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American Youth Are Becoming More Moderate in Their Drug Use

American young people are continuing to gradually moderate their use of illicit drugs, according to researchers at The University of Michigan's Institute for Social Research. Reporting on the seventh in a series of annual nationwide surveys of high school seniors, social psychologists Lloyd Johnston, Jerald Bachman, and Patrick O'Malley state that fewer of the seniors in the Class of 1981 reported using marijuana, PCP, tranquilizers, or nitrite inhalants than was true in the several previous classes. Regular cigarette smoking also is down, while the use of barbiturates, LSD, heroin, and narcotics other than heroin remains steady. Cocaine use, which rose sharply among high school students between 1976 and 1979, also has remained fairly stable since then.

The only drug class showing an appreciable increase in the Class of 1981 was stimulants, such as amphetamines. "However, stimulant use is of considerable importance," state the researchers, "since illicit use of this class of drugs is more widespread than any other except marijuana." The use of methaqualone also continued to rise in 1981, though very modestly.

The Michigan researchers present this year's results in the forthcoming report Student Drug Use in America 1975-1981, to be published in early March by the National Institute on Drug Abuse—a major sponsor of the study. Each year since 1975 a nationally representative sample of some 17,000 seniors, located in about 130 public and private high schools nationwide, have participated in the surveys.

"In the last half of the 1970's, this study called public attention to the rapid rise in daily marijuana use which was taking place among students," states Dr. Johnston. Daily or near-daily use—defined as use on twenty or more occasions in the prior thirty days—rose from 6% in 1975 to 11% in 1978. Since 1978 the daily use statistic has dropped back by about one-third, to 7% in 1981. "This still means, of course, that one in every fourteen seniors uses marijuana that frequently" he cautions, "and since many of these are also daily cigarette smokers, they are subject to whatever the combined health risks of these two substances may be."

"From the standpoint of public health, there can be little doubt that the sharp decline in regular marijuana use is good news, as is the substantial decline in cigarette smoking observed in the past several years." In fact, it is increased concern with the health risks of regular marijuana use and of regular cigarette use that seem to account for much of the change which has taken place in the use of these two substances. Nearly 60% of all seniors now attribute "great risk" to regular marijuana use—up from 35% three years ago. Peer norms about pot smoking and cigarette smoking have also been hardening gradually. Three-quarters of all seniors now think their close friends would disapprove of their smoking marijuana regularly.

Concern about possible adverse effects on physical and psychological health are also cited much more frequently today as reasons for quitting by those who have quit. These concerns are also the leading reasons cited by abstainers for not trying the drug. More abstainers mentioned concern about "possible physical damage" or "possible psychological damage" than mentioned any of the possible legal, moral, or social deterrents to their using marijuana.

While the number of daily marijuana users is declining sharply, the overall number of users is dropping more slowly. At the peak in 1979, 51% of all seniors said they had used in the prior year: this figure dropped to 46% by 1981. Lifetime usage rates dropped by 1% over the same period, to 60%.

Commenting on the sharp decline in daily cigarette use (which is down from 29% in 1977 to 20% in 1981 in this age group) Johnston states, "This change also appears attributable to an increasing concern about health, as well as some shifting in peer norms. In this case, however, I would conclude that the change in health concerns occurred at quite an early age—before the smoking habit would have begun to be established. We deduce this from the fact that the more recent graduating classes had lower smoking rates than their predecessor classes, not only as seniors, but as far back as eighth grade." (Use at earlier grade levels is determined by retrospective reports from the seniors about when they started smoking regularly.)

However, the consistent rises which had been occurring for both the perceived harmfulness and personal disapproval of cigarette smoking came to a halt in 1981, which is when the decline in actual use slowed. In 1981, 64% of all seniors said that a regular smoker runs a "great risk" of harming himself physically (or in other ways), while 70% said they personally disapprove of regular cigarette smoking. (Most of the regular cigarette smoking at this age is concentrated among the non-college bound, the researchers point out. )

Annual usage statistics for PCP—that is, the proportion reporting any use in the prior year—have dropped by more than one-half in just two years, from 7.0% in 1979 to 3.2% in 1981. "While we lack direct measures of students' health concerns in relation to PCP, we are inclined to believe that it has achieved a well-deserved reputation as a particularly dangerous drug," state the investigators, "which could well explain its sharp fall-off in use."

There has also been a sharp drop from 1979 to 1981 in another class of relatively infrequently used drugs, the amyl and butyl nitrites—known on the street as "poppers"

and "snappers," and by such brand names as Locker Room and Rush. Annual usage statistics for this class of inhalants have dropped by nearly four-tenths, from 6.5% in 1979 to 3.7% among seniors in 1981.

In addition to the decreasing usage statistics, there is further evidence that some moderation in drug use is occurring. The authors state "the current users of most of these drugs appear to be taking them in somewhat smaller doses or quantities than was true of earlier users, since there has been some drop in the reported degree and duration of the 'highs' usually experienced with them." This is true in the case of marijuana, amphetamines, LSD, cocaine, and several other drugs.

Another finding, which may come as a surprise to some, is that alcohol use in this age group has not been increasing. "I am frequently asked whether the drop in marijuana use appears to result in any compensatory increase in alcohol consumption," states Johnston. "There seems to be a commonly-held notion that there will be some sort of unmet need if marijuana use declines, and that alcohol will fill it. The facts do not support such a displacement hypothesis, however, since alcohol use at all levels of involvement has remained highly stable over the past several years. Daily use remains at 6%—admittedly a high number. Also stable is the much more disturbing statistic that 41% of all seniors admit to having had five or more drinks in a row at least once in the prior two weeks. "

"While we have a tendency to focus on the good news in these findings," states Dr. Johnston, "it should be noted that there are several classes of drug use for which the usage rates are not currently declining; and there is one important class which is showing a substantial increase." The lifetime usage figures for five classes of drugs—the active use of which remained quite steady this year—are: cocaine at 17%, barbiturates at 11%, LSD at 10%, opiates other than heroin at 10%, and heroin at 1%.

"Of greatest concern is the sharp rise in stimulant use we have observed in recent years, but particularly in the most recent (1981) survey," Dr. Johnston states. "While we are having some difficulty sorting out how much of the rise is due to an increasing use

of controlled, prescription-type stimulants (like amphetamines), versus how much is due to stimulants which are sold over-the-counter or by mail (like some diet, stay-awake, and pep pills), we do know that there has been a rise in both the recreational and non-recreational use of this broad class of drugs." About one-third (32%) of all 1981 high school seniors say they have tried amphetamines—which is what the question explicitly asks about—and one-sixth (16%) say they have used in the last month. (These numbers may exaggerate "true" amphetamine use for the reason just mentioned.) The lifetime figure is 6% higher than it was a year earlier (when it was 26%), while the monthly use figure is 4% higher.

The survey results indicate that an increasing proportion of all seniors now are reporting the use of stimulants for non-recreational purposes such as staying awake, losing weight, and getting more energy. (A good proportion of these pills are likely to be of the non-prescription type.) But more seniors also are indicating that they use stimulants to "get high" or to "have a good time with their friends," and more seniors now say that they are around other people using them for these purposes.

The investigators say they believe that these increases are due in large measure to a sharp rise in the promotion and sales of two types of non-controlled stimulant products—over-the-counter diet pills (which usually contain phenylpropanolamine and/or caffeine) and the "look alike" (stimulants which are manufactured to look like amphetamines, given names which sound like amphetamines, but which usually contain just caffeine). "It appears that the use of these substances is not without its dangers, so their increased use among young people should not be taken lightly," they add.

Johnston concludes, "For more than a decade now, American young people have had exceptionally high rates of illicit drug use, whether by comparison to other countries, or to earlier generations. Overall, we are now seeing encouraging movement in the direction of moderation; but the absolute numbers are still very high. By no means are all of the trends aiming downward, and the increase in stimulant use, in particular, is troubling.

Clearly the problems of youthful drug use and abuse are still a very long way from being solved in this society. "

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EDITORS: The attached tables are excerpted from Highlights from Student Drug Use in America 1975-1981 authored by L. D. Johnston, J. G. Bachman, and P. M. O'Malley and published by the National Institute on Drug Abuse (Washington, D.C.: U. S. Government Printing Office), 125 pp. forthcoming in March 1982. Single copies are available free of charge from the National Clearinghouse on Drug Abuse Information, 5600 Fishers Lane, Rockville, Maryland 20857.

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TABLE 6

## Trends in Lifetime Prevalence of Sixteen Types of Drugs

	Percent ever used							'80-'81 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	
	Approx. N = (9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	-0.8
Inhalants	NA	10.3	11.1	12.0	12.7	11.9	12.3	+0.4
<i>Inhalants Adjusted<sup>a</sup></i>	NA	NA	NA	NA	18.7	17.6	17.4	-0.2
Amyl & Butyl Nitrites <sup>b</sup>	NA	NA	NA	NA	11.1	11.1	10.1	-1.0
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	0.0
<i>Hallucinogens Adjusted<sup>c</sup></i>	NA	NA	NA	NA	18.6	15.7	15.7	0.0
LSD <sup>b</sup>	11.3	11.0	9.8	9.7	9.5	9.3	9.8	+0.5
PCP <sup>b</sup>	NA	NA	NA	NA	12.8	9.6	7.8	-1.8 <sub>ss</sub>
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	+0.8
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	0.0
Other opiates <sup>d</sup>	9.0	9.6	10.3	9.9	10.1	9.8	10.1	+0.3
Stimulants <sup>d</sup>	22.3	22.6	23.0	22.9	24.2	26.4	32.2	+5.8 <sub>ssss</sub>
Sedatives <sup>d</sup>	18.2	17.7	17.4	16.0	14.6	14.9	16.0	+1.1
Barbiturates <sup>d</sup>	16.9	16.2	15.6	13.7	11.8	11.0	11.3	+0.3
Methaqualone <sup>d</sup>	8.1	7.8	8.5	7.9	8.3	9.5	10.6	+1.1
Tranquilizers <sup>d</sup>	17.0	16.8	18.0	17.0	16.3	15.2	14.7	-0.5
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	-0.6
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	0.0

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

NA indicates data not available.

<sup>a</sup>Adjusted for underreporting of amyl and butyl nitrites (see text).

<sup>b</sup>Data based on a single questionnaire form. N is one-fifth of N indicated.

<sup>c</sup>Adjusted for underreporting of PCP (see text).

<sup>d</sup>Only drug use which was not under a doctor's orders is included here.

**TABLE 7**  
**Trends in Annual Prevalence of Sixteen Types of Drugs**

	Percent who used in last twelve months							'80-'81 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	
	Approx. N = (9400) (15400) (17100) (17800) (15500) (15900) (17500)							
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	-2.7s
Inhalants <sup>e</sup>	NA	3.0	3.7	4.1	5.4	4.6	4.1	-0.5
<i>Inhalants Adjusted<sup>a</sup></i>	NA	NA	NA	NA	9.2	7.8	6.0	-1.8
Amyl & Butyl Nitrites <sup>b</sup>	NA	NA	NA	NA	6.5	5.7	3.7	-2.0ss
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	-0.3
<i>Hallucinogens Adjusted<sup>c</sup></i>	NA	NA	NA	NA	12.8	10.6	10.1	-0.5
LSD <sup>b</sup>	7.2	6.4	5.5	6.3	6.6	6.5	6.5	0.0
PCP <sup>b</sup>	NA	NA	NA	NA	7.0	4.4	3.2	-1.2s
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	+0.1
Heroin	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.0
Other opiates <sup>d</sup>	5.7	5.7	6.4	6.0	6.2	6.3	5.9	-0.4
Stimulants <sup>d</sup>	16.2	15.8	16.3	17.1	18.3	20.8	26.0	+5.2sss
Sedatives <sup>d</sup>	11.7	10.7	10.8	9.9	9.9	10.3	10.5	+0.2
Barbiturates <sup>d</sup>	10.7	9.6	9.3	8.1	7.5	6.8	6.6	-0.2
Methaqualone <sup>d</sup>	5.1	4.7	5.2	4.9	5.9	7.2	7.6	+0.4
Tranquilizers <sup>d</sup>	10.6	10.3	10.8	9.9	9.6	8.7	8.0	-0.7
Alcohol	84.8	85.7	87.0	87.7	88.1	87.9	87.0	-0.9
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA

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

NA indicates data not available.

<sup>a</sup> Adjusted for underreporting of amyl and butyl nitrites (see text).

<sup>b</sup> Data based on a single questionnaire form. N is one-fifth of N indicated.

<sup>c</sup> Adjusted for underreporting of PCP (see text).

<sup>d</sup> Only drug use which was not under a doctor's orders is included here.

<sup>e</sup> Data based on four questionnaire forms. N is four-fifths of N indicated.



TABLE 9

## Trends in Thirty-Day Prevalence of Daily Use of Sixteen Types of Drugs

	Percent who used daily in last thirty days							'80-'81 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	
	Approx. N = (9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	-2.1sss
Inhalants	NA	0.0	0.0	0.1	0.0	0.1	0.1	0.0
<i>Inhalants Adjusted<sup>a</sup></i>	NA	NA	NA	NA	0.1	0.2	0.2	0.0
Amyl & Butyl Nitrites <sup>b</sup>	NA	NA	NA	NA	0.0	0.1	0.1	0.0
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0
<i>Hallucinogens Adjusted<sup>c</sup></i>	NA	NA	NA	NA	0.2	0.2	0.1	-0.1
LSD <sup>b</sup>	0.0	0.0	0.0	0.0	0.0	0.0	0.1	+0.1
PCP <sup>b</sup>	NA	NA	NA	NA	0.1	0.1	0.1	0.0
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	+0.1
Heroin	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other opiates <sup>d</sup>	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.0
Stimulants <sup>d</sup>	0.5	0.4	0.5	0.5	0.6	0.7	1.2	+0.5sss
Sedatives <sup>d</sup>	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.0
Barbiturates <sup>d</sup>	0.1	0.1	0.2	0.1	0.0	0.1	0.1	0.0
Methaqualone <sup>d</sup>	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Tranquilizers <sup>d</sup>	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.0
Alcohol	5.7	5.6	6.1	5.7	6.9	6.0	6.0	0.0
Cigarettes	26.9	28.8	28.8	27.5	25.4	21.3	20.3	-1.0s

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

NA indicates data not available.

<sup>a</sup>Adjusted for underreporting of amyl and butyl nitrites (see text).

<sup>b</sup>Data based on a single questionnaire form. N is one-fifth of N indicated.

<sup>c</sup>Adjusted for underreporting of PCP (see text).

<sup>d</sup>Only drug use which was not under a doctor's orders is included here.

TABLE 11  
Trends in Perceived Harmfulness of Drugs

Q. How much do you think people risk harming themselves (physically or in other ways), if they. . .	Percent saying "great risk" <sup>a</sup>							'80-'81 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	+3.0 <sub>ss</sub>
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	+4.4 <sub>sss</sub>
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	+7.2 <sub>sss</sub>
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	+1.6
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	+0.5
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	+0.8
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	+2.0
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	+0.8
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	+1.3
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	+1.3
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	-3.3 <sub>s</sub>
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	-3.0 <sub>s</sub>
Try a barbiturate once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	-2.5
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	-2.3
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	+0.8
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	+1.3
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	-1.2
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	+0.4
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	-0.4
	N = (2804)	(3225)	(3570)	(3770)	(3250)	(3234)	(3604)	

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

<sup>a</sup> Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, Drug unfamiliar.

**TABLE 12**  
**Trends in Proportions Disapproving of Drug Use**

Q. Do you disapprove of people (who are 18 or older) doing each of the following? <sup>b</sup>	Percent "disapproving" <sup>a</sup>							'80-'81 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	+1.0
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	+2.9
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	+2.8s
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	-0.9
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	+0.1
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	-1.7
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	-0.4
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	0.0
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	+0.5
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	+0.2
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	-4.3ss
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	-1.3
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	-1.5
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	-1.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	+1.2
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	+0.1
Take four or five drinks nearly every day	38.7	90.7	88.4	90.2	91.7	90.8	91.8	+1.0
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	-0.1
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	-0.9
	N = (2677)	(3234)	(3582)	(3686)	(3221)	(3261)	(3610)	

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

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

<sup>b</sup> The 1975 question asked about people who are "20 or older."