

Selected Substance Abuse Data Indicators (1996)

Data Sources:

1996 National Household Survey on Drug Abuse

1996 Monitoring the Future, as Reported in:
America's Children: Key National Indicators of Well-Being (1997)

1996 PRIDE Drug Survey

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1996 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

HIGHLIGHTS

This report presents the first results from the 1996 National Household Survey on Drug Abuse, an annual survey conducted by SAMHSA. The survey provides estimates of the prevalence of use of a variety of illicit drugs, alcohol, and tobacco, based on a nationally representative sample of the civilian noninstitutionalized population age 12 years and older. In 1996, a sample of 18,269 persons was interviewed for the survey. Selected findings are given below:

Summary of NHSDA Methodology

The National Household Survey on Drug Abuse is the primary source of statistical information on the use of illegal drugs by the United States population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population at their place of residence. Since October 1, 1992 the survey has been sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The survey covers residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include the homeless who never use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals.

The 1996 NHSDA employed a multistage area probability sample of 18,269 persons interviewed from January through December 1996. Response rates for household screening and for interviewing were 93 percent and 79 percent, respectively. The sample design oversampled blacks, Hispanics, and young people, to improve the accuracy of estimates for those populations.

The household interview takes about one hour to complete and incorporates procedures designed to maximize honest reporting of illicit drug use (e.g., the use of self-administered answer sheets). Data are collected on the recency and frequency of use of various licit and illicit drugs, opinions about drugs, problems associated with drug use, and drug abuse treatment experience. Also collected are data on demographic characteristics, employment, education, income, health status, mental problems, health insurance, utilization of services, and access to health care. In some years, other agencies co-sponsor the NHSDA to support the collection of information on special topics. In 1994, the Department of Agriculture funded a supplemental rural sample, and the Department of Labor funded a module of questions on workplace issues related to substance abuse. The 1996 NHSDA included supplemental questions on driving behaviors in conjunction with substance use (funded by the National Highway Traffic Safety Administration) and on sexual behaviors associated with AIDS risk (funded by the Centers for Disease Control and Prevention).

Revised Methodology and Adjustment of 1979-93 Estimates

SAMHSA and NIDA have invested substantial resources to improve the NHSDA measurement of substance use and related issues for use in policymaking. A series of studies was conducted during 1988-1992 to evaluate the survey methodology (Turner, Lessler, and Gfroerer 1992). These studies identified a number of potential improvements to the NHSDA questionnaire. Based on these studies, and consultations with drug survey researchers and data users, an improved instrument was developed, tested, and fielded in 1994.

When the new questionnaire was introduced in 1994, a supplemental sample was selected for use with the old methodology (i.e., identical to 1993). This provided the capability to assess the impact of the new questionnaire and to measure the effects of the change in methodology. Analyses of the 1994 data have shown that the new methodology had a minimal effect on some estimates, but the effect on others was substantial. A separate SAMHSA report provides details on the development of the new questionnaire and the impact of the new methodology on substance use estimates (SAMHSA 1996b).

Because of the change in methodology in 1994, many of the estimates from the 1993 and earlier NHSDAs are not comparable to estimates from the 1994 and later NHSDAs. Since it is important to describe long-term trends in drug use accurately, an adjustment procedure was developed and applied to the pre-1994 estimates. This adjustment uses the 1994 split sample design to estimate the magnitude of the impact of the new methodology for each drug category.

Readers need to be aware that all 1979-93 data shown in this report are different from previously published NHSDA estimates for 1979-93. Because the adjustments were developed from sample survey data, they are subject to sampling error and, therefore, may in some cases introduce additional variation into trends. This is particularly true for estimates of rare behaviors and for small subgroups.

Illicit Drug Use

- In 1996, an estimated 13.0 million Americans were current illicit drug users, meaning they had used an illicit drug in the month prior to interview. This represents no change from 1995 when the estimate was 12.8 million. The number of current illicit drug users was at its highest level in 1979 when there were 25 million.
- Following a significant increase from 1992 to 1995, between 1995 and 1996 there was a decrease in the rate of past month illicit drug use among youths age 12-17. The rate was 5.3 percent in 1992, 10.9 percent in 1995, and 9.0 percent in 1996. The decrease between 1995 and 1996 occurred in the younger part of this age group, i.e., those age 12 to 15 years.
- For those age 18-25 years, the rate of past month illicit drug use increased from 13.3 percent in 1994 to 15.6 percent in 1996. The rate of past month cocaine use also increased in this age group during this period, from 1.2 percent to 2.0 percent.
- There were an estimated 2.4 million people who started using marijuana in 1995. This was about the same number as in 1994. The annual number of marijuana initiates rose between 1991 and 1994.
- The rate of past month hallucinogen use among youths age 12-17 increased from 1.1 percent in 1994 to 2.0 percent in 1996.
- The overall number of current cocaine users did not change significantly between 1995 and 1996 (1.45 million in 1995 and 1.75 million in 1996). This is down from a peak of 5.7 million in 1985. Nevertheless, there were still an estimated 652,000 Americans who used cocaine for the first time in 1995.
- There were an estimated 141,000 new heroin users in 1995, and there has been an increasing trend in new heroin use since 1992. A large proportion of these recent new users were smoking, snorting, or sniffing heroin, and most were under age 26. The estimated number of past month heroin users increased from 68,000 in 1993 to 216,000 in 1996.

Alcohol Use

- In 1996, 109 million Americans age 12 and older had used alcohol in the past month (51 percent of the population). About 32 million engaged in binge drinking (5 or more drinks on at least one occasion in the past month) and about 11 million were heavy drinkers (drinking five or more drinks per occasion on 5 or more days in the past 30 days).
- About 9 million current drinkers were age 12-20 in 1996. Of these, 4.4 million were binge drinkers, including 1.9 million heavy drinkers.

Cigarette Use

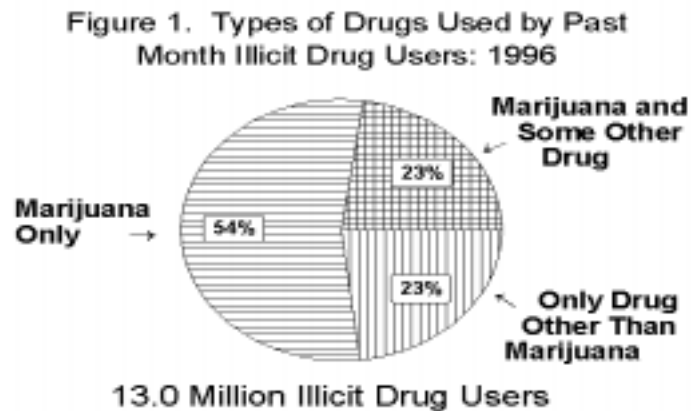
- An estimated 62 million Americans were current smokers in 1996. This represents a smoking rate of 29 percent. Current cigarette smoking did not change between 1995 and 1996.
- Among youths age 12-17, rates of smoking did not change between 1995 and 1996. An estimated 18 percent of youths age 12-17 (4.1 million adolescents) were current smokers in 1996.
- In 1995, about 1.7 million Americans first became daily smokers. The estimated number of new smokers per year has remained relatively steady since the 1980's.

Perceived Risk and Availability of Drugs

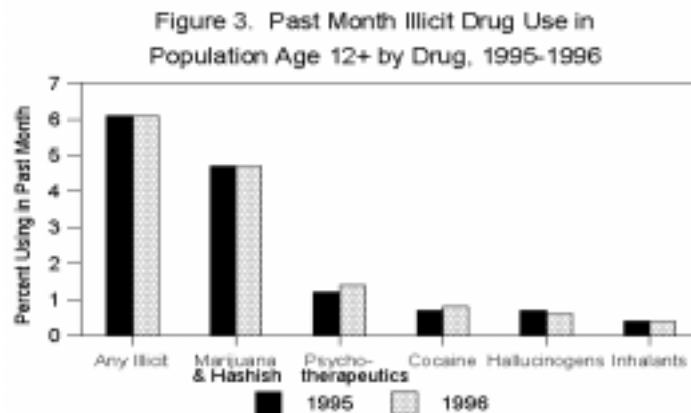
- The percent of youths age 12-17 that perceived great risk in using marijuana once a month decreased from 1990 (40 percent) to 1994 (33 percent), but remained level from 1994 to 1996.
- The percent of youths reporting great risk in using cocaine once a month decreased from 63 percent in 1994 to 54 percent in 1996.
- The percent of youths reporting great risk in having five or more drinks once or twice a week decreased from 58 percent in 1992 to 45 percent in 1996. During that same period, the percent reporting great risk in having four or five drinks nearly every day increased from 61 percent to 67 percent.
- More than half of youths age 12-17 reported that marijuana was easy to obtain in 1996, and about one quarter reported that heroin was easy to obtain. Fifteen percent of youths reported being approached by someone selling drugs in the month prior to interview.

Any Illicit Drug Use

- In 1996, an estimated 13.0 million Americans were current illicit drug users, meaning they had used an illicit drug in the month prior to interview. This represents 6.1 percent of the population 12 years old and older.
- Marijuana is the most commonly used illicit drug, used by 77 percent of current illicit drug users. Approximately 54 percent of current illicit drug users used marijuana only, 23 percent used marijuana and another illicit drug, and the remaining 23 percent used only an illicit drug other than marijuana in the past month. Therefore, about 46 percent of current illicit drug users in 1996 (an estimated 5.8 million Americans) were current users of illicit drugs other than marijuana and hashish (Figure 1).

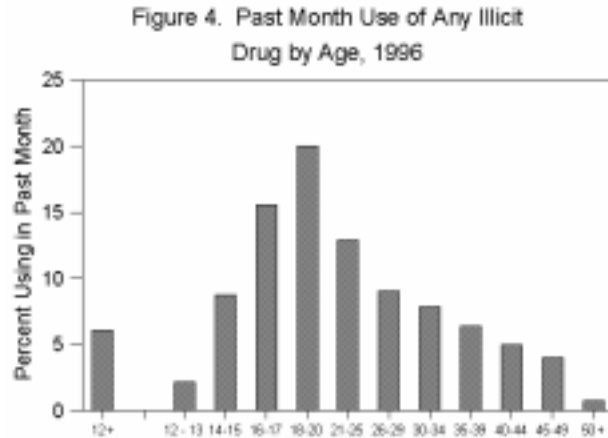


- The number of current illicit drug users did not change between 1995 and 1996 (12.8 and 13.0 million, respectively). The number of current illicit drug users was at its highest level in 1979 (25.4 million, 14.1 percent), declined until 1992 (12.0 million, 5.8 percent), and has remained at approximately the same level since then.
- Rates of use of marijuana, psychotherapeutics, cocaine, hallucinogens, or inhalants in the total population age 12 and older did not change significantly between 1995 and 1996 (Figure 3).



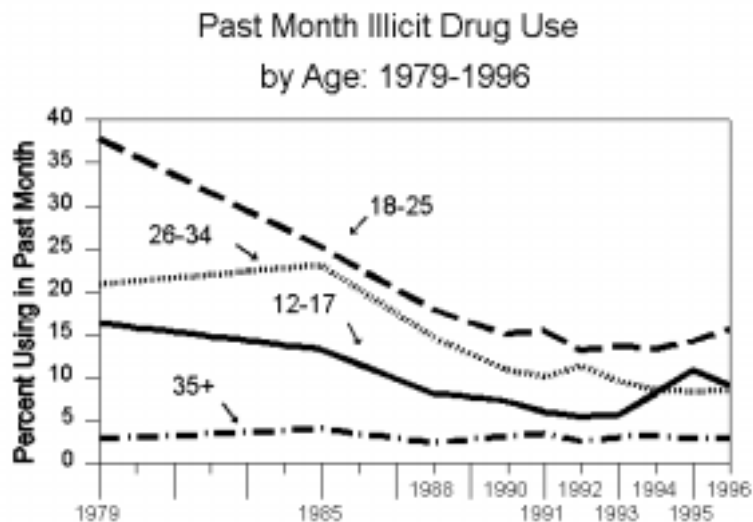
Age

- Rates of drug use show substantial variation by age. Among youths age 12-13, 2.2 percent were current illicit drug users. The highest rates were found among young people ages 16-17 (15.6 percent) and age 18-20 (20.0 percent). Rates of use were lower in each successive age group, with only about one percent of persons age 50 and older reporting current illicit use (Figure 4).



- Half of young adults age 21-25 had tried illicit drugs at least once in their lifetime, and 13 percent were current users. More than half of adults age 26-49 had tried illicit drugs, but rates of current use were only 8.4 percent for those age 26-34 and 5.2 percent for those age 35-49.
- The percentage of current illicit drug users that were age 35 and older increased from 10.3 percent in 1979 to 26.1 percent in 1990. Between 1990 and 1996, the percent remained fairly constant (28.3 percent in 1996).
- The percentage of adolescents (12-17 years old) using drugs decreased between 1995 and 1996, after several years of increase. In 1992, the rate of past month use among youth age 12-17 reached a low of 5.3 percent, the result of a decline from 16.3 percent in 1979. By 1995 the rate had climbed back up to 10.9 percent, and in 1996 it was estimated to be 9.0 percent (Chart 1).

Chart 1



- The decrease in use among youths occurred only among those age 12-15 between 1995 and 1996, while no significant changes occurred for those age 16-17. For young adults age 18-25, there was also no significant change in the rate between 1995 and 1996, but estimates were slightly higher in 1996 and were significantly higher than in 1994.
- Between 1995 and 1996, the percentage of adults reporting past month illicit drug use remained about the same. In 1996 the rates were 15.6 percent for persons age 18-25, 8.4 percent for those age 26-34, and 2.9 percent for those age 35 and older (Chart 1).
- In 1979, the peak year for illicit drug use, rates were 38.0 percent for those age 18-25 years, 20.8 percent for those age 26-34 years, and 2.8 percent for persons aged 35 or older (Chart 1).
- In general, the aging of people in the heavy drug using cohorts of the late 1970s, many of whom continue to use illicit drugs, has diminished any observable reductions in use among the 35 and older age group and has resulted in an overall shift in the age distribution of the population of illicit drug users. This shift in the age composition of drug users is also reflected in data from the Drug Abuse Warning Network (DAWN), which shows that visits by patients aged 35 and older to hospital emergency rooms for drug related problems have increased in recent years (see Advance Report Number 17). For example, in 1985, 19 percent of cocaine-related episodes involved persons age 35 or older. By 1995, this percentage had increased to 42 percent.

Race/ethnicity

- The rate of current illicit drug use for blacks (7.5 percent) remained somewhat higher than for whites (6.1 percent) and Hispanics (5.2 percent) in 1996. However, among youths the rates of use are about the same for the three groups.
- Most current illicit drug users were white. There were an estimated 9.7 million whites (74 percent of all users), 1.8 million blacks (14 percent), and 1.1 million Hispanics (8 percent) that were current illicit drug users in 1996.
- There were no significant changes in rates between 1995 and 1996 for any of the racial/ethnic groups.

Gender

- As in prior years, men continued to have a higher rate of current illicit drug use than women (8.1 percent vs. 4.2 percent) in 1996.

Region/Urbanicity

- The current illicit drug use rate was 7.3 percent in the West region, 6.9 percent in the North Central region, 5.5 percent in the South, and 4.8 percent in the Northeast.
- As a result of a significant decrease in the rate of use in nonmetropolitan areas, rates were higher in metropolitan areas than in nonmetropolitan areas in 1996.

Education

- Illicit drug use rates remain highly correlated with educational status. Among young adults age 18-34 years old in 1996, those who had not completed high school had the highest rate of current use (16.8 percent), while college graduates had the lowest rate of use (6.9 percent). This is despite the fact that young adults at different educational levels are equally as likely to have tried illicit drugs in their lifetime (49.0 percent of those not completing high school and 48.6 percent of college graduates).

Employment

- Current employment status is also highly correlated with rates of illicit drug use, as 12.5 percent of unemployed adults (age 18 and older) were current illicit drug users in 1996, compared with 6.2 percent of full-time employed adults.
- Seventy-three percent of all current illicit drug users aged 18 and older (8.1 million adults) were employed, including 6.2 million full-time workers and 1.9 million part-time workers.

DISCUSSION OF RESULTS

The 1996 National Household Survey on Drug Abuse provides a comprehensive description of substance use and abuse in the United States. The survey provides reliable information to assess trends, patterns, and relationships associated with substance abuse. Given the difficulties involved in collecting data on illegal and sensitive behaviors, the interpretation of the NHSDA data is best made in conjunction with other available data sources, taking into account the strengths and limitations of each source.

The 1996 NHSDA data show that overall drug use remains level and that the rate of drug use among youths may be leveling off as well, after several years of increase. However, there are indications of increasing use of hallucinogens among youths and increases in new heroin users who are smoking, snorting, or sniffing the drug. In addition, estimated rates of youth initiation of marijuana and other drug use were at historically high levels, and a significant increase in past month illicit drug use among young adults age 18-25 years between 1994 and 1996 was observed.

The decrease in illicit drug use among youth is an important finding that should be interpreted with caution. It is not possible to determine if youth drug use will continue to decline, has leveled off, or will turn up again, based on only the 1996 data. Other evidence supports the finding that drug use has perhaps leveled off among youth. Indications of the leveling were reported in two other surveys of youth. The 1996 Monitoring the Future (MTF) study showed that while past month marijuana use among high school seniors increased from 11.9 percent in 1992 to 21.2 percent in 1995, the rate was 21.9 percent in 1996. The Partnership Attitude Tracking Study (PATS), a nationally representative survey of students sponsored by the Partnership for a Drug-Free America, estimated rates of past month marijuana use for students in grades 7-12 to be 14 percent in 1993, 21 percent in 1995, and 22 percent in 1996 (PDFA, 1997). Furthermore, both of these surveys, as well as the NHSDA, show a leveling (from 1995 to 1996) of perceived risk measures that had been declining prior to 1995.

The new NHSDA data on youth drug use are not, however, entirely consistent with the MTF data. The MTF showed continuing increases in past month use of any illicit drug among eighth graders (ages 13-14) and tenth graders (ages 15-16) in 1996. This is in contrast to the NHSDA data, which show decreases among youths 12-15 years old and no change among youths age 16-17 years old between 1995 and 1996. Further analysis of these data may help explain this discrepancy, but it is also important to recognize the methodological differences between the NHSDA and the MTF that could cause these discrepancies. For example, comparisons between MTF estimates for high school seniors and NHSDA estimates for older

teenagers may be affected by the exclusion of school dropouts in the MTF, and comparisons between MTF estimates for eighth graders with NHSDA estimates for younger teenagers may be affected by youths' greater reluctance to reveal illicit behavior in a household setting than in a classroom setting (Gfroerer, Wright, and Kopstein in press).

Although the possible leveling of youth drug use may be good news, it is important to recognize that the NHSDA results show increases in the rate of past month illicit drug use for young adults age 18-25, and young people are still initiating illicit drug use at high rates. The estimated annual number of new marijuana users increased from 1.4 million in 1991 to 2.4 million in 1994, and remained at 2.4 million in 1995. The rate of marijuana initiation among youths age 12-17 remains at its highest level ever. This has important implications for substance abuse prevention and treatment efforts. In terms of prevention, there is an obvious need to focus immediate attention on children and adolescents. In the long run, the expanding pool of young people using illicit drugs will probably result in continuing pressure on the substance abuse treatment system in future years, as many new drug users progress to addiction and require intervention.

Reports of increasing heroin and methamphetamine abuse have been prominent over the past few years, based on data from medical examiners, emergency departments, and drug treatment facilities (NIDA 1996b; Greenblatt, Gfroerer and Melnick 1995; Epstein and Gfroerer 1997). The limitations of the NHSDA for measuring these kinds of drug use behaviors have made it difficult to either refute or support these reports. However, the 1996 NHSDA data show an increasing rate of past month heroin use from 1993 to 1996, and an increasing rate of lifetime heroin smoking, snorting, or sniffing between 1994 and 1996. In 1995, an estimated 141,000 people used heroin for the first time. Rates of initiation have increased for both youths age 12-17 and for young adults age 18-25 between 1990 and 1995. Most new heroin users in recent years were under age 26 and were smoking, snorting, or sniffing heroin. Methamphetamine use (lifetime) rates also suggest some increase, although the change between 1994 and 1996 was not statistically significant.

The NHSDA continues to show the aging of the drug using population. Cohorts who were teenagers and young adults in the 1960s and 1970s are now older, and although most no longer use illicit drugs, many still do. This aging cohort, composed primarily of the baby boom, is adding increasingly to the "35 and older" age group shown in NHSDA reports. Thus, the proportion of drug users that are age 35 and older continues to increase (from 10 percent of users in 1979 to 28 percent of users in 1996). Data from the Drug Abuse Warning Network (DAWN) on drug-related hospital emergency department episodes also show the impact of the aging cohort of drug users. In 1979, 12 percent of patients with cocaine episodes were age 35 or older. By 1985 the proportion was 19 percent, and by 1995 it was 43 percent.

Many of the drug users in this aging cohort have used drugs for many years and have developed severe drug problems. This may partly explain the continuing rise in hospital emergency department episodes, which are more likely to involve these heavy users than occasional users or those who use only marijuana. Cocaine-related emergency room visits have increased from 5,000 in 1981 to 29,000 in 1985 (the peak year for past month cocaine prevalence in the NHSDA) to 144,000 in 1995. Heroin-related emergency room visits have increased from 12,000 in 1979 to 77,000 in 1995 (SAMHSA 1996d, e).

It is important to recognize the limitations of both DAWN and the NHSDA for measuring the prevalence of heavy drug use. As is discussed in DAWN reports, there are many factors that could influence trends in drug-related episodes. These factors include changes in the purity and availability of drugs, changes in patterns of use (e.g., drug combinations or route of administration), availability of treatment programs ("seeking detoxification" was the reported reason for visit in 25 percent of cocaine-related episodes in 1995), and changes in patient management practices. Furthermore, research has indicated that only a small, nonrepresentative proportion of heavy cocaine users account for cocaine-related emergency room episodes (Gfroerer and Brodsky 1993).

Sample size, coverage, and validity problems are likely to be more pronounced for NHSDA estimates of heavy users than for other measures generated by the survey. Therefore, estimates of heavy use are considered conservative, and changes over time are generally not statistically significant. For example, the NHSDA has produced estimates of about 600,000 frequent cocaine users with no significant changes in the size of this population since 1985. By using various other data sources and making a number of assumptions (many of which are of uncertain validity), researchers have estimated that there are over 2 million frequent cocaine users in the U.S. (Rhodes 1993).

Clearly there is considerable uncertainty about the size of the heavy drug-using population. Estimates from the NHSDA can provide useful data to help describe this population, but should only be used in conjunction with other data sources. Appendix 2, Section IV (Estimation of Heavy Drug Use) contains a discussion of a methodology developed by OAS that uses arrest and treatment data to adjust NHSDA estimates of heavy drug use.

The full Report is available at: <http://www.samhsa.gov/oas/nhsda/pe1996/httoc.htm>

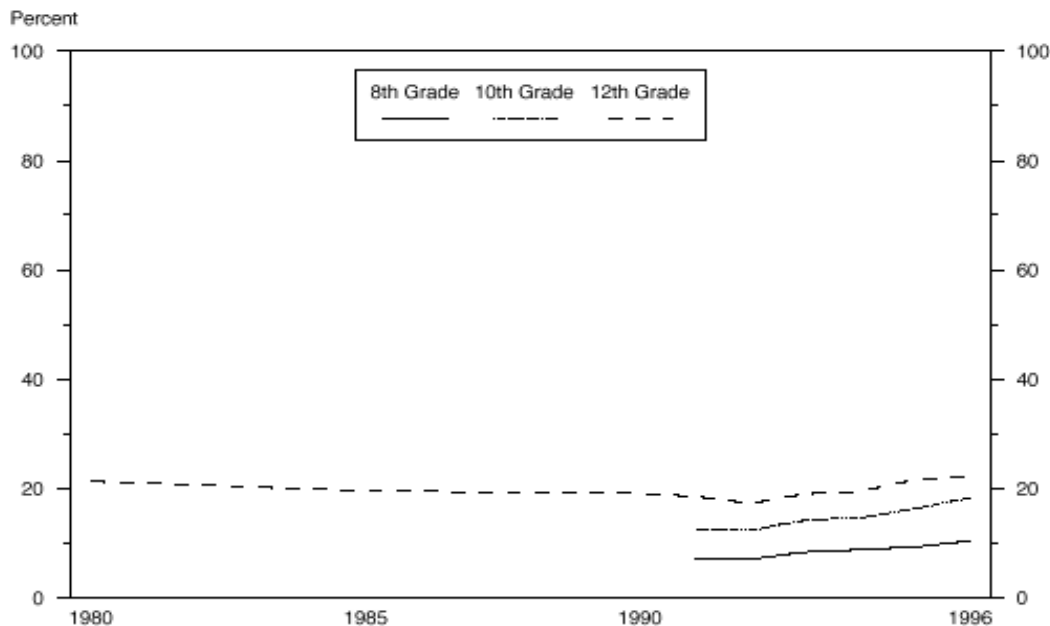
SUMMARY PAGES FROM: AMERICA'S CHILDREN: KEY NATIONAL INDICATORS OF WELL-BEING (1997), PP. 35-37.

The full Report is available at:
<http://www.cdc.gov/nchswww/about/otheract/children/child.htm>

Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases, increased health care costs associated with treating these illnesses, and the risk of premature death³⁴ Many adults who are today addicted to tobacco began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.³⁵ These consequences underscore the importance of studying patterns of smoking among adolescents.

Figure BEH1. Percentage of students who reported smoking cigarettes daily in the previous 30 days, by grade, selected years 1980-96



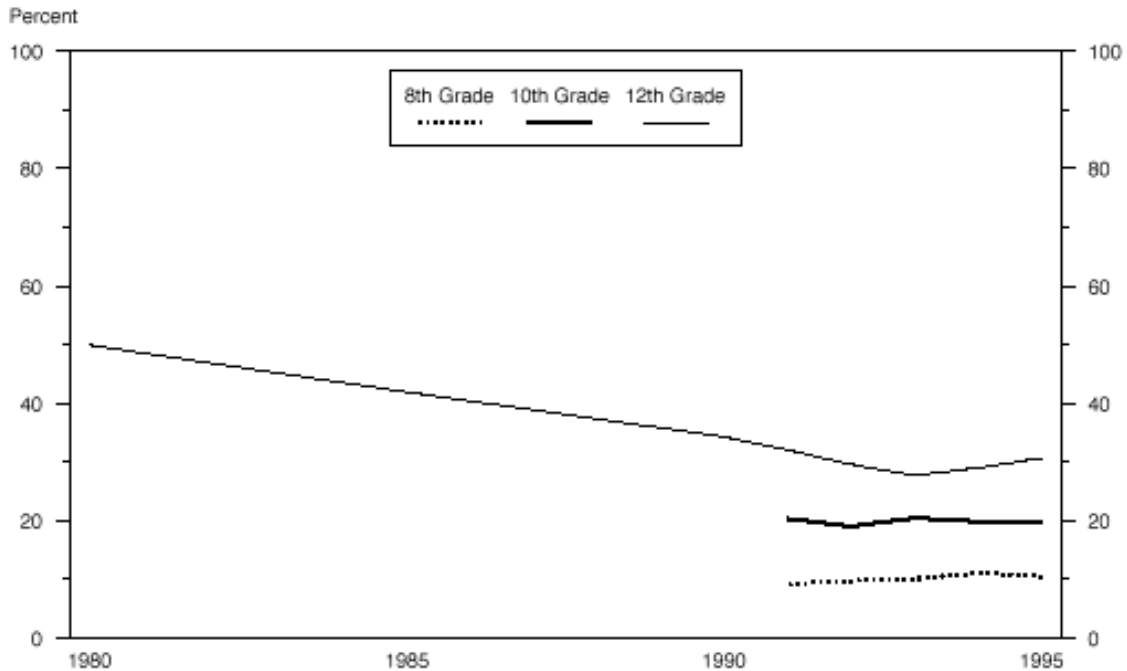
Sources: National Institute on Drug Abuse, Monitoring the Future Survey. Data provided by the Institute for Social Research, University of Michigan. See related table BEH1, this publication.

- The percentage of 8th, 10th, and 12th graders who reported that they smoked cigarettes daily increased between 1992 and 1996. In 1996, more than one in five 12th graders (22 percent) reported smoking daily during the previous 30 days, as did 18 percent of 10th graders and 10 percent of 8th graders.
- Girls are as likely as boys to report smoking on a regular basis.
- White students have the highest rates of smoking, followed by Hispanics, and then blacks. In 1994-95, 24 percent of white 12th grade students reported regular smoking, compared to 12 percent of Hispanics and 6 percent of blacks.
- Prior to 1992, smoking had been decreasing among 12th graders since 1975, when 27 percent of 12th graders reported that they smoked regularly. (Comparable figures are not available for 8th and 10th graders before 1991.)

Alcohol Use

Alcohol use by adolescents is associated with motor vehicle accidents, injuries, and deaths, problems in school and in the workplace, fighting, and crime. 36 Regular drinking by adolescents is a risk-taking behavior that can have serious harmful consequences.

Figure BEH2. Percentage of students who reported having an alcoholic beverage on more than two occasions in the previous 30 days, by grade, selected years 1980-95



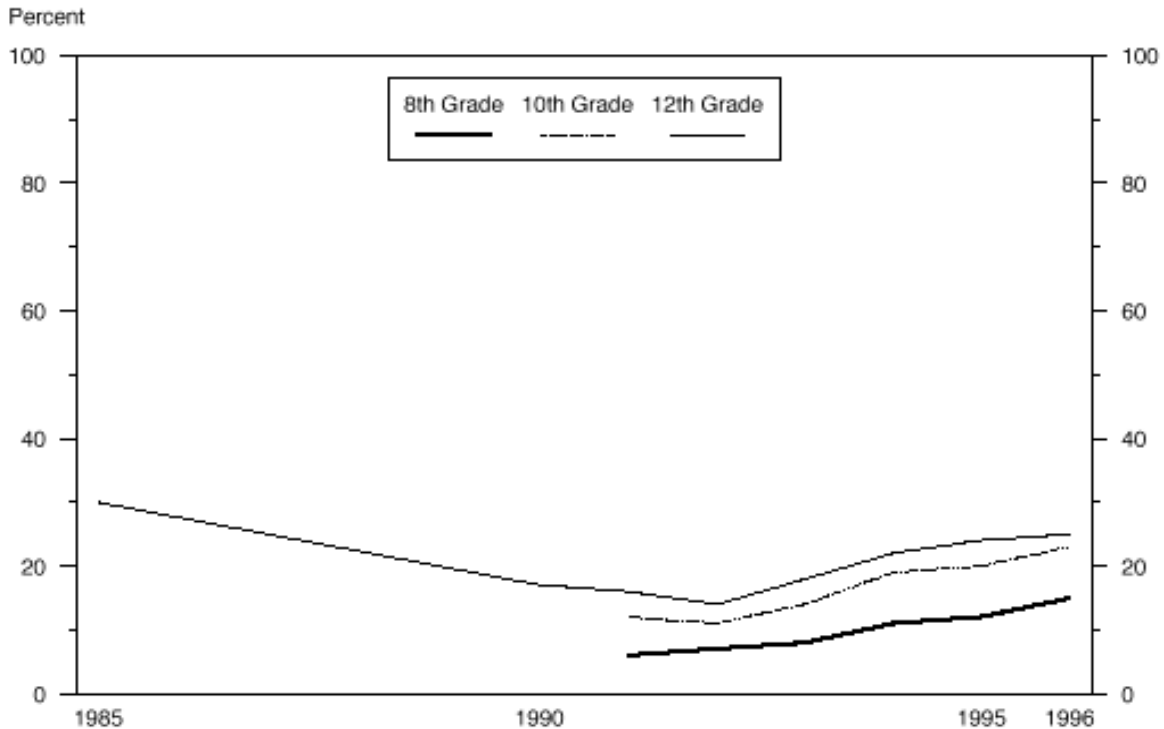
Note: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalants, and nonmedical use of psychotherapeutics.
 Source: National Institute on Drug Abuse, Monitoring the Future Survey. Data provided by the Institute for Social Research, University of Michigan.
 See related table BEH2, this publication.

- In 1995, almost one in three 12th graders (31 percent), one in five 10th graders (20 percent), and one in ten 8th graders (11 percent) reported regular drinking, i.e., having an alcoholic beverage on more than two occasions in the previous 30 days.
- For each grade level, the percentage of students who reported regular drinking has been fairly stable since 1991, the earliest year for which data are available for 8th and 10th graders.
- For 12th graders, data are available from 1980 and indicate that the percentage reporting regular drinking has declined substantially: from 50 percent in 1980 to 31 percent in 1995. Much of this decrease took place between 1980 and 1991.
- Among 12th graders, boys are substantially more likely to drink regularly than are girls. In 1995, 36 percent of 12th grade boys reported regular drinking, compared to 25 percent of 12th grade girls.
- Similar percentages of 8th and 10th grade boys and girls report regular drinking. Among 8th graders in 1995, 12 percent of boys and 9 percent of girls reported regular drinking. Among 10th graders, 21 percent of boys and 18 percent of girls reported regular drinking.

Substance Abuse

Research indicates that drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders, to disability, to death from heart attacks and strokes.³⁷ Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.³⁸ Hallucinogens can affect brain chemistry and result in problems with learning new information and retaining knowledge.³⁹ Possession and/or use of drugs is illegal and can lead to a variety of penalties and a permanent criminal record. As is the case with alcohol use, drug use is a risk-taking behavior by adolescents that has serious negative consequences.

Figure BEH3. Percentage of students who have used illicit drugs in the previous 30 days, by grade, selected years 1985-96



Note: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalants, and nonmedical use of psychotherapeutics.
 Source: National Institute on Drug Abuse, Monitoring The Future Survey. Data provided by the Institute for Social Research, University of Michigan.
 See related table BEH3, this publication.

- In 1996, one in four 12th graders (25 percent) reported using illicit drugs in the previous 30 days. Twenty-three percent of 10th graders and 15 percent of 8th graders reported using illicit drugs in the previous 30 days.
- The percentage of students in each grade level reporting illicit drug use increased substantially between 1992 and 1996—from 14 percent to 25 percent for 12th graders; from 11 percent to 23 percent for 10th graders; illicit and from 7 percent to 15 percent for 8th graders.
- Prior to 1992, illicit drug use by 12th graders had fallen sharply from 30 percent in 1985 to 14 percent in 1992, but then began to rise sharply, reaching 25 percent in 1996. (Data for 8th and 10th graders are not available before 1991.)
- Among 12th graders, boys are more likely to use illicit drugs than girls. In 1995, 27 percent of male 12th graders reported using illicit drugs, compared to 20 percent of females.
- Twenty-four percent of white 12th graders reported drug use in 1995, compared to 18 percent of blacks and 21 percent of Hispanics.

1995-1996 PRIDE DRUG USE SURVEY

STUDENT USE OF MOST DRUGS REACHES HIGHEST LEVEL IN NINE YEARS

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.

% Any Illicit Drug Use by 12th Graders

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.

	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

Record percentages of use were reported for the following drug categories: cigarettes, marijuana, cocaine, uppers, downers, inhalants, and hallucinogens.

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.) in 1995-96.)

Use

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

% Any Illicit Drug Use by 6-12th Graders

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

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. to 10.7% in 1990-91, a slight improvement.

Who Warns Youth Often

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

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."

About Drugs - % - Grades 6-12

Peers	11.7
Parents	29.6
Teachers	88.9

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. in school.

When parents warn their children about drugs, use is lower. Students said they used drugs mostly at night and on weekends, again when parents are in charge. For example, "Students are getting drugs 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 Marijuana - %

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. 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 (MTF).

Any Illicit Drug Annual Use: PRIDE vs. Monitoring the Future																		
YEAR	1995-96			1994-95			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
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.	25.1	13.0	20.5	24.8
MTF				21.4	33.3	39.0	8.5	30.0	35.8	15.1	24.7	31.0	12.9	20.2	27.1	11.3	21.4	29.4
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	+4.6

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.

The original version of this press release can be found on: <http://www.prideusa.org/>