

# Selected Substance Abuse Data Indicators (1997)

Data Sources:

**1997 Monitoring the Future**

**1995 Youth Risk Behavior Surveillance System (YRBSS)**

**1996 National Household Survey on Drug Abuse**

**1996 DAWN Results**

**1996 Partnership for Drug-free America Survey**

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The intent of this compilation is to provide an accessible resource summarizing the most commonly referred to sources of substance abuse data. Please direct all questions about the findings to the primary source.

All of the material contained within this report has been copied from the original source as it appeared on it's Web site. Only minor editorial changes have been applied by SECAC.

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# Monitoring the Future 1997

## Summary

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Drug use among American teens shows some signs of leveling after a long rise.

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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 research scientists at the U-M Institute for Social Research, are reporting the results of the 1997 survey they conducted of 51,000 eighth-, 10th-, and 12th-grade students located in 429 secondary schools nationwide. The samples are nationally representative of all students at each of the three grade levels in private and public schools in the coterminous United States. Twelfth-graders have been surveyed annually since 1975 and eighth- and 10th-graders since 1991. This work has been supported since its inception under a series of research grants from the National Institute on Drug Abuse, one of the National Institutes of Health.

Until this year students in all three grades had shown substantial increases in their use of most of the illicit drugs---particularly marijuana. Now the use of a number of drugs has leveled off. Because the findings sometimes differ among grades and among drugs, each of the major classes of drugs is discussed separately.

**Marijuana.** After six years of steady increases, marijuana use leveled in 1997 among eighth-graders. Among 10th-graders there has been a deceleration in the rate of increase, although the proportion reporting any marijuana use in the prior 12 months (annual prevalence) still showed some increase (a statistically insignificant rise of 1.2 percentage points). There is some evidence of deceleration among 12th-graders, as well, with observed increases in 1996 and 1997 considerably lower than those observed in 1993, 1994, and 1995.

"During the early 1990s we saw a considerable decline in the proportions of students reporting marijuana use as dangerous," Johnston notes, "but the erosion in these attitudes began to slow a couple of years ago, which is probably why we are now seeing this leveling, or at least deceleration in students' actual use of marijuana." (Figure 3.)

This year for the first time in six years, there was an increase among eighth-graders in disapproval of marijuana use, and there was little further erosion in these attitudes among the older students (Table 9). There was no change in the reported availability of marijuana at any of the grade levels in 1997. (In fact, there was no change in reported availability for most of the other drugs [Table 11], as well.)

**Hallucinogens.** After several years of steady increase, the reported use of LSD, and of all other hallucinogens taken as a class, leveled in 1997 in all three grades. Consistent with this finding, the degree of risk young people reported to be associated with these drugs began to level a year earlier in all grades. Similarly, the proportion of students expressing disapproval of the use of these drugs has been fairly level since 1996, in comparison to the decline in disapproval that occurred earlier in the 1990s.

The proportion of 1997 students reporting any use of LSD in the 12 months prior to the survey was 3.2 percent, 6.7 percent, and 8.4 percent for grades 8, 10, and 12, respectively. For other hallucinogens the rates were 1.8 percent, 3.3 percent, and 4.6 percent.

**Inhalants.** The use of inhalants, substances such as glues and aerosols, rose steadily in the early 1990s, but use peaked two years ago and has declined slightly since. The proportion of young people who said they saw a great risk of harm associated with the use of these drugs increased appreciably two years ago among eighth- and 10th-graders (these questions are not asked in grade 12); and disapproval of use has been rising more gradually over the past two years.

Inhalants are more popular among younger teens than older teens. The proportions in 1997 reporting any use in the prior 12 months were 12 percent, 9 percent, and 7 percent in grades 8, 10, and 12, respectively.

**Crystal methamphetamine (Ice).** Only 12th-graders are asked about the use of "ice," which, like crack, is often smoked or burned in rock form. Ice use had been rising between 1992-96. Use leveled in 1997, after perceived risk had leveled a year earlier.

The proportion of 1997 12th-graders reporting any use of ice in the prior 12 months was 2.3 percent, or nearly one in every 40 students.

**MDMA (Ecstasy).** The use of MDMA or "ecstasy" has been included in the survey of secondary school students only since 1996. No increase was seen in 1997 in any grade. This very likely follows a period of increase in use, judging by the longer-term trend data available from college students and young adults, who also participate in the Monitoring the 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-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.

"It's a complicated story this year," admits Johnston, "because not all drugs are moving in the same direction and not all grade levels are showing exactly the same changes. But the bottom line

is that the longer-term rises in the use of most drugs, which began in the early 1990s among American teen-agers, appear to have stalled or at least decelerated; in addition, for most drugs important underlying attitudes and beliefs have stopped eroding.

"That still leaves us with unacceptably high levels of teen drug use, however, with some usage rates two to three times what they were in the early 1990s. Further, new drugs are continually being introduced with alluring false promises, the adverse effects of which are seldom known when they first arrive on the scene.

"The country has begun to mobilize on this issue in the past few years, but clearly the job is far from complete. Indeed, there will always be an incoming wave of American youngsters who start out naive about the consequences of drug use, and who are growing up in a period when they will know about many drugs and will have fairly easy access to them. If we expect them to reject illicit drug use, we must educate and persuade them with the help of many sectors: the family, school, community, entertainment, media, and national leadership. The more consistent the messages from all of these sectors, the more effective our society will be at preventing the many tragic consequences of drug use among our children.

"I hope that we have learned from the relapse in the drug epidemic in the 1990s that drug use among kids is a persistent and recurring problem---one which needs consistent and unremitting attention. It is a long-term problem, which means that we must institutionalize prevention efforts so that they will be there for the long-term and for each new generation of American children.

"Otherwise, what we have termed 'generational forgetting' is likely to occur again, with a new wave of children growing up not learning what their predecessors learned about the consequences of drug use. We believe generational forgetting contributed to the relapse in teen drug use we are now seeing in the 1990s, since young people's beliefs about the dangers of drugs eroded considerably. Ironically, the risk of generational forgetting is greatest when the epidemic subsides, and young people have less opportunity to observe the adverse consequences of drug use first hand. The long and substantial decline in illicit drug use between the late 1970s and the early 1990s created just such a situation."

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The study, titled "Monitoring the Future," is also widely known as the National High School Senior Survey. It has been conducted under a series of investigator-initiated research grants from the National Institute on Drug Abuse. Surveys have been carried out each year since 1975 by the U-M Survey Research Center. In 1997, the seniors comprised about 16,000 students nationwide, selected to be representative of all seniors in the continental United States. They completed self-administered questionnaires given to them in the classrooms by U-M personnel in the spring of the year. Beginning in 1991, similar surveys of nationally representative samples of eighth- and 10th-graders have been conducted annually. The 1997 eighth-grade sample contained about 19,000 students, and the 10th-grade sample contained about 16,000 students. In all, approximately 51,000 students in 429 public and private secondary schools were surveyed in 1997.

**The full Report is available at: <http://www.isr.umich.edu/src/mtf/>**

# 1995 Youth Risk Behavior Surveillance System (YRBSS) Summary

## Initiation of Tobacco, Alcohol, and Other Drug Use

In 1995, as part of the Youth Risk Behavior Surveillance System, the Centers for Disease Control and Prevention conducted a national school-based Youth Risk Behavior Survey among a representative sample of 10,904 high school students in grades 9-12. These data are summarized from that survey. For more information see CDC, Youth Risk Behavior Surveillance -- United States, 1995. MMWR; 45(No. SS-4), 1-86, 1996.

### Cigarette Smoking

- 24.9% of students had smoked a whole cigarette before age 13.
- **Hispanic (26.6%) and white (25.9%)** students were significantly more likely than black students (17.2%) to have smoked a whole cigarette before age 13.
- Students in grade 9 (28.1%) were significantly more likely than students in grade 12 (21.5%) to report smoking a whole cigarette before age 13.

### Alcohol Use

- 32.4% of students first drank alcohol (more than a few sips) before age 13.
- **Male students (38.6%)** were significantly more likely than female students (25.5%) to report drinking alcohol before age 13.
- **Hispanic students (39.5%)** were significantly more likely than white students (30.3%) to report drinking alcohol before age 13.
- Students in grade 9 (41.0%) were significantly more likely than students in grades 11 (29.6%) and 12 (25.8%) to report drinking alcohol before age 13.
- Students in grade 10 (34.1%) were significantly more likely than students in grade 12 (25.8%) to report drinking alcohol before age 13.

### Marijuana Use

- 7.6% of students had tried marijuana before age 13.
- **Male students (10.2%)** were significantly more likely than female students (4.8%) to report trying marijuana before age 13.
- **Hispanic (12.6%) and black (11.1%)** students were significantly more likely than white students (5.6%) to report trying marijuana before age 13.

### Cocaine Use

- 1.2% of students had tried cocaine before age 13.
- **Male students (1.8%)** were significantly more likely than female students (0.5%) to report trying cocaine before age 13.

# 1995 Youth Risk Behavior Surveillance System (YRBSS) Summary

## Alcohol Use

In 1995, as part of the Youth Risk Behavior Surveillance System, the Centers for Disease Control and Prevention conducted a national school-based Youth Risk Behavior Survey among a representative sample of 10,904 high school students in grades 9-12. These data are summarized from that survey. For more information see CDC, Youth Risk Behavior Surveillance -- United States, 1995. MMWR; 45(No. SS-4), 1-86, 1996.

## Lifetime Alcohol Use

- 80.4% of students had at least one drink of alcohol during their lifetime.
- **White (81.7%) and Hispanic (82.9%)** students were significantly more likely than black students (73.7%) to have had at least one drink of alcohol during their lifetime.
- Students in grades 11 (83.2%) and 12 (85.5%) were significantly more likely than students in grade 9 (72.4%) to have had at least one drink of alcohol during their lifetime.

## Current Alcohol Use

- **51.6%** of students had had at least one drink of alcohol during the 30 days preceding the survey (i.e., current alcohol use).
- **White (54.1%) and Hispanic (54.7%)** students were significantly more likely than black students (42.0%) to report current alcohol use.
- Students in grades 11 (53.7%) and 12 (56.5%) were significantly more likely than students in grade 9 (45.6%) to report current alcohol use.

## Episodic Heavy Drinking

- **32.6%** of students had had five or more drinks of alcohol on at least one occasion during the 30 days preceding the survey (i.e., episodic heavy drinking).
- Male students (36.2%) were significantly more likely than female students (28.6%) to report episodic heavy drinking.
- **White (35.6%) and Hispanic (37.7%)** students were significantly more likely than black students (18.8%) to report episodic heavy drinking.
- Students in grades 11 (34.9%) and 12 (39.0%) were significantly more likely than students in grade 9 (24.5%) likely to report episodic heavy drinking.
- Students in grade 12 (39.0%) were significantly more likely than students in grade 10 (30.3%) to report episodic heavy drinking.

# 1995 Youth Risk Behavior Surveillance System (YRBSS) Summary

## Marijuana and Other Drug Use

In 1995, as part of the Youth Risk Behavior Surveillance System, the Centers for Disease Control and Prevention conducted a national school-based Youth Risk Behavior Survey among a representative sample of 10,904 high school students in grades 9-12. These data are summarized from that survey. For more information see CDC, Youth Risk Behavior Surveillance -- United States, 1995. MMWR; 45(No. SS-4), 1-86, 1996.

## Lifetime Marijuana Use

- 42.4% of students had used marijuana during their lifetime.
- Students in grades 11 (45.8%) and 12 (47.0%) were significantly more likely than students in grade 9 (33.8%) to report lifetime marijuana use.

## Current Marijuana Use

- 25.3% of students had used marijuana at least once during the 30 days preceding the survey (i.e., current marijuana use).
- Male students (28.4%) were significantly more likely than female students (22.0%) to report current marijuana use.
- Students in grade 11 (27.6%) were significantly more likely than students in grade 9 (20.9%) to report current marijuana use.

## Lifetime Cocaine Use

- 7.0% of students had used cocaine during their lifetime.
- Male students (8.8%) were significantly more likely than female students (5.0%) to have used cocaine during their lifetime.
- Hispanic (16.0%) and white (6.5%) students were significantly more likely than black students (2.0%) to have used cocaine during their lifetime.
  - Hispanic students (16.0%) were significantly more likely than white students (6.5%) to have used cocaine during their lifetime.

## Current Cocaine Use

- 3.1% of students had used cocaine at least once during the 30 days preceding the survey (i.e., current cocaine use).
- Male students (4.3%) were significantly more likely than female students (1.8%) to report current cocaine use.
- Hispanic students (7.5%) were significantly more likely than black (1.3%) and white (2.6%) students to report current cocaine use.

## Lifetime Crack or Freebase Use

- 4.5% of students had used crack or freebase forms of cocaine during their lifetime.
- Hispanic (10.5%) and white (4.2%) students were significantly more likely than black students (1.6%) to report lifetime crack or freebase use.
- Hispanic students (10.5%) were significantly more likely than white students (4.2%) to report lifetime crack or freebase use.

## Lifetime Illegal Steroid Use

- 3.7% of students had used steroids without a doctor's prescription during their lifetime (i.e., illegal steroid use).
- Male students (4.9%) were significantly more likely than female students (2.4%) to report illegal steroid use .
- Hispanic (4.7%) and white (3.8%) students were significantly more likely than black students (1.6%) to report illegal steroid use.

## Lifetime Injected Drug Use

- 2.0% of students had injected illegal drugs during their lifetime.
- Male students (3.0%) were significantly more likely than female students (1.0%) to report lifetime injected drug use .

## Lifetime Use of Other Illegal Drugs

- 16.0% of students reported use of other illegal drugs (e.g., LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin) during their lifetime.
- Hispanic (18.1%) and white (18.4%) students were significantly more likely than black students (3.9%) to report lifetime use of other illegal drugs.

## Lifetime Inhalant Use

- 20.3% of students reported that they had ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paint sprays to get high (i.e., inhalant use).
- Hispanic (22.8%) and white (22.7%) students were significantly more likely than black students (9.5%) to report inhalant use.
- Students in grades 9 (24.6%) and 10 (22.4%) were significantly more likely than students in grade 12 (15.9%) to report inhalant use.

**Website - <http://www.cdc.gov/nccdphp/dash/yrbs/su.htm>**

# 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

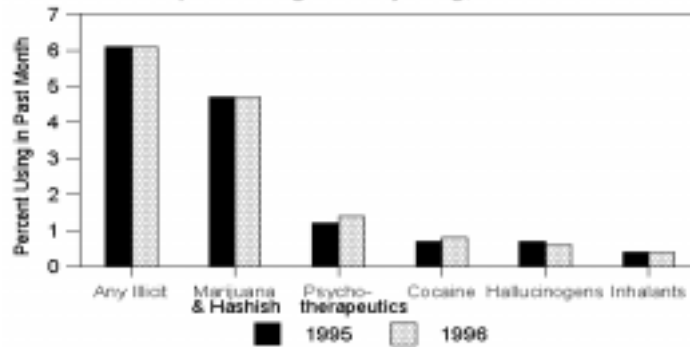
- In 1996, an estimated 13.0 million Americans were current illicit drug users, meaning they had used an illicit drug in the month prior to interview. This represents 6.1 percent of the population 12 years old and older.
- Marijuana is the most commonly used illicit drug, used by 77 percent of current 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).

Figure 1. Types of Drugs Used by Past Month Illicit Drug Users: 1996



- 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).

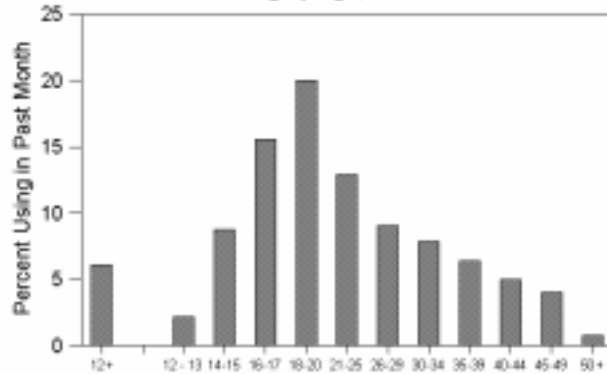
Figure 3. Past Month Illicit Drug Use in Population Age 12+ by Drug, 1995-1996



## Age

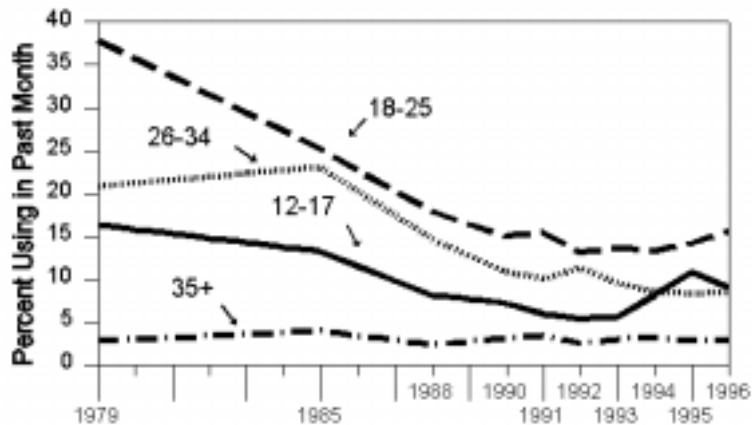
- Rates of drug use show substantial variation by age. Among youths age 12-13, 2.2 percent were current illicit drug users. The highest rates were found among young people ages 16-17 (15.6 percent) and age 18-20 (20.0 percent). Rates of use were lower in each successive age group, with only about one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

Figure 4. Past Month Use of Any Illicit Drug by Age, 1996



- 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  
Past Month Illicit Drug Use  
by Age: 1979-1996



- 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.health.org/pubs/nhsda/index.htm>**

## DAWN 1996 HIGHLIGHTS

This report presents results from the 1996 Drug Abuse Warning Network (DAWN). It shows trends since 1989 of the estimated number of hospital emergency department episodes that were directly related to the use of an illegal drug or the non-medical use of a legal drug.

- In 1996, there were 487,600 drug-related hospital emergency department episodes. This was down significantly from 1994 and 1995 (518,500 and 517,800 episodes, respectively).
- There was no statistically significant change in the total number of cocaine-related episodes between 1995 (138,000) and 1996 (144,200).
- Between 1995 and 1996, there were no changes in cocaine-related episodes by age, gender, or race/ethnicity; however, between 1994 and 1996 there was a 21 percent increase among those age 35 and older (from 54,200 to 65,500).
- Although heroin-related episodes had been increasing steadily since the early 1980's, there was no change in the number of heroin-related episodes reported from 1995 (72,200) to 1996 (70,500). However, between 1990 and 1996, there has been a 108 percent increase (from 33,900 to 70,500).
- Between 1995 and 1996, there were no changes in heroin-related episodes by age, gender, or race/ethnicity. However, between 1994 and 1996, there was a 20 percent increase among those age 35 and older (from 33,400 to 40,000).
- Marijuana/hashish-related episodes rose from 40,200 in 1994 to 50,000 in 1996, a 25 percent increase. Since 1990, marijuana/hashish-related episodes have increased 219 percent.
- Between 1995 and 1996, there were no changes in marijuana/hashish-related episodes by age, gender, or race/ethnicity. However, between 1994 and 1996, marijuana-related episodes have increased by 33 percent among those age 12-17, 27 percent among those age 26 to 34 and 41% among those age 35 and older.
- There was a statistically significant decrease in methamphetamine-related episodes reported between 1995 (16,200) and 1996 (10,800). However, there was a significant increase of 71 percent between the first half of 1996 and the second half of 1996 (from 4,000 to 6,800). Reports by local area epidemiologists indicate there was a shortage of methamphetamine in many cities in the western United States in the last half of 1995 and first quarter of 1996.
- "Suicide attempt or gesture" (181,600) was the most commonly reported motive for taking a substance and comprised 37 percent of all drug-related episodes in 1996. The most frequently recorded reason for a drug-related emergency department visit was "overdose" (239,100).

## DISCUSSION OF 1996 DAWN RESULTS

The results reported here show that the non-medical use of drugs continues to place a burden on hospital emergency departments. These results provide an indication of the problem, but likely miss some of the impact because the focus of DAWN is on cases in which a person's own drug use contributes to the current reason for their visit to the emergency department. It is important to recognize that DAWN data do not measure the prevalence of drug use, but rather the health consequences of drug use expressed as emergency department visits. Many factors can influence the estimates of emergency department visits. Drug users may have visited emergency departments for a variety of reasons, some of which may have been life threatening. Others may have sought care at the emergency department for detoxification, because they were unable to gain admission to a drug treatment facility or because they needed medical certification before entering treatment. The DAWN data may reflect changes in hospital services or operations. For example, a hospital may open a new detoxification unit resulting in more drug-related emergency department visits or change to a new computer system resulting in under-reporting.

The preliminary data from 1996 indicate some changes in the general trends shown in the preliminary 1995 DAWN data (see Advance Report 17). That report clearly showed that since the late 1970's, there have been dramatic increases in the number of emergency department episodes which DAWN identified as drug related. During the same period, the proportion of drug-related episodes which involved cocaine and heroin increased.

Three key findings from the 1996 data deserve attention: 1) cocaine-related episodes, after increasing 78 percent between 1990 and 1994, did not increase between 1994 and 1996; 2) heroin-related episodes, after increasing 113 percent between 1990 and 1995, did not change between 1995 and 1996; and 3) methamphetamine(speed)-related episodes, after an increase of 237 percent between 1990 and 1994, decreased by 39 percent between 1994 and 1996.

An examination of the methamphetamine data by quarter reveals a different pattern. Reports from local area epidemiologists and other researchers indicate that there was a shortage of methamphetamine in the last half of 1995 in some western cities such as San Diego, Los Angeles, Phoenix, and San Francisco. The DAWN quarterly data show the quarter with the greatest number of methamphetamine-related episodes was in the second quarter of 1995 (5,700). The number of episodes decreased to a low of 1,600 in the first quarter of 1996. The number has subsequently increased in every quarter to a high of 3,900 in the last quarter of 1996. This would indicate that the shortage has ended and episodes involving methamphetamine are once again increasing.

Between 1994 and 1996, drug-related episodes have decreased by 6 percent. The decrease occurred primarily among those age 18-34, although there were no changes in this age group in mentions of cocaine or heroin.

Between 1994 and 1996, there was an increase in the number of persons age 35 years and older making cocaine and heroin-related visits to hospital emergency departments. DAWN data have shown that the proportion of drug-related episodes among persons aged 35 years and older has been increasing. This may be the result of more older people seeking care at the emergency department for drug-related problems or of persons aged 35 years and older making more frequent visits. As drug users age, particularly injection drug users, they become more susceptible to a variety of health problems which are exacerbated by drug use, especially the cumulative effects of prolonged use. These individuals may be using emergency departments for treatment of non-urgent health problems.

Changes in the number of drug-related emergencies may also be due to a reduced use of drug combinations, changes in patterns of drug use, such as route of administration; changes in the

amount of drug used per administration; or changes in the drug purity or price. For example, a decrease in the purity of heroin or cocaine could result in fewer users experiencing unexpected reactions and overdoses. Reports from the Drug Enforcement Administration (Illegal Drug Price/Purity Report, Drug Enforcement Administration, January 1993-December 1996) indicate that during the period between 1993 and 1996, the following changes occurred:

- Cocaine prices remained relatively low and the average purity of cocaine relatively stable.
- The national average purity of heroin has declined since December, 1995. Numerous and diverse foreign sources of supply generally account for a wide variety in prices.
- The potency of marijuana has remained stable and the price per pound relatively constant.
- After a shortage in late 1994 and early 1995, methamphetamine was readily available from late 1995 through 1996, particularly in the western United States. Nationally, methamphetamine prices remained relatively stable from October through December, 1996.

Estimates of drug-related emergency department episodes could increase or decrease over time for reasons unrelated to the size of the drug using population. It may also be due to factors that affect reporting patterns rather than actual changes in emergency department use. For example:

- Greater awareness of these problems by hospital staff who therefore report drug use more carefully on the medical record,
- Other data collection or sample composition changes (see Appendix 2),
- Changing patterns of use of emergency departments by drug users, and
- Different patterns of use of emergency departments by population subgroups.

However, our initial analysis of identified procedural factors which could have created spurious results suggests that they cannot account for the differences reported here (see Appendix 2 for a detailed account of known procedural anomalies). While our analysis continues, we do not expect to find circumstances that will rebut the main trends reported herein.

**The full Report is available at: <http://www.health.org/pubs/dawn/index.htm>**

# 1996 Partnership for a Drug-Free America Survey

## National Study Findings

The 1996 Partnership Attitude Tracking Study (PATS)<sup>1</sup> found significant erosions in anti-drug attitudes and more 9- to 12-year-olds using illicit drugs, particularly marijuana. The study of 12,292 children, teens and parents shows that today's 4th, 5th and 6th graders are less likely to consider drugs harmful and risky; more likely to believe drug use is widespread and acceptable; more report having friends who use illicit drugs; and fewer report receiving information about the dangers of drugs from a variety of different sources.

"These findings are deeply disturbing, especially when you consider the age of these children," Bonnette said. "We know, through our research, that attitudes shape behavior. So it's no shock that the normalization of illicit drugs that has occurred among teenagers is now trickling down to younger children. With children less resistant to drugs as they leave the relative safety of elementary school -- and enter middle school, where their peers are older and drugs are much more a reality -- the implications for the future are not encouraging."

The Partnership's Attitudinal Tracking Study is the largest on-going body of research on drug-related attitudes in America, funded, in large part, by a major organizational grant from the Robert Wood Johnson Foundation. It is the only national study to gather data on drug use and drug-related attitudes among children. This nationally-projectable study, now in its 9th installment, was conducted for PDFA by Audits & Surveys Worldwide Inc., a leading market research corporation based in New York.

## Key findings: 9-12 Year-Olds <sup>2</sup>

- \* One in four children was offered drugs last year (24 percent of 9- to 12-year-olds in 1996, as compared with 19 percent in 1993). White children report an older friend or peer as the source for drugs; African-American and Hispanic children are also more likely to name "dealers" as their source;
- \* Trial use of marijuana increased among children from 2 to 4 percent -- a statistically significant change, or an increase from approximately 230,000 children experimenting with the drug in 1995 to 460,000 children in 1996;
- \* Perceptions of peer drug use: The number of 11-12-year-olds who report having friends using marijuana increased from 7 to 13 percent between '93 and '96;

- \* Children are receiving less information about the dangers of drugs from a variety of different sources, especially mass media:

|   | 1993 | 1996 | Proportional Difference |
|---|------|------|-------------------------|
| Children were asked: "Did you learn a lot about the dangers of drugs from:" |      |      |                         |
| School  | 79%  | 72%  | -9%                     |
| TV shows, news, movies  | 53%  | 44%  | -17%                    |
| TV commercials  | 50%  | 42%  | -16%                    |
| Friends   | 43%  | 40%  | -7%                     |

"Children today spend about as many hours in front of a television as they do in a classroom," Bonnette said. "Clearly, children are learning less about the dangers of drugs from mass media, which is no surprise. There are fewer storylines dealing with drugs on television, fewer anti-drug ads airing regularly<sup>3</sup>, fewer stories about drugs<sup>4</sup>. As the data demonstrate, when it comes to children and drugs, out of sight is out of mind."

- \* Less social disapproval of drugs: Children are less likely to believe that "people on drugs act stupid" (71 percent in 1995 to 65 percent in 1996); children are significantly less likely to say that they "don't want to hang around people who use drugs" (81 percent in 1993 to 75 percent in 1996);
- \* White children are showing more tolerance toward drugs. White children who agreed with the statement "Everybody tries drugs" went up from 21 percent in 1995 to 28 percent in 1996 (African-American children: 36 percent in 1995 to 28 percent in 1996);
- \* Fewer children report knowing what to do if someone offers them drugs:

|  | 1995 | 1996 | Proportional Difference |
|--|------|------|-------------------------|
| Children were asked what they'd do if someone they know offers them drugs: |      |      |                         |
| Tell Mom or Dad  | 63%  | 55%  | -13%                    |
| Tell the police  | 42%  | 36%  | -14%                    |
| Tell a teacher   | 36%  | 29%  | -19%                    |
| Tell the person not to use drugs   | 32%  | 25%  | -22%                    |

## New Friends, New Pressures, New Peer & Social Norms

The study also found that the number of children who report experimenting with marijuana increases dramatically from 6th grade, where children remain in the relative safety of elementary school, to junior high or middle school, where children are exposed to a variety of new social and peer norms.

- \* The study found that 8 percent of 6th graders had experimented with marijuana, but 23 percent of 7th graders and 33 percent of 8th graders reported trying the drug.

"Parents and guardians need to know that if children aren't equipped with the right attitudes about drugs when they enter this grade and age, children will be more inclined to try drugs," Bonnette said. "Children are exposed to new friends, new pressures and new peer and social norms when they move into junior high. It is a totally new environment, where children will do almost anything -- including drugs -- to fit in."

Children continue to cite parents as a reliable source of information about the dangers of drugs -- in 1993 and 1996, 67 percent of children named parents as a source.

\* But, according to the study, parents of younger children are less inclined than parents of teenagers to talk with their children regularly about drugs: 42 percent of parents reported talking to their teens on a regular basis, yet only 29 percent of parents with 9- to 12-year-olds reported discussing drugs with their children. And when they did, parents were more likely to talk generally about drugs versus specific drugs (marijuana, cocaine, etc.) and risks.

"From years of research, we know that regular communication with children about drugs is one of the most effective ways to reduce drug involvement among children," Bonnette said. "But too many adults believe 'it can't happen to my kid,' too few realize the risks kids face as they enter junior high. Parents can effectively safeguard their children from drugs, but they must start early, when children are in elementary school, and repeat the message often -- particularly through the middle school years. Critical to keeping kids off drugs is frequent communication, which involves talking and listening -- carefully listening to what kids know and feel about drugs."

## Teens

As reported in other national studies<sup>5</sup>, the Partnership's study found more teenagers using drugs in 1996. While some increases in drug use and some erosions in attitudes about the risks of drugs stabilized between 1995 and 1996, the data for teens show that use is still high, and attitudes weak, especially when compared with 1993 figures. The 1996 data indicate that most of the increases in drug use come from middle- and upper-income teens, and that their attitudes about drugs are much more lax than lower-income peers.

## Parents & Teens

Today's parents -- Baby Boomers, many of whom have used drugs -- don't want their children using drugs, according to the Partnership's study. Although theories about Boomers' attitudes about drug use have been reported in the press, PATS demonstrates no evidence that parents today are tolerant of marijuana use among their children, despite past drug use among some parents. Instead, the problems facing parents today are the same ones as in the past -- most parents continue to underestimate the prevalence of drugs in their children's lives, and most don't believe their children would ever get involved with drugs.

<sup>1</sup> This Partnership Attitude Tracking Study monitors the drug-related behavior and attitudes of children, teens and parents. This is the 9th installment of PATS conducted since 1987; the last survey was completed in 1995 and released in February 1996. For the study, teenagers, children and parents completed self-administered, anonymous questionnaires. Total sample: 12,292.

<sup>2</sup> Sample size = 2,569

<sup>3</sup> Collective contributions of broadcast time and print space to the Partnership's national anti-drug advertising campaign declined from \$365 million in 1991 to \$260 million in 1996, for a decline of approximately \$100 million.

<sup>4</sup> Network news coverage of the drug problem has declined steadily since 1989, when the three major networks filed 518 stories on the issue, to 215 in 1990, 61 in 1991 and just 45 in 1992. In a major turnaround, the three major networks devoted 250 stories to the drug issue in 1996, primarily due to the presidential campaign's focus on the drug problem. It is uncertain whether this level of exposure will be sustained. Source: Center for Media Studies, Washington, DC.

<sup>5</sup> Monitoring the Future Study, conducted by the University of Michigan's Institute for Social Research under grants from the National Institute on Drug Abuse. National Household Survey on Drug Abuse, Substance Abuse and Mental Health Service Administration, U.S. Department of Health & Human Services.

Best known for its national anti-drug advertising campaign, the Partnership for a Drug-Free America is a private, non-profit coalition of professionals from the communications industry, whose collective mission is to reduce demand for illicit drugs in America through media communication. To date, more than \$2.8 billion in broadcast time and print space, and 500 anti-drug ads, have been donated to the Partnership's national campaign, making this the largest public service advertising campaign in history. The Partnership receives major funding from the Robert Wood Johnson Foundation.

**The full Report is available at: <http://www.drugfreeamerica.org/>**

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