



## Teen Driving Facts

Motor vehicle crashes are the leading cause of death for 15- to 20-year-olds.<sup>1</sup> Drugs, alcohol, and driver distractions increase teens' crash risks. As teens take to the roads, parents can take action by talking about the dangers of drunk, drugged, and distracted driving.

Teens are at risk—both from driving under the influence of drugs or alcohol and from riding with drivers who are under the influence.

- Thirteen percent of high school seniors reported driving under the influence of marijuana in the prior two weeks, a number nearly equivalent to those who reported driving under the influence of alcohol (14%),<sup>2</sup> despite higher prevalence of alcohol consumption among teens.<sup>3</sup>
- High school students are more likely to drink, smoke cigarettes, and smoke marijuana after earning their driver's license<sup>4</sup>
- In a comprehensive study on unsafe driving by high school students, 30 percent of seniors reported driving after drinking heavily or using drugs, or riding in a car whose driver had been drinking heavily or using drugs, at least once in the prior two weeks.<sup>5</sup>
- Next to marijuana, prescription drugs are the most commonly abused illicit drug by teens.<sup>6</sup> The most commonly abused



prescription drugs act on systems in the brain that can lead to impaired driving ability, making them harmful to young drivers when abused and mixed with alcohol or other illicit drugs.<sup>7</sup>

Teen drivers admit to engaging in risky driving behaviors, which are more likely to cause crashes.

- Passengers can create many distractions for a new driver. Almost half (48%) of teens report seeing passengers drink alcohol and over one-third (38%) report seeing passengers smoke marijuana.<sup>8</sup>
    - According to a recent survey, 36 percent of teens who own cell phones admit to texting while driving.<sup>9</sup>
  - Even with a parent in the car, teens engage in bad driving choices, such as speeding (almost 50% of the time), talking on their cell phones while driving (about 20% of the time), and eating or drinking while driving (almost 20% of the time).<sup>10</sup>
- Parents are the most important influence on their teen when it comes to risky behaviors, including substance abuse and driving.
- Despite what most parents think, teens value their advice. More than half of teens of all ages (57%) say that family, rather than friends or school, is the most important thing in their lives right now.<sup>11</sup>

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- Teens who report having conversations with their parents about alcohol and drug use are more likely to stay drug-free, compared to teens who do not talk about substance abuse with their parents.<sup>12</sup>
- Teens whose parents enforce penalties for driving law infractions are more likely than teens whose parents do not enforce penalties to wear their safety belts (89% vs. 74%); require their passengers to buckle up (82% vs. 64%); obey stop signs (91% vs. 60%); and use turn signals (89% vs. 76%).<sup>13</sup>

### Tips for Parents of New Drivers

Getting a driver's license is an exciting and risky time for teens, but parents can take immediate steps to limit the potential dangers of teen driving:

- Limit the times, destinations, and number of passengers allowed in the car when your teen is driving.
- Set check-in rules for your teen to call or text when they arrive at their destination and when they are heading home.
- Know who your teen is with and where they're going at all times. And discuss your expectations for celebrating special occasions like prom and

graduation responsibly, even when your teen is not the one behind the wheel.

- Talk to your teens about the dangers of drugged, drunk, and distracted driving. You can also help by being a positive role model at the wheel, and setting and enforcing clear rules for driving.
- Make sure your teen is completely aware of safety issues, like keeping passenger distractions to a minimum and never driving and using the cell phone at the same time.



### References

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<sup>2</sup> O'Malley P. and Johnston L. Unsafe driving by American high school seniors, 2001-2006. *Journal of Studies on Alcohol and Drugs*; 68(6):834-42, November 2007.

[http://druggeddriving.org/duid/monitoring\\_druggeddriving01-6.pdf](http://druggeddriving.org/duid/monitoring_druggeddriving01-6.pdf).

<sup>3</sup> 2007 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration (SAMHSA), 2008.

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<sup>4</sup> McCarthy D.M and Brown S.A. Changes in alcohol involvement, cognitions and drinking and driving behavior for youth after they obtain a

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<sup>5</sup> O'Malley P. and Johnston L. Unsafe driving by American high school seniors, 2001-2006. *Journal of Studies on Alcohol and Drugs*; 68(6):834-42, November 2007.

[http://druggeddriving.org/duid/monitoring\\_druggeddriving01-6.pdf](http://druggeddriving.org/duid/monitoring_druggeddriving01-6.pdf).

<sup>6</sup> 2007 National Survey on Drug Use and Health, SAMHSA, 2008. Table 8.6B

<http://oas.samhsa.gov/NSDUH/2k7NSDUH/tabs/Sect8peTabs1to42.htm#Tab8.6B>.

<sup>7</sup> National Institute on Drug Abuse (NIDA) InfoFacts: Drugged Driving. April 2008.

<http://www.nida.nih.gov/PDF/Infofacts/driving08.pdf>.

<sup>8</sup> The Children's Hospital of Philadelphia and State Farm, "Driving: Through the Eyes of Teens National Teen Driver Survey," January 2007.

<http://opi.mt.gov/pdf/DriverEd/RR/07ThruTheEyesofTeens.pdf>.

<sup>9</sup> Nationwide Insurance, "DWD (Driving While Distracted) Survey." May 19, 2008. Page 3.

<http://www.nationwide.com/pdf/dwd-2008-survey-results.pdf>.

<sup>10</sup> Students Against Destructive Decisions and Liberty Mutual Group, "Teens Today," 2006. Page 3.

<http://www.sadd.org/teenstoday/teenstodaypdfs/parents.pdf>.

<sup>11</sup> The TRU Study, TRU, Fall '06 Wave.

<sup>12</sup> Substance Abuse and Mental Health Services Administration, 2007 National Survey on Drug Use and Health, Illicit Drug Use, September 2008. Page 68.

<http://oas.samhsa.gov/nsduh/2k7nsduh/2k7Results.pdf>.

<sup>13</sup> Students Against Destructive Decisions and Liberty Mutual Group, "Summer Driving," 2007. Page 2.

<http://www.sadd.org/teenstoday/teenstodaypdfs/TeenSummerDriving07.pdf>.

## Body Image Blues

Adolescence marks a time of rapid and intense emotional and physical changes. There is an increased value placed on peer acceptance and approval, and a heightened attention to external influences and social messages about cultural norms. As youths begin to focus more on their physical appearance, body image and related self-concept emerge as significant factors associated with health and well-being. How adolescents formulate and define their body image ideals and subsequent self-comparisons is strongly influenced by personal, familial, and cultural factors.

Social influences, however, which include the media and popular/mainstream culture, may promote specific images and standards of beauty and attractiveness that contradict good health practices and one's ability to achieve a specific body type or image. U.S. society places great value on looks and

exalts images unachievable by most. For example, fashion models weigh 23 percent less than the average female, although these representations are perceived to be normal<sup>1</sup>.



Although these messages permeate the whole of society, including adolescent boys, girls are often targeted by media and social body image ideals and are more likely to suffer negative health outcomes associated

with body dissatisfaction. Consider the following:

- According to a survey of adolescent girls, the media was identified as the primary source of information about health issues.
- A study of mass media magazines revealed that women's magazines had 10.5 times more advertisements and articles promoting weight loss than men's magazines<sup>2</sup>.
- Frequent music video viewing may be a risk factor for increased perceived importance of appearance and increased weight concerns among adolescent girls<sup>3</sup>.

Many adolescent girls believe physical appearance is a major part of their self-esteem and

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### Eating Disorders to look for

- **Anorexia nervosa** is self-starvation. People with anorexia have an intense fear of body weight, and eat very little even though they are thin.
- **Bulimia nervosa** is characterized by cycles of binge eating and purging. People with bulimia fear body fat although their weight may be normal.
- **Binge eating disorder** means eating

large amounts of food in a short period of time without being able to stop when full. Bingeing is often accompanied by feeling out of control and followed by guilt or depression.

- **Disordered eating** refers to troublesome eating behaviors, such as restrictive dieting, bingeing, or purging, which occur less frequently or are less severe than those required to meet the full criteria for an eating disorder diagnosis.

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their body is a major sense of self<sup>4</sup>. The experience of body dissatisfaction can lead to poor health habits and low self-esteem. These negative feelings may contribute to a higher prevalence of depressive symptoms and lower self-esteem among girls<sup>5</sup> and can affect health behaviors associated with poor eating habits, dieting, depression and anxiety, eating disorders and the possible use of alcohol or drugs.

## References:

1. National Women's Health Information Center, Office on Women's Health [NWHIC], 2001
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3. Guillen & Barr, 1994
4. Borzekowski, Robinson, & Killen, 1999
5. American Association of University Women, 1991

*Source: Some information for this article was obtained from The National Association of Social Workers at <http://www.socialworkers.org/>*

The National Council on Alcoholism and Drug Dependence (NCADD) of Middlesex County, Inc. is a private, non-profit, community-based health organization providing prevention, education, information and referral services to county residents, businesses, schools, faith-based organizations, municipal alliances, and social service agencies since 1980.

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