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NIDA NATIONAL INSTITUTE ON DRUG ABUSE
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NATIONAL HIGH SCHOOL SENIOR DRUG ABUSE SURVEY
1975 - 1991
"MONITORING THE FUTURE SURVEY"

The 1991 survey on drug use and related attitudes of America's high school seniors is the 17th in an annual series which began 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 the National Institute on Drug Abuse (NIDA). NIDA's annual support for the Monitoring the Future program is approximately $3 million.

The study is referred to as the High School Senior Survey, since each year approximately 16,000 high school seniors are surveyed, 15,483 in 1991. For the first time, in 1991, a representative sample of approximately 18,000 eighth grade students in 162 private and public schools and 16,000 tenth grade students in 122 public and private schools were also surveyed.

Each year about 6,600 members of previous participating graduating classes, one to ten years past high school, are surveyed by mail. The annual national samples of college students (numbering about 1,400) are part of the followup studies. College students are defined as high school graduates one to four years past high school enrolled full time in a two year or four year college or university.

PROCEDURES AND CONTENT

Data from high school seniors are collected during the spring of each year. Data collection takes place in 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.

The survey covers prevalence of drug use among American high school seniors and trends in use. Sixteen classes and subclasses of drugs are covered, including alcohol, cigarettes (illegal for minors), anabolic steroids, and nonprescription stimulants as well as illicit drugs. Also included are questions on age of first use, trends in use at earlier grade level, 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. Most questions, such as those concerning drug use, are asked of all participants. Some questions dealing with attitudes, beliefs, and perceptions are asked of about one-fifth of the respondents.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Alcohol, Drug Abuse, and Mental Health Administration

High School Senior Survey Trends in Lifetime Prevalence
Percent Who Ever Used

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7
Inhalants	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	17.6	18.0	17.6
Inhalants Adjusted	NA	NA	NA	NA	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	18.6	18.5	18.0
Amyl & Butyl Nitrates	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6
Hallucinogens Adjusted	NA	NA	NA	NA	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	9.9	9.7	10.0
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8
PCP	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.8
Crack	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.4	4.8	4.7	3.5	3.1
Other Cocaine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	12.1	8.5	8.6	7.0
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	1.3	1.3	0.9
Other Opiates*	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6
Stimulants*	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted*	NA	NA	NA	NA	NA	NA	NA	27.9	26.9	27.9	26.2	23.4	21.6	19.8	19.1	17.5	15.4
Crystal Methamphetamine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.7	3.3
Sedatives*	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7
Barbiturates*	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2
Methaqualone*	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3
Tranquilizers*	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2
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	90.7	89.5	88.0
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1
Steroids	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.0	2.9	2.1

Inhalants Adjusted for underreporting of amyl and butyl nitrites.
Hallucinogens Adjusted for underreporting of PCP.
Stimulants Adjusted to exclude inappropriate reporting of nonprescription stimulants.
* Only use not under a doctor's orders included.

Terms: Ever Used: Used at least one time.
Used in Last Year: Used at least once in the 12 months prior to the survey.
Used in Last Month: Used at least once in the 30 days prior to the survey.
Used Daily: Used 20 or more times in the month before the survey.

Source: National Institute on Drug Abuse, Monitoring the Future Study, 1991.

High School Senior Survey Trends in Annual Prevalence
Percent Who Used in Last Twelve Months

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.6	27.0	23.9
Inhalants	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	5.9	6.9	6.6
Inhalants Adjusted	NA	NA	NA	NA	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	6.9	7.5	6.9
Amyl & Butyl Nitrates	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8
Hallucinogens Adjusted	NA	NA	NA	NA	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	6.2	6.0	6.1
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	4.9	5.4	5.2
PCP	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5
Crack	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.9	3.1	3.1	1.9	1.5
Other Cocaine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.8	7.4	5.2	4.6	3.2
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	0.6	0.5	0.4
Other Opiates*	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5
Stimulants*	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted*	NA	NA	NA	NA	NA	NA	NA	20.3	17.9	17.7	15.8	13.4	12.2	10.9	10.8	9.1	8.2
Crystal Methamphetamine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.3	1.4
Sedatives*	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6
Barbiturates*	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4
Methaqualone*	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5
Tranquilizers*	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6
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	82.7	80.6	77.7
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Steroids	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.9	1.7	1.4

Inhalants Adjusted for underreporting of amyl and butyl nitrites.
Hallucinogens Adjusted for underreporting of PCP.
Stimulants Adjusted to exclude inappropriate reporting of nonprescription stimulants.
* Only use not under a doctor's orders included.

Terms: Ever Used: Used at least one time.
Used in Last Year: Used at least once in the 12 months prior to the survey.
Used in Last Month: Used at least once in the 30 days prior to the survey.
Used Daily: Used 20 or more times in the month before the survey.

Source: National Institute on Drug Abuse, Monitoring the Future Study, 1991.

High School Senior Survey Trends in 30-day Prevalence
Percent Who Used in Past Month

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8
Inhalants	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	2.3	2.7	2.4
Inhalants Adjusted	NA	NA	NA	NA	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	2.7	2.9	2.6
Amyl & Butyl Nitrates	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	2.2	2.2	2.2
Hallucinogens Adjusted	NA	NA	NA	NA	5.3	4.4	4.5	4.1	3.5	3.2	3.8	3.5	2.8	2.3	2.9	2.3	2.4
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9
PCP	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	1.4	0.4	0.5
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4
Crack	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.3	1.6	1.4	0.7	0.7
Other Cocaine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.2	1.9	1.7	1.2
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	0.3	0.2	0.2
Other Opiates*	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1
Stimulants*	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted*	NA	NA	NA	NA	NA	NA	NA	10.7	8.9	8.3	6.8	5.5	5.2	4.6	4.2	3.7	3.2
Crystal Methamphetamine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.6	0.6
Sedatives*	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5
Barbiturates*	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4
Methaqualone*	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.6	0.2	0.2
Tranquilizers*	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4
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	60.0	57.1	54.0
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3
Steroids	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.8	0.1	0.8

Inhalants Adjusted for underreporting of amyl and butyl nitrites.
Hallucinogens Adjusted for underreporting of PCP.
Stimulants Adjusted to exclude inappropriate reporting of nonprescription stimulants.
* Only use not under a doctor's orders included.

Terms: Ever Used: Used at least one time.
Used in Last Year: Used at least once in the 12 months prior to the survey.
Used in Last Month: Used at least once in the 30 days prior to the survey.
Used Daily: Used 20 or more times in the month before the survey.

Source: National Institute on Drug Abuse, Monitoring the Future Study, 1991.

High School Senior Survey Trends in Daily Use
Percent Who Used Daily in the Last 30 Days

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0
Inhalants	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	0.2	0.3	0.2
Inhalants Adjusted	NA	NA	NA	NA	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5
Amyl & Butyl Nitrates	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	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	0.1	0.1
Hallucinogens Adjusted	NA	NA	NA	NA	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	0.0	0.3	0.3	0.1
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	0.1	0.1
PCP	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	0.1	0.1
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1
Crack	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.2	0.1	0.1
Other Cocaine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	0.2	0.1	0.1	0.1
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	0.1	0.0	0.0
Other Opiates*	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	0.2	0.1	0.1
Stimulants*	0.5	0.4	0.5	0.5	0.6	0.7	1.2	1.1	1.1	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted*	NA	NA	NA	NA	NA	NA	NA	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2
Crystal Methamphetamine	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1
Sedatives*	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Barbiturates*	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	0.1	0.1	0.1
Methaqualone*	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	0.0	0.0
Tranquilizers*	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	0.1	0.1	0.1
Alcohol																	
Daily	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6
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	33.0	32.2	29.8
Cigarettes																	
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7
Steroids	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.2	0.1

Inhalants Adjusted for underreporting of amyl and butyl nitrites.
Hallucinogens Adjusted for underreporting of PCP.
Stimulants Adjusted to exclude inappropriate reporting of nonprescription stimulants.
* Only use not under a doctor's orders included.
Terms: Ever Used: Used at least one time.
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Used Daily: Used 20 or more times in the month before the survey.
Source: National Institute on Drug Abuse, Monitoring the Future Study, 1991.

NIDA Capsules
NATIONAL INSTITUTE ON DRUG ABUSE

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301-443-6245

The following tables are part of the nationwide survey of drug use among high school seniors, conducted annually for the National Institute on Drug Abuse by the University of Michigan Institute for Social Research. Each year since 1977, some participants from all previously graduated high school classes have been followed through the use of mailed questionnaires. These follow-up surveys include a sample of about 1,200 full time American college students one to four years past high school.

Trends in Annual Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School
Percent who used in the last twelve months

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)
Any Illicit Drug[c]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2
Any Illicit Drug Other Than Marijuana[c]	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2
Marijuana/Hashish	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4	26.5
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9	3.5
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4	6.3
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3	5.1
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6	3.6
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6	0.5
MDMA ("Ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3	0.9
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1
Other Opiates[a]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9	2.7
Stimulants[a]	22.4	22.2	NA	NA	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	4.6	4.5	3.9
Crystal Methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1
Sedatives[a]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA	NA
Barbiturates[a]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4	1.2
Methaqualone[a]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA	NA
Tranquilizers[a]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0	2.4
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0	88.3
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5	35.6

NOTES: 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 in 1980 - 1989, and in five of the six questionnaire forms in 1990 - 1991. Total N in 1991 (for college students) is 1170.

[c]This drug was asked about in one of the five questionnaire forms in 1986, in two of the five questionnaire forms in 1987 - 1989, and in all six forms in 1990 - 1991.

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

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

[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990 - 1991. Total N in 1991 (for college students) is 470.

[g]This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

C-86-6
Revised January 1992

Trends in Thirty-day Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School
Percent who used in the last thirty days

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)
Any Illicit Drug[e]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2
Any Illicit Drug Other Than Marijuana[e]	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3
Marijuana/Hashish	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0	14.1
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0	0.9
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4	1.2
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1	0.8
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	2.8	1.2	1.0
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1	0.3
MDMA ("Ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6	0.2
Heroin	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.1
Other Opiates[a]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5	0.6
Stimulants[a]	13.4	12.3	NA	NA	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	1.3	1.4	1.0
Crystal Methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0
Sedatives[a]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA	NA
Barbiturates[a]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.2	0.2	0.3
Methaqualone[a]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA	NA
Tranquilizers[a]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5	0.6
Alcohol	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5	74.7
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5	23.2

NOTES: 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 in 1980 - 1989, and in five of the six questionnaire forms in 1990 - 1991. Total N in 1991 (for college students) is 1170.

[c]This drug was asked about in two of the five questionnaire forms in 1987 - 1989, and in all six questionnaire forms in 1990 - 1991.

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

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

[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990 - 1991. Total N in 1991 (for college students) is 470.

[g]This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

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1991 Survey Results

from

Monitoring the Future

January 7, 1992

Notes:

1. Young adult data tables (for 19-28 year-olds) have a few drugs for which the data are still being run. These entries are shown as NT for "not tabulated."

2. Comparison of the usage rates across the 8th, 10th, and 12th grade students suggest that for some of the psychotherapeutic prescription-type drug classes, the younger respondents may have been more likely to include non-prescription drugs (specifically, for sedatives and narcotics other than heroin). For example, they may have included cough syrups not containing narcotics. For this reason, we believe the results for the younger children on these drugs need to be viewed with some skepticism at this point. Also for this reason, indexes of illicit drug use have not been included in Table A.

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TABLE A, ROUGH DRAFT

Lifetime, Annual, 30-Day, and Daily Prevalence of Various Types of Drugs 1991

	Lifetime			Annual			30-Day			Daily		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Marijuana/Hashish	10.2	23.4	36.7	6.2	16.5	23.9	3.2	8.7	13.8	0.2	0.8	2.0
Inhalants	17.6	15.7	17.6	9.0	7.1	6.6	4.4	2.7	2.4	0.2	0.1	0.2
Inhalants adj.	—	—	18.0	—	—	6.9	—	—	2.6	—	—	0.5
Amyl/Butyl Nitrites	—	—	1.6	—	—	0.9	—	—	0.4	—	—	0.2
Hallucinogens	3.2	6.1	9.6	1.9	4.0	5.8	0.8	1.6	2.2	0.1	0.0	0.1
Hallucinogens adj.	—	—	10.0	—	—	6.1	—	—	2.4	—	—	0.1
LSD	2.7	5.6	8.8	1.7	3.7	5.2	0.6	1.5	1.9	0.0	0.0	0.1
PCP	—	—	2.9	—	—	1.4	—	—	0.5	—	—	0.1
Other Psychs	1.4	2.2	3.7	0.7	1.3	2.0	0.3	0.4	0.7	0.0	0.0	0.0
Cocaine	2.3	4.1	7.8	1.1	2.2	3.5	0.5	0.7	1.4	0.1	0.1	0.1
"Crack"	1.3	1.7	3.1	0.7	0.9	1.5	0.3	0.3	0.7	0.0	0.0	0.1
Other Cocaine	2.0	3.8	7.0	1.0	2.1	3.2	0.5	0.6	1.2	0.0	0.0	0.1
Heroin	1.2	1.2	0.9	0.7	0.5	0.4	0.3	0.2	0.2	0.0	0.0	0.0
Other Opiates	9.3	10.6	6.6	5.5	6.5	3.5	2.3	2.6	1.1	0.1	0.1	0.1
Stimulants, adj.	10.5	13.2	15.4	6.2	8.2	8.2	2.6	3.3	3.2	0.1	0.1	0.2
Ice	—	—	3.3	—	—	1.4	—	—	0.6	—	—	0.1
Sedatives	—	—	6.7	—	—	3.6	—	—	1.5	—	—	0.1
Barbiturates	6.0	8.1	6.2	3.4	4.4	3.4	1.4	1.7	1.4	0.1	0.0	0.1
Quaaludes	—	—	1.3	—	—	0.5	—	—	0.2	—	—	0.0
Tranquilizers	3.8	5.8	7.2	1.8	3.2	3.6	0.8	1.2	1.4	0.0	0.0	0.1
Alcohol												
Any use	70.1	83.8	88.0	54.0	72.3	77.7	25.1	42.8	54.0	0.5	1.3	3.6
5+ drinks in last 2 weeks	—	—	—	—	—	—	—	—	—	12.9	22.9	29.8
Cigarettes												
Any use	44.0	55.1	63.1	—	—	—	14.3	20.8	28.3	7.2	12.6	18.5
1/2pack+/day	—	—	—	—	—	—	—	—	—	3.1	6.5	10.7
Steroids	1.9	1.8	2.1	1.0	1.1	1.4	0.4	0.6	0.8	0.0	0.1	0.1
Smokeless Tobacco	22.2	28.2	—	—	—	—	6.9	10.0	—	—	—	—
Been Drunk	28.7	50.0	65.4	17.5	40.1	52.7	7.6	20.5	31.6	0.2	0.2	0.9

Footnotes to this table to follow.

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TABLE B
Harmfulness of Drugs as Perceived by Students, 1991

Q. How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"		
	8th Grade	10th Grade	12th Grade
Try marijuana once or twice	41.9	30.9	27.1
Smoke marijuana occasionally	60.0	49.9	40.6
Smoke marijuana regularly	86.8	84.3	78.6
Try "crack" once or twice	65.7	73.4	60.6
Take "crack" occasionally	86.0	91.1	76.5
Try cocaine powder once or twice	58.0	61.5	53.6
Take cocaine powder occasionally	80.4	85.3	69.8
Try inhalants once or twice	38.3	40.3	NA
Take inhalants regularly	69.9	74.4	NA
Try steroids	67.4	70.1	65.6
Take smokeless tobacco regularly	38.0	42.6	NA
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	11.2	9.1	9.1
Take one or two drinks nearly every day	32.3	36.5	32.7
Have five or more drinks once or twice each weekend	60.3	55.4	48.6
Smoke one or more packs of cigarettes per day	52.6	61.3	69.4

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TABLE C

Disapproval of Drug Use by Students, 1991

Q. Do you disapprove of people who. . .	Percent who disapprove or strongly disapprove		
	8th Grade	10th Grade	12th Grade
Try marijuana once or twice	87.0	76.1	68.7
Smoke marijuana occasionally	91.9	85.4	79.4
Smoke marijuana regularly	94.6	92.2	89.3
Try "crack" once or twice	94.6	95.1	92.1
Take "crack" occasionally	96.3	96.9	94.2
Try cocaine powder once or twice	94.0	93.0	88.0
Take cocaine powder occasionally	96.1	96.4	93.0
Try inhalants once or twice	88.9	89.3	NA
Take inhalants regularly	95.0	95.5	NA
Try steroids	92.9	92.9	90.5
Take smokeless tobacco regularly	83.7	78.7	NA
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	52.5	38.1	29.8
Take one or two drinks nearly every day	83.5	82.4	76.5
Have five or more drinks once or twice each weekend	86.5	77.6	67.4
Smoke one or more packs of cigarettes per day	84.3	80.4	71.4

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TABLE D

Perceived Availability of Drugs, 1991

Q. How difficult do you think it would be for you to get. . .	Percentage saying fairly easy or very easy to get		
	8th Grade	10th Grade	12th Grade
Marijuana	28.1	57.6	83.3
LSD	14.0	27.0	39.5
PCP	12.3	20.1	27.6
"Crack"	15.7	28.9	39.9
Cocaine Powder	16.0	29.6	46.0
Heroin	12.6	19.8	30.6
Other narcotics	15.7	24.6	34.6
Amphetamines	23.4	37.4	57.3
Barbiturates	21.0	32.6	42.4
Tranquilizers	17.0	27.9	40.8
Cigarettes	75.8	90.7	NA
Alcohol	66.6	84.3	NA
Crystal Methamphetamine	12.5	17.7	22.3
Steroids	17.2	31.1	54.1

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TABLE 6

Lifetime Prevalence of Use of Various Types of Drugs by Subgroups, Class of 1991

(Entries are percentages)

	MJ	IN[a,b]	NIT[c]	HL[b]	LSD	PCP[c]	COK	CRK	OC[d]	HER	OP	SM[e]	SE[c]	BRB	QU[c]	TRN	ALC	CIG	IC[f]	STD[f]
All Seniors	36.7	17.6	1.6	9.6	8.8	2.9	7.8	3.1	7.0	0.9	6.6	15.4	6.7	6.2	1.3	7.2	88.0	63.1	3.3	2.1
Sex:																				
Male	40.3	20.8	2.3	11.5	10.6	3.5	8.8	3.7	7.8	1.2	7.0	14.9	7.0	6.5	1.4	6.7	88.2	63.5	3.8	3.6
Female	32.8	14.3	1.0	7.5	6.8	2.3	6.6	2.4	5.8	0.6	6.2	15.9	6.1	5.7	0.8	7.5	87.9	62.5	2.8	0.4
College Plans:																				
None or under 4 yrs	43.6	20.7	2.4	12.1	11.2	3.8	10.7	5.1	9.0	1.2	7.9	20.5	8.6	8.3	1.1	8.4	89.5	70.5	4.1	2.8
Complete 4 yrs	33.8	16.5	1.3	8.5	7.7	2.7	6.4	2.3	5.8	0.9	6.1	13.4	5.7	5.2	1.3	6.8	87.6	59.8	3.0	1.7
Region:																				
Northeast	40.4	18.1	1.3	10.8	9.4	3.3	7.8	2.8	6.7	0.7	6.6	13.7	5.3	5.1	1.3	6.0	91.9	64.8	2.4	1.4
North Central	39.3	19.7	1.5	10.1	9.2	2.8	6.7	2.7	5.6	1.3	7.1	18.5	5.5	6.0	1.7	6.0	91.3	67.7	2.9	2.3
South	31.2	15.1	2.0	6.7	6.3	2.9	6.5	2.7	5.9	0.7	5.4	13.9	7.3	6.7	1.3	8.2	85.5	61.1	2.2	2.2
West	39.3	18.7	1.5	12.7	11.7	2.8	11.5	4.8	10.8	0.9	8.0	15.6	6.8	6.5	0.7	8.0	84.5	59.2	6.5	2.1
Population Density:																				
Large SMSA	36.1	15.2	1.6	8.5	7.2	3.6	8.0	2.6	7.3	0.8	6.4	11.8	5.2	4.7	1.4	5.5	88.2	61.5	3.1	1.8
Other SMSA	41.4	19.4	1.6	12.3	11.6	2.6	8.9	3.8	8.0	1.0	7.2	16.5	7.7	7.0	1.3	8.4	89.8	64.1	3.9	2.1
Non-SMSA	29.4	16.7	1.7	5.9	5.4	2.8	5.8	2.5	5.0	0.9	5.8	16.8	6.4	6.0	1.2	6.6	84.9	62.9	2.5	2.2
Parental Education:[g]																				
1.0–2.0 (Low)	38.0	18.7	2.0	8.8	8.0	2.8	9.5	5.0	8.5	1.1	6.0	17.3	7.9	7.9	0.6	8.4	86.2	65.0	3.8	2.8
2.5–3.0	36.8	17.9	1.1	9.0	8.1	2.7	8.2	3.1	7.1	0.8	6.6	16.7	6.4	6.3	0.7	7.6	88.6	63.6	3.1	1.1
3.5–4.0	36.8	17.3	1.9	9.6	8.8	2.7	7.8	3.3	7.1	0.8	6.6	16.1	6.5	5.9	1.5	6.3	88.9	63.8	3.1	2.2
4.5–5.0	35.5	17.6	1.1	9.5	8.6	2.2	6.6	2.4	5.8	0.9	6.7	14.0	5.8	5.5	1.2	7.1	87.6	60.9	3.8	2.6
5.5–6.0 (High)	38.0	18.1	2.3	11.6	11.1	4.5	6.9	2.2	6.5	0.9	7.2	11.4	7.2	5.9	1.5	7.0	89.3	63.2	2.2	1.0

NOTE: See Table 9 for sample sizes.

[a] Data based on five questionnaire forms.

[b] Unadjusted for known underreporting of certain drugs. See text for details.

[c] Data based on one questionnaire form.

[d] Data based on four questionnaire forms.

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

[f] Data based on two questionnaire forms.

[g] Parental education is an average score of mother's education and father's education reported on the following scale: (1) Completed grade school or less, (2) Some high school, (3) Completed high school, (4) Some college, (5) Completed college, (6) Graduate or professional school after college. Missing data was allowed on one of the two variables.

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TABLE 7

Annual Prevalence of Use of Various Types of Drugs by Subgroups, Class of 1991

(Entries are percentages)

	MJ	IN[a,b]	NIT[c]	HL[b]	LSD	PCP[c]	COK	CRK	OC[d]	HER	OP	SM[e]	SE[c]	BARB	QU[c]	TRN	ALC	CIG[h]	IC[f]	STD[f]
All Seniors	23.9	6.6	0.9	5.8	5.2	1.4	3.5	1.5	3.2	0.4	3.5	8.2	3.6	3.4	0.5	3.6	77.7	–	1.4	1.4
Sex:																				
Male	27.2	8.2	1.2	7.5	6.8	2.2	4.1	1.8	3.7	0.6	3.9	8.3	3.5	3.4	0.5	3.5	79.0	–	1.9	2.4
Female	20.1	5.0	0.7	3.9	3.4	0.5	2.6	1.0	2.4	0.3	3.1	7.9	3.4	3.2	0.3	3.6	76.2	–	0.9	0.2
College Plans:																				
None or under 4 yrs	27.6	7.7	1.3	7.0	6.4	2.3	4.9	2.3	4.0	0.5	3.8	11.0	4.4	4.3	0.4	4.2	79.8	–	1.9	2.1
Complete 4 yrs	22.0	6.3	0.8	5.3	4.7	1.1	2.8	1.1	2.8	0.4	3.5	7.0	3.0	2.9	0.4	3.4	77.0	–	1.2	1.2
Region:																				
Northeast	28.2	6.7	0.7	7.0	6.1	1.7	3.8	1.3	3.4	0.2	3.2	6.5	2.8	2.8	0.4	3.0	83.5	–	1.1	1.2
North Central	26.1	8.6	1.0	6.5	5.9	1.2	3.2	1.5	2.9	0.8	4.2	10.1	3.7	3.5	0.6	3.0	82.5	–	1.4	1.4
South	18.1	5.0	1.2	3.7	3.4	1.6	3.0	1.2	2.8	0.4	2.7	7.9	3.6	3.6	0.5	4.0	73.2	–	1.0	1.7
West	26.8	6.8	0.6	7.3	6.5	1.0	4.4	1.8	3.9	0.3	4.4	7.8	3.5	3.3	0.3	4.4	73.8	–	2.2	1.0
Population Density:																				
Large SMSA	24.3	5.2	0.9	5.1	4.3	1.9	4.1	1.2	3.7	0.4	3.3	6.2	2.5	2.4	0.5	2.5	77.9	–	1.3	1.1
Other SMSA	27.5	7.8	0.7	7.7	7.0	1.0	3.7	1.7	3.3	0.4	3.9	8.4	4.2	3.9	0.5	4.1	80.0	–	1.7	1.4
Non-SMSA	17.5	5.8	1.3	3.3	3.0	1.7	2.5	1.2	2.5	0.6	3.1	9.5	3.3	3.3	0.4	3.7	73.8	–	0.8	1.6
Parental Education:[g]																				
1.0–2.0 (Low)	22.4	6.1	0.9	4.9	4.3	0.9	3.5	1.6	3.5	0.5	3.8	9.5	3.6	3.6	0.0	4.0	73.7	–	1.0	2.0
2.5–3.0	22.5	6.6	0.5	4.9	4.4	1.4	3.8	1.5	3.5	0.4	3.2	9.1	3.8	3.7	0.5	3.6	78.1	–	1.1	0.6
3.5–4.0	24.0	6.1	1.3	6.2	5.5	1.4	3.7	1.7	3.2	0.4	3.7	8.9	3.0	3.0	0.2	3.1	78.9	–	1.2	1.6
4.5–5.0	23.8	7.4	0.9	6.1	5.3	1.2	3.1	0.9	2.7	0.6	3.6	6.5	3.4	3.3	0.7	3.9	77.7	–	1.8	1.6
5.5–6.0 (High)	28.2	7.1	0.3	7.3	7.1	1.8	2.4	1.1	2.4	0.5	4.1	5.7	4.2	3.6	0.6	4.0	80.3	–	1.0	0.5

NOTE: See Table 9 for sample sizes.

[a] Data based on five questionnaire forms.

[b] Unadjusted for known underreporting of certain drugs. See text for details.

[c] Data based on one questionnaire form.

[d] Data based on four questionnaire forms.

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

[f] Data based on two questionnaire forms.

[g] Parental education is an average score of mother's education and father's education reported on the following scale: (1) Completed grade school or less, (2) Some high school, (3) Completed high school, (4) Some college, (5) Completed college, (6) Graduate or professional school after college. Missing data was allowed on one of the two variables.

[h] Annual prevalence is not available.

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TABLE 8

Thirty-Day Prevalence of Use of Various Types of Drugs by Subgroups, Class of 1991

(Entries are percentages)

	MJ	IN[a,b]	NIT[c]	HL[b]	LSD	PCP[c]	COK	CRK	OC[d]	HER	OP	SM[e]	SE[c]	BRB	QU[c]	TRN	ALC	CIG	IC[f]	STD[f]
All Seniors	13.8	2.4	0.4	2.2	1.9	0.5	1.4	0.7	1.2	0.2	1.1	3.2	1.5	1.4	0.2	1.4	54.0	28.3	0.6	0.8
Sex:																				
Male	16.1	3.3	0.6	3.1	2.7	0.9	1.7	0.9	1.6	0.3	1.0	3.0	1.5	1.5	0.2	1.2	58.4	29.0	1.0	1.5
Female	11.2	1.6	0.1	1.1	1.0	0.2	0.9	0.5	0.7	0.1	1.1	3.2	1.3	1.3	0.2	1.4	49.0	27.5	0.1	0.0
College Plans:																				
None or under 4 yrs	15.8	3.2	0.5	2.5	2.1	1.1	2.1	1.2	1.7	0.2	1.1	4.8	1.9	1.9	0.3	1.5	57.1	38.1	0.7	1.4
Complete 4 yrs	12.5	2.2	0.3	2.0	1.7	0.3	1.1	0.5	1.0	0.2	1.1	2.6	1.4	1.3	0.2	1.3	52.7	24.2	0.5	0.7
Region:																				
Northeast	17.6	2.2	0.7	3.1	2.5	0.9	1.3	0.8	1.0	0.1	1.2	2.7	1.1	1.1	0.0	1.2	59.6	30.5	0.5	0.8
North Central	14.9	2.9	0.4	2.4	2.0	0.7	1.2	0.6	1.1	0.5	1.3	3.8	1.4	1.4	0.3	1.0	59.7	34.6	0.7	1.0
South	9.7	2.1	0.3	1.2	1.2	0.3	1.2	0.5	1.2	0.1	0.8	3.2	1.8	1.6	0.4	1.6	49.1	25.4	0.3	1.0
West	15.7	2.4	0.0	2.6	2.3	0.3	1.8	0.9	1.5	0.1	1.2	2.8	1.7	1.6	0.1	1.5	49.7	23.2	0.9	0.4
Population Density:																				
Large SMSA	14.3	1.8	0.3	1.6	1.3	0.8	1.5	0.6	1.3	0.2	1.0	2.4	1.2	1.1	0.4	0.9	52.9	26.2	0.3	0.7
Other SMSA	16.3	2.9	0.4	3.1	2.7	0.2	1.6	0.8	1.3	0.2	1.2	3.0	1.7	1.6	0.3	1.5	55.7	29.3	0.7	0.9
Non-SMSA	9.0	2.1	0.3	1.1	1.0	0.9	0.9	0.7	0.8	0.2	0.9	4.1	1.5	1.5	0.0	1.5	52.0	28.6	0.6	0.8
Parental Education[g]																				
1.0–2.0 (Low)	11.7	2.7	0.0	2.2	1.7	0.3	1.8	1.0	1.8	0.3	1.3	3.6	1.9	1.9	0.0	2.1	49.9	31.3	0.3	1.7
2.5–3.0	12.9	2.5	0.3	1.6	1.5	0.6	1.3	0.7	1.1	0.2	1.0	3.6	1.6	1.6	0.4	1.2	53.3	28.7	0.6	0.3
3.5–4.0	13.8	1.9	0.7	2.1	1.8	0.5	1.4	0.8	1.1	0.0	1.0	3.4	1.1	1.1	0.2	0.9	54.3	28.4	0.5	0.9
4.5–5.0	13.7	2.7	0.3	2.4	2.0	0.7	1.2	0.5	0.9	0.4	1.1	2.7	1.5	1.4	0.1	1.5	54.8	26.9	0.8	1.1
5.5–6.0 (High)	17.6	2.5	0.0	3.4	2.9	0.2	0.9	0.5	1.0	0.2	1.5	2.0	1.6	1.4	0.2	1.4	58.0	27.1	0.3	0.5

NOTE: See Table 9 for sample sizes.

[a] Data based on five questionnaire forms.

[b] Unadjusted for known underreporting of certain drugs. See text for details.

[c] Data based on one questionnaire form.

[d] Data based on four questionnaire forms.

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

[f] Data based on two questionnaire forms.

[g] Parental education is an average score of mother's education and father's education reported on the following scale: (1) Completed grade school or less, (2) Some high school, (3) Completed high school, (4) Some college, (5) Completed college, (6) Graduate or professional school after college. Missing data was allowed on one of the two variables.

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TABLE 9

Thirty-Day Prevalence of Daily Use of Marijuana, Alcohol, and Cigarettes by Subgroups, Class of 1991

		Percent who used daily in last thirty days				
			Alcohol		Cigarettes	
	N (Approx.)	Marijuana	Daily	5+ drinks[b]	One or more	Half-pack or more
All Seniors	15000	2.0	3.6	29.8	18.5	10.7
Sex:						
Male	7400	3.0	5.3	37.8	18.8	11.6
Female	7200	0.9	1.6	21.2	17.9	9.5
College Plans:						
None or under 4 yrs	4000	3.3	5.4	34.4	28.4	18.7
Complete 4 yrs	10300	1.4	2.9	27.9	14.1	7.1
Region:						
Northeast	2800	2.4	3.3	33.4	20.9	12.9
North Central	4000	1.9	3.9	34.6	23.0	14.1
South	5100	1.8	4.1	26.3	16.4	8.9
West	3100	2.1	2.7	26.3	13.9	7.2
Population Density:						
Large SMSA	3600	1.9	3.3	28.6	16.7	10.2
Other SMSA	7200	2.5	3.5	30.1	19.0	10.7
Non-SMSA	4200	1.2	4.1	30.4	19.0	11.1
Parental Education[a]						
1.0–2.0 (Low)	1500	2.3	4.2	26.8	21.2	12.5
2.5–3.0	4100	2.4	4.1	29.9	19.8	12.4
3.5–4.0	4200	1.8	3.0	30.4	18.5	10.7
4.5–5.0	3100	1.7	3.1	29.9	16.2	7.9
5.5–6.0 (High)	1500	1.6	4.1	30.6	16.1	9.0

[a] Parental education is an average score of mother's education and father's education reported on the following scale: (1) Completed grade school or less, (2) Some high school, (3) Completed high school, (4) Some college, (5) Completed college, (6) Graduate or professional school after college. Missing data was allowed on one of the two variables.

[b] This measure refers to use of five or more drinks in a row in the past two weeks.

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TABLE 10
Trends in Lifetime Prevalence of Various Types of Drugs

Percent ever used

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Any Illicit Drug Use[a]	*55.2*	*58.3*	*61.6*	*64.1*	*65.1*	*65.4*	*65.6*	*65.8*	*64.1*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*64.4*	*62.9*	*61.6*	*60.6*	*57.6*	*56.6*	*53.9*	*50.9*	*47.9*	*44.1*	*–3.8sss*
Any Illicit Drug Other Than Marijuana[c]	*36.2*	*35.4*	*35.8*	*36.5*	*37.4*	*38.7*	*42.8*	*45.0*	*44.4*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*41.1*	*40.4*	*40.3*	*39.7*	*37.7*	*35.8*	*32.5*	*31.4*	*29.4*	*26.9*	*–2.5ss*
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	–4.0sss
Inhalants[d]	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	17.6	18.0	17.6	–0.4
Inhalants Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*18.2*	*17.3*	*17.2*	*17.7*	*18.2*	*18.0*	*18.1*	*20.1*	*18.6*	*17.5*	*18.6*	*18.5*	*18.0*	*–0.5*
Amyl & Butyl Nitrites[f,g]	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	–0.5
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	+0.2
Hallucinogens Adjusted[h]	*NA*	*NA*	*NA*	*NA*	*17.7*	*15.6*	*15.3*	*14.3*	*13.6*	*12.3*	*12.1*	*11.9*	*10.6*	*9.2*	*9.9*	*9.7*	*10.0*	*+0.3*
LSD[f,g]	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	+0.1
PCP[f,g]	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	+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	10.3	9.4	7.8	–1.6ss
"Crack"[i]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.4	4.8	4.7	3.5	3.1	–0.4
Other cocaine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	12.1	8.5	8.6	7.0	–1.6ss
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	1.3	1.3	0.9	–0.4s
Other opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	–1.7sss
Stimulants[k]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[b,k]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*27.9*	*26.9*	*27.9*	*26.2*	*23.4*	*21.6*	*19.8*	*19.1*	*17.5*	*15.4*	*–2.1ss*
Crystal Methamphetamine[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.7	3.3	+0.6
Sedatives[k,m]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	–0.8
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	–0.6
Methaqualone[k,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	–1.0s
Tranquilizers[k]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	0.0
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	90.7	89.5	88.0	–1.5
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	–1.3
Steroids[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.0	2.9	2.1	–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.

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

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

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

[d] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[f] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[g] Question text changed slightly in 1987.

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

[i] Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[j] Data based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

[l] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[m] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991; N is one-sixth of N indicated in 1990–1991.

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TABLE 11
Trends in Annual Prevalence of Various Types of Drugs

Percent who used in last twelve months

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Any Illicit Drug Use[a]	*45.0*	*48.1*	*51.1*	*53.8*	*54.2*	*53.1*	*52.1*	*50.8*	*49.1*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*49.4*	*47.4*	*45.8*	*46.3*	*44.3*	*41.7*	*38.5*	*35.4*	*32.5*	*29.4*	*–3.1sss*
Any Illicit Drug Other Than Marijuana[c]	*26.2*	*25.4*	*26.0*	*27.1*	*28.2*	*30.4*	*34.0*	*33.8*	*32.5*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*30.1*	*28.4*	*28.0*	*27.4*	*25.9*	*24.1*	*21.1*	*20.0*	*17.9*	*16.2*	*–1.7s*
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.6	27.0	23.9	–3.1ss
Inhalants[d]	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	5.9	6.9	6.6	–0.3
Inhalants Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*8.9*	*7.9*	*6.1*	*6.6*	*6.2*	*7.2*	*7.5*	*8.9*	*8.1*	*7.1*	*6.9*	*7.5*	*6.9*	*–0.6*
Amyl/Butyl Nitrites[f,g]	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	–0.5
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	–0.1
Hallucinogens Adjusted[h]	*NA*	*NA*	*NA*	*NA*	*11.8*	*10.4*	*10.1*	*9.0*	*8.3*	*7.3*	*7.6*	*7.6*	*6.7*	*5.8*	*6.2*	*6.0*	*6.1*	*+0.1*
LSD[f,g]	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	4.9	5.4	5.2	–0.2
PCP[f,g]	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	+0.2
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	–1.8sss
"Crack"[i]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.9	3.1	3.1	1.9	1.5	–0.4
Other cocaine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.8	7.4	5.2	4.6	3.2	–1.4sss
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	0.6	0.5	0.4	–0.1
Other opiates[k]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	–1.0ss
Stimulants[k]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[b,k]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*20.3*	*17.9*	*17.7*	*15.8*	*13.4*	*12.2*	*10.9*	*10.8*	*9.1*	*8.2*	*–0.9*
Crystal Methamphetamine[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.3	1.4	+0.1
Sedatives[k,m]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	0.0
Barbiturates[k]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	0.0
Methaqualone[k,m]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	–0.2
Tranquilizers[k]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	+0.1
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	82.7	80.6	77.7	–2.9ss
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Steroids[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.9	1.7	1.4	–0.3

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

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

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

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

[d] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[f] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[g] Question text changed slightly in 1987.

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

[i] Data based on a single questionnaire form in 1986; N is one-fifth of N indicated. Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[j] Data based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

[l] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[m] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991. N is one-sixth of N indicated in 1990–1991.

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TABLE 12
Trends in Thirty-Day Prevalence of Various 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	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Any Illicit Drug Use[a]	*30.7*	*34.2*	*37.6*	*38.9*	*38.9*	*37.2*	*36.9*	*33.5*	*32.4*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*32.5*	*30.5*	*29.2*	*29.7*	*27.1*	*24.7*	*21.3*	*19.7*	*17.2*	*16.4*	*–0.8*
Any Illicit Drug Other Than Marijuana[c]	*15.4*	*13.9*	*15.2*	*15.1*	*16.8*	*18.4*	*21.7*	*19.2*	*18.4*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*17.0*	*15.4*	*15.1*	*14.9*	*13.2*	*11.6*	*10.0*	*9.1*	*8.0*	*7.1*	*–0.9s*
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	–0.2
Inhalants[d]	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	2.3	2.7	2.4	–0.3
Inhalants Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*3.2*	*2.7*	*2.5*	*2.5*	*2.5*	*2.6*	*3.0*	*3.2*	*3.5*	*3.0*	*2.7*	*2.9*	*2.6*	*–0.3*
Amyl/Butyl Nitrites[f,g]	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	–0.2
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	2.2	2.2	2.2	0.0
Hallucinogens Adjusted[h]	*NA*	*NA*	*NA*	*NA*	*5.3*	*4.4*	*4.5*	*4.1*	*3.5*	*3.2*	*3.8*	*3.5*	*2.8*	*2.3*	*2.9*	*2.3*	*2.4*	*+0.1*
LSD[f,g]	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	0.0
PCP[f,g]	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	1.4	0.4	0.5	+0.1
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4	–0.5s
"Crack"[i]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.3	1.6	1.4	0.7	0.7	0.0
Other cocaine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.2	1.9	1.7	1.2	–0.5ss
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	0.3	0.2	0.2	0.0
Other opiates[k]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	–0.4s
Stimulants[k]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[b,k]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*10.7*	*8.9*	*8.3*	*6.8*	*5.5*	*5.2*	*4.6*	*4.2*	*3.7*	*3.2*	*–0.5*
Crystal Methamphetamine[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.6	0.6	0.0
Sedatives[k,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	+0.1
Barbiturates[k]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	+0.1
Methaqualone[k,m]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.6	0.2	0.2	0.0
Tranquilizers[k]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	+0.2
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	60.0	57.1	54.0	–3.1s
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3	–1.1
Steroids[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.8	1.0	0.8	–0.2

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

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

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

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

[d] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[f] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[g] Question text changed slightly in 1987.

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

[i] Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[j] Data based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

[l] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[m] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991; N is one-sixth of N indicated in 1990–1991.

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TABLE 13
Trends in Thirty-Day Prevalence of Daily Use of Various Types of Drugs

Percent who used daily in last thirty days

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	–0.2
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	0.2	0.3	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*	*0.3*	*0.3*	*0.5*	*+0.2*
Amyl & Butyl Nitrites[c,d]	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	+0.1
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	0.1	0.1	0.0
Hallucinogens Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*0.2*	*0.2*	*0.1*	*0.2*	*0.2*	*0.2*	*0.3*	*0.3*	*0.2*	*0.0*	*0.3*	*0.3*	*0.1*	*–0.2*
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	0.1	0.1	0.0
PCP[c,d]	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	0.1	0.1	0.0
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.0
"Crack"[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.2	0.1	0.1	0.0
Other cocaine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	0.2	0.1	0.1	0.1	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	0.1	0.0	0.0	0.0
Other opiates[h]	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	0.2	0.1	0.1	0.0
Stimulants[h]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	1.1	1.1	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[h,i]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*0.7*	*0.8*	*0.6*	*0.4*	*0.3*	*0.3*	*0.3*	*0.3*	*0.2*	*0.2*	*0.0*
Crystal Methamphetamine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	–0.1
Sedatives[h,k]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Barbiturates[h]	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	0.1	0.1	0.1	0.0
Methaqualone[h,k]	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	0.0	0.0	0.0
Tranquilizers[h]	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	0.1	0.1	0.1	0.0
Alcohol																		
Daily	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6	–0.1
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	33.0	32.2	29.8	–2.4
Cigarettes																		
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5	–0.6
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	–0.6
Steroids[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.2	0.1	–0.1

NOTES: Level of significance of difference between the two most recent classes: s =.05, ss =.01, sss =.001. NA indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error.

[a] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[c] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[d] Question text changed slightly in 1987.

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

[f] Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[g] Data were based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

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

[j] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[k] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991; N is one-sixth of N indicated in 1990–1991.

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TABLE 18

Trends in Harmfulness of Drugs as Perceived by Seniors

Q. How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"[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	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	23.6	23.1	27.1	+4.0ss
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	31.7	36.5	36.9	40.6	+3.7s
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	77.0	77.5	77.8	78.6	+0.8
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	46.0	44.7	46.6	+1.9
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	84.2	84.3	84.5	84.3	–0.2
Try PCP once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	55.6	58.8	56.6	55.2	51.7	–3.5
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	0.0
Take cocaine occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54.2	66.8	69.2	71.8	73.9	75.5	+1.6
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	89.2	90.2	91.1	90.4	–0.7
Try "crack" once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	57.0	62.1	62.9	64.3	60.6	–3.7s
Take "crack" occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	70.4	73.2	75.3	80.4	76.5	–3.9ss
Take "crack" regularly	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	84.6	84.8	85.6	91.6	90.1	–1.5
Try cocaine powder once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	45.3	51.7	53.8	53.9	53.6	–0.3
Take cocaine powder occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	56.8	61.9	65.8	71.1	69.8	–1.3
Take cocaine powder regularly	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	81.4	82.9	83.9	90.2	88.9	–1.3
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	53.8	55.4	55.2	–0.2
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	75.5	76.6	74.9	–1.7
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	88.8	89.5	90.2	89.6	–0.6
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	32.8	32.2	36.3	+4.1s
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	71.2	71.2	74.1	+2.9
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	32.2	32.4	35.1	+2.7
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	70.5	70.2	70.5	+0.3
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	6.0	6.0	8.3	9.1	+0.8
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	28.5	31.3	32.7	+1.4
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	69.8	70.9	69.5	–1.4
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	44.0	47.1	48.6	+1.5
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	68.0	67.2	68.2	69.4	+1.2
Approx. N =	(2804)	(2918)	(3052)	(3770)	(3250)	(3234)	(3604)	(3557)	(3305)	(3262)	(3250)	(3020)	(3315)	(3276)	(2796)	(2553)	(2549)	

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.

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TABLE 19

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]																	
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	+0.9
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	−1.1
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	−1.7
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	89.7	89.8	90.1	+0.3
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	+0.1
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	+2.1s
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	+0.6
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	+0.9
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	97.2	96.7	97.3	+0.6
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	+0.3
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	+1.2
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	+0.5
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	89.3	90.5	90.6	+0.1
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	95.3	96.4	97.1	+0.7
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	+0.4
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	76.5	77.9	76.5	−1.4
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.6	91.9	90.6	−1.3
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	68.9	67.4	−1.5
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	72.4	72.8	71.4	−1.4
Approx. N =	(2677)	(2957)	(3085)	(3686)	(3221)	(3261)	(3610)	(3651)	(3341)	(3254)	(3265)	(3113)	(3302)	(3311)	(2799)	(2566)	(2547)	

NOTE: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.
[a]Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.
[b]The 1975 question asked about people who are "20 or older."

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TABLE 25

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]																	
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	–1.1
Amyl & Butyl Nitrites	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	23.9	25.9	26.8	24.4	22.7	–1.7
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	–1.2
PCP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	22.8	24.9	28.9	27.7	27.6	–0.1
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	28.2	28.3	28.0	–0.3
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	–3.5s
"Crack"	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	41.1	42.1	47.0	42.4	39.9	–2.5
Cocaine powder	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	52.9	50.3	53.7	49.0	46.0	–3.0
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	–1.3
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	–3.5s
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	–2.4
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	–3.5s
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	–3.9s
Approx. N =	(2627)	(2865)	(3065)	(3598)	(3172)	(3240)	(3578)	(3602)	(3385)	(3269)	(3274)	(3077)	(3271)	(3231)	(2806)	(2549)	(2476)	

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) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

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TABLE 37

Trends in Lifetime[k] Prevalence of Various Types of Drugs

Among Respondents of Modal Age 19–28

(Entries are percentages)

	Percent who used in lifetime						
	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Any Illicit Drug[h]	70.5	69.9	67.9	66.4	64.5	62.2	–2.3ss
Any Illicit Drug[h] Other than Marijuana	48.4	47.0	44.6	42.7	40.8	37.8	–3.0sss
Marijuana	66.5	66.0	63.8	62.8	60.2	58.6	–1.6
Inhalants[b]	12.3	12.7	12.6	13.2	12.5	13.4	+0.9
Inhalants, Adjusted[b,e]	18.6	15.7	15.0	NA	13.5	NT	NT
Nitrites[f]	12.6	6.9	6.2	NA	1.9	NT	NT
Hallucinogens	18.5	17.1	17.0	15.9	16.1	15.7	–0.4
Hallucinogens, Adjusted[g]	20.1	17.2	17.2	NA	16.5	NT	NT
LSD	14.6	13.7	13.8	12.7	13.5	13.5	0.0
PCP[f]	8.4	4.8	5.0	NA	2.5	NT	NT
Cocaine	32.0	29.3	28.2	25.8	23.7	21.0	–2.7sss
Crack[c]	NA	6.3	6.9	6.1	5.1	4.8	–0.3
Other Cocaine[j]	NA	28.2	25.2	25.4	22.1	19.8	–2.3ss
MDMA ("Ecstasy")[i]	NA	NA	NA	3.3	3.7	3.2	–0.5
Heroin	1.3	1.3	1.1	1.0	0.9	0.9	0.0
Other Opiates[a]	10.7	10.6	9.8	9.6	9.4	9.3	–0.1
Stimulants, Adjusted[a,d]	32.3	30.8	28.8	25.3	24.4	22.4	–2.0ss
Crystal Methamphetamine ("Ice")[i]	NA	NA	NA	NA	2.5	2.9	+0.4
Sedatives[a]	16.7	15.0	13.2	12.1	NA	NA	NA
Barbiturates[a]	11.1	9.7	8.9	7.9	8.7	8.2	–0.5
Methaqualone[a]	13.1	11.6	9.7	8.7	NA	NA	NA
Tranquilizers[a]	17.6	16.5	15.1	13.5	12.9	11.8	–1.1s
Alcohol	94.8	94.9	94.8	94.5	94.3	94.1	–0.2
Cigarettes	NA	NA	NA	NA	NA	NA	NA
Steroids[f]	NA	NA	NA	1.1	1.2	NT	NT

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

NA indicates data not available, NT indicates data not yet tabulated.

[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 in 1986–89, and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5500.

[c] This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f] This drug was asked about in one questionnaire form. Total N in 1991 is approximately 1200.

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

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

[i] This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2400.

[j] This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4200.

[k] Lifetime prevalence is uncorrected for any cross-time inconsistencies in responding. See text.

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TABLE 38

Trends in Annual Prevalence of Various Types of Drugs

Among Respondents of Modal Age 19–28

(Entries are percentages)

	Percent who used in last twelve months						
	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Any Illicit Drug[h]	41.9	39.3	36.3	32.8	30.7	27.0	–3.7sss
Any Illicit Drug Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	–2.4sss
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	–2.3ss
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	+0.1
Inhalants, Adjusted[b,e]	3.0	2.8	2.4	NA	2.1	NT	NT
Nitrites[f]	2.0	1.3	1.0	NA	0.4	NT	NT
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	+0.4
Hallucinogens, Adjusted[g]	4.9	4.1	3.9	NA	4.2	NT	NT
LSD	3.0	2.9	2.9	2.7	3.3	3.8	+0.5
PCP[f]	0.8	0.4	0.4	NA	0.2	NT	NT
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	–2.4sss
Crack[c]	3.2	3.1	3.1	2.5	1.6	1.2	–0.4s
Other Cocaine[j]	NA	13.6	11.9	10.3	8.1	5.4	–2.7sss
MDMA ("Ecstasy")[i]	NA	NA	NA	1.4	1.5	0.8	–0.7s
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.0
Other Opiates[a]	3.1	3.1	2.7	2.8	2.7	2.5	–0.2
Stimulants, Adjusted[a,d]	10.6	8.7	7.3	5.8	5.2	4.3	–0.9s
Crystal Methamphetamine ("Ice")[i]	NA	NA	NA	NA	0.4	0.3	–0.1
Sedatives[a]	3.0	2.5	2.1	1.8	NA	NA	NA
Barbiturates[a]	2.3	2.1	1.8	1.7	1.9	1.8	–0.1
Methaqualone[a]	1.3	0.9	0.5	0.3	NA	NA	NA
Tranquilizers[a]	5.4	5.1	4.2	3.7	3.7	3.5	–0.2
Alcohol	88.6	89.4	88.6	88.1	87.4	86.9	–0.5
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	+0.6
Steroids[f]	NA	NA	NA	0.5	0.3	NT	NT

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

NA indicates data not available, NT indicates data not yet tabulated.

[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 in 1986–89 (N was four-fifths of N indicated), and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5500.

[c] This drug was asked about in one of the five questionnaire forms in 1986, in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f] This drug was asked about in one questionnaire form. Total N in 1990 is approximately 1200.

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

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

[i] This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2400.

[j] This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4200.

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TABLE 39

Trends in Thirty-Day Prevalence of Various Types of Drugs

Among Respondents of Modal Age 19–28

(Entries are percentages)

	Percent who used in last thirty days						
	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Any Illicit Drug[h]	25.8	23.4	20.5	17.7	15.9	15.1	–0.8
Any Illicit Drug Other than Marijuana	13.0	10.7	9.5	7.5	6.0	5.4	–0.6
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	–0.4
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	–0.1
Inhalants, Adjusted[b,e]	0.7	0.9	0.9	NA	0.7	NT	NT
Nitrites[f]	0.5	0.5	0.4	NA	0.1	NT	NT
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	+0.2
Hallucinogens, Adjusted[g]	1.4	1.2	1.1	NA	1.0	NT	NT
LSD	0.9	0.8	0.8	0.8	0.6	0.8	+0.2
PCP[f]	0.2	0.1	0.3	NA	0.2	NT	NT
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	–0.4
Crack[c]	NA	1.0	1.2	0.7	0.4	0.4	0.0
Other Cocaine[j]	NA	4.8	4.8	3.4	2.1	1.8	–0.3
MDMA[i]	NA	NA	NA	0.4	0.2	0.1	–0.1
Heroin	0.1	0.1	0.1	0.1	0.1	0.0	–0.1
Other Opiates[a]	0.9	0.9	0.7	0.7	0.7	0.6	–0.1
Stimulants, Adjusted[a,d]	4.0	3.2	2.7	2.1	1.9	1.5	–0.4
Crystal Methamphetamine("Ice")[i]	NA	NA	NA	NA	0.1	0.0	–0.1
Sedatives[a]	0.9	0.8	0.7	0.5	NA	NA	NA
Barbiturates[a]	0.7	0.7	0.7	0.5	0.6	0.5	–0.1
Methaqualone[a]	0.3	0.2	0.1	0.0	NA	NA	NA
Tranquilizers[a]	1.8	1.6	1.4	1.2	1.1	0.9	–0.2
Alcohol	75.1	75.4	74.0	72.4	71.2	70.6	–0.6
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	+0.5
Steroids[f]	NA	NA	NA	0.2	0.1	NT	NT

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

NA indicates data not available, NT indicates data not yet tabulated.

[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 in 1986–89 (N was four-fifths of N indicated), and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5500.

[c]This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f]This drug was asked about in one questionnaire form. Total N in 1991 is approximately 1200.

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

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

[i]This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2400.

[j]This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4200.

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TABLE 40

Trends in Thirty-Day Prevalence of Daily Use of Various Types of Drugs

Among Respondents of Modal Age 19–28
(Entries are percentages)

	Percent using daily in last thirty days						
	1986	1987	1988	1989	1990	1991	'90–'91 change[h]
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Marijuana	4.1	4.2	3.3	3.2	2.5	2.3	–0.2
Inhalants[b]	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Inhalants, Adjusted[b,e]	0.0	0.0	0.0	NA	0.1	NT	NT
Nitrites[f]	0.0	0.0	0.1	NA	0.1	NT	NT
Hallucinogens	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hallucinogens, Adjusted[g]	0.0	0.0	0.0	NA	0.0	NT	NT
LSD[f]	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PCP[f]	0.0	0.0	0.1	NA	0.1	NT	NT
Cocaine	0.2	0.1	0.2	0.1	0.0	0.1	+0.1
Crack[c]	NA	0.0	0.1	0.0	0.0	0.0	0.0
Other Cocaine[j]	NA	0.1	0.1	0.0	0.0	0.1	+0.1
MDMA ("Ecstasy")[i]	NA	NA	NA	0.0	0.0	0.0	0.0
Heroin	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Opiates[a]	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Stimulants, Adjusted[a,d]	0.2	0.2	0.1	0.1	0.1	0.1	0.0
Crystal Methamphetamine ("Ice")[i]	NA	NA	NA	NA	0.0	0.0	0.0
Sedatives[a]	0.0	0.0	0.1	0.0	NA	NA	NA
Barbiturates[a]	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Methaqualone[a]	0.0	0.0	0.0	0.0	NA	NA	NA
Tranquilizers[a]	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alcohol							
Daily	6.1	6.6	6.1	5.5	4.7	4.9	+0.2
5+ drinks in a row in last 2 weeks	36.1	36.2	35.2	34.8	34.3	34.7	+0.4
Cigarettes							
Daily	25.2	24.8	22.7	22.4	21.3	21.7	+0.4
Half-pack or more per day	20.2	19.8	17.7	17.3	16.7	16.0	–0.7
Steroids[f]	NA	NA	NA	0.0	0.0	0.0	0.0

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

NA indicates data not available, NT indicates data not yet tabulated. [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 in 1986–89, and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5500.

[c]This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f]This drug was asked about in one questionnaire form. Total N in 1991 is approximately 1200.

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

[h]Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding.

[i]This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2400.

[j]This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4200.

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TABLE 53

Trends in Lifetime[e] Prevalence of Various Types of Drugs

Among College Students 1–4 Years Beyond High School

(Entries are percentages)

	Percent who used in lifetime												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Any Illicit Drug[f]	69.4	66.8	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0	50.4	–3.6
Any Illicit Drug Other than Marijuana	42.2	41.3	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4	25.8	–2.6
Marijuana	65.0	63.3	60.5	63.1	59.0	60.6	57.9	55.8	54.3	51.3	49.1	46.3	–2.8
Inhalants[b]	10.2	8.8	10.6	11.0	10.4	10.6	11.0	13.2	12.6	15.0	13.9	14.4	+0.5
Hallucinogens	15.0	12.0	15.0	12.2	12.9	11.4	11.2	10.9	10.2	10.7	11.2	11.3	+0.1
LSD	10.3	8.5	11.5	8.8	9.4	7.4	7.7	8.0	7.5	7.8	9.1	9.6	+0.5
Cocaine	22.0	21.5	22.4	23.1	21.7	22.9	23.3	20.6	15.8	14.6	11.4	9.4	–2.0
Crack[c]	NA	NA	NA	NA	NA	NA	NA	3.3	3.4	2.4	1.4	1.5	+0.1
MDMA ("Ecstasy")[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.8	3.9	2.0	–1.9
Heroin	0.9	0.6	0.5	0.3	0.5	0.4	0.4	0.6	0.3	0.7	0.3	0.5	+0.2
Other Opiates[a]	8.9	8.3	8.1	8.4	8.9	6.3	8.8	7.6	6.3	7.6	6.8	7.3	+0.5
Stimulants[a]	29.5	29.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	30.1	27.8	27.8	25.4	22.3	19.8	17.7	14.6	13.2	13.0	–0.2
Crystal methamphetamine[h]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.0	1.3	+0.3
Sedatives[a]	13.7	14.2	14.1	12.2	10.8	9.3	8.0	6.1	4.7	4.1	NA	NA	NA
Barbiturates[a]	8.1	7.8	8.2	6.6	6.4	4.9	5.4	3.5	3.6	3.2	3.8	3.5	–0.3
Methaqualone[a]	10.3	10.4	11.1	9.2	9.0	7.2	5.8	4.1	2.2	2.4	NA	NA	NA
Tranquilizers[a]	15.2	11.4	11.7	10.8	10.8	9.8	10.7	8.7	8.0	8.0	7.1	6.8	–0.3
Alcohol	94.3	95.2	95.2	95.0	94.2	95.3	94.9	94.1	94.9	93.7	93.1	93.6	+0.5

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 in 1980–89, and in five of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 1170.

[c] This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

[e] Data are uncorrected for cross-time inconsistencies in the answers.

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

[g] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 470.

[h] This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

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TABLE 54

Trends in Annual Prevalence of Various Types of Drugs

Among College Students 1–4 Years Beyond High School

(Entries are percentages)

	Percent who used in last twelve months												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Any Illicit Drug[e]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2	–4.1s
Any Illicit Drug Other than Marijuana	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2	–2.0
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4	26.5	–2.9
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9	3.5	–0.4
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4	6.3	+0.9
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3	5.1	+0.8
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6	3.6	–2.0s
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6	0.5	–0.1
MDMA ("Ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3	0.9	–1.4
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.0
Other Opiates[a]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9	2.7	–0.2
Stimulants[a]	22.4	22.2	NA	NA	NA	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	4.6	4.5	3.9	–0.6
Crystal methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.0
Sedatives[a]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA	NA	NA
Barbiturates[a]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4	1.2	–0.2
Methaqualone[a]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA	NA	NA
Tranquilizers[a]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0	2.4	–0.6
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0	88.3	–0.7
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5	35.6	+0.1

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 in 1980–89, and in five of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 1170.

[c] This drug was asked about in one of the five questionnaire forms in 1986, in two of the five questionnaire forms in 1987–89, and in all six forms in 1990–1991.

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

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

[f] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 470.

[g] This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

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TABLE 55

Trends in Thirty-Day Prevalence of Various Types of Drugs

Among College Students 1–4 Years Beyond High School

(Entries are percentages)

	Percent who used in last thirty days												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Any Illicit Drug[e]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2	0.0
Any Illicit Drug Other than Marijuana	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3	–0.1
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0	14.1	+0.1
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0	0.9	–0.1
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4	1.2	–0.2
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1	0.8	–0.3
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	2.8	1.2	1.0	–0.2
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1	0.3	+0.2
MDMA ("Ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6	0.2	–0.4
Heroin	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.1	+0.1
Other Opiates[a]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5	0.6	+0.1
Stimulants[a]	13.4	12.3	NA	NA	NA	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	1.3	1.4	1.0	–0.4
Crystal methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0	0.0
Sedatives[a]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA	NA	NA
Barbiturates[a]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.2	0.2	0.3	+0.1
Methaqualone[a]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA	NA	NA
Tranquilizers[a]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5	0.6	+0.1
Alcohol	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5	74.7	+0.2
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5	23.2	+1.7

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 question was asked in four of the five questionnaire forms in 1980–89, and in five of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 1170.

[c] This question was asked in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 470.

[g] This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

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TABLE 56

Trends in Thirty-Day Prevalence of Daily Use for Marijuana, Cocaine, Stimulants, Alcohol, and Cigarettes

Among College Students 1–4 Years Beyond High School

(Entries are percentages)

	Percent who used daily in last thirty days												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Marijuana	7.2	5.6	4.2	3.8	3.6	3.1	2.1	2.3	1.8	2.6	1.7	1.8	+0.1
Cocaine	0.2	0.0	0.3	0.1	0.4	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0
Stimulants[a]	0.5	0.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,b]	NA	NA	0.3	0.2	0.2	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Alcohol													
Daily	6.5	5.5	6.1	6.1	6.6	5.0	4.6	6.0	4.9	4.0	3.8	4.1	+0.3
5+ drinks in a row in last 2 weeks	43.9	43.6	44.0	43.1	45.4	44.6	45.0	42.8	43.2	41.7	41.0	42.8	+1.8
Cigarettes													
Daily	18.3	17.1	16.2	15.3	14.7	14.2	12.7	13.9	12.4	12.2	12.1	13.8	+1.7
Half-pack or more per day	12.7	11.9	10.5	9.6	10.2	9.4	8.3	8.2	7.3	6.7	8.2	8.0	–0.2

NOTES: For all drugs not included here, daily use is below 0.5% in all years. Level of significance of difference between the two most recent years:
s =.05, ss =.01, sss =.001.
NA indicates data not available, NT indicates data not yet tabulated.

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

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

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HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Monday, January 27, 1992

Mona Brown (301) 443-6245
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HHS Secretary Louis W. Sullivan, M.D., today announced that the federal government's 17th annual survey of high school seniors shows significant decreases in drug use from 1990 to 1991, with the rate of "any illicit drug use within the past year" down from 33 percent to 29 percent -- or approximately half the 1980 rate.

"I am pleased and proud to report," Secretary Sullivan said, "that drug use by America's seniors in 1991 stood at its lowest level since our senior surveys began in 1975."

"Overall, the High School Senior Survey agrees with the findings on adolescents in the 1991 National Household Survey on Drug Abuse -- we are making substantial and significant progress in reducing adolescent drug use in the United States," said Governor Bob Martinez, Director of the Office of National Drug Control Policy.

The survey was conducted by the University of Michigan's Institute for Social Research under a grant from the National Institute on Drug Abuse, a component of the Alcohol, Drug Abuse, and Mental Health Administration. In 1991, the researchers surveyed 15,483 seniors from public and private school graduating

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classes of 1991. It showed statistically significant decreases* in:

- o "current" use (within last 30 days) of:
  - cocaine, down from 1.9 percent in 1990 to 1.4 percent in 1991, a drop of 73 percent since 1980,
  - alcohol, down from 57 percent to 54 percent, a 25 percent drop since 1980,

- o "annual" use of:
  - any illicit drugs, down from 33 percent in 1990 to 29 percent in 1991,
  - alcohol, down from 81 percent in 1990 to 78 percent in 1991,
  - marijuana, down from 27 percent to 24 percent between 1990 and 1991, half the rate of 1980,
  - cocaine, down from 5.3 percent in 1990 to 3.5 percent in 1991, a drop of nearly three-quarters since 1980,

- o "lifetime" use of:
  - any illicit drugs, down from 48 percent in 1990 to 44 percent in 1991,
  - cocaine, down from 9.4 percent in 1990 to 7.8 percent in 1991,
  - marijuana, down from 41 percent in 1990 to 37 percent in 1991,
  - heroin, down from 1.3 percent in 1990 to 0.9 percent in 1991.

"Moreover, there were <u>no increases</u> in any drug category from 1990 to 1991," Secretary Sullivan said.

"This is the best news we have had since these surveys began," he continued. "It means that the Nation's prevention and education efforts are paying off in genuine progress, and that we are creating an environment in which even trying drugs is becoming unacceptable."

Among "the very positive trends," Secretary Sullivan said, there are two areas "where we have concerns because previous gains appear to be leveling off":

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o "current" users of crack, down 56 percent since the Administration took office, has leveled off at 0.7 percent of seniors,

o "daily" users of alcohol, while down by almost half from the earlier peak, remained at 3.6 percent from 1990 to 1991.

Frederick K. Goodwin, M.D., ADAMHA administrator, said, "In these two areas, we have reached a point where the remaining users are more likely to represent an addicted or addiction-prone population, often combined with other problems, who will require more outreach and better treatment based in continued research discoveries."

James O. Mason, M.D., assistant secretary for health and head of the U.S. Public Health Service, said, "Our young people, with good sense, have responded to the evidence that drugs can limit their futures. Decreased drug use will mean a more able and competitive new generation of workers, doctors, scientists, teachers and managers for our nation -- and for this we have hundreds of volunteer organizations and civic groups, along with hundreds of broadcast outlets, newspapers and magazines, to thank. They have joined the federal government in producing a mighty educational campaign -- that is working.

"But this is no time to let down our guard. Nor should we forget that there are persisting problems among drop-outs and other groups that need attention."

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High School Senior Perceptions

Students have an increased understanding of the harm posed by drugs. For instance, the 1991 survey found an increase in the percentage of seniors who perceive "great risk" in trying marijuana "once or twice," (23 percent in 1990 and 27 percent in 1991) and in smoking marijuana "occasionally" (37 percent in 1990 and 41 percent in 1991).

However, the survey found a small decrease in perception of harmfulness from occasional crack use among 1991 seniors. "While 9 out of 10 seniors realize the danger of regular crack use, it is disturbing to see that a number of them (approximately 1 in 4) do not appreciate the harmful effects of occasional use," Dr. Mason said.

Other Survey Results

o Current use of hallucinogens by high school seniors, while less than half its earlier peak, remained steady at 2.4 percent over the last year.

"Current use of LSD remained at 1.9 percent in 1991, disputing anecdotal reports of increased LSD use," Dr. Goodwin said.

o Current use of inhalants declined from 2.7 percent in 1990 to 2.4 percent in 1991. However, this decline was not statistically significant.

o There has been little change in the proportion of high school seniors who use cigarettes, which has remained around 19 percent since 1984. The proportion of seniors who smoke a half-pack or more daily also has not changed from 11 percent since 1986.

The study also showed decreases in annual use of illicit drugs by seniors in the class of 1991. Fewer than 30 percent of seniors had used any illicit drug "within the past year," down from 53 percent in 1980. Only 24 percent of seniors reported annual use of marijuana in 1991, compared to 49 percent in 1980, and use of alcohol within the past year dropped from 88 percent in 1980 to 78 percent in 1991. (In the survey, the category "any illicit drug use" did not include alcohol and cigarette use.)

Eighth and Tenth Grade Drug Use

In 1991 the high school survey sample was expanded to include approximately 18,000 eighth and 16,000 tenth graders for the first time.

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"The National Institute on Drug Abuse made a deliberate effort to expand the 1991 study in order to provide baseline information for future tracking of drug use from an earlier age. It is well known that very early drug use is a predictor of later abuse and addiction. Further, these data will allow us to study such questions as the relationship of drug use to dropping out of school," Dr. Goodwin said.

The first findings on these age groups show that within the last 30 days:

o alcohol was used by 25 percent of eighth graders and 43 percent of tenth graders (compared to 54 percent of seniors),

o cocaine was used by 0.5 percent of eighth graders and 0.7 percent of tenth graders (1.4 percent of seniors).

Binge drinking -- 5 or more drinks at one sitting -- within the last two weeks was reported by 13 percent of eighth graders and 23 percent of tenth graders (30 percent of seniors).

"Some of these findings, such as the fact that almost one quarter of tenth graders report binge drinking, are very troubling. However, these new data can help focus our prevention efforts in order to maintain the positive trends we are so pleased to see in 1991," said Dr. Goodwin.

Followup Data on Former Survey Participants

The survey also includes data on drug use from a sample of 6,600 members of previous graduating classes one to 10 years after leaving high school. Followup data on these young adults 19-28 years old show decreases in annual use of any illicit drug, which decreased from 31 percent in 1990 to 27 percent in 1991. Annual marijuana use declined from 26 percent in 1990 to 24 percent in 1991. Other illicit drugs showing decreases in annual use in the 1991 survey include cocaine -- both crack and powdered -- MDMA ("Ecstasy"), and stimulants.

Followup data on those young adults who are now in college showed that annual use of any illicit drug was down from 33 percent in 1990 to 29 percent in 1991, and of cocaine from 5.6 percent to 3.6 percent.

The Alcohol, Drug Abuse, and Mental Health Administration and its component, the National Institute on Drug Abuse, are within the Public Health Service grouping of agencies within HHS.

*** -- All changes in use cited in this press release are statistically significant, unless otherwise noted.**

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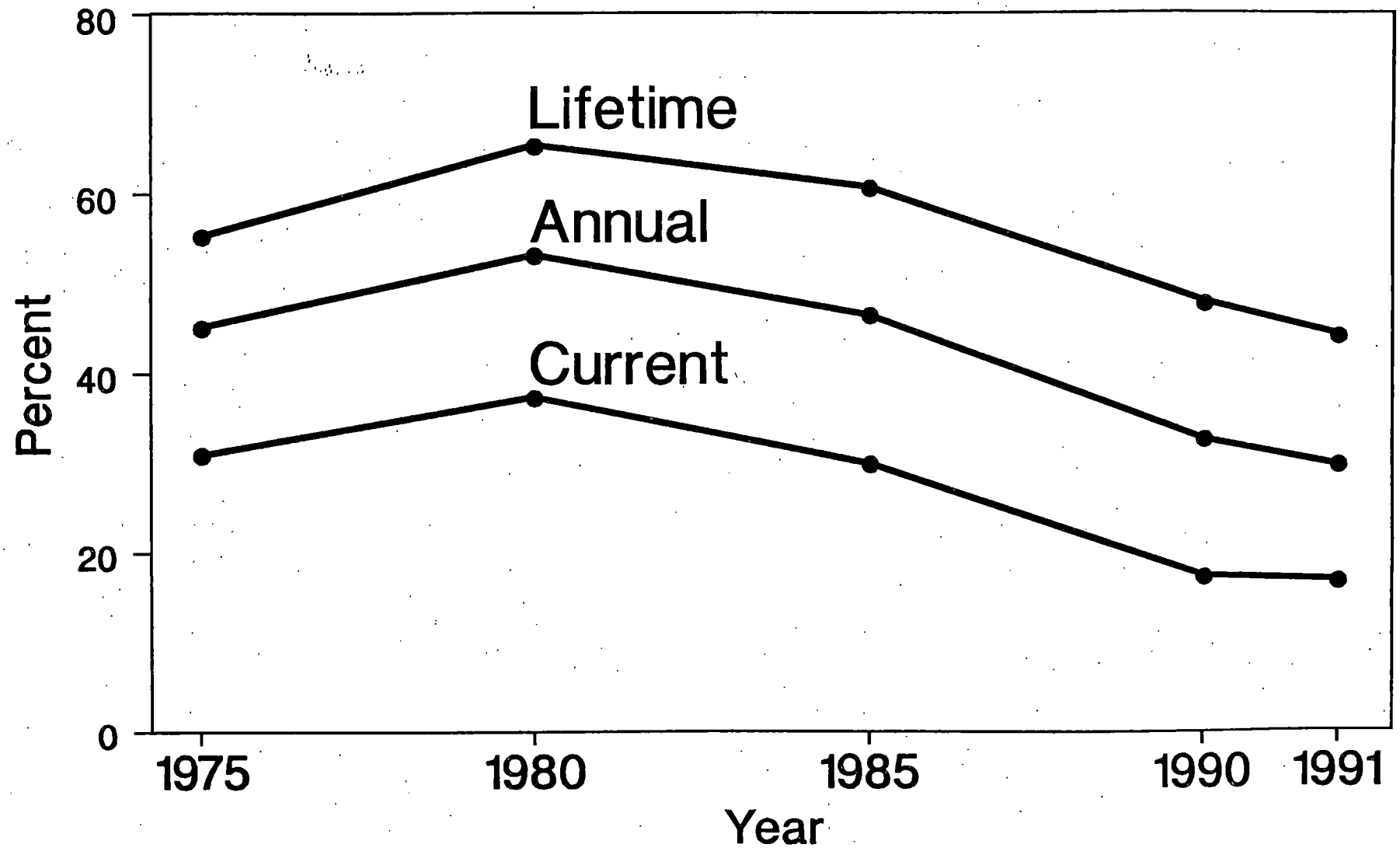
Any Illicit Drug Use



Source: National Institute on Drug Abuse, Monitoring the Future, 1991

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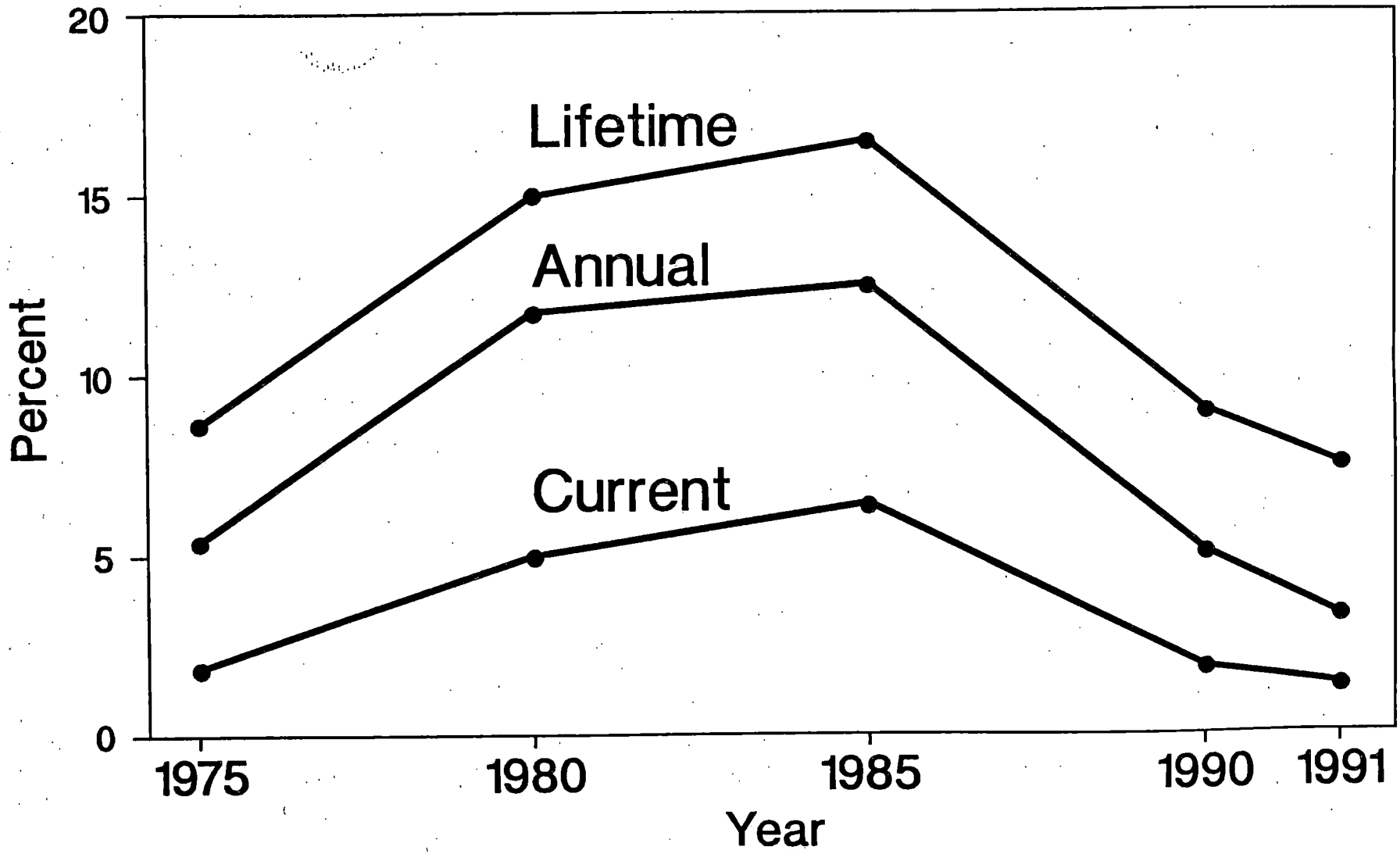
Cocaine Use



Source: National Institute on Drug Abuse, Monitoring the Future, 1991

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
Rockville MD 20857

STATEMENT BY FREDERICK K. GOODWIN, M.D.

ADMINISTRATOR
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

PRESS CONFERENCE
HIGH SCHOOL SENIOR SURVEY
JANUARY 27, 1992

It is a pleasure to welcome you, on behalf of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), whose National Institute on Drug Abuse has supported the High School Senior Survey for the past 17 years.

Today's report highlights patterns of drug use by the graduating class of 1991. In addition, we are able to provide you with new data regarding the use of drugs by 8th and 10th grade children and an update that continues our longitudinal monitoring of drug use behaviors among the adult population--now approaching their middle years--who completed high school a decade or more ago, during the peak years of the drug epidemic.

As a public health administrator, it is, indeed, gratifying to be able to use the past tense when referring to the "peak years" of adolescent and young adult drug use in this country. The significant declines from 1990 to 1991 reported today continue the steady downward trends of the past several years.

That is, a majority of students today are declining to experiment with any of the panoply of illicit drugs; moreover, increasing numbers of youngsters are making informed, early decisions about behaviors that, in many instances, will preclude

their future legal use of nicotine and will greatly moderate their use of alcohol. Prevention programs that draw on sound, credible information from a wide variety of sources about the negative consequences of drug use do work for the majority of kids.

While the changes in rates from 1990 to 1991 are statistically significant, they tend not to be dramatic when presented to the public. For example, a drop from 1.9 to 1.5 percent in current cocaine use may seem small. However, it is precisely reductions of that scale, consistently over the past several years, that add up to a 73 percent reduction in current use of cocaine since 1980; a 60 percent drop in current marijuana use over the same period, and a 25 percent drop in under-age alcohol use.

The gradual but fundamental shift in students' perceptions of the harmfulness of drugs reflects the impact of the information that apparently has taken hold among the young. We know from behavioral research that if we can communicate information that contributes to preventing first use of substances during years that tend naturally to be characterized by risk-taking or impulsive, even defiant behavior--that is, if we can help them through their high risk period--then most young adults will never be prone to later drug use.

Of course, any satisfaction that we may feel from a public health perspective should be tempered by an awareness of the challenges that lie ahead. Even when we consider the 60 and 70 percent cumulative reductions in various categories of drug use, the data indicate that nearly 30 percent of our high school population is still involved in some level of drug experimentation or use. That tells us, first, that we need to keep up the education and prevention efforts; we need to

than is early intervention in the context of cancer, heart disease, or clinical depression.

For those of you who will be analyzing and writing about these data in the days and weeks ahead, let me make a distinction between the high-risk core of drug users that I have just described, and those persons who account for what we describe as a "cohort effect" in drug use patterns and adverse consequences.

All of our survey instruments point to a bubble in the demographic charts which represent a fairly discrete group of individuals who were high school students from the late 1970s to the mid-80s, who now--after 5 to 10 years of continued drug use--show up disproportionately in indices of adverse medical consequences and psychological or social disruptions.

Certainly, a sub-group within this cohort is subject to some of the same highly specific risk factors that I mentioned a moment ago. A larger proportion, however, are individuals who were first introduced to drugs in an era when use was socially condoned, if not romanticized. Out of the very large pool of adolescents and young adults who were introduced to drugs during that era, a substantial number simply, over time, got caught in the trap of addiction. They constitute as persuasive an argument I can think of for continued education and prevention programs.

Please feel free to contact the appropriate ADAMHA and NIDA offices at your convenience, if you wish further information about these data. Thank you.

keep broadening and strengthening the base of peer and community censure that is proving to be fundamentally successful in changing the tide.

Second, the negative figures--that is, the percentages that indicate continued drug use--confirm what we have learned from other epidemiologic survey and research instruments. I'm referring principally to the National Household Survey of Drug Use, reported earlier this month, and the Drug Abuse Warning Network (DAWN) survey that keeps us informed of the adverse consequences of drug use as mirrored in the Nation's hospital emergency rooms.

All of these sources confirm that we are confronting a more vulnerable population comprised of persons who, for reasons we are beginning to elucidate, are more addiction-prone, including those who are resistant to the interventions now available. Here, we need to shift our focus, in our research and our development of treatment strategies, from a concern with a large, undifferentiated population to a targeting of individual vulnerability factors.

Among the most critical factors are the presence of a mental disorder, often unrecognized and untreated; a family history of substance abuse; or persistent conduct disorders characterized by impulsivity/aggression in childhood--a pattern that serves as a common stem cell for later subsequent substance abuse and/or violence. Research leads such as these will enable us to target early interventions to those at greatest risk. For people with specific familial, behavioral, or clinical vulnerabilities, it is likely that early intervention focused on a susceptibility to addiction will prove no less critical to prognosis

The University of Michigan

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January 25, 1992 (16)
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Most forms of drug use decline among American high school and college students, U-M survey reports. Smoking remains stable. Steroid use down. Rates are high in 8th and 10th grades.

FOR RELEASE AT 2 P.M. MONDAY, JANUARY 27, 1992

EDITORS: Results of this survey will be presented at 2 p.m. Monday (Jan. 27) at a news conference at the Old Executive Office Building in Washington, D.C. Lloyd D. Johnston, principal investigator of the study, will join Dr. Louis W. Sullivan, secretary of the Department of Health and Human Services; Bob Martinez, director of the Office of National Drug Control Policy; and others. For further information about the study's findings, contact Johnston at the U-M Institute for Social Research, (313) 763-5043.

ANN ARBOR---The nation continues to make progress in its effort to reduce illicit drug use among young people, according to research scientists at The University of Michigan's Institute for Social Research.

Reporting the results of their 17th national survey of American high school seniors, and 12th national survey of American college students, social psychologists Lloyd D. Johnston, Patrick M. O'Malley, and Jerald G. Bachman conclude that most of the news this year is good.

"We have tended to forget about the war on drugs this year, as other urgent issues like the Gulf War, the hostage situation, and the state of the economy have dominated the news," states Johnston, "but drugs are still a real and present issue for millions of American young people and their families. Fortunately, we have continued to make steady progress in dissuading our young people from being involved with illicit drugs."

The proportion of high school seniors using any illicit drug in the prior year fell from 33 percent to 29 percent

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between 1990 and 1991, and was down considerably from the peak level of 54 percent in 1979. Similarly, among college students the use of any illicit drug in the prior year (i.e., annual prevalence) fell from 33 percent to 29 percent between 1990 and 1991, down from a peak of 56 percent in 1980.

Marijuana is still the most widely used illicit drug and accounts for some of the decline. Among seniors, annual use fell from 27 percent in 1990 to 24 percent in 1991, down from a peak of 51 percent in 1979. For college students, the decline in marijuana use was from 29 percent to 27 percent, down from a high of 51 percent in 1980 and 1981.

But the proportion using some illicit drug other than (usually in addition to) marijuana during the prior year is also declining, the U-M survey reports. Among the seniors, the proportion using an illicit drug other than marijuana fell from 18 percent to 16 percent between 1990 and 1991, down from a peak of 34 percent in 1981. Similarly, the statistic for college students fell from 15 percent to 13 percent, down from a peak of 32 percent in 1980.

Several of the specific classes of other illicit drugs showed changes in 1991.

Cocaine use among seniors fell from 5.3 percent to 3.5 percent annual prevalence between 1990 and 1991, down from a peak of 13.1 percent in 1985. Among college students, it fell from 5.6 percent in 1990 to 3.6 percent in 1991, from a peak of 17 percent in 1986.

Crack cocaine use among seniors fell from 1.9 percent to 1.5 percent annual prevalence between 1990 and 1991, from a peak of 4.1 percent in 1986. Among college students, who never attained very high levels of crack use, use fell from 0.6 percent to 0.5 percent annual prevalence between 1990 and 1991, down from a peak of 2.0 percent in 1987. Neither of these one-year 1990 to 1991 changes is statistically significant, but both suggest a continuation of a longer-term decline, according to the U-M survey.

Opiates other than heroin, taken as a class, fell from 4.5 percent to 3.5 percent between 1990 and 1991, down from a peak of 6.4 percent in 1977 among seniors. Among college

students, use fell from 2.9 percent to 2.7 percent between 1990 and 1991, down from a peak of 5.1 percent in 1980.

Most of the other illicit drug use rates are down by a less than statistically significant amount (e.g., stimulants, inhalants, and MDMA [ecstasy]), or fairly stable at a quite low level of use (e.g., PCP, heroin, crystal methamphetamine ["ice"], barbiturates, sedatives, methaqualone, and tranquilizers). (Tables 1 through 4 give the data on high school seniors for all drugs and Tables 8 through 11 do the same for college students.)

"Two of the most recent drugs to threaten have been 'ice' and 'ecstasy' (MDMA), but our data suggest that they never gained much of a foothold in these populations," comments Johnston. "That may be partially explained by the fact that young people have become more cautious about drugs in general. Also, in the case of ice, its similarity to crack very likely deterred use among the great majority, who already recognize crack as dangerous."

For some years the investigators have interpreted the decline in many of these classes of drugs (in particular, marijuana and cocaine) as resulting from the increasing concerns young people have about the hazards of using these drugs. "Peer disapproval of many drugs has also increased," Johnston notes, "perhaps in part because they are now seen as more dangerous. In any case, we believe these changes in perceived risk and peer norms have been the major determinants of the downturn, not a reduction in supply."

Throughout the life of the study the great majority of high school seniors have said that marijuana would be fairly easy for them to get, and until 1989 the perceived availability of cocaine actually had been rising (see Table 7). Since 1989, however, there has been some decline in the numbers of seniors who say cocaine would be fairly easy for them to get (from 59 percent in 1989 to 51 percent in 1991). The investigators believe one reason for this decline in perceived availability is that many fewer seniors these days have friends who use, and friendship circles are an important source of access to many drugs.

There was little further change in 1991 in the proportion seeing "great risk" associated with cocaine use,

and even some indication among seniors that the risk associated with crack had fallen somewhat. "This may be due in part to the sharp drop-off in public attention being paid to crack over the past year," notes Johnston.

Several drugs showed a continuation of longer-term increase in perceived risk: these included marijuana, amphetamines, and barbiturates (the barbiturate change was not significant in 1991). Others showed rather little change in 1991: cocaine in general, cocaine powder, specifically, and heroin. For PCP there was a decline in perceived risk for the first time, though not a statistically significant one.

Among seniors, disapproval of the use of these drugs is at very high levels, setting limits on the possible amount of further change, the investigators say. For example, over 90 percent of the seniors disapprove of even trying LSD, barbiturates, cocaine, or heroin. Eighty-seven percent disapprove of trying amphetamines, and 69 percent now disapprove of trying marijuana. "These represent considerable changes over the past decade in the acceptability of using any of these drugs," notes Johnston, "even though there was rather little further change in 1991."

There was one statistically significant change: the proportion of seniors disapproving of even trying cocaine rose from 92 percent to 94 percent between 1990 and 1991, up from a low of 75 percent in 1981. Johnston adds, "We tend to forget how widely accepted cocaine was in many circles just a decade ago, and how few people believed it was a dangerous and addicting drug."

Johnston thinks that one drug which bears watching is LSD, since use of it has not declined among seniors since the early 1980s and because there appears to be some upward drift in use, especially among college students. Annual prevalence rose among college students from 3.4 percent in 1989 to 5.1 percent in 1991. "Remember that this is one of the earliest drugs to fall from popularity because of concern about adverse effects such as flashbacks, bad trips, and possible neurological and chromosomal damage," he says. "However, these were the concerns of an earlier generation.

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LSD and its effects have not been that widespread or attended to in recent years, making vicarious learning from the experiences of others less likely to occur among today's young people."

Use of the legal drugs, cigarettes and alcohol, remains widespread among American young people, the U-M survey says. Over half of the 1991 high school seniors (54 percent) drank an alcoholic beverage during the prior month. Close to a third (30 percent) reported at least one instance in the prior two weeks of having five or more drinks in a row (called "binge drinking" here).

However, both of these troubling statistics continued their longer-term declines in 1991, the investigators say. The proportions who drank at all in the prior month fell by 3 percent from the 1990 level, and by 18 percent from the 1980 peak level of 72 percent. Work by O'Malley has shown that this decline is due in part to the adoption of a 21-year-old minimum drinking age in many states. The proportion of seniors who engaged in binge drinking also fell by more than 2 percent in 1991. While this one-year change is not quite statistically significant, it continues a longer-term decline from a peak level of 41 percent in 1981 to 30 percent in 1991. "Clearly this decline in adolescent drunkenness translates into fewer lives being lost in drunk-driving accidents," the investigators state.

Among American college students, however, there has been much less change in active drinking rates, and in binge drinking. In 1991, 75 percent of the college student sample said they consumed alcohol during the prior month (no change from 1990 and down only modestly from the peak level of 83 percent in 1982). Binge drinking during the past two weeks was reported by 43 percent of the college students in 1991, just about where it has been since the study's first survey of college students in 1980. "While the moderation message for alcohol seems to have reached most sectors of society," Johnston says, "college students appear to have been insulated from it to a considerable degree. Of course, the extent to which they are so aggressively targeted by beer advertising and promotion may have a lot to do with that fact." The investigators note that alcohol consumption has

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fallen considerably not only among high school seniors but also among college-age young adults who are not in college. (See Tables 12-15 for young-adult data.)

Cigarette smoking among both high school and college students also seems to be bucking the trend toward lowered drug use. "Considering what we know about the deadly health consequences of smoking, the number of young people who still begin the habit is shockingly high," asserts Johnston. "We can predict with a fair degree of certainty that hundreds of thousands of youngsters in this year's graduating class are going to die as the result of a long-term pattern of use of this drug which they began in childhood or adolescence. The same can be said for last year's class and next year's. It is a tragedy beyond comprehension, yet in the main it is met with silence."

Nearly 30 percent of all seniors (28.3 percent) report that they have smoked in the past month, down only 1 percent from 10 years earlier, and nearly one in five seniors (18.5 percent) already smokes daily, down less than 2 percent from 10 years earlier (20.3 percent in 1981). Even among the college students, who are far less likely to smoke than their non-college age peers, nearly a quarter reported smoking in the past month (23.2 percent), and one in seven smokes daily (13.8 percent), reflecting no change in either statistic since the mid-1980s.

"Considering the growing disapproval of smoking in society at large, the number of restrictions that have been enacted in recent years, and the decline in nearly all other forms of drug use, the fact that smoking is not declining is really very surprising---an anomaly," Johnston adds. As with alcohol, he believes that the massive advertising and promotion of the product has had an important effect on young people.

Anabolic steroids became an issue of public health concern in the late 1980s and were added to the U-M study's coverage in 1989. Since then there has been a very gradual (not statistically significant) decline in lifetime and annual prevalence. Some 1.4 percent of the 1991 seniors say they have used steroids at least once in the prior year, down from 1.7 percent in 1990 and 1.9 percent in 1989.

(more)

Among males, who account for most of the steroid use, the proportions using in the prior year were 2.8 percent in 1989, 2.6 percent in 1990, and 2.4 percent in 1991. Only about two-thirds of the seniors see the use of steroids as very dangerous.

* *

National samples of eighth and tenth grade students were included in the survey for the first time in 1991, so no trend data are yet available for these age groups. "In the early stages of the drug epidemic, drug use was much higher among college students than among high school students, who in turn had much higher rates than middle and junior high school students," observes Johnston. "Today the rates for college and high school students are nearly identical, while the rates for eighth and tenth graders are not as different as most people might guess from those for seniors." (Table 16 compares the usage rates for all drugs across the three grade levels.)

Discussing the drugs approximately in the order in which their use tends to be initiated:

Cigarettes: Some 44 percent of the eighth graders, who have a modal age of 13, have already tried cigarettes. Smoking in the past 30 days is reported by 14 percent of eighth graders, 21 percent of tenth graders, and 28 percent of 12th graders.

Alcohol: Drinking in the past year is reported by 54 percent of eighth graders, 72 percent of tenth graders, and 78 percent of 12th graders. Some 70 percent of the eighth graders say they have at least tried alcohol, 27 percent report having gotten drunk at least once, and 13 percent report having consumed five or more drinks in a row in just the prior two weeks.

"Clearly, drinking, which is illegal for all of these children, starts young and progresses fast for many of them," according to Johnston.

Inhalants: "Inhalant drugs such as glues, aerosols, and butane are readily available to youngsters through legal channels," Johnston says. "Furthermore, they are cheap and young people don't yet fully appreciate the dangers of using them. Therefore their use is relatively common at young

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ages." Some 9 percent of the eighth graders report use in the prior year, compared with 7 percent of both the tenth and 12th graders. Nearly one in five of the eighth graders (18 percent) have at least tried an inhalant.

Marijuana: There is more of an age differentiation on marijuana, which tends to be the first of the illegal drugs tried, according to the U-M survey. Of the eighth graders, only 6 percent report use in the prior year, compared with 17 percent of the tenth graders and 24 percent of the seniors.

"Beyond marijuana, drugs are not usually initiated in any particular order, except that some of the most dangerous, like cocaine, crack, and heroin, tend to come late in the sequence," Johnston notes.

Stimulants: A fair proportion of younger students say they have tried stimulants (specifically amphetamines, which are prescription-controlled drugs). Eleven percent of the eighth graders, 13 percent of the tenth graders, and 15 percent of the 12th graders report some use.

LSD: Some LSD use may be found at all grade levels, with 2.7 percent of the eighth graders reporting any experience in their lifetime, 5.6 percent of the tenth graders, and 8.8 percent of the 12th graders.

Cocaine and Crack: Relatively few students initiate cocaine use by eighth grade (2.3 percent lifetime prevalence) or tenth grade (4.1 percent); for crack the numbers are lower still: 1.3 percent and 1.7 percent, respectively.

Heroin: Reported heroin experience is low in all grades, but actually slightly higher in the lower grades than in 12th grade. This is very likely due to the fact that few of the eventual school dropouts have left school by eighth or tenth grade, whereas most have left by 12th grade. Lifetime prevalence is 1.2 percent for both eighth and tenth grades, compared with 0.9 percent for 12th grade.

Steroids: While the use of anabolic steroids is relatively low at all grade levels, there is very little difference among the grades. For example, the lifetime prevalence rates for eighth, tenth, and 12th grades, respectively, are 1.9 percent, 1.8 percent, and 2.1 percent.

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For just the boys in these grade levels, the corresponding rates are 3.0 percent, 3.1 percent, and 3.6 percent. While use appears to be trending down among seniors, it is too early to tell for the lower grades.

* *

Summing up this year's findings, Johnston states: "Certainly the downward trends in illegal drug use among high school seniors and college students are good news, although the use of LSD, in particular, bears watching. Still, the absolute levels of drug use, especially at the lower grades, remain a cause for concern and demonstrate that we've still got a way to go in the battle against drugs.

"The stabilization of smoking initiation rates at high levels among our young people is a matter of the greatest public health concern, given the immense amount of illness and death which will predictably result from it. The situation as it stands is intolerable and cries out for major action on the part of our whole society. We should no longer allow the politics of tobacco to immobilize us because, quite literally, the lives of our children are at stake."

The study, titled "Monitoring the Future," is conducted by the U-M's Institute for Social Research under research grants from the National Institute on Drug Abuse. Data collections have been carried out in the spring of each year since 1975 with self-completed, confidential questionnaires being administered in classrooms by U-M research staff. Panels of respondents are randomly selected for follow-up questionnaires, which are sent every year through the mail. In 1991, 15,500 seniors were surveyed in 136 high schools, as well as 6,600 graduates from the previous ten graduating classes, which had modal ages of 19-28. Within the second group, 1,400 college students were identified who were 1-4 years past high school and were actively enrolled full-time in a 2-year or 4-year college; they constitute the "college student" sample. Similar sample sizes were obtained in the same way in previous years.

Trend data have been reported for high school seniors since 1975, college students since 1980, and 19-28 year olds (who are all high school graduates) since 1986. In 1991, national samples of eighth and tenth graders were added to the study design for the first time. A total of 18,300 eighth graders in 162 middle and junior high schools were surveyed, as well as 16,000 tenth graders in 122 high schools.

######

(LJohnston;JBachman;PO'Malley;ISR)(R1-3;ISR;Ed1,2A;RTsp)
[drugsurv]

TABLE 1
Trends in Lifetime Prevalence of Various Types of Drugs

	Percent ever used																	
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Any Illicit Drug Use[a]	*55.2*	*58.3*	*61.6*	*64.1*	*65.1*	*65.4*	*65.6*	*65.8*	*64.1*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*64.4*	*62.9*	*61.6*	*60.6*	*57.6*	*56.6*	*53.9*	*50.9*	*47.9*	*44.1*	*–3.8sss*
Any Illicit Drug Other Than Marijuana[c]	*36.2*	*35.4*	*35.8*	*36.5*	*37.4*	*38.7*	*42.8*	*45.0*	*44.4*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*41.1*	*40.4*	*40.3*	*39.7*	*37.7*	*35.8*	*32.5*	*31.4*	*29.4*	*26.9*	*–2.5ss*
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	–4.0sss
Inhalants[d]	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	17.6	18.0	17.6	–0.4
Inhalants Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*18.2*	*17.3*	*17.2*	*17.7*	*18.2*	*18.0*	*18.1*	*20.1*	*18.6*	*17.5*	*18.6*	*18.5*	*18.0*	*–0.5*
Amyl & Butyl Nitrites[f,g]	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	–0.5
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	+0.2
Hallucinogens Adjusted[h]	*NA*	*NA*	*NA*	*NA*	*17.7*	*15.6*	*15.3*	*14.3*	*13.6*	*12.3*	*12.1*	*11.9*	*10.6*	*9.2*	*9.9*	*9.7*	*10.0*	*+0.3*
LSD[f,g]	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	+0.1
PCP[f,g]	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	+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	10.3	9.4	7.8	–1.6ss
"Crack"[i]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.4	4.8	4.7	3.5	3.1	–0.4
Other cocaine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	12.1	8.5	8.6	7.0	–1.6ss
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	1.3	1.3	0.9	–0.4s
Other opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	–1.7sss
Stimulants[k]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[b,k]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*27.9*	*26.9*	*27.9*	*26.2*	*23.4*	*21.6*	*19.8*	*19.1*	*17.5*	*15.4*	*–2.1ss*
Crystal Methamphetamine[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.7	3.3	+0.6
Sedatives[k,m]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	–0.8
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	–0.6
Methaqualone[k,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	–1.0s
Tranquilizers[k]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	0.0
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	90.7	89.5	88.0	–1.5
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	–1.3
Steroids[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.0	2.9	2.1	–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.

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

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

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

[d] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[f] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[g] Question text changed slightly in 1987.

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

[i] Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[j] Data based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

[l] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[m] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991; N is one-sixth of N indicated in 1990–1991.

TABLE 2
Trends in Annual Prevalence of Various Types of Drugs

Percent who used in last twelve months

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Any Illicit Drug Use[a]	*45.0*	*48.1*	*51.1*	*53.8*	*54.2*	*53.1*	*52.1*	*50.8*	*49.1*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*49.4*	*47.4*	*45.8*	*46.3*	*44.3*	*41.7*	*38.5*	*35.4*	*32.5*	*29.4*	*–3.1sss*
Any Illicit Drug Other Than Marijuana[c]	*26.2*	*25.4*	*26.0*	*27.1*	*28.2*	*30.4*	*34.0*	*33.8*	*32.5*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*30.1*	*28.4*	*28.0*	*27.4*	*25.9*	*24.1*	*21.1*	*20.0*	*17.9*	*16.2*	*–1.7s*
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.6	27.0	23.9	–3.1ss
Inhalants[d]	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	5.9	6.9	6.6	–0.3
Inhalants Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*8.9*	*7.9*	*6.1*	*6.6*	*6.2*	*7.2*	*7.5*	*8.9*	*8.1*	*7.1*	*6.9*	*7.5*	*6.9*	*–0.6*
Amyl/Butyl Nitrites[f,g]	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	–0.5
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	–0.1
Hallucinogens Adjusted[h]	*NA*	*NA*	*NA*	*NA*	*11.8*	*10.4*	*10.1*	*9.0*	*8.3*	*7.3*	*7.6*	*7.6*	*6.7*	*5.8*	*6.2*	*6.0*	*6.1*	*+0.1*
LSD[f,g]	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	4.9	5.4	5.2	–0.2
PCP[f,g]	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	+0.2
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	–1.8sss
"Crack"[i]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.9	3.1	3.1	1.9	1.5	–0.4
Other cocaine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.8	7.4	5.2	4.6	3.2	–1.4sss
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	0.6	0.5	0.4	–0.1
Other opiates[k]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	–1.0ss
Stimulants[k]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[b,k]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*20.3*	*17.9*	*17.7*	*15.8*	*13.4*	*12.2*	*10.9*	*10.8*	*9.1*	*8.2*	*–0.9*
Crystal Methamphetamine[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.3	1.4	+0.1
Sedatives[k,m]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	0.0
Barbiturates[k]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	0.0
Methaqualone[k,m]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	–0.2
Tranquilizers[k]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	+0.1
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	82.7	80.6	77.7	–2.9ss
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Steroids[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.9	1.7	1.4	–0.3

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

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

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

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

[d] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[f] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[g] Question text changed slightly in 1987.

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

[i] Data based on a single questionnaire form in 1986; N is one-fifth of N indicated. Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[j] Data based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

[l] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[m] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991. N is one-sixth of N indicated in 1990–1991.

TABLE 3
Trends in Thirty-Day Prevalence of Various 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	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Any Illicit Drug Use[a]	*30.7*	*34.2*	*37.6*	*38.9*	*38.9*	*37.2*	*36.9*	*33.5*	*32.4*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*32.5*	*30.5*	*29.2*	*29.7*	*27.1*	*24.7*	*21.3*	*19.7*	*17.2*	*16.4*	*–0.8*
Any Illicit Drug Other Than Marijuana[c]	*15.4*	*13.9*	*15.2*	*15.1*	*16.8*	*18.4*	*21.7*	*19.2*	*18.4*	—	—	—	—	—	—	—	—	
Adjusted Version[b]	—	—	—	—	—	—	—	*17.0*	*15.4*	*15.1*	*14.9*	*13.2*	*11.6*	*10.0*	*9.1*	*8.0*	*7.1*	*–0.9s*
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	–0.2
Inhalants[d]	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	2.3	2.7	2.4	–0.3
Inhalants Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*3.2*	*2.7*	*2.5*	*2.5*	*2.5*	*2.6*	*3.0*	*3.2*	*3.5*	*3.0*	*2.7*	*2.9*	*2.6*	*–0.3*
Amyl/Butyl Nitrites[f,g]	NA	NA	NA	NA	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	–0.2
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	2.2	2.2	2.2	0.0
Hallucinogens Adjusted[h]	*NA*	*NA*	*NA*	*NA*	*5.3*	*4.4*	*4.5*	*4.1*	*3.5*	*3.2*	*3.8*	*3.5*	*2.8*	*2.3*	*2.9*	*2.3*	*2.4*	*+0.1*
LSD[f,g]	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	0.0
PCP[f,g]	NA	NA	NA	NA	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	1.4	0.4	0.5	+0.1
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4	–0.5s
"Crack"[i]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.3	1.6	1.4	0.7	0.7	0.0
Other cocaine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.1	3.2	1.9	1.7	1.2	–0.5ss
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	0.3	0.2	0.2	0.0
Other opiates[k]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	–0.4s
Stimulants[k]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	13.7	12.4	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[b,k]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*10.7*	*8.9*	*8.3*	*6.8*	*5.5*	*5.2*	*4.6*	*4.2*	*3.7*	*3.2*	*–0.5*
Crystal Methamphetamine[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.6	0.6	0.0
Sedatives[k,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	+0.1
Barbiturates[k]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	+0.1
Methaqualone[k,m]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.6	0.2	0.2	0.0
Tranquilizers[k]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	+0.2
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	60.0	57.1	54.0	–3.1s
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3	–1.1
Steroids[l]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.8	1.0	0.8	–0.2

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

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

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

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

[d] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[f] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[g] Question text changed slightly in 1987.

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

[i] Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[j] Data based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

[l] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[m] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991; N is one-sixth of N indicated in 1990–1991.

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

	Percent who used daily in last thirty days																	
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	–0.2
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	0.2	0.3	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*	*0.3*	*0.3*	*0.5*	*+0.2*
Amyl & Butyl Nitrites[c,d]	NA	NA	NA	NA	0.0	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	+0.1
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	0.1	0.1	0.0
Hallucinogens Adjusted[e]	*NA*	*NA*	*NA*	*NA*	*0.2*	*0.2*	*0.1*	*0.2*	*0.2*	*0.2*	*0.3*	*0.3*	*0.2*	*0.0*	*0.3*	*0.3*	*0.1*	*–0.2*
LSD[c,d]	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	0.1	0.1	0.0
PCP[c,d]	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	0.1	0.1	0.0
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.0
"Crack"[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.2	0.1	0.1	0.0
Other cocaine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	0.2	0.1	0.1	0.1	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	0.1	0.0	0.0	0.0
Other opiates[h]	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	0.2	0.1	0.1	0.0
Stimulants[h]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	1.1	1.1	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants Adjusted[h,i]	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*0.7*	*0.8*	*0.6*	*0.4*	*0.3*	*0.3*	*0.3*	*0.3*	*0.2*	*0.2*	*0.0*
Crystal Methamphetamine[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	–0.1
Sedatives[h,k]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Barbiturates[h]	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	0.1	0.1	0.1	0.0
Methaqualone[h,k]	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	0.0	0.0	0.0
Tranquilizers[h]	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	0.1	0.1	0.1	0.0
Alcohol																		
Daily	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6	–0.1
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	33.0	32.2	29.8	–2.4
Cigarettes																		
Daily	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5	–0.6
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	–0.6
Steroids[j]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.2	0.1	–0.1

NOTES: Level of significance of difference between the two most recent classes: s =.05, ss =.01, sss =.001. NA indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error.

[a] Data based on four questionnaire forms in 1976–1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989–1991; N is five-sixths of N indicated.

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

[c] Data based on a single questionnaire form; N is one-fifth of N indicated in 1979–1988 and one-sixth of N indicated in 1989–1991.

[d] Question text changed slightly in 1987.

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

[f] Data based on two questionnaire forms in 1987–1989; N is two-fifths of N indicated in 1987–1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990–1991.

[g] Data were based on a single questionnaire form in 1987–1989; N is one-fifth of N indicated in 1987–1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990–1991; N is four-sixths of N indicated.

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

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

[j] Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989–1990.

[k] Data based on five questionnaire forms in 1975–1988, six questionnaire forms in 1989, and one questionnaire form in 1990–1991; N is one-sixth of N indicated in 1990–1991.

TABLE 5

Trends in Harmfulness of Drugs as Perceived by Seniors

Q. How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"[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	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	23.6	23.1	27.1	+4.0ss
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	31.7	36.5	36.9	40.6	+3.7s
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	77.0	77.5	77.8	78.6	+0.8
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	46.0	44.7	46.6	+1.9
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	84.2	84.3	84.5	84.3	–0.2
Try PCP once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	55.6	58.8	56.6	55.2	51.7	–3.5
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	0.0
Take cocaine occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54.2	66.8	69.2	71.8	73.9	75.5	+1.6
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	89.2	90.2	91.1	90.4	–0.7
Try "crack" once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	57.0	62.1	62.9	64.3	60.6	–3.7s
Take "crack" occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	70.4	73.2	75.3	80.4	76.5	–3.9ss
Take "crack" regularly	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	84.6	84.8	85.6	91.6	90.1	–1.5
Try cocaine powder once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	45.3	51.7	53.8	53.9	53.6	–0.3
Take cocaine powder occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	56.8	61.9	65.8	71.1	69.8	–1.3
Take cocaine powder regularly	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	81.4	82.9	83.9	90.2	88.9	–1.3
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	53.8	55.4	55.2	–0.2
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	75.5	76.6	74.9	–1.7
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	88.8	89.5	90.2	89.6	–0.6
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	32.8	32.2	36.3	+4.1s
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	71.2	71.2	74.1	+2.9
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	32.2	32.4	35.1	+2.7
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	70.5	70.2	70.5	+0.3
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	6.0	6.0	8.3	9.1	+0.8
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	28.5	31.3	32.7	+1.4
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	69.8	70.9	69.5	–1.4
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	44.0	47.1	48.6	+1.5
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	68.0	67.2	68.2	69.4	+1.2
Approx. N =	(2804)	(2918)	(3052)	(3770)	(3250)	(3234)	(3604)	(3557)	(3305)	(3262)	(3250)	(3020)	(3315)	(3276)	(2796)	(2553)	(2549)	

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 6

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]																	
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	+0.9
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	−1.1
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	−1.7
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	89.7	89.8	90.1	+0.3
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	+0.1
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	+2.1s
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	+0.6
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	+0.9
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	97.2	96.7	97.3	+0.6
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	+0.3
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	+1.2
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	+0.5
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	89.3	90.5	90.6	+0.1
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	95.3	96.4	97.1	+0.7
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	+0.4
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	76.5	77.9	76.5	−1.4
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.6	91.9	90.6	−1.3
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	68.9	67.4	−1.5
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	72.4	72.8	71.4	−1.4
Approx. N =	(2677)	(2957)	(3085)	(3686)	(3221)	(3261)	(3610)	(3651)	(3341)	(3254)	(3265)	(3113)	(3302)	(3311)	(2799)	(2566)	(2547)	

NOTE: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.
[a]Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.
[b]The 1975 question asked about people who are "20 or older."

TABLE 7

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]																	
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	'90–'91 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	–1.1
Amyl & Butyl Nitrites	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	23.9	25.9	26.8	24.4	22.7	–1.7
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	–1.2
PCP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	22.8	24.9	28.9	27.7	27.6	–0.1
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	28.2	28.3	28.0	–0.3
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	–3.5s
"Crack"	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	41.1	42.1	47.0	42.4	39.9	–2.5
Cocaine powder	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	52.9	50.3	53.7	49.0	46.0	–3.0
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	–1.3
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	–3.5s
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	–2.4
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	–3.5s
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	–3.9s
Approx. N =	(2627)	(2865)	(3065)	(3598)	(3172)	(3240)	(3578)	(3602)	(3385)	(3269)	(3274)	(3077)	(3271)	(3231)	(2806)	(2549)	(2476)	

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) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

TABLE 8

Trends in Lifetime[e] Prevalence of Various Types of Drugs

Among College Students 1–4 Years Beyond High School

(Entries are percentages)

	Percent who used in lifetime												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Any Illicit Drug[f]	69.4	66.8	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0	50.4	–3.6
Any Illicit Drug Other than Marijuana	42.2	41.3	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4	25.8	–2.6
Marijuana	65.0	63.3	60.5	63.1	59.0	60.6	57.9	55.8	54.3	51.3	49.1	46.3	–2.8
Inhalants[b]	10.2	8.8	10.6	11.0	10.4	10.6	11.0	13.2	12.6	15.0	13.9	14.4	+0.5
Hallucinogens	15.0	12.0	15.0	12.2	12.9	11.4	11.2	10.9	10.2	10.7	11.2	11.3	+0.1
LSD	10.3	8.5	11.5	8.8	9.4	7.4	7.7	8.0	7.5	7.8	9.1	9.6	+0.5
Cocaine	22.0	21.5	22.4	23.1	21.7	22.9	23.3	20.6	15.8	14.6	11.4	9.4	–2.0
Crack[c]	NA	NA	NA	NA	NA	NA	NA	3.3	3.4	2.4	1.4	1.5	+0.1
MDMA ("Ecstasy")[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.8	3.9	2.0	–1.9
Heroin	0.9	0.6	0.5	0.3	0.5	0.4	0.4	0.6	0.3	0.7	0.3	0.5	+0.2
Other Opiates[a]	8.9	8.3	8.1	8.4	8.9	6.3	8.8	7.6	6.3	7.6	6.8	7.3	+0.5
Stimulants[a]	29.5	29.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	30.1	27.8	27.8	25.4	22.3	19.8	17.7	14.6	13.2	13.0	–0.2
Crystal methamphetamine[h]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.0	1.3	+0.3
Sedatives[a]	13.7	14.2	14.1	12.2	10.8	9.3	8.0	6.1	4.7	4.1	NA	NA	NA
Barbiturates[a]	8.1	7.8	8.2	6.6	6.4	4.9	5.4	3.5	3.6	3.2	3.8	3.5	–0.3
Methaqualone[a]	10.3	10.4	11.1	9.2	9.0	7.2	5.8	4.1	2.2	2.4	NA	NA	NA
Tranquilizers[a]	15.2	11.4	11.7	10.8	10.8	9.8	10.7	8.7	8.0	8.0	7.1	6.8	–0.3
Alcohol	94.3	95.2	95.2	95.0	94.2	95.3	94.9	94.1	94.9	93.7	93.1	93.6	+0.5

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 in 1980–89, and in five of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 1170.

[c]This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

[e]Data are uncorrected for cross-time inconsistencies in the answers.

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

[g]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 470.

[h]This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

TABLE 9

Trends in Annual Prevalence of Various Types of Drugs

Among College Students 1–4 Years Beyond High School
(Entries are percentages)

	Percent who used in last twelve months												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Any Illicit Drug[e]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2	–4.1s
Any Illicit Drug Other than Marijuana	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2	–2.0
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4	26.5	–2.9
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9	3.5	–0.4
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4	6.3	+0.9
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3	5.1	+0.8
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6	3.6	–2.0s
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6	0.5	–0.1
MDMA ("Ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3	0.9	–1.4
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.0
Other Opiates[a]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9	2.7	–0.2
Stimulants[a]	22.4	22.2	NA	NA	NA	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	4.6	4.5	3.9	–0.6
Crystal methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.0
Sedatives[a]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA	NA	NA
Barbiturates[a]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4	1.2	–0.2
Methaqualone[a]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA	NA	NA
Tranquilizers[a]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0	2.4	–0.6
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0	88.3	–0.7
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5	35.6	+0.1

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 in 1980–89, and in five of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 1170.

[c] This drug was asked about in one of the five questionnaire forms in 1986, in two of the five questionnaire forms in 1987–89, and in all six forms in 1990–1991.

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

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

[f] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 470.

[g] This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

TABLE 10

Trends in Thirty-Day Prevalence of Various Types of Drugs

Among College Students 1–4 Years Beyond High School
(Entries are percentages)

	Percent who used in last thirty days												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Any Illicit Drug[e]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2	0.0
Any Illicit Drug Other than Marijuana	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3	–0.1
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0	14.1	+0.1
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0	0.9	–0.1
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4	1.2	–0.2
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1	0.8	–0.3
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	2.8	1.2	1.0	–0.2
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1	0.3	+0.2
MDMA ("Ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6	0.2	–0.4
Heroin	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.1	+0.1
Other Opiates[a]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5	0.6	+0.1
Stimulants[a]	13.4	12.3	NA	NA	NA	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	1.3	1.4	1.0	–0.4
Crystal methamphetamine[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0	0.0
Sedatives[a]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA	NA	NA
Barbiturates[a]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.2	0.2	0.3	+0.1
Methaqualone[a]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA	NA	NA
Tranquilizers[a]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5	0.6	+0.1
Alcohol	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5	74.7	+0.2
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5	23.2	+1.7

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 question was asked in four of the five questionnaire forms in 1980–89, and in five of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 1170.

[c] This question was asked in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f] This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990–1991. Total N in 1991 (for college students) is 470.

[g] This drug was asked about in two of the six questionnaire forms. Total N in 1991 (for college students) is 470.

TABLE 11

Trends in Thirty-Day Prevalence of Daily Use for Marijuana, Cocaine, Stimulants, Alcohol, and Cigarettes

Among College Students 1–4 Years Beyond High School

(Entries are percentages)

	Percent who used daily in last thirty days												
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	(1310)	(1300)	(1400)	(1410)	
Marijuana	7.2	5.6	4.2	3.8	3.6	3.1	2.1	2.3	1.8	2.6	1.7	1.8	+0.1
Cocaine	0.2	0.0	0.3	0.1	0.4	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0
Stimulants[a]	0.5	0.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,b]	NA	NA	0.3	0.2	0.2	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
Alcohol													
Daily	6.5	5.5	6.1	6.1	6.6	5.0	4.6	6.0	4.9	4.0	3.8	4.1	+0.3
5+ drinks in a row in last 2 weeks	43.9	43.6	44.0	43.1	45.4	44.6	45.0	42.8	43.2	41.7	41.0	42.8	+1.8
Cigarettes													
Daily	18.3	17.1	16.2	15.3	14.7	14.2	12.7	13.9	12.4	12.2	12.1	13.8	+1.7
Half-pack or more per day	12.7	11.9	10.5	9.6	10.2	9.4	8.3	8.2	7.3	6.7	8.2	8.0	–0.2

NOTES: For all drugs not included here, daily use is below 0.5% in all years. Level of significance of difference between the two most recent years:
s =.05, ss =.01, sss =.001.
NA indicates data not available, NT indicates data not yet tabulated.

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

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

TABLE 12

Trends in Lifetime[k] Prevalence of Various Types of Drugs

Among Respondents of Modal Age 19–28

(Entries are percentages)

	Percent who used in lifetime						
	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Any Illicit Drug[h]	70.5	69.9	67.9	66.4	64.5	62.2	–2.3ss
Any Illicit Drug[h] Other than Marijuana	48.4	47.0	44.6	42.7	40.8	37.8	–3.0sss
Marijuana	66.5	66.0	63.8	62.8	60.2	58.6	–1.6
Inhalants[b]	12.3	12.7	12.6	13.2	12.5	13.4	+0.9
Inhalants, Adjusted[b,e]	18.6	15.7	15.0	NA	13.5	14.1	+0.6
Nitrites[f]	12.6	6.9	6.2	NA	1.9	1.4	–0.5
Hallucinogens	18.5	17.1	17.0	15.9	16.1	15.7	–0.4
Hallucinogens, Adjusted[g]	20.1	17.2	17.2	NA	16.5	16.0	–0.5
LSD[f]	14.6	13.7	13.8	12.7	13.5	13.5	0.0
PCP[f]	8.4	4.8	5.0	NA	2.5	3.1	+0.6
Cocaine	32.0	29.3	28.2	25.8	23.7	21.0	–2.7sss
Crack[c]	NA	6.3	6.9	6.1	5.1	4.8	–0.3
Other Cocaine[j]	NA	28.2	25.2	25.4	22.1	19.8	–2.3ss
MDMA ("Ecstasy")[i]	NA	NA	NA	3.3	3.7	3.2	–0.5
Heroin	1.3	1.3	1.1	1.0	0.9	0.9	0.0
Other Opiates[a]	10.7	10.6	9.8	9.6	9.4	9.3	–0.1
Stimulants, Adjusted[a,d]	32.3	30.8	28.8	25.3	24.4	22.4	–2.0ss
Crystal Methamphetamine ("Ice")[i]	NA	NA	NA	NA	2.5	2.9	+0.4
Sedatives[a]	16.7	15.0	13.2	12.1	NA	NA	NA
Barbiturates[a]	11.1	9.7	8.9	7.9	8.7	8.2	–0.5
Methaqualone[a]	13.1	11.6	9.7	8.7	NA	NA	NA
Tranquilizers[a]	17.6	16.5	15.1	13.5	12.9	11.8	–1.1s
Alcohol	94.8	94.9	94.8	94.5	94.3	94.1	–0.2
Cigarettes	NA	NA	NA	NA	NA	NA	NA
Steroids[f]	NA	NA	NA	1.1	1.2	1.7	+0.5

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

NA indicates data not available, NT indicates data not yet tabulated.

[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 in 1986–89, and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5400.

[c] This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f] This drug was asked about in one questionnaire form. Total N in 1991 is approximately 1300.

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

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

[i] This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2600.

[j] This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4100.

[k] Lifetime prevalence is uncorrected for any cross-time inconsistencies in responding. See text.

TABLE 13

Trends in Annual Prevalence of Various Types of Drugs

Among Respondents of Modal Age 19–28
(Entries are percentages)

	Percent who used in last twelve months						
	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Any Illicit Drug[h]	41.9	39.3	36.3	32.8	30.7	27.0	–3.7sss
Any Illicit Drug[h] Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	–2.4sss
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	–2.3ss
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	+0.1
Inhalants, Adjusted[b,e]	3.0	2.8	2.4	NA	2.1	2.2	+0.1
Nitrites[f]	2.0	1.3	1.0	NA	0.4	0.2	–0.2
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	+0.4
Hallucinogens, Adjusted[g]	4.9	4.1	3.9	NA	4.2	4.6	+0.4
LSD	3.0	2.9	2.9	2.7	3.3	3.8	+0.5
PCP[f]	0.8	0.4	0.4	NA	0.2	0.3	+0.1
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	–2.4sss
Crack[c]	3.2	3.1	3.1	2.5	1.6	1.2	–0.4s
Other Cocaine[j]	NA	13.6	11.9	10.3	8.1	5.4	–2.7sss
MDMA ("Ecstasy")[i]	NA	NA	NA	1.4	1.5	0.8	–0.7s
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.0
Other Opiates[a]	3.1	3.1	2.7	2.8	2.7	2.5	–0.2
Stimulants, Adjusted[a,d]	10.6	8.7	7.3	5.8	5.2	4.3	–0.9s
Crystal Methamphetamine ("Ice")[i]	NA	NA	NA	NA	0.4	0.3	–0.1
Sedatives[a]	3.0	2.5	2.1	1.8	NA	NA	NA
Barbiturates[a]	2.3	2.1	1.8	1.7	1.9	1.8	–0.1
Methaqualone[a]	1.3	0.9	0.5	0.3	NA	NA	NA
Tranquilizers[a]	5.4	5.1	4.2	3.7	3.7	3.5	–0.2
Alcohol	88.6	89.4	88.6	88.1	87.4	86.9	–0.5
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	+0.6
Steroids[f]	NA	NA	NA	0.5	0.3	0.5	+0.2

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

[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 in 1986–89 (N was four-fifths of N indicated), and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5400.

[c]This drug was asked about in one of the five questionnaire forms in 1986, in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f]This drug was asked about in one questionnaire form. Total N in 1990 is approximately 1300.

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

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

[i]This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2600.

[j]This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4100.

TABLE 14

Trends in Thirty-Day Prevalence of Various Types of Drugs

Among Respondents of Modal Age 19–28
(Entries are percentages)

	Percent who used in last thirty days						
	1986	1987	1988	1989	1990	1991	'90–'91 change
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Any Illicit Drug[h]	25.8	23.4	20.5	17.7	15.9	15.1	–0.8
Any Illicit Drug[h] Other than Marijuana	13.0	10.7	9.5	7.5	6.0	5.4	–0.6
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	–0.4
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	–0.1
Inhalants, Adjusted[b,e]	0.7	0.9	0.9	NA	0.7	0.6	–0.1
Nitrites[f]	0.5	0.5	0.4	NA	0.1	0.0	–0.1
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	+0.2
Hallucinogens, Adjusted[g]	1.4	1.2	1.1	NA	1.0	1.2	+0.2
LSD	0.9	0.8	0.8	0.8	0.6	0.8	+0.2
PCP[f]	0.2	0.1	0.3	NA	0.2	0.1	–0.1
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	–0.4
Crack[c]	NA	1.0	1.2	0.7	0.4	0.4	0.0
Other Cocaine[j]	NA	4.8	4.8	3.4	2.1	1.8	–0.3
MDMA[i]	NA	NA	NA	0.4	0.2	0.1	–0.1
Heroin	0.1	0.1	0.1	0.1	0.1	0.0	–0.1
Other Opiates[a]	0.9	0.9	0.7	0.7	0.7	0.6	–0.1
Stimulants, Adjusted[a,d]	4.0	3.2	2.7	2.1	1.9	1.5	–0.4
Crystal Methamphetamine("Ice")[i]	NA	NA	NA	NA	0.1	0.0	–0.1
Sedatives[a]	0.9	0.8	0.7	0.5	NA	NA	NA
Barbiturates[a]	0.7	0.7	0.7	0.5	0.6	0.5	–0.1
Methaqualone[a]	0.3	0.2	0.1	0.0	NA	NA	NA
Tranquilizers[a]	1.8	1.6	1.4	1.2	1.1	0.9	–0.2
Alcohol	75.1	75.4	74.0	72.4	71.2	70.6	–0.6
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	+0.5
Steroids[f]	NA	NA	NA	0.2	0.1	0.2	+0.1

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

[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 in 1986–89 (N was four-fifths of N indicated), and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5400.

[c]This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f]This drug was asked about in one questionnaire form. Total N in 1991 is approximately 1300.

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

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

[i]This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2600.

[j]This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4100.

TABLE 15

Trends in Thirty-Day Prevalence of Daily Use of Various Types of Drugs

Among Respondents of Modal Age 19–28

(Entries are percentages)

	Percent using daily in last thirty days						
	1986	1987	1988	1989	1990	1991	'90–'91 change[h]
Approx. Wtd. N =	(6900)	(6800)	(6700)	(6600)	(6700)	(6600)	
Marijuana	4.1	4.2	3.3	3.2	2.5	2.3	–0.2
Inhalants[b]	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Inhalants, Adjusted[b,e]	0.0	0.0	0.0	NA	0.1	0.0	–0.1
Nitrites[f]	0.0	0.0	0.1	NA	0.1	0.0	–0.1
Hallucinogens	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Hallucinogens, Adjusted[g]	0.0	0.0	0.0	NA	0.0	0.0	0.0
LSD[f]	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PCP[f]	0.0	0.0	0.1	NA	0.1	0.0	–0.1
Cocaine	0.2	0.1	0.2	0.1	0.0	0.1	+0.1
Crack[c]	NA	0.0	0.1	0.0	0.0	0.0	0.0
Other Cocaine[j]	NA	0.1	0.1	0.0	0.0	0.1	+0.1
MDMA ("Ecstasy")[i]	NA	NA	NA	0.0	0.0	0.0	0.0
Heroin	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Opiates[a]	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Stimulants, Adjusted[a,d]	0.2	0.2	0.1	0.1	0.1	0.1	0.0
Crystal Methamphetamine ("Ice")[i]	NA	NA	NA	NA	0.0	0.0	0.0
Sedatives[a]	0.0	0.0	0.1	0.0	NA	NA	NA
Barbiturates[a]	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Methaqualone[a]	0.0	0.0	0.0	0.0	NA	NA	NA
Tranquilizers[a]	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alcohol							
Daily	6.1	6.6	6.1	5.5	4.7	4.9	+0.2
5+ drinks in a row in last 2 weeks	36.1	36.2	35.2	34.8	34.3	34.7	+0.4
Cigarettes							
Daily	25.2	24.8	22.7	22.4	21.3	21.7	+0.4
Half-pack or more per day	20.2	19.8	17.7	17.3	16.7	16.0	–0.7
Steroids[f]	NA	NA	NA	0.0	0.0	0.0	0.0

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

NA indicates data not available, NT indicates data not yet tabulated. [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 in 1986–89, and five of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 5400.

[c]This drug was asked about in two of the five questionnaire forms in 1987–89, and in all six questionnaire forms in 1990–1991.

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

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

[f]This drug was asked about in one questionnaire form. Total N in 1991 is approximately 1300.

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

[h]Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding.

[i]This drug was asked about in two questionnaire forms. Total N in 1991 is approximately 2600.

[j]This drug was asked about in one of the five questionnaire forms in 1987–89, and in four of the six questionnaire forms in 1990–1991. Total N in 1991 is approximately 4100.

TABLE 16

A Comparison of Drug Usage Rates for 8th, 10th, and 12th Graders in 1991*

	Lifetime			Annual			30-Day			Daily		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Approx. N =	17500	14800	15000	17500	14800	15000	17500	14800	15000	17500	14800	15000
Marijuana/Hashish	10.2	23.4	36.7	6.2	16.5	23.9	3.2	8.7	13.8	0.2	0.8	2.0
Inhalants	17.6	15.7	17.6	9.0	7.1	6.6	4.4	2.7	2.4	0.2	0.1	0.2
Inhalants adj.	—	—	18.0	—	—	6.9	—	—	2.6	—	—	0.5
Amyl/Butyl Nitrites	—	—	1.6	—	—	0.9	—	—	0.4	—	—	0.2
Hallucinogens	3.2	6.1	9.6	1.9	4.0	5.8	0.8	1.6	2.2	0.1	0.0	0.1
Hallucinogens adj.	—	—	10.0	—	—	6.1	—	—	2.4	—	—	0.1
LSD	2.7	5.6	8.8	1.7	3.7	5.2	0.6	1.5	1.9	0.0	0.0	0.1
PCP	—	—	2.9	—	—	1.4	—	—	0.5	—	—	0.1
Other Psychs	1.4	2.2	3.7	0.7	1.3	2.0	0.3	0.4	0.7	0.0	0.0	0.0
Cocaine	2.3	4.1	7.8	1.1	2.2	3.5	0.5	0.7	1.4	0.1	0.1	0.1
"Crack"	1.3	1.7	3.1	0.7	0.9	1.5	0.3	0.3	0.7	0.0	0.0	0.1
Other Cocaine	2.0	3.8	7.0	1.0	2.1	3.2	0.5	0.6	1.2	0.0	0.0	0.1
Heroin	1.2	1.2	0.9	0.7	0.5	0.4	0.3	0.2	0.2	0.0	0.0	0.0
Stimulants, adj.	10.5	13.2	15.4	6.2	8.2	8.2	2.6	3.3	3.2	0.1	0.1	0.2
Ice	—	—	3.3	—	—	1.4	—	—	0.6	—	—	0.1
Tranquilizers	3.8	5.8	7.2	1.8	3.2	3.6	0.8	1.2	1.4	0.0	0.0	0.1
Alcohol												
Any use	70.1	83.8	88.0	54.0	72.3	77.7	25.1	42.8	54.0	0.5	1.3	3.6
5+ drinks in last 2 weeks	—	—	—	—	—	—	—	—	—	12.9	22.9	29.8
Cigarettes												
Any use	44.0	55.1	63.1	—	—	—	14.3	20.8	28.3	7.2	12.6	18.5
1/2pack+/day	—	—	—	—	—	—	—	—	—	3.1	6.5	10.7
Steroids	1.9	1.8	2.1	1.0	1.1	1.4	0.4	0.6	0.8	0.0	0.1	0.1
Smokeless Tobacco	22.2	28.2	—	—	—	—	6.9	10.0	—	—	—	—
Been Drunk	26.7	50.0	65.4	17.5	40.1	52.7	7.6	20.5	31.6	0.2	0.2	0.9

*See Table 1 for relevant footnotes. For 8th and 10th graders, all questions are based on the full sample except for smokeless tobacco which is based on one of two questionnaire forms (N is approximately one-half of N indicated).

FIGURE 1
Marijuana: Trends in Perceived Availability, Perceived Risk of Regular Use, and Prevalence of Use in Past Thirty-Days
All Seniors

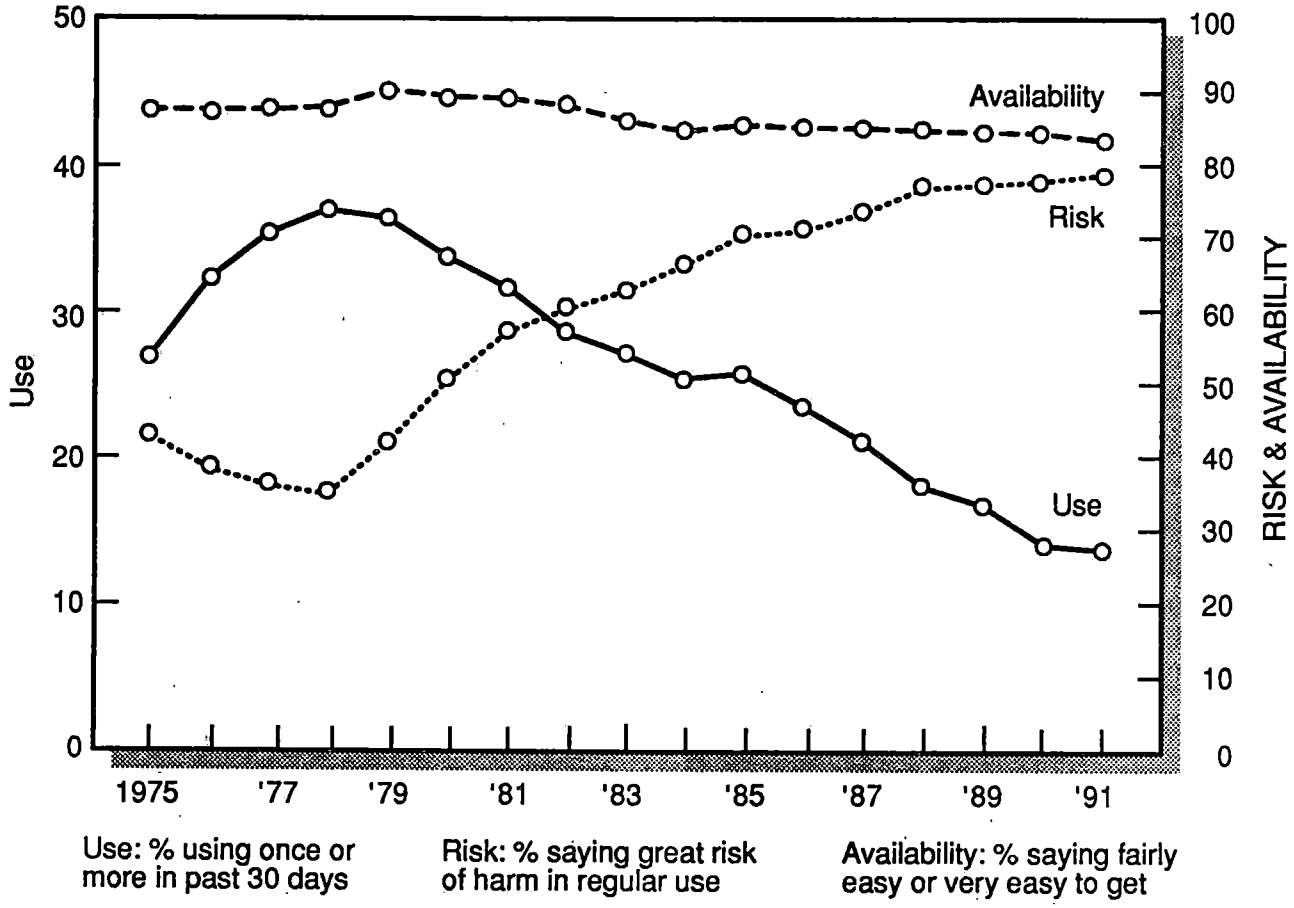
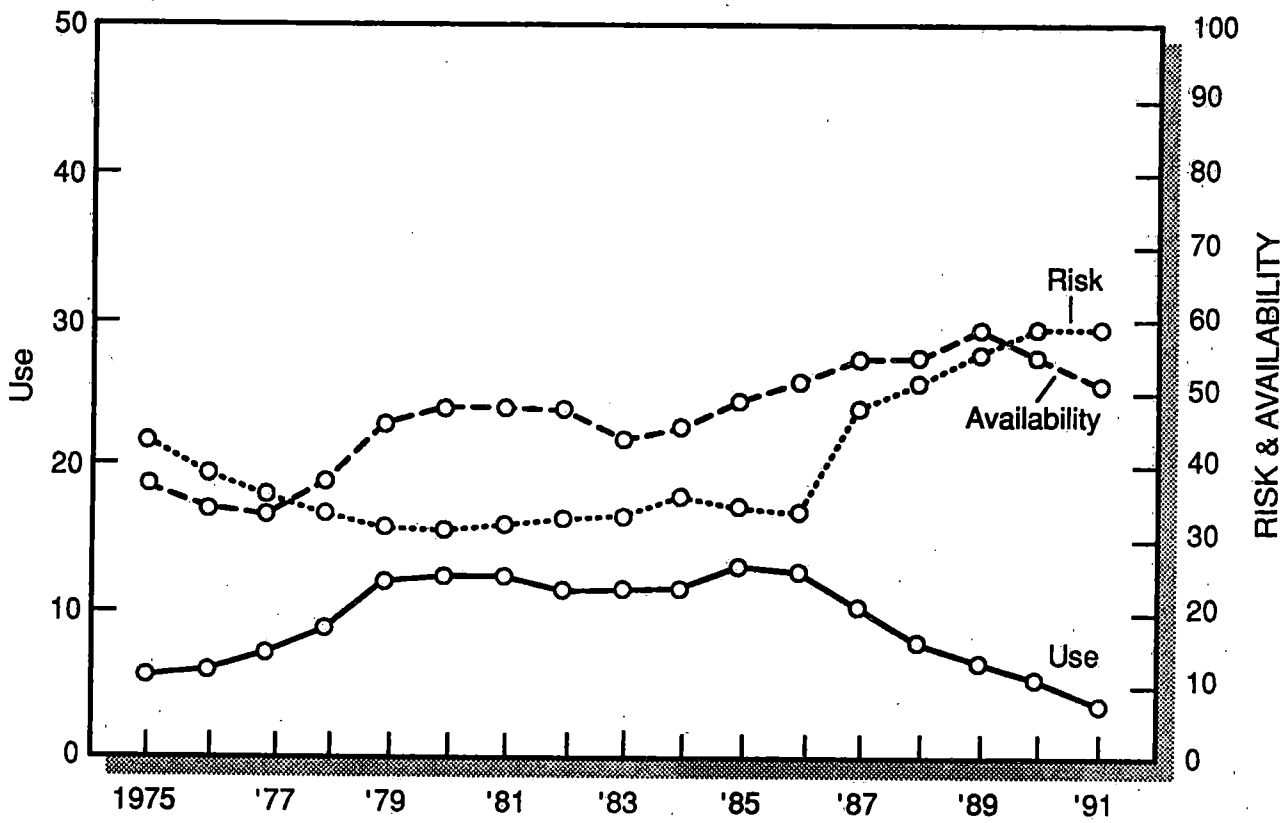


FIGURE 2

Cocaine: Trends in Perceived Availability, Perceived Risk of Trying, and Prevalence of Use in Past Year
All Seniors



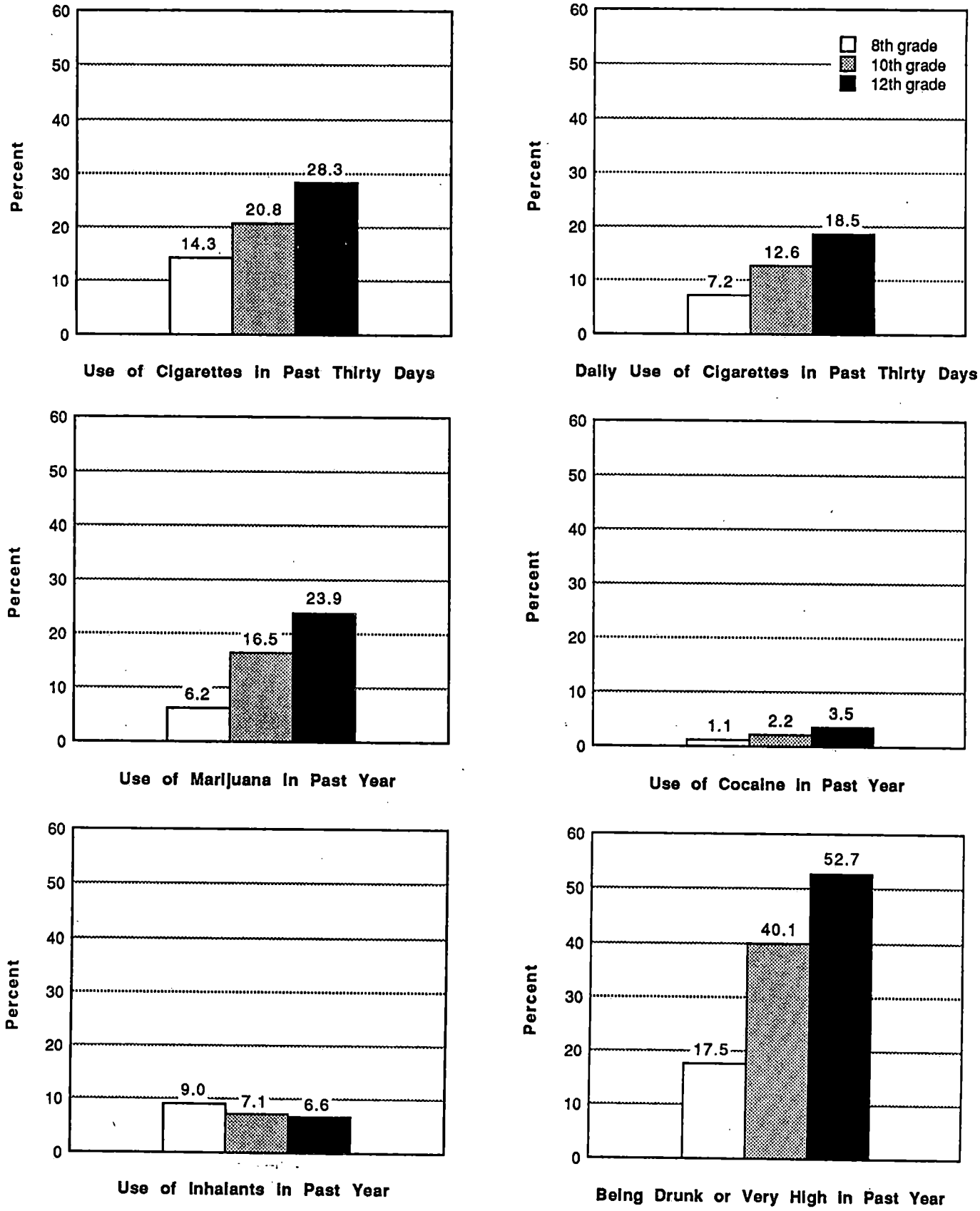
Use: % using once or more in past 12 months

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

Availability: % saying fairly easy or very easy to get

Figure 3

Use of Selected Drugs by 8th, 10th, and 12th Graders in 1991



Office of National Drug Control Policy

Executive Office of the President

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EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

REMARKS OF GOVERNOR BOB MARTINEZ

AT THE

RELEASE OF

THE NATIONAL DRUG CONTROL STRATEGY:

A NATION RESPONDS TO DRUG USE

January 27, 1992

I want to welcome all of you here today for the release of the President's 1992 National Drug Control Strategy: A Nation Responds to Drug Use. In developing this Strategy, we sought and received counsel not only from Federal Departments and agencies, but also from the Congress, State and local officials, professionals in law enforcement, prevention, treatment, and international affairs, business organizations, charitable enterprises, parent groups, and private individuals throughout the land.

When President Bush came into office, most people in this country thought that doing something about the drug problem was beyond the power of government. Many worried that the President would stumble on this issue. Some may have hoped he would.

But the President boldly announced the first National Drug Control Strategy in his first television address to the Nation. And we can all take pride in the fact that under this Administration the drug problem in America has improved dramatically. We are making lifesaving strides against drug use in this country. The statistics speak for themselves:

- When this Administration took office, 14.5 million Americans were current users of drugs. By 1991, over 2 million had stopped using drugs, a drop of over 16 percent.

- In 1988, over 2.9 million Americans were current users of cocaine. By 1991, over a million had stopped using cocaine, a drop of over 35 percent.

- The number of current users of marijuana dropped by about 2 million, or over 16 percent.

- The best news concerns our young people. Among persons 12 - 17 years of age, current use of any illicit drug is

down more than 25 percent since 1988. According to the results from the latest High School Senior Survey, drug use by high school seniors has dropped to its lowest level since the survey began in 1975. Current cocaine use, for example, is down significantly from 1.9 percent in 1990, to 1.4 percent in 1991. All this means we are shutting down the pipeline into drug addiction.

These statistics are more than mere numbers. Reduced drug use means less suffering, less pain, and less drain on America's spirit, neighborhoods, families, businesses, and schools.

The Administration has committed enormous fiscal resources to fight the war on drugs. Between 1989 and 1992, Federal anti-drug funding rose from $6.6 billion to $11.9 billion. The number of Federal personnel deployed in this fight rose from under 41,000 to over 63,000.

But let's not forget the efforts of the States, cities, and towns, as well as businesses, non-profit organizations, religious institutions, and individuals across this land who have worked quietly and tirelessly to rid their neighborhoods and communities of the plague of drug use and drug crime.

The fourth National Drug Control Strategy: A Nation Responds to Drug Use recognizes the contributions of those outside the Federal government -- indeed, it relies on them. It takes cognizance of the impressive progress we are making against drug use in this country. But it also recognizes that drug use is still too high, and that among certain parts of our population drug use, though decreasing, is decreasing at an inadequate rate.

We are fighting a two-front war, in other words. Against one front -- casual use -- we are making great progress. Against the other -- hard-core use -- the going is tougher.

We must marshal every resource against the two fronts of this war, and the Strategy does exactly that:

- It encourages casual users to quit and encourages non-users to refrain from starting by continuing to fund large block grant programs in prevention, treatment, and law enforcement that assist the mainstream population.

- It addresses the problems of hard-core drug use through targeted programs in prevention and treatment, including the Capacity Expansion Program and Drug Emergency Grants.

This Strategy, unlike its predecessors, lays out in a more direct and graphic way the actions that will be taken to combat drugs. But the fundamental principle of the National Strategy remains firm: to reduce drug use through a combination of supply and demand policies and programs. Like its predecessors, this Strategy recognizes the key roles of Federal, State, and local

governments, the private sector, and communities and individuals across the Nation.

The Strategy calls for applying pressure across all fronts of the drug war simultaneously, recognizing that prevention is the only answer in the long run, but that in the short run increased interdiction, international, and law enforcement efforts are necessary, as well as treatment for those currently using drugs.

It declares that as a Nation we must:

- Establish meaningful and effective programs to prevent people from using drugs in the first place;
- Provide effective treatment for those who need it and can benefit from it;
- Hold users accountable for their actions and thereby deter others from using drugs;
- Target and dismantle drug trafficking organizations;
- Arrest and prosecute street-level drug dealers as well as their superiors;
- Provide swift and certain punishment for those convicted of drug crimes;
- Disrupt the flow of drugs, related chemicals, and drug money;
- Engage other nations in efforts to reduce the growth, production, and distribution of drugs;
- Support basic and applied research in behavior, medicine, and technology; and
- Improve our intelligence capabilities in order to attack drug trafficking organizations better.

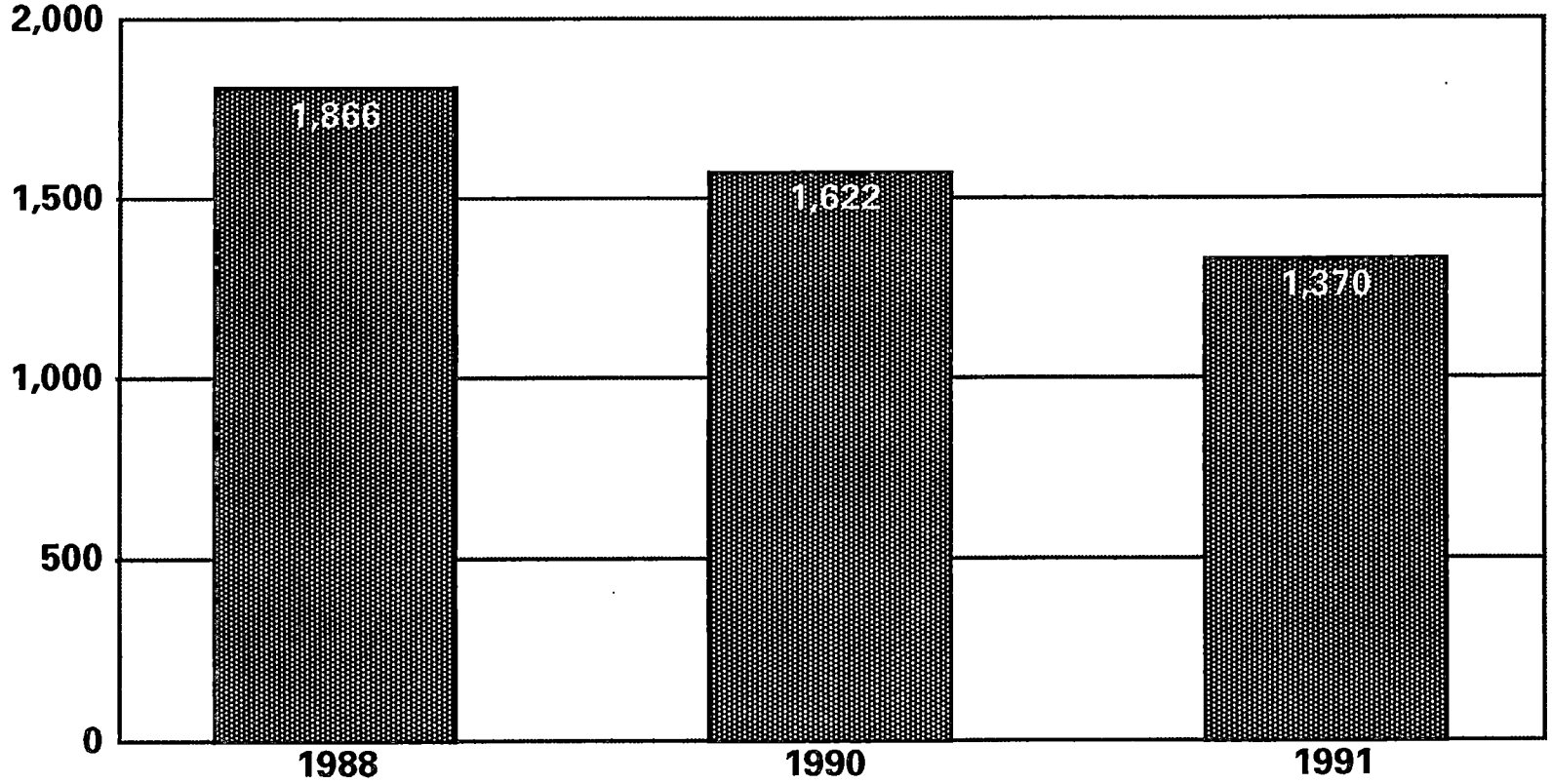
To carry out these objectives, the President is seeking $12.7 billion in drug-related funding, a $6.1 billion (93 percent) increase since the beginning of the Administration, and a $776 million (6.5 percent) increase over Fiscal Year 1992. If the President's Fiscal Year 1993 request is fully funded, State and local governments will receive about $3.5 billion for drug control programs, including drug law enforcement, treatment, and prevention efforts.

I am confident that with perseverance we will prevail. I congratulate you on your achievements so far, and I call upon you to carry on the fight until we do prevail.

Thank you.

PAST MONTH USE OF ANY ILLICIT DRUG AMONG ADOLESCENTS

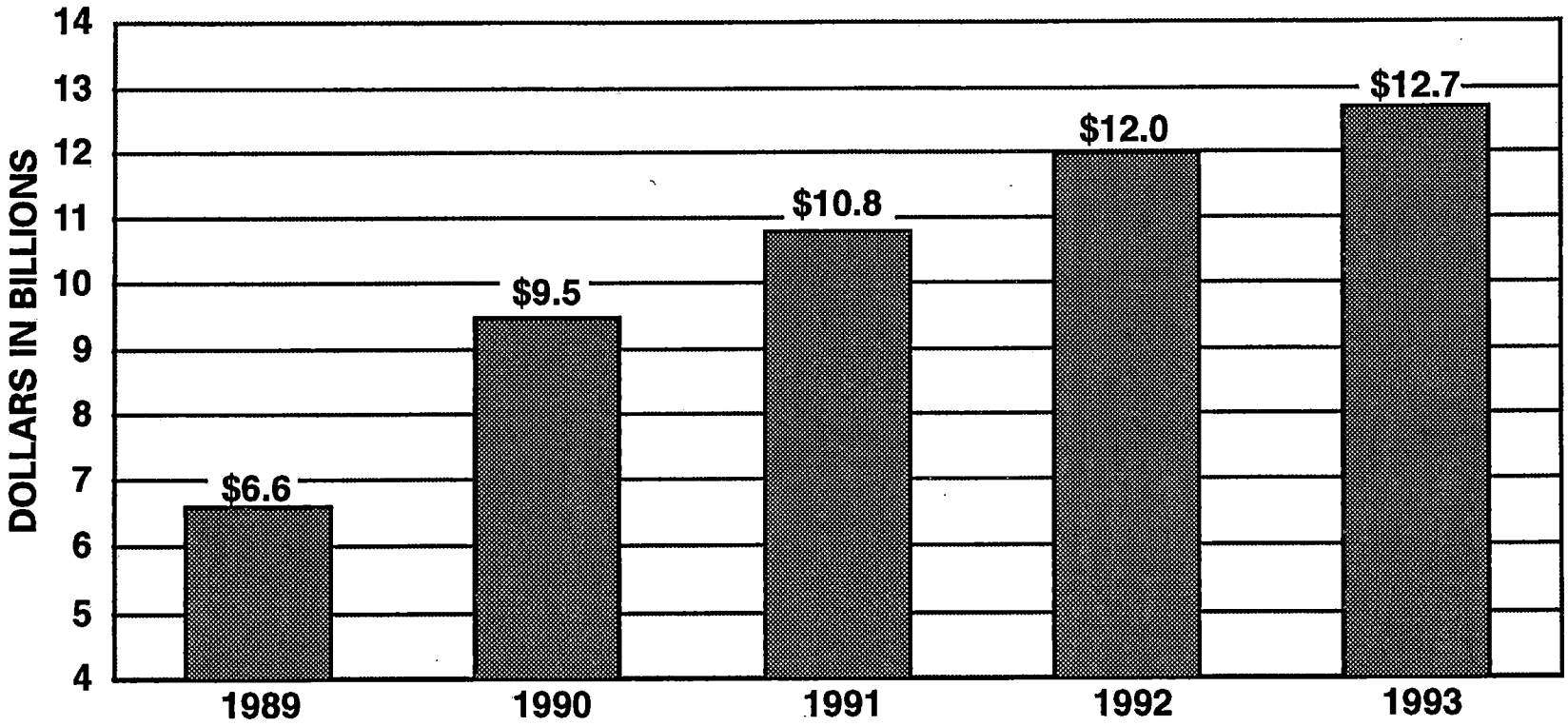
(estimates in thousands of users)



1-27-92
ONDCP

SOURCE: National Household Survey on Drug Abuse.
Estimates are subject to sampling and nonsampling errors.

FEDERAL ANTI-DRUG FUNDING 1989-1993



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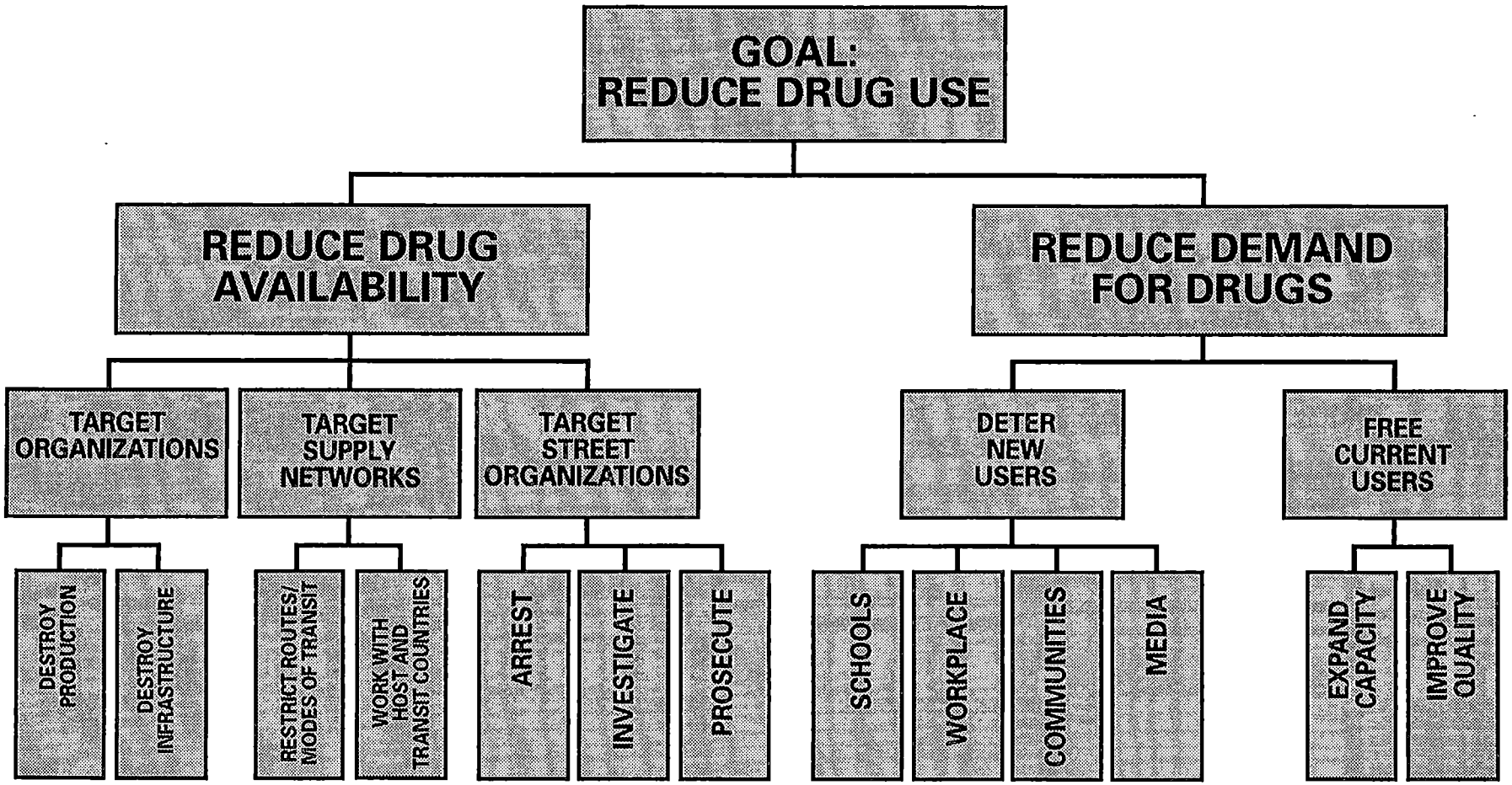
ONDCP

SOURCE: ONDCP

NATIONAL DRUG CONTROL STRATEGY



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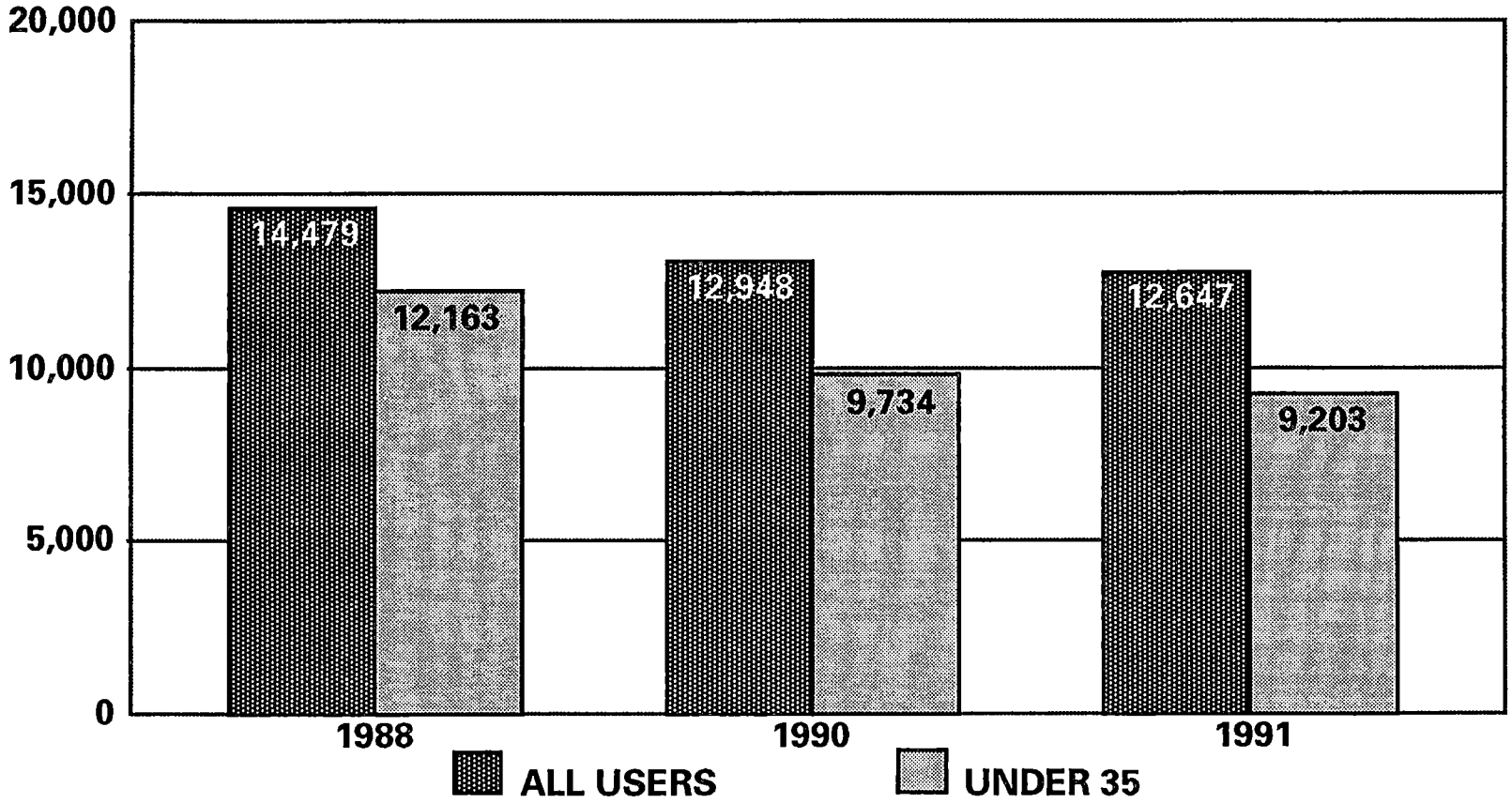
ONDCP

SOURCE: ONDCP

PAST MONTH USE OF ANY ILLICIT DRUG

(estimates in thousands of users)

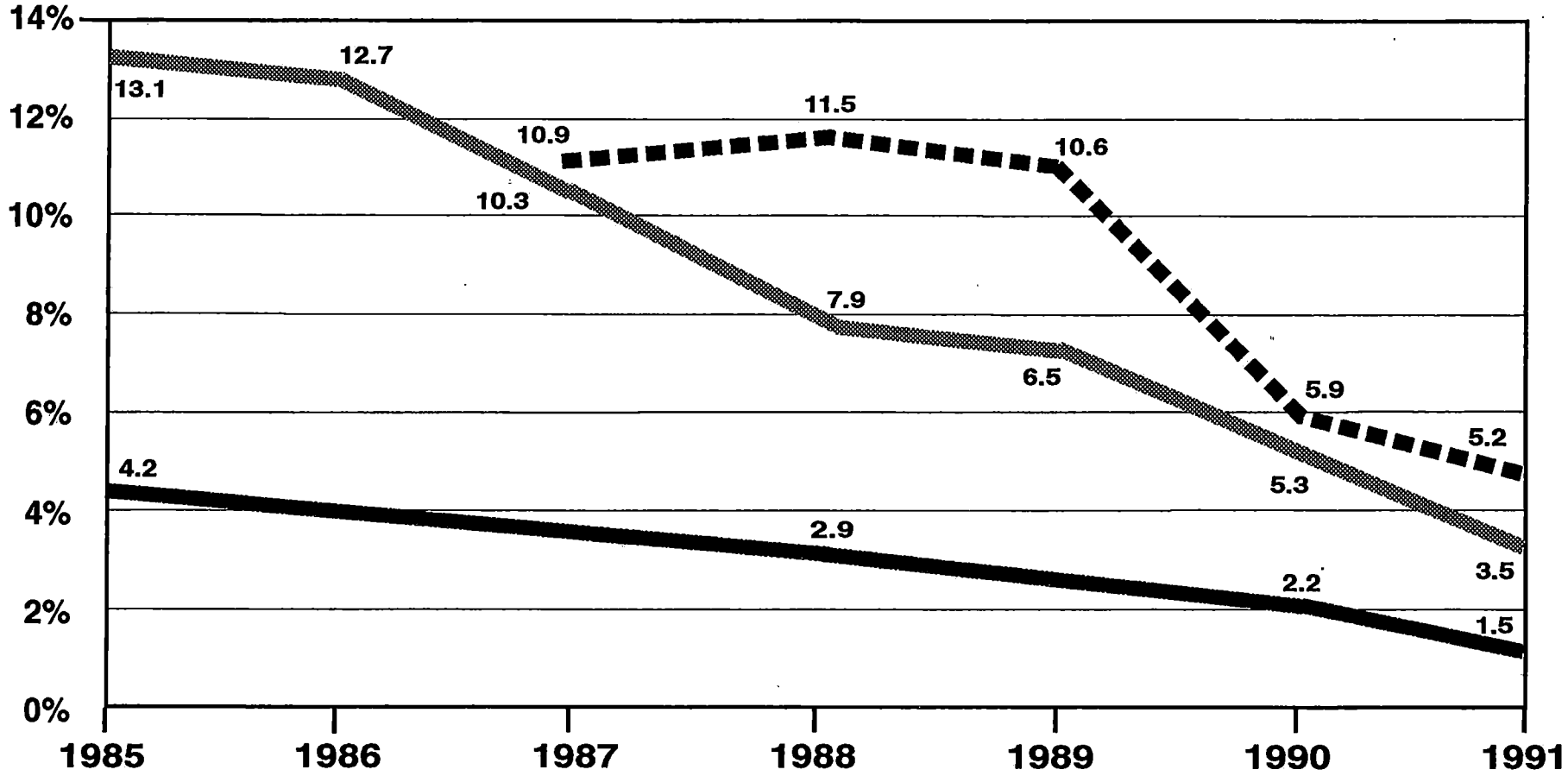


1-27-92
ONDCP

SOURCE: National Household Survey on Drug Abuse.
Estimates are subject to sampling and nonsampling errors.

TRENDS IN ADOLESCENT COCAINE USE, 1985-1991

(annual use as measured by three indicators)



HOUSEHOLD SURVEY
(percent of 12-17 year-olds)

HIGH SCHOOL SENIOR SURVEY
(percent of seniors)

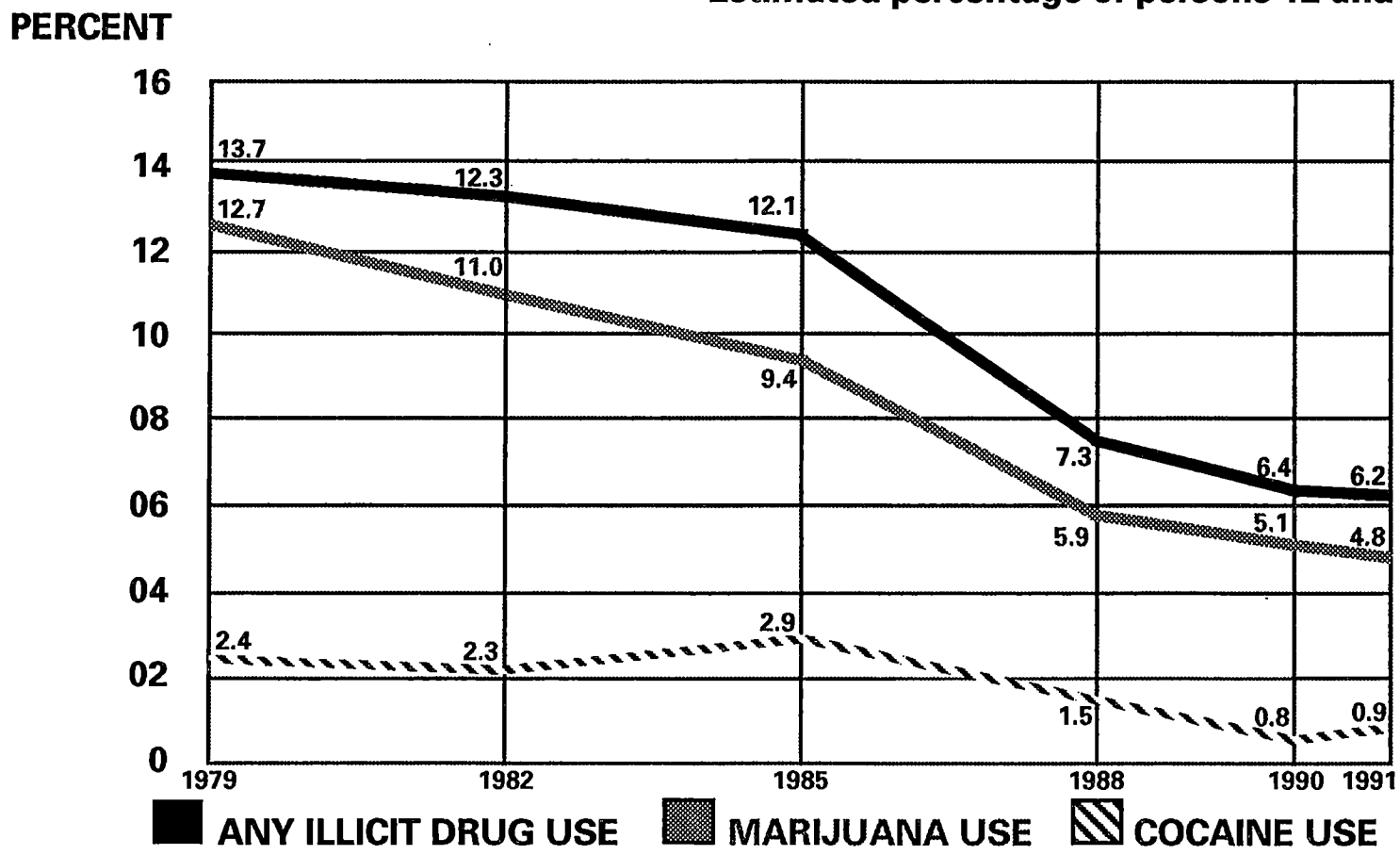
PARTNERSHIP IMPACT SURVEY
(percent of 13-17 year-olds)

1-27-92
ONDCP

SOURCE: NIDA, 1988, 1990 HOUSEHOLD SURVEY; 1990 HIGH SCHOOL SENIOR SURVEY; GORDON S. BLACK CORP. 1990 PARTNERSHIP SURVEY.

PAST MONTH USE OF ILLICIT DRUGS, 1979–1991

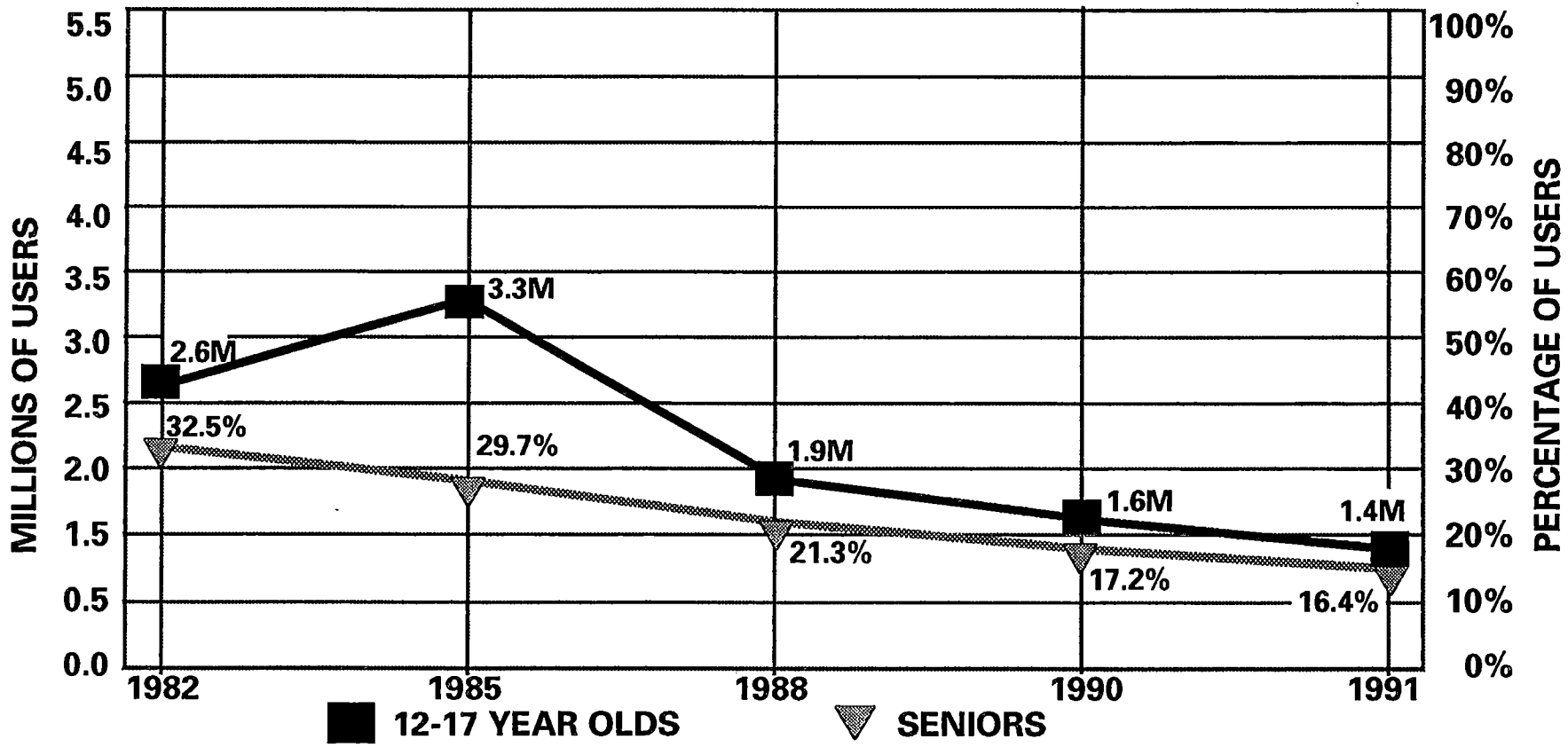
Estimated percentage of persons 12 and older.



1-27-92
ONDCP

SOURCE: National Household Survey on Drug Abuse.
Estimates are subject to sampling and nonsampling errors.

CURRENT USE OF ANY ILLICIT DRUG AMONG ADOLESCENTS AND HIGH SCHOOL SENIORS, 1982-1991

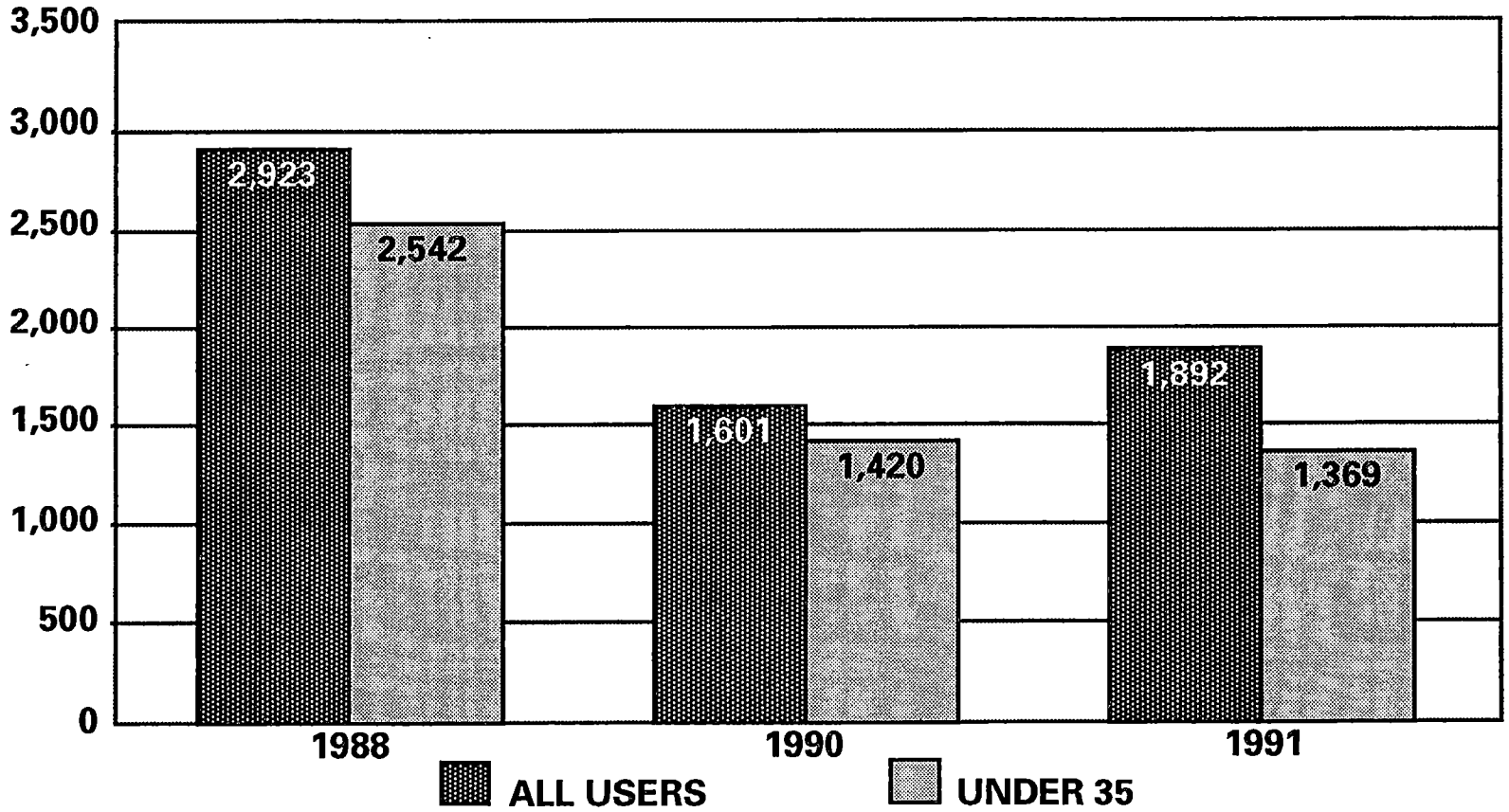


1-27-92
ONDCP

SOURCE: HOUSEHOLD SURVEY, 1991; SENIOR SURVEY, 1991.

PAST MONTH USE OF COCAINE

(estimates in thousands of users)

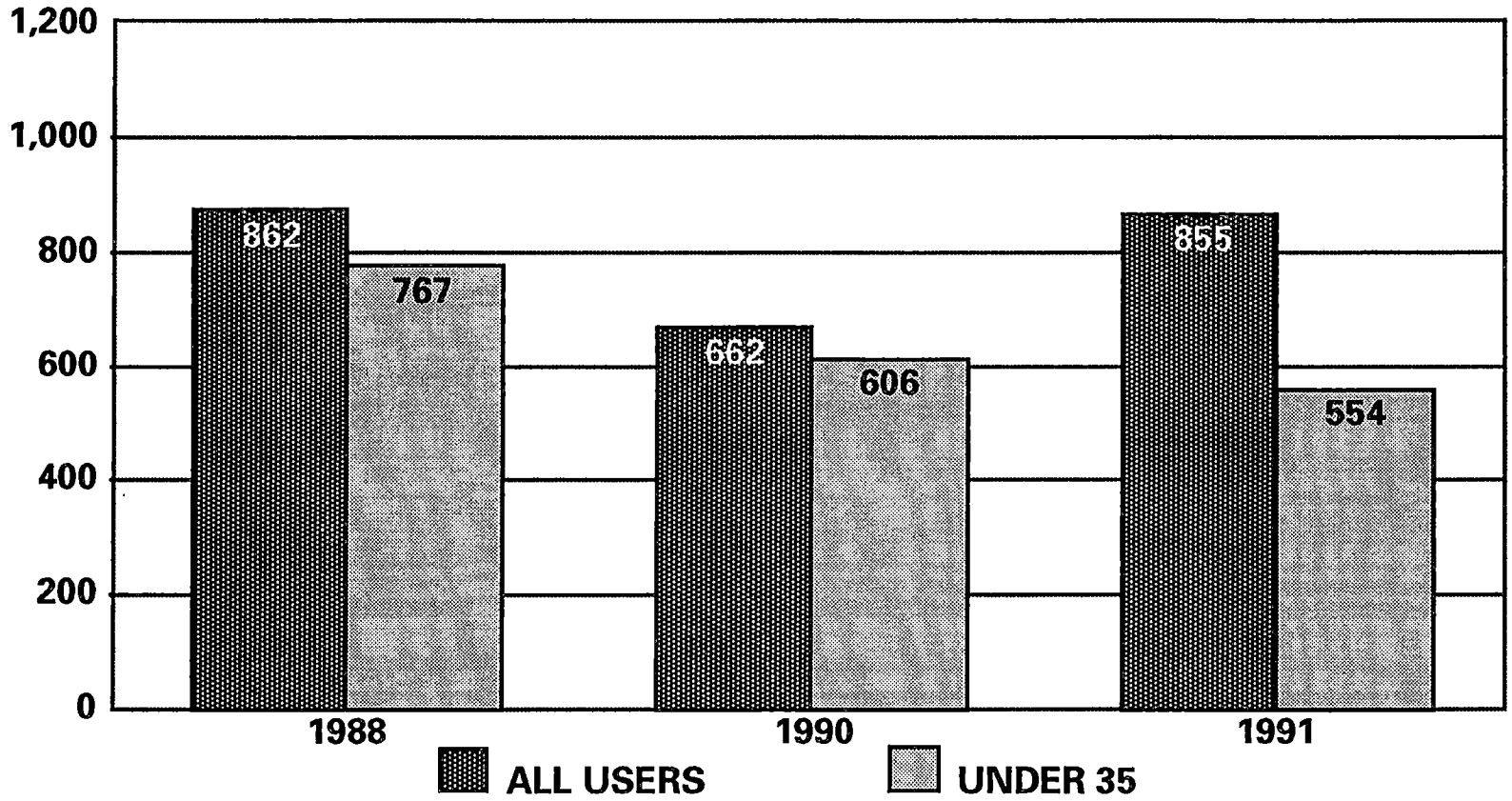


1-27-92
ONDCP

SOURCE: National Household Survey on Drug Abuse.
Estimates are subject to sampling and nonsampling errors.

FREQUENT* USE OF COCAINE

(estimates in thousands of users)



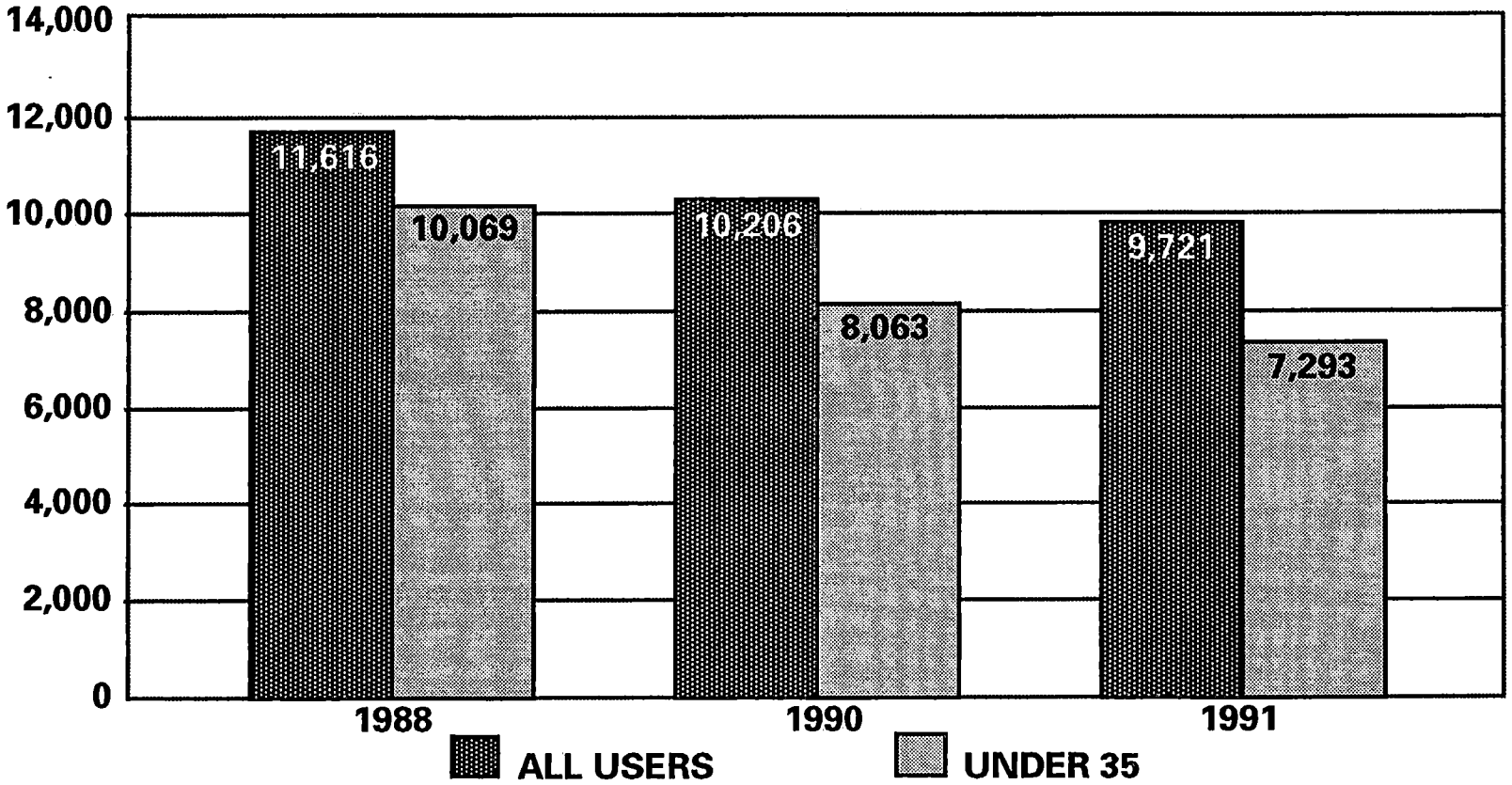
1-27-92
ONDCP

SOURCE: National Household Survey on Drug Abuse.
Estimates are subject to sampling and nonsampling errors.

*FREQUENT USE IS DEFINED AS A TENDENCY WITHIN THE PAST YEAR TO USE COCAINE ON A WEEKLY BASIS.

PAST MONTH USE OF MARIJUANA

(estimates in thousands of users)



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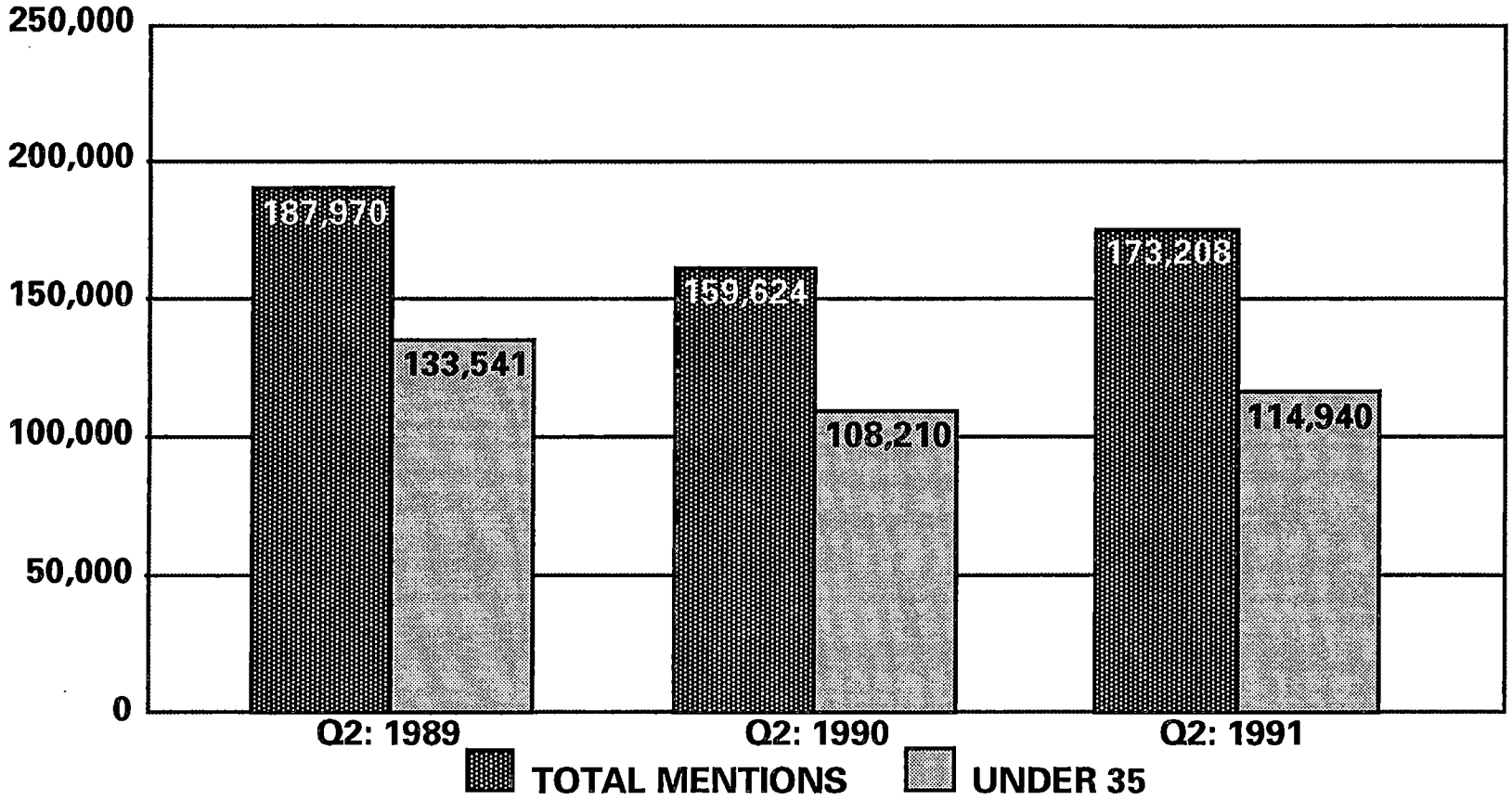
ONDCP

SOURCE: National Household Survey on Drug Abuse.
Estimates are subject to sampling and nonsampling errors.

DRUG-RELATED EMERGENCY ROOM MENTIONS



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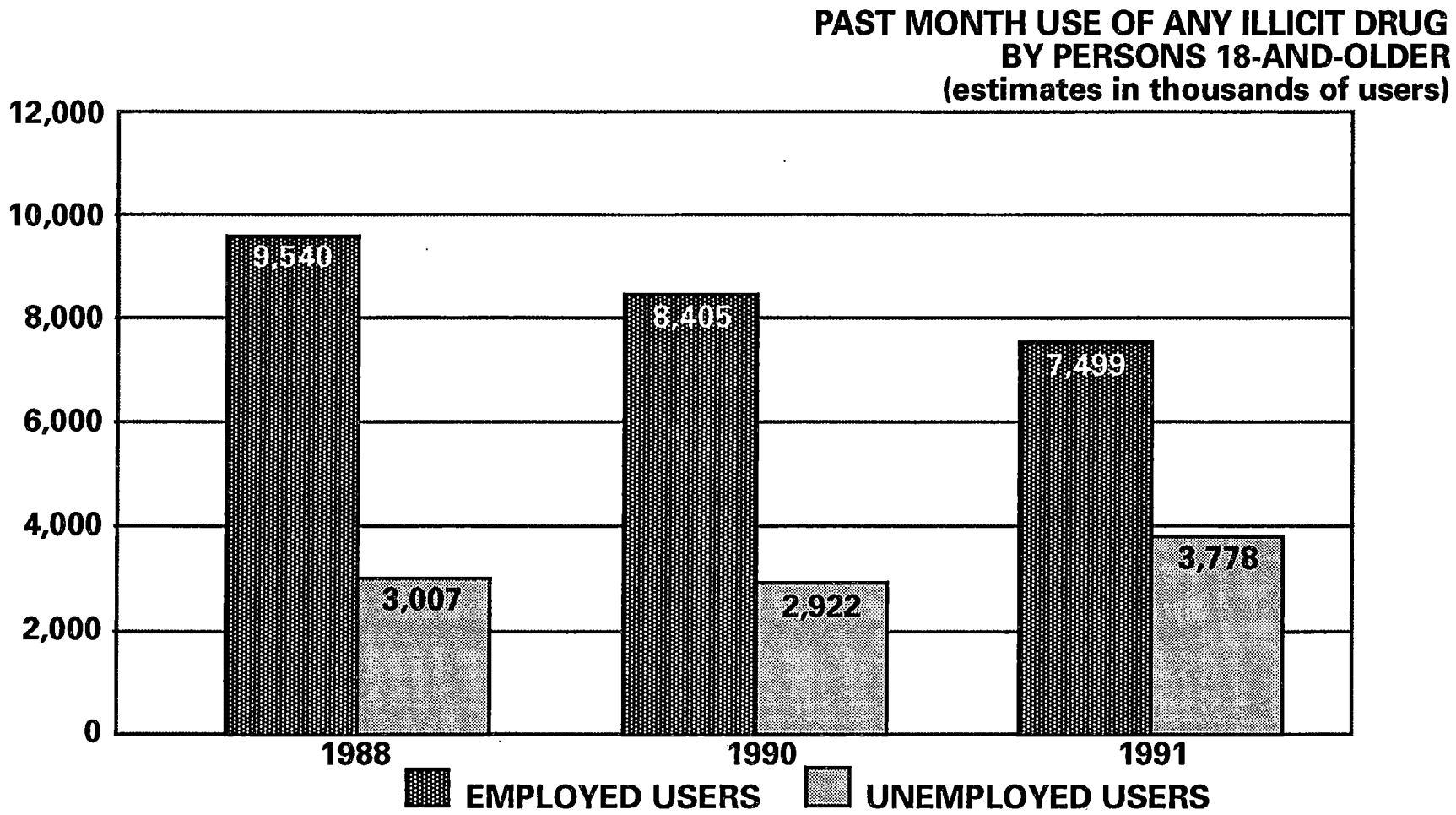
ONDCP

SOURCE: NIDA, DAWN, October 1991 data file.
Estimates are subject to sampling and nonsampling errors.

EMPLOYMENT STATUS OF ADULT DRUG USERS



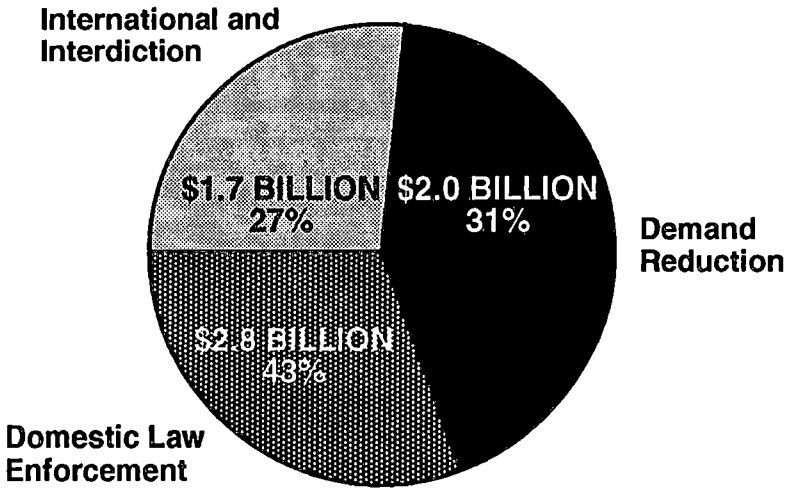
EMPLOYED INCLUDES FULL- AND PART-TIME WORKERS.
UNEMPLOYED INCLUDES BOTH PERSONS OUT OF WORK AND LOOKING FOR WORK, AND PERSONS OUT OF WORK AND NOT LOOKING FOR WORK.

1-27-92
ONDCP

SOURCE: National Household Survey on Drug Abuse.
Estimates are subject to sampling and nonsampling errors.

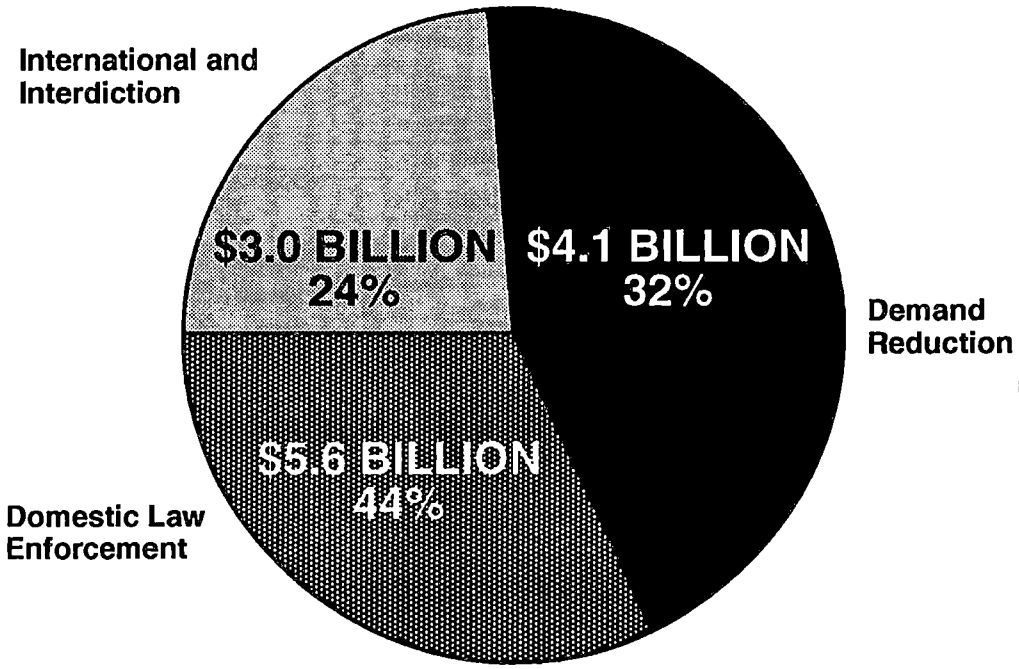
FEDERAL DRUG CONTROL BUDGET BY MAJOR ACTIVITY

FY 1989



Total Federal Drug Control Funds = $6.6 billion

FY 1993

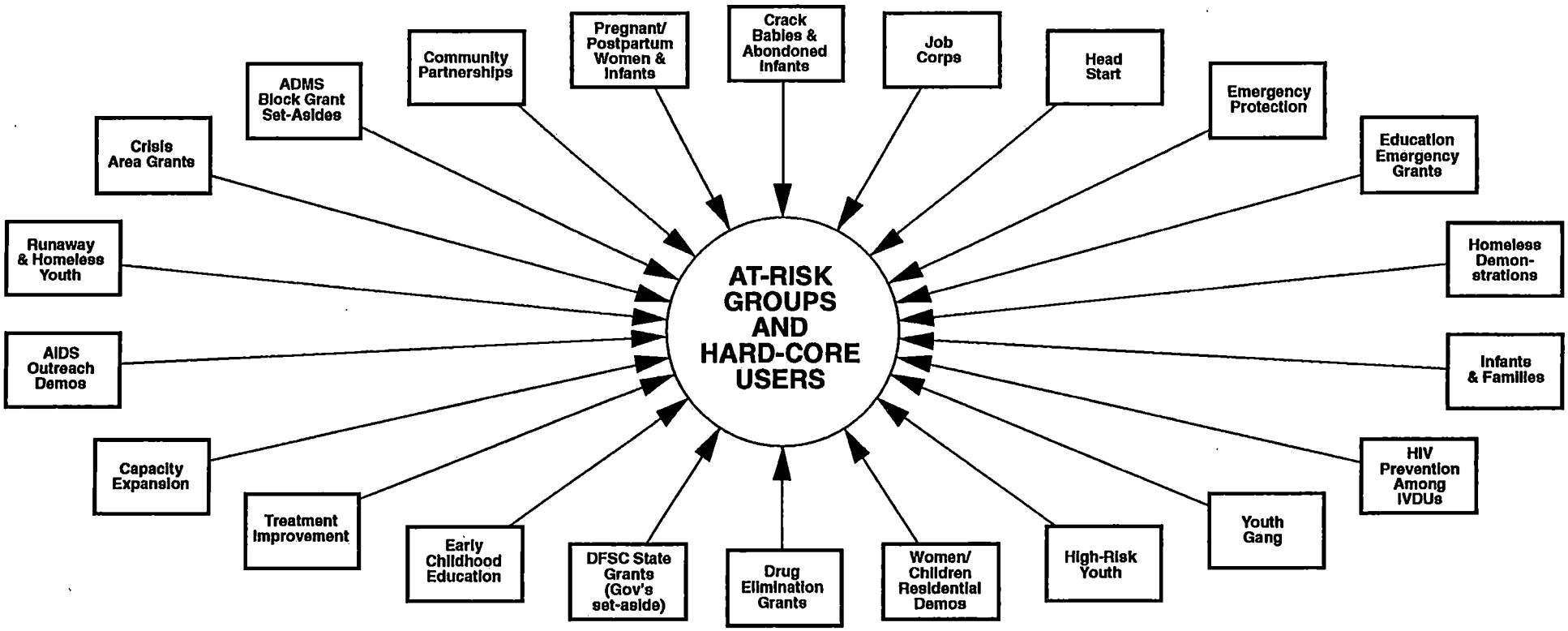


Total Federal Drug Control Funds = $12.7 billion

1-27-92
ONDCP

SOURCE: ONDCP

PROGRAMS TARGETING AT-RISK GROUPS AND HARD-CORE USERS



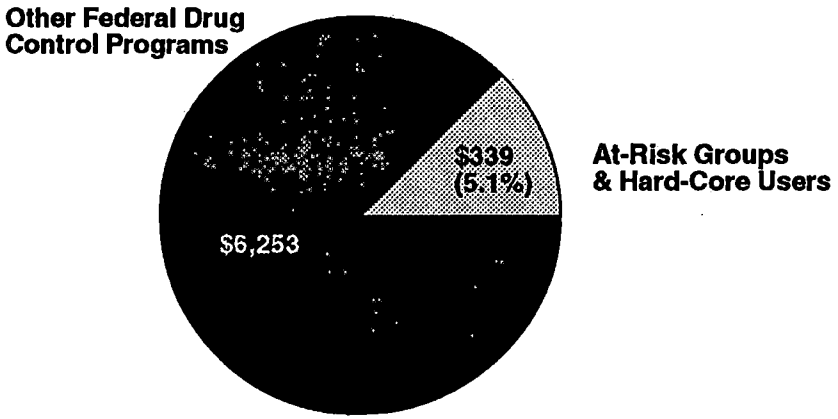
Total FY 1993 Funding for Programs Targeting At-Risk Groups and Hard-Core Users: $1.2 Billion

1-27-92
ONDCP

SOURCE: ONDCP

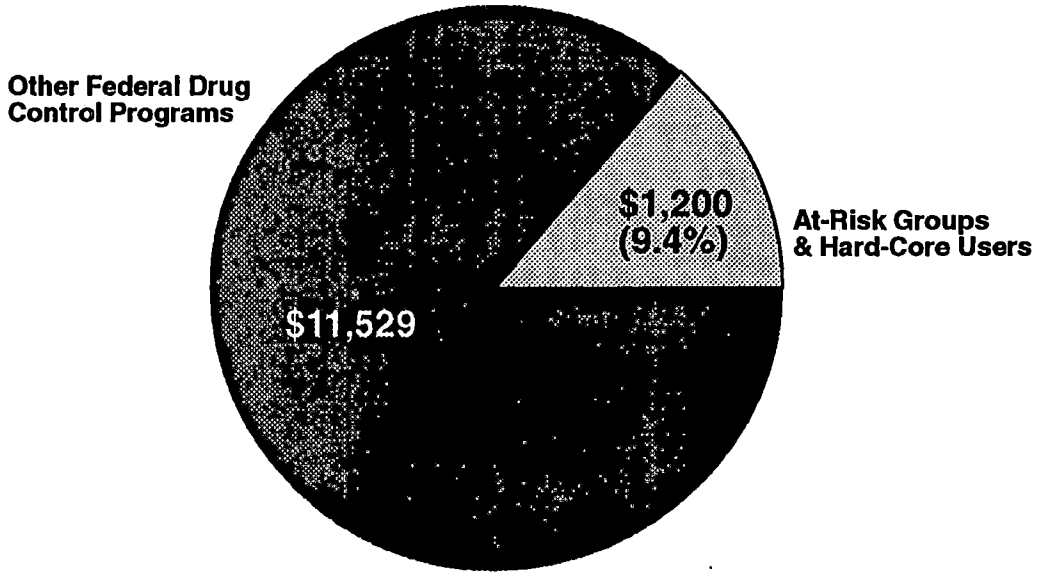
FUNDING FOR PROGRAMS TARGETING AT-RISK GROUPS AND HARD-CORE USERS

FY 89



All Federal Drug Control Funds = $6.6 billion

FY 93



All Federal Drug Control Funds = $12.7 billion

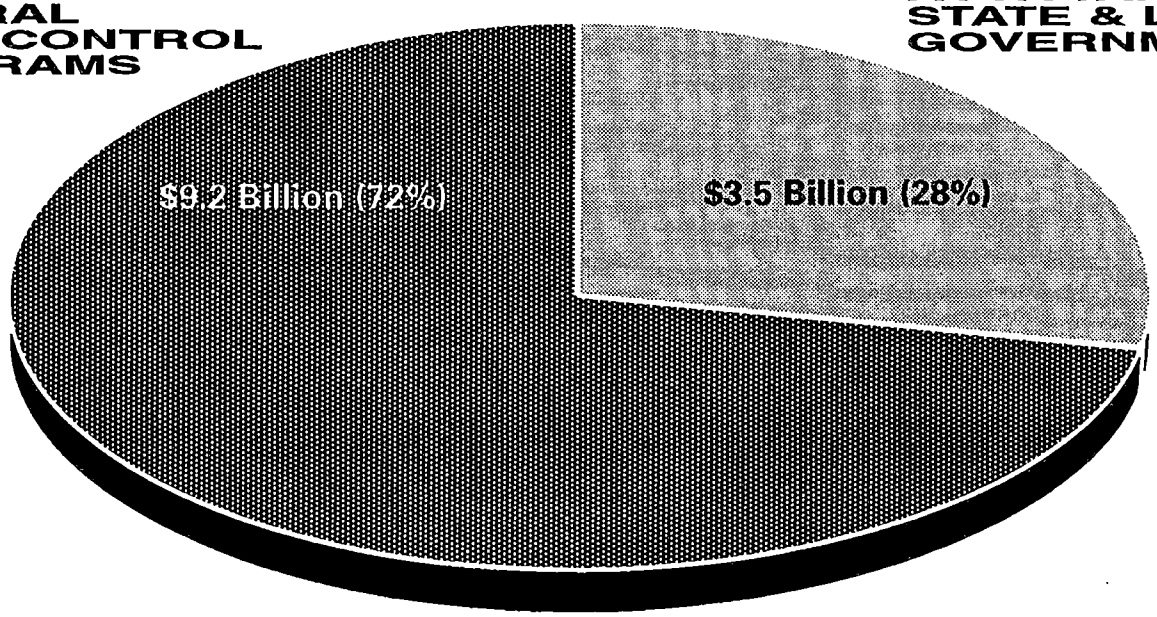
Funding for Programs Targeting At-Risk Groups and Hard-Core Users FY 1989-FY 1993: Increase of 254%

1-27-92
ONDCP

SOURCE: ONDCP

FEDERAL DRUG PROGRAM ASSISTANCE TO STATE & LOCAL GOVERNMENTS

FY 1993



TOTAL FEDERAL DRUG CONTROL FUNDS: $12.7 BILLION

1-27-92
ONDCP

SOURCE: ONDCP

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
Washington, D.C. 20500

*

NATIONAL DRUG CONTROL STRATEGY IV
A NATION RESPONDS TO DRUG USE

FACT SHEET

Progress continues in the war on drugs, particularly among persons 12-17 years of age (thus shutting down the pipeline that leads to addiction). Between 1988 and 1991:

- Current overall drug use dropped 13 percent; current adolescent drug use dropped 27 percent.
- Occasional use of cocaine dropped 22 percent; adolescent cocaine use dropped an astounding 63 percent.
- Current users of marijuana dropped by about 2 million since 1988, a drop of over 16 percent.
- Among persons 12 - 17 years of age, current use of any illicit drug is down more than 25 percent since 1988, and, according to the High School Senior Survey, drug use by high school seniors has dropped to its lowest level since the survey began in 1975.
- Student approval of occasional marijuana and cocaine use dropped by 29 percent and 47 percent respectively.
- Federal drug seizures in 1991 continue to be substantial, with figures totaling several hundred thousands of pounds of cocaine, heroin, and marijuana seizures.

The war on drugs requires a substantial fiscal commitment, one fully met by this Administration:

- Funding has increased by 93 percent under President Bush -- $12.7 billion for Fiscal Year 1993.
- 28 percent of the Federal drug control budget -- $3.5 billion -- is devoted to State and local government drug control programs. For example:
  - -- Community Partnership Grants: $113.9 million (up 15 percent over 1992) to assist communities in developing drug prevention strategies.
  - -- Public Housing Drug Elimination Grants: $165 million to assist residents in mobilizing against drugs.
  - -- $656.9 million for educational prevention programs.

-- $60.3 million (double the FY 1992 level) for Drug Emergency Grants to focus on schools with significant drug and drug-related violence problems.

-- $61.9 million for DEA State and Local Task Forces.

- $2.3 billion for treatment programs (up 20 percent over 1991 and double the FY 1989 level).

- Treatment capacity for at least 1.9 million people nationwide in Fiscal Year 1993.

- Total funding for prevention activities will rise to more than $1.6 billion in FY 1993, more than double the FY 1989 level.

- Nearly $480 million in military, law enforcement, and economic assistance to Colombia, Peru, and Bolivia.

- $399.1 million for OCDETFs (up 10 percent over 1992, and 86 percent over the FY 1990 level).

We are fighting drugs on two fronts: casual use and hard-core use. We are making progress on the first front; progress is coming more slowly and unevenly on the second front. The Strategy continues to support block grants that have been effective in providing services to the mainstream population. To ensure hard-to-reach populations are reached, the Strategy also supports categorical grants: $374.4 million in 1993.

January 25, 1992

January 8, 1992

OFFICE OF NATIONAL DRUG CONTROL POLICY
SIGNIFICANT ACCOMPLISHMENTS

The Office of National Drug Control Policy (ONDCP) is responsible for establishing drug policies, objectives, and priorities to unify a diversity of anti-drug activities and efforts into a single, comprehensive plan of action. This plan is published annually as the President's National Drug Control Strategy.

The overall policy goal of the National Drug Control Strategy is to reduce the level of drug use in this country. Each Strategy identifies major objectives by which to attain this goal. Federal Departments with drug-related missions submit implementation plans to ONDCP outlining the steps to achieve Strategy objectives. ONDCP approves each plan and then oversees progress in implementing these plans.

The following list of accomplishments highlights Federal agency progress on implementing the 1989, 1990, and 1991 Strategy objectives in the following areas: Drug Use; Treatment; Prevention; State and Local; Criminal Justice; Information and Intelligence; High Intensity Drug Trafficking Areas; International; Budget; and Management.

DRUG USE

The National Drug Control Strategy established short- and long-term numerical goals for reducing drug use. The goals, established for January 1991, were all exceeded. All but one of the goals established for FY 1992 were met. Significant progress was made with young people -- the front end of the drug addiction pipeline -- and overall drug use continued to decline.

Since the Administration took office, current overall drug use declined from 14.5 million to 12.6 million in 1991. Cocaine use declined from almost 3 million to 1.9 million over the same period. Among persons 12 to 17 years old, current use of any illicit drug is down more than 25 percent since 1988.

TREATMENT

The National Drug Control Strategy identifies twin goals of expanding and improving drug treatment to treat the casualties of the drug epidemic and to reduce associated drug-related costs.

Expanded Treatment Capacity: As a result of efforts to expand the availability of treatment, Federal funding of treatment has increased from 70,000 slots treating 196,000 persons in 1989 to a projected 111,000 slots treating 311,500 individuals in 1993.

Treatment Campus Demonstration Projects: To increase treatment capacity, and demonstrate model approaches and research improvements in treatment techniques, the 1990 and 1991 National Drug Control Strategies included an initiative to fund large treatment centers that offer a variety of drug treatment approaches and the opportunity to evaluate and compare them. The Office for Treatment Improvement has awarded grants to Texas and New Jersey. Together these projects will have the capacity to treat up to approximately 950 individuals at any one point with aftercare provided as a follow-up to the treatment received at the campus.

Target Cities Cooperative Agreements: The September 1989 National Drug Control Strategy announced the Administration's intention to channel assistance to communities that are among the hardest hit by the drug problem. Since then, demonstration projects have been established in eight communities designated as crisis areas to improve their treatment systems by expanding treatment, establishing central intakes, making more rigorous assessments of client needs, and training and otherwise improving treatment program staff. The projects involve coordination of State drug offices together with local government officials and providers in order to improve delivery of services.

Critical Populations Grants: This program is funding the development of 80 projects in 35 States expected to become national prototypes for delivering comprehensive therapeutic services and aftercare to critical populations, including adolescents, the homeless, residents of public housing, and those with multiple health problems. Examples of funded services include enhanced outreach efforts, staff training, psychological and psychiatric services, and educational and vocational counseling.

Criminal Justice Treatment Program:

- Treating Drug Offenders -- Recognizing that a high proportion of offenders have drug problems, in FY 1991 the Administration directed funds for treatment in Federal prisons, which should treat up to 14,500 offenders per year. In addition, it is estimated that there will be 3,863 offenders in the Residential Drug Treatment Program by the end of FY 1992, and approximately 5,000 by 1995.

  In addition, Department of Justice grants help States and local jurisdictions develop programs that screen their

corrections populations for drug problems, refer them to appropriate treatment services, continue to monitor drug using and criminal behaviors through intensive supervision and drug testing, and keep them engaged in drug treatment.

- Expanded and Improved Treatment in Federal Prisons -- Prior to the National Drug Control Strategy, there were no comprehensive treatment programs in Federal prisons. As a result of the President's Strategy, the Federal Bureau of Prisons has greatly expanded its treatment capacity to make treatment available to those who need it, want it, and can benefit from it. At present, some treatment is available in every Federal prison.

Expanded Veterans Affairs Treatment Programs: The Department of Veterans Affairs has steadily expanded its services for drug addicted veterans. The Department documented increases in inpatient visits, outpatient visits, and compensated work therapy visits. Currently, treatment services are available at virtually every VA medical center. The VA is also undertaking a rigorous evaluation of their treatment system, examining the effectiveness of their services, and evaluating the implementation of the system's long-term expansion.

Treatment Evaluation: The Department of Health and Human Services is studying how to improve the effectiveness of treatment. The Drug Abuse Treatment Outcome Study will study 20,000 clients admitted to 50 treatment programs across the nation. A parallel study of adolescent treatment will examine 6,000 adolescents.

The Drug Abuse Services Research Survey was conducted to survey 1,200 drug treatment providers nationwide in order to examine critical problems in service delivery including waiting lists, treatment for pregnant women, how methadone is managed, and drug testing of clients. A national sample of 2,300 treatment patients is being surveyed to study the outcome of treatment.

PREVENTION

Neither Federal government programs nor money can solve the drug problem. ONDCP, through the National Drug Control Strategy, offers extensive attention and advice to and challenges States, localities, and the private sector to join with the Federal government to reduce drug use in this country.

Community Partnership Program: The President's 1990 National Drug Control Strategy announced a new initiative to combat drug use at the local level. It is anticipated that by the end of FY 1991, approximately 290 community partnerships will

be established with Federal funds. Community partnerships bring together schools, housing authorities, law enforcement, businesses, service organizations, health providers, and others to coordinate local drug prevention efforts.

Public Housing Drug Elimination Grant Program: The 1990 National Drug Control Strategy announced a new initiative to assist public housing agencies and residents in eliminating the threat of drugs from public housing. Funding for HUD's Drug Elimination Grant program has increased from $8.2 million in 1989 to approximately $165 million in 1992.

At the end of FY 1991, approximately 900 grants were awarded to public housing agencies for such activities as innovative drug education and treatment, counseling, referral, and outreach; support of tenant patrols acting in cooperation with local law enforcement agencies; physical improvements designed to enhance security; and employment of security personnel and investigators.

HUD Training programs: HUD has provided general training in how to eliminate drugs in public housing to more than 2,000 housing authorities/staff, residents, and local service providers and agencies.

High Risk Youth Grants: Between 1989 and 1992, approximately 590 Federal grants targeting youth at high-risk for using drugs have been awarded. These programs include prevention projects for youth in the juvenile justice system, parental and family involvement in preventing drug use, and prevention strategies targeting children of substance abusers.

Youth Gang Drug Education and Prevention Grants: A demonstration grant program in FY 1989 resulted in prevention programs targeting youth gangs. It is anticipated that approximately 50 grants will be awarded in FY 1992. Federal funding in this program helps organizations and communities effectively address the escalating problems of youth gangs committing drug-related crimes. Initial results of a national evaluation of funded programs are anticipated in early 1992.

Runaway/Homeless Youth Drug Prevention Demonstration Grants: Since 1988, a series of programs to extend drug prevention outreach to runaway teens has been created. Initiatives include a demonstration grant program that will award approximately 200 grants in FY 1992 to youth shelters and programs serving runaway teens, training for runaway shelter operators and staff, and evaluation studies of prevention practices targeting drug-using runaway teens.

Pregnancy Research Demonstration Grants: A national network of research studies targeting substance using pregnant women and

their infants has been created. The 20 researcher-initiated grants are collaborating on research designs, instruments, and are pooling data. The results of the research will be used to identify effective strategies for preventing drug use during pregnancy and improving the health of infants affected by maternal drug use.

Maternal Drug Use and Newborns: Two national studies of the most innocent victims of drug use -- newborn babies -- have begun to produce results. We will soon have significantly improved estimates of the extent of fetal exposure to illicit drugs. Critically necessary information is being yielded about the consequences of fetal drug exposure that will guide development of effective treatment protocols.

Abandoned Infants Assistance Act Grants and the Human Development Services Coordinated Discretionary Grants Program for Boarder Babies: To respond to the crisis of drug-affected infants abandoned in hospitals around the country, 24 demonstration grants have been awarded to prevent abandonment, train hospital staff, and expedite adoption of abandoned babies.

Emergency Child Abuse Prevention Demonstration Grants: This program, which was established for the first time in FY 1991, awarded over 90 grants. Projects will train child protection staff to identify and intervene with children at-risk of abuse and neglect by drug-using parents and test innovative strategies for resolving family crisis where drugs are involved.

AIDS/HIV Outreach: NIDA has 41 community-based programs throughout the United States to study and change the high-risk behaviors of intravenous-drug users (IVDUs) who were not enrolled in drug treatment. Since FY 1988, over 40,000 individuals have been reached, and 42 percent of the IVDUs reached had never previously enrolled in a formal drug treatment program. Overall, 31 percent of those IVDUs reached entered treatment. Of those who had never previously been in treatment, 23 percent entered treatment. The Centers for Disease Control uses approximately 5.6 percent of its AIDs budget to provide HIV Prevention Outreach Services for injecting drug users and their partners.

Prevention Research Grants: An applied prevention research program has been developed that has produced more than 50 researcher-initiated research grants targeting school drug prevention and comprehensive community drug prevention. In response to the 1990 National Drug Control Strategy, NIDA awarded one minority prevention research center grant in FY 1990 and a second one in FY 1991.

Firm Drug Prevention Programs and Policies: As a result of legislation prepared by the Administration and passed by Congress in 1989, schools, colleges, and universities are now required to

have in place comprehensive drug prevention programs as a condition of receiving Federal funding. To date, more than 15,500 local educational agencies have been certified as being in compliance (only six have not). The Department of Education is continuing to monitor compliance of the regulations on an annual basis.

Publications: To create sound, practical guidance on strategies for preventing drug use, the Department of Education (ED) has produced a drug prevention curriculum, a college president's handbook on maintaining drug-free campuses, and a parent's handbook on raising their children to be drug-free. The response to these publications has been overwhelming.

STATE AND LOCAL

National Conferences on State and Local Drug Policy: The Office of National Drug Control Policy sponsored national conferences in 1990 and 1991 bringing together over a thousand individuals involved in developing and implementing drug policy at the Federal, State, and local level. These conferences:

- Provided a mechanism for input to the President's National Drug Control Strategy.
- Showcased State and local anti-drug abuse programs for possible replication.
- Promoted integration of services and policies at all levels of government.
- Informed participants of funding and programmatic initiatives at the Federal, State, and local level.

Volunteerism in the War on Drugs: Several major initiatives to stimulate volunteerism in drug prevention activities have been initiated. The Office of National Service has recognized 50 anti-drug programs as "Points of Light." The President's Drug Advisory Council has been instrumental in organizing the Campaign for a Drug-Free Society, a nonprofit organization dedicated to encouraging volunteerism in the war on drugs. The Volunteer Training Center will train grassroots volunteers. ACTION requires private sector participation in all of their drug alliance grants. ONDCP has also been active in recruiting volunteers. We have been working with members of the faith community and the AFL-CIO to develop anti-drug programs.

CRIMINAL JUSTICE

Denial of Federal Benefits: Section 5301 of the Anti-Drug Abuse Act of 1988 allowed State and Federal judges to suspend the

eligibility of individuals convicted of drug-related offenses. Under the leadership of ONDCP and DOJ, a list of over 460 deniable benefits from 53 agencies was compiled and State and local prosecutors and courts were informed of the provisions of the law and how to implement it.

Money laundering: ONDCP focused attention and resources on attacking the financial infrastructure of drug trafficking organizations as the most effective way to injure and dismantle these enterprises. This strategy has been advanced through ONDCP's Drug-Related Financial Crimes Policy Group, the Roundtable of Experts, a white paper to be published, funding HIDTA initiatives focused specifically on money laundering, and supporting resource enhancements for IRS in enforcing money laundering statutes, the establishment of FinCEN and its development of financial analytical capabilities, and a multiagency financial operations team at DEA to disrupt the financial infrastructure of the Colombian cartels.

Indictments for money laundering violations, asset forfeitures,and other financial enforcement actions are at record levels and continuing to increase. Internal Revenue Service compliance efforts involving trades and businesses resulted in civil penalties of $4.5 million, seizures of hundreds of cars, and a number of prosecutions. Seizures of currency, bank balances, and other assets are up 28 percent over last year, with over 460 million deposited into the Asset Forfeiture Fund -- over the last six years more than $1.5 billion has been deposited into the fund.

Stronger Immigration Laws: In its proposed Strategy Implementation Bill of 1990, ONDCP incorporated a series of revisions to the Immigration Laws to address the serious problem of foreign national involvement in drug-related crime. A number of these proposed amendments were incorporated in the Immigration Act of 1990, including provisions for expedited deportation procedures for drug traffickers. The provisions strengthened the immigration laws with respect to the national drug control effort and provided for general arrest powers for INS officers and agents.

Cocaine Interdiction: The production of cocaine HCL increased from an estimated 829 metric tons in 1988, to 836 metric tons in 1989, and 873 metric tons in 1990. However, during this period, our overall interdiction efforts, both U.S. Federal and foreign efforts, resulted in the seizure of an increasing percentage of the available cocaine. Between 1988 and 1990, seizures of cocaine rose from 11 percent to 23 percent.

Special Federal and Joint Enforcement Initiatives:

- OCDETF's Operation Polar Cap, a joint FBI, DEA, IRS, and Customs money-laundering case, resulted in the arrest of 170 people, the seizure of $120 million in assets, and the elimination of an $800 million money-laundering operation.

- Operation White Mare, a joint operation involving the FBI, DEA, the New York and Hong Kong Police Departments, and the Royal Canadian Mounted Police, resulted in the arrest of 59 subjects affiliated with international heroin and cocaine trafficking groups, and the seizure of $4.5 million in cash and heroin valued at over $1 billion.

- Operation Southern Star, involving the U.S. Marshals Service and 28 State and local law enforcement agencies, resulted in the arrest of 3,743 criminals and the seizure of more than $5.5 million in cash and property. Operating in High Intensity Drug Trafficking Areas -- including Miami, Houston, Los Angeles, and the Southwest Border cities of San Diego and San Antonio -- Southern Star arrest teams also seized guns, drugs, and other contraband valued at approximately $7.2 million.

- Operation Wintersnow. In the fall of 1990, ONDCP responded to intelligence reports indicating a buildup of drugs along the Southwest Border and brought together key agencies in a call for quick counteraction. Providing $2.5 million of High Intensity Drug Trafficking Area funds, ONDCP supported Operation Wintersnow, which brought 350 additional officers to the border for a 90-day intensive interdiction operation. Inspections were intensified and new techniques were used to keep smugglers off balance. Twenty additional canine teams were deployed at key ports of entry, surveillance operations were conducted between ports, and tactical intelligence support was enhanced. The effort paid off as almost 4,000 pounds of cocaine and over 180,000 pounds of marijuana were seized.

INFORMATION AND INTELLIGENCE

ONDCP quickly realized that the increasing number of intelligence functions and activities established to support the drug control effort demanded considerable coordinative efforts. Principal among the immediate needs was increased sharing and dissemination of information.

Improved Drug Information Sharing: To improve information sharing between the law enforcement agencies and the foreign intelligence communities, the Counternarcotics Center has been

established. Especially effective are programs and processes to focus intelligence collection and analysis capabilities against the major cocaine cartels and their operations.

Improved Drug Information Dissemination: Initiatives to expand ADP and communications capabilities among the various LEA, Defense, and Foreign Intelligence Communities have significantly enhanced the flow of timely and actionable intelligence, both tactical and strategic.

HIGH INTENSITY DRUG TRAFFICKING AREAS

High Intensity Drug Trafficking Area (HIDTA) Program: In accordance with the Anti-Drug Abuse Act of 1988, ONDCP planned and implemented the HIDTA Program, applying increased Federal resources to disrupt and dismantle drug trafficking organizations in five geographical areas responsible for much of the Nation's drug supply. ONDCP developed program policy and established the coordinating mechanism necessary to foster the coordinated operations of Federal, State and local law enforcement agencies in New York, Miami, Houston, Los Angeles, and along the entire Southwest Border. ONDCP directly funded the HIDTA Program in the amount of $193 million in its first three years, increasing the number of Federal law enforcement agents in these areas establishing multi-agency task forces and intelligence operations improving existing programs and purchasing sophisticated equipment for use by all law enforcement agencies in the HIDTAs.

The HIDTA Program has substantially contributed to the enthusiasm and coordination and cooperation among the law enforcement agencies involved. In Los Angeles alone, the HIDTA program has brought together more than 80 Federal, State, and local agencies to fight drug trafficking organizations.

INTERNATIONAL

International Drug Policy and Implementing Strategies: International drug policy to motivate other countries to engage their resources to defeat trafficking and strengthen political will has been effective. The following initiatives have been undertaken:

- Assistance to the Colombian Ministry of Justice to help reform the judicial system, judicial protection program, and provide training in evidence gathering and case development.

- Expanded assistance to improve the capabilities of Bolivian prosecutors and specialized narcotics courts.

- Negotiations with Laos that resulted in their modifying their previous policies and committing publicly to drug control activities, including a six-year narcotics crop control project.

- Support to the OPBAT enforcement programs of the governments of the Bahamas, Turks, and Caicos has denied traffickers a significant operations area and forced a shift of trafficking to the south, farther away from the U.S.

Treaties and Bilateral Agreements:

- As a result of the Cartagena Summit, the United States signed agreements with the Andean nations on tax information exchange, asset sharing, public awareness, weapons control, and extradition.

- A bilateral "umbrella" agreement signed with Peru established a comprehensive approach to fighting drug trafficking.

- Agreements with Peru, Bolivia, and Panama ensure precursor and essential chemicals are used for legitimate purposes. We are negotiating such agreements with Colombia and Ecuador.

- Signed a Mutual Legal Assistance Treaty and bilateral customs agreement with Argentina to help speed investigations and prosecutions of narcotics offenses.

- Signed a Mutual Legal Assistance Treaty with Panama for sharing information, such as government records and bank documents, about the proceeds of criminal activities, including drug offenses.

Economic Support:

- Supported establishment of crop substitution programs in the Chapare coca sector of Bolivia.

- Developed the Andean Trade Initiative -- trade measures designed to assist the Andean region's transition to legitimate economies.

- The Administration proposed the Andean Trade Preferences Act to provide duty free access for exports from Colombia, Bolivia, Peru, and Ecuador.

- INM will spend about $11 million in Asian heroin countries in FY91 to encourage and support drug control programs.

Increased International Resources:

- Fiscal Year 1991 Military Assistance to the Andean nations: Foreign Military Financing grants totalled almost $83 million; International Military Education and Training totalled $4.0 million.

- DOD and the foreign intelligence community have devoted considerable resources to improve drug intelligence capabilities.

BUDGET

Budget Certification: ONDCP is required by law to review and certify budget submissions of the drug control agencies. We have executed this responsibility. In the Fiscal Year 1992 budget cycle, ONDCP reviewed 83 agency budgets and just completed certifying about an equal number of FY 1993 budgets.

Reprogramming Approvals: The law further requires ONDCP to review and approve all drug-related reprogrammings over $5 million proposed by any drug control agency. We do this on an ongoing basis. To date, we have reviewed over 20 reprogramming proposals.

Reprogramming and Transfer Reports to Congress: The law requires ONDCP to report to Congress on any reprogrammings and transfers approved in the past quarter or anticipated for future quarters. To date, we have sent more than ten such reports to the Congress; in addition, we have sent to Congress four special quarterly reports on obligations pursuant to a requirement in the 1990 Transportation Appropriations Bill.

MANAGEMENT

ONDCP has taken a number of steps to ensure that demand- and supply-reduction activities are implemented appropriately and efficiently and to carry out and oversee the implementation of the President's National Drug Control Strategy.

Improving Coordination of Federal Supply and Demand Reduction Efforts. ONDCP is responsible for coordinating and overseeing the implementation by National Drug Control Program agencies of the policies, objectives, and priorities established in the National Drug Control Strategy. Therefore, ONDCP established a network of committees and working groups to coordinate the full range of Federal supply and demand reduction efforts, including the Demand and Supply Reduction Working Groups, chaired by the ONDCP Deputy Directors of Demand Reduction and Supply Reduction respectively, and the Research and Development Committee, chaired by the Director of ONDCP.

The ONDCP Supply Reduction Working Group coordinates and oversees implementation by National Drug Control Program agencies of supply-related policies, objectives, and priorities. It oversees efforts in the following areas:

- The Border Interdiction Committee is an interagency forum that coordinates the strategies and operations to interdict drugs between source and transit countries and at our border.

- The Public Land Drug Control Committee coordinates Federal, State, and local drug control programs on Federal lands.

- The Southwest Border and the Metropolitan High Intensity Drug Trafficking Area (HIDTA) Committees coordinate anti-drug law enforcement efforts in these areas.

The ONDCP Demand Reduction Working Group coordinates and oversees implementation by National Drug Control Program agencies of demand reduction policies, objectives, and outreach activities in the areas of treatment, education and prevention, workplace, and international demand reduction.

The research and development working committees provide policy guidance for the research and development efforts of the Federal drug control agencies and oversees the activities of the following ONDCP research and development working committees:

- The Data Committee works to improve the relevance, timeliness, and usefulness of drug-related data collection, research studies, and evaluations in both demand- and supply-related areas.

- The Medical Research Committee coordinates policy and general objectives on medical research conducted in the Federal drug control agencies, and promotes the dissemination of findings from that research.

- The ONDCP Science and Technology Committee is chaired by the ONDCP Chief Scientist who oversees counter-drug research and development, testing, and evaluation activities throughout the Federal government. The Committee oversees the following working groups: the Automated Data Process Working Group; the Communications Interoperability Working Group; the Contraband Detection Working Group; the Taggant Working Group; the Technology Coordination Working Group; and the Sensor and Surveillance Working Group.

These organizations meet regularly to create joint policies as well as provide direction to operational counter-drug and demand-reduction activities. As a result, communication and cooperation

among the Federal supply- and demand-reduction agencies have improved significantly.

Improved Coordination of Research and Development: Under the auspices of ONDCP's research and development working committees, the following was accomplished:

- Prepared the "Comprehensive Plan for use of Existing Federal Research and Development Facilities for Civilian Law Enforcement," a report to Congress on ONDCP's plans to enlist Federal research laboratory support for the development of technology to assist law enforcement in the war on drugs.

- Reduced duplicative projects by cataloging and summarizing over 140 existing counter-drug enforcement research efforts.

- Conducted a three-day workshop for the private sector research and development industry to inform them of and enlist their support for law enforcement's technological needs.

- Funded and participated in the decision-making process to select 54 separate drug law enforcement-related research projects.

- Established the Counter-Narcotics Technology Assessment Center.

- Promoted Federal laboratory, industry, and academia drug enforcement technology development at twelve national or regional conferences.

- Approved and provided oversight for the plan to purchase more than $134 million in communications equipment (FY89 through FY91). Under this plan, the Department of Defense purchased the equipment for loan to the law enforcement agencies to provide critical telecommunications interoperability.

Integration of DOD Into Counter-Drug Activities: When Congress directed the Department of Defense to join the war on illegal drugs, ONDCP helped coordinate and define the role the military would play. ONDCP facilitated the establishment of standard operating procedures between DOD and the agencies by helping to develop the "National Counter-Drug Planning Process," which is now in use.

Marijuana Eradication: In response to concerns about marijuana cultivation on public lands and in consideration of the fact that more than one-third of our nation's land mass is owned by the Federal government, ONDCP established the Public Lands

Drug Control Committee (PLDCC). The PLDCC brings together law enforcement officials from all Federal landowners, together with key Federal, State, and local law enforcement program managers. In 1990, about 1.1 million cultivated plants totaling $2 billion to $3 billion were eradicated on Federal lands, a 37 percent increase over 1989. The final figures for 1991 are not in yet, but by all indications it was again a banner year.

Operation Wipeout, a PLDCC-designed multiagency operation based in Hawaii, proved the effectiveness of new techniques in aerial eradication. More than 750,000 plants, representing about 85 percent of the summer cannabis crop of Hawaii, were eradicated. In prior years, using normal eradication techniques, law enforcement officials were able to eradicate only 25 percent of the summer crop. The technology developed for Operation Wipeout was offered to State and local authorities; this led to more efficient eradication operations during 1991.

Policy Coordinating Committee for Narcotics: ONDCP chairs a body in the National Security Council to bring conceptual and operational unity to international counternarcotics programs. This committee is responsible for increasing the level of coordination among agencies with law enforcement and national security functions.

Data Enhancement: ONDCP established the Committee on Data Collection, Evaluation, and Information Dissemination and associated working groups that:

- Developed an inventory of all Federal drug-related data sets and evaluation efforts.
- Identified and established priorities for eliminating gaps and flaws in the ability of Federal data sets and collection efforts to measure the scope of the drug problem.
- Established priorities for improving policy-relevance, timeliness, scope, and methodology of data in four distinct areas: drug use and outcome, workplace, criminal justice, and prevention and treatment.
- Improved the timeliness of the National Drug Abuse and Treatment Unit Survey by moving to annual data collection; developed a methodology for improving the coverage of both private and public treatment facilities in the survey.
- Initiated a survey of treatment facilities and clients to resolve a lack of data; the survey will now be conducted every two years.
- Provided technical expertise to discussions on improving the Household Survey (the leading drug use indicator).

- Developed and implemented plans for many technical improvements to the Household Survey, such as increasing the sample size, to provide more reliable drug use statistics.

- Developed recommendations to improve the High School Senior Survey (a leading drug indicator), including the extension of the survey to younger students, to provide measures of drug use among teens.

- Developed a mechanism for conducting quick response surveys, beginning in Fiscal Year 1992, in response to the dynamic needs of policy officials.

- Developed an inventory of workplace drug use policies and procedures, with a goal of collecting statistics on the existence and effectiveness of workplace drug use policies.

- Identified special populations from which to collect data (such as college students and the homeless) to provide a complete picture of the drug-using population, and tasked the appropriate Federal agencies to develop the surveys and collect the data.

Strategy Development: ONDCP has developed three National Drug Control Strategies, increasing resources both conceptually and operationally and unifying the wide range of agencies and programs previously spread throughout the Federal government.

Strategy Implementation: Congress directed ONDCP to identify the objectives, policies, and priorities for the National Drug Control Program, and to coordinate and oversee their implementation by the various drug control agencies. In the three editions of the Strategy, ONDCP identified approximately 259 objectives. Each objective was assigned a lead agency to develop an implementation plan that ONDCP approved.

White Papers, Bulletins, and Technical Papers: To provide information about, data on, and suggestions for drug policy decisions and program guidelines, ONDCP published a series of documents:

- Understanding Drug Treatment: Outlined the complex and highly technical field of drug treatment to guide plans to build a better drug treatment system.

- Leading Drug Indicators: Described, evaluated, and interpreted the leading statistical indicators of America's drug problem. The document facilitated a broader and more dispassionate view of the latest available drug-related data.

- State Drug Control Status Report: Listed 18 key State laws and policies and five quantitative measures of performance on drug issues. The report indicated which States had enacted such laws or measures.

- Building a Drug Free Workforce: Recommended model State drug-free workplace legislation.

- Federal Drug Grants to States: Provided an overview of Federal drug grant programs and how they assist State and local drug enforcement, treatment, and prevention efforts. A detailed description of the grant-making process was also provided to assist States in making proper use of the various grant programs.

- Directory of Federal Anti-Drug Grants: Catalogued Federal programs that make drug-related grants to States, localities, and private agencies. The Directory will be updated and published annually.

- DOJ Drug Grants to States: Provided updated information on the Department of Justice grant application and award process, including awards made for FY 1991 and expenditures from grant awards made from FY 1987 to FY 1990. Also included was information on how grant funds are used, including amounts to local governments, for administrative costs and for multi-jurisdictional task forces.

- Drug Treatment Capacity Expansion Program: Discussed issues related to the Capacity Expansion Program and articulated the Administration's position on treatment expansion.

- Cost of Drug Testing: Described the Administration's proposed legislation to require States to formulate and implement a comprehensive drug testing program for targeted classes of defendants arrested, confined, or on probation or parole. Such programs would be required as a condition for States to receive BJA formula grants.

- Report on High Intensity Drug Trafficking Areas: Presented an overview and evaluation of the HIDTA program, including funding plans and resource tables.

- What America's Users Spend on Illegal Drugs: Provided an estimate of the amount spent on illegal drugs, developed from both a supply and demand perspective.

Drug Information Clearinghouses: ONDCP recognized the need to minimize the overlap among several Federal clearinghouses. Accordingly, ONDCP and the Departments of HHS, Justice, Education, and HUD have taken steps to ensure coordination of these clearinghouses. In 1991, the public was given access to

drug information from all clearinghouses through a single toll-free 800 telephone number.

Reports to Congress: ONDCP is required by law to submit various reports to Congress. We have completed all required reports:

- December 1989 -- submitted a report to Congress on the desirability of reorganizing certain elements of the Justice Department for drug control purposes, in accordance with Section 1053 of the Anti-Drug Abuse Act of 1988.

- January 1990 -- submitted a report to Congress on the desirability of reorganizing the Federal Government for drug control purposes, in accordance with Section 1008 of the Anti-Drug Abuse Act of 1989.

- February 1990 and April 1990 -- submitted a two-part report on evaluations of drug control programs.

activities to coordinate their efforts, and makes recommendations to the Director regarding funding levels, budget priorities, and management decisions. OSR also consults with State and local law enforcement entities to enhance cooperation, avoid duplication and reinforce local operations.

OSR chairs the Supply Reduction Working Group, a high level policy coordination group composed of senior policy officials of the Federal supply reduction agencies.

OSR also chairs the Science and Technology (S&T) Working Committee of the ONDCP Research and Development Committee. The mission of this Committee is to identify, develop, coordinate, and facilitate S&T efforts related to the accomplishment of the Administration's overall National Drug Control Strategy drug supply reduction objectives.

The Committee seeks to promote better coordination among Federal agencies, recommends to ONDCP policies and priorities for anti-drug-related research and development, assists agencies in effectively acquiring and using new technology to detect and suppress illegal drugs and related commodities, and oversees ADP and communications planning and implementation.

The Committee concentrates on efforts to expand the roles of industry, of the academic community, and of other nations in the development and exchange of drug-related technology.

The **Bureau of State and Local Affairs (BSLA)** serves as principal spokesman and advocate for the National Drug Control Strategy to State and local governments; serves as a clearinghouse within ONDCP on State and local drug programs, policies, and developments; and advises the Director of ONDCP on the views of State and local officials where development, formulation, implementation and coordination of the National Drug Control Strategy are concerned. BSLA encourages State and local governments to carry out the programs and policies outlined in the National Drug Control Strategy, as well as private sector initiatives that complement the Strategy. BSLA is also responsible for monitoring and promoting coordination and cooperation among Federal, State and local anti-drug programs.

The **Office of National Security Affairs (ONSA)** coordinates drug-related national security and international affairs matters for the Federal government. ONSA is the Office of National Drug Control Policy's point of contact for the Department of State, the National Security Council, the Department of Defense, and for other departments or agencies that have international narcotics-related responsibilities. ONSA coordinates the development of our foreign counter-drug strategies and resource prioritization. ONSA is also responsible for ensuring that our foreign counter-drug strategies are implemented in accordance with the National Drug Control Strategy.

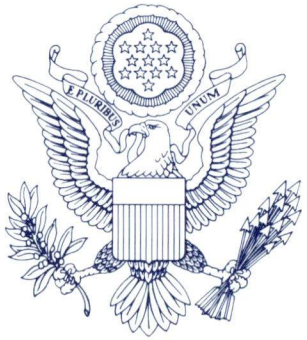
For additional information write to:

Public Affairs Office
Office of National Drug Control Policy
Executive Office of the President
Washington, DC 20500

Public and press inquiries
may be directed to:
(202) 467-9890

Congressional inquiries
may be directed to:
(202) 467-9850

Office of National Drug Control Policy



Executive Office of the President

*"America's fight against illegal drug use cannot be won on any single front alone; it must be waged **everywhere**—at every level of government—Federal, State, and local—and by every citizen in every community across the country. We **will** take back our streets—neighborhood by neighborhood, block by block, child by child."*

George Bush

MISSION

The principal purpose of the **Office of National Drug Control Policy** (ONDCP) is to establish policies, priorities, and objectives for the Nation's drug control program, with the overall goal of significantly reducing the production, availability, and use of illegal drugs both here at home and abroad.

In order to achieve this goal, ONDCP is charged with producing the **National Drug Control Strategy**, which directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among the Federal, State, and local entities involved.

By law, the Director of ONDCP is also responsible for evaluating, coordinating, and overseeing both international and domestic anti-drug efforts by all executive branch agencies, and ensuring that such efforts sustain and complement State and local anti-drug activities. The Director advises the President regarding necessary changes in the organization, management, budgeting, and personnel allocation of all Federal agencies involved, and notifies the President if these agencies are not in compliance with their obligations under the **National Drug Control Strategy**.

HISTORY

ONDCP was created by the Anti-Drug Abuse Act of 1988 to advise the President on a national drug control strategy, a consolidated drug control budget, and other management and organizational issues. The Office was established in the Executive Office of the President. With the enactment of the legislation, ONDCP assumed the responsibilities of the National Drug Policy Board, National Narcotics Border Interdiction System, and the White House Drug Abuse Policy Office.

ONDCP is headed by a Director, appointed by the President with the advice and consent of the Senate. The first Director of ONDCP was William J. Bennett, who served in this position from March 1989 to November 1990. The second Director, Bob Martinez, was confirmed by the Senate on March 21, 1991. The Director is responsible for annually promulgating a National Drug Control Strategy to be submitted to Congress by the President by February 1 each year. In September 1989, ONDCP submitted the first Strategy.

ORGANIZATIONAL STRUCTURE

With a staff of approximately 150 and an annual budget of about $16 million, ONDCP is small and capable of rapid response to changing situations. Some 40 members of the staff are detailees from a variety of Federal and State agencies (e.g., the Drug Enforcement Administration, Department of Health and Human Services, U.S. Customs Service, State Department, New York and Washington D.C. Police Departments, etc.), who bring with them expertise in their respective subject areas and linkages to their home agencies.

ONDCP is divided into four principal offices —the Office of Demand Reduction, Office of Supply Reduction, the Bureau of State and Local Affairs, and the Office of National Security Affairs. The responsibilities of each office reflect each of the major tasks of the war on drugs.

The **Office of Demand Reduction** (ODR) has responsibility for the areas of drug education and prevention, drug treatment, workplace policies and programs, international demand reduction, and related research. ODR is responsible for coordinating and overseeing the implementation by Federal agencies of the policies, programs, and priorities of the National Drug Control Strategy, and participating in the process of developing budgetary and other policies for governmental agencies engaged in demand reduction.

ODR chairs the Demand Reduction Working Group, a high-level policy coordination group composed of senior policy officials of the Federal demand reduction agencies.

ODR also chairs the Medical Research Working Committee of the ONDCP Research and Development Committee. The mission of this Committee is to identify, develop, coordinate, and facilitate accomplishment of the Administration's overall National Drug Control Strategy objectives in the areas of drug control research. It works to coordinate interagency efforts, eliminate duplicate programs, stimulate sponsorship of multi-agency projects, develop new initiatives, suggest appropriate funding levels and sources of such funding for R&D activities, and oversee the implementation of the overall research agenda and specific research initiatives.

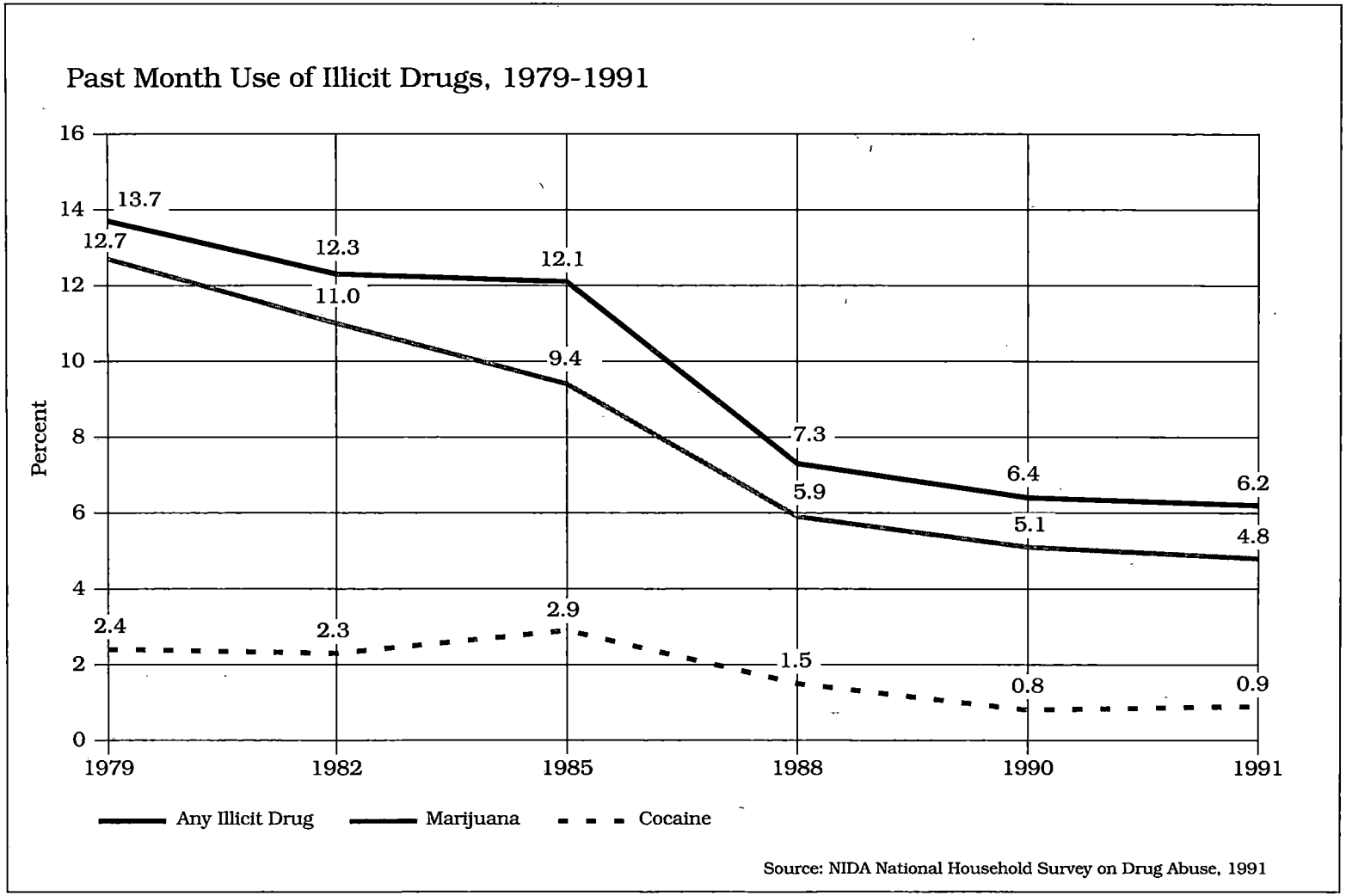
The **Office of Supply Reduction** (OSR) is responsible for those portions of the National Drug Control Strategy that pertain to domestic drug law enforcement, including special initiatives to address drug problems in five "High Intensity Drug Trafficking Areas," the overall criminal justice system, interdiction, money laundering, intelligence, and certain international programs. OSR works closely with other Federal agencies involved in supply reduction

National Drug Control Strategy

A Nation Responds to Drug Use

Executive Summary

January 1992


Past Month Use of Illicit Drugs, 1979-1991
Percent
16
14
12
10
8
6
4
2
0
13.7
12.7
12.3
11.0
12.1
9.4
7.3
5.9
6.4
5.1
6.2
4.8
2.4
2.3
2.9
1.5
0.8
0.9
1979
1982
1985
1988
1990
1991
Any Illicit Drug
Marijuana
Cocaine
Source: NIDA National Household Survey on Drug Abuse, 1991

National Drug Control Strategy

Executive Summary

The 1992 National Drug Control Strategy — submitted by the President to Congress in accordance with the Anti-Drug Abuse Act of 1988 — shows that more money, attention, thinking, research, legislative and government action, cooperative effort, and manpower are being applied to the drug problem than at any time in American history. In every relevant area, more work is being done than ever before: against the encroachment of drugs into our schools, families, neighborhoods, and businesses; against the medical problems of addiction; against drug production and trafficking overseas; against smuggling at our borders; and against drug crime in our streets and communities. The lesson from the war on drugs is that if you have a comprehensive plan — the National Drug Control Strategy — and keep the pressure on, good consequences follow.

The results of such efforts are encouraging as progress in the war on drugs continues.

- When this Administration took office, 14.5 million Americans were current users of drugs. By 1991, over 2 million had stopped using drugs, a drop of over 16 percent.

- In 1988, over 2.9 million Americans were current users of cocaine. By 1991, over a million had stopped using cocaine, a drop of over 35 percent.

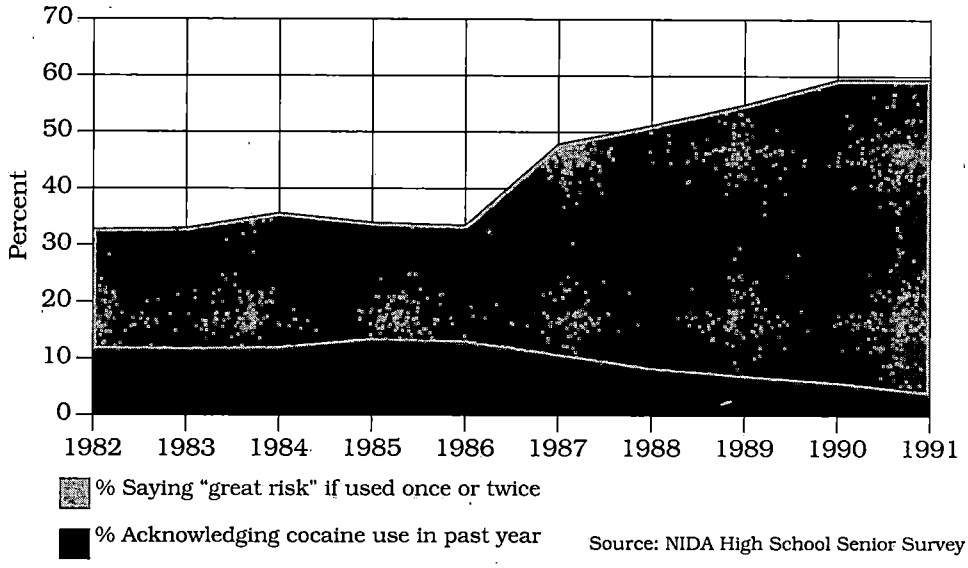
- The number of current users of marijuana dropped by about 2 million, or over 16 percent.

- The best news concerns our young people. Among persons 12-17 years of age, current use of any illicit drug is down more than 25 percent since 1988. This means we are shutting down the pipeline that leads from casual use into drug addiction.

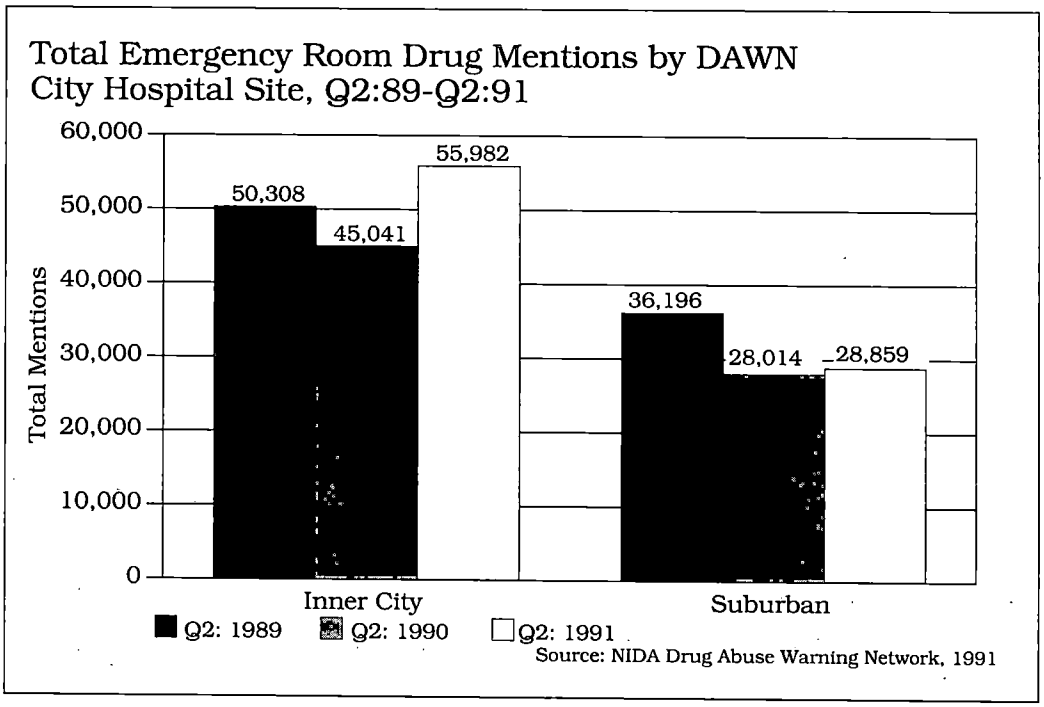
But it has become increasingly clear that the war on drugs is being fought on two fronts: casual use and hard-core use. We are continuing to make substantial progress on the first front.

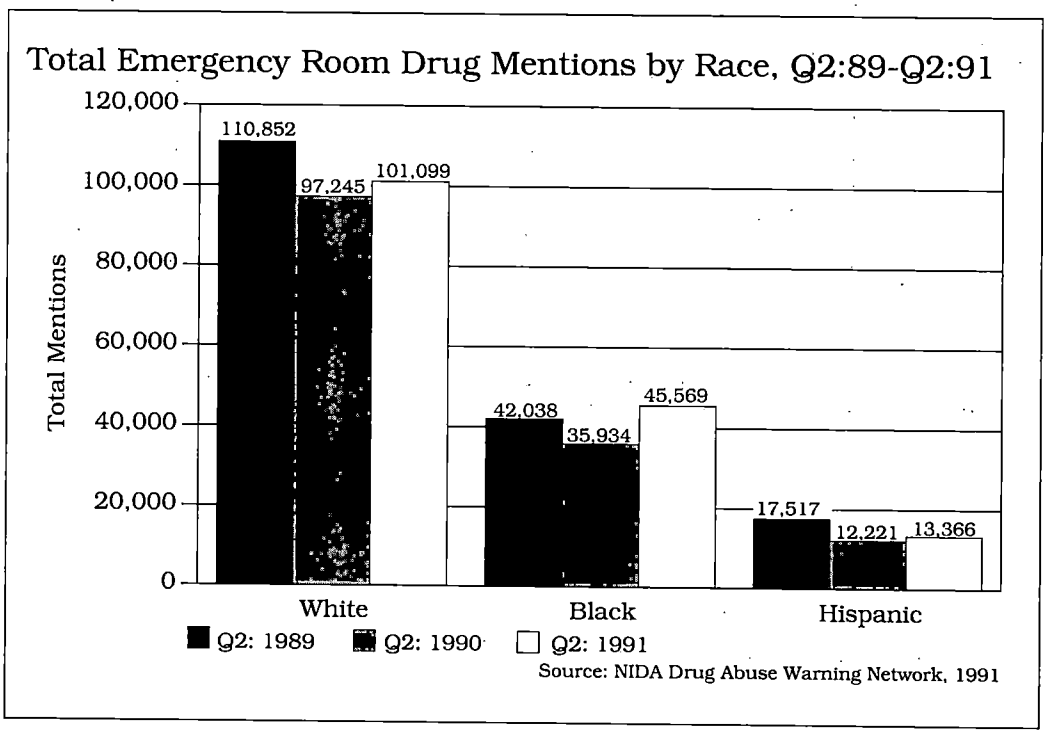
The second front is that of chronic, addictive drug use. This is the front with which we are most familiar: open-air drug markets, crack houses, drug-exposed infants, abused and neglected children, gang violence, decaying neighborhoods, and drive-by shootings. Chronic users are the most resistant to anti-drug messages and progress on this front will continue to be slow and uneven. As the charts on page 3 show, hard-core use has become increasingly concentrated in our inner-city and minority neighborhoods. Treatment and education stand little chance of succeeding if they must compete in a neighborhood where drug dealers flourish on every corner. That is why in communities hardest hit by the drug problem, law enforcement efforts are essential if demand reduction efforts are to succeed.

Perceived Risk and Use of Cocaine Among High School Seniors, 1982-1991



Source: NIDA High School Senior Survey


Total Emergency Room Drug Mentions by DAWN City Hospital Site, Q2:89-Q2:91
Total Mentions
60,000
50,000
40,000
30,000
20,000
10,000
0
50,308
45,041
55,982
36,196
28,014
28,859
Inner City
Suburban
Q2: 1989
Q2: 1990
Q2: 1991
Source: NIDA Drug Abuse Warning Network, 1991


Total Emergency Room Drug Mentions by Race, Q2:89-Q2:91
Total Mentions
120,000
100,000
80,000
60,000
40,000
20,000
0
110,852
97,245
101,099
42,038
35,934
45,569
17,517
12,221
13,366
White
Black
Hispanic
Q2: 1989
Q2: 1990
Q2: 1991
Source: NIDA Drug Abuse Warning Network, 1991

The 1992 National Drug Control Strategy addresses both fronts:

- It keeps pressure on casual users by continuing to fund large block grant programs in prevention, treatment, and law enforcement that assist the mainstream population.

- It addresses the problems of hard-core drug use through targeted programs in prevention and treatment (e.g., the Capacity Expansion Program and Drug Emergency Grants). Under the Administration's 1993 proposal, nearly two million hard-core users would be treated in Fiscal Year 1993.

The fundamental principle of the National Strategy remains firm: to reduce drug use through a combination of supply and demand policies and programs. The Strategy calls for applying pressure across all fronts of the drug war simultaneously, recognizing that prevention is the only answer in the long run, but that in the short run it is necessary to provide drug treatment and to continue this Administration's program of interdiction, international, and law enforcement efforts.

The Strategy declares that as a Nation we must:

- Establish meaningful and effective programs to prevent people from using drugs in the first place;

- Provide effective treatment for those who need it and can benefit from it;

- Hold users accountable for their actions and thereby deter others from using drugs;

- Target and dismantle drug trafficking organizations at home and abroad;

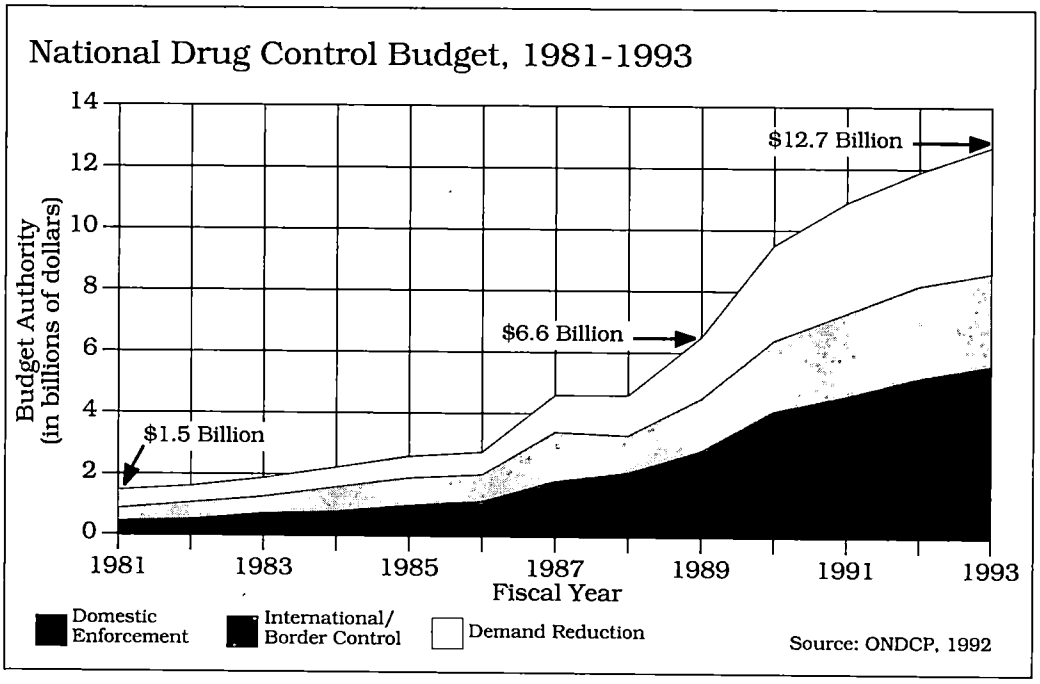
- Prosecute drug dealers and traffickers;

- Punish those convicted of drug crimes;

- Disrupt the flow of drugs, related chemicals, and drug money;

- Engage other nations in efforts to reduce the growth, production, and distribution of drugs;
- Support basic and applied research in behavior, medicine, and technology; and
- Improve our intelligence capabilities in order to attack drug trafficking organizations better.

There are many ways to measure commitment, and money isn't always the best criterion. But winning the war on drugs requires a substantial Federal commitment of funds, a commitment fully met by this Administration. For Fiscal Year 1993, the President is seeking $12.7 billion in drug-related funding — a $6.1 billion (93 percent) increase since the beginning of the Administration and a nearly $780 million (6 percent) increase over Fiscal Year 1992. Like its predecessors, this Strategy recognizes the key roles of State and local governments. If the President's Fiscal Year 1993 request is fully funded, State and local governments will receive about $3.5 billion from the Federal government for drug control programs, including drug law enforcement, treatment, and prevention efforts. Additional detail on the drug control budget is available in the National Drug Control Strategy Budget Summary.



Highlights from the 1992 National Drug Control Strategy

Deterring New and Casual Users

One of the most important goals of the National Drug Control Strategy is to prevent Americans, especially the young, from ever using drugs. For those who have started, the goal is to get them to stop. Preventing drug use is a shared, rather than a wholly Federal, responsibility. The Federal government continues to support broad-based prevention efforts directed at the mainstream population. It also targets hard-to-reach groups that have not responded well to such efforts.

Schools have a major role to play in prevention. The Strategy calls for not only informing our children about the harmful effects of drugs but for an unambiguous school policy that drug use will not be tolerated. Alcohol, illegal for those under 21, is still the substance most abused by our youth. This Strategy sharpens the focus on the prevention of alcohol use by underage youth.

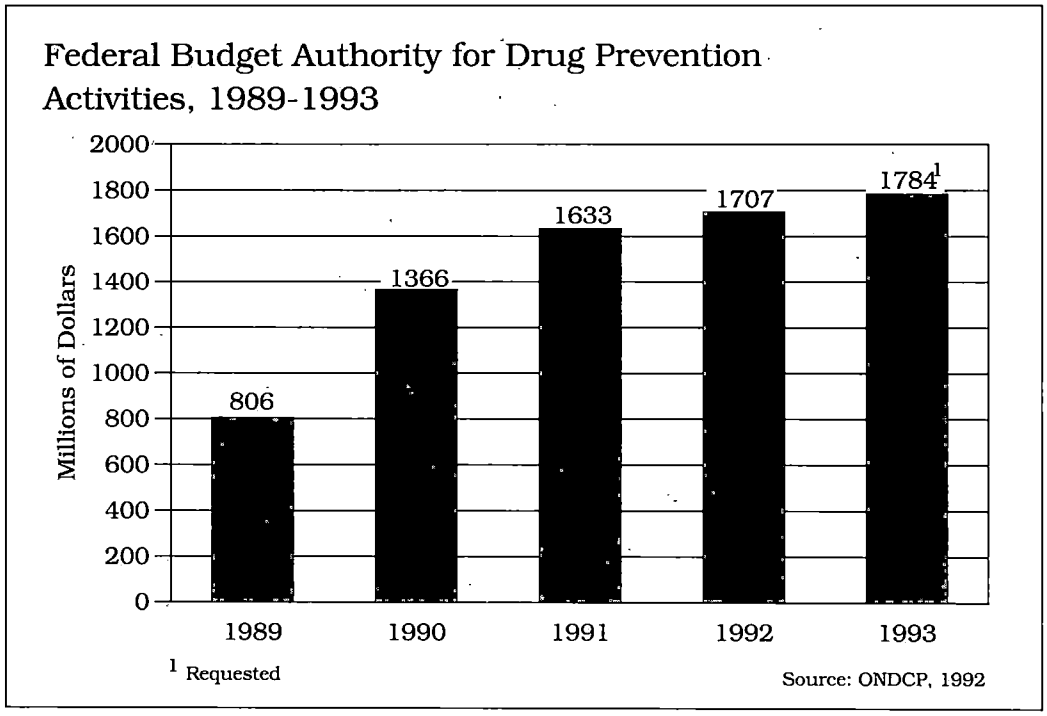
While schools can do a great deal to deter student drug use, our anti-drug message is stronger, more consistent, and more credible when entire communities are involved as well: families, businesses, churches and synagogues, the criminal justice system, the media, and others. The Strategy calls for full mobilization by these groups in the war against drugs.

Drug Prevention in the Community

- $113.9 million for Community Partnership Grants to assist communities in developing comprehensive prevention strategies to address drug and alcohol problems — a 15 percent increase over 1992.

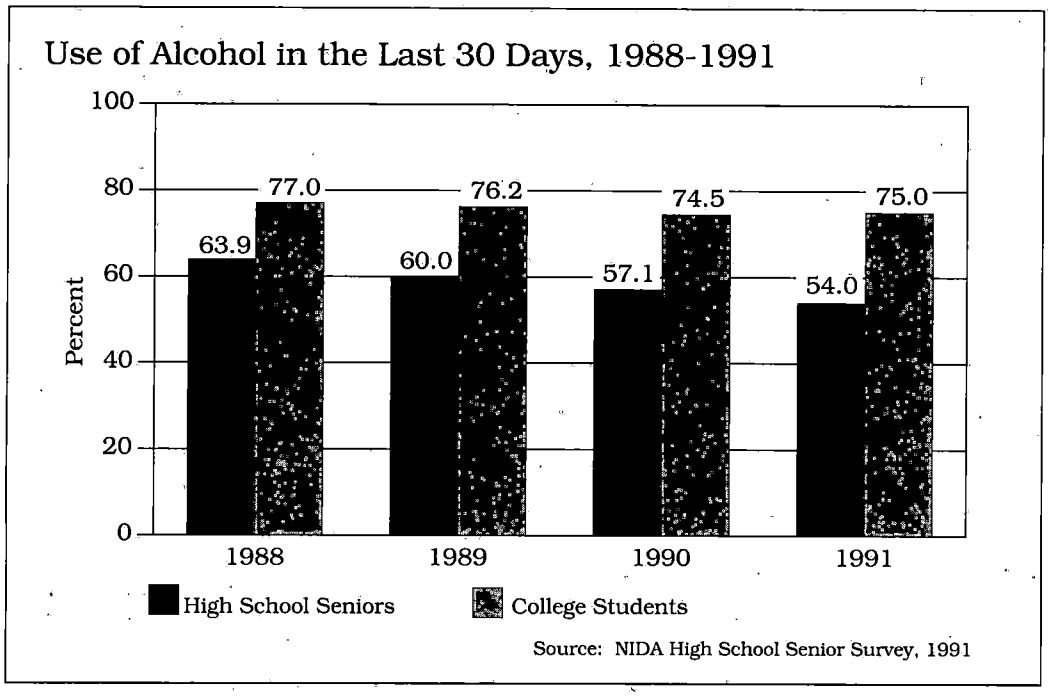
- $165 million for Public Housing Drug Elimination Grants to assist public housing communities in mobilizing against drugs.

- Increased attention to the problem of underage alcohol and tobacco use, including suggested legislation to restrict the availability of these substances to children.



Drug Prevention in the Schools

- $656.9 million for educational prevention programs — an increase of $48 million since 1991.
- $60.3 million for the Drug Emergency Grant Program, doubling the 1992 level, to focus on schools with significant drug and drug-related violence problems.
- A call for institutions of higher education to rid their campuses of drug use and alcohol abuse.
- Proposed legislation to designate Head Start classroom sites as part of a drug-free zone.
- Increasing emphasis on prevention programs to combat steroid use.



Prevention in the Workplace

- Continued calls for every employer — and small businesses in particular — to implement a comprehensive drug-free workplace program, including, where appropriate, drug testing.

- Continued cooperation with the private sector to develop workplace programs, including information dissemination and research, to help employees and employers understand better the impact of drug use in the workplace.

Freeing Current Users

When prevention efforts fail, individuals often need help to stop using drugs. If the treatment system is to do the job required of it, it must be expanded and improved. Despite increases in the Nation's treatment capacity, there is still a shortfall. Furthermore, treatment capacity is not always available in areas with the greatest need, while in other areas, treatment services are underutilized.

To improve the quality of treatment services, the Strategy calls for accountability by treatment providers through the establishment of national treatment outcome criteria and data collection and reporting requirements for publicly funded programs. It also calls for accountability by State treatment providers as a requirement for continued participation in the ADMS Block Grant program.

As drug use declines in the mainstream population, the Strategy calls for special emphasis on those persons most in need of drug treatment — including pregnant women, intravenous drug users, adolescents, and those in the criminal justice system.

Expanded Treatment System Capacity

- Continued growth in Federal funding for treatment programs: $2.3 billion in 1993, up 20 percent since 1991.

- Increasing capacity to at least 1.9 million people nationwide in Fiscal Year 1993.

- Continued support for the ADMS Block Grant to maintain and enhance treatment capacity.

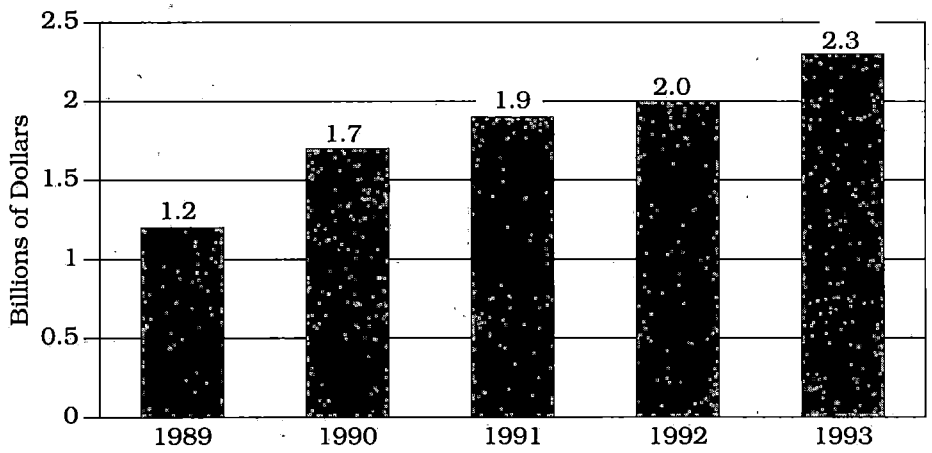
- Funding for categorical grants to increase the number of drug treatment slots for areas and populations in greatest need of treatment.

- Continued support for Treatment Campuses to offer a variety of treatment approaches, enhanced treatment capacity, improved treatment quality, and an evaluation of the efficiency of different treatment methods.

Improved Quality of Treatment

- Publication of regulations to standardize State applications for the ADMS Block Grant.
- Identification of treatment outcome criteria and measurable characteristics of treatment programs that are predictive of positive outcomes.
- Development of model treatment protocols and standards for treatment providers.
- Continued support for the State Systems Development Program to provide technical assistance to the States to develop data on the prevalence of drug use and the availability of treatment and prevention programs.

Federal Budget Authority for Drug Treatment and Related Research, 1989-1993[1]



[1] Funding for the Departments of Health and Human Services and Veterans Affairs and other Federal agencies

Source: ONDCP, 1992

Targeting Hard-to-Reach Populations

- Encouragement to States to give priority to pregnant women and other high-risk groups in slots financed with CEP Grants.
- Continued support for residential treatment demonstration programs specifically designed for women and their children.
- Encouraging or requiring pregnant addicts to enter treatment whenever they become involved with the criminal justice system.
- Development of treatment guidelines and protocols for pregnant and adolescent substance abusers.
- Mandating plans that require States to identify shortage areas and report on their progress in meeting these needs.
- $4.9 billion for total AIDS funding, including that specifically directed at drug-related cases, for outreach, screening, initial medical care, and drug treatment.

Treatment and the Criminal Justice System

- Increased capability of the criminal justice system to identify, refer, and monitor offenders in treatment.
- Mandating plans that require States to include comprehensive drug testing in their criminal justice system.

Research and Development

- Continued emphasis on drug use treatment research.
- Continued research on innovative community-based treatment strategies and development of comprehensive support services.
- $48 million for continued development of medications to treat addictions.

Focus on the Organization

Few threats are more costly in terms of human life and the U.S. economy than the drugs that threaten our citizens and national security. The presence of drugs on our streets and neighborhoods is the result of a long and complex process, carefully controlled by networks of drug trafficking organizations. To eliminate the supply of drugs, it is necessary to identify these networks, determine their most vulnerable points, and dismantle them. Drug organizations are organized at three levels:

- Core organizations: responsible for all phases of drug trafficking, from production to distribution;
- Secondary organizations: subsidiaries of core organizations that usually perform only one function, such as transportation, money laundering, or drug distribution within a single region; and
- Local organizations: responsible for distributing the drugs within a localized area.

The Strategy calls for working with and motivating other countries to act vigorously to curtail domestic drug supply and demand, and to work cooperatively with other nations to end the international trafficking of illicit drugs. Continued efforts will be made to prevent the diversion of precursor and essential chemicals, destroy clandestine labs, halt the illegal export of munitions, and to cut off drug traffickers from foreign and domestic financial systems.

Targeting Core Organizations

- Approximately $480 million in military, law enforcement, and economic assistance to Colombia, Peru, and Bolivia.
- Encouragement to source countries to strengthen their laws, legal institutions, and programs to apprehend and bring drug traffickers and drug money launderers to justice.

- Targeting heroin trafficking groups, with particular emphasis on law enforcement efforts in New York City, the most significant heroin importation and distribution center in the United States.

- Continued diplomatic initiatives to expand hemispheric trade.

Targeting Secondary Organizations

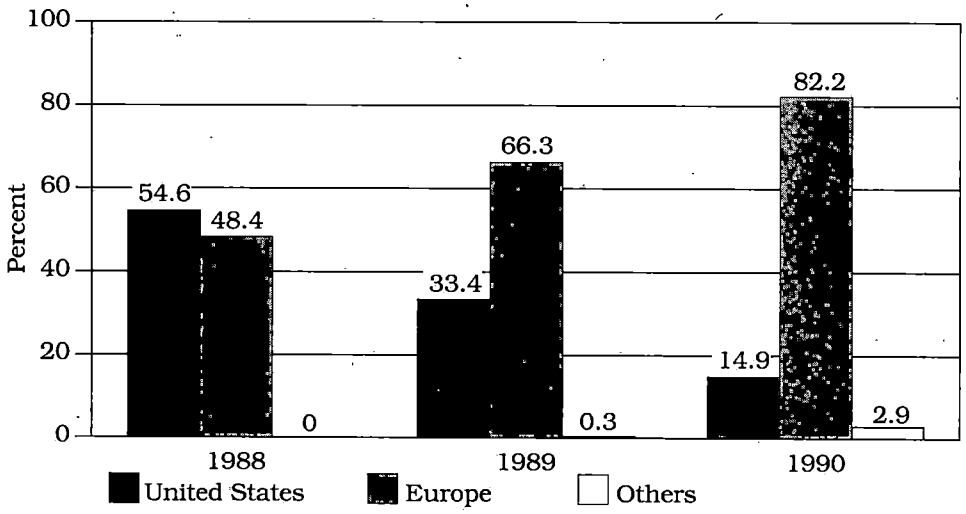
- Continued sharing of forfeited assets with cooperating State and local law enforcement — $630 million shared in the last two years.

- $399.1 million for Organized Crime Drug Enforcement Task Forces (up 10 percent over 1992).

- Continued vigorous enforcement of the Chemical Diversion and Trafficking Act — in 1990, Colombians imported 70 percent fewer chemicals from the United States than in 1988.

- Continued destruction of domestic clandestine labs — 387 destroyed in 1991.

Origin of Colombian Imports of Cocaine Producing Chemicals, 1988-1990[1]



[1] Acetone, ethyl ether, methyl ethyl ketone, potassium permanganate, and toluene

Source: Drug Enforcement Administration, 1991

- Continued pressure on violators of Federal explosives and firearms laws through Operation EXODUS and the International Traffic in Arms Regulations program.

- Continued eradication of the domestic marijuana supply — 128 million cultivated plants destroyed, 8,717 arrests made, and $48 million in assets seized in 1991.

Targeting Illegal Financial Operations

- Improved intelligence and data analysis capabilities.

- Coordination of criminal investigations and prosecutions of suspected money laundering activities with law enforcement efforts directed at the trafficking organization. Nearly $630 million in cash and property obtained from drug traffickers through the use of Federal asset forfeiture laws in 1991.

- Effective regulation and legislation at the Federal and State level.

- Promotion of international cooperation.

Focus on the Supply Networks

The primary goal of interdiction is to deny the drug smuggler the use of air, land, and maritime routes. Where possible, law enforcement authorities will seize drugs, drug-related money, illegal munitions, and chemicals and arrest those engaged in smuggling activities. High-value individuals and shipments are targeted.

To do this, the Strategy calls for a comprehensive information-based approach to Federal air, maritime, and land interdiction, and enhanced border systems, operations, and activities.

Restricting Routes and Modes

- Establishment of an effective air and maritime surveillance system along the southern U.S. border, in The Bahamas, and in Puerto Rico. Ten aerostat radars are already in place.

- Reintroduction of proposed legislation to make it a criminal offense to fail to obey the order of an authorized Federal law enforcement officer to land an aircraft or bring-to a vessel.

- Continued diplomatic negotiations to enhance international cooperation against smugglers.

- Continued research and development efforts to make law enforcement activities more cost effective.

- Continued designation of the Southwest Border as a High Intensity Drug Trafficking Area.

Restricting Transshipment

- Encouragement to transit countries to strengthen their laws, legal institutions, and programs to apprehend and bring drug traffickers and drug money launderers to justice.

- Continued targeting and dismantling of major drug transportation organizations.

- Continued support (including equipment and training) to Mexico's Northern Border Response Force.

- Continued support to OPBAT in the Caribbean — 14,500 pounds of cocaine and over 2,000 pounds of marijuana seized by OPBAT operations in 1991.

- Continued support to Operation Cadence in Guatemala — over 12 tons of cocaine seized since July 1991.

Focus on the Street Dealer

Attacking the retail street-level drug dealer is an integral part of the Strategy for dismantling drug trafficking organizations. The Strategy's plan of attack against retail drug dealers has two basic elements: arresting dealers (and deterring others who would take their place) and prosecuting and incarcerating them.

The arrest of street dealers is primarily the responsibility of State and local law enforcement agencies. The Federal government assists them in several ways: by coordinating efforts against trafficking organizations that operate in more than one State; by funding innovative approaches to removing street dealers; by lending technical expertise in specialized investigative techniques; and by sharing information.

Rapidly increasing numbers of arrests of drug dealers have caused a growing strain on the capacity of courts to prosecute them and on the capacity of prisons to hold them once convicted. Federal, State, and local governments must develop creative ways to cope with the growing strain, such as the use of special "drug courts" and alternatives to incarceration.

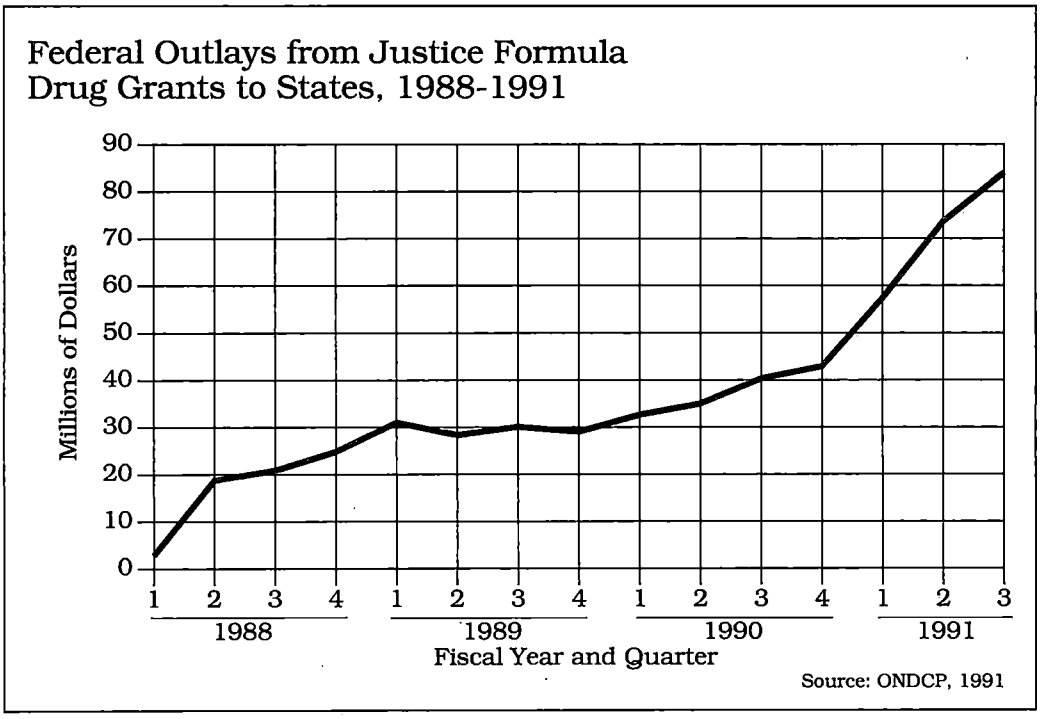
Investigation and Arrest

- Continue to assist States and localities by providing over $400 million in grant funding to States through Bureau of Justice Assistance for use as "seed money" for new law enforcement efforts.

- Weed and Seed program to target communities hit hardest by drugs to eliminate drug dealers from an area while simultaneously working to create economic opportunities in that area.

- $61.9 million for Drug Enforcement Administration State and Local Task Forces (60 percent increase over 1991).

- Federal task forces such as Project Achilles and Project Triggerlock to target gangs and others who use firearms in the course of committing drug trafficking crimes.



- Encouragement for all States to pass laws against drug paraphernalia and laws treating as adults juveniles who engage in drug trafficking.

Prosecution and Punishment

- Continued increase in the number of prosecutors, public defenders, judges, and support staff at the Federal, State, and local level.

- Increased use of special management techniques, such as unit management, as prison populations increase.

- Increased use of alternative sentencing measures, such as "boot camps" and electronic home monitoring devices.

- Bureau of Justice Assistance grants to States conditioned on the implementation of comprehensive drug testing in their criminal justice systems.

- Probation, supervised release, and parole for Federal prison inmates conditioned on passage of drug tests.

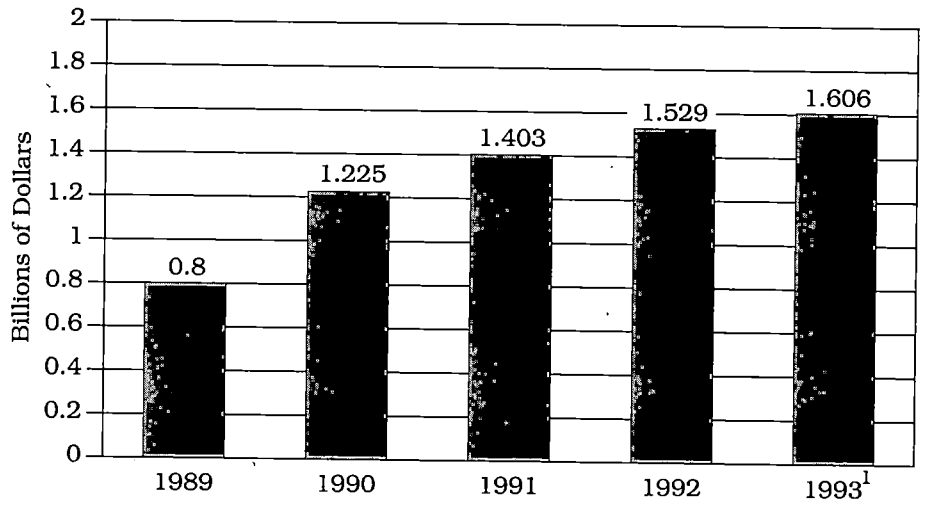
High Intensity Drug Trafficking Areas

Many cities in the United States are experiencing substantial drug use problems, but the large-scale drug trafficking activities in New York, Miami, Houston, Los Angeles, and along the Southwest Border warrant their designation as High Intensity Drug Trafficking Areas (HIDTAs). The goal of the HIDTAs is to identify and dismantle drug trafficking organizations, thereby alleviating the drug problem throughout the entire Nation.

Five Areas Designated as HIDTAs

- $50 million to support ongoing Federal programs in Fiscal Year 1993.
- In addition to the appropriation for HIDTA activities, $1.6 billion for other drug-related programs in the HIDTA areas in Fiscal Year 1993.

Total Anti-Drug Funding in HIDTAs, 1989-1993



[1] Requested

Source: ONDCP, 1992

National Drug Control Budget Summary
Budget Authority (Millions of Dollars)

	1991 Actual	1992 Estimate	1993 Request
ACTION	$12.5	$12.3	$13.4
Agency for International Development	202.9	279.0	260.9
Department of Agriculture			
Agricultural Research Service	6.4	6.7	6.7
U.S. Forest Service	9.7	9.4	9.3
	16.1	16.1	16.1
Department of Defense	1,042.5	1,274.6	1,223.4
Department of Education	683.1	715.6	751.0
Department of Health and Human Services			
Administration for Children and Families	106.3	111.0	121.5
Alcohol, Drug Abuse, and Mental Health Administration	1,557.0	1,609.9	1,793.9
Centers for Disease Control	29.3	28.8	31.5
Food and Drug Administration	6.5	6.7	7.0
Health Care Financing Administration	190.5	201.5	231.5
Indian Health Service	35.3	35.2	37.0
	1,924.9	1,993.1	2,222.3
Department of Housing and Urban Development	150.0	165.0	165.0
Department of the Interior			
Bureau of Indian Affairs	14.7	22.7	19.4
Bureau of Land Management	6.9	8.9	10.3
Fish and Wildlife Service	1.0	1.0	1.1
National Park Service	11.3	11.1	10.8
Office of Territorial and International Affairs	1.7	1.5	1.1
	35.7	45.2	42.7
The Judiciary	294.1	347.7	429.9
Department of Justice			
Assets Forfeiture Fund	421.1	421.0	439.0
U.S. Attorneys	161.6	188.7	215.9
Bureau of Prisons	1,027.5	1,293.5	1,454.4
Criminal Division	18.5	17.2	17.2
Drug Enforcement Administration	692.4	720.2	819.3
Federal Bureau of Investigation	180.3	231.4	243.7
Immigration and Naturalization Service	130.7	138.0	156.5
INTERPOL	1.3	1.8	1.9
U.S. Marshals Service	202.5	210.3	227.8
Office of Justice Programs	535.7	543.5	530.2

National Drug Control Budget Summary
Budget Authority (Millions of Dollars)

	1991 Actual	1992 Estimate	1993 Request
Department of Justice (continued)			
Organized Crime Drug Enforcement Task Forces	334.5	363.4	399.1
Support of U.S. Prisoners	135.1	153.4	187.9
Tax Division	1.2	1.3	1.5
	3,842.4	4,283.7	4,694.5
Department of Labor	67.6	73.2	72.6
Office of National Drug Control Policy	104.3	126.7	79.1
Small Business Administration	0.1	0.2	0.7
Department of State			
Bureau of International Narcotics Matters	150.0	171.5	173.0
Bureau of Politico/Military Affairs	107.6	121.2	140.8
Emer. in the Dip. and Consular Service	0.0	0.5	0.8
	257.6	293.2	314.6
Department of Transportation			
U.S. Coast Guard	718.6	672.1	679.1
Federal Aviation Administration	23.8	26.1	35.6
National Highway Traffic Safety Administration	7.2	8.2	9.4
	749.6	706.3	724.1
Department of the Treasury			
Bureau of Alcohol, Tobacco, and Firearms	123.2	131.5	141.3
U.S. Customs Service	674.1	759.3	752.9
Federal Law Enforcement Training Center	20.8	16.3	18.8
Financial Crimes Enforcement Network	12.8	14.4	18.2
Internal Revenue Service	93.2	102.8	111.1
U.S. Secret Service	53.6	44.7	62.9
	977.6	1,069.0	1,105.2
U.S. Information Agency	7.3	8.0	8.4
Department of Veterans Affairs	473.1	544.2	590.6
Total Federal Program	$10,841.4	$11,953.1	$12,714.3
Weed and Seed	—	—	14.4
Total Federal Program (Incl. Weed and Seed)	$10,841.4	$11,953.1	$12,728.7

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