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CRS Report for Congress

Drug Abuse Statistics-- the National Household Survey: Background and Policy Concerns

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DRUG ABUSE STATISTICS-- THE NATIONAL HOUSEHOLD SURVEY: BACKGROUND AND POLICY CONCERNS

SUMMARY

On December 19, 1991, Secretary Louis Sullivan of the Department of Health and Human Services released the 1991 National Household Survey on Drug Abuse, eleventh in a series which measures the prevalence of drug use by self-report among Americans aged 12 and over. The U. S. Office of National Drug Control Policy (ONDCP) relies upon the National Household Survey as an important measure of drug abuse in the United States.

The Survey began in 1971, was conducted every third year until 1991, and is now performed annually. It covers Americans aged 12 and over from the coterminous United States, Alaska, and Hawaii. It tallies frequency of drug use (ever used, used in the past year, and used in the past month), and provides a breakdown by sex, age, race/ethnic group, and geographic region. Over time, the Survey greatly increased its sample, from 3,265 respondents in 1972 to 32,594 respondents in 1991. It now includes many living in group quarters, (e.g., those living in dormitories and hotels) and institutional settings (e.g. those in homeless shelters and civilians living on military installations), who were excluded in earlier surveys.

The Survey is the only study which offers estimates of drug use from a large national probability sample of the household population. It also reports drug use that would not necessarily appear in official statistics taken by administrative authorities, the medical community or the corrections system. Taken in a consistent fashion for over 15 years, the Survey allegedly provides reliable data concerning trends in drug use over time.

Critics argue that the Survey misses certain population subgroups (such as transients not in shelters, those in drug treatment centers, and those incarcerated) which are believed to have higher drug use rates. Because the Survey is based upon the self-report of drug use, many are concerned that the pressure of family opinion (interviews are conducted in the home) and the legal restrictions on drug use may make respondents' answers unreliable. Also, underreporting may occur because a significant percentage, approximately 18.7 percent of the sample group, did not respond to the 1991 Survey. It is believed that a considerable number refuse to participate because they are using illicit drugs.

CONTENTS

DRUG ABUSE STATISTICS-- THE NATIONAL HOUSEHOLD SURVEY: BACKGROUND AND POLICY CONCERNS

I. INTRODUCTION

On December 19, 1991, Secretary Louis W. Sullivan, M.D., of the Department of Health and Human Services released the 1991 National Household Survey on Drug Abuse, which measures on an annual basis the prevalence of drug use by self-report among Americans aged 12 and over.[1] The Survey plays an important role in measuring drug use. It serves as a general indicator to aid the understanding of policy makers and the American public about the extent of drug use in the United States.

The 1991 Survey data suggest that illicit drug use in the United States continues to decline, though the rapidity of its decline since 1985 seems to have slowed or levelled off. The 1991 Survey estimates for users of marijuana within the past 30 days suggest a continued drop from the peak reached in 1979. Survey estimates for cocaine and crack users, both for those using in the past 30 days and those using once a week or more, also suggest a decrease since 1985, though there is no statistically significant change in the estimates for the latter from 1990 to 1991. For a summary of the findings of the 1991 Survey, see Appendix A.[2]

The U. S. Office of National Drug Control Policy (ONDCP) lists the National Household Survey on Drug Abuse as one of eight major measures of drug abuse.[3] The ONDCP justifies revisions in the goals of the U.S. drug

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[1]The Survey also provides information on nonmedical use of psychotherapeutic drugs, as well as alcohol and tobacco. The findings of the survey are presented in U.S. Department of Health and Human Services. National Institute on Drug Abuse. National Household Survey on Drug Abuse: Population Estimates 1991. Washington, U.S. Govt. Print. Off., 1991. Hereafter cited as Population Estimates 1991. See also U.S. Department of Health and Human Services. National Institute on Drug Abuse. National Household Survey on Drug Abuse: Main Findings 1991. Washington, U.S. Govt. Print. Off., 1991. Hereafter cited as Main Findings 1991.

[2]The National Institute on Drug Abuse is in the process of modifying certain 1991 Survey estimates, including that for frequent cocaine and crack users. Telephone conversation with Lana Harrison, Survey and Analysis Branch, Epidemiology and Prevention Research Division, National Institute on Drug Abuse, Jul. 31, 1992.

[3] Executive Office of the President. Office of National Drug Control Policy. Leading Drug Indicators: A White Paper. September 1990. Washington, U.S. Govt. Printing Off., 1990. Hereafter cited as Leading Drug Indicators. The

control policy partly on the basis of information provided by the Survey. For example, ONDCP increased its goal for reduction in frequent cocaine use in February 1991, arguing that "data from the 1990 Household Survey [as compared with that of the 1988 Survey] indicates progress against frequent cocaine use far exceeding that originally anticipated."[4]

This report identifies who gathers and compiles the Survey, describes the extent and nature of the Survey data, and addresses concerns that have been raised about its reliability and usefulness.

II. DESCRIPTION OF THE SURVEY

Originally conducted every third year but now performed annually, the Survey covers Americans aged 12 and over. Surveyers included respondents in Alaska and Hawaii for the first time in 1991. Prior to that year, only respondents from the coterminous United States were included. Also, the size of the Survey sample has grown from 3,265 respondents in 1972 to 32,594 respondents in 1991. The 1991 Survey included many living in group quarters, (e.g., those living in dormitories and hotels) and institutional settings (e.g., those in homeless shelters and civilians living on military installations), who were excluded in earlier surveys.

The Survey tallies frequency of drug use according to the following categories: (1) "ever used," (2) "used in the past year," and (3) "used in the past month." Within the second category, "used in the past year," a breakdown according to frequency of use is provided for marijuana and cocaine ("at least once," "12 or more times," and "once a week or more").[5] Also, it provides a breakdown by:

- sex (male or female);

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other indicators are: (1) the Drug Abuse Warning Network (DAWN), (2) the Drug Use Forecasting Program (DUF), (3) the High School Senior Survey, (4) drug price and purity indicators, (5) crime statistics, (6) the International Narcotics Control Strategy Report (INCSR), and (7) the National Narcotics Intelligence Consumers Committee Report (NICC).

[4] Executive Office of the President. Office of National Drug Control Policy. National Drug Control Strategy. February 1991. Washington, U.S. Govt. Printing Off., 1991. pp. 9-10. Section 1005 of the Anti-Drug Abuse Act of 1988 (P.L. 100-690) requires that ONDCP submit a report, revised on an annual basis and containing both short-term objectives and long-term goals for the reduction of drug abuse in the United States. ONDCP issued a comprehensive "National Drug Control Strategy" in September 1989; three subsequent documents in the series appeared in January 1990, February 1991, and February 1992, respectively. Hereafter cited as Strategy, with the appropriate date.

[5] Population Estimates 1991, pp. 8-9.

- age (12-17, 18-25, 26-34, 35 and older);

- race/ethnic group (divided into three categories: Hispanic in origin, regardless of race; white, not of Hispanic origin; and black, not of Hispanic origin); and

- geographic region (Northeast, North Central, South and West).[6]

III. STRENGTHS OF SURVEY

Several strengths of the Survey noted by its supporters.

- The Survey is the only study which offers estimates of drug use from a large national probability sample of the household population, and of many living in group quarters and institutional settings. The 1991 Survey covered a sample said to be representative of approximately 98 percent of Americans, aged 12 and over.[7] The Office of National Drug Control Policy argues that the Survey's greatest strength is that it provides "our broadest measure of drug use in the Nation."[8]

- The Survey reports drug use that would not necessarily appear in official statistics taken by administrative authorities, the medical community, or the corrections system.

- Taken in a consistent fashion for over 15 years, the Survey is said to provide reliable data concerning trends in drug use over time. Defenders of the Survey emphasize that though the precision of certain Survey estimates may be questioned, information about general trends in illicit drug use, obtained from Survey data, is both dependable and consistent with that provided by other drug abuse indicators.[9]

- Survey coordinators recently began to oversample blacks, Hispanics and young people to compensate for the fact that those groups are not always accessible to the Household Survey technique. This problem was especially true

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[6] These four categories are offered in the Population Estimates 1991 for each year. See Main Findings 1991, which includes data for additional categories such as the education level for those aged 18 and over, population density where they reside, and current employment status for those aged 18 and older.

[7] Telephone conversation with Arthur Hughes, Survey and Analysis Branch, Epidemiology and Prevention Research Division, National Institute on Drug Abuse, Feb. 20, 1992.

[8] Leading Drug Indicators, p. 8.

[9] Executive Office of the President. Office of National Drug Control Policy. The Heroin Situation: A Status Report. ONDCP Bulletin, No. 5. April 1992. p. 2; Cocaine Use on the Upswing. Washington Post. Dec. 19, 1991. p. A4.

for young black males, for whom sampling accuracy reportedly has been improved.[10]

- Previous criticisms about the small number of responses used to produce estimates for use of a particular drug on a national level have led to the increase in the sample size, which rose from 9,259 interviews in 1990 to 32,594 in 1991.[11]

- The Survey is designed to allow the gathering of supplemental data on certain drugs, such as heroin. This is particularly helpful to policy makers who may be concerned about the possible upsurge in the use of a certain drug to epidemic proportions.[12]

IV. LIMITATIONS OF SURVEY

There are several limitations to the National Household Survey, as noted by Survey critics.

- A standard criticism has been that the Survey misses certain population subgroups, such as transients, those in drug treatment centers, and those incarcerated, which are "known for higher drug use rates."[13] This problem may have been overcome to a certain extent by the inclusion of the homeless living in shelters and those permanently residing in hotels, in the 1991 Survey results.[14]

- The Survey is based upon the self-report of drug use. Since the Survey is conducted in person in the homes of the interviewees, critics argue that it may be flawed by the pressure of family opinion upon the types of responses received. Defenders of the Survey point out that surveyers are trained to gather the information in the home in private, and questions requiring specific answers about drug use are marked on an answer sheet and sealed upon completion, not stated aloud to the interviewer.

- Critics also have questioned the honesty of answers provided by Survey respondents. They argue that, given the legal restrictions on drug use, it is

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[10] Main Findings 1990, p. 3.

[11] Population Estimates 1991, p. 2; Population Estimates 1990, p. 2.

[12] Main Findings 1990, p. 3.

[13] Leading Drug Indicators, p. 8; Population Estimates 1991, p. 10. See also U.S. Department of Justice. National Institute of Justice. Techniques for the Estimation of Illicit Drug-Use Prevalence: An Overview of Relevant Issues. NCJ-133786. May 1992. p. 10. Hereafter cited as Estimation of Drug-Use Prevalence.

[14] Population Estimates 1991, p. 1.

unlikely respondents will tell the truth to government agents. Various studies concerning the validity of honesty and memory of Survey respondents have been performed under the auspices of the National Institute on Drug Abuse, which finds that this problem does not significantly undermine the Survey, though "some under- and over-reporting may occur."[15]

• There is a possible problem involving the willingness of those sampled to participate in the Survey. Of the 98 percent of the U.S. population, aged 12 and over, intentionally covered by the Survey, approximately 18.7 percent of the sample group did not respond.[16] In particular, critics speculate that a considerable number of these non-respondents refuse to participate because they are using illicit drugs and therefore are disproportionately underrepresented in the results of the Survey.

• The extent of the problem of drug abuse in the United States is often defined in terms of the number of "addicts." However, the Survey does not measure addiction among the sample population; it measures frequency of use. Thus, the level of dependency on a particular drug is not completely clear from Survey results, nor is the definition of "addict" or "hard core user" addressed by the Survey.

• There is possible variation in the ways participants may identify themselves according to race and ethnic background. For example, one commentator noted U.S. Census studies showing that only 94 percent of blacks and only 88 percent of Hispanic consistently identify themselves as belonging to these groups respectively from one year to the next.[17]

• Other problems include the fact that the Survey often relies on several years-old or disputed census data; its estimates for drug use among certain groups are subject to sampling error due to small sample size; and the Survey is not designed to follow the drug use of participants over time.

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[15] Population Estimates 1991, p. 10; Estimation of Drug-Use Prevalence, p. 11. In contrast to the position of the National Institute on Drug Abuse, see the statement by the Office of National Drug Control Policy, which speculated in 1989: "As society becomes less tolerant of drug use, self-reporting may give a less reliable picture of the extent to which people continue to use drugs." Strategy, September 1989, p. 82. See also Drug Use in America: Is the Epidemic Really Over? Summary of Findings of a Majority Staff Study Prepared for the use of the Committee on the Judiciary, United States Senate. 101st Congr., 2nd Sess. December 19, 1990, p. 15.

[16] This group is composed of the households which did not complete the screening process (3.5 percent) and individual interviewees who were missed (15.8 percent). Population Estimates 1991, p. 2. See also Estimation of Drug-Use Prevalence, p. 10.

[17] Skerry, Peter. The Census Wars. The Public Interest, No. 106, Winter 1992, p. 25; Population Estimates 1991, p. 2.

• Within the context of the larger debate over the accuracy of Survey estimates, Survey data have been used in a variety of ways by policy makers. For example, in 1990 there were three seemingly very different estimates--all based on Survey data--of how many people frequently used cocaine and crack:

(1) the Survey estimated *662,000* used the drug once a week or more,
(2) the Office of National Drug Control Policy released a study by Abt Associates of Cambridge, MA. which estimated *1.75 million* were heavy cocaine users (defined as "once per week or more"), based upon the Survey figure, with an added estimate for users in the approximately 2 percent of the population not covered by the Survey, and
(3) the Senate Judiciary Committee majority staff estimated *2.4 million* were "hard-core cocaine addicts" using a different method based in part on data provided by the Survey.[18]

In 1991, the Survey estimate for users of cocaine and crack once a week or more did not show a statistically significant change from that of the previous year. Another report of the Senate Judiciary Committee majority staff (released in January 1992) found the Survey to be ill-suited for measuring trends in *hard-core* drug abuse.[19]

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[18] Sources for the three estimates are:

(1) for the Survey estimate of 662,000 released in December 1990, see Population Estimates 1990, p. 111. Also note that NIDA statistician Joseph Gfroerer identified the estimate of 662,000 as statistically insignificant since it rested on 63 responses in a sample group of 9,259 respondents. Isikoff, Michael. U.S. Survey Shows a Sharp Drop in Illegal Drug Use. Washington Post, Dec. 20, 1990. p. A20;

(2) for the ONDCP estimate, see the statement of Bruce Carnes, Director of the Office of Planning, Budget and Administration. U. S. Congress. Senate. Committee on the Judiciary. Review of the National Drug Control Strategy. February 6, 1991. S. Hrg. 102-334. 102nd Congr. 1st Sess. Washington, U. S. Govt. Print. Off., 1991. pp. 19-22, and a facsimile transmittal sheet from Joseph McHugh, ONDCP Congressional Affairs, April 5, 1991; and

(3) for the estimate of the majority staff of the Senate Committee on the Judiciary, see Drug Use in America: Is the Epidemic Really Over? December 19, 1990. p. 5.

[19] Telephone conversation with Lana Harrison, Survey and Analysis Branch, Epidemiology and Prevention Research Division, National Institute on Drug Abuse, Jul. 31, 1992; Report of the majority staffs of the Senate Committee and the International Narcotics Caucus. Fighting Drug Abuse: Tough Decisions for Our National Strategy. January 1992. p. 12.

APPENDIX A

NIDA NATIONAL INSTITUTE ON DRUG ABUSE
Capsules

Issued by the Press Office of the National Institute on Drug Abuse
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SUMMARY OF FINDINGS FROM THE 1991 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

In 1991 the Survey was expanded to provide the most accurate estimates of drug use prevalence of any of the surveys conducted since 1971. Because of the short time interval since the last survey in 1990, few changes in drug use prevalence were detected in the 1991 survey. For some measures, such as drug use among youth, a continuation of previously reported decreasing trends are suggested by the new data even though changes since 1990 are not statistically significant.

While other measures, such as drug use among adults, show little change since 1990, the 1991 survey confirms the previously reported decreases in marijuana use from the peak year of 1979 and in cocaine use from the peak year of 1985. Overall, the 1991 data also suggest that the substantial declines in drug use prevalence since 1985 have either slowed or have levelled off.

TREND ANALYSIS

- Prevalence rates for current use (past month) of any illicit drug among youth (12-17 years old) declined by more than one-half between 1985 and 1991, dropping from 14.9% to 6.8%. However, drug use in this age group remained virtually unchanged from 1990 to 1991.

- The number of current cocaine users age 12 and older had decreased significantly from 5.8 million (2.9%) in 1985 to 1.6 million (0.8%) in 1990. In 1991, the estimate of current cocaine users (0.9%) was essentially the same as the 1990 rate. The rate had been three times higher in 1985 (2.9%) and nearly twice as high in 1988 (1.5%).

- Slightly over one-quarter of the population (27%) have smoked cigarettes in the past month, the same as 1990 (26.7%).

- There were 103.2 million current drinkers of alcoholic beverages in 1991 compared with 105.8 million in 1988, and 113.1 million in 1985. There was no change in the alcohol use rates since 1990.

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C-86-13

Revised December 1991

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

- **Experimentation with marijuana among the youngest persons in the survey, those age 12-13, has continued to decline. Rates of lifetime use were 7.9% in 1982, 5.8 % in 1985, 4.2% in 1988, 2.9% in 1990, and 2.3% in 1991. However, rates of alcohol and cigarette use among this age group have stabilized at about 22-23%, the same levels seen in 1988.**

1991 ANALYSIS

- In 1991, 75.4 million Americans age 12 and older (37% of the population) had tried marijuana, cocaine or other illicit drugs at least once in their lifetime.

- Twenty-six million Americans (12.8%) used marijuana, cocaine or other illicit drugs at least once in the past year.

- Among youth (12 to 17 years old), 14.8% used an illicit drug in the past year and 6.8% used an illicit drug at least once in the past month. Comparable rates for young adults (18-25 years old) are 29.2% and 15.4%, respectively; and for adults 26 years old and over the rates are 9.6% and 4.5%, respectively.

- The overall current prevalence rate for any illicit drug use (age 12 and older) was 6.2%. Rates for males and females are 7.5% and 5.0%, respectively. In addition to males, other demographic subgroups with rates in excess of the overall rate are blacks (9.4%), those living in the West region (8.1%), and the unemployed population (16.8%).

ANALYSIS BY DRUG

Cocaine

- While the number of past year and past month cocaine users has decreased significantly since the peak year 1985, frequent or more intense use has not shown a statistically significant change. Among the 6.4 million people age 12 and older who used cocaine in the past year, 855,000 used cocaine once a week or more in 1991 compared to 662,000 in 1990. Estimates of daily or almost daily cocaine use were 278,000 in 1991 compared to 336,000 in 1990.

- Rates for past year cocaine use among youth (12-17 years old) remained virtually unchanged, 1.5% in 1991 and 2.2% in 1990. Past year cocaine use among 26-34 year olds declined significantly to 5.1% in 1991 from 6.8% in 1990. Among persons age 35 and older past year cocaine use increased significantly to 1.6% in 1991 from 0.9% in 1990.

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- **The rate of current cocaine use was 0.9% overall, essentially the same as the 1990 rate of 0.8%. The rate of current cocaine use for males (1.3%) was over twice as high as that for females (0.6%). Other demographic subgroups for which the rates of current cocaine use are the highest were the unemployed (4.5%), blacks (1.8%) and Hispanics (1.6%). Metropolitan areas have higher rates (1.0%) than nonmetropolitan areas (0.6%). The west region of the country has the highest rate (1.3%).**

- **One million people (0.5%) used crack in the past year, the same as in 1988 and 1990. Past year crack use in 1991 is highest among young adults 18-25 years old (1.0%), males (0.8%), blacks (1.5%), the unemployed (3.7%), and those who have not completed high school (1.0%).**

Marijuana

- Marijuana remains the most commonly used illicit drug in the United States. Approximately 67.7 million Americans (33.4%) have tried marijuana at least once in their lives. Approximately 2.6 million youth, nearly 14.4 million young adults (18-25 years old), and almost 51 million adults aged 26 and older have tried marijuana.

- In 1991, 9.7 million people (4.8%) used marijuana in the past month. Rates were highest for males (6.3%), blacks (7.2%), and the unemployed (13.6%).

- In 1991 the rate of current marijuana use for youth was 4.3% while the rate for young adults was 13.0%, representing no significant change from 1990 when the rates were 5.2% and 12.7%, respectively. However, marijuana use among youth and young adults has declined significantly from the peak year of 1979 when the rates were 16.7% and 35.4%, respectively.

- Of the 19.5 million people in 1991 who used marijuana (at least once) during the past year, 5.3 million used the drug once a week or more and 3.1 million used daily or almost daily.

Alcohol and Tobacco Products

- The overall rate for current alcohol use in 1991 is 50.9%, virtually unchanged from 51.2% in 1990. Current use of alcohol among youth declined significantly from 24.5% in 1990 to 20.3% in 1991 among youth.

- Of the 138 million people age 12 and older (68% of the 12 and over population) who drank alcohol in the past year, nearly one-third, or over 43 million, drank at least once a week and 19 million drank daily or almost daily.

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- Of the American population age 12 and older, slightly over a quarter (27%) smoked cigarettes in the past month. Current use of cigarettes among youth is 10.8% and 32.2% among young adults. Cigarette use among adults 26-34 years old decreased significantly to 32.9% in 1991 from 37.5% reported in 1990. Current smoking rates were highest among the unemployed (50.3%).

- Of the 6.9 million current users of smokeless tobacco, over 91% are males. In contrast with patterns of illicit drug use, rates of use of smokeless tobacco are highest for whites, those living in non-metropolitan areas, and those living in the South.

Other Drugs

- Hallucinogens, which first gained prominence during the mid-sixties, include such drugs as LSD, PCP, mescaline, and peyote. The past year prevalence rate for hallucinogens was 1.4% in 1991. Males (1.7%) exhibit the highest prevalence rates. Past year prevalence is highest among the two age groups, 12-17 (2.1%) and 18-25 (4.8%).

- The survey estimates that 2.9 million people have tried heroin and 700,000 have used it in the past year. Because a large percentage of heroin users are believed to be outside the household population, these estimates are conservative. Over half of the estimated past year users are age 35 or older.

- Over 1.4 million youth (7.0%) and 3.1 million young adults (10.9%) have experimented with inhalants. Current use is 1.8% for youth and 1.5% for young adults.

- Past month nonmedical use of psychotherapeutic drugs, i.e., sedatives, tranquilizers, stimulants, and analgesics, have stabilized at the 1988 rate of under 2% from the higher (3.2%) rate in 1985. Past year tranquilizer use reported a significant increase to 1.7% in 1991 from 1.3% in 1990.

- The 1991 survey for the first time estimated the prevalence of anabolic steroid use. An estimated 1 million people have used steroids, with nearly 90% being male and 50% living in the South. Rates of past year use are highest among persons age 12-25.

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OTHER FINDINGS

- **Among 20-34 year olds who did not complete high school, 16.6% used an illicit drug in the past month compared to 9.9% of high school graduates. Current marijuana use among those who did not complete high school was 14.1% compared to 7.9% of the graduates. Current cocaine use among high school drop outs was 3.6% compared to 1.6% for graduates.**

- **Among 18-34 year olds who are unemployed, 21.5% used illicit drugs in the past month compared to 9.7% who are employed full time. Current cocaine use was 4.9% among the unemployed and 1.8% among the employed. Current marijuana use was 18.5% among the unemployed and 7.9% among the employed.**

- Among the 23 million adults (age 18 and older) who used illicit drugs within the past year, 55% (12.6 million) were employed full time and another 13% (3.0 million) were employed part time. Overall, 13.5% of employed adults used an illicit drug in the past year.

- Over 4.5 million (7.7 percent) of the 59.2 million women 15-44 years of age (the height of childbearing years) have used an illicit drug in the past month. Slightly over 600,000 (1.0%) of women aged 15-44 used cocaine and 3.3 million (5.6%) used marijuana in the past month.

- Among women 15-44, the lowest rates of drug use are found among women whose children are 2 years of age or older. For mothers with at least one child under 2 years of age, current use of any illicit drug is 5.9% and past year use of cocaine is 2.5%. Women age 15-44 with no children have the highest rates at 11.4% for current drug use and 4.7% for past year cocaine use.

- Cocaine is believed to be fairly easy or very easy to obtain by 44 percent of the population. Cocaine was reported to be easy to obtain by higher percentages of blacks (62.5%), persons living in the West (50%) and 18-34 year olds (52%). Sixty-two percent of the population reports that marijuana would be easy for them to get, if they wanted it. LSD, PCP, and heroin, were considered easy to obtain by less that 30 percent.

- Since 1988, there have been no increases and some decreases in the percentages of people who believe drug use is harmful. Fewer people believed that occasional cocaine use was associated with great risk in 1991 (80.6%) than in 1990 (83.3%) or in 1988 (84.9%). The same is true for those who see great risk in occasional marijuana use for which the percentage fell from 49.6% in 1988 to 45.0% in 1990 to 42.3% in 1991. Occasional use of cocaine was associated with "great risk" by 74.8% of youths in 1991, compared with 80.4% in 1990.

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MAJOR METROPOLITAN AREAS

- In both 1990 and 1991 the survey included an oversampling of the Washington, D.C. metropolitan area. The prevalence rate for past month use of any illicit drug in 1991 was 5.7%, smaller than but not statistically different from the rate for all large metropolitan areas (6.9%) and the rate for Washington, D.C. in 1990 (6.8%) Cocaine use in the past year was 3.6%, similar to rates in all large metropolitan areas (3.6%) and in D.C. in 1990 (4.0%).

- Five additional major metropolitan areas — New York City, Chicago, Los Angeles, Denver, and Miami — were oversampled in 1991. Rates for past month use of any illicit drug was lowest in Miami (5.4%) and highest in Los Angeles (8.5%). Past year cocaine use ranged from 3.9% in Los Angeles and 3.7% in Denver to 2.9% in Chicago and 3.0% in Miami. Past month marijuana rates were highest in Denver (6.3%) and Los Angeles (6.2%) and lowest in Miami (3.5%).

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