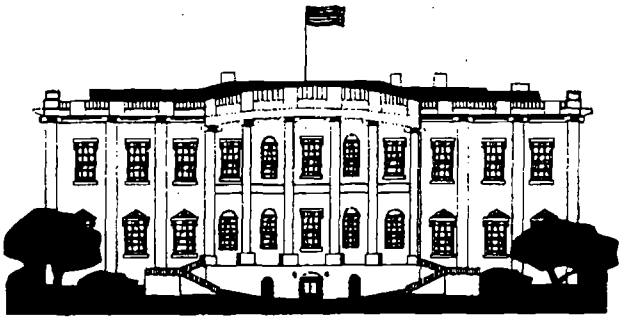
EXECUTIVE OFFICE OF THE PRESIDENT

Office of National Drug Control Policy
Washington, DC 20503



PUBLIC AFFAIRS

FACSIMILE MESSAGE

TO: Leanne Shimabukuro
ORGANIZATION:
PHONE:
FAX: 67028

DATE: _____ **TIME:** _____ **PAGES:** _____ **(Including Cover)**

FROM: **Bob Weiner, Director, Office of Public Affairs** BW

FAX NUMBER: **202-395-6730**

OFFICE NO: **202-395-6618**

COMMENTS: As discussed.
Regards
BW

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

EMBARGOED FOR RELEASE UNTIL:
10:00 AM, THURS. AUG. 31, 2000,

CONTACT: Bob Weiner / Nicole Harry
(202) 395-6618

YOUTH DRUG USE CONTINUES TO FALL DRAMATICALLY: HOUSEHOLD SURVEY SHOWS 2-YEAR 21% DECLINE FOR YOUTH

Age 12-17 Use of all Drugs Down 21% 1997-99; Marijuana Use Down 26% State-by-State drug use data available for first time

(Washington, D.C.) White House National Drug Policy Director Barry McCaffrey applauded the Household Survey results, which he and HHS Secretary Donna Shalala released today, indicating that youth drug use continued to decline, marking a two-year trend. The annual survey, a highly respected benchmark, found:

- Monthly drug use by 12-17 year olds dropped by 21% over a two-year period (1997-1999), including a 9% drop last year. The study also showed a 26% drop in marijuana use during 1997-99 for 12-17 year olds.

- The younger a person is when he or she first uses marijuana, the greater the likelihood is of becoming drug dependent as an adult. Among young people who try marijuana at age 14 or younger, the rate of illicit drug dependence as an adult is 8.9%. In contrast, young people who first try marijuana at age 18 or older, the rate of drug dependency in later life is just 1.7%.

McCaffrey stated, "The survey provides extremely encouraging news. We are now seeing a clear trend: Teen drug use is down significantly and rapidly for two straight years. The Survey clearly shows that our drug prevention efforts are working."

McCaffrey issued a "note of caution" concerning higher use among 18-25 year olds: "We first began to see increased drug use among this age group several years ago when they were teens. Sadly, now that this age group has established drug use patterns, they and our society will be dealing with the harms associated with increased drug use—disease, overdoses, health care costs, crime and the like—for years to come, as they grow older. If we don't educate each generation of young people with the facts about drug use, we put them at risk."

McCaffrey also said: "The study's conclusion linking the age of first use with higher dependency rates also demonstrates the importance of our drug prevention efforts. Plain and simple, the younger a person is when first trying marijuana, the greater the risk of drug dependency later. Young people may think that they are only experimenting, but, as this study shows, they are really gambling with their futures."

The Household Survey was based on a sample of 67,000 individuals from the civilian non-institutional population, age 12 and older—the largest sampling ever done for the Household Survey, making the Survey more accurate. It also utilized new sampling technologies, which also have produced more reliable results. In addition, this year's survey was the first that included state-by-state data.

-30-

The 1999 National Household Survey on Drug Abuse Dramatic Drop in Youth Drug Use Continues

DRUG USE AMONG 12-17 YEAR-OLDS DOWN SUBSTANTIALLY

▪The single most important finding from the 1999 National Household Survey on Drug Abuse is that the rate of ***current, past month use of any drug*** among 12-17 year olds has declined for the second straight year, showing a ***21 percent drop over the past two years*** (from 11.4 % in 1997 to 9.0% in 1999).

▪***Current use of marijuana*** in the 12-17 year-old age cohort showed an even greater decline, ***falling by 26 percent*** (from 9.4% in 1997 to 7.0% in 1999). Such a decline for marijuana, the most popular of all drugs among youth, occurring among ***current users is remarkably good news***.

YOUNG ADULTS, AGED 18-25, POSE A WORSENING PROBLEM

▪There are also some negative findings: for the 18-25 age cohort (young adults) the current rate of use of any illicit drug is up 28 percent over the last two years (rising from 14.7% in 1997 to 18.8% in 1999). Marijuana use also rose 28 percent (from 12.8% in 1997 to 16.4% in 1999). Cocaine use in this cohort rose in 1998 but dropped slightly in 1999 .

▪The 18-25 age cohort, which includes many of those who formed their attitudes about drug use and began to use in the early 1990s, can be expected to reflect relatively higher rates of drug use as they age.

DRUG NEW INITIATION RATES SHOW SUBSTANTIAL IMPROVEMENT

▪There were 2.3 million new marijuana users in 1998--11 percent fewer than the 2.6 million in 1997. The average age at first use increased for the fifth year in a row (from 16.7 in 1994 to 17.3 in 1998).

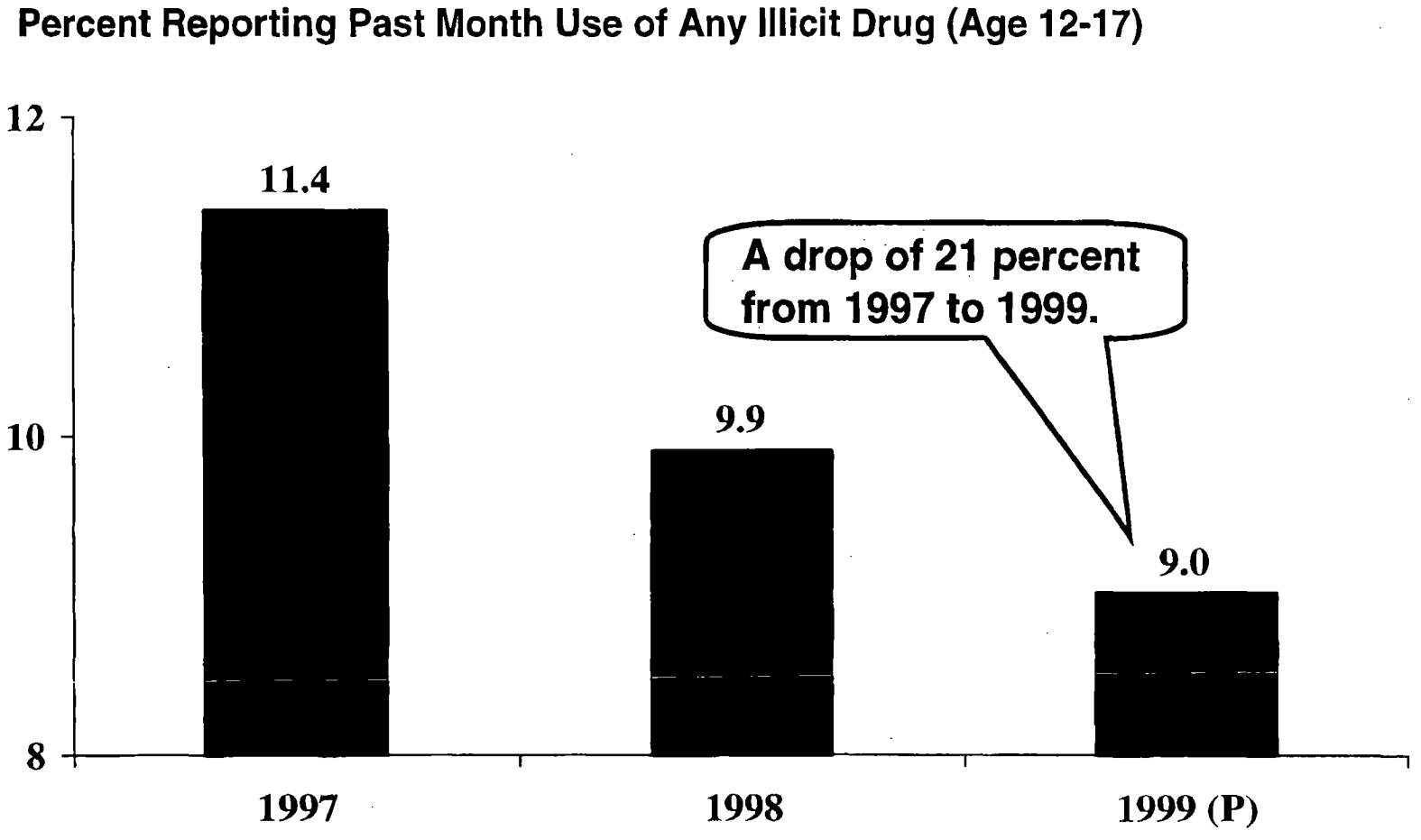
▪Initiates to heroin use were estimated at *149,000 in 1998, 21 percent less than in 1997.*

▪However, there was bad news for new cocaine users for 1998, which were estimated at 934,000, an increase of 16 percent 1997 (800,000 new users). However, the average age at first use for cocaine did rise, going from 19.6 years in 1997 to 21.3 years in 1998.

▪**The bottom line**: We have seen remarkable success over the past two years, due in large part to the continued hard work and solid focus of the prevention network -- parents, coaches and other key mentors, community-based coalitions, the DARE program, schools, groups such as the YMCA and the Boys and Girls Clubs, and the ONDCP Youth Media Campaign have made a difference. But we still face a serious problem. While there is notable improvement in the 12-17 age group, drug use among young adults is rising. Other data sources indicate increasing problems with Club Drugs (i.e., MDMA, GHB, LSD) and with methamphetamine. Emerging drug use trends must still be confronted promptly and appropriately.

ONDCP/AUGUST 2000

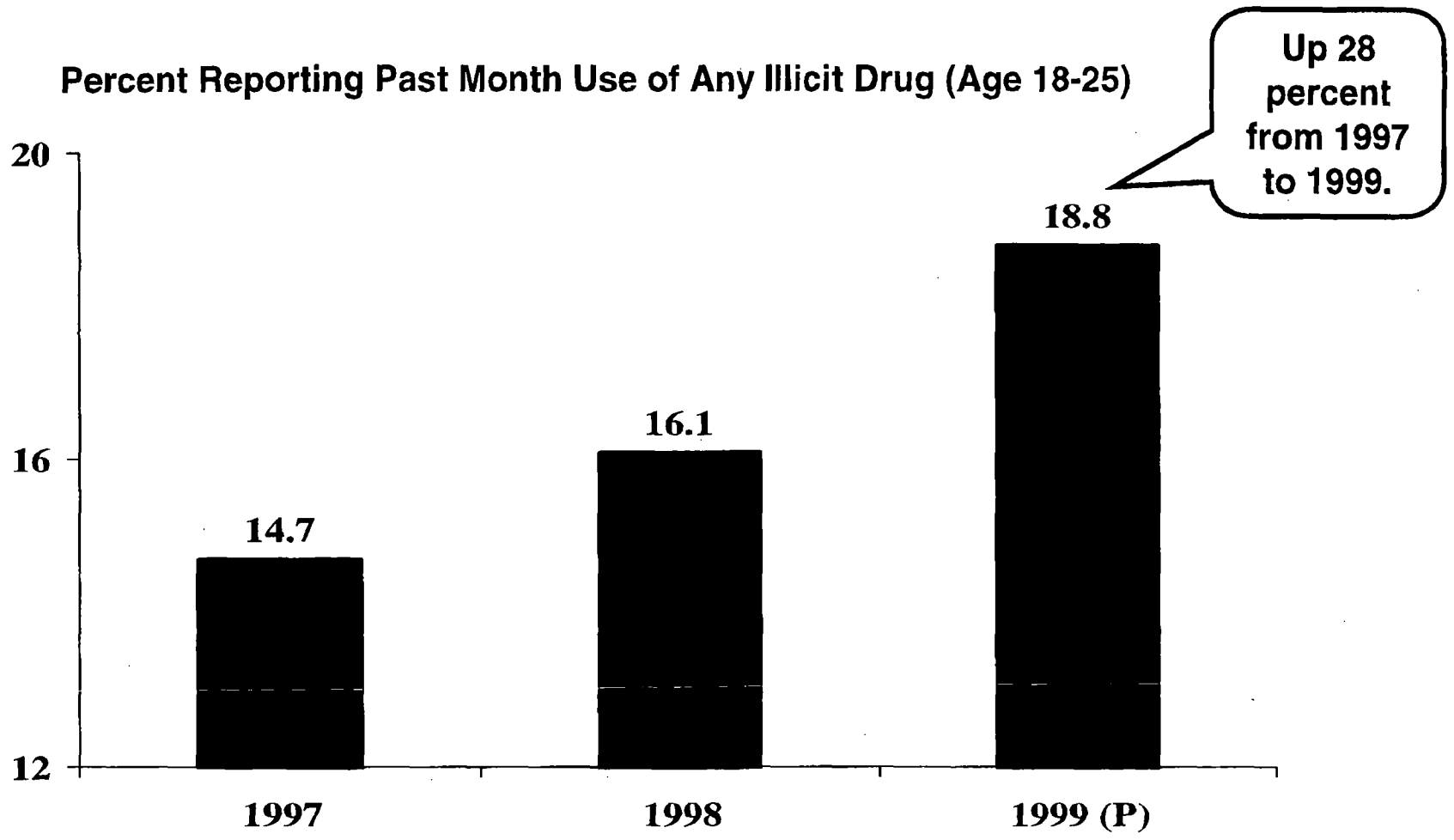
Prevention Efforts Are Working -- Current Drug Use Among Those Aged 12-17 Declined 21 Percent Between 1997 and 1999.



ONDCP/AUG2000

Source: *1999 National Household Survey on Drug Abuse*, SAMHSA (DHHS)

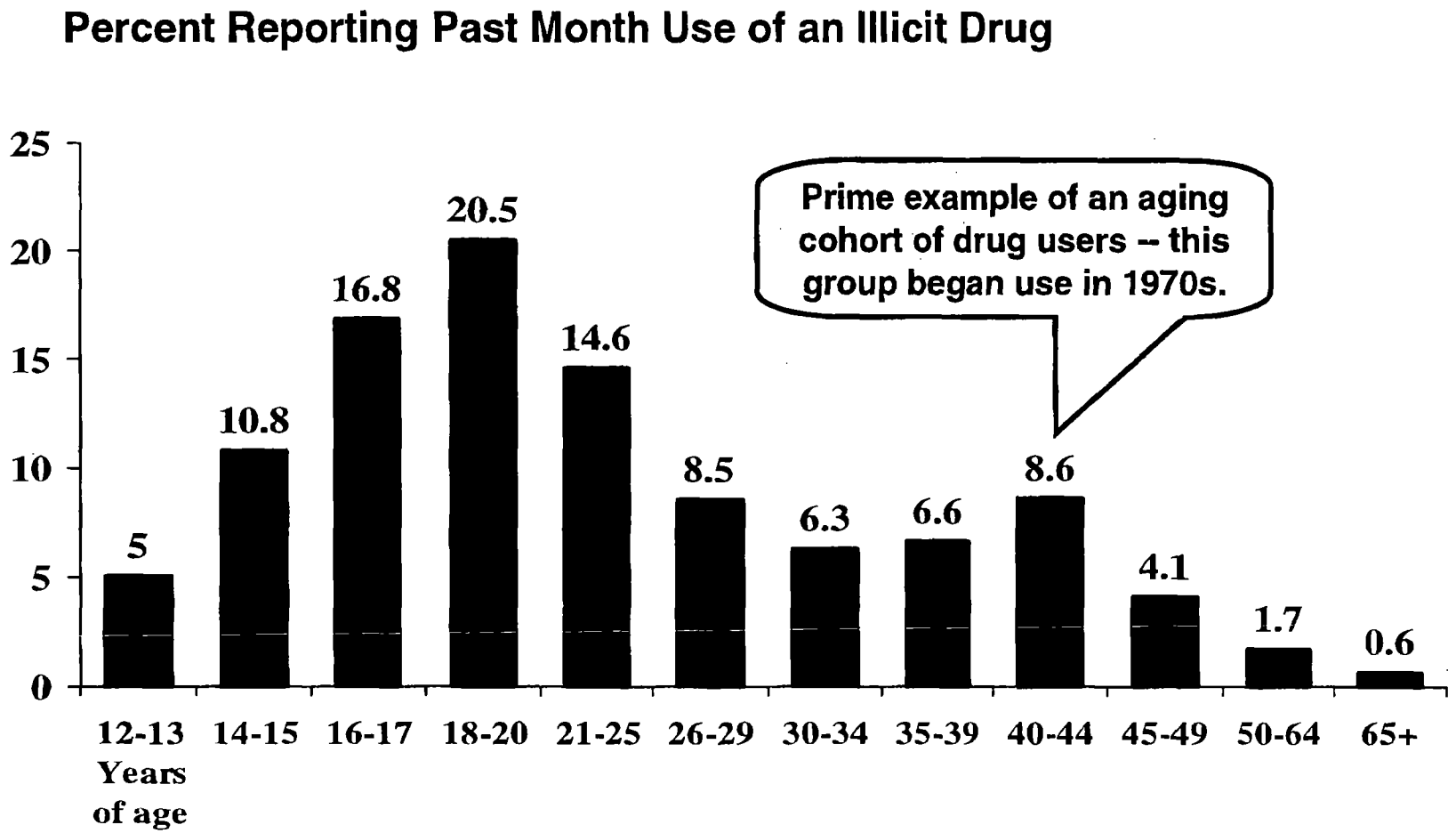
However, Current Use of Any Illicit Drug Among Those Aged 18-25 Has Risen.



ONDCP/AUG2000

Source: *1999 National Household Survey on Drug Abuse*, SAMHSA (DHHS)

Current Drug Use Varies Widely, by Age, but the Cohort Effect Lasts a Lifetime.

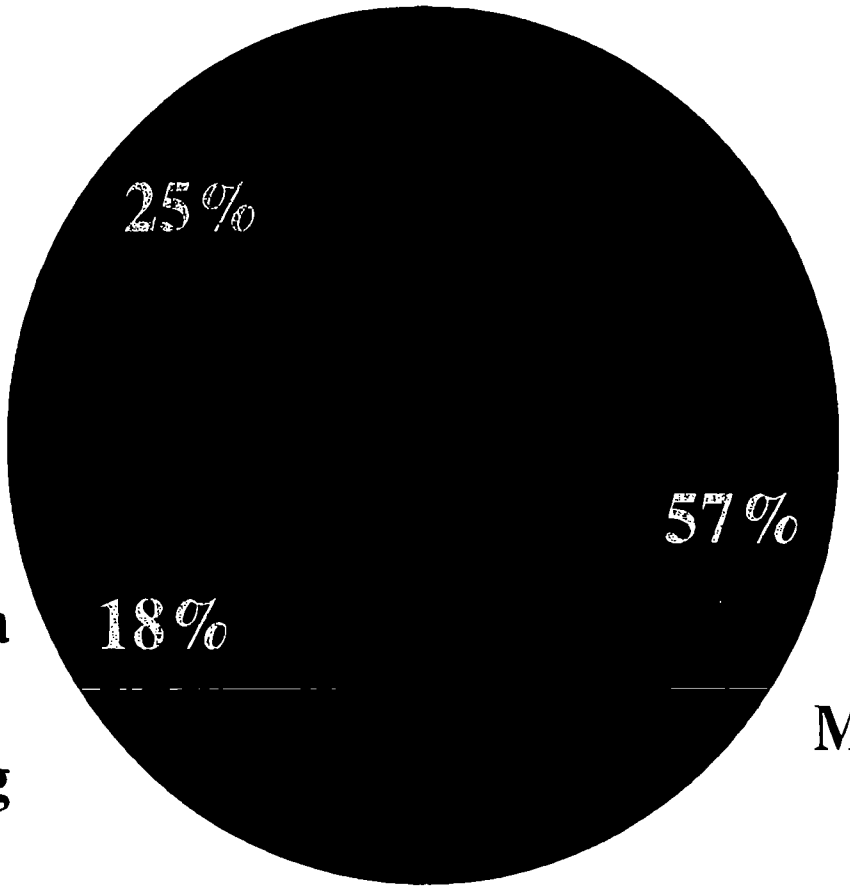


ONDCP/AUG2000

Source: *1999 National Household Survey on Drug Abuse*, SAMHSA (DHHS)

Among Current Drug Users, Marijuana is Still the Most Popular Single Illicit Drug .

Percent Reporting Past Month Use of Illicit Drugs, 1999

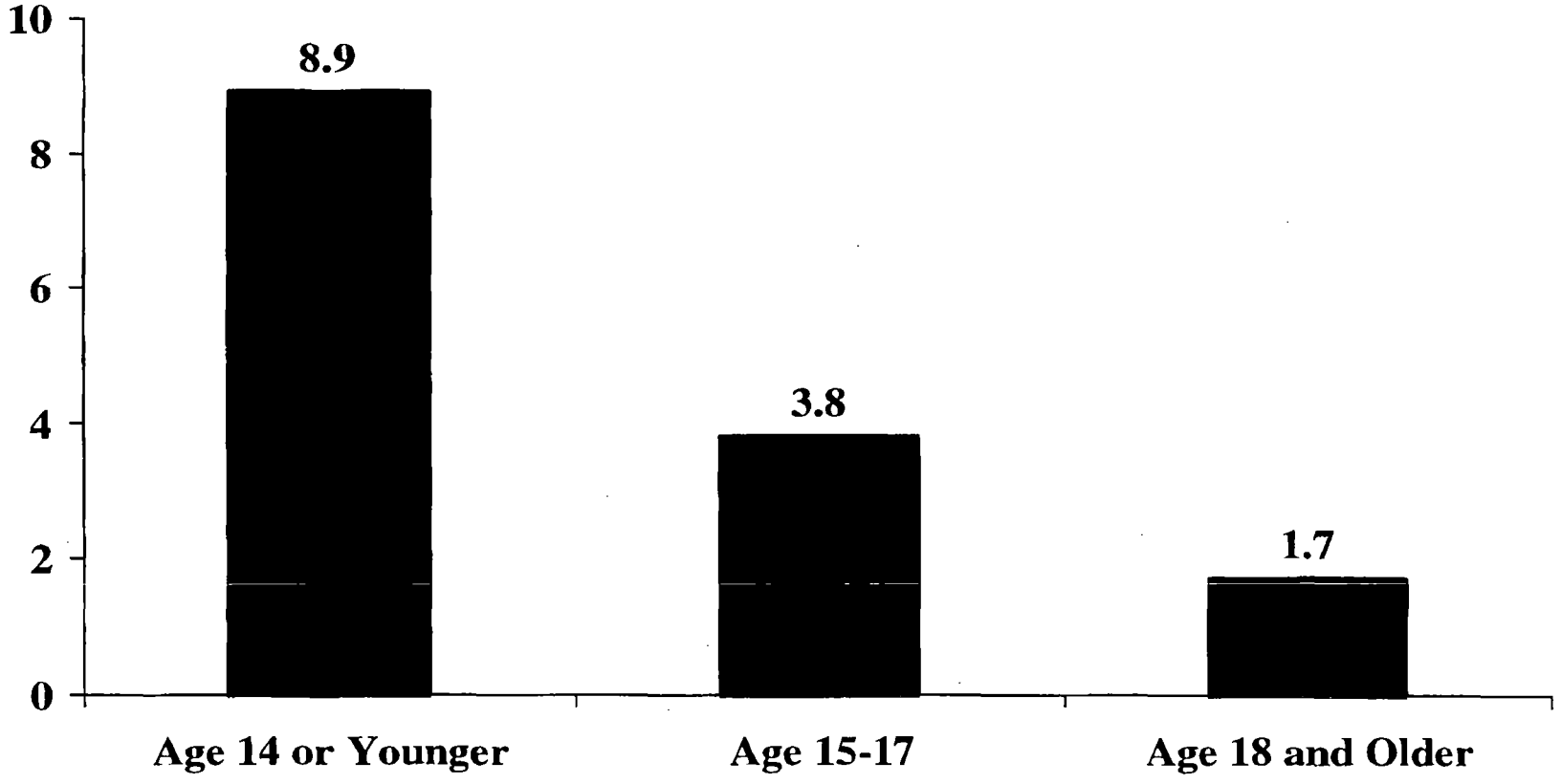


ONDCP/AUG2000

Source: *1999 National Household Survey on Drug Abuse*, SAMHSA (DHHS)

The Younger a Person Starts Using Marijuana, the Higher the Rate of Illicit Drug Dependence, as an Adult

Percent Dependent on Illicit Drugs Among Adults, by Age Marijuana First Used (Dependence Based on DSM-4 Diagnostic Criteria)



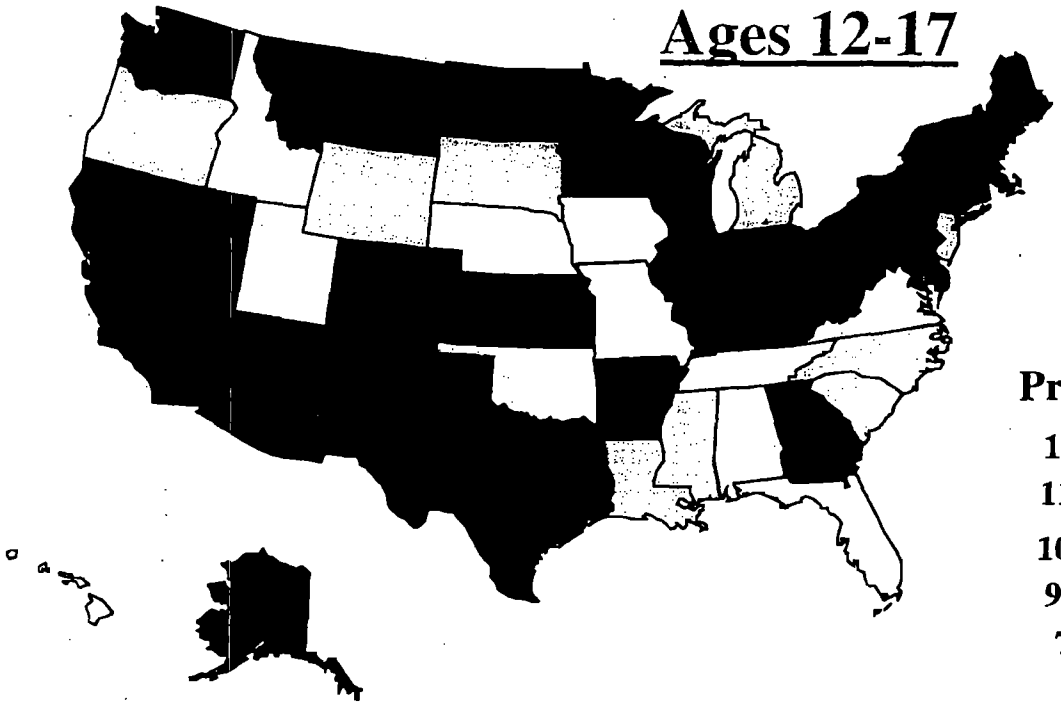
ONDCP/AUG2000

Source: *1999 National Household Survey on Drug Abuse*, SAMHSA (DHHS)

Past Month Use of Any Illicit Drug

State by State

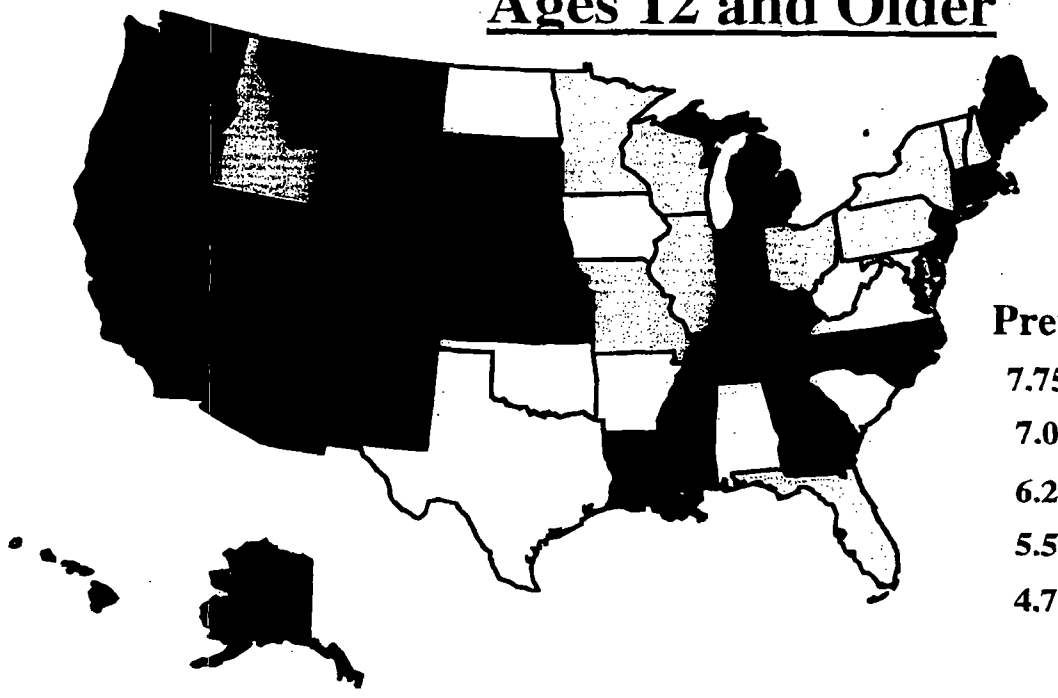
Ages 12-17



Prevalence Rate

- 12.84 - 18.27
- 11.77 -12.83
- 10.75 - 11.76
- 9.68 - 10.74
- 7.97 - 9.67

Ages 12 and Older

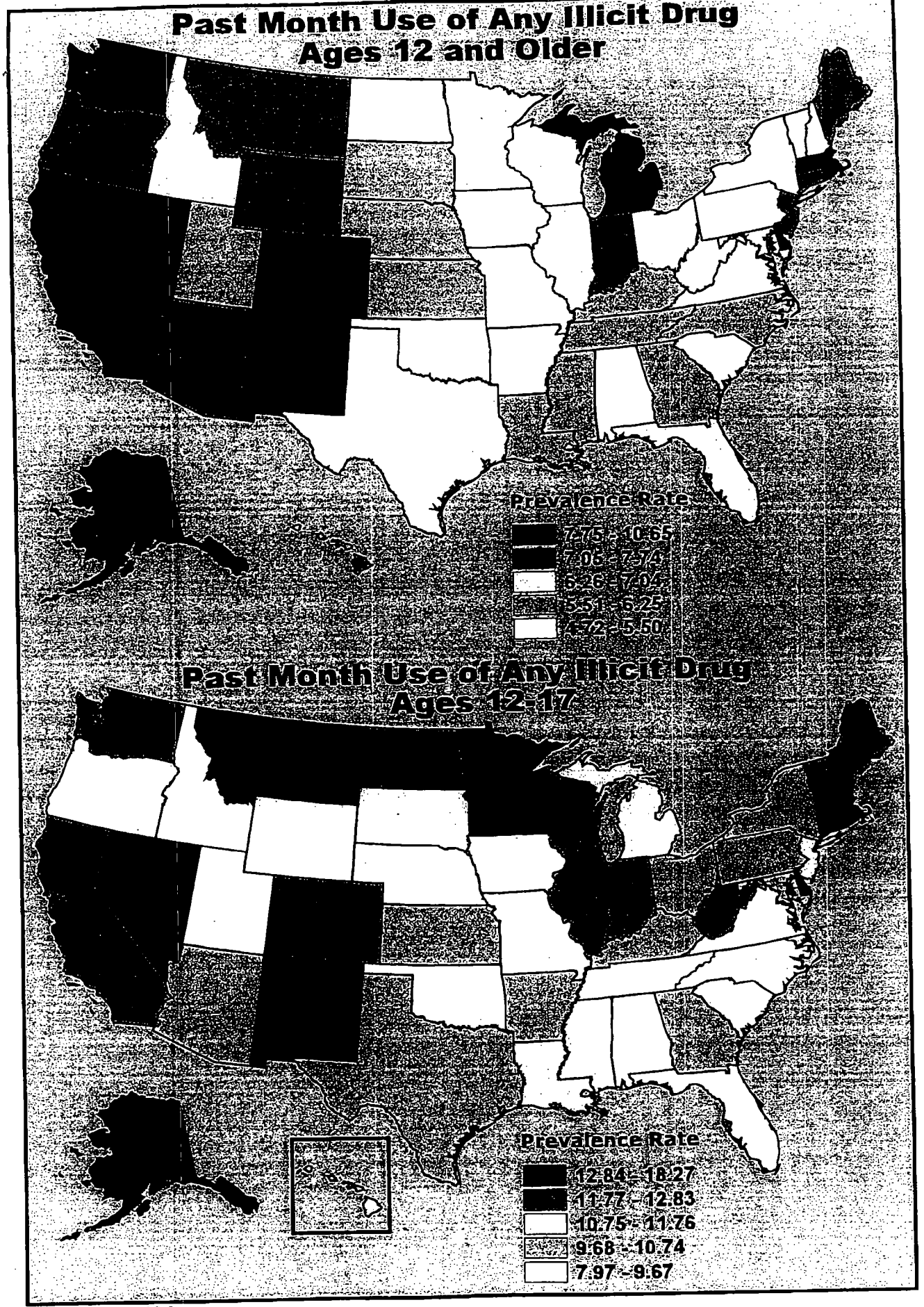


Prevalence Rate

- 7.75 - 10.65
- 7.05 - 7.74
- 6.26 - 7.04
- 5.51 - 6.25
- 4.72 - 5.50

Source: SAMHSA, 1999 National Household Survey on Drug Abuse

ONDCP/AUGUST 2000



Source: SAMHSA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FACSIMILE TRANSMISSION

DATE: 8/30/00

TO: Leanne/Sarah

FAX: 456-~~8581~~7025 PHONE: _____

FROM: Margaret Hyde
Office of the Assistant Secretary for Public Affairs

PHONE: (202) 690-4598
FAX: (202) 690-6247

TOTAL NUMBER OF PAGES SENT: ~~5~~ 10
(including cover page)

COMMENTS:
Final Household survey press release. Topline QA will be coming via email.

QHS- email won't go through.

1999 National Household Survey
Topline Questions and Answers
(For Internal Use Only)
8/30/00

Q. Why does this survey show two different rates for illicit drug use among youth in 1999? In one place it says 10.9 percent and the other it says 9.0 percent. Which is right? Why did you use the lower number to show that drug use is declining? If you use 10.9 drug use is really going up.

A: Over the years, we have made improvements in the Household Survey to provide better and more complete information on the nature and extent of substance use. 1999 is a transitional year for the survey, and we have two separate and valid sets of data. One set is from the expanded sample that used the new interactive, computer-based questionnaire to provide first-time state-by-state and regional data and to improve the accuracy of the information. This expanded survey will set a new standard for better year-to-year comparisons in the future. But, due to the new methodology, it cannot be compared to data from prior surveys.

The second set of data allows an apples-to-apples comparison of results for national trend data. To obtain this data we sampled an additional 13,000 respondents using the paper questionnaire used in prior surveys. According to this national trend data, both the illicit drug use and marijuana use continues to show a downward trend among teenagers. These trends are similar to the trend results in other HHS surveys that have shown a leveling off or declining trend in illicit drug use, marijuana use and cigarette use, so we have complete confidence that teen drug use is declining.

Background: According to the national trend data in the report, an estimated 9.0 percent of youths age 12-17 reported current illicit drug use in 1999. There is a significant consistent downward trend over three years from 11.4 percent in 1997 to 9.9 percent in 1998, and 9.0 percent in 1999. According to the 1999 computer-based survey data, which CANNOT be compared to data from previous surveys, overall illicit drug use among youth age 12-17 is 10.9 percent.

Among the trend data from the paper questionnaire, marijuana use for youths age 12-17, has also decreased since 1997 (9.4 percent in 1997, 8.3 percent in 1998, and 7.0 percent in 1999.) According to the new computer-based survey, which CANNOT be compared to data from previous surveys, past month marijuana use among teenagers is 7.7 percent for 1999.

Q: Are you trying to tell us that you have not been using accurate numbers to estimate drug use during the past decade and that the higher percent rates of use in the new computer-assisted survey are more accurate? Doesn't that mean that illicit drug use among teenagers is really going up from 9.9 percent on 1998 to 10.9 percent in 1999?

A: Absolutely not. We are confident that the paper questionnaire used in the 1990's was the best method available and provided the most accurate trend data possible. This is a transitional year for the survey, moving from the paper questionnaire to an expanded computer-based survey, therefore we have two separate and valid sets of data. The 13,000 respondents with the paper questionnaire allows for an apples-to-apples comparison with prior surveys, resulting in national trend data.

Q. What programs does HHS have in place to reach those 18-25 year olds who are increasingly using illicit drugs?

A. The increase in past month drug use among 18-25 year olds is a signal that the young people who began to use marijuana in the early 90's are continuing to use marijuana as young adults. We see this very same trend in the current population age 40-44. This group of people grew up in the 70's when there was a large increase in marijuana use and many of them have continued to use marijuana and other drugs.

From the survey, we know about 1/3 of individuals who start illicit drug use begin at age 18 or later. So SAMHSA has developed a budget proposal (for fiscal year 2002) to begin an effort to target 16- 17 year olds in schools, the workplace and in homes. As proposed, an initial grant program will identify what prevention and early intervention programs work best with youth in this age group.

Q. What does the 1999 Household Survey tell us about tobacco use?

A.
NEW 1999 ESTIMATES
The expanded new 1999 survey included a series of new questions on brands of tobacco products used. In 1999, an estimated 66.8 million Americans reported current use of a tobacco product, a prevalence rate of 30.2 percent for the population 12 and older. Of the general population, 57.0 million (25.8 percent) smoked cigarettes, 12.1 million (5.5 percent) smoked cigars, 7.6 million (3.4 percent) used smokeless tobacco, and 2.4 million (1.1 percent) smoked tobacco in pipes.

Three brands account for most of adolescent cigarette smoking. 54.5 percent of current smokers 12 to 17 years of age report Marlboro as their usual brand. Newport was reported by 21.6 percent of youth smokers, and Camel was reported by 9.8 percent. No other cigarette brand was reported by even 2 percent of youth.

Race/ethnicity differences in the usual cigarette brand used were evident among both adult and youth (age 12-17 years) smokers. More than half of white (58.4 percent) and Hispanic (59.7 percent) youth smokers reported Marlboro as their usual brand. About three quarters (73.9 percent) of black adolescent smokers reported Newport as their usual brand.

NATIONAL TREND DATA

The trend data from the 1999 Household Survey found the rate of current cigarette use in the population age 12 and older was similar in 1999 to the rates estimated from 1994 through 1998. Among youth age 12-17, the rate declined from 1997 (19.9 percent) to 1998 (18.2 percent) and 1999 (15.9 percent).

Smokeless tobacco use among the general population decreased significantly from 3.1 percent in 1998 to 2.2 percent in 1999.

NEW

Q. Why do you think you are now seeing a decline in marijuana use when the perception of risk for marijuana use has also declined over the past four years?

A. Perception of risk is only one of many factors that contribute to the potential for substance abuse. Other factors that help protect young people are parental attitudes, school education, and problem solving skills. Factors that put young people at risk include drug use by peers, drug availability, and alienation and delinquency. It is now possible with the expanded National Household Survey to conduct a detailed analysis of these and other risk and protective factors to help determine what is driving drug use rates down. In fact a report on this topic is already in progress.

Background:

Perceived risk of marijuana use among teens has not changed from 1999 to 1998, but it has statistically declined since 1997. Additionally, among youths age 12-17, perceived risk of cocaine use decreased significantly from 54.3 percent in 1998 to 49.8 percent 1999. For the past few years we have said that the perception of risk for marijuana use is a key indicator for future drug use.

Q. What does the state by state data tell us? Which state has the worst rates? Which state has the best rates?

A. The new state-by-state data is a powerful new tool for policymakers at the federal, state and local levels to identify state prevention and treatment needs. It is clear from the findings that illicit drug, alcohol and tobacco use vary substantially among states and regions.

Prevalence estimates ranged from a low of 4.7 percent (Virginia) to a high of 10.7 percent (Alaska). For youth age 12-17, the range is from 8.0 percent (Utah) to 18.3 percent (Delaware).

For example, of the 10 states with the highest rates of current illicit drug use in the population age 12 and older, six were in the West region. Eight of the 10 states with the lowest rates were in the South region.

However, within the regions, there was considerable variation. States are grouped into five categories based on their rates for each measure rather than simply ranking them. This provides a more accurate picture of substance use. For example, Utah, a Western state, had a relatively low past month prevalence rate for illicit drug use of 6.2 percent. Delaware, a Southern state, had one of the higher rates in the country (8.5 percent).

Subsequent reports will provide additional state level information that should provide a better understanding of why states vary with respect to the nature and extent of the substance abuse problem. These data will take on still greater value over time, as more data are accumulated and trends can be assessed in greater detail, at both the national and the state levels.

Q. What is the margin of error for your state estimates?

A. Margin of error is part of any survey. To indicate the precision of the estimate for each state a "prediction interval" is provided. For example, for past month use of any illicit drug, the state with the highest rate was Alaska, with a rate of 10.7 percent. Based on the survey design, we are confident that the estimate is between 8.6 percent and 12.9 percent.

Because there is a margin of error, grouping states with similar rates, rather than ranking them, provides a more accurate picture of the differences between states. In the report, states are grouped into five categories based on their rates for each measure of substance use. Approximately, 10 states are included in each category. The five groups range from highest to lowest rates of illicit drug, alcohol and tobacco use.

Q. Why do you think Delaware of all the states shows up in the highest category for almost every measure of substance use?

A. This is the first time we have ever had state estimates of illicit drug, alcohol and tobacco use. Subsequent reports that are already in development will provide additional insight on why states vary with respect to the nature and extent of the substance abuse problem. However, Delaware does stand out in this new data. While we have checked and rechecked the data and methodology, I have directed SAMHSA to do additional analysis specifically on Delaware to examine the reasons why the rates stand out.

NEW

Q. For years you have been saying every day 3,000 young people become daily smokers. This year the new computer-based survey shows that every day 2,300 young people become daily smokers. Which one is correct?

A. The estimate of 3,000 new young smokers every day that we all have become familiar with was developed using the methodology and data from the paper-based Household Survey that was used prior to the 1999 NHS. The expanded computer-based 1999 Household Survey provides us with an estimate of when people say they first became a daily smoker but this estimate cannot be compared to the paper-based survey. Changes in methodology, do not allow us to directly compare the computer-based survey with the older paper-based survey. It is important to remember that we will have to wait for next year's data for confirmation that the data on regular youth tobacco use represents a downward trend and that the trend is confirmed by other youth tobacco surveys.

Whether it's 3,000 children or 2,300 children who become daily smokers, it's still too many who will have their lives cut short as a result. Today's report underscores the urgency of reducing tobacco use.

Background: Trends in new use of substances are estimated using the data reported on age at first use from the computer-administered 1999 Household Survey. Because information on when people first used a substance is collected on a retrospective basis, information on first time use or incidence is always one year behind information on current use. The estimate of 3,000 new young smokers for the last 4-5 years was based on the old Household Survey pencil and paper methodology.

Q. How does the Household Survey compare to the Monitoring the Future Survey or the Youth Risk Behavior Survey?

A. Comparisons of the Household Survey results with other surveys, including Monitoring the Future and the Youth Risk Behavior Survey, show that the trends during the 1990s are generally consistent across these surveys. There has been a leveling or declining trend in illicit drug use, marijuana use and cigarette use among adolescents since 1997 after a period of significant increases in the early 1990's.

For example using marijuana:

The Household Survey showed substantial increases in past month use among youth age 12-17 from 1992 to 1995, then rates of 7.1 percent in 1996, 9.4 percent in 1997, 8.3 percent in 1998, and 7.0 in 1999. The Monitoring the Future study also showed that past month marijuana use among high school seniors increased from 1992 to 1995. The rate did not change significantly in 1996 (21.9 percent), 1997 (23.7 percent), 1998 (22.8 percent), and 1999 (23.1 percent).

Using tobacco:

The Household Survey showed increases in past month use of cigarettes among youth age 12-17 during the early 1990's, followed by a leveling off, then a decline from 19.9 percent (1997) to 18.2 percent (1998), and 15.9 percent (1999). The Youth Risk Behavior Survey released just last week followed the same downward trend.

Because the specific year to year variations among subgroups are not entirely consistent across all of the surveys, the trends are the key consistent indicators of the patterns of drug use in the U.S.

Q. How do you account for the differences among these surveys?

A. Different methods are used to collect data for the Household Survey, Monitoring the Future, and the Youth Risk Behavior Survey. For example differences in populations covered, time periods of data collection, questionnaire wording, effects of non-response bias, and interview setting (school vs home) affect the resulting estimates, both in terms of levels and trends.

All three of these surveys have their own specific purposes.

The Household Survey captures a snapshot of drug, alcohol and tobacco use at the national and state level for the population 12 and older;

The Monitoring the Future survey examines drug use among a nationally representative sample of eighth, tenth and twelfth graders in our schools.

In fact, we asked a panel of survey experts to review and compare them. They found that each of these surveys is methodologically strong and any differences are influenced by the different methodologies.

Q. Last year at this time ONDCP issued a report saying the media campaign has been able to reach 90 percent of its target audience (youth, teens, and parents) on a national level with four to seven anti-drug messages a week. Doesn't it mean that the media campaign is failing, given that the perception of risk for marijuana use is still declining?

A. We clearly believe that the media campaign will be a contributing factor to the improvement in attitudes and behavior in the long run. However, perception of risk is only one of many factors that contribute to the potential for substance abuse. Other factors that help protect young people are parental attitudes and school education. Factors that put young people at risk include drug use by peers and availability.

The bottom line is we now have a consistent downward trend in drug use among teenagers. It is now possible with the expanded National Household Survey to conduct an analysis of risk and protective factors to help determine what is driving drug use rates down.

NEW

Q. How do the NHS cigarette use data compare to other national studies such as the Youth Risk Behavior Survey and the Monitoring the Future Survey?

A. Different methods are used to collect data for the Household Survey, the YRBS and the MTF surveys, including differences in populations covered, time periods of data collection, questionnaire wording, effects of non-response bias, and interview setting (school for the YRBS and MTF vs. home for the NHS) affect the resulting estimates, both in terms of levels and trends.

While the methodologies of the various surveys are different, their results have shown similar findings. The NHS showed cigarette use among teens on a downward trend over the past three years. The 1999 MTF showed that the overall rate of cigarette use remained unchanged or declined somewhat among teenagers. Similarly, the 1999 YRBS data also showed that smoking rates among teens may have leveled or begun dropping off in the late 1990s. In fact we asked a panel of survey experts to review and compare the different surveys. They found that each of these surveys is methodologically strong and any differences are influenced by the different methodologies.

Q. What is HHS doing regarding the anti-alcohol youth problem and binge drinking?

A. Both the Surgeon General and I have begun to speak out forcefully about the nature and extent of underage drinking as a serious public health problem. Alcohol is the substance with the greatest likelihood of causing a young person's death or serious injury. The incidence of binge and heavy alcohol use by underage youth requires a concerted effort by all of us. The public health consequences, short and longterm, are deadly.

Next month, the Surgeon General will serve as Honorary Chair of the National Youth Summit scheduled to be held in Washington by Mothers Against Drunk Driving (MADD). This summit will be a rich source of information that will be invaluable in providing the Surgeon General and the Department information on what is needed to address the problem of underage drinking.

The Department has also supported programs to address underage drinking concerns

For example, NIAAA is addressing underage drinking prevention in several ways that reflect the Institute's research mission. NIAAA continues to encourage and fund a broad range of research from testing the impact of media messages on alcohol use among young adolescents to examining a variety of youth-focused prevention strategies such as school-based and after-school programs.

NIAAA has also launched its college initiative, which includes the development of a national research plan to move beyond current college campus and student-focused efforts as well as collaborative research with other federal partners. And to help parents

talk with their children about alcohol, NIAAA developed and released its pamphlet entitled "Make a Difference: Talk to Your Child About Alcohol."

NIAAA has joined SAMHSA's Center for Substance Abuse Treatment to develop effective strategies to treat adolescents dependent on alcohol. NIAAA initiated and SAMHSA has joined the "Leadership to Keep Children Alcohol Free," a broad, long-term public education effort that involves governors' spouses from more than 25 states. This effort includes the development of television and radio public service announcements among many other outreach and education activities.

Background: The Department has deferred plans to conduct a Surgeon General's Workshop on Underage Drinking in 2000. Instead, the Surgeon General will participate in the MADD's National Youth Summit as mentioned above.

Q. Do you believe that there should be a larger anti-alcohol component to General McCaffrey's ONDCP media campaign?

A. In contrast to countries like Australia or New Zealand, we have not done enough to develop effective media messages to educate and deter the incidence and harmful effects of underage drinking. We have come late to the realization that effective messages to deter underage drinking are different than those designed against illicit drugs. We would like to see a campaign developed that addresses the problem of underage alcohol use and are anxious to work with Gen. McCaffrey, Congress and others in the public health community. Sending the right messages to parents and young people about the dangers of underage alcohol use is critical to reducing youth substance abuse in this country. It is important we get messages out to young people and those who care about them that will decrease underage drinking and especially curtail binge and heavy drinking that are so closely linked to injuries, death and violence.

NEW

Q. Earlier this week the Supreme Court barred distribution of marijuana to people in California whose doctors recommend it for medicinal purposes. What is your reaction to the decision?

A. Legal decisions are really the purview of the Department of Justice. However, there is no scientifically sound evidence that smoked marijuana is superior to currently available therapies. On the other hand, it is well documented that smoked marijuana has harmful effects on the brain, heart and lungs; impairs learning, memory, perception, judgment, and complex motor skills; and exposes users to known carcinogens.

Advisors to both the National Institutes of Health (NIH) and the Institute of Medicine (IOM) of the National Academy of Science have concluded that further research into the potential medical uses of marijuana and its constituents is warranted and have urged the Department to do so. Moreover, the IOM report emphasized that since marijuana in its smoked form is fundamentally unhealthy, ultimately, any substantial medical use of marijuana would likely focus on one or more of its constituents delivered via another

vehicle. The IOM recommended that short-term studies of smokeable marijuana be conducted, but recommended the development of alternative delivery systems for any discovered application. NIH's National Institute on Drug Abuse (NIDA) will make available research-grade marijuana for approved research projects that are reviewed and funded by NIH or by other funding agencies.

Q. What are the key findings from the 1999 Drug Abuse Warning Network Emergency Department Data?

A. The Emergency Department data from the Drug Abuse Warning Network provide information on the impact of illegal drug use or the non-medical use of a legal drug on hospital emergency departments in the U.S. and 21 metropolitan areas. DAWN data do not measure prevalence of drug use in the population. The DAWN data is complementary to the data obtained in the Household Survey.

The 1999 DAWN report showed that drug-related emergency department visits remained relatively stable from 1998 to 1999. In 1999 there were an estimated 554,932 drug-related emergency department visits in the U.S. and 1,015,206 drug mentions, which refers to a substance reported during a visit.

The DAWN findings confirm an overall trend of stability in the number of drug related emergency room visits over the past five years. However, the number of visits among adolescents has continued to decline since 1996, the peak year. Drug-related emergency department visits among 12 to 17-year-olds decreased 11 percent from 1998 to 1999.

Mentions of marijuana/hashish use for the first time exceeded mentions of heroin/morphine in drug-abuse related visits to hospital emergency departments in 1999, changing a rank ordering of illicit drug mentions that had been constant since 1990. The increase in marijuana mentions may be attributable to multiple factors, including increased potency and changes in abuse patterns.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
August 31, 2000

Contact: SAMHSA Media Services
Phone: (301)443-8956

ANNUAL NATIONAL HOUSEHOLD SURVEY RESULTS RELEASED
Youth Drug Use Continues Downward Trend; First-Time State-by-State Data Available

HHS Secretary Donna E. Shalala today released findings of the 1999 National Household Survey showing that the decline in illicit drug use among young people age 12-17 that began in 1997 continued through 1999. Illicit drug use among the overall population 12 and older remained flat.

According to the trend data in the report, an estimated 9.0 percent of youths age 12-17 reported current illicit drug use in 1999, meaning they used an illicit drug at least once during the 30 days prior to the time of the survey interview. There is a significant consistent downward trend over the last three years, from a 11.4 percent in 1997 to 9.9 percent in 1998 and 9.0 percent in 1999.

For the first-time ever, the survey provides state-by-state estimates of illicit drug, alcohol and cigarette use by age group, as well as information about the brands of cigarettes that Americans smoke. This new, expanded data on demographic and geographic populations will be a valuable tool for states and community-based organizations to better tailor their programs to their communities. According to this new expanded survey, current drug use varies substantially among states, ranging from a low of 4.7 percent to a high of 10.7 percent for the overall population, and from 8.0 percent to 18.3 percent for youths age 12-17.

"We now have a consistent downward trend in drug use among teenagers that is very gratifying," said Secretary Shalala. "We must continue to build on our recent efforts to push the rate of drug use down further and to address the real threat to our young people from tobacco and alcohol. Parents and teachers are our strongest allies in the battle to keep our young people drug-, alcohol- and tobacco-free, but Congress can and should do more to help communities in this fight."

Barry McCaffrey, Director of the White House Office of National Drug Control Policy, said, "The survey provides extremely encouraging news that teen drug use is going down significantly. However, we must be aware that the younger a person is when first trying marijuana, the greater the risk of drug dependency later. Young people may think that they are only experimenting, but, as this study shows, they are really gambling with their futures."

-More-

Marijuana use for youths age 12-17 has also decreased since 1997 (9.4 percent in 1997, 8.3 percent in 1998, and 7.0 percent in 1999). Among youths age 12-17, the rate for cigarette use was 15.9 percent in 1999, not statistically different than in 1998 (18.2 percent), but significantly lower than the rate in 1997 (19.9 percent). Marlboro, Newport and Camel account for the vast majority of adolescent cigarette smoking, with 54.5 percent of current smokers age 12–17 reporting Marlboro as their usual brand.

In a separate study, HHS reported that the number of emergency room visits for drug-related reasons decreased 11 percent for youths age 12–17 from 1998 to 1999. The 1999 Drug Abuse Warning Network (DAWN) records drug-related emergency department episodes, not drug use prevalence, and helps provide a fuller picture of drug problems across the country. Overall, there were more than 550,000 drug-related hospital emergency department episodes in the United States in 1999.

Among other national trend data, the National Household Survey also showed current use of cocaine, inhalants, hallucinogens and heroin for individuals age 12 and older was stable, and use of smokeless tobacco did decrease significantly from 3.1 percent in 1998 to 2.2 percent in 1999.

Among youths age 12–17, current use of cocaine, heroin, hallucinogens and inhalants remained stable. The survey also showed there were no significant changes in the percent of youths who report great risk of using marijuana once a month (30.8 percent in 1998 to 29.0 percent in 1999). Among youths age 12-17, perceived risk of cocaine use decreased significantly from 54.3 percent in 1998 to 49.8 percent 1999.

The national trends from the National Household Survey are generally consistent with results from other HHS surveys. Both the Monitoring the Future Study and the Youth Risk Behavior Survey have shown a leveling or declining trend in illicit drug use, marijuana and cigarette use among adolescents since 1997, after a period of significant increases in the early 1990's.

The rate of current alcohol use among youths 12–17 and the general population has remained relatively flat for the past several years. According to national trend data in 1999, 19 percent of youth age 12–17 reported that they drank at least once in the past month and 52 percent of Americans age 12 and older reported current alcohol use. In 1999, 7.8 percent of youths age 12–17 reported past month binge drinking and 3.6 percent reported past month heavy alcohol use.

Among adults age 18–25, the survey found increases in current illicit drug use. The rate increased between 1997 and 1999 (14.7 percent in 1997, 16.1 percent in 1998, and 18.8 percent in 1999). The rates for the age group 26-34 years old and 35 years and older in 1999 have not changed significantly since 1994.

Dr. Nelba Chavez, administrator of HHS' Substance Abuse and Mental Health Services Administration (SAMHSA), which directs the annual survey, said, "Our efforts appear to be paying off in lower levels of drug use among teens, but we must do more to reduce illicit drug use among adults,

particularly those age 18 to 25. The need for drug treatment is real and growing. People need to know that treatment can help people get off and stay off drugs."

The National Household Survey provides annual estimates of the prevalence of illicit drug, alcohol and tobacco use in the U. S. and monitors the trends in use over time. It is based on a representative sample of the U.S. population age 12 and older, including persons living in households and in some group quarters such as dormitories and homeless shelters. The national trends in substance use presented in the 1999 report are based on data from a sample of 13,000 respondents using paper questionnaires similar to those used in prior years.

Over the years, SAMHSA has made improvements in the National Household Survey to provide better and more complete information on substance use. In 1999, a new, interactive, bilingual, computer-assisted questionnaire was introduced. A new sample design was implemented and the sample size was expanded almost fourfold to support the development of both national and state estimates of substance use. This new sample reflects information obtained from nearly 70,000 persons. Due to changes in the new methodology, national estimates from the expanded survey cannot be compared to data from prior surveys. The results from the expanded survey, however, will set a new baseline for better year-to-year comparisons for state and national levels. Highlights from the expanded survey follow.

1999 National Estimates from the New Expanded National Household Survey

Illicit Drug Use

- An estimated 14.8 million Americans were current users of illicit drugs in 1999, meaning they used an illicit drug at least once during the 30 days prior to the interview. This estimate represents 6.7 percent of the population 12 years and older.

- Among youths age 12-17, 10.9 percent reported past month use of illicit drugs in 1999. Marijuana is the major illicit drug used by this group; 7.7 percent of youths were current users of marijuana in 1999.

- Among youths age 12-17, the percent using illicit drugs in the 30 days prior to interview was slightly higher for boys (11.3 percent) than for girls (10.5 percent).

- The rates of current illicit drug use for major racial/ethnic groups were 6.6 percent for whites, 6.8 percent for Hispanics, and 7.7 percent for African-Americans. The rate was highest among the American Indian/Alaska Native population (10.6 percent) and among persons reporting multiple race (11.2 percent). Asian-Americans had the lowest rate at 3.2 percent.

Tobacco Use

- An estimated 66.8 million Americans reported current use of a tobacco product in 1999, a prevalence rate of 30.2 percent for the population 12 and older. Of the total population, 57.0 million (25.8 percent of the population) smoked cigarettes, 12.1 million (5.5 percent of the population) smoked cigars, 7.6 million (3.4 percent of the population) used smokeless tobacco, and 2.4 million (1.1 percent of the population) smoked tobacco in pipes.

- For the first time, the 1999 survey provides information on specific cigarette brands. Three brands account for most of adolescent cigarette smoking. Of current smokers age 12-17 years of age, 54.5 percent of report Marlboro as their usual brand. Newport was reported by 21.6 percent of youth smokers, and Camel was reported by 9.8 percent. No other cigarette brand was reported by even 2 percent of youths.

- Race/ethnicity differences in usual cigarette brands used were evident among both adult and youth (age 12-17 years) smokers. More than half of white (58.4 percent) and Hispanic (59.7 percent) youth smokers reported Marlboro as their usual brand. About three quarters (73.9 percent) of African-American adolescent smokers reported Newport as their usual brand.

Alcohol Use

- In 1999, an estimated 105 million Americans age 12 and older (47.3 percent) reported current use of alcohol, meaning they used alcohol at least once during the 30 days prior to the interview. About 45 million people (20.2 percent) engaged in binge drinking, meaning they drank five or more drinks on one occasion during that 30 day period. An estimated 12.4 million were heavy drinkers, meaning they had five or more drinks on one occasion 5 or more days during the past 30 days.

- Although consumption of alcoholic beverages is illegal for those under 21 years of age, 10.4 million current drinkers were age 12-20 in 1999. Of this group, 6.8 million engaged in binge drinking, including 2.1 million who would also be classified as heavy drinkers.

- Among youths age 12–17, an estimated 18.6 percent used alcohol in the month prior to the survey interview. Of youths 12–17, 10.9 percent were binge drinkers and 2.5 percent were heavy drinkers.

New State-by-State Estimates

First-time estimates of substance use for all 50 states and the District of Columbia were developed using a small area estimation model that combines sample data from each state with a national regression model that includes local indicators related to substance use. State estimates are clustered in five categories ranging from the states with the highest estimates to the states with the lowest estimates.

Illicit Drug Use

- Prevalence estimates for overall current illicit drug use in the general population ranged from a low of 4.7 percent (Virginia) to a high of 10.7 percent (Alaska). Six of the 10 states with the highest rates of current illicit drug use in the population age 12 and older were in the western region. Eight of the 10 states with the lowest rates were in the southern region. However, within the regions, there was considerable variation. Utah, a western state, had a relatively low rate of past month illicit drug use of 6.2 percent. Delaware, a southern state, had one of the higher rates in the country at 8.5 percent.

- The range among states for past month use of illicit drugs among youth age 12-17 was from a low of 8.0 percent (Utah) to a high of 18.3 percent (Delaware).

- Six of the 10 states that were in the highest ranking category for past month use of any illicit drug for persons age 12 and older were also in the highest group for youth ages 12-17. The rate for youth was lowest for the state of Utah (8.0 percent). The highest estimate for youth was in Delaware (18.3 percent).

Alcohol Use (Binge Drinking Only)

- The state with the highest rate of binge drinking for persons age 12 and older was North Dakota (28.7 percent). Most of the states with high rates were northern states and seven out of the top 10 were in the Midwest region. Most of the states with the lowest rates of binge drinking were southern states. The state with the lowest rate of binge drinking was Maryland at 15.3 percent.

- Among youths age 12–17, five of the 10 states in the top tier for binge alcohol use were Midwest states and four were western states.

Cigarette Use

- For cigarette use, five states ranked in the top 10 for both youths age 12-17 and the general population 12 and older. These states were Kentucky, West Virginia, Minnesota, Delaware and North Carolina.

- States that rank in the top ten for past month cigarette use among all ages 12 and older include Kentucky, West Virginia, Ohio, Oklahoma, North Carolina and Indiana. However, these states were not in the top 10 for illicit drug use or binge alcohol use.

Trends in New Use of Substances (Incidence)

Trends in new use of substances are estimated using the data reported on age at first use from the computer-based 1999 National Household Survey. Because information on when people first used a

substance is collected on a retrospective basis, information on first-time use or incidence is always one year behind information on current use.

- An estimated 2.3 million persons first used marijuana in 1998. This translates to about 6,400 new marijuana users per day. More than two-thirds of these new users were under age 18.

- In 1998, an estimated 1.6 million people began smoking cigarettes on a daily basis. About half of these new smokers were younger than age 18.

- An estimated 4.9 million people tried cigars for the first time in 1998, about 13,000 people per day. This represents a threefold increase in cigar initiation since 1991, when there were only 1.5 million new cigar smokers.

The DAWN Report

The 1999 Drug Abuse Warning Network (DAWN) report, also conducted by SAMHSA, provides information on the impact of drug use on hospital emergency departments in the U.S. It reports the number of episodes in which visits to the emergency department were directly related to the use of an illegal drug or non-medical use of a legal drug. DAWN is not a measure of prevalence of use, but offers complementary information to the prevalence data found in the National Household Survey.

- In 1999, there were 554,932 drug-related hospital emergency department episodes in the U.S. and 1,015,206 drug mentions, which refers to a substance reported in an episode.

- The 1999 DAWN findings confirm an overall trend of stability in the number of drug-related emergency room visits over the past five years in the general population.

- Among 12–17 year olds, drug-related emergency department visits dropped 11 percent from 1998 to 1999.

- Total mentions of marijuana/hashish use for the first time exceeded mentions of heroin/morphine use in drug-abuse related visits to hospital emergency departments in 1999, changing a rank ordering of illicit drug mentions that had been constant since 1990.

HHS' continuing efforts to reduce tobacco, alcohol and illicit drug use in the U.S. include SAMHSA's State Incentive Grants for Community-Based Action, already awarded in 20 states and the District of Columbia to support coordinated substance abuse prevention services. Regional Centers for the Application of Prevention Technology work to ensure consistent implementation of research-based prevention programs, practices and policies. SAMHSA's new Targeted Capacity Expansion Grants also assist local governments and Indian tribal governments to address serious, emerging drug problems at the earliest possible stage.

-More-

Additionally, HHS' efforts to reduce marijuana use among America's youth continue through its comprehensive Marijuana Initiative begun in 1995. As part of this initiative, HHS has funded new research on the effects of marijuana and launched major prevention-oriented campaigns -- such as the anti-marijuana campaign "Reality Check" -- to help parents educate children about the dangers of drugs. A new, updated version of our free publication, "Keeping Youth Drug Free," targeted at parents of young teenagers, was issued today. This publication and other free materials, "Marijuana: What Parents Need to Know" and "Tips for Teens," can be obtained by calling 1-800-729-6686 or by accessing SAMHSA's National Clearinghouse for Drug and Alcohol Information Web site *http://www.health.org*.

###

Note: Findings from the 1999 National Household Survey are available on the World Wide Web at *http://www.samhsa.gov*.

Note: For other HHS Press Releases and Fact Sheets pertaining to the subject of this announcement, please visit our Press Release and Fact Sheet search engine at: *http://www.hhs.gov/search/press.html*.