Office of National Drug Control Policy
Drugs & Crime Clearinghouse

Drugs & Crime Data

LSD

Facts and Figures

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INTRODUCTION

This information packet includes excerpts from selected Federal government, or Federally-sponsored publications which contain information on LSD. These data include production estimates, trafficking patterns, arrests, usage patterns, and treatment admissions. Information from the following publications is presented in this information packet:

LSD in the United States
NIDA Research Takes a New Look at LSD and Other Hallucinogens
National Household Survey on Drug Abuse 1995: Population Estimates
Monitoring the Future Study, December 19, 1996
National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults
Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1996
Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 17
Drug Abuse Warning Network, Annual Medical Examiner Data, 1994
DEA Annual Statistical Report, FY 1995
Drugs and Jail Inmates, 1989
Illegal Drug Price/Purity Report, United State: January 1992-March 1995
The NNICC Report 1995, The Supply of Illicit Drugs to the United States
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994

Complete citations and ordering instructions for full copies of publications used in producing this information packet may be found on the last page.

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DEA

Executive Summary

The availability of d-lysergic acid diethylamide (LSD) has increased in the United States in the last 2 to 3 years; the hallucinogen is available in at least retail quantities in virtually every State. The sources of supply for most of the LSD available in the United States are believed to be centered in northern California.

At the wholesale production and trafficking levels, LSD remains tightly controlled by relatively small, fraternal California-based organizations that have evaded drug law enforcement operations successfully for over two decades. Mid-level distribution networks generally are comprised of individuals who have known each other through long years of association and common interests.

Over the past several years, an increasing number of individuals have attempted to manufacture LSD. Many of these individuals are not associated with the traditional northern California groups that are believed to have produced most of the LSD available in the United States since the late 1960's.

Compared with methamphetamine, PCP, and other domestically manufactured illicit drugs, few LSD laboratories have been located or seized. Six clandestine LSD synthesis laboratories have been confiscated by DEA since 1981; however, there have been no seizures since 1987. This is due primarily to the shifting of law enforcement resources to target and dismantle the escalating number of cocaine trafficking and distribution organizations established during the crack epidemic that began during the mid-1980's and continues into the present.

Public and private mail systems appear to be the primary means used for the transportation and distribution of wholesale and retail quantities of LSD.

LSD is relatively inexpensive with an average street dosage unit or "hit" costing approximately $5 and often as little as $1 or $2. Retail-level doses are available primarily in paper form; microdot tablets and gelatin squares also have been encountered.

Current LSD potency ranges from 20 to 80 micrograms per dosage unit. This potency is considerably below levels reported during the 1960's and early 1970's, when potency ranged from 100 to 200 micrograms (or higher) per dosage unit.

The National Household Survey on Drug Abuse for 1993 estimated that 13.2 million Americans 12 years of age or older have used LSD at least once in their lifetime compared to 8.1 million in 1985.

According to the 1993 Monitoring the Future Study, sponsored by the National Institute on Drug Abuse, lifetime, past-year, and past-month use of LSD among seniors in the class of 1993 increased to the highest level since 1985. Moreover, the survey revealed that LSD use has increased significantly in every frequency category except daily use at every grade level.

Reporting from the Drug Abuse Warning Network (DAWN) indicates that the number of LSD-related hospital emergencies remains low compared to other major illegal drugs of abuse. This low number most likely is due to the fewer adverse reactions generated by the low-potency LSD that has been produced since the late 1970's. As a result, the DAWN figures do not reflect the increases in LSD use measured by other indicators such as the National Household Survey on Drug Abuse and the Monitoring the Future Survey.

DEA

LSD: The Drug

Background D-lysergic acid diethylamide (LSD[01]) is the most potent hallucinogenic substance known to man. Dosages of LSD are measured in micrograms, or millionths of a gram. By comparison, dosages of cocaine and heroin are measured in milligrams, or thousandths of a gram. Compared to other hallucinogenic substances, LSD is 100 times more potent than psilocybin and psilocin and 4,000 times more potent than mescaline.[02]

The dosage level that will produce an hallucinogenic effect in humans generally is considered to be 25 micrograms. Over the past several years, the potency of LSD obtained during drug law enforcement operations has ranged between 20 and 80 micrograms per dosage unit. The Drug Enforcement Administration (DEA) recognizes 50 micrograms as the standard dosage unit equivalency.

LSD is classified as a Schedule I drug in the Controlled Substances Act of 1970. As a Schedule I drug, LSD meets the following three criteria: it is deemed to have a high potential for abuse; it has no legitimate medical use in treatment; and, there is a lack of accepted safety for its use under medical supervision.

LSD was synthesized in 1938 by a chemist working for Sandoz Laboratories in Switzerland. It was developed initially as a circulatory and respiratory stimulant. However, no extraordinary benefits of the compound were identified and its study was discontinued.[03] In the 1940's, interest in the drug was revived when it was thought to be a possible treatment for schizophrenia. Because of LSD's structural relationship to a chemical that is present in the brain and its similarity in effect to certain aspects of psychosis, LSD was used as a research tool in studies of mental illness.

Sandoz Laboratories, the drug's sole producer, began marketing LSD in 1947 under the trade name "Delysid" and it was introduced into the United States a year later.[04] Sandoz marketed LSD as a psychiatric cure-all and "hailed it as a cure for everything from schizophrenia to criminal behavior, 'sexual perversions,' and alcoholism."[05] In fact, Sandoz, in its LSD-related literature, suggested that psychiatrists take the drug themselves in order to "gain an understanding of the subjective experiences of the schizophrenic."[06]

In psychiatry, the use of LSD by students was an accepted practice; it was viewed as a teaching tool in an attempt to understand schizophrenia. From the late 1940's through the mid-1970's, extensive research and testing were conducted on LSD. During a 15-year period beginning in 1950, research on LSD and other hallucinogens generated over 1,000 scientific papers, several dozen books, and 6 international conferences, and LSD was prescribed as treatment to over 40,000 patients.[07] Although initial observations on the benefits of LSD were highly optimistic, empirical data developed subsequently proved much less promising.

As enthusiasm for the untested assumptions became tempered by the findings of actual experiments—and as less scrupulous professionals in the industry relaxed supervision and control of experiments—LSD emerged as a drug of abuse in certain, primarily medical, circles. Some psychiatric and medical professionals, acquainted with LSD in their work, began using it themselves and sharing it with friends and associates.[08]

During the early 1960's, this first group of casual LSD users evolved and expanded into a subculture that extolled the mystical and pseudo-religious symbolism often engendered by the drug's powerful effects. The personalities associated with the subculture, usually connected to academia, and the propaganda they circulated soon attracted a great deal of publicity, generating further interest in LSD.[9]

During the late 1960's and early 1970's, the drug culture adopted LSD as the "psychedelic" drug of choice. The infatuation with LSD lasted for a number of years until considerable negative publicity emerged on "bad trips"— psychotic psychological traumas associated with the LSD high—and "flashbacks," uncontrollable recurring experiences. As a result of these revelations and effective drug law enforcement efforts, LSD dramatically decreased in popularity in the mid-1970's. Scientific study of LSD ceased circa 1980 as research funding declined.

As a casual drug of abuse, LSD has remained popular among certain segments of society. Traditionally, it has been popular with high school and college students and other young adults. LSD also has been integral to the lifestyle of many individuals who follow certain rock music bands, most notably the Grateful Dead. Older individuals, introduced to the hallucinogen in the 1960's, also still use LSD.

LSD most often is found in the form of small paper squares or, on occasion, in tablets. On occasion, authorities have encountered the drug in others forms—including powder or crystal, liquid, gelatin square, and capsule—and laced on sugar cubes and other substances. LSD is sold under more than 80 street names including acid, blotter, cid, doses, and trips, as well as names that reflect the designs on sheets of paper (see Appendix 1). More than 200 types of LSD tablets have been encountered since 1969 and more than 350 paper designs have been acquired since 1975. Designs range from simple five-point stars in black and white to exotic artwork in full four-color print. Inexpensiveness (prices range from $2 to $5 per dosage unit or "hit,"; wholesale lots often sell for as little as $1 or less), ready availability, alleged "mind-expanding" properties, and intriguing paper designs make LSD especially attractive to junior high school and high school students.

LSD has been available—at first legally, then on the illicit market—for over 40 years. Its use in scientific research has been extensive and its use has been widespread. Although the study of LSD and other hallucinogens increased the awareness of how chemicals could affect the mind, its use in psychotherapy largely has been debunked. It produces no aphrodisiac effects, does not increase creativity, has no lasting positive effect in treating alcoholics or criminals, does not produce a "model psychosis," and does not generate immediate personality change.[10]

However, drug studies have confirmed that the powerful hallucinogenic effects of this drug can produce profound adverse reactions, such as acute panic reactions, psychotic crises, and flashbacks, especially in users ill-equipped to deal with such trauma.

LSD Use and Effects

Use

LSD is ingested orally. A microdot tablet or square of the perforated LSD paper is placed in the user's mouth, chewed or swallowed, and the chemical is absorbed from the individual's gastrointestinal system. Paper squares are the preferred medium because their small size makes them easy to conceal and ingest. Also, because LSD is not injected or smoked, paraphernalia are not required.

The National Household Survey on Drug Abuse data for LSD are limited to estimates of lifetime use, defined as the use of LSD at least once in a person's lifetime. During 1993, 13.2 million Americans, 12 years of age and older, reported having used LSD at least once compared to 8.1 million in 1985, an increase of more than 60 percent. In addition to the steady increase in LSD use since 1990, the data reveal two significant expansions in the number of lifetime users of LSD; one expansion occurred from 1985 to 1988 and the other from 1990 to 1991.

According to the 1994 Monitoring the Future Study, lifetime, past-year, and past-month use of LSD among seniors in the class of 1994 increased to the highest level since at least 1985. Moreover, the survey revealed that LSD use has increased in every category (except daily use) at every grade level. In addition, the proportions of students associating great risk with the use of LSD and other drugs have been declining significantly.

The Drug Abuse Warning Network (DAWN) indicates that the number of LSD-related hospital emergencies remains low compared to those related to cocaine, heroin, marijuana, methamphetamine, phencyclidine, and other major illicit drugs of abuse. For example, over the past 5 years, the number of LSD-related hospital emergencies has not exceeded 3,900 in any given year while the number of cocaine-related hospital emergencies has approached 125,000 per year during that same time frame. The low number of LSD-related hospital emergencies most likely is due to the fewer adverse reactions generated by the low-potency LSD that has been produced since the late 1970's. As a result, the DAWN figures do not reflect the increases in LSD use measured by other indicators such as the National Household Survey on Drug Abuse and the Monitoring the Future Survey.

DAWN data also reveal that the majority of LSD abusers are in their late teens and early twenties and usually are white males. This general profile of LSD users has been a common characteristic associated with the drug since it became popular as a substance of abuse and, for the most part, has been unchanged since at least 1989. In 1993, LSD-related emergency room episodes ranked fourth among youths aged 6 to 19, after alcohol in combination with other drugs, marijuana, and cocaine.

Effects

LSD generates a wide variety of effects, the intensity of which are related to the size of the dose ingested, the mental state of the user, and the setting in which it is used. Although the minimum dose required to induce effects is considered to be 25 micrograms, a dose of as little as 10 micrograms can relax inhibitions and produce mild euphoria.[14] As the dosage is increased, the effects become more pronounced and more prolonged. The LSD high is uncontrollable once the drug has been ingested because there is no antidote.[15]

LSD is absorbed easily from the gastrointestinal tract, and rapidly reaches a high concentration in the blood. It is circulated throughout the body and, subsequently, to the brain. LSD is metabolized in the liver and is excreted in the urine in about 24 hours.

Several factors provide LSD with a virtually inherent governor to its regular use, meaning that the drug will never

become as frequently abused as other drugs, most notably, crack cocaine. First, the duration of the effects, which may persist for up to 12 hours or more, ensures that the user will not need to purchase the drug on a rapidly recurring basis. Second, tolerance to the drug develops rapidly if used daily, rendering its repeated ingestion useless, and cannot be overcome by ingestion of increased dosages.[16] Third, the uncertain and mixed effects, especially adverse reactions, lead to erratic instances of LSD use. Finally, the extremely powerful and intense hallucinations often prompt users to abstain from LSD ingestion as they require periods of reorientation.

Physical Effects

LSD use can produce a number of physical changes: mydriasis (prolonged dilation of the pupil of the eye), raised body temperature, rapid heartbeat, elevated blood pressure, increased blood sugar, salivation, tingling in fingers and toes, weakness, tremors, palpitations, facial flushing, chills, gooseflesh, profuse perspiration, nausea, dizziness, inappropriate speech, blurred vision, and intense anxiety.[17] Death caused by the direct effect of LSD on the body is virtually impossible. However, death related to LSD abuse has occurred as a result of the panic reactions, hallucinations, delusions, and paranoia experienced by users.

LSD distorts electrical messages sent to and from various parts of the brain, primarily those pertaining to visual information. Messages from any of the senses can be perceived as merged together, creating a sensation known as "synesthesia." This most commonly is represented as "hearing colors" or "seeing sounds."

LSD also affects moods and emotions and suppresses memory centers and other higher cerebral functions, such as judgment, reason, behavior control, and self-awareness.[18] The combination and intensity of these factors create the profound mental effects most closely associated with LSD.

Mental Effects

The mental effects most commonly associated with LSD use, particularly at high doses, are visual images or hallucinations, often involving simulated philosophical or religious connotations. It is this artificial imagery which has been advocated erroneously as providing true psychological insight and benefit.

The cause of most LSD-related problems is the intense visual illusions triggered that seem real and become overpowering, prompting the user to want to withdraw from the drug state immediately.[19] Initially, at lower dosage levels, the visual images are intensified in color or flashes of light are seen. The visual images progress to brightly colored geometric designs and become distorted. At higher dosages, images appear as distortions of reality or as completely new visual images and can be seen with the eyes open or closed.

Hallucinations also take other forms: thoughts become dreamlike or free-flowing, perception of time can become slowed or distorted, and out-of-body experiences may occur or the perception that one's body has merged with another person or object.[20]

Emotional responses to the vivid hallucinations can be wide-ranging, from euphoria and contentment to disturbing feelings of confusion, fear, and despair. Moods can change profoundly in a short period of time, from excitability to tranquility.[21]

The consequences of LSD use can be deleterious, not merely benign as is commonly perceived. Powerful hallucinations can lead to acute panic reactions when the mental effects cannot be controlled and when the user wishes to end the drug-induced state. While these panic reactions more often than not are resolved successfully over time, prolonged anxiety and psychotic reactions have been reported.[22] The mental effects can cause psychotic crises and compound existing psychiatric problems.[23]

Flashbacks

Flashbacks are one of the most dangerous side effects of LSD use. They are recurrences of images or effects that were experienced during a previous LSD administration and they can vary in frequency and duration. Flashbacks can occur spontaneously or they can be spurred by the use of other drugs (particularly marijuana or hashish), emotional stress, fatigue, or movement from a light to a dark environment. These flashbacks can last from a few seconds to several hours. Ironically, some experienced LSD users do not consider flashbacks to be an adverse consequence of LSD use and actually enjoy the renewed perceptions or images as a "free trip."[24]

NIDA Research Takes a New Look At LSD and Other Hallucinogens

By Robert Mathias
NIDA Notes Staff Writer

LSD (lysergic acid diethylamide), a drug well known in the 1960s for its powerful and unpredictable mental effects, is back in the news. During the past year, several NIDA surveys and surveillance systems that track drug abuse patterns and identify emerging trends have indicated that there may be some substance to media and anecdotal reports of an increase in the use of the potent hallucinogen. (See "Trends in LSD Use by Young Adults Bear Watching, Researchers Say," p. 7.)

Prompted in part by these findings and renewed public attention to LSD, NIDA recently assembled a number of leading researchers to discuss the status of research on LSD and other chemically related hallucinogens that produce similar mind-altering effects. The meeting also sought to determine whether these drugs have any potential therapeutic use and how they should best be studied in the 1990s.

Hallucinogens, which may be either natural or synthetic substances, have long fascinated scientists because of their powerful effects on a user's perception of reality and mental activity. For example, extremely low doses of LSD (in micrograms) can produce dramatic changes in sensations and feelings, rapid mood swings ranging from euphoria to panic, hallucinations, distorted time sense, and the impression of hearing colors and seeing sounds.

The fact that LSD consistently produces such powerful effects on mental activity implies that a structure or receptor exists in the brain that fits LSD's specific chemical configuration exactly, says Dr. Geraline Lin of NIDA's Division of Basic Research. In addition, LSD is structurally similar to serotonin, a naturally occurring chemical that is known to be involved in controlling mood and perception. This means that researchers can use LSD and related hallucinogens as tools to learn more about the basic brain processes that mediate these functions.

Hallucinogens, such as LSD, mescaline, psilocybin, and psilocin, were widely used and abused in the 1960s and 1970s. The abuse led to regulatory restrictions that curtailed hallucinogen research with humans for nearly 30 years. During that time, NIDA's ongoing hallucinogen research program relied primarily on animal studies to explore the complex mechanisms whereby hallucinogens trigger neurochemical changes in the brain and exert their behavioral effects.

The active ingredients in Psilocybe mushrooms are psilocybin and psilocin. These hallucinogens are chemically related to LSD and have similar effects on mood and perception.

While considerable progress has been made with animal studies, the human hallucinogen research issue was reexamined at the NIDA meeting, with researchers concluding that there is a need for new human data on this class of drugs, says Dr. Lin. Subsequently, NIDA presented the results of the technical review to the Drug Abuse Advisory Committee of the Food and Drug Administration (FDA). The committee met to reconsider the issues involved in approving clinical investigations of hallucinogens with humans and whether investigational new drug studies should be approved.

The FDA committee concluded that applications to conduct well-controlled human studies of hallucinogens should be evaluated on a case-by-case basis, and if they meet the rigorous standards the agency applies to the investigation of any new drug, the studies should be allowed to proceed. In fact, the first human study to be approved in many years is a NIDA-funded project that already has begun to yield basic information about the physiological and subjective effects of hallucinogens.

Currently, animal and human studies are attempting to further clarify the mechanisms of hallucinogenic drug actions; determine whether and how the mechanisms are linked to the behavioral and physiological effects of these drugs; identify the primary sites in the brain where LSD and related hallucinogens work; and determine which pathways control the effects these drugs have on vision, perception, cognition, and emotions.

Taken together, these studies could "prove extremely rewarding," says Dr. Lin. A better understanding of the ways in which these drugs

affect basic brain functions could lead to the development of new medications to treat some of the short- and long-term effects of LSD and other hallucinogens. These effects include acute adverse reactions and long-lasting psychoses, which may be related to past LSD use. (See "The Acid Facts About LSD," p. 9.) Ultimately, hallucinogen research may help researchers gain a better understanding of the way the mind operates and functions in concert with the body to maintain an individual's sense of well-being, says Dr. Lin. This in turn could point the way to new psychotherapeutic medications to treat drug abuse and mental disorders, such as anxiety, depression, and schizophrenia.

Historical Developments In Hallucinogen Research

Hallucinogens are structurally similar to a number of neurotransmitters in the brain. These chemical messengers play an important role in connecting brain circuits that control many functions, including mood and feeling.

Since the 1950s, the neurotransmitter serotonin, which helps to control perception, sleep, anxiety, and depression, has been known to be involved in the actions of hallucinogens in the brain. During the past two decades, researchers supported by NIDA's ongoing hallucinogen research program have used animal studies to gradually zero in on the most likely sites, or receptors, on nerve cells to which both serotonin and hallucinogens bind to produce their effects. NIDA-supported researchers also have made considerable progress in understanding how hallucinogens bind to these receptors, but they have not yet been able to relate the mechanism to the physiological process by which hallucinogens produce their effects on perception and mood.

One of the animal models that researchers have used to explore the subjective and behavioral effects of hallucinogens involves drug

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Trends in LSD Use by Young Adults Bear Watching, Researchers Say

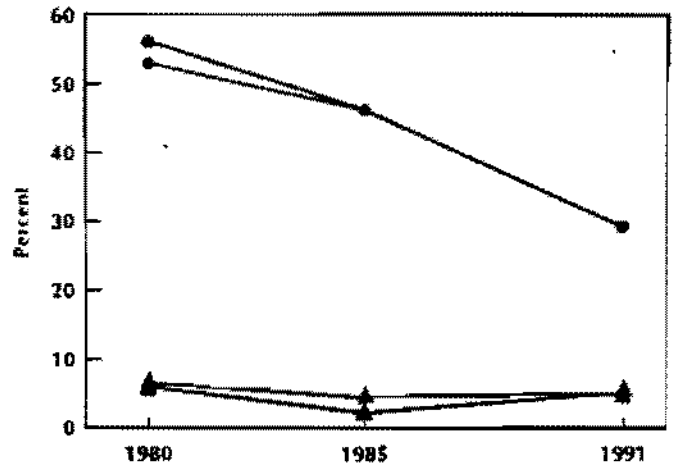
Largely ignored in the 1980s, LSD may be making a comeback among America's high school and college students, according to anecdotal and newspaper reports. However, claims of an alarming upsurge in LSD use by these young people may be overstated, say NIDA researchers.

Although indications of increased LSD activity exist, data from NIDA's Monitoring the Future study indicate that "we are not looking at an epidemic of LSD about to break out," says Dr. Patrick O'Malley of the University of Michigan's Institute for Social Research, who codirects the annual survey. The Monitoring the Future study, also known as the national High School Senior Survey, tracks drug use among America's 8th and 10th graders, high school seniors, college students, and young adults. The trend in LSD use among high school seniors and college students throughout the 1980s warns us that LSD "bears watching," says Dr. Lloyd Johnston of the University of Michigan, who also directs the High School Senior Survey. He points out that the proportion of students who used LSD in the 1980s remained stubbornly resistant to the dramatic declines seen in the percentage of students who used most other drugs during that decade. Now there appears to be "some upward drift in the use of LSD in the last 2 years, particularly among college students," says Dr. Johnston. Nevertheless, LSD use still remains substantially lower than the levels that were recorded in the 1970s.

Other evidence also supports this indication of increased LSD use. More cities are reporting increased LSD activity, according to NIDA's Community Epidemiology Work Group (CEWG), which provides ongoing community-level surveillance of drug abuse patterns and emerging trends. Using such indicators as emergency room mentions of LSD use and drug seizures, the December 1992 CEWG meeting reported increased LSD use by adolescents in Atlanta, Miami, New Orleans, Phoenix, Minneapolis/St. Paul, San Francisco, Seattle, and Honolulu. Indicators of LSD availability were up in Seattle, Denver, Dallas, St. Louis, and suburban Chicago.

Nevertheless, says Dr. O'Malley, "we are not seeing anything dramatic in our samples" in terms of regional or national outbreaks of LSD use. "I think the evidence [shows] that use is definitely not going down," he says. "We are on the lookout" for any trends that might develop. — R.M.

Trends in Annual Use of LSD and Any Illicit Drug by High School Seniors and College Students



High school seniors who used:
- ● Any illicit drug in the year before the survey
- ▲ LSD in the year before the survey

College seniors who used:
- ● Any illicit drug in the year before the survey
- ▲ LSD in the year before the survey

NIDA Reexamines Hallucinogen Research

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discrimination. In this model, a rat is trained to press one lever when it feels the effects of a training drug and to press another lever when it is given a saline solution, which produces no effect. The researcher then tests the effects of a new drug by giving it to the rat in place of the training drug and observing which of the two levers the rat presses. If the rat presses the training drug lever, the new drug is likely to feel similar to the training drug. If the rat presses the saline solution lever, the new drug probably feels different from the training drug. This research method helps the scientist classify the new drug and answer a number of questions about its potency, degree of similarity to the training drug, and site of action.

Dr. James B. Appel of the University of South Carolina, who began using the drug discrimination model to study LSD more than 20 years ago, found that LSD produces an effect in rats similar to that caused by serotonin. He and other researchers have since been able to block LSD's effects by simultaneously administering LSD and drugs that are known to block the effect of serotonin at a specific receptor site. As a result of this and other research, scientists have determined that LSD acts at a specific type of serotonin receptor identified as 5-HT_2.

Hallucinogen research has been greatly influenced by the belief that there is some commonality in the way in which hallucinogens work. In 1983, Dr. Richard Glennon of Virginia Commonwealth University proposed that such commonly abused hallucinogens as LSD, mescaline, and psilocin, which have similar clinical effects, all worked through 5-HT_2 receptors. However, further research in the 1980s uncovered additional subtypes of serotonin receptors, complicating the attempt to understand the mechanisms of action of hallucinogens.

Dr. Glennon's studies relating the structure of hallucinogens to their activity at different receptor sites have since led him to the consensus view today: that hallucinogens act at either of two serotonin receptors, 5-HT_2 or 5-HT_{1c}, and partially mimic serotonin's action when they bind to the receptor. However, Dr. Glennon cautions that other receptors and mechanisms also may be involved in the actions of these compounds.

"We need a lot more work with these compounds," notes Dr. David Nichols of Purdue University, another NIDA-funded researcher who has been studying the relationship between the structure of hallucinogens and their activity to try to determine why LSD produces such a potent hallucinogenic effect. Dr. Nichols points out that although much research has been done on the role of the serotonin system in the action of hallucinogens, LSD's role in stimulating receptors for dopamine, another neurotransmitter associated with pleasure and movement, "has not been examined in any detail."

Dopamine may modulate the mechanism of action of drugs like LSD, suggests Dr. Appel, who is looking at the role of other neurotransmitters in LSD's action. "To say LSD works on the serotonin system is too simple," says Dr. Appel. "Other systems have to play some role because the brain doesn't work in isolation, but in a unified manner."

Current hallucinogen research is proceeding on many fronts. In addition to animal studies, new technological tools and procedures are playing an important role in this research. These research tools include cloning of the receptors thought to be involved in hallucinogenic activity, computer modeling of the molecules and their likely receptors, and imaging techniques that reveal brain activity. (See *NIDA Notes*, September October 1992, p. 4.)

Human Hallucinogen Research

Although animal studies are invaluable in helping to explain the basic neurochemical actions of hallucinogens in the brain, only human studies can provide the final answers about how these drugs act in humans. This is particularly true of hallucinogens in which the same dose of the same drug can produce varying effects in the same patient on different occasions, according to Dr. Glennon. "There is an obvious need for new human data [on hallucinogens]," he says.

However, the possible risks of human research with these unpredictable drugs have posed ethical problems for researchers and led to regulatory restrictions. The Drug Enforcement Administration (DEA) has classified hallucinogens under the Controlled Substances Act as Schedule I drugs, which means they have no accepted medical use, cannot be used safely even under medical supervision, and have a high potential for abuse. As a result, until recently, researchers have not been able to obtain FDA clearance for human hallucinogen research.

Researchers use a drug discrimination procedure to explore the subjective and behavioral effects of hallucinogens in animals. By observing which lever a rat presses when it feels the effects of a drug, researchers can classify the drug and answer a number of questions about its potency and site of action.

One researcher who has obtained both DEA and FDA approval is Dr. Rick Strassman of the University of New Mexico School of Medicine. Dr. Strassman reviewed the literature on adverse reactions to hallucinogens in 1984. The studies demonstrated that under proper medical supervision, hallucinogens could be administered to humans with an acceptable margin of safety, he says.

In late 1990, with NIDA's support, Dr. Strassman began the first hallucinogen study performed in humans in this country in nearly 20 years. Dr. Strassman elected to study N,N-dimethyltryptamine (DMT), a powerful, short-acting hallucinogen, which also may be found in human tissues and body fluids. The DMT study represents an important first step in validating in humans the findings obtained from animal research with hallucinogens about the functions and activities of the serotonin receptors, according to Dr. Strassman.

By giving his subjects, who were experienced hallucinogen users, different doses of DMT and measuring

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The Acid Facts About LSD

Source: First synthesized in 1938 by Dr. Albert Hofmann, who discovered its psychological potency in 1943 when he accidentally ingested a small amount of the drug. Made from lysergic acid, which is found in ergot, a fungus that grows on grains.

Description: One of a broad class of mind-altering illicit drugs called hallucinogens, which includes mescaline, MDMA (3,4-methylenedioxymethamphetamine)—known on the street as "ecstasy"—and psilocybin ("magic mushrooms"). Odorless, colorless, with a slightly bitter taste. Usually taken orally.

Form: Sold on the street in tablets, capsules, or liquid. Often added to absorbent paper, such as blotter paper, and divided into small decorated squares, with each square representing one dose. Common street names include "acid," "LSD-25," "windowpane," or "blotter acid."

Potency: Very high—100 times as potent as psilocybin and 2,400 times as potent as mescaline.

General Effects: Unpredictable. Depend on amount taken and user's personality, mood, expectations, and surroundings. Much greater psychological than physical effects. Experience lasts between 8 and 12 hours.

Physical Effects: Dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

Mental Effects: Dramatic changes in sensations and feelings, distortions in sensory perception, and rapid mood swings ranging from euphoria to panic. High doses can cause delusions, visual hallucinations, distorted time sense, and impression of hearing colors and seeing sounds.

Short-Term Effects: Possible acute adverse reactions, commonly known as "bad trips," may cause terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and despair. Emergency rooms recorded almost 4,000 LSD episodes in 1991.

Long-Term Effects: "Flashbacks," a sudden recurrence of certain aspects of a drug experience without having taken the drug again, may occur for several years after use. Relatively long-lasting psychoses, such as severe depression, are possible, although the extent and mechanism of LSD involvement in these illnesses are unclear.

Addiction Potential: Does not produce compulsive drug-seeking behavior or withdrawal syndrome that other drugs such as cocaine or heroin do. Most users voluntarily decrease or stop use over time. Does produce tolerance, requiring frequent users to take progressively higher doses to achieve the same level of mental effects.

Judges Gain Insight Into Drug Abuse

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"It's difficult to cross that chasm between science and adjudication," says Dr. Franklin Zweig, who directed the workshop for George Washington University. However, as the workshop progressed, the judges gradually began to see possibilities for deciding cases involving people with addictive disorders from a neurobiological perspective, says Dr. Zweig.

In addition to current research, the workshop explored the implications for the criminal justice system if long-lasting medications that can control addiction are developed in the future. Those medicinal treatments could be offered as an alternative to prison, as a condition of probation, or as the sentence itself. However, because there are unresolved ethical, civil rights, and criminal law issues involved in coerced chemical treatment, the possibility of sentencing drug offenders to medicinal treatment is "a question that will haunt the courts for the rest of this decade," says Dr. Zweig.

The workshop enabled us "to initiate and nurture a working conversation between judges and neuroscientists, two relatively isolated constituencies who have an important bearing on people with addicting disorders," says Dr. Zweig. There was "a lot of interest among the judges" in disseminating scientific information about drug issues to the courts, he says.

To capitalize on that interest and to try to build a constituency for linking drug abuse treatment and the disposition of drug-related cases, the Center for Health Policy Research will publish papers from the workshop in an issue of its journal, *Science and the Courts*. The journal, which will be devoted to "The Neuroscience Implications of Drug Adjudication," will be distributed to judges throughout the country, says Dr. Sasek.

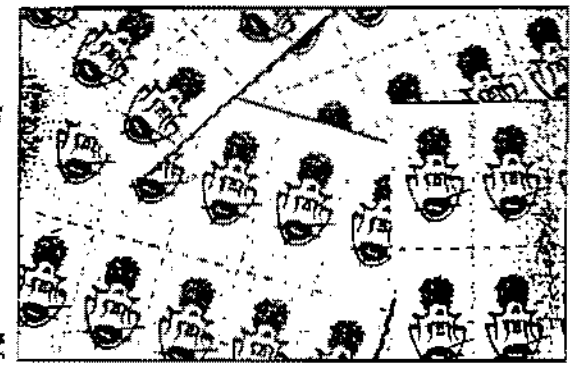
psychopharmacology in drug addiction and future medications that may be derived from more studies of the molecular sites in the brain where drugs act also were discussed at the meeting. Papers presented at the technical review will be published in a future NIDA research monograph.

New imaging technology that enables scientists to visualize and measure how drug use changes a living human brain over both short and long periods of time is one of the exciting aspects of clinical neurobiology. At the meeting, Dr. Anna R. Childress of the University of Pennsylvania Treatment Research Center described a study in which she is attempting to depict drug craving in the brain of a cocaine patient through imaging technology. "This technology is helping us understand how the brain develops a 'memory' for the addictive drugs it encounters," Dr. Chiarello says. "In some cases of severe, relapsing addiction, this 'memory' may apparently be ineradicable because of permanent alterations in neural structure and function."

NIDA hopes that studies in clinical neurobiology can bridge the gap between basic and clinical research and improve the delivery of effective treatments for drug abuse.

Dr. Chiarello hopes this new knowledge will enable scientists to develop new medications to treat withdrawal and craving. "We're on the verge now of much larger advances," Dr. Chiarello says. "We can now understand what's happening at the level of the receptor. It really makes common sense that if we can understand that better, we could intervene in various stages and disrupt the addiction process."

Because LSD is a very potent drug, it is taken in very small amounts. It is often sold in the form of absorbent paper impregnated with the drug. A single square represents a single dose of LSD, which can be licked off or swallowed.



Photograph courtesy of the Drug Enforcement Administration

NIDA Reexamines Hallucinogen Research

continued from page 9

both physiological changes and subjective effects of the drug, Dr. Strassman has been "doing important ground-level work on characterizing the drug," says Dr. Joseph Frascella of NIDA's Division of Basic Research. So little is known about how hallucinogens work in humans, says Dr. Frascella, that such basic dose-response studies are necessary to find out what levels of drug initiate hallucinations and other feelings such as euphoria or dysphoria.

Dr. Strassman's study already has generated a large amount of data about the biological effects of DMT on humans that can be used for more experimental studies. For example, Dr. Strassman says future studies could pretreat subjects with agents known to block subtypes of specific serotonin receptors. "If we are able to block the effects of DMT and similar drugs, perhaps those [blocking] drugs might have utility in emergency rooms when people come in with acute adverse reactions to hallucinogens," says Dr. Strassman.

In addition to the scientific value of the data it has generated, the DMT study has effectively demonstrated that hallucinogens can be studied safely and effectively in a clinical research environment. Dr. Strassman says he hopes that other researchers will build on his work and apply to study other hallucinogens in humans. "These are interesting drugs which are being abused, and we ought to understand what their effects and mechanisms of action are," he says.

"Hallucinogen research is a field that is going to be around for a long time," says Dr. Jerry Frankenheim of NIDA's Division of Basic Research, and many intriguing questions face hallucinogen researchers in the coming decade. The answers provided by NIDA's hallucinogen research program may some day enable scientists to understand where and how hallucinogens work in the brain. Such information could in turn provide keys to determining the parts of the brain that control mood, cognition, and perception and unlock the therapeutic potential of this powerful class of drugs.

NIDA will publish a monograph on hallucinogens based on the discussions and papers presented at the technical review meeting.

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Table 16. LSD Use by Age, Sex, Race/Ethnicity, and Region for Total Population in 1995

	Ever Used		Used Past Year	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)				
AGE				
12-17	4.3	(3.6 - 5.2)	3.2	(2.6 - 4.0)
18-25	12.0	(10.8 - 13.4)	3.8	(3.1 - 4.6)
26-34	11.7	(10.5 - 13.0)	0.5	(0.3 - 0.8)
≥35	5.8	(4.8 - 7.0)	0.1	(0.0 - 0.6)
SEX				
Male	9.7	(8.5 - 11.0)	1.2	(1.0 - 1.6)
Female	5.5	(4.7 - 6.3)	0.8	(0.6 - 1.0)
RACE/ETHNICITY				
White	8.9	(7.9 - 10.0)	1.2	(1.0 - 1.5)
Black	2.6	(1.9 - 3.6)	0.1	(0.0 - 0.2)
Hispanic	4.1	(3.5 - 4.9)	0.7	(0.4 - 1.0)
REGION				
Northeast	6.9	(5.4 - 8.6)	0.9	(0.6 - 1.3)
North Central	7.4	(6.0 - 9.0)	1.1	(0.8 - 1.5)
South	6.4	(5.3 - 7.7)	0.7	(0.5 - 0.9)
West	10.0	(8.1 - 12.3)	1.4	(0.9 - 2.2)
TOTAL	7.5	(6.7 - 8.3)	1.0	(0.8 - 1.2)
POPULATION ESTIMATES (In Thousands)				
AGE				
12-17	965	(808 - 1,152)	721	(581 - 894)
18-25	3,346	(2,995 - 3,732)	1,058	(870 - 1,285)
26-34	4,224	(3,795 - 4,694)	175	(108 - 284)
≥35	7,317	(6,037 - 8,848)	153	(31 - 750)
SEX				
Male	9,829	(8,606 - 11,204)	1,260	(976 - 1,626)
Female	6,023	(5,226 - 6,934)	848	(679 - 1,058)
RACE/ETHNICITY				
White	14,194	(12,597 - 15,972)	1,925	(1,587 - 2,334)
Black	621	(451 - 852)	21	(8 - 58)
Hispanic	813	(681 - 970)	128	(83 - 199)
REGION				
Northeast	2,965	(2,355 - 3,718)	403	(278 - 583)
North Central	3,641	(2,986 - 4,428)	543	(392 - 750)
South	4,669	(3,868 - 5,622)	512	(388 - 674)
West	4,577	(3,698 - 5,638)	650	(424 - 993)
TOTAL	15,852	(14,251 - 17,617)	2,108	(1,772 - 2,506)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1995 National Household Survey on Drug Abuse

TABLE 1

Trends in Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders with 5-Year Trends Noted

(Entries are percentages)

	Lifetime								Annual								30-Day							
	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change
Any Illicit Drug[a]																								
8th Grade	18.7	20.6	22.5	25.7	28.5	31.2	+2.7ss	+12.5sss	11.5	12.9	15.1	18.5	21.4	23.6	+2.2ss	+12.1sss	5.7	6.8	8.4	10.9	12.4	14.6	+2.2sss	+8.9sss
10th Grade	30.6	29.8	32.8	37.4	40.9	45.4	+4.5sss	+14.8sss	21.4	20.4	24.7	30.0	33.3	37.5	+4.2sss	+16.1sss	11.6	11.0	14.0	18.5	20.2	21.2	+3.0sss	+11.6sss
12th Grade	44.1	40.7	42.9	45.6	48.4	50.8	+2.4	+6.7sss	29.4	27.1	31.0	35.8	39.0	40.2	+1.2	+10.8sss	16.4	14.4	18.3	21.9	23.8	24.6	+0.8	+8.2sss
Any Illicit Drug Other Than Marijuana[a]																								
8th Grade	14.3	15.6	16.8	17.5	18.8	19.2	+0.4	+4.9sss	8.4	9.3	10.4	11.3	12.6	13.1	+0.5	+4.7sss	3.8	4.7	5.3	5.6	6.5	6.9	+0.4	+3.1sss
10th Grade	19.1	19.2	20.9	21.7	24.3	25.3	+1.2	+6.4sss	12.2	12.3	13.9	15.2	17.5	18.4	+0.9	+6.2sss	5.5	5.7	6.5	7.1	8.9	8.9	0.0	+3.4sss
12th Grade	26.9	25.1	26.7	27.6	28.1	28.5	+0.4	+1.6	16.2	14.9	17.1	18.0	19.4	19.8	+0.4	+3.6ss	7.1	6.3	7.9	8.8	10.0	9.5	-0.5	+2.4sss
Any Illicit Drug Including Inhalants[a,b]																								
8th Grade	28.5	29.6	32.3	35.1	38.1	39.4	+1.3	+10.9sss	16.7	18.2	21.1	24.2	27.1	28.7	+1.6	+12.0sss	8.8	10.0	12.0	14.3	16.1	17.5	+1.4s	+8.7sss
10th Grade	36.1	36.2	38.1	42.1	45.9	49.8	+3.9ss	+13.7sss	21.9	23.5	27.4	32.5	35.6	39.6	+4.0sss	+15.7sss	13.1	12.6	15.5	20.0	21.6	24.5	+2.9sss	+11.4sss
12th Grade	47.6	44.4	46.6	49.1	51.5	51.5	+2.0	+5.9ss	31.2	28.8	32.5	37.6	40.2	41.9	+1.7	+10.7sss	17.8	15.5	19.3	23.0	24.8	25.5	+0.7	+7.7sss
Marijuana/ Hashish																								
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	+3.2sss	+12.9sss	6.2	7.2	9.2	13.0	15.8	18.3	+2.5sss	+12.1sss	3.2	3.7	5.1	7.8	9.1	11.3	+2.2sss	+8.1sss
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	+3.7sss	+16.4sss	16.5	15.2	19.2	25.2	28.7	33.6	+4.9sss	+17.2sss	8.7	8.1	10.9	15.8	17.2	20.4	+3.2sss	+11.7sss
12th Grade	36.7	32.6	33.3	38.2	41.7	44.9	+3.2s	+8.2sss	23.9	21.9	26.0	30.7	34.7	35.8	+1.1	+11.9sss	13.8	11.9	15.5	19.0	21.2	21.9	+0.7	+8.1sss
Inhalants[b,c]																								
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	-0.4	+3.6sss	9.0	9.5	11.0	11.7	12.8	12.2	-0.6	+3.2sss	4.4	4.7	5.4	5.6	6.1	5.8	-0.3	+1.4sss
10th Grade	15.7	16.6	17.5	18.0	19.0	19.3	+0.3	+3.6sss	7.1	7.5	8.4	9.1	9.6	9.5	-0.1	+2.4sss	2.7	2.7	3.3	3.6	3.5	3.3	-0.2	+0.6s
12th Grade	17.6	16.6	17.4	17.7	17.4	16.6	-0.8	-1.0	6.6	6.2	7.0	7.7	8.0	7.6	-0.4	+1.0	2.4	2.3	-2.5	2.7	3.2	2.5	-0.7s	+0.1
Nitrites[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	1.8	+0.3	+0.2	0.9	0.5	0.9	1.1	1.1	1.6	+0.5	+0.7	0.4	0.3	0.6	0.4	0.4	0.7	+0.3	+0.3
Hallucinogens[e]																								
8th Grade	3.2	3.8	3.9	4.3	5.2	5.9	+0.7	+2.7sss	1.9	2.5	2.6	2.7	3.6	4.1	+0.5	+2.2sss	0.8	1.1	1.2	1.3	1.7	1.9	+0.2	+1.1sss
10th Grade	6.1	6.4	6.8	8.1	9.3	10.5	+1.2	+4.4sss	4.0	4.3	4.7	5.8	7.2	7.8	+0.6	+3.8sss	1.6	1.8	1.9	2.4	3.3	2.8	-0.5	+1.2sss
12th Grade	9.6	9.2	10.9	11.4	12.7	14.0	+1.3	+4.4sss	5.8	5.9	7.4	7.6	9.3	10.3	+0.8	+4.3sss	2.2	2.1	2.7	3.1	4.4	3.5	-0.9s	+1.3sss
LSD																								
8th Grade	2.7	3.2	3.5	3.7	4.4	5.1	+0.7	+2.4sss	1.7	2.1	2.3	2.4	3.2	3.5	+0.3	+1.8sss	0.6	0.9	1.0	1.1	1.4	1.5	+0.1	+0.9sss
10th Grade	3.6	3.8	6.2	7.2	8.4	9.4	+1.0	+3.8sss	3.7	4.0	4.2	5.2	6.5	6.9	+0.4	+3.2sss	1.5	1.6	1.6	2.0	3.0	2.4	-0.6s	+0.9ss
12th Grade	8.8	8.6	10.3	10.5	11.7	12.6	+0.9	+3.8sss	3.2	5.6	6.8	6.9	8.4	8.8	+0.4	+3.6sss	1.9	2.0	2.4	2.6	4.0	2.5	-1.5sss	+0.6s
PCP[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.2	4.0	+1.3	+1.1	1.4	1.4	1.4	1.6	1.8	2.6	+0.8	+1.2s	0.5	0.6	1.0	0.7	0.6	1.3	+0.7s	+0.8s

Source: University of Michigan, *The Monitoring the Future Study*, http://www.isr.umich.edu/src/mtf, December 19, 1996.

(Table continued on next page)

TABLE-1-(cont.)

Trends in Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders with 5-Year Trends Noted

	Lifetime								Annual								30-Day							
	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change	1991	1992	1993	1994	1993	1996	'95-'96 change	'91-'96 change
Hallucinogens Other Than LSD																								
8th Grade	1.4	1.7	1.7	2.2	2.5	3.0	+0.5	+1.6sss	0.7	1.1	1.0	1.3	1.7	2.0	+0.3	+1.3sss	0.3	0.4	0.5	0.7	0.8	0.9	+0.1	+0.6sss
10th Grade	2.2	2.5	2.8	3.8	3.9	4.7	+0.8s	+2.5sss	1.5	1.4	1.9	2.4	2.8	3.3	+0.5	+2.0sss	0.4	0.5	0.7	1.0	1.0	1.0	0.0	+0.6sss
12th Grade	3.7	3.3	3.9	4.9	5.4	6.8	+1.4ss	+3.1sss	2.0	1.7	2.2	3.1	3.8	4.4	+0.6	+2.4sss	0.7	0.5	0.8	1.2	1.3	1.6	+0.3	+0.9sss
Cocaine																								
8th Grade	2.3	2.9	2.9	3.6	4.2	4.5	+0.3	+2.2sss	1.1	1.5	1.7	2.1	2.6	3.0	+0.4	+1.9sss	0.5	0.7	0.7	1.0	1.2	1.3	+0.1	+0.8sss
10th Grade	4.1	3.3	3.6	4.3	5.0	6.5	+1.5ss	+2.4sss	2.2	1.9	2.1	2.8	3.5	4.2	+0.7	+2.0sss	0.7	0.7	0.9	1.2	1.7	1.7	0.0	+1.0sss
12th Grade	7.8	6.1	6.1	5.9	6.0	7.1	+1.1	-0.7	3.5	3.1	3.3	3.6	4.0	4.9	+0.9s	+1.4ss	1.4	1.3	1.3	1.5	1.8	2.0	+0.2	+0.6s
Crack																								
8th Grade	1.3	1.6	1.7	2.4	2.7	2.9	+0.2	+1.6sss	0.7	0.9	1.0	1.3	1.6	1.8	+0.2	+1.1sss	0.3	0.5	0.4	0.7	0.7	0.8	+0.1	+0.5sss
10th Grade	1.7	1.5	1.8	2.1	2.8	3.3	+0.5	+1.6sss	0.9	0.9	1.1	1.4	1.8	2.1	+0.3	+1.2sss	0.3	0.4	0.5	0.6	0.9	0.8	-0.1	+0.5sss
12th Grade	3.1	2.6	2.6	3.0	3.0	3.3	+0.3	+0.2	1.5	1.5	1.5	1.9	2.1	2.1	0.0	+0.6ss	0.7	0.6	0.7	0.8	1.0	1.0	0.0	+0.3s
Other Cocaine[e]																								
8th Grade	2.0	2.4	2.4	3.0	3.4	3.8	+0.4	+1.8sss	1.0	1.2	1.3	1.7	2.1	2.5	+0.4	+1.5sss	0.5	0.5	0.6	0.9	1.0	1.0	0.0	+0.5ss
10th Grade	3.8	3.0	3.3	3.8	4.4	5.5	+1.1s	+1.7ss	2.1	1.7	1.8	2.4	3.0	3.5	+0.5	+1.4sss	0.6	0.6	0.7	1.0	1.4	1.3	-0.1	+0.7sss
12th Grade	7.0	5.3	5.4	5.2	5.1	6.4	+1.3	-0.6	3.2	2.6	2.9	3.0	3.4	4.2	+0.8	+1.0	1.2	1.0	1.2	1.3	1.3	1.6	+0.3	+0.4
Heroin[f]																								
8th Grade	1.2	1.4	1.4	2.0	2.3	2.4	+0.1	+1.2sss	0.7	0.7	0.7	1.2	1.4	1.6	+0.2	+0.9sss	0.3	0.4	0.4	0.6	0.6	0.7	+0.1	+0.4sss
10th Grade	1.2	1.2	1.3	1.5	1.7	2.1	+0.4	+0.9sss	0.5	0.6	0.7	0.9	1.1	1.2	+0.1	+0.7sss	0.2	0.2	0.3	0.4	0.6	0.5	-0.1	+0.3sss
12th Grade	0.9	1.2	1.1	1.2	1.6	1.8	+0.2	+0.9sss	0.4	0.6	0.5	0.6	1.1	1.0	-0.1	+0.6sss	0.2	0.3	0.2	0.3	0.6	0.5	-0.1	+0.3sss
Other Opiates[g]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	8.2	+1.0s	+1.6ss	3.5	3.3	3.6	3.8	4.7	5.4	+0.7	+1.9sss	1.1	1.2	1.3	1.5	1.8	2.0	+0.2	+0.9sss
Stimulants[h]																								
8th Grade	10.5	10.8	11.8	12.3	13.1	13.5	+0.4	+3.0sss	6.2	6.5	7.2	7.9	8.7	9.1	+0.4	+2.9sss	2.6	3.3	3.6	3.6	4.2	4.6	+0.4	+2.0sss
10th Grade	13.2	13.1	14.9	15.1	17.4	17.7	+0.3	+4.5sss	8.2	8.2	9.6	10.2	11.9	12.4	+0.5	+4.2sss	3.3	3.6	4.3	4.5	5.3	5.5	+0.2	+2.2sss
12th Grade	15.4	13.9	15.1	15.7	15.3	15.3	0.0	0.1	8.2	7.1	8.4	9.4	9.3	9.5	+0.2	+1.3s	3.2	2.8	3.7	4.0	4.0	4.1	+0.1	+0.9ss
Ice[i]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	3.9	4.4	+0.5	+1.1s	1.4	1.3	1.7	1.8	2.4	2.8	+0.4	+1.4sss	0.6	0.5	0.6	0.7	1.1	1.1	0.0	+0.5s
Barbiturates[j]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	7.4	7.6	+0.2	+1.4ss	3.4	2.8	3.4	4.1	4.7	4.9	+0.2	+1.5sss	1.4	1.1	1.3	1.7	2.2	2.1	-0.1	+0.7sss

Source: University of Michigan, *The Monitoring the Future Study*, http://www.isr.umich.edu/sec/mtf, December 19, 1996.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders with 5-Year Trends Noted

	Lifetime								Annual								30-Day							
	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change
Tranquilizers[a]																								
8th Grade	3.8	4.1	4.4	4.6	4.5	5.3	+0.8s	+1.5sss	1.8	2.0	2.1	2.4	2.7	3.3	+0.6s	+1.5sss	0.8	0.8	0.9	1.1	1.2	1.5	+0.3s	+0.7sss
10th Grade	5.8	5.9	5.7	5.4	6.0	7.1	+1.1ss	+1.3ss	3.2	3.5	3.3	3.3	4.0	4.6	+0.6	+1.4sss	1.2	1.5	1.1	1.5	1.7	1.7	0.0	+0.5ss
12th Grade	7.2	6.0	6.4	6.6	7.1	7.2	+0.1	0.0	3.6	2.8	3.5	3.7	4.4	4.6	+0.2	+1.0ss	1.4	1.0	1.2	1.4	1.8	2.0	+0.2	+0.6ss
Alcohol[c]																								
Any use																								
8th Grade	70.1	69.3	67.1	—	—	—	—	—	54.0	53.7	51.6	—	—	—	—	—	25.1	26.1	26.2	—	—	—	—	—
			55.7	55.8	54.5	55.3	+0.8	-0.4[d]			45.4	46.8	45.3	46.5	+1.2	+1.1[b]			24.3	25.5	24.6	26.2	+1.6	+1.9[e]
10th Grade	83.8	82.3	80.8	—	—	—	—	—	72.3	70.2	69.3	—	—	—	—	—	42.8	39.9	41.5	—	—	—	—	—
			71.6	71.1	70.5	71.8	+1.3	+0.2[d]			63.4	63.9	63.5	65.0	+1.5	+1.6[e]			38.2	39.2	38.8	40.4	+1.6	+2.2[d]
12th Grade	88.0	87.5	87.0	—	—	—	—	—	77.7	76.8	76.0	—	—	—	—	—	54.0	51.3	51.0	—	—	—	—	—
			80.0	80.4	80.7	79.2	-1.5	-0.8[d]			72.7	73.0	73.7	72.5	-1.2	-0.2[d]			48.6	50.5	51.3	50.8	-0.5	+2.2[d]
Been Drunk[b]																								
8th Grade	26.7	26.8	26.4	25.9	25.3	26.8	+1.5	+0.1	17.5	18.3	18.2	18.2	18.4	19.8	+1.4	+2.3s	7.6	7.5	7.8	8.7	8.3	9.6	+1.3s	+2.0ss
10th Grade	50.0	47.7	47.9	47.2	46.9	48.5	+1.6	-1.5	40.1	37.0	37.8	38.0	38.5	40.1	+1.6	0.0	20.5	18.1	19.8	20.5	20.8	21.3	+0.5	+0.8
12th Grade	65.4	63.4	62.5	62.9	63.2	61.8	-1.4	-3.6	52.7	50.3	49.6	51.7	52.5	51.9	-0.6	-0.8	31.6	29.9	28.9	30.8	33.2	31.3	-1.9	-0.3
Cigarettes																								
Any use																								
8th Grade	44.0	45.2	45.3	46.1	46.4	49.2	+2.8ss	+5.2sss	—	—	—	—	—	—	—		14.3	15.5	16.2	18.6	19.1	21.0	+1.9s	+6.7sss
10th Grade	55.1	53.5	56.3	56.9	57.6	61.2	+3.6sss	+6.1sss	—	—	—	—	—	—	—		20.8	21.5	24.7	25.4	27.9	30.4	+2.5s	+9.6sss
12th Grade	63.1	61.8	61.9	62.0	64.2	63.5	-0.7	+0.4	—	—	—	—	—	—	—		28.5	27.8	29.9	31.2	33.5	34.0	+0.5	+5.7sss
Smokeless Tobacco[a]																								
8th Grade	22.2	20.7	18.7	19.9	20.0	20.4	+0.4	-1.8	—	—	—	—	—	—	—	—	6.9	7.0	6.6	7.7	7.1	7.1	0.0	+0.2
10th Grade	28.2	26.6	28.1	29.2	27.6	27.4	-0.2	-0.8	—	—	—	—	—	—	—	—	10.0	9.6	10.4	10.5	9.7	8.6	-1.1	-1.4
12th Grade	—	32.4	31.0	30.7	30.9	29.8	-1.1	-2.6[b]	—	—	—	—	—	—	—	—	—	11.4	10.7	11.1	12.2	9.8	-2.4	-1.6[b]
Steroids[b]																								
8th Grade	1.9	1.7	1.6	2.0	2.0	1.8	-0.2	-0.1	1.0	1.1	0.9	1.2	1.0	0.9	-0.1	-0.1	0.4	0.5	0.5	0.5	0.6	0.4	-0.2s	0.0
10th Grade	1.8	1.7	1.7	1.8	2.0	1.8	-0.2	0.0	1.1	1.4	1.0	1.1	1.2	1.2	0.0	+0.1	0.6	0.6	0.5	0.6	0.6	0.5	-0.1	-0.1
12th Grade	2.1	2.1	2.0	2.4	2.3	1.9	-0.4	-0.2	1.4	1.3	1.2	1.3	1.5	1.4	-0.1	0.0	0.8	0.6	0.7	0.9	0.7	0.7	0.0	-0.1

Source: University of Michigan, *The Monitoring the Future Study*, http://www.isr.umich.edu/src/mtf, December 19, 1996.

(Footnotes are on the page following Table 1a)

NOTES: Level of significance of difference between the two years: * = .05, ** = .01, *** = .001. "–" indicates data not available. "0" indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two years is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Approximate Weighted Ns	1991	1992	1993	1994	1995	1996
8th Grade	17,500	18,600	18,300	17,300	17,500	17,800
10th Grade	14,800	14,800	15,300	15,800	17,000	15,600
12th Grade	15,000	15,800	16,300	15,400	15,400	14,300

[a]For 12th graders only: Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[b]For 12th graders only: Data based on five of six forms; N is five-sixths of N indicated.

[c]Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP.

[d]For 8th, 10th, and 12th graders: Data based on one form; N for 12th graders is one-sixth of N indicated and N for 8th and 10th graders is one-half of N indicated.

[e]For 12th graders only: Data based on four of six forms; N is four-sixths of N indicated.

[f]In 1995 the heroin question was changed in three of six forms for 12th graders and in one of two forms for 8th and 10th graders. Separate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms. In 1996 the heroin question was changed in the remaining 8th and 10th grade form.

[g]Only drug use which was not under a doctor's orders is included here.

[h]For 12th graders only: Data based on two of six forms; N is two-sixths of N indicated.

[i]For all grades: In 1993, the question text was changed slightly in half of the forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two forms for the 8th and 10th graders and on three of six forms for the 12th graders. N is one-half of N indicated for all groups. Data for 1994-96 were based on all forms for all grades.

[j]For 8th, 10th and 12th graders: The changes in the '91-'96 change columns for alcohol are actually the '93-'96 changes.

[k]For 12th graders only: The changes in the '91-'96 change columns for smokeless tobacco are actually the '92-'96 changes.

TABLE 2

Long-Term Trends in Lifetime Prevalence of Use of Various Types of Drugs for Twelfth Graders

	Percent ever used																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95–'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Any Illicit Drug[a,b]	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	50.8	+2.4
Any Illicit Drug Other Than Marijuana[a,b]	36.2	35.4	35.8	36.5	37.4	38.7	42.8	41.1	40.4	40.3	39.7	37.7	35.8	32.5	31.4	29.4	26.9	25.1	26.7	27.6	28.1	28.5	+0.4
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	32.6	35.3	38.2	41.7	44.9	+3.2s
Inhalants[d]	—	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	17.6	18.0	17.6	16.6	17.4	17.7	17.4	16.6	-0.8
Inhalants, Adjusted[d,e]	—	—	—	—	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	18.6	18.5	18.0	17.0	17.7	18.3	17.8		
Amyl/Butyl Nitrites[e,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	1.8	+0.3
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	9.2	10.9	11.4	12.7	14.0	+1.3
Hallucinogens, Adjusted[e]	—	—	—	—	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	9.9	9.7	10.0	9.4	11.3	11.7	13.1		
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	8.6	10.3	10.5	11.7	12.6	+0.9
PCP[e,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	4.0	+1.3
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.8	6.1	6.1	5.9	6.0	7.1	+1.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	2.6	3.0	3.0	3.3	+0.3
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	5.2	5.1	6.4	+1.3
Heroin[j]	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	1.3	1.3	0.9	1.2	1.1	1.2	1.6	1.8	+0.2
Other Opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	7.2	8.2	+1.0s
Stimulants[b,l]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	27.9	26.9	27.9	26.2	23.4	21.6	19.8	19.1	17.5	15.4	13.9	15.1	15.7	15.3	15.3	0.0
Crystal Meth. (Ice)[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	4.4	+0.5
Sedatives[b,m]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	6.1	6.4	7.3	7.6		
Barbiturates[b]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	7.4	7.6	+0.2
Methaqualone[b,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.6	0.8	1.4	1.2	2.0	+0.8
Tranquilizers[b]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	7.2	+0.1
Alcohol[n]	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	87.5	87.0	—	—	—	—
																			80.0	80.4	80.7	79.2	-1.5
Been Drunk[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	61.8	-1.4
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	61.8	61.9	62.0	64.2	63.5	-0.7
Smokeless Tobacco[o,p]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	29.8	-1.1
Steroids[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	1.9	-0.4

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 3

Long-Term Trends in Annual Prevalence of Use of Various Types of Drugs for Twelfth Graders

	Percent who used in last twelve months																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95–'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Any Illicit Drug[a,b]	45.0	48.1	51.1	53.8	54.2	53.1	52.1	49.4	47.4	45.8	46.3	44.3	41.7	38.5	35.4	32.5	29.4	27.1	31.0	35.8	39.0	40.2	+1.2
Any Illicit Drug Other[a,b] *Than Marijuana*	26.2	25.4	26.0	27.1	28.2	30.4	34.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	19.8	+0.4
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.6	27.0	23.9	21.9	26.0	30.7	34.7	35.8	+1.1
Inhalants[d]	—	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	6.5	5.9	6.9	6.6	6.2	7.0	7.7	8.0	7.6	-0.4
Inhalants, Adjusted[d,e]	—	—	—	—	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	6.9	7.5	6.9	6.4	7.4	8.2	8.4		
Amyl/Butyl Nitrites[d,f]	—	—	—	—	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	0.5	0.9	1.1	1.1	1.6	+0.5
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	5.9	7.4	7.6	9.3	10.1	+0.8
Hallucinogens, Adjusted[e]	—	—	—	—	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	6.2	6.0	6.1	6.2	7.8	7.8	9.7		
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	4.9	5.4	5.2	5.6	6.8	6.9	8.4	8.8	+0.4
PCP[e,f]	—	—	—	—	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	1.4	1.4	1.6	1.8	2.6	+0.8
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	3.1	3.3	3.6	4.0	4.9	+0.9s
Crack[b]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	2.1	0.0
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	3.4	4.2	+0.8
Heroin[f]	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.5	0.6	0.5	0.4	0.6	0.5	0.6	1.1	1.0	-0.1
Other Opiates[b]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	4.7	5.4	+0.7
Stimulants[a,b]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	20.3	17.9	17.7	15.8	13.4	12.2	10.9	10.8	9.1	8.2	7.1	8.4	9.4	9.3	9.5	+0.2
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	2.8	+0.4
Sedatives[b,w]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	2.9	3.4	4.2	4.9		
Barbiturates[b]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	2.8	3.4	4.1	4.7	4.9	+0.2
Methaqualone[b,w]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	0.6	0.2	0.8	0.7	1.1	+0.4
Tranquilizers[b]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	2.8	3.5	3.7	4.4	4.6	+0.2
Alcohol[a]	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	85.3	82.7	80.6	77.7	76.8	76.0	—	—	—	—
																			72.7	73.0	73.7	72.5	-1.2
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	51.9	-0.6
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[w,x]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	1.5	1.4	-0.1

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001; '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Thirty-Day Prevalence of Use of Various Types of Drugs for Twelfth Graders

	Percent who used in last thirty days																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95–'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Any Illicit Drug[a,b]	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	+0.8
Any Illicit Drug Other[a,b] *Than Marijuana*	15.4	13.9	15.2	15.1	16.8	18.4	21.7	17.0	15.4	15.1	14.9	13.2	11.6	10.0	9.1	8.0	7.1	6.3	7.9	8.8	10.0	9.5	-0.5
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	11.9	15.5	19.0	21.2	21.9	+0.7
Inhalants[c]	—	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	2.3	2.7	2.4	2.3	2.5	2.7	3.2	2.5	-0.7s
Inhalants, Adjusted[b,d]	—	—	—	—	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	2.7	2.9	2.6	2.5	2.8	2.9	3.5		
Amyl/Butyl Nitrites[c,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	0.4	0.7	+0.3
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	2.2	2.2	2.2	2.1	2.7	3.1	4.4	3.5	-0.9s
Hallucinogens, Adjusted[d]	—	—	—	—	5.3	4.4	4.5	4.1	3.5	3.2	3.8	3.5	2.8	2.3	2.9	2.3	2.4	2.3	3.3	3.2	4.6		
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	2.0	2.4	2.6	4.0	2.5	-1.5sss
PCP[c,f]	—	—	—	—	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	1.4	0.4	0.5	0.6	1.0	0.7	0.6	1.3	+0.7s
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4	1.3	1.3	1.5	1.8	2.0	+0.2
Crack[e]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	1.0	0.0
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	1.6	+0.3
Heroin[f]	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.3	0.6	0.5	-0.1
Other Opiates[e]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	1.2	1.3	1.5	1.8	2.0	+0.2
Stimulants[b,f]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	10.7	8.9	8.3	6.8	5.5	5.2	4.6	4.2	3.7	3.2	2.8	3.7	4.0	4.0	4.1	+0.1
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	1.1	1.1	0.0
Sedatives[b,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	2.3		
Barbiturates[e]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	1.1	1.3	1.7	2.2	2.1	-0.1
Methaqualone[b,m]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.6	0.2	0.2	0.4	0.1	0.4	0.4	0.6	+0.2
Tranquilizers[e]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	1.0	1.2	1.4	1.8	2.0	+0.2
Alcohol[e]	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	60.0	57.1	54.0	51.3	51.0	—	—	—	—
																			48.6	50.1	51.3	50.8	-0.5
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	33.2	31.3	-1.9
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3	27.8	29.9	31.2	33.5	34.0	+0.5
Smokeless Tobacco[e,n]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	9.8	-2.4
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	0.7	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Types of Drugs for Twelfth Graders

	Percent who used daily in last thirty days																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	1.9	2.4	3.6	4.6	4.9	+0.3
Inhalants[a]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	0.2	+0.1
Inhalants, Adjusted[a,A]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—		
Amyl/Butyl Nitrites[a,1]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	0.4	+0.2
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Hallucinogens, Adjusted[B]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—		
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	*	0.0
PCP[a,1]	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.3	+0.1
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.2	+0.1
Crack[1]	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.0
Other Cocaine[1]	—	—	—	—	—	—	—	—	—	—	—	—	0.2	0.2	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.0
Heroin[1]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.1	+0.1
Other Opiates[a]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.2	+0.1
Stimulants[a,A]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	+0.1
Crystal Meth. (Ice)[1]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.1	0.0
Sedatives[a,*]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1		
Barbiturates[a]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	0.1	0.0
Methaqualone[a,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0	-0.1
Tranquilizers[a]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.2	+0.2sss
Alcohol																							
Daily*	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6	3.4	2.3	—	—	—	—
																			3.4	2.9	3.5	3.7	+0.2
Been drunk daily[1]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	1.3	1.6	+0.3
5+ drinks in a row in last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	33.0	32.2	29.8	27.9	27.5	28.2	29.8	30.2	+0.4
Cigarettes																							
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5	17.2	19.0	19.4	21.6	22.2	+0.6
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	10.0	10.9	11.2	12.4	13.0	+0.6
Smokeless Tobacco[a,*]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	3.3	-0.2
Steroids[1]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	0.3	+0.1

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '*' indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error. See Table 2 for relevant footnotes.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Footnotes for Table 2–Table 5

[a]Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.

[b]Beginning in 1982 the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[c]Data based on four of five forms in 1976–88; N is four-fifths of N indicated. Data based on five of six forms in 1989–96; N is five-sixths of N indicated.

[d]Adjusted for underreporting of amyl and butyl nitrites. See text for details.

[e]Data based on one form; N is one-fifth of N indicated in 1979–88 and one-sixth of N indicated in 1989–96.

[f]Question text changed slightly in 1987.

[g]Adjusted for underreporting of PCP. See text for details.

[h]Data based on one of five forms in 1986; N is one-fifth of N indicated. Data based on two forms in 1987–89; N is two-fifths of N indicated in 1987–88 and two-sixths of N indicated in 1989. Data based on six forms in 1990–96.

[i]Data based on one form in 1987–89; N is one-fifth of N indicated in 1987–88 and one-sixth of N indicated in 1989. Data based on four of six forms in 1990–96; N is four-sixths of N indicated.

[j]In 1995 the heroin question was changed in half of the questionnaire forms. Separate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms.

[k]Only drug use which was not under a doctor's orders is included here.

[l]Data based on two of six forms; N is two-sixths of N indicated. Steroid data based on one of six forms in 1989–90; N is one-sixth of N indicated in 1989–90. Steroid data based on two of six forms since 1991; N is two-sixths of N indicated since 1991.

[m]Sedatives: Data based on five forms in 1975–88, six forms in 1989, one form in 1990 (N is one-sixth of N indicated in 1990), and six forms of data adjusted by one-form data beginning in 1991. Methaqualone: Data based on five forms in 1975–88, six forms in 1989, and one of six forms beginning in 1990 (N is one-sixth of N indicated beginning in 1990).

[n]Data based on five forms in 1975–88 and on six forms in 1989–92. In 1993, the question text was changed slightly in three of six forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from the three forms using the original wording (N is three-sixths of N indicated), while the data in the lower line came from the three forms containing the revised wording (N is three-sixths of N indicated). Data for 1994–96 were based on all six forms.

[o]Prevalence of smokeless tobacco was not asked of twelfth graders in 1990 and 1991. Prior to 1990 the prevalence question on smokeless tobacco was located near the end of one twelfth-grade questionnaire form, whereas after 1991 the question was placed earlier and in a different form. This shift could explain the discontinuities between the corresponding data.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 6

Trends in Harmfulness of Drugs as Perceived by Eighth, Tenth, and Twelfth Graders, 1991–96

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"[a]																						
	8th Grade							10th Grade							12th Grade								
	1991	1992	1993	1994	1995	1996	'95–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change
Try marijuana once or twice	40.4	39.1	36.2	31.6	28.9	27.9	-1.0	30.0	31.9	29.7	24.4	21.5	20.0	-1.5s	27.1	24.5	21.9	19.5	16.3	15.6	-0.7
Smoke marijuana occasionally	57.9	56.3	53.8	48.6	45.9	44.3	-1.6	48.6	48.9	46.1	38.9	35.4	32.8	-2.6ss	40.6	39.6	35.6	30.1	25.6	25.9	+0.3
Smoke marijuana regularly	83.8	82.0	79.6	74.3	73.0	70.9	-2.1s	82.1	81.1	78.5	71.3	67.9	65.9	-2.0	78.6	76.5	72.5	65.0	60.8	59.9	-0.9
Try inhalants once or twice	35.9	37.0	36.5	37.9	36.4	40.8	+4.4sss	37.8	38.7	40.9	42.7	41.6	47.2	+5.6sss	—	—	—	—	—	—	—
Try inhalants regularly	65.6	64.4	64.6	65.5	64.8	68.2	+3.4ss	69.8	67.9	69.6	71.5	71.8	75.8	+4.0sss	—	—	—	—	—	—	—
Take LSD once or twice[b]	—	—	42.1	38.3	36.7	36.5	-0.2	—	—	48.7	46.5	44.7	45.1	+0.4	46.6	42.3	39.5	38.8	36.4	36.2	-0.2
Take LSD regularly[b]	—	—	68.3	65.8	64.4	63.6	-0.8	—	—	78.9	75.9	75.5	75.3	-0.2	84.3	81.8	79.4	79.1	78.1	77.8	-0.3
Try crack once or twice	62.8	61.2	57.2	54.4	50.8	51.0	+0.2	70.4	69.6	66.6	64.7	60.9	60.9	0.0	60.6	62.4	57.6	58.4	54.6	56.0	+1.4
Take crack occasionally	82.2	79.6	76.8	74.4	72.1	71.6	-0.5	87.4	86.4	84.4	83.1	81.2	80.3	-0.9	76.5	76.3	73.9	73.8	72.8	71.4	-1.4
Try cocaine powder once or twice	55.5	54.1	50.7	48.4	44.9	45.2	+0.3	59.1	59.2	57.5	56.4	53.5	53.6	+0.1	53.6	57.1	53.2	55.4	52.0	53.2	+1.2
Take cocaine powder occasionally	77.0	74.3	71.8	69.1	66.4	65.7	-0.7	82.2	80.1	79.1	77.8	75.6	75.0	-0.6	69.8	70.8	68.6	70.6	69.1	68.8	-0.3
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	11.0	12.1	12.4	11.6	11.6	11.8	+0.2	9.0	10.1	10.9	9.4	9.3	8.9	-0.4	9.1	8.6	8.2	7.6	5.9	7.3	+1.4
Take one or two drinks nearly every day	31.8	32.4	32.6	29.9	30.5	28.6	-1.9s	36.1	36.8	35.9	32.5	31.7	31.2	-0.5	32.7	30.6	28.2	27.0	24.8	25.1	+0.3
Have five or more drinks once or twice each weekend	59.1	58.0	57.7	54.7	54.1	51.8	-2.3s	54.7	55.9	54.9	52.9	52.0	50.9	-1.1	48.6	49.0	48.3	46.5	45.2	49.5	+4.3s
Smoke one or more packs of cigarettes per day	51.6	50.8	52.7	50.8	49.8	50.4	+0.6	60.3	59.3	60.7	59.0	57.0	57.9	+0.9	69.4	69.2	69.5	67.6	65.6	68.2	+2.6
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.5	34.0	+0.5	40.3	39.6	44.2	42.2	38.2	41.0	+2.8ss	37.4	35.5	38.9	36.6	33.2	37.4	+4.2s
Take steroids[c]	64.2	69.5	70.2	67.6	—	—	—	67.1	72.7	73.4	72.5	—	—	—	65.6	70.7	69.1	66.1	66.4	67.6	+1.2
Approx. N =	*17437*	*18662*	*18366*	*17394*	*17501*	*17926*		*14719*	*14808*	*15398*	*15880*	*17006*	*15670*		*2549*	*2684*	*2759*	*2591*	*2603*	*2449*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[a]Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, (5) Can't say, drug unfamiliar.
[b]8th and 10th grade: Data based on one of two forms; N is one-half of N indicated.
[c]8th and 10th grade: Data based on two forms in 1991 and 1992 and on one of two forms in 1993 and 1994, N is one-half of N indicated.

TABLE 7
Long-Term Trends in Harmfulness of Drugs as Perceived by Twelfth Graders

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	23.6	23.1	27.1	24.5	21.9	19.5	16.3	15.6	-0.7
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	31.7	36.5	36.9	40.6	39.6	35.6	30.1	25.6	25.9	+0.3
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	77.0	77.5	77.8	78.6	76.5	72.5	65.0	60.8	59.9	-0.9
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	46.0	44.7	46.6	42.3	39.5	38.8	36.4	36.2	-0.2
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	85.2	83.8	82.9	82.6	83.8	84.2	84.3	84.5	84.3	81.8	79.4	79.1	78.1	77.8	-0.3
Try PCP once or twice	—	—	—	—	—	—	—	—	—	—	—	—	55.6	58.8	56.6	55.2	51.7	54.8	50.8	51.5	49.1	51.0	+1.9
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	56.8	57.6	57.2	53.7	54.2	+0.5
Take cocaine occasionally	—	—	—	—	—	—	—	—	—	—	—	54.2	66.8	69.2	71.8	73.9	75.5	75.1	73.3	73.7	70.8	72.1	+1.3
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	89.2	90.2	91.1	90.4	90.2	90.1	89.3	87.9	88.3	+0.4
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	57.0	62.1	62.9	64.3	60.6	62.4	57.6	58.4	54.6	56.0	+1.4
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	70.4	73.2	75.3	80.4	76.5	76.3	73.9	73.8	72.8	71.4	-1.4
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	84.6	84.8	85.6	91.6	90.1	89.3	87.5	89.6	88.6	88.0	-0.6
Try cocaine powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	45.3	51.7	53.8	53.9	53.6	57.1	53.2	55.4	52.0	53.2	+1.2
Take cocaine powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	56.8	61.9	65.8	71.1	69.8	70.8	68.6	70.6	69.1	68.8	-0.3
Take cocaine powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	81.4	82.9	83.9	90.2	88.9	88.4	87.0	88.6	87.8	86.8	-1.0
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	53.8	55.4	55.2	50.9	50.7	52.8	50.9	52.5	+1.6
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	75.5	76.6	74.9	74.2	72.0	72.1	71.0	74.8	+3.8s
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	88.8	89.5	90.2	89.6	89.2	88.3	88.0	87.2	89.5	+2.3s
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	32.8	32.2	36.3	32.6	31.3	31.4	28.8	30.8	+2.0
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	71.2	71.2	74.3	72.4	69.9	67.0	65.9	66.8	+0.9
Try crystal meth. (ice) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61.6	61.9	57.5	58.3	54.4	55.3	+0.9
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	32.2	32.4	35.1	32.2	29.2	29.9	26.3	29.1	+2.8
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	70.5	70.2	70.5	70.2	66.1	63.3	61.6	60.4	-1.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	6.0	6.0	8.3	9.1	8.6	8.2	7.6	5.9	7.3	+1.4
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	28.5	31.3	32.7	30.6	28.2	27.0	24.8	25.1	+0.3
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	69.8	70.9	69.5	70.5	67.8	66.2	62.8	65.6	+2.8
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	44.0	47.1	48.6	49.0	48.3	46.5	45.2	49.5	+4.3s
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	68.0	67.2	68.2	69.4	69.2	69.5	67.6	65.6	68.2	+2.6
Use smokeless tobacco regularly	—	—	—	—	—	—	—	—	—	—	—	25.8	30.0	33.2	32.9	34.2	37.4	35.5	38.9	36.6	33.2	37.4	+4.2s
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63.8	69.9	65.6	70.7	69.1	66.1	66.4	67.6	+1.2
Approx. N =	*2804*	*2918*	*3052*	*3770*	*3310*	*3234*	*3604*	*3537*	*3305*	*3262*	*3250*	*3020*	*3315*	*3276*	*2796*	*2553*	*2549*	*2684*	*2759*	*2591*	*2603*	*2449*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

TABLE 8

Trends in Disapproval of Drug Use by Eighth, Tenth, and Twelfth Graders, 1991-96

Percent who "disapprove" or "strongly disapprove"[1]

Do you disapprove of people who . . .	8th Grade 1991	1992	1993	1994	1995	1996	'95-'96 change	10th Grade 1991	1992	1993	1994	1995	1996	'95-'96 change	12th Grade[2] 1991	1992	1993	1994	1995	1996	'95-'96 change
Try marijuana once or twice	84.6	82.1	79.2	72.9	70.7	67.5	-3.2sss	74.6	74.8	70.3	62.4	59.8	55.5	-4.3sss	68.7	69.9	63.3	57.6	56.7	52.5	-4.2s
Smoke marijuana occasionally	89.5	88.1	85.7	80.9	79.7	76.5	-3.2sss	83.7	83.6	79.4	72.3	70.0	66.9	-3.1ss	79.4	79.7	75.5	68.9	66.7	62.9	-3.8s
Smoke marijuana regularly	92.1	90.8	88.9	85.3	85.1	82.8	-2.3ss	90.4	90.0	87.4	82.2	81.1	79.7	-1.4	89.3	90.1	87.6	82.3	81.9	80.0	-1.9
Try inhalants once or twice	84.9	84.0	82.5	81.6	81.8	82.9	+1.1	85.2	85.6	84.8	84.9	84.5	86.0	+1.5s	—	—	—	—	—	—	—
Take inhalants regularly	90.6	90.0	88.9	88.1	88.8	89.3	+0.5	91.0	91.5	90.9	91.0	90.9	91.7	+0.8	—	—	—	—	—	—	—
Try LSD once or twice[4]	—	—	77.1	75.2	71.6	70.9	-0.7	—	—	82.1	79.3	77.9	76.8	-1.1	90.1	88.1	85.9	82.5	81.1	79.6	-1.5
Take LSD regularly[4]	—	—	79.8	78.4	75.8	75.3	-0.5	—	—	86.8	85.6	84.8	84.5	-0.3	96.4	95.5	95.8	94.3	92.5	93.2	+0.7
Try crack once or twice	91.7	90.7	89.1	86.9	85.9	85.0	-0.9	92.5	92.5	91.4	89.9	88.7	88.2	-0.5	92.1	93.1	89.9	89.5	91.4	87.4	-4.0sss
Take crack occasionally	93.3	92.5	91.7	89.9	89.8	89.3	-0.5	94.3	94.4	93.6	92.5	91.7	91.9	+0.2	94.2	95.0	92.8	92.8	94.0	91.2	-2.8ss
Try cocaine powder once or twice	91.2	89.6	88.5	86.1	85.3	83.9	-1.4s	90.8	91.1	90.0	88.1	86.8	86.1	-0.7	88.0	89.4	86.6	87.1	88.3	83.1	-5.2sss
Take cocaine powder occasionally	93.1	92.4	91.6	89.7	89.7	88.7	-1.0	94.0	94.0	93.2	92.1	91.4	91.1	-0.3	93.0	93.4	91.2	91.0	92.7	89.7	-3.0ss
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	51.7	52.2	50.9	47.8	48.0	45.5	-2.5	37.6	39.9	38.5	36.5	36.1	34.2	-1.9s	29.8	33.0	30.1	28.4	27.3	26.5	-0.8
Take one or two drinks nearly every day	82.2	81.0	79.6	76.7	75.9	74.1	-1.8	81.7	81.7	78.6	75.2	75.4	73.8	-1.6	76.5	75.9	77.8	73.1	73.3	70.8	-2.5
Have five or more drinks once or twice each weekend	85.2	83.9	83.3	80.7	80.7	79.1	-1.6s	76.7	77.6	74.7	72.3	72.2	70.7	-1.5	67.4	70.7	70.1	65.1	66.7	64.7	-2.0
Smoke one or more packs of cigarettes per day	82.8	82.3	80.6	78.4	78.6	77.3	-1.3	79.4	77.8	76.5	73.9	73.2	71.6	-1.6	71.4	73.5	70.6	69.8	68.2	67.2	-1.0
Use smokeless tobacco regularly	79.1	77.2	77.1	75.1	74.0	74.1	+0.1	75.4	74.6	73.8	71.2	71.0	71.0	0.0	—	—	—	—	—	—	—
Take steroids[4]	89.8	90.3	89.9	87.9	—	—	—	90.0	91.0	91.2	90.8	—	—	—	90.5	92.1	92.1	91.9	91.0	91.7	+0.7
Approx. N =	*17390*	*18503*	*18435*	*17429*	*17560*	*17998*		*14750*	*14774*	*15334*	*15891*	*17016*	*15686*		*2547*	*2645*	*2723*	*2588*	*2603*	*2399*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[1]Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

[2]The twelfth grade questions ask about people who are 18 or older.

[3]8th and 10th grade: Data based on one of two forms; N is one-half of N indicated.

[4]8th and 10th grade: Data based on two forms in 1991 and 1992 and on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 9
Long-Term Trends in Disapproval of Drug Use by Twelfth Graders

Do you disapprove of people (who are 18 or older) doing each of the following?	Percentage "disapproving"*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95–'96 change
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.3	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	69.9	63.3	57.6	56.7	52.5	-4.2s
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	79.7	75.5	68.9	66.7	62.9	-3.8s
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	90.1	87.6	82.3	81.9	80.0	-1.9
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	89.7	89.8	90.1	88.1	85.9	82.5	81.1	79.6	-1.5
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	95.5	95.8	94.3	92.5	93.2	+0.7
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	93.0	92.7	91.6	90.3	90.0	-0.3
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	96.9	97.5	96.6	96.1	95.6	-0.5
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.3	92.1	93.1	89.9	89.5	91.4	87.4	-4.0sss
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.3	94.2	95.0	92.8	92.8	94.0	91.2	-2.8ss
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.9	95.0	95.5	93.4	93.1	94.1	93.0	-1.1
Try coke powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87.9	88.0	89.4	86.6	87.1	88.3	83.1	-5.2sss
Take coke powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.1	93.0	93.4	91.2	91.0	92.7	89.7	-3.0ss
Take coke powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93.7	94.4	94.3	93.0	92.5	93.8	92.9	-0.9
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	94.9	94.4	93.2	92.8	92.1	-0.7
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	97.2	96.7	97.3	96.8	97.0	96.2	95.7	95.0	-0.7
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	97.2	97.5	97.1	96.4	96.3	-0.1
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	86.9	84.2	81.3	82.2	79.9	-2.3
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	95.6	96.0	94.1	94.3	93.5	-0.8
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	89.3	90.5	90.6	90.3	89.7	87.5	87.3	84.9	-2.4s
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	95.3	96.4	97.1	96.5	97.0	96.1	95.2	94.8	-0.4
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	33.0	30.1	28.4	27.3	26.5	-0.8
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	76.5	77.9	76.5	75.9	77.8	73.1	73.3	70.8	-2.5
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.6	91.9	90.6	90.8	90.6	89.8	88.8	89.4	+0.6
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	68.9	67.4	70.7	70.1	65.1	66.7	64.7	-2.0
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	72.4	72.8	71.4	73.5	70.6	69.8	68.2	67.2	-1.0
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	90.8	90.5	92.1	92.1	91.9	91.0	91.7	+0.7
Approx. N =	*2677*	*2957*	*3085*	*3686*	*3221*	*3261*	*3610*	*3651*	*3341*	*3254*	*3265*	*3113*	*3302*	*3311*	*2799*	*2566*	*2547*	*2645*	*2723*	*2588*	*2603*	*2399*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.
*The 1975 question asked about people who are "20 or older."

TABLE 10

Trends in Perceived Availability of Drugs
Eighth, Tenth, and Twelfth Graders, 1992–96

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get[a]																	
	8th Grade						10th Grade						12th Grade					
	1992	1993	1994	1995	1996	'95–'96 change	1992	1993	1994	1995	1996	'95–'96 change	1992	1993	1994	1995	1996	'95–'96 change
Marijuana	42.3	43.8	49.9	52.4	54.8	+2.4s	65.2	68.4	75.0	78.1	81.1	+3.0sss	82.7	83.0	85.5	88.5	88.7	+0.2
LSD	21.5	21.8	21.8	23.5	23.6	+0.1	33.6	35.8	36.1	39.8	41.0	+1.2	44.5	49.2	50.8	53.8	51.3	-2.5
PCP	18.0	18.5	17.7	19.0	19.6	+0.6	23.7	23.4	23.8	24.7	26.8	+2.1	31.7	31.7	31.4	31.0	30.5	-0.5
Crack	25.6	25.9	26.9	28.7	27.9	-0.8	33.7	33.0	34.2	34.6	36.4	+1.8	43.5	43.6	40.5	41.9	40.7	-1.2
Cocaine Powder	25.7	25.9	26.4	27.8	27.2	-0.6	35.0	34.1	34.5	35.3	36.9	+1.6	48.0	45.4	43.7	43.8	44.4	+0.6
Heroin	19.7	19.8	19.4	21.1	20.6	-0.5	24.3	24.3	24.7	24.6	24.8	+0.2	34.9	33.7	34.1	35.1	32.2	-2.9
Other Opiates[b]	19.8	19.0	18.3	20.3	20.0	-0.3	26.9	24.9	26.9	27.8	29.4	+1.6	37.1	37.5	38.0	39.8	40.0	+0.2
Amphetamines	32.2	31.4	31.0	33.4	32.6	-0.8	43.4	46.4	46.6	47.7	47.2	-0.5	58.8	61.5	62.0	62.8	59.4	-3.4s
Crystal Meth. (Ice)[b]	16.0	15.1	14.1	16.0	16.3	+0.3	18.8	16.4	17.8	20.7	22.6	+1.9	26.0	26.6	25.6	27.0	26.9	-0.1
Barbiturates	27.4	26.1	25.3	26.5	25.6	-0.9	38.0	38.8	38.3	38.8	38.1	-0.7	44.0	44.5	43.3	42.3	41.4	-0.9
Tranquilizers	22.9	21.4	20.4	21.3	20.4	-0.9	31.6	30.5	29.8	30.6	30.3	-0.3	40.9	41.1	39.2	37.8	36.0	-1.8
Cigarettes	77.8	75.5	76.1	76.4	76.9	+0.5	89.1	89.4	90.3	90.7	91.3	+0.6	—	—	—	—	—	—
Alcohol	76.2	73.9	74.5	74.9	75.3	+0.4	88.6	88.9	89.8	89.7	90.4	+0.7	—	—	—	—	—	—
Steroids	24.0	22.7	23.1	23.8	24.1	+0.3	37.6	33.6	33.6	34.8	34.8	0.0	46.8	44.8	42.9	45.5	40.3	-5.2ss
Approx. N =	*8353*	*16775*	*16119*	*15496*	*16318*		*7014*	*14652*	*15192*	*16209*	*14887*		*2586*	*2670*	*2526*	*2552*	*2340*	

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[a]Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

[b]8th and 10th grade only: Data based no one of two forms; N is one-half of N indicated in 1993-96.

TABLE 11

Long-Term Trends in Perceived Availability of Drugs, Twelfth Graders

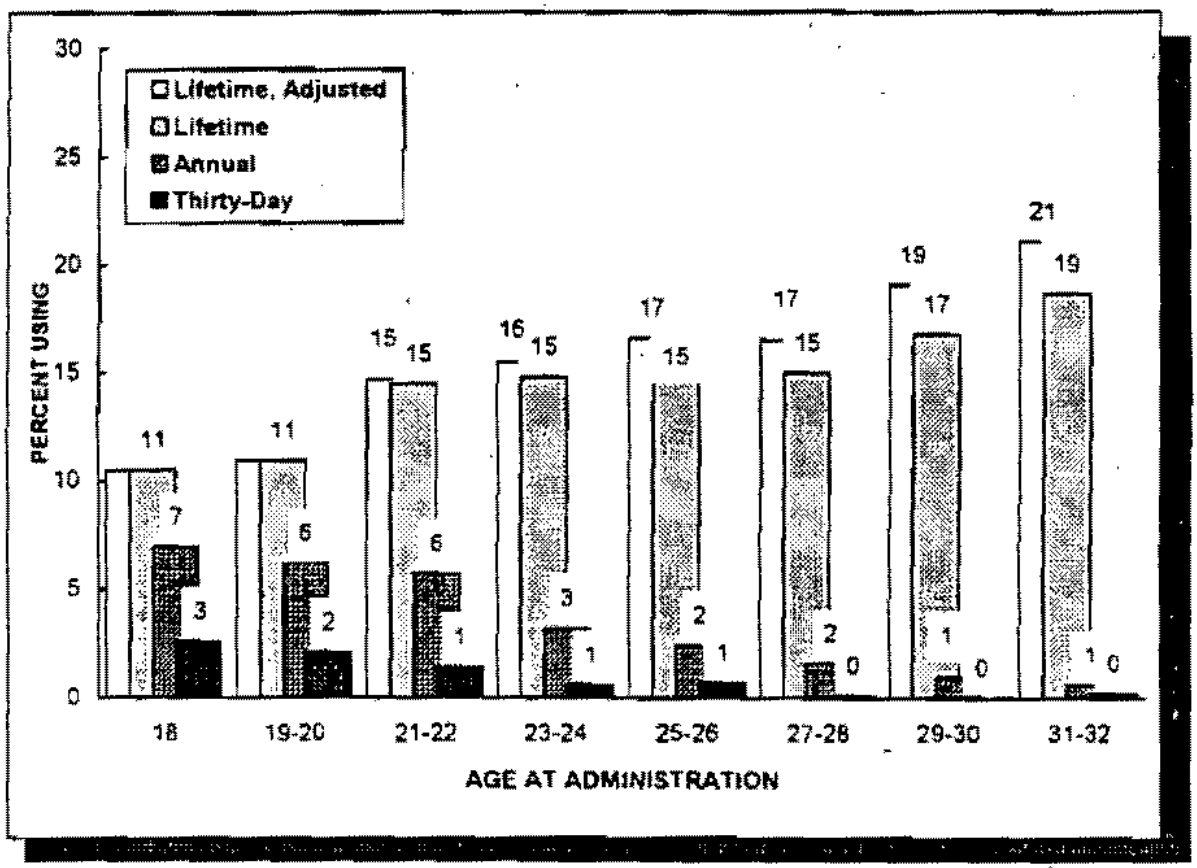
How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	82.7	83.0	85.5	88.5	88.7	+0.2
Amyl/Butyl Nitrites	—	—	—	—	—	—	—	—	—	—	—	—	23.9	25.9	26.8	24.4	22.7	25.9	25.9	26.7	26.0	23.9	-2.1
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.5	49.2	50.8	53.8	51.3	-2.5
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	28.9	27.7	27.6	31.7	31.7	31.4	31.0	30.5	-0.5
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	28.2	28.3	28.0	29.9	33.5	33.8	35.8	33.9	-1.9
MDMA (ecstasy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	34.2	36.9	+2.7
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.6	47.7	48.1	+0.4
Crack	—	—	—	—	—	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	41.9	40.7	-1.2
Cocaine powder	—	—	—	—	—	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	43.8	44.4	+0.6
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	35.1	32.2	-2.9
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	38.0	39.8	40.0	+0.2
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	62.8	59.4	-3.4s
Crystal meth. (ice)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.6	27.0	26.9	-0.1
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	44.0	44.5	43.3	42.3	41.4	-0.9
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	37.8	36.0	-1.8
Steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	45.5	40.3	-5.2ss
Approx. N =	*2627*	*2865*	*3065*	*3598*	*3172*	*3240*	*3578*	*3602*	*3385*	*3269*	*3274*	*3077*	*3271*	*3231*	*2806*	*2549*	*2476*	*2586*	*2670*	*2526*	*2552*	*2340*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

Figure 8

LSD: Lifetime, Annual, and Thirty-Day Prevalence Among Young Adults, 1994
by Age Group



NOTE: Lifetime prevalence estimates were adjusted for inconsistency in self-reports of drug use over time. See text for discussion.

Source: *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II College Students and Young Adults*, 1996.

TABLE 1

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

(Entries are percentages)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93–'94 change	1991	1992	1993	1994	'93–'94 change	1991	1992	1993	1994	'93–'94 change	1991	1992	1993	1994	'93–'94 change
Any Illicit Drug[a]																				
8th Grade	18.7	20.6	22.5	25.7	+3.2ss	11.3	12.9	15.1	18.5	+3.4sss	6.7	8.8	8.4	10.9	+2.5sss	—	—	—	—	—
10th Grade	30.6	29.8	32.8	37.4	+4.6sss	21.4	20.4	24.7	30.0	+5.3sss	11.6	11.0	14.0	18.5	+4.5sss	—	—	—	—	—
12th Grade	44.1	40.7	42.9	45.6	+2.7ss	20.4	27.1	31.0	35.8	+4.8sss	16.4	14.4	18.3	21.9	+3.6sss	—	—	—	—	—
College Students	50.4	48.8	45.9	45.5	-0.4	29.2	30.6	30.6	31.4	+0.7	16.2	16.1	15.1	16.0	+0.9	—	—	—	—	—
Young Adults	62.2	60.2	59.6	57.5	-2.2s	27.0	28.3	28.4	28.4	0.0	16.1	14.8	14.9	15.3	+0.4	—	—	—	—	—
Any Illicit Drug[a] Other Than Marijuana																				
8th Grade	14.3	15.6	16.8	17.5	+0.7	8.4	9.3	10.4	11.3	+0.9	3.8	4.7	5.3	6.6	+0.3	—	—	—	—	—
10th Grade	19.1	19.2	20.9	21.7	+0.8	12.2	12.3	13.9	15.2	+1.3	5.5	5.7	6.5	7.1	+0.6	—	—	—	—	—
12th Grade	26.9	25.1	26.7	27.6	+0.9	16.2	14.9	17.1	18.0	+0.9	7.1	6.3	7.9	8.8	+0.9	—	—	—	—	—
College Students	25.8	26.1	24.3	22.0	-2.4	13.2	13.1	12.5	12.2	-0.3	4.3	4.6	5.4	4.6	-0.8	—	—	—	—	—
Young Adults	37.8	37.0	34.6	33.4	-1.2	14.3	14.1	13.0	13.0	+0.1	5.4	5.5	4.9	5.3	+0.4	—	—	—	—	—
Any Illicit Drug[a] Including Inhalants																				
8th Grade	28.5	29.6	32.3	35.1	+2.8ss	16.7	18.2	21.1	24.2	+3.1ss	8.8	10.0	12.0	14.3	+2.3ss	—	—	—	—	—
10th Grade	36.1	36.2	38.7	42.7	+4.0sss	23.9	23.5	27.4	32.5	+5.1sss	13.1	12.6	16.5	20.0	+4.5sss	—	—	—	—	—
12th Grade	47.6	44.4	46.6	49.1	+2.5s	31.2	28.8	32.5	37.6	+5.1sss	17.8	15.5	19.3	23.0	+3.7sss	—	—	—	—	—
College Students	52.0	50.3	49.1	47.0	-2.1	29.8	31.1	31.7	31.9	+0.2	15.1	16.5	15.7	16.4	+0.7	—	—	—	—	—
Young Adults	63.4	61.2	61.2	58.5	-2.7ss	27.8	29.2	28.9	29.2	+0.3	15.4	15.3	15.1	16.1	+1.0	—	—	—	—	—
Marijuana/Hashish																				
8th Grade	10.2	11.2	12.6	16.7	+4.1sss	6.2	7.2	9.2	13.0	+3.8sss	3.2	3.7	5.1	7.8	+2.7sss	0.2	0.2	0.4	0.7	+0.3ss
10th Grade	23.4	21.4	24.4	30.4	+6.0sss	16.6	15.2	19.2	25.2	+6.0sss	8.7	6.1	10.9	15.8	+4.9sss	0.8	0.8	1.0	2.2	+1.2sss
12th Grade	36.7	32.6	35.3	38.2	+2.9s	23.9	21.9	26.0	30.7	+4.7sss	13.8	11.9	15.5	19.0	+3.5sss	2.0	1.9	2.4	3.6	+1.2sss
College Students	46.3	44.1	42.0	42.2	+0.2	26.5	27.7	27.9	29.3	+1.5	14.1	14.6	14.2	15.1	+0.8	1.8	1.6	1.9	1.8	-0.1
Young Adults	58.6	56.4	55.9	53.7	-2.1s	23.8	25.2	25.1	25.5	+0.5	13.5	13.3	13.4	14.1	+0.6	2.3	2.3	2.4	2.8	+0.4
Inhalants[b,c]																				
8th Grade	17.6	17.4	19.4	19.9	+0.5	9.0	9.5	11.0	11.7	+0.7	4.4	4.7	5.4	5.6	+0.2	0.2	0.3	0.3	0.2	-0.1
10th Grade	15.7	16.6	17.5	18.0	+0.5	7.1	7.5	8.4	9.1	+0.7	2.7	2.7	3.3	3.6	+0.3	0.1	0.1	0.2	0.1	0.0
12th Grade	17.6	16.6	17.4	17.7	+0.3	6.6	6.2	7.0	7.7	+0.7	2.4	2.3	2.5	2.7	+0.2	0.2	0.1	0.1	0.1	-0.1
College Students	14.4	14.2	14.8	12.0	-2.8s	3.5	3.1	3.5	3.0	-0.5	0.9	1.1	1.3	0.6	-0.7	—	—	—	—	—
Young Adults	13.4	13.5	14.1	13.2	-0.8	2.0	1.9	2.1	2.1	0.0	0.5	0.6	0.7	0.5	-0.2	*	*	*	*	0.0
Nitrites[d]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	+0.3	0.9	0.5	0.9	1.1	+0.2	0.4	0.3	0.6	0.4	-0.2	0.2	0.1	0.1	0.2	+0.1
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	1.4	1.2	1.3	1.0	-0.4	0.2	0.1	0.4	0.3	-0.2	*	0.1	0.2	0.1	-0.1	*	0.0	0.2	0.0	-0.2

SOURCE: The Monitoring the Future Study, the University of Michigan.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Hallucinogens[1]																				
8th Grade	3.2	3.8	3.9	4.3	+0.4	1.9	2.5	2.6	2.7	+0.1	0.8	1.1	1.2	1.3	+0.1	0.1	0.1	0.1	0.1	0.0
10th Grade	6.1	6.4	6.8	8.1	+1.3s	4.0	4.3	4.7	5.8	+1.1s	1.6	1.8	1.9	2.4	+0.5	*	0.1	0.1	0.1	0.0
12th Grade	9.6	9.2	10.9	11.4	+0.5	5.8	5.9	7.4	7.6	+0.2	2.2	2.1	2.7	3.1	+0.4	0.1	0.1	0.1	0.1	0.0
College Students	11.3	12.0	11.6	10.0	-1.8	6.3	6.8	6.0	6.2	+0.2	1.2	2.3	2.5	2.1	-0.4	—	—	—	—	—
Young Adults	16.7	16.7	15.4	15.4	0.0	4.5	5.0	4.5	4.8	+0.3	1.1	1.6	1.2	1.4	+0.3	0.0	0.0	*	0.0	0.0
LSD																				
8th Grade	2.7	3.2	3.5	3.7	+0.2	1.7	2.1	2.3	2.4	+0.1	0.6	0.9	1.0	1.1	+0.1	*	*	*	*	0.0
10th Grade	5.6	5.8	6.2	7.2	+1.0	3.7	4.0	4.2	5.2	+1.0s	1.5	1.6	1.6	2.0	+0.4	*	0.1	*	*	0.0
12th Grade	8.8	8.6	10.3	10.5	+0.2	5.2	5.6	6.8	6.9	+0.1	1.9	2.0	2.4	2.6	+0.2	0.1	0.1	0.1	0.1	0.0
College Students	9.6	10.6	10.6	9.2	-1.4	5.1	5.7	5.1	5.2	+0.1	0.8	1.8	1.6	1.8	+0.2	—	—	—	—	--
Young Adults	13.5	13.8	13.6	13.8	+0.3	3.8	4.3	3.8	4.0	+0.2	0.8	1.1	0.8	1.1	+0.3	0.0	0.0	0.0	0.0	0.0
PCP[4]																				
8th Grade	—	—	—	—	--	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	--	—	—	—	—	—	—	—	—	—	—	—	—	—	—	---
12th Grade	2.9	2.4	2.9	2.8	-0.1	1.4	1.4	1.4	1.6	+0.2	0.5	0.6	1.0	0.7	-0.3	0.1	0.1	0.1	0.3	+0.1
College Students	—	—	—	—	--	—	—	—	—	—	—	—	—	—	—	—	—	—	—	--
Young Adults	3.1	2.0	1.9	2.0	+0.1	0.3	0.3	0.2	0.3	+0.1	0.1	0.2	0.2	0.1	-0.1	*	0.0	0.1	0.0	-0.1
Hallucinogens (Other than LSD)																				
8th Grade	1.4	1.7	1.7	2.2	+0.5ss	0.7	1.1	1.0	1.3	+0.3s	0.3	0.4	0.5	0.7	+0.2s	*	*	*	*	0.0
10th Grade	2.2	2.5	2.8	3.8	+1.0ss	1.3	1.4	1.9	2.4	+0.5s	0.4	0.6	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	3.7	3.3	3.9	4.9	+1.0s	2.0	1.7	2.2	3.1	+0.9ss	0.7	0.6	0.8	1.2	+0.4s	*	*	*	*	0.0
College Students	6.0	5.7	5.4	4.4	-0.9	3.1	2.6	2.7	2.8	0.0	0.6	0.7	1.1	0.8	-0.3	—	—	—	—	--
Young Adults	8.4	8.0	7.6	7.4	-0.2	1.7	1.9	1.9	2.0	+0.1	0.3	0.5	0.6	0.6	0.0	0.0	0.0	*	0.0	0.0
Cocaine																				
8th Grade	2.3	2.9	2.9	3.6	+0.7s	1.1	1.5	1.7	2.1	+0.4	0.6	0.7	0.7	1.0	+0.3s	0.1	*	0.1	0.1	0.0
10th Grade	4.1	3.3	3.6	4.3	+0.7s	2.2	1.9	2.1	2.8	+0.7ss	0.7	0.7	0.9	1.2	+0.3	0.1	*	0.1	0.1	0.0
12th Grade	7.8	6.1	6.1	5.9	-0.2	3.6	3.1	3.3	3.6	+0.3	1.4	1.3	1.3	1.5	+0.2	0.1	0.1	0.1	0.1	0.0
College Students	9.4	7.9	6.3	5.0	-1.4	3.6	3.0	2.7	2.0	-0.7	1.0	1.0	0.7	0.6	-0.2	*	0.0	0.0	0.1	+0.1
Young Adults	21.0	19.5	16.9	15.2	-1.8ss	6.2	5.7	4.7	4.3	-0.4	2.0	1.8	1.4	1.3	0.0	0.1	*	0.1	*	0.0
Crack																				
8th Grade	1.3	1.6	1.7	2.4	+0.7sss	0.7	0.9	1.0	1.3	+0.3s	0.3	0.5	0.4	0.7	+0.3ss	*	*	0.1	*	0.0
10th Grade	1.7	1.5	1.8	2.1	+0.3	0.9	0.9	1.1	1.4	+0.3s	0.3	0.4	0.5	0.6	+0.1	*	*	*	*	0.0
12th Grade	3.1	2.6	2.6	3.0	+0.4	1.5	1.5	1.5	1.9	+0.4	0.7	0.6	0.7	0.8	+0.1	0.1	0.1	0.1	0.1	0.0
College Students	1.5	1.7	1.3	1.0	-0.4	0.5	0.4	0.6	0.5	-0.2	0.3	0.1	0.1	0.1	0.0	—	—	—	—	—
Young Adults	4.8	5.1	4.3	4.4	+0.1	1.2	1.4	1.5	1.1	-0.1	0.4	0.4	0.4	0.3	-0.1	*	*	0.1	*	0.0
Other Cocaine[5]																				
8th Grade	2.0	2.4	2.4	3.0	+0.6s	1.0	1.2	1.3	1.7	+0.4	0.5	0.5	0.6	0.9	+0.3s	*	*	*	*	0.0
10th Grade	3.8	3.0	3.3	3.8	+0.5	2.1	1.7	1.8	2.4	+0.6s	0.6	0.6	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	7.0	5.3	5.4	5.2	-0.2	3.2	2.6	2.9	3.0	+0.1	1.2	1.0	1.2	1.3	+0.1	0.1	*	0.1	0.1	0.0
College Students	9.0	7.6	6.3	4.6	-1.7	3.2	2.4	2.5	1.8	-0.7	1.0	0.8	0.6	0.3	-0.3	—	—	—	—	--
Young Adults	19.8	18.4	15.1	13.9	-1.2	5.4	5.1	3.9	3.6	-0.3	1.8	1.7	1.1	1.0	-0.1	0.1	*	*	*	0.0

SOURCE: The Monitoring the Future Study, the University of Michigan

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Ecstasy[f]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
College Students	2.0	2.9	2.3	2.1	-0.2	0.9	2.0	0.8	0.5	-0.3	0.2	0.4	0.3	0.2	-0.1	—	—	—	—	—
Young Adults	3.2	3.9	3.8	3.8	+0.1	0.8	1.0	0.8	0.7	-0.1	0.1	0.3	0.3	0.2	-0.1	0.0	0.0	*	0.0	0.0
Heroin																				
8th Grade	1.2	1.4	1.4	2.0	+0.6sss	0.7	0.7	0.7	1.2	+0.5sss	0.3	0.4	0.4	0.0	+0.2s	*	*	*	0.1	0.0
10th Grade	1.2	1.2	1.3	1.5	+0.2	0.5	0.6	0.7	0.9	+0.2	0.2	0.2	0.3	0.4	+0.1	*	*	*	*	0.0
12th Grade	0.9	1.2	1.1	1.2	+0.1	0.4	0.6	0.5	0.6	+0.1	0.2	0.3	0.2	0.3	+0.1	*	*	*	*	0.0
College Students	0.5	0.5	0.6	0.1	-0.5s	0.1	0.1	0.1	0.1	0.0	0.1	0.0	*	0.0	0.0	—	—	—	—	—
Young Adults	0.9	0.9	0.9	0.8	0.0	0.1	0.2	0.2	0.1	0.0	*	0.1	0.1	0.1	0.0	0.0	*	*	*	0.0
Other Opiates[a]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	+0.2	3.5	3.3	3.6	3.8	+0.2	1.1	1.2	1.3	1.5	+0.2	0.1	*	*	0.1	0.0
College Students	7.3	7.3	6.2	5.1	-1.1	2.7	2.7	2.5	2.4	-0.1	0.6	1.0	0.7	0.4	-0.3	—	—	—	—	—
Young Adults	9.3	8.9	8.1	8.2	+0.1	2.5	2.6	2.2	2.5	+0.3	0.6	0.7	0.7	0.6	-0.1	*	*	*	*	0.0
Stimulants[a]																				
8th Grade	10.5	10.8	11.8	12.3	+0.5	6.2	6.5	7.2	7.9	+0.7	2.6	3.3	3.6	3.6	0.0	0.1	0.1	0.1	0.1	0.0
10th Grade	13.2	13.1	14.9	15.1	+0.2	8.2	8.2	9.6	10.2	+0.6	3.3	3.9	4.3	4.5	+0.2	0.1	0.1	0.3	0.1	-0.2
12th Grade	15.4	13.9	15.1	15.7	+0.6	8.2	7.1	8.4	9.4	+1.0	3.2	2.8	3.7	4.0	+0.3	0.2	0.2	0.2	0.2	0.0
College Students	13.0	10.5	10.1	9.2	-0.9	3.9	3.5	4.2	4.2	0.0	1.0	1.1	1.5	1.5	-0.1	0.1	0.0	0.1	0.1	0.0
Young Adults	22.4	20.2	18.7	17.1	-1.6s	4.3	4.1	4.0	4.5	+0.5	1.5	1.5	1.5	1.7	+0.3	0.1	0.1	0.1	0.1	0.0
Ice[f]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	+0.3	1.4	1.3	1.7	1.8	+0.1	0.6	0.5	0.6	0.7	+0.1	0.1	0.1	0.1	*	0.0
College Students	1.3	0.6	1.6	1.3	-0.4	0.1	0.2	0.7	0.8	+0.1	0.0	0.0	0.3	0.5	+0.2	—	—	—	—	—
Young Adults	2.9	2.2	2.7	2.5	-0.2	0.3	0.4	0.8	0.9	+0.1	*	0.1	0.3	0.5	+0.2	0.0	0.0	0.0	0.1	+0.1
Barbiturates[a]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	+0.7	3.4	2.8	3.4	4.1	+0.7s	1.4	1.1	1.3	1.7	+0.4s	0.1	*	0.1	*	0.0
College Students	3.5	3.8	3.6	3.2	-0.3	1.2	1.4	1.5	1.2	-0.3	0.3	0.7	0.4	0.4	0.0	—	—	—	—	—
Young Adults	8.2	7.4	6.5	6.4	0.0	1.8	1.6	1.9	1.8	-0.1	0.5	0.5	0.6	0.6	0.0	0.0	*	0.0	*	0.0
Tranquilizers[a]																				
8th Grade	3.8	4.1	4.4	4.5	+0.2	1.8	2.0	2.1	2.4	+0.3	0.8	0.8	0.9	1.1	+0.2	*	*	0.1	0.1	0.0
10th Grade	5.8	5.9	5.7	5.4	-0.3	3.2	3.5	3.3	3.3	0.0	1.2	1.5	1.1	1.5	+0.4s	*	*	*	*	0.0
12th Grade	7.2	6.0	6.4	6.6	+0.2	3.6	2.8	3.5	3.7	+0.2	1.4	1.0	1.2	1.4	+0.2	0.1	*	*	0.1	0.0
College Students	6.8	6.9	6.3	4.4	-1.9s	2.4	2.9	2.4	1.8	-0.6	0.6	0.6	0.4	0.4	0.0	—	—	—	—	—
Young Adults	11.8	11.3	10.5	9.9	-0.6	3.5	3.4	3.1	2.9	-0.2	0.9	1.0	1.0	0.8	-0.2	0.0	*	*	*	0.0

SOURCE: The Monitoring the Future Study, the University of Michigan.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Alcohol[h]																				
Any use																				
8th Grade	70.1	69.3	67.1	—		54.0	53.7	51.0	—		25.1	26.1	26.2	—		0.5	0.6	0.8	—	
			55.7	55.8	+0.1			45.4	46.8	+1.4			24.3	25.5	+1.2			1.0	1.0	0.0
10th Grade	83.8	82.3	80.8	—		72.3	70.2	69.3	—		42.8	39.9	41.5	—		1.3	1.2	1.6	—	
			71.6	71.1	-0.5			63.4	63.9	+0.5			38.2	39.2	+1.0			1.8	1.7	-0.1
12th Grade	88.0	87.5	87.0	—		77.7	76.8	76.0	—		54.0	51.3	51.0	—		3.6	3.4	2.5	—	
			80.0	80.4	+0.4			72.7	73.0	+0.3			48.6	50.1	+1.5			3.4	2.9	-0.5
College Students	93.6	91.8	89.3	88.1	-1.2	88.3	86.9	85.1	82.7	-2.4	74.7	71.4	70.1	67.5	-2.6	4.1	3.7	3.9	3.6	-0.3
Young Adults	94.1	93.4	92.1	91.2	-0.9	86.9	86.2	85.3	83.7	-1.6s	70.6	69.0	68.3	67.7	-0.6	4.9	4.5	4.5	3.8	-0.7s
5+ drinks in last 2 weeks																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12.9	13.4	13.6	14.6	+1.0
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22.9	21.1	23.0	23.6	+0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29.8	27.9	27.5	28.2	+0.7
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42.8	41.4	40.2	40.0	-0.2
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34.7	34.2	34.4	33.7	-0.7
Been Drunk[f]																				
8th Grade	26.7	26.8	26.4	25.9	-0.6	17.5	18.3	18.2	18.2	0.0	7.6	7.5	7.8	8.7	+0.9	0.1	0.1	0.2	0.3	+0.1
10th Grade	50.0	47.7	47.9	47.2	-0.7	40.1	37.0	37.8	38.0	+0.2	20.5	18.1	19.8	20.3	+0.5	0.2	0.3	0.4	0.4	0.0
12th Grade	65.4	63.4	62.5	62.9	+0.4	52.7	50.3	49.6	51.7	+2.1	31.6	29.9	28.9	30.8	+1.9	0.9	0.8	0.9	1.2	+0.3
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cigarettes																				
Any use																				
8th Grade	44.0	45.2	45.3	46.1	+0.8	—	—	—	—	—	14.3	15.5	15.7	18.6	+1.9s	7.2	7.0	8.3	8.8	+0.5
10th Grade	55.1	53.5	56.3	56.9	+0.6	—	—	—	—	—	20.8	21.5	24.7	25.4	+0.7	12.6	12.3	14.2	14.6	+0.4
12th Grade	63.1	61.8	61.9	62.0	+0.1	—	—	—	—	—	28.3	27.8	29.9	31.2	+1.3	16.6	17.2	19.0	19.4	+0.4
College Students	—	—	—	—	—	35.6	37.3	38.8	37.6	-1.1	23.2	23.5	24.5	23.5	-1.0	13.8	14.1	16.2	13.2	-2.0
Young Adults	—	—	—	—	—	37.7	37.9	37.8	38.3	+0.5	28.2	28.3	28.0	27.9	0.0	21.7	20.9	20.8	20.7	0.0
1/2 pack+/day																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.1	2.9	3.5	3.6	+0.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.5	6.0	7.0	7.6	+0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10.7	10.0	10.9	11.2	+0.3
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.0	8.9	8.9	8.0	-0.9
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16.0	15.7	15.5	15.3	-0.2
Smokeless Tobacco[d]																				
8th Grade	22.2	20.7	18.7	19.9	+1.2	—	—	—	—	—	6.9	7.0	6.6	7.7	+1.1	1.6	1.8	1.5	1.9	+0.4
10th Grade	28.2	26.6	28.1	29.2	+1.1	—	—	—	—	—	10.0	9.6	10.4	10.5	+0.1	3.3	3.0	3.3	3.0	-0.3
12th Grade	—	32.4	31.0	30.7	-0.3	—	—	—	—	—	—	11.4	10.7	11.1	+0.4	—	4.3	3.3	3.9	+0.6s
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[i]																				
8th Grade	1.9	1.7	1.6	2.0	+0.4ss	1.0	1.1	0.9	1.2	+0.3ss	0.4	0.5	0.6	0.5	0.0	*	*	0.1	*	-0.1
10th Grade	1.8	1.7	1.7	1.8	+0.1	1.1	1.1	1.0	1.1	+0.1	0.8	0.6	0.5	0.6	+0.1	0.1	*	*	0.1	0.0
12th Grade	2.1	2.1	2.0	2.4	+0.4	1.4	1.1	1.2	1.3	+0.1	0.8	0.6	0.7	0.9	+0.2	0.1	0.1	0.1	0.4	+0.3
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	1.7	1.9	1.5	1.3	-0.2	0.6	0.4	0.3	0.4	+0.1	0.2	0.1	0.0	0.1	+0.1	0.0	0.1	0.0	0.0	0.0

SOURCE: The Monitoring the Future Study, the University of Michigan.

(Footnotes are on next page)

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '—' indicates data not available. '*' indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two years is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Approximate Weighted Ns	1991	1992	1993	1994
8th Graders	17,500	18,600	18,300	17,300
10th Graders	14,800	14,800	15,300	15,800
12th Graders	15,000	15,800	16,300	15,400
College Students	1,410	1,490	1,490	1,410
Young Adults	6,600	6,800	6,700	6,500

[a]For 12th graders: Use of "any illicit drugs" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[b]For 12th graders, college students, and young adults only: Data based on five questionnaire forms; N is five-sixths of N indicated for 12th graders. In 1994, N for college students is 1,200 and N for young adults is 5,300.

[c]Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP.

[d]For 8th, 10th, and 12th graders, and young adults only: Data based on a single questionnaire form; N for 12th graders is one-sixth of N indicated. N for 8th and 10th graders is one-half of N indicated. In 1994, N for young adults is 1,200.

[e]For 12th graders, college students, and young adults only: Data based on four questionnaire forms; N is four-sixths of N indicated for 12th graders. In 1994, N for college students is 1,000 and N for young adults is 4,200.

[f]For 12th graders, college students, and young adults only: Data based on two questionnaire forms; N is one-third of N indicated for 12th graders. In 1994, N for college students is 600 and N for young adults is 2,400.

[g]Only drug use which was not under a doctor's orders is included here.

[h]For 8th/10th/12th grades: In 1993, the question text was changed slightly in half of the forms to indicate that a "drink" meant "more than just a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two questionnaire forms for the 8th and 10th graders and on three of six questionnaire forms for the 12th graders. N is one-half of N indicated for these groups. In 1994, data were based on all forms for all grades. For college students and young adults, the revision of the question text resulted in rather little change in reported prevalence. The data for all forms are used to provide the most reliable estimate of change.

[i]For 12th graders only: Data based on two questionnaire forms; N is one-third of N indicated. For young adults only: Data based on one questionnaire form. In 1994, N is 1,200.

less tested positive. In Boston, prescription drugs accounted for only 1 percent of all arrests during the first half of 1995. Similarly, arrest cases involving depressants in Hawaii have remained at low levels since 1991.

Availability, Price, and Quality

San Francisco: "Street observers report that clonazepam remains in high demand in 1996, with pills going for $2.50 each."

New York City: "Hospital emergencies and treatment admissions indicate that the nonmedical use of psychoactive prescription drugs is not a serious problem; however, the Street Studies Unit continues to report that a variety of drugs are readily available at reduced prices."

Prices for most pharmaceutical depressants (other than flunitrazepam) remained generally unchanged in many cities. Diazepam sells for $1–$5 per tablet in Texas and $1–$4 per 5–10-milligram tablet in Chicago; it continues to be the most available and frequently used depressant in Chicago. Prices are much higher in crack houses in Atlanta, where the drug sells for $5–$20 per tablet. According to field reports, alprazolam (which costs $3 per 1-milligram tablet) and amitriptyline (Elavil) (which costs $0.50 per 50-milligram tablet) remain readily available on New York City streets. Amitriptyline has also been reported as sporadically available in Chicago, where it sells for $0.50–$1.00 and is often injected. In Hawaii, depressant prices vary widely and availability is sporadic. In Boston, by contrast, treatment providers indicate that pharmaceutical depressants, including diazepam, alprazolam, and clonazepam, remain widely available.

Although availability of many club drugs (including ketamine and GHB) appears to be increasing in several CEWG cities, little price information has been reported. However, in Washington, DC, fair-quality ketamine sells for $20 per 1/8 gram. In Texas, GHB costs $10 for a small plastic bottle that resembles hotel shampoo bottles and contains nine hits.

HALLUCINOGENS

Philadelphia: "Focus group discussions on marijuana move quickly to the use of 'blunts' and PCP. Marijuana and PCP are frequently mixed, and the combination is called 'love boat' or 'wet.'"

New York City: "Users smoke it [PCP] in cigarettes or marijuana joints, which are also called 'illies' on the street. PCP is frequently used with crack, creating a dangerous combination called a 'spaceball.'"

MORTALITY AND EMERGENCY DEPARTMENT DATA

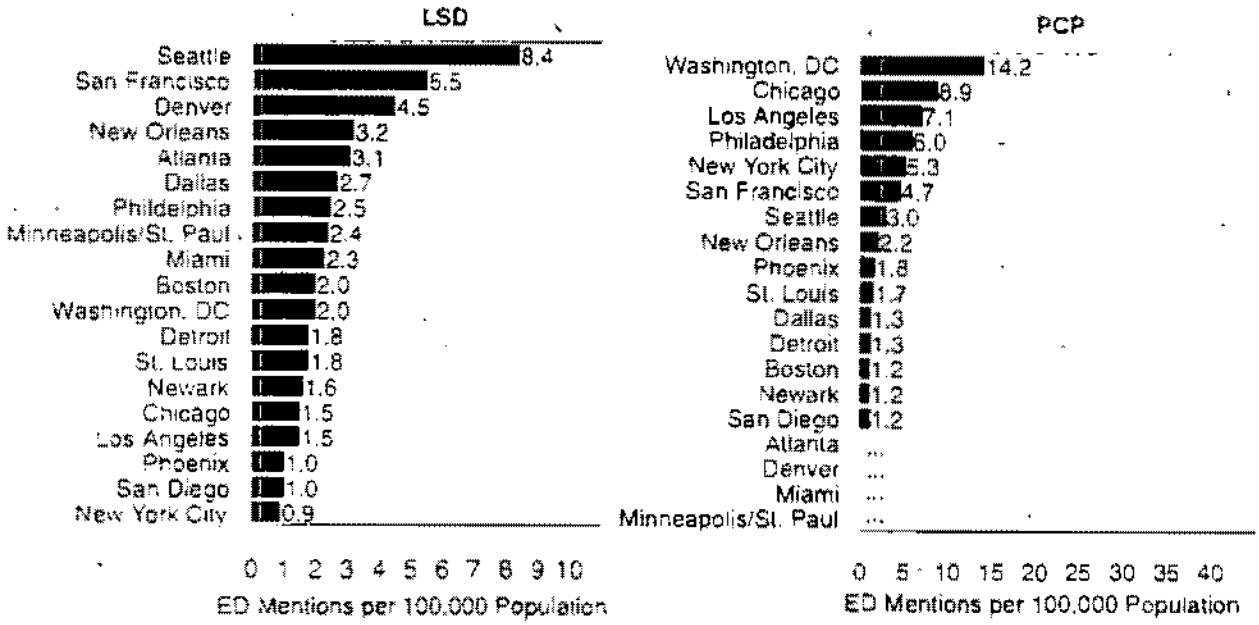
During 1995, a small number of hallucinogen-related deaths were reported, most involving phencyclidine (PCP). In Detroit/Wayne County during 1995, the ME identified five decedents with PCP in their system, compared with four over the 1992–94 time period; four of the five 1995 cases were homicides. Other cities reporting PCP-related deaths include St. Louis, where PCP has been identified in some ME cases that also involved heroin,

and Los Angeles, where PCP deaths accounted for 1 percent of total positive screens in 1995. Lysergic acid diethylamide (LSD)-related deaths have also been reported—the drug was a significant contributing factor in two recent suicides in the Minneapolis/St. Paul area. In Denver, six hallucinogen-related deaths were reported in 1994–95.

Compared with other drugs, rates for hallucinogen ED mentions remain low. However, these rates appear to be rising. First-half-year rates of LSD mentions increased in 14 CEWG cities ($p<0.05$ in 8 cities), including 12 of the 14 cities with the highest first-half-year-1995 rates. Denver had one of the most dramatic increases (114 percent) between the first half of 1994 and the first half of 1995: it now has the third highest rate of LSD mentions among CEWG reporting cities. Rates of LSD ED mentions ranged from a low of 0.9 in New York City to a high of 8.4 in Seattle (exhibit 47).

During the same period, rates of PCP-related ED mentions ranged from a high of 14.2 in Washington, DC, to a low of 1.2 per 100,000 population in Boston, Newark, and San Diego. Washington, DC, has consistently had the highest PCP rate among all CEWG cities since 1992. Overall, PCP rates increased in eight CEWG cities ($p<0.05$ in four cities) while five cities ($p<0.05$ in two cities) showed decreases. The four top-ranking cities all had increases between the first half of 1994 and the first half of 1995, including a 37-percent rise in Chicago (exhibit 48).

Exhibit 47. Rate of LSD and PCP ED mentions per 100,000 population by city, first half of 1995*

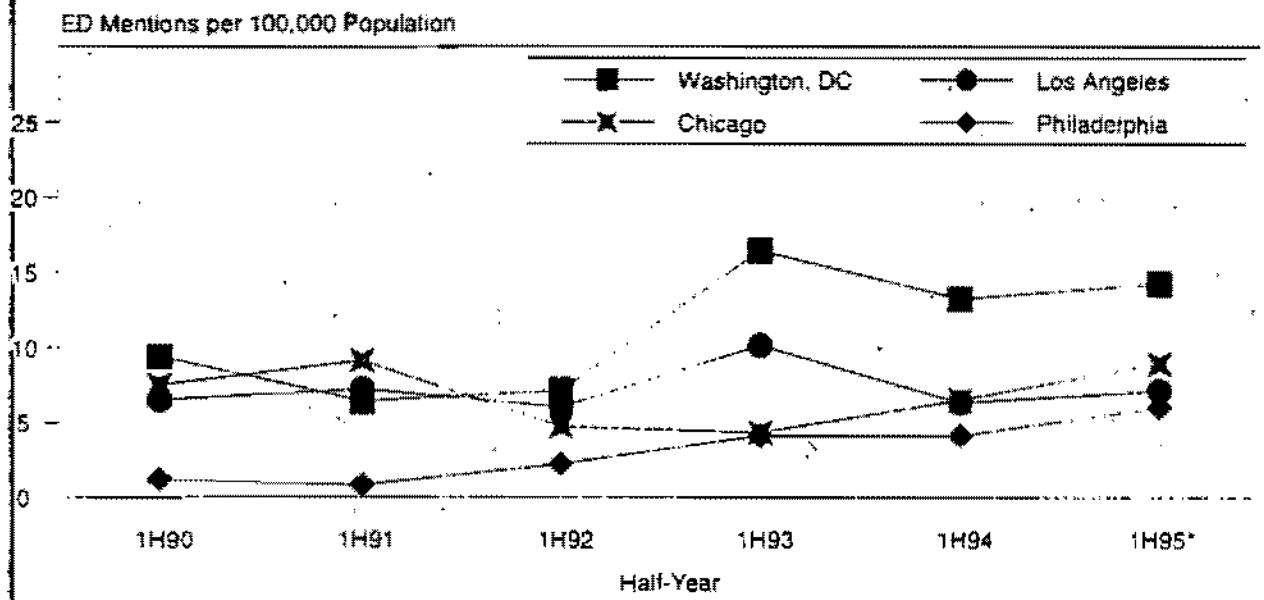


*Preliminary estimates

NOTE: "..." denotes that estimate does not meet standard of precision or is less than 10.

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 46. First half-year trends in PCP ED mention rates per 100,000 population in the four top-ranking cities, first half of 1990–first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

TREATMENT DATA

In most CEWG areas, primary hallucinogen users continue to comprise 1 percent or less of all treatment admissions, including Boston, Chicago, Minneapolis, Denver, San Francisco, and Los Angeles. In Seattle, however, 3 percent of admissions cited hallucinogens as the consistently mentioned as secondary and primary drug of abuse during the second half of 1995, and the drugs are tertiary drugs of abuse, especially among younger admissions. In the State of Texas, hallucinogen admissions during first quarter 1996 accounted for 2 percent of adolescent treatment admissions, compared with only 0.22 percent among adult admissions. Although hallucinogen treatment admissions during the first half of 1995 in Honolulu were at the highest level during the past 5 years, the number still remains relatively low ($n=10$).

Hallucinogen admissions during the first half of FY 1996 remained stable in Detroit after sharp increases throughout Michigan in 1995. PCP treatment admissions in Washington, DC, have been declining since 1993, but they still account for 3 percent of total admissions.

DEMOGRAPHICS

***Denver:** "Users (of LSD and psilocybin mushrooms) are often 'grungers' and are using for nostalgic reasons."*

***New Orleans:** "Most violators, users, and distributors are overwhelmingly young, white, upper-middle-class males age 18–25."*

Adolescents and young adults remain the most frequently cited user group of LSD, according to field reports and available treatment data. School counselors in Miami and school-based health specialists

in Minneapolis/St. Paul continue to report LSD abuse among middle and high school students. In St. Louis, LSD continues to be found sporadically in both local high schools and rural areas. Reports persist of escalating LSD use among middle-class teens and young adults in suburban Atlanta. The drug is also consistently mentioned as common among youth of high school age in Detroit.

In the few CEWG areas where gender and race/ethnicity demographics were available, males constituted an overwhelming majority of LSD treatment admissions. For the past 10 years, hallucinogen admissions in Chicago have been primarily young, white, male LSD users. In New Orleans, all LSD treatment admissions were males, while 58 percent were African-American and 42 percent were white. In Texas, 73 percent of adolescent hallucinogen treatment admissions were male, 53 percent were white (down from 90 percent in 1988), 27 percent were Hispanic, and 18 percent were African-American.

In two recent suicides involving LSD in the Minneapolis/St. Paul area, both victims were white teenagers, one male and one female. In contrast, most of the PCP-related decedents in Los Angeles were African-American. However, among PCP treatment and DUF data from Los Angeles, Hispanics overwhelmingly outnumbered other racial/ethnic groups, accounting for 68 percent of admissions compared with 17 percent who are African-American and 13 percent who are white. Once again, the majority of PCP admissions in Los Angles were female (63 percent).

USE PATTERNS

An emerging combination seen throughout the country involves the use of marijuana or cigarettes laced with PCP. The PCP and marijuana combination has been reported in St. Louis and Philadelphia (called "love boat" or "wet"). In Texas, the marijuana joints are soaked in embalming fluid in addition to being laced with PCP. According to reports from Texas, the marijuana makes the PCP easier to ingest and moderates the more frightening psychoactive effects. On the West Side of Chicago, adolescents have reportedly been smoking PCP mixed with marijuana in blunts. Other reports from Chicago indicate the use of cigarettes dipped in PCP, called "sherm sticks." A similar phenomenon has been reported in Los Angeles.

In New York, liquid PCP is poured over mint leaves and parsley and then sold in glassine bags. Users smoke it in either cigarettes or marijuana joints, called "illies." Another practice involving PCP and marijuana called "the dream team" has been reported in New York: two blunts are smoked sequentially—one cigar is laced with marijuana and the other with PCP. By smoking each blunt sequentially, the user can get the most desirable effect and control the high. PCP is also frequently used in combination with crack in New York, creating a dangerous combination known as a "spaceball."

Although most LSD sold in reporting CEWG areas is in the form of blotter paper, other forms have also been reported. Both blotter and liquid forms of LSD are available in Denver. In

Minnesota, LSD-soaked sugar cubes recently appeared throughout the State, and liquid LSD is available in the Minneapolis/St. Paul area. LSD marketing continues to be targeted toward young people. In New Orleans, the most frequent designs on blotters are Beavis and Butthead, Felix the Cat, the Fleur de Lis, Alice in Wonderland, and an alien face trimmed in razor blades. Blotters with Gumby pictures and others with a barrel of monkeys labeled "fun" surfaced recently in the Washington, DC, area. The DEA in Atlanta reported LSD found among elementary students in "blotter acid" and "window pane" forms, micro-thin gelatin squares one-tenth the size of an aspirin.

In Boston, LSD and PCP use, although not widespread, has been reported in connection with parties, raves, and rock concerts. Use tends to be seasonal, with greater availability in spring and summer. Reports of PCP use at raves also surfaced in Phoenix; however, most users thought they were taking LSD, not PCP.

LAW ENFORCEMENT DATA

Arrestee Data

DUF arrestee data for hallucinogens were available in only a limited number of CEWG cities. The number of PCP-positive arrestees in Dallas increased to 8 percent among males, while in Houston they accounted for only 4 percent. Among female arrestees in Dallas and Houston, 2-3 percent tested positive for PCP during the same period. An increase was also reported in Chicago, where 5 percent of male arrestees tested positive for PCP in 1995, up from 3 percent in 1994. Conversely, PCP-positive findings among adult arrestees in Los Angeles decreased slightly to 4 percent among males and 5 percent among females in first quarter 1996. In other law enforcement data, PCP has been reported in DUI cases in Miami during 1995, often in combination with other drugs.

Availability, Price, and Quality

LSD remains readily available in most CEWG cities, including Austin, Miami, Minneapolis/St. Paul, New Orleans, New York, Phoenix, and Washington, DC. It is most frequently sold on paper in single-dose units and 100-dose (blotter) quantities. Prices generally remained stable, with most cities reporting prices in the $2-$5 range for single-dose units and the $150-$225 range for blotter units (exhibit 49). However, some areas did have price increases, including Denver, Washington, DC, and Texas.

PCP prices remained stable in most reporting CEWG areas, with ounce prices ranging from a high of $900-$1,200 in Honolulu to a low of $150 in Los Angeles. An ounce of PCP sell for $1,500-$3,000 in Honolulu but only one-tenth of that in Texas ($150-$600 per liquid ounce). Dose units cost $10-$20 in Honolulu and $25-$30 in Boston. In Chicago, sherm sticks sell whole for $30 or cut in thirds for $10 apiece. Predipped cigarettes, the most common form of PCP in Los Angeles, cost $3-$10; in Texas, they cost $20 each. Mint leaf—a moist, loose, tobaccolike substance sprayed with PCP and wrapped in tinfoil—costs $10-$20 in Chicago.

Exhibit 49. LSD prices in reporting CEWG areas, June 1996 reporting period

Area	Price/Unit	
	Dose	Sheet
Atlanta	$2-$5	$200
Boston	$2-$5	$200-$300
Denver	$4-$10	--
Honolulu	$4-$6	$225-$275
Minneapolis/ St. Paul	$5	$125
New Orleans	$3-$5	--
Phoenix	$2-$4	$120-$150
St. Louis	$2-$4	--
Seattle	$3-$5	--
Texas	$1-$20	--
Washington, DC	$4-$10	--

According to the Denver Police Department, psilocybin mushrooms are prevalent in the Denver area. The mushrooms are especially popular in the spring when they are often used at end-of-the-ski-season parties. The mushrooms cost $90-$110 per ounce and $800 per pound. In the Washington, DC, area, mushrooms of all quality were said to be sporadically available at $25-$50 per 1/8 ounce. Continued use of 4-bromo-2, 5-dimethoxy-phenethylamine (2CB, "nexus") has been reported in Atlanta, where prices remain at $20-$30 per capsule.

Manufacture, Trafficking, and Distribution

The west coast remains a major source of hallucinogens for several CEWG areas. For example, Texas receives much of its supply from California; some also comes from Houston. Most of the LSD found in New Orleans originates in Northern California and is often shipped via overnight delivery services. The LSD in St. Louis comes from the Pacific Northwest region. In contrast, both blotter and liquid LSD in Colorado originates in Chicago. In northern and central Florida, motorcycle gangs have been associated with LSD trafficking.

Much of the PCP activity in New York City takes place in Harlem. Dealers there average $10,000-$15,000 per day selling PCP. Some of the New York PCP supply is manufactured in Los Angeles and delivered in the liquid form.

Seizures

Through November 1995, the Los Angeles Police Department seized 752 pounds of PCP. The New York Police Department and the DEA recently dismantled a PCP network bringing liquid PCP in from Los Angeles. In the Phoenix area, the DEA confiscated 1 gram of crystalline LSD that originated in San Francisco. This 1 gram of crystalline LSD would have provided approximately 20,000 dose units and sold for $5,800. Among recent State police drug seizures in the Boston area, only 1-2 percent involved hallucinogens.

to have past convictions for violent crime. Nearly 30% of jail inmates charged with a violent offense in 1989 had previously been on probation or incarcerated for a violent offense.

Inmates charged with drug offenses were more likely than those charged with property or public-order offenses to have never before been sentenced for a crime (28%, compared to 19% and 15%). Inmates charged with drug offenses and those charged with violent offenses were equally likely (28%) to have never been sentenced in the past.

In 1989 about a quarter of the inmates charged with drug offenses and a third of the violent and property offenders had juvenile records (table 5). About 65% of the drug offenders had been convicted as adults, almost the same percentage as those charged with violent offenses but lower than the 81% for public-order offenders and the 71% for property offenders.

Drug offenders had somewhat shorter criminal records than other offenders. About 12% of the drug offenders, 14% of the violent offenders, 20% of the property offenders, and 23% of the public-order offenders had at least six prior sentences to probation or incarceration. Overall, 17% of all jail inmates in 1989 had six or more sentences to probation or incarceration before their arrest for their current offense.

Prior drug use by jail inmates

About 78% of all jail inmates in 1989 reported that they had used at least one illegal drug during their life, and 58% reported they had used drugs regularly, that is, once or more a week for at least 1 month (table 6). Among convicted inmates, 44% had used drugs in the month before their current offense: 30% daily or almost daily and 27% under the influence when they committed their current offense.

Jail inmates were twice as likely as persons in the general population to have ever used drugs and 7 times more likely than those in the general population to have been current users of drugs. (For jail inmates *current use* refers to the month before the arrest; for the general population, to the month before the interview.) Based on estimates from the 1990 National Household Survey on Drug Abuse, conducted by the National Institute on Drug Abuse (NIDA), 37% of all persons age 12 or older had used some illicit drug at some time, and more than 8% were current users.[1]

About half the inmates in local jails in 1989 had used cocaine or crack; in 1983, 38% reported having used these drugs. Cocaine and crack were the only drugs for which proportionately more inmates reported use in 1989 than in 1983. By every measure applied — ever using the drugs, ever using them regularly, using them in the month preceding the offense, and using them at the time of the offense — use of cocaine and crack increased.

[1]National Institute on Drug Abuse, *National Household Survey on Drug Abuse: Population Estimates 1990*, 1990, table 2-A.

Table 5. Prior sentences of jail inmates, by the most serious current offense, 1989

Prior sentence	Most serious current offense: All inmates	Drug	Violent	Property	Public-order
Total	100.0%	100.0%	100.0%	100.0%	100.0%
None	23.2%	28.9%	29.0%	19.4%	15.9%
Juvenile only	7.6	6.2	9.6	10.1	3.3
Adult only	46.3	45.7	38.6	45.3	56.7
Both	23.0	19.2	22.8	25.3	24.1
Number of times					
0	23.2%	28.9%	29.0%	19.4%	15.9%
1	20.5	24.0	19.6	20.5	17.4
2	16.5	15.5	16.8	16.3	17.7
3-5	22.9	19.6	20.8	24.3	26.2
6-10	10.7	7.6	10.2	11.3	14.1
11 or more	6.3	4.4	3.6	8.2	8.7
Number of jail inmates	383,443	84,311	81,818	109,679	82,112

Note: Total includes "other offenses" not shown separately. Excludes an estimated 32,111 inmates whose offense or prior status was unknown.

Table 6. Drug use history of jail inmates, by type of drug, 1989 and 1983

Type of drug	Percent of jail inmates who had used drugs: Ever 1989	Ever 1983	Regularly 1989	Regularly 1983	Percent of convicted jail inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	Daily in the month before the offense 1989	Daily in the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	77.7%	76.1%	58.1%	60.8%	43.9%	46.1%	29.7%	32.9%	27.0%	29.8%
Major drug	55.4%	46.2%	37.4%	30.5%	27.7%	16.8%	17.3%	11.0%	16.2%	12.1%
Cocaine or crack	50.4	38.0	30.7	17.8	23.6	11.6	14.2	6.4	13.7	6.5
Heroin	18.2	22.4	11.4	16.0	7.0	7.9	5.1	5.8	4.6	5.6
LSD	18.6	22.3	6.3	8.5	1.6	3.0	.2	.9	.4	1.3
PCP	13.9	15.6	4.6	8.3	1.7	3.0	.6	1.2	1.3	1.9
Methadone	4.6	6.9	1.9	3.1	.6	.8	.2	.4	.5	.6
Other drug	71.9%	74.5%	49.8%	57.9%	31.3%	41.9%	18.9%	26.2%	12.0%	22.8%
Marijuana	70.7	73.0	47.9	55.0	28.1	38.6	16.8	25.6	9.1	16.9
Amphetamines	22.1	32.8	12.1	19.6	5.4	9.4	3.2	6.1	2.2	4.2
Barbiturates	17.2	27.8	7.2	13.8	3.3	5.8	1.4	2.8	.9	2.9
Methaqualone	14.7	23.0	4.2	6.8	.8	3.8	.2	1.5	.3	1.7
T's and blues*	11.0	10.9	5.4	5.9	2.4	3.0	1.3	1.8	.2	1.7

*A combination of amphetamines and barbiturates.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991.

DEA

LSD Manufacture

Illegal LSD Production

LSD has been manufactured illegally since the 1960's. A limited number of chemists, probably less than a dozen, are believed to be manufacturing nearly all of the LSD available in the United States. Some of these manufacturers probably have been operating since the 1960's.

LSD manufacturers and traffickers can be separated into two groups. The first, located in northern California, is composed of chemists (commonly referred to as "cooks") and traffickers who work together in close association; typically, they are major producers capable of distributing LSD nationwide. The second group is made up of independent producers who, operating on a comparatively limited scale, can be found throughout the country. As a group, independent producers pose much less of a threat than the northern California group inasmuch as their production is intended for local consumption only.

Drug law enforcement officials have surmised that LSD chemists and top echelon traffickers form an insider's fraternity of sorts. They successfully have remained at large because there are so few of them. Their exclusivity is not surprising given that LSD synthesis is a difficult process to master. Although cooks need not be formally trained chemists, they must adhere to precise and complex production procedures. In instances where the cook is not a chemist, the production recipe most likely was passed on by personal instruction from a formally trained chemist. Further supporting the premise that most LSD manufacture is the work of a small fraternity of chemists, virtually all the LSD seized during the 1980's was of consistently high purity and sold in relatively uniform dosages of 20 to 80 micrograms.

LSD commonly is produced from lysergic acid, which is made from ergotamine tartrate, a substance derived from an ergot fungus on rye, or from lysergic acid amide, a chemical found in morning glory seeds. Although theoretically possible, manufacture of LSD from morning glory seeds is not economically feasible and these seeds never have been found to be a successful starting material for LSD production. Lysergic acid and lysergic acid amide are both classified in Schedule III of the Controlled Substances Act. Ergotamine tartrate is regulated under the Chemical Diversion and Trafficking Act.

Ergotamine tartrate is not readily available in the United States, and its purchase by other than established pharmaceutical firms is suspect. Therefore, ergotamine tartrate used in clandestine LSD laboratories is believed to be acquired from sources located abroad, most likely Europe, Mexico, Costa Rica, and Africa.[11] The difficulty in acquiring ergotamine tartrate may limit the number of independent LSD manufacturers. By contrast, illicit manufacture of methamphetamine and phencyclidine is comparatively more prevelant in the United States because, in part, precursor chemicals can be procured easily.

Only a small amount of ergotamine tartrate is required to produce LSD in large batches. For example, 25 kilograms of ergotamine tartrate can produce 5 or 6 kilograms of pure LSD crystal that, under ideal circumstances, could be processed into 100 million dosage units, more than enough to meet what is believed to be the entire annual U.S. demand for the hallucinogen. LSD manufacturers need only import a small quantity of the substance and, thus, enjoy the advantages of ease of concealment and transport not available to traffickers of other illegal drugs, primarily marijuana and cocaine.

Cooking LSD is time consuming; it takes from 2 to 3 days to produce 1 to 4 ounces of crystal. Consequently, it is believed that LSD usually is not produced in large quantities, but rather in a series of small batches. Production of LSD in small batches also minimizes the loss of precursor chemicals should they become contaminated during the synthesis process.

LSD crystal produced clandestinely can be as much as 95- to 100-percent pure. At this purity—and assuming optimum conditions during dilution and application to paper—1 gram of crystal could produce 20,000 dosage units of LSD. However, analysis of LSD crystal seized in California over the past 3 years revealed an average purity of only 62 percent. Moreover, LSD degrades quickly when exposed to heat, light, and air and is most susceptible to degradation during the application process and once it is in paper form. As a result, under less than optimal, real-life conditions, actual yields are significantly below the theoretically possible yield; 1 gram of LSD crystal genarally yields 10,000 dosage units of LSD, or approximately 10 million dosage units per kilogram.

Over the past 30 years, the traditional dilution factor for manufacturing LSD has been 10,000 doses per 1 gram of crystal. Therefore, dosage units yielded from high-purity (95- to 100-percent pure) LSD crystal would contain 100 micrograms. However, dosages currently seen contain closer to 50 micrograms. This discrepancy stems in part from production impurities: during the sythesis process, manufacturers generally fail to perform a final "clean-up" step to remove by-products, thereby lowering the crystal's purity. Further, though average purity of tested LSD crystal samples is, as noted, 62 percent, the average potency of doses analyzed is approximately 50 micrograms rather than 62 micrograms, as would be expected. The diminished potency can be attributed to distributors who, when applying the crystal to paper, often "cheat" by diluting 1 gram of crystal to produce up to 15,000 or more dosage units.

Pure, high-potency LSD is a clear or white, odorless crystalline material that is soluble in water. It is mixed with binding agents, such as spray-dried skim milk, for producing tablets or is dissolved and diluted in a solvent for application onto paper or other materials. Variations in the manufacturing process or the presence of precursors or by-products can cause LSD to range in color from clear or white, in its purest form, to tan or even black, indicating poor quality or degradation. To mask product difficiencies, distributors often apply LSD to off-white, tan, or yellow paper to disguise discoloration.

At the highest levels of the traffic, where LSD crystal is purchased in gram or multigram quantities from wholesale sources of supply, it rarely is diluted with adulterants, a common practice with cocaine, heroin, and other illicit drugs. However, to prepare the crystal for production in retail dosage units, it must be diluted with binding agents or dissolved and diluted in liquids. The dilution of LSD crystal typically follows a standard, predetermined recipe to ensure uniformity of the final product. Excessive dilution yields less potent dosage units that soon become unmarketable.

LSD crystal usually is converted into tablet form ("microdots" that are 3/32 inch or smaller in diameter), thin squares of gelatin ("window panes"), or applied to sheets of prepared paper (blotter paper—initially used as a medium—has been replaced by a variety of paper types). LSD most frequently is encountered in paper form, still commonly referred to as blotter paper or blotter acid. It consists of sheets of paper soaked in or otherwise impregnated with LSD. Often these sheets are covered with colorful designs or artwork and are usually perforated into one-quarter inch square, individual dosage units.

LSD: ANNUAL PRICE DATA[1] (dollars)					
Quantity	Division	1992	1993	1994	1995 (Jan - Mar)
Wholesale (1,000 hits)	National Range	0.30 - 5.00	0.30 - 5.00	0.35 - 5.00	0.25 - 5.00
	New York	0.35 - 2.00	0.35 - 1.25	0.35 - 1.25	0.35 - 1.25
	Phoenix	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00
	San Francisco	0.30 - 1.00	0.30 - 1.00	0.40 - 1.00	0.50 - 0.70
Retail (1 hit)	National Range	1.00 - 15.00	1.00 - 10.00	1.00 - 10.00	1.00 - 10.00
	New York	1.00 - 4.00	1.50 - 4.00	1.50 - 4.00	1.50 - 4.00
	Phoenix	1.00 - 4.00	1.00 - 5.00	2.00 - 5.00	2.00 - 5.00
	San Francisco	1.00 - 7.00	3.00 - 5.00	1.00 - 5.00	1.00 - 10.00

LSD: QUARTERLY PRICE DATA[1] (dollars)					
Quantity	Division	2nd Quarter 1994	3rd Quarter 1994	4th Quarter 1994	1st Quarter 1995
Wholesale (1,000 hits)	National Range	0.35 - 5.00	0.35 - 5.00	0.35 - 2.30	0.25 - 5.00
	New York	0.35 - 1.25	0.35 - 1.25	0.35 - 1.25	0.35 - 1.25
	Phoenix	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00
	San Francisco	0.40 - 1.00	0.50 - 0.70	0.50 - 0.70	0.50 - 0.70
Retail (1 hit)	National Range	1.00 - 10.00	1.00 - 10.00	1.00 - 10.00	1.00 - 10.00
	New York	1.50 - 4.00	1.50 - 4.00	1.50 - 4.00	1.50 - 4.00
	Phoenix	2.00 - 5.00	2.00 - 5.00	2.00 - 5.00	2.00 - 5.00
	San Francisco	3.00 - 5.00	1.00 - 5.00	1.00 - 5.00	1.00 - 10.00

[1] Price per dosage unit or "hit."

Source: U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

LSD Trafficking

Evolution of Illicit LSD Trafficking

Throughout the history of LSD trafficking, supplies have mirrored the demand for the drug. The illicit drug market has never experienced a serious shortage or glut of LSD and the overall supply of the drug has remained relatively constant since 1980. Over the years, investigations throughout the country have established that LSD sources of supply are located primarily in northern California's San Francisco Bay area.

Initially, LSD was supplied by small groups that obtained limited quantities of ergotamine tartrate on the commercial market. By the end of the 1960's, a single group—securing significant amounts of ergotamine tartrate from Mexican and Costa Rican sources—emerged as the principal supplier of LSD in the United States. With the immobilization of this group in the early 1970's, another organization took over as the principal source of supply, purchasing virtually all of its ergotamine tartrate through front companies from legitimate domestic suppliers. The neutralization of this organization wiped out the large-scale production and distribution of LSD within the United States. Immediately following this drug law enforcement effort, the number of LSD dosage unit removals from the illicit drug market decreased dramatically.

By 1976, however, another organization, centered in the San Francisco Bay area, had assumed the primary role in the production and distribution of LSD. The organization operated at least one clandestine laboratory in northern California and was believed to have managed virtually the entire LSD market through its control over the illicit importation of ergotamine tartrate and through its franchising of LSD production rights. Ergotamine tartrate was secured, indirectly, from legitimate European chemical firms: the firms supplied the precursor to European criminal organizations that, in turn, smuggled it through American middlemen to the San Francisco organization. (Since 1976, there have been no known significant diversions of ergotamine tartrate from legitimate sources in the United States.)

During the late 1970's, virtually all LSD tablets analyzed by DEA's Special Testing and Research Laboratory exhibited the same chemical composition and a roughly proportional presence of diluents. The finding suggests a possibility that a single organization manufactured the raw granulated material used in LSD tablet presses nationwide. More probably, however, the analyses indicate that LSD crystal cooks merely have passed on a single recipe for producing the tablets.

Due to the variety of shapes and sizes seen among seized tablets, it would seem that sizable amounts of the LSD crystal were distributed to specific tablet press operators. Press operators changed tablet punches and metal dies partly as a security measure and partly due to extreme wear on the non-case-hardened steel dies.

The San Francisco organization also shipped LSD in liquid form to individual conversion operations located in areas in the United States where LSD demand was greatest and to foreign, primarily English-speaking, nations. The LSD liquid was applied to paper either by using syringes to dispense LSD onto individual paper squares or by immersing sheets of paper squares in a less concentrated LSD liquid solution.

Paper emerged as the most popular means of distributing LSD. Paper distribution does not entail use of expensive pill presses. Also, pill press operations require a higher level of skill and security than paper application operations. The paper squares and sheets are easy to conceal and transport. Unique designs can be applied to the paper to make the drug more appealing to young users and to serve as brand identification. The paper designs also can be changed regularly to stimulate demand. Unlike the administration of other drugs, particularly the injection of heroin, the method of LSD ingestion (oral) is unobtrusive. In addition, the paper dosages are not readily associated by users with drugs or medicine, allowing the sellers to portray it as "natural" or unlike other drugs. Moreover, the "noncommercial social philosophy of the environment surrounding LSD use and sales makes it difficult for young people to view LSD as a dangerous drug."[12]

In contrast to the trafficking of other drugs, in which profit is the sole motivating factor, LSD trafficking has assumed an ideological or crusading aspect. The influence of—and probable distribution by—certain psychedelic generation gurus has created a secretiveness and marketing mystique unique to LSD, particularly at the higher echelons of the traffic. Their belief in the beneficent properties of LSD has been, over the years, as strong a motivating factor in the production and distribution of the drug as the profits to be made from its sale.

Large amounts of LSD have been seized by drug law enforcement authorities during the last several years, and numerous distributors have been arrested and convicted. Those at the upper echelon, however, continue to evade the law. These individuals appear to run an efficient and profitable operation that is difficult to penetrate.

Current Trafficking and Distribution

DEA reporting indicates that LSD is available in at least retail quantities in virtually every State in the United States and that availability is increasing in a number of States. More than half of all DEA field divisions report increased availability of LSD within their respective jurisdictions, and the remaining field divisions report that LSD is readily available. Northern California appears to be the source of supply for most of the LSD available in the United States.

At the wholesale production and trafficking level, LSD is controlled tightly by California-based organizations that have operated with relative impunity for almost 20 years. Reporting also indicates that an increasing number of individuals or groups nationwide are manufacturing and distributing LSD, or attempting to do so, on a limited basis.

LSD traffickers sometimes supply or "front" consignments of LSD to distributors who have established an acceptable level of reliability; the traffickers are reimbursed once the LSD has been sold. For the most part, however, payment for consignments of LSD is made in advance by wire through Western Union or by postal money orders. Upon receipt of payment, LSD is shipped to the distributor. At the retail level, LSD is sold strictly on a cash-and-carry basis. Money laundering is not conducted on a sophisticated level, except by LSD traffickers with international connections.

Investigative intelligence reveals that major trafficking organizations are attempting to boost LSD sales through the extension of credit, especially to mid-level distributors and occasionally to low-level sellers. This suggests that competition at the highest levels of the traffic is increasing, possibly due to an increase in the number of LSD crystal manufacturers.

LSD traffickers have adapted their tactics to circumvent the mandatory minimum sentencing guidelines. For instance, an investigation in California revealed that one trafficker was unwilling to conduct transactions in excess of 9 grams of LSD crystal because the threshold of 10 grams triggers the mandatory minimum sentence of 10 years imprisonment.

LSD usually is transported in two ways from the San Francisco Bay area. First, overnight delivery services, including express mail, Federal Express, and DHL, are used extensively to transport large amounts of LSD throughout the United States. Second, LSD is shipped to major distributors in cities that host concerts of the "Grateful Dead" band. The concerts are used as a forum for large-scale LSD distribution, as well as low-level or retail sales. In addition, intelligence reveals that major transactions also are consummated at these events. Local police agencies have consistently reported that LSD use and arrests rise significantly prior to the concerts and persist for a period after the band leaves town.

Traditionally, retail-level LSD distribution networks in the United States have been comprised of individuals who have known each other through long association and common interests. This has facilitated not only hand-to-hand sales of the drug, but a proliferation of mail order sales.

Distribution of LSD usually occurs in one of three ways. First, an individual attends a rock concert, meets a source of supply, and exchanges telephone numbers. Typically, these purchases are for retail quantities of up to 100 doses. Second, individuals, who decide to continue distributing, call the source for additional amounts. Usually, the source has either continued on the concert tour or has returned home, which frequently is in northern California. If the source intends to stay on the tour—making subsequent communication difficult—the telephone number of an associate is provided for future orders. After the initial purchase, almost all transactions are made via the public and private mail systems. (Payments to a source of supply usually are made through legitimate money wiring services.) Third, some distributors travel directly to California to meet sources of supply.

The mail system is the primary means used to ship wholesale quantities of LSD to distributors located nationwide. Reporting indicates that shipment methods used to transport both large and small quantities of LSD are often similar. LSD frequently is concealed in greeting cards, in cassette tapes, or in articles of clothing that are mailed to a post office box established by the recipient. This post office box usually is listed under a fictitious name or business. Normally, no return address is provided on the package or envelope.

Packaging

LSD is sold in several forms, including crystal, liquid, tablets, gelatin, or applied to sheets of paper or sugar cubes. At the highest levels of the traffic, LSD is sold in crystal form. LSD in liquid form is destined for transfer to a paper medium, and commonly is associated with mid-level distribution. At the retail level, the vast majority of dosage units are in the paper form, although tablets can be purchased in several areas.

LSD, when diluted and applied to paper, begins to degrade quickly, necessitating a high rate of product turnover. As a result, "stash" houses containing large quantities of the drug, common in the traffic of cocaine and marijuana, seldom are encountered by drug law enforcement authorities.

LSD liquid and crystal generally are sold in plastic film canisters or, occasionally, in small, opaque plastic bottles to prevent oxidation, which turns the LSD darker than the preferred white or off-white color.

LSD in crystal or liquid form is applied to sheets of paper by traffickers who operate clandestine conversion laboratories located in the San Francisco Bay area or by distributors in mobile conversion laboratories. These conversion laboratories can be erected quickly and efficiently almost anywhere, usually in hotel or motel rooms in cities where rock concerts are scheduled or in recreational vehicles that follow certain rock bands on their concert tours, most notably the Grateful Dead Band.[12]

Sheets of paper usually are prepared with colorful designs or artwork of many different characters or images. The designs often are applied commercially by printing companies using off-set lithography, screen printing, or silk screening. Photocopiers also can be used to reproduce distinctive designs onto sheets effectively. Otherwise, the designs can be applied by rubber stamps or hand-drawn.

The sheets are perforated to create small squares which represent a single dosage unit or "hit," isolating one design per dosage unit or several designs per sheet. Some LSD paper samples contain only one elaborate design per sheet. Major traffickers use methods developed in the printing industry to perforate the paper sheets. However, smaller operations may employ cruder methods, such as razor blades, pizza cutters, or sewing tools (e.g., the "Dritz" pattern marking wheel). The sheets then are ready for the application of liquid LSD.

The printed sheets are dipped into shallow pans containing LSD crystal dissolved in methanol, ethanol, or other solvent (water can be used; however, its slower evaporation rate increases the likelihood of degradation) and then are laid out or hung up to dry. The printing inks generally are insoluble in the solvents to ensure that the image does not run. Because this production procedure is inexact, the potency of LSD can vary from sheet to sheet and even from square to square.

The LSD application process is performed in this order to minimize loss of product. If the LSD is applied to the sheets prior to adding the designs, the bloated sheets of paper could jam printing or photocopying machines, wasting the valuable drug-soaked paper. In addition, there is a certain amount of waste inherent in commercial printing or photocopying operations.

Once the paper sheets are printed, perforated, and impregnated with LSD, they are ready for distribution. The traffickers often communicate with local contacts to establish distribution outlets for the drug.

Price

LSD is relatively inexpensive. The average price is approximately $5 per retail dosage unit and less than $1 per dosage unit in wholesale lots of 1,000 or more. When compared with marijuana, which sells for $40 to $450 per ounce, LSD is perceived by many drug users as a bargain, especially considering the duration of its effects, which, in higher doses, can persist for up to 12 hours. Although LSD prices have fluctuated nationally during the past several years, overall prices remain relatively low.

The low cost of LSD has given rise to incidents where the drug is misrepresented as another illicit drug of abuse. While a small amount of liquid LSD will yield a certain number of individual dosage units for sale at from $1 to $10 each, the same amount of liquid can be applied to other substances and sold at significantly higher prices. For example, LSD can be applied to gourmet mushrooms to create ersatz psilocybin mushrooms that sell for $30 to $350 per ounce. It also can be applied to tablets and sold as 3,4 methylenedioxy-methamphetamine (MDMA) for $8 to $25 per dosage unit. This versatility allows the distributor to offer a variety of drugs for sale and provides him with the potential for increased profits.

Potency

LSD potency or strength is measured in micrograms. In the 1960's and early 1970's, LSD potency generally ranged from 100 to 200 micrograms per dosage unit or higher. Analysis of exhibits during the late 1970's indicated an average potency in the 30- to 50-microgram range. From the mid-1980's to the present, LSD potency has remained considerably below levels reported during the 1960's and early 1970's and generally has been in the range of 20 to 80 micrograms per dosage unit. As a result of this comparatively low dosage level, many users perceive LSD as "safe," thus enhancing the drug's attractiveness.

The production of lower potency LSD was a conscious marketing ploy passed down from an older generation of producers for two primary reasons. First, producing lower potency doses meant that the same volume of LSD liquid or crystal could be diluted into a larger number of dosage units, thereby boosting profits significantly. Second, lower potency doses yield fewer adverse reactions on the scale of those seen during the 1960's and early 1970's.

Lower potency doses probably have accounted for the relatively few LSD-related emergency room incidents noted during the past several years. However, there are several reasons why these incidents still occur. For example, users who seek a more intense hallucinogenic experience merely consume multiple dosage units at once. In addition, novices who are unaware that the effects of LSD may take up to 1 hour to develop are tempted to ingest additional dosage units and unwittingly increase the size of the dosage consumed.

ingested ice almost exclusively by smoking the drug in glass pipes.

Other terms for ice include quartz, glass, crystal meth, shabu, kaksonjae, hanyak, hiropon, batu, and crack meth.

Hallucinogens

Hallucinogens are psychedelic or mind-altering drugs that interfere with normal perception, sensations, comprehension, self-awareness, and emotions. Hallucinogens have no accepted medical use in the United States. These drugs induce visual hallucinations, disorientation, confusion, paranoid delusions, euphoria, anxiety, panic, and increased pulse rate.

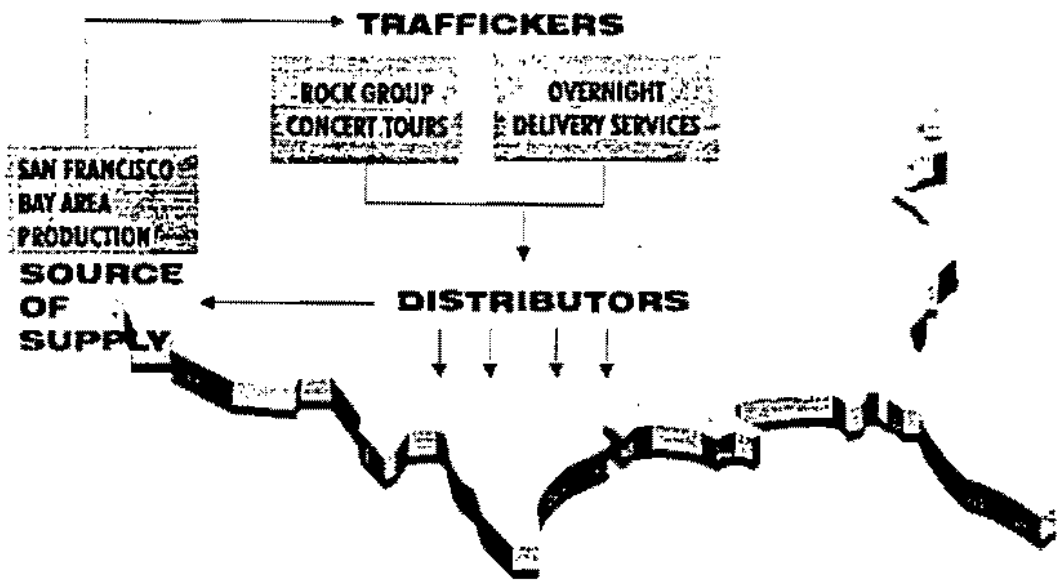
Lysergic acid diethylamide (LSD): Drug law enforcement reporting and abuse indicators showed that LSD was available in at least retail quantities throughout the United States and that availability increased in a number of States. Reporting also indicated that an increased number of individuals or groups were manufacturing and distributing, or attempting to manufacture and distribute, LSD in the United States. The drug commonly was produced from lysergic acid, which is made from ergotamine tartrate, a substance derived from an ergot fungus on rye. LSD was sold under more than 80 street names including acid, blotter, cid, doses, and trips, as well as names that reflect the designs on sheets of blotter acid.

LSD was manufactured in clandestine laboratories believed to be located in northern California. Initial distribution sources for the drug virtually always are located in the San Francisco Bay area. LSD was produced in crystalline form and then mixed with excipients or diluted as a liquid for production in ingestible forms. LSD was sold in tablet form (usually small tablets known as microdots), as thin squares of gelatin (commonly referred to as window pane), and even on sugar cubes. However, LSD most often was encountered in the form of small paper squares, often with printed designs, that have been soaked with LSD.

At the wholesale production and distribution level, LSD was controlled tightly by California-based "syndicates" that have operated with relative impunity for almost 20 years. The last known seizure by DEA of an operating LSD manufacturing laboratory in the United States occurred in 1981 in Bellevue, Washington. That laboratory made LSD tablets known as "Orange Sunshine."

LSD producers fell into two groups. The first was composed of chemists and distributors, located primarily in northern California, who worked together in close association; they were normally major manufacturers capable of distributing LSD nationwide. The second type of producer worked independently. These individuals produced LSD intended for local consumption only.

LSD Trafficking from the San Francisco Bay Area



Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1995: The Supply of Illicit Drugs to the United States*, August 1996.

Lower-level distribution of LSD usually occurred in three ways. First, an individual attends a rock concert, meets a source of supply, and exchanges telephone numbers with the source of supply. Normally, these purchases were for retail quantities of up to 100 doses. Second, the individual—deciding to continue to distribute—then calls the source for additional amounts. Usually, the source has either continued on the concert tour or has returned home, which is frequently in northern California. If the source intends to stay on the tour—making subsequent communication difficult—the source provides the telephone number of an associate for future orders. After the initial purchase, almost all transactions were made via the public and private mail systems. Payments to a source of supply usually were made through legitimate money wiring services. Third, some dealers traveled directly to California to meet their sources of supply.

Reporting indicated that shipment methods used to transport both large and small quantities of LSD were often similar. LSD frequently was concealed in greeting cards, in cassette tapes, or in articles of clothing that were mailed to a post office box established by the recipient. This post office box usually was listed under a fictitious name or business. Normally, no return address was provided on the package or envelope. Moreover, it was suspected that some multigram distributors traveled to their source in order to obtain supplies.

Traditionally, retail-level LSD distribution networks in the United States have been comprised of young adults who have known each other through long association and common interests. This has facilitated not only hand-to-hand sales of the drug, but a proliferation of mail order sales.

Retail- or user-level quantities ranged from 1- to 10-dosage units. Low-level distributors sold 50- to 100-dosage-unit quantities. Mid-level distributors sold 1,000-dosage-unit quantities as well as multiples of 1,000 units. These distributors normally had more than one source of supply and sold to several lower level dealers. The sources of supply for gram distributors were in all likelihood located in northern California. These sources normally converted LSD from a powder or liquid to blotter form. Multigram distributors traveled to California to obtain LSD personally and were associated with numerous lower level dealers.

Since 1978, the potency of this hallucinogen generally has varied in strength from 20 to 80 micrograms per dosage unit, considerably below that encountered during the late 1960's. At that time, users were ingesting LSD that ranged in concentration from 100 to 300 micrograms or higher, which often resulted in harmful reactions known as "bad trips." Lower potency doses probably have accounted for the relatively few LSD-related emergency room incidents noted during the past several years.

In 1995, the drug was relatively inexpensive, costing from $0.65 to $20 per dosage unit or "hit," and often selling for as little as $0.25 or less in wholesale lots. The low cost combined with LSD's ready availability and intriguing blotter acid designs make LSD especially attractive to junior high school and high school populations, who use it primarily as a recreational drug.

Phencyclidine (PCP): Phencyclidine, commonly known as PCP, is a clandestinely manufactured hallucinogen. The chemicals needed to manufacture PCP were readily available and inexpensive, and the production process required little formal chemical knowledge or laboratory equipment. Manufacturing and wholesale trafficking were controlled by a limited number of criminal groups based in Los Angeles. The drug was sold primarily in urban neighborhoods in a limited number of U.S. cities.

PCP was developed in 1957 as a human anesthetic. Its use for humans was discontinued in 1965, however, because of its adverse side effects of confusion and delirium. It continued to be used in veterinary medicine as a large primate anesthetic for a few more years, but that use also virtually has been discontinued. In 1978, commercial manufacture of PCP was discontinued, though small amounts still are manufactured legally as a drug standard and for research purposes. Since that time, clandestine laboratories have been virtually the sole street source of PCP available in the United States.

PCP enjoyed a brief popularity in the United States in the late 1960's and again from the mid-to-late 1970's. In 1978, PCP was transferred from Schedule III to Schedule II of the Controlled Substances Act, thus classifying it as a drug with a high potential for abuse. From 1981 through 1985, abuse of the drug escalated significantly, particularly among persons under the age of 21. Circa 1986, and continuing through the late 1980's and early 1990's, demand for PCP was displaced in large measure by the widespread

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1995: The Supply of Illicit Drugs to the United States*, August 1996.

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES
BY PRIMARY DRUG OF ABUSE AND BY STATE
FOR FISCAL YEAR 1994

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	TRANQUILIZERS	OTHER SEDATIVES HYPNOTICS	AMPHETAMINES	COCAINE
ALABAMA	79	0	396	7	88	43	91	4,252
ALASKA	103	1	21	3	2	4	20	566
ARIZONA	3,602	120	638	48	60	0	567	3,132
ARKANSAS	71	6	299	25	31	66	643	2,586
CALIFORNIA	33,579	39	783	124	235	128	21,902	21,065
COLORADO	1,711	28	319	19	91	8	726	4,303
CONNECTICUT	8,146	66	541	13	30	20	24	8,008
DELAWARE	1039	0	11	4	13	12	0	1,338
DISTRICT OF COL	3,237	0	7	0	1	0	1	5,602
FLORIDA	1,300	17	599	44	113	60	196	16,124
GEORGIA	675	60	371	7	275	68	354	21,825
HAWAII	211	2	43	6	4	2	615	476
IDAHO	43	7	19	1	10	5	263	205
ILLINOIS	9,210	15	210	36	94	46	252	24,431 A
INDIANA	478	9	298	60	190	51	203	4,463
IOWA	180	5	83	11	13	8	49	1,103
KANSAS	138	0	63	6	8	10	243	3,287
KENTUCKY	71	16	273	7	155	25	46	1,166
LOUISIANA	151	6	276	64	53	89	85	10,330
MAINE	103	0	28	21	26	13	36	200
MARYLAND	7,170	32	191	18	11	38	11	6,177
MASSACHUSETTS	20,397	72	422	61	472	21	79	16,117
MICHIGAN	5,334	83	742	48	101	140	235	15,306
MINNESOTA	493	26	396	23	134	27	403	4,337
MISSISSIPPI	30	1	131	4	16	41	119	3,661
MISSOURI	663	14	275	41	78	91	455	6,783
MONTANA	65	5	102	17	53	10	308	328
NEBRASKA	84	7	58	9	13	16	38	902
NEVADA	623	1	53	1	12	2	1,058	986
NEW HAMPSHIRE	261	1	27	4	23	2	18	1,207
NEW JERSEY	16,377	67	261	65	199	36	136	8,466
NEW MEXICO	309	13	25	2	18	3	113	402
NEW YORK	18,779	175	380	106	205	79	173	25,761
NORTH CAROLINA	1,463	7	431	15	154	83	70	13,706
NORTH DAKOTA	0	0	9	7	0	0	34	1
OHIO	1,862	23	845	95	179	198	444	12,080
OKLAHOMA	292	10	281	58	50	46	310	1,918
OREGON	4,470	22	283	32	28	48	4,110	3,007
PALAU	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PENNSYLVANIA	5,666	43	482	93	254	101	317	16,884
PUERTO RICO	4,857	0	4	13	28	4	0	1,180
RHODE ISLAND	2,408	10	135	11	45	4	10	1,187
SOUTH CAROLINA	275	16	156	14	70	72	68	4,955
SOUTH DAKOTA	8	0	21	30	11	13	52	98
TENNESSEE	47	5	436	22	83	79	51	2,761
TEXAS	5,702	56	437	78	159	179	1,372	22,103
UTAH	640	15	219	29	20	37	485	1,773
VERMONT	94	0	59	8	7	16	45	229
VIRGINIA	2,177	2	283	35	144	64	71	10,467
WASHINGTON	4,762	47	268	42	65	29	1,200	4,486
WEST VIRGINIA	60	10	187	20	100	23	42	585
WISCONSIN	250	13	282	48	35	16	95	2,985
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	169,754	1,173	13,139	1,555	4,259	2,176	38,531	326,031
PERCENT OF TOTAL	22.4%	.2%	1.7%	.2%	.6%	.3%	5.1%	43.1%

A = Number of admissions Not Reported by Primary Drug of Abuse is substantial due to lack of availability of demographics information in Illinois' data system on Medicaid admissions that received substance abuse treatment.

N/A = Information not available.

Source: Individual State alcohol and drug abuse profiles, FY 1994 data; data are included for "ONLY THOSE PROGRAMS that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1994."

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1994 (con't.)

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER THE COUNTER	OTHER	NOT REPORTED	TOTAL
ALABAMA	1,665	2	22	48	0	28	125	6,839
ALASKA	505	1	15	14	1	50	320	1,946
ARIZONA	1,542	0	36	72	0	145	265	10,527
ARKANSAS	1,748	9	12	63	6	104	0	5,068
CALIFORNIA	9,912	1,309	234	82	44	405	0	90,442
COLORADO	3,570	7	75	175	20	33	0	11,085
CONNECTICUT	1,559	39	21	6	7	20	526	17,026
DELAWARE	191	38	1	3	0	13	2	2,674
DISTRICT OF COL.	354	375	1	0	0	353	0	10,321
FLORIDA	9,235	16	134	80	11	88	4,064	34,051
GEORGIA	1,978	4	65	91	3	867	4,388	30,731
HAWAII	653	0	10	11	2	1	0	2,036
IDAHO	688	0	28	18	6	33	0	1,329
ILLINOIS	6,247	255	86	84	32	199	15,765	56,962 A
INDIANA	2,198	6	35	45	4	52	293	8,389
IOWA	1,980	4	36	62	9	454	0	3,997
KANSAS	2,184	16	46	28	5	43	0	6,078
KENTUCKY	1,118	0	11	61	1	1,172	2,028	6,150
LOUISIANA	2,160	49	49	25	8	36	1,559	14,940
MAINE	799	0	1	12	5	50	0	1,284
MARYLAND	2,655	361	74	96	13	65	1,273	18,185
MASSACHUSETTS	3,618	83	106	18	16	102	14	41,598
MICHIGAN	7,239	8	71	81	34	65	0	29,487
MINNESOTA	4,130	17	122	89	27	401	0	10,645
MISSISSIPPI	862	4	28	31	1	64	114	5,107
MISSOURI	3,057	76	42	73	15	228	0	11,891
MONTANA	1,108	3	45	25	2	6	0	2,077
NEBRASKA	972	1	40	13	9	124	956	3,242
NEVADA	490	18	7	10	0	7	7	3,275
NEW HAMPSHIRE	723	0	58	3	5	258	29	2,619
NEW JERSEY	2,924	97	70	35	25	77	0	28,835
NEW MEXICO	406	9	6	23	1	410	26	1,766
NEW YORK	10,034	322	198	71	63	4,696	693	61,735
NORTH CAROLINA	2,824	5	39	82	12	279	0	19,170
NORTH DAKOTA	215	12	1	0	0	30	72	381
OHIO	6,039	19	101	166	30	113	0	22,194
OKLAHOMA	1,925	7	36	95	14	516	111	5,667
OREGON	4,965	6	123	66	20	41	0	17,221
PALAU	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PENNSYLVANIA	5,182	243	155	110	29	646	16	30,221
PUERTO RICO	706	0	0	9	1	663	3,938	11,403
RHODE ISLAND	920	1	12	2	6	29	0	4,760
SOUTH CAROLINA	1,434	3	11	71	13	68	0	7,224
SOUTH DAKOTA	605	1	23	135	2	8	753	1,760
TENNESSEE	1,389	1	31	67	10	167	3	5,152
TEXAS	7,761	42	143	555	13	97	239	38,916
UTAH	1,566	2	50	54	22	297	478	5,687
VERMONT	512	1	25	2	2	13	0	1,013
VIRGINIA	3,158	162	73	36	22	38	0	16,732
WASHINGTON	3,463	5	127	43	21	28	464	15,050
WEST VIRGINIA	767	19	15	86	6	65	0	1,985
WISCONSIN	5,631	6	38	133	57	105	0	9,694
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	137,564	3,664	2,788	3,260	655	13,852	38,524	756,917
PERCENT OF TOTAL	18.2%	.5%	.4%	.4%	.1%	1.8%	5.1%	100%

A = Number of admissions Not Reported by Primary Drug of abuse is substantial due to lack of availability of demographic information in Illinois' data system on Medicaid admissions that received substance abuse treatment.

N/A = Information not available.

Source: Individual State alcohol and drug abuse profiles, FY 1994 data; data are included for "ONLY THOSE PROGRAMS that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1994."

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

FOR MORE INFORMATION

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drugs & Crime Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332
http://www.ncjrs.org

U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991. Order # NCJ-130836.

National Clearinghouse for Alcohol and Drug Information
PO Box 2345
Rockville, MD 20847-2345
1-800-729-6686 or
301-468-2600 in the metropolitan Washington, DC area
http://www.health.org

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *NIDA Research Takes a New Look at LSD and Other Hallucinogens* in "NIDA Notes, Volume 8, Number 1," March/April 1993.

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II College Students and Young Adults*, 1996.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1994*, 1996.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse, 1995: Population Estimates*, 1996.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 17*, August 1996.

National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane, Room 9-A-53
Rockville, MD 20857
301-443-6543

U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1996*, 1996.

Drug Enforcement Administration
Washington, DC 20537
202-307-7977
http://www.usdoj.gov/dea

U.S. Department of Justice, Drug Enforcement Administration, *LSD in the United States*, 1996.
http://www.usdoj.gov/dea/pubs/lsd

Drug Enforcement Administration
Office of Intelligence Liaison and Policy
Intelligence Division
Washington, DC 20537
202-307-8265

U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1995*, January 1996.

Drug Enforcement Administration
Intelligence Production Unit
Intelligence Division
Washington, DC
202-307-8726

U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1995: The Supply of Illicit Drugs to the United States*, August 1996.

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, DC 20001
202-783-6868

Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

University of Michigan
Institute for Social Research
Survey Research Center
Ann Arbor, MI 48109-1399
(313) 763-5043
http://www.isr.umich.edu/src/mtf

University of Michigan, Institute for Social Research, *The Monitoring the Future Study*, December 19, 1996.

ONDCP

The ONDCP Drugs & Crime Clearinghouse

1-800-666-3332

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World Wide Web: http://www.ncjrs.org
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Rockville, MD 20849-6000

The ONDCP Drugs & Crime Clearinghouse –

- operates a toll-free 800 number staffed by drugs and crime information specialists
- distributes Office of National Drug Control Policy and Department of Justice publications about drugs and crime
- answers requests for specific drug-related data
- performs customized bibliographic searches
- advises requesters on data availability and of other information resources that may meet their needs
- maintains a public reading room

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INTRODUCTION

This information packet includes excerpts from selected Federal government publications which contain information on juveniles and substance abuse. These data include drug arrests, drug use patterns, adjudication and incarceration for drug offenses, and drug treatment.

Information from the following publications is presented in this information packet:

National Household Survey on Drug Abuse, Population Estimates: 1995
Monitoring the Future Study, December 1996 Press Release
National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults
National Parents Resource Institute for Drug Education, Press Release and Summary Results
The Relationship Between Family Structure and Adolescent Substance Use
Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge
Prevention Resource Guide: Elementary Youth
Prevention Resource Guide: Secondary School Students
Youth Risk Behavior Surveillance—United States, 1995
1994 Preliminary Estimates From the Drug Abuse Warning Network, 1994 Preliminary Estimates of Drug-Related Emergency Department Episodes
Drug Abuse Warning Network, Annual Medical Examiner Data, 1994
Uniform Crime Reports, Crime in the United States, 1995
Drug Use Forecasting, 1995 Annual Report on Adult and Juvenile Arrestees
Offenders in Juvenile Court, 1994
Juveniles Taken Into Custody, 1993
Felony Sentences in State Courts, 1992
Drugs and Jail Inmates, 1989
Survey of State Prison Inmates, 1991
Identifying and Intervening With Drug-Involved Youth
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994

Complete citations and ordering instructions for copies of full publications used in producing this information packet may be found on the last page.

This information packet was prepared by Marla Schlaffer at the ONDCP Drugs & Crime Clearinghouse. This Clearinghouse is funded by the Office of National Drug Control Policy to support drug control policy research. The Clearinghouse is managed by the U.S. Department of Justice, Bureau of Justice Statistics and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drugs and crime issues, call 1-800-666-3332, or write ONDCP Drugs & Crime Clearinghouse, PO Box 6000, Rockville, MD 20849-6000.

Table 2A. Any Illicit Drug Use by Sex Within Age Group for Total Population in 1995

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	22.2	(20.6 - 23.9)	18.0	(16.5 - 19.6)	10.9	(9.8 - 12.1)
Male	23.9	(21.8 - 26.2)	18.9	(17.0 - 21.0)	12.1	(10.6 - 13.9)
Female	20.5	(18.4 - 22.7)	17.0	(15.1 - 19.2)	9.6	(8.1 - 11.2)
18-25	45.8	(43.3 - 48.3)	25.5	(23.6 - 27.6)	14.2	(12.7 - 15.8)
Male	48.4	(45.1 - 51.8)	28.5	(25.5 - 31.6)	17.0	(14.6 - 19.6)
Female	43.3	(40.4 - 46.2)	22.7	(20.1 - 25.6)	11.5	(9.6 - 13.7)
26-34	54.8	(52.9 - 56.8)	14.6	(13.4 - 15.8)	8.3	(7.4 - 9.3)
Male	59.4	(56.6 - 62.1)	18.7	(16.8 - 20.7)	11.2	(9.6 - 13.1)
Female	50.5	(48.1 - 52.8)	10.6	(9.3 - 12.1)	5.5	(4.6 - 6.6)
≥35	27.9	(25.8 - 30.0)	5.0	(4.0 - 6.3)	2.8	(2.1 - 3.6)
Male	33.7	(30.3 - 37.2)	6.4	(4.9 - 8.3)	3.8	(2.7 - 5.3)
Female	22.8	(20.3 - 25.5)	3.9	(2.7 - 5.4)	1.9	(1.3 - 2.7)
TOTAL	34.2	(32.6 - 35.9)	10.7	(9.8 - 11.7)	6.1	(5.5 - 6.7)
Male	39.0	(36.6 - 41.5)	12.9	(11.6 - 14.3)	7.8	(6.8 - 8.9)
Female	29.8	(27.8 - 31.9)	8.7	(7.7 - 9.8)	4.5	(3.9 - 5.1)
POPULATION ESTIMATES (In Thousands)						
12-17	4,937	(4,576 - 5,319)	3,999	(3,668 - 4,354)	2,413	(2,170 - 2,679)
Male	2,718	(2,479 - 2,971)	2,150	(1,933 - 2,385)	1,376	(1,198 - 1,577)
Female	2,220	(1,998 - 2,459)	1,850	(1,640 - 2,080)	1,036	(879 - 1,219)
18-25	12,750	(12,060 - 13,447)	7,108	(6,572 - 7,672)	3,952	(3,543 - 4,399)
Male	6,671	(6,206 - 7,139)	3,920	(3,512 - 4,354)	2,336	(2,008 - 2,705)
Female	6,079	(5,674 - 6,490)	3,188	(2,817 - 3,594)	1,616	(1,354 - 1,921)
26-34	19,722	(19,015 - 20,424)	5,238	(4,810 - 5,697)	2,984	(2,652 - 3,354)
Male	10,442	(9,955 - 10,920)	3,284	(2,947 - 3,649)	1,969	(1,683 - 2,298)
Female	9,280	(8,850 - 9,709)	1,954	(1,715 - 2,223)	1,015	(849 - 1,211)
≥35	35,016	(32,433 - 37,721)	6,317	(5,046 - 7,888)	3,475	(2,699 - 4,465)
Male	19,772	(17,800 - 21,846)	3,736	(2,851 - 4,871)	2,234	(1,603 - 3,099)
Female	15,244	(13,582 - 17,044)	2,582	(1,836 - 3,613)	1,241	(853 - 1,800)
TOTAL	72,426	(68,898 - 76,037)	22,662	(20,819 - 24,647)	12,823	(11,617 - 14,147)
Male	39,603	(37,163 - 42,099)	13,089	(11,806 - 14,488)	7,915	(6,931 - 9,025)
Female	32,822	(30,656 - 35,074)	9,574	(8,511 - 10,756)	4,908	(4,308 - 5,588)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1995 National Household Survey on Drug Abuse

Table 3A. Marijuana Use by Sex Within Age Group for Total Population in 1995

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	16.2	(14.8 - 17.7)	14.2	(12.8 - 15.6)	8.2	(7.2 - 9.4)
Male	17.5	(15.6 - 19.6)	14.8	(13.1 - 16.8)	9.0	(7.6 - 10.7)
Female	14.9	(13.1 - 16.9)	13.4	(11.7 - 15.4)	7.4	(6.1 - 8.9)
18-25	41.4	(38.9 - 43.9)	21.8	(19.9 - 23.9)	12.0	(10.6 - 13.4)
Male	43.5	(39.9 - 47.1)	24.7	(21.8 - 27.8)	14.8	(12.7 - 17.2)
Female	39.3	(36.5 - 42.2)	19.0	(16.4 - 22.0)	9.2	(7.6 - 11.2)
26-34	51.8	(49.7 - 53.8)	11.8	(10.6 - 13.0)	6.7	(5.9 - 7.7)
Male	56.3	(53.5 - 59.0)	15.9	(14.1 - 17.8)	9.6	(8.0 - 11.4)
Female	47.5	(45.1 - 49.9)	7.9	(6.8 - 9.1)	4.0	(3.3 - 5.0)
≥35	25.3	(23.4 - 27.4)	3.4	(2.7 - 4.3)	1.8	(1.3 - 2.4)
Male	31.0	(27.8 - 34.5)	4.7	(3.5 - 6.3)	2.6	(1.8 - 3.7)
Female	20.3	(18.1 - 22.7)	2.3	(1.6 - 3.3)	1.1	(0.7 - 1.7)
TOTAL	31.0	(29.4 - 32.6)	8.4	(7.7 - 9.1)	4.7	(4.2 - 5.2)
Male	35.6	(33.3 - 37.9)	10.5	(9.4 - 11.7)	6.2	(5.4 - 7.0)
Female	26.8	(25.0 - 28.6)	6.5	(5.8 - 7.2)	3.3	(2.9 - 3.7)
POPULATION ESTIMATES (In Thousands)						
12-17	3,606	(3,296 - 3,939)	3,145	(2,848 - 3,468)	1,828	(1,604 - 2,080)
Male	1,987	(1,772 - 2,223)	1,686	(1,486 - 1,909)	1,028	(863 - 1,221)
Female	1,619	(1,425 - 1,834)	1,459	(1,271 - 1,669)	800	(659 - 969)
18-25	11,506	(10,813 - 12,212)	6,076	(5,540 - 6,648)	3,326	(2,957 - 3,734)
Male	5,989	(5,500 - 6,487)	3,400	(3,001 - 3,832)	2,033	(1,742 - 2,363)
Female	5,517	(5,122 - 5,923)	2,676	(2,310 - 3,085)	1,293	(1,061 - 1,569)
26-34	18,628	(17,896 - 19,358)	4,234	(3,827 - 4,679)	2,424	(2,116 - 2,774)
Male	9,896	(9,408 - 10,378)	2,790	(2,475 - 3,136)	1,680	(1,408 - 1,998)
Female	8,732	(8,288 - 9,178)	1,444	(1,248 - 1,668)	744	(599 - 923)
≥35	31,805	(29,338 - 34,405)	4,300	(3,395 - 5,435)	2,264	(1,690 - 3,028)
Male	18,222	(16,300 - 20,263)	2,764	(2,056 - 3,700)	1,505	(1,041 - 2,168)
Female	13,582	(12,124 - 15,167)	1,535	(1,061 - 2,214)	759	(493 - 1,164)
TOTAL	65,545	(62,246 - 68,938)	17,755	(16,295 - 19,332)	9,842	(8,881 - 10,903)
Male	36,095	(33,785 - 38,473)	10,641	(9,503 - 11,896)	6,247	(5,482 - 7,110)
Female	29,450	(27,529 - 31,454)	7,114	(6,416 - 7,883)	3,596	(3,164 - 4,085)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1995 National Household Survey on Drug Abuse

Table 4A. Cocaine Use by Sex Within Age Group for Total Population in 1995

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	2.0	(1.5 - 2.7)	1.7	(1.2 - 2.3)	0.8	(0.5 - 1.3)
Male	2.0	(1.3 - 3.1)	1.7	(1.0 - 2.8)	0.8	(0.4 - 1.8)
Female	2.0	(1.5 - 2.8)	1.6	(1.1 - 2.3)	0.7	(0.4 - 1.3)
18-25	9.8	(8.5 - 11.2)	4.3	(3.6 - 5.3)	1.3	(0.9 - 1.8)
Male	10.5	(8.7 - 12.6)	5.2	(4.0 - 6.7)	1.7	(1.1 - 2.5)
Female	9.1	(7.5 - 11.0)	3.5	(2.6 - 4.8)	0.9	(0.5 - 1.5)
26-34	21.6	(19.9 - 23.3)	3.1	(2.6 - 3.7)	1.2	(0.9 - 1.6)
Male	24.3	(21.9 - 26.9)	4.1	(3.3 - 5.2)	1.6	(1.1 - 2.4)
Female	18.9	(17.1 - 20.9)	2.1	(1.6 - 2.7)	0.8	(0.5 - 1.1)
≥35	8.6	(7.3 - 10.1)	0.8	(0.5 - 1.2)	0.4	(0.2 - 0.7)
Male	12.0	(9.8 - 14.6)	1.2	(0.7 - 1.9)	0.6	(0.3 - 1.2)
Female	5.6	(4.4 - 7.0)	0.4	(0.2 - 0.8)	0.2	(0.1 - 0.5)
TOTAL	10.3	(9.4 - 11.2)	1.7	(1.5 - 2.0)	0.7	(0.5 - 0.9)
Male	12.8	(11.4 - 14.4)	2.3	(1.9 - 2.8)	1.0	(0.7 - 1.3)
Female	7.9	(6.9 - 9.0)	1.2	(1.0 - 1.5)	0.4	(0.3 - 0.6)
POPULATION ESTIMATES (In Thousands)						
12-17	448	(340 - 589)	367	(269 - 500)	172	(104 - 282)
Male	226	(145 - 350)	193	(115 - 322)	93	(42 - 203)
Female	222	(160 - 308)	173	(119 - 251)	79	(43 - 144)
18-25	2,719	(2,377 - 3,105)	1,208	(991 - 1,471)	359	(260 - 494)
Male	1,440	(1,192 - 1,732)	717	(555 - 924)	230	(151 - 349)
Female	1,279	(1,059 - 1,540)	492	(359 - 671)	129	(76 - 216)
26-34	7,755	(7,174 - 8,369)	1,108	(933 - 1,316)	424	(320 - 561)
Male	4,278	(3,855 - 4,730)	726	(576 - 913)	283	(191 - 419)
Female	3,477	(3,140 - 3,841)	382	(294 - 495)	140	(94 - 208)
≥35	10,778	(9,181 - 12,622)	981	(664 - 1,446)	498	(298 - 832)
Male	7,047	(5,759 - 8,576)	689	(421 - 1,126)	376	(201 - 701)
Female	3,731	(2,959 - 4,689)	292	(160 - 531)	122	(48 - 309)
TOTAL	21,700	(19,799 - 23,760)	3,664	(3,168 - 4,236)	1,453	(1,158 - 1,821)
Male	12,991	(11,546 - 14,586)	2,325	(1,917 - 2,818)	983	(732 - 1,319)
Female	8,709	(7,646 - 9,906)	1,338	(1,077 - 1,663)	470	(345 - 639)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1995 National Household Survey on Drug Abuse

Table 5A. Crack Use by Sex Within Age Group for Total Population in 1995

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	0.9	(0.5 - 1.4)	0.6	(0.4 - 1.1)	0.2	(0.1 - 0.4)
Male	0.9	(0.4 - 2.1)	0.6	(0.2 - 1.3)	0.1	(0.0 - 0.3)
Female	0.8	(0.5 - 1.4)	0.7	(0.4 - 1.3)	0.3	(0.1 - 0.8)
18-25	2.9	(2.3 - 3.6)	1.1	(0.8 - 1.6)	0.3	(0.2 - 0.7)
Male	3.1	(2.2 - 4.2)	1.2	(0.7 - 2.1)	0.3	(0.1 - 0.9)
Female	2.6	(1.9 - 3.7)	1.0	(0.6 - 1.6)	0.3	(0.1 - 0.9)
26-34	4.2	(3.6 - 4.9)	0.9	(0.6 - 1.2)	0.3	(0.1 - 0.5)
Male	6.0	(4.9 - 7.3)	1.0	(0.7 - 1.5)	0.4	(0.2 - 0.8)
Female	2.5	(2.0 - 3.2)	0.7	(0.5 - 1.1)	0.1	(0.0 - 0.3)
≥35	1.1	(0.8 - 1.5)	0.2	(0.1 - 0.4)	0.2	(0.1 - 0.4)
Male	1.8	(1.2 - 2.7)	0.3	(0.1 - 0.8)	0.3	(0.1 - 0.7)
Female	0.5	(0.3 - 0.9)	0.1	(0.0 - 0.4)	*	*
TOTAL	1.8	(1.6 - 2.1)	0.5	(0.4 - 0.6)	0.2	(0.1 - 0.3)
Male	2.6	(2.1 - 3.2)	0.6	(0.4 - 0.8)	0.3	(0.2 - 0.5)
Female	1.1	(0.9 - 1.4)	0.4	(0.3 - 0.5)	0.1	(0.1 - 0.2)
POPULATION ESTIMATES (In Thousands)						
12-17	193	(121 - 307)	144	(88 - 236)	43	(19 - 96)
Male	105	(45 - 243)	65	(28 - 152)	7	(1 - 36)
Female	89	(52 - 152)	79	(44 - 140)	36	(14 - 90)
18-25	793	(629 - 999)	307	(209 - 448)	89	(43 - 184)
Male	423	(305 - 584)	165	(94 - 289)	41	(13 - 124)
Female	370	(266 - 514)	142	(90 - 223)	49	(19 - 125)
26-34	1,522	(1,311 - 1,765)	310	(230 - 417)	90	(50 - 163)
Male	1,056	(870 - 1,279)	177	(115 - 272)	67	(32 - 138)
Female	466	(368 - 588)	133	(87 - 203)	23	(9 - 62)
≥35	1,386	(1,007 - 1,907)	257	(130 - 511)	198	(88 - 446)
Male	1,063	(718 - 1,568)	181	(74 - 442)	164	(64 - 420)
Female	324	(174 - 602)	77	(24 - 248)	*	*
TOTAL	3,895	(3,371 - 4,498)	1,018	(807 - 1,283)	420	(273 - 647)
Male	2,646	(2,170 - 3,224)	588	(415 - 832)	279	(152 - 510)
Female	1,248	(993 - 1,569)	430	(315 - 587)	141	(82 - 243)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1995 National Household Survey on Drug Abuse

Table 6A. Inhalant Use by Sex Within Age Group for Total Population in 1995

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	7.4	(6.3 - 8.6)	4.6	(3.8 - 5.6)	2.1	(1.7 - 2.8)
Male	8.1	(6.8 - 9.8)	4.7	(3.7 - 5.9)	2.4	(1.8 - 3.4)
Female	6.6	(5.4 - 8.1)	4.6	(3.6 - 5.9)	1.8	(1.3 - 2.7)
18-25	11.2	(9.9 - 12.6)	3.2	(2.5 - 4.1)	0.7	(0.5 - 1.1)
Male	14.7	(12.7 - 17.0)	4.1	(3.0 - 5.6)	0.9	(0.5 - 1.6)
Female	7.7	(6.3 - 9.4)	2.2	(1.4 - 3.4)	0.6	(0.2 - 1.3)
26-34	8.7	(7.8 - 9.7)	0.5	(0.3 - 0.8)	0.3	(0.2 - 0.6)
Male	12.5	(10.8 - 14.3)	0.7	(0.4 - 1.3)	0.5	(0.2 - 0.9)
Female	5.1	(4.2 - 6.2)	0.3	(0.2 - 0.7)	0.2	(0.1 - 0.5)
≥35	3.3	(2.6 - 4.1)	0.2	(0.1 - 0.4)	0.1	(0.0 - 0.2)
Male	5.1	(3.7 - 6.9)	0.2	(0.1 - 0.7)	0.1	(0.0 - 0.5)
Female	1.7	(1.2 - 2.5)	0.1	(0.0 - 0.4)	0.1	(0.0 - 0.3)
TOTAL	5.7	(5.2 - 6.3)	1.1	(0.9 - 1.3)	0.4	(0.3 - 0.5)
Male	8.0	(7.0 - 9.1)	1.3	(1.1 - 1.6)	0.5	(0.4 - 0.7)
Female	3.5	(3.0 - 4.1)	0.9	(0.7 - 1.1)	0.3	(0.2 - 0.5)
POPULATION ESTIMATES (In Thousands)						
12-17	1,639	(1,407 - 1,905)	1,031	(850 - 1,248)	476	(367 - 617)
Male	924	(768 - 1,108)	529	(417 - 670)	276	(200 - 381)
Female	715	(581 - 876)	502	(389 - 645)	200	(136 - 292)
18-25	3,110	(2,761 - 3,498)	878	(683 - 1,127)	203	(129 - 318)
Male	2,028	(1,750 - 2,341)	570	(419 - 774)	124	(71 - 216)
Female	1,083	(884 - 1,321)	308	(197 - 479)	79	(35 - 178)
26-34	3,132	(2,795 - 3,506)	179	(113 - 283)	119	(66 - 215)
Male	2,196	(1,906 - 2,523)	122	(66 - 223)	83	(41 - 166)
Female	937	(774 - 1,131)	58	(28 - 120)	36	(13 - 100)
≥35	4,135	(3,276 - 5,209)	220	(105 - 462)	98	(32 - 298)
Male	2,971	(2,177 - 4,035)	145	(53 - 394)	51	(10 - 276)
Female	1,163	(805 - 1,676)	75	(23 - 245)	47	(11 - 210)
TOTAL	12,016	(10,901 - 13,238)	2,308	(1,987 - 2,682)	896	(715 - 1,123)
Male	8,119	(7,146 - 9,212)	1,367	(1,128 - 1,655)	534	(393 - 727)
Female	3,897	(3,335 - 4,550)	942	(743 - 1,194)	362	(257 - 508)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1995 National Household Survey on Drug Abuse

Table 18. Heroin Use by Age, Sex, Race/Ethnicity, and Region for Total Population in 1995

	Ever Used		Used Past Year	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)				
AGE				
12-17	0.7	(0.4 - 1.3)	0.6	(0.3 - 1.2)
18-25	0.7	(0.5 - 1.1)	0.3	(0.2 - 0.6)
26-34	1.5	(1.1 - 2.0)	0.2	(0.1 - 0.4)
≥35	1.2	(0.9 - 1.8)	0.1	(0.0 - 0.4)
SEX				
Male	1.8	(1.3 - 2.4)	0.3	(0.1 - 0.6)
Female	0.6	(0.4 - 0.8)	0.1	(0.1 - 0.2)
RACE/ETHNICITY				
White	1.1	(0.8 - 1.5)	0.2	(0.1 - 0.3)
Black	1.9	(1.1 - 3.3)	0.5	(0.1 - 2.1)
Hispanic	0.7	(0.5 - 1.1)	0.2	(0.1 - 0.4)
REGION				
Northeast	1.4	(0.8 - 2.4)	0.1	(0.1 - 0.4)
North Central	1.0	(0.6 - 1.7)	0.2	(0.1 - 0.5)
South	1.3	(0.8 - 1.9)	0.3	(0.1 - 0.7)
West	1.0	(0.6 - 1.6)	0.1	(0.1 - 0.3)
TOTAL	1.2	(0.9 - 1.5)	0.2	(0.1 - 0.3)
POPULATION ESTIMATES (In Thousands)				
AGE				
12-17	151	(80 - 284)	130	(63 - 267)
18-25	208	(137 - 317)	93	(53 - 162)
26-34	523	(384 - 713)	66	(31 - 143)
≥35	1,568	(1,095 - 2,242)	138	(37 - 510)
SEX				
Male	1,810	(1,325 - 2,468)	286	(140 - 584)
Female	641	(460 - 893)	141	(82 - 244)
RACE/ETHNICITY				
White	1,812	(1,331 - 2,463)	261	(154 - 442)
Black	454	(261 - 783)	125	(30 - 508)
Hispanic	141	(92 - 215)	32	(15 - 70)
REGION				
Northeast	585	(328 - 1,037)	58	(22 - 155)
North Central	495	(297 - 822)	100	(41 - 243)
South	929	(619 - 1,391)	203	(81 - 510)
West	442	(262 - 745)	66	(30 - 145)
TOTAL	2,451	(1,931 - 3,109)	428	(261 - 701)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1995 National Household Survey on Drug Abuse

FOR RELEASE:
Noon EST, Thursday, Dec. 19, 1996
Contact: Mona Brown, Sheryl Massaro - (301) 443-6245

Marijuana and Tobacco Use Still Rising Among 8th and 10th Graders.

Marijuana and tobacco use increased among eighth and tenth graders between 1995 and 1996, while use of these substances remained generally level among twelfth graders, according to the 22nd annual "Monitoring the Future" survey, released today by the U.S. Department of Health and Human Services. The survey also showed an increase in the use of alcohol by eighth graders.

The survey showed increases in lifetime, annual, current (use within the past 30 days) and daily use of marijuana by eighth and tenth graders, continuing a trend that began in the early 1990s. Among twelfth graders, rates of marijuana use remained high and increased for lifetime use, but for the first time since 1993 showed no significant change in annual, current or daily use.

Cigarette smoking also continued to rise among eighth and tenth graders and remained high among twelfth graders, although there were no statistically significant changes in the high school seniors' cigarette use.

Daily use of alcohol increased for eighth graders, while remaining level for tenth and twelfth graders, although at high rates.

The findings were released at a press conference by HHS Secretary Donna E. Shalala, National Drug Control Policy Director Gen. Barry R. McCaffrey (Ret.), Education Secretary Richard Riley and Transportation Secretary Frederico Pena.

The clear increase in use of marijuana among younger high school students stood in contrast with mixed and overall unchanged measures for other drugs. Secretary Shalala noted in particular that this year's survey shows an increasing problem with perceptions of the dangers posed by marijuana. Among eighth and tenth graders, the perceived risk of using marijuana continued to decline, while perceived risk of using other drugs either increased or remained level.

"Everyone needs to give our young people the clear and unambiguous message that drugs are illegal, dangerous and wrong," Secretary Shalala said. "Marijuana today poses an increasingly serious drug abuse problem, and our children need to know that. In particular, I ask all American parents to talk with their children about drugs, and especially to talk about marijuana."

Five months ago, HHS launched its "Reality Check" public information campaign aimed at helping parents discuss marijuana with their children. Free materials are available from 1-800- 729-6686. HHS also sponsored the first national conference on marijuana in July 1995, and is funding and disseminating findings from new research on the effects of the drug. In addition, the Clinton Administration has launched a major initiative to prevent smoking by minors. FDA regulations affecting retail sales to minors and the advertising of tobacco products begin to go into effect in 1997.

"Increased use among students in eighth and tenth grades is a wake-up call for America," said General McCaffrey. "Because marijuana use by youth is highly correlated with future use of addictive drugs like cocaine and heroin, we must step up our efforts to prevent drug abuse among children of all ages. All

cocaine and heroin, we must step up our efforts to prevent drug abuse among children of all ages. All adults must accept responsibility for leading and protecting our youth. Parents, educators, community and religious leaders, and the media have the power and the authority to lead our children to make healthy life choices. We must all renew our commitment, so clearly laid out in the National Drug Control Strategy, that keeping our children drug-free is our number-one priority."

Marijuana:

The 1996 Monitoring the Future Study found that 23.1 percent of eighth graders had tried marijuana at least once in their lifetime, compared to 19.9 percent in 1995. Among tenth graders, lifetime marijuana use increased from 34.1 percent in 1995 to 39.8 percent in 1996. Current use of marijuana among eighth graders increased from 9.1 percent in 1995 to 11.3 percent in 1996 and increased among tenth graders from 17.2 percent in 1995 to 20.4 percent in 1996.

Among high school seniors, there were no statistically significant increases or decreases in annual, current or daily use of marijuana from 1995 to 1996, although the percentage of seniors who had used marijuana at least once in their lifetime increased from 41.7 percent in 1995 to 44.9 percent in 1996. This is well below the peak level reported in 1979, when 60.4 percent had used marijuana at least once in their lifetime.

Dr. Alan I. Leshner, Director of the National Institute on Drug Abuse, the agency that funded the survey, said, "It is important that young people understand the harm and danger caused by illicit drug use. Through continuing years of objective, scientific research, this risk has become ever clearer, and not just for drugs such as cocaine and heroin but also for marijuana."

Research shows that marijuana is harmful to the brain, heart, lungs and immune system. It limits learning, memory, perception, judgment and complex motor skills like those needed to drive a vehicle. It has been shown to damage motivation and interest in one's goals and activities. Marijuana cigarette smoke typically contains over 400 carcinogenic compounds. In addition, new evidence suggests that marijuana may be addictive and that, among heavy users, its harmful short-term effects on alertness and attention span last more than 24 hours.

Tobacco:

Cigarette smoking continued to rise among eighth and tenth graders and remained at high levels among twelfth graders, although there were no statistically significant changes in seniors' use. Between 1995 and 1996, use of cigarettes in the past month increased from 19.1 to 21.0 percent among eighth graders and from 27.9 to 30.4 percent among tenth graders. About one-third of twelfth graders (34.0 percent) used cigarettes in the past month.

In 1996, the percentage of tenth graders who smoked a half pack of cigarettes or more daily, increased from 8.3 percent in 1995 to 9.4 percent in 1996. Current use of cigarettes among tenth graders increased between 1995 and 1996 for both males and females.

Alcohol:

Between 1995 and 1996, the percentage of eighth graders reporting daily use of alcohol increased from 0.7 percent to 1.0 percent. In addition, the percentage of eighth graders reporting having "been drunk" in the past month increased from 8.3 percent in 1995 to 9.6 percent in 1996. Alcohol use among tenth and twelfth graders remained level but at high rates, with 21.3 percent of tenth graders and 31.3 percent of

twelfth graders remained level but at high rates, with 21.3 percent of tenth graders and 31.3 percent of twelfth graders reporting having been drunk in the past month.

Other survey findings include:

- Current use of hallucinogens decreased among twelfth graders from 4.4 percent in 1995 to 3.5 percent in 1996. Current use of LSD among tenth graders decreased from 3.0 percent in 1995 to 2.4 percent in 1996 and among twelfth graders from 4.0 percent to 2.5 percent. Current use of PCP among twelfth graders increased from 0.6 percent in 1995 to 1.3 percent in 1996.

- Current use of inhalants decreased among twelfth graders from 3.2 percent in 1995 to 2.5 percent in 1996. Use of inhalants among eighth and tenth graders remained stable.

- The survey found increases in the non-medical use of tranquilizers among eighth and tenth graders. Lifetime, annual and past month use increased among eighth graders and lifetime use increased among tenth graders from 6.0 percent in 1995 to 7.1 percent in 1996. In addition, daily use increased among seniors.

- Past year use of cocaine (including crack) increased among twelfth graders from 4.0 percent in 1995 to 4.9 percent in 1996. There was an increase in the percentage of tenth graders who had tried cocaine at least once in their lifetime, rising from 5.0 percent in 1995 to 6.5 percent in 1996.

- This is the first year that a question regarding the use of MDMA (Ecstasy) was added to the questionnaire for all three grades. Only senior data on friends' use and availability of MDMA were collected previously. In 1996, 6 percent of twelfth graders, 5.6 percent of tenth graders and 3.4 percent of eighth graders had used MDMA at least once in their lifetime.

The 1996 Monitoring the Future Survey was conducted under a NIDA grant to the University of Michigan, Institute for Social Research. Under the direction of Dr. Lloyd Johnston, the survey was administered in the spring of 1996 to a national probability sample of 14,824 high school seniors, 15,873 tenth graders and 18,368 eighth graders in public and private schools. The study has been conducted annually since 1975, with 1996 representing the 22nd annual survey of high school seniors and the sixth year data have been collected on eighth and tenth graders.

NIDA, a component of the National Institutes of Health, supports over 85 percent of the world's research on the health aspects of drug abuse and addiction. The Institute also carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice.

FOR MORE INFORMATION:

- Click here for tables: 8th, 10th, 12th Graders
- Click here for tables: Long Term High School Seniors Data
- Click here for HHS Fact Sheet on Substance Abuse
- Click here for National Institute on Drug Abuse home page

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TABLE 1

Trends in Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders with 5-Year Trends Noted

(Entries are percentages)

	Lifetime								Annual								30-Day							
	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change
Any Illicit Drug[a]																								
8th Grade	18.7	20.6	22.5	25.7	28.5	31.2	+2.7ss	+12.5sss	11.3	12.9	15.1	18.5	21.4	23.6	+2.2ss	+12.3sss	5.7	6.8	8.4	10.9	12.4	14.6	+2.2sss	+8.9sss
10th Grade	30.6	29.8	32.8	37.4	40.9	45.4	+4.5sss	+14.8sss	21.4	20.4	24.7	30.0	33.3	37.5	+4.2sss	+16.1sss	11.6	11.0	14.0	18.5	20.2	23.2	+3.0sss	+11.6sss
12th Grade	44.1	40.7	42.9	45.6	48.4	50.8	+2.4	+6.7sss	29.4	27.1	31.0	35.8	39.0	40.2	+1.2	+10.8sss	16.4	14.4	18.3	21.9	23.8	24.6	+0.8	+8.2sss
Any Illicit Drug Other Than Marijuana[a]																								
8th Grade	14.3	15.6	16.8	17.5	18.8	19.2	+0.4	+4.9sss	8.4	9.3	10.4	11.3	12.6	13.1	+0.5	+4.7sss	3.8	4.7	5.3	5.6	6.5	6.9	+0.4	+3.1sss
10th Grade	19.1	19.2	20.9	21.7	24.3	25.5	+1.2	+6.4sss	12.2	12.3	13.9	15.2	17.5	18.4	+0.9	+6.2sss	5.5	5.7	6.5	7.1	8.9	8.9	0.0	+3.4sss
12th Grade	26.9	23.1	26.7	27.6	28.1	28.5	+0.4	+1.6	16.2	14.9	17.1	18.0	19.4	19.8	+0.4	+3.6ss	7.1	6.3	7.9	8.8	10.0	9.5	-0.5	+2.4sss
Any Illicit Drug Including Inhalants[a,b]																								
8th Grade	28.5	29.6	32.3	35.1	38.1	39.4	+1.3	+10.9sss	16.7	18.2	21.1	24.2	27.1	28.7	+1.6	+12.0sss	8.8	10.0	12.0	14.3	16.1	17.5	+1.4s	+8.7sss
10th Grade	36.1	36.2	38.7	42.7	45.9	49.8	+3.9ss	+13.7sss	23.9	23.5	27.4	32.3	35.6	39.6	+4.0sss	+15.7sss	13.1	12.6	15.5	20.0	21.6	24.5	+2.9sss	+11.4sss
12th Grade	47.6	44.4	46.6	49.1	51.5	53.5	+2.0	+5.9ss	31.2	28.8	32.5	37.6	40.2	41.9	+1.7	+10.7sss	17.8	15.5	19.3	23.0	24.8	25.5	+0.7	+7.7sss
Marijuana/ Hashish																								
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	+3.2sss	+12.9sss	6.2	7.2	9.2	13.0	15.8	18.3	+2.5sss	+12.1sss	3.2	3.7	5.1	7.8	9.1	11.3	+2.2sss	+8.1sss
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	+5.7sss	+16.4sss	16.5	15.2	19.2	25.2	28.7	33.6	+4.9sss	+17.1sss	8.7	8.1	10.9	15.8	17.2	20.4	+3.2sss	+11.7sss
12th Grade	36.7	32.6	35.3	38.2	41.7	44.9	+3.2s	+8.2sss	23.9	21.9	26.0	30.7	34.7	35.8	+1.1	+11.9sss	13.8	11.9	15.5	19.0	21.2	21.9	+0.7	+8.1sss
Inhalants[b,c]																								
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	-0.4	+3.6sss	9.0	9.5	11.0	11.7	12.8	12.2	-0.6	+3.2sss	4.4	4.7	5.4	5.6	6.1	5.8	-0.3	+1.4sss
10th Grade	15.7	16.6	17.5	18.0	19.0	19.3	+0.3	+3.6sss	7.1	7.5	8.4	9.1	9.6	9.5	-0.1	+2.4sss	2.7	2.7	3.3	3.6	3.5	3.3	-0.2	+0.6s
12th Grade	17.6	16.6	17.4	17.7	17.4	16.6	-0.8	-1.0	6.6	6.2	7.0	7.7	8.0	7.6	-0.4	+1.0	2.4	2.3	2.5	2.7	3.2	2.5	-0.7s	+0.1
Nitrite[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	1.8	+0.3	+0.2	0.9	0.5	0.9	1.1	1.1	1.6	+0.5	+0.7	0.4	0.3	0.6	0.4	0.4	0.7	+0.3	+0.3
Hallucinogens[e]																								
8th Grade	3.2	3.8	3.9	4.3	5.2	5.9	+0.7	+2.7sss	1.9	2.5	2.6	2.7	3.6	4.1	+0.5	+2.2sss	0.8	1.1	1.2	1.3	1.7	1.9	+0.2	+1.1sss
10th Grade	6.1	6.4	6.8	8.1	9.3	10.5	+1.2	+4.4sss	4.0	4.3	4.7	5.8	7.2	7.8	+0.6	+3.8sss	1.6	1.8	1.9	2.4	3.3	2.8	-0.5	+1.2sss
12th Grade	9.6	9.2	10.9	11.4	12.7	14.0	+1.3	+4.4sss	5.8	5.9	7.4	7.6	9.3	10.1	+0.8	+4.3sss	2.2	2.1	2.7	3.1	4.4	3.5	-0.9s	+1.3sss
LSD																								
8th Grade	2.7	3.2	3.5	3.7	4.4	5.1	+0.7	+2.4sss	1.7	2.1	2.3	2.4	3.2	3.5	+0.3	+1.8sss	0.6	0.9	1.0	1.1	1.4	1.5	+0.1	+0.9sss
10th Grade	5.6	5.8	6.2	7.2	8.4	9.4	+1.0	+3.8sss	3.7	4.0	4.2	5.2	6.5	6.9	+0.4	+3.2sss	1.5	1.6	1.6	2.0	3.0	2.4	-0.6s	+0.9ss
12th Grade	8.8	8.6	10.3	10.5	11.7	12.6	+0.9	+3.8sss	5.2	5.6	6.8	6.9	8.4	8.8	+0.4	+3.6sss	1.9	2.0	2.4	2.6	4.0	2.5	-1.5sss	+0.6s
PCP[e]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	4.0	+1.3	+1.1	1.4	1.4	1.4	1.6	1.8	2.6	+0.8	+1.2s	0.5	0.6	1.0	0.7	0.6	1.3	+0.7s	+0.8s

Source: University of Michigan, *The Monitoring the Future Study*, http://www.isr.umich.edu/src/mtf, December 19, 1996.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders with 5-Year Trends Noted

	Lifetime								Annual								30-Day							
	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change
Hallucinogens Other Than LSD																								
8th Grade	1.4	1.7	1.7	2.2	2.5	3.0	+0.5	+1.6sss	0.7	1.1	1.0	1.3	1.7	2.0	+0.3	+1.3sss	0.3	0.4	0.5	0.7	0.8	0.9	+0.1	+0.6sss
10th Grade	2.2	2.5	2.8	3.8	3.9	4.7	+0.8s	+2.5sss	1.3	1.4	1.9	2.4	2.8	3.5	+0.5	+2.0sss	0.4	0.5	0.7	1.0	1.0	1.0	0.0	+0.6sss
12th Grade	3.7	3.3	3.9	4.9	5.4	6.8	+1.4ss	+3.1sss	2.0	1.7	2.2	3.1	3.8	4.4	+0.6	+2.4sss	0.7	0.5	0.8	1.2	1.3	1.6	+0.3	+0.9sss
Cocaine																								
8th Grade	2.3	2.9	2.9	3.6	4.2	4.5	+0.3	+2.2sss	1.1	1.5	1.7	2.1	2.6	3.0	+0.4	+1.9sss	0.5	0.7	0.7	1.0	1.2	1.3	+0.1	+0.8sss
10th Grade	4.1	3.3	3.6	4.3	5.0	6.5	+1.5ss	+2.4sss	2.2	1.9	2.1	2.8	3.5	4.2	+0.7	+2.0sss	0.7	0.7	0.9	1.2	1.7	1.7	0.0	+1.0sss
12th Grade	7.8	6.1	6.1	5.9	6.0	7.1	+1.1	-0.7	3.5	3.1	3.3	3.6	4.0	4.9	+0.9s	+1.4ss	1.4	1.3	1.3	1.5	1.8	2.0	+0.2	+0.6s
Crack																								
8th Grade	1.3	1.6	1.7	2.4	2.7	2.9	+0.2	+1.6sss	0.7	0.9	1.0	1.3	1.6	1.8	+0.2	+1.1sss	0.3	0.5	0.4	0.7	0.7	0.8	+0.1	+0.5sss
10th Grade	1.7	1.5	1.8	2.1	2.8	3.3	+0.5	+1.6sss	0.9	0.9	1.1	1.4	1.8	2.1	+0.3	+1.2sss	0.3	0.4	0.5	0.6	0.9	0.8	-0.1	+0.5sss
12th Grade	3.1	2.6	2.6	3.0	3.0	3.3	+0.3	+0.2	1.5	1.5	1.5	1.9	2.1	2.1	0.0	+0.6ss	0.7	0.6	0.7	0.8	1.0	1.0	0.0	+0.3s
Other Cocaine*																								
8th Grade	2.0	2.4	2.4	3.0	3.4	3.8	+0.4	+1.8sss	1.0	1.2	1.3	1.7	2.1	2.5	+0.4	+1.5sss	0.5	0.5	0.6	0.9	1.0	1.0	0.0	+0.5ss
10th Grade	3.8	3.0	3.3	3.8	4.4	5.5	+1.1s	+1.7ss	2.1	1.7	1.8	2.4	3.0	3.5	+0.5	+1.4sss	0.6	0.6	0.7	1.0	1.4	1.3	-0.1	+0.7sss
12th Grade	7.0	5.3	5.4	5.2	5.3	6.4	+1.3	-0.6	3.2	2.6	2.9	3.0	3.4	4.2	+0.8	+1.0	1.2	1.0	1.2	1.3	1.3	1.6	+0.3	+0.4
Heroin†																								
8th Grade	1.2	1.4	1.4	2.0	2.3	2.4	+0.1	+1.2sss	0.7	0.7	0.7	1.2	1.4	1.6	+0.2	+0.9sss	0.3	0.4	0.4	0.6	0.6	0.7	+0.1	+0.4sss
10th Grade	1.2	1.2	1.3	1.5	1.7	2.1	+0.4	+0.9sss	0.5	0.6	0.7	0.9	1.1	1.2	+0.1	+0.7sss	0.2	0.2	0.3	0.4	0.6	0.5	-0.1	+0.3sss
12th Grade	0.9	1.2	1.1	1.2	1.6	1.8	+0.2	+0.9sss	0.4	0.6	0.5	0.6	1.1	1.0	-0.1	+0.6sss	0.2	0.3	0.2	0.3	0.6	0.5	-0.1	+0.3sss
Other Opiates‡																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	8.2	+1.0s	+1.6ss	3.5	3.3	3.6	3.8	4.7	5.4	+0.7	+1.9sss	1.1	1.2	1.3	1.5	1.8	2.0	+0.2	+0.9sss
Stimulants‡																								
8th Grade	10.5	10.8	11.8	12.3	13.1	13.5	+0.4	+3.0sss	6.2	6.5	7.2	7.9	8.7	9.1	+0.4	+2.9sss	2.6	3.3	3.6	3.6	4.2	4.6	+0.4	+2.0sss
10th Grade	13.2	13.1	14.9	15.1	17.4	17.7	+0.3	+4.5sss	8.2	8.2	9.6	10.2	11.9	12.4	+0.5	+4.2sss	3.3	3.6	4.3	4.5	5.3	5.5	+0.2	+2.2sss
12th Grade	15.4	13.9	15.1	15.7	15.3	15.3	0.0	-0.1	8.2	7.1	8.4	9.4	9.3	9.5	+0.2	+1.3s	3.2	2.8	3.7	4.0	4.0	4.1	+0.1	+0.9ss
Ice‡																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	3.9	4.4	+0.5	+1.1s	1.4	1.3	1.7	1.8	2.4	2.8	+0.4	+1.4sss	0.6	0.5	0.6	0.7	1.1	1.1	0.0	+0.5s
Barbiturates‡																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	7.4	7.6	+0.2	+1.4ss	3.4	2.8	3.4	4.1	4.7	4.9	+0.2	+1.5sss	1.4	1.1	1.3	1.7	2.2	2.1	-0.1	+0.7sss

Source: University of Michigan, *The Monitoring the Future Study*, http://www.isr.umich.edu/src/mtf, December 19, 1996.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders with 5-Year Trends Noted

	Lifetime								Annual								30-Day							
	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	'91–'96 change
Tranquilizers[d]																								
8th Grade	3.8	4.1	4.4	4.6	4.5	5.3	+0.8s	+1.5sss	1.8	2.0	2.1	2.4	2.7	3.3	+0.6s	+1.5sss	0.8	0.8	0.9	1.1	1.2	1.5	+0.3s	+0.7sss
10th Grade	5.8	5.9	5.7	5.4	6.0	7.1	+1.1ss	+1.3ss	3.2	5.5	3.3	3.3	4.0	4.6	+0.6	+1.4sss	1.2	1.5	1.1	1.5	1.7	1.7	0.0	+0.5ss
12th Grade	7.2	6.0	6.4	6.6	7.1	7.2	+0.1	0.0	3.6	2.8	3.5	3.7	4.4	4.6	+0.2	+1.0ss	1.4	1.0	1.2	1.4	1.8	2.0	+0.2	+0.6ss
Alcohol[i]																								
Any use																								
8th Grade	70.1	69.3	67.1	—	—	—	—	—	54.0	55.7	51.6	—	—	—	—	—	25.1	26.1	26.2	—	—	—	—	—
			55.7	55.8	54.5	55.3	+0.8	-0.4[j]			45.4	46.8	45.5	46.5	+1.2	+1.1[j]			24.3	25.5	24.6	26.2	+1.6	+1.9[j]
10th Grade	83.8	82.3	80.8	—	—	—	—	—	72.3	70.2	69.5	—	—	—	—	—	42.8	39.9	41.5	—	—	—	—	—
			71.6	71.1	70.5	71.8	+1.3	+0.2[j]			63.4	63.9	63.5	65.0	+1.5	+1.6[j]			38.2	39.2	38.8	40.4	+1.6	+2.2[j]
12th Grade	88.0	87.5	87.0	—	—	—	—	—	77.7	76.8	76.0	—	—	—	—	—	54.0	51.3	51.0	—	—	—	—	—
			80.0	80.4	80.7	79.2	-1.5	-0.8[j]			72.7	73.0	73.7	72.5	-1.2	-0.2[j]			48.6	50.1	51.3	50.8	-0.5	+2.2[j]
Been Drunk[k]																								
8th Grade	26.7	26.8	26.4	25.9	25.3	26.8	+1.5	+0.1	17.5	18.3	18.2	18.2	18.4	19.8	+1.4	+2.3s	7.6	7.5	7.8	8.7	8.3	9.6	+1.3s	+2.0ss
10th Grade	50.0	47.7	47.9	47.2	46.9	48.5	+1.6	-1.5	40.1	37.0	37.8	38.0	38.5	40.1	+1.6	0.0	20.5	18.1	19.8	20.3	20.8	21.3	+0.5	+0.8
12th Grade	65.4	63.4	62.5	62.9	63.2	61.8	-1.4	-3.6	52.7	50.3	49.6	51.7	52.5	51.9	-0.6	-0.8	31.6	29.9	28.9	30.8	33.2	31.3	-1.9	-0.3
Cigarettes																								
Any use																								
8th Grade	44.0	45.2	45.3	46.1	46.4	49.2	+2.8ss	+5.2sss	—	—	—	—	—	—	—		14.3	15.5	16.7	18.6	19.1	21.0	+1.9s	+6.7sss
10th Grade	55.1	53.5	56.3	56.9	57.6	61.2	+3.6sss	+6.1sss	—	—	—	—	—	—	—		20.8	21.5	24.7	25.4	27.9	30.4	+2.5s	+9.6sss
12th Grade	63.1	61.8	61.9	62.0	64.2	63.5	-0.7	+0.4	—	—	—	—	—	—	—		28.3	27.8	29.9	31.2	33.5	34.0	+0.5	+5.7sss
Smokeless Tobacco[f]																								
8th Grade	22.2	20.7	18.7	19.9	20.0	20.4	+0.4	-1.8	—	—	—	—	—	—	—	—	6.9	7.0	6.6	7.7	7.1	7.1	0.0	+0.2
10th Grade	28.2	26.6	28.1	29.2	27.6	27.4	-0.2	-0.8	—	—	—	—	—	—	—	—	10.0	9.6	10.4	10.3	9.7	8.6	-1.1	-1.4
12th Grade	—	32.4	31.0	30.7	30.9	29.6	-1.1	-2.6[b]	—	—	—	—	—	—	—	—	—	11.4	10.7	11.1	12.2	9.8	-2.4	-1.6[b]
Steroids[b]																								
8th Grade	1.9	1.7	1.6	2.0	2.0	1.8	-0.2	-0.1	1.0	1.1	0.9	1.2	1.0	0.9	-0.1	-0.1	0.4	0.5	0.5	0.5	0.6	0.4	-0.2s	0.0
10th Grade	1.8	1.7	1.7	1.8	2.0	1.8	-0.2	0.0	1.1	1.1	1.0	1.1	1.2	1.2	0.0	+0.1	0.6	0.6	0.5	0.6	0.6	0.5	-0.1	-0.1
12th Grade	2.1	2.1	2.0	2.4	2.3	1.9	-0.4	-0.2	1.4	1.1	1.2	1.3	1.5	1.4	-0.1	0.0	0.8	0.6	0.7	0.9	0.7	0.7	0.0	-0.1

Source: University of Michigan, *The Monitoring the Future Study*, http://www.isr.umich.edu/src/mtf, December 19, 1996.

TABLE 1a

Trends in 30-Day Prevalence of Daily Use of Various Drugs for Eighth, Tenth, and Twelfth Graders with 5-Year Trends Noted

	Daily							
	1991	1992	1993	1994	1995	1996	'95-'96 change	'91-'96 change
Marijuana/ Hashish								
8th Grade	0.2	0.2	0.4	0.7	0.8	1.5	+0.7sss	+1.3sss
10th Grade	0.8	0.8	1.0	2.2	2.8	3.3	+0.7ss	+2.7sss
12th Grade	2.0	1.9	2.4	3.6	4.6	4.9	+0.3	+2.8sss
Alcohol[1]								
Any use								
8th Grade	0.5	0.6	0.8	—	—	—	—	—
			1.0	1.0	0.7	1.0	+0.3s	0.0[2]
10th Grade	1.3	1.2	1.6	—	—	—	—	—
			1.8	1.7	1.7	1.6	-0.1	-0.2[2]
12th Grade	3.6	3.4	2.5	—	—	—	—	—
			3.4	2.9	3.5	3.7	+0.2	+0.3[3]
Been Drunk[1]								
8th Grade	0.1	0.1	0.2	0.3	0.2	0.2	0.0	+0.1
10th Grade	0.2	0.3	0.4	0.4	0.6	0.4	-0.2	+0.2s
12th Grade	0.9	0.8	0.9	1.2	1.3	1.6	+0.3	+0.7ss
5+ drinks in last 2 weeks								
8th Grade	12.9	13.4	13.5	14.5	14.5	15.6	+1.1	+2.7
10th Grade	22.9	21.1	23.0	23.6	24.0	24.8	+0.8	+1.9
12th Grade	29.8	27.9	27.5	28.2	29.8	30.2	+0.4	+0.4
Cigarettes								
Any use								
8th Grade	7.2	7.0	8.3	8.8	9.3	10.4	+1.1	+3.2sss
10th Grade	12.6	12.3	14.2	14.6	16.3	18.3	+2.0s	+5.7sss
12th Grade	18.5	17.2	19.0	19.4	21.6	22.2	+0.6	+3.7sss
1/2 pack+/day								
8th Grade	3.1	2.9	3.5	3.6	3.4	4.3	+0.9s	+1.2ss
10th Grade	6.5	6.0	7.0	7.6	8.3	9.4	+1.1s	+2.9sss
12th Grade	10.7	10.0	10.9	11.2	12.4	13.0	+0.6	+2.3ss
Smokeless Tobacco[4]								
8th Grade	1.6	1.8	1.5	1.9	1.2	1.5	+0.3	-0.1
10th Grade	3.3	3.0	3.3	3.0	2.7	2.2	-0.6	-1.1
12th Grade	—	4.3	3.3	3.9	3.6	3.3	-0.2	-1.0[5]

Source: University of Michigan, *The Monitoring the Future Study*, http://www.isr.umich.edu/src/mtf, December 19, 1996.

(Footnotes are on the next page)

TABLE 1b
Marijuana: Trends in Annual Prevalence of Use by Subgroups for Eighth and Tenth Graders

	Percent who used in last twelve months															
	8th Grade								10th Grade							
	1991	1992	1993	1994	1995	1996	'95-'96 change	'92-'96 change	1991	1992	1993	1994	1995	1996	'95-'96 change	'92-'96 change
Approx. N =	17500	18600	18300	17300	17500	17800			14800	14800	15300	15800	17000	15600		
Total	6.2	7.2	9.2	13.0	15.8	18.3	+2.5sss	+11.1sss	16.5	15.2	19.2	25.2	28.7	33.6	+4.9sss	+18.4sss
Sex:																
Male	7.3	7.4	10.5	15.1	17.7	19.6	+1.9s	+12.2sss	17.7	16.3	21.2	28.2	30.6	36.0	+5.4sss	+19.7sss
Female	5.1	6.9	8.0	10.9	13.7	16.9	+3.2sss	+10.0sss	15.1	13.9	16.9	21.9	26.5	31.4	+4.9sss	+17.5sss
College Plans:																
None or under 4 yrs.	15.8	17.5	22.4	27.7	30.3	34.6	+4.3	+17.1sss	26.9	25.1	31.5	37.3	41.8	48.9	+7.1ss	+23.8sss
Complete 4 yrs.	4.6	5.5	7.3	11.0	13.8	15.8	+2.0ss	+10.3sss	14.2	13.0	16.5	22.4	26.4	31.0	+4.6sss	+18.0sss
Region:																
Northeast	5.0	5.8	6.2	12.1	13.0	15.3	+2.3	+9.5sss	17.1	14.9	22.4	25.6	28.8	34.8	+6.0ss	+19.9sss
North Central	5.9	6.0	8.0	12.0	17.5	18.6	+1.1	+12.6sss	15.8	14.8	17.4	23.4	26.6	33.1	+6.5ss	+18.3sss
South	6.1	7.3	9.0	11.4	14.7	17.1	+2.4	+9.8sss	14.5	12.5	16.4	23.8	28.4	33.9	+5.5ss	+21.4sss
West	7.8	10.3	14.8	18.1	18.4	22.5	+4.1s	+12.2sss	19.4	20.4	24.0	30.0	32.2	32.4	+0.2	+12.0sss
Population Density:																
Large MSA	5.2	6.7	8.0	13.1	15.6	18.3	+2.7s	+11.6sss	16.5	15.1	19.0	26.3	27.8	31.5	+3.7	+16.4sss
Other MSA	7.2	8.3	10.9	15.7	17.2	19.5	+2.3s	+11.2sss	17.3	15.9	19.8	28.2	31.2	36.2	+5.0ss	+20.3sss
Non-MSA	5.3	5.7	7.2	8.0	13.7	15.8	+2.1	+10.1sss	14.9	13.9	18.2	18.5	24.8	30.9	+6.1ss	+17.0sss
Parental Education:*																
1.0-2.0 (Low)	13.2	12.7	13.6	18.7	23.0	20.2	-2.8	+7.5sss	20.3	18.9	22.4	25.8	32.0	32.9	+0.9	+14.0sss
2.5-3.0	7.0	7.7	10.7	14.5	17.9	20.6	+2.7s	+12.9sss	17.8	16.0	19.7	26.3	31.8	35.6	+3.8s	+19.6sss
3.5-4.0	6.2	7.0	9.7	13.2	17.2	20.2	+3.0s	+13.2sss	16.2	15.1	19.3	25.6	30.0	36.4	+6.4sss	+21.3sss
4.5-5.0	3.7	5.4	7.4	10.9	12.7	16.2	+3.5ss	+10.8sss	14.9	14.1	17.6	23.8	27.0	31.7	+4.7ss	+17.6sss
5.5-6.0 (High)	4.6	5.2	6.4	11.0	13.0	14.7	+1.7	+9.5sss	15.9	13.7	18.5	23.3	23.4	30.3	+6.9sss	+16.6sss
Race (2-year average):*																
White	—	6.4	7.8	10.0	13.5	16.7	+3.2ss	+10.3sss	—	17.0	18.0	22.6	27.7	32.0	+4.3ss	+15.0sss
Black	—	4.1	5.7	8.9	11.9	14.0	+2.1	+9.9sss	—	7.6	8.7	15.3	20.9	25.7	+4.8	+18.1sss
Hispanic	—	11.9	13.9	18.1	20.4	20.8	+0.4	+8.9sss	—	18.9	21.3	25.1	29.2	34.6	+5.4	+15.7sss

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.
'—' indicates data not available.
See Table D-39 for the number of subgroup cases.
See Appendix B for definition of variables in table.

SOURCE: The Monitoring the Future Study, the University of Michigan.

*Parental education is an average score of mother's education and father's education. See Appendix B for details.

*To derive percentages for each racial subgroup, data for the specified year *and* the previous year have been combined to increase subgroup sample sizes and thus provide more stable estimates.

TABLE 1c
Marijuana: Trends in Annual Prevalence of Use by Subgroups for Twelfth Graders

Percent who used in last twelve months

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change	'92-'96 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	15800	16300	15400	15400	14300		
Total	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.6	27.0	23.9	21.9	26.0	30.7	34.7	35.8	+1.1	+13.9sss
Sex:																								
Male	45.8	50.6	53.2	55.9	55.8	53.4	49.2	47.2	45.7	43.2	43.1	41.2	38.6	35.8	32.8	29.4	27.2	24.4	29.0	35.1	38.1	39.4	+1.3	+15.0sss
Female	34.9	37.8	42.0	44.3	45.7	44.1	42.5	40.8	38.4	36.0	37.8	36.0	33.8	30.3	26.3	24.2	20.1	18.9	22.4	26.4	30.6	31.6	+1.0	+12.7sss
College Plans:																								
None or under 4 yrs.	—	46.8	50.7	51.6	53.1	51.7	49.7	48.2	46.0	44.2	44.0	42.7	40.6	36.2	34.4	31.1	27.6	27.5	29.1	34.4	39.0	41.7	+2.7	+14.2sss
Complete 4 yrs.	—	40.7	43.4	47.1	47.3	45.9	42.6	40.6	38.3	35.9	37.5	36.1	34.0	31.3	27.3	24.7	22.0	19.4	24.4	29.1	32.6	33.4	+0.8	+14.0sss
Region:																								
Northeast	47.4	52.7	53.5	59.2	60.6	55.5	53.2	50.9	49.3	49.6	48.2	44.6	41.2	36.7	31.3	32.2	28.2	23.9	31.2	36.0	37.7	40.0	+2.3	+16.1sss
North Central	40.1	44.0	48.1	51.6	52.2	48.9	46.8	45.6	42.0	36.4	40.8	40.2	37.4	34.3	33.0	28.7	26.1	22.7	26.0	30.5	36.9	36.9	0.0	+14.2sss
South	32.4	37.9	42.5	42.7	41.2	42.0	38.0	36.7	36.1	35.6	31.0	31.7	30.2	28.7	25.0	21.4	18.1	18.1	23.2	28.7	31.8	32.8	+1.0	+14.7sss
West	44.1	45.8	46.8	49.1	51.9	51.7	49.6	45.5	44.8	43.2	46.2	41.2	39.6	35.6	32.3	28.3	26.8	26.1	26.4	30.0	33.8	35.6	+1.8	+9.5ss
Population Density:																								
Large MSA	50.4	51.3	53.2	57.2	58.7	56.3	51.4	50.4	47.0	44.2	44.4	42.6	39.3	34.3	27.8	27.7	24.3	22.6	29.1	32.0	37.5	37.2	-0.3	+14.6sss
Other MSA	40.3	44.2	48.9	50.8	51.9	49.8	46.4	44.8	44.0	41.0	40.7	39.4	36.9	34.7	30.3	28.3	27.5	22.1	26.2	32.7	34.9	38.6	+3.7	+16.5sss
Non-MSA	32.9	39.8	41.2	43.3	43.3	41.9	41.6	38.5	36.5	35.3	37.3	34.7	32.2	29.0	30.0	23.5	17.5	21.0	23.1	25.8	31.0	29.6	-1.4	+8.6sss
Parental Education:[1]																								
1.0-2.0 (Low)	35.2	38.9	41.0	42.5	46.0	43.7	41.8	38.9	39.7	35.7	37.1	33.4	30.7	30.7	23.3	21.0	22.4	21.2	23.0	26.3	30.9	31.3	+0.4	+10.1sss
2.5-3.0	39.2	46.1	48.2	50.3	50.0	49.0	45.3	44.5	42.2	40.1	40.6	38.8	36.3	31.1	29.6	26.9	22.5	21.1	24.1	29.7	33.8	35.1	+1.3	+14.0sss
3.5-4.0	38.5	44.9	49.5	51.4	52.7	49.8	47.0	46.5	42.2	41.4	41.0	40.1	36.8	33.4	31.4	27.6	24.0	22.7	26.6	31.5	34.2	36.1	+1.9	+13.4sss
4.5-5.0	40.6	46.8	49.3	53.2	53.7	50.5	47.6	45.9	43.5	39.6	43.2	39.9	37.5	35.1	29.7	28.5	23.8	20.8	27.2	32.0	35.0	36.6	+1.6	+15.8sss
5.5-6.0 (High)	38.7	47.5	48.6	55.2	51.2	52.0	48.5	45.7	43.7	39.9	37.9	38.9	38.6	35.9	30.7	29.4	28.2	22.6	28.0	32.3	37.5	36.7	-0.8	+14.1sss
Race (2-year average):[2]																								
White	—	—	46.8	50.1	51.8	51.2	49.1	47.1	44.6	42.0	41.6	41.4	39.7	37.6	34.5	31.6	28.2	24.9	25.9	30.2	34.2	36.4	+2.2	+11.5sss
Black	—	—	37.9	39.6	38.4	37.5	36.1	35.5	37.4	36.4	33.4	30.6	25.7	21.2	17.8	13.7	11.4	11.5	14.2	20.7	26.8	30.2	+3.4	+18.7sss
Hispanic	—	—	45.8	43.4	42.1	44.1	41.2	38.8	38.3	38.8	37.8	36.7	33.3	29.6	25.0	21.6	23.6	24.7	23.5	25.7	29.7	32.3	+2.6	+7.6

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
See Table D-40 for the number of subgroup cases.
See Appendix B for definition of variables in table.

SOURCE: The Monitoring the Future Study, the University of Michigan.

[1]Parental education is an average score of mother's education and father's education. See Appendix B for details.

[2]To derive percentages for each racial subgroup, data for the specified year *and* the previous year have been combined to increase subgroup sample sizes and thus provide more stable estimates.

TABLE 1d

Prevalence of MDMA (Ecstasy) for 8th, 10th and 12th Graders, 1996

(Entries are percentages)

MDMA	Lifetime	Annual	30-Day	Daily
8th Grade	3.4	2.3	1.0	*
10th Grade	5.6	4.6	1.8	*
12th Grade	6.1	4.6	2.0	0.0

Approximate Weighted N	
8th Grade	*8830*
10th Grade	*7788*
12th Grade	*2372*

*Indicates less than 0.05 percent.

SOURCE: The Monitoring the Future Study, the University of Michigan.

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '--' indicates data not available. '*' indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two years is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Approximate Weighted Ns	1991	1992	1993	1994	1995	1996
8th Grade	17,500	18,600	18,300	17,300	17,500	17,800
10th Grade	14,800	14,800	15,300	15,800	17,000	15,600
12th Grade	15,000	15,800	16,300	15,400	15,400	14,300

[a]For 12th graders only: Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[b]For 12th graders only: Data based on five of six forms; N is five-sixths of N indicated.

[c]Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP.

[d]For 8th, 10th, and 12th graders: Data based on one form; N for 12th graders is one-sixth of N indicated and N for 8th and 10th graders is one-half of N indicated.

[e]For 12th graders only: Data based on four of six forms; N is four-sixths of N indicated.

[f]In 1995 the heroin question was changed in three of six forms for 12th graders and in one of two forms for 8th and 10th graders. Separate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms. In 1996 the heroin question was changed in the remaining 8th and 10th grade form.

[g]Only drug use which was not under a doctor's orders is included here.

[h]For 12th graders only: Data based on two of six forms; N is two-sixths of N indicated.

[i]For all grades: In 1993, the question text was changed slightly in half of the forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two forms for the 8th and 10th graders and on three of six forms for the 12th graders. N is one-half of N indicated for all groups. Data for 1994-96 were based on all forms for all grades.

[j]For 8th, 10th and 12th graders: The changes in the '91-'96 change columns for alcohol are actually the '93-'96 changes.

[k]For 12th graders only: The changes in the '91-'96 change columns for smokeless tobacco are actually the '92-'96 changes.

TABLE 2

Long-Term Trends in Lifetime Prevalence of Use of Various Types of Drugs for Twelfth Graders

	Percent ever used																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95–'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Any Illicit Drug[a,b]	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	50.8	+2.4
Any Illicit Drug Other[a,b] *Than Marijuana*	36.2	35.4	35.8	36.5	37.4	38.7	42.8	41.1	40.4	40.3	39.7	37.7	35.8	32.5	31.4	29.4	26.9	25.1	26.7	27.6	28.1	28.5	+0.4
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	32.6	35.3	38.2	41.7	44.9	+3.2s
Inhalants[c]	—	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	17.6	18.0	17.6	16.6	17.4	17.7	17.4	16.6	-0.8
Inhalants, Adjusted[c,d]	—	—	—	—	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	18.6	18.5	18.0	17.0	17.7	18.3	17.8		
Amyl/Butyl Nitrites[c,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	1.8	+0.3
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	9.2	10.9	11.4	12.7	14.0	+1.3
Hallucinogens, Adjusted[d]	—	—	—	—	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	9.9	9.7	10.0	9.4	11.3	11.7	13.1		
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	8.6	10.3	10.5	11.7	12.6	+0.9
PCP[c,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	4.0	+1.3
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.8	6.1	6.1	5.9	6.0	7.1	+1.1
Crack[f]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	2.6	3.0	3.0	3.3	+0.3
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	5.2	5.1	6.4	+1.3
Heroin[f]	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	1.3	1.3	0.9	1.2	1.1	1.2	1.6	1.8	+0.2
Other Opiates[b]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	7.2	8.2	+1.0s
Stimulants[b,h]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	27.9	26.9	27.9	26.2	23.4	21.6	19.8	19.1	17.5	15.4	13.9	15.1	15.7	15.3	15.3	0.0
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	4.4	+0.5
Sedatives[b,m]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	6.1	6.4	7.3	7.6		
Barbiturates[f]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	7.4	7.6	+0.2
Methaqualone[b,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.6	0.8	1.4	1.2	2.0	+0.8
Tranquilizers[b]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	7.2	+0.1
Alcohol[e]	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	87.5	87.0	—	—	—	—
																			80.0	80.4	80.7	79.2	-1.5
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	61.8	-1.4
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	61.8	61.9	62.0	64.2	63.5	-0.7
Smokeless Tobacco[e,n]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	29.8	-1.1
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	1.9	-0.4

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 3

Long-Term Trends in Annual Prevalence of Use of Various Types of Drugs for Twelfth Graders

	Percent who used in last twelve months																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95–'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Any Illicit Drug[a,b]	45.0	48.1	51.1	53.8	54.2	53.1	52.1	49.4	47.4	45.8	46.3	44.3	41.7	38.5	35.4	32.5	29.4	27.1	31.0	35.8	39.0	40.2	+1.2
Any Illicit Drug Other[a,b] *Than Marijuana*	26.2	25.4	26.0	27.1	28.2	30.4	34.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	19.8	+0.4
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.6	27.0	23.9	21.9	26.0	30.7	34.7	35.8	+1.1
Inhalants[a]	—	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	6.5	5.9	6.9	6.6	6.2	7.0	7.7	8.0	7.6	-0.4
Inhalants, Adjusted[a,c]	—	—	—	—	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	6.9	7.5	6.9	6.4	7.4	8.2	8.4		
Amyl/Butyl Nitrites[d,f]	—	—	—	—	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	0.5	0.9	1.1	1.1	1.6	+0.5
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	5.9	7.4	7.6	9.3	10.1	+0.8
Hallucinogens, Adjusted[a]	—	—	—	—	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	6.2	6.0	6.1	6.2	7.8	7.8	9.7		
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	4.9	5.4	5.2	5.6	6.8	6.9	8.4	8.8	+0.4
PCP[e,f]	—	—	—	—	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	1.4	1.4	1.6	1.8	2.6	+0.8
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	3.1	3.3	3.6	4.0	4.9	+0.9s
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	2.1	0.0
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	3.4	4.2	+0.8
Heroin[j]	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.5	0.6	0.5	0.4	0.6	0.5	0.6	1.1	1.0	-0.1
Other Opiates[k]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	4.7	5.4	+0.7
Stimulants[a,k]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	20.3	17.9	17.7	15.8	13.4	12.2	10.9	10.8	9.1	8.2	7.1	8.4	9.4	9.3	9.5	+0.2
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	2.8	+0.4
Sedatives[k,m]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	2.9	3.4	4.2	4.9		
Barbiturates[k]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	2.8	3.4	4.1	4.7	4.9	+0.2
Methaqualone[k,m]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	0.6	0.2	0.8	0.7	1.1	+0.4
Tranquilizers[k]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	2.8	3.5	3.7	4.4	4.6	+0.2
Alcohol[a]	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	85.3	82.7	80.6	77.7	76.8	76.0	—	—	—	—
																			72.7	73.0	73.7	72.5	-1.2
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	51.9	-0.6
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[a,n]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	1.5	1.4	-0.1

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001, '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Thirty-Day Prevalence of Use of Various Types of Drugs for Twelfth Graders

	Percent who used in last thirty days																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Any Illicit Drug[a,b]	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	+0.8
Any Illicit Drug Other[a,b] *Than Marijuana*	15.4	13.9	15.2	15.1	16.8	18.4	21.7	17.0	15.4	15.1	14.9	13.2	11.6	10.0	9.1	8.0	7.1	6.3	7.9	8.8	10.0	9.5	-0.5
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	11.9	15.5	19.0	21.2	21.9	+0.7
Inhalants[a]	—	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	2.3	2.7	2.4	2.3	2.5	2.7	3.2	2.5	-0.7s
Inhalants, Adjusted[a,d]	—	—	—	—	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	2.7	2.9	2.6	2.5	2.8	2.9	3.5		
Amyl/Butyl Nitrites[a,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	0.4	0.7	+0.3
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	2.2	2.2	2.2	2.1	2.7	3.1	4.4	3.5	-0.9n
Hallucinogens, Adjusted[d]	—	—	—	—	5.3	4.4	4.5	4.1	3.5	3.2	3.8	3.5	2.8	2.3	2.9	2.3	2.4	2.3	3.3	3.2	4.6		
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	2.0	2.4	2.6	4.0	2.5	-1.5sss
PCP[a,f]	—	—	—	—	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	1.4	0.4	0.5	0.6	1.0	0.7	0.6	1.3	+0.7s
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4	1.3	1.3	1.5	1.8	2.0	+0.2
Crack[a]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	1.0	0.0
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	1.6	+0.3
Heroin[f]	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.3	0.6	0.5	-0.1
Other Opiates[a]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	1.2	1.3	1.5	1.8	2.0	+0.2
Stimulants[a,h]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	10.7	8.9	8.3	6.8	5.5	5.2	4.6	4.2	3.7	3.2	2.8	3.7	4.0	4.0	4.1	+0.1
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	1.1	1.1	0.0
Sedatives[a,e]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	2.3		
Barbiturates[a]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	1.1	1.3	1.7	2.2	2.1	-0.1
Methaqualone[a,m]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.6	0.2	0.2	0.4	0.1	0.4	0.4	0.6	+0.2
Tranquilizers[a]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	1.0	1.2	1.4	1.8	2.0	+0.2
Alcohol[a]	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	60.0	57.1	54.0	51.3	51.0	—	—	—	—
																			48.6	50.1	51.3	50.8	-0.5
Been Drunk[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	33.2	31.3	-1.9
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3	27.8	29.9	31.2	33.5	34.0	+0.5
Smokeless Tobacco[a,e]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	9.8	-2.4
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	0.7	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Types of Drugs for Twelfth Graders

	Percent who used daily in last thirty days																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	1.9	2.4	3.6	4.6	4.9	+0.3
Inhalants[c]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	0.2	+0.1
Inhalants, Adjusted[c,d]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—		
Amyl/Butyl Nitrites[c,f]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	0.4	+0.2
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Hallucinogens, Adjusted[d]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—		
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	*	0.0
PCP[c,f]	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.3	+0.1
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.2	+0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.0
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	0.2	0.2	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.0
Heroin[i]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.1	+0.1
Other Opiates[h]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.2	+0.1
Stimulants[h,k]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	+0.1
Crystal Meth. (Ice)[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.1	0.0
Sedatives[h,m]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1		
Barbiturates[h]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	0.1	0.0
Methaqualone[h,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0	-0.1
Tranquilizers[h]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.2	+0.2sss
Alcohol																							
Daily[e]	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6	3.4	2.5	—	—	—	—
																			3.4	2.9	3.5	3.7	+0.2
Been drunk daily[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	1.3	1.6	+0.3
5+ drinks in a row in last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	33.0	32.2	29.8	27.9	27.5	28.2	29.8	30.2	+0.4
Cigarettes																							
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5	17.2	19.0	19.4	21.6	22.2	+0.6
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	10.0	10.9	11.2	12.4	13.0	+0.6
Smokeless Tobacco[h,n]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	3.3	-0.2
Steroids[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	0.3	+0.1

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '*' indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error. See Table 2 for relevent footnotes.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Footnotes for Table 2–Table 5

[a]Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.

[b]Beginning in 1982 the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[c]Data based on four of five forms in 1976–88; N is four-fifths of N indicated. Data based on five of six forms in 1989–96; N is five-sixths of N indicated.

[d]Adjusted for underreporting of amyl and butyl nitrites. See text for details.

[e]Data based on one form; N is one-fifth of N indicated in 1979–88 and one-sixth of N indicated in 1989–96.

[f]Question text changed slightly in 1987.

[g]Adjusted for underreporting of PCP. See text for details.

[h]Data based on one of five forms in 1986; N is one-fifth of N indicated. Data based on two forms in 1987–89; N is two-fifths of N indicated in 1987–88 and two-sixths of N indicated in 1989. Data based on six forms in 1990–96.

[i]Data based on one form in 1987–89; N is one-fifth of N indicated in 1987–88 and one-sixth of N indicated in 1989. Data based on four of six forms in 1990–96; N is four-sixths of N indicated.

[j]In 1995 the heroin question was changed in half of the questionnaire forms. Separate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms.

[k]Only drug use which was not under a doctor's orders is included here.

[l]Data based on two of six forms; N is two-sixths of N indicated. Steroid data based on one of six forms in 1989–90; N is one-sixth of N indicated in 1989–90. Steroid data based on two of six forms since 1991; N is two-sixths of N indicated since 1991.

[m]Sedatives: Data based on five forms in 1975-88, six forms in 1989, one form in 1990 (N is one-sixth of N indicated in 1990), and six forms of data adjusted by one-form data beginning in 1991. Methaqualone: Data based on five forms in 1975–88, six forms in 1989, and one of six forms beginning in 1990 (N is one-sixth of N indicated beginning in 1990).

[n]Data based on five forms in 1975–88 and on six forms in 1989–92. In 1993, the question text was changed slightly in three of six forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from the three forms using the original wording (N is three-sixths of N indicated), while the data in the lower line came from the three forms containing the revised wording (N is three-sixths of N indicated). Data for 1994–96 were based on all six forms.

[o]Prevalence of smokeless tobacco was not asked of twelfth graders in 1990 and 1991. Prior to 1990 the prevalence question on smokeless tobacco was located near the end of one twelfth-grade questionnaire form, whereas after 1991 the question was placed earlier and in a different form. This shift could explain the discontinuities between the corresponding data.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 6

Trends in Harmfulness of Drugs as Perceived by Eighth, Tenth, and Twelfth Graders, 1991–96

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"[a]																					
	8th Grade							10th Grade							12th Grade							
	1991	1992	1993	1994	1995	1996	'95–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change	1991	1992	1993	1994	1995	1996	'95–'96 change
Try marijuana once or twice	40.4	39.1	36.2	31.6	28.9	27.9	-1.0	30.0	31.9	29.7	24.4	21.5	20.0	-1.5s	27.1	24.5	21.9	19.5	16.3	15.6	-0.7
Smoke marijuana occasionally	57.9	56.3	53.8	48.6	45.9	44.3	-1.6	48.6	48.9	46.1	38.9	35.4	32.8	-2.6ss	40.6	39.6	35.6	30.1	25.6	25.9	+0.3
Smoke marijuana regularly	83.8	82.0	79.6	74.3	73.0	70.9	-2.1s	82.1	81.1	78.5	71.3	67.9	65.9	-2.0	78.6	76.5	72.5	65.0	60.8	59.9	-0.9
Try inhalants once or twice	35.9	37.0	36.5	37.9	36.4	40.8	+4.4sss	37.8	38.7	40.9	42.7	41.6	47.2	+5.6sss	—	—	—	—	—	—	—
Try inhalants regularly	65.6	64.4	64.6	65.5	64.8	68.2	+3.4ss	69.8	67.9	69.6	71.5	71.8	75.8	+4.0sss	—	—	—	—	—	—	—
Take LSD once or twice[b]	—	—	42.1	38.3	36.7	36.5	-0.2	—	—	48.7	46.5	44.7	45.1	+0.4	46.6	42.3	39.5	38.8	36.4	36.2	-0.2
Take LSD regularly[b]	—	—	68.3	65.8	64.4	63.6	-0.8	—	—	78.9	75.9	75.5	75.3	-0.2	84.3	81.8	79.4	79.1	78.1	77.8	-0.3
Try crack once or twice	62.8	61.2	57.2	54.4	50.8	51.0	+0.2	70.4	69.6	66.6	64.7	60.9	60.9	0.0	60.6	62.4	57.6	58.4	54.6	56.0	+1.4
Take crack occasionally	82.2	79.6	76.8	74.4	72.1	71.6	-0.5	87.4	86.4	84.4	83.1	81.2	80.3	-0.9	76.5	76.3	73.9	73.8	72.8	71.4	-1.4
Try cocaine powder once or twice	55.5	54.1	50.7	48.4	44.9	45.2	+0.3	59.1	59.2	57.5	56.4	53.5	53.6	+0.1	53.6	57.1	53.2	55.4	52.0	53.2	+1.2
Take cocaine powder occasionally	77.0	74.3	71.8	69.1	66.4	65.7	-0.7	82.2	80.1	79.1	77.8	75.6	75.0	-0.6	69.8	70.8	68.6	70.6	69.1	68.8	-0.3
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	11.0	12.1	12.4	11.6	11.6	11.8	+0.2	9.0	10.1	10.9	9.4	9.3	8.9	-0.4	9.1	8.6	8.2	7.6	5.9	7.3	+1.4
Take one or two drinks nearly every day	31.8	32.4	32.6	29.9	30.5	28.6	-1.9s	36.1	36.8	35.9	32.5	31.7	31.2	-0.5	32.7	30.6	28.2	27.0	24.8	25.1	+0.3
Have five or more drinks once or twice each weekend	59.1	58.0	57.7	54.7	54.1	51.8	-2.3s	54.7	55.9	54.9	52.9	52.0	50.9	-1.1	48.6	49.0	48.3	46.5	45.2	49.5	+4.3s
Smoke one or more packs of cigarettes per day	51.6	50.8	52.7	50.8	49.8	50.4	+0.6	60.3	59.3	60.7	59.0	57.0	57.9	+0.9	69.4	69.2	69.5	67.6	65.6	68.2	+2.6
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.5	34.0	+0.5	40.3	39.6	44.2	42.2	38.2	41.0	+2.8ss	37.4	35.5	38.9	36.6	33.2	37.4	+4.2s
Take steroids[c]	64.2	69.5	70.2	67.6	—	—	—	67.1	72.7	73.4	72.5	—	—	—	65.6	70.7	69.1	66.1	66.4	67.6	+1.2
Approx. N =	*17437*	*18662*	*18366*	*17394*	*17501*	*17926*		*14719*	*14808*	*15298*	*15880*	*17006*	*15670*		*2549*	*2684*	*2759*	*2591*	*2603*	*2449*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[a]Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, (5) Can't say, drug unfamiliar.
[b]8th and 10th grade: Data based on one of two forms; N is one-half of N indicated.
[c]8th and 10th grade: Data based on two forms in 1991 and 1992 and on one of two forms in 1993 and 1994, N is one-half of N indicated.

TABLE 7
Long-Term Trends in Harmfulness of Drugs as Perceived by Twelfth Graders

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	23.6	23.1	27.1	24.5	21.9	19.5	16.3	15.6	-0.7
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	31.7	36.5	36.9	40.6	39.6	35.6	30.1	25.6	25.9	+0.3
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	77.0	77.5	77.8	78.6	76.5	72.5	65.0	60.8	59.9	-0.9
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	46.0	44.7	46.6	42.3	39.5	38.8	36.4	36.2	-0.2
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	84.2	84.3	84.5	84.3	81.8	79.4	79.1	78.1	77.8	-0.3
Try PCP once or twice	—	—	—	—	—	—	—	—	—	—	—	—	55.6	58.8	56.6	55.2	51.7	54.8	50.8	51.5	49.1	51.0	+1.9
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	56.8	57.6	57.2	53.7	54.2	+0.5
Take cocaine occasionally	—	—	—	—	—	—	—	—	—	—	—	54.2	66.8	69.2	71.8	73.9	75.5	75.1	73.3	73.7	70.8	72.1	+1.3
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	89.2	90.2	91.1	90.4	90.2	90.1	89.3	87.9	88.3	+0.4
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	57.0	62.1	62.9	64.3	60.6	62.4	57.6	58.4	54.6	56.0	+1.4
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	70.4	73.2	75.3	80.4	76.5	76.3	73.9	73.8	72.8	71.4	-1.4
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	84.6	84.8	85.6	91.6	90.1	89.3	87.5	89.6	88.6	88.0	-0.6
Try cocaine powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	45.3	51.7	53.8	53.9	53.6	57.1	53.2	55.4	52.0	53.2	+1.2
Take cocaine powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	56.8	61.9	65.8	71.1	69.8	70.8	68.6	70.6	69.1	68.8	-0.3
Take cocaine powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	81.4	82.9	83.9	90.2	88.9	88.4	87.0	88.6	87.8	86.8	-1.0
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	53.8	55.4	55.2	50.9	50.7	52.8	50.9	52.5	+1.6
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	75.5	76.6	74.9	74.2	72.0	72.1	71.0	74.8	+3.8s
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	88.8	89.5	90.2	89.6	89.2	88.3	88.0	87.2	89.5	+2.3s
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	32.8	32.2	36.3	32.6	31.3	31.4	28.8	30.8	+2.0
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	71.2	71.2	74.1	72.4	69.9	67.0	65.9	66.8	+0.9
Try crystal meth. (ice) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61.6	61.9	57.5	58.3	54.4	55.3	+0.9
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	32.2	32.4	35.1	32.2	29.2	29.9	26.3	29.1	+2.8
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	70.5	70.2	70.5	70.2	66.1	63.3	61.6	60.4	-1.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	6.0	6.0	8.3	9.1	8.6	8.2	7.6	5.9	7.3	+1.4
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	28.5	31.3	32.7	30.6	28.2	27.0	24.8	25.1	+0.3
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	69.8	70.9	69.5	70.5	67.8	66.2	62.8	65.6	+2.8
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	44.0	47.1	48.6	49.0	48.3	46.5	45.2	49.5	+4.3s
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	68.0	67.2	68.2	69.4	69.2	69.5	67.6	65.6	68.2	+2.6
Use smokeless tobacco regularly	—	—	—	—	—	—	—	—	—	—	—	25.8	30.0	33.2	32.9	34.2	37.4	35.5	38.9	36.6	33.2	37.4	+4.2s
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63.8	69.9	65.6	70.7	69.1	66.1	66.4	67.6	+1.2
Approx. N =	*2804*	*2918*	*3052*	*3770*	*3250*	*3234*	*3604*	*3557*	*3305*	*3262*	*3250*	*3020*	*3315*	*3276*	*2796*	*2553*	*2549*	*2684*	*2759*	*2591*	*2603*	*2449*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

TABLE 8

Trends In Disapproval of Drug Use by Eighth, Tenth, and Twelfth Graders, 1991-96

Percent who "disapprove" or "strongly disapprove"[a]

Do you disapprove of people who . . .	8th Grade 1991	1992	1993	1994	1995	1996	'95-'96 change	10th Grade 1991	1992	1993	1994	1995	1996	'95-'96 change	12th Grade[b] 1991	1992	1993	1994	1995	1996	'95-'96 change
Try marijuana once or twice	84.6	82.1	79.2	72.9	70.7	67.5	-3.2sss	74.6	74.8	70.3	62.4	59.8	55.5	-4.3sss	68.7	69.9	63.3	57.6	56.7	52.5	-4.2s
Smoke marijuana occasionally	89.5	88.1	85.7	80.9	79.7	76.5	-3.2sss	83.7	83.6	79.4	72.3	70.0	66.9	-3.1ss	79.4	79.7	75.5	68.9	66.7	62.9	-3.8s
Smoke marijuana regularly	92.1	90.8	88.9	85.3	85.1	82.8	-2.3ss	90.4	90.0	87.4	82.2	81.1	79.7	-1.4	89.3	90.1	87.6	82.3	81.9	80.0	-1.9
Try inhalants once or twice	84.9	84.0	82.5	81.6	81.8	82.9	+1.1	85.2	85.6	84.8	84.9	84.5	86.0	+1.5s	—	—	—	—	—	—.	—
Take inhalants regularly	90.6	90.0	88.9	88.1	88.8	89.3	+0.5	91.0	91.5	90.9	91.0	90.9	91.7	+0.8	—	—	—	—	—	—	—
Try LSD once or twice[c]	—	—	77.1	75.2	71.6	70.9	-0.7	—	—	82.1	79.3	77.9	76.8	-1.1	90.1	88.1	85.9	82.5	81.1	79.6	-1.5
Take LSD regularly[c]	—	—	79.8	78.4	75.8	75.3	-0.5	—	—	86.8	85.6	84.8	84.5	-0.3	96.4	95.5	95.8	94.3	92.5	93.2	+0.7
Try crack once or twice	91.7	90.7	89.1	86.9	85.9	85.0	-0.9	92.5	92.5	91.4	89.9	88.7	88.2	-0.5	92.1	93.1	89.9	89.5	91.4	87.4	-4.0sss
Take crack occasionally	93.3	92.5	91.7	89.9	89.8	89.3	-0.5	94.3	94.4	93.6	92.5	91.7	91.9	+0.2	94.2	95.0	92.8	92.8	94.0	91.2	-2.8ss
Try cocaine powder once or twice	91.2	89.6	88.5	86.1	85.3	83.9	-1.4s	90.8	91.1	90.0	88.1	86.8	86.1	-0.7	88.0	89.4	86.6	87.1	88.3	83.1	-5.2sss
Take cocaine powder occasionally	93.1	92.4	91.6	89.7	89.7	88.7	-1.0	94.0	94.0	93.2	92.1	91.4	91.1	-0.3	93.0	93.4	91.2	91.0	92.7	89.7	-3.0ss
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	51.7	52.2	50.9	47.8	48.0	45.5	-2.5	37.6	39.9	38.5	36.5	36.1	34.2	-1.9s	29.8	33.0	30.1	28.4	27.3	26.5	-0.8
Take one or two drinks nearly every day	82.2	81.0	79.6	76.7	75.9	74.1	-1.8	81.7	81.7	78.6	75.2	75.4	73.8	-1.6	76.5	75.9	77.8	73.1	73.3	70.8	-2.5
Have five or more drinks once or twice each weekend	85.2	83.9	83.3	80.7	80.7	79.1	-1.6s	76.7	77.6	74.7	72.3	72.2	70.7	-1.5	67.4	70.7	70.1	65.1	66.7	64.7	-2.0
Smoke one or more packs of cigarettes per day	82.8	82.3	80.6	78.4	78.6	77.3	-1.3	79.4	77.8	76.5	73.9	73.2	71.6	-1.6	71.4	73.5	70.6	69.8	68.2	67.2	-1.0
Use smokeless tobacco regularly	79.1	77.2	77.1	75.1	74.0	74.1	+0.1	75.4	74.6	73.8	71.2	71.0	71.0	0.0	—	—	—	—	—	—	—
Take steroids[d]	89.8	90.3	89.9	87.9	—	—	—	90.0	91.0	91.2	90.8	—	—	—	90.5	92.1	92.1	91.9	91.0	91.7	+0.7
Approx. N =	*17390*	*18503*	*18435*	*17429*	*17560*	*17998*		*14750*	*14774*	*15334*	*15891*	*17016*	*15686*		*2547*	*2645*	*2723*	*2588*	*2603*	*2399*	

NOTES: Level of significance of difference between the two most recent classes: s =.05, ss =.01, sss =.001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[a]Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

[b]The twelfth grade questions ask about people who are 18 or older.

[c]8th and 10th grade: Data based on one of two forms; N is one-half of N indicated.

[d]8th and 10th grade: Data based on two forms in 1991 and 1992 and on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 9
Long-Term Trends in Disapproval of Drug Use by Twelfth Graders

*Do you disapprove of people (who are 18 or older) doing each of the following?**	Percentage "disapproving"*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	69.9	63.3	57.6	56.7	52.5	-4.2s
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	79.7	75.5	68.9	66.7	62.9	-3.8s
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	90.1	87.6	82.3	81.9	80.0	-1.9
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	89.7	89.8	90.1	88.1	85.9	82.5	81.1	79.6	-1.5
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	95.5	95.8	94.3	92.5	93.2	+0.7
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	93.0	92.7	91.6	90.3	90.0	-0.3
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	96.9	97.5	96.6	96.1	95.6	-0.5
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.3	92.1	93.1	89.9	89.5	91.4	87.4	-4.0sss
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.3	94.2	95.0	92.8	92.8	94.0	91.2	-2.8ss
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.9	95.0	95.5	93.4	93.1	94.1	93.0	-1.1
Try coke powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87.9	88.0	89.4	86.6	87.1	88.3	83.1	-5.2sss
Take coke powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.1	93.0	93.4	91.2	91.0	92.7	89.7	-3.0ss
Take coke powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93.7	94.4	94.3	93.0	92.5	93.8	92.9	-0.9
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	94.9	94.4	93.2	92.8	92.1	-0.7
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	97.2	96.7	97.3	96.8	97.0	96.2	95.7	95.0	-0.7
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	97.2	97.5	97.1	96.4	96.3	-0.1
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	86.9	84.2	81.3	82.2	79.9	-2.3
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	95.6	96.0	94.1	94.3	93.5	-0.8
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	89.3	90.5	90.6	90.3	89.7	87.5	87.3	84.9	-2.4s
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	95.3	96.4	97.1	96.5	97.0	96.1	95.2	94.8	-0.4
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	33.0	30.1	28.4	27.3	26.5	-0.8
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	76.5	77.9	76.5	75.9	77.8	73.1	73.3	70.8	-2.5
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.6	91.9	90.6	90.8	90.6	89.8	88.8	89.4	+0.6
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	68.9	67.4	70.7	70.1	65.1	66.7	64.7	-2.0
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	72.4	72.8	71.4	73.5	70.6	69.8	68.2	67.2	-1.0
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	90.8	90.5	92.1	92.1	91.9	91.0	91.7	+0.7
Approx. N =	*2677*	*2957*	*3085*	*3686*	*3221*	*3261*	*3610*	*3651*	*3341*	*3254*	*3265*	*3113*	*3302*	*3311*	*2799*	*2566*	*2547*	*2645*	*2723*	*2588*	*2603*	*2399*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.
**The 1975 question asked about people who are "20 or older."

TABLE 10

Trends in Perceived Availability of Drugs
Eighth, Tenth, and Twelfth Graders, 1992-96

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get[a]																	
	8th Grade						10th Grade						12th Grade					
	1992	1993	1994	1995	1996	'95-'96 change	1992	1993	1994	1995	1996	'95-'96 change	1992	1993	1994	1995	1996	'95-'96 change
Marijuana	42.3	43.8	49.9	52.4	54.8	+2.4s	65.2	68.4	75.0	78.1	81.1	+3.0sss	82.7	83.0	85.5	88.5	88.7	+0.2
LSD[b]	21.5	21.8	21.8	23.5	23.6	+0.1	33.6	35.8	36.1	39.8	41.0	+1.2	44.5	49.2	50.8	53.8	51.3	-2.5
PCP[b]	18.0	18.5	17.7	19.0	19.6	+0.6	23.7	23.4	23.8	24.7	26.8	+2.1	31.7	31.7	31.4	31.0	30.5	-0.5
Crack	25.6	25.9	26.9	28.7	27.9	-0.8	33.7	33.0	34.2	34.6	36.4	+1.8	43.5	43.6	40.5	41.9	40.7	-1.2
Cocaine Powder	25.7	25.9	26.4	27.8	27.2	-0.6	35.0	34.1	34.5	35.3	36.9	+1.6	48.0	45.4	43.7	43.8	44.4	+0.6
Heroin	19.7	19.8	19.4	21.1	20.6	-0.5	24.3	24.3	24.7	24.6	24.8	+0.2	34.9	33.7	34.1	35.1	32.2	-2.9
Other Opiates[b]	19.8	19.0	18.3	20.3	20.0	-0.3	26.9	24.9	26.9	27.8	29.4	+1.6	37.1	37.5	38.0	39.8	40.0	+0.2
Amphetamines	32.2	31.4	31.0	33.4	32.6	-0.8	43.4	46.4	46.6	47.7	47.2	-0.5	58.8	61.5	62.0	62.8	59.4	-3.4s
Crystal Meth. (Ice)[b]	16.0	15.1	14.1	16.0	16.3	+0.3	18.8	16.4	17.8	20.7	22.6	+1.9	26.0	26.6	25.6	27.0	26.9	-0.1
Barbiturates	27.4	26.1	25.3	26.5	25.6	-0.9	38.0	38.8	38.3	38.8	38.1	-0.7	44.0	44.5	43.3	42.3	41.4	-0.9
Tranquilizers	22.9	21.4	20.4	21.3	20.4	-0.9	31.6	30.5	29.8	30.6	30.3	-0.3	40.9	41.1	39.2	37.8	36.0	-1.8
Cigarettes	77.8	75.5	76.1	76.4	76.9	+0.5	89.1	89.4	90.3	90.7	91.3	+0.6	—	—	—	—	—	—
Alcohol	76.2	73.9	74.5	74.9	75.3	+0.4	88.6	88.9	89.8	89.7	90.4	+0.7	—	—	—	—	—	—
Steroids	24.0	22.7	23.1	23.8	24.1	+0.3	37.6	33.6	33.6	34.8	34.8	0.0	46.8	44.8	42.9	45.5	40.3	-5.2ss
Approx. N =	*8355*	*16775*	*16119*	*15496*	*16318*		*7014*	*14652*	*15192*	*16209*	*14887*		*2586*	*2670*	*2526*	*2552*	*2340*	

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[a]Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy. For 8th and 10th grades, there was another category—'Can't say, drug unfamiliar'—which was included in the calculation of these percentages.

[b]8th and 10th grade only: Data based on one of two forms; N is one-half of N indicated in 1993-96.

TABLE 11

Long-Term Trends in Perceived Availability of Drugs, Twelfth Graders

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	'95-'96 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	82.7	83.0	85.5	88.5	88.7	+0.2
Amyl/Butyl Nitrites	—	—	—	—	—	—	—	—	—	—	—	—	23.9	25.9	26.8	24.4	22.7	25.9	25.9	26.7	26.0	23.9	-2.1
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.5	49.2	50.8	53.8	51.3	-2.5
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	28.9	27.7	27.6	31.7	31.7	31.4	31.0	30.5	-0.5
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	28.2	28.3	28.0	29.9	33.5	33.8	35.8	33.9	-1.9
MDMA (ecstasy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	34.2	36.9	+2.7
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.6	47.7	48.1	+0.4
Crack	—	—	—	—	—	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	41.9	40.7	-1.2
Cocaine powder	—	—	—	—	—	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	43.8	44.4	+0.6
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	35.1	32.2	-2.9
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	38.0	39.8	40.0	+0.2
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	62.8	59.4	-3.4s
Crystal meth. (ice)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.6	27.0	26.9	-0.1
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	44.0	44.5	43.3	42.3	41.4	-0.9
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	37.8	36.0	-1.8
Steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	45.5	40.3	-5.2ss
Approx. N =	*2627*	*2865*	*3065*	*3598*	*3172*	*3240*	*3578*	*3602*	*3385*	*3269*	*3274*	*3077*	*3271*	*3231*	*2806*	*2549*	*2476*	*2586*	*2670*	*2526*	*2552*	*2340*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

TABLE 1

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

(Entries are percentages)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Any Illicit Drug[a]																				
8th Grade	16.7	20.6	23.5	25.1	+3.3**	11.3	13.9	15.1	18.5	+3.4***	3.7	6.6	5.4	10.9	+3.5***	—	—	—	—	—
10th Grade	30.8	39.0	33.6	37.4	+4.0***	21.4	30.4	24.7	29.0	+5.3***	11.0	11.0	14.0	18.5	+4.5***	—	—	—	—	—
12th Grade	44.1	40.7	43.9	46.6	+2.7**	29.4	27.1	31.0	33.8	+4.8***	18.4	14.4	19.9	21.9	+2.0***	—	—	—	—	—
College Students	50.4	46.8	46.9	46.5	-0.4	30.8	30.9	30.6	31.4	+0.7	16.9	16.1	16.1	16.0	+0.0	—	—	—	—	—
Young Adults	62.3	60.3	60.0	57.5	-2.7*	37.0	36.3	35.4	35.4	0.0	15.1	14.6	14.9	15.3	+0.4	—	—	—	—	—
Any Illicit Drug[a] Other Than Marijuana																				
8th Grade	14.5	15.6	16.9	17.8	+0.7	9.4	9.3	10.4	11.3	+0.9	5.9	4.7	6.3	6.6	+0.3	—	—	—	—	—
10th Grade	19.1	19.2	20.8	21.7	+0.8	12.3	11.3	14.0	15.3	+1.3	5.1	5.7	6.6	7.1	+0.6	—	—	—	—	—
12th Grade	26.9	26.1	28.7	27.8	+0.9	16.3	14.9	17.1	16.0	+0.9	7.1	6.5	7.0	6.6	+0.9	—	—	—	—	—
College Students	28.8	28.1	34.3	31.0	-3.4	13.3	13.1	13.6	13.3	-0.3	4.3	4.6	5.4	4.6	-0.8	—	—	—	—	—
Young Adults	37.8	37.0	34.8	33.4	-1.3	14.3	14.1	13.0	13.0	+0.1	5.4	5.5	4.9	5.3	+0.4	—	—	—	—	—
Any Illicit Drug[a] Including Inhalants																				
8th Grade	18.5	20.6	22.3	25.1	+2.8**	10.7	10.2	11.1	14.2	+3.1**	8.9	10.0	12.0	14.2	+2.2**	—	—	—	—	—
10th Grade	36.1	38.2	36.7	42.7	+6.0***	22.9	23.5	27.4	32.6	+5.1***	16.1	16.9	15.8	20.0	+4.2***	—	—	—	—	—
12th Grade	47.8	44.4	46.8	49.1	+2.3*	31.3	28.6	32.5	37.6	+5.1***	17.9	15.6	19.3	23.0	+3.7***	—	—	—	—	—
College Students	53.0	50.3	46.1	47.0	+1.1	32.6	31.1	31.7	31.9	+0.2	16.1	16.5	16.7	16.4	+0.7	—	—	—	—	—
Young Adults	63.4	61.3	61.2	60.5	-2.7**	37.8	36.3	35.8	36.3	+0.5	16.4	15.5	15.1	16.1	+1.0	—	—	—	—	—
Marijuana/Hashish																				
8th Grade	10.2	11.2	13.6	16.7	+4.1***	6.3	7.2	9.3	13.0	+3.8***	3.3	3.7	5.1	7.8	+2.7***	0.2	0.3	0.4	0.7	+0.3**
10th Grade	23.4	31.4	34.4	40.4	+6.0***	19.6	26.3	29.3	33.3	+4.0***	8.7	6.1	10.9	15.6	+4.9***	0.6	0.6	1.0	2.3	+1.3***
12th Grade	36.7	32.9	36.8	38.2	+1.3*	32.9	31.9	36.0	40.7	+4.7***	13.8	11.9	15.5	19.5	+3.5***	1.0	1.9	2.4	3.9	+1.5***
College Students	46.3	44.1	42.0	42.3	+0.3	29.8	27.7	27.9	29.3	+1.5	14.1	14.6	14.3	15.1	+0.8	1.8	1.6	1.9	1.8	-0.1
Young Adults	58.8	56.4	55.9	57.7	+2.1*	32.8	33.2	33.1	33.6	+0.5	13.5	13.3	13.4	14.1	+0.8	2.3	2.3	2.4	2.8	+0.4
Inhalants[b,c]																				
8th Grade	17.8	17.4	19.4	19.9	+0.5	9.0	9.5	11.0	11.7	+0.7	4.4	4.7	5.4	5.9	+0.5	0.3	0.3	0.3	0.3	-0.1
10th Grade	15.1	15.5	17.5	18.0	+0.5	7.1	7.5	9.4	9.1	+0.7	3.7	3.7	3.3	3.9	+0.3	0.1	0.1	0.3	0.1	0.0
12th Grade	17.9	16.6	17.4	17.7	+0.3	6.6	6.3	7.0	7.7	+0.7	3.4	3.3	3.5	3.7	+0.3	0.3	0.1	0.1	0.1	-0.1
College Students	14.4	14.3	14.8	13.0	-1.8*	3.5	3.1	3.8	3.0	-0.8	0.9	1.1	1.3	0.6	-0.7	—	—	—	—	—
Young Adults	13.4	13.5	14.1	13.2	-0.8	2.0	1.9	2.1	2.1	0.0	0.5	0.5	0.7	0.8	-0.3	*	*	*	*	0.0
Nitrites[c]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.8	1.6	1.4	1.7	+0.3	0.9	0.5	0.9	1.1	+0.2	0.4	0.3	0.6	0.4	-0.2	0.2	0.1	0.1	0.2	+0.1
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	1.4	1.3	1.5	1.0	-0.4	0.2	0.1	0.4	0.3	-0.2	*	0.1	0.2	0.1	-0.1	*	0.0	0.2	0.0	-0.2

SOURCE: The Monitoring the Future Study, the University of Michigan

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Hallucinogens[c]																				
8th Grade	3.9	3.9	5.9	4.3	+5.4	1.9	2.6	3.8	3.7	+0.1	0.8	1.1	1.2	1.5	+0.1	0.1	0.1	0.1	0.1	0.0
10th Grade	8.1	9.4	8.8	8.1	+1.3s	4.0	4.3	4.1	5.5	+1.1s	1.6	1.8	1.9	2.4	+0.5	*	0.1	0.1	0.1	0.0
12th Grade	9.6	9.2	10.2	11.4	+0.8	5.6	5.9	7.4	7.6	+0.2	2.2	2.1	2.7	3.1	+0.4	0.1	0.1	0.1	0.1	0.0
College Students	11.2	11.6	11.8	10.0	-1.8	6.1	6.8	6.0	6.1	+0.1	1.9	2.2	2.5	2.1	-0.4	—	—	—	—	—
Young Adults	16.7	15.7	16.4	16.4	0.0	4.8	5.0	4.5	4.8	+0.3	1.1	1.5	1.2	1.4	+0.2	0.0	0.0	*	0.0	0.0
LSD																				
8th Grade	2.7	3.2	3.5	3.7	+0.5	1.7	2.1	2.2	2.4	+0.1	0.8	0.9	1.0	1.1	+0.1	*	*	*	*	0.0
10th Grade	5.4	5.8	6.1	7.3	+1.0	2.7	4.0	4.2	5.3	+1.0s	1.5	1.8	1.8	2.0	+0.4	*	0.1	*	*	0.0
12th Grade	8.5	8.6	10.2	10.5	+0.3	4.3	5.6	6.8	6.9	+0.1	1.8	2.0	2.4	2.6	+0.2	0.1	0.1	0.1	0.1	0.0
College Students	9.6	10.6	10.6	9.2	-1.4	5.1	5.3	5.1	5.2	+0.1	0.8	1.5	1.6	1.8	+0.2	—	—	—	—	—
Young Adults	13.6	12.0	13.6	13.5	+0.3	3.8	4.3	3.8	4.0	+0.2	0.8	1.1	0.8	1.1	+0.3	0.0	0.0	0.0	0.0	0.0
PCP[d]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	3.4	3.9	3.8	-0.1	1.4	1.4	1.4	1.0	+0.3	0.6	0.6	1.0	0.7	-0.3	0.1	0.1	0.1	0.3	+0.1
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	3.1	2.0	1.9	2.0	+0.1	0.3	0.3	0.2	0.3	+0.1	0.1	0.2	0.2	0.1	-0.1	*	0.0	0.1	0.0	-0.1
Hallucinogens Other than LSD																				
8th Grade	1.4	1.7	1.7	2.3	+0.5ss	0.7	1.1	1.0	1.3	+0.3s	0.3	0.4	0.5	0.7	+0.2s	*	*	*	*	0.0
10th Grade	2.3	2.5	2.8	3.8	+1.0ss	1.2	1.4	1.8	2.4	+0.6s	0.4	0.5	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	3.7	3.3	3.9	4.9	+1.0s	2.0	1.7	2.2	2.1	+0.9ss	0.7	0.5	0.8	1.2	+0.4s	*	*	*	*	0.0
College Students	6.0	6.7	6.4	4.4	-0.9	2.1	2.6	2.7	2.8	0.0	0.8	0.7	1.1	0.8	-0.3	—	—	—	—	—
Young Adults	8.4	8.0	7.6	7.4	-0.2	1.1	1.0	1.0	1.0	+0.1	0.5	0.5	0.8	0.8	0.0	0.0	0.0	*	0.0	0.0
Cocaine																				
8th Grade	3.3	2.9	3.9	3.6	+0.7s	1.1	1.6	1.7	2.1	+0.4	0.5	0.7	0.7	1.0	+0.2s	0.1	*	0.1	0.1	0.0
10th Grade	4.1	3.9	3.6	4.3	+0.7s	2.2	1.9	2.1	2.8	+0.7ss	0.7	0.1	0.9	1.2	+0.3	0.1	*	0.1	0.1	0.0
12th Grade	7.8	8.1	6.1	6.9	-0.2	3.6	3.1	3.3	3.5	+0.2	1.4	1.3	1.3	1.6	+0.3	0.1	0.1	0.1	0.1	0.0
College Students	6.4	7.6	6.3	5.0	-1.4	3.6	3.0	3.7	3.0	-0.7	1.6	1.0	0.7	0.8	+0.2	*	0.0	0.0	0.1	+0.1
Young Adults	21.0	16.6	16.9	15.3	-1.6ss	6.3	5.7	4.7	4.3	-0.4	2.0	1.8	1.4	1.3	0.0	0.1	*	0.1	*	0.0
Crack																				
8th Grade	1.3	1.5	1.7	2.4	+0.7sss	0.7	0.9	1.0	1.3	+0.3s	0.2	0.5	0.4	0.7	+0.3ss	*	*	0.1	*	0.0
10th Grade	1.7	1.5	1.8	2.1	+0.3	0.9	0.9	1.1	1.4	+0.3s	0.2	0.4	0.5	0.6	+0.1	*	*	*	*	0.0
12th Grade	3.1	2.9	2.6	3.0	+0.4	1.5	1.5	1.6	1.9	+0.4	0.7	0.6	0.7	0.8	+0.1	0.1	0.1	0.1	0.1	0.0
College Students	1.6	1.7	1.3	1.0	-0.4	0.6	0.4	0.6	0.5	-0.2	0.3	0.1	0.1	0.1	0.0	—	—	—	—	—
Young Adults	4.6	5.1	4.3	4.4	+0.1	1.2	1.4	1.3	1.1	-0.1	0.4	0.4	0.4	0.5	-0.1	*	*	0.1	*	0.0
Other Cocaine[e]																				
8th Grade	3.0	2.4	3.4	3.0	+0.6s	1.0	1.2	1.3	1.7	+0.4	0.5	0.5	0.6	0.9	+0.3s	*	*	*	*	0.0
10th Grade	3.6	3.0	3.3	3.5	+0.3	1.1	1.7	1.6	2.4	+0.8s	0.6	0.6	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	7.0	5.3	6.4	5.2	-0.2	3.3	2.6	2.9	3.0	+0.1	1.3	1.0	1.2	1.3	+0.1	0.1	*	0.1	0.1	0.0
College Students	9.0	7.0	6.3	4.6	-1.7	3.3	3.4	3.5	1.8	-0.7	1.0	0.9	0.8	0.3	-0.5	—	—	—	—	—
Young Adults	19.8	18.4	18.1	13.9	-1.3	6.4	6.1	3.9	3.6	-0.3	1.6	1.2	1.1	1.0	-0.1	0.1	*	*	*	0.0

SOURCE: The Monitoring the Future Study, the University of Michigan.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Kratom[f]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
College Students	2.0	2.0	2.1	2.1	-0.1	0.9	1.0	0.8	0.8	-0.2	0.2	0.4	0.2	0.3	-0.1	—	—	—	—	—
Young Adults	3.2	3.0	3.3	3.4	+0.1	0.8	1.0	0.8	0.7	-0.1	0.1	0.3	0.3	0.2	-0.1	0.0	0.0	*	0.0	0.0
Heroin																				
8th Grade	1.2	1.4	1.4	1.0	+0.4ns	0.7	0.7	0.7	1.3	+0.6ns	0.2	0.4	0.4	0.0	+0.3s	*	*	*	0.1	0.0
10th Grade	1.1	1.2	1.3	1.5	+0.1	0.6	0.9	0.7	0.9	+0.2	0.2	0.3	0.3	0.4	+0.1	*	*	*	*	0.0
12th Grade	0.9	1.3	1.1	1.2	+0.1	0.4	0.6	0.5	0.6	+0.1	0.2	0.3	0.2	0.3	+0.1	*	*	*	*	0.0
College Students	0.5	0.5	0.8	0.1	-0.5s	0.1	0.1	0.1	0.1	0.0	0.1	0.0	*	0.0	0.0	—	—	—	—	—
Young Adults	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.2	0.1	0.0	*	0.1	0.1	0.1	0.0	0.0	*	*	*	0.0
Other Opiates[g]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.8	6.1	6.4	6.6	+0.2	3.6	3.3	3.0	3.6	+0.2	1.1	1.3	1.3	1.6	+0.2	0.1	*	*	0.1	0.0
College Students	7.2	7.2	6.7	5.1	-1.1	2.7	3.2	2.5	2.4	-0.1	0.8	1.0	0.7	0.4	-0.3	—	—	—	—	—
Young Adults	9.3	8.9	8.1	8.2	+0.1	2.6	2.5	2.2	2.5	+0.3	0.8	0.7	0.7	0.6	-0.1	*	*	*	*	0.0
Stimulants[h]																				
8th Grade	10.8	10.8	11.8	12.3	+0.5	6.2	6.5	7.3	7.9	+0.7	3.6	3.3	3.0	3.0	0.0	0.1	0.1	0.1	0.1	0.0
10th Grade	13.3	13.1	14.9	15.1	+0.2	8.2	8.2	9.6	10.2	+0.6	3.9	3.6	4.3	4.0	+0.3	0.1	0.1	0.3	0.1	-0.2
12th Grade	15.4	17.8	15.1	15.7	+0.6	8.2	7.1	8.4	9.4	+1.0	3.2	3.8	3.1	4.0	+0.9	0.2	0.2	0.2	0.3	0.0
College Students	13.0	10.5	10.1	9.3	-0.8	3.0	2.8	4.2	4.2	0.0	1.0	1.1	1.8	1.6	-0.1	0.1	0.0	0.1	0.1	0.0
Young Adults	22.4	20.2	18.7	17.1	-1.6s	4.5	4.1	4.0	4.6	+0.6	1.6	1.5	1.5	1.7	+0.2	0.1	0.1	0.1	0.1	0.0
Ice[i]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	+0.3	1.4	1.3	1.3	1.0	+0.3	0.6	0.5	0.6	0.7	+0.1	0.1	0.1	0.1	*	0.0
College Students	1.3	0.8	1.8	1.3	-0.4	0.1	0.2	0.7	0.8	+0.1	0.0	0.0	0.5	0.6	+0.2	—	—	—	—	—
Young Adults	2.9	2.2	2.7	2.5	-0.2	0.3	0.4	0.6	0.0	+0.1	*	0.1	0.2	0.6	+0.2	0.0	0.0	0.0	0.1	+0.1
Barbiturates[j]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.6	6.1	7.0	+0.7	2.4	2.8	3.4	4.1	+0.7s	1.4	1.1	1.3	1.7	+0.4s	0.1	*	0.1	*	0.0
College Students	2.6	2.5	3.5	2.2	-0.3	1.2	1.4	1.5	1.2	-0.3	0.2	0.1	0.4	0.4	0.0	—	—	—	—	—
Young Adults	8.2	7.4	8.8	9.4	0.0	1.8	1.8	1.6	1.8	+0.1	0.5	0.6	0.6	0.6	0.0	0.0	*	0.0	*	0.0
Tranquilizers[k]																				
8th Grade	3.5	4.1	4.4	4.6	+0.2	1.8	2.0	2.1	2.4	+0.3	0.0	0.8	0.0	1.1	+0.2	*	*	0.1	0.1	0.0
10th Grade	6.6	5.9	6.7	6.4	-0.3	3.3	3.0	3.2	3.2	0.0	1.3	1.5	1.1	1.5	+0.4s	*	*	*	*	0.0
12th Grade	7.3	6.0	8.4	8.8	+0.3	3.6	3.5	3.5	3.7	+0.2	1.4	1.0	1.3	1.4	+0.2	0.1	*	*	0.1	0.0
College Students	6.8	6.9	6.2	4.4	-1.8s	2.4	2.8	2.4	1.8	-0.6	0.6	0.9	0.4	0.4	0.0	—	—	—	—	—
Young Adults	11.8	11.3	10.5	9.9	-0.6	2.6	3.4	3.1	2.9	-0.2	0.9	1.0	1.0	0.8	-0.2	0.0	*	*	*	0.0

SOURCE: The Monitoring the Future Study, the University of Michigan.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Alcohol[h]																				
Any use																				
8th Grade	70.1	69.2	67.1	—		54.0	52.1	51.6	—		35.1	36.1	35.3	—		0.5	0.6	0.5	—	
			56.1	55.8	+0.1			46.4	48.8	+1.4			34.3	35.5	+1.2			1.0	1.0	0.0
10th Grade	83.8	82.3	80.8	—		72.2	70.2	69.3	—		43.0	39.0	41.5	—		1.2	1.2	1.5	—	
			71.8	71.1	-0.5			63.4	63.9	+0.5			38.2	39.1	+1.0			1.8	1.7	-0.1
12th Grade	88.0	87.5	87.0	—		77.7	76.8	76.0	—		54.0	51.3	51.0	—		2.0	3.4	3.5	—	
			80.0	80.4	+0.4			72.2	72.0	+0.2			48.6	50.1	+1.5			3.4	2.9	-0.5
College Students	93.0	91.8	91.2	—		88.3	88.9	85.5	—		74.7	71.4	72.0	—		4.1	3.7	3.2	—	
			91.1	90.1	+1.0			83.0	82.1	-1.1			67.7	67.5	-0.2			4.5	3.6	-1.0
Young Adults	94.1	93.4	93.1	—		86.0	86.2	85.5	—		70.6	69.0	69.7	—		4.9	4.6	4.5	—	
			90.4	91.2	+0.8			84.2	83.1	-0.5			66.0	67.1	+0.1			4.6	3.6	-0.7
Six drinks in last 2 weeks																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12.9	13.4	12.5	14.5	+1.0
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22.0	21.1	23.0	23.6	+0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29.8	27.0	27.8	25.1	-0.7
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42.8	41.4	40.2	40.0	-0.2
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34.7	34.2	34.4	33.7	-0.7
Been Drunk[f]																				
8th Grade	35.7	36.6	36.4	35.9	-0.5	17.8	18.3	18.2	18.2	0.0	7.6	7.6	7.6	8.7	+0.0	0.1	0.1	0.2	0.3	+0.1
10th Grade	50.0	47.7	47.9	47.2	-0.7	40.1	37.0	37.6	38.0	+0.2	20.5	18.1	18.8	20.3	+0.5	0.2	0.2	0.4	0.4	0.0
12th Grade	65.4	63.4	62.5	62.9	+0.4	51.7	50.2	49.6	51.7	+2.1	31.6	30.0	29.6	30.5	+1.0	0.9	0.8	0.9	1.2	+0.3
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cigarettes																				
Any use																				
8th Grade	44.0	45.2	46.2	48.1	+0.6	—	—	—	—	—	14.1	15.6	16.7	18.0	+1.6*	1.2	1.0	0.3	0.8	+0.5
10th Grade	55.1	52.5	56.3	58.9	+0.6	—	—	—	—	—	20.6	21.6	24.7	25.4	+0.7	12.6	13.3	14.2	14.6	+0.4
12th Grade	63.1	61.8	61.9	62.0	+0.1	—	—	—	—	—	28.8	27.6	29.9	31.2	+1.3	18.5	17.2	19.0	19.4	+0.4
College Students	—	—	—	—	—	35.6	37.2	38.5	37.6	-1.1	23.2	23.6	24.5	23.5	-1.0	13.8	14.1	16.2	13.2	-2.0
Young Adults	—	—	—	—	—	31.7	31.0	31.8	36.3	+0.5	28.2	26.2	28.0	27.0	0.0	21.7	20.0	20.6	20.7	0.0
1/2 pack/day																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.1	2.9	2.5	2.6	+0.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.5	8.0	7.0	7.6	+0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10.7	10.0	10.8	11.2	+0.3
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.0	8.0	8.0	8.0	0.0
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16.0	15.7	15.5	15.3	-0.2
Smokeless Tobacco[d]																				
8th Grade	32.2	30.7	30.1	30.8	+1.2	—	—	—	—	—	8.9	7.0	6.6	7.7	+1.1	1.6	1.6	1.5	1.9	+0.4
10th Grade	35.2	33.6	32.1	33.2	+1.1	—	—	—	—	—	10.0	8.8	10.4	10.8	+0.4	2.5	2.0	3.3	3.0	-0.3
12th Grade	—	32.4	31.0	30.7	-0.3	—	—	—	—	—	—	11.4	10.7	11.1	+0.4	—	4.3	5.1	3.9	-0.8
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[i]																				
8th Grade	1.9	1.7	1.6	2.0	+0.4**	1.0	1.1	0.9	1.3	+0.3**	0.4	0.5	0.5	0.5	0.0	*	*	0.1	*	-0.1
10th Grade	1.8	1.7	1.7	1.8	+0.1	1.1	1.1	1.0	1.1	+0.1	0.6	0.6	0.5	0.6	+0.1	0.1	*	*	0.1	0.0
12th Grade	2.1	2.1	2.0	2.4	+0.4	1.4	1.1	1.2	1.3	+0.1	0.8	0.6	0.7	0.9	+0.2	0.1	0.1	0.1	0.4	+0.3
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	1.7	1.8	1.5	1.3	-0.2	0.5	0.4	0.3	0.4	+0.1	0.2	0.1	0.0	0.1	+0.1	0.0	0.1	0.0	0.0	0.0

SOURCE: The Monitoring the Future Study, the University of Michigan

(Footnotes are on next page)

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '—' indicates data not available. '*' indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two years is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Approximate Weighted Ns	1991	1992	1993	1994
8th Graders	17,500	18,600	18,300	17,300
10th Graders	14,800	14,800	15,300	15,800
12th Graders	15,000	15,800	16,300	15,400
College Students	1,410	1,490	1,490	1,410
Young Adults	6,600	6,600	6,700	6,500

[a]For 12th graders: Use of "any illicit drugs" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[b]For 12th graders, college students, and young adults only: Data based on five questionnaire forms; N is five-sixths of N indicated for 12th graders. In 1994, N for college students is 1,200 and N for young adults is 5,300.

[c]Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP.

[d]For 8th, 10th, and 12th graders, and young adults only: Data based on a single questionnaire form; N for 12th graders is one-sixth of N indicated. N for 8th and 10th graders is one-half of N indicated. In 1994, N for young adults is 1,200.

[e]For 12th graders, college students, and young adults only: Data based on four questionnaire forms; N is four-sixths of N indicated for 12th graders. In 1994, N for college students is 1,000 and N for young adults is 4,200.

[f]For 12th graders, college students, and young adults only: Data based on two questionnaire forms; N is one-third of N indicated for 12th graders. In 1994, N for college students is 500 and N for young adults is 2,400.

[g]Only drug use which was not under a doctor's orders is included here.

[h]For all grades/populations: In 1993, the question text was changed slightly in half of the forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two questionnaire forms for the 8th and 10th graders and on three of six questionnaire forms for the 12th graders, college students, and young adults. N is one-half of N indicated for all groups. In 1994, data were based on all forms for all grades.

[i]For 12th graders only: Data based on two questionnaire forms; N is one-third of N indicated. For young adults only: Data based on one questionnaire form. In 1994, N is 1,200.

Source: *The Monitoring the Future Study, the University of Michigan.*

TABLE 1

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

(Entries are percentages)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Any Illicit Drug[a]																				
8th Grade	18.7	20.8	22.5	26.7	+3.2ss	11.3	12.9	16.1	18.6	+3.4sss	6.7	8.6	8.4	10.9	+2.5sss	—	—	—	—	—
10th Grade	30.6	29.6	32.8	37.4	+4.6sss	21.4	20.4	24.7	30.0	+5.3sss	11.6	11.0	14.0	18.5	+4.5sss	—	—	—	—	—
12th Grade	44.1	40.7	42.9	45.6	+2.7ss	29.4	27.1	31.0	35.8	+4.8sss	18.4	14.4	18.3	21.9	+3.6sss	—	—	—	—	—
College Students	50.4	48.8	45.9	45.5	-0.4	29.2	30.0	30.6	31.4	+0.7	15.2	16.1	15.1	16.0	+0.9	—	—	—	—	—
Young Adults	62.2	60.2	59.8	57.5	-2.2s	27.0	28.3	28.4	28.4	0.0	16.1	14.8	14.9	15.3	+0.4	—	—	—	—	—
Any Illicit Drug[a] Other Than Marijuana																				
8th Grade	14.3	15.0	16.8	17.5	+0.7	8.4	9.3	10.4	11.3	+0.9	3.8	4.7	5.3	5.6	+0.3	—	—	—	—	—
10th Grade	19.1	19.2	20.9	21.7	+0.8	12.2	12.3	13.9	15.2	+1.3	5.5	5.7	6.5	7.1	+0.6	—	—	—	—	—
12th Grade	20.9	25.1	26.7	27.6	+0.9	16.2	14.9	17.1	18.0	+0.9	7.1	6.3	7.9	8.8	+0.9	—	—	—	—	—
College Students	25.8	26.1	24.3	22.0	-2.4	13.2	13.1	12.5	12.2	-0.3	4.3	4.6	5.4	4.8	-0.6	—	—	—	—	—
Young Adults	37.9	37.0	34.9	33.4	-1.2	14.3	14.1	13.0	13.0	+0.1	6.4	5.5	4.9	5.3	+0.4	—	—	—	—	—
Any Illicit Drug[a] Including Inhalants																				
8th Grade	28.5	29.0	32.3	35.1	+2.8ss	16.7	16.2	21.1	24.2	+3.1ss	8.8	10.0	12.0	14.3	+2.3ss	—	—	—	—	—
10th Grade	36.1	38.2	38.7	42.7	+4.0sss	23.9	23.5	27.4	32.5	+5.1sss	13.1	12.6	15.5	20.0	+4.5sss	—	—	—	—	—
12th Grade	47.6	44.4	46.8	49.1	+2.5s	31.2	28.8	32.5	37.6	+5.1sss	17.8	15.5	19.3	23.0	+3.7sss	—	—	—	—	—
College Students	52.0	50.3	49.1	47.0	-2.1	29.8	31.1	31.7	31.9	+0.2	15.1	16.5	15.7	16.4	+0.7	—	—	—	—	—
Young Adults	63.4	61.2	61.2	58.5	-2.7ss	27.8	29.2	28.9	29.2	+0.3	15.4	15.3	15.1	16.1	+1.0	—	—	—	—	—
Marijuana/Hashish																				
8th Grade	10.2	11.2	12.6	16.7	+4.1sss	8.2	7.2	9.2	13.0	+3.8sss	3.2	3.7	5.1	7.8	+2.7sss	0.2	0.2	0.4	0.7	+0.3ss
10th Grade	23.4	21.4	24.4	30.4	+6.0sss	16.5	15.2	19.2	25.2	+6.0sss	6.7	6.1	10.9	15.8	+4.9sss	0.8	0.8	1.0	2.2	+1.2sss
12th Grade	36.7	32.6	35.3	38.2	+2.9s	23.9	21.0	26.0	30.7	+4.7sss	13.8	11.9	15.5	19.0	+3.5sss	2.0	1.9	2.4	3.6	+1.2sss
College Students	46.3	44.1	42.0	42.2	+0.2	26.5	27.7	27.9	29.3	+1.5	14.1	14.8	14.2	16.1	+0.8	1.6	1.6	1.9	1.8	-0.1
Young Adults	56.6	56.4	55.9	53.7	-2.1s	23.8	25.2	26.1	25.5	+0.5	13.5	13.3	13.4	14.1	+0.8	2.3	2.3	2.4	2.6	+0.4
Inhalants[b,c]																				
8th Grade	17.8	17.4	19.4	19.9	+0.5	9.0	9.5	11.0	11.7	+0.7	4.4	4.7	5.4	5.6	+0.2	0.2	0.3	0.3	0.2	-0.1
10th Grade	15.7	16.6	17.5	18.0	+0.5	7.1	7.5	8.4	9.1	+0.7	2.7	2.7	3.3	3.0	+0.3	0.1	0.1	0.2	0.1	0.0
12th Grade	17.0	16.8	17.4	17.7	+0.3	6.8	6.2	7.0	7.7	+0.7	2.4	2.3	2.5	2.7	+0.2	0.2	0.1	0.1	0.1	-0.1
College Students	14.4	14.2	14.6	12.0	-2.6s	3.5	3.1	3.8	3.0	-0.8	0.9	1.1	1.3	0.6	-0.7	—	—	—	—	—
Young Adults	13.4	13.5	14.1	13.2	-0.8	2.0	1.9	2.1	2.1	0.0	0.5	0.6	0.7	0.5	-0.2	*	*	*	*	0.0
Nitrites[d]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	+0.3	0.9	0.5	0.9	1.1	+0.2	0.4	0.3	0.6	0.4	-0.2	0.2	0.1	0.1	0.2	+0.1
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	1.4	1.2	1.3	1.0	-0.4	0.2	0.1	0.4	0.3	-0.2	*	0.1	0.2	0.1	-0.1	*	0.0	0.2	0.0	-0.2

SOURCE: The Monitoring the Future Study, the University of Michigan.

(Table continued on next page)

TABLE 1 (cont.)

Trends in Prevalence of Various Drugs for Five Populations: Eighth, Tenth, and Twelfth Graders, College Students, and Young Adults (Ages 19-28)

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Hallucinogens[1]																				
8th Grade	3.2	3.6	3.9	4.3	+0.4	1.9	2.5	2.6	2.7	+0.1	0.8	1.1	1.2	1.3	+0.1	0.1	0.1	0.1	0.1	0.0
10th Grade	8.1	6.4	8.8	9.1	+1.3s	4.0	4.3	4.7	5.8	+1.1s	1.8	1.8	1.9	2.4	+0.5	*	0.1	0.1	0.1	0.0
12th Grade	9.6	9.2	10.9	11.4	+0.5	5.8	5.9	7.4	7.6	+0.2	2.2	2.1	2.7	3.1	+0.4	0.1	0.1	0.1	0.1	0.0
College Students	11.3	12.0	11.8	10.0	-1.8	6.3	6.8	6.0	6.2	+0.2	1.3	2.3	2.5	2.1	-0.4	—	—	—	—	—
Young Adults	15.7	15.7	15.4	15.4	0.0	4.5	5.0	4.5	4.5	+0.3	1.1	1.5	1.2	1.4	+0.3	0.0	0.0	*	0.0	0.0
LSD																				
8th Grade	2.7	3.2	3.5	3.7	+0.2	1.7	2.1	2.3	2.4	+0.1	0.8	0.9	1.0	1.1	+0.1	*	*	*	*	0.0
10th Grade	5.6	5.8	6.2	7.2	+1.0	3.7	4.0	4.2	5.2	+1.0s	1.5	1.6	1.6	2.0	+0.4	*	0.1	*	*	0.0
12th Grade	6.8	6.6	10.3	10.5	+0.2	5.2	5.6	6.8	6.9	+0.1	1.9	2.0	2.4	2.6	+0.2	0.1	0.1	0.1	0.1	0.0
College Students	9.6	10.6	10.6	9.2	-1.4	5.1	5.7	5.1	5.2	+0.1	0.6	1.6	1.6	1.8	+0.2	—	—	—	—	—
Young Adults	13.5	13.8	13.6	13.8	+0.3	3.8	4.3	3.8	4.0	+0.2	0.8	1.1	0.8	1.1	+0.3	0.0	0.0	0.0	0.0	0.0
PCP[1]																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	-0.1	1.4	1.4	1.4	1.6	+0.2	0.5	0.0	1.0	0.7	-0.3	0.1	0.1	0.1	0.3	+0.1
College Students	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Young Adults	3.1	2.0	1.9	2.0	+0.1	0.3	0.3	0.2	0.3	+0.1	0.1	0.2	0.2	0.1	-0.1	*	0.0	0.1	0.0	-0.1
Hallucinogens Other than LSD																				
8th Grade	1.4	1.7	1.7	2.2	+0.5ss	0.7	1.1	1.0	1.3	+0.3s	0.3	0.4	0.5	0.7	+0.2s	*	*	*	*	0.0
10th Grade	2.2	2.5	2.8	3.8	+1.0ss	1.3	1.4	1.9	2.4	+0.5s	0.4	0.5	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	3.7	3.3	3.9	4.9	+1.0s	2.0	1.7	2.2	3.1	+0.9ss	0.7	0.5	0.8	1.2	+0.4s	*	*	*	*	0.0
College Students	6.0	5.7	5.4	4.4	-0.9	3.1	2.8	2.7	2.8	0.0	0.0	0.7	1.1	0.8	-0.3	—	—	—	—	—
Young Adults	8.4	8.0	7.6	7.4	-0.2	1.7	1.9	1.9	2.0	+0.1	0.3	0.5	0.5	0.5	0.0	0.0	0.0	*	0.0	0.0
Cocaine																				
8th Grade	2.3	2.9	2.9	3.6	+0.7s	1.1	1.5	1.7	2.1	+0.4	0.5	0.7	0.7	1.0	+0.3s	0.1	*	0.1	0.1	0.0
10th Grade	4.1	3.3	3.6	4.3	+0.7s	2.2	1.9	2.1	2.6	+0.7ss	0.7	0.7	0.9	1.2	+0.3	0.1	*	0.1	0.1	0.0
12th Grade	7.8	6.1	6.1	5.9	-0.2	3.5	3.1	3.3	3.6	+0.3	1.4	1.3	1.3	1.5	+0.2	0.1	0.1	0.1	0.1	0.0
College Students	9.4	7.9	6.3	5.0	-1.4	3.6	3.0	2.7	2.0	-0.7	1.0	1.0	0.7	0.6	-0.2	*	0.0	0.0	0.1	+0.1
Young Adults	21.0	19.5	16.9	15.2	-1.8ss	6.2	5.7	4.7	4.3	-0.4	2.0	1.8	1.4	1.3	0.0	0.1	*	0.1	*	0.0
Crack																				
8th Grade	1.3	1.6	1.7	2.4	+0.7sss	0.7	0.8	1.0	1.3	+0.3s	0.3	0.5	0.4	0.7	+0.3ss	*	*	0.1	*	0.0
10th Grade	1.7	1.5	1.8	2.1	+0.3	0.9	0.9	1.1	1.4	+0.3s	0.3	0.4	0.5	0.6	+0.1	*	*	*	*	0.0
12th Grade	3.1	2.6	2.6	3.0	+0.4	1.5	1.5	1.6	1.9	+0.4	0.7	0.6	0.7	0.8	+0.1	0.1	0.1	0.1	0.1	0.0
College Students	1.5	1.7	1.3	1.0	-0.4	0.5	0.4	0.6	0.5	-0.2	0.3	0.1	0.1	0.1	0.0	—	—	—	—	—
Young Adults	4.8	5.1	4.3	4.4	+0.1	1.2	1.4	1.3	1.1	-0.1	0.4	0.4	0.4	0.3	-0.1	*	*	0.1	*	0.0
Other Cocaine[1]																				
8th Grade	3.0	2.4	2.4	3.0	+0.6s	1.0	1.2	1.3	1.7	+0.4	0.5	0.5	0.6	0.9	+0.3s	*	*	*	*	0.0
10th Grade	3.6	3.0	3.3	3.8	+0.5	2.1	1.7	1.8	2.4	+0.6s	0.6	0.6	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	7.0	5.3	5.4	5.2	-0.2	3.2	2.6	2.9	3.0	+0.1	1.2	1.0	1.3	1.3	+0.1	0.1	*	0.1	0.1	0.0
College Students	9.0	7.8	6.3	4.6	-1.7	3.2	2.4	2.5	1.6	-0.7	1.0	0.9	0.6	0.3	-0.3	—	—	—	—	—
Young Adults	19.6	18.4	15.1	13.9	-1.2	5.4	5.1	3.9	3.6	-0.3	1.8	1.7	1.1	1.0	-0.1	0.1	*	*	*	0.0

SOURCE: The Monitoring the Future Study, the University of Michigan.

(Table continued on next page)

TABLE 8

Trends in Annual Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used in last twelve months									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6300)*	
Any Illicit Drug[b]	41.9	39.3	36.3	32.8	30.7	27.0	28.3	28.4	28.4	0.0
Any Illicit Drug[b] Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	14.1	13.0	13.0	-0.1
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	25.2	25.1	25.5	-0.5
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	1.9	2.1	2.1	0.0
Inhalants, Adjusted[c]	3.0	2.8	2.4	NA	2.1	2.2	1.9	2.3	2.2	-0.1
Nitrites[f]	2.0	1.3	1.0	NA	0.4	0.2	0.1	0.4	0.3	-0.2
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	5.0	4.5	4.8	+0.3
Hallucinogens, Adjusted[g]	4.9	4.1	3.9	NA	4.2	4.6	5.1	4.6	4.9	-0.3
LSD	3.0	2.9	2.9	2.7	3.3	3.8	4.3	3.8	4.0	+0.2
PCP[f]	0.8	0.4	0.4	NA	0.2	0.3	0.3	0.2	0.3	-0.1
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	5.7	4.7	4.3	-0.4
Crack[c]	3.2	3.1	3.1	2.5	1.6	1.2	1.4	1.3	1.1	-0.1
Other Cocaine[c]	NA	13.6	11.9	10.3	8.1	5.4	5.1	3.9	3.6	-0.3
MDMA ("Ecstasy")[f]	NA	NA	NA	1.4	1.5	0.8	1.0	0.8	0.7	-0.1
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.0
Other Opiates[g]	3.1	3.1	2.7	2.8	2.7	2.5	2.5	2.2	2.5	+0.3
Stimulants, Adjusted[c,d]	10.6	8.7	7.3	5.8	5.2	4.3	4.1	4.0	4.5	+0.5
"Ice"[f]	NA	NA	NA	NA	0.4	0.3	0.4	0.8	0.9	+0.1
Sedatives[h]	3.0	2.5	2.1	1.8	NA	NA	NA	NA	NA	NA
Barbiturates[h]	2.3	2.1	1.8	1.7	1.9	1.8	1.6	1.9	1.8	-0.1
Methaqualone[h]	1.3	0.9	0.5	0.3	NA	NA	NA	NA	NA	NA
Tranquilizers[h]	5.4	5.1	4.2	3.7	3.7	3.5	3.4	3.1	2.9	-0.2
Alcohol[i]	88.6	89.4	88.6	88.1	87.4	86.9	86.2	85.3	83.7	-1.6s
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	37.9	37.8	38.3	+0.5
Steroids[f]	NA	NA	NA	0.5	0.3	0.5	0.4	0.3	0.4	+0.1

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

'NA' indicates data not available.

See footnotes at end of Table 7.

Source: University of Michigan, *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults*. 1996.

TABLE 9

Trends in Thirty-Day Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used in last thirty days									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approx. Weighted N =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[b]	25.8	23.4	20.5	17.7	15.9	15.1	14.8	14.9	15.3	+0.4
Any Illicit Drug[b] Other than Marijuana	13.0	10.7	9.5	7.5	6.0	5.4	5.5	4.9	5.3	+0.4
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	13.3	13.4	14.1	+0.6
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	0.6	0.7	0.5	-0.2
Inhalants, Adjusted[c]	0.7	0.9	0.9	NA	0.7	0.6	0.7	0.7	0.6	-0.1
Nitrites[f]	0.5	0.5	0.4	NA	0.1	*	0.1	0.2	0.1	-0.1
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	1.5	1.2	1.4	+0.3
Hallucinogens, Adjusted[g]	1.4	1.2	1.1	NA	1.0	1.2	1.6	1.2	1.4	+0.2
LSD	0.9	0.8	0.8	0.8	0.6	0.8	1.1	0.8	1.1	+0.3
PCP[f]	0.2	0.1	0.3	NA	0.2	0.1	0.2	0.2	0.1	-0.1
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	1.8	1.4	1.3	0.0
Crack[c]	NA	1.0	1.2	0.7	0.4	0.4	0.4	0.4	0.3	-0.1
Other Cocaine[i]	NA	4.8	4.8	3.4	2.1	1.8	1.7	1.1	1.0	-0.1
MDMA ("Ecstasy")[j]	NA	NA	NA	0.4	0.2	0.1	0.3	0.3	0.2	-0.1
Heroin	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Other Opiates[k]	0.9	0.9	0.7	0.7	0.7	0.6	0.7	0.7	0.6	-0.1
Stimulants, Adjusted[b,d]	4.0	3.2	2.7	2.1	1.9	1.5	1.5	1.5	1.7	+0.3
"Ice"[l]	NA	NA	NA	NA	0.1	*	0.1	0.3	0.5	+0.2
Sedatives[b]	0.9	0.8	0.7	0.5	NA	NA	NA	NA	NA	NA
Barbiturates[e]	0.7	0.7	0.7	0.5	0.6	0.5	0.5	0.6	0.6	0.0
Methaqualone[e]	0.3	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[b]	1.8	1.6	1.4	1.2	1.1	0.9	1.0	1.0	0.8	-0.2
Alcohol[i]	75.1	75.4	74.0	72.4	71.2	70.6	69.0	68.3	67.7	-0.6
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	28.3	28.0	27.9	0.0
Steroids[f]	NA	NA	NA	0.2	0.1	0.2	0.1	0.0	0.1	+0.1

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

"NA" indicates data not available.

See footnotes at end of Table 7.

Source: University of Michigan, *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults*, 1996.

TABLE 10

Trends in Thirty-Day Prevalence of Daily Use of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used daily in last thirty days									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	93-'94 change
Approx. Weighted N =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6300)*	
Marijuana	4.1	4.2	3.3	3.2	2.5	2.3	2.3	2.4	2.8	+0.4
Cocaine	0.2	0.1	0.2	0.1	*	0.1	*	0.1	*	0.0
Stimulants, Adjusted[a,4]	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Alcohol										
Daily	6.1	6.6	6.1	5.5	4.7	4.9	4.5	4.5	3.8	-0.7s
5+ drinks in a row in last 2 weeks	36.1	36.2	35.2	34.8	34.3	34.7	34.2	34.4	33.7	-0.7
Cigarettes										
Daily	25.2	24.8	22.7	22.4	21.3	21.7	20.9	20.8	20.7	0.0
Half-pack or more per day	20.2	19.8	17.7	17.3	16.7	16.0	15.7	15.5	15.3	-0.2

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

The illicit drugs not listed here show a daily prevalence of 0.2% or less in all years.

"*" indicates a prevalence rate of less than 0.05% but greater than true zero.
'NA' indicates data not available.

See footnotes at end of Table 7.

Source: University of Michigan, *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults*, 1996.

TABLE 11

Trends in Annual and Thirty-Day Prevalence of an Illicit Use Index[a] Among Respondents of Modal Age 19-28

(Entries are Percentages)

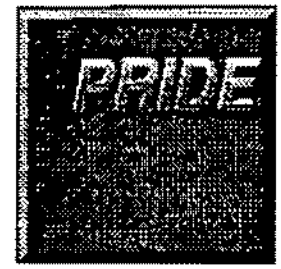
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
	Percent reporting use in last twelve months									
Any Illicit Drug	41.9	39.3	36.3	32.8	30.7	27.0	28.3	28.4	28.3	0.0
Males	45.3	42.6	39.5	35.7	33.6	30.0	31.4	31.1	32.3	+1.2
Females	39.0	36.5	33.6	30.5	28.3	24.5	25.8	26.1	25.3	-0.9
Any Illicit Drug Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	14.1	13.0	13.0	-0.1
Males	30.4	26.5	23.8	21.0	19.1	16.4	16.3	14.7	16.2	+1.6
Females	24.0	21.6	19.4	16.2	14.7	12.5	12.2	11.6	10.5	-1.0
	Percent reporting use in last thirty days									
Any Illicit Drug	25.8	23.4	20.5	17.7	15.9	15.1	14.8	14.9	15.3	+0.4
Males	29.9	27.1	23.7	21.1	18.8	18.3	17.9	17.4	19.5	+2.1s
Females	22.2	20.2	17.8	15.0	13.5	12.5	12.4	12.9	12.1	-0.8
Any Illicit Drug Other than Marijuana	13.0	10.7	9.5	7.5	6.0	5.4	5.5	4.9	5.3	+0.4
Males	15.2	12.3	10.6	9.1	6.8	6.6	6.5	5.9	7.1	+1.2
Females	11.0	9.4	8.7	6.2	5.3	4.4	4.7	4.0	3.9	-0.1
	Approximate Weighted Ns									
All Respondents	*6900*	*6800*	*6700*	*6600*	*6700*	*6600*	*6800*	*6700*	*6500*	
Males	*3200*	*3100*	*3000*	*2900*	*3000*	*3000*	*3000*	*3000*	*2900*	
Females	*3700*	*3700*	*3700*	*3700*	*3700*	*3600*	*3700*	*3700*	*3600*	

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.

Source: University of Michigan, *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults*, 1996.

Embargoed for release: 1:00 p.m., September 25, 1996



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STUDENT USE OF MOST DRUGS REACHES HIGHEST LEVEL IN NINE YEARS

More report getting "very high, bombed, or stoned"

Washington, Sept. 25 - More than one in four high school seniors (26.5%) used an illicit drug once a month or more often during the past school year, and when they used drugs they got more intoxicated than ever.

- Nearly one in five 12th graders (18.3%) used an illicit drug weekly or more.
- Almost one in ten (8.4%) used daily.
- More than a quarter admitted weekly alcohol use (25.8%). In addition, 7.1% used cocaine in the past year; 11.6% used uppers; 12.1% used hallucinogens, and 3.5% used heroin.

In its ninth annual survey of students in grades 6-12, PRIDE (National Parents' Resource Institute for Drug Education) reported that annual use of most drugs was at the highest level since the survey began in 1987-88. Record percentages of use were reported for the following drug categories: cigarettes, marijuana, cocaine, uppers, downers, inhalants, and hallucinogens.

% Any Illicit Drug Use by 12th Graders

Use	*1987-88**	*1995-96*	*% Chg.*
Annual	28.5	40.8	+43.2
Monthly	15.8	26.5	+67.8
Weekly	9.7	18.3	+88.7
Daily	3.4	8.4	+147.1

*First Year of PRIDE Survey National Summary

Only three drug categories have ever shown higher levels of use in the PRIDE Survey: beer, wine coolers, and liquor. (Heroin was added as a drug category in 1995-96.)

Overall, for grades 6-12, PRIDE found that 29.5% of all students surveyed reportdrug, compared with 18.6% in 1987-88, an increase of 58.6%.

% Any Illicit Drug Use by 6-12th Graders

Use	*1987-88*	*1995-96*	*% Chg.*
Annual	18.6	29.5	+58.6
Monthly	10.6	18.3	+72.6
Weekly	6.6	12.5	+89.4
Daily	2.3	5.2	+126.1

Annual use of any illicit drug increased from 24.0% in 1994-95 to 29.5% 1995-96, a one-year increase of 22.9%.

On a monthly basis, use of any illicit drug by students in grades 6-12 rose from 10.6% in 1987-88 to 18.3% in 1995-96, an increase of 72.6%.

FEWER STUDENTS THAN EVER SAY PARENTS WARN THEM

Despite these alarming statistics, the percentage of students who said their parents talk to them often or a

lot about the problems of alcohol and other drugs plunged to the lowest level in the six years that the question has appeared on the survey instrument (29.6% in 1995-96 vs. 40.3% in 1990-91, a drop of 26.6%).

Nor are students receiving drug warnings from their peers. Only 11.7% said their friends talk to them regularly about the problems of drugs, compared to 10.7% in 1990-91, a slight improvement.

By contrast, 88.9% said their teachers have taught them about drug dangers.

Who Warns Youth Often About Drugs - % - Grades 6-12	
Peers	11.7
Parents	29.6
Teachers	88.9

When parents warn their children about drugs, use is lower. For example, among students who said they never hear from their parents on the subject of drugs, 35.5% reported using an illicit drug in the past year. That number fell to 26.6% for those whose parents spoke "a lot."

SCHOOLS ARE LEAST LIKELY PLACE OF DRUG USE

Compounding the problem that fewer parents talk to their children about drugs than before, is the fact that most drug use occurs when and where parents are in charge.

Among five choices (home, friend's home, car, other place, and school), students said a school building is the last place they use drugs. For example, among 6-12th graders, 16.8% said they smoked marijuana at a friend's home, 13.9% said they smoked at some other place in the community; 10.3% said they smoked in a car; 8.2% said in their own home; and 4.2% said in school.

Students said they used drugs mostly at night and on weekends, again when parents are in charge. "Students are getting more guidance about drugs from their teachers than from their parents and friends, and they are using drugs far more often at home, in cars, and at places in the community other than schools. School is the most drug-preventive, drug-free place in town," said Thomas J. Gleaton, president of PRIDE.

Where 6-12th Graders Smoke Marijaua - %	
Friend's Home	16.8
Other Place	13.9
Car	10.3
Their Home	8.2
School	4.2

WHEN THEY USE, STUDENTS ARE GETTING HIGHER THAN EVER

Besides more students using drugs more frequently, more students in 1995-96 reported getting "very high, bombed, or stoned" when they used drugs. Nearly three-fourths of seniors (73.6%) said they get very high when they smoke marijuana, versus 62.8% who responded the same way in 1987-88.

Users of beer, cocaine, uppers, inhalants, and hallucinogens also said they were getting higher today than nine years ago.

"This is not so-called 'recreational' use. This is marijuana, cocaine, heroin, LSD, and amphetamines. This is not experimentation. This is monthly, weekly, and daily use. This is a human tragedy," said Doug Hall, executive director of PRIDE.

% 12th Graders Getting "Very High"		
Drug	*1987-88*	*1995-96*
Beer	26.6	35.9
Marijuana	62.8	73.6
Cocaine	68.8	77.7
Uppers	29.7	46.4
Inhalants	36.9	50.0
Hallucinogens	84.4	87.7

Today's report marks the fifth straight year of rising drug use reported by PRIDE. The PRIDE Survey has been reported annually since the 1987-88 school year. The responses of 129,560 students in 26 states from New York

to California were included in the survey, making it the largest student survey in the nation, and the first to report drug use for the 1995-96 school year.

MARIJUANA USERS DEEPLY INVOLVED IN OTHER DRUGS

Among all students studied 29.5% said they used an illicit drug in the past year, and 24.8% said they smoked marijuana. However, most marijuana users in the study also drank alcohol, and used other dangerous drugs at very high rates.

Among monthly marijuana users, 69% also drank liquor monthly versus 7.4% of non-marijuana users; 13% used cocaine monthly versus one-tenth of a percent of non-users; and 19% used hallucinogens monthly versus two-tenths of a percent for non-users.

In the past year, the sharpest increase came in junior high marijuana use (grades 6-8) which rose from 9.5% annual use in 1994-95 to 13.6% in 1995-96, a 43% increase. Nearly a tenth of the junior high (8.1%) said they used marijuana on a monthly basis or more, up from 5.7% in the previous year.

Among high school students (grades 9-12), marijuana annual use climbed from 28.2% to 34%, a 20.6% increase. One out of five in high school (22.3%) smoked monthly or more, versus 18.5% the year before.

Use was highest in the senior class with 37.9% smoking marijuana on an annual basis, 24.3% monthly or more, 16.6% weekly or more, and 7.3% daily.

"One stunning consequence of marijuana use is that a fifth of the Class of '96 who smoke marijuana weekly will find it difficult, if not impossible, to pass a pre-employment drug test," Hall said. "And that says nothing about the negative health consequences of this drug use."

One reason for rising marijuana use may be a lack of belief by students that marijuana is harmful to their health. Among sixth graders, 85.5% said marijuana was "very harmful" to their health. But among 12th graders, only 43.6% said the same.

Students also found marijuana easy to obtain, with 73.3% of 12th graders saying it is easy to get.

CIGARETTE USE AT NINE-YEAR HIGH

Nearly a half of all students in grades 9-12 smoked cigarettes in the past year (48.2%) and a third of them smoked monthly or more often (33.4%). That compares with 36.1% who used annually in 1987-88, a 33.5% increase, and 23.6% who smoked monthly, a 41.5% increase.

Daily smoking in grades 9-12 rose from 12.3% in 1987-88 to 18.4% in 1995-96, a 49.6% increase.

MIXED SUCCESS IN CURBING TEEN VIOLENCE

The percentage of students who said they carried a gun to school last year dropped slightly (from 4.9% the year before to 4.5%) as did the percentage saying they joined a gang (from 13.8% to 12.4%).

However, the number who said they threatened to harm someone rose (from 31.8% to 42.1%) as did the percentage of those who got in trouble with the police (from 24.7% to 25.2%).

Drug use was more common among students who carried a gun to school, joined a gang, got in trouble with the police, or experienced other negative behaviors. (See attachment.)

METHODOLOGY

The study was conducted during the 1995-96 school year and involved 129,560 students from 26 states. The PRIDE Survey represents data from sixth through twelfth grade students conducted between September and June of the school year. Participating schools are sent the PRIDE Questionnaire with explicit instructions for administering the anonymous, self report instrument.

Schools that administer the PRIDE Questionnaire do so voluntarily, or in compliance with a school district or state request.

The PRIDE Survey is consistent with other national studies, including the National Institute on Drug Abuse's Monitoring the Future Survey.

Any Illicit Drug Annual Use: PRIDE vs. Monitoring the Future

YEAR	*1995-96*			*1994-95*			*1993-94*			*1992-93*			*1991-92*			*1990-9*	
Grade	*8*	*10*	*12*	*8*	*10*	*12*	*8*	*10*	*12*	*8*	*10*	*12*	*8*	*10*	*12*	*8*	*10*
PRIDE	25.9	38.0	40.8	21.3	32.3	35.8	19.3	28.6	31.9	15.0	22.6	28.2	13.5	21.1	25.1	13.0	20.5
MTF				21.4	33.3	39.0	18.5	30.0	35.8	15.1	24.7	31.0	12.9	20.2	27.1	11.3	21.4
Difference				+0.1	+1.0	+3.2	-0.8	+1.4	+3.9	+0.1	+2.1	+2.8	-0.6	-0.9	+2.0	-1.7	+0.9

Information from the PRIDE Survey is found in the President's National Drug Control Strategy and the Bureau of Justice Statistics Sourcebook. It is also used by the United States Congress as an indicator of student drug use.

Results from the 1995-96 PRIDE Survey were announced at a press conference at the National Press Club in Washington. Participating were Thomas J. Gleaton, Ed.D., president of PRIDE, and co-author of the survey, J. Douglas Hall, executive director of PRIDE, and Gen. Barry R. McCaffrey (Ret.), director of the Office of National Drug Control Strategy.

States represented in the 1995-96 PRIDE Survey: Arkansas, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Kentucky, Louisiana, Michigan, Missouri, Mississippi, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Virginia, Washington, Wisconsin, and West Virginia.

A copy of the methodology is available upon request.

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Return to home page.

PRIDE Survey 1996

Percentage of Students Who Report Using Drugs

Drug	Grade		Annual Use			Monthly Use	
		1994-95	1995-6	change*	1994-95	1995-6	change*
Cigarettes	Jr. High	28.1	31.1	+3.0	15.7	17.2	+1.5
	Sen. High	44.4	48.2	+3.8	31.3	33.4	+2.1
	12th	46.8	50.0	+3.2	34.6	36.2	+1.6
Beer	Jr. High	30.8	33.1	+2.3	11.8	12.5	+0.7
	Sen. High	57.4	59.1	+1.7	33.3	34.3	+1.0
	12th	64.0	64.9	+0.9	40.6	41.2	+0.6
Wine Coolers	Jr. High	29.8	33.2	+3.4	9.8	10.8	+1.0
	Sen. High	51.7	52.6	+.0.9	23.1	22.3	-0.8
	12th	56.5	54.5	-2.0	25.6	22.9	-2.7
Liquor	Jr. High	21.3	22.9	+1.6	8.5	9.0	+.0.5
	Sen. High	51.5	53.4	+1.9	27.4	28.2	+0.8
	12th	59.5	59.9	+0.4	32.5	32.8	+0.3
Any Alcohol	Jr. High	39.8	44.5	+4.7	14.9	16.4	+1.5
	Sen. High	66.8	70.6	+3.8	38.1	39.8	+1.7
	12th	73.4	75.6	+2.2	45.4	46.4	+1.0
Marijuana	Jr. High	9.5	13.6	+4.1	5.7	8.1	+2.4

	Sen. High	28.2	34.0	+5.8	18.5	22.3	+3.8
	12th	33.2	37.9	+4.7	20.9	24.3	+3.4
Cocaine	Jr. High	1.9	2.7	+0.8	1.2	1.5	+0.3
	Sen. High	4.5	5.6	+1.1	2.6	2.9	+0.3
	12th	5.3	7.1	+1.8	2.9	3.6	+0.7
Uppers	Jr. High	3.3	4.6	+1.3	2.0	2.4	+0.4
	Sen. High	9.3	10.5	+1.2	5.1	5.2	+0.1
	12th	10.6	11.6	+1.0	5.6	5.8	+0.2
Downers	Jr. High	2.4	3.5	+1.1	1.5	1.9	+0.4
	Sen. High	5.5	7.1	+1.6	3.4	3.8	+0.4
	12th	5.9	7.4	+1.5	3.6	4.1	+0.5
Inhalants	Jr. High	6.3	8.5	+2.2	2.9	3.5	+0.6
	Sen. High	7.5	7.6	+0.1	3.5	3.4	-0.1
	12th	6.6	6.6	+0.0	3.0	3.1	+0.1
Hallucin-ogens	Jr. High	2.4	3.3	+0.9	1.5	1.8	+0.3
	Sen. High	7.7	9.5	+1.8	4.1	4.5	+0.4
	12th	9.7	12.1	+2.4	4.8	5.1	+0.3
Heroin**	Jr. High		2.1			1.3	
	Sen. High		3.1			1.9	
	12th		3.5			2.2	
Designer Drugs**	Jr. High		3.8			2.1	
	Sen. High		5.1			2.8	

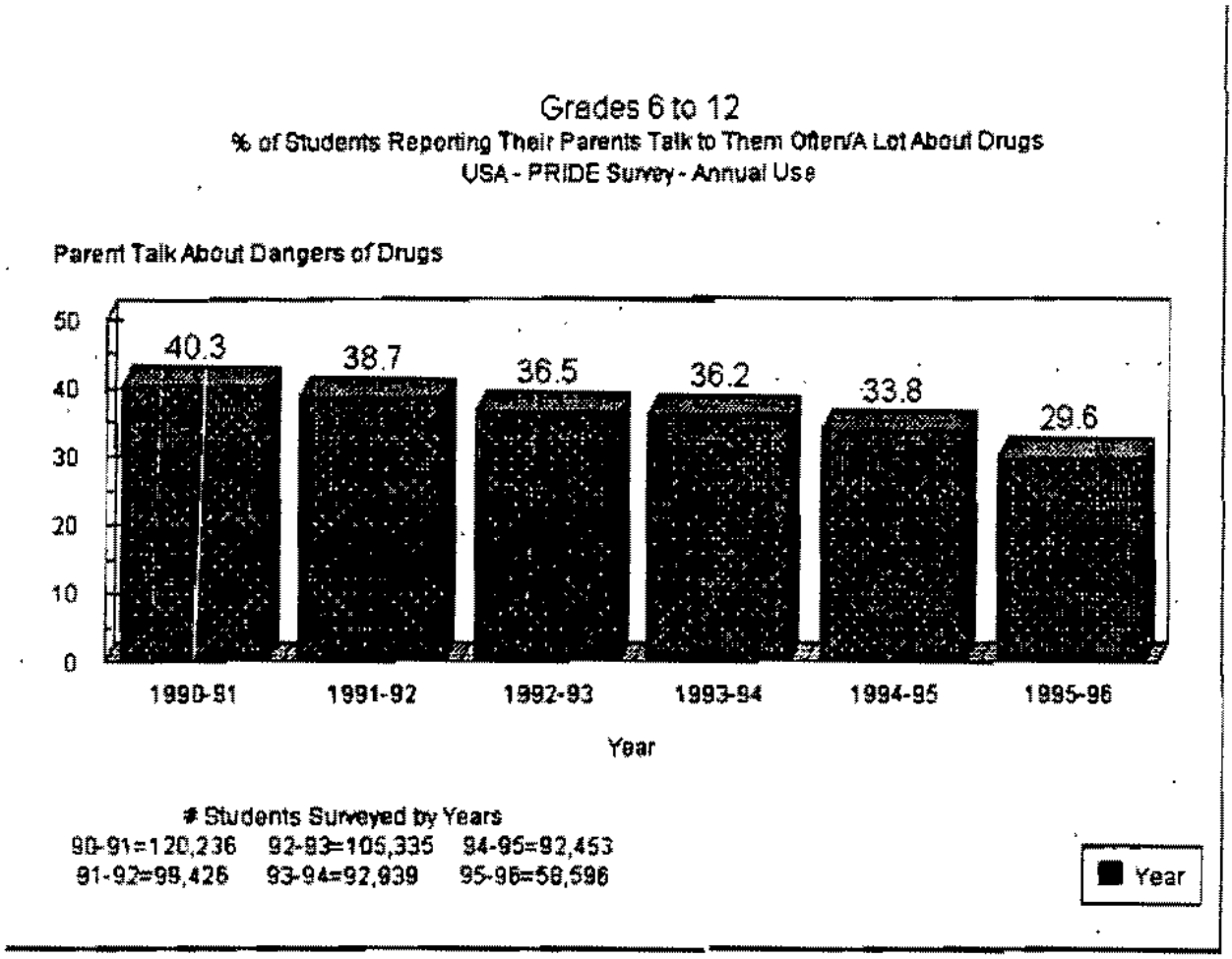
	12th		5.2			2.8	
Any Illicit Drugs	Jr. High	14.8	19.7	+4.9	8.6	10.9	+2.3
	Sen. High	31.9	37.6	+5.7	21.2	24.4	+3.2
	12th	35.8	40.8	+5.0	23.0	26.5	+3.5

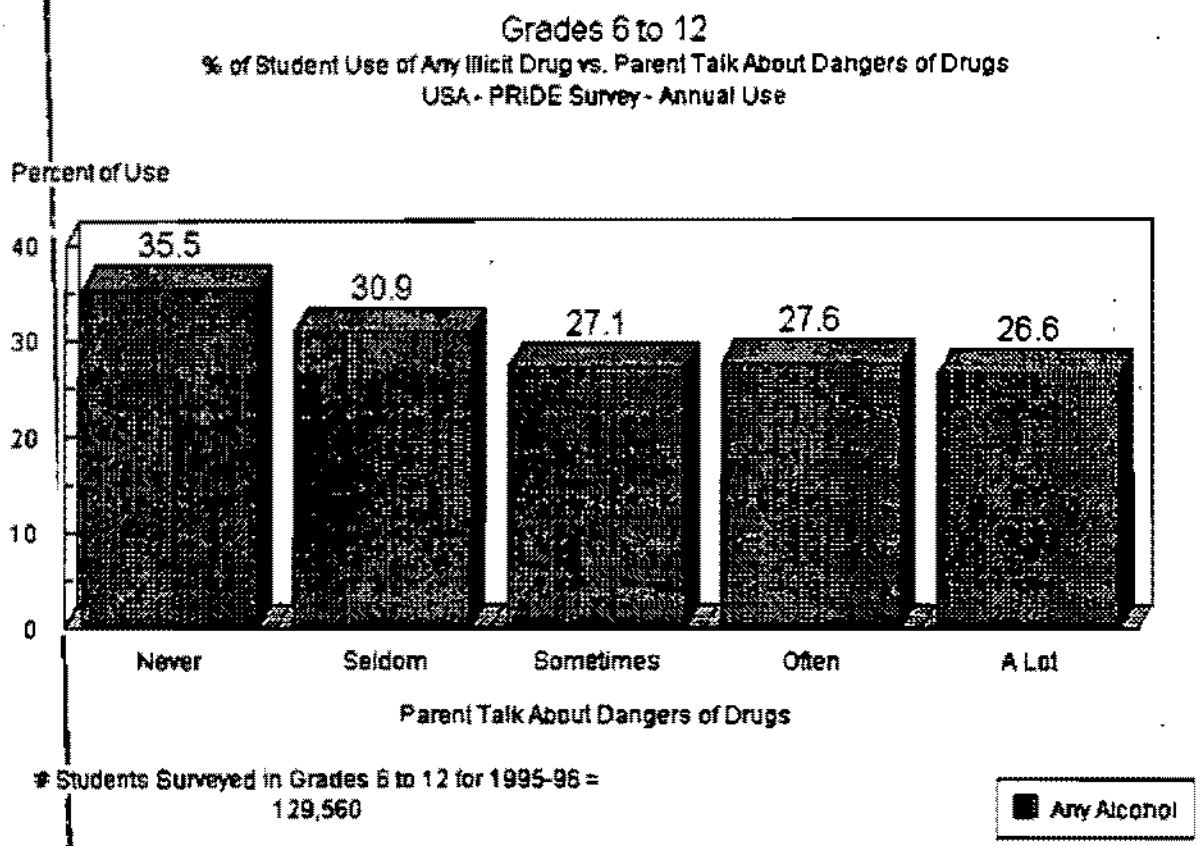
*Statistically significant difference at .05 level using chi-square with variables year & no-use/use.

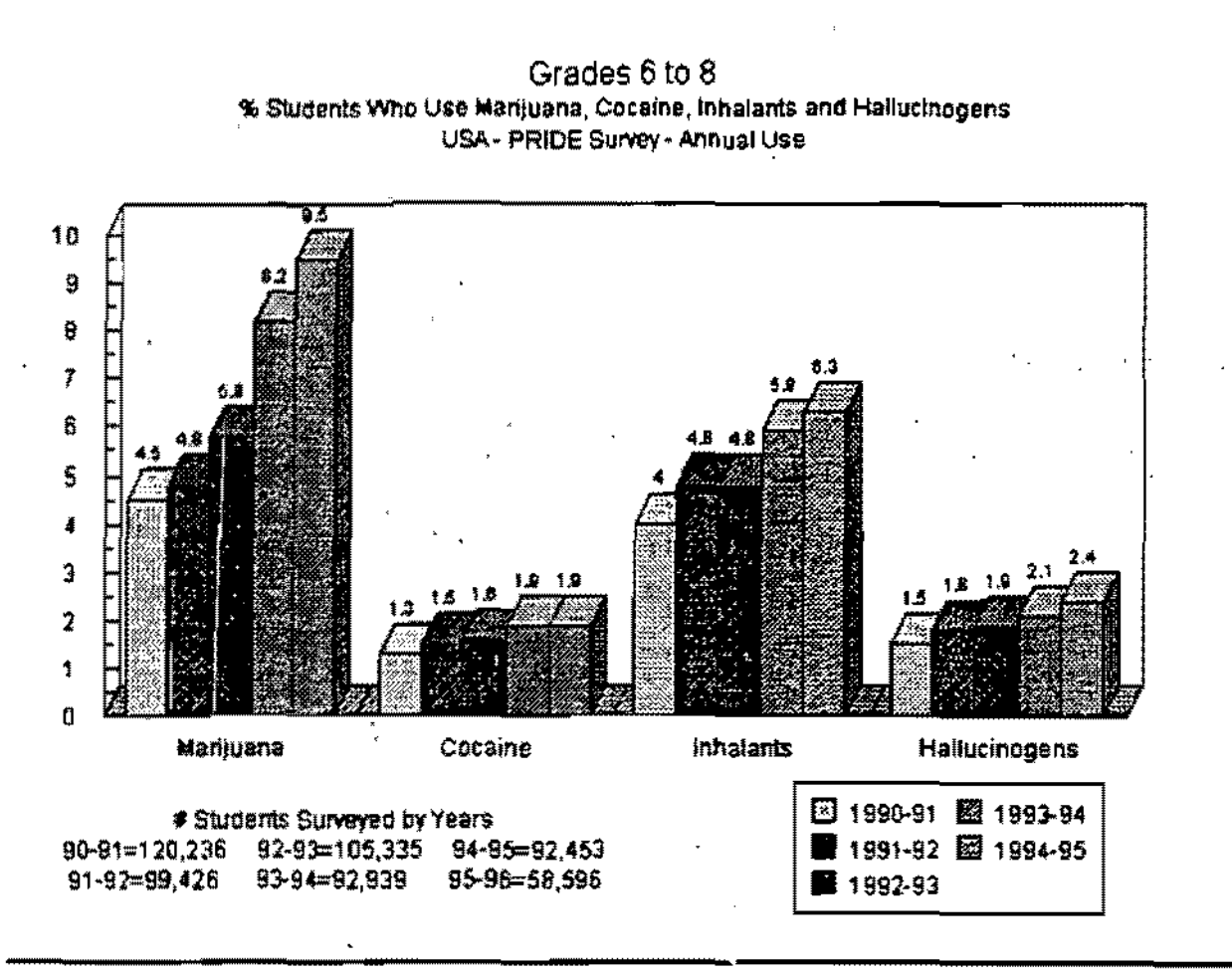
**New drug category (Heroin and Designer Drugs) added this year. No prior data to compare.

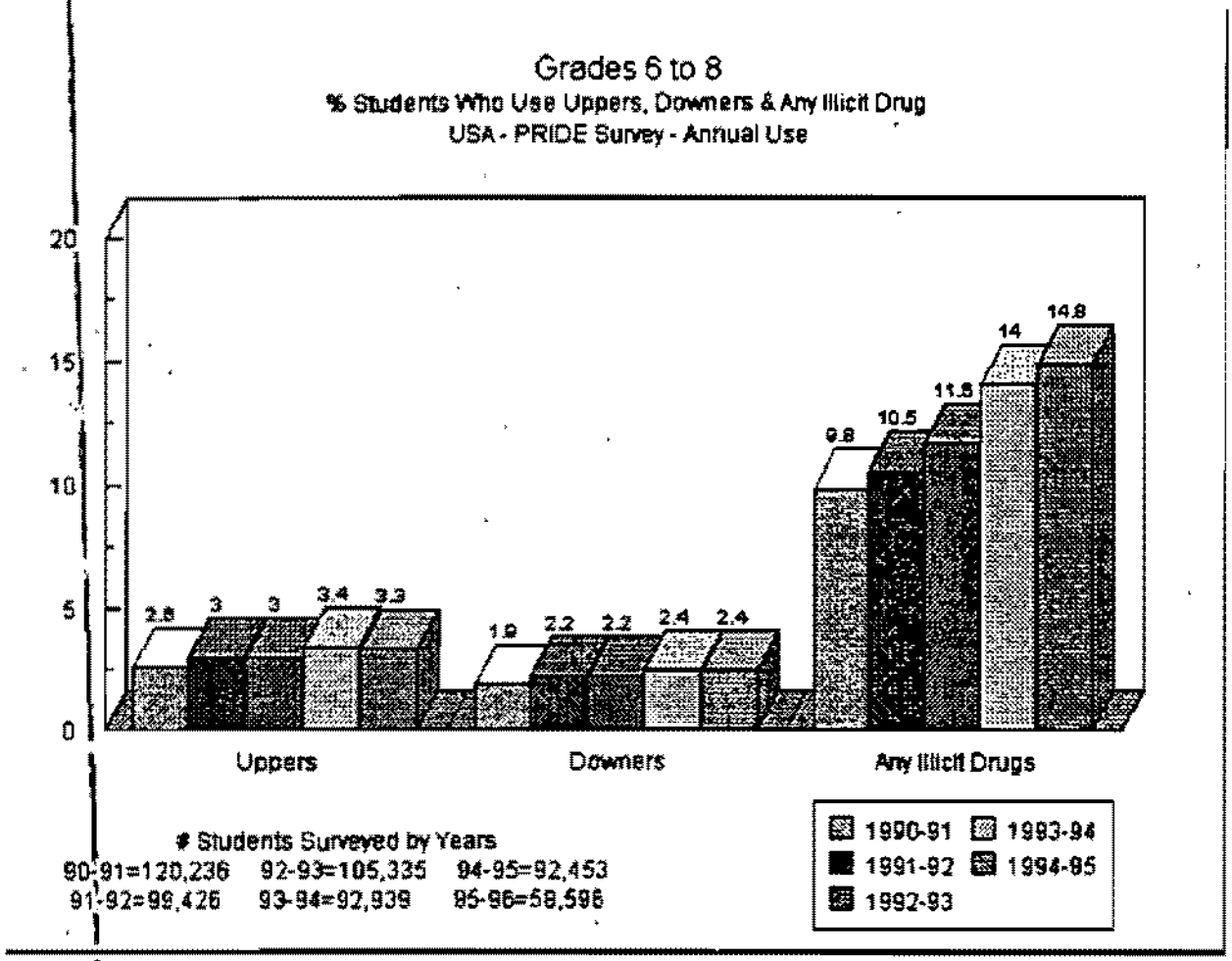
N-Sizes:

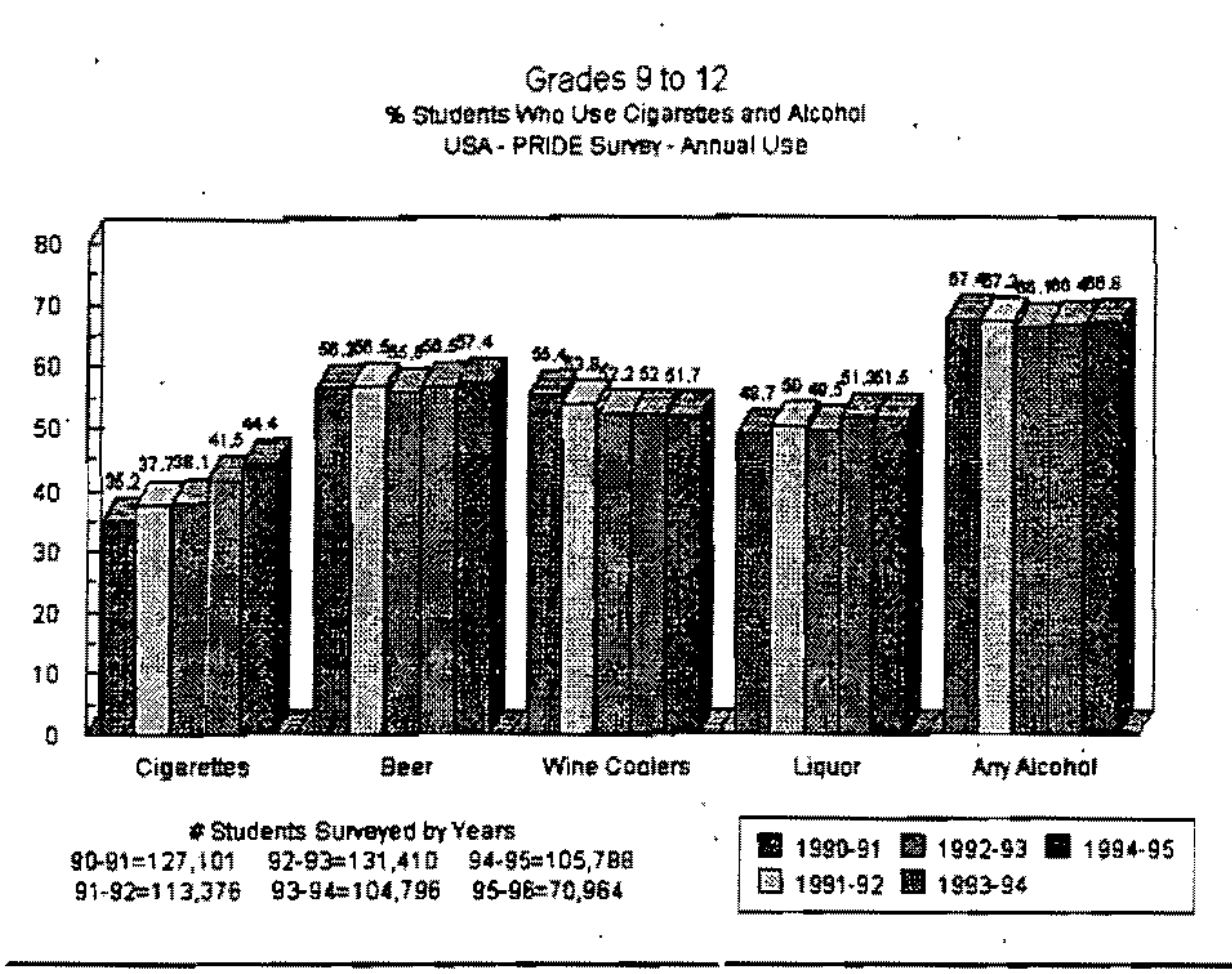
Grade	1994-95	1995-96
Junior High	92,453	58,596
Senior High	105,788	70,964
12th	20,698	14,261

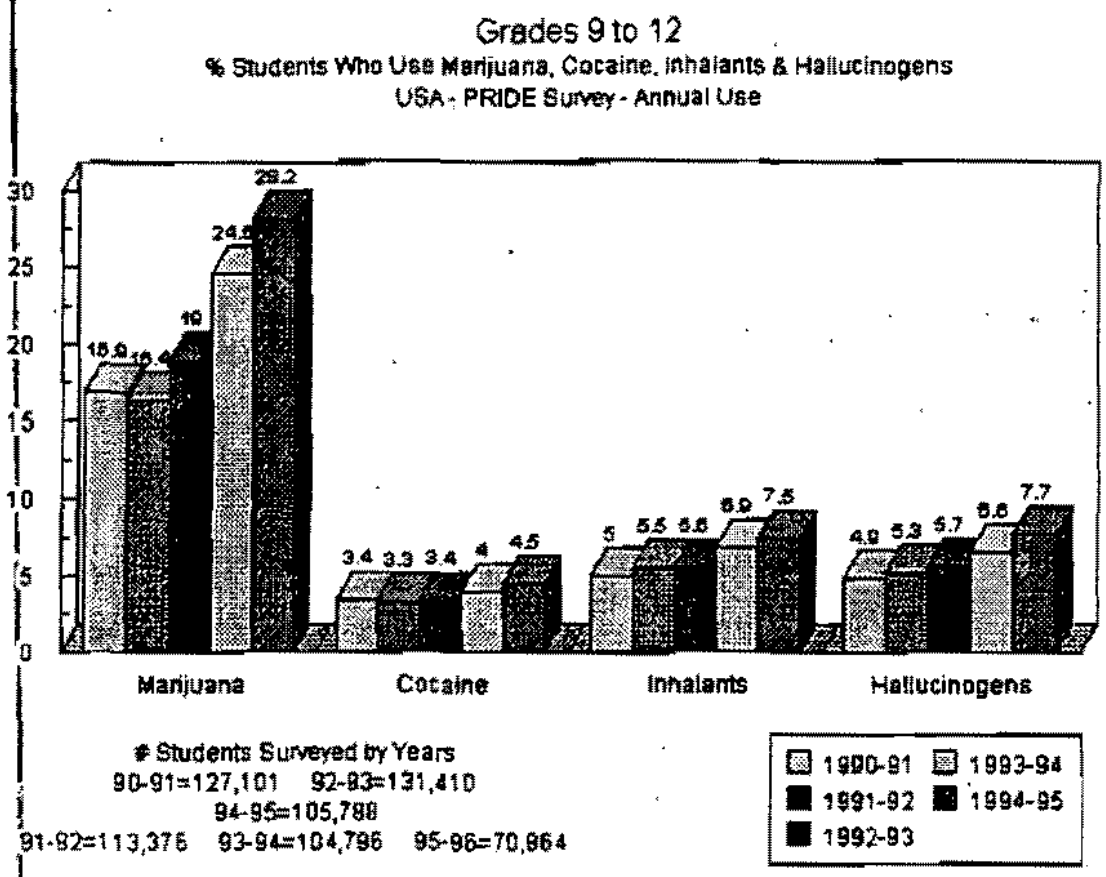

Grades 6 to 12
% of Students Reporting Their Parents Talk to Them Often/A Lot About Drugs
USA - PRIDE Survey - Annual Use
Parent Talk About Dangers of Drugs
50
40
30
20
10
0
40.3
38.7
36.5
36.2
33.8
29.6
1990-91
1991-92
1992-93
1993-94
1994-95
1995-96
Year
Students Surveyed by Years
90-91=120,236 92-93=105,335 94-95=92,453
91-92=99,426 93-94=92,939 95-96=58,596
Year

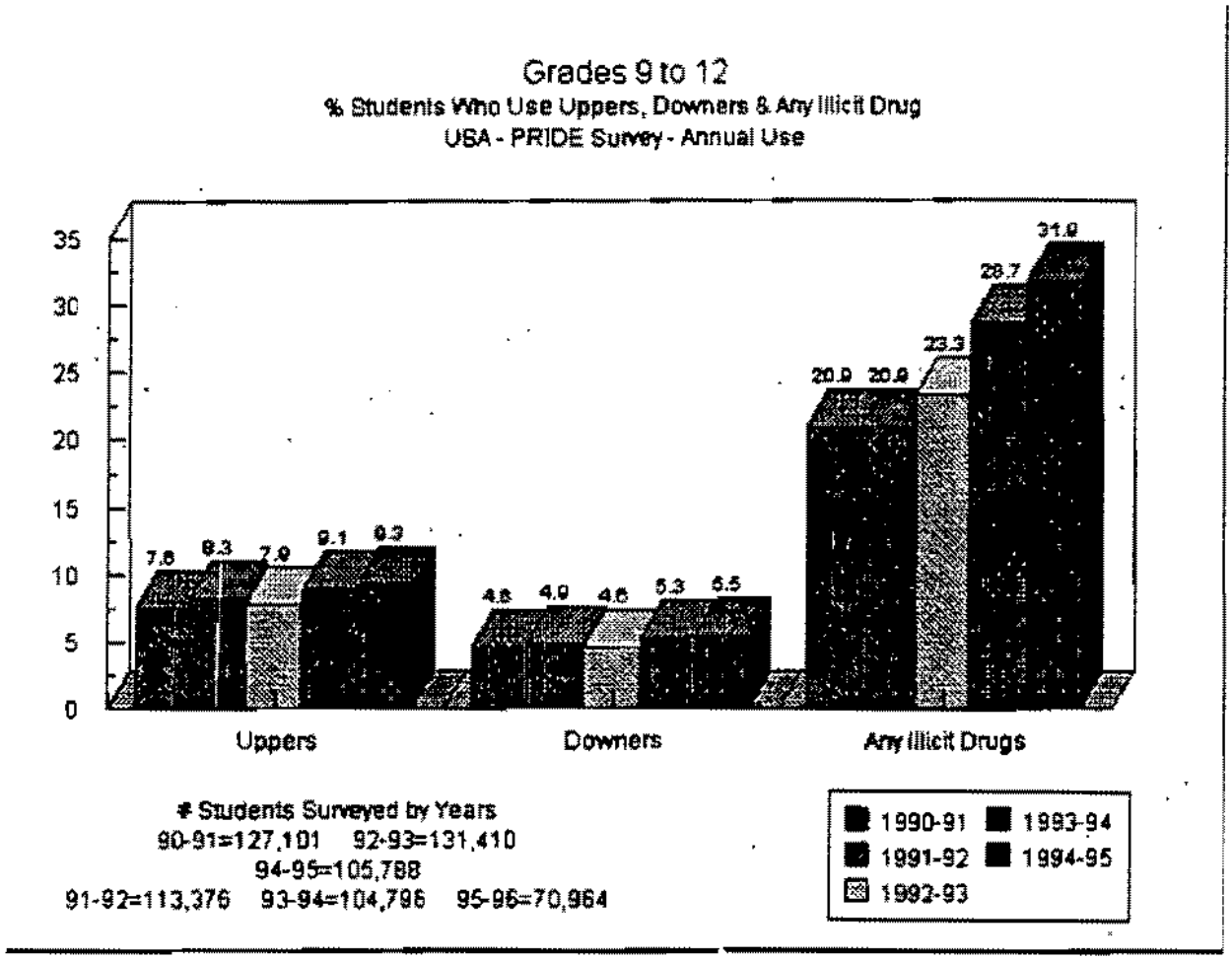

Grades 6 to 12
% of Student Use of Any Illicit Drug vs. Parent Talk About Dangers of Drugs
USA - PRIDE Survey - Annual Use
Percent of Use
40
30
20
10
0
35.5
30.9
27.1
27.6
26.6
Never
Seldom
Sometimes
Often
A Lot
Parent Talk About Dangers of Drugs
Students Surveyed in Grades 6 to 12 for 1995-96 = 129,560
Any Alcohol

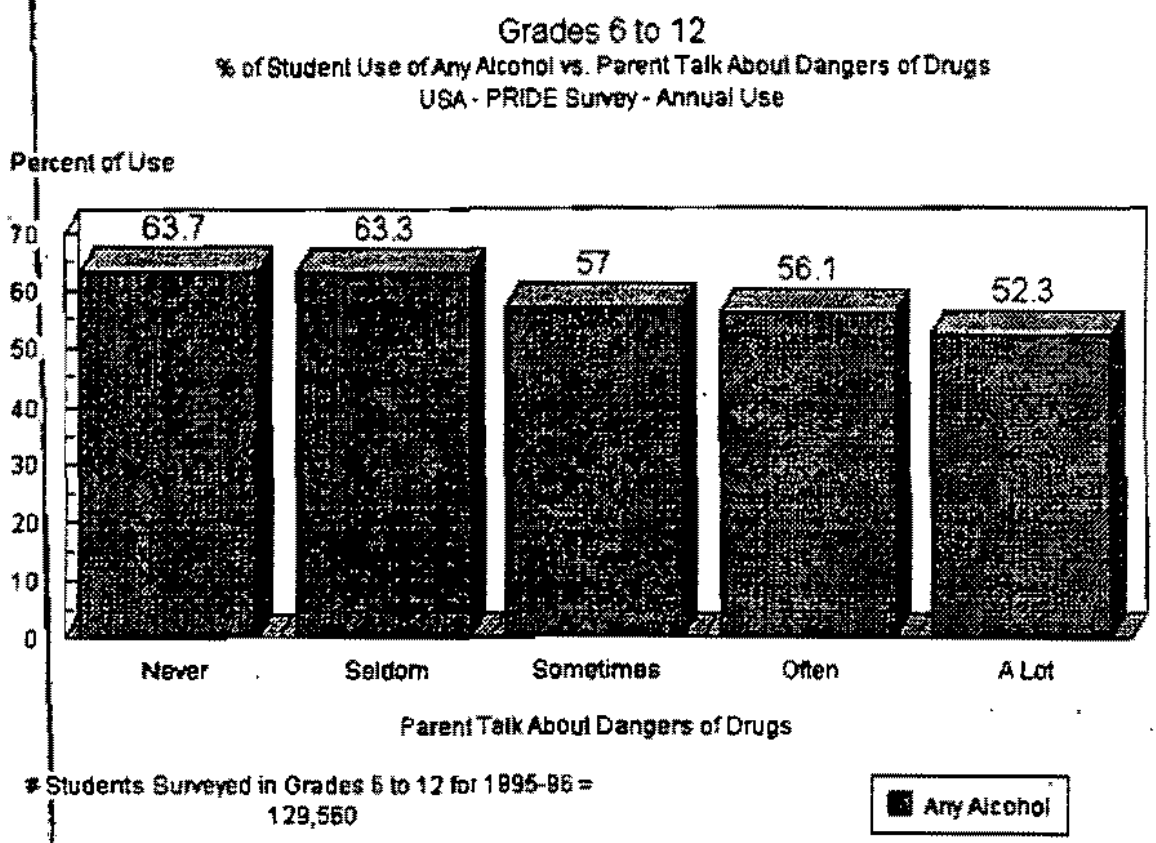

Grades 6 to 8
% Students Who Use Marijuana, Cocaine, Inhalants and Hallucinogens
USA - PRIDE Survey - Annual Use
10
9
8
7
6
5
4
3
2
1
0
4.5
4.8
6.8
8.2
9.5
1.3
1.5
1.6
1.9
1.9
4
4.8
4.8
5.9
6.3
1.5
1.8
1.9
2.1
2.4
Marijuana
Cocaine
Inhalants
Hallucinogens
Students Surveyed by Years
90-91=120,236 92-93=105,335 94-95=92,453
91-92=99,426 93-94=92,939 95-96=58,596
1990-91
1991-92
1992-93
1993-94
1994-95

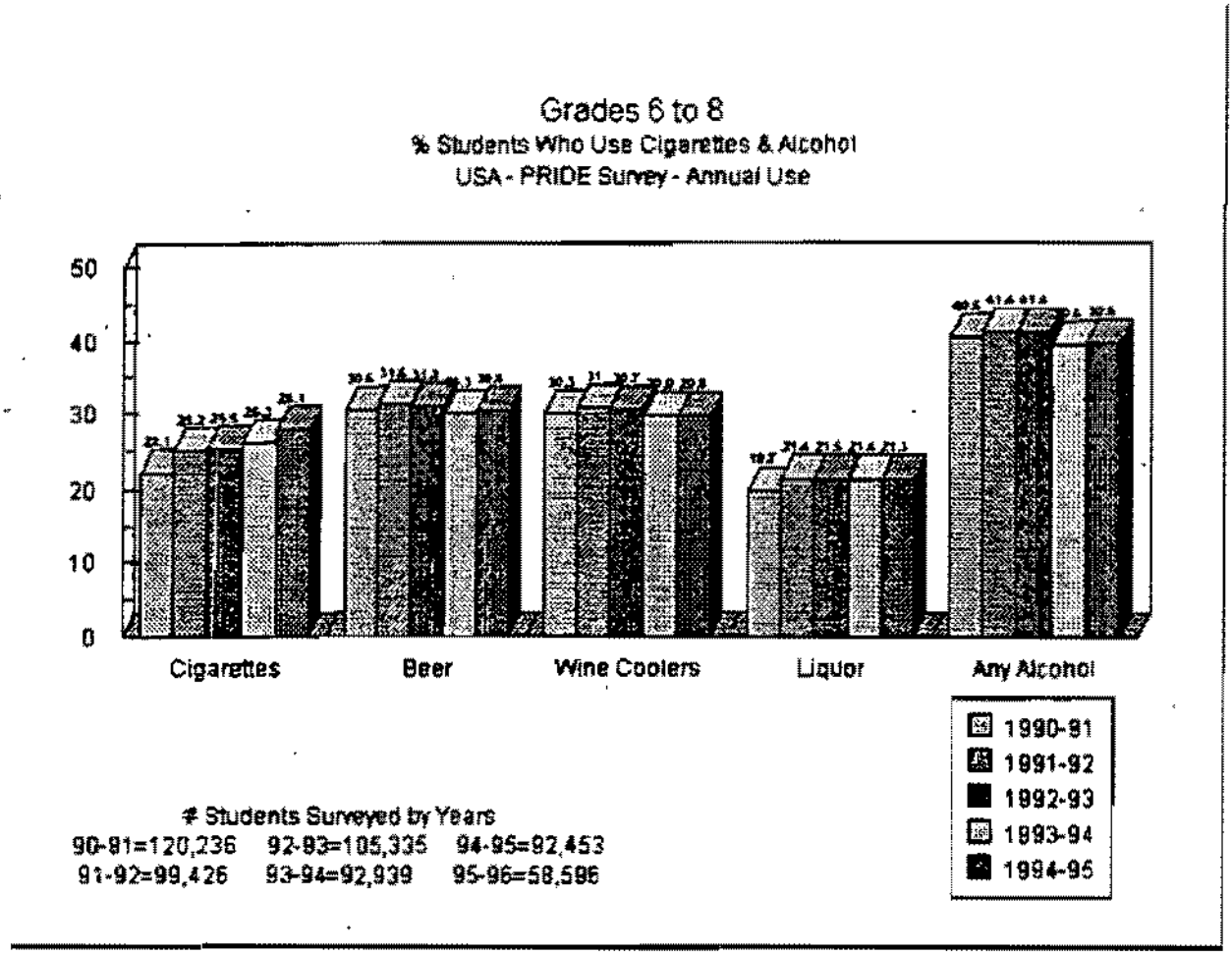

Grades 6 to 8
% Students Who Use Uppers, Downers & Any Illicit Drug
USA - PRIDE Survey - Annual Use
20
15
10
5
0
2.8
3
3
3.4
3.3
1.9
2.2
2.2
2.4
2.4
9.8
10.5
11.8
14
14.8
Uppers
Downers
Any Illicit Drugs
Students Surveyed by Years
90-91=120,236 92-93=105,335 94-95=92,453
91-92=99,426 93-94=92,939 95-96=58,598
1990-91
1991-92
1992-93
1993-94
1994-95


Grades 9 to 12
% Students Who Use Cigarettes and Alcohol
USA - PRIDE Survey - Annual Use
80
70
60
50
40
30
20
10
0
Cigarettes
Beer
Wine Coolers
Liquor
Any Alcohol
Students Surveyed by Years
90-91=127,101 92-93=131,410 94-95=105,788
91-92=113,376 93-94=104,796 95-96=70,964
1990-91
1992-93
1994-95
1991-92
1993-94


Grades 9 to 12
% Students Who Use Marijuana, Cocaine, Inhalants & Hallucinogens
USA - PRIDE Survey - Annual Use
30
25
20
15
10
5
0
15.9
16.4
19
24.6
29.2
3.4
3.3
3.4
4
4.5
5
5.5
5.6
6.9
7.5
4.9
5.3
5.7
6.6
7.7
Marijuana
Cocaine
Inhalants
Hallucinogens
Students Surveyed by Years
90-91=127,101 92-93=131,410
94-95=105,780
91-92=113,375 93-94=104,796 95-96=70,964
1990-91
1993-94
1991-92
1994-95
1992-93


Grades 9 to 12
% Students Who Use Uppers, Downers & Any Illicit Drug
USA - PRIDE Survey - Annual Use
35
30
25
20
15
10
5
0
7.8
8.3
7.9
9.1
9.2
4.8
4.9
4.6
5.3
5.5
20.9
20.9
23.3
28.7
31.9
Uppers
Downers
Any Illicit Drugs
Students Surveyed by Years
90-91=127,101 92-93=131,410
94-95=105,788
91-92=113,376 93-94=104,796 95-96=70,964
1990-91
1991-92
1992-93
1993-94
1994-95


Grades 6 to 12
% of Student Use of Any Alcohol vs. Parent Talk About Dangers of Drugs
USA - PRIDE Survey - Annual Use
Percent of Use
70
60
50
40
30
20
10
0
63.7
63.3
57
56.1
52.3
Never
Seldom
Sometimes
Often
A Lot
Parent Talk About Dangers of Drugs
Students Surveyed in Grades 6 to 12 for 1995-96 =
129,560
Any Alcohol


Grades 6 to 8
% Students Who Use Cigarettes & Alcohol
USA - PRIDE Survey - Annual Use
50
40
30
20
10
0
Cigarettes
Beer
Wine Coolers
Liquor
Any Alcohol
1990-91
1991-92
1992-93
1993-94
1994-95
Students Surveyed by Years
90-91=120,236 92-93=105,335 94-95=92,453
91-92=99,426 93-94=92,939 95-96=58,596

PRIDE National Summary, 1996

Percent of Annual Drug Use by Junior and Senior High Students

Drug		87-88	88-89	89-90	90-91	91-92	92-93	93-94	94-95	95-96
Cigar-ettes										
	Jr. High	*22.1*	*28.1*	*27.6*	*22.6*	*25.2*	*25.5*	*26.3*	*28.1*	*31.1*
	Sr. High	*34.6*	*38.7*	*38.0*	*35.2*	*37.7*	*38.4*	*41.5*	*44.4*	*48.2*
Beer										
	Jr. High	*30.8*	*37.5*	*35.9*	*30.6*	*31.6*	*31.2*	*30.3*	*30.8*	*33.1*
	Sr. High	*57.9*	*61.4*	*58.9*	*56.2*	*56.5*	*55.6*	*56.5*	*57.4*	*59.1*
Wine Cooler										
	Jr. High	*29.5*	*36.4*	*35.2*	*30.3*	*31.0*	*30.7*	*29.9*	*29.8*	*33.2*
	Sr. High	*56.4*	*60.2*	*56.9*	*55.4*	*53.8*	*52.2*	*52.0*	*51.7*	*52.6*
Liquor										

	Jr. High	17.9	24.9	24.9	19.6	21.4	21.5	21.4	21.3	22.9
	Sr. High	45.6	51.9	51.0	48.7	50.0	49.5	51.3	51.5	53.4
Mari-juana										
	Jr. High	5.7	7.6	6.6	4.5	4.8	5.8	8.2	9.5	13.6
	Sr. High	20.1	21.9	19.1	16.9	16.4	19.0	24.6	28.2	34.0
Co-caine										
	Jr. High	1.2	1.7	1.7	1.3	1.5	1.6	1.9	1.9	2.7
	Sr. High	3.9	4.6	4.0	3.4	3.3	3.4	4.0	4.5	5.6
Uppers										
	Jr. High	2.4	3.6	3.6	2.6	3.0	3.0	3.4	3.3	4.6
	Sr. High	7.3	9.2	8.0	7.6	8.3	7.9	9.1	9.3	10.5

Downers										
	Jr. High	1.7	2.5	2.5	1.9	2.2	2.2	2.4	2.4	3.5
	Sr. High	4.2	5.3	4.7	4.6	4.9	4.6	5.3	5.5	7.1
Inhal-ants										
	Jr. High	3.9	5.2	4.9	4.0	4.8	4.8	5.9	6.3	8.5
	Sr. High	4.4	5.1	5.1	4.9	5.5	5.6	6.9	7.5	7.6
Hal-lucin-ogens										
	Jr. High	1.1	1.7	1.8	1.5	1.8	1.9	2.1	2.4	3.3
	Sr. High	3.1	4.4	4.9	4.9	5.3	5.7	6.6	7.7	9.5

For more information contact: PRIDE, 3610 DeKalb Technology Parkway, Suite 105, Atlanta, GA 30340. Phone: 770/458-9900, FAX: 770/458-5030.

Table 3.1 Percentages of Adolescents Aged 12-17 Using Specified Substances in the Past Year, by Family Structure, 1991-1993

	Substance							
	Alcohol	Cigarettes	Marijuana	Inhalants	Hallucinogens	Stimulants	Cocaine	Sedatives
Total	36.0	19.1	9.4	3.7	2.2	2.0	1.1	1.0
Both biological parents present:								
Mother/Father	32.1	15.9	6.9	2.8	1.6	1.5	0.7	0.8
Mother/Father/Other	34.8	18.0	8.4	3.1	1.6	1.5	0.9	1.4
Stepparent families:								
Mother/Stepfather	40.2	24.9	10.0	4.8	3.4	3.4	1.8	1.8
Father/Stepmother	50.8	40.7	16.8	5.2	7.5	5.5	1.6	3.4
One parent families:								
Mother only	39.1	20.4	11.5	4.0	2.0	1.5	1.5	0.9
Mother/Other relative	36.1	17.8	12.4	4.0	1.0	2.1	1.7	1.0
Mother/Nonrelative	48.2	25.4	18.3	4.2	1.7	0.7	2.4	0.4
Father only	45.0	27.6	17.1	9.1	6.6	6.0	1.7	1.9
Other family types:								
Other relative only	40.7	20.6	15.1	5.4	3.1	3.3	2.0	1.1
Spouse present	63.8	41.4	25.1	3.1	5.4	5.4	3.5	3.0

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.2 Percentages of Adolescents Aged 12-17 Dependent on Specified Substances in the Past Year, by Family Structure, 1991-1993

	Substance							
	Alcohol	Cigarettes	Marijuana	Inhalants	Hallucinogens	Stimulants	Cocaine	Sedatives
Total	2.7	2.2	1.5	0.1	0.1	0.1	0.1	0.0
Both biological parents present:								
Mother/Father	2.5	1.8	1.0	0.0	0.1	0.1	0.1	0.0
Mother/Father/Other	1.2	1.9	1.1	0.0	0.0	0.1	0.0	0.0
Stepparent families:								
Mother/Stepfather	2.7	2.0	1.4	0.0	0.2	0.1	0.3	0.0
Father/Stepmother	4.0	7.2	3.3	*	0.0	0.0	0.1	0.0
One parent families:								
Mother only	2.5	2.4	1.9	0.1	0.2	0.1	0.2	0.0
Mother/Other relative	3.0	3.1	2.2	0.0	0.0	0.0	0.0	0.0
Mother/Nonrelative	2.3	*	1.3	0.0	0.0	0.0	0.1	0.0
Father only	5.9	3.6	4.3	*	*	1.0	*	0.3
Other family types:								
Other relative only	4.2	2.8	2.0	0.7	0.0	0.0	0.2	0.0
Spouse present	4.6	4.5	0.3	0.0	0.0	0.0	0.0	0.0

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.3 Percentages of Adolescents Aged 12-17 Using Any Illicit Drugs[1] in the Past Year, by Family Structure, Gender, and Age (12-13, 14-15, 16-17), 1991-1993

	Group						
	Male 12-13	Male 14-15	Male 16-17	Female 12-13	Female 14-15	Female 16-17	Total
Total	4.5	13.3	23.1	5.5	12.6	22.1	13.4
Both biological parents present:							
Mother/Father	4.5	8.9	20.4	3.6	9.1	18.1	10.4
Mother/Father/Other	3.7	12.7	18.3	*	11.7	21.2	12.1
Stepparent families:							
Mother/Stepfather	5.8	16.0	19.3	8.0	16.3	30.3	16.0
Father/Stepmother	5.9	31.9	34.8	5.9	23.9	*	20.9
One parent families:							
Mother only	2.9	17.1	22.4	6.9	16.6	26.2	15.2
Mother/Other relative	2.4	12.3	34.1	*	13.0	21.1	15.7
Mother/Nonrelative	*	*	*	*	*	*	21.7
Father only	6.9	21.4	48.4	*	*	*	22.4
Other family types:							
Other relative only	6.4	*	*	5.3	17.6	24.8	21.0
Spouse present	*	*	*	*	34.3	37.0	31.5

[1]Illicit drugs include marijuana, nonmedical use of psychotherapeutics (tranquilizers, sedatives, analgesics, and stimulants), hallucinogens, heroin, cocaine, and inhalants.

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.4 Percentages of Adolescents Aged 12-17 Using Alcohol in the Past Year, by Family Structure, Gender, and, Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	36.0	36.7	35.3	38.2	28.8	35.1
Both biological parents present:						
Mother/Father	32.1	33.4	30.7	33.6	23.8	31.5
Mother/Father/Other	34.8	36.2	33.4	40.2	33.9	31.9
Stepparent families:						
Mother/Stepfather	40.2	41.3	39.3	41.5	26.2	45.9
Father/Stepmother	50.8	*	*	51.8	*	*
One parent families:						
Mother only	39.1	39.0	39.1	45.3	30.0	37.5
Mother/Other relative	36.1	34.7	37.4	46.7	27.9	37.7
Mother/Nonrelative	48.2	*	*	*	*	*
Father only	45.0	45.4	*	44.2	*	*
Other family types:						
Other relative only	40.7	45.4	35.7	44.2	33.0	44.5
Spouse present	63.8	*	64.5	67.6	*	*

*Low precision: no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.5 Percentages of Adolescents Aged 12-17 Reporting Alcohol Dependence, by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	2.7	2.6	2.7	3.0	1.6	2.9
Both biological parents present:						
Mother/Father	2.5	2.3	2.8	2.7	0.8	3.0
Mother/Father/Other	1.2	1.7	0.7	1.3	1.3	1.3
Stepparent families:						
Mother/Stepfather	2.7	1.5	3.8	2.9	*	4.4
Father/Stepmother	4.0	3.2	*	4.5	0.0	*
One parent families:						
Mother only	2.5	2.9	2.1	3.2	1.4	2.4
Mother/Other relative	3.0	4.2	1.8	5.2	1.5	*
Mother/Nonrelative	2.3	*	*	2.9	*	*
Father only	5.9	8.6	*	7.6	0.9	0.5
Other family types:						
Other relative only	4.2	5.5	2.8	3.3	*	2.9
Spouse present	4.6	*	4.3	4.2	*	*

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.6 Percentages of Adolescents Aged 12-17 Using Cigarettes in the Past Year, by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	19.1	19.5	18.7	21.9	9.3	16.7
Both biological parents present:						
Mother/Father	15.9	16.4	15.3	17.5	7.1	13.1
Mother/Father/Other	18.0	21.9	14.0	24.8	9.0	14.2
Stepparent families:						
Mother/Stepfather	24.9	24.7	25.1	25.8	11.9	31.6
Father/Stepmother	40.7	42.0	39.4	42.5	*	*
One parent families:						
Mother only	20.4	20.2	20.5	28.2	8.5	18.5
Mother/Other relative	17.8	20.4	15.3	25.5	11.6	14.5
Mother/Nonrelative	25.4	14.0	*	31.1	*	*
Father only	27.6	25.7	*	29.2	*	*
Other family types:						
Other relative only	20.6	24.1	16.9	31.2	9.7	21.3
Spouse present	41.4	*	*	*	*	*

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.7 Percentages of Adolescents Aged 12-17 Reporting Cigarette Dependence, by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	2.2	2.5	1.9	2.6	1.0	1.5
Both biological parents present:						
Mother/Father	1.8	2.1	1.5	2.1	0.6	1.1
Mother/Father/Other	1.9	2.0	1.8	3.4	0.0	0.5
Stepparent families:						
Mother/Stepfather	2.0	2.5	1.6	2.1	0.0	3.2
Father/Stepmother	7.2	8.6	5.9	7.8	*	*
One parent families:						
Mother only	2.4	2.2	2.6	3.7	0.8	1.3
Mother/Other relative	3.1	4.0	2.3	4.0	2.3	*
Mother/Nonrelative	*	*	*	*	0.0	0.0
Father only	3.6	3.5	3.8	4.5	0.5	*
Other family types:						
Other relative only	2.8	5.2	0.3	4.1	*	2.0
Spouse present	4.5	*	*	*	0.0	0.6

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.8 Percentages of Adolescents Aged 12-17 Using Marijuana in the Past Year, by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	9.4	10.4	8.4	9.5	8.6	10.6
Both biological parents present:						
Mother/Father	6.9	7.9	5.8	6.8	6.9	8.9
Mother/Father/Other	8.4	10.1	6.6	9.6	8.5	8.5
Stepparent families:						
Mother/Stepfather	10.0	10.8	9.3	9.8	6.9	14.1
Father/Stepmother	16.8	18.8	15.0	18.2	*	*
One parent families:						
Mother only	11.5	11.8	11.2	13.7	8.4	10.8
Mother/Other relative	12.4	15.1	9.9	14.5	11.0	11.2
Mother/Nonrelative	18.3	*	*	*	*	*
Father only	17.1	20.2	13.2	19.0	*	9.0
Other family types:						
Other relative only	15.1	17.1	13.1	15.8	11.8	17.3
Spouse present	25.1	*	*	*	*	*

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.9 Percentages of Adolescents Aged 12-17 Reporting Marijuana Dependence, by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	1.5	1.6	1.4	1.8	0.5	1.5
Both biological parents present:						
Mother/Father	1.0	1.0	1.0	1.2	0.3	1.0
Mother/Father/Other	1.1	1.9	0.2	0.9	0.0	2.2
Stepparent families:						
Mother/Stepfather	1.4	1.5	1.4	1.5	1.4	0.9
Father/Stepmother	3.3	4.7	1.9	3.1	*	*
One parent families:						
Mother only	1.9	2.0	1.9	2.8	0.6	2.0
Mother/Other relative	2.2	2.8	*	4.2	0.5	2.7
Mother/Nonrelative	1.3	*	*	*	*	0.0
Father only	4.3	4.5	*	5.5	0.1	*
Other family types:						
Other relative only	2.0	2.4	1.6	4.0	0.3	2.1
Spouse present	0.3	0.3	0.3	0.3	0.2	0.6

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.10 Percentages of Adolescents Aged 12-17 Using Illicit Drugs Other Than Marijuana[1] in the Past Year, by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	7.4	7.0	7.9	8.0	4.5	8.5
Two biological parents present:						
Mother/Father	6.1	5.9	6.3	6.3	4.1	7.1
Mother/Father/Other	6.3	4.8	7.7	8.2	1.8	7.8
Stepparent families:						
Mother/Stepfather	10.0	6.6	12.8	9.8	1.2	16.9
Father/Stepmother	15.4	17.9	13.1	15.9	*	*
One parent families:						
Mother only	7.2	6.3	8.0	8.5	4.5	8.0
Mother/Other relative	7.7	7.4	8.0	12.3	3.9	7.1
Mother/Nonrelative	7.9	*	10.3	7.9	*	*
Father only	14.8	16.8	12.2	17.8	*	4.8
Other family types:						
Other relative only	10.4	10.5	10.3	13.3	6.1	15.8
Spouse present	14.3	*	16.8	12.6	*	*

[1]Illicit drugs other than marijuana include nonmedical use of psychotherapeutics (tranquilizers, sedatives, analgesics, and stimulants), hallucinogens, heroin, cocaine, and inhalants.

*Low precision: no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.11 Percentages of Adolescents Aged 12-17 Reporting Dependence on Illicit Drugs Other Than Marijuana,[1] by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	2.1	1.9	2.3	2.3	0.5	2.8
Both biological parents present:						
Mother/Father	1.5	1.4	1.7	1.6	0.2	2.3
Mother/Father/Other	1.5	1.7	1.2	1.3	0.0	3.2
Stepparent families:						
Mother/Stepfather	3.5	2.8	4.1	3.3	0.0	6.1
Father/Stepmother	6.0	6.0	6.0	6.9	*	*
One parent families:						
Mother only	1.8	1.7	1.9	2.1	0.6	3.1
Mother/Other relative	2.1	2.0	2.1	4.0	0.5	2.0
Mother/Nonrelative	0.7	*	0.6	0.7	*	*
Father only	6.7	6.3	7.3	8.7	0.1	0.0
Other family types:						
Other relative only	3.6	3.5	3.8	8.2	0.9	1.4
Spouse present	5.4	1.0	7.2	*	*	*

[1]Illicit drugs other than marijuana include nonmedical use of psychotherapeutics(tranquilizers, sedatives, analgesics, and stimulants), hallucinogens, heroin, cocaine, and inhalants.

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

Table 3.12 Estimated Percentages of Adolescents Aged 12-17 in Need of Illicit Drug Abuse Treatment, by Family Structure, Gender, and Race/Ethnicity, 1991-1993

	Group					
	Total	Male	Female	White	Black	Hisp.
Total	4.2	4.3	4.1	4.2	3.5	5.6
Two biological parents present:						
Mother/Father	2.8	2.6	3.1	2.8	2.3	3.8
Mother/Father/Other	3.4	3.7	3.0	3.9	2.4	4.3
Stepparent families:						
Mother/Stepfather	5.1	5.9	4.4	4.3	2.9	12.6
Father/Stepmother	7.9	*	3.9	8.2	*	*
One parent families:						
Mother only	5.3	4.8	5.8	6.1	3.8	6.1
Mother/Other relative	5.0	4.7	5.2	6.2	3.8	6.3
Mother/Nonrelative	4.4	*	4.3	2.9	2.9	*
Father only	9.3	11.0	7.1	11.7	0.1	*
Other family types:						
Other relative only	9.0	12.3	5.6	9.8	7.2	*
Spouse present	4.8	*	5.9	*	*	*

*Low precision; no estimate reported.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1991-93.

EXECUTIVE SUMMARY

PURPOSE

This inspection surveyed junior and senior high school (7th through 12 grade) students to determine how they obtain, view, and consume alcohol.

BACKGROUND

In response to public health concerns and the adverse health consequences of alcohol abuse, Surgeon General Antonia Novello requested that the Office of Inspector General (OIG) survey youth to determine their views and practices regarding alcohol use. These concerns mirror one of Department of Health and Human Services (HHS) Secretary Louis Sullivan's goals which is to reduce the prevalence of alcohol problems among children and youth. The Surgeon General is particularly concerned about the drinking habits of youth, especially the nation's 20.7 million 7th through 12th graders. This report is one in a series prepared by the OIG related to youth and alcohol. It describes survey findings relating to youth perceptions, knowledge, opinions, and drinking habits and is based on structured interviews conducted with a random national sample of junior and senior high school students.

FINDINGS

- *Fifty-one percent of junior and senior high school students have had at least one drink within the past year and 8 million students drink weekly.*
- *Junior and senior high school students drink 35 percent of all wine coolers sold in the United States and 1.1 billion cans of beer each year.*
- *More than 5 million students have binged; 3 million within the last month; 454,000 binge at least once a week.*
- *More than 3 million students drink alone, more than 4 million drink when they are upset, and less than 3 million drink because they are bored.*
- *Students lack essential knowledge about alcohol and its effects.*
- *Nine million students get their information about alcohol from unreliable sources.*
- *Seven million students are able to walk into a store and buy alcohol.*
- *Students accept rides from friends who have been drinking.*

Source: U.S. Department of Health and Human Services, Office of Inspector General, Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge, 1991.

- *Parents, friends, and alcoholic beverage advertisements influence students' attitudes about alcohol.*

RECOMMENDATIONS

- *The Surgeon General should consult with public and private agencies to develop, improve, and promote educational programs which would increase student awareness of alcoholic beverages and their effects.*

- *The Surgeon General should collaborate with the appropriate public and private agencies to reduce the appeal of alcoholic beverage advertising to youth.*

- *The Surgeon General should emphasize the need for law enforcement and State alcoholic beverage control agencies to prevent youth from illegally purchasing alcohol.*

Source: U.S. Department of Health and Human Services, Office of Inspector General, Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge, 1991.

Facts & Figures on Elementary Youth

- ✓ Students say advertisements encourage young people to use cigarettes and alcohol.[1]
- ✓ One out of every three sixth graders say they feel pressured by their peers to use marijuana. Over half of sixth graders report peer pressure to drink beer, wine, or liquor.[2]
- ✓ Children left at home alone for 11 hours or more each week are nearly twice as likely to use alcohol, tobacco, and marijuana as are children under adult supervision.[3]
- ✓ By the fourth grade, 40 percent of students feel pushed by friends to smoke cigarettes. Thirty-four percent feel pressure to drink wine coolers, and 24 percent say their friends encourage them to try cocaine or crack.[4]
- ✓ Nearly all (93 percent) of students in grades four to six know that cocaine or crack is a drug. However, less than half of these students call beer, wine, or liquor a drug, and less than one-fourth of the students know that wine coolers are drugs.[5]
- ✓ Children in the fourth, fifth, and sixth grades say they would be most likely to begin using beer, wine, or liquor to fit in with other kids and to feel older.[6]
- ✓ America's young people are very concerned about drugs. This concern is highest among fifth and sixth graders—61.4 percent.[7]
- ✓ Half of the students in fifth and sixth grades say they have drug education programs in their schools. Among those who do, younger students are twice as positive as older students about the effectiveness of these programs.[8]
- ✓ Grades five through nine are thought to be the most crucial time period for alcohol and other drug prevention education programs.[9]
- ✓ Children in grades two and three learn most of their information about the dangers of alcohol and other drugs from their teachers, parents, and television.[10]

Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Elementary Youth, December 1994.

- ✓ Younger students (5th and 6th graders) would turn to parents if they had a personal problem with drugs—older students (11th and 12th graders) would turn to friends.[11]

- ✓ Parents can help prevent their children from using alcohol and other drugs by teaching them the facts about such use and by talking with them about their problems.[12]

- ✓ Almost one out of three boys and one out of five girls classify themselves as drinkers by age 13.[13]

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1. Krier, J., The Scholastic/CNN Newsroom Survey on Students Attitudes About Drug and Substance Abuse, *Scholastic*, February, 1990, p. 3.
2. Borton, T., and Johnson, L., *Weekly Reader National Survey on Drugs and Drinking*, Field Publications, Middletown, CT, Spring 1987, p. 22.
3. Richardson, J.L.; Dwyer, K.; McGuigan, K.; Hansen, W.B.; Dent, C.; Johnson, C.A.; Sussman, S.Y.; Brannon, B.; and Flay, B., Substance Use Among Eighth-Grade Students Who Take Care of Themselves After School, *Pediatrics* 84(3): 564, 1989.
4. Borton and Johnson, op. cit., p. 28.
5. Ibid., p. 25.
6. Ibid., p. 20.
7. Krier, J., op. cit., p. 3.
8. Ibid.
9. DuPont, R., Stopping Alcohol and Other User Before It Starts: The Future of Prevention. *OSAP Prevention Monograph* 1, 1989, p. 5.
10. Borton and Johnson, op. cit., p. 15.
11. Krier, op. cit., p. 3.
12. Borton and Johnson, op. cit., p. 38.
13. Rosenbloom, J., What's the Problem, *Helping Your Students Say No To Alcohol And Other Drugs*, 1980, p. 4.

Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Elementary Youth, December 1994.

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Facts & Figures on Secondary School Students

- ✓ The United States has the highest rate of teenage drug use of any Nation in the industrialized world. More than one-third of all high school seniors say they engage in heavy drinking.[1]

- ✓ Nearly half of high school students have used illicit drugs. Forty-eight percent of high school seniors report using an illegal drug before graduating from high school.[2]

- ✓ Current use of cocaine by high school students, which had increased in recent years, dropped from 2.8 percent to 1.9 percent in 1990. The number of students who are using crack, a highly addictive derivative of cocaine, also decreased from 1.4 percent to 0.7 percent. Cocaine and crack can cause paranoia, stroke, and even heart attack.[3]

- ✓ A large percentage of high school seniors are "binge drinkers." Over one-third of high school students report drinking five or more drinks in a row on at least one occasion in the past 2 weeks.[4]

- ✓ The average age at which children first use alcohol or marijuana has dropped to 13 years. That means that many children are using before beginning junior high and are well acquainted with drugs by the time they reach high school.[5]

- ✓ If a teenager's friends are using alcohol or other drugs, the possibility of use increases substantially. Peers are known to have a powerful effect on an individual's use of alcohol or other drugs, and a high correlation has been established between an individual's use of drugs and alcohol and that of his or her friends.[6]

- ✓ Hallucinogens are used frequently by American youth who believe that they can use these dangerous drugs without risk. It is estimated that 700,000 teenagers have tried hallucinogens such as LSD, PCP, and mescaline at least once.[7]

Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Secondary School Students, December 1994.

- ✓ Although an alarming number of young people are using illicit drugs, there has been a drop during the last 2 years. A national survey indicated that the use of drugs by high school students declined 5 percent from 1988 to 1990.[8]

- ✓ Despite growing alcohol and tobacco education campaigns, the consumption of alcohol and tobacco among young people has remained relatively unchanged. Teenagers are drinking alcohol and smoking at about the same rates they did 5 years ago.[9]

- ✓ Alcohol and other drug use at an early age is an indicator of future drug or alcohol problems. Studies have shown that drug use during childhood or adolescence results in a high risk for future drug problems.[10]

- ✓ Anabolic steroids, drugs which provide quick muscle enhancement but whose long term effects are dangerous and can be deadly, are being used by some junior and senior high students. Recent figures indicate that as many as 3 percent of high school seniors have tried steroids at least once.[11]

- ✓ PCP, an extremely dangerous drug, was used by 1 percent of seniors in 1990. PCP use frequently causes depression and violent behavior and can cause permanent brain damage.[12]

- ✓ The use of marijuana has declined dramatically. Seniors using marijuana dropped from a peak of 60 percent in 1979 to 40 percent in 1990.[13]

- ✓ According to a recent survey of high school students, illicit drugs and alcohol are more easily available to them today than 5 years ago. There is a high correlation between availability of drugs and adolescent use of drugs.[14]

- ✓ A surprising 20 percent of seniors are smoking cigarettes on a daily basis. Studies indicate that it is unlikely that people who refrain from smoking before turning 20 will ever smoke.[15]

- ✓ A major determining factor in smoking can be found in plans for continued education. High school students without college plans are twice as likely to smoke as those with college plans.[16]

- ✓ Far more students disapprove of illicit drug use today than 5 years ago. The acceptability of cigarette smoking, however, has remained virtually the same.[17]

- ✓ Drug availability in schools has an impact on the number of students using alcohol and other drugs. If drugs are easily available in a school, there is a corresponding increase in the number of students using drugs including alcohol.[18]

 Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Secondary Sch Students.

✓ Drugs are far more available in high schools than most people realize. A recent study indicated that one-half of juniors and seniors said that it would be easy to buy drugs while at school.[19]

✓ Many high school students believe that they can "experiment" with drugs without injury. A nationwide survey of 11th and 12th graders revealed that over 40 percent believe that they can use drugs occasionally and avoid becoming addicted.[20]

✓ According to the majority of students, the drug education programs available in schools are failing. More than three-quarters of surveyed juniors and seniors were unconvinced of the effectiveness of the prevention programs in their schools. Only 24 percent of surveyed 11th and 12th graders said that school prevention programs work.[21]

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1. Johnston, L., "1990 National High School Senior Drug Abuse Survey," *Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth*, U.S. Department of Health and Human Services, Press Release, January 24, 1991, p. 2 and Oppenheim, J., "What Can A Teacher Do?" *Drug Education A Scholastic Resource Guide for Teachers*, 1989, p. 2.
2. Johnston, L., "1990 National High School Senior Drug Abuse Survey," *Monitoring the Future Survey*, U.S Department of Health and Human Services, 1990, Press Release, January 24, 1991, p. 1. Based on a survey of approximately 16,000 high school seniors conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse.
3. Ibid., p. 2.
4. Ibid., p. 2.
5. Oppenheim, op. cit., p. 2.
6. Johnston, L.; O'Malley, P.; and Bachman, J., "The Social Milieu for Seniors," *Drug Use, Drinking, and Smoking:National Survey Results from High School, College, and Young Adult Populations 1975-88*, U.S. Department of Health and Human Services, p. 150. Based on surveys conducted on a yearly basis between 1975 and 1988 of approximately 16,000 high school seniors. The surveys were conducted by the University of Michigan and funded by the National Institute on Drug Abuse.
7. Oppenheim, op. cit., p. 2.
8. Johnston, L., "1990 National High School Senior Drug Abuse Survey," *Monitoring the Future Survey*, U.S Department of Health and Human Services, 1990, Press Release, January 24, 1991, p. 1. Based on a survey of approximately 16,000 high school seniors conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse.
9. Ibid., p. 2.
10. Hawkins, J., and Catalano, R., *Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention*, 1989, pp. 7-8. Based on a study by Robins, L., and Pryzbeck, T. (1985) Age of onset of drug use as a factor in drug and other disorders.
11. Brown, M., "Health and Human Services News Release," *NIDA Senior Survey*, February 13, 1990, pp. 2-3. Based on a survey of approximately 16,000 high school seniors conducted by the University of Michigan and funded by the National Institute on Drug Abuse.

students (35.6% and 37.7%, respectively) were significantly more likely than black students (18.8%) to report episodic heavy drinking. White and Hispanic male and female students were significantly more likely to report episodic heavy drinking than black male and female students. Male and female students in grades 11 and 12 were significantly more likely than male and female students in grade 9 to report this behavior, and male students in grade 12 (46.5%) were significantly more likely than male students in grades 10 and 11 (32.1% and 37.8%, respectively) to do so. Prevalence rates across the state surveys varied threefold from 12.6% to 43.1% (median: 30.3%) and across the local surveys from 12.6% to 35.5% (median: 18.4%) (Table 17).

Marijuana Use

Nationwide, 42.4% of students had used marijuana during their lifetime (Table 16). Male students in grade 9 (38.9%) were significantly more likely than female students in grade 9 (27.9%) to have used marijuana during their lifetime. Black male students (54.2%) were significantly more likely than white male students (42.7%) to report having used marijuana in their lifetime. Lifetime use was significantly more likely among female students in grades 10, 11, and 12 (39.5%, 43.6%, and 43.8%, respectively) than among female students in grade 9 (27.9%). Lifetime marijuana use varied fourfold from 10.3% to 48.4% (median: 38.9%) across the state surveys and ranged from 27.7% to 61.8% (median: 37.6%) across the local surveys (Table 17).

Nationwide, 25.3% of students had used marijuana at least once during the 30 days preceding the survey (i.e., current marijuana use) (Table 16). Overall, male students (28.4%) were significantly more likely than female students (22.0%) to currently use marijuana. Black male students (36.8%) were significantly more likely than black female students (22.1%) to report this behavior. Black male students (36.8%) also were significantly more likely than white male students (26.8%) to currently use marijuana. Current marijuana use varied sixfold from 5.3% to 31.9% (median: 22.9%) across the state surveys and ranged from 15.6% to 38.7% (median: 21.4%) across the local surveys (Table 17).

Cocaine Use

Nationwide, 7.0% of students had used some form of cocaine during their lifetime (Table 18). Overall, male students (8.8%) were significantly more likely than female students (5.0%) to have ever used cocaine. This significant difference was identified for white and black students. Overall, white and Hispanic students (6.5% and 16.0%, respectively) were significantly more likely than black students (2.0%) to report lifetime cocaine use, and Hispanic students (16.0%) were significantly more likely than white students (6.5%) to do the same. These significant differences by race/ethnicity were identified for both male and female students. A fourfold variation in lifetime and nearly eightfold variation in current cocaine use were observed across the state and local surveys (Table 19). Lifetime cocaine use varied nearly fourfold from 2.9% to 11.5% (median: 5.9%) across the state surveys and nearly threefold from 1.4% to 10.6% (median: 5.3%) across the local surveys.

Nationwide, 3.1% of students had used some form of cocaine at least once during the 30 days preceding the survey (i.e., current cocaine use) (Table 18). Overall, male students (4.3%) were significantly more likely than female students (1.8%) to currently use cocaine. This significant difference was identified for white and black students and

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance—United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

students in grade 12. Overall, Hispanic students (7.5%) were significantly more likely than white and black students (2.6% and 1.3%, respectively) to report current cocaine use. This significant difference was identified for both male and female students. Current cocaine use varied nearly fourfold from 1.4% to 4.9% (median: 3.0%) across the state surveys and varied fivefold from 0.9% to 4.6% (median: 2.1%) across the local surveys.

Nationwide, 4.5% of students had used crack or freebase forms of cocaine during their lifetime (Table 18). Black male students (3.2%) were significantly more likely than black female students (0.3%) to have ever used crack cocaine. Overall, white and Hispanic students (4.2% and 10.5%, respectively) were significantly more likely than black students (1.6%) to have ever used crack cocaine, and Hispanic students (10.5%) were significantly more likely than white students (4.2%) to have done so. Hispanic and white female students (11.6% and 2.9%, respectively) were significantly more likely than black female students (0.3%) to have ever used crack cocaine. Hispanic female students (11.6%) also were significantly more likely than white female students (2.9%) to have done so. Hispanic male students (9.4%) were significantly more likely than black male students (3.2%) to have used crack cocaine. A nearly fourfold variation in crack or freebase use was observed across the state surveys, which ranged from 1.8% to 6.9% (median: 4.0%); a greater than tenfold variation was observed across the local surveys, which ranged from 0.7% to 7.4% (median: 2.9%) (Table 19).

Steroid Use

Nationwide, 3.7% of students had used steroids without a physician's prescription during their lifetime (Table 20). Overall, male students (4.9%) were significantly more likely than female students (2.4%) to have used steroids. This significant difference was identified for white students and students in grade 12. Overall, white and Hispanic students (3.8% and 4.7%, respectively) were significantly more likely than black students (1.6%) to have used steroids. Hispanic female students (5.3%) were significantly more likely than black female students (0.9%) to report lifetime steroid use, and white male students (5.3%) were significantly more likely than black male students (2.4%) to do so. Female students in grades 9 and 10 (3.4% and 3.1%, respectively) were significantly more likely to have used steroids than female students in grade 12 (1.0%). Lifetime steroid use varied threefold from 2.0% to 6.5% (median: 3.7%) across the state surveys and varied threefold from 1.7% to 5.1% (median: 3.2%) across the local surveys (Table 21).

Injecting-Drug Use

Nationwide, 2.0% of students had injected illegal drugs during their lifetime* (Table 20). Overall, male students (3.0%) were significantly more likely than female students (1.0%) to report injecting-drug use. This significant difference was identified for white and black students and students in grades 11 and 12. State prevalence rates varied threefold from 1.2% to 3.7% (median: 2.2%), and local prevalence rates varied nearly ninefold from 0.4% to 3.5% (median: 1.7%) (Table 21).

*Students were classified as injecting-drug users only if they a) reported injecting-drug use not prescribed by a physician and b) answered "one or more" to any of these questions: "During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?"; "During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstacy, mushrooms, speed, ice, or heroin?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance—United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

Other Illegal-Drug Use

Nationwide, 16.0% of students reported use of other illegal drugs during their lifetime (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin) (Table 20). Overall, white and Hispanic students (18.4% and 18.1%, respectively) were significantly more likely than black students (3.9%) to report use of other illegal drugs. This significant difference was identified for both male and female students. State prevalence rates varied ninefold from 2.4% to 22.3% (median: 15.7%), and local prevalence rates varied ninefold from 2.3% to 20.1% (median: 7.9%) (Table 21).

Inhalant Use

Nationwide, one fifth (20.3%) of students reported they had ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paint sprays to get high (Table 20). Overall, white and Hispanic students (22.7% and 22.8%, respectively) were significantly more likely than black students (9.5%) to report inhalant use. This significant difference was identified for both male and female students. Female students in grades 9 and 10 (25.0% and 21.3%, respectively) were significantly more likely than female students in grade 12 (12.6%) to report ever having used inhalants. State prevalence rates varied more than threefold from 7.9% to 28.3% (median: 19.8%), and local prevalence rates ranged from 7.7% to 19.7% (median: 13.1%) (Table 21).

Initiation of Risk Behaviors

Cigarette Smoking

Nationwide, one fourth (24.9%) of students had ever smoked a whole cigarette before 13 years of age (Table 22). Hispanic male students (33.0%) were significantly more likely than Hispanic female students (20.2%) to have smoked a whole cigarette before 13 years of age. Overall, white and Hispanic students (25.9% and 26.6%, respectively) were significantly more likely than black students (17.2%) to have smoked a whole cigarette before 13 years of age. White female students (23.6%) were significantly more likely than black female students (14.8%) to have smoked a whole cigarette before 13 years of age, and white and Hispanic male students (27.9% and 33.0%, respectively) were significantly more likely than black male students (20.1%) to have done so. State prevalence rates varied threefold from 10.6% to 33.2% (median: 26.0%), and local prevalence rates ranged from 15.7% to 26.1% (median: 19.3%) (Table 23).

Alcohol Use

Nationwide, nearly one third (32.4%) of students first drank alcohol (other than a few sips) before 13 years of age (Table 22). Overall, male students (38.6%) were significantly more likely than female students (25.5%) to have tried alcohol before 13 years of age. This significant difference was identified for all the racial/ethnic and grade subgroups. Overall, Hispanic students (39.5%) were significantly more likely than white students (30.3%) to have tried alcohol before 13 years of age. Hispanic male students (46.7%) were significantly more likely than white male students (36.1%) to have initiated alcohol use before 13 years of age. Female and male students in grade 9 were significantly more likely to report alcohol use before 13 years of age than

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

female and male students in grades 11 and 12. State prevalence rates varied nearly fourfold from 10.8% to 42.0% (median: 34.2%). Local prevalence rates ranged from 25.8% to 39.0% (median: 33.1%) (Table 23).

Marijuana Use

Nationwide, 7.6% of students had tried marijuana before 13 years of age (Table 22). Overall, male students (10.2%) were significantly more likely than female students (4.8%) to have tried marijuana before 13 years of age. This significant difference was identified for white and black students and students in grades 9 and 10. Overall, black and Hispanic students (11.1% and 12.6%, respectively) were significantly more likely than white students (5.6%) to have tried marijuana before 13 years of age. Hispanic male and female students (16.5% and 8.8%, respectively) were significantly more likely than white male and female students (7.8% and 3.2%, respectively) to have tried marijuana before 13 years of age, and black male students (16.5%) were significantly more likely than white male students (7.8%) to have done so. State prevalence rates varied more than threefold from 4.1% to 14.1% (median: 7.4%). Local prevalence rates varied threefold from 5.6% to 18.4% (median: 9.2%) (Table 23).

Cocaine Use

Nationwide, 1.2% of students had tried cocaine (including powder, crack, or free-base forms of cocaine) before 13 years of age (Table 22). Overall, male students (1.8%) were significantly more likely than female students (0.5%) to have tried cocaine before 13 years of age. This significant difference was identified for white and black students and students in grade 11. State prevalence rates varied more than elevenfold from 0.3% to 3.5% (median: 1.5%), and local prevalence rates varied fivefold from 0.5% to 2.6% (median: 1.3%) (Table 23).

Tobacco, Alcohol, and Other Drug Use on School Property

Nationwide, 16.0% of students had smoked cigarettes on school property during the 30 days preceding the survey (Table 24). Black male students (11.6%) were significantly more likely than black female students (4.5%) to have smoked cigarettes on school property. Overall, white and Hispanic students (17.6% and 14.9%, respectively) were significantly more likely than black students (7.6%) to have smoked cigarettes on school property. White and Hispanic female students (17.7% and 13.6%, respectively) were significantly more likely than black female students (4.5%) to have engaged in this behavior, and white male students (17.5%) were significantly more likely than black male students (11.6%) to have done so. Across the state surveys, prevalence rates varied fourfold from 5.8% to 22.9% (median: 15.9%) (Table 25). Across the local surveys, the prevalence rates varied threefold from 6.4% to 18.8% (median: 10.3%).

Smokeless-tobacco use on school property during the 30 days preceding the survey was reported by 6.3% of students nationwide (Table 24). Overall, male students (11.2%) were significantly more likely than female students (0.9%) to have used smokeless tobacco on school property. This significant difference was identified for white and black students and all the grade subgroups. Overall, white students (8.0%) were significantly more likely than black and Hispanic students (1.3% and 3.0%, respectively) to have used smokeless tobacco on school property. White male

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance—United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

students (14.2%) were significantly more likely to have engaged in this behavior than black and Hispanic male students (2.7% and 3.9%, respectively). A thirteenfold variation was observed across the state surveys, which ranged from 1.4% to 18.3% (median: 6.9%) (Table 25). A sixfold variation was observed across the local surveys, which ranged from 0.5% to 3.3% (median: 1.6%).

Nationwide, 6.3% of students had had at least one drink of alcohol on school property during the 30 days preceding the survey (Table 24). Male students in grade 12 (8.4%) were significantly more likely than female students in the same grade (4.0%) to have engaged in this behavior. Prevalence rates across the state surveys ranged from 3.9% to 9.8% (median: 5.9%) and across the local surveys from 4.4% to 11.5% (median: 6.1%) (Table 25).

Nationwide, 8.8% of students had used marijuana on school property during the 30 days preceding the survey (Table 24). Overall, male students (11.9%) were significantly more likely than female students (5.5%) to have used marijuana on school property. This significant difference was identified for white students and students in grades 10, 11, and 12. Overall, black and Hispanic students (12.3% and 12.9%, respectively) were significantly more likely than white students (7.0%) to have used marijuana on school property. Prevalence rates varied nearly fourfold from 3.0% to 11.3% (median: 6.7%) across the state surveys and ranged from 6.9% to 17.2% (median: 8.7%) across the local surveys (Table 25).

Nearly one third (32.1%) of students had been offered, sold, or given an illegal drug on school property during the 12 months preceding the survey (Table 24). Overall, male students (38.8%) were significantly more likely than female students (24.8%) to have been offered, sold, or given an illegal drug on school property. This significant difference was identified for white and black students and all the grade subgroups. Overall, Hispanic students (40.7%) were significantly more likely than black students (28.5%) to have been offered, sold, or given an illegal drug on school property. Hispanic female students (34.9%) were significantly more likely than white and black female students (23.5% and 22.5%, respectively) to have been offered, sold, or given an illegal drug. Prevalence rates across the state surveys varied nearly threefold from 16.3% to 46.4% (median: 29.6%) and ranged across the local surveys from 21.0% to 46.2% (median: 29.9%) (Table 25).

Sexual Behaviors that Contribute to Unintended Pregnancy and STDs, Including HIV Infection

Sexual Intercourse

Nationwide, more than half (53.1%) of all high school students had had sexual intercourse during their lifetime (i.e., sexual experience) (Table 26). Black male students (81.0%) were significantly more likely than black female students (67.0%) to have had sexual intercourse. Overall, black students (73.4%) were significantly more likely than white and Hispanic students (48.9% and 57.6%, respectively) to have ever had sexual intercourse. Black female students (67.0%) were significantly more likely than white female students (49.0%) to have had sexual intercourse, and black male students (81.0%) were significantly more likely than white and Hispanic male students (48.9% and 62.0%, respectively) to have done so. Among female students, the prevalence

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 16. Percentage of high school students who drank alcohol or used marijuana, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

	Lifetime alcohol use*			Current alcohol use†			Episodic heavy drinking§			Lifetime marijuana use¶			Current marijuana use**		
Category	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White††	81.6 (±2.7)‡‡	81.8 (±2.9)	81.7 (±2.3)	53.3 (±4.4)	54.8 (±3.6)	54.1 (±3.5)	32.2 (±5.0)	38.6 (±4.7)	35.8 (±4.5)	39.1 (±4.6)	42.7 (±3.7)	40.5 (±3.9)	22.1 (±4.0)	26.8 (±2.7)	24.6 (±2.9)
Black††	71.7 (±5.1)	76.0 (±5.7)	73.7 (±4.1)	38.5 (±4.6)	46.8 (±6.9)	42.0 (±4.4)	13.0 (±3.5)	24.9 (±3.0)	16.6 (±3.0)	42.0 (±8.1)	54.2 (±4.2)	47.2 (±5.9)	22.1 (±5.8)	36.8 (±5.5)	26.6 (±5.1)
Hispanic	80.9 (±4.1)	85.1 (±4.3)	82.9 (±3.3)	52.3 (±5.0)	57.2 (±8.0)	54.7 (±5.0)	36.1 (±6.1)	39.4 (±8.6)	37.7 (±5.8)	45.4 (±10.1)	53.2 (±8.7)	49.2 (±7.8)	23.5 (±5.2)	32.2 (±8.8)	27.6 (±5.7)
Grade															
9th	70.2 (±3.6)	74.2 (±3.7)	72.4 (±2.5)	43.7 (±5.7)	46.9 (±4.7)	45.8 (±3.7)	20.2 (±3.3)	27.6 (±5.0)	24.5 (±3.5)	27.9 (±4.9)	38.9 (±5.9)	33.6 (±4.3)	17.3 (±3.6)	23.9 (±5.4)	20.9 (±3.6)
10th	78.2 (±4.4)	79.8 (±5.8)	78.9 (±4.2)	48.6 (±5.3)	50.4 (±6.0)	49.5 (±4.7)	28.3 (±5.5)	32.1 (±4.4)	30.3 (±4.0)	39.5 (±5.6)	43.2 (±4.3)	41.4 (±3.9)	22.6 (±4.3)	28.2 (±4.7)	25.5 (±3.7)
11th	82.4 (±3.3)	84.0 (±3.1)	83.2 (±1.9)	51.8 (±5.0)	55.5 (±4.0)	53.7 (±3.0)	31.8 (±5.4)	37.8 (±4.6)	34.9 (±3.9)	43.6 (±5.1)	48.0 (±5.2)	45.6 (±4.6)	25.1 (±4.9)	30.1 (±4.0)	27.8 (±2.8)
12th	85.0 (±3.5)	86.0 (±4.2)	85.5 (±3.3)	53.6 (±5.0)	59.5 (±3.8)	56.5 (±3.2)	31.8 (±4.6)	46.5 (±4.0)	39.0 (±3.7)	43.8 (±6.7)	50.4 (±6.6)	47.0 (±6.2)	21.6 (±4.7)	30.8 (±6.0)	26.2 (±4.6)
Total	79.5 (±2.4)	81.1 (±2.0)	80.4 (±1.9)	49.8 (±3.5)	53.2 (±2.8)	51.8 (±2.3)	28.6 (±3.8)	36.2 (±2.6)	32.6 (±3.0)	39.4 (±3.8)	45.2 (±2.9)	42.4 (±3.0)	22.0 (±2.8)	28.4 (±2.1)	25.3 (±2.0)

*Ever had at least one drink of alcohol.
†Drank alcohol on ≥1 of the 30 days preceding the survey.
§Drank five or more drinks of alcohol on at least one occasion on ≥1 of the 30 days preceding the survey.
¶Ever used marijuana.
**Used marijuana one or more times during the 30 days preceding the survey.
††Non-Hispanic.
‡‡Ninety-five percent confidence interval.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance—United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 17. Percentage of high school students who drank alcohol or used marijuana, by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995

Site	Lifetime alcohol use*			Current alcohol use†			Episodic heavy drinking§			Lifetime marijuana use¶			Current marijuana use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS															
Weighted data															
Alabama	73.3	75.9	74.8	40.6	47.2	43.9	19.9	30.1	25.0	24.5	36.7	30.5	11.9	22.5	17.1
Alaska	80.7	79.6	80.1	44.6	50.1	47.5	27.2	35.0	31.3	48.0	48.7	48.4	24.9	32.1	28.7
Arkansas	77.4	81.1	79.3	46.2	56.6	51.5	26.1	38.2	32.2	33.8	43.8	38.8	19.0	26.6	22.8
Colorado††	83.7	82.4	83.1	52.6	52.9	52.8	31.7	38.3	36.1	43.6	51.7	47.8	25.4	31.8	28.8
Guam§§	68.1	65.0	66.5	30.5	37.6	34.1	12.7	16.6	14.7	37.0	42.3	39.8	16.8	19.9	18.3
Hawaii	77.0	74.6	75.8	39.4	42.5	40.9	20.2	27.9	24.0	40.0	44.9	42.4	20.3	27.5	23.8
Illinois	79.4	76.9	78.2	46.8	48.3	47.6	26.8	32.5	29.7	36.2	44.4	40.2	21.2	28.4	24.8
Maine	83.9	83.2	83.5	51.6	53.1	52.3	28.8	33.1	30.9	NA¶¶	NA	NA	26.8	30.2	28.4
Massachusetts	77.6	80.9	79.2	50.4	56.0	53.2	28.0	38.7	33.4	41.7	54.0	47.9	26.4	37.3	31.9
Mississippi	75.4	79.5	77.5	41.0	56.1	48.5	19.8	40.3	29.9	25.1	38.6	31.8	10.9	21.9	16.4
Missouri	82.9	82.5	82.7	53.9	57.4	55.7	36.1	43.7	38.8	34.1	38.3	36.3	20.2	23.3	21.8
Montana	83.1	84.9	84.0	54.9	61.2	58.2	36.5	47.5	43.1	30.7	39.1	35.0	18.1	22.0	20.1
Nevada	82.3	83.9	82.9	52.0	50.1	50.8	31.0	35.4	33.1	45.0	50.3	47.7	24.6	27.7	26.2
New Hampshire	78.5	77.1	77.8	51.1	55.1	53.1	28.1	37.6	32.8	41.1	45.3	43.2	27.1	28.1	27.7
New Jersey††	78.6	80.3	79.5	48.6	53.6	61.1	25.3	38.1	30.6	34.2	43.9	39.0	20.6	28.0	24.3
North Carolina	69.2	68.6	68.8	38.4	40.9	39.7	18.3	26.6	22.5	30.5	42.0	36.2	17.2	26.3	21.7
North Dakota	NA	NA	NA	59.0	62.4	60.7	NA	NA	NA	NA	NA	NA	12.3	17.5	14.9
Puerto Rico§§	62.8	73.0	67.8	36.9	46.1	41.1	14.7	25.8	19.9	9.6	21.8	15.4	4.3	10.5	7.2
South Carolina	75.9	79.4	77.7	41.9	51.0	46.4	20.8	33.7	27.3	28.9	43.1	36.1	14.1	27.1	20.8
South Dakota	78.6	81.3	79.9	61.8	56.1	54.0	35.5	43.3	39.5	24.3	24.3	24.3	12.8	12.0	12.4
Utah	42.4	44.8	43.6	21.9	22.8	22.4	14.4	16.1	15.2	20.3	22.3	21.3	11.6	12.7	12.2
Vermont	NA	NA	NA	49.9	56.0	53.0	27.2	37.1	32.3	NA	NA	NA	24.9	32.4	29.7
Virgin Islands§§	NA	NA	NA	NA	NA	NA	9.6	16.8	12.8	19.0	36.5	27.0	NA	NA	NA
West Virginia	77.7	84.3	81.1	45.6	57.3	51.6	31.3	46.0	38.8	37.1	47.5	42.5	22.0	29.4	25.9
Wyoming	78.2	83.7	81.1	47.5	56.4	52.1	34.5	42.9	38.8	34.7	41.5	38.1	18.9	24.8	21.9
Unweighted data															
California††	73.0	73.1	73.0	44.8	43.8	44.4	25.5	29.5	27.3	41.0	45.8	43.1	21.2	29.2	24.8
Delaware	77.4	77.6	77.5	45.1	49.9	47.4	24.1	31.1	27.5	36.2	45.8	40.9	20.6	29.1	24.7
Georgia	77.9	79.2	78.5	41.8	50.4	45.5	17.1	29.4	22.8	28.1	45.8	35.9	15.1	31.6	22.5
Idaho	57.2	66.1	61.8	34.3	40.9	37.9	22.5	29.0	26.0	26.0	32.5	29.4	14.5	20.1	17.5
Marshall Islands§§	31.9	65.1	45.8	22.1	43.1	30.5	13.0	29.0	20.0	4.9	17.5	10.3	2.9	8.5	5.3
Michigan††	75.9	78.6	77.3	51.7	57.2	54.5	32.8	40.8	36.9	38.7	43.3	41.1	23.8	30.2	27.1
Nebraska	78.6	82.0	80.4	52.4	58.1	55.3	36.8	44.6	40.8	20.8	26.8	24.0	9.8	15.6	12.8
Ohio	79.4	79.5	79.5	47.7	55.0	51.4	26.6	37.2	32.1	36.3	42.4	39.5	19.8	26.8	23.5
Rhode Island	78.9	77.4	78.2	47.6	53.0	50.1	22.7	32.3	27.3	37.8	48.6	43.0	23.8	33.4	28.3
Tennessee	75.5	77.4	76.4	43.1	48.0	45.4	22.5	32.1	27.1	36.1	45.1	40.4	19.4	26.9	22.9

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 17. Percentage of high school students who drank alcohol or used marijuana, by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995 — Continued

Site	Lifetime alcohol use*			Current alcohol use†			Episodic heavy drinking§			Lifetime marijuana use¶			Current marijuana use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS															
Weighted data															
Boston	66.1	70.1	68.0	35.5	42.5	39.0	14.4	22.4	18.4	33.0	41.5	37.2	18.5	26.2	22.4
Chicago	69.2	63.8	66.7	36.5	38.3	37.4	15.6	20.1	17.8	30.1	37.8	33.7	15.3	23.0	18.9
Dallas	80.3	81.8	81.1	46.6	50.2	48.4	19.0	29.1	23.9	33.4	48.9	40.9	16.7	27.0	21.7
Denver	84.8	83.0	83.9	58.3	55.7	57.0	34.1	36.8	35.5	61.6	62.0	61.8	35.8	41.5	38.7
Ft. Lauderdale	71.5	70.9	71.3	40.1	40.0	40.1	16.3	18.6	17.4	30.8	37.8	34.2	15.5	22.8	19.1
Houston	70.3	75.5	72.7	43.2	45.5	44.4	18.4	27.4	23.0	28.6	45.4	37.0	15.4	25.5	20.7
Jersey City	71.9	70.5	71.2	43.1	38.9	41.0	18.7	18.1	18.4	28.4	34.4	31.3	16.5	20.5	18.4
Miami	67.7	73.9	70.8	36.4	45.4	41.0	11.1	22.4	16.9	21.0	34.1	27.7	11.4	19.8	15.6
New Orleans	75.2	72.5	73.8	45.5	45.8	45.8	14.9	20.2	17.3	27.8	47.6	37.1	13.9	29.2	21.1
Philadelphia	68.5	69.0	68.8	34.4	39.0	36.7	14.6	20.2	17.5	39.5	51.5	45.2	20.3	30.8	25.4
San Diego	73.0	75.3	74.0	43.4	45.1	44.1	21.3	27.0	23.9	41.6	48.2	44.7	24.2	29.3	26.5
Seattle	NA	NA	NA	38.7	42.7	40.8	17.7	24.2	20.7	43.0	49.5	46.0	27.2	31.9	29.4
Unweighted data															
Detroit	77.0	75.1	76.1	40.9	42.9	41.8	14.5	21.7	17.7	42.9	53.8	47.6	21.4	35.3	27.7
Dist. of Columbia	69.9	68.1	69.0	36.8	34.8	35.9	12.0	13.3	12.6	39.1	47.6	42.9	21.1	29.8	25.0
Los Angeles	72.7	77.0	74.7	46.2	46.9	46.5	21.0	28.6	24.6	31.9	45.0	38.0	15.7	26.1	20.5
San Francisco	57.8	58.1	58.0	26.6	26.1	26.4	NA	NA	NA	28.8	32.5	30.7	16.6	19.2	17.9

*Ever had at least one drink of alcohol.
†Drank alcohol on ≥1 of the 30 days preceding the survey.
§Drank five or more drinks of alcohol on at least one occasion on ≥1 of the 30 days preceding the survey.
¶Ever used marijuana.
**Used marijuana one or more times during the 30 days preceding the survey.
††Survey did not include students from the state's largest city.
§§U.S. territories are included as states.
¶¶Not available.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 18. Percentage of high school students who used cocaine, crack, or freebase, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

	Lifetime cocaine use*			Current cocaine use†			Lifetime crack or freebase use§		
Category	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity									
White¶	4.6 (±1.3)**	8.2 (±1.9)	6.5 (±1.2)	1.4 (±0.9)	3.7 (±1.0)	2.6 (±0.8)	2.9 (±1.3)	5.4 (±1.4)	4.2 (±1.2)
Black¶	0.5 (±0.4)	3.9 (±1.5)	2.0 (±0.8)	0.2 (±0.2)	2.7 (±1.4)	1.3 (±0.7)	0.3 (±0.2)	3.2 (±1.5)	1.6 (±0.7)
Hispanic	15.0 (±7.3)	17.0 (±5.5)	16.0 (±5.9)	5.8 (±4.1)	9.3 (±5.0)	7.5 (±3.8)	11.6 (±6.6)	9.4 (±3.9)	10.5 (±4.6)
Grade									
9th	3.9 (±2.1)	7.2 (±2.9)	5.7 (±1.8)	1.2 (±0.9)	4.8 (±2.8)	3.1 (±1.7)	3.1 (±2.0)	6.1 (±2.8)	4.7 (±1.8)
10th	6.4 (±2.4)	8.5 (±2.4)	7.5 (±2.0)	2.9 (±2.1)	2.2 (±1.1)	2.5 (±1.1)	4.3 (±2.5)	5.4 (±1.4)	4.9 (±1.6)
11th	4.8 (±2.1)	9.4 (±2.5)	7.2 (±2.0)	1.8 (±1.2)	5.3 (±2.3)	3.6 (±1.5)	2.8 (±1.5)	5.8 (±1.6)	4.4 (±1.3)
12th	4.9 (±2.8)	10.0 (±2.2)	7.4 (±1.8)	1.3 (±1.1)	4.9 (±1.7)	3.1 (±1.2)	3.4 (±2.2)	5.1 (±1.4)	4.2 (±1.4)
Total	5.0 (±1.5)	8.8 (±1.3)	7.0 (±1.1)	1.8 (±0.8)	4.3 (±1.0)	3.1 (±0.8)	3.4 (±1.3)	5.6 (±1.0)	4.5 (±1.0)

*Ever tried any form of cocaine (e.g., powder, crack, and freebase).
†Used cocaine one or more times during the 30 days preceding the survey.
§Ever used crack or freebase.
¶Non-Hispanic.
**Ninety-five percent confidence interval.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance—United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 19. Percentage of high school students who used cocaine, crack, or freebase, by sex —selected U.S. sites, Youth Risk Behavior Surveys, 1995

Site	Lifetime cocaine use*			Current cocaine use†			Lifetime crack or freebase use§		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS									
Weighted data									
Alabama	2.9	6.5	4.8	1.4	3.5	2.6	1.7	4.2	3.0
Alaska	6.4	9.7	8.2	1.5	3.6	2.6	3.7	5.3	4.6
Arkansas	5.7	7.4	6.6	2.6	4.3	3.4	3.8	4.6	4.2
Colorado ¶	6.0	11.2	8.6	2.9	4.9	4.0	3.5	6.6	5.1
Guam**	5.8	3.2	4.5	2.8	1.9	2.4	2.9	2.5	2.7
Hawaii	8.1	7.7	7.9	2.4	3.6	3.0	6.2	5.5	5.8
Illinois	5.6	7.9	6.7	2.2	3.4	2.8	3.6	4.4	4.0
Maine	NA[11]	NA	NA	NA	NA	NA	4.8	6.2	5.5
Massachusetts	5.5	9.6	7.5	2.0	4.6	3.3	2.8	5.6	4.2
Mississippi	2.3	3.6	2.9	0.5	2.3	1.4	1.5	2.2	1.8
Missouri	6.0	8.8	7.4	2.7	5.6	4.2	3.4	6.5	5.0
Montana	5.7	6.3	6.1	2.3	3.3	2.8	3.7	4.3	4.0
Nevada	12.8	10.3	11.5	5.0	4.7	4.9	7.7	6.3	6.9
New Hampshire	3.7	7.3	5.5	1.6	2.1	1.9	2.1	4.6	3.3
New Jersey¶	6.0	7.9	6.9	2.3	4.7	3.5	3.3	5.1	4.2
North Carolina	3.9	5.5	4.7	2.3	2.2	2.2	2.6	3.7	3.1
North Dakota	3.4	6.7	5.2	NA	NA	NA	NA	NA	NA
Puerto Rico**	1.9	6.4	4.0	0.8	4.0	2.4	0.9	3.4	2.1
South Carolina	3.5	6.7	5.2	1.7	4.0	3.0	2.5	4.7	3.7
South Dakota	2.7	4.9	3.8	0.5	3.3	1.9	1.8	3.4	2.6
Utah	5.2	5.7	5.5	2.9	3.3	3.1	3.9	3.5	3.8
Vermont	5.4	8.9	7.2	2.5	4.8	3.7	3.5	6.5	5.1
Virgin Islands**	NA	NA	NA	NA	NA	NA	NA	NA	NA
West Virginia	5.9	11.4	8.8	2.2	5.7	4.0	3.9	8.3	6.2
Wyoming	8.4	10.4	9.5	3.0	6.3	4.7	5.3	7.2	6.3
Unweighted data									
California¶	9.5	10.4	9.9	3.3	4.3	3.7	5.6	6.3	5.9
Delaware	3.8	7.3	5.6	2.5	4.7	3.6	2.0	5.1	3.5
Georgia	1.7	5.1	3.2	0.6	2.8	1.8	1.1	3.0	1.9
Idaho	6.3	7.3	6.9	3.8	4.4	4.2	5.0	5.7	5.4
Marshall Islands**	2.1	7.6	4.8	1.7	4.6	3.1	1.4	5.0	3.1
Michigan¶	4.7	9.3	7.1	2.2	6.2	4.3	2.5	5.6	4.1
Nebraska	4.0	4.7	4.4	2.1	2.6	2.4	2.6	3.4	3.0
Ohio	3.7	5.9	5.0	1.3	3.5	2.5	2.4	3.6	3.2
Rhode Island	3.8	7.6	5.6	1.1	4.7	2.8	2.2	5.2	3.7
Tennessee	4.5	7.4	5.9	1.9	3.8	2.8	3.2	5.5	4.3

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 19. Percentage of high school students who used cocaine, crack, or freebase, by sex —selected U.S. sites, Youth Risk Behavior Surveys, 1995 — Continued

Site	Lifetime cocaine use*			Current cocaine use†			Lifetime crack or freebase use§		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS									
Weighted data									
Boston	1.4	3.9	2.6	0.8	3.5	2.1	0.8	3.2	1.9
Chicago	3.6	8.2	5.8	1.9	5.0	3.4	1.8	4.3	3.0
Dallas	5.3	9.4	7.3	1.9	4.1	3.0	2.7	5.6	4.1
Denver	6.2	7.9	7.2	1.3	2.4	2.1	2.3	3.6	3.2
Ft. Lauderdale	3.8	4.5	4.1	1.6	2.3	1.9	1.4	2.8	2.1
Houston	4.5	10.8	7.6	1.7	5.7	3.6	1.9	5.9	4.0
Jersey City	2.4	4.4	3.3	0.9	2.2	1.8	1.8	3.0	2.3
Miami	3.6	7.0	5.3	1.2	3.6	2.4	1.3	4.3	2.9
New Orleans	0.8	5.4	3.0	0.3	4.1	2.1	0.3	2.0	1.1
Philadelphia	2.1	4.8	3.4	0.9	2.1	1.5	1.0	1.6	1.3
San Diego	9.4	10.3	9.8	4.4	4.4	4.4	5.3	5.9	5.7
Seattle	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unweighted date									
Detroit	1.0	2.4	1.7	0.3	2.0	1.1	0.6	2.2	1.3
Dist. of Columbia	1.0	1.7	1.4	0.4	1.2	0.9	0.4	1.1	0.7
Los Angeles	8.1	13.4	10.6	2.4	7.1	4.6	6.2	8.9	7.4
San Francisco	5.6	6.3	6.0	2.1	2.7	2.4	3.5	4.5	4.0

*Ever tried any form of cocaine (e.g., powder, crack, and freebase).
†Used cocaine one or more times during the 30 days preceding the survey.
§Ever used crack or freebase.
¶Survey did not include students from the state's largest city.
**U.S. territories are included as states.
††Not available.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 20. Percentage of high school students who used illegal steroids,* injected illegal drugs,† used other illegal drugs,‡ and sniffed or inhaled intoxicating substances,¶ by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

Category	Lifetime illegal steroid use			Lifetime injected illegal-drug use			Lifetime use of other illegal drugs			Sniffed or inhaled intoxicating substances		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity												
White**	2.2 (±0.9)††	5.3 (±0.9)	3.8 (±0.6)	1.1 (±0.7)	2.8 (±0.9)	2.0 (±0.8)	17.0 (±3.8)	19.6 (±2.8)	18.4 (±2.8)	20.1 (±3.7)	25.0 (±2.5)	22.7 (±2.8)
Black**	0.9 (±0.5)	2.4 (±1.5)	1.6 (±0.6)	0.3 (±0.4)	2.1 (±1.3)	1.1 (±0.7)	2.3 (±1.8)	5.9 (±3.7)	3.9 (±1.6)	9.4 (±2.8)	8.9 (±2.0)	8.5 (±1.8)
Hispanic	5.3 (±2.6)	4.1 (±1.0)	4.7 (±1.5)	0.9 (±1.3)	3.5 (±1.4)	2.2 (±1.0)	17.2 (±5.7)	19.0 (±3.7)	18.1 (±3.8)	22.4 (±6.9)	23.1 (±6.1)	22.8 (±5.0)
Grade												
9th	3.4 (±1.5)	4.7 (±1.7)	4.1 (±1.3)	1.6 (±1.2)	3.8 (±1.8)	2.8 (±1.1)	10.3 (±3.9)	14.3 (±3.4)	12.5 (±2.8)	25.0 (±4.1)	23.9 (±4.7)	24.8 (±3.7)
10th	3.1 (±1.3)	4.2 (±1.5)	3.6 (±1.1)	1.7 (±1.3)	2.7 (±1.8)	2.2 (±1.3)	15.8 (±4.5)	17.5 (±3.4)	16.7 (±3.4)	21.3 (±4.3)	23.4 (±3.4)	22.4 (±1.9)
11th	2.2 (±1.2)	5.5 (±2.4)	3.9 (±1.4)	0.5 (±0.4)	2.8 (±1.0)	1.7 (±0.5)	15.3 (±4.2)	18.7 (±4.3)	17.0 (±2.9)	18.1 (±2.9)	22.0 (±3.9)	19.2 (±2.9)
12th	1.0 (±0.7)	4.8 (±1.2)	2.9 (±0.7)	0.4 (±0.4)	2.8 (±1.6)	1.8 (±0.9)	13.7 (±3.9)	20.1 (±3.6)	17.0 (±2.5)	12.8 (±4.1)	19.2 (±3.7)	15.9 (±2.8)
Total	2.4 (±0.6)	4.9 (±0.8)	3.7 (±0.6)	1.0 (±0.5)	3.0 (±0.6)	2.0 (±0.4)	14.1 (±2.7)	17.8 (±1.8)	16.0 (±1.8)	18.4 (±2.6)	22.1 (±2.3)	20.3 (±2.1)

*Ever used illegal steroids.
†Ever injected illegal drugs. Respondents were classified as injecting-drug users only if they a) reported injecting-drug use not prescribed by a physician and b) answered "*one or more*" to any of these questions: "During your life, how many times have you used any form of cocaine including powder, crack, or freebase?"; "During your life how many times have you used any other type of illegal drug, such as LSD, PCP, ecstacy, mushrooms, speed, ice, or heroin?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"
‡Ever used any other type of illegal drug, such as LSD, PCP, ecstacy, mushrooms, speed, ice, or heroin.
¶Ever sniffed glue or breathed the contents of aerosol spray cans or inhaled any paint sprays to get high.
**Non-Hispanic.
††Ninety-five percent confidence interval.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 21. Percentage of high school students who used illegal steroids,* injected illegal drugs,† used other illegal drugs,§ and sniffed or inhaled intoxicating substances,¶ by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995

Site	Lifetime illegal steroid use			Lifetime injected illegal-drug use			Lifetime use of other illegal drugs			Sniffed or inhaled intoxicating substances		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS												
Weighted data												
Alabama	3.0	7.9	5.6	1.2	4.1	2.8	8.8	12.3	10.6	14.7	18.5	16.7
Alaska	3.3	4.4	3.9	1.5	2.3	2.0	15.8	21.5	18.8	20.9	23.4	22.2
Arkansas	3.1	6.5	4.9	1.9	2.5	2.2	12.8	16.7	14.8	20.0	22.7	21.4
Colorado**	2.0	4.9	3.5	1.2	2.9	2.1	20.1	24.6	22.3	18.6	23.1	20.9
Guam††	2.7	1.9	2.3	1.9	0.7	1.3	11.3	14.4	12.9	13.1	16.9	15.1
Hawaii	2.2	2.8	2.6	1.4	2.1	1.7	12.8	16.4	14.7	16.0	14.2	15.2
Illinois	1.2	4.3	2.8	0.8	3.0	1.9	12.8	19.1	15.9	18.4	22.2	20.3
Maine	2.4	5.3	3.9	0.6	2.4	1.5	21.2	20.3	20.7	17.0	22.3	19.8
Massachusetts	2.7	5.9	4.4	1.0	4.5	2.8	13.2	21.0	17.1	16.8	21.6	19.2
Mississippi	1.9	2.5	2.2	0.8	2.0	1.4	6.7	8.8	7.7	17.5	19.5	18.4
Missouri	2.8	6.5	4.7	1.4	4.2	2.9	15.8	18.4	17.0	18.6	21.4	20.0
Montana	1.9	5.4	3.7	1.6	3.4	2.5	14.7	16.5	15.6	18.9	22.9	20.9
Nevada	2.7	4.2	3.5	2.2	3.6	2.9	21.0	19.4	20.4	27.7	25.2	26.4
New Hampshire	2.5	4.2	3.4	0.7	2.5	1.6	19.2	22.4	20.8	23.5	28.2	25.9
New Jersey**	1.4	5.5	3.5	0.8	3.9	2.3	11.3	16.3	13.8	16.9	22.4	19.6
North Carolina	1.2	2.8	2.0	1.5	1.9	1.7	16.4	15.7	16.1	18.9	20.0	19.4
North Dakota	2.3	6.7	4.7	1.2	6.3	3.7	11.1	11.4	11.3	NA§§	NA	NA
Puerto Rico††	1.4	5.0	3.2	1.2	3.0	2.1	0.9	3.8	2.4	6.5	9.3	7.9
South Carolina	2.9	7.1	5.2	1.2	3.6	2.5	NA	NA	NA	17.6	20.2	19.0
South Dakota	1.4	5.7	3.6	1.2	3.4	2.4	12.5	11.0	11.7	20.3	21.6	21.0
Utah	2.2	3.6	3.0	1.4	2.4	1.9	11.3	12.0	11.7	17.6	18.9	18.3
Vermont	3.9	7.8	5.9	2.4	4.7	3.7	16.2	21.0	18.7	24.6	29.1	26.9
Virgin Islands††	3.3	4.2	3.9	NA	NA	NA	2.2	4.1	3.1	NA	NA	NA
West Virginia	3.9	8.8	6.5	2.0	4.8	3.5	19.5	24.0	21.9	24.2	32.1	28.3
Wyoming	3.3	6.0	4.7	1.7	3.8	2.8	17.6	21.2	19.4	26.1	29.8	28.0
Unweighted data												
California**	2.6	3.2	2.9	1.1	1.7	1.4	15.9	18.4	17.0	20.9	16.3	18.9
Delaware	2.5	6.1	4.3	1.2	3.8	2.5	12.6	19.2	15.9	17.1	21.3	19.1
Georgia	1.5	4.3	2.7	0.4	2.2	1.2	6.1	10.3	8.0	15.0	18.9	16.8
Idaho	2.9	5.6	4.4	1.5	4.0	3.0	14.1	17.4	16.0	23.6	25.9	25.0
Marshall Islands††	NA	NA	NA	NA	NA	NA	5.6	11.8	8.5	6.9	16.4	11.3
Michigan**	2.2	8.9	5.7	1.7	4.8	3.3	16.7	19.5	18.1	20.6	28.1	24.5
Nebraska	0.6	4.9	2.9	0.9	2.8	1.9	8.9	11.9	10.4	14.4	18.6	16.6
Ohio	2.3	4.8	3.7	0.9	2.8	1.9	11.6	15.3	13.5	17.7	25.1	21.5
Rhode Island	1.9	5.0	3.4	0.5	3.3	1.8	12.3	19.8	15.8	16.8	21.5	19.0
Tennessee	2.5	7.0	4.6	1.1	3.3	2.2	10.9	16.5	13.5	19.9	26.1	22.8

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance—United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 21. Percentage of high school students who used illegal steroids,* injected illegal drugs,† used other illegal drugs,§ and sniffed or inhaled intoxicating substances,¶ by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995 — Continued

Site	Lifetime illegal steroid use			Lifetime injected illegal-drug use			Lifetime use of other illegal drugs			Sniffed or inhaled intoxicating substances		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS												
Weighted data												
Boston	3.0	6.2	4.7	1.7	3.0	2.4	4.7	7.8	6.2	9.2	9.5	9.4
Chicago	2.3	5.9	4.0	1.2	6.1	3.5	5.0	10.9	7.9	14.3	14.6	14.5
Dallas	2.8	4.8	3.8	0.9	2.6	1.7	6.6	9.9	8.2	16.9	18.6	18.7
Denver	1.1	1.9	1.7	0.4	1.1	1.0	20.0	19.9	20.1	14.3	13.8	14.2
Ft. Lauderdale	1.2	4.7	2.9	0.5	3.4	1.9	8.6	10.4	9.5	13.6	12.5	13.1
Houston	3.4	6.5	5.1	1.7	4.4	3.2	7.0	16.0	11.5	13.7	16.5	16.2
Jersey City	0.6	5.3	2.8	0.2	2.2	1.2	2.9	6.8	4.8	10.1	11.1	10.5
Miami	1.4	5.6	3.6	0.5	3.4	2.0	7.7	12.4	10.2	11.7	14.2	13.1
New Orleans	1.6	4.5	3.1	0.7	3.2	1.9	2.1	5.8	3.9	13.0	12.4	12.7
Philadelphia	2.0	4.4	3.2	0.6	1.7	1.1	5.4	7.3	6.4	10.7	9.3	10.2
San Diego	2.4	4.4	3.3	1.3	2.8	2.0	13.2	19.1	16.0	17.3	17.3	17.3
Seattle	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unweighted data												
Detroit	1.1	3.3	2.1	0.6	1.7	1.1	1.3	3.4	2.3	9.7	8.0	8.9
Dist. of Columbia	1.3	2.9	2.1	0.1	0.8	0.4	3.1	4.7	3.9	11.5	9.9	10.9
Los Angeles	3.1	3.9	3.5	1.1	1.2	1.2	12.7	16.9	14.7	16.9	22.8	19.7
San Francisco	2.3	2.6	2.5	1.1	1.8	1.6	7.1	8.1	7.7	7.9	7.6	7.7

*Ever used illegal steroids.
†Ever injected illegal drugs. Respondents were classified as injecting-drug users only if they a) reported injecting-drug use not prescribed by a physician and b) answered "one or more" to any of these questions: "During your life, how many times have you used any form of cocaine including powder, crack, or freebase?"; "During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstacy, mushrooms, speed, ice, or heroin?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"
§Ever used any other type of illegal drug, such as LSD, PCP, ecstacy, mushrooms, speed, ice, or heroin.
¶Ever sniffed glue or breathed the contents of aerosol spray cans or inhaled any paint sprays to get high.
**Survey did not include students from the state's largest city.
††U.S. territories are included as states.
§§Not available.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 22. Percentage of high school students who reported initiating drug-related behaviors before age 13, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

Category	Smoked a whole cigarette before age 13			Drank alcohol before age 13*			Tried marijuana before age 13			Tried cocaine before age 13†		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity												
White‡	23.6 (±4.1)§	27.9 (±3.6)	25.9 (±3.0)	23.8 (±3.2)	36.1 (±3.9)	30.3 (±2.6)	3.2 (±1.4)	7.8 (±2.1)	5.6 (±1.5)	0.4 (±0.3)	1.4 (±0.5)	0.9 (±0.2)
Black‡	14.8 (±4.1)	20.1 (±3.5)	17.2 (±3.3)	29.8 (±6.7)	42.8 (±6.2)	35.9 (±5.4)	6.7 (±3.6)	16.5 (±3.5)	11.1 (±3.0)	0.3 (±0.3)	2.4 (±1.6)	1.3 (±0.8)
Hispanic	20.2 (±5.8)	33.0 (±5.0)	26.6 (±3.3)	32.4 (±6.2)	46.7 (±5.4)	39.5 (±3.5)	8.8 (±3.7)	16.5 (±6.1)	12.6 (±3.9)	1.3 (±1.4)	2.0 (±1.3)	1.7 (±1.1)
Grade												
9th	24.9 (±5.8)	30.7 (±4.8)	28.1 (±3.7)	33.7 (±7.6)	48.7 (±5.0)	41.0 (±4.0)	5.9 (±2.2)	12.0 (±4.5)	9.2 (±2.9)	0.6 (±0.8)	1.8 (±1.0)	1.3 (±0.6)
10th	22.4 (±6.1)	28.6 (±4.2)	25.6 (±4.5)	26.8 (±5.6)	41.0 (±5.7)	34.1 (±3.5)	5.9 (±2.3)	12.1 (±2.5)	9.1 (±1.7)	0.7 (±0.6)	1.8 (±1.1)	1.3 (±0.7)
11th	21.0 (±5.2)	28.6 (±4.2)	25.0 (±3.1)	23.1 (±2.8)	35.7 (±4.2)	29.6 (±2.4)	4.7 (±2.1)	8.6 (±1.9)	6.7 (±1.4)	0.3 (±0.3)	2.4 (±1.5)	1.4 (±0.8)
12th	19.3 (±3.5)	23.6 (±3.9)	21.5 (±2.8)	19.6 (±4.1)	31.9 (±5.7)	25.8 (±3.6)	2.8 (±2.0)	8.0 (±3.5)	5.4 (±2.4)	0.5 (±0.6)	1.3 (±0.7)	0.9 (±0.5)
Total	21.8 (±3.4)	27.8 (±2.8)	24.9 (±2.6)	25.5 (±3.1)	38.6 (±2.9)	32.4 (±2.3)	4.9 (±1.2)	10.2 (±1.5)	7.6 (±1.2)	0.5 (±0.4)	1.8 (±0.6)	1.2 (±0.4)

*Other than a few sips.
†Including powder, crack, or freebase forms of cocaine.
‡Non-Hispanic.
§Ninety-five percent confidence interval.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 23. Percentage of high school students who reported initiating drug-related behaviors before age 13, by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995

Site	Smoked a whole cigarette before age 13			Drank alcohol before age 13*			Tried marijuana before age 13			Tried cocaine before age 13†		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS												
Weighted data												
Alabama	20.1	35.6	27.8	26.6	42.5	34.6	3.5	11.1	7.4	0.2	2.2	1.4
Alaska	28.1	33.0	30.7	34.1	39.1	36.7	10.3	13.2	11.8	1.3	1.5	1.4
Arkansas	24.9	33.0	29.0	26.2	47.0	37.8	4.6	10.1	7.4	0.8	1.9	1.4
Colorado§	24.0	29.5	26.8	30.4	45.0	37.8	7.6	14.2	11.0	0.8	1.8	1.3
Guam¶	28.2	34.5	31.5	19.8	26.3	23.2	7.0	15.4	11.4	2.1	0.7	1.4
Hawaii	30.2	26.1	28.2	28.7	39.4	33.9	11.7	16.4	14.1	1.4	2.2	1.9
Illinois	19.4	31.2	25.3	29.0	41.4	35.2	4.2	10.3	7.2	0.4	1.7	1.0
Maine	NA**	NA	NA	NA	NA	NA	NA	NA	NA	0.7	2.2	1.5
Massachusetts	21.3	26.6	23.9	25.7	36.3	31.1	5.5	12.8	9.2	0.7	2.4	1.5
Mississippi	19.2	34.3	26.9	22.2	40.0	31.2	2.2	7.3	4.8	0.2	0.5	0.3
Missouri	26.7	37.5	32.2	32.7	46.8	39.9	5.5	10.7	8.2	1.0	2.6	1.8
Montana	20.6	31.1	26.0	31.1	47.0	39.3	5.2	8.5	6.9	1.2	2.0	1.6
Nevada	26.1	31.1	28.7	37.1	45.5	41.4	7.8	13.0	10.5	2.0	3.1	2.5
New Hampshire	20.8	26.4	23.7	23.8	30.0	26.9	4.4	8.0	6.2	0.1	1.0	0.5
New Jersey¶	18.1	23.0	20.5	22.1	37.4	29.7	2.9	7.9	5.4	0.6	2.1	1.4
North Carolina	21.0	29.8	25.4	21.6	30.2	25.9	2.9	9.3	6.1	0.7	1.7	1.2
North Dakota	NA	NA	NA	24.6	40.4	32.3	2.8	7.4	5.3	1.4	3.5	2.5
Puerto Rico¶	8.2	17.2	12.5	22.1	37.2	29.3	2.0	6.5	4.2	0.6	3.0	1.8
South Carolina	24.5	33.0	28.9	30.8	46.9	39.1	4.8	12.1	8.6	1.0	3.5	2.3
South Dakota	18.3	30.9	24.7	26.7	44.4	35.7	2.4	6.2	4.3	0.8	2.8	1.8
Utah	16.0	19.2	17.7	18.0	23.5	20.8	4.1	5.6	4.9	0.9	1.5	1.2
Vermont	24.7	31.0	28.0	31.0	43.1	37.2	7.0	13.0	10.0	1.4	4.0	2.8
Virgin Islands¶	14.2	16.2	15.2	35.2	46.1	40.4	8.2	18.7	13.1	3.2	3.3	3.3
West Virginia	28.3	37.7	33.2	26.4	47.5	37.3	5.2	15.0	10.3	0.9	2.3	1.7
Wyoming	26.6	35.0	30.9	32.7	50.9	42.0	4.5	11.9	8.3	1.3	2.8	2.0
Unweighted data												
California¶	17.5	21.5	19.3	29.9	36.9	33.0	7.7	13.9	10.4	2.0	1.4	1.7
Delaware	24.4	27.9	26.0	31.2	39.3	35.1	5.1	9.6	7.3	0.6	2.7	1.6
Georgia	16.9	24.0	20.1	29.9	44.3	36.5	3.2	9.9	6.2	0.4	1.5	0.9
Idaho	19.9	29.0	24.8	26.0	37.9	32.4	4.2	9.1	6.8	1.1	2.3	1.7
Marshall Islands¶	7.8	13.9	10.6	6.3	17.0	10.8	2.3	6.8	4.5	2.1	4.8	3.5
Michigan§	23.7	28.1	25.9	28.0	40.5	34.6	5.5	11.0	8.4	0.6	3.4	2.1
Nebraska	19.3	29.8	24.8	25.3	40.8	33.4	1.9	6.2	4.1	0.5	1.3	0.9
Ohio	19.6	29.4	24.6	24.8	36.8	31.0	5.0	9.8	7.6	0.3	1.5	1.0
Rhode Island	26.8	28.7	27.6	28.1	38.4	32.9	4.1	9.9	6.9	0.5	2.6	1.5
Tennessee	24.2	33.2	28.4	25.9	38.8	32.0	5.1	12.0	8.3	1.0	1.8	1.4

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance—United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 23. Percentage of high school students who reported initiating drug-related behaviors before age 13, by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995 — Continued

Site	Smoked a whole cigarette before age 13			Drank alcohol before age 13*			Tried marijuana before age 13			Tried cocaine before age 13†		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS												
Weighted data												
Boston	17.8	18.1	18.1	26.3	40.6	33.2	5.8	13.3	8.6	1.4	2.4	1.9
Chicago	17.7	26.1	21.7	29.9	35.3	32.5	8.3	13.6	8.8	0.9	4.4	2.6
Dallas	14.6	25.3	19.9	31.2	41.9	36.3	4.3	13.4	8.7	0.9	2.8	1.8
Denver	25.9	26.2	26.1	34.1	43.9	39.0	14.1	22.7	18.4	0.3	0.7	0.7
Ft. Lauderdale	18.0	20.8	19.2	29.4	35.1	32.2	4.0	9.8	6.8	0.4	1.7	1.0
Houston	14.2	25.5	19.5	26.2	44.8	34.8	4.3	15.4	9.7	0.8	3.7	2.2
Jersey City	16.9	18.2	17.0	27.9	34.8	31.0	3.8	8.3	5.8	0.9	2.0	1.5
Miami	12.7	20.1	16.4	29.4	41.9	35.8	2.2	8.9	5.6	0.3	2.3	1.3
New Orleans	17.0	18.9	17.9	34.4	44.2	38.9	4.2	12.3	8.0	0.5	1.8	1.1
Philadelphia	21.4	20.7	21.2	27.6	34.5	30.9	6.7	12.7	9.7	0.3	0.6	0.5
San Diego	18.5	26.8	22.5	28.7	41.1	34.5	8.1	15.3	11.5	1.2	2.6	1.9
Seattle	16.5	22.7	19.4	26.1	35.8	30.8	7.3	13.1	10.1	NA	NA	NA
Unweighted data												
Detroit	16.7	18.7	17.6	29.6	44.0	36.1	7.3	16.7	11.6	0.3	1.5	0.9
Dist. of Columbia	14.2	17.6	15.9	23.7	37.6	29.9	3.0	9.7	6.0	NA	1.7	0.7
Los Angeles	18.2	29.1	23.3	25.8	41.2	33.0	4.8	13.4	8.8	0.4	2.2	1.3
San Francisco	13.6	17.8	15.7	24.1	27.5	25.8	5.4	8.5	6.8	0.5	2.4	1.4

* Other than a few sips.
† Including powder, crack, or freebase forms of cocaine.
§ Survey did not include students from the state's largest city.
¶ U.S. territories are included as states.
** Not available.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 24. Percentage of high school students who reported engaging in drug-related behaviors on school property, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

	Cigarette use on school property*			Smokeless-tobacco use on school property†			Alcohol use on school property§			Marijuana use on school property¶			Offered, sold, or given an illegal drug on school property**		
Category	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White††	17.7 (±3.3)§§	17.5 (±3.2)	17.6 (±2.8)	0.8 (±0.6)	14.2 (±2.4)	8.0 (±1.2)	4.6 (±1.7)	6.5 (±1.7)	5.6 (±1.2)	4.0 (±1.9)	9.7 (±2.5)	7.0 (±1.2)	23.5 (±4.4)	38.8 (±4.2)	31.7 (±4.4)
Black††	4.5 (±2.4)	11.6 (±2.3)	7.6 (±2.2)	0.2 (±0.2)	2.7 (±1.3)	1.3 (±0.7)	5.2 (±2.4)	9.5 (±2.2)	7.6 (±1.7)	8.1 (±4.3)	17.6 (±6.4)	12.3 (±3.7)	22.5 (±4.5)	35.3 (±7.2)	28.5 (±3.9)
Hispanic	13.6 (±3.9)	15.2 (±3.9)	14.9 (±3.2)	2.2 (±3.1)	3.9 (±1.9)	3.0 (±1.7)	9.4 (±4.6)	10.0 (±3.3)	9.7 (±3.4)	8.3 (±3.3)	17.6 (±7.1)	12.9 (±4.3)	34.9 (±6.9)	46.7 (±5.3)	40.7 (±4.8)
Grade															
9th	12.4 (±3.5)	15.3 (±2.8)	13.9 (±2.4)	1.1 (±1.3)	8.8 (±2.9)	5.3 (±1.6)	6.5 (±3.2)	7.9 (±2.5)	7.5 (±1.8)	5.8 (±2.4)	11.2 (±4.4)	8.7 (±2.7)	24.9 (±5.0)	35.8 (±3.7)	31.1 (±3.3)
10th	15.5 (±4.0)	15.3 (±3.6)	15.4 (±3.3)	1.0 (±1.0)	11.2 (±2.4)	6.2 (±1.6)	5.6 (±2.4)	6.3 (±2.1)	6.0 (±1.7)	6.6 (±2.1)	12.9 (±2.8)	9.8 (±1.7)	26.4 (±2.8)	43.0 (±5.6)	35.0 (±3.0)
11th	17.0 (±5.1)	16.4 (±2.8)	16.7 (±2.8)	0.3 (±0.4)	13.7 (±3.0)	7.2 (±1.3)	5.2 (±2.3)	6.1 (±1.9)	5.7 (±1.7)	4.9 (±1.4)	12.0 (±2.1)	8.6 (±1.2)	25.3 (±4.2)	39.8 (±4.8)	32.8 (±3.7)
12th	14.9 (±3.6)	20.0 (±4.8)	17.5 (±3.2)	0.6 (±0.9)	11.2 (±2.8)	5.9 (±1.4)	4.0 (±1.6)	8.4 (±2.1)	6.2 (±1.1)	4.7 (±2.6)	11.2 (±3.6)	8.0 (±2.3)	22.0 (±5.4)	36.2 (±6.0)	29.1 (±5.2)
Total	15.1 (±2.4)	16.8 (±2.5)	16.0 (±2.1)	0.9 (±0.7)	11.2 (±1.9)	6.3 (±1.2)	5.3 (±1.4)	7.2 (±1.0)	6.3 (±0.9)	5.5 (±1.4)	11.9 (±1.7)	8.8 (±1.1)	24.8 (±2.8)	38.8 (±3.4)	32.1 (±3.0)

*On ≥1 of the 30 days preceding the survey.
†Used chewing tobacco or snuff during the 30 days preceding the survey.
§Drank alcohol on ≥1 of the 30 days preceding the survey.
¶Used marijuana one or more times during the 30 days preceding the survey.
**During the 12 months preceding the survey.
††Non-Hispanic.
§§Ninety-five percent confidence interval.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 25. Percentage of high school students who reported engaging in drug-related behaviors on school property, by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995

Site	Cigarette use on school property*			Smokeless-tobacco use on school property†			Alcohol use on school property§			Marijuana use on school property¶			Offered, sold, or given an illegal drug on school property**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS															
Weighted data															
Alabama	6.7	13.7	10.2	0.6	12.6	6.7	3.4	8.1	5.8	1.9	6.7	4.3	21.8	33.7	27.8
Alaska	17.5	19.9	18.6	3.1	15.2	9.5	4.7	6.7	5.8	8.5	11.5	9.2	27.8	39.6	34.1
Arkansas	11.2	16.6	13.8	1.0	14.0	7.6	4.6	6.8	5.7	3.0	7.8	5.4	19.9	33.1	28.7
Colorado††	17.6	18.8	18.2	1.8	17.3	9.7	6.2	9.0	7.6	8.2	13.0	10.8	29.6	37.9	33.8
Guam§§	17.8	15.9	19.8	2.2	5.0	3.7	4.8	4.3	4.5	3.5	9.6	8.7	38.3	53.8	46.4
Hawaii	19.3	17.4	18.3	0.8	4.7	2.6	6.5	4.8	5.7	8.8	13.9	11.3	27.9	44.5	36.0
Illinois	14.3	17.4	15.6	0.4	7.6	4.0	2.6	5.9	4.2	5.8	10.2	8.0	25.2	37.7	31.4
Maine	19.4	19.0	18.2	0.4	7.9	4.2	3.6	6.2	4.9	6.3	10.2	6.3	31.6	40.3	36.0
Massachusetts	19.0	18.7	18.9	0.5	8.7	4.6	4.1	9.1	6.6	7.3	15.0	11.2	31.6	45.4	38.5
Mississippi	7.7	11.2	9.4	1.6	9.1	5.3	4.2	7.2	5.7	1.7	4.4	3.0	14.0	26.8	20.2
Missouri	13.9	18.1	16.0	0.8	17.9	9.5	4.3	10.0	7.2	4.2	8.3	6.3	21.3	30.6	26.1
Montana	13.9	16.7	15.4	3.8	26.2	15.2	7.6	12.0	9.6	4.7	8.0	6.3	24.6	34.4	29.8
Nevada	17.3	17.5	17.3	2.1	12.1	7.2	5.7	7.4	6.5	6.6	12.0	9.4	32.9	35.9	34.5
New Hampshire	17.6	17.7	17.8	0.9	8.6	4.7	2.8	5.9	4.4	5.7	9.1	7.4	27.1	36.8	32.0
New Jersey††	18.2	21.9	20.0	0.9	9.3	5.0	4.0	6.9	5.5	4.3	9.8	7.0	22.6	36.8	29.8
North Carolina	12.0	16.6	14.3	1.2	9.3	5.3	3.7	8.4	5.0	3.4	8.9	6.1	24.2	35.5	29.8
North Dakota	13.2	16.2	14.8	1.8	14.6	8.3	6.5	10.6	6.6	3.9	6.9	5.5	24.3	31.1	27.8
Puerto Rico§§	3.5	8.3	5.8	0.4	2.5	1.4	2.4	6.1	4.1	1.6	5.1	3.3	15.1	27.8	21.1
South Carolina	12.3	17.2	14.6	1.1	13.0	7.2	4.7	10.0	7.4	2.5	9.5	6.2	NA††	NA	NA
South Dakota	14.6	17.7	19.2	4.2	22.6	13.5	5.8	11.2	8.5	3.1	6.5	4.8	24.1	33.7	28.9
Utah	8.4	8.6	9.5	1.1	7.7	4.4	3.6	5.5	4.5	4.3	6.5	5.5	21.9	30.2	28.1
Vermont	18.1	20.5	19.3	2.0	10.5	6.4	4.9	9.3	7.2	6.8	12.6	9.7	29.5	40.6	35.2
Virgin Islands††	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	12.1	27.9	19.7
West Virginia	21.6	22.0	21.6	1.2	22.6	12.2	4.7	10.0	7.4	6.0	12.4	9.3	26.4	38.5	32.8
Wyoming	16.5	17.8	17.2	5.6	30.3	18.3	5.1	9.4	7.3	3.9	9.4	6.7	19.6	28.7	24.3
Unweighted data															
California††	7.7	9.2	9.3	0.8	4.6	2.5	7.6	5.8	6.8	6.8	11.4	6.8	35.4	47.1	40.5
Delaware	16.0	19.1	17.8	0.5	9.1	4.7	5.3	9.1	7.1	5.5	12.1	8.7	24.3	39.1	31.5
Georgia	5.4	13.3	6.9	0.4	6.7	3.2	3.9	9.2	6.3	2.2	10.8	6.0	18.4	34.4	25.7
Idaho	10.9	13.9	12.5	1.9	15.0	8.8	5.4	9.4	7.6	4.2	8.2	6.3	21.0	27.7	24.7
Marshall Islands††	4.7	14.2	6.8	5.7	23.8	13.6	NA	NA	NA	1.5	6.0	3.4	27.3	34.3	30.5
Michigan††	16.8	15.8	16.8	0.9	13.0	7.2	5.5	9.2	7.4	6.0	12.3	9.3	24.1	34.5	29.8
Nebraska	10.7	13.7	12.2	0.4	17.2	9.3	2.9	4.8	3.9	1.9	4.5	3.2	13.6	18.7	18.3
Ohio	13.9	16.6	15.4	1.0	14.0	7.6	3.4	5.6	4.8	4.1	9.5	6.9	21.5	32.7	27.2
Rhode Island	23.3	22.4	22.9	0.9	4.7	2.7	3.5	8.5	5.9	7.0	14.9	10.7	26.5	40.7	33.2
Tennessee	10.4	17.1	13.5	0.8	18.4	9.1	4.1	6.7	5.3	4.7	9.1	8.6	22.3	37.1	29.2

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

TABLE 25. Percentage of high school students who reported engaging in drug-related behaviors on school property, by sex — selected U.S. sites, Youth Risk Behavior Surveys, 1995 — Continued

Site	Cigarette use on school property*			Smokeless-tobacco use on school property†			Alcohol use on school property§			Marijuana use on school property¶			Offered, sold, or given an illegal drug on school property**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS															
Weighted data															
Boston	11.3	11.8	11.8	0.8	2.5	1.8	5.4	7.7	6.7	6.2	12.3	9.4	26.5	37.3	31.8
Chicago	10.7	10.4	10.5	0.5	4.5	2.4	3.0	5.1	4.5	4.8	11.5	8.0	21.5	35.2	28.1
Dallas	6.1	13.6	8.8	0.4	2.9	1.6	6.7	10.6	8.6	4.9	11.8	8.2	25.3	41.0	32.9
Denver	17.9	17.4	17.8	0.4	3.6	2.2	12.1	10.8	11.5	15.5	18.6	17.2	36.0	49.8	42.9
Ft. Lauderdale	10.2	9.7	9.9	0.7	4.2	2.5	3.2	6.6	4.4	4.5	9.1	6.9	24.2	35.4	29.7
Houston	4.7	12.5	8.8	0.7	5.1	3.3	4.7	7.9	6.1	3.1	12.1	7.5	23.2	37.0	29.8
Jersey City	11.7	16.2	13.9	0.9	1.7	1.2	5.8	7.1	6.5	5.0	9.0	7.0	15.9	26.5	21.0
Miami	7.6	11.5	9.5	0.7	2.5	1.7	2.0	9.0	5.6	3.8	10.3	7.1	24.7	35.1	30.1
New Orleans	3.5	9.7	6.4	0.2	1.6	0.9	3.9	5.6	4.7	6.1	13.4	9.1	17.3	27.1	21.9
Philadelphia	15.5	16.8	16.2	0.1	2.0	1.0	2.9	6.4	4.6	6.5	15.4	10.8	18.3	29.0	22.4
San Diego	10.1	10.1	10.1	0.5	2.9	1.6	9.0	10.5	9.7	8.5	15.7	11.8	40.2	53.2	48.2
Seattle	16.9	21.1	18.8	NA	NA	NA	NA	NA	NA	NA	NA	NA	32.8	44.9	38.5
Unweighted data															
Detroit	4.7	13.5	6.7	0.3	1.6	0.9	7.3	11.8	9.3	7.8	20.2	13.4	21.6	33.5	26.9
Dist. of Columbia	7.4	11.7	9.3	0.3	1.4	0.8	7.1	7.2	7.1	6.8	14.4	10.1	17.1	27.1	21.8
Los Angeles	9.7	13.1	11.3	0.9	3.2	2.0	3.8	6.5	5.0	5.1	12.9	8.7	29.2	41.2	34.9
San Francisco	11.5	10.2	10.9	0.2	0.8	0.5	5.4	6.0	5.7	6.6	9.2	7.9	32.8	40.7	36.7

*On ≥1 of the 30 days preceding the survey.
†Used chewing tobacco or snuff during the 30 days preceding the survey.
§Drank alcohol on ≥1 of the 30 days preceding the survey.
¶Used marijuana one or more times during the 30 days preceding the survey.
**During the 12 months preceding the survey.
††Survey did not include students from the state's largest city.
§§U.S. territories are included as states.
¶¶Not available.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1ST HALF 1990 - 2ND HALF 1995

CATEGORY: DRUG EPISODES

	JAN-JUN 90	JUL-DEC 90	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93	JUL-DEC 93	JAN-JUN 94	JUL-DEC 94	JAN-JUN 95*	JUL-DEC 95*	P-VAL H1,H2 95,95@	P-VAL H2,H2 94,95@
DOMAIN														
TOTAL U.S.***	189,555	181,653	195,268	198,701	214,587	218,905	230,234	230,676	252,625	265,896	279,065	252,763	0.000 -	0.018 -
AGE 6-34	132,267	122,031	132,139	129,734	139,513	138,374	146,567	141,765	158,735	166,198	168,510	148,874	0.000 -	0.000 -
AGE 12-17	26,088	23,020	26,082	21,413	24,899	21,923	27,092	22,947	31,498	28,974	32,794	28,356	0.001 -	0.651 -
AGE 18-25	49,513	42,723	46,704	45,706	49,053	47,254	49,936	48,340	54,393	57,868	54,452	50,707	0.002 -	0.001 -
AGE 26-34	56,226	55,754	59,056	62,298	64,731	68,775	68,730	69,904	72,398	78,797	80,546	69,039	0.000 -	0.000 -
AGE 35+	56,906	59,048	62,735	68,117	74,610	79,960	82,902	88,355	91,698	98,447	109,878	103,169	0.048 -	0.076 +
MALE	87,878	85,099	91,389	98,065	107,215	112,394	112,469	119,252	125,998	137,336	141,330	126,928	0.000 -	0.004 -
FEMALE	99,921	94,106	101,926	99,046	105,434	104,617	115,477	109,048	124,538	125,795	135,806	123,104	0.000 -	0.326 -
WHITE	111,397	105,794	111,510	110,032	116,640	119,003	121,955	123,288	135,083	144,229	149,775	138,821	0.004 -	0.250 -
BLACK	43,596	44,720	51,952	54,962	60,797	62,083	62,747	64,181	68,527	72,645	77,136	67,618	0.000 -	0.065 -
HISPANIC	15,914	13,920	15,555	17,526	20,644	21,529	24,731	23,503	24,552	25,886	25,308	20,192	0.005 -	0.002 -
OTHER RACE	1,780	1,850	2,016	2,281	2,279	2,612	3,303	2,541	3,099	2,951	3,313	2,680	0.143 -	0.516 -
RACE UNK.	16,868	15,368	14,234	13,900	14,227	13,678	17,497	17,163	21,365	20,185	23,532	23,451	0.964 -	0.020 +
CENTRAL CITY	56,260	57,195	64,986	71,450	78,047	80,845	79,196	83,014	82,369	87,900	95,083	87,855	0.000 -	0.980 -
OUTSIDE CEN. CITY	33,607	30,697	31,983	32,708	34,986	35,459	38,182	36,360	39,031	43,032	43,983	40,916	0.029 -	0.112 -
NATIONAL PANEL	99,689	93,761	98,298	94,542	101,554	102,601	112,431	110,825	131,225	134,964	139,999	123,991	0.000 -	0.035 -
RECREATIONAL USE	15,223	14,593	15,234	15,128	16,240	18,768	17,781	18,640	19,963	23,985	23,847	23,049	0.583 -	0.550 -
DEPENDENCE	49,390	46,957	54,985	59,024	65,708	69,572	71,361	72,792	79,301	86,240	93,678	80,925	0.000 -	0.098 -
SUICIDE	88,380	84,436	87,531	85,179	87,930	84,474	92,042	88,170	99,775	99,997	104,922	98,702	0.021 -	0.663 -
OTHER/UNK MOTIVE	36,563	35,667	37,517	39,370	44,710	46,092	49,050	51,075	53,586	55,674	56,618	50,087	0.004 -	0.074 -
UNEXPECTED REACT.	19,796	17,480	19,942	21,305	23,966	28,622	26,870	27,699	31,189	35,406	32,260	26,761	0.000 -	0.000 -
OVERDOSE	115,327	109,497	112,732	111,457	117,680	114,994	123,562	120,203	132,232	137,341	142,432	133,250	0.006 -	0.255 -
CHRONIC EFFECTS	18,173	18,895	21,205	22,758	23,556	23,308	24,989	25,192	26,904	29,106	36,433	30,332	0.000 -	0.469 +
SEEKING DETOX.	15,856	15,214	18,396	18,308	21,824	22,991	24,734	22,664	25,058	27,155	28,053	25,407	0.200 -	0.382 -
WITHDRAWAL	4,547	3,612	3,675	3,491	4,107	5,744	4,720	6,405	7,233	6,791	8,585	7,407	0.139 -	0.287 +
OTHER/UNK REASON	15,855	16,955	19,317	21,382	23,453	23,247	25,359	28,514	30,008	30,097	31,301	29,606	0.246 -	0.711 -

... ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.
* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.
*** TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.
@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.
NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, MAY 96 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988 - 1995

CATEGORY: DRUG EPISODES

	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994	TOTAL 1995*	P-VAL 1994, 1995@	P-VAL 1993, 1995@
DOMAIN										
TOTAL U.S.***	403,578	425,904	371,208	393,968	433,493	460,910	518,521	531,827	0.123 +	0.000 +
AGE 6-34	295,301	301,872	254,297	261,873	277,887	288,332	324,933	317,384	0.220 -	0.000 +
AGE 12-17	54,206	55,299	49,109	47,494	46,822	50,039	60,472	61,150	0.793 +	0.000 +
AGE 18-25	114,753	111,707	92,236	92,410	96,507	98,276	112,262	105,159	0.022 -	0.031 +
AGE 26-34	125,657	133,510	111,980	121,354	133,506	138,634	151,195	149,584	0.644 -	0.038 +
AGE 35+	106,716	122,855	115,954	130,852	154,570	171,257	190,145	213,047	0.000 +	0.000 +
MALE	192,354	204,203	172,976	189,455	219,607	231,721	263,334	268,258	0.385 +	0.000 +
FEMALE	207,652	218,015	194,028	200,972	210,051	224,526	250,333	258,110	0.096 +	0.000 +
WHITE	230,527	243,862	217,191	221,541	235,643	245,243	279,312	288,597	0.216 +	0.000 +
BLACK	96,319	97,480	88,317	106,914	122,880	126,929	141,171	144,754	0.420 +	0.015 +
HISPANIC	33,983	38,743	29,834	33,082	42,174	48,233	50,438	45,500	0.027 -	0.558 -
OTHER RACE	2,839	3,228	3,631	4,298	4,892	5,844	6,050	5,993	0.891 -	0.836 +
RACE UNK.	39,910	42,591	32,236	28,133	27,905	34,660	41,550	46,983	0.203 +	0.000 +
CENTRAL CITY	129,830	129,308	113,455	136,436	158,892	162,210	170,269	182,938	0.000 +	0.000 +
OUTSIDE CEN. CITY	71,722	78,627	64,304	64,692	70,445	74,542	82,863	86,899	0.204 +	0.001 +
NATIONAL PANEL	202,026	217,968	193,450	192,840	204,155	223,256	266,189	263,990	0.779 -	0.000 +
RECREATIONAL USE	42,581	42,351	29,817	30,362	35,008	36,421	43,948	46,896	0.205 +	0.000 +
DEPENDENCE	109,516	119,709	96,346	114,009	135,280	144,152	165,541	174,603	0.127 +	0.003 +
SUICIDE	175,671	189,293	172,816	172,710	172,403	180,212	199,773	203,624	0.379 +	0.000 +
OTHER/UNK MOTIVE	75,811	74,551	72,230	76,887	90,801	100,125	109,259	106,704	0.670 -	0.252 +
UNEXPECTED REACT.	47,552	50,552	37,276	41,246	52,588	54,569	66,595	59,021	0.005 -	0.196 +
OVERDOSE	229,351	241,310	224,824	224,189	232,674	243,765	269,573	275,682	0.261 +	0.000 +
CHRONIC EFFECTS	42,912	45,384	37,069	43,964	46,865	50,180	56,010	66,765	0.003 +	0.000 +
SEEKING DETOX.	39,387	40,885	31,070	36,704	44,815	47,398	52,213	53,461	0.740 +	0.423 +
WITHDRAWAL	9,261	10,353	8,159	7,166	9,851	11,125	14,025	15,992	0.080 +	0.012 +
OTHER/UNK REASON	35,116	37,421	32,809	40,699	46,700	53,872	60,105	60,906	0.758 +	0.063 +

... ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.
* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.
*** TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.
@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.
NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, MAY 96 FILES.

MEDICAL EXAMINER DATA [1]

Table 2.01 - Distribution of drug abuse deaths by selected demographic characteristics according to sex: 1994

Demographic characteristics	TOTAL [2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
SEX						
Male	6,364	75.5				
Female	2,035	24.2				
Unknown/no response	27	.3				
TOTAL	8,426	100.0				
RACE/ETHNICITY						
White	4,811	57.1	3,513	55.2	1,282	63.0
Black	2,493	29.6	1,895	29.8	593	29.1
Hispanic	974	11.6	855	13.4	117	5.7
Other	103	1.2	67	1.1	35	1.6
American Indian/Alaskan Native	34	.4	20	.3	14	.7
Asian/Pacific Islander	58	.7	36	.6	22	1.1
Unknown/no response	45	.5	34	.5	7	.3
TOTAL	8,426	100.0	6,364	100.0	2,035	100.0
AGE						
6 to 17 years	97	1.2	72	1.1	25	1.2
6 to 11 years	2	*	1	*	1	*
12 to 17 years	95	1.1	71	1.1	24	1.2
18 to 25 years	782	9.3	637	10.0	144	7.1
18 to 19 years	122	1.4	99	1.6	23	1.1
20 to 25 years	660	7.8	538	8.5	121	5.9
26 to 34 years	2,173	25.8	1,676	26.3	494	24.3
26 to 29 years	736	8.7	573	9.0	163	8.0
30 to 34 years	1,437	17.1	1,103	17.3	331	16.3
35 years and older	5,324	63.2	3,947	62.0	1,362	66.9
35 to 44 years	3,243	38.5	2,492	39.2	739	36.3
45 to 54 years	1,408	16.7	1,058	16.6	347	17.1
55 years and older	673	8.0	397	6.2	276	13.6
Unknown/no response	50	.6	32	.5	10	.5
TOTAL	8,426	100.0	6,364	100.0	2,035	100.0

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only substance mentioned.

[2] Includes episodes for which sex was unknown or not reported.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (May 1995 data file).

Table 2.02 - Distribution of drug abuse deaths by race/ethnicity and age according to sex: 1994

Race/ethnicity and age	TOTAL [2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
ALL RACES/ETHNICITIES [3]						
6-11 years	2	*	1	*	1	*
12-17 years	95	1.1	71	1.1	24	1.2
18-25 years	782	9.3	637	10.0	144	7.1
26-34 years	2,173	25.8	1,676	26.3	494	24.3
35-44 years	3,243	38.5	2,492	39.2	739	36.3
45-54 years	1,408	16.7	1,058	16.6	347	17.1
55 years and older	673	8.0	397	6.2	276	13.6
Unknown/no response	50	.6	32	.5	10	.5
TOTAL	8,426	100.0	6,364	100.0	2,035	100.0
WHITE						
6-11 years	2	*	1	*	1	.1
12-17 years	53	1.1	37	1.1	16	1.2
18-25 years	432	9.0	355	10.1	76	5.9
26-34 years	1,237	25.7	934	26.6	300	23.4
35-44 years	1,843	38.3	1,403	39.9	433	33.8
45-54 years	761	15.8	542	15.4	218	17.0
55 years and older	464	9.6	232	6.6	232	18.1
Unknown/no response	19	.4	9	.3	6	.5
TOTAL	4,811	100.0	3,513	100.0	1,282	100.0
BLACK						
6-11 years	-	-	-	-	-	-
12-17 years	23	.9	18	.9	5	.8
18-25 years	172	6.9	133	7.0	39	6.6
26-34 years	590	23.7	437	23.1	153	25.8
35-44 years	1,019	40.8	757	39.9	260	43.8
45-54 years	501	20.1	400	21.1	100	16.9
55 years and older	169	6.8	135	7.1	34	5.7
Unknown/no response	19	.8	15	.8	2	.3
TOTAL	2,493	100.0	1,895	100.0	593	100.0
HISPANIC						
6-11 years	-	-	-	-	-	-
12-17 years	17	1.7	14	1.6	3	2.6
18-25 years	152	15.6	131	15.3	21	17.9
26-34 years	306	31.4	277	32.4	29	24.8
35-44 years	336	34.5	299	35.0	36	30.8
45-54 years	128	13.1	107	12.5	20	17.1
55 years and older	27	2.8	21	2.5	6	5.1
Unknown/no response	8	.8	6	.7	2	1.7
TOTAL	974	100.0	855	100.0	117	100.0
OTHER RACE/ETHNICITY						
6-11 years	-	-	-	-	-	-
12-17 years	2	1.9	2	3.0	-	-
18-25 years	22	21.4	15	22.4	7	19.4
26-34 years	29	28.2	18	26.9	11	30.6
35-44 years	28	27.2	21	31.3	7	19.4
45-54 years	12	11.7	5	7.5	7	19.4
55 years and older	9	8.7	5	7.5	4	11.1
Unknown/no response	1	1.0	1	1.5	-	-
TOTAL	103	100.0	67	100.0	36	100.0

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only substance mentioned.

[2] Includes episodes for which sex was unknown or not reported.

[3] Includes episodes for which race/ethnicity was unknown or not reported.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (May 1995 data file).

Table 2.04 - Percent distribution of drug abuse deaths by selected episode characteristics according to age: 1994

Episode characteristics	TOTAL [2]	Age (in years)						
		6-11	12-17	18-25	26-34	35-44	45-54	55 and older
DRUG CONCOMITANCE								
Single-drug episode	24.7	...	47.4	31.7	22.7	22.4	25.5	29.6
Multi-drug episode	75.3	...	52.6	68.3	77.3	77.6	74.5	70.4
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,426	2	95	782	2,173	3,243	1,408	673
CAUSE OF DEATH								
Drug induced (overdose)	64.6	...	43.2	49.7	64.2	70.4	65.5	57.0
Direct - single drug cause	9.5	...	17.9	10.1	7.6	9.4	10.4	12.3
Direct - multiple drug cause	55.1	...	25.3	39.6	56.6	61.0	55.2	44.9
Drug related (contributory factor)	33.3	...	53.7	47.8	33.7	27.5	32.5	40.3
Drug and physiological condition	10.9	...	3.2	3.2	7.5	10.6	16.9	19.5
Drug and external physical event	20.1	...	50.5	43.6	24.3	14.3	12.1	16.4
Drug and medical disorder	2.3	...	-	1.0	1.8	2.6	3.5	2.4
Unknown	2.1	...	3.2	2.4	2.1	2.1	1.9	2.5
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,426	2	95	782	2,173	3,243	1,408	673
MANNER OF DEATH								
Accidental/unexpected	56.5	...	47.4	55.2	60.0	60.6	54.0	34.5
Suicide	20.0	...	41.1	31.1	18.1	14.2	19.2	41.2
Other/unknown	23.5	...	11.6	13.7	21.9	25.3	26.7	24.4
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,426	2	95	782	2,173	3,243	1,408	673

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only substance mentioned.

[2] Includes episodes for which age was unknown or not reported.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (May 1995 data file).

Table 2.04 - Percent distribution of drug abuse deaths by selected episode characteristics according to age: 1994

Episode characteristics	TOTAL [2]	Age (in years)						
		6-11	12-17	18-25	26-34	35-44	45-54	55 and older
DRUG CONCOMITANCE								
Single-drug episode	24.7	...	47.4	31.7	22.7	22.4	25.5	29.6
Multi-drug episode	75.3	...	52.6	68.3	77.3	77.6	74.5	70.4
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,426	2	95	782	2,173	3,243	1,408	673
CAUSE OF DEATH								
Drug induced (overdose)	64.6	...	43.2	49.7	64.2	70.4	65.6	57.2
Direct - single drug cause	9.5	...	17.9	10.1	7.6	9.4	10.4	12.3
Direct - multiple drug cause	55.1	...	25.3	39.6	56.6	61.0	55.2	44.9
Drug related (contributory factor)	33.3	...	53.7	47.8	33.7	27.5	32.5	40.3
Drug and physiological condition	10.9	...	3.2	3.2	7.5	10.6	16.9	19.5
Drug and external physical event	20.1	...	50.5	43.6	24.3	14.3	12.1	16.4
Drug and medical disorder	2.3	...	-	1.0	1.8	2.6	3.5	2.4
Unknown	2.1	...	3.2	2.4	2.1	2.1	1.9	2.5
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,426	2	95	782	2,173	3,243	1,408	673
MANNER OF DEATH								
Accidental/unexpected	56.5	...	47.4	55.2	60.0	60.5	54.0	34.5
Suicide	20.0	...	41.1	31.1	18.1	14.2	19.2	41.2
Other/unknown	23.5	...	11.6	13.7	21.9	25.3	26.7	24.4
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,426	2	95	782	2,173	3,243	1,408	673

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only substance mentioned.

[2] Includes episodes for which age was unknown or not reported.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (May 1995 data file).

Table 2.06c - Drugs mentioned most frequently by medical examiners in 1994 according to age of decedent

(Drugs with fewer than 10 mentions are excluded)

Rank	Drug name	Number of mentions	Percent of total episodes
Decedents 6 to 17 years old			
1	Marijuana/Hashish	28	28.87
2	Alcohol-in-combination	16	16.49
3	Heroin/Morphine [1]	14	14.43
4	Cocaine	13	13.40
5	Amphetamine	11	11.34
Decedents 18 to 25 years old			
1	Cocaine	344	43.99
2	Alcohol-in-combination	278	35.55
3	Heroin/Morphine [1]	244	31.20
4	Marijuana/Hashish	139	17.77
5	Codeine	82	10.49
6	Methamphetamine/Speed	80	10.23
7	Amphetamine	56	7.16
8	Diazepam	49	6.27
9	PCP/PCPCombinations	31	3.96
10	Diphenhydramine	31	3.96
11	Acetaminophen	19	2.43
12	D-Propoxyphene	17	2.17
13	UnspecBenzodiazepine	16	2.05
14	Amitriptyline	15	1.92
15	Nortriptyline	12	1.53
Decedents 26 to 34 years old			
1	Cocaine	1,172	53.93
2	Heroin/Morphine [1]	937	43.12
3	Alcohol-in-combination	884	40.68
4	Codeine	274	12.61
5	Marijuana/Hashish	180	8.28
6	Methamphetamine/Speed	156	7.18
7	Diazepam	151	6.95
8	Amphetamine	106	4.88
9	Quinine	85	3.91
10	Methadone	82	3.77
11	Amitriptyline	79	3.64
12	D-Propoxyphene	76	3.59
13	Nortriptyline	70	3.22
14	Diphenhydramine	67	3.08
15	PCP/PCPCombinations	66	3.04
Decedents 35 years of age and older			
1	Cocaine	2,421	45.47
2	Heroin/Morphine [1]	2,302	43.24
3	Alcohol-in-combination	1,956	36.74
4	Codeine	805	15.12
5	Diazepam	404	7.59
6	Amitriptyline	288	5.41
7	Methadone	274	5.15
8	D-Propoxyphene	254	4.77
9	Nortriptyline	249	4.68
10	Methamphetamine/Speed	243	4.56
11	Marijuana/Hashish	238	4.47
12	Acetaminophen	220	4.13
13	Diphenhydramine	217	4.08
14	Amphetamine	180	3.38
15	Quinine	161	3.02

NOTE: Percentages are based on total raw medical examiner drug abuse case counts of 97 decedents 6 to 17 years old, 782 decedents 18 to 25 years old, 2,173 decedents 26 to 34 years old, and 5,324 decedents aged 35 years and older.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: Office of Applied Studies, SAMSHA, Drug Abuse Warning Network (May 1995 Data File).

Table 41.—Total Arrests of Persons under 15, 18, 21, and 25 Years of Age, 1995

[9,498 agencies; 1995 estimated population 196,440,000]

Offense charged	Total all ages	Number of persons arrested				Percent of total all ages			
		Under 15	Under 18	Under 21	Under 25	Under 15	Under 18	Under 21	Under 25
TOTAL	11,416,346	711,348	2,884,438	3,516,347	5,062,472	6.2	25.3	30.8	44.3
Murder and nonnegligent manslaughter	16,701	346	2,560	6,212	9,429	2.1	15.3	37.2	56.5
Forcible rape	26,561	1,542	4,190	7,477	11,042	5.8	15.8	28.2	41.6
Robbery	137,811	12,501	44,508	69,981	88,439	9.1	32.3	50.8	64.2
Aggravated assault	438,157	20,558	64,334	112,831	173,906	4.7	14.7	25.8	39.7
Burglary	292,315	40,150	102,722	147,639	179,795	13.7	35.1	50.5	61.5
Larceny–theft	1,164,371	170,945	388,533	535,823	651,145	14.7	33.4	46.0	55.9
Motor vehicle theft	149,053	17,717	62,345	87,055	104,096	11.9	41.8	58.4	69.8
Arson	14,965	5,268	7,834	9,157	10,214	35.2	52.3	61.2	68.3
Violent crime[1]	619,230	34,947	115,592	196,501	282,815	5.6	18.7	31.7	45.7
Property crime[2]	1,620,704	234,080	561,634	779,674	945,253	14.4	34.7	48.1	58.3
Crime Index total[3]	2,239,934	269,027	677,226	976,175	1,228,068	12.0	30.2	43.6	54.8
Other assaults	975,416	67,446	165,068	255,157	387,794	6.9	16.9	26.2	39.8
Forgery and counterfeiting	91,991	844	6,640	30,011	35,687	.9	7.2	21.8	38.8
Fraud	320,046	4,758	18,420	51,414	104,344	1.5	5.8	16.1	32.6
Embezzlement	11,605	93	955	2,822	5,000	.8	8.2	24.3	43.1
Stolen property; buying, receiving, possessing	127,844	9,046	32,851	55,981	74,299	7.1	25.7	43.8	58.1
Vandalism	232,702	49,308	104,425	134,464	158,924	21.2	44.9	57.8	68.3
Weapons; carrying, possessing, etc.	187,237	13,135	43,211	75,716	105,376	7.0	23.1	40.4	56.3
Prostitution and commercialized vice	81,064	181	1,044	6,276	17,166	.2	1.3	7.7	21.2
Sex offenses (except forcible rape and prostitution)	72,272	6,322	12,307	18,315	25,676	8.7	17.0	25.3	35.5
Drug abuse violations	1,144,228	24,847	147,107	326,750	502,940	2.2	12.9	28.6	44.0
Gambling	15,676	217	1,298	3,086	4,919	1.4	8.3	19.7	31.4
Offenses against family and children	104,952	1,536	5,040	12,572	26,343	1.5	4.8	12.0	25.1
Driving under the influence	1,033,280	324	10,749	75,438	227,363	*	1.0	7.3	22.0
Liquor laws	435,311	9,186	87,843	247,099	291,424	2.1	20.2	56.8	66.9
Drunkenness	527,200	2,268	15,337	55,360	122,750	.4	2.9	10.5	23.3
Disorderly conduct	561,642	46,221	130,467	204,781	287,558	8.2	23.2	36.5	51.2
Vagrancy	20,521	573	2,776	5,762	8,095	2.8	13.5	28.1	39.4
All other offenses (except traffic)	2,919,723	89,574	317,495	682,037	1,140,256	3.1	10.9	23.4	39.1
Suspicion	9,058	412	1,527	2,489	3,668	4.5	16.9	27.5	40.5
Curfew and loitering law violations	114,946	33,052	114,946	114,946	114,946	28.8	100.0	100.0	100.0
Runaways	189,696	82,998	189,696	189,696	189,696	43.8	100.0	100.0	100.0

[1]Violent crimes are offenses of murder, forcible rape, robbery, and aggravated assault.
[2]Property crimes are offenses of burglary, larceny–theft, motor vehicle theft, and arson.
[3]Includes arson.
*Less than one-tenth of 1 percent.

Source: U.S. Department of Justice, Federal Bureau of Investigations, *Crime in the United States*, 1995, *Uniform Crime Reports*, October 1996.

To meet these challenges, NIJ, working with other Federal agencies, will continue to help the field of criminal justice better understand substance abuse treatment by assessing the effectiveness of drug courts, boot camps for drug-involved offenders, and in-prison drug treatment programs. NIJ will also continue to support research in drug testing technology that will play a central role in monitoring drug abstinence.

Finally, NIJ is working to expand and improve the Drug Use Forecasting program. NIJ's Office of Research and Evaluation has proposed improving DUF sampling methods, expanding data collection to more cities, and including arrestees in suburban and rural communities. Making these improvements will enhance our ability to assess and respond to drug use patterns. While these proposals are under review, NIJ will continue to provide the best possible analysis of data we collect by conducting focused research initiatives and sharing that vital information with the criminal justice community.

Thomas E. Feucht, Ph.D.
DUF Program Director

Reference:

Goldstein, Paul J. "The drugs/violence nexus: A tripartite conceptual framework." Journal of Drug Issues 14: 493–506.

Methodology

Each quarter, trained local DUF staff obtain voluntary and anonymous urine specimens and interviews from adult arrestees and juvenile arrestees/detainees who have been in a booking facility for not more than 48 hours. Data and urine samples are collected at selected booking facilities throughout the United States. At each of the 23 adult sites, approximately 225 adult males are interviewed each quarter. In all except 2 sites, approximately 100 adult females are also sampled. At 12 of these sites, data and samples are collected each quarter for approximately 100 juvenile male arrestees/detainees. Ten of these sites also collect data on female juvenile arrestees/detainees. However, given the small sample size of DUF female juvenile arrestees/detainees, these data are not presented here.

Response rates for both adults and juveniles are consistently high. More than 90 percent of the total sample consent to be interviewed and over 80 percent agree to provide a urine specimen.

Adult arrestees are selected at the discretion of site personnel, who are guided by a target sample size and crime charge priority system. To obtain samples of adult male arrestees with a sufficient distribution of serious arrest charges, DUF interviewers, where possible, place a priority on felony arrestees and those arrested for offenses other than the sale or possession of drugs. Analyses have shown that those arrested for drug offenses are more likely than other arrestees to be using drugs; as a result, DUF statistics are likely minimum estimates of drug use among the population of those adults arrested for serious offenses. With the exception of Omaha, where all arrestees are included to obtain a sample of sufficient size, males charged with driving offenses generally are excluded from the sample due to DUF's emphasis on more serious crimes. Because they are fewer in number, all adult female arrestees and all juvenile male and female arrestees/detainees brought to the booking center during the data collection period are included in the DUF sample, regardless of the charge.

At most sites, adult and juvenile catchment areas are identical. In 10 adult sites, the catchment area is the entire city. In another 10 adult sites and in 9 of 12 juvenile sites, it is the entire county or parish. (The city of Denver is Denver County in its entirety.) However, in Birmingham and San Diego, the catchment area includes the city and part of the county. In St. Louis and Washington, D.C., it is only the city, excluding the surrounding county, and in Los Angeles it comprises parts of the city and county.

All urine specimens are sent to a central laboratory for analysis for 10 drugs: cocaine, opiates, marijuana, PCP, methadone, benzodiazepines, methaqualone, propoxphene, barbiturates, and amphetamines. All positive results for amphetamines are confirmed by gas chromatography to eliminate those caused only by over-the-counter medications. For most drugs, urinalysis can detect use within the previous 2 to 3 days; use of marijuana and PCP can sometimes be detected several weeks after use.

To meet these challenges, NIJ, working with other Federal agencies, will continue to help the field of criminal justice better understand substance abuse treatment by assessing the effectiveness of drug courts, boot camps for drug-involved offenders, and in-prison drug treatment programs. NIJ will also continue to support research in drug testing technology that will play a central role in monitoring drug abstinence.

Finally, NIJ is working to expand and improve the Drug Use Forecasting program. NIJ's Office of Research and Evaluation has proposed improving DUF sampling methods, expanding data collection to more cities, and including arrestees in suburban and rural communities. Making these improvements will enhance our ability to assess and respond to drug use patterns. While these proposals are under review, NIJ will continue to provide the best possible analysis of data we collect by conducting focused research initiatives and sharing that vital information with the criminal justice community.

Thomas E. Feucht, Ph.D.
DUF Program Director

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violent crime is *systemic* to the drug trade and to the street drug market. Second, some crime is *economic-compulsive*, brought on by addiction and the need to obtain more drugs. Third, crime may be caused by drugs' *psychopharmacological* effect: in particular, some drugs may have a strong disinhibiting effect. Questions in the DUF interview focus on the latter two aspects of Goldstein's tripartite and elicit information about current alleged offenses.[1]

Of the 9,363 adult male arrestees interviewed over two quarters of data collection, 10 percent stated that they were in need of drugs or alcohol at the time of their alleged offense. Of these arrestees, 44 percent were in need of cocaine (in some form), and 37 percent were in need of alcohol. (Multiple responses were permitted.) Thirty-one percent reported that they were under the influence of drugs or alcohol at the time of the offense. Three-fifths of these respondents were under the influence of alcohol, and 24 percent were under the influence of cocaine.

Of the 3,592 adult female arrestees surveyed, 14 percent stated that they were in need of drugs or alcohol at the time of their alleged offense. Of this group, 57 percent were in need of cocaine and 33 percent were in need of alcohol. Like their male counterparts, 31 percent of females reported that they were under the influence of drugs or alcohol at the time of the offense; 58 percent of these respondents were under the influence of alcohol, and 37 percent were under the influence of cocaine.

Prior arrests:

- Forty percent of male arrestees and 34 percent of female arrestees stated that they had been arrested at least once in the 12 months prior to their interview.

Since DUF data incorporate booking information for only the current arrest, self-report is a useful means of obtaining additional data on recidivism. The revised survey seeks information on arrests in the 12 months prior to the interview. The number of arrests is recorded as well as the offenses for which the arrests occurred.

Among male arrestees, 23 percent reported one prior arrest and 17 percent reported two or more prior arrests during the 12 months before the interview. Among female arrestees, 18 percent reported one prior arrest and 15 percent reported two or more. Preliminary analysis suggests that those with prior arrests tend to be slightly older and more likely to test positive for drugs at the time of the interview. Additional analyses will examine differences in the types of offenses involved in prior arrests and will investigate the effect of age and arrest history on the likelihood of testing positive for drug use.

Emergency room treatment for drug-related problems:

- Eight percent of male arrestees and 13 percent of female arrestees sought care at an emergency room for a drug-related problem in the 12 months prior to their interview.

The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), through its Drug Abuse Warning Network (DAWN), tracks drug-related emergency room visits through a network of health agencies and medical examiners. The revised DUF interview is designed to determine the extent to which arrestees are represented in drug-related emergency room data, and arrestees were asked if they sought care at an emergency medical facility for a drug-related problem in the 12 months prior to their interview. Further analysis of these data in consultation with SAMSHA researchers will determine whether supplemental questions are warranted.

Conclusions

DUF data provide essential information about the link between drugs and crime, consistently documenting the large proportion of persons under criminal justice supervision who use drugs. It is likely, however, that DUF data underestimate the proportion of arrestees who have used drugs less recently because urinalysis reveals the presence of most drugs only within 48 to 72 hours of their use. Small studies of arrestees using hair sample analysis support this suspicion.

With substantial numbers of arrestees involved with drugs, it is tempting to claim a victory when the drug use rate for a category of arrestees dips by a few percentage points. But these small successes do not change the overarching truth: drug use characterizes a substantial number of persons entering the criminal justice system. Failure to acknowledge this truth exacerbates the cycle of drugs and crime and exacts an increasingly high price from our society. It must not escape our attention that the criminal justice system may represent the best opportunity these individuals will ever have to confront and overcome their drug use and criminal behavior.

Several initiatives now in place are giving offenders such an opportunity. Drug courts combine the surveillance of drug testing with alternative sanctions and treatment options to give drug-involved offenders a pathway to recovery. Prison-based treatment initiatives deliver effective programs that help offenders reenter society.

Unfortunately, demand for programs often exceeds the criminal justice system's resources, and investments must be guided by careful evaluation of the effectiveness of competing treatment protocols. Of greatest concern is the continued rise in drug use among juveniles and the youngest adult arrestees and the resources their treatment will require. Some solace can be taken in these young offenders' low rates of cocaine use, but this must be weighed against their increasing rates of marijuana use. As this generation grows older, their drug use will become an even greater strain on the resources of our courts, jails, prisons, and drug treatment facilities.

[1] Assertions of innocence by arrestees were noted but not routinely recorded. Additional queries gathered information on the types of substances involved in current alleged offenses, but these data are not presented here.

declines were reported in Atlanta (17 points), Birmingham (11 points), St. Louis (8 points), and Washington, D.C. (8 points). Substantial decreases in cocaine use were reported in Manhattan (30 points), Indianapolis (29 points), Cleveland (20 points), and Detroit (12 points). The declines in Detroit and Manhattan were offset by sharp rises in marijuana use (27 and 26 points, respectively).

Opiate use continued at generally low levels by this age group. Although most sites reported only minor fluctuations, Manhattan experienced a sharp decline from 29 to 5 percent.

Drug Use Among Juvenile Male Arrestees/Detainees

- In general, the 12 sites tracking drug use among juvenile male arrestees/detainees reported lower rates of cocaine use and higher rates of marijuana use.
- At every site, marijuana use outstripped cocaine use among juvenile male arrestees/detainees, sometimes by a factor of 10.

Seven sites reported higher rates of marijuana use, suggesting a slight moderation from 1994, when 11 sites reported increases over the previous year. Sites reporting the largest increases were San Diego (15 points), Birmingham (8 points), Indianapolis (7 points), and San Antonio (6 points). Rates ranged from 16 to 54 percent with a median of 41 percent.

In 1994, DUF data showed a slight increase in cocaine use among juvenile male arrestees/detainees. Data for 1995 suggest that these rates have moderated slightly. Eight sites reported decreases in use, but these reductions were typically small.

Drug use and school attendance:

As part of the DUF interview, juvenile arrestees/detainees are asked whether they attend school regularly. (See the Guide to the DUF Site Tables on page 53 for an explanation of how this report measures school attendance.) In 1995, the proportion of juveniles reporting school attendance ranged from 60 to 88 percent; the median rate was 76 percent.

- At 11 sites, the rate of cocaine use among juveniles not in school was higher than the rate among those attending school; at six sites, the rate of cocaine use was more than two-and-a-half times higher among those not in school.
- All sites reported higher rates of marijuana use among juveniles not in school, although the rates were rarely more than 50 percent higher than those for juveniles attending school.

Marijuana use was much higher than cocaine use among juvenile arrestee/detainees both attending and not attending school. However, the two groups differed more in their level of cocaine use. Seven sites reported rates of cocaine use among juveniles not in school that were at least twice those of juveniles attending school. In comparison, rates of marijuana use were more similar for the two groups; at only one site was the rate of marijuana use among juveniles not in school twice that of juveniles attending school.

New DUF Data Analysis for 1995: Revisions to the DUF Interview

Although the DUF interview obtains arrestees' self-reports of drug use and a number of other issues, annual reports have traditionally focused only on urinalysis results supplemented with demographic and booking data. In July 1995, NIJ expanded the interview instrument to capture additional self-reported data. Questions were added on the role of drugs in the commission of crimes, history of prior arrest, and emergency room treatment for drug-related emergencies.

At times, obtaining valid self-reported data in a jail or lockup can be difficult. The sensitivity of the topic, the proximity of jail staff, the confidence arrestees have in the guarantee of anonymity, and the lucidness of respondents all affect the data collection process. These issues do not constitute insurmountable obstacles to the validity of the data; rather, they present challenges to be addressed in the research design. The expansion of the DUF interview to include a broader range of questions reflects NIJ's belief that DUF offers criminal justice researchers a rare opportunity to examine a number of important drug- and crime-related issues within the context of an arrestee interview.

An analysis of responses by adult male and female arrestees is presented below. Results given here should be considered preliminary. Following a full year of data collection with the revised DUF instrument, NIJ will evaluate the utility of new questions in light of the data they produce.

Drug use and the commission of crimes:

- Ten percent of male arrestees and 14 percent of female arrestees stated that they were in need of drugs or alcohol at the time of their alleged offense.
- Thirty-one percent of both male and female arrestees reported that they were under the influence of drugs or alcohol at the time of their alleged offense.

Arrestees were asked a pair of questions regarding the role that drugs played in the commission of a criminal act:

> *At the time the police say you committed this crime, were you in need of drugs or alcohol?*
>
> *At the time the police said you committed this crime, were you under the influence of drugs or alcohol?*

These questions test two hypotheses linking drug use with crime, especially predatory (violent or property) crimes. Goldstein (1985) has proposed a tripartite framework of three possible links between drugs and crime. First, some crime, particularly

Rates of cocaine use among the youngest male arrestees ranged from 7 to 33 percent with a median of 22 percent, a small decline from 1994 levels (9 to 38 percent). Fifteen sites reported lower rates, including large decreases in Indianapolis (20 percentage points) and Miami (19 points). Rates for arrestees 21 years and older ranged from 19 to 75 percent.

Rates of marijuana use, however, continued to rise for the youngest male arrestees, ranging from 34 to 74 percent with a median rate of 53 percent. Twenty of 23 sites reported increased use, including Atlanta (17 points), Chicago, St. Louis, San Antonio, and San Jose (11 points), and Birmingham (10 points). Rates for arrestees over the age of 20 were lower at all sites.

- Only six sites reported that 5 percent or more of young adult male arrestees tested positive for opiates.

The youngest male arrestees were less likely than their older counterparts to test positive for opiates. In only Chicago, Houston, Manhattan, New Orleans, Philadelphia, and St. Louis did at least 5 percent of these arrestees test positive for opiates. In contrast, at 18 sites 5 percent or more of arrestees 35 years old and over tested positive. Reports about an increasing number of heroin initiates among teenagers have raised fears of a renewed surge in use of the drug. However, the DUF data do not suggest a clear trend. The largest increases in opiate use among the youngest male arrestees were recorded in St. Louis and Houston, although small sample sizes diminish the significance of these increases. On the other hand, Chicago's opiate rate dropped to 5 percent (from 12 percent in 1994), and levels in other cities fluctuated only slightly.

Drug Use Among Adult Female Arrestees

Interviews and urine specimens were obtained from 8,065 adult female booked arrestees at 21 sites.

- At most sites, cocaine use moderated slightly among adult female arrestees, while marijuana use remained largely unchanged.
- At all 21 sites, cocaine use exceeded marijuana use among adult female arrestees.

Use of marijuana:

- Although some sites reported substantial increases, marijuana use remained fairly stable.

The percentage of female arrestees testing positive for marijuana ranged from 11 to 24 percent. In 1994, the percentage ranged from 7 to 28. In 1995, however, two sites reported sizable increases: New Orleans (up 9 points to 16 percent) and Washington, D.C. (up 8 points to 18 percent). Most sites reported an increase or decrease of no more than 4 percent.

Use of cocaine:

- Cocaine use among female arrestees decreased slightly following a small increase in 1994.

Since 1994, when rates ranged from 18 to 80 percent with a median of 50 percent, 15 sites have reported a decrease in cocaine use. This year, rates ranged from 16 to 71 percent with a median of 48 percent. The largest declines were reported in St. Louis (12 points), Cleveland (11 points), and Manhattan and Washington, D.C. (9 points). However, a few sites experienced substantial increases: Detroit (15 points), New Orleans (12 points), and San Diego (10 points).

Use of opiates:

- Apart from a sharp decline in Manhattan, opiate use among female arrestees remained largely unchanged.

Opiate use among female arrestees has never approached the higher levels of cocaine or marijuana use. In 1995, opiate rates ranged from 2 to 19 percent. The most striking change was reported in Manhattan, where the rate fell 11 points to 19 percent. Nine other sites (Detroit, Los Angeles, Philadelphia, Phoenix, Portland, San Antonio, San Diego, San Jose, and Washington, D.C.) reported rates of 10 percent or higher.

Use of at least one drug:

- All but one site reported overall rates of drug use of 50 percent or greater among female arrestees.

A majority of female arrestees at 20 sites tested positive for at least one of ten drugs. Rates across sites ranged from 41 to 84 percent. Consistent with past years, this overall measure of drug use was driven primarily by high rates of cocaine, marijuana, and, at a few sites, opiate or methamphetamine use.

Drug Use Among the Youngest Adult Female Arrestees

- Among female arrestees ages 15 to 20, rates of marijuana use generally exceeded those of cocaine use.
- More than half of the sites reported declines in marijuana or cocaine use among the youngest female arrestees: six sites reported declines in both drugs.

In general, drug use among the youngest adult female arrestees (15 to 20 years old) was lower than use among older arrestees and was lower than 1994 levels. Among the youngest female arrestees, cocaine use ranged from 3 to 34 percent and marijuana use ranged from 10 to 53 percent. As with male arrestees, rates for these arrestees differed sharply from those of their older counterparts. Rates of cocaine use among older female arrestees ranged from 17 to 76 percent, and rates of marijuana use ranged from 10 to 24 percent.

Nine sites reported substantial declines in the percentage of the youngest female arrestees testing positive for cocaine or marijuana, although some rates are based on small samples. Omaha reported a 22-point drop in marijuana use, and other large

1995 DUF Annual Report on Drug Use Among Arrestees

In 1995, the DUF program surveyed 20,737 adult male booked arrestees at 23 sites in major metropolitan areas across the United States. Data from 8,065 adult female booked arrestees were collected at 21 of these sites. In addition, 12 sites collected data from 4,293 juvenile male arrestees/detainees.

This report presents rates of drug use among adult male and female arrestees and among juvenile arrestees/detainees using urinalysis to detect recent use of drugs. The analysis of adult arrestees focuses on trends in the use of marijuana, cocaine, and opiates, and special attention is given to trends for the youngest adults (age 20 or younger). Results for juvenile arrestees/detainees are described beginning on page 40. In addition, results from a special study of methamphetamine use at eight key DUF sites is discussed beginning on page 12.

Also featured are site-by-site graphical presentations of data collected in 1995 for adult arrestees and for juvenile arrestees/detainees. A description of the DUF program methodology is provided on page 11, and a guide to the DUF site data tables can be found on page 53.

Drug Use Among Adult Male Arrestees

- In general, cocaine use among adult male arrestees continued to decline.
- Marijuana use among adult male arrestees continued to escalate.

Cocaine remains the predominant drug among adult male arrestees, although their increased use of marijuana has closed the gap in rates of use between the two drugs. Seven sites reported rates of marijuana use that were higher than those for cocaine use. In 1994, only five sites reported higher rates of marijuana use.

These shifting rates confirm patterns of drug use first identified in 1994 and are generally consistent with other national drug use indicators that have noted an increase in marijuana use and a small decrease in cocaine use.

Use of marijuana:

- Seventeen of the 23 sites reported an increase in the percentage of adult male arrestees testing positive for marijuana. Atlanta, Birmingham, and Houston each registered increases of more than 5 percent.

Overall rates of marijuana use among male arrestees were higher for the third year in a row. Since 1992, the median rate across sites has increased from 26 to 33 percent. Rates in 1995 ranged from 23 to 42 percent; in 1994, they ranged from 20 to 44 percent. The largest increases were reported among the youngest adult arrestees, a trend which is discussed in a separate section below.

Use of cocaine:

- Although cocaine continues to be the most prevalent drug in the DUF monitoring system, its use has declined among adult male arrestees.

Seventeen of the 23 sites reported lower rates of cocaine use among male arrestees. Most striking was the magnitude of this decline: Miami, down 14 percentage points; Indianapolis, down 8 points; Omaha and San Antonio, down 7 points; and Chicago and Cleveland, down 6 points. The range of values across sites remained largely unchanged (18 to 68 percent), while the median rate dropped one point to 40 percent.

Use of opiates:

- For the most part, opiate use among adult male arrestees remained confined to a small number of sites.

Most sites reported very low rates of opiate use among male arrestees. Only six sites reported rates of 10 percent or more: Chicago (with the highest rate of 22 percent), Manhattan, Philadelphia, Portland, St. Louis, and San Antonio.

Use of at least one drug:

- At every site, a majority of male arrestees tested positive for at least one of ten drugs, most commonly cocaine or marijuana.

The rate of male arrestees testing positive for at least one drug ranged from 51 to 83 percent, which is largely unchanged from 1994. However, this composite measure masks important shifts in the use of specific drugs. For example, Detroit's 4-percent decrease in cocaine use was matched by a 4-percent increase in marijuana use. And although San Antonio reported a sharp 7-percent drop in cocaine use, it also reported a 4-percent rise in marijuana use. Moreover, this composite rate masks high levels of methamphetamine use at some western and southwestern sites.

Drug Use Among the Youngest Adult Male Arrestees

Drug use among the youngest (15 to 20 years old) adult male arrestees warrants special examination because many of those surveyed have not been apprehended previously. Drug use and criminal activity at a young age—and the criminal justice system's response—will shape subsequent behavior. It is among the youngest adult arrestees that drug use interventions and reductions in criminal activity could have greatest impact. (See the Guide to the DUF Site Data Tables on page 53 for an interpretation of age categories used in this report.)

- At 21 of 23 sites, the youngest male arrestees had the lowest age-specific rate of cocaine use.
- At every site, the youngest male arrestees had the highest age-specific rate of marijuana use.

These national estimates of juvenile court cases are based on data from more than 1,800 courts that had jurisdiction over 67% of the U.S. juvenile population in 1994.[1] A case disposed during the calendar year by a court with juvenile jurisdiction represents the unit of count in this study and in each *Juvenile Court Statistics* report. It is possible for an individual youth to have been involved in more than one case during the calendar year. Each case represents a youth processed by a juvenile court on a new referral, regardless of the number of individual offenses contained in that referral. Cases involving multiple offenses are categorized according to the most serious offense. For example, a case involving both a charge of vandalism and a charge of robbery would be characterized as a robbery case. Similarly, cases involving multiple dispositions are categorized according to the most restrictive disposition. A case that resulted in both probation and placement in a residential facility would be coded as residential placement.

Delinquency Cases

Delinquency offenses are acts committed by a juvenile that if committed by an adult could result in criminal prosecution. Juvenile courts handled an estimated 1,555,200 delinquency cases in 1994 (Table 1). A property offense was the most serious charge involved in 52% of these cases. The most serious charge was a person offense in 22% of the cases, a drug offense in 8%, and a public order offense in 19%. Larceny-theft, simple assault, burglary, vandalism, and obstruction of justice were the most common delinquency offenses seen by juvenile courts in 1994. Together, these five offenses made up nearly 60% of the delinquency cases processed during 1994.

Number of Cases

Between 1985 and 1994, the total number of delinquency cases handled by U.S. juvenile courts increased 41%. The largest relative percentage increases occurred in cases involving weapons offenses (156%), homicide (144%), and aggravated assault (134%). Offense categories showing the smallest increases or even decreases included liquor law violations (-34%), nonviolent sex offenses (-24%), and burglary (5%).

Table 1: Delinquency Cases by Most Serious Offense, 1994

Offense	Number of Cases	Percent Change 1985–94	1990–94	1993–94
Total Delinquency	**1,555,200**	**41%**	**20%**	**5%**
Person Offense	**336,100**	**93**	**38**	**6**
Criminal Homicide	3,000	144	19	6
Forcible Rape	5,400	25	21	11
Robbery	37,000	53	31	4
Aggravated Assault	85,300	134	41	10
Simple Assault	177,700	91	42	7
Other Violent Sex Offense	10,000	65	34	-9
Other Person Offense	17,800	91	12	-8
Property Offense	**803,400**	**22**	**7**	**0**
Burglary	141,600	5	-1	-5
Larceny-Theft	356,200	17	9	1
Motor Vehicle Theft	59,300	69	-16	-3
Arson	9,500	37	35	18
Vandalism	116,600	46	22	2
Trespassing	61,200	21	22	1
Stolen Property Offense	28,600	10	1	5
Other Property Offense	28,300	57	-3	-8
Drug Law Violations	**120,200**	**62**	**69**	**35**
Public Order Offense	**295,600**	**50**	**27**	**9**
Obstruction of Justice	108,400	59	26	13
Disorderly Conduct	80,700	77	44	14
Weapons Offense	48,600	156	63	4
Liquor Law Violation	12,700	-34	-29	-3
Nonviolent Sex Offense	9,600	-24	-23	-10
Other Public Order	35,500	10	15	4
Violent Crime Index *	**130,600**	**98**	**37**	**7**
Property Crime Index **	**566,700**	**17**	**4**	**-1**

* Violent Crime Index includes criminal homicide, forcible rape, robbery, and aggravated assault.

** Property Crime Index includes burglary, larceny-theft, motor vehicle theft, and arson.

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

Table 2: Percent Change in Delinquency Case Rates, 1985–1994

Offense	Case Rates 1985	1990	1994	Percent Change 1985–94	1990–94
Delinquency	42.0	50.7	56.1	33%	11%
Person	6.6	9.5	12.1	83	27
Property	25.1	29.3	29.0	16	-1
Drugs	2.8	2.8	4.3	54	56
Public Order	7.5	9.1	10.7	42	17

Case Rate = Cases per 1,000 youth at risk.

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996.

Table 3: Offense Profile of Delinquency Cases by Age at Referral, 1994

Offense	Age 15 or Younger	Age 16 or Older
Person	19%	18%
Property	61	53
Drugs	4	8
Public Order	16	21
Total	100%	100%

Note: Detail may not total 100% because of rounding.

Case Rates

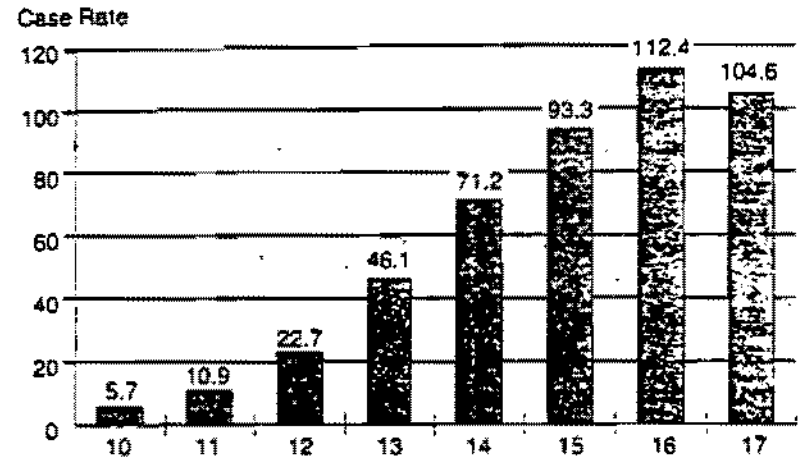
To examine changes in juvenile court caseloads while controlling for the size of the juvenile population, researchers calculated a case rate that represents the number of delinquency cases processed by juvenile courts for every 1,000 youth at risk of referral to a juvenile court.[2] Between 1985 and 1994, the total delinquency case rate increased 33%, from 42.0 to 56.1 cases disposed per 1,000 youth at risk (Table 2). During the same time period, the case rate for juveniles charged with person offenses increased 83%, as property offenses grew 16%, drug offenses increased 54%, and public order offenses increased 42%.

Age of Youth

Of all delinquency cases processed by the Nation's juvenile courts in 1994, 61% involved a juvenile under age 16. These younger youth were involved in 64% of person offense cases, 64% of property offense cases, 42% of drug law violations, and 55% of public order offense cases. Compared with older juveniles, the caseloads of younger youth involved a smaller proportion of drug law violations and public order offenses but somewhat larger proportions of person offenses and property offenses (Table 3).[3]

Delinquency case rates generally increase with age (Figure 1). For example, the delinquency case rate for 15-year-olds in 1994 was 31% higher than the rate for 14-year-olds (93.3 compared with 71.2 per 1,000 youth, respectively), and the case rate for 16-year-olds (112.4 per 1,000 youth) was 20% greater than that for 15-year-olds. The case rate for 17-year-olds (104.6 per 1,000) was an exception to this pattern because it was slightly lower than the rate for 16-year-olds.

Figure 1: Delinquency Case Rates by Age at Referral, 1994



Case Rate = Cases per 1,000 youth in age group.

Table 4: Percent Change in Delinquency Cases and Case Rates by Sex, 1985–1994

Offense	1985	1990	1994	Percent Change 1985–94	Percent Change 1990–94
Number of Cases					
Male	893,200	1,054,800	1,230,600	38%	17%
Person	139,700	194,500	258,300	85	33
Property	538,500	610,900	635,100	18	4
Drugs	61,100	61,400	103,900	70	69
Public Order	153,800	187,900	233,400	52	24
Female	210,600	244,500	324,600	54%	33%
Person	34,700	48,900	77,800	124	59
Property	120,000	140,600	168,300	40	20
Drugs	13,000	9,600	16,400	26	70
Public Order	43,000	45,300	62,200	45	37
Case Rates					
Male	66.4	80.3	86.5	30%	8%
Person	10.4	14.8	18.2	75	23
Property	40.0	46.5	44.7	12	-4
Drugs	4.5	4.7	7.3	61	56
Public Order	11.4	14.3	16.4	44	15
Female	16.4	19.6	24.0	46%	23%
Person	2.7	3.9	5.8	113	47
Property	9.4	11.3	12.5	33	10
Drugs	1.0	0.8	1.2	20	57
Public Order	3.4	3.6	4.6	37	27

Case Rate: Cases per 1,000 youth at risk.

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996.

Table 5: Percent Change in Delinquency Cases and Case Rates by Race, 1985–1994

Offense	1985	1990	1994	Percent Change 1985–94	Percent Change 1990–94
Number of Cases					
White	793,700	857,800	999,900	26%	17%
Person	100,300	135,300	190,200	90	41
Property	483,700	528,400	548,100	13	4
Drugs	58,900	38,500	72,800	24	89
Public Order	150,800	157,600	188,700	25	20
Black	281,000	397,400	498,700	78%	25%
Person	69,700	100,800	135,300	94	34
Property	156,900	198,100	222,000	41	12
Drugs	13,200	31,200	44,900	240	44
Public Order	41,200	67,300	96,600	135	43
Other Races	29,200	44,100	56,700	94%	29%
Person	4,400	7,400	10,600	142	44
Property	18,000	27,000	33,300	85	23
Drugs	2,000	1,400	2,500	21	75
Public Order	4,800	8,300	10,300	115	25
Case Rates					
White	37.0	41.7	45.2	22%	8%
Person	4.7	6.6	6.6	84	31
Property	22.6	25.6	24.8	10	-3
Drugs	2.7	1.9	3.3	20	76
Public Order	7.0	7.7	6.5	21	11
Black	72.5	103.0	119.4	65%	16%
Person	18.0	26.1	32.4	80	24
Property	40.5	51.3	53.1	31	4
Drugs	3.4	8.1	10.7	216	33
Public Order	10.6	17.4	23.1	117	32
Other Races	30.3	37.0	39.6	31%	7%
Person	4.5	6.2	7.4	63	20
Property	18.6	22.7	23.2	25	3
Drugs	2.1	1.2	1.7	-19	46
Public Order	5.0	6.9	7.2	45	4

Case Rate: Cases per 1,000 youth at risk.

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

Gender of Youth

Juvenile courts disposed 1.2 million delinquency cases involving males, compared with 324,600 cases involving females (Table 4). However, the number of delinquency cases involving females increased 54% between 1985 and 1994, while cases involving males increased 38%. The relatively greater increase in cases involving females resulted from changes in person offense cases (up 124% for females, versus 85% for males) and property offense cases (up 40% among females, compared with 18% among males). Drug violations and public order offense cases increased more among males than among females between 1985 and 1994, although the growth in cases involving females outpaced males between 1990 and 1994.

Between 1985 and 1994, the delinquency case rate for males increased 30% (from 66.4 to 86.5 cases per 1,000 youth). Among female juveniles, the delinquency case rate grew 46% (from 16.4 to 24.0 cases per 1,000). The person offense case rate for females was 113% higher in 1994 than in 1985, while the person offense case rate for males grew 75%. Still, the 1994 person offense case rate was more than three times greater for males than for females (18.2 versus 5.8 cases per 1,000).

Race of Youth

Between 1985 and 1994, the number of delinquency cases involving white youth increased 26%, and the number of cases involving black youth and youth of other races increased 78% and 94%, respectively (Table 5).[4] In 1994 the number of delinquency cases involving white youth exceeded the number involving black youth by a margin of 2 to 1, compared with a ratio of 2.8 to 1 in 1985.

The delinquency case rate for black youth was more than twice the rate for white youth in 1994 (119.4 compared with 45.2 per 1,000). The person offense case rate for black youth was nearly four times greater than the corresponding rate for white youth. The drug offense case rate for black youth was more than three times the rate for whites. Similarly, the property and public order offense case rates for blacks were more than double the rates for whites. In all offense categories, the case rate for juveniles of other races was lower than the corresponding rates for either black or white juveniles.

Property offense cases accounted for 55% of all 1994 delinquency cases involving white youth, 45% of those involving black youth, and 59% of those involving youth of other races. The black caseload involved a slightly higher proportion of person offense cases (27%) than either the white or other race caseloads (both 19%). Drug law violations accounted for a larger proportion of delinquency cases involving black youth (9%) than cases involving white youth (7%) or youth of other races (4%).

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996.

Table 6: Percent of Delinquency Cases Referred by Law Enforcement, 1985, 1990, and 1994

Offense	1985	1990	1994
Delinquency	82%	85%	86%
Person	78	84	86
Property	88	91	91
Drugs	91	92	94
Public Order	63	68	69

Table 7: Percent Change in Detained Delinquency Cases, 1985–1994

	Number of Cases			Percent Change	
Offense	1985	1990	1994	1985–94	1990–94
Delinquency	224,500	297,500	321,200	43%	8%
Person	42,900	65,700	81,800	90	25
Property	113,000	141,300	134,200	19	-5
Drugs	15,800	26,600	33,400	111	25
Public Order	52,700	63,900	71,800	36	12

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

Source of Referral

A number of sources—law enforcement agencies, social services, schools, parents, probation officers, and victims—referred delinquency cases to juvenile courts. Although there were variations across offense categories, 86% of all 1994 delinquency case referrals made to juvenile courts were by a law enforcement agency (Table 6). Law enforcement agencies referred 86% of person offense cases, 91% of property offense cases, 94% of drug law violation cases, and 69% of public order offense cases.

Use of Detention

On occasion, juveniles are held in secure detention facilities before adjudication and disposition. Detention is sometimes necessary to protect the community, to protect the juvenile, to ensure his or her appearance at scheduled hearings, or to allow for evaluation. Juveniles were detained in 21% of the delinquency cases disposed by U.S. juvenile courts in 1994. Nearly half of these cases involved juveniles charged with property offenses (Table 7).

The number of delinquency cases involving detention increased 43% between 1985 and 1994. Person offense cases involving detention increased 90%, and the number of drug offense cases involving detention climbed 111% during the same 10-year period. Although property offense cases involving detention fell 5% between 1990 and 1994, the number of detained property offense cases in 1994 was still 19% greater than in 1985.

The probability of detention for delinquency cases changed very little between 1985 and 1994 (Table 8). The use of detention increased from 20% to 23% of all cases between 1985 and 1990 and then declined to 21% in 1994. The same pattern was seen in three of the four major offense categories (person, property, and public order offenses). The use of detention for drug law violation cases also decreased between 1990 and 1994, but unlike the other offense categories, the use of detention for drug offense cases remained substantially higher in 1994 than in 1985 (28% versus 21%).

Table 8: Percent of Delinquency Cases Detained by Sex, 1985, 1990, and 1994

Offense	1985	1990	1994
Delinquency	20%	23%	21%
Person	25	27	24
Property	17	19	17
Drugs	21	37	28
Public Order	27	27	24
Male	21%	24%	22%
Person	26	29	26
Property	18	20	18
Drugs	22	39	29
Public Order	26	28	25
Female	18%	18%	18%
Person	18	19	18
Property	13	14	12
Drugs	19	28	20
Public Order	28	26	22

Table 9: Percent of Delinquency Cases Detained by Race, 1985, 1990, and 1994

Offense	1985	1990	1994
White	18%	20%	17%
Person	21	23	21
Property	15	17	14
Drugs	18	27	18
Public Order	25	26	21
Black	26%	29%	28%
Person	29	31	29
Property	22	24	23
Drugs	34	51	44
Public Order	32	31	31
Other Races	24%	29%	22%
Person	29	38	29
Property	20	24	19
Drugs	25	34	21
Public Order	36	33	23

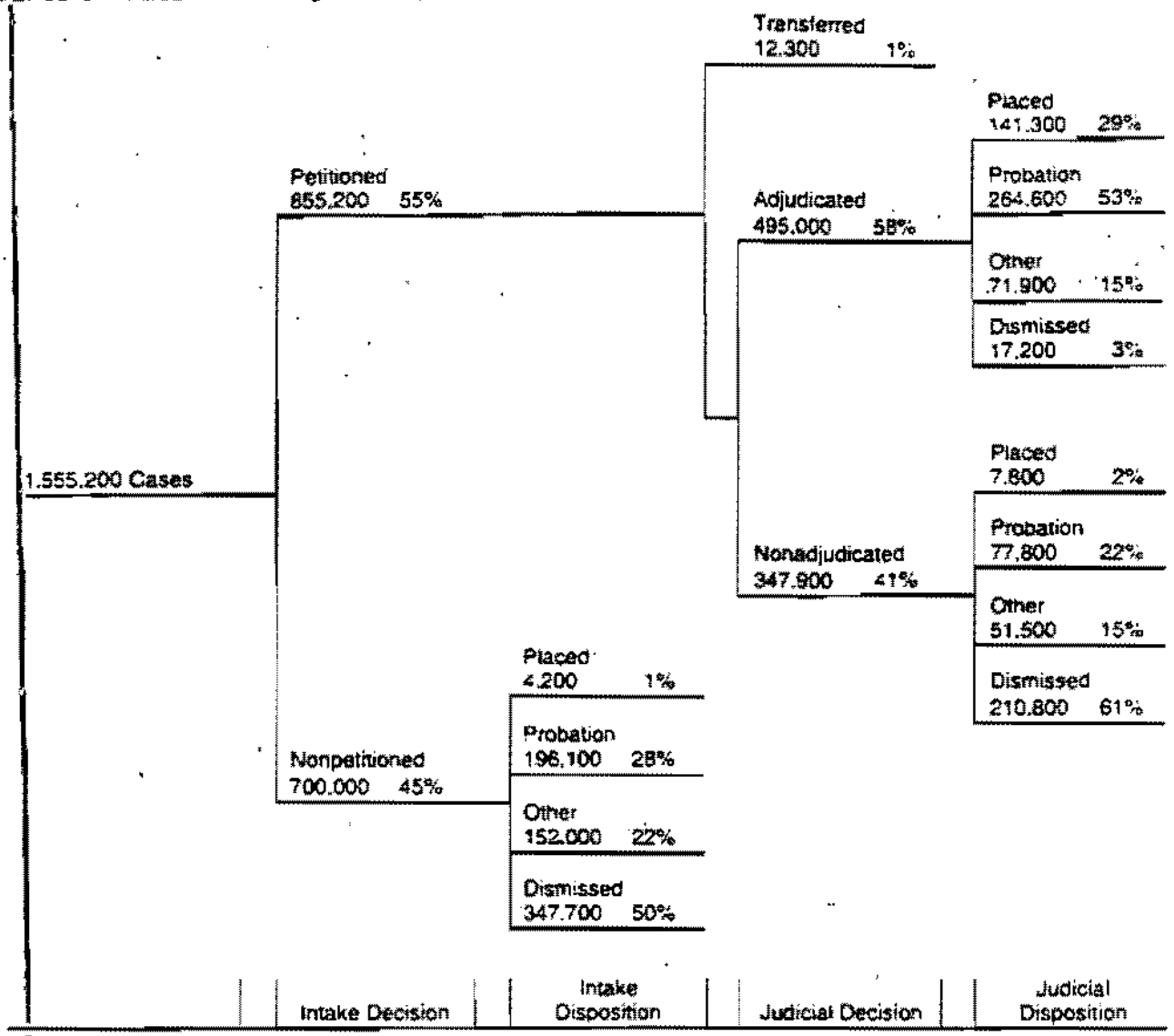
In 1994 the likelihood of detention in cases involving white juveniles was 17%, while it was 28% for those involving black juveniles and 22% for juveniles of other races (Table 9). The proportion of delinquency cases that involved detention fell between 1990 and 1994 for all racial categories. Compared with 1985, the use of detention in 1994 was comparable or slightly lower for most groups of offenders. The single exception was the proportion of cases involving black juveniles charged with drug law violations, which were more likely to involve detention in 1994 than they were in 1985 (44% compared with 34%).

Case Processing

When a delinquency case is referred to juvenile court, an intake officer, judge, or prosecutor determines whether to handle the case formally or informally. Formal handling involves the filing of a petition requesting that the court hold an adjudicatory or waiver hearing. Informal case handling is conducted entirely at the juvenile court intake level, without a petition and without an adjudicatory or waiver hearing.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996.

Figure 2: Juvenile Court Processing of Delinquency Cases, 1994



Note: Detail may not add to totals because of rounding.

Table 10: Percent Change in Petitioned Delinquency Cases, 1985–1994

Offense	Number of Cases 1985	1990	1994	Percent Change 1985–94	1990–94
Delinquency	505,400	656,400	855,200	69%	30%
Person	94,700	135,600	196,900	108	45
Property	289,300	356,800	415,800	44	17
Drugs	32,200	46,600	73,400	128	57
Public Order	89,100	117,400	169,100	90	44

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

In 1994 more than half of all delinquency cases were handled formally (Figure 2). Formal processing for delinquency referrals increased from 46% to 55% between 1985 and 1994. The increased number of cases referred to juvenile court intake and the greater likelihood of formal handling resulted in a 69% increase between 1985 and 1994 in the number of petitioned delinquency cases disposed by U.S. juvenile courts (Table 10). The largest percentage increase was in the number of petitioned drug offense cases, which increased 128% from 1985 to 1994. The number of petitioned person offense cases increased 108%, petitioned

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996.

Table 11: Percent Change in Petitioned Delinquency Cases Transferred to Criminal Court, 1985–1994

Offense	Number of Cases 1985	1990	1994	Percent Change 1985–94	1990–94
Delinquency	7,200	8,700	12,300	71%	42%
Person	2,400	2,800	5,400	125	94
Property	3,900	4,000	4,600	18	15
Drugs	300	1,300	1,300	308	6
Public Order	600	700	1,000	66	47

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

Figure 3: Delinquency Cases Transferred to Criminal Court, 1985–1994

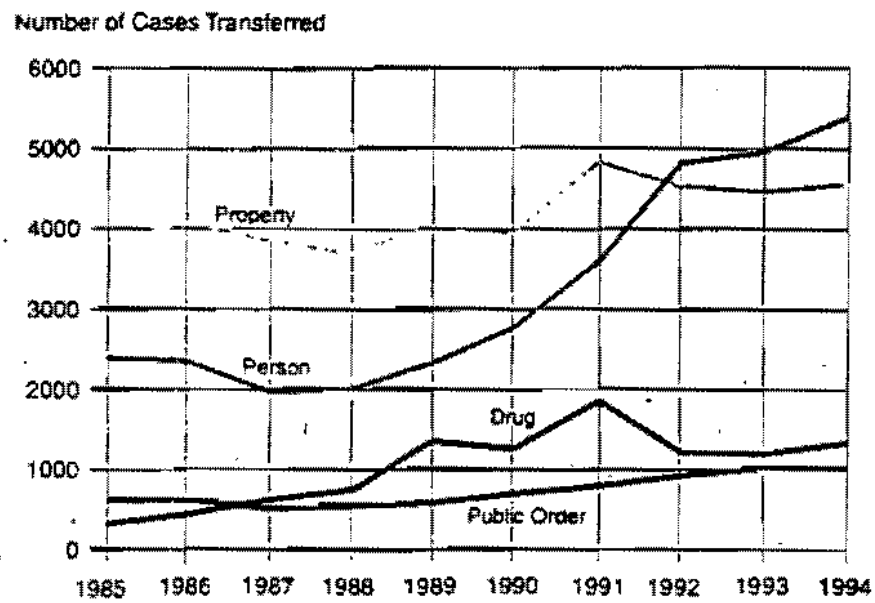


Table 12: Percent of Petitioned Delinquency Cases Transferred to Criminal Court, 1985, 1990, and 1994

Offense	1985	1990	1994
Delinquency	1.4%	1.3%	1.4%
Person	2.5	2.0	2.7
Property	1.3	1.1	1.1
Drugs	1.0	2.7	1.8
Public Order	0.7	0.6	0.6

Table 13: Percent of Petitioned Delinquency Cases Adjudicated, 1985, 1990, and 1994

Offense	1985	1990	1994
Delinquency	66%	61%	58%
Person	56	55	54
Property	67	62	58
Drugs	70	61	60
Public Order	69	63	60

property offense cases increased 44%, and petitioned public order offense cases grew 90%.

Criminal Court Transfer. One of the first actions taken during the juvenile court intake process is determining whether a case should be processed in the criminal justice system rather than in the juvenile court. The mechanisms used to transfer a case from juvenile to adult court vary by State. In some States, a prosecutor may file juvenile cases that meet certain criteria directly in criminal court. In other States, a juvenile court judge must authorize all transfers by waiving the juvenile court's jurisdiction over the case. This Bulletin analyzes only those cases transferred to criminal court by judicial waiver.

The number of delinquency cases transferred to criminal court grew 71% between 1985 and 1994 (Table 11). The largest group of cases transferred in 1994 involved person offenses, which accounted for more than two in five cases transferred to criminal court. Between 1985 and 1994, the number of transferred drug offense cases increased far more (308%) than transfers of any other type of case (for example, 125% among person offense cases and 66% among property offense cases). However, all of the increase in transferred drug offense cases occurred between 1985 and 1990.

Cases transferred to criminal court represented 1.4% of all petitioned delinquency cases in 1994, the same proportion as 1985 (Table 12). In 1985 and 1994, the cases most likely to be transferred were those involving person offenses. In contrast, drug offense cases were most likely to be transferred in 1990. The offense profile of cases transferred to criminal court changed considerably between 1985 and 1994. While the number of transferred property offense cases increased from slightly less than 4,000 cases in 1985 to approximately 4,600 cases in 1994, the number of transferred person offense cases more than doubled, increasing from 2,400 cases in 1985 to 5,400 cases in 1994 (Figure 3). Person offense cases grew from a low of 28% of all transfers in 1987 to 44% of cases transferred in 1994.

Adjudication and Disposition. Except in cases where a criminal-court transfer is granted, an adjudicatory hearing is generally held in all formally petitioned delinquency cases.[5] During the hearing, the court determines whether a youth will be adjudicated as a delinquent. The court then makes a dispositional decision that could include fines, restitution, probation, commitment to a residential facility, referral to a treatment program, or community service.

In 1994, 58% of all formally processed delinquency cases resulted in adjudication (Table 13). In 29% of these cases, the youth was placed out of the home in a

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996.

Table 14: Percent of Adjudicated Delinquency Cases Placed Out of Home, 1985, 1990, and 1994

Offense	1985	1990	1994
Delinquency	28%	31%	29%
Person	31	34	31
Property	25	27	25
Drugs	23	36	28
Public Order	36	38	33

Table 15: Percent of Adjudicated Delinquency Cases Placed on Formal Probation, 1985, 1990, and 1994

Offense	1985	1990	1994
Delinquency	57%	57%	53%
Person	56	56	54
Property	58	60	55
Drugs	62	55	52
Public Order	51	52	49

Table 16: Percent Change in Petitioned Status Offense Cases and Case Rates, 1985–1994

Offense	1985	1990	1994	Percent Change 1985–94	Percent Change 1990–94
Number of Cases					
Status Offense	76,300	92,700	126,900	66%	37%
Runaway	17,200	15,100	21,500	25	42
Truancy	21,800	26,900	36,400	67	35
Ungovernable	17,000	12,600	15,700	-7	25
Liquor	15,500	29,200	33,600	117	15
Miscellaneous	4,800	9,000	19,800	315	121
Case Rates					
Status Offense	2.9	3.6	4.6	58%	26%
Runaway	0.7	0.6	0.8	18	32
Truancy	0.8	1.1	1.3	58	25
Ungovernable	0.6	0.5	0.6	-12	15
Liquor	0.6	1.1	1.2	105	6
Miscellaneous	0.2	0.4	0.7	293	104

Case Rate: Cases per 1,000 youth at risk.

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

residential facility (Table 14). More than half (53%) of all formally adjudicated delinquency cases resulted in the juvenile being placed on formal probation (Table 15). In 15% of formally adjudicated delinquency cases, the court ordered the juvenile to pay restitution or a fine, participate in some form of community service, or to enter a treatment or counseling program. In a small number of cases (3%), the juvenile was adjudicated but the case was then dismissed or the youth was otherwise released.

In 1994, two in five formally handled delinquency cases were not subsequently adjudicated. Most (61%) of these cases were dismissed by the court, but in 22% of the cases, the juvenile agreed to some form of probation. Approximately 2% of all nonadjudicated delinquency cases resulted in voluntary out-of-home placement. In 15% of nonadjudicated cases, the juvenile agreed to another informal disposition such as restitution, community service, or referral to an agency for services.

Petitioned Status Offense Cases

Status offenses are acts for which only juveniles can be arrested. A status offense is an otherwise legal act that is considered illegal only because of the juvenile *status* of the person committing the act. The four major status offense categories analyzed here are runaway, truancy, ungovernability (sometimes known as incorrigibility, or being beyond the control of one's parents), and liquor law violations (minor in possession of alcohol, underage drinking, etc.).

Number of Cases

In 1994 U.S. juvenile courts petitioned and formally disposed an estimated 126,900 status offense cases (Table 16). In 36,400 of these cases, the most serious charge was truancy. A liquor law violation was the most serious charge in 33,600 cases, runaway in 21,500 cases, and ungovernability in 15,700 cases. Other miscellaneous status offenses (such as curfew violations, tobacco offenses, etc.) accounted for the remaining 19,800 cases.

Between 1985 and 1994, the number of petitioned status offense cases seen in U.S. juvenile courts increased 66%. Status cases involving liquor violations climbed 117%, truancy cases increased 67%, and the number of cases involving charges of runaway grew 25%. During that 10-year period, the largest proportionate increase in formally processed status offense cases was in the "miscellaneous" category, possibly reflecting an increase in referrals for curfew violations but also indicating growth in the other status violations.

Case Rates

The Nation's juvenile courts processed 4.6 petitioned status offense cases for every 1,000 youth at risk of referral in 1994. The total status offense case rate was 58% higher in 1994 than in 1985. The rate for runaway cases increased 18%, between 1985 and 1994, the truancy rate increased 58%, the rate of status liquor law violations increased 105%, and the rate of miscellaneous status offense cases climbed 293%. Cases involving ungovernability decreased between 1985 and 1994, although the 1994 case rate (0.6 per 1,000) was 15% higher than the rate in 1990 (0.5 per 1,000).

Age of Youth

In 1994, 57% of the petitioned status offense cases disposed by juvenile courts involved a youth under age 16, compared with 69% of the 1985 caseload. The most common status offense for youth under age 16 was truancy (38%). Among older youth the most common status offense

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996.

Table 1–1

Juvenile Arrest Trends by Offense, 1991–1992

Offense	1991 Total Number	1991 Total % of Juvenile Arrests	1991 Total % of All Arrests by Category	1991 Males Number	1991 Males % of Male Juvenile Arrests	1991 Males % of All Male Arrests by Category	1991 Females Number	1991 Females % of Female Juvenile Arrests	1991 Females % of All Female Arrests by Category	1992 Total Number	1992 Total % of Juvenile Arrests	1992 Total % of All Arrests by Category	1992 Males Number	1992 Males % of Male Juvenile Arrests	1992 Males % of All Male Arrests Category	1992 Females Number	1992 Females % of Female Juvenile Arrests	1992 Females % of All Female Arrests Category	% Change in Total Arrests (1991–1992)
Total Arrests	10,012,530	—	100.0%	8,139,198	—	100.0%	1,873,332	—	100.0%	10,006,561	—	100.0%	8,102,944	—	100.0%	1,903,617	—	100.0%	-0.1%
Total Juvenile Arrests	1,639,208	100.0	16.3	1,258,683	100.0	15.5	378,525	100.0	19.8	1,674,016	100.0	16.7	1,286,997	100.0	15.9	387,019	100.0	20.3	2.0
Violent Crime	91,169	5.6	17.3	80,456	6.4	17.5	10,713	2.9	17.8	95,723	5.7	17.8	83,794	6.5	17.7	11,929	3.1	18.2	5.0
Murder and nonnegligent manslaughter	2,513	0.2	14.8	2,397	0.2	15.0	116	0.03	6.5	2,521	0.2	14.9	2,375	0.2	15.5	146	0.03	8.9	0.3
Forcible rape	4,436	0.3	15.7	4,354	0.3	15.6	82	0.0	23.2	4,506	0.3	15.8	4,407	0.3	16.0	99	0.0	26.0	1.6
Robbery	34,445	2.1	25.8	31,432	2.5	25.8	3,023	0.8	26.5	34,924	2.1	26.6	31,935	2.5	26.6	2,989	0.8	26.4	1.4
Aggravated assault	49,765	3.1	14.4	47,273	3.4	14.1	7,492	2.0	16.1	53,772	3.2	14.8	45,077	3.5	14.5	8,695	2.2	16.7	8.1
Property Crime	520,267	31.9	12.4	404,596	32.1	33.7	115,671	31.2	28.4	519,334	31.0	33.3	399,411	31.0	34.4	119,923	31.0	29.5	-0.2
Burglary	104,051	6.4	33.3	95,178	7.6	33.6	8,873	2.4	31.7	103,409	6.2	34.0	93,925	7.3	34.2	9,484	2.5	32.5	-0.6
Larceny-theft	342,220	21.0	30.4	243,692	19.4	31.8	98,528	26.6	27.3	343,861	20.5	31.4	242,428	18.8	32.7	101,433	26.2	28.7	0.5
Motor vehicle theft	67,422	4.1	43.7	59,742	4.7	43.1	7,680	2.1	49.6	64,981	3.9	43.8	56,731	4.4	42.9	8,250	2.1	50.9	-3.6
Arson	6,574	0.4	46.9	5,984	0.5	49.0	590	0.2	32.2	7,083	0.4	49.6	6,327	0.5	51.1	756	0.2	39.9	7.7
Drug Abuse Violations	57,312	3.5	7.7	51,094	4.1	8.3	6,218	1.7	5.1	63,512	3.9	8.2	58,166	4.5	8.8	7,346	1.9	5.6	14.3
Curfew Violations/ Runaways	195,098	12.0	100.0	104,232	8.3	100.0	90,866	24.5	100.0	200,366	12.0	100.0	107,054	8.3	100.0	93,312	24.2	100.0	2.8
Other	765,362	47.0	11.0	618,305	49.1	10.8	147,057	39.7	12.3	792,881	47.4	11.5	638,372	49.6	11.2	154,109	39.9	12.7	3.6

Notes:

1 Data are based on 8,851 reporting agencies; 1992 estimated population 177,638,000; 1991 estimated population 175,962,000. Detail may not add to total because of rounding.

2 Percents are calculated across categories (i.e., 0.2 percent of all juvenile arrests are for murder/nonnegligent manslaughter).

3 Percents are calculated within each category (i.e., 14.1 percent of all murder/nonnegligent manslaughter arrests are juvenile arrests).

4 Other includes forgery/counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons, prostitution/commercialized vice, gender offenses (except forcible rape and prostitution), gambling, offenses against family and children, driving under the influence, liquor law violations, drunkenness, disorderly conduct, vagrancy, other assaults, and all other offenses (except traffic).

Source: FBI *Uniform Crime Reports, 1992.*

Table 1–11

Juveniles in Custody in Public and Private Juvenile Facilities: 1-Day Counts by Reason for Custody and Gender, 1991

	Total	Males	Females
Public Facilities	(N=57,542)	(N=51,214)	(N=6,328)
Delinquent Offenses	95%	97.3%	81.0%
1. Violent	19	20.5	10.4
2. Other person	12	12.1	9.4
3. Serious property	24	24.4	17.1
4. Other property	12	12.5	12.9
5. Alcohol offenses	1	1.0	1.0
6. Drug related offenses	10	10.4	5.3
7. Public order offenses	4	4.4	5.4
8. Probation/parole violations	8	7.2	13.0
9. Other	5	4.8	6.5
Status Offenses	3	1.8	12.9
Nonoffenders	1	0.7	4.0
Voluntary Commitments	1	0.2	2.1
Private Facilities	(N=36,190)	(N=25,801)	(N=10,389)
Delinquent Offenses	40	50.7	12.9
1. Violent	4	5.3	0.5
2. Other person	6	7.5	1.6
3. Serious property	9	11.7	2.0
4. Other property	10	11.8	4.5
5. Alcohol offenses	1	0.6	0.4
6. Drug related offenses	5	7.0	1.3
7. Public order offenses	1	1.2	0.7
8. Probation/parole violations	1	1.7	0.4
9. Other	3	3.9	1.5
Status offenses	15	11.5	22.3
Nonoffenders	27	23.0	38.3
Voluntary commitments	18	14.8	26.5

Note: Offense categories include the following offenses:
Violent: Murder, nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
Other person: Negligent manslaughter, assault, and sexual assault.
Serious property: Burglary, arson, larceny-theft, and motor vehicle theft.
Other property: Vandalism, forgery, counterfeiting, fraud, stolen property, and unauthorized vehicle use.
Public order: Alcohol offense, drug-related offenses, and public order offenses.
Status: Offenses not considered crimes if committed by adults.
Nonoffenders: Dependency, neglect, abuse, emotional disturbance, retardation, or other.

Source: 1991 Census of Public and Private Juvenile Detention, Correctional, and Shelter Facilities: Census day 2/15/91.

Table 3–8

Juvenile 1-Day Counts in Public Facilities by Offense and Reason for Custody, 1983–1991

Public Facilities

	1983		1985		1987		1989		1991	
	Number	%	Number	%	Number	%	Number	%	Number	%
Total 1-day counts	**48,701**	**100%**	**49,322**	**100%**	**53,503**	**100%**	**56,123**	**100%**	**57,542**	**100%**
Violent	8,901	18	8,656	17	7,943	15	8,566	15	11,128	19
Other personal	3,263	7	3,589	7	5,357	10	5,761	10	6,785	12
Serious property	16,644	34	16,129	33	15,746	30	15,181	27	13,546	24
Other property	5,980	12	5,891	12	7,685	14	7,599	14	7,190	12
Drug offenses and miscellaneous	10,563	22	11,821	24	13,538	25	15,930	28	16,155	28
Total number of delinquents	45,351	93	46,086	93	50,269	94	53,037	94	54,804	95
Status offenders	2,390	5	2,293	5	2,523	4	2,245	4	1,755	3
Nonoffenders	593	1	644	1	458	1	539	1	803	2
Voluntary admissions	367	1	299	1	253	1	302	1	180	*
Total number of nondelinquents	3,350	7	3,236	7	3,234	6	3,086	6	2,738	5

Notes:

1 Offense categories include the following offenses:

Violent: Murder, nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.
Other personal: Negligent manslaughter, assault, and sexual assault.
Serious property: Burglary, arson, larceny-theft, and motor vehicle theft.
Other property: Vandalism, forgery, counterfeiting, fraud, stolen property, and unauthorized vehicle use.
Drug offenses and miscellaneous: Alcohol offenses, drug related offenses, public order offenses, probation or parole violations, and other delinquent offenses.
Status: Offenses not considered crimes if committed by adults.
Nonoffenders: Dependency, neglect, abuse, emotional disturbance, retardation, and other.

2 Detail may not add to total because of rounding.

* Denotes less than 0.5 percent.

Source: 1983–1991 Census of Public and Private Juvenile Detention, Correctional, and Shelter Facilities.

Table 3–9

Juvenile 1-Day Counts in Private Facilities by Offense and Reason for Custody, 1983–1991

Private Facilities

	1983		1985		1987		1989		1991	
	Number	%	Number	%	Number	%	Number	%	Number	%
Total 1-day counts	**31,390**	**100%**	**34,080**	**100%**	**38,143**	**100%**	**37,822**	**100%**	**36,190**	**100%**
Violent	716	2	810	2	699	2	770	2	1,429	4
Other personal	807	3	1,038	3	1,539	4	1,749	5	2,097	6
Serious property	2,872	9	3,183	9	2,992	8	3,407	9	3,212	9
Other property	2,224	7	2,715	8	3,661	9	3,632	10	3,519	10
Drug offenses and miscellaneous	4,093	13	3,911	12	4,101	11	3,537	9	4,176	11
Total number of delinquents	10,712	34	11,657	34	12,992	34	13,095	35	14,433	40
Status offenders	6,652	21	6,726	20	7,811	20	6,853	18	5,274	15
Nonoffenders	8,268	27	8,844	26	10,200	27	10,914	29	9,915	27
Voluntary admissions	5,758	18	6,853	20	7,140	19	6,960	18	6,568	18
Total number of nondelinquents	20,678	66	22,423	66	25,151	66	24,727	65	21,757	60

Notes:

1 Population data from the private facility census prior to 1991 are subject to error resulting from nonresponse, nonreporting, and overinclusion. See appendix C for further explanation.

2 Detail may not add to total because of rounding.

3 Offense categories include the following offenses:

Violent: Murder, nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.

Other personal: Negligent manslaughter, assault, and sexual assault.

Serious property: Burglary, arson, larceny-theft, and motor vehicle theft.

Other property: Vandalism, forgery, counterfeiting, fraud, stolen property, and unauthorized vehicle use.

Drug offenses and miscellaneous: Alcohol offenses, drug related offenses, public order offenses, probation or parole violations, and other delinquent offenses.

Status: Offenses not considered crimes if committed by adults.

Nonoffenders: Dependency, neglect, abuse, emotional disturbance, retardation, and other.

Source: 1983–1991 Census of Public and Private Juvenile Detention, Correctional, and Shelter Facilities.

Convicted felon populations: Sex, race, and age

In 1992 men comprised nearly 50% of the adult U.S. population but 87% of persons convicted of a felony and 93% of persons convicted of a violent felony (table 5). Whites were 86% of the adult U.S. population but 52% of persons convicted of a felony and 48% of the persons convicted of a violent felony. Corresponding figures for blacks were 11% of the adult U.S. population but 47% of convicted felons and 50% of felons convicted of a

Table 5. Demographic characteristics of persons convicted of felonies by State courts, 1992

Most serious conviction offense	Percent of convicted felons													
		Sex		Race			Age at sentencing							
	Total	Male	Female	White	Black	Other	13-19	20-29	30-39	40-49	50-59	60-	Mean	Median
All offenses	100%	87%	13%	52%	47%	1%	9%	46%	31%	10%	3%	1%	30	28
Violent offenses	100%	93%	7%	48%	50%	2%	13%	46%	27%	9%	3%	2%	29	27
Murder[a]	100	90	10	41	58	1	16	46	23	9	3	1	28	25
Rape	100	98	2	66	30	4	6	38	33	13	6	4	33	31
Robbery	100	94	6	34	65	1	18	53	23	5	1	–	26	25
Aggravated assault	100	90	10	50	48	2	10	45	29	10	4	2	30	28
Other violent[b]	100	93	7	72	27	1	7	37	32	15	5	4	33	31
Property offenses	100%	83%	17%	58%	41%	1%	11%	48%	29%	9%	2%	1%	29	27
Burglary	100	95	5	60	39	1	14	52	26	7	1	–	27	25
Larceny[c]	100	81	19	57	42	1	12	46	29	10	2	1	29	27
Fraud[d]	100	62	38	57	42	1	4	45	35	12	3	1	31	30
Drug offenses	100%	85%	15%	44%	55%	1%	7%	48%	34%	10%	2%	1%	30	29
Possession	100	83	17	44	55	1	7	42	37	12	2	–	31	30
Trafficking	100	86	14	44	55	1	7	49	33	8	2	–	30	28
Weapons offenses	100%	96%	4%	39%	60%	1%	13%	49%	25%	10%	2%	1%	29	27
Other offenses[e]	100%	90%	10%	64%	34%	2%	7%	41%	34%	13%	4%	1%	31	30

Note: Data on sex were available for 781,581 cases; on race, 550,405; and on age, 712,679.
–Less than 0.5%.
[a]Includes nonnegligent manslaughter.
[b]Includes offenses such as negligent manslaughter, sexual assault, and kidnaping.
[c]Includes motor vehicle theft.
[d]Includes forgery and embezzlement.
[e]Composed of nonviolent offenses such as receiving stolen property and vandalism.

Felony convictions and sentences relative to the numbers of arrests, 1992

Using data from the NJRP and the FBI's Uniform Crime Reports (UCR) on offenses and arrests, the number of felony convictions in 1992 was compared with the number of crimes reported to police for offenses likely to be felonies and the number of arrests made for these crimes in 1992. These numbers are aggregates and should not be interpreted as representing the disposition of individual cases tracked across processing stages of the criminal justice system. In fact, a person arrested for a specific offense may be convicted of a different crime. Nevertheless, the comparisons illustrate the approximate odds of conviction and a prison sentence, given an arrest for a felony.

For example, the FBI reports that in 1992 about 19,246 adults were arrested for murder (including nonnegligent manslaughter). NJRP data show that 12,548 persons were convicted of murder and 11,670 murderers received a prison sentence. Together the data show that for every 100 persons arrested for murder in the United States in 1992, 65 were convicted of murder, and 61 were sentenced to prison for that offense. Corresponding figures for drug traffickers were 55 convictions and 26 prison sentences for every 100 arrests for drug trafficking.

Offense	Uniform Crime Reports: Number of crimes reported to police	Uniform Crime Reports: Number of adults arrested	Number of felony convictions	Number of felony sentences: Incarceration	Number of felony sentences: Prison	For 100 arrests: Number of felony convictions	For 100 arrests: Number of felony sentences: Incarceration	For 100 arrests: Number of felony sentences: Prison
Murder[a]	23,760	19,246	12,548	12,172	11,670	65	63	61
Rape	109,060	32,805	21,655	18,840	14,725	66	57	45
Robbery	872,480	127,729	51,878	45,653	38,390	41	36	30
Aggravated assault	1,126,970	432,650	58,959	42,458	25,946	14	10	6
Burglary	2,979,900	279,416	114,630	85,973	59,608	41	31	21
Motor vehicle theft	1,610,800	110,063	18,332	14,112	7,926	16	13	7
Drug trafficking	...	311,005	170,806	128,105	81,987	55	41	26

Note: The offenses selected have the greatest comparability across reporting series. A majority, but not all of the presented offenses, are felonies. The offense designations in convictions and sentences came from the most serious offense.
...Data not available.
[a]Includes nonnegligent manslaughter.

Source: *Crime in the United States, 1992* (FBI, 1993) provided data on reported crime and arrests.

The 1989 Survey of Inmates in Local Jails

The 1989 Survey of Inmates in Local Jails included interviews with a nationally representative sample of 5,675 jail inmates in 424 jails across the Nation. Interviews were conducted for BJS by the U.S. Bureau of the Census in July, August, and September 1989. Inmates responded to questions about their current detention status, current and previous offenses, prior drug and alcohol use, and various personal, social, and family characteristics. (See *Methodology* for further information.)

Inmates in jail with drug charges

The percentage of jail inmates charged with drug offenses more than doubled between 1983 and 1989 (table 1). The proportion of inmates in jail with drug charges as their most serious offense increased from 9% in 1983 to 23% in 1989. When multiple charges against each inmate were considered, the percentage of inmates with at least one drug charge rose from 11% in 1983 to 26% in 1989. This growth occurred as the total number of inmates held in local jails increased by 77%. The number of inmates with a drug charge as their most serious offense rose from 20,479 in 1983 to 87,551 in 1989, a 328% increase. Over the same period, the number of persons held for all other offenses rose from 199,094 to 292,649, a 47% increase.

Table 1. Jail inmates charged with drug offenses, 1989 and 1983

Status and drug offenses of jail inmates	Percent of jail inmates 1989	1983
Drugs, most serious charge		
Total	23.0%	9.3%
Convicted	22.5	10.0
Unconvicted	23.6	8.3
Drugs, any charge		
Total	25.8%	11.0%
Convicted	25.5	11.4
Unconvicted	26.1	10.3
Number of jail inmates	380,160	219,573

Note: Excludes an estimated 15,394 inmates in 1989 and 3,979 inmates in 1983 because their offense was unknown.

Characteristics of inmates charged with drug offenses

Among inmates held for drug charges, the percentage of women increased from an estimated 9% in 1983 to almost 14% in 1989 (table 2). In 1989 an estimated 13,426 women were charged with drug offenses, an almost sixfold increase from the 2,243 reported in 1983. In 1989, about 1 in 3 women and 1 in 5 men in local jails were held for drug charges.

The increase in the number of women in local jails for drug charges is reflected in the statistics on arrests for drug violations. Women accounted for less than 14% of adult arrests for drug offenses in 1983 but nearly 17% of the arrests in 1989. Over the same period, the number of arrests of women for drug violations increased at a rate exceeding that for men:

Adult arrests for drug violations*	1983	1989	Percent change
Total	583,500	1,247,800	114%
Female	79,800	208,300	161
Male	503,600	1,039,500	106

*The number of adult drug arrests was estimated by applying the sex and age distributions from reported arrests to the total estimated number of arrests. Adults are defined as persons age 18 or older.

The racial and ethnic composition of the jail population held on drug charges also changed significantly from 1983 to 1989. Hispanic inmates, who could be of any race, were 20% of those charged with drug offenses in 1983 but 25% in 1989. The percentage of black, non-Hispanic inmates increased from 35% of persons in jail for drugs to 48%, while the percentage of white, non-Hispanic inmates decreased

Table 2. Demographic characteristics of jail inmates, by type of offense, 1989 and 1983

Demographic characteristic	Percent of jail inmates charged with: Any drug offense 1989	1983	A nondrug offense 1989	1983
Sex				
Male	86.3%	90.7%	92.1%	93.3%
Female	13.7	9.3	7.9	6.7
Race and Hispanic origin				
White non-Hispanic	25.5%	43.7%	43.3%	46.8%
Black non-Hispanic	48.3	34.6	39.6	37.0
Hispanic	24.7	19.8	14.6	13.6
Other*	1.6	1.9	2.6	1.6
Age				
17 or younger	.7%	.2%	1.8%	1.5%
18-24	33.6	32.0	32.4	41.4
25-29	25.4	30.2	23.0	22.3
30-34	19.9	19.6	19.0	15.0
35-44	15.9	14.0	17.0	12.2
45-54	3.3	3.0	5.0	5.0
55 or older	1.2	.9	1.8	2.6
Median age	28 yrs.	27 yrs.	28 yrs.	26 yrs.
Education				
8th grade or less	15.2%	14.8%	15.7%	18.0%
Some high school	39.0	36.7	38.3	42.1
High school graduate	32.7	33.3	33.2	28.5
Some college or more	13.0	15.2	12.8	11.4
Number of jail inmates	97,999	24,118	282,161	219,573

Note: Excludes an estimated 15,394 inmates in 1989 and 3,979 in 1983 because their offense was unknown. In 1989 data were missing on education for 0.5% of cases. In 1983 data were missing on race and Hispanic origin for 0.2% of cases and on education for 1.1% of cases.
*Includes Asians, Pacific Islanders, American Indians, Aleuts, Eskimos, and other racial groups.

Source: U.S. Department of Justice, Bureau of Justice Statistics, Drugs and Jail Inmates, 1989, 1991.

The use of drugs other than cocaine or crack declined from 1983 to 1989. In the latter year, lower percentages of inmates reported the use of heroin, LSD, PCP, methadone taken outside a treatment program, marijuana, amphetamines, barbiturates, and methaqualone. Only the reported use of amphetamines and barbiturates taken together, often referred to as "uppers and downers" or "T's and blues," remained the same between 1983 and 1989.

Characteristics of drug users

Among convicted offenders in local jails in 1989, female inmates were more likely than male inmates to report that they had used a drug during the month preceding their offense (table 7). Fifty-five percent of all convicted women and 43% of the men had used a drug in the month before their offense; 44% of the convicted women and 26% of the men had used a major drug (heroin, cocaine or crack, LSD, PCP, or methadone); and 32% of the convicted women, compared to 16% of the men, had used a major drug daily.

Hispanic and black, non-Hispanic inmates awaiting or serving sentences were more likely to have used major drugs in the month before the offense than white, non-Hispanic inmates. More than 30% of the convicted Hispanic and black, non-Hispanic inmates had used a major drug in the month before their offense, compared to 23% of non-Hispanic whites. About 20% of convicted Hispanics and black, non-Hispanic inmates and 15% of the white non-Hispanics had been daily users of a major drug. Convicted and unconvicted inmates of different racial and ethnic groups reported similar lifetime experience with drugs, over 71% having used drugs and over 53% having used a major drug.

Nearly 50% of convicted jail inmates between age 18 and 34 had used drugs in the month before their current offense; about 30% had used a major drug during that month; and slightly less than 20% had been daily users. The proportion of inmates who had used any drug or a major drug at any time or in the month before their offense was lower for those older than 44.

The reported drug use of inmates with different educational backgrounds had no consistent pattern. Those inmates with less than a ninth grade education were less likely than other inmates to have used any drug (66%, compared to about 80%) or a major drug (44%, compared to about 58%). Among convicted inmates, however, similar percentages of the least educated and of those with other educational backgrounds reported drug use at any time in the month or daily in the month before their offense. Regardless of the level of education, nearly 17% of convicted jail inmates had used a major drug daily in the month before their current offense.

Table 7. Drug use history of jail inmates, by selected demographic characteristics, 1989

Characteristic	Number of jail inmates	Percent of jail inmates who had ever used: Any drug	Percent of jail inmates who had ever used: A major drug	Number of convicted jail inmates	Percent of convicted jail inmates who had used: Drugs in the month before the offense: Any drug	Drugs in the month before the offense: Major drug	Drugs daily in the month before the offense: Any drug	Drugs daily in the month before the offense: Major drug
Sex								
Male	357,515	77.3%	54.1%	186,620	42.7%	25.9%	28.6%	15.7%
Female	37,293	82.0	67.9	21,782	55.1	43.9	40.1	31.8
Race and Hispanic origin								
White non-Hispanic	152,170	81.4%	57.9%	92,738	43.6%	23.3%	31.4%	14.7%
Black non-Hispanic	164,941	76.6	52.7	81,236	44.8	30.2	28.9	19.1
Hispanic	68,762	71.6	55.7	38,168	44.0	34.4	27.8	20.0
Other[a]	9,035	79.9	60.0	6,250	36.9	19.2	26.2	15.1
Age								
17 or younger	5,625	68.5%	39.0%	3,428	37.5%	11.3%	21.2%	3.3%
18-24	128,816	80.2	53.2	67,422	48.7	28.4	32.7	16.1
25-29	93,646	83.6	61.3	54,266	48.0	30.3	31.5	18.8
30-34	75,772	81.7	62.3	41,743	48.0	32.1	35.1	20.9
35-44	66,146	74.4	57.0	37,265	37.3	26.4	24.5	18.4
45-54	18,037	46.4	25.2	10,929	16.6	11.0	11.4	9.1
55 or older	6,566	22.6	14.3	4,350	6.7	4.9	4.2	0.4
Education[b]								
8th grade or less	61,460	66.1%	44.3%	34,735	37.2%	25.4%	27.5%	15.7%
Some high school	149,921	82.2	58.1	82,727	46.2	30.2	31.0	18.0
High school graduate	129,628	79.4	58.3	69,715	46.1	27.0	31.7	16.9
Any college	51,229	76.6	55.3	29,839	36.6	25.6	25.0	17.6

Note: Major drug includes heroin, crack, cocaine, PCP, LSD, and methadone. Any drug includes the major drugs, marijuana or hashish, amphetamines, barbiturates, and methaqualone. Data were missing on drug use for 0.2% of cases and on education for 0.5% of cases.
[a]Includes Asians, Pacific Islanders, American Indians, Aleuts, Eskimos, and other racial groups.
[b]Education is categorized by the last completed year.

Source: U.S. Department of justice, Bureau of Justice Statistics, Drugs and Jail Inmates, 1989, 1991.

The State prison population increased 58% in 5 years but remained mostly male, minority, and young

In June 1991 State prisons held more than 711,000 inmates. In the 5 years from 1986 to 1991, the number of prisoners grew by over 58%.

Prison population

	1991	1986
Facilities	1,239	903
Inmates	711,643	450,416

Women were 5% of the inmates in 1991, up from 4% in 1986.

Sex

	1991	1986
Male	95%	96%
Female	5	4

Sixty-five percent of prison inmates belonged to racial or ethnic minorities in 1991, up from 60% in 1986.

Race or Hispanic origin

	1991	1986
White*	35%	40%
Black*	46	45
Other*	2	3
Hispanic	17	13

*Non-Hispanic inmates

Sixty-eight percent of inmates were under age 35 in 1991, down from 73% in 1986.

Age

	1991	1986
17 or younger	1%	1%
18-24	21	27
25-34	46	46
35-44	23	19
45-54	7	5
55-64	2	2
65 or older	1	1

Marital status of prison inmates remained the same from 1986 to 1991; about a fifth were married and over half had never married.

Marital status

	1991	1986
Married	18%	20%
Widowed	2	2
Divorced	19	16
Separated	6	6
Never married	55	54

About 34% of inmates in 1991 and 29% in 1986 had completed high school. Among dropouts in the 1991 survey, 37% — about a quarter of all prisoners — had gotten a general equivalency degree (GED). Altogether, 59% of inmates had a high school diploma or its equivalent.

Education

	1991	1986
8th grade or less	19%	21%
Some high school	46	51
High school graduate	22	18
Some college or more	12	11

Two-thirds of inmates were employed during the month before they were arrested for their current offense; over half were employed full time.

Work before arrest

	1991	1986
Employed	67%	69%
Full time	55	57
Part time	12	12
Not employed	33%	31%
Looking for work	16	18
Not looking	16	13

Before their admission to prison, an estimated 38% of women and 13% of men were receiving support from Social Security, welfare, or charity.

Income

Annual income, for inmates free at least a year	1991	1986
No income	3%	2%
Less than $3,000	19	25
$3,000-$4,999	10	12
$5,000-$9,999	21	22
$10,000-$14,999	17	16
$15,000-$24,999	16	13
$25,000 or more	15	11

The percentage of veterans among prison inmates declined from 20% in 1986 to 16% in 1991.

Veteran status

	1991	1986
Veterans	16%	20%
Vietnam era	3	5
Other	14	15
Nonveterans	84%	80%

Table 2-B

Lifetime Prevalence of Drug Use

Inhalants	18.5%
Stimulants (other than cocaine or "crack")	17.5
Hallucinogens	9.7
Cocaine (not including "crack")	9.4
Opiates (other than heroin)	8.3
Sedatives	7.5
Tranquilizers	7.2
"Crack"	3.5
PCP	2.8
Heroin	1.3

The statistics generated by the *High School Survey* provide some reason for optimism that the epidemic of adolescent drug use is waning. However, for those concerned about youth in the juvenile justice system, there is reason for continuing concern. These surveys do not provide an accurate reflection of many of the youth served by the juvenile justice system, as they do not measure drug and alcohol use among those who are not attending school. Dropouts constitute an estimated 15 to 20 percent of youth the age of high school seniors, and these youth tend to be at high risk for substance use and delinquency (Schinke, Botvin, & Orlandi, 1991). Thus, it is necessary to examine additional statistics to find out the extent of drug use among juveniles.

The Drug Use Forecasting Study is an ongoing project to determine the extent of drug use among criminal offenders - both adults and juveniles. Male juvenile arrestees/detainees in eleven cities across the United States are asked to submit voluntarily to urinalysis and an interview; they are assured of anonymity of their responses. Table 2-C summarizes the data from the 1990 Annual Report (National Institute of Justice, 1991).

Unfortunately, comparable information is not available on female adolescents in these same cities. However, studies of adult female arrestees have shown a higher incidence of drug use, in some cases, than male arrestees. (See Chapter 4 for additional discussion of this issue.)

The data in Table 2-C indicate that the amount of drug involvement by youth in the juvenile justice system is substantial. An earlier report, Survey of Youth in Custody, 1987 (Beck, Kline, & Greenfeld, 1988), found similar results. Marijuana, cocaine and amphetamines were the drugs most commonly used by youth. More than 39 percent of youth under age 18 were under the influence of drugs at the time of their current offense, and more than 57 percent reported using a drug in the previous month. This study also found that the largest percentage of juveniles (33.5%) began using drugs between the ages of 12 and 13.

Another study that underscores the concern about drug-involved youth in the juvenile justice system was conducted in a juvenile detention center in Florida (Dembo, Williams, Wish, & Schmeidler, 1990). Both urinalysis and interviews were conducted with 399 male and female detainees who were assured of confidentiality of individual results. Forty-seven percent tested positive for drugs as follows:

Marijuana	37%
Cocaine	10%
Combination (2 or more drugs - included in above categories)	7%

This study concluded that juvenile offenders who use illicit drugs tend to have higher crime rates. The authors believe that reducing drug dependence must be a priority. Successful interventions must address emotional and behavioral problems and will require a broad range of treatment approaches, including social, educational and vocational skills training.

Finally, a study that examined juvenile courts' handling of drug and alcohol cases showed an increase of nearly twelve percent in drug cases and eight percent in alcohol cases between 1985 and 1988. In addition, drug cases, during the latter part of this period, were more likely to be handled formally and to result in youth being placed in detention. This has resulted in larger caseloads and has placed a greater strain on juvenile court resources. This study also found an increasing disparity between white and nonwhite case rates. Drug cases involving white youth decreased 15 percent, but the rate for nonwhites increased 88 percent during the period of this research (Sickmund, 1991).

PATTERNS OF DRUG INVOLVEMENT

Some youth can limit their use of drugs and alcohol, but drug involvement for many is a progressive process. Youth are motivated to begin using drugs and alcohol for many reasons. However, adolescents do not anticipate progression of substance use to a problem stage when they initiate use. Typically, they consider themselves invulnerable to negative consequences and feel they can use drugs and alcohol without negative effects.

There are many models representing the stages of drug involvement. The following Tables aggregate the elements of several models into four basic stages of drug involvement providing a convenient and practical framework for conceptualizing the progression of drug use (Beschner, 1986; Jaynes & Rugg, 1988; Macdonald, 1989; Nowinski, 1990).

Juvenile justice professionals need to be aware of the indicators of drug use and progression from one stage to the next. Behavioral indicators may alert adults to the need to assess drug involvement with a particular youth.

RISK FACTORS AND CORRELATES FOR ADOLESCENT SUBSTANCE ABUSE AND DELINQUENCY

Youth who become involved in delinquent behaviors and the use of drugs and alcohol come from all social strata, both large and small communities, and healthy as well as dysfunctional families. They may be gifted or limited in intellectual abilities, have few or many talents, and vary markedly in personality. There is no easy predictor of delinquency or substance abuse.

Indeed, research indicates that a complex array of cognitive, psychological, attitudinal, social, personality, pharmacological, and developmental factors foster initiation of adolescent drug use (Schinke, Botvin & Orlandi, 1991). Some of the characteristics that are typical of adolescent development appear to increase the chances that some youth will at least begin the process of experimenting and taking risks with drugs, alcohol and illegal behaviors. As presented in Chapter 1, young people are establishing their identity and independence. As a part of this process, they need to explore different behaviors and values. Experimentation and opposition to adult norms and values, within limits, is typical adolescent behavior. For some youth, however, these behaviors plunge them into a world of activities that can become very dangerous. The pleasure, thrill, or excitement may be so stimulating that they continue to seek it. For some, the acts of rebellion against parents or society are particularly satisfying. Others acquiesce to peer influences from youth who offer friendship and acceptance to those who will engage in similar activities.

Young people often feel invincible and invulnerable. They have difficulty understanding that they are not exceptions to the rules of drug use and delinquency. There is a tendency for youth to believe

Table 2-D

STAGE 1

EXPERIMENTAL AND SOCIAL USE OF DRUGS AND ALCOHOL

Frequency of use:	Occasional; perhaps a few times monthly. Usually on weekends when at parties or with friends. May use when alone.
Sources of drugs/ alcohol:	Friends/peers primarily. May use parents' alcohol.
Reasons for use:	To satisfy curiosity; acquiescence to peer pressure; for social acceptance; to defy parental limits; to take a risk or seek a thrill; to appear grown up; to relieve boredom; for the pleasurable feelings produced; and to diminish inhibitions in social situations.
Effects:	At this stage youth will experience euphoria and return to a normal state after using. A small amount may cause intoxication. Feelings sought include: • fun, excitement; • thrill; • belonging; and • control.
Behavioral indicators:	Little noticeable change; some may lie about use or whereabouts; some may experience moderate hangovers; occasionally, adults may find evidence of use, such as a beer can or marijuana joint.

Table 2-E

STAGE 2	
PURPOSEFUL MISUSE	
Frequency of use:	Regular; may use several times per week. May begin using during the day.
Sources:	Friends; begins buying enough to be prepared.
Reasons for use:	To manipulate emotions; to experience the pleasure the substances produce; to cope with stress and uncomfortable feelings such as pain, guilt, anxiety and sadness; and to overcome feelings of inadequacy.
Effects:	Euphoria is the desired feeling, and youth will return to a normal state following use. Intoxication begins to occur regularly, however. Feelings sought include: • pleasure; • relief from negative feelings such as boredom, and anxiety; and • stress reduction. May begin to feel some guilt, fear and shame.
Behavioral indicators:	School performance may decline; school attendance problems may begin; mood swings; lying and conning; may have both straight and drug-using friends; decrease in extra-curricular activities; appearance (clothing, grooming) may change; conflict with parents and/or siblings may be exacerbated; and behavior may be more rebellious.

Table 2-F

STAGE 3

HABITUAL USE: DAILY PREOCCUPATION

Frequency of use:	Uses almost daily; may be using alone rather than with friends.
Sources:	May sell drugs to keep a supply for personal use. May begin stealing to have money to buy drugs/alcohol.
Reasons for use:	Youth who progress to this stage of drug/alcohol involvement experience depression or other uncomfortable feelings when not using. Substances are used to stay high or at least maintain normal feelings.
Effects:	Users experience euphoria, but after effects subside will experience pain, depression and general discomfort. May have suicidal ideations/attempts. Tries to control use, but is unsuccessful. Feels shame and guilt. More of a substance is needed to produce the same effect.
Behavioral indicators:	Poor school performance and attendance; change in friendships - no longer has straight friends; stealing; drug culture appearance e.g., clothing, hairstyles, jewelry; poor family relationships; lying and conning to cover use; all interest is focused on procuring and using drugs/alcohol; and changes in personality.

Table 2-G

STAGE 4

DEPENDENCY/ADDICTION

Frequency of use:	Daily use; continuous
Sources:	Will use any means necessary to obtain and secure needed drugs/alcohol. Will take serious risks; often engages in criminal behavior such as shoplifting and burglary.
Reasons for use:	Drugs/alcohol are needed to avoid pain and depression. Many wish to escape the realities of daily living. Use is out of control.
Effects:	The youth's normal state is pain or discomfort; drugs/alcohol help them feel normal; when the effects wear off, they again feel pain. They are unlikely to experience euphoria at this stage. May experience suicidal thoughts or attempts. Often feels guilt, shame and remorse. May experience blackouts. May experience changing emotions, such as depression, aggression, irritation and apathy.
Behavioral indicators:	Physical deterioration includes weight loss, health problems; appearance is poor; may experience memory loss, flashbacks, paranoia, volatile mood swings, and other mental problems; likely to drop out of school or be expelled; may run away from home; possible overdoses; and lack of concern about being caught - focused only on procuring and using drugs/alcohol.

that they can somehow engage in certain behaviors but escape their negative consequences. Because of their limited future time perspective they tend to see themselves as always being as they now are: young, strong, and in control. Many cannot believe the negative impact of drug and alcohol use will affect them, even if they are acquainted with others in such distress.

While there are no absolute methods to forecast drug and alcohol use, or involvement in delinquent behaviors, research has shown that certain factors correlate more strongly with these problems. A given youth may experience several of these problems and not become involved in delinquency or substance abuse. However, among youth with histories of drug and alcohol involvement and delinquent behavior, these factors are proportionately more prevalent. A combination of several of these factors is a stronger indicator of the possibility of such behavior (Hawkins, Lishner, Jenson, & Catalano, 1987).

Family Factors

- Parent and sibling drug use and criminal behavior. Children whose parents or siblings engage in crime are at increased risk of delinquency. Parental and sibling alcoholism and use of illicit drugs also increase the risk of alcoholism and drug abuse in offspring. Attitudes and early drinking behaviors appear to be shaped more by parents and relatives than by peers (Hawkins et al., 1987; Knott, 1986). A recent study of adult probationers found that 70 percent of respondents from chemically dependent homes scored positive on the addiction scale used in the research, while only 33 percent of those from non-chemically dependent homes did so. The adult probationers from chemically dependent homes also reported being arrested 26 percent more as juveniles than those from non-chemically dependent homes (McGaha, 1991).

- Poor and inconsistent family practices. Children from families with lax supervision, excessively severe, or inconsistent disciplinary practices, and low communication and involvement between parents and children are at high risk for later delinquency and drug use (Hawkins, et al., 1987). Lack of acceptance, closeness, warmth, and praise for good behavior also are family characteristics associated with adolescent substance abuse (Jaynes & Rugg, 1988).

- Family conflict. Children raised in families with high rates of conflict appear at risk for both delinquency and illicit drug use. It is the conflict, rather than the actual family structure (e.g., "broken home" or single parent family) that predicts delinquency and drug use (Hawkins et al., 1987).

- Family social and economic deprivation. Social isolation, poverty, poor living conditions, and low-status occupations are circumstances that appear to elevate the risk of delinquency and drug use (Hawkins et al., 1987).

School-Related Factors

- School failure. School failure is a predictor of delinquency and drug use. Low achievement, low vocabulary and poor verbal reasoning by late elementary school predict later delinquency. Truancy, placement in special classes, and early dropout from school are likely causal factors for drug abuse (Hawkins et al., 1987).

- Low degree of commitment to education and attachment to school. This factor is sometimes called school bonding. Delinquent youth tend not to have a commitment to educational pursuits, are less likely to participate in school activities, are unlikely to have an achievement orientation and

to express educational aspirations, and care less about teachers' opinions. Low commitment to school also is related to drug use. Drug users are more likely to be absent from school, to cut classes, and to perform poorly than nonusers. Dropouts tend to have patterns of greater drug use (Hawkins et al., 1987).

Behavioral and Attitudinal Factors

- **Early antisocial behavior.** Conduct problems in early elementary grades have been associated with continued delinquency and use of drugs in adolescence. Early delinquent behavior appears to predict early initiation of the use of illicit drugs; and early initiation of drug use increases the risk for regular use and the probability of involvement in crime (Hawkins et al., 1987).

- **Attitudes and beliefs.** Alienation from the dominant values of society, low religiosity, and rebelliousness are related to drug use and delinquent behavior. Adolescents who are problem drinkers tend to value independence and autonomy, be more tolerant of deviance, and place more importance on the positive than on the negative functions of drinking. They also tend to have lower expectations of achievement. Individuals with positive attitudes toward drug use are more likely to become substance users. Perceiving substance use as normal and widespread behavior is correlated with engaging in substance use. The initiation into use of any substance is preceded by values favorable to its use (Hawkins et al, 1987; Knott, 1986; Schinke, Botvin, & Orlandi, 1991).

Environmental Factors

- **Neighborhood attachment and community disorganization.** High population density, high neighborhood crime rates, and lack of informal social controls are predictors of increased delinquency. Disorganized communities have less ability to limit drug use among adolescents (Hawkins et al., 1987).

- **Peer factors.** Association with delinquent peers is one of the strongest correlatives of delinquency. Similarly, drug behavior and drug-related attitudes of peers are among the most potent predictors of drug involvement. Adolescents tend to increase use of drugs due to the influence of friends, and they also tend to choose friends who reinforce their own drug norms and behaviors (Hawkins et al., 1987). Adolescents who are problem drinkers usually do not feel their peer group and their parents are compatible; are more easily influenced by peers than by parents; and feel more pressure from peers for drinking and drug use (Knott, 1986).

- **Mobility.** Transitions (such as from elementary to middle school and from junior high to senior high school) and residential mobility are predictors of delinquency. Residential mobility also is associated with high rates of drug initiation and frequency of use (Hawkins, et al, 1987).

Constitutional and Personality Factors

- **Constitutional factors.** These factors are often present from birth or early childhood and are thought to have neurological or physiological origins. Attention and cognitive deficits, such as low verbal ability and poor language and problem-solving skills have been associated with delinquent behavior. There also is evidence of a constitutional predisposition toward alcoholism, suggesting that genetic factors may play a role in this area (Hawkins et al., 1987).

- **Personality factors.** Alienation, low motivation, sensation-seeking, willingness to take risks, and

need for stimulation are associated with drug and alcohol use. Some studies have found a relationship between sensation-seeking and delinquency; however, other research has not substantiated these findings (Hawkins et al., 1987). Other characteristics associated with substance use include low self-esteem and self-confidence, need for social approval, high anxiety, low assertiveness, rebelliousness, low personal control and low self-efficacy (Schinke, Botvin, & Orlandi, 1991).

Physical and Sexual Abuse

- This area of investigation is relatively recent. However, some studies have found a high correlation between physical and/or sexual abuse and drug use and/or other deviant behavior. It is postulated that child maltreatment leads adolescents to become disengaged from conventional norms and behaviors and to initiate patterns of deviant behaviors (Deutsch et al., 1988). There also appears to be a high correlation between parental abuse of drugs and alcohol and abuse and neglect of their children. These emotional wounds, in turn, increase the likelihood that youth will use substances to compensate for unmet emotional needs (Nowinski, 1990).

A better understanding of the causes of juvenile delinquency and substance abuse will require continuing research. However, juvenile justice professionals can use the knowledge currently available to guide them in assessing youth at risk of delinquent behavior and substance abuse. There is also the possibility that they can contribute to future research efforts in this area by careful documentation of cases. Information that is recorded during intervention may be more accurate than reflections by workers or youth later.

THE CONSEQUENCES OF ADOLESCENT DRUG USE AND DELINQUENCY

The Association Between Delinquent Behavior and Drug Use

Approximately 11 percent of the youth in custody in 1989 were charged with alcohol or drug offenses, such as sale, possession, and manufacture of illegal substances. Forty-nine percent of these youth were held in 1989 for distribution of drugs. This represented a substantial increase from the number of youth held for such offenses in 1987 (Allen-Hagen, 1991).

Delinquent behaviors that are common to only 11 percent of the population of youth in custody may seem of less significance on the surface. However, this figure underestimates the effects of drug use in several ways. Many youth who use drugs and engage in delinquent behavior are not apprehended. Self-reports of adolescent delinquency and drug use are usually much higher than actual statistics. The statistics just cited include only youth in custody in the juvenile justice system; those on probation, diverted from the system, or otherwise not in custodial care are not included. It is increasingly recognized that adolescent substance abusers need treatment services, and many jurisdictions attempt to obtain such services instead of placing youth in correctional facilities. While these youth may have been arrested for a drug-related offense, they may be diverted for treatment services.

Data already discussed show that the rate of substance use among youth entering the juvenile justice system is much higher than the 11 percent who are charged with drug or alcohol offenses. In the 1987 report of youth in custody (Beck, Kline & Greenfeld, 1988), more than 39 percent of youth under 18 years of age reported they were under the influence of drugs at the time they committed the offense for which they were currently charged. In a Florida Detention center,

47 percent of youth tested positive for drugs (Dembo et al., 1988). The Drug Use Forecasting study found that between 10 and 31 percent of youth had positive urinalysis results at the time of arrest (National Institute of Justice, 1991). These statistics underscore the fact that many youth may be affected by drugs at the time they commit crimes. Delinquent behavior and drug use often coincide (Hawkins et al., 1987).

Questions have been raised about the precipitating factors of drug use and delinquency: Does drug use cause delinquent behavior or does delinquency result in increased drug use? While there are research findings that support either theory (drug use causes delinquency or delinquency causes drug use), the majority of evidence suggests that neither may be true, but both problems have common causal factors as discussed in the previous section of this chapter. Studies indicate that delinquent behavior often precedes drug use chronologically. It is common for delinquent behavior to peak between ages 15 and 17; concomitantly drug use increases through the teens and often peaks in the early twenties. Those who engage in and continue both behaviors comprise a small proportion of the juvenile and adult criminal justice system; however, they commit a disproportionately large number of crimes (Hawkins et al. 1987).

Drug use is associated with both income-generating crimes and violent crimes. As youth progress to more serious drug involvement, the source of their supply of drugs and alcohol changes. They gradually need more drugs to maintain their level of comfort, and they are less likely to receive them from friends and family members. Therefore, many resort to stealing, shoplifting, burglary, prostitution and other crimes that produce income with which to purchase drugs.

Other youth may commit crimes because of the effects of drugs. Some will experience impaired judgment and may attempt to drive automobiles while under the influence of drugs or alcohol. Other risky behaviors are also associated with drug use, including risky sexual activity. Various substances have different physiological effects (see Chapter 3). Some will result in youth becoming more disorderly or violent. Examples of drug categories that can result in disorderly, aggressive or violent behaviors include: CNS depressants; CNS stimulants; inhalants; hallucinogens; and PCP.

The Effects of Drug Use and Delinquency for Individual Youth

Substance abuse profoundly affects adolescent development. When youth become chemically dependent, the developmental process usually slows markedly and may stop completely for many. This includes development in all areas, including social, psychological, physical, and cognitive development. One study cited by Nowinski (1990) compared adults and adolescents in treatment for substance abuse. The research found that the adults began abusing substances at an average age of 15, while the average age at which the youth in the study started abusing substances was less than 12 years. There is a vast difference between the development of 11- and 12-year-olds and that of youth who are 15 or 16 years old. With early initiation in substance abuse, many youth never experience important developmental tasks. Professionals often find the development of these youth is much behind that which is expected of their chronological ages (Nowinski, 1990).

Social and Psychological Consequences

Habitual substance abuse interferes with the youth's capacity for making choices and decisions, an important part of adolescent development. Developing self-control is a major task, but substance abuse creates dependency and defeats attempts at control. Youth may loudly protest that they are choosing to use drugs; in reality, however, as involvement with drugs progresses,

they have less and less choice. Substance abuse also affects social interactions and results in alienation from the mainstream adolescent subculture for many youth. They are likely to be stigmatized by peers and become outsiders. Many do not confront some of the developmental tasks of most youth, such as dating and developing appropriate skills, as their lives are totally absorbed with drug use. As a result of substance abuse, some youth will experience psychological consequences including agitation, depression and paranoia (Nowinski, 1990).

Physical and Health Consequences

Physical effects of adolescent substance abuse include accidental injuries, physical illnesses and infections, possible overdoses, and even death. Suicides and homicides follow only injuries as the leading causes of death for adolescents. Many suicides and homicides, as well as accidental injuries are directly or indirectly related to drug involvement. For example, more than half of traffic fatalities for teenagers (ages 16-20) in 1990 involved alcohol (Did you know. . ., 1992).

As the pursuit of drugs becomes the focal point for youth, many experience malnutrition because of appetite changes or their inability to afford nourishing food because of the expense of their drug habit. Depending on the type of drug(s) being abused, youth may experience damage to various systems and organs of the body, including the cardiovascular, respiratory, and endocrine and reproductive systems and to the brain, liver, kidneys and other organs. Effects on the brain may include hallucinations, psychotic episodes, changes in sleep patterns, and changes in concentration abilities and short-term memory (Schonberg & Schnoll, 1986; Macdonald, 1989).

Drug use is a factor in AIDS and other sexually transmitted diseases. Youth may become infected with the Human Immunodeficiency Virus (the causative agent of AIDS) through sexual activity or blood contact with an infected person. Blood contact most often occurs through shared use of intravenous drug needles and paraphernalia. Small amounts of infected blood may remain on these instruments after they are used to administer drugs. If they are not thoroughly cleaned before being used again, the virus can be transmitted to uninfected individuals. An infected person also can infect another through the exchange of body fluids during sexual activity. Drug use increases the risk of this happening if inhibitions are lowered and judgments are clouded resulting in the failure of youth to abstain or use precautions they might otherwise have used.

Adolescent pregnancies also may result from unprotected sexual activity while youth are drug-involved. Youthfulness and poor health conditions are likely to result in complications for adolescent mothers during pregnancy and delivery. Exposure to alcohol and other drugs *in utero* also may result in spontaneous abortions, stillbirths, premature deliveries, congenital malformations, low birth weights, addiction withdrawal, and health and developmental problems for the infant. These children also often experience later behavioral, emotional and learning problems (*NIDA Notes*, 1990).

Cognitive and Academic Consequences

Arrested cognitive development means that many youth remain at the concrete level of cognitive operations. This not only affects academic abilities, but moral and social development as well. Youth may continue to make behavioral choices according to immediate consequences rather than ethical principles. Declining grades, increased absenteeism, and eventually dropping out of school are also consequences for many drug-involved youth (Nowinski, 1990).

Legal Consequences

Legal problems are a reality for drug-involved youth. As discussed earlier, they are subject to arrests for drug-related offenses, such as possession of drugs and driving while intoxicated. Illegal activity is also likely to include income-generating crimes, such as stealing, shoplifting, and breaking and entering. Disorderly conduct, aggressive behaviors and violence may be rooted in the effects of substance abuse and result in legal consequences for youth (Nowinski, 1990).

Environmental and Social Consequences of Drugs and Delinquency

Family

Adolescent substance abuse has a massive impact on families. Many youth who abuse drugs and alcohol are a part of families where one or more members have substance abuse problems. However, despite the history of other family members, the habitual use of drugs or alcohol by an adolescent often precipitates a crisis for the family. An addicted adolescent will become preoccupied with drug or alcohol use; similarly, his or her family is likely to become preoccupied with the adolescent and his or her behavior. When this occurs many other aspects of family life may be jeopardized, including the marriage relationship and other children in the family. The effects on the family are likely to include progressive preoccupation with the "problem youth," struggles for control, and personality and lifestyle changes. Family members may accommodate the drug-involved youth, and in the process, lose control of their own lives. Resentment, guilt, and blame are often experienced by family members. Siblings, as well as parents, are profoundly affected by an addicted adolescent family member (Nowinski, 1990).

Various roles may be taken by family members with a drug-involved youth. Different models use distinct terms for these. However, generally the roles include the following activities (Macdonald, 1989; Nowinski, 1990):

- enabling the youth by protecting him or her from negative consequences and placating others who may be affected;
- compensating for the drug-involved youth by being a model sibling; and
- distracting the family from the problems of the drug-involved youth by drawing attention to another problem.

If not already in disarray, adolescent substance abuse may eventually render the family dysfunctional. Treatment interventions are often necessary to restore parents and siblings to previous levels of functioning. For families with a history of multiple problems, interventions may need to focus on learning appropriate roles and resolving long-standing issues.

Peers

Just as peers are an influential factor in developing drug and alcohol problems in an adolescent, a drug-involved youth has a reciprocal influence on his or her peer group. Adolescents are more likely to seek and accept friendships with other youth who share their values and preferences for drug-related behaviors. They may introduce other youth, and even siblings, to drug-related activities, just as they were once initiated.

School and Community

Drug-involved adolescents are likely to become disengaged from school and community activities. They are unlikely to have time and talents available for making a positive contribution to their environment.

Simultaneously, they may contribute to problems in the school and community that are related to drug behaviors. Issues of community safety and protection are likely to be exacerbated by drug-involved youth who engage in delinquent behaviors to generate income or in disorderly, aggressive and violent behaviors caused by the drugs they have consumed.

Societal Costs of Substance Abuse and Illegal Activities

In addition to the distress of individual youth and their families, delinquent and drug-involved youth present societal concerns, as well. There are both economic costs and social problems that can be attributed to these juveniles.

Economic Costs

In examining the links between drugs and crime, Gropper (1985) lists several economic impacts of crime committed by persons using drugs. These include *non-drug crimes* such as burglary, robbery and theft from which victims suffer an economic loss. *Freeloading* includes the costs to relatives, friends, and the public to support drug-involved persons, including shelter, meals, cash loans, public transfer payments, and evasion of taxes. For most youth, basic support is expected from parents or public welfare. However, if they begin drug use and delinquent behavior at an early age, it may be expected that economic dependence will continue into adult years and their potential earnings and contribution to society will be minimized or lost. *Many youth who are habitual or addicted drug users become involved in drug distribution crimes.* Some youth are involved in drug distribution to receive cash, while others do so to secure an adequate supply of drugs for their own use. These crimes increase costs for law enforcement and place other youth at risk for involvement with drugs. In some cases, youth are injured or killed because of drug distribution crimes. Other economic costs include the expense of providing correctional facilities, courts, treatment, and other services to protect the public and rehabilitate offenders. (See Chapter 9 for additional information on cost issues.)

Social Costs

Among the intangible costs of drug use and delinquency are the suffering caused to victims of crimes and the families and loved ones of the juveniles involved. General fear of crime on the part of the public is also a social burden (Gropper, 1985).

Youth Gangs. Youth gangs that are involved in drug-related crimes appear to be spreading at an alarming rate. Gangs involve youth and young adults from a variety of cultural, ethnic, socioeconomic, and racial groups. It is estimated there are nearly 1,500 youth gangs nationwide, with more than 120,500 members. African American and Hispanic youth comprise about 87 percent of gang membership. The ages of gang members tend to range from about 13 to 24 years; nearly all gang members are male (Gurule, 1991; Spergel & Chance, 1991).

Youth become involved in gangs for a variety of reasons. For some, they fulfill socialization and survival needs for young people in low-income, socially isolated, and transitional areas. Family dysfunction, school problems, lack of employment opportunities and poverty also appear to be contributing causes for joining gangs. Racism, cultural traditions, opportunities for criminal activities and the lack of effective interventions also contribute to gang development (Spergel & Chance, 1991). Some youth turn to gang involvement to meet needs for acceptance, recognition, and belonging. It is not unusual for gangs to be considered "family," providing mutual care and support among members. Youth frequently become involved with gangs because of low self-esteem, a poor sense of identity, and to alleviate boredom (Harper, 1989).

Youth gangs are not a new phenomena; however, they appear to be becoming more violent than ever before. Drug trafficking and other illegal moneymaking activities have become an important focus for these groups of young people. The violence perpetrated has included drive-by shootings, turf battles, and killings of informers. Victims of this violence range from innocent bystanders to other gang members, and sometimes include professionals who are trying to intervene, such as police and teachers. There is speculation about links between youth gangs and organized crime, but further research is needed in this area. Comprehensive approaches that combine social intervention and law enforcement suppression strategies appear to be the most effective in gaining control of gang problems. In addition to intervention techniques, prevention strategies are needed to ameliorate community problems that foster gang development and target youth at risk of gang involvement at an early age (Gurule, 1991; Spergel & Chance, 1991).

Income-generating Crimes and Drug Trafficking. As young people progress to habitual use and addiction, they generally must seek alternative means for financing their drug purchases. For many this involves income-generating crimes, including drug trafficking. It is difficult to determine through official statistics the number of income-generating crimes (e.g., thefts, robberies, burglaries) directly related to drug use. However, as the information given earlier indicates, many youth who are arrested and detained for these crimes are found to have drugs in their systems when they undergo urinalysis. Thus, the likelihood that drug use is a motive for such crimes in many situations is strong.

The selling of drugs has become a big business. It operates on a supply and demand basis with entrepreneurs often making huge profits on drugs that are in greatest demand. Although youth may become involved in drug trafficking independently or cooperatively with a small group of peers, many are involved in working for other persons or organizations including adult employers. In some cases, their only reward is a steady supply of the drugs they need. However, in many instances, they are able to make a monetary profit, as well. There have been some examples of youth carrying large amounts of cash, wearing beepers to be able to serve their customers promptly, and purchasing extravagant items such as expensive cars and clothing. However, the majority of youth involved probably earn much less. Not all youth who participate in drug trafficking are heavy users of illicit substances. They may find that this illegal activity is the only (or most profitable) employment opportunity available to them. Many, on the other hand, will re-invest most of their profits to purchase their own supply of drugs. Fields (1986) found that successful young drug dealers possessed individual autonomy, commitment to the work ethic, and dealing techniques, including entrepreneurial knowledge and skills.

Prostitution. Prostitution is another type of deviant behavior in which drug-involved youth may participate. It is estimated that 125,000 to 200,000 male and female youth become involved in prostitution each year (Haffner, 1987). For some, this area of criminal activity is a way of procuring money and/or drugs. In some cases youth will consort with an adult (or another juvenile) in exchange for a supply of drugs. Often, however, their prostitution activities involve many "customers" who pay for their services. In turn, they can purchase the drugs they need. In addition to the hazards of drug use, juveniles who engage in prostitution face many dangers, including violence and the potential for contracting sexually transmitted diseases.

While these examples of the economic and social costs of drug use and delinquency are not exhaustive, they serve to illustrate the enormous impact of these activities on society. There appears to be a growing link between drug use and violent crime, both because

of the effects of certain drugs, and the associated gang-related and drug-trafficking activities. Younger age is a factor that has been associated with a greater tendency toward aggressiveness and violence. As McBride & Swartz (1990) state:

> . . .younger addicts, enculturated into a climate of greater overall violence and prone to opportunistically using multiple drugs. . .have shown less reluctance to turn to violent crime as a way of generating income, settling scores or demarcating territorial rights. Within this increasingly volatile and violent mix, the emergence of cocaine, and particularly crack and free base cocaine, along with the proliferation of a powerful arsenal of weaponry, seems to have wrought a quantum change in the degree and lethality of street violence.

CONCLUSION

This chapter has presented information about the history of adolescent substance abuse in the United States. The extent of drug use among adolescents has been described, and characteristics of progression through four stages of drug involvement were outlined. Risk factors for both drug use and delinquent behavior by adolescents were explored. Finally the association between and consequences of adolescent drug use and delinquency were addressed. This is not a comprehensive presentation of these areas. However, the information presented here serves as a stimulus to broaden views about these problems and encourage juvenile justice professionals to investigate these issues more fully in their particular jurisdictions.

Drug and delinquent behaviors present an immense challenge to the juvenile justice system. All aspects of the system have been challenged by these problems as you will read in more detail in Chapter 4.

TABLE 15

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE AND BY STATE FOR FISCAL YEAR 1994

STATE	UNDER AGE 12	12 - 17	18 - 20	21 - 24	25 - 34	35 - 44	45 - 54	55 - 64	AGE 65 AND OVER	NOT REPORTED BY AGE	TOTAL	
ALABAMA	3	290	542	617	2,939	2,074	331	44	9	0	6,849	
ALASKA	2	179	36	143	892	N/A	50	N/A	4	320	1,646	A
ARIZONA	29	212	738	1,586	4,070	3,062	664	130	36	0	10,527	
ARKANSAS	2	437	429	844	2,452	1,273	196	23	13	0	5,669	
CALIFORNIA	20	6,393	4,057	8,927	36,771	26,440	6,437	1,192	204	0	90,441	
COLORADO	7	1,701	672	1,134	4,106	2,711	632	N/A	122	0	11,085	
CONNECTICUT	35	280	670	1,928	7,950	5,121	901	105	55	1	17,026	
DELAWARE	6	3	104	360	1,312	750	107	14	3	15	2,674	
DISTRICT OF COL	13	75	176	606	4,198	3,837	798	82	23	513	10,321	
FLORIDA	157	4,481	2,101	3,908	14,088	7,777	1,291	195	62	21	34,081	
GEORGIA	158	903	1,132	3,119	15,142	8,732	1,266	187	90	2	30,731	
HAWAII	1	590	69	215	658	434	66	N/A	3	0	2,036	B
IDAHO	0	458	144	164	352	141	26	2	2	0	1,329	
ILLINOIS	14	2,488	1,972	4,927	19,140	10,587	1,707	215	57	15,855	56,962	C
INDIANA	55	311	519	1,160	3,875	2,064	303	71	23	8	8,389	
IOWA	0	428	435	552	1,596	844	118	21	3	0	3,997	
KANSAS	0	524	451	756	2,795	1,392	134	17	9	0	6,078	
KENTUCKY	59	516	424	815	2,427	1,472	330	65	33	9	6,150	
LOUISIANA	0	1000	802	1,824	6,585	3,630	811	236	52	0	14,940	
MAINE	2	333	113	164	433	204	41	N/A	3	0	1,294	B
MARYLAND	136	2,171	994	1,980	7,220	4,734	847	86	14	3	18,185	
MASSACHUSETTS	2	912	1,789	5,148	20,431	11,514	1,633	125	44	0	41,598	
MICHIGAN	19	1,495	1,345	2,740	11,891	9,852	1,880	215	44	6	29,487	
MINNESOTA	11	1,771	841	1,238	4,119	2,232	343	52	37	1	10,645	
MISSISSIPPI	4	209	274	728	2,452	1,260	154	19	3	4	5,107	
MISSOURI	9	743	690	1,605	5,810	2,695	329	N/A	10	0	11,891	B
MONTANA	0	305	192	320	734	457	61	7	1	0	2,077	
NEBRASKA	193	399	231	370	1,132	703	166	31	17	0	3,242	
NEVADA	4	137	169	411	1,396	956	173	22	7	0	3,275	
NEW HAMPSHIRE	36	207	212	407	1,107	486	94	8	3	59	2,619	
NEW JERSEY	101	1,514	1,295	3,703	13,549	7,244	1,164	133	47	85	28,835	
NEW MEXICO	0	142	145	215	699	437	127	0	0	1	1,766	
NEW YORK	242	4,412	3,248	6,588	27,290	16,201	3,229	431	86	8	61,735	
NORTH CAROLINA	10	1,001	950	2,519	9,392	4,645	611	N/A	34	8	19,170	B
NORTH DAKOTA	1	40	38	57	133	81	8	2	1	0	381	
OHIO	28	2,324	1,031	2,520	9,189	6,013	843	225	21	0	22,194	
OKLAHOMA	0	350	324	736	2,451	1,529	242	32	3	0	5,667	
OREGON	0	3,168	1,723	551	6,339	4,494	827	105	14	0	17,221	
PALAU	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
PENNSYLVANIA	20	2,483	1,300	3,193	13,198	8,310	1,474	198	45	0	30,221	
PUERTO RICO	8	1,323	1,333	1,734	4,196	2,223	501	75	7	3	11,403	
RHODE ISLAND	0	315	232	494	2,139	1,366	196	16	2	0	4,760	
SOUTH CAROLINA	4	506	378	817	3,537	1,741	209	N/A	32	0	7,224	B
SOUTH DAKOTA	N/A	549	180	149	436	283	87	38	19	0	1,760	D
TENNESSEE	2	541	307	635	3,484	0	180	N/A	3	0	5,152	B
TEXAS	0	2,560	1,996	4,558	16,775	10,736	1,943	286	62	0	38,916	
UTAH	162	895	460	727	2,032	1,163	208	22	4	14	5,687	
VERMONT	1	118	108	129	399	209	45	3	1	0	1,013	
VIRGINIA	21	821	758	1,902	7,801	4,325	581	0	366	157	16,732	B
WASHINGTON	2	1,605	806	1,472	5,398	4,497	1,128	109	33	0	15,050	
WEST VIRGINIA	6	320	128	205	695	510	88	26	7	0	1,985	
WISCONSIN	0	573	561	1,210	4,218	2,536	489	55	52	0	9,694	
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
TOTALS	1,585	55,551	39,664	82,811	321,403	195,977	36,069	4,920	1,825	17,093	756,917	
PERCENT OF TOTAL	.2%	7.3%	5.2%	10.9%	42.5%	26.0%	4.7%	.7%	.2%	2.3%	100%	

A = Age category 25 - 34 includes ages 35 - 44; Age category 45 - 54 includes ages 55 - 64.
B = Age category 45 - 54 includes ages 55 - 64.
C = Number of admissions Not Reported by Age is substantial due to lack of availability of demographic information in Illinois' data system on Medicaid admissions that received substance abuse treatment.
D = Figure in 12 - 17 Age category includes Under Age 12 admissions.

N/A = Information not available.

Source: Individual State alcohol and drug abuse profiles, FY 1994 data; data are included for "ONLY THOSE PROGRAMS that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1994."

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drugs & Crime Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332

U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991. Order # NCJ-130836.

U.S. Department of Justice, Bureau of Justice Statistics, *Felony Sentences in State Courts, 1992*, January 1995. Order # NCJ-151167.

U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993. Order # NCJ-136949.

U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting, 1995 Annual Report on Adult and Juvenile Arrestees*, June 1996. Order # NCJ-161721.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Offenders in Juvenile Court 1994*, October 1996. Order # NCJ-162423.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juveniles Taken Into Custody: FY 93*, September 1995. Order# NCJ-154022.

Centers for Disease Control
Atlanta, GA 30333

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1995*, Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996.

National Clearinghouse for Alcohol and Drug Information
PO Box 2345
Rockville, MD 20847-2345
1-800-729-6686 or
301-468-2600 in the metropolitan Washington, DC area

National Clearinghouse for Alcohol and Drug Information, *Prevention Resource Guide: Elementary Youth*, December 1994.

National Clearinghouse for Alcohol and Drug Information, *Prevention Resource Guide: Secondary School Students*, December 1994.

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National Parents Resource Institute for Drug Education, *Press Release and Summary Results for PRIDE*, September 1996. Available through the World Wide Web http://www.health.org/pubs/96pride/pr96.htm and http://www.prideusa.org

U.S. Department of Health and Human Services, Office of the Inspector General, *Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge*, 1991.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1994*, 1996.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Estimates From the Drug Abuse Warning Network, Annual Trends in Total Drug-Related Episodes, 1978-1994*, November 1995. Available through the World Wide Web http://www.health.org/94dawn

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1994*, 1996.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Population Estimates 1995*, June 1996. Available through the World Wide Web http://www.health.org

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *The Relationship Between Family Structure and Adolescent Substance Use*, July 1996.

U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
202-783-3238

U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1995, Uniform Crime Reports*, October 1996.

American Probation and Parole Association
c/o Council of State Governments
Iron Works Road
PO Box 11910
Lexington, KY 4058-1910

American Probation and Parole Association, *Identifying and Intervening with Drug-Involved Youth*, June 1992.

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW
Suite 642
Washington, DC 20001
202-793-6868

Gustafson, John., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

University of Michigan
News and Information Services
412 Maynard
Ann Arbor, MI 48109-1399
(313) 763-5043

Johnston, Lloyd, et.al., *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II College Students and Young Adults*, 1996.

Monitoring the Future Study, Press Release, December 1996. Available through the World Wide Web at http://www.isr.edu/src/mtf

White House Office of National Drug Control Policy

Drug Policy Information Clearinghouse

Inhalants

Facts and Figures

January 1998
PK28

1-800-666-3332 ondcp@ncjrs.org

INTRODUCTION

This information packet includes excerpts from selected Federal and State government publications which contain information on inhalants. These data include prevalence of inhalant abuse, health consequences, and admissions to drug treatment.

Information from the following publications is presented in this information packet:

Drugs of Abuse, 1996
National Household Survey on Drug Abuse, Population Estimates: 1996
National Household Survey on Drug Abuse, Main Findings 1995
Monitoring the Future Study, December 18th, 1997 press release
National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1997,
National Parents Resource Institute for Drug Education, Press Release and Summary Results, October 1997
Drug Abuse Warning Network, Annual Medical Examiner Data, 1995
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1995
Inhalant Abuse: Its Dangers Are Nothing to Sniff At

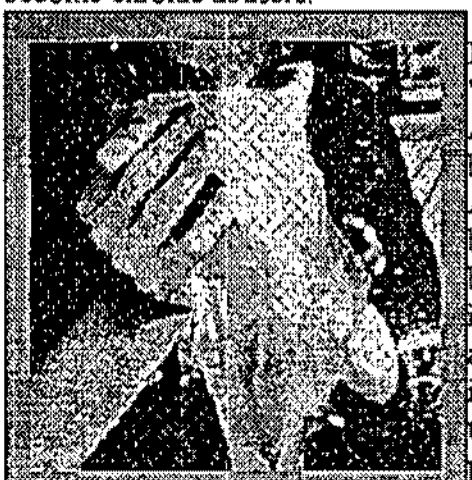
Complete citations and ordering instructions for copies of full publications used in producing this information packet may be found on the last page.

This information packet was prepared by Frank Piñol at the ONDCP Drug Policy Information Clearinghouse. This Clearinghouse is funded by the Office of National Drug Control Policy to support drug control policy research, and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drug policy issues, call 1-800-666-3332, write ONDCP Drug Policy Information Clearinghouse, PO Box 6000, Rockville, MD 20849-6000 or visit our World Wide Web site at http://www.whitehousedrugpolicy.gov.

U.S. Department of Justice
Drug Enforcement Administration

Inhalants

Inhalants are a chemically diverse group of psychoactive substances composed of organic solvents and volatile substances commonly found in adhesives, lighter fluids, cleaning fluids and paint products. Their easy accessibility, low cost and ease of concealment make inhalants, for many, one of the first substances abused. While not regulated under the CSA, a few states place restrictions on the sale of these products to minors. Studies have indicated that between 5 percent and 15 percent of young people in the United States have tried inhalants, although the vast majority of these youngsters do not become chronic abusers.



Sniffing an inhalant-soaked rag from a bag is a form of "huffing."

Inhalants may be sniffed directly from an open container or "huffed" from a rag soaked in the substance and held to the face. Alternatively, the open container or soaked rag can be placed in a bag where the vapors can concentrate before being inhaled. Although inhalant abusers may prefer one particular substance because of odor or taste, a variety of substances may be used because of their similar effects, availability and cost. Once inhaled, the extensive capillary surface of the lungs allows rapid absorption of the substance, and blood levels peak rapidly. Entry into the brain is so fast that the effects of inhalation can resemble the intensity of effects produced by intravenous injection of other psychoactive drugs.

The effects of inhalant intoxication resemble those of alcohol inebriation, with stimulation and loss of inhibition followed by depression at high doses. Users report distortion in perceptions of time and space. Many users experience headache, nausea or vomiting, slurred speech, loss of motor coordination and wheezing. A characteristic "glue sniffer's rash" around the nose and mouth may be seen. An odor of paint or solvents on clothes, skin and breath is sometimes a sign of inhalant abuse.

The chronic use of inhalants has been associated with a number of serious health problems. Glue and paint thinner sniffing in particular produce kidney abnormalities, while the solvents, toluene and trichloroethylene, cause liver toxicity. Memory impairment, attention deficits and diminished non-verbal intelligence have been associated with the abuse of inhalants. Deaths resulting form heart failure, asphyxiation or aspiration have occurred.

Table 6A. Inhalant Use by Sex Within Age Group for Total Population in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	5.9	(5.1 - 6.9)	4.0	(3.3 - 4.9)	1.7	(1.3 - 2.3)
Male	5.4	(4.3 - 6.7)	3.6	(2.8 - 4.7)	1.9	(1.3 - 2.8)
Female	6.5	(5.4 - 7.9)	4.4	(3.4 - 5.6)	1.6	(1.0 - 2.4)
18-25	10.8	(9.5 - 12.3)	3.0	(2.4 - 3.9)	1.0	(0.7 - 1.6)
Male	13.9	(11.9 - 16.1)	4.3	(3.3 - 5.7)	1.4	(0.9 - 2.3)
Female	7.8	(6.2 - 9.6)	1.8	(1.1 - 2.8)	0.7	(0.3 - 1.5)
26-34	8.3	(7.3 - 9.4)	0.7	(0.5 - 1.0)	0.3	(0.1 - 0.5)
Male	11.2	(9.5 - 13.1)	1.1	(0.7 - 1.8)	0.3	(0.1 - 0.7)
Female	5.6	(4.4 - 7.0)	0.3	(0.1 - 0.7)	0.2	(0.1 - 0.6)
≥35	3.6	(2.9 - 4.5)	0.3	(0.2 - 0.6)	0.1	(0.0 - 0.5)
Male	5.0	(3.8 - 6.5)	0.6	(0.3 - 1.3)	0.3	(0.1 - 1.0)
Female	2.4	(1.7 - 3.2)	0.1	(0.0 - 0.5)	*	*
TOTAL	5.6	(5.0 - 6.2)	1.1	(1.0 - 1.3)	0.4	(0.3 - 0.6)
Male	7.3	(6.3 - 8.4)	1.6	(1.2 - 1.9)	0.6	(0.4 - 0.9)
Female	4.0	(3.4 - 4.6)	0.7	(0.6 - 1.0)	0.3	(0.2 - 0.4)
POPULATION ESTIMATES (In Thousands)						
12-17	1,337	(1,141 - 1,563)	901	(741 - 1,093)	391	(295 - 517)
Male	622	(501 - 771)	420	(320 - 548)	217	(146 - 322)
Female	714	(588 - 866)	481	(377 - 612)	174	(114 - 265)
18-25	3,006	(2,630 - 3,430)	845	(663 - 1,074)	289	(192 - 435)
Male	1,927	(1,657 - 2,232)	600	(456 - 788)	192	(118 - 312)
Female	1,080	(870 - 1,335)	244	(154 - 386)	97	(44 - 210)
26-34	2,951	(2,600 - 3,345)	245	(163 - 368)	89	(45 - 175)
Male	1,943	(1,653 - 2,277)	194	(119 - 318)	51	(21 - 127)
Female	1,008	(803 - 1,261)	50	(20 - 125)	38	(14 - 105)
≥35	4,615	(3,694 - 5,755)	437	(229 - 830)	192	(63 - 582)
Male	3,005	(2,294 - 3,932)	381	(190 - 763)	192	(63 - 582)
Female	1,610	(1,186 - 2,181)	55	(10 - 314)	*	*
TOTAL	11,909	(10,645 - 13,313)	2,427	(2,062 - 2,856)	961	(722 - 1,277)
Male	7,497	(6,492 - 8,643)	1,596	(1,275 - 1,995)	652	(443 - 960)
Female	4,412	(3,781 - 5,143)	831	(639 - 1,081)	308	(205 - 465)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 6B. Inhalant Use by Age Group and Sex for Whites in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	7.0	*(5.8 - 8.4)*	4.9	*(3.9 - 6.1)*	2.2	*(1.6 - 3.1)*
18-25	13.3	*(11.5 - 15.4)*	3.9	*(2.9 - 5.1)*	1.3	*(0.8 - 2.0)*
26-34	10.5	*(9.1 - 12.0)*	0.9	*(0.6 - 1.4)*	0.3	*(0.2 - 0.7)*
≥35	4.1	*(3.2 - 5.2)*	0.4	*(0.2 - 0.7)*	0.2	*(0.1 - 0.6)*
SEX						
Male	8.3	*(7.1 - 9.7)*	1.7	*(1.3 - 2.2)*	0.7	*(0.5 - 1.1)*
Female	4.7	*(4.0 - 5.6)*	0.9	*(0.6 - 1.2)*	0.3	*(0.2 - 0.5)*
TOTAL	6.4	*(5.7 - 7.3)*	1.3	*(1.1 - 1.5)*	0.5	*(0.4 - 0.7)*
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	1,069	*(887 - 1,285)*	749	*(601 - 931)*	342	*(250 - 468)*
18-25	2,503	*(2,162 - 2,888)*	726	*(549 - 956)*	236	*(147 - 380)*
26-34	2,614	*(2,274 - 2,998)*	218	*(139 - 343)*	82	*(40 - 170)*
≥35	4,158	*(3,293 - 5,238)*	359	*(169 - 760)*	175	*(52 - 586)*
SEX						
Male	6,430	*(5,498 - 7,504)*	1,330	*(1,021 - 1,730)*	559	*(358 - 871)*
Female	3,913	*(3,294 - 4,641)*	722	*(534 - 977)*	277	*(170 - 452)*
TOTAL	10,343	*(9,138 - 11,694)*	2,052	*(1,702 - 2,474)*	836	*(606 - 1,153)*

Table 6C. Inhalant Use by Age Group and Sex for Hispanics in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	5.7	*(4.3 - 7.6)*	2.8	*(1.9 - 4.2)*	0.7	*(0.3 - 1.5)*
18-25	7.4	*(5.3 - 10.2)*	1.3	*(0.7 - 2.4)*	0.3	*(0.1 - 0.9)*
26-34	3.5	*(2.4 - 4.9)*	0.2	*(0.1 - 0.7)*	0.1	*(0.0 - 0.6)*
≥35	1.7	*(0.9 - 3.0)*	0.1	*(0.0 - 0.7)*	0.1	*(0.0 - 0.7)*
SEX						
Male	5.3	*(4.1 - 6.7)*	1.0	*(0.6 - 1.5)*	0.3	*(0.1 - 0.7)*
Female	2.1	*(1.5 - 2.9)*	0.4	*(0.2 - 0.9)*	0.1	*(0.0 - 0.3)*
TOTAL	3.7	*(3.1 - 4.5)*	0.7	*(0.5 - 1.0)*	0.2	*(0.1 - 0.4)*
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	167	*(125 - 220)*	82	*(55 - 124)*	20	*(9 - 43)*
18-25	287	*(207 - 395)*	49	*(26 - 92)*	12	*(4 - 33)*
26-34	156	*(109 - 221)*	9	*(3 - 30)*	4	*(0 - 25)*
≥35	162	*(90 - 287)*	6	*(1 - 64)*	6	*(1 - 64)*
SEX						
Male	555	*(436 - 703)*	102	*(66 - 156)*	33	*(15 - 70)*
Female	216	*(158 - 295)*	45	*(23 - 88)*	9	*(2 - 32)*
TOTAL	771	*(635 - 935)*	147	*(104 - 207)*	42	*(22 - 78)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 6D. Inhalant Use by Age Group and Sex for Blacks in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	1.7	*(1.0 - 2.8)*	0.8	*(0.4 - 1.5)*	0.5	*(0.2 - 1.1)*
18-25	3.1	*(1.9 - 4.9)*	1.1	*(0.5 - 2.5)*	0.9	*(0.3 - 2.3)*
26-34	1.7	*(1.1 - 2.8)*	0.2	*(0.1 - 0.7)*	0.1	*(0.0 - 0.6)*
≥35	1.1	*(0.6 - 2.0)*	0.3	*(0.1 - 1.0)*	0.1	*(0.0 - 0.7)*
SEX						
Male	2.4	*(1.7 - 3.4)*	0.8	*(0.4 - 1.5)*	0.5	*(0.2 - 1.0)*
Female	1.0	*(0.6 - 1.6)*	0.2	*(0.1 - 0.5)*	0.1	*(0.0 - 0.3)*
TOTAL	1.6	*(1.2 - 2.1)*	0.5	*(0.3 - 0.8)*	0.3	*(0.1 - 0.5)*
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	56	*(34 - 92)*	26	*(13 - 50)*	16	*(7 - 37)*
18-25	115	*(71 - 186)*	41	*(18 - 95)*	33	*(12 - 88)*
26-34	74	*(45 - 122)*	9	*(2 - 31)*	3	*(0 - 27)*
≥35	142	*(78 - 260)*	37	*(11 - 131)*	10	*(1 - 87)*
SEX						
Male	259	*(183 - 363)*	84	*(42 - 167)*	50	*(23 - 112)*
Female	129	*(80 - 209)*	29	*(13 - 64)*	11	*(3 - 41)*
TOTAL	388	*(293 - 514)*	113	*(66 - 194)*	62	*(31 - 121)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 6E. Inhalant Use by Age Group and Sex for Northeast Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	4.7	(3.1 - 7.0)	3.2	(1.9 - 5.3)	1.0	(0.4 - 2.8)
18-25	9.7	(6.5 - 14.3)	2.1	(1.1 - 3.9)	0.9	(0.4 - 2.3)
26-34	8.0	(6.0 - 10.6)	0.2	(0.0 - 0.8)	*	*
≥35	2.8	(1.7 - 4.5)	0.3	(0.1 - 1.3)	*	*
SEX						
Male	5.5	(4.0 - 7.5)	0.8	(0.4 - 1.6)	0.3	(0.1 - 0.8)
Female	3.7	(2.3 - 5.8)	0.7	(0.3 - 1.5)	0.1	(0.0 - 0.5)
TOTAL	4.6	(3.6 - 5.9)	0.7	(0.5 - 1.2)	0.2	(0.1 - 0.4)
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	176	(117 - 262)	120	(72 - 199)	37	(13 - 106)
18-25	452	(303 - 664)	99	(52 - 184)	44	(18 - 106)
26-34	550	(411 - 730)	12	(3 - 54)	*	*
≥35	754	(463 - 1,220)	86	(21 - 345)	*	*
SEX						
Male	1,135	(830 - 1,545)	166	(84 - 326)	58	(20 - 163)
Female	796	(502 - 1,252)	151	(72 - 316)	27	(7 - 107)
TOTAL	1,931	(1,504 - 2,472)	317	(198 - 505)	85	(39 - 185)

Table 6F. Inhalant Use by Age Group and Sex for North Central Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	6.8	(4.5 - 10.1)	4.7	(3.1 - 7.2)	2.5	(1.5 - 4.0)
18-25	12.3	(9.6 - 15.5)	3.1	(1.8 - 5.2)	0.9	(0.3 - 2.4)
26-34	9.4	(7.2 - 12.2)	0.7	(0.3 - 1.7)	0.5	(0.2 - 1.3)
≥35	4.3	(2.9 - 6.1)	0.3	(0.1 - 1.6)	0.3	(0.1 - 1.6)
SEX						
Male	9.3	(7.2 - 12.0)	1.6	(0.9 - 2.7)	1.0	(0.5 - 2.1)
Female	4.0	(3.0 - 5.3)	1.0	(0.6 - 1.5)	0.4	(0.2 - 0.8)
TOTAL	6.4	(5.3 - 7.8)	1.3	(0.9 - 1.8)	0.7	(0.4 - 1.2)
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	398	(264 - 591)	278	(180 - 425)	146	(89 - 237)
18-25	826	(649 - 1,043)	206	(119 - 353)	59	(22 - 159)
26-34	783	(598 - 1,016)	60	(26 - 139)	39	(14 - 106)
≥35	1,312	(908 - 1,885)	104	(22 - 480)	104	(22 - 480)
SEX						
Male	2,207	(1,708 - 2,832)	372	(218 - 634)	243	(117 - 504)
Female	1,111	(833 - 1,478)	276	(175 - 433)	104	(52 - 211)
TOTAL	3,318	(2,725 - 4,030)	648	(459 - 912)	348	(202 - 597)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 6G. Inhalant Use by Age Group and Sex for South Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	6.0	(4.8 - 7.4)	3.8	(2.9 - 5.0)	1.6	(1.0 - 2.4)
18-25	11.5	(9.5 - 13.8)	4.3	(3.0 - 6.0)	1.5	(0.8 - 2.8)
26-34	6.7	(5.3 - 8.3)	0.6	(0.2 - 1.6)	0.3	(0.1 - 0.9)
≥35	3.3	(2.2 - 4.7)	0.5	(0.2 - 1.2)	0.2	(0.0 - 1.1)
SEX						
Male	6.7	(5.4 - 8.2)	2.1	(1.5 - 3.1)	0.7	(0.4 - 1.4)
Female	3.8	(3.1 - 4.7)	0.6	(0.4 - 0.9)	0.3	(0.1 - 0.6)
TOTAL	5.2	(4.4 - 6.1)	1.3	(1.0 - 1.7)	0.5	(0.3 - 0.8)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	477	(384 - 592)	301	(227 - 397)	124	(81 - 191)
18-25	1,093	(903 - 1,317)	408	(290 - 571)	147	(81 - 266)
26-34	808	(643 - 1,012)	75	(29 - 193)	35	(11 - 114)
≥35	1,468	(1,010 - 2,126)	209	(82 - 533)	71	(10 - 504)
SEX						
Male	2,350	(1,907 - 2,887)	759	(530 - 1,085)	258	(136 - 486)
Female	1,497	(1,202 - 1,862)	234	(149 - 366)	120	(58 - 247)
TOTAL	3,847	(3,268 - 4,521)	993	(765 - 1,287)	377	(236 - 602)

Table 6H. Inhalant Use by Age Group and Sex for West Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	5.8	(4.0 - 8.2)	4.1	(2.6 - 6.4)	1.7	(0.8 - 3.4)
18-25	9.3	(6.9 - 12.4)	1.9	(1.1 - 3.5)	0.6	(0.2 - 1.4)
26-34	9.9	(8.0 - 12.4)	1.2	(0.6 - 2.2)	0.1	(0.0 - 0.7)
≥35	4.2	(2.6 - 6.8)	0.1	(0.0 - 0.8)	0.1	(0.0 - 0.8)
SEX						
Male	7.8	(5.8 - 10.3)	1.3	(0.9 - 1.9)	0.4	(0.2 - 0.8)
Female	4.5	(3.2 - 6.4)	0.8	(0.5 - 1.3)	0.3	(0.1 - 0.6)
TOTAL	6.2	(4.8 - 7.9)	1.0	(0.8 - 1.4)	0.3	(0.2 - 0.6)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	286	(201 - 406)	202	(128 - 316)	83	(41 - 167)
18-25	635	(469 - 852)	133	(73 - 238)	39	(15 - 98)
26-34	811	(649 - 1,008)	98	(52 - 182)	12	(3 - 55)
≥35	1,081	(669 - 1,729)	37	(7 - 199)	17	(1 - 204)
SEX						
Male	1,805	(1,356 - 2,387)	299	(203 - 438)	93	(47 - 187)
Female	1,008	(714 - 1,415)	171	(104 - 279)	57	(26 - 126)
TOTAL	2,813	(2,180 - 3,613)	470	(351 - 627)	151	(87 - 259)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 5.1 Percentage Reporting Inhalant Use in Their Lifetime, by Inhalant Type and Age Group: 1995

Inhalant Type	Age Group (Years) 12-17	18-25	26-34	35+	Total
Any Inhalant	7.4	11.2	8.7	3.3	5.7
Gasoline	3.1	2.4	1.4	0.3	1.1
Lighter gases	1.5	1.0	0.3	*	0.3
Spray paints	2.1	0.9	0.5	0.2	0.5
Aerosol sprays	1.5	1.1	0.3	0.2	0.5
Glue	2.9	2.5	1.6	0.6	1.3
Lacquer thinners	1.8	0.9	0.5	0.1	0.5
Amyl nitrite	0.6	3.0	5.2	2.1	2.6
Ether	0.4	0.5	0.3	0.3	0.3
Nitrous oxide	1.4	6.2	3.2	1.2	2.2
Correction fluids	1.6	1.7	0.4	0.4	0.7

* Low precision; no estimate reported.

Note: Due to improved procedures implemented in 1994, these estimates are not comparable to those presented in NHSDA Main Findings prior to 1994.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1995.

Table 5.2 Percentage Reporting Inhalant Use in Their Lifetime, by Age Group and Demographic Characteristics: 1995

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	35+	Total
Total	7.4	11.2	8.7	3.3	5.7
Gender					
Male	8.1	14.7	12.5	5.1	8.0
Female	6.6	7.7	5.1	1.7	3.5
Race/Ethnicity[1]					
White	6.8	14.4	10.8	3.8	6.7
Black	2.0	2.8	2.0	1.5	1.8
Hispanic	5.9	4.9	4.7	1.7	3.5
Population Density					
Large metro	6.6	10.3	6.4	3.5	5.6
Small metro	8.0	13.7	11.1	3.6	6.7
Nonmetro	7.8	9.1	6.0	2.5	4.4
Region					
Northeast	4.7	11.1	7.9	3.0	4.9
North Central	9.5	12.2	8.6	2.5	5.5
South	5.6	9.7	9.1	2.8	5.0
West	9.6	12.3	9.0	5.4	7.6
Adult Education[2]					
Less than high school	N/A	10.3	10.0	1.4	4.1
High school graduate	N/A	11.7	8.2	2.4	4.9
Some college	N/A	10.8	9.4	4.6	6.9
College graduate	N/A	11.9	8.0	5.0	6.2
Current Employment[3]					
Full-time	N/A	12.3	9.4	4.8	6.8
Part-time	N/A	11.4	7.5	3.7	6.6
Unemployed	N/A	10.8	8.6	10.1	9.9
Other[4]	N/A	8.6	6.4	0.9	2.2

N/A: Not applicable.

Note: Due to improved procedures implemented in 1994, these estimates are not comparable to those presented in NHSDA Main Findings prior to 1994.

[1] The category "other" for Race/Ethnicity is not included.

[2] Data on adult education are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N=13,152).

[3] Data on current employment are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N=13,152).

[4] Retired, disabled, homemaker, student, or "other."

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1995.

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December 18, 1997 (24)
Contact: Joyce Buchanan
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Drug use among American teens shows some signs of leveling after a long rise.

FOR RELEASE AT 11:15 A.M., EST, THURSDAY, DECEMBER 18, 1997.

EDITORS: Results of this survey will be announced at a news conference on Dec. 18 in Washington, D.C. Among those participating in the release of the results will be Secretary of Health and Human Services Donna E. Shalala, Director of the National Office on Drug Control Policy General Barry R. McCaffrey, and the principal investigator of the Monitoring the Future Study, Lloyd D. Johnston. For further information on the study, contact Johnston at (313) 763-5043.

ANN ARBOR—This year's results, based on the 23rd national survey in the ongoing University of Michigan Monitoring the Future study, suggest that while marijuana use continues its longer-term rise among older teens, use of a number of the other illicit drugs has begun to level off.

"For the first time in six years, the use of marijuana and a number of other drugs did not increase among eighth-grade students in this country," states Lloyd Johnston, principal investigator of the study, "and while use of marijuana may still be rising among 10th- and 12th-graders, their use of a number of other illicit drugs appears to have leveled off." Further, key attitudes and beliefs about drugs that have proven to be important determinants of use, began to reverse in many cases.

"Normally a 'no change' story is pretty uninteresting," comments Johnston, "but in this case it is welcome news, given that most of the very considerable change in adolescent drug use in the first half of this decade has been upward."

Johnston and his colleagues, Jerald G. Bachman and Patrick M. O'Malley, senior

(more)

Future study (data reported elsewhere).

In 1997 the proportions of students reporting any use of ecstasy in the prior 12 months were 2.3 percent, 3.9 percent, and 4.0 percent among eighth-, 10th-, and 12th-graders.

Stimulants. The use of amphetamine stimulants rose gradually in all three grades during the early 1990s. This year, use leveled in the lower grades, though use may have continued its gradual rise in grade 12. Perceived risk and disapproval are asked only of 12th-graders for this class of drugs, and both have stabilized following an earlier period of decline.

The proportions of students in 1997 reporting any use of stimulants in the prior 12 months are 8 percent, 12 percent, and 10 percent for grades 8, 10, and 12.

Cocaine Powder. The use of cocaine powder inched up steadily in all three grade levels in the first half of the 1990s. While none of the 1996-97 changes reaches statistical significance, use appears to continue to be rising at about the same rate in 10th- and 12th-grades, but to have leveled off in eighth-grade. Among the eighth-graders perceived risk leveled this year and disapproval of use actually increased, both after an earlier period of erosion in these attitudes.

The proportions of 1997 students reporting any use of cocaine powder in the prior 12 months are 2.2 percent, 4.1 percent, and 5.0 percent in grades 8, 10, and 12, respectively.

Crack Cocaine. The use of crack rose very modestly at all three grade levels in the first half of the 1990s. In 1997 use leveled in grades 8 and 10 and rose only 0.3 percent (not statistically significant) in 12th-grade.

In 1997 the annual prevalence rates for crack were 1.7 percent, 2.2 percent, and 2.4 percent among eighth-, 10th-, and 12th-graders.

Heroin. The rates of heroin use in the student population are quite low, as would be expected, but they nevertheless have risen significantly in all three grade levels during the 1990s. According to the investigators, it seems highly likely that taking heroin by non-

(more)

traditional means—namely, by snorting or smoking, rather than by injecting it—has played a role in the rise in heroin use. More students now indicate using heroin in these ways than say that they have injected it.

The gradual increase in heroin use may be continuing in 1997 in the upper grades: while too small to be statistically significant, the changes are similar in size to the increases in earlier years. However, use in eighth-grade has leveled off and may even have declined.

"A positive note on heroin," adds Johnston, "is that more students over the past two years have been reporting its use as dangerous. This contrasts to an erosion in those beliefs through the first half of the nineties. A change in these attitudes usually is a precursor of a change in actual use—young people are less likely to use a drug they see as dangerous."

Alcohol. Alcohol use remains very high among American young people, but has not changed much in the past few years. (On some of the measures of alcohol use among 12th-graders, there appears to be some increase in 1997, but this is largely due to the fact that two large schools with unusually low drinking rates cycled out of the sample last year. Therefore, the investigators are treating it as a statistical artifact.)

"Insofar as there has been any change in alcohol use in the nineties," comments Johnston, "it has been in the form of a very gradual upward drift in the very low proportions who say that they have been drunk frequently (20 or more times in the prior 30 days)—these rates are 0.2 percent, 0.6 percent, and 2.0 percent in 1997 in grades 8, 10, and 12, respectively—or in the much larger proportions who indicated recent binge drinking." (Binge drinking is defined as having five or more drinks in a row on at least one occasion in the prior two weeks.) In 1997 some 15 percent, 25 percent, and 31 percent of eighth-, 10th-, and 12th-graders, respectively, indicated such binge drinking and these rates are slightly higher than they were in the early 1990s (Table 1c).

Consistent with these changes, the proportions of students seeing daily drinking and binge drinking as dangerous declined some in the 1990s, as did the proportions disapproving of such behaviors (Tables 7 and 9). However, in 1997 these attitudes began to firm up among the eighth-graders.

* * * * * * *

TABLE 1a

Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders

(Entries are percentages)

	Lifetime								
	1991	1992	1993	1994	1995	1996	1997	'96–'97 changes	'91–'97 changes
Any Illicit Drug[a]									
8th Grade	16.7	20.6	22.5	25.7	28.5	31.2	28.4	-1.8	+10.7sss
10th Grade	30.6	29.8	32.6	37.4	40.9	46.4	47.3	+1.9	+16.7sss
12th Grade	44.1	40.7	42.9	45.6	48.4	50.6	54.3	+3.8s	+10.2sss
Any Illicit Drug Other Than Marijuana[b]									
8th Grade	14.3	15.6	16.8	17.6	18.6	19.2	17.7	-1.5	+3.4sss
10th Grade	19.1	19.2	20.9	21.7	24.3	25.5	25.0	-0.6	+5.9sss
12th Grade	25.9	25.1	26.7	27.6	28.1	28.5	30.0	+1.5	+3.1s
Any Illicit Drug Including Inhalants[a,b]									
8th Grade	26.5	29.6	32.3	35.1	38.1	39.4	38.1	-1.3	+9.6sss
10th Grade	36.1	36.2	38.7	42.7	45.9	49.5	50.9	+1.1	+14.8sss
12th Grade	47.6	44.4	46.6	49.1	51.5	53.6	56.3	+2.6	+8.7sss
Marijuana/Hashish									
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	22.6	-0.5	+12.4sss
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	42.3	+2.5s	+18.9sss
12th Grade	36.7	32.6	36.3	38.2	41.7	44.9	49.6	+4.7ss	+12.9sss
Inhalants[b,c]									
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	21.0	-0.2	+3.4sss
10th Grade	15.7	15.6	17.5	18.0	19.0	19.3	18.3	-1.0	+2.6ss
12th Grade	17.5	15.6	17.4	17.7	17.4	16.6	16.1	-0.5	-1.5
Nitrites[c]									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	1.6	2.0	+0.2	+0.4
Hallucinogens[c]									
8th Grade	3.2	3.6	3.9	4.3	5.3	5.9	5.4	-0.5	+2.2sss
10th Grade	6.1	6.4	6.8	8.1	9.3	10.5	10.5	0.0	+4.4sss
12th Grade	9.6	9.2	10.9	11.4	12.7	14.0	15.1	+1.1	+5.5sss
LSD									
8th Grade	2.7	3.2	3.5	3.7	4.4	5.1	4.7	-0.4	+2.0sss
10th Grade	5.0	5.8	6.2	7.2	8.4	9.4	9.6	+0.1	+3.9sss
12th Grade	6.6	6.6	10.3	10.5	11.7	12.5	13.6	+1.0	+4.8sss

(Table continued on next page)

Source: Monitoring The Future Study, The University of Michigan

TABLE 1b

Trends in Annual and 30-Day Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders

	Annual									30-Day								
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	'91–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	'91–'97 change
Any Illicit Drug[a]																		
8th Grade	11.3	12.9	15.1	18.5	21.4	23.6	22.1	-1.5	+10.8***	5.7	6.6	8.4	10.9	12.4	14.6	12.9	-1.7**	+7.2***
10th Grade	21.4	20.4	24.7	30.0	33.3	37.5	38.5	+1.0	+17.1***	11.6	11.0	14.0	18.5	20.2	23.2	23.0	-0.2	+11.4***
12th Grade	29.4	27.1	31.0	35.8	39.0	40.2	42.4	+2.2	+13.0***	16.4	14.4	18.3	21.9	23.8	24.6	26.2	+1.6	+9.8***
Any Illicit Drug Other Than Marijuana[a]																		
8th Grade	8.4	9.3	10.4	11.3	12.6	13.1	11.8	-1.3*	+3.4***	3.6	4.7	5.3	5.6	6.5	6.9	6.0	-0.9*	+2.2***
10th Grade	12.2	12.3	13.9	15.2	17.5	18.4	18.2	-0.2	+6.0***	5.5	5.7	6.5	7.1	8.9	8.9	8.8	-0.1	+3.3***
12th Grade	15.2	14.9	17.1	18.0	19.4	19.8	20.7	+0.9	+4.5***	7.1	6.3	7.9	8.8	10.0	9.5	10.7	+1.2	+3.6***
Any Illicit Drug Including Inhalants[a,b]																		
8th Grade	16.7	18.2	21.1	24.2	27.1	28.7	27.2	-1.5	+10.5***	8.9	10.0	12.0	14.3	16.1	17.5	16.0	-1.5*	+7.2***
10th Grade	21.9	23.5	27.4	32.5	35.8	39.6	40.3	+0.7	+18.4***	13.1	12.6	15.5	20.0	21.6	24.5	24.1	-0.4	+11.0***
12th Grade	31.2	28.8	32.5	37.8	40.2	41.9	43.3	+1.4	+12.1***	17.6	15.5	19.3	23.0	24.8	25.5	26.9	+1.4	+9.1***
Marijuana/Hashish																		
8th Grade	6.2	7.2	9.2	13.0	15.6	18.3	17.7	-0.6	+11.5***	3.2	3.7	5.1	7.8	9.1	11.3	10.2	-1.1	+7.0***
10th Grade	16.5	15.2	19.2	25.2	28.7	33.6	34.8	+1.2	+18.3***	8.7	8.1	10.9	15.8	17.2	20.4	20.5	+0.1	+11.8***
12th Grade	23.9	21.9	26.0	30.7	34.7	35.8	38.5	+2.7	+14.6***	13.6	11.9	15.5	19.0	21.2	21.5	23.7	+1.8	+9.9***
Inhalants[b,c]																		
8th Grade	9.0	9.5	11.0	11.7	12.8	12.2	11.8	-0.4	+2.8***	4.4	4.7	5.4	5.6	6.1	5.5	5.6	-0.2	+1.2***
10th Grade	7.1	7.5	8.4	9.1	9.6	9.5	8.7	-0.8	+1.6**	2.7	2.7	3.3	3.0	3.5	3.3	3.0	-0.3	+0.3
12th Grade	6.6	6.2	7.0	7.7	8.0	7.8	6.7	-0.9	+0.1	2.4	2.3	2.5	2.7	3.2	2.5	2.5	0.0	+0.1
Nitrites[d]																		
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.9	0.5	0.9	1.1	1.1	1.6	1.2	-0.4	+0.3	0.4	0.3	0.5	0.4	0.4	0.7	0.7	0.0	+0.3
Hallucinogens[a]																		
8th Grade	1.9	2.5	2.6	2.7	3.6	4.1	3.7	-0.4	+1.8***	0.6	1.1	1.2	1.3	1.7	1.9	1.8	-0.1	+1.0***
10th Grade	4.0	4.3	4.7	6.8	7.2	7.8	7.6	-0.2	+3.6***	1.6	1.6	1.9	2.4	3.3	2.8	3.3	+0.5	+1.7***
12th Grade	5.8	5.9	7.4	7.6	9.3	10.1	9.8	-0.3	+4.0***	2.2	2.1	2.7	3.1	4.4	3.5	3.9	+0.4	+1.7***
LSD																		
8th Grade	1.7	2.1	2.3	2.4	3.2	3.5	3.2	-0.3	+1.5***	0.6	0.9	1.0	1.1	1.4	1.6	1.6	0.0	+0.9***
10th Grade	3.7	4.0	4.2	5.2	6.5	6.9	6.7	-0.2	+3.0***	1.5	1.8	1.8	2.0	3.0	2.4	2.8	+0.4	+1.3***
12th Grade	5.2	5.6	6.8	6.9	8.4	8.8	8.4	-0.4	+3.2***	1.9	2.0	2.4	2.8	4.0	2.5	3.1	+0.6*	+1.2***
Hallucinogens Other Than LSD																		
8th Grade	0.7	1.1	1.0	1.3	1.7	2.0	1.8	-0.2	+1.1***	0.3	0.4	0.5	0.7	0.8	0.9	0.7	-0.2	+0.4***
10th Grade	1.3	1.4	1.9	2.4	2.8	3.3	3.3	0.0	+2.0***	0.4	0.5	0.7	1.0	1.0	1.0	1.2	+0.2	+0.8***
12th Grade	2.0	1.7	2.2	3.1	3.8	4.4	4.6	+0.2	+2.6***	0.7	0.5	0.8	1.2	1.3	1.6	1.7	+0.1	+1.0***

(Table continued on next page)

Source: Monitoring The Future Study, The University of Michigan

NOTES: Level of significance of difference between the two years: "s" = .05; "ss" = .01; "sss" = .001; "—" indicates data not available. "*" indicates less than .05 percent.
Any apparent inconsistency between the change estimate and the prevalence estimates for the two years is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Approximate Weighted Ns	1991	1992	1993	1994	1995	1996	1997
8th Grade	17,500	18,600	18,300	17,300	17,500	17,800	18,600
10th Grade	14,800	14,800	15,300	15,800	17,000	15,800	15,500
12th Grade	15,000	15,800	16,300	15,400	15,400	14,300	15,400

[a]For 12th graders only: Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[b]For 12th graders only: Data based on five of six forms; N is five-sixths of N indicated.

[c]Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP.

[d]For 8th and 10th graders only: Smokeless data based on one of two forms for 1991–96 and on two of four forms beginning in 1997; N is one-half of N indicated. MDMA data based on one-third of N indicated due to changes on the questionnaire forms. For 12th graders only: Data based on one form; N is one-sixth of N indicated.

[e]For 12th graders only: Data based on four of six forms; N is four-sixths of N indicated.

[f]In 1995, the heroin question was changed in three of six forms for 12th graders and in one of two forms for 8th and 10th graders. Separate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms. In 1996, the heroin question was changed in the remaining 8th and 10th grade form.

[g]Only drug use which was not under a doctor's orders is included here.

[h]For 12th graders only: Data based on two of six forms; N is two-sixths of N indicated.

[i]For all grades: In 1993, the question text was changed slightly in half of the forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two forms for the 8th and 10th graders and on three of six forms for the 12th graders. N is one-half of N indicated for all groups. Data for 1994–97 were based on all forms for all grades.

[j]For 8th, 10th and 12th graders: The changes in the '91–'97 change columns for alcohol are actually the '93–'97 changes.

[k]For 12th graders only: The changes in the '91–'97 change columns for smokeless tobacco are actually the '92–'97 changes.

[l]Daily use is defined as use on twenty or more occasions in the past thirty days except for 5+ drinks, cigarettes, and smokeless tobacco, for which actual daily use is measured.

TABLE 3

Long-Term Trends in Lifetime Prevalence of Use of Various Drugs for Twelfth Graders

	Percent ever used																						
	Class of 1976	Class of 1978	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96-'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	55.2	58.3	61.8	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	50.8	54.3	+3.5s
Any Illicit Drug Other Than Marijuana[a,b]	38.2	35.4	35.8	36.5	37.4	38.7	42.8	41.1	40.4	40.3	39.7	37.7	35.8	32.5	31.4	29.4	28.9	25.1	26.7	27.6	28.1	26.5	30.0	+1.5
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	32.6	35.3	38.2	41.7	44.9	49.6	+4.7ss
Inhalants[c]	—	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	17.6	16.0	17.6	16.6	17.4	17.7	17.4	16.6	16.1	-0.5
Inhalants, Adjusted[c,d]	—	—	—	—	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.8	17.5	18.6	18.5	18.0	17.0	17.7	18.3	17.8	17.5	16.9	-0.6
Amyl/Butyl Nitrites[c,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	1.8	2.0	+0.2
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	9.2	10.9	11.4	12.7	14.0	15.1	+1.1
Hallucinogens, Adjusted[d]	—	—	—	—	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	9.9	9.7	10.0	9.4	11.3	11.7	13.1	14.5	15.4	+0.9
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	8.6	10.3	10.5	11.7	12.6	13.6	+1.0
PCP[c,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	6.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	4.0	3.9	-0.1
MDMA (Ecstasy)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.1	6.9	+0.8
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.6	8.1	6.1	5.9	6.0	7.1	8.7	+1.6s
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	2.6	3.0	3.0	3.3	3.9	+0.6s
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	5.2	5.1	6.4	8.2	+1.8s
Heroin[i]	2.2	1.6	1.6	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	1.3	1.3	0.9	1.2	1.1	1.2	1.6	1.8	2.1	+0.3
Other Opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.5	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.5	6.1	6.4	6.6	7.2	8.2	9.7	+1.5ss
Stimulants[a,k]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	27.9	26.0	27.9	26.2	23.4	21.6	19.8	19.1	17.5	15.4	13.9	15.1	15.7	15.3	15.3	16.5	+1.2
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	4.4	4.4	0.0
Sedatives[k,m]	16.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	6.1	6.4	7.3	7.6	8.2	8.7	+0.5
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	8.5	6.8	6.2	5.5	6.3	7.0	7.4	7.6	8.1	+0.5
Methaqualone[k,m]	8.1	7.8	6.5	7.9	6.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.0	0.6	1.4	1.2	2.0	1.7	-0.3
Tranquilizers[k]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	7.2	7.8	+0.6
Alcohol[n]	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.6	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	87.5	87.0	—	—	—	—	—
																			80.0	80.4	80.7	79.2	81.7	+2.5ss
Been Drunk[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	61.8	64.2	+2.4
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.0	67.2	66.4	65.7	64.4	63.1	61.8	61.9	62.0	64.2	63.6	65.4	+1.9
Smokeless Tobacco[o,p]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	29.8	25.3	-4.5
Steroids[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	1.9	2.4	+0.5

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

Footnotes for Table 3–Table 6

[a]Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.

[b]Beginning in 1982 the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[c]Data based on four of five forms in 1976–88; N is four-fifths of N indicated. Data based on five of six forms in 1989–97; N is five-sixths of N indicated.

[d]Adjusted for underreporting of amyl and butyl nitrites. See text for details.

[e]Data based on one form; N is one-fifth of N indicated in 1979–88 and one-sixth of N indicated in 1989–97.

[f]Question text changed slightly in 1987.

[g]Adjusted for underreporting of PCP. See text for details.

[h]Data based on one of five forms in 1986; N is one-fifth of N indicated. Data based on two forms in 1987–89; N is two-fifths of N indicated in 1987–88 and two-sixths of N indicated in 1989. Data based on six forms in 1990–97.

[i]Data based on one form in 1987–89; N is one-fifth of N indicated in 1987–88 and one-sixth of N indicated in 1989. Data based on four of six forms in 1990–97; N is four-sixths of N indicated.

[j]In 1995 the heroin question was changed in half of the questionnaire forms. Seperate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms.

[k]Only drug use which was not under a doctor's orders is included here.

[l]Data based on two of six forms; N is two-sixths of N indicated. Steroid data based on one of six forms in 1989–90; N is one-sixth of N indicated in 1989–90. Steroid data based on two of six forms since 1991; N is two-sixths of N indicated since 1991.

[m]Sedatives: Data based on five forms in 1975-88, six forms in 1989, one form in 1990 (N is one-sixth of N indicated in 1990), and six forms of data adjusted by one-form data beginning in 1991. Methaqualone: Data based on five forms in 1975–88; six forms in 1989, and one of six forms beginning in 1990 (N is one-sixth of N indicated beginning in 1990).

[n]Data based on five forms in 1975–88 and on six forms in 1989–92. In 1993, the question text was changed slightly in three of six forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from the three forms using the original wording (N is three-sixths of N indicated), while the data in the lower line came from the three forms containing the revised wording (N is three-sixths of N indicated). Data for 1994–97 were based on all six forms.

[o]Prevalence of smokeless tobacco was not asked of twelfth graders in 1990 and 1991. Prior to 1990 the prevalence question on smokeless tobacco was located near the end of one twelfth-grade questionnaire form, whereas after 1991 the question was placed earlier and in a different form. This shift could explain the discontinuities between the corresponding data.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Annual Prevalence of Use of Various Drugs for Twelfth Graders

	Percent who used in last twelve months																							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	45.0	46.1	51.1	53.8	54.2	53.1	52.1	49.4	47.4	45.8	46.3	44.3	41.7	38.6	35.4	32.5	29.4	27.1	31.0	35.6	39.0	40.2	42.4	+2.2
Any Illicit Drug Other Than Marijuana[a,b]	25.2	25.4	26.0	27.1	28.2	30.4	34.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	19.8	20.7	+0.9
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	40.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.8	27.0	23.9	21.9	26.0	30.7	34.7	35.8	38.5	+2.7
Inhalants[f]	—	3.0	3.7	4.1	5.4	4.6	4.1	4.6	4.3	5.1	5.7	6.1	6.9	6.5	5.9	6.0	6.5	6.2	7.0	7.7	8.0	7.6	6.7	-0.9
Inhalants, Adjusted[f,4]	—	—	—	—	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	6.9	7.5	6.9	6.4	7.4	8.2	8.4	8.5	7.3	-1.2s
Amyl/Butyl Nitrites[e,f]	—	—	—	—	6.5	5.7	3.7	3.0	3.8	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	0.5	0.9	1.1	1.1	1.6	1.2	-0.4
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	5.9	7.4	7.6	9.3	10.1	9.6	-0.5
Hallucinogens, Adjusted[f]	—	—	—	—	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	6.2	6.0	5.1	6.2	7.8	7.8	9.7	10.7	10.0	-0.7
LSD	7.2	6.4	5.6	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.6	4.9	5.4	5.2	5.6	6.6	6.9	8.4	8.8	8.4	-0.4
PCP[e,f]	—	—	—	—	7.0	4.4	3.2	2.2	2.0	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	1.4	1.4	1.6	1.6	2.6	2.3	-0.3
MDMA (Ecstasy)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.6	4.0	-0.6
Cocaine	5.6	8.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.6	3.1	3.3	3.6	4.0	4.9	5.5	+0.6
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	2.1	2.4	+0.3
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	9.8	7.4	6.2	4.6	3.2	2.6	2.9	3.0	3.4	4.2	5.0	+0.8
Heroin[j]	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.6	0.6	0.6	0.5	0.5	0.6	0.5	0.4	0.6	0.5	0.8	1.1	1.0	1.2	+0.2
Other Opiates[k]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	6.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	4.7	5.4	6.2	+0.8s
Stimulants[b,k]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	20.3	17.9	17.7	16.8	13.4	12.2	10.9	10.6	9.1	8.2	7.1	8.4	9.4	9.3	9.5	10.2	+0.7
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	2.8	2.3	-0.5
Sedatives[k,m]	11.7	10.7	10.6	9.8	9.6	10.3	10.5	9.1	7.9	8.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	2.9	3.4	4.2	4.9	5.3	5.4	+0.1
Barbiturates[k]	10.7	9.6	9.3	8.1	7.5	8.8	8.8	5.5	5.2	4.9	4.8	4.2	3.6	3.2	3.3	3.4	3.4	2.8	3.4	4.1	4.7	4.9	5.1	+0.2
Methaqualone[k,m]	5.1	4.7	5.2	4.9	5.0	7.2	7.8	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	0.6	0.2	0.8	0.7	1.1	1.0	-0.1
Tranquilizers[k]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.8	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	2.8	3.5	3.7	4.4	4.6	4.7	+0.1
Alcohol[e]	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.8	84.5	85.7	85.3	82.7	80.6	77.7	76.8	76.0	—	—	—	—	—
																			72.7	73.0	73.7	72.5	74.8	+2.3s
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	51.9	53.2	+1.3
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[e,f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	1.5	1.4	1.4	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 3 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Use of Various Drugs for Twelfth Graders

	Percent who used in last thirty days																							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Approx. N =	*9100*	*15400*	*17100*	*17800*	*15600*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	26.2	+1.8
Any Illicit Drug Other Than Marijuana[a,b]	15.4	13.9	16.2	15.1	16.8	18.4	21.7	17.0	15.4	15.1	14.9	13.2	11.0	10.0	9.1	8.0	7.1	6.3	7.9	8.8	10.0	9.5	10.7	+1.2
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.0	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	11.9	15.5	19.0	21.2	21.9	23.7	+1.8
Inhalants[c]	—	0.8	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	2.3	2.7	2.4	2.3	2.5	2.7	3.2	2.5	2.6	0.0
Inhalants, Adjusted[c,d]	—	—	—	—	3.2	2.7	2.5	2.5	2.5	2.5	3.0	3.2	3.5	3.0	2.7	2.9	2.6	2.5	2.8	2.9	3.5	2.9	2.9	0.0
Amyl/Butyl Nitrites[c,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.8	0.6	0.4	0.3	0.6	0.4	0.4	0.7	0.7	0.0
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	2.2	2.2	2.2	2.1	2.7	3.1	4.4	3.5	3.9	+0.4
Hallucinogens, Adjusted[d]	—	—	—	—	5.3	4.4	4.5	4.1	3.5	3.2	3.8	3.5	2.8	2.3	2.9	2.3	2.4	2.3	3.3	3.2	4.6	3.8	4.1	+0.3
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	2.0	2.4	2.6	4.0	2.5	3.1	+0.6a
PCP[c,f]	—	—	—	—	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	1.4	0.4	0.5	0.8	1.0	0.7	0.6	1.3	0.7	-0.6
MDMA (Ecstasy)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.0	1.6	-0.4
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.6	6.7	6.2	4.3	3.4	2.8	1.9	1.4	1.3	1.3	1.5	1.8	2.0	2.3	+0.3
Crack[b]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	1.0	0.9	-0.1
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	1.6	2.0	+0.4
Heroin[f]	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.3	0.6	0.5	0.5	0.0
Other Opiates[b]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	1.2	1.3	1.5	1.8	2.0	2.3	+0.3
Stimulants[b,h]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	10.7	8.9	8.3	6.8	5.5	5.2	4.6	4.2	3.7	3.2	2.8	3.7	4.0	4.0	4.1	4.8	+0.7a
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.8	0.5	0.6	0.7	1.1	1.1	0.8	-0.3
Sedatives[b,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	2.3	2.3	2.1	-0.2
Barbiturates[b]	4.7	3.8	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	1.1	1.3	1.7	2.2	2.1	2.1	0.0
Methaqualone[b,m]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.6	0.2	0.2	0.4	0.1	0.4	0.4	0.6	0.3	-0.3
Tranquilizers[b]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	1.0	1.2	1.4	1.8	2.0	1.8	-0.2
Alcohol[e]	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	60.0	57.1	54.0	51.3	51.0	—	—	—	—	—
																			48.6	50.1	51.3	50.8	52.7	+1.9
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	28.9	28.9	30.8	33.2	31.3	34.2	+2.9
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3	27.8	29.9	31.2	33.5	34.0	36.5	+2.5a
Smokeless Tobacco[e,f]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	9.8	9.7	-0.1
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	0.7	1.0	+0.3

NOTES: Level of significance of difference between the two most recent classes: a = .05, aa = .01, aaa = .001. '—' indicates data not available. See Table 3 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 6

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Drugs for Twelfth Graders

	Percent who used daily in last thirty days																							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96-'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	1.9	2.4	3.6	4.6	4.9	5.8	+0.9s
Inhalants[c]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	0.2	0.1	-0.1
Inhalants, Adjusted[c,d]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—	0.4	0.2	-0.3s
Amyl/Butyl Nitrites[e,f]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	0.4	0.1	-0.3s
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	+0.1s
Hallucinogens, Adjusted[c,d]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—	0.4	0.4	-0.1
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	*	0.2	+0.1s
PCP[e,f]	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.3	0.1	-0.2
MDMA (Ecstasy)[e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.0	0.1	+0.1
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	-0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.0
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	0.2	0.2	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	-0.1
Heroin[j]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*.	*	0.1	0.1	0.1	-0.1
Other Opiates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.2	0.2	0.0
Stimulants[e,k]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.6	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.0
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Sedatives[k,m]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Barbiturates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	0.1	0.1	0.0
Methaqualone[k,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0	0.1	+0.1
Tranquilizers[k]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.2	0.1	-0.1s
Alcohol																								
Daily[n]	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6	3.4	2.5	—	—	—	—	—
																			3.4	2.9	3.5	3.7	3.9	+0.2
Been drunk daily[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	1.3	1.8	2.0	+0.4
5+ drinks in a row in last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	33.0	32.2	29.8	27.9	27.5	28.2	29.8	30.2	31.3	+1.1
Cigarettes																								
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5	17.2	19.0	19.4	21.8	22.2	24.6	+2.4s
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	10.0	10.9	11.2	12.4	13.0	14.3	+1.3
Smokeless Tobacco[e,k]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	3.3	4.4	+1.0
Steroids[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	0.3	0.3	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '*' indicates less than .05 percent.
Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error.
See Table 3 for relevant footnotes.
Daily use is defined as use on twenty or more occasions in the past thirty days except for 5+ drinks, cigarettes, and smokeless tobacco, for which actual daily use is measured.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 7

Trends in Harmfulness of Drugs as Perceived by Eighth, Tenth, and Twelfth Graders, 1991–97

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"*																							
	8th Grade								10th Grade								12th Grade							
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change
Try marijuana once or twice	40.4	39.1	36.2	31.6	28.9	27.9	25.3	-2.6sss	30.0	31.9	29.7	24.4	21.5	20.0	18.8	-1.2	27.1	24.6	21.9	19.5	16.3	15.6	14.9	-0.7
Smoke marijuana occasionally	57.9	56.3	53.8	48.6	45.9	44.3	43.1	-1.2	48.6	48.9	46.1	38.9	36.4	32.6	31.9	-0.9	40.6	39.8	35.6	30.1	25.6	25.9	24.7	-1.2
Smoke marijuana regularly	83.8	82.0	79.6	74.3	73.0	70.9	72.7	+1.8	82.1	81.1	78.5	71.3	67.9	65.9	65.9	0.0	78.8	76.5	72.5	65.0	60.6	59.9	58.1	-1.8
Try inhalants once or twice[b]	35.9	37.0	36.5	37.9	36.4	40.8	40.1	-0.7	37.8	38.7	40.9	42.7	41.0	47.2	47.5	+0.3	—	—	—	—	—	—	—	—
Try inhalants regularly[b]	66.8	64.4	64.6	65.5	64.8	68.2	68.7	+0.5	69.8	67.9	69.6	71.5	71.8	75.8	74.5	-1.3	—	—	—	—	—	—	—	—
Take LSD once or twice[c]	—	—	42.1	38.3	36.7	36.5	37.0	+0.5	—	—	48.7	46.5	44.7	45.1	44.5	-0.6	46.6	42.3	39.5	38.8	36.4	36.2	34.7	-1.5
Take LSD regularly[c]	—	—	68.3	65.8	64.4	63.6	64.1	+0.5	—	—	78.9	75.9	76.5	75.3	73.8	-1.5	84.3	81.8	79.4	79.1	78.1	77.8	76.6	-1.2
Try crack once or twice[b]	62.8	61.2	57.2	54.4	50.8	51.0	49.9	-1.1	70.4	69.6	66.6	64.7	60.9	60.9	59.2	-1.7	80.6	82.4	57.6	58.4	54.6	56.0	54.0	-2.0
Take crack occasionally[b]	82.2	79.6	76.8	74.4	72.1	71.6	71.2	-0.4	87.4	86.4	84.4	83.1	81.2	80.3	78.7	-1.6	76.5	78.3	73.9	73.8	72.6	71.4	70.3	-1.1
Try cocaine powder once or twice[b]	55.5	54.1	50.7	48.4	44.9	45.2	45.0	-0.2	59.1	59.2	57.5	58.4	53.6	53.8	52.2	-1.4	53.6	57.1	53.2	55.4	52.0	53.2	51.4	-1.8
Take cocaine powder occasionally[b]	77.0	74.3	71.8	69.1	66.4	65.7	65.8	+0.1	82.2	80.1	79.1	77.8	75.8	75.0	73.9	-1.1	69.6	79.8	68.8	70.6	69.1	68.8	67.7	-1.1
Try heroin once or twice without using a needle[c]	—	—	—	—	60.1	61.3	63.0	+1.7	—	—	—	—	70.7	72.1	73.1	+1.0	—	—	—	—	55.6	58.6	60.5	+1.9
Take heroin occasionally without using a needle[c]	—	—	—	—	76.8	76.8	79.2	+2.6	—	—	—	—	85.1	85.8	86.5	+0.7	—	—	—	—	71.2	71.0	74.3	+3.3s
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	11.0	12.1	12.4	11.6	11.6	11.8	10.4	-1.4s	9.0	10.1	10.9	9.4	9.3	8.9	9.0	+0.1	9.1	8.6	8.2	7.6	5.9	7.3	6.7	-0.6
Take one or two drinks nearly every day	31.6	32.4	32.6	29.9	30.5	28.6	29.1	+0.5	36.1	36.6	35.9	32.5	31.7	31.2	31.8	+0.6	32.7	30.6	28.2	27.0	24.8	25.1	24.5	-0.3
Have five or more drinks once or twice each weekend	59.1	58.0	57.7	54.7	54.1	51.6	55.6	+3.9sss	54.7	55.9	54.9	52.9	52.0	50.9	51.8	+0.9	48.6	49.0	48.3	46.5	45.2	49.5	43.0	-6.5sss
Smoke one or more packs of cigarettes per day	51.6	50.8	52.7	50.8	49.8	50.4	52.6	+2.2	60.3	59.3	60.7	59.0	57.0	57.9	59.9	+2.0	69.4	69.2	69.6	67.6	65.6	68.2	68.7	+0.5
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.5	34.0	35.2	+1.2	40.3	39.6	44.2	42.2	38.2	41.0	42.2	+1.2	37.4	35.5	38.9	36.6	33.2	37.4	38.6	+1.2
Take steroids[d]	64.2	69.5	70.2	67.6	—	—	—	—	67.1	72.7	73.4	72.5	—	—	—	—	65.6	70.7	69.1	68.1	66.4	67.6	67.2	-0.4
Approx. N =	*17437*	*18662*	*18366*	*17394*	*17501*	*17926*	*18765*		*14719*	*14808*	*15298*	*15680*	*17006*	*15670*	*15640*		*2549*	*2684*	*2759*	*2591*	*2603*	*2449*	*2579*	

NOTES: Level of significance of difference between the two most recent classes: s =.05, ss =.01, sss =.001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, (5) Can't say, drug unfamiliar.
[b]8th and 10th grade: Data based in 1997 on two-thirds of N indicated due to changes in questionnaire forms.
[c]8th and 10th grade: Data based on one of two forms in 1993–96; N is one-half of N indicated. Data based in 1997 on one-third of N indicated due to changes in questionnaire forms.
[d]8th and 10th grade: Data based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 9
Trends in Disapproval of Drug Use by Eighth, Tenth, and Twelfth Graders, 1991–97

Percent who "disapprove" or "strongly disapprove"[a]

Do you disapprove of people who . . .	8th Grade 1991	1992	1993	1994	1995	1996	1997	'96–'97 change	10th Grade 1991	1992	1993	1994	1995	1996	1997	'96–'97 change	12th Grade[b] 1991	1992	1993	1994	1995	1996	1997	'96–'97 change
Try marijuana once or twice	84.6	82.1	79.2	72.9	70.7	67.5	67.6	+0.1	74.6	74.8	70.3	62.4	59.6	55.6	54.1	-1.4	68.7	69.9	63.3	57.6	56.7	52.5	51.0	-1.5
Smoke marijuana occasionally	89.5	88.1	85.7	80.9	79.7	76.5	78.1	+1.5s	83.7	83.6	79.4	72.3	70.0	66.9	66.2	-0.7	79.4	79.7	75.5	68.9	66.7	62.9	63.2	+0.3
Smoke marijuana regularly	92.1	90.8	88.9	85.3	85.1	82.8	84.6	+1.8s	90.4	90.0	87.4	82.2	81.1	79.7	79.7	0.0	89.3	90.1	87.8	82.3	81.9	80.0	78.8	-1.2
Try inhalants once or twice[c]	84.9	84.0	82.5	81.6	81.8	82.9	84.1	+1.2	85.2	85.6	84.8	84.9	84.5	86.0	86.9	+0.9	—	—	—	—	—	—	—	—
Take inhalants regularly[c]	90.6	90.0	88.9	88.1	88.8	89.3	90.3	+1.0	91.0	91.5	90.9	91.0	90.9	91.7	91.7	0.9	—	—	—	—	—	—	—	—
Try LSD once or twice[d]	—	—	77.1	75.2	71.0	70.9	72.1	+1.2	—	—	82.1	79.3	77.9	76.8	76.6	-0.2	90.1	88.1	86.9	82.5	81.1	79.6	80.5	+0.9
Take LSD regularly[d]	—	—	79.8	76.4	75.8	75.3	76.3	+1.0	—	—	86.8	85.6	84.8	84.5	83.4	-1.1	96.4	95.5	95.8	94.3	92.5	93.2	92.9	-0.3
Try crack once or twice[e]	91.7	90.7	89.1	86.9	85.9	85.0	85.7	+0.7	92.5	92.5	91.4	89.0	88.7	88.2	87.4	-0.8	92.1	93.1	89.9	89.5	91.4	87.4	87.0	-0.4
Take crack occasionally[e]	93.3	92.6	91.7	89.9	89.8	89.3	90.3	+1.0	94.3	94.4	93.6	92.5	91.7	91.9	91.0	-0.9	94.2	95.0	92.8	92.6	94.0	91.2	91.3	+0.1
Try cocaine powder once or twice[e]	91.2	89.6	88.5	88.1	85.3	83.9	85.1	+1.2	90.8	91.1	90.0	88.1	88.8	86.1	85.1	-1.0	86.0	89.4	86.6	87.1	88.3	83.1	83.0	-0.1
Take cocaine powder occasionally[e]	93.1	92.4	91.6	89.7	89.7	88.7	90.1	+1.4s	94.0	94.0	93.2	92.1	91.4	91.1	90.4	-0.7	93.0	93.4	91.2	91.0	92.7	89.7	89.3	-0.4
Try heroin once or twice without using a needle[d]	—	—	—	—	85.8	85.0	87.7	+2.7ss	—	—	—	—	89.7	89.5	89.1	-0.4	—	—	—	—	92.9	90.8	92.3	+1.5
Take heroin occasionally without using a needle[d]	—	—	—	—	88.5	87.7	90.1	+2.4ss	—	—	—	—	91.6	91.7	91.4	-0.3	—	—	—	—	94.7	93.2	94.4	+1.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	51.7	52.2	50.9	47.6	46.0	45.5	45.7	+0.2	37.6	39.9	38.5	36.5	36.1	34.2	33.7	-0.5	29.8	33.0	30.1	28.4	27.3	26.5	26.1	-0.4
Take one or two drinks nearly every day	82.2	81.0	79.6	76.7	75.9	74.1	76.6	+2.5ss	81.7	81.7	78.6	75.2	75.4	73.8	75.4	+1.6	76.5	75.9	77.8	73.1	73.3	70.8	70.0	-0.8
Have five or more drinks once or twice each weekend	85.2	83.9	83.3	80.7	80.7	79.1	81.3	+2.2ss	76.7	77.6	74.7	72.3	72.2	70.7	70.2	-0.5	67.4	70.7	70.1	65.1	66.7	64.7	65.0	+0.3
Smoke one or more packs of cigarettes per day	82.8	82.3	80.6	78.4	78.6	77.3	80.3	+3.0sss	79.4	77.6	76.5	73.0	73.2	71.6	73.8	+2.2s	71.4	73.5	70.8	69.6	68.2	67.2	67.1	-0.1
Use smokeless tobacco regularly	79.1	77.2	77.1	75.1	74.0	74.1	76.5	+2.4ss	75.4	74.6	73.8	71.2	71.0	71.0	72.3	+1.3	—	—	—	—	—	—	—	—
Take steroids[e]	89.6	90.3	89.9	87.9	—	—	—	—	90.0	91.0	91.2	90.8	—	—	—	—	90.5	92.1	92.1	91.9	91.0	91.7	91.4	-0.3
Approx. N =	*17390*	*18503*	*18435*	*17429*	*17560*	*17998*	*18765*		*14750*	*14774*	*15334*	*15891*	*17016*	*15686*	*15627*		*2547*	*2645*	*2723*	*2588*	*2603*	*2399*	*2601*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[a]Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

[b]The twelfth grade questions ask about people who are 18 or older.

[c]8th and 10th grade: Data based in 1997 on two-thirds of N indicated due to changes in questionnaire forms.

[d]8th and 10th grade: Data based on one of two forms in 1993–96; N is one-half of N indicated. Data based in 1997 on one-third of N indicated due to changes in questionnaire forms.

[e]8th and 10th grade: Data based on two forms in 1991 and 1992 and on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 12

Long-Term Trends in Perceived Availability of Drugs, Twelfth Graders

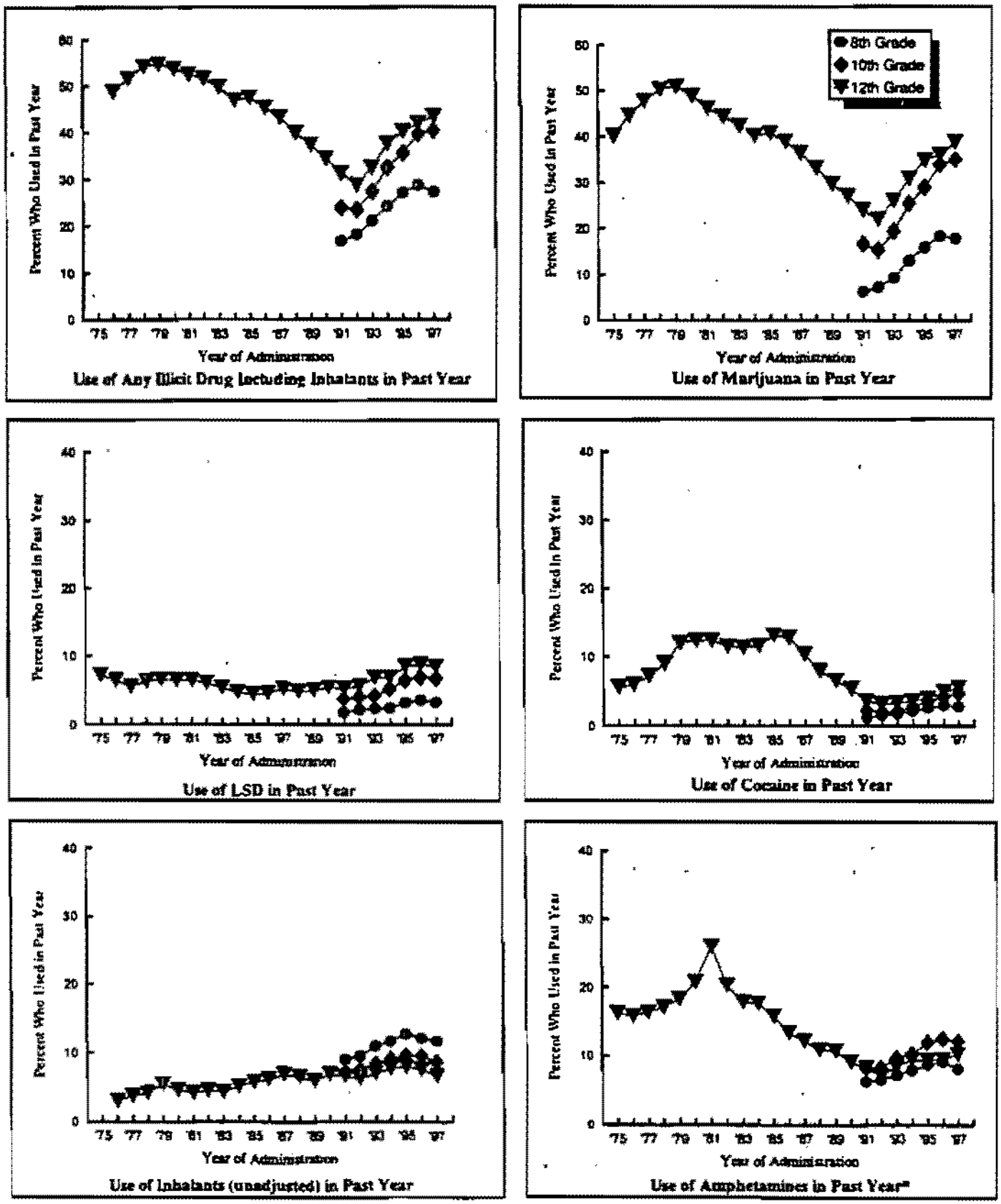
How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get*																							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	82.7	83.0	85.5	88.5	86.7	89.6	+0.9
Amyl/Butyl Nitrites	—	—	—	—	—	—	—	—	—	—	—	—	23.9	25.9	26.6	24.4	22.7	25.9	25.9	26.7	26.0	23.9	23.8	-0.1
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.5	49.2	50.8	53.8	51.3	50.7	-0.6
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	26.6	28.1	24.9	25.0	26.2	28.2	26.3	28.0	29.9	33.5	33.8	35.8	33.9	33.9	0.0
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	28.9	27.7	27.6	31.7	31.7	31.4	31.0	30.5	30.0	-0.5
MDMA (Ecstasy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	34.2	36.9	38.8	+1.9
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.8	47.7	48.1	46.5	+0.4
Crack	—	—	—	—	—	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	41.9	40.7	40.6	-0.1
Cocaine powder	—	—	—	—	—	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	43.8	44.4	43.3	-1.1
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	35.1	32.2	33.8	+1.6
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	38.0	39.8	40.0	38.9	-1.1
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	62.8	59.4	59.8	+0.4
Crystal meth. (Ice)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.8	27.0	26.9	27.6	+0.7
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	46.2	47.8	48.4	45.9	42.4	44.0	44.5	43.3	42.3	41.4	40.0	-1.4
Tranquilizers	71.8	65.5	54.9	64.3	61.4	59.1	60.8	58.9	56.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	37.8	36.0	35.4	-0.6
Steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	45.6	40.3	41.7	+1.4
Approx. N =	*2627*	*2865*	*3065*	*3598*	*3172*	*3240*	*3578*	*3602*	*3385*	*3269*	*3274*	*3077*	*3271*	*3231*	*2806*	*2649*	*2476*	*2586*	*2870*	*2528*	*2562*	*2340*	*2517*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

FIGURE 7

Trends in Annual Use of Selected Drugs by Grade, 1975-1997

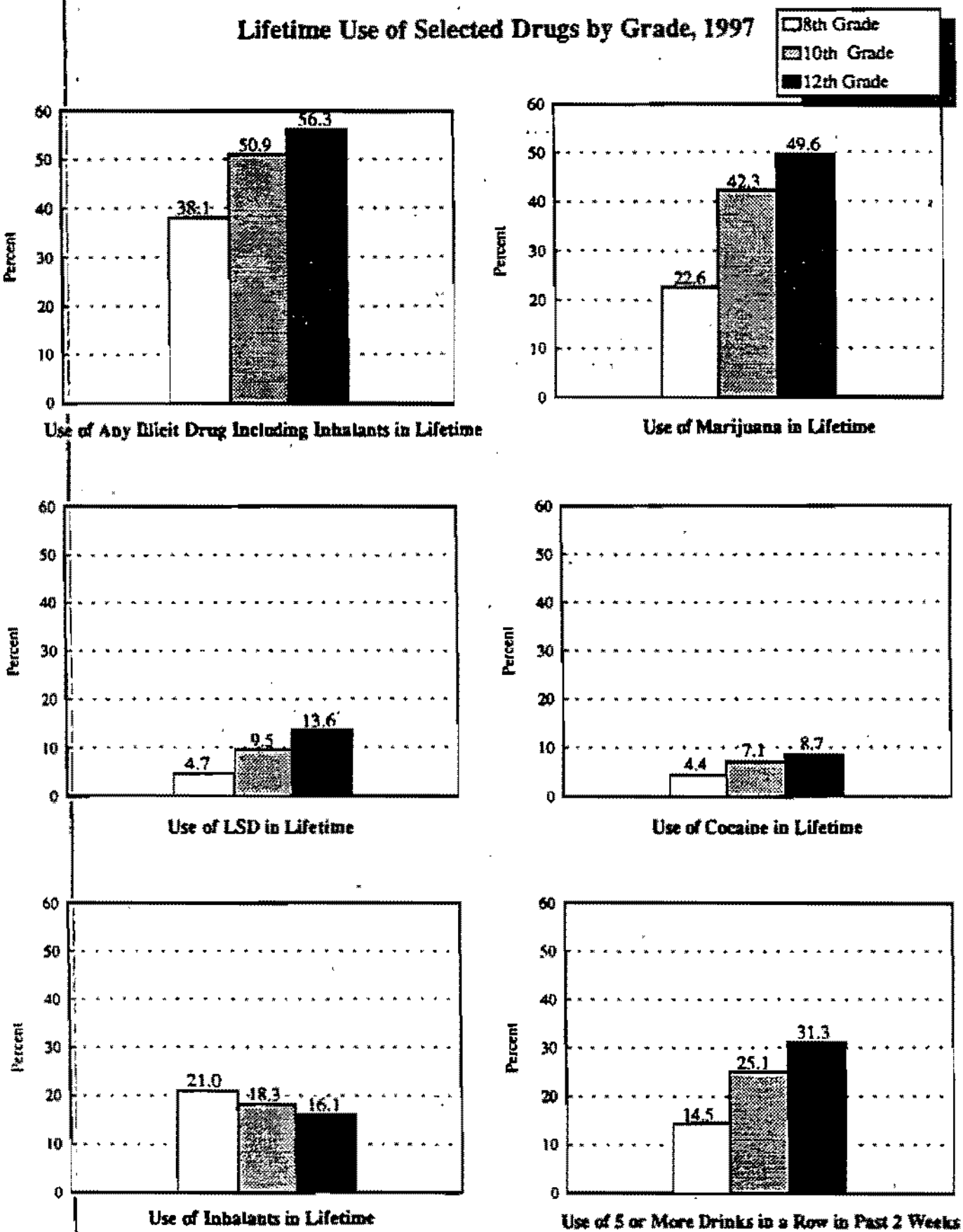


*Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

Source: Monitoring The Future Study, The University of Michigan.

FIGURE 8

Lifetime Use of Selected Drugs by Grade, 1997



Source: Monitoring The Future Study, The University of Michigan

PRIDE

Drug-Free Youth

PRESS RELEASE

Embargoed for Release
1 p.m., Oct. 28, 1997

Contact: Doug Hall
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Junior high students continue to show increases in drug use; Signs of progress are seen in high school age group; Help for parents provided in PRIDE Tool Box

Washington, Oct. 28 – The nation's largest student drug survey today offered a mixed report card on American youth: a five-year frenzy of drug use may have stabilized among older students, but among 11- to 14-year-olds illegal drug use remains on the rise.

In releasing the tenth annual PRIDE Survey of 141,077 students in junior and senior high school, experts said the monthly use of most drugs during the 1996-97 school year by students in senior high school (grades 9-12) was unchanged.

But students in junior high (grades 6-8) reported statistically significant increases in monthly use of marijuana, cocaine, uppers, downers, hallucinogens, and heroin. One-tenth (11 percent) of junior high students, mostly ages 11-14, were current (monthly) drug users.

Cigarettes, wine cooler, and liquor use remained unchanged by junior high students. Decreases were reported for inhalants and beer.

At the high school level, increases were reported in monthly cigarette and liquor use, while decreases were found in inhalant and hallucinogen use. All other drug categories remained statistically unchanged.

"Though I caution against too much optimism, there is a glimmer of hope in the data. The increases this year are not nearly as steep as we've seen in recent years, and in some cases we observed slight decreases," said Thomas J. Gleaton, president of PRIDE, the Atlanta-based organization that conducted the survey.

MORE

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In the fall of 1992, PRIDE was first to report that teen drug use had reversed more than a decade of steady decline. Since then, some drugs have more than doubled in use.

Gleaton added, "Senior high drug use may have stalled, but it is stalled at the highest levels we have measured in ten years. Until we see sharp declines in use at all grade levels, there will be no reason to rejoice."

One quarter of senior high students (25%) used an illicit drug on a monthly or more frequent basis in the past school year. Seven percent said they took illegal drugs daily, a figure that rose to 8 percent for the twelfth grade.

More parents are talking

For the first time in five years, the percent of students who said their parents talk with them "often" or "a lot" about the dangers of alcohol and drugs rose slightly from 29.6 percent to 30.8 percent. In 1991-92, 38.7 percent of students said they received frequent warnings from their parents.

Annual use of any illicit drug by students who are warned "a lot" by their parents is lower (26 percent) than among students who "never" get parental warnings (37 percent) – a 30 percent relative decrease.

Two-thirds (67 percent) of students said their parents regularly set clear rules for them, but only half (51 percent) said they are punished when they break the rules.

Annual use of any illicit drug was dramatically lower (21.7 percent) among students who said their parents set clear rules "a lot" versus students who said their parents "never" set clear rules (50.7 percent) – a 57 percent relative decrease.

More students (48 percent) said they attend parties "often" or "a lot" than church (46 percent), and 15 percent said they are very likely to use drugs or alcohol at parties.

Students were twice as likely to smoke marijuana at home than at school (13.5 percent vs. 6.5 percent), and more than four times more likely to smoke pot at a friend's house than at school (28.5 percent vs. 6.5 percent).

In order, the times when students were most likely to smoke pot were: weekends, weeknights, after school, before school, and during school.

PRIDE Tool Box unveiled

As it announced the survey results, PRIDE unveiled an innovative resource that empowers parents to combat the drug scourge.

"This study accentuates the important role that parents play in preventing drug use," Gleaton said. "Parents need all the tools they can get to prevent drug use."

MORE

The PRIDE Tool Box will be distributed by 25,000 youth in some 500 U.S. communities beginning today. It contains a guidebook, compact disc, two-way family pledge, family bulletin board, refrigerator magnet and informational brochure on PDT-90 patented hair analysis drug testing technology.

For more information, parents can call 1-800-853-7867. (See separate press release.)

Liquor and cigarette use on the rise

Use of two deadly, legal drugs -- alcohol and cigarettes -- showed no abatement. Monthly cigarette smoking rose to 35 percent among senior high students, while monthly use of hard liquor rose to 29 percent.

Cigarettes and liquor showed the strongest increases of any drug categories and were the only two drugs in which increases of two percentage points or more were registered. In recent years, the PRIDE Survey has seen one-year increases of up to 6 percentage points for some drugs.

Annual use of cigarettes and liquor rose 2.4 percent among twelfth grades, from 50 percent to 52.4 percent in the case of cigarettes, and from 59.9 percent to 62.3 percent for liquor.

Gleaton said aggressive marketing strategies by distillers and cigarette makers, coupled with social trends such as the popularity of cigar bars and martini clubs, may have contributed to greater acceptance of smoking and hard liquor among teen-agers.

Beer use remained mostly flat, although an increase in senior high annual use from 59.1 percent to 59.6 percent was statistically significant. Use fell on a monthly basis in junior high. In all cases, drinking wine coolers remained unchanged.

Despite widespread public attention to adolescent cigarette smoking, more young people lit up last year than at any time in the ten years of the survey. They said cigarettes are easy to find, and a surprising number said that cigarettes present no serious health threat.

One half of the senior high (50 percent) said they smoked cigarettes in the past year, up 2 percent from the year before, and 20 percent said they smoked daily.

Over two-thirds of students (68 percent) said cigarettes were fairly easy or very easy to get. Nearly a quarter of students (24 percent) thought cigarettes posed only a limited threat to health, with 4 percent saying there is no health risk in smoking.

MORE

Methodology

The study was conducted during the 1996-97 school year and involved 141,077 students from 28 states. The PRIDE Survey represents data from sixth through twelfth grade students conducted between September and June of the school year. Participating schools are sent the PRIDE Questionnaire with explicit instructions for administering the anonymous, self report instrument.

Schools that administer the PRIDE Questionnaire do so voluntarily, or in compliance with a school district or state request.

Comparing PRIDE Survey to others

Results of the PRIDE Survey are generally consistent with the National Institute on Drug Abuse's Monitoring the Future Survey (MTF). Data from MTF has not been released for the 1996-97 school year.

Any Illicit Drug Annual Use: PRIDE vs. Monitoring the Future (MTF)

YEAR	1996-97			1995-96			1995-95			1993-94			1992-93			1991-92			1990-91		
Grade	8	10	12	8	10	12	8	10	12	8	10	12	8	10	12	8	10	12	8	10	12
PRIDE	27.9	39.1	41.6	25.9	38.0	40.8	21.3	32.3	35.8	19.3	28.6	31.9	15.0	22.6	28.2	13.5	21.1	25.1	13.0	20.5	24.8
MTF				23.6	37.5	40.2	21.4	33.3	39.0	18.5	30.0	35.8	15.1	24.7	31.0	12.9	20.2	27.1	11.3	21.4	29.4
Difference				-2.3	-0.5	-0.6	+0.1	+1.0	+3.2	-0.8	+1.4	+3.9	+0.1	+2.1	+2.8	-0.6	-0.9	+2.0	-1.7	+0.9	+4.6

A third survey, the National Household Survey on Drug Abuse (NHS) has historically shown significantly lower drug use in the age 12-17 cohort than either the PRIDE Survey or the Monitoring the Future Survey. The following table compares the PRIDE Survey with NHS, which was released Aug. 6, 1997 by the Department of Health and Human Services.

Any Illicit Drug Monthly Use: PRIDE vs. National Household Survey (NHS)

Age	12-17	12-13	14-15	16-17	16-20
PRIDE	18.3	8.6	19.7	27.0	27.8
NHS	9.0	2.2	8.8	15.6	20.0
Difference	-9.3	-6.4	-10.9	-11.4	-7.8

Information from the PRIDE Survey is found in the President's National Drug Control Strategy and the Bureau of Justice Statistics Sourcebook. It is also used by Congress as an indicator of student drug use.

MORE

A copy of the survey methodology is available upon request.

States represented in the 1996-97 PRIDE Survey: Arkansas, Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Kentucky, Massachusetts, Maine, Michigan, Mississippi, North Dakota, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin, West Virginia, and Wyoming. State by state breakdowns are not available.

Results from the 1996-97 PRIDE Survey were announced at a press conference at the National Press Club in Washington. Participating were Thomas J. Gleaton, Ed.D., president of PRIDE, and co-author of the survey, Gen. Barry R. McCaffrey (Ret.), director of the Office of National Drug Control Strategy, and U.S. Sen. Paul Coverdell, R-GA.

###

PRIDE Survey

Percentage of Students Who Report Using Drugs

DRUG	GRADE LEVEL	ANNUAL USE 1995-96	ANNUAL USE 1996-97	ANNUAL USE change	MONTHLY USE 1995-96	MONTHLY USE 1996-97	MONTHLY USE change
Cigarettes	Junior High	31.1	31.8	+0.7*	17.2	17.3	+0.1
	Senior High	48.2	50.2	+2.0*	33.4	34.7	+1.3*
	12th Graders	50.0	52.4	+2.4*	36.2	38.3	+2.1*
Beer	Junior High	33.1	33.2	+0.1	12.5	12.1	-0.4*
	Senior High	59.1	59.6	+0.5*	34.3	34.4	+0.1
	12th Graders	64.9	65.3	+0.4	41.2	41.7	+0.5
Wine Coolers	Junior High	33.2	33.6	+0.4	10.8	10.8	+0.0
	Senior High	52.6	52.9	+0.3	22.3	22.3	+0.0
	12th Graders	54.5	55.4	+0.9	22.9	23.7	+0.8
Liquor	Junior High	22.9	23.7	+0.8*	9.0	9.1	+0.1
	Senior High	53.4	54.9	+1.5*	28.2	28.7	+0.5*
	12th Graders	59.9	62.3	+2.4*	32.8	34.0	+1.2*
Any Alcohol	Junior High	44.5	44.7	+0.2	16.4	16.2	-0.2
	Senior High	70.6	71.0	+0.4	39.8	39.9	+0.1
	12th Graders	75.6	76.5	+0.9	46.4	46.7	+0.3
Marijauana	Junior High	13.6	14.7	+1.1*	8.1	8.6	+0.5*
	Senior High	34.0	35.8	+1.8*	22.3	22.7	+0.4
	12th Graders	37.9	39.4	+1.5*	24.3	24.4	+0.1
Cocaine	Junior High	2.7	3.0	+0.3*	1.5	1.7	+0.2*
	Senior High	5.6	5.9	+0.3*	2.9	3.0	+0.1
	12th Graders	7.1	7.0	-0.1	3.6	3.6	+0.0
Uppers	Junior High	4.6	4.9	+0.3*	2.4	2.6	+0.2*
	Senior High	10.5	10.3	-0.2	5.2	5.3	+0.1
	12th Graders	11.6	10.7	-0.9*	5.8	5.6	-0.2
Downers	Junior High	3.5	4.0	+0.5*	1.9	2.1	+0.2*
	Senior High	7.1	7.2	+0.1	3.8	3.8	+0.0
	12th Graders	7.4	7.4	+0.0	4.1	3.9	-0.2
Inhalants	Junior High	8.5	8.9	+0.4*	3.5	3.7	+0.2
	Senior High	7.6	7.1	-0.5*	3.4	3.1	-0.3*
	12th Graders	6.6	5.8	-0.8*	3.1	2.7	-0.4*
Hallucinogens	Junior High	3.3	3.6	+0.3*	1.8	2.0	+0.2*
	Senior High	9.5	9.5	+0.0	4.5	4.2	-0.3*
	12th Graders	12.1	11.7	-0.4	5.1	4.6	-0.5
Heroin	Junior High	2.1	2.4	+0.3*	1.3	1.5	+0.2*
	Senior High	3.1	3.1	+0.0	1.9	1.9	+0.0
	12th Graders	3.5	3.4	-0.1	2.2	2.1	-0.1
Designer Drugs	Junior High	3.8	4.1	+0.3*	2.1	2.2	+0.1
	Senior High	5.1	5.0	-0.1	2.8	2.6	-0.2
	12th Graders	5.2	4.8	-0.4	2.8	2.6	-0.2
Any Illicit Drugs	Junior High	19.7	20.7	+1.0*	10.9	11.4	+0.5*
	Senior High	37.6	38.9	+1.3*	24.4	24.6	+0.2
	12th Graders	40.8	41.6	+0.8	26.5	26.1	-0.4

*Statistically significant difference at .05 level using chi-square with variables year & no-use/use.

N-Sizes

Grade	1995-96	1996-97
Junior High	58596	68071
Senior High	70964	73006
12th Graders	14261	15532

Table 2.17 - Percent distribution of drug mentions by number of other drugs used in combination according to drug group: 1995

Drug groups: therapeutic class by drug category	Number of other drugs used in episode					Number of mentions
	None	One	Two	Three or more	TOTAL	
TRANQUILIZERS	3.3	14.2	25.0	57.6	100.0	1,261
Diazepam	2.0	13.5	27.6	56.7	100.0	550
Alprazolam	3.8	12.3	19.2	64.6	100.0	130
Chlordiazepoxide	1.0	19.3	29.5	50.2	100.0	98
Lorazepam	-	32.0	12.0	56.0	100.0	25
Meprobamate	2.4	3.6	21.7	72.3	100.0	83
Other/unspecified tranquilizers	7.5	16.1	23.4	50.8	100.0	265
NARCOTIC ANALGESICS	8.6	26.0	32.2	31.2	100.0	6,497
Heroin/Morphine [2]	10.8	33.2	31.5	24.4	100.0	4,178
d-Propoxyphene	8.6	21.3	25.1	45.7	100.0	366
Methadone	11.9	23.7	30.4	34.0	100.0	497
Oxycodone	2.0	15.7	17.6	66.7	100.0	51
Codeine	0.4	16.7	40.6	42.3	100.0	1,156
Meperidine HCl	12.2	22.0	22.0	43.9	100.0	41
Hydromorphone	-	15.8	25.0	56.2	100.0	16
Other/unspecified narcotic analgesics	7.0	12.3	19.8	61.0	100.0	167
NON-NARCOTIC ANALGESICS	10.3	18.0	24.2	47.6	100.0	534
Aspirin	26.7	13.3	31.9	38.1	100.0	105
Acetaminophen	8.5	17.2	23.7	52.6	100.0	367
Pentazocine	-	-	100.0	-	100.0	2
Other/unspecified non-narcotic analgesics	5.0	31.7	28.3	35.0	100.0	60
NON-BARBITURATE SEDATIVES	5.7	13.8	20.3	60.2	100.0	123
Flurazepam	-	15.6	25.0	59.4	100.0	32
Ethchlorvynol	14.3	28.6	14.3	42.9	100.0	7
Glutethimide	-	-	100.0	-	100.0	1
Chloral hydrate	-	-	-	100.0	100.0	2
Other/unspecified non-barbiturate sedatives	7.4	12.3	18.6	61.7	100.0	81
ANTIDEPRESSANTS	6.7	18.6	23.1	53.6	100.0	1,397
Amitriptyline	5.0	16.8	23.5	54.6	100.0	463
Doxepin	16.8	15.5	21.9	45.8	100.0	155
Fluoxetine	1.3	15.6	21.4	61.7	100.0	154
Imipramine	14.5	18.4	27.6	39.5	100.0	76
Desipramine	11.6	23.3	22.1	43.0	100.0	86
Other/unspecified antidepressants	4.5	15.8	23.1	56.6	100.0	465
ANTIPSYCHOTICS	4.5	17.0	13.6	64.8	100.0	176
Chlorpromazine	5.0	34.2	15.2	57.6	100.0	33
Thioridazine	6.7	15.9	7.2	66.3	100.0	69
Haloperidol	8.3	25.0	16.7	50.0	100.0	12
Trifluoperazine	-	14.3	14.3	71.4	100.0	7
Other/unspecified antipsychotics	-	12.7	29.0	57.3	100.0	55
BARBITURATE SEDATIVES	9.1	16.0	23.9	51.0	100.0	324
Phenobarbital	8.3	16.8	22.9	52.2	100.0	157
Secobarbital	16.1	19.6	23.2	41.1	100.0	56
Pentobarbital	14.7	14.7	41.2	29.4	100.0	34
Other/unspecified barbiturate sedatives	8.1	14.3	21.1	56.5	100.0	147
AMPHETAMINES	10.3	36.7	25.4	25.5	100.0	783
Amphetamine	0.7	43.0	28.3	28.0	100.0	286
Methamphetamine/Speed	16.0	36.1	23.6	24.4	100.0	488
Other/unspecified amphetamines	11.1	44.4	33.3	11.1	100.0	9
HALLUCINOGENS	19.3	23.4	31.0	26.4	100.0	197
PCP/PCP combinations	19.2	22.8	31.1	26.9	100.0	193
LSD	50.0	50.0	-	-	100.0	2
Other/unspecified hallucinogens	-	50.0	50.0	-	100.0	2
OTHER DRUGS	9.9	29.3	27.7	33.0	100.0	22,383
Alcohol-in-combination	-	45.3	33.0	21.7	100.0	3,613
Cocaine	21.9	33.2	25.2	19.7	100.0	4,232
Marijuana/Hashish	27.4	36.0	18.9	17.7	100.0	723
Diphenylhydantoin sodium	7.9	24.7	21.3	46.1	100.0	89
Diphenylhydramine	6.1	20.3	26.0	47.6	100.0	455
Inhalants/Solvents/Aerosols	22.4	44.8	12.8	20.0	100.0	125
All other drugs	6.4	17.1	22.3	54.2	100.0	1,604
DRUG UNKNOWN	-	75.0	16.7	8.3	100.0	12
TOTAL DRUG MENTIONS	9.9	29.3	27.7	33.0	100.0	22,383

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only drug mentioned.

[2] Includes opiates not specified as to type.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file).

MEDICAL EXAMINER DATA[1]

Table 2.07 - Number of mentions and percent distribution of total deaths by selected drug group according to gender: 1995

Drug groups: therapeutic class by drug category (Examples of commonly encountered brands.)	TOTAL [2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
TRANQUILIZERS	1,251		877		373	
Diazepam (Valium)	580	7.2	476	6.8	178	8.2
Alprazolam (Xanax)	130	1.4	78	1.1	51	2.4
Chlordiazepoxide (Librium)	96	1.1	71	1.0	26	1.2
Lorazepam (Ativan)	25	0.3	16	0.2	9	0.4
Meprobamate	83	0.9	58	0.8	26	1.2
Other/unspecified tranquilizers	265	2.9	178	2.5	83	3.8
NARCOTIC ANALGESICS	6,492		5,142		1,322	
Heroin/Morphine [3]	4,178	46.3	3,483	49.6	675	31.2
d-Propoxyphene (Darvocet N, Darvon)	366	4.0	222	3.2	142	6.6
Methadone	497	5.4	336	4.8	158	7.3
Oxycodone (Percocet 5, Percodan, Tylox)	51	0.6	37	0.5	13	0.6
Codeine	1,158	12.5	909	13.0	245	11.3
Meperidine HCl (Demerol)	41	0.4	24	0.3	17	0.8
Hydromorphone (Dilaudid)	16	0.2	10	0.1	6	0.2
Other/unspecified narcotic analgesics	187	2.0	119	1.7	67	3.1
NON-NARCOTIC ANALGESICS	534		311		217	
Aspirin	105	1.1	58	0.8	45	2.1
Acetaminophen (Tylenol)	367	4.0	215	3.1	148	6.8
Pentazocine (Talwin, Talacen)	2	*	1	*	1	*
Other/unspecified non-narcotic analgesics	60	0.7	37	0.5	23	1.1
NON-BARBITURATE SEDATIVES	123		65		58	
Flunitrazepam (Dalmane)	32	0.3	15	0.2	17	0.8
Ethchlorvynol (Placidyl)	7	0.1	7	0.1	-	-
Glutethimide (Doriden)	1	*	1	*	-	-
Chloral hydrate	2	*	-	-	2	0.1
Other/unspecified non-barbiturate sedatives	81	0.9	42	0.6	39	1.8
ANTIDEPRESSANTS	1,307		744		544	
Amitriptyline (Elavil)	463	5.0	249	3.6	210	9.7
Doxepin (Sinequan)	156	1.7	87	1.2	67	3.1
Fluoxetine (Prozac)	154	1.7	85	1.2	69	3.2
Imipramine (Tofranil)	78	0.8	34	0.5	42	1.9
Desipramine (Norpramin)	86	0.9	41	0.6	45	2.0
Other/unspecified antidepressants	483	5.0	248	3.5	213	9.8
ANTIPSYCHOTICS	178		103		73	
Chlorpromazine (Thorazine)	33	0.4	22	0.3	11	0.5
Thioridazine (Mellaril)	69	0.7	38	0.5	31	1.4
Haloperidol (Haldol)	12	0.1	10	0.1	2	0.1
Trifluoperazine (Stelazine)	7	0.1	2	*	5	0.2
Other/unspecified antipsychotics	65	0.8	31	0.4	24	1.1
BARBITURATE SEDATIVES	394		244		147	
Phenobarbital	157	1.7	103	1.8	53	2.4
Secobarbital (Seconal)	56	0.6	37	0.5	18	0.8
Pentobarbital (Nembutal)	34	0.4	25	0.4	8	0.4
Other/unspecified barbiturate sedatives	147	1.6	79	1.1	68	3.1
AMPHETAMINES	753		627		156	
Amphetamine	286	3.1	226	3.2	60	2.8
Methamphetamine/Speed	486	5.3	394	5.6	94	4.3
Other/unspecified amphetamines	9	0.1	7	0.1	2	0.1
HALLUCINOGENS	197		165		31	
PCP/PCP combinations	193	2.1	163	2.3	29	1.3
LSD	2	*	1	*	1	*
Other/unspecified hallucinogens	2	*	1	*	1	*
OTHER DRUGS						
Alcohol-in-combination	3,813	39.2	2,957	42.2	641	29.5
Cocaine	4,202	43.8	3,346	47.6	837	38.6
Marijuana/Hashish	723	7.8	617	8.8	101	4.7
Diphenylhydantoin sodium (Dilantin)	69	1.0	64	0.9	24	1.1
Diphenhydramine (Benadryl)	456	5.0	285	4.1	171	7.9
Inhalants/Solvents/Aerosols	125	1.4	99	1.4	25	1.2
All other drugs	1,804		1,186		610	
DRUG UNKNOWN	12		11		1	
TOTAL DRUG MENTIONS	22,363	242.9	16,843	240.4	5,431	250.7
Total drug abuse deaths	9,216	100.0	7,005	100.0	2,186	100.0

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only drug mentioned.

[2] Includes episodes for which gender was unknown or not reported.

[3] Includes opiates not specified as to type.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file).

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1995

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	BENZODIAZEPINE	OTHER TRANQUILIZERS	OTHER SEDATIVE/ HYPNOTICS	METHAMPHETAMINES	OTHER AMPHETAMINES
ALABAMA	92	35	376	0	104	5	13	101	42
ALASKA	89	4	34	5	3	1	6	40	18
ARIZONA	2,553	90	151	7	36	8	9	1,814	669
ARKANSAS	119	20	321	15	0	53	58	N/A	1,168
CALIFORNIA	47,856	68	1,552	190	158	52	114	28,204	1,044
COLORADO	1,744	34	342	19	68	9	15	1,199	159
CONNECTICUT	12,361	92	805	30	0	35	51	0	30
DELAWARE	3,410	1	24	8	4	14	1	5	4
DISTRICT OF COL	3,375	0	5	0	0	0	0	0	0
FLORIDA	1,272	23	604	53	80	37	57	195	47
GEORGIA	1,314	0	0	0	0	0	284	423	0
HAWAII	300	4	30	0	4	0	4	674	15
IDAHO	88	5	14	5	8	8	4	913	49
ILLINOIS	12,364	6	251	52	95	0	31	184	221
INDIANA	599	15	542	30	88	63	55	514	47
IOWA	211	7	115	19	37	20	21	2,253	173
KANSAS	113	5	74	8	15	7	11	468	86
KENTUCKY	91	25	331	4	155	5	31	45	31
LOUISIANA	160	5	181	31	87	27	44	36	100
MAINE	231	1	70	16	0	23	34	28	8
MARYLAND	7,221	37	177	23	23	5	32	25	13
MASSACHUSETTS	24,492	55	449	31	345	55	23	47	35
MICHIGAN	6,496	93	1,015	44	97	72	58	174	155
MINNESOTA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MISSISSIPPI	45	3	141	1	36	26	47	137	32
MISSOURI	1,030	49	130	6	84	43	50	935	249
MONTANA	49	5	92	15	36	20	8	492	58
NEBRASKA	115	10	51	7	8	16	22	318	37
NEVADA	565	1	34	1	1	3	3	1,429	28
NEW HAMPSHIRE	168	1	8	5	5	1	2	8	2
NEW JERSEY	19,359	34	281	54	164	41	41	54	65
NEW MEXICO	469	26	44	4	6	11	8	214	91
NEW YORK	19,715	154	403	118	109	141	90	26	151
NORTH CAROLINA	1,391	11	685	15	142	23	69	36	65
NORTH DAKOTA	4	0	9	0	6	0	2	23	7
OHIO	1,949	42	848	119	175	41	193	145	231
OKLAHOMA	88	5	92	22	30	10	11	508	261
OREGON	4,587	20	216	48	0	17	36	N/A	7,620
PALAU	0	0	0	0	0	0	0	1	0
PENNSYLVANIA	5,525	59	667	81	131	145	89	211	115
PUERTO RICO	5,585	0	4	14	0	31	4	0	0
RHODE ISLAND	2,622	10	151	16	27	14	4	2	12
SOUTH CAROLINA	348	7	149	16	26	11	84	35	51
SOUTH DAKOTA	7	0	28	4	5	5	9	127	68
TENNESSEE	41	3	257	17	30	55	50	7	70
TEXAS	4,559	53	328	105	0	103	156	N/A	1,795
UTAH	867	34	217	28	0	12	26	N/A	1,525
VERMONT	125	1	50	5	20	2	8	5	12
VIRGINIA	2,250	7	324	36	123	38	52	59	42
VIRGIN ISLANDS	23	0	0	0	0	0	0	0	0
WASHINGTON	4,952	21	297	32	21	54	21	2,443	478
WEST VIRGINIA	91	5	179	9	84	26	51	49	32
WISCONSIN	298	15	536	57	0	42	19	N/A	113
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	221,502	1,195	12,675	1,463	2,596	1,428	2,071	44,593	17,324
PERCENT OF TOTAL	25.5%	0.1%	1.5%	0.2%	0.3%	0.2%	0.2%	5.1%	2.0%

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1995; data are included for " ONLY THOSE PROGRAMS that receive at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1995."

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES (CON'T) BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1995

STATE	COCAINE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER THE COUNTER	OTHER	NOT REPORTED	TOTAL
ALABAMA	4,479	1,854	0	23	34	0	31	634	7,803
ALASKA	872	784	5	8	21	2	34	0	1,906
ARIZONA	2,581	1,176	14	18	28	0	29	0	8,182
ARKANSAS	2,300	3,041	12	32	64	4	81	0	6,258
CALIFORNIA	19,512	11,668	1,160	176	78	24	256	160	132,164
COLORADO	4,320	4,001	19	66	184	11	25	0	12,036
CONNECTICUT	8,273	1,871	86	84	14	6	26	823	24,145
DELAWARE	1,482	334	57	4	3	1	7	257	3,815
DISTRICT OF COL	8,948	369	27	0	0	0	0	51	12,474
FLORIDA	17,857	10,598	9	124	71	12	204	8,672	35,895
GEORGIA	16,965	2,616	3	61	64	0	4,462	5,583	31,760
HAWAII	623	604	0	14	3	0	0	0	2,485
IDAHO	280	1,123	2	24	30	8	33	5	2,596
ILLINOIS	33,651	9,811	400	115	111	30	100	7,063	51,691
INDIANA	7,012	2,686	5	46	58	13	293	1	11,867
IOWA	1,886	3,728	5	49	98	14	135	0	8,760
KANSAS	3,207	2,758	33	24	42	13	43	0	6,891
KENTUCKY	3,396	1,326	3	21	54	1	808	2,240	6,665
LOUISIANA	7,119	2,139	24	44	19	5	48	5,616	15,443
MAINE	339	816	0	44	7	5	12	0	1,546
MARYLAND	6,369	4,025	335	103	76	4	3	1,307	19,679
MASSACHUSETTS	17,594	4,506	65	139	20	19	296	0	48,189
MICHIGAN	17,284	10,009	13	122	71	38	113	0	35,865
MINNESOTA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MISSISSIPPI	3,673	1,130	3	34	16	0	102	374	6,018
MISSOURI	7,380	4,039	340	65	84	1	106	440	14,791
MONTANA	261	816	1	19	16	3	3	0	1,872
NEBRASKA	1,073	1,086	9	28	23	13	65	620	3,499
NEVADA	802	574	19	4	7	1	127	0	2,700
NEW HAMPSHIRE	393	540	0	22	6	0	10	0	1,171
NEW JERSEY	8,731	1,742	106	56	20	15	98	0	32,873
NEW MEXICO	691	637	7	11	16	3	505	16	2,761
NEW YORK	35,647	11,565	421	285	78	59	4,401	707	84,071
NORTH CAROLINA	14,469	4,035	6	49	63	7	270	0	21,155
NORTH DAKOTA	41	274	0	0	5	0	19	44	434
OHIO	14,248	10,273	32	152	161	37	185	0	28,821
OKLAHOMA	1,008	650	1	15	35	2	33	483	2,253
OREGON	3,933	4,869	7	82	36	15	49	0	30,524
PALAU	0	1	0	0	0	0	2	0	4
PENNSYLVANIA	17,306	7,602	394	331	118	37	367	0	32,776
PUERTO RICO	1,364	813	0	0	11	1	749	4,524	13,111
RHODE ISLAND	1,121	1,063	2	13	5	2	5	3	5,051
SOUTH CAROLINA	5,299	2,193	0	33	74	14	84	0	8,404
SOUTH DAKOTA	124	875	0	26	63	2	28	496	1,860
TENNESSEE	2,615	1,193	N/A	14	75	9	59	531	5,016
TEXAS	18,596	7,878	60	117	400	14	81	0	34,245
UTAH	1,844	1,800	11	57	45	84	384	340	7,374
VERMONT	299	836	1	23	5	2	8	7	1,407
VIRGINIA	10,716	4,038	170	67	47	26	49	0	18,644
VIRGIN ISLANDS	20	7	0	0	0	0	1	0	51
WASHINGTON	4,723	4,897	6	150	55	22	309	0	10,561
WEST VIRGINIA	736	942	7	25	55	13	49	0	2,312
WISCONSIN	3,554	6,705	8	45	158	68	123	0	11,541
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	333,359	165,801	3,567	2,893	2,743	642	15,391	40,677	569,020
PERCENT OF TOTAL	58.3%	29.1%	0.6%	0.5%	0.5%	0.1%	1.8%	4.7%	100.0%

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1995; data are included for "ONLY THOSE PROGRAMS that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1995."

Inhalant Abuse

Its Dangers Are Nothing To Sniff At

A surprisingly large number of adolescents in the United States experiment with intoxicating inhalants. These inhalants include a wide range of household products such as glue, spray paint, lighter fluid, and propellant gases used in aerosols. In spite of the fact that inhalants result in an untold number of deaths every year, inhalant abuse has been relegated to the status of poor stepchild in the war on drugs.

*This **Research Report** is based on recent studies on the use of inhalants among adolescents in the United States. Its goal is to alert the public to the widespread use of inhalants and the dangers inherent in such use.*

NIDA Research Report - Inhalant Abuse

NIH Publication No. 94-3818

- Inhalant Abuse
- Scope of the Problem
- Types of Inhalants
- Dangers of Inhalant Abuse
- Who's Abusing Inhalants?
- Resources

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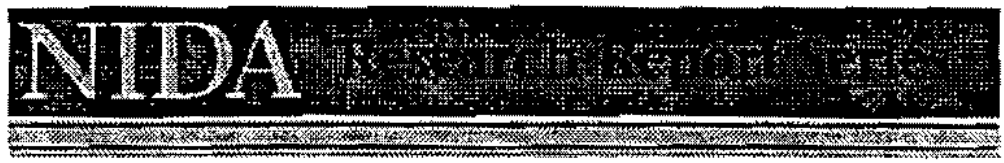

Inhalant Abuse

Its Dangers Are Nothing To Sniff At

Inhalant Abuse

About 17 percent of adolescents in this country say that they have sniffed inhalants-usually volatile solvents such as spray paint, glue, or cigarette lighter fluid-at least once in their lives, according to NIDA's 1993 Monitoring the Future study, a national survey of 8th-, 10th-, and 12th-grade students. In fact, results from a number of surveys suggest that among children under 18, the level of use of inhalants is comparable to that of stimulants and is exceeded only by the level of use of marijuana, alcohol, and cigarettes.

Inhalant abuse, however, is a stepchild in the war on drugs. The abuse of inhalants, which includes a broad array of cheap and easily obtainable household products (see table), is not viewed in the same high-risk category as drugs such as alcohol, cocaine, and heroin. Some people tend to view inhalant "sniffing," "snorting," "bagging" (fumes inhaled froun a plastic bag), or "huffing" (inhalant-soaked rag in the mouth) as a kind of childish fad to be equated with youthful experiments with cigarettes.

But inhalant abuse is deadly serious. Sniffing volatile solvents, which includes most inhalants, can cause severe damage to the brain and nervous system. By starving the body of oxygen or forcing the heart to beat more rapidly and erratically, inhalants can kill sniffers, most of whom are adolescents.

Survey data on the prevalence of inhalant abuse is difficult to obtain for a number of reasons, and information that does exist may under-emphasize the severity of the situation. No one knows how many adolescents and young people die each year from inhalant abuse, in part because medical examiners often attribute deaths from inhalant abuse to suffocation, suicide, or accidents. What's more, no national system exists for gathering data on the extent of inhalant-related injuries. Although medical journals have described the situation as serious, some researchers warn that doctors and emergency medical personnel are not adequately trained to recognize and report symptoms of inhalant abuse.

Scope of the Problem

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Inhalant Abuse

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Types of Inhalants

Inhalants can be broken down into three major categories-volatile solvents, nitrites, and anesthetics.

Volatile solvents are either gases, such as butane gas fumes, or liquids, such as gasoline or paint thinner, that vaporize at room temperature. Since the 1950s, the number of common products that contain volatile solvents has increased significantly. Besides gasoline and paint thinner, products with volatile solvents include spray paint, paint and wax removers, hair spray, odorants, air fresheners, cigarette lighter fuels, analgesic sprays, and propellant gases used in aerosols such as whipped cream dispensers.

Inhalant abuse came to public attention in the 1950's when the news media reported that young people who were seeking a cheap "high" were sniffing glue. The term "glue sniffing" is still widely used, often to include inhalation of a broad range of common products besides glue, notes Dr. Charles W. Sharp of NIDA's Division of Basic Research.

With so many substances lumped together as inhalants, research data describing frequency and trends of inhalant abuse are uneven and sometimes contradictory. However, evidence indicates that inhalant abuse is more common among all socioeconomic levels of American youth than is typically recognized by parents and the public. For instance, NIDA's Monitoring the Future survey shows that in 1993, one in every five 8th graders, or 19.4 percent, used an inhalant in his or her lifetime.

Inhalants were used by equally high percentages of 10th and 12th graders, according to the NIDA survey. Lifetime inhalant use among 12th graders, which had increased steadily for most of the 1980s, leveled off somewhat at 17.4 percent in 1993. Also, 17.5 percent of 10th graders reported lifetime inhalant use in 1993.

Inhalants are most commonly used by adolescents in their early teens, with usage dropping off as students grow older. For example, while 5.4 percent of 8th graders reported using inhalants within the past 30 days, known as "current" use, only 2.5 percent of seniors reported current use of inhalants.

A major roadblock to recognizing the size of the inhalant problem is the ready availability of products that are inhaled. Inhalants are cheap and can be purchased legally in retail stores in a variety of seemingly harmless products. As a result, adolescents who sniff inhalants to get high don't face the drug procurement obstacles that confront abusers of other drugs.

Inhalant abuse also appears to be a problem worldwide according to research data presented at a recent NIDA technical review, "Epidemiology of Inhalant Abuse: An International Perspective." According to Nicholas Kozel, of NIDA's Division of Epidemiology and Prevention Research, low price and easy availability and access make inhalants as problematic in Africa, Asia and Latin America as it is in the United States.

A Glossary of Terms

- ***Bolt, Bullet, Climax, Locker Room, Rush.*** Street names for butyl nitrite, which is packaged in small bottles.
- ***Poppers and Snappers.*** Street names for ampules of amyl nitrite.
- ***Whippets.*** Balloons or plastic bags filled with nitrous oxide.
- ***Sniffing, Snorting.*** Terms for inhaling substances.
- ***Sudden Sniffing Deaths.*** Death, usually due to heart failure, within minutes of using an inhalant.
- ***Texas Shoe Shine.*** Spray paint containing toluene.
- ***Torch or Fire Breathing.*** Igniting exhaled volatile gas, such as propane or butane.

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Volatile solvents produce a quick form of intoxication-excitation followed by drowsiness, disinhibition, staggering, lightheartedness, and agitation. Because many inhalant products contain more than one volatile solvent, it is difficult to clearly identify in humans the specific chemical responsible for subsequent brain or nerve damage or death.

Some volatile solvents are inhaled by abusers because of the effects produced not by the product's primary ingredient but by propellant gases, like those used in aerosols such as hair spray or spray paint. Other volatile solvents found in aerosol products such as gold and silver spray paint are sniffed not because of the effects from propellant gases but because of the psychoactive effects caused by the specific solvents necessary to suspend these metallic paints in the spray.

Nitrites historically have been used by certain groups, largely gay men, to enhance sexual experience and pleasure. Often called "poppers' or "rush," some nitrite products are sold as room odorizers. But use of nitrites has fallen off dramatically in recent years. This may be partly because products containing butyl, propyl, and certain other nitrites were banned in 1991, although products using chemical variants of the banned substances are still sold.

For the past 13 years, NIDA's Monitoring the Future survey has adjusted for the underreporting of nitrite use, recognizing that many survey respondents did not include information about nitrite use when answering survey questions about inhalant abuse. That's because most respondents fail to consider the use of nitrites as a form of inhalant abuse, unless prompted with specific questions mentioning "poppers, rush," or other nitrite-specific references, researchers say.

Some observers now believe that adjusting inhalant abuse survey results to combine nitrite use with volatile solvent use can lead to mistaken conclusions when viewing consolidated data over several years. That's because nitrite use is declining while volatile solvent use has been on the rise for a number of years. "In combining solvents with nitrites and then adjusting the data, it appears that inhalant use has not changed over the past 16 years when, in fact, solvent use has steadily increased for a decade and a half and just now may be leveling off," says Dr. Fred Beauvais, a psychologist and NIDA-funded researcher at the Tri-Ethnic Center for Prevention Research at Colorado State University at Fort Collins (see figure).

Because the current inhalant profile lumping nitrites with volatile solvents leads to misleading data and inferences, many researchers believe that a scientific description of inhalant abuse should distinguish abuse of volatile substances from abuse of nitrites and perhaps anesthetics.

Within the other major category of inhalants, the anesthetics, the principal substance of abuse is nitrous oxide. A colorless, sweet-tasting gas used by doctors and dentists for general anesthesia, nitrous oxide is called "laughing gas" because it often induces a state of giggling and laughter. Recent anecdotal reports indicate that nitrous oxide is being sold illicitly to teenagers and young adults at outdoor events such as rock concerts and on the street. Nitrous oxide often is sold in large balloons from which the gas is released and inhaled for its mind-altering effects.

But nitrous oxide is no laughing matter. Inhaling the gas may deplete the body of oxygen and can result in death; prolonged use can result in peripheral nerve damage.

Inhalants and Their Chemical Contents

Volatile Solvents

Adhesives

- Airplane Glue
- Rubber Cement
- Polyvinylchloride (PVC) Cement

Aerosols

- Spray Paint
- Hair Spray
- Deodorant, Air Freshener

Solvents and Gases

- Nail Polish Remover
- Paint Remover
- Paint Thinner
- Typing Correction Fluid and Thinner
- Fuel Gas
- Cigarette Lighter Fluid
- Gasoline

Cleaning Agents

- Dry Cleaning Fluid
- Spot Remover
- Degreaser

Dessert Topping Sprays

- Whipped Cream, Whippets

Nitrites and Anesthetics

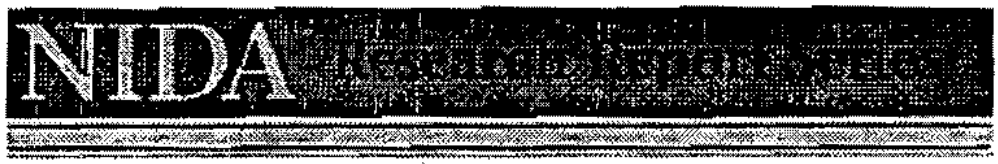
Nitrite Room Odorizers

- "Poppers" and "Rush"

Anesthetics

- Gas
- Liquid
- Local

[Adapted from *Inhalant Abuse: A Volatile Research Agenda*, NIDA Research Monograph 129, 1992.]



Inhalant Abuse

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Dangers of Inhalant Abuse

Although no central system exists in the United States for reporting deaths and injuries from abusing inhalants, several studies have documented the dangers associated with inhalant abuse. A study by Dr. James C. Garriott, the chief toxicologist in San Antonio and Bexar County, Texas, examined all deaths in the county between 1982 and 1988 that were attributed to inhalant abuse. Most of the 39 inhalant-related deaths involved teenagers, with 21 deaths occurring among people less than 20 years old. Deaths of males outnumbered those of females 34 to 5. Many of the abusers met with a violent death possibly related to but not directly caused by the use of volatile solvents. Eleven deaths were caused by suicide (10 by hanging), 9 by homicide, and 10 by accident, including falls, auto accidents, and overdoses.

Most of those people who died in Bexar County had used toluene-containing products, such as spray paints and lacquers, Dr. Garriott reported. The next most frequent cause of death in the Texas study was the use of a combination of chemicals found in typewriter correction fluids and other solvents. Other abused substances that resulted in death included gasoline, nitrous oxide, and refrigerants, such as fluorocarbons (Freon). Freon now has been replaced with butane or propane products in most aerosols.

Inhalant abuse is deadly serious. By starving the body of oxygen or forcing the heart to beat more rapidly and erratically, inhalants can kill sniffers, most of whom are adolescents.

As reported in the Texas study, the solvent toluene, a common component of many paints, lacquers, glues, inks, and cleaning fluids, is identified frequently in inhalant abuse deaths and injuries. A 1986 study of 20 chronic abusers of toluene-containing spray paints found that after one month of abstinence from sniffing the paint, 65 percent of the abusers had damage to the nervous system. Such damage can lead to impaired perception, reasoning, and memory, as well as defective muscular coordination and, eventually,

dementia.

In England, where national statistics on inhalant deaths are recorded, the largest number of deaths in 1991 resulted from exposure to butane and propane, which are used as fuels or propellants. Many researchers believe that abuse of butane, which is used in cigarette lighters, is on the increase in the United States. NIDA's Dr. Sharp says, "It's hard to tell whether this is a passing fancy or whether some youthful abusers actually like to get dizzy on the butane and propane gases."

A recent report of this particular inhalant problem in the Cincinnati region indicates that butane gas is the cause of enough deaths to foster national concern about the abuse of fuel gases, whether or not it is a passing form of inhalant abuse, Dr. Sharp says. He notes that "sniffers seem to go out of their way to get their favorite product." For instance, in certain parts of the country, "Texas 'shoe-shine' [a shoe-shining spray containing toluene] and silver or gold spray paints are local or current favorites," he says. Since the banishing of fluorocarbons, the most common sniffing death hazards among students in the United States probably are due to butane and propane, Dr. Beauvais says. "Doctors and emergency room staffs need to be aware that the profile of the teenager who inhales volatile solvents is not limited to the ethnic lower socioeconomic classes," he cautions. "Many sources lead us to believe that abuse of these readily available inhalants has reached epidemic proportions, indicating an urgent need for preventive efforts directed at teenagers and their parents with emphasis on the risk of sudden sniffing death."

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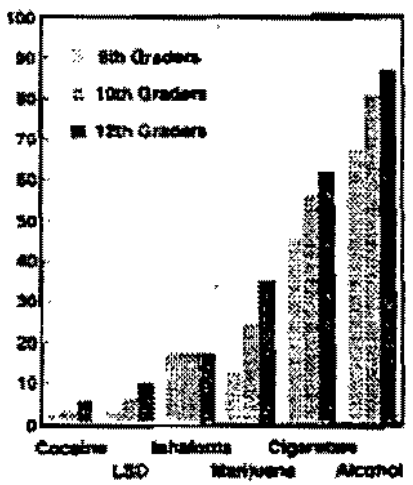
Who's Abusing Inhalants?

One possible reason for the increased use of volatile solvents is that more girls are joining boys in sniffing solvents. "The rates of solvent use for males and females have been converging over the past 20 years," Dr. Beauvais says. Recent studies in New York State and Texas report that males are using solvents at only slightly higher rates than females are. Among Native Americans, whose solvent abuse rates are the highest of any ethnic group, lifetime prevalence rates for males and females were nearly identical, according to 1991 NIDA data.

How Inhalants Rank Among Most-Abused Substances

Lifetime Use of Selected Substances by 8th, 10th and 12th Graders



Experimentation with inhalants is widespread among adolescents. NIDA's Monitoring the Future survey shows that among 8th, 10th, and 12th graders who have used drugs at least once in their lives, the prevalence of inhalant use is exceeded only by the prevalence of marijuana, cigarette and alcohol use.

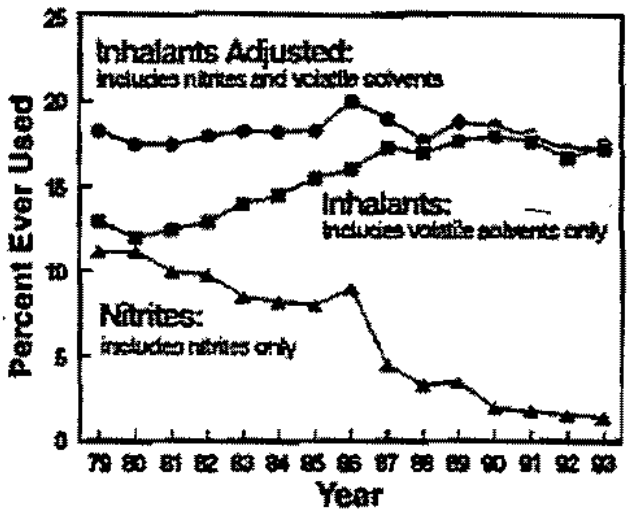
There is a public perception that inhalant abuse is more common among Hispanic youth than among other

ethnic groups. However, recent surveys have not found high rates of abuse by Hispanics in all geographic areas, Dr. Beauvais points out. "It appears that rates for Hispanics may be related to socioeconomic conditions," he says. "As those conditions vary so will the levels of solvent use. Hispanic youths in poor barrio environments may use solvents heavily, but Hispanic youths in less stressful environments do not."

In fact, inhalant abuse shows an episodic pattern, with short-term abuse outbreaks developing in a particular school or region as a specific inhalant practice or product becomes popular in a fashion typical of teenage fads. This episodic pattern can be reflected in survey results and can overstate the magnitude of what is a continually fluctuating level of abuse, says Dr. Beauvais.

What is the True Picture of Inhalant Abuse

Trends in Lifetime Use of Inhalants, Inhalants Adjusted, and Nitrites by High School Seniors, 1979-1993



In surveys of drug use, the category "Inhalants Adjusted" includes the use of nitrites and volatile solvents. Some researchers believe this category leads to misleading conclusions about trends in the prevalence of inhalant use. For instance, the "adjusted" figures from NIDA's 1993 Monitoring the Future survey indicate that inhalant use by high school seniors has been fairly stable since 1979. But nitrite use has gone down dramatically during that period. The true picture of inhalant use, say some observers, is the category "inhalants", which does not include nitrites and which has steadily increased for several years before leveling off.

Inhalant abusers typically use other drugs as well. "Children as young as 4th graders who begin to use volatile solvents also will start experimenting with other drugs, usually alcohol and marijuana," says Dr. Beauvais. "Adolescent solvent abusers are typically polydrug users and are prone to use whatever is available, although they do show a preference for solvents." However, solvent abuse often is held in low regard by older adolescents, who may consider it unsophisticated, a "kid" habit, he adds.

- Not only juveniles are abusing inhalants. Current reports indicate that college age and older adults are the primary abusers of butane and nitrous oxide.

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Inhalant Abuse

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For Further Information

NIDA Hotline
1-800-662-HELP

Operated by the National Institute on Drug Abuse, this is a confidential information and referral line that directs callers to drug abuse treatment centers in their local community.

NCADI
1-800-729-6686

The National Clearinghouse for Alcohol and Drug Information (NCADI) provides information on all drugs, including alcohol. Free materials on drug abuse are also available. If you wish to write NCADI, the address is P.O. Box 2345, Rockville, MD 20852.

Resources

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301-468-2600 in the metropolitan Washington, DC area
http://www.health.org

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444 North Capitol Street, NW, Suite 642
Washington, DC 20001
202-783-6868
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Press Release and Summary Results for PRIDE, October 1997. Available through the World Wide Web http://www.isr.umich.edu/src/mtf/