

# TEN NEWS

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T A R G E T E D C A P A C I T Y E X P A N S I O N

## ANNUAL HOUSEHOLD SURVEY FINDS MILLIONS OF AMERICANS IN DENIAL ABOUT DRUG ABUSE

The 2001 National Household Survey on Drug Abuse provides a more accurate and comprehensive one-year snapshot of the problem of drug abuse in America than was previously available. The survey indicates that the number of Americans who could benefit from drug treatment is significantly larger than previously understood. It also indicates that too many American drug users—more than 4.6 million people—who meet the criteria for needing treatment—do not recognize that they have a problem. For the first time, the survey also included questions about mental illness.

The Department of Health and Human Services (HHS) released the annual survey of approximately 70,000 people aged 12 years and older on September 5, 2002 as part of the kick-off of the 13th annual observance of National Drug and Alcohol Addiction Recovery Month. Because of year-to-year variations in household survey data, conclusions about trends are best made by looking at estimates from three or more years. The household survey is conducted by HHS' Substance Abuse and Mental Health Services Administration (SAMHSA).

"As the new school year begins, it's yet another opportunity for parents to talk to their children about the dangers of drugs, alcohol, and smoking. And it's important that parents, educators, and students work together to keep drugs out of their schools and prevent young people from engaging in drug use," HHS Secretary Tommy G. Thompson said. "When young people do not perceive the risk, use increases. This is harmful to youth, harmful to families, and harmful to communities. Nothing less than our children's futures—and their lives—are at stake."

"We have a large and growing denial gap when it comes to drug abuse and dependency in this country," said John Walters, Director of National Drug Control Policy. "We have a responsibility—as family members, employers, physicians, educators, religious leaders, neighbors, colleagues, and friends—to reach out to help these people. We must find ways to lead them back to drug-free lives. And the earlier we reach them, the greater will be our likelihood of success."

SAMHSA Administrator Charles G. Curie noted that, "Behind

these numbers are real children and adults impacted by drug use. Drug use continues to be a serious public health crisis that affects every aspect of our society. We must refuse to give up on people who have handed over their aspirations and their futures to drug use. People need to know help is available, treatment is effective, and recovery is possible. This is the message of our Recovery Month observance."

Overall, the household survey found that 15.9 million Americans age 12 years and older used an illicit drug in the month immediately prior to the survey interview. This represents an estimated 7.1 percent of the population in 2001, compared to an estimated 6.3 percent the previous year.

The report highlights that 10.8 percent of youths ages 12 to 17 years were current drug users in 2001 compared with 9.7 percent in 2000. Youth cigarette use in 2001 was slightly below the rate for 2000, continuing a downward trend since 1999.

Among young adults ages 18 to 25 years, current drug use increased between 2000 and 2001 from 15.9 percent to 18.8 percent. There were no statistically significant changes in the rates of drug use among adults age 26 years and older.

An estimated 2.4 million Americans used marijuana for the first time in 2000. Because of the way trends in the new use of substances are estimated, estimates of first-time use are always a year behind estimates of current use. The annual number of new marijuana users has varied considerably since 1965, when there were an estimated 0.6 million new users. The number of new marijuana users reached a peak in 1976 and 1977 at around 3.2 million. Between 1990 and 1996, the estimated number of new users increased from 1.4 million to 2.5 million and has remained at this level.

The measure of perceived risk in the use of marijuana among youth provides an important predictor of drug use, particularly among youths. As perceived risk of using marijuana decreases, rates of marijuana use tend to increase. Perceived great risk of smoking marijuana once or twice a week decreased from 56.4 percent in 2000 to 53.3 percent in 2001. Among youths ages 12 to 17 years, the percentage reporting great risk in marijuana use declined from 56.0 to 53.5 percent.

The number of persons who had ever tried ecstasy (MDMA) increased from 6.5 million in 2000 to 8.1 million in 2001. There

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were 786,000 current users in 2001. In 2000, an estimated 1.9 million persons used MDMA for the first time, compared with 0.7 million in 1998. This change represents a near tripling in incidence in just two years.

The number of persons reporting use of Oxycontin for non-medical purposes at least once in their lifetime increased from 221,000 in 1999, to 399,000 in 2000, and to 957,000 in 2001.

The number of new users of pain relievers for non-medical purposes also has been increasing since the mid-1980s, when there were roughly 400,000 initiates. In 2000, there were an estimated 2.0 million new users.

About 10.1 million persons ages 12 to 20 years reported current use of alcohol in 2001. This number represents 28.5 percent of this age group for whom alcohol is an illicit substance. Of this number, nearly 6.8 million, or 19.0 percent, were binge drinkers, and 2.1 million, or 6.0 percent, were heavy drinkers. In 2001, more than one in 10 Americans, or 25.1 million persons, reported driving under the influence of alcohol at least once in the 12 months prior to the interview. The rate of driving under the influence of alcohol increased from 10.0 to 11.1 percent between 2000 and 2001. Among young adults ages 18 to 25 years, 22.8 percent drove under the influence of alcohol.

An estimated 66.5 million Americans age 12 years or older reported current use of a tobacco product in 2001. This number represents 29.5 percent of the population. Youth cigarette use in 2001 was slightly below the rate for 2000, continuing a downward trend since 1999.

Rates of youth cigarette use were 14.9 percent in 1999, 13.4 percent in 2000, and 13.0 percent in 2001. The annual number of new daily smokers ages 12 to 17 decreased from 1.1 million in 1997 to 747,000 in 2000. This translates to a reduction from 3,000 to 2,000 in the number of new youth smokers per day.

The household survey includes a series of questions designed to measure more serious problems resulting from use of substances. Overall, an estimated 16.6 million persons age 12 years or older were classified with dependence on or abuse of either alcohol or illicit drugs in 2001 (7.3 percent of the population). Of these, 2.4 million were dependent on or abused both alcohol and illicit drugs; 3.2 million were dependent on or abused illicit drugs but not alcohol; and 11.0 million were dependent on or abused alcohol but not illicit drugs. The number of persons with substance dependence or abuse increased from 14.5 million (6.5 percent of the population) in 2000 to 16.6 million (7.3 percent) in 2001.

Between 2000 and 2001, there was a significant increase in the estimated number of persons age 12 or older needing treatment for an illicit drug problem. This number increased

from 4.7 million in 2000 to 6.1 million in 2001. During the same period, there also was an increase from 0.8 million to 1.1 million in the number of persons receiving treatment for this problem at a specialty facility. However, the overall number of persons needing but not receiving treatment increased from 3.9 million to 5.0 million.

Of the 5.0 million people who needed but did not receive treatment in 2001, an estimated 377,000 reported that they felt they needed treatment for their drug problem. This includes an estimated 101,000 who reported that they made an effort but were unable to get treatment and 276,000 who reported making no effort to get treatment.

For the first time in 2001, the household survey included questions for adults that measure serious mental illness. Both youths and adults were asked questions about mental health treatment in the past 12 months. The survey found a strong relationship between substance abuse and mental problems. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs; the rate among adults without serious mental illness was 6.3 percent. An estimated 3.0 million adults had both serious mental illness and substance abuse or dependence problems during the year.

In 2001, there were an estimated 14.8 million adults age 18 or older with serious mental illness. This represents 7.3 percent of all adults. Of this group with serious mental illness, 6.9 million received mental health treatment in the 12 months prior to the interview.

In 2001, an estimated 4.3 million youths ages 12 to 17 received treatment or counseling for emotional or behavioral problems in the 12 months prior to the interview. This represents 18.4 percent of this population and is significantly higher than the 14.6 percent estimate for 2000. The reason cited most often by youths for the latest mental health treatment session was "felt depressed" (44.9 percent of youths receiving treatment), followed by "breaking rules or acting out" (22.4 percent), and "thought about or tried suicide" (16.6 percent).

HHS agencies including SAMHSA, the Centers for Disease Control and Prevention (CDC), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) play a key role in the administration's substance abuse strategy, leading the Federal Government's programs in drug abuse research and funding programs and campaigns aimed at prevention and treatment, particularly programs designed for youth. An HHS fact sheet with more information is available at <http://www.hhs.gov/news/press/>. Other background and resources are available at the Web sites for SAMHSA (<http://www.samhsa.gov>), CDC (<http://www.cdc.gov>), NIDA (<http://www.nida.nih.gov>) and NIAAA (<http://www.niaaa.nih.gov>).

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Findings from the 2001 National Household Survey on Drug Abuse are available on the World Wide Web at <http://www.DrugAbuseStatistics.samhsa.gov>.

Note: All HHS press releases, fact sheets, and other press materials are available at <http://www.hhs.gov/news>.

Written by: SAMHSA Press Office

## PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH LAUNCHES WEB SITE

To promote broad participation, solicit public comments, and provide information, the President's New Freedom Commission on Mental Health launched its new Web site on July 8, 2002, (<http://www.MentalHealthCommission.gov>.)

The Web site allows those interested to follow the progress of this first comprehensive study in nearly 25 years of the nation's public and private mental health service delivery system.

President George W. Bush announced the creation of the President's New Freedom Commission on Mental Health in a speech at the University of New Mexico in Albuquerque on April 29, 2002. In his address, the President stated, "Our country must make a commitment: Americans with mental illness deserve our understanding, and they deserve excellent care."

The President charged the Commission with conducting a comprehensive study of the United States' mental health service delivery system, including both private and public sector providers, and advising him on methods of improving the system.

"The Web site illustrates President Bush's commitment to ensuring all voices are heard as the Commission works to develop a plan to improve the nation's mental health service delivery system," said Michael Hogan, PhD, Commission Chairman. "We want to use the technology available to spread the word about the

commission's efforts and to gather as much input as possible from a broad range of stakeholders, including people with mental illness and their family members, health care providers, government agencies, academics, researchers, and others with knowledge about mental health."

In addition to learning about the Commission's mission, leadership, and the schedule of meetings over the next year, those who log on will be able to submit comments on what is working and not working in the current mental health system and suggestions for improvement for the Commission to explore.

The Commission, which held its first meetings on June 18 and 19, 2002, is already working to:

- Review the current quality and effectiveness of public and private providers and Federal, State, and local government involvement in the delivery of services to individuals with serious mental illnesses and children with serious emotional disturbances, and identify unmet needs and barriers to services
- Identify innovative mental health treatments, services, and technologies that are demonstratively effective and can be widely replicated in different settings
- Formulate policy options that could be implemented by public and private providers and Federal, State, and local governments to incorporate the use of effective treatments and services, improve coordination among service providers, and improve community integration of adults with serious mental illnesses and children with serious emotional disturbances.

Written by: Mark Weber, member, President's New Freedom Commission on Mental Health

## WHITE HOUSE DRUG CZAR AND PUBLIC HEALTH PREVENTION AND PARENTING LEADERS TO INFORM Parents about the harms of marijuana

The nation's leaders in public health, parenting, and drug prevention have joined the White House Drug Czar to warn parents about the serious risks of youth marijuana use. Starting September 18, 2002, an "Open Letter to Parents About Marijuana" will appear in nearly 300 newspapers nationwide. Signed by the Office of National Drug Control Policy (ONDCP) and 17 national organizations, the letter warns parents that marijuana is a serious drug with serious consequences for young users. Representatives of these organizations appeared on

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September 17, 2002 at a press conference with Drug Czar John P. Walters and Surgeon General Richard Carmona, MD, and urged parents to learn more about marijuana and give their kids the facts.

“Marijuana is riskier than people think, especially for kids. Smoking marijuana can lead to significant health and behavior problems for youth—disrupting families and jeopardizing our children’s futures,” said Walters, Director of National Drug Control Policy. “The risks associated with marijuana have been trivialized, and our kids are getting the wrong message. It is time to dispel the myths about marijuana. The facts are compelling, but we must arm parents, teachers, community leaders and our children with the truth. Outdated and false perceptions about the drug are putting today’s kids at risk.”

“Young marijuana users face serious risks. Marijuana can harm the brain, lungs, and mental health. Research also shows that marijuana is addictive,” said Surgeon General Carmona. “More teens enter drug treatment each year for marijuana than for all other illicit drugs combined. Marijuana use is also three times more likely to lead to dependence among adolescents than among adults.”

Part of a larger marijuana prevention initiative that the ONDCP is rolling out this fall, the “Open Letter to Parents About Marijuana” urges parents to learn more about marijuana and to talk to their kids about the harm it poses to young users, including putting them at risk for a host of significant health, social, learning, and behavioral problems at a crucial time in their lives. The letter is signed by the ONDCP and the American Academy of Family Physicians; American Academy of Pediatrics; American College of Emergency Physicians; American Medical Association; American Society of Addiction Medicine; Child Welfare League of America; Community Anti-Drug Coalitions of America/Drug-Free Kids Campaign; National Asian Pacific American Families Against Substance Abuse; National Association of State Alcohol and Drug Abuse Directors; National Center for School Health Nursing; National Crime Prevention Council; National Families in Action; National Family Partnership; National Indian Health Board; National Medical Association; National PTA; and National Center on Addiction and Substance Abuse (CASA) at Columbia University. These groups will help distribute educational materials about marijuana to parents and youth this fall.

“The American Medical Association welcomes the opportunity to be one of 17 national organizations supporting the National Youth Anti-Drug Media Campaign against marijuana,” said Richard F. Corlin, MD, immediate past president, AMA. “For far too long, the message to our nation’s young people has been that marijuana is harmless, when research has clearly proven that is not the case. Marijuana is mind-altering, it can be addictive, and it can lead to destructive behavior.”

The initiative will also include new print and broadcast advertising running this fall designed to dispel popular myths and misconceptions about marijuana. The advertising educates parents about the things they can say and do to keep their kids drug-free. The Media Campaign also is publishing a new marijuana-specific pamphlet for parents that will be available next month.

“Make no mistake, marijuana is a harmful, addictive drug that is readily available to our children in communities across the country,” said Louis Z. Cooper, MD, president of the American Academy of Pediatrics. “Teenagers who are smoking marijuana today are using a drug more potent than what was available in the 1960s.”

“The National Medical Association has become involved with this campaign because marijuana is a problem in our community,” said L. Natalie Carroll, MD, president of the NMA. “We do not want to see illicit drug use among our youth, and we believe that marijuana negatively affects many aspects of a young person’s life, including the ability to learn and think.”

“National PTA is pleased to support ONDCP’s initiative to increase awareness of the dangers of drug abuse to the nation’s children,” said National PTA President Shirley Igo. “The solution to the problem of alcohol and drug abuse is not simple nor will it be accomplished quickly. It will take a sustained and collaborative effort on the part of all those who have a stake in building healthy communities, especially parents.”

More kids use marijuana than cocaine, heroin, ecstasy, and all other illicit drugs combined. In fact, approximately 60 percent of young people who use illicit drugs use marijuana only. The number of eighth graders who have used the drug has doubled in the last decade from one in ten to one in five.

Studies also show that kids who use marijuana don’t do as well in school. Research has found that young people with an average grade of “D” or below were more than four times as likely to have used marijuana in the last year than those with an average grade of “A.”

Young marijuana users also are more likely to engage in risky behavior, such as having sex, becoming involved in violence, getting in trouble with the law, driving while high or riding with someone who is, or experimenting with other illegal drugs. Kids ages 12 to 17 who use marijuana weekly are five times more likely to steal and nearly four times more likely to engage in violent acts than those who don’t.

However, research also shows that parents are the most powerful influence on their kids when it comes to marijuana. Two-thirds of youth ages 13 to 17 years say losing their parents’ respect is

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one of the main reasons they don't smoke marijuana or use other drugs.

Parents can help keep their kids drug-free by asking questions and staying involved in their childrens' lives. More information about the effects of marijuana use and its signs and symptoms, as well as advice for parents on keeping kids drug-free, can be found on ONDCP's Media Campaign Web site for parents at <http://www.theantidrug/>. Parents also can call the National Clearinghouse for Alcohol and Drug Information at 1-800-788-2800 for free resources. Information for youth about marijuana can be found by visiting <http://www.freevibe.com/>

In 1998, with the bipartisan support of Congress and the President, ONDCP created the National Youth Anti-Drug Media Campaign, an effort designed to educate and empower youth to reject illicit drugs. Counting on an unprecedented blend of public and private partnerships, non-profit community service organizations, volunteerism, and youth-to-youth communications, the Campaign is designed to reach Americans of diverse backgrounds wherever they live, learn, work, play, and practice their faith.

For more information on the ONDCP National Youth Anti-Drug Media Campaign visit <http://www.mediacampaign.org/>, <http://www.freevibe.com/>, or <http://www.theantidrug.com/>.

*Written by:* Jennifer de Vallance, Office of National Drug Control Policy

## PROGRAM SPOTLIGHT

**Project Recovery** (PR) is a three-year project in Fort Worth, Texas, targeting the unmet needs of homeless persons, who suffer from alcoholism and/or drug dependence.

Gaps in services result from a lack of targeted funding in the State. The homeless fall far outside the priority population who receive Texas Commission on Alcohol and Drug Abuse (TCADA) Mental Health (MH) and Mental Retardation (MR) services. TACADA does not stipulate abusers of alcohol or cocaine/crack as a priority population for its funding. Therefore, many individuals who are homeless substance abusers are not served by the Tarrant County Continuum of Care.

PR recognizes the necessity to serve the needs of these people. In 2000, Project Recovery was funded by Substance Abuse and Mental health Services Administration (SAMHSA) with the goal of promoting productive citizenship among its clients, providing community-based intense case management to 240 homeless substance abusers annually, and providing residential medical detoxification and/or residential treatment to 72 persons per year.

PR grew from a similar model of care designed in 1997 as a collaborative project between the Tarrant Council on Alcoholism and Drug Abuse (Tarrant Council) and Mental Health Mental Retardation of Tarrant County Addiction Services Division (MHMRTC-ASD). Offered in the City of Arlington, this intense level of care was not offered in Fort Worth until PR was funded. A five-year study by the Projects for Assistance in Transition from Homelessness (PATH) estimated that there were 1,260 sheltered and unsheltered homeless people in Fort Worth. Of these, it estimated that 152 were in need of substance-abuse treatment on any given day (Kinser, 2000).<sup>1</sup>

The area served is a several-square-mile area of downtown recently named the "Community City of Hope." There are tow homeless shelters in this area participate in the project: Presbyterian Night Shelter and Union Gospel Mission. The Day Resource Center and the Salvation Army also are involved. Three case managers from Tarrant Council have offices in the two shelters and the Day Resource Center. They provide outreach, screening and assessment, service coordination, and education on substance-related problems. The Pine Street residential treatment and the Billy Gregory Detox programs are in the center of the Community of Hope and are operated by MHMRTC-ASD.

Individuals gain access to Project Recovery services through case managers. Once a case manager identifies a potential client, the client receives a Subtle Abuse Screening Inventory (SASSI) or a Simple Screening Instrument (SSI) to determine the likelihood that he or she is chemically dependent. If it is likely the client is chemically dependent based on the SASSI or SSI, the case manager meets with the client and administers the Addictions Severity Index (ASI), TCU Treatment Motivation Scales, and Adult Admission Report tool. Based on a comprehensive assessment of the client's needs, the case manager refers the client to the appropriate services. A primary function of the case manager is to ensure admittance of the homeless person who is chemically dependent into residential substance-abuse treatment. Those clients who do not require or are not ready for inpatient treatment are referred to outpatient and other appropriate services.

Once the client is admitted into inpatient treatment, the case manager's focus shifts to other priorities such as post-outpatient treatment, housing options, and employment. Case managers follow up with clients for a minimum of three months after the client completes inpatient treatment and constantly re-assess to identify emerging needs and problems.

If admitted into the Pine Street residential care program, the client may receive a variety of treatment services including

<sup>1</sup> Kinser, W.M. (2000). *Tarrant County PATH Demographic Characteristics and Clinical Impression of Homeless Adults*. Fort Worth, TX: Mental Health Mental Retardation of Tarrant County.

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