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A. STATEMENT FROM
SECRETARY SCHWEIKER

DRAFT

STATEMENT FROM SECRETARY SCHWEIKER

I deeply regret that I could not meet with you to share the findings from two important surveys on drug abuse. The news from the National Household Survey on Drug Abuse and from the High School Senior Survey is encouraging: illicit drug use by Americans has declined. Both surveys confirm that we are beginning to see a reversal of the accelerating rates of drug abuse that we saw throughout the 1960s and 1970s.

This good news encourages us that our efforts in research, in prevention, and especially our efforts to bring the problem of drug abuse by youth to the attention of parents and others in the country, has contributed to the progress we see in these data.

The National Household Survey gives us a picture among the American population, age 12 years and older; the High School Senior Survey tells us not only prevalence of drug use among this important group, but their attitudes toward drugs as well. These two surveys, occurring at the same time and confirming the same decrease in drug use, offer a unique opportunity to comprehensively describe the phenomenon of drug use as it was occurring during the Spring 1982 in this country.

But there is bad news among the good news: The extent of drug abuse in this country, especially among our youth, is still staggering. Drug users are experiencing serious health consequences from this use, as shown by an increase in emergency room visits for drugs such as cocaine and heroin.

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These surveys show that the situation is not hopeless. Much progress has been made, but we have much work to be done before we can say we have solved the drug abuse problem.

I have asked the Assistant Secretary for Health, Dr. Brandt, to discuss the findings with you and to answer any questions you may have. I believe Mrs. Reagan, who as you all know has been working with parents in the drug abuse area, will issue a statement this afternoon.

Thank you.

Being rewritten
to include Sany's
intent in alcohol

B. STATEMENT FROM
DR. BRANDT

DRAFT

STATEMENT FOR DR. BRANDT

DRUG USE DECLINES AMONG AMERICANS

I am pleased to announce today that the number of Americans who currently use various illicit drugs dropped significantly between 1979 and 1982.

Data from the new National Household Survey on Drug Abuse and the annual High School Senior Survey, conducted for the National Institute on Drug Abuse, show decreases in the percentage of Americans who use marijuana, tranquilizers, hallucinogens (notably PCP), or methaqualone.

The rapid increase in cocaine use by young Americans (age 12-25) seen in the late 1970s has now leveled off. There is a slight increase in cocaine use by people age 26 and older.

Both new surveys also show that use of alcohol and cigarettes has declined, too. However, the sharp decline in cigarette smoking by high school seniors over the last few years appears to have ended.

The High School Senior Survey indicates that daily use of marijuana among high school seniors declined for the fourth successive year from 10.7 percent in 1978 to 6.3 percent in 1982, approximately the same low point ^{level} reported in 1975 when the surveys of seniors began. Currently, one out of 16 seniors uses marijuana on a daily or near daily basis. This is in contrast to 1978 when one in nine seniors used marijuana daily.

(more)

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The high school seniors we survey tell us that this decline is due to their growing concern about the health consequences of regular marijuana use and less peer acceptance.

This downturn in current drug use is encouraging. However, the drug abuse problem among American youth is far from being solved.

We know from these surveys that almost as many high school seniors smoke marijuana (29 percent) as smoke cigarettes (30 percent) in the past month. However, only 6.3 percent of seniors smoke marijuana daily, compared to 21.1 percent who smoke cigarettes daily. Approximately two-thirds of American young people (64 percent) try an illicit drug before they finish high school. This level of drug use is staggering. Our youth still have the highest levels of illicit drug use to be found in any nation in the industrialized world.

The new National Household Survey indicates that 33 percent of the household population, age 12 and older, has used marijuana, hallucinogens, cocaine, heroin, or psychotherapeutic drugs for nonmedical purposes at some time during their lives. In addition, approximately one in five Americans (19 percent) had used these drugs within the past year.

In releasing these two critical drug abuse surveys, the Department can confirm that the rapidly increasing epidemic of drug use in this country in the 1960s and 1970s has finally begun to recede, particularly among young people.

(more)

However, while there may be fewer illicit drug users in our population, we know from the people who show up in emergency rooms that the health consequences of drug use have not abated.

We gather information on the negative health consequences of drug use through emergency rooms and medical examiners in NIDA's Drug Abuse Warning Network (DAWN). Through the first three quarters of 1982, the same time period when these national surveys were taking place, total DAWN mentions for heroin were 9,139. This represents roughly a one-third increase over the comparable time period for 1981 (6,968 mentions). Among the factors contributing to the increase in serious health consequences are chronic use, increasing dose, more dangerous routes of administration of drugs (especially cocaine and heroin), and the use of combinations of drugs.

In summary, I would like to remind you that although there has been a decline in drug abuse in recent years, the decline is relatively small and we as a Nation still face a serious health problem.

I would now like to answer any questions about these surveys that you may have. Accompanying me are: Dr. William Mayer, Administrator of the Alcohol, Drug Abuse and Mental Health Administration; Mr. James Lawrence, Deputy Director, National Institute on Drug Abuse; Dr. Lloyd Johnston, University of Michigan, Senior Investigator for the High School Survey; and Dr. Ira Cisin, George Washington University, Senior Investigator for the National Household Survey.

C. BACKGROUND

BACKGROUND

National Household Survey on Drug Abuse

The National Household Survey on Drug Abuse is conducted every 2 or 3 years from a national sample of American households to assess the use of licit and illicit drugs for nonmedical purposes by the general population, age 12 years and older.

- The survey has been conducted under contract for the National Institute on Drug Abuse (NIDA) by the Social Research Group at the George Washington University since 1971. Senior Investigator is Ira H. Cisin, Ph.D. The 1982 survey is the seventh survey in the series.
- The survey involved 5,624 individuals in 1982.
- The survey sampled three populations: Youth (age 12-17 years), Young Adults (age 18-25 years), and Older Adults (age 26 and older).
- The random sample includes more females than males in the young adult and older adult cohorts.

High School Senior Survey

The High School Senior Survey is conducted annually from a national sample of high school seniors concerning their use of drugs and their attitudes toward drug taking.

- The survey has been conducted under a NIDA grant by the University of Michigan Institute for Social Research since 1975. Senior Investigator is Lloyd Johnston, Ph.D.
- The 1982 survey involved 17,700 high school seniors from public and private schools.
- Male and female participants are evenly distributed in the sample.

Measures of Drug Use

Both surveys use the following measures to determine prevalence of drug use:

- "Ever Used" (Lifetime Prevalence): used one or more times in a lifetime.
- "Current Use" (Use in Past Month): used at least once in the 30 days prior to the survey interview.

- "Past Use" (Use in the Last Year): used at least once in the 12 months prior to the survey interview.

The measures of daily use differ for the two surveys:

- Household Survey:
"Daily Use": use 20 or more days during the month prior to the survey interview.
- High School Survey:
"Daily Use": use 20 or more occasions in the month prior to the survey interview.

Cost of Surveys

In 1982, the cost of each survey was as follows:

National Household Survey on Drug Abuse--\$950,000
High School Senior Survey--\$600,000

Time Period Covered

The National Household Survey was conducted during the Winter/Spring 1982; and the High School Senior Survey was conducted during Spring 1982. Therefore, the two surveys give a comprehensive description of the phenomenon of drug abuse as it was occurring nationwide in the Spring of 1982.

Availability of Published Surveys

The National Household Survey on Drug Abuse, 1982 and Student Drug Use in America: 1975-1982 will be published in Spring 1983. Summaries of the surveys are available from the National Clearinghouse for Drug Abuse Information.

U.S. Tries New Tack in Drug Fight As Global Supply and Use Mount

U.N. Warns of Effects

By BERNARD D. NOSSITER

Special to The New York Times

UNITED NATIONS, N.Y., Jan. 28 — The production and use of illegal drugs is growing throughout most of the world, breeding violent crime and threatening political stability, a United Nations agency reported today.

The International Narcotics Control Board in Vienna warned that the vast sums earned from the traffic swamped the resources devoted to suppressing it. Although governments have increased their cooperation to curb the trade, the study said, they have simply inspired smugglers to find "more ingenious methods and new routes."

Some Advances Reported

The board singled out what it called the uncontrolled production of cocaine, particularly in Peru and Bolivia, as a new source of serious concern.

It estimated that in the United States, more than four million people, half of them between 18 and 24 years old, abuse cocaine.

The findings appear in the annual survey of the board — 13 academics, scientists and lawyers who report to United Nations agencies charged with overseeing international treaties on narcotics. The board's president is Paul Reuter, a law professor at the University of Paris.

The 32-page document reported a few advances, notably attempts by Turkey and Mexico to halt the cultivation of poppies, from which heroin is derived. But those isolated instances were outweighed by the catalogue of setbacks.

In the last two years, the study said,



abundant harvests in the so-called Golden Triangle, where the borders of Burma, Thailand and Laos meet, have fed the stream of illegal opium, morphine and heroin. While Burma has stopped poppy growing in the south, cultivation in the north and east has rapidly increased. Hong Kong is described as the hub of the financial operations for the trade.

Afghanistan is cited as another important source of poppy, which is re-

financed in illicit laboratories along the border with Pakistan, then shipped to Western Europe. There, the report said, "heroin is readily available, purity is generally high, prices have fallen and the number of abusers is considerable." The board expressed concern over the deepening involvement in the trade by organized criminals from Italy, apparently an allusion to the Sicilian Mafia.

But it is the recent rapid rise in cocaine production in the Andes that has emerged as a major worry, it said. The growth of the trade is undermining the economies and governments of producers, of Caribbean nations financing and shipping the drug and even of consum-

ing countries like the United States, the study said.

It reported a "staggering oversupply of coca leaves," the raw material, in Bolivia and Peru and pinpointed Colombia as the base for illegal refineries. The study credited the Peruvian authorities with trying to curb the trade but implied that Bolivia had done little.

Despite the sharp increase in cocaine abuse in the United States, the report found progress in one area. Cannabis, or marijuana, is losing its appeal among the young, it said. The percentage of high school seniors who described themselves as regular users fell from 11 percent in 1978 to 7 percent in

1981, the report said.

The report did not, however, discuss other surveys suggesting that alcohol may be replacing marijuana. Moreover, for the United States as a whole, cannabis is the most widely abused drug, it said, with the number of users put at 22.5 million.

The board said trade in illegal narcotics remained relatively small in the Soviet bloc of Eastern Europe, but the board has no independent means of collecting data and relies on questionnaires sent to United Nations members.

The report does not discuss the abuse of alcohol or tobacco.

U.S. Tries New Tack in Drug Fight As Global Supply and Use Mount

Enforcement Costs Tripled

By LESLIE MAITLAND

Special to The New York Times

WASHINGTON, Jan. 29 — Almost 10 years after the Federal Drug Enforcement Administration was created to unify efforts against narcotics, the Government is still struggling to find the best way to fight the growing problem of drug use and distribution.

Repeated crackdowns and changes in strategy have failed to produce long-term results, despite increased financing.

The money spent by the Federal Government to intercept drugs tripled from 1977 to 1981, according to a yet unpublished study by the General Accounting Office. But the amount of drugs seized represented just a small percentage of the narcotics believed to have been smuggled into the country.

Need Put at \$2 Billion

Evaluating the progress of narcotics control is complicated by the lack of precise data on the flow of drugs. While the G.A.O. reported that seizures of heroin and cocaine increased sharply in 1982, it said they represented just 10 to 13 percent of the estimated total supply. At the same time, the report said, the authorities intercepted even smaller percentages of other drugs last year than the year before.

"Current Federal resources have been inadequate to stop or even substantially impair drug smuggling," the report maintained. It said that the total budget for the antidrug campaign was \$533 million in 1981 but that it would require \$2 billion more just to intercept 75



percent of the marijuana entering the country from the Caribbean.

The newest offensive, the Reagan Administration's team approach involving a number of Federal agencies, represents the Government's most active campaign against drug trafficking since the drug agency was founded. Even several detractors in Congress, including such Democrats as Senator Joseph R. Biden Jr. of Delaware, praise the Administration's aim of striking a serious blow at drug trafficking.

But few agree on the best way to achieve it. Some critics insist that more money should be spent in drug-producing countries to encourage crop substitution and to train foreign narcotics agents. Others, including Senator Biden, argue that a coherent approach requires the appointment of an overall director to coordinate the battle.

In addition, many law-enforcement officials acknowledge that the problem will never be eradicated. Short of searching every person and every item crossing the nation's 96,000 miles of border, they say, there is no way to ferret out all the illicit drugs smuggled in by airplanes, ships, cars and human couriers.

These officials also say the widespread use of drugs in American society, contributing to an illicit industry with sales estimated at \$80 billion in untaxed money in 1980, offers an incentive for drug trafficking that law enforcement cannot diminish. Drug seizures and arrests become costs of doing business that are so far outweighed by profits that many convicted traffickers continue their operations from prison, the drug agency acknowledges.

Debate Charging Ex-Congressman

The fact that the Justice Department is considering, largely as a deterrent, indicting at least one person on charges of using drugs while he was in Congress represents a radical shift in Government policy.

In a recent interview, Attorney General William French Smith asserted that he was not opposed to bringing charges against drug users, something that even the local authorities rarely do these days.

Within the Administration, in fact, the decision to make narcotics a top priority is viewed as a key aspect of an

overall plan to enlarge the Government's role in fighting violent crime, an area previously regarded as the province of state and local officials. According to Mr. Smith, narcotics became the prime target for the Justice Department after law-enforcement officials in every part of the country identified drugs as their most serious crime problem.

In response, the department again reorganized the Federal drug forces a year ago. For the first time it gave the Federal Bureau of Investigation jurisdiction to pursue narcotics cases. The bureau also assumed command of the drug agency, which had been the sole Federal agency responsible for drug investigations.

A Rise in Cases

"It may not seem unusual today, but it is astonishing to recall that until 12 months ago the F.B.I.'s full resources were never used against the nation's worst crime problem," Mr. Smith said last week. "In January of 1982, the F.B.I. had less than 100 significant drug investigations under way. As of last Friday, the F.B.I. had 1,115 significant drug investigations."

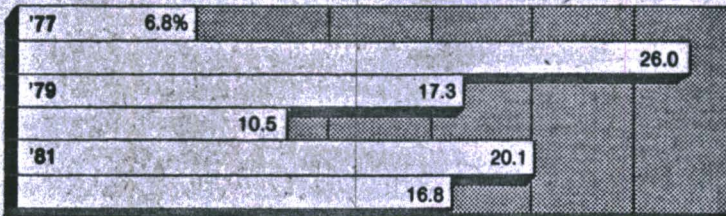
Mr. Smith also cited an "unprecedented increase in the number of drug enforcement agents," adding that the drug agency had about 1,800 agents a year ago and that the F.B.I. had since added about 600 agents to narcotics enforcement. In addition, 1,200 agents will be added by the end of the summer under the plan President Reagan announced in October to attack drug trafficking by organized crime by deploying teams in 12 cities to concentrate on major distributors.

At the time, critics charged that the announcement was a political move, coming just before the November elections. But Mr. Reagan described his commitment to the \$130 million offensive as "unshakable."

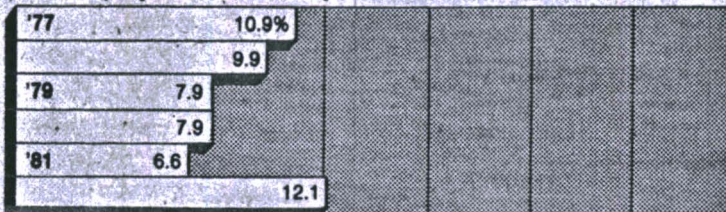
In the postelection session of Congress, he was forced to demonstrate his seriousness. He originally sought to obtain funds for the drug drive by cutting back other programs. But when it became clear that Congress would not support the venture unless more money could be added, he was obliged to agree.

Many members of Congress say the team approach requires even greater coordination among Federal agencies. Legislators tried unsuccessfully to persuade Mr. Reagan to approve a crime bill that would have created a Cabinet

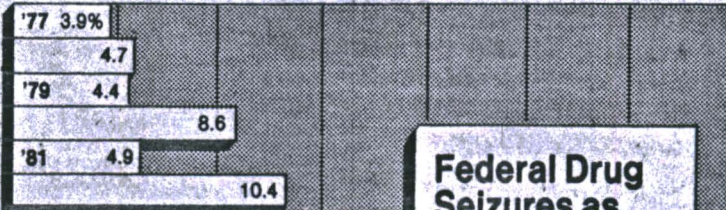
Marijuana and Hashish



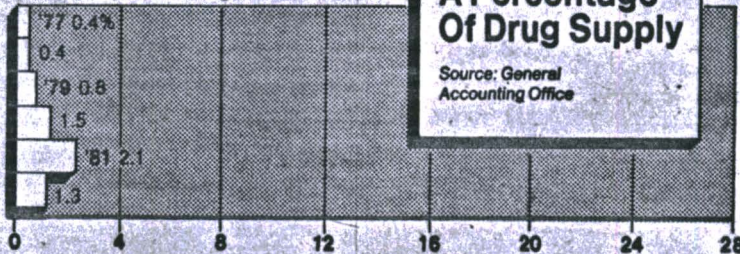
Heroin, Opium and Morphine



Cocaine



'Dangerous Drugs'



Federal Drug Seizures as A Percentage Of Drug Supply

Source: General Accounting Office

Seizures by the Drug Enforcement Administration, U.S. Customs and the Coast Guard, for fiscal years. Figures for 1982 are for first 9 months. Drug supply is based on estimates by the National Narcotics Intelligence Consumers Committee. In the Federal report, the category of 'dangerous drugs' includes illegal sedatives, tranquilizers, amphetamines, hallucinogens and methaqualone.

The New York Times / Jan. 30, 1983

office to direct the efforts of all the departments involved.

Besides the Justice Department, which includes the F.B.I. and the D.E.A., these are the State Department, the Transportation Department, which includes the Coast Guard; the Treasury, which includes the Internal Revenue Service, the Customs Service

and the Bureau of Alcohol, Tobacco and Firearms, and the Central Intelligence Agency. They also now include the Defense Department, since Mr. Reagan signed legislation in 1981 permitting the military to assist domestic law-enforcement agencies with information and equipment.

The Attorney General, who strongly



opposed the idea of a Cabinet officer supervising drug efforts, prevailed in having the President veto the legislation. But backers of the bill, including Edward Stephenson, who directed the recent study by the General Accounting Office, say coordination has become even more significant as more agencies have become involved.

Mr. Stephenson's study urges that a national director of drug policy be named to eliminate conflict and duplication among agencies.

Mr. Smith, asked about internal disagreements, said that cooperation was "outstanding" and that anyone who said the program was not working smoothly "just doesn't know what he's talking about — he's totally out of date."

Privately, however, some officials say a 10-year-old dispute between the Customs Service and the drug agency has intensified. They say Customs still resents its loss of jurisdiction over border seizures when the drug agency was founded and that it has been trying to enhance its power and enlarge its presence in the drug teams being organized.

Follow-up Is an Issue

On the other hand, many agents of the drug administration were initially disturbed by the entry of the F.B.I. into their jurisdiction. Now enforcement officials familiar with the struggle say the drug agency is determined not to yield its ground to Customs.

According to the report by the General Accounting Office, an investigative arm of Congress, Customs is disturbed by the drug agency's failure to follow up investigations of its border seizures.

Francis M. Mullen Jr., the acting administrator, says the drug agency is interested more in pursuing "the higher-ups, the ones who are profiting, the organized crime elements," rather than the couriers arrested with the drugs.

Since taking over the drug agency, Mr. Mullen, who was executive assistant director of the F.B.I. under William H. Webster, has made extensive changes. One deals with priorities. While headquarters formerly set drug targets nationally, directing all offices to concentrate on heroin, for instance, Mr. Mullen says he now permits each office to set its own priorities.

Feel Study Is Insufficient

Mr. Mullen, Attorney General Smith and other senior Justice Department officials contend that the General Accounting Office study does not give credit for improvements in the narcotics campaign because research for the report ended late last spring, when the new efforts had barely started. They said they thought their intensified campaign would soon begin to have an effect.

The study, covering the period from 1977 to 1982, compared the allotment of resources with the availability of drugs and the success in prosecuting large-scale violators.

It found that almost 95 percent of those arrested were minor violators who spent less than a year in jail. It also found that drug prices had not increased, as would be expected if narcotics were more scarce. The report also said that more drugs are entering the country now than five years ago, and that less than 10 percent of heroin, cocaine and other dangerous drugs is being intercepted.

The report also said that while heroin

supplies had diminished, cocaine imports had more than doubled and drug use had expanded, resulting in growing numbers of narcotics-related deaths and injuries.

Coast Guard Budget Rise

The study says the greatest budget increase went to the Coast Guard, whose financing increased elevenfold in the last five years. Its budget, combined with that of the Customs Service, is now larger than the drug agency's, the study found.

Still, the study found that there is no Federal prosecution of 85 percent of those arrested by Customs and the Coast Guard, both of which focus on marijuana, the drug most often smuggled by private boat and plane. No data exist on what happened to them, it reports.

Others who debate the way funds are allotted to drug agencies say every dollar spent abroad is worth \$10 in the United States after the drugs have been diluted and distributed.

Dominick Di Carlo, head of the State Department's Bureau of International Narcotics Matters, which administers funds for programs in other countries, says his budget is approximately \$37 million and is slightly augmented by funds provided by the Agency for International Development.

"Money for an effective program abroad is much better spent there than here," Mr. Di Carlo said. "But money spent abroad can be easily wasted, too. We won't give any money for crop substitution programs unless the recipient country bans production of narcotic drugs and does something to control it."

Mr. Di Carlo said the United States had no power in several drug-producing countries, such as Iran and Afghanistan, and that in others, such as Bolivia, governments changed so rapidly that agreements negotiated one day might be cast aside the next.

"I think we can do a lot more abroad, but we need the cooperation of other countries, not just the producers, but other countries that are affected," he said. "As long as producers feel we're the only ones that care, they view it as an American problem. There is a feeling it may look like they're succumbing to U.S. pressure."

Mr. Di Carlo also said some countries viewed American money for combating drugs as a "ticket to economic development" to be spent as they saw fit.

Others, he said, seem to believe the United States should compensate their drug producers for the money they would lose if they stopped dealing in illicit crops.

Mr. Di Carlo described a visit to his office by a South American leader who suggested that if the United States would provide billions of dollars to compensate the coca farmers in one region they would stop producing. Mr. Di Carlo asked his visitor what would be done about the coca farmers in the other sections of the country.

"True," the dignitary is said to have replied. "They also deserve the money."

And when Mr. Di Carlo asked whether it was fair to provide so much money for the coca farmers and none for those producing legal crops, the South American readily agreed that the United States should pay them, too.

D. SUMMARY OF
HIGH SCHOOL SURVEY

STUDENT DRUG USE IN AMERICA: 1975-1982*
OVERVIEW OF KEY FINDINGS

American young people are continuing to gradually moderate their use of illicit drugs. Between 1981 and 1982, nearly all classes of illicit drugs showed declines in current use, the most appreciable drops occurring in 1982 for marijuana, cocaine, stimulants, and sedatives. Tranquilizer use and hallucinogen use showed more modest declines. Additionally, the substantial decline in cigarette use from peak levels attained during the late 1970s has now ended.

Despite this generally good news about the direction in which things have been moving, it would be a disservice to leave the impression that the drug abuse problem among American youth is anywhere close to being solved. It is still true that:

- Roughly two-thirds of all American young people (64 percent) try an illicit drug before they finish high school.
- More than one-third have used illicit drugs other than marijuana.
- At least one in every 16 high school seniors is actively smoking marijuana on a daily basis, and fully 20 percent have done so for at least a month at sometime in their lives.
- Some 30 percent have smoked cigarettes in the prior month, a substantial proportion of whom are, or soon will be, daily smokers.

These are truly staggering levels of substance use and abuse, whether by historical standards or in comparison with other countries. In fact, they probably still reflect the highest levels of illicit drug use to be found in any nation in the industrialized world.

*Excerpted from Highlights From Student Drug Use in America: 1975-1982, National Institute on Drug Abuse.

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The following are the key findings in this report:

- ° Marijuana has shown a pattern of consistent decline since 1979. While the proportion of seniors who have ever tried the drug has not changed much (60 percent in 1979 vs. 59 percent in 1982), current use has dropped considerably--from 37 percent in 1979 to 29 percent in 1982. Of most importance, however, is the decrease in daily or near-daily use. Between 1975 and 1978, daily marijuana use climbed rapidly and steadily from 6 percent to 11 percent of all seniors. Since 1978, however, there has been just about as precipitous a fall in daily use, as young people's concerns about the consequences of regular use have grown and peer acceptance has fallen. (Some 60 percent now attribute great risk to regular marijuana use, up from 35 percent in 1978; and three-quarters now think their friends would disapprove of such behavior.) This year, active daily use is back down to where it was in 1975, at 6.3 percent in 1982, or about one in every 16 seniors.
- ° Annual prevalence of cocaine use had more than doubled between 1975 and 1979 and had then levelled off between 1979 and 1981. In 1982 for the first time use began to decline, annual prevalence falling from 12.4 percent to 11.5 percent.
- ° Another drug which began to decline in popularity for the first year is methaqualone. Annual prevalence fell from 7.6 percent to 6.8 percent following an increase in use between 1978 and 1980 and a levelling in 1981.
- ° The use of PCP has dropped dramatically since it was first measured in 1979. Annual prevalence has fallen from 7.0 percent in 1979 to 2.2 percent in 1982. The use of LSD, on the other hand, has remained fairly steady since around 1977, although even LSD use appears to have dropped slightly in 1982. Annual prevalence stands at 6.1 percent.
- ° The use of the amyl and butyl nitrites (inhalants known by such street names as "poppers" and "snappers") declined appreciably between 1979, when they were first measured, and 1981. However, there was no significant change observed this year. Total inhalant use has shown a similar pattern of change.

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- The prevalence of reported heroin use dropped by one-half between 1975 and 1979, and has remained stable. It should be noted that the reported prevalence levels for heroin are likely to be underestimates owing to the extremely illicit nature of this drug. The use of opiates other than heroin has remained quite constant since the study began in 1975, although there is some evidence in the last year or two of the beginning of the gradual downturn.
- Stimulants have been showing a pattern of change different from that of most other drugs. Stimulant use was fairly steady between 1975 and 1979 and then rose rapidly for two years (lifetime prevalence went from 24 percent in 1979 to 32 percent in 1981), while most other drugs were starting to fall in popularity.

Even though the survey questions asked specifically about the use of amphetamines (which are controlled substances), much of this increase in reported stimulant use is attributed to nonprescription over-the-counter pharmaceuticals (diet pills and stay-awake pills) and "look alike" stimulants (manufactured to look like an actual amphetamine and promoted by mail-order to the youth market). While respondents were not supposed to include the use of such substances in their answers about amphetamine use, it is known that a number did and that this circumstance exaggerated the observed increase in reported amphetamine use.

The number of students reporting use of any stimulants in the month preceding the survey dropped significantly in 1982, from 16 percent to 14 percent. Annual prevalence remained unchanged and lifetime prevalence actually increased to 36 percent, a finding that indicates more seniors have had experience with such drugs than ever before, even though active use has dropped.

Part or all of that decrease reflects some decline in the use of nonprescription stimulants, particularly since most states recently outlawed the sale and distribution of the "look alikes." Newly formulated questions were used to measure amphetamine use uncontaminated with the use of the nonprescription stimulants. These questions yielded 1982 amphetamine-prevalence levels lower than those generated by the unrevised questions in 1982, thus indicating that some respondents had been including nonprescription stimulants in their answers.

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But the results from even the revised questions in 1982 are higher than those from the unrevised questions in all years prior to 1981. Thus, it appears that there was an increase in the use of amphetamines up through 1981--or at least in the use of what the respondents believe to be real amphetamines. It seems possible, though, that there was a subsequent decrease in amphetamine use in 1982, given the general downward trends in use of most other drugs and the decline in the active use of stimulants as measured by the unadjusted-question version. Nevertheless, this decline cannot be empirically documented until next year.

- ° The revised questions on amphetamine use indicate that, while the unrevised questions overestimate true amphetamine use to a moderate degree, the revised prevalence levels are still very high: lifetime prevalence, 28 percent; annual, 20 percent; monthly, 11 percent; daily, 0.7 percent.
- ° The prevalence of the several classes of nonprescription stimulants can be estimated for the first time this year. Lifetime prevalence for look-alike pseudo-amphetamines is 15 percent, monthly prevalence 6 percent, and daily prevalence 0.6 percent.
- ° Over-the-counter diet pills have been used by a sizeable proportion of seniors (30 percent lifetime prevalence and 10 percent in the prior month). Use is particularly high among females: 42 percent lifetime prevalence, 14 percent in the last month, 2.0 percent current daily use.
- ° Stay-awake pills are used by fewer seniors: 19 percent prevalence, 6 percent in the last month.
- ° The greater moderation by American young people in their use of illicit drugs may be found not only in the fact that fewer are using most types of drugs but also that use appears to be less intense. Since 1975 there has been a drop in the degree and/or duration of the "highs" reported by users for marijuana, stimulants, cocaine, sedatives, and opiates other than heroin.
- ° Alcohol use has remained relatively stable in this population since 1975, though at high levels. Nearly all young people have tried alcohol by the end of their senior year (93 percent) and the great majority (70 percent) have used it in the prior month.

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Daily drinking is at exactly the same level in 1982 as it was in 1975 (5.7 percent), while the rate of occasional binge drinking is slightly higher. (In 1975, 37 percent said that on at least one occasion they had taken five or more drinks in a row during the prior two weeks; 41 percent of the 1982 seniors said as much.) There is some evidence over the last year or two that there actually may be some very gradual diminution in alcohol use, though it is still too early to say for certain.

- Last year it was reported that the dramatic decline in cigarette use which occurred in this age group between 1977 and 1980 appeared to be decelerating. (Daily smoking had dropped from 29 percent to 20 percent between 1977 and 1981, and daily use of half a pack or more had fallen from 19.4 percent to 13.5 percent.) This year that decline has halted and perhaps even reversed slightly. The earlier decline in use had important implications for the long-term health of this generation, and any reversal of that decline would likewise be of considerable importance.

As with marijuana, it appears that the large drop in daily smoking rates was in response to both personal concerns about the health consequences of use and perceived peer disapproval of use. Slightly fewer males than females are regular smokers (13.1 percent of the males smoke half a pack a day, 14.7 percent of the females). Only 8 percent of the college-bound smoke half a pack or more daily (21 percent of the non-college-bound).

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HIGH SCHOOL SENIOR DRUG USE: 1975-1982

	Ever Used								Daily Users								Used in Past Month								Used in Last Year							
	Class of								Class of								Class of								Class of							
	'75	'76	'77	'78	'79	'80	'81	'82	'75	'76	'77	'78	'79	'80	'81	'82	'75	'76	'77	'78	'79	'80	'81	'82	'75	'76	'77	'78	'79	'80	'81	'82
Marijuana	47%	53%	56%	59%	60%	60%	60%	59%	6%	8%	9%	10.7%	10.3%	9.1%	7%	6.3%	27%	32%	35%	37%	37%	34%	32%	29%	40%	45%	48%	50%	51%	49%	46%	44%
Inhalants	NA	10	11	12	13	12	12	13	NA	0.0	0.0	0.1	0.0	0.1	0.1	0.1	NA	1	1	2	2	1	2	2	NA	3	4	4	5	5	4	5
Amyl & Butyl Nitrites	NA	NA	NA	NA	11	11	10	10	NA	NA	NA	NA	0.0	0.1	0.1	0.0	NA	NA	NA	NA	2	2	1	1	NA	NA	NA	NA	7	6	4	4
Hallucinogens	16	15	14	14	14	13	13	13	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	5	3	4	4	4	4	4	3	11	9	9	10	10	9	9	8
LSD	11	11	10	10	10	9	10	10	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	2	2	2	2	2	2	3	2	7	6	6	6	7	7	7	6
PCP	NA	NA	NA	NA	13	10	8	6	NA	NA	NA	NA	0.1	0.1	0.1	0.1	NA	NA	NA	NA	2	1	1	1	NA	NA	NA	NA	7	4	3	2
Cocaine	9	10	11	13	15	16	17	16	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	2	2	3	4	6	5	6	5	6	6	7	9	12	12	12	12
Heroin	2	2	2	2	1	1	1	1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	*	*	*	*	*	*	*	*	1	*	*	*	*	*	*	*
Other Opiates	9	10	10	10	10	10	10	10	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.1	2	2	3	2	2	2	2	2	6	6	6	6	6	6	6	5
Stimulants	22	23	23	23	24	26	32	36	0.5	0.4	0.5	0.5	0.6	0.7	1.2	1.1	9	8	9	9	10	12	16	14	16	16	16	17	18	21	26	26
Sedatives	18	18	17	16	15	15	16	15	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	5	5	5	4	4	5	5	3	12	11	11	10	10	10	11	9
Barbiturates	17	16	16	14	12	11	11	10	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.1	5	4	4	3	3	3	3	2	11	10	9	8	8	7	7	6
Methaqualone	8	8	9	8	8	10	11	11	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	2	2	2	2	2	3	3	2	5	5	5	5	6	7	8	7
Tranquilizers	17	17	18	17	16	15	15	14	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	4	4	5	3	4	3	3	2	11	10	11	10	10	9	8	7
Alcohol	90	92	93	93	93	93	93	93	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	68	68	71	72	72	72	71	70	85	86	87	88	88	88	87	87
Cigarettes	74	75	76	75	74	71	71	70	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	37	39	38	37	34	31	29	30	NA	NA	NA	NA	NA	NA	NA	NA

NA indicates data not available

* indicates less than .5%

Terms:

Ever Used: Used one or more times.

Daily Users: Used 20 or more times in the month before survey.

Used in Past Month: Used at least once in the 30 days prior to survey.

Used in Last Year: Used in the 12 months prior to survey.

Note: Separate questions about the use of PCP (angel dust) and amyl and butyl nitrites (poppers) were not asked until 1979.

Source: *Student Drug Use in America: 1975-1982*, National Institute on Drug Abuse.

NATIONAL HOUSEHOLD SURVEY
ON DRUG ABUSE, 1982
Summary of Selected Findings*

The 1982 National Household Survey on Drug Abuse among youth, young adults, and older adults indicates that since 1979 there has been a leveling off of the spread of marijuana use in the youth population, as well as a significant decline in the number of persons who currently use marijuana, alcohol, and various other drugs. By and large, the 1982 data represent a reversal of the upward trends in drug use charted by earlier surveys in this series throughout the 1970s.

Marijuana

The most recent data indicate a new stabilization or even a slight decrease in the number of young persons who are now trying marijuana. For example, in 1982, the percentage of youth aged 12 to 17 who have ever tried marijuana (27 percent) is slightly lower than was the case for their counterparts in 1979 (31 percent). This slight decrease or leveling off is in contrast to the pattern set by the surveys of the 1970s; in those years, successive youth cohorts typically reported greater experience with marijuana.

Similarly, the percentage of young adults (age 18 to 25) in the current survey who say they have tried marijuana (64 percent) is slightly lower than was the case for their counterparts in the 1979 study (68 percent). Again, the slight decline represents a divergence from earlier trends, which showed an increase in lifetime prevalence from 48 percent of young adults in 1972.

The percentage of young persons reporting past-year use of marijuana decreased significantly between 1979 and 1982. For 12- to 17-year-olds, the decrease was from 24 percent in 1979 to about 21 percent in 1982. In the 18-to-25 age group, the decline was from 47 percent in 1979 to about 41 percent in 1982.

Trends in the "current prevalence" of marijuana use--that is, changes in the percent reporting use during the month prior to the survey interview--are more responsive to the most recent changes in patterns of behavior. Here, we find a more substantial decrease for youth as well as for young adults.

In the 1977 and 1979 surveys, nearly 17 percent of all 12- to 17-year-olds reported use during the month prior to interview; but by 1982 this figure had dropped to 11 percent. And whereas 35 percent of young adults reported past-month use in the 1979 survey (an all-time high), by 1982 this figure had dropped seven percentage points to 28 percent.

*From National Household Survey on Drug Abuse, 1982, National Institute on Drug Abuse.

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Current daily use of marijuana (defined as use on 20 or more days in the month prior to interview) also declined significantly among youth and young adults. For example, in 1979 almost 11 percent of all 18- to 25-year-olds reported that they had been daily users; by 1982 this figure had declined to about 7 percent. Frequent use of marijuana during the month prior to interview (defined as use on ten or more days out of the past month) also declined significantly between 1979 and 1982 for both youth and young adults.

Clearly, marijuana use peaked during the late 1970s, at least for the younger age groups in our population. Future surveys will show the extent to which the present downward trend in youthful marijuana use continues--if at all--throughout the decade of the 1980s.

The 1979-to-1982 declines observed for younger persons were not matched by declines in the population aged 26 and older. On the contrary, some increases in marijuana use were noted owing to the changing composition of this age group. Each year a new cohort of persons enters the "older adult" age category. In 1982, new entrants included many who first used marijuana as "youth" or "young adults" during the 1970s and who brought with them the newer forms of behavior. Thus, the experience of having used marijuana is no longer limited to the very young, and current use is no longer extremely rare among older adults. Nevertheless, when the youth, young adult, and older adult samples are combined, there is a significant decrease in current marijuana use among all persons aged 12 and older--from 13 percent in 1979 to 11 percent in 1982.

Finally, the downward trends in the younger age ranges should be viewed in light of the fact that many young persons have at one time or another used marijuana so intensively as to be at risk for negative consequences of drug use. A new measure included in the 1982 survey was directed toward the future study of marijuana consequences. This new indicator measures the lifetime prevalence of "daily" marijuana use--that is, the percentage who have ever used on 20 or more days in a single month.

Among young adults, the group at maximum opportunity for having experienced this level of use, about 20 percent report that at one time they used marijuana on a daily basis. This represents roughly one-third of all young adults who have ever tried the drug. Clearly, despite reduced levels of current marijuana use in 1982, many young persons do pass through one or more phases of concentrated use, and during this time they are at risk for various negative outcomes.

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Alcohol and Cigarettes

Accompanying the downturn in marijuana trends for youth and young adults has been a drop in the number of current users of alcohol and cigarettes. This pertains to all age groups but is most noticeable in the youth and young adult populations.

Among 12- to 17-year-olds, the percentage who used alcohol during the month prior to the survey interview dropped from 37 percent in 1979 to 26 percent in 1982. Among young adults, aged 18 to 25, the drop was from 76 percent in 1979 to 68 percent in 1982.* Current "daily" use of alcohol (use on 20 or more days during the past month) also declined in the young-adult group--from 10 percent in 1979 to 7 percent in 1982. This directly parallels the drop in current daily use of marijuana.

The prevalence of past month cigarette use among 12-17-year olds remained stable between 1979 and 1982, while among young adults (18-25 year olds) current prevalence dropped from 43 percent in 1979 to 38 percent in 1982. A similar decline for current use among older Americans (25 years and older) is also seen--37 percent for 1979 and 34 percent for 1982.

Hallucinogens, Heroin, Cocaine

Hallucinogens (including LSD, PCP, and peyote) followed the marijuana pattern of downward trends in the younger age ranges. Among young adults, the prevalence of current hallucinogen use went down from 4 percent in 1979 to 2 percent in 1982. The same pattern appears to hold for heroin, although low levels of reported use of this drug may reflect a tendency to deny stigmatized behavior.

*Alcohol use remained steady from the early to mid-1970s. The appearance of a sharp increase between 1977 and 1979 may be explained at least in part by the change to the use of self-administered answer sheets for questions on alcohol use.

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With cocaine, the drug that spread most rapidly during the late 1970s, the pattern is now one of stability. This finding is especially clear in the young adult population, where lifetime experience with cocaine jumped from 13 percent in 1976 to 28 percent in 1979 and then leveled off at 29 percent. Similarly, past-month use in the 18-25 age group increased rapidly from only 2 percent or 3 percent in the mid-1970s to 9 percent in 1979, and then leveled off or decreased to about 7 percent in 1982.

In the older adult group, lifetime prevalence levels for hallucinogens and cocaine increased (as did past-year use of cocaine), a pattern that was expected because of the fact that birth cohorts who had begun use of these drugs during their young adult years are now moving into the 26-and-older category.

Nonmedical use of stimulants, sedatives, tranquilizers, and analgesics

When all four categories of nonmedical use are combined in a single index, 1982 lifetime and current prevalence levels for nonmedical use of prescription-type psychotherapeutic drugs are as follows: Among young adults, 29 percent have taken one or more of these drugs for nonmedical purposes, and 7 percent report having done so during the month prior to the 1982 interview. Among youth, 11 percent say they have used these drugs nonmedically, 4 percent doing so within the past month. Thus, for these age groups, as well as for older adults, prevalence of nonmedical use of drugs is comparable to the prevalence of cocaine use.

Recent trends in nonmedical use are difficult to assess because of a change in questioning technique. In all earlier surveys, questions on nonmedical use of these pills were answered aloud in "open interview" fashion, along with questions on medical prescription use. In the 1982 survey, however, respondents checked off their answers to questions on nonmedical use, using private answer sheets comparable to those used for alcohol, marijuana, and other types of recreational drugs.

The observed 1979--1982 trends in nonmedical pill use include a general increase in lifetime prevalence figures for youth as well as an increase in the current use of stimulants in both the young and the young-adult populations. Because of the increased privacy of response in the 1982 survey, however, any actual change in prevalence levels, whether increase or decrease, is necessarily confounded with changes attributable to differences in reporting conditions.

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Spectrum of Drug Use: 1982

When the nonmedical use of psychotherapeutic drugs is combined in a single index together with the use of hallucinogens, cocaine, and heroin, it is found that about 40 percent of all young adults have had illicit experience with a least one substance other than marijuana; about 27 percent of this age group report past-year use of one or more of these "stronger" drugs. The corresponding figures for youth are: 14 percent tried one or more "stronger" drugs, and 10 percent have used during the past year.

##

SAMPLE SIZE AND POPULATION SIZE
FOR AGE SUBGROUPS

National Survey on Drug Abuse, 1982

<u>Age Group</u>	<u>Sample Size</u>	<u>Population Size *</u>
Youth (12-17 yrs.)	1581	23,304,000
Young Adults (18-25 yrs.)	1283	33,072,000
Older Adults (25 yrs. +)	2760	126,105,000

* Source: U.S. Bureau of the Census

TABLE 1: TRENDS
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Lifetime Prevalence, 1972-1982: Youth

	-Ever Used						7 Change '79-82**
	1	2	3	4	5	6	
	1972 (880)	1974 (952)	1976 (986)	1977 (1272)	1979 (2165)	1982 (1581)	
<u>Youth: age 12-17</u>							
Marijuana	14%	23%	22.4%	28.0%	30.9%	27.3%	\$
Hallucinogens	4.8%	6.0%	5.1%	4.6%	7.1%	5.2%	\$
Cocaine	1.5%	3.6%	3.4%	4.0%	5.4%	6.9%	NS
Heroin	.6%	1.0%	.5%	1.1%	.5%	* %	--
Nonmedical Use of:							
Stimulants	4%	5%	4.4%	5.2%*	3.4%	6.5%	\$
Sedatives	3%	5%	2.8%	3.1%*	3.2%	6.1%	\$
Tranquilizers	3%	3%	3.3%	3.8%*	4.1%	4.8%	\$
Analgesics	x	x	x	x	3.2%	4.3%	\$
Any Nonmedical Use	xx	xx	xx	xx	7.3%	10.8%	\$
Alcohol	x	54%	53.6%	52.6%	70.3%	65.3%	SS
Cigarettes	x	52%	45.5%	47.3%	54.1%	49.9%	S

*Not asked.

xx Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

*1977 estimates based on split sample: N=623.

* Less than one-half of one percent.

** Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; \$, significance test not performed (79-82 definitions not comparable).

TABLE 2: TRENDS

NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Lifetime Prevalence, 1972-1982: Young Adults

	Ever Used						Change '79-'82
	1	2	3	4	5	6	
	1972 (772)	1974 (849)	1976 (882)	1977 (1500)	1979 (2044)	1982 (1283)	
<u>Young adults: age 18-25</u>							
Marijuana	47.9%	52.7%	52.9%	59.9%	68.2%	64.3%	\$
Hallucinogens	†	16.6%	17.3%	19.8%	25.1%	21.3%	S
Cocaine	9.1%	12.7%	13.4%	19.1%	27.5%	28.7%	NS
Heroin	4.6%	4.5%	3.9%	3.6%	3.5%	1.1%	SSS
Nonmedical Use of:							
Stimulants	12%	17%	16.6%	21.2%*	18.2%	18.1%	\$
Sedatives	10%	15%	11.9%	18.4%*	17.0%	18.6%	\$
Tranquilizers	7%	10%	9.1%	13.4%*	15.8%	14.8%	\$
Analgesics	x	x	x	x	11.8%	12.7%	\$
Any Nonmedical Use	xx	xx	xx	xx	29.5%	28.7%	\$
Alcohol	x	81.6%	83.6%	84.2%	95.3%	94.6%	NS
Cigarettes	x	68.8%	70.1%	67.6%	82.8%	76.3%	SSS

*Not asked.

**Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

*1977 estimates based on split sample: N=750.

**Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; \$, significance test not performed (79-82 definitions not comparable).

TABLE 3: TRENDS

NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Lifetime Prevalence, 1972-1982: Older Adults

	Ever Used						Change '79-'82
	1	2	3	4	5	6	
	1972 (1613)	1974 (2221)	1976 (1708)	1977 (1822)	1979 (3015)	1982 (2760)	
<u>Older adults: age 26+</u>							
Marijuana	7.4%	9.9%	12.9%	15.3%	19.6%	23.4%	SS
Hallucinogens	†	1.3%	1.6%	2.6%	4.5%	6.6%	SS
Cocaine	1.6%	.9%	1.6%	2.6%	4.3%	8.7%	SSS
Heroin	*%	.5%	.5%	.8%	1.0%	1.1%	NS
Nonmedical Use of:							
Stimulants	3%	3%	5.6%	4.7%*	5.8%	6.4%	\$
Sedatives	2%	2%	2.4%	2.8%*	3.5%	4.8%	\$
Tranquilizers	5%	2%	2.7%	2.6%*	3.1%	3.6%	\$
Analgesics	x	x	x	x	2.7%	3.3%	\$
Any Nonmedical Use	xx	xx	xx	xx	9.2%	8.9%	\$
Alcohol	x	73.2%	74.7%	77.9%	91.5%	88.1%	SSS
Cigarettes	x	65.4%	64.5%	67.0%	83.0%	78.6%	SSS

*Less than .5%

xNot asked.

xxSince questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

*1977 estimates based on split sample: N=897.

**Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; \$, significance test not performed (79-82 definitions not comparable).

TABLE 4: TRENDS
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Past Year Use, 1972-1982: Youth

	Use in Past Year						7 Change: '79-'82**
	1 1972 (880)	2 1974 (952)	3 1976 (986)	4 1977 (1272)	5 1979 (2165)	6 1982 (1581)	
<u>Youth: age 12-17</u>							
Marijuana	x	18.5%	18.4%	22.3%	24.1%	20.7%	S
Hallucinogens	3.6%	4.3%	2.8%	3.1%	4.7%	3.6%	NS
Cocaine	1.5%	2.7%	2.3%	2.6%	4.2%	4.3%	NS
Heroin	*%	*%	*%	.6%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	3%	2.2%	3.7%*	2.9%	5.5%	\$
Sedatives	x	2%	1.2%	2.0%*	2.2%	3.6%	\$
Tranquilizers	x	2%	1.8%	2.9%*	2.7%	3.0%	\$
Analgesics	x	x	x	x	2.2%	3.8%	\$
Any Nonmedical Use	xx	xx	xx	xx	5.6%	8.2%	\$
Alcohol	x	51%	49.3%	47.5%	53.6%	46.9%	SS
Cigarettes	x	x	x	x	--	24.8%	--
(Alternate Definition - Cigarettes)**					(13.3%)	(14.2%)	(NS)

* Less than .5%.

x Not asked.

xx Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

• 1977 estimates based on split sample: N=623.

• In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this alternate definition was calculated separately.

** Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; \$, significance test not performed (79-82 definitions not comparable).

TABLE 5 TRENDS
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Past Year Use, 1972-1982: Young Adults

	Use in Past Year						7 Change: '79-'82**
	1	2	3	4	5	6	
	1972 (772)	1974 (849)	1976 (882)	1977 (1500)	1979 (2044)	1982 (1283)	
<u>Young adults: age 18-25</u>							
Marijuana	x	34.2%	35.0%	38.7%	46.9%	40.7%	SS
Hallucinogens	†	6.1%	6.0%	6.4%	9.9%	7.3%	S
Cocaine	†	8.1%	7.0%	10.2%	19.6%	19.5%	NS
Heroin	†	.8%	.5%	1.2%	.8%	* %	--
Nonmedical Use of:							
Stimulants	x	8.0%	8.8%	10.4%*	10.1%	11.0%	\$
Sedatives	x	4.2%	5.7%	8.2%*	7.3%	8.4%	\$
Tranquilizers	x	4.6%	6.2%	7.8%*	7.1%	5.9%	\$
Analgesics	x	x	x	x	5.2%	4.6%	\$
Any Nonmedical Use	xx	xx	xx	xx	16.3%	16.1%	\$
Alcohol	x	77.1%	77.9%	79.8%	86.6%	83.5%	S
Cigarettes	x	x	x	x	--	46.8%	--
(Alternate Definition - Cigarettes)**					(46.7%)	(41.1%)	(S)

*Not asked.

xx Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

*1977 estimates based on split sample: N=750.

** In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this alternate definition was calculated separately.

** Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; \$, significance test not performed (79-82 definitions not comparable).

TABLE 6: TRENDS
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Past Year Use, 1972-1982: Older Adults

	Use in Past Year						Change: '79-'82
	1	2	3	4	5	6	
	1972 (1613)	1974 (2221)	1976 (1708)	1977 (1822)	1979 (3015)	1982 (2760)	
<u>Older adults: age 26+</u>							
Marijuana	x	3.8%	5.4%	6.4%	9.0%	10.8%	\$
Hallucinogens	†	*%	*%	*%	.5%	.8%	NS
Cocaine	†	*%	.6%	.9%	2.0%	3.9%	SSS
Heroin	†	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	*%	.8%	.8%*	1.3%	1.8%	\$
Sedatives	x	*%	.6%	*%*	.8%	1.4%	\$
Tranquilizers	x	*%	1.2%	1.1%*	.9%	1.1%	\$
Analgesics	x	x	x	x	.5%	1.0%	\$
Any Nonmedical Use	xx	xx	xx	xx	2.3%	3.0%	\$
Alcohol	x	62.7%	64.2%	65.8%	72.4%	68.5%	SS
Cigarettes	x	x	x	x	--	38.2%	--
(Alternate Definition - Cigarettes)**					(39.7%)	(37.3%)	(NS)

*Less than .5%.

x Not asked.

xx Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

† Not tabulated.

* 1977 estimates based on split sample: N=897.

** In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this alternate definition was calculated separately.

*** Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; 5, significance level .05.

TABLE 7: TRENDS
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Past Month Use, 1972-1982: Youth

	Use in Past Month						7 Change '79-'82**
	1	2	3	4	5	6	
	1972 (880)	1974 (952)	1976 (986)	1977 (1272)	1979 (2165)	1982 (1581)	
<u>Youth: age 12-17</u>							
Marijuana	7%	12%	12.3%	16.6%	16.7%	11.1%	SSS
Hallucinogens	1.4%	1.3%	.9%	1.6%	2.2%	1.4%	NS
Cocaine	.6%	1.0%	1.0%	.8%	1.4%	1.8%	NS
Heroin	*%	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	1%	1.2%	1.3%*	1.2%	2.5%	\$
Sedatives	x	1%	*%	.8%*	1.1%	1.3%	\$
Tranquilizers	x	1%	1.1%	.7%*	.6%	.8%	\$
Analgesics	x	x	x	x	.6%	.8%	\$
Any Nonmedical Use	xx	xx	xx	xx	2.3%	3.7%	\$
Alcohol	x	34%	32.4%	31.2%	37.2%	26.3%	SSS
Cigarettes	x	25%	23.4%	22.3%	--	14.9%	
(Alternate Definition - Cigarettes)**					(12.1%)	(12.4%)	(NS)

* Less than .5%.

x Not asked.

xx Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

*1977 estimates on split sample: N=623.

** In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this alternate definition was calculated separately.

*** Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; \$, significance test not performed (79-82 definitions not comparable).

TABLE 8 TRENDS
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

Past Month Use, 1972-1982: Young Adults

	Use in Past Month						7 Change '79-'82
	1 1972 (772)	2 1974 (849)	3 1976 (882)	4 1977 (1500)	5 1979 (2044)	6 1982 (1283)	
<u>Young adults: age 18-25</u>							
Marijuana	27.8%	25.2%	25.0%	27.4%	35.4%	27.5%	SSS
Hallucinogens	†	2.5%	1.1%	2.0%	4.4%	1.8%	SS
Cocaine	†	3.1%	2.0%	3.7%	9.3%	7.1%	\$
Heroin	†	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	3.7%	4.7%	2.5%*	3.5%	4.9%	\$
Sedatives	x	1.6%	2.3%	2.8%*	2.8%	2.5%	\$
Tranquilizers	x	1.2%	2.6%	2.4%*	2.1%	1.5%	\$
Analgesics	x	x	x	x	1.0%	.9%	\$
Any Nonmedical Use	xx	xx	xx	xx	6.2%	7.1%	\$
Alcohol	x	69.3%	69.0%	70.0%	75.9%	68.1%	SSS
Cigarettes	x	48.8%	49.4%	47.3%	--	39.3%	--
(Alternate Definition - Cigarettes)**					(42.6%)	(37.8%)	(S)

*Less than .5%.

x Not asked.

xx Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

† Not tabulated.

*1977 estimates based on split sample: N=750.

** In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this alternate definition was calculated separately.

*** Standard errors: SSS 0.01, SS 0.02, S 0.03, -- 0.04, * 0.05, ** 0.06, *** 0.07.

TABLE 9 TRENDS
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

1st Month Use, 1972-1982: Older Adults

	Use in Past Month						7 Change '79-'82**
	1	2	3	4	5	6	
	1972 (1613)	1974 (2221)	1976 (1708)	1977 (1822)	1979 (3015)	1982 (2760)	
Older adults: age 26+							
Marijuana	2.5%	2.0%	3.5%	3.3%	6.0%	6.7%	NS
Hallucinogens	†	*%	*%	*%	*%	*%	--
Cocaine	†	*%	*%	*%	.9%	1.2%	NS
Heroin	†	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	*%	*%	.6%*	.5%	.5%	\$
Sedatives	x	*%	.5%	*%*	*%	*%	\$
Tranquilizers	x	*%	*%	*%*	*%	*%	\$
Analgesics	x	x	x	x	*%	*%	\$
Any Nonmedical Use	xx	xx	xx	xx	1.1%	1.2%	\$
Alcohol	x	54.5%	56.0%	54.9%	61.3%	57.1%	SS
Cigarettes	x	39.1%	38.4%	38.7%	--	34.6%	--
(Alternate Definition - Cigarettes)**					(36.9%)	(34.1%)	(\$.)

* Less than .5%.

x Not asked.

xx Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

† Not tabulated.

* 1977 estimates based on split sample: N=897.

** In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this alternate definition was calculated separately.

*** Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not signif-

Past Month Use, 1977-1982: All Persons Aged 12 and Older

	Use in Past Month			4 Change '79-'82 *
	1	2	3	
	1977 (4,594)	1979 (7,224)	1982 (5,624)	
<u>All Persons Aged 12 and Older</u> (Youth, Young Adults, Older Adults Combined)				
Marijuana	9.5%	13.0%	11.0%	SS
Hallucinogens	0.7%	1.2%	0.6%	SS
Cocaine	1.0%	2.5%	2.3%	NS
Heroin	*%	*%	*%	--
Nonmedical Use of:				
Stimulants	1.0% **	1.1%	1.6%	\$
Sedatives	0.6% **	0.9%	0.8%	\$
Tranquilizers	0.8 **	0.7%	0.6%	\$
Analgesics	x	*%	0.5%	\$
Alcohol	54.1%	60.4%	55.1%	SSS
Cigarettes	37.9%	--	32.9%	--
(Alternative Definition - Cigarettes)**		(34.3%)	(32.0%)	(S)

* Less than .5%.

x Not asked.

** Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

† Not tabulated.

• 1977 estimates based on split sample: N=2,270

•• In 1979, recency of cigarette use was asked only of those who has smoked at least five packs during their lifetime. In all other years, no such restriction was applied. This alternate definition was calculated separately in 1982.

** Significance levels: SSS, .001; SS, .01; S, .05; \$, .10; NS, not significant; \$. significance test not performed (79-82 definitions not comparable).

TABLE 11: "SPECTRUM OF DRUG USE" 1982
NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE, 1982

<u>LIFETIME EXPERIENCE</u>	<u>Youth age 12-17 (1581)</u>	<u>Young Adults age 18-25 (1283)</u>	<u>Older Adults 26+ (2760)</u>	<u>All Pers 12 and o (5624)</u>
Ever used hallucinogens, cocaine, heroin, or ever used prescription-type psychotherapeutic drugs ^a for nonmedical purposes:	14.0%	39.8%	12.8%	17.8%
Have used marijuana only:	14.3	25.8	12.2	14.9
Never used any:	<u>71.7</u>	<u>34.4</u>	<u>74.9</u>	<u>67.2</u>
	100.0%	100.0%	100.0%	100.0%
 <u>PAST-YEAR EXPERIENCE</u>				
During the year prior to interview, used hallu- cinogens, cocaine, heroin, or used prescription-type psychotherapeutic drugs ^a for nonmedical purposes:	10.1%	27.2%	5.3%	9.9%
During past year, used marijuana only:	12.1	17.0	6.5	9.1
Used none during the ; past year:	<u>77.8</u>	<u>55.8</u>	<u>88.1</u>	<u>81.0</u>
	100.0%	100.0%	100.0%	100.0%

^aPsychotherapeutic drugs include stimulants, sedatives, tranquilizers, and analgesics.

LIFETIME PREVALENCE OF PCP - 1976-1982:
YOUTH, YOUNG ADULTS, AND OLDER ADULTS

National Survey on Drug Abuse

	<u>1976</u>	<u>1977</u>	<u>1979</u>	<u>1982</u>
Youth: (12-17 yrs.)	3.0%	5.8%	3.9%	2.1%
Yount Adults: (18-25 yrs.)	9.5%	13.9%	14.5%	10.2%
Older Adults: (26 yrs. +)	.7%	1.1%	2.2%	2.4%

Conclusions

- o The results from both the National Survey on Drug Abuse and the High School Senior Survey are encouraging in that they indicate a decline in drug use by the American people. These declines are exemplified by marijuana which had demonstrated dramatic increases in previous surveys.
- o Among high school seniors the decline in marijuana use first exhibited in 1979 has continued. In light of the continued availability of the drug, these declines may be related to increased peer disapproval and a greater awareness of health risks and consequences associated with marijuana use. This increased perception of risk may reflect a growing body of knowledge about the consequences of marijuana use resulting from NIDA's research efforts and in the continuing efforts by NIDA and other groups such as the Parents Groups to inform the public regarding these dangers.
- o These declines in marijuana use have also been noted in the National Survey on Drug Abuse among youth and young adults.
- o After a rapid explosion in the late 70's the prevalence of cocaine has begun to stabilize among all age groups with the exception of adults 26 and over. As with marijuana, this increase in cocaine use among adults 26 and over is due, at least in part, to the aging of the population who began using in the mid-70's.
- o In recent years there has been an increasing concern about the rising use of stimulants among young people. Both the High School Survey and the National Survey on Drug Abuse have reflected this increased use. This year there are indications that this rise may be stabilizing but the data are difficult to interpret because of changes in methodology and the popularity of the "look-alike" amphetamines which may have been reported as amphetamines. In any case, it is clear that the prevalence of stimulant use including "look-alikes" is unacceptably high.
- o The decline in cigarette use by youth and high school students noted in the late 70's has apparently stopped and the levels of use are stabilizing. This is of concern because previous data have suggested that marijuana use patterns tend to lag behind but mirror cigarette use patterns.
- o As noted above, these trends of declining use are encouraging. However, we cannot become complacent. The Household Survey data indicate that 33% of the American population age 12 and older have used marijuana, hallucinogens, cocaine, heroin or psychotherapeutic drugs for non-medical or illicit purposes at some time in their lives.

- o In addition, the High School Senior Survey indicates that approximately two-thirds of American youth (64%) try an illicit drug before they finish high school.
- o Despite the decline in marijuana use, approximately one in every sixteen high school seniors is actively smoking marijuana on a daily basis.
- o Despite the encouraging indications from the National Surveys, data from the Drug Abuse Warning Network (DAWN) show no leveling of negative health consequences associated with drug use. Certain drugs continue to reflect increased morbidity associated with their use. For example, heroin cases through the first three quarters of 1982 represent a one-third increase over the comparable time period for 1981 (9,139 vs. 6,968). A similar pattern has been noted for cocaine (4,615 vs. 3,378). It is important to note that the increase in heroin cases is accounted for by the age group 26 and over while for cocaine, increases have been noted for both young adults and adults 26 and over.

G. QUESTIONS AND
ANSWERS

QUESTIONS AND ANSWERS

Q. Is the level of drug abuse in this country increasing or decreasing?

A. The problem is that "drug abuse" is not a single entity and, therefore, any attempt to describe "drug abuse" as though it were a singular type of condition is bound to lead to some degree of conflicting information. The abuse of drugs involves many different substances, each having a particular action on the body and brain. Further, people in all walks of life are subject to drug abuse but not necessarily in the same degree with the same drugs.

What we have focused on today are drug trends among children and youth, and particularly on marijuana since it is the illicit drug used by the largest number of young people. Having seen current use (use in the past month) of marijuana climb steadily from 27 percent of the class of 1975 to 37 percent of the class of 1979, it is certainly encouraging that for the class of 1982 this percentage had fallen to 29 percent. But obviously that percentage is still unacceptably high.

Q. To what do you specifically attribute the moderation of drug abuse?

A. No single factor or group of factors can be cited as being the specific cause of the changes we are now observing. Federal drug abuse programs, along with the efforts of organized parents groups, appear to have been a major influence.

Q. Are surveys such as the National Household Survey on Drug Abuse and the High School Senior Survey cost effective for the Federal Government?

A. Yes, they are most cost effective. A public health problem of the magnitude of the drug abuse problem demands that we have timely and reliable data to chart its course, and to plan prevention and intervention programs.

Q. Do all areas of the country show the same drug abuse trends?

A. The national trends reported by the two surveys reflect prevalence of drug abuse activity occurring throughout the country. Local area data from the Drug Abuse Warning Network (DAWN) indicate that important trends are frequently localized or that they are more pronounced in certain cities. An example of this would be increases in heroin-related morbidity and mortality which were first noted in the Washington, D.C. and New York areas in mid-to-late 1979 and only recently within the past year have begun to show up in areas outside the Northeast, particularly in Los Angeles.

Page 2 - Questions and Answers

Q. The data from the High School Senior Survey pertain only to students. What about high school dropouts?

A. The issue of high school dropouts is indeed an important issue. About a year ago, NIDA convened a panel of experts in this field to discuss the issues and review relevant findings from their own data. The general conclusion of the review was that, while dropouts experience somewhat higher rates of drug abuse than do students who stay in school, their numbers are not large enough to significantly impact the findings from the High School Senior Survey.

Q. Why all the emphasis on youth? Isn't drug abuse also a serious problem among adults?

A. Yes. In fact, most drug-related mortality (other than related to alcohol and cigarettes) occurs among people in their twenties and thirties. But the indications are that drug-taking behavior begins at much younger ages. Even among people treated for heroin problems, more than half (57 percent) started using heroin before age 20. For marijuana, that proportion is 91 percent. Clearly our prevention and education efforts must be directed at children and young people.

Q. You suggest that stimulant use may be declining. But wouldn't you agree that, psychologically and behaviorally, if adolescents think they are taking stimulants, even though they may in fact be taking "look-alike" stimulants, then stimulant use is really up?

A. The data appear to show that the stimulant use may be increasing slightly. Some of this apparent increase may be due to the recent introduction of "look-alike" drugs. While some have noted that these "look-alikes" may be less harmful, we have seen severe consequences of their use and certainly any behavior which reinforces the use of such substances cannot be condoned. Our goal must be to remove the desire of the individual to take stimulant drugs for nonmedical purposes. We support the actions of parents groups and the majority of State legislatures who have banned the sale and distribution of "look-alike" drugs.

Q. It appears that a major anti-drug abuse campaign is being directed against marijuana use, especially among youth. Do you regard marijuana use as the number one drug abuse problem in the Nation?

A. Marijuana is a problem of major proportions, and it is the most widely used illicit drug among youth. Marijuana is important from another perspective: it is well established as a so-called "Gateway" drug; that is, marijuana is generally the first illicit drug youth try. This usually occurs after the individual has become familiar with the use of alcohol and cigarettes, and before he or she progresses to using pills, hallucinogens, cocaine, or heroin.

If marijuana is the drug with which one becomes initiated into illicit drug use, it is possible that an effective marijuana prevention campaign would go far toward discouraging the use of other dangerous drugs.

- Q. Isn't the concern about marijuana blown all out of proportion? There have to be millions of kids who have occasionally smoked pot at a high school or college party with no adverse effects.
- A. As more research on marijuana is being done, the potential adverse health consequences are being recognized. Thus, marijuana in its own right has to be recognized for what it is--a dangerous substance.

Additionally, other research has suggested that use of marijuana may lead to abuse of other drugs. Unfortunately there is no litmus test to identify which drug abusers are going to suffer adverse health effects, or which are going to become dysfunctional in society because of their drug use.

- Q. In the older adult group of the 1982 National Household Survey, the relationship between marijuana use and alcohol use has changed from the pattern that was seen in all previous surveys; that is, a direct relationship existed between marijuana use and alcohol use. How do you account for the change indicated by the 1982 data?
- A. It is true that previous National Household Surveys suggested that a direct relationship existed between alcohol consumption and marijuana use. In fact, a large body of data in addition to National Survey data evidence the same phenomenon. We think the change observed in 1982 in the 26-year old and older age group reflects the results of prevention efforts. Our credible health messages regarding the actual and potential harmful effects of marijuana are finally being heard and heeded.
- Q. Is the use of heroin and cocaine going up or down?
- A. Heroin. Because of the extremely illicit nature of heroin and its relatively low prevalence of use in the general population, interview surveys are not the best source of information about heroin. However, if really dramatic changes in prevalence levels occurred, it would be expected that the surveys would provide at least some indication of this. Since both the high school and the household surveys have shown that less than one-half of one percent of the respective populations currently use heroin, it is probably safe to conclude that the vast majority of Americans avoid using heroin.

However, data pertaining to heroin morbidity and mortality indicate that some level of heroin use continues to plague this country. And, indeed, use has probably been increasing in the Northeast area of the country since 1979 and more recently has begun to increase in a few other areas, particularly the Los Angeles area. Few of the people suffering the adverse health consequences of heroin use are under age 20, another indication that young people are generally avoiding heroin. Rather, we suspect that older people who had stopped using heroin have resumed its use or existing users have increased their level of use.

Cocaine. The surveys indicate a leveling off, or even possibly decreases, in cocaine use by youth and young adults. Use levels among adults, however, may still be increasing. Additionally, cocaine-related medical emergencies continue to increase. The increase in medical emergencies, however, is not all due to increases in the general prevalence of use, but may also reflect other factors such as a trend toward more dangerous means of taking the drug--such as injection and smoking.