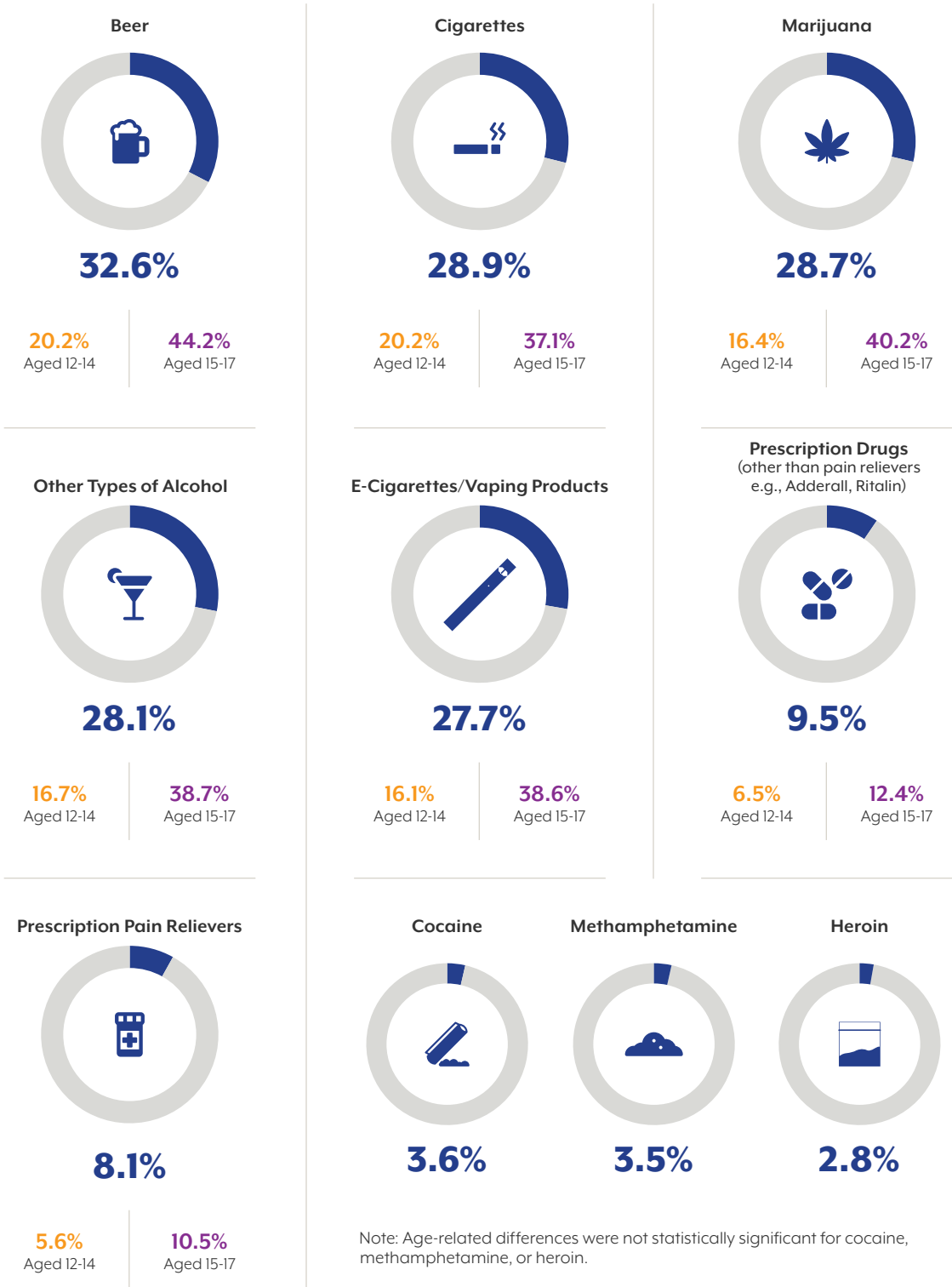
Nearly three times as many older than younger teens reported having at least one friend who uses drugs.



PROTECTIVE FACTORS



PERCENTAGE OF TEENS WITH AT LEAST A FEW CLOSE FRIENDS WHO ENGAGE IN SUBSTANCE USE



Note: Age-related differences were not statistically significant for cocaine, methamphetamine, or heroin.

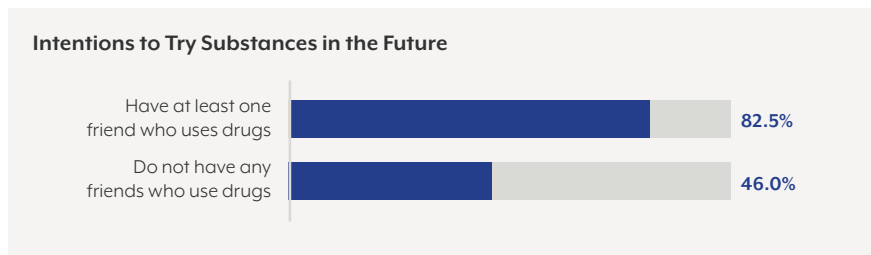
We also asked respondents to think about their own close circle of friends and to indicate how many use each of a number of substances.* Combining responses for all substances, we found that nearly half of teens (45.6 percent) said that they have at least a few close friends† who engage in substance use, with twice as many older than younger teens saying they have close friends who do so (60.8 percent vs. 29.4 percent).

Intentions to Try Substances in the Future

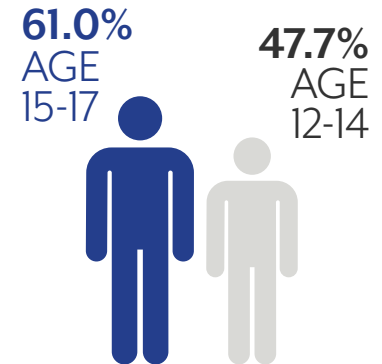
More than half of the respondents (54.6 percent) said they might or are likely to try substances in the future;

More older than younger teens said they are likely to try substances in the future

The majority of teens (82.5 percent) who said they have at least one friend who uses drugs also said they might or are likely to try a substance in the future. In contrast, fewer than half of teens (46.0 percent) who said they do not have any friends who use drugs reported intentions to try substances.



Overall, teens with at least one friend who uses drugs have 5.5 higher odds‡ of reporting intentions to try nicotine, alcohol, or other drugs in the future, relative to teens who do not have any friends who use drugs.



* Cigarettes, e-cigarettes, beer, other types of alcohol, marijuana, cocaine, heroin, methamphetamine, prescription pain relievers, or other types of prescription drugs.

† For the question asking teens to think about their own close circle of friends and indicate how many currently use a range of substances, we combined the survey responses of 'a few,' 'about half,' 'most,' and 'all of them' into one category to represent respondents who have any close friends who use nicotine, alcohol, or other drugs and to distinguish them from those who said they have no close friends who do so (i.e., 'none of them').

‡ Descriptions of such odds throughout this report are based on our performance of logistic regression analyses. Only statistically significant findings are reported here. Odds ratios are frequently used to express the chance or probability of an event happening under two different conditions (e.g., odds of a teen reporting intentions to try substances in the future under high vs. low parental monitoring).



TEEN INSIGHTS INTO DRUGS, ALCOHOL, AND NICOTINE*

The survey reveals just how saturated teens' lives are with substance-related influences. At the same time, it highlights key opportunities and practical suggestions for parents and other caregivers to help their children avoid succumbing to these influences, build resilience, and foster stronger, healthier relationships.

Our findings show that teens live in a world in which they are widely exposed to substances that can lead to addiction, yet they do not receive adequate information about the harms of substance use from credible sources. Their attitudes and perceptions of substance use reflect this lack of valid information and their exposure to misinformation. The good news is that teens seem to highly value their relationships with their parents and guardians and want to be able to turn to them for information and support about substance use. Flying in the face of the prevailing sense that parental interventions are futile, our research shows that parents and other caregivers can play a crucial role in helping their teens grow up to live a full, healthy life, free from addiction.

SUBSTANCE USE RISK INCREASES SUBSTANTIALLY AS TEENS ENTER LATER ADOLESCENCE

One critical finding that emerged repeatedly in our analyses was the significant shift in risk that occurs between early and later adolescence, defined in our survey as ages 12-14 and ages 15-17. Across the board, teens' responses to questions related to exposure to addictive substances and misinformation around them – two critical sets of risk factors associated with a greater chance of reporting friends' drug use and intentions to use substances in the future – were more indicative of risk among older than younger respondents. Perhaps most striking was how teens' exposure to and attitudes toward e-cigarettes and marijuana change so dramatically between the younger and older teen years.

This age-related shift in risk is important because parents and other caregivers typically reduce their monitoring and involvement as children enter later adolescence, just as teens are experiencing increasing risks associated with substance use. Caregivers might do this for several reasons, including the desire to respect teens' growing need for independence, privacy, and autonomy; as a response to strong messages of rejection from their teens when they are seen as being too involved; or because they feel that their influence over their behavior naturally dwindles with teens' growing dependence on their peers. Despite the validity of these concerns, our survey and years of research show that the transition from early to later adolescence is the exact time during which parents must step up, rather than pull back on their efforts to be involved in the lives of their children and ensure that they have an open, honest, and positive relationship with them.

* Only statistically significant results are presented in this report.



AGE-RELATED INCREASES IN RISKS ASSOCIATED WITH E-CIGARETTES AND MARIJUANA

More than Twice as Many Older than Younger Teens Report Exposure to E-Cigarettes

Teens reporting having a few or more close friends who use e-cigarettes/vaping products:

16.1%
Aged 12-14

38.6%
Aged 15-17

Teens reporting they could get e-cigarettes/vaping products within a day if they wanted to:

14.5%
Aged 12-14

34.3%
Aged 15-17

More Older than Younger Teens Have Positive Attitudes Toward E-Cigarettes

Teens reporting they would not be worried regardless of how often a friend uses e-cigarettes/vaping products:

15.8%
Aged 12-14

28.4%
Aged 15-17

Teens reporting they might or are likely to try e-cigarettes/vaping products in the future:

12.0%
Aged 12-14

19.8%
Aged 15-17

More than Twice as Many Older than Younger Teens Report Exposure to Marijuana

Teens reporting having a few or more close friends who use marijuana:

16.4%
Aged 12-14

40.2%
Aged 15-17

Teens reporting they could get marijuana within a day if they wanted to:

11.5%
Aged 12-14

29.5%
Aged 15-17

Teens reporting that they know someone addicted to marijuana:

14.9%
Aged 12-14

30.9%
Aged 15-17

More Older than Younger Teens Have Positive Attitudes Toward Marijuana

Teens reporting they would feel safe to be in a car with someone who just used marijuana:

6.8%
Aged 12-14

11.2%
Aged 15-17

Teens reporting they would not be worried regardless of how often a friend uses marijuana:

9.1%
Aged 12-14

16.9%
Aged 15-17

Teens reporting they might or are likely to try marijuana in the future:

15.4%
Aged 12-14

27.6%
Aged 15-17

TEENS FACE WIDESPREAD EXPOSURE TO SUBSTANCE USE AND ADDICTION

Exposure to nicotine, alcohol, and other drugs plays a critical role in how teens think about substance use. There is clear evidence that the greater the prevalence, availability, and accessibility of nicotine, alcohol, and other drugs in society, the greater the chances that teens will engage in substances use.¹² In our survey, we asked teens several questions regarding their exposure to nicotine, alcohol, and other drugs in order to get a sense of how prevalent and prominent these substances are in the lives of adolescents and how that might relate to the key risk factors examined in this study: friends' drug use and teens' intentions to try these substances in the future.

Many Teens Witness Illegal Drug Use in Real Life and This is Related to Substance Use Risk

While there is rampant use of tobacco, alcohol, and other drugs in entertainment media, seeing drug use in real life may have a greater impact on adolescents' substance use risk. More than 1 in 4 (27.9 percent) teens said they have personally seen someone illegally use drugs in real life.

Overall, fewer younger than older teens reported having seen drugs used in real life.

While it does not appear to be a frequent occurrence – almost two-thirds (63.7 percent) of the teens who witnessed drug use said they had only seen it a few times a year or less – witnessing drug use is associated with the key risk factors for teen substance use: having friends who use drugs and intending to try substances in the future.

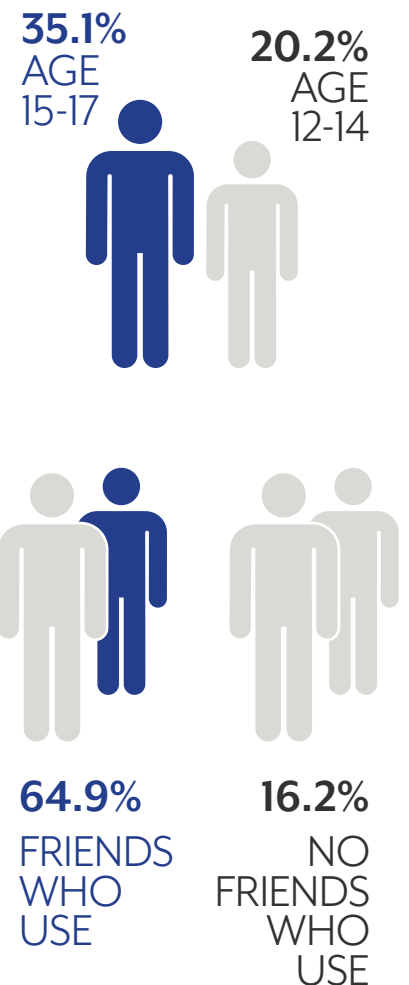
More Teens with Friends who Use Drugs Have Witnessed Illegal Drug Use.

Four times as many teens with friends who use drugs reported having personally seen drugs used illegally in real life compared to teens who do not have any friends who use drugs.

Indeed, teens who have personally seen drugs used illegally in real life had 9.6 times greater odds of having at least one friend who uses drugs, relative to those who had not seen someone use drugs illegally in real life. Although we cannot determine from our data who the teen was referring to when he or she reported witnessing drug use in real life, it is likely that for many teens it was their friends or peers.

TEENS MOST LIKELY TO WITNESS ILLEGAL DRUG USE AT SCHOOL

Of great concern is that, of the 27.9 percent of teens who said they have personally seen drugs used in real life, the most common place cited for seeing drug use was on school property (37.8 percent).

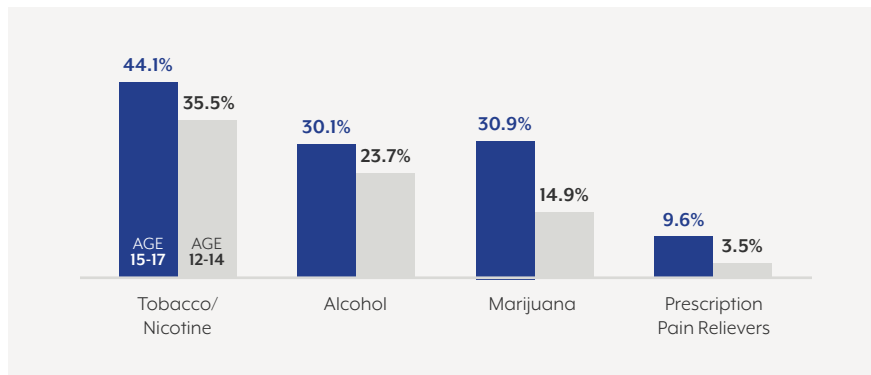


More Teens with Intentions to Try Substances in the Future Have Witnessed Illegal Drug Use.

More than one-third of teens (38.4 percent) who said they would try an addictive substance in the future also reported having personally seen drugs used illegally in real life (vs. 15.6 percent of teens who said they are unlikely to try a substance in the future). Indeed, teens who have personally seen drugs used illegally in real life had 3.4 times greater odds of reporting that they might or are likely to try a substance in the future, relative to those who had not seen someone use drugs illegally in real life.

Many Teens Personally Know Someone with Addiction and This is Related to Substance Use Risk

We asked teens whether they knew someone addicted to the following substances: tobacco/nicotine, alcohol, marijuana, heroin, cocaine, methamphetamine, prescription pain relievers, or other prescription drugs. Nearly half (48.9 percent) said they know someone personally who is addicted to one or more of these substances. However, of all the substances mentioned, teens were most likely to report personally knowing someone who was addicted to nicotine/tobacco (39.9 percent), alcohol (27.0 percent), and marijuana (23.1 percent). The vast majority (93.0 percent) reported that they did not personally know anyone addicted to illicit drugs* (other than marijuana) or to prescription drugs. **A higher percentage of older than younger teens said they personally know someone addicted to tobacco/nicotine, alcohol, marijuana, and prescription pain relievers.**



More Teens with Friends who Use Drugs Report Personally Knowing Someone with Addiction.

A much higher percentage of teens who reported having a friend who uses drugs said they know someone with addiction, relative to teens who said they did not have any friends who use drugs. This is true for teens who reported knowing someone with addiction to tobacco/nicotine (67.2 percent vs. 31.5 percent), alcohol (52.1 percent vs. 19.2 percent), marijuana (53.5 percent vs. 13.8 percent), cocaine (8.9 percent vs. 1.6 percent), methamphetamine (9.4 percent vs. 2.3 percent), prescription pain relievers (17.6 percent vs. 3.2 percent), and other prescription drugs (13.2 percent vs. 1.4 percent).

TEENS RECOGNIZE THAT SOMEONE CAN BECOME ADDICTED TO MARIJUANA

One of the myths surrounding marijuana is the perception that it does not produce dependence or addiction. Despite this prevailing misconception, our findings indicate that nearly one-third of older teens said they personally know someone addicted to marijuana.

* Heroin, cocaine, or methamphetamine.

Further analysis shows that teens who said they personally know someone addicted to tobacco/nicotine, marijuana, or prescription pain relievers had 4.5 times the odds, 7.2 times the odds, and 6.4 times the odds, respectively, of having at least one friend who uses drugs.

More Teens with Intentions to Try Substances in the Future Report Personally Knowing Someone with Addiction.

Teens' intentions to try substances in the future were strongly associated with personally knowing someone with addiction.

About twice as many teens who said they might or are likely to try nicotine, alcohol, or other drugs in the future, relative to those who said they are unlikely to do so, reported personally knowing someone with addiction to marijuana, prescription pain relievers, or other prescription drugs.

Further analysis shows that teens who said they personally know someone addicted to tobacco/nicotine had twice the odds of saying they would try a substance in the future compared to teens who did not personally know anyone addicted to tobacco/nicotine. Likewise, teens who said they personally know someone addicted to marijuana had twice the odds of saying they would try a substance in the future compared to teens who did not personally know someone addicted to marijuana.

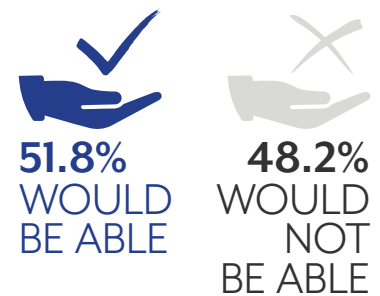
Many Teens Find It Easy to Access Nicotine, Alcohol, and Other Drugs and This is Related to Substance Use Risk

We asked teens how long it would take them to get tobacco/nicotine, alcohol, marijuana, heroin, cocaine, methamphetamine, prescription pain relievers, or other prescription drugs if they wanted to get one or more of those right now.*

About half (51.8 percent) said that they would be able to get at least one of these substances within some period of time; 48.2 percent said they would not be able to get these substances or that they don't know how long it would take to get them.

Respondents indicated that beer and other types of alcohol would be the easiest to get, with more than one-third saying they could obtain alcohol within a day if they wanted to get it. About 3 in 10 said they could get cigarettes or e-cigarettes within a day, about 2 in 10 said they could get marijuana, and about 1 in 10 said they could get prescription pain relievers or other prescription drugs within a day. Approximately 1 in 20 said they could get illicit drugs like heroin, cocaine, or methamphetamine within a day.

* Respondents were asked how long it would take them to get each of a series of substances if they wanted to get them right now. Responses included 'an hour or less,' 'a few hours,' 'within a day,' 'within a week,' 'longer than a week,' 'I would not be able to get it,' and 'don't know.'



A higher percentage of older than younger teens reported that, if they wanted them, they would be able to access tobacco, alcohol, and other drugs. What is especially concerning is the significant shift in perceived ease of access between younger and older teens, with more than twice the percentage of older teens, relative to younger teens, believing they could obtain illicit drugs like heroin (8.3 percent vs. 3.0 percent), cocaine (9.6 percent vs. 1.8 percent), and methamphetamine (8.7 percent vs. 2.4 percent) within a day.

More Teens with Friends who Use Drugs Report Finding it Easy to Access Substances.

Teens who have at least one friend who uses drugs tend to report that it would be relatively easy for them to access nicotine, alcohol, or other drugs

For every substance referenced in the survey, a much higher percentage of teens who said they have a friend who uses drugs indicated that they would be able to obtain the substance within a day or less relative to teens who reported not having any friends who use drugs. This includes perceived ease of accessing cigarettes, e-cigarettes, and marijuana.

More Teens with Intentions to Try Substances in the Future Report Finding It Easy to Access Substances.

More than twice as many teens who said they might or are likely to try a substance in the future, relative to those who said they are unlikely to do so, reported that they would be able to get the following substances within a day: cigarettes, e-cigarettes, beer, other alcohol, marijuana, prescription pain relievers, and other prescription drugs.

MANY TEENS GET THEIR INFORMATION ABOUT DRUGS FROM UNRELIABLE SOURCES

Where and how teens get their information about nicotine, alcohol, and other drugs can influence the accuracy of their understanding of the consequences of substance use and play a role in their decisions regarding whether or not to engage in substance use. Teens are exposed to a broad range of information sources, some are credible, but many are untrustworthy. Teens' tendency to believe what their friends and favorite celebrities say, along with their heightened susceptibility to peer and media influence, put them at risk for being swayed by inaccurate and misleading information. A recent study found that adolescents and young adults are increasingly exposed to portrayals of substance use, especially online and through social media, and that these portrayals are associated with subsequent substance use.¹⁵

Accurate information about how addictive substances can affect the brain, the body, and one's future might or might not counter those influences or play a role in determining whether a teen will use them. However, there is reason to believe that credible information can help teens make better-informed



decisions about substance use and might reduce their risk, especially if the information is provided within a broader context of health promotion.¹⁴

Teens Mostly Get Information about Drugs* from Reliable Sources, but Unreliable Sources Hold More Sway Over Older than Younger Teens

Two-thirds of teens (67.4 percent) reported that their main sources of information about drugs were sources that we determined to be generally credible or reliable:[†]

HIGH CREDIBILITY

Parents	School Classes	News Stories [‡]	Public Service Announcements	Other Adult Family Members
36.7%	20.2%	6.8%	2.5%	1.1%

LOW CREDIBILITY

Other Teenagers [§]	Social Media [¶]	The Internet ^{**}
12.8%	10.6%	9.3%

As we found for most substance-related risk factors and behaviors, older teens tended to differ from younger teens in their reported sources of information about drugs. A higher percentage of younger (12-14) than older (15-17) teens cited largely reliable sources, like parents (41.2 percent vs. 32.4 percent), as their main source of information about drugs. At the same time, more older than younger teens cited less reliable sources, like other teenagers (14.7 percent vs. 10.8 percent), social media (12.7 percent vs. 8.3 percent), and the internet (12.1 percent vs. 6.2 percent) as their main sources.

More Teens with Friends who Use Drugs Rely on Unreliable Sources of Information about Drugs.

Given that teens who have friends who use drugs are at a higher risk of using drugs themselves, we examined the association between the type of information teens reported relying on as their main source of information about drugs (reliable or unreliable) and friends' drug use.

Twice as many teens who reported having at least one friend who uses drugs cited an unreliable source as their main source of information relative to teens who reported not having any friends who use drugs.

* The survey asked respondents, "What is your main source of information about drugs, including marijuana, other illegal drugs and prescription drugs (i.e., what they are, how they work, their risks/benefits)?"

† For the purpose of this analysis, we defined reliable sources as news stories from newspapers, television, magazines, and radio; public service announcements; school classes; parents; and other adult family members, and we defined unreliable sources as social media, the internet (not including news and social media sites), and other teenagers.

‡ In newspapers, magazines, television, or radio

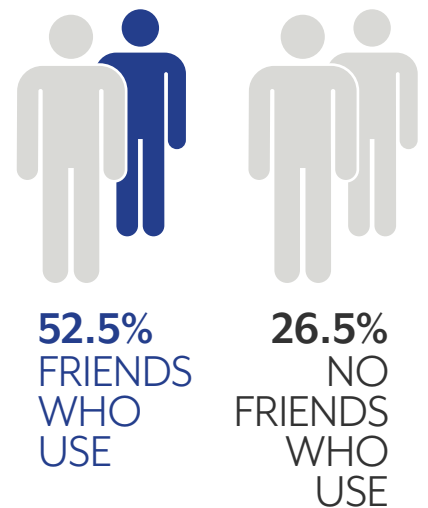
§ Including friends or family members (e.g., siblings, cousins)

¶ (e.g., Instagram, Snapchat, Facebook, Twitter, YouTube)

**Not including news or social media sites

ARE PSAs A GOOD PREVENTION TOOL?

Despite calls by the Federal government for public service announcements aimed at youth as a means of preventing opioid and other substance use, only 2.5 percent of teens cited public service announcements as their main source of information about drugs.



Additional analysis suggested that selecting one of the unreliable sources as the main source of information about drugs, relative to selecting a reliable source, was associated with 3.1 times greater odds of having at least one friend who uses drugs.

More Teens with Intentions to Try Substances in the Future Rely on Unreliable Sources of Information about Drugs.

More teens who said they were unlikely to try a substance in the future cited reliable sources as their main source of information about drugs, relative to teens who said they might or are likely to do so (75.0 percent vs. 60.0 percent). Indeed, teens who selected an unreliable source as their main source of information about drugs had twice the odds of reporting intentions to try nicotine, alcohol, or other drugs in the future, relative to those who selected a reliable source.

Too Few Parents Talk about the Risks of Drug Use

We asked teens whether their parents or guardians ever talked with them about the risks of using tobacco/nicotine products, alcohol, marijuana, heroin, cocaine, methamphetamine, prescription pain relievers, and other prescription drugs.

We found that most teens reported that their parents have talked with them about the risks of using alcohol (87.3 percent), tobacco/nicotine (83.2 percent), and marijuana (75.5 percent). However, fewer teens said that their parents have ever talked with them about the risks of using other drugs, like heroin (59.8 percent), methamphetamine (58.8 percent), cocaine (62.2 percent), prescription pain relievers (59.4 percent), or other prescription drugs (52.2 percent). Parents and other guardians do seem to be more inclined to talk about the risks of drug use once teens get older. More older than younger teens said their parents have ever talked with them about the risks of using heroin (63.4 percent vs. 55.9 percent), cocaine (66.8 percent vs. 57.3 percent), prescription pain relievers (62.6 percent vs. 55.9 percent), and other prescription drugs (56.5 percent vs. 47.6 percent).

Of course we cannot know from these responses what the frequency or nature of these conversations are and whether or not they are impromptu or in response to signs of risk.

Teens are Aware of the Harms of Substance Use, but Concern about Friends' Use is Low

Another way to gauge how well informed teens are about substance use is by asking them questions about the perceived safety of using various substances and how worried or concerned they would be if they were to learn that a friend engaged in substance use.

WHAT CAN PARENTS DO IF THEIR TEEN HAS FRIENDS WHO USE DRUGS?

If parents know that their teens have friends who use drugs, they can try to balance that risk by becoming the main source of information about drugs for their children, offering credible information, or by promoting other credible sources of information. Conversely, if parents know that their teens rely on an unreliable source of information about drugs, they should be aware that their teens might have friends who use drugs, and intervene accordingly.

Additional guidance is available on [page 35](#).

DANGEROUS SILENCE FROM HEALTH PROFESSIONALS



The majority of teens said their doctor or dentist has never talked with them about the dangers of misusing prescription drugs, like pain relievers or stimulants.

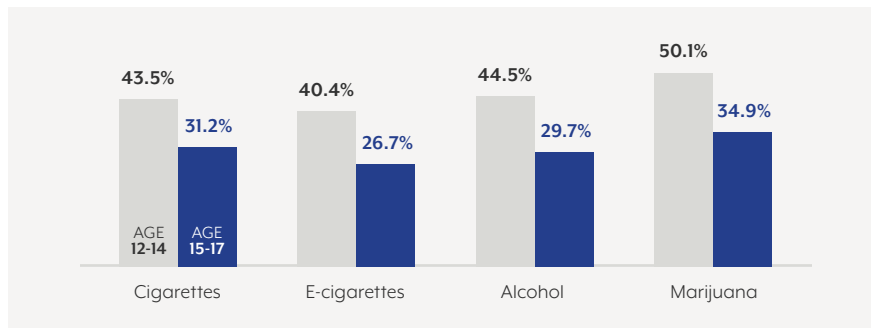
Specifically, we asked teens how safe they would feel to ride in a car with a driver who just used a prescription pain reliever, marijuana, or alcohol. Most said they would feel somewhat or very unsafe* to ride with a driver who just used alcohol (96.5 percent), marijuana (91.0 percent), or prescription pain relievers (85.1 percent). There was little difference – by age – in the perceived safety of riding in a car with someone who just used prescription pain relievers or alcohol. However, the percentage of teens who said they would feel somewhat or very safe to ride with someone who had just used marijuana was almost twice as high among older than younger teens (11.2 percent vs. 6.8 percent).

We also asked teens whether they would be worried if they were to learn that their friends were using specific substances†, and at what level of use‡ they would feel concerned.

As expected, teens appear to find the use of drugs the most concerning, with about two-thirds having said that they would be worried if they knew their friends used heroin, cocaine, or methamphetamine even once or twice.

A little over half said they would be concerned if their friends misused prescription pain relievers (54.7 percent) or other prescription drugs (55.5 percent) even once or twice. Teens thought that friends' use of cigarettes, e-cigarettes, alcohol, or marijuana was less concerning, with 37.2 percent, 33.4 percent, 36.9 percent, and 42.3 percent, respectively, saying they would be worried if their friends used them once or twice.

Fewer older than younger teens said they would be worried if they knew their friends used cigarettes, e-cigarettes, alcohol, or marijuana once or twice.



What is concerning is the considerable proportion of older teens who said they would not be worried regardless of how often their friends used cigarettes (17.2 percent), e-cigarettes (28.4 percent), alcohol (8.9 percent), or marijuana (16.9 percent).

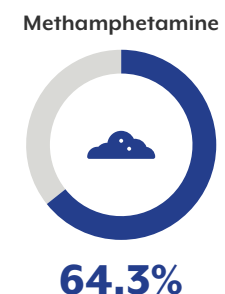
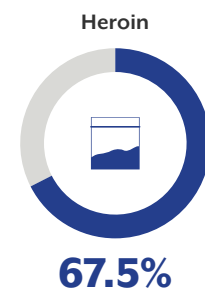
* We combined the responses 'very safe' and 'somewhat safe' and the responses 'somewhat unsafe' and 'very unsafe' to form two categories. The majority (88.5 percent) said that riding in a car with someone who has used any of these substances is 'very unsafe.'

† The substances included in the question were cigarettes, e-cigarettes, alcohol, marijuana, heroin, cocaine, methamphetamine, prescription pain relievers, and other prescription drugs.

‡ The response options were 'once or twice,' 'a few times a week/a few times a month,' 'every day/multiple times per day,' or 'would not be worried regardless of how often their friends used' the substance.

TEENS HAVE GOTTEN THE MESSAGE ABOUT THE DANGER OF DRINKING AND DRIVING

Only 3.5 percent of teens said they would feel safe riding in a car with a driver who just used alcohol, with little variation between older and younger teens.



All of these percentages are higher than the responses from younger teens, suggesting that teens become less concerned with age about the risks of substance use.

Fewer Teens with Friends who Use Drugs Perceive Substance Use as Risky or Concerning.

More than three times as many teens who reported having a friend who uses drugs said they feel safe to ride in a car with a driver who just used marijuana relative to teens who said they do not have any friends who use drugs.

This suggests that teens who are around drugs may be more vulnerable to dangerous driving.

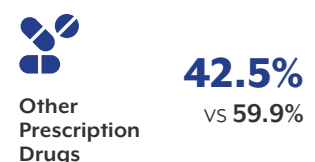
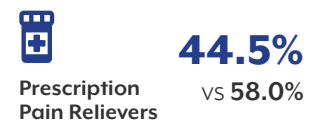
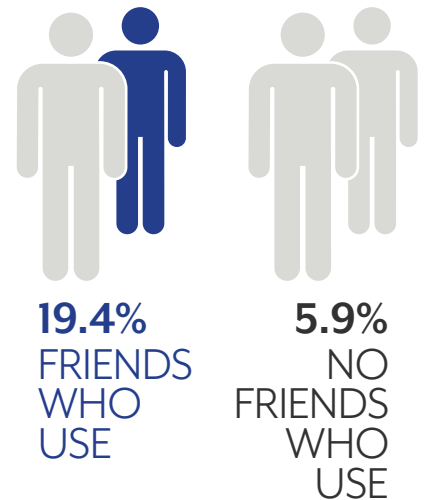
Teens with friends who use drugs also find it much less concerning to learn that a friend used a substance once or twice, relative to teens who do not have friends who use drugs. This difference was found in relation to cigarettes, e-cigarettes, alcohol, marijuana, prescription pain relievers, and other prescription drugs.

Another worrisome finding is that more teens with a friend who uses drugs, compared to teens without any friends who use drugs, said they would not be worried regardless of how often a friend used e-cigarettes (38.3 percent vs. 17.1 percent) or marijuana (22.3 percent vs. 9.9 percent). Further analysis indicates that teens who said they would not be worried, regardless of how often a friend used e-cigarettes had 6.8 times greater odds of having a friend who uses drugs compared to teens who would be worried if a friend used e-cigarettes once or twice. Likewise, teens who said they would not be worried regardless of how often a friend used marijuana had 6.5 times greater odds of having a friend who uses drugs compared to teens who said they would be worried if a friend used marijuana once or twice.

Overall, these results show that teens who said they would be less worried about friends' substance use tended to already have a friend who uses drugs. This is not surprising, but it does send a strong message that teens with friends who use drugs tend to have lower perceptions of harm or risk related to substance use; such perceptions are an important indicator of risk for actual substance use.¹⁵

Fewer Teens with Intentions to Try Substances in the Future Perceive Substance Use as Risky or Concerning.

More teens who said they might or were likely to try a substance in the future, relative to those who said they are unlikely to do so, said they would feel safe to ride in a car with someone who just used marijuana (12.7 percent vs. 4.7 percent).



They also demonstrated less concern about the prospect of a friend using cigarettes (30.6 percent vs. 44.7 percent), e-cigarettes (25.2 percent vs. 42.8 percent), alcohol (26.8 percent vs. 48.8 percent), or marijuana (34.3 percent vs. 52.4 percent) once or twice.

Teens who said they would not be worried regardless of how often a friend used e-cigarettes, drank alcohol, or used marijuana had 3.1, 1.6, and 1.7 times greater odds, respectively, of saying that they would try a substance in the future, compared to teens who said they would be worried if a friend used these substances once or twice.

WHEN PARENTS AND OTHER CAREGIVERS ARE NOT AWARE AND INVOLVED, TEENS ARE AT INCREASED RISK

Research consistently points to the importance of parents' involvement in their children's lives as a powerful means of protecting youth from substance use and other health-risk behaviors. Involvement means many things, including having open and honest conversations with children; really listening to them and understanding how they think and feel about the important issues in their lives; and being very tuned in to their daily activities, whereabouts, and friendships.¹⁶

Low parental monitoring during adolescence is known to increase the risk that teens will engage in substance use, especially if they have friends who do so.¹⁷

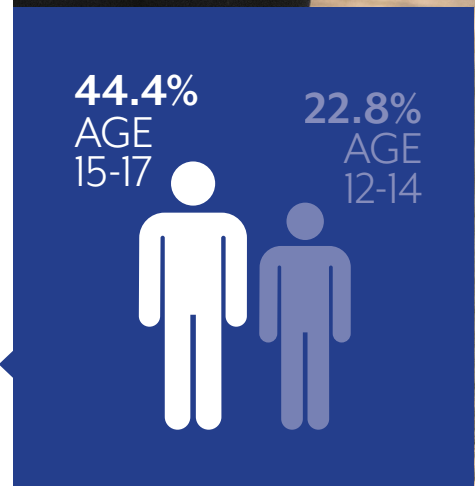
Our survey examined certain aspects of parental monitoring, including the extent to which teens are allowed to 'hang out' without adult supervision, the extent to which parents and other guardians monitor their teens' social media accounts, and the extent to which teens lie to their parents/guardians (teens who are not well monitored can presumably get away more easily with lying).

Teens Who Hang Out with Friends Unsupervised are at Increased Risk

We asked teens how often they hang out with friends outside of school without a parent or other adult supervising them. One-third of teens (33.9 percent) said they do so at least once a week;* 22.3 percent said they never hang out with friends unsupervised.

Twice as many older than younger teens reported hanging out with friends unsupervised once a week or more.

* More specifically, responses included 'every day or almost every day' and 'once or twice a week.'



More Teens with Friends who Use Drugs Report Hanging Out with Friends Unsupervised.

More teens who have at least one friend who uses drugs reported that they hang out with friends unsupervised at least once a week, relative to teens who do not have any friends who use drugs.

Further analysis indicates that teens who said they hang out with friends outside of school unsupervised at least once a week have 5.8 times greater odds than teens who said they never do so of having at least one friend who uses drugs.

More Teens with Intentions to Try Substances in the Future Report Hanging Out with Friends Unsupervised.

More teens who said they might or are likely to try substances in the future, relative to teens who said they are unlikely to do so, hang out with friends outside of school unsupervised at least once a week.

Moreover, teens who said they hang out with friends outside of school unsupervised at least once a week have 4.7 times greater odds than teens who said they never do so of having intentions to try substances in the future.

Although allowing teens to have some unsupervised time with friends may be appropriate, it is important for parents and other caregivers to recognize that granting teens lots of unsupervised time is associated with increased substance use risk.

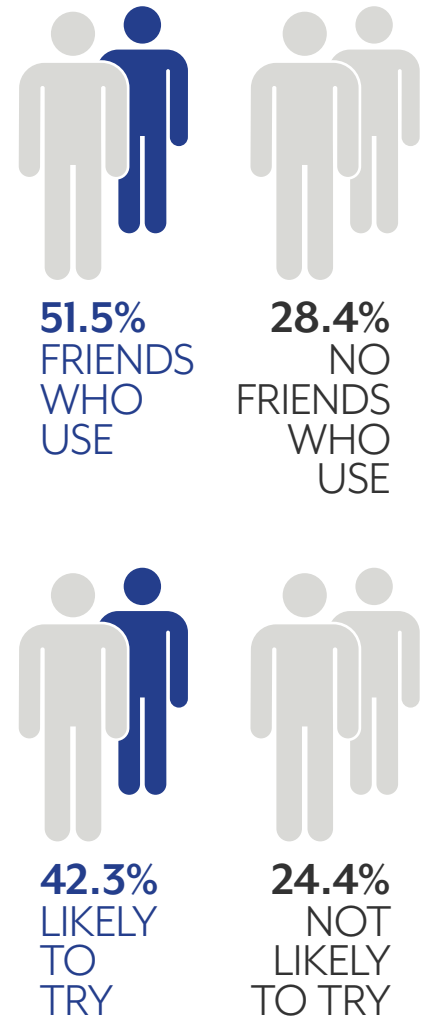
Teens Whose Parents/Guardians do not Monitor their Social Media Accounts are at Increased Risk

Substance use is prevalent and typically glorified on social media channels frequented by teens, with tobacco, e-cigarette, alcohol and, increasingly, cannabis products directly advertised and promoted.¹⁸

In our last survey of teens conducted in 2012, we found a strong link between teens’ use of social networking sites and their risk for substance use.

Specifically, teens who reported spending more time on social networking sites,* and especially those who reported seeing pictures on those sites of “kids drunk, passed out, or using drugs,” were more likely to report engaging in tobacco, alcohol, and marijuana use.¹⁹

Teens’ engagement with social media has increased exponentially since that time, with the growing popularity of Instagram, Snapchat, Twitter, and YouTube, especially among teens. Other researchers also have found a



* At that time, we were referring primarily to websites like Facebook and MySpace.

strong connection between the use of social media, specifically viewing peers' substance use behaviors on those sites, and teens' own risk for substance use.²⁰

Although research directly linking parental monitoring of teens' social media activities and their risk of substance use is not available, there is some evidence that monitoring in this realm might be protective for children with regard to other risk behaviors.²¹

It is important, therefore, for parents and other caregivers to monitor teens' social media activities so that they can be aware and respond appropriately if their teens are frequenting sites or channels that promote substance use. Concerns about affording teens privacy can be addressed in an open and honest conversation, where parents or other caregivers clearly convey the message that the monitoring is meant only to help protect children from harm and not to be voyeuristic or intrusive. Parents and other caregivers should adhere to this by looking only for indications of risk rather than day-to-day harmless social interactions.

As might be expected, whereas nearly all older teens (15-17) in our current survey reported having social media accounts,* about two-thirds of younger teens (12-14) said they have them.

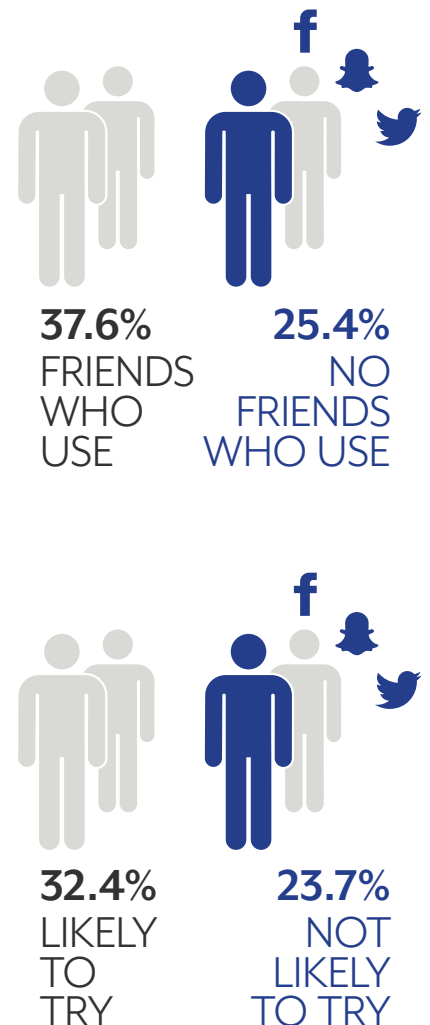
The survey found that one-third of teens (33.8 percent) said that their parents/guardians regularly check their social media accounts, 28.3 percent said that their parents/guardians do not check them, and 19.1 percent were not sure (18.8 percent said they don't have social media accounts). Our survey also found that more than one-third (36.6 percent) of the teens who said that their parents/guardians regularly check their social media accounts reported being able to find ways to get around them seeing what they post or look at on those accounts.

More Teens with Friends who Use Drugs Report that their Social Media Accounts are Not Monitored by their Parents.

More teens who said they have a friend who uses drugs, relative to those who said they do not have any friends who use drugs, reported that their parents/guardians do not check their social media accounts.

More Teens with Intentions to Try Substances in the Future Report that their Social Media Accounts are Not Monitored by their Parents.

More teens who said they might or are likely to try nicotine, alcohol, or other drugs in the future, relative to those who said they are unlikely to do so, reported that their parents/guardians do not check their social media accounts.



* (e.g., Instagram, Snapchat, Facebook, Twitter, YouTube)

These findings might be related to the age of the respondents, such that parents and other caregivers might reduce the extent to which they monitor their children's social media accounts as their children get older. Many caregivers try to balance offering teens more privacy as they age with the need to monitor their activities for signs of risk, which frequently increase as teens age. Pulling back too much on monitoring of online behaviors might not be an effective approach to protecting children from the increasing risk of substance use that inevitably comes with getting older.

Teens Who aren't Truthful to Parents are at Increased Risk

We asked teens how often they lie to their parents/guardians about who they are with, where they have been, what they do online, and things their friends do that might get them in trouble.

About half of all teens (47.8 percent) said that they lie about these things at least sometimes, with more older than younger teens admitting to doing so, especially with regard to who they are with (16.5 percent vs. 10.8 percent) and where they have been (21.1 percent vs. 13.2 percent).

More Teens with Friends who Use Drugs Report Lying to Parents.

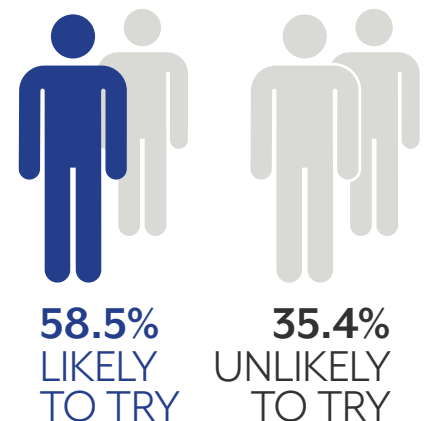
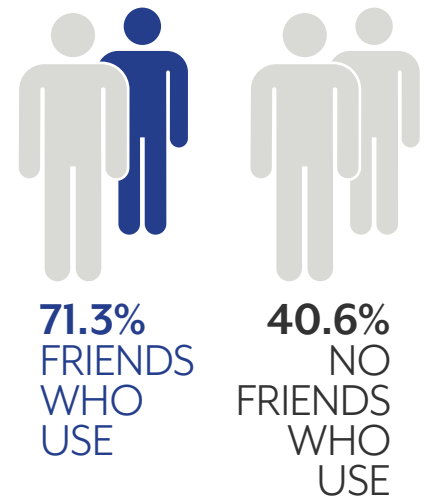
About twice as many teens who said they have at least one friend who uses drugs, relative to those who do not, reported lying at least sometimes to their parents/guardians (71.3 percent vs. 40.6 percent), specifically about who they are with (21.7 percent vs. 11.2 percent), where they have been (29.3 percent vs. 13.4 percent), what they do online (46.6 percent vs. 25.7 percent), and things their friends do that might get them in trouble (51.8 percent vs. 26.0 percent).

Teens who said they lie at least sometimes had a 3.6 times greater odds, relative to teens who said they never do so, of having at least one friend who uses drugs.

More Teens with Intentions to Try Substances in the Future Report Lying to Parents.

About twice as many teens who said they might or are likely to try substances in the future, relative to those who said they are unlikely to do so, reported lying to their parents/guardians at least sometimes (58.5 percent vs. 35.4 percent), specifically about where they have been (23.2 percent vs. 10.2 percent), what they do online (38.0 percent vs. 21.9 percent), and things their friends do that might get them in trouble (40.9 percent vs. 21.9 percent).

Further analysis indicates that teens who said they lie at least sometimes, relative to teens who said they never do so, have 2.6 times greater odds of reporting that they might or are likely to try substances in the future.





PARENTS HAVE A POWERFUL ABILITY TO PROTECT TEENS FROM SUBSTANCE USE

In the face of widespread exposure to and misinformation about nicotine, alcohol, and other drugs, and the strong influence that friends have on teens' attitudes and behaviors, parents and other caregivers may feel helpless to protect their children from substance use and addiction. Yet our research and that of many others consistently show that parents actually hold the most sway over their teens' substance-related attitudes and decisions. As evidenced by our survey findings, this conclusion comes from the mouths of teens themselves, who repeatedly pointed to parents as a critical source of information, support, and influence.

Parents and other caregivers can play a crucial role in helping teens make educated decisions regarding substance use and in providing a warm, loving, and nurturing environment that can buffer teens from surrounding influences to use nicotine, alcohol, and other drugs. They do this best when they stay involved in their children's day-to-day lives and have an open, caring, honest, and warm relationship with them (despite outward signs from many teens that they want parents to back off). To protect teens, it is also critical for caregivers to be well informed about the full range of potentially addictive substances that children might encounter, to be alert for signs of risk, and to respond quickly with a health-based rather than a punitive approach toward children who are at risk for or who have begun to engage in substance use.

Our survey examined various aspects of the parent-child relationship from the perspective of teens themselves. We explored teens' views on the role their parents/guardians play in their everyday lives and on how they think about their relationship with them. Key insights from these responses emerged with regard to what parents and other caregivers might be able to do to help teens avoid the main risks associated with substance use: specifically, engaging with friends who use drugs or developing intentions to use substances in the future.

THE POWER OF A POSITIVE, OPEN PARENT-CHILD RELATIONSHIP*

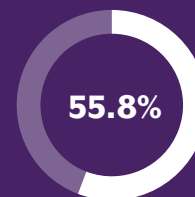
We asked teens a series of questions to assess their relationship with their parent/guardian, including one overarching question that simply asked how they would describe that relationship.[†] The good news is that the majority of teens (55.5 percent) described their relationship as 'excellent' and only 0.4 percent described it as 'bad' or 'not good.'

* Questions related to the parent-child relationship were prefaced as follows: "If you have more than one parent or guardian, please think of the one with whom you interact most often and keep that person in mind in answering the questions."

† Response options included 'bad,' 'not good,' 'okay,' 'good,' and 'excellent.' Due to the fortunate finding that there was a very low number of negative responses (only 4 respondents said that their relationship was 'bad' or 'not good,' 74 said it was 'okay,' 377 said it was 'good,' and 554 said it was 'excellent'), we decided to create a dichotomous, statistically more reliable variable, in which respondents were categorized as either having described their relationship with their parent/guardian as 'excellent' vs. anything less than excellent.



PARENTS PLAY A CRITICAL ROLE FOR TEENS CHOOSING NOT TO DRINK OR USE DRUGS



More than half of teens in our survey said they believe the most common reason people their age choose not to drink or use drugs is parents, either because they think their parents would disapprove or because they don't want to get in trouble with their parents.



More younger (12-14) than older (15-17) teens described their relationship as 'excellent' (60.3 percent vs. 51.0 percent).

To dive deeper into the nature and quality of the relationship between parents and teens, we presented respondents with 12 statements and asked them to indicate the extent to which each was true about them and their parent/guardian. Encouragingly, most teens described a positive relationship with their parents.

The statements that teens were most likely to indicate were 'very true' were that their parent/guardian loves them, is involved in their life, encourages them, hugs them, is honest with them, and eats meals with them when they are home.

The statements that teens were somewhat less likely to indicate were 'very true' about them and their parent/guardian were that he or she trusts the teen (63.2 percent), really listens when the teen talks (59.5 percent), the teen is honest with him/her (58.2 percent), he or she knows the teen's friends (57.9 percent), they spend free time together (54.6 percent), and he/she knows what the teen is doing when they are not together (53.4 percent). More younger than older teens reported that each statement was 'very true.'

Fewer Teens with Friends who Use Drugs Report a Positive Relationship with Parents

Regardless of age, fewer teens who have a friend who uses drugs, relative to teens who do not, described having an 'excellent' relationship with their parent/guardian.

Moreover, teens who described their relationship as 'excellent' had 1.7 times greater odds of not having any friends who use drugs compared to teens who did not describe the relationship as 'excellent.'

Similarly, fewer teens who said they have at least one friend who uses drugs, relative to teens who said they do not, responded 'very true' to each of the following statements about their parent/guardian: knows their friends (48.2 percent vs. 60.9 percent), knows what they are doing when not with them (31.9 percent vs. 60.0 percent), trusts them (45.5 percent vs. 68.7 percent), is honest with them (59.9 percent vs. 76.1 percent), hugs them (66.2 percent vs. 75.1 percent), encourages them (68.9 percent vs. 79.0 percent), really listens when they talk (45.9 percent vs. 63.8 percent), eats meals together when they are home (58.9 percent vs. 72.9 percent), spends free time together (44.0 percent vs. 57.8 percent), and the teen is honest with the parent/guardian most of the time (44.3 percent vs. 62.5 percent).



89.5%

Loves



77.8%

Is involved



76.5%

Encourages



73.0%

Hugs



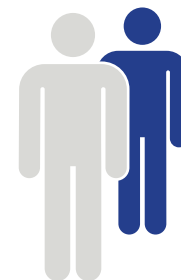
72.2%

Is honest

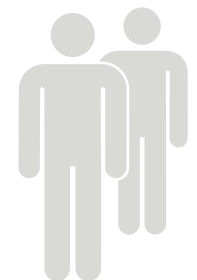


69.6%

Eats together



45.8%
FRIENDS
WHO
USE

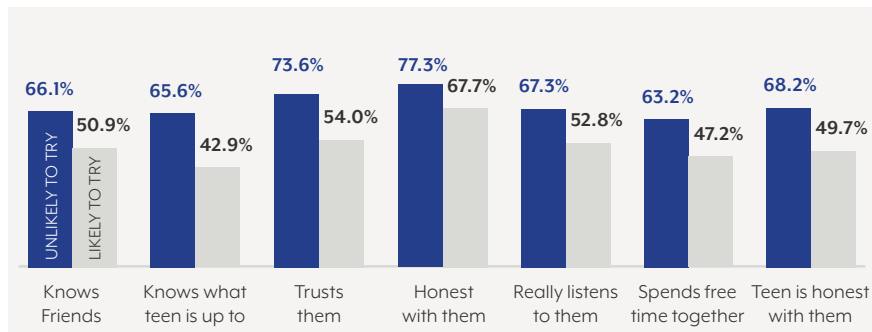


58.6%
NO
FRIENDS
WHO
USE

Fewer Teens with Intentions to Try Substances in the Future Report a Positive Relationship with Parents

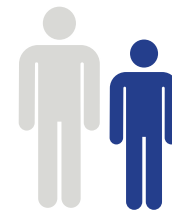
Regardless of age, fewer teens who said that they might or are likely to try substances in the future, relative to those who said they are unlikely to do so, described their relationship with their parent/guardian as ‘excellent’ (49.2 percent vs. 63.3 percent).

Further analysis showed that teens who described their relationship as ‘excellent’ had 1.8 times greater odds of indicating that they would be unlikely to try substances in the future compared to teens who described the relationship less positively. **Furthermore, more teens without intentions to try substances in the future, relative to those with such intentions, responded ‘very true’ to each of the following statements about their parent/guardian:**



The Power of Eating Meals Together as a Family

In addition to a general sense of positivity regarding the parent-child relationship, one concrete measure of family dynamics is whether and how often parents or other caregivers eat meals with their children. Time and again, our research²² and that of others²³ has found that family meals – whether a sit-down home-cooked dinner, a quick late-night snack, or a simple breakfast before the day begins – pack a punch in terms of their protective value when it comes to teen substance use and a whole range of other unsafe and unhealthy behaviors. Having meals together allows not only for open conversations and for sharing personal thoughts, feelings, and experiences, but regular face-to-face interactions that occur during meals also allow parents and other caregivers to more easily detect and address changes in their children’s appearance, demeanor, mood, and emotional health that might be signs of substance use risk.



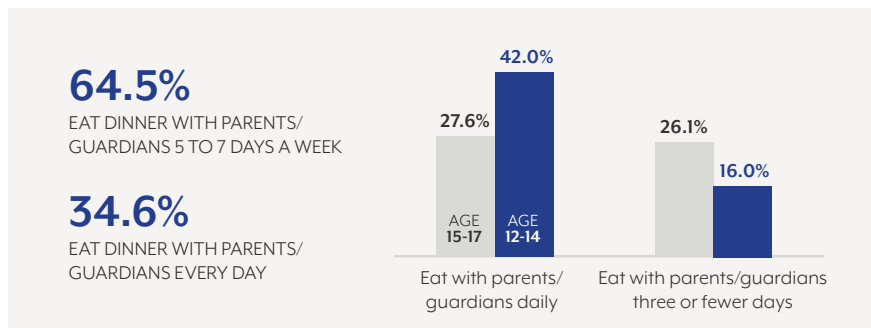
49.2%
LIKELY
TO TRY



63.3%
UNLIKELY
TO TRY

Families tend to reduce the frequency of family meals as their children get older, due to competing priorities related to academics, athletics, or work or social commitments. However, the consistent evidence showing the importance of this activity in protecting youth from substance use and other risky behaviors underscores the need to maintain or even increase the frequency of family meals as children get older rather than allowing them to decline. Clearly, not all families have the luxury of dining together every evening over a home-cooked meal. Family members have busy schedules, many parents/guardians work late hours or juggle multiple responsibilities that prevent them from committing to a daily dinner routine. Yet the protective effects do not come from the dinner per se, but rather from the routinized parent-child interaction. This can take place anytime and anywhere, as long as caregivers and children have face-to-face time together with open conversation and few distractions.

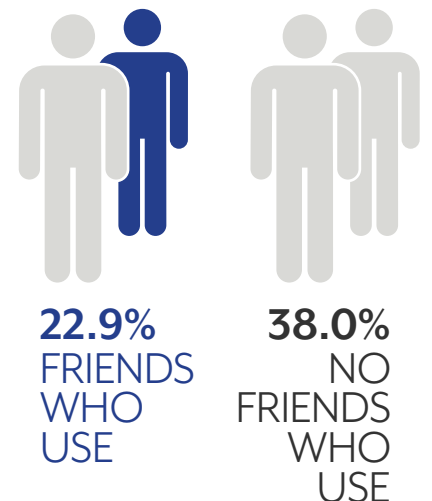
In our survey, the majority of teens (64.5 percent) did say that they eat dinner with their parents/guardians 5 to 7 days a week and about a third (34.6 percent) said they do so every day. Unfortunately, though, fewer older than younger teens reported eating dinner together daily (27.6 percent vs. 42.0 percent) and more older than younger teens reported eating dinner together on only three or fewer days in a typical week (26.1 percent vs. 16.0 percent).



Fewer Teens with Friends who Use Drugs Report Eating Dinner with their Parents Regularly.

Fewer teens who have friends who use drugs reported eating dinner with their parents/guardians daily than teens who said they did not have a friend who uses drugs.

Likewise, more teens who said they have a friend who uses drugs reported never eating dinner together in a typical week compared to teens who said they do not have a friend who uses drugs (4.0 percent vs. 1.4 percent). Further analysis demonstrates that teens who said they eat dinner together daily in a typical week, relative to teens who said they never do so, have 4.7 times greater odds of not having any friends who use drugs.



Fewer Teens with Intentions to Try Substances in the Future Report Eating Dinner with their Parents Regularly.

Fewer teens who said they might or are likely to try nicotine, alcohol, or other drugs in the future reported eating dinner with their parents/guardians daily than teens who said they are unlikely to do so (27.2 percent vs. 43.0 percent).

PARENTS AND OTHER CAREGIVERS CAN EVEN PROTECT TEENS WHO ALREADY ARE AT RISK

We know from the analyses presented above and from other research, that exposure to nicotine, alcohol, or other drugs and misinformation about these substances are associated with a greater likelihood that teens will have friends who use drugs and that they will have intentions to try substances, which directly predict actual teen substance use. We also learned that teens who have a positive relationship with their parents/guardians and who have parents/guardians who are involved in their lives have a lower likelihood of having friends who use drugs and a lower likelihood of having intentions to try substances in the future. But how does that work? Short of directly forbidding teens to be friends with drug-using peers or somehow being able to manipulate children's intentions to use nicotine, alcohol, or other drugs, what kind of an impact can parents and other caregivers have on the key risk factors (i.e., related to exposure and misinformation) that are associated with having friends who use drugs and having intentions to use substances in the future?

We hypothesized that parents and other caregivers can have a significant impact on the extent to which their children are exposed to substances in their environment and to misinformation about them, and thereby help prevent their teens from experiencing the more direct risks for substance use: having friends who use drugs and having intentions to use in the future. Specifically, we predicted that the quality and nature of the parent-child relationship would be associated with the number of exposure- and misinformation-related risk factors that teens report, and that the number of these risk factors teens report would be associated with whether they have friends who use drugs or have intentions to use substances in the future. If parents and other caregivers have a role to play in reducing teens' exposure to addictive substances and to misinformation about them, and in bolstering teens' resilience by having a close relationship, they might be able to indirectly help their children avoid having friends who use drugs or developing intentions to engage in substance use.

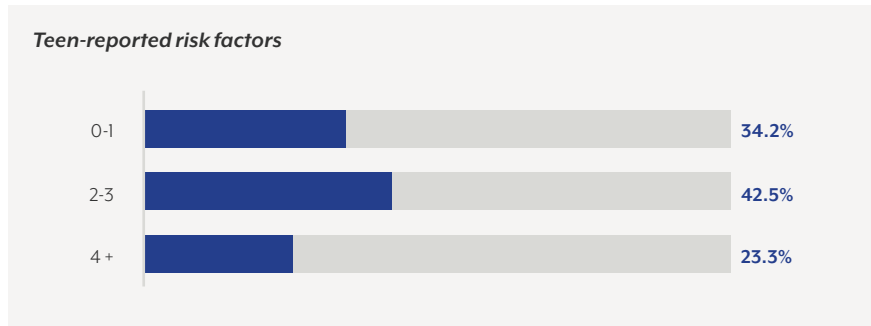
To explore this possibility, we conducted a set of analyses* for which we included specific survey items to represent the risks posed by exposure to nicotine, alcohol, and other drugs and misinformation about these substances. These items were teens' reports of personally knowing someone with addiction; having personally seen someone using drugs in real life; being able to obtain addictive substances if they wanted them;† depending

* A multivariate regression analysis, in which we statistically controlled for sex and age.

† For this analysis, responses were re-categorized dichotomously as being able to get the



on an unreliable source as the main source of information about drugs, believing that riding in a car with someone who used marijuana, alcohol, or prescription drugs is anything other than very unsafe,* and having low concern about friends' substance use.† **We found that 34.2 percent of teens reported 0-1, 42.5 percent reported 2-3, and 23.3 percent reported 4 or more of these risk factors.**



The first step in our analysis was to assess whether the nature of the teens' relationship with their parents/guardians and the extent to which they are monitored by them were related to the number of the above risk factors that a teen would report. Prior research has found that certain positive qualities in a parent-child relationship, such as warmth,²⁴ closeness,²⁵ communication,²⁶ rule setting,²⁷ and spending time together,²⁸ help protect teens from substance use. Parental monitoring, including being aware of where children are, who they spend time with, and what they do during their free time,²⁹ also is very protective of teens when it comes to substance use. Because we had included many measures of the parent-child relationship in this survey, and because monitoring can occur in the context of both a positive and a negative relationship,³⁰ we created two separate indices or composite variables: one to reflect teens' perceptions of their relationship with their parents/guardians‡ and the other to reflect the extent to which teens felt that they were monitored by them.§

substance within some time period (51.8 percent) vs. not being able to or not knowing whether one could get it (48.2 percent).

* Believing that riding in a car with someone who has used these substances is 'very unsafe' (88.5 percent) vs. 'somewhat unsafe,' 'somewhat safe,' or 'very safe' (11.5 percent).

† Reporting that one would not be worried regardless of how often friends used a substance or only worried if friends used a substance every day or multiple times per day, indicating low perceptions of risk (59.6 percent) vs. reporting that one would worry about friends' substance use if it occurred once or twice, a few times per month, or a few times per week, indicating higher perceptions of risk (40.4 percent).

‡ For this variable, a teen's relationship with his or her parents was defined as positive if the teen described the relationship as 'excellent' (55.5 percent) vs. 'good,' 'okay,' 'not good,' or 'bad' (44.4 percent) and if the teen reported having emotional trust and support from parents. This was reflected in responses indicating that it is 'very true' that the parent 'trusts you,' 'is honest with you,' 'loves you,' 'hugs you,' 'encourages you,' 'really listens to you,' and 'you are honest with him/her' (36.3 percent said all of these are 'very true'). The relationship index variable also included a measure of spending free time with parents and having frequent (5-7 days a week) dinners with parents (40.6 percent said it is 'very true' that they spend free time together and that they have frequent dinners together).

§ Our measure of high parental monitoring was defined as teens reporting that they do not frequently (once or twice a month or less) hang out with friends outside of school without a parent or other adult supervising them (66.1 percent) OR that their parent knows who they are with, what they are doing, and is involved in their lives (39.5 percent), AND that their parent regularly checks their social media accounts (41.6 percent of respondents with accounts), that their parent has ever talked about the risks of using addictive substances (44.4 percent), and that they rarely or never lie to their parent about who they are with, where they have been, what they

We found that 18.6 percent of teens responded in a way to all the items in the parent-child relationship index that were indicative of a positive relationship and 67.7 percent responded in a way to all the items that were indicative of higher levels of monitoring.

The second step in our analysis was to assess the extent to which the number of risk factors teens reported were associated with their likelihood of having friends who use drugs or having intentions to use substances in the future, the two most direct predictors of adolescent substance use.

Finally, we explored the role of parents/guardians in this latter relationship to see if their positive involvement can weaken or mitigate the relationship between the risk factors and the outcomes of interest.

The Parent-Child Relationship and Parental Monitoring are Associated with Teens' Exposure to Risk

We found that teens who reported a good relationship with their parents/guardians and those who reported higher levels of monitoring had significantly higher odds of reporting fewer risk factors than teens with a less positive relationship or less monitoring.*

Teens' Exposure to Risk is Associated with Having Friends who Use Drugs and Intentions to Use Substances in the Future

We found that the greater the number of risk factors a teen reported, the higher the odds were that the teen would report having a friend who uses drugs.† More specifically, relative to teens who reported 0-1 risk factors, those who reported 2-3 risk factors had 23.5 times higher odds and those who reported 4 or more risk factors had 134.4 times higher odds of saying they had a friend who uses drugs.

Likewise, the greater the number of risk factors, the more likely a teen was to report intentions to use substances in the future.‡ Relative to teens who reported 0-1 risk factors, those who reported 2-3 risk factors had 3.3 times higher odds and those who reported 4 or more risk factors had 10.6 times higher odds of indicating intentions to use substances in the future.



18.6%

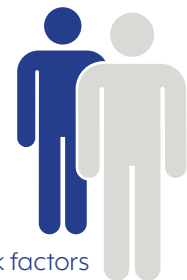


Monitoring

67.7%



23.5 HIGHER ODDS FRIENDS WHO USE



134.4 HIGHER ODDS FRIENDS WHO USE

do online, or things their friends do that might get them in trouble (52.2 percent).

* The respondent's sex was not a significant factor in the relationship between the parent/child relationship and whether teens reported 0-1 vs. 3-4 risk factors, but males did have higher odds than females of reporting 4 or more risk factors, regardless of the parent-child relationship. Older teens reported a higher number of risk factors than younger teens, regardless of the nature and quality of the parent-child relationship.

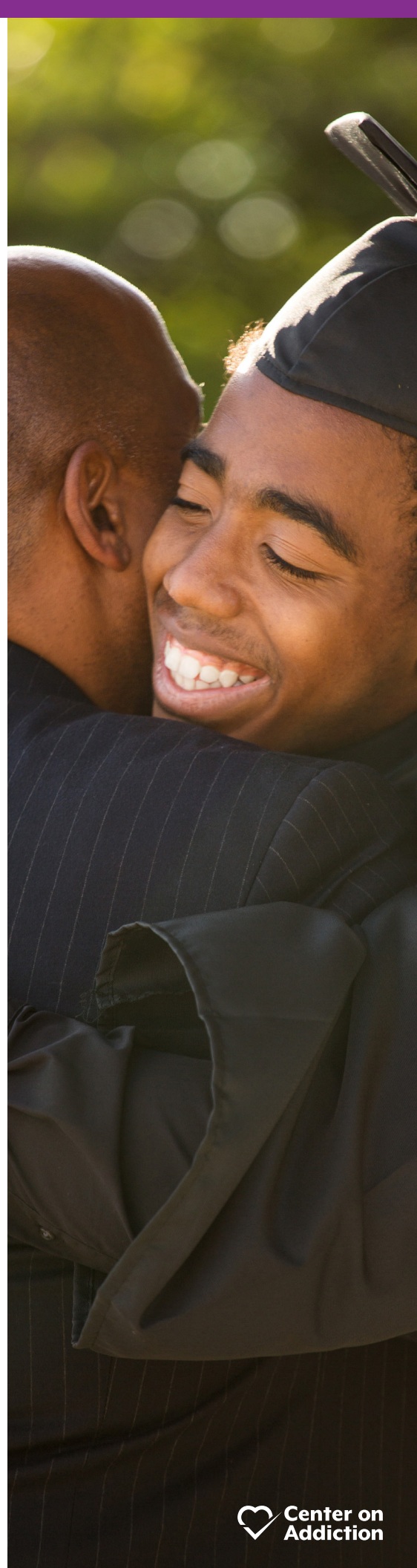
† The respondent's sex was not a significant factor in this relationship, but the age of the respondent was important, with older teens having twice the odds as younger teens of having friends who use drugs, regardless of the number of risk factors.

‡ The respondents' sex and age were not significant factors in this relationship.

A Positive Parent-Child Relationship and Parental Monitoring can Minimize Risk

Whereas the quality of the parent-child relationship did not appear to override the influence of risk factors on whether or not teens reported having a friend who uses drugs, monitoring did. We found that regardless of the number of risk factors a teen reported, high (but not lower) levels of monitoring was associated with significantly reduced odds that teens would say they have friends who use drugs.

For the measure of intentions to use substances in the future, we found that regardless of the number of risk factors a teen reported, those with a good parent-child relationship had significantly reduced odds of reporting intentions to use in the future, relative to teens with a less positive relationship. Likewise, monitoring was associated with significantly reduced odds of reporting such intentions, regardless of the number of risk factors a teen reported, with even lower odds when teens reported a greater intensity of monitoring.





GIVEN THESE FINDINGS, WHAT CAN PARENTS AND OTHER CAREGIVERS DO?

START EARLY: INITIATE PREVENTION EFFORTS AT A YOUNG AGE

Our survey, which examined teens aged 12-17, found a significant jump in exposure to risk between the early and later teen years. Parents who wait until their teens are 15 years or older to talk about substance use, monitor their activities, and develop healthy patterns of communication may miss critical opportunities to help them avoid developing friendships with peers who use drugs or developing intentions to engage in substance use in the future – two strong predictors of actual substance use. Other research shows that it is never too early to start talking in an age-appropriate way about substance use with children, but it is well advised to begin having those conversations by the time a child enters middle school. Several informative resources, including those available at drugfree.org, guide parents and other caregivers in having those conversations with children of all ages.

DON'T PULL BACK AS TEENS GET OLDER

Taking cues from teens striving for independence and privacy, many parents and other caregivers pull back on monitoring their children's friendships and activities and focus less on maintaining open communications with their children once they enter the older teen years. Ironically, this withdrawal frequently coincides with the time in which teens' risk for substance use increases, creating the perfect storm for teens to get involved in risky behaviors. Clearly, the ways in which caregivers interact with children, in terms of both setting rules and discipline, along with granting more choice and independence, must evolve over the course of a child's life and not remain stagnant and rigid.

Therefore, it is important to find effective and age-appropriate ways to develop and sustain teens' trust and sense of responsibility, without being overly lenient or overly controlling. Parents and other caregivers should try to create opportunities to spend rewarding, conflict-free time with children of all ages; keep the lines of communication open; be involved in their children's friendships; and consistently convey to teens that their health, safety, and well-being are paramount. There are concrete ways to accomplish this and useful resources and tips from professionals are available, including those offered by the American Academy of Pediatrics' healthychildren.org website. Some practical suggestions include:

- **Eat meals together as frequently as possible, and try to make them as pleasant and conflict-free as possible.** Do not use mealtime as an opportunity to discipline or chastise teens' attitudes or behavior. Keep it as light and pleasant as possible and try to involve teens in food preparation for at-home meals or in deciding where to eat for out-of-home meals. What you eat together is less important than having face-to-face, low-stress interactions on a regular basis. For helpful suggestions on how to maximize the physical, mental, and emotional benefits of family meals, [The Family Dinner Project](#) has some great tips and resources.

PREVENTION REALLY SHOULD BEGIN IN EARLY CHILDHOOD

Research indicates that much of the groundwork for adolescent substance use and addiction is laid early in children's lives – in the form of prenatal exposure to addictive substances, adverse childhood experiences such as abuse or trauma, untreated mental health and behavioral problems, inadequate self-regulation, or parental modeling of unhealthy attitudes and behaviors around substance use. Failing to address these deficits early in a child's life puts children on a course toward risky substance use and addiction that prevention programs in middle and high school will have little success in averting. Although teen substance use understandably is not a priority for new parents or for educators and health professionals who work with young children, the early years are when the foundations of risk versus resilience are built, and waiting until adolescence to address the issue simply is too late.

- **Remove distractions, including electronics, during meals and other family activities.** Set clear rules about where and when electronics are allowed and follow through. Try to ensure that screens (phones, tablets, televisions) are not a part of mealtime and use these devices conservatively during other family activities. See [Common Sense Media](#) for helpful suggestions and tips on how to accomplish this worthwhile objective.
- **Take an interest in their interests.** As you would with a friend, co-worker, or partner, try to show an interest in your child's interests, whether it is sports, videogames, music, hobbies, or political agendas. Parents and other caregivers do not have to share their teens' passions or viewpoints in order to show an interest in and respect for the things that their teens value.
- **Know your children's friends.** Although adults are the last people teens seem to want to engage with while they are socializing, try to make your home a welcoming place where your teen and his or her friends can hang out. Encourage your child to invite friends over when you are home, be welcoming, offer snacks, and then step back; let them socialize without hovering or being overly involved, and remain a distant observer, but not absent. Be friendly and caring, but do not try to be one of the kids or overly lenient in your household rules. Take opportunities to drive your child and his or her friends to different places and allow them to socialize comfortably in your presence. Try not to get too involved in their conversations, since teens somehow seem to disregard adults' presence when in those situations and tend to engage more freely with one another, inadvertently offering helpful insights into their day-to-day lives and social dynamics.

BE WELL INFORMED ABOUT TEENS' EXPOSURE TO SUBSTANCES

Teens look to their parents and other trusted adults for information and guidance about substance use and addiction. Yet teens will quickly seek information elsewhere if they sense that these adults are uninformed or are providing inaccurate, outdated, or moralistic information. Find credible sources about the types of addictive substances that are available to and popular among teens, how they work, why young people choose to use them, how they are used, and what their consequences are. Know their slang terms, how they are portrayed in the media and on social media, and what the research evidence says about them. This certainly is a tall order, since trends quickly shift and it can be very time consuming to keep up with them. Some helpful resources are available at drugfree.org and the [National Institute on Drug Abuse](#).



TALK, TALK, TALK: HAVE FREQUENT, OPEN, AND HONEST CONVERSATIONS WITH TEENS

Perhaps the most important thing parents and other caregivers can do to protect their children from substance use is to have frequent, consistent, open, and honest conversations with them. Not every conversation has to be dominated by information and advice. Even silly, frivolous conversations are beneficial to help your teen know that you are willing to lend an ear and make time to talk, regardless of the content of the communication. This comfort sets the stage for your teen to approach you for the more serious and consequential discussions, including those about substance use, other risky behaviors, and social and emotional problems. Research clearly indicates that, when given the opportunity, parents and other caregivers should exercise good listening skills, convey necessary information in a non-judgmental and caring manner, avoid exaggerating and catastrophizing, and offer realistic and practical recommendations to help equip teens to handle difficult social situations in a competent and healthy manner. In addition, given the outsized role of social media in teenagers' lives, it is important to help children develop skills to judge the reliability of what they see online and to develop a healthy skepticism about media messages that promote substance use. Many organizations, including [Child Mind Institute](#) offer good tips for [talking with teens in general](#) and, specifically, [about substance use](#). Other useful recommendations can be found on the [American Academy of Pediatrics](#) website and [drugfree.org](#).

SET CLEAR AND FAIR RULES AND STICK TO THEM

It might seem contradictory or impossible to be both warm, caring, and trusting, while also setting clear, firm rules, and enforcing consequences if those rules are broken. Yet, this is the delicate balance that caregivers should strive to achieve. Caregivers who are loving and caring, but offer few rules, discipline, or consequences leave children without boundaries and guideposts to help steer them through the often treacherous journey of childhood. Those who offer only rules, restrictions, and punishments in the absence of love and warmth all but ensure that their children will be unable to navigate the challenges they inevitably will face in situations and times when direct parental oversight is absent or when those rules are no longer enforceable. When rules are clear and fair and communicated effectively, and bolstered by rational explanations that are steeped in love and care, those rules are more likely to be respected and followed by teens. If teens understand that parents or other caregivers have high, but realistic expectations of them and want them to be healthy and safe, there is little to rebel against. Research consistently shows that teens generally do not want to let their parents down. If teens know that their transgressions will have reasonable consequences, of which they are aware in advance, and that they will be afforded second chances – within reason – they will do their best to stay on course. Teens who feel that their caregiver is unforgiving, does not trust them, or does not respect their ability to make good decisions are more likely to break rules, feeling there is little to lose.



SEEK HELP EARLY FOR SIGNS OF RISK

Despite parents' best efforts, there inevitably will be times when children do befriend peers who use drugs, do develop intentions to use substances, and do ultimately engage in substance use themselves. If that happens, it is not a sign of failure, but it does present parents and other caregivers with a call to action. It is never too early – or too late – to intervene with children to help avert them from going down the path to addiction or, if already addicted, to the serious consequences that can result from their use of substances. Caregivers should not hesitate to talk directly with their children about concerns and should feel encouraged to seek help from a trusted health professional to get their teens the care they need. Caregivers should not assume that intensive addiction treatment is necessary just because a child is using nicotine, alcohol, or other drugs. Sometimes a brief intervention and reasonable follow-up by a qualified counselor or health professional can be enough to help a teen reduce or stop using nicotine, alcohol, or other drugs. In other cases, more intensive therapy or treatment might be required. Parents and other caregivers should not shoulder the responsibility alone, but should seek the guidance of qualified professionals to help determine the level of intervention needed. In addition to consulting with a trusted health professional, if they are concerned about their child's use of substances, useful tools and guidance can be found at drugfree.org and the [National Institute on Drug Abuse](http://NationalInstituteonDrugAbuse) websites. Regardless of where one turns for help, it is important to recognize that teen substance use is not necessarily a harmless phase or a "normal rite of passage." Too often, caregivers who avert their eyes or hope for the best end up facing the worst.



Conclusion

Parents face an uphill climb to keep their children safe from the many societal influences to engage in substance use. Although only some of the risks for teen substance use reside within the family, nearly all the responsibility is placed on parents to protect children from substance use and to help them overcome addiction, should the worst consequences of substance use materialize. Remarkably, the findings from this survey, as well as other research, consistently demonstrate that, despite the many influences inducing teens to use nicotine, alcohol, or other drugs, parents still have tremendous influence and are best positioned to protect their children from substance use. Recognizing this and acting on it is something every parent, caregiver, and concerned adult should strive to do, despite how difficult and challenging it might seem. As the recent, national opioid epidemic has shown us, the cost of stepping back and letting outside influences dictate the future of our children is much too high.

At the same time, we must acknowledge that parents and other caregivers have little support, while encountering many obstacles, to help their children safely navigate the teenage years, leading many reasonably to feel overwhelmed and hopeless. There is so much that policymakers, the health care system, educators, industry, and the media should be doing to ease their burden and reduce teens' exposure to pro-substance use influences. Unfortunately, caregivers cannot afford to wait until these stakeholders take responsibility for youth substance use and do all that is required of them to eliminate the risk of addiction among young people.

Parents must be empowered to demand change, hold policymakers accountable for making addictive substances less available and less appealing to youth, hold health professionals accountable for incorporating substance use prevention and treatment into their routine practices, and hold educators accountable for taking a health rather than a punitive approach to youth substance use. Parents and all concerned adults cannot afford to throw their hands up in defeat in the face of seemingly unstoppable influences that put the profits of the tobacco, alcohol, and drug industries ahead of the health of our children. Teens consistently indicate that parents have the single greatest influence over their decisions to use nicotine, alcohol, or other drugs. Let's make sure we exercise that influence and do our best to help every child live a full life, free from addiction.



Endnotes

- 1 Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

The National Center on Addiction and Substance Abuse at Columbia University. (2011). *Adolescent substance use: America's #1 public health problem*. New York, NY: Author.
- 2 Chein, J., Albert, D., O'Brien, L., Uckert, K., & Steinberg, L. (2011). Peers increase adolescent risk taking by enhancing activity in the brain's reward circuitry. *Developmental Science*, 14(2), 1-10. doi: 10.1111/j.1467-7687.2010.01035.x

Ferguson, C., & Meehan, D. (2011). With friends like these...: Peer delinquency influences across age cohorts on smoking, alcohol and illegal substance use. *European Psychiatry*, 26(1), 6-12. doi:10.1016/j.eurpsy.2010.09.002

Hawkins, J., Catalano, R., & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105. doi:10.1037//0033-2909.112.1.64

Hussong, A. M. (2002). Differentiating peer contexts and risk for adolescent substance use. *Journal of Youth and Adolescence*, 31, 207-220.

Marschall-Lévesque, S., Castellanos-Ryan, N., Vitaro, F., & Séguin, J. (2014). Moderators of the association between peer and target adolescent substance use. *Addictive Behaviors*, 39(1), 48-70. doi:10.1016/j.addbeh.2013.09.025

Mason, M. J., Zaharakis, N. M., Rusby, J. C., Westling, E., Light, J. M., Mennis, J., & Flay, B. R. (2017). A longitudinal study predicting adolescent tobacco, alcohol, and cannabis use by behavioral characteristics of close friends. *Psychology of Addictive Behaviors*, 31(6), 712-720. <http://dx.doi.org/10.1037/adb0000299>

Schinke, S. P., Fang, L., & Cole, K. C. (2008). Substance use among early adolescent girls: Risk and protective factors. *Journal of Adolescent Health*, 43(2), 191-194. doi: 10.1016/j.jadohealth.2007.12.014

Schuler, M., Tucker, J., Pedersen, E., & D'Amico, E. (2019). Relative influence of perceived peer and family substance use on adolescent alcohol, cigarette, and marijuana use across middle and high school. *Addictive Behaviors*, 88, 99-105. doi:10.1016/j.addbeh.2018.08.025
- 3 Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological Bulletin*. 84, 888-918.

Bold, K., Kong, G., Cavallo, D., Camenga, D., & Krishnan-Sarin, S. (2017). E-cigarette susceptibility as a predictor of youth initiation of e-cigarettes. *Nicotine & Tobacco Research*, 20(1), 140-144. doi:10.1093/ntr/ntw393

Hawkins, J., Catalano, R., & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105. doi:10.1037//0033-2909.112.1.64

Kandel, D., Single, E., & Kessler, R. (1976). The epidemiology of drug use among New York State high school students: Distribution, trends, and change in rates of use. *American Journal of Public Health*, 66(1), 43-53.

Krosnick, J., & Judd, C. (1982). Transitions in social influence at adolescence: Who induces cigarette smoking? *Developmental Psychology*, 18(3), 359-368. doi:10.1037/0012-1649.18.3.359
- 4 Allison, K., Crawford, I., Leone, P., Trickett, E., Perez-Febles, A., Burton, L., & Le Blanc, R. (1999). Adolescent substance use: Preliminary examinations of school and neighborhood context. *American Journal of Community Psychology*, 27(2), 111-141. doi:10.1023/A:1022879500217

Fagan, A., Van Horn, M., David Hawkins, J., & Jaki, T. (2013). Differential effects of parental controls on adolescent substance use: For whom is the family most important? *Journal of Quantitative Criminology*, 29(3), 347-368. doi:10.1007/s10940-012-9183-9

Latendresse, S., Rose, R., Viken, R., Pulkkinen, L., Kaprio, J., & Dick, D. (2008). Parenting mechanisms in links between parents' and adolescents' alcohol use behaviors. *Alcoholism: Clinical and Experimental Research*, 32(2), 322-330. doi:10.1111/j.1530-0277.2007.00583.x

- Mares, S., Van der Vorst, H., Engels, R., & Lichtwarck-Aschoff, A. (2011). Parental alcohol use, alcohol-related problems, and alcohol-specific attitudes, alcohol-specific communication, and adolescent excessive alcohol use and alcohol-related problems: An indirect path model. *Addictive Behaviors*, 36(3), 209-216. doi:10.1016/j.addbeh.2010.10.013
- Scheer, S., Borden, L., & Donnermeyer, J. (2000). The relationship between family factors and adolescent substance use in rural, suburban, and urban settings. *Journal of Child and Family Studies*, 9(1), 105-115. doi:10.1023/A:1009467817313
- 5 Hawkins, J., Catalano, R., & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105. doi:10.1037//0033-2909.112.1.64
- 6 National Institute on Drug Abuse. (2003). Preventing drug use among children and adolescents (In Brief). Retrieved November 1, 2018 from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief>
- 7 Ferguson, C., & Meehan, D. (2011). With friends like these...: Peer delinquency influences across age cohorts on smoking, alcohol and illegal substance use. *European Psychiatry*, 26(1), 6-12. doi:10.1016/j.eurpsy.2010.09.002
- Hussong, A. M. (2002). Differentiating peer contexts and risk for adolescent substance use. *Journal of Youth and Adolescence*, 31, 207-220. doi:http://dx.doi.org.eresources.mssm.edu/10.1023/A:1015085203097
- Lundborg, P. (2006). Having the wrong friends? Peer effects in adolescent substance use. *Journal of Health Economics*, 25(2), 214-233. doi.org/10.1016/j.jhealeco.2005.02.001
- Schinke, S. P., Fang, L., & Cole, K. C. (2008). Substance use among early adolescent girls: Risk and protective factors. *Journal of Adolescent Health*, 43(2), 191-194.
- Schuler, M. S., Tucker, J. S., Pedersen, E. R., & D'Amico, E. J. (2018). Relative influence of perceived peer and family substance use on adolescent alcohol, cigarette, and marijuana use across middle and high school. *Addictive Behaviors*, 88, 99-105. doi.org/10.1016/j.addbeh.2018.08.025
- 8 Chein, J., Albert, D., O'Brien, L., Uckert, K., & Steinberg, L. (2011). Peers increase adolescent risk taking by enhancing activity in the brain's reward circuitry. *Developmental Science*, 14(2), F1-F10.
- 9 Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.
- 10 Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological Bulletin*, 84, 888-918.
- Andrews, J. A., Hampson, S. E., Barckley, M., Gerrard, M., & Gibbons, F. X. (2008). The effect of early cognitions on cigarette and alcohol use during adolescence. *Psychology of Addictive Behaviors*, 22(1), 96-106.
- Bold, K., Kong, G., Cavallo, D., Camenga, D., & Krishnan-Sarin, S. (2017). E-cigarette susceptibility as a predictor of youth initiation of e-cigarettes. *Nicotine & Tobacco Research*, 20(1), 140-144. doi:10.1093/ntr/ntw393
- Hawkins, J., Catalano, R., & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105. doi:10.1037//0033-2909.112.1.64
- Kandel, D., Single, E., & Kessler, R. (1976). The epidemiology of drug use among New York State high school students: Distribution, trends, and change in rates of use. *American Journal of Public Health*, 66(1), 43-53.
- Krosnick, J., & Judd, C. (1982). Transitions in social influence at adolescence: Who induces cigarette smoking? *Developmental Psychology*, 18(3), 359-368. doi:10.1037/0012-1649.18.3.359
- 11 Maddahian, E., Newcomb, M., & Bentler, P. (1988). Adolescent drug use and intention to use drugs: Concurrent and longitudinal analyses of four ethnic groups. *Addictive Behaviors*, 13(2), 191-5.
- 12 Gorsuch, R., & Butler, M. (1976). Initial drug abuse: A review of predisposing social psychological factors. *Psychological Bulletin*, 83(1), 120-137. doi:10.1037//0033-2909.83.1.120
- Hawkins, J., Catalano, R., & Miller, J. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105. doi:10.1037//0033-2909.112.1.64

- Maddahian, E., Newcomb, M., & Bentler, P. (1988). Adolescent drug use and intention to use drugs: Concurrent and longitudinal analyses of four ethnic groups. *Addictive Behaviors*, 13(2), 191-195.
- 13 Jackson, K. M., Janssen, T., Gabrielli, J. (2018). Media/marketing influences on adolescent and young adult substance abuse. *Current Addiction Reports*, 5, 146-157.
- 14 United Nations Office on Drugs and Crime. (2004). Schools: School-based education for drug abuse prevention. Available at https://www.unodc.org/pdf/youthnet/handbook_school_english.pdf
- 15 Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2017). *Monitoring the Future national survey results on drug use, 1975–2016: Volume I, Secondary school students*. Ann Arbor: Institute for Social Research, University of Michigan. Available at <http://monitoringthefuture.org/pubs.html#monographs>
- 16 Lamborn, S. D., Mounts, N. S., Steinberg, L., & Dornbusch, S. M. (1991). Patterns of consequence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development*, 62(5), 1049-1065.
- 17 Elam, K. K., Chassin, L., Lemery Chalfant, K., Pandika, D., Wang, F. L., Bountress, K., ... & Agrawal, A. (2017). Affiliation with substance using peers: Examining gene environment correlations among parent monitoring, polygenic risk, and children's impulsivity. *Developmental Psychobiology*, 59(5), 561-573.
- Mann, F. D., Kretsch, N., Tackett, J. L., Harden, K. P., Tucker-Drob, E. M. (2015). Person x environment interactions on adolescent delinquency: Sensation seeking, peer deviance, and parental monitoring. *Personality and Individual Differences*, 76, 129-134.
- Racz, S. J., & McMahon, R. J. (2011). The relationship between parental knowledge and monitoring and child and adolescent conduct problems: A 10-year update. *Clinical Child and Family Psychology Review*, 14(4), 377-398.
- 18 Barry, A. E., Bates, A. M., Olusanya, O., Vinal, C., Martin, E., Peoples, J. E., Jackson, Z. A., Billinger, S. A., Yusuf, A., Cauley, D. A., & Montano, J. R. (2016). Alcohol marketing on Twitter and Instagram: Evidence of directly advertising to youth/adolescents. *Alcohol and Alcoholism*, 51(4), 487-492. doi:10.1093/alcalc/agg128
- 19 The National Center on Addiction and Substance Abuse at Columbia University. (2012). National survey of American attitudes on Substance Abuse XVII: Teens. New York: Author.
- 20 Nesi, J., Rothenberg, W. A., Hussong, A. M., & Jackson, K. M. (2017). Friends' alcohol-related social networking site activity predicts escalations in adolescent drinking: Mediation by peer norms. *Journal of Adolescent Health*, 60(6), 641-647. doi:10.1016/j.jadohealth.2017.01.009.
- 21 Gentile, D., Reimer, R., Nathanson, A., Walsh, D., & Eisenmann, J. (2014). Protective effects of parental monitoring of children's media use: A prospective study. *JAMA Pediatrics*, 168(5), 479-479. doi:10.1001/jamapediatrics.2014.146
- 22 The National Center on Addiction and Substance Abuse at Columbia University. (2012). *The importance of family dinners VIII*. New York, NY: Author.
- 23 Harrison, M. E., Norris, M. L., Obeid, N., Weinstangel, H., & Sampson, M. (2015). Systematic review of the effects of family meal frequency on psychosocial outcomes in youth. *Canadian Family Physician*, 61(2), 96-106.
- 24 Mak, H. W., & Iacovou, M. (2018). Dimensions of the parent-child relationship: Effects on substance use in adolescence and adulthood. *Substance Use and Misuse*, 20, 1-13.
- 25 Tharp, A. T., & Noonan, R. K. (2012). Associations between three characteristics of parent-youth relationships, youth substance use, and dating attitudes. *Health Promotion Practice*, 13(4), 515-523.
- 26 Brittner, M., Pugh, B., Soren, K., Richter, L., & Stockwell, M. (2018). Frequency of parent-adolescent alcohol-specific communication and adolescent perceptions of alcohol. *Clinical Pediatrics*, 57(11), 1332-1339.
- Pettigrew, J., Miller-Day, M., Shin, Y., Krieger, J. L., Hecht, M. L., & Graham, J. W. (2018). Parental messages about substance use in early adolescence: Extending a model of drug-talk styles. *Health Communication*, 33(3), 349-358.
- 27 Koning, I. M., van den Eijnden, R. J. J. M., Verdurmen, J. E. E., Rutger, C. M. E., & Vollebergh, W. A. M. (2012). Developmental alcohol-specific parenting profiles in adolescence and their relationships with adolescents' alcohol use. *Journal of Youth and Adolescence*, 41(11), 1502-1511.

- 28 Madkour, A. S., Clum, G., Miles, T. T., Wang, H., Jackson, K., Mathr, F., & Shankar, A. (2017). Parental influences on heavy episodic drinking development in the transition to early adulthood. *Journal of Adolescent Health* 61(2), 147-154. doi:10.1016/j.jadohealth.2017.04.002.
- 29 Lac, A., & Crano, W. D. (2009). Monitoring matters: Meta-analytic review reveals the reliable linkage of parental monitoring with adolescent marijuana use. *Perspectives on Psychological Science*, 4(6), 578-586.
- Lamborn, S. D., Mounts, N. S., Steinberg, L., & Dornbusch, S. M. (1991). Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development*, 62(5), 1049-1065.
- 30 Kerr, M., Stattin, H., & Özdemir M. (2012). Perceived parenting style and adolescent adjustment: Revisiting directions of effects and the role of parental knowledge. *Developmental Psychology*, 48(6), 1540-1553.

Appendix



METHODOLOGY

The questionnaire items for this survey were written by the staff of Center on Addiction and the survey was designed and fielded by the GfK Group (formerly Knowledge Networks) using a sample from the organization's KnowledgePanel®. This online survey research panel is representative of the United States population; panel members are randomly recruited through probability-based sampling.

KnowledgePanel's® recruitment process was originally based exclusively on a national Random Digit Dialing (RDD) sampling methodology. In order to improve the representation of the panel, GfK migrated to using an Address Based Sampling (ABS) methodology via the Delivery Sequence File (DSF) of the USPS for recruiting panel members in 2009. This probability-based sampling methodology improves population coverage and provides a more effective sampling infrastructure for recruitment of hard-to-reach individuals, such as young adults and those from various minority groups. Households without Internet connection are provided with a web-enabled device and free Internet service.

After accepting the invitation to join the panel, participants are asked to complete a short demographic survey. The answers provided allow efficient panel sampling and weighting for future surveys. Participation is completely voluntary and Panel members are free to decide whether to participate in any given survey. All participants in the panel are provided privacy and confidentiality protections. The screening materials, consent protocols, survey instruments, and methodology for the present survey were approved by Center on Addiction's Institutional Review Board (IRB), which required both affirmative parental or guardian consent and teen participants' assent. The screening instrument delivered to parents/guardians in the Panel was available in both English and Spanish, but the Teen Survey instrument was administered in English only.

Many of the survey items were taken or adapted from previously published surveys of teens that were conducted by Center on Addiction, primarily from the last survey published in 2012. The target population consisted of adolescents aged 12-17 residing in the United States. The data collection periods – the pre-test followed a week later by the main survey – occurred in late December 2017 and early January 2018. The main survey took about 10 minutes to complete. The margin of error at 95 percent was +/- 3.5 percent.

PARTICIPATION AND RESPONSE RATES

For the Teen Survey, 4,078 screening notifications were sent to participants with children who were in the KnowledgePanel®. Of those, 1,674 (41 percent) completed the screener and 1,014 (61 percent) qualified for the main survey, with a 25 percent survey completion rate. Of the 1,014 cases completing the main survey, all were determined to be valid cases to be included in the final analyses.

WEIGHTING

The following weighting variables were used for this survey:

- Gender by age (12,13,14,15,16,17)
- Race-ethnicity (White, Black, Other, Hispanic, 2+ Races)
- Census region (Northeast, Midwest, South, West)
- Metropolitan status (Metro and Non-Metro)
- Income (\$0-\$24,999, \$25K-\$49,999, \$50K-\$74,999, \$75K-\$99,999, \$100K-\$149,999, \$150K+)

PARENT/GUARDIAN CONSENT PROTOCOL

For this survey, we'd like to hear from [FC*]. [HE/SHE] is invited to complete a survey being conducted by Center on Addiction,† a policy and research organization in New York. The survey will cover a variety of topics related to teens' knowledge and perceptions of tobacco, alcohol, and other drugs, as well as features of their relationship with their parents that might relate to their risk of substance use and addiction. The results from the survey will be used to help Center on Addiction develop strategies to raise awareness about adolescent substance use, help teens avoid substance use, and help parents better understand their role in preventing their teens from using addictive substances. [FC]'s survey should take about 10 minutes to complete.

The Teen Survey will be quite similar to the kinds of surveys your child has already been involved in as a KnowledgePanel® member, if he or she has done these surveys before. The potential risk to respondents from completing the survey is minimal. Some of the questions asked may make your child feel uncomfortable, but all respondents have the right to skip any question they choose not to answer. Participation is completely voluntary and your child may stop participating in this survey at any time, without any penalty. There are no costs to you or your child for participating. Your child will not be asked any questions about his or her own substance use in this survey.

While there are no direct and immediate personal benefits to participating in the study, the survey results will help inform Center on Addiction about better ways to prevent teen substance use and addiction, which may ultimately benefit your family and others.

* Focus Child

† At the time of the survey administration, the organization's name was The National Center on Addiction and Substance Abuse (CASA), and that is how it was referred to in the screener.

The principal investigator of this study and her research associates at Center on Addiction may present the overall findings from this survey in written or oral form but, as always, your child's identity will be unknown in all data resulting from the study. The researchers will not have access to any of your child's identifying information (such as his or her name). All of the conditions and terms described in the "GfK's Privacy & Terms of Use Policy" document that you received in your recruitment packet are in effect for this study. The Institutional Review Board of Center on Addiction may inspect GfK's records to ensure that confidentiality is being maintained and to protect respondents' privacy. Any data from respondents' participation in this survey may be inspected by the Institutional Review Board or by the persons conducting this study. Any person who inspects these records will be required to maintain respondents' confidentiality.

As a reminder, GfK has an incentive point system for participating in surveys. You can redeem points for cash, merchandise, gift cards, or game entries.

If you have questions about your child's rights as a participant in this study, or are dissatisfied at any time with any aspect of the Teen Survey, you may contact GfK at XXX. You can also contact Center on Addiction's Institutional Review Board Human Protections Administrator or, for questions about the study, please contact the principal investigator collect at XXX.

If you are willing to allow your child/teen to participate in this important study, please click CONTINUE. Please note that by agreeing to continue, you are not giving up any legal rights.

1 CONTINUE

2 DECLINE TO PARTICIPATE [TERMINATE]

At this point, please ask [FC] to come to the computer to learn about and complete this survey. If [FC] is unavailable at this time, you can resume the survey later by clicking the survey link in your email invitation which will return you to this point.

Please remember we'd like to hear [FC]'s unique opinions about each question as much as possible.

Please allow your teen to have privacy when completing the survey.

TEEN ASSENT PROTOCOL

Thank you for your participation. You are invited to be part of a group of KnowledgePanel® members in a study being conducted by Center on Addiction, a policy and research organization in New York. The survey will cover a variety of topics related to teens' knowledge and perceptions of tobacco, alcohol, and other drugs, as well as features of their relationship with their parents that might relate to their risk of smoking, drinking, or using drugs. The results from the survey will be used to help Center on Addiction come up with better ways of helping teens avoid substance use and preventing addiction.

The survey will take about 10 minutes for you to complete. The Teen Survey will

be quite similar to the kinds of surveys you may have already been involved in as a KnowledgePanel® member.

Your participation in this survey involves very little risk to you. You may feel uncomfortable answering some of the questions. If you choose not to answer a question, you have the right to skip to the next question. You will not be asked any questions about your own substance use. There are no direct benefits to you from completing the survey, but your input is very helpful in informing Center on Addiction about better ways to prevent teen substance use and addiction.

Your participation in the Teen Survey is completely voluntary. You may withdraw your consent or stop participating at any time without penalty. As always, your identity will be unknown in all data resulting from the study. The researchers will not have access to any of your identifying information (such as your name). All of the conditions and terms described in the “GfK’s Privacy & Terms of Use Policy” document that you received with your recruitment packet are in effect for this study.

As a reminder, GfK has an incentive point system for participating in surveys. You can use your points for cash, merchandise, gift cards, or game entries.

The survey was explained to your parent(s)/guardian and they are willing to allow you to participate. You can talk this over with them if you prefer. Your parent(s)/guardian will not have access to your answers.

If you have questions about your rights as a participant in this study, or are dissatisfied at any time with any aspect of the Teen Survey, you may contact GfK at XXX. You can also contact Center on Addiction’s Institutional Review Board Human Protections Administrator or, for questions about the study, please contact the principal investigator collect at XXX.

If you have read this form and agree to participate, please click CONTINUE. Please note that by agreeing to continue, you are not giving up any legal rights.

1 CONTINUE

2 DECLINE TO PARTICIPATE [TERMINATE]

QUESTIONNAIRE – MAIN SURVEY

Thank you again for participating in this study. Keep in mind that there are no right or wrong answers. We are only interested in your honest opinions, which are completely confidential.

As we mentioned, you will be asked several questions about different types of drugs in this survey. For the purposes of this survey, when we talk about prescription drugs, we mean misusing prescription medications. This includes using more than you were prescribed or for a different reason than you were prescribed, or using someone else’s prescribed medications to get high, relieve stress, or be more alert.

Survey Items and Weighted percentages of Survey Responses*

Q1: How safe would you feel to ride in a car with a driver who just:

1. used a prescription pain reliever (e.g., OxyContin, Vicodin)?

Very safe:	3.88%
Somewhat safe:	11.05%
Somewhat unsafe:	26.90%
Very unsafe:	58.17%

2. used marijuana?

Very safe:	2.14%
Somewhat safe:	6.88%
Somewhat unsafe:	17.32%
Very unsafe:	73.66%

3. drank alcohol?

Very safe:	1.41%
Somewhat safe:	2.07%
Somewhat unsafe:	13.41%
Very unsafe:	83.12%

Q2: What is your main source of information about drugs, including marijuana, other illegal drugs and prescription drugs (i.e., what they are, how they work, their risks/benefits)? †

News stories in newspapers, magazines, television, or radio:	6.79%
Social media (e.g., Instagram, Snapchat, Facebook, Twitter, YouTube):	10.56%
The Internet (not including news or social media sites):	9.26%
Public service announcements about the dangers of drugs:	2.53%
School classes:	20.23%
Other teenagers, including friends or family members (e.g., siblings, cousins):	12.82%
Parents:	36.69%
Other adult family members:	1.12%

Q3: In conversations with your doctor or dentist, has he or she ever talked with you about the potential risks of certain prescription drugs, like pain relievers (e.g., OxyContin, Vicodin) or stimulants (e.g., Adderall, Ritalin)?

Yes:	21.64%
No:	78.36%

Q4: Do you, personally, know anyone who is addicted to any of the following? In other words, do you think they have a problem with it, can't control their use of it, or would have difficulty quitting if they decided to?

1. Tobacco/Nicotine

Yes:	39.88%
No:	60.12%

2. Alcohol

Yes:	26.99%
No:	73.01%

3. Marijuana

Yes:	23.12%
No:	76.88%

4. Heroin

Yes:	3.24%
No:	96.76%

5. Cocaine

Yes:	3.29%
No:	96.71%

6. Methamphetamine/meth

Yes:	3.98%
No:	96.02%

7. Prescription pain relievers (e.g., OxyContin, Vicodin)

Yes:	6.65%
No:	93.35%

* Teens who refused to answer a question were removed from the analyses related to that question and were not included in the weighted percentages.

† Teens who responded with 'other' were removed from the analyses related to that question.

**8. Other prescription drugs
(e.g., Adderall, Ritalin)**

Yes 4.17%
No: 95.83%

Q5: Have you ever personally seen someone illegally use drugs in real life, that is, not on TV, the internet, social media, or in the movies?

Yes: 27.89%
No: 72.11%

Q5A: Where have you personally seen drugs being used illegally in real life?

1. On school property

Yes: 37.78%
No: 62.22%

2. At a friends' house (not during a party)

Yes: 30.20%
No: 69.80%

3. At a party

Yes: 33.21%
No: 66.79%

4. On the street

Yes: 33.72%
No: 66.28%

5. In a park

Yes: 28.80%
No: 71.20%

6. In a car

Yes: 18.18%
No: 81.19%

7. At a sporting event

Yes: 9.94%
No: 90.06%

8. At a concert

Yes: 13.09%
No: 86.91%

9. At a relative's house

Yes: 20.83%
No: 79.17%

10. In your own house

Yes: 7.17%
No: 92.83%

11. Somewhere else

Yes (_____): 4.02%
No: 95.98%

12. Refused

Yes: 1.40%
No: 98.60%

Q5B: How often do you personally see someone using drugs illegally in real life?

- 1. Every day: 3.69%
- 2. A few times a week: 11.26%
- 3. A few times a month: 21.34%
- 4. A few times a year: 24.39%
- 5. Just once or twice in my life: 39.31%

Q6: For each item below, please select whether you would be worried if you knew that your friends used each item.

1. I would be worried if I knew my friend used cigarettes...

- Once or twice: 37.18%
- A few times per month: 11.39%
- A few times per week: 9.55%
- Every day: 19.07%
- Multiple times per day: 8.76%

I would not be worried regardless of how often friends used it: 14.04%

2. I would be worried if I knew my friend used e-cigarettes/vaping products...

- Once or twice: 33.39%
- A few times per month: 10.76%
- A few times per week: 8.11%
- Every day: 16.00%
- Multiple times per day: 9.44%

I would not be worried regardless of how often friends used it: 22.30%

3. I would be worried if I knew my friend used alcohol...

Once or twice: **36.89%**
 A few times per month: **13.70%**
 A few times per week: **13.66%**
 Every day: **18.59%**
 Multiple times per day: **8.49%**
 I would not be worried regardless of how often friends used it: **8.67%**

4. I would be worried if I knew my friend used marijuana...

Once or twice: **42.33%**
 A few times per month: **10.71%**
 A few times per week: **8.56%**
 Every day: **15.75%**
 Multiple times per day: **9.57%**
 I would not be worried regardless of how often friends used it: **13.07%**

5. I would be worried if I knew my friend used heroin...

Once or twice: **67.53%**
 A few times per month: **3.68%**
 A few times per week: **2.60%**
 Every day: **12.59%**
 Multiple times per day: **7.44%**
 I would not be worried regardless of how often friends used it: **6.17%**

6. I would be worried if I knew my friend used cocaine...

Once or twice: **65.2%**
 A few times per month: **5.28%**
 A few times per week: **3.47%**
 Every day: **12.79%**
 Multiple times per day: **7.28%**
 I would not be worried regardless of how often friends used it: **5.98%**

7. I would be worried if I knew my friend used methamphetamine/meth...

Once or twice: **64.25%**
 A few times per month: **5.30%**
 A few times per week: **4.94%**
 Every day: **11.60%**
 Multiple times per day: **7.54%**
 I would not be worried regardless of how often friends used it: **6.37%**

8. I would be worried if I knew my friend used prescription pain relievers (e.g., OxyContin, Vicodin) that weren't prescribed for them...

Once or twice: **54.70%**
 A few times per month: **8.87%**
 A few times per week: **7.39%**
 Every day: **13.78%**
 Multiple times per day: **8.56%**
 I would not be worried regardless of how often friends used it: **6.70%**

9. I would be worried if I knew my friend used other prescription drugs (e.g., Adderall, Ritalin) that weren't prescribed for them...

Once or twice: **55.54%**
 A few times per month: **8.15%**
 A few times per week: **7.84%**
 Every day: **12.33%**
 Multiple times per day: **8.06%**
 I would not be worried regardless of how often friends used it: **8.08%**

Q7: What do you think is the most common reason that people your age choose not to drink or use drugs?*

1. Their parents would disapprove: **17.20%**
2. They don't want to get in trouble with their parents: **38.62%**
3. They don't want to get in trouble at school: **4.04%**
4. Their friends would disapprove: **2.92%**
5. It's against their religious or spiritual beliefs: **3.48%**
6. It's against the law: **17.74%**
7. It might affect their grades: **1.93%**
8. For health reasons: **14.08%**

* Teens who responded with 'other' were removed from the question.

Q8: How often do you hang out with your friends outside of school without a parent or other adult supervising you?

- 1. Never: **22.27%**
- 2. Once or twice a year: **13.63%**
- 3. Once or twice a month: **30.19%**
- 4. Once or twice a week: **24.86%**
- 5. Every day or almost every day: **9.06%**

Q9: Do your parents ever talk to you about the risks of using:

1. Tobacco/nicotine products?

- Yes: **83.15%**
- No: **16.85%**

2. Alcohol?

- Yes: **87.30%**
- No: **12.70%**

3. Marijuana?

- Yes: **75.51%**
- No: **24.49%**

4. Heroin?

- Yes: **59.75%**
- No: **40.25%**

5. Cocaine?

- Yes: **62.18%**
- No: **37.82%**

6. Methamphetamine/meth?

- Yes: **58.80%**
- No: **41.20%**

7. Prescription pain relievers (e.g., OxyContin, Vicodin)?

- Yes: **59.36%**
- No: **40.64%**

8. Other prescription drugs (e.g., Adderall, Ritalin)?

- Yes: **52.16%**
- No: **47.84%**

Q10: Do you wish your parents would talk to you about tobacco, alcohol, or drug use more, less, or about the same amount as they do?

- 1. More: **6.02%**
- 2. Less: **16.85%**
- 3. About the same: **77.13%**

Q11: What do you think is the main reason for why kids your age would lie to their parents about their own drinking or drug use?*

- 1. Don't want to disappoint parents: **20.68%**
- 2. Don't want to get punished: **44.31%**
- 3. Parents would overreact: **19.28%**
- 4. Afraid parents will make them stop drinking/using: **8.81%**
- 5. Their parents wouldn't understand: **6.92%**

Q12: If parents really wanted their kids to be honest with them about things like drinking or drug use, what's the main thing you'd recommend they do? [Open Ended Response: _____]

Q13: How often do you lie to your parents about:

1. Who you're with?

- Never: **63.03%**
- Rarely: **23.22%**
- Sometimes: **10.76%**
- Often: **1.82%**
- Just about all the time: **1.18%**

2. Where you've been?

- Never: **59.35%**
- Rarely: **23.42%**
- Sometimes: **14.15%**
- Often: **1.38%**
- Just about all the time: **1.69%**

* Teens that responded with 'other' were removed from the question.

3. What you do online?

Never:	38.45%
Rarely:	30.96%
Sometimes:	24.34%
Often:	4.72%
Just about all the time:	1.53%

4. Things your friends do that might get them in trouble?

Never:	35.33%
Rarely:	32.65%
Sometimes:	25.89%
Often:	4.71%
Just about all the time:	1.42%

Q14: To what extent is each of the following about you and your parent/guardian true:

1. He/she knows your friends

Not true at all:	1.65%
A little true:	8.37%
Somewhat true:	32.07%
Very true:	57.91%

2. He/she knows what you're doing when you're not with him/her

Not true at all:	2.23%
A little true:	7.44%
Somewhat true:	36.98%
Very true:	53.35%

3. He/she trusts you

Not true at all:	1.80%
A little true:	6.83%
Somewhat true:	28.21%
Very true:	63.16%

4. He/she is honest with you

Not true at all:	0.56%
A little true:	4.45%
Somewhat true:	22.81%
Very true:	72.18%

5. He/she loves you

Not true at all:	1.11%
A little true:	2.04%
Somewhat true:	7.34%
Very true:	89.51%

6. He/she hugs you

Not true at all:	1.99%
A little true:	5.86%
Somewhat true:	19.18%
Very true:	72.96%

7. He/she is involved in your life

Not true at all:	1.28%
A little true:	3.46%
Somewhat true:	17.47%
Very true:	77.79%

8. He/she encourages you

Not true at all:	1.13%
A little true:	3.37%
Somewhat true:	18.97%
Very true:	76.52%

9. He/she really listens to you when you talk

Not true at all:	2.06%
A little true:	6.18%
Somewhat true:	32.24%
Very true:	59.51%

10. He/she eats meals with you when you're at home

Not true at all:	1.86%
A little true:	6.94%
Somewhat true:	21.63%
Very true:	69.57%

11. You spend free time together

Not true at all:	1.66%
A little true:	9.53%
Somewhat true:	34.26%
Very true:	54.55%

12. You're honest with him/her most of the time

Not true at all:	1.06%
A little true:	5.60%
Somewhat true:	35.12%
Very true:	58.23%

Q15: Would you describe your relationship with your parent/guardian as:

1. Excellent:	55.53%
2. Good:	36.25%
3. Okay:	7.88%
4. Not good:	0.13%
5. Bad:	0.22%

Q16: Do either of your parents/guardians regularly check your social media accounts (e.g., Instagram, Snapchat, Facebook, Twitter, YouTube)?

1. Yes:	33.80%
2. No:	28.28%
3. I don't know:	19.11%
4. I don't have any social media accounts:	18.81%

Q16A: Do you find ways to get around your parents seeing what you post or look at on your social media accounts? [Asked only of the 33.80 percent of respondents who said Yes to Q16]

1. Yes:	36.56%
2. No:	63.44%

Q17: In a typical week, how often do you and your parents/guardians eat dinner together?

1. 0 days:	2.02%
2. 1 day:	3.55%
3. 2 days:	4.79%
4. 3 days:	10.76%
5. 4 days:	14.37%
6. 5 days:	18.41%
7. 6 days:	11.47%
8. 7 days:	34.62%

Q18: Do you have any friends who use drugs, including marijuana, heroin, cocaine, methamphetamine/ meth, or a prescription drug that wasn't prescribed for them?

1. Yes:	23.72%
2. No:	76.28%

Q19: Do you know more than one friend who has used drugs, including marijuana, heroin, cocaine, methamphetamine/ meth, or a prescription drug that wasn't prescribed for them? [Asked only of the 23.72 percent of respondents who said Yes to Q18]

1. Yes:	86.07%
2. No:	13.93%

Q20: Thinking now about your own close circle of friends, how many currently use:

1. Cigarettes?

None of them:	71.1%
A few:	24.79%
About half:	3.28%
Most:	0.83%
All of them:	0.00%

2. E-cigarettes/vaping products?

None of them:	72.30%
A few:	22.01%
About half:	3.49%
Most:	1.81%
All of them:	0.39%

3. Beer?

None of them:	67.42%
A few:	26.18%
About half:	4.27%
Most:	2.02%
All of them:	0.11%

4. Other types of alcohol?

None of them:	71.95%
A few:	21.81%
About half:	4.10%
Most:	1.89%
All of them:	0.25%

5. Marijuana?

None of them:	71.35%
A few:	21.26%
About half:	4.81%
Most:	2.05%
All of them:	0.53%

6. Heroin?

None of them:	97.25%
A few:	1.51%
About half:	1.24%
Most:	0.00%
All of them:	0.00%

7. Cocaine?

None of them:	96.37%
A few:	2.47%
About half:	1.05%
Most:	0.11%
All of them:	0.00%

8. Methamphetamine/meth?

None of them:	96.53%
A few:	2.36%
About half:	0.77%
Most:	0.34%
All of them:	0.00%

9. Prescription pain relievers (e.g., OxyContin, Vicodin) that weren't prescribed for them?

None of them:	91.90%
A few:	6.32%
About half:	1.71%
Most:	0.00%
All of them:	0.00%

10. Other prescription drugs (e.g., Adderall, Ritalin) that weren't prescribed for them?

None of them:	90.47%
A few:	7.84%
About half:	1.69%
Most:	0.00%
All of them:	0.00%

Q21: How likely is it that you will try each of the following in the future?

1. Cigarettes

Unlikely:	89.02%
I might:	9.37%
Likely:	1.61%

2. E-cigarettes/vaping products

Unlikely:	83.98%
I might:	13.00%
Likely:	3.02%

3. Beer

Unlikely:	51.83%
I might:	36.28%
Likely:	11.90%

4. Other types of alcohol

Unlikely:	54.17%
I might:	34.82%
Likely:	11.01%

5. Marijuana

Unlikely:	78.31%
I might:	17.12%
Likely:	4.58%

6. Heroin

Unlikely:	98.77%
I might:	1.19%
Likely:	0.00%

7. Cocaine

Unlikely:	98.71%
I might:	1.15%
Likely:	0.14%

8. Methamphetamine/meth

Unlikely:	98.88%
I might:	0.98%
Likely:	0.14%

9. Prescription pain relievers (e.g., OxyContin, Vicodin) that weren't prescribed for you

Unlikely:	96.95%
I might:	2.82%
Likely:	0.23%

10. Other prescription drugs (e.g., Adderall, Ritalin) that weren't prescribed for you

Unlikely:	96.27%
I might:	3.59%
Likely:	0.14%

Q22: If you wanted to get each of the following right now, how long would it take you to get it?

1. Cigarettes

An hour or less:	14.77%
A few hours:	7.80%
Within a day:	7.96%
Within a week:	6.27%
Longer than a week:	1.99%
I would not be able to get it:	24.40%
Don't know:	36.82%

2. E-cigarettes/vaping products

An hour or less:	10.56%
A few hours:	7.12%
Within a day:	6.98%
Within a week:	7.04%
Longer than a week:	2.18%
I would not be able to get it:	27.22%
Don't know:	38.90%

3. Beer

An hour or less:	19.20%
A few hours:	9.06%
Within a day:	7.47%
Within a week:	5.16%
Longer than a week:	1.63%
I would not be able to get it:	22.68%
Don't know:	34.80%

4. Other types of alcohol

An hour or less:	19.16%
A few hours:	8.67%
Within a day:	7.36%
Within a week:	4.77%
Longer than a week:	1.87%
I would not be able to get it:	22.25%
Don't know:	35.93%

5. Marijuana

An hour or less:	7.46%
A few hours:	6.17%
Within a day:	7.09%
Within a week:	5.87%
Longer than a week:	2.93%
I would not be able to get it:	29.12%
Don't know:	41.36%

6. Heroin

An hour or less:	2.29%
A few hours:	0.83%
Within a day:	2.63%
Within a week:	2.73%
Longer than a week:	1.69%
I would not be able to get it:	39.20%
Don't know:	50.62%

7. Cocaine

An hour or less:	2.29%
A few hours:	1.14%
Within a day:	2.43%
Within a week:	3.13%
Longer than a week:	2.15%
I would not be able to get it:	38.97%
Don't know:	49.89%

8. Methamphetamine/meth

An hour or less:	2.36%
A few hours:	1.17%
Within a day:	2.12%
Within a week:	3.00%
Longer than a week:	2.31%
I would not be able to get it:	38.69%
Don't know:	50.35%

9. Prescription pain relievers (e.g., OxyContin, Vicodin) that weren't prescribed for you

An hour or less:	4.85%
A few hours:	1.79%
Within a day:	2.99%
Within a week:	4.21%
Longer than a week:	1.99%
I would not be able to get it:	34.38%
Don't know:	49.79%

10. Other prescription drugs (e.g., Adderall, Ritalin) that weren't prescribed for you

An hour or less:	4.79%
A few hours:	1.55%
Within a day:	3.37%
Within a week:	4.53%
Longer than a week:	1.34%
I would not be able to get it:	34.46%
Don't know:	49.95%

Q23: As you were taking this survey, was there someone with you who could see your answers?

1. Yes:	9.91%
2. No:	90.09%

DEMOGRAPHIC VARIABLES (Parent/Guardian Responses)

Age

Frequency	Percent	
25-34	64	6.3
35-44	431	42.5
45-54	403	39.7
55-64	109	10.7
65-74	7	.7
Total	1014	100.0

Education (Highest Degree Received)

Frequency	Percent	
No formal education	3	.3
5th or 6th grade	7	.7
7th or 8th grade	17	1.7
9th grade	18	1.8
10th grade	12	1.2
11th grade	14	1.4
12th grade NO DIPLOMA	16	1.6
High School Graduate - high school DIPLOMA or the equivalent (GED)	211	20.8
Some college, no degree	187	18.4
Associate degree	105	10.4
Bachelors degree	262	25.8
Masters degree	125	12.3
Professional or Doctorate degree	37	3.6
Total	1014	100.0

Education (Categorical)

Frequency	Percent	
Less than high school	87	8.6
High school	211	20.8
Some college	292	28.8
Bachelor's degree or higher	424	41.8
Total	1014	100.0

Race/Ethnicity

Frequency	Percent	
White, Non-Hispanic	660	65.1
Black, Non-Hispanic	91	9.0
Other, Non-Hispanic	48	4.7
Hispanic	189	18.6
2+ Races, Non-Hispanic	26	2.6
Total	1014	100.0

Gender

Frequency	Percent	
Male	473	46.6
Female	541	53.4
Total	1014	100.0

Household Head

Frequency	Percent	
No	136	13.4
Yes	878	86.6
Total	1014	100.0

Household Size

Frequency	Percent	
1	2	.2
2	48	4.7
3	199	19.6
4	384	37.9
5	237	23.4
6	83	8.2
7	41	4.0
8	9	.9
9	4	.4
10	7	.7
Total	1014	100.0

Housing Type

Frequency	Percent	
A one-family house detached from any other house	806	79.5
A one-family house attached to one or more houses	91	9.0
A building with 2 or more apartments	88	8.7
A mobile home	29	2.9
Total	1014	100.0

Household Income

Frequency	Percent	
Less than \$5,000	25	2.5
\$5,000 to \$7,499	13	1.3
\$7,500 to \$9,999	3	.3
\$10,000 to \$12,499	13	1.3
\$12,500 to \$14,999	13	1.3
\$15,000 to \$19,999	25	2.5
\$20,000 to \$24,999	37	3.6
\$25,000 to \$29,999	29	2.9
\$30,000 to \$34,999	36	3.6
\$35,000 to \$39,999	36	3.6
\$40,000 to \$49,999	69	6.8
\$50,000 to \$59,999	68	6.7
\$60,000 to \$74,999	120	11.8
\$75,000 to \$84,999	88	8.7
\$85,000 to \$99,999	76	7.5
\$100,000 to \$124,999	128	12.6
\$125,000 to \$149,999	78	7.7
\$150,000 to \$174,999	54	5.3
\$175,000 to \$199,999	34	3.4
\$200,000 to \$249,999	35	3.5
\$250,000 or more	34	3.4
Total	1014	100.0

Marital Status

Frequency	Percent	
Married	821	81.0
Widowed	11	1.1
Divorced	73	7.2
Separated	33	3.3
Never married	34	3.4
Living with partner	42	4.1
Total	1014	100.0

Based on State of Residence

Frequency	Percent	
Northeast	173	17.1
Midwest	244	24.1
South	361	35.6
West	236	23.3
Total	1014	100.0

MSA Status

Frequency	Percent	
Non-Metro	120	11.8
Metro	894	88.2
Total	1014	100.0

Based on State of Residence

Frequency	Percent	
New England	37	3.6
Mid-Atlantic	136	13.4
East-North Central	172	17.0
West-North Central	72	7.1
South Atlantic	195	19.2
East-South Central	40	3.9
West-South Central	126	12.4
Mountain	77	7.6
Pacific	159	15.7
Total	1014	100.0

Ownership Status of Living Quarters

Frequency	Percent	
Owned or being bought by you or someone in your household	765	75.4
Rented for cash	239	23.6
Occupied without payment of cash rent	10	1.0
Total	1014	100.0

Current Employment Status

Frequency	Percent	
Working - as a paid employee	694	68.4
Working - self-employed	90	8.9
Not working - on temporary layoff from a job	1	.1
Not working - looking for work	41	4.0
Not working - retired	27	2.7
Not working - disabled	44	4.3
Not working - other	117	11.5
Total	1014	100.0