

January 12, 1988 (10)
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Illicit drug use by American high school seniors, college students and young adults continued to decline in 1987, but U-M researchers say U.S. usage still highest in industrialized world.

FOR RELEASE 9:30 A.M. WEDNESDAY JANUARY 13, 1988

EDITORS: Details of annual drug survey are in attached statement.

WASHINGTON, D.C.—The first substantial decline in cocaine use among American high school seniors, college students and young adults was detected in the 1987 drug survey conducted by researchers at The University of Michigan's Institute for Social Research (ISR).

Social psychologists Lloyd D. Johnston, Jerald G. Bachman and Patrick M. O'Malley cautioned that although overall drug usage among young people continued a trend of gradual decline last year, the United States still has the highest rates among the world's industrialized nations.

Even with the modest improvement in the cocaine situation and other cooling of what they call "the unhealthy romance between many of America's young people and illicit drugs," the U-M researchers insist that "we have come only part way down from a very high mountain, and to a considerable degree that is true of the drug problem in general."

Over half (57 percent) of last year's high school seniors still had tried an illicit drug, and over a third had tried an illicit drug other than marijuana.

The survey found little change in the use of LSD, heroin or other opiates, and there was some evidence of a continuing gradual increase in the use of inhalants.

The use of alcohol was little changed and cigarette smoking—which the researchers say will take the lives of more young people than all other drugs combined—has not dropped among high school seniors since 1984.

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(ISR;Johnston;Bachman;O'Malley)(R1a/R1b/R2a/R2b/R3/ISRa/ISRb/ISRc/RTspa/
RTspb/Ed1/Ed2a/Ed2b/Ed3/X1a/X2a/X9/)[0481]

SUMMARY OF 1987 DRUG STUDY RESULTS

(MEDIA STATEMENT delivered by Dr. Lloyd D. Johnston of The University of Michigan at a national news conference in the Washington, D.C offices of the Secretary of Health and Human Services, made in conjunction with a statement by HHS Secretary Otis Bowen, 9:30 a.m. Wednesday, January 13, 1988.)

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We are pleased to be able to report that the unhealthy romance between many of America's young people and illicit drugs continued to cool in 1987.

Clearly the most important part of the story is that, for the first time in eight years, cocaine showed a significant drop in use. Cocaine—one of the most seductive of the illicit drugs, one of the most dangerous, one of the most addicting—has also been among the most widely used by American young people.

In recent years cocaine ranked second only to marijuana in active use among both high school seniors and young adults. In fact, the proportion of high school graduates reporting some experience with cocaine by age 27 reached as high as 40 percent. After it had remained at peak levels in these age groups for seven years, there occurred in 1987 a drop of about one-fifth in the annual usage statistics observed among American high school students, American college students, and young adults generally.

It also appears that the worrisome crack epidemic of 1986, which had seemed poised to explode into a much greater health menace, leveled out by 1987—at least among these populations. Unfortunately we do not have measures for the 15-20 percent of an age group who do not finish high school. Certainly in some cities the crack epidemic is particularly serious in this part of the population.

What does all of this mean in terms of numbers? It still means that about one in every six or seven high school seniors has tried cocaine (15.2%) and one in 18 (5.6%) has tried crack cocaine specifically. Among high school graduates in their late twenties today, it means that nearly four in 10 (39%) have tried cocaine and one in 15 (6.7%) has tried crack specifically.

These findings all derive from the 13th annual survey in this series, entitled Monitoring the Future. The study is conducted by The University of Michigan's Institute for Social Research by three social psychologists---Lloyd D. Johnston, Jerald G. Bachman, and Patrick M. O'Malley---and is funded by the National Institute on Drug Abuse.

Like all of the previous surveys in the series, this one has a nationally representative sample of some 16,000 seniors in about 130 public and private high schools nationwide. We are also reporting on results of the 1987 follow-up survey of approximately 10,000 graduates from the classes of 1975 through 1986. The follow-up surveys, which are conducted by mail, yield a nationally representative sample of all high school graduates aged 19 to 29 including college students. (The study has contained a national sample of about 1,100 college students each year since 1980.) Thus, today we will be discussing trends for American high school students, college students, and young adults generally up to age 29.

America's drug epidemic is, in fact, composed of many drug-specific epidemics, and these have not all risen and fallen in unison. During the early 1970s the use of most illicit drugs was rising among America's young people. But by the mid-seventies, some---like nonmedical use of tranquilizers and barbiturates---began what was to be a long and gradual decline in use. Others reached their peak levels in subsequent years and then began to decline as well, including: marijuana in 1978; PCP in 1979; LSD in 1980; and amphetamines in 1982.

But it was not until 1987 when the latest and perhaps most troublesome drug---cocaine---gave evidence of beginning to turn downward.

The cocaine epidemic has been particularly troublesome for two reasons. First, cocaine has proven to be highly addictive, and otherwise dangerous for the user. In fact, it has become appreciably more addictive and dangerous with the emergence of crack in the last couple of years. Second, a great many young Americans have been putting themselves at risk by trying cocaine---up to 40 percent of young people reaching their late twenties in the past few years have tried cocaine.

After increasing sharply in popularity among young adults and adolescents in the latter half of the seventies, cocaine use remained relatively stable in these age groups for the next seven years (1979-86); and this was despite expanded efforts at all levels of government to cut off the supply of the drug. (See attached figure.) The increase in availability and drop in price during the period surely helped sustain the epidemic; and they certainly helped to demonstrate that supply control efforts alone are not enough to control a drug epidemic. Demand must be reduced or the lure of great profits simply continues to attract new suppliers.

In 1987 we observed the first drop in demand for cocaine among adolescents and young adults. For example, the number of high school seniors reporting cocaine use in the year prior to the survey fell by one-fifth between 1986 and 1987 (from 12.7% to 10.3%). The same occurred among American young adults (high school graduates) aged 19 to 29---in this case a drop from 20 to 16 percent. Among college students specifically, the drop was from 17 to 14 percent. In all cases, these changes are statistically significant.

This turnaround may have a number of determinants, but certainly one has been a dramatic increase in the number of young people who believe that using the drug, even experimentally, is dangerous. Among high school seniors, for example, the number who saw "great risk" associated with trying cocaine once or twice jumped from 34 percent in 1986 to 48 percent in 1987. The corresponding one-year shift in regard to the dangers of occasional use was from 54 to 67 percent.

For a full eight years prior to 1986, there had been virtually no change in the perceived risks of experimenting with cocaine, so this shift was a sudden and dramatic one. Undoubtedly the tragic deaths from cocaine use of sports stars Len Bias and Don Rogers served to get the attention of many young Americans. The message was clear: no one is invincible, not even those who would seem the most likely to be.

But much more was happening during this historical period. The media and many national leaders were drawing public attention to the drug problem and to the hazards of drugs, particularly crack. And these events, in combination, appeared to make an impression on our young people. There was an increase across all of the illegal drugs in the proportions of seniors who see them as carrying great risks for their users.

Personal attitudes and peer norms are changing as well, with a significant increase for every illicit drug in the proportion of seniors who say they disapprove of its use. In fact, in 1987, 87 percent of seniors disapproved of even trying cocaine, a 7 percent jump in one year. Fully 97 percent disapprove of regular cocaine use.

Why do we think that the downturn in cocaine use represents a change in demand? Well, first, we have seen that the fundamental beliefs and attitudes among young Americans about this drug have changed appreciably. But, second, there has been no downturn in the perceived availability of cocaine by seniors; if anything, it is perceived as more available in the last couple of years. Further, we know from DEA figures that, in general, the price has dropped and purity has risen in the 1980s. None of these facts would suggest a reduced supply; therefore it must be the demand which has declined.

Ever since 1978 we have been reporting a decline in marijuana use—indeed, a very appreciable one in terms of daily use—and it appears that much or all of that change reflected a drop in demand as well. In fact, the proportion of seniors who felt that regular marijuana use carried a great risk more than doubled, from 35 to 74 percent, as actual daily use fell by more than two-thirds (from 10.7% in 1978 to 3.3% in 1987). As with cocaine, there was practically no decrease in the perceived availability of marijuana over that interval.

Our evidence on trends in crack use is more inferential than for all other drugs, because we have not had questions about it for as many years. But from the data we have on the proportion of seniors smoking cocaine—which is what most crack users report as their mode of ingestion—we have seen evidence of a rapid spread in crack use between 1983 and 1986. In 1987 there was a slight decline in this statistic for the first time, suggesting either a leveling or slight decline in the use of crack.

We also looked to see how widely crack had spread from the very large cities to other communities. Last year we reported that half of the schools in the sample had evidence of crack having been used by at least some of their students. In 1987 the proportion rose to 75 percent of all schools. Clearly there has been a rapid diffusion of this drug, but we believe that the very extensive media coverage of its hazards helped to put a cap on this epidemic far more quickly than we have seen for any of the other drugs.

To summarize the "good news" part of the story, we have found continuing declines in 1987 in the use of marijuana, stimulants, sedatives, and methaqualone specifically, in all three populations—high school seniors, college students, and young adults generally. Most importantly, we have seen the first substantial decline in cocaine use in these populations. Changing attitudes about the hazards of these drugs and changing norms appear to have played an important role in the declines.

Despite the good news, I want to conclude on a cautionary note. First, there was little change observed in the use of LSD, heroin or opiates other than heroin; and there was some evidence of a continuing gradual increase in the use of inhalants. Second, the improvement in the cocaine situation is modest. We have come only part way down from a very high mountain, and to a considerable degree that is true of the drug problem in general.

Over half (57%) of last year's seniors still have tried an illicit drug, and over a third (36%) have tried an illicit drug other than marijuana. Four in every 10 (42%) had used an illicit drug in just the past year and one quarter (24%) used something other than marijuana.

These clearly remain the highest rates of illicit drug use of any country in the industrialized world. And as our long parade of popular drugs suggests, there likely will be more to come. This means that we must be consistent and sustained in our efforts both to lower these rates and to prepare our young people to deal with new drug problems as they arise.

Finally, regarding the important licit drugs covered in the study, we have seen no further decline in the use of alcohol in the past three years, although there had been some drop for several prior years. Nearly all high school seniors (92%) have had experience with alcohol and two-thirds (66%) are current users (i.e., have used in the past 30 days). About 5 percent are daily drinkers and most important, perhaps, is that nearly 40 percent (37.5%) report at least one occasion of heavy drinking in the past two weeks---that is, an occasion in which they had five or more drinks in a row. None of these figures has shown any improvement in the past three years.

Cigarette smoking---the substance-using behavior that will take the lives of more of these young people than all of the others combined---has not dropped among high school seniors since 1984. Nearly a fifth (18.7%) of them are already daily smokers by the time they leave high school and more will convert from occasional to regular smoking in the years following high school. (Note that these statistics do not include high school dropouts, the majority of whom smoke.)

Most of these young people begin smoking by age 13, and their pattern of smoking in adolescence is highly predictive of their smoking behavior throughout adulthood. I think we need to ask why, in an era in which the hazards of smoking are widely recognized and the norms regarding smoking are continuing to become more negative, the smoking rate among our young people is not falling. It is an important question, with literally hundreds of thousands of our children's lives hanging in the balance.

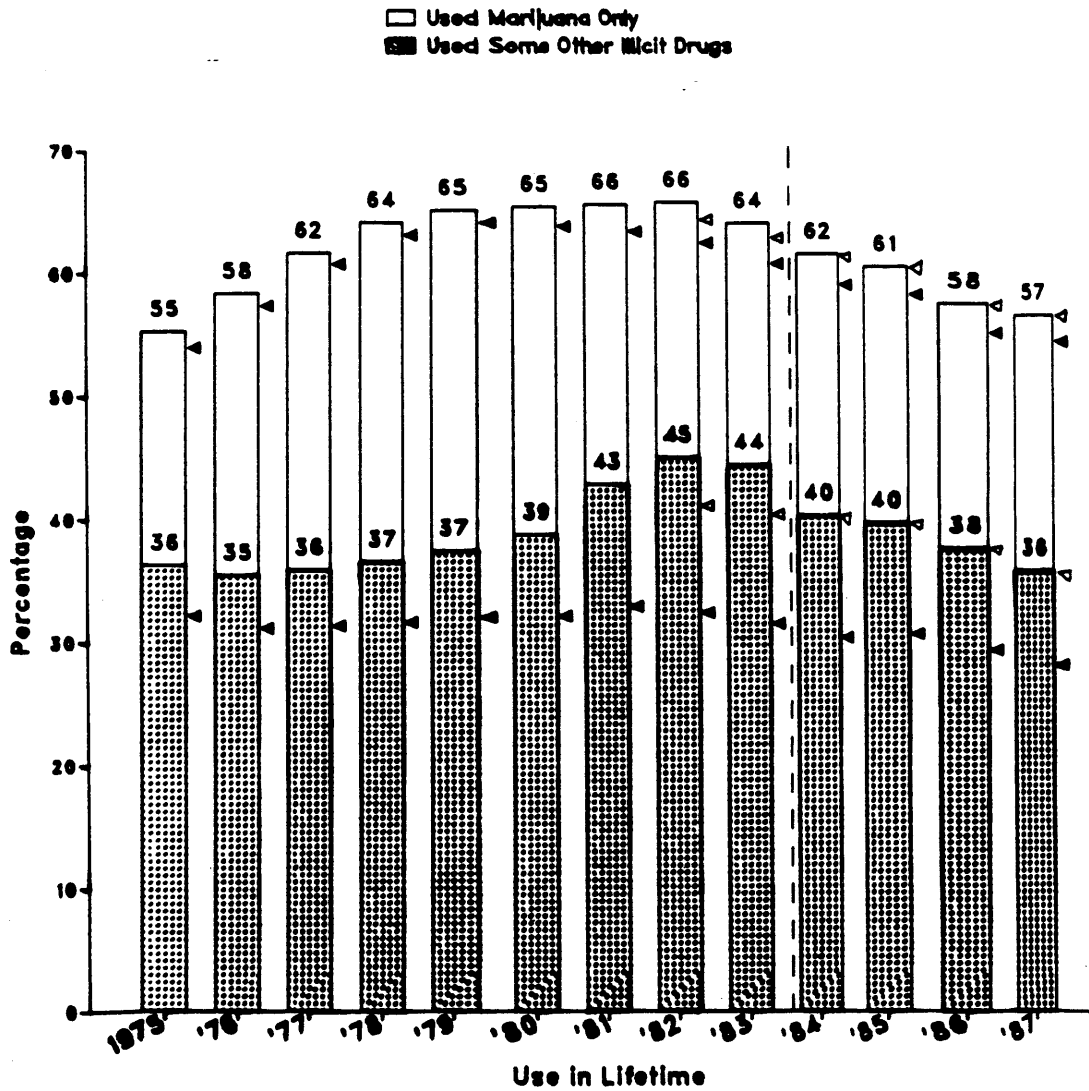
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NOTE: The following tables and figures are taken from the following monograph, now in preparation, which will be published later this year by the National Institute on Drug Abuse: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. "Illicit Drug Use, Smoking, and Drinking by America's High School Students, College Students, and Young Adults, 1975-1987."

FIGURE 1

Trends in Lifetime Prevalence of an Illicit Drug Use Index

All Seniors



NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

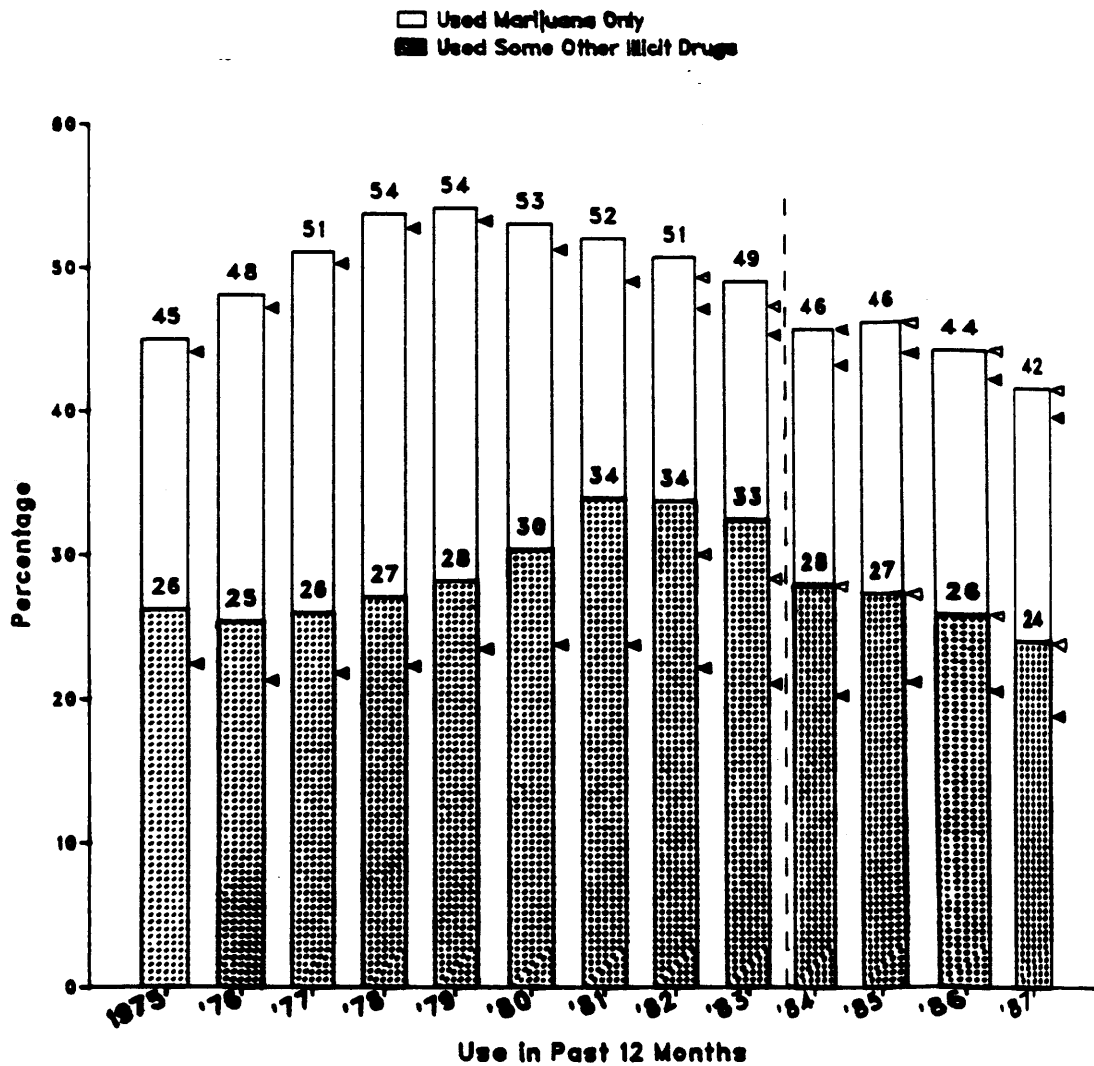
◀ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." ◁ shows the percentage which results if only non-prescription stimulants are excluded.

The dashed vertical line indicates that after 1983 the shaded and open bars are defined by using the amphetamine questions which were revised to exclude non-prescription stimulants from the definition of "illicit drugs."

FIGURE 2

Trends in Annual Prevalence of an Illicit Drug Use Index

All Seniors



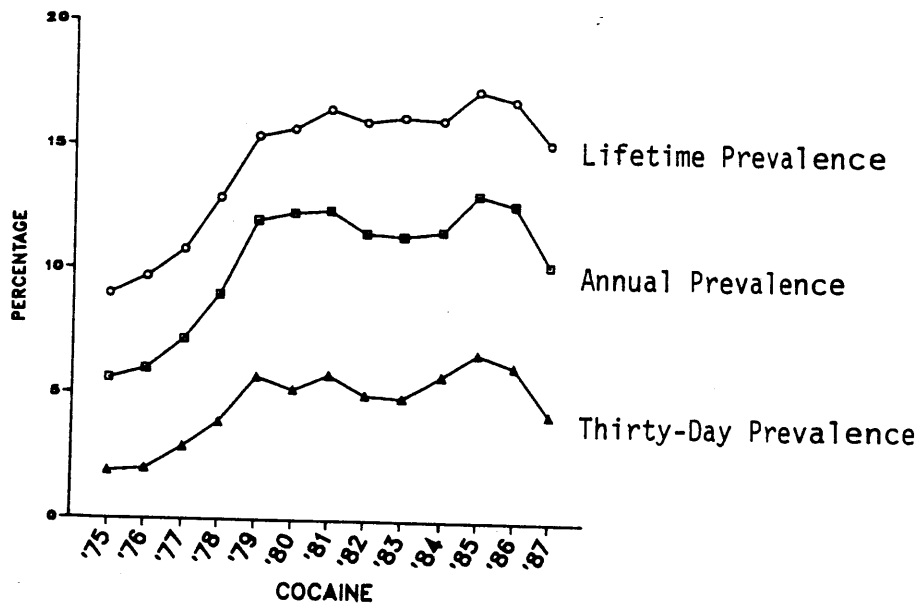
NOTES: Use of "some other illicit drugs" includes any use of hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, sedatives, or tranquilizers.

◀ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." ◁ shows the percentage which results if only non-prescription stimulants are excluded.

The dashed vertical line indicates that after 1983 the shaded and open bars are defined by using the amphetamine questions which were revised to exclude non-prescription stimulants from the definition of "illicit drugs."

FIGURE 3

**Trends in Lifetime, Annual, and Thirty-Day Prevalence of Cocaine
All Seniors**



**Trends in Lifetime, Annual, and Thirty-Day Prevalence of Cocaine
All Seniors**

	'75	'76	'77	'78	'79	'80	'81	'82	'83	'84	'85	'86	'87
Lifetime	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2
Annual	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3
Thirty-Day	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3

TABLE 7
Trends in Lifetime Prevalence of Sixteen Types of Drugs

	Percent ever used													'86-'87 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	-0.7
Inhalants ^a	NA	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	+1.1
<i>Inhalants Adjusted^b</i>	NA	NA	NA	NA	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	-1.5
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	-3.9sss
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	+0.6
<i>Hallucinogens Adjusted^d</i>	NA	NA	NA	NA	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	-1.3s
LSD ^{c,h}	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	+1.2s
PCP ^{c,h}	NA	NA	NA	NA	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	-1.8ss
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	-1.7s
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.6	NA
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.0	NA
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	+0.1
Other opiates ^e	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	+0.2
Stimulants ^e	22.3	22.6	23.0	22.9	24.2	26.4	32.2	35.6	35.4	NA	NA	NA	NA	NA
<i>Stimulants Adjusted^{e,f}</i>	NA	NA	NA	NA	NA	NA	NA	27.9	26.9	27.9	26.2	23.4	21.6	-1.8s
Sedatives ^e	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	-1.7ss
Barbiturates ^e	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	-1.0
Methaqualone ^e	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	-1.2ss
Tranquilizers ^e	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	0.0
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	+0.9
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	-0.4

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

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on two questionnaire forms. N is two-fifths of N indicated.

^hQuestion text changed slightly in 1987.

TABLE 8
Trends in Annual Prevalence of Seventeen Types of Drugs

Percent who used in last twelve months

	Class of <u>1975</u>	Class of <u>1976</u>	Class of <u>1977</u>	Class of <u>1978</u>	Class of <u>1979</u>	Class of <u>1980</u>	Class of <u>1981</u>	Class of <u>1982</u>	Class of <u>1983</u>	Class of <u>1984</u>	Class of <u>1985</u>	Class of <u>1986</u>	Class of <u>1987</u>	'86-'87 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	-2.5s
Inhalants ^a	NA	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	+0.8
<i>Inhalants Adjusted^b</i>	NA	NA	NA	NA	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	-0.8
Amyl & Butyl Nitrites ^{c,h}	NA	NA	NA	NA	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	-2.1sss
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	+0.4
<i>Hallucinogens Adjusted^d</i>	NA	NA	NA	NA	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	-0.9
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	+0.7
PCP ^{c,h}	NA	NA	NA	NA	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	-1.1ss
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	-2.4sss
"Crack" ^g	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.0	NA
Other cocaine ^c	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.8	NA
Heroin	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.0
Other opiates ^e	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	+0.1
Stimulants ^e	16.2	15.8	16.3	17.1	18.3	20.8	26.0	26.1	24.6	NA	NA	NA	NA	NA
<i>Stimulants Adjusted^{e,f}</i>	NA	NA	NA	NA	NA	NA	NA	20.3	17.9	17.7	15.8	13.4	12.2	-1.2
Sedatives ^e	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	-1.1ss
Barbiturates ^e	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	-0.6
Methaqualone ^e	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	-0.6s
Tranquilizers ^e	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	-0.3
Alcohol	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	+1.2
Cigarettes	NA	NA	NA	NA	NA	NA	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.

^aData based on four questionnaire forms. N is four-fifths of N indicated.

^bAdjusted for underreporting of amyl and butyl nitrites. See text for details.

^cData based on a single questionnaire form. N is one-fifth of N indicated.

^dAdjusted for underreporting of PCP. See text for details.

^eOnly drug use which was not under a doctor's orders is included here.

^fBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

^gData based on a single questionnaire form in 1986, N is one-fifth of N indicated; data based on two questionnaire forms in 1987, N is two-fifths of N indicated.

^hQuestion text changed slightly in 1987.

TABLE 15

Trends in Perceived Harmfulness of Drugs

Percentage saying "great risk"^a

Q. How much do you think people risk harming themselves (physically or in other ways), if they . . .	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	'86 - '87 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	+ 3.3 _{ss}
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	+ 5.4 _{sss}
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	+ 2.2
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	+ 2.9
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	+ 1.2
Try PCP once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	55.6	NA
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	+ 14.4 _{sss}
Take cocaine occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54.2	66.8	+ 12.6 _{sss}
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	+ 6.3 _{sss}
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	+ 7.8 _{sss}
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	+ 6.4 _{sss}
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	+ 1.6
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	+ 4.0 _{ss}
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	+ 2.1
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	+ 5.5 _{sss}
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	+ 2.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	+ 1.6 _s
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	+ 1.1
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	+ 3.2 _s
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	+ 2.8
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	+ 2.6
Approx. N =	(2804)	(2918)	(3052)	(3770)	(3250)	(3234)	(3604)	(3557)	(3305)	(3262)	(3250)	(3020)	(3315)	

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

^aAnswer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

TABLE 24

**Trends in Annual Prevalence of Thirteen Types of Drugs
Among Follow-Up Respondents 1-10 Years Beyond High School**

	<u>Percent who used in last twelve months</u>		<u>'86-'87 change</u>
	<u>1986</u>	<u>1987</u>	
Approx. Wtd. N =	(6860)	(6840)	
Marijuana	36.5	34.8	-1.7s
LSD	3.0	2.8	-0.2
Cocaine	19.7	15.7	-4.0sss
"Crack" ^b	NA	3.1	NA
Heroin	0.2	0.2	0.0
Other Opiates ^a	3.1	3.0	-0.1
Stimulants, Adjusted ^{a,c}	10.6	8.7	-1.9sss
Sedatives ^a	3.1	2.5	-0.6s
Barbiturates ^a	2.3	2.1	-0.2
Methaqualone ^a	1.3	0.9	-0.4s
Tranquilizers ^a	5.3	5.1	-0.2
Alcohol	88.6	89.4	+0.8
Cigarettes	NA	NA	NA

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

^aOnly drug use which was not under a doctor's orders is included here.

^bThis drug was asked about in only two of the five questionnaire forms. N is two-fifths of N indicated.

^cBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 28

**Trends in Annual Prevalence of Thirteen Types of Drugs
Among College Students 1-4 Years Beyond High School**

	Percent who used in last twelve months								'86 - '87 change
	1980	1981	1982	1983	1984	1985	1986	1987	
Approx. Wtd. N =	(1040)	(1130)	(1150)	(1170)	(1110)	(1080)	(1190)	(1220)	
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	- 3.9s
LSD	6.1	4.6	6.3	4.2	3.7	2.2	3.9	4.0	+ 0.1
Cocaine	16.9	15.9	17.2	17.2	16.4	17.3	17.1	13.7	- 3.4s
"Crack" ^b	NA	NA	NA	NA	NA	NA	NA	2.0	NA
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	+ 0.1
Other Opiates ^a	5.1	4.4	3.8	3.8	3.8	2.4	4.0	3.1	- 0.9
Stimulants ^a	22.4	22.2	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted ^{a,c}	NA	NA	21.1	17.3	15.8	11.9	10.3	7.2	- 3.1ss
Sedatives ^a	8.3	7.9	8.0	4.5	3.4	2.5	2.6	1.7	- 0.9
Barbiturates ^a	2.9	2.8	3.2	2.2	1.9	1.3	2.1	1.2	- 0.9
Methaqualone ^a	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	- 0.4
Tranquilizers ^a	6.9	4.8	4.7	4.6	3.5	3.5	4.4	3.8	- 0.6
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	- 0.6
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

^aOnly drug use which was not under a doctor's orders is included here.

^bThis drug was asked about in only two of the five questionnaire forms. N is two-fifths of N indicated.

^cBased on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.