

Originally Processed With FOIA(s):

S

FOIA Number:

S

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the George Bush Presidential Library Staff.

Record Group/Collection: George H.W. Bush Presidential Records
Collection/Office of Origin: Speechwriting, White House Office of
Series: Speech File Backup Files
Subseries: Chron File, 1989-1993

OA/ID Number: 13659
Folder ID Number: 13659-008

Folder Title:
Woodrow Wilson International Center for Scholars 3/7/89 [OA 6343] [1]

Stack:	Row:	Section:	Shelf:	Position:
G	26	18	6	7

News and Information Services

412 Maynard
Ann Arbor, Michigan
48109-1399

February 24, 1989 (19)
Contact: Terry Gallagher
Phone: (313) 747-1847

Teen drug use continues decline,
according to U-M survey.
Cocaine down for second straight year;
crack begins decline in 1988.

FOR RELEASE 10:00 A.M. EST, TUESDAY, FEBRUARY 28, 1989

EDITORS: Results of the 1988 National High School Senior Survey will be presented at 10 a.m. Tuesday (Feb. 28) in the auditorium of the Hubert Humphrey Bldg., headquarters of the Department of Health and Human Services in Washington, D.C. U-M Research Scientist Dr. Lloyd Johnston will be joined by Dr. Frederick K. Goodwin, Administrator of the Alcohol, Drug Abuse and Mental Health Administration, and Dr. Charles R. Schuster, Director of the National Institute on Drug Abuse. For further information about the study findings, contact Johnston, Program Director at the U-M's Institute for Social Research, (313) 763-5043.

ANN ARBOR—Drug use among American young people in high school and college continued to decline in 1988, according to the most recent national survey by The University of Michigan's Institute for Social Research. Of particular importance, the downturn in cocaine use, which began in 1987, continued in 1988. And among high school seniors at least, crack use—which leveled in 1987—also began to decline in 1988.

These are among the central findings of the 14th national survey in the series titled "Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth." (It is also sometimes referred to as the National High School Senior Survey.)

"Nearly all of the changes revealed by the 1988 survey about illicit drug use are good news, particularly those relating to cocaine and crack. There is also some encouraging indication of a decline in alcohol consumption, but unfortunately not much improvement in the smoking rates," said U-M social psychologists Lloyd Johnston, Jerald Bachman, and Patrick O'Malley, who direct the study.

(more)

Each year since 1975, some 16,000 to 17,000 seniors in 135 high schools nationwide have been surveyed in the study, which has been funded through a series of research grants from the National Institute on Drug Abuse. Self-completed confidential questionnaires are administered to seniors in their classrooms by U-M research personnel.

Also, each year since 1977, some participants from all previously graduated classes have been followed through the use of mailed, self-administered questionnaires. These follow-up surveys have yielded a representative sample of about 1,200 American college students (one to four years past high school) each year since 1980, and presently yield a national sample of about 11,000 young adults one to eleven years beyond high school.

Among the findings reported from the 1988 survey are the following:

Marijuana: Marijuana use continued its long-term, gradual decline among high school seniors in 1988. In the peak year of use, 1979, half of all seniors reported some use in the year prior to the survey (that is, annual prevalence was 51 percent), but by 1988 that statistic has fallen to one-third. Current daily marijuana use has fallen even more in proportional terms—from 10.7 percent in 1978 to 2.7 percent in 1988.

"We think this important decline in marijuana use has been occurring, and continues to occur, largely because of changes in the risks which young people associate with the use of this drug," stated Johnston. "In 1978, the peak year for daily use, only 35 percent of seniors thought there was a 'great risk' associated with regular marijuana use. Today that number stands at 77 percent and is still rising."

Cocaine: "We predicted such a decline in cocaine use would occur once young people began to see its use—particularly experimental and occasional use—as more risky; and that's what now seems to be happening," Johnston said. The proportion of seniors reporting any cocaine use in the prior 12 months dropped between 1986 and 1988 from 13 percent to 8 percent, following a six-year period in which use remained fairly level. Over those same two years (1986 to 1988) the proportion of seniors who said there was great risk associated with even experimenting with cocaine rose from 34 percent to 51 percent, and the proportion who saw great risk associated with occasional cocaine use rose from 54 percent to 69 percent.

Similar changes in cocaine use are occurring among American college students, where the annual prevalence rate for cocaine fell from 17 percent to 10 percent between 1986 and 1988. Cocaine use also fell among all young adults aged 19 to 28 who are high school graduates—from 20 percent annual prevalence in 1986 to 14 percent in 1988. These older age groups are also coming to see cocaine use as more dangerous than in the past.

Disapproval of cocaine use has also been rising among these age groups during the same interval. Fully 89 percent of the 1988 seniors said they personally disapprove of even experimenting with cocaine, up from 80 percent in 1986.

(more)

Crack: "One of the most important findings from the 1988 survey," Johnston added, "is that the use of crack cocaine declined among high school seniors for the first time, and for much the same reason. That is, an increasing number of young people have come to believe that even experimentation with crack is dangerous." Lifetime prevalence of crack use fell from 5.6 percent to 4.8 percent of all seniors between 1987 and 1988, while annual prevalence fell from 4.0 percent to 3.1 percent, after having leveled off between 1986 and 1987.

Between 1987 and 1988 the proportion of seniors who said they believe that experimentation with crack involves great risk rose from 57 percent to 62 percent, while the percent saying it was readily available rose slightly. Among the young adults, there also was a significant increase in the perceived dangers of crack use, and at the same time a substantial increase in perceived availability.

"We really can't say with much certainty whether a similar decline in crack use is occurring among the high school dropout segment of the population, which constitutes about 15 percent of the age group," stated Johnston. "Without question the crack problem is particularly concentrated in this population, especially in the inner cities. However, among the majority still in high school we do not find any evidence that the improvement is concentrated in the upper socioeconomic groups, or among the most academically able, or among those with the best attendance records. This suggests that the incidence of new use may be down even among the dropouts.

"The annual prevalence of crack use showed a decline in 1988 among college students, as well, though not a statistically significant one (from 2.0 percent to 1.4 percent), but there was little change among the 19-29 year olds (from 3.0 percent to 3.1 percent)."

National Strategy: "These important changes in young people's beliefs and attitudes about these drugs, and the declines in use which have accompanied them, tell us a great deal which is relevant to our national strategy in the overall war on drugs," Johnston commented. "The declines in use have occurred in spite of a continuing increase in the availability of cocaine and crack, as reported by seniors, and a fairly constant level of availability for marijuana. In other words, these important successes have been achieved not through supply reduction: they are due almost entirely to a reduction in demand. These results say to me that demand reduction can work, has worked, and has the potential to accomplish a great deal more."

Johnston cautioned, however, "I do not think that use among the already addicted population is likely to be affected nearly as much by an increased recognition of the dangers of crack. Changing use in that segment of the population is going to take longer and will depend heavily on our ability to provide adequate treatment capacity, attract people into treatment, and offer effective treatment. The addicted are going to require the pound of cure, not the ounce of prevention, and that's one reason why it's so very important to prevent use in the first place."

(more)

Other Illicit Drugs: In addition to marijuana, cocaine, and crack, there also was some decline observed in the use of nearly all other illicit drugs in 1988. The use of hallucinogens, stimulants, tranquilizers, opiates other than heroin, and the nitrite inhalants all fell by statistically significant amounts among the nation's high school seniors. Methaqualone and barbiturate sedatives also continued their longer term declines, though their changes in 1988 did not reach statistical significance. The lifetime prevalence for heroin remained at 0.5 percent, where it has hovered for the past nine years, following an earlier period of decline.

Among American college students the story is much the same.

Overall, the proportion of seniors using any illicit drug during the prior year fell from 42 percent in 1987 to 39 percent in 1988. (This compares with 54 percent in 1979, the peak year.) The proportion using any illicit drug other than marijuana in the prior year fell from 24 percent to 21 percent between 1987 and 1988 (which compares with a high point of about 30 percent in 1982.)

Johnston noted, "There's no question this is good news for the country, but what we cannot lose sight of is that there still remains a troublesome amount of illicit drug use among our young people, especially among the segments of the population not well covered by the surveys. Of particular concern is the number who still are willing to experiment with drugs as dangerous as cocaine or crack. And, of course, the one thing that's certain is that there are new drugs yet to come along, which will test the resolve we have inculcated in our young people. That means that prevention must be an ongoing and long-term process."

Alcohol: The 1988 survey also yielded some important results concerning alcohol use among high school students. For the first time in several years, the proportion of seniors who can be categorized as "current drinkers" (had one or more drinks in the past 30 days) declined significantly (from 66 percent to 64 percent). More important, the proportion reporting having five or more drinks in a row during the prior two weeks also declined significantly (from 38 percent to 35 percent, down from a high point of 41 percent in 1983).

Johnston said, "Just as we found no evidence during the onset of the drug epidemic for any displacement of alcohol by the illicit drugs, during this decline phase we have seen no evidence of a displacement from illicit drugs back to alcohol use. In general, these behaviors have tended to move more in parallel, but with alcohol use showing much less overall change, no doubt reflecting its enculturated status in American society.

"This modest decline in alcohol consumption does not seem to be explained by young people seeing such drinking as more dangerous. But we are seeing some change in their own normative attitudes, with an increasing number of seniors saying they personally disapprove of heavy weekend drinking." Among college students, however, and young adults generally, there has been only a slight change in the drinking rates.

(more)

Cigarette Smoking: "Clearly the most disappointing results this year relate to cigarette smoking," according to Johnston, "though that comes as little surprise, since they have been disappointing for the last four years." Neither the number of current smokers, nor the number of current daily smokers, is down significantly from where it was in the class of 1984. "That means that the initiation rate for smoking in this society has pretty well stabilized, and stabilized at a level that is still going to cut short the lives of a lot of our young people. I'm afraid this stabilization has tended to get overshadowed by the overall improvement in adult smoking rates, which results from more people quitting."

The proportion of seniors who are current smokers stands at 29 percent in 1988, with 18 percent of all seniors smoking daily. Johnston pointed out that a number of the current light smokers will graduate to heavy smoking in the years after high school, based on the patterns observed in all previous graduating classes. Cigarette smoking rates among American college students (who are far less likely to smoke than other young adults) are also unchanged since about 1984.

"Clearly the importance of these initiation rates has been underemphasized, in part because of the long delay between the onset of the addiction and the extraordinary amount of death and disease which eventually will result from it," Johnston said. "If the number of young people who eventually will die from this addiction did so in just a year or two after starting, the public outcry for action would be deafening. But the 30- or 40-year delay means that the tragic consequences of adolescent smoking are less recognized. I think it's about time we took the issue of our youngsters smoking a lot more seriously."

#####

EDITORS: The detailed findings from the 1988 survey will be published later this year by the National Institute on Drug Abuse as a research monograph, authored by Johnston, O'Malley, and Bachman, and tentatively titled "Drug Use, Drinking, and Smoking: National Survey Results from High School, College, and Young Adult Populations, 1975-1988."

(ISR;Johnston;Bachman;O'Malley)(R1-3;ISR;Ed1-3;X1a,2a,9;RTspA,B)[3628]

TABLE 1
Trends in Lifetime Prevalence of Eighteen Types of Drugs

	Percent ever used														'87-'88 change	
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988		
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)		
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	-3.0 _{ss}	
Inhalants ^a	NA	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	-0.3	
<i>Inhalants Adjusted^b</i>	NA	NA	NA	NA	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	-1.1	
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	-1.5 _s	
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	-1.4 _s	
<i>Hallucinogens Adjusted^d</i>	NA	NA	NA	NA	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	-1.4 _s	
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	-0.7	
PCP ^{c,h}	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	-0.1	
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	-3.1 _{sss}	
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.6	4.8	-0.8
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	12.1	-1.9
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	-0.1	
Other opiates ^e	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	-0.6	
Stimulants ^e	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA	NA	
<i>Stimulants Adjusted^{e,f}</i>	NA	NA	NA	NA	NA	NA	NA	27.9	26.9	27.9	26.2	23.4	21.6	19.8	-1.8 _s	
Sedatives ^e	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	-0.9	
Barbiturates ^e	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	-0.7	
Methaqualone ^e	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	-0.7	
Tranquilizers ^e	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	-1.5 _s	
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	-0.2	
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	-0.8	

NOTES: Level of significance of difference between the two most recent classes: *s* = .05, *ss* = .01, *sss* = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on two questionnaire forms. N is two-fifths of N indicated.

^hQuestion text changed slightly in 1987.

TABLE 2
Trends in Annual Prevalence of Eighteen Types of Drugs

	Percent who used in last twelve months														'87-'88 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	-3.2ss
Inhalants ^a	NA	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	6.5	-0.4
<i>Inhalants Adjusted^b</i>	NA	NA	NA	NA	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	-1.0
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	-0.9s
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	-0.9s
<i>Hallucinogens Adjusted^d</i>	NA	NA	NA	NA	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	-0.9
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	-0.4
PCP ^{c,h}	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	-0.1
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	-2.4sss
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	4.0	-0.9s
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.8	7.4	-2.4ss
Heroin	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.5	0.0
Other opiates ^e	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	-0.7s
Stimulants ^e	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	NA	NA	NA	NA	NA	NA
<i>Stimulants Adjusted^{e,f}</i>	NA	NA	NA	NA	NA	NA	NA	20.3	17.9	17.7	15.8	13.4	12.2	10.9	-1.3s
Sedatives ^e	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	-0.4
Barbiturates ^e	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	-0.4
Methaqualone ^e	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	-0.2
Tranquilizers ^e	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	-0.7
Alcohol	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	85.3	-0.4
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on a single questionnaire form in 1986 (N is one-fifth of N indicated), and on two questionnaire forms in 1987 (N is two-fifths of N indicated).

^hQuestion text changed slightly in 1987.

TABLE 3
Trends in Thirty-Day Prevalence of Eighteen Types of Drugs

	Percent who used in last thirty days														
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	'87-'88 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	-3.0 _{ss}
Inhalants ^a	NA	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	-0.2
Inhalants Adjusted ^b	NA	NA	NA	NA	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	-0.5
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	-0.7 _s
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	-0.3
Hallucinogens Adjusted ^d	NA	NA	NA	NA	5.3	4.4	4.5	4.1	3.5	3.2	3.8	3.5	2.8	2.3	-0.5
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	0.0
PCP ^{c,h}	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	-0.3
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	-0.9 _{ss}
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.5	1.6	+0.1
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.2	-0.9
Heroin	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.0
Other opiates ^e	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	-0.2
Stimulants ^e	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	NA	NA	NA	NA	NA	NA
Stimulants Adjusted ^{e,f}	NA	NA	NA	NA	NA	NA	NA	10.7	8.9	8.3	6.8	5.5	5.2	4.6	-0.6
Sedatives ^e	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	-0.3
Barbiturates ^e	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	-0.2
Methaqualone ^e	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	-0.1
Tranquilizers ^e	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	-0.5 _{ss}
Alcohol	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	-2.5 _s
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	-0.7

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on two questionnaire forms. N is two-fifths of N indicated.

^hQuestion text changed slightly in 1987.

TABLE 4
Trends in Thirty-Day Prevalence of Daily Use of Eighteen Types of Drugs

	Percent who used daily in last thirty days														'87-'88 change ^g
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	-0.6s
Inhalants ^a	NA	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	+0.1
<i>Inhalants Adjusted^b</i>	NA	NA	NA	NA	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	-0.1
Amyl & Butyl Nitrites ^{c,i}	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	-0.2
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	-0.1
<i>Hallucinogens Adjusted^d</i>	NA	NA	NA	NA	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	0.0	-0.2s
LSD	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.0	0.0 ^g
PCP ^{c,i}	NA	NA	NA	NA	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	-0.2
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	-0.1
"Crack" ^h	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	0.1	-0.1
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	0.2	0.0
Heroin	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Other opiates ^e	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Stimulants ^e	0.5	0.4	0.5	0.5	0.6	0.7	1.2	1.1	1.1	NA	NA	NA	NA	NA	NA
<i>Stimulants Adjusted^{e,f}</i>	NA	NA	NA	NA	NA	NA	NA	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.0
Sedatives ^e	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.0
Barbiturates ^e	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.0	0.0 ^g
Methaqualone ^e	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0 ^g
Tranquilizers ^e	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.0 ^g
Alcohol															
Daily	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	-0.6
5+ drinks in a row/ last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	-2.8s
Cigarettes															
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	-0.6
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	-0.8

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gAny apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error.

^hData based on two questionnaire forms. N is two-fifths of N indicated.

ⁱQuestion text changed slightly in 1987.

TABLE 5
Trends in Lifetime, Annual, and Thirty-Day Prevalence in an Index of Illicit Drug Use
 (Based on Original and Adjusted Amphetamine Questions)^a

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	'87-'88 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Percent reporting use in lifetime															
Marijuana Only <i>Adjusted Version</i>	19.0	22.9	25.8	27.6	27.7	26.7	22.8	20.8	19.7	—	—	—	—	—	
	—	—	—	—	—	—	—	23.3	22.5	21.3	20.9	19.9	20.8	21.4	+0.6
Any Illicit Drug Other Than Marijuana ^b <i>Adjusted Version</i>	36.2	35.4	35.8	36.5	37.4	38.7	42.8	45.0	44.4	—	—	—	—	—	
	—	—	—	—	—	—	—	41.1	40.4	40.3	39.7	37.7	35.8	32.5	-3.3sss
Total: Any Illicit Drug Use <i>Adjusted Version</i>	55.2	58.3	61.6	64.1	65.1	65.4	65.6	65.8	64.1	—	—	—	—	—	
	—	—	—	—	—	—	—	64.4	62.9	61.6	60.6	57.6	56.6	53.9	-2.7ss
Percent reporting use in last twelve months															
Marijuana Only <i>Adjusted Version</i>	18.8	22.7	25.1	26.7	26.0	22.7	18.1	17.0	16.6	—	—	—	—	—	
	—	—	—	—	—	—	—	19.3	19.0	17.8	18.9	18.4	17.6	17.4	-0.2
Any Illicit Drug Other Than Marijuana ^b <i>Adjusted Version</i>	26.2	25.4	26.0	27.1	28.2	30.4	34.0	33.8	32.5	—	—	—	—	—	
	—	—	—	—	—	—	—	30.1	28.4	28.0	27.4	25.9	24.1	21.1	-3.0sss
Total: Any Illicit Drug Use <i>Adjusted Version</i>	45.0	48.1	51.1	53.8	54.2	53.1	52.1	50.8	49.1	—	—	—	—	—	
	—	—	—	—	—	—	—	49.4	47.4	45.8	46.3	44.3	41.7	38.5	-3.2sss
Percent reporting use in last thirty days															
Marijuana Only <i>Adjusted Version</i>	15.3	20.3	22.4	23.8	22.2	18.8	15.2	14.3	14.0	—	—	—	—	—	
	—	—	—	—	—	—	—	15.5	15.1	14.1	14.8	13.9	13.1	11.3	-1.8s
Any Illicit Drug Other Than Marijuana ^b <i>Adjusted Version</i>	15.4	13.9	15.2	15.1	16.8	18.4	21.7	19.2	18.4	—	—	—	—	—	
	—	—	—	—	—	—	—	17.0	15.4	15.1	14.9	13.2	11.6	10.0	-1.6ss
Total: Any Illicit Drug Use <i>Adjusted Version</i>	30.7	34.2	37.6	38.9	38.9	37.2	36.9	33.5	32.4	—	—	—	—	—	
	—	—	—	—	—	—	—	32.5	30.5	29.2	29.7	27.1	24.7	21.3	-3.4sss

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.

^aAdjusted questions about stimulant use were introduced in 1982 to exclude more completely the inappropriate reporting of non-prescription stimulants.

^bUse of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

TABLE 6
Trends in Annual Prevalence of Fourteen Types of Drugs
Among College Students 1-4 Years Beyond High School

	Percent who used in last twelve months									'87-'88 change
	1980	1981	1982	1983	1984	1985	1986	1987	1988	
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	-2.4
Inhalants ^b	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	+0.4
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	-0.4
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	-3.7 ^{ss}
Crack ^c	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	-0.6
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	0.2	0.0
Other Opiates ^a	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	0.0
Stimulants ^a	22.4	22.2	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted ^{a,d}	NA	NA	21.1	17.3	15.7	11.9	10.3	7.2	6.2	-1.0
Sedatives ^a	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	-0.2
Barbiturates ^a	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	-0.1
Methaqualone ^a	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	-0.3
Tranquilizers ^a	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	-0.7
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	-1.3
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	-1.4

NOTES: Level of significance of difference between the two most recent years:
s = .05, ss = .01, sss = .001.
NA indicates data not available.

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

^b This drug was asked about in four of the five questionnaire forms. N is four-fifths of N indicated.

^c This drug was asked about in one of the five questionnaire forms in 1986 (N is one-fifth of N indicated), and in two of the five questionnaire forms thereafter (N is two-fifths of N indicated).

^d Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 7

**Trends in Annual Prevalence of Fourteen Types of Drugs
Among Follow-Up Respondents 1-11 Years Beyond High School**

	Percent who used in last twelve months		'87-'88 change
	1987	1988	
Approx. Wtd. N =	(7450)	(7320)	
Marijuana	34.3	31.3	-3.0 _{sss}
Inhalants ^b	2.0	1.7	-0.3
LSD	2.8	2.8	0.0
Cocaine	15.6	13.8	-1.8 _{ss}
"Crack" ^c	3.0	3.1	+0.1
Heroin	0.3	0.2	-0.1
Other Opiates ^a	3.0	2.6	-0.4
Stimulants, Adjusted ^{a,d}	8.5	7.1	-1.4 _{ss}
Sedatives ^a	2.5	2.1	-0.4
Barbiturates ^a	2.0	1.9	-0.1
Methaqualone ^a	0.9	0.5	-0.4 _{ss}
Tranquilizers ^a	5.1	4.3	-0.8 _s
Alcohol	89.1	88.5	-0.6
Cigarettes	39.9	37.5	-2.4 _{ss}

NOTES: Level of significance of difference between the two most recent years:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

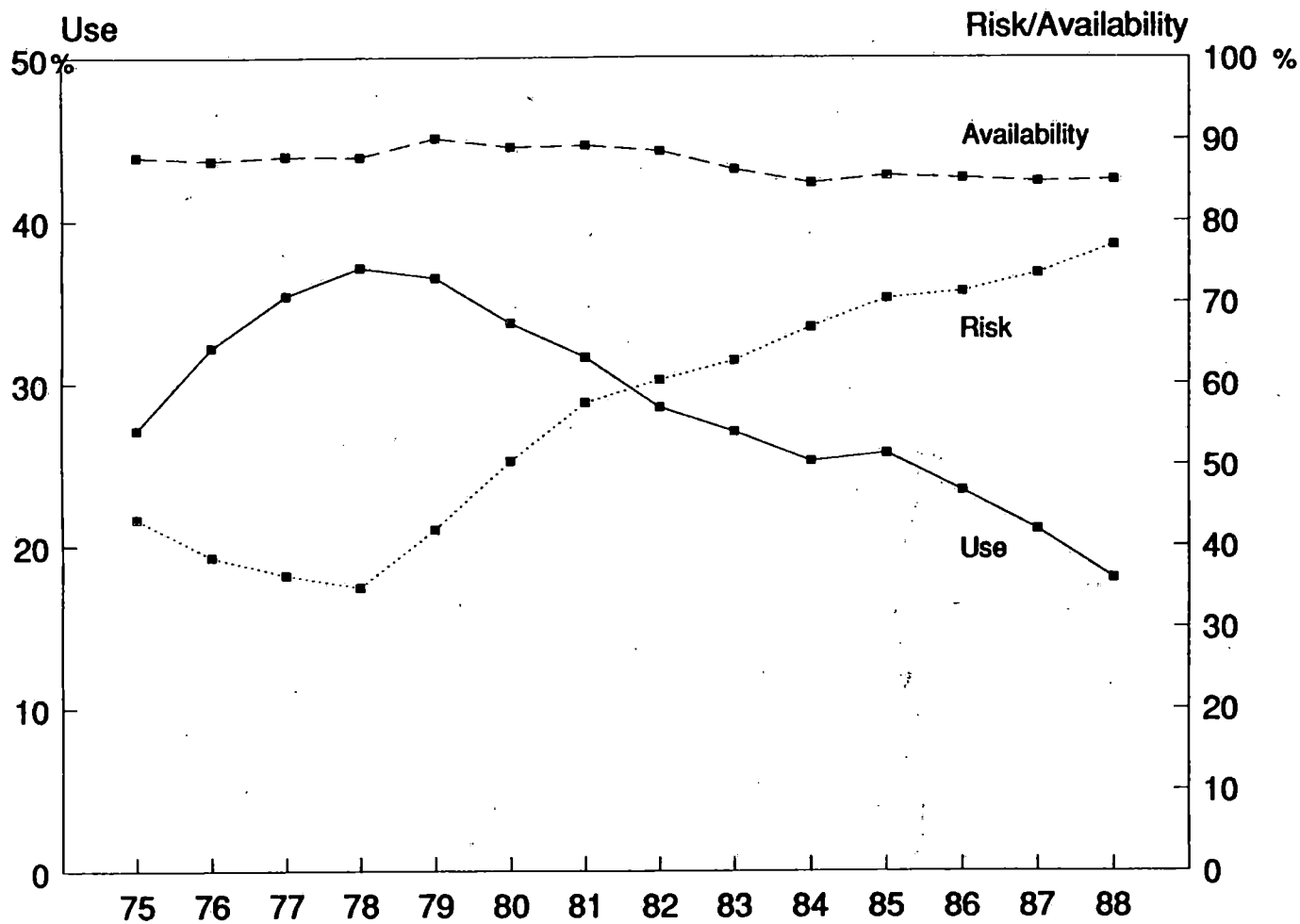
^a Only drug use which was not under a doctor's orders is included here.

^b This drug was asked about in four of the five questionnaire forms. N is four-fifths of N indicated.

^c This drug was asked about in two of the five questionnaire forms. N is two-fifths of N indicated.

^d Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

FIGURE 1
Trends in Marijuana Availability,
Perceived Risk of Regular Use, and Use in Past 30 Days
High School Seniors

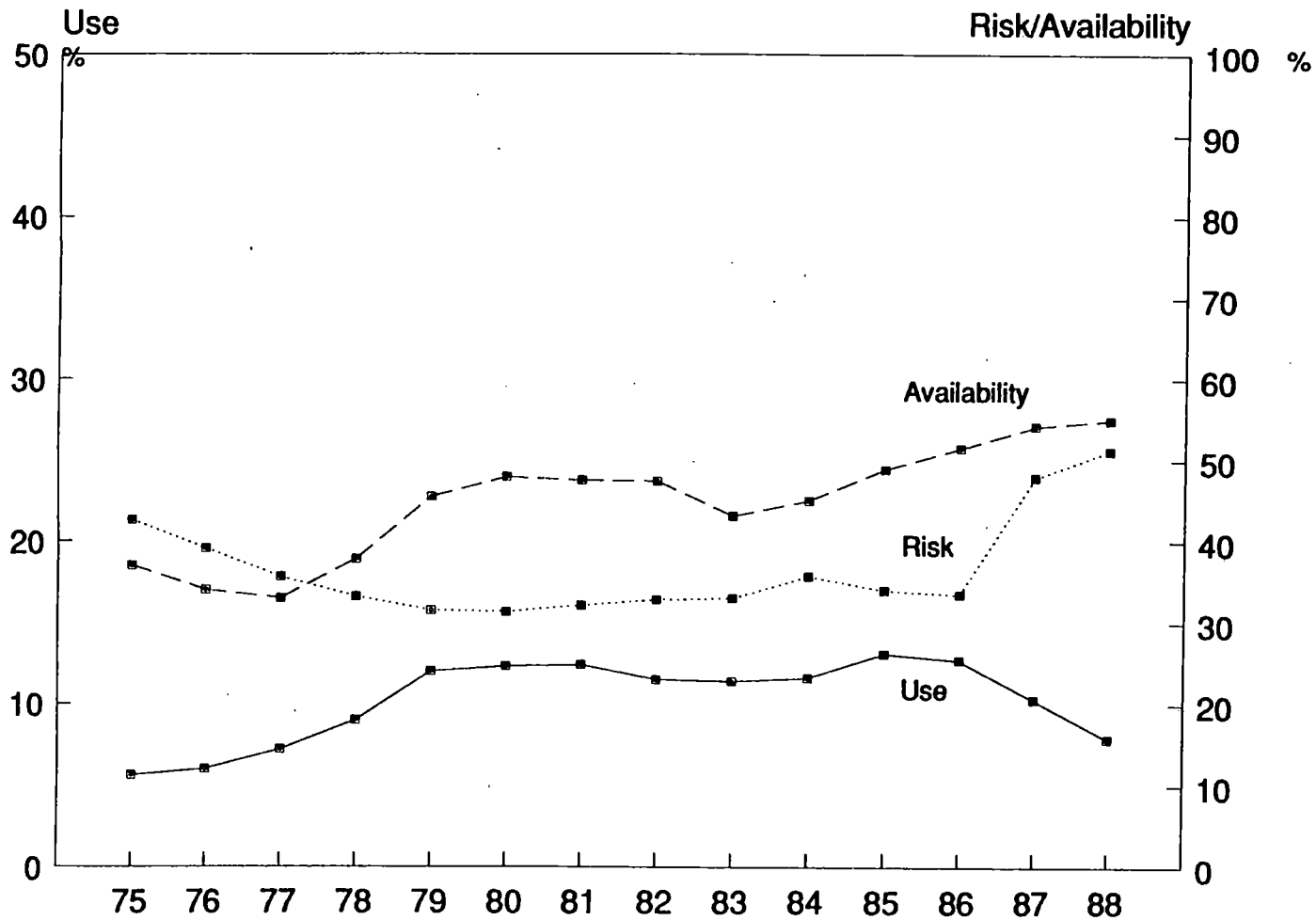


Use: % using once or more in past 30 days

Risk: % saying great risk of harm in regular use

Availability: % saying fairly easy or very easy to get

FIGURE 2
Trends in Cocaine Availability;
Perceived Risk of Trying, and Use in Past Year
High School Seniors



Use: % using once or more in past 12 months

Risk: % saying great risk of harm in using once or twice

Availability: % saying fairly easy or very easy to get

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR RELEASE AT 10 A.M. EST

Tuesday, February 28, 1989

CONTACT: Mona Whittaker
(301) 443-6245

Dr. Frederick K. Goodwin, administrator of the Alcohol, Drug Abuse and Mental Health Administration, today released results of the national survey of drug abuse among the high school senior class of 1988, which show drug use in this population at its lowest level since the survey began in 1975, including significant decreases in cocaine use for the second year in a row.

From 1987 to 1988, the proportion of seniors who have used cocaine at least once in their lifetime dropped by one-fifth, from 15 percent in 1987 to 12 percent in 1988. "Current use" of cocaine (at least once in the last 30 days) also declined from 4.3 percent in 1987 to 3.4 percent in 1988.

"This news about the decrease in cocaine use is encouraging," Dr. Goodwin said, "but the survey found that 40 percent of seniors who tried cocaine also have used crack, a smokeable and highly addictive form of cocaine. Fortunately, crack use may also be moving in the right direction. Those reporting using it at least once decreased from 6 percent in 1987 to 5 percent in 1988."

Dr. Charles R. Schuster, director of the National Institute on Drug Abuse, a component of ADAMHA and sponsor of the survey, said, "We can safely say that these decreases suggest that high school seniors, a very important population to the future of our country, are hearing the messages about cocaine's dangers and are avoiding drug use in general. While crack cocaine is very available, seniors appear to be concerned about its addictive qualities and are less likely to try or continue use."

(more)

This is the 14th in a series of national surveys conducted annually since 1975 by the University of Michigan Institute for Social Research under grants from NIDA.

In addition to cocaine, the 1988 survey found a decrease in the proportion of seniors who said they had "ever used" each of the other 18 drugs included in the survey. Furthermore, there was a significant reduction in those reporting current use of any illicit drug, from 25 percent in 1987 to 21 percent in 1988. Dr. Schuster noted, however, that 54 percent of seniors had tried an illicit drug by the time they graduated from high school. And large percentages of young people are still experimenting and using many illicit drugs, including marijuana, stimulants and inhalants, he said.

Marijuana use decreased significantly between 1987 and 1988, yet the rate "remains unacceptably high, especially in light of recent data on its harmful effects on brain functioning," Dr. Schuster said. In the class of 1988, 47 percent of seniors reported use at least once, 33 percent reported use in the past year and 18 percent reported use in the past 30 days. The 1988 survey also reports 20 percent of seniors used stimulants and 18 percent used inhalants at least once.

Despite a steady decline in drug use among high school seniors, there are still large subgroups in the general population whose drug use patterns are becoming more compulsive and more damaging. Dr. Schuster said, "We're very concerned about these subgroups, especially adolescents who are dropping out of school and becoming involved with drugs. We have heard of major metropolitan areas reporting dropout rates as high as 40 to 50 percent. These young people are more likely to become involved with the criminal justice system and experience problems with drugs."

Data from NIDA's Drug Abuse Warning Network (DAWN), which collects information on negative health consequences and deaths due to drug abuse, show over 46,000 emergency room cases involving cocaine in 1987, up from 25,000 in 1986. Cocaine-related emergency room cases involving smoking crack or other forms of cocaine increased from 21 percent in 1986 to 30 percent in 1987.

The high school senior survey found increases in seniors concerned about the negative effects of marijuana, PCP and cocaine. Almost 32 percent of seniors saw "great risk" from even occasionally smoking marijuana and 77 percent felt that smoking marijuana regularly is harmful. The study also showed increases in the percent of seniors who disapproved of people over 18 smoking marijuana and a significant increase in seniors saying their close friends would disapprove if they were to use drugs even once or twice. Survey director Dr. Lloyd Johnston pointed to newly emerging concerns among seniors about drugs and their effects as important factors accounting for decreases in experimentation and use.

The survey found overall rates for alcohol use decreased, yet still remain high -- 92 percent of seniors tried alcohol at least once and 35 percent reported having five or more drinks in a row in the last two weeks. Cigarette smoking by seniors also remains a problem, with 66 percent having tried smoking at least once and 18 percent smoking daily.

###

STATEMENT OF CHARLES R. SCHUSTER, PH.D

DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE

Press Conference

National High School Senior Survey 1988

February 28, 1989

Thank you Dr. Goodwin. As most of you know, the National High School Senior Survey has been one of the major contributors to our knowledge of student drug abuse for 14 years. It warned us of the tremendous increase in illicit drug use in the late 1970's and the peak in cocaine use by seniors in 1985. This kind of research is critical to target our resource allocations wisely and develop new relevant prevention and treatment programs.

Today, we are encouraged by the downward trend in the use of all illicit drugs, including the use of cocaine which has declined for the second year in a row. We can safely say that this decrease suggests that high school seniors, a very important population to the future of our country, are hearing the messages about cocaine's dangers and are avoiding drug use in general. While crack cocaine is readily available, seniors appear to be concerned about its addictive qualities and are less likely to try or continue use.

Although these downward trends in illicit drug use are encouraging, drug abuse in our youth still remains a major public health problem. We can see that one of every eight high school seniors, or 12 percent, have tried cocaine before they graduate high school. We cannot be sure how many of them will continue to use the drug. Further, others will initiate cocaine use after they leave

high school. Dr. Johnston's findings show that among those who have graduated high school, 14 percent have used cocaine in the past year, as compared to only 8 percent as high school seniors.

Tragically, some of those exposed to cocaine will become addicted and will experience some of the severe medical consequences of use, for example, paranoia, convulsions, and cardiovascular toxicity and death. We can see from one of our other research projects, the Drug Abuse Warning Network (DAWN), that over 46,000 people sought help in emergency rooms for cocaine or cocaine-related medical problems in 1987, up from 25,000 in 1986. Cases involving smoking crack or other forms of cocaine increased from 21 percent in 1986 to 30 percent in 1987.

The High School Senior Survey also found a significant reduction in those reporting current use of any illicit drug, from 25 percent in 1987 to 21 percent in 1988. A similar decline was seen in lifetime prevalence of illicit drugs where the trend went from 57 to 54 percent in the past year. But we must be cautious in interpreting these encouraging trends. These figures indicate that one out of every two students have tried an illicit drug before they graduated high school. And those are the graduates. What does this mean for those who do not make it through high school. Certain large metropolitan areas are reporting high school dropout rates of up to 40 to 50 percent. These young people are more likely to become involved with the criminal justice system and experience problems with drugs.

NIDA research based on the National Household Survey on Drug Abuse of 1985 found that the rate of illicit drug use among 19-21 year old high school dropouts was 67% higher than for high school graduates of the same age. A

second study funded by NIDA of men ages 19-27 conducted at Columbia University in New York found that dropouts used 50% more cocaine and 80% more marijuana than those high school graduates.

We also must be concerned because large percentages of young people are still experimenting with and using many illicit drugs, including marijuana, stimulants and inhalants. This CHART illustrates what I'm saying. As I said previously, over half of those who graduate high school have tried marijuana or another illicit drug. Twenty percent have tried stimulants like methamphetamine and other amphetamine derivatives; almost as many (18 percent) have tried inhalants, which other NIDA research has shown to be a particular problem among young ethnic minority children, especially Hispanics and Native Americans. And, of course, any experimentation with cocaine is dangerous, and can presage serious consequences for a teenager.

All measures of marijuana use decreased significantly between 1987 and 1988, yet the rate "remains unacceptably high." In the class of 1988, 47 percent of seniors reported use at least once, 33 percent reported use in the past year, and 18 percent used in the past thirty days. Each of these measures dropped by three percentage points from 1987 to 1988.

It is important to note that these declines in drug use accompany an increase in the number of seniors who report in the survey that drugs are "easy to get." If young people want a drug, they know they can get it. These results emphasize the importance of demand reduction, which encompasses drug abuse prevention, research and treatment activities, and demonstrate that reductions in use can be achieved in spite of continued availability of drugs.

Increased concern about the harmful effects of drugs, coupled with increased disapproval of drug use are making it "uncool, unacceptable, and unwise" to use drugs. As you can see in this CHART, as the perceptions of harmfulness of marijuana and cocaine have increased over time, the use of marijuana and cocaine have declined. We are seeing similar trends in many of the other illicit drugs. Dr. Johnston will discuss the relationships of these two measured in greater detail in his statement.

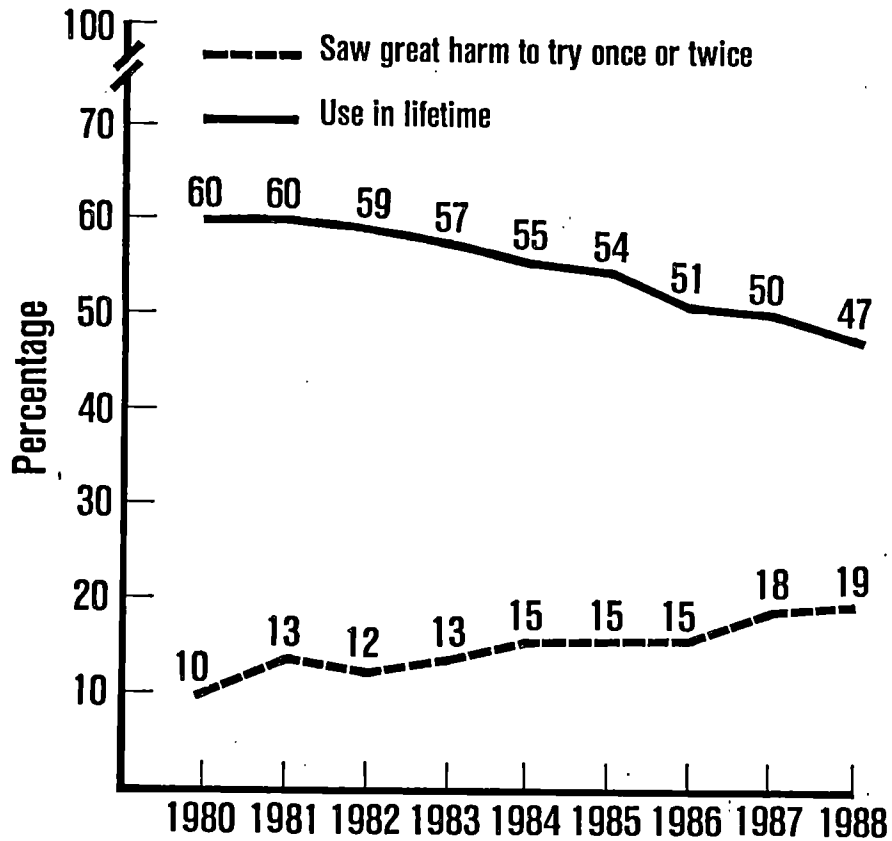
Changing attitudes and norms is difficult. It requires research to provide sound, credible information on the psychological and physical consequences of illicit drug use. Further, it requires a continuing commitment and contribution from all segments of society, including government, business, community groups, schools, and certainly the media, to get this information across. The results of this survey are showing that these efforts are paying off. More and more young people are heeding the messages; they're making good decisions about their lives; and they're staying away from drugs.

Now I would like to introduce Dr. Lloyd Johnston, the principal investigator of "Monitoring the Future," from the University of Michigan Institute for Social Research.

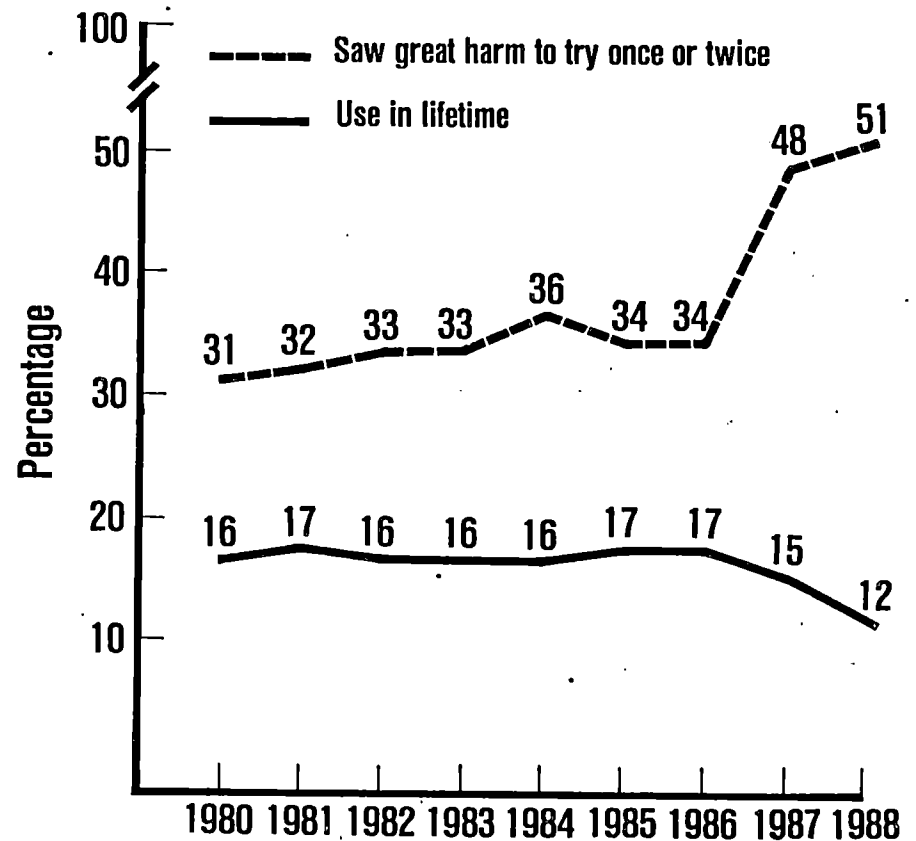
===

National Institute on Drug Abuse High School Senior Survey

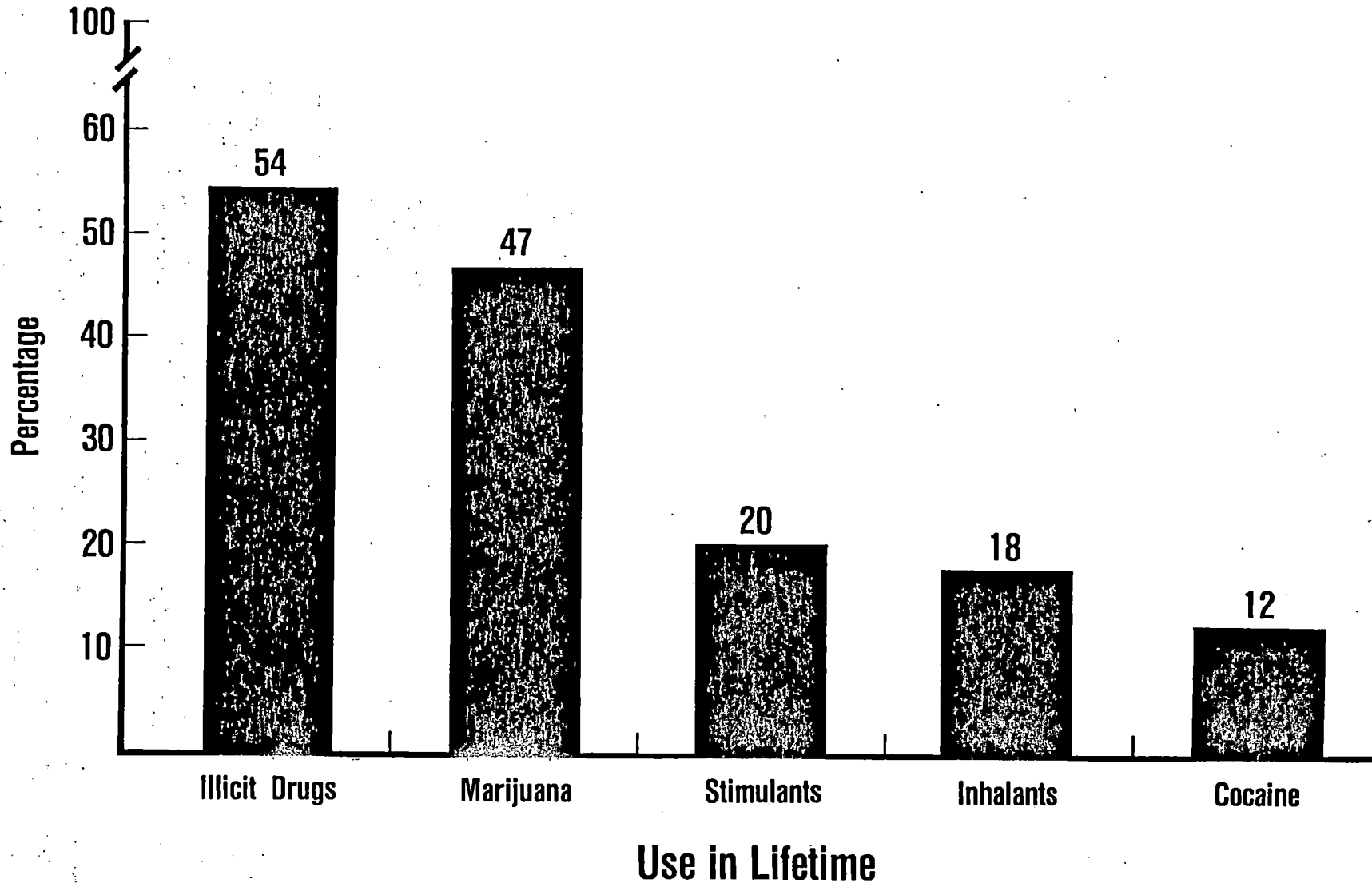
Correlation Between Marijuana Use and Perceived Harmfulness of Marijuana



Correlation Between Cocaine Use and Perceived Harmfulness of Cocaine



National Institute on Drug Abuse High School Senior Survey Seniors' Experience with Illicit Drugs 1988



STATEMENT OF FREDERICK K. GOODWIN, M.D.

ADMINISTRATOR

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Press Conference

National High School Senior Survey 1988

February 28, 1989

I am pleased to present to you this morning findings from one of the most well-known research projects sponsored by the National Institute on Drug Abuse, "Monitoring the Future," also known as the National High School Senior Survey. NIDA, as one of three Institutes of the Alcohol, Drug Abuse, and Mental Health Administration, is devoted to research in the biomedical and behavioral aspects of drug abuse and addiction. This survey is conducted by Dr. Lloyd Johnston and his associates at the University of Michigan Institute for Social Research. As the name implies, this survey has monitored the patterns of drug use among young people and provided guidance to our national drug abuse demand reduction efforts since 1975.

Drug abuse has consistently and appropriately been at the top of the concerns of the American public over the past several years. During the recent election, most political polls found that drug abuse was the number one social problem of greatest concern to Americans. The most recent Gallup Youth Survey, released in 1988, found that 55% of teenagers named drug abuse as the biggest problem facing their generation, more than double the 27 percent

found in 1977, when the survey was first conducted. But at one time--and not too long ago-- many adults considered drug experimentation as a "rite of passage" for young people. They often had a very benign view of the effects of drug use -- it was only a stage in a teenagers' life. Today, we know far too well that the consequences of even first time drug use, especially among youngsters, are cause for serious concern.

In light of this concern, I am especially pleased to report that this 1988 survey shows drug use among high school seniors at its lowest level since the survey began in 1975, including significant decreases in cocaine use by the seniors for the second year in a row.

From 1987-1988, the proportion of seniors who have used cocaine at least once dropped by one-fifth, from 15 percent in 1987 to 12 percent in 1988. "Current use"--that is, use within the last 30 days--of cocaine also declined, from 4.3 percent in 1987 to 3.4 percent in 1988, a drop of nearly one-fourth. This news about the decrease in cocaine use is encouraging, but the survey also found that 42% of seniors who tried cocaine also have used crack, a smokeable and highly addictive form of cocaine. Fortunately, crack use may also be moving in the right direction among this group: it decreased from 6 percent who used at least once in their life in 1987 to 5 percent in 1988.

In addition to the drop in cocaine use, the 1988 survey found decreases in the proportions of seniors who said they had "ever used" each of the other 17 drugs included in the survey. Furthermore, there was a significant reduction in those reporting current use of any illicit drug, from 25 percent in 1987 to 21 percent in 1988, a 16 percent decline.

In general, these trends reflect results from a wide range of local and national efforts to stem the drug abuse tide. For example, our Office for Substance Abuse Prevention (OSAP) is sponsoring over 130 grants to community organizations all over the country. These youth projects provide the basis for intervening with young people who are most vulnerable to the effects of drugs--particularly, children of substance abusers; those with psychiatric disorders, such as depression; school dropouts; and abused or neglected children.

I have directed that ADAMHA research also give increased attention to "co-morbidity"--that is, substance abusers with co-existing mental disorders. Young people with "co-morbidity" are 2 1/2 times more likely to start with a treatable psychiatric disorder and go on to substance abuse than the other way around. Thus, the early recognition and effective treatment of psychiatric disorders should be able to prevent a sizable portion of the drug problem among the young. It is especially important that we recognize this in the case of pre-existing depression, for once it is properly diagnosed, it can be effectively treated.

From our basic animal and clinical research, we have learned that there are biological "time bombs" ticking in those who have inherited a predisposition or vulnerability to alcohol or drug abuse. For such kids, even a first use of alcohol or an illicit drug may be an irrevocable step, leading to serious substance abuse problems. We are vigorously pursuing a program of research to expand our knowledge about such vulnerabilities. One of the highest priorities of ADAMHA research is the development of new pharmacologic agents to treat cocaine craving, an area where we already have some exciting leads from animal studies.

The high school survey provides trend data on use of many drugs, as I have indicated. Drs. Schuster, Johnston and Adams will discuss these findings with you. But I would like to address changes in alcohol use among seniors. For the first time in several years, we are seeing a small decline in alcohol use. The proportion of seniors who can be categorized as "current drinkers" (had one or more drinks in the last 30 days) declined from 66 percent in 1987 to 64 in 1988--a small but statistically significant decrease. Binge drinking (seniors having 5 or more drinks in a row) during the prior two weeks also showed a modest but significant drop, from 38 to 35 percent.

While this news about alcohol use is encouraging, we must remember that for most of the country, the legal drinking age has been raised. Alcohol use in this age group, i.e., 17-19 year olds, is now illegal in most states. With 66 percent of high school seniors still drinking regularly, we cannot afford to be complacent. Not only can alcohol be a serious problem in its own right, but its regular use increases the likelihood of going on to use of cocaine and other illicit drugs..

Now I would like to introduce Dr. Charles Schuster, Director of the National Institute on Drug Abuse, who will discuss some of the more specific findings of the survey.

###

THE HIGH SCHOOL SENIOR SURVEY
(MONITORING THE FUTURE STUDY)

The 1988 survey on drug use and related attitudes of America's high school seniors is the fourteenth in an annual series begun in 1975. These surveys are conducted through an ongoing national research and reporting program entitled Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth. The program is conducted by the University of Michigan's Institute for Social Research and is funded by NIDA. The study is sometimes referred to as the High School Senior Survey, since each year a representative sample of seniors in public and private high schools in the coterminous United States is surveyed. However, the study also includes representative samples of young adults from previous graduating classes. NIDA's annual support for the Monitoring the Future program is approximately \$1.5 million.

Procedures and Content

Data from high school seniors are collected during the spring of each year. Data collection takes place in approximately 130 public and private high schools selected to provide an accurate cross section of high school seniors throughout the United States, except in Alaska and Hawaii. Approximately 16,000 seniors have been surveyed each year since 1975. Although most questions, such as those concerning drug use, are asked of all participants, some questions dealing with attitudes, beliefs, and perceptions are asked of only about one-fifth of the respondents. A representative sample of 2,400 individuals is chosen from each class for ongoing followup via a mailed questionnaire once every two years (half the group receives a questionnaire each year).

Two major topics in the reports of these surveys are the current prevalence of drug use among American high school seniors and trends in use since 1975. Sixteen classes and subclasses of drugs are covered, including alcohol and cigarettes (illicit for minors) and nonprescription stimulants as well as illicit drugs. Also included are data on grade of first use, trends in use at earlier grade levels, intensity of drug use, attitudes and beliefs among seniors concerning various types of drug use, and their perceptions of certain relevant aspects of the social environment.

CONFIDENTIAL: NOT FOR QUOTATION OR CITATION WITHOUT THE
PERMISSION OF THE PRINCIPAL INVESTIGATORS

1988 Survey Results

from

Monitoring the Future: A Continuing Study
of the Lifestyles and Values of Youth

January, 1989

TABLE 8
Trends in Lifetime Prevalence of Eighteen Types of Drugs

	Percent ever used														'87-'88 change
	Class of 1975 (9400)	Class of 1976 (15400)	Class of 1977 (17100)	Class of 1978 (17800)	Class of 1979 (15500)	Class of 1980 (15900)	Class of 1981 (17500)	Class of 1982 (17700)	Class of 1983 (16300)	Class of 1984 (15900)	Class of 1985 (16000)	Class of 1986 (15200)	Class of 1987 (16300)	Class of 1988 (16300)	
Approx. N =															
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	-3.0ss
Inhalants ^a	NA	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	-0.3
<i>Inhalants Adjusted^b</i>	NA	NA	NA	NA	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	-1.1
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	-1.5s
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	-1.4s
<i>Hallucinogens Adjusted^d</i>	NA	NA	NA	NA	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	-1.4s
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	-0.7
PCP ^{c,h}	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	-0.1
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	-3.1sss
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.6	4.8	-0.8
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	12.1	-1.9
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	-0.1
Other opiates ^e	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	-0.6
Stimulants ^e	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA	NA
<i>Stimulants Adjusted^{e,f}</i>	NA	NA	NA	NA	NA	NA	NA	27.9	26.9	27.9	26.2	23.4	21.6	19.8	-1.8s
Sedatives ^c	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	-0.9
Barbiturates ^e	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	-0.7
Methaqualone ^e	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	-0.7
Tranquilizers ^e	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	-1.5s
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	-0.2
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	-0.8

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on two questionnaire forms. N is two-fifths of N indicated.

^hQuestion text changed slightly in 1987.

TABLE 9
Trends in Annual Prevalence of Eighteen Types of Drugs

	Percent who used in last twelve months														'87-'88 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	-3.2 _{ss}
Inhalants ^a	NA	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	6.5	-0.4
Inhalants Adjusted ^b	NA	NA	NA	NA	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	-1.0
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	-0.9 _s
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	-0.9 _s
Hallucinogens Adjusted ^d	NA	NA	NA	NA	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	-0.9
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	-0.4
PCP ^{c,h}	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	-0.1
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	-2.4 _{sss}
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	4.0	3.1	-0.9 _s
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.8	7.4	-2.4 _{sss}
Heroin	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.5	0.0
Other opiates ^e	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	-0.7 _s
Stimulants ^e	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	NA	NA	NA	NA	NA	NA
Stimulants Adjusted ^{e,f}	NA	NA	NA	NA	NA	NA	NA	20.3	17.9	17.7	15.8	13.4	12.2	10.9	-1.3 _s
Sedatives ^e	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	-0.4
Barbiturates ^e	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	-0.4
Methaqualone ^e	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	-0.2
Tranquilizers ^e	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	-0.7
Alcohol	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	85.3	-0.4
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on a single questionnaire form in 1986 (N is one-fifth of N indicated), and on two questionnaire forms in 1987 (N is two-fifths of N indicated).

^hQuestion text changed slightly in 1987.

TABLE 10
Trends in Thirty-Day Prevalence of Eighteen Types of Drugs

	Percent who used in last thirty days														'87-'88 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	-3.0ss
Inhalants ^a	NA	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	-0.2
<i>Inhalants Adjusted^b</i>	NA	NA	NA	NA	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	-0.5
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	-0.7s
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	-0.3
<i>Hallucinogens Adjusted^d</i>	NA	NA	NA	NA	5.3	4.4	4.5	4.1	3.5	3.2	3.8	3.5	2.8	2.3	-0.5
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	0.0
PCP ^{c,h}	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	-0.3
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	-0.9ss
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.5	1.6	+0.1
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.2	-0.9
Heroin	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.0
Other opiates ^e	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	-0.2
Stimulants ^e	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	NA	NA	NA	NA	NA	NA
<i>Stimulants Adjusted^{e,f}</i>	NA	NA	NA	NA	NA	NA	NA	10.7	8.9	8.3	6.8	5.5	5.2	4.6	-0.6
Sedatives ^e	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	-0.3
Barbiturates ^e	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	-0.2
Methaqualone ^e	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	-0.1
Tranquilizers ^e	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	-0.5s
Alcohol	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	-2.5s
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	-0.7

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on two questionnaire forms. N is two-fifths of N indicated.

^hQuestion text changed slightly in 1987.

TABLE 11
Trends in Thirty-Day Prevalence of Daily Use of Eighteen Types of Drugs

	Percent who used daily in last thirty days														'87-'88 change ^g
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	-0.6s
Inhalants ^a	NA	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	+0.1
Inhalants Adjusted ^b	NA	NA	NA	NA	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	-0.1
Amyl & Butyl Nitrites ^{c,i}	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	-0.2
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	-0.1
Hallucinogens Adjusted ^d	NA	NA	NA	NA	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	0.0	-0.2s
LSD	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.0	0.0 ^g
PCP ^{c,i}	NA	NA	NA	NA	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	-0.2 ^g
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	-0.1
"Crack" ^h	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	0.1	-0.1
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	0.2	0.0
Heroin	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Other opiates ^e	0.1	0.1	0.2	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Stimulants ^e	0.5	0.4	0.5	0.5	0.6	0.7	1.2	1.1	1.1	NA	NA	NA	NA	NA	NA
Stimulants Adjusted ^{e,f}	NA	NA	NA	NA	NA	NA	NA	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.0
Sedatives ^e	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.0
Barbiturates ^e	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.0	0.0 ^g
Methaqualone ^e	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0 ^g
Tranquilizers ^e	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.0 ^g
Alcohol															
Daily	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	-0.6
5+ drinks in a row/ last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	-2.8s
Cigarettes															
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	-0.6
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	-0.8

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gAny apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error.

^hData based on two questionnaire forms. N is two-fifths of N indicated.

ⁱQuestion text changed slightly in 1987.

TABLE 12
Trends in Lifetime, Annual, and Thirty-Day Prevalence in an Index of Illicit Drug Use
 (Based on Original and Adjusted Amphetamine Questions)^a

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	'87-'88 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	(16300)	
Percent reporting use in lifetime															
Marijuana Only Adjusted Version	19.0	22.9	25.8	27.6	27.7	26.7	22.8	20.8	19.7	—	—	—	—	—	—
	—	—	—	—	—	—	—	23.3	22.5	21.3	20.9	19.9	20.8	21.4	+0.6
Any Illicit Drug Other Than Marijuana ^b Adjusted Version	36.2	35.4	35.8	36.5	37.4	38.7	42.8	45.0	44.4	—	—	—	—	—	—
	—	—	—	—	—	—	—	41.1	40.4	40.3	39.7	37.7	35.8	32.5	-3.3sss
Total: Any Illicit Drug Use Adjusted Version	55.2	58.3	61.6	64.1	65.1	65.4	65.6	65.8	64.1	—	—	—	—	—	—
	—	—	—	—	—	—	—	64.4	62.9	61.6	60.6	57.6	56.6	53.9	-2.7ss
Percent reporting use in last twelve months															
Marijuana Only Adjusted Version	18.8	22.7	25.1	26.7	26.0	22.7	18.1	17.0	16.6	—	—	—	—	—	—
	—	—	—	—	—	—	—	19.3	19.0	17.8	18.9	18.4	17.6	17.4	-0.2
Any Illicit Drug Other Than Marijuana ^b Adjusted Version	26.2	25.4	26.0	27.1	28.2	30.4	34.0	33.8	32.5	—	—	—	—	—	—
	—	—	—	—	—	—	—	30.1	28.4	28.0	27.4	25.9	24.1	21.1	-3.0sss
Total: Any Illicit Drug Use Adjusted Version	45.0	48.1	51.1	53.8	54.2	53.1	52.1	50.8	49.1	—	—	—	—	—	—
	—	—	—	—	—	—	—	49.4	47.4	45.8	46.3	44.3	41.7	38.5	-3.2sss
Percent reporting use in last thirty days															
Marijuana Only Adjusted Version	15.3	20.3	22.4	23.8	22.2	18.8	15.2	14.3	14.0	—	—	—	—	—	—
	—	—	—	—	—	—	—	15.5	15.1	14.1	14.8	13.9	13.1	11.3	-1.8s
Any Illicit Drug Other Than Marijuana ^b Adjusted Version	15.4	13.9	15.2	15.1	16.8	18.4	21.7	19.2	18.4	—	—	—	—	—	—
	—	—	—	—	—	—	—	17.0	15.4	15.1	14.9	13.2	11.6	10.0	-1.6ss
Total: Any Illicit Drug Use Adjusted Version	30.7	34.2	37.6	38.9	38.9	37.2	36.9	33.5	32.4	—	—	—	—	—	—
	—	—	—	—	—	—	—	32.5	30.5	29.2	29.7	27.1	24.7	21.3	-3.4sss

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.

^aAdjusted questions about stimulant use were introduced in 1982 to exclude more completely the inappropriate reporting of non-prescription stimulants.

^bUse of "other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

TABLE 4

Lifetime Prevalence of Use of Eighteen Types of Drugs
by Subgroups, Class of 1988

(Entries are percentages)

	MJ	INH ^a	NIT	HAL ^a	LSD	PCP	COKE ^b	CRCK ^b	OLCo ^b	HER	OP	STM ^c	SED	BARB	QUA	TRN	ALC	CIG	
All Seniors	47.2	16.7	3.2	8.9	7.7	2.9	12.1	4.8	12.1	1.1	8.6	19.8	7.8	6.7	3.3	9.4	92.0	66.4	
Sex:																			
Male	49.8	19.5	3.9	10.8	9.6	3.4	13.6	6.0	13.7	1.4	9.2	18.4	8.0	6.8	3.9	9.0	92.1	65.4	
Female	44.5	14.0	2.6	6.8	5.6	2.6	10.4	3.4	10.1	0.9	7.9	20.9	7.5	6.6	2.6	9.6	92.0	67.1	
College Plans:																			
None or under 4 yrs	53.6	19.4	3.1	10.9	9.9	3.8	15.8	6.5	12.3	1.7	10.1	25.9	10.5	9.1	4.8	11.0	92.2	73.7	
Complete 4 yrs	44.0	15.7	3.3	7.5	6.4	2.6	10.0	3.7	10.7	0.8	7.9	17.2	6.4	5.5	2.4	8.6	92.2	62.7	
Region:																			
Northeast	49.6	15.3	2.1	9.3	7.0	3.5	13.2	3.8	11.8	1.0	7.2	16.5	7.7	6.1	3.7	9.5	93.9	66.6	
North Central	48.0	16.8	2.7	8.2	7.4	1.5	9.4	3.4	9.4	0.8	8.5	22.1	6.6	5.9	2.5	7.4	93.8	69.4	
South	42.4	17.0	4.4	8.0	7.3	3.1	9.7	4.2	10.2	1.1	8.4	19.4	9.1	8.0	3.6	10.8	89.3	64.6	
West	52.0	17.5	2.6	10.9	9.4	4.1	19.0	8.6	19.7	1.7	10.7	20.8	7.3	6.4	3.3	9.3	92.5	65.2	
Population Density:																			
Large SMSA	47.8	16.8	3.5	10.2	8.2	5.3	14.3	5.8	13.7	1.0	8.1	16.7	7.9	6.3	3.6	9.4	92.2	63.3	
Other SMSA	49.7	16.1	3.2	9.8	8.8	2.6	12.8	5.1	13.1	1.2	9.3	21.3	8.0	7.0	3.3	9.4	92.3	66.9	
Non-SMSA	41.9	17.8	2.9	5.8	5.2	1.2	8.6	3.2	9.0	1.2	7.9	20.3	7.5	6.6	2.9	9.3	91.3	68.7	

^aUnadjusted for known underreporting of certain drugs. See text for details.

^bCocaine data based on five questionnaire forms, "crack" data based on two questionnaire forms, and other cocaine data based on one questionnaire form.

^cBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 5

Annual Prevalence of Use of Eighteen Types of Drugs
by Subgroups, Class of 1988

(Entries are percentages)

	MJ	INH ^a	NIT	HAL ^a	LSD	PCP	COKE ^b	CRK ^b	OtCo ^b	HER	OP	STM ^c	SED	BARB	QUA	TRN	ALC	CIG ^d	
All Seniors	33.1	6.5	1.7	5.5	4.8	1.2	7.9	3.1	7.4	0.5	4.6	10.9	3.7	3.2	1.3	4.8	85.3	-	
Sex:																			
Male	35.8	8.2	2.0	7.2	6.5	1.7	9.1	4.0	8.0	0.7	5.1	10.8	3.9	3.4	1.5	4.7	85.7	-	
Female	30.3	4.9	1.5	3.7	3.0	0.6	6.5	2.0	6.2	0.3	4.1	10.9	3.4	3.0	1.0	4.8	85.0	-	
College Plans:																			
None or under 4 yrs	36.2	8.1	1.3	6.4	5.7	1.8	9.7	4.2	6.0	0.8	4.8	13.9	4.7	4.1	1.7	5.1	85.5	-	
Complete 4 yrs	31.3	6.0	1.9	4.7	4.1	0.9	6.7	2.3	6.7	0.3	4.6	9.5	3.1	2.7	1.0	4.6	85.7	-	
Region:																			
Northeast	36.7	6.0	0.4	5.8	4.7	1.4	9.1	2.3	7.0	0.5	3.7	8.4	3.3	2.5	1.6	4.5	88.0	-	
North Central	34.3	7.2	1.8	5.3	4.7	0.7	6.1	2.4	5.6	0.3	4.4	12.2	2.9	2.5	1.1	3.7	88.1	-	
South	28.7	6.8	2.6	5.2	4.7	1.5	6.2	2.7	5.8	0.5	4.7	10.8	4.6	4.1	1.4	6.0	80.9	-	
West	35.6	5.6	1.3	6.0	5.2	1.0	12.1	5.6	13.4	0.7	5.7	11.8	3.4	3.2	1.2	4.4	86.5	-	
Population Density:																			
Large SMSA	34.3	6.5	1.9	6.5	5.2	2.8	9.3	3.9	9.8	0.4	4.0	8.8	3.6	2.8	1.5	4.7	86.1	-	
Other SMSA	34.7	6.0	1.4	6.0	5.6	0.6	8.5	3.3	7.8	0.5	5.2	11.9	3.8	3.4	1.2	5.0	85.7	-	
Non-SMSA	29.0	7.5	2.1	3.5	3.1	0.5	5.3	2.0	4.5	0.5	4.4	11.3	3.5	3.2	1.2	4.5	83.9	-	

^aUnadjusted for known underreporting of certain drugs. See text for details.

^bCocaine data based on five questionnaire forms, "crack" data based on two questionnaire forms, and other cocaine data based on one questionnaire form.

^cBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^dAnnual prevalence is not available.

TABLE 6
Thirty-Day Prevalence of Use of Eighteen Types of Drugs
by Subgroups, Class of 1988

(Entries are percentages)

	MJ	INH ^a	NIT	HAL ^a	LSD	PCP	COKE ^b	CRCK ^b	OiCo ^b	HER	OP	STM ^c	SED	BARB	QUA	TRN	ALC	CIG
All Seniors	18.0	2.6	0.6	2.2	1.8	0.3	3.4	1.6	3.2	0.2	1.6	4.6	1.4	1.2	0.5	1.5	63.9	28.7
Sex:																		
Male	20.7	3.2	0.9	3.2	2.7	0.4	4.2	2.1	3.4	0.3	1.8	4.5	1.6	1.3	0.6	1.4	68.0	28.0
Female	15.2	2.0	0.4	1.2	0.9	0.2	2.6	0.9	2.9	0.1	1.4	4.6	1.2	1.1	0.3	1.5	59.9	28.9
College Plans:																		
None or under 4 yrs	20.4	3.2	0.6	2.5	2.0	0.5	4.6	2.4	3.1	0.4	1.8	6.3	2.0	1.7	0.8	1.6	65.0	37.5
Complete 4 yrs	16.4	2.2	0.6	1.9	1.6	0.2	2.8	1.1	2.7	0.1	1.5	3.7	1.1	1.0	0.3	1.4	63.6	24.4
Region:																		
Northeast	20.2	2.5	0.0	2.1	1.7	0.3	3.8	1.2	3.4	0.3	1.1	3.2	1.2	1.1	0.4	1.3	66.7	31.2
North Central	18.6	3.2	1.0	2.1	1.9	0.1	2.5	1.1	2.6	0.1	1.3	5.1	1.1	1.0	0.3	1.2	67.9	31.1
South	15.8	2.3	0.9	2.2	1.7	0.4	3.0	1.5	3.1	0.2	1.8	4.3	1.9	1.5	0.7	2.0	58.6	28.0
West	18.9	2.1	0.2	2.5	1.9	0.5	5.2	2.8	4.3	0.3	2.1	5.7	1.3	1.2	0.5	1.3	65.0	23.9
Population Density:																		
Large SMSA	19.4	2.0	0.7	2.2	1.6	0.5	4.2	1.9	3.7	0.1	1.2	3.5	1.0	0.9	0.2	1.3	63.8	26.9
Other SMSA	19.3	2.4	0.5	2.6	2.3	0.3	3.8	1.7	3.5	0.2	1.8	5.1	1.6	1.4	0.5	1.7	64.1	28.3
Non-SMSA	14.3	3.4	0.9	1.4	1.2	0.1	2.1	1.1	2.2	0.2	1.6	4.8	1.5	1.3	0.7	1.4	63.8	31.4

^aUnadjusted for known underreporting of certain drugs. See text for details.

^bCocaine data based on five questionnaire forms, "crack" data based on two questionnaire forms, and other cocaine data based on one questionnaire form.

^cBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 16

Trends in Harmfulness of Drugs as Perceived by Seniors

Percentage saying "great risk"^a

Q. How much do you think people risk harming themselves (physically or in other ways), if they . . .	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	'87-'88 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	+0.6
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	31.7	+1.3
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	77.0	+3.5 _{ss}
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	+0.8
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	84.2	+0.4
Try PCP once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	55.6	58.8	+3.2 _s
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	+3.3 _s
Take cocaine occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54.2	66.8	69.2	+2.4
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	89.2	+0.7
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	+0.4
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	-0.8
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	88.8	+0.1
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	+0.5
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	+0.4
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	-1.2
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	+0.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	6.0	-0.2
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	+1.1
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	-1.2
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	+0.7
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	68.0	-0.6
Approx. N =	(2804)	(2918)	(3052)	(3770)	(3250)	(3234)	(3604)	(3557)	(3305)	(3262)	(3250)	(3020)	(3315)	(3276)	

NOTE: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.
^a Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

TABLE 17
Trends in Proportions of Seniors Disapproving of Drug Use

Q. Do you disapprove of people (who are 18 or older) doing each of the following? ^b	Percentage "disapproving" ^a														'87-'88 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	+4.2 _{ss}
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	+2.4
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	+0.1
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	-1.8 _s
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	-1.4 _{ss}
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	+1.8
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	-0.5
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	-1.2
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	-1.0 _s
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	-0.9 _s
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	+1.8
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	-1.2
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	-0.2
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	-1.1
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	+1.2
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	+0.8
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	+0.6
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	50.6	60.4	62.4	62.0	65.3	+3.3 _s
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	-1.2
Approx. N =	(2677)	(2957)	(3085)	(3686)	(3221)	(3261)	(3610)	(3651)	(3341)	(3254)	(3265)	(3113)	(3302)	(3311)	

NOTE: Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$.

^aAnswer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

^bThe 1975 question asked about people who are "20 or older."

TABLE 20

Trends in Proportion of Friends Disapproving of Drug Use

All Seniors

Q. How do you think your close friends feel (or would feel) about you . . .	Adjustment Factor	Percentage saying friends disapprove ^a														'87-'88 change
		Class of 1975 ^b	Class of 1976	Class of 1977 ^b	Class of 1978	Class of 1979 ^b	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Trying marijuana once or twice	(-0.5)	44.3	NA	41.8	NA	40.9	42.6	46.4	50.3	52.0	54.1	54.7	56.7	58.0	62.9	+4.9 _{ss}
Smoking marijuana occasionally	(+0.8)	54.8	NA	49.0	NA	48.2	50.6	55.9	57.4	59.9	62.9	64.2	64.4	67.0	72.1	+5.1 _{ss}
Smoking marijuana regularly	(+4.6)	75.0	NA	69.1	NA	70.2	72.0	75.0	74.7	77.6	79.2	81.0	82.3	82.9	85.5	+2.6 _s
Trying LSD once or twice	(+2.0)	85.6	NA	86.6	NA	87.6	87.4	86.5	87.8	87.8	87.6	88.6	89.0	87.9	89.5	+1.6
Trying cocaine once or twice		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	79.6	83.9	88.1	+4.2 _{sss}
Taking cocaine occasionally		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	87.3	89.7	92.1	+2.4 _s
Trying an amphetamine once or twice	(+2.2)	78.8	NA	80.3	NA	81.0	78.9	74.4	75.7	76.8	77.0	77.0	79.4	80.0	82.3	+2.3
Taking one or two drinks nearly every day	(+7.8)	67.2	NA	71.0	NA	71.0	70.5	69.5	71.9	71.7	73.6	75.4	75.9	71.8	74.9	+3.1 _s
Taking four or five drinks every day	(+9.3)	89.2	NA	88.1	NA	88.5	87.9	86.4	86.6	86.0	86.1	88.2	87.4	85.6	87.1	+1.5
Having five or more drinks once or twice every weekend	(+4.7)	55.0	NA	53.4	NA	51.3	50.6	50.3	51.2	50.6	51.3	55.9	54.9	52.4	54.0	+1.6
Smoking one or more packs of cigarettes per day	(+8.3)	63.6	NA	68.3	NA	73.4	74.4	73.8	70.3	72.2	73.9	73.7	76.2	74.2	76.4	+2.2
Approx. N =		(2488)	(NA)	(2615)	(NA)	(2716)	(2766)	(3120)	(3024)	(2722)	(2721)	(2688)	(2639)	(2815)	(2778)	

NOTE: Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. NA indicates data not available.

^a Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

^b These figures have been adjusted by the factors reported in the first column to correct for a lack of comparability of question-context among administrations. (See text for discussion.)

TABLE 23

Trends in Perceived Availability of Drugs, All Seniors

Q. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percentage saying drug would be "Fairly easy" or "Very easy" for them to get ^a														'87-'88 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	+0.2
Amyl & Butyl Nitrites	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	23.9	25.9	+2.0
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	+1.9
PCP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	22.8	24.9	+2.1
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	+1.2
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	+0.8
"Crack"	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	41.1	42.1	+1.0
Cocaine powder	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	52.9	50.3	-2.6
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	+4.3 ^{ss}
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	+2.8
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	-0.6
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	-0.4
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	+0.5
Approx. N =	(2627)	(2865)	(3065)	(3598)	(3172)	(3240)	(3578)	(3602)	(3385)	(3269)	(3274)	(3077)	(3271)	(3231)	

NOTE: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available.

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

TABLE 28

Trends in Annual Prevalence of Fourteen Types of Drugs
Among Follow-Up Respondents 1-11 Years Beyond High School

	Percent who used in last twelve months		'87-'88 change
	1987	1988	
Approx. Wtd. N =	(7450)	(7320)	
Marijuana	34.2	31.3	- 3.0 _{sss}
Inhalants ^b	2.0	1.7	-0.3
LSD	2.8	2.8	0.0
Cocaine	15.6	13.8	-1.8 _{ss}
"Crack" ^c	3.0	3.1	+0.1
Heroin	0.3	0.2	-0.1
Other Opiates ^a	3.0	2.6	-0.4
Stimulants, Adjusted ^{a,d}	8.5	7.1	-1.4 _{ss}
Sedatives ^a	2.5	2.1	-0.4
Barbiturates ^a	2.0	1.9	-0.1
Methaqualone ^a	0.9	0.5	-0.4 _s
Tranquilizers ^a	5.1	4.3	-0.8 _s
Alcohol	89.1	88.5	-0.6
Cigarettes	39.9	37.5	-2.4 _{ss}

NOTES: Level of significance of difference between the two most recent years:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

^aOnly drug use which was not under a doctor's orders is included here.

^bThis drug was asked about in four of the five questionnaire forms. N is four-fifths of N indicated.

^cThis drug was asked about in two of the five questionnaire forms. N is two-fifths of N indicated.

^dBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 29

Trends in Thirty-Day Prevalence of Fourteen Types of Drugs
Among Follow-Up Respondents 1-11 Years Beyond High School

	<u>Percent who used in last thirty days</u>		<u>'87-'88 change</u>
	<u>1987</u>	<u>1988</u>	
Approx. Wtd. N =	(7450)	(7320)	
Marijuana	20.7	17.7	-3.0 _{sss}
Inhalants ^b	0.6	0.6	0.0
LSD	0.8	0.8	0.0
Cocaine	6.0	5.7	-0.3
"Crack" ^c	0.9	1.3	+0.4
Heroin	0.1	0.1	0.0
Other Opiates ^a	0.9	0.6	-0.3 _s
Stimulants, Adjusted ^{a,d}	3.3	2.7	-0.6 _s
Sedatives ^a	0.8	0.7	-0.1
Barbiturates ^a	0.7	0.7	0.0
Methaqualone ^a	0.2	0.1	-0.1
Tranquilizers ^a	1.6	1.4	-0.2
Alcohol	75.0	74.0	-1.0
Cigarettes	30.8	28.9	-1.9 _s

NOTES: Level of significance of difference between the two most recent years:
s = .05, ss = .01, sss = .001.

^aOnly drug use which was not under a doctor's orders is included here.

^bThis drug was asked about in four of the five questionnaire forms. N is four-fifths of N indicated.

^cThis drug was asked about in two of the five questionnaire forms. N is two-fifths of N indicated.

^dBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 43

Trends in Annual Prevalence of Fourteen Types of Drugs
Among College Students 1-4 Years Beyond High School

	Percent who used in last twelve months									'87-'88 change
	1980	1981	1982	1983	1984	1985	1986	1987	1988	
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	-2.4
Inhalants ^b	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	+0.4
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	-0.4
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	-3.7 _{ss}
"Crack" ^c	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	-0.6
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	0.2	0.0
Other Opiates ^a	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	0.0
Stimulants ^a	22.4	22.2	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted ^{a,d}	NA	NA	21.1	17.3	15.7	11.9	10.3	7.2	6.2	-1.0
Sedatives ^a	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	-0.2
Barbiturates ^a	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	-0.1
Methaqualone ^a	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	-0.3
Tranquilizers ^a	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	-0.7
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	-1.3
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	-1.4

NOTES: Level of significance of difference between the two most recent years:
s = .05, ss = .01, sss = .001.

NA indicates data not available.

^aOnly drug use which was not under a doctor's orders is included here.

^bThis drug was asked about in four of the five questionnaire forms. N is four-fifths of N indicated.

^cThis drug was asked about in one of the five questionnaire forms in 1986 (N is one-fifth of N indicated), and in two of the five questionnaire forms thereafter (N is two-fifths of N indicated).

^dBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 44
Trends in Thirty-Day Prevalence of Fourteen Types of Drugs
Among College Students 1-4 Years Beyond High School

	Percent who used in last thirty days									'87-'88 change
	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	-3.5s
Inhalants ^b	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	+0.4
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	-0.3
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	-0.4
"Crack" ^c	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	+0.1
Heroin	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Other Opiates ^a	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.0
Stimulants ^a	13.4	12.3	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted ^{a,d}	NA	NA	9.9	7.0	5.5	4.2	3.7	2.3	1.8	-0.5
Sedatives ^a	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.0
Barbiturates ^a	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.0
Methaqualone ^a	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	-0.1
Tranquilizers ^a	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	+0.1
Alcohol	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	-1.4
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	-1.4

NOTES: Level of significance of difference between the two most recent years:

s = .05. ss = .01, sss = .001.

NA indicates data not available.

^aOnly drug use which was not under a doctor's orders is included here.

^bThis question was asked in four of the five questionnaire forms. N is four-fifths of N indicated.

^cThis question was asked in two of the five questionnaire forms. N is two-fifths of N indicated.

^dBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

SPEAKERS

Press Conference

on

1988 NATIONAL HIGH SCHOOL SENIOR DRUG ABUSE SURVEY

February 28, 1989

U.S. Department of Health and Human Services

Frederick K. Goodwin, M.D., Administrator of the Alcohol, Drug Abuse and Mental Health Administration, DHHS

Charles R. Schuster, Ph.D., Director of the National Institute on Drug Abuse, ADAMHA

Lloyd D. Johnston, Ph.D., Institute for Social Research, University of Michigan, Principal Investigator

Susan B. Lachter, Director of the Office for Research Communications, NIDA, Moderator

RESOURCE CONTACTS

1988 NATIONAL HIGH SCHOOL SENIOR DRUG ABUSE SURVEY

Lloyd D. Johnston, Ph.D., Jerald G. Bachman, Ph.D., and
Patrick M. O'Malley, Ph.D., Principal Investigators
Institute for Social Research, University of Michigan,
Ann Arbor, MI (313) 763-5043

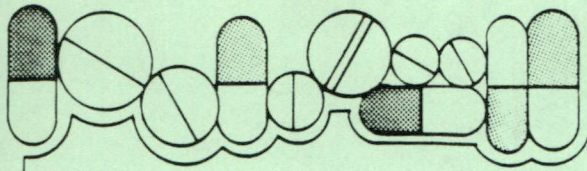
Charles R. Schuster, Ph.D., Director, National Institute on
Drug Abuse (NIDA), (301) 443-6245

Edgar H. Adams, Sc.D., Director, Division of Epidemiology and
Statistical Analysis (DESA), NIDA, (301) 443-6504

Beatrice A. Rouse, Ph.D., Chief, Epidemiology Research Branch,
DESA, NIDA, and Project Officer, National High School Senior
Drug Abuse Survey, (301) 443-2974

Susan B. Lachter, Director, Office for Research Communications,
NIDA, (301) 443-1124

Mona Whittaker, Press Officer, NIDA, (301) 443-6245



NIDA Capsules

Issued by the Press Office of the National Institute on Drug Abuse
5600 Fishers Lane, Rockville, Maryland 20857
(301) 443-6245

ABOUT THE NATIONAL INSTITUTE ON DRUG ABUSE

Functions

The National Institute on Drug Abuse (NIDA) is the lead Federal agency for drug abuse research. The Institute provides a national focus for the Federal effort to increase knowledge and promote effective strategies to deal with health problems and issues associated with drug abuse. In carrying out these responsibilities, the Institute sponsors and conducts research into incidence and prevalence of drug abuse, its causes and consequences, and improved approaches to prevention and treatment.

NIDA was established on May 14, 1974, as one of the three Institutes which comprise the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) of the Department of Health and Human Services.

Staffing and Budget

The Institute has 278 full-time equivalent employees and an annual budget of \$199,009,000 in fiscal year 1988. Approximately \$131 million of this total amount is spent on research; \$51.5 million on AIDS demonstrations; \$2.3 million on research training; and the remaining \$14.4 million is spent in the category of Direct Operations, which includes operating expenses, AIDS technical assistance, and NIDA's drug-free workplace initiative.

The President's Initiative

NIDA's role in The Anti-Drug Abuse Act of 1986 is to develop more effective ways of preventing and treating drug abuse. To meet this role, over the next two years, NIDA will place added emphasis on research in those areas which offer the promise of providing practical results in the near future. Those areas singled out for special attention include research in the the following areas:

- 1) The efficacy of drug abuse treatment programs.
- 2) The development of new, more effective drug abuse treatment approaches including development of new therapeutic drugs, such as buprenorphine.
- 3) The development of new, more effective prevention programs.
- 4) The ability to identify those individuals most at risk for drug abuse.
- 5) The development of more effective and reliable techniques for screening for drug use.

(more)

C-83-4

Revised June 1988

NIDA's Drug-Free Workplace Initiative

In February 1987, NIDA established the Office of Workplace Initiatives (OWI). The OWI develops policies and provides leadership for the implementation and administration of a national program to eliminate the use of illegal drugs in the workplace. Its programs include research, treatment, training and prevention activities as well as projects related to the development of a comprehensive Drug-Free Workplace program which includes policy development, supervisory training, employee education, employee assistance and drug testing components.

OWI has developed Mandatory Guidelines for Federal Workplace Drug Testing Programs which include Scientific and Technical Requirements and Certification Standards for Laboratories Engaged in Urine Drug Testing for Federal Agencies. In addition, OWI is conducting research to determine the extent of drug abuse in the workplace, performing cost-benefit analyses of comprehensive drug-free workplace programs, and analyzing and recommending EAP policy models for employers. OWI is also supporting the development of guidelines for a comprehensive federal EAP program, the publication of a drug abuse curriculum for EAP practitioners, the filming and distribution of a four-part videotape series on drugs at work, and the publication of a directory of educational resources in the employee assistance area.

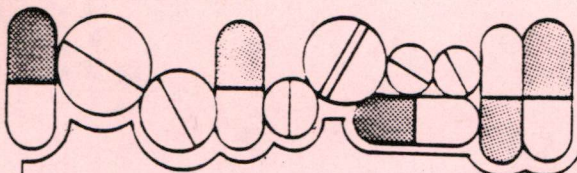
NIDA's AIDS Program

The emergence of AIDS as a major national health problem has introduced an entirely new element in the threat posed by drug abuse. Intravenous (IV) drug abuse is the second leading risk factor for AIDS, with about 25 percent of all AIDS cases involving IV drug use.

NIDA has begun a major program to find ways to curb the spread of AIDS among IV drug users and from IV drug users to their sexual partners and children. This includes supporting research in the following areas:

- 1) Research to clearly determine the prevalence of IV drug use, identification of risk factors associated with IV drug use, ethnographic studies of IV drug-using subcultures, identification of high risk drug use patterns among IV drug users, the influence of social and cultural factors on IV drug use, and comparisons of IV and non-IV drug users on personality and behavioral characteristics.
- 2) Research to determine whether drug use itself is a factor in the development of AIDS.
- 3) Research to develop effective strategies for preventing the onset of IV drug use and needle sharing among IV drug users.

In addition, NIDA supports a number of activities designed to educate the public about the role of drug use in the transmission of AIDS and provides technical assistance to State, local, and private treatment professionals concerning the treatment of IV drug users.



NIDA Capsules

Issued by the Press Office of the National Institute on Drug Abuse
5600 Fishers Lane, Rockville, Maryland 20857
(301) 443-6245

HIGHLIGHTS OF NATIONAL ADOLESCENT SCHOOL HEALTH SURVEY

DRUG AND ALCOHOL USE

The National Adolescent School Health Survey was conducted in the Fall of 1987 and included approximately 11,000 eighth and tenth grade students from public and private schools. The survey included questions on illicit drug use, cigarette and alcohol use, suicide and depression, violence, AIDS, sexually transmitted diseases and nutrition. The following highlights pertain to findings on illicit drug use, and cigarette and alcohol use.

CIGARETTE USE

- o 51% of 8th grade students and 63% of 10th grade students report having tried cigarettes, and 16% of 8th grade students and 26% of 10th grade students report having smoked a cigarette during the past month.
- o Nearly equal numbers of boys and girls report ever trying cigarettes (girls 58% boys 57%) as well as smoking during the past month (girls 23% boys 20%).
- o 12% of boys and 1% of girls reported having chewed tobacco or used snuff during the past month.
- o Of those students who have tried cigarettes, 72% of the 8th grade students and 41% of the 10th grade students report first use by grade 6 or before.

ALCOHOL USE

- o 77% of 8th grade students have tried alcohol and of these, 55% report first trying it by grade 6. 89% of 10th grade students report having tried an alcoholic beverage; of these, 69% report first use by grade 8.
- o 34% of 8th grade students and 53% of 10th grade students report having had an alcoholic beverage during the past month.
- o 26% of 8th grade students and 38% of 10th grade students report having had five or more drinks on at least one occasion during the past two weeks.
- o 13% of 8th grade students and 18% of 10th grade students report using a combination of alcohol and drugs on one or more occasions during the past month.

C-88-04

August 1988

MARIJUANA USE

- o 15% of 8th grade students report having tried marijuana and of these, 44% report first use by grade 6. 35% of 10th grade students report having tried marijuana with 56% of them reporting first use by grade 8.
- o 6% of 8th grade students and 15% of 10th grade students report having used marijuana during the past month.
- o Past month marijuana use was reported by 10% of the girls and 12% of the boys.
- o 4% of the students report having used marijuana 6 or more times during the past month.

COCAINE USE

- o 5% of 8th grade students and 9% of 10th grade students report having tried cocaine. 2% of 8th grade students and 3% of 10th grade students report having used cocaine during the past month.
- o Of those who have tried cocaine, approximately one-third have tried crack. 2% of 8th grade students and 3% of 10th graders report having tried the crack form of cocaine.
- o Of those students who have tried cocaine, 62% of the 8th grade students report first trying it in grades 7 or 8, and 76% of the 10th grade students report first trying it in grades 9 or 10.

INHALANT USE

- o 21% of both 8th and 10th grade students report having tried inhalants (glues, gases, sprays). Of those students who have tried inhalants, 61% of the 8th grade students report first use by grade 6 and 78% of the 10th grade students report first use by grade 8.
- o 7% of the 8th grade students and 5% of the 10th grade students report inhalant use during the past month.

PERCEPTION OF RISK

- o 86% of the students perceive a moderate or great risk from smoking cigarettes on a daily basis.
- o 80% of the students perceive a moderate or great risk from the regular use of alcohol.
- o 81% of the students perceive a moderate or great risk from occasional use of marijuana; 88% from cocaine powder; and 77% perceive a moderate or great risk from occasional use of inhalants.

PEER DISAPPROVAL OF DRUG USE

- o 76% of the students report that their close friends would disapprove if they smoked a pack of cigarettes each day.
- o 74% of the students report that their close friends would disapprove if they drank alcohol regularly; however, slightly less than half (43%) think that their close friends would disapprove if they drank alcohol occasionally.
- o 81% of the students report that their close friends would disapprove if they smoked marijuana occasionally and 93% would disapprove if they used cocaine occasionally.

OTHER FINDINGS

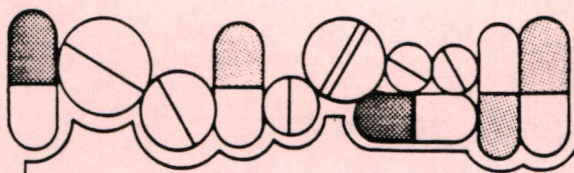
- o 86% of the students report that it would be fairly or very easy for them to get cigarettes, 84% for alcohol; 57% for marijuana; and 27% report that it would be easy for them to get cocaine.
- o 79% of the 8th grade students and 88% of the 10th grade students report having received instruction in school on the effects of drugs and alcohol.

Lifetime Prevalence for Selected Drugs Among
8th, 10th, and 12th Grade Students*
1987

	Percent Who Ever Used		
	<u>8th graders</u>	<u>10th graders</u>	<u>12th graders</u>
Alcohol	77	89	92
Cigarette	51	63	67
Marijuana	15	35	50
Cocaine	5	9	15
Crack**	2	3	6
Inhalants	21	21	17

* Data on 8th and 10th grade students is from the National Adolescent Student Health Survey. Data on 12th graders is from the High School Senior Survey.

** Reflects a subset of any use of cocaine.



NIDA Capsules

Issued by the Press Office of the National Institute on Drug Abuse
5600 Fishers Lane, Rockville, Maryland 20857
(301) 443-6245

FACTS ABOUT TEENAGERS AND DRUG ABUSE

Data from three National Institute on Drug Abuse surveys, the 1985 National Household Survey, the 1987 National High School Senior Survey, and the Drug Abuse Warning Network (DAWN), indicate a significant decline in the use of many illicit drugs among teenagers from the peak levels attained during the 1970's, but serious problems remain. These surveys found that:

National Household Survey on Drug Abuse (1985)

- Nearly 6.4 million (29.6%) young people aged 12-17 have tried an illicit drug at least some time during their lives; 5.1 million (23.6%) have used it within the past year; and 3.3 million (15.1%) have used within the past month.
- Approximately 3.5 million (31.3%) males 12-17 years old and 2.9 million (27.7%) females in this age group have used an illicit drug at least once during their life.
- Approximately 5.1 million (23.7%) young people have tried marijuana; 4.3 million (19.9%) have used it within the past year; and 2.7 million (12.2%) have used marijuana in the past month.
- Among 12-17 year olds, past month marijuana use (12.2% overall) ranged by region from 8.8% in the South to 11.6% in the North Central to 13.3% in the Northeast to 17.1% in the West.
- By race/ethnicity, past month marijuana use was 8.2% for Black youth, 9.9% for Hispanics and 13.2% for Whites.
- Over 1.1 million (5.2%) young people have tried cocaine; 960,000 (4.2%) have used cocaine within the past year; and 390,000 (1.7%) have used cocaine within the past month.

(more)

C-83-07a

Revised April, 1988

National High School Senior Survey (Monitoring the Future, 1987)

- Cocaine use decreased in 1987 reflecting the first substantial decline among American High School Seniors. The use of other illicit drugs also declined, however, 42% of high school seniors still reported using some illicit drug during the past year.
- Past month marijuana use declined to 21.0% in 1987, down from 23.4% in 1986 and substantially below the peak of 37.1% observed for the class of 1978. Daily marijuana use which peaked at 10.7% in 1978 had declined to 3.3% in 1987.
- Well over half of young people (57%) have tried an illicit drug at least once before they graduate from high school.
- Three percent of high school seniors have used PCP at least once; 1.3% have used in the past year; and 0.6% have used in the past month.
- Nearly all high school seniors (92%) have had experience with alcohol and two-thirds (66%) have used in the past month. Nearly 38% have had five or more drinks in a row on at least one occasion in the past two weeks.
- Nearly one-fifth (18.7%) of high school seniors are daily cigarette smokers by the time they leave high school.
- Among high school seniors, 87% disapproved of even trying cocaine and 97% disapprove of regular cocaine use. Forty-eight percent of high school seniors saw "great risk" of harm associated with trying cocaine once or twice.

Drug Abuse Warning Network (DAWN) (1986)

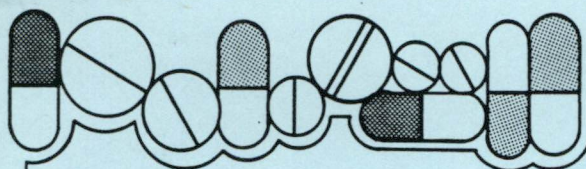
DAWN Emergency Rooms (ER)

- In 1986, ER's reported 119,263 drug abuse episodes; 13,343 (11.2%) of the episodes involved patients 10-17 years old.
- Approximately 6 out of 10 of the youth ER visits were related to a suicide attempt or gesture. The drugs mentioned most frequently by young ER patients were aspirin, acetaminophen, alcohol-in-combination, marijuana and cocaine.

DAWN Medical Examiners (ME)

- ME's reported a total of 4,138 drug abuse deaths; 55 involved decedents 10-17 years old.
- Approximately 46% of the ME cases for children under 18 were classified as suicides. Alcohol-in-combination and cocaine were the drugs mentioned most frequently in the ME cases.

###



NIDA Capsules

Issued by the Press Office of the National Institute on Drug Abuse
 5600 Fishers Lane, Rockville, Maryland 20857
 (301) 443-6245

DRUG ABUSE WARNING NETWORK

Emergency Room Cocaine Mentions

The following table lists the frequency of cocaine-related emergency room admissions and the percentage that involved smoking as the route of administering cocaine in 1988 compared with 1985. This data is collected by the National Institute on Drug Abuse (NIDA), through the Drug Abuse Warning Network (DAWN), a voluntary data collection system through which hospital emergency room (ER) and medical examiner (ME) facilities report information on medical crises and deaths related to improper use of drugs. Cocaine-related ER admissions listed below were reported from hospitals in 21 metropolitan areas throughout the country.

	<u>1988</u>		<u>1985</u>	
	Total Cocaine Mentions	Percent Involving Smoked Cocaine	Total Cocaine Mentions	Percent Involving Smoked Cocaine
Atlanta	596	23	172	6
Baltimore	1018	7	248	1
Boston	1173	18	323	4
Buffalo	419	24	43	0
Chicago	4019	23	757	10
Dallas	1152	23	158	1
Denver	641	16	243	2
Detroit	3309	54	1088	16
Los Angeles	2956	29	1640	35
Miami	519	31	1038	16
Minneapolis	378	28	136	4
Newark	1339	30	346	6
New Orleans	2827	41	512	2
New York City	7457	40	3347	4
Philadelphia	5831	31	717	6
Phoenix	981	8	123	5
San Diego	219	17	172	6
San Francisco	719	33	411	7
Seattle	952	19	244	9
St. Louis	534	25	78	6
Washington, D.C.	4467	39	894	4

na--w
a1324na--w

DRUGS

r w bc-druguse:1150aes 1d 2-28 0658
(complete writethru _ updating, adding reaction)

By TAMARA HENRY

WASHINGTON (UPI) _ Use of crack cocaine has declined among high school seniors for the first time because of changing attitudes and increased knowledge about the drug's harmful effects, a survey said Tuesday.

The 1988 National High School Senior Survey, conducted by The University of Michigan's Institute for Social Research, found use of all drugs generally declined among American students in high school and college.

Overall, the proportion of seniors using any illicit drug during the prior year fell from 42 percent in 1987 to 39 percent in 1988. This compares with 54 percent in 1979, the peak year.

But the study's director, Lloyd Johnston, said the drop in the use of crack _ a highly addictive smokeable derivative of cocaine _ is "one of the most important findings" of the survey of some 16,000 to 17,000 seniors in 135 high schools nationwide. The survey also uses a representative sample of college students and young adults one to 11 years beyond high school.

"This is great news, that our high school seniors are listening, that more are heeding the perils of drug use," said Education Secretary Laura Cavazos. "However, too many of our youth, especially those that never become seniors _ the dropouts _ still risk their health and their future by using drugs."

The survey, the 14th in a series of national surveys funded by the National Institute on Drug Abuse, an arm of the Department of Health and Human Services, showed that 4.8 percent of all seniors between 1987 and 1988 reported ever using crack, compared with 5.6 percent in the previous year. Annual use of crack fell from 4 percent to 3.1 percent, after having leveled off between 1986 and 1987.

Johnston, who warned in last year's report of an increase in crack use from 4 percent to 5.6 percent in 1987, said crack use showed a decline in 1988 among college students, as well, though not a statistically significant one _ from 2 percent to 1.4 percent _ but there was little change among the 19- to 29-year-olds, from 3 percent to 3.1 percent.

"We can safely say that this decrease suggests that high school seniors, a very important population to the future of our country, are hearing the messages about cocaine's dangers and are avoiding drug use in general," said Charles Schuster, director of the National Institute on Drug Abuse.

"While crack cocaine is readily available, seniors appear to be concerned about its addictive qualities and are less likely to try or continue use."

Other key findings of the survey include:

_ Marijuana use continued its long-term, gradual decline. About one-third of all high school seniors reported some marijuana use, compared with the peak year, of 1979 when half of all seniors reported some use. Current daily marijuana use dropped from 10.7 percent in 1978 to 2.7 percent in 1988.

_ Cocaine use dropped between 1986 and 1988 from 13 percent to 8 percent. Among college students, only 10 percent reported using the drug in 1988, compared with 17 percent in 1986. Cocaine use also fell among all high school graduates aged 19 to 28 from 20 percent annual prevalence in 1986 to 14 percent in 1988.

_ Heroin use remained at 0.5 percent, the same percentage the past nine years.

_ Alcohol use dropped for the first time in several years. "Current drinkers" _ seniors who had one or more drinks in the past 30 days _ declined from 66 percent to 64 percent.

_ Cigarette smoking stands at 29 percent in 1988, with 18 percent of all seniors smoking daily.

WASHINGTON (UPI) - Use of crack cocaine has declined among high school seniors for the first time because of changing attitudes and increased knowledge about the drug's harmful effects, a survey said Tuesday.

The 1988 National High School Senior Survey, conducted by The University of Michigan's Institute for Social Research, found use of all drugs generally declined among American students in high school and college.

Overall, the proportion of seniors using any illicit drug during the prior year fell from 42 percent in 1987 to 39 percent in 1988. This compares with 54 percent in 1979, the peak year. But the study's director, Lloyd Johnston, said the drop in the use of crack - a highly addictive smokable derivative of cocaine - is "one of the most important findings" of the survey of some 16,000 to 17,000 seniors in 135 high schools nationwide. The survey also uses a representative sample of college students and young adults one to 11 years beyond high school.

"This is great news, that our high school seniors are listening, that more are heeding the perils of drug use," said Education Secretary Lauro Cavazos. "However, too many of our youth, especially those that never become seniors - the dropouts - still risk their health and their future by using drugs."

The survey, the 14th in a series of national surveys funded by the National Institute on Drug Abuse, an arm of the Department of Health and Human Services, showed that 4.8 percent of all seniors between 1987 and 1988 reported ever using crack, compared with 5.6 percent in the previous year. Annual use of crack fell from 4 percent to 3.1 percent, after having leveled off between 1986 and 1987.

Johnston, who warned in last year's report of an increase in crack use from 4 percent to 5.6 percent in 1987, said crack use showed a decline in 1988 among college students, as well, though not a statistically significant one - from 2 percent to 1.4 percent - but there was little change among the 19- to 29-year-olds, from 3 percent to 3.1 percent.

"We can safely say that this decrease suggests that high school seniors, a very important population to the future of our country, are hearing the messages about cocaine's dangers and are avoiding drug use in general," said Charles Schuster, director of the National Institute on Drug Abuse.

"While crack cocaine is readily available, seniors appear to be concerned about its addictive qualities and are less likely to try or continue use." Other key findings of the survey include:

- Marijuana use continued its long-term, gradual decline. About one-third of all high school seniors reported some marijuana use, compared with the peak year of 1979 when half of all seniors reported some use. Current daily marijuana use dropped from 10.7 percent in 1978 to 2.7 percent in 1988.
- Cocaine use dropped between 1986 and 1988 from 13 percent to 8 percent. Among college students, only 10 percent reported using the drug in 1988, compared with 17 percent in 1986. Cocaine use also fell among all high school graduates aged 19 to 28 from 20 percent annual prevalence in 1986 to 14 percent in 1988.
- Heroin use remained at 0.5 percent, the same percentage the past nine years.

- Alcohol use dropped for the first time in several years. Current drinkers - seniors who had one or more drinks in the past 30 days - declined from 66 percent to 64 percent.
- Cigarette smoking stands at 29 percent in 1988, with 18 percent of all seniors smoking daily.

THE WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS

WASHINGTON, D.C.

TUESDAY, MARCH 7, 1989

YOU KNOW, EVER SINCE I ANNOUNCED THAT I INTENDED TO BECOME THE EDUCATION PRESIDENT, I'VE HAD MORE THAN A FEW THINGS TO SAY ABOUT ACCOUNTABILITY IN EDUCATION. WELL, WOODROW WILSON ONCE SERVED AS PRESIDENT OF PRINCETON UNIVERSITY.

- 2 -

AND LEGEND HAS IT THAT ONE DAY A WORRIED MOTHER APPROACHED HIM, AND QUESTIONED HIM CLOSELY ABOUT WHAT PRINCETON COULD DO FOR HER SON.

HE IS SAID TO HAVE ANSWERED -- THOUGH HISTORIANS DISPUTE THIS -- QUOTE, "MADAM, WE GUARANTEE SATISFACTION -- OR YOU WILL GET YOUR SON BACK."

I'M VERY GLAD TO BE BACK AMONG WILSON SCHOLARS. IT'S AN HONOR TO BE WITH YOU, TO CELEBRATE THE ANNIVERSARY OF THIS GREAT INSTITUTION.

- 3 -

THE LAW ESTABLISHING THIS NATIONAL MEMORIAL TO WOODROW WILSON CALLED FOR A "LIVING INSTITUTION" TO EXPRESS HIS IDEALS AND CONCERNS. THIS ONE TRULY DOES.

IN THIS ALLIANCE OF SCHOLARS -- NOW WORLD-RENOWNED FOR EXPLORING SOME OF THE MOST VITAL ISSUES CONFRONTING MANKIND -- WOODROW WILSON'S IDEALS FIND THEIR HIGHEST AND MOST EFFECTIVE EXPRESSION.

- 4 -

THE PURSUIT OF KNOWLEDGE AND UNDERSTANDING THAT THE WILSON CENTER IS COMMITTED TO, WILL BE ALL THE MORE CRUCIAL IN THE COMING YEARS. WE WILL DEPEND MORE THAN EVER ON THE COUNSEL OF LEARNED MEN AND WOMEN, IN A WORLD THAT IS CHANGING RAPIDLY -- A WORLD INTERCONNECTED AS NEVER BEFORE IN HISTORY.

NEW IDEAS AND NEW TECHNOLOGIES -- AND THE DIPLOMATIC AND TRADING RELATIONS THEY SPAWN -- ARE DEVELOPING AT AN ASTOUNDING PACE.

WE WEAVE A TAPESTRY OF SHARED CONCERNS AND RELATIONS, WORLDWIDE. ITS THREADS ARE MANY -- SOCIAL, ECONOMIC, ENVIRONMENTAL, GEOPOLITICAL -- AND IT GROWS BROADER DAILY.

MUCH OF WHAT IS OCCURRING IN THE WORLD PRESENTS US WITH REMARKABLE OPPORTUNITIES. CHINA CONTINUES TO EXPERIMENT IN FREE-MARKET CAPITALISM. WE ARE CAREFULLY, BUT OPTIMISTICALLY, WATCHING INTERNAL CHANGES IN THE SOVIET UNION.

ALL OVER THE WORLD, OPPORTUNITIES ARE ARISING FOR NEW DIRECTIONS IN FOREIGN POLICY AND TRADING ARRANGEMENTS -- AND NEW CHALLENGES ARE BEING ISSUED TO OUR COMPETITIVE STATUS IN WORLD MARKETS.

DURING MY RECENT TRIP TO THE FAR EAST, I HAD MANY OPPORTUNITIES TO OBSERVE AND THINK ABOUT COMPETITIVENESS. THERE ARE MANY THEORIES ABOUT THE REASONS FOR THE INDUSTRIAL SUCCESS SOME OF OUR ASIAN FRIENDS ARE TODAY ENJOYING.

BUT NO ONE QUESTIONS THE IMPORTANCE OF ONE FACTOR -- THE HIGHLY-SKILLED, MOTIVATED, AND EDUCATED WORKFORCE IN THOSE COUNTRIES.

OUT OF THE DEVASTATION OF WAR, THEY HAD THE COURAGE TO RECOGNIZE HOW THEIR FUTURE WAS TIED TO THE QUALITY OF EDUCATION THEIR NATIONS PROVIDED. AS THIS COUNTRY PREPARES TO ENTER THE NEXT CENTURY, WE TOO MUST RECOGNIZE HOW ESSENTIAL THE EDUCATION OF THE NEXT GENERATIONS HAS BECOME TO OUR ECONOMIC FUTURE.

PERHAPS THE HIGHEST PRAISE COMING GENERATIONS MIGHT BESTOW UPON US, IS THAT WE UNDERSTOOD THE CHANGES OCCURRING IN THE WORLD -- AND WE PREPARED THEM FOR THE CHALLENGES WE KNEW THEY WOULD FACE.

YOU WHO COMPRISE THE WILSON CENTER ARE DEVOTED TO THE LIFE OF THE MIND. AND I IMAGINE YOU'LL AGREE WITH ME, IF I SAY THAT YOUNG MINDS WILL MAKE OR BREAK THE FUTURE OF THIS AND EVERY OTHER COUNTRY.

- 9 -

I HAVE TWO CONCERNS ABOUT THOSE YOUNG MINDS THAT I'D LIKE YOU TO CONSIDER THIS EVENING: THE YOUNG PEOPLE OF AMERICA WILL HAVE TO BE BETTER EDUCATED THAN ANY PREVIOUS GENERATION. AND TO BE SO, THEY MUST BE FREE OF THE SCOURGE OF DRUG ABUSE.

- 10 -

THESE ARE FUNDAMENTAL CONCERNS. THEY AFFECT US ALL. THEIR SOLUTION IS NOT A QUESTION OF "WHETHER" -- IT IS A QUESTION OF "WHEN."

SO I WOULD LIKE YOU TO THINK OF TONIGHT AS A CELEBRATION, YES -- BUT ALSO AS A CHALLENGE: CONSIDER WHAT WE MUST DO, TOGETHER, TO START TO SOLVE THOSE PROBLEMS, NOW.

WHERE THE STATE OF THE SCHOOLS IS CONCERNED, YOU'VE ALL HEARD THE SURVEYS.

LAST MONTH'S REPORT FROM THE NATIONAL SCIENCE FOUNDATION AND THE DEPARTMENT OF EDUCATION PUT AMERICAN SEVENTH-GRADERS AT THE BOTTOM OF AN INTERNATIONAL COMPARISON OF MATH AND SCIENCE SKILLS.

"WHO'S TO BLAME" IS NOT THE ISSUE. WE ALL MUST BE ACCOUNTABLE FOR THE QUALITY OF EDUCATION IN AMERICA.

TO ASSURE THE COMPETITIVE FUTURE OF THIS NATION -- AND THE OVERALL STANDARD OF LIVING ENJOYED BY ITS PEOPLE -- WILL DEMAND THE BEST KIND OF COLLECTIVE EFFORT. ALL OF US MUST GET INVOLVED.

I INTEND TO LAUNCH A CRUSADE FOR EXCELLENCE IN AMERICAN EDUCATION. A CRUSADE DRIVEN BY LOCAL ENERGY AND INITIATIVE. DRAWING ON PEOPLE FROM BOTH THE PUBLIC AND PRIVATE SECTORS. AND DETERMINED TO ESTABLISH A CULTURE OF HIGH EXPECTATIONS IN OUR SCHOOLS.

- 13 -

AT THE FEDERAL LEVEL, I HAVE PROPOSED A PROGRAM THAT WILL BE BASED ON FOUR GOALS:

FIRST, I WANT TO REWARD EXCELLENCE AND SUCCESS, BY REWARDING SUPERIOR TEACHERS, AND RECOGNIZING PRESIDENTIAL MERIT SCHOOLS THAT MAKE REAL PROGRESS. WE WILL ESTABLISH BENCHMARKS FOR ACHIEVEMENT -- AND BOTH COMMEND AND REWARD THE TEACHERS AND SCHOOLS THAT SUCCEED. WE WILL ESTABLISH A NATIONAL SCIENCE SCHOLARS PROGRAM, TO ENCOURAGE STUDENTS TO SUCCEED IN SCIENCE.

- 14 -

IT IS INCUMBENT UPON US TO RESTORE THE HONOR -- THE NOBILITY -- OF GOOD TEACHING IN THIS COUNTRY. IT WON'T ESCAPE THE EYES OF THE YOUNG, IF WE CAN SHOW THEM HOW MUCH WE VALUE LEARNING, IN THE WAY WE VALUE TEACHERS.

SECOND, I WANT TO PUT RESOURCES WHERE THEY COUNT. WE WILL TARGET FEDERAL DOLLARS TO HELP THOSE MOST IN NEED -- TO PLACES WHERE SUPPORT CAN MAKE A REAL DIFFERENCE.

WE WILL ALSO USE FUNDS IN WAYS THAT BUILD THE RIGHT LINKS BETWEEN UNIVERSITY, GOVERNMENT, AND INDUSTRY RESEARCH LABS, TO PROMOTE SCIENTIFIC EDUCATION AND BASIC RESEARCH. I INTEND TO HOLD FIRM IN OUR EFFORT TO DOUBLE THE NATIONAL SCIENCE FOUNDATION'S BUDGET BY 1993.

THIRD, I WANT TO PROMOTE CHOICE AND FLEXIBILITY, BY DEVOTING \$100 MILLION IN NEW FUNDING FOR MAGNET SCHOOLS -- SCHOOLS THAT INCREASE CHOICE, EXPAND OPPORTUNITIES FOR CHILDREN, AND GENERATE HEALTHY COMPETITION AMONG SCHOOLS.

AND FINALLY, I WILL PUSH FOR GREATER ACCOUNTABILITY
AT ALL LEVELS -- AMONG STUDENTS, TEACHERS,
ADMINISTRATORS, AND PRINCIPALS -- TO ASSURE THAT
STUDENTS ARE ACTUALLY RECEIVING THE HIGHEST QUALITY
EDUCATION.

FOR THIS IS WHAT EXCELLENCE DEMANDS. IT MEANS
SETTING HIGH STANDARDS -- STANDARDS THAT THE REST OF
THE WORLD WILL LOOK TO.

IT MEANS CONSTANTLY MEASURING YOURSELF AGAINST THOSE
STANDARDS. AND NOT RESTING UNTIL YOU MEET THOSE
STANDARDS.

IT MEANS DISCIPLINE: THE DISCIPLINE THAT SAYS, "IF
WE DON'T GET IT RIGHT THE FIRST TIME, WE'LL TRY AGAIN.
AND AGAIN. UNTIL WE DO GET IT RIGHT."

- 19 -

BUT EXCELLENCE IN EDUCATION WILL NOT BE FULLY REALIZED UNTIL WE FREE OUR YOUNG PEOPLE FROM THE GRIP OF DRUGS -- DRUGS THAT KILL HOPES, KILL AMBITIONS, AND KILL KIDS.

TO RID OUR SCHOOLS AND OUR STREETS OF THIS SCOURGE, I'VE PROPOSED NEARLY \$1 BILLION IN NEW OUTLAYS FOR ANTI-DRUG PROGRAMS.

- 20 -

WITH THE HELP OF BILL BENNETT, MY CHOICE AS AMERICA'S FIRST DRUG CZAR, I WILL BE IMPLEMENTING A COMPREHENSIVE NATIONAL DRUG CONTROL STRATEGY.

OUR STRATEGY WILL DEAL WITH BOTH SUPPLY AND DEMAND, BY EDUCATING AND INSPIRING IN OUR YOUNG AN ATTITUDE OF "ZERO TOLERANCE"; RECLAIMING LIVES, THROUGH MORE EFFECTIVE TREATMENT; STOPPING DRUGS AT THEIR SOURCE; AND ENFORCING TOUGHER PENALTIES.

LAST WEEK WE GOT SOME GOOD NEWS ON THE DRUG FRONT. IN 1988, USE OF COCAINE DECLINED AMONG HIGH SCHOOL SENIORS. IN FACT, STUDENT USAGE OF ALMOST EVERY ILLEGAL DRUG -- AS WELL AS ALCOHOL -- APPEARS TO BE ON THE DECLINE.

SO IN OUR SCHOOLS, THE MESSAGE IS GETTING OUT. BUT WE HAVE NO REASON TO BE COMPLACENT: THE DRUG PROBLEM IS MUCH WORSE AMONG HIGH SCHOOL DROPOUTS.

AND INTERNATIONAL CULTIVATION OF OPIUM POPPY AND COCA LEAF INCREASED SHARPLY LAST YEAR.

WHEN I TALK ABOUT A WAR ON DRUGS, I MEAN MORE THAN A RHETORICAL WAR. I SEEK ENGAGEMENT ON ALL FRONTS. THE WILSON CENTER IS KNOWN AS A VITAL POINT OF CONTACT BETWEEN THE THINKERS AND THE DOERS OF THIS COUNTRY, AND A NUMBER OF SCHOLARS HAVE SHED NEW LIGHT ON THE DRUG PROBLEM.

I'VE HEARD GREAT THINGS ABOUT THE CONFERENCE YOU HELD ON DRUG TRAFFICKING IN THE AMERICAS LAST FALL. THE PROCEEDINGS OF THAT CONFERENCE PROVOKED A GREAT DEAL OF THOUGHT -- AND FOR MY PART, THE THOUGHTS ARE HAUNTING.

SADLY, THE CORES OF MANY SOCIETIES HAVE BEEN PERMEATED BY DRUG GANGS, CARTELS, AND ORGANIZED CRIME. CONSIDER IT ECONOMIC, SOCIAL, OR CULTURAL -- BUT CONSIDER IT AN INTERNATIONAL PERIL.

IF WE ARE TO STOP IT, WE MUST STOP IT TOGETHER. I ENCOURAGE YOU TO CONTINUE SEARCHING FOR LONG-TERM SOLUTIONS.

IN A CITY PREOCCUPIED BY SHORT-TERM POLICY ISSUES, THE WILSON CENTER ENCOURAGES THE LONGER VIEW.

IN A CITY PREOCCUPIED BY POLITICS, YOU DRAW SUPPORT FROM ALL PARTIES AND ALL QUARTERS, WITH FUNDING FROM BOTH THE PUBLIC AND PRIVATE SECTORS.

IN THIS NATION'S EFFORTS TO EDUCATE ITS YOUNG --
AND SEE THEM CLEAR OF THE THREAT OF DRUGS -- YOU ARE IN
A POSITION TO HELP US MAKE OUR BATTLES WINNING ONES.

WE NEED OUR YOUNG PEOPLE TO SUCCEED. OUR ABILITY
TO EMPOWER THEM WILL REFLECT OUR CHARACTER, AND OUR
IDEALS AS A NATION.

WOODROW WILSON PUT IT THIS WAY. "THE BEAUTY OF A
DEMOCRACY," HE SAID, "IS THAT YOU NEVER CAN TELL, WHEN
A YOUNGSTER IS BORN, WHAT HE IS GOING TO DO ... AND
THAT, NO MATTER HOW HUMBLY HE IS BORN ... HE HAS GOT A
CHANCE TO MASTER THE MINDS AND LEAD THE IMAGINATIONS OF
THE WHOLE COUNTRY."

- 27 -

OUR CHALLENGE WILL BE TO GIVE ALL YOUNG PEOPLE THE
CHANCE TO FULFILL THEIR HIGHEST AMBITIONS, AND THEIR
GOD-GIVEN POTENTIAL.

IT FALLS TO US, TO PROVE WOODROW WILSON RIGHT.
THANK YOU, AND GOD BLESS YOU.

#

(Lange)
March 6, 1989
12:00 p.m.

PRESIDENTIAL REMARKS: THE WOODROW WILSON
INTERNATIONAL CENTER FOR SCHOLARS
WASHINGTON, D.C.
TUESDAY, MARCH 7, 1989

You know, ever since I announced that I intended to become the Education President, I've had more than a few things to say about accountability in education. Well, Woodrow Wilson once served as President of Princeton University.

And legend has it that one day a worried mother approached him, and questioned him closely about what Princeton could do for her son.

He is said to have answered -- though historians dispute this -- quote, "Madam, we guarantee satisfaction -- or you will get your son back."

I'm very glad to be back among Wilson Scholars. It's an honor to be with you, to celebrate the anniversary of this great institution.

The law establishing this national memorial to Woodrow Wilson called for a "living institution" to express his ideals and concerns. This one truly does.

In this alliance of scholars -- now world-renowned for exploring some of the most vital issues confronting mankind -- Woodrow Wilson's ideals find their highest and most effective expression.

The pursuit of knowledge and understanding that the Wilson Center is committed to, will be all the more crucial in the coming years. We will depend more than ever on the counsel of learned men and women, in a world that is changing rapidly -- a world inter-connected as never before in history.

New ideas and new technologies -- and the diplomatic and trading relations they spawn -- are developing at an astounding pace. We weave a tapestry of shared concerns and relations, worldwide. Its threads are many -- social, economic, environmental, geopolitical -- and it grows broader daily.

[[Much of what is occurring in the world presents us with remarkable opportunities. China continues to experiment in free-market capitalism. We are carefully, but optimistically, watching internal changes in the Soviet Union.

Just as our Free Trade Agreement with Canada establishes the largest open market in the world, the 1992 agreement to unify markets in the EC confirms our principles of free and open trade.

All over the world, opportunities are arising for new directions in foreign policy and trading arrangements -- and new challenges are being issued to our competitive status in world markets.

During my recent trip to the Far East, I had many opportunities to observe and think about competitiveness. And trade quotas, barriers, and sanctions won't get to the core of the issue. No, much of what is behind the success story of each

of those Asian nations has happened through the efforts of a highly skilled, motivated, educated workforce.]]

The highest praise the next generation might bestow upon us is that we understood the changes occurring in the world -- and we prepared them for the challenges we knew they would face.

You who comprise the Wilson Center are devoted to the life of the mind. And I imagine you'll agree with me, if I say that young minds will make or break the future of this and every other country.

I have two concerns about those young minds, that I'd like you to consider this evening: The young people of America will have to be better educated than any previous generation. And to be so, they must be free of the scourge of drug abuse.

These are fundamental concerns. They affect us all. Their solution is not a question of "whether" -- it is a question of "when."

So I would like you to think of tonight as a celebration, yes -- but also as a challenge: Consider what we must do, together, to start to solve those problems, now.

Where the state of the schools is concerned, you've all heard the surveys. Last month's report from the National Science Foundation and the Department of Education put American seventh-graders at the bottom of an international comparison of math and science skills.

"Who's to blame" is not the issue. We all must be accountable for the quality of education in America.

To assure the competitive future of this nation -- and the overall standard of living enjoyed by its people -- will demand the best kind of collective effort. All of us must get involved.

I intend to launch a crusade for excellence in American education. A crusade driven by local energy and initiative. Drawing on people from both the public and private sectors. And determined to establish a culture of high expectations in our schools.

At the Federal level, I have proposed a program that will be based on four goals:

First, I want to reward excellence and success, by rewarding superior teachers, and recognizing Presidential Merit Schools that make real progress. We will establish benchmarks for achievement -- and both commend and reward the teachers and schools that succeed. We will establish a National Science Scholars program, to encourage students to succeed in science.

It is incumbent upon us to restore the honor -- the nobility -- of good teaching in this country. It won't escape the eyes of the young, if we can show them how much we value learning, in the way we value teachers.

Second, I want to put resources where they count. We will target Federal dollars to help those most in need -- to places where support can make a real difference.

We will also use funds in ways that build the right links between university, government, and industry research labs, to promote scientific education and basic research. I intend to

hold firm in our effort to double the National Science Foundation's budget by 1993.

Third, I want to promote choice and flexibility, by devoting \$100 million in new funding for magnet schools -- schools that increase choice, expand opportunities for children, and generate healthy competition among schools.

And finally, I will push for greater accountability at all levels -- among students, teachers, administrators, and principals -- to assure that students are actually receiving the highest quality education.

For this is what excellence demands. It means setting high standards -- standards that the rest of the world will look to. It means constantly measuring yourself against those standards. And not resting until you meet those standards.

It means discipline: the discipline that says, "If we don't get it right the first time, we'll try again. And again. Until we do get it right."

But excellence in education will not be fully realized until we free our young people from the grip of drugs -- drugs that kill hopes, kill ambitions, and kill kids.

To rid our schools and our streets of this scourge, I've proposed nearly \$1 billion in new outlays for anti-drug programs. With the help of Bill Bennett, my choice as America's first Drug Czar, I will be implementing a comprehensive national drug control strategy.

Our strategy will deal with both supply and demand, by educating and inspiring in our young an attitude of "zero tolerance"; reclaiming lives, through more effective treatment; stopping drugs at their source; and enforcing tougher penalties.

Last week we got some good news on the drug front. In 1988, use of cocaine declined among high school seniors. In fact, student usage of almost every illegal drug -- as well as alcohol -- appears to be on the decline.

So in our schools, the message is getting out. But we have no reason to be complacent: The drug problem is much worse among high school dropouts. And international cultivation of opium poppy and coca leaf increased sharply last year.

When I talk about a war on drugs, I mean more than a rhetorical war. I seek engagement on all fronts. The Wilson Center is known as a vital point of contact between the thinkers and the doers of this country, and a number of scholars have shed new light on the drug problem.

I've heard great things about the conference you held on drug trafficking in the Americas last fall. The proceedings of that conference provoked a great deal of thought -- and for my part, the thoughts are haunting.

Sadly, the cores of many societies have been permeated by drug gangs, cartels, and organized crime. Consider it economic, social, or cultural -- but consider it an international peril. If we are to stop it, we must stop it together. I encourage you to continue searching for long-term solutions.

In a city preoccupied by short-term policy issues, the Wilson Center encourages the longer view.

In a city preoccupied by politics, you draw support from all parties and all quarters, with funding from both the public and private sectors.

In this nation's efforts to educate its young -- and see them clear of the threat of drugs -- you are in a position to help us make our battles winning ones.

We need our young people to succeed. Our ability to empower them will reflect our character, and our ideals as a nation.

Woodrow Wilson put it this way. "The beauty of a Democracy," he said, "is that you never can tell, when a youngster is born, what he is going to do... and that, no matter how humbly he is born... he has got a chance to master the minds and lead the imaginations of the whole country."

Our challenge will be to give all young people the chance to fulfill their highest ambitions, and their God-given potential.

It falls to us, to prove Woodrow Wilson right.

Thank you, and God bless you.

(Lange)
March 2, 1989
6:45 p.m.

PRESIDENTIAL REMARKS: THE WOODROW WILSON CENTER FOR
INTERNATIONAL SCHOLARS
WASHINGTON, D.C.
TUESDAY, MARCH 7, 1989

You know, ever since I announced that I intended to become the Education President, I've had more than a few things to say about accountability in education. But I recently learned that the namesake of this great organization had his own ideas about that.

When Woodrow Wilson was president of Princeton University, a worried mother approached him, and questioned him closely about what Princeton could do for her son.

Wilson answered, "Madam, we guarantee satisfaction -- or you will get your son back." X

Well, I'm very glad to be back among Wilson Scholars again.

Charles Blitzer
Director of
Wilson Center
It's an honor to be with you, to celebrate the anniversary of this great institution. 11/5/85

PL 90-637
Sec. 2
The law establishing this national memorial to Woodrow Wilson called for a "living institution" to express his ideals and concerns. This one truly does.

Well, last month a neutral site was offered for testing competing standards, to determine -- without fear of prejudice or favoritism -- which system to adopt worldwide. And that neutral site was the Soviet Union.

Ten years ago, no one would have seen that coming.

Ten years from now, the highest praise they might bestow upon us is that we understood the changes in our midst -- and we worked effectively, to make change positive.

I would hope they'd say that we used power -- whether the power of the individual mind, or the power of collective will -- to turn change to advantage.

You who comprise the Wilson Center are devoted to the life of the mind. And I imagine you'll agree with me, if I say that the young minds of America will make or break this country's future.

I have two concerns about those young minds, that I'd like you to consider this evening: I believe our young people will have to be better educated than any previous generation. And I insist that to be so, they will have to be free of the scourge of drug abuse.

These are fundamental, bipartisan concerns. They affect us all. Their solution is not a question of "whether" -- it is a question of "when."

So I would like you to think of tonight as a celebration, yes -- but also as a challenge: Consider what we must do, together, to start to solve those problems, now.

Where the state of the schools is concerned, you've all heard the surveys. Last month's report from the National Science Foundation put U.S. ~~students~~ ^{+ Department of Education seventh-graders} at the bottom of an international comparison of math and science skills. South Korean students performed in higher mathematics ~~at~~ ^{8th graders} four times the ~~rate~~ ^{stet} of U.S. students. ~~showed an understanding of geometry~~ ^{demonstrated} ~~number~~ ^{stet}

Dr. Wayne Welch NSF 357-7425

Who's to blame is not the issue. We all must be accountable for the quality of education in America.

To assure a competitive future -- whether in specific technologies like high-definition television, or in the overall standard of living enjoyed by the citizens of this nation -- all of us must get involved.

We are going to launch a crusade for excellence in American public education. A crusade driven by local energy and initiative. Drawing on people from both the public and private sectors. And determined to build a culture of high expectations in our schools.

At the Federal level, we are building a program that will be driven by four principles:

First, we will reward excellence and success, by rewarding superior teachers, and recognizing Presidential Merit Schools that make substantial progress. We will establish benchmarks for achievement -- and both commend and compensate the teachers and schools that succeed.

It is incumbent upon us to restore the honor -- the nobility -- of teaching in this country. It won't escape the eyes of the young, if we can show them how much we value learning, in the way we value teachers.

Second, our program will put resources where they count. We will target Federal dollars to help those most in need -- to places where support can make a real difference.

*Building
a Better
America
p. 49-51
BBA
p. 52-53*

*BBA
p. 49*

BBA
P. 49
P. 55-6

Third, we will promote choice and flexibility. We intend to devote \$100 million in new funding for magnet schools that increase choice, expand opportunities for children, and generate healthy competition among schools.

BBA
P. 49

And finally, we will be pushing for greater accountability at all levels -- among students, teachers, administrators, and principals -- to assure that students are actually receiving the highest quality education.

For this is what excellence demands. It means setting high standards. Constantly measuring yourself against those standards. And not resting until you meet those standards.

But that work will not be fully realized until we free our young people from the grip of drugs -- drugs that kill time, kill hopes and ambitions, and kill kids.

To rid our schools and our streets of this scourge, I've proposed nearly \$1 billion in new outlays for anti-drug programs.

With the help of the new Drug Czar, Bill Bennett, I will be implementing a coherent national drug control strategy -- a strategy that deals with both supply and demand, in four areas:

BBA
P. 66-67
BBA
P. 66-67

educating and inspiring in our young an attitude of "zero tolerance"; reclaiming lives, through more effective treatment; stopping drugs at their source; and enforcing tougher penalties.

Last week we got some good news on the drug front. In 1988, for the first time, use of crack cocaine declined among high school seniors. In fact, student usage of almost every illegal drug -- as well as alcohol -- appears to be on the decline. The message is getting out. We have reason to be encouraged, but by no means complacent. International cultivation of opium and cocaine increased sharply last year.

When I talk about a war on drugs, I mean more than a rhetorical war. I seek engagement on all fronts. The Wilson Center is known as a vital point of contact between the thinkers and the doers of this country, and a number of scholars have shed new light on the drug problem.

I've heard great things about the conference you held on drug trafficking in the Americas last fall. The proceedings of that conference provoked a great deal of thought -- and for my part, the thoughts are haunting.

The core of many of our neighboring societies has been permeated by drug mafias. Their trouble is our trouble.

BBA
P.
66-7
Nat'l High School
Senior Survey
V. of Mich.
UPI
2-28-89

Rayburn
Hesse
St. Dept.
647-8692
Rm. 7331

see
Wilson
report
in file

+ Wash. Post. 3-2-89 (see state Dept report in file)

Consider it economic, social, or cultural -- but consider it an international peril of unprecedented proportions. Know that if we are to stop it, we must stop it together. I encourage you to continue searching for long-term solutions.

In a city preoccupied by short-term policy issues, the Wilson Center encourages the longer view.

*Wilson Center
Annual Report
1986-87
P. vi*

In a city preoccupied by politics, you draw support from all parties and all quarters, with funding from both the public and private sectors.

In this nation's efforts to educate its young -- and see them clear of the threat of drugs -- you are in a position to help us make our battles winning ones.

We need our young people to succeed. Our ability to empower them will reflect our character, and our ideals as a nation.

*Toastmaster's
Treasure
Chest
P. 379
#4056*

Woodrow Wilson put it this way. "The beauty of a Democracy," he said, "is that you never can tell, when a youngster is born, what he is going to do... and that, no matter how humbly he is born... he has got a chance to master the minds and lead the imaginations of the whole country."

*also OK
by William McCleary
Wilson scholar at Princeton*

Our challenge will be to give all young people the chance to fulfill their highest ambitions, and their God-given potential.

It falls to us, to prove Woodrow Wilson right.

Thank you, and God bless you.

WATE - FIRST CUT.

THOUGHTS?

plh

(Lange)
March 1, 1989
7:00 p.m.

PRESIDENTIAL REMARKS: THE WOODROW WILSON CENTER FOR
"INTERNATIONAL SCHOLARS"
WASHINGTON, D.C.
TUESDAY, MARCH 7, 1989

*(This is the national
for the HD-TV example
pp 2-3.)*

You know, ever since I announced that I intended to become the Education President, I've had more than a few things to say about accountability in education. But I recently learned that the namesake of this great organization had his own ideas about that.

When Woodrow Wilson was president of Princeton University, a worried mother approached him, and questioned him closely about what Princeton could do for her son.

Wilson answered, "Madam, we guarantee satisfaction -- or you will get your son back."

Blitzer Well, I'm very glad to be ^{*addressing*} ~~back~~ at the Wilson Center. ^{*again.*} It's an honor to be with you, to celebrate the anniversary of this great institution. *X*

The law establishing this national memorial to Woodrow Wilson called for a "living institution" to express his ideals and concerns. This one truly does.

In this alliance of scholars -- now world-renowned for exploring some of the most vital issues confronting mankind -- I believe that Woodrow Wilson's ideals find their highest and most effective expression.

The pursuit of knowledge and understanding that the Wilson Center is committed to, will, I believe, be all the more crucial in the coming years. We depend more than ever on the counsel of learned men and women, in a world that is changing rapidly -- a world connected like never before in history.

New ideas and new technologies -- and the diplomatic and trading relations they spawn -- are developing at an astounding pace. We weave a tapestry of shared concerns and relations, worldwide. Its threads are many -- social, economic, environmental, geopolitical -- and it grows broader daily.

One issue that suggests the intricacy of this new world tapestry is the argument over international standards for high-definition television. Those hotly-contested industry standards are being debated by technicians from Europe, Japan, and North America. Clearly, a great deal is at stake. And you might wonder, who is acting as referee?

the Soviet Union offered to be a
Well, last month ~~it~~ ^{the} was agreed that ~~the most~~ ^{standards} neutral site
for testing competing equipment, to determine ~~standards~~ without
fear of prejudice or favoritism, ~~would be in the Soviet Union.~~

the standards which system to adopt world-wide,
Ten years ago, no one would have seen that coming.

Ten years from now, the highest praise they might bestow upon us is that we understood the changes in our midst -- and we worked effectively to make them positive changes.

I would hope they'd say that we used power -- whether the power of the individual mind, or the power of collective will -- to turn change to advantage.

You who comprise the Wilson Center are devoted to the life of the mind. And I believe you will agree with me, when I say that the young minds of America will make or break this country's future.

I have two concerns about those young minds, that I'd like you to consider this evening: I believe our young people will have to be better educated than any previous generation. And I insist that to be so, they will have to be free of the scourge of drug abuse.

These are fundamental, bipartisan concerns. They affect

us all. Their solution is not a question of "whether" -- it is a question of "when."

So I would like you to think of tonight as a celebration, yes -- but also as a challenge: Consider what we must do, together, to start to solve those problems, now.

Where the state of the schools is concerned, you've all heard the surveys. Last month's report from the National Science Foundation put U.S. students at the bottom of an international comparison of math and science skills. South Korean students performed in higher mathematics at four times the rate of U.S. students.

Who's to blame is not the issue. We all must be accountable for the quality of education in America.

To assure a competitive future -- whether in specific technologies like high-definition television, or in the overall standard of living enjoyed by the citizens of this nation -- all of us must get involved.

We are going to launch a crusade for excellence in American public education. A crusade driven by local energy and initiative. Drawing on people from both the public and private

sectors. And determined to build a culture of high expectations in our schools.

Building a
Better
America
p. 49-51

At the Federal level, we are building a program that will be driven by four principles. First, we will reward excellence and success, by rewarding superior teachers, and recognizing Presidential Merit Schools that make substantial progress. We will establish benchmarks for achievement -- and both commend and compensate those who succeed.

BBA
p. 49

Second, we will target Federal dollars to help those most in need -- to places where support can make a real difference.

BBA

p. 49
p. 55-56

Third, we will promote choice and flexibility. We intend to devote \$100 million in new funding for magnet schools that increase choice, expand opportunities for children, and generate healthy competition among schools.

BBA

p. 49

And finally, we will be pushing for greater accountability at all levels -- among students, teachers, administrators, and principals -- to assure that students are actually receiving the highest quality education.

But that work will not be fully realized until we free our young people from the grip of drugs -- drugs that kill time, kill hopes and ambitions, and kill kids:

BBA
P. 66-67

To rid our schools and our streets of this scourge, I've proposed nearly \$1 billion in new outlays for anti-drug programs.

BBA
P. 66-67

With the help of the new Drug Czar, Bill Bennett, I will be implementing a coherent national drug control strategy -- a strategy that deals with both supply and demand, in four areas: educating and inspiring in our young an attitude of "zero tolerance"; reclaiming lives, through more effective treatment; stopping drugs at their source; and enforcing tougher penalties.

Nat'l High School Senior Survey U. of Mich. UPI 2-28-89

Last week we got some good news on the drug front. In 1988, for the first time, use of crack cocaine declined among high school seniors. In fact, student usage of almost every illegal drug -- as well as alcohol -- appears to be on the decline. The message is getting out. We have reason to be encouraged, but by no means complacent. International cultivation of opium and cocaine increased sharply last year.

When I talk about a war on drugs, I mean more than a rhetorical war. I seek engagement on all fronts. The Wilson Center is known as a vital point of contact between the thinkers and the doers of this country, and a number of scholars have shed new light on the drug problem.

I've heard great things about the conference you held on drug trafficking in the Americas last fall -- and I encourage you to continue searching for long-term solutions.

In a city preoccupied by short-term policy issues, the Wilson Center encourages the longer view.

In a city preoccupied by politics, you draw support from all parties and all quarters, with funding from both the public and private sectors.

In this nation's efforts to educate its young -- and see them clear of the threat of drugs -- you are in a position to help us make our battles winning ones.

We need our young people to succeed. Our ability to empower them will, I believe, reflect our character and our ideals as a nation.

Woodrow Wilson put it this way. "The beauty of a Democracy," he said, "is that you never can tell, when a youngster is born, what he is going to do... and that, no matter how humbly he is born... he has got a chance to master the minds and lead the imaginations of the whole country."

Our challenge will be to give all young people the chance to fulfill their highest ambitions, and their God-given potential.

It falls to us, to prove democracy right.

Thank you, and God bless you.