

# THE 2003 NEW JERSEY HOUSEHOLD SURVEY ON DRUG USE AND HEALTH

September 2005  
Division of Addiction Services



Acting Governor



New Jersey Department of Human Services  
James M. Davy  
Commissioner



# **THE 2003 NEW JERSEY HOUSEHOLD SURVEY ON DRUG USE AND HEALTH**

*Conducted for:*

New Jersey Department of Human Services  
Division of Addiction Services

*Conducted by:*

Center for Public Interest Polling  
Eagleton Institute,  
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*This report was developed [in part] under grant T1-01-010: STNAP from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.*

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ON DRUG USE AND HEALTH**

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# **THE 2003 NEW JERSEY HOUSEHOLD SURVEY ON DRUG USE AND HEALTH**

## **EXECUTIVE SUMMARY**

### **A. PROJECT OVERVIEW AND BACKGROUND**

The 2003 New Jersey Household Survey on Drug Use and Health was commissioned by the Division of Addiction Services (DAS) with funding from the U.S. Department of Health and Human Services, Center for Substance Abuse Treatment (CSAT), to assess the prevalence of legal and illegal substance use and identify the need and demand for substance abuse treatment. Administration of the survey was carried out by the Eagleton Institute of Politics, Center for Public Interest Polling at Rutgers, the State University of New Jersey. In addition to developing reliable State and county-level estimates of prevalence, need and demand, the 2003 New Jersey household survey also sought to document the impact of the September 11 terrorist attacks on the use and abuse of drugs and alcohol in New Jersey. A stratified random sample of 14,660 households was selected and adult members with the most recent birthdays were interviewed between mid-September 2002 and February 2003. The major findings of the survey are summarized below.

#### **ALCOHOL USE**

- Most New Jersey adults (87%) have had at least one drink of alcohol in their lifetime. This includes 73% who consumed alcohol in the past 12 months and 58% who drank in the past 30 days.
- About 6% of residents consumed alcohol almost every day and about 15% averaged 3-5 or more drinks on days they drank.
- About 5% reported binge drinking at some time in their lives.
- About 8-in-10 drinkers reported that they were under 21 years of age (legal age in New Jersey to sell someone an alcoholic beverage) the first time they used alcohol.

#### **ILLICIT DRUG USE**

- Thirty-two percent of all residents reported having used one or more illicit drugs at some time in their lives. Six percent reported using one or more drugs in the last 12 months and only 3% said they had used an illicit drug in the last 30 days.
- The most prevalent drug used was marijuana, with 30% reporting lifetime use. Next in frequency of lifetime use was powdered cocaine (9%), followed by hallucinogens (5%) and non-prescribed stimulants and pain relievers (reported by about 4% each). Three percent or fewer of residents reported lifetime use of heroin, tranquilizers, sedatives methamphetamines, crack, steroids, ecstasy and other club drugs.

- Substantially fewer residents reported illicit substance use in the last 12 months, with only 5% reporting marijuana use, 2% reporting use of one or more prescription-type substances (e.g. stimulants, pain relievers, sedatives or tranquilizers) and 1% or less reporting use of cocaine, hallucinogens and heroin.
- The use of all categories of drugs decreased substantially with increasing age, with 18-20 year-olds reporting the highest frequency of use, and those 50 and older the lowest use, of all age groups. Thus, 24% of 18-20 year-olds, compared to 1% of residents 50 and older, reported past year use of marijuana.
- About 13% of all New Jerseyans reported using two or more drugs at some time during their lives while 2% reported using more than one drug in the past year.
- The highest prevalence of polydrug use in the last 12 months was reported by 18-20 year-olds (8%).
- Of the three most prevalent substances reported (marijuana, cocaine and psychotherapeutics), marijuana was used at the earliest age, peaking in first use among residents between the ages of 15 and 17 (40%). The first use of psychotherapeutics and cocaine, however, peaked in the late teens, with 32% and 34% reporting first use of these substances, respectively, between the ages of 18 and 20.
- The younger the age at which one first used marijuana, the greater the likelihood of also using other drugs. Thus, 83% of those who first used marijuana at age 11 or younger reported using some other drug in their lifetimes. In contrast, 17% of marijuana users who first used at age 26 or older used drugs other than marijuana.

## **TOBACCO USE**

- About 29% of all New Jersey residents used a tobacco product in the previous 12 months, including 24% who smoked cigarettes, 7% who smoked cigars and 1% each who smoked pipes and used chewing tobacco.
- More than half of residents (58%) smoked cigarettes in their lifetime and 21% smoked cigarettes in the last 30 days. About 15% smoked cigarettes daily in the last month and 8% smoked a pack or more per day.
- The highest prevalence of current smoking was found among New Jerseyans under age 25, with those in the 21-25 year age group reporting the highest prevalence (34%), followed by those age 18-20 (28%).
- About 69% of smokers reported smoking their first cigarette before age 18, with 31% reporting first cigarette use at age 14 or younger and 24% reporting first cigarette use between the ages of 15 and 17.

- The earlier the age at which residents reported having their first cigarette, the greater their current prevalence of heavy smoking. Thus, 51% of residents who had their first cigarette by age 14 reported smoking heavily in the last month, compared to 23% of those who started smoking at age 21 or older.

## **ABUSE AND DEPENDENCE**

- About 7.5% of the New Jersey population met the DSM-IV criteria for dependence on alcohol or illicit drugs at some time during their lives. This includes 6.0% who were dependent on alcohol only, 0.6% who were dependent on drugs only and 0.9% who met the lifetime criteria for dependence on both drugs and alcohol.
- In the last 12 months, a total of 11.1% of the population either abused or were dependent on drugs and/or alcohol, including 9.1% who abused or were dependent on alcohol only, 0.9% who abused or were dependent on drugs only and 1.2% who abused or were dependent on both substances.
- Males were significantly more likely than females to abuse or be dependent on alcohol and/or drugs in the past 12 months (16% vs. 6%).
- Whites had a higher prevalence of substance abuse/dependence than Blacks, Hispanics or Asians, with 13% of Whites vs. 9% of Blacks, 8% of Hispanics and 5% of Asians meeting the DSM-IV criteria for substance abuse or dependence for at least one substance in the past 12 months.
- Persons aged 21-25 had the highest overall prevalence of abuse/dependence of all age groups (22%), followed by young people aged 18-20 (21%) in the past 12 months.

## **ACCESS TO TREATMENT AMONG THOSE IN NEED**

- Among New Jersey residents meeting clinically-defined criteria for substance abuse or dependence in the past year, only 12% reported receiving any formal treatment in their lifetimes, and only 3% received formal treatment in the past year. A slightly higher proportion of those in need attended AA or NA in their lifetimes and in the previous year (14% and 5%, respectively).
- Persons who abused or were dependent on alcohol alone had the lowest likelihood of accessing formal treatment of all problem groups. Thus, less than 2% of problem alcohol users received treatment in the past year. In contrast, persons who abused or were dependent on both alcohol and drugs had the highest treatment access rate (12%) followed by persons with illicit drug problems only (4%).
- Blacks and Whites who needed treatment were substantially more likely than Hispanics and Asians to gain access to treatment in the past year (3% and 4% of Whites and Blacks, respectively, entered treatment compared to virtually no Hispanics and Asians).

- By age, those in the 18-20 year age group were the most likely (6%) and those in the 50+ age group the least likely (1%) to access treatment in the past year.

## **GAMBLING**

- About 75% of New Jersey residents have gambled at some time in their lives. Buying lottery tickets was the most frequent form of gambling, with 65% of New Jersey residents purchasing at least one ticket. About 17% purchased tickets more than 20 times during the year they gambled the most.
- About 46% of New Jersey residents have engaged in casino gambling and about 23% in other forms of gambling.
- About 3% of New Jersey residents reported experiencing one or more problems related to gambling at some time during their lives. About 1% reported experiencing those problems in the past year.
- Persons having a gambling problem at some time in their lives were significantly more likely than those with no problem to have smoked in the last 30 days (37% vs. 20%), to have drunk heavily in the last 30 days (14% vs. 6%), to have used an illicit drug in the past year (20% vs. 6%) and to have met the criteria for substance abuse or dependence in the last year (30% vs. 10%).

## **EFFECT OF WORLD TRADE CENTER ATTACKS**

- About 5% of New Jersey residents were in New York City on 9/11, including about 0.3% who were in the World Trade Center (WTC) at the time of the attack, 0.6% who were south of Canal Street and 4% were elsewhere in the City.
- Altogether, nearly 28% of New Jersey residents reported knowing someone who was hurt or killed on 9/11. Nearly 3% had a family member who was a victim of the attacks, including 0.5% who had a member of their nuclear family who was injured or killed. About 14% reported that a coworker or friend was a victim, and 13% reported that an acquaintance was hurt or killed.
- About 54% of all residents reported experiencing some psychological effect of the attacks, including 35% who reported at least one symptom of PTSD, 33% who experienced at least one symptom of depression, and 29% who experienced one or more situational fears (fear of bridges, trains, airplanes, traveling to New York, etc.) in the months since 9/11.
- Overall, 5% of New Jersey residents reported increasing their use of one or more substances as a result of 9/11, including 3% who smoked more cigarettes, 2% who increased their use of prescription drugs, 1% who increased their alcohol consumption and 0.3% who increased their use of illicit drugs.

- In addition to reported use, there was a strong correlation between exposure to the World Trade Center attacks and substance abuse and dependence. Thus, 25% of individuals in the World Trade Center or South of Canal Street on 9/11 met the criteria for substance abuse or dependence in the previous year, compared to 13% of residents who were elsewhere in New York City and 11% of residents not in New York City on that day.
- Similarly, residents reporting knowledge of someone hurt or killed in the attacks were more likely than residents with no relationship to a victim to meet the DSM-IV criteria for substance abuse or dependence (15% vs. 9%).
- The probability of abuse and dependence also increased with the number of reported symptoms of psychological trauma. Thus, 16% of residents reporting four or more psychological symptoms met DSM-IV criteria for abuse or dependence, compared to 9% of residents reporting one or no symptoms.
- About 4% of all New Jersey residents felt they needed counseling to deal with 9/11-related psychological or substance abuse problems. Only about half (2%) that number received counseling for these problems.

## **TRENDS IN SUBSTANCE USE**

### **New Jersey, 1998-2003**

- There was a slight increase in the *use of cigarettes* between 1998 and 2003, with the proportion smoking in the last year rising from 23% to 24%. Use of chewing tobacco and pipe smoking remained the same; however, cigar smoking fell from 11% in 1998 to 7% in 2003.
- Overall, *alcohol use* decreased slightly between 1998 and 2003, with the proportion reporting lifetime use dropping from 91% to 87%, the proportion reporting past year use dropping from 75% to 73%, and the proportion reporting use in the last 30 days dropping from 59% to 58%.
- The proportion of residents reporting *use of an illicit drug* in their lifetimes increased slightly from 30% in 1998 to 32% in 2003. However, use of an illicit drug in the past year declined somewhat, falling from 9% in 1998 to 6% in 2003.

### **New Jersey and the Nation, 2002**

- Substantially fewer New Jersey residents smoked *cigarettes* in 2002 compared to Americans nationwide, particularly in the younger 18-25 year-old age group. About a third of 18-25 year-old New Jersey residents (32%) smoked in the last 30 days, compared to 41% of 18-25 year-olds nationally. Among those 26 and older, 20% of New Jersey residents smoked compared to 25% of Americans nationally.

- Younger New Jersey residents aged 18-25 were less likely to have drunk *alcohol* in the last 30 days than 18-25 year-old Americans nationally (56% vs. 61%). However, New Jersey residents 26 and older were somewhat more likely to be current drinkers than their national counterparts (59% vs. 54%).
- New Jersey residents in both age groups showed a lower prevalence of *illicit drug use* in the past year than Americans nationwide (22% vs. 35% for persons aged 18-25 and 4% vs. 10% for persons 26 and older).<sup>1</sup>
- Heroin represents the only drug reported at a higher frequency by 18-25 year-old New Jersey residents than by comparable Americans nationwide, with 5% of New Jersey residents and 2% of Americans nationwide reporting lifetime heroin use.
- Despite the lower reporting of drug use in New Jersey compared to the nation as a whole, the prevalence of past-year abuse and dependence on alcohol and drugs was highly comparable among 18-25 year-olds in New Jersey and the nation. An identical proportion of both populations were found to exhibit symptoms of abuse or dependence on drugs and/or alcohol (21.9%).
- Among persons 26 and older, New Jersey residents exceeded the national averages for abuse and dependence on drugs and/or alcohol. Thus, 9.9% of New Jersey residents 26 and older abused or were dependent on alcohol or drugs, compared to 7.3% of Americans in this age group. Abuse or dependence on alcohol alone was prevalent in 9.3% of New Jersey residents, compared to 6.2% of all Americans 26 and older.
- Although New Jersey residents were equivalent to, or exceeded, the national average in terms of their need for substance abuse treatment, they were substantially less likely than their national counterparts to receive treatment.
- Among persons 26 and older who abused or were dependent on drugs<sup>2</sup>, only 8.9% of New Jersey residents compared to 26.9% of all Americans, received treatment in the past year. Among those in this age group who abused or were dependent on alcohol<sup>3</sup>, 2.6% of New Jersey residents, compared to 10.0% of all Americans, received treatment.
- Among 18-25 year-olds with a drug problem, 7.7% in New Jersey compared to 10.7% nationally received treatment in the past year. Among persons in this age group with an alcohol problem, 4.1% in New Jersey and 4.8% nationally received treatment.

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<sup>1</sup> State and national differences in the prevalence of reported use, however, may relate, in part, to differences in the data collection methodologies of the two surveys: the New Jersey survey interviewed all respondents by telephone; the National Survey conducted in-home interviews using audio computer-assisted self-interviewing for sensitive questions, such as those regarding illicit drug use. Self-interviewing techniques, moreover, have been shown to elicit higher self-reporting of sensitive behaviors.

<sup>2</sup> Includes persons who abuse or are dependent on drugs alone or on both drugs and alcohol.

<sup>3</sup> Includes persons who abuse or are dependent on alcohol alone or on both alcohol and drugs.

# **THE 2003 NEW JERSEY HOUSEHOLD SURVEY ON DRUG USE AND HEALTH**

## **CHAPTER 1**

### **INTRODUCTION AND BACKGROUND**

#### **A. PROJECT OVERVIEW AND BACKGROUND**

As health care reform alters the interfaces of the health care industry, accurate measurements of need, demand, cost, and availability of resources take on an ever increasing importance. The 2003 New Jersey Household Survey on Drug Use and Health is part of a larger family of needs assessment studies conducted by the Division of Addiction Services (DAS) to promote an integrated and rational approach to treatment planning and resource allocation. Specifically, the study focuses on assessing the level of prevalence of legal and illegal substance use and identifying the need and demand for substance abuse treatment services statewide.

The study was commissioned by DAS with funding from the U.S. Department of Health and Human Services, Center for Substance Abuse Treatment (CSAT). Administration of the survey was carried out by the Eagleton Institute of Politics, Center for Public Interest Polling at Rutgers, the State University of New Jersey.

#### **B. SURVEY OBJECTIVES**

The absence of reliable substance abuse treatment need estimates continues to challenge the State's ability to promote a rational planning and resource allocation process. Estimating need has been especially difficult at the county level since previous New Jersey household surveys have not included sample sizes large enough to generate reliable sub-state estimates. As the State shifts to local and county-based planning, however, accurate sub-State estimates of substance abuse prevalence and treatment need are critical to an effective local planning process. In order to better support local planning efforts, the 2003 New Jersey household survey was greatly expanded over previous surveys, incorporating a sample size adequate for generating reliable State and county-level estimates of prevalence, need and demand.

The 2003 New Jersey household survey also sought to document the impact of the September 11 terrorist attacks on substance abuse prevalence and need in New Jersey. Moreover, those areas of the State immediately adjacent to New York City, as well as areas having a high proportion of daily commuters into New York, were particularly hard hit by the tragedy. This survey attempted to assess some of the psychological, physical and material effects of the disaster on New Jersey residents and to determine their possible effect on service needs, both Statewide and within specific geographic areas.

The 2003 telephone household survey included four main objectives:

1. Assessing the level of use of alcohol, tobacco and other drugs, including stimulants, sedatives, marijuana, hallucinogens, cocaine, and heroin, and estimating the need and demand for treatment services that result from the use of these substances among New Jersey adults both statewide and for each county.
2. Studying correlates of substance use, abuse or dependence to help planners and policy makers make informed decisions regarding future interventions.
3. Documenting the impact of the World Trade Center attack of September 11, 2001 on substance use.
4. Comparing 2003 study findings with those of the 1998 household survey.

### **C. LITERATURE REVIEW**

Telephone surveys have proven cost-effective for some social science research because the vast majority of American households now have telephones (94.1% in New Jersey and 94.4% nationally in July 2000). Among the many advantages of conducting surveys by telephone over traditional face-to-face surveys are reduced transportation and other costs, quicker completion of surveys, the ability to closely monitor interviewers, the possibility of minimizing data entry errors by the use of computer programs, and the ease at which data are accessed even while the survey is still in progress (Mulry-Liggan and Chapman, 1982; Frey 1989). Improvements in telephone technology and telephone interview technology, most notably, the development of the Computer-Assisted Telephone Interview (CATI) system and the need for immediate data retrieval have made telephone surveys even more attractive. These apparent advantages, however, have been overshadowed by limitations on the number of actual working telephones, which result from the ever-expanding demand for multiple lines, faxes and modems. Moreover, the working phone rate for New Jersey, which is 57%, is even lower than the national rate of 61% (Survey Sampling, Inc., 1997).

Studies also indicate serious limitations on the types of information that can be reliably collected by telephone. While useful for surveying socially accepted behaviors, the use of telephones for gathering information on sensitive (or illegal or socially unacceptable) behaviors has been shown to be poor compared to face-to-face interviews. In a comparative study done in New Jersey between a self-administered survey and a telephone survey, for example, Aquilino and LoSciuto (1990) found that the telephone survey selected more affluent minorities and provided lower estimates for use of substances than the self-administered survey. This finding is consistent with differences observed in telephone access and drug use patterns by income (Belinfante, 2000). Gfroerer and Hughes (1991) evaluated the merits of telephone surveys for the study of illicit drugs and found that households with telephones reported much less use of illicit drugs (9.4%) compared to those without telephones (24.9%). Households with telephones under-reported use of marijuana by about 35% and cocaine by about 55% compared to face-to-face interviews. Johnson, Hougland and Clayton (1989) also found underestimation of substance

use (including tobacco and illegal drugs) by university students when telephone survey data were compared with in-person interviews.

#### **D. LIMITATIONS OF THE DATA**

Because of the limitations noted above, it is likely that illicit drug use was seriously under-reported in the current survey. In addition to the social undesirability of admitting illicit drug use and the difficulty of reaching drug-using populations by telephone, telephone surveys are also limited by the problem of measuring a relatively rare behavior. These problems often yield estimates that are inconsistent with treatment surveillance data. The 1998 New Jersey telephone household survey, for example, generated an estimate of 6,000 current heroin users in the State, yet the number of admissions to New Jersey treatment agencies for heroin addiction in 1998 numbered 25,000.

Estimates of the use of licit substances, such as cigarettes and alcohol, however, tend to be substantially more accurate. The 1998 New Jersey survey, for example, found an overall lifetime need for treatment of 8.6%, with variations across counties ranging from a low of 4% in Burlington County to a high of 14% in Warren County. A comparison of variations in estimated need and treatment admissions for alcohol problems across counties showed high consistency in the distribution of need estimates and the distribution of treatment admissions. For example, the shore counties (Atlantic, Cape May, Ocean and Monmouth) and the rural counties (Cumberland, Salem, Sussex and Warren) were found to have higher levels of both estimated need and alcohol treatment admissions than were found in the more highly urbanized or inland counties.

#### **E. SUMMARY OF THE RESEARCH METHODOLOGY**

##### **The Sample**

The population for the study was adults over the age of 17 years who reside in households and have working telephone numbers in their residential homes. Therefore all statements made in the report refer to either New Jersey's total adult population or some adult subpopulation. (Readers should refer to Table D-A in Appendix D for Census figures/survey estimates on the New Jersey adult population and subgroups.) The original design called for interviewing a random sample of 700 adults (18+ year-olds) from each county for a total of 14,700 adults in the State. A sample of this size was expected to produce a statewide estimate of substance abuse treatment need with a margin of error of  $\pm 0.8$  percentage points at 95% confidence interval; within each county, a sample size of 700 residents produces an approximate margin of error of  $\pm 3.7$  percentage points (Kish, 1965). The actual sample size (e.g. the number of interviews researchers were able to successfully complete) was 14,660, with county totals ranging from a low of 678 in Hudson County to a high of 703 in Gloucester County.

##### **Weighting**

The data collected for the study was weighted to represent the adult population using 2000 US Census estimates for New Jersey's adult population with regard to age, gender, race, ethnicity and county of residence. The exact weighting procedure is illustrated in Appendix B of this report.

## **Survey Instrument**

The questionnaire used in the study represents a combination of the core questions from the CSAT-sponsored State Needs Assessment Program (STNAP) Survey Core Protocol Questionnaire with questions relating to compulsive gambling and the impact of September 11 added by DAS in consultation with the Eagleton Institute.

The specific topics included in the survey are:

- Lifetime experiences with tobacco use
- Lifetime experiences with alcohol use
- Lifetime experiences with non-medical use of drugs
- Treatment history for substance dependence
- Desired treatment services
- Gambling experiences and treatment history
- Issues and experiences regarding September 11
- Basic demographic information

The final version of the survey instrument was programmed into a CATI (Computer Assisted Telephone Interview) system. The CATI interviews were administered between Mid-September 2002 and February 2003 by professional and experienced interviewers who were trained and monitored by the Eagleton research staff. Interviews were conducted in either English or Spanish, based upon the participant's preference. A more comprehensive description of the research methodology is included in the Appendix A.

## **F. REPORT ORGANIZATION**

This report is organized into nine chapters. Following the Introduction, Chapters 2 and 3 examine usage of alcohol and non-medical drugs, respectively, with a focus on frequency, quantity and age of first use of these substances. Chapter 4 explores usage of tobacco, with a particular focus on cigarette use. Chapter 5 explores past experiences with alcohol and/or drug treatment and provides statewide estimates of alcohol and drug treatment need and demand. Information on compulsive gambling is reported in Chapter 6. Chapter 7 provides county-level information on alcohol, tobacco and drug use. Chapter 8 provides information on the impact of September 11 on substance abuse treatment need. Finally, Chapter 9 compares the 2003 findings in New Jersey with previous statewide results in 1998 and with the national household survey findings reported by the Substance Abuse and Mental Health Services Administration (SAMHSA) from their report entitled "Results From the 2002 National Survey on Drug Use and Health: National Findings."

Each of these chapters also includes a set of tables presenting "demographic breakdowns" of substance use behaviors -- that is, the different frequencies of responses given by various sub-groups of the population regarding their use of the different substances examined. Typically, these differences are reported by gender, age, race, education, income, marital status and employment status. When comparing responses of sub-groups of the population, readers must note that the number of study participants in some groups is small, which results in larger standard error estimates and wider confidence intervals for the resulting percentages.

This report is accompanied by appendices providing more detailed information about the survey methodology (Appendix A), as well as a description of the study weighting process (Appendix B) and the study survey instrument (Appendix C). More detailed demographic breakdowns of the behaviors of interest were compiled and provided in a separate volume to this report. In addition to Table D-A referencing Census and Survey estimates of various adult sub-populations, Appendix D includes all 10 core tables requested by CSAT as part of the standard STNAP report. County breakdowns are also presented for some of the required tables. A Technical Report has also been provided which includes weighted frequency distributions for all questions in the survey (Appendix A); statewide results for a set of key dependent variables by core independent variables as produced through WesVar (Appendix B); and countywide results in SPSS profile tables for the same key dependent variables (Appendix C).

## G. PROFILE OF STUDY PARTICIPANTS

### Demographic Characteristics

Table 1-1 presents an overview of the socio-demographic characteristics of survey participants. These distributions are important to keep in mind when reviewing any sub-group results from the survey. As county, gender, age, and race/ethnicity were part of the weighting scheme utilized in this study, these variables closely match the U.S. Census information for New Jersey 2000 as distributed via the Bureau's "ferret" system.

**TABLE 1-1: Demographic Characteristics**

<b>Demographics (n=14,660)</b>	<b>NJ Sample*</b>	
<i>Gender</i>	Female	53.0%
	Male	47.0
<i>Age</i>	18 to 25	12.2
	26 to 34	16.7
	35 to 49	32.7
	50 and older	38.4
<i>Race/Ethnicity</i>	White	68.5
	Black	12.6
	Hispanic	12.4
	Asian	5.2
	Other	1.3
<i>Born in the US</i>	No	21.5
	Yes	78.5
<i>Education</i>	Less than high school	9.4
	High school graduate	24.7
	Some college	27.7
	College graduate	38.3
<i>Employment Status</i>	Employed full time	57.2
	Employed part time	12.4
	Unemployed	5.2
	Retired/Disabled	17.7
	Homemaker	5.4
	Student	2.0
<i>Household Income</i>	Under \$15,000	6.5
	\$15-24,999	7.2
	\$25-34,999	7.7
	\$35-49,999	11.9
	\$50-79,999	25.2
	\$80-99,999	20.4
	\$100,000 and over	21.1
<i>Marital Status</i>	Married or living as	62.6
	Never married	21.1
	Divorced/Separated	10.1
	Widowed	6.2
<i>Size of Household</i>	One	11.0
	Two	29.3
	Three	22.3
	Four or more	37.4
* Percentages exclude refusals for each demographic question. Overall, 30% refused to report on income, 3% refused on age, 1% on race and education, and less than 1% on all other questions.		

The data indicate that survey participants were 47% male and 53% female. With respect to age, 12% of residents were between the ages of 18 and 25, 17% were between ages 26 and 34,

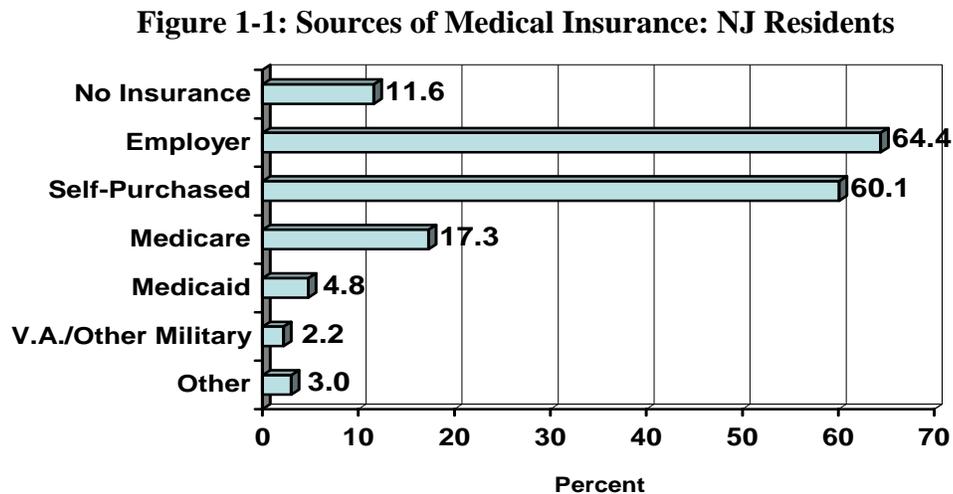
33% between ages 35 and 49 and 38% were age 50 or older. The two questions on race<sup>4</sup> and ethnicity were combined to produce a “Race/ethnicity” variable. Those who identified themselves as non-Hispanic on the ethnicity variable were classified according to their primary self-reported racial category (either non-Hispanic White, non-Hispanic Black or Asian). Those who self-identified as Hispanic, however, were classified as Hispanic, regardless of their self-reported racial category. Overall, 69% of study participants were White, 13% were black, 12% were Hispanic, 5% were Asian, and 1% were of some other race. Further, nearly 22% of all New Jerseyans were born outside of the United States.

With respect to education, most residents had a high school education or better, with only 9% reporting that they failed to complete high school or obtain a GED. About 25% had a high school diploma only, 28% reported having some college and 38% were college graduates. In terms of employment status, about 7-in-10 worked either full-time (57%) or part-time (12%). About 5% were unemployed, 18% were retired or disabled, 5% were homemakers and 2%, students. New Jerseyans reported a wide distribution of income, with about 33% having an annual household income of less than \$50,000, and 21% earning more than \$100,000 per year.

In terms of marital status, the majority were married or living as married (63%). Twenty-one percent had never married, 10% were divorced or separated and 6% were widowed. Only 11% of residents reported living in a single-person household. Twenty-nine percent lived in a two-person household, 22% in a three-person household and 37% in a household with four or more people.

### Mental and Physical Health

Survey participants were also asked questions about their health insurance, health status and use of medical services in the past 12 months. Approximately 12% of New Jerseyans reported having no health insurance (Figure 1-1). About 64% had insurance that was paid

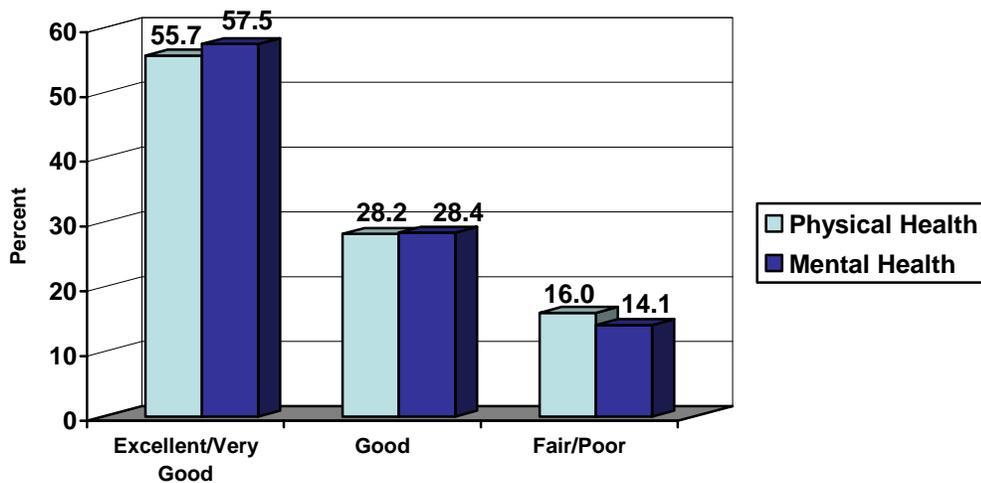


<sup>4</sup> People who considered themselves of multiple race origin were classified according to the race they mentioned first.

through their employer and 60% reported self-paying for some or all of their health insurance. Seventeen percent reported their insurance was through Medicare, 5% had Medicaid and about 2% were insured through the Veteran’s Administration or some other military source.

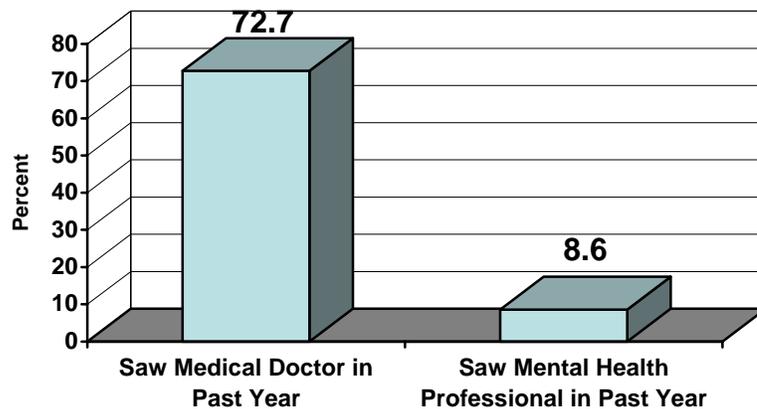
Overall, New Jerseyans gave comparable ratings of their mental and physical health (Figure 1-2). Thus, nearly 56% reported that their physical health was excellent or very good and 58% reported experiencing excellent or very good mental health. Similarly, 16% rated their physical health as only fair or poor compared to 14% who reported fair or poor mental health.

**Figure 1-2: Physical and Mental Health Status Self Ratings: NJ Residents**



Rates of utilization of medical vs. mental health services differed substantially, however (Figure 1-3). More than 7-in-10 New Jerseyans (73%) reported at least one visit to a medical doctor in the previous year, compared to fewer than 1-in-10 residents (9%) who reported visiting a mental health professional. Moreover, 36% of residents reported making 3 or more physician visits in the previous year, and 15% reported making 6 or more visits. In contrast, only 5% reported 3 or more visits and 4%, 6 or more visits, to a mental health professional in the previous year.

**Figure 1-3: Receipt of Medical Care in the Past 12 Months: NJ Residents**



## CHAPTER 2

### ALCOHOL

#### A. INTRODUCTION

This chapter begins by providing information on overall use of alcohol, including current and lifetime prevalence of alcohol use, the frequency and quantity of alcohol consumed and characteristics of current and heavy drinkers. We also present trends in age of first alcohol use and examine relationships between alcohol use and the use of cigarettes and illicit drugs.

For the purpose of this report, we use the following definitions:<sup>5</sup>

Current Use: At least one drink in the last 30 days (including heavy and binge drinking).

Heavy Use: Five or more drinks on the same day on at least 4 days in the past 30 days.

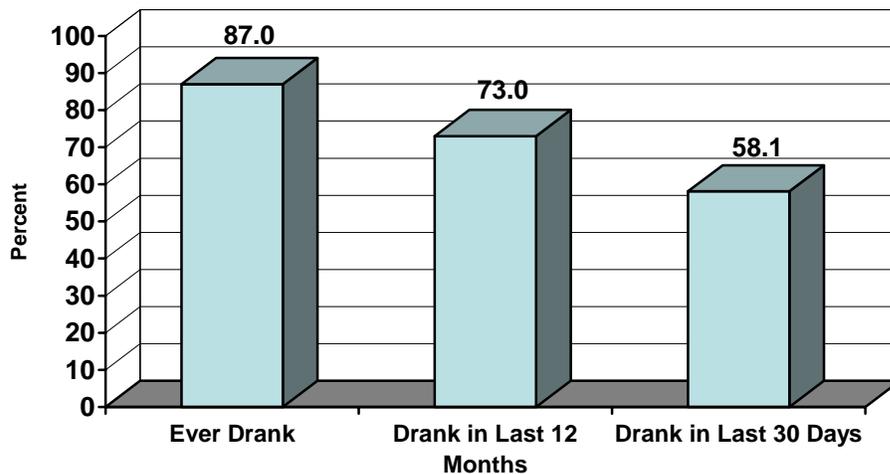
Binge Use: Drinking for two or more days straight without sobering up.

#### B. OVERVIEW

##### Alcohol Use, Frequency and Quantity

- Most New Jersey adults (87%) have had at least one drink of alcohol in their lifetime (Figure 2-1). This includes 73% who consumed alcohol in the past 12 months and 58% who drank in the past 30 days.

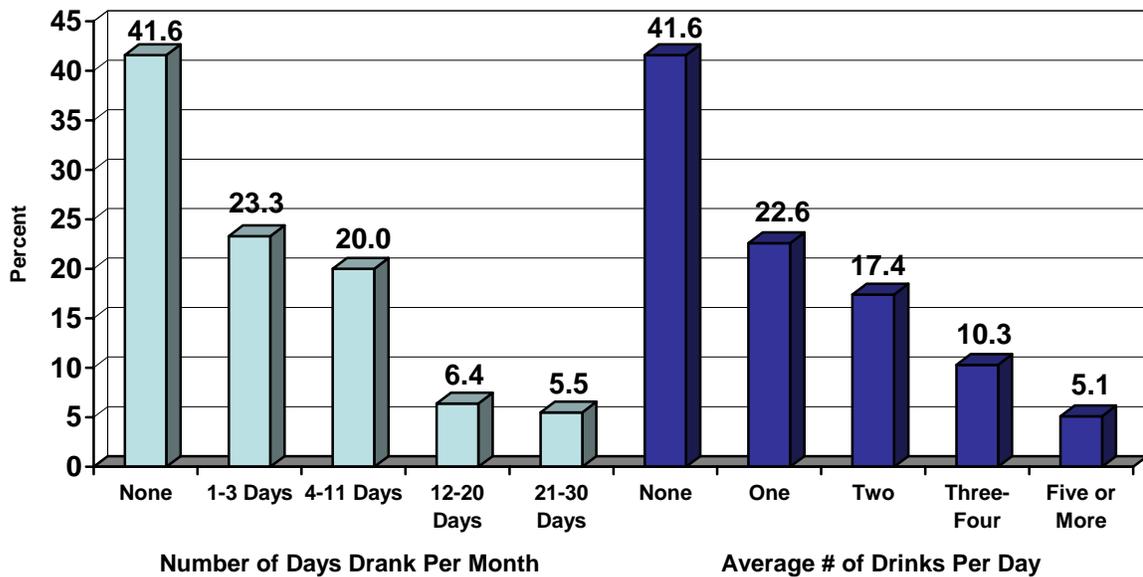
**Figure 2-1: Alcohol Consumption: NJ Residents**



<sup>5</sup> Our definition of “current use” is comparable to that used in the [2002 National Survey on Drug Use and Health: National Findings](#), Department of Health and Human Services. The National Survey definitions vary for “heavy use” (drinking 5+ drinks in a row on 5 or more days in the last month) and “binge use” (drinking 5+ drinks in a row on at least 1 day in the last 30).

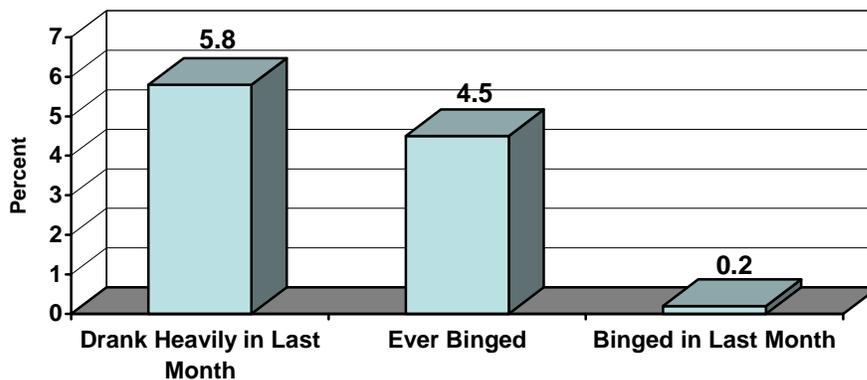
- About 23% of New Jerseyans drank alcohol on 3 days or less during the past 30 days (Figure 2-2). Nearly 6%, however, consumed alcohol almost every day (21-30 days out of the month).
- Forty percent of New Jerseyans reported having only 1 or 2 drinks on the days they drank in the last month (23% had 1 drink; 17% had 2 drinks). Ten percent of residents averaged 3-4 drinks and 5% averaged 5 or more drinks on the days they drank.

**Figure 2-2: Frequency and Quantity of Alcohol Use In Last 30 Days: NJ Residents**



- Nearly 6% of New Jerseyans reported drinking heavily in the past month. About 5% reported binge drinking at some time in their lives; however, less than 1% said they engaged in binge drinking in the last month.

**Figure 2-3: Frequency of Heavy and Binge Drinking: NJ Residents**



**C. DEMOGRAPHIC CHARACTERISTICS OF CURRENT AND HEAVY ALCOHOL USERS (Table 2-1)**

**Gender and Age**

- Males were substantially more likely than females to be current drinkers (65% vs. 53%) and to drink heavily (9% vs. 3%).
- While only 40% of residents aged 18-20 reported current drinking, this percentage increased substantially at the legal drinking age of 21, with 65% of those aged 21-25 reporting that they currently drink. Residents in this age group, moreover, had the highest prevalence of drinking of all age groups. Of those over age 21, current drinking was the least prevalent in the 50 and older age group, with 56% of older residents reporting alcohol use in the past month.
- In the sample as a whole, trends with respect to heavy drinking were comparable to those for current use, with the highest proportion of heavy alcohol users (15%) found in the 21-25 year-old age group and the lowest proportion found in the 50 and older age group (3%).

**Race/Ethnicity**

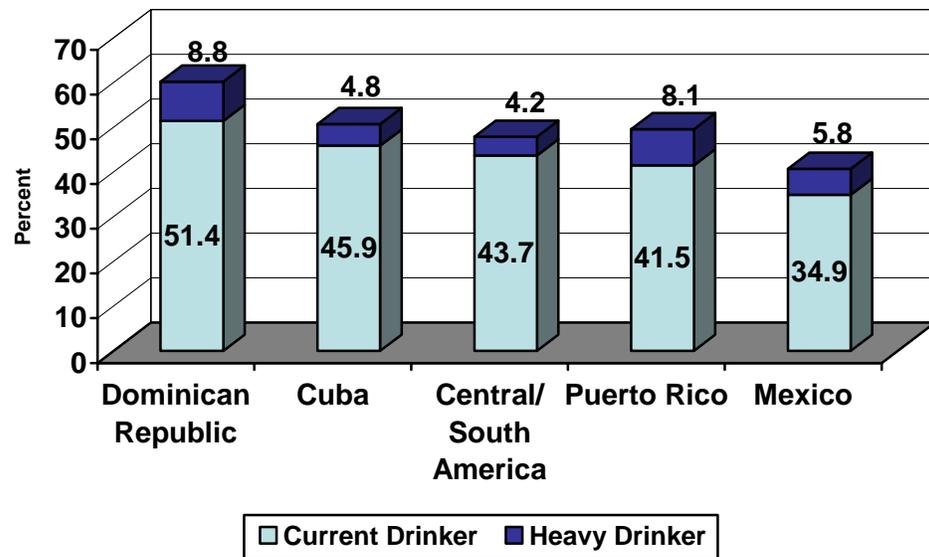
- Whites reported the highest prevalence of current alcohol use (65%), followed by Blacks and Hispanics (about 43% for each group). Asians reported the lowest prevalence of use of all racial/ethnic groups (39%).

**Table 2-1: Characteristics of Current and Heavy Alcohol Users**

Demographics		Proportion of Residents Who Drank in Last 30 Days	Proportion of Residents Who Drank Heavily
<i>New Jersey Total Population</i>		58.1%	5.8%
<i>Gender</i>	Males	64.5	8.9
	Females	52.5	3.1
<i>Age</i>	18-20	39.8	10.4
	21-25	64.9	14.6
	26-34	59.5	10.0
	35-49	61.5	5.0
	50+	55.6	2.7
<i>Race/Ethnicity</i>	White	65.2	6.2
	Black	42.9	4.6
	Hispanic	43.5	6.3
	Asian	39.4	2.9
<i>Marital Status</i>	Married	60.5	4.2
	Never Married	57.5	11.8
	Divorced/Sep.	55.1	5.8
	Widowed	41.0	1.2
<i>Education</i>	Less than H.S.	35.1	5.5
	H.S. Grad.	51.3	6.1
	Some College	57.5	6.8
	College Grad.	68.7	5.0
<i>Employment Status</i>	Employed FT/PT	62.2	6.6
	Unemployed	52.8	8.7
<i>Income</i>	Under \$25,000	39.5	3.5
	\$25,000-49,999	51.9	6.1
	\$50,000-79,999	62.6	6.9
	\$80,000-100,000	68.5	6.7
	Over \$100,000	74.6	8.0

- With respect to heavy drinking, a comparable percentage of Whites and Hispanics reported heavy consumption in the last month (6% of each group). About 5% of Blacks reported drinking heavily, with Asians reporting the lowest prevalence at 3%.
- Substantial variation in patterns of alcohol use was found within the Hispanic population according to the respondent's country of origin (Figure 2-4). Thus, Dominicans reported the highest prevalence of both current (51%) and heavy (9%) drinking of all groups. Cubans were second to Dominicans in their prevalence of current drinking (46%) and Puerto Ricans were second to Dominicans in their prevalence of heavy drinking (8%). The lowest prevalence of current drinking was reported by Mexicans (35%), and the lowest prevalence of heavy drinking, by Central and South Americans (4%).

**Figure 2-4: Current and Heavy Drinkers By Place of Origin: NJ Hispanics**



### Marital Status

- The highest prevalence of current drinking was reported by residents who were married (61%), followed by those who were never married (58%) and divorced or separated (55%). Widowed residents had the lowest prevalence of current use of all marital groups (41%).
- Although married residents were the most likely to be current drinkers, they were among the least likely to drink heavily, with only 4% reporting heavy alcohol use. The highest prevalence of heavy use was reported by those who were never married (12%), followed by those who were divorced or separated (6%). Widowed residents reported the lowest prevalence of heavy use of all groups (1%).

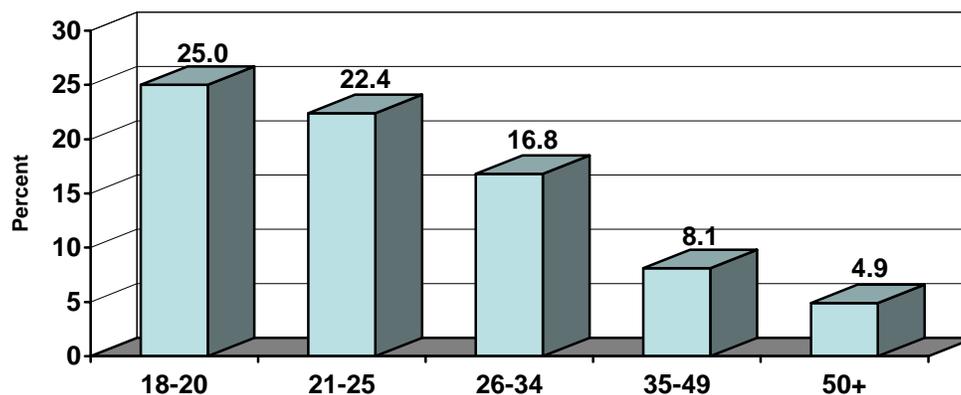
## Education, Employment Status and Income

- The prevalence of current drinking increased with educational attainment, being reported by 35% of those having less than a high school education, 51% of high school graduates, 58% of those with some college and 69% of college graduates.
- Although college graduates drank more frequently than the less educated, they were the least likely of all groups to drink heavily (5%). The highest prevalence of heavy drinking was reported by those with some college (7%), followed by high school graduates and those with less than a high school education (6% for each group).
- Residents who were employed were more likely than the unemployed to be current drinkers (62% vs. 53%), but somewhat less likely than the unemployed to drink heavily (7% vs. 9%).
- The prevalence of both current and heavy drinking was found to increase with increasing income. Thus 40% of those who earned less than \$25,000 a year were current drinkers, compared to 75% of those earning over \$100,000 a year. Similarly, 4% of those at the lowest wage level drank heavily, compared to 8% of those at the highest wage level.

## D. TRENDS IN HEAVY DRINKING AMONG CURRENT DRINKERS

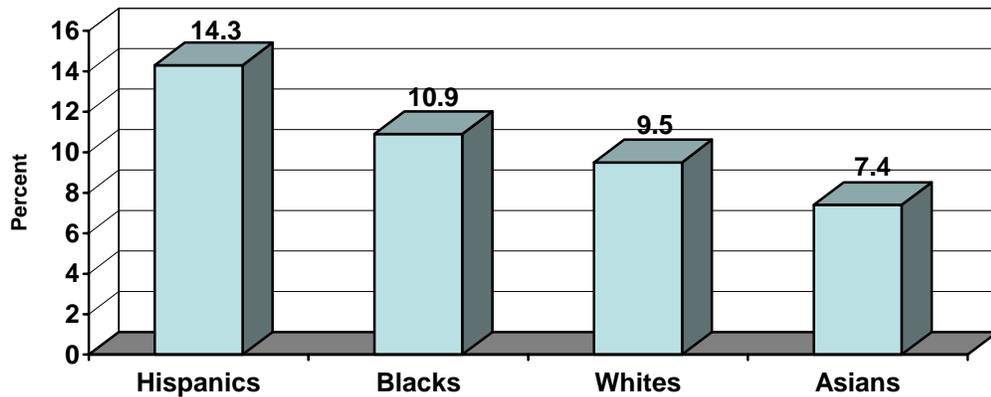
- When trends in heavy drinking were examined **among New Jerseyans who drank in the last 30 days**, several trends emerged which differed from those observed for the sample as a whole. The most striking differences were found with respect to age, race/ethnicity and education.
- Although residents under age 21 were the least likely of all age groups to be current drinkers, those that drank reported the highest prevalence of heavy drinking (25%) of all groups (Figure 2-5). Heavy drinking decreased substantially as residents' age increased, with those in the 50 and older age group having the lowest prevalence of all age groups (5%).

**Figure 2-5: Heavy Drinkers By Age: NJ Current Drinkers**



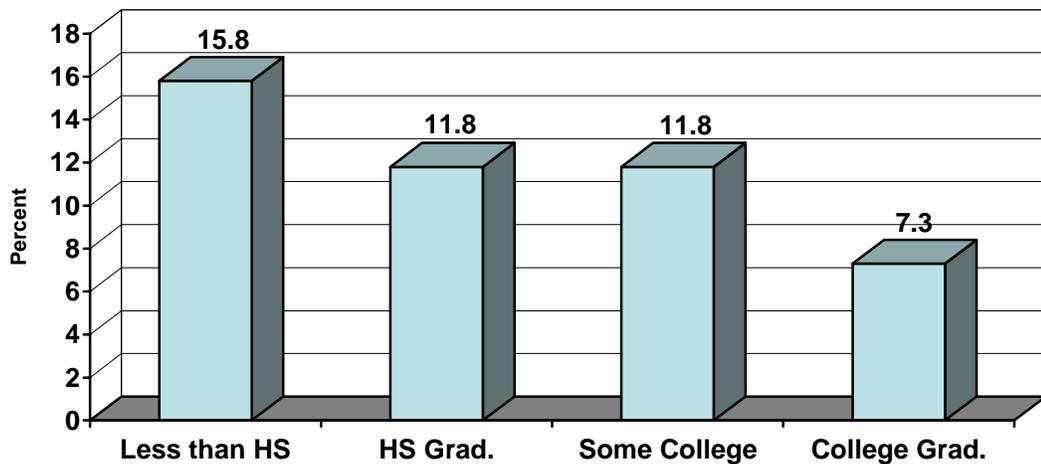
- Among drinkers, Hispanics reported the highest prevalence of heavy drinking of all racial/ethnic groups (14%), followed by Blacks (11%) (Figure 2-6). Asian drinkers had the lowest prevalence of all groups.

**Figure 2-6: Heavy Drinkers By Race/Ethnicity: NJ Current Drinkers**



- Although residents with less than a high school education were substantially less likely to drink than those with more education, those at the lowest education level who drank were the most likely to drink heavily (16%) (Figure 2-7). Among drinkers, heavy drinking decreased as education increased, with college graduates reporting the lowest prevalence of heavy drinking of all groups (7%).

**Figure 2-7: Heavy Drinking By Education: NJ Current Drinkers**

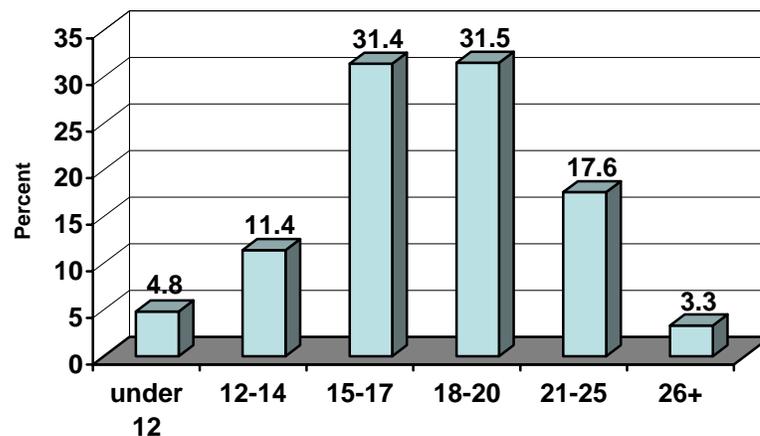


## E. AGE OF FIRST USE

### Population Overview (Figure 2-8)

- About 8-in-10 drinkers reported that they were under 21 years of age (the legal New Jersey drinking age) the first time they used alcohol. About 16% of drinkers reported initiating alcohol use before the age of 15, 31% first used between the ages of 15 and 17, and 32% reported first using alcohol between the ages of 18 and 20. Only about 21% reported first using alcohol at age 21 or older.

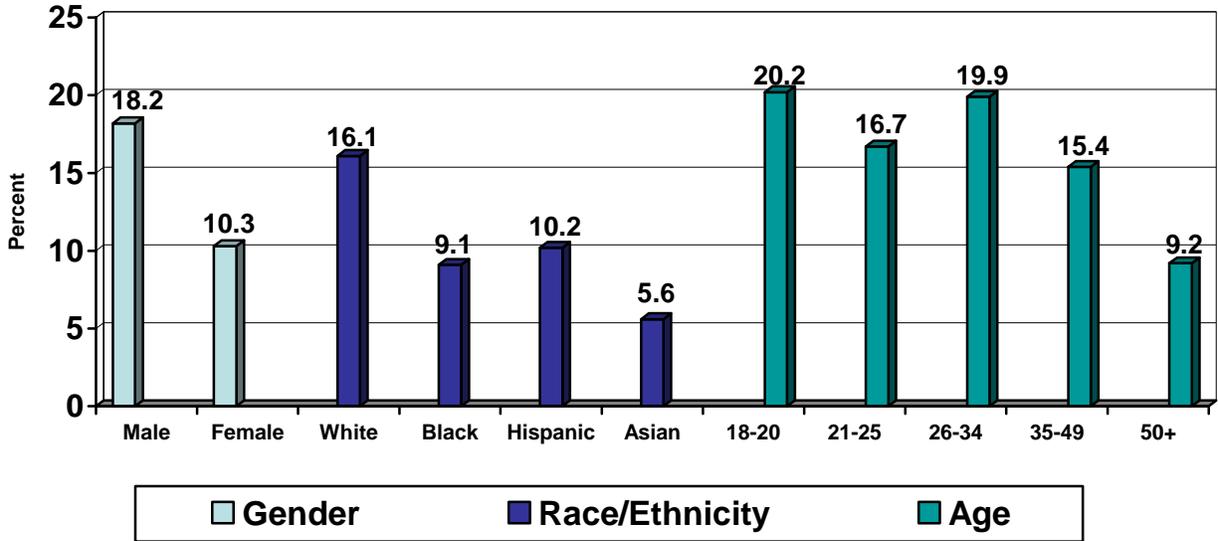
**Figure 2-8: Age of First Alcohol Use: NJ Current Drinkers**



### Demographic Characteristics of Early Users (Age 14 or Under) (Figure 2-9)

- Males were more likely than females to initiate alcohol use before age 15 (18% vs.10%).
- Whites were the most likely of all racial/ethnic groups to report early alcohol use (16%), followed by Hispanics (10%) and Blacks (9%). Asians reported the lowest prevalence of early use of all groups (6%).
- Early initiation of alcohol use was reported most frequently by those under age 34, indicating a possible trend towards earlier use among younger generations. Thus, only 9% of those aged 50 and older reported using alcohol before age 15, compared to 20% of 18-20 year-olds, 17% of 21-25 year-olds and 20% of 26-34 year-olds. About 15% of those aged 35-49 reported use before age 15.

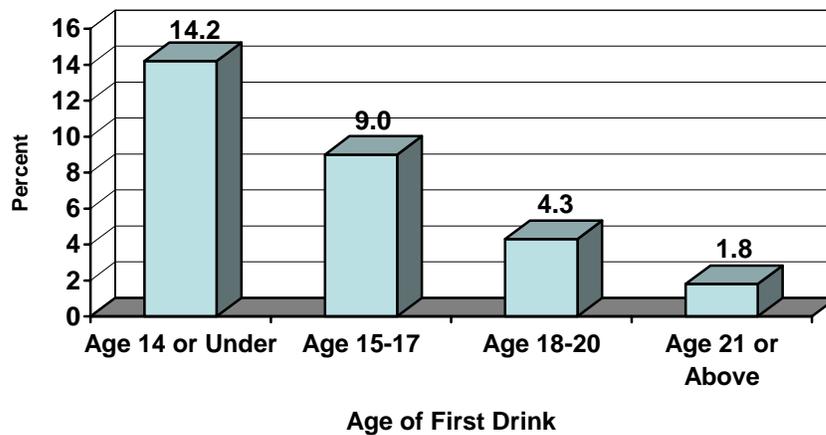
**Figure 2-9: Prevalence of Early Alcohol Use (by Age 14) by Gender, Age and Race/Ethnicity: NJ Residents**



**Relationship of Heavy Drinking to Age of First Alcohol Use (Figure 2-10)**

- The earlier the age at which residents reported having their first drink, the greater their current prevalence of heavy drinking. Thus, 14% of residents who had their first drink by age 14 reported drinking heavily in the last month, compared to 9% of those who first drank between ages 15 and 17, 4% of those who drank between ages 18 and 20 and 2% of those who started drinking at age 21 or older.

**Figure 2-10: Heavy Alcohol Use by Age of First Drink**

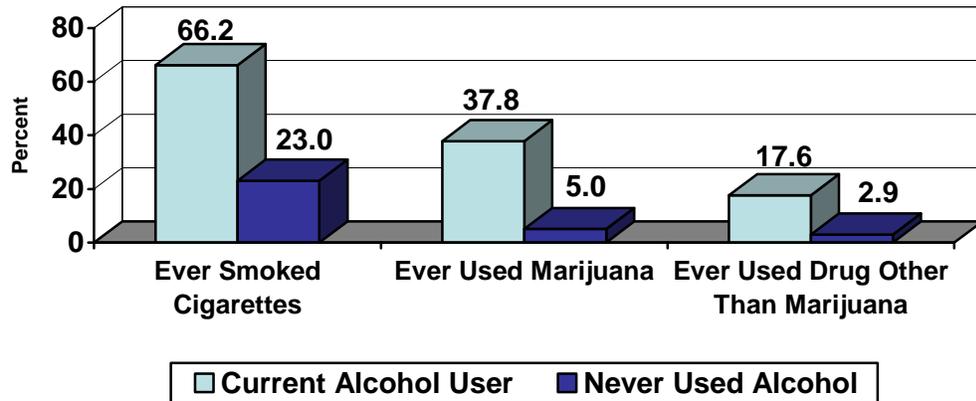


**F. RELATIONSHIP OF ALCOHOL USE, AND AGE OF FIRST USE, TO USE OF TOBACCO AND ILLICIT DRUGS**

**Alcohol Use and Its Relationship to Tobacco and Illicit Drug Use (Figure 2-11)**

- Current use of alcohol was highly related to the use of tobacco. Thus, 66% of current alcohol users had smoked cigarettes in their lifetime, compared to only 23% of residents who had never used alcohol.
- Compared to those who never drank, current alcohol users also reported a substantially higher prevalence of lifetime marijuana use (38% vs. 5%) and lifetime use of illicit drugs other than marijuana (18% vs. 3%).

**Figure 2-11: Use of Cigarettes and Illicit Drugs Among Alcohol Users and Non-Users**

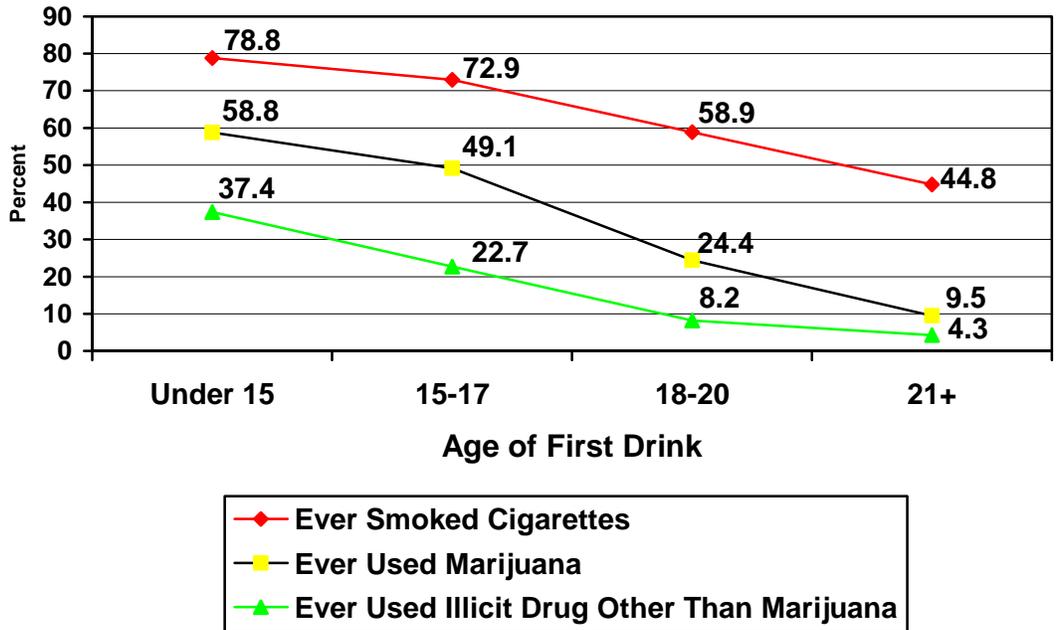


**Relationships Between Age of First Alcohol Use and Use of Tobacco and Illicit Drugs (Figure 2-12)**

- The prevalence of cigarette and illicit drug use was substantially higher among drinkers who initiated alcohol use at an early age than it was among drinkers who were late initiators. Thus, the highest proportion of lifetime cigarette smoking was found among those who had their first drink before age 15 (79%). Smoking prevalence decreased with decreasing age of first use, dropping to 73% among those who first drank at age 15-17, 59% among those who first drank at age 18-20 and 45% among those first drinking at age 21 or older.
- Similar trends were found for marijuana use, with the highest lifetime use of marijuana being reported by those who started drinking before age 15 (59%). Marijuana use fell to 49% among those initiating alcohol use between ages 15-17, 24% among those who first drank between ages 18-20 and 10% among those who started drinking at age 21 or older.

- Lifetime illicit drug use other than marijuana also increased as the age of alcohol initiation decreased, being reported by 37% of those drinking before age 15, 23% of those drinking between 15-17, 8% of those drinking between 18 and 20 and 4% of those who started drinking at age 21 or older.

**Figure 2-12: Use of Tobacco and Illicit Drugs by Age of First Drink**



## CHAPTER 3

### ILLCIT DRUG USE

In this chapter we provide an overview of the prevalence of illicit drug use and characteristics of users. We also examine relationships between marijuana use and the use of other illicit drugs. The survey questioned State residents on their use of 13 different drugs: marijuana, powdered cocaine, crack cocaine, heroin, non-prescribed pain relievers or other opiates, non-prescribed stimulants, methamphetamine, hallucinogens, such as PCP or LSD, non-prescribed tranquilizers, non-prescribed sedatives or sleeping pills, ecstasy, other club drugs and non-prescribed steroids. Over-the-counter medications and the legitimate, prescribed use of any of these substances are not included. We first present the lifetime prevalence of each substance individually. In the remaining analyses, we group these drugs into the same major categories utilized in the National Household Survey. These are as follows:

1. Marijuana
2. Cocaine: Powdered cocaine and crack cocaine
3. Hallucinogens: LSD/PCP, Ecstasy and other club drugs
4. Heroin
5. Psychotherapeutics: All the prescription-type drugs, including stimulants, pain relievers and other opiates, sedatives or sleeping pills, and tranquilizers. Methamphetamine is included in this category as a form of stimulant.

Because few residents acknowledged using any illicit drugs in the last 30 days, we focus our analysis on those who reported using illicit drugs in the last 12 months. We use the following definitions in this chapter:

Recent Use: Use of one or more illicit drugs in the last 12 months.

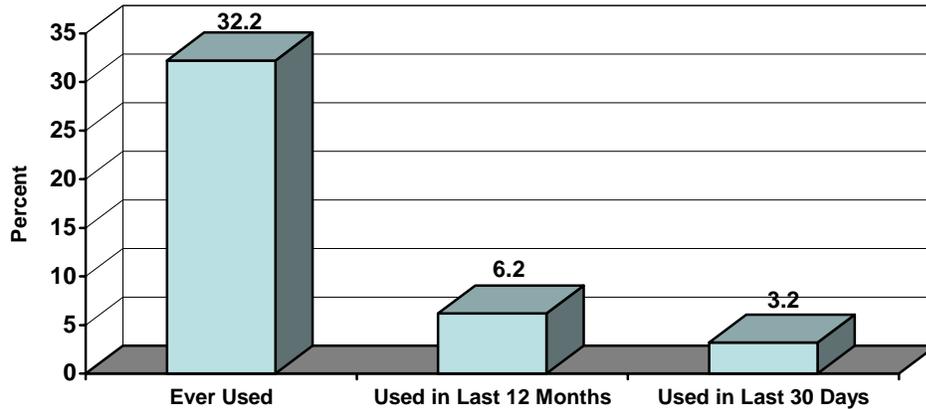
Polydrug Use: Use of two or more illicit drugs.

#### A. PREVALENCE OF ILLICIT USE

##### **Prevalence of All Illicit Drug Use and Timeframes for Use**

- Thirty-two percent of all New Jerseyans reported that they had used one or more illicit drugs at some time in their lives (Figure 3-1). Six percent reported using one or more drugs in the last 12 months and only 3% said they had used an illicit drug in the last 30 days.

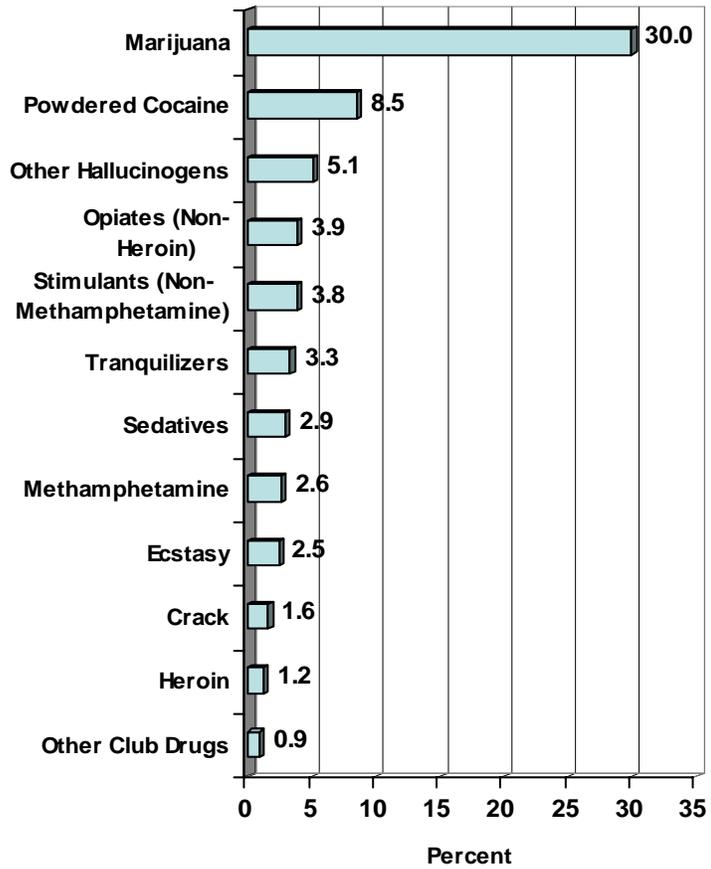
**Figure 3-1: Use of Illicit Drugs: NJ Residents**



**Lifetime Use of Illicit Drugs, by Type of Drug**

**Figure 3-2: Lifetime Use of Illicit Drugs By Drug Type: NJ Residents**

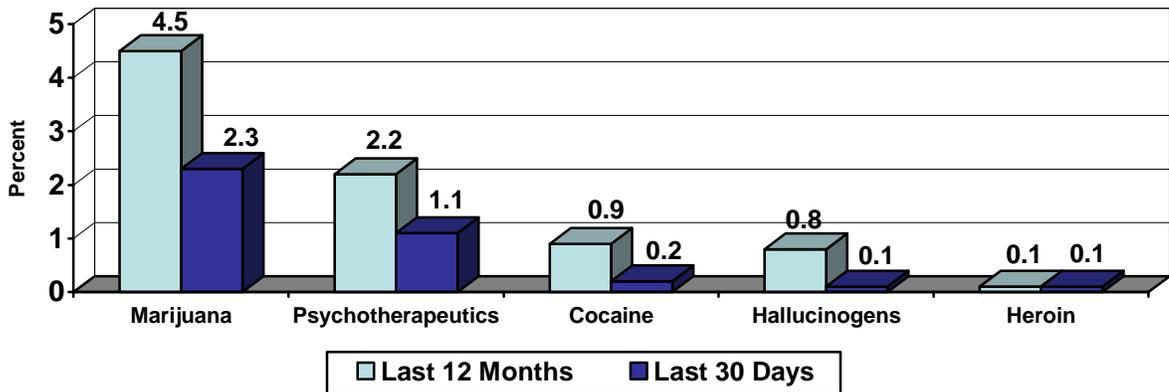
- The most prevalent drug used by residents was marijuana, with 30% reporting lifetime use of this drug (Figure 3-2). Next in frequency was powdered cocaine, with nearly 9% reporting lifetime use. Lifetime use of hallucinogens, like LSD and PCP, was reported by about 5% of residents and lifetime use of non-prescribed stimulants and pain relievers was reported by about 4% each. Three percent or fewer of New Jerseyans reported lifetime use of the remaining drugs, with non-prescribed steroids (not shown) being reported with the lowest frequency of all drugs (less than 1%).



### Past 12-Month and 30 Day Use, By Category of Drug

- When we examine last 12 months and last 30 day use of these substances grouped into the National Household Survey categories (Figure 3-3), we find that marijuana is still the most frequently reported substance, with nearly 5% reporting its use in the last 12 months and 2% reporting past 30-day use.
- Psychotherapeutics are the next in frequency, being reported by 2% of residents in the last 12 months and 1% in the last 30 days. Use of cocaine and hallucinogens were each reported by about 1% in the last 12 months, and by less than 1% in the last 30 days. Past 12 month and 30 day use of heroin was reported by less than 1% for both time periods.

**Figure 3-3: Use of Illicit Drugs In Last 12 Months and Last 30 Days By Category of Drug: NJ Residents**



### B. DEMOGRAPHIC CHARACTERISTICS OF RECENT USERS OF MARIJUANA, COCAINE AND PSYCHOTHERAPEUTICS AMONG ALL RESIDENTS (TABLE 3-1)

#### Gender, Age and Race/Ethnicity

- Males were more likely than females to have used all categories of drugs in the past 12 months, including marijuana (6% vs. 3%), psychotherapeutics (3% vs. 2%) and cocaine (1% vs. 0.5%).
- The use of all categories of drugs decreased substantially with increasing age, with 18-20 year-olds reporting the highest frequency of use, and those 50 and older the lowest use, of all age groups. Thus, among 18-20 year-olds, 24 % reported past year use of marijuana, 9% reported past year use of psychotherapeutics and 3% reported past year use of cocaine. Among those 50 and older, 1% reported using marijuana and psychotherapeutics, and less than 1% reported use of cocaine.

- By race/ethnicity, Blacks reported the highest use of marijuana (6% vs. 5% for Whites, 4% for Hispanics and 3% for Asians) and Whites the highest use of psychotherapeutics (3% vs. 2% for Hispanics and 1% for Blacks and 0.5% for Asians). One percent or fewer of all racial/ethnic groups reported past year use of cocaine.

**Table 3-1: Characteristics of Recent Users of Marijuana, Psychotherapeutics and Cocaine: NJ Residents**

Demographics		Marijuana	Psychotherapeutics	Cocaine
<i>New Jersey Total Population</i>		<b>4.5%</b>	<b>2.2%</b>	<b>0.9%</b>
<i>Gender</i>	Males	6.4	2.5	1.3
	Females	2.9	2.0	0.5
<i>Age</i>	18-20	23.9	9.2	2.8
	21-25	14.5	5.6	2.8
	26-34	7.6	3.4	1.6
	35-49	2.7	1.5	0.8
	50+	0.9	1.0	0.1
<i>Race/ Ethnicity</i>	White	4.5	2.5	1.0
	Black	5.8	1.2	0.8
	Hispanic	3.9	1.9	0.6
	Asian	2.7	0.5	0.2
<i>Marital Status</i>	Married	2.2	1.5	0.4
	Never Married	12.9	4.7	2.3
	Divorced/Sep.	3.9	2.1	1.1
	Widowed	0.1	1.2	0.1
<i>Education</i>	Less than H.S.	4.6	2.5	0.6
	H.S. Grad.	4.4	2.6	1.1
	Some College	6.1	2.8	1.1
	College Grad.	3.5	1.5	0.5
<i>Employment Status</i>	Employed FT/PT	5.2	2.2	0.9
	Unemployed	8.4	4.3	2.3
<i>Income</i>	Under \$25,000	3.7	1.5	1.3
	\$25,000-49,999	5.0	2.9	0.6
	\$50,000-79,999	5.0	2.6	1.1
	\$80,000-100,000	3.7	2.0	0.2
	Over \$100,000	6.6	2.5	1.6

## Marital Status, Education, Employment and Income

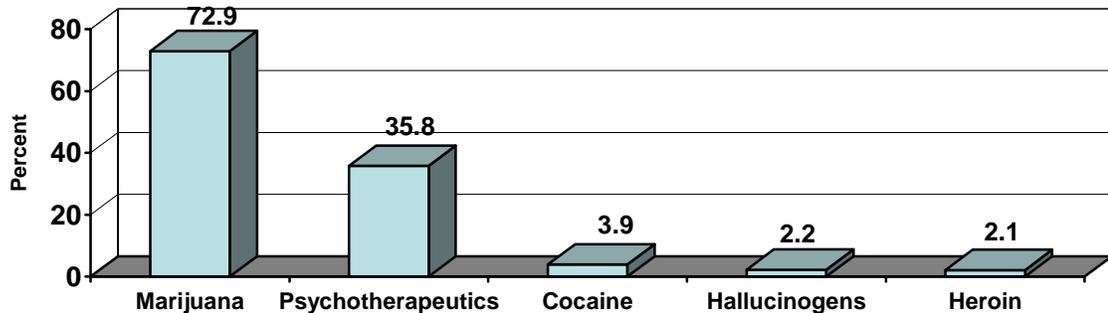
- By marital status, those who were never married reported the highest prevalence of the use of all substances. This difference was especially pronounced with respect to marijuana (reported by 13% of those who were never married, compared to 4% of divorced/separated residents, 2% of married residents and less than 1% of widowed residents).
- There was little variation in drug use by educational attainment.
- The unemployed were somewhat more likely than the employed to report use of all drug categories examined (8% vs. 5% for marijuana; 4% vs. 2% for psychotherapeutics and 2% vs. 1% for cocaine).
- Those earning over \$100,000 per year were somewhat more likely than those earning less to report past year use of marijuana (7% vs. 4%-5% for the lower income groups); similarly with regard to cocaine (2% vs. 1% for lower income groups). There was even less income difference, however, in the use of psychotherapeutics (between 2%-3% for all groups).

## C. RECENT ILLICIT DRUG USERS: DRUGS USED AND CHARACTERISTICS OF USERS

### Types of Drugs Used

- Among recent drug users, marijuana represented, by far, the most frequently used drug, being mentioned by 73% of recent users (Figure 3-4). Psychotherapeutics were next in prevalence, reported by 36% of recent users. Cocaine was used by only 4% of users, while hallucinogens and heroin were used by only 2%.

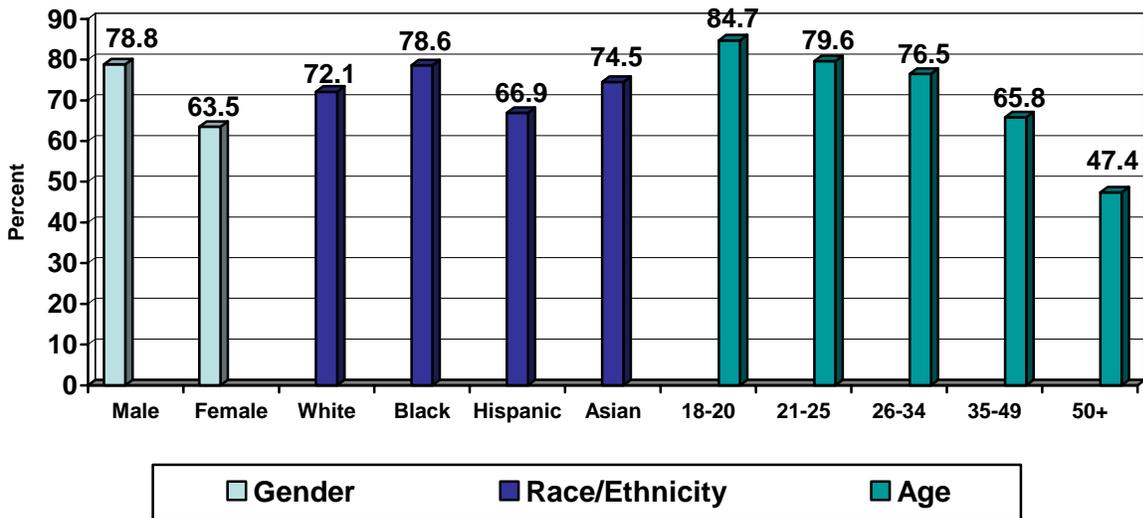
**Figure 3-4: Drugs Used in Last 12 Months By Category of Drug: NJ Illicit Drug Users**



### Characteristics of Users: Gender, Race/Ethnicity and Age

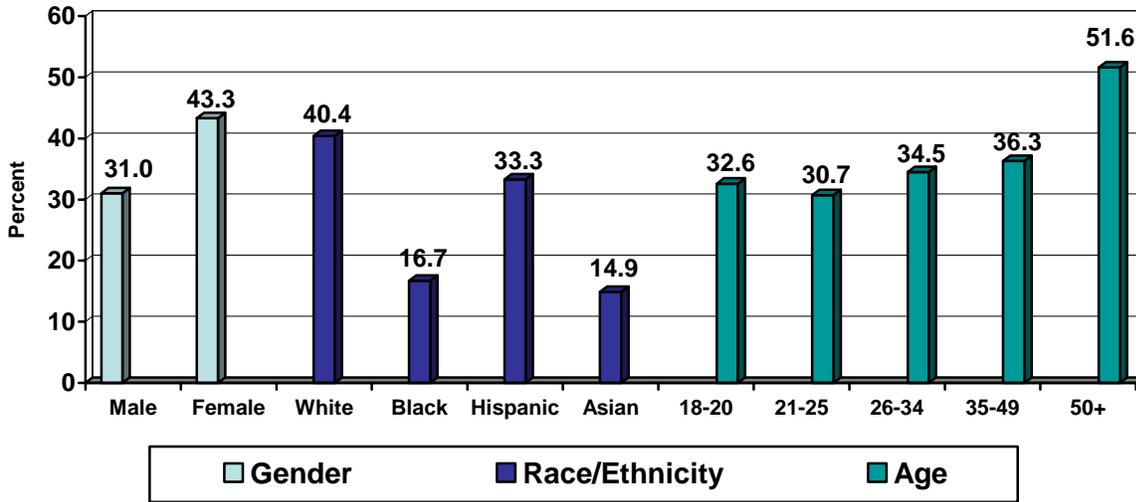
- Recent users of marijuana (Figure 3-5) were more likely to be male than female (79% vs. 64%). By race/ethnicity, they were most likely to be Black (79%) and least likely to be Hispanic (67%). In terms of age, marijuana users were most likely to be in the 18-20 year age group (85%) and least likely to be 50 years of age or older (47%).

**Figure 3-5: Past 12-Month Use of Marijuana by Gender, Race/Ethnicity and Age: NJ Illicit Drug Users**



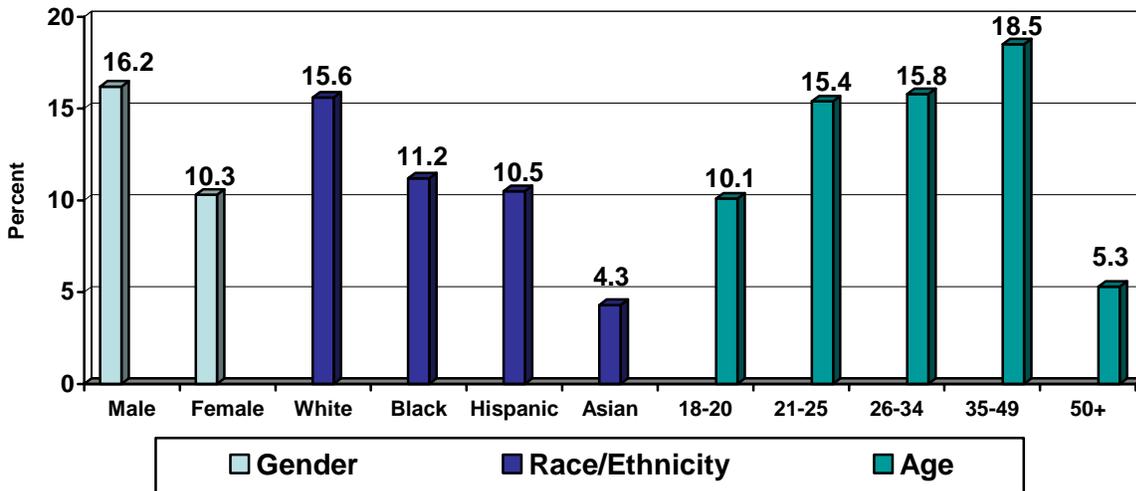
- The demographic profile of recent users of psychotherapeutics differed substantially from that of marijuana users. Thus, users of psychotherapeutics were more likely to be female than male (43% vs. 31%). They were most likely to be White (40%) and least likely to be Asian (15%) or Black (17%). They were also most likely to be in the oldest age group (52%) and least likely to be in the youngest groups (33% for 18- 20 year-olds and 31% for 21-25 year-olds).

**Figure 3-6: Past 12-Month Use of Psychotherapeutics by Gender, Race/Ethnicity and Age: NJ Illicit Drug Users**



- Cocaine (Figure 3-7) was more likely to be used by males than females (16% vs. 10%). Recent cocaine users were also more likely to be White than Black, Hispanic or Asian (16% for Whites vs. 11% for Blacks and Hispanics and 4% for Asians).
- Cocaine use increased with increasing age through ages 35 to 49. Its use then dropped significantly among those aged 50 and older. Thus, 10% of 18-20 year-olds reported recent cocaine use, compared to 18% of those in the 35-49 year age group. Only 5% of those 50 and older reported the recent use of cocaine.

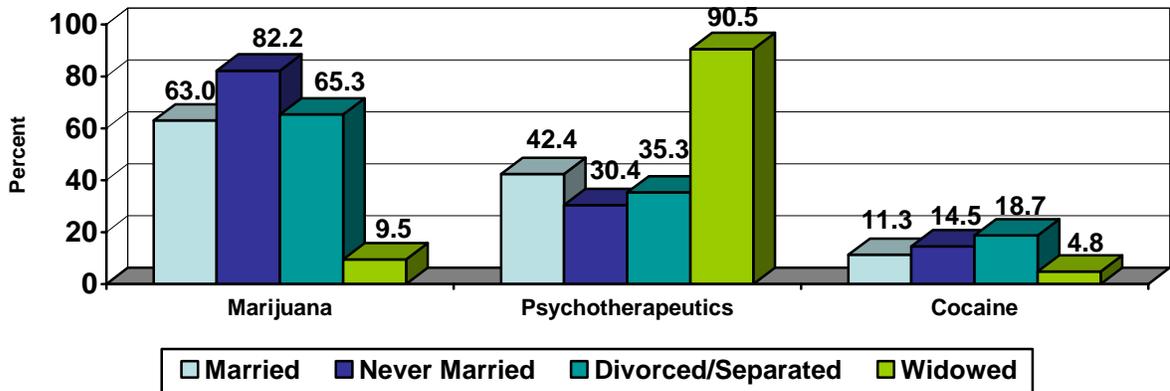
**Figure 3-7: Past 12-Month Use of Cocaine by Gender, Race/Ethnicity and Age: NJ Illicit Drug Users**



### Socio-demographic Characteristics of Users: Employment and Marital Status

- In general, there were few remarkable differences in types of drugs used by recent drug users according to marital status, education, employment or income.
- One notable exception, however, pertained to variations in cocaine use according to employment status, with illicit drug users who were unemployed having substantially higher rates of cocaine use than those who were employed (20% vs. 13%).
- The most striking trend was observed with respect to marital status (Figure 3-8). Psychotherapeutics were found to be the primary illicit drug of choice of widowed drug users, being reported by 91% of widowed users, compared to 42% of married, 35% of divorced and separated and 30% of never married residents. In contrast, only 10% of widowed drug users used marijuana and only 5% used cocaine.

**Figure 3-8: Past 12-Month Use of Selected Substances By Marital Status: NJ Illicit Drug Users**

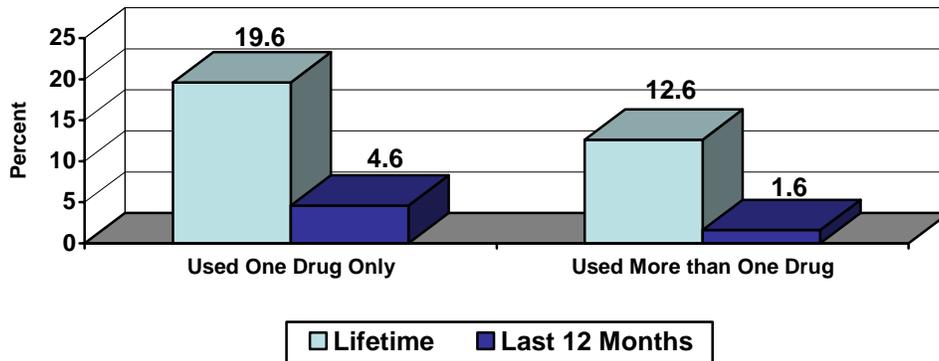


### D. POLYDRUG USE

#### Prevalence: All Residents (Figure 3-9)

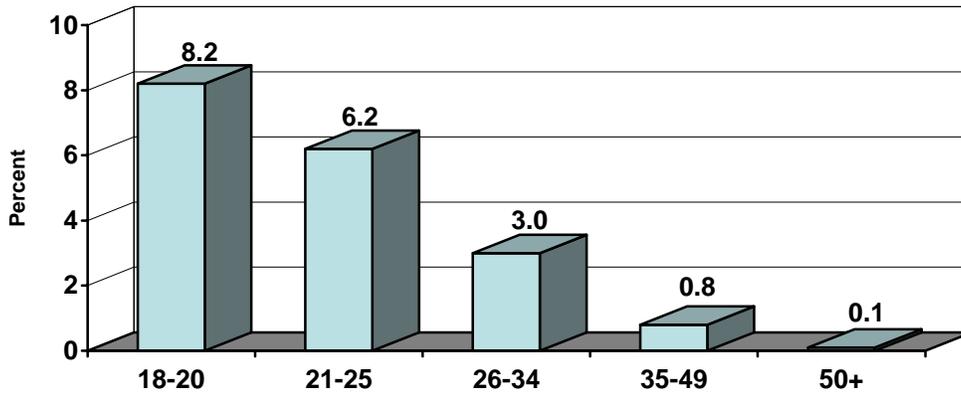
- About 13% of all New Jerseyans reported using two or more drugs at some time during their lives while 20% reported using only one.
- Two percent of New Jerseyans reported using 2 or more drugs in the last 12 months, compared to 5% who used only one.

**Figure 3-9: Polydrug Use in Lifetime and the Last 12 Months: NJ Residents**



- The highest prevalence of polydrug use in the last 12 months was reported by 18-20 year-olds (8%). Polydrug use decreased as residents' age increased, with less than 1% of those 35 and older reporting polydrug use in the past year.

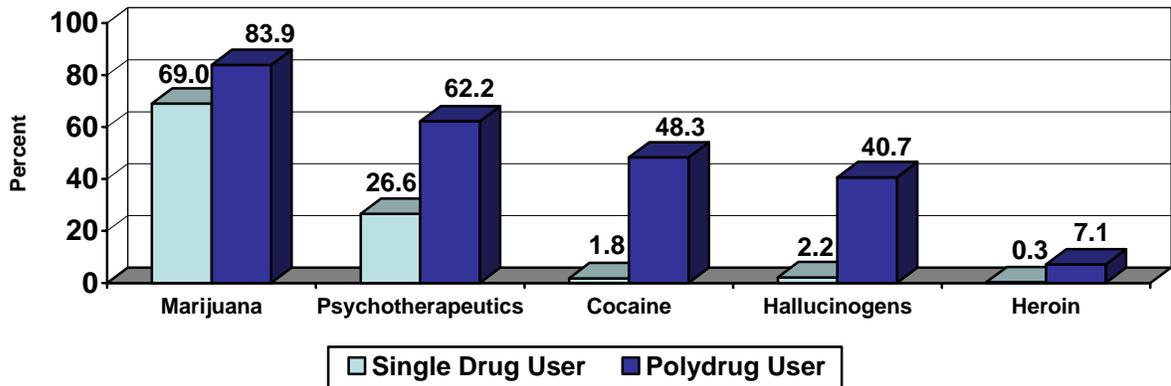
**Figure 3-10: Polydrug Use in Past 12 Months By Age: NJ Residents**



**Drugs Used by Single and Polydrug Users (Figure 3-11)**

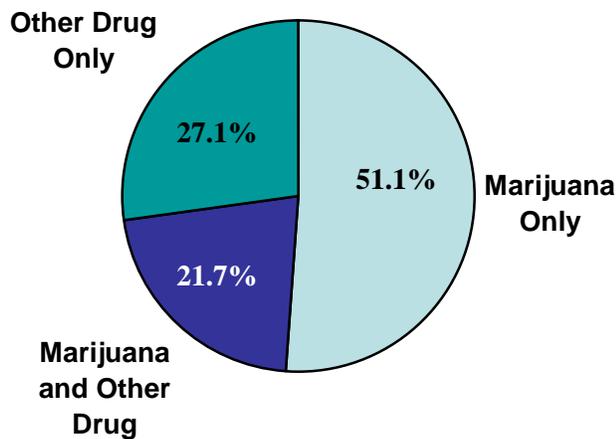
- Among recent users who only used one drug, marijuana (69%) and psychotherapeutics (27%) were the primary drugs of choice. Only 2% or fewer of single users used cocaine, hallucinogens or heroin.
- Polydrug users, however, reported use of a wide variety of substances, with 84% reporting marijuana, 62% psychotherapeutics, 48% cocaine, 41% hallucinogens and 7% heroin.

**Figure 3-11: Drugs Used in Last 12 Months By Category of Drug: NJ Illicit Drug Users**



- When the use of marijuana in combination with other substances is examined (Figure 3-12), 51% reported using marijuana only in the last 12 months, 22% used marijuana and one or more other drugs and 27% used only drugs other than marijuana.

**Figure 3-12: Drugs Used in Last 12 Months: NJ Illicit Drug Users**

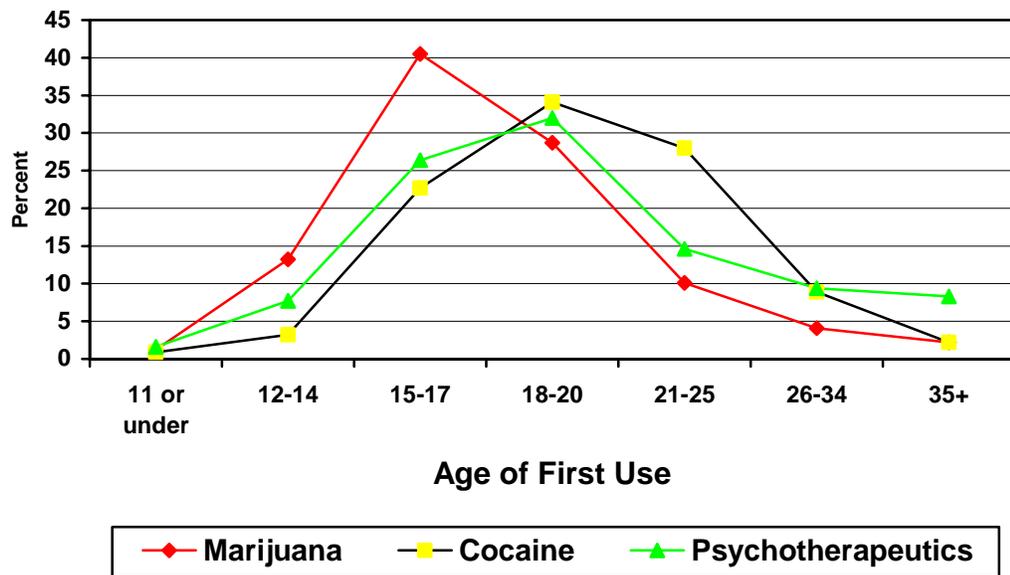


**Age of First Use of Illicit Drugs (Figure 3-13)**

- Of the three most prevalent substances reported (marijuana, cocaine and psychotherapeutics), marijuana was used at the earliest age, peaking in first use among residents between the ages of 15 and 17 (40%). First use of marijuana declined substantially after this age, with 30% reporting first use between 18 and 20 and only 10% between 21 and 25.

- The first use of psychotherapeutics and cocaine, however, peaked in the late teens, with 34% reporting first use of cocaine between 18 and 20 and 32% reporting first use of psychotherapeutics at this age.
- While the first use of cocaine and marijuana continued to decline with increasing age (only 2% report first use of these drugs after age 34), the first use of psychotherapeutics leveled out after ages 26-34, with almost as many people reporting first use after age 34 as reported it between 26 and 34 (9% and 8%, respectively).

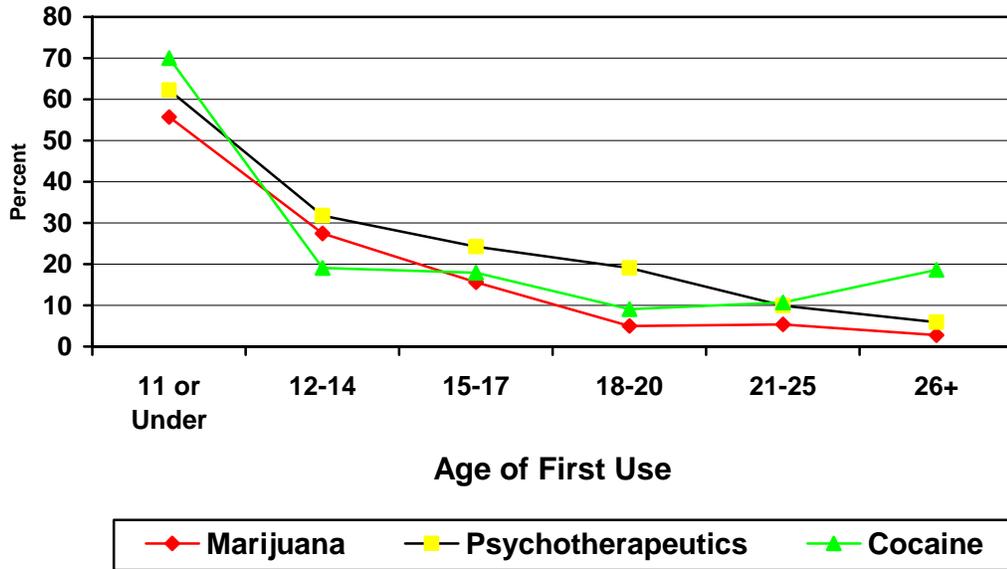
**Figure 3-13: Age of First Use of Selected Drugs: NJ Illicit Drug Users**



**Relationship Between Age of First Drug Use and Frequency of Use (Figure 3-14)**

- Both marijuana and psychotherapeutics showed a clear, negative relationship between age of first use and frequency of use. Thus, the younger the age at which users of these drugs initiated use, the more likely they were to use them frequently at the present time (on 12 or more days in the last month in which they were used). Fifty-six percent of marijuana users, for example, and 62% of psychotherapeutic users who initiated use before age 12 were frequent users, compared to only 3% and 6% of marijuana and psychotherapeutic users, respectively, who initiated use after age 25.
- The pattern was less clear with respect to cocaine use. While the youngest initiators clearly reported the highest frequency of use of all age groups (70% of those initiating before age 12 used frequently), the proportion of frequent users decreased with age of initiation until ages 18-20, then began to rise again among those initiating in their 20's. Thus, 19% of the oldest initiators (age 26+) reported frequent use compared to 9% of those initiating between ages 18-20.

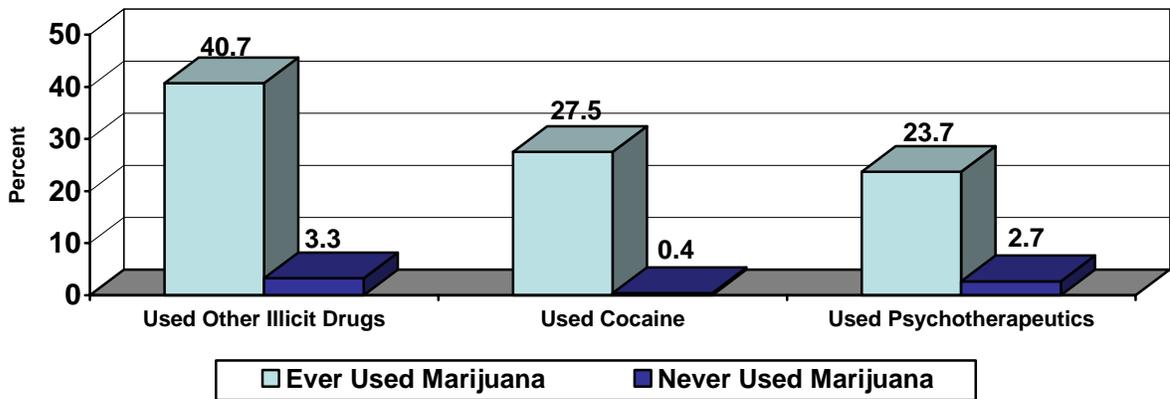
**Figure 3-14: Percent Who Used Selected Drugs On 12 Days or More During Last Month of Use by Age of First Use: NJ Illicit Drug Users**



**Relationship Between Marijuana Use and the Use of Other Drugs (Figure 3-15)**

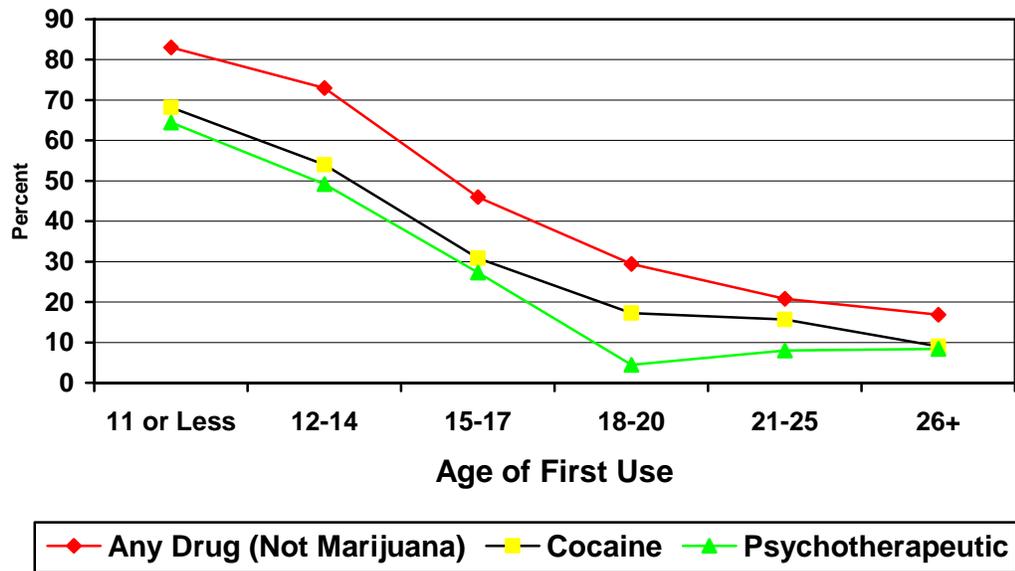
- New Jerseyans who used marijuana were substantially more likely than those who never used marijuana to have also used other drugs. Thus, 41% of lifetime marijuana users had also used some drug other than marijuana in their lifetimes, including 28% who had used cocaine and 24% who had used psychotherapeutics. In contrast, 3% or fewer of residents who had never used marijuana reported lifetime use of some other drug.

**Figure 3-15: Lifetime Use of Illicit Drugs Other than Marijuana By Lifetime Marijuana Use: NJ Residents**



- The younger the age at which one first used marijuana, the greater their likelihood of also using other drugs. Thus, 83% of those who first used marijuana at age 11 or younger reported using some other drug in their lifetimes, including 68% who used cocaine and 64% who used psychotherapeutics. In contrast, among marijuana users who first used it at age 26 or older, only 17% used some other drug, including 9% who used cocaine and 8% who used psychotherapeutics.

**Figure 3-16: Lifetime Use of Illicit Drugs Other Than Marijuana By Age of First Marijuana Use: NJ Residents**



## CHAPTER 4

### TOBACCO

#### A. INTRODUCTION

In this chapter we focus on the prevalence of tobacco use, with a primary emphasis on cigarettes, which far surpass other tobacco products in their prevalence of use. The chapter presents an overview of the use of all tobacco products in the previous year. It then provides more specific information on the timeframes during which New Jersey adults have smoked cigarettes, their frequency and quantity of use and a description of the demographic characteristics of New Jersey smokers. Also examined in this chapter are the age of first cigarette use and the relationship between cigarette use, age of first use and the use of alcohol, marijuana and other illicit drugs.

For the purpose of this report, we use the following definitions:

Current Use: Smoking at least one cigarette in the last 30 days.

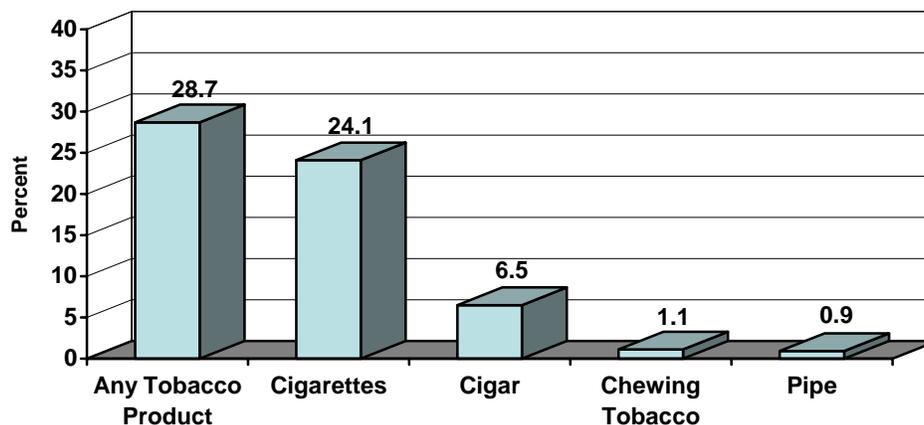
Daily Use: Smoking at least one cigarette per day in the last 30 days.

Heavy Use: Smoking a pack per day or more in the last 30 days.

#### B. OVERVIEW OF TOBACCO USE IN THE PREVIOUS YEAR (FIGURE 4-1)

- About 29% of all New Jersey residents used a tobacco product in the previous 12 months.
- Cigarettes were, by far, the most frequently used product, with 24% reporting their use in the last year.
- About 7% smoked cigars and about 1% each smoked a pipe and used chewing tobacco in the last year.

**Figure 4-1: Use of Tobacco Products in Last 12 Months By Type of Product: NJ Residents**

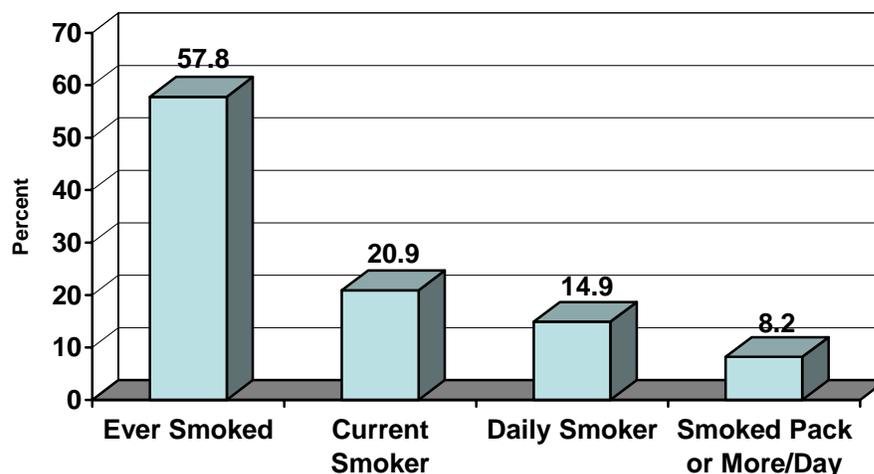


### C. OVERVIEW OF CIGARETTE USE: TIMEFRAMES, FREQUENCY AND QUANTITY OF USE

#### Prevalence Overall (Figure 4-2)

- More than half of residents (58%) smoked cigarettes in their lifetime and 21% smoked cigarettes in the last 30 days.
- In the last 30 days, about 15% of New Jersey residents smoked daily and 8% smoked a pack or more per day.

Figure 4-2: Patterns of Cigarette Use, Lifetime and Past 30 Days: NJ Residents



### D. CHARACTERISTICS OF CURRENT AND HEAVY SMOKERS (TABLE 4-1)

#### Gender and Age

- Men were slightly more likely than women to smoke currently (23% vs. 19%) and to smoke heavily (10% vs. 7%).
- The highest prevalence of current smoking was found among New Jerseyans under age 25, with those in the 21-25 year age group reporting the highest prevalence (34%), followed by those age 18-20 (28%). The prevalence of current smoking decreased substantially with age, however, with only 16% of residents 50 and older reporting that they currently smoke.

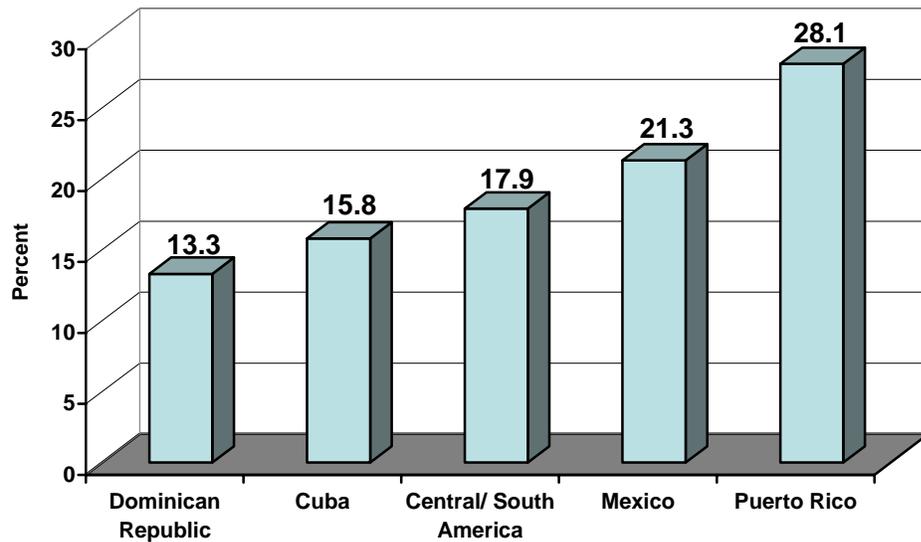
#### Race/Ethnicity

- Blacks were somewhat more likely to smoke currently than Whites or Hispanics (24% for Blacks vs. 21% for both Whites and Hispanics); however, Whites were more likely than Blacks or Hispanics to smoke heavily (10% for Whites vs. 6% for Blacks and 5% for

Hispanics). Asians had the lowest proportion of current and heavy smokers of all groups (13% and 2%, respectively).

- Among the different Hispanic ethnic groups (Figure 4-3), Puerto Ricans were the most likely to be current smokers (28%), followed by Mexicans (21%). Residents from the Dominican Republic reported the lowest smoking rate, with only 13% saying they smoked in the last 30 days.

**Figure 4-3: Cigarette Smoking in the Last 30 Days By Place of Origin: NJ Hispanics**



### Marital Status

- The highest prevalence of current smoking was found among those who were divorced or separated (33%), followed by those who were never married (29%). Widowed residents had the lowest current smoking prevalence of all groups (14%).
- Heavy smoking was also most prevalent among divorced and separated residents (14%), followed by those who were never married (9%). Those who were married and widowed each reported a prevalence of 7%.

## Education, Employment and Income

- Current smoking was inversely related to education, with those at the lowest education level being most likely to smoke and those at the highest level being least likely (28% of non-high school graduates currently smoked vs. 13% of college graduates).
- Residents with higher education were less likely to smoke heavily, with only 4% of college graduates reporting heavy smoking compared to 13% of residents with less than a high school education.
- The unemployed were somewhat more likely than employed residents to currently smoke (28% vs. 22%) and to smoke heavily (11% vs. 8%).
- Residents at the highest income level were somewhat less likely than those at the lower income levels to be current smokers (18%) and to smoke heavily (6%). The highest prevalence of current and heavy smoking was found among those earning \$25,000-\$49,999 (26% and 11%, respectively).

**Table 4-1: Proportion of Current and Heavy Smokers: NJ Residents**

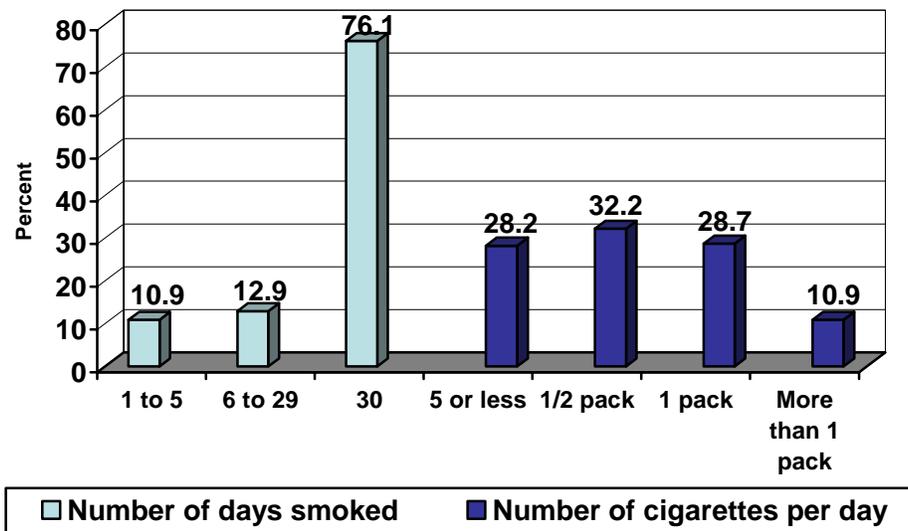
Demographics		Smoked in Last 30 Days	Smoked Pack per Day in Last 30 Days
<i>New Jersey Total Population</i>		20.9%	8.2%
<i>Gender</i>	Males	22.8	9.8
	Females	19.1	6.8
<i>Age</i>	18-20	27.9	7.3
	21-25	34.0	9.2
	26-34	24.7	8.2
	35-49	21.6	9.1
	50+	15.8	7.5
<i>Race/Ethnicity</i>	White	20.8	9.7
	Black	23.5	5.7
	Hispanic	21.3	4.9
	Asian	12.6	2.1
<i>Marital Status</i>	Married	16.6	7.2
	Never Married	29.4	8.8
	Divorced/Sep.	33.2	13.6
	Widowed	14.4	7.2
<i>Education</i>	Less than H.S.	27.7	12.5
	H.S. Grad.	26.7	11.8
	Some College	24.8	9.9
	College Grad.	12.6	3.5
<i>Employment Status</i>	Employed FT/PT	21.7	8.1
	Unemployed	28.1	11.2
<i>Income</i>	Under \$25,000	23.3	9.6
	\$25,000-49,999	26.4	10.6
	\$50,000-79,999	22.7	10.1
	\$80,000-100,000	19.0	6.3
	Over \$100,000	18.1	6.2

## E. CURRENT SMOKERS

### Frequency and Quantity of Use (Figure 4-4)

- About 76% of current smokers reported smoking daily in the last month.
- About 40% reported averaging a pack or more a day, with 11% reporting they smoked more than one pack a day.
- About 28% of smokers averaged 5 cigarettes or less per day in the last month.

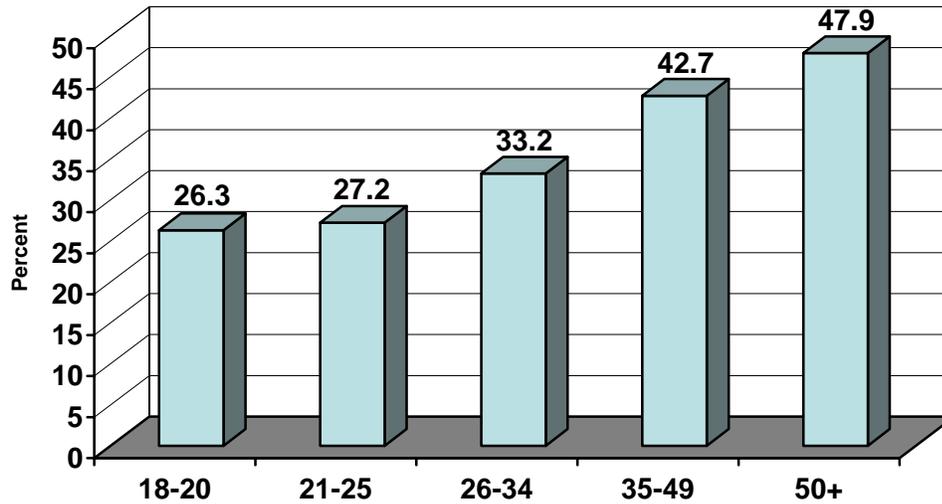
**Figure 4-4: Frequency and Quantity of Cigarette Use in Last 30 Days: NJ Smokers**



### Characteristics of Heavy Smokers

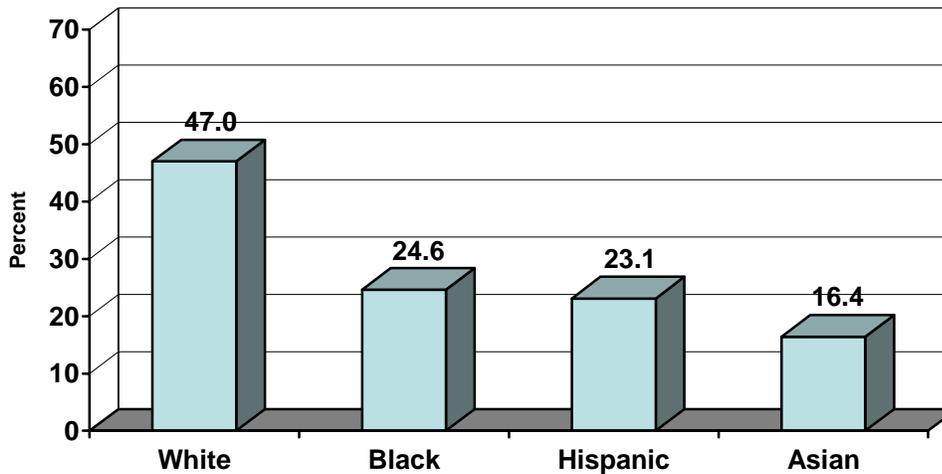
- When characteristics of heavy smokers were examined **among New Jerseyans who smoked in the last 30 days**, several trends emerged which differed from those observed for the sample as a whole. The most striking differences were found with respect to age, race/ethnicity and marital status.
- Among smokers, the probability of smoking heavily increased with age (Figure 4-5). Thus, although older residents were less likely than younger residents to be current smokers, those who smoked were substantially **more** likely to smoke heavily. Forty-eight percent of smokers in the oldest age group smoked a pack or more a day, compared to 26% of those in the youngest group.

**Figure 4-5: Heavy Smoking By Age: NJ Smokers**



- While Whites were somewhat less likely than Blacks or Hispanics to smoke currently, White smokers were substantially more likely than Black or Hispanic smokers to smoke heavily (47% vs. 23% of Hispanics and 25% of Blacks) (Figure 4-6).

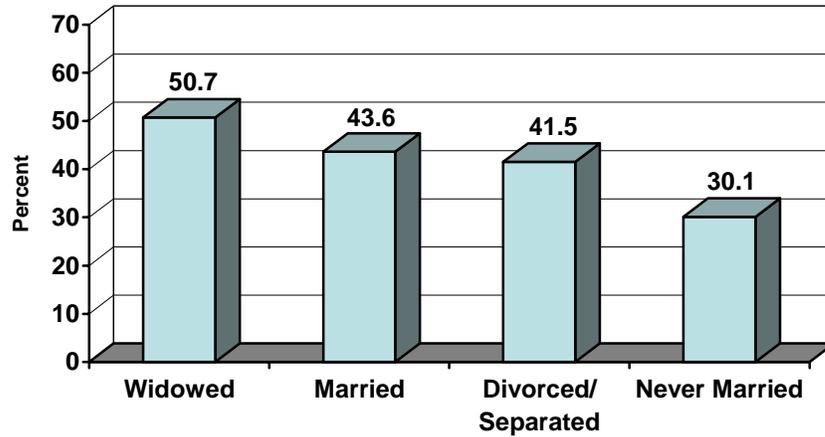
**Figure 4-6: Heavy Smoking By Race/Ethnicity: NJ Smokers**



- Residents who were widowed were the least likely of all marital groups to smoke currently but, when they did smoke, were significantly more likely to smoke heavily (Figure 4-7). Thus, 51% of widowed smokers smoked a pack or more per day, compared to 30% of never married smokers and 42% of divorced/separated smokers.

- Married smokers also reported a high prevalence of heavy smoking, with 44% smoking a pack or more per day in the last 30 days.

**Figure 4-7: Heavy Smoking By Marital Status: NJ Smokers**

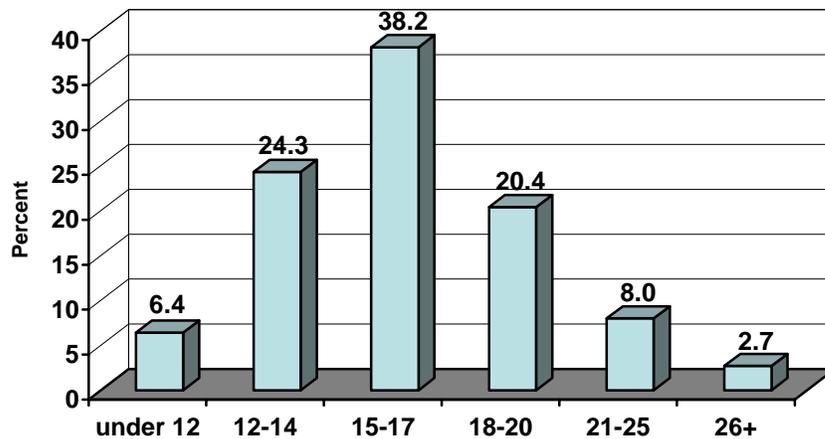


## F. AGE OF ONSET

### Age of Initiation (Figure 4-8)

- Although it is illegal for merchants to sell cigarettes to persons under age 18 in New Jersey, about 69% of smokers reported smoking “part or all” of their first cigarette before age 18, with 31% reporting first cigarette use at age 14 or younger and 24% reporting first cigarette use between the ages of 15 and 17.
- Only 31% of smokers initiated cigarette use at age 18 or older.

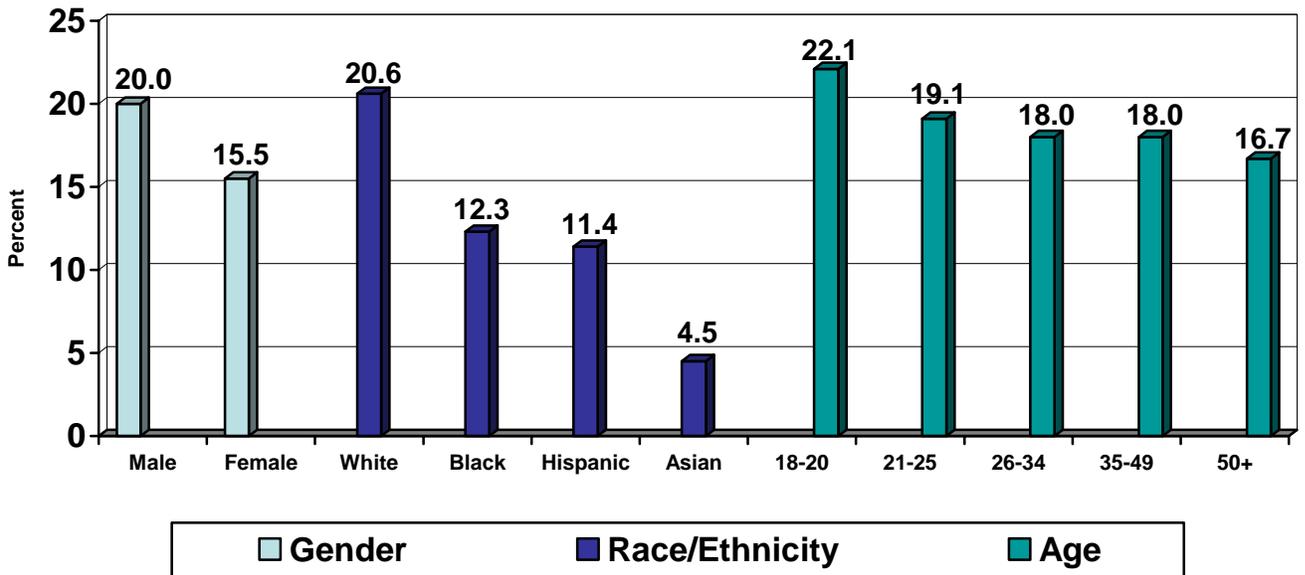
**Figure 4-8: Age of First Cigarette Use: NJ Smokers**



### Characteristics of Early Smokers (Figure 4-9)

- Males were more likely than females to initiate cigarette use by age 14 (20% vs. 16%).
- Across racial/ethnic groups, Whites were the most likely, and Asians the least likely, to smoke by age 14 (21% vs. 5%). Blacks and Hispanics were about equally likely to report early cigarette use (12% and 11%, respectively).
- In general, the younger the residents' current age, the more likely they were to report using cigarettes by age 14. Thus, 22% of those aged 18-20 reported early use, compared to 17% of residents aged 50 and older.

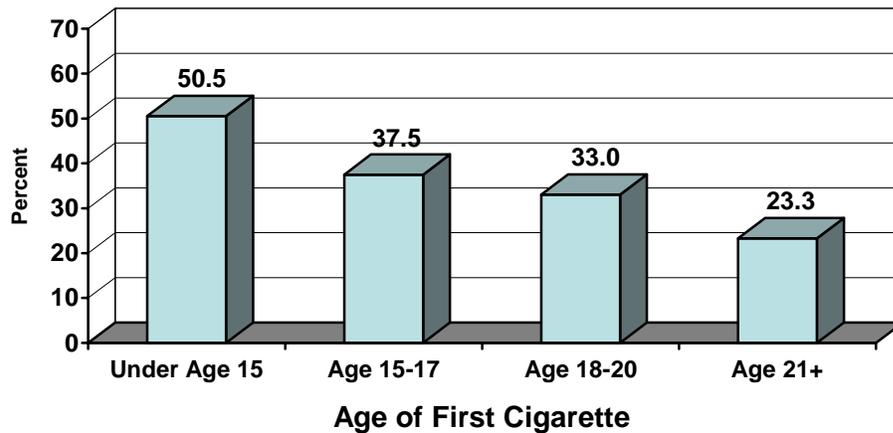
**Figure 4-9: Prevalence of Early Smoking (by Age 14) by Gender, Race/Ethnicity and Current Age: NJ Residents**



### Relationship of Heavy Smoking to Age of First Cigarette (Figure 4-10)

- The earlier the age at which residents reported having their first cigarette, the greater their current prevalence of heavy smoking. Thus, 51% of residents who had their first cigarette before age 15 reported smoking heavily in the last month, compared to 38% of those who first smoked between ages 15 and 17, 33% of those who smoked between ages 18 and 20 and 23% of those who started smoking at age 21 or older.

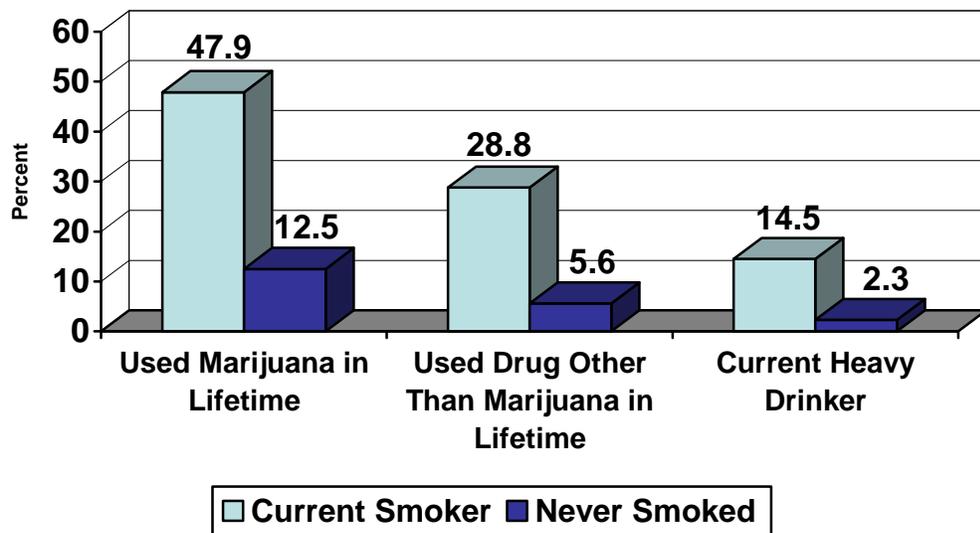
**Figure 4-10: Heavy Smoking by Age of First Cigarette: NJ Smokers**



**G. RELATIONSHIP OF SMOKING AND AGE OF FIRST CIGARETTE TO USE OF ALCOHOL AND ILLICIT DRUGS**

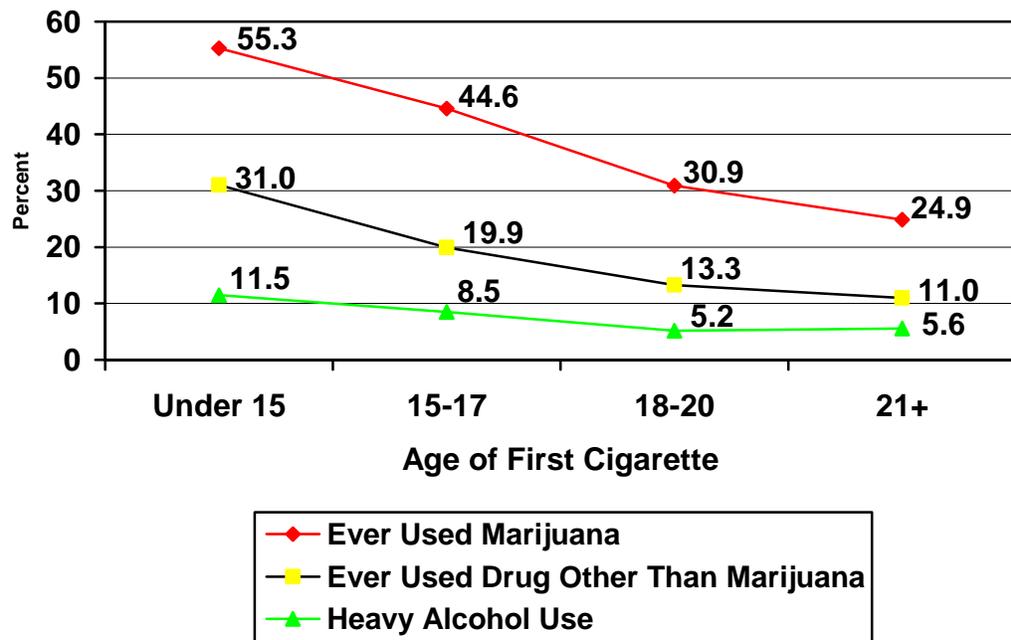
- Current smoking was highly related to the use of alcohol and illicit drugs. (Figure 4-11). Thus, 15% of current smokers were heavy drinkers, compared to 2% of residents who never smoked. Similarly, compared to New Jerseyans who never smoked, current smokers reported a substantially higher prevalence of lifetime marijuana use (48% vs. 13%) and lifetime use of illicit drugs other than marijuana (29% vs. 6%).

**Figure 4-11: Heavy Drinking and Illicit Drug Use Among Smokers and Non-Smokers**



- In general, the prevalence of heavy drinking decreased as the respondent's age of first cigarette increased (Figure 4-12). Thus, the highest prevalence of heavy drinking was found among those who smoked their first cigarette before age 15 (12%), while those who smoked their first cigarette after age 18 were half as likely to be heavy drinkers (5% among those starting at 18-20, and 6% among those smoking at age 21 and older).
- Similar trends were found for marijuana use, with the highest lifetime use of marijuana being reported by those who started smoking before age 15 (55%). Marijuana use fell to 45% among those initiating smoking between ages 15-17, 31% among those who first smoked between ages 18-20 and 25% among those who started smoking at age 21 or older.
- Lifetime illicit drug use other than marijuana also decreased as the age of first cigarette increased. Almost a third of those smoking (31%) before the age of 15 used illicit drugs other than marijuana compared to 20% of those who began smoking between 15-17, 13% of those who began smoking between 18 and 20, and only 11% of those who started smoking at age 21 or older.

**Figure 4-12: Heavy Drinking and Illicit Drug Use by Age of First Cigarette**



## CHAPTER 5

### SUBSTANCE ABUSE, DEPENDENCE AND TREATMENT HISTORY

This chapter presents information on the prevalence of alcohol and drug abuse and dependence in the New Jersey population. It also describes patterns of addiction treatment utilization, including levels of treatment access among those in need, population differences in access, types of treatment obtained and payment sources. Dependence and abuse of alcohol and drugs were assessed using questions based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV) (American Psychiatric Association, 1994). The questions pertaining to dependence reflect a higher level of problem severity than those pertaining to abuse. Dependence questions measure such behaviors as continued use in the face of medical and mental health problems, tolerance, withdrawal and attempts to cut down or refrain from use. Questions pertaining to abuse relate to problems experienced in the workplace, at home or school, conflicts with family or other social relationships and legal difficulties relating to substance use. Persons were classified as abusing a substance only if they did not also meet the criteria for dependence on that substance. Classification of drug abuse or dependence was made if the person met the appropriate criteria for at least one drug – abuse or dependence on each of the specific drugs examined in this survey was not measured.

We use the following definitions in this chapter:

Treatment need – A person was classified as having a need for treatment if they met the criteria for abuse of, or dependence on, alcohol or drugs in the last 12 months.

Formal treatment – Formal addiction treatment includes all interventions other than self-help groups (e.g. Alcoholics Anonymous or Narcotics Anonymous). Hospital inpatient, detoxification, residential and outpatient rehabilitation programs, mental health clinics, private therapists, prison treatment programs and private MD's are all considered formal treatment.

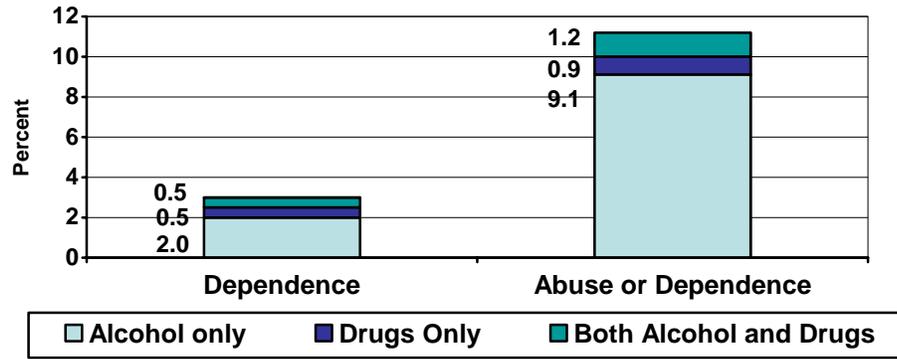
#### A. PREVALENCE OF ABUSE AND DEPENDENCE

##### General Population

- About 7.5% of the New Jersey population met the criteria for dependence on alcohol or illicit drugs at some time during their lives. This includes 6.0% who were dependent on alcohol only, 0.6% who were dependent on drugs only and 0.9% who met the lifetime criteria for dependence on both drugs and alcohol.
- In the last 12 months (Figure 5-1), a total of 11.1% of the population either abused or were dependent on drugs and/or alcohol, including 9.1% who abused or were dependent on alcohol only, 0.9% who abused or were dependent on drugs only and 1.2% who abused or were dependent on both substances.

- Of the 3% of the population who met the criteria for substance dependence in the last 12 months, 2% were dependent on alcohol only, 0.5% were dependent on drugs only and 0.5% were dependent on both.

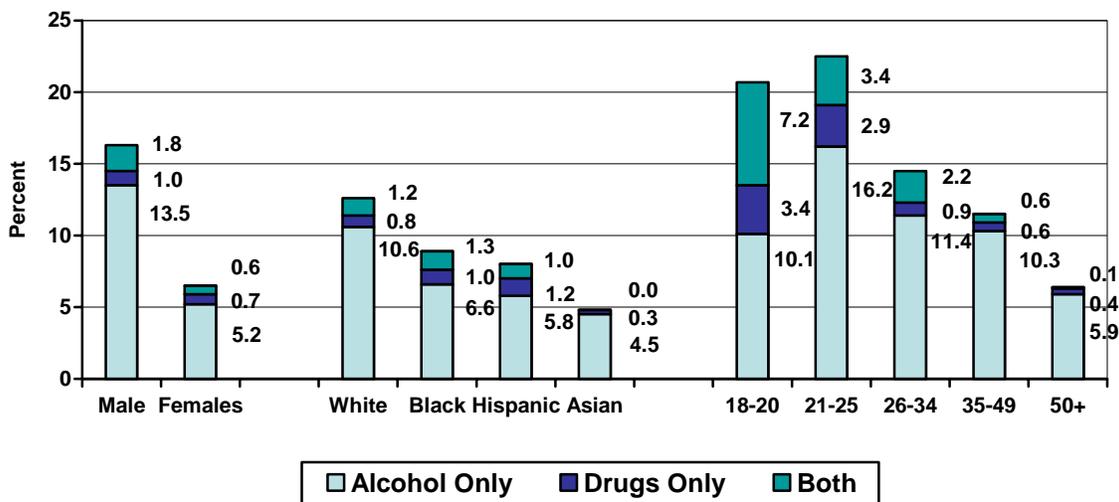
**Figure 5-1: Abuse and Dependence in the Last 12 Months: NJ Residents**



**Gender, Age and Race/Ethnicity (Table 5-1)**

- Males were significantly more likely than females to abuse or be dependent on alcohol and/or drugs in the past 12 months (16% vs. 6% who abused or were dependent on one or more substances). The disparity was particularly pronounced with respect to alcohol, with 14% of males vs. 5.0% of females meeting the criteria for alcohol abuse or dependence (Figure 5-2).
- Whites had a higher prevalence of substance abuse/dependence than Blacks, Hispanics or Asians, with 13% of Whites vs. 9% of Blacks, 8% of Hispanics and 5% of Asians meeting the criteria for abuse of, or dependence on, at least one substance. There was little difference across groups with respect to illicit drug abuse/dependence, with or without co-occurring problems with alcohol (1% or less of all groups met abuse/dependence criteria for drugs or drugs and alcohol in combination) (Figure 5-2). Whites, however, were more likely than other racial/ethnic groups to have problems with alcohol alone (11% for Whites vs. 7% for Blacks, 6% for Hispanics and 4% for Asians).
- Persons aged 21-25 had the highest overall prevalence of abuse/dependence of all age groups (22%) followed by young people aged 18-20 (21%). The prevalence of abuse and dependence after age 25 steadily decreased as age increased (15% for 26-34 year-olds; 12% for 35-49 year-olds and 6% for those aged 50 or over). Persons aged 21-25 had the highest prevalence of alcohol problems alone (16% vs. 10% for those aged 18-20 and 6% for persons 50 or older) (Figure 5-2); however, those in the 18-20 age group had the highest prevalence of drug problems, alone or in combination with alcohol, of all age groups. Thus, 7% of 18-20 year-olds abused, or were dependent on, both drugs and alcohol, compared to 3% of 21-25 year-olds and less than 1% of those 50 and older.

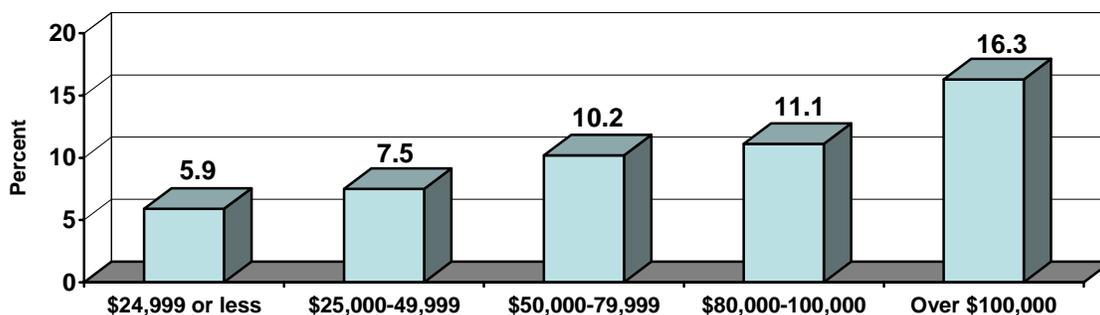
**Figure 5-2: Abuse or Dependence in the Last 12 Months, by Gender, Race/Ethnicity and Age: NJ Residents**



### Marital Status, Education, Employment and Income

- Persons who were never married had the highest prevalence of abuse and dependence (18%) followed by those who were divorced or separated (13%). Prevalence among those who were currently married was 9%, with widows and widowers having the lowest prevalence of abuse or dependence (4%).
- There was little difference between persons who were employed full or part-time and the unemployed in the overall prevalence of substance abuse or dependence (13% vs. 14%, respectively). However, persons who were unemployed were somewhat more likely than the employed to abuse, or be dependent on, drugs, either alone or in combination with alcohol (5% vs. 2%).
- Substance abuse and dependence increased with increasing levels of both education and income. Thus, the prevalence of drug and alcohol problems rose from 9% among those with less than a high school education to 12% among college graduates, and from 8% among those earning less than \$25,000 per year to 19% among those earning over \$100,000. Differences in the prevalence of substance problems across groups was almost all attributable to alcohol; there was no significant variation across groups with respect to problem drug use. Thus, in terms of income (Figure 5-3), 6% of those earning less than \$25,000 per year compared to 16% of those earning over \$100,000 abused, or were dependent on, alcohol alone.

**Figure 5-3: Abuse of, or Dependence on, Alcohol Alone in the Last 12 Months, by Income: NJ Residents**

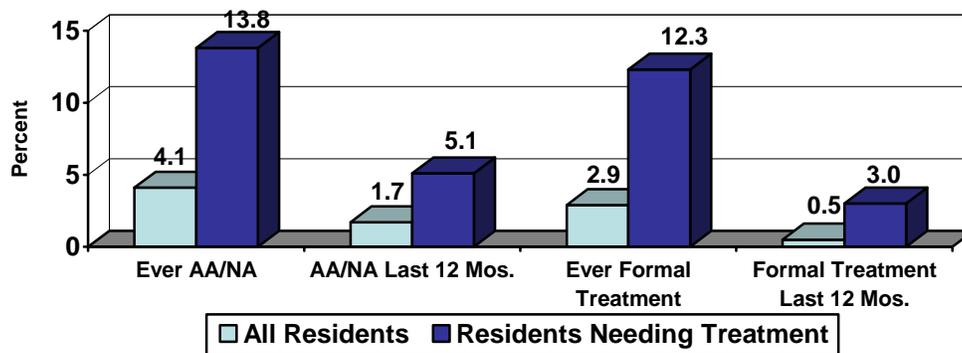


**B. TREATMENT ACCESS AND UTILIZATION PATTERNS**

**Prevalence of Treatment: Among the Population as a Whole and Those in Need**

- Four percent of New Jersey residents reported attending a self-help group, such as Alcoholics or Narcotics Anonymous (AA and NA), sometime in their lifetimes and 3% reported enrollment during their lifetimes in formal substance abuse treatment (Figure 5-4). In the last 12 months, less than 2% reported attending AA or NA and less than 1% entered formal treatment.
- Among New Jersey residents who had substance abuse problems serious enough to warrant treatment (Figure 5-4), only 12% reported receiving any formal treatment in their lifetimes, and only 3% received formal treatment in the past year. A slightly higher proportion of those in need attended AA or NA in their lifetimes and in the previous year (14% and 5%, respectively).

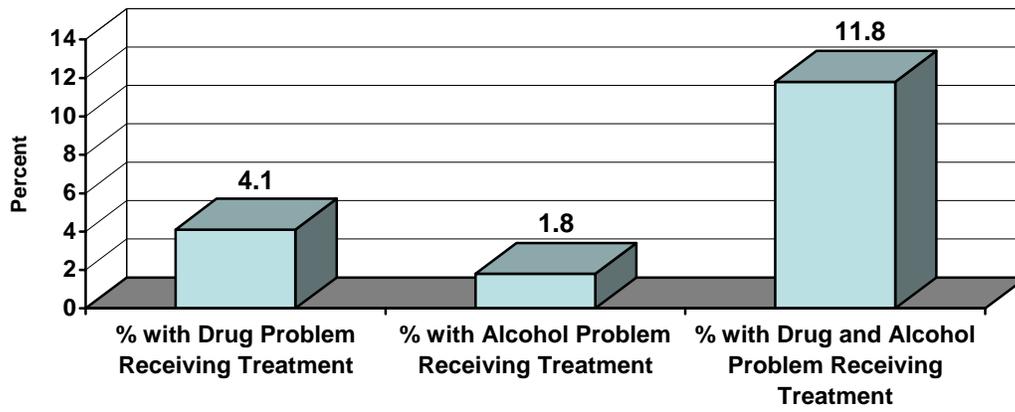
**Figure 5-4: Past Year Receipt of AA/NA or Formal Treatment: All NJ Residents and Residents Needing Treatment**



### Treatment Access By Type of Problem

- When access to treatment was examined by type of substance problem (Figure 5-5), persons who abused or were dependent on alcohol alone were found to have the lowest likelihood of accessing formal treatment of all problem groups. Thus, less than 2% of problem alcohol users received treatment in the past year. In contrast, persons who abused or were dependent on both alcohol and drugs had the highest treatment access rate (12%) followed by persons with illicit drug problems only (4%).

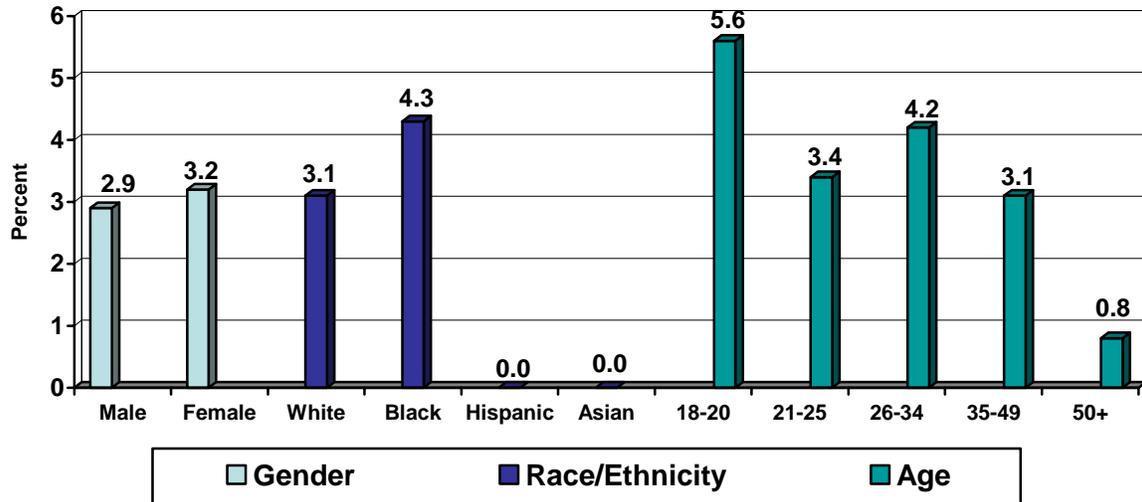
**Figure 5-5: Past Year Receipt of Formal Treatment By Type of Substance Problem: NJ Residents Needing Treatment**



### Treatment Access by Age, Gender and Race/Ethnicity (Table 5-1)

- Among residents needing treatment, there was little gender difference in access, with about 3% of both males and females entering treatment in the past year (Figure 5-6).
- Blacks and Whites who needed treatment were substantially more likely than Hispanics and Asians to gain access to treatment in the past year (3% and 4% of Whites and Blacks, respectively, entered treatment compared to virtually no Hispanics and Asians) (Figure 5-6).
- By age, those in the youngest 18-20 year age group were the most likely (6%) and those in the oldest 50+ age group the least likely (1%) to access treatment in the past year (Figure 5-6).

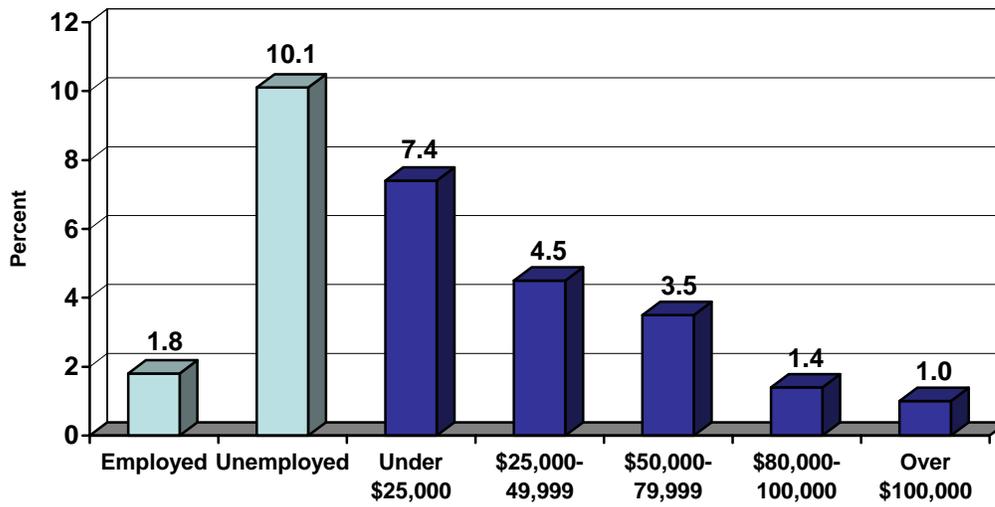
**Figure 5-6: Past Year Formal Treatment, by Gender, Age and Race/Ethnicity: NJ Residents Needing Treatment**



**Treatment Access by Marital Status, Education, Employment and Income (Table 5-1)**

- Never married and divorced/separated residents who needed treatment were somewhat more likely to enter treatment (4% for both groups) than residents who were married (2%) or widowed (0%).
- College graduates who needed treatment were less likely than those with less education to access treatment in the previous year (1% if college graduates vs. 4%-5% for those with less than a college degree).
- Unemployed residents needing treatment were significantly more likely to access treatment than employed residents needing treatment (10% vs. 2%) and those at the lowest income level were significantly more likely to enter treatment than those at the highest (7% of those earning less than \$25,000 vs. 1% of those earning more than \$100,000) (Figure 5-7).

**Figure 5-7: Past Year Formal Treatment, by Employment Status and Income: NJ Residents Needing Treatment**



- Higher access to treatment among the unemployed and lowest wage earners may relate to the greater availability of public funding for low-income residents needing treatment. At the same time, the failure of private insurance programs to cover addiction treatment would adversely affect working and high-income residents who lack access to public funding (See Figure 5-10).

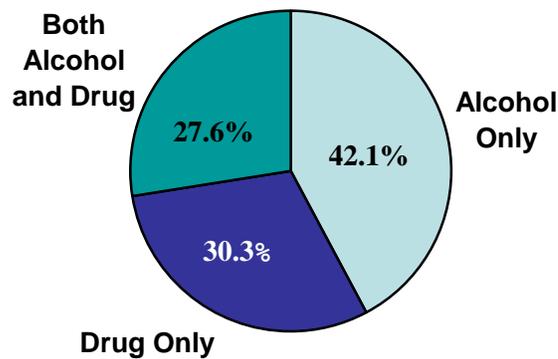
**Table 5-1: Treatment Need and Treatment Access Among New Jersey Residents**

<b>Demographics</b>		<b>Proportion of New Jersey Population Needing Treatment</b>	<b>Proportion of Those in Need Who Received Treatment</b>
<i>New Jersey Total Population</i>		<b>11.1%</b>	<b>3.0%</b>
<i>Gender</i>	Males	16.4	2.9
	Females	6.5	3.2
<i>Age</i>	18-20	20.7	5.6
	21-25	22.5	3.4
	26-34	14.6	4.2
	35-49	11.4	3.1
	50+	6.5	0.8
<i>Race/Ethnicity</i>	White	12.6	3.1
	Black	8.9	4.3
	Hispanic	8.0	0.0
	Asian	4.8	0.0
<i>Marital Status</i>	Married	9.2	2.1
	Never Married	18.0	4.3
	Divorced/Sep.	12.8	4.3
	Widowed	3.8	0.0
<i>Education</i>	Less than H.S.	8.8	4.3
	H.S. Grad.	9.2	5.4
	Some College	11.9	4.4
	College Grad.	12.3	0.7
<i>Employment Status</i>	Employed FT/PT	12.8	1.8
	Unemployed	14.2	10.1
<i>Income</i>	Under \$25,000	7.8	7.4
	\$25,000-49,999	9.6	4.5
	\$50,000-79,999	12.9	3.5
	\$80,000-100,000	12.0	1.4
	Over \$100,000	18.6	1.0

### Treatment Type, Setting and Payment Sources

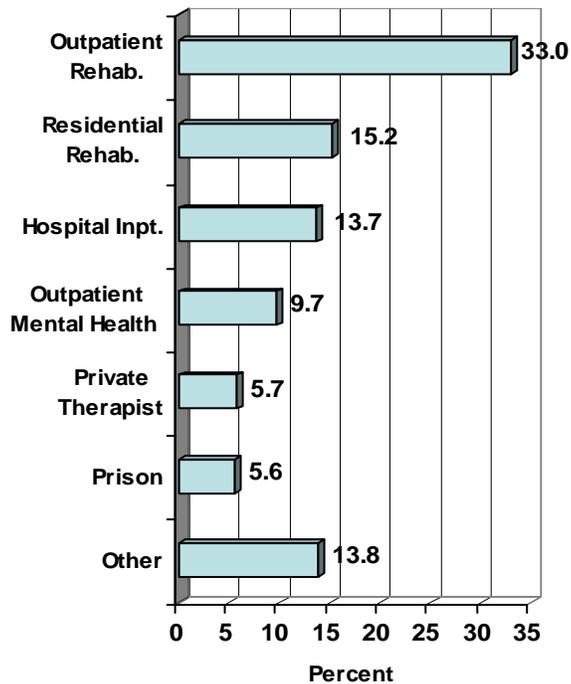
- Among all residents who entered formal treatment in the previous year (Figure 5-8), 42% were treated for alcohol problems alone, 30% for drug problems alone and 28% for both alcohol and drug problems. Despite the fact that a higher proportion of state residents enter Treatment for only alcohol problems, data presented earlier (Figure 5-5) indicate that few residents who are classified as only having alcohol problems actually received treatment (1.8%) in the past year.

**Figure 5-8: Type of Past Year Formal Treatment Received: NJ Residents Treated in Last 12 Months**



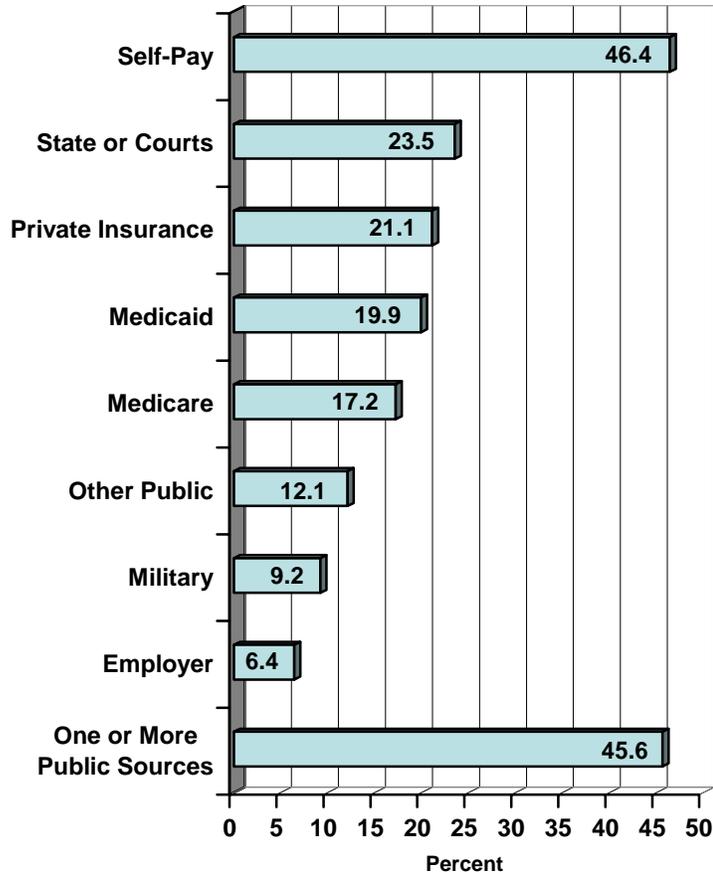
**Figure 5-9: Setting of Last Treatment Episode: NJ Residents Treated in Last 12 Months**

- Treatment was most frequently provided in outpatient settings (33%), followed by residential rehabilitation programs (15%) and hospital inpatient programs (14%) (Figure 5-9). About 10% of those treated in the last year went to a mental health clinic and about 6% each were treated by private therapists and in prison or jail settings.
- Self-payment and public funding represented the most frequent sources of funding for substance abuse treatment among those



treated in the past year, with about 46% of residents reporting payment through each of these sources (Figure 5-10). Only 21% of those treated reported payment through private insurance, and only 6%, payment through an employer. Among those public sources of funding, the State or courts were cited by 24% of those treated, Medicaid by 20%, Medicare by 17% and other public sources, by 12%. Nine percent reported having their treatment paid through the military.

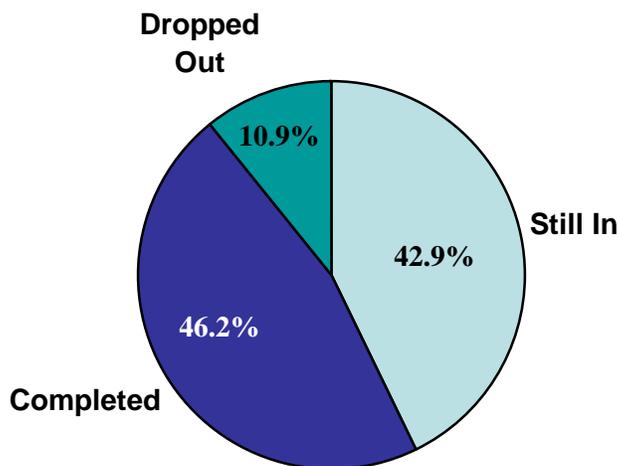
**Figure 5-10: Sources of Payment for Treatment: NJ Residents Treated In Last 12 Months**



**Treatment Outcomes**

- Of those who entered treatment in the past year, 46% said they completed the program, 43% were still in treatment and only 11% dropped out (Figure 5-11).

**Figure 5-11 Outcome of Last Treatment Episode: NJ Residents Treated in Last 12 Months**



- Treatment drop-out rates varied by type of treatment, with 23% of those entering treatment for drug abuse/dependence dropping out, compared to only 8% dropping out of treatment for alcohol problems and 6% dropping out of treatment for both alcohol and drug problems.
- Drop-out rates also varied by setting, with the highest drop-out rates noted in outpatient mental health (23%) and in-patient hospital (16%) settings and the lowest (5%) in residential drug and alcohol rehabilitation settings. About 12% of those attending outpatient substance abuse rehabilitation programs dropped out. Too few residents reported treatment in prison or by private therapists to obtain reliable drop-out rates for these settings.
- There were few remarkable differences in drop-out rates across socio-demographic groups. However, younger persons were more likely to have dropped out than those age 35 or older (14% of those aged 18-20, 17% of those aged 21-25 and 22% of those aged 26-34 compared to 2% or less of those aged 35 and older). Similarly, males were more likely to drop out than females (12% vs. 8%) and residents who were employed were more likely to drop out than those who were unemployed (14% vs. 9%).

## CHAPTER 6

### GAMBLING

This chapter presents information on the prevalence of gambling among New Jersey residents and examines relationships between gambling and the use of tobacco, alcohol and drugs. In addition to questioning New Jerseyans about the type and frequency of gambling, the questionnaire included questions pertaining to gambling-associated behaviors that may be indicative of a gambling problem. These include such behaviors as spending a lot of time thinking of ways to raise money for gambling, planning bets or studying odds in place of other activities, spending increasing amounts of money on gambling, trying to quit or cut down, using gambling to relieve a bad mood, being in financial trouble as a result of gambling, having problems with family, friends or work over gambling or engaging in illegal activity to raise money for gambling.

For the purpose of this report, we use the following definitions:

Problem gambling – Reporting at least one of the above problems.

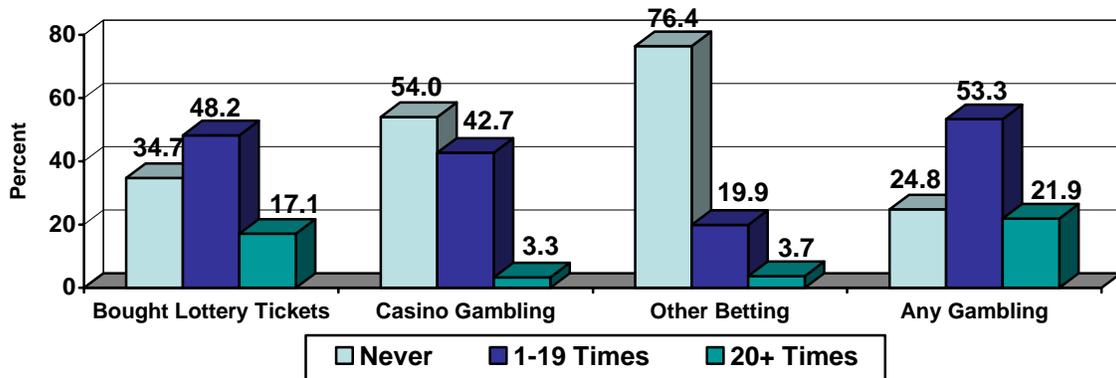
Frequent gambling – Gambling 20 times or more in a year.

#### A. PREVALENCE AND FREQUENCY

##### Types of Gambling (Figure 6-1)

- About 75% of New Jersey residents claim to have gambled at some time in their lives, with 53% saying they gambled less than 20 times during the year they gambled the heaviest, and 22% saying they gambled 20 times or more during that year.
- Buying lottery tickets was the most frequent form of gambling, with 65% of New Jersey residents claiming to have bought at least one ticket. About 48% purchased tickets fewer than 20 times and 17% purchased tickets 20 times or more during the year they gambled the most.
- About 46% of New Jersey residents have engaged in casino gambling and about 24% in other forms of gambling.

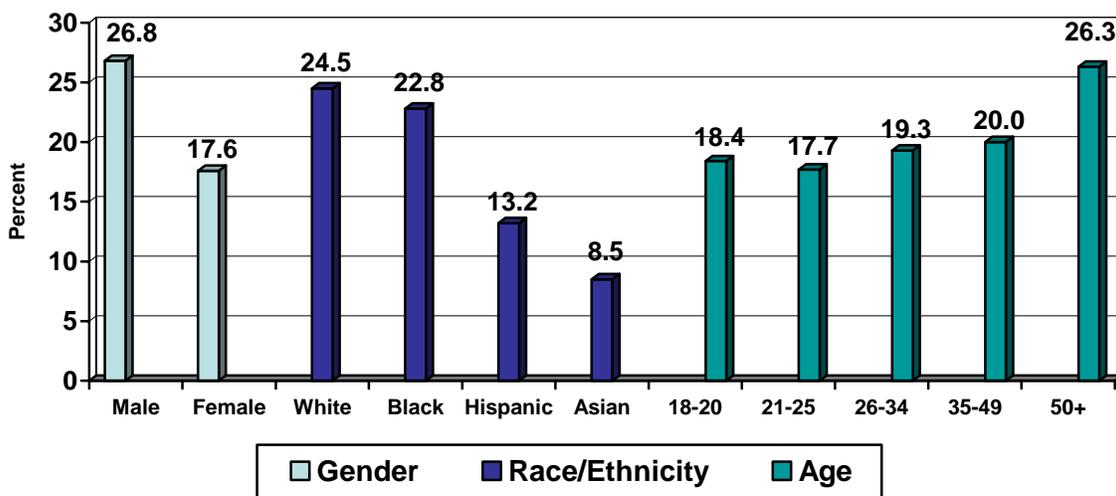
**Figure 6-1: Frequency of Gambling During Year of Heaviest Gambling Activity: NJ Residents**



**Age, Gender and Race/Ethnicity (Figure 6-2)**

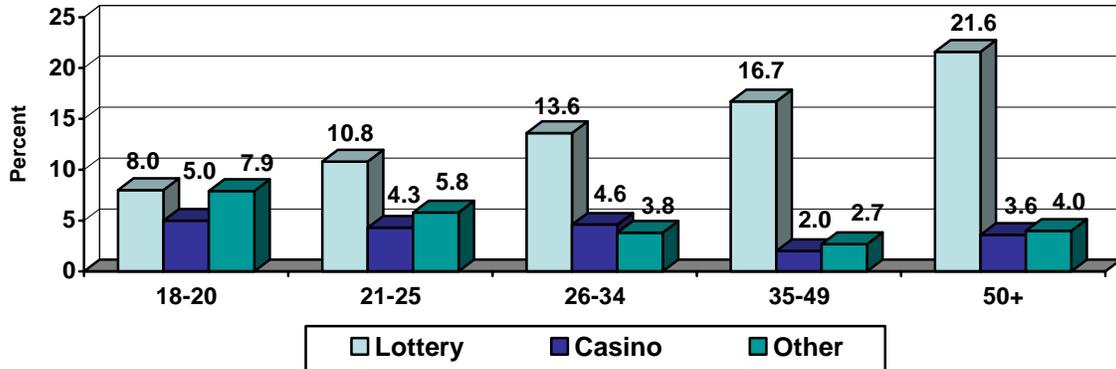
- Males were more likely than females to have engaged in any form of gambling 20 times or more during their heaviest gambling year (27% vs. 18%).
- Whites (25%) and Blacks (23%) were more likely than Hispanics (13%) or Asians (9%) to have gambled frequently during the year they gambled the heaviest.

**Figure 6-2: Characteristics of Persons Who Gambled 20+ Times During Year of Heaviest Gambling: NJ Residents**



- Frequent gambling generally increased with age, with 26% of residents aged 50 and over reporting frequent gambling compared to 18% of those 25 and under. The most pronounced age difference in frequent gambling pertained to the purchase of lottery tickets (Figure 6-3), with 22% of those aged 50 and over reporting frequent ticket purchases compared to only 8% of those aged 18-20.

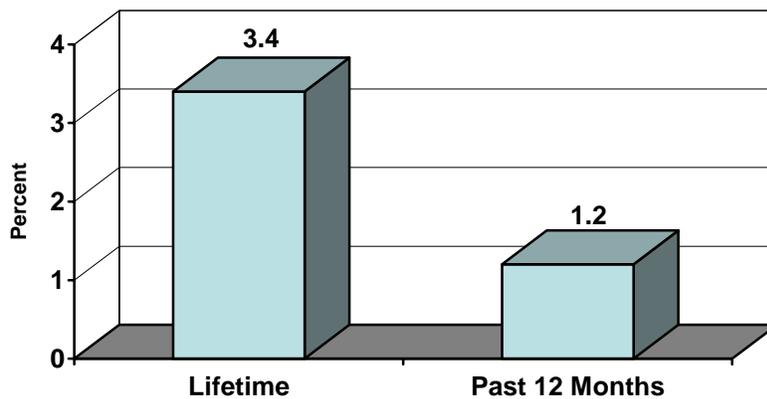
**Figure 6-3: Gambling 20+ Times During Year of Heaviest Gambling, by Age and Type of Gambling: NJ Residents**



### Problem Gambling

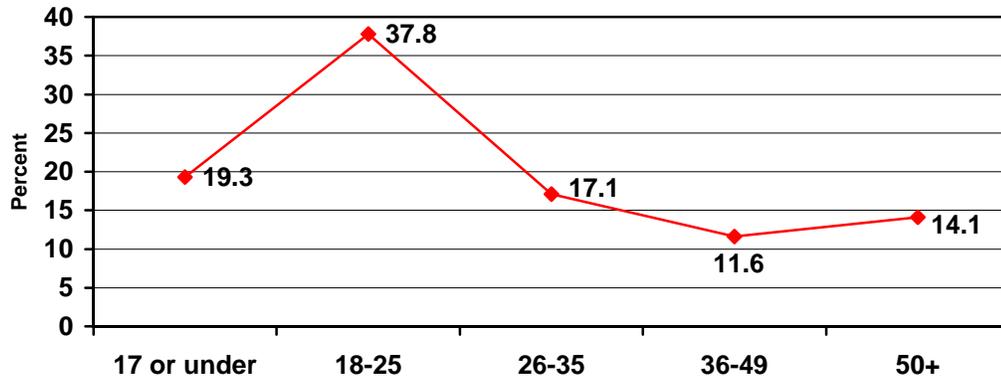
- About 3% of New Jersey residents reported experiencing one or more problems related to gambling at some time during their lives (Figure 6-4). About 1% reported experiencing those problems in the past year.

**Figure 6-4: Prevalence of Problem Gambling: NJ Residents**



- Among persons who experienced gambling problems, 38% said the onset of problems occurred between the ages of 18 and 25 (Figure 6-5). Nineteen percent first experienced a problem before age 18.
- A sizeable number of persons first experienced problems later in life, however, with 26% reporting their first problem after age 35 and 14% at age 50 or later.

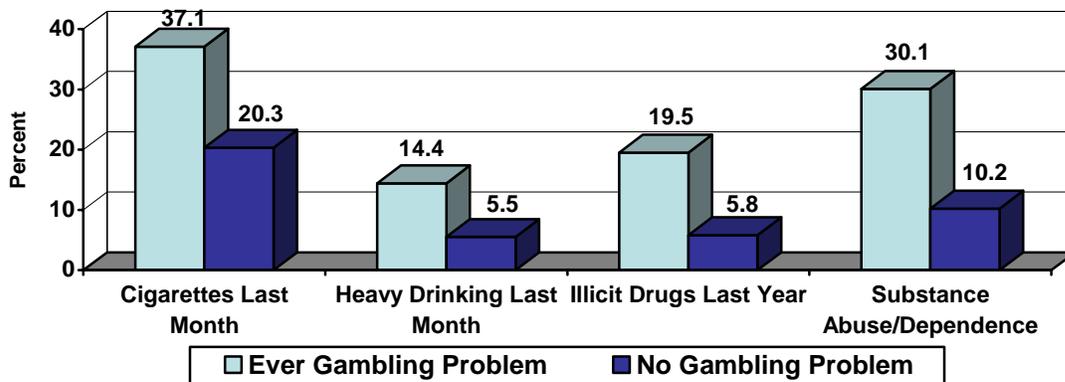
**Figure 6-5: Age of First Gambling Problem: NJ Residents With Gambling Problem**



**Gambling, Cigarettes, Alcohol and Drug Use (Figure 6-6)**

- Persons having a gambling problem at some time in their lives were significantly more likely than those with no problem to have smoked in the last 30 days (37% vs. 20%), to have drunk heavily in the last 30 days (14% vs. 6%), to have used an illicit drug in the past year (20% vs. 6%) and to meet the criteria for substance abuse or dependence in the last year (30% vs. 10%).

**Figure 6-6: Problem Gambling and the Use of Tobacco, Alcohol and Drugs: NJ Residents**



## CHAPTER 7

### IMPACT OF WORLD TRADE CENTER ATTACK ON NEW JERSEY RESIDENTS

A special module was added to New Jersey's 2002 Telephone Household Survey to examine the psychological and behavioral effects of the September 11, 2001 World Trade Center terrorist attacks on New Jersey residents. The present survey, moreover, was administered within months of the first year anniversary of September 11 (9/11). This chapter presents findings from the 9/11 survey module. The chapter describes the impact of 9/11 on New Jersey residents' psychological well-being and substance use, reporting findings for all residents and for the major demographic groups (e.g. age, gender and race/ethnicity). Also described is the extent to which mental health problems and substance use were related to residents' proximity to the attacks and to their knowledge of someone hurt or killed on 9/11. Finally, the chapter examines residents' need for, and access to, counseling to address problems arising from 9/11.

The survey measured the following psychological and behavioral effects of 9/11:

Post Traumatic Stress Disorder (PTSD) - This was assessed through 5 items measuring symptoms that are among those identified in the DSM-IV as being indicative of post-traumatic stress disorder. These included having repeated, disturbing memories of the event, feeling as if reliving the event, having physical reactions when thinking about the attacks, avoiding thinking, talking about or having feelings related to the attacks and avoiding situations or activities reminiscent of the attacks. Respondents were asked if they experienced these symptoms since the attacks and in the last 30 days. The present chapter reports on proportions of individuals reporting one or more symptom since the attacks.

Depression - Seven items were used to assess depressive reactions to 9/11, based on symptoms of depression identified in the DSM-IV criteria. These included feeling sad or blue, losing interest or pleasure in things, changes in appetite or weight, changes in sleep patterns, loss of energy, difficulty concentrating and suicidal thoughts. Respondents were asked if they experienced each of these symptoms for a period of 2 weeks or more in the 12 months before 9/11, in the 12 months after 9/11 and in the last 30 days. The present chapter reports on proportions of individuals who experienced one or more of these symptoms since, but not before, 9/11.

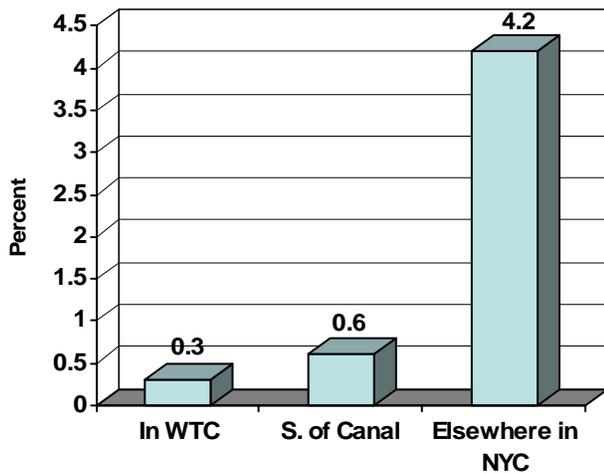
Situational Fears - Respondents were asked five items pertaining to situational fears related to 9/11, including fear of public places, flying on an airplane, riding on public transportation or crossing bridges or tunnels, being alone and going into New York City. This chapter reports on proportions of individuals experiencing at least one of these fears who report that their fear was greater after, than before, 9/11.

Increased Substance Use - Respondents were asked about changes in smoking, prescription drug use, alcohol use and the use of illicit drugs since 9/11. This chapter reports on individuals who report increasing their use of one or more of these substances and attribute the change to the events of 9/11.

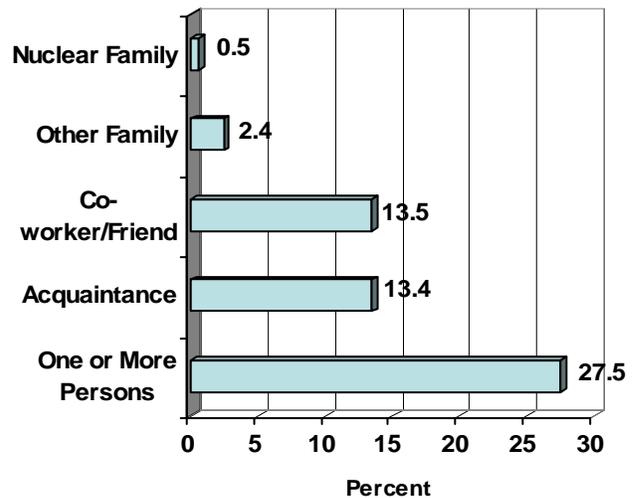
## A. PROXIMITY TO ATTACKS AND KNOWLEDGE OF VICTIMS

- About 5% of New Jersey residents were in New York City on 9/11, including about 0.3% who were in the World Trade Center (WTC) at the time of the attack, 0.6% who were south of Canal Street and 4% who were elsewhere in the City (Figure 7-1).
- Altogether, nearly 28% of New Jersey residents reported knowing someone who was hurt or killed on 9/11 (Figure 7-2). Nearly 3% had a family member who was a victim of the attacks, including 0.5% who had a member of their nuclear family who was injured or killed. About 14% reported that a coworker or friend was a victim, and 13% reported that an acquaintance was hurt or killed.

**Figure 7-1: Proximity to WTC Attack: NJ Residents Who Were In NYC On 9/11**



**Figure 7-2: Knowledge of Someone Hurt or Killed in WTC Attack: NJ Residents**

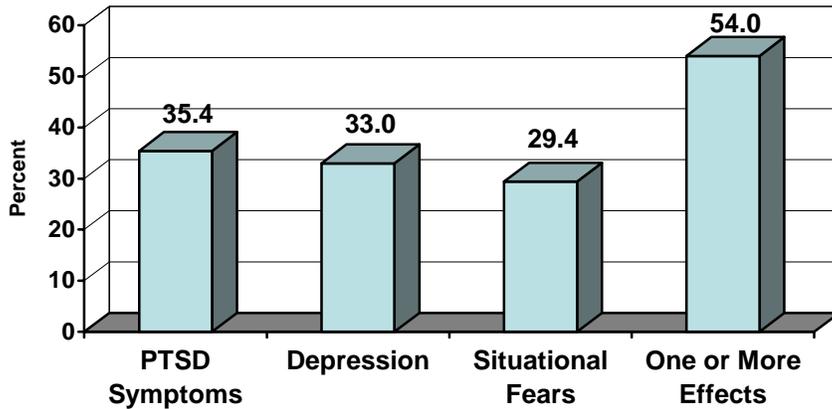


## B. PSYCHOLOGICAL EFFECTS OF ATTACKS

### PTSD, Depression and Situational Fears: All NJ Residents

- About 54% of all residents reported experiencing some psychological effect of the attacks, including 35% who reported at least one symptom of PTSD, 33% who experienced at least one symptom of depression, and 29% who experienced one or more situational fears in the months since 9/11 (Figure 7-3).
- A sizeable number of New Jerseyans reported experiencing symptoms of PTSD or depression in the 30 days prior to the survey, more than a year after the attacks. About 1-in-6 residents (16%) reported PTSD symptoms and 11% reported symptoms of depression in the previous 30 days.

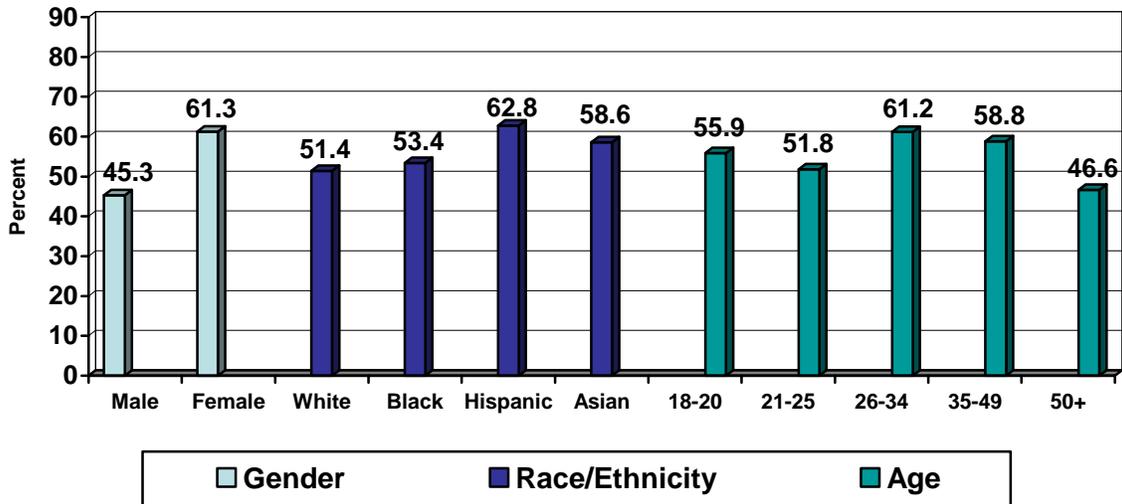
**Figure 7-3: Psychological Effects of WTC Attack: NJ Residents**



**PTSD, Depression and Situational Fears by Gender, Age and Race/Ethnicity (Figure 7-4)**

- Females (61%) were significantly more likely than males (45%) to report at least one psychological effect of 9/11. Symptom reporting was significantly more prevalent among females than males with respect to all effects measured, including PTSD (40% vs. 30%), depression (38% vs. 27%) and situational fears (37% vs. 21%).
- By age, residents 50 and older were the least likely (47%), and residents 26-34 the most likely (61%), to report at least one psychological effect of the disaster. This pattern was consistent for all effects measured.
- By racial/ethnic classification, both Hispanics and Asians, were significantly more likely than either Whites or Blacks to experience psychological trauma resulting from 9/11, with 63% of Hispanics and 59% of Asians, compared to 53% of Blacks and 51% of Whites, reporting at least one symptom. Only 31% of Whites, compared to 47% of Hispanics, 47% of Asians and 37% of Blacks, reported at least one symptom of PTSD. Similarly, 36% of Hispanics, 31% of Asians and 32% of Blacks reported one or more situational fears, compared to 27% of Whites. Depression was significantly more likely among Hispanics (45%) than among the other racial ethnic groups (30% of Whites and 33% of both Blacks and Asians).

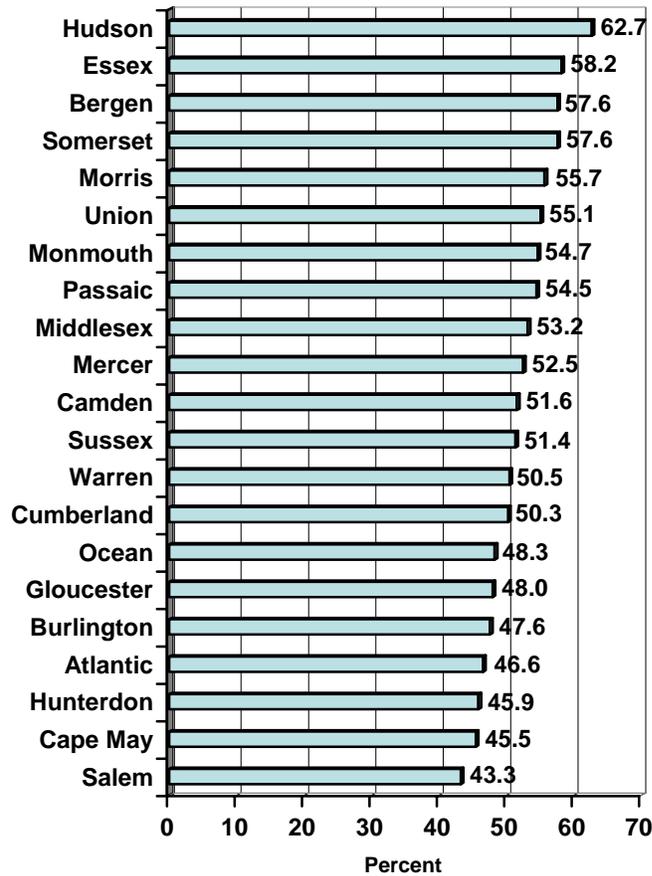
**Figure 7-4: Experience of One or More Symptoms of Psychological Distress, by Gender, Age and Race/Ethnicity**



**Relationship of Symptoms to WTC Proximity and Knowledge of a WTC Victim**

- The prevalence of psychological symptoms was greater among residents who knew someone who was injured or killed in the attacks than among residents who did not know any victims. Thus, 69% of those with knowledge of a victim reported one or more symptoms, compared to 55% of those who did not know someone hurt or killed.
- The prevalence of symptoms also increased with the proximity of individuals to the World Trade Center at the time of the attacks. About 69% of individuals south of Canal Street or in New York City at the time of the attacks, respectively, reported one or more symptoms, compared to 58% of residents not in New York City on 9/11.
- By county, residents of Northern New Jersey counties with the closest proximity to New York were more likely than residents of more distant counties to report one or more psychological effects of the attacks (Figure 7-5). For example, in Hudson and Essex Counties, which are closest to New York City, 63% and 58% of residents respectively reported experiencing one or more symptoms. By comparison, 43% of Salem County residents and 46% of Cape May County residents, who live in two of the Southern New Jersey counties most distant from New York, reported experiencing symptoms.

**Figure 7-5: Experience of One or More Psychological Effects As A Result of 9/11, by NJ County**

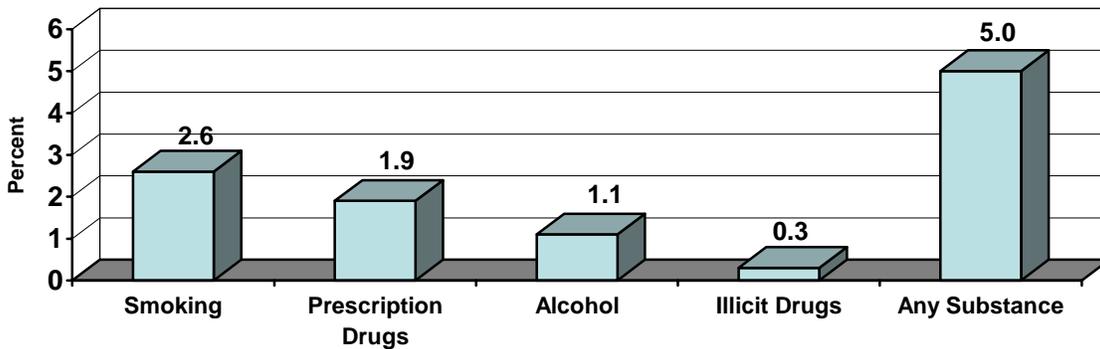


**C. CHANGES IN SUBSTANCE USE AS A RESULT OF 9/11**

**Overall and by Gender, Age and Race/Ethnicity**

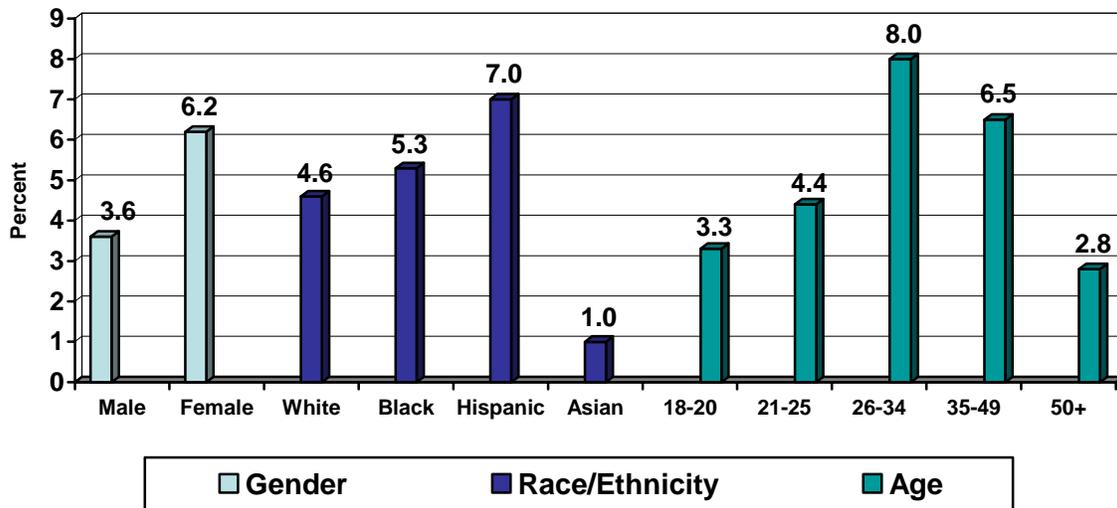
- Overall, 5% of New Jersey residents reported increasing their use of one or more substances as a result of 9/11, including 3% who smoked more cigarettes, 2% who increased their use of prescription drugs, 1% who increased their alcohol consumption and 0.3% who increased their use of illicit drugs (Figure 7-6).

**Figure 7-6: Reported Increases in Substance Use As A Result of WTC Attack: NJ Residents**



- In general, those demographic groups reporting the most psychological trauma as a result of 9/11 were the most likely to report increases in substance use. The only exception to this trend occurred with respect to race/ethnicity, with Asians reporting high levels of stress but no corresponding increase in use (Figure 7-7).
- Females (6%) were somewhat more likely than males (4%) to report increasing their use of substances following 9/11. There was little difference between males and females with respect to alcohol, illicit drug use or cigarette use (1% or less of both sexes reported increased consumption); while about 2% of females and 1% of males increased their prescription drug use.
- Residents aged 26-34 were the most likely (8%), and those 50 and older the least likely (3%), to report increased use of at least one substance as a result of 9/11. Increases among 26-34 year-olds were reported primarily with respect to smoking (5%) and alcohol consumption (3%), although about 1% also reported increased use of illicit drugs. Few (0.4%) residents in this age group increased their prescription drug use.
- Hispanics were the most likely of all racial/ethnic groups to increase their use of substances as a result of 9/11 (7%). Although Asians were second to Hispanics in their report of psychological symptoms, they were the least likely of all groups to manage their stress through increased substance use (1%). About equal proportions of Blacks and Whites (5%) reported 9/11-related increases in their use of substances.
- By type of substance, Hispanics and Whites were most likely to report increases in prescription drug use and smoking (about 3% for each substance among Hispanics and 2% for each among Whites). About 1% of Hispanics and Whites reported increases in alcohol consumption and less than 1% increased their use of an illicit drug. Blacks were most likely to increase their smoking (3%) and alcohol use (2%) and least likely to increase their use of prescription drugs (1%). About 1% of Blacks reported increased illicit drug use.

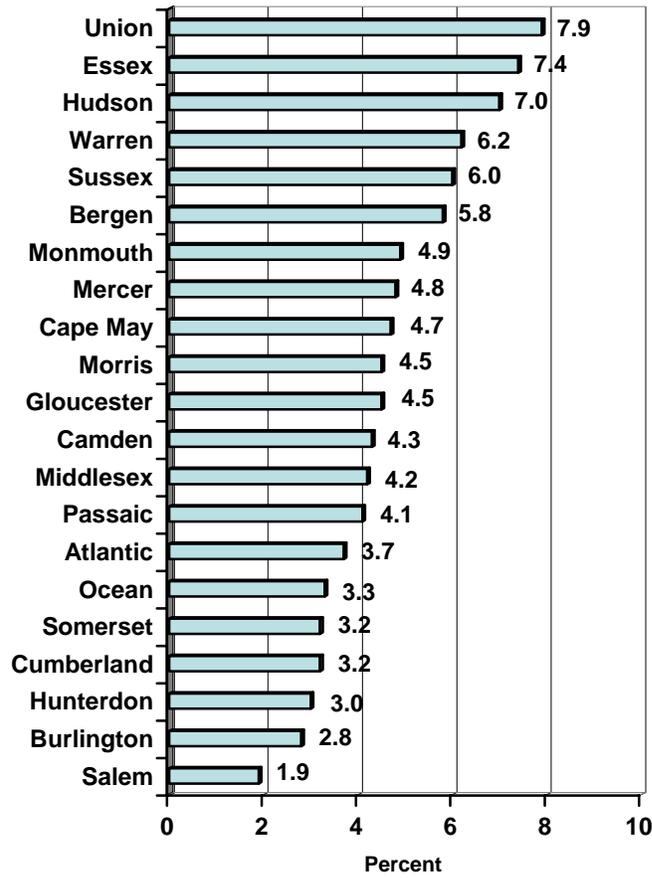
**Figure 7-7: Increased Use of One or More Substances As A Result of 9/11, by Gender, Age and Race/Ethnicity**



**Relationship of Reported Increased Substance Use to WTC Proximity and Knowledge of a WTC Victim**

- Residents reporting knowledge of someone hurt or killed in the attacks were more likely than residents with no relationship to a victim to report increased use of substances (9% vs. 4%).
- There was not a strong relationship, however, between reported increased use and the location of residents on 9/11. Although those in New York City at the time of the attacks reported greater use of substances than those not in the city (10% vs. 5%), residents who were in the World Trade Center or south of Canal at the time of the attacks reported substance use increases that were no greater than those reported by residents not in New York (5%).
- The proximity of New Jersey residents to the attacks according to their county of residence, however, showed a strong correspondence to 9/11-related substance use (Figure 7-8). Thus, residents of three counties that are among the closest in distance to New York (Union, Essex and Hudson) also show the highest increases in substance use (between 7% and 8%). In contrast, Salem County, which is one of the furthest counties in distance from New York, reported increases of only 2%.

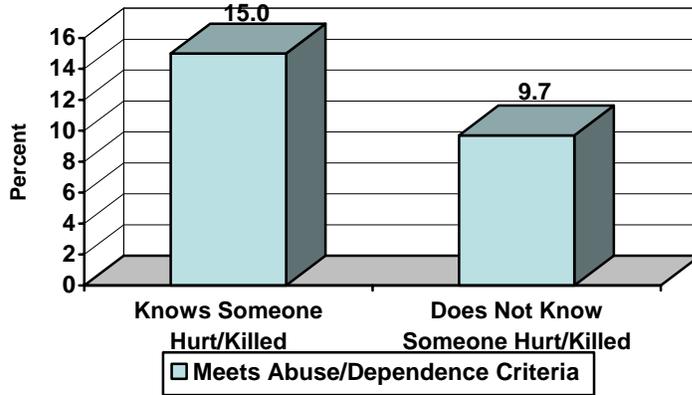
**Figure 7-8: Reported Increase in Use of Any Substance as a Result of 9/11, by NJ County**



**Variations in Substance Abuse and Dependence by Relationship to 9/11 Victim, Proximity to Attacks and Psychological Distress**

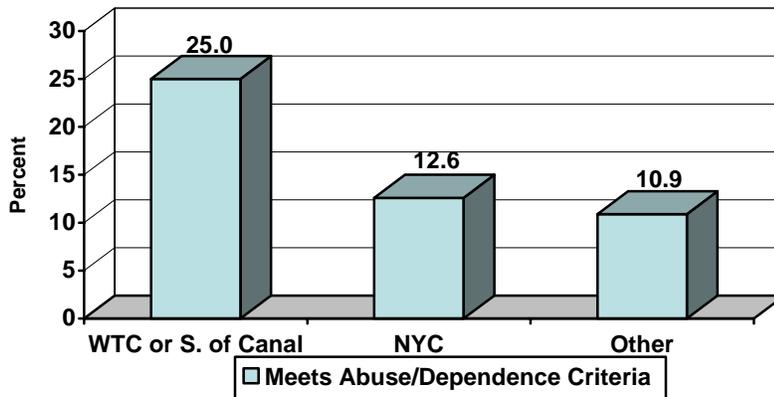
- Residents reporting knowledge of someone hurt or killed in the attacks were more likely than residents with no relationship to a victim to meet the DSM-IV criteria for substance abuse or dependence (15% vs. 10%) (Figure 7-9).

**Figure 7-9: Prevalence of Abuse/Dependence by Knowledge of Someone Hurt in WTC Attack**



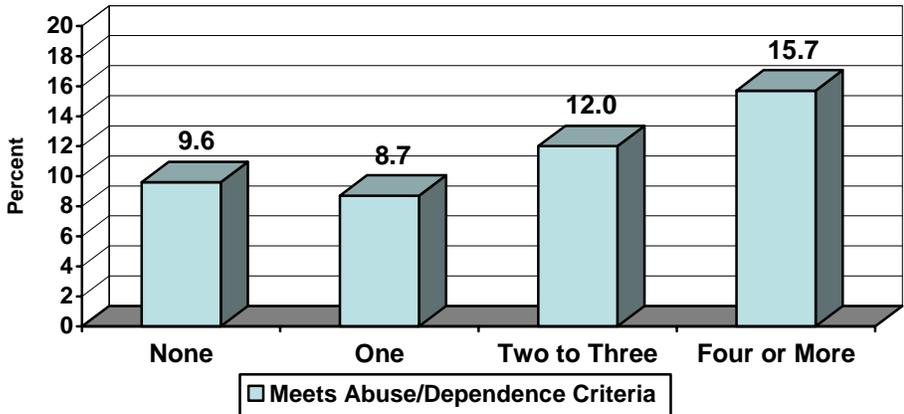
- Although the proximity of residents to the World Trade Center on the day of the attacks was not strongly related to *reported* increases in use, there was a strong relationship between location on 9/11 and substance abuse/dependence (Figure 7-10). Thus, **25%** of individuals in the World Trade Center or South of Canal Street on 9/11 met the criteria for substance abuse or dependence in the previous year, compared to 13% of residents who were elsewhere in New York City and 11% of residents not in New York City on that day.

**Figure 7-10: Prevalence of Abuse/Dependence by Proximity to WTC Attack**



- The probability of abuse and dependence increased with the number of reported symptoms of psychological trauma. Thus, 16% of residents reporting four or more psychological symptoms met DSM-IV criteria for abuse or dependence, compared to about 1-in-10 residents reporting either one (9%) or no (10%) symptoms (Figure 7-11).

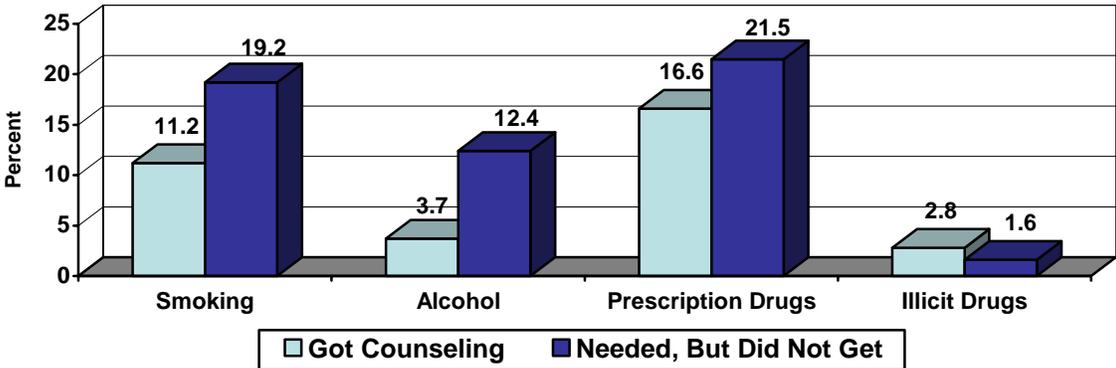
**Figure 7-11: Prevalence of Abuse/Dependence by Total Number of Psychological Symptoms Reported As A Result of WTC Attack**



**D. NEED FOR, AND ACCESS TO, COUNSELING FOR 9/11-RELATED PROBLEMS**

- About 4% of all New Jersey residents felt they needed counseling to deal with 9/11-related psychological or substance abuse problems. Only about half (2%) that number of residents, however, received counseling for these problems.
- In general, residents who needed counseling for 9/11-related problems but failed to obtain it were more likely to report increased substance use than residents who received counseling (Figure 7-12). Those who said they needed counseling but did not receive it were more likely than those who did receive counseling to report increases in smoking (19% vs. 11%), alcohol use (12% vs. 4%) and the use of prescription drugs (22% vs. 17%). Reported increased illicit drug use was about the same for both groups, however (2% and 3%, respectively).

**Figure 7-12: Reported Increases in Substance Use Among NJ Residents Who Received, And Did Not Receive, Counseling After 9/11, by Type of Substance**



## CHAPTER 8

### REGIONAL VARIATIONS IN SUBSTANCE USE AND GAMBLING

#### A. INTRODUCTION

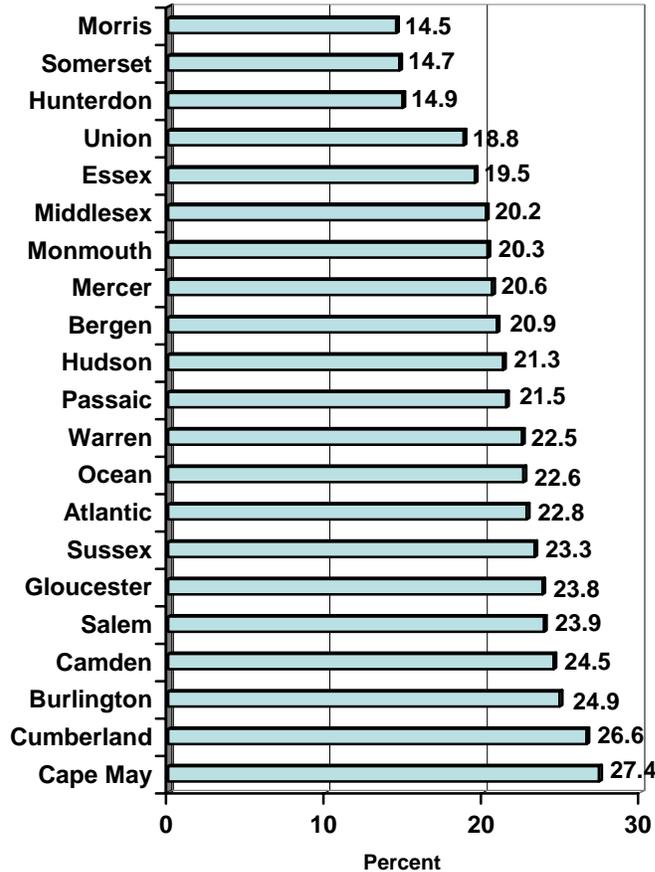
This chapter examines regional differences in the prevalence of smoking, alcohol use, illicit drug use, substance abuse/dependence and problem gambling. Data are reported by county as well as by municipal category. The municipal categories used in this report were developed by Eagleton Institute of Politics, Rutgers University, and use zip codes to organize residential areas into five types of communities based on location, settlement patterns, population density and growth: Major Urban Centers; Other Urban Areas; Older Towns and Suburbs; Growing or New Suburbs; and Rural Areas. These categories are described as follows:

1. *Major Urban Centers* -- Six of New Jersey's traditionally largest cities having a population greater than 85,000 included here are: Newark, Jersey City, Paterson, Elizabeth, Trenton, and Camden.
2. *Urban Centers & Surrounding Areas* -- This category is generally based on the cities of the State with populations over 25,000, but also includes densely populated suburbs of urban areas (density of 3,000 per square mile) which also have similar socio-economic characteristics. For example, all of Hudson county (outside of Jersey City), and much of Union, eastern Essex and southern Bergen counties are included in this category. This category also includes areas with populations over 10,000 and densities greater than 5,000 per square mile.
3. *Rural* -- These are small communities with scattered populations and somewhat denser small towns which are surrounded by rural areas. Towns with populations less than 1,000; areas with densities less than 2,000 per square mile or municipal areas less than 1 square mile are included in this category.
4. *Older Towns & Suburbs* -- This category includes two types of municipalities: urban suburbs which are not as densely populated and/or have significantly higher socio-economic characteristics than the nearby urban center; and densely populated towns which are not near urban centers, and have not experienced major development in the past decade. Towns in this category generally show patterns of a stable or negative population growth rate.
5. *New Suburbs* -- These are primarily suburban areas which are "outside central city" proportions of the Census Bureau's Standard Metropolitan Statistical Areas and have continued to experience growth in the past 20 years. These municipalities are usually within a short distance of urban centers. Towns in this category generally have experienced a population growth rate of over 5%.

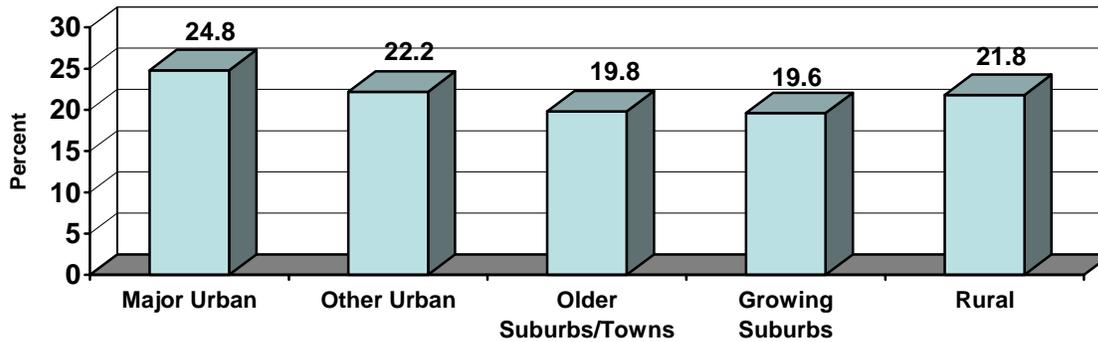
## B. SMOKING

- Cigarette smoking in New Jersey was most prevalent in the Southern counties, with eight of the nine counties having the highest smoking prevalence being located in the southern part of the State (Figure 8-1). Cape May (27.4%) and Cumberland Counties (26.6%) had the highest proportion of residents who currently smoke cigarettes, while Morris (14.5%), Somerset (14.7%) and Hunterdon (14.9%) Counties, which are located in the Northern (Morris) and Central (Hunterdon and Somerset) regions of the State, had the lowest proportion of current smokers.
- By municipal type (Figure 8-2), the highest proportion of residents who smoke was found in the major urban centers (24.8%) and the lowest, in the older towns and suburbs (19.8%) and growing suburbs (19.6%).

**Figure 8-1: Past 30-Day Cigarette Smoking, by County**



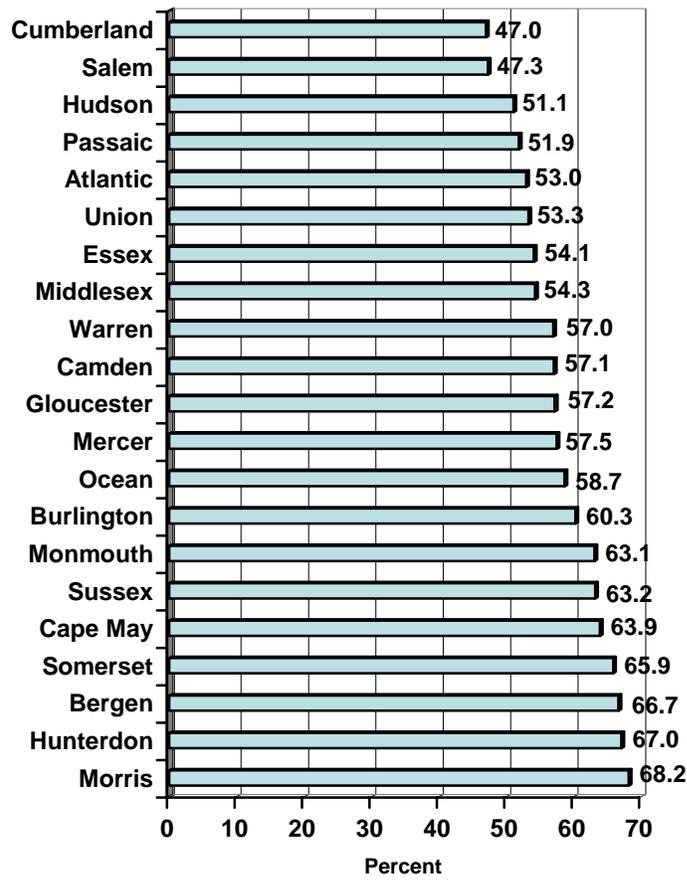
**Figure 8-2: Past 30-Day Cigarette Smoking, by Regional Category**



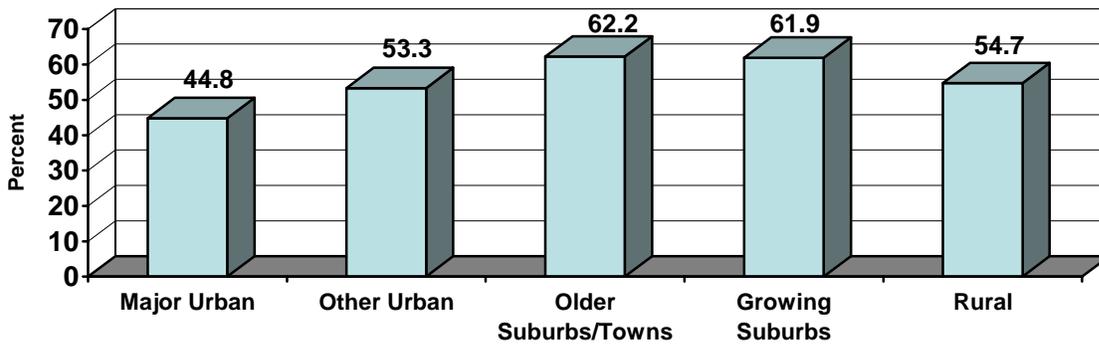
### C. ALCOHOL USE

- Overall, alcohol use varied somewhat by county (Figure 8-3), ranging 21 percentage points from lowest to highest. Interestingly, those counties (Morris and Hunterdon) that had the highest prevalence of current drinkers (68.2% and 67.0%, respectively) were among the three with the lowest prevalence of smokers (Figure 8-1). Conversely, Cumberland County had the lowest prevalence of current drinkers (47.0%) but ranked second highest for prevalence of current smokers. These observations suggest a negative relationship between prevalence of smoking and alcohol use.
- Similarly, at the regional level a negative relationship between alcohol and cigarette use is also visible. The major urban centers had the highest smoking prevalence (24.8%, Figure 8-2) but the lowest proportion of residents who drank (44.8%, Figure 8-4). Conversely, the growing suburbs and older towns/suburbs had the lowest prevalence of smoking (19.8% and 19.6%, respectively) but the highest proportion of residents who drank (62.2% and 61.9%, respectively).

**Figure 8-3: Past 30-Day Alcohol Use, by County**



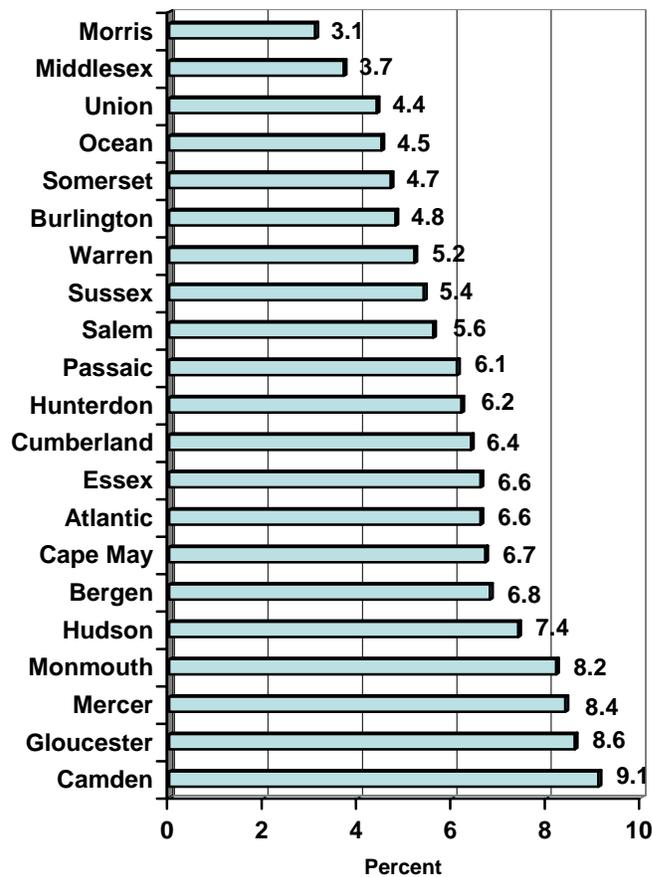
**Figure 8-4: Past 30-Day Alcohol Use, by Regional Category**



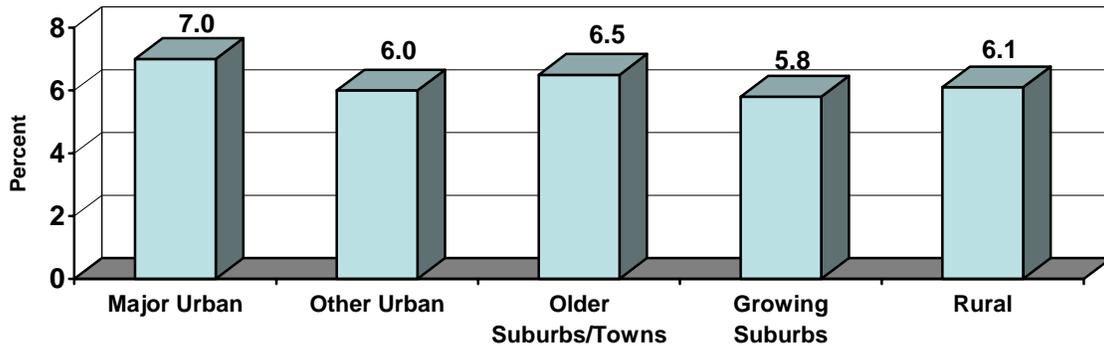
## D. ILLICIT DRUG USE

- The highest prevalence of illicit drug use in the past year was found in Camden (9.1%) and Gloucester Counties (8.6%) (Figure 8-5). Morris County, which had the lowest prevalence of smoking and the highest prevalence of alcohol use, also had the lowest proportion of residents who used illicit drugs (3.1%). Middlesex County was second to lowest in prevalence of drug use (3.7%).
- There was little variation in illicit drug use by municipal type (Figure 8-6), with reported use ranging from 5.8% in the growing suburbs to 7.0% in the major cities.

**Figure 8-5: Past Year Use of One or More Illicit Drugs, by County**



**Figure 8-6: Past Year Illicit Drug Use, by Regional Category**

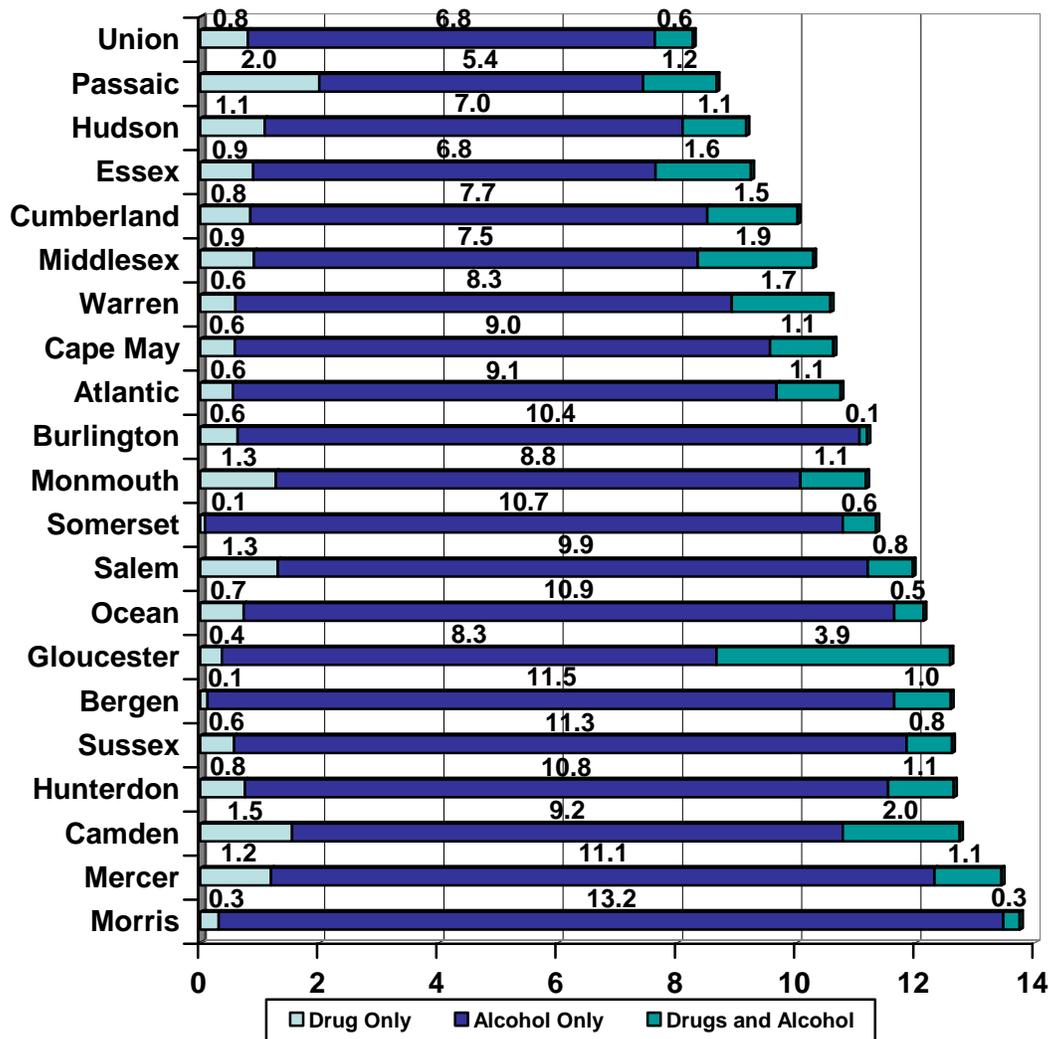


## **E. SUBSTANCE ABUSE AND DEPENDENCE**

### **Variation by County**

- Morris County had the highest prevalence of residents meeting the criteria for substance abuse or dependence of all New Jersey counties (13.8%) (Figure 8-7). Alcohol accounted for almost all abuse/dependence problems in this county (13.2%), with fewer than 1% of residents either abusing both drugs and alcohol (.3%) or having abuse/dependence problems with respect to drugs alone (.3%).
- Mercer County was second to Morris in the proportion of residents meeting the criteria for substance abuse or dependence (13.4%). While alcohol was also the predominant problem in Mercer County (as it was throughout the State), more Mercer than Morris County residents also had problems with drugs. Thus, 11.1% of Mercer residents had an alcohol problem only. About 1.2% had a problem with drugs only, and 1.1% had a problem with both drugs and alcohol.
- Union and Passaic Counties had the lowest proportion of residents meeting the criteria for substance abuse or dependence in New Jersey (8.2% and 8.6%, respectively). About 6.8% of Union, and 5.4% of Passaic, residents had problems with alcohol only. In Union County, .8% and .6%, respectively, had problems with drugs alone and with drugs and alcohol combined. In Passaic, 2.0% had problems with drugs alone, and 1.2%, with both drugs and alcohol.
- Of all New Jersey counties, Gloucester had the largest proportion of residents who met the criteria for abuse of, or dependence on, drugs. About 4.3% of Gloucester County residents had drug problems, including 3.9% who had problems with both drugs and alcohol and .4% who had problems with drugs alone. About 8.3% had problems with alcohol alone, yielding a total of 12.6% of Gloucester County residents who met the criteria for substance abuse or dependence.

**Figure 8-7: Percent Abuse and Dependence in Past Year, by Type of Substance and County**

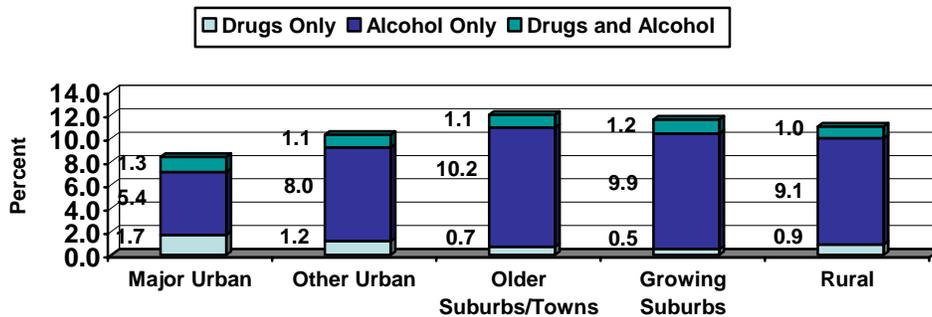


**Variation by Municipal Type**

- By municipal type (Figure 8-8), the highest proportion of residents with substance abuse/dependence was found in the older towns and suburbs (12.0%). The growing suburbs and rural areas were next in prevalence, at 11.6% and 11.0%, respectively. The lowest proportion of residents with substance abuse problems was found in the major cities (8.4%).
- Alcohol accounted for the majority of abuse/dependence problems in all areas, with 10.2% of residents in the older towns and suburbs found to abuse, or be dependent on, alcohol alone. This compare to 5.4% in major urban areas.

- Although the major urban areas had a relatively low overall prevalence of substance abuse problems, they had the highest proportion of residents who abused, or were dependent on, drugs. Thus, 3.0% of residents in these areas had problems with drugs, including 1.7% who abused or were dependent on drugs alone and 1.3% who had a problem with both drugs and alcohol. In contrast, the prevalence of drug problems in other municipal areas ranged from 2.3% (other urban areas) to 1.7% (growing suburbs).

**Figure 8-8: Past Year Substance Abuse and Dependence, by Regional Category**



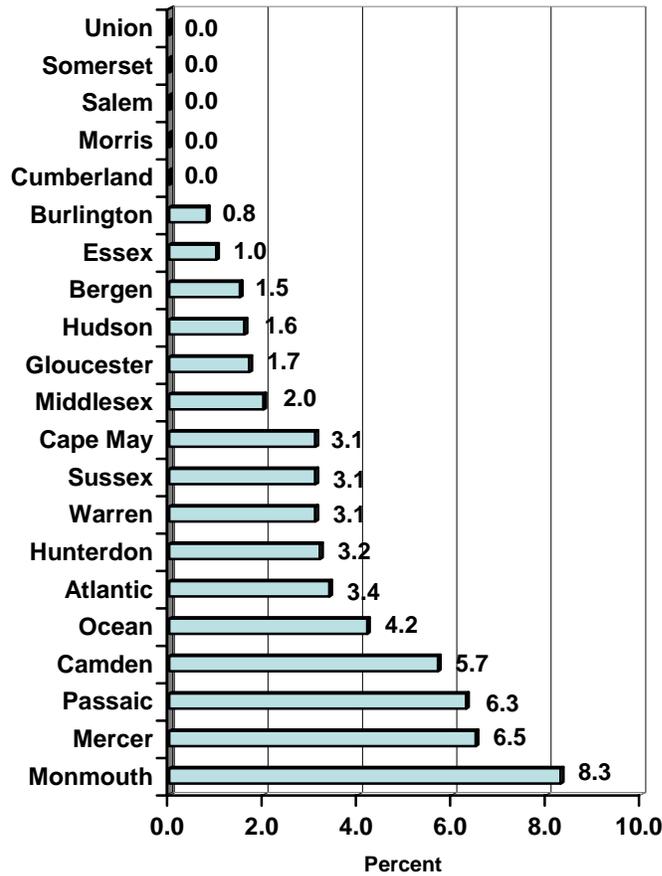
## F. ACCESS TO SUBSTANCE ABUSE TREATMENT

### Variation by County

- There was wide variation across counties in the extent to which residents who abused, or were dependent on, drugs or alcohol reported getting treatment (Figure 8-9). In five counties (Union, Somerset, Salem, Morris, and Cumberland), no residents with substance abuse problems reported being treated in the past 12 months. In contrast, 8.3% of Monmouth County residents needing treatment had been treated in the last year. Mercer, Passaic and Camden residents also reported treatment access at higher than the State average, with 6.5%, 6.3% and 5.7%, respectively, gaining access to treatment.
- Treatment access was not related to overall need. Among the five counties in which no residents received treatment, for example, one county (Morris) had the highest prevalence of overall need, and another county (Union), the lowest. Similarly, among those counties in which access was the greatest, one (Passaic) had the second lowest overall need and another (Mercer) the second highest. The remaining counties with the highest and lowest treatment access were undistinguished from other counties with respect to overall treatment need.
- Lack of treatment access showed some relationship to type of abuse/dependence problem, however, with counties in which residents had a low prevalence of drug problems showing less access to treatment. Four of the five counties with no treatment access

(Morris, Somerset, Salem and Union), for example, were also among the six counties with the lowest prevalence of drug problems in the State.

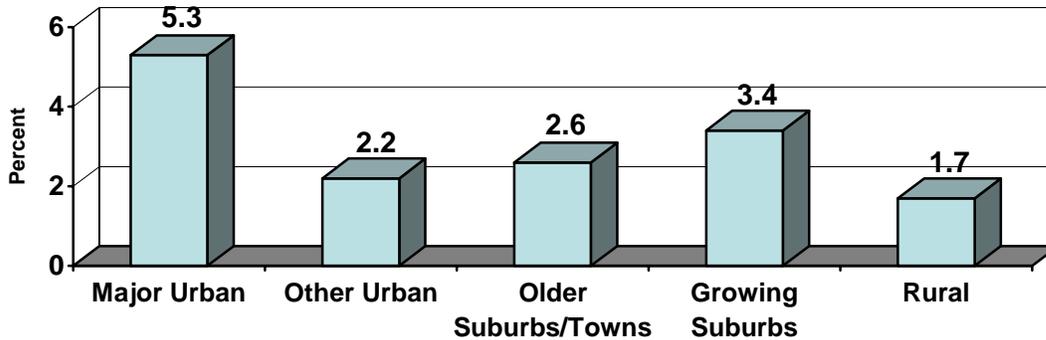
**Figure 8-9: Access to Substance Abuse Treatment By Residents Needing Treatment, by County**



**Variation by Municipal Type**

- There was also wide variation in treatment access by municipal type (Figure 8-10). Residents of major urban areas were the most likely to report treatment in the last 12 months (5.3%), and residents of rural areas were the least likely (1.7%). Residents of older towns and suburbs and smaller urban areas also reported low treatment access (2.6% and 2.2%, respectively).

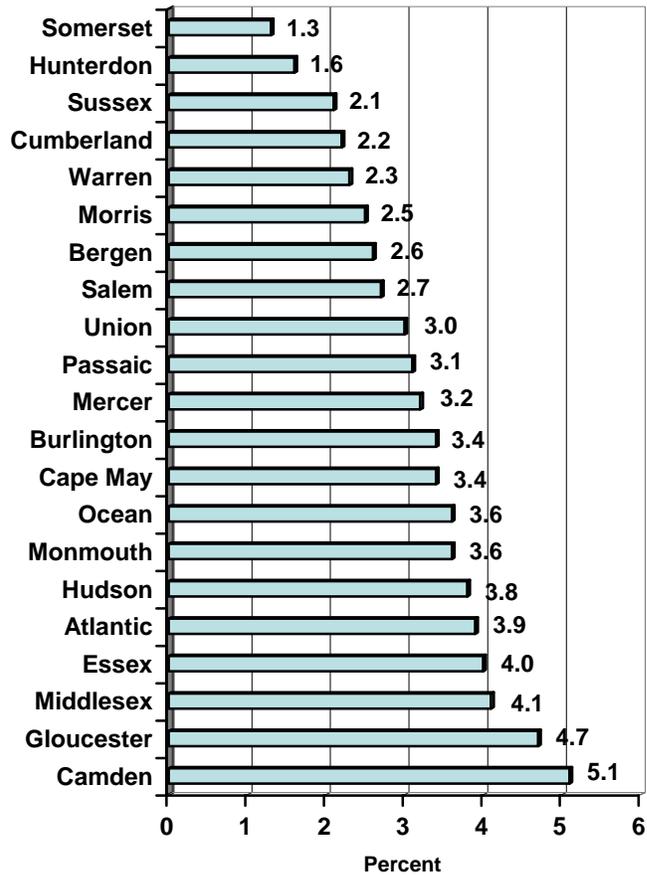
**Figure 8-10: Access to Substance Abuse Treatment By Residents Needing Treatment, by Regional Category**



## G. GAMBLING

- Camden and Gloucester Counties had the highest prevalence of residents reporting they ever had a problem with gambling (5.1% and 4.7%, respectively) (Figure 8-11). Atlantic County, in which Atlantic City is located, was fifth in terms of prevalence of gambling problems (3.9%).
- Somerset and Hunterdon Counties had the lowest prevalence of residents reporting lifetime problems with gambling (1.3% and 1.6%, respectively).
- There was little remarkable difference across municipal types in the prevalence of gambling problems, with the prevalence ranging from 1.7% in rural areas to 4.3% in the major urban areas.

**Figure 8-11: One or More Problems with Gambling in Lifetime, by County**



## CHAPTER 9

### SUBSTANCE ABUSE TRENDS: NEW JERSEY, 1998-2003; NEW JERSEY AND THE NATION, 2002

#### A. INTRODUCTION

In this chapter we compare current survey data on substance use to comparable data collected in the 1998 Substance Dependence Treatment Needs Assessment Survey of Households in New Jersey. Comparisons between 1998 and 2003 New Jersey data focus on the use of cigarettes, alcohol and illicit drugs overall and by demographic group. Because the methodology used to develop estimates of treatment need differs between the two surveys, however, no cross-year comparisons of the prevalence of abuse and dependence are possible.

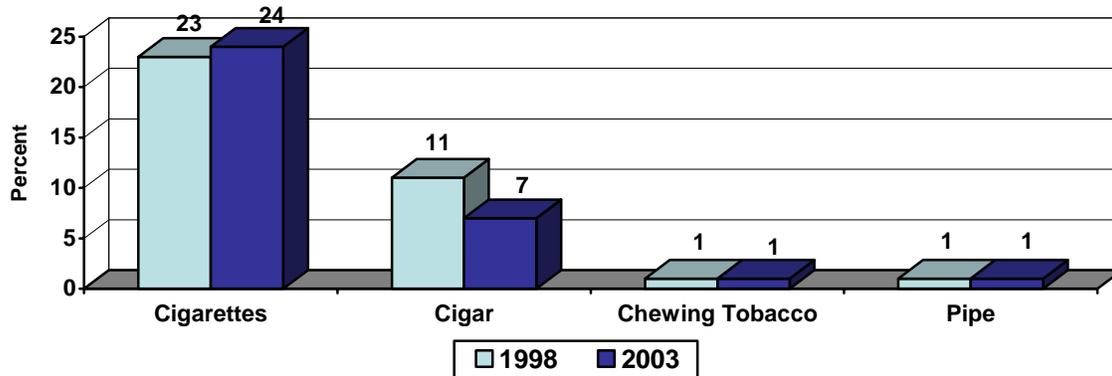
This chapter also compares data from the present survey with comparable data from the 2002 National Survey on Drug Use and Health. Comparisons between New Jersey and the nation focus on the use of cigarettes, alcohol and illicit drugs, the prevalence of abuse and dependence and the relative access to substance abuse treatment of persons in need of treatment. These latter comparisons are possible because the current New Jersey survey employed the same method for calculating abuse and dependence as was used in the 2002 National Household Survey. Because of age differences in the samples of the two surveys, however, (the National Household Survey included persons 12 and older, while respondents to the New Jersey survey were 18 and older), all comparisons between the two surveys are provided by age group. Comparisons by gender and race/ethnicity are also provided on selected items.

#### B. NEW JERSEY: 1998 AND 2003

##### Tobacco Use

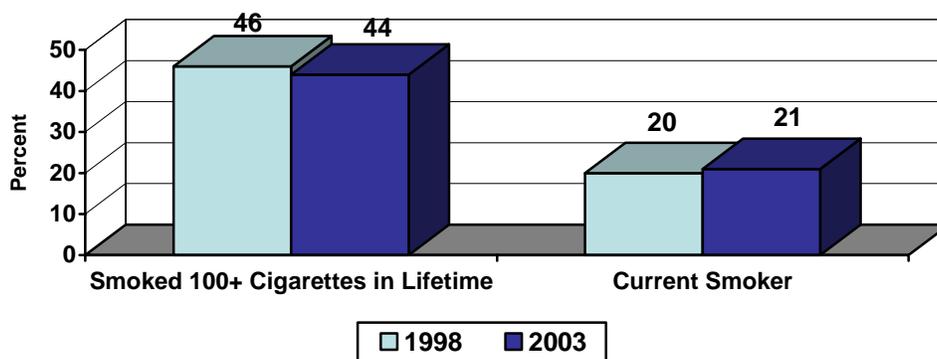
- There was a slight increase in the use of cigarettes between 1998 and 2003, with the proportion smoking in the last year rising from 23% to 24% (Figure 9-1). Use of chewing tobacco and pipe smoking remained the same, with 1% reporting the use of these products in the past year in both 1998 and 2003. Cigar smoking, however, showed a more substantial change, falling from 11% in 1998 to 7% in 2003.

**Figure 9-1: Percent Who Used Tobacco Products in Last 12 Months, By Type of Product: New Jersey, 1998 and 2003**



- Overall, the proportion reporting that they had smoked 100 or more cigarettes in their lifetimes fell somewhat from 46% in 1998 to 44% in 2003 (Figure 9-2). The prevalence of current smoking (smoking in the last 30 days), however, increased slightly, from 20% in 1998 to 21% in 2003.

**Figure 9-2: Cigarette Use, Lifetime and Past 30 Days: New Jersey, 1998 and 2003**



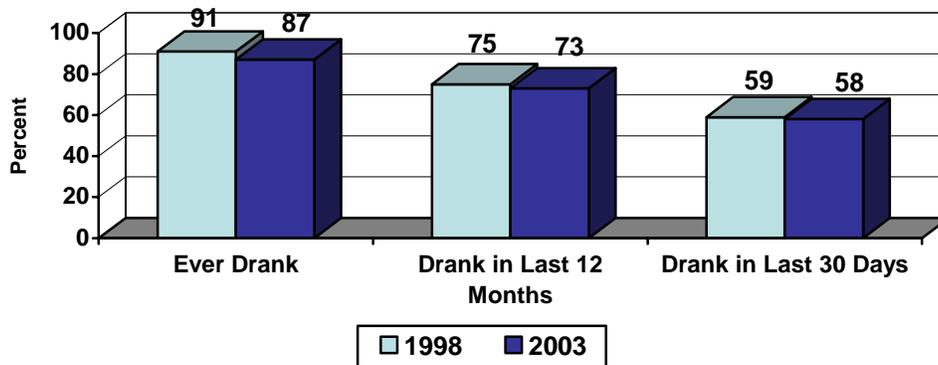
- In 1998, men were more likely to be current cigarette smokers than women (21% vs. 19%). Since 1998, however, cigarette smoking increased among women and decreased among men so that by 2003, women were more likely to be current smokers than men (23% vs. 19%) (Table 9-1).
- Past 30-day cigarette smoking increased in all age groups except those aged 35-49, where it remained constant at 22%. Smoking increased among 18-25 year-olds from 29% to 32%, among 26 to 34 year-olds from 21% to 25% and among those 50 and older, from 14% to 16%.

- Current smoking increased in all racial/ethnic groups but Whites, where it dropped from 22% to 21% between 1998 and 2003. Current smoking increased among Blacks from 18% to 24%, among Hispanics, from 17% to 21% and among Asians from 10% to 13%.

### Alcohol Use

- Overall, alcohol use decreased slightly between 1998 and 2003, with the proportion reporting lifetime use dropping from 91% to 87%, the proportion reporting past year use dropping from 75% to 73%, and the proportion reporting use in the last 30 days dropping from 59% to 58% (Figure 9-3).

**Figure 9-3: Alcohol Use, Lifetime, Past Year and Past 30 Days: New Jersey, 1998 and 2003**

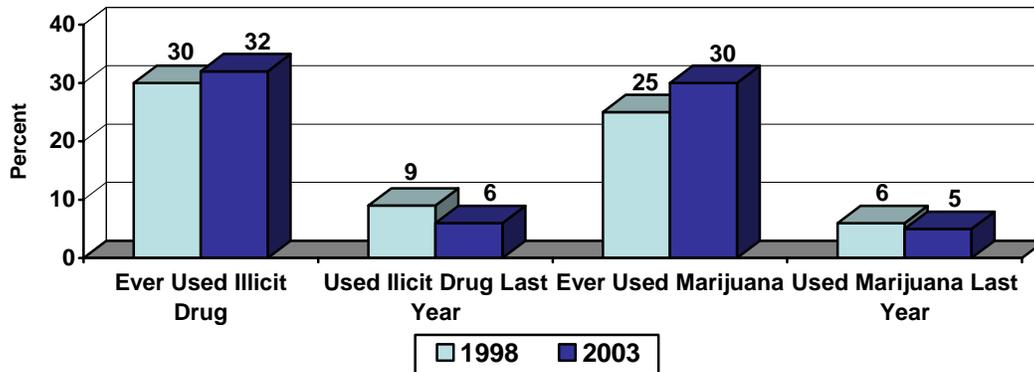


- The prevalence of current (past 30-day) alcohol use changed little from 1998 to 2003 among men (66% to 65% respectively) and among women (52% to 53% respectively) (Table 9-1).
- Current alcohol use decreased in all age groups except among those aged 50 and older, where it increased from 53% in 1998 to 56% in 2003 (Table 9-1). Current drinking decreased among 18-25 year-olds from 58% to 56%, among 26-34 year-olds, from 63% to 60%, and among 35-49 year-olds, from 64% to 62%.
- Current drinking increased among Blacks from 39% in 1998 to 43% in 2003, but remained the same or fell in all other racial/ethnic groups (Table 9-1). Among Whites, current drinking remained constant at 65% in both years. Among Hispanics, the proportion of current drinkers fell from 49% to 44% and, among Asians, from 40% to 39%.

## Illicit Drug Use

- The proportion of residents reporting use of an illicit drug in their lifetimes increased slightly from 30% in 1998 to 32% in 2003 (Figure 9-4). However, use of an illicit drug in the past year declined somewhat, falling from 9% in 1998 to 6% in 2003.
- In both survey years, marijuana accounted for the majority of reported illicit drug use, with the proportion reporting lifetime marijuana use increasing from 25% to 30% (Figure 9-4). Reported past-year use of marijuana, however, fell slightly from 6% in 1998 to 5% in 2003.

**Figure 9-4: Lifetime and Past Year Use of Any Illicit Drugs and Marijuana: New Jersey, 1998 and 2003**



- While fewer men and women reported past-year use of marijuana in 2003 than in 1998, the decrease was greater for men than for women, dropping from 9% to 6% among men and from 4% to 3% among women (Table 9-1).
- The proportion reporting past-year marijuana use remained the same in 1998 and 2003 among residents aged 26 to 34 (8%) and residents aged 50 and older (1%) (Table 9-1). Marijuana use decreased slightly among residents aged 18-25 from 19% to 18%, and among 35 to 49 year-olds, from 6% to 3%.
- Both Blacks and Whites showed slight decreases in marijuana use between 1998 and 2003, with the proportion of Blacks reporting past-year use falling from 7% to 6% and the proportion of Whites, from 7% to 5% (Table 9-1). Among Hispanics, marijuana use remained at 4% in both survey years and, among Asians, increased slightly from 2% to 3%.

**Table 9-1: Characteristics of Recent Users of Cigarettes, Alcohol and Marijuana, 1998 vs. 2003: NJ Residents**

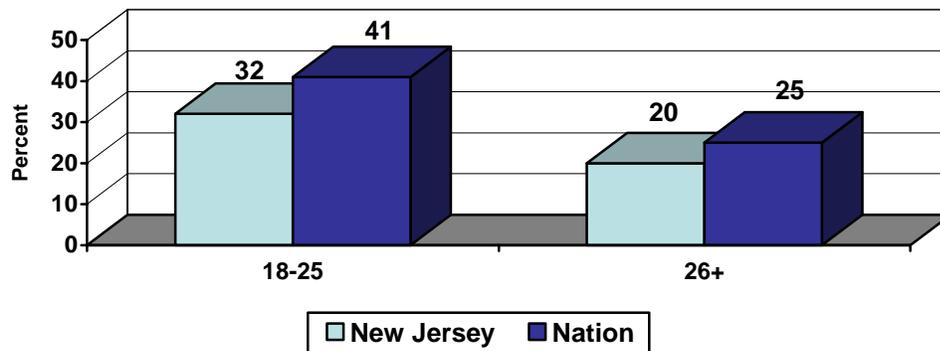
Demographics		Smoked Last 30 Days		Drank Last 30 Days		Used Marijuana Last 12 Months	
		1998	2003	1998	2003	1998	2003
Gender	Males	21%	19%	66%	65%	9%	6%
	Females	19	23	52	53	4	3
Age	18-25	29	32	58	56	19	18
	26-34	21	25	63	60	8	8
	35-49	22	22	64	62	6	3
	50+	14	16	53	56	1	1
Race/ Ethnicity	White	22	21	65	65	7	5
	Black	18	24	39	43	7	6
	Hispanic	17	21	49	44	4	4
	Asian	10	13	40	39	2	3

**B. NEW JERSEY AND THE NATION, 2002**

**Tobacco Use**

- Substantially fewer New Jersey residents smoked cigarettes in 2002 compared to Americans nationwide, particularly in the 18-25 year-old age group (Figure 9-5). About a third of 18-25 year-old New Jersey residents (32%) smoked in the last 30 days, compared to 41% of 18-25 year-olds nationally. Among those 26 and older, 20% of New Jersey residents smoked compared to 25% of Americans nationally.

**Figure 9-5: Past Month Cigarette Use, by Age: New Jersey and Nation, 2002**



- Both men and women in New Jersey were less likely to be current smokers than men and women nationally (Table 9-2). Among men aged 18-25, 34% of New Jersey residents and 44% of men nationally smoked currently; among women 18-25, 30% in New Jersey and 37% nationally, were current smokers. Gender-based differences were similar in residents aged 26 and older, with men and women in New Jersey being less likely to smoke currently than men and women nationally (24% vs. 28% for men and 18% vs. 23% for women).
- All racial/ethnic groups in New Jersey also had a lower prevalence of current smoking than comparable racial/ethnic groups nationally, regardless of age (Table 9-2). Among Whites age 18-25, 40% in New Jersey compared to 47% nationally smoked currently. Comparable differences were found for Blacks, Hispanics and Asians in this age group (18% vs. 28% for Blacks; 27% vs. 31% for Hispanics and 24% vs. 28% for Asians). Among householders age 26 and older, New Jersey residents also showed a consistently lower prevalence of current smoking in each racial/ethnic group.

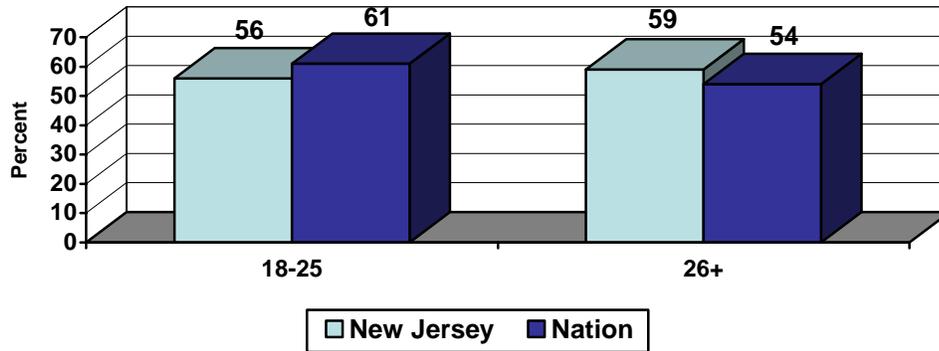
**Table 9-2: Smoking – Past 30 Days**

Demographics		18-25 Year Olds		26+	
		NJ	National	NJ	National
<i>Gender</i>	Males	34%	44%	24%	28%
	Females	30	37	18	23
<i>Race/ Ethnicity</i>	White	40	47	19	25
	Black	18	28	25	28
	Hispanic	27	31	20	24
	Asian	24	28	11	18

### **Alcohol Use**

- Younger New Jersey residents aged 18-25 were less likely have drunk alcohol in the last 30 days than 18-25 year-old Americans nationally (56% vs. 61%). However, New Jersey residents 26 and older were somewhat more likely to be current drinkers than their national counterparts (59% vs. 54%) (Figure 9-6).

**Figure 9-6: Past Month Alcohol Use, by Age: New Jersey and Nation, 2002**



- Among 18-25 year-olds, both men (61% vs. 65%) and women (52% vs. 56%) in New Jersey were less likely than men and women nationally to be current drinkers (Table 9-3). Among those aged 26 and older, however, both men (65% vs. 62%) and women (53% vs. 47%) exceeded the national average in current drinking.
- Among 18-25 year-olds, Whites (66% vs. 67%), Blacks (41% vs. 48%) and Asians (45% vs. 50%) in New Jersey had a lower prevalence of current drinking than comparable racial/ethnic groups nationally (Table 9-3). New Jersey Hispanics were equivalent to Hispanics nationally in their prevalence of current drinking (50%).
- The higher prevalence of current drinking among older New Jersey residents (aged 26+), however, was attributable primarily to Whites, who substantially exceeded the national average for current drinking in their racial/ethnic group (65% vs. 58%) (Table 9-3). All other racial/ethnic groups in New Jersey in this age group were either below, or equivalent to, the national average for their racial/ethnic group (42% vs. 46% for Hispanics; 38% vs. 39% for Asians; 44% for Blacks in New Jersey and nationwide).

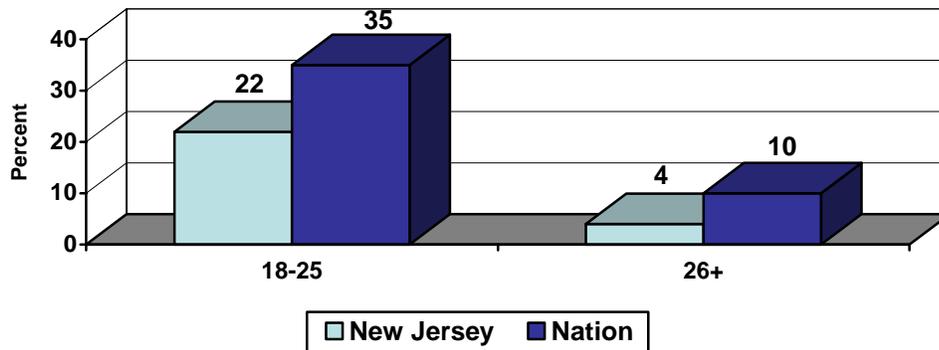
**Table 9-3: Alcohol Use – Past 30 Days**

Demographics		18-25 Year Olds		26+	
		NJ	National	NJ	National
<i>Gender</i>	Males	61%	65%	65%	62%
	Females	52	56	53	47
<i>Race/ Ethnicity</i>	White	66	67	65	58
	Black	41	48	44	44
	Hispanic	50	50	42	46
	Asian	45	50	38	39

## Illicit Drug Use

- With the exception of heroin use, New Jersey residents reported substantially lower lifetime use of all drug categories surveyed than Americans nationwide. *State and national differences in the prevalence of reported use, however, may relate, in part, to differences in the data collection methodologies of the two surveys: the New Jersey survey interviewed all respondents by telephone; the National Survey conducted in-home interviews using audio computer-assisted self-interviewing for sensitive questions, such as those addressing illicit drug use. Self-interviewing techniques, moreover, have been shown to elicit higher self-reporting of sensitive behaviors.*
- Heroin represents the only drug reported at a higher frequency by 18-25 year-old New Jersey residents than by comparable Americans nationwide, with 5% of New Jersey residents and 2% of Americans nationwide reporting lifetime heroin use.
- New Jersey residents in both age groups showed a lower prevalence of illicit drug use in the past year than Americans nationwide (22% vs. 35% for persons aged 18-25 and 4% vs. 10% for persons 26 and older) (Figure 9-7).

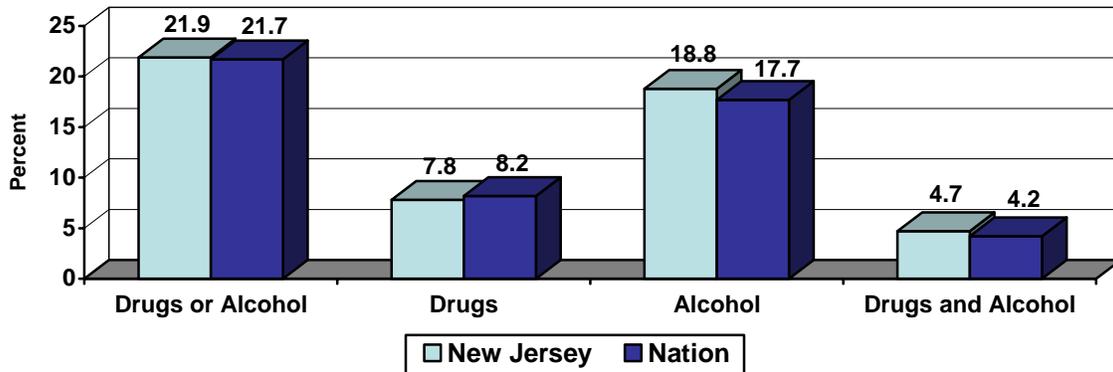
**Figure 9-7: Past Year Use of Any Illicit Drug, by Age: New Jersey and Nation, 2002**



## Substance Abuse and Dependence

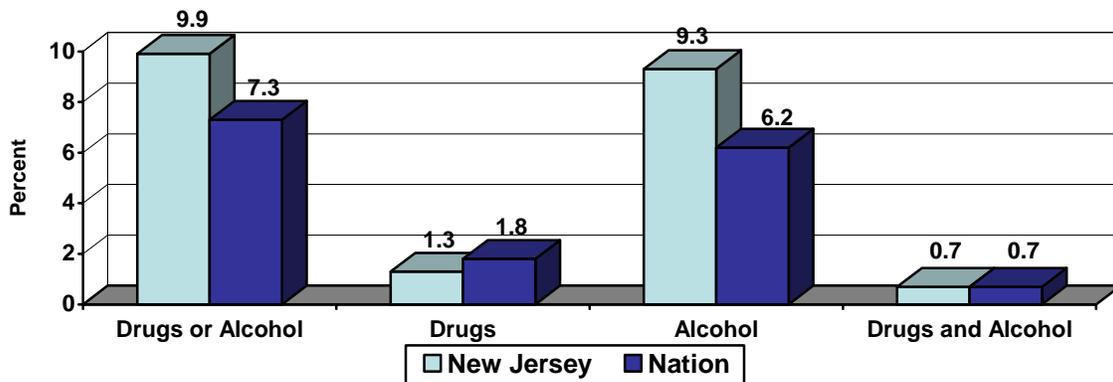
- Despite the lower reporting of drug use in New Jersey compared to the nation as a whole, the prevalence of past-year abuse and dependence on alcohol and drugs was highly comparable among 18-25 year-olds in New Jersey and the nation (Figure 9-8). A nearly identical proportion of both populations were found to exhibit symptoms of abuse or dependence on drugs and/or alcohol (21.9% in New Jersey vs. 21.7% nationally), with roughly equivalent proportions having symptoms of abuse or dependence on drugs (7.8% in New Jersey vs. 8.2% nationally) and on both drugs and alcohol (4.7% in New Jersey vs. 4.2% nationally). The proportion with symptoms of abuse or dependence on alcohol, however, was slightly higher in New Jersey than the national average for this age group (18.8% vs. 17.7%).

**Figure 9-8: Past Year Abuse of, or Dependence on, Alcohol and Drugs Among 18-25 Year Olds: New Jersey and Nation, 2002**



- Among persons 26 and older, New Jersey residents exceeded the national averages for abuse and dependence on any substance and on alcohol (Figure 9-9). Thus, 9.9% of New Jersey residents 26 and older abused or were dependent on alcohol or drugs, compared to 7.3% of Americans in this age group. Abuse or dependence on alcohol was prevalent in 9.3% of New Jersey residents, compared to 6.2% of all Americans 26 and older. New Jersey residents in this age group were slightly lower than their national counterparts with respect to drug abuse or dependence, however (1.3% vs. 1.8%), and were comparable with respect to abuse or dependence on both drugs and alcohol (.7%).

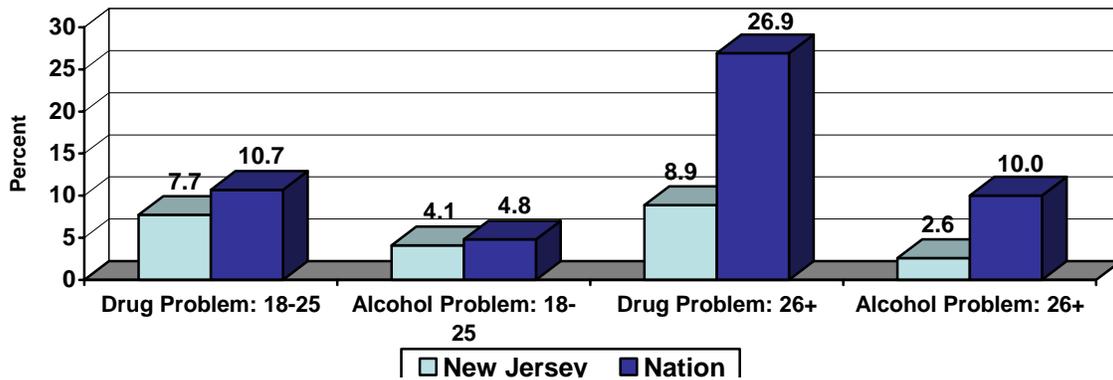
**Figure 9-9: Past Year Abuse of, or Dependence on, Alcohol and Drugs Among 26+ Year Olds: New Jersey and Nation, 2002**



## Access to Substance Abuse Treatment

- Although New Jersey residents were equivalent to, or exceeded, the national average in terms of their need for substance abuse treatment, they were substantially less likely than their national counterparts to receive treatment (Figure 9-10). Discrepancies in access to treatment among those in need were particularly pronounced among individuals aged 26 and older.
- Among persons 26 and older who abused or were dependent on drugs<sup>6</sup>, only 8.9% of New Jersey residents compared to 26.9% of Americans as a whole, received treatment in the past year. Among those in this age group who abused or were dependent on alcohol<sup>7</sup>, 2.6% of New Jersey residents, compared to 10% of all Americans, received treatment.
- Among 18-25 year-olds with a drug problem, 7.7% in New Jersey compared to 10.7% nationally received treatment in the past year. Among persons in this age group with an alcohol problem, 4.1% in New Jersey and 4.8% nationally received treatment.

**Figure 9-10: Percentage Who Received Treatment in Past year Among Persons Who Needed Treatment, by Age and Type of Substance Problem\*: New Jersey and Nation, 2002**



\*Substance Problem refers to abuse or dependence in last 12 months. Drug Problem includes drugs alone or drugs and alcohol. Alcohol problem includes alcohol alone or alcohol and drugs.

<sup>6</sup> Includes persons who abuse or are dependent on drugs alone or on both drugs and alcohol.

<sup>7</sup> Includes persons who abuse or are dependent on alcohol alone or on both alcohol and drugs.