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Monitoring the Future Study Annual Report

National Survey Results on Drug Use, 1975–2025: Overview and detailed results for secondary school students

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MONITORING THE FUTURE
NATIONAL SURVEY RESULTS ON DRUG USE, 1975–2025:
OVERVIEW AND DETAILED RESULTS FOR SECONDARY SCHOOL
STUDENTS

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Abbreviated Content

Click on any item below to go directly to that page.

<i>CHAPTER 1 – Introduction</i>	22
<i>CHAPTER 2 – Overview of Key Findings in 2025</i>	32
<i>CHAPTER 3 – Study Design and Procedures</i>	37
<i>CHAPTER 4 – Drug Use in 2025: Current Prevalence by Demographic Groups</i>	54
<i>CHAPTER 5 – Trends in Substance Use</i>	80
<i>CHAPTER 6 – Initiation and Noncontinuation: Prevalence and Trends</i>	117
<i>CHAPTER 7 – Intensity of Drug Use</i>	149
<i>CHAPTER 8 – Attitudes and Beliefs About Drug Use</i>	174
<i>CHAPTER 9 – The Social Context</i>	244
<i>CHAPTER 10 – Study Publications</i>	307
<i>Appendix A – Prevalence and Trend Estimates Adjusted for Absentees and Dropouts</i>	329
<i>Appendix B – Definition of Background and Demographic Subgroups</i>	339
<i>Appendix C – Trends in Drug Use for Three Grades Combined</i>	343
<i>Appendix D – Trend Tables for All Substances 1975–2025</i>	358
<i>Appendix E – Updates to Survey Question Text on Prescription Drugs in 2024</i>	499

Detailed Content

Click on any item below to go directly to that page.

<i>CHAPTER 1 – Introduction</i>	22
Content Areas Covered	23
Drug Classes	23
Attitudes, Beliefs, and Early Experiences	24
Over the Counter Substances	25
Cumulative Lifetime Daily Cannabis Use	25
Trends in Use of Specific Alcoholic Beverages	25
Prescription Drugs	25
Synopsis of Other MTF Publications	25
Appendices	25
Purposes and Rationale for This Research	26
<i>CHAPTER 2 – Overview of Key Findings in 2025</i>	32
Executive Summary	33
Drug Abstinence At Record Levels in 2025, Further Increasing the Substantial Gains That Took Place During the Pandemic	33
Use of Nicotine Pouches (e.g., “Zyn”) Continues Its Upward Trend Among High School Students in 2025	34
Three Most Common Substances Used by Students in 2025 Show No Sign of Post-Pandemic Rebound	34
Adolescent Use of Cocaine and Heroin Increase	35
<i>CHAPTER 3 – Study Design and Procedures</i>	37
Sampling Procedures	37
The Three-Stage Stratified Sampling Design From 1975–2023	38
Number of Years in the MTF Study	39
Post-Stratification	39
School Size	39
School Recruiting Procedures and Survey Administration	39
Pre-Administration Arrangements	40
Questionnaire Administration	41
Questionnaire Organization and Format	41
Electronic Survey Mode	41

Multiple Questionnaire Forms	42
Number of Questionnaire Forms by Grade.....	42
Questionnaire Length and Difficulty by Grade.....	43
Procedures for Assuring Voluntary Participation and Protection of Confidentiality.....	44
Transition From Paper-and-Pencil to Electronic Questionnaires.....	44
2019 Estimates	44
2020 Estimates	45
2021 Estimates and Beyond	45
Representativeness and Sample Accuracy.....	46
Sampling Accuracy of the Estimates	47
Validity of Measures of Self-Reported Drug Use	48
Consistence and Measurement of Trends	50
CHAPTER 4 – Drug Use in 2025: Current Prevalence by Demographic Groups _____	54
Sex Differences.....	54
Racial/Ethnic Differences	55
Differences Related to College Plans	56
Regional Differences.....	58
Differences Related to Population Density	59
Differences Related to Parental Education	59
CHAPTER 5 – Trends in Substance Use _____	80
Trends in Adolescent Drug Use Since the Covid-19 Pandemic	80
Three Major Themes in Drug Trends From 1975–2025	81
Trends in Prevalence of Use, 1975–2025	82
Abstainers.....	82
Adderall	83
ADHD Either Type.....	83
ADHD Non-Stimulant.....	83
ADHD Stimulant.....	83
Alcohol.....	84
Alcohol With Caffeine.....	84

Androstenedione.....	85
Any Illicit Drug	85
Any Illicit Drug Including Inhalants.....	86
Any Illicit Drug Other Than Cannabis	87
Any Nicotine Use	88
Any Nicotine Use Other Than Vaping.....	88
Any Prescription Drug	89
Bath Salts	90
Been Drunk.....	90
Beer	90
Bidis	91
Cannabis	91
Cannabis Products Made From Hemp	91
Cigarettes	92
Cigarillos (Small Cigars)	93
Cocaine	93
Cocaine Other Than Crack.....	94
Crack.....	94
Creatine	95
Crystal Methamphetamine	95
Diet Pills.....	95
Dissolvable Tobacco	96
Ecstasy (MDMA).....	96
Energy Drinks or Shots	97
Energy Drinks.....	97
Energy Shots.....	97
Fentanyl.....	97
Flavored Alcoholic Beverages.....	98
Flavored Little Cigars	98
GHB.....	98
Hallucinogens	98
Hallucinogens Other Than LSD	99
Heroin	99
Heroin With a Needle.....	100
Heroin Without a Needle	100
Inhalants.....	100
JUUL.....	101
Ketamine	102

Kreteks.....	102
Large Cigars	102
Liquor.....	103
Look-Alike Pills.....	103
LSD	103
Medical Cannabis	104
Metatine.....	104
Methamphetamine	104
Methaqualone	104
Nicotine Pouches.....	105
Nitrites	105
Over the Counter Cough/Cold Medicine.....	105
OxyContin	106
PCP.....	106
Powdered Alcohol	107
Prescription Anti-Anxiety Medications	107
Prescription Opioids	108
Prescription Sleeping Medications.....	109
Prescription Stimulants	109
Prescription Weight Loss Drugs (Not Prescribed)	110
Prescription Weight Loss Drugs (Prescribed)	110
Provigil	110
Regular Small Cigars	110
Ritalin.....	110
Rohypnol.....	111
Salvia.....	111
Smokeless Tobacco	111
Snus	112
Stay Awake Pills	112
Steroids.....	113
Synthetic Cannabis	113
Tobacco With Hookah	113
Vaping Cannabis	114
Vaping Flavored Cannabis	114
Vaping Flavoring.....	114
Vaping Flavoring Without Nicotine	115
Vaping Nicotine (E-cigarettes).....	115
Vicodin.....	115

Wine	115
<i>CHAPTER 6 – Initiation and Noncontinuation: Prevalence and Trends</i> _____	<i>117</i>
Substance Use Initiation	117
Incidence of Use by Grade Level	118
Trends in Lifetime Prevalence at Earlier Grade Levels	120
Drugs No Longer Annually Tracked for Initiation Due to Low Levels of Use	124
Trends in Noncontinuation Rates	124
Implications of Noncontinuation for Prevention	127
<i>CHAPTER 7 – Intensity of Drug Use</i> _____	<i>149</i>
Frequency of Lifetime, Annual, and 30-Day Use	149
Prevalence of Current Daily Use	150
Degree and Duration of Highs Among 12 th Graders in 2025	151
Trends in the Degree and Duration of Drug Highs	152
<i>CHAPTER 8 – Attitudes and Beliefs About Drug Use</i> _____	<i>174</i>
Trends and the Year 2019	175
Perceived Harmfulness of Drug Use in 2025	176
Beliefs About Harmfulness Among 12 th Graders	176
Risk From Regular Use	176
Risk From Experimental Use	177
Beliefs About Harmfulness Among 8 th and 10 th Graders	177
Trends in Perceived Harmfulness of Drug Use Through 2025	178
12 th Grade Students	178
8 th and 10 th Grade Students	187
Personal Disapproval of Drug Use in 2025	190
Extent of Disapproval Among 12 th Graders	190
Extent of Disapproval Among 8 th and 10 th Graders	191
Trends in Disapproval of Drug Use Through 2025	192
12 th Grade Students	192

8 th and 10 th Grade Students	195
The Legal Status of Cannabis.....	198
<i>CHAPTER 9 – The Social Context</i>	244
Perceived Attitudes of Friends	244
Trends in Perceptions of Friends’ Attitudes	245
Perceived Use of Drugs by Friends.....	247
Friends’ Use of Drugs in 2025.....	248
Trends In Perceived Use of Drugs by Friends.....	248
Trends for 12 th Grade Students.....	249
Trends for 8 th and 10 th Grade Students.....	251
Implications for Validity of Self-Reported Usage Questions.....	252
Perceived Availability of Drugs.....	252
Perceived Availability of Drugs: All Grades	253
Trends in Perceived Availability for All Grades	255
The Importance of Supply Reduction Versus Demand Reduction	262
<i>CHAPTER 10 – Study Publications</i>	307
<i>Appendix A – Prevalence and Trend Estimates Adjusted for Absentees and Dropouts</i>	329
Corrections for 8 th and 10 th Grades.....	330
The Effects of Missing Absentees.....	330
The Effects of Missing Dropouts	331
Drug Prevalence Estimates Taking Into Account Absentees and Dropouts	332
Effects of Omitting Dropouts on Trend Estimates	333
Examples of Trend Estimates for Two Drugs	334
Summary and Conclusions	335
<i>Appendix B – Definition of Background and Demographic Subgroups</i>	339
<i>Appendix C – Trends in Drug Use for Three Grades Combined</i>	343
<i>Appendix D – Trend Tables for All Substances 1975–2025</i>	358
<i>Appendix E – Updates to Survey Question Text on Prescription Drugs in 2024</i>	499

List of Tables

Click on any item below to go directly to that page.

TABLE 1-1: Added and Deleted Prevalence of Use Questions for 8th, 10th, and 12th Graders	30
TABLE 2-1: Demographic Distribution of MTF Sample 8th, 10th, and 12th Graders, 2025	36
TABLE 3-1: Sample Sizes and Response Rates	51
TABLE 3-2: Percentage of MTF Strata With at Least One School Surveyed by Year	53
TABLE 4-1: Lifetime Prevalence of Use of Various Drugs by Subgroups for 8th, 10th, and 12th Graders, 2025	61
TABLE 4-2: Annual Prevalence of Use of Various Drugs by Subgroups for 8th, 10th, and 12th Graders, 2025	62
TABLE 4-3: Thirty-Day Prevalence of Use of Various Drugs by Subgroups for 8th, 10th, and 12th Graders, 2025.....	63
TABLE 4-4: Thirty-Day Prevalence of Daily Use of Various Drugs by Subgroups for 8th, 10th, and 12th Graders, 2025.....	64
TABLE 6-1: Incidence of Use of Various Drugs by Grade for 8th Graders, 2025	128
TABLE 6-2: Incidence of Use of Various Drugs by Grade for 10th Graders, 2025	129
TABLE 6-3: Incidence of Use of Various Drugs by Grade for 12th Graders, 2025	130
TABLE 6-4: Incidence of Use of Various Drugs: A Comparison of Responses from 8th, 10th, and 12th Graders, 2025.....	131
TABLE 6-5a: Trends in Noncontinuation Rates among 12th Graders Who Ever Used Drug in Lifetime	132
TABLE 6-5b: Trends in Noncontinuation Rates among 12th Graders Who Used Drug 10 or More Times in Lifetime	135
TABLE 7-1a: Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day for 8th, 10th, and 12th Graders, 2025.....	155
TABLE 7-1b: Frequency of Occasions of Heavy Drinking, for 8th, 10th, and 12th Graders, 2025.....	162
TABLE 7-1c: Frequency of Use for Selected Tobacco and Vaping Outcomes for 8th, 10th, and 12th Graders, 2025	163

TABLE 7-1d: Frequency of Days Used in the Past 30 Days for Various Tobacco and Other Substances for 8th, 10th, and 12th Graders, 2025	166
TABLE 7-1e: Frequency of Use Per Day for Energy Drinks and Energy Shots for 8th, 10th, and 12th Graders, 2025	167
TABLE 7-2: CANNABIS Trends in Degree and Duration of Feeling High in Grade 12	168
TABLE 7-3: ALCOHOL Trends in Degree and Duration of Feeling High in Grade 12.....	171
TABLE 8-1: Trends in Harmfulness of Drugs as Perceived by 8th Graders.....	200
TABLE 8-2: Trends in Harmfulness of Drugs as Perceived by 10th Graders.....	205
TABLE 8-3: Trends in Harmfulness of Drugs as Perceived by 12th Graders.....	210
TABLE 8-4: Trends in Disapproval of Drug Use in Grade 8.....	217
TABLE 8-5: Trends in Disapproval of Drug Use in Grade 10.....	220
TABLE 8-6: Trends in Disapproval of Drug Use in Grade 12	223
TABLE 9-1: Trends in Friends Disapproving for 12th Graders	264
TABLE 9-2: Trends in Friends' Use of Drugs as Estimated by 8th Graders	267
TABLE 9-3: Trends in Friends' Use of Drugs as Estimated by 10th Graders	270
TABLE 9-4: Trends in Friends' Use of Drugs as Estimated by 12th Graders	273
TABLE 9-5: Trends in Availability of Drugs as Perceived by 8th Graders	280
TABLE 9-6: Trends in Availability of Drugs as Perceived by 10th Graders	283
TABLE 9-7: Trends in Availability of Drugs as Perceived by 12th Graders	286
TABLE A-1: Estimated Prevalence Levels for Selected Drug Outcomes in 2024, Based on Data from Monitoring the Future and the National Survey on Drug Use and Health	336
TABLE C-1: Trends in Lifetime Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined	344
TABLE C-2: Trends in Annual Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined	347
TABLE C-3: Trends in 30-Day Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined	350

TABLE C-4: Trends in Daily Prevalence of Use of Selected Drugs and Heavy Use of Alcohol and Tobacco for Grades 8, 10, and 12 Combined	353
TABLE D-1: ANY ILLICIT DRUG: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	360
TABLE D-2: ANY ILLICIT DRUG OTHER THAN CANNABIS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	363
TABLE D-3: ANY ILLICIT DRUG INCLUDING INHALANTS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	365
TABLE D-4: ABSTAINERS: Trends in Lifetime and 30-Day Abstention from Cannabis, Alcohol, and Nicotine in Grades 8, 10, and 12	367
TABLE D-5: CANNABIS: Trends in Use over Various Prevalence Periods in Grades 8, 10, and 12	369
TABLE D-6: CANNABIS USE UNDER A DOCTOR'S ORDERS: Trends in Lifetime Prevalence of Use in Grades 8, 10, and 12.....	371
TABLE D-7: CANNABIS PRODUCTS MADE FROM HEMP: Trends in Annual and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	372
TABLE D-8: HASH OIL: Trends in Annual Prevalence of Use in Grade 12	373
TABLE D-9: INHALANTS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	374
TABLE D-10: WHIPPETS: Trends in Annual Prevalence of Use in Grade 12	376
TABLE D-11: HALLUCINOGENS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	377
TABLE D-12: LSD: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	379
TABLE D-13: HALLUCINOGENS OTHER THAN LSD: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	381
TABLE D-14: PCP: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12	383
TABLE D-15: MDMA (ECSTASY, MOLLY): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	385
TABLE D-16: COCAINE: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	387

TABLE D-17: CRACK: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	389
TABLE D-18: HEROIN: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	391
TABLE D-19: PRESCRIPTION OPIOID DRUGS (NOT PRESCRIBED): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12	393
TABLE D-20: OXYCONTIN (NOT PRESCRIBED): Trends in Annual Prevalence of Use in Grades 8, 10, and 12	395
TABLE D-21: VICODIN (NOT PRESCRIBED): Trends in Annual Prevalence of Use in Grades 8, 10, and 12	397
TABLE D-22: FENTANYL (NOT PRESCRIBED): Trends in Annual Prevalence of Use in Grades 8, 10, and 12	399
TABLE D-23: PRESCRIPTION STIMULANT DRUGS (NOT PRESCRIBED): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	400
TABLE D-24: RITALIN (NOT PRESCRIBED): Trends in Annual Prevalence of Use in Grades 8, 10, and 12	402
TABLE D-25: ADDERALL (NOT PRESCRIBED): Trends in Annual Prevalence of Use in Grades 8, 10, and 12	404
TABLE D-26: METHAMPHETAMINE: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	405
TABLE D-27: CRYSTAL METHAMPHETAMINE (ICE): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12.....	407
TABLE D-28: FLAKKA: Trends in Annual Prevalence of Use in Grade 12	409
TABLE D-29: KRATOM: Trends in Annual Prevalence of Use in Grade 12	410
TABLE D-30: PRESCRIPTION SLEEPING DRUGS (NOT PRESCRIBED): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	411
TABLE D-31: PRESCRIPTION ANTI-ANXIETY DRUGS (NOT PRESCRIBED): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	413
TABLE D-32: ANY PRESCRIPTION DRUG: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12	415
TABLE D-33: OVER-THE-COUNTER COUGH/COLD MEDICATION: Trends in Annual Prevalence of Use in Grades 8, 10, and 12.....	416
TABLE D-34: ROHYPNOL: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12....	417

TABLE D-35: GHB: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	419
TABLE D-36: KETAMINE: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	421
TABLE D-37: XYLAZINE: Trends in Annual Prevalence of Use in Grade 12	423
TABLE D-38: ALCOHOL: Trends in Use over Various Prevalence Periods in Grades 8, 10, and 12	424
TABLE D-39: BEEN DRUNK: Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12.....	426
TABLE D-40: BEER: Trends in Use over Various Prevalence Periods in Grades 8, 10, and 12	428
TABLE D-41: LIQUOR: Trends in Use over Various Prevalence Periods in Grade 12	430
TABLE D-42: WINE: Trends in Use over Various Prevalence Periods in Grade 12.....	432
TABLE D-43: FLAVORED ALCOHOLIC BEVERAGES: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	434
TABLE D-44: NON-ALCOHOLIC BEER, WINE, AND SPIRITS: Trends in Annual Prevalence of Use in Grades 8, 10, and 12.....	435
TABLE D-45: CIGARETTES: Trends in Use over Various Prevalence Periods in Grades 8, 10, and 12.....	436
TABLE D-46: TOBACCO USING A HOOKAH: Trends in Annual and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	438
TABLE D-47: LITTLE CIGARS or CIGARILLOS: Trends in Annual and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	439
TABLE D-48: LARGE CIGARS: Trends in 30-Day Prevalence of Use in Grades 8, 10, and 12.....	440
TABLE D-49: SMOKELESS TOBACCO: Trends in Lifetime, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12.....	441
TABLE D-50: VAPING NICOTINE: Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12.....	443
TABLE D-51: VAPING CANNABIS: Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12.....	444

TABLE D-52: VAPING FLAVORED CANNABIS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	445
TABLE D-53: VAPING JUST FLAVORING: Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12	446
TABLE D-54: VAPED FLAVORING AND DID NOT VAPE NICOTINE DURING REPORTING INTERVAL: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	447
TABLE D-55: VAPE VITAMINS OR ESSENTIAL OILS : Trends in Annual Prevalence of Use in Grade 12	448
TABLE D-56: NICOTINE POUCHES: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	449
TABLE D-57: SNUS: Trends in Annual Prevalence of Use in Grades 8, 10, and 12.....	450
TABLE D-58: METATINE: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	451
TABLE D-59: NICOTINE GUMMIES: Trends in 30-Day Prevalence of Use in Grades 8, 10, and 12.....	452
TABLE D-60: NICOTINE CANDIES: Trends in 30-Day Prevalence of Use in Grades 8, 10, and 12	453
TABLE D-61: ANY NICOTINE USE: Trends in 30-Day Prevalence of Use in Grades 8, 10, and 12	454
TABLE D-62: ANY NICOTINE USE OTHER THAN VAPING: Trends in 30-Day Prevalence of Use in Grades 8, 10, and 12.....	455
TABLE D-63: STEROIDS (NOT PRESCRIBED): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12.....	456
TABLE D-64: ANDROSTENEDIONE (NOT PRESCRIBED): Trends in Annual Prevalence of Use in Grades 8, 10, and 12	458
TABLE D-65: CREATINE: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	460
TABLE D-66: LEGAL USE OF OVER-THE-COUNTER STAY-AWAKE PILLS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12	462
TABLE D-67: ADHD STIMULANT (PRESCRIBED): Trends in Lifetime and Current Prevalence of Use in Grades 8, 10, and 12.....	464
TABLE D-68: ADHD NON-STIMULANT (PRESCRIBED): Trends in Lifetime and Current Prevalence of Use in Grades 8, 10, and 12.....	465

TABLE D-69: ADHD STIMULANT OR NON-STIMULANT (PRESCRIBED): Trends in Lifetime and Current Prevalence of Use in Grades 8, 10, and 12	466
TABLE D-70: PRESCRIPTION WEIGHT LOSS DRUGS: Trends in Annual Prevalence of Use Not Under Direction of a Medical Professional in Grades 8, 10, and 12	467
TABLE D-71: PRESCRIPTION WEIGHT LOSS DRUGS: Trends in Annual Prevalence of Use Under Direction of a Medical Professional in Grades 8, 10, and 12	468
TABLE D-72: ENERGY DRINKS OR ENERGY SHOTS: Trends in Daily Prevalence of Use in Grades 8, 10, and 12 ...	469
TABLE D-73: SYNTHETIC CANNABIS: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	471
TABLE D-74: CBD: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	472
TABLE D-75: NITRITES: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12	473
TABLE D-76: SALVIA: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	474
TABLE D-77: COCAINE OTHER THAN CRACK: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	475
TABLE D-78: HEROIN WITH A NEEDLE: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	477
TABLE D-79: HEROIN WITHOUT A NEEDLE: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12	479
TABLE D-80: PROVIGIL (NOT PRESCRIBED): Trends in Annual Prevalence of Use in Grade 12	481
TABLE D-81: METHAQUALONE (QUAALUDES) (NOT PRESCRIBED): Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12	482
TABLE D-82: BATH SALTS (SYNTHETIC STIMULANTS): Trends in Annual Prevalence of Use in Grades 8, 10, and 12	483
TABLE D-83: ALCOHOL BEVERAGES CONTAINING CAFFEINE: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	484
TABLE D-84: POWDERED ALCOHOL: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	485
TABLE D-85: BIDIS: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	486

TABLE D-86: KRETEKS: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	487
TABLE D-87: JUUL: Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12	488
TABLE D-88: DISSOLVABLE TOBACCO PRODUCTS: Trends in Annual Prevalence of Use in Grades 8, 10, and 12	489
TABLE D-89: HGH: Trends in Annual Prevalence of Use in Grade 12	490
TABLE D-90: LEGAL USE OF OVER-THE-COUNTER DIET PILLS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12.....	491
TABLE D-91: LOOK-ALIKE PILLS: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12.....	493
TABLE E-1: Prescription Stimulant Medications Prevalence Estimates in 2024, with Updated and Unchanged Text Wording.....	501
TABLE E-2: Prescription Opioid Medications Prevalence Estimates in 2024, with Updated and Unchanged Text Wording.....	502
TABLE E-3: Prescription Sleeping Medications Prevalence Estimates in 2024, with Updated and Unchanged Text Wording.....	503
TABLE E-4: Prescription Anti-Anxiety Medications Prevalence Estimates in 2024, with Unchanged and Updated Text Wording.....	504
TABLE E-5: Updated and Unchanged Survey Question Text	505

List of Figures

Click on any item below to go directly to that page.

FIGURE 6-1: Cannabis Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders	138
FIGURE 6-2: Vaping Cannabis Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th Graders	139
FIGURE 6-3: Daily Cannabis Use for a Month or More Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th Graders	140
FIGURE 6-4: Inhalants Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders	141
FIGURE 6-5: Hallucinogens other than LSD Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders	142
FIGURE 6-6: Alcohol Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders	143
FIGURE 6-7: Been Drunk Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders	144
FIGURE 6-8: Cigarettes Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders	145
FIGURE 6-9: Cigarette Smoking on a Daily Basis Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders	146
FIGURE 6-10: Smokeless Tobacco Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders.....	147
FIGURE 6-11: Vaping Nicotine Trends in Lifetime Prevalence for Earlier Grade Levels based on Retrospective Reports from 12th and 8th Graders.....	148
FIGURE 8-1a: CANNABIS Trends in Perceived Harmfulness for Different Levels of Use in Grades 8, 10, and 12.....	227
FIGURE 8-1b: CANNABIS Trends in Disapproval of Different Levels of Use in Grades 8, 10, and 12	228

FIGURE 8-2a: VAPING CANNABIS Trends in Perceived Harmfulness for Different Levels of Use in Grades 8, 10, and 12.....	229
FIGURE 8-2b: VAPING CANNABIS Trends in Disapproval of Different Levels of Use in Grades 8, 10, and 12	230
FIGURE 8-3a: COCAINE Trends in Perceived Harmfulness for Different Levels of Use in Grades 8, 10, and 12 ...	231
FIGURE 8-3b: COCAINE Trends in Disapproval of Different Levels of Use in Grades 8, 10, and 12	232
FIGURE 8-4: CANNABIS Trends in Perceived Availability, Perceived Risk of Regular Use, and Prevalence of Use in Past 30 Days in Grade 12.....	233
FIGURE 8-5: COCAINE Trends in Perceived Availability, Perceived Risk of Trying, and Prevalence of Use in Last 12 Months in Grade 12	234
FIGURE 8-6a: HEROIN Trends in Perceived Harmfulness for Different Levels of Use in Grade 12	235
FIGURE 8-6b: HEROIN Trends in Disapproval of Different Levels of Use in Grade 12.....	236
FIGURE 8-7a: ALCOHOL Trends in Perceived Harmfulness for Different Levels of Use in Grades 8, 10, and 12 ..	237
FIGURE 8-7b: ALCOHOL Trends in Disapproval of Different Levels of Use in Grades 8, 10, and 12	238
FIGURE 8-8a: CIGARETTES Trends in Perceived Harmfulness of Smoking 1 or More Packs per Day in Grades 8, 10, and 12.....	239
FIGURE 8-8b: CIGARETTES Trends in Disapproval of Smoking 1 or More Packs per Day in Grades 8, 10, and 12	240
FIGURE 8-9a: VAPING E-LIQUID WITH NICOTINE Trends in Perceived Harmfulness of Smoking 1 or More Packs per Day in Grades 8, 10, and 12	241
FIGURE 8-9b: VAPING E-LIQUID WITH NICOTINE Trends in Disapproval of Smoking 1 or More Packs per Day in Grades 8, 10, and 12	242
FIGURE 9-1a: CANNABIS Trends in Disapproval 12th Graders and Friends	290
FIGURE 9-1b: COCAINE AND LSD Trends in Disapproval 12th Graders and Friends	291
FIGURE 9-2a: ALCOHOL Trends in Disapproval 12th Graders and Friends.....	292
FIGURE 9-2b: CIGARETTES Trends in Disapproval 12th Graders and Friends	293
FIGURE 9-3a: CANNABIS Trends in 30-Day Prevalence and Friends' Use in Grade 12.....	294

FIGURE 9-3b: ALCOHOL Trends in 30-Day Prevalence and Friends' Use in Grade 12.....	295
FIGURE 9-3c: VAPING NICOTINE Trends in 30-Day Prevalence and Friends' Use in Grade 12	296
FIGURE 9-3d: CIGARETTES Trends in 30-Day Prevalence and Friends' Use in Grade 12.....	297
FIGURE 9-3e: ABSTAINERS Trends in 30-Day Prevalence and Friends' Use in Grade 12	298
FIGURE 9-4: Proportion of Friends Using Each Drug as Estimated by 8th, 10th, and 12th Graders, 2025	299
FIGURE 9-5a: Various Drugs Trends in Perceived Availability in Grade 12	302
FIGURE 9-5b: Various Drugs Trends in Perceived Availability in Grade 12	303
FIGURE 9-5c: LSD AND HALLUCINOGENS OTHER THAN LSD Trends in Perceived Availability in Grade 12	304
FIGURE 9-5d: ECSTASY (MDMA) AND STEROIDS Trends in Perceived Availability in Grade 12	305
FIGURE A-1: High School Completion by 20- to 24-Year-Olds	337
FIGURE A-2: Estimates of Prevalence and Trends for the Entire Age/Class Cohort (Adjusting for Absentees and Dropouts) for 12th Graders.....	338
FIGURE C-1: ANY ILLICIT DRUG, CANNABIS, AND INHALANTS Trends in Annual Prevalence for Grades 8, 10, and 12 Combined	355
FIGURE C-2: ALCOHOL AND BEEN DRUNK Trends in 30-Day Prevalence for Grades 8, 10, and 12 Combined.....	356
FIGURE C-3: CIGARETTES AND VAPING NICOTINE Trends in 30-Day Prevalence for Grades 8, 10, and 12 Combined	357

CHAPTER 1 – Introduction

Substance use is a leading cause of preventable morbidity and mortality; it is in large part why, among 17 high-income nations, people in the United States have the highest probability of dying by age 50.^{1,2,3} Substance use is also an important contributor to many social problems including domestic violence, violence more generally, criminal behavior, suicide, and more—and it is typically initiated during adolescence. It warrants our sustained attention.

Monitoring the Future (MTF) is designed to provide scientifically reliable information on trends, drivers, and consequences of substance use among U.S. youth and adults. It is an investigator-initiated study that originated with, and is conducted by, teams of researchers at the University of Michigan’s Institute for Social Research. Since its onset in 1975, MTF has been funded continuously by the National Institute on Drug Abuse—one of the National Institutes of Health—under a series of peer reviewed, competitive research grants. The 2025 survey, reported here, is the 51st consecutive national survey of 12th grade students and the 35th national survey of 8th and 10th grade students (who were added to the study in 1991).

MTF conducts ongoing national surveys of both adolescents and adults in the United States. It provides the nation with a vital window into the important but often hidden problem behaviors of use of illegal drugs, alcohol, tobacco, and prescription drugs used nonmedically. For five decades, MTF has helped provide a clearer view of the changing topography of these problem behaviors among adolescents and adults, a better understanding of the dynamic factors that drive some of these behaviors, and a better understanding of some of their consequences. It has also provided policymakers, government agencies, public health professionals, and nongovernmental organizations in the field some practical approaches for intervening.

A widespread epidemic of illicit drug use emerged in the 1960s among U.S. youth, and since then dramatic changes have occurred in the use of nearly all types of illicit drugs as well as alcohol and tobacco. These changes include the emergence of new policies such as the legalization of recreational cannabis use, the Master Tobacco Settlement of 1998, and the Tobacco 21 laws. Many new substances have emerged over

¹ Case, A., & Deaton, A. (2015). [Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century](#). *Proceedings of the National Academy of Sciences*, 112(49), 15078–15083.

² Murphy, S. L., Kochanek, K. D., Xu, J., & Arias, E. (2023). [Mortality in the United States, 2023](#). NCHS Data Brief, No. 521, Hyattsville, MD: National Center for Health Statistics.

³ Esser, M. B., Leung, G., Sherk, A., Bohm, M. K., Liu, Y. Lu, H., & Naimi, T. S. (2022). [Estimated deaths attributable to excessive alcohol use among US adults aged 20 to 64 years, 2015 to 2019](#). *JAMA Network Open*, 5(11), e2239485.

the life of the survey, including hemp-derived psychoactive drugs such as Delta-8, flavored cannabis solutions for vaping, tobacco pouches (e.g., “Zyn”), and drugs taken for performance enhancement. New devices and methods for taking drugs, such as vaporizers, provide novel ways to use substances and use them in new combinations. Unfortunately, the number of new substances added to the list over the years substantially outnumbers the number removed because so many substances remain in active use. Throughout these many changes, substance use among the nation’s youth has remained a major concern for parents, educators, health professionals, law enforcement, and policymakers, largely because substance misuse is one of the largest and yet most preventable causes of morbidity and mortality during and after adolescence.

The MTF annual reports are a key vehicle for disseminating MTF’s epidemiological findings. In addition to this annual report, the series includes a separate, annual report that presents prevalence and trends among U.S. adults now ages 19 to 65, including both college students and their high-school graduate age peers who are not attending college (scheduled for publication in July). These reports, along with MTF press releases, are available on the project website at www.monitoringthefuture.org.

Content Areas Covered

Two of the major topics included in the present annual report are (a) the *prevalence and frequency* of use of a great many substances, both licit and illicit, among U.S. secondary school students in 8th, 10th, and 12th grades and (b) *historical trends* in substance use by students in these grades. Distinctions are made among important subgroups in these populations based on demographics, college plans, region of the country, population density, and parent education. MTF has demonstrated that key attitudes and beliefs about substance use are important determinants of usage trends, in particular perceived risk and disapproval associated with use of the various substances tracked by the survey. Thus, these measures also are tracked over time, as are students’ perceptions of certain relevant aspects of the social environment—in particular, perceived availability of each substance, peer norms about their use, and use by friends. Data on grade of first use, noncontinuation of use, trends in use when in lower grades (based on retrospective reports), and intensity of use are also reported here.

Drug Classes

[Table 1-1](#) lists all the substances that have been included in the school surveys, as well as the first year included and, in some cases, the year dropped due to low prevalence. In the years since its inception, many new categories of substances have been added to the MTF surveys—in many but not all cases in all three grades. Relatively fewer substances have been dropped due to their reaching very low prevalence.

The large number of substances added over the years illustrates the dynamic and multidimensional nature of the country's drug problems. As time passes and new trends develop, additional drugs will be added to the study's coverage; occasionally ones that fall to very low prevalence levels are dropped (such as bath salts, "look-alike" pseudo-amphetamines, kreteks, bidis, PCP, and Provigil). It is important, given this rapidly shifting variety of drugs, that information be gathered and reported relatively quickly to inform legislators, regulatory agencies, scientists, health care professionals, parents, and educators about the extent to which newer drugs are making inroads in the youth population and what subgroups are proving most vulnerable.

Much of the information reported here deals with nonmedical use of controlled substances. The major exceptions are alcohol, vaping nicotine, cigarettes, other tobacco products such as nicotine pouches, psychoactive drugs derived from hemp (such as Delta-8), inhalants, creatine, and cough and cold medicines.

In addition to reporting substance use prevalence, we also focus attention on substance use at high frequency levels. This is done to help differentiate levels of magnitude, or extent, of substance involvement. While there is no scientific or public consensus on what levels or patterns of use constitute misuse, there is a general agreement that higher levels of use are more likely to have detrimental effects for the person who uses and for society. We have indirect measures of dosage per occasion by asking respondents about the duration and intensity of highs they usually experience with each type of substance. These items have shown some interesting trends over the years, detailed in [Chapter 7](#).

Attitudes, Beliefs, and Early Experiences

Separate sections or whole chapters are devoted to the following issues related to a number of substances:

- grade of first use,
- noncontinuation of use,
- respondents' own attitudes and beliefs about specific substances,
- degree and duration of the highs attained,
- perceptions of availability of the substances, and
- perceptions of attitudes and behaviors of others in the social environment related to the use of various substances.

Some of these variables have proven to be very important in explaining changes in use, as we discuss in detail in [Chapter 8](#).

Over the Counter Substances

Included in this annual report are trends in the use of nonprescription stimulants, including cough medicines, and the performance-enhancing substances of anabolic steroids, androstenedione (andro), and creatine.

Cumulative Lifetime Daily Cannabis Use

Also included are trend results from a set of questions about cumulative lifetime cannabis use at a daily or near-daily level. These questions were added to enable us to develop a more complete individual history of daily use over a period of years.

Trends in Use of Specific Alcoholic Beverages

Twelfth grade data are reported for a wide spectrum of substances, including beer, liquor, wine, and flavored alcoholic beverages. Results on these various substances are discussed in [Chapter 4](#) and [Chapter 5](#).

Prescription Drugs

MTF documents trends in nonmedical use of prescription drugs. Since 2008, [Chapter 4](#) and [Chapter 5](#) also contain estimates of the proportion of 12th grade students who use *any* prescription drug nonmedically; these estimates can be made only for 12th graders because estimates of use of prescription sleeping medications and prescription opioids are not reported for students in the lower grades due to concerns about the validity of their reports of these substances.

Synopses of Other MTF Publications

[Chapter 10](#) contains short synopses of other MTF publications produced during the past year (journal articles, chapters, occasional papers, etc.). References to the full documents are provided, and many are available on the [MTF website](#).

Appendices

[Appendix A](#) addresses the issue of whether students who are absent or who have dropped out of school affect MTF results and, if so, to what extent. For illustrative purposes, the appendix provides estimates of prevalence and trends adjusted for these missing segments of the population for cannabis, cocaine, any illicit substance use, and alcohol.

[Appendix B](#) gives the definitions of the various demographic subgroups discussed in the annual report.

[Appendix C](#) provides trends since 1991 in substance use for the *three grades combined*, as well as the absolute decline and the proportional decline in the prevalence of each substance since the most recent *peak* level. Such tables are helpful in getting a quick read on the trends. By combining the three grades, however, much of the meaningful detail available from grade-specific estimates is lost, including evidence of cohort effects.

[Appendix D](#) presents substance use trends in tabular format from 1991 to 2025 with one-year, five-year, low-current, and peak-current significance tests. With these tables, MTF publishes prevalence trends for all substances in a single document for the historical record. This appendix provides a complementary way to view and search the MTF prevalence results presented in [Chapter 5](#), which is organized around external links to substance-specific tables and graphs. The prevalence tables and figures are also accessible in an interactive format through the MTF data [dashboards](#).

In 2017 and earlier, Appendix C reported information on how to take into account the complex sample design in order to calculate confidence intervals for point estimates and how to calculate statistics that test the statistical significance of changes over time or of differences between subgroups. This appendix is no longer necessary with the opening of MTF's secure remote portal at the [National Addiction and Health Data Archive Program](#), which now allows researchers to compute such statistics directly using MTF weights and clustering variables (after completing an application process that includes a signed pledge to protect the confidentiality of the data). Interested readers may refer to Appendix C of the earlier annual reports for the information it provides about design effects and how their computational influence varies by substance. They are listed under Results > Annual Reports on the study website: www.monitoringthefuture.org.

Purposes and Rationale for This Research

Perhaps no social problem has proven more clearly appropriate for and in need of the application of systematic research and reporting than substance misuse. Substance use behaviors are often hidden from public view, can change rapidly and frequently, and are of great importance to the wellbeing of the nation. Many legislative and programmatic interventions have been aimed at these behaviors, such as the current opioid crisis, as well as past increases in adolescent smoking and illicit drug use that we reported in the 1970s and again in the 1990s as a relapse in the drug epidemic unfolded.

Young people are often at the leading edge of social change, and this has been particularly true of substance use. MTF documented that the relapse in the drug epidemic in the early 1990s initially occurred

almost exclusively among adolescents. Adolescents and adults in their 20s fall into the age groups at highest risk for illicit substance use. Moreover, use that begins in adolescence sometimes continues well into adulthood. This is indicated in the cohort effects that we report for a number of substances (and even in some attitudes and beliefs about them). The original epidemic of illicit substance use in the 1960s began on the nation's college campuses and then spread downward in age. By way of contrast, MTF has shown that the relapse phase in the 1990s first manifested itself among secondary school students and then started moving upward in age as those cohorts matured.

One purpose of MTF is to develop an accurate description of these important changes as they are unfolding. An accurate picture of the basic size and contours of the substance use problem among youth in the U.S. is a prerequisite for informed public debate and policymaking. In the absence of reliable *prevalence* data, substantial misconceptions can develop and resources can be misallocated. In the absence of reliable *trend* data, early detection and localization of emerging problems are more difficult and societal responses more lagged. For example, MTF provided early evidence that cigarette smoking among U.S. adolescents was rising sharply in the early 1990s, which helped stimulate and support some extremely important policy initiatives that culminated in the tobacco settlement between the tobacco industry and the states. MTF documented and described the sharp rise and subsequent decline in ecstasy use and earlier in cocaine use, illustrating the important role that *perceived risk* played in these changes, as it has also done for a number of other substances in the past. MTF also helped draw attention to the rise in steroid and androstenedione use among adolescents in the late 1990s, resulting in legislative and regulatory action. It exposed a rise in the use of prescription opioids, stimulating an initiative at the White House Office of National Drug Control Policy aimed at reducing nonmedical use. More recently, MTF has become a key source of information on vaping, and MTF results are cited by the FDA in its recent regulations prohibiting all flavoring of vaping cartridges except tobacco and menthol. In addition to enabling early detection and localization of problems, valid trend data make assessments of the impact of major historical and policy-induced events much less conjectural.

The accurate empirical comparison of subgroup differences has challenged conventional wisdom in some important ways. Accurately characterizing not only differences but also differential changes among subgroups has been an important scientific contribution from MTF. For example, dramatic racial/ethnic differences in cigarette smoking emerged during the life of the study—differences that were almost nonexistent when MTF began in 1975. Further, the misinformed assumption by some that Black students have higher levels of cigarette use than White students has been disconfirmed since the beginning of the study, which shows lower levels of use for Black students in most years, though these differences have

been narrowing in recent years as overall use of many substances declined, thus leaving less room for differences.

MTF also monitors a number of factors—peer norms regarding drugs, beliefs about the dangers of substance use, and perceived availability—that help explain the historical changes observed in substance use. Monitoring these factors has made it possible to examine a central policy issue in this nation’s efforts to reduce substance use—namely, the relative importance of supply versus demand factors in bringing about some of the observed declines and increases in substance use.⁴

In addition to accurately assessing prevalence and testing explanations of their causes, the integrated MTF study of adolescents and adults has a substantial number of other important research objectives that are addressed in our other publications. These include (a) assessing the long-term impact of historical events such as the COVID-19 pandemic on population levels of substance use; (b) helping to determine which young people are at greatest risk for developing various short and long term patterns of substance use; (c) gaining a better understanding of the lifestyles and value orientations associated with various patterns of substance use and monitoring how subgroup differences shift over time; (d) determining the immediate and more general aspects of the social environment associated with substance use; (e) determining how major transitions in the social environment (e.g., entry into military service, civilian employment, college, work, unemployment) or in social roles (e.g., marriage, parenthood) affect changes in substance use; (f) determining the life course trajectories and comorbidity of the various drug-using behaviors from early adolescence through later adulthood and distinguishing such age effects from cohort and period effects; (g) determining the effects of policies such as cannabis legalization, the long term effects of the Master Tobacco Settlement Agreement of 1998, and Tobacco 21 legislation on various types of substance use; and (h) examining possible consequences of using various substances. Readers interested in publications dealing with any of these topics can visit the MTF website at www.monitoringthefuture.org.

The differentiation of age, period, and cohort effects in the use of various substances has been a particularly important contribution of MTF and one for which the study’s cohort-sequential research design is especially well suited.

Our efforts over the years and going into the future cover both the epidemiology and etiology of substance use and related risk behaviors. Including both sets of efforts within the same large-scale study—and keeping measurement consistent across historical and developmental time—allows us to provide the

⁴ Other major studies have adapted many of these measures including the National Survey on Drug Use and Health (NSDUH) and the European school surveys of substance use in nearly forty European countries (ESPAD), which is largely modeled after MTF.

nation with scientifically reliable, nationally representative estimates of historical trends of substance use, as well as the developmental trends and possible causes, correlates, and consequences of substance use and other risk behaviors from adolescence through adulthood.

The accessible table for Chapter 1 can be found on the [MTF accessible dashboard](#).

TABLE 1-1
Added and Deleted Prevalence of Use Questions
for 8th, 10th, and 12th Graders

<u>Drug Name</u>	<u>Year in which added</u>	<u>Grades in which added</u>			<u>Year in which dropped</u>	<u>Grades in which dropped</u>		
		<u>8th</u>	<u>10th</u>	<u>12th</u>		<u>8th</u>	<u>10th</u>	<u>12th</u>
Inhalants	1976			X	2025 ^h			X
Hallucinogens	1976			X	2025 ^h			X
	1991	X	X		2025 ^h	X	X	
LSD	1976			X	2025 ^h			X
	1991	X	X		2025 ^h	X	X	
Cocaine	1976			X	2025 ^h			X
	1991	X	X		2025 ^h	X	X	
PCP	1979			X	2014 ^c			X
Stay-Awake Pills	1982			X	2025 ^h	X	X	X
Smokeless Tobacco ^a	1986, 1992			X	1990			X
Crack ^b	1986–1987, 1990			X	2024 ^j	X	X	X
Heroin	1976			X	2025 ^h			X
	1991	X	X		2025 ^h	X	X	
Steroids	1989			X	2025 ^h	X	X	X
Crystal Methamphetamine (Ice)	1990			X	2025 ^h	X	X	X
Been Drunk	1991			X				
Ecstasy (MDMA)	1996	X	X	X	2025 ^h	X	X	X
Rohypnol	1996			X	2002 ^h			X
	1996	X	X		2025 ^h	X	X	
Methamphetamine	1999	X	X	X	2025 ^h	X	X	X
GHB	2000	X	X	X	2012 ⁱ	X	X	
Ketamine	2000	X	X	X	2012 ⁱ	X	X	
Androstenedione	2001	X	X	X	2016 ⁱ	X	X	
Creatine	2001	X	X	X				
Ritalin	2001	X	X	X				
OxyContin	2002	X	X	X				
Vicodin	2002	X	X	X				
Flavored Alcoholic Beverages (Alcopops) ^d	2003			X				
	2004	X	X					
ADHD Stimulant-type drug—prescribed	2005	X	X	X				
ADHD Non-stimulant-type drug—prescribed	2005	X	X	X				
Any Prescription Drug—not prescribed ^e	2005			X				
10+ drinks in a row in past two weeks	2005			X				
	2016	X	X					
15+ drinks in a row in past two weeks	2005			X				
Over-the-counter Cough/Cold Medicines	2006	X	X	X				
Adderall	2009	X	X	X				
Tobacco using a Hookah	2010, 2016			X				
	2016	X	X					
Small Cigars	2010			X				
Energy Drinks	2010	X	X	X				
Energy Shots	2010	X	X	X				
Snus	2011			X				
	2012	X	X					
Large Cigars	2014	X	X	X				
Flavored Little Cigars	2014	X	X	X				
Regular Little Cigars	2014	X	X	X				

(Table continued on next page.)

TABLE 1-1 (cont.)
Added and Deleted Prevalence of Use Questions
for 8th, 10th, and 12th Graders

	Year in <u>which added</u>	Grades in <u>which added</u>			Year in <u>which dropped</u>	Grades in <u>which dropped</u>		
		<u>8th</u>	<u>10th</u>	<u>12th</u>		<u>8th</u>	<u>10th</u>	<u>12th</u>
Vaping Nicotine	2017	X	X	X				
Vaping Cannabis	2017	X	X	X				
Vaping Just Flavoring	2017	X	X	X				
Cannabis Under a Doctor's Orders	2017	X	X	X				
Fentanyl	2020	X	X	X				
CBD	2023	X	X	X				
Nicotine Pouches	2023	X	X	X				
Cannabis Products made from Hemp	2025	X	X	X				
Prescription Weight Loss Drugs--not prescribed	2025	X	X	X				
Prescription Weight Loss Drugs Under Direction of a Medical Professional	2025	X	X	X				
Metatine	2025	X	X	X				
Methaqualone	1975			X	1990/2013			X
Nitrites	1979			X	2010			X
Provigil	2009			X	2012			X
Bidis	2000	X	X		2006	X	X	
	2000			X	2011			X
Kreteks	2001	X	X		2006	X	X	
	2001			X	2015			X
Electronic Vaporizers	2015	X	X	X	2017	X	X	X
Look-Alikes	1982			X	2018			X
Bath Salts (synthetic stimulants)	2012	X	X	X	2019	X	X	X
Powdered Alcohol	2016	X	X	X	2020	X	X	X
Heroin With a Needle	1995	X	X	X	2022	X	X	X
Heroin Without a Needle	1995	X	X	X	2022	X	X	X
JUUL	2019	X	X	X	2022	X	X	X
Salvia	2009			X	2023			X
	2010	X	X		2023	X	X	
Synthetic Marijuana ^g	2011			X	2023	X	X	X
Dissolvable Tobacco Products	2011			X	2023			X
	2012	X	X		2023	X	X	
Nonprescription Diet Pills	1982			X	2023			X
Cocaine other than Crack	1987			X	2024	X	X	X
Delta-8	2023			X	2025			X
	2024	X	X		2025	X	X	
Alcohol Beverages containing Caffeine ^f	2011	X	X	X	2025	X	X	X

Source. The Monitoring the Future study, the University of Michigan.

Note. All prescription-type drugs listed refer to use without a doctor's orders, unless otherwise noted.

^aSmokeless tobacco was added to one questionnaire form in 1986, dropped in 1990, then added to a different questionnaire form in 1992.

^bA question on annual use of crack was added to a single form in 1986. The standard triplet questions (lifetime, annual, and 30-day use) were added to two forms in 1987 and to all forms in 1990.

^cFor 12th grade only: Lifetime and 30-day prevalence of use questions were dropped in 2002. A question on annual use remains in the study.

^dFor 12th grade only: A question on annual use of Alcopops was added to a single form in 2003. In 2004 it was replaced by the standard triplet questions (lifetime, annual, and 30-day use) about use of flavored alcoholic beverages.

^eFor 12th grade only: The use of any prescription drug includes use of any of the following: prescription stimulant medications (amphetamines), prescription sleeping medications (sedatives), prescription opioid medications, or prescription anti-anxiety medications (tranquilizers) ... without a doctor telling you to use them.

^fFor all grades: In 2012 the alcoholic beverages containing caffeine question text was changed. See text for details.

^gFor all grades: Questions on the annual use of synthetic marijuana were added to the survey in the year specified in the table.

^hLifetime and 30-day prevalence of use questions were dropped. A question on annual use remains in the study.

ⁱOnly 8th and 10th grade questions were dropped from the study.

CHAPTER 2 – Overview of Key Findings in 2025

MTF, now having completed its 51st year of data collection, has become one of the nation’s most relied upon scientific sources of valid information on trends in use of licit and illicit psychoactive drugs by U.S. adolescents, college students, young adults, and adults up to age 65. During the last five decades, the study has tracked and reported on the use of an ever-growing array of such substances in these populations of adolescents and adults.

The MTF annual reports are one of the primary mechanisms through which the epidemiological findings are reported. Findings from the inception of the study in 1975 through 2025 are included—the results of 51 national in-school surveys and 49 national follow-up surveys.

MTF has conducted in-school surveys of nationally representative samples of (a) 12th grade students each year since 1975 and (b) 8th and 10th grade students each year since 1991. In addition, beginning with the class of 1976, the study has conducted follow-up surveys of representative subsamples of the respondents from each previously participating 12th grade class. These follow-up surveys now continue well into adulthood, currently up to age 65. This annual report focuses on the results from the in-school surveys of 8th, 10th, and 12th grade students; a companion report on the panel study results⁵ focuses on the follow-up surveys from ages 19 to 65.

MTF is designed to detect age, period, and cohort effects in substance use and related attitudes. Age effects are similar changes at similar ages seen across multiple class cohorts; they are common during adolescence. An example of an age effect is that levels of substance use generally increase as adolescents age, a finding seen in all MTF cohorts and in all historical periods. Period effects are changes that affect multiple age groups simultaneously (in this case, all three grades under study—8, 10, and 12). An example of a period effect is the marked decrease in adolescent substance use during the pandemic onset and the associated social distancing policies from 2020 to 2021, a decrease that occurred in all grades. Cohort effects are substance use behaviors or attitudes that distinguish a class cohort from others that came before or after them and are maintained as the cohort ages. An example of a cohort effect is that youth cohorts in the late 1990s had increased levels of cigarette smoking compared to the cohorts that came before and after them, and their elevated levels persisted as they aged.

⁵ Patrick, M. E., Miech, R. A., Johnston, L. D., & O’Malley, P. M. (2025). [Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 65, 1976–2024](#). Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. Prior year versions are available on the [MTF website](#). An updated version of this report that includes data from 2025—as well as results from respondents age 65—will be available on the MTF website in mid-August.

Below, we summarize key findings for use of various substances by U.S. 8th, 10th, and 12th graders in 2025, and full details for all substance use trends follow in [Chapter 5](#). In addition, the text below also refers to analyses for all three grades combined. These grade-combined results will appear in this report's [Appendix C](#) when the full report is released in the summer of 2026.

[Table 2-1](#) presents the demographic distribution of the 2025 sample. In response to the question “What is your sex?” in all grades about half reported “female” and about half reported “male”. Eighty percent of 8th and 10th grade students reported they planned to attend a four-year college in the future, compared to 73% in 12th grade. In all grades, most students lived in the South, followed by the West, the Midwest, and then the Northeast. In all grades, 6% to 7% of students attended schools in rural areas. In 8th and 10th grades, 37% attended schools in urban areas, and 56% attended schools in the suburbs. In 12th grade, 25% attended schools in urban areas, and 69% attended schools in the suburbs. About 60% of students in all grades reported that at least one of their parents had a college degree. About 14% of students identified as Black or African American across the three grades; the percentage Hispanic was highest in 8th grade at 40% and decreased to 31% and 35% in 10th and 12th grade, respectively, while the percentage who identified as White increased with grade level, at 34% in 8th grade, 36% in 10th grade, and 42% in 12th grade.

The survey results divide cleanly into the time periods before and after the onset of the COVID-19 pandemic. All surveys in 2020 were completed before March 15, when national social distancing policies were enacted and data collection was halted due to pandemic concerns. Consequently, results from 2020 and previous years are pre-pandemic, while results from 2021 and later took place after the onset of the pandemic and the associated national response.

Executive Summary

Drug Abstinence At Record Levels in 2025, Further Increasing the Substantial Gains That Took Place During the Pandemic

[Abstinence](#) from substance use is indicated by no use of alcohol, cannabis, or nicotine by vaping or by cigarettes. In 2025, it continued to climb to historic high levels in 8th and 10th grade, although the one-year increases from 2024 were not statistically significant. The percentage of students who did not use these drugs during the past 30 days in 2025 was a record high 91% in 8th grade in 2025 (compared to 69% when first tracked in 1991), and a record high 82% in 10th grade (compared to 51% when first tracked in 1991). In 12th grade, the 66% level of past 30-day abstinence in 2025 was one percentage point lower than the record high of 67% set the previous year (the difference was not statistically significant) and compares to 24% when first tracked in 1976.

Lifetime abstention followed the same trends at past 30-day abstention, although at lower overall levels. In 8th grade, the level of lifetime abstention was 73% in 2025, which compares to 25% in 1991. In 10th grade, the levels were 61% in 2025 and 13% in 1991. In 12th grade, they were 41% in 2025 and 5% in 1976. The one-year differences in lifetime abstention from 2024 to 2025 were not statistically significant.

Whether the lowered levels of abstention after the pandemic would be long lasting has been a question with substantial policy and research implications. It is possible that the factors that disrupted and lowered drug use during the pandemic from 2020 to 2021 resulted in permanent change. This could occur if the pandemic disrupted both school/community peer groups that encourage substance use as well as the processes by which these groups perpetuate themselves by recruiting new members. Alternatively, substance use could have quickly rebounded to pre-pandemic levels when students returned to school buildings in 2022 and afterwards, if pre-pandemic patterns of social interaction and drug use rapidly re-established. The 2025 results indicate that the lowered levels of student abstention after the pandemic onset are lasting and, in fact, continue to drop even further.

Use of Nicotine Pouches (e.g., “Zyn”) Continues Its Upward Trend Among High School Students in 2025

[Nicotine pouches](#) are small, white pouches that contain nicotine that users place in their mouth. They are different from other smokeless tobacco products such as snus, dip, or chew because they do not contain any ground tobacco leaf. Use is readily concealable because users do not expectorate juice.

In 2025, lifetime use increased in all grades, although not significantly. From 2024 to 2025, it increased from 7% to 10% in 12th grade, from 4% to 5% in 10th grade, and from 0.8% to 1.4% in 8th grade.

Nicotine pouches have generated much media attention amid concerns that adolescent use may grow rapidly, often drawing comparisons to the rise of [nicotine vaping](#) from 2017 to 2019. As of 2025, prevalence remains relatively low at 7% in 12th grade for past 12-month use (which compares to 20% for nicotine vaping). Similar oral nicotine products have made substantial inroads among students in the past (e.g., [smokeless tobacco](#) reached a lifetime prevalence of 32% in the early 1990s), suggesting that prevalence of nicotine pouch use has a potentially high ceiling.

Three Most Common Substances Used by Students in 2025 Show No Sign of Post-Pandemic Rebound

[Alcohol use](#), [cannabis use](#), and [nicotine vaping](#) trended downward in 2025 in 12th grade, in 10th grade, and in 8th grade for past 12-month use, although none of these one-year declines were statistically significant.

For [alcohol](#), the downward trend in all three grades was not statistically significant but continued a long standing decline that began in the late 1990s, more than two decades ago. The percentage of students who used any alcohol in the past 12 months in 2025 was 41% in 12th grade (compared to 75% in 1997), 24% in 10th grade (compared to 65% in 1997), and 11% in 8th grade (compared to 46% in 1997). These overall declines are evident in specific survey questions that ask about use of [beer](#), [wine](#), and [liquor](#).

For [cannabis](#), lowered levels of use are a more recent development. In all grades, the percentage that used marijuana in the past 12 months hovered within a tight window of just a few percentage points in the twenty years from 2000 to 2020. The results in 2021, the first year measured after the pandemic onset, showed that large and substantial declines in cannabis use took place in all grades. In 12th and 10th grades, these declines have since continued, and past 12-month use in 2025 was at its lowest level in the past three decades, at 26% and 16%, respectively. In 8th grade, the percentage in 2025 was 8%, where it has hovered for the past four years after dropping from a pre-pandemic level of 11% in 2020.

For [nicotine vaping](#), the downward trending from 2024 to 2025, although not statistically significant, continues a 180-degree turn centered at the pandemic onset. Prior to the pandemic, use levels surged from 2017 to 2019 and then held steady in 2020. Large declines took place during the pandemic and have since continued to the point where the 2025 levels for past 12-month use are close to where they started in 2017, the first year that questions on nicotine vaping were included on the survey. Specifically, in 2025 past 12-month use was 20% in 12th grade (compared to 35% in 2020 and 19% in 2017), 14% in 10th grade (compared to 31% in 2020 and 16% in 2017), and 9% in 8th grade (compared to 17% in 2020 and 10% in 2017).

Adolescent Use of Cocaine and Heroin Increase

Heroin use in the past 12 months significantly increased in all three grades from 2024 to 2025. In 8th grade, the increase was from 0.2% to 0.5%, in 10th grade from 0.1% to 0.5%, and in 12th grade from 0.2% to 0.9%.

Cocaine use also increased, and these increases were statistically significant in 8th and 12th grades. In 8th grade, the increase was from 0.2% to 0.6%, in 10th grade from 0.5% to 0.7% (increase not statistically significant), and in 12th grade from 0.9% to 1.4%.

While use of these highly addictive drugs remains low—with prevalence less than 2% in all grades—the increases are concerning and warrant close monitoring.

The accessible table for Chapter 2 can be found on the [MTF accessible dashboard](#).

TABLE 2-1
Demographic Distribution of MTF Sample
8th, 10th, and 12th Graders, 2025

	<u>Grade</u>		
	<u>8th</u>	<u>10th</u>	<u>12th</u>
Sex			
Male	49.9	50.1	50.6
Female	50.1	49.9	49.4
College Plans			
None or under 4 years	17.9	20.4	26.8
Complete 4-year degree ^a	82.1	79.6	73.2
Region			
Northeast	16.2	16.7	17.0
Midwest	20.5	20.5	21.6
South	39.4	39.2	37.5
West	23.9	23.6	23.9
Population Density at School Location			
Urban	33.3	31.4	30.1
Suburban/Town	60.0	61.9	63.8
Rural	6.7	6.7	6.1
Parental Education			
No parent has college degree	42.1	41.4	42.8
Any parent has college degree	57.9	58.6	57.2
Race/Ethnicity			
Hispanic ^b	41.4	34.2	29.0
Non-Hispanic			
American Indian or Alaska Native	0.6	0.9	0.5
Asian American	3.3	4.8	4.8
Black or African American	17.4	14.5	14.9
Middle Eastern	0.9	1.0	0.8
Native Hawaiian or Pacific Islander	0.3	0.4	0.2
White	28.9	36.9	43.3
Marked More than One Race ^d	7.2	7.3	6.5

^aRespondents who indicate they “definitely will” or “probably will” graduate from a four-year college program.

^bHispanic indicated by students who marked the response “Mexican American or Chicano,” “Cuban American,” “Puerto Rican,” or “Other Hispanic or Latino.”

^dStudents who marked more than one non-Hispanic category.



CHAPTER 3 – Study Design and Procedures

MTF incorporates several survey designs into one study, yielding analytic power beyond the sum of its component parts. The components include cross-sectional studies, repeated cross-sectional studies, and panel studies of individual cohorts and sets of cohorts. In this chapter, we discuss the research design for the nationally representative, annually repeated cross-sectional studies of 8th, 10th, and 12th grade students. For details on the research design and results of the panels, see the MTF Longitudinal Panel annual report on adults ages 19 to 65.⁶

Sampling Procedures

Each spring, the project has surveyed separate, U.S. nationally representative samples of 8th, 10th, and 12th grade students across the contiguous United States. These surveys have been ongoing since 1991 for 8th and 10th grade students and since 1975 for 12th grade students. All three grades are sampled independently, with no school representing more than one grade, resulting in three separate and independent, nationally representative samples each year.

MTF currently uses a two-stage stratified random sampling procedure⁷ as follows:

Stage 1: Schools

In each grade schools are randomly drawn from 70 grade-specific strata. These strata group each school in the contiguous 48 U.S. states on the basis of its (a) location in one of the nine U.S. Census Divisions; (b) size, categorized as large, medium, or small (cutoffs listed below); and (c) urbanicity, defined as rural, suburban, or urban, using the National Center for Educational Statistics [criteria](#).

In each grade, up to six schools are randomly drawn from within each of these 70 strata, with more schools allocated for selection in strata with larger numbers of total students. Each school in a stratum has an equal selection probability, which is the number of schools selected divided by the total number of schools in the stratum.

Stage 2: Students

The second stage is selection of students at the target grade within each selected school. The usual procedure is to include all of them in the data collection when feasible. In some cases, a subset of

⁶ Patrick, M. E., Miech, R. A., Johnston, L. D., & O'Malley, P. M. (2025). [Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 65, 1976–2024](#). Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan.

⁷ Kish, L. (1965). *Survey sampling*. Wiley.

students is selected either by randomly sampling classrooms or by some other random method that is convenient for the school and judged to be unbiased. In this stage, students are assigned a selection probability accordingly; e.g., students in schools where all students are selected have a selection probability of one, and students in schools where a random half is selected have a selection probability of 0.5.

A sample weight is assigned to each participant that is based on the inverse of the multiple of the two selection probabilities from these two stages. Analyses of samples using this design produce nationally representative estimates and correct standard errors when using statistical algorithms that take into account this sampling weight as well as the clustering of students within schools and by strata.

The Three-Stage Stratified Sampling Design From 1975–2023

Prior to 2024, MTF used a three-stage stratified random sampling procedure that started with random selection of geographic areas. The contiguous U.S. was divided into about 100 geographic strata defined on the basis of wide ranging geographical coverage and urbanicity, per the University of Michigan’s Survey Research Center (SRC) national sample design (78 strata in 1975–1985, 84 in 1986–1993, and 108 in 1994–2023). A subarea within each stratum was selected and assigned a selection probability proportionate to its size in the stratum. Schools were then selected within the randomly selected subarea, with school selection probability proportionate to the size of the target grade.⁸ The third stage was student selection, which used the same procedure described above for the current, two-stage sampling design. The probability weight for each student in the three-stage design was defined as the inverse of the multiple of the three selection probabilities from these three stages.

The three-stage sampling design served MTF well but had become dated. The groupings of 3,000+ U.S. counties that made up the 108 strata used from 1994 to 2023 were based on the 1990 census and the definition of metropolitan statistical areas (MSAs) at that time. Updating the number of strata and/or the boundaries that define them is a challenge because the criteria to qualify as a MSA changed after 1990. In addition, strata sizes were defined on the basis of household counts, and not on the more directly-relevant number of 8th, 10th, and 12th grade students. MTF worked with the professional sampling statisticians at SRC for a period of three years to develop the current, two-stage sampling procedure implemented in 2024.

⁸ Kish, L. (1965). *Survey sampling* (p. 220). Wiley.

Number of Years in the MTF Study

Each school is initially invited to participate for two years, and starting in 2024 at the end of the second year, each school is invited to participate for one additional year. Almost all participating schools continue for a second and third year, and substitute schools are randomly selected from the sampling frame for the few that do not. Participation is staggered so that about one-third of the sample is newly recruited each year, while the rest of the sample continues into its second or third year. Prior to 2024, school participation was for a two-year, staggered period so that half of the schools were newly recruited each year.

Post-Stratification

Starting in 2020, to address the smaller sample size in that year as a result of the COVID-19 pandemic and associated greater variability, the analyses were additionally weighted by region of the country (West, Midwest, Northeast, and South) and, within each region, by metropolitan/non-metropolitan status. The purpose of this weighting is to ensure that the impact of these two factors on the analysis results is proportional to their size in the nation. Substance use levels and other demographics did not inform the sampling weights. This same weighting procedure was used for the 8th and 10th grade students. This post-stratification weighting was continued in all subsequent years for all three grades.

School Size

Schools with less than 25 students in 10th and 12th grade, and less than 20 students in 8th grade, are excluded from the sampling frame. In each grade, this exclusion omits less than 3% of total students nationally. Cutoffs for small, medium, and large schools vary by grade. For public schools, the 12th grade cutoffs are 25–75, 76–200, and 201+, respectively. For 10th grade, the cutoffs are 25–75, 76–225, and 226+, respectively; and for 8th grade, they are 20–65, 66–175, and 176+. For private schools, only two school sizes are used for sampling, with cutoffs of 25–60 and 61+ in both 12th and 10th grade and 20–35 and 36+ in 8th grade.

School Recruiting Procedures and Survey Administration

Early during the fall semester, a letter inviting participation is sent by MTF to the principal of each randomly selected school. The letter and accompanying materials describe the study. The letter also explains what participation would mean for the school, and it indicates that we will be calling within a few days to answer questions and determine their intention. A staff member follows up with a telephone call, deals with any questions or problems (as is often necessary), and makes arrangements to contact and seek permission from any other school officials that are required (such as at the school district).

Securing the cooperation of selected schools is often a long and arduous process. No school is an isolated unit; each is part of a larger local school district or system. Frequently, approval for a school's participation in the survey is required from a school or district official in addition to the principal of the selected school. In some cases, this is the superintendent or, particularly in the larger systems, an official (or review committee) whose approval is required for all external research conducted in the system. Further complicating the process is the considerable variation in local rules governing research conducted in schools. State legislatures, school boards, teacher associations, and parent associations all may have a voice in whether a school participates.

The standard procedure for recruiting a school involves an initial telephone contact with the principal after he or she has received a letter of invitation. If a school refuses, the refusal often occurs at this point. The reasons most commonly given are objections to using student time for surveys, over-participation in surveys that year, or some temporary crisis or disruption in the system that year (e.g., mandatory testing, a teacher strike, budgetary difficulties, a disruptive event). Other less commonly given reasons include disapproval due to survey content and concerns about adverse parental reaction to a survey dealing with social issues. If refusals occur at higher levels, such as the school district, the reasons given tend to be the same as those listed above.

Once the project staff member obtains the school's agreement to participate, he or she makes arrangements by phone or email for selecting a random sample of students in the grade in question (when the school is large) and for administering the questionnaires. An SRC representative is assigned to carry out the administration, and a specific date for the survey is mutually agreed upon.

Pre-Administration Arrangements

The SRC representative communicates with the participating school about two weeks before the actual administration date to meet the teachers whose classes will be affected. The representative provides a brochure describing the study, a brief set of guidelines about the questionnaire administration, and a supply of flyers to be distributed to the students a week to 10 days before the questionnaire administration. The guidelines to the teachers provide a suggested announcement to students when distributing the flyers.

The students' first acquaintance with the study usually comes via parents because two weeks prior to the administration date, a first-class letter is sent to the parents of each sampled student, along with an informational flyer about the study. These materials make clear that participation in the study is voluntary. (The project provides all necessary materials for this mailing, including postage, but the schools provide parents' names and addresses, usually on labels that are applied by and at the school.) Those parents

choosing not to have their child participate in the study are asked to sign a form included at the bottom of the letter, and return it to a specified person at the school (a procedure termed “active parental *dissent*”). Some schools require that parental consent be obtained in writing before students can participate (“active parental *consent*”). In all cases, the project follows the school’s requirements.

Later, when teachers announce the study in the classroom, they distribute additional copies of the informational flyer to the students. The teachers are asked to stress that the questionnaires used in the survey are not tests and that there are no right or wrong answers. The flyer tells students that they will be invited to participate in the study, points out that their participation is strictly voluntary, and stresses confidentiality (including a reference to the fact that the Monitoring the Future project’s grant of confidentiality from the Department of Justice allows us to protect their answers). The flyer also presents positive reasons for participation (e.g., the topics are interesting, the data will be important, and results will be widely distributed).

Questionnaire Administration

The local representatives of the SRC and their assistants conduct the questionnaire administration in each school, following standardized procedures detailed in a project instruction manual. The questionnaire administrations take place in classrooms during normal class periods whenever possible; however, circumstances in some schools require the use of larger group administrations. Teachers are asked only to introduce the SRC staff members, provide enrollment and attendance information, and remain present in order to help guarantee an orderly atmosphere for the survey. Teachers are urged to avoid walking around the room, lest students feel that their answers might be observed.

The actual process of completing the questionnaires is quite straightforward. Participants fill out a web-based questionnaire on their personal electronic device (in rare cases when students do not have personal electronic devices, MTF provides electronic tablets for students to complete the survey). Prior to 2019, students received sharpened pencils to mark their answers on paper surveys. Most participants can finish within a 45-minute class period; for those who cannot, an effort is made to provide a few minutes of additional time.

Questionnaire Organization and Format

Electronic Survey Mode

MTF uses an electronic questionnaire format. Students in 8th, 10th, and 12th grades complete a web-based questionnaire on their own electronic devices during class time since 2021. In both 2019 and 2020, students also completed an electronic questionnaire that was connected to the internet, although they

completed the survey on electronic tablets that MTF brought to schools. It is no longer necessary for MTF to bring tablets to schools because practically all schools now have internet access, and almost all students have electronic devices to complete the MTF questionnaires. In rare cases when these resources are not available at a school, MTF brings electronic devices for students, as well as a mobile server to collect their survey responses.

Multiple Questionnaire Forms

The school surveys presently use multiple questionnaire forms, with four forms in 8th and 10th grade and six forms in 12th grade; follow-up survey at ages 19–30 use forms matched to the form the student completed in 12th grade. The use of multiple forms is made possible by the large number of students we survey each year and allows us to include many more questions than can be covered in a single questionnaire requiring only one class period to complete. Keeping the survey administration within a single class period minimizes the disruption of the school’s schedule and encourages a higher proportion of schools to participate. In addition, a 45- to 50-minute-long questionnaire has a better chance of maintaining participant involvement than a longer one.

The use of multiple forms adds complexity at the analysis stage. Because not all variables in the study are measured on the same set of participants, not all can be included in the same multivariable analyses. However, we believe this problem is limited. We made extensive efforts during the initial questionnaire design to minimize this problem by: (a) including questions on the most common drugs in all questionnaire forms, (b) including the most obvious control or moderating variables in all questionnaire forms (these include measures of demographic and family background characteristics, plus certain measures of school and work status), and (c) including in the same questionnaire factors that we believed *a priori* should be examined together.

We will not review here the differences in questionnaire content from one form to another; the complete content of the school surveys for 8th and 10th grade students is presented [here](#), for 12th grade students [here](#).

Number of Questionnaire Forms by Grade

The 12th grade questionnaires consisted of five forms from 1975 to 1988, and then six forms in 1989 and the years thereafter. The sixth form was added to extend the number of variables that appeared together on the same form, and thereby facilitated analysis of their association. Prior to 1989, some questions such as perceived risk of harm and availability of drugs appeared on only one form. The sixth form was specifically designed to include questions such as these with other form-limited questions, as well as the core drug questions.

The 8th and 10th grade questionnaires have fewer forms (four) than the 12th grade questionnaires (six). The primary consideration leading to fewer forms was the large amount of material judged essential for inclusion in all forms, leaving rather little space for form-specific items. Our decision for fewer questionnaire items, coupled with the need to cover all of our basic measures of drug use and demographic material, left us with less space available for other material. It was also the case that some question sets were deemed most appropriate for the older students, given that their greater maturity may result in more reasoned and informed answers.

Two forms comprised the 8th and 10th grade questionnaire from 1991 to 1996. In 1997, we decided that it was important to increase coverage of tobacco-related behaviors, in light of the major changes occurring in the nation regarding youth and tobacco. Accordingly, because the two existing forms were already too long for added material, we created two new forms. The strategy was to add the new tobacco-related material (questions about ease of access to cigarettes, brand smoked, etc.) to each of the new forms, retaining most but not all of the original material from each of the original forms. Each of the two original (unchanged) forms was administered to a random one-third of participants from 1997 on, while each of the two new forms was administered to one-sixth. Thus, the new material related to tobacco was available from one-third (one-sixth times two) of the sample, while original material was available from the entire sample (in the case of material that was retained in all forms), or from one-third (in the case of material that was retained in one of the original forms but not included in the new forms).

Questionnaire Length and Difficulty by Grade

Nearly all of the items used in the original 8th and 10th grade questionnaire forms were selected (usually unchanged) from among the much larger set of items in the 12th grade forms. In general, most of the monitored variables having to do with drugs (own use, friends' use, perceived risks, disapproval, perceived availability, etc.) are included (representing a bit more than half of the total questionnaire space), along with most of the background variables and measures of educational and employment experiences. Coverage of the other monitored variables, for reasons discussed above, is considerably more limited in the 8th and 10th grade forms.

We recognized that some students in 8th grade (and, to a lesser extent, 10th grade) would be more limited than 12th grade students in their reading skills and thus would require questionnaires a bit shorter and with lower difficulty levels. We aimed for 10–20% less questionnaire material (i.e., 10–20% fewer items) in the 8th and 10th grade questionnaires than in the 12th grade questionnaires. We also decided that some items in the 12th grade surveys that asked relatively complex questions would be above the difficulty level of some 8th and 10th grade readers and thus did not consider those questions for inclusion.

Procedures for Assuring Voluntary Participation and Protection of Confidentiality

Any study that relies on voluntary reporting of drug use must have procedures to guarantee the confidentiality of such reports. Participants should adequately understand these procedures so that they are comfortable providing honest answers and so that the voluntary nature of their participation is clear.

The flyers about the project distributed in the weeks before its administration emphasize confidentiality and voluntary participation. These themes are also noted in the oral instructions at the start of the actual questionnaire administration. Each participating student is instructed to read the preamble to the questionnaire, which stresses the importance and value of the study, notes that answers will be kept strictly confidential, and makes this further statement about voluntary participation: “This study is completely voluntary. If there is any question you or your parents would find objectionable for any reason, just leave it blank.” The instructions to 12th grade students then point out that in a few months all participants will receive a mailed summary of nationwide results and that after a year some students will get a follow-up questionnaire.

The cover message explains that these are the reasons for asking that name and address be written on a special form that 12th grade students receive in class and hand in separately. The information on this form and student answers are linked by encrypted numbers that can only be matched by use of a special computer file at the University of Michigan.

All of the above procedures are designed to fully protect the rights of the research subjects. These procedures are carefully reviewed each year and approved by the relevant University of Michigan Institutional Review Board.

Transition From Paper-and-Pencil to Electronic Questionnaires

2019 Estimates

MTF conducted a randomized controlled experiment in 2019, in which a randomly selected half of schools administered the student surveys with electronic tablets connected to the internet and the other half with traditional paper-and-pencil questionnaires. The use of two different modes in 2019 raised the possibility that differences in 2019 estimates in comparison to other years may have stemmed in part from survey mode effects. We examined this possibility in detail, and for drug prevalence estimates, we found no

evidence of mode effects.⁹ Consequently, for all 2019 drug prevalence estimates, we report results from the pooled sample of paper-and-pencil and electronic tablet responses.

2020 Estimates

In-school data collection in 2020 was halted on March 15, 2020 as a result of the COVID-19 pandemic. This halt resulted in a sample size about one-quarter the size of a typical data collection. The 2020 in-school data collection was also unique because it was the first year all students recorded their answers on electronic tablets, which MTF brought to the schools. (The previous year a randomly selected half of schools used electronic tablets.)

Detailed analyses of the 2020 results indicated that the curtailed MTF 2020 sample did not differ significantly from the nationally representative results from previous years in terms of sociodemographics and prevalence of use of substances that had stable prevalence in recent years.¹⁰

2021 Estimates and Beyond

The year 2021 was the first full school year affected by the COVID-19 pandemic and its associated social distancing policies. Anticipating that many students would be schooling remotely, MTF switched to an online questionnaire that students completed on their own electronic devices, either at school or at home (if schooling remotely).

Because the pandemic came on suddenly and unexpectedly, it was not possible for MTF to conduct a randomized-controlled test of the web-survey mode in comparison to electronic tablets. For two reasons we expect that such a test would have shown little to no differences in drug prevalence across the two modes, given that they are similar and both involve electronic devices connected to the internet. First, a 2019 MTF experiment that tested a much more substantial mode difference found no significant effect on drug prevalence estimates. In the 2019 administration, MTF surveyed a randomly selected half of the schools using electronic tablets and the other half using paper-and-pencil questionnaires and found no mode differences in drug use prevalence.¹¹ Second, 2021 trends were similar in analyses that used all participants and in analyses that restricted the analysis pool to the 46% of students who had all their classes in their school building, which suggests that at-home and in-school administrations produced

⁹ Miech, R. A., Couper, M. P., Heeringa, S. G., & Patrick, M. E. (2020). [The impact of survey mode on US national estimates of adolescent drug prevalence: Results from a randomized controlled study](#). *Addiction*, 116(5), 1144–1151.

¹⁰ Miech, R. A., Leventhal, A., Johnston, L., O'Malley, P. M., Patrick, M. E., & Barrington-Trimis, J. (2021). [Trends in Use and Perceptions of Nicotine Vaping Among US Youth From 2017 to 2020](#). *JAMA Pediatrics*, 175(2), 185–190.

¹¹ Miech, R. A., Couper, M. P., Heeringa, S. G., & Patrick, M. E. (2021). [The impact of survey mode on US national estimates of adolescent drug prevalence: results from a randomized controlled study](#). *Addiction*, 116(5), 1144–1151.

similar results (analyses not shown here). Consequently, in this report we directly compare drug prevalence estimates in 2022 and 2021 with previous years.

However, we cannot rule out possible mode effects for some of the attitude and belief estimates after 2020. Consequently, we do not directly compare these results from 2022 and later years with results from 2020 and beforehand. We note that our cautiousness in comparing to previous years does not necessarily mean that the results are not comparable, but only that comparability is not known at this point.

Representativeness and Sample Accuracy

MTF uses rigorous scientific sampling procedures so that its results are nationally representative. This means that every year the estimates MTF produces based on its sample of 25,000 to 50,000 8th, 10th, and 12th graders are the same as we would obtain if we had surveyed all ~12 million of them, give or take a few percentage points. This sampling approach allows MTF to quickly and accurately produce national data to track trends in teen drug use, identify new substances gaining popularity among adolescents, and assess how well policies and programs are working to prevent youth drug use.

Three primary criteria are central to evaluating the national representativeness of the MTF sample. The first is the geographic spread of the MTF schools across the contiguous United States. If their distribution were systematically incomplete—such that schools from particular regions were consistently omitted—the resulting sample could not adequately represent the U.S. student population.

[Table 3-2](#) summarizes the geographic spread of MTF schools by survey year. The analysis is based on MTF’s stratified multistage sampling design, which partitions all eligible U.S. schools into 70 primary sampling strata distributed across the country (the number of strata differed in earlier years, as noted in the table). In principle, each survey year would include at least one surveyed school within each stratum, thereby indicating wide spread across the United States.

As shown in the table, in virtually all years more than 95 percent of the MTF strata contained at least one participating school. The principal exception to the wide coverage occurred in 2020, when field operations were suspended prematurely due to the COVID-19 pandemic. These findings indicate that MTF achieved an excellent level of geographic coverage, satisfying a necessary—though not by itself sufficient—condition for national representativeness of the school-based sample.

A second criterion for the MTF sample to be representative is that replacement schools do not bias the MTF estimates. Replacement schools are selected by the MTF sampling statistician to substitute for any of the original, randomly selected schools that declined to participate in the MTF survey. Importantly, the decision to participate is made by principals or other school administrators—not by students—so school-

level nonparticipation does not reflect student self-selection. Each replacement school is chosen to be in close geographic proximity to the original school and to match on demographic characteristics. Bias would be introduced if estimates derived from replacement schools were substantially higher or lower than those from the originally selected schools.

Analyses show little evidence of such bias. Differences in substance use prevalence between the set of participating original schools and the set of participating replacement schools are minimal. For the combined years 2022–2025, when pandemic-related social distancing policies do not complicate comparisons, prevalence estimates for the three most commonly used substances were highly similar across the two groups of schools. For past 12-month use, prevalence in original versus replacement schools was 29% versus 28% for alcohol, 18% versus 17% for cannabis, and 17% versus 16% for nicotine vaping, and none of these differences were statistically significant. Earlier versions of this annual report also document similarly small differences between original and replacement schools in prior years.

A third criterion for MTF sample to be representative is high student response rates, which reduce the potential for nonresponse bias. [Table 3-1](#) documents high student response rate levels for each year of the survey by grade since 1975. In 2025, completed questionnaires were obtained from 86% of all sampled students in 8th grade, 81% in 10th grade, and 77% in 12th grade.

Students who did not show up to school on the day of the survey, referred to as “absenteeism”, account for most of the nonresponse. Because students with fairly high rates of absenteeism also report above average rates of drug use, some degree of bias is introduced into the prevalence estimates by missing the absentees. Much of that bias could be corrected through the use of special weighting based on the self-reported absentee rates of the students who did respond; however, we decided not to use such a weighting procedure because the bias in overall drug use estimates is quite small, whereas the necessary weighting procedures would have introduced greater sampling variance in the estimates. [Appendix A](#) in this report illustrates the changes in trend and prevalence estimates that would result if corrections for absentees had been included.

Sampling Accuracy of the Estimates

Confidence intervals (95%) are provided in [Chapter 4](#) for lifetime, 12-month, 30-day, and daily prevalence of use for 8th, 10th, and 12th grade students. For example, lifetime prevalence of cannabis use for 12th graders could theoretically vary by up to ± 2.8 percentage points. The interpretation of this 95% confidence interval is that if we took a large number of samples of this size from the universe of all schools containing 12th graders in the contiguous United States, 95 times out of 100 the sample would yield a result that would be less than 2.8 percentage points divergent from the result we would get from a

comparable massive survey of *all* ~4.4 million 12th graders in *all* schools. Confidence intervals for the other prevalence periods (last 12 months, last 30 days, and current daily use) are generally smaller than those for lifetime use. In general, confidence intervals for 8th and 10th graders are very similar to those observed for 12th graders. Some drugs that are measured on only one or two questionnaire forms will have larger confidence intervals because they are based on smaller sample sizes.

In 2020, as a result of the smaller sample size, these confidence intervals were wider than they had been in previous years, when confidence intervals averaged $\pm 1.4\%$ for lifetime prevalence across a wide variety of drug classes. Because of these larger confidence intervals in 2020, the minimum change in prevalence from 2019 to 2020 that was detectable as statistically significant was larger in 2020 than it was in earlier years.

In 2021 and subsequent years sample sizes, and consequently confidence intervals, were relatively closer to their typical size.

The [Appendix C](#) of this annual report published in 2017 and earlier years reported information on how to calculate confidence intervals for point estimates and how to calculate statistics that test the significance of changes over time or of differences between subgroups. This appendix is no longer necessary with the opening of MTF's remote portal at the [National Addiction and Health Data Archive Program](#), which now allows researchers to compute such statistics directly using MTF weights and clustering variables. Interested readers may refer to earlier publications of this annual report for the information it provides about design effects and how their computational influence varies by substance (e.g., see [Appendix C here](#)).

Validity of Measures of Self-Reported Drug Use

Are sensitive behaviors such as drug use honestly reported? Like most studies dealing with sensitive behaviors, we have no direct, totally objective validation of the present measures; however, the considerable amount of existing inferential evidence strongly suggests that the MTF self-report questions produce largely valid data. Here we briefly summarize this evidence.¹²

¹² A more complete discussion may be found in: Johnston, L. D. & O'Malley, P. M. (1985). Issues of validity and population coverage in student surveys of drug use. In B. A. Rouse, N. J. Kozel, & L. G. Richards (Eds.), [Self-report methods of estimating drug use: Meeting current challenges to validity](#) (NIDA Research Monograph No. 57 (ADM) 85 1402). Washington, DC: U.S. Government Printing Office; Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1984). [Drugs and American high school students: 1975–1983](#) (DHHS (ADM) 85 1374). Washington, DC: U.S. Government Printing Office; Wallace, J. M., Jr., & Bachman, J. G. (1993). [Validity of self-reports in student-based studies on minority populations: Issues and concerns](#). In M. de LaRosa (Ed.), [Drug abuse among minority youth: Advances in research and methodology](#) (NIDA Research Monograph No. 130). Rockville, MD: National Institute on Drug Abuse.

First, using a three-wave panel design, we established that the various measures of self-reported drug use have a high degree of reliability—a necessary condition for validity.¹³ In essence, respondents were highly consistent in their self-reported behaviors from modal ages 18 to 22. Second, we found a high degree of consistency among logically related measures of use within the same questionnaire administration. Third, the proportion of 12th graders reporting some illicit drug use has reached two-thirds of all respondents in peak years and over 80% in some follow-up years, constituting *prima facie* evidence that the degree of underreporting must be very limited. Fourth, 12th graders' reports of use by their unnamed friends—about whom they would presumably have considerably less reason to conceal information about use—have been highly consistent with self-reported use in the aggregate, both in terms of prevalence and trends in prevalence, as discussed in [Chapter 9](#). Fifth, we have found self-reported drug use to relate in consistent and expected ways based on theory to a number of other attitudes, behaviors, beliefs, and social situations—strong evidence of “construct validity”. Sixth, the missing data levels for the self-reported use questions are only very slightly higher than for the preceding nonsensitive questions, in spite of explicit instructions to respondents immediately preceding the drug section to leave blank those questions they feel they cannot answer honestly. Seventh, an examination of consistency in reporting of lifetime use conducted on the longitudinal panels of graduating seniors found quite low levels of recanting of earlier reported use of the illegal drugs.¹⁴ There was a higher level of recanting for the prescription drugs, suggesting that adolescents may actually overestimate their use of some drugs because of misinformation about definitions but that this knowledge improves as they get older. Finally, the great majority of respondents, when asked, say they would answer such questions honestly if they are or were users.¹⁵

As an additional step to assure the validity of the data, we check for logical inconsistencies in the answers to the triplet of questions about use of each drug (i.e., lifetime, annual, and 30-day use), and if a respondent exceeds a maximum number of inconsistencies across the set of drug use questions, his or her record is deleted from the data set. Similarly, we check for improbably high rates of use of multiple drugs and delete such cases, assuming that the respondents are not taking the task seriously. Fortunately, very few cases (< 3%) have to be eliminated for these reasons.

¹³ O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (1983). [Reliability and consistency in self-reports of drug use](#). *International Journal of the Addictions*, 18, 805–824.

¹⁴ Johnston, L. D. & O'Malley, P. M. (1997). [The recanting of earlier reported drug use by young adults](#). In L. Harrison (Ed.), *The validity of self-reported drug use: Improving the accuracy of survey estimates* (NIDA Research Monograph No. 167, pp. 59–80). Rockville, MD: National Institute on Drug Abuse.

¹⁵ For a discussion of reliability and validity of student self-report measures of drug use like those used in MTF across varied cultural settings, see Johnston, L. D., Driessen, F. M. H. M., & Kokkevi, A. (1994). [Surveying student drug misuse: A six-country pilot study](#). Strasbourg, France: Council of Europe.

This is not to argue that self-reported measures of drug use are necessarily valid in all studies. In MTF, we have gone to great lengths to create a situation and set of procedures in which respondents recognize that their confidentiality will be protected. We have also tried to present a convincing case as to why such research is needed. The evidence suggests that a high level of validity has been obtained. Nevertheless, insofar as any remaining reporting bias exists, we believe it to be in the direction of underreporting. Thus, with the possible exception of prescription drugs, we believe our estimates to be lower than their true values, even for the obtained samples, but not substantially so.

Consistence and Measurement of Trends

MTF is designed to be sensitive to changes from one time period to another. A great strength of this study is that the measures and procedures have been standardized and applied consistently across many years. To the extent that any biases remain because of limits in school and/or student participation, and to the extent that there are systematic distortions (lack of validity) in the responses of some students, it seems very likely that such problems will exist in much the same proportions from one year to the next. In other words, biases in the survey estimates will tend to be consistent from one year to another, meaning that they should have very little effect on our measurement of trends. The smooth and consistent nature of most trend curves reported for the various drugs provides rather compelling empirical support for this assertion.

Accessible tables for Chapter 3 can be found on the [MTF accessible dashboard](#).

TABLE 3-1

Sample Sizes and Response Rates

Grade:	<u>Number of Public Schools</u>			<u>Number of Private Schools</u>			<u>Total Number of Schools</u>				<u>Total Number of Students</u>				<u>Student Response Rate (%)</u>		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	Total	8th	10th	12th	Total	8th	10th	12th
1975	—	—	111	—	—	14	—	—	125	—	—	—	15,791	—	—	—	78
1976	—	—	108	—	—	15	—	—	123	—	—	—	16,678	—	—	—	77
1977	—	—	108	—	—	16	—	—	124	—	—	—	18,436	—	—	—	79
1978	—	—	111	—	—	20	—	—	131	—	—	—	18,924	—	—	—	83
1979	—	—	111	—	—	20	—	—	131	—	—	—	16,662	—	—	—	82
1980	—	—	107	—	—	20	—	—	127	—	—	—	16,524	—	—	—	82
1981	—	—	109	—	—	19	—	—	128	—	—	—	18,267	—	—	—	81
1982	—	—	116	—	—	21	—	—	137	—	—	—	18,348	—	—	—	83
1983	—	—	112	—	—	22	—	—	134	—	—	—	16,947	—	—	—	84
1984	—	—	117	—	—	17	—	—	134	—	—	—	16,499	—	—	—	83
1985	—	—	115	—	—	17	—	—	132	—	—	—	16,502	—	—	—	84
1986	—	—	113	—	—	16	—	—	129	—	—	—	15,713	—	—	—	83
1987	—	—	117	—	—	18	—	—	135	—	—	—	16,843	—	—	—	84
1988	—	—	113	—	—	19	—	—	132	—	—	—	16,795	—	—	—	83
1989	—	—	111	—	—	22	—	—	133	—	—	—	17,142	—	—	—	86
1990	—	—	114	—	—	23	—	—	137	—	—	—	15,676	—	—	—	86
1991	131	107	117	31	14	19	162	121	136	419	17,844	14,996	15,483	48,323	90	87	83
1992	133	106	120	26	19	18	159	125	138	422	19,015	14,997	16,251	50,263	90	88	84
1993	126	111	121	30	17	18	156	128	139	423	18,820	15,516	16,763	51,099	90	86	84
1994	116	116	119	34	14	20	150	130	139	419	17,708	16,080	15,929	49,717	89	88	84
1995	118	117	120	34	22	24	152	139	144	435	17,929	17,285	15,876	51,090	89	87	84
1996	122	113	118	30	20	21	152	133	139	424	18,368	15,873	14,824	49,065	91	87	83
1997	125	113	125	27	18	21	152	131	146	429	19,066	15,778	15,963	50,807	89	86	83
1998	122	110	124	27	19	20	149	129	144	422	18,667	15,419	15,780	49,866	88	87	82
1999	120	117	124	30	23	19	150	140	143	433	17,287	13,885	14,056	45,228	87	85	83
2000	125	121	116	31	24	18	156	145	134	435	17,311	14,576	13,286	45,173	89	86	83
2001	125	117	117	28	20	17	153	137	134	424	16,756	14,286	13,304	44,346	90	88	82
2002	115	113	102	26	20	18	141	133	120	394	15,489	14,683	13,544	43,716	91	85	83
2003	117	109	103	24	20	19	141	129	122	392	17,023	16,244	15,200	48,467	89	88	83
2004	120	111	109	27	20	19	147	131	128	406	17,413	16,839	15,222	49,474	89	88	82
2005	119	107	108	27	20	21	146	127	129	402	17,258	16,711	15,378	49,347	90	88	82
2006	122	105	116	29	18	20	151	123	136	410	17,026	16,620	14,814	48,460	91	88	83
2007	119	103	111	32	17	21	151	120	132	403	16,495	16,398	15,132	48,025	91	88	81
2008	116	103	103	28	19	17	144	122	120	386	16,253	15,518	14,577	46,348	90	88	79
2009	119	102	106 #	26	17	19	145	119	125	389	15,509	16,320	14,268	46,097	88	89	82
2010	120	105	104 #	27	18	22	147	123	126	396	15,769	15,586	15,127	46,482	88	87	85
2011	117	105	110	28	21	19	145	126	129	400	16,496	15,382	14,855	46,733	91	86	83
2012	115	107	107	27	19	20	142	126	127	395	15,678	15,428	14,343	45,449	91	87	83
2013	116	103	106	27	17	20	143	120	126	389	15,233	13,262	13,180	41,675	90	88	82
2014	111	98	105	30	16	17	141	114	122	377	15,195	13,341	13,015	41,551	90	88	82

(Table continued on next page.)

TABLE 3-1 (cont.)

Sample Sizes and Response Rates

Grade:	<u>Number of Public Schools</u>			<u>Number of Private Schools</u>			<u>Total Number of Schools</u>				<u>Total Number of Students</u>				<u>Student Response Rate (%)</u>		
	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>Total</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>Total</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>
2015	111	102	101	30	18	20	141	120	121	382	15,015	16,147	13,730	44,892	89	87	83
2016	117	92	100	25	18	20	142	110	120	372	17,643	15,230	12,600	45,473	90	88	80
2017	109	89	105	22	17	18	131	106	123	360	16,010	14,171	13,522	43,703	87	85	79
2018	110	106	106	28	21	23	138	127	129	394	14,836	15,144	14,502	44,482	89	86	81
2019	114	104	108	29	22	20	143	126	128	397	14,223	14,595	13,713	42,531	89	86	80
2020	30	36	29	8	2	7	38	38	36	112	3,161	4,890	3,770	11,821	88	89	79
2021	91	84	82	30	16	16	121	100	98	319	11,446	11,792	9,022	32,260	82	78	69
2022	81	82	80	23	20	22	104	102	102	308	9,889	11,950	9,599	31,438	86	84	75
2023	59	61	65	17	15	18	76	76	83	235	6,240	8,494	7,584	22,318	80	85	72
2024	76	78	64	21	15	18	97	93	82	272	7,460	9,891	6,906	24,257	89	85	76
2025	74	73	73	22	13	15	96	86	88	270	7,409	9,108	7,209	23,726	86	81	77



TABLE 3-2

Percentage of MTF Strata with at Least One School Surveyed by Year

Year	% MTF strata with at least one school surveyed	Year	% MTF strata with at least one school surveyed
1976	99	2001	100
1977	100	2002	100
1978	100	2003	100
1979	99	2004	100
1980	97	2005	99
1981	97	2006	99
1982	100	2007	100
1983	100	2008	98
1984	99	2009	100
1985	100	2010	100
1986	99	2011	98
1987	100	2012	99
1988	100	2013	97
1989	100	2014	97
1990	100	2015	99
1991	100	2016	99
1992	100	2017	100
1993	100	2018	99
1994	98	2019	98
1995	98	2020	63
1996	99	2021	94
1997	99	2022	95
1998	100	2023	81
1999	100	2024	99
2000	100	2025	94

Notes: The MTF nationally representative design divided the contiguous United States into 79 strata from 1975–1976, 75 strata from 1977–1985, 69 strata from 1986–1993, 139 strata in 1994 (a transition year that used strata from two designs), 108 from 1995 to 2023, and 70 from 2024 to 2025. In 2020, the MTF survey was cut short by the COVID-19 pandemic.

CHAPTER 4 – Drug Use in 2025: Current Prevalence by Demographic Groups

MTF examines differences in prevalence of drug use associated with sex, college plans, region of the country, population density, parents' education level, and racial/ethnic identification. [Tables 4-1 through 4-4](#) provide statistics on levels of use for these various subgroups for all three grades in 2025. Additional information on trends in demographic differences for drug prevalence levels are presented in [our occasional papers](#) and on the [MTF dashboards](#).

Sex Differences

- **Cannabis** use was slightly higher for females than for males in 2025 in all three grade levels for lifetime, past 12-month use, and past 30-day use. This sex ordering is relatively new and has persisted in the five years after the pandemic onset in 2020; in all years prior to the pandemic it was reversed, with use being higher for males than for females.
- Prevalence levels for **vaping nicotine** were higher for females than for males in all three grades for lifetime, and past 12-month, and past 30-day use. The same pattern held for **vaping cannabis**, with the exception of past 30-day use among 12th grade students, with levels of 12% for males and 11% for females.
- **Alcohol** use is slightly higher for females compared to males in all three grades for lifetime and past 12-month use. The pattern also holds for past 30-day use, with the exception that in 12th grade, levels are slightly higher for males (23%) as compared to females (22%).
- Males had higher prevalence than females on many drugs other than cannabis—at least by 12th grade. Substances for which males had higher annual prevalence in 12th grade include **inhalants, hallucinogens, LSD, hallucinogens other than LSD, cocaine, crack, heroin, prescription opioid drugs (not prescribed), OxyContin, Vicodin, ketamine, prescription stimulant drugs (not prescribed), Ritalin, Adderall, methamphetamine, crystal methamphetamine (ice), over-the-counter cough/cold medicines, rohypnol, GHB, ketamine, tobacco using a hookah, small cigars, snus, steroids, androstenedione (not prescribed), creatine, and stay-awake pills (legal use)**. Further, males accounted for an even greater share of the frequent or heavy users of many of these drugs.
- **Binge drinking**, defined as five or more drinks in a row in the past two weeks, was slightly more common in 12th grade among males than females, with prevalence levels of 10% and 8%, respectively.

- Past 30-day **cigarette** smoking prevalence in 2025 was similar for males and females in 8th and 10th grade, with all levels at 1.1% or less. In 12th grade, prevalence was 3.9% for males and 2.4% for females, which amounts to a relative level of use that is 63% higher for males ($3.9/2.4 = 1.63$), but prevalence was low and this difference amounted to only 1.5 percentage points.
- **Smokeless tobacco** use was about twice as high for males compared to females. In 12th grade, past 30-day prevalence was, respectively, 4% and 2%.
- **Nicotine pouches**, which include products under the brand name Zyn, were similar to smokeless tobacco in their sex distribution, with substantially higher levels of past 12-month use among males at all grade levels. Specifically, male as compared to female prevalence levels were 10% vs. 4% in 12th grade, and 4% vs. 2% in both 10th and 8th grades.
- **Cannabis products made from hemp**, such as Delta-8 and Delta-10, are products named after ingredients such as delta-8-tetrahydrocannabinol and delta-10-tetrahydrocannabinol, which are isomers of delta-9-tetrahydrocannabinol, the main psychoactive compound of cannabis. Past 12-month prevalence levels were 8% for females and 10% for males among 12th grade students in 2025. These hemp-derived intoxicating products are currently legal at the federal level as a result of the Agriculture Improvement Act; however, many states ban their sale,¹⁶ and these products are currently scheduled to be reclassified as federally illegal on November 12, 2026.¹⁷
- Past 12-month use of **creatine**—an over-the-counter substance used to increase muscle mass—was 24% for males and 6% for females. Males compared to females also had higher levels of use for other substances that can be used to increase muscle mass such as **anabolic steroids (not prescribed)** (12-month prevalence of 1.4% and 0.3%, respectively in 12th grade) and **androstenedione (not prescribed)** (12-month prevalence of 1.1% and 0.1%, respectively).

Racial/Ethnic Differences

Racial/ethnic comparisons are made here for students who identify exclusively as Black/African American, Hispanic, or White. We caution the reader that the sampling error of differences among groups is likely to be larger than would be true for other demographic and background variables such as sex or college plans because Black/African American and Hispanic students are more likely to be clustered by neighborhood and, therefore, by school, as well as comprising smaller portions of the population. Clustering within

¹⁶ For more information, see Harlow, A. F., Miech, R. A., & Leventhal, A. M. (2024). [Adolescent Δ8-THC and marijuana use in the US](#). *JAMA*, 331(10), 861–865.

¹⁷ Congressional [legislation](#) as of May 5, 2026.

schools increases the standard errors of estimates, therefore reducing power to detect statistically significant differences across racial/ethnic groups.

[Tables 4-1 through 4-4](#) give the prevalence estimates for lifetime, annual, 30-day, and selected daily use for the three racial/ethnic groups at all three grade levels, along with the approximate numbers of cases upon which the estimates are based on the first page of each table.

- In 12th grade, annual prevalence of **cannabis** use differed by only seven percentage points across the racial/ethnic groups, with levels highest for Black/African-American students (29%) compared to White (27%) and Hispanic (22%) students. In the earlier grades, these racial/ethnic differences were smaller, with a maximum difference of 3% in 8th grade and 2% in 10th grade.
- Between approximately one-fourth and one-third of 12th grade students have used **any illicit drug** in the past 12 months. In 2025, the levels ranged from 28% for Hispanic students, 33% for non-Hispanic White students, and 35% for non-Hispanic Black students. In 10th grade, the corresponding levels were 18%, 20%, and 21%, and in 8th grade they varied by only one percentage point between 12% to 13%.
- In 10th and 12th grade, use of **alcohol** and **vaped nicotine**, two of the most prevalent substances used by adolescents, were highest for non-Hispanic White students, followed by Hispanic students, who in turn were followed by non-Hispanic Black students. This pattern held for lifetime, past 12-month and past 30-day use. In 8th grade, levels of use of these substances differed little across these racial/ethnic categories.
- Levels of nicotine use were highest among White students, followed by Hispanic students and then non-Hispanic Black students. This ranking holds for past 12-month use of **nicotine vaping**, **snus**, as well as **nicotine pouches**, for which the 11% prevalence for non-Hispanic White students was substantially higher than the 3% level for Hispanic students and the 2% level of non-Hispanic Black students.

Differences Related to College Plans

Overall, students who say they probably or definitely will graduate from a four-year college program (referred to here as the “college-bound”) have lower levels of illicit drug use than those who say they probably or definitely will not (the “noncollege-bound”). (See [Tables 4-1 through 4-4](#).)

Today, the great majority of students at all three grade levels say they probably or definitely will attend and graduate from a four-year college: 82% in 8th grade, 80% in 10th grade, and 74% in 12th grade (calculated from first three columns of [Table 4-1](#)). The proportions indicating college plans are higher at the lower grade levels, even though eventual high school dropouts (typically about 5% of today’s high

school classes) are still contained in these samples. Cohort shifts in college attendance that have taken place since MTF began may partially explain this apparent anomaly, but there is probably a considerable age effect as well, wherein early aspirations become reality-tested (and adjusted) as secondary school experience accumulates and academic performance levels become more clearly established.

For any given drug, the differences between these two self-identified groups of college- or noncollege-bound students tend to be greatest in 8th grade, perhaps due to the inclusion of future high school dropouts, or the tendency of noncollege-bound students to have an earlier age of initiation of use, or both.

- Annual **cannabis** use, for example, was reported in 2025 by 28% of noncollege-bound 12th graders vs. 25% of the college-bound, which amounts to a relative level 12% higher for the noncollege-bound. In 8th grade, the respective levels were 11% and 7%, which amounts to the much higher relative level of 57% for the noncollege-bound.
- Use of **cannabis products made from hemp** in the last 12 months was higher among the noncollege- as compared to college-bound students in 12th grade in 2025, at 11% and 8%, respectively. In 8th and 10th grades, prevalence was about 50% higher among the noncollege- as compared to the college-bound. In 8th grade, the levels were 3% and 2%, respectively, and in 10th grade they were 8% and 5%.
- In 2025, use of **any illicit drug other than cannabis** in the prior year were slightly higher in 12th grade for noncollege-bound youth (14%) compared to college-bound youth (12%) ([Table 4-2](#)). The same pattern holds in the earlier grades; in 8th grade, the levels were 9% vs. 7%, and in 10th grade they were 10% vs. 6%.
- Frequent use of many illicit drugs shows larger contrasts related to college plans ([Table 4-4](#)). **Daily cannabis** use, for example, was more than twice as high among the noncollege-bound as it was among the college-bound in all three grades. **Lifetime prevalence of daily cannabis use for a month or more** shows that the concentration among the noncollege-bound (12%) was around one-and-a-half times as high compared to the college bound (8%) (this outcome is not measured in the lower grades).
- An examination of [Table 4-2](#) shows substantial ratio differences between the college-bound and the noncollege-bound for annual prevalence of use for many illicit drugs, with the noncollege-bound being higher. These large ratios appeared in all three grades.
- Levels of **alcohol** use in 12th grade differed little by college expectations for lifetime, past 12-month, and past 30-day use. In contrast, in 8th grade the noncollege-bound had higher levels of

use for these measures, by about five percentage points for lifetime, past 12-month, and past 30-day use.

- **Cigarette** smoking prevalence in the past 30 days was slightly higher for the noncollege-bound as compared to the college-bound in all three grades. These differences are small—all are less than one percentage point—in part because overall prevalence of cigarette smoking is so low that any proportional differences result in small absolute differences
- Both **any nicotine use** and **any nicotine use other than vaping** in the past 30 days were higher for the noncollege-bound. In 12th grade, the levels of any nicotine use for the college- as compared to the noncollege-bound were 17% vs. 35%, in 10th grade they were 10% vs. 17%, and in 8th grade they were 5% vs. 9%. “Any nicotine use” indicates any use of cigarettes, large cigars, flavored small cigars, regular small cigars, tobacco using a hookah, smokeless tobacco, or vaping nicotine.
- **Vaping cannabis** in the past 30 days was higher for the noncollege-bound youth in 8th, 10th, and 12th grades. The absolute difference between the two groups was largest in 10th grade, with a prevalence of 11% for the noncollege-bound compared to 6% for the college-bound.

Regional Differences

[Appendix B](#) provides detailed descriptions of the states included in the four regions of the country as defined by the United States Census Bureau—the Northeast, Midwest, South, and West. The MTF study design is intended to permit such regional comparisons, but it is not designed to permit state-level estimates, which would require far larger samples. Regional differences in drug use levels for the current year are provided in [Tables 4-1 through 4-4](#) for grades 8, 10, and 12. Additional information on differences in drug prevalence by region are presented in [our occasional papers](#).

- In 2025, the overall prevalence levels of **any illicit drug** use in the last 12 months for 12th grade students were lowest in the South with a prevalence of 27%, compared to 33% to 35% in the other three regions ([Table 4-2](#)).
- Regional variation in use in the past 12 months of **any illicit drug other than cannabis** was relatively small, with prevalence ranging from 7% to 8% among 8th graders, 7% to 9% among 10th graders, and 12% to 15% among 12th graders.
- Use of **cannabis products made from hemp** in the past 12 months among 12th grade students was lowest in the West, at 7%, compared to about 10-11% in the South and Midwest and 11% in the Northeast. In 10th grade, prevalence levels were low in all four regions (between 5% and 6%) and lowest in the West (4%). In 8th grade, prevalence levels were between 2% and 3% and was lowest in the South (2%).

- Levels of annual **nicotine vaping** among 12th grade students were lowest in the South (18%) and highest in the Northeast (24%), with the West and Midwest falling in between at 20% and 22%, respectively. Variation by region was smaller in 8th and 10th grades, although the lowest levels of past 12-month use were in the South in both grades.
- Use of **nicotine pouches** in the past 12 months was lowest in the South in 12th grade. The level of 6% in the South for 12th grade students compares with 9% in the Northeast. In 10th grade, prevalence levels are low in all four regions and vary between 2% and 4%. In 8th grade, levels were less than 1% in all four regions.
- Regional variation in **alcohol** use and **drunkenness** in the past 12 months did not vary consistently across grades in 2025.

Differences Related to Population Density

Three levels of population density (or urbanicity) have been distinguished for analytical purposes: City, Suburban, and Rural. (See [Appendix B](#) for exact definitions.)

In general, differences in drug use across these various-sized communities are generally small, reflecting how widely drug use has diffused through the population ([Tables 4-1 through 4-4](#)). There are a few exceptions:

- **Nicotine vaping** was highest in rural areas ([Table 4-2](#)). Past 12-month prevalence levels in rural areas compared to cities were 26% vs. 18% in 12th grade, 22% vs. 15% in 10th grade, and in 8th grade the levels were 8% in both rural and city areas.
- **Cigarette** use in the past 30 days was higher in rural areas in all grades, though all of the 30-day prevalence levels are now below 5.2% (which compares to a prevalence of 40% in 12th grade in 1998).
- **Nicotine pouch** use in the past 30 days was similar to cigarette use in that it was highest in rural areas. In all grades, its prevalence was more than two times higher in rural areas vs. cities.
- Consistent with differences in cigarette smoking, nicotine vaping, and nicotine pouch use, **any nicotine use** was concentrated in more rural areas in 10th and 12th grades. In 12th grade, prevalence for past 30-day use was 30% in rural areas, compared to 22% and 21% in cities and suburban areas, respectively. In 10th grade, the prevalence levels were 20%, 14%, and 10%.

Differences Related to Parental Education

To assess drug prevalence levels by parental education, all students are separated into two groups: one in which either parent (or both) has completed college and another in which neither parent has. [Tables 4-1 through 4-4](#) present drug prevalence levels for these two groups.

- In 12th grade, **alcohol** use in the past 12 months was higher among students with vs. without a college-educated parent, at 47% and 36%, respectively. The same pattern holds for having **been drunk**, with the respective prevalence levels at 27% and 19%. For both outcomes, in 8th and 10th grades prevalence levels are virtually the same across students with and without a college-educated parent.
- The prevalence of **vaping nicotine** is lower among students with vs. without a college-educated parent in all grades, for lifetime, past 12-month, and past 30-day use (with the exception of past 12-month use among 8th graders). While this difference is consistent, it is also not large and typically between one and four percentage points.
- In 8th and 10th grades, **lifetime abstention** from alcohol, cannabis, and nicotine is higher among students with vs. without a college-educated parent: the respective levels are 75% and 69% in 8th grade, and 62% and 56% in 10th grade. In 12th grade, the ordering of these levels reverses, with the respective prevalences of 39% and 43%.

Accessible tables for Chapter 4 can be found on the [MTF drug prevalence and trends dashboard](#).

TABLE 4-1
Lifetime Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	<i>Approximate Weighted N^a</i>			<u>Cannabis</u>			<u>Inhalants</u>			<u>Hallucinogens other than LSD</u>			<u>Prescription Opioid Drugs (Not Prescribed)</u>			<u>Prescription Stimulant Drugs (Not Prescribed)</u>		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	7,000	8,600	6,800	12.6	22.1	34.8	8.5	6.4	—	1.7	3.3	6.3	—	—	3.9	7.6	5.4	5.1
Sex																		
Male	3,400	4,200	3,400	10.1	19.6	33.4	7.8	6.4	—	1.7	3.4	8.1	—	—	3.9	7.7	5.1	6.0
Female	3,400	4,200	3,200	14.6	23.9	35.9	8.8	6.3	—	1.5	3.0	4.0	—	—	3.9	7.3	5.3	4.0
College Plans																		
None or under 4 years	1,200	1,700	1,700	17.3	30.4	39.4	8.8	8.5	—	2.7	5.7	7.7	—	—	4.0	9.4	6.4	5.5
Complete 4 years	5,600	6,700	4,800	11.4	19.7	32.9	8.2	5.9	—	1.5	2.6	5.5	—	—	3.9	7.2	5.1	4.7
Region																		
Northeast	1,200	1,400	1,200	12.7	23.4	40.8	11.7	5.4	—	1.4	3.4	6.6	—	—	2.7	8.1	4.6	4.8
Midwest	1,500	1,800	1,500	12.9	25.1	36.1	7.4	6.5	—	2.1	3.4	6.1	—	—	3.9	7.4	6.1	4.7
South	2,600	3,300	2,500	11.3	18.8	29.2	7.4	6.2	—	1.4	2.3	4.4	—	—	4.2	7.3	5.7	5.3
West	1,700	2,100	1,600	14.4	24.2	38.4	8.7	7.4	—	2.2	4.9	9.2	—	—	4.3	7.8	4.8	5.3
Population Density^v																		
City	2,300	2,700	2,000	12.6	25.7	39.6	7.3	7.4	—	1.9	3.7	8.3	—	—	3.8	7.5	4.7	5.8
Suburban	4,200	5,300	4,400	12.8	20.1	33.0	9.2	5.9	—	1.5	3.1	5.6	—	—	3.9	7.7	5.4	4.9
Rural	500	600	400	11.2	24.5	31.6	7.5	6.5	—	2.5	3.7	4.0	—	—	4.9	6.6	8.4	4.0
Parental Education^o																		
Neither parent has college degree	2,400	3,200	2,700	15.6	27.4	36.2	8.6	7.3	—	1.7	4.3	6.6	—	—	4.1	7.6	5.8	4.6
Either parent has college degree	3,400	4,500	3,600	11.3	19.3	34.8	8.6	5.9	—	1.8	2.7	6.0	—	—	3.9	8.1	5.4	5.5
Race/Ethnicity																		
Hispanic	2,900	2,900	1,900	12.9	23.2	31.3	8.2	6.7	—	1.6	2.9	5.4	—	—	4.0	7.0	4.1	4.9
Non-Hispanic Black	1,200	1,200	1,000	14.4	24.1	37.2	9.6	6.0	—	2.0	2.7	5.3	—	—	2.9	6.1	5.6	4.1
Non-Hispanic White	2,000	3,200	2,900	9.0	21.1	37.3	8.0	6.4	—	1.4	3.4	6.8	—	—	4.0	7.4	6.0	5.1

(Table continued on next page.)

TABLE 4-1 (cont.)

Lifetime Prevalence of Use of Various Drugs by Subgroups

for 8th, 10th, and 12th Graders, 2025

	Prescription Sleeping Drugs (Not Prescribed)			Prescription Anti-Anxiety Drugs (Not Prescribed)			Any Prescription Drug (Not Prescribed) ^k			Alcohol			Been Drunk ^g			Flavored Alcoholic Beverages ^{g,j}		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	—	—	4.7	5.2	4.6	4.9	—	—	17.0	16.8	29.6	48.6	5.0	15.0	29.4	10.5	21.5	37.3
Sex																		
Male	—	—	9.2	3.0	3.4	4.3	—	—	16.6	16.0	27.9	48.2	4.1	13.4	30.0	9.4	18.6	35.8
Female	—	—	9.6	7.3	5.6	5.3	—	—	17.2	17.3	31.1	48.8	5.7	16.2	28.7	11.8	24.8	39.1
College Plans																		
None or under 4 years	—	—	11.0	5.1	5.2	4.1	—	—	18.6	20.9	37.9	49.6	7.7	21.4	28.5	16.7	23.8	36.7
Complete 4 years	—	—	8.7	5.2	4.4	5.0	—	—	16.2	15.8	27.6	48.2	4.3	13.4	29.5	9.3	21.3	38.1
Region																		
Northeast	—	—	8.4	4.4	4.4	4.8	—	—	16.5	15.4	30.2	50.8	4.4	15.2	32.6	9.6	19.2	38.0
Midwest	—	—	9.5	5.7	5.4	5.5	—	—	17.0	14.8	28.2	45.4	4.5	14.5	30.5	10.3	22.6	31.9
South	—	—	9.3	5.3	4.2	4.9	—	—	16.5	18.0	28.2	46.5	5.3	13.7	25.6	10.9	19.3	35.9
West	—	—	10.2	4.9	4.6	4.3	—	—	18.1	17.4	32.7	53.4	5.5	17.5	32.1	10.7	25.6	44.0
Population Density ^v																		
City	—	—	8.2	4.5	4.7	4.6	—	—	15.9	15.7	29.3	49.3	4.8	15.0	31.5	8.5	21.2	37.3
Suburban	—	—	10.1	5.5	4.3	4.9	—	—	17.6	17.2	28.7	47.9	5.0	14.1	28.4	11.3	20.8	36.3
Rural	—	—	7.6	5.3	6.9	5.3	—	—	15.7	18.4	39.3	53.8	6.7	23.1	29.7	13.9	29.5	47.8
Parental Education ^o																		
Neither parent has college degree	—	—	10.1	6.1	5.1	4.5	—	—	17.3	18.9	32.9	44.3	6.0	17.2	24.9	11.8	23.7	31.1
Either parent has college degree	—	—	9.0	5.1	4.4	5.2	—	—	17.2	17.1	29.5	53.7	5.0	14.8	33.6	11.8	22.5	44.9
Race/Ethnicity																		
Hispanic	—	—	9.9	5.7	4.3	4.3	—	—	16.8	18.3	31.4	45.0	5.3	14.5	26.2	10.3	21.3	31.7
Non-Hispanic Black	—	—	10.7	3.7	3.3	3.5	—	—	15.9	14.9	19.0	36.8	4.7	9.5	22.1	4.8	10.6	22.0
Non-Hispanic White	—	—	8.9	5.3	5.3	5.7	—	—	16.7	15.4	34.0	55.3	4.8	18.5	34.7	12.5	28.5	46.5

(Table continued on next page.)

TABLE 4-1 (cont.)

Lifetime Prevalence of Use of Various Drugs by Subgroups

for 8th, 10th, and 12th Graders, 2025

	<u>Cigarettes</u>			<u>Vaping Nicotine</u>			<u>Vaping Cannabis</u>			<u>Vaping Just Flavoring</u>			<u>Nicotine Pouches^{h,r}</u>			<u>Smokeless Tobacco^{f,m}</u>		
	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>
Total	4.8	8.2	15.3	14.7	22.1	29.9	7.5	15.3	22.4	11.3	13.9	17.3	1.4	5.1	10.0	3.0	4.7	7.3
Sex																		
Male	4.8	8.3	16.6	11.8	19.0	27.7	5.9	12.8	21.2	7.9	10.5	14.8	1.9	7.0	14.1	2.8	5.5	9.8
Female	4.2	7.5	13.2	16.9	24.6	31.7	8.6	17.0	23.2	14.3	16.9	20.1	0.8	2.9	6.0	3.0	3.5	4.0
College Plans																		
None or under 4 years	9.1	14.7	20.0	19.1	30.9	36.3	9.6	22.9	27.2	13.5	19.3	21.6	2.8	9.4	14.0	4.3	6.9	9.5
Complete 4 years	3.7	6.4	13.1	13.3	19.5	27.3	6.7	13.1	20.4	10.6	12.4	15.6	1.0	3.9	8.4	2.6	3.7	6.5
Region																		
Northeast	3.9	6.5	17.9	15.2	22.7	35.8	7.2	16.2	26.3	12.0	14.4	21.1	1.0	5.1	13.0	2.4	3.4	8.7
Midwest	4.8	7.7	15.3	14.9	24.9	30.6	7.6	17.0	24.0	11.0	15.8	17.7	1.4	4.8	10.9	2.6	4.1	8.1
South	5.0	8.0	12.1	14.5	20.2	27.3	6.9	12.5	18.3	11.5	12.5	16.3	1.9	5.3	8.3	3.5	5.5	5.2
West	5.1	10.3	18.7	14.3	22.5	29.2	8.3	17.5	24.7	10.5	14.4	16.0	0.8	4.8	9.7	2.9	4.8	8.6
Population Density^v																		
City	4.4	7.7	15.8	14.4	22.9	25.9	8.0	17.6	22.9	10.6	15.4	13.2	0.8	3.1	9.1	2.4	5.2	8.5
Suburban	4.7	7.5	14.5	14.9	20.6	31.2	7.2	13.7	22.2	11.6	12.5	18.8	1.6	5.2	9.6	3.3	4.0	6.0
Rural	7.5	17.7	22.2	14.0	32.4	36.0	7.1	18.4	22.5	11.7	20.1	22.2	2.5	12.8	18.8	2.9	8.7	14.3
Parental Education^e																		
Neither parent has college degree	5.3	10.4	15.6	18.2	26.9	32.6	9.3	19.4	24.1	14.4	17.6	19.7	1.1	4.3	9.7	3.8	4.6	6.8
Either parent has college degree	4.2	7.0	14.9	12.9	19.4	28.5	6.8	12.7	21.6	9.7	11.5	16.0	1.8	6.2	10.8	2.9	5.0	7.6
Race/Ethnicity																		
Hispanic	4.6	7.2	11.7	14.4	21.8	28.4	7.7	16.0	20.8	11.8	15.0	17.7	0.7	2.4	5.3	2.6	3.5	4.7
Non-Hispanic Black	2.8	3.4	6.4	15.8	20.9	24.6	8.5	13.5	20.4	13.3	13.0	15.9	0.6	1.1	2.8	3.6	5.8	1.4
Non-Hispanic White	4.5	10.4	19.7	11.5	23.3	33.4	4.7	15.2	24.5	7.9	13.5	17.7	2.7	9.3	15.7	2.9	5.5	10.0

(Table continued on next page.)

TABLE 4-1 (cont.)

Lifetime Prevalence of Use of Various Drugs by Subgroups

for 8th, 10th, and 12th Graders, 2025

	Prescribed Use of ADHD Drugs								
	<u>Stimulant-Type^{g,j}</u>			<u>Non-Stimulant-Type^{g,j}</u>			<u>Either Type^{g,j}</u>		
	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	6.7	8.2	9.9	2.5	3.1	4.3	8.8	10.1	12.4
Sex									
Male	8.1	8.0	11.1	3.3	2.7	4.2	10.9	10.1	13.6
Female	5.2	8.0	8.4	1.6	3.3	4.0	6.7	9.7	10.9
College Plans									
None or under 4 years	9.0	7.9	8.9	3.8	3.4	3.9	12.6	10.8	10.9
Complete 4 years	6.0	8.1	10.2	2.3	2.8	4.2	7.8	9.7	12.9
Region									
Northeast	9.1	8.8	11.5	1.2	3.2	6.6	10.7	10.2	15.2
Midwest	5.6	8.4	9.5	2.2	2.8	2.8	7.8	10.5	11.8
South	7.4	9.9	11.3	3.5	3.7	4.8	10.5	12.0	14.1
West	5.1	5.1	6.8	2.1	2.4	3.2	5.9	6.8	8.6
Population Density^v									
City	7.7	7.7	10.4	2.4	3.4	4.4	9.5	10.3	13.1
Suburban	6.6	8.1	9.8	2.7	2.7	4.3	8.7	9.6	12.3
Rural	3.9	11.7	7.8	1.0	5.0	3.3	5.5	14.2	10.4
Parental Education^o									
Neither parent has college degree	4.9	7.2	7.8	2.0	3.4	3.3	6.8	9.0	9.7
Either parent has college degree	8.2	9.4	11.7	3.3	3.1	5.3	10.6	11.4	14.9
Race/Ethnicity									
Hispanic	3.7	5.4	5.9	3.2	2.1	2.8	5.9	7.3	8.0
Non-Hispanic Black	5.9	5.5	8.3	1.6	2.2	0.7	7.6	7.1	9.1
Non-Hispanic White	11.4	11.9	13.3	2.6	4.3	6.3	14.0	14.1	16.8

See footnotes following table 4-4.



TABLE 4-2

Annual Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	<u>Approximate Weighted N^a</u>			<u>Any Illicit Drug^b</u>			<u>Any Illicit Drug other than Cannabis^b</u>			<u>Cannabis</u>			<u>Cannabis Products Made from Hemp</u>			<u>Inhalants^c</u>		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	7,000	8,600	6,800	12.9	19.1	31.7	7.2	7.2	13.1	7.6	15.6	25.7	2.4	5.5	9.2	3.6	2.7	2.2
Sex																		
Male	3,400	4,200	3,400	11.4	17.2	30.3	6.8	6.9	14.0	6.2	13.6	24.8	2.0	5.2	10.1	3.1	3.0	1.9
Female	3,400	4,200	3,200	14.2	20.2	32.3	7.4	7.1	11.5	8.8	16.8	26.1	2.5	5.2	7.8	3.9	2.5	1.8
College Plans																		
None or under 4 years	1,200	1,700	1,700	16.2	27.1	34.2	9.0	9.7	14.1	10.7	22.7	28.0	3.2	8.3	10.6	4.4	4.1	2.3
Complete 4 years	5,600	6,700	4,800	11.9	16.7	30.4	6.6	6.3	12.4	6.8	13.5	24.7	2.0	4.5	8.4	3.3	2.4	1.9
Region																		
Northeast	1,200	1,400	1,200	12.9	20.4	34.2	7.4	6.6	13.4	7.9	17.6	29.5	2.5	5.8	11.3	4.9	2.7	1.3
Midwest	1,500	1,800	1,500	13.8	21.6	33.3	7.9	7.3	13.3	8.0	17.9	27.6	2.4	5.4	9.2	2.7	2.2	1.9
South	2,600	3,300	2,500	12.0	16.0	27.5	6.9	6.6	11.5	6.9	12.7	20.7	1.9	5.9	9.7	3.6	2.5	1.7
West	1,700	2,100	1,600	13.4	21.1	35.1	7.0	8.5	15.3	8.3	17.0	29.4	2.9	4.7	7.0	3.4	3.6	3.7
Population Density^v																		
City	2,300	2,700	2,000	12.5	22.2	36.5	6.7	7.8	15.0	7.8	18.5	31.8	2.1	5.1	9.9	3.1	3.9	2.6
Suburban	4,200	5,300	4,400	13.0	17.1	29.9	7.3	6.5	12.6	7.6	14.1	23.4	2.5	5.5	9.1	3.9	2.2	2.0
Rural	500	600	400	13.5	23.1	26.9	8.8	10.8	10.2	6.9	16.4	21.5	2.4	7.6	6.8	3.4	2.7	1.7
Parental Education^o																		
Neither parent has college degree	2,400	3,200	2,700	15.2	22.7	32.2	7.7	8.1	13.1	9.6	19.3	26.5	2.3	6.6	9.3	4.1	3.4	2.8
Either parent has college degree	3,400	4,500	3,600	12.4	17.5	31.7	7.2	6.9	13.3	7.0	13.7	25.8	2.6	4.9	9.1	3.3	2.4	1.6
Race/Ethnicity																		
Hispanic	2,900	2,900	1,900	12.3	17.8	28.1	6.8	6.3	11.9	7.3	15.2	22.2	1.8	4.8	7.4	3.6	3.2	2.3
Non-Hispanic Black	1,200	1,200	1,000	12.8	20.6	34.5	5.9	6.8	11.2	8.8	16.8	29.1	2.7	4.8	9.7	2.8	1.9	0.4
Non-Hispanic White	2,000	3,200	2,900	11.7	19.6	32.5	7.4	7.9	13.2	5.8	15.3	27.3	1.7	5.9	10.4	3.7	2.5	1.7

(Table continued on next page.)

TABLE 4-2 (cont.)

Annual Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	<u>Hallucinogens</u> ^d			<u>LSD</u>			<u>Hallucinogens</u> <u>other than LSD</u>			<u>Ecstasy (MDMA)</u> ^{c,q}			<u>Cocaine</u>			<u>Crack</u> ^{c,j}		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	1.1	2.3	4.3	0.7	1.0	1.7	0.7	1.9	3.7	0.5	0.7	1.1	0.6	0.7	1.4	0.6	0.7	0.9
Sex																		
Male	1.3	2.5	5.9	0.7	0.9	2.2	0.7	2.2	5.3	0.4	0.6	1.3	0.7	0.7	1.9	0.4	1.0	1.3
Female	0.9	1.9	1.9	0.5	1.0	0.5	0.6	1.5	1.6	0.4	0.7	0.6	0.3	0.7	0.4	0.7	0.3	0.4
College Plans																		
None or under 4 years	2.3	4.3	5.3	1.3	1.8	2.1	1.6	3.5	4.2	0.9	0.8	0.8	1.3	1.0	1.6	0.9	1.0	1.3
Complete 4 years	0.8	1.6	3.5	0.5	0.7	1.2	0.4	1.4	3.4	0.3	0.5	0.9	0.4	0.5	1.0	0.5	0.5	0.7
Region																		
Northeast	1.3	2.4	4.2	0.7	1.0	1.4	0.7	2.0	4.0	0.6	0.7	0.7	0.6	0.8	1.5	0.8	0.5	0.3
Midwest	1.5	2.4	3.6	0.7	1.0	1.6	1.0	2.0	2.9	0.5	0.6	1.1	0.7	0.6	1.4	1.3	0.7	0.5
South	1.0	1.8	3.0	0.6	1.1	1.3	0.6	1.4	2.4	0.5	0.6	1.0	0.5	0.7	1.3	0.4	0.8	0.7
West	1.1	3.0	7.0	0.7	0.8	2.5	0.6	2.8	6.3	0.3	0.8	1.4	0.7	0.8	1.4	0.0	0.5	1.9
Population Density ^v																		
City	1.4	2.3	5.7	0.8	0.8	2.3	0.8	2.0	5.2	0.6	0.7	1.3	0.6	1.0	1.4	0.4	0.6	0.9
Suburban	0.9	2.3	3.7	0.6	1.1	1.4	0.6	1.9	3.2	0.4	0.6	0.9	0.6	0.5	1.3	0.7	0.7	0.8
Rural	1.7	2.7	2.7	0.6	1.2	1.6	1.3	2.1	1.9	0.6	0.9	1.6	0.8	1.2	1.9	0.7	0.7	1.8
Parental Education ^e																		
Neither parent has college degree	1.1	3.0	4.5	0.8	1.3	1.6	0.6	2.7	3.8	0.5	0.8	1.1	0.6	0.8	1.5	0.6	1.0	0.9
Either parent has college degree	1.1	2.1	4.0	0.5	0.9	1.3	0.7	1.6	3.7	0.4	0.6	0.8	0.5	0.7	1.0	0.6	0.5	0.9
Race/Ethnicity																		
Hispanic	1.1	2.0	3.9	0.8	0.7	1.9	0.6	1.8	3.2	0.4	0.5	1.4	0.2	0.6	1.4	0.3	0.6	1.0
Non-Hispanic Black	1.0	2.3	3.6	0.6	1.5	1.6	0.7	1.6	2.9	0.6	1.1	1.2	0.1	1.1	1.1	1.9	1.1	0.4
Non-Hispanic White	0.8	2.4	4.6	0.3	1.0	1.3	0.6	2.0	4.2	0.4	0.4	0.5	0.3	0.4	1.1	0.5	0.5	0.9

(Table continued on next page.)

TABLE 4-2 (cont.)

Annual Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	Heroin, Any Use ^r			Prescription Opioid Drugs (Not Prescribed)			OxyContin (Not Prescribed) ^{c,j}			Vicodin (Not Prescribed) ^{c,j}			Prescription Stimulant Drugs (Not Prescribed)			Ritalin (Not Prescribed) ^{g,j}		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	0.5	0.5	0.9	—	—	2.0	0.7	0.8	1.0	1.1	0.9	0.7	4.0	3.1	2.7	0.6	0.7	0.8
Sex																		
Male	0.5	0.5	1.0	—	—	2.1	0.7	1.2	1.1	0.9	1.2	0.9	4.3	2.9	3.4	0.3	1.1	1.3
Female	0.3	0.4	0.2	—	—	1.9	0.6	0.4	0.8	1.1	0.5	0.3	3.6	3.1	1.9	0.7	0.2	0.2
College Plans																		
None or under 4 years	1.0	0.6	0.9	—	—	1.9	1.9	1.0	1.2	2.0	1.6	1.2	5.0	3.4	2.6	0.9	1.1	0.7
Complete 4 years	0.2	0.4	0.5	—	—	2.1	0.5	0.7	0.9	0.7	0.6	0.4	3.7	3.0	2.6	0.5	0.6	0.7
Region																		
Northeast	0.3	0.5	0.9	—	—	1.7	0.3	0.3	1.1	0.7	0.3	0.3	4.3	2.6	2.7	0.7	0.3	0.7
Midwest	0.4	0.3	1.2	—	—	1.9	1.5	1.0	0.7	1.5	0.9	0.8	3.6	3.0	2.7	0.9	1.0	0.9
South	0.6	0.4	0.9	—	—	2.1	0.6	1.0	1.0	1.0	1.4	0.8	3.9	3.1	2.8	0.5	0.7	0.3
West	0.3	0.8	0.7	—	—	2.2	0.5	0.6	1.3	1.0	0.5	0.7	4.1	3.7	2.6	0.3	0.6	1.4
Population Density ^v																		
City	0.6	0.6	1.1	—	—	2.1	0.6	0.6	1.4	0.9	0.9	0.5	4.0	3.1	4.0	0.6	0.6	1.1
Suburban	0.4	0.4	0.9	—	—	2.0	0.8	1.0	0.8	1.2	0.8	0.7	3.9	2.9	2.1	0.6	0.7	0.6
Rural	0.4	0.7	0.8	—	—	1.7	0.2	0.2	1.1	0.6	1.4	1.5	4.3	4.8	2.4	0.2	0.7	0.8
Parental Education ^o																		
Neither parent has college degree	0.7	0.7	1.0	—	—	2.5	1.0	1.0	1.1	0.9	0.8	0.7	4.5	3.3	2.2	0.6	1.0	1.0
Either parent has college degree	0.3	0.4	0.5	—	—	1.7	0.5	0.7	0.8	1.0	1.0	0.5	4.0	3.2	3.0	0.5	0.6	0.6
Race/Ethnicity																		
Hispanic	0.5	0.0	0.7	—	—	2.1	0.7	0.3	0.7	1.1	0.3	0.4	3.8	2.5	2.4	0.4	0.5	0.6
Non-Hispanic Black	0.5	1.2	1.5	—	—	2.0	1.5	2.1	0.6	2.9	2.2	0.8	3.2	3.3	1.9	1.4	1.5	1.0
Non-Hispanic White	0.2	0.4	0.3	—	—	1.6	0.5	0.6	1.1	0.2	0.7	0.7	4.1	3.3	2.6	0.4	0.4	0.6

(Table continued on next page.)

TABLE 4-2 (cont.)

Annual Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	Adderall (Not Prescribed) ^{g,j}			Methamphetamine ^{g,j}			Crystal Methamphetamine (Ice) ^g			Prescription Sleeping Drugs (Not Prescribed)			Prescription Anti-Anxiety Drugs (Not Prescribed)			Any Prescription Drug (Not Prescribed) ^k		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	2.3	2.2	2.3	0.4	0.5	0.8	—	—	0.9	—	—	4.7	2.7	2.8	2.7	—	—	9.5
Sex																		
Male	1.8	2.7	2.9	0.3	0.7	1.1	—	—	0.9	—	—	4.6	1.7	2.3	2.3	—	—	9.1
Female	2.2	1.9	1.7	0.5	0.2	0.2	—	—	0.4	—	—	4.6	3.8	3.2	3.1	—	—	9.5
College Plans																		
None or under 4 years	3.2	1.8	3.1	0.9	0.7	0.4	—	—	0.7	—	—	5.0	2.9	3.1	2.0	—	—	9.3
Complete 4 years	2.1	2.3	2.0	0.2	0.2	0.6	—	—	0.7	—	—	4.5	2.7	2.7	2.9	—	—	9.4
Region																		
Northeast	2.0	1.4	2.3	0.0	0.7	1.2	—	—	0.5	—	—	3.7	2.3	2.7	3.2	—	—	9.2
Midwest	3.1	1.8	2.2	0.6	0.0	1.0	—	—	0.9	—	—	4.6	3.5	3.0	3.2	—	—	9.6
South	2.1	2.4	2.1	0.7	0.5	0.6	—	—	1.2	—	—	5.1	2.6	2.8	2.5	—	—	9.4
West	1.9	2.9	2.8	0.1	0.6	0.5	—	—	0.5	—	—	4.8	2.4	2.8	2.2	—	—	9.6
Population Density ^v																		
City	2.5	2.5	3.2	0.5	0.3	0.7	—	—	1.1	—	—	3.9	2.0	3.1	3.0	—	—	10.3
Suburban	2.1	2.1	1.9	0.4	0.5	0.7	—	—	0.8	—	—	5.1	3.0	2.5	2.6	—	—	9.2
Rural	2.3	2.4	2.6	0.4	1.0	1.1	—	—	0.4	—	—	4.4	3.1	4.1	2.6	—	—	8.0
Parental Education ^e																		
Neither parent has college degree	1.9	2.3	2.1	0.6	0.7	1.0	—	—	0.6	—	—	4.8	3.2	3.3	2.6	—	—	9.2
Either parent has college degree	2.9	2.4	2.5	0.3	0.3	0.4	—	—	0.8	—	—	4.7	2.7	2.6	2.8	—	—	9.8
Race/Ethnicity																		
Hispanic	1.4	1.4	2.0	0.2	0.1	0.5	—	—	0.8	—	—	5.1	2.9	2.3	2.7	—	—	8.9
Non-Hispanic Black	3.5	1.6	1.6	0.8	1.1	1.5	—	—	1.0	—	—	4.1	2.0	2.4	1.8	—	—	8.3
Non-Hispanic White	3.2	2.0	2.9	0.4	0.3	0.5	—	—	0.5	—	—	4.5	2.8	3.3	2.8	—	—	8.9

(Table continued on next page.)

TABLE 4-2 (cont.)

Annual Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	Over-the-Counter Cough/Cold Medicines ^{9,j}			Rohypnol ^{l,m}			GHB ^m			Ketamine ⁹			Alcohol			Been Drunk ⁹		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	4.2	5.1	3.1	0.5	0.4	0.1	—	—	0.3	—	—	1.1	11.2	23.5	41.1	2.8	10.9	23.0
Sex																		
Male	4.4	6.1	3.3	0.6	0.3	0.1	—	—	0.5	—	—	1.6	10.2	21.7	40.6	2.1	9.7	24.6
Female	4.1	4.1	3.0	0.2	0.3	0.0	—	—	0.0	—	—	0.3	12.2	25.0	41.5	3.2	11.9	21.4
College Plans																		
None or under 4 years	4.6	6.0	3.3	1.6	0.9	0.2	—	—	0.7	—	—	1.4	14.5	29.9	39.9	4.4	16.5	21.7
Complete 4 years	4.1	4.9	3.1	0.2	0.2	0.0	—	—	0.1	—	—	0.8	10.4	21.9	41.6	2.2	9.7	23.2
Region																		
Northeast	4.1	5.2	3.2	0.0	0.4	0.2	—	—	0.2	—	—	0.4	9.5	23.8	44.1	2.5	10.7	27.2
Midwest	5.7	5.5	3.8	0.3	0.7	0.2	—	—	0.9	—	—	1.3	10.2	22.0	37.9	2.2	10.3	24.2
South	4.1	5.5	3.4	0.9	0.5	0.0	—	—	0.2	—	—	1.0	11.5	21.7	39.2	2.8	9.6	19.3
West	3.2	4.0	2.2	0.5	0.0	0.0	—	—	0.0	—	—	1.3	12.9	27.5	44.8	3.4	13.8	24.9
Population Density ^v																		
City	4.2	2.7	2.6	0.3	0.5	0.0	—	—	0.0	—	—	1.2	9.9	22.9	42.9	2.6	11.2	25.4
Suburban	3.8	6.1	3.3	0.6	0.3	0.0	—	—	0.3	—	—	0.9	11.8	23.0	39.8	2.9	10.1	21.8
Rural	7.9	7.0	3.8	0.6	0.8	0.8	—	—	1.6	—	—	2.3	12.8	31.5	45.5	2.9	17.4	23.7
Parental Education ^e																		
Neither parent has college degree	4.2	4.7	2.7	0.8	0.6	0.0	—	—	0.3	—	—	1.3	12.7	25.4	36.0	3.3	12.4	18.7
Either parent has college degree	5.1	5.7	3.4	0.3	0.3	0.1	—	—	0.2	—	—	0.6	11.5	23.9	46.6	2.7	10.7	26.8
Race/Ethnicity																		
Hispanic	3.6	4.7	1.7	1.0	0.2	0.0	—	—	0.2	—	—	0.9	12.1	24.3	36.8	2.6	10.9	18.9
Non-Hispanic Black	5.2	4.2	4.9	0.4	0.5	0.2	—	—	0.2	—	—	1.3	7.3	12.7	28.4	2.5	6.0	16.9
Non-Hispanic White	4.0	6.2	3.3	0.0	0.4	0.0	—	—	0.4	—	—	0.9	11.3	28.7	48.7	2.8	14.0	28.2

(Table continued on next page.)

TABLE 4-2 (cont.)

Annual Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	Flavored Alcoholic Beverages^{g,j}			Tobacco using a Hookah^m			Small Cigars^m			Vaping Nicotine			Vaping Cannabis			Vaping Just Flavoring		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	6.6	16.3	29.2	—	—	1.9	—	—	4.6	8.5	14.3	20.0	4.7	10.6	16.0	5.9	7.5	9.1
Sex																		
Male	5.9	14.4	26.6	—	—	2.3	—	—	6.1	6.7	12.1	18.8	3.7	9.1	15.6	3.9	5.3	7.9
Female	7.4	18.7	32.0	—	—	1.1	—	—	3.2	9.9	15.8	21.0	5.6	11.6	16.1	7.8	9.4	10.3
College Plans																		
None or under 4 years	12.9	16.6	25.9	—	—	2.2	—	—	6.7	11.6	20.9	26.0	6.5	16.0	18.2	7.3	11.1	12.0
Complete 4 years	5.4	16.4	31.1	—	—	1.8	—	—	3.8	7.5	12.5	17.7	4.1	9.1	15.0	5.5	6.5	7.9
Region																		
Northeast	5.4	14.3	31.6	—	—	1.9	—	—	2.8	8.7	15.2	23.6	4.8	12.2	18.7	6.3	8.0	11.1
Midwest	7.6	16.1	23.4	—	—	1.6	—	—	3.9	8.4	15.5	21.7	5.0	11.5	17.9	4.9	8.0	9.9
South	6.3	14.0	27.9	—	—	1.7	—	—	5.4	8.0	13.0	17.6	4.0	8.5	12.8	6.0	6.8	8.8
West	6.9	21.6	34.8	—	—	2.6	—	—	5.1	9.2	14.9	19.7	5.5	12.0	17.3	6.2	7.8	7.3
Population Density^v																		
City	5.2	16.0	30.8	—	—	2.3	—	—	4.2	8.3	15.4	18.3	4.7	12.8	18.2	5.7	9.2	6.6
Suburban	6.8	15.8	28.1	—	—	1.6	—	—	4.5	8.6	12.9	20.3	4.9	9.3	15.2	6.0	6.2	9.8
Rural	11.7	22.2	32.7	—	—	2.8	—	—	7.1	8.1	22.2	25.8	3.6	11.5	14.1	5.1	12.0	13.8
Parental Education^e																		
Neither parent has college degree	6.9	16.2	24.5	—	—	2.0	—	—	4.6	8.3	16.6	22.2	5.7	13.1	16.7	7.0	9.4	10.5
Either parent has college degree	8.2	19.0	35.4	—	—	2.0	—	—	4.8	8.6	13.2	19.0	4.7	9.3	15.9	5.6	6.4	8.2
Race/Ethnicity																		
Hispanic	6.6	15.9	23.2	—	—	2.1	—	—	3.8	8.0	13.2	17.0	4.5	10.7	13.9	6.1	7.9	7.8
Non-Hispanic Black	2.2	6.7	13.1	—	—	2.4	—	—	2.5	8.7	10.9	14.9	5.6	9.3	15.6	6.8	5.7	8.9
Non-Hispanic White	8.2	22.6	38.5	—	—	1.7	—	—	6.5	7.2	16.5	24.6	3.0	10.4	17.7	3.6	7.5	10.3

(Table continued on next page.)

TABLE 4-2 (cont.)

Annual Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	<u>Snus</u> ^{j,m}			<u>Steroids</u> <u>(Not Prescribed)</u> ^c			<u>Androstenedione</u> <u>(Not Prescribed)</u> ^g			<u>Creatine</u> ^{g,j}			<u>Nicotine Pouches</u> ^{h,r}			<u>Legal Use of</u> <u>Stay-Awake Pills</u> ^m		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	0.9	1.4	3.7	0.8	0.8	1.1	—	—	0.6	5.5	12.0	14.8	0.7	3.1	6.9	—	—	2.1
Sex																		
Male	1.2	2.3	5.7	0.9	1.0	1.4	—	—	1.1	9.0	20.0	24.0	1.0	4.4	10.2	—	—	1.9
Female	0.6	0.6	1.7	0.6	0.6	0.2	—	—	0.1	2.2	4.9	5.8	0.2	1.6	3.7	—	—	0.7
College Plans																		
None or under 4 years	2.1	2.4	4.8	1.4	1.4	0.8	—	—	0.5	7.2	15.5	14.9	1.5	5.7	9.4	—	—	3.7
Complete 4 years	0.7	1.1	3.2	0.6	0.6	0.9	—	—	0.7	5.1	11.2	14.8	0.5	2.4	5.9	—	—	0.6
Region																		
Northeast	0.9	1.8	3.8	0.9	1.2	0.9	—	—	0.4	4.4	9.2	13.6	0.8	3.3	9.2	—	—	1.6
Midwest	1.2	1.6	4.0	0.9	1.0	0.7	—	—	0.6	6.9	11.8	12.9	0.8	3.0	7.6	—	—	3.7
South	1.3	1.6	2.5	0.8	0.8	1.6	—	—	1.1	6.0	13.0	17.5	0.8	3.5	5.6	—	—	1.7
West	0.0	0.8	5.1	0.6	0.5	0.9	—	—	0.1	4.0	12.3	13.0	0.3	2.3	6.7	—	—	1.4
Population Density ^v																		
City	1.0	1.0	3.4	0.7	0.7	0.9	—	—	0.6	3.1	9.4	11.5	0.3	1.9	6.5	—	—	2.7
Suburban	0.8	1.5	3.4	0.8	0.8	1.3	—	—	0.5	6.2	13.2	16.0	0.7	2.9	6.4	—	—	1.8
Rural	1.1	3.3	8.2	1.0	1.5	1.0	—	—	2.2	9.9	13.4	18.0	2.2	9.8	13.1	—	—	1.3
Parental Education ^e																		
Neither parent has college degree	1.4	1.6	3.2	0.7	0.8	1.1	—	—	0.7	5.7	9.9	12.8	0.6	2.5	6.1	—	—	3.0
Either parent has college degree	0.8	1.5	4.2	0.8	0.9	0.6	—	—	0.6	6.6	14.5	17.0	0.8	3.9	7.9	—	—	0.4
Race/Ethnicity																		
Hispanic	0.3	0.8	2.4	0.7	0.7	1.3	—	—	1.5	3.6	11.6	15.2	0.3	1.0	3.2	—	—	2.2
Non-Hispanic Black	1.9	1.3	0.8	0.9	1.0	0.2	—	—	0.0	2.6	5.0	5.8	0.2	0.7	2.0	—	—	2.8
Non-Hispanic White	0.9	2.2	5.8	0.4	0.8	0.7	—	—	0.5	8.2	14.6	18.1	1.6	6.3	11.2	—	—	0.8

See footnotes following Table 4-4.



TABLE 4-3
Thirty-Day Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	<u>Approximate Weighted N^a</u>			<u>Cannabis</u>			<u>Cannabis Products Made from Hemp</u>			<u>Inhalants^c</u>			<u>Hallucinogens other than LSD</u>			<u>Prescription Opioid Drugs (Not Prescribed)</u>		
	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>
Total	7,000	8,600	6,800	4.0	9.4	17.1	1.1	2.8	5.3	1.9	1.4	—	0.3	0.6	1.1	—	—	0.8
Sex																		
Male	3,400	4,200	3,400	3.1	8.6	17.0	0.8	2.6	6.0	1.6	1.5	—	0.3	0.6	1.6	—	—	0.9
Female	3,400	4,200	3,200	4.7	9.4	16.5	1.3	2.6	4.3	1.9	1.3	—	0.2	0.5	0.4	—	—	0.7
College Plans																		
None or under 4 years	1,200	1,700	1,700	5.6	14.7	19.5	1.6	3.8	6.0	2.3	1.8	—	0.5	1.1	1.0	—	—	1.1
Complete 4 years	5,600	6,700	4,800	3.4	7.6	16.0	1.0	2.4	4.9	1.7	1.3	—	0.2	0.4	1.0	—	—	0.8
Region																		
Northeast	1,200	1,400	1,200	3.7	11.6	19.4	1.2	2.8	6.6	2.7	1.4	—	0.2	0.6	1.1	—	—	0.5
Midwest	1,500	1,800	1,500	4.4	10.5	19.1	1.0	2.9	6.0	1.0	0.9	—	0.4	0.6	0.6	—	—	1.1
South	2,600	3,300	2,500	3.8	7.7	13.2	1.0	2.8	4.9	2.0	1.7	—	0.4	0.5	0.6	—	—	0.9
West	1,700	2,100	1,600	4.4	9.6	20.0	1.3	2.7	4.5	1.8	1.4	—	0.2	0.9	2.2	—	—	0.7
Population Density^v																		
City	2,300	2,700	2,000	4.5	11.3	22.6	1.0	2.7	5.7	1.8	1.8	—	0.3	0.6	1.5	—	—	0.9
Suburban	4,200	5,300	4,400	3.9	8.4	14.9	1.2	2.7	5.2	2.0	1.2	—	0.3	0.6	0.9	—	—	0.8
Rural	500	600	400	3.1	9.9	14.8	1.0	3.7	4.5	0.8	1.6	—	0.1	0.8	0.8	—	—	0.6
Parental Education^o																		
Neither parent has college degree	2,400	3,200	2,700	4.6	11.5	18.2	1.1	3.2	5.5	2.1	1.6	—	0.4	0.7	1.1	—	—	1.0
Either parent has college degree	3,400	4,500	3,600	3.9	8.0	16.4	1.2	2.5	5.1	1.6	1.3	—	0.2	0.5	1.0	—	—	0.7
Race/Ethnicity																		
Hispanic	2,900	2,900	1,900	3.5	8.7	14.0	0.7	2.4	4.5	1.9	1.3	—	0.2	0.3	1.1	—	—	0.9
Non-Hispanic Black	1,200	1,200	1,000	5.5	10.0	22.0	1.3	2.5	5.2	1.7	0.9	—	0.4	0.8	0.7	—	—	1.5
Non-Hispanic White	2,000	3,200	2,900	3.0	9.4	17.4	0.7	2.9	6.0	1.9	1.3	—	0.2	0.5	1.0	—	—	0.5

(Table continued on next page.)

TABLE 4-3 (cont.)

Thirty-Day Prevalence of Use of Various Drugs by Subgroups

for 8th, 10th, and 12th Graders, 2025

	Prescription Stimulant Drugs (Not Prescribed)			Prescription Sleeping Drugs (Not Prescribed)			Prescription Anti-Anxiety Drugs (Not Prescribed)			Any Prescription Drug (Not Prescribed) ^k			Alcohol			Been Drunk ⁹		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	2.6	1.8	1.5	—	—	2.2	1.7	1.8	1.6	—	—	4.7	4.3	10.4	22.3	1.0	3.9	10.9
Sex																		
Male	3.0	1.9	1.8	—	—	2.3	1.1	1.6	1.3	—	—	4.7	4.0	9.6	22.6	0.8	3.7	12.1
Female	2.2	1.5	0.9	—	—	2.1	2.3	2.0	1.6	—	—	4.5	4.5	10.7	21.6	1.2	3.9	9.4
College Plans																		
None or under 4 years	2.7	2.0	1.4	—	—	2.4	1.3	2.6	1.2	—	—	4.8	7.8	14.7	22.1	1.7	6.6	10.0
Complete 4 years	2.5	1.7	1.4	—	—	2.0	1.8	1.6	1.6	—	—	4.6	3.4	9.2	22.1	0.7	3.2	10.8
Region																		
Northeast	2.6	1.7	1.6	—	—	1.6	1.7	1.6	2.3	—	—	4.9	2.5	9.0	24.1	0.8	3.0	14.0
Midwest	2.3	1.9	1.1	—	—	2.4	2.1	2.1	1.9	—	—	5.3	3.2	8.6	20.3	0.7	4.0	13.0
South	2.7	1.6	1.6	—	—	2.1	1.4	1.8	1.2	—	—	4.2	4.2	10.1	19.1	1.3	3.7	7.6
West	2.6	2.0	1.4	—	—	2.4	1.7	1.8	1.3	—	—	4.9	7.0	13.2	27.8	1.1	5.0	12.1
Population Density^v																		
City	2.7	1.6	1.9	—	—	1.4	1.2	2.0	1.5	—	—	4.7	3.4	9.9	26.0	0.9	3.8	13.3
Suburban	2.6	1.8	1.2	—	—	2.5	1.9	1.7	1.6	—	—	4.8	4.8	10.1	20.4	1.0	3.5	9.7
Rural	2.2	2.5	1.7	—	—	1.9	2.4	2.6	1.8	—	—	3.8	4.9	15.0	24.3	1.2	8.4	11.7
Parental Education^o																		
Neither parent has college degree	3.2	2.0	1.3	—	—	2.6	2.1	2.5	1.4	—	—	4.7	4.9	10.9	18.6	1.3	4.2	9.3
Either parent has college degree	2.5	1.7	1.4	—	—	1.9	1.6	1.6	1.6	—	—	4.7	4.0	10.6	25.7	0.9	3.9	12.4
Race/Ethnicity																		
Hispanic	2.8	1.4	1.5	—	—	2.6	1.9	1.5	1.7	—	—	5.0	4.9	11.8	18.7	0.8	3.8	6.9
Non-Hispanic Black	2.2	2.0	1.0	—	—	2.2	1.4	1.9	1.4	—	—	4.8	3.1	4.6	14.5	1.0	1.6	7.4
Non-Hispanic White	2.4	1.7	1.1	—	—	1.9	1.7	2.1	1.5	—	—	3.9	4.2	12.5	27.2	1.2	5.2	14.4

(Table continued on next page.)

TABLE 4-3 (cont.)

Thirty-Day Prevalence of Use of Various Drugs by Subgroups

for 8th, 10th, and 12th Graders, 2025

	Flavored Alcoholic Beverages^{9,j}			Cigarettes			Vaping Nicotine			Vaping Cannabis			Vaping Just Flavoring			Large Cigars^{9,p}		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	2.1	6.3	16.0	0.7	1.1	3.4	5.1	10.0	15.7	3.0	7.0	11.7	3.6	4.9	6.8	0.3	0.8	1.8
Sex																		
Male	2.1	6.2	13.4	0.8	1.1	3.9	3.4	8.6	14.4	1.9	6.3	11.8	2.2	3.4	5.6	0.3	0.9	3.0
Female	2.2	6.5	18.7	0.4	0.8	2.4	6.2	10.7	16.8	3.8	7.4	11.2	4.9	6.2	8.1	0.1	0.5	0.5
College Plans																		
None or under 4 years	4.0	7.4	13.6	1.4	1.6	3.8	7.6	15.6	21.8	4.2	11.0	14.3	5.1	7.1	9.0	0.7	1.4	2.3
Complete 4 years	1.7	6.1	17.2	0.5	0.9	2.9	4.3	8.3	13.2	2.5	5.8	10.5	3.3	4.3	5.8	0.2	0.5	1.7
Region																		
Northeast	1.8	4.2	19.3	0.9	1.2	3.8	5.5	9.8	18.5	3.6	7.9	13.0	3.8	5.4	8.2	0.6	1.7	2.7
Midwest	1.6	5.9	12.5	0.5	0.7	3.1	5.0	10.8	16.9	3.0	7.9	13.4	3.3	4.9	7.4	0.4	0.7	1.5
South	2.3	5.8	13.8	0.9	0.9	2.5	5.0	9.2	13.5	2.8	5.5	9.0	3.7	4.5	6.7	0.1	0.6	1.4
West	2.5	8.8	20.1	0.6	1.6	4.7	4.8	10.6	16.1	2.8	8.2	13.5	3.8	5.2	5.7	0.1	0.4	2.1
Population Density^v																		
City	1.7	7.1	20.6	0.8	1.0	4.9	5.2	10.6	13.9	3.1	8.8	14.2	3.5	6.2	5.2	0.3	1.0	1.3
Suburban	2.3	5.4	14.0	0.6	0.9	2.5	5.1	8.9	16.1	3.0	6.1	10.8	3.9	4.0	7.3	0.2	0.6	2.1
Rural	2.7	11.0	14.8	1.0	2.5	5.2	4.0	16.3	20.6	2.0	7.8	9.5	2.7	8.0	9.6	0.2	1.6	1.8
Parental Education^o																		
Neither parent has college degree	1.5	4.5	11.7	0.8	1.3	2.8	6.1	11.4	18.1	3.3	8.8	13.3	3.7	6.2	8.3	0.2	0.6	1.5
Either parent has college degree	3.0	8.1	20.6	0.6	0.9	3.6	4.9	9.0	14.3	3.0	5.9	10.7	3.8	3.9	5.8	0.4	1.1	2.2
Race/Ethnicity																		
Hispanic	2.5	6.3	11.2	0.5	1.1	2.3	4.6	9.2	13.0	2.7	6.9	10.1	3.7	5.2	5.9	0.2	0.7	1.2
Non-Hispanic Black	0.4	2.2	8.0	0.5	0.1	0.7	5.0	7.0	12.1	3.3	6.8	13.1	4.1	3.5	7.0	0.3	0.2	1.4
Non-Hispanic White	2.7	9.1	22.0	0.9	1.3	4.3	4.4	11.8	19.2	1.7	6.7	12.3	2.2	4.9	7.6	0.3	0.9	2.6

(Table continued on next page.)

TABLE 4-3 (cont.)

Thirty-Day Prevalence of Use of Various Drugs by Subgroups

for 8th, 10th, and 12th Graders, 2025

	Flavored Little Cigars ^{g,p}			Regular Little Cigars ^{g,p}			Tobacco Using a Hookah ^{g,j}			Any Nicotine Use ^{j,m}			Any Nicotine Use other than Vaping ^{j,m}			Nicotine Pouches ^{g,j}		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	0.5	0.7	2.0	0.4	0.6	1.3	0.3	0.7	1.4	5.7	11.9	21.8	1.7	3.5	11.5	0.5	1.5	4.4
Sex																		
Male	0.6	0.7	3.1	0.3	0.6	1.7	0.2	0.5	1.7	4.5	11.6	23.2	2.0	4.5	16.8	0.7	2.5	6.8
Female	0.3	0.6	0.8	0.4	0.5	0.8	0.3	0.7	1.0	6.4	11.6	19.9	1.1	2.0	6.1	0.2	0.5	1.9
College Plans																		
None or under 4 years	0.9	1.4	3.2	0.5	1.2	2.3	0.7	1.2	3.1	8.9	17.3	35.2	2.4	5.1	16.8	1.0	2.5	7.2
Complete 4 years	0.4	0.4	1.3	0.3	0.4	1.0	0.2	0.5	0.8	4.7	9.8	16.5	1.4	2.8	9.1	0.3	1.2	3.2
Region																		
Northeast	1.2	1.2	1.8	0.6	1.1	1.8	0.6	1.1	1.1	9.2	12.6	21.4	2.9	4.1	10.6	0.5	1.5	5.8
Midwest	0.6	0.7	2.6	0.4	0.1	1.7	0.4	0.4	2.8	5.0	12.3	24.4	1.9	2.7	13.5	0.6	1.3	5.5
South	0.4	0.7	2.2	0.3	0.7	1.4	0.3	0.7	1.2	5.0	11.2	18.6	1.4	3.7	10.1	0.5	1.9	3.3
West	0.1	0.5	1.3	0.3	0.5	0.7	0.1	0.4	0.7	5.2	12.1	24.8	1.0	3.3	12.7	0.2	1.0	4.1
Population Density ^v																		
City	0.5	0.8	1.5	0.5	0.6	1.0	0.6	1.0	1.8	6.5	13.8	21.6	1.9	3.4	14.9	0.3	0.9	3.8
Suburban	0.5	0.6	2.1	0.3	0.4	1.4	0.1	0.4	1.3	5.3	10.2	21.2	1.3	2.9	9.8	0.5	1.3	4.1
Rural	0.2	1.7	3.1	0.2	1.7	1.9	0.2	1.2	0.6	5.7	19.4	29.9	3.7	9.1	14.4	1.3	5.8	9.4
Parental Education ^e																		
Neither parent has college degree	0.3	0.5	1.8	0.2	0.2	1.5	0.3	0.7	2.3	6.6	12.2	25.1	1.3	2.5	9.9	0.3	1.2	3.9
Either parent has college degree	0.7	0.9	2.2	0.5	0.9	1.3	0.4	0.7	0.9	5.7	11.4	19.5	2.0	4.4	13.0	0.6	1.9	5.0
Race/Ethnicity																		
Hispanic	0.5	0.8	1.3	0.3	0.6	1.1	0.4	0.8	1.1	5.0	11.2	18.4	0.7	2.6	5.9	0.2	0.4	1.8
Non-Hispanic Black	0.7	0.3	3.8	0.2	0.3	2.3	0.0	0.6	4.4	4.7	10.0	21.4	1.6	1.0	11.5	0.2	0.4	1.2
Non-Hispanic White	0.5	0.6	2.3	0.5	0.5	1.5	0.2	0.4	1.2	5.3	14.3	24.3	2.1	5.3	14.9	1.0	3.0	7.0

(Table continued on next page.)

TABLE 4-3 (cont.)

Thirty-Day Prevalence of Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	Smokeless Tobacco ^{h,m}			Current, Legal Use of Prescription ADHD Drugs ^s								
	8th	10th	12th	Stimulant-Type ^g			Non-Stimulant-Type ^g			Either Type ^g		
				8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	1.2	1.7	3.6	3.8	4.2	4.8	1.0	1.1	2.6	5.0	5.1	6.9
Sex												
Male	1.3	2.4	4.4	4.6	3.7	4.7	1.1	1.2	1.8	6.1	4.8	6.2
Female	0.8	1.0	1.9	2.7	4.5	4.7	0.8	0.9	3.1	3.7	5.1	7.2
College Plans												
None or under 4 years	2.0	2.7	3.5	4.0	3.4	2.6	1.1	1.3	2.4	5.1	4.7	4.2
Complete 4 years	1.0	1.3	3.5	3.4	4.3	5.6	1.0	0.9	2.7	4.7	5.1	7.7
Region												
Northeast	1.2	1.2	3.7	4.4	5.2	4.4	0.8	1.4	2.7	5.5	5.9	6.9
Midwest	1.1	1.9	4.3	3.0	3.8	5.3	0.9	0.7	1.9	4.3	4.8	7.4
South	1.7	2.4	2.2	3.9	4.5	5.6	1.3	1.3	3.9	5.5	5.8	8.2
West	0.5	0.9	4.8	3.7	3.5	3.4	0.8	0.9	1.4	4.7	4.1	4.4
Population Density^v												
City	1.3	1.8	5.6	5.0	4.2	6.6	1.1	1.1	2.7	6.3	5.3	8.3
Suburban	1.2	1.6	2.4	3.2	4.2	4.2	1.0	1.0	2.6	4.4	4.9	6.4
Rural	0.7	2.9	5.8	3.0	4.8	3.1	1.0	2.0	2.4	4.5	7.2	5.1
Parental Education^e												
Neither parent has college degree	1.8	1.3	3.1	2.4	3.6	3.6	0.2	1.4	2.1	2.9	4.8	5.3
Either parent has college degree	1.0	2.1	3.9	5.0	4.8	5.6	1.9	0.9	3.2	7.1	5.6	8.1
Race/Ethnicity												
Hispanic	0.8	1.2	2.5	1.3	2.5	3.1	1.4	0.6	1.1	2.6	3.1	4.2
Non-Hispanic Black	1.9	4.5	0.3	3.0	2.0	1.4	1.0	0.8	0.4	4.3	3.0	1.9
Non-Hispanic White	1.4	1.3	3.8	7.1	6.7	7.1	0.9	1.5	4.4	8.7	7.9	10.4

See footnotes following Table 4-4.



TABLE 4-4
Thirty-Day Prevalence of Daily Use of Various Drugs by Subgroups
for 8th, 10th, and 12th Graders, 2025

	<u>Approximate Weighted N</u> ^a			<u>Marijuana</u>						<u>Alcohol</u>									
				<u>Used Daily in Past 30 Days</u> ^u			<u>Ever Used Daily for Month or More in Lifetime</u> ⁿ			<u>Daily</u>			<u>5+ Drinks</u> ^o			<u>Been Drunk</u> ^h			
				8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th
Total	7,000	8,600	6,800	0.9	3.1	5.6	—	—	10.2	0.1	0.5	0.9	1.4	3.9	8.7	0.0	0.2	0.6	
Sex																			
Male	3,400	4,200	3,400	0.8	3.0	6.2	—	—	9.3	0.1	0.7	1.3	1.5	4.0	9.9	0.0	0.3	0.8	
Female	3,400	4,200	3,200	0.6	2.8	4.7	—	—	9.9	0.0	0.2	0.4	1.3	3.7	7.7	0.0	0.1	0.2	
College Plans																			
None or under 4 years	1,200	1,700	1,700	1.6	6.1	9.2	—	—	12.2	0.1	1.0	1.6	2.9	6.4	9.5	0.0	0.6	1.5	
Complete 4 years	5,600	6,700	4,800	0.6	2.2	4.1	—	—	8.4	0.1	0.3	0.6	1.0	3.3	8.6	0.0	0.1	0.3	
Region																			
Northeast	1,200	1,400	1,200	0.4	3.5	7.1	—	—	10.4	0.1	0.2	1.9	1.2	3.0	10.8	0.0	0.1	0.2	
Midwest	1,500	1,800	1,500	1.4	3.5	7.1	—	—	10.9	0.1	0.4	0.7	0.7	3.3	7.2	0.0	0.2	1.0	
South	2,600	3,300	2,500	0.7	2.3	4.1	—	—	9.7	0.1	0.6	0.7	1.3	4.2	6.8	0.0	0.3	0.6	
West	1,700	2,100	1,600	1.0	3.8	5.7	—	—	10.0	0.0	0.4	0.9	2.4	4.7	11.8	0.0	0.3	0.6	
Population Density ^v																			
City	2,300	2,700	2,000	1.0	3.8	6.2	—	—	13.6	0.1	0.3	0.5	0.8	3.9	9.8	0.0	0.2	0.3	
Suburban	4,200	5,300	4,400	0.8	2.7	5.5	—	—	9.0	0.0	0.5	1.1	1.8	3.5	8.1	0.0	0.2	0.6	
Rural	500	600	400	0.7	3.5	4.6	—	—	5.5	0.6	1.2	1.4	1.6	7.9	10.4	0.1	0.5	1.8	
Parental Education ^e																			
Neither parent has college deg	2,400	3,200	2,700	0.9	4.2	6.3	—	—	11.5	0.1	0.5	0.9	1.7	4.0	6.7	0.0	0.2	0.9	
Either parent has college degre	3,400	4,500	3,600	0.7	2.3	5.0	—	—	7.4	0.1	0.4	0.9	1.5	4.0	10.9	0.0	0.2	0.4	
Race/Ethnicity																			
Hispanic	2,900	2,900	1,900	0.5	2.9	4.0	—	—	11.4	0.1	0.7	0.7	1.4	4.5	7.2	0.0	0.3	0.7	
Non-Hispanic Black	1,200	1,200	1,000	1.7	3.4	7.7	—	—	12.4	0.0	0.2	0.4	1.4	1.4	3.5	0.0	0.1	0.7	
Non-Hispanic White	2,000	3,200	2,900	0.3	2.7	6.0	—	—	7.7	0.1	0.4	1.3	1.4	4.9	11.9	0.0	0.1	0.6	

(Table continued on next page.)

TABLE 4-4 (cont.)

Thirty-Day Prevalence of Daily Use of Various Drugs by Subgroups for 8th, 10th, and 12th Graders, 2025

	Cigarettes						Smokeless Tobacco^{g,n}		
	One or More Daily			Half Pack or More Daily			Daily		
	8th	10th	12th	8th	10th	12th	8th	10th	12th
Total	0.2	0.3	0.8	0.1	0.2	0.4	0.5	0.6	1.2
Sex									
Male	0.3	0.4	0.8	0.1	0.2	0.3	0.4	0.8	1.5
Female	0.2	0.2	0.4	0.1	0.0	0.1	0.4	0.3	0.1
College Plans									
None or under 4 years	0.4	0.8	1.0	0.3	0.4	0.7	0.9	0.4	1.7
Complete 4 years	0.2	0.2	0.5	0.1	0.0	0.1	0.4	0.6	0.9
Region									
Northeast	0.3	0.6	0.8	0.2	0.4	0.4	0.2	0.2	1.3
Midwest	0.2	0.1	1.2	0.1	0.0	0.4	0.7	0.2	0.7
South	0.4	0.4	0.6	0.1	0.2	0.3	0.5	1.0	1.2
West	0.0	0.4	0.8	0.0	0.1	0.4	0.4	0.6	1.5
Population Density^v									
City	0.2	0.2	0.9	0.0	0.1	0.3	0.7	0.7	2.0
Suburban	0.2	0.4	0.7	0.1	0.2	0.4	0.4	0.5	0.8
Rural	0.5	1.0	1.5	0.5	0.5	0.8	0.1	1.3	1.6
Parental Education^e									
Neither parent has college degree	0.3	0.6	1.0	0.1	0.2	0.4	0.8	0.4	0.4
Either parent has college degree	0.2	0.2	0.4	0.1	0.1	0.1	0.4	0.8	1.7
Race/Ethnicity									
Hispanic	0.2	0.4	0.5	0.1	0.2	0.3	0.4	0.6	1.0
Non-Hispanic Black	0.3	0.0	0.2	0.1	0.0	0.2	1.4	1.3	0.0
Non-Hispanic White	0.3	0.3	0.8	0.1	0.1	0.3	0.1	0.4	1.5

See footnotes on the following page.



Footnotes for Tables 4-1 through 4-4

Notes. ' — ' indicates data not available. ' * ' indicates less than 0.05% but greater than 0%.

^aSubgroup *N*s may vary depending on the number of forms in which the use of each drug was asked about.

^bUse of any illicit drug includes any use of cannabis, LSD, other hallucinogens, cocaine, or heroin; or any unprescribed use of prescription opioid medications, prescription stimulant medications, prescription sleeping medications, or prescription anti-anxiety medications. For 8th and 10th graders, the use of prescription opioid medications and prescription sleeping medications has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

^c12th grade only: Data based on three of six forms; *N* is three sixths of *N* indicated.

^dUnadjusted for known underreporting of certain drugs. See text for details.

^eMissing data were allowed on one of the two variables.

^f8th and 10th grades only: Data based on two of four forms; *N* is one half of *N* indicated.

^g12th grade only: Data based on two of six forms; *N* is two sixths of *N* indicated.

^h12th grade only: Data based on four of six forms; *N* is four sixths of *N* indicated.

ⁱOnly drug use not under a doctor's orders is included here.

^j8th and 10th grades only: Data based on one of four forms; *N* is one third of *N* indicated.

^kThe use of any prescription drug includes use (without a prescription) of any of the following: prescription stimulant medications, prescription sleeping medications, prescription opioid medications, or prescription anti-anxiety medications.

^l8th and 10th grades only: Data based on one of four forms; *N* is one sixth of *N* indicated.

^m12th grade only: Data based on one of six forms; *N* is one sixth of *N* indicated.

ⁿThis measure refers to having five or more drinks in a row in the last two weeks.

^o12th grade only: Data based on five of six forms; *N* is five sixths of *N* indicated.

^p8th and 10th grades only: Data based on two of four forms; *N* is one third of *N* indicated.

^q8th and 10th grades only: Data based on three of four forms; *N* is five sixths of *N* indicated.

^r8th and 10th grades only: Data based on three of four forms; *N* is four sixths of *N* indicated.

^sFor the use of prescription ADHD drugs, the question is asked differently than that for other drugs presented here. Therefore, the estimates indicate youth who reported "Yes, I take them now."

^t8th and 10th grades only: Data based on two of four forms; *N* is two thirds of *N* indicated.

^u8th graders only: Data based on two of four forms. *N* is one half of *N* indicated.

^vThese categories and the data they are based on changed in 2025.



CHAPTER 5 – Trends in Substance Use

Documentation of historical and developmental change over the past five decades has been among the most important contributions of Monitoring the Future (MTF) to the fields of substance use research, policy, and prevention. This includes measurements of change in the levels of drug use, in the types of drugs being used, in the methods of using them, in the ages and characteristics of people using them, in related attitudes and beliefs about drug use, and in conditions surrounding use. Such information has significant implications for public policy—for needs assessment, agenda setting, policy formulation, and policy evaluation. More generally, it has implications for the current and future health of the nation. In this chapter, we review the many changes that have taken place over the past 51 years in substance use among the U.S. adolescent population.

Historical trend data are presented and discussed in this chapter for students in 8th, 10th, and 12th grades. Data for 12th graders come from 51 nationally representative surveys conducted between 1975 and 2025, while data for the 8th and 10th graders come from 35 nationally representative surveys conducted between 1991 and 2025. For a variety of substances, the use measures discussed include lifetime use, use during the past 12 months, use during the past 30 days, use on 20 or more occasions during the past 30 days (which we refer to as daily to near-daily use), and daily use.

Trends in Adolescent Drug Use Since the Covid-19 Pandemic

Many of the largest one-year declines ever recorded by the study took place across a wide variety of substances during the COVID-19 pandemic between 2020 and 2021. The survey results divide neatly into the time periods before and after the onset of the pandemic. All surveys in 2020 were completed before March 15, when national social distancing policies were enacted and data collection was halted due to pandemic concerns. Consequently, results from 2020 and previous years are pre-pandemic, while results from 2021 and afterwards took place after the onset of the pandemic and the associated national response.

Historic declines took place for the three most commonly used substances. Cannabis use in the past 12 months experienced its largest recorded decline in each of the three grades, with tracking since 1975 for 12th grade and tracking since 1991 for 8th and 10th grades. Nicotine vaping in the past 12 months also saw its largest recorded decline in all three grades, with tracking beginning in 2017. Similarly, alcohol use experienced its largest recorded decline in 12th grade (tracked since 1975) and in 10th grade (tracked since 1991) for past 12-month use.

We now have five waves of data since the pandemic onset, providing an opportunity to assess whether these declines have persisted or rebounded—a question of considerable importance for both policy and research. On the one hand, persistence of the declines would suggest that a delay in drug use initiation during adolescence can potentially lower substance use trajectories over a lifetime. Delays in drug use initiation could work to prevent youth from joining drug-using peer groups and/or disrupt biological processes that foster addiction. Additionally, the pandemic may have disrupted peer groups that encourage drug use, as well as the processes by which these groups recruit new members and perpetuate themselves. On the other hand, drug use may have rebounded, either partially or in full, as the pandemic receded and social distancing restrictions were lifted.

The tables in this chapter show that the declines have persisted for almost all drugs; in fact, most have continued to decline further. Alcohol, cannabis, and nicotine vaping all decreased for past 12 month use from 2024 to 2025 in all grades (although these one-year declines were not statistically significant). These findings underscore the importance of future research to identify the intervening mechanisms that account both for these declines as well as for their persistence, with the ultimate goal to inform future policies or interventions that can substantially reduce or even eliminate youth drug use.

Three Major Themes in Drug Trends From 1975–2025

Below we present and discuss trends for each of the dozens of drugs surveilled by MTF. Throughout these discussions, we occasionally refer to and elaborate on three general, recurring themes that are apparent across numerous drugs. The first theme is the COVID-19 pandemic onset and the subsequent decline in adolescent drug use, as discussed immediately above.

The second theme is what we term the “1990s drug relapse”, which was a rapid increase in prevalence for many drugs that started in the early 1990s. Prior to this period, prevalence levels of many drugs had reached a historical low after years of decline. The prevalence levels for many drugs today lie between the nadirs observed at the start of the 1990s and the peak of 1990s drug relapse. Drugs that do not follow this overall pattern, such as some forms of alcohol use and tobacco use, are important exceptions that we note and discuss below.

The third theme is cohort effects. We use the term cohort here to refer to youth born at roughly the same time who are grouped by grade level and experience history together as they age. A cohort effect is a drug trend that follows a cohort as it grows older. For example, if an upsurge in cigarette smoking occurs in a cohort that is in 8th grade, it is likely to be observed two years later when that cohort is in 10th grade and then again two years later when that cohort is in 12th grade.

A cohort-specific pattern of drug use can stem from factors such as cohort-specific attitudes towards perceived risk of drug use, changing peer norms about the acceptability of drug use, changes in legal status of a drug, and the addictiveness of the drugs that youth use. We have found that cohort effects are often present, and trends among the lower grades can foretell future changes in the higher grades. This has been the case especially during the onset of the drug relapse in the early 1990s.

Trends in Prevalence of Use, 1975–2025

Below, a bolded and underlined hyperlink appears for each drug and drug-use category assessed by the study, followed by a brief narrative outlining major trends in the drug’s prevalence. Clicking on the hyperlink brings the reader to a drug-specific webpage that presents an array of drug-specific information. This includes the drug’s prevalence levels for all years in both graphical and tabular formats, across all assessed reporting periods (e.g., lifetime use, past 12-month use, past 30-day use, and daily use when assessed), as well as an option to download all of the drug-specific prevalence data. [Appendix D](#) also presents tables with all drug prevalence information for each drug for readers who prefer such a format and/or readers without a working internet connection.

Abstainers

Abstainers are defined as students with no use of alcohol, cannabis, or nicotine. Use of nicotine is indicated by use of cigarettes or by vaping.

In 2025, abstention increased in 8th and 10th grade to record levels for both lifetime and 30-day use (sometimes referred to as “current” use), although the increases from 2024 to 2025 were not statistically significant. In 12th grade, both current and lifetime abstention were down one percentage point from last year’s record highs, although these decreases were also not statistically significant.

The graph and table mark a discontinuity in trends in 2017, when questions on nicotine vaping were first added to the survey. Taking vaping into account in this year led to a slight decrease in abstention, and this decrease became larger in the following years as nicotine vaping surged in popularity in 2018 and 2019. As vaping levels have declined in recent years, the long-term upward trend in abstention has resumed.

The increases in abstention have been quite substantial over time. In 8th grade, lifetime abstention increased from 25% in 1991 (when first measured) to 73% in 2025, the highest level recorded. In 10th grade, the parallel numbers are 13% and 61%, which in 2025 is also the highest level ever recorded. In 12th grade, abstention increased from 5% in 1976 (when first recorded) to 41% in 2025, just below last year’s record high of 42%. Similar trends were observed for past 30-day (current) abstention, though with

higher prevalence. (Note: Trends for past 12-month abstinence are shorter because questions about past 12-month cigarette use were first introduced in 2024.)

Adderall

Nonmedical use of the amphetamine Adderall in the past 12 months did not significantly change in 2025.

In 10th and 12th grade, use levels are near record lows. In 8th grade, prevalence levels have hovered between 1% and 3% over the life of the survey.

In all grades, past 12-month use levels are at 3% or below. In 12th grade, levels have declined considerably since the 8% level documented in 2015.

ADHD Either Type

MTF asks adolescents if they use prescription ADHD drugs per the prescription of a medical professional. These drugs come in two types: stimulant and non-stimulant.

Medical use of either stimulant or non-stimulant drugs to treat ADHD did not significantly change from 2024 to 2025 in any grade for either current or lifetime use.

In all three grades, prevalence levels dipped to record or near-record lows in 2020. This decrease did not persist and since then prevalence levels have rebounded.

ADHD Non-Stimulant

MTF asks adolescents if they use prescription ADHD drugs per the prescription of a medical professional. These drugs come in two types: stimulant and non-stimulant. Medical use of non-stimulant type drugs for the treatment of ADHD are sometimes prescribed when stimulants have proven ineffective or not well tolerated.

In 2025, lifetime medical use of these drugs was at a record low in 12th grade and near a record low in 10th and 8th grade, although for no grade did prevalence levels significantly change from 2024 to 2025.

Past 30-day (current) use levels also did not significantly change from 2024 to 2025 for any grade. Among 12th grade students, current use has not shown much consistent direction in recent years. In contrast, 10th and 8th grade students have experienced a downward trend in current use since first tracked in 2005, though with some fluctuations.

ADHD Stimulant

MTF asks adolescents if they use prescription ADHD drugs per the prescription of a medical professional. These drugs come in two types: stimulant and non-stimulant.

Medical use of stimulant drugs to treat ADHD was one of the few substances that increased in prevalence after the pandemic onset, in 2021 and 2022. By 2025, lifetime use has returned closer to their pre-pandemic levels at 7% in 8th grade, 8% in 10th grade, and 10% in 12th grade.

Past 30-day (current) use also increased after the pandemic onset, in 2021 and 2022. In 2025, these elevated levels have largely persisted, following a brief decline in 2023 and 2024. In 10th grade, an increase of one percentage point from 2024 to 2025 to 4% was statistically significant.

Alcohol

In 2025, alcohol use continued a long-term decline in all three grades for lifetime and past 12-month use. This trend also continued for past 30-day (current) use in 8th and 10th grade, although in 12th grade use increased by 0.6 of a percentage point. None of these one-year changes from 2024 to 2025 were statistically significant.

The long-term, overall decline has taken place since the year 2000 in all three grades. From 2000 to 2025, past 12-month prevalence has decreased from 73% to 41% in 12th grade, from 65% to 24% in 10th grade, and from 43% to 11% in 8th grade.

Unlike most other drugs, alcohol use showed only a modest increase during the 1990s relapse, exhibiting more of a pause in its long-term decline.

Binge drinking, defined as consuming five or more drinks in a row in the past two weeks, held steady from 2024 to 2025 in all three grades. These levels show a slow but steady long-term decline in which prevalence levels from 2000 to 2025 have fallen from 30% to 9% in 12th grade, from 24% to 2% in 10th grade, and from 12% to 1% in 8th grade. Extreme binge drinking of ten or more drinks in a row in the past two weeks has also declined substantially since first tracked (in 2005 in 12th grade and in 2016 in 10th and 8th grade).

Alcohol With Caffeine

Since first tracked in 2011, annual use of alcoholic beverages containing caffeine have declined substantially, by more than 50%, resulting in levels of 10% in 12th grade, 7% in 10th grade, and 6% in 8th grade in 2024.

These questions were removed from the survey in 2025 due to low prevalence and to make room for other content. They will be reintroduced in future surveys if concerns arise about renewed use.

Androstenedione

Androstenedione, a precursor to testosterone, is a performance-enhancing substance that was scheduled by the Drug Enforcement Administration early in 2005, making its sale and possession no longer legal.

In 12th grade, past 12-month prevalence was less than 1% in 2025 and lost the increase that took place earlier, when it surged to 1.9% in 2022 from 0.6% in 2021. The use level is now similar to pre-pandemic levels.

The sudden increase in use of androstenedione after the pandemic onset in 2021 was accompanied by an increase in use of creatine, which is another performance-enhancing substance (albeit a legal one). These increases suggest that many 12th graders turned to fitness and weightlifting as a response to the social distancing policies of the time. The return of androstenedione to pre-pandemic levels in 2025 could potentially signal that the interest in fitness was temporary. But the increased level of creatine use has persisted, suggesting that the interest in fitness may have continued while the illegal use of androstenedione has fallen out of favor.

The survey stopped tracking this drug among 8th and 10th graders after 2014, when prevalence levels were less than 1% in these grades.

Any Illicit Drug

Any illicit drug use is a measure of the percentage of students who have engaged in use of at least one type of illicit drug (as defined at the bottom of this section). From 2024 to 2025, the percentages of students who had used any illicit drugs in the last 12 months did not significantly change.

Both lifetime and past 12-month use declined substantially during the pandemic onset from 2020 to 2021. The lowered levels for these reporting periods persisted in the following years.

A discontinuity in the trend for past 12-month use occurs between 2023 and 2024 due to updates in survey questions related to misuse of prescription stimulants, prescription opioids, prescription sleeping medications, and prescription anti-anxiety medications (for details on the text changes see [Appendix E](#)). However, these updates are expected to have little if any effect on the overall prevalence of the index, as students who misused these drugs likely also used other substances such as cannabis. Therefore, they would be coded for illicit drug use in both the previous and revised survey formats. Consistent with this expectation, prevalence levels remained largely unchanged between 2023 and 2024.

The time trend for lifetime use stops in 2023 because in 2024 and afterwards the survey only asked about past 12-month use for many of the rarer drugs, such as cocaine and heroin. These drugs typically have prevalence levels of 1% or less, and questions on lifetime and past 30-day use were removed to make room for new content. If concern arises that levels of any illicit drug use are increasing, then the questions on lifetime and past 30-day use will be reintroduced on the survey.

Trends for past 30-day use are similar to those for lifetime and past 12-month use, although in 12th grade a marked decline did not take place in 2021, the first year surveyed after the pandemic onset. As with lifetime use, trends for past 30-day use end in 2023.

Patterns from the late 1990s through 2011 suggest cohort effects were at play. Declines in past 12-month use started in a staggered fashion beginning in 1996 for 8th graders, 1997 for 10th graders, and 1999 for 12th graders. These declines also ended in a staggered fashion in 2007, 2008, and 2009, respectively. The declines were then followed by a series of staggered increases: between 2007 and 2010 among 8th graders, between 2008 and 2011 among 10th graders, and between 2009 and 2011 among 12th graders.

This pattern suggests that drug behavior and attitudes established in 8th grade can have long lasting consequences years later.

Prior to the 1990s, a period when Monitoring the Future surveys were limited to 12th grade students, their prevalence of lifetime use of any illicit drug peaked at 66% in 1981, the highest level ever recorded by the survey. In other words two-thirds of these 12th grade students had used one or more illicit drugs. From that year on, lifetime use declined steadily to a prevalence of 41% by 1992, which was the lowest level recorded by the survey until 2023, when it was 40%.

Use of any illicit drug in 12th grade is defined as any use of cannabis (use remains illegal for people under age 21), LSD, other hallucinogens, cocaine, or heroin; or any nonmedical use of prescription opioids, prescription stimulants, prescription sleeping medications, or prescription anti-anxiety medications. In 8th and 10th grades, the use of prescription opioids and prescription sleeping medications has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[Any Illicit Drug Including Inhalants](#)

When inhalants are included in the index of illicit drug use, the percentages categorized as having used an illicit drug rise, especially for 8th graders.

These results follow a similar pattern seen for the index of any illicit drug use, with substantial, lasting declines since the pandemic onset in 2021. Both show little change from 2024 to 2025. As with the any

illicit drug use index, time trends for this measure continue for past 12-month use in 2024 and 2025—with a disruption of the trend in 2024 because of updates to the survey text for some questions. Lifetime and past 30-day use trends end in 2023, the last year these reporting measures were included in the survey.

Use of any illicit drug including inhalants in 12th grade is defined as any use of inhalants, cannabis (which remains illegal at the federal level), LSD, other hallucinogens, cocaine, or heroin; or any nonmedical use of prescription opioids, prescription stimulants, prescription sleeping medications, and prescription anti-anxiety medications. In 8th and 10th grade, the use of prescription opioids and prescription sleeping medications has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[Any Illicit Drug Other Than Cannabis](#)

From 2024 to 2025, the percentage of youth who had used any illicit drug other than cannabis in the last 12 months was little changed.

A discontinuity prevents direct comparison of these levels with previous years, as indicated by the gap on the graph. In 2024, prevalence increased abruptly across all grades due to updates in the survey questions (for details see [Appendix E](#)). Specifically, the 2024–25 question on misuse of prescription sleeping medications replaced the previous version focused on “sedatives”, resulting in a sharp increase of three percentage points in past 12-month use from a prevalence of 2% to 5% in 12th grade (both previous and updated versions of this question are not used in the 8th and 10th grade index; see last paragraph below). Similarly, the 2024–25 question on misuse of prescription anti-anxiety medications replaced the earlier question focused on “tranquilizers”, increasing prevalence by two percentage points in past 12-month use from a level of 1% to 3% in all grades. The substantial increases in the index in 2024 suggest that a subset of students reported using these two drug types exclusively; if they had used additional illicit drugs, they would have been classified as positive on both the previous and updated indices.

In all grades, past 12-month use declined markedly during the pandemic from 2020 to 2021, rebounded very slightly in 2022, and then slightly declined in 2023. Lifetime, past 12-month use, and past 30-day use were at or near record lows in 2023 before the update to the survey questions. Use levels today would be expected to be at or near historic lows, after taking into account the increase in prevalence resulting from the changes to the survey working in 2024.

The proportion of students using illicit drugs other than cannabis had declined by more than half from 2001 to 2023, the last year of directly comparable estimates. The past 12-month levels in 2001 and 2023, respectively, were 22% and 7% in 12th grade, 18% and 5% in 10th grade, and 11% and 5% in 8th grade.

In the 1970s, most of the sudden rise in 12th graders' reported use resulted from the increasing popularity of cocaine between 1976 and 1979 and, then, to the increasing use of amphetamines (stimulants) between 1979 and 1981. Then from 1982 through 1992, there was a substantial decline in the use of any illicit drug other than marijuana among 12th graders.

Use of any illicit drug other than cannabis in 12th grade is defined as any use of LSD, other hallucinogens, cocaine, or heroin; or any nonmedical use of prescription opioids, prescription stimulants, prescription sleeping medications, or prescription anti-anxiety medications outside of a medical professional's orders. In 8th and 10th grade, the use of prescription opioids and prescription sleeping medications has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

Any Nicotine Use

In 2025, past 30-day nicotine use among 12th graders rose markedly, significantly increasing from 17% in 2024 to 22% in 2025. This overall rise reflected small, cumulative increases across multiple tobacco products rather than a dominant change in any single drug included in the index (see dashboards for the index drugs listed below).

The increase in 2025 among 12th graders marks an abrupt departure from an extended, overall decline since 2019, the year when the prevalence of nicotine vaping peaked in 12th grade. From 2019 to 2024, the prevalence of any nicotine use fell 17 percentage points, from 34% in 2019 to 17% in 2024. Future surveys will indicate whether the 2025 increase marks the start of a sustained increase or if it is temporary.

Prevalence of past 30-day nicotine use in 10th and 8th grades was little changed in 2025. In 10th grade, prevalence of any nicotine use has decreased from 24% in 2017 (when first measured) to 12% in 2025. In 8th grade, the corresponding numbers are 12% and 6%.

Any nicotine use is indicated by any use of any of the following: vaping nicotine, cigarettes, large cigars, nicotine pouches (added to the survey and index in 2023), flavored small cigars, regular small cigars, tobacco using a hookah, or smokeless tobacco.

Any Nicotine Use Other Than Vaping

In 2025, past 30-day nicotine use other than vaping rose markedly amongst 12th grade students, increasing from 7% in 2024 to 12% in 2025. This overall rise reflected small, cumulative increases across multiple tobacco products rather than a dominant change in any single drug included in the index (see dashboards for the index drugs listed below).

In 10th and 8th grades, this index decreased slightly, although the decreases were not statistically significant.

The increase in 2025 among 12th graders marks an abrupt departure from an overall, extended decline since this measure was first tracked by the survey in 2017. Prevalence had fallen threefold from 21% in 2017 to 7% in 2024. Future surveys will indicate whether the 2025 increase marks the start of a sustained increase or if it is only temporary.

In 10th and 8th grades, the long-term decline in use continued in 2025. In 10th grade, use of any nicotine product other than vaping has gradually and steadily declined from 8% in 2017 to 4% in 2025, and in 8th grade the respective numbers are 6% and 2%.

Any nicotine use other than vaping is indicated by any use of any of the following: cigarettes, nicotine pouches (added to the survey and the index in 2023), large cigars, flavored small cigars, regular small cigars, tobacco using a hookah, or smokeless tobacco.

Any Prescription Drug

The percentage of 12th grade students who used any prescription drug without a doctor's orders did not change from 2024 to 2025 for lifetime, past 12-month, or past 30-day use.

The spike in prevalence in 2024 is an artifact of changes to survey methodology rather than a substantive shift in behavior. Specifically, the increase is primarily due to updates in the survey questions related to prescription sleeping medications and for prescription tranquilizers. In 2024, an updated question on prescription sleeping medications replaced the previous version focused on "sedatives", resulting in a sharp increase of three percentage points in past 12-month use, from a prevalence of 2% to 5% in 12th grade. Similarly, in 2024 an updated question regarding prescription anti-anxiety medications replaced the earlier version focused on "tranquilizers", and increased past 12-month prevalence by two percentage points from a level of 1% to 3% in 12th grade. For more detailed information on the survey text update, see [Appendix E](#).

Use dropped precipitously across all reporting intervals from 2020 (before the pandemic) to 2021 (during the pandemic and its associated social distancing policies). It then rebounded slightly in 2022 but continued a slow, long-term decline in 2023.

Over the duration of the survey past 12-month use has dropped considerably—from 17% in 2005 (when first assessed) to 4% in 2023. Levels today would be expected to be at or near historic lows, adjusting for the spike caused by changes to the survey wording in 2024.

The use of any prescription drug nonmedically is defined as any use of prescription simulants, prescription opioids, prescription sleeping medications, or prescription anti-anxiety medications “without a medical professional telling you to use them.”

Bath Salts

Questions on “bath salts” (synthetic cathinones) were added to the survey in 2012 out of concern that these particularly toxic drugs would gain popularity among adolescents. As it turns out, annual prevalence has been low and never higher than 1.3% in any grade. In 2018, prevalence was 0.9% or less in all grades, and the survey questions were removed to make room for questions on other drugs. These questions will be added back to the survey in future years if a concern arises that adolescent use of bath salts is increasing.

Been Drunk

In 2025, prevalence of being drunk ever or in the past 12 months significantly decreased in 8th grade. It did not significantly change in 10th and 12th grade for any of the reporting intervals.

Being drunk has been in a long-term decline in all three grades for lifetime, past 12-month, and past 30-day measures, as has overall alcohol use. The declines in being drunk began first among 8th graders after 1996, then among 10th graders after 2000, and then among 12th graders after 2004, suggesting a cohort effect.

The survey text for this item reads “On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages?”

Beer

From 2024 to 2025, prevalence of beer drinking did not significantly change in any of the three grades for any of the reporting intervals.

In the long term, beer use has declined substantially in all grades. From 1991 to 2025, lifetime use decreased in 12th grade from 82% to 30%, in 10th grade from 74% to 19%, and in 8th grade from 59% to 11%. Similarly, large, long-term declines have also taken place for past 12-month and past 30-day use.

Trends in binge drinking of beer, defined as drinking five or more 12-ounce cans of beer in a row during the past two weeks, have followed the overall decline in beer use. The questions on binge drinking were discontinued in 2022 to make room for new content.

Bidis

A question about bidis, a type of flavored cigarette imported from India, was included in the MTF survey for the first time in 2000, with a single question asking about the frequency of use in the past year. Some observers had been concerned that bidis might become popular among U.S. youth, but that does not seem to have been the case. The 2010 proportion of 12th graders using bidis during the past year was only 1.4%. Thirty-day and daily use would be appreciably lower. Given the low prevalence levels, the question on bidis was dropped from 8th and 10th grade questionnaires in 2006 and from 12th grade questionnaires in 2011. These questions will be added back to the survey in future years if a concern arises that adolescent use of bidis is increasing.

Cannabis

From 2024 to 2025, prevalence of cannabis use did not significantly change in any of the three grades for lifetime, past 12-month, past 30-day, or daily use.

The substantial declines from 2020 to 2021 during the onset of the pandemic marked the first substantial change in cannabis prevalence in more than a decade; in the ten years previous to 2021, cannabis levels had hovered without any systematic trending. These lower levels have persisted in the following years and have not returned to pre-pandemic levels.

Levels of cannabis use today are considerably lower than the historic highs observed in the late 1970s, when more than half of 12th graders had used cannabis in the past 12 months. This high point marked the pinnacle of a rise in cannabis use from negligible levels before the 1960s.

Daily cannabis use, defined as use on 20 or more occasions in the past 30 days, edged upward (although not significantly) in 12th and 10th grades but held steady in 8th grade in 2025. In 12th and 10th grades, the 2025 levels remained at about 2021 levels, when they had dropped during the pandemic-era social distancing policies. In 8th grade, prevalence has hovered between 0.2% and 2% since first tracked in 1991.

The prevalence of using cannabis daily for a month or more during one's lifetime is reported for 12th graders only. That prevalence was at 21% when first measured in 1982, declined sharply to just 8% by 1992, and rose back to 19% by 1997. This was then followed by a long gradual decline to 12% by 2018, before leveling. It stood at 10% in 2025, a statistically significant decline from the 2024 prevalence of 13.4%.

Cannabis Products Made From Hemp

Psychoactive substances similar to THC-9 found in cannabis can be derived from hemp. The U.S. Farm Bill of 2018 made marketing of these hemp-derived products legal at the federal level with no age restrictions, although many states have implemented their own regulations governing their sale.

In 2025, for the first time MTF asked about use of *any* hemp-derived psychoactive product with the question: “Have you used any cannabis products made from hemp like Delta-8, Delta-10, or HHC or a mix of these drugs to get high?” This differs from the 2024 question which asked solely about the product Delta-8.

Across all grades, past 12-month prevalence for the question on all hemp products was lower than the previous year’s estimate that asked only about Delta-8, with the decreases in 10th and 12th grade being statistically significant. Among 12th graders, prevalence declined from 12% in 2024 (Delta-8 only) to 9% in 2025 (all hemp products). Corresponding estimates were 8% vs. 6% in 10th grade and 3% vs. 2% in 8th grade. These results suggest a decline in adolescent use of psychoactive hemp products from 2024 to 2025.

Cigarettes

Prevalence of cigarette use did not significantly change from 2024 to 2025 in any of the grades for any of the reporting intervals, which include lifetime, past 30-day, daily, and half-pack or more a day use. For all measures, use levels are at or near a historic low.

The intense public debate in the late 1990s over cigarette policies likely played an important role in bringing about the very substantial downturn in adolescent smoking that followed. MTF helped to give rise to that debate, as it publicly reported in the first half of the 1990s that the level of smoking cigarettes among U.S. adolescents was rising sharply—results that were widely covered in the national media. Other subsequent developments likely have contributed, including (a) increases in cigarette prices, brought about in part by the tobacco industry settlement with the states and by state-level taxing decisions; (b) substantially increased prevention activities, including antismoking ad campaigns in a number of states; (c) the removal of certain types of advertising (including billboards) as well as the Joe Camel campaign nationwide; (d) the initiation of a national antismoking ad campaign by the American Legacy Foundation, which was created as a condition of the Tobacco Master Settlement Agreement of 1998; and (e) efforts by the Food and Drug Administration (FDA) and states to reduce youth access to cigarettes.

An important milestone occurred in 2009 with passage of the Family Smoking Prevention and Tobacco Control Act, which gave the FDA the authority to regulate the manufacturing, marketing, and sale of tobacco products. New efforts by the FDA have undoubtedly contributed to the continuing decline in use of cigarettes and their reported availability by 8th, 10th, and 12th graders.

In earlier years, efforts to reduce adolescent smoking did not meet with as much success. Between 1984 and 1992, smoking prevalence was little changed among 12th grade students despite increasingly restrictive legislation with regard to smoking debated and enacted at state and local levels, as well as prevention efforts made in many school systems. These results suggest that the successful reduction of adolescent smoking, as we have seen in recent decades, requires a concerted, national, multi-pronged effort.

During the 1990s, trends in cigarette smoking generally moved in concert across 8th, 10th, and 12th grades—and not in the usual, staggered pattern indicative of a cohort effect. The prevalence of current smoking began to rise among 8th and 10th graders after 1991 and among 12th graders after 1992, and until 1996 moved steadily upward in all three grades. In 1996, current smoking peaked in grades 8 and 10 and then peaked a year later among 12th graders. It is interesting that cigarettes, which normally reflect cohort differences, began to exhibit a secular trend in the same historical period that illicit drugs, which normally exhibit secular trends, began to show cohort effects.

Of particular importance is the fact that in all three grades in 2025, the prevalence of smoking half-a-pack or more per day is down from peak levels by more than 90% and is currently less than half a percentage point in all three grades. Over time, this dramatic decline in regular smoking should produce substantial improvements in the health and longevity of the population.

Cigarillos (Small Cigars)

The percentage of 12th grade students who used a cigarillo (also known as a small cigar) in the past 12 months was 5% in 2025. It is near a record low and compares to the 23% in 2010, when the tracking of this product first began.

Cocaine

Levels of past 12-month cocaine use increased in 8th, 10th, and 12th grade from 2024 to 2025, and these increases were statistically significant in 8th and 12th grade. Despite these increases, prevalence remained low, at 0.6%, 0.7%, and 1.4%, respectively.

Cocaine grew in popularity among 12th graders in the late 1970s, then plateaued at a high level of around 12% annual prevalence in the first half of the 1980s, when most drugs were falling, before plunging by about three quarters by 1991. This drug then followed the common pattern of an increase in use during the 1990s relapse before showing a period of decline since 2006. The increase had leveled out about three years earlier for 8th graders (in 1996) than for 12th graders (in 1999), evidence of a cohort effect.

The reduction of adolescent cocaine use to today’s low levels is a success story given its considerable popularity in the 1980s, when past 12-month prevalence among 12th graders reached 13% (in 1985). Reasons for this steep decline in cocaine use—in particular the role of perceived risk—are discussed in [Chapter 8 in this MTF report](#). Future surveys will clarify if the increases observed in 2025 mark the beginning of a resurgence in adolescent cocaine use or instead represent a short-term fluctuation.

Questions on past 30-day and lifetime use of cocaine were discontinued in 2025 to make room for other content. These questions will be reinstated in future surveys if concern arises about renewed use—for example, if the increase in past 12-month use observed this year persists into next year.

[Cocaine Other Than Crack](#)

Questions specifically on the use of cocaine other than “crack” were discontinued in 2024 as a result of low prevalence, with past 12-month use less than 1% in all grades in 2023. This question will be reintroduced in future surveys if concerns arise about renewed use.

In 2023, prevalence significantly declined for lifetime, past 12-month, and past 30-day use in 12th grade, continuing a downward trend after a nearly 50% drop from 2020 to 2021. Lifetime prevalence was 1% or less in all grades. At such low levels, there is little room for prevalence to fall further in future years.

[Crack](#)

In 2025, the prevalence of crack cocaine use in the last 12 months was 1% or less in 8th, 10th, and 12th grade. Use levels edged upward, although not significantly so, in 8th and 12th grade.

Questions on crack cocaine were first introduced into the survey in 1986, when information gathered routinely in MTF showed some indirect evidence of the rapid spread of crack cocaine. For example, we found that the proportion of all 12th graders reporting that they had ever smoked cocaine (as well as used it in the past year) more than doubled between 1983 and 1986, from 2.4% to 5.7%. In the same period, the proportion of those who said that they had both used cocaine during the prior year and at some time had been unable to stop using it when they tried doubled (from 0.4% to 0.8%). In addition, between 1984 and 1986, the proportion of 12th graders reporting daily use of cocaine also doubled (from 0.2% to 0.4%). We think it likely that the rapid advent of crack use during this period was reflected in all of these changes, though we did not yet have a direct measure of its use.

Because prevalence for this drug has fallen so low in recent years, in 2024 MTF asked only about past 12-month prevalence and discontinued asking about lifetime and past 30-day use to make room for other content. Information for trends in these reporting intervals is presented in [Appendix D of the MTF 2024](#)

[annual report](#), which reports trends up to 2023. These questions will be reintroduced into the survey in future years if concerns arise about renewed use.

Creatine

Creatine is not a hormone or a drug but a nutrient found in the skeletal muscle of most animals. It is used to reduce the recovery time of muscles, to increase muscle mass, and to thereby enhance performance for high-intensity, short-duration exercises. It is readily available over the counter, which undoubtedly helps to explain the substantial levels of use we have found among teens.

In 2025, past 12-month use continued the upward trend that began during the pandemic from 2020 to 2021. In all grades, 2025 levels are at the highest recorded since the project first began tracking use of this substance in 2001. Prevalence in 2025 was 15% in 12th grade, 12% in 10th grade, and 6% in 8th grade.

These results suggest that some adolescents may have developed a sustained interest in fitness and weightlifting during the pandemic's social distancing period.

Crystal Methamphetamine

Past 12-month prevalence of crystal methamphetamine use in 12th grade significantly increased in 2025, although it remains below 1% (0.9%).

Survey questions on lifetime and past 30-day prevalence were discontinued on the survey in 2025 as a result of low prevalence. These questions will be reintroduced in future surveys if concerns arise about renewed use; e.g. if past 12-month use continues to increase as it did in 2025.

Annual prevalence among 12th graders fell from 3.0% in 2002 to 0.2% in 2024 (before the increase in 2025).

Diet Pills

Survey questions on diet pills were discontinued in 2024 due to low prevalence. They will be reintroduced should concerns arise about renewed use. We suspect that today, the students who would have taken these drugs would instead use the new prescription diet medications, which are reported under the substance "prescription weight loss drugs", for which we ask about prescribed and non-prescribed use.

Use of diet pills, which are over-the-counter stimulants, were at the lowest level ever recorded by the survey in 2023 for lifetime, past 12-month, and past 30-day use.

The 1.1% level for past 12-month use in 2023 is substantially lower than the peak of 21% recorded in 1982, when diet pills were first included on the survey. After 1983, prevalence fell quickly over the next ten

years to 8% in 1993; this was a particularly positive development because nearly all of these diet pills contained phenylpropanolamine, which the Food and Drug Administration has since determined has health risks for the user and in 2005 removed them from over-the-counter sale. Use stabilized through the mid-1990s at around 9.4%, rose after 1998 to reach 15.1% in 2002, and then declined to the low of 1.1% in 2023.

Dissolvable Tobacco

Questions on the use of dissolvable tobacco were added to the 12th grade in 2011 and to 8th and 10th grades in 2012. The annual prevalence levels since then have been variable but below 2% in all grades and all years. Questions on this substance were removed from the MTF questionnaire in 2023 in order to make room for new content. These questions will be added back in future surveys if concerns arise about renewed use.

Ecstasy (MDMA)

Prevalence of past 12-month MDMA use (street names “Molly” and “ecstasy”) edged up slightly in all three grades in 2025, although none of the increases were statistically significant. Prevalence levels were 1.1% or less across the three grades.

Despite the upward trend, in 2025 levels were near the lowest recorded by the survey since this drug was first tracked in 1996.

The historical trend for MDMA follows a pattern somewhat different from most of the other drugs in that an increase did not occur until the late 1990s, and it peaked later than many drugs—in 2001. Obviously, there were some special circumstances for the use of this drug, including its popularity at raves followed by public concern about the dangers of its use. Since that time, its prevalence has gradually declined, although a short-lived upsurge took place in all grades around 2009–2010.

In 2014, some questionnaire forms in the survey included “Molly” as an example of MDMA, along with ecstasy, and the inclusion of this example appeared to make relatively little difference in the overall reporting of prevalence of MDMA. In 2015, the remaining forms were changed to also include “Molly” as an example in the questions about MDMA.

Trends in MDMA use are unique because the upswing in use in 1999 occurred first in the older grades. The 8th graders did not show this resurgence until a year later, in 2000. A different dynamic seemed to be at work for MDMA than for most other drugs during this historical period, because it appears that the increase in use rippled down the age scale rather than the reverse; this may be because raves (which older teens would be more likely to attend) played an important role in its dispersion.

Survey questions on past 30-day and lifetime use of this drug were discontinued in 2025. They will be reintroduced if concerns arise about renewed use.

Energy Drinks or Shots

Energy drinks and energy shots contain high levels of caffeine. Trends in daily use of these products follow a U-shaped curve, with higher levels when the project first began tracking them in 2010, a steady decline until about the year 2015, and then a reversal as prevalence subsequently increased. This trend is driven mainly by use of energy drinks and not by use of energy shots, which have not systematically trended in the past decade. In 2025, daily prevalence continued to increase for all grades, although the increase was only statistically significant for the 10th grade.

Energy Drinks

Energy drinks usually contain high amounts of caffeine and include brands such as Red Bull and Monster. MTF asks about daily use of these drinks.

In 2025, prevalence of daily use of these products was at the highest level recorded by the survey in 10th and 12th grade, at 19% and 23%, respectively. In 10th grade, use significantly increased from 2024 to 2025. In 8th grade, the 17% level is near a record high, which was 19% when first measured in 2010.

Prevalence has followed a U-shaped curve, with higher levels when first tracked in 2010, a steady decline until about 2015, and then a subsequent reversal as prevalence increased thereafter.

Energy Shots

Energy “shots” usually come in 2 or 3 ounce containers and include brands such as 5-Hour Energy and Redline. MTF asks about daily use of energy shots.

Daily use of these substances has not systematically trended over the past decade. In all three grades, prevalence has hovered at around 3% to 4%. When first tracked, 8th grade students had the highest levels of use—at 7% in 2011—but by 2014 these levels had declined to 4% and have fluctuated around this level since. This lack of change in consumption of energy shots in recent years contrasts with the increase of use in energy drinks.

Fentanyl

In 2025, levels of fentanyl use were less than 1% for past 12-month use in all three grades.

Fentanyl is an opioid drug made in laboratories and has no natural ingredients. It is many times more potent than most other opioids, and even a small amount can cause a fatal overdose.

The low levels of use indicate that youth are avoiding use of this drug, at least its intentional use. Fentanyl has been implicated in many overdose deaths among people who used the drug unknowingly, when it had been laced into drugs such as heroin, cocaine, methamphetamine, and MDMA in order to produce a stronger high.

Flavored Alcoholic Beverages

In 2025, use of flavored alcoholic beverages (also known as “alcopops” or “malternatives”) edged upward in all three grades for past 30-day, past 12-month, and lifetime use, although none of these increases were statistically significant. Despite the upward trend this year, use levels remained near record lows.

Use of these products has declined substantially over the past two decades. For example, from 2004 to 2025 past 30-day use declined in 8th grade from 15% to 2%, in 10th grade from 25% to 6%, and in 12th grade from 31% to 16%. These declines are consistent with a decline in adolescent use of alcohol overall in recent decades.

Flavored Little Cigars

Prevalence of flavored little cigars in the past 30 days changed little in 2025, thus sustaining the substantial decreases that took place in 2021 during the pandemic.

Overall, prevalence has declined markedly since this measure was added to the survey in 2014. Specifically, from 2014 to 2025 prevalence in 12th grade fell from 12% to 2%, in 10th grade from 7% to <1%, and in 8th grade from 4% to <1%.

GHB

GHB is an acronym for gamma-hydroxybutyric acid, a drug that became popular at “raves” in the 1990s. It can produce an euphoric effect and gained notoriety as a date rape drug because of its ability to cause amnesia.

Prevalence of past-12 month GHB use among 12th grade students has been below 1.5% for the past two decades and in 2025 stood at 0.3%. Since 2017, prevalence has hovered around 0.4%.

Hallucinogens

The percentage of 12th grade students using hallucinogens in the past 12 months has varied little between a narrow window of 4% and 5% over the past decade and in 2025 was 4%. In 10th grade, a drop in use during the pandemic in 2021 has persisted, and the prevalence of past 12-month use in 2025 was 2%. In

8th grade, declines in use have plateaued since around 2014, in part because prevalence has hovered at 1% since that time and has little room to fall further.

In 2024, the question text was modified to add “or psychedelic drugs” to the survey text, with the new question reading “On how many occasions (if any) have you used hallucinogens or psychedelic drugs (like PCP, mescaline, peyote, “shrooms” or psilocybin).” This change appears to have had little effect on prevalence estimates, which changed little in 2024 compared to 2023.

Hallucinogen use followed the typical pattern of an increase during the 1990s relapse, followed by a gradual but inconsistent decline in the following years. Annual hallucinogen use peaked in 1996, which is a few years earlier than the peak for most other drugs. Current levels of past 12-month hallucinogen use are less than half their peak in the 1990s.

The two components of the hallucinogens class, LSD and hallucinogens other than LSD (i.e. mescaline, peyote, psilocybin, and PCP), generally followed the same pattern until a sharp decline in LSD use emerged after 1999.

Questions on past 30-day and lifetime use were discontinued in 2025 in order to make room for new content. These questions will be reintroduced in future surveys if concerns arise about renewed use.

Hallucinogens Other Than LSD

Hallucinogens other than LSD include mescaline, peyote, and PCP as well as psilocybin, or “shrooms”, which comprise a major component of this category. Use levels in 2025 did not significantly change in any of the three grades for lifetime, past 12-month, or past 30-day use.

In all grades, 2025 levels of past 12-month use are about half of what they were in 2001, the peak level they had reached after the 1990s drug relapse.

Prior to the 1990s relapse, use of hallucinogens other than LSD had declined precipitously in 12th grade from a record high of 9.4% in 1975 to a record low of 1.7% in 1992. During this time, hallucinogens received substantial, negative media attention about the potential dangers of use such as “bad trips” and flashbacks. The increase that began in the 1990s may in part stem from “generational forgetting”, in which new youth cohorts have less exposure to people who have used the drug and media coverage subsides.

Heroin

In 2025, past 12-month heroin use significantly increased in 12th, 10th, and 8th grades, although prevalence was less than 1% in all grades.

Past 12-month use of heroin has always been relatively low, with prevalence never higher than 2% at any time in the survey for any grade. One unusual pattern specific to heroin is that the late 1990s mark the highest levels of use ever recorded in the study, whereas for most other drugs the all-time highs were set near the beginning of the 1980s. This trend was due in part to the advent of heroin use without a needle.

The increase in heroin use that occurred around 1995 was recognized fairly quickly and gave rise to some ameliorative actions, including an anti-heroin campaign by the Partnership for a Drug-Free America. An increasing number of deaths due to heroin use, including in the entertainment and fashion communities, also received widespread publicity. These factors may well explain the subsequent leveling in use after the near doubling of heroin prevalence that took place from 1991 to 1995.

MTF discontinued the survey questions on past 30-day and lifetime use of heroin in 2025 due to low prevalence and to make room for new content. These questions will be reintroduced to the survey in future years if concerns arise about renewed use.

Heroin With a Needle

The percentage of youth ever using heroin with a needle fell to near-zero levels in 2021 and was removed from the survey to make room for new content.

Heroin use with a needle among adolescents is exceedingly rare, and lifetime use was never higher than 2% when tracked between 1995 and 2021.

Heroin Without a Needle

The percentage of youth ever using heroin without a needle fell to near-zero levels in 2021 and was removed from the survey to make room for new content.

Inhalants

Prevalence of inhalant use significantly increased in 10th grade for past 12-month and past 30-day use. Despite these increases, prevalence is near record lows in all grades for past 12-month use.

Inhalants are unusual because their prevalence is consistently higher in the lower grades, a pattern not observed for any other drug. The use of inhalants at an early age may reflect the fact that many inhalants are cheap, readily available (often in the home), and legal to buy and possess. The decline in use with age likely reflects their coming to be seen as “kids’ drugs”, in addition to the fact that a number of other, more desirable drugs become more accessible to older adolescents, who also are more able to afford them.

The increase in prevalence of inhalants in all three grades at the start of the 1990s was a continuation of a trend that was observable far earlier among 12th grade students, when only they were being surveyed. The same was likely true among 8th and 10th graders, although our data on them cover only 1991 forward. The anti-inhalant campaign launched by the Partnership for a Drug-Free America in 1995 (partly in response to MTF results showing increasing use) may have played an important role in reversing this long-term trend. Increases in use that began around 2018 proved fleeting, and decreases in prevalence in 2020 and 2021 have returned levels to near record lows.

Prior to 2000, trends in inhalants were confounded by the use of amyl and butyl nitrites, and past MTF reports presented an additional 12th grade inhalant trend for measures without nitrites (e.g., see the [2014 MTF report](#) for a detailed description). Since that time, youth's use of nitrites has fallen to very low levels and is no longer tracked by Monitoring the Future.

In 12th grade, questions on past 30-day and lifetime use were discontinued in 2025 due to low prevalence and to make room for new content. These questions will be reintroduced if concerns arise that use in 12th grade is increasing.

JUUL

Questions about use of the vaping device JUUL were not asked after 2022 because the FDA had removed them from the market at the time the 2022 survey was being prepared.

Prior to 2022, prevalence of the vaping device JUUL declined dramatically. Both past 12-month and past 30-day prevalence declined about 50% in just one year in all three grades from 2020 to 2021.

This decline likely stemmed from both national policies aimed at reducing nicotine vaping prevalence among adolescents, as well as the COVID-19 pandemic.

One policy to reduce tobacco use in general is the "Tobacco 21" law, which went into force on December 20, 2019. This law raised the age of sale for all tobacco products in the United States from 18 to 21. It is specifically designed to reduce adolescent access to vaping devices and other tobacco products.

In addition, in 2020 the FDA placed restrictions on flavoring of cartridge-based vaping systems and banned flavors popular among adolescents such as mint and fruit. These restrictions went into force on February 7, 2020, four days before the first school was surveyed in MTF that year. This ban likely has had a continuing effect.

At the same time, these large declines took place during the COVID-19 pandemic, when social distancing policies were implemented specifically to reduce social interactions outside of the home. These policies

included school building closures, reductions and/or cancellations of after school group activities, and physical distancing policies requiring people to stay six feet from others. For many, these policies likely reduced adolescents' access to vaping devices and cartridges, as well as their opportunities to use them free from adult supervision.

All results from 2020 are from surveys completed before March 15, 2020, when national social distancing policies were implemented and the survey halted due to pandemic concerns.

JUUL has since reentered the market. MTF includes JUUL as a response category in a brand-of-device question asked of adolescents who report vaping nicotine. We will reintroduce stand-alone questions specifically on JUUL to the survey if its use among adolescents increases substantially in the coming years.

Ketamine

Prevalence of past-12 month ketamine use among 12th grade students has been below 2% for the past decade and in 2025 stood at 1%. This “club drug” was added to the survey in 2000. It showed little change in its usage levels through 2002. Since then, use has declined in all grades. Because of the very low levels of use of this drug by 2011, questions about its use were dropped from the surveys of 8th and 10th graders.

Kreteks

A question about kreteks, a type of clove cigarette that was usually imported from Indonesia, was added in 2001 to the list of questions that ask only about past 12-month use.

Because the prevalence levels turned out to be low, this question was dropped in 2006 from the 8th and 10th grade questionnaires to make room for other questions. In 2014, only 1.6% of 12th graders reported any use of kreteks in the prior 12 months, and the question has not been included on the survey since then. These questions will be added back to the survey in future years if a concern arises that adolescent use of kreteks is making a comeback.

Large Cigars

Smoking large cigars, which has not been particularly common among secondary school students, edged slightly upward in all three grades for past 12-month use in 2025, although none of the increases were statistically significant.

Overall, levels of use in 2025 are markedly lower than they were in 2014, when this product was first tracked by the survey. During this time period, levels have dropped from 6% to 2% in 12th grade, from 4% to 1% in 10th grade, and from 2% to 0.3% in 8th grade.

It is worth noting that in 12th grade, a steep decline in use took place during the pandemic and its associated social distancing policies, from 5% in 2019 to 2% in 2021, and use has not rebounded since.

Liquor

Use of hard liquor is asked only of 12th grade students. In 2025, prevalence decreased, although not significantly, for the three reporting intervals of lifetime, past 12-month, and past 30-day use. With these decreases, prevalence levels were at the lowest recorded by the survey. Nevertheless, prevalence remains substantial, with one out of every six 12th graders reporting use of liquor in the past 30 days.

Prevalence today is much lower than when first measured in 1976. Lifetime use fell from 80% in 1976 to 34% in 2025, past 12-month use from 69% to 26%, and past 30-day use from 44% to 16%. A decline in liquor consumption among 12th graders actually began after about 1980 but was interrupted in the late 1990s by the relapse phase in the use of most drugs, including alcohol. After about 2002, the long-term decline in alcohol use resumed.

In 2022, MTF discontinued the question on binge drinking of liquor, defined as five or more mixed drinks or shots glasses of hard liquor in a row within the past two weeks, to make room for new content.

Look-Alike Pills

Look-alikes are one of two primary categories of nonprescription stimulants, alongside diet pills. They are pseudoamphetamines that were typically sold via mail order, unlike diet pills, which were available over the counter. From 1982 onward, the trend in the use of look-alikes mirrored the trend in illicit drug use during the same period. Annual prevalence dropped from 10.8% in 1982 to 5.2% in 1991. This was followed by a slight increase during the 1990s drug relapse, reaching 6.8% in 1995, before stabilizing and declining again after 2001, reaching a low of 1.5% in 2017. Monitoring of look-alike pill use was discontinued after 2017 to accommodate new questions on other drugs in the survey. The large decline in look-alike use was most pronounced among individuals who had used illicit drugs other than marijuana, who were the primary users of look-alikes.

LSD

In 2025, LSD prevalence significantly increased in 12th grade to 1.7% and increased, but not significantly so, in 10th or 8th grade. Use levels are currently low, even with the increase in 12th grade this year, and are near the lowest levels recorded by the survey.

LSD was one of the first drugs to decline at the start of the 1980s, almost surely due to increased information about its potential dangers. The subsequent increase in its use during the mid-1990s may

reflect the effects of “generational forgetting”—that is, replacement cohorts knowing less than their predecessors about the potential dangers of LSD because they have had less exposure to the negative consequences of people using the drug.

We believe that the decline in use prior to 2002 might have resulted in part from a displacement of LSD by sharply rising use of MDMA (also known as “ecstasy” and more recently “Molly”). After 2001, when MDMA use itself began to decline, the sharp further decline in LSD use likely resulted from a sudden drop in the availability of LSD (discussed in [Chapter 9](#)), because attitudes generally have not moved in a way that could explain the fall in use, while perceived availability has.

In 2025, questions on past 30-day and lifetime use were dropped due to low prevalence and to make room for new content. These questions will be reintroduced in future surveys if concern arises about renewed use.

Medical Cannabis

Since 2017, the survey has included the question “Have you ever used ‘medical marijuana;’ that is, marijuana you used because a doctor told you to use it?” Prevalence has hovered between 1% and 4% in all years in all grades and has not systematically trended.

Metatine

Metatine is a synthetic analog of nicotine that may possess greater potency and addictive potential than nicotine itself. It is currently marketed under brands such as Spree Bar and is available to vape in flavors that appeal to youth. Regulation is particularly challenging because Metatine is not derived from tobacco and therefore may fall outside the scope of existing tobacco control policies.

In 2025, this substance has not made inroads among adolescents, with prevalence less than 1% in all grades for past 12-month use.

Methamphetamine

Use of methamphetamine has declined to near-zero prevalence over the past two decades, with lifetime use below 1% in 2025 in all grades. This marks a steep decline from 1999 lifetime prevalence levels (when they were first tracked), which were at 4.5%, 7.3%, and 8.2% in 8th, 10th, and 12th grades, respectively.

MTF discontinued questions in 2025 on lifetime and past 30-day use of methamphetamine due to low prevalence. These questions will be reintroduced in future surveys if concerns arise about renewed use.

Methaqualone

Use of methaqualone (brand name Quaalude) without a doctor's orders had a past 12-month prevalence among 12th graders of 0.4% in 2012, after which it was no longer included on the survey to make room for questions on other content. Previously, use of this drug rose sharply from 1978 until 1981. Starting in 1982, use began to decline, helping to account for the overall adjusted sedative index resuming its decline that year. Annual prevalence for methaqualone plummeted from 7.6% in 1981 to 0.2% by 1993; it then inched up a bit during the drug relapse phase in the 1990s to 1.1% in 1996, where it remained in 1999. By 2012, it was down to 0.4%, a tiny fraction of its peak level.

Nicotine Pouches

Nicotine pouches are small, white pouches that contain nicotine that users place in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chew because they do not contain any ground tobacco leaf. Use of nicotine pouches is readily concealable by adolescents because they do not require the user to expectorate juice.

In 2025, lifetime use increased in all grades, although not significantly. From 2024 to 2025, it increased from 7% to 10% in 12th grade, from 4% to 5% in 10th grade, and from 0.8% to 1.4% in 8th grade. Use in the past 12 months and past 30 days slightly increased for 8th and 12th graders and slightly decreased for 10th graders, although none of these changes were significant from 2024 to 2025.

Similar oral nicotine products have made substantial inroads among adolescents in the past (e.g., smokeless tobacco reached a lifetime prevalence of 32% in the early 1990s), suggesting a high potential ceiling for the prevalence of nicotine pouch use.

Nitrites

Amyl and butyl nitrites, one class of inhalants, became somewhat popular in the late 1970s, but their use was almost eliminated after that. The annual prevalence level among 12th grade students was 6.5% in 1979 but only 0.9% in 2009. Because of this decrease in use, and to allow for the addition of other questions, the questions on nitrite use have not been included in the study since 2010. These questions will be added back to the survey in future years if a concern arises that adolescent use of these nitrites is making a comeback.

When nitrites were included in the definition of inhalants, they masked the increase that was occurring in the use of other inhalants, because their use was declining at the same time that the use of the other inhalants was increasing.

Over the Counter Cough/Cold Medicine

There are a number of over-the-counter drugs that can be used to relieve symptoms from coughing or having a cold. Several of them, like Robitussin and Tylenol Cold + Cough, contain dextromethorphan (DXM). When taken in large doses, its side effects can mimic those of some illegal drugs, like hallucinations and sensory changes. Teens can use them for these purposes and risk a number of dangerous side effects.

Not all cough and cold medications contain DXM, of course, but because a number of them do, we track the more general class to get an indication of changes in DXM misuse. The survey questions asks students if they have taken nonprescription cough or cold medicines “to get high”.

In 2025, past 12-month prevalence did not significantly trend. In 8th grade, the current level of 4.2% is toward the higher end of the range that varies from the low of 2% recorded in 2015 and the high of 4.6% recorded in 2020.

In 10th grade, a 2025 increase (which was not statistically significant) brought prevalence to 5.1%, which is near the 6% high recorded in 2009.

In 12th grade, prevalence edged upward to 3.1%, which is less than half of the 6.9% high recorded when the survey first started tracking this outcome in 2006.

Note that in recent years, the grades have tended to reverse the order of their prevalence levels, with the 8th and 10th graders tending to have higher prevalence than 12th graders. The only other class of drugs that currently shows such a pattern is inhalants, which also have high availability in the homes of younger adolescents.

[OxyContin](#)

In 2025, the percentage of youth who used the specific opioid OxyContin without a medical professional’s orders in the past 12 months was little changed from 2024. Use levels are low at 1% or lower in all grades.

Use of OxyContin has declined overall since first tracked by the survey in 2002. Its prevalence began a long-term decline in 2009/2010 for 10th and 12th grade students and in 2013 for 8th grade students, resulting in record or near-record lows in recent years.

[PCP](#)

The prevalence of past-year PCP use is reported only for 12th grade students, and in 2025 it was 1.2%. Prevalence has not risen above 2% in over two decades.

PCP was first included in the survey in 1979, and its prevalence dropped rapidly thereafter, suggesting that it achieved a deserved reputation as a dangerous drug very quickly. Its use increased during the 1990s

drug relapse, but its annual prevalence increased to a high of only 2.6% (in 1996). Since 2002, its use has remained low.

To make room for other content, the survey stopped tracking lifetime and past 30-day use of this low-prevalence drug in 2014 (for information on these outcomes see the [2013 annual report](#)). These measures will be re-introduced into the survey if concern arises that this drug is making a comeback.

Powdered Alcohol

Powdered alcohol, as the name suggests, can be added to water to form an alcoholic drink. MTF began tracking the prevalence of this substance in 2016. The annual prevalence remained below 2% across all grades and years until the measure was discontinued in 2019. Although the U.S. Alcohol and Tobacco Tax and Trade Bureau approved labels for its sale under the brand name Palcohol in 2014, very few states have legalized the product. Questions about powdered alcohol will be reintroduced to the questionnaire if media reports or other sources indicate an increase in its use. The data collected from 2016 to 2019 provide a baseline assessment of its use when it was not widely available commercially.

Prescription Anti-Anxiety Medications

In 2025, the percentage of youth who used anti-anxiety medications without a doctor's orders declined in all three grades for lifetime, past 12-month, and past 30-day use. This decline was statistically significant only among 12th grade students for past 30-day use, which decreased from 2.3% in 2024 to 1.6% in 2025.

A discontinuity prevents direct comparison of current levels to estimates in 2023 and earlier, as indicated by the gap on the graph. In 2024, the estimate increased abruptly across all grades as an artifact of an update to the survey question text. Specifically, in 2024–25 a question on prescription anti-anxiety medications replaced the previous version focused on “tranquilizers”, resulting in an upward adjustment to 3% in past 12-month use from a prevalence of 1% using the original question in all grades. For more detailed information on the survey text update, see [Appendix E](#).

In 2021, the first survey year during the pandemic and its associated social distancing policies, use dropped sharply in all grades. Prevalence did not rebound in 2022 or 2023 when the policies were lifted. Levels today would be expected to be at or near historic lows, after adjusting for the increase caused by changes to the survey wording in 2024.

This question was previously updated in 2001, when Xanax was added as an example drug in this class. This addition led to a slight jump in prevalence that year, which is marked by a gap in the trend line from 2000 to 2001.

Among 12th and 10th grade students, use of these substances increased during the 1990s; the increase was sustained well into the 2000s, which is a trend typical for the general category of prescription medication misuse. Since the mid-2000s, use has gradually and steadily declined.

Prescription Opioids

Use of narcotics other than heroin without a doctor's orders is reported only for 12th grade students. Prevalence increased from 2024 to 2025 for past 12-month and past 30-day use, and this increase was statistically significant for past 30-day use. The slight decrease for lifetime use was not statistically significant. Prevalence in 2025 was low at 4% for lifetime use, 2% for past 12-month use, and 1% for past 30-day use.

A discontinuity prevents direct comparison of current levels to estimates in 2023 and earlier, as indicated by the gap on the graph. In 2024, prevalence adjusted upward as an artifact of an update to the survey question text. Specifically, in 2024–25 a question on prescription opioid medications replaced the previous version focused on “narcotics other than heroin”. This methodological change by itself significantly increased the past 12-month use estimate by one percentage point and lifetime use by 2.5 percentage points. For more detailed information on the survey text update, see [Appendix E](#). Levels today would be expected to be at or near historic lows, after adjusting for the increase caused by changes to the survey wording in 2024.

Two patterns make trends in use of these drugs unique. First, peak use came during the 1990s relapse—and not during the 1980s as it did for so many other drugs—suggesting that its rise during the 1990s was more than just a return to drug use patterns of the past and instead represented the emergence of new, unique patterns of use for adolescents. Second, the peak established after the 1990s drug relapse stayed at a stubbornly high level for much longer than most illicit drugs. High levels of use during the 2000s raised concern that use of these types of prescription drugs had become endemic. However, the sharp declines that commenced around 2010 proved otherwise.

Because the question text on half of the questionnaire forms was updated in 2002 with the inclusion of additional examples of narcotics other than heroin (i.e., OxyContin, Vicodin, and Percocet), we obtained a higher reported level of use with the new version of the question that year (9.4%) than with the previous version of the question (7.0%). (When we make a significant change in the wording of a question, we often use this type of spliced design in which a random half of the respondents to the questionnaire forms

containing the drug get the new version and others get the old version in the same year so that we can assess the impact of the wording change.)

Prescription Sleeping Medications

Use of prescription sleeping medications without a doctor's orders is reported only for 12th grade students. Prevalence was little changed from 2024 to 2025.

A discontinuity prevents direct comparison of current levels to estimates in 2023 and earlier, as indicated by the gap on the graph. In 2024, prevalence adjusted upward as an artifact of an update to the survey question text. Specifically, in 2024 and 2025 a question on prescription sleeping medications replaced the previous version focused on "sedatives". This methodological change by itself significantly increased past 30-day use by 2.6 percentage points, past 12-month use by 3.8 percentage points, and lifetime use by 7.6 percentage points in 2024. For more detailed information on the survey text update, see [Appendix E](#).

Since the mid 2000s prevalence has steadily declined and levels today would be expected to be at or near historic lows, after adjusting for the increase caused by changes to the survey wording in 2024.

Prior to the mid 2000s, prevalence had increased during the 1990s drug and use stayed high until 2005, which is nearly a decade later than the decline seen for most other drugs. This pattern of sustained, high levels past the 1990s is found for misuse of many of the prescription drugs.

Prior to the increase in use in the 1990s, past 12-month use had declined very appreciably from its highest reading of 10.7% in 1975 to 2.8% in 1992.

Prescription Stimulants

The percentage of students who used prescription stimulant medications without a medical professional's orders changed little from 2024 to 2025, and past 12-month use was 4% or less in all grades.

A discontinuity prevents direct comparison of current levels to estimates in 2023 and earlier, as indicated by the gap on the graph. In 2024, prevalence was adjusted upward with an update to the survey question text. Specifically, in 2024 and 2025 a question on prescription stimulant medications replaced the previous version that focused on "amphetamines". This methodological change by itself significantly increased prevalence levels by up to three percentage points in 2024, with the largest increases in the younger grades. For more detailed information on the survey text update, see [Appendix E](#).

Levels today would be expected to be at or near historic lows, after adjusting for the increase caused by changes to the survey wording in 2024.

Use of these substances increased during the 1990s; the increase was sustained well into the 2000s, which is a trend typical for the general category of prescription medication misuse. A general decline in use levels since the mid-2000s was interrupted by a four-year climb from 2009 to 2013, but then resumed.

Prescription Weight Loss Drugs (Not Prescribed)

Medications for weight loss, such as brand names Wegovy and Ozempic, are a new class of GLP-1 agonist drugs that medical professionals can prescribe to help patients lose weight and treat obesity. They are fundamentally different than over-the-counter “diet pills”, which are stimulant products that MTF has asked about on past surveys.

In 2025, 2% of students in 8th, 10th, and 12th grades reported using these medications without a prescription from a medical professional.

Prescription Weight Loss Drugs (Prescribed)

Medications for weight loss, such as brand names Wegovy and Ozempic, are a new class of GLP-1 agonist drugs that doctors prescribe to help patients lose weight. They are fundamentally different than over-the-counter “diet pills,” which are stimulant products that MTF has asked about on past surveys.

In 2025, 2%% of students in 8th, 10th, and 12th grades reported using these medications with a doctor’s prescription for them.

Provigil

Questions on use of Provigil (a prescription stay-awake drug used for narcolepsy, shift work, etc.) were added to the 12th grade surveys in 2009. In 2011, 1.5% used this drug without a medical professional’s orders in the past 12 months, suggesting that this drug had not made serious inroads among youth in terms of non-medically supervised use. Given the low use, questions on Provigil were no longer included on the survey starting in 2012. These questions will be added back to the survey in future years if a concern arises that adolescent use of Provigil is increasing.

Regular Small Cigars

Use of regular (unflavored) small cigars during the past 30 days did not significantly change in 2025 in any of the three grades. Prevalence has declined markedly overall since first tracked in 2014, and 2025 levels are at or near record lows, all below 1.4%.

Ritalin

The stimulant Ritalin is used to treat attention deficit hyperactivity disorder (ADHD). Prevalence of use without a doctor's orders in the last 12 months was less than 1% in all grades in 2025.

Prevalence has declined substantially since first tracked by the survey in 2001. From 2001 to 2025, it declined from 2.9% to 0.6% in 8th grade, from 4.8% to 0.7% in 10th grade, and from 5.1% to 0.8% in 12th grade.

Rohypnol

Rohypnol, a "club drug," was added to MTF in 1996.

In 2025, prevalence is less than 1% in all grades for past 12-month use. Questions on lifetime and past 30-day use were removed from the survey in 2025 because of low prevalence and to make room for other content. These questions will be reintroduced in future surveys if concern arises that use of this drug is increasing.

Salvia

Salvia is an herb with hallucinogenic properties, common to southern Mexico and Central and South Americas. Although it currently is not a drug regulated by the Controlled Substances Act, several states have passed legislation to regulate its use, as have several countries.

Prevalence of salvia use in the last 12 months stood at 0.8% in all grades in 2022. Use of this drug declined considerably since it was first measured in 2009, when prevalence among 12th grade students was 5.7%. Questions on this drug were discontinued after 2022 in order to make room for new content. These questions will be added back if concerns arise about renewed use.

Smokeless Tobacco

The percentage of 12th grade students who used smokeless tobacco during the past 30 days (also referred to as current use) has trended upward the past two years and in 2025 was 3.6%. In contrast, in 8th and 10th grade use has trended downward the past two years, and in 2025 prevalence was at record lows in these grades at 1% and 2%, respectively.

One possible explanation for trends in the past two years is that some students interpret the smokeless tobacco question to include nicotine pouch use, even though pouches are not listed as examples in the item wording. Supporting this interpretation, nicotine pouch use has risen among 12th graders over the past two years, while remaining steady in the lower grades.

Lifetime use was at or near record lows in 2025, at 7% in 12th grade, 5% in 10th grade, and 3% in 8th grade.

Daily use of smokeless tobacco was very low in 2025, at 1.2% or less in all grades.

Trends in smokeless tobacco stand out as very different from trends for adolescent use of other drugs. Unlike almost all other substances, use of smokeless tobacco did not increase during the 1990s relapse but actually declined for nearly 10 years, beginning around 1994. Further, smokeless tobacco is one of few substances for which prevalence increased after 2007, although this increase among 10th and 12th grade students was not lasting. Finally, the trends show little in the way of cohort effects, given that trends have moved in parallel and not in staggered fashion for all three grades. These results suggest that the factors leading to use of smokeless tobacco are much different from the drivers of use of other drugs.

Questions about the use of smokeless tobacco were first introduced in 1986, omitted in 1990 and 1991, and then reintroduced in 1992. Through 2010, the examples of smokeless tobacco provided in the question were snuff, plug, dipping tobacco, and chewing tobacco; because of new forms of smokeless tobacco entering the market, snus and dissolvable tobacco were added to the examples in 2011. The introduction and promotion of new smokeless products, including snus, may well have contributed to the increase in use seen in all grades that peaked around that time.

Snus

In 2025, prevalence of snus (rhymes with “goose”) during the past 12 months significantly increased in 12th grade from 1.9% to 3.7%. In 8th and 10th grades, prevalence was little changed and in 2025 was 0.9% and 1.4%.

Snus is a variation on smokeless tobacco, as are some other dissolvable tobacco products, that literally dissolve in the mouth. Questions on snus were added to the 12th grade survey in 2011 and to the 8th and 10th grade surveys in 2012. Past year prevalence had been falling quite sharply in the upper grades since the introduction of those questions. The upper grades have tended to have considerably higher levels of use—at least until 2018.

The increase in 12th grade prevalence from 2024 to 2025 may reflect students reporting nicotine pouch use in response to the snus question. The survey wording—“Use snus (a small packet of tobacco that is put in the mouth)” —could easily be interpreted by students as referring to nicotine pouches. The snus question has appeared on the survey unchanged since 2011 in 12th grade and since 2012 in 10th and 8th grades, but it will need to be updated given the emergence of nicotine pouches.

Stay Awake Pills

Use of stay-awake pills, which are over-the-counter stimulants, were near the lowest level ever recorded by the survey in 2025 for past 12-month use. The 2025 prevalence of 2.1% is more than twelve times

lower than the peak level of 26% in 1988. Since then, prevalence of stay-awake pills has declined precipitously with only a slight, not statistically significant, rebound since the all-time low level of 0.8% in 2023.

Questions on past 30-day and lifetime use were discontinued in 2025 due to low prevalence and to make room for new content. These questions will be reintroduced in future surveys if concerns arise about renewed use.

Steroids

In 2025, past 12-month use of anabolic steroid use was 1.1% or lower in all grades. In general, lifetime, past 12-month, and past 30-day use have decreased, sometimes unevenly, since highs in the early 2000s.

Anabolic steroids, sometimes used for muscle development including in body building, were rendered illegal to purchase or sell without a prescription in the Anabolic Steroids Control Act of 1990. Prevalence of use fell among 12th graders for a couple of years thereafter but then increased some. Use for all grades peaked around 2002 and have since declined substantially.

In 2025, questions on past 30-day and lifetime use were removed from the questionnaire to make room for new content. These questions will be added back to the survey in future years if a concern arises that adolescent use of steroids is making a comeback.

Synthetic Cannabis

The percentage of students who used synthetic cannabis in the past 12 months was 3.2% or less in 2022, the last year the MTF questionnaire included questions on this substance. Questions on synthetic cannabis will be added back to the survey in future years if concerns arise about renewed use. A resurgence of use seems unlikely, given that students now have a range of widely available cannabis products to choose from, including flavored cannabis solutions for vaping, as well as hemp-derived psychoactive products such as Delta-8.

Tobacco With Hookah

A hookah is a device used to inhale combustible tobacco and consists of a long, flexible tube through which users inhale tobacco smoke that has passed through water and is thereby cooled. In 2025, the percentage of 12th grade students who used a hookah in the past 12 months was 1.9%, which is the lowest level recorded by the survey since it was first tracked in 2010. Use increased from 2010 to 2014 but has been generally declining since, with 2025 prevalence about ten times lower than the high of 23% recorded in 2014.

Vaping Cannabis

Vaping is a relatively new mode for cannabis use. It differs from combustible use because vaping solutions come in a variety of flavors, vaping delivers a higher concentration of THC (the active psychoactive ingredient in cannabis), and vaping is more readily concealable because it does not produce the distinctive odor associated with combustible use.

In 2025, the percentage of students who reported vaping cannabis in the past 12 months continued a decline over the past few years; none of the one-year declines in the three grades were statistically significant.

Large increases in cannabis vaping in previous years were not accompanied by increases in overall cannabis use. These results suggest that cannabis vaping is not increasing the number of adolescent cannabis users. It could substitute for combustible cannabis use, it could serve as a way for cannabis users to avoid detection by adults because it is easier to conceal, and/or it could be a way for users to supplement their combustible cannabis use.

Vaping Flavored Cannabis

Vaping flavored cannabis in the past 12 months declined in all grades from 2024 to 2025, and the decline was statistically significant in 8th grade. There were no significant changes from 2024 to 2025 in vaping flavored cannabis in the past 30 days or lifetime.

Across all grades, since measurement began in 2021, past 12-month use has followed an inverted U-shaped trend: prevalence rose sharply from 2021 to a peak in 2023, then declined in 2024 and 2025 to levels comparable to those observed at baseline in 2021. The increasing use from 2021 to 2023 was unusual because use of almost all other substances by adolescents held steady or decreased during this time period.

Vaping Flavoring

The percentage of youth who report that they vaped just flavoring was at or near record lows in 2025 in all grades for lifetime, past 12-month, and past 30-day use. In all grades, past 12-month prevalence in 2025 was more than half of its peak level in 2018. Daily vaping of just flavoring was at or below 2% in all grades and did not significantly change from 2024 to 2025.

Practically all youth who report vaping just flavoring also report vaping nicotine (as indicated by very low prevalence in the Vape Flavoring Without Nicotine tables and graphs). Most adolescents who vape just flavoring are doing so as a supplement to their nicotine vaping and not as a substitute for it.

Vaping Flavoring Without Nicotine

In 2017, MTF started asking students if they vaped just flavoring. A substantial prevalence of this outcome could raise at least two potential scenarios. First, it could be possible that a portion of youth believed they were not vaping nicotine when in fact they were. Second, if students truly were vaping only flavoring, then the recent large increases in adolescent vaping may be less alarming than it at first appeared—to the extent that adolescents are not being exposed to the addictive chemical nicotine.

These two potential scenarios are not supported by the results. The finding that in 2025 less than 1% of students in all grades report vaping flavoring exclusively without nicotine in the past 30 days indicates that practically all students who report vaping just flavoring are also vaping nicotine.

Vaping Nicotine (E-cigarettes)

The percentage of students who vaped nicotine declined sharply from 2020 to 2021, coinciding with the onset of the pandemic, and continued to decrease in the subsequent years, after a very small rebound, for use in the past 12 months and lifetime. Vaping nicotine in the past 30 days edged upward in 2025, although not significantly so compared to 2024, in 10th and 12th grades.

Despite the recent declines in use, the prevalence of nicotine vaping by adolescents remains one of the highest among all substances. In 2025, its past 12-month prevalence level of 9% in 8th grade is second only to alcohol. Its prevalence of 20% in 12th grade and 14% in 10th grade ranks third behind alcohol and cannabis use. These high rankings largely reflect the steep surge in nicotine vaping between 2017 and 2019.

Vicodin

Use of the specific opioid drug Vicodin without a doctor's orders in the past 12 months was 1.1% or less in the three grades in 2025. These low levels are the result of a marked decline that plateaued around 2020 from peaks before 2010 of 3% in 8th grade, 8% in 10th grade, and 11% in 12th grade.

While there was a large age difference in prevalence in earlier years, there remained practically none in 2025 as prevalence approached zero.

Wine

Wine consumption is asked only of 12th grade students.

In 2025, prevalence reached record lows for lifetime, past 12-month, and past 30-day use, although none of the one-year changes from 2024 to 2025 were statistically significant. These lows are the culmination of an overall decline that has persisted for two and a half decades. From 2000 to 2025, lifetime prevalence fell from 64% to 25%, past 12-month prevalence from 45% to 16%, and past 30-day prevalence from 16% to 6%.

In 1988, MTF added a question on wine coolers, which had the effect of sharply reducing self-reported wine use. (Up to that point many users of wine coolers likely reported such use under wine.) Prevalence of wine use rose somewhat during the 1990s drug relapse but continued a long-standing decline beginning in 2001.

Binge drinking with wine declined substantially in the late 1980s, suggesting that wine coolers accounted for reported wine binge drinking until wine coolers were separated into their own category. Questions on binge drinking with wine, defined as five or more 4-ounce glasses of wine in row during the last two weeks, were discontinued in 2022 to make room for new content.

CHAPTER 6 – Initiation and Noncontinuation: Prevalence and Trends

Substance Use Initiation

Knowing at what age young people begin to use various drugs helps us better understand the etiology of substance use and provides a guide to the timing and nature of various policies and interventions, which are likely most effective when set into place prior to the grades of peak initiation. We know that grades of peak initiation vary according to drug and tend to progress from drugs perceived as the least risky, deviant, or illegal toward those perceived as more so.

One way to estimate when use of a particular drug is initiated is to ask respondents to self-report when they first used a drug. In the MTF study, we ask about initiation in terms of grade levels rather than age because we believe that adolescents' memories are more likely to be organized in those terms. It also could be argued that social experiences and risk taking opportunities are organized more by grade than age. Given that each grade level is composed of students who are about the same age, grades can be readily translated into modal ages.

MTF has been collecting grade of initiation data from 12th graders since 1975 and from 8th and 10th graders since 1991, when those grades were added to the study. The results reported in this chapter provide a retrospective view of trends in lifetime prevalence of use at earlier grade levels. These retrospective reports provide information on drug use at grade levels not directly surveyed by MTF (i.e., 11th grade, 9th grade, and every grade below 8th). We present a series of tables of reports from 8th, 10th, and 12th graders, with accompanying figures for 8th and 12th graders.

One would not necessarily expect that in a particular year 8th, 10th, and 12th graders would give the same retrospective prevalence level for a drug, even for a given grade, because the three groups differ in a number of important ways:

- The 8th and 10th grade samples include eventual school dropouts, whereas 12th grade samples (completing the survey late in the school year) include almost none. In addition, the lower grades have lower absentee rates. For any given year, both of these factors should cause the prevalence of use levels derived contemporaneously from a particular class cohort of 8th graders to be higher (for any specified grade level up through 8th grade) than the retrospectively reported prevalence levels derived from that same class cohort of young people who are still in school near the end of 10th or 12th grades.

- Because each class cohort experienced 8th grade in a different year, any broad historical or secular trend in the use of a drug could contribute substantially to differences in respondents' reports of their experiences when they were in 8th grade.
- Because 8th, 10th, and 12th graders are in three different class cohorts, any lasting differences among cohorts could contribute to differences in reported use at any specified grade level.

In addition, two types of method artifacts could also explain observed differences:

- Memory errors for early years are more likely to occur for older respondents (who are, of course, further removed in time from the initiation experience). They may forget that an event ever occurred (although this may be unlikely for use of drugs), or they may not accurately remember when an event occurred. For example, events may be remembered as having occurred more recently than they actually did—a kind of forward telescoping of the recalled timing of events.¹⁸
- The definition of the eligible event may change as a respondent gets older. Thus, an older student may be less likely to include an occasion of taking a sip from someone's beer as an alcohol use event, or an older student may be more likely to appropriately exclude an over the counter stimulant when asked about use of prescription stimulants. While we attempt to ask the questions as clearly as possible, some of these drug definitions are fairly subtle and may be more difficult for younger respondents. Indeed, we have omitted from this report 8th and 10th graders' data on their use of prescription sleeping and prescription opioid medications without orders from a medical professional because we judged them to contain erroneous information.¹⁹

Incidence of Use by Grade Level

[Tables 6-1 through 6-3](#) provide retrospective initiation levels for various types of drug use as reported by students surveyed in 8th, 10th, and 12th grades.²⁰ Obviously, the older students have a longer age span over which they can report initiation. [Table 6-4](#) shows the retrospective initiation rates from all three grades in a single table to facilitate comparisons across grade levels.

¹⁸ See Bachman, J. G., & O'Malley, P. M. (1981). [When four months equal a year: Inconsistencies in students' reports of drug use](#). *Public Opinion Quarterly*, 45, 536–548; Jabine, T. B., Straf, M. L., Tanur, J. M., & Tourangeau, R. (Eds.). (1984). *Cognitive aspects of survey methodology: Building a bridge between disciplines*. Washington DC: National Academy Press.

¹⁹ We have found that young adult follow-up surveys of 12th graders yield higher recanting rates for the psychotherapeutic drugs, in contrast to the illegal drugs. We interpret this discrepancy as reflecting, in part, a better understanding of the distinctions between prescription and nonprescription drugs in young adulthood. See Johnston, L. D., & O'Malley, P. M. (1997). [The recanting of earlier reported drug use by young adults](#). In L. Harrison & A. Hughes (Eds.), *The validity of self-reported drug use: Improving the accuracy of survey estimates* (pp. 59–80) (NIDA Research Monograph No. 167). Rockville, MD: National Institute on Drug Abuse.

²⁰ Prevalence levels in Chapter 6 tables and figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly selected sample of respondents. Previous to 2019, the prevalence levels in Chapter 6 tables and figures were adjusted to match the estimates in Chapters 4 and 5. In 2019 and later, the estimates in Chapter 6 tables and figures are not adjusted.

The survey questions have a common stem: “When (if ever) did you FIRST do each of the following things? Don’t count anything you took because a doctor told you to”. Various drug-using behaviors are asked about, for example, “smoke your first cigarette”, “smoke cigarettes on a daily basis”, “try an alcoholic beverage—more than just a few sips”, and “try marijuana”. The response categories list grade levels.

- In general, drug use by the end of 6th grade is very low ([Table 6-4](#)). With the exception of alcohol, vaped nicotine, and inhalants, 3% or less of the 2025 respondents in all grades reported use of any drug by 6th grade. Drugs with this low level of use by 6th grade include **cannabis, inhalants, hallucinogens other than LSD, prescription stimulant drugs (without a prescription), prescription anti-anxiety medications (without a prescription), drunkenness, cigarettes, smokeless tobacco,** and **vaping cannabis**.
- **Alcohol** is the drug most likely to have been initiated by the end of 6th grade, with 3.7% of 12th grade students reporting that they had used it by 6th grade ([Table 6-3](#)).
- Among 8th and 10th grade respondents in 2025, 2.7% and 2%, respectively, said they had tried **cannabis** by the end of 6th grade ([Table 6-3](#)). Among 12th grade students, only 1.3% reported use by 6th grade. As noted at the beginning of this chapter, these differences by grade may reflect a number of factors, including higher levels of cannabis use among 8th grade students who will later drop out of high school, for example.
- Levels of **nicotine vaping** initiation are second only to alcohol use. In 2025, 6.1% of 8th grade students reported that they had vaped nicotine by 6th grade, which compares to 7.3% for alcohol. These relatively high levels of use among young children are especially concerning in light of evidence that nicotine has a stronger influence on child and adolescent brains as compared to adult brains for outcomes such as anxiety related behavior, reward processing, dopamine expression, and serotonin functioning.
- **Cigarette** smoking, like nicotine vaping, tends to be initiated particularly early. Based on data from the 2025 8th graders ([Table 6-1](#)), their peak grade for initiation of cigarette smoking was the 7th grade (0.9%)—or modal ages 12 through 13—but a considerable number initiated smoking even earlier. Indeed, in 2025 1.5% of 8th grade respondents reported having had their first cigarette in 5th grade or earlier.
- **Nicotine pouch** initiation is highest in 11th and 12th grades, at 3.6% and 1.6%, respectively ([Table 6-3](#)). This pattern of initiation contrasts with nicotine vaping, for which the highest levels of initiation were in 7th-8th and 9th grade, at 7% and 5.8%. These numbers suggest that less appeal among younger adolescents may account for today’s relatively lower prevalence of adolescent nicotine pouches compared to nicotine vaping, although future marketing by tobacco companies could increase the appeal of nicotine pouches among youth.

- **Inhalant** use tends to begin early. Based on the responses from 8th graders and 10th graders surveyed in 2025, 4th grade and below had the highest level of inhalant initiation at 1.9% ([Table 6-1](#)) and 1.7% ([Table 6-2](#)), respectively. In 5th through 10th grades, initiation levels varied from 0.2% to 0.7%.
- **Alcohol** use by the end of 6th grade was reported by 7.3% of 8th grade respondents in 2025 but by only 3.7% of 12th grade respondents in that year ([Table 6-4](#)). At least two factors noted earlier may contribute to this difference. One is that students who eventually drop out are more likely than average to drink at an early age. A second is related to the issue of what is meant by “first use”. The questions for all grades refer specifically to the first use of “an alcoholic beverage—more than just a few sips”, but we believe that the 12th graders are better able to understand and exclude having a small amount (only a few sips) with parents or for religious or celebratory purposes. Note that data from the three groups of respondents tend to converge as we ask about lifetime alcohol use by the time they reach higher grade levels ([Table 6-4](#)).

For this reason, we rely more on 12th grade data to examine changes in initiation of alcohol use across age, and these data suggest that the peak years of adolescent alcohol initiation are 7th through 11th grades. The first occasion of **drunkenness** is most likely to occur in the high school grades 10 and 11 ([Table 6-3](#)).

Trends in Lifetime Prevalence at Earlier Grade Levels

Using the retrospective data provided by members of each 12th grade class concerning their grade of first use, it is possible to reconstruct lifetime prevalence of use trend lines for lower grade levels over many earlier years as the 12th graders passed through those grades prior to their participation in MTF. Obviously, data from school dropouts are not included in these trends. [Figures 6-1 through 6-11](#) present the reconstructed lifetime prevalence curves (reflecting any use in lifetime) for most drugs. Note that trends for 8th grade students include data from some students who will later drop out of school.

When comparing the retrospective prevalence curves of the figure for 12th grade students vs. the figure for 8th grade students, the reader should keep in mind that the trends across the two figures are often plotted on different scales on the vertical axis to improve the clarity of the 8th grade figures, which have lower prevalence levels. So, for example, in [Figure 6-1](#), the vertical scale of the figure for 12th grade students goes to 80%, whereas the figure for 8th grade students reaches only 30%.

We have chosen to report initiation rates in terms of trends in lifetime prevalence attained by each class of students as they reach different grade levels. Although average age of initiation is another way to discuss this type of data, we think it could be misleading. For example, the average age of initiation could

be lower in more recent classes because fewer students are initiating use at later ages (perhaps due to a recent downward secular trend) rather than because more students are starting at younger ages. Yet many readers may interpret a decline in average age of initiation as reflecting a downward shift in the propensity to use at younger ages, independent of any secular trends, and therein lies the potential confusion.

- In all years, more than half of 12th graders who reported using *cannabis* said they had done so by 10th grade. This is visually depicted in [Figure 6-1](#) by trend lines for retrospective accounts of their use by 10th grade that are higher than half the lifetime prevalence for each cohort when it was in 12th grade (2 years later).

The historical increases and decreases in 12th grade lifetime prevalence of cannabis use are also present in 8th grade. Parallel trends for 8th and 12th grade are seen in the top panel of [Figure 6-1](#), particularly for the surge in use during the late 1990s. These results show how the social influences that lead to changes in adolescent cannabis use can extend as far down as 8th grade.

In fact, the historical variation in cannabis use observed among 12th grade students is seen as far down as 7th grade, as indicated in the lower panel of [Figure 6-1](#). This panel depicts retrospective reports by 8th graders on their lifetime cannabis use. It shows a marked drop in prevalence after the onset of the pandemic in 2020, as well as an increase in lifetime cannabis prevalence during the 1990s drug relapse. In contrast, in 6th grade prevalence does not rise much above 5% in any year. Taken as a whole, these results suggest that the behaviors of middle school students may be particularly sensitive to the changing norms and mores about cannabis use in the general population.

- **Daily cannabis use for a month or more** has been reported by about 10% of 12th graders in recent years, and they retrospectively report these levels of use extended back to 10th and 11th grade ([Figure 6-3](#)). Overall levels of this outcome dropped appreciably in the 1980s in all grades above 7th, rose sharply from the early 1990s in those same grades, and then hovered for about a decade. A cohort effect is apparent in a multiyear decline that started in 10th grade in 2011, in 11th grade in 2012, and in 12th grade in 2013. In these three grades, prevalence dropped by about five percentage points over the next three years and has stayed steady since.
- Questions on the grade of first *cannabis vaping* were added to the 12th grade survey in 2020 ([Figure 6-2](#)). By 12th grade, most initiation took place in the high school years, starting in grade 9. A comparison with [Figure 6-1](#) shows that, overall, cannabis use has not increased since 2017, which suggests that increased incidence of cannabis vaping since then is not bringing new initiates

to cannabis use. Vaping may instead serve as a substitute or supplemental form of cannabis use among those who do use or would otherwise have used combustible cannabis.

- More than half of all 12th graders who have ever used **alcohol** initiated use by 10th grade ([Figure 6-6](#)). This is indicated by lifetime prevalence in all years of the study for 10th grade cohorts that are more than half or the levels when those same cohorts were in 12th grade (two years later). From the early 1970s to mid 1980s, the trend lines were fairly steady in grade 12 and increased modestly when they were in grades 8 through 10. Since the mid 1980s, all grades have shown steady declines in initiation in about equal proportion. Because the results from the classes since 1993 are based on the revised question about alcohol use—which qualifies the question with the phrase “more than just a few sips”—these data are not strictly comparable to earlier trend data, though the trend lines before and after 1993 align fairly closely. (A break in the trend lines shows the rather modest decline in the reported initiation rates that this change produced.) The lower panel of [Figure 6-6](#), based on data from 8th grade respondents, also shows a gradual, steady, and very substantial decline in lifetime incidence and prevalence of alcohol use that has taken place over the life of the study.
- In 1986, we began asking 12th graders about the first time they drank “enough to feel **drunk** or very high” ([Figure 6-7](#)). In the most recent years, prevalence has increased by almost equal levels with each advancing grade. In the 1980s and 1990s, overall prevalence was about twice as high as it is now, and a notable jump in prevalence took place in 9th grade, which is the start of high school for most students.

A substantial decline in drunkenness has taken place for 8th grade students over the course of the survey. This decline was interrupted by a slight rise from 2016 to 2019 but has since resumed. A sharp decline took place in 2021, when many students were sheltering at home due to the social distancing policies during the COVID-19 pandemic. This decline persisted and continued in the following years; no rebound occurred when the social distancing policies were lifted.

- Initiation levels for **nicotine vaping** are substantial in the early grades. In 2025, more than 9% of 12th grade students reported they first vaped nicotine by 8th grade. An additional 16.5% reported initiating nicotine vaping in the high school years ([Figure 6-11](#) and [Table 6-3](#)). These results indicate that middle school is an important starting point for policies and interventions aimed at preventing nicotine vaping among children and adolescents.
- The lower panel of [Figure 6-4](#) presents reports from 8th grade students on their past use of **inhalants**. It shows that their initiation levels have been quite high by 7th grade, pointing to the importance of the middle school years as a key age of initiation for use of inhalants.

Lifetime prevalence levels as reported by 8th grade students have been substantially higher than lifetime prevalence levels in 8th grade as reported by 12th grade students. This is, in part, because the surveys of 8th graders include students who will later drop out of school and, consequently, not be included in 12th grade reports of earlier inhalant use.

- Initiation levels of **hallucinogens other than LSD** ([Figure 6-5](#)) are highest in grades 10 and higher, pointing to the high school years as a peak time of initiation.
- **Cigarette smoking** has historically had one of the youngest ages of initiation ([Figure 6-8](#) and [Table 6-4](#)). The gaps between the trend lines for lifetime smoking in 6th and 8th grades indicate substantial initiation at these ages, and these gaps are among the largest for all drugs, even as they have grown smaller in recent years. Although lifetime prevalence of cigarette smoking has declined very substantially over the course of the study, still 4% of 8th grade students reported having smoked a cigarette in 2025 ([Table 6-1](#)). In the most recent cohort of 12th graders surveyed, lifetime prevalence increased by about two percentage points at each grade until it reached a cumulative prevalence of 11% among 12th grade students in 2025 ([Table 6-3](#)).

The important decline in teen smoking initiation that began in the late 1990s also can be seen in the lower panel of [Figure 6-8](#), based on responses from 8th grade students. This figure also shows evidence of a secular trend, in that the sharp decline since 1996 at 8th grade is not much reflected in the retrospective data for earlier grades until the 8th grade class of 2002. After a sharp drop, the rate of decline in smoking initiation by 8th grade decelerated across about five classes until both the 8th and 12th grade classes of 2011 showed a sharper decline, likely due at least in part to an increase in federal tobacco taxes in 2009. After 2015, cigarette use plateaued across all grades, with a fleeting, one-year increase that started in the 6th grade cohort in 2014 and by 2020 made its way up to 12th grade as this cohort aged. The long term decline resumed afterwards. The lower panel shows that, historically, the rate of initiation by 8th grade has been largely due to initiation prior to 7th grade, particularly between 5th and 7th grades. This suggests that late elementary school and early middle school may be strategic times to focus smoking prevention efforts.

- Questions about **smokeless tobacco** initiation ([Figure 6-10](#)) were first asked of 12th graders in the class of 1986. These prevalence questions were dropped from the 1990 and 1991 surveys of 12th graders but reinstated in 1992. The 1986–1989 survey questions were located near the end of one questionnaire form; the questions since 1992 have been relocated so they appear early in the form. As a result, estimates based on two versions are not strictly comparable, and it may be misleading, therefore, to connect the two trend lines.

Most initiation of smokeless tobacco has taken place by 10th grade, with little further increase in 11th grade and even less in 12th grade.

Drugs No Longer Annually Tracked for Initiation Due to Low Levels of Use

- The study reported the use of **nitrite** inhalants from 1975 until 2009, when prevalence fell to such a low level that questions on nitrites were dropped and replaced with questions on other drugs. For a discussion of nitrite initiation, see the [2014 version](#) of this monograph that reports data through 2013.
- Retrospective questions about the grade of first use for **PCP** were added in 1980 and discontinued in 2009 because very low prevalence made it strategic for the survey to ask questions about other drugs. For a discussion of initiation trends for this drug, see the [2014 version](#) of this volume that reports data through 2013.
- The study tracked the initiation of **methaqualone** use (brand name Quaalude) from 1975 to 2013, when items were deleted due to low prevalence. A full discussion of initiation trends for this drug is available in the [2014 version](#) of this volume that reports data through 2013.
- The study reported initiation of **steroid** use among 12th grade students from 1989 to 2019 and for 8th and 10th grade students from 1991 to 2015. Due to low prevalence, these questions have been removed to make room for questions on other drugs. For information on steroid use initiation among 12th grade students, see the [version](#) of this volume that reports data through 2019 (published in 2020), and, for 8th and 10th grade students, see the [version](#) that reports data through 2014 (published in 2015).
- Trends in initiation up to 2022 are reported [here](#) for **cocaine, crack cocaine, other forms of cocaine, heroin, narcotics other than heroin, amphetamines, sedatives (barbiturates), tranquilizers, and cigarette smoking on a daily basis**. The number of adolescents who use these drugs is now very low, with lifetime prevalence levels <3% by 12th grade. Survey questions on initiation and corresponding analyses will return in future years if lifetime prevalence increases.

Trends in Noncontinuation Rates

One indication of the proportion of people who try a drug but do not continue to use it can be derived from calculating the percentage of those who ever used a drug in their lifetime (once or more) but did not use it in the 12 months preceding the survey.²¹ We use the word “noncontinuation” rather than “discontinuation” to describe this situation because the latter term might imply discontinuing an

²¹ This operationalization of noncontinuation has an inherent limitation in that users of a given drug who initiated use *during* the past year by definition cannot be noncontinuers. Thus, the definition tends to understate the noncontinuation rate, particularly for drug use initiated late in high school rather than in earlier years or for newly popular drugs.

established pattern of use, whereas our current operational definition includes noncontinuation by experimental users as well as established users.

[Table 6-5a](#) shows how the noncontinuation rates observed for the various classes of drugs have changed over time among 12th graders. These rates and the changes in them over the years are shown in [Table 6-5a](#) for lifetime use; in [Table 6-5b](#), the noncontinuation rates are based on 12th graders who are “experienced” (i.e., used the drug ten or more times in their lifetime). An important caution is that these estimates are based on students who have ever used specific drugs, and the estimates can vary substantially from year to year for drugs with lower prevalence and thus small numbers of cases.

- The noncontinuation rate for **nicotine vaping** in 2025 was 33%, which has been steady in recent years (it has been between 30% and 33% since 2021). This level represents more than a doubling since 2019, when it was 14%. Since 2019, the prevalence of nicotine vaping plateaued and then began a substantial decline. These results suggest that in recent years, the decline in adolescent nicotine vaping partly stems from the increasing percentage of students who discontinued use after initiating use.
- Noncontinuation for **cigarettes** is defined as no use in the last 30 days, and not the last 12 months as it is for most other drugs. (MTF does not have long-term trends on past 12-month cigarette use, which was not included on the survey before 2024.) The year 2025 was unusual because noncontinuation decreased, from 83% to 78%, a decrease that was statistically significant ($p < 0.05$ for a two-tailed test).

Notably, only once before has noncontinuation of cigarettes declined significantly in a single year—from 1992 to 1993. That drop marked the beginning of a five-year, steady rise in cigarette prevalence among 12th graders that continued until 1998, the first year when the Master Tobacco Settlement Agreement implemented policies to curb teen smoking.

- Noncontinuation of **smokeless tobacco** significantly decreased by five points in 2025, from 56% in 2024 to 51% in 2025.
- The noncontinuation rate for **cannabis vaping** has doubled in the past six years, from 12% in 2019 to 29% in 2025. Since 2019, the prevalence of cannabis vaping has plateaued after marked increases in 2018 and 2019. As with nicotine vaping, these results suggest that in recent years the decline in adolescent cannabis vaping partly stems from the increasing percentage of adolescents who discontinued use after initiating use.
- **Cannabis** use overall—that is, without the question specifying any specific method of use—has one of the lowest rates of noncontinuation of all drugs ([Table 6-5a](#)). In 2025, the noncontinuation

rate was only 26% and has hovered in a narrow window between 18% and 26% over the last two decades.

During the first half of the 1990s, cannabis noncontinuation rates fell by half, from a high of 35% in 1991 to a low of 17% in 1995, indicating that the substantial increase in prevalence during this period represented not only an increase in youth adopting cannabis use, but also sharply lower levels of users desisting from it. Previous to 1992, noncontinuation had gradually increased since the early 1980s, and with these higher rates of noncontinuation came a decrease in cannabis prevalence during those same years.

- **Alcohol** has had the lowest rate of noncontinuation in every year of the survey, and in 2025 it was 16%. In previous years, it increased gradually from about 1988 (when it was 7%) to 1993 (when it was 12%), perhaps reflecting the changed norms regarding its use (see [Chapter 8](#)). These norms, in turn, may have reflected both the influence of a number of states changing the legal drinking age and a greater emphasis being placed on the dangers of drunk driving.

[Table 6-5b](#) provides noncontinuation rates for 12th graders who were “experienced” in the use of various drugs, here defined as those who reported having used a drug on ten or more occasions during their lifetime. It shows that noncontinuation is far less likely among this group. Further, while the direction of the trends in noncontinuation rates among all users have been similar to trends observed in the same drugs for experienced users, the degree of fluctuation in noncontinuation has tended to be considerably smaller among more experienced users.

The number of cases upon which each percentage in [Table 6-5b](#) is based are considerably smaller than in most other tables and particularly when overall use of a drug is low to start with; therefore, the trend data are somewhat uneven. The following are some important trends for noncontinuation rates of experienced users:

- Noncontinuation for experienced cannabis users has been very low throughout the past 50 years, ranging from a low of 4% in 1975 to a high of only 12% in 1990. In 2025, it was at 7%.
- Noncontinuation for **cigarettes** is defined as the percentage of those who say they ever smoked “regularly” who also reported not smoking at all during the past 30 days rather than in the past year.

In 2025, the noncontinuation rate was 50%, which is an eight-point decline from the 58% level in 2024. This decline was not statistically significant, in large part because the percent of 12th graders who had ever been regular smokers in 2025 was quite small (2%), therefore reducing statistical power to detect differences in prevalence as statistically significant. With this decline, the

noncontinuation rate remains relatively high: it retained much of the increase to 56% that took place in 2023, and in all years prior to 2019 it was less than 30%. The 50% level in 2025 is more than three times higher than the nadir of 13% level in 1997 at the height of the drug relapse.

Today's high levels of noncontinuation suggest that it is possible for many youth who have smoked regularly to stop—or to switch to nicotine vaping for those who find it difficult to quit nicotine—before they develop a lifelong dependence on cigarettes and the associated health consequences.

Implications of Noncontinuation for Prevention

Wherever prevention programs take place—whether for schools, families, communities, or the media—questions arise as to what *should* be prevented and what *can* be prevented. While efforts to reduce adolescent initiation of substance use have received wide support and considerable resources, there has been considerably less consensus as to whether the discontinuation of use is a realistic goal for prevention efforts. We believe the results just presented here help to inform that debate.

The findings show that whatever social forces brought about the large declines in drug use during the 1980s and the substantial increases during the 1990s operated through effects on *both* initiation and noncontinuation rates. Put another way, the decreases and subsequent increases in annual and 30-day prevalence of use were considerably larger than could be explained by fluctuations in initiation rates alone. These findings show that noncontinuation *can* and *does* change appreciably and, therefore, that any comprehensive prevention strategy should include increasing cessation—that is, preventing continuation and escalation among users—as one of its objectives, particularly from early stage use.

The findings show the importance of distinguishing among users at different levels of involvement. A comparison of the noncontinuation rates in [Table 6-5a](#), based on all previous users, and [Table 6-5b](#), based on only experienced users (those who reported having used a given drug ten or more times) is highly instructive. Clearly, 12th graders in the early stages of use were appreciably more likely to discontinue their use than their counterparts who had greater involvement with the drug. This makes early intervention in terms of turning initial experimental use into nonuse not only a viable goal for prevention, but also a particularly important one.

Accessible tables and figures for Chapter 6 can be found on the [MTF accessible dashboard](#).

TABLE 6-1
Incidence of Use of Various Drugs by Grade
for 8th Graders, 2025

Grade in which drug was first used:	Cannabis	Inhalants	Hallucinogens other than LSD	Prescription Stimulant Drugs	Prescription Anti-Anxiety Drugs	Alcohol	Been Drunk	Cigarettes	Cigarettes (Daily) ^a	Smokeless Tobacco	Nicotine Pouches	Vaping Nicotine	Vaping Cannabis
4th (or below)	0.5	1.9	0.1	0.2	0.3	2.8	0.4	0.8	0.1	0.7	0.1	0.8	0.4
5th	0.6	0.6	0.1	0.2	0.2	1.7	0.3	0.7	0.0	0.5	0.1	1.5	0.4
6th	1.6	0.7	0.2	0.2	0.5	2.8	0.6	0.8	0.1	0.5	0.3	3.7	1.3
7th	3.0	0.7	0.4	0.3	0.6	4.3	2.1	0.9	0.2	0.6	0.7	4.4	2.1
8th	1.8	0.3	0.1	0.1	0.4	2.5	2.0	0.4	0.5	0.7	0.8	2.2	1.5
Never used	92.5	95.8	99.1	98.9	97.9	85.9	94.6	96.4	99.2	97.0	98.0	87.4	94.3

Notes. Questions on cannabis, inhalants, alcohol, been drunk, cigarettes, daily cigarettes, and nicotine pouches included on all surveys. Questions on vaping nicotine included in randomly-selected five-sixths of surveys. Questions on hallucinogens other than LSD, prescription stimulant drugs, prescription anti-anxiety drugs, and smokeless tobacco included in randomly-selected one-half of surveys.

Prevalence levels in these tables do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

^aData based on the percentage of regular smokers (ever).



TABLE 6-2
Incidence of Use of Various Drugs by Grade
for 10th Graders, 2025

Grade in which drug was first used:	Cannabis	Inhalants	Hallucinogens other than LSD	Prescription Stimulant Drugs	Prescription Anti-Anxiety Drugs	Alcohol	Been Drunk	Cigarettes	Cigarettes (Daily) ^a	Smokeless Tobacco	Nicotine Pouches	Vaping Nicotine	Vaping Cannabis
4th (or below)	0.6	1.7	0.1	0.2	0.1	2.2	0.5	1.0	0.0	0.7	0.3	0.7	0.3
5th	0.4	0.2	0.0	0.0	0.3	1.3	0.3	0.5	0.0	0.2	0.0	0.6	0.3
6th	1.0	0.3	0.1	0.0	0.1	1.9	0.4	0.7	0.1	0.3	0.1	1.8	0.7
7th	3.0	0.3	0.2	0.3	0.4	4.5	1.9	1.2	0.2	0.6	0.5	4.5	2.2
8th	5.2	0.3	0.4	0.2	0.3	6.1	3.3	1.8	0.2	1.0	0.9	5.8	4.3
9th	5.5	0.3	1.2	0.3	0.7	7.9	5.7	1.2	0.4	1.2	2.1	4.7	4.0
10th	2.4	0.4	0.3	0.2	0.3	4.1	4.0	0.8	0.1	0.9	1.2	2.2	1.7
Never used	81.8	96.5	97.5	98.7	97.8	72.0	83.8	93.0	98.8	95.1	94.9	79.9	86.6

Notes. Questions on cannabis, inhalants, alcohol, been drunk, cigarettes, daily cigarettes, and nicotine pouches included on all surveys. Questions on vaping nicotine included in randomly-selected five-sixths of surveys. Questions on hallucinogens other than LSD, prescription stimulant drugs, prescription anti-anxiety drugs, and smokeless tobacco included in randomly-selected one-half of surveys.

Prevalence levels in these tables do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

^aData based on the percentage of regular smokers (ever).



TABLE 6-3
Incidence of Use of Various Drugs by Grade
for 12th Graders, 2025

Grade in which drug was first used:	Cannabis	Cannabis Daily for Month or More	Delta-8 THC	Inhalants	Hallucinogens other than LSD	Prescription Stimulant Drugs ^b	Prescription Sleeping Drugs	Prescription Anti-Anxiety Drugs	Alcohol	Been Drunk	Cigarettes	Cigarettes (Daily) ^c	Smokeless Tobacco	Nicotine Pouches	Vaping Nicotine	Vaping Cannabis
6th (or below)	1.3	0.7	0.7	0.6	0.2	0.3	1.4	0.7	3.7	0.8	1.4	0.1	0.9	0.4	2.1	1.2
7th–8th^d	5.0	0.9	0.8	0.8	0.3	0.0	1.8	0.4	8.3	2.4	2.3	0.3	1.3	0.3	7.0	3.8
9th	6.3	5.2	3.8	0.7	0.6	0.3	0.9	0.3	8.3	5.0	1.2	0.2	1.3	1.5	5.8	6.1
10th	8.5	1.3	3.4	0.5	1.1	0.5	1.0	0.7	9.6	7.2	1.8	0.1	1.2	1.2	5.0	6.7
11th	5.6	0.6	2.1	1.2	1.4	0.4	0.9	0.3	12.8	7.8	2.5	0.4	1.3	3.6	3.5	3.9
12th	3.3	0.0	0.9	0.4	1.0	0.5	0.8	0.1	5.6	4.0	1.4	0.1	0.7	1.6	2.2	3.0
Never used	70.0	91.3	88.3	95.8	95.4	98.0	93.2	97.4	51.7	72.9	89.5	98.8	93.4	91.4	74.4	75.4

Notes. Questions on cannabis daily for month or more and inhalants included in randomly-selected one-sixth of surveys. Questions on vaping, delta-8 THC, and nicotine pouches included in randomly-selected two-thirds of surveys. Questions on cannabis, hallucinogens other than LSD, prescription stimulant drugs, prescription sleeping drugs, prescription anti-anxiety drugs, alcohol, been drunk, and smokeless tobacco included in randomly-selected one-third of surveys. Questions on cigarettes and daily cigarettes included in randomly-selected one-half of surveys. Prevalence levels in these tables do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

^aUnadjusted for known underreporting of certain drugs. See text for details.

^bBased on data from the revised question, which attempts to exclude the inappropriate reporting of nonprescription stimulant drugs.

^cData based on the percentage of regular smokers (ever).

^dFor 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about initiation in each grade separately. For consistency, those 12th graders reporting initiation of use in 7th or 8th grade are combined on the chapter 6 tables and figures.



TABLE 6-4

**Incidence of Use of Various Drugs: A Comparison of Responses
from 8th, 10th, and 12th Graders, 2025**

Grade level of respondents:	Percentage who used by end of 6th grade												
	Cannabis	Inhalants	Hallucinogens other than LSD	Prescription Stimulant Drugs ^b	Prescription Anti-Anxiety Drugs	Alcohol	Been Drunk	Cigarettes	Cigarettes (Daily) ^c	Smokeless Tobacco	Nicotine Pouches	Vaping Nicotine	Vaping Cannabis
8th	2.7	3.1	0.3	0.7	1.0	7.3	1.3	2.3	0.2	1.7	0.5	6.1	2.1
10th	2.0	2.2	0.2	0.3	0.5	5.4	1.3	2.2	0.2	1.2	0.5	3.1	1.2
12th	1.3	0.6	0.2	0.3	0.7	3.7	0.8	1.4	0.1	0.9	0.4	2.1	1.2
	Percentage who used by end of 8th grade												
8th	7.5	4.2	0.9	1.1	2.1	14.1	5.4	3.6	0.8	3.0	2.1	12.6	5.7
10th	10.2	2.8	0.9	0.8	1.2	16.0	6.4	5.1	0.7	2.8	1.9	13.3	7.6
12th	6.3	1.4	0.5	0.3	1.1	12.1	3.1	3.6	0.4	2.2	0.8	9.2	5.0
	Percentage who used by end of 10th grade												
10th	18.2	3.5	2.5	1.3	2.2	28.0	16.2	7.0	1.2	4.9	5.1	20.2	13.4
12th	21.1	2.6	2.2	1.1	2.2	29.9	15.3	6.6	0.7	4.7	3.5	19.9	17.7

Notes.

For 8th and 10th graders only:

Questions on cannabis, inhalants, alcohol, been drunk, cigarettes, daily cigarettes, and nicotine pouches included on all surveys. Questions on vaping nicotine included in randomly-selected five-sixths of surveys. Questions on hallucinogens other than LSD, prescription stimulant drugs, prescription anti-anxiety drugs, and smokeless tobacco included in randomly-selected one-half of surveys.

For 12th graders only:

Questions on cannabis daily for month or more and inhalants included in randomly-selected one-sixth of surveys. Questions on vaping, delta-8 THC, and nicotine pouches included in randomly-selected two-thirds of surveys. Questions on cannabis, hallucinogens other than LSD, prescription stimulant drugs, prescription sleeping drugs, prescription anti-anxiety drugs, alcohol, been drunk, and smokeless tobacco included in randomly-selected one-third of surveys. Questions on cigarettes and daily cigarettes included in randomly-selected one-half of surveys.

Prevalence levels in these tables do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

^aUnadjusted for underreporting of certain drugs. See text for details.

^bBased on data from the revised question, which attempts to exclude the inappropriate reporting of nonprescription amphetamines.

^cData based on the percentage of regular smokers (ever).



TABLE 6-5a
Trends in Noncontinuation Rates among 12th Graders
Who Ever Used Drug in Lifetime

	Percentage who did not use in last 12 months																								
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cannabis	15.4	15.7	15.6	15.2	15.9	19.1	22.5	24.5	25.8	27.1	25.1	23.8	27.7	29.9	32.3	33.7	34.9	32.8	26.3	19.6	16.8	20.3	22.4	23.6	23.9
Hallucinogens other than LSD ^a	33.3	42.1	38.4	37.1	36.4	36.7	38.5	41.3	43.8	42.4	44.6	47.4	40.7	48.8	48.8	48.8	45.9	48.5	43.6	36.7	29.6	35.3	38.7	35.2	35.8
Prescription Opioid Drugs ^{b,c,i}	36.7	40.6	37.9	39.4	38.6	35.7	41.6	44.8	45.7	46.4	42.2	42.2	42.4	46.5	47.0	45.8	47.0	45.9	43.8	42.4	34.7	34.2	36.1	35.7	34.3
Prescription Stimulant Drugs ^{b,d,i}	27.4	30.1	29.1	25.3	24.4	21.2	19.3	27.2	33.5	36.6	39.7	42.7	43.5	44.9	43.5	48.0	46.8	48.9	44.4	40.1	39.2	37.9	38.2	38.4	37.4
Prescription Sleeping Drugs ^{b,e,i}	36.7	40.7	40.4	40.9	36.4	38.2	41.6	46.6	47.5	50.5	50.0	50.0	51.4	52.2	49.2	50.0	45.2	49.1	46.0	41.4	36.5	35.5	37.0	36.8	34.8
Prescription Anti-Anxiety Drugs ^{b,f,i}	37.6	38.7	40.0	41.8	41.1	42.8	45.6	50.0	48.1	50.8	48.7	46.8	49.5	48.9	50.0	51.4	50.0	53.3	45.3	43.9	38.0	36.1	39.7	35.3	37.6
Alcohol ^g	6.2	6.7	5.9	5.8	5.3	5.7	6.0	6.5	5.7	7.1	7.2	7.4	7.0	7.3	8.8	9.9	11.7	12.2‡	9.1	9.2	8.7	8.5	8.4	8.7	7.8
Been Drunk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19.4	20.7	20.6	17.8	16.9	16.0	17.1	16.7	14.6
Cigarettes ^h	50.1	48.5	49.2	51.3	53.4	57.0	58.6	57.1	57.1	57.9	56.2	56.2	56.2	56.7	56.4	54.4	55.1	55.1	51.7	49.6	47.7	46.4	44.1	46.3	46.4
Vaping Nicotine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping Cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco ^h	—	—	—	—	—	—	—	—	—	—	—	63.4	64.9	66.1	71.2	—	—	64.7	65.6	63.4	60.4	67.3	61.7	66.5	64.4

(Table continued on next page.)

TABLE 6-5a (cont.)
Trends in Noncontinuation Rates among 12th Graders
Who Ever Used Drug in Lifetime

	Percentage who did not use in last 12 months																									
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Cannabis	25.2	24.5	24.3	24.3	24.9	25.0	25.6	24.1	24.0	21.9	20.5	20.1	19.5	20.0	20.9	21.8	20.0	17.6	17.6	18.4	19.4	20.8	19.7	20.3	25.2	26.1
Hallucinogens other than LSD ^a	36.2‡	37.1	41.3	40.0	35.6	38.6	41.4	37.5	35.3	37.7	38.1	41.4	38.7	42.2	40.3	39.5	42.2	38.8	39.6	37.1	40.6	45.6	39.4	31.4	40.2	41.2
Prescription Opioid Drugs ^{b,c,i}	34.0	32.3‡	30.7	29.5	29.6	29.4	32.5	30.1	30.8	30.2	33.2	33.0	35.4	36.3	36.0	36.5	38.9	37.8	43.6	49.3	60.3	57.5	48.1	58.1‡	61.5	48.2
Prescription Stimulant Drugs ^{b,d,i}	32.7	32.7	33.9	31.3	33.3	34.5	35.1	34.7	35.8	32.9	33.7	33.2	34.3‡	29.3	32.7	28.8	33.1	36.1	36.5	41.9	42.1	52.4	46.9	51.1‡	56.9	46.7
Prescription Sleeping Drugs ^{b,e,i}	32.6	34.5	29.5	31.8	34.3	31.8	35.7	33.3	31.5	36.2	35.5	38.4	34.8	36.0	37.6	38.2	41.6	34.8	37.0	41.4	45.0	48.7	43.6	48.9‡	45.6	50.3
Prescription Anti-Anxiety Drugs ^{b,f,i}	36.0‡	29.3	32.5	34.3	31.1	31.5	35.5	35.2	30.4	32.5	34.5	35.5	37.1	39.4	36.0	31.7	36.1	37.8	41.5	45.3	55.0	61.9	52.7	63.5‡	43.0	44.2
Alcohol ^g	8.8	8.0	8.8	8.5	8.1	8.7	8.5	8.0	9.0	8.5	8.2	9.3	8.5	9.2	8.8	9.0	9.2	9.4	8.9	11.0	10.1	14.1	15.8	13.3	14.4	15.5
Been Drunk	16.9	16.7	18.2	17.4	14.1	17.0	15.1	16.3	16.7	16.7	18.6	17.4	17.0	16.9	16.8	19.5	19.3	21.5	21.0	19.5	11.4	26.1	19.3	23.3	23.1	21.7
Cigarettes ^h	49.7	51.6	53.3	54.5	52.6	53.5	54.2	53.2	54.3	53.7	54.5	53.2	56.5	57.3	60.4	63.3	62.8	63.7	67.9	74.2	68.8	76.9	76.4	80.5	82.6	78.0
Vaping Nicotine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.7	12.6	13.5	22.1	31.3	29.6	30.9	33.0	33.0
Vaping Cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19.8	16.2	12.2	20.9	28.8	25.1	23.0	26.1	28.7
Smokeless Tobacco ^h	67.0	60.3	64.6	61.1	60.3	56.7	60.2	56.4	58.1	48.7	51.5	50.9	54.6	52.8	44.3	53.2	53.2	54.7	58.8	64.5	§	74.3	68.8	68.3	56.4	51.1

(Table continued on next page.)

TABLE 6-5a (cont.)
Trends in Noncontinuation Rates among 12th Graders
Who Ever Used Drug in Lifetime

Notes. ' — ' indicates data not available. ' † ' indicates that the cell entry was omitted because it was based on fewer than 50 twelfth graders who ever used drug in lifetime.

All other cells are based on more than 50 cases. ' ‡ ' indicates that the question changed in the following year. See relevant footnote for that drug.

§This estimate is not presented in 2020 due to small sample size. The survey question for this estimate appears on a randomly-selected 1/6 of the questionnaires, and the number of responses is uniquely small in 2020 when the COVID-19 pandemic halted MTF data collection prematurely and the resulting sample size was only 25% of the target.

^aIn 2001 the question text was changed in half of the questionnaire forms. Other psychedelics was changed to other hallucinogens and shrooms was added to the list of examples. The 2001 data are based on the changed forms only. In 2002 the remaining forms were changed. Beginning in 2002, the data are based on all forms. Data for hallucinogens are also affected by these changes and have been handled in a parallel manner. Beginning in 2014 hallucinogens, LSD and hallucinogens other than LSD were based on five of six forms.

^bOnly drug use not under a doctor's orders is included here.

^cIn 2002 the question text was changed in half of the questionnaire forms. In the list of examples of narcotics other than heroin, Talwin, laudanum, and paregoric were replaced with Vicodin, OxyContin, and Percocet. The 2002 data are based on the changed forms only. In 2003, the remaining forms were changed to the new wording. Beginning in 2003, the data are based on all forms. In 2013 the list of examples was changed on one form: MS Contin, Roxycodone, Hydrocodone (Lortab, Lorcet, Norco), Suboxone, Tylox, and Tramadol were added to the list. An examination of the data did not show any effect from the wording change.

^dIn 2009, the question text was changed slightly in half of the questionnaire forms. An examination of the data did not show any effect from the wording change. The remaining forms were changed in 2010. In 2011 the introduction to the question was changed slightly in one of six forms. An examination of the data did not show any effect from the wording change.

In 2013 the question wording was changed in three of the questionnaires. The new wording in 2013 asked "On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs..." In contrast, the old wording did not include the text highlighted in red. Results in 2013 indicated higher prevalence in questionnaires with the new as compared to the old wording; it was 21% higher in 12th grade. 2013 data are based on the changed forms only; *N* is one half of *N* indicated. In 2014 all questionnaires included the new, updated wording.

^eFor 12th graders only: In 2004 the question text was changed in half of the questionnaire forms. Barbiturates was changed to sedatives, including barbiturates. Goofballs, yellows, reds, blues, and rainbows were deleted from the list of examples; Phenobarbital, Tuinal, Nembutal, and Seconal were added. An examination of the data did not show any effect from the wording change. In 2005 the remaining forms were changed in a like manner. In 2013 the question text was changed in all forms: Tuinal, Nembutal, and Seconal were replaced with Ambien, Lunesta, and Sonata. In one form the list of examples was also changed: Tuinal was dropped from the list and Dalmene, Restoril, Halcion, Intermezzo, and Zolpimist were added. An examination of the data did not show any effect from the wording change.

^fIn 2001, for the tranquilizer list of examples, Miltown was replaced with Xanax in half of the questionnaire forms. The 2001 data are based on the changed forms only. In 2002 the remaining forms were changed. Beginning in 2002, the data are based on all forms.

^gIn 1993, the question text was changed slightly in half of the questionnaire forms to indicate that a drink meant more than a few sips. The 1993 data are based on the changed forms only. In 1994 the remaining forms were changed to the new wording. Beginning in 1994, the data are based on all forms. In 2004, the question text was changed slightly in half of the forms. An examination of the data did not show any effect from the wording change. The remaining forms were changed in 2005.

^hNumbers presented here represent percent of lifetime users who have not used in the past 30 days.

ⁱIn 2024, we undertook an experimental revision of the survey text on half of the survey forms for all three grades. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". The 2024 estimate is based on the updated version of the questions; *N* is one half of *N* indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; *N* is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024.



TABLE 6-5b
Trends in Noncontinuation Rates among 12th Graders
Who Used Drug 10 or More Times in Lifetime

	Percentage who did not use in last 12 months																								
	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cannabis	4.0	4.0	4.1	3.7	4.6	5.4	7.2	7.6	8.3	8.8	7.8	7.9	9.2	9.9	10.6	12.3	10.5	10.9	7.8	5.0	4.7	6.6	7.7	8.2	8.5
Hallucinogens other than LSD ^b	—	16.6	14.4	13.3	11.5	13.1	7.7	8.2	8.5	14.5	13.7	16.0	15.8	20.1	19.5	22.6	29.3	19.6	16.2	16.0	10.1	15.5	15.9	17.5	13.4
Prescription Opioid Drugs ^{g,h}	9.6	11.6	9.7	9.9	8.7	10.8	10.1	13.5	16.4	15.4	12.2	13.8	15.6	19.3	15.2	15.9	16.1	16.8	16.7	16.8	12.6	11.5	10.1	12.4	12.2
Prescription Stimulant Drugs ^{g,i}	8.0	9.8	7.6	7.4	6.1	4.1	4.4	8.4	10.7	12.7	17.5	17.6	17.5	16.0	17.4	18.1	17.2	19.8	13.5	13.8	11.9	10.2	10.8	15.0	12.7
Prescription Sleeping Drugs ^{g,k}	13.4	16.5	12.9	13.5	11.2	11.7	8.9	12.6	17.7	22.8	20.6	19.7	20.7	23.4	18.0	19.8	19.7	23.4	11.0	14.9	10.9	8.3	11.1	12.5	10.7
Prescription Anti-Anxiety Drugs ^{g,l}	12.0	13.0	11.1	14.4	14.1	14.3	16.3	16.0	14.8	18.8	19.2	15.0	17.1	15.8	11.7	19.3	13.1	21.0	6.7	13.8	6.2	6.9	13.9	13.6	9.9
Alcohol ^m	0.6	0.8	0.6	0.9	0.7	0.8	1.0	0.9	0.9	1.1	1.2	1.0	1.1	1.2	1.5	1.9	1.9	2.3‡	2.5	2.1	2.0	1.6	1.9	1.9	1.7
Been Drunk	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.3	4.1	4.6	3.3	2.8	2.1	3.6	2.8	1.8
Cigarettes ^o	16.0	16.7	16.2	17.9	19.6	21.4	20.8	19.1	18.6	18.5	15.9	17.0	17.1	18.2	18.5	18.2	17.4	18.6	16.9	15.9	14.6	13.5	13.1	14.3	16.1
Smokeless Tobacco ^o	—	—	—	—	—	—	—	—	—	—	—	21.8	18.4	25.7	26.2	—	—	29.6	25.5	33.1	26.5	27.3	26.2	17.9	20.7

(Table continued on next page.)

TABLE 6-5b (cont.)
**Trends in Noncontinuation Rates among 12th Graders
 Who Used Drug 10 or More Times in Lifetime**

Percentage who did not use in last 12 months

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Cannabis	9.0	8.7	9.4	8.4	8.9	8.8	9.2	8.8	7.2	7.7	7.7	6.4	6.6	6.8	7.1	6.6	7.0	4.2	4.2	5.1	5.9	5.1	5.8	4.9	7.7	7.3
Hallucinogens other than LSD ^a	6.2‡	10.8	11.0	18.4	9.7	13.1	17.7	15.3	7.7	15.7	12.9	7.6	8.7	15.2	21.6	12.5	†	8.4	6.5	11.7	†	61.3	†	†	†	†
Prescription Opioid Drugs ^{b,c}	10.8	9.7‡	8.3	9.2	8.2	8.4	12.2	9.0	9.0	11.1	12.4	9.2	14.2	14.5	13.8	11.5	19.2	16.2	20.3	22.1	†	†	39.8	‡‡	†	†
Prescription Stimulant Drugs ^{b,d}	11.2	7.7	10.0	8.9	12.9	13.0	11.3	13.8	17.7	13.3	11.2	17.2	16.3‡	9.7	11.9	11.8	13.6	13.4	18.2	21.3	25.9	42.4	52.4	27.8‡	†	30.4
Prescription Sleeping Drugs ^{b,e}	7.0	5.6	5.7	6.9	8.5	10.4	11.4	11.9	10.0	11.6	10.3	16.8	10.4	12.2	9.4	14.9	10.6	9.8	10.4	17.3	†	15.5	10.0	‡‡	†	19.2
Prescription Anti-Anxiety Drugs ^{b,f}	5.3‡	8.1	5.8	11.2	7.9	9.8	12.3	10.7	8.7	8.8	10.6	14.4	12.9	15.7	18.1	10.2	14.0	13.6	14.4	19.8	†	34.4	28.1	‡‡	†	27.0
Alcohol ^g	1.7	1.3	1.9	1.5	1.3	1.6	1.4	1.2	1.5	1.6	1.6	1.8	1.4	1.7	1.5	1.5	1.2	1.3	1.2	1.6	2.5	2.1	1.7	1.5	2.8	2.4
Been Drunk	2.6	2.3	2.0	2.9	2.1	2.9	3.1	2.2	2.6	2.9	3.0	2.4	2.0	2.0	2.4	2.3	2.4	1.7	2.8	2.7	5.0	3.9	4.0	4.2	5.9	2.9
Cigarettes ^h	16.3	17.5	17.3	17.2	15.9	16.7	18.9	17.9	17.9	17.8	18.3	20.0	20.4	21.4	22.8	22.1	24.0	24.0	29.8	42.6	32.2	36.0	37.6	56.1	57.9	49.9
Smokeless Tobacco ^h	15.1	18.9	20.4	16.2	15.3	15.4	25.1	17.4	16.0	15.6	14.8	18.2	17.6	15.3	7.5	13.9	15.6	22.0	32.2	†	†	35.2	†	†	†	†

(Table continued on next page.)

TABLE 6-5b (cont.)
Trends in Noncontinuation Rates among 12th Graders
Who Used Drug 10 or More Times in Lifetime

Notes. ' — ' indicates data not available. ' † ' indicates that the cell entry was omitted because it was based on fewer than 50 twelfth graders who used 10 or more times.

All other cells are based on more than 50 cases. ' ‡ ' indicates that the question changed in the following year. See relevant footnote for that drug.

^aIn 2001 the question text was changed in half of the questionnaire forms. Other psychedelics was changed to other hallucinogens, and shrooms was added to the list of examples. The 2001 data are based on the changed forms only. In 2002 the remaining forms were changed. Beginning in 2002, the data are based on all forms. Data for hallucinogens are also affected by these changes and have been handled in a parallel manner. Hallucinogens are unadjusted for underreporting of PCP. Beginning in 2014 hallucinogens, LSD and hallucinogens other than LSD were based on five of six forms.

^bOnly drug use not under a doctor's orders is included here.

^cIn 2002 the question text was changed in half of the questionnaire forms. In the list of examples of narcotics other than heroin, Talwin, laudanum, and paregoric were replaced with Vicodin, OxyContin, and Percocet. The 2002 data are based on the changed forms only. In 2003, the remaining forms were changed to the new wording. Beginning in 2003, the data are based on all forms. In 2013 the list of examples was changed on one form: MS Contin, Roxycodone, Hydrocodone (Lortab, Lorcet, Norco), Suboxone, Tylox, and Tramadol were added to the list. An examination of the data did not show any effect from the wording change.

^dIn 2009, the question text was changed slightly in half of the forms. An examination of the data did not show any effect from the wording change. In 2010 the remaining forms were changed. In 2011 the introduction to the question was changed slightly in one of six forms. An examination of the data did not show any effect from the wording change.

In 2013 the question wording was changed in three of the questionnaires. The new wording in 2013 asked "On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs..." In contrast, the old wording did not include the text highlighted in red. Results in 2013 indicated higher prevalence in questionnaires with the new as compared to the old wording; it was 21% higher in 12th grade. 2013 data are based on the changed forms only; *N* is one half of *N* indicated. In 2014 all questionnaires included the new, updated wording.

^eFor 12th graders only: In 2004 the question text was changed in half of the questionnaire forms. Barbiturates was changed to sedatives, including barbiturates. Goofballs, yellows, reds, blues, and rainbows were deleted from the list of examples; Phenobarbital, Tuinal, Nembutal, and Seconal were added. An examination of the data did not show any effect from the wording change. In 2005 the remaining forms were changed in a like manner. In 2013 the question text was changed in all forms: Tuinal, Nembutal, and Seconal were replaced with Ambien, Lunesta, and Sonata. In one form the list of examples was also changed: Tuinal was dropped from the list and Dalmane, Restoril, Halcion, Intermezzo, and Zolpimist were added. An examination of the data did not show any effect from the wording change.

^fIn 2001, for the tranquilizer list of examples, Miltown was replaced with Xanax in half of the questionnaire forms. The 2001 data are based on the changed forms only. In 2002 the remaining forms were changed. Beginning in 2002, the data are based on all forms.

^gIn 1993, the question text was changed slightly in half of the questionnaire forms to indicate that a drink meant more than a few sips. The 1993 data are based on the changed forms only. In 1994 the remaining forms were changed to the new wording. Beginning in 1994, the data are based on all forms. In 2004, the question text was changed slightly in half of the forms. An examination of the data did not show any effect from the wording change. The remaining forms were changed in 2005.

^hPercentage of regular users (ever) who did not use at all in the last 30 days.

ⁱIn 2024, we undertook an experimental revision of the survey text on half of the survey forms for all three grades. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". The 2024 estimate is based on the updated version of the questions; *N* is one half of *N* indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; *N* is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024.

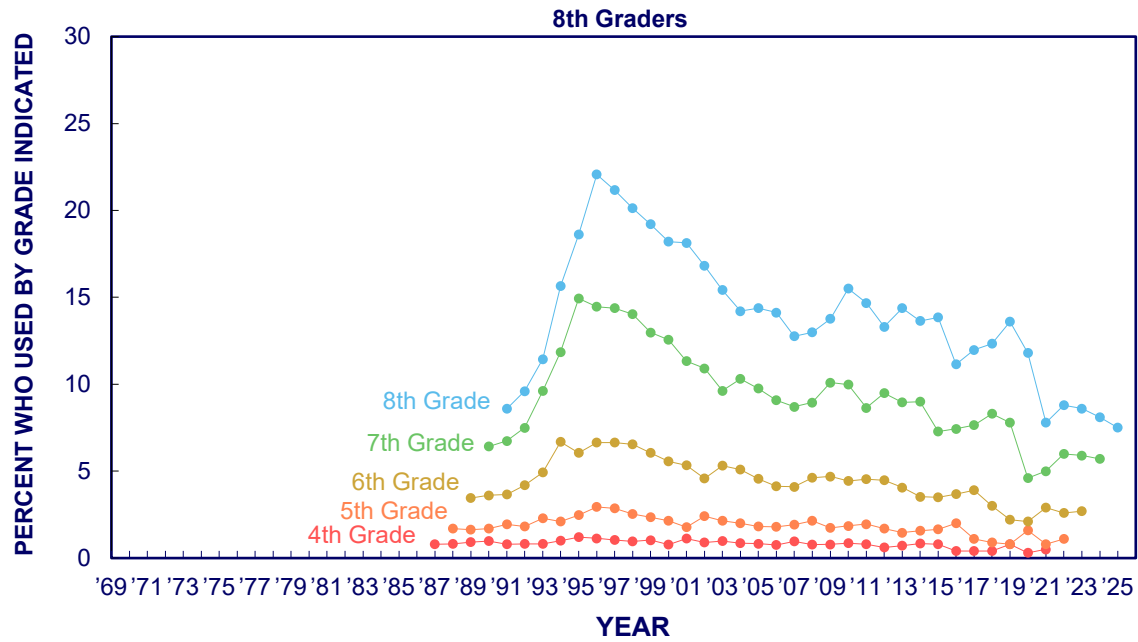
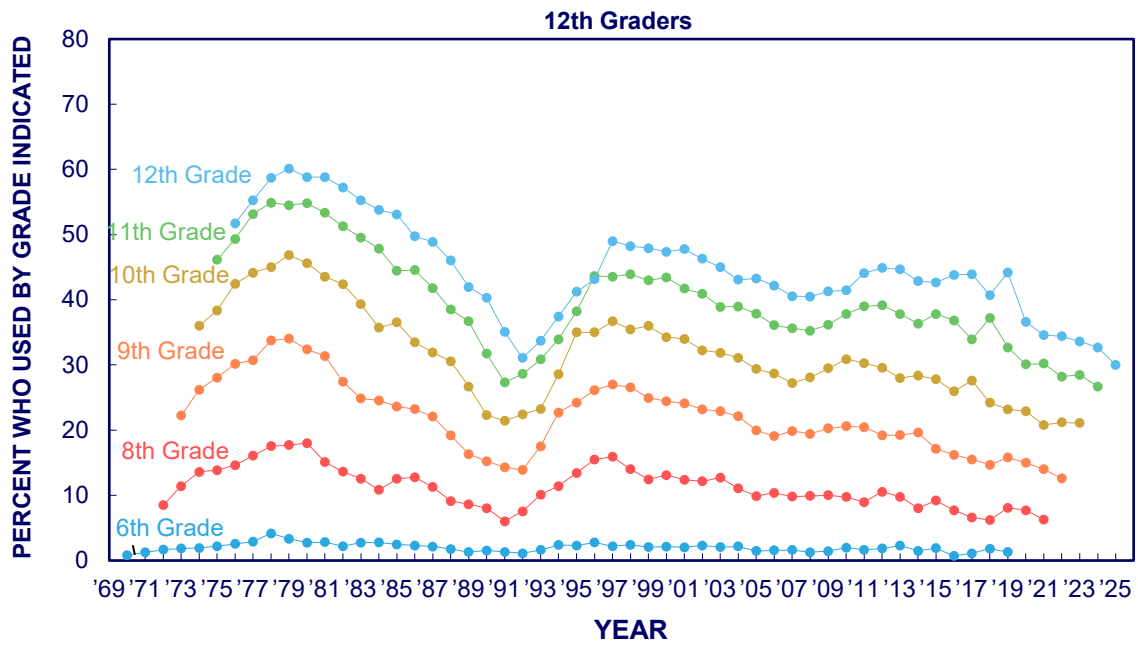


FIGURE 6-1

Cannabis

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th and 8th Graders



Note. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

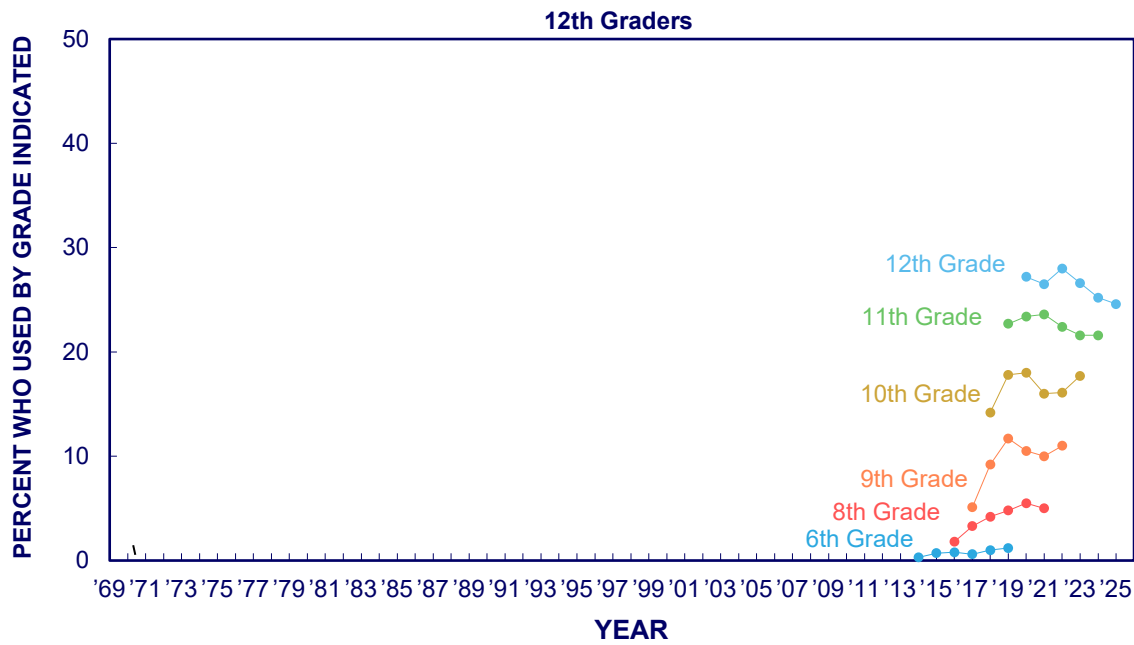
*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-2

Vaping Cannabis

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th Graders



Note. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

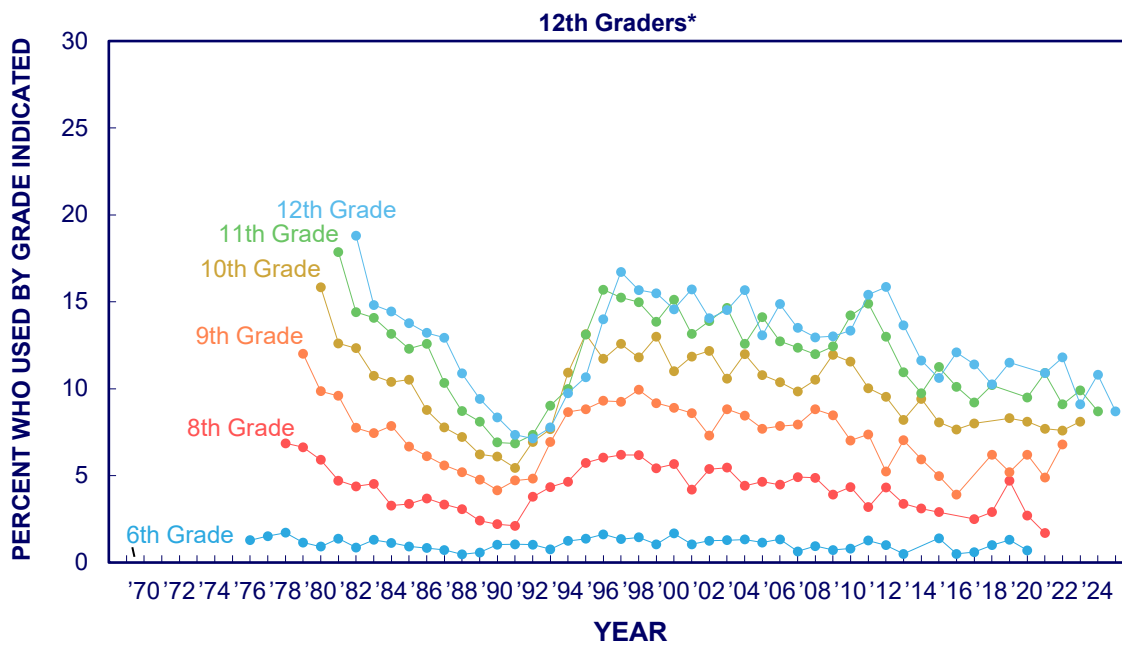
*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-3

Daily Cannabis Use for a Month or More

Trends in Lifetime Prevalence for Earlier Grade Levels

based on Retrospective Reports from 12th Graders



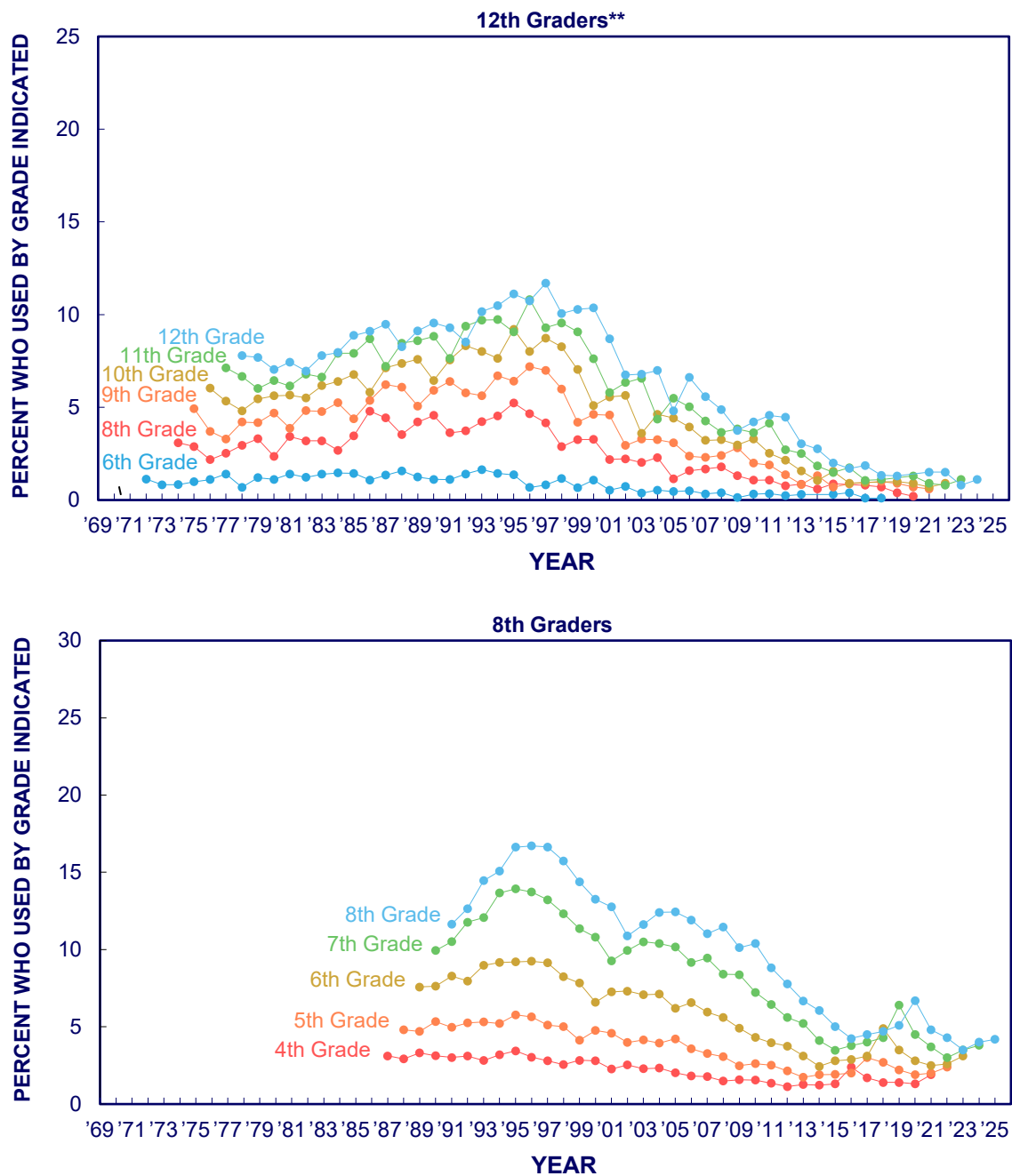
Notes. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

*These estimates not presented in 2020 due to insufficient data.

FIGURE 6-4

Inhalants

Trends in Lifetime Prevalence for Earlier Grade Levels*
based on Retrospective Reports from 12th and 8th Graders



Note. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

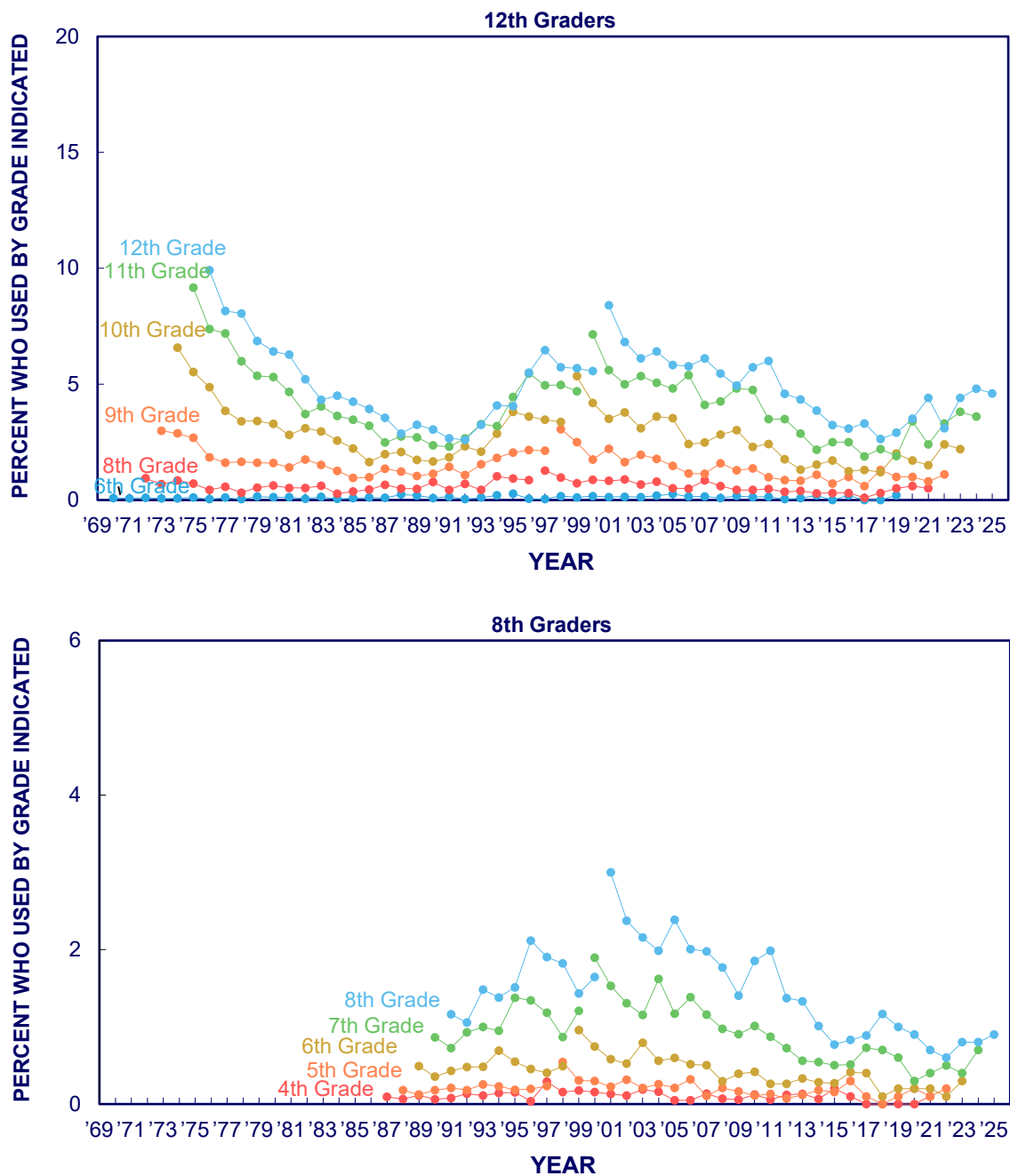
**These estimates not presented in 2020 due to insufficient data.

FIGURE 6-5

Hallucinogens other than LSD

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th and 8th Graders



Notes. Beginning in 2001, revised sets of questions on other hallucinogens use were introduced, in which other psychedelics was replaced with other hallucinogens and shrooms was added to the list of examples. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

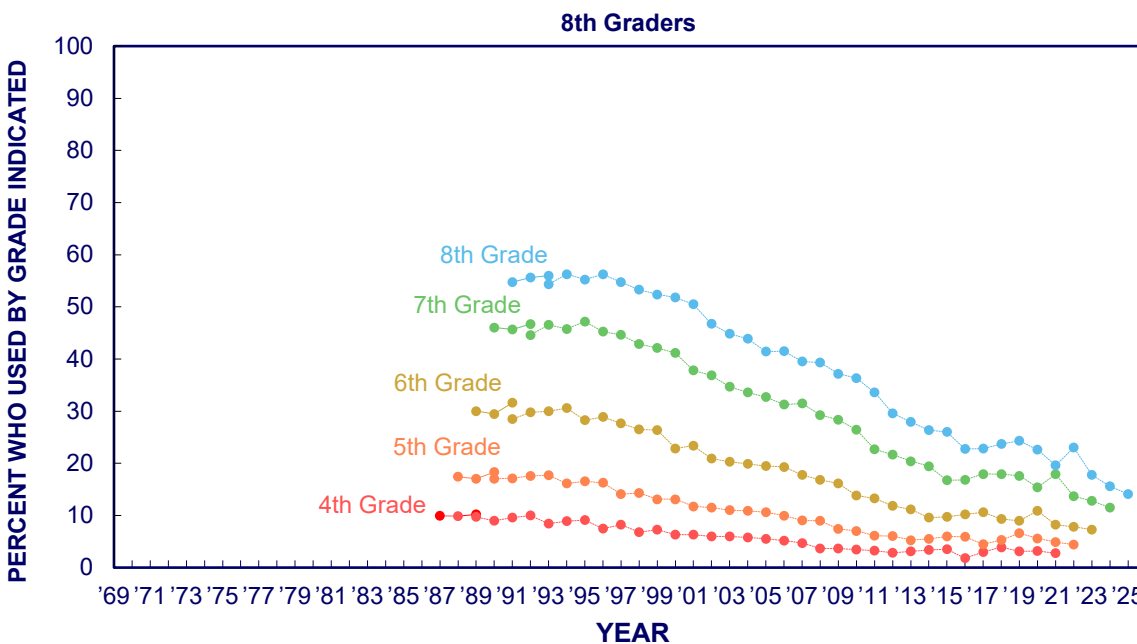
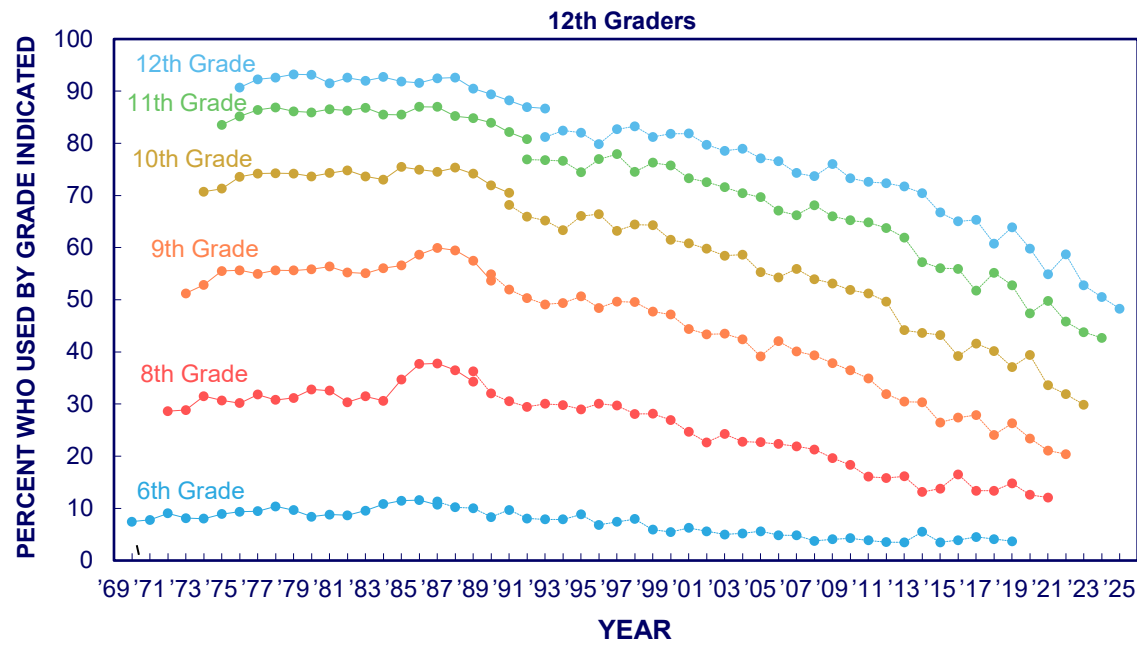
*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-6

Alcohol

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th and 8th Graders



Notes. Beginning in 1993, revised sets of questions on alcohol use were introduced in which respondents were told that an occasion of use meant more than just a few sips. The dashed lines connect percentages that are based on data from the revised questions.

Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

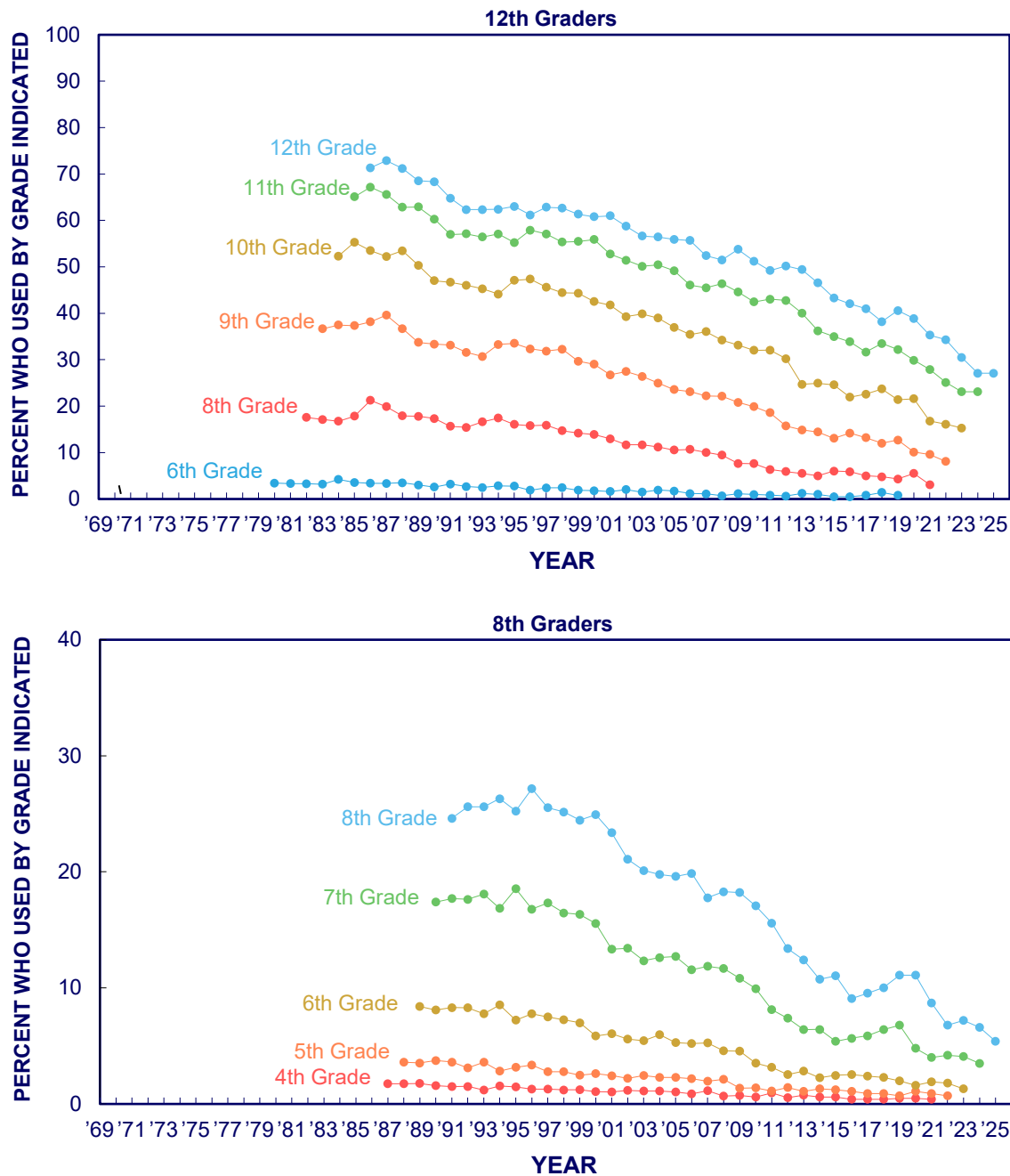
*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-7

Been Drunk

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th and 8th Graders



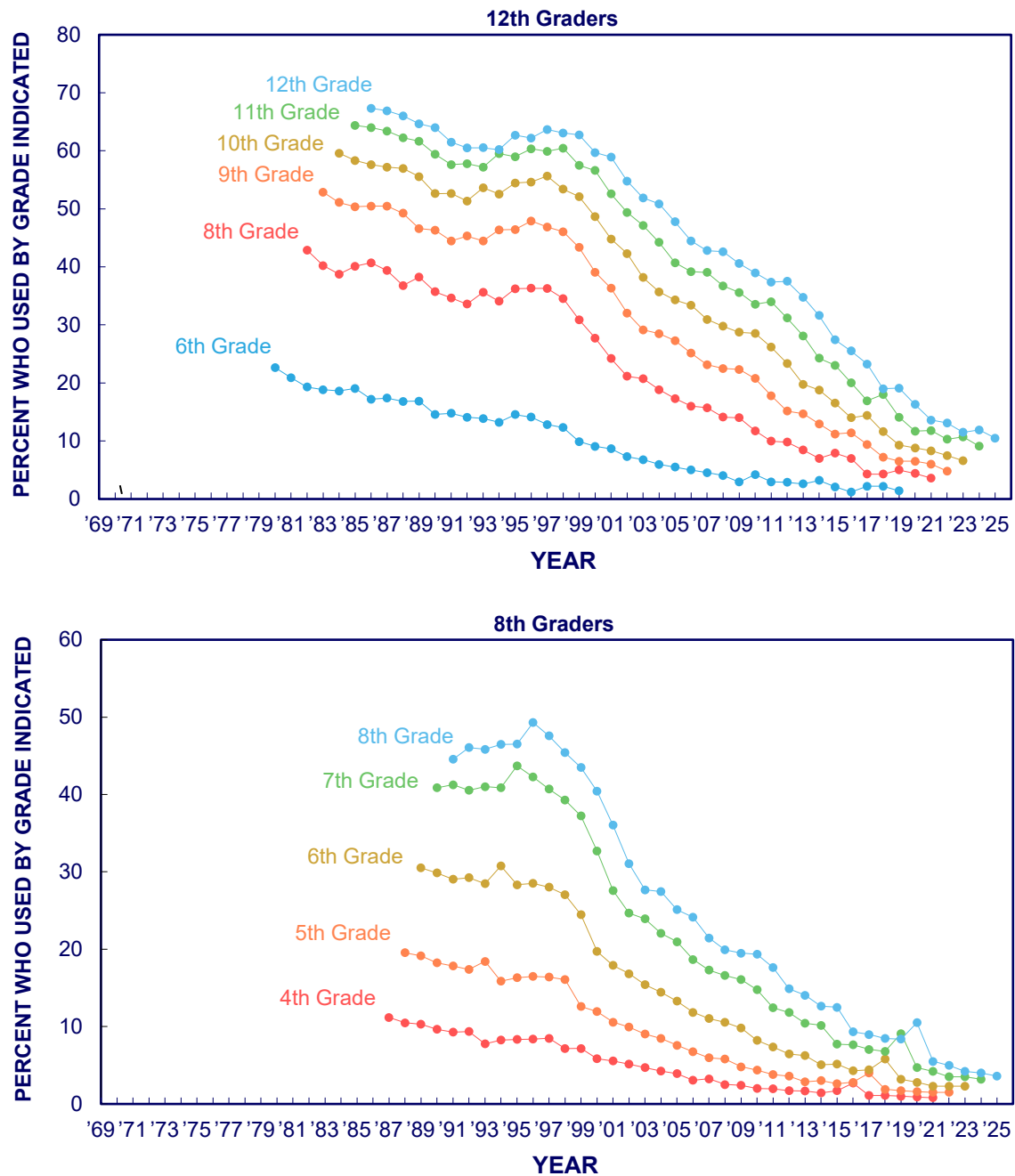
Note. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-8

Cigarettes

Trends in Lifetime Prevalence for Earlier Grade Levels*
based on Retrospective Reports from 12th and 8th Graders



Note. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

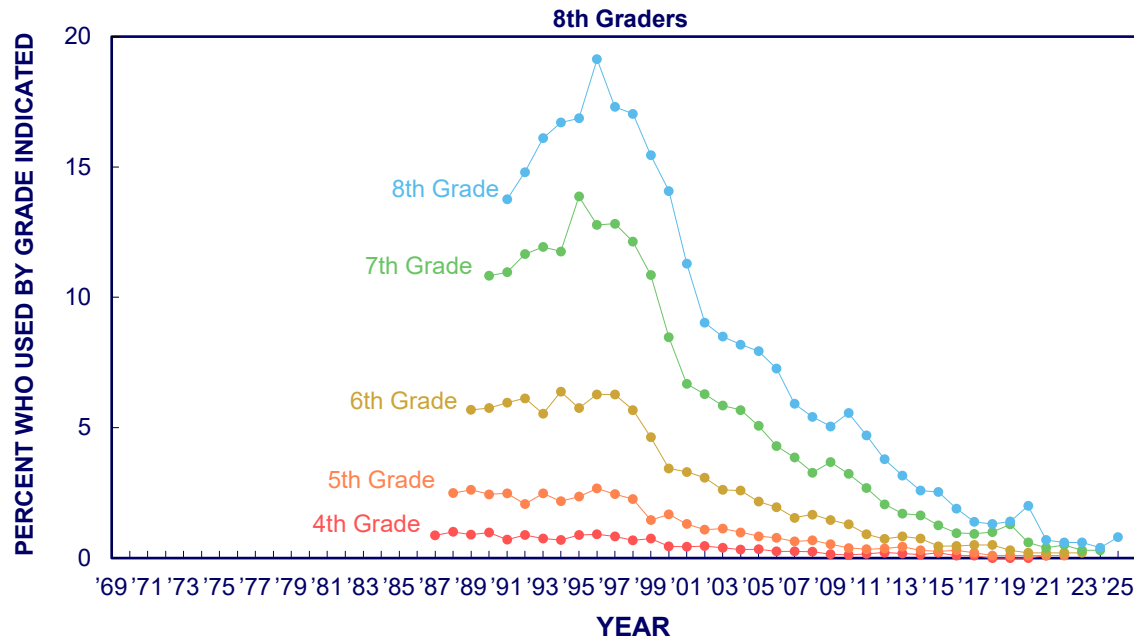
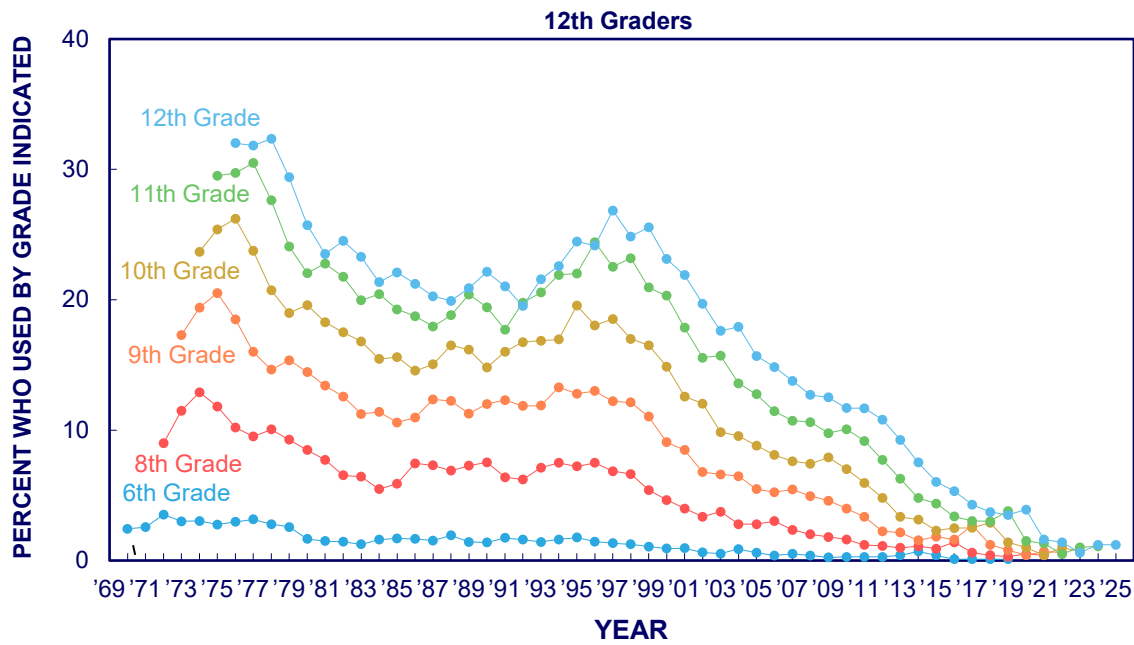
*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-9

Cigarette Smoking on a Daily Basis

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th and 8th Graders



Note. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

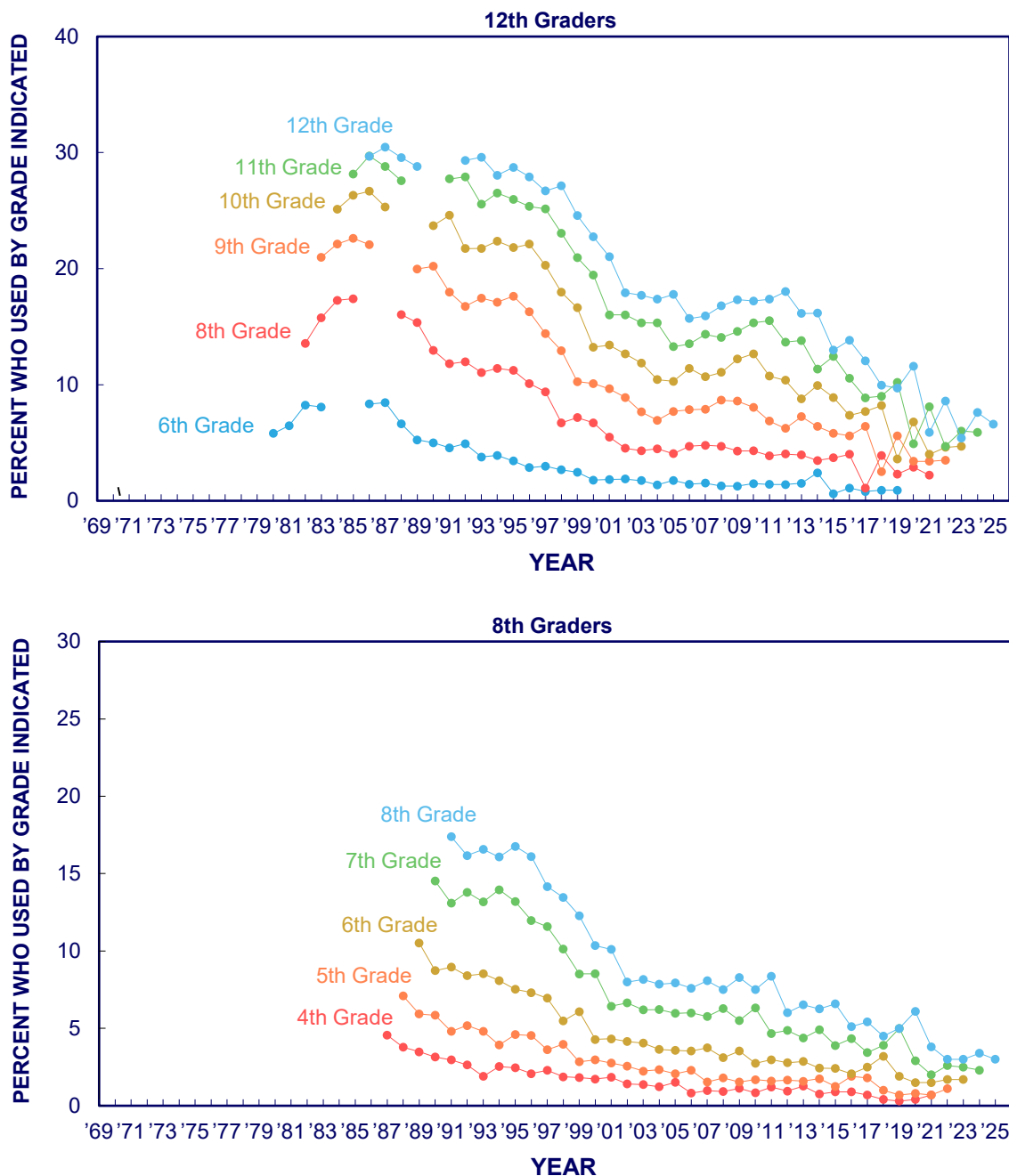
*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-10

Smokeless Tobacco

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th and 8th Graders



Notes. Prevalence of smokeless tobacco was not asked of 12th graders in 1990 or 1991. Prior to 1990, the prevalence question on smokeless tobacco was located near the end of one 12th grade questionnaire form, after 1991 the question was placed earlier and in a different form. This shift could explain any discontinuity between the corresponding lines for each grade.

Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

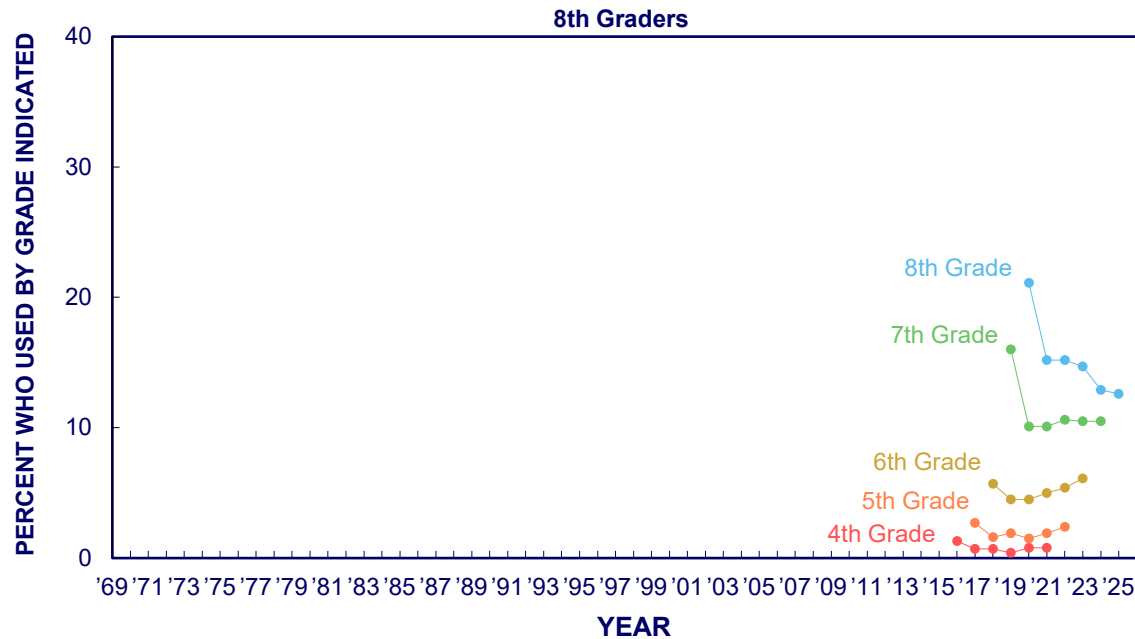
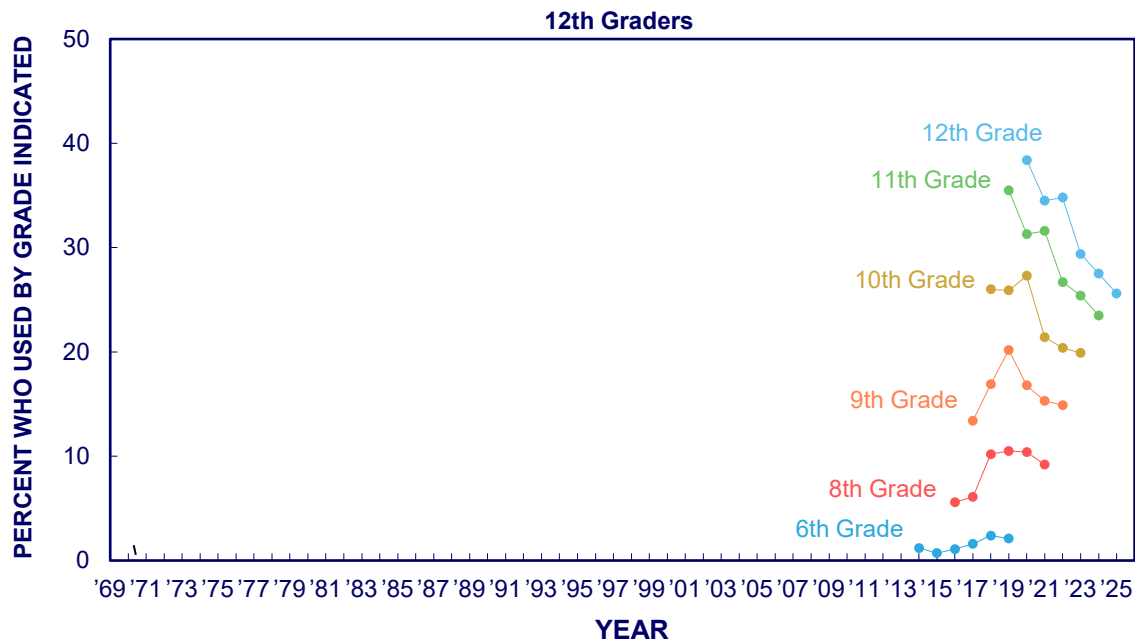
*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

FIGURE 6-11

Vaping Nicotine

Trends in Lifetime Prevalence for Earlier Grade Levels*

based on Retrospective Reports from 12th and 8th Graders



Note. Prevalence levels in these figures do not necessarily match the prevalence levels reported in Chapters 4 and 5, which are based on a larger, randomly-selected subsample of respondents.

*For 12th graders, the question about grade of initiation of use originally asked about initiation in grade 7 or grade 8 combined. Beginning in 1990, the question asked about each grade separately. For consistency, those 12th graders reporting initiation in 7th or 8th grade are combined on the chapter 6 tables and figures.

CHAPTER 7 – Intensity of Drug Use

Frequency of Lifetime, Annual, and 30-Day Use

While previous chapters focus largely on *prevalence* of use for different time periods, more detailed information about the *frequency* of use is important to understand severity of substance use. [Table 7-1a](#) provides data on frequency of use of various drugs for lifetime, 12-month, and 30-day time periods. [Tables 7-1b, 7-1c, and 7-1d](#) provide additional frequency of use estimates for binge drinking, cigarette use, vaping, and use of other tobacco products. As shown in these tables, considerable proportions of lifetime users of many drugs could best be characterized as experimental users, reporting use on only one or two occasions.

Certain drugs stand out for their high frequency of use:

- The percentage of adolescents who reported they had ever **vaped nicotine regularly** in 2025 was 4.0% for 8th grade students, 7.8% for 10th grade students, and 11.4% for 12th grade students ([Table 7-1c](#)). Nicotine vaping ranks among the most frequently used of all substances in these grades.
- The percentage of adolescents who reported they had ever **vaped “just flavoring” regularly** by 2025 was 2.5% for 8th grade students, 3.7% for 10th grade students, and 4.5% for 12th grade students.

The percentage of adolescents who reported they had ever regularly vaped “just flavoring” and never regularly vaped nicotine was near zero in 2025, ranging from 0.6% to 1.2% across the three grades (results not tabled). These results indicate that most adolescents who have vaped “just flavoring” have done so in addition to nicotine vaping and not as a substitute for it.

- The percentage of adolescents who reported they had ever **vaped cannabis regularly** in 2025 was 2.0% for 8th grade students, 5.8% for 10th grade students, and 8.4% for 12th grade students.
- One measure of heavy drinking called **binge drinking** asks respondents to report how many times during the previous *two-week* period they had consumed **five or more drinks in a row**. [Table 7-1b](#) shows that in 2025, prevalence of this behavior was 1.4% in 8th grade, 3.9% in 10th grade, and 8.7% in 12th grade. About half of students in each grade who had engaged in this behavior had done so more than once during the past two weeks.
- **Cannabis** shows some of the highest proportions reporting more than experimental use, with 2.7%, 8.1% and 14.4%, of 8th, 10th, and 12th graders, respectively, reporting use on 20 or more occasions in their lifetime in 2025 ([Table 7-1a](#)).

Prevalence of Current Daily Use

Frequent use of illicit or licit drugs is a great concern for the health and safety of adolescents. [Table 7-1a](#) and [Tables D-1 through D-60](#) in [Appendix D](#) show the prevalence of current daily or near daily use of the various classes of illicit drugs. [Table 7-1a](#) shows levels of daily use for cannabis, alcohol, and other drugs, for which daily use is defined as use on 20 or more occasions in the preceding 30 days. [Table 7-1c](#) shows levels of daily use for cigarettes, smokeless tobacco, and nicotine vaping. Daily use is defined for cigarettes and nicotine vaping as use on 30 days in the preceding 30 days. For smokeless tobacco, daily use is defined by the response “about once a day” or more often in the past 30 days.

- **Nicotine vaping** has one of the highest levels of daily use. The percentage reporting use every day in the last 30 days in 8th grade was 0.8%, in 10th grade was 2.4%, and in 12th grade was 5.5%. These percentages are virtually the same as they were in 2021, when they were 1.1%, 2.5%, and 5.4%, respectively. The percentage of daily users has remained level, while overall nicotine prevalence has decreased markedly since 2021. These results suggest that nicotine vaping is “hardening”, defined as an increased proportion of heavy users due to the relatively larger declines occurring in light and moderate use.
- In 2025, the percentages who reported using one or more **cigarettes** per day in the last 30 days was less than 1% in all grades, at 0.2%, 0.3%, and 0.8% in grades 8, 10, and 12, respectively.
- Levels of daily use of **smokeless tobacco** in 2025 were 0.5%, 0.6%, and 1.2% for 8th, 10th, and 12th grades, respectively.
- Daily use levels of **cannabis**, defined as use on 20 more occasions during the past 30 days, was 0.9%, 3.0%, and 5.7% in 8th, 10th, and 12th grades, respectively. Thus, about one in 20 high school seniors is a current daily cannabis user.
- The percentages of 8th, 10th, and 12th grade students who reported that they used **alcohol** daily in 2025 were 0.1%, 0.4%, and 1.0%, respectively.
- Between 17% and 23% of students in 8th, 10th, and 12th grades reported daily use of an **energy drink** ([Table 7-1e](#)), defined as consuming one or more energy drinks per day. Use of energy drinks is assessed with the question stem: “Energy drinks are non-alcoholic beverages that usually contain high amounts of caffeine, including such drinks as Red Bull, Full Throttle, Monster, and Rockstar”, and respondents are asked to report how many such drinks they consume daily.

Unlike most substances that MTF surveys, energy drinks are legal for adolescents to purchase and consume (as are energy shots, below). Caffeine is the primary active ingredient in these products, and they are not considered addictive stimulants because they do not produce large surges in dopamine such as those caused by other stimulants like methamphetamine. Nevertheless, use of

the high levels of caffeine in these products may cause dependency and result in mild withdrawal symptoms with reductions in use, and high levels of use may negatively interact with use of other drugs.

- Three to four percent of 8th, 10th, and 12th grade students reported daily use of an **energy shot**, defined as consuming one or more energy shots per day. These typically come in containers that are just two or three ounces.

Degree and Duration of Highs Among 12th Graders in 2025

Among the reasons given by adolescents for using different drugs,²² achieving an altered state of consciousness or “getting high” is a central objective for many. MTF assesses 12th graders’ self-reported degree or duration of highs, both as trends at the population level and in terms of variation from drug to drug. Measuring these subjective experiences and monitoring changes in them over time, as MTF has done for decades, can be helpful from epidemiological and policy perspectives. Although these data do not address the many qualitative differences in the experience of being high, they provide a useful description of two important dimensions: degree and duration. Twelfth grade respondents are asked in one of the six questionnaire forms to indicate how high they usually get and how long they usually stay high when using cannabis and when using alcohol. The term “high” is not defined for the respondent, but we assume that people interpret it as the degree to which normal cognitive functioning and affective states are altered by taking the drug.

[Tables 7-2 and 7-3](#) present estimates for **cannabis** and **alcohol**. These substances met our requirement of at least 50 respondents for estimates of degree and duration of highs; sample sizes are limited because these survey questions appear on only a randomly-selected one sixth of the 12th grade questionnaires and only users of a drug in the past 12 months are asked to report on degree and duration of highs associated with using it. In previous [years](#), when prevalence was higher, drugs included in these tables include LSD, hallucinogens other than LSD, cocaine, opioid medications, stimulant medications, and anti-anxiety medications.

²² Patrick, M. E., Evans-Polce, R., Kloska, D. & Maggs, J.L. (2019). [Reasons high school students use marijuana: Prevalence and correlations with use over four decades](#). *Journal of Studies on Alcohol and Drugs*, 80, 15–25.

Terry-McElrath, Y. M., Stern, S. A., & Patrick, M. E. (2017). [Do alcohol use reasons and contexts differentiate adolescent high-intensity drinking? Data for U.S. high school seniors, 2005-2016](#). *Psychology of Addictive Behaviors*, 31, 775–785.

Patrick, M. E., Schulenberg, J. E., O'Malley, P. M., Johnston, L. D., & Bachman, J. G. (2011). [Adolescents' reported reasons for alcohol and marijuana use as predictors of substance use and problems in adulthood](#). *Journal of Studies on Alcohol and Drugs*, 72(1), 106–116.

Johnston, L. D., & O'Malley, P. M. (1986). [Why do the nation's students use drugs and alcohol? Self-reported reasons from nine national surveys](#). *Journal of Drug Issues*, 16, 29–66.

These tables present trends in degree and duration of drug highs in two ways. First, the results are shown as a percentage of *past-year users* of each drug in order to indicate any changes in the experiences among fairly recent users and to provide some indication of changes in the quantity of the active ingredient consumed by users. Results are also displayed as a percentage of *all* respondents answering that questionnaire form, thereby indicating experiences of drug-induced highs as proportions of the entire population under study.

- Among 12th grade students in 2025 who had used **cannabis** in the last 12 months, 16% reported that they usually get “very high” when they used it and an additional 49% said they usually get “moderately high”. By comparison, this 16% level ranks near the top for substances that make 12th grade users “very high”—e.g. above the 2018 levels for cocaine (15.3%), opioid medications (12.1%), and stimulant medications (11.6%) but below hallucinogens such as LSD and hallucinogens other than LSD (>50%).
- In 2025, only a relatively few of the 12th graders who recently used **alcohol** said that they usually get very high when drinking (6.1%), although a fair portion (26%) said they usually get moderately high.

[Tables 7-2 and 7-3](#) present in their lower panels trend data on the *duration* of the highs experienced by the users of the same drugs.

- In 2025, about half of recent **cannabis** users (45%) said they usually stay high one to two hours, 40% reported usually staying high three to six hours, and another 6.1% said they usually stayed high for seven hours or more, so there is considerable variability among users in how long they stay high.
- A fair proportion of recent **alcohol** users—37% in 2025—said that they usually do not get high when using alcohol and another 37% said they get high for one to two hours.

Trends in the Degree and Duration of Drug Highs

MTF has documented trends in the degree and duration of highs experienced by students since 1975, when the study began. Below, we discuss these trends for marijuana and alcohol.

- In historical perspective, the *degree* of getting high from **cannabis** use among recent users appears to be shifting from “very high” to “moderately high,” at least in subjective experience. The percentage reporting getting “very high” is at the lowest level recorded in the survey, while “moderately high” is near the highest (second only to 2023, when it was 0.3% of a percentage point higher).

The degree of highs experienced by adolescents has tracked loosely with overall cannabis prevalence, with degree of highs increasing as prevalence increased and vice versa. During the 1990s drug relapse, the percentage of 12th grade students getting moderately or very high increased from around 65% at the start of the 1990s to 75% at the end, at a time when cannabis prevalence increased. Previous to the relapse in drug use, from the late 1970s through the 1980s, the degree of highs obtained showed an overall decline and leveling, as prevalence declined and leveled during this period.

- *Duration* of highs from cannabis has changed little in recent decades. The proportion of recent users saying they stay high three or more hours has hovered around the value of 44% since 2020, and in 2025 it was 46%.

Both degree and duration of highs from cannabis track only weakly, if at all, with the substantial increase in tetrahydrocannabinol (THC) content of cannabis over the five decades of the survey. The Marijuana Potency Program, sponsored in part by the National Institute on Drug Abuse (NIDA), has analyzed tens of thousands of cannabis preparations confiscated by U.S. law enforcement. In 1975, the average concentration of THC in seized samples was 0.74% and steadily climbed thereafter to 2.82% in 1985, 3.75% in 1995, 7.2% in 2005, and more than 16% in 2022.²³ No such 20-fold increase is present in the degree and duration of marijuana highs reported by adolescents. Taken as a whole, these results suggest that adolescent cannabis users self-titrate their intake to achieve a degree and duration of high that has changed relatively little over the course of the survey despite substantial changes in marijuana potency over the years.

- As with cannabis, the percentage reporting getting “very high” for *alcohol* among recent users is near a record low (the lowest level ever recorded was 5.9% in 2021 and 2024). In contrast to cannabis, the percentage reporting “moderately high” is also near a historical low; in fact, it is the lowest level recorded over the life of the survey. These results suggest that today’s youth are less likely to use alcohol as a vehicle for extreme intoxication.
- The proportion of 12th grade recent users who usually stayed high on *alcohol* for seven hours or more has declined markedly in recent years ([Table 7-3](#)). In 2025, it was 1.3%, which is the lowest level ever recorded by the study. From 2000 to 2015 this percentage hovered around 6%, from 2015 to 2019 it averaged 4.5%, and since 2021 it has declined to 2025’s level of 1.3%. The decline in duration of highs from alcohol coincides with decreasing prevalence.

²³ Tu, L. (2025). [The Change Marijuana Landscape: What You Need to Know](#). *Monitor on Psychology*, 56(4).
National Institute on Drug Abuse. (2024). [Cannabis Potency Data](#).

- Given low prevalence levels, questions on the degree and duration of highs from **LSD** were discontinued in 2015 to make room for other survey questions. Detailed estimates up to 2014 can be found in the [2015 edition of this monograph](#) (which presents data up to 2014). In sum, no clearly discernible long term patterns were present in the degree of highs reported by LSD users—substantial proportions of users every year reported intense highs—but the average duration of highs declined considerably after the late 1990s. After 2001, the prevalence of LSD use declined sharply, which in turn is reflected in the decreased proportion of all respondents saying that they got high at all on LSD. The average duration of LSD highs declined some from the mid-1990s to 2014.

Starting in 2019, low prevalence levels prevented reliable estimates of degree and duration of highs for a number of drugs, including **hallucinogens other than LSD, cocaine, opioid medications, stimulant medications,** and **anti-anxiety medications**. For information on these trends up to 2018, see the [2019 version of this report](#).

Accessible tables for Chapter 7 can be found on the [MTF accessible dashboard](#).

TABLE 7-1a
Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day
for 8th, 10th, and 12th Graders, 2025
(Entries are percentages.)

	<u>Cannabis</u>			<u>Inhalants</u> ^{c,k}			<u>Hallucinogens</u> ^d			<u>LSD</u>			<u>Hallucinogens</u> <u>other than LSD</u>		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Lifetime Frequency															
No occasions	87.4	77.9	65.2	91.5	93.6	—	—	—	—	—	—	—	98.3	96.7	93.7
1–2 occasions	5.4	7.2	9.5	4.8	3.6	—	—	—	—	—	—	—	1.2	2.3	3.5
3–5 occasions	2.0	3.2	4.4	1.4	1.0	—	—	—	—	—	—	—	0.2	0.5	1.4
6–9 occasions	1.3	1.7	3.1	0.6	0.4	—	—	—	—	—	—	—	0.1	0.2	0.6
10–19 occasions	1.2	1.9	3.4	0.7	0.6	—	—	—	—	—	—	—	0.1	0.1	0.3
20–39 occasions	0.8	1.8	3.0	0.2	0.3	—	—	—	—	—	—	—	*	0.1	0.1
40 or more	1.9	6.3	11.4	0.7	0.5	—	—	—	—	—	—	—	0.1	0.2	0.3
Annual Frequency															
No occasions	92.4	84.4	74.3	96.4	97.3	97.8	98.9	97.7	95.7	99.3	99.0	98.3	99.3	98.1	96.3
1–2 occasions	3.0	4.9	7.4	2.0	1.4	1.2	0.6	1.3	2.3	0.3	0.6	1.0	0.4	1.4	2.6
3–5 occasions	1.4	2.4	3.5	0.7	0.5	0.3	0.2	0.5	1.0	0.1	0.1	0.1	0.1	0.2	0.5
6–9 occasions	0.9	1.5	2.8	0.2	0.4	0.3	0.1	0.2	0.2	*	0.1	0.2	0.1	0.1	0.2
10–19 occasions	0.7	1.5	2.8	0.3	0.2	0.1	0.1	0.1	0.3	0.1	*	0.1	*	0.1	0.2
20–39 occasions	0.6	1.5	1.9	0.1	0.1	0.1	*	0.1	0.1	0.0	0.1	0.2	*	*	0.1
40 or more	1.1	3.8	7.4	0.3	0.1	0.1	0.1	0.1	0.3	0.1	0.1	0.1	*	*	0.1
30-Day Frequency															
No occasions	96.0	90.6	82.9	98.1	98.6	—	—	—	—	—	—	—	99.7	99.4	98.9
1–2 occasions	1.7	3.0	5.4	1.1	0.8	—	—	—	—	—	—	—	0.2	0.5	0.6
3–5 occasions	0.5	1.4	2.3	0.3	0.3	—	—	—	—	—	—	—	*	*	0.1
6–9 occasions	0.5	0.9	1.8	0.1	0.1	—	—	—	—	—	—	—	*	0.1	0.1
10–19 occasions	0.5	1.0	2.0	0.2	0.1	—	—	—	—	—	—	—	*	*	0.2
20–39 occasions	0.3	1.0	1.8	*	*	—	—	—	—	—	—	—	*	*	0.0
40 or more	0.6	2.0	3.9	0.1	0.1	—	—	—	—	—	—	—	*	0.0	0.1

(Table continued on next page.)

TABLE 7-1a (cont.)
Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day
for 8th, 10th, and 12th Graders, 2025
(Entries are percentages.)

	<u>PCP^e</u>			<u>Ecstasy (MDMA)^{c,k}</u>			<u>Cocaine</u>			<u>Crack^{a,c}</u>			<u>Heroin^k</u>			<u>Prescription Opioid Drugs (Not Prescribed)^h</u>		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Lifetime Frequency																		
No occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1–2 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3–5 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6–9 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10–19 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20–39 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40 or more	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Annual Frequency																		
No occasions	—	—	98.8	99.5	99.3	98.9	99.4	99.3	98.6	99.4	99.3	99.1	99.5	99.5	99.1	—	—	98.0
1–2 occasions	—	—	0.3	0.1	0.3	0.5	0.3	0.3	0.5	0.2	0.1	0.2	0.2	0.2	0.2	—	—	1.2
3–5 occasions	—	—	0.5	0.1	0.1	0.1	*	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	—	—	0.3
6–9 occasions	—	—	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.2	—	—	0.2
10–19 occasions	—	—	0.0	*	*	0.1	*	*	0.2	0.1	0.2	0.1	*	*	0.2	—	—	0.2
20–39 occasions	—	—	0.1	*	0.1	0.0	*	*	0.1	0.0	*	0.0	*	*	0.1	—	—	0.1
40 or more	—	—	0.3	0.1	*	0.1	0.1	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	—	—	0.1
30-Day Frequency																		
No occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	99.2
1–2 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.5
3–5 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1
6–9 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1
10–19 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1
20–39 occasions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1
40 or more	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.0

(Table continued on next page.)

TABLE 7-1a (cont.)

Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day

for 8th, 10th, and 12th Graders, 2025

(Entries are percentages.)

	OxyContin			Vicodin			Prescription Stimulant Drugs			Ritalin			Adderall			Methamphetamine		
	<u>(Not Prescribed)</u> ^{a,c,h}			<u>(Not Prescribed)</u> ^{a,c,h}			<u>(Not Prescribed)</u> ^h			<u>(Not Prescribed)</u> ^{a,b,h}			<u>(Not Prescribed)</u> ^{a,b,h}			<u>(Not Prescribed)</u> ^{a,b}		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Lifetime Frequency																		
No occasions	—	—	—	—	—	—	92.4	94.6	94.9	—	—	—	—	—	—	—	—	—
1–2 occasions	—	—	—	—	—	—	4.1	2.5	2.4	—	—	—	—	—	—	—	—	—
3–5 occasions	—	—	—	—	—	—	1.2	0.8	0.9	—	—	—	—	—	—	—	—	—
6–9 occasions	—	—	—	—	—	—	0.4	0.4	0.4	—	—	—	—	—	—	—	—	—
10–19 occasions	—	—	—	—	—	—	0.3	0.5	0.4	—	—	—	—	—	—	—	—	—
20–39 occasions	—	—	—	—	—	—	0.4	0.3	0.2	—	—	—	—	—	—	—	—	—
40 or more	—	—	—	—	—	—	1.2	0.9	0.8	—	—	—	—	—	—	—	—	—
Annual Frequency																		
No occasions	99.3	99.2	99.0	98.9	99.1	99.3	96.0	96.9	97.3	99.4	99.3	99.2	97.7	97.8	97.7	99.6	99.5	99.2
1–2 occasions	*	0.3	0.4	0.3	0.1	0.2	2.0	1.4	1.3	0.3	0.3	0.4	1.1	1.1	1.4	0.1	0.1	0.1
3–5 occasions	0.3	0.1	0.2	0.1	0.1	0.1	0.5	0.5	0.6	0.2	0.1	0.1	0.5	0.4	0.4	0.1	*	0.1
6–9 occasions	0.1	0.2	0.1	0.2	0.2	0.1	0.3	0.4	0.3	*	0.1	0.1	0.3	0.3	0.1	0.1	0.2	0.0
10–19 occasions	0.1	*	0.1	0.2	0.1	0.1	0.3	0.2	0.1	0.1	0.1	0.0	0.2	0.2	0.2	0.0	0.0	0.3
20–39 occasions	0.2	0.1	0.1	0.0	0.2	0.0	0.2	0.2	0.1	0.0	*	0.0	0.1	0.1	0.1	0.0	*	0.1
40 or more	0.0	0.0	0.2	0.3	0.2	0.2	0.7	0.5	0.3	*	*	0.1	*	0.1	0.0	0.1	0.1	0.2
30-Day Frequency																		
No occasions	—	—	—	—	—	—	97.4	98.2	98.5	—	—	—	—	—	—	—	—	—
1–2 occasions	—	—	—	—	—	—	1.3	0.9	0.7	—	—	—	—	—	—	—	—	—
3–5 occasions	—	—	—	—	—	—	0.3	0.2	0.2	—	—	—	—	—	—	—	—	—
6–9 occasions	—	—	—	—	—	—	0.3	0.2	0.2	—	—	—	—	—	—	—	—	—
10–19 occasions	—	—	—	—	—	—	0.2	0.1	0.1	—	—	—	—	—	—	—	—	—
20–39 occasions	—	—	—	—	—	—	0.2	0.1	0.1	—	—	—	—	—	—	—	—	—
40 or more	—	—	—	—	—	—	0.3	0.3	0.2	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE 7-1a (cont.)

**Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day
for 8th, 10th, and 12th Graders, 2025**

(Entries are percentages.)

	Crystal <u>Methamphetamine (Ice)</u> ^b			Prescription Sleeping Drugs <u>(Not Prescribed)</u> ^h			Prescription Sleeping Drugs <u>(Not Prescribed)</u> ^h			Over-the-Counter Cough/Cold <u>Medicine</u> ^{a,b}			<u>Rohypnol</u> ^{a,e}			<u>GHB</u> ^e		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
	Lifetime Frequency																	
No occasions	—	—	—	—	—	90.6	94.8	95.4	95.1	—	—	—	—	—	—	—	—	—
1–2 occasions	—	—	—	—	—	4.0	2.7	1.9	2.1	—	—	—	—	—	—	—	—	—
3–5 occasions	—	—	—	—	—	2.1	0.8	0.8	0.5	—	—	—	—	—	—	—	—	—
6–9 occasions	—	—	—	—	—	0.8	0.5	0.3	0.5	—	—	—	—	—	—	—	—	—
10–19 occasions	—	—	—	—	—	1.0	0.4	0.5	0.5	—	—	—	—	—	—	—	—	—
20–39 occasions	—	—	—	—	—	0.3	0.3	0.3	0.4	—	—	—	—	—	—	—	—	—
40 or more	—	—	—	—	—	1.2	0.4	0.8	0.9	—	—	—	—	—	—	—	—	—
Annual Frequency																		
No occasions	—	—	99.1	—	—	95.3	97.3	97.2	97.3	95.8	94.9	96.9	99.5	99.6	99.9	—	—	99.7
1–2 occasions	—	—	0.3	—	—	2.2	1.5	1.2	1.2	1.9	2.2	1.2	0.2	0.2	0.0	—	—	0.1
3–5 occasions	—	—	0.1	—	—	0.9	0.4	0.4	0.3	0.9	1.0	0.5	0.1	0.1	0.0	—	—	0.1
6–9 occasions	—	—	0.1	—	—	0.6	0.1	0.3	0.3	0.9	1.0	0.4	0.0	0.1	0.0	—	—	0.0
10–19 occasions	—	—	0.3	—	—	0.4	0.3	0.2	0.2	0.2	0.5	0.7	0.1	0.1	0.0	—	—	0.1
20–39 occasions	—	—	0.0	—	—	0.2	0.1	0.2	0.3	0.1	0.4	0.1	*	0.0	0.1	—	—	0.0
40 or more	—	—	0.0	—	—	0.4	0.2	0.5	0.4	0.2	*	0.1	0.2	0.0	0.0	—	—	0.0
30-Day Frequency																		
No occasions	—	—	—	—	—	97.8	98.3	98.2	98.4	—	—	—	—	—	—	—	—	—
1–2 occasions	—	—	—	—	—	1.1	0.9	0.8	0.7	—	—	—	—	—	—	—	—	—
3–5 occasions	—	—	—	—	—	0.4	0.2	0.3	0.2	—	—	—	—	—	—	—	—	—
6–9 occasions	—	—	—	—	—	0.2	0.3	0.2	0.2	—	—	—	—	—	—	—	—	—
10–19 occasions	—	—	—	—	—	0.2	0.2	0.1	0.2	—	—	—	—	—	—	—	—	—
20–39 occasions	—	—	—	—	—	0.1	0.1	0.2	0.1	—	—	—	—	—	—	—	—	—
40 or more	—	—	—	—	—	0.2	0.1	0.2	0.2	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE 7-1a (cont.)

Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day

for 8th, 10th, and 12th Graders, 2025

(Entries are percentages.)

	<u>Ketamine</u> ^b			<u>Alcohol</u>			<u>Been Drunk</u> ^b			<u>Flavored Alcoholic Beverages</u> ^{a,e}			<u>Tobacco using a Hookah</u> ^e		
	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th	8th	10th	12th
Lifetime Frequency															
No occasions	—	—	—	83.2	70.4	51.4	95.0	85.0	70.6	89.5	78.5	62.7	—	—	—
1–2 occasions	—	—	—	6.7	8.4	10.6	3.2	7.3	12.2	5.3	7.8	10.1	—	—	—
3–5 occasions	—	—	—	4.6	6.9	10.0	1.0	3.0	5.2	2.2	5.4	7.5	—	—	—
6–9 occasions	—	—	—	2.0	4.5	7.4	0.4	1.6	3.1	1.5	2.7	5.3	—	—	—
10–19 occasions	—	—	—	1.5	4.3	7.9	0.2	1.3	3.5	0.8	2.9	5.8	—	—	—
20–39 occasions	—	—	—	0.9	2.5	5.7	0.2	0.9	2.7	0.4	1.3	3.4	—	—	—
40 or more	—	—	—	1.0	3.0	6.9	0.1	0.9	2.7	0.4	1.4	5.3	—	—	—
Annual Frequency															
No occasions	—	—	98.9	88.8	76.5	58.9	88.8	89.1	77.0	93.4	83.7	70.8	—	—	98.1
1–2 occasions	—	—	0.4	6.4	10.9	15.2	6.4	6.4	11.7	4.2	7.7	11.3	—	—	1.3
3–5 occasions	—	—	0.2	2.4	5.3	9.7	2.4	2.0	3.9	1.4	3.8	6.7	—	—	0.2
6–9 occasions	—	—	0.1	1.1	3.0	6.1	1.1	1.2	2.6	0.5	2.1	4.1	—	—	0.3
10–19 occasions	—	—	0.1	0.7	2.3	5.5	0.7	0.6	2.4	0.2	1.4	3.2	—	—	0.1
20–39 occasions	—	—	0.0	0.4	0.9	2.2	0.4	0.3	1.5	0.1	0.6	2.1	—	—	0.0
40 or more	—	—	0.2	0.1	1.1	2.3	0.1	0.4	0.9	0.2	0.7	1.7	—	—	0.0
30-Day Frequency															
No occasions	—	—	—	95.7	89.6	77.7	99.0	96.1	89.1	97.9	93.7	84.0	—	—	—
1–2 occasions	—	—	—	3.0	6.9	14.1	0.8	2.9	6.9	1.5	3.9	10.4	—	—	—
3–5 occasions	—	—	—	0.8	1.6	4.4	0.1	0.5	1.6	0.2	1.1	2.9	—	—	—
6–9 occasions	—	—	—	0.2	0.9	1.7	*	0.1	1.2	0.2	0.7	1.5	—	—	—
10–19 occasions	—	—	—	0.3	0.5	1.1	*	0.1	0.6	*	0.2	0.5	—	—	—
20–39 occasions	—	—	—	*	0.1	0.3	0.0	0.1	0.2	0.0	0.1	0.1	—	—	—
40 or more	—	—	—	0.1	0.3	0.7	*	0.2	0.4	0.2	0.3	0.6	—	—	—

(Table continued on next page.)

TABLE 7-1a (cont.)

**Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day
for 8th, 10th, and 12th Graders, 2025**

(Entries are percentages.)

	<u>Small Cigars</u> ^e			<u>Snus</u> ^{a,e}			<u>Steroids</u> ^b		
	8th	10th	12th	8th	10th	12th	8th	10th	12th
Lifetime Frequency									
No occasions	—	—	—	—	—	—	—	—	—
1–2 occasions	—	—	—	—	—	—	—	—	—
3–5 occasions	—	—	—	—	—	—	—	—	—
6–9 occasions	—	—	—	—	—	—	—	—	—
10–19 occasions	—	—	—	—	—	—	—	—	—
20–39 occasions	—	—	—	—	—	—	—	—	—
40 or more	—	—	—	—	—	—	—	—	—
Annual Frequency									
No occasions	—	—	95.4	99.1	98.6	96.3	99.2	99.2	98.9
1–2 occasions	—	—	3.0	0.4	0.6	1.0	0.3	0.4	0.3
3–5 occasions	—	—	0.6	0.2	0.3	1.1	0.2	0.1	0.3
6–9 occasions	—	—	0.3	0.1	0.2	0.7	0.1	0.1	0.3
10–19 occasions	—	—	0.3	*	0.2	0.1	0.1	0.1	0.1
20–39 occasions	—	—	0.2	0.1	0.1	0.0	*	0.0	0.0
40 or more	—	—	0.2	0.1	0.1	0.7	0.1	0.2	0.1
30-Day Frequency									
No occasions	—	—	—	—	—	—	—	—	—
1–2 occasions	—	—	—	—	—	—	—	—	—
3–5 occasions	—	—	—	—	—	—	—	—	—
6–9 occasions	—	—	—	—	—	—	—	—	—
10–19 occasions	—	—	—	—	—	—	—	—	—
20–39 occasions	—	—	—	—	—	—	—	—	—
40 or more	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE 7-1a (cont.)
Frequency of Use of Various Drugs: Lifetime, Annual, and 30-Day
for 8th, 10th, and 12th Graders, 2025

Notes. '—' indicates data not available. '*' indicates less than 0.05% but greater than 0%.

^a8th and 10th grades only: Data based on one of four forms.

^b12th grade only: Data based on two of six forms.

^c12th grade only: Data based on three of six forms.

^dUnadjusted for known underreporting of PCP. See text for details.

^e12th grade only: Data based on one of six forms.

^f8th and 10th grades only: Data based on two of four forms.

^g12th grade only: Data based on four of six forms.

^hOnly drug use not under a doctor's orders is included here.

ⁱBased on data from the revised question, which attempts to exclude the inappropriate reporting of nonprescription stimulants.

^j12th grade only: Data based on five of six forms.

^k8th and 10th grades only: Data based on three of four forms.



TABLE 7-1b
Frequency of Occasions of Heavy Drinking,
for 8th, 10th, and 12th Graders, 2025
 (Entries are percentages.)

	<u>8th Grade</u>	<u>10th Grade</u>	<u>12th Grade</u>
<i>Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?</i>			
None	98.6	96.1	91.3
Once	0.8	1.9	4.9
Twice	0.4	1.4	2.1
3 to 5 times	0.2	0.4	1.2
6 to 9 times	*	0.1	0.2
10 or more times	*	0.1	0.2
<i>During the last two weeks, how many times (if any) have you had 10 or more drinks in a row?</i>			
None	99.4	98.5	98.1
Once	0.4	0.7	1.2
Twice	0.2	0.3	0.3
3 to 5 times	*	0.3	0.1
6 to 9 times	0.0	0.1	0.1
10 or more times	*	0.1	0.2
<i>During the last two weeks, how many times (if any) have you had 15 or more drinks in a row?</i>			
None	—	—	99.2
Once	—	—	0.2
Twice	—	—	0.2
3 to 5 times	—	—	*
6 to 9 times	—	—	0.0
10 or more times	—	—	0.3

Notes. '—' indicates data not available. '*' indicates less than 0.05% but greater than 0%.



TABLE 7-1c
Frequency of Use for Selected
Tobacco and Vaping Outcomes
for 8th, 10th, and 12th Graders, 2025
(Entries are percentages.)

	<u>8th Grade</u>	<u>10th Grade</u>	<u>12th Grade</u>
<i>Have you ever smoked cigarettes?</i>			
Never	95.2	91.8	84.7
Once or twice	3.5	5.9	9.8
Occasionally but not regularly	0.6	1.1	3.5
Regularly in the past	0.4	0.8	1.2
Regularly now	0.3	0.3	0.7
<i>How frequently have you smoked cigarettes during the past 30 days?</i>			
Not at all (includes “never” category from question above)	99.3	98.9	96.6
Less than one cigarette per day	0.5	0.7	2.6
One to five cigarettes per day	0.1	0.2	0.4
About one-half pack per day	*	*	0.1
About one pack per day	*	0.0	0.1
About one and one-half packs per day	0.0	*	0.0
Two packs or more per day	0.1	0.1	0.2
<i>Have you ever taken or used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco)?</i>			
Never	97.0	98.3	92.7
Once or twice	2.0	0.7	3.8
Occasionally but not regularly	0.6	0.3	1.7
Regularly in the past	0.3	0.2	0.9
Regularly now	0.1	0.5	0.8
<i>How frequently have you taken smokeless tobacco during the past 30 days?</i>			
Not at all (includes “never” category from question above)	98.8	98.3	96.4
Once or twice	0.4	0.7	1.2
Once or twice per week	0.1	0.3	0.9
Three to five times per week	0.2	0.2	0.3
About once a day	0.3	0.5	0.4
More than once a day	0.2	0.1	0.8

(Table continued on next page.)

TABLE 7-1c (cont.)
Frequency of Use for Selected
Tobacco and Vaping Outcomes
for 8th, 10th, and 12th Graders, 2025
(Entries are percentages.)

	<u>8th Grade</u>	<u>10th Grade</u>	<u>12th Grade</u>
<i>In your LIFETIME, how often have you vaped nicotine?</i>			
Never	85.3	77.9	70.1
Once or twice	7.1	8.9	10.8
Occasionally but not regularly	3.6	5.4	7.6
Regularly in the past	2.7	4.4	4.8
Regularly now	1.3	3.4	6.6

On how many DAYS (if any) during the LAST 30 DAYS have you vaped nicotine?

No days	95.0	90.0	84.3
1–2 days	1.6	2.8	3.6
3–5 days	1.1	1.4	2.1
6–9 days	0.5	0.9	1.1
10–19 days	0.6	1.7	2.0
20–29 days	0.4	0.9	1.5
30 days	0.8	2.4	5.5

In your LIFETIME, how often have you vaped marijuana?

Never	92.5	84.8	77.6
Once or twice	3.2	5.5	6.8
Occasionally but not regularly	2.3	4.0	7.2
Regularly in the past	1.3	3.0	4.2
Regularly now	0.7	2.8	4.2

On how many DAYS (if any) during the LAST 30 DAYS have you vaped marijuana?

No days	97.0	93.0	88.3
1–2 days	1.0	1.9	2.9
3–5 days	0.5	1.0	2.0
6–9 days	0.3	0.9	1.6
10–19 days	0.4	1.0	1.8
20–29 days	0.2	1.0	1.4
30 days	0.5	1.3	2.0

(Table continued on next page.)

TABLE 7-1c (cont.)
**Frequency of Use for Selected
Tobacco and Vaping Outcomes**
for 8th, 10th, and 12th Graders, 2025
(Entries are percentages.)

	<u>8th Grade</u>	<u>10th Grade</u>	<u>12th Grade</u>
<i>In your LIFETIME, how often have you vaped just flavoring?</i>			
Never	88.7	86.1	82.7
Once or twice	6.6	6.7	9.0
Occasionally but not regularly	2.2	3.6	3.9
Regularly in the past	1.8	2.5	2.3
Regularly now	0.7	1.2	2.2

***On how many DAYS (if any) during the LAST 30 DAYS
have you vaped just flavoring?***

No days	96.4	95.1	93.2
1–2 days	1.4	1.5	2.2
3–5 days	0.8	0.8	1.1
6–9 days	0.4	0.9	0.5
10–19 days	0.3	0.6	0.8
20–29 days	0.2	0.3	0.6
30 days	0.5	0.9	1.7

In your LIFETIME, how often have you used nicotine pouches?

Never	98.6	95.0	90.0
Once or twice	0.8	3.1	5.4
Occasionally but not regularly	0.3	1.2	2.6
Regularly in the past	0.2	0.5	0.8
Regularly now	*	0.4	1.2

***On how many DAYS (if any) during the LAST 30 DAYS
have you used nicotine pouches?***

No days	99.5	98.5	95.6
1–2 days	0.3	0.6	1.8
3–5 days	0.1	0.4	0.7
6–9 days	*	0.1	0.5
10–19 days	*	0.1	0.4
20–29 days	*	0.1	0.2
30 days	*	0.1	0.7

Notes. ' — ' indicates data not available. ' * ' indicates less than 0.05% but greater than 0%.



TABLE 7-1d
Frequency of Days Used in the Past 30 Days for Various Tobacco
and Other Substances
for 8th, 10th, and 12th Graders, 2025
 (Entries are percentages.)

	<u>Large Cigars</u>			<u>Flavored Little Cigars</u>			<u>Regular Little Cigars</u>			<u>Tobacco Using a Hookah</u>		
	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>
Number of days used in past 30 days												
No days	99.7	99.2	98.2	99.5	99.3	98.0	99.6	99.4	98.7	99.7	99.3	98.6
1–2 days	0.1	0.3	1.1	0.2	0.3	0.9	0.2	0.2	0.6	0.2	0.1	0.8
3–5 days	0.1	0.1	0.3	*	0.1	0.4	*	0.1	0.2	0.0	0.1	0.0
6–9 days	*	0.1	0.1	0.1	0.1	0.3	*	0.1	0.1	*	0.2	0.3
10–19 days	0.0	*	0.1	*	0.1	0.2	0.1	0.0	0.3	0.1	0.1	0.1
20–30 days	0.1	0.2	0.2	0.1	0.2	0.2	*	0.2	0.2	*	0.2	0.2

Notes. '—' indicates data not available. '*' indicates less than 0.05% but greater than 0%.



TABLE 7-1e
Frequency of Use Per Day for Energy Drinks and Energy Shots
for 8th, 10th, and 12th Graders, 2025
 (Entries are percentages.)

	<u>Energy Drinks</u>			<u>Energy Shots</u>		
	<u>8th</u>	<u>10th</u>	<u>12th</u>	<u>8th</u>	<u>10th</u>	<u>12th</u>
Number of drinks/shots per day						
None	66.0	63.6	57.0	93.1	92.1	94.1
Less than 1	17.5	17.1	20.0	3.3	3.8	3.4
One	10.4	12.7	16.5	1.9	1.5	1.2
Two	3.7	3.4	4.6	0.7	1.0	0.7
Three	1.1	1.3	1.4	0.2	0.6	0.0
Four	0.5	0.5	0.1	0.1	0.4	0.1
Five or six	0.3	0.3	0.4	0.3	0.1	0.2
7 or more	0.5	1.1	0.1	0.5	0.5	0.3

Notes. '—' indicates data not available. '*' indicates less than 0.05% but greater than 0%.



TABLE 7-2

CANNABIS

Trends in Degree and Duration of Feeling High in Grade 12

(Entries are percentages.)

→
(Years cont.)

<i>When you use marijuana how high do you usually get? ^a</i>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
% of Recent Users																
Not at all high	6.9	5.7	7.5	6.3	6.0	6.3	4.9	4.6	6.6	6.8	7.2	5.1	6.8	6.6	7.6	5.8
A little high	22.1	20.9	22.5	20.3	22.5	23.5	29.0	26.3	29.4	29.0	27.2	27.6	29.5	30.2	22.8	23.2
Moderately high	45.5	47.7	43.5	46.8	47.5	47.7	45.7	45.6	41.9	36.9	41.8	43.8	40.9	40.3	44.1	40.8
Very high	25.5	25.7	26.5	26.6	24.0	22.6	20.4	23.5	22.0	27.4	23.8	23.5	22.9	22.9	25.5	30.3
<i>Approximate weighted N =</i>	1,142	1,266	1,448	1,873	1,606	1,495	1,607	1,588	1,366	1,264	1,298	1,177	1,174	1,142	782	694
% of All Respondents																
No use in last 12 months	60.0	55.5	52.4	49.8	49.4	52.4	53.2	54.7	58.2	59.9	59.0	61.2	63.5	64.9	71.6	72.7
Not at all high	2.8	2.5	3.6	3.2	3.0	3.0	2.3	2.1	2.8	2.7	2.9	2.0	2.5	2.3	2.2	1.6
A little high	8.8	9.3	10.7	10.2	11.4	11.2	13.6	11.9	12.3	11.6	11.2	10.7	10.7	10.6	6.5	6.3
Moderately high	18.2	21.2	20.7	23.5	24.0	22.7	21.4	20.6	17.5	14.8	17.2	17.0	14.9	14.1	12.5	11.1
Very high	10.2	11.4	12.6	13.4	12.2	10.8	9.6	10.6	9.2	11.0	9.8	9.1	8.4	8.1	7.2	8.3
<i>Approximate weighted N =</i>	2,855	2,845	3,042	3,731	3,175	3,143	3,437	3,506	3,268	3,154	3,163	3,033	3,219	3,250	2,755	2,542
<i>When you use marijuana how long do you usually stay high? ^a</i>																
% of Recent Users																
Usually don't get high	8.5	8.0	9.5	8.0	8.4	8.5	7.6	7.0	9.9	9.6	9.3	8.2	11.1	9.6	10.8	7.8
One to two hours	39.7	43.2	42.6	47.4	48.7	51.7	52.5	53.8	55.6	51.7	52.4	55.0	52.9	56.0	51.9	53.3
Three to six hours	45.4	43.7	42.7	39.0	37.4	35.0	35.7	34.2	30.4	33.1	34.0	32.9	32.2	30.2	33.3	33.1
Seven to 24 hours	5.9	4.9	4.7	5.1	5.0	4.1	4.0	4.5	3.5	5.0	3.9	3.3	3.7	3.8	3.3	5.4
More than 24 hours	0.5	0.2	0.6	0.5	0.5	0.7	0.2	0.5	0.6	0.7	0.4	0.6	0.1	0.4	0.8	0.4
<i>Approximate weighted N =</i>	1,141	1,261	1,449	1,873	1,619	1,500	1,607	1,593	1,357	1,268	1,295	1,176	1,172	1,147	787	694
% of All Respondents																
No use in last 12 months	60.0	55.5	52.4	49.8	49.2	52.3	53.2	54.6	58.4	59.9	59.0	61.2	63.6	64.8	71.5	72.7
Usually don't get high	3.4	3.6	4.5	4.0	4.3	4.0	3.6	3.2	4.1	3.8	3.8	3.2	4.0	3.4	3.1	2.1
One to two hours	15.9	19.2	20.3	23.8	24.7	24.6	24.5	24.4	23.1	20.7	21.5	21.3	19.3	19.7	14.8	14.6
Three to six hours	18.2	19.4	20.3	19.6	19.0	16.7	16.7	15.5	12.7	13.3	13.9	12.8	11.7	10.7	9.5	9.0
Seven to 24 hours	2.4	2.2	2.2	2.6	2.5	2.0	1.9	2.0	1.4	2.0	1.6	1.3	1.3	1.3	0.9	1.5
More than 24 hours	0.2	0.1	0.3	0.3	0.2	0.3	0.1	0.2	0.3	0.3	0.2	0.2	0.0	0.1	0.2	0.1
<i>Approximate weighted N =</i>	2,853	2,834	3,044	3,731	3,188	3,149	3,437	3,511	3,259	3,158	3,160	3,032	3,218	3,255	2,760	2,542

(Table continued on next page.)

TABLE 7-2 (cont.)

CANNABIS

Trends in Degree and Duration of Feeling High in Grade 12

(Entries are percentages.)

—————→
(Years cont.)

<i>When you use marijuana how high do you usually get? ^a</i>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
% of Recent Users																	
Not at all high	7.2	7.8	9.0	7.0	8.1	5.7	5.4	6.1	6.8	6.3	5.4	5.4	5.1	5.4	6.4	5.2	5.7
A little high	21.6	25.9	19.4	21.7	22.3	17.9	18.6	22.0	19.8	22.6	18.7	23.2	17.7	19.2	21.1	18.8	21.8
Moderately high	42.8	39.3	45.9	40.6	40.8	47.5	45.1	43.6	43.7	39.6	42.8	41.7	44.6	42.6	42.7	44.3	42.8
Very high	28.4	27.0	25.8	30.7	28.8	28.9	30.9	28.4	29.8	31.4	33.1	29.7	32.7	32.8	29.9	31.8	29.7
Approximate weighted N =	591	605	669	779	916	788	998	944	812	809	776	713	809	851	811	772	737
% of All Respondents																	
No use in last 12 months	76.2	76.8	74.8	69.6	64.1	66.5	61.2	62.6	63.6	61.8	63.0	66.3	66.6	65.2	66.7	66.9	69.3
Not at all high	1.7	1.8	2.3	2.1	2.9	1.9	2.1	2.3	2.5	2.4	2.0	1.8	1.7	1.9	2.1	1.7	1.8
A little high	5.1	6.0	4.9	6.6	8.0	6.0	7.2	8.2	7.2	8.6	6.9	7.8	5.9	6.7	7.0	6.2	6.7
Moderately high	10.2	9.1	11.6	12.4	14.7	15.9	17.5	16.3	15.9	15.1	15.8	14.1	14.9	14.8	14.2	14.7	13.1
Very high	6.7	6.3	6.5	9.3	10.4	9.7	12.0	10.6	10.8	12.0	12.2	10.0	10.9	11.4	9.9	10.5	9.1
Approximate weighted N =	2,487	2,614	2,655	2,558	2,549	2,355	2,570	2,526	2,231	2,121	2,098	2,114	2,423	2,447	2,440	2,333	2,403
 <i>When you use marijuana how long do you usually stay high? ^a</i>																	
% of Recent Users																	
Usually don't get high	8.5	9.5	10.9	9.5	8.7	6.4	6.1	7.4	7.6	8.7	5.8	6.9	6.3	6.1	7.6	6.3	7.3
One to two hours	49.5	47.2	48.6	47.4	46.0	46.9	49.6	51.4	51.8	52.0	48.3	55.5	51.2	52.5	52.6	49.2	50.5
Three to six hours	34.4	37.7	36.8	36.1	37.6	39.3	37.1	35.7	33.5	34.9	38.2	32.4	37.2	35.3	34.7	37.3	37.3
Seven to 24 hours	6.9	4.9	3.2	5.5	6.7	6.2	6.0	5.1	5.9	3.6	6.0	5.1	4.8	4.3	3.7	6.2	4.3
More than 24 hours	0.8	0.8	0.4	1.4	1.0	1.2	1.1	0.4	1.2	0.9	1.6	0.1	0.6	1.9	1.3	1.0	0.7
Approximate weighted N =	589	602	666	774	911	789	996	945	814	807	781	713	812	848	814	772	732
% of All Respondents																	
No use in last 12 months	76.3	76.9	74.9	69.7	64.2	66.5	61.2	62.6	63.6	61.9	62.9	66.3	66.5	65.3	66.7	66.9	69.5
Usually don't get high	2.0	2.2	2.7	2.9	3.1	2.1	2.4	2.8	2.8	3.3	2.2	2.3	2.1	2.1	2.5	2.1	2.2
One to two hours	11.7	10.9	12.2	14.4	16.5	15.7	19.3	19.2	18.9	19.8	17.9	18.7	17.1	18.2	17.5	16.3	15.4
Three to six hours	8.1	8.7	9.2	11.0	13.5	13.2	14.4	13.4	12.2	13.3	14.2	10.9	12.5	12.2	11.6	12.4	11.4
Seven to 24 hours	1.6	1.1	0.8	1.7	2.4	2.1	2.3	1.9	2.1	1.4	2.2	1.7	1.6	1.5	1.2	2.1	1.3
More than 24 hours	0.2	0.2	0.1	0.4	0.4	0.4	0.4	0.2	0.4	0.3	0.6	0.1	0.2	0.6	0.4	0.3	0.2
Approximate weighted N =	2,485	2,611	2,652	2,553	2,544	2,356	2,568	2,527	2,233	2,119	2,103	2,114	2,426	2,444	2,442	2,334	2,398

(Table continued on next page.)

TABLE 7-2 (cont.)

CANNABIS

Trends in Degree and Duration of Feeling High in Grade 12

(Entries are percentages.)

When you use marijuana

how high do you usually get? ^a

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^b	2020	2021	2022	2023	2024	2025
% of Recent Users																		
Not at all high	4.6	5.2	4.4	5.0	4.9	5.0	6.4	6.7	6.7	6.2	5.7	6.1	§	3.1	7.1	6.5	3.8	9.2
A little high	20.9	18.5	22.1	18.8	22.3	19.5	21.9	21.8	18.0	18.7	18.8	19.2	§	28.2	23.1	24.6	29.7	26.1
Moderately high	44.7	45.6	43.9	43.4	41.3	43.8	44.6	44.6	48.2	47.7	50.2	47.3	§	43.4	48.8	49.3	50.5	49.0
Very high	29.8	30.7	29.6	32.9	31.5	31.8	27.2	26.9	27.2	27.4	25.4	27.4	§	25.3	21.2	19.8	15.9	15.7
Approximate weighted N =	740	724	812	860	817	740	698	689	693	766	754	347	§	404	388	316	275	262
% of All Respondents																		
No use in last 12 months	67.7	67.9	65.6	63.0	63.7	64.9	66.1	67.5	63.9	63.1	65.7	65.2	§	71.4	71.8	73.4	74.4	77.0
Not at all high	1.5	1.7	1.5	1.8	1.8	1.7	2.2	2.2	2.4	2.3	2.0	2.1	§	0.9	2.0	1.7	1.0	2.1
A little high	6.8	5.9	7.6	7.0	8.1	6.8	7.4	7.1	6.5	6.9	6.4	6.7	§	8.1	6.5	6.5	7.6	6.0
Moderately high	14.4	14.7	15.1	16.1	15.0	15.4	15.2	14.5	17.4	17.6	17.2	16.5	§	12.4	13.7	13.1	13.0	11.3
Very high	9.6	9.9	10.2	12.2	11.4	11.2	9.2	8.7	9.8	10.1	8.7	9.5	§	7.2	6.0	5.3	4.1	3.6
Approximate weighted N =	2,291	2,253	2,362	2,322	2,254	2,109	2,056	2,122	1,920	2,077	2,199	999	§	1,412	1,377	1,188	1,074	1,137

When you use marijuana

how long do you usually stay high? ^a

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^b	2020	2021	2022	2023	2024	2025
% of Recent Users																		
Usually don't get high	6.7	6.6	5.5	5.9	7.1	5.5	8.2	8.2	7.9	7.5	7.5	6.6	§	5.0	9.3	6.7	5.0	9.4
One to two hours	48.3	52.4	50.9	49.5	49.7	51.8	46.8	49.9	46.7	41.6	48.2	46.4	§	52.2	45.0	46.5	54.2	44.9
Three to six hours	38.2	35.6	38.2	36.8	35.9	37.9	38.6	36.0	38.7	44.8	37.1	39.8	§	36.8	39.1	36.1	33.6	39.6
Seven to 24 hours	5.7	4.1	4.4	5.6	6.1	2.7	5.7	5.2	5.1	5.0	5.4	5.6	§	5.4	5.1	8.7	5.3	4.8
More than 24 hours	1.1	1.4	1.1	2.2	1.2	2.2	0.9	0.8	1.6	1.2	1.8	1.7	§	0.6	1.5	2.0	1.9	1.3
Approximate weighted N =	750	721	813	859	807	739	705	691	693	758	753	347	§	404	386	314	280	261
% of All Respondents																		
No use in last 12 months	67.4	68.0	65.6	63.0	64.0	65.0	65.8	67.5	63.9	63.4	65.7	65.3	§	71.4	72.0	73.6	74.0	77.0
Usually don't get high	2.2	2.1	1.9	2.2	2.6	1.9	2.8	2.7	2.9	2.7	2.6	2.3	§	1.4	2.6	1.8	1.3	2.2
One to two hours	15.8	16.8	17.5	18.3	17.9	18.1	16.0	16.3	16.9	15.2	16.5	16.1	§	14.9	12.6	12.3	14.1	10.3
Three to six hours	12.5	11.4	13.1	13.6	12.9	13.3	13.2	11.7	14.0	16.4	12.7	13.8	§	10.5	11.0	9.5	8.7	9.1
Seven to 24 hours	1.9	1.3	1.5	2.1	2.1	1.0	1.9	1.7	1.8	1.8	1.9	1.9	§	1.5	1.4	2.3	1.4	1.1
More than 24 hours	0.4	0.4	0.4	0.8	0.4	0.8	0.3	0.3	0.6	0.4	0.6	0.6	§	0.2	0.4	0.5	0.5	0.3
Approximate weighted N =	2,302	2,249	2,364	2,321	2,243	2,107	2,063	2,124	1,920	2,070	2,198	998	§	1,412	1,375	1,185	1,079	1,136

§ Insufficient data for estimate.

^aThese questions appear in just one form. They are asked only of respondents who report use of the drug in the prior 12 months (i.e., recent users).

^bResults in following years may not be directly comparable due to survey mode effects; the 2021 survey was administered via a web questionnaire and in 2019 and earlier results are from paper-and-pencil surveys.



**TABLE 7-3
ALCOHOL**

Trends in Degree and Duration of Feeling High in Grade 12

(Entries are percentages.)

(Years cont.)

<i>When you drink alcoholic beverages how drunk or high do you usually get? ^a</i>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
% of Recent Users																
Not at all high	23.6	21.6	20.6	19.1	19.6	20.7	18.9	18.9	18.8	19.0	19.7	18.5	18.8	20.0	22.1	23.0
A little high	33.8	32.3	32.8	33.9	33.6	32.6	33.8	32.6	35.8	34.0	34.8	34.7	34.4	34.2	34.4	32.3
Moderately high	35.9	38.0	39.6	39.9	38.7	39.7	41.4	40.9	38.8	39.2	38.5	39.8	38.8	38.2	35.9	36.2
Very high	6.6	8.1	7.0	7.1	8.1	7.0	5.8	7.5	6.7	7.8	7.1	7.1	8.0	7.6	7.6	8.5
<i>Approximate weighted N =</i>	2,419	2,368	2,578	3,124	2,764	2,709	2,912	2,958	2,808	2,601	2,618	2,531	2,718	2,755	2,211	1,965
% of All Respondents																
No use in last 12 months	15.2	14.3	13.0	12.3	12.5	13.2	14.7	14.1	14.1	17.1	16.1	16.0	14.6	14.8	18.8	21.2
Not at all high	20.0	18.5	17.9	16.8	17.2	18.0	16.2	16.2	16.2	15.8	16.5	15.5	16.0	17.0	18.0	18.1
A little high	28.7	27.7	28.5	29.7	29.4	28.3	28.9	28.0	30.7	28.2	29.2	29.1	29.4	29.2	28.0	25.5
Moderately high	30.4	32.6	34.5	35.0	33.8	34.4	35.3	35.2	33.3	32.5	32.3	33.4	33.1	32.6	29.2	28.5
Very high	5.6	6.9	6.1	6.2	7.1	6.1	5.0	6.5	5.7	6.5	5.9	6.0	6.8	6.5	6.1	6.7
<i>Approximate weighted N =</i>	2,853	2,763	2,963	3,562	3,159	3,122	3,413	3,443	3,268	3,137	3,120	3,011	3,183	3,232	2,721	2,493
<i>When you drink alcoholic beverages how long do you usually stay drunk or high? ^a</i>																
% of Recent Users																
Usually don't get high	25.7	24.6	22.6	21.3	21.7	22.7	20.9	20.5	21.4	20.3	21.5	20.9	20.8	22.9	24.2	24.7
One to two hours	40.5	38.5	38.8	39.8	41.9	39.5	40.3	41.3	40.8	42.2	41.5	40.6	43.8	42.0	41.3	39.4
Three to six hours	30.1	33.8	34.8	35.7	32.7	33.8	35.6	34.4	33.7	33.1	33.5	34.9	31.5	32.1	31.6	31.7
Seven to 24 hours	3.4	3.0	3.5	3.1	3.4	3.8	3.1	3.4	3.9	4.0	3.1	3.2	3.7	2.9	2.8	4.0
More than 24 hours	0.2	0.2	0.3	0.1	0.2	0.2	0.1	0.4	0.3	0.3	0.4	0.4	0.2	0.1	0.2	0.3
<i>Approximate weighted N =</i>	2,403	2,358	2,547	3,098	2,746	2,697	2,892	2,947	2,792	2,588	2,608	2,509	2,711	2,748	2,202	1,949
% of All Respondents																
No use in last 12 months	15.2	14.3	13.0	12.3	12.6	13.3	14.8	14.1	14.1	17.1	16.1	16.1	14.7	14.8	18.8	21.3
Usually don't get high	21.8	21.1	19.7	18.7	19.0	19.7	17.8	17.6	18.3	16.9	18.0	17.5	17.8	19.5	19.6	19.4
One to two hours	34.3	33.0	33.8	34.9	36.6	34.2	34.3	35.5	35.0	35.0	34.8	34.1	37.4	35.8	33.5	31.0
Three to six hours	25.5	29.0	30.3	31.3	28.6	29.3	30.4	29.6	28.9	27.4	28.1	29.3	26.9	27.3	25.6	24.9
Seven to 24 hours	2.9	2.6	3.0	2.7	3.0	3.3	2.7	2.9	3.3	3.4	2.6	2.7	3.2	2.5	2.2	3.2
More than 24 hours	0.2	0.2	0.3	0.1	0.2	0.2	0.1	0.3	0.2	0.2	0.3	0.4	0.2	0.1	0.2	0.2
<i>Approximate weighted N =</i>	2,834	2,751	2,928	3,532	3,142	3,109	3,393	3,431	3,252	3,124	3,110	2,990	3,177	3,226	2,712	2,477

(Table continued on next page.)

TABLE 7-3 (cont.)

ALCOHOL

Trends in Degree and Duration of Feeling High in Grade 12

(Entries are percentages.)

(Years cont.)

<i>When you drink alcoholic beverages how drunk or high do you usually get? ^a</i>	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
% of Recent Users																	
Not at all high	20.6	24.2	23.8	19.7	20.7	23.2	22.0	20.6	21.1	22.4	20.5	23.2	21.0	23.5	23.6	25.0	28.0
A little high	36.8	32.5	32.2	32.7	32.6	29.9	28.9	29.8	27.3	26.1	26.7	30.1	28.6	25.8	25.3	27.6	26.9
Moderately high	34.0	35.6	36.5	38.3	36.5	35.5	37.5	37.5	41.7	38.8	40.9	35.1	37.6	37.6	38.7	35.2	33.9
Very high	8.6	7.7	7.5	9.2	10.1	11.4	11.6	12.1	10.0	12.7	11.8	11.7	12.9	13.1	12.4	12.2	11.2
<i>Approximate weighted N =</i>	1,898	1,965	1,960	1,866	1,867	1,664	1,915	1,874	1,619	1,567	1,591	1,530	1,691	1,785	1,712	1,629	1,676
% of All Respondents																	
No use in last 12 months	22.7	23.6	25.4	26.4	25.7	28.2	24.7	25.6	27.0	26.2	24.2	28.7	30.1	26.5	29.9	30.0	30.1
Not at all high	15.9	18.5	17.8	14.5	15.4	16.6	16.6	15.3	15.4	16.6	15.6	16.5	14.7	17.3	16.5	17.5	19.6
A little high	28.5	24.8	24.0	24.1	24.2	21.5	21.8	22.2	19.9	19.3	20.2	21.4	20.0	18.9	17.8	19.3	18.8
Moderately high	26.3	27.2	27.2	28.2	27.1	25.5	28.2	27.9	30.5	28.6	31.0	25.1	26.3	27.7	27.1	24.6	23.7
Very high	6.7	5.9	5.6	6.8	7.5	8.2	8.7	9.0	7.3	9.4	9.0	8.3	9.0	9.7	8.7	8.6	7.8
<i>Approximate weighted N =</i>	2,454	2,572	2,627	2,533	2,514	2,318	2,542	2,517	2,217	2,123	2,099	2,145	2,418	2,427	2,441	2,328	2,399
<i>When you drink alcoholic beverages how long do you usually stay drunk or high? ^a</i>																	
% of Recent Users																	
Usually don't get high	23.0	27.0	26.1	22.5	23.2	25.3	23.5	22.6	22.5	24.6	21.5	24.9	22.3	24.6	25.2	27.0	30.2
One to two hours	40.1	37.3	38.8	40.5	36.7	33.1	33.6	36.8	32.3	32.2	33.7	33.7	32.7	31.5	31.0	32.1	28.9
Three to six hours	31.7	30.7	30.4	32.2	34.2	35.7	36.9	34.5	39.6	37.0	38.5	35.7	39.1	36.5	37.4	34.7	34.3
Seven to 24 hours	4.6	4.7	4.3	4.2	5.4	5.3	5.2	5.7	5.1	5.4	5.6	5.1	5.4	6.7	5.5	5.7	5.8
More than 24 hours	0.6	0.3	0.3	0.6	0.6	0.5	0.9	0.5	0.5	0.9	0.7	0.6	0.6	0.6	0.9	0.5	0.8
<i>Approximate weighted N =</i>	1,884	1,951	1,950	1,857	1,849	1,657	1,897	1,853	1,614	1,552	1,586	1,523	1,681	1,775	1,698	1,625	1,664
% of All Respondents																	
No use in last 12 months	22.8	23.7	25.5	26.4	25.9	28.3	24.8	25.8	27.0	26.4	24.3	28.8	30.2	26.6	30.1	30.1	30.3
Usually don't get high	17.8	20.6	19.5	16.5	17.2	18.2	17.6	16.8	16.4	18.1	16.3	17.7	15.5	18.1	17.7	18.8	21.0
One to two hours	31.0	28.5	28.9	29.8	27.2	23.7	25.3	27.3	23.6	23.7	25.5	24.0	22.8	23.2	21.7	22.5	20.2
Three to six hours	24.4	23.4	22.7	23.7	25.3	25.6	27.7	25.6	28.9	27.2	29.2	25.5	27.3	26.8	26.2	24.2	23.9
Seven to 24 hours	3.5	3.6	3.2	3.1	4.0	3.8	3.9	4.2	3.7	3.9	4.2	3.6	3.8	4.9	3.8	4.0	4.1
More than 24 hours	0.5	0.2	0.2	0.4	0.4	0.4	0.7	0.4	0.4	0.7	0.5	0.4	0.4	0.5	0.6	0.4	0.6
<i>Approximate weighted N =</i>	2,441	2,558	2,616	2,525	2,496	2,311	2,524	2,497	2,211	2,108	2,095	2,138	2,408	2,418	2,427	2,324	2,387

(Table continued on next page.)

TABLE 7-3 (cont.)

ALCOHOL

Trends in Degree and Duration of Feeling High in Grade 12

(Entries are percentages.)

When you drink alcoholic beverages

how drunk or high do you usually get? ^a

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^b	2020	2021	2022	2023	2024	2025
% of Recent Users																		
Not at all high	29.7	26.0	31.4	30.0	31.2	27.5	27.3	30.6	26.7	29.0	28.4	27.2	§	26.6	32.6	33.9	34.6	35.0
A little high	27.7	30.3	26.0	26.8	26.3	23.5	27.4	26.9	31.0	29.8	29.8	26.3	§	33.3	28.9	31.9	28.1	33.4
Moderately high	32.8	33.6	32.1	34.3	33.1	38.6	36.6	33.2	34.3	32.7	32.0	36.7	§	34.2	29.6	26.9	31.5	25.7
Very high	9.8	10.0	10.4	9.0	9.5	10.4	8.7	9.4	8.0	8.4	9.8	9.8	§	5.9	8.9	7.4	5.9	6.1
<i>Approximate weighted N =</i>	1,608	1,565	1,617	1,546	1,502	1,365	1,308	1,291	1,183	1,221	1,313	548	§	698	722	544	513	504
% of All Respondents																		
No use in last 12 months	30.4	30.5	31.9	33.7	33.1	35.3	36.6	39.8	39.3	40.9	40.7	43.7	§	50.9	47.8	54.2	52.4	55.0
Not at all high	20.7	18.1	21.4	19.9	20.9	17.8	17.3	18.4	16.2	17.2	16.8	15.3	§	13.1	17.0	15.5	16.5	15.7
A little high	19.3	21.1	17.7	17.7	17.6	15.2	17.4	16.2	18.8	17.6	17.7	14.8	§	16.4	15.1	14.6	13.4	15.0
Moderately high	22.8	23.4	21.9	22.7	22.2	25.0	23.2	20.0	20.8	19.3	19.0	20.7	§	16.8	15.4	12.3	15.0	11.6
Very high	6.8	7.0	7.1	6.0	6.3	6.7	5.5	5.6	4.9	5.0	5.8	5.5	§	2.9	4.7	3.4	2.8	2.7
<i>Approximate weighted N =</i>	2,311	2,252	2,373	2,331	2,244	2,109	2,064	2,145	1,948	2,065	2,216	973	§	1,420	1,384	1,188	1,077	1,120

When you drink alcoholic beverages

how long do you usually stay drunk or high? ^a

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^b	2020	2021	2022	2023	2024	2025
% of Recent Users																		
Usually don't get high	32.3	28.0	31.2	32.0	31.7	26.6	27.6	30.4	29.3	30.0	31.9	29.5	§	27.9	32.4	36.6	35.8	37.0
One to two hours	27.4	33.4	28.4	28.5	31.3	28.7	33.4	31.0	31.8	34.6	28.1	33.6	§	37.7	36.1	34.5	34.7	36.6
Three to six hours	33.9	32.9	33.6	33.7	31.9	38.0	33.9	34.7	35.1	30.2	34.5	32.9	§	29.9	28.1	26.6	26.7	25.1
Seven to 24 hours	6.0	4.9	5.8	5.0	4.5	6.0	4.6	3.1	3.4	4.5	4.5	3.3	§	4.3	2.7	1.9	2.7	0.7
More than 24 hours	0.4	0.8	1.0	0.9	0.7	0.7	0.6	0.8	0.4	0.7	1.0	0.7	§	0.2	0.7	0.5	0.2	0.6
<i>Approximate weighted N =</i>	1,601	1,561	1,606	1,535	1,498	1,361	1,304	1,286	1,176	1,213	1,315	547	§	692	723	543	509	502
% of All Respondents																		
No use in last 12 months	30.5	30.6	32.0	33.8	33.1	35.3	36.7	39.9	39.4	41.0	40.7	43.7	§	51.1	47.8	54.3	52.6	55.1
Usually don't get high	22.5	19.4	21.2	21.4	21.2	17.2	17.5	18.3	17.8	17.7	18.9	16.6	§	13.7	16.9	16.7	17.0	16.6
One to two hours	19.0	23.2	19.3	18.8	20.9	18.6	21.1	18.6	19.3	20.4	16.7	18.9	§	18.5	18.9	15.8	16.5	16.4
Three to six hours	23.6	22.9	22.8	22.3	21.3	24.6	21.5	20.9	21.2	17.8	20.5	18.5	§	14.6	14.7	12.2	12.7	11.3
Seven to 24 hours	4.2	3.4	3.9	3.3	3.0	3.9	2.9	1.9	2.1	2.7	2.7	1.9	§	2.1	1.4	0.9	1.3	0.3
More than 24 hours	0.3	0.5	0.7	0.6	0.5	0.5	0.4	0.5	0.3	0.4	0.6	0.4	§	0.1	0.4	0.2	0.1	0.3
<i>Approximate weighted N =</i>	2,304	2,248	2,362	2,320	2,241	2,105	2,060	2,140	1,941	2,058	2,218	972	§	1,414	1,384	1,187	1,074	1,118

§ Insufficient data for estimate.

^aThese questions appear in just one form. They are asked only of respondents who report use of the drug in the prior 12 months (i.e., recent users).

^bResults in following years may not be directly comparable due to survey mode effects; the 2021 survey was administered via a web questionnaire and in 2019 and earlier results are from paper-and-pencil surveys.



CHAPTER 8 – Attitudes and Beliefs About Drug Use

Guided by its theoretical framework regarding historical variation in substance use behaviors, attitudes and beliefs, MTF measures key factors that have proved to be central to the explanation of historical differences and changes in drug use.²⁴ These factors include perceived risk of harm and personal disapproval of using the drug. Indeed, one of MTF's most important theoretical and empirical contributions to the general understanding of young people's drug use has been to demonstrate that changes in beliefs and attitudes about drugs are important determinants of historical trends, both upward and downward, in the use of many drugs.

This chapter focuses on three of these attitude and belief measures: (a) student beliefs about how much risk of *harm* various kinds of drug use have for the user, (b) the degree to which students personally *disapprove* of various kinds of drug use, and (c) attitudes about various forms of *legal prohibitions* for cannabis use (for 12th grade students only). In the next chapter, we present results on the closely related topics of friends' attitudes about drugs, as students perceive them, as well as on various other aspects of the social context, including perceived availability.

The data presented in this chapter show many inverse relationships at the aggregate level between the level of reported use of a drug and the levels of perceived risk and disapproval of using that drug. For example, among 10th and 12th graders, cannabis has a high level of use and one of the lowest levels of perceived risk and disapproval. These relationships suggest that individuals who believe that the use of a particular drug involves risk of harm, and/or who disapprove of its use, are less likely to use that drug; indeed, strong correlations also exist at the individual level between use of a drug and attitudes and beliefs about that drug.²⁵ Students who use a given drug are less likely to disapprove of its use or to see its use as dangerous.

Many attitudes and beliefs about specific drugs have changed dramatically during the life of the study, as have actual drug-using behaviors. Beginning in 1979, scientists, policymakers, and the media gave considerable attention to young people's increasing level of regular cannabis use as reported by this study and to the potential hazards associated with such use. As discussed later in this chapter, 12th graders' attitudes and beliefs about the regular use of cannabis shifted in a more conservative direction after

²⁴ Johnston, L. D., O'Malley, P. M., Schulenberg, J. E., Bachman, J. G., Miech, R. A., & Patrick, M. E. (2016). [The objectives and theoretical foundation of the Monitoring the Future study](#). Monitoring the Future Occasional Paper No. 84. Ann Arbor, MI: Institute for Social Research, University of Michigan.

²⁵ Miech, R. A., Johnston, L. D., & O'Malley P. M. (2017). [Prevalence and attitudes regarding marijuana use among adolescents over the past decade](#). *Pediatrics*, 140(6), e20170982.

Johnston, L. D. (2003). Alcohol and illicit drugs: The role of risk perceptions. In D. Romer (Ed.), *Reducing adolescent risk: Toward an integrated approach* (pp. 56–74). Thousand Oaks, CA: Sage.

1979—a shift that coincided with a reversal in the previous, rapid rise of daily use and that very likely reflected the impact of the increased public attention and a greater focus on adverse consequences. Between 1986 and 1987, a similar and even more dramatic decline occurred for cocaine use and continued for some years. During much of the 1990s, however, there was an important turnaround or “relapse” in these attitudes, accompanied by an increased use of numerous illicit drugs, in particular cannabis. As another example, in the early 2000s, increased recognition of the hazards of ecstasy use appeared to contribute to a sharp downturn in use of that particular drug, as we had predicted.

Trends and the Year 2019

The year 2019 requires special consideration when evaluating trends for the measures of this chapter. All 2019 estimates are presented in two columns. The first, in column “2019p,” is based on student responses in a randomly selected half of schools that completed the MTF survey with traditional paper-and-pencil questionnaires. The second, in column “2019e,” is based on student responses in the other half of schools that completed the MTF survey with electronic data collection, using tablets connected to the internet (after 2019 all surveys used electronic data collection). In some cases the estimates in the two columns are similar, while in others they are substantially different, indicating that the survey mode (i.e., pencil-and-paper versus electronic) had some effect on how respondents answered the questionnaires.

Attitudes and beliefs appear especially vulnerable to differences in estimates across survey mode, in part because many of these questions required substantial modification for the electronic survey mode. When the survey used paper-and-pencil questions on topics such as disapproval appeared on one page, with each line listing a specific drug and then the associated response categories (e.g., strongly disapprove, disapprove). In the conversion to an electronic format, many of these questions were split across multiple screens so that they would fit on an electronic display. (These same groupings were carried forward in all subsequent years.) The question groupings on the screens introduced potential question-context effects. In essence, the items that accompanied a question in a screen grouping could affect its reported levels.

In what follows, we compare estimates in 2021 and afterwards with the “2019e” estimates, all of which were collected with an electronic survey mode using the same screen groupings. In cases where the 2019 estimates are similar across survey modes, the estimates in 2021 and afterwards are directly comparable to all previous years. In contrast, when the 2019 estimates substantially differ across survey mode, then the comparisons of estimates before and after 2019 require consideration of the change in prevalence attributable to survey mode effects. (Estimates for 2020 are not presented because curtailed data collection due to the COVID-19 pandemic resulted in a sample size too small to produce reliable estimates

for most attitude and behavior measures, which appeared on only a subset of questionnaires, which were randomly selected.)

Perceived Harmfulness of Drug Use in 2025

Beliefs About Harmfulness Among 12th Graders

For many drugs, the level of risk attributed to use varies considerably with the intensity of use being considered. Consequently, the questions differentiate among experimental, occasional, and regular drug use. (Questions about the harmfulness of alcohol and nicotine products specify different levels of use appropriate to those substances.) The respondent is asked, “How much do you think people risk harming themselves (physically or in other ways), if they...?” The sentence is completed with a series of phrases asking about increasing levels of drug use, such as the series “... try cannabis once or twice,” “... use cannabis occasionally,” and “... use cannabis regularly”. The survey text does not define the terms “occasionally” and “regularly,” which are left to students’ interpretation. Response categories for the questions on harmfulness are “No Risk,” “Slight Risk,” “Moderate Risk,” “Great Risk,” and “Can’t Say, Drug Unfamiliar”. Students who respond “Can’t Say, Drug Unfamiliar” are included in the denominator of the estimate in all grades.

Risk From Regular Use

- A majority of 12th graders perceived that regular use of many drugs entails a great risk of harm for the user. In 2025, 84% of 12th graders perceived a great risk of harm from regular use of *heroin*, 78% for *cocaine*, and 62% for *opioid medications*, (see [Table 8-3](#)). The perceived risk of *cannabis* was lower, at 39% ascribing great risk to regular use.
- Almost seventy percent of 12th graders (68%) judged smoking one or more packs of *cigarettes* per day as entailing a great risk of harm for the user in 2025. For sake of comparison, this level of perceived risk was substantially higher than the perceived risk level of using heroin once or twice (56%).
- 12th grade students perceived substantially less risk to regular *nicotine vaping* (56%) than they did to cigarette use of one or more packs a day (68%).
- In 2025, 50% of 12th grade students perceived great risk in regular *cannabis vaping*, which was higher than the 39% who reported great risk in regular cannabis use when the mode was unspecified. This suggests that among different forms available to use cannabis, 12th graders rank vaping as a relatively more dangerous one.
- Regular use of *alcohol* is more explicitly defined in several questions providing specificity on the amount and frequency of use. More than one in four 12th graders (26%) associated great risk of

harm with having one or two drinks nearly every day, about two in five (42%) thought there is great risk involved in having five or more drinks once or twice each weekend, and more than two out of three (71%) thought the user takes a great risk in having four or five drinks nearly every day. Still, it is noteworthy that more than one in four (29%) did *not* view having four or five drinks nearly every day as entailing great risk.

Risk From Experimental Use

- Far fewer respondents believed that a person runs a great risk of harm by trying a drug once or twice, which we refer to here as *experimental use*. Still, substantial proportions of 12th graders viewed even experimenting with most of the illicit drugs as risky. The 2025 percentages associating great risk with experimental use rank as follows:

<i>Crystal methamphetamine (ice)</i>	67%
<i>Heroin without using a needle</i>	62%
<i>Heroin</i>	56%
<i>PCP</i>	50%
<i>Steroids</i>	49%
<i>MDMA (ecstasy, Molly)</i>	47%
<i>Opioid medications</i>	41%
<i>Stimulant medications</i>	35%
<i>Adderall</i>	31%
<i>LSD</i>	26%
<i>Sleeping medications</i>	17%
<i>Cannabis</i>	15%
<i>Alcohol</i>	11%

Beliefs About Harmfulness Among 8th and 10th Graders

Questions on perceived harmfulness have also been asked of 8th and 10th graders since they were first surveyed by MTF in 1991. Perceived harmfulness of *inhalant* use is not asked of 12th graders but is included in the 8th and 10th grade questionnaires.

- Less than half of 8th and 10th grade students saw great risk in ***smoking one to five cigarettes per day*** (40% of 8th graders and 45% of 10th graders, [Tables 8-1 and 8-2](#)). These proportions suggest that more than half of students at these younger ages do not recognize that this level of use can lead to addiction and dependence.
- Among 8th grade students, about half (57%) saw ***vaping nicotine*** regularly as carrying great risk, as did 61% of 10th grade students, which compares to 56% of 12th grade students. These levels of perceived risk were below those for smoking one or more packs of cigarettes per day.

- Younger students, particularly 8th graders, were more likely than 12th graders to see **cannabis** use as dangerous. In 2025, 8th graders (36%) were about two times more likely than 12th graders (16%) to see occasional cannabis use as entailing great risk of harm. Tenth grade levels were closer to 8th grade levels, at 32%.
- Eighth and 10th graders were more likely than 12th graders to see **weekend binge drinking** as dangerous: 57% for 8th graders, 61% for 10th graders, and 42% for 12th graders in 2025.
- Experimentation with **inhalants** was seen as dangerous by relatively low proportions of 8th and 10th graders (22% and 31%, respectively); these younger students are the ones most likely to use them.

Trends in Perceived Harmfulness of Drug Use Through 2025

12th Grade Students

In what follows, we present trends in perceived harmfulness up to 2025. Several very important trends in student beliefs about the dangers associated with using various drugs have occurred over the life of the study.

Perceived Risk and Cannabis Use

In 2025, the proportion of 12th graders who perceived great risk of harm from regular use of **cannabis** increased by 3.1 points to 39%, although this increase was not statistically significant (see [Figures 8-1a and 8-4](#)). This increase extends an upward trend that started after 2021, when perceived risk was at the lowest level ever recorded by the study at 22%.

Since 2000, perceived risk of regular cannabis use has dropped substantially from 58% in 2000 down to 39% in 2025, while levels of cannabis use largely hovered until 2020 and then declined in 2021 and later years after the pandemic onset. Lack of a strong connection between perceived risk and levels of cannabis use contrasts sharply with the time period from 1975 to 2000, when the two closely mirrored each other in an inverse relationship ([Figure 8-4](#)), as discussed in detail [here](#) (see Chapter 8). One possibility is that the substantial decrease in perceived risk after 2000 would have led to increases in cannabis prevalence were it not for the substantial decreases that took place in cigarette smoking, which is a strong predictor of cannabis use.²⁶

²⁶ Miech, R. A., Johnston, L. D., & O'Malley P. M. (2017). [Prevalence and attitudes regarding marijuana use among adolescent over the past decade](#). *Pediatrics*, 140(6), e20170982.

Cannabis vaping is a newer mode of use ([Table 8-3](#) and [Figure 8-2a](#)). Its level of perceived risk has ranked about 10 points higher than the survey’s long-standing, more general question about cannabis that does not specify a mode of use. The percentage of 12th grade students who ascribed great risk to regular cannabis vaping increased from 31% in 2021 to 50% in 2025, which compares to levels for regular general cannabis use that were 22% in 2021 and 39% in 2025. Levels of perceived risk for occasional cannabis vaping have also significantly increased during the same time period, from 16% in 2021 to 28% in 2025, which compares to risk levels for general cannabis use of 13% in 2021 and 16% in 2025. It is possible that media attention in 2020 to lung injuries and deaths that were attributed to vaping cannabis solutions with vitamin E acetate²⁷ raised levels of concern among students that has since persisted.

Vaping cannabis presents an interesting contrast to vaping nicotine for perceived risk. In 2025, adolescents ascribed significantly **more** risk to regular cannabis vaping than to regular use of cannabis in general. In contrast, in 2025 students ascribed significantly **less** risk to regular nicotine vaping than to regular cigarette use.

Perceived Risk for Substances Other than Cannabis

- Despite all that is known today about the health consequences of **cigarette smoking**, almost one in three (32%) 12th graders in 2025 do not believe that there is a great risk in smoking a pack or more of cigarettes per day ([Table 8-3](#)). This level had hovered around 25% since the year 2000, but has since increased in the last two years. At the same time, smoking prevalence among 12th grade students edged upward, underscoring the importance of closely monitoring adolescent smoking in the coming years.
- Levels of perceived risk for regular **nicotine vaping** increased to 56% in 2025, from 54% in 2024, although this increase was not statistically significant ([Table 8-3](#) and [Figure 8-9a](#)).

Overall, perceived risk of nicotine vaping has increased substantially since first measured in 2017. Long term comparisons require an adjustment for a survey mode effect for this measure, in which estimates were about six points higher when students used electronic devices as compared to paper-and-pencil questionnaires to answer the survey questions (compare columns “2019p” and “2019e” in [Table 8-3](#)). Taking into account this survey mode effect, the 56% level in 2025 would be about 50% if assessed with paper-and-pencil (50% = 56% – 6%), which compares to the 27% in 2017 (when the survey used paper-and-pencil questionnaires).

²⁷ Centers for Disease Control. (2020, Feb 25). [Outbreak of lung injury associated with the use of e-cigarette, or vaping, products.](#)

Perceived risk levels for nicotine vaping are substantially lower than they are for regular cigarette use (68%).

- Like cannabis, **cocaine** has shown a pattern of closely corresponding inverse trends between perceived risk and actual use among 12th graders (see [Figure 8-5](#)). In 2025, the proportion of 12th graders who perceived great risk in trying cocaine once or twice was 47%, about where it has hovered for the past two decades. A tight, mirror image correspondence between perceived risk and levels of use was present in the 1970s and 1980s. First, the percentage who perceived great risk in **trying cocaine** once or twice dropped steadily from 43% to 31% between 1975 and 1980, corresponding to a period of rapidly increasing annual prevalence of use. However, rather than reversing sharply, as did perceived risk for cannabis use, perceived risk for experimental cocaine use moved rather little from 1980 to 1986, corresponding to a fairly stable period in actual use. Then, from 1986 to 1987, perceived risk for experimenting with cocaine jumped abruptly from 34% to 48% in a single year, and in that year the first significant decline in use took place. From 1987 to 1990, perceived risk continued to rise sharply as use fell sharply.

Correspondence between perceived risk of trying cocaine and levels of actual use can also be seen in the 1990s, although the changes are smaller. An increase in perceived risk of cocaine use ended in 1991, similar to the trend for cannabis. Perceived risk began to fall in 1992, and a year later actual use began rising among 12th graders (see [Figure 8-5](#)). The significant reversal of trends in beliefs set the stage for a resurgence in use, particularly when combined with the fact that the proportions of students using two of the so-called “gateway drugs”—cigarettes and cannabis—had also been rising. From 1992 to 1999, the proportion of 12th graders using cocaine in the prior 12 months rose steadily and doubled from 3.1% to 6.2% before decreasing significantly to 5.0% in 2000, with little change for some years after that.

Levels of actual cocaine use track more closely with trends in perceived risk of experimental cocaine use than they do with perceived risk of regular cocaine use. As we had predicted earlier, it was not until 12th graders’ attitudes about behaviors they saw as relevant to themselves began to change (i.e., attitudes about experimental and occasional cocaine use) that the behaviors also began to shift.²⁸

²⁸ See Bachman, J. G., Johnston, L. D., & O’Malley, P. M. (1990). [Explaining the recent decline in cocaine use among young adults: Further evidence that perceived risks and disapproval lead to reduced drug use](#). *Journal of Health and Social Behavior*, 31, 173–184. For a discussion of perceived risk in the larger set of factors influencing trends, and for a consideration of the forces likely to influence perceived risk, see Johnston, L. D. (1991). Toward a theory of drug epidemics. In R. L. Donohew, H. Sypher, & W. Bukoski (Eds.), *Persuasive communication and drug abuse prevention* (pp. 93–131). Hillsdale, NJ: Lawrence Erlbaum.

Our belief in the importance of perceived risk of experimental and occasional cocaine use led us to include in 1986 for the first time the question about the dangers of occasional cocaine use. The very next year proved to have a sharp rise on this measure.

We believe the large changes in both perceived risk of experimental and occasional use, as well in changes in actual levels of use from 1986 to 1991, resulted from three factors: (a) the greatly increased media coverage of cocaine use and its dangers that occurred in that interval (particularly in 1986); (b) an increasing number of antidrug and, specifically, anticocaine media campaigns; and (c) the widely publicized 1986 deaths, publicly attributed to cocaine use, of sports stars Len Bias and Don Rogers. The deaths of the sports stars, we believe, helped to bring home the notions, first, that no one—regardless of age or physical condition—is invulnerable to being killed by cocaine and, second, that one does not have to be an addict or regular user to suffer such adverse consequences. In the media coverage that occurred during that period, the addictive potential of cocaine was heavily emphasized. The initial reporting of Don Rogers’s death indicated that it was his first time using the drug, which made the story even more powerful; but that assertion was reversed subsequently.

- The proportion of 12th grade students in 2025 perceiving great harm in regular use of **sleeping medications** was 35%. In 2025 wording for this question changed to “Take sleeping medications regularly (without a medical professional telling them to)” from “Take sedatives/barbiturates regularly”. This wording appears to have artifactually lowered the level of perceived risk, given that it decreased 19% in a single year from its level of 54% last year. Such a large, sudden drop would be highly unusual if it reflected a true shift in attitudes rather than a wording effect.

Prior to the wording change in 2025, this measure had been steady at 53% to 54% in the three years from 2022 to 2024. Since 2004, levels have fluctuated with a range of 44% to 57%.

- In 2025, the proportion of 12th grade students who perceived great harm in regular use of **stimulant medications** was 43%. In 2025, wording for this question changed to “Try stimulant medications (Adderall, Dexedrine, Ritalin, Vyvanse, etc.) regularly (without a medical professional telling them to)” from “Amphetamines (uppers, speed, Adderall, Ritalin, etc.)”. The wording change appears to have artifactually lowered the level by about 7%; prior to 2025, the level had hovered at around 50% since 2016 and there is little reason to expect a substantial, substantive change this year.
- In 2025, perceived risk among 12th-grade students for the use of **opioid medications** increased for both experimental and occasional use. The proportion perceiving great risk for experimental use rose from 34% in 2024 to 41% in 2025, while for occasional use it increased from 41% to 46%. Perceived risk for regular use also rose, from 56% to 62%, although this change was not statistically significant.

The wording for both the 2024 and 2025 survey question centered on “Try any opioid medications (codeine, Vicodin, Oxycontin, etc.)”. This differs from the wording in 2023 and earlier, when it

centered on the phrase “narcotics other than heroin (codeine, Vicodin, OxyContin, Percocet, etc.)”. Much of the drop from 2022 to 2023 by about ten percentage points for all three levels of use (experimental, occasional, and regular) likely represents the change in question wording.

The dramatic decline in prevalence of prescription opioids since 2011, with past 12-month prevalence steadily falling from 9% in 2011 to 2% in 2025, does not track with changes in perceived risk (although it does track with decreases in perceived availability).

- **Heroin** has consistently been seen as one of the most dangerous drugs—in particular regular heroin use, which no doubt accounts at least in part for the low prevalence levels observed throughout the life of the study. In all years of the study, more than 80% of 12th grade students perceived a great risk to regular heroin use ([Table 8-3](#) and [Figure 8-6a](#)).

More variation has been observed for experimental or occasional use of heroin ([Figure 8-6a](#)). Perceived risk of experimental use declined gradually between 1975 and 1986 (perhaps as the result of generational forgetting of the dangers of heroin), even though use dropped and then stabilized in that interval. There was then an upward shift in perceived risk in 1987 (the same year in which there was a dramatic rise in perceived risk for cocaine) to a new level, where it held for four years. In 1992, risk dropped to a lower plateau again, a year or two before use started to rise. As perceived risk fell in the early 1990s, heroin use by 12th graders rose, with annual prevalence of use nearly tripling from 0.4% in 1991 to 1.1% by 1995. (Use also rose in the lower grades.) From 1995 through 1998, there was some increase in perceived risk (an increase that was also observed in the lower grades; see [Tables 8-1 and 8-2](#) and [Figure 8-6a](#)). Usage levels then generally stabilized. Perhaps not entirely coincidentally, the Partnership for a Drug-Free America launched a media campaign aimed at deglamorizing heroin in 1996. While the intended target audience was young adults, many secondary school students undoubtedly saw the mass-market ads as well. Annual use of heroin by 12th graders decreased from 1.5% in 2000 to 0.8% by 2003, subsequent to the upturn in perceived risk between 1995 and 1998. Neither perceived risk nor use of heroin has changed a great deal since.

- The proportion of 12th graders who saw great risk in regular use of **LSD** was 57% in 2025. This value would be expected to be about nine points lower if the 2025 survey had used paper-and-pencil questionnaires, given the survey mode effect documented in 2019 (compare column “2019p” with “2019e” in [Table 8-3](#)). The resulting value of 48% represents a long, gradual decline since the 84% level recorded (using paper surveys) in 1991.

Perceived risk of experimental use of LSD also declined during the 1990s to about 35% in 2000; it remained at that level until about 2014 but has since dropped to 29% in 2025. Given the survey

mode effect noted in 2019, this 26% would be about six points lower and register at 20% if the 2025 survey had used paper-and-pencil questionnaires.

The sharp decline in 12th graders' perceived risk of LSD use between 1991 and 1997 was particularly noteworthy, confirming our concerns about generational forgetting—that attitudes and beliefs of the newer generation of young people were not influenced by the direct and vicarious learning experiences that helped to make their predecessors more cautious about using LSD. In the late 1960s and early 1970s, young people became aware of the risks of bad trips, uncontrollable flashbacks, dangerous behaviors under the influence, etc. Since then, those who have come into their teens have likely heard much less about such risks.

Despite the fact that perceived risk of LSD use declined some prior to 2001 (while disapproval was fairly steady), use had been falling. Obviously, this decline in use cannot be explained by a change in attitudes, and thus raises the question of whether there was any substitution by another drug. As it happens, another drug was popular in the club scene and also used for its hallucinogenic properties, MDMA (ecstasy, and more recently known as “Molly”), had been in ascent and may have had some substitution effect. From 1998 to 2001, MDMA use more than doubled as LSD use was in decline. However, after 2001 both drugs declined, suggesting that there may no longer have been a displacement effect. Indeed, after 2001 there was a sharp decline in availability of LSD, which may well have played a key role in its further sharp drop in use. The historically low levels of perceived risk for LSD reached in recent years suggest that young people today are not well prepared to resist resurgences in the popularity and availability of that drug, should those occur.

- The proportion of 12th graders who saw potential harm in trying **MDMA** (also known as ecstasy or more recently as Molly) “once or twice” decreased by five points to 47% in 2025, although this decline was not statistically significant. With this decline the level is close to where it had been in 2022, at 46%. This result suggests that the increases observed in 2023 and 2024 were short lived. This level would be expected to be about six points lower and register at 41% if the 2025 survey had been conducted with paper-and-pencil questionnaires, due to a survey mode effect documented in 2019 (compared columns “2019p” and “2019e” in [Table 8-3](#)).

As documented in the next chapter, there was a dramatic rise in the perceived availability of MDMA (ecstasy and, later, Molly) to American teens up to 2001, which may well help to explain its spread. The significant increases in perceived risk (for all three grades) in 2000 through 2003 were encouraging. We stated in the 2001 report in this series that we believed the use of this drug would not decline until more young people came to see its use as dangerous. In 2002, use of

MDMA decreased some for all three grades, and in 2003 use decreased significantly for all three grades, presumably driven by the sharp increases in the perceptions of risk already underway.

We believe that the unusually rapid changes in perceptions of risk about MDMA reflect the effects of several factors: much media coverage of adverse events associated with ecstasy use; the substantial efforts of the National Institute on Drug Abuse to gather and disseminate information about the adverse consequences associated with ecstasy use; and efforts by the Partnership for a Drug-Free America and the Office of National Drug Control Policy to discourage ecstasy use through an ad campaign, begun in 2002, that addressed the hazards of use.

After the dramatic increase in perceived risk up through 2005, a long gradual decline took place that saw levels fall from 60% in 2005 to 46% in 2019. These lower levels today raise the possibility that a process of generational forgetting of the hazards of MDMA use has been taking place.

- The proportion of 12th grade students associating great risk with experimental use of **crystal methamphetamine (ice)** was 67% in 2025, and retained the six point increase observed from 2023 to 2024. The 2025 level remains within the range of 64% to 72%, where it has hovered between 2010 to 2022.

Perceived risk of experimental use of this drug reached the highest level recorded by the survey in 2013, at 72%, and has declined somewhat since then to the 2025 level of 67% ([Table 8-3](#)). The current level of perceived risk ranks with heroin as having the highest risk of experimental use. Consistent with the high levels of perceived risk, levels of use are extremely low, and in 2025 the prevalence of past-year use was 0.9%. A drop in prevalence occurred after increases in perceived risk from 1999–2014, consistent with perceived risk being a leading indicator and cause of changes in drug use.

- The proportion of 12th graders who perceived a great risk of harm in trying **PCP** (phencyclidine) was 50% in 2025. Since first measured in 1991, it has varied between 44% and 55%. Actual use has remained low since about 2003, with past 30-day use less than 1% ([Chapter 5](#)).
- In 2025, 49% of 12th grade students saw a great risk in taking anabolic **steroids** ([Table 8-3](#)). This level would be expected to be about eight points lower and register at 41% if the 2025 survey had been conducted with paper-and-pencil questionnaires, due to a survey mode effect documented in 2019 (compare columns “2019p” and “2019e” in [Table 8-3](#)). The 2025 level ties with 2022 for the lowest recorded over the life of the survey since first tracked in 1989.

Use of steroids is very low, despite moderate levels of perceived risk, with a past-year prevalence of 1.1% in 2025 (see [Chapter 5](#)). These results suggest factors other than perceived harmfulness are driving the prevalence of steroids; availability likely plays a role because in recent years

reported availability is at the lowest levels ever recorded by the survey in all three grades (see [Chapter 9](#)). The scheduling of many steroids by the DEA in 1990, with updates in 2004 making their use and possession illegal, has likely contributed heavily to both the decline in perceived availability and in use.

The history of perceived risk of steroids and adolescent use of them bears some resemblance to the situation regarding cocaine use. A noteworthy change in steroids occurred in 1992, when perceived risk rose by five percentage points (from 66% to 71%) among 12th graders. (Similar changes occurred for 8th and 10th graders.) That change suggested that the widely publicized experience of professional football player Lyle Alzado, who in 1992 died of a brain tumor that he believed resulted from his steroid use, had an important effect on young people's beliefs regarding the harmfulness of this drug. The effect was similar to the effect of Len Bias's death on beliefs about the dangers of cocaine use, except that in Lyle Alzado's case he intentionally set about making his experience an object lesson for young people.²⁹ Unfortunately, levels of perceived risk of steroids have since declined.

This decline accelerated in 1999, with an unusually sharp drop of six percentage points in 12th graders' perceived risk of steroid use; this coincided with a slight rise in use among 12th graders and a sharp rise in use among 8th and 10th graders. (Since 1995, perceived risk has been measured only among 12th graders, so their answers serve as the best estimate we have of how this belief was changing among secondary school students more generally. For this reason, we comment in this section on 8th and 10th graders as well as 12th graders.) We believe it likely that a highly visible baseball player, Mark McGwire—whose use of the steroid precursor androstenedione in the year that he hit a new home run record was widely reported in 1998—served unwittingly as a role model that year, this time associating the use of steroids with athletic success and physical prowess. In 2000, there was a continued sharp decline in perceived risk of steroid use among 12th graders. After 2000, perceived risk did not change a great deal until there was a significant drop in 2013, a subsequent leveling, and then another significant drop in 2017.

A cohort effect is suggested by the pattern of declining steroid use across the grades since 1999; 8th graders were first to show a downturn beginning in about 2001, followed by 10th graders in 2003, and then by 12th graders in about 2005. Those staggered decreases followed somewhat staggered increases in the prior years, though both 8th and 10th graders began to increase in the

²⁹ The July 8, 1991, issue of *Sports Illustrated* magazine had an article by Lyle Alzado entitled "I Lied". For a discussion of the importance of vicarious learning from unfortunate role models, see Johnston, L. D. (1991). Toward a theory of drug epidemics. In R. L. Donohew, H. Sypher, & W. Bukoski (Eds.), *Persuasive communication and drug abuse prevention* (pp. 93–131). Hillsdale, NJ: Lawrence Erlbaum. (Listed as a chapter on the MTF website.)

same year (1999). In 2004, perceived risk began to rise in 12th grade (again, the only grade in which it is measured), and use continued to decline in all grades. Some might ask why use did not increase in the years after stories of widespread steroid use in professional baseball hit the headlines. The answer may lie in the amount of negative publicity and negative outcomes that have emerged for some of these players. Mark McGwire eventually admitted in 2010 that he had used steroids and that he regretted their use. Baseball player Roger Clemens had denied using steroids, but in 2010 he was indicted by a grand jury, charged with lying to Congress about his use of these drugs. He was tried on six felony counts and, following a long and damaging trial process, was found not guilty on all counts.

- The proportion perceiving great risk of harm in having **one or two drinks nearly every day** was 26% in 2025 among 12th grade students ([Table 8-3](#) and [Figure 8-7a](#)). Over the course of the survey, this measure gradually increased to a peak of 33% in 1991, when use of many drugs reached a nadir, and subsequently leveled at about 21–22%. The last two years mark a departure from this pattern, with an increased level of perceived risk of 29% in 2024 and 26% in 2025.
- The proportion of 12th graders perceiving great risk in having **four or five drinks nearly every day** was 71% in 2025. For comparison with the paper-and-pencil questionnaires in years before 2019, this estimate should be adjusted downward by six percentage points to 65% (compare columns “2019p” and “2019e” in [Table 8-3](#)). At this level, the perceived risk level in 2025 is one of the highest recorded over the life of the survey ([Figure 8-7a](#)).
- The percentage of 12th grade students who perceived great risk in **weekend binge drinking** (having five or more drinks in a row once or twice each weekend) was 42% in 2025 ([Table 8-3](#) and [Figure 8-7a](#)). This percentage is a significant increase from both its 2021 level of 34% and its 2019 level of 36% (as measured with electronic data collection in column “2019e”). With these recent increases, levels of perceived risk are returning to the range of 42% to 48%, which marked the high and low levels observed for the period of more than three decades from 1987 to 2019.

Actual prevalence of binge drinking declined appreciably between 1981 and 1993, from 41% to 28%, after which it rose slightly during the relapse phase in drug use more generally and reached 32% by 1998. The increase in perceived risk during the 1980s may have been due in large part to the many efforts aimed at discouraging drunk driving—a point discussed in more detail elsewhere.³⁰ In recent years perceived risk has increased while binge drinking has continued its decline to historic lows (8.7% in 2025, which compares with a peak of 41% in 1981).

³⁰ O’Malley, P. M. & Johnston, L. D. (1999). [Drinking and driving among American high school seniors: 1984–1997](#). *American Journal of Public Health*, 89, 678–684.

8th and 10th Grade Students

The 8th and 10th grade surveys ask about perceived risk for fewer drugs than the 12th grade surveys. (See also [Tables 8-1 through 8-3](#) for the tabular data.)

- In 2025, the proportions of 8th grade students who saw great risk in pack-a-day **cigarette smoking** did not significantly change ([Tables 8-1 and 8-2](#) and [Figure 8-8a](#)). In 8th grade it edged downward two points to 60%, and in 10th grade it trended upward by four points. In historical context, these levels are high in comparison to the decades prior to 2000.

After 1995, perceived risk rose in all three grade levels, including significant increases for 8th and 10th graders in 2000. Levels of smoking began to drop in 1997 for grades 8 and 10, and a year later among 12th graders; thus, an increase in perceived risk presaged, and very likely helped to drive, this important decline in use. Since 2000, perceived risk of smoking has increased somewhat further, while actual cigarette use has declined precipitously. The increases in perceived risk since 2000 are not large enough to account for the dramatic decline in cigarette smoking in the following years, suggesting that other forces were at work.

A number of factors in the late 1990s may well have contributed to the decline in teen smoking. A series of public events, such as highly visible lawsuits against the tobacco industry, brought considerable adverse publicity to the product and the industry, eventually leading to the widely publicized Tobacco Master Settlement Agreement in November 1998 between the states' Attorneys General and the major tobacco companies. Additional deterrents included increased cigarette prices, increased tobacco taxes, substantial tobacco prevention efforts in several large states, a nationwide antismoking ad campaign funded by the American Legacy Foundation (an entity created and funded under the tobacco settlement), the withdrawal of advertising from billboards, and the elimination of the Joe Camel ads. MTF called widespread national attention in the early 1990s to sharp increases in smoking among teens, which may well have played a role in instigating many of these efforts.

- The proportions of students who perceived great risk in **vaping nicotine** increased in both 8th and 10th grades. In 8th grade, the proportion who saw great risk in *occasional* use significantly increased by four points to 29%, which is the highest level recorded since first tracked in 2017. Despite this increase, the level is one of the lowest for occasional use of any drug assessed in 8th grade. For *regular* use, the risk level stayed steady at 57%, which is also the highest level assessed by the study for this drug.

In 10th grade, perceived risk for occasional was 29%, which is a record high for this measure. Perceived risk for regular use significantly increased from 2024 to 2025 by five points to 61%, which is also a record high.

- In 2025, the proportion of 8th and 10th grade students who saw great risk in **experimental cannabis use** did not significantly change. It was similar across the two grades, at 25% in 8th grade and 23% in 10th grade ([Table 8-1](#) and [Figure 8-1a](#)).

Before the late 2000s, the trend in perceived risk resembled a U curve ([Figure 8-1a](#)), in which it was at its highest level during the first two years when the survey first measured it in 1991–1992 (40% for 8th graders and 32% for 10th graders), declined during the 1990s relapse, and then rebounded until the mid 2000s. In both 8th and 10th grades, cannabis prevalence followed a mirror image of these trends, with prevalence increasing during the 1990s (when perceived risk decreased), decreasing from the late 1990s through the mid-2000s (when perceived risk increased), and then increasing through 2010 (when perceived risk decreased).

- A newer mode of cannabis use is **cannabis vaping**, for which questions on perceived risk were first added to the survey in 2020. In 2025, the percentage who saw great risk in cannabis vaping was similar across 8th and 10th grade. The level for occasional cannabis vaping was 41% in both grades, and for regular cannabis vaping was 58% in 8th grade and 57% in 10th grade.
- Both **experimental** and **occasional cocaine use** levels of perceived risk increased in 2025 in 10th grade ([Table 8-2](#) and [Figure 8-3a](#)). The percentage of 10th grade students who ascribed great risk to experimental use significantly increased four points to 59%, while for occasional use it significantly increased five points to 69%.

In 8th grade, these levels stayed steady and maintained increases from the previous year. In 2025, the levels were 49% and 62% for experimental and occasional use, respectively. ([Table 8-1](#) and [Figure 8-3a](#)).

Comparisons of prevalence levels before and after 2020 are complicated by a survey mode effect in 2019 that resulted in higher levels of reported use for students who answered using electronic devices in comparison to paper and pencil questionnaires. A further complication is that the question wording changed in 2020 and afterwards to read “try cocaine once or twice” from “try cocaine in powder form once or twice” in previous years. While these methodological issues affect comparisons across the year 2020, they do not affect trending in the periods before or after.

- Perceived risk for **LSD** use among 8th and 10th grade students did not significantly change in 2025 and did not show any consistent direction.

Before the 2000s, perceived risk had been substantially higher, with levels 50% to 100% higher in the early 1990s compared to today's levels in 2025. The substantial decrease in LSD use over the course of the survey cannot be explained by parallel changes in perceived risk because perceived risk was itself falling, not rising. As discussed in the next chapter, the drop in LSD prevalence may be better explained by the decline in the reported availability of LSD since the mid 1990s.

Despite the low levels of LSD use at present, we note that the overall drop in perceived risk for LSD over the history of the survey leaves today's cohorts of teens potentially vulnerable to resurgence in LSD use, should the drug become widely available again. Likely, today's youth are less aware of the consequences of using this drug due to a process we have called "generational forgetting", in which subsequent class cohorts are further from the period in which the drug was more prevalent and its consequences more widely broadcast and directly witnessed and were consequently better known.

- Questions about the perceived risk of *inhalant* use have been asked only of 8th and 10th graders, where use is most concentrated ([Tables 8-1 and 8-2](#)). In 2025 levels of perceived risk for these substances are at or near record lows. In 2025, the percentage of 8th grade students who attributed great harm to experimental inhalant use was 22%, which contrasts with levels 30% and above in 2018 and all previous years. For occasional inhalant use the 2025 level was 36%, which ties with the previous year for the lowest level recorded by the survey.

In 10th grade the level for experimental inhalant use was 31% in 2025, which is near a record low over the life of the study. While the level for regular use of inhalants significantly increased four points in 2025 to 50%, this level compared to 55% or higher in all years prior to the pandemic onset and a level of 76% in 2001.

Prior to the 2000s, levels of perceived risk jumped in 1996 after the Partnership for a Drug-Free America launched a media campaign in 1995 to increase adolescents' awareness of the dangers associated with inhalant use. The data here are consistent with the notion that their efforts were successful because the increase in perceived risk occurred during the years of this intervention; most of the other drugs had not yet begun to show an increase in perceived risk at that point, and actual prevalence of inhalant use declined in all three grades.

- The proportion of 10th graders who perceived great risk in having five or more drinks of *alcohol* once or twice each weekend ("weekend binge drinking") significantly increased five points in 2025 to 61%, a record high. This measure had stayed within the narrow range of 51%–59% in all prior years. In 8th grade the 2025 level remained at 57%, where it was the previous year, which is near the record high of 59% recorded in 1991.

Personal Disapproval of Drug Use in 2025

Since the beginning of the MTF study, we have included a set of questions to measure the judgement students attach to various types of drug use among 12th graders. The question wording is, “Do you disapprove of people (who are 18 or older) doing each of the following?” The answer alternatives are “don’t disapprove,” “disapprove,” and “strongly disapprove”. For 8th and 10th grades, a fourth response, “can’t say, drug unfamiliar”, is included, and the parenthetical phrase “who are 18 or older” is omitted from the question stem. Responses of “disapprove” or “strongly disapprove” are combined and reported here as “disapproval”. For 8th and 10th graders, “can’t say, drug unfamiliar” is included in calculating the percentages, so that what is represented (in all three grades) is the proportion of *all* respondents who hold a disapproving attitude. Each question specifies a level of involvement for each drug, such as “trying cannabis,” “using cannabis occasionally,” or “using cannabis regularly,” similar to the questions about perceived risk.

Extent of Disapproval Among 12th Graders

- *Regular use* of any drug meets with strong disapproval among 12th grade students (see [Table 8-6](#)). More than 90% disapproved of regular use of LSD, cocaine, crack, cocaine powder, heroin, and stimulant medications.
- The lowest levels of disapproval for regular use among 12th grade students in 2025 are **regular cannabis use** at 72%, **regular cannabis vaping** at 77%, **daily alcohol drinking** at 81%, and **regular nicotine vaping** at 84%. Regular cannabis vaping has a substantially lower level of disapproval than does regular nicotine vaping.
- For each of the drugs included in this set of questions, fewer respondents indicated disapproval of experimental or occasional use than of regular use, as might be expected. However, the differences are not great for the use of drugs other than cannabis because nearly all 12th graders disapproved of even experimenting with them. For example, in 2025, the proportions disapproving of experimental use were 95% for **heroin**, 91% for **cocaine**, 79% for **LSD**, and 91% for **MDMA** (ecstasy, Molly). The high levels of disapproval could be widely publicized and provide the basis for some potentially powerful prevention messages in the form of normative education.
- Disapproval of **cannabis** by 12th graders is substantially higher for more regular levels of use. In 2025, 43% disapproved of experimental use, 52% of occasional use, and 72% of regular use.
- Smoking a pack (or more) of **cigarettes** per day now meets with disapproval by more than nine out of ten (91%) 12th grade students—a level comparable to the level of disapproval for many of the illicit drugs and substantially higher than disapproval of regular cannabis use.

- Having **one or two drinks nearly every day** meets with the disapproval of 81% of 12th graders in 2025. Curiously, slightly fewer (75%) disapproved of **weekend binge drinking** (five or more drinks once or twice each weekend). This contrasts with perceived risk, for which weekend binge drinking (42%) ranked substantially higher than having one or two drinks nearly every day (26%). This divergence between disapproval and perceived risk of the two behaviors illustrates their differences.

Extent of Disapproval Among 8th and 10th Graders

- Attitudes about **inhalant** use have been asked only of 8th and 10th graders, and in 2025 a substantial majority (64% and 73%, respectively) said they disapprove of even trying inhalants.
- **Cannabis** use shows the greatest grade related difference in disapproval—the lower the grade, the higher the level of disapproval. Specifically, in 2025, 68% of the 8th graders said they disapprove of trying cannabis, compared to 60% of 10th graders and 43% of 12th graders (see [Tables 8-4 through 8-6](#)). There is now considerable evidence that these attitudes do shift with age—that there is an age effect common to all cohorts. For example, the 8th graders of 1991 for the most part constituted the 10th graders of 1993 and the 12th graders of 1995, and their disapproval of trying cannabis fell from 85% in 8th grade in 1991, to 70% by 10th grade (in 1993), and to 57% by 12th grade (in 1995). This age-related drop far exceeds the secular trend at any given grade level and would likely be even more pronounced were it not for the loss of dropouts between 8th and 12th grades. (It is also possible that, in addition to any age effects, there are also cohort effects—i.e., lasting differences between class cohorts.)

Another possible explanation for this decrease in disapproval with age is that secondary school students' attitudes about use are age-graded—that is, they may disapprove more of an 8th grader using cannabis, less so for a 10th grader, and still less for a 12th grader. The question stem used at the lower grades does not specify the age of the persons about whom they are answering, and the respondents may simply assume that the question is about people their age. The question asked of 12th graders over the years specifies people “who are 18 or older”, and that lower limit corresponds closely to their current age.

- Disapproval of **vaping cannabis** decreased at higher grades. Specifically, in 2025 disapproval levels of occasional cannabis vaping were 76% in 8th grade, 73% in 10th grade, and 64% in 12th grade.
- Disapproval of **alcohol** use decreased at the higher grades: in 2025, 82% of 8th graders, 83% of 10th graders, and 75% of 12th graders said they disapprove of **weekend binge drinking**.

- For **cigarette** use, disapproval increased at the higher grades: 84% of 8th graders, 88% of 10th graders, and 91% of 12th graders said they disapprove of someone smoking one or more packs per day in 2025.
- Disapproval of **nicotine vaping** is similar across all three grades. The proportion disapproving of occasional use was 76% in 8th grade, 76% in 10th grade, and 75% in 12th grade. For regular use the levels were, respectively, 82%, 84%, and 84% in 2025. As with cigarette smoking, these levels of disapproval for regular nicotine vaping are substantially higher than levels of perceived risk, which in 2025 ranged between 61% and 56%.

Trends in Disapproval of Drug Use Through 2025

Disapproval tends to rise in the same year that use falls and tends to fall in the same year that use rises. We have hypothesized that this is due in part to both disapproval and use being influenced by perceived risk, for which the inflection point often occurs a year earlier. For the long-term trends in 12th graders disapproval, see the upper panel in the “b” versions of [Figures 8-1 through 8-3](#) and [Figures 8-6 through 8-9](#) (e.g., the upper panel in [Figure 8-1b](#)). See also [Table 8-6](#), which provides the underlying tabular data.

The year 2019 requires special consideration when evaluating trends for the measures in this chapter. All 2019 estimates are presented in two columns. The first, in column “2019p,” is based on student responses in a randomly selected half of schools that completed the MTF survey with traditional paper-and-pencil questionnaires. The second, in column “2019e,” is based on student responses in the other half of schools that completed the MTF survey with electronic data collection, using tablets connected to the internet (after 2019 all surveys used electronic data collection connected to the internet). In some cases, the estimates in the two columns are similar, while in others they are substantially different (discussed in more detail at the start of this chapter).

12th Grade Students

- In 2025, levels of disapproval for **cannabis** use increased significantly for experimental, occasional, and regular use, continuing and furthering significant increases that took place last year (see [Figure 8-1b](#) and [Table 8-6](#)). These increases marked a sustained rebound from the significant drop that occurred in 2021 after the onset of the COVID-19 pandemic. The percentage of 12th grade students who disapproved of experimental use rose by three points to 43%, returning to and slightly surpassing the pre-pandemic levels observed in 2019. A two point increase in disapproval of occasional use resulted in a 52% level in 2025, which compared to 47% in 2019. A four point increase in disapproval of regular use brought the 2025 level to 72%, which compares to 67% in 2019.

At the start of the MTF study in 1975, disapproval of regular cannabis use among high school seniors was 72%. In the following years disapproval of regular use increased by 18 percentage points and reached the highest level recorded by the study in the early 1990s. While disapproval increased to this historic high, annual prevalence of cannabis hit a historic low. Since that time, disapproval slipped during the 1990s drug relapse, while cannabis prevalence increased. Note that a sharp drop in disapproval was first apparent in 1993, a year *after* perceived risk began to decline. Changes in disapproval paused from 1995 to 2005, as did prevalence, and then disapproval continued its decline until it reached a low in the years after the pandemic onset and has recently begun to rebound.

- The disapproval level for ***smoking one or more packs of cigarettes per day*** in 2025 was 91%, which is the highest level recorded in the 51 years of the survey ([Figure 8-8b](#)). The levels have varied little in recent years and ranged from 86% to 91% from 2017 to 2025.

Despite the large changes that were taking place in adult use of cigarettes and presumably in adult attitudes about smoking, young people’s disapproval (of a pack or more per day) changed surprisingly little throughout much of the early and middle life of this study. The overall trend has been a very gradual increase from a level of 68% during the first year of the survey in 1975. The one exception is a sustained decline in disapproval during the 1990s drug relapse, from 1992 to 1997. Since 1997 disapproval has increased fairly steadily and prevalence of cigarette smoking has declined. The earlier lack of appreciable change in students’ disapproval of smoking is surprising because many antismoking laws and policies had been enacted during the 1980s and 1990s. Very likely, the tobacco industry’s promotion and advertising efforts helped to account for this lack of change in disapproval, as did the widespread portrayal of smoking by characters—often the lead characters—in movies and on television. But by the mid to late 1990s, cigarettes received so much adverse publicity that disapproval finally rose substantially.

- The disapproval level for ***regular nicotine vaping*** was 84% in 2025, an increase of 3 points from the previous year (although the increase was not significant). This increase is consistent with the upward trend in its perceived harm that took place in 2025.
- The proportion of 12th graders who disapproved of ***stimulant medications use*** was little changed in 2025. Disapproval levels for regular use were 93% in both 2024 and 2025 and levels for experimental use were 87% in 2024 and 2025. These levels have remained the same despite the update we made to the wording of the survey question. Specifically, in 2025 wording for this question changed to “Taking stimulant medications regularly (without a medical professional telling them to)” from “Amphetamines (uppers, speed, Adderall, Ritalin, etc.)” ([Table 8-6](#)).

Overall levels of disapproval of experimental use increased from 75% at the start of the study in 1975 to 88% in 2010 and then hovered at this higher level. Most of the increase in this measure occurred during the 1980s. Prevalence tracks with these changes in disapproval and decreased or levelled over the course of the survey, with the exception of increases at the start of the 1980s and the start of the 1990s. A revision of the question in 2011 that updated the list of examples of specific stimulants led to a slight, artifactual drop in the disapproval measure that year and thereafter, indicating that levels of disapproval today would be slightly higher were it not for this change. Levels of disapproval of regular use have bumped up against the ceiling of the measure and were 88% or higher in all years.

- The proportion of 12th grade students who disapproved of experimental **cocaine** use was 91% in 2025 and has been near 90% in every year since 1988 (in 2021, it fell to 82% but this decline appears anomalous; see [Figure 8-3b](#) and [Table 8-6](#)). It was at the lower end of its range in the early 1980s, when cocaine use was more popular and experimental use was not considered as dangerous as it is today. This is the same period when prevalence was near its highest levels recorded. There was a sharp rise in disapproval of experimental use between 1986 and 1987, the same interval in which perceived risk rose dramatically (closing the gap between the percent disapproving of experimental use and regular use). This jump in disapproval was accompanied by a sharp drop in use that has persisted ever since. Disapproval of *regular* cocaine use has always been 89% or higher throughout the life of the survey. Disapproval of **crack cocaine** use, whether experimental, occasional, or regular, has always been higher than 85%, and disapproval of regular crack use in 2025 was 92%.
- The proportion of 12th grade students who disapproved of trying **MDMA** (ecstasy, and more recently, Molly) has been above 80% in all years since first assessed in 1997 and above 85% since 2017 ([Table 8-6](#)). In 2025, it was 91%. The question was modified to include “Molly” as an example street name for MDMA, which appears to have had only a slight influence on overall levels of disapproval (in 2014, disapproval was 1.8 percentage points lower than the previous year when the question was not yet changed). It is worth noting that in 2002, disapproval increased significantly to 84% from 80% the previous year, at the same time that use decreased and perceived risk continued its increase. Increases in perceived risk may have contributed to the subsequent increase in personal disapproval, albeit with a fair amount of lag.
- Disapproval of **having one or two drinks nearly every day** increased by 2 points in 2025 to 81% (the increase was not statistically significant), and maintained its 7 point increase that took place the previous year ([Table 8-6](#) and [Figure 8-7b](#)). The record low of 67% set in 2021 appears to have

been only temporary, perhaps tied to the unusual circumstances resulting from the COVID-19 pandemic onset.

The disapproval level for **weekend binge drinking** increased by two points to 75% in 2025, although the increase was not statistically significant. It maintained the significant, seven point increase that took place last year. This upward trend reversed the sharp drop to 58% in 2021. Long-term comparisons require an adjustment for a survey mode effect for this measure, in which estimates are about five points lower when students used electronic devices as compared to paper-and-pencil questionnaires to answer the survey questions (compare columns “2019p” and “2019e” in [Table 8-6](#)). Taking into account this survey mode effect, the 75% level in 2025 would be about 80% if assessed with paper-and-pencil (80% = 75% + 5%). This adjusted estimate is the highest recorded by the survey.

Disapproval of daily heavy alcohol use, as measured by **having four or five drinks nearly every day**, has ranged between 90% and 94% over the past decade and was at 94% in 2025.

- With regard to alcohol abstention, the proportions of 12th graders who disapproved of even **trying one or two drinks of alcohol** have varied between 22% and 32% from 1989 to 2025 and was 32% in 2025. A substantial increase took place between 1981 and 1989, when disapproval gradually increased from a survey low of 16% in 1981. It seems likely that the increased minimum drinking age in many states between 1981 and 1987 contributed to these changes in attitude about abstention because all subsequent senior classes grew up under the higher minimum drinking age.³¹ If so, this illustrates the considerable capacity of laws to influence informal norms. It also seems likely that the activities of Mothers Against Drunk Driving (MADD), which peaked in 1984, and of the designated driver effort, which occurred mostly from 1989 to 1992, helped to influence these attitudes.³² While these ad campaigns dealt specifically with drinking and driving, we believe the negative connotations may well have generalized to heavy drinking under any circumstance and contributed to the appreciable decline in weekend binge drinking.

8th and 10th Grade Students

[Tables 8-4 and 8-5](#) provide tabular data on the trends in disapproval by 8th and 10th graders since 1991, when the survey first started tracking these grades.

³¹ O’Malley, P. M. & Wagenaar, A. C. (1991). [Effects of minimum drinking age laws on alcohol use, related behaviors, and traffic crash involvement among American youth: 1976–1987](#). *Journal of Studies on Alcohol*, 52, 478–491.

³² O’Malley, P. M., & Johnston, L. D. (2013). [Driving after drug or alcohol use by American high school seniors, 2001-2011](#). *American Journal of Public Health*, 102(11), 2027–2034. See also O’Malley, P. M., & Johnston, L. D. (1999). [Drinking and driving among U.S. high school seniors, 1984–1997](#). *American Journal of Public Health*, 89, 678–684.

- The proportions of 8th grade students who disapproved of *cannabis* use held steady in 2025 ([Figure 8-1b](#) and [Table 8-4](#)). These levels had been near the lowest ever recorded by the study in 2021 and 2022, and are gradually returning to the levels seen in the years before the pandemic. In 2025, these levels for experimental, occasional, and regular use were 68%, 75%, and 80%, respectively.

In 10th grade, disapproval significantly increased for occasional and regular use of cannabis ([Figure 8-1b](#) and [Table 8-5](#)). In 2025, the proportion of 10th grade students who disapproved of occasional cannabis use increased five points to 69%, and for regular use increased five points to 78%. With these increases, levels returned to where they had been about a decade and half ago.

As with 12th grade students, levels of disapproval fell during the 1990s drug relapse to lows of 68% and 54% in 1997 among 8th and 10th graders, respectively. Thereafter, disapproval steadily increased for a decade and then steadily declined in the next decade to return to the low levels set in the late 1990s. In all years, 8th grade students have reported the highest levels of disapproval, followed by 10th graders and then 12th graders. Trends in annual cannabis prevalence track inversely with levels of disapproval (that is, use is higher when disapproval is lower), with use levels relatively lowest among 8th grade students, higher among 10th graders, and highest among 12th graders.

- Disapproval of *vaping nicotine* has increased among 8th and 10th grade students since it was first tracked in 2017 ([Tables 8-4 and 8-5](#)). In 8th grade, the disapproval level in 2025 for *occasional* use stood at 76%, which was up from 63% in 2017. For *regular* use, the level in 2025 was 82%, up from 70% in 2017.

In 10th grade, disapproval levels for *occasional* use increased from 59% in 2017 to 76% in 2025. A survey mode effect for occasional use in this grade indicates that responses based on electronic data collection would be about seven points higher if assessed with paper-and-pencil questionnaires (compare columns “2019p” and “2019e” in [Table 8-5](#)). Adjusting for this survey mode effect would make the increase in this measure over the course of the survey even larger, from 59% in 2017 to an adjusted 83% in 2025 (83% = 7% + 76%). Disapproval of *regular* nicotine vaping increased from 68% in 2017 to 84% in 2025. This 2025 level translates to a paper questionnaire value of 88% after taking into account a 4% survey mode effect, although this mode effect was not statistically significant.

Since 2020, the rise in disapproval has tracked with a decline in the prevalence of nicotine vaping, as expected. This was not the case from 2017 to 2020, when prevalence increased despite rising

disapproval. During this earlier period, other factors seemed to have exerted a relatively stronger influence on population prevalence.

- Disapproval of both experimental and regular **inhalant** use in 8th grade changed little in 2025, and were at 64% and 74%, respectively ([Table 8-4](#)). Both have been declining since 2007, when disapproval of experimental use was at 84% and disapproval of regular use was at 90%. This decline continued after the onset of the pandemic in 2020. Tenth grade shows a similar pattern of long-term declines in disapproval of experimental and regular use since 2007.
- The proportions of 8th grade students who disapproved of experimental and regular **LSD** use were at record lows in 2025, at 45% and 47%, respectively ([Table 8-3](#)). Disapproval of regular LSD in 2025 declined significantly from a level of 50% the previous year. In 10th grade, levels were also at or near record lows, at 61% and 65%, respectively ([Table 8-4](#)). It is possible that recent media articles about the potential therapeutic use of hallucinogens for post-traumatic stress syndrome may have had a legitimizing effect on use of this drug. Comparing the values of columns 2019p and 2019e in [Tables 8-3 and 8-4](#) indicate that the results in 2021 and later would be two to three points lower if they had been asked on the paper-and-pencil version of the survey as compared to electronic version.
- The disapproval levels of both experimental and occasional **MDMA** (ecstasy, Molly) use did not significantly change from 2024 to 2025 ([Tables 8-3 and 8-4](#)). Disapproval has declined overall since this question was first asked in 2001. This decline stems in large part from an increasing number of students who do not know what MDMA is. Youth who respond to questions about disapproval with the response category “Can’t say, drug unfamiliar” contribute to the denominator of the disapproval ratio because they do not disapprove of occasional MDMA use, and as the denominator increases the value of the ratio decreases. In 8th grade, the proportion that responded “Can’t say, drug unfamiliar” increased from 18% in 2001 to 37% in 2025. In 10th grade, the proportion grew from 9% to 20% during the same period.
- The proportions of 8th and 10th grade students who disapproved of experimental use of **cocaine** has been high throughout the study and has been at or exceeded 82% in every year since 1991, when it was first assessed ([Figure 8-3b](#) and [Tables 8-4 and 8-5](#)). In 2025, the value was 82% in 8th grade and significantly increased by 4 points to 87% in 10th grade.
- The proportion of 8th grade students who disapproved of **weekend binge drinking** held steady at 82% in 2025, where it has hovered since first assessed in 1991 ([Figure 8-7b](#)).

In 10th grade, the disapproval level has been between 78% and 83% for the past decade and was at 83% in 2025. A survey mode effect in 2019 (compare columns “2019p” and “2019e” in

[Table 8-5](#)) indicates that the 83% level in 2025 would be three points higher at 86% if it were assessed with the paper-and-pencil questionnaires.

- Disapproval of **smoking one or more packs of cigarettes per day** has hovered between 84% and 90% for the past two decades in both grades 8 and 10 ([Figure 8-8b](#)). In 2025, the disapproval level was 84% in 8th grade and in 10th grade significantly increased by 4 points to 88%. With the exception of a decline in disapproval during the 1990s drug relapse, disapproval of smoking has overall increased throughout the life of the survey. During the long period of increasing disapproval since the mid 1990s, and an even longer period of increase in perceived risk, actual smoking levels fell appreciably. These changes in attitudes may well have been brought about by the Tobacco Master Settlement Agreement of 1998, which resulted in extremely adverse publicity for the tobacco industry, the end of the Joe Camel advertising campaign, a prohibition on billboard advertising of cigarettes, increases in the price of cigarettes, and the initiation of antismoking campaigns aimed at youth that continue today. Additional policies that have reduced smoking prevalence include state-level prohibitions on where smoking is allowed, increased efforts at reducing sales to underage youth, and the 2019 U.S. Tobacco 21 law that set 21 as the minimum legal age to purchase tobacco and nicotine products.

The Legal Status of Cannabis

In what follows, we present trends in attitudes on legality of cannabis use up to 2025. These questions were asked only of 12th grade students.

- In 2025, the percentage of 12th grade students who favored **legalization** of cannabis significantly decreased by two points to 36%, which builds on the significant eight point decline the previous year. These declines in recent years mark an abrupt departure from the almost steady rise in support of legalization since the mid 1980s, when it rose from 15% in 1986 to 51% in 2022. A level near 36% as recorded in 2025 was last seen 15 years earlier, in 2010. Decreasing support for legalization of cannabis use among 12th grade students coincides with their decreasing levels of use in recent years.

The proportion of 12th grade students who favored treating **cannabis use as a crime** in 2025 was 13%, about where it was last year (14%) but a 6 point increase from its value in 2023. Trends for this outcome are a mirror image of the pattern seen for support of cannabis legalization. Back around 1990, as many as 50% thought its use should be a crime. Favoring use should be a crime dropped by 1% to 2% every year from 2012 to 2021. The increase in recent years for making cannabis use a crime tracks with the significant decline in support for legalization.

Past [editions](#) of this monograph report trends since 1975 in 12th graders' attitudes toward prohibiting private and public use of drugs. These questions were asked for cannabis, LSD, heroin, amphetamines or sedatives, getting drunk, and cigarettes. The questions were discontinued in 2024.

Accessible tables for Chapter 8 can be found on the [MTF accessible dashboard](#).

TABLE 8-1
Trends in Harmfulness of Drugs
as Perceived by 8th Graders

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																	
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Use cannabis once or twice ^b	40.4	39.1	36.2	31.6	28.9	27.9	25.3	28.1	28.0	29.0	27.7	28.2	30.2	31.9	31.4	32.2	32.8	31.1
Use cannabis occasionally ^b	57.9	56.3	53.8	48.6	45.9	44.3	43.1	45.0	45.7	47.4	46.3	46.0	48.6	50.5	48.9	48.9	50.2	48.1
Use cannabis regularly ^b	83.8	82.0	79.6	74.3	73.0	70.9	72.7	73.0	73.3	74.8	72.2	71.7	74.2	76.2	73.9	73.2	74.3	72.0
Try inhalants once or twice ^d	35.9	37.0	36.5	37.9	36.4	40.8	40.1	38.9	40.8	41.2	45.6	42.8	40.3	38.7	37.5	35.8	35.9	33.9
Take inhalants regularly ^d	65.6	64.4	64.6	65.5	64.8	68.2	68.7	67.2	68.8	69.9	71.6	69.9	67.4	66.4	64.1	62.1	61.9	59.2
Try LSD once or twice ^e	—	—	42.1	38.3	36.7	36.5	37.0	34.9	34.1	34.0	31.6	29.6	27.9	26.8	25.8	23.8	22.8	21.9
Take LSD regularly ^e	—	—	68.3	65.8	64.4	63.6	64.1	59.6	58.8	57.5	52.9	49.3	48.2	45.2	44.0	40.0	38.5	36.9
Try ecstasy (MDMA, Molly) once or twice ^f	—	—	—	—	—	—	—	—	—	—	35.8	38.9	41.9	42.5	40.0	32.8	30.4	28.6
Take ecstasy (MDMA, Molly) occasionally ^f	—	—	—	—	—	—	—	—	—	—	55.5	61.8	65.8	65.1	60.8	52.0	48.6	46.8
Try cocaine once or twice ^{d,o}	55.5	54.1	50.7	48.4	44.9	45.2	45.0	44.0	43.3	43.3	43.9	43.2	43.7	44.4	44.2	43.5	43.5	42.7
Take cocaine occasionally ^{d,o}	77.0	74.3	71.8	69.1	66.4	65.7	65.8	65.2	65.4	65.5	65.8	64.9	65.8	66.0	65.3	64.0	64.2	62.7
Try heroin once or twice without using a needle ^e	—	—	—	—	60.1	61.3	63.0	62.8	63.0	62.0	61.1	62.6	62.7	61.6	61.4	60.4	60.3	60.8
Take heroin occasionally without using a needle ^e	—	—	—	—	76.8	76.6	79.2	79.0	78.9	78.6	78.5	78.5	77.8	77.5	76.8	75.3	76.4	75.5
Try OxyContin once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take OxyContin occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try Vicodin once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take Vicodin occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try Adderall once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take Adderall occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE 8-1 (cont.)

**Trends in Harmfulness of Drugs
as Perceived by 8th Graders**

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																	
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Try cough/cold medicine once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take cough/cold medicine occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	11.0	12.1	12.4	11.6	11.6	11.8	10.4	12.1	11.6	11.9	12.2	12.5	12.6	13.7	13.9	14.2	14.9	13.5
Take one or two drinks nearly every day ^b	31.8	32.4	32.6	29.9	30.5	28.6	29.1	30.3	29.7	30.4	30.0	29.6	29.9	31.0	31.4	31.3	32.6	31.5
Have five or more drinks once or twice each weekend ^b	59.1	58.0	57.7	54.7	54.1	51.8	55.6	56.0	55.3	55.9	56.1	56.4	56.5	56.9	57.2	56.4	57.9	57.0
Smoke one to five cigarettes per day ^c	—	—	—	—	—	—	—	—	26.9	28.9	30.5	32.8	33.4	37.0	37.5	37.0	38.6	38.6
Smoke one or more packs of cigarettes per day ^g	51.6	50.8	52.7	50.8	49.8	50.4	52.6	54.3	54.8	58.8	57.1	57.5	57.7	62.4	61.5	59.4	61.1	59.8
Vape cannabis occasionally ^m	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ^m	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly ^{c,j}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smoke little cigars or cigarillos regularly ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.5	34.0	35.2	36.5	37.1	39.0	38.2	39.4	39.7	41.3	40.8	39.5	41.8	41.0
Take snus regularly ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Approximate weighted N =</i>	17,400	18,700	18,400	17,400	17,500	17,900	18,800	18,100	16,700	16,700	16,200	15,100	16,500	17,000	16,800	16,500	16,100	15,700

(Table continued on next page.)

TABLE 8-1 (cont.)

**Trends in Harmfulness of Drugs
as Perceived by 8th Graders**

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																	2024-2025 change	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^p	2019 ^e	2020	2021 ⁿ	2022	2023	2024		2025
Use cannabis once or twice ^b	29.5	29.5	28.2	26.0	24.1	23.0	23.0	22.8	22.0	20.3	19.6	22.2	§	18.8*	20.6	21.4	24.5	24.8	+0.3
Use cannabis occasionally ^b	44.8	44.1	43.4	41.7	37.2	36.7	36.8	36.8	34.0	32.1	28.8	31.9	§	28.2*	31.1	33.3	35.8	35.9	+0.2
Use cannabis regularly ^b	69.8	68.0	68.3	66.9	61.0	58.9	58.0	57.5	54.8	52.9	51.4	53.1	§	51.6*	53.6	54.4	58.7	59.3	+0.6
Try inhalants once or twice ^d	34.1	35.5	34.7	34.2	33.7	34.5	33.7	32.0	31.5	29.6	27.9	25.4	§	18.2*	20.0	20.1	19.8	21.5	+1.7
Take inhalants regularly ^d	58.1	60.6	59.0	59.0	56.7	55.3	54.1	52.1	50.0	46.8	45.5	43.1	§	37.1*	37.1	38.4	36.6	36.0	-0.6
Try LSD once or twice ^e	21.4	23.6	21.7	19.9	19.6	20.0	22.2	22.6	23.1	20.8	21.8	22.7	§	16.1*	17.9	13.7	16.0	14.4	-1.7
Take LSD regularly ^e	37.0	38.6	37.8	35.0	34.5	33.7	37.0	36.8	37.9	36.4	38.1	40.0	§	36.7*	35.9	29.4	29.7	26.7	-3.0
Try ecstasy (MDMA, Molly) once or twice ^f	26.0	27.0	25.4	23.6	24.1‡	46.1	45.5	42.5	43.3	41.9	39.0	42.7	§	33.2*	36.2	36.0	39.6	37.4	-2.2
Take ecstasy (MDMA, Molly) occasionally ^f	43.9	45.0	43.7	41.0	42.1‡	59.7	58.5	54.0	54.6	53.6	50.2	53.7	§	48.0*	48.7	46.9	51.6	45.5	-6.1 ^{ss}
Try cocaine once or twice ^{d,o}	42.3	45.7	43.3	42.8	43.5	43.9	44.3	44.3	44.5	42.6	43.4‡	52.7‡	§	43.8*	46.0	43.0	48.6	49.0	+0.4
Take cocaine occasionally ^{d,o}	62.3	64.2	63.5	63.3	62.7	61.8	61.6	62.4	62.7	61.0	60.8‡	63.8‡	§	63.9*	59.5	58.4	61.5	61.7	+0.3
Try heroin once or twice without using a needle ^e	60.0	62.3	61.7	59.1	59.8	60.9	61.4	59.2	62.9	59.5	59.0	61.0	§	53.4*	53.8	52.7	54.5	51.6	-2.8
Take heroin occasionally without using a needle ^e	74.0	76.7	75.9	75.1	73.4	73.2	72.7	70.3	74.7	72.1	69.1	70.5	§	67.8*	66.6	64.3	66.0	62.6	-3.4
Try OxyContin once or twice ^c	—	—	—	21.9	19.9	22.1	20.2	21.3	21.0	20.8	19.2	22.4	§	17.7*	17.2	19.8	20.5	17.8	-2.7
Take OxyContin occasionally ^c	—	—	—	35.3	32.6	34.4	32.5	33.5	32.6	32.5	31.0	35.5	§	29.6*	29.1	31.1	29.0	25.6	-3.4 ^s
Try Vicodin once or twice ^c	—	—	—	17.5	15.0	18.4	16.9	18.3	17.1	16.1	16.0	21.8	§	18.0*	18.3	19.5	20.7	18.0	-2.7
Take Vicodin occasionally ^c	—	—	—	29.4	26.2	28.2	26.7	28.8	26.7	25.9	25.3	30.6	§	23.9*	22.9	29.2	24.9	23.2	-1.6
Try Adderall once or twice ^c	—	—	—	17.6	16.5	20.7	19.2	21.4	20.4	20.1	20.6	24.7	§	20.9*	20.5	24.0	22.4	23.4	+1.1
Take Adderall occasionally ^c	—	—	—	29.9	28.3	32.5	32.0	35.9	33.8	34.0	35.2	32.0	§	30.0*	28.1	29.1	27.5	28.3	+0.9

(Table continued on next page.)

TABLE 8-1 (cont.)

**Trends in Harmfulness of Drugs
as Perceived by 8th Graders**

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																		2024-2025 change
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^p	2019 ^e	2020	2021 ⁿ	2022	2023	2024	2025	
Try cough/cold medicine once or twice ^c	—	—	—	21.2	20.1	22.9	20.9	23.5	21.2	19.5	20.7	26.8	§	22.8*	24.5	27.3	27.8	27.9	+0.1
Take cough/cold medicine occasionally ^c	—	—	—	38.8	37.3	37.9	37.3	38.6	35.2	34.5	37.8	36.8	§	34.1*	33.7	36.7	35.7	37.7	+2.0
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	14.4	14.9	14.5	13.9	13.7	14.8	15.3	14.7	14.2	13.6	13.4	15.6	§	10.1*	12.1	12.5	15.3	15.7	+0.4
Take one or two drinks nearly every day ^b	31.5	32.3	31.8	31.4	30.6	31.0	30.9	30.7	30.0	28.7	26.9	33.2	§	27.2*	29.5	28.7	34.0	34.9	+0.9
Have five or more drinks once or twice each weekend ^b	55.8	57.2	58.4	58.2	55.7	54.3	53.9	53.4	53.7	52.3	50.7	55.6	§	51.8*	51.9	52.4	56.7	57.0	+0.3
Smoke one to five cigarettes per day ^c	38.6	38.2	37.4	40.4	42.8	41.9	41.7	43.2	41.9	40.8	39.8	38.8	§	39.5*	35.5	36.2	39.7	40.4	+0.7
Smoke one or more packs of cigarettes per day ^g	59.1	60.9	62.5	62.6	62.4	62.1	63.0	61.2	62.1	61.3	63.3	65.6	§	64.0*	61.9	58.5	61.9	60.0	-1.9
Vape cannabis occasionally ^m	—	—	—	—	—	—	—	—	—	—	—	—	§	33.8	36.2	39.0	42.3	41.2	-1.2
Vape cannabis regularly ^m	—	—	—	—	—	—	—	—	—	—	—	—	§	52.7	53.0	55.4	59.0	58.4	-0.6
Vape an e-liquid with nicotine occasionally ^c	—	—	—	—	—	—	—	—	18.3	16.9	21.7	21.3	§	23.2*	24.1	23.2	25.5	29.0	+3.5 ^s
Vape an e-liquid with nicotine regularly ^{c,j}	—	—	—	—	—	—	—	—	32.7	32.4	40.2	43.6	§	55.1*	53.2	50.2	57.3	57.0	-0.4
Smoke little cigars or cigarillos regularly ^c	—	—	—	—	—	28.8	31.0	32.5	30.8	30.5	35.9	37.2	§	42.8*	31.6	33.0	34.8	34.2	-0.6
Use smokeless tobacco regularly	40.8	41.8	40.8	37.8	36.2	34.5	36.6	35.1	34.8	34.3	37.1	40.9	§	37.6*	36.5	39.0	41.9	40.7	-1.2
Take snus regularly ^c	—	—	—	42.2	38.9	38.3	37.7	37.9	36.4	34.2	36.0	38.3	§	36.4*	33.7	35.7	36.3	35.9	-0.4
<i>Approximate weighted N =</i>	15,000	15,300	16,000	15,100	14,600	14,600	14,400	16,900	15,300	14,000	6,800	6,800	§	10,700	9,300	5,700	7,100	7,000	

(Table continued on next page.)

TABLE 8-1 (cont.)

Trends in Harmfulness of Drugs as Perceived by 8th Graders

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. ' — ' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding. "‡" indicates that the question changed the following year.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

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

^bBeginning in 2012 data based on two thirds of N indicated.

^cData based on one third of N indicated.

^dBeginning in 1997, data based on two thirds of N indicated.

^eData based on one of two forms in 1993–1996; N is one half of N indicated. Beginning in 1997, data based on one third of N indicated due to changes in questionnaire forms.

^fBeginning in 2014 data are based on the revised question which included "Molly," N is one third of N indicated in 2014 and two thirds of N indicated in 2015. 2014 and 2015 data are not comparable to earlier years due to the revision of the question text.

^gBeginning in 1999, data based on two thirds of N indicated due to changes in questionnaire forms.

^hE-cigarette data based on two thirds of N indicated. Little cigars or cigarillos data based on one third N indicated.

ⁱData based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; N is one half of N indicated.

^jPercentages for all years reported here include respondents who replied "can't say, drug unfamiliar" in the denominator. The percentage for 2017 published in late 2017 and early 2018 did not include these respondents in the denominator.

^kData based on two thirds of N indicated.

^lThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

^mData based on one half of N indicated.

ⁿSample is decreased by as much as 50% for the following drugs due to survey question experiments: alcohol, inhalants, heroin, LSD, OxyContin, Vicodin, and cough/cold medicine.

^oIn 2019 and previous years the survey question asked about 'cocaine powder' and in 2020 forward it asked about 'cocaine'.

^pData based on one sixth of N indicated.



TABLE 8-2
Trends in Harmfulness of Drugs
as Perceived by 10th Graders

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																	
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Use cannabis once or twice ^b	30.0	31.9	29.7	24.4	21.5	20.0	18.8	19.6	19.2	18.5	17.9	19.9	21.1	22.0	22.3	22.2	22.2	23.1
Use cannabis occasionally ^b	48.6	48.9	46.1	38.9	35.4	32.8	31.9	32.5	33.5	32.4	31.2	32.0	34.9	36.2	36.6	35.6	36.0	37.0
Use cannabis regularly ^b	82.1	81.1	78.5	71.3	67.9	65.9	65.9	65.8	65.9	64.7	62.8	60.8	63.9	65.6	65.5	64.9	64.5	64.8
Try inhalants once or twice ^d	37.8	38.7	40.9	42.7	41.6	47.2	47.5	45.8	48.2	46.6	49.9	48.7	47.7	46.7	45.7	43.9	43.0	41.2
Take inhalants regularly ^d	69.8	67.9	69.6	71.5	71.8	75.8	74.5	73.3	76.3	75.0	76.4	73.4	72.2	73.0	71.2	70.2	68.6	66.8
Try LSD once or twice ^e	—	—	48.7	46.5	44.7	45.1	44.5	43.5	45.0	43.0	41.3	40.1	40.8	40.6	40.3	38.8	35.4	34.6
Take LSD regularly ^e	—	—	78.9	75.9	75.5	75.3	73.8	72.3	73.9	72.0	68.8	64.9	63.0	63.1	60.8	60.7	56.8	55.7
Try ecstasy (MDMA, Molly) once or twice ^f	—	—	—	—	—	—	—	—	—	—	39.4	43.5	49.7	52.0	51.4	48.4	45.3	43.2
Take ecstasy (MDMA, Molly) occasionally ^f	—	—	—	—	—	—	—	—	—	—	64.8	67.3	71.7	74.6	72.8	71.3	68.2	66.4
Try cocaine once or twice ^{d,o}	59.1	59.2	57.5	56.4	53.5	53.6	52.2	50.9	51.6	48.8	50.6	51.3	51.8	50.7	51.3	50.2	49.5	49.8
Take cocaine occasionally ^{d,o}	82.2	80.1	79.1	77.8	75.6	75.0	73.9	71.8	73.6	70.9	72.3	71.0	71.4	72.2	72.4	71.3	70.9	71.1
Try heroin once or twice without using a needle ^e	—	—	—	—	70.7	72.1	73.1	71.7	73.7	71.7	72.0	72.2	70.6	72.0	72.4	70.0	70.5	70.8
Take heroin occasionally without using a needle ^e	—	—	—	—	85.1	85.8	86.5	84.9	86.5	85.2	85.4	83.4	83.5	85.4	85.2	83.6	84.2	83.1
Try OxyContin once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take OxyContin occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try Vicodin once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take Vicodin occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try Adderall once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take Adderall occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE 8-2 (cont.)
Trends in Harmfulness of Drugs
as Perceived by 10th Graders

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																	
	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Try cough/cold medicine once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take cough/cold medicine occasionally ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	9.0	10.1	10.9	9.4	9.3	8.9	9.0	10.1	10.5	9.6	9.8	11.5	11.5	10.8	11.5	11.1	11.6	12.6
Take one or two drinks nearly every day ^b	36.1	36.8	35.9	32.5	31.7	31.2	31.8	31.9	32.9	32.3	31.5	31.0	30.9	31.3	32.6	31.7	33.3	35.0
Have five or more drinks once or twice each weekend ^u	54.7	55.9	54.9	52.9	52.0	50.9	51.8	52.5	51.9	51.0	50.7	51.7	51.6	51.7	53.3	52.4	54.1	56.6
Smoke one to five cigarettes per day ^c	—	—	—	—	—	—	—	—	28.4	30.2	32.4	35.1	38.1	39.7	41.0	41.3	41.7	43.5
Smoke one or more packs of cigarettes per day ^g	60.3	59.3	60.7	59.0	57.0	57.9	59.9	61.9	62.7	65.9	64.7	64.3	65.7	68.4	68.1	67.7	68.2	69.1
Vape cannabis occasionally ^m	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ^m	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally ^{c,i}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly ^{c,j}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smoke little cigars or cigarillos regularly ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use smokeless tobacco regularly	40.3	39.6	44.2	42.2	38.2	41.0	42.2	42.8	44.2	46.7	46.2	46.9	48.0	47.8	46.1	45.9	46.7	48.0
Take snus regularly ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Approximate weighted N =</i>	14,700	14,800	15,300	15,900	17,000	15,700	15,600	15,000	13,600	14,300	14,000	14,300	15,800	16,400	16,200	16,200	16,100	15,100

(Table continued on next page.)

TABLE 8-2 (cont.)
Trends in Harmfulness of Drugs
as Perceived by 10th Graders

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																		2024-2025 change
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019p ^l	2019e ^l	2020	2021 ⁿ	2022	2023	2024	2025	
Use cannabis once or twice ^b	20.5	19.9	19.3	17.2	15.7	15.2	15.8	16.4	14.8	13.9	14.1	15.2	§	16.9*	16.8	16.8	21.8	22.7	+0.8
Use cannabis occasionally ^b	32.9	30.9	30.1	26.8	25.1	23.9	24.7	24.4	21.9	21.4	20.6	21.0	§	22.6*	23.4	24.4	29.1	31.5	+2.4
Use cannabis regularly ^b	59.5	57.2	55.2	50.9	46.5	45.4	43.2	44.0	40.6	38.1	39.5	39.6	§	41.0*	42.2	47.0	49.9	55.3	+5.4 ss
Try inhalants once or twice ^d	42.0	42.5	42.4	42.4	43.0	43.1	43.1	40.7	37.9	38.6	39.7	36.1	§	30.4*	27.6	25.8	28.9	31.0	+2.1
Take inhalants regularly ^d	66.8	67.1	66.2	66.1	65.9	64.7	63.1	59.7	57.7	57.6	57.5	55.0	§	52.3*	47.1	45.4	45.5	49.6	+4.1 ss
Try LSD once or twice ^e	34.9	33.9	34.2	34.7	34.7	34.5	36.4	34.4	31.6	33.8	32.9	33.3	§	27.6*	26.6	22.3	25.6	26.9	+1.3
Take LSD regularly ^e	56.7	56.1	54.9	56.4	55.9	54.8	58.3	55.2	53.0	54.1	52.4	57.8	§	55.2*	51.5	46.5	44.7	46.1	+1.3
Try ecstasy (MDMA, Molly) once or twice ^f	38.9	36.3	37.2	36.2	36.0‡	53.2	54.8	54.2	55.4	54.5	53.0	58.3	§	53.0*	47.8	47.3	51.0	52.7	+1.7
Take ecstasy (MDMA, Molly) occasionally ^f	62.1	59.2	60.8	59.8	58.6‡	69.0	70.1	69.3	68.6	67.6	66.1	67.4	§	66.5*	59.8	60.3	61.9	63.2	+1.3
Try cocaine once or twice ^{d,o}	50.8	52.9	53.0	53.4	54.5	54.1	54.8	54.6	52.5	52.6	53.7‡	62.3‡	§	55.3*	56.7	55.3	55.1	58.9	+3.8 ss
Take cocaine occasionally ^{d,o}	71.0	72.2	72.0	72.6	72.8	71.7	72.6	70.9	70.4	70.2	71.0‡	72.9‡	§	74.0*	70.2	69.6	67.9	72.4	+4.5 ss
Try heroin once or twice without using a needle ^e	72.2	73.0	72.9	72.6	73.2	72.6	74.1	73.3	72.2	71.4	73.6	75.6	§	73.2*	66.1	66.8	65.7	68.7	+2.9
Take heroin occasionally without using a needle ^e	83.3	84.8	83.4	84.4	84.0	82.5	83.3	82.2	81.4	81.0	82.6	81.8	§	81.8*	77.0	76.4	74.1	77.5	+3.5
Try OxyContin once or twice ^c	—	—	—	30.9	29.4	29.7	29.9	28.7	27.8	29.6	25.0	31.4	§	27.6*	29.7	26.6	28.5	27.2	-1.3
Take OxyContin occasionally ^c	—	—	—	48.3	44.7	44.4	43.7	41.4	41.3	43.9	41.5	45.8	§	41.3*	43.5	39.5	39.9	39.9	0.0
Try Vicodin once or twice ^c	—	—	—	23.2	21.0	22.5	24.1	21.8	22.1	23.2	19.7	28.2	§	26.1*	27.5	24.3	28.2	25.9	-2.2
Take Vicodin occasionally ^c	—	—	—	40.3	36.0	36.4	35.4	32.6	32.0	34.8	30.5	38.6	§	32.6*	35.2	31.1	33.4	33.2	-0.2
Try Adderall once or twice ^c	—	—	—	19.7	17.6	22.2	22.9	22.5	21.6	23.2	22.3	29.4	§	25.9*	28.5	27.9	28.2	27.8	-0.5
Take Adderall occasionally ^c	—	—	—	34.3	30.5	37.0	37.0	35.8	36.4	39.8	39.1	38.8	§	38.1*	37.6	32.8	35.7	34.6	-1.1

(Table continued on next page.)

TABLE 8-2 (cont.)

**Trends in Harmfulness of Drugs
as Perceived by 10th Graders**

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																		2024-2025 change
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^p	2019 ^e	2020	2021 ⁿ	2022	2023	2024	2025	
Try cough/cold medicine once or twice ^c	—	—	—	23.6	21.6	22.9	24.0	24.0	21.8	22.1	22.3	31.1	§	27.9*	29.3	26.8	31.7	33.3	+1.6
Take cough/cold medicine occasionally ^c	—	—	—	40.4	37.3	38.3	38.2	37.6	36.4	37.2	37.9	39.3	§	37.0*	38.7	36.5	42.0	39.6	-2.4
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	11.9	11.9	12.3	11.3	11.3	11.6	12.4	13.3	12.5	13.0	13.6	13.4	§	13.2*	12.2	12.5	16.7	15.8	-0.9
Take one or two drinks nearly every day ^b	33.8	33.1	32.9	31.8	30.6	31.3	31.2	32.2	30.9	30.3	31.0	33.7	§	34.7*	31.4	34.0	38.0	41.0	+3.0
Have five or more drinks once or twice each weekend ^b	54.2	54.6	55.5	52.8	52.3	54.0	54.5	54.5	52.0	51.8	52.6	53.3	§	54.2*	51.4	53.7	56.4	60.9	+4.5 s
Smoke one to five cigarettes per day ^c	42.8	41.4	44.8	49.1	47.7	52.0	52.9	53.0	50.0	49.9	50.0	47.7	§	45.8*	45.7	44.5	47.1	45.4	-1.7
Smoke one or more packs of cigarettes per day ^d	67.3	67.2	69.8	71.6	70.8	72.0	72.9	71.5	69.8	69.6	73.2	72.8	§	72.7*	71.0	69.2	66.4	70.0	+3.6
Vape cannabis occasionally ^m	—	—	—	—	—	—	—	—	—	—	—	—	§	28.7	30.0	32.3	39.5	40.5	+1.1
Vape cannabis regularly ^m	—	—	—	—	—	—	—	—	—	—	—	—	§	42.9	43.1	47.4	51.7	56.5	+4.9
Vape an e-liquid with nicotine occasionally ^{c,i}	—	—	—	—	—	—	—	—	17.0	17.9	22.7	18.4	§	22.8*	22.7	25.5	28.4	28.9	+0.6
Vape an e-liquid with nicotine regularly ^{c,j}	—	—	—	—	—	—	—	—	30.0	31.3	40.7	39.2	§	52.6*	51.5	57.2	56.2	60.8	+4.6 s
Smoke little cigars or cigarillos regularly ^c	—	—	—	—	—	31.0	34.9	35.3	34.0	34.9	39.1	45.3	§	45.6*	36.6	37.1	39.3	36.2	-3.1
Use smokeless tobacco regularly	44.7	43.7	45.7	42.9	40.0	39.9	42.5	43.0	40.7	41.0	44.5	45.4	§	43.8*	44.1	43.4	46.4	46.5	+0.1
Take snus regularly ^c	—	—	—	41.0	38.9	38.8	41.8	39.9	38.1	39.8	39.0	43.2	§	38.8*	37.8	36.6	37.6	34.6	-3.1
<i>Approximate weighted N =</i>	15,900	15,200	14,900	15,000	12,900	13,000	15,600	14,700	13,500	14,300	7,000	7,000	§	11,000	11,200	8,100	9,200	8,600	

(Table continued on next page.)

TABLE 8-2 (cont.)

Trends in Harmfulness of Drugs as Perceived by 10th Graders

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. '—' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding. '‡' indicates that the question changed the following year.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

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

^bBeginning in 2012 data based on two thirds of N indicated.

^cData based on one third of N indicated.

^dBeginning in 1997, data based on two thirds of N indicated.

^eData based on one of two forms in 1993–1996; N is one half of N indicated. Beginning in 1997, data based on one third of N indicated due to changes in questionnaire forms.

^fBeginning in 2014 data are based on the revised question which included "Molly," N is one third of N indicated in 2014 and two thirds of N indicated in 2015. 2014 and 2015 data are not comparable to earlier years due to the revision of the question text.

^gBeginning in 1999, data based on two thirds of N indicated due to changes in questionnaire forms.

^hE-cigarette data based on two thirds of N indicated. Little cigars or cigarillos data based on one third N indicated.

ⁱData based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; N is one half of N indicated.

^jPercentages for all years reported here include respondents who replied "can't say, drug unfamiliar" in the denominator. The percentage for 2017 published in late 2017 and early 2018 did not include these respondents in the denominator.

^kData based on two thirds of N indicated.

^lThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

^mData based on one half of N indicated.

ⁿSample is decreased by as much as 50% for the following drugs due to survey question experiments: alcohol, inhalants, heroin, LSD, OxyContin, Vicodin, and cough/cold medicine.

^oIn 2019 and previous years the survey question asked about 'cocaine powder' and in 2020 forward it asked about 'cocaine'.

^pData based on one sixth of N indicated.



TABLE 8-3
Trends in Harmfulness of Drugs
as Perceived by 12th Graders

Percentage saying great risk ^a

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>1991</u>
Use cannabis 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	19.0	23.6	23.1	27.1
Use cannabis 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	31.7	36.5	36.9	40.6
Use cannabis 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	77.0	77.5	77.8	78.6
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	45.7	46.0	44.7	46.6
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	84.2	84.3	84.5	84.3
Try PCP once or twice	—	—	—	—	—	—	—	—	—	—	—	—	55.6	58.8	56.6	55.2	51.7
Try ecstasy (MDMA, Molly) once or twice ^b	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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	51.2	54.9	59.4	59.4
Take cocaine occasionally	—	—	—	—	—	—	—	—	—	—	—	54.2	66.8	69.2	71.8	73.9	75.5
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	89.2	90.2	91.1	90.4
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	54.0	53.8	55.4	55.2
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	73.8	75.5	76.6	74.9
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	88.8	89.5	90.2	89.6
Try heroin once or twice without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take heroin occasionally without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try any opioids (codeine, Vicodin, OxyContin, etc.) once or twice ¹	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take any opioids occasionally ¹	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take any opioids regularly ¹	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE 8-3 (cont.)

**Trends in Harmfulness of Drugs
as Perceived by 12th Graders**

	Percentage saying great risk ^a																
<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Try stimulant medications once or twice ^{c,i}	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	29.6	32.8	32.2	36.3
Take stimulant medications regularly ^{c,i}	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	69.8	71.2	71.2	74.1
Try Adderall once or twice ^d	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try Adderall occasionally ^d	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try crystal methamphetamine (ice) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61.6
Try sleeping medications once or twice ^{e,i}	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	29.7	32.2	32.4	35.1
Take sleeping medications regularly ^{e,i}	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	69.6	70.5	70.2	70.5
Use xylazine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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	6.0	6.0	8.3	9.1
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	27.3	28.5	31.3	32.7
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	68.5	69.8	70.9	69.5
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	42.6	44.0	47.1	48.6
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	68.0	67.2	68.2	69.4
Vape cannabis occasionally ⁿ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ⁿ	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally [†]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly [†]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63.8	69.9	65.6
<i>Approximate weighted N =</i>	2,804	2,918	3,052	3,770	3,250	3,234	3,604	3,557	3,305	3,262	3,250	3,020	3,315	3,276	2,796	2,553	2,549

(Table continued on next page.)

TABLE 8-3 (cont.)

**Trends in Harmfulness of Drugs
as Perceived by 12th Graders**

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																	
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Use cannabis once or twice	24.5	21.9	19.5	16.3	15.6	14.9	16.7	15.7	13.7	15.3	16.1	16.1	15.9	16.1	17.8	18.6	17.4	18.5
Use cannabis occasionally	39.6	35.6	30.1	25.6	25.9	24.7	24.4	23.9	23.4	23.5	23.2	26.6	25.4	25.8	25.9	27.1	25.8	27.4
Use cannabis regularly	76.5	72.5	65.0	60.8	59.9	58.1	58.5	57.4	58.3	57.4	53.0	54.9	54.6	58.0	57.9	54.8	51.7	52.4
Try LSD once or twice	42.3	39.5	38.8	36.4	36.2	34.7	37.4	34.9	34.3	33.2	36.7	36.2	36.2	36.5	36.1	37.0	33.9	37.1
Take LSD regularly	81.8	79.4	79.1	78.1	77.8	76.6	76.5	76.1	75.9	74.1	73.9	72.3	70.2	69.9	69.3	67.3	63.6	67.8
Try PCP once or twice	54.8	50.8	51.5	49.1	51.0	48.8	46.8	44.8	45.0	46.2	48.3	45.2	47.1	46.6	47.0	48.0	47.4	49.7
Try ecstasy (MDMA, Molly) once or twice ^b	—	—	—	—	—	33.8	34.5	35.0	37.9	45.7	52.2	56.3	57.7	60.1	59.3	58.1	57.0	53.3
Try cocaine once or twice	56.8	57.6	57.2	53.7	54.2	53.6	54.6	52.1	51.1	50.7	51.2	51.0	50.7	50.5	52.5	51.3	50.3	53.1
Take cocaine occasionally	75.1	73.3	73.7	70.8	72.1	72.4	70.1	70.1	69.5	69.9	68.3	69.1	67.2	66.7	69.8	68.8	67.1	71.4
Take cocaine regularly	90.2	90.1	89.3	87.9	88.3	87.1	86.3	85.8	86.2	84.1	84.5	83.0	82.2	82.8	84.6	83.3	80.7	84.4
Try heroin once or twice	50.9	50.7	52.8	50.9	52.5	56.7	57.8	56.0	54.2	55.6	56.0	58.0	56.6	55.2	59.1	58.4	55.5	59.3
Take heroin occasionally	74.2	72.0	72.1	71.0	74.8	76.3	76.9	77.3	74.6	75.9	76.6	78.5	75.7	76.0	79.1	76.2	75.3	79.7
Take heroin regularly	89.2	88.3	88.0	87.2	89.5	88.9	89.1	89.9	89.2	88.3	88.5	89.3	86.8	87.5	89.7	87.8	86.4	89.9
Try heroin once or twice without using a needle	—	—	—	55.6	58.6	60.5	59.6	58.5	61.6	60.7	60.6	58.9	61.2	60.5	62.6	60.2	60.8	61.5
Take heroin occasionally without using a needle	—	—	—	71.2	71.0	74.3	73.4	73.6	74.7	74.4	74.7	73.0	76.1	73.3	76.2	73.9	73.2	74.8
Try any opioids (codeine, Vicodin, OxyContin, etc.) once or twice ^l	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take any opioids occasionally ^l	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take any opioids regularly ^l	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE 8-3 (cont.)

**Trends in Harmfulness of Drugs
as Perceived by 12th Graders**

<i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying great risk ^a																	
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Try stimulant medications once or twice ^{c,i}	32.6	31.3	31.4	28.8	30.8	31.0	35.3	32.2	32.6	34.7	34.4	36.8	35.7	37.7	39.5	41.3	39.2	41.9
Take stimulant medications regularly ^{c,i}	72.4	69.9	67.0	65.9	66.8	66.0	67.7	66.4	66.3	67.1	64.8	65.6	63.9	67.1	68.1	68.1	65.4	69.0
Try Adderall once or twice ^d	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try Adderall occasionally ^d	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try crystal methamphetamine (ice) once or twice	61.9	57.5	58.3	54.4	55.3	54.4	52.7	51.2	51.3	52.7	53.8	51.2	52.4	54.6	59.1	60.2	62.2	63.4
Try sleeping medications once or twice ^{e,i}	32.2	29.2	29.9	26.3	29.1	26.9	29.0	26.1	25.0	25.7	26.2	27.9‡	24.9	24.7	28.0	27.9	25.9	29.6
Take sleeping medications regularly ^{e,i}	70.2	66.1	63.3	61.6	60.4	56.8	56.3	54.1	52.3	50.3	49.3	49.6‡	54.0	54.1	56.8	55.1	50.2	54.7
Use xylazine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	8.6	8.2	7.6	5.9	7.3	6.7	8.0	8.3	6.4	8.7	7.6	8.4	8.6	8.5	9.3	10.5	10.0	9.4
Take one or two drinks nearly every day	30.6	28.2	27.0	24.8	25.1	24.8	24.3	21.8	21.7	23.4	21.0	20.1	23.0	23.7	25.3	25.1	24.2	23.7
Take four or five drinks nearly every day	70.5	67.8	66.2	62.8	65.6	63.0	62.1	61.1	59.9	60.7	58.8	57.8	59.2	61.8	63.4	61.8	60.8	62.4
Have five or more drinks once or twice each weekend	49.0	48.3	46.5	45.2	49.5	43.0	42.8	43.1	42.7	43.6	42.2	43.5	43.6	45.0	47.6	45.8	46.3	48.0
Smoke one or more packs of cigarettes per day	69.2	69.5	67.6	65.6	68.2	68.7	70.8	70.8	73.1	73.3	74.2	72.1	74.0	76.5	77.6	77.3	74.0	74.9
Vape cannabis occasionally ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally ^f	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly ^f	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take steroids	70.7	69.1	66.1	66.4	67.6	67.2	68.1	62.1	57.9	58.9	57.1	55.0	55.7	56.8	60.2	57.4	60.8	60.2
<i>Approximate weighted N =</i>	2,684	2,759	2,591	2,603	2,449	2,579	2,564	2,306	2,130	2,173	2,198	2,466	2,491	2,512	2,407	2,450	2,389	2,290

(Table continued on next page.)

TABLE 8-3 (cont.)
Trends in Harmfulness of Drugs
as Perceived by 12th Graders

	Percentage saying great risk ^a																	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^p ^h	2019 ^e ^h	2020	2021	2022	2023	2024	2025	2024 – 2025 change
Use cannabis once or twice	17.1	15.6	14.8	14.5	12.5	12.3	12.9	11.9	12.1	10.7	12.4	§	10.0*	10.0	10.5	13.7	14.8	+1.1
Use cannabis occasionally	24.5	22.7	20.6	19.5	16.4	15.8	17.1	14.1	14.3	13.5	15.3	§	12.7*	12.7	13.4	16.8	16.2	-0.6
Use cannabis regularly	46.8	45.7	44.1	39.5	36.1	31.9	31.1	29.0	26.7	30.5	30.2	§	21.6*	27.6	31.4	35.9	39.0	+3.1
Try LSD once or twice	35.6	34.7	33.1	34.9	35.5	33.2	31.7	30.0	29.0	28.3	33.8	§	28.2*	27.4	27.2	29.4	26.2	-3.2
Take LSD regularly	65.3	65.5	66.8	66.8	62.7	60.7	58.2	56.1	55.2	57.9	67.4	§	54.7*	60.1	59.3	58.6	56.9	-1.6
Try PCP once or twice	52.4	53.9	51.6	53.9	53.8	54.4	55.1	53.6	51.7	52.6	52.9	§	42.9*	44.3	43.0	46.1	49.7	+3.6
Try ecstasy (MDMA, Molly) once or twice ^b	50.6	49.0	49.4	47.5‡	47.8	49.5	48.8	49.1	48.2	46.3	52.1	§	40.6*	46.1	48.7	51.7	46.6	-5.1
Try cocaine once or twice	52.8	54.0	51.6	54.4	53.7	51.1	52.7	49.5	47.9	47.7	48.2	§	52.0*	48.1	47.4	51.8	47.0	-4.9
Take cocaine occasionally	67.8	69.7	69.0	70.2	68.1	66.3	68.6	64.6	62.1	64.2	67.7	§	60.2*	65.1	68.4	68.8	66.2	-2.7
Take cocaine regularly	81.7	83.8	82.6	83.3	80.6	79.1	78.3	74.9	75.2	74.7	78.8	§	72.2*	77.1	80.0	79.5	78.0	-1.5
Try heroin once or twice	58.3	59.1	59.4	61.7	62.8	64.0	64.5	63.0	61.8	62.6	59.7	§	60.9*	59.4	58.1	59.8	56.4	-3.4
Take heroin occasionally	74.8	77.2	78.0	78.2	77.9	78.0	78.7	74.6	75.0	75.7	75.5	§	74.4*	75.8	73.0	75.1	74.7	-0.4
Take heroin regularly	85.5	87.9	88.6	87.6	85.7	84.8	85.4	83.3	81.4	81.2	83.9	§	82.4*	84.1	85.9	83.6	84.4	+0.8
Try heroin once or twice without using a needle	63.8	61.1	63.3	64.5	65.3	62.5	66.1	64.6	63.1	60.5	68.9	§	64.7*	60.0	59.6	64.9	61.5	-3.5
Take heroin occasionally without using a needle	76.2	74.7	76.1	76.4	73.6	71.1	74.6	72.7	69.6	69.4	75.5	§	73.8*	69.4	70.4	75.2	72.2	-3.0
Try any opioids (codeine, Vicodin, OxyContin, etc.) once or twice ⁱ	40.4	39.9	38.4	43.1	42.7	44.1	43.6	42.0	43.2	45.0	43.1	§	44.0*	42.9	41.3‡	33.5	40.6	+7.0 ss
Take any opioids occasionally ⁱ	54.3	54.8	53.8	57.3	59.0	58.5	55.7	55.5	56.7	56.7	57.3	§	53.8*	52.9	50.7‡	40.5	46.2	+5.7 s
Take any opioids regularly ⁱ	74.9	75.5	73.9	75.8	72.7	73.9	72.4	70.8	71.6	73.1	69.1	§	62.8*	67.4	65.6‡	56.3	62.2	+5.9

(Table continued on next page.)

TABLE 8-3 (cont.)
Trends in Harmfulness of Drugs
as Perceived by 12th Graders

	Percentage saying great risk ^a																	2024 – 2025 change
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019p ^g	2019e ^g	2020	2021	2022	2023	2024	2025	
Try stimulant medications once or twice ^{c,i}	40.6‡	34.8	34.3	36.3	34.1	34.0	31.1	31.9	29.2	29.7	38.5	§	38.7*	36.7	36.6	41.5‡	34.7	—
Take stimulant medications regularly ^{c,i}	63.6‡	58.7	60.0	59.5	55.1	54.3	51.3	50.0	51.1	48.4	53.9	§	45.9*	51.5	48.6	50.5‡	42.6	—
Try Adderall once or twice ^d	33.3	31.2	27.2	31.8	33.6	34.3	32.5	32.0	34.0	34.3	34.5	§	30.2*	31.8	32.3	33.4	30.8	-2.6
Try Adderall occasionally ^d	41.6	40.8	35.3	38.8	41.5	41.6	40.9	40.6	40.1	41.8	45.0	§	41.7*	39.6	40.9	38.3	38.5	+0.1
Try crystal methamphetamine (ice) once or twice	64.9	66.5	67.8	72.2	70.2	70.0	70.0	69.3	67.1	67.1	68.3	§	64.3*	63.5	59.8	66.2	67.2	+1.1
Try sleeping medications once or twice ^{e,i}	28.0	27.8	27.8	29.4	29.6	28.9	27.4	26.9	26.3	25.2	36.7	§	30.9*	34.0	31.2	34.2‡	17.3	—
Take sleeping medications regularly ^{e,i}	52.1	52.4	53.9	53.3	50.5	50.6	47.0	44.0	45.1	45.0	56.3	§	49.6*	53.7	52.8	53.6‡	34.5	—
Use xylazine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	56.2	50.3	-5.9 s
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	10.8	9.4	8.7	9.9	8.6	10.3	9.5	9.3	10.2	9.7	10.8	§	9.7*	10.0	9.1	13.4	10.6	-2.8
Take one or two drinks nearly every day	25.4	24.6	23.7	23.1	21.1	21.5	21.6	21.6	22.8	21.0	23.8	§	21.9*	23.3	23.7	28.8	25.6	-3.2
Take four or five drinks nearly every day	61.1	62.3	63.6	62.4	61.2	59.1	59.1	58.7	59.1	59.7	66.2	§	64.3*	66.6	72.4	72.7	70.8	-1.9
Have five or more drinks once or twice each weekend	46.3	47.6	48.8	45.8	45.4	46.9	48.4	45.7	44.7	46.4	36.3	§	34.4*	34.9	38.7	43.1	41.7	-1.3
Smoke one or more packs of cigarettes per day	75.0	77.7	78.2	78.2	78.0	75.9	76.5	74.9	73.9	75.6	75.3	§	66.0*	71.6	73.5	69.6	67.7	-1.9
Vape cannabis occasionally ^h	—	—	—	—	—	—	—	—	—	—	—	§	16.0	19.8	22.1	28.9	27.5	-1.4
Vape cannabis regularly ^h	—	—	—	—	—	—	—	—	—	—	—	§	30.9	35.9	40.4	45.6	50.3	+4.7 ss
Vape an e-liquid with nicotine occasionally ^f	—	—	—	—	—	—	—	16.4	15.8	17.7	24.6	§	22.7*	25.3	29.0	32.1	31.5	-0.5
Vape an e-liquid with nicotine regularly ^f	—	—	—	—	—	—	—	27.0	27.7	35.2	40.5	§	43.7*	45.2	50.4	54.1	55.8	+1.8
Take steroids	59.2	61.1	58.6	54.2	54.6	54.4	54.5	49.1	50.1	50.8	58.5	§	45.8*	48.6	49.5	52.3	48.6	-3.7
Approximate weighted N =	2,440	2,408	2,331	2,098	2,067	2,174	1,988	1,919	1,976	891	1,103	§	580	1,333	1,240	1,098	1,071	

(Table continued on next page.)

TABLE 8-3 (cont.)

Trends in Harmfulness of Drugs as Perceived by 12th Graders

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '‡' indicates that the question changed the following year. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

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

^bBeginning in 2014 data are based on the revised question which included "Molly." 2014 and 2015 data are not comparable to earlier years due to the revision of the question text.

^cIn 2011 the list of examples was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

^dIn 2014 "(without a doctor's orders)" added to the questions on perceived risk of using Adderall.

^eIn 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

^fBased on two of six forms in 2017 and 2018; N is two times the N indicated. Beginning in 2019, data based on three of six forms; N is three times the N indicated.

^gThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

^hBased on two of six forms; N is two times the N indicated.

ⁱIn 2024/2025, we undertook a revision of the survey text. "Amphetamines" was changed to "stimulant medications" in 2025, "narcotics other than heroin" was changed to "prescription opioid medications" in 2024 and "opioid medications" in 2025, and "sedatives" was changed to "sleeping medications" in 2025. These changes likely explain the discontinuity of results between 2023/2024 and 2024/2025.



TABLE 8-4
Trends in Disapproval of Drug Use
in Grade 8

<i>Do you disapprove of people who . . .</i>	Percentage who disapprove or strongly disapprove ^a																	
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Use cannabis once or twice ^b	84.6	82.1	79.2	72.9	70.7	67.5	67.6	69.0	70.7	72.5	72.4	73.3	73.8	75.9	75.3	76.0	78.7	76.6
Use cannabis occasionally ^b	89.5	88.1	85.7	80.9	79.7	76.5	78.1	78.4	79.3	80.6	80.6	80.9	81.5	83.1	82.4	82.2	84.5	82.6
Use cannabis regularly ^b	92.1	90.8	88.9	85.3	85.1	82.8	84.6	84.5	84.5	85.3	84.5	85.3	85.7	86.8	86.3	86.1	87.7	86.8
Try inhalants once or twice ^c	84.9	84.0	82.5	81.6	81.8	82.9	84.1	83.0	85.2	85.4	86.6	86.1	85.1	85.1	84.6	83.4	84.1	82.3
Take inhalants regularly ^c	90.6	90.0	88.9	88.1	88.8	89.3	90.3	89.5	90.3	90.2	90.5	90.4	89.8	90.1	89.8	89.0	89.5	88.5
Try LSD once or twice ^d	—	—	77.1	75.2	71.6	70.9	72.1	69.1	69.4	66.7	64.6	62.6	61.0	58.1	58.5	53.9	53.5	52.6
Take LSD regularly ^d	—	—	79.8	78.4	75.8	75.3	76.3	72.5	72.5	69.3	67.0	65.5	63.5	60.5	60.7	55.8	55.6	54.7
Try ecstasy (MDMA, Molly) once or twice ^e	—	—	—	—	—	—	—	—	—	—	69.0	74.3	77.7	76.3	75.0	66.7	65.7	63.5
Take ecstasy (MDMA, Molly) occasionally ^e	—	—	—	—	—	—	—	—	—	—	73.6	78.6	81.3	79.4	77.9	69.8	68.3	66.5
Try cocaine once or twice ^{c,j}	91.2	89.6	88.5	86.1	85.3	83.9	85.1	84.5	85.2	84.8	85.6	85.8	85.6	86.8	87.0	86.5	88.2	86.8
Take cocaine occasionally ^{c,j}	93.1	92.4	91.6	89.7	89.7	88.7	90.1	89.3	89.9	88.8	89.6	89.9	89.8	90.3	90.7	90.2	91.0	90.1
Try heroin once or twice without using a needle ^d	—	—	—	—	85.8	85.0	87.7	87.3	88.0	87.2	87.2	87.8	86.9	86.6	86.9	87.2	88.4	86.9
Take heroin occasionally without using a needle ^d	—	—	—	—	88.5	87.7	90.1	89.7	90.2	88.9	88.9	89.6	89.0	88.6	88.5	88.5	89.7	88.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	51.7	52.2	50.9	47.8	48.0	45.5	45.7	47.5	48.3	48.7	49.8	51.1	49.7	51.1	51.2	51.3	54.0	52.5
Take one or two drinks nearly every day ^b	82.2	81.0	79.6	76.7	75.9	74.1	76.6	76.9	77.0	77.8	77.4	78.3	77.1	78.6	78.7	78.7	80.4	79.2
Have five or more drinks once or twice each weekend ^b	85.2	83.9	83.3	80.7	80.7	79.1	81.3	81.0	80.3	81.2	81.6	81.9	81.9	82.3	82.9	82.0	83.8	83.2
Smoke one or more packs of cigarettes per day ^f	82.8	82.3	80.6	78.4	78.6	77.3	80.3	80.0	81.4	81.9	83.5	84.6	84.6	85.7	85.3	85.6	87.0	86.7
Vape cannabis occasionally ^b	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ^b	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally ^{e,g}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly ^{e,g}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use smokeless tobacco regularly ^b	79.1	77.2	77.1	75.1	74.0	74.1	76.5	76.3	78.0	79.2	79.4	80.6	80.7	81.0	82.0	81.0	82.3	82.1
<i>Approximate weighted N =</i>	17,400	18,500	18,400	17,400	17,600	18,000	18,800	18,100	16,700	16,700	16,200	15,100	16,500	17,000	16,800	16,500	16,100	#####

(Table continued on next page.)

TABLE 8-4 (cont.)
Trends in Disapproval of Drug Use
in Grade 8

Do you disapprove of people who . . .	Percentage who disapprove or strongly disapprove ^a																		2024–2025 change
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^p ^h	2019 ^e ^h	2020	2021 ⁱ	2022	2023	2024	2025	
Use cannabis once or twice ^b	75.3	73.5	74.4	75.1	72.0	70.5	70.3	70.1	67.3	64.5	62.3	62.3	§	60.3*	62.2	65.5	67.7	68.3	+0.5
Use cannabis occasionally ^b	81.9	79.9	81.1	81.6	78.8	77.7	77.5	77.5	75.5	73.1	70.9	70.3	§	69.0*	69.7	72.5	74.2	74.5	+0.3
Use cannabis regularly ^b	85.9	84.3	85.7	85.6	83.8	82.2	82.2	82.3	81.2	79.3	77.5	76.0	§	75.8*	76.3	79.1	79.5	79.9	+0.5
Try inhalants once or twice ^c	83.1	83.1	82.9	83.1	81.6	80.7	80.6	78.3	77.4	75.0	75.0	72.9	§	63.8*	64.8	65.7	65.0	63.5	-1.5
Take inhalants regularly ^c	88.4	88.9	88.5	88.6	86.8	85.5	85.4	83.3	82.8	81.3	81.9	78.8	§	74.9*	75.0	74.2	74.8	74.1	-0.7
Try LSD once or twice ^d	53.2	53.7	55.4	51.8	52.0	52.8	56.0	55.2	56.1	55.9	56.7	59.4	§	52.6*	51.7	51.2	48.0	45.3	-2.7
Take LSD regularly ^d	55.7	55.8	57.6	54.1	53.6	54.8	58.1	57.6	58.2	59.4	60.4	62.1	§	58.9*	56.8	54.3	50.4	47.2	-3.2 s
Try ecstasy (MDMA, Molly) once or twice ^e	62.3	62.4	64.2	60.2	60.9	61.0‡	68.2	64.8	63.0	63.7	65.1	64.7	§	59.1*	59.0	55.4	54.7	55.8	+1.1
Take ecstasy (MDMA, Molly) occasionally ^e	65.7	65.9	67.5	63.2	63.4	64.1‡	71.7	67.5	65.8	67.1	68.3	67.6	§	64.9*	63.7	58.5	57.5	58.1	+0.6
Try cocaine once or twice ^{c,j}	88.1	88.4	88.3	88.6	88.0	87.7	87.5	86.8	86.8	85.6	86.4‡	83.8‡	§	82.8*	81.6	81.8	82.7	81.5	-1.1
Take cocaine occasionally ^{c,j}	90.7	91.4	91.3	91.5	90.6	90.1	90.1	89.3	90.0	88.9	89.3‡	86.5‡	§	87.2*	85.5	85.2	86.3	85.4	-0.9
Try heroin once or twice without using a needle ^d	88.6	89.5	87.5	86.8	87.2	87.1	87.1	85.6	87.9	85.5	86.7	84.6	§	82.4*	82.2	79.7	80.4	78.2	-2.2
Take heroin occasionally without using a needle ^d	90.1	90.6	89.0	87.7	88.2	88.1	88.0	86.7	88.7	86.8	87.1	85.5	§	84.0*	83.1	81.9	81.4	78.9	-2.4
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	52.7	54.2	54.0	54.1	53.3	53.3	53.7	52.6	51.0	47.4	46.2	51.0	§	40.9*	47.2	46.7	52.0	51.9	-0.1
Take one or two drinks nearly every day ^b	78.5	79.5	80.7	81.3	80.2	79.6	79.7	79.1	79.5	77.9	77.3	77.8	§	76.0*	76.3	76.0	79.1	79.3	+0.2
Have five or more drinks once or twice each weekend ^b	83.2	83.6	84.8	86.0	85.0	84.9	85.4	84.9	84.7	83.7	84.6	81.3	§	81.1*	81.3	80.3	81.7	82.1	+0.4
Smoke one or more packs of cigarettes per day ^f	87.1	87.0	88.0	88.8	88.0	87.5	88.8	88.1	88.8	87.6	87.8	85.5	§	85.6*	85.0	84.2	84.8	84.3	-0.4
Vape cannabis occasionally ^b	—	—	—	—	—	—	—	—	—	—	—	—	§	71.7	73.9	72.7	77.5	76.0	-1.5
Vape cannabis regularly ^b	—	—	—	—	—	—	—	—	—	—	—	—	§	78.1	79.8	77.1	82.0	81.6	-0.4
Vape an e-liquid with nicotine occasionally ^{e,g}	—	—	—	—	—	—	—	—	63.2	60.8	65.6	65.0	§	70.7*	70.5	73.0	75.5	76.1	+0.6
Vape an e-liquid with nicotine regularly ^{e,g}	—	—	—	—	—	—	—	—	69.9	68.9	74.7	73.4	§	79.0*	77.6	77.3	81.5	82.1	+0.7
Use smokeless tobacco regularly ^b	81.5	81.2	82.6	82.7	81.5	80.2	82.5	81.1	81.3	79.9	81.3	79.1	§	78.5*	78.3	78.4	79.9	78.7	-1.2
<i>Approximate weighted N =</i>	15,000	15,300	16,000	15,100	14,600	14,600	14,400	16,900	15,300	14,000	6,800	6,800	§	10,700	9,300	5,700	7,100	7,000	

(Table continued on next page.)

TABLE 8-4 (cont.)

Trends in Disapproval of Drug Use in Grade 8

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. '—' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding. '‡' indicates that the question changed the following year.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aAnswer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove, and (4) Can't say, drug unfamiliar. Percentages are shown for categories (2) and (3) combined.

^bBeginning in 2012, data based on two thirds of N indicated.

^cBeginning in 1997, data based on two thirds of N indicated.

^dData based on one of two forms in 1993–1996; N is one half of N indicated. Beginning in 1997, data based on one third of N indicated due to changes in questionnaire forms.

^eData based on one third of N indicated. For MDMA "Molly" was added to the question text in 2015; 2014 and 2015 data are not comparable due to this change.

^fBeginning in 1999, data based on two thirds of N indicated due to changes in questionnaire forms.

^gPercentages for all years reported here include respondents who replied "can't say, drug unfamiliar" in the denominator. The percentage for 2017 published in late 2017 and early 2018 did not include these respondents in the denominator.

^hThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

ⁱSample is decreased by as much as 50% for the following drugs due to survey question experiments: alcohol, inhalants, heroin, JUUL, LSD, and ecstasy (MDMA, molly).

^jIn 2019 and previous years the survey question asked about 'cocaine powder' and in 2020 forward it asked about 'cocaine'.



TABLE 8-5
Trends in Disapproval of Drug Use
in Grade 10

<i>Do you disapprove of people who . . .</i>	Percentage who disapprove or strongly disapprove ^a																	
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Use cannabis once or twice ^b	74.6	74.8	70.3	62.4	59.8	55.5	54.1	56.0	56.2	54.9	54.8	57.8	58.1	60.4	61.3	62.5	63.9	64.5
Use cannabis occasionally ^b	83.7	83.6	79.4	72.3	70.0	66.9	66.2	67.3	68.2	67.2	66.2	68.3	68.4	70.8	71.9	72.6	73.3	73.6
Use cannabis regularly ^b	90.4	90.0	87.4	82.2	81.1	79.7	79.7	80.1	79.8	79.1	78.0	78.6	78.8	81.3	82.0	82.5	82.4	83.0
Try inhalants once or twice ^c	85.2	85.6	84.8	84.9	84.5	86.0	86.9	85.6	88.4	87.5	87.8	88.6	87.7	88.5	88.1	88.1	87.6	87.1
Take inhalants regularly ^c	91.0	91.5	90.9	91.0	90.9	91.7	91.7	91.1	92.4	91.8	91.3	91.8	91.0	92.3	91.9	92.2	91.8	91.6
Try LSD once or twice ^d	—	—	82.1	79.3	77.9	76.8	76.6	76.7	77.8	77.0	75.4	74.6	74.4	72.4	71.8	71.2	67.7	66.3
Take LSD regularly ^d	—	—	86.8	85.6	84.8	84.5	83.4	82.9	84.3	82.1	80.8	79.4	77.6	75.9	75.0	74.9	71.5	69.8
Try ecstasy (MDMA, Molly) once or twice ^e	—	—	—	—	—	—	—	—	—	—	72.6	77.4	81.0	83.7	83.1	81.6	80.0	78.1
Take ecstasy (MDMA, Molly) occasionally ^e	—	—	—	—	—	—	—	—	—	—	81.0	84.6	86.3	88.0	87.4	86.0	84.3	83.0
Try cocaine once or twice ^{c,j}	90.8	91.1	90.0	88.1	86.8	86.1	85.1	84.9	86.0	84.8	85.3	86.4	85.9	86.8	86.9	87.3	87.7	88.6
Take cocaine occasionally ^{c,j}	94.0	94.0	93.2	92.1	91.4	91.1	90.4	89.7	90.7	89.9	90.2	89.9	90.4	91.2	91.2	91.4	92.0	92.1
Try heroin once or twice without using a needle ^d	—	—	—	—	89.7	89.5	89.1	88.6	90.1	90.1	89.1	89.2	89.3	90.1	90.3	91.1	90.7	91.4
Take heroin occasionally without using a needle ^d	—	—	—	—	91.6	91.7	91.4	90.5	91.8	92.3	90.8	90.7	90.6	91.8	92.0	92.5	92.5	92.5
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	37.6	39.9	38.5	36.5	36.1	34.2	33.7	34.7	35.1	33.4	34.7	37.7	36.8	37.6	38.5	37.8	39.5	41.8
Take one or two drinks nearly every day ^b	81.7	81.7	78.6	75.2	75.4	73.8	75.4	74.6	75.4	73.8	73.8	74.9	74.2	75.1	76.9	76.4	77.1	79.1
Have five or more drinks once or twice each weekend ^b	76.7	77.6	74.7	72.3	72.2	70.7	70.2	70.5	69.9	68.2	69.2	71.5	71.6	71.8	73.7	72.9	74.1	77.2
Smoke one or more packs of cigarettes per day ^f	79.4	77.8	76.5	73.9	73.2	71.6	73.8	75.3	76.1	76.7	78.2	80.6	81.4	82.7	84.3	83.2	84.7	85.2
Vape cannabis occasionally ^b	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ^b	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally ^{e,g}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly ^{e,g}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use smokeless tobacco regularly ^b	75.4	74.6	73.8	71.2	71.0	71.0	72.3	73.2	75.1	75.8	76.1	78.7	79.4	80.2	80.5	80.5	80.9	81.8
Approximate weighted N =	14,800	14,800	15,300	15,900	17,000	15,700	15,600	15,000	13,600	14,300	14,000	14,300	15,800	16,400	16,200	16,200	16,100	15,100

(Table continued on next page.)

TABLE 8-5 (cont.)

**Trends in Disapproval of Drug Use
in Grade 10**

Do you disapprove of people who . . .	Percentage who disapprove or strongly disapprove ^a																		2024–2025 change
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019p ^h	2019e ^h	2020	2021 ⁱ	2022	2023	2024	2025	
Use cannabis once or twice ^b	60.1	59.2	58.5	56.2	53.2	53.8	52.7	52.6	48.1	47.9	46.0	46.9	§	47.8*	48.1	50.9	56.1	59.6	+3.5
Use cannabis occasionally ^b	69.2	68.0	67.9	65.7	62.1	62.9	62.6	61.9	58.1	57.4	55.0	56.0	§	56.6*	56.9	59.5	63.5	68.5	+5.0 ss
Use cannabis regularly ^b	79.9	78.7	78.8	77.3	73.8	74.6	74.3	73.5	70.2	69.7	67.4	67.7	§	70.2*	69.3	72.3	73.5	78.4	+4.9 ss
Try inhalants once or twice ^c	87.0	86.5	86.9	85.7	86.1	85.9	84.1	83.3	80.7	81.8	81.8	79.5	§	74.5*	72.5	71.2	71.1	72.7	+1.5
Take inhalants regularly ^c	91.1	90.8	90.9	90.0	89.7	89.7	88.3	87.1	85.4	86.9	86.6	83.9	§	83.4*	80.6	79.2	78.4	79.9	+1.5
Try LSD once or twice ^d	67.8	68.2	68.5	68.3	69.1	67.8	70.3	69.5	66.9	70.5	69.2	71.3	§	63.3*	63.8	60.4	63.2	60.9	-2.4
Take LSD regularly ^d	72.2	72.9	72.5	73.0	74.2	73.3	76.5	74.9	74.5	76.5	75.7	79.9	§	75.3*	71.1	66.8	67.7	65.4	-2.3
Try ecstasy (MDMA, Molly) once or twice ^e	76.5	75.5	76.1	75.3	75.4	74.4‡	78.0	76.8	74.7	75.3	76.4	76.6	§	68.6*	69.8	68.9	68.0	70.3	+2.3
Take ecstasy (MDMA, Molly) occasionally ^e	81.3	81.3	82.2	81.2	81.3	80.4‡	84.0	81.7	80.0	79.5	81.8	82.4	§	75.8*	76.2	73.7	71.2	74.0	+2.8
Try cocaine once or twice ^{c,j}	88.4	89.0	89.4	89.3	88.7	88.9	87.9	87.9	86.1	87.6	87.4‡	86.0‡	§	84.7*	84.1	84.3	83.0	86.5	+3.5 s
Take cocaine occasionally ^{c,j}	92.1	92.2	92.5	92.4	91.8	91.9	91.8	90.8	89.9	90.9	90.9‡	89.1‡	§	89.0*	88.5	88.5	86.5	89.7	+3.2 s
Try heroin once or twice without using a needle ^d	91.6	91.4	91.6	91.9	91.3	91.9	91.7	90.2	89.7	90.6	91.5	89.0	§	89.5*	87.6	87.0	85.2	86.4	+1.2
Take heroin occasionally without using a needle ^d	93.0	92.4	92.4	92.9	92.3	92.7	92.7	90.9	90.5	91.2	92.1	89.3	§	90.3*	88.5	88.6	85.9	86.7	+0.8
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) ^b	39.7	40.3	41.5	39.6	38.5	40.7	40.0	41.8	39.3	39.6	40.4	41.0	§	36.7*	37.4	39.2	45.6	47.1	+1.5
Take one or two drinks nearly every day ^b	77.6	77.6	80.0	78.0	77.1	77.9	78.2	78.6	77.7	77.9	79.4	77.6	§	77.1*	77.4	78.8	79.6	83.5	+3.9 ss
Have five or more drinks once or twice each weekend ^b	75.1	75.9	77.3	77.5	77.8	79.5	79.6	80.8	80.1	80.4	82.4	78.8	§	78.4*	78.4	80.0	78.8	83.0	+4.1 ss
Smoke one or more packs of cigarettes per day ^f	84.5	83.9	85.8	86.0	86.1	88.0	88.3	88.5	87.8	88.5	89.5	87.2	§	86.5*	86.4	85.9	83.5	87.6	+4.1 ss
Vape cannabis occasionally ^b	—	—	—	—	—	—	—	—	—	—	—	—	§	65.3	63.4	65.1	69.4	72.8	+3.4
Vape cannabis regularly ^b	—	—	—	—	—	—	—	—	—	—	—	—	§	74.8	73.4	75.1	76.2	79.8	+3.6
Vape an e-liquid with nicotine occasionally ^{e,g}	—	—	—	—	—	—	—	—	59.3	58.0	65.4	58.5	§	65.8*	67.9	71.6	73.0	76.2	+3.2
Vape an e-liquid with nicotine regularly ^{e,g}	—	—	—	—	—	—	—	—	68.3	67.8	75.5	71.2	§	76.7*	77.4	80.8	79.2	83.7	+4.4 s
Use smokeless tobacco regularly ^b	79.5	78.5	79.5	79.5	77.7	78.7	80.1	81.2	80.7	80.7	83.2	80.2	§	79.6*	78.9	78.4	77.6	82.5	+4.9 ss
<i>Approximate weighted N =</i>	15,900	15,200	14,900	15,000	12,900	13,000	15,600	14,700	13,500	14,300	7,000	7,000	§	11,000	11,200	8,100	9,200	8,600	

(Table continued on next page.)

TABLE 8-5 (cont.)

Trends in Disapproval of Drug Use in Grade 10

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding. ' † ' indicates that the question changed the following year.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aAnswer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove, and (4) Can't say, drug unfamiliar. Percentages are shown for categories (2) and (3) combined.

^bBeginning in 2012, data based on two thirds of *N* indicated.

^cBeginning in 1997, data based on two thirds of *N* indicated due to changes in questionnaire forms.

^dData based on one of two forms in 1993–1996; *N* is one half of *N* indicated. Beginning in 1997, data based on one third of *N* indicated due to changes in questionnaire forms.

^eData based on one third of *N* indicated. For MDMA "Molly" was added to the question text in 2015; 2014 and 2015 data are not comparable due to this change.

^fBeginning in 1999, data based on two thirds of *N* indicated due to changes in questionnaire forms.

^gPercentages for all years reported here include respondents who replied "can't say, drug unfamiliar" in the denominator. The percentage for 2017 published in late 2017 and early 2018 did not include these respondents in the denominator.

^hThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

ⁱSample is decreased by as much as 50% for the following drugs due to survey question experiments: alcohol, inhalants, heroin, JUUL, LSD, and ecstasy (MDMA, molly).

^jIn 2019 and previous years the survey question asked about 'cocaine powder' and in 2020 forward it asked about 'cocaine'.



TABLE 8-6
Trends in Disapproval of Drug Use
in Grade 12

Percentage who disapprove or strongly disapprove ^b

Do you disapprove of people (who are 18 or older) doing each of the following? ^a

	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Use cannabis once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	69.9
Use cannabis occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	79.7
Use cannabis regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	90.1
Trying LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	89.7	89.8	90.1	88.1
Taking LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	95.5
Trying ecstasy (MDMA, Molly) once or twice ^c	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trying cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	93.0
Taking cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	96.9
Trying crack once or twice ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.3	92.1	93.1
Taking crack occasionally ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.3	94.2	95.0
Taking crack regularly ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.9	95.0	95.5
Trying cocaine powder once or twice ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87.9	88.0	89.4
Taking cocaine powder occasionally ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.1	93.0	93.4
Taking cocaine powder regularly ^h	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93.7	94.4	94.3
Trying heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	94.9
Taking heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	97.2	96.7	97.3	96.8
Taking heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	97.2
Trying heroin once or twice without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Taking heroin occasionally without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trying stimulant medications once or twice ^{d,i}	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	86.9
Taking stimulant medications regularly ^{d,i}	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	95.6
Trying 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	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	33.0
Taking one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	76.5	77.9	76.5	75.9
Taking four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.6	91.9	90.6	90.8
Having five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	68.9	67.4	70.7
Smoking one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	72.4	72.8	71.4	73.5
Vape cannabis occasionally ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Taking steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	90.8	90.5	92.1
Approximate weighted N =	2,677	2,957	3,085	3,686	3,221	3,261	3,610	3,651	3,341	3,254	3,265	3,113	3,302	3,311	2,799	2,566	2,547	2,645

(Table continued on next page.)

TABLE 8-6 (cont.)

Trends in **Disapproval of Drug Use**
in **Grade 12**Percentage who disapprove or strongly disapprove ^bDo you disapprove of people (who are 18 or older) doing
each of the following? ^a

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Use cannabis once or twice	63.3	57.6	56.7	52.5	51.0	51.6	48.8	52.5	49.1	51.6	53.4	52.7	55.0	55.6	58.6	55.5	54.8	51.6
Use cannabis occasionally	75.5	68.9	66.7	62.9	63.2	64.4	62.5	65.8	63.2	63.4	64.2	65.4	67.8	69.3	70.2	67.3	65.6	62.0
Use cannabis regularly	87.6	82.3	81.9	80.0	78.8	81.2	78.6	79.7	79.3	78.3	78.7	80.7	82.0	82.2	83.3	79.6	80.3	77.7
Trying LSD once or twice	85.9	82.5	81.1	79.6	80.5	82.1	83.0	82.4	81.8	84.6	85.5	87.9	87.9	88.0	87.8	85.5	88.2	86.5
Taking LSD regularly	95.8	94.3	92.5	93.2	92.9	93.5	94.3	94.2	94.0	94.0	94.4	94.6	95.6	95.9	94.9	93.5	95.3	94.3
Trying ecstasy (MDMA, Molly) once or twice ^c	—	—	—	—	82.2	82.5	82.1	81.0	79.5	83.6	84.7	87.7	88.4	89.0	87.8	88.2	88.2	86.3
Trying cocaine once or twice	92.7	91.6	90.3	90.0	88.0	89.5	89.1	88.2	88.1	89.0	89.3	88.6	88.9	89.1	89.6	89.2	90.8	90.5
Taking cocaine regularly	97.5	96.6	96.1	95.6	96.0	95.6	94.9	95.5	94.9	95.0	95.8	95.4	96.0	96.1	96.2	94.8	96.5	96.0
Trying crack once or twice ^h	89.9	89.5	91.4	87.4	87.0	86.7	87.6	87.5	87.0	87.8	86.6	86.9	86.7	88.8	88.8	89.6	90.9	89.8
Taking crack occasionally ^h	92.8	92.8	94.0	91.2	91.3	90.9	92.3	91.9	91.6	91.5	90.8	92.1	91.9	92.9	92.4	93.3	94.0	92.6
Taking crack regularly ^h	93.4	93.1	94.1	93.0	92.3	91.9	93.2	92.8	92.2	92.4	91.2	93.1	92.1	93.8	93.6	93.5	94.3	93.1
Trying cocaine powder once or twice ^h	86.6	87.1	88.3	83.1	83.0	83.1	84.3	84.1	83.3	83.8	83.6	82.2	83.2	84.1	83.5	85.7	87.3	87.0
Taking cocaine powder occasionally ^h	91.2	91.0	92.7	89.7	89.3	88.7	90.0	90.3	89.8	90.2	88.9	90.0	89.4	90.4	90.6	91.7	92.3	91.0
Taking cocaine powder regularly ^h	93.0	92.5	93.8	92.9	91.5	91.1	92.3	92.6	92.5	92.2	90.7	92.6	92.0	93.2	92.6	92.8	93.9	92.6
Trying heroin once or twice	94.4	93.2	92.8	92.1	92.3	93.7	93.5	93.0	93.1	94.1	94.1	94.2	94.3	93.8	94.8	93.3	94.7	93.9
Taking heroin occasionally	97.0	96.2	95.7	95.0	95.4	96.1	95.7	96.0	95.4	95.6	95.9	96.4	96.3	96.2	96.8	95.3	96.9	96.2
Taking heroin regularly	97.5	97.1	96.4	96.3	96.4	96.6	96.4	96.6	96.2	96.2	97.1	97.1	96.7	96.9	97.1	95.9	97.4	96.4
Trying heroin once or twice without using a needle	—	—	92.9	90.8	92.3	93.0	92.6	94.0	91.7	93.1	92.2	93.1	93.2	93.7	93.6	94.2	94.7	93.2
Taking heroin occasionally without using a needle	—	—	94.7	93.2	94.4	94.3	93.8	95.2	93.5	94.4	93.5	94.4	95.0	94.5	94.9	95.3	95.5	94.5
Trying stimulant medications once or twice ^{di}	84.2	81.3	82.2	79.9	81.3	82.5	81.9	82.1	82.3	83.8	85.8	84.1	86.1	86.3	87.3	87.2	88.2	88.1 [†]
Taking stimulant medications regularly ^{di}	96.0	94.1	94.3	93.5	94.3	94.0	93.7	94.1	93.4	93.5	94.0	93.9	94.8	95.3	95.4	94.2	95.6	94.9 [†]
Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	30.1	28.4	27.3	26.5	26.1	24.5	24.6	25.2	26.6	26.3	27.2	26.0	26.4	29.0	31.0	29.8	30.6	30.7
Taking one or two drinks nearly every day	77.8	73.1	73.3	70.8	70.0	69.4	67.2	70.0	69.2	69.1	68.9	69.5	70.8	72.8	73.3	74.5	70.5	71.5
Taking four or five drinks nearly every day	90.6	89.8	88.8	89.4	88.6	86.7	86.9	88.4	86.4	87.5	86.3	87.8	89.4	90.6	90.5	89.8	89.7	88.8
Having five or more drinks once or twice each weekend	70.1	65.1	66.7	64.7	65.0	63.8	62.7	65.2	62.9	64.7	64.2	65.7	66.5	68.5	68.8	68.9	67.6	68.8
Smoking one or more packs of cigarettes per day	70.6	69.8	68.2	67.2	67.1	68.8	69.5	70.1	71.6	73.6	74.8	76.2	79.8	81.5	80.7	80.5	81.8	81.0
Vape cannabis occasionally ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape cannabis regularly ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine occasionally ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine regularly ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Taking steroids	92.1	91.9	91.0	91.7	91.4	90.8	88.9	88.8	86.4	86.8	86.0	87.9	88.8	89.4	89.2	90.9	90.3	89.8
<i>Approximate weighted N =</i>	2,723	2,588	2,603	2,399	2,601	2,545	2,310	2,150	2,144	2,160	2,442	2,455	2,460	2,377	2,450	2,314	2,233	2,449

(Table continued on next page.)

TABLE 8-6 (cont.)

**Trends in Disapproval of Drug Use
in Grade 12**

Percentage who disapprove or strongly disapprove ^b

Do you disapprove of people (who are 18 or older) doing each of the following? ^a

	2011	2012	2013	2014	2015	2016	2017	2018	2019p ^f	2019e ^f	2020	2021 ^g	2022	2023	2024	2025	2024–2025 change
Use cannabis once or twice	51.3	48.8	49.1	48.0	45.5	43.1	39.0	41.1	34.1	39.6	§	31.2*	35.0	34.6	39.7	43.0	+3.3
Use cannabis occasionally	60.9	59.1	58.9	56.7	52.9	50.5	46.7	49.2	41.4	46.6	§	38.6*	41.6	39.8	49.5	51.9	+2.4
Use cannabis regularly	77.5	77.8	74.5	73.4	70.7	68.5	64.7	66.7	63.4	66.7	§	58.0*	61.6	59.7	68.2	72.3	+4.0
Trying LSD once or twice	86.3	87.2	86.6	85.0	81.7	82.4	78.0	80.5	76.1	77.7	§	68.7*	72.8	72.7	78.7	79.0	+0.2
Taking LSD regularly	94.9	95.2	95.3	94.7	92.5	92.4	92.7	93.4	93.8	92.8	§	90.3*	89.8	90.7	92.6	94.8	+2.2
Trying ecstasy (MDMA, Molly) once or twice ^c	83.9	87.1	84.9‡	83.1	84.5	84.0	85.1	85.6	89.8	87.6	§	85.5*	86.6	85.9	89.6	91.3	+1.6
Trying cocaine once or twice	91.1	91.0	92.3	90.0	89.0	88.4	88.0	88.9	88.5	88.8	§	81.7*	88.7	87.0	90.3	90.7	+0.4
Taking cocaine regularly	96.0	96.8	96.7	96.3	95.2	94.8	94.8	95.8	96.5	95.8	§	92.6*	95.0	95.1	96.8	97.2	+0.4
Trying crack once or twice ^h	91.4	92.8	91.4	89.3	90.2	90.1	89.7	90.4	88.7	85.1	§	87.4*	87.1	86.1	89.2	89.8	+0.6
Taking crack occasionally ^h	93.9	95.0	93.6	91.9	92.5	92.0	91.8	92.2	91.1	85.7	§	90.1*	88.4	89.8	91.0	91.5	+0.5
Taking crack regularly ^h	94.4	95.4	94.1	92.4	92.8	92.6	92.5	92.5	91.5	85.0	§	90.1*	88.9	90.3	91.2	91.7	+0.5
Trying cocaine powder once or twice ^h	88.1	88.7	88.2	85.5	86.4	86.6	85.5	86.5	85.7	82.5	§	83.1*	83.4	84.3	87.3	87.0	-0.3
Taking cocaine powder occasionally ^h	92.2	93.0	91.7	90.4	91.3	90.6	90.3	91.3	90.1	84.3	§	86.6*	86.1	88.2	89.5	90.4	+0.9
Taking cocaine powder regularly ^h	93.8	95.0	94.1	91.7	92.4	92.0	92.2	92.0	91.2	85.6	§	89.5*	89.2	90.5	91.1	91.5	+0.3
Trying heroin once or twice	94.3	95.8	95.6	94.7	94.2	94.1	93.7	95.0	95.7	93.9	§	92.8*	92.9	92.3	94.3	94.9	+0.6
Taking heroin occasionally	96.3	97.0	96.9	96.6	95.3	95.5	95.5	96.4	96.7	95.9	§	94.9*	95.7	95.1	97.1	96.7	-0.4
Taking heroin regularly	96.7	97.4	97.4	97.1	96.4	95.7	95.9	96.8	97.3	96.3	§	96.3*	96.7	95.6	97.5	97.1	-0.4
Trying heroin once or twice without using a needle	92.6	95.2	93.7	92.5	92.6	93.8	93.3	93.0	95.2	95.0	§	93.4*	93.1	94.5	96.2	95.5	-0.7
Taking heroin occasionally without using a needle	94.1	95.9	94.6	93.5	92.8	94.0	93.8	93.4	95.4	95.1	§	93.9*	93.8	94.7	96.8	95.8	-1.0
Trying stimulant medications once or twice ^{d,i}	84.1	83.9	84.9	83.1	81.4	82.1	81.9	81.0	80.3	83.5	§	78.5*	84.0	82.6	87.0‡	88.0	—
Taking stimulant medications regularly ^{d,i}	92.9	93.9	93.2	93.0	92.2	92.2	92.0	92.8	94.4	93.3	§	88.3*	91.2	91.3	93.4‡	93.4	—
Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	28.7	25.4	27.3	29.2	28.9	28.8	27.2	31.3	26.3	30.1	§	22.3*	26.7	26.5	29.7	31.9	+2.2
Taking one or two drinks nearly every day	72.8	70.8	71.9	71.7	71.1	71.8	70.8	74.7	73.4	74.1	§	67.4*	71.0	72.4	79.0	81.0	+2.1
Taking four or five drinks nearly every day	90.8	90.1	90.6	91.9	89.7	91.1	90.7	91.7	91.5	91.9	§	91.8*	92.2	92.9	94.4	93.8	-0.6
Having five or more drinks once or twice each weekend	70.0	70.1	71.6	72.6	71.9	74.2	72.5	75.8	75.0	70.2	§	57.8*	66.9	66.0	73.0	74.9	+1.9
Smoking one or more packs of cigarettes per day	83.0	83.7	82.6	85.0	84.1	85.3	86.6	89.0	87.9	87.7	§	86.5*	86.3	87.4	87.7	90.5	+2.8
Vape cannabis occasionally ^e	—	—	—	—	—	—	—	—	—	—	§	48.0	52.8	57.5	64.2	63.4	-0.7
Vape cannabis regularly ^e	—	—	—	—	—	—	—	—	—	—	§	64.5	68.3	69.3	76.4	77.2	+0.9
Vape an e-liquid with nicotine occasionally ^e	—	—	—	—	—	—	62.0	59.2	56.6	60.7	§	60.3*	64.9	69.3	73.7	74.7	+1.1
Vape an e-liquid with nicotine regularly ^e	—	—	—	—	—	—	71.8	70.9	70.1	70.7	§	73.2*	76.0	79.6	81.2	83.8	+2.7
Taking steroids	89.7	90.4	88.2	87.5	87.8	86.7	88.5	87.4	88.7	90.3	§	80.9*	84.5	81.9	86.6	84.9	-1.7
<i>Approximate weighted N =</i>	2,384	2,301	2,147	2,078	2,193	2,000	1,870	1,918	876	975	§	1,441	1,539	1,220	1,111	1,024	

(Table continued on next page.)

TABLE 8-6 (cont.)

Trends in Disapproval of Drug Use in Grade 12

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '‡' indicates that the question changed the following year. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aThe 1975 question asked about people who are 20 or older.

^bAnswer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

^cBeginning in 2014 "molly" was added to the question on disapproval of using MDMA once or twice. 2014 and 2015 data are not comparable to earlier years due to this change.

^dIn 2011 the list of examples was changed from upper, pep pill, bennie, speed to upper, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

^eBased on two of six forms; N is two times the N indicated.

^fThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

^gSample is decreased by approximately 50% for the following drugs due to survey question experiments: amphetamines, cocaine, alcohol, vaping nicotine, vaping marijuana, heroin without using a needle, Ecstasy (MDMA, molly), and JUUL.

^hThis estimate based on a question that was placed in a different form starting in 2021. Results from each form are nationally representative by themselves, as well as when combined.

ⁱIn 2025, "amphetamines" was changed to "stimulant medications". These changes likely explain the discontinuity of results between 2024 and 2025.



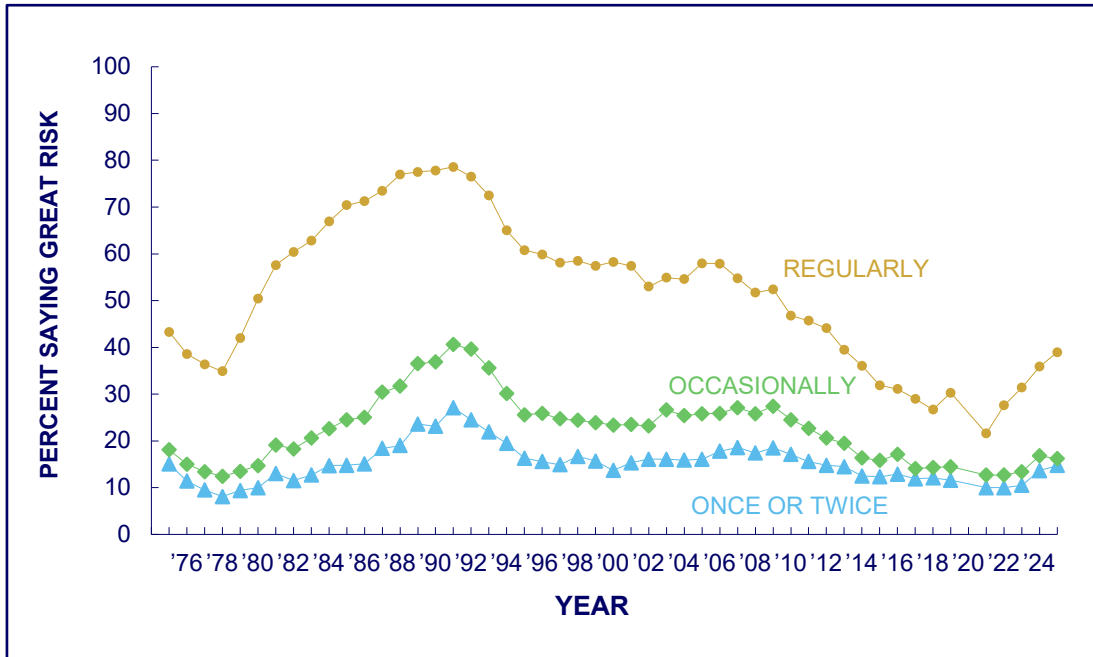
FIGURE 8-1a

CANNABIS

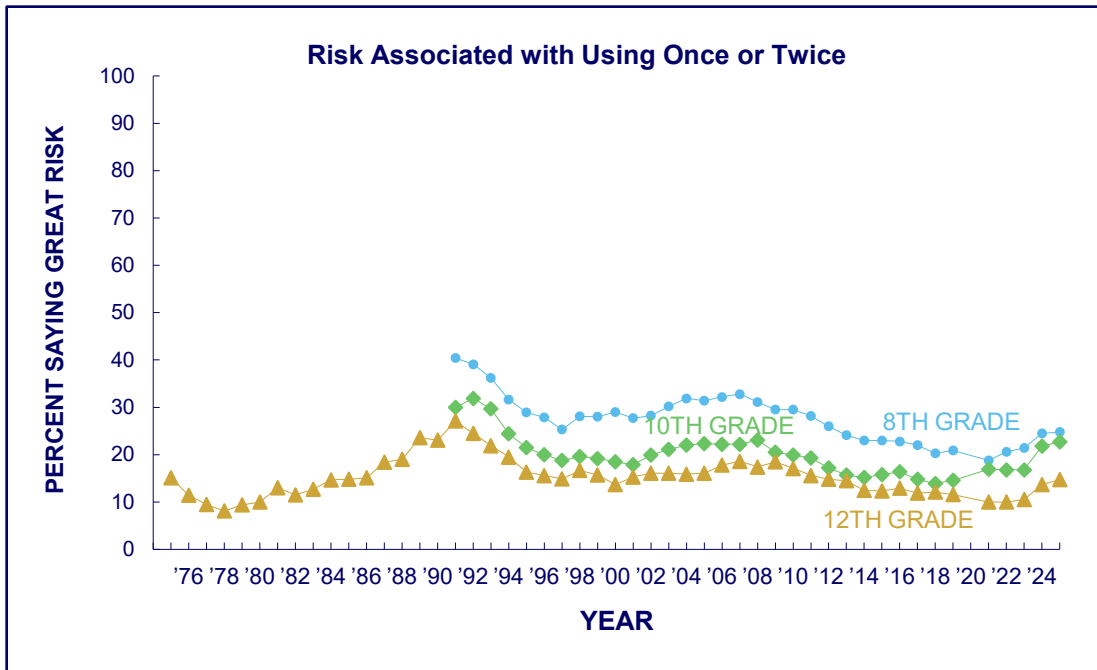
Trends in Perceived Harmfulness
for Different Levels of Use
in Grades 8, 10, and 12



12th Graders



8th, 10th, and 12th Graders



See footnotes at end of this series of Figures

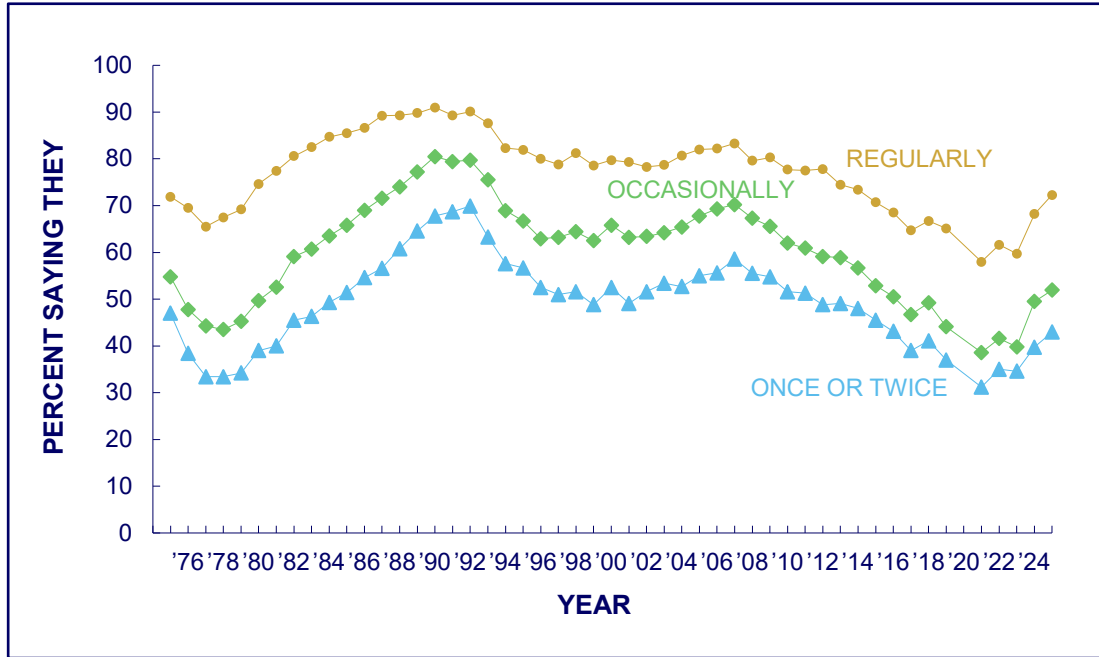
FIGURE 8-1b

CANNABIS

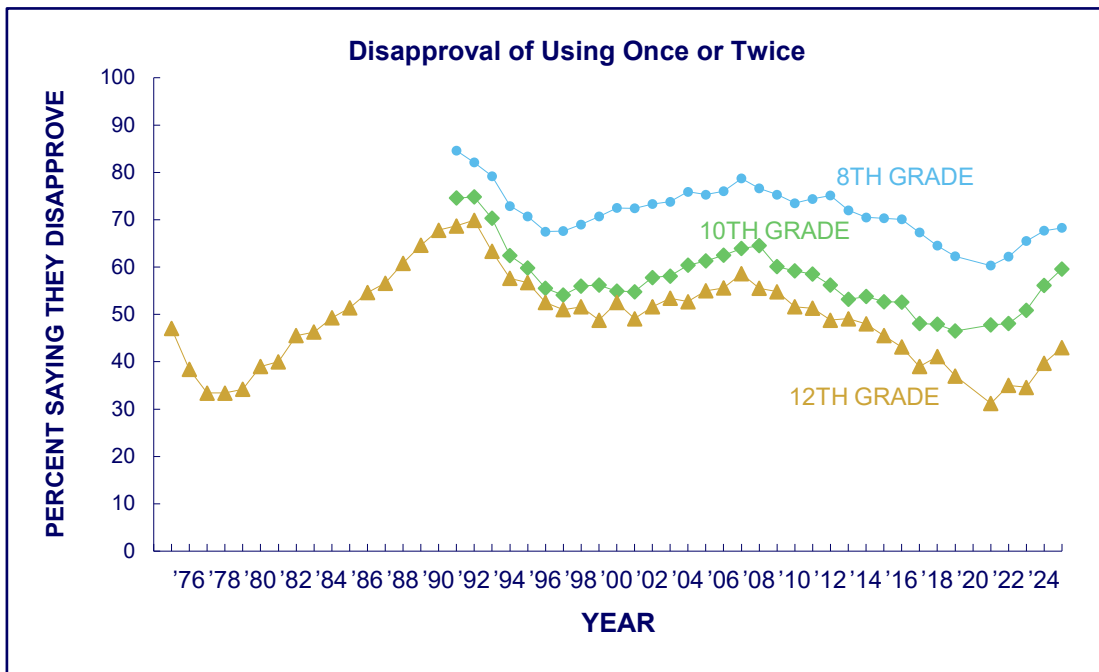
Trends in Disapproval
of Different Levels of Use
in Grades 8, 10, and 12



12th Graders



8th, 10th, and 12th Graders

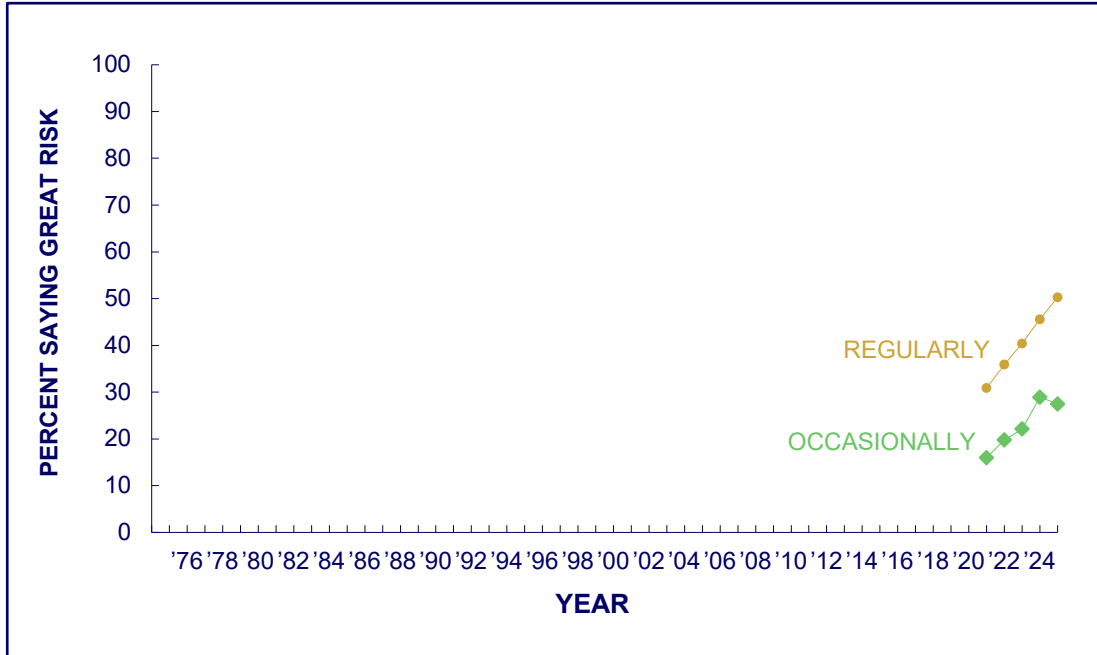


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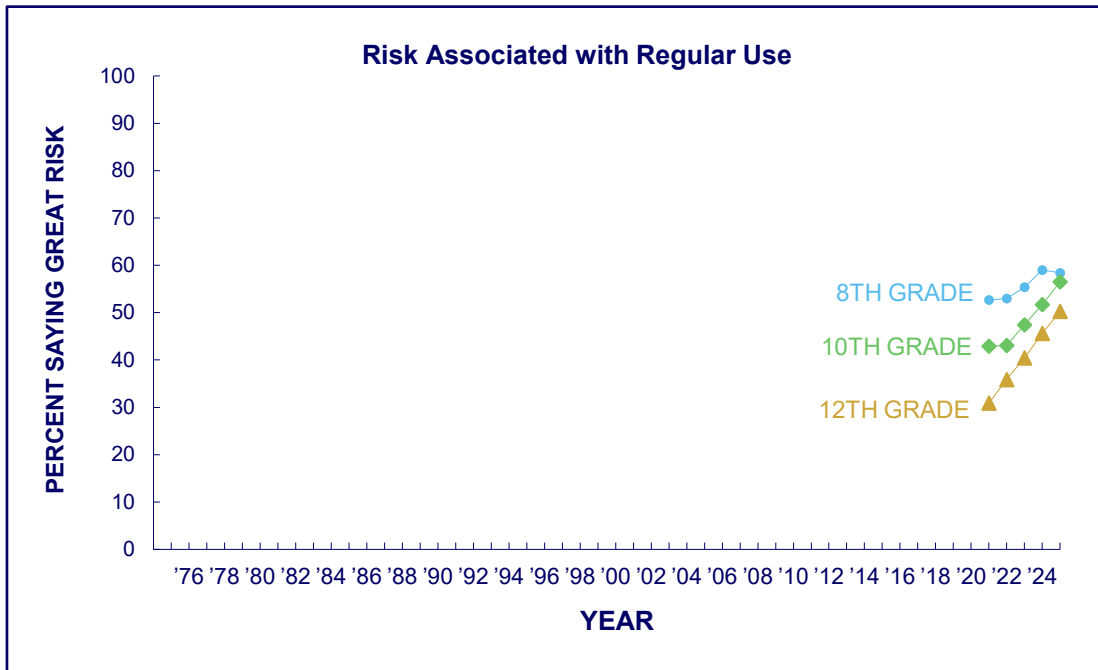
FIGURE 8-2a
VAPING CANNABIS
 Trends in Perceived Harmfulness
 for Different Levels of Use
 in Grades 8, 10, and 12



12th Graders



8th, 10th, and 12th Graders

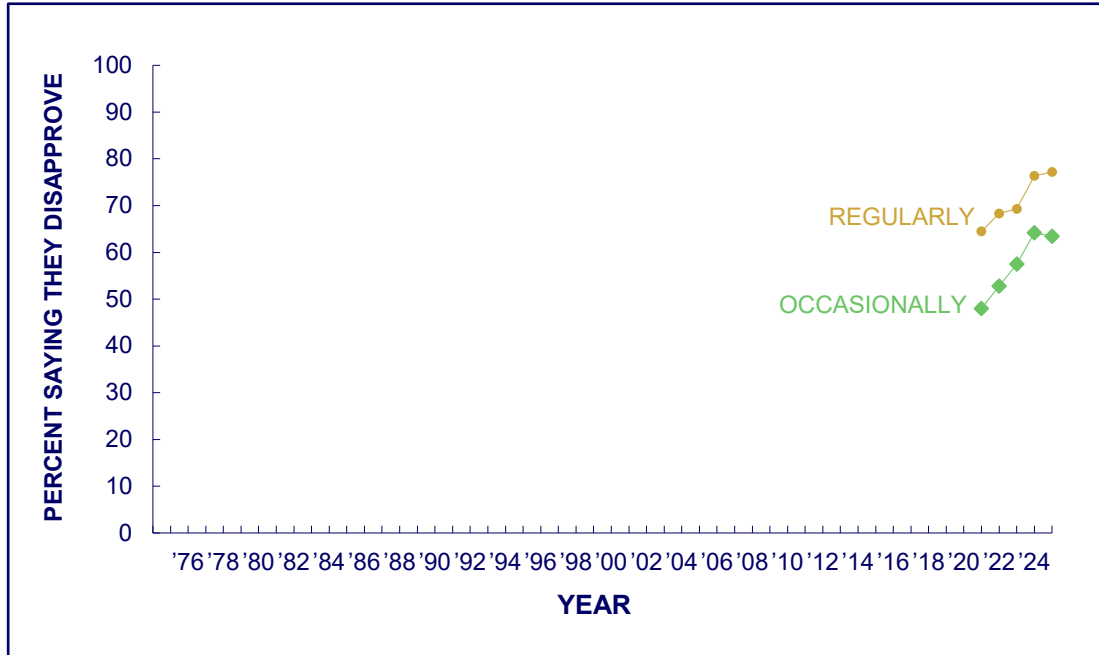


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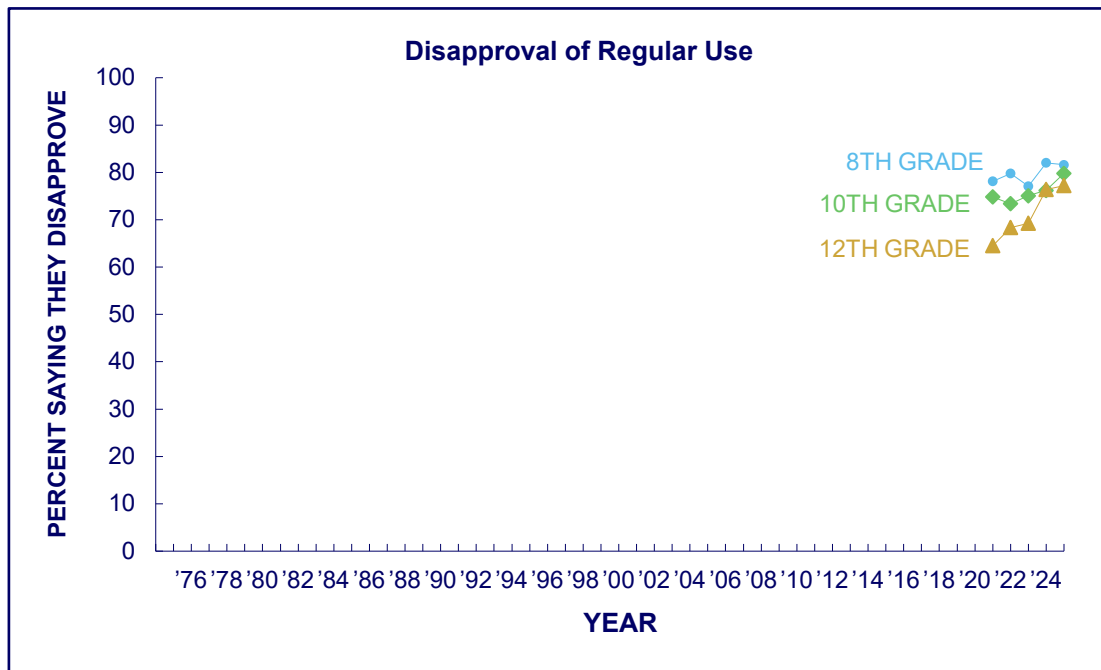
FIGURE 8-2b
VAPING CANNABIS
 Trends in Disapproval
 of Different Levels of Use
 in Grades 8, 10, and 12



12th Graders



8th, 10th, and 12th Graders

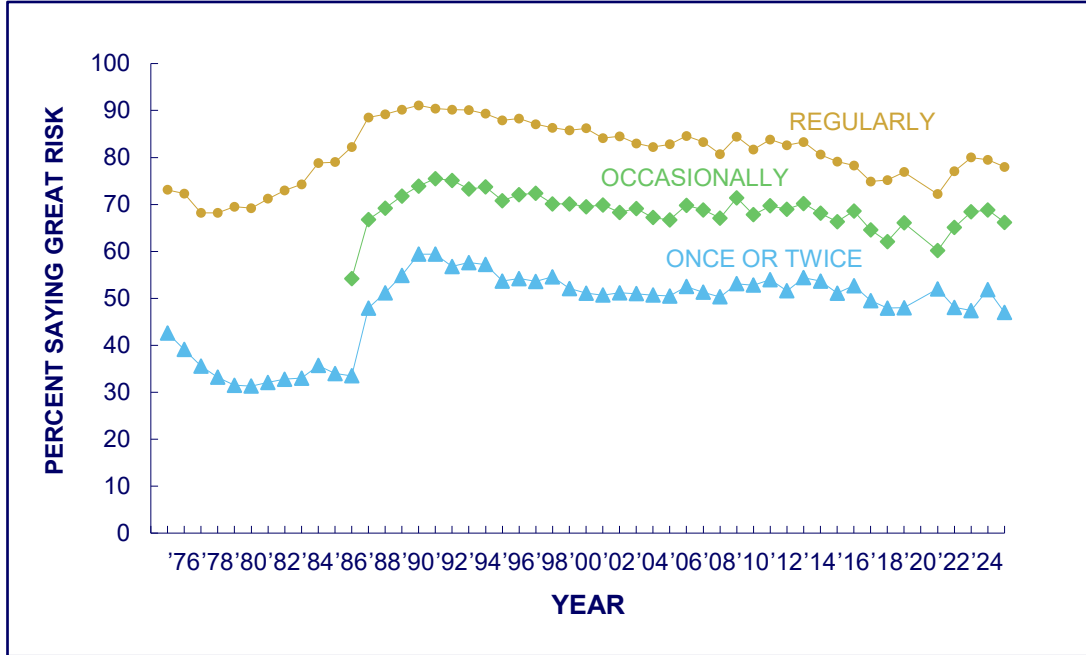


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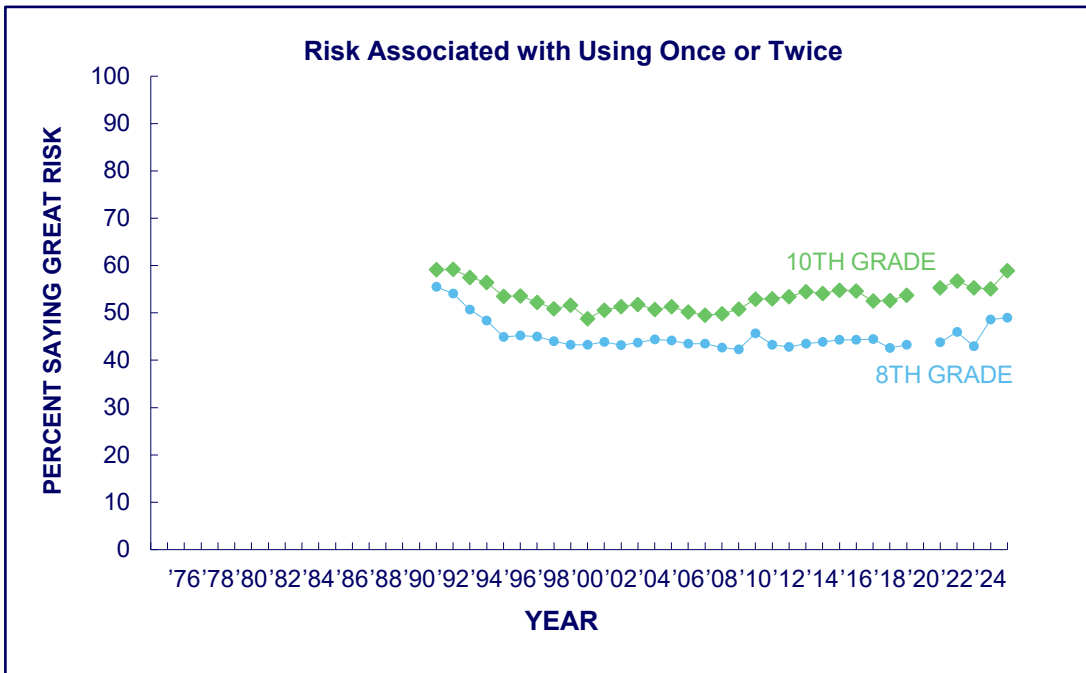
FIGURE 8-3a
COCAINE^{a,b}
 Trends in Perceived Harmfulness
 for Different Levels of Use
 in Grades 8, 10, and 12



12th Graders



8th and 10th Graders



See footnotes at end of this series of Figures

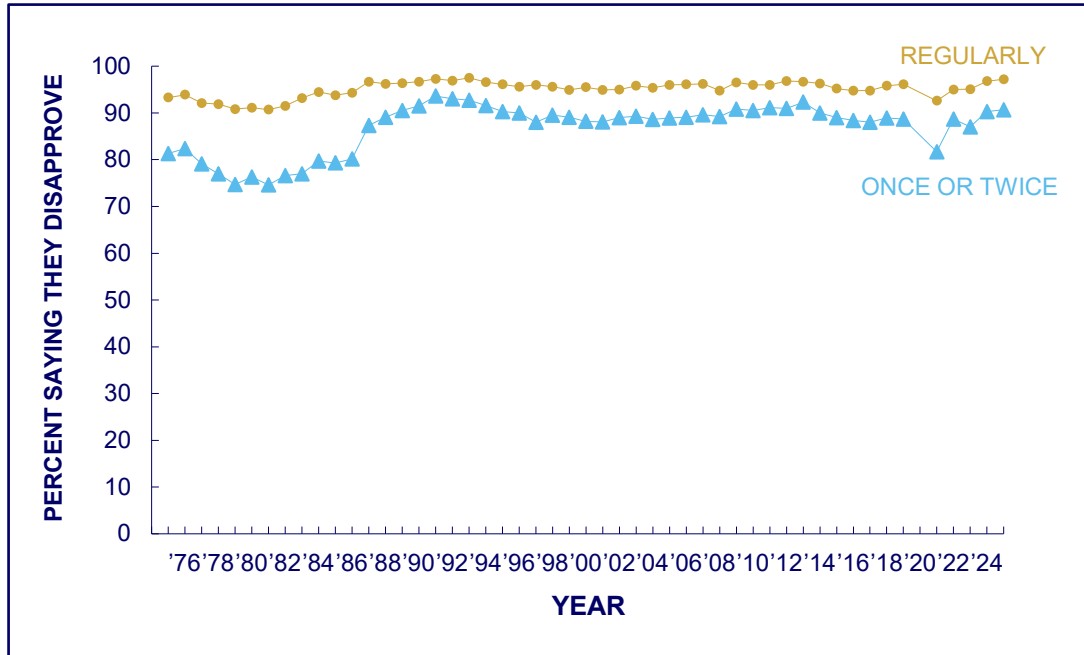
FIGURE 8-3b

COCAINE^a

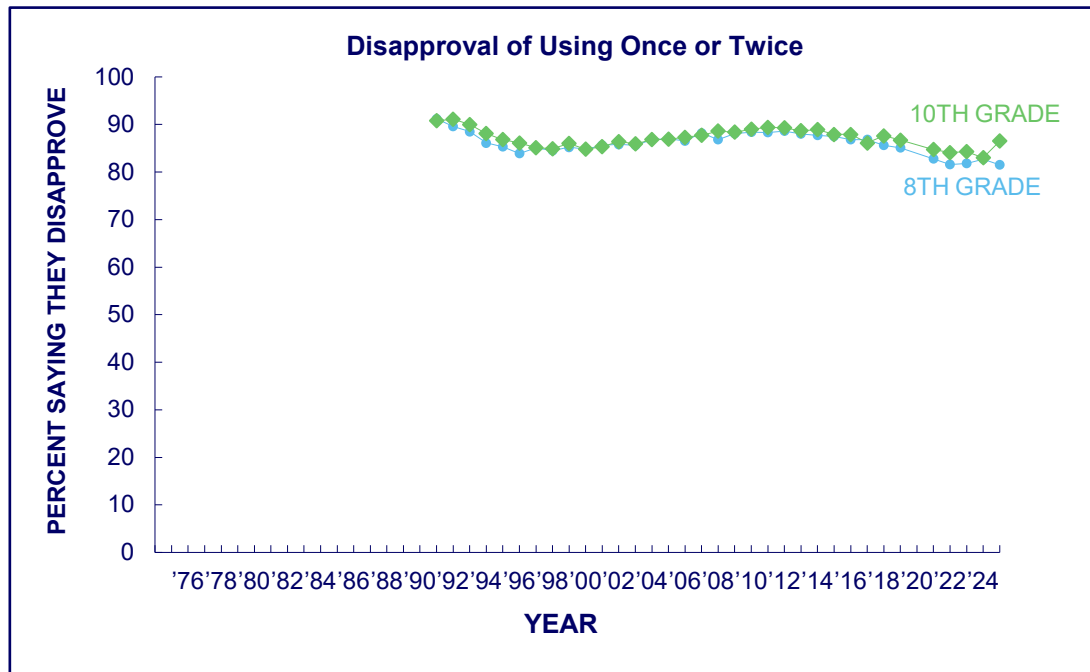
Trends in Disapproval
of Different Levels of Use
in Grades 8, 10, and 12



12th Graders



8th and 10th Graders

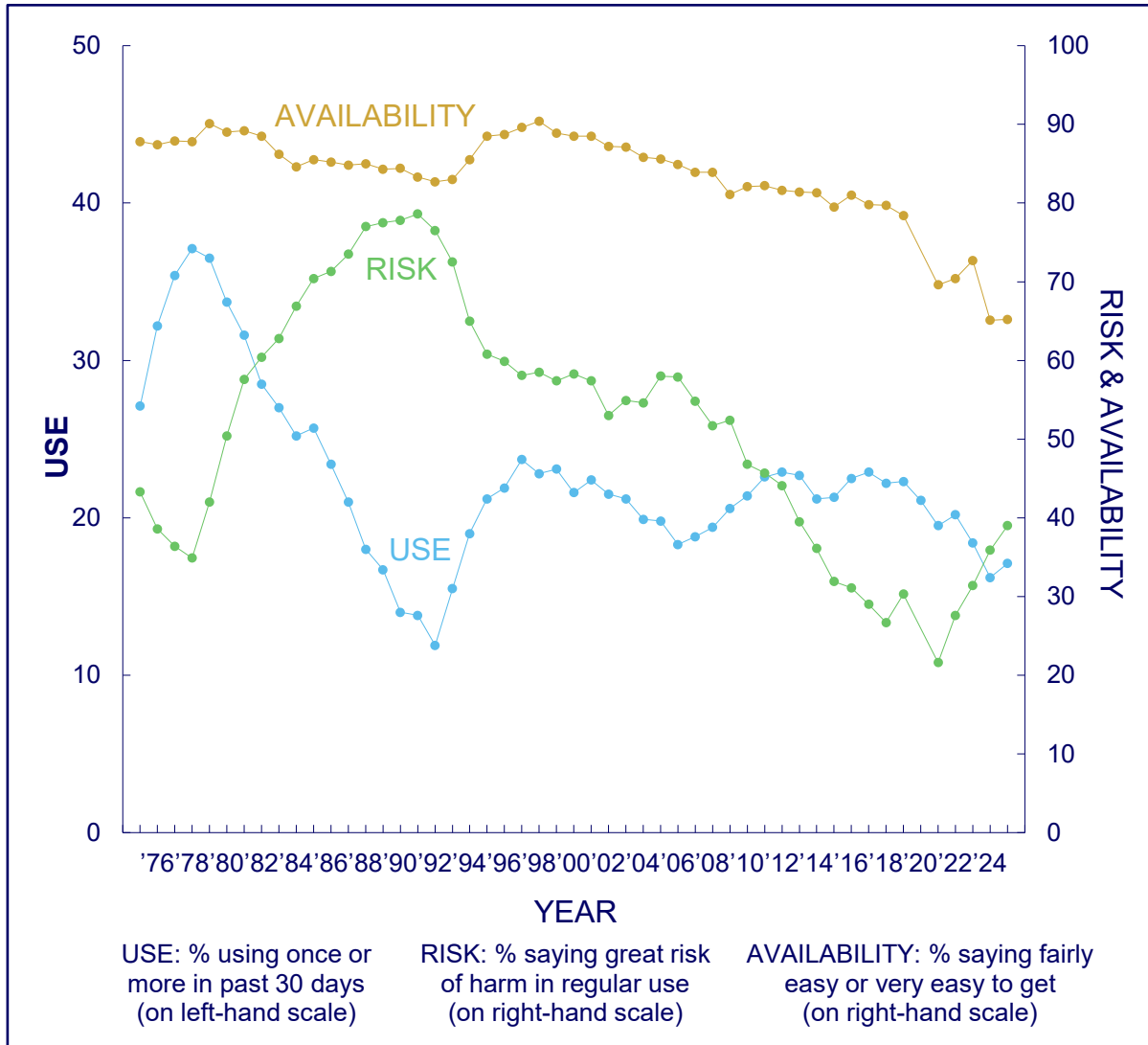


See footnotes at end of this series of Figures

FIGURE 8-4

CANNABIS

Trends in Perceived Availability,
Perceived Risk of Regular Use, and
Prevalence of Use in Past 30 Days in Grade 12

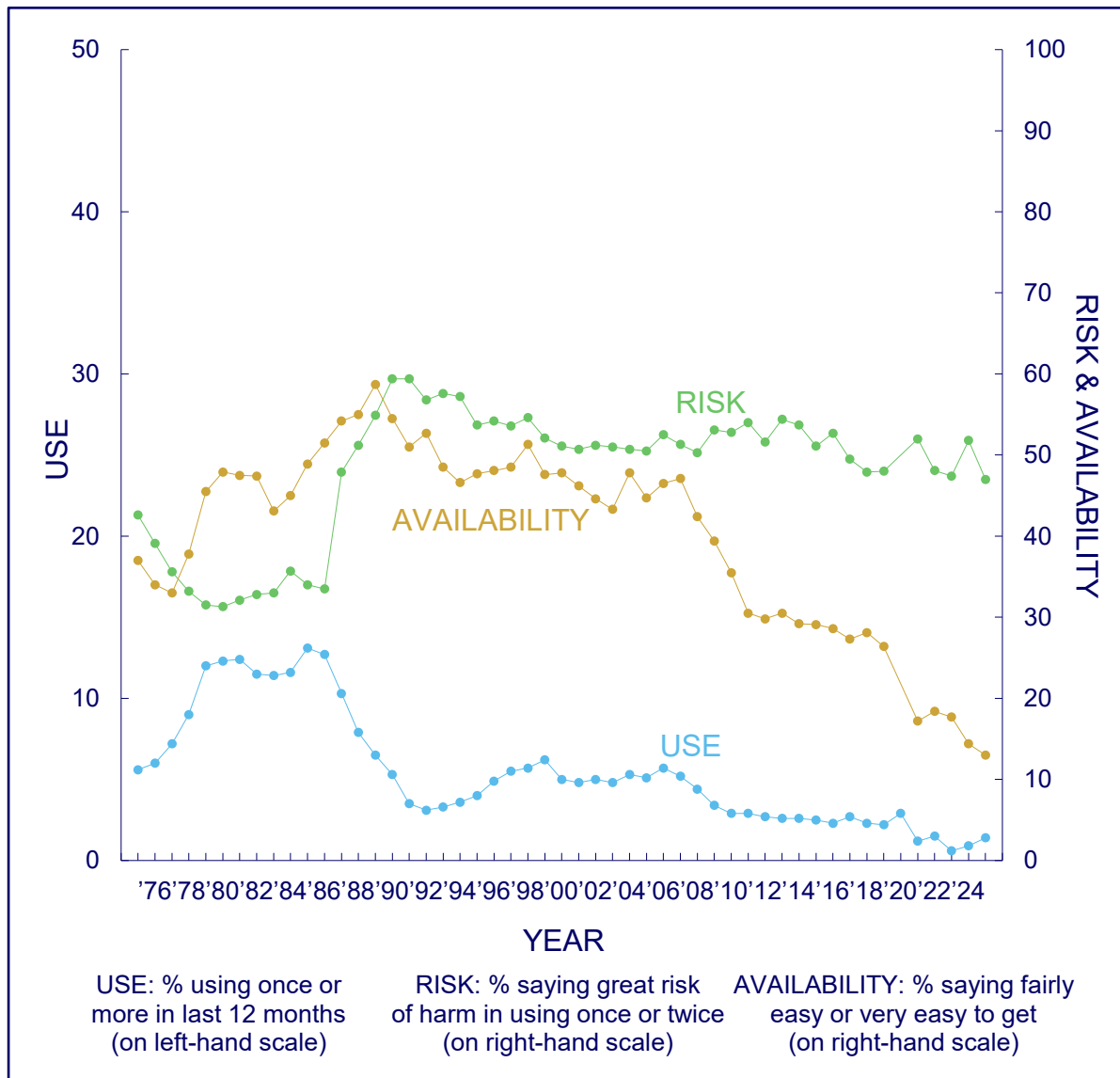


See footnotes at end of this series of Figures

FIGURE 8-5

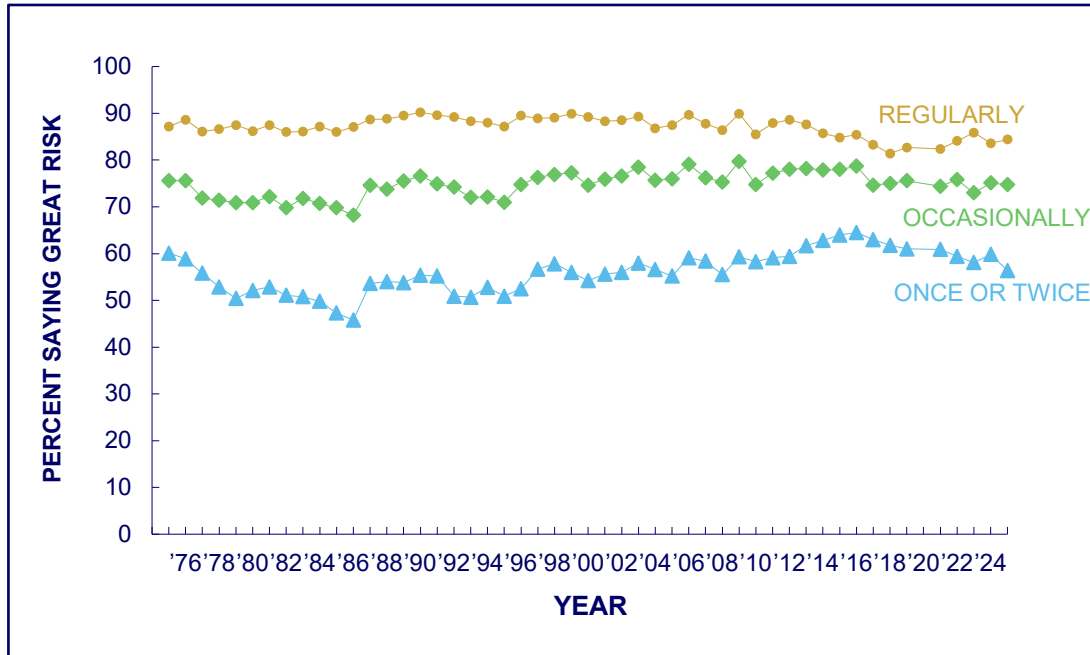
COCAINE

Trends in Perceived Availability,
Perceived Risk of Trying, and
Prevalence of Use in Last 12 Months in Grade 12



See footnotes at end of this series of Figures

FIGURE 8-6a
HEROIN^c
 Trends in Perceived Harmfulness
 for Different Levels of Use
 in Grade 12

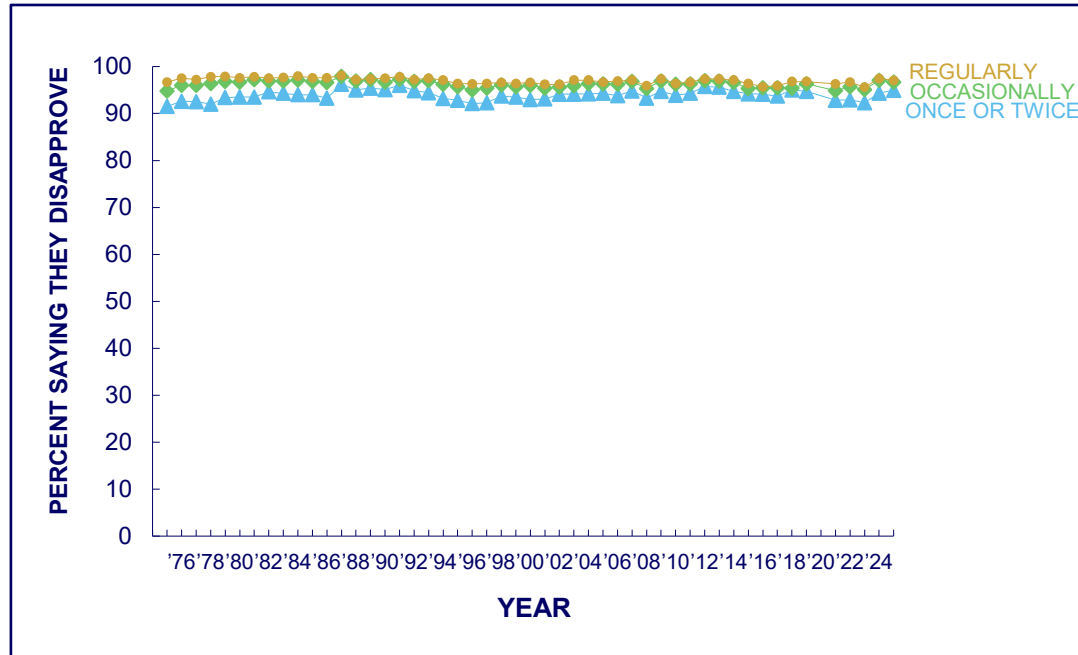


See footnotes at end of this series of Figures

FIGURE 8-6b

HEROIN^c

Trends in Disapproval
of Different Levels of Use
in Grade 12

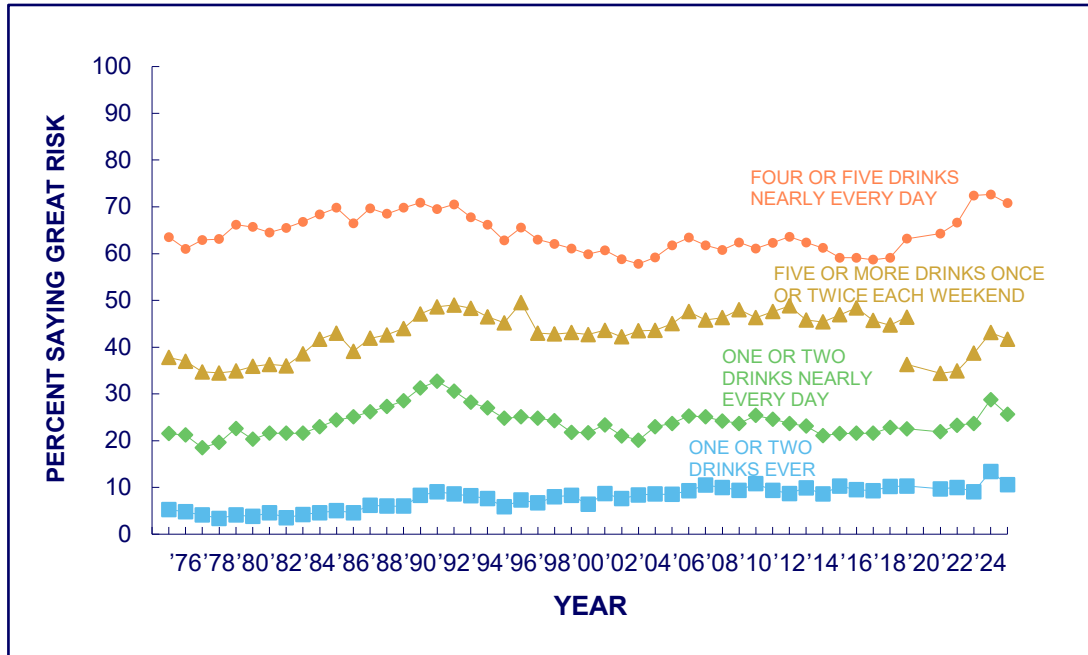


See footnotes at end of this series of Figures

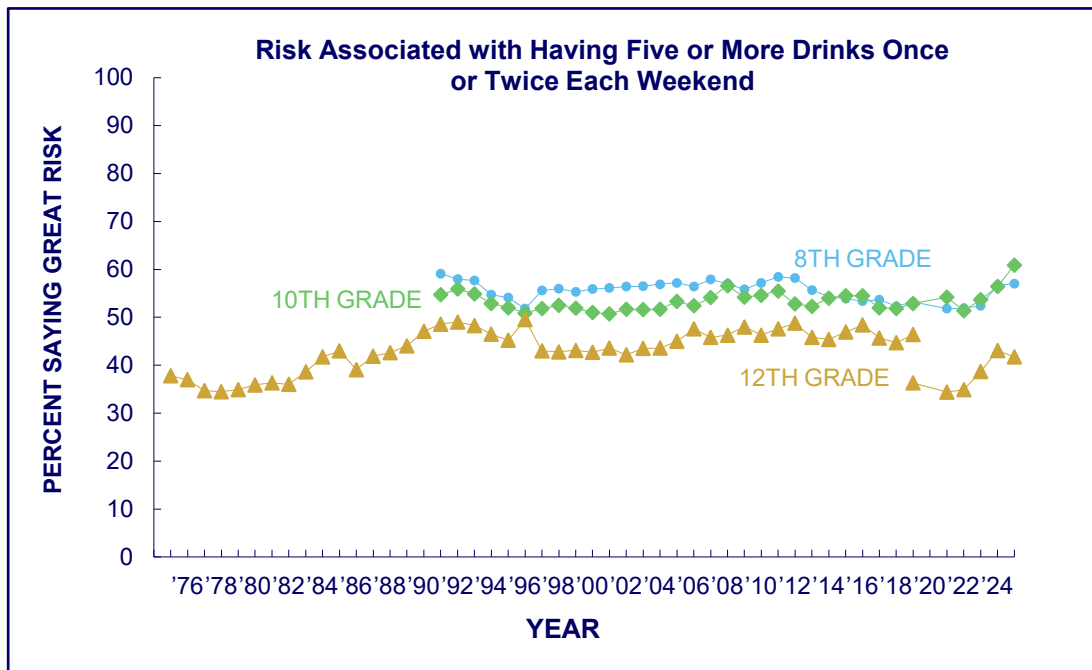
FIGURE 8-7a
ALCOHOL
 Trends in Perceived Harmfulness
 for Different Levels of Use
 in Grades 8, 10, and 12



12th Graders



8th, 10th, and 12th Graders

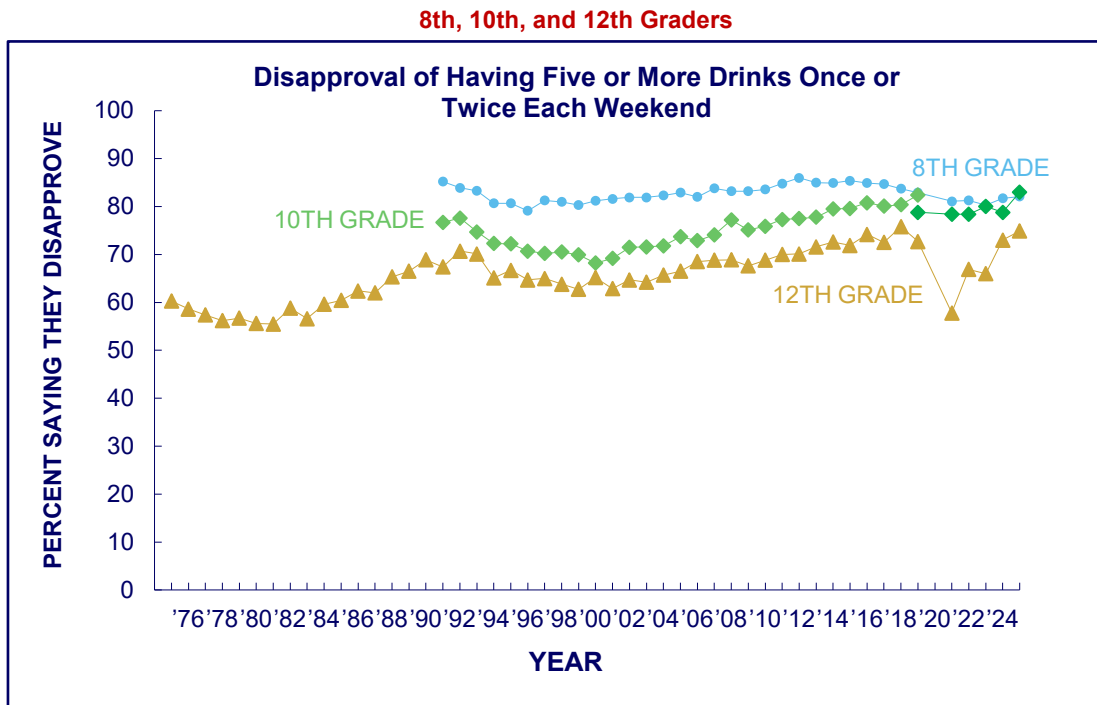
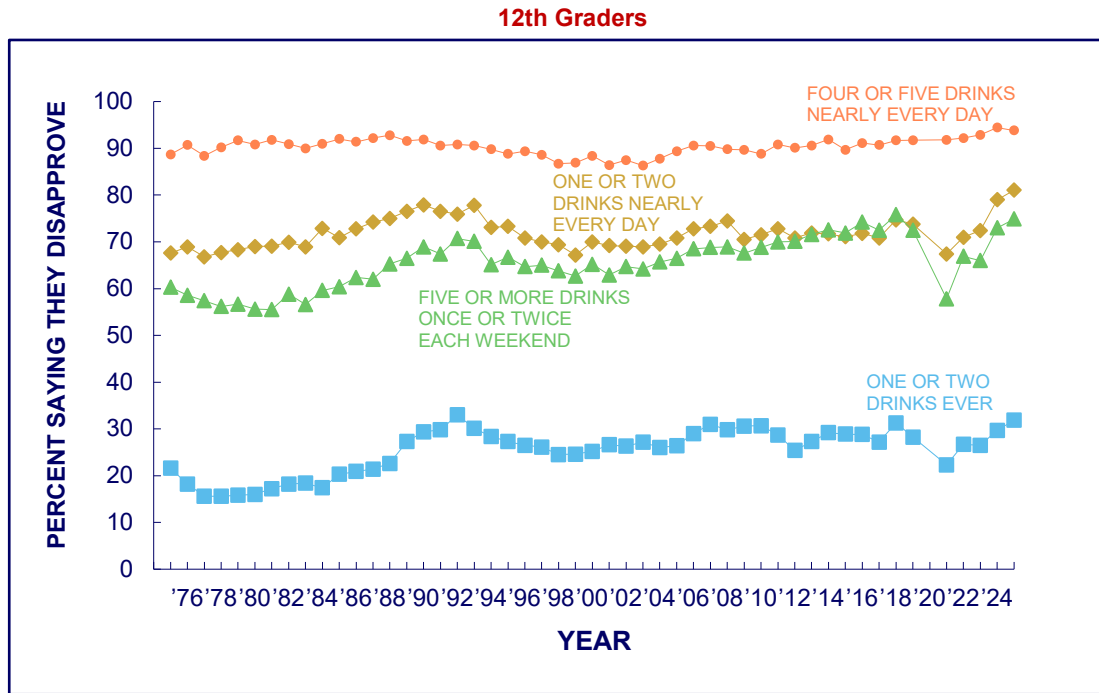


See footnotes at end of this series of Figures

FIGURE 8-7b

ALCOHOL

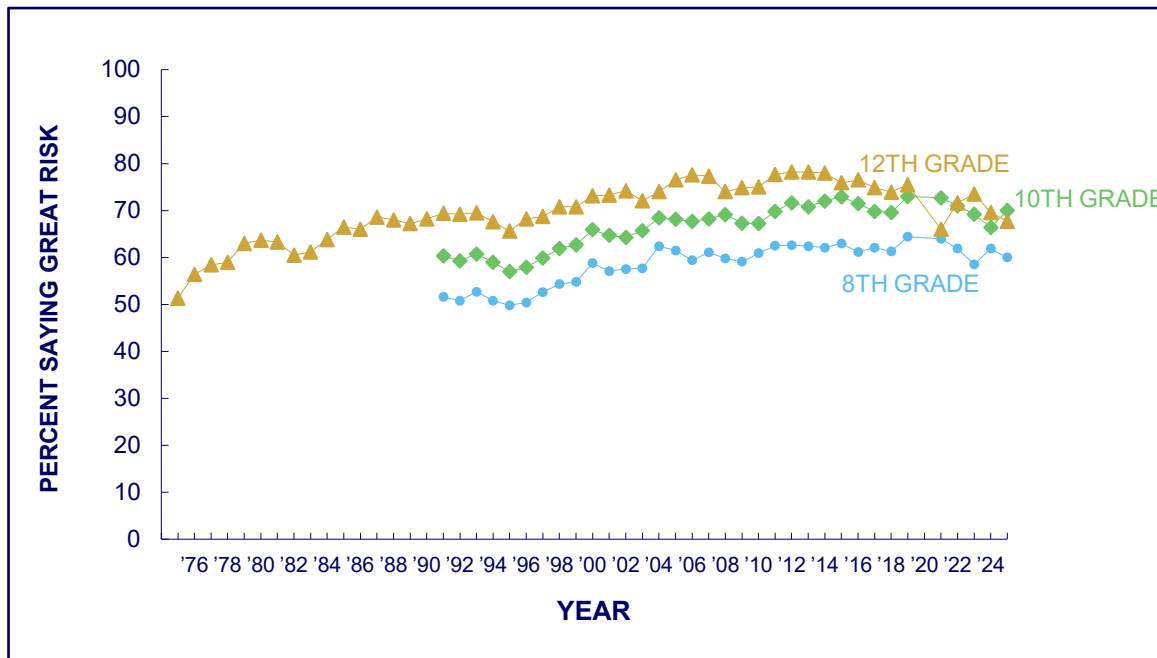
Trends in Disapproval
of Different Levels of Use
in Grades 8, 10, and 12



See footnotes at end of this series of Figures

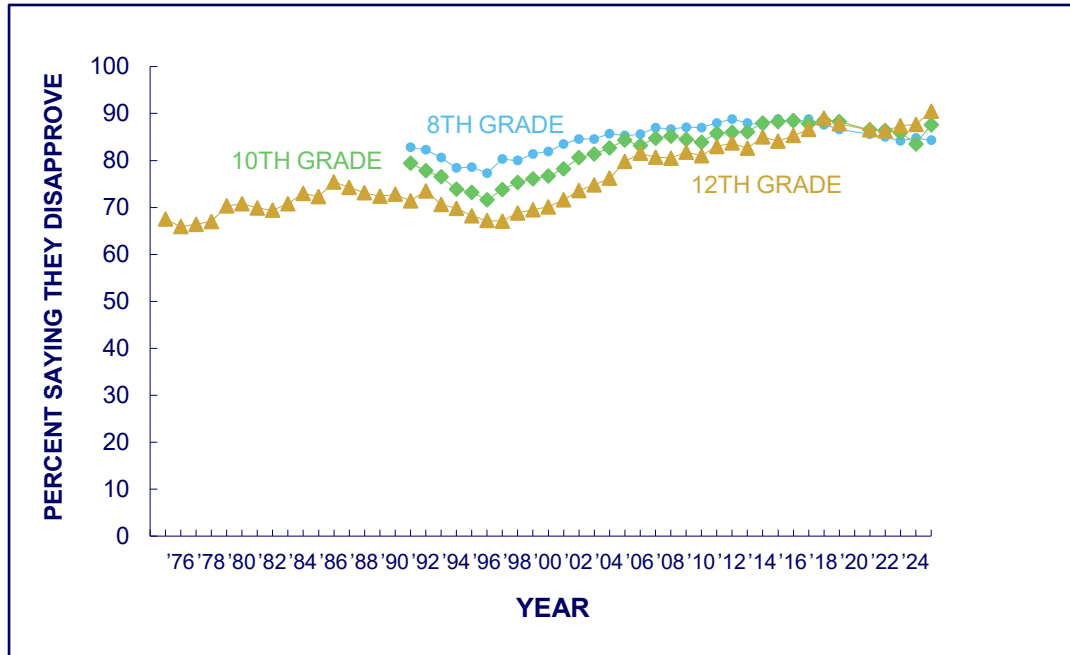
FIGURE 8-8a
CIGARETTES

Trends in Perceived Harmfulness
of Smoking 1 or More Packs per Day
in Grades 8, 10, and 12



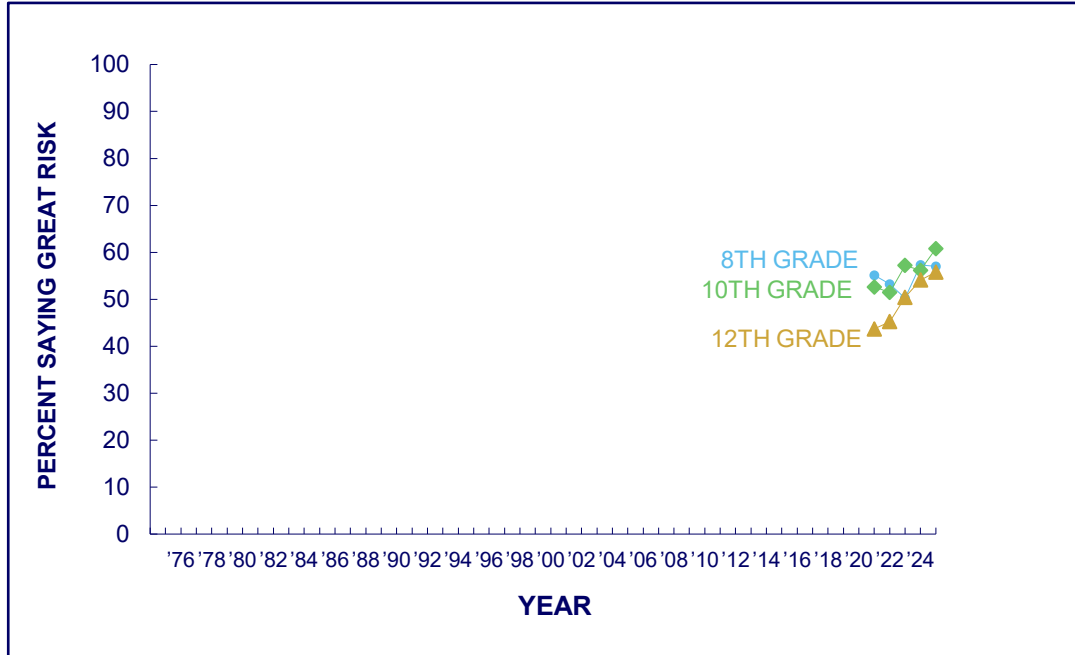
See footnotes at end of this series of Figures

FIGURE 8-8b
CIGARETTES
 Trends in Disapproval
 of Smoking 1 or More Packs per Day
 in Grades 8, 10, and 12



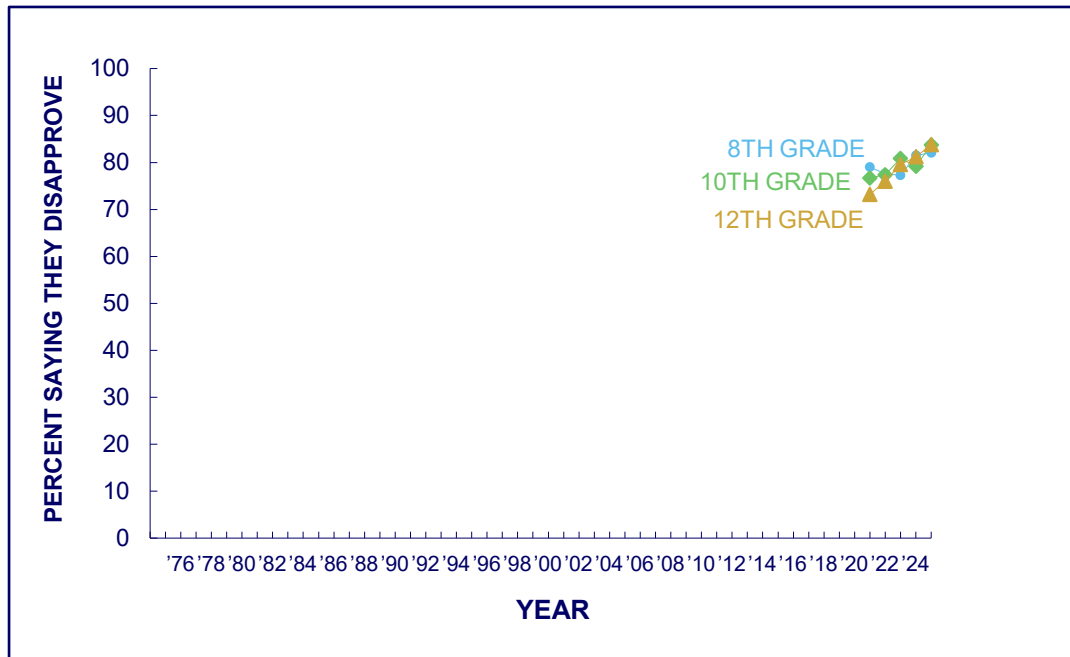
See footnotes at end of this series of Figures

FIGURE 8-9a
VAPING E-LIQUID WITH NICOTINE
Trends in Perceived Harmfulness
of Smoking 1 or More Packs per Day
in Grades 8, 10, and 12



See footnotes at end of this series of Figures

FIGURE 8-9b
VAPING E-LIQUID WITH NICOTINE
Trends in Disapproval
of Smoking 1 or More Packs per Day
in Grades 8, 10, and 12



See footnotes at end of this series of Figures

Footnotes for Figures 8-1a through 8-9b

Note. In the year 2019 students in a randomly-selected half of schools completed the MTF survey with paper-and-pencil questionnaires, and students in the other half of schools completed it electronically with tablets connected to the internet. When prevalence estimates significantly differ by survey mode the Figures present two 2019 estimates, with the paper-and-pencil estimate linked to years 2018 and earlier and the tablet estimate linked to years 2021 and later. When the estimates do not significantly differ the Figures use only one 2019 prevalence level, which is the estimate combining results from both survey modes.

Figures 8-3a, 8-3b

^aData presented here for 12th graders pertains to cocaine in general, while the data for 8th and 10th graders pertains specifically to cocaine in powder form until 2021. From 2021-forward, data presented for 8th and 10th graders also pertains to cocaine in general.

^bNo 2019 estimate is presented for 8th and 10th graders for the students who completed the surveys electronically with tablets, as that estimate is not comparable to the previous years due to potential mode effects and is not comparable with 2021-forward due to the change in question text.

Figures 8-6a, 8-6b

^cData not available for 8th and 10th graders.



CHAPTER 9 – The Social Context

Substance misuse is an individual behavior, but it typically occurs within a social context. In this chapter, we consider some of the forces in the social context that may influence adolescents' attitudes and beliefs about drugs as well as their use of them. For 8th, 10th, and 12th graders, we report the proportions of their friends who use various drugs and the perceived availability of these drugs. In addition, for 12th graders only, we report measures of perceived friends' disapproval of drug use.

Perceived Attitudes of Friends

Since the beginning of the study in 1975, a set of questions has asked 12th graders to estimate their friends' attitudes about drug use (see [Table 9-1](#)). These questions ask, "How do you think your close friends feel (or would feel) about you [using the specified drug at the specified level]?" The questions parallel the questions asked of students about their own attitudes, which are discussed in [Chapter 8](#). Disapproval is defined here as the percentage of respondents indicating that their close friends would either "disapprove" or "strongly disapprove" of their using each drug at the specified level. Highlights of the 2025 findings include the following:

- About half of 12th grade students reported that their close friends would disapprove of them using **cannabis** experimentally (52%) or occasionally (58%). More than two-thirds (71%) believed their close friends would disapprove of them using cannabis regularly ([Table 9-1](#)). However, the converse is that a substantial proportion, almost 30%, of 12th grade students do not believe their close friends would disapprove of their regular cannabis use.
- More than eight out of ten (85%) 12th graders in 2025 thought their close friends would disapprove of their **smoking a pack or more of cigarettes a day**. This is higher than both disapproval of regular cannabis use (71%) and regular nicotine vaping (77%).
- In 2025, the proportion of 12th grade students who reported their friends would disapprove of them using **cocaine** either experimentally or occasionally was over 88%.
- The proportion of 2025 12th grade students who perceived disapproval from friends for alcohol use varied with level of consumption: 76% for **binge drinking (having five or more drinks) on weekends**, 82% for consuming **one or two drinks nearly every day**, and 91% for **having four or five drinks nearly every day**.
- **Smoking one or more packs of cigarettes per day, having four to five drinks nearly every day, and using cocaine occasionally** had among the highest levels of perceived friends' disapproval.

In sum, perceived peer norms among 12th grade students differ considerably for various drugs and for varying degrees of involvement with those drugs, but overall they tend to be quite conservative. The majority of 12th graders have close friends who they think would disapprove of their drug use.

Although these questions are not included in the 8th and 10th grade questionnaires, there seems to be little doubt that these students would report peer norms at least as restrictive as the 12th graders, and quite likely more restrictive ones, based on the cross-grade comparisons in levels of personal disapproval (discussed in [Chapter 8](#)).

Trends in Perceptions of Friends' Attitudes

Below we present trends in perceptions of friends' attitudes up to 2025. A number of important changes in 12th graders' perceptions of peer attitudes have taken place over the life of the study. These shifts are presented both in [Table 9-1](#) and graphically in [Figures 9-1a through 9-2b](#), along with data on the respondents' own attitudes.³³ In 2025, the percentage of 12th grade students who reported their friends would disapprove of them using drugs did not significantly change for any of the substances surveyed ([Table 9-1](#)).

- Friends' perceived disapproval for each level of **cannabis** use—trying once or twice, occasional use, and regular use—edged upward in 2025, although these increases were not statistically significant. Longer term, all three levels have declined considerably since the early 1990s. Peer disapproval of using cannabis once or twice, for example, declined from a high of 73% in 1992 to 52% in 2025. Clearly, social norms regarding cannabis use among adolescents have relaxed across the decades.
- In general, throughout the years of the study, adolescents' perceptions of disapproval from their peers have tracked closely with their own personal levels of disapproval (see [Figures 9-1a, 9-1b, 9-2a, 9-2b](#)). This close tracking is consistent with both socialization and selection; that is, peers exert a substantial influence on adolescent attitudes and beliefs (socialization), and, at the same time, adolescents join friend groups that share similar values and behaviors (self-selection).
- Peer disapproval of **cocaine** use has been consistently high ([Table 9-1](#) and [Figure 9-1b](#)). The proportion of 12th graders who reported that their friends disapprove of trying cocaine “once or twice” has been 86% or higher since 1988, and the proportion disapproving of “occasional” cocaine use has been 89% or higher during the same period. Questions on friends' attitudes about cocaine use were added to the study in 1986. Between 1986 and 1992, the proportion of students

³³ Adjusted trend lines have been used for data on friends' attitudes collected before 1980. For details see footnote 3 of Chapter 9 in the 2023 [publication](#) of this annual report (page 388).

who said that their close friends would disapprove of their experimenting with cocaine rose from 80% to 92%. This corresponds to an even larger increase in perceived risk as well as a precipitous drop in actual use, suggesting that fears of potential harm caused cocaine use to become less acceptable,³⁴ and low levels of acceptability have persisted over the past four decades. (The perception of friends' disapproval of **crack cocaine**, first asked about in 1989, closely parallels the findings for cocaine in general but at slightly higher levels of perceived disapproval.)

- Perceived peer disapproval of trying **LSD** once or twice has historically been high, and was 82% among 12th graders in 2025 ([Figure 9-1b](#)). This level has ranged between 80% and 90% since 1998, with a temporary dip to mid-70% levels after the pandemic onset in 2021 and 2022.
- As is true for most of the illicit drugs other than cannabis, perceived peer disapproval of trying **amphetamines** once or twice has been quite high for the entire life of the study, though there have been some important fluctuations ([Figure 9-1b](#)). The level of disapproval in 2025 was 85%, close to the peak of 87% in 2007. In previous years, peer disapproval followed the common pattern of a decline during the 1990s drug relapse and an increase beforehand and afterwards. Once again, peer disapproval and personal disapproval tracked very closely over the life of the study.
- In 2025, the perceived proportion of peers who disapproved of **weekend binge drinking**, defined as having five or more drinks once or more in the past two weeks, was 76%. This is close to the record high set last year (77%), which corresponds with the historical low levels of self-reported binge drinking in recent years ([Figure 9-2a](#) and [Table 9-1](#)).

Perceived disapproval of weekend binge drinking increased to current levels from lows of 51% in the early 1980s. This increase was interrupted by a pause and slight decline in levels of disapproval during the 1990s relapse in drug use. Prior to the relapse, during the 1983–1992 period, laws mandating an increase in the minimum legal drinking age were enacted in a number of states, ad campaigns were launched aimed at deterring drinking and driving, and subsequent ad campaigns encouraged the use of designated drivers. Some divergence occurred when 12th graders' own attitudes became less tolerant while perceived peer norms among friends changed more slowly, suggesting some collective unawareness of the extent to which peers had come to disapprove of weekend binge drinking. In general, binge drinking has been in decline among 12th graders during the period of increased peer disapproval.

³⁴ Johnston, L. D. (1991). Toward a theory of drug epidemics. In R. L. Donohew, H. Sypher, & W. Bukoski (Eds.), *Persuasive communication and drug abuse prevention* (pp. 93–132). Hillsdale, NJ: Lawrence Erlbaum.

Bachman, J. G., Johnston, L. D., & O'Malley, P. M. (1990). [Explaining the recent decline in cocaine use among young adults: Further evidence that perceived risks and disapproval lead to reduced drug use](#). *Journal of Health and Social Behavior*, 31, 173–184.

- The proportion of 12th grade students who believe that their friends disapprove of **having four or five drinks nearly every day** has been above 80% and changed little throughout the course of the study (middle panel of [Figure 9-2a](#) and [Table 9-1](#)).
- Perceived peer disapproval of having **one or two drinks nearly every day** (top panel of [Figure 9-2a](#) and [Table 9-1](#)) was at 82% in 2025, which is near the record high set last year (84%). It declined after the pandemic but has increased since then.
- Perceived peer disapproval of **smoking one or more packs of cigarettes per day** has hovered around 85% for the past decade ([Table 9-1](#)). In 2025, it was 85%. These high levels of disapproval coincide with self-reported smoking levels reaching a historical low. In general, peer disapproval of regular cigarette smoking has steadily increased over the course of the study from a low of 64% in 1975, with an exception of a slight decline during the 1990s relapse. Clearly, smoking has become a less acceptable behavior among young people over the life of the study, particularly since 1996, and this corresponds to a period of a very considerable decline in adolescent smoking, as is documented in [Chapter 5](#).
- Perceived peer disapproval of **nicotine vaping** was first added to the survey in 2021. Levels for disapproval in 2025 were at their second-highest level in the five years this outcome has been monitored: at 70% for occasional vaping and 77% for regular vaping in 2025. The highest levels were last year, at 72% and 79%, respectively.

Perceived Use of Drugs by Friends

It is generally acknowledged that peer influences are among the most powerful mechanisms of substance use initiation during adolescence. Drug use is often initiated through a peer social-learning process, and research, including our own, has shown a high correlation between an individual's illicit drug use and that of his or her friends. Such a correlation can—and probably does—reflect several causal patterns: (a) a person with friends who use a drug will be more likely to try the drug; (b) conversely, an individual who is already using a drug will be more likely to introduce friends to the experience; and (c) individuals who are using a drug are more likely to establish friendships with other people who use (and likewise, nonusers are more likely to form friendships with other nonusers).

Given the importance of exposure to drug use by others, it is useful to monitor students' beliefs about the levels of drug use among their friends, which we report below for all three grades ([Tables 9-2 to 9-4](#)).

In addition to questions on perceived levels of drug use by friends, in the past, the MTF survey also included questions on direct exposure to drug use. These questions asked respondents how often they had been around people—not just their friends—who were using specific drugs. These questions were

discontinued after 2023, in part because the results were nearly identical to the results from friends' use. For previous discussion of these direct exposure measures see Chapter 9 of the 2022 [version](#) of this report, which reports findings up to 2021.

Friends' Use of Drugs in 2025

- Among the substances that their friends use, **nicotine vaping** ranks at or near the highest in all grades ([Tables 9-2 to 9-4](#)). In 2025, the percentage reporting that any of their friends vaped nicotine was 32% in 8th grade, which was tied with alcohol for the highest level. Among 10th grade students, 48% reported their friends vape nicotine, which ranks second only to alcohol (53%). In 12th grade, the level was 54%, which tied with cannabis and was behind alcohol (60%) and any illicit drug (64%).
- As would be expected, with few exceptions 10th graders are less likely than 12th graders to have friends who use most drugs, and 8th graders are less likely still ([Tables 9-2 to 9-4](#)). For example, 21% of 8th graders in 2025 said that they have any friends who use cannabis, compared with 40% of 10th graders and 55% of 12th graders. Still, that means that almost a quarter of 8th graders—most of whom are 13 or 14 years old—already have some friends who use cannabis.
- **Inhalants** are one important exception to the typical developmental trend. Consistent with our finding that current inhalant use is more prevalent in 8th grade than in 10th or 12th grades, 10% of 8th graders said they have some friends who use inhalants vs. 7% of 10th graders and 6% of 12th graders in 2025.
- Exposure to **alcohol** use by friends is relatively widespread even at these younger ages, with 32% of 8th graders and 53% of 10th graders reporting having any friends who use alcohol. In fact, 4% of 8th graders and 12% of 10th graders said that most or all of their friends drink, and the proportions saying that most or all of their friends **get drunk** at least once a week were 2% in 8th grade and 5% in 10th grade, compared to 5% in 12th grade.
- About one of seven of 8th graders (15%) and one of five 10th graders (21%), and about a third of 12th graders (32%), said they have some friends who **smoke cigarettes**.
- Slightly smaller proportions have friends who use **smokeless tobacco**: 10% of 8th graders and 16% of 10th graders in 2025.

In sum, today's U.S. adolescents—even those in middle school—have high degrees of exposure to drug use among their peers, whether or not they use drugs themselves. Exposure levels are particularly high for nicotine vaping, cannabis use, drinking alcohol, and drunkenness.

Trends In Perceived Use of Drugs by Friends

In what follows, we present perceived levels of drug use among friends up to 2025. This outcome has seen important changes over the past four decades, as would be expected given variability in the levels of their self-reported use. [Tables 9-2, 9-3, and 9-4](#) present trends for various drugs in each of the three grades. [Figures 9-3a to 9-3e](#) present graphs of these trends among 12th graders so that long term patterns are more readily discernible.

In general, for almost all drugs, trends in perception of friends' use of drugs move concurrently with levels of actual use and do not precede it. These results indicate that measures of friends' use serve as additional indicators of drug use but generally do not serve as leading predictors of actual use.

Substantial decreases in drug use by friends would be expected in 2021 and afterwards, given the decline in overall prevalence of most drugs that took place after the pandemic and has since persisted (see [Chapter 5](#)).

Trends for 12th Grade Students

- The proportion of 12th graders who reported that ***any of their friends use cannabis*** ([Table 9-4](#)) dropped markedly 2021, the first year MTF surveyed students after the pandemic onset, and this decline has since persisted. In 2025 it stood at 55%, which compares to 71% in 2019, prior to the pandemic onset. In the years before the pandemic onset, this level had been hovering between 76% and 81% since 1994. Its peak value was 88% in 1979.

This measure trends closely with personal use. It increased at the start of the MTF study in the late 1970s, declined for more than a decade starting in the 1980s, increased rapidly during the 1990s drug relapse, increased during the late 2000s, and dropped sharply after the onset of the pandemic.

- In 2025, the proportion of 12th grade students who reported that ***most or all of their friends use cannabis*** was 13%. This is toward the lower end of a range marked by a high set in 1979 (36%) and the nadir set at the start of the 1990s drug relapse (10%, see [Figure 9-3a](#)).
- In 2025 the proportion of 12th grade students who reported that ***all of their friends abstained from drug use*** was 27%, which ties with last year for the highest level recorded in the 51 years of the project. Abstention is defined as no use of cannabis, alcohol, cigarettes, or nicotine vaping. In the mid to late 1970s reported friends' abstention levels were 2%; in the 1980s they held steady at 3%; in the 1990s they hovered between 5% and 7%. They increased to 9% by the late 2000s, and from their friends' abstention levels gradually increased to 19% by 2019. After the pandemic onset friends' abstention increased to its record high level today.

- The proportion who reported that any of their friends use **cocaine** has been in steady decline since 2008, a decline that accelerated after the onset of the pandemic. Levels were 30% in 2007, 16% in 2019—prior to the pandemic—and 6% in 2025 ([Table 9-4](#)). It is currently at the lowest level recorded by the survey.

These reported levels of friends' use track closely with trends in personal levels of use but do not precede it. In addition to both dropping markedly after the onset of the pandemic, they also declined together during the late 2000s, increased during the 1990s drug relapse, dropped substantially from the mid 1980s to the start of the 1990s, reached record highs in the early 1980s, and increased during the late 1970s.

The proportions of 12th grade students who reported that most or all of their friends use **cocaine** have been at 1.5% or lower for the past decade.

- The proportion of 12th grade students reporting that most or all of their friends use **MDMA** (ecstasy or more recently Molly, as well) has been under 3% for the past decade and was 1% in 2025 ([Table 9-4](#)). Although we did not ask students about their own use of MDMA until 1996, we did ask about friends' use beginning in 1990. Prevalence of both this measure and actual use is low, and, as a result, the estimates are somewhat noisy. Nevertheless, both showed a substantial spike between 1999 and 2001 and a substantial decline for the following five years.
- The proportion of 12th graders who reported that most or all of their friends smoke **cigarettes** has declined dramatically over the course of the survey from a high of 42% in 1975 to 3% in 2025 ([Table 9-4](#) and [Figure 9-3d](#)). Additionally, the proportion who reported that any of their friends smoked cigarettes has declined from 95% in 1975 to 32% in 2025, which is near the lowest level recorded by the survey. These declines continued at about the same pace in the years before and after the onset of the pandemic.

As these measures have declined, so too has self-reported prevalence of cigarette smoking. Before 1997, these measures had increased during the 1990s drug relapse.

- The proportion of 12th grade students who reported that most or all of their friends use **alcohol** also has declined substantially over the course of the survey from 68% in 1975 to 24% in 2025 ([Table 9-4](#)).

This measure tracks very closely with past 30-day prevalence of alcohol use ([Figure 9-3b](#)). It also tracks with 12th grade student reports of their own **binge drinking**, as both have declined over the life of the study (see [Chapter 5](#) for prevalence trends).

- The percentage of 12th graders who reported that most or all of their friends get **drunk** at least once a week was close to a historic low of 5% in 2025. This percentage was 33% in 2001 and has

since declined with levels of self-reported prevalence of binge drinking. In prior years, the prevalence of self-reported binge drinking was higher than the reported percentage of friends who got drunk once a week. Since the mid 1980s, the prevalence of binge drinking declined at a faster rate; its level converged with the friends' use measure around 1990, and the two have moved largely in parallel ever since.

Trends for 8th and 10th Grade Students

As with 12th graders, data on friends' use among 8th and 10th graders (available since those grades were added to the study in 1991) show trends that are highly consistent with trends in self-reported use. This includes substantial declines for both personal use and friends' use in the years after the COVID-19 pandemic onset.

Questions on friends' use are included in all 8th and 10th grade questionnaire forms through 1998 and on three of the four forms beginning in 1999, providing large sample sizes. Selected trend results for these questions are discussed below, with comparisons to 12th graders when salient, and are presented in [Tables 9-2 through 9-4](#).

- The proportions of 8th and 10th grade students reporting that most or all of their friends use **cannabis** declined by nearly half after the onset of the pandemic. Among 8th graders, it declined from 8% in 2019 to 4% in 2021, where it remained in 2025. Among 10th graders, it declined from 23% in 2019 to 13% in 2021 and was at 10% in 2025.

Over the past three decades, these measures have trended in parallel with major changes in personal levels of use. All measures increased substantially during the 1990s relapse, retreated from peak levels established in 1996–1997 at the end of the 1990s, increased during the late 2000s, and dropped markedly after the onset of the pandemic.

- In 2025 the majority of 8th grade students reported that **all of their friends abstained from drug use**; specifically, the level of 56% is a record high since first tracked in 1991. Abstention is defined as no use of cannabis, alcohol, cigarettes, or nicotine vaping. Throughout the life of the survey the level of friends' abstention more than doubled, from a level of 22% in 1991.

In 2025, 39% of 10th grade students reported that all their friends abstained from drug use, which is the second highest level recorded by the survey (the highest was last year at 42%). Today's levels are a seven-fold increase from the 6% levels of the 1990s.

- The proportions reporting having any friends who use **inhalants** was at or near record lows for 8th and 10th graders in 2025, at 10% and 7%, respectively. These proportions have been in steady

decline since 2011, and this decline continued at a similar pace before and after the onset of the pandemic.

In both grades, reported levels of having any friends who use *inhalants* have trended with personal levels of use to the extent that both increased during the 1990s relapse with a peak in 1996–1997 and have overall declined since then, with some small pauses and temporary increases along the way. The low levels in 2025 correspond with self-reported use, which is also at or near record lows in these grades.

- Reports that most friends **got drunk at least once a week** were near historic lows in 8th and 10th grades in 2025, at 2% and 5%, respectively ([Tables 9-2 and 9-3](#)). These measures declined at a similar pace in the years before and after the pandemic onset.

These reports correspond with the prevalence of self-reported drunkenness in these grades, which also are near historic lows.

- In 2025, the proportions who reported that most or all of their friends smoke *cigarettes* were 0.8% in 8th grade and 1.3% in 10th grade, which are both record lows. This compares with the peak year for both grades, 1996, when 23% of 8th graders and 33% of 10th graders said most or all of their friends smoked cigarettes. These measures are now approaching a floor effect and have little room left to decline further.

Levels of reported smoking by friends has trended closely with personal levels of smoking, with both declining markedly since the late 1990s. Today's low levels accompany historic lows in personal levels of smoking in the past 30 days.

Implications for Validity of Self-Reported Usage Questions

We have noted a high degree of concurrence in the aggregate-level data presented in this report among students' self-reports of their own drug use and that of their friends. Drug to drug comparisons in any given year across these two measures tend to be highly parallel, as are the changes from year to year. We take this consistency as additional evidence of the validity of the self-report data (and of the trends in the self-report data) because respondents should have little reason to distort answers about use by unidentified friends. We believe that the consistency also provides persuasive evidence that changes in the social acceptability of drug use over time have not affected the truthfulness of self-reports of use.

Perceived Availability of Drugs

One set of questions in the MTF surveys asks respondents how difficult they think it would be to get each of a number of different drugs if they wanted some. The answers range across five categories from

“probably impossible” to “very easy”.³⁵ We use the term “perceived availability” in discussing the responses to these questions because it is the respondent’s perception that is being measured. We recognize that availability is multidimensional, and respondents may consider a variety of factors in their answers, including knowing where to get access, the difficulty of getting to an access location, the perceived danger of getting caught, and possibly even the monetary cost. We suspect, however, that for most respondents, what we are measuring is perceived access, with little or no consideration of monetary cost.

While no systematic effort has been undertaken to directly assess the validity of these measures (because such an assessment would involve actual attempts to obtain drugs), the measures do have a rather high level of face validity, particularly because it is the subjective reality of perceived availability being measured. It also seems quite reasonable to assume that, to a considerable extent, trends in perceived availability track with actual availability. In addition, differences across drugs in reported availability generally correspond to differences in reported prevalence of use, providing further evidence of their validity.

Perceived Availability of Drugs: All Grades

- Perceived availability differs substantially across drugs ([Tables 9-5 to 9-7](#)). In 2025, the percentage of 12th graders reporting it would be fairly easy or easy to get a drug varied from 10% or less for **heroin**, **cocaine**, and **crystal methamphetamine** to 65% and above for **alcohol**, **vaping devices**, and **cannabis**.
- In general, the more widely used drugs are reported to be available by higher proportions of the age group, as would be expected. The substances with the highest levels of use in 2025, specifically cannabis, alcohol, and vaping devices, also placed in the top three in terms of perceived availability.
- Older adolescents generally perceive drugs to be more available. For example, in 2025, 20% of 8th graders said **cannabis** would be fairly easy or very easy to get (which we refer to as “readily available”), vs. 40% of 10th graders and 65% of 12th graders.
- Higher availability among both the more widely used drugs as well as older age groups is consistent with the notion that availability is largely attained through friendship circles. The differences among age groups may also reflect less willingness and/or motivation on the part of those who deal drugs to establish contact with younger adolescents.

³⁵ In the 8th and 10th grade questionnaires, an additional answer category of “can’t say, drug unfamiliar” is offered; respondents who chose this answer are included in the denominator in the calculation of percentages. Generally, fewer than 20% of respondents selected this answer.

- **Cannabis** appears to be readily available to the great majority of 12th graders; in 2025, 65% reported that they think it would be very easy or fairly easy to get—far higher than the proportion who reported ever having used it (35%). This suggests that only about half of those who have access chose to try this drug.
- Availability of **sleeping medications**, **stimulant medications**, and **anti-anxiety medications** among 12th grade students was high and ranged from 34% to 43%. These high levels reflect, in part, updates to the survey text in 2024 that led to substantial increases in perceived availability levels in that year. For **stimulant medications**, the question wording changed from “Amphetamines (uppers, speed, Adderall, Ritalin, etc.)” to “Stimulant medications (Adderall, Dexedrine, Ritalin, Vyvanse, etc.)”. For **sleeping medications**, the survey text wording changed from “Sedatives/barbiturates (downers)” to “Sleeping medications (Ambien, Lunesta, etc.)”. For **anti-anxiety medications**, the survey text wording changed from “Tranquilizers (Librium, Valium, Xanax, etc.)” to “Anti-anxiety medications (Ativan, Valium, Xanax, etc.)”.
- A question wording update for nonmedically supervised use of **opioid medications** resulted in little change for its perceived availability level. It was 17% in 2023 when the wording was “Some other narcotic (codeine, Vicodin, OxyContin, Percocet, etc.),” and when the wording changed in 2024 to “Opioid medications (codeine, Vicodin, OxyContin, etc.)” availability was 20% in 2024 and 14% in 2025.
- Substances with the lowest availability among 12th grade students in 2025 were **crystal methamphetamine** (6%), **crack** (9%), **heroin** (9%), **cocaine powder** (10%), **MDMA** (15%), and **steroids** (15%).
- In each grade, similar percentages of students reported they could fairly or very easily get a **vaping device**, **e-liquids with nicotine**, or **flavored vaping solutions**. In 8th grade the percentages were, respectively, 31%, 26%, and 25%. In 10th grade, they were 50%, 45%, and 44%. In 12th grade, they were 68%, 64%, and 65%.
- In 2025, 29% of 8th graders, 44% of 10th graders, and 56% of 12th graders thought that **cigarettes** would be fairly easy or very easy for them to get if they wanted some.
- **Alcohol** has the highest level of availability in each grade. The percentage saying it would be fairly easy or very easy to get in 8th grade was 37%, in 10th grade was 54%, and in 12th grade was 75%.
- Drug availability levels are lowest in 8th grade. Even so, in 2025, **cannabis** was reported as readily available by about one in five (20%) 8th grade students.
- Because many **inhalants**—such as glues, butane, and aerosols—are universally available, we do not ask about their availability. [Table 9-7](#) lists all of the drugs included in the questions for 12th graders; a few of these drugs were not asked of the younger students (see [Tables 9-5 and 9-6](#)).

Trends in Perceived Availability for All Grades

Trend data on availability for all grades are presented in [Tables 9-5 to 9-7](#) and are graphed for 12th grade students in [Figures 9-5a through 9-5d](#). The figures show some substantial fluctuations in the perceived availability of most drugs over the historical interval covered by the study. Indeed, most drugs have shown a considerable decline in availability since the mid to late 1990s. As with the other measures in this chapter, we note with a break in the trend line when the transition to electronic data collection in 2019 resulted in any discontinuities in trends, and we do not include 2020 results because of insufficient sample size due to curtailed data collection as a result of the COVID-19 pandemic.

- Until the onset of the pandemic, the availability of cannabis had remained persistently high. Between 78% and 90% of 12th grade students reported that it would be fairly or very easy for them to get cannabis from 1975 to 2019 ([Table 9-7](#) and [Figure 9-5a](#)). In 2021—the first year measured after the pandemic onset—this level dropped nine points to 70%, which was the lowest level recorded by the survey at the time. It hovered at this level until 2024, when it dropped to a record low of 65% following a significant, eight point decline from 73% in 2023. Availability stayed at the 65% level in 2025.

Perceived availability of cannabis is also at historic lows in the lower grades in 2025. In 8th grade, it was 20%, and in 10th grade it significantly decreased six points to 40%. In 10th grade, a survey mode effect resulting from the switch to electronic data collection in 2019 indicates that estimates based on electronic data collection are seven points lower than those based on paper-and-pencil (see the “2019p” and “2019e” columns in [Table 9-6](#)). However, even with addition of seven points to the 2025 estimate, it remains substantially lower than any of the paper-and-pencil estimates since it was first measured in 1992.

These declines in perceived availability are somewhat counter-intuitive and unexpected, given the growing number of states that have legalized recreational cannabis use, which would be expected to increase its availability. However, the declines do track with recent decreases in friends’ use of cannabis (discussed above in this chapter), and friends are often the primary source of many drugs, including cannabis. Fewer friends who use cannabis likely makes it harder to get.

- Trends in the availability of **vaping devices** vary by grade. In 8th grade, 31% of students reported they could fairly or very easily get a vaping device. The level declined from 41% in 2019 by about three points after the pandemic onset in 2021 and continued a slow, gradual decline in each subsequent year to a level of 31% in 2025 ([Table 9-5](#)).

In 10th and 12th grade, perceived availability significantly decreased. In 10th grade, availability was 50% in 2025, which is well below the pre-pandemic 64% level in 2019 (using the 2019 estimate

based on electronic data collection). In 12th grade, availability in 2025 was 68%, which is below the pre-pandemic 81% level in 2019 (using the 2019 estimate based on electronic data collection). These declines in availability track with declines in use of vaping devices by friends, who are a main supply source.

- The perceived availability of **cigarettes** in 8th and 10th grade is at or near historic low levels ([Tables 9-5 and 9-6](#)). In 2025, the percentage saying they could easily get cigarettes was 29% in 8th grade and 44% in 10th grade. After holding fairly steady at very high levels for some years, perceived availability began to decline modestly after 1996, very likely as a result of increased enforcement of laws prohibiting sale to minors under the Synar Amendment and FDA regulations. The proportion of 8th graders saying that they could get cigarettes fairly or very easily fell from 77% in 1996 to 56% in 2010 and to 29% in 2025 ([Table 9-5](#)). Over the same interval, the decline among 10th graders fell from a high of 91% in 1996 to 44% in 2025 ([Table 9-6](#)).

For 12th grade students, availability of cigarettes was 56% in 2025. A dramatic and lasting decline in cigarette availability in 12th grade that began after 2019, when the availability level was 71%, may reflect (a) the consequences of the pandemic, (b) the implementation of the “Tobacco 21” federal legislation that was signed into law on December 20, 2019 and made it illegal for a retailer to sell any tobacco product to anyone under 21 years of age, or (c) a combination of both influences.

- Availability of **alcohol** among 12th grade students in 2025 was 75%, which is one point shy of the record low of 74% set the previous year. This 75% availability level in 2025 compares with 81% in 2019 before the pandemic onset, and 95% when first asked in 1999 ([Table 9-7](#) and [Figure 9-5a](#)). Alcohol has long been the substance with the highest level of availability, with many students gaining access through their parents’ liquor cabinets.

More substantial changes in the perceived availability of alcohol have taken place among 8th and 10th graders. For 8th graders, availability declined from 76% in 1992 to 37% in 2025, a historic low. The estimates in 2021 and afterwards were lowered in part by a survey mode effect in which estimates based on electronic data collection were about seven points lower than estimates based on paper-and-pencil surveys (compare columns “2019p” and “2019e” in [Table 9-5](#)). Nevertheless, even after adjusting the 2025 estimate by adding seven points to it, the resulting level of 44% is the lowest recorded for this measure over the life of the survey and substantially lower than the 76% level in 1992. For 10th graders, availability is down from the peak level of 90% in 1996 to 54% in 2025, which is three points higher than the historic low set last year. This may reflect some success in state and local efforts to reduce access by those who are under age, as

well as a decline in the number of friends who use alcohol. It is worth noting, however, that even after these declines, alcohol remains available to a great many teens.

- Availability of **stimulant medications** decreased in all grades, and the decreases were statistically significant in 10th and 8th grades. In 2025, the availability level in 12th grade was 34% (compared to 39% last year), in 10th grade was 17% (compared to 20% last year), and in 8th grade was 11% (compared to 16% last year).

The wording of this survey question changed in 2024, precluding direct comparison with estimates from years prior to 2024. In 2023 and earlier, the survey text asked about “Amphetamines (uppers, speed, Adderall, Ritalin, etc.),” while in 2024 and later the wording was “Stimulant medications (Adderall, Dexedrine, Ritalin, Vyvanse, etc.)”. Availability from 2023 to 2024 almost doubled in 8th grade after the wording modification.

The question wording also changed previously in 2011, when Adderall and Ritalin were added to the list of examples. This change slightly increased availability reports in that year and thereafter. In all grades, availability has declined overall with the following exceptions: an increase in the late 1970s among 12th graders, possibly due to the advent of the “look-alike” drugs during that period (in these early years, 8th and 10th graders were not surveyed) and an increase during the 1990s drug relapse in 10th and 12th grades along with a pause in the decline among 8th graders.

- Availability of **sleeping medications** significantly increased in 2025 among 10th grade students, to 23% from 20% the previous year ([Tables 9-5 to 9-7](#) and [Figure 9-5b](#)). It was little changed in 8th grade and 12th grade.

In 2024, wording for this question changed to “Sleeping medications (Ambien, Lunesta, etc.)” from “Sedatives/barbiturates (downers)”. Availability estimates roughly doubled in 2024, primarily as a methodological artifact of this question change.

Among 12th graders, a long, downward trend in availability over the course of the study was interrupted three times: once in 1981 when look-alikes were common and again in 2004 when the question was updated with new examples of sedatives added to the question (see footnote in [Table 9-7](#)), and again with the updated survey text in 2024. Overall, over the life of the study, availability declined by more than two-thirds for 12th graders, from 68% in 1975 to 20% in 2023, before the 2024 change in question wording.

In 8th and 10th grades, availability of sleeping medications has declined overall since first measured in 1992. In 8th grade, this decline has been steady, while in 10th grade, it was interrupted with a slight, short-lived increase during the 1990s drug relapse. These overall declines continued until 2023, when the change in question wording led to an increase in 2024.

- Among 12th graders, availability in 2025 for **crack cocaine** was at a record low of 9% and **cocaine powder** was near a record low at 10% ([Tables 9-7](#) and [Figure 9-5a](#)). Earlier trends in availability resemble an inverted ‘U’. Availability of cocaine increased as use increased through the 1980s, and availability reached a study high of 59% in 1989, the same year study highs were also recorded for availability of the more specific measures of powder cocaine and crack. Importantly, this peak in availability occurred after cocaine use peaked in 1985, after which use began to decline sharply. Because perceived availability increased between 1986 and 1989, we are inclined to discount reduction in supply as an explanation for the significant and important decline in cocaine use observed during that period. As discussed in [Chapter 8](#), the sharp increase in perceived risk for cocaine seems the more compelling explanation. After 1989, availability of cocaine declined steadily, with an exception of a slight rise during the 1990s drug relapse.

The record and near-record lows of availability in 8th and 10th grades in 2025 result from a long-term steady decline. In 2025, the percentage reporting that it would be “fairly” or “very” easy to get cocaine powder or crack in 8th grade was 5% for both cocaine powder and for crack (down from a high of 28% in the mid 1990s), and in 10th grade was 7% for both powdered cocaine and for crack (down from a high of 37% in the late 1990s). In these grades, levels of use of both these drugs have declined by more than half since the late 1990s.

- The availability of **anti-anxiety medications** did not significantly change from 2024 to 2025 in any grade.

In 2024, the wording of this question was updated to ask about ““Anti-anxiety medications (Ativan, Valium, Xanax, etc.)”. In previous years, the wording had been “Tranquilizers (Librium, Valium, Xanax, etc.)”. The large increases in availability in 2024 are in large part an artifact of this change in the survey text wording. Levels of availability in 2025 were 41% in 12th grade, 21% in 10th grade, and 15% in 8th grade.

Before the change in question wording, the availability of anti-anxiety medications (referred to as “tranquilizers” in the survey question text) had trended in opposite directions in recent years for 12th grade students in comparison to 8th and 10th grade students. Availability increased in 12th grade, and the percentage of students who reported they could easily get tranquilizers rose by eight points from 16% in 2019 to 24% in 2023. From 2019 to 2023, *prevalence* of tranquilizer use among adolescents declined markedly (see [Chapter 5](#)), indicating that increased availability did not translate into higher levels of use.

In 8th and 10th grade, availability decreased after the onset of the pandemic to record lows. The percentage of 8th grade students who reported they could easily obtain sleeping

medications/tranquilizers was 7% in 2023, which compares with 11% in 2019 (using the ‘2019e’ estimate). In 10th grade, the percentage was 10%, which compares with 18% in 2019 (using the ‘2019e’ estimate).

- In 2025, the perceived availability of **LSD** was at historic lows in all grades, with levels of 4% in 8th grade, 7% in 10th grade, and 17% in 12th grade ([Tables 9-5 to 9-7](#) and [Figure 9-5c](#)). In 12th grade, reported availability showed a gradual increase from the mid 1980s to a peak in the mid 1990s, after which all of this gain receded in the following decade. Outside of these years, availability decreased sharply in the first year of the study and then followed a slight but steady decline over the life of the study. In 2025, the 17% of 12th graders reporting ready access to LSD was only one third of the 54% in 1995. In general, attitudes and beliefs—perceived risk and disapproval of LSD use—have not moved in ways that could explain the sharp drop in use that was observed between 2000 and 2003. It seems highly likely that it was this decrease in availability that helped to drive use down—particularly the decline in the early 2000s.

Among 8th grade students, 4% reported in 2025 that they could “fairly” or “very” easily get LSD, a record low. Among 10th grade students, the level was 7%, also a record low. Availability of **LSD** dropped sharply in the early 2000s, coinciding with a steep decline in use among 8th and 10th graders. As stated above, because perceived risk and disapproval did not move in a way that could explain this decline in use—but availability did—we are inclined to believe that a change in availability was driving use in this case.

- The percentage of 12th grade students who reported it would be “fairly” or “very” easy to obtain **hallucinogens other than LSD** in 2025 was 27%, which was down substantially from the high of 49% in 2001, when the question was updated to include “shrooms” (psilocybin) as an example ([Tables 9-5 to 9-7](#) and [Figure 9-5c](#)). Availability of hallucinogens other than LSD is asked only of 12th graders.

Trends in this measure followed a fairly similar trajectory to that of LSD from 1975 through 1986 but quite a different one thereafter. From 1986 to 1994, there was only a gradual rise in perceived availability of hallucinogens other than LSD, in contrast to the sharp rise for LSD. From 1995 to 2000, the availability of LSD showed a modest decline (from 54% to 47%), while the availability of other hallucinogens changed very little (from 36% to 35%). While LSD and the other hallucinogens, taken as a set, were about equally available in the late 1970s, LSD availability was substantially higher in the 1990s (note the crossover of the lines in [Figure 9-5c](#) between 2000 and 2001). The availability of LSD declined again in 2001 (to 45%), while the availability of other hallucinogens appeared to show a sharp increase, which likely was due in considerable part to a question change. (In 2001, the question text changed from “other psychedelics” to “other hallucinogens”,

and the term “shrooms” was added to the list of examples. After this change, this class of drugs was actually reported to be slightly more available than LSD.)

In the year before the onset of the COVID-19 pandemic, LSD and hallucinogens other than LSD had about equal levels of availability, but by 2025 hallucinogens other than LSD had an availability level about ten points higher than LSD. Since 2019, the availability of LSD has declined by about 12 points to 17% by 2025, while the availability of hallucinogens other than LSD in 2025 remains at the same level as in 2019 at 27%.

- The proportion of 12th grade students who reported they could “fairly” or “very” easily obtain **MDMA** (“ecstasy” and later “Molly”) in 2025 was 15%, a record low ([Tables 9-5 to 9-7](#) and [Figure 9-5d](#)). Availability jumped sharply in 2000 to 51% and again in 2001 to 62%—nearly three times the 1991 level—an increase that probably played an important role in the sharp increase in use after 1998. In 2002, availability of MDMA declined for the first time in several years. But while use dropped quite sharply between 2001 and 2003, perceived availability declined only slightly in that interval and did not show a sharp decline until 2004, when it dropped by ten percentage points. This was followed by another significant decline in perceived availability (eight percentage points) and a nonsignificant decrease in use in 2005. This suggests that a reduction in availability was not key to the important downturn in MDMA use, though it may have been important to the rise in use; rather, the fall in perceived availability may simply have resulted from fewer 12th graders having friends who were using that drug. In fact, friends’ use of MDMA dropped significantly in 2005. The decline in the frequency of raves, at which ecstasy was a popular drug, likely played a role too.

Among 8th and 10th graders, availability levels of MDMA (ecstasy, Molly) were at record lows in 2025, at 4% and 7%, respectively. These levels compare with highs of 24% in 2001 in 8th grade and 41% in 2001 in 10th grade. As with 12th graders, the decline in availability seemed to lag behind the decline in use for this drug, suggesting that use was driving availability and not vice versa.

- The percentage of 12th grade students who reported that they could readily obtain **heroin** dropped markedly after the onset of the pandemic. In 2025, the percentage was at a record low of 9%, which is substantially below the 18% level assessed in 2019 before the pandemic ([Tables 9-5 to 9-7](#) and [Figure 9-5b](#)). Since 1975, it increased from 24% to a high of 35% in the mid 1990s and then steadily declined in the following years. The stability of heroin *use* during the 1980s and early 1990s, despite a substantial increase in perceived *availability*, is worthy of note. It suggests that availability alone is not sufficient to stimulate use (though it may well affect the consumption pattern of established users). It was not until the 1990s that methods for taking heroin by means other than injection began to be widely known, as purity continued to increase,

and use substantially increased. The view that these methods (snorting and smoking) were less dangerous probably removed an important deterrent to use for a number of teenagers.

Among 8th and 10th graders, perceived availability of heroin was at record lows in 2025, continuing an overall decrease since 1997, before which it had held steady. In 8th grade, a survey mode effect in 2019 indicates that using electronic data collection results in estimates about three points lower than paper-pencil questionnaires. Even so, adding three points to the 4% estimate in 2025 still results in a near-record low. In 10th grade, a survey mode effect documented in 2019 indicates that the 5% availability level in 2025 is equivalent to about a 7% level if assessed with paper and pencil, which is near the lowest ever recorded by the study. As with 12th graders, trends in availability are insufficient, by themselves, to explain the increases in heroin use among 8th and 10th graders in the 1990s.

- Availability of **opioid medications** significantly decreased in all grades. In 2025, the percentage of adolescents who reported that it would be “fairly easy” or “very easy” to get them was 14% in 12th grade (compared to 20% in 2024), 8% in 10th grade (compared to 10% in 2024), and 6% in 8th grade (compared to 8% in 2024).

The wording of this survey question changed in 2024, precluding direct comparison with estimates from years prior to 2024. In 2023 and earlier, the survey text asked about “Some other narcotic (codeine, Vicodin, OxyContin, Percocet, etc.),” while in 2024 and later the wording was “Opioid medications (codeine, Vicodin, OxyContin, etc.)”. As noted in [Tables 9-5 to 9-7](#), availability in 2024 with the updated survey text was slightly higher than the previous year, but not dramatically so.

A change in question wording also took place in 2010. The drugs OxyContin, Vicodin, and Percocet were added to the list of examples (methadone and opium were dropped from the list). This update in the example drugs likely explains the large change seen in the data. For this reason, 2009 and 2010 data cannot be directly compared.

An overall downward trend in availability after 2010, when we updated that year, seems to have continued a smaller downward trend that was present in the data from 2000 to 2009. Annual prevalence of use increased from 2000 to 2004 and held steady for the next five years, making availability a poor candidate to explain this trend.

In 8th and 10th grades, availability of opioid medications has declined overall since 1997, except for a jump in 2010 that resulted from the update of the question. Prevalence of *use* is not reported for narcotics other than heroin in these grades.

- The availability of **anabolic steroids** did not significantly change in 2025 ([Tables 9-5 to 9-7](#) and [Figure 9-5d](#)).

Availability in 2025 was at record lows in all grades. Overall, its availability has decreased considerably from its levels when first measured in 1991 for 12th grade students and 1992 for 10th and 8th grade students; specifically, from 47% to 15% in 12th grade, from 38% to 11% in 10th grade, and from 24% to 8% in 8th grade. A survey mode effect in 8th grade (compare columns ‘2019p’ and ‘2019e’ in [Table 9-7](#)) suggests that the 2025 estimate would be about one point higher if based on paper-and-pencil; after such adjustment, it would still be near a record low.

The scheduling of steroids by the Drug Enforcement Administration (DEA) no doubt played a role in the long term decline in availability. Anabolic steroids were placed on Schedule III of the Controlled Substances Act in 1990 to take effect in early 1991, while the scheduling of the precursor androstenedione went into effect in 2005.

- In 2025, perceived availability of *crystal methamphetamine* was at a record low in all grades ([Tables 9-5 to 9-7](#)). The percentage of students saying they could easily obtain the drug was 4% in 8th grade and 6% in both 10th grade and 12th grade. These levels contrast with a high of 16% in 8th grade (in 1992), 23% in 10th grade (in 1997), and 30% in 12th grade (in 1998).

The Importance of Supply Reduction Versus Demand Reduction

Overall, supply reduction—that is, reducing the availability of drugs—does not appear to have played as major a role as many had assumed for a number of the most important downturns in illicit drug use that have occurred to date. The case of cocaine is particularly striking, as perceived availability actually rose during much of the period of downturn in use that began in the mid 1980s. (These data are corroborated by data from the DEA on trends in the price and purity of cocaine on the streets.³⁶) For *cannabis*, perceived availability remained very high for 12th graders during the 1980s and early 1990s, while use dropped substantially during this time. Perceived availability for *MDMA* did increase in parallel with increasing use in the 1990s, but the decline phase for use appears to have been driven much more by changing beliefs about the dangers of ecstasy than by any sharp downturn in availability. Similarly, *prescription stimulant* use declined appreciably from 1981 to 1992, with only a modest corresponding change in perceived availability.

MTF provides numerous examples such as these in which declines in youth drug use appear to reflect a reduced willingness to use, rather than a lack of opportunity to do so. Even when access remains high, adolescents can choose not to engage. The clearest example is cigarette smoking. Over the life of the survey, 30-day prevalence among 12th graders fell dramatically—from 39% in 1976 to just 3% in 2025.

³⁶ Caulkins, J. P. (1994). *Developing price series for cocaine*. Santa Monica, CA: RAND.

During this period, cigarettes have remained legal and widely available across the United States, making it difficult to attribute the decline to reduced availability.

Instead, the change reflects shifts in demand. Perceived risks of smoking have increased through sustained media and education campaigns; prices have risen; marketing to minors has been restricted; and peer norms have shifted as fewer friends smoke. The case of cigarettes illustrates that efforts to reduce adolescent drug use can operate through multiple channels. Supply is only one lever—and often one of the hardest to change—while shifts in attitudes, norms, and incentives can potentially play a more influential role. Which of these levers will be most effective to reduce adolescent substance use likely varies by substance.

Accessible tables for Chapter 9 can be found on the [MTF accessible dashboard](#).

TABLE 9-1

**Trends in Friends Disapproving of Drug Use
for 12th Graders**

	Percentage saying friends disapprove ^a															
<i>How do you think your close friends feel (or would feel) about you . . .</i>	1975 ^b	1976	1977 ^b	1978	1979 ^b	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Trying cannabis once or twice	44.3	—	41.8	—	40.9	42.6	46.4	50.3	52.0	54.1	54.7	56.7	58.0	62.9	63.7	70.3
Using cannabis occasionally	54.8	—	49.0	—	48.2	50.6	55.9	57.4	59.9	62.9	64.2	64.4	67.0	72.1	71.1	76.4
Using cannabis regularly	75.0	—	69.1	—	70.2	72.0	75.0	74.7	77.6	79.2	81.0	82.3	82.9	85.5	84.9	86.7
Trying LSD once or twice	85.6	—	86.6	—	87.6	87.4	86.5	87.8	87.8	87.6	88.6	89.0	87.9	89.5	88.4	87.9
Trying cocaine once or twice	—	—	—	—	—	—	—	—	—	—	—	79.6	83.9	88.1	88.9	90.5
Taking cocaine occasionally	—	—	—	—	—	—	—	—	—	—	—	87.3	89.7	92.1	92.1	94.2
Trying an amphetamine once or twice ^c	78.8	—	80.3	—	81.0	78.9	74.4	75.7	76.8	77.0	77.0	79.4	80.0	82.3	84.1	84.2
Taking one or two drinks nearly every day	67.2	—	71.0	—	71.0	70.5	69.5	71.9	71.7	73.6	75.4	75.9	71.8	74.9	76.4	79.0
Taking four or five drinks nearly every day	89.2	—	88.1	—	88.5	87.9	86.4	86.6	86.0	86.1	88.2	87.4	85.6	87.1	87.2	88.2
Having five or more drinks once or twice each weekend	55.0	—	53.4	—	51.3	50.6	50.3	51.2	50.6	51.3	55.9	54.9	52.4	54.0	56.4	59.0
Smoking one or more packs of cigarettes per day	63.6	—	68.3	—	73.4	74.4	73.8	70.3	72.2	73.9	73.7	76.2	74.2	76.4	74.4	75.3
Vape nicotine occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape nicotine regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Approximate weighted N =</i>	2,488	—	2,615	—	2,716	2,766	3,120	3,024	2,722	2,721	2,688	2,639	2,815	2,778	2,400	2,184

(Table continued on next page.)

TABLE 9-1 (cont.)

**Trends in Friends Disapproving of Drug Use
for 12th Graders**

	Percentage saying friends disapprove ^a																
<i>How do you think your close friends feel (or would feel) about you . . .</i>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Trying cannabis once or twice	69.7	73.1	66.6	62.7	58.1	55.8	53.0	53.8	55.1	58.1	57.6	54.1	58.4	59.5	60.9	62.3	60.4
Using cannabis occasionally	75.8	79.2	73.8	69.1	65.4	63.1	59.9	60.4	61.6	63.9	64.3	60.3	64.2	65.0	67.6	68.1	65.8
Using cannabis regularly	85.9	88.0	83.5	80.6	78.9	76.1	74.1	74.7	74.5	76.1	77.8	75.3	77.0	77.3	79.5	79.8	78.3
Trying LSD once or twice	87.9	87.3	83.5	83.4	82.6	80.8	79.3	81.7	83.2	84.7	85.5	84.9	87.5	87.3	88.4	89.5	88.4
Trying cocaine once or twice	91.8	92.2	91.1	91.4	91.1	89.2	87.3	88.8	88.7	90.2	89.3	89.1	91.2	87.9	89.0	88.7	89.6
Taking cocaine occasionally	94.7	94.4	93.7	93.9	93.8	92.5	90.8	92.2	91.8	92.8	92.2	92.2	93.0	91.0	92.3	92.4	93.1
Trying an amphetamine once or twice ^c	85.3	85.7	83.2	84.5	81.9	80.6	80.4	82.6	83.0	84.1	83.8	83.3	85.9	84.7	86.1	86.7	87.3
Taking one or two drinks nearly every day	76.6	77.9	76.8	75.8	72.6	72.9	71.5	72.3	71.7	71.6	73.4	71.6	74.7	72.8	74.0	73.2	74.5
Taking four or five drinks nearly every day	86.4	87.4	87.2	85.2	84.1	82.6	82.5	82.8	82.2	82.8	84.4	80.1	83.1	82.9	82.7	83.3	84.8
Having five or more drinks once or twice each weekend	58.1	60.8	58.5	59.1	58.0	57.8	56.4	55.5	57.6	57.7	57.8	55.6	60.3	59.4	59.9	60.6	60.0
Smoking one or more packs of cigarettes per day	74.0	76.2	71.8	72.4	69.2	69.3	68.5	69.0	71.2	72.6	74.5	75.7	79.2	78.6	81.1	81.2	81.4
Vape nicotine occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape nicotine regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Approximate weighted N =</i>	2,160	2,229	2,220	2,149	2,177	2,030	2,095	2,037	1,945	1,775	1,862	1,820	2,133	2,208	2,183	2,188	2,161

(Table continued on next page.)

TABLE 9-1 (cont.)

**Trends in Friends Disapproving of Drug Use
for 12th Graders**

Percentage saying friends disapprove ^a

<i>How do you think your close friends feel (or would feel) about you . . .</i>	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019p ^d	2019e ^d	2020	2021 ^e	2022	2023	2024	2025	2024–2025 change
Trying cannabis once or twice	60.8	61.4	54.9	53.0	52.9	51.2	50.4	51.0	48.6	44.3	45.8	40.9	44.7	§ 44.5*	41.5	46.5	51.6	51.7	+0.2	
Using cannabis occasionally	66.3	68.5	61.8	59.4	59.5	57.6	56.2	58.1	54.9	51.4	53.2	49.0	53.7	§ 47.6*	49.0	51.6	55.8	57.6	+2.0	
Using cannabis regularly	78.0	79.1	73.8	73.3	72.7	71.2	70.1	70.9	68.4	65.2	67.9	62.7	68.2	§ 62.2*	62.7	67.9	68.4	71.4	+3.2	
Trying LSD once or twice	86.3	87.2	84.5	85.6	85.0	84.9	84.6	81.9	83.3	81.3	82.7	81.3	81.3	§ 76.1*	74.5	80.8	83.3	81.5	-1.7	
Trying cocaine once or twice	88.7	90.2	89.7	89.7	89.2	89.2	88.6	87.0	89.1	88.5	88.7	89.3	87.3	§ 87.2*	85.9	89.7	91.2	88.5	-2.7	
Taking cocaine occasionally	92.0	92.7	91.8	92.9	92.8	92.5	91.4	90.6	91.5	91.7	93.1	91.6	91.5	§ 89.2*	90.6	93.7	93.1	91.7	-1.3	
Trying an amphetamine once or twice ^c	87.1	87.0	85.8	84.6	83.7	83.5	83.2	83.2	83.2	83.7	84.5	85.1	83.3	§ 83.2*	82.1	84.2	87.0	85.4	-1.5	
Taking one or two drinks nearly every day	75.2	75.5	75.0	74.9	74.0	75.4	74.0	76.3	76.3	77.3	77.8	76.4	76.5	§ 74.8*	76.9	78.2	83.5	82.3	-1.2	
Taking four or five drinks nearly every day	84.7	84.6	83.4	85.8	84.1	85.8	83.8	85.3	85.6	87.3	86.5	85.9	85.1	§ 84.9*	87.5	88.7	91.7	91.0	-0.7	
Having five or more drinks once or twice each weekend	62.1	63.5	62.0	62.2	62.3	65.2	65.6	68.5	70.7	69.0	72.1	70.7	72.1	§ 62.5*	70.7	69.1	76.9	75.9	-0.9	
Smoking one or more packs of cigarettes per day	82.5	81.6	81.4	81.6	83.2	84.4	84.0	85.1	87.1	85.3	87.0	88.8	86.8	§ 84.2*	86.1	88.7	88.3	85.4	-2.9	
Vape nicotine occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	62.8	61.9	66.7	71.8	69.8	-1.9
Vape nicotine regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	72.1	71.4	75.3	79.2	77.0	-2.1
Approximate weighted N =	2,090	2,033	2,101	2,132	2,126	1,916	1,863	1,992	1,759	1,893	1,972	952	980	§ 1,224	1,434	1,071	1,042	1,150		

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aAnswer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

^bThese numbers have been adjusted to correct for a lack of comparability of question context among administrations. (See text for discussion.)

^cIn 2011 pep pills and bennies were replaced in the list of examples by Adderall and Ritalin.

^dThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant (p<.05) differences in 2019 between the two survey modes.

^eSample is decreased by approximately 50% for the following drugs due to survey question experiments: cocaine and alcohol.



TABLE 9-2
Trends in Friends' Use of Drugs
as Estimated by 8th Graders (Entries are percentages.)

How many of your friends would you estimate . . .

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Abstain from drug use ^d																	
% saying none of their friends use drugs	21.5	17.6	17.7	16.7	17.4	15.9	16.8	18.1	20.3	21.6	22.3	26.4	29.3	29.2	31.5	31.2	32.5
Use cannabis																	
% saying any	21.9	25.1	30.8	41.1	46.1	50.8	50.8	46.7	44.4	42.6	46.1	42.3	40.9	38.3	38.7	38.1	35.6
% saying most or all	3.3	4.1	6.0	10.5	12.7	15.2	13.8	12.6	12.1	10.4	11.4	10.0	9.4	7.8	9.1	8.9	7.7
Use inhalants																	
% saying any	20.5	23.1	26.3	29.2	32.1	32.3	32.9	31.9	31.0	29.0	29.3	25.7	27.8	27.4	28.1	28.8	25.8
% saying most or all	2.4	2.9	3.7	4.2	5.0	5.2	4.8	4.5	4.7	4.0	3.9	3.4	4.0	4.0	4.2	4.5	3.6
Take crack																	
% saying any	8.6	10.9	12.5	15.2	17.7	18.5	19.3	19.2	18.5	18.1	18.9	17.4	17.2	15.8	16.7	17.0	15.2
% saying most or all	0.9	1.0	1.3	1.6	1.6	2.0	1.8	1.9	1.9	1.6	2.0	1.6	1.7	1.7	1.7	1.8	1.6
Take cocaine powder																	
% saying any	8.4	10.7	12.1	14.3	16.2	17.4	17.6	17.1	16.7	16.1	16.3	14.8	14.9	13.8	15.0	15.6	13.4
% saying most or all	0.9	1.1	1.3	1.7	1.6	1.7	1.6	2.0	1.8	1.6	1.8	1.7	1.6	1.6	1.5	1.8	1.5
Take heroin																	
% saying any	6.1	7.3	8.9	10.3	11.6	12.0	12.2	11.8	11.4	10.9	11.2	10.5	10.2	9.4	9.8	10.3	8.9
% saying most or all	0.7	0.9	0.9	1.3	1.3	1.4	1.2	1.3	1.3	1.1	1.4	1.3	1.0	1.2	1.1	1.1	1.1
Drink alcoholic beverages																	
% saying any	72.1	76.4	75.7	77.0	75.9	77.1	75.8	74.6	73.4	72.7	72.3	68.1	65.4	65.9	63.9	64.7	63.7
% saying most or all	21.0	23.7	25.5	27.4	27.5	28.8	25.9	25.0	24.9	23.6	22.7	20.1	19.6	19.3	17.6	19.1	17.6
Get drunk at least once a week																	
% saying any	42.8	48.0	48.0	50.3	48.7	51.2	48.3	47.6	48.7	46.6	45.5	42.3	40.6	39.8	38.4	40.5	39.5
% saying most or all	7.2	8.4	9.0	10.6	9.9	10.9	9.3	8.8	9.6	9.1	8.6	7.4	7.7	7.1	6.6	6.6	6.6
Smoke cigarettes																	
% saying any	67.7	72.4	73.8	76.1	76.1	78.1	76.9	75.2	70.9	67.9	64.2	58.6	56.0	54.0	52.2	51.7	49.7
% saying most or all	11.8	14.4	16.7	19.0	20.5	22.5	19.7	19.4	16.4	13.0	10.6	9.0	8.9	8.1	7.5	7.5	6.1
Vape an e-liquid with nicotine ^c																	
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use smokeless tobacco																	
% saying any	36.5	37.5	37.3	38.6	37.8	37.9	34.5	32.7	30.0	28.0	27.3	24.5	25.1	24.9	23.3	25.5	24.6
% saying most or all	3.8	4.2	3.8	4.8	4.7	5.1	3.5	3.5	3.5	2.6	2.9	2.5	2.9	3.0	2.5	2.7	2.6
Approximate weighted N =	16,000	16,600	16,500	15,800	15,300	16,100	16,100	16,000	10,100	10,000	9,700	9,200	10,400	10,500	10,400	10,200	9,900

(Table continued on next page.)

TABLE 9-2 (cont.)

Trends in Friends' Use of Drugs

as Estimated by 8th Graders (Entries are percentages.)

How many of your friends would you estimate . . .	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^b	2019 ^e	2020	2021	2022	2023	2024	2025	2024-2025 change
Abstain from drug use^d																				
% saying none of their friends use drugs	32.1	32.8	31.4	34.2	37.7	38.0	40.4	40.7	45.4	43.9	43.7	42.1 †	49.0 †	§	50.5*	50.0	49.2	55.1	56.3	+1.2
Use cannabis																				
% saying any	37.5	39.3	43.8	41.9	41.0	42.4	40.3	40.5	35.6	37.0	36.1	38.4	34.4	§	24.2*	25.0	25.3	23.3	20.5	-2.8
% saying most or all	8.0	9.1	12.1	10.7	11.0	12.0	10.1	9.5	8.0	7.8	8.4	8.5	7.7	§	4.3*	5.7	4.7	4.3	4.1	-0.2
Use inhalants																				
% saying any	27.1	27.5	27.5	25.7	22.9	19.9	18.0	17.0	15.2	15.0	16.2	15.6	14.9	§	12.0*	11.7	12.0	12.2	9.8	-2.4 s
% saying most or all	3.6	4.6	4.0	3.4	3.2	2.6	2.5	2.4	1.7	1.9	2.1	2.0	2.3	§	1.7*	1.5	1.8	1.0	1.2	+0.2
Take crack																				
% saying any	16.1	15.8	16.6	15.1	14.3	12.8	11.0	10.3	8.1	8.0	7.6	8.8	8.1	§	5.9*	5.9	7.7	6.4	5.1	-1.3
% saying most or all	1.4	1.7	1.8	1.5	1.4	1.4	1.2	1.0	0.9	0.8	0.7	1.0	1.1	§	0.8*	0.6	1.2	0.7	0.9	+0.1
Take cocaine powder																				
% saying any	14.6	13.2	14.4	12.8	12.5	11.3	10.0	9.8	7.7	8.0	7.4	8.4	6.2	§	4.8*	4.5	5.5	4.2	3.7	-0.6
% saying most or all	1.4	1.6	1.5	1.4	1.2	1.1	1.2	1.0	0.8	0.8	0.7	0.8	0.7	§	0.6*	0.5	0.6	0.5	0.6	+0.1
Take heroin																				
% saying any	9.3	9.5	10.1	9.2	8.1	7.9	7.1	6.5	5.6	5.5	4.9	6.1	5.5	§	3.5*	3.4	4.2	3.2	3.0	-0.3
% saying most or all	1.1	1.2	1.1	1.2	0.9	0.9	1.0	0.7	0.8	0.6	0.6	0.8	0.8	§	0.6*	0.5	0.7	0.4	0.5	+0.1
Drink alcoholic beverages																				
% saying any	64.1	62.8	63.7	59.8	57.2	54.7	51.7	51.5	47.9	48.9	48.6	51.1	43.9	§	37.0*	35.8	36.9	32.6	31.8	-0.8
% saying most or all	17.9	17.8	18.0	15.3	13.9	11.8	9.4	9.5	8.3	7.7	8.0	7.9	7.3	§	5.9*	4.3	6.0	3.9	3.5	-0.4
Get drunk at least once a week																				
% saying any	39.3	38.3	39.9	34.8	33.2	30.8	26.9	27.5	24.5	24.4	25.0	27.3	24.9	§	19.5*	18.3	19.4	17.0	15.3	-1.8
% saying most or all	6.2	6.9	6.9	5.6	5.1	4.4	3.7	3.9	3.3	2.7	2.8	3.1	3.6	§	2.2*	1.7	2.0	1.6	1.8	+0.2
Smoke cigarettes																				
% saying any	49.6	49.5	51.6	47.3	43.9	41.8	38.3	36.9	31.1	30.4	28.4	28.6	25.3	§	18.6*	18.1	19.3	17.7	15.3	-2.4
% saying most or all	5.7	5.7	6.3	5.1	4.5	3.9	3.0	2.8	2.2	1.5	1.5	1.8	2.1	§	1.3*	1.1	1.8	1.0	0.8	-0.2
Vape an e-liquid with nicotine^c																				
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	39.7	39.6	41.4	31.8	32.0	+0.2
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.9	9.7	8.9	5.5	5.8	+0.2
Use smokeless tobacco																				
% saying any	25.1	26.7	27.4	26.7	23.9	23.1	23.7	23.7	20.5	18.8	17.5	18.6	17.1	§	11.2*	11.2	13.0	11.9	9.5	-2.4 ss
% saying most or all	2.7	3.4	3.3	3.2	2.4	2.5	2.3	2.4	2.1	1.3	1.5	1.6	2.2	§	1.2*	0.9	1.2	1.0	1.0	0.0
Approximate weighted N =	9,600	9,200	9,600	10,200	9,400	9,000	8,700	8,900	10,400	9,300	9,200	4,200	4,200	§	5,400	5,800	3,400	4,200	4,400	

(Table continued on next page.)

TABLE 9-2 (cont.)

Trends in Friends' Use of Drugs as Estimated by 8th Graders

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. In 2000, this set of questions was removed from one of the four forms in which it appeared, which resulted in a slight adjustment in the average change score that year. To correct for this, although this set of questions was asked in all four forms in 1999, the data presented here for 1999 are from only the three forms in which the questions are still asked. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aData based on two of four forms; N is one half of N indicated.

^bThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

^cData based on two-thirds of N indicated.

^dAbstainers are those who report abstaining from cannabis, alcohol, cigarettes, and nicotine vaping. Prior to 2021, MTF did not include questions on friends' use of nicotine vaping, so the estimates for those years are based on the remaining three substances. After 1999, data based on five sixths of N indicated.



TABLE 9-3

Trends in Friends' Use of Drugs

as Estimated by 10th Graders (Entries are percentages.)

How many of your friends would you estimate . . .

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Abstain from drug use^d																	
% saying any																	
% saying most or all	5.5	6.9	6.1	5.4	5.8	5.4	5.7	6.1	6.6	6.2	7.0	8.6	10.4	10.3	10.3	10.1	10.1
Use cannabis																	
% saying any	48.3	45.9	52.7	63.4	68.5	73.5	73.4	70.4	70.5	70.6	72.8	69.6	68.0	66.2	66.2	66.3	66.4
% saying most or all	7.9	8.0	11.2	18.0	21.3	26.4	25.0	23.5	23.3	22.4	23.8	23.3	21.8	19.2	19.5	18.5	17.8
Use inhalants																	
% saying any	17.3	17.8	21.1	23.6	25.3	25.7	23.7	22.8	21.4	20.6	21.4	19.3	18.8	18.4	18.7	20.6	21.2
% saying most or all	1.4	1.5	1.8	2.0	2.1	2.2	2.2	2.5	2.1	2.2	1.8	2.1	1.9	1.7	2.0	2.2	2.1
Take crack																	
% saying any	13.2	13.2	15.1	17.3	19.8	21.4	22.0	22.2	21.2	21.1	21.4	21.0	19.3	18.7	19.6	20.5	20.1
% saying most or all	0.8	0.7	0.9	1.0	1.2	1.2	1.5	1.7	1.6	1.5	1.5	1.8	1.5	1.4	1.5	1.3	1.5
Take cocaine powder																	
% saying any	14.7	14.1	15.4	17.3	19.7	21.7	22.5	23.0	21.0	21.2	20.9	20.5	18.5	19.0	19.8	20.9	21.2
% saying most or all	0.8	0.8	0.8	1.1	1.3	1.4	1.7	2.0	1.9	1.7	1.5	2.0	1.5	1.4	1.5	1.6	1.5
Take heroin																	
% saying any	7.8	8.1	9.3	10.5	11.1	11.7	11.8	11.5	10.7	10.1	11.4	10.3	9.9	9.0	9.8	10.1	9.9
% saying most or all	0.6	0.6	0.7	0.6	0.8	0.7	0.9	1.0	1.0	0.8	0.9	1.2	1.0	0.8	1.0	0.9	0.9
Drink alcoholic beverages																	
% saying any	92.9	91.3	91.8	92.8	92.2	92.4	92.2	91.4	91.4	92.0	91.3	89.4	87.5	87.7	88.0	88.1	88.2
% saying most or all	49.6	48.2	49.9	50.3	50.7	53.4	50.7	50.1	50.3	52.0	50.2	45.7	44.9	44.5	43.9	46.2	44.7
Get drunk at least once a week																	
% saying any	75.1	72.6	74.5	76.9	75.3	76.7	76.2	74.9	75.9	77.3	76.4	73.1	72.1	71.1	71.1	72.8	73.5
% saying most or all	19.3	18.6	20.2	20.3	20.6	23.1	21.8	21.2	22.8	23.5	22.4	19.9	20.9	19.0	18.3	20.5	19.7
Smoke cigarettes																	
% saying any	81.2	82.0	85.4	86.3	88.0	89.3	88.1	87.1	85.4	84.6	82.7	77.2	75.1	73.9	73.6	72.5	72.1
% saying most or all	18.2	18.7	22.8	24.7	27.8	32.8	29.3	27.8	25.9	21.2	19.3	15.8	14.2	13.4	12.6	13.0	11.8
Vape an e-liquid with nicotine^c																	
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use smokeless tobacco																	
% saying any	53.1	53.1	57.5	58.4	57.9	55.0	52.0	47.5	44.8	42.3	45.5	41.8	38.6	37.6	41.5	45.3	44.5
% saying most or all	7.5	7.3	7.7	7.6	7.3	6.0	6.4	5.8	4.7	4.6	5.2	5.2	4.4	4.5	5.6	5.8	5.1
Approximate weighted N =	14,300	14,000	14,600	15,000	16,100	14,800	14,700	14,400	8,700	9,100	9,000	9,100	10,100	10,500	10,400	10,500	10,300

(Table continued on next page.)

TABLE 9-3 (cont.)

Trends in Friends' Use of Drugs

as Estimated by 10th Graders (Entries are percentages.)

<i>How many of your friends would you estimate . . .</i>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019p^b</u>	<u>2019e^b</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024-2025 change</u>
Abstain from drug use^d																				
% saying none of their friends use drugs	11.3	10.8	10.5	11.6	12.4	13.2	15.6	18.0	20.3	19.9	19.5	19.6‡	24.5‡	§	35.4*	31.7	32.1	41.5	38.5	-3.0
Use cannabis																				
% saying any	64.6	67.6	70.9	70.9	70.7	71.9	69.4	66.7	65.6	66.0	66.6	66.7	62.8	§	45.3*	48.3	47.2	41.0	40.1	-0.9
% saying most or all	18.9	22.0	23.9	25.6	26.2	27.8	25.1	21.4	21.2	22.7	23.6	25.1	22.7	§	12.8*	12.5	10.5	11.9	10.0	-1.9
Use inhalants																				
% saying any	21.1	19.7	20.2	18.1	15.3	14.9	12.6	11.1	10.2	10.4	10.3	9.9	10.0	§	8.6*	9.0	9.3	7.2	7.4	+0.2
% saying most or all	2.2	2.0	2.1	1.7	1.5	1.6	1.4	1.2	1.2	1.2	1.1	1.3	0.9	§	0.9*	0.8	0.9	0.9	0.9	0.0
Take crack																				
% saying any	19.4	18.4	19.1	17.0	15.4	14.4	12.4	11.7	11.0	10.6	10.2	9.4	10.9	§	6.7*	6.8	6.8	5.4	4.9	-0.6
% saying most or all	1.4	1.2	1.5	1.1	1.1	1.2	1.2	1.1	1.0	0.9	0.9	1.3	1.1	§	0.6*	0.8	0.7	0.8	0.8	0.0
Take cocaine powder																				
% saying any	20.2	18.6	18.5	16.7	15.6	14.9	12.9	12.5	11.8	11.4	11.4	11.4	9.6	§	5.8*	5.3	5.8	4.0	3.9	-0.1
% saying most or all	1.4	1.4	1.4	1.0	1.1	1.3	1.0	1.1	1.0	0.8	0.9	1.5	1.0	§	0.5*	0.4	0.5	0.5	0.8	+0.2
Take heroin																				
% saying any	10.6	10.0	10.6	9.1	8.8	7.8	7.0	6.6	6.5	6.1	4.9	5.8	5.3	§	3.0*	3.6	4.0	3.1	2.6	-0.5
% saying most or all	1.1	1.1	0.9	0.6	0.8	0.9	0.8	0.8	0.7	0.7	0.5	1.0	0.8	§	0.4*	0.4	0.4	0.5	0.7	+0.1
Drink alcoholic beverages																				
% saying any	87.0	87.5	87.8	85.9	84.9	83.9	80.5	78.0	75.0	75.2	75.9	74.3	70.7	§	56.9*	59.2	60.6	49.8	52.7	+2.9
% saying most or all	41.3	42.1	42.0	38.2	39.3	36.8	31.9	29.0	24.4	25.4	26.1	23.6	23.1	§	15.0*	14.4	15.0	12.0	11.9	-0.2
Get drunk at least once a week																				
% saying any	70.1	70.4	69.7	66.4	66.3	63.4	58.0	54.1	50.2	51.2	51.8	50.2	49.9	§	38.2*	38.4	37.8	31.2	32.5	+1.2
% saying most or all	16.1	16.8	16.0	15.2	15.9	14.4	12.3	9.9	8.2	8.2	8.9	7.8	8.1	§	5.5*	5.0	5.0	4.8	5.2	+0.4
Smoke cigarettes																				
% saying any	70.7	71.3	72.7	70.2	66.5	62.6	57.2	51.7	46.3	43.7	43.3	35.3	36.0	§	23.4*	24.2	24.1	20.8	21.0	+0.2
% saying most or all	10.5	11.4	11.8	10.2	8.9	7.3	5.8	5.0	3.5	3.2	3.6	3.2	2.9	§	1.6*	1.6	1.6	2.0	1.3	-0.7
Vape an e-liquid with nicotine^c																				
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	53.2	55.9	54.4	41.9	47.7	+5.8 ss
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16.8	16.2	15.6	11.5	12.1	+0.6
Use smokeless tobacco																				
% saying any	41.6	45.6	48.8	47.1	44.2	45.1	42.6	39.0	32.8	32.2	33.1	26.3	30.9	§	16.6*	17.8	18.4	15.7	16.3	+0.7
% saying most or all	4.8	5.7	7.3	5.5	6.0	6.1	6.1	5.2	3.9	3.0	3.7	3.2	3.5	§	1.3*	1.4	1.3	1.7	1.8	+0.1
Approximate weighted N =	9,700	10,300	9,900	9,700	9,700	8,400	8,400	10,100	9,300	8,500	8,500	4,500	4,500	§	5,800	6,800	5,100	5,400	5,500	

(Table continued on next page.)

TABLE 9-3 (cont.)

**Trends in Friends' Use of Drugs
as Estimated by 10th Graders**

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. In 2000, this set of questions was removed from one of the four forms in which it appeared, which resulted in a slight adjustment in the average change scores that year. To correct for this, although this set of questions was asked in all four forms in 1999, the data presented here for 1999 are from only the three forms in which the questions are still asked. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aData based on two of four forms; N is one half of N indicated.

^bThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

^cData based on two-thirds of N indicated.

^dAbstainers are those who report abstaining from cannabis, alcohol, cigarettes, and nicotine vaping. Prior to 2021, MTF did not include questions on friends' use of nicotine vaping, so the estimates for those years are based on the remaining three substances. After 1999, data based on five sixths of N indicated.



TABLE 9-4

Trends in Friends' Use of Drugs

as Estimated by 12th Graders (Entries are percentages.)

How many of your friends would you estimate . . .

	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Take any illicit drug^{a,k,l}																
% saying any	85.8	84.6	86.9	87.5	89.0	87.5	85.4	86.3	82.6	81.0	82.4	82.2	81.7	79.1	76.9	71.0
% saying most or all	31.9	31.7	33.2	36.3	37.0	32.5	29.8	26.5	23.8	20.9	22.7	21.5	18.6	15.8	15.7	11.6
Take any illicit drug other than cannabis^{a,k,l}																
% saying any	66.7	55.5	57.5	56.4	61.3	62.4	63.3	64.7	61.2	61.3	61.8	63.3	62.4	56.5	56.2	50.1
% saying most or all	10.6	8.9	7.7	8.5	10.4	11.1	11.9	10.9	11.0	10.3	10.4	10.3	9.2	6.9	7.7	5.1
Abstain from drug use^m																
% saying none of their friends use drugs	—	2.2	2.2	2.1	2.25	1.5	2.5	2.4	2.6	3.2	3.0	2.6	2.8	2.7	3.0	5.4
Use cannabis																
% saying any	83.0	82.9	85.9	86.1	87.6	86.4	83.0	84.4	80.3	77.7	79.5	79.2	78.4	75.3	72.5	68.3
% saying most or all	30.3	30.6	32.3	35.3	35.5	31.3	27.7	23.8	21.7	18.3	19.8	18.2	15.8	13.6	13.4	10.1
Use inhalants																
% saying any	24.3	18.6	18.9	20.0	19.1	17.8	16.5	18.4	16.1	19.3	21.2	22.4	24.7	20.8	22.1	20.0
% saying most or all	1.1	1.1	1.0	1.1	1.1	1.2	0.9	1.3	1.1	1.1	1.5	2.0	1.9	1.2	1.9	1.0
Take LSD																
% saying any	36.5	30.6	31.9	29.9	28.9	28.1	28.5	27.8	24.0	23.9	24.4	24.5	25.3	24.1	25.2	25.0
% saying most or all	2.7	2.8	3.0	2.0	1.9	1.8	2.2	2.4	1.4	2.0	1.5	1.8	1.6	1.5	2.4	1.9
Take other hallucinogens^{b,k}																
% saying any	41.2	30.3	31.4	29.2	28.2	28.2	26.3	25.6	22.1	21.3	22.0	22.3	21.7	17.8	18.1	15.9
% saying most or all	4.7	3.0	2.8	2.0	2.2	2.2	2.1	1.9	1.6	1.9	1.4	1.3	1.2	0.9	1.4	1.0
Take ecstasy (MDMA)^g																
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12.4
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.2
Take cocaine																
% saying any	33.6	28.8	30.1	33.2	38.9	41.6	40.1	40.7	37.6	38.9	43.8	45.6	43.7	37.7	37.4	31.7
% saying most or all	3.4	3.2	3.6	4.0	6.0	6.1	6.3	4.9	5.1	5.1	5.8	6.2	5.1	3.4	3.7	2.1
Take crack																
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	27.4	25.4	26.1	19.2
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	2.2	1.1	2.1	0.6
Take cocaine powder																
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25.3	24.6
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.3	2.5
Take heroin																
% saying any	15.2	13.6	12.9	14.3	12.9	13.0	12.5	13.2	12.0	13.0	14.5	15.3	13.9	12.4	14.0	11.4
% saying most or all	0.7	0.8	0.7	0.9	0.5	1.0	0.5	0.7	0.8	0.8	0.9	1.1	0.9	0.7	1.1	0.4
Approximate weighted N =	2,640	2,697	2,788	3,247	2,933	2,987	3,307	3,303	3,095	2,945	2,971	2,798	2,948	2,961	2,587	2,361

(Table continued on next page.)

TABLE 9-4 (cont.)

Trends in Friends' Use of Drugs

as Estimated by 12th Graders (Entries are percentages.)

How many of your friends would you estimate . . .

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Take any illicit drug^{a,k,l}																	
% saying any	69.1	67.3	71.0	78.3	78.6	80.6	83.4	84.6	82.0	82.0	82.8	81.8	80.7	81.2	79.8	78.8	77.7
% saying most or all	11.7	12.0	15.5	20.3	21.7	23.8	23.7	25.9	25.5	24.5	25.2	23.1	23.5	23.0	20.2	20.9	21.7
Take any illicit drug other than cannabis^{a,k,l}																	
% saying any	46.3	47.1	48.7	53.7	53.7	54.5	55.1	55.6	51.2	52.5	55.0	54.3	50.0	51.4	51.3	51.0	50.0
% saying most or all	4.6	5.3	7.1	7.1	7.7	8.9	7.0	8.9	7.4	7.4	7.0	6.1	6.7	7.3	6.7	5.3	6.5
Abstain from drug use^m																	
% saying none of their friends use drugs	4.8	5.5	6.6	5.1	4.7	5.9	4.7	4.2	5.0	6.2	6.4	6.7	6.2	6.3	7.1	8.2	10.5
Use cannabis																	
% saying any	65.8	63.1	67.4	75.6	76.1	78.0	81.4	83.2	80.7	80.5	81.2	79.4	78.9	79.5	77.4	76.4	74.8
% saying most or all	10.0	10.3	13.9	18.9	20.7	22.2	22.5	23.8	24.2	23.2	24.0	21.4	21.7	21.1	17.9	19.6	19.2
Use inhalants																	
% saying any	19.2	22.2	23.7	26.5	27.5	27.2	27.4	25.9	21.6	23.5	22.2	21.0	17.5	17.9	18.1	19.0	17.9
% saying most or all	0.7	1.8	1.8	2.0	2.0	2.4	1.9	2.7	1.8	1.4	1.4	1.2	1.1	1.2	2.0	1.2	1.6
Take LSD																	
% saying any	23.4	28.1	31.3	34.1	36.9	37.9	36.5	36.8	32.2	31.9	32.2	28.6	21.9	23.5	19.5	18.7	18.3
% saying most or all	1.7	2.4	3.8	4.2	4.8	5.0	3.7	4.7	3.9	3.1	2.9	1.7	1.9	1.5	1.5	0.8	1.2
Take other hallucinogens^{b,k}																	
% saying any	15.1	17.0	19.3	21.4	23.8	26.4	26.3	27.4	22.5	24.0†	35.4	33.6	30.1	31.9	31.0	30.1	30.1
% saying most or all	0.8	1.0	1.7	2.2	2.2	2.3	2.6	3.1	2.4	2.4†	2.9	2.3	2.4	2.6	2.2	1.7	1.7
Take ecstasy (MDMA)^g																	
% saying any	11.9	10.7	12.8	15.9	20.7	24.2	27.7	24.5	26.7	37.3	41.9	38.0	34.2	28.9	23.1	23.1	23.6
% saying most or all	1.7	2.1	1.2	1.7	2.8	3.0	2.6	2.5	2.7	4.8	5.2	3.7	2.7	3.2	2.5	1.9	2.1
Take cocaine																	
% saying any	26.8	26.3	24.5	26.1	24.8	28.1	28.5	31.2	27.8	27.2	27.1	26.8	23.8	29.3	28.1	29.7	29.7
% saying most or all	1.5	1.5	2.1	1.5	2.0	2.2	2.0	3.2	2.9	2.0	1.7	1.7	2.4	2.3	2.3	1.9	2.1
Take crack																	
% saying any	17.6	17.8	17.9	20.0	19.2	21.6	22.2	24.4	19.0	21.4	23.4	21.5	18.7	22.5	22.9	22.3	21.8
% saying most or all	0.6	0.7	0.9	1.0	1.1	0.9	1.1	1.7	1.5	1.4	0.8	0.8	1.4	1.6	1.6	1.0	1.3
Take cocaine powder																	
% saying any	19.8	19.7	18.1	20.7	19.2	22.8	24.8	22.9	22.0	21.3	20.1	22.4	23.2	25.4	23.2	22.8	22.3
% saying most or all	1.8	2.0	1.6	1.9	1.7	1.9	2.0	1.9	1.9	1.8	1.5	1.9	1.9	3.3	1.7	1.7	1.8
Take heroin																	
% saying any	11.4	13.2	13.3	14.3	14.5	15.6	15.6	16.5	12.7	14.9	13.1	12.9	10.3	12.7	13.1	12.8	12.9
% saying most or all	0.4	0.7	1.1	1.0	1.1	0.9	0.8	1.3	1.0	1.1	0.9	0.7	0.9	0.9	1.1	0.8	1.4
<i>Approximate weighted N =</i>	2,339	2,373	2,410	2,337	2,379	2,156	2,292	2,313	2,060	1,838	1,923	1,968	2,233	2,271	2,266	2,217	2,253

(Table continued on next page.)

TABLE 9-4 (cont.)

Trends in Friends' Use of Drugs

as Estimated by 12th Graders (Entries are percentages.)

<i>How many of your friends would you estimate . . .</i>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019p^h</u>	<u>2019e^h</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	2024–2025 change
Take any illicit drug^{a,k,l}																				
% saying any	80.1	79.2	80.4	81.7	78.9	80.8	80.8	78.2	79.9	79.6	78.1	77.2	73.0	§	64.5*	61.9	62.9‡	61.2	64.2	+2.9
% saying most or all	21.3	22.4	25.4	29.1	26.4	26.7	24.6	28.0	24.9	26.1	26.7	25.4	22.2	§	19.7*	19.7	18.6‡	15.4	16.6	+1.2
Take any illicit drug other than cannabis^{a,k,l}																				
% saying any	49.3	49.4	53.7	49.9	48.9	45.4	43.7	41.2	44.2	40.3	41.1	38.7	41.8	§	33.8*	31.5	31.6‡	38.8	43.7	+4.8
% saying most or all	5.3	5.6	7.1	6.5	5.5	4.3	5.1	6.0	4.6	4.6	4.8	4.3	3.7	§	0.9*	2.8	2.1‡	5.1	5.7	+0.6
Abstain from drug use^m																				
% saying none of their friends use drugs	9.4	9.3	9.1	10.3	9.9	10.3	11.7	14.5	13.5	14.3	15.0	17.5‡	20.5‡	§	20.3*	24.4	22.1	27.4	27.0	-0.4
Use cannabis																				
% saying any	78.2	77.2	79.7	80.6	77.7	80.2	79.3	76.9	78.9	78.2	76.5	76.4	70.8	§	63.6*	60.4	60.4	52.9	54.8	+1.8
% saying most or all	19.9	20.9	23.6	27.3	25.0	25.7	23.4	25.9	23.8	24.3	25.7	24.9	21.2	§	18.6*	18.8	17.8	12.4	13.4	+1.0
Use inhalants																				
% saying any	18.0	18.0	19.0	16.4	12.3	12.1	9.4	8.7	8.8	7.2	9.0	8.0	9.9	§	3.5*	6.5	7.3	7.2	5.6	-1.6
% saying most or all	1.1	0.9	1.8	1.4	0.9	1.1	0.7	0.8	0.8	0.7	1.1	0.7	0.9	§	0.1*	0.4	0.7	0.6	0.7	+0.1
Take LSD																				
% saying any	20.9	21.3	22.3	22.5	21.3	17.7	18.0	18.9	22.7	20.1	21.5	21.2	24.7	§	17.7*	15.7	16.1	11.9	10.6	-1.3
% saying most or all	1.1	1.1	1.5	1.4	1.3	1.2	1.2	1.6	1.0	1.5	2.0	1.9	1.2	§	0.2*	0.8	0.7	0.9	1.7	+0.8
Take other hallucinogens^{b,k}																				
% saying any	29.4	30.5	32.3	31.8	29.5	26.9	22.0	22.1	23.7	20.0	21.5	18.8	22.2	§	21.7*	19.8	21.8	17.6	15.1	-2.5
% saying most or all	1.8	1.6	2.0	2.1	2.0	1.6	1.6	1.7	1.0	1.2	1.7	1.2	0.5	§	0.2*	0.6	0.9	1.4	1.6	+0.2
Take ecstasy (MDMA)^g																				
% saying any	24.7	23.5	25.9	27.5	26.8	25.6	24.3	26.3	24.4	22.4	19.4	16.3	16.4	§	14.8*	13.3	10.6	7.8	7.4	-0.5
% saying most or all	2.4	2.2	2.1	2.7	2.7	1.8	2.3	2.0	2.6	2.1	2.0	1.8	2.1	§	2.5*	1.8	0.8	1.0	1.0	-0.1
Take cocaine																				
% saying any	25.2	24.0	22.9	18.8	18.1	18.8	17.9	18.3	16.9	17.0	18.1	15.7	17.8	§	9.2*	8.2	7.3	6.7	5.9	-0.8
% saying most or all	1.2	1.8	1.4	1.0	0.8	1.1	0.8	1.5	0.9	1.1	1.0	1.5	1.3	§	0.2*	0.5	0.4	0.2	0.4	+0.3
Take crack																				
% saying any	19.1	18.8	15.2	12.1	10.4	10.3	9.0	10.1	8.0	8.0	8.6	7.5	9.3	§	2.6*	3.7	3.7	4.3	3.8	-0.5
% saying most or all	1.1	1.1	1.5	0.9	0.8	0.9	0.8	1.0	0.7	1.0	0.8	1.1	0.8	§	0.2*	0.8	0.6	0.2	0.7	+0.5
Take cocaine powder																				
% saying any	22.6	19.1	17.6	15.9	17.4	15.6	15.4	14.7	16.0	17.1	15.8	12.9	12.9	§	13.0*	10.2	8.0	6.8	6.8	0.0
% saying most or all	1.5	1.5	1.0	1.6	1.5	1.2	1.8	1.2	2.2	2.2	2.1	1.8	1.9	§	0.2*	1.9	0.6	1.1	1.1	0.0
Take heroin																				
% saying any	11.2	12.7	12.4	10.2	7.7	8.5	7.9	7.1	6.0	5.3	5.8	4.6	6.8	§	2.1*	4.2	5.1	3.9	3.0	-0.8
% saying most or all	0.7	0.9	1.3	0.6	0.6	0.6	0.5	0.7	0.7	0.9	0.3	0.7	0.3	§	0.1*	0.5	0.3	0.1	0.3	+0.2
Approximate weighted N =	2,125	2,110	2,195	2,208	2,144	1,973	1,920	2,055	1,828	1,955	2,002	946	976	§	1,398	1,339	1,063	1,015	1,044	

(Table continued on next page.)

TABLE 9-4 (cont.)

Trends in Friends' Use of Drugsas Estimated by 12th Graders (Entries are percentages.)*How many of your friends would you estimate . . .*

	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>
Take opioid medications ^{c,k}																
% saying any	28.8	24.1	23.7	23.2	23.1	22.4	23.1	23.9	20.8	21.4	22.8	21.8	23.2	19.2	19.2	17.2
% saying most or all	2.1	2.2	1.7	1.4	1.5	1.7	1.5	1.4	1.4	1.6	1.4	1.8	1.4	1.2	1.4	0.9
Take amphetamines ^{d,k,l}																
% saying any	51.0	42.2	41.3	40.7	40.7	43.9	48.8	50.6	46.1	45.1	43.3	41.8	39.5	33.4	33.5	28.7
% saying most or all	5.9	5.6	4.1	4.7	4.3	4.8	6.4	5.4	5.1	4.5	3.4	3.4	2.6	1.9	2.6	1.9
Take crystal methamphetamine (ice)																
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9.1
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.7
Take sleeping medications ^{e,k}																
% saying any	45.0	36.3	34.7	32.5	30.7	30.5	31.1	31.3	28.3	26.6	27.1	25.6	24.3	19.7	20.3	17.4
% saying most or all	4.3	3.5	3.0	2.3	2.1	2.6	2.1	1.8	1.7	1.7	1.6	1.4	1.1	1.1	1.4	0.6
Take prescription anti-anxiety medications ^{f,k}																
% saying any	45.6	36.3	37.8	34.8	32.0	29.7	29.5	29.9	26.7	26.6	25.8	24.2	23.3	19.9	18.0	14.9
% saying most or all	3.5	3.1	2.7	1.8	2.0	1.9	1.4	1.1	1.2	1.5	1.2	1.3	1.0	0.7	1.5	0.5
Drink alcoholic beverages																
% saying any	96.7	95.1	94.4	94.9	95.4	96.1	94.7	95.7	95.5	94.6	94.6	95.6	95.4	95.7	95.1	92.0
% saying most or all	68.4	64.7	66.2	68.9	68.5	68.9	67.7	69.7	69.0	66.6	66.0	68.0	71.8	68.1	67.1	60.5
Get drunk at least once a week																
% saying any	82.4	80.7	81.0	82.0	83.3	83.1	81.8	83.1	83.9	81.5	82.5	84.7	85.6	84.4	82.8	79.2
% saying most or all	30.1	26.6	27.6	30.2	32.0	30.1	29.4	29.9	31.0	29.6	29.9	31.8	31.3	29.6	31.1	27.5
Smoke cigarettes																
% saying any	95.2	93.7	93.7	93.1	92.1	90.6	88.5	88.3	87.0	86.0	87.0	87.8	88.3	87.7	86.5	84.9
% saying most or all	41.5	36.7	33.9	32.2	28.6	23.3	22.4	24.1	22.4	19.2	22.8	21.5	21.0	20.2	23.1	21.4
Vape cannabis ⁱ																
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine ⁱ																
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take steroids																
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25.9
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.8
Approximate weighted N =	2,640	2,697	2,788	3,247	2,933	2,987	3,307	3,303	3,095	2,945	2,971	2,798	2,948	2,961	2,587	2,361

(Table continued on next page.)

TABLE 9-4 (cont.)

Trends in Friends' Use of Drugs

as Estimated by 12th Graders (Entries are percentages.)

How many of your friends would you estimate . . .

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Take opioid medications ^{c,k}																	
% saying any	13.7	14.9	16.1	18.5	19.5	21.8	22.2	24.8	22.9	23.1	24.0	27.5	21.6	24.6	21.4	23.0	20.7
% saying most or all	0.5	1.1	1.2	1.0	1.6	1.5	1.4	2.9	1.8	2.0	2.0	2.1	2.4	2.4	1.9	1.9	2.6
Take amphetamines ^{a,k,i}																	
% saying any	24.3	24.3	27.5	28.1	30.3	32.2	32.7	33.8	30.8	32.9	33.2	34.4	28.1	31.4	28.8	29.0	27.4
% saying most or all	1.3	1.3	2.0	1.8	2.0	2.8	2.4	3.4	2.8	3.1	2.2	2.4	2.1	2.9	2.2	2.0	2.4
Take crystal methamphetamine (ice)																	
% saying any	10.2	8.9	9.4	11.8	12.9	15.9	18.6	16.8	15.7	16.9	17.0	17.5	16.2	17.8	14.3	13.4	11.9
% saying most or all	1.0	1.5	1.2	1.5	1.7	1.5	2.3	2.1	1.1	2.0	1.6	2.0	1.8	3.0	1.9	1.2	0.8
Take sleeping medications ^{e,k}																	
% saying any	14.8	16.4	17.8	18.2	17.8	21.6	20.4	22.8	20.9	21.6	22.1	25.3	18.1‡	25.2	22.3	22.5	20.8
% saying most or all	0.5	0.6	1.0	1.1	1.4	1.6	1.1	2.5	1.4	1.7	1.1	1.7	1.9‡	2.0	1.8	1.3	1.6
Take prescription anti-anxiety medications ^{t,k}																	
% saying any	13.5	14.6	15.5	16.5	15.8	18.1	17.9	19.7	16.4	19.4	18.6	21.2	17.2	18.3	16.9	15.3	15.5
% saying most or all	0.4	0.7	0.9	0.9	1.1	1.4	0.8	2.3	1.3	2.1	1.3	1.6	1.5	1.7	1.6	1.2	1.8
Drink alcoholic beverages																	
% saying any	91.2	90.5	88.9	90.1	90.9	89.6	90.7	91.2	90.2	89.8	89.2	88.0	87.9	87.8	87.2	86.0	85.1
% saying most or all	58.6	56.9	57.0	59.6	56.4	56.4	60.9	61.0	58.2	57.2	59.2	53.7	53.1	53.9	55.3	52.4	52.0
Get drunk at least once a week																	
% saying any	79.8	79.9	79.2	81.4	78.9	78.5	82.4	81.1	81.5	79.5	79.6	78.3	77.3	79.0	78.7	77.4	75.5
% saying most or all	29.7	28.6	27.6	28.4	27.4	29.0	30.9	31.7	30.1	32.4	32.7	28.3	27.1	27.6	28.5	27.7	27.0
Smoke cigarettes																	
% saying any	85.7	84.4	84.8	88.1	87.9	88.3	89.9	89.5	89.3	87.2	86.8	85.4	83.3	83.7	81.8	81.4	77.1
% saying most or all	21.8	21.4	25.0	25.3	27.5	30.4	34.4	33.9	31.1	28.2	25.0	23.0	19.6	20.6	16.7	15.8	16.4
Vape cannabis ^l																	
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vape an e-liquid with nicotine ^l																	
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take steroids																	
% saying any	24.7	21.5	19.0	18.1	19.5	17.9	18.9	18.3	20.0	19.8	21.7	21.6	21.1	22.8	19.1	19.8	20.1
% saying most or all	1.0	1.7	0.9	1.2	1.3	0.8	1.7	1.4	0.9	1.9	1.2	1.5	1.5	2.6	1.5	0.9	1.2
Approximate weighted N =	2,339	2,373	2,410	2,337	2,379	2,156	2,292	2,313	2,060	1,838	1,923	1,968	2,233	2,271	2,266	2,217	2,253

(Table continued on next page.)

TABLE 9-4 (cont.)

Trends in Friends' Use of Drugs

as Estimated by 12th Graders (Entries are percentages.)

<i>How many of your friends would you estimate . . .</i>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019^{p,h}</u>	<u>2019^{e,h}</u>	<u>2020</u>	<u>2021^j</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024– 2025 change</u>
Take opioid medications ^{c,k}																				
% saying any	20.6	21.5‡	36.3	31.0	28.5	25.8	22.0	20.0	20.5	18.4	14.7	14.2	17.1	§ 7.6*	6.2	7.0‡	6.2	4.1	-2.1	
% saying most or all	1.3	1.9‡	3.8	2.6	1.8	1.9	1.8	1.5	1.7	1.7	1.3	0.9	0.9	§ 0.0*	0.6	0.4‡	0.4	0.7	+0.3	
Take amphetamines ^{d,k,l}																				
% saying any	27.3	30.0	31.1	31.3	30.5	25.7	25.0	24.2	27.3	21.4	21.5	18.9	23.9	§ 15.1*	14.6	11.6‡	14.6‡	12.1	—	
% saying most or all	1.8	2.0	2.9	2.2	2.4	2.2	2.9	2.5	2.4	1.7	1.7	1.4	1.0	§ 0.4*	1.2	0.7‡	1.5‡	1.8	—	
Take crystal methamphetamine (ice)																				
% saying any	10.9	9.4	9.2	8.9	9.6	8.9	8.2	6.8	7.9	9.0	6.2	7.0	5.6	§ 4.4*	3.9	3.4	2.4	3.5	+1.1	
% saying most or all	1.4	1.5	1.0	1.3	1.5	1.0	1.5	0.9	1.8	1.3	1.4	1.4	0.7	§ 0.4*	0.7	0.3	0.6	0.4	-0.3	
Take sleeping medications ^{e,k}																				
% saying any	19.8	21.0	23.5	21.1	17.3	15.5	14.2	14.5	15.1	12.9	11.9	11.3	14.6	§ 8.1*	8.0	8.3‡	17.4	18.0	+0.6	
% saying most or all	1.3	1.3	1.5	1.3	1.5	1.2	1.1	1.4	1.4	1.0	0.8	1.3	0.4	§ 0.1*	0.5	0.5‡	2.2	1.8	-0.4	
Take prescription anti-anxiety medications ^{f,k}																				
% saying any	15.0	15.8	16.1	13.9	13.3	11.7	10.1	11.5	12.0	11.1	10.5	9.9	8.9	§ 11.9*	7.1	9.1‡	24.8	30.1	+5.3	
% saying most or all	1.2	1.5	1.4	0.8	0.8	1.0	1.3	1.5	1.1	1.0	0.7	0.7	0.8	§ 0.0*	0.5	0.4‡	1.5	2.9	+1.4	
Drink alcoholic beverages																				
% saying any	85.2	83.7	83.9	82.6	82.0	82.0	79.7	75.5	77.2	75.7	74.2	71.2	70.9	§ 63.6*	61.7	59.8	55.5	60.4	+4.8	
% saying most or all	51.6	50.5	51.4	50.3	49.4	46.9	46.2	42.3	39.2	39.7	38.0	35.5	32.1	§ 26.4*	30.1	23.4	20.4	24.3	+3.9	
Get drunk at least once a week																				
% saying any	76.2	76.2	73.5	71.9	68.9	69.9	64.2	58.9	59.0	58.0	55.4	53.9	52.4	§ 45.0*	43.8	40.3	37.1	41.2	+4.0	
% saying most or all	25.2	24.4	23.7	23.8	21.2	20.7	18.5	15.5	11.5	12.4	11.6	11.2	7.6	§ 7.6*	7.4	3.9	5.7	5.2	-0.4	
Smoke cigarettes																				
% saying any	78.4	79.6	78.0	75.4	74.3	72.1	66.4	60.2	58.4	54.0	50.9	44.4	40.8	§ 37.8*	29.3	26.8	28.4	31.5	+3.1	
% saying most or all	13.9	14.1	14.9	14.1	12.2	11.0	8.1	6.5	5.9	6.6	6.1	4.7	4.4	§ 1.1*	2.3	2.2	2.9	3.1	+0.2	
Vape cannabis ⁱ																				
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	48.4	48.1	-0.3
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13.1	10.1	-3.0 ss
Vape an e-liquid with nicotine ⁱ																				
% saying any	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63.8	60.8	59.5	52.7	54.0	+1.3
% saying most or all	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20.2	21.9	18.8	17.2	14.2	-3.0 s
Take steroids																				
% saying any	19.4	19.3	16.4	16.0	18.7	17.4	15.7	12.8	15.5	13.7	13.0	11.7	7.8	§ 6.9*	9.8	12.3	8.1	10.5	+2.4	
% saying most or all	1.3	1.5	1.7	1.1	1.8	1.5	1.7	1.0	1.9	1.7	1.5	1.3	0.9	§ 0.1*	0.7	0.5	0.7	0.4	-0.3	
Approximate weighted N =	2,125	2,110	2,195	2,208	2,144	1,973	1,920	2,055	1,828	1,955	2,002	946		§ 1,398	1,339	1,063	1,015	1,044		

(Table continued on next page.)

TABLE 9-4 (cont.)

Trends in Friends' Use of Drugs as Estimated by 12th Graders

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. ' — ' indicates data not available. ' ‡ ' indicates that the question changed the following year. See relevant footnote. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aThese estimates were derived from responses to the questions listed. Any illicit drug includes all drugs listed except ecstasy (MDMA), cocaine powder, crystal methamphetamine (ice), alcohol, get drunk, cigarettes, and steroids. PCP and nitrites were not included from 1975 to 1978. Crack was not included from 1975 to 1986. Methaqualone was not included beginning in 2010.

^bIn 2001 the question text was changed from other psychedelics to other hallucinogens, and shrooms was added to the list of examples. These changes likely explain the discontinuity in the 2001 results.

^cIn 2010 the list of examples for narcotics other than heroin was changed from methadone and opium to Vicodin, OxyContin, Percocet, etc. This change likely explains the discontinuity in the 2010 results.

^dIn 2011 pep pills and bennies were replaced in the list of examples by Adderall and Ritalin.

^eIn 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

^fIn 2001 for tranquilizers, Xanax was added to the list of examples. This change likely explains the discontinuity in the 2001 results.

^gBeginning in 2014 "molly" was added to the question on friends' use of Ecstasy (MDMA). An examination of the data did not show any effect from this wording change.

^hThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

ⁱData based on three of six forms. N is approximately three times N indicated.

^jSample is decreased by approximately 50% for the following drugs due to survey question experiments: cigarettes, marijuana, LSD, hallucinogens other than LSD, amphetamines, sedatives (barbiturates), tranquilizers, cocaine, heroin, narcotics other than heroin, inhalants, alcohol, getting drunk, crack, cocaine powder, ecstasy (MDMA, molly), crystal methamphetamine (ice), and steroids.

^kIn 2024, we undertook a revision of the survey text. "Amphetamines" was changed to "prescription stimulant medications" in 2024, "narcotics other than heroin" was changed to "prescription opioid medications" in 2024 and "opioid medications" in 2025, "sedatives" was changed to "prescription sleeping medications" in 2024 and "sleeping medications" in 2025, and "tranquilizers" was changed to "prescription anti-anxiety medications" in 2024 and "anti-anxiety medications" in 2025. These changes likely explain the discontinuity of results between 2023 and 2024. Any illicit drug and any illicit drug other than cannabis were impacted by these changes.

^lIn 2025, the question for friends' use of prescription stimulant medications used the old survey text wording centered on "amphetamines" instead of the updated "prescription stimulant medications" wording that was used in 2024. This difference in wording is expected to have negligible impact on the indexes of "any illicit drug" and "any illicit drug other than cannabis" because the number of students who used amphetamines/prescription stimulants without using any of the other substances in these indexes is expected to be negligible.

^mAbstainers are those who report abstaining from cannabis, alcohol, cigarettes, and nicotine vaping. Prior to 2021, MTF did not include questions on friends' use of nicotine vaping, so the estimates for those years are based on the remaining three substances. Beginning in 2021, data based on two of six forms. N is approximately two times the N indicated.



TABLE 9-5
Trends in Availability of Drugs
as Perceived by 8th Graders

<i>How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?</i>	Percentage saying fairly easy or very easy to get ^a																
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Cannabis	42.3	43.8	49.9	52.4	54.8	54.2	50.6	48.4	47.0	48.1	46.6	44.8	41.0	41.1	39.6	37.4	39.3
LSD	21.5	21.8	21.8	23.5	23.6	22.7	19.3	18.3	17.0	17.6	15.2	14.0	12.3	11.5	10.8	10.5	10.9
PCP ^b	18.0	18.5	17.7	19.0	19.6	19.2	17.5	17.1	16.0	15.4	14.1	13.7	11.4	11.0	10.5	9.5	10.1
MDMA (e.g. ecstasy, "Molly") ^b	—	—	—	—	—	—	—	—	—	23.8	22.8	21.6	16.6	15.6	14.5	13.4	14.1
Crack	25.6	25.9	26.9	28.7	27.9	27.5	26.5	25.9	24.9	24.4	23.7	22.5	20.6	20.8	20.9	19.7	20.2
Cocaine powder	25.7	25.9	26.4	27.8	27.2	26.9	25.7	25.0	23.9	23.9	22.5	21.6	19.4	19.9	20.2	19.0	19.5
Heroin	19.7	19.8	19.4	21.1	20.6	19.8	18.0	17.5	16.5	16.9	16.0	15.6	14.1	13.2	13.0	12.6	13.3
Opioid medications ^{b,c,k}	19.8	19.0	18.3	20.3	20.0	20.6	17.1	16.2	15.6	15.0	14.7	15.0	12.4	12.9	13.0	11.7	12.1
Stimulant medications ^{d,k}	32.2	31.4	31.0	33.4	32.6	30.6	27.3	25.9	25.5	26.2	24.4	24.4	21.9	21.0	20.7	19.9	21.3
Crystal methamphetamine (ice) ^b	16.0	15.1	14.1	16.0	16.3	15.7	16.0	14.7	14.9	13.9	13.3	14.1	11.9	13.5	14.5	12.1	12.8
Sleeping medications ^{e,k}	27.4	26.1	25.3	26.5	25.6	24.4	21.1	20.8	19.7	20.7	19.4	19.3	18.0	17.6	17.3	16.8	17.5
Anti-anxiety medications ^k	22.9	21.4	20.4	21.3	20.4	19.6	18.1	17.3	16.2	17.8	16.9	17.3	15.8	14.8	14.4	14.4	15.4
Alcohol	76.2	73.9	74.5	74.9	75.3	74.9	73.1	72.3	70.6	70.6	67.9	67.0	64.9	64.2	63.0	62.0	64.1
Cigarettes	77.8	75.5	76.1	76.4	76.9	76.0	73.6	71.5	68.7	67.7	64.3	63.1	60.3	59.1	58.0	55.6	57.4
Vaping device ^{e,f}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid with nicotine (for vaping) ^{e,f}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Flavored e-liquid with nicotine (for vaping) ^{e,j}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid for marijuana vaping ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids	24.0	22.7	23.1	23.8	24.1	23.6	22.3	22.6	22.3	23.1	22.0	21.7	19.7	18.1	17.1	17.0	16.8
<i>Approximate weighted N =</i>	8,355	16,775	16,119	15,496	16,318	16,482	16,208	15,397	15,180	14,804	13,972	15,583	15,944	15,730	15,502	15,043	14,482

(Table continued on next page.)

TABLE 9-5 (cont.)
Trends in Availability of Drugs
as Perceived by 8th Graders

<i>How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?</i>	Percentage saying fairly easy or very easy to get ^a																		2024–2025 change
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^b ^h	2019 ^e ^h	2020	2021 ⁱ	2022	2023	2024	2025	
Cannabis	39.8	41.4	37.9	36.9	39.1	36.9	37.0	34.6	35.2	35.0	34.9	32.0	§	26.7*	26.0	25.8	24.2	19.9	-4.3 sss
LSD	10.0	10.0	9.3	7.5	7.4	6.9	6.6	6.9	6.3	6.5	6.9	7.9	§	6.3*	5.4	6.4	4.8	3.5	-1.2 s
PCP ^b	9.1	8.0	7.9	6.7	5.8	5.5	5.1	4.8	4.6	4.7	5.6	6.1	§	4.4*	4.0	5.8	3.3	2.9	-0.4
MDMA (e.g. ecstasy, "Molly") ^b	13.1	12.9	12.0	9.6	9.5	10.1	9.6	8.7	8.0	7.2	8.5	8.6	§	6.4*	6.0	6.7	4.3	4.1	-0.1
Crack	18.6	17.9	15.7	14.4	13.7	12.0	11.3	11.1	10.2	9.6	9.0	8.3	§	7.5*	7.1	8.4	6.9	5.1	-1.8 ss
Cocaine powder	17.8	16.6	14.9	14.1	13.5	11.9	11.6	11.0	10.4	9.8	9.5	8.6	§	7.7*	7.1	8.2	6.6	5.3	-1.3
Heroin	12.0	11.6	9.9	9.4	10.0	8.6	7.8	8.9	8.1	7.8	8.1	6.4	§	5.4*	4.8	5.5	4.7	3.5	-1.2 s
Opioid medications ^{b,c,k}	11.8‡	14.6	12.3	10.6	9.7	9.2	8.8	8.9	8.9	8.3	9.3	8.7	§	6.0*	5.6	5.9‡	7.7	5.7	-2.0 s
Stimulant medications ^{d,k}	20.2	19.6‡	15.0	13.4	12.8	12.1	11.8	12.1	11.0	11.6	12.8	12.4	§	11.4*	10.9	9.9‡	16.2	10.7	-5.5 sss
Crystal methamphetamine (ice) ^b	11.9	10.9	9.6	8.8	8.5	7.7	6.9	6.6	6.6	6.2	6.9	6.5	§	4.9*	4.8	5.5	4.3	3.7	-0.6
Sleeping medications ^{e,k}	15.9	15.3	12.6	11.1	10.6	10.0	9.0	9.3	9.2	8.6	9.0	10.8	§	8.1*	8.2	8.4‡	20.3	20.0	-0.3
Anti-anxiety medications ^k	14.1	13.7	12.0	10.5	10.4	9.8	9.8	11.4	11.8	12.2	12.7	10.9	§	7.5*	7.2	6.8‡	16.2	15.4	-0.7
Alcohol	61.8	61.1	59.0	57.5	56.1	54.4	53.6	52.7	53.2	53.9	53.1	46.1	§	47.9*	41.9	41.0	40.2	37.3	-2.9
Cigarettes	55.3	55.5	51.9	50.7	49.9	47.2	47.0	45.6	46.2	45.7	42.9	39.4	§	38.0*	33.8	33.0	32.4	28.7	-3.7 s
Vaping device ^{e,f}	—	—	—	—	—	—	—	—	38.6	45.7	49.1	40.9	§	37.8*	34.6	34.1	33.4	30.8	-2.6
E-liquid with nicotine (for vaping) ^{e,f}	—	—	—	—	—	—	—	—	31.0	37.9	46.1	39.3	§	35.1*	32.7	31.9	29.9	26.0	-3.9 s
Flavored e-liquid with nicotine (for vaping) ^{e,j}	—	—	—	—	—	—	—	—	—	—	—	—	§	33.8	31.2	29.9	28.5	24.8	-3.7 s
E-liquid for marijuana vaping ^e	—	—	—	—	—	—	—	—	—	—	—	—	§	23.8	23.2	21.9	22.7	18.5	-4.2 sss
Steroids	15.2	14.2	13.3	12.5	12.9	11.8	11.6	12.6	11.6	10.9	11.4	9.6	§	9.1*	8.1	8.7	9.2	8.0	-1.2
<i>Approximate weighted N =</i>	13,989	14,485	15,233	14,235	13,605	13,208	13,494	15,628	14,042	12,315	5,712	6,688	§	9,790	8,519	5,081	6,430	6,544	

(Table continued on next page.)

TABLE 9-5 (cont.)

Trends in Availability of Drugs as Perceived by 8th Graders

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. ' — ' indicates data not available. ' ‡ ' indicates that the question changed the following year. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aAnswer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy, and (6) Can't say, drug unfamiliar.

^bBeginning in 1993, data based on one of two of forms; N is one half of N indicated. Beginning in 2014 data based on one sixth of N indicated. For MDMA only: In 2014 the question text was changed in one form to include "Molly." In 2015 a second form was changed to including "Molly;" data based on one sixth of N indicated in 2014 and on one half of N indicated in 2015. An examination of the data did not show any effect from this wording change.

^cIn 2010 the list of examples for narcotics other than heroin was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc. This change likely explains the discontinuity in the 2010 results.

^dIn 2011 the list of examples for amphetamines was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2012 results.

^eBeginning in 2017, data based on one half of N indicated.

^fPercentages for all years reported here include respondents who replied "can't say, drug unfamiliar" in the denominator. The percentage for 2017 published in late 2017 and early 2018 did not include these respondents in the denominator.

^gData based on three of four forms. N is two thirds of N indicated.

^hThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

ⁱSample is decreased by as much as 50% for the following drugs due to survey question experiments: crack, cocaine powder, heroin, narcotics other than heroin, tranquilizers, crystal methamphetamine (ice), alcohol, cigarettes, steroids, and vaping.

^jQuestion asks specifically about "e-liquid with nicotine (for vaping) with a flavor other than tobacco or menthol, such as mint or mango."

^kIn 2024, we undertook a revision of the survey text. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". These changes likely explain the discontinuity of results between 2023 and 2024.



TABLE 9-6
Trends in Availability of Drugs
as Perceived by 10th Graders

<i>How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?</i>	Percentage saying fairly easy or very easy to get ^a																
	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Cannabis	65.2	68.4	75.0	78.1	81.1	80.5	77.9	78.2	77.7	77.4	75.9	73.9	73.3	72.6	70.7	69.0	67.4
LSD	33.6	35.8	36.1	39.8	41.0	38.3	34.0	34.3	32.9	31.2	26.8	23.1	21.6	20.7	19.2	19.0	19.3
PCP ^b	23.7	23.4	23.8	24.7	26.8	24.8	23.9	24.5	25.0	21.6	20.8	19.4	18.0	18.1	15.8	15.4	14.4
MDMA (e.g. ecstasy, "Molly") ^b	—	—	—	—	—	—	—	—	—	41.4	41.0	36.3	31.2	30.2	27.4	27.7	26.7
Crack	33.7	33.0	34.2	34.6	36.4	36.0	36.3	36.5	34.0	30.6	31.3	29.6	30.6	31.0	29.9	29.0	27.2
Cocaine powder	35.0	34.1	34.5	35.3	36.9	37.1	36.8	36.7	34.5	31.0	31.8	29.6	31.2	31.5	30.7	30.0	28.2
Heroin	24.3	24.3	24.7	24.6	24.8	24.4	23.0	23.7	22.3	20.1	19.9	18.8	18.7	19.3	17.4	17.3	17.2
Opioid medications ^{b,c,k}	26.9	24.9	26.9	27.8	29.4	29.0	26.1	26.6	27.2	25.8	25.4	23.5	23.1	23.6	22.2	21.5	20.3
Stimulant medications ^{d,k}	43.4	46.4	46.6	47.7	47.2	44.6	41.0	41.3	40.9	40.6	39.6	36.1	35.7	35.6	34.7	33.3	32.0
Crystal methamphetamine (ice) ^b	18.8	16.4	17.8	20.7	22.6	22.9	22.1	21.8	22.8	19.9	20.5	19.0	19.5	21.6	20.8	18.8	15.8
Sleeping medications ^{e,k}	38.0	38.8	38.3	38.8	38.1	35.6	32.7	33.2	32.4	32.8	32.4	28.8	30.0	29.7	29.9	28.2	26.9
Anti-anxiety medications ^k	31.6	30.5	29.8	30.6	30.3	28.7	26.5	26.8	27.6	28.5	28.3	25.6	25.6	25.4	25.1	24.9	24.1
Alcohol	88.6	88.9	89.8	89.7	90.4	89.0	88.0	88.2	87.7	87.7	84.8	83.4	84.3	83.7	83.1	82.6	81.1
Cigarettes	89.1	89.4	90.3	90.7	91.3	89.6	88.1	88.3	86.8	86.3	83.3	80.7	81.4	81.5	79.5	78.2	76.5
Vaping device ^{e,f}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid with nicotine (for vaping) ^{e,f}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Flavored e-liquid with nicotine (for vaping) ^{e,j}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid for marijuana vaping ^e	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids	37.6	33.6	33.6	34.8	34.8	34.2	33.0	35.9	35.4	33.1	33.2	30.6	29.6	29.7	30.2	27.7	24.5
<i>Approximate weighted N =</i>	<i>7,014</i>	<i>14,652</i>	<i>15,192</i>	<i>16,209</i>	<i>14,887</i>	<i>14,856</i>	<i>14,423</i>	<i>13,112</i>	<i>13,690</i>	<i>13,518</i>	<i>13,694</i>	<i>15,255</i>	<i>15,806</i>	<i>15,636</i>	<i>15,804</i>	<i>15,511</i>	<i>14,634</i>

(Table continued on next page.)

TABLE 9-6 (cont.)
Trends in Availability of Drugs
as Perceived by 10th Graders

<i>How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?</i>	Percentage saying fairly easy or very easy to get ^a																		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^p	2019 ^e	2020	2021 ^j	2022	2023	2024	2025	2024–2025 change
Cannabis	69.3	69.4	68.4	68.8	69.7	66.9	65.6	64.0	64.6	64.5	65.8	59.4	§	47.5*	48.5	47.5	41.2	40.2	-0.9
LSD	17.8	18.3	16.6	14.9	16.3	14.8	15.5	15.2	15.9	14.9	16.2	16.7	§	13.4*	10.6	11.1	8.6	6.9	-1.7 ss
PCP ^b	13.4	12.6	12.0	10.2	9.4	8.3	9.0	7.6	7.1	7.3	9.5	8.8	§	6.8*	6.4	6.5	5.6	4.9	-0.7
MDMA (e.g. ecstasy, "Molly") ^b	25.6	25.7	24.8	21.0	20.7	20.4	19.3	16.3	15.0	13.9	16.0	14.3	§	11.3*	9.4	9.7	8.0	7.3	-0.8
Crack	23.9	22.5	19.7	18.4	17.1	15.1	14.4	13.9	13.8	13.0	13.6	11.2	§	8.6*	8.9	9.2	8.4	7.3	-1.2
Cocaine powder	24.7	22.6	20.6	19.2	18.3	16.4	16.1	14.9	15.0	14.7	14.8	12.9	§	9.5*	9.2	9.7	8.2	7.2	-1.1
Heroin	15.0	14.5	13.2	11.9	11.9	10.9	11.0	10.6	10.6	9.7	10.5	8.2	§	6.3*	6.6	6.5	6.3	5.2	-1.1 s
Opioid medications ^{b,c,k}	18.8‡	28.7	25.0	24.3	22.5	18.8	19.2	16.8	17.7	16.8	17.1	14.4	§	9.8*	9.3	8.8‡	10.1	7.9	-2.2 s
Stimulant medications ^{d,k}	31.8	32.6‡	28.5	27.3	26.5	25.2	27.3	22.9	24.2	23.4	23.0	21.4	§	16.4*	16.7	16.4‡	19.8	16.8	-3.0 s
Crystal methamphetamine (ice) ^b	14.0	13.3	11.8	10.7	10.0	9.8	8.9	8.2	8.0	8.0	9.9	7.8	§	6.1*	6.5	6.2	5.8	5.8	-0.0
Sleeping medications ^{e,k}	25.5	24.9	22.0	20.2	18.3	16.7	16.6	14.2	15.1	14.4	14.5	16.6	§	11.3*	11.1	12.4‡	20.4	23.4	+3.0 s
Anti-anxiety medications ^k	22.3	21.6	20.8	19.7	18.3	17.5	19.4	20.5	23.3	24.2	22.6	18.1	§	11.4*	10.9	10.2‡	18.4	21.0	+2.6
Alcohol	80.9	80.0	77.9	78.2	77.2	75.3	74.9	71.1	71.5	70.6	68.9	64.8	§	60.2*	58.7	59.2	51.3	53.6	+2.3
Cigarettes	76.1	75.6	73.6	72.9	71.4	69.0	66.6	62.9	62.5	61.5	58.4	55.0	§	48.0*	47.5	48.3	41.4	43.8	+2.4
Vaping device ^{e,f}	—	—	—	—	—	—	—	—	59.5	66.6	68.3	64.1	§	54.6*	51.9	54.7	48.0	49.9	+1.9
E-liquid with nicotine (for vaping) ^{e,f}	—	—	—	—	—	—	—	—	52.8	60.4	64.5	64.1	§	48.5*	50.8	52.1	43.9	44.9	+1.0
Flavored e-liquid with nicotine (for vaping) ^{e,j}	—	—	—	—	—	—	—	—	—	—	—	—	§	46.9	49.4	51.0	42.9	43.5	+0.5
E-liquid for marijuana vaping ^e	—	—	—	—	—	—	—	—	—	—	—	—	§	39.5	43.7	44.4	39.1	37.6	-1.5
Steroids	20.8	20.3	18.8	18.0	17.2	16.5	17.0	15.3	15.0	14.5	13.7	11.9	§	10.9*	12.2	13.2	12.3	11.4	-0.9
<i>Approximate weighted N =</i>	15,451	14,827	14,509	14,628	12,601	12,574	15,186	14,126	12,901	13,365	6,042	6,864	§	10,258	10,346	7,605	8,303	8,173	

(Table continued on next page.)

TABLE 9-6 (cont.)

Trends in Availability of Drugs as Perceived by 10th Graders

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. '—' indicates data not available. '‡' indicates that the question changed the following year. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aAnswer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy, and (6) Can't say, drug unfamiliar.

^bBeginning in 1993, data based on one of two forms; N is one half of N indicated. Beginning in 2014 data based on one sixth of N indicated.

^cBeginning in 1993, data based on one of two of forms; N is one half of N indicated. Beginning in 2014 data based on one sixth of N indicated for MDMA only: In 2014 the question text was changed in one form to include "Molly." In 2015 a second form was changed to including "Molly;" data based on one sixth of N indicated in 2014 and on one half of N indicated in 2015. An examination of the data did not show any effect from this wording change.

^dIn 2011 the list of examples for amphetamines was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

^eBeginning in 2017, data based on one half of N indicated.

^fPercentages for all years reported here include respondents who replied "can't say, drug unfamiliar" in the denominator. The percentage for 2017 published in late 2017 and early 2018 did not include these respondents in the denominator.

^gIn 2010 the list of examples for narcotics other than heroin was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc. This change likely explains the discontinuity in the 2010 results.

^hData based on three of four forms. N is two thirds of N indicated.

ⁱThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

^jSample is decreased by as much as 50% for the following drugs due to survey question experiments: crack, cocaine powder, heroin, narcotics other than heroin, tranquilizers, crystal methamphetamine (ice), alcohol, cigarettes, steroids, and vaping.

^kQuestion asks specifically about "e-liquid with nicotine (for vaping) with a flavor other than tobacco or menthol, such as mint or mango."

^lIn 2024, we undertook a revision of the survey text. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". These changes likely explain the discontinuity of results between 2023 and 2024.



TABLE 9-7

**Trends in Availability of Drugs
as Perceived by 12th Graders**

	Percentage saying fairly easy or very easy to get ^a																
<i>How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?</i>	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
Cannabis	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	82.7	83.0	85.5	88.5	88.7
LSD	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.5	49.2	50.8	53.8	51.3
Some other hallucinogen ^b	35.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	28.2	28.3	28.0	29.9	33.5	33.8	35.8	33.9
MDMA (e.g. ecstasy, "Molly") ^c	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	34.2	36.9
Cocaine	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.6	47.7	48.1
Crack	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	41.9	40.7
Cocaine powder	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	43.8	44.4
Heroin	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	35.1	32.2
Opioid medications ^{d,k}	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	38.0	39.8	40.0
Stimulant medications ^{e,k}	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	62.8	59.4
Crystal methamphetamine (ice)	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.6	27.0	26.9
Sleeping medications ^{f,k}	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	44.0	44.5	43.3	42.3	41.4
Anti-anxiety medications ^k	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	37.8	36.0
Alcohol	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cigarettes ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping device ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid with nicotine (for vaping) ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Flavored e-liquid with nicotine (for vaping) ^{g,j}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid for marijuana vaping ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	45.5	40.3
<i>Approximate weighted N =</i>	3,240	3,578	3,602	3,385	3,269	3,274	3,077	3,271	3,231	2,806	2,549	2,476	2,586	2,670	2,526	2,552	2,340

(Table continued on next page.)

TABLE 9-7 (cont.)

**Trends in Availability of Drugs
as Perceived by 12th Graders**

	Percentage saying fairly easy or very easy to get a																
<i>How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?</i>	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Cannabis	89.6	90.4	88.9	88.5	88.5	87.2	87.1	85.8	85.6	84.9	83.9	83.9	81.1	82.1	82.2	81.6	81.4
LSD	50.7	48.8	44.7	46.9	44.7	39.6	33.6	33.1	28.6	29.0	28.7	28.5	26.3	25.1	25.1	27.6	24.5
Some other hallucinogen ^b	33.9	35.1	29.5	34.5‡	48.5	47.7	47.2	49.4	45.0	43.9	43.7	42.8	40.5	39.5	38.3	37.8	36.6
MDMA (e.g. ecstasy, "Molly") ^c	38.8	38.2	40.1	51.4	61.5	59.1	57.5	47.9	40.3	40.3	40.9	41.9	35.1	36.4	37.1	35.9	35.1
Cocaine	48.5	51.3	47.6	47.8	46.2	44.6	43.3	47.8	44.7	46.5	47.1	42.4	39.4	35.5	30.5	29.8	30.5
Crack	40.6	43.8	41.1	42.6	40.2	38.5	35.3	39.2	39.3	38.8	37.5	35.2	31.9	26.1	24.0	22.0	24.6
Cocaine powder	43.3	45.7	43.7	44.6	40.7	40.2	37.4	41.7	41.6	42.5	41.2	38.9	33.9	29.0	26.4	25.1	28.4
Heroin	33.8	35.6	32.1	33.5	32.3	29.0	27.9	29.6	27.3	27.4	29.7	25.4	27.4	24.1	20.8	19.9	22.1
Opioid medications ^{d,k}	38.9	42.8	40.8	43.9	40.5	44.0	39.3	40.2	39.2	39.6	37.3	34.9	36.1‡	54.2	50.7	50.4	46.5
Stimulant medications ^{e,k}	59.8	60.8	58.1	57.1	57.1	57.4	55.0	55.4	51.2	52.9	49.6	47.9	47.1	44.1‡	47.0	45.4	42.7
Crystal methamphetamine (ice)	27.6	29.8	27.6	27.8	28.3	28.3	26.1	26.7	27.2	26.7	25.1	23.3	22.3	18.3	17.1	14.5	17.2
Sleeping medications ^{f,k}	40.0	40.7	37.9	37.4	35.7	36.6	35.3‡	46.3	44.4	43.8	41.7	38.8	37.9	36.8	32.4	28.7	27.9
Anti-anxiety medications ^k	35.4	36.2	32.7	33.8	33.1	32.9	29.8	30.1	25.7	24.4	23.6	22.4	21.2	18.4	16.8	14.9	15.0
Alcohol	—	—	95.0	94.8	94.3	94.7	94.2	94.2	93.0	92.5	92.2	92.2	92.1	90.4	88.9	90.6	89.7
Cigarettes ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping device ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid with nicotine (for vaping) ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Flavored e-liquid with nicotine (for vaping) ^{g,j}	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
E-liquid for marijuana vaping ^g	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids	41.7	44.5	44.6	44.8	44.4	45.5	40.7	42.6	39.7	41.1	40.1	35.2	30.3	27.3	26.1	25.0	28.5
<i>Approximate weighted N =</i>	2,517	2,520	2,215	2,095	2,120	2,138	2,391	2,169	2,161	2,131	2,420	2,276	2,243	2,395	2,337	2,280	2,092

(Table continued on next page.)

TABLE 9-7 (cont.)

**Trends in Availability of Drugs
as Perceived by 12th Graders**

<i>How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?</i>	Percentage saying "fairly easy" or "very easy" to get ^a													2024–2025 change
	2014	2015	2016	2017	2018	2019 ^p ^h	2019 ^e ^h	2020	2021 ⁱ	2022	2023	2024	2025	
Cannabis	81.3	79.5	81.0	79.8	79.7	78.0	78.8	§	69.6*	70.4	72.7	65.1	65.2	+0.2
LSD	25.9	26.5	28.0	26.3	28.0	28.2	29.2	§	23.6*	24.7	21.5	17.9	16.6	-1.3
Some other hallucinogen ^b	33.6	31.4	32.5	28.4	28.6	29.7	27.0	§	31.3*	30.6	31.1	29.5	27.2	-2.3
MDMA (e.g. ecstasy, "Molly") ^c	36.1	37.1	32.5	29.3	27.7	24.3	23.5	§	20.8*	17.5	18.0	15.3	15.0	-0.3
Cocaine	29.2	29.1	28.6	27.3	28.1	24.2	28.4	§	17.2*	18.4	17.7	14.4	13.0	-1.4
Crack	20.1	22.0	19.8	18.1	20.8	16.9	16.5	§	10.0*	11.3	11.8	9.6	8.6	-1.0
Cocaine powder	22.3	25.8	22.9	21.3	23.0	19.9	18.3	§	11.4*	12.3	11.9	9.4	9.7	+0.3
Heroin	20.2	20.4	20.0	19.1	18.4	16.1	18.1	§	9.9*	11.8	11.8	9.3	9.2	-0.1
Opioid medications ^{d,k}	42.2	39.0	39.3	35.8	32.5	31.0	30.9	§	18.7*	19.7	17.1‡	20.0	14.2	-5.7 ^{ss}
Stimulant medications ^{e,k}	44.5	41.9	41.1	38.0	39.3	39.0	36.9	§	29.4*	33.2	31.0‡	39.2	34.3	-4.9
Crystal methamphetamine (ice)	13.7	15.3	14.5	13.6	13.6	11.9	12.1	§	7.6*	8.0	7.7	6.4	6.2	-0.1
Sleeping medications ^{f,k}	26.3	25.0	25.7	23.4	23.0	23.6	24.0	§	16.3*	18.6	20.1‡	42.0	42.9	+0.9
Anti-anxiety medications ^k	14.4	14.9	15.2	14.9	13.0	14.7	15.8	§	25.5*	24.1	24.1‡	41.4	41.0	-0.3
Alcohol	87.6	86.6	85.4	87.1	85.5	84.4	81.4	§	76.8*	78.4	81.7	74.4	74.7	+0.4
Cigarettes ^g	—	—	—	77.9	75.1	74.7	71.0	§	57.9*	54.2	60.4	54.4	56.4	+2.0
Vaping device ^g	—	—	—	78.2	80.5	82.9	81.2	§	71.5*	69.3	75.6	68.0	68.2	+0.2
E-liquid with nicotine (for vaping) ^g	—	—	—	75.0	77.2	81.6	79.3	§	68.4*	66.5	72.6	65.1	64.4	-0.7
Flavored e-liquid with nicotine (for vaping) ^{g,j}	—	—	—	—	—	—	—	§	68.0	66.0	72.3	64.7	64.5	-0.2
E-liquid for marijuana vaping ^g	—	—	—	—	—	—	—	§	54.8	57.2	62.1	58.0	57.9	-0.1
Steroids	22.0	23.7	21.3	20.1	21.1	19.2	14.1	§	12.9*	16.4	17.4	15.5	14.5	-1.0
<i>Approximate weighted N =</i>	2,066	2,181	1,958	1,882	1,931	868	1,085	§	1,219	1,315	1,090	1,010	1,065	

(Table continued on next page.)

TABLE 9-7 (cont.)

Trends in Availability of Drugs as Perceived by 12th Graders

Notes. Level of significance of difference between the two most recent classes: $s = .05$, $ss = .01$, $sss = .001$. '—' indicates data not available. '‡' indicates that the question changed the following year. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

§Estimates not presented due to insufficient data this year.

*Comparison of 2021+ estimates with previous years may be subject to a survey mode effect in 2019. The size and direction of the mode effect (if any) is indicated by the difference between the estimates in the '2019p' and the '2019e' columns. The '2019p' column reports estimates based on students in the randomly-selected half of schools that used paper-and-pencil questionnaires (used in 2018 and all previous years). The '2019e' column reports estimates on the other half that used electronic data collection on devices connected to the internet (used in 2021 and all subsequent years).

^aAnswer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

^bIn 2001 the question text was changed from other psychedelics to other hallucinogens and shrooms was added to the list of examples. These changes likely explain the discontinuity in the 2001 results.

^cBeginning in 2014 "molly" was added to the question on availability of Ecstasy (MDMA). An examination of the data did not show any effect from this wording change.

^dIn 2010 the list of examples for narcotics other than heroin was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc. This change likely explains the discontinuity in the 2010 results.

^eIn 2011 the list of examples was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

^fIn 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

^gData based on 2 of 6 forms. N is twice the N indicated.

^hThe '2019p' column reports estimates from students in the randomly-selected half of schools that completed the 2019 questionnaire using paper and pencil. The '2019e' column reports estimates for the other half in schools that completed the 2019 questionnaire using web-connected electronic tablets. Estimates in italics indicate statistically significant ($p < .05$) differences in 2019 between the two survey modes.

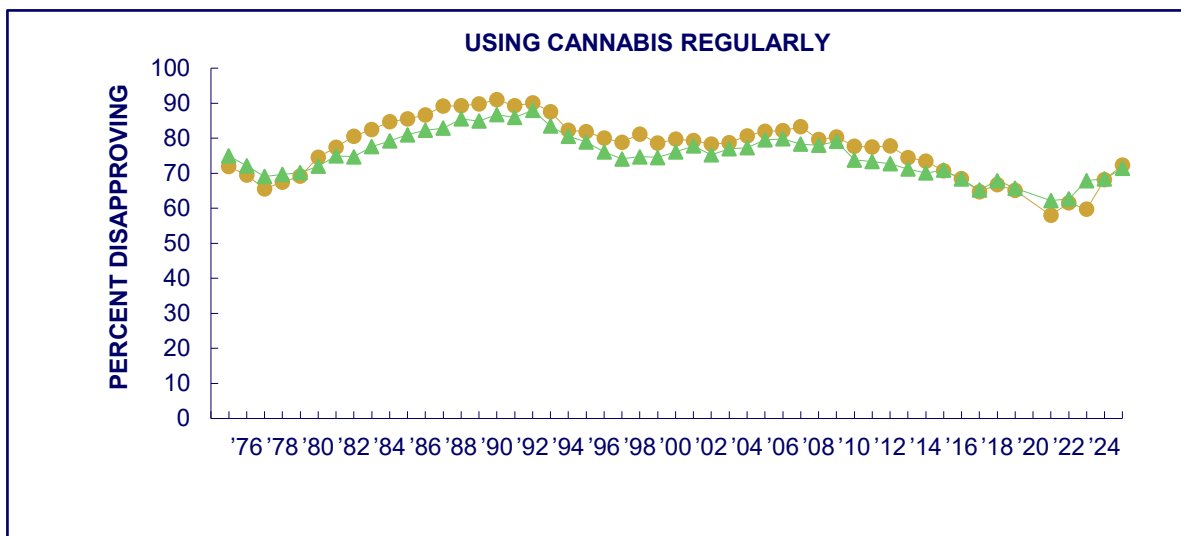
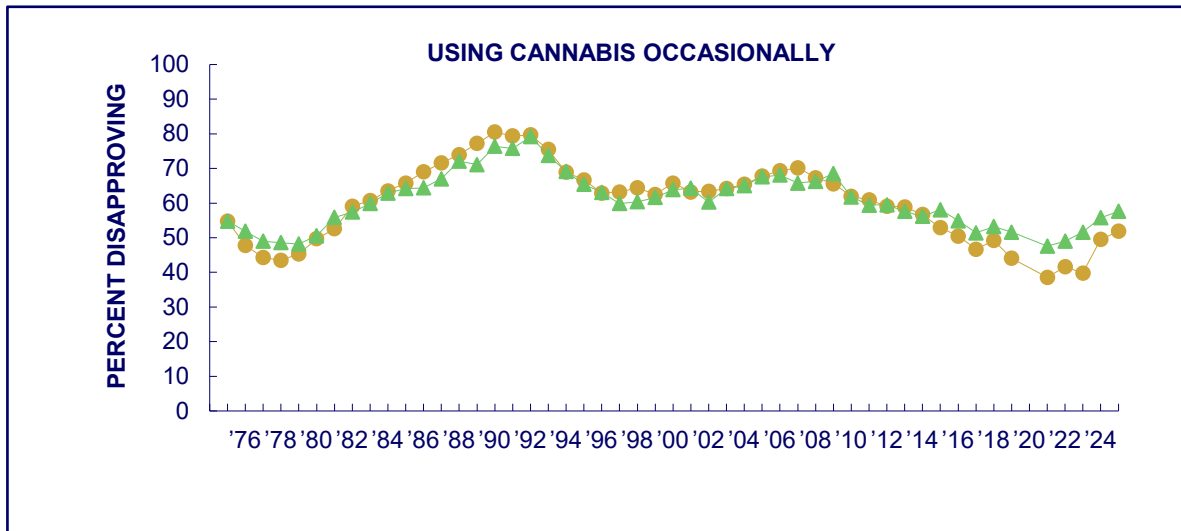
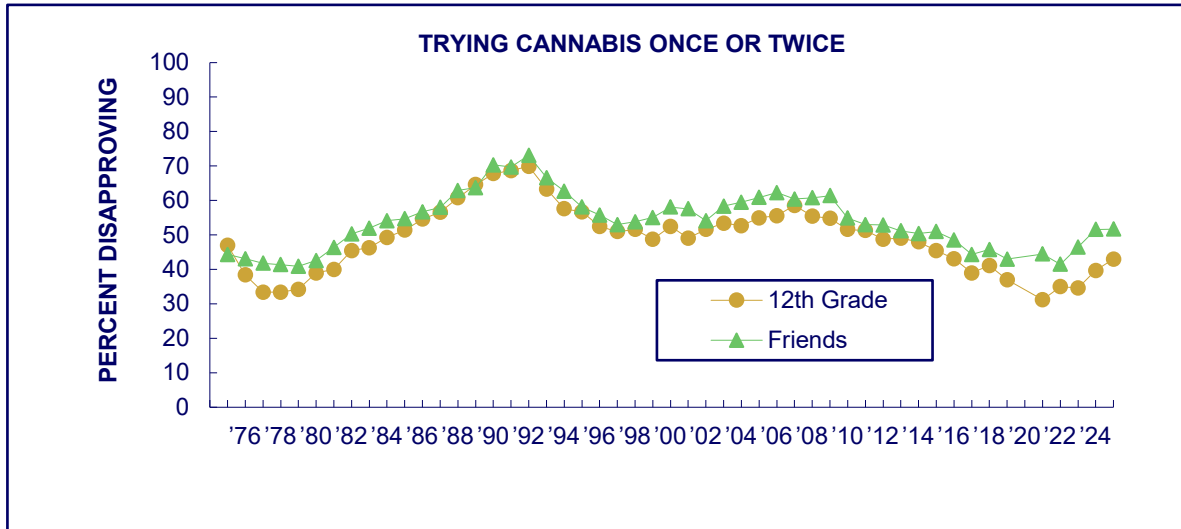
ⁱSample is decreased by approximately 50% for the following drugs due to survey question experiments: marijuana, LSD, hallucinogens other than LSD, amphetamines, sedatives (barbiturates), tranquilizers, cocaine, heroin, and narcotics other than heroin.

^jQuestion asks specifically about "e-liquid with nicotine (for vaping) with a flavor other than tobacco or menthol, such as mint or mango."

^kIn 2024, we undertook a revision of the survey text. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". These changes likely explain the discontinuity of results between 2023 and 2024.

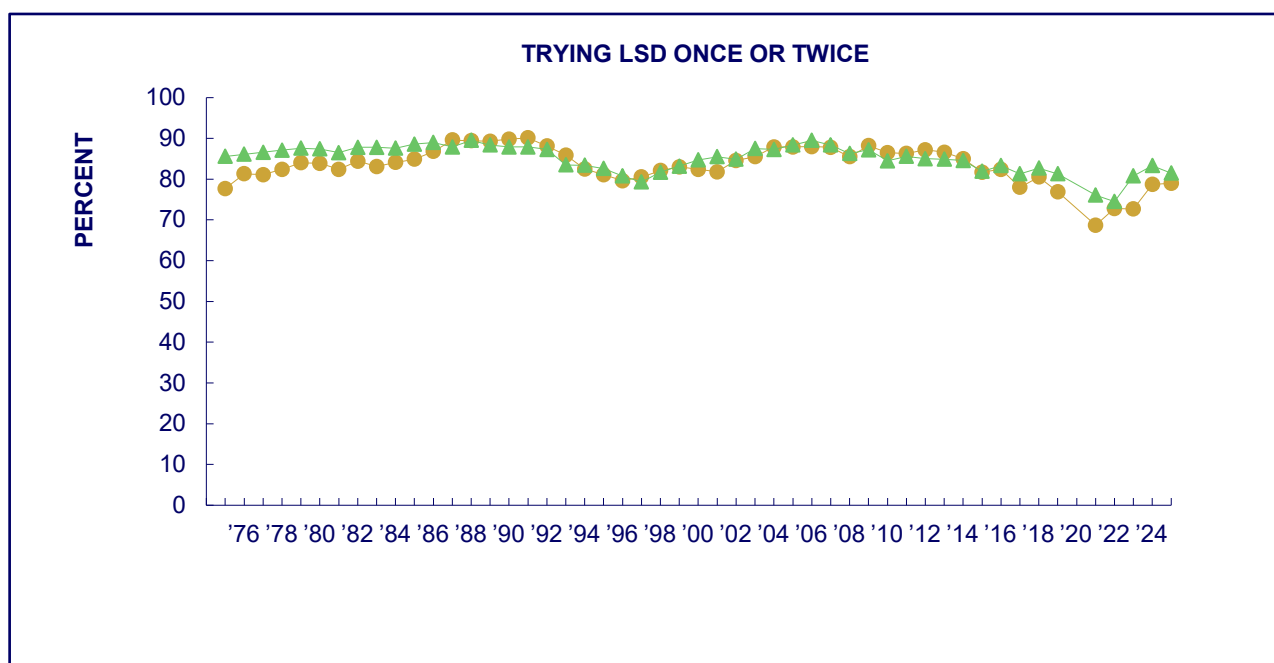
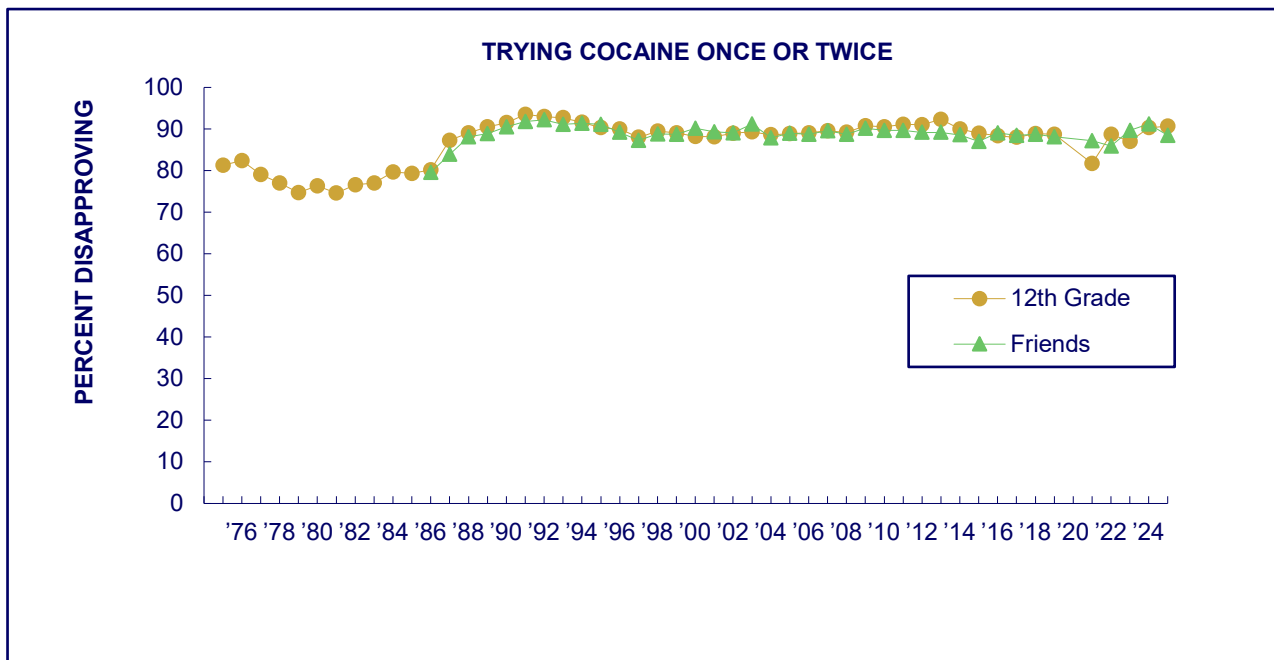


FIGURE 9-1a
CANNABIS
 Trends in Disapproval
 12th Graders and Friends^a



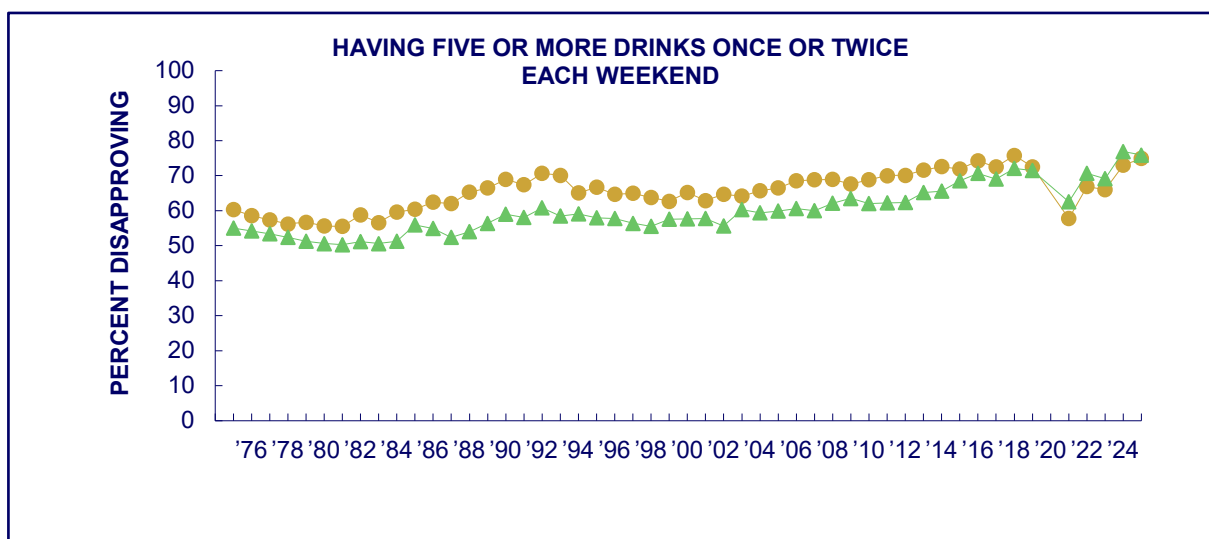
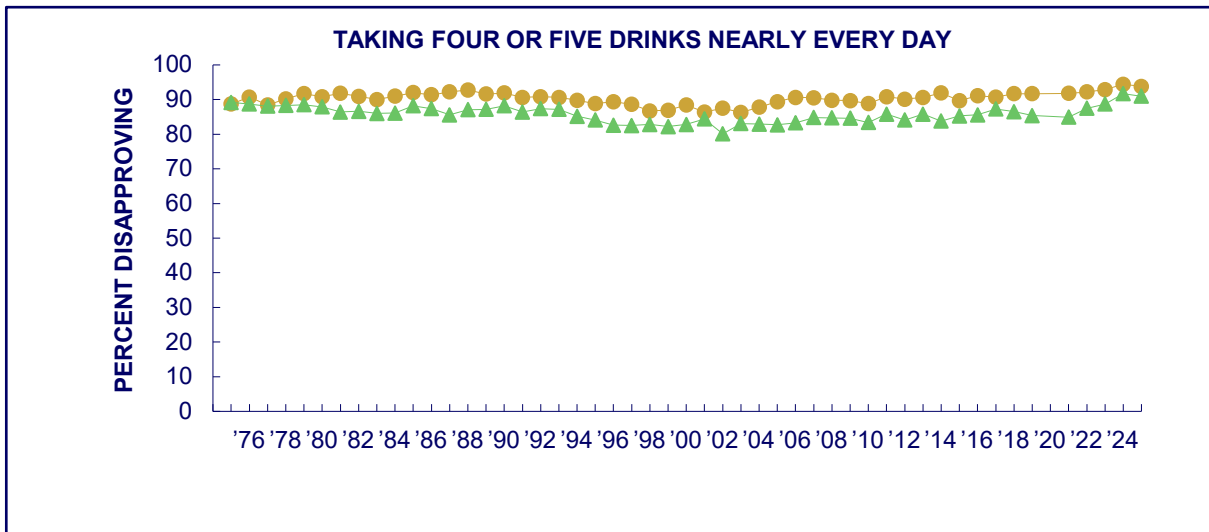
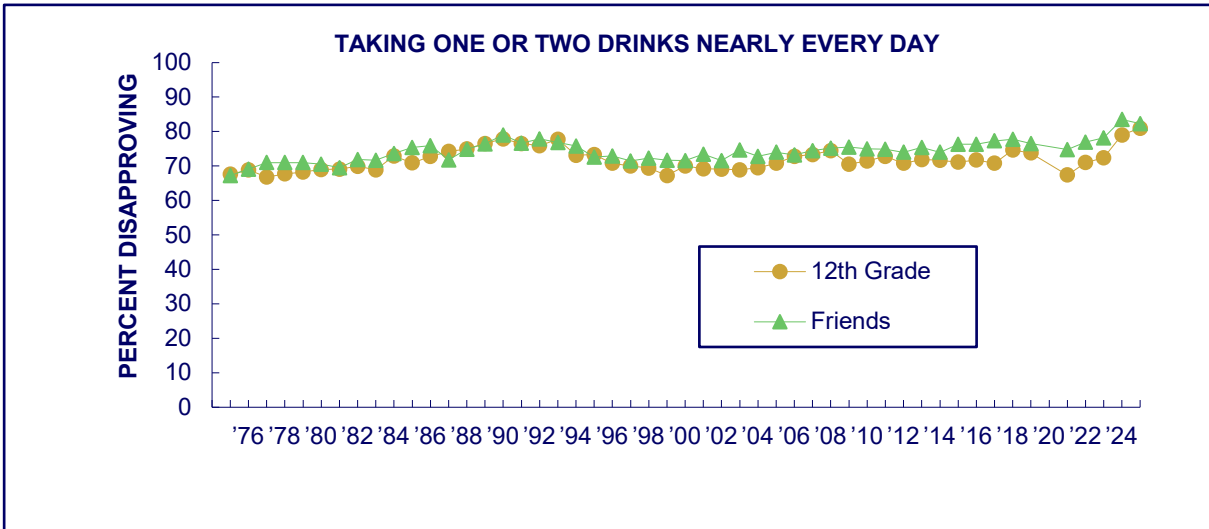
See footnotes at end of this series of Figures

FIGURE 9-1b
COCAINE AND LSD
 Trends in Disapproval
 12th Graders and Friends^a



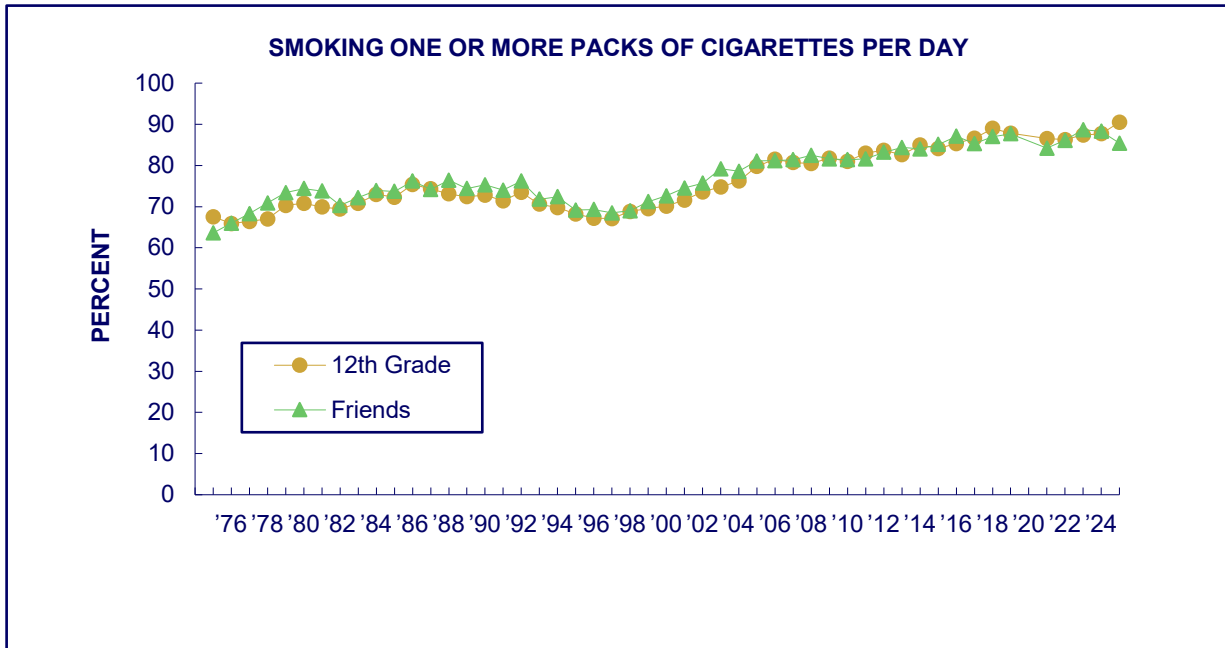
See footnotes at end of this series of Figures

FIGURE 9-2a
ALCOHOL
Trends in Disapproval
12th Graders and Friends



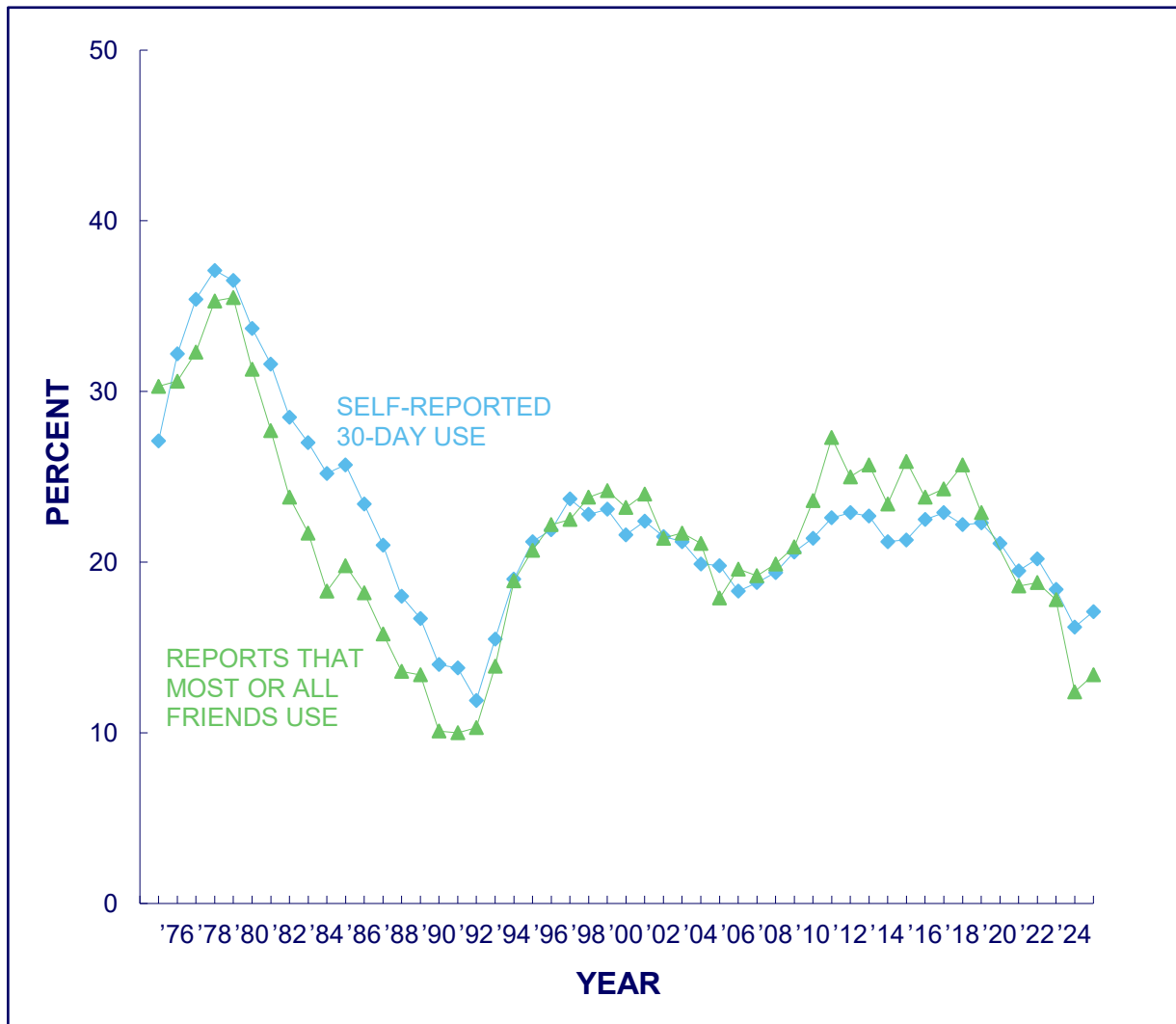
See footnotes at end of this series of Figures

FIGURE 9-2b
CIGARETTES
Trends in Disapproval
12th Graders and Friends



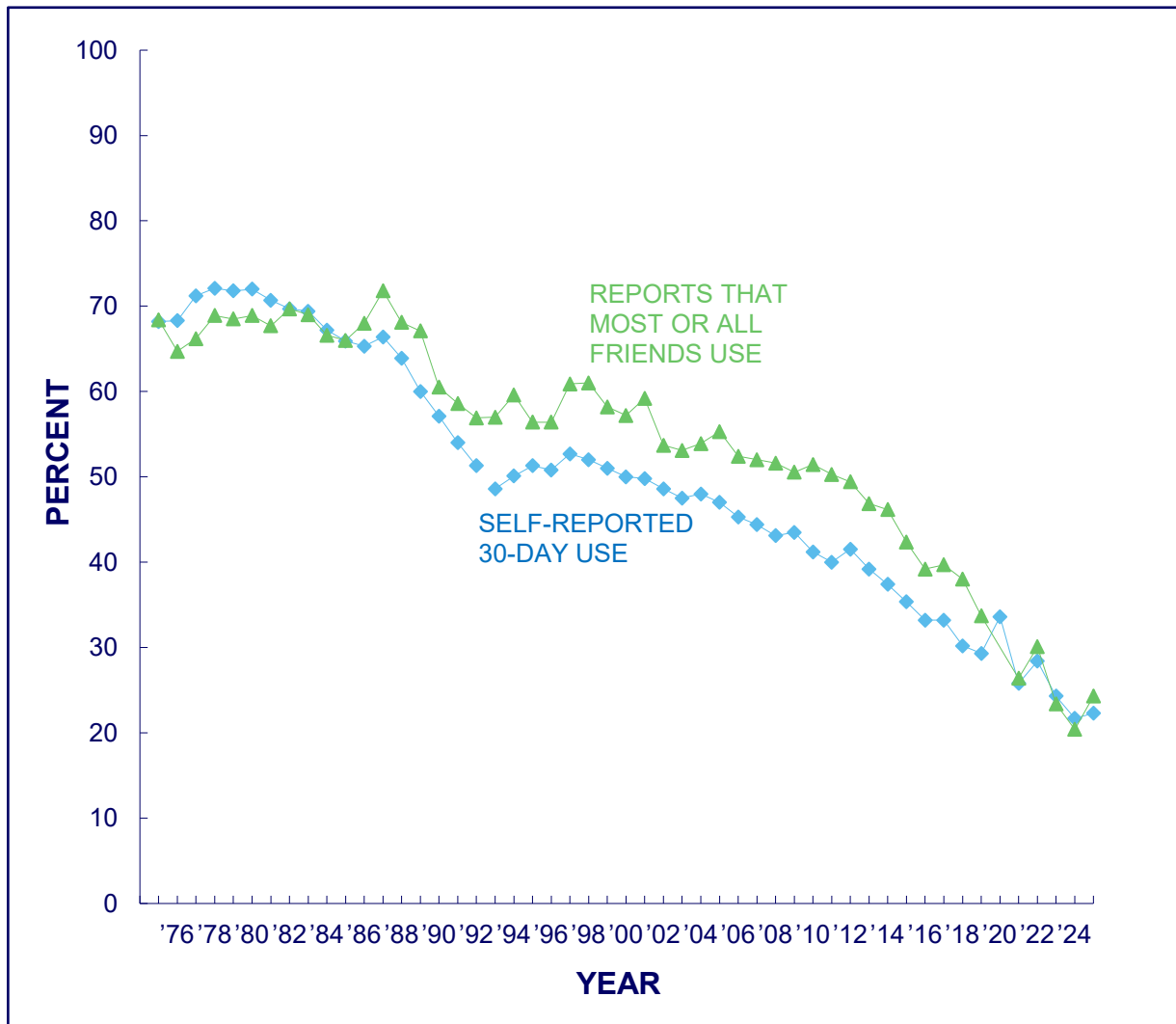
See footnotes at end of this series of Figures

FIGURE 9-3a
CANNABIS
Trends in 30-Day Prevalence and
Friends' Use in Grade 12



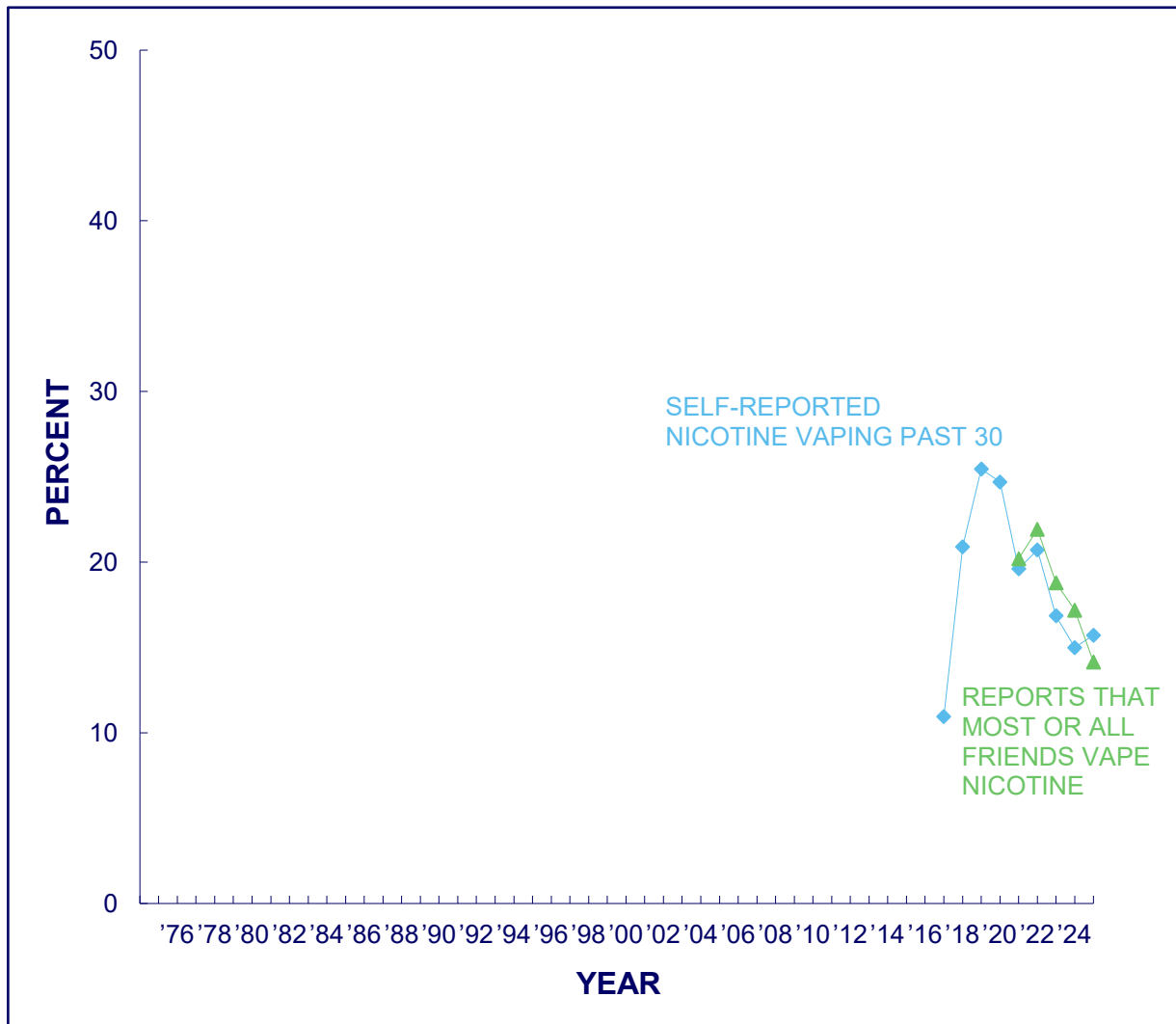
See footnotes at end of this series of Figures

FIGURE 9-3b
ALCOHOL
 Trends in 30-Day Prevalence^b and
 Friends' Use in Grade 12



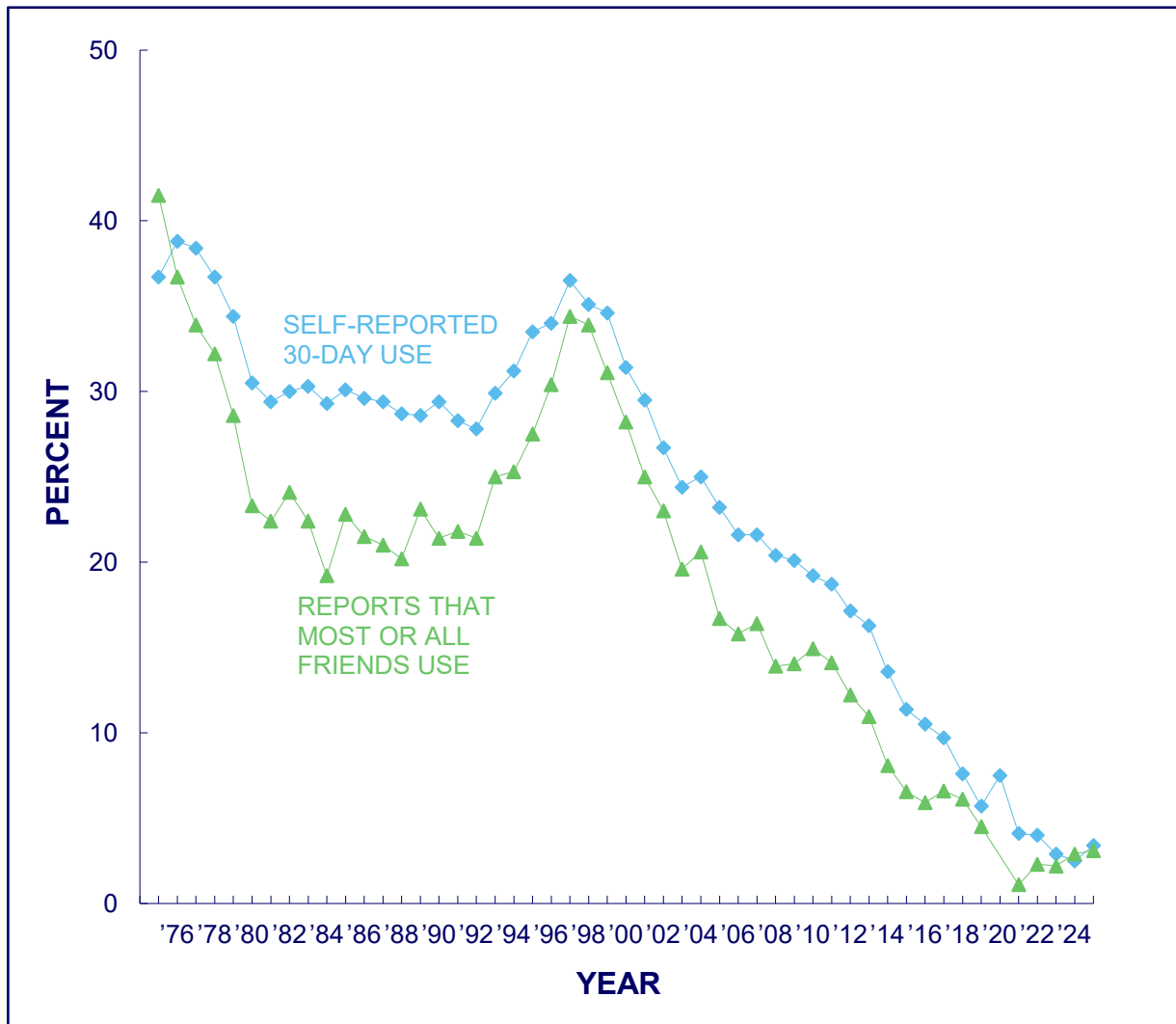
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FIGURE 9-3c
VAPING NICOTINE
Trends in 30-Day Prevalence and
Friends' Use in Grade 12



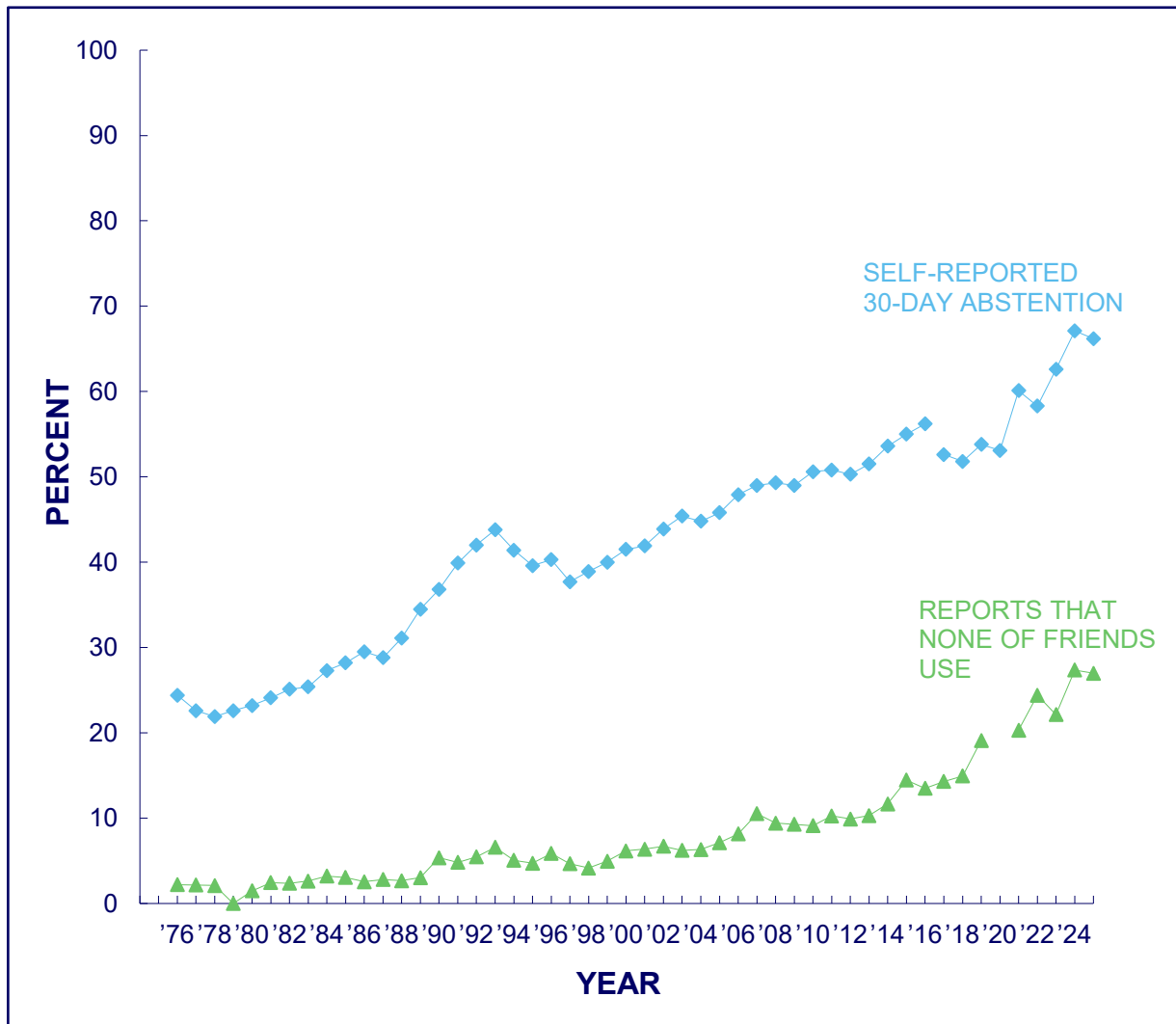
See footnotes at end of this series of Figures

FIGURE 9-3d
CIGARETTES
Trends in 30-Day Prevalence and
Friends' Use in Grade 12



See footnotes at end of this series of Figures

FIGURE 9-3e
ABSTAINERS^c
 Trends in 30-Day Prevalence and
 Friends' Use in Grade 12



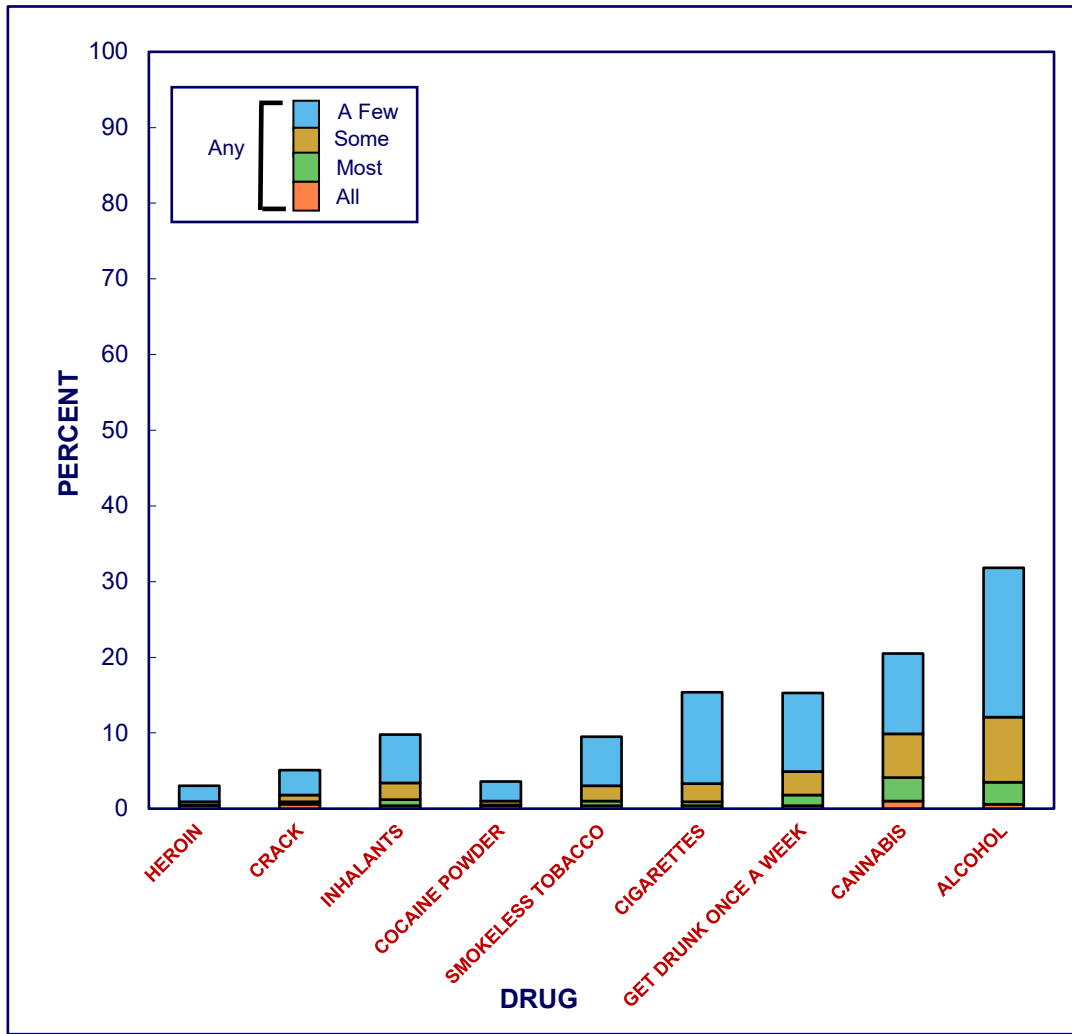
See footnotes at end of this series of Figures

FIGURE 9-4

Proportion of Friends Using Each Drug
as Estimated by 8th, 10th, and 12th Graders, 2025



8th Graders



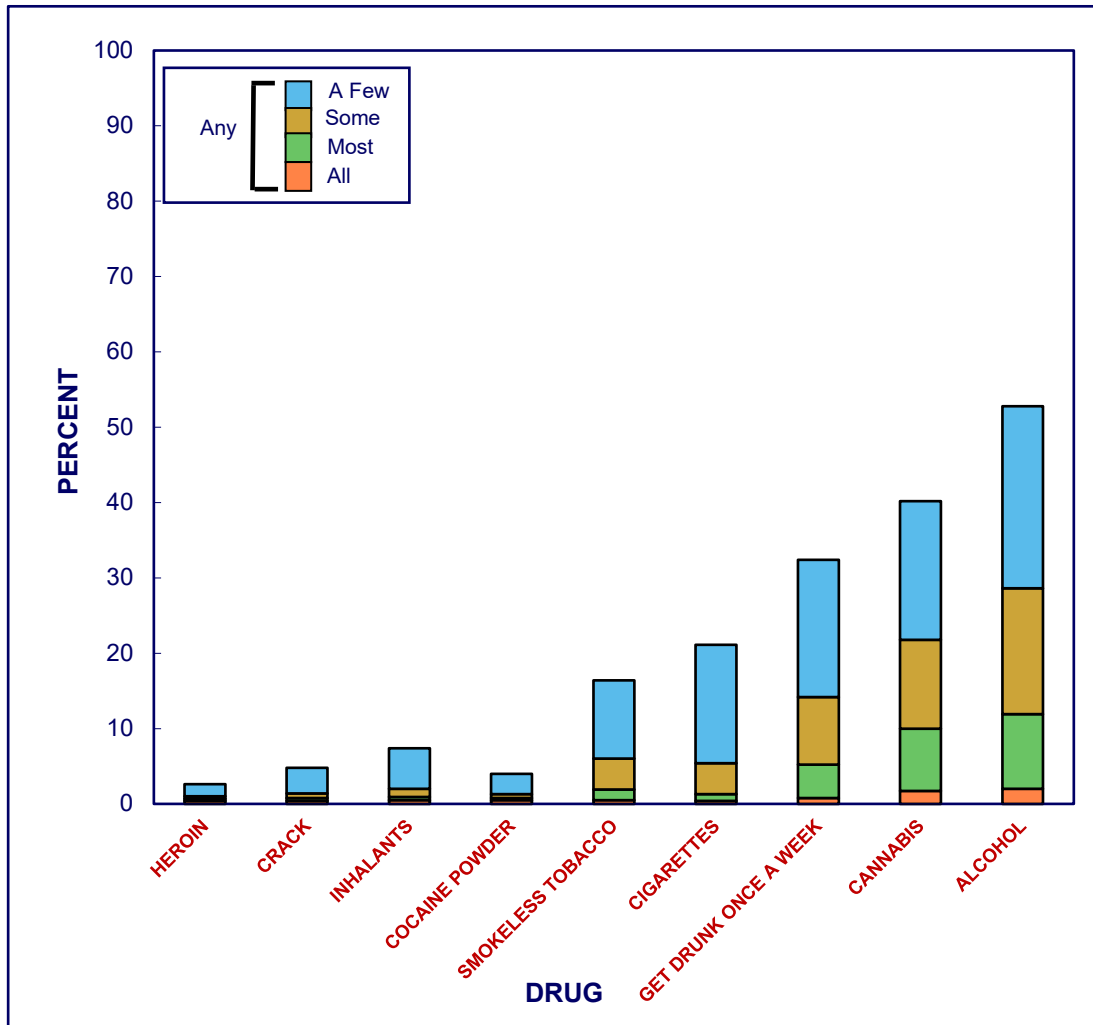
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FIGURE 9-4 (cont.)

Proportion of Friends Using Each Drug
as Estimated by 8th, 10th, and 12th Graders, 2025



10th Graders



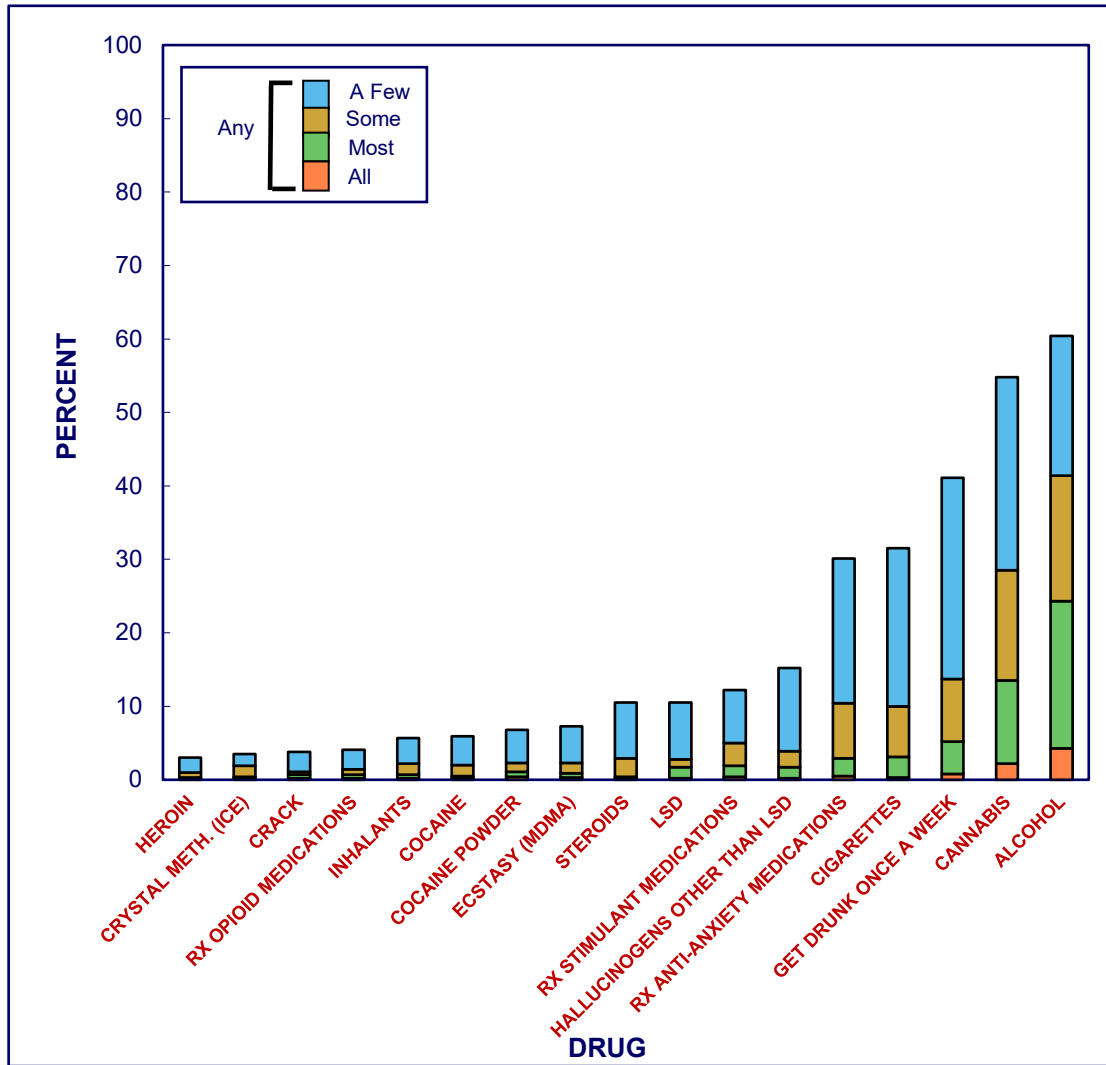
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FIGURE 9-4 (cont.)

Proportion of Friends Using Each Drug
as Estimated by 8th, 10th, and 12th Graders, 2025

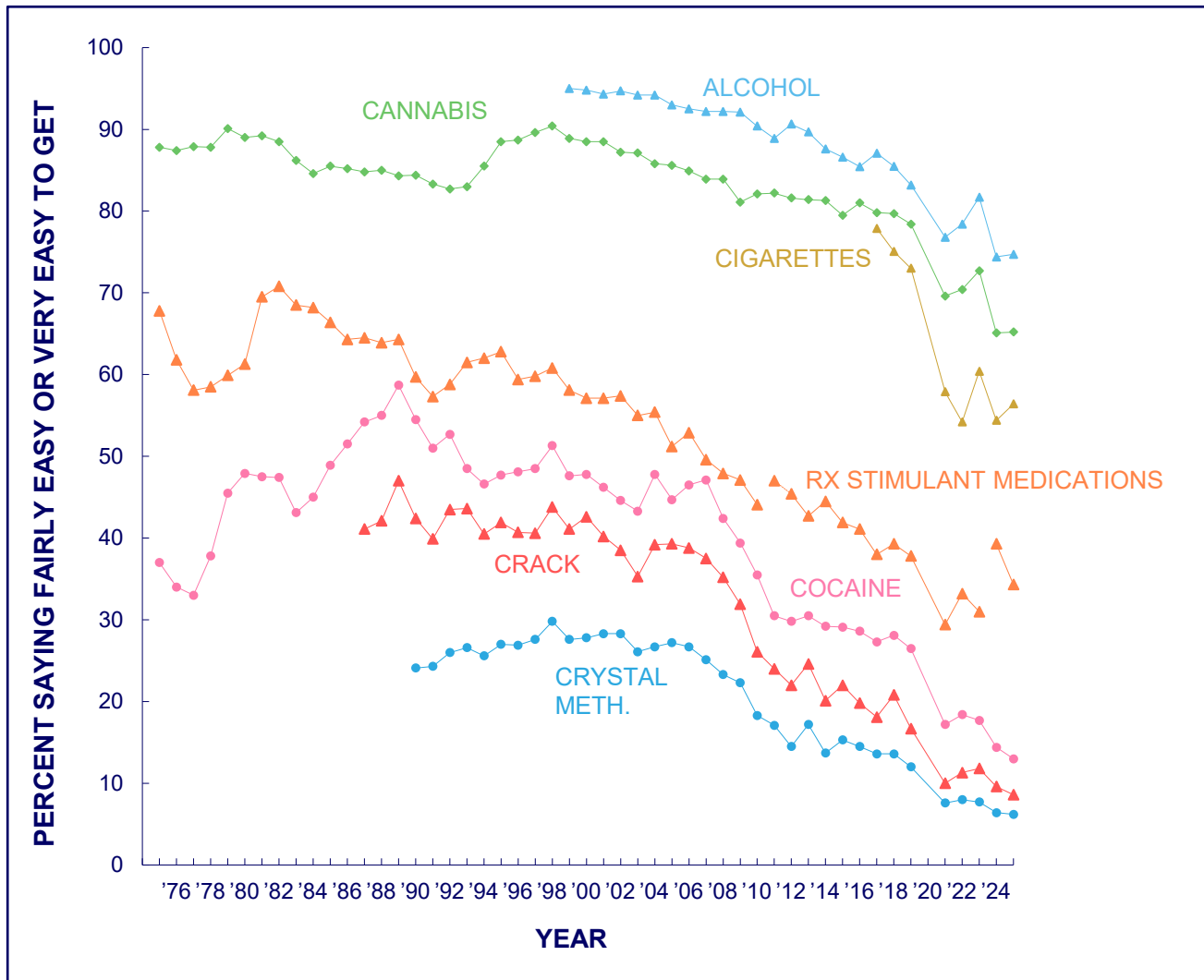


12th Graders



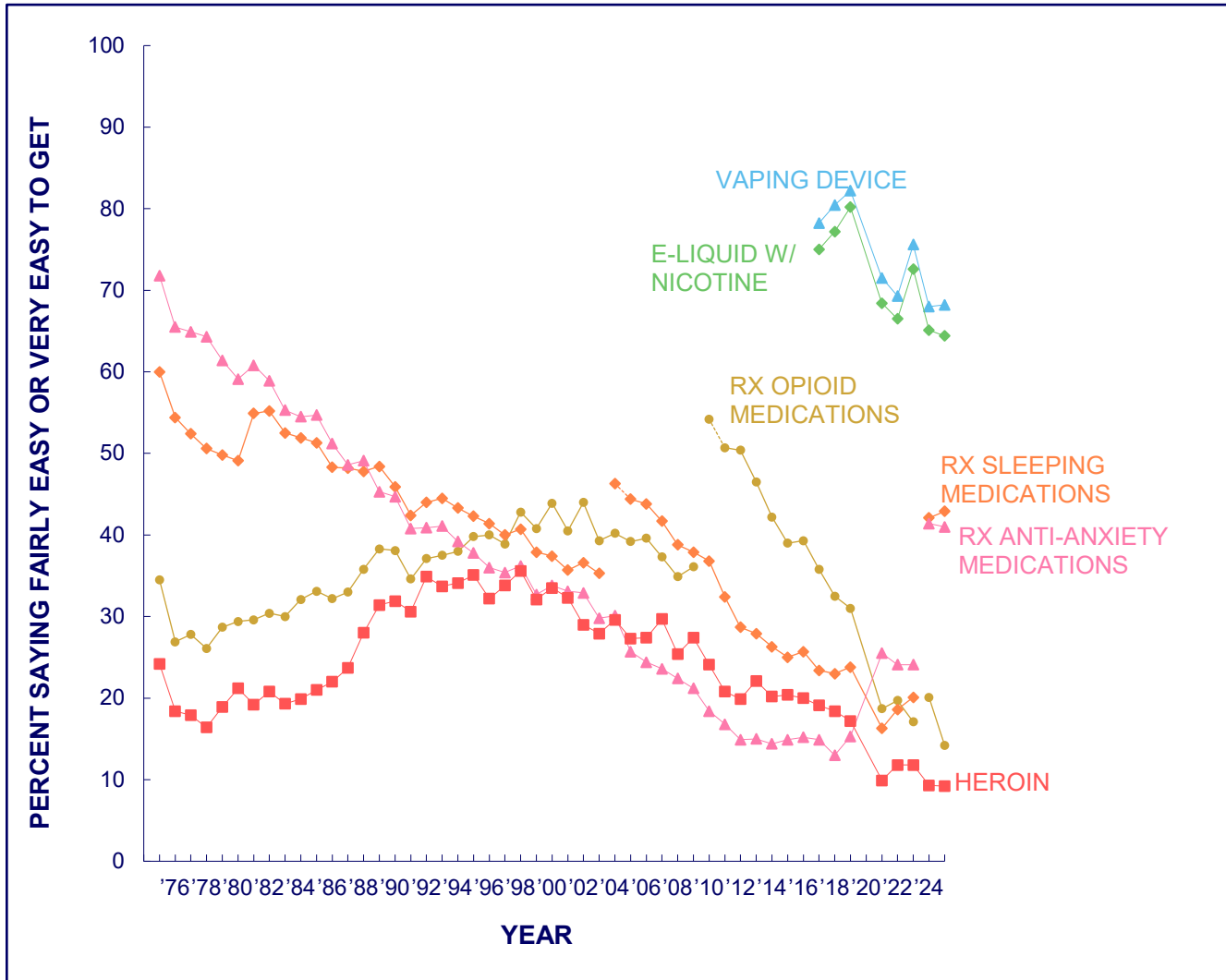
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FIGURE 9-5a^{d,i}
Various Drugs
 Trends in Perceived Availability
 in Grade 12



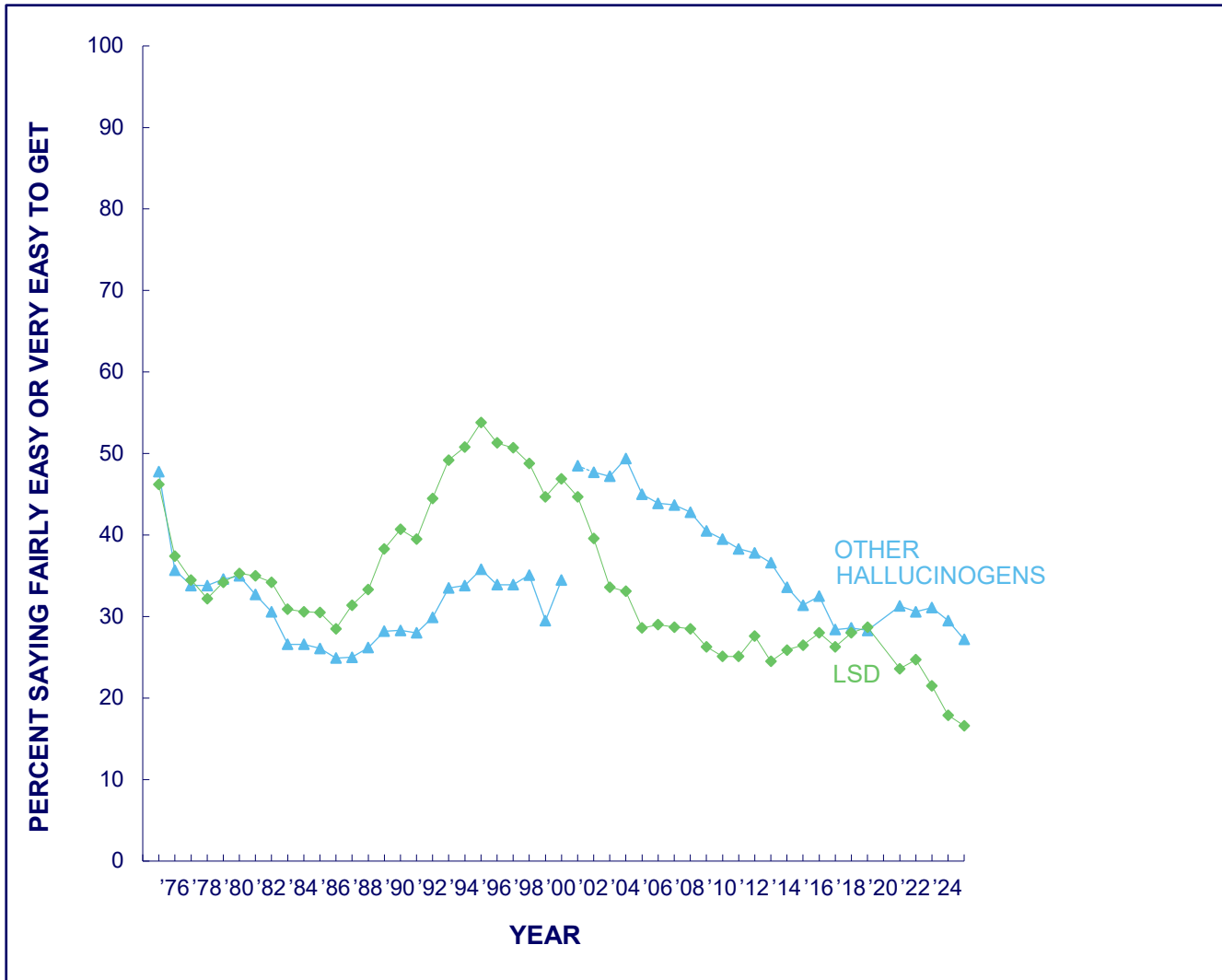
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FIGURE 9-5b^{e,f,i}
Various Drugs
 Trends in Perceived Availability
 in Grade 12



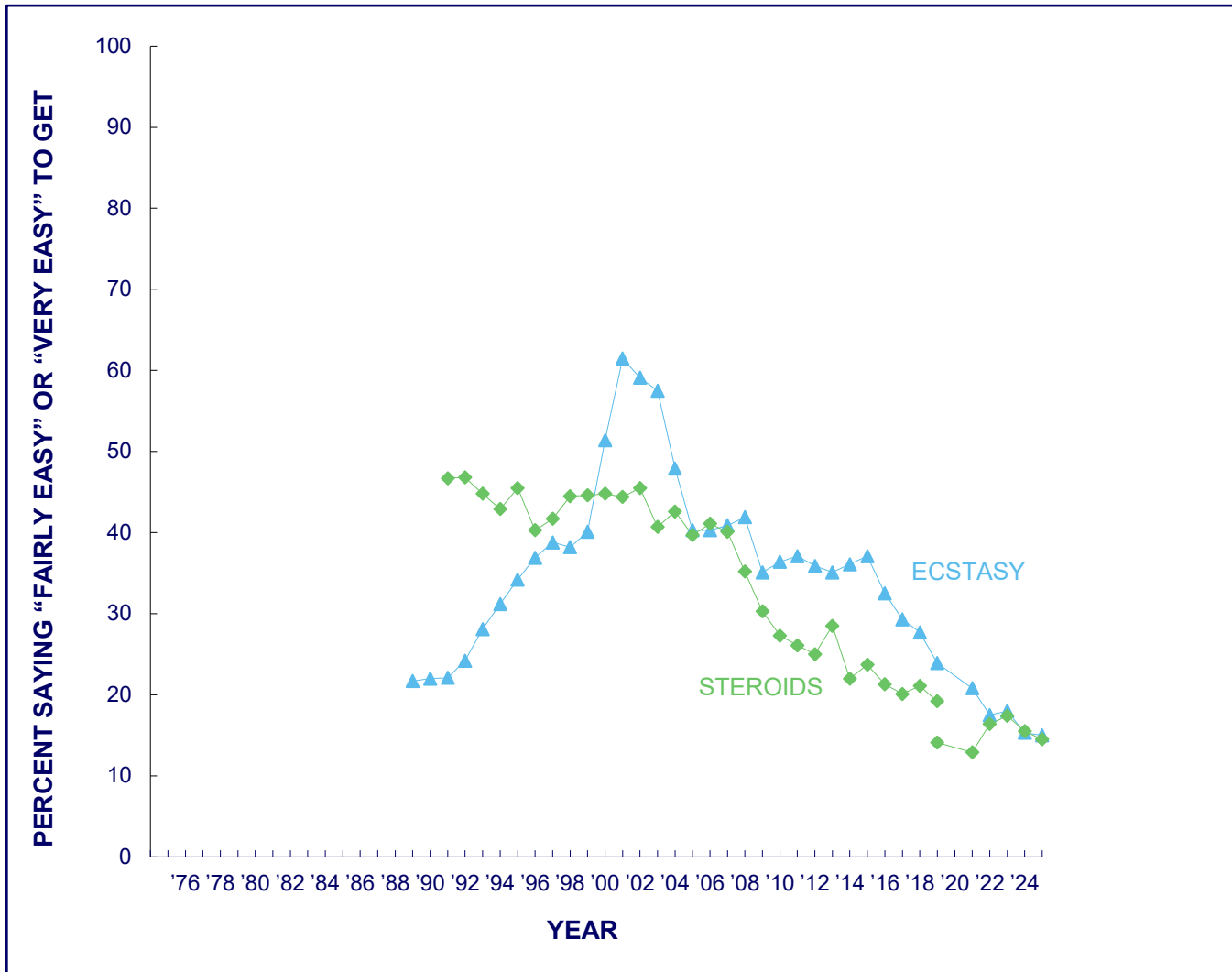
See footnotes at end of this series of Figures

FIGURE 9-5c^g
LSD AND HALLUCINOGENS OTHER THAN LSD
 Trends in Perceived Availability
 in Grade 12



See footnotes at end of this series of Figures

FIGURE 9-5d
ECSTASY (MDMA) AND STEROIDS
 Trends in Perceived Availability
 in Grade 12



See footnotes at end of this series of Figures

Footnotes for Figures 9-1a through 9-5d

Note. In the year 2019 students in a randomly-selected half of schools completed the MTF survey with paper-and-pencil questionnaires, and students in the other half of schools completed it electronically with tablets connected to the internet. When prevalence estimates significantly differ by survey mode the Figures present two 2019 estimates, with the paper-and-pencil estimate linked to years 2018 and earlier and the tablet estimate linked to years 2021 and later. When the estimates do not significantly differ the Figures use only one 2019 prevalence level, which is the estimate combining results from both survey modes.

Figures 9-1a and 9-1b

^aThe 1975, 1977, and 1979 points indicating the percentage of 12th graders who said their friends would disapprove have been adjusted to compensate for lack of comparability of question context between administration years.

Figure 9-3b

^bIn 1993, a revised set of questions on alcohol use was introduced indicating that a drink meant more than a few sips. From 1993 on, data points are based on the revised question.

Figure 9-3e

^cAbstainers are those who report abstaining from cannabis, alcohol, cigarettes, and nicotine vaping. Prior to 2017, MTF did not include questions about nicotine vaping. Prior to 2021, MTF did not include questions on friends' use of nicotine vaping. Therefore, the estimates for those years are based on the remaining three substances.

Figures 9-5a, 9-5b, and 9-5c

^dFor 12th graders only: In 2011 the list of examples for the question on amphetamines was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

^eIn 2010 the list of examples for narcotics other than heroin was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc. This change likely explains the discontinuity in the 2010 results.

^fIn 2004 the question text was changed from barbiturates to sedatives/barbiturates, and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

^gIn 2001 the question text was changed from other psychedelics to other hallucinogens, and shrooms was added to the list of examples. These changes likely explain the discontinuity in the 2001 results.

^hRespondents were instructed to mark all answers that apply.

Figures 9-5a and 9-5b

ⁱIn 2024 the question text was changed as part of a broader overhaul of the surveys. These changes likely explain the discontinuity in the 2024 results.



CHAPTER 10 – Study Publications

MTF results are reported in a number of other types of publications, in particular peer-reviewed journals. Selected articles published in the past year or in press as of this writing are summarized below. Further details, as well as a more complete listing, may be found on the [Monitoring the Future website](#). In this chapter, we include summaries of new publications by MTF Investigators not listed in last year's Volume that used MTF data from the 8th, 10th, and 12th grade samples, and/or the panel data.

Articles below are listed in alphabetical order by author.

Trends in e-cigarette flavour use and demographic correlates among US youth from 2020 to 2023³⁷

Background: As US electronic cigarette (e-cigarette) flavour policies became increasingly restrictive during 2020-2023, flavoured e-cigarette use by the youth might have shifted.

Methods: US eighth, 10th and 12th graders in the Monitoring the Future study assessed the past 12-month nicotine vaping by flavour, in annual cross-sectional surveys over 2020-2023 (n=91 220). Among the past 12-month users (n=17 761), the e-cigarette flavour youth reported using most often was analysed by year, demographic/vaping pattern and year × demographic/vaping interaction using log-binomial regression.

Results: Among all respondents, past 12-month vaping of non-tobacco flavoured and tobacco/unflavoured products both declined over 2020-2023. Among past 12-month users, the proportion of youth who vaped a non-tobacco flavour remained unchanged from 2020 to 2023 (95.1-95.6%); fruit/ice-fruit (60.2-78.1%) and unflavoured (2.0-3.6%) product use rose and mint (24.7-6.8%), sweet/dessert (3.6-2.0%) and tobacco (2.8-0.8%) flavour use declined. Menthol flavour use increased non-linearly (6.7% in 2020, 15.9% in 2021, 8.7% in 2023). Collapsed across years, male, 12th grade, rural and frequent vaping statuses were associated with higher menthol use, and female, eighth and 10th grade, non-frequent vaping and suburban/town statuses were associated with higher fruit/ice-fruit use. Cross-year fruit/ice-fruit use increases were heightened in eighth graders (relative risk (RR)_{year}= 1.13). Youth menthol use declined in cities (RR_{year}=0.87) but increased in rural areas (RR_{year}=1.33).

³⁷ Bae, D., Rahman, T., Sanchez, L. M. M., Miech, R., Harlow, A. F., Han, D. H., Cho, J., Sussman, S., Dai, H. D., Meza, L. R., Mason, T., & Leventhal, A. (2025). [Trends in e-cigarette flavour use and demographic correlates among US youth from 2020 to 2023](#). *Tobacco Control*, tc-2024-059186. Advance online publication.

Conclusion: During 2020-2023, most US youth vaped non-tobacco flavours. Reducing the availability of: (1) fruit/ice-fruit flavoured e-cigarettes might impact most US youth, especially younger teens and (2) menthol-flavoured e-cigarettes might especially impact youth vulnerable to frequent vaping and rural youth.

Associations between county-level e-cigarette-inclusive Tobacco 21 law population coverage and e-cigarette use behaviors among United States adolescents in Monitoring the Future³⁸

Background and aims: In the United States (US), Tobacco 21 (T21) laws set the minimum legal sale age for all tobacco products to 21 years. This study aimed to examine whether e-cigarette-inclusive T21 laws were associated with e-cigarette use behaviors and related disparities among US adolescents.

Design: We used nationally representative, repeated cross-sectional Monitoring the Future data to compare self-reported current e-cigarette use (2014-2022) and first e-cigarette initiation (2015-2022) among adolescents in counties with 100% ('full') versus <100% ('partial or no') e-cigarette-inclusive T21 law population coverage using modified Poisson regression, examining differences by sex, race and ethnicity, parental educational attainment and college educational expectations through interactions.

Setting: United States.

Participants: 8th, 10th and 12th graders.

Measurements: County-level e-cigarette-inclusive T21 law population coverage was determined using Tobacco 21 Population Coverage Database and US Census Bureau population data. Current e-cigarette use was defined as any past 30-day use among the entire sample. First e-cigarette initiation was defined as first use in the current grade among adolescents who had not initiated use prior to the current grade.

Findings: Compared with 8th, 10th and 12th graders in counties with partial or no e-cigarette-inclusive T21 law coverage, 8th [marginal effect (ME) = -1.8%, 95% confidence interval (CI) = -3.1% to -0.6%], 10th (ME = -2.6%, 95% CI = -4.6% to -0.6%) and 12th graders (ME = -2.7%, 95% CI = -5.2% to -0.1%) in counties with full coverage had a lower current e-cigarette use prevalence. For current e-cigarette use, we also observed statistically significant interactions by sociodemographic factors. Across all grades, full [8th: predicted prevalence (PP) = 5.9%, 95% CI = 4.7%-7.1%; 10th: PP = 11.8%, 95% CI = 10.2%-13.4%; 12th:

³⁸ Buszkiewicz, J. H., Vander Woude, C. A., Xie, Y., Cook, S., Peters, B. U., Patrick, M. E., Elliott, M. R., Thrasher, J. F., & Fleischer, N. L. (2026). [Associations between county-level e-cigarette-inclusive Tobacco 21 law population coverage and e-cigarette use behaviors among United States adolescents in Monitoring the Future](#). *Addiction*, 121(4), 982–993.

18.1%, 95% CI = 15.6%-20.6%] versus partial or no coverage (8th: PP = 7.5%, 95% CI = 6.2%-8.8%; 10th: PP = 16.3%, 95% CI = 15.0%-17.6%; 12th: 23.4%, 95% CI = 21.9%-24.8%) was associated with lower current e-cigarette use among males but not females. By race and ethnicity, associations were statistically significant across all grades, but the magnitude and direction of these associations varied by subgroup and grade. Among 12th graders, full (PP = 16.1%, 95% CI = 13.9%-18.3%) versus partial or no coverage (PP = 20.5%, 95% CI = 19.0%-22.1%) was associated with lower current e-cigarette use among those who said they 'probably will' graduate from a four-year college but not among those with other educational expectations. We did not find sufficient evidence to support an association between e-cigarette-inclusive T21 law coverage and first e-cigarette initiation overall or across sociodemographic subgroups.

Conclusions: E-cigarette-inclusive Tobacco 21 laws appear to be associated with lower current e-cigarette use among US adolescents. However, we lacked sufficient evidence to support an association with first e-cigarette use initiation. We also observed sociodemographic differences in these associations for current e-cigarette use.

Associations between county-level vape-free air law coverage and e-cigarette use behaviors among U.S. adolescents in Monitoring the Future³⁹

Purpose: We examined whether workplace and hospitality vape-free air law (VAL) population coverage was associated with adolescent e-cigarette use and related disparities in the United States.

Methods: We analyzed associations between county-level workplace and hospitality VAL coverage (100% vs. <100%) and current e-cigarette use (2014-2022) and first e-cigarette initiation (2015-2022) among US 8th, 10th, and 12th graders using nationally representative, cross-sectional Monitoring the Future data. We implemented weighted, grade-stratified, modified Poisson regression models, adjusted for individual-, county-, and state-level confounding factors, examining disparities by sex, race and ethnicity, parental education, and college educational expectations through two-way interactions.

Results: Workplace and hospitality VAL coverage was not associated with adolescent e-cigarette use or initiation overall. However, we did find that VAL coverage was associated with lower current e-cigarette use in some sociodemographic subgroups. Full (100%) hospitality VAL coverage was linked to lower e-cigarette use among male 8th and 12th graders, 12th graders with parents without a bachelor's degree, Hispanic 8th and 12th graders, and 8th and 12th graders of other races and ethnicities than their peers

³⁹ Buszkiewicz, J. H., Xie, Y., Vander Woude, C. A., Cook, S., Peters, B. U., Patrick, M. E., Elliott, M. R., Thrasher, J. F., & Fleischer, N. L. (2026). [Associations between county-level vape-free air law coverage and e-cigarette use behaviors among U.S. adolescents in Monitoring the Future](#). *The Journal of Adolescent Health, 78*(2), 348–355.

living in partially covered (<100%) counties. Full hospitality VAL coverage was linked to higher e-cigarette use among non-Hispanic Black 8th graders and non-Hispanic White 12th graders than their peers living in partially covered counties.

Discussion: Though not linked to adolescent e-cigarette use behaviors overall, we found that male adolescents and adolescents from low socioeconomic status backgrounds were more responsive to VAL with associations by race and ethnicity depending on grade and subgroup.

Nicotine pouch use among U.S. adults in 2023 and 2024⁴⁰

Introduction: Recent expansion of U.S. nicotine pouch marketing may increase nicotine pouch use. This study estimated U.S. adult pouch use during 2023-2024 overall and across sociodemographic, cigarette smoking, nicotine vaping, and non-nicotine substance use subgroups.

Methods: Data were drawn from the nationally representative Monitoring the Future longitudinal panel 2023 and 2024 surveys (N=15,340; ages 19-65 years; 59.6% response rate conditional on wave 1; analyzed in 2025-2026). Past-12-month and past-30-day nicotine pouch use prevalences were estimated each year in the overall sample and stratified by sociodemographic and substance use statuses.

Results: In the overall sample, prevalence increased from 2023 to 2024 for past-12-month (3.4% to 5.9%; Prevalence Ratio [PR]=1.75, 95%CI=1.45-2.13) and past-30-day use (2.3% to 4.2%; PR=1.81, 95%CI=1.44-2.27). Increases in past-12-month prevalence were observed across ages, sexes, geographies, and among non-Hispanic White adults. Past-12-month and past-30-day prevalences increased during 2023-2024 among adults with no past-12-month smoking, never or former vaping, current smoking, with and without current alcohol or cannabis use, and without current other non-nicotine substance use (PRs range:1.53-3.10). No significant cross-year change was observed among those with current vaping, current other non-nicotine substance use, or recent-former smoking. Within-year comparisons showed higher 2024 past-12-month prevalence among young vs. older adults, males vs. females, non-Hispanic White vs. Black adults, individuals with vs. without recent smoking or vaping, and those with vs. without current non-nicotine substance use.

Conclusion: U.S. adult nicotine pouch use increased from 2023-2024 across sociodemographic and nicotine/tobacco use statuses. Further population-level surveillance and longitudinal research on use patterns are warranted.

⁴⁰ Chang, Y. C., Patrick, M. E., Terry-McElrath, Y. M., Cho, J., Miech, R. A., & Leventhal, A. M. (2026). [Nicotine pouch use among U.S. adults in 2023 and 2024](#). *American Journal of Preventive Medicine*, 108393. Advance online publication.

The impact of layering Tobacco 21 laws and smoke-free laws on US adolescent smoking behaviors⁴¹

Introduction: Smoke-free and Tobacco 21 (T21) laws are complementary tobacco control strategies to reduce adolescent cigarette smoking. To test for policy layering, this study examined the impact of county-level T21 laws on adolescent smoking in counties with different smoke-free policy environments.

Methods: This study used repeated cross-sectional data from the Monitoring the Future study (2014-2020) to examine interactions between county-level T21 coverage (<100% vs. 100%) and smoke-free workplace and hospitality law coverage (<100% vs. 100%) on past 30-day cigarette use, smoking initiation, and smoking intentions among 10th (ages, 15-16 years) and 12th (ages, 17-18 years) graders. Universal coverage was defined as 100% coverage for both T21 and smoke-free laws. Interaction terms were estimated using grade-stratified modified Poisson regression models, interpreted as marginal effects (ME) based on predicted probabilities.

Results: Universal coverage was associated with a lower probability of cigarette smoking initiation among 10th graders (ME=-0.011, 95% CI=-0.037, -0.006), compared to counties with less than universal coverage for both T21 and smoke-free workplace laws. Among 12th graders, universal coverage was associated with a lower probability of past 30-day cigarette use (workplace ME=-0.035, 95% CI=-0.054, -0.016; hospitality ME=-0.039, 95% CI=-0.060, -0.019), compared to counties with less than universal coverage.

Conclusions: This study found that layering T21 law coverage with smoke-free workplace and hospitality law coverage was associated with lower adolescent smoking. While the patterns were not consistent among 10th and 12th graders for all smoking outcomes, the results suggest policy layering may be an effective tobacco control strategy to reduce adolescent smoking.

Historical trends in young adult solitary alcohol use by age and sex from 1977 to 2022⁴²

Background: Solitary alcohol use among young adults is a risky drinking behavior associated with concurrent and future alcohol use disorder (AUD) and negative psychosocial outcomes. However, data on

⁴¹ Cook, S., Woude, C. A. V., Xie, Y., Buszkiewicz, J. H., Patrick, M. E., Elliott, M. R., Joshi, S., Thrasher, J. F., & Fleischer, N. L. (2026). [The impact of layering Tobacco 21 laws and smoke-free laws on US adolescent smoking behaviors](#). *American Journal of Preventive Medicine*, 108387. Advance online publication.

⁴² Creswell, K. G., Arterberry, B. J., & Patrick, M. E. (2025). [Historical trends in young adult solitary alcohol use by age and sex from 1977 to 2022](#). *Alcohol, Clinical & Experimental Research*, 49(8), 1859–1767.

its prevalence and historical trends in the general population are limited. We examined historical trends in solitary alcohol use among US young adults (aged 19-30) by age and sex over a 46-year period.

Methods: Data were from the Monitoring the Future (MTF) Panel study collected between 1977 and 2022. The sample included 12,851 participants (51.6% female) who reported past-year alcohol use and completed surveys at ages 19/20, 21/22, 23/24, 25/26, 27/28, and 29/30. Solitary alcohol use was assessed by self-report of drinking alone in the past year. Joinpoint regression analyses examined historical trends in the prevalence of solitary alcohol use by age and sex.

Results: Approximately 40% of those who used alcohol in the past year reported engaging in solitary alcohol use at least once in the past year. Across all age groups, the prevalence of past-year solitary alcohol use initially decreased and then increased over time. Significant joinpoints indicated shifts in trends beginning in the mid-1990s to early 2000s, with increases more pronounced among females.

Conclusions: The prevalence of solitary alcohol use among US young adults has increased in recent decades, to levels on par with what was observed in the late 1970s. Particular increases among females since late 1990s/early 2000s have narrowed the traditional sex gap in this risky drinking behavior. Given the association of solitary drinking with concurrent and future alcohol problems, these findings highlight the need for continued monitoring of solitary alcohol use among young adults, especially females.

Association of tobacco and other substance use with nicotine pouch awareness and use in US adolescents⁴³

Introduction: Evidence on the association between tobacco/nicotine and other substance use (TOSU) and adolescent nicotine pouch (NP) awareness and use is lacking but vital for policy and prevention planning.

Methods: The sample was drawn from the 2023 Monitoring the Future study, a nationally representative survey of U.S. adolescents (8th, 10th, 12th graders). One-third of participants were randomly selected to complete questions on NP awareness and use (lifetime, past 12-month, past 12-month frequency) and past 30-day TOSU measures (yes/no). We estimated risk ratios (RRs) and incident rate ratios (IRRs) to examine the associations between TOSU and NP awareness and use.

Results: Overall (n = 6958; 53.4 % female), 35.4 % reported NP awareness, 2.5 % reported lifetime use, and 1.8 % reported past 12-month use. Past 30-day use of tobacco/nicotine products was each positively

⁴³ Han, D. H., Rahman, T., Miech, R. A., Harlow, A. F., Dai, H. D., Cho, J., Sussman, S. Y., Sanchez, L. M., Meza, L. R., & Leventhal, A. M. (2026). [Association of tobacco and other substance use with nicotine pouch awareness and use in US adolescents](#). *Drug and Alcohol Dependence*, 279, 113016.

associated with NP awareness (RRs:1.42-1.70), lifetime (RRs:7.14-20.40), and past 12-month (RRs:5.84-22.44) use, with the strong associations for youth with vs. without smokeless tobacco use. Cannabis, alcohol, and other drug past 30-day use were each associated with NP awareness (RRs:1.49-1.68), lifetime (RRs:3.47-10.49), and past 12-month (RRs:4.70-15.70) use.

Conclusions: NP awareness and use prevalence were disproportionately high among adolescents with various forms of TOSU in 2023, especially smokeless tobacco. These findings suggest the importance of monitoring NP use among youth with TOSU while recognizing that awareness may also reflect broader marketing, product availability, or incidental exposure. Policy and prevention efforts should address NP use alongside TOSU with established health risks.

Neighborhood disadvantage and adolescent substance use: Differences by urbanicity and substance type⁴⁴

Objective: We examined associations between neighborhood socioeconomic context and substance use among U.S. adolescents using nationally representative samples. We further tested whether these associations differed by urbanicity.

Methods: Data were from 12th graders in 2016-2019 from the Monitoring the Future (MTF) study (n=54,108). Neighborhood socioeconomic context was measured by a disadvantage index in the zipcode of the schools MTF respondents attended, using data on residents' economic status (income, public assistance, poverty) from the American Community Survey. Outcomes included past 30-day cigarette use, past 2-week binge drinking, and past 30-day cannabis use. Survey-weighted logistic models estimated associations between neighborhood disadvantage and the use of each substance, as well as interactions of the associations by urbanicity (urban, suburban, rural).

Results: Neighborhood disadvantage was positively associated with adolescent cigarette use but inversely associated with binge drinking. After controlling for individual-level socioeconomic characteristics, the association between neighborhood disadvantage and adolescent binge drinking became non-significant. The associations of neighborhood disadvantage with cigarette use differed by urbanicity. In rural areas, adolescent cigarette use increased with greater neighborhood disadvantage, which was not observed in urban areas. No significant interaction effects were found for binge drinking and cannabis use.

⁴⁴ Jang, J. B., & Patrick, M. E. (2026). [Neighborhood disadvantage and adolescent substance use: Differences by urbanicity and substance type](#). *Journal of Studies on Alcohol and Drugs*, 10.15288/jsad.25-00368. Advance online publication.

Conclusions: We found a complex interplay between neighborhood socioeconomic context and adolescent substance use, with patterns varying by both urbanicity and substance. This suggests the potential for tailored prevention and intervention efforts for adolescent substance use in particular neighborhood contexts.

Persistence of loneliness and low self-esteem from adolescence through age 60 in the United States: Results from the Monitoring the Future Panel Study⁴⁵

Background: Depression, loneliness and other psychological distress symptoms are common in the US; lifetime cumulative estimates and life course prospective persistence is under-studied. We use national data with repeated assessment to provide lifetime cumulative risk estimates for the US.

Methods: Longitudinal data from Monitoring the Future panel study on individuals (N = 421) followed from age 18 (in 1976-1978) to age 60 (in 2018-2020), with mean = 12.4 assessments (range 5-13). Psychological distress included three subscales: loneliness (2 items), low self-esteem (4 items), depressive symptoms (4 items).

Results: By age 60, 73.91% had [Formula: see text]1 period of high loneliness; 24.84% had 3+ periods of high loneliness. A total of 65.72% had [Formula: see text]1 period of low self-esteem. Most risk accumulated during early adulthood; 56.40% had high loneliness and 46.38% had low self-esteem by age 25/26. Those with high loneliness at age 18 had 3.72 (95% C.I. 2.09, 6.63) times the odds of high loneliness, 4.28 (95% C.I. 2.10, 8.71) times the odds of high depressive symptoms, and 2.61 (95% C.I. 1.47, 4.65) times the odds of low self-esteem at age 60. Associations were of similar magnitude for age 18 low self-esteem predicting age 60 distress.

Conclusion: By age 60, most US adults will have experienced at least 1 period of high loneliness or low self-esteem, and the majority of risk accumulates early in adulthood. Adolescent distress prospectively predicts later life distress, thus intervention and prevention efforts in adolescence are potentially critical for addressing late life mental health problems.

⁴⁵ Keyes, K. M., Joseph, V., Jager, J., Olsson, M., & Patrick, M. E. (2026). [Persistence of loneliness and low self-esteem from adolescence through age 60 in the United States: Results from the Monitoring the Future Panel Study](#). *Social Psychiatry and Psychiatric Epidemiology*, 61(5), 897–908.

Trends and associations between preferred institutional influence, expectations and emotional outcomes among adolescents in the US: Results from Monitoring the Future⁴⁶

In the US, happiness is declining and dissatisfaction with the state of the nation is growing. At the same time, trust and support for several institutions (ranging from the government to the police, churches and news media) have similarly fallen. At present, it remains unclear how these trends in perceptions about institutions are linked to the growing dissatisfaction among young people living in America, or how this may vary by political ideology. This study used data from Monitoring the Future (N = 125,329, years: 1976-2023, grade 12) to identify trends in how much influence adolescents would prefer institutions to have, as well as a variety of expectations and emotional outcomes, overall and by political ideology. It also examined links between these institutional preferences and outcomes. Over the past half century, adolescents' attitudes on institutional power have shifted, with overall declines in support for institutional power (except for unions), but strong heterogeneity by political ideology. Polarization of views on institutions by political ideology was most notable for perceptions of the police, the military, and churches. This is paired with rising hopelessness and unhappiness, as well as worsening expectations about the country, world, and life, particularly for those with more extreme political ideologies. Given the links between preferred change in institutional influence and these outcomes, there are clear ties between adolescents' broader outlooks and their perceptions of institutions and their actions. These trends and associations warrant efforts to address the dissatisfaction, emotions, and worsening expectations among young people.

Epidemiology of hallucinogen microdosing among young adults in the United States: A national study⁴⁷

Introduction: This paper aimed to determine the prevalence, demographic correlates and co-occurring substance use patterns of hallucinogen microdosing among young adults in the United States.

Methods: Design: Cross-sectional analysis of data from a nationally-representative cohort study collected in 2022-2023.

⁴⁶ Keyes, K. M., Kreski, N. T., & Prins, S. J. (2026). [Trends and associations between preferred institutional influence, expectations and emotional outcomes among adolescents in the US: Results from Monitoring the Future](#). *Social Science & Medicine*, 391, 118915.

⁴⁷ Keyes, K. M., Terry-McElrath, Y., & Patrick, M. E. (2026). [Epidemiology of hallucinogen microdosing among young adults in the United States: A national study](#). *Drug and Alcohol Review*, 45(3), e70133.

Setting: United States.

Participants: Sample of 3094 young adults aged 19-30 years in the Monitoring the Future panel study.

Measurements: Self-reported past-year hallucinogen use and at least one past-year incident of microdosing, demographic characteristics (age, sex, race/ethnicity, college attendance, parental education) and other substance use (alcohol, cannabis, nicotine, other drugs).

Results: Past-year hallucinogen use was reported by 9.5% (SE = 0.68) of young adults, with microdosing reported by 6.8% (SE = 0.61). Among those who used hallucinogens, 73.1% (SE = 3.6) engaged in microdosing. Individuals who reported microdosing demonstrated substantially higher rates of other substance use, with odds ratios ranging from 2.53 (95% CI 1.43-4.47) for past-month cigarette use to 37.73 (95% CI 19.72-72.21) for 3+ occasions of past-year cannabis use. Among those who microdosed, 72.4% reported 10+ occasions of past-year alcohol use and 85.8% reported 3+ occasions of past-year cannabis use. There were few significant demographic differences in microdosing, though Black respondents were less likely (OR = 0.43, 95% CI 0.21-0.90) to microdose compared with White respondents.

Discussion and conclusions: Approximately 1 in 15 US young adults reported microdosing hallucinogens, with strong associations between microdosing and other substance use. Despite growing interest in potential therapeutic applications of microdosing, the context in which microdosing typically occurs, including patterns of other drug and alcohol use, raises concerns and warrants focused prevention efforts.

Trends in weight status and e-cigarette use among U.S. youth from 2017 to 2023⁴⁸

Introduction: E-cigarette use and obesity are often studied independently, yet emerging evidence suggests that obesity and e-cigarette use may occur together and can exacerbate health risks. The objective of this study was to examine trends in United States (U.S.) adolescent e-cigarette use by weight status and sex from 2017-2023 using data from the Monitoring the Future study, an annual nationally-representative cross-sectional study.

Methods: U.S. 8th- 10th- and 12th-grade students completed self-report measures of demographics, height, weight, and e-cigarette use at school (results pooled across grades, n=85,383). Piecewise log-binomial regression models were applied, and interactions between sex and weight status were examined within each time segment to assess subgroup differences in e-cigarette use trends.

⁴⁸ Mason, T. B., Leventhal, A. M., Harlow, A. F., Han, D. H., Cho, J., Meza, L., Miech, R., & Bae, D. (2026). [Trends in weight status and e-cigarette use among U.S. youth from 2017 to 2023](#). *American Journal of Preventive Medicine*, 108335. Advance online publication.

Results: Time trends in lifetime e-cigarette use differed by sex and weight status. From 2020-2021, declines were not significant among females with overweight (ARR: 0.88; 95% CI: 0.74-1.05) or obesity (ARR: 0.87; 95% CI: 0.72-1.07), whereas females with a healthy weight and males regardless of weight status showed significant reductions. From 2021-2023, declines were observed among males with healthy weight (ARR: 0.93; 95% CI: 0.88-0.98) and obesity (ARR: 0.90; 95% CI: 0.81-0.98), but not among females across any weight category. In 2023, lifetime e-cigarette use remained highest among females with overweight or obesity compared to females with a healthy weight. Similar trends were observed for past 12-month and 30-day e-cigarette use.

Conclusions: Overall adolescent e-cigarette use declined after 2020; however, this downward trend was primarily driven by males and those with a healthy weight. Declines were not significant among female adolescents, particularly those with overweight or obesity. Findings highlight sex-specific risks for the association of obesity with e-cigarette use and underscore the need for dual prevention efforts.

Trends in daily nicotine vaping and unsuccessful quit attempts in youths⁴⁹

Importance: US youths who vape nicotine may be hardening into a more nicotine-dependent, treatment-resistant population over time, as evidenced by shifts toward daily vaping and difficulty quitting, which may vary by behavioral health and demographic factors.

Objective: To assess prevalence trends from 2020 to 2024 in (1) current (past 30 days) nicotine vaping, (2) daily vaping among youths who currently vape nicotine, and (3) unsuccessful quit attempts among youths who vape nicotine daily and to examine variation in these trends by behavioral health and demographic factors.

Design, setting, and participants: This cross-sectional study used data from Monitoring the Future (MTF), a nationally representative annual cross-sectional survey of 8th, 10th, and 12th grade respondents in US middle and high schools, from survey years 2020 to 2024.

Exposures: Survey year; grade in school; population density of school location; and self-reported sex, race and ethnicity, depressive symptoms, conduct problems, and past-30-day use of nicotine vaping, other tobacco products, cannabis, and alcohol.

Main outcomes and measures: Prevalence of (1) past-30-day nicotine vaping (≥ 1 vs 0 days) among all respondents, (2) past-30-day daily vaping among currently vaping youths (vaped all 30 vs 1-29 days), and

⁴⁹ Masonbrink, A. R., Bae, D., Cho, J., Miech, R. A., Dai, H. D., Harlow, A. F., Sussman, S., Han, D. H., Sanchez, L. M., Adjei, A., Meza, L. R., Li, M., & Leventhal, A. M. (2025). [Trends in daily nicotine vaping and unsuccessful quit attempts in youths](#). *JAMA Network Open*, 8(11), e2541061.

(3) unsuccessful attempts to quit vaping (yes, no) among youths vaping daily, with weights applied to generate nationally representative estimates.

Results: In the pooled sample of 115 191 MTF respondents (50.8% [95% CI, 50.0%-51.6%] male), prevalence of past-30-day nicotine vaping declined from 2020 to 2024 (risk ratio [RR], 0.88; 95% CI, 0.86-0.89). Among youths who currently vaped (n = 15 226), prevalence of daily vaping rose from 15.4% (95% CI, 13.1%-18.0%) in 2020 to 28.8% (95% CI, 26.6%-31.0%) in 2024 (RR, 1.14; 95% CI, 1.11-1.18). Among daily vapers (n = 3512), prevalence of unsuccessful quit attempts increased from 28.2% (95% CI, 19.5%-38.8%) in 2020 to 53.0% (95% CI, 45.9%-60.0%) in 2024 (RR, 1.08; 95% CI, 1.02-1.15). For female, non-Hispanic Black, cannabis-using, and tobacco-using youths, past-30-day nicotine vaping prevalence either remained stable or reduced more slowly during 2020 to 2024 compared with the overall study population (eg, from 10.4% [95% CI, 8.6%-12.5%] to 4.1% [95% CI, 3.5%-4.8%] in those without vs 58.1% [95% CI, 51.9%-64.1%] to 57.3% [95% CI, 54.0%-60.5%] in those with past-30-day cannabis use). Among current vapers, daily vaping increased more rapidly in rural youths (from 16.4% [95% CI, 11.5%-22.9%] to 41.8% [95% CI, 35.3%-48.5%]) than in urban youths (15.9% [95% CI, 12.7%-19.6%] to 18.1% [95% CI, 14.8%-21.9%]).

Conclusions and relevance: The findings of this cross-sectional study of US youths suggest that although the prevalence of current nicotine vaping declined during 2020 to 2024, the youth vaping population may have hardened over this period, evidenced by increasing daily use, more unsuccessful quit attempts, and shifting demographic profiles. Clinicians and policy makers should be mindful that youths with frequent vaping increasingly face unique challenges that may impact treatment and prevention efforts.

Maturing out or in? Demographic determinants of young adult drinking trajectories and midlife alcohol use disorder risks⁵⁰

Background: Heavy alcohol use in young adulthood impacts future health, including alcohol use disorder (AUD). Dynamic trajectories of adolescent to adult alcohol use are understudied, as are sociodemographic correlates of trajectories.

Methods: We employed repeated-measures latent class analysis to identify trajectories of age 18-30 alcohol use among participants from Monitoring the Future, a representative, ongoing national sample of US adults surveyed longitudinally from 1976 to 2020 (N = 32,121). In each survey, participants' alcohol use was categorized as abstinence, "higher risk" (daily or binge drinking), or "lower risk" (no daily or binge

⁵⁰ McKetta, S., Espinoza, P., Keyes, K., & Jager, J. (2026). [Maturing out or in? Demographic determinants of young adult drinking trajectories and midlife alcohol use disorder risks](#). *Alcohol, Clinical & Experimental Research*, 50(2), e70226.

drinking). We assessed how class membership was associated with sociodemographic predictors (sex, ethnoracial identity, birth cohort, and parental education) and age 35 AUD symptomatology.

Results: Analyses supported an eight-class solution, characterized by three broad trajectory categories: (1) stable, (2) movement toward higher intensity drinking, and (3) movement toward lower intensity drinking. Across demographics, later birth cohorts were more likely to move toward higher intensity drinking, as well as to abstain completely. Among drinkers, those who moved from lower risk drinking to abstinence across ages 18-30 had a relatively low (4%) probability of age 35 AUD symptomatology. In contrast, participants with stable higher risk drinking patterns had a 67% probability of age 35 AUD symptomatology, as did 53% of participants whose alcohol trajectories increased from lower to higher risk.

Conclusions: Over half of adults reported stable patterns of drinking across ages 18-30, but over half also reported at least one period of higher risk drinking. More recent cohorts are less likely to "mature out" of higher intensity alcohol use but also more likely to abstain. Even "lower risk" drinking conferred increased probability of AUD symptomatology relative to abstinence. Our findings underscore the need to identify hazardous alcohol patterns during adolescence and young adulthood to prevent later life misuse and dependency.

Cumulative violence victimization in young adulthood and alcohol use disorder symptoms at age 35⁵¹

Objectives: This study investigated whether cumulative violence victimization during young adulthood was associated with symptoms of alcohol use disorder (AUD) at age 35 in a large U.S. national sample.

Methods: Data were from the Monitoring the Future (MTF) panel study ($n = 6,275$). Violence victimization was assessed at seven young adult waves (from ages 18 to 30) and coded as a cumulative count of waves in which violence was reported (0-3+). At age 35, respondents were coded as no recent alcohol use, non-disordered use, or disordered use symptoms. Multinomial logistic regression was used to examine the relationship between young adult violence victimization and age 35 AUD symptoms, controlling for key covariates.

Results: At age 35, 10.9% reported no alcohol use in the past 5 years, 60.8% non-disordered use, and 28.3% AUD symptoms. The odds of AUD symptoms (compared to non-disordered use) at age 35

⁵¹ Mehus, C. J., Zhou, H., Senaratne, P., Terry-McElrath, Y., & Patrick, M. E. (2026). [Cumulative violence victimization in young adulthood and alcohol use disorder symptoms at age 35](#). *Substance Use & Misuse*, 1–4. Advance online publication.

significantly increased with more waves of experienced violence in young adulthood. Specifically, violence victimization in three or more waves was associated with significantly greater odds of disordered (vs. non-disordered) alcohol use (aOR = 2.49, 95% CI: 2.02-3.06), relative to those reporting no violence victimization.

Conclusions: Cumulative violence victimization in young adulthood was associated with increased risk of AUD symptoms in midlife. Results highlight the importance of AUD treatment options that acknowledge violence exposure as a risk factor for substance use and problems.

The intensity of adolescent substance use before and after the COVID-19 pandemic⁵²

Introduction: Adolescent cannabis and alcohol use declined substantially after the COVID-19 pandemic onset in 2020. This study tests whether substance use hardened, defined as an increased proportion of heavy users resulting from overall prevalence declines driven mainly by reductions in light and moderate use.

Methods: Data come from Monitoring the Future, which annually surveys nationally representative, cross-sectional samples of U.S. adolescents in 8th, 10th, and 12th grades. The analysis includes 252,810 respondents surveyed between 2017 and 2024, with response rates of 86% in 8th grade, 85% in 10th grade, and 76% in 12th grade. The main outcome is lifetime intensity of cannabis and alcohol use, measured as light (1-5), moderate (6-19), and heavier (≥ 20) occasions of lifetime use.

Results: After the pandemic onset, adolescent alcohol use softened notably, whereas cannabis use softened slightly. For alcohol, light use increased significantly across all 3 grades by 3-7 percentage points, moderate use decreased in all 3 grades by 2-4 points, and heavy use decreased by 4 points in 12th grade and 3 points in 10th grade. For cannabis, changes were limited to 10th grade, where light use increased by 3 points, and moderate use decreased by 2 points.

Conclusions: These results point to a continued need for prevention policies and programs to achieve further reductions in adolescent cannabis and alcohol use. Current patterns of use are not yet at a hardened stage dominated by heavy users who struggle to quit, where further reductions in prevalence would be achieved primarily through cessation programs.

⁵² Miech R. A. (2026). [The intensity of adolescent substance use before and after the COVID-19 pandemic](#). *American Journal of Preventive Medicine*, 70(4), 108166.

Trends in U.S. adolescent use of vaping and flavored solutions for marijuana consumption, 2021-2024⁵³

Purpose: To document recent, national trends in vaping and use of flavored vaping solutions among US adolescents who use marijuana.

Methods: Data come from Monitoring the Future, which conducted annual, cross-sectional, nationally-representative surveys from 2021 to 2024 of eighth, 10th, and 12th grade students.

Results: Among adolescents who used marijuana in the past 12 months, the percentage who vaped it increased over the study period from 48% to 57% in eighth grade ($p < .05$), 60%-66% in 10th grade ($p = .07$), and 58%-67% in 12th grade ($p < .01$). The percentage of adolescents who used a flavored solution when vaping marijuana switched from a minority to a majority over the study period, from 47% to 63% ($p < .01$) in eighth grade, 41%-53% ($p < .01$) in 10th grade, and 36%-50% ($p < .01$) in 12th grade. The percentage of all adolescents who vaped a flavored marijuana solution in the past 12 months over the study period increased from 2% to 4% ($p < .01$) in eighth grade, 5%-6% in 10th grade ($p = .25$), and 7%-9% in 12th grade ($p < .01$).

Discussion: The percentage of US adolescents who vaped flavored marijuana solutions increased from 2021 to 2024, one of very few drug outcomes that increased since the pandemic onset. With this increase, adolescents who used flavors to vape marijuana shifted from a minority to a majority and vaping became more common among adolescents who used marijuana. These results point to flavored marijuana vaping solutions as an increasingly important target for research and policy on adolescent marijuana use.

Nonmedical use and substance use disorder symptoms among US adults coprescribed opioids and benzodiazepines⁵⁴

Prescription opioids and benzodiazepines are each associated with health risks, which are heightened when the 2 are used concurrently. The Centers for Disease Control and Prevention recommends caution when coprescribing these medications. Still, little is known about the early warning signs, such as nonmedical use (NMU) and substance use disorder (SUD) symptoms, that often precede overdose and

⁵³ Miech, R., Patrick, M. E., & Leventhal, A. M. (2025). [Trends in U.S. adolescent use of vaping and flavored solutions for marijuana consumption, 2021-2024](#). *The Journal of Adolescent Health, 77*(5), 924–930.

⁵⁴ Pasman, E., Veliz, P., Hoffman, E., Evans-Polce, R., Schepis, T. S., Patrick, M. E., Truchan, J., Wilens, T. E., Jardine, J., McCabe, V. V., & McCabe, S. E. (2025). [Nonmedical use and substance use disorder symptoms among US adults coprescribed opioids and benzodiazepines](#). *The Journal of Clinical Psychiatry, 86*(4), 25br15937.

injuries. This study examined NMU and SUD symptoms among US adults prescribed opioids and benzodiazepines.

Longitudinal associations between frequency and recency of nonmedical prescription stimulant use in adolescence and cocaine use in young adulthood⁵⁵

Purpose: Most studies linking prescription and illicit stimulant use measure nonmedical prescription stimulant use (NMPSU) as a dichotomous lifetime indicator. This study examined the extent to which frequency and recency of NMPSU during adolescence were associated with illicit cocaine use in young adulthood.

Methods: Nationally representative cohorts of US 12th-graders (N = 66,082) were surveyed in the Monitoring the Future Panel study (baseline age 18, years 1976-2020; follow-up ages 19-20, years 1977-2021). Logistic regression was used to examine associations between frequency and recency of NMPSU at baseline and incident cocaine use in young adulthood.

Results: At follow-up, 4.2 % reported past-year incident cocaine use. The odds of cocaine use increased with more frequent NMPSU in adolescence. Relative to adolescents reporting no lifetime NMPSU, the adjusted odds of incident cocaine use in young adulthood were 1.31 times greater among those reporting experimental NMPSU (1-2 times, 95 % CI=1.11-1.54), 1.63 times greater among those reporting occasional NMPSU (3-9 times, 95 % CI=1.39-1.92), and two times greater among those reporting regular NMPSU (≥ 10 times, AOR=2.03, 95 % CI=1.73-2.39). A similar trend was observed for recency of NMPSU; relative to adolescents with no lifetime NMPSU, the adjusted odds of incident cocaine use in young adulthood were greater among those reporting past-month NMPSU (AOR=2.11, 95 % CI=1.85-2.42) and past-year-without-past-month NMPSU (AOR=1.70, 95 % CI=1.44-2.01).

Conclusion: NMPSU in adolescence was associated with increased odds of cocaine use in young adulthood, and the degree of risk varied by frequency and recency of NMPSU.

Cannabis and alcohol use to initiate sleep among young adults⁵⁶

⁵⁵ Pasman, E., Veliz, P. T., Patrick, M. E., Schepis, T. S., McCabe, V. V., Wilens, T. E., & McCabe, S. E. (2025). [Longitudinal associations between frequency and recency of nonmedical prescription stimulant use in adolescence and cocaine use in young adulthood](#). *Drug and Alcohol Dependence*, 274, 112760.

⁵⁶ Patrick, M. E., Pang, Y. C., & Terry-McElrath, Y. M. (2025). [Cannabis and alcohol use to initiate sleep among young adults](#). *JAMA Pediatrics*, 179(12), 1357–1359.

More than 20% of US young adults struggle to fall or stay asleep. Cannabis and alcohol can help initiate sleep, but regular use may be problematic. Increasing tolerance can lead to greater use to produce consistent sleep outcomes, potentially contributing to use disorder and sleep problems. Young adulthood is a critical developmental period for both substance use risk and sleep problems, underscoring the need for national data on cannabis and alcohol use for sleep.

Young adult substance use as a predictor of poor self-rated memory decades later in midlife⁵⁷

Objectives: We examined longitudinal associations between young adult heavy substance use and late midlife poor self-rated memory and whether problematic substance use in early midlife mediated the associations.

Methods: Data were from the Monitoring the Future Longitudinal Panel Study. Analyses included individuals ages 50-65 in 2018-2023 who provided longitudinal data starting at age 18 in 1976-1991.

Results: Young adult heavy use of all substances was directly associated with higher odds of late midlife poor self-rated memory. These associations were fully mediated by early midlife substance-use disorder symptoms for binge drinking and cannabis use, but not mediated for pack+/day cigarette smoking.

Discussion: Sustained heavy substance use in young adulthood appears to represent a cumulative risk factor for cognitive decline in late midlife. Examining risk factors, including substance use, across the life course may be crucial for earlier identification of risk for cognitive decline.

Correlations between flavored e-cigarette use and tobacco and substance use among US youth, 2021 to 2023⁵⁸

Policy Points: Menthol-flavored e-cigarettes are disproportionately used by youth who co-use other substances; allowing menthol sales may undermine efforts to reduce poly-tobacco and poly-substance use. Fruit/ice-fruit flavors are most common among lower-risk youth (those not engaged in other substance use), and banning these flavors could help prevent nicotine initiation. Because nearly all youth who vape use non-tobacco-flavored e-cigarettes, comprehensive policies that eliminate access to all non-

⁵⁷ Patrick, M. E., Pang, Y. C., Terry-McElrath, Y. M., & Jang, J. B. (2026). [Young adult substance use as a predictor of poor self-rated memory decades later in midlife](#). *Journal of Aging and Health*, 8982643261431007. Advance online publication.

⁵⁸ Sanchez, L. M., Cho, J., Harlow, A. F., Miech, R. A., Sussman, S., Dai, H. D., Adjei, A., Han, D. H., Li, M., Meza, L., Leventhal, A. M., & Bae, D. (2025). [Correlations between flavored e-cigarette use and tobacco and substance use among US youth, 2021 to 2023](#). *The Milbank Quarterly*, 103(S1), 392–410.

tobacco-flavored e-cigarettes, including menthol, may be more effective than selective bans. Stronger enforcement and broader flavor restrictions could help prevent initiation and reduce sustained use, particularly among youth who co-use menthol-flavored e-cigarettes and other substances.

Context: The specific nontobacco e-cigarette flavors used by US youth who exclusively vape e-cigarettes compared with youth who engage in poly-tobacco or poly-substance use can help identify the populations most likely to be impacted by e-cigarette flavor policies. This study examines correlations between e-cigarette flavor use and past 30-day tobacco and substance use among US youth who vape.

Methods: We analyzed the Monitoring the Future survey data (2021-2023), a nationally representative annual study of US eighth, tenth, and 12th graders. Among 14,675 participants who vaped nicotine in the past year, we assessed their most frequently used e-cigarette flavor: fruit/ice-fruit, menthol, mint, sweet, tobacco, or unflavored. Log-binomial regression models estimated adjusted prevalence ratios (APRs) for correlations between e-cigarette flavor use and past 30-day tobacco and substance use, adjusting for sociodemographic characteristics and e-cigarette use.

Findings: Few youth predominately vaped tobacco-flavored (1.3%) or unflavored (3.6%) e-cigarettes, regardless of whether they did or did not use other tobacco products or nontobacco substances. Menthol-flavored (12.1%) e-cigarette use was correlated with past 30-day cigarette (APR 1.53, 95% CI 1.29-1.81), smokeless tobacco (APR 1.53, 95% CI 1.24-1.89), cigars/hookah tobacco products (APR 1.51, 95% CI 1.13-2.02), and alcohol (APR 1.16, 95% CI 1.02-1.32) use. In contrast, fruit/ice-fruit-flavored (72.3%) e-cigarettes were less commonly used among youth who smoked cigarettes (APR 0.83, 95% CI 0.76-0.90), used smokeless tobacco (APR 0.83, 95% CI 0.75-0.91), or reported noncannabis illicit drug use (APR 0.89, 95% CI 0.80-0.98).

Conclusions: Closing federal regulatory loopholes and implementing state and local bans on all non-tobacco-flavored e-cigarettes may support efforts to reduce youth nicotine uptake. Policies that limit access and sales to menthol-flavored e-cigarettes could be particularly relevant for youth at risk of poly-tobacco or poly-substance use.

Daily correlates to social distancing in U.S. young adults in 2021⁵⁹

We examined the relationship between social distancing and daily fluctuating variables like mood, loneliness, substance use, and current illness symptoms in a U.S. nationally representative sample of $N =$

⁵⁹ Stevenson, B. L., Evans-Polce, R. J., Peterson, S., Arterberry, B., Parks, M. J., & Patrick, M. E. (2025). [Daily correlates to social distancing in U.S. young adults in 2021](#). *Psychology & Health*, 1–12. Advance online publication.

772 young adults who had reported alcohol use in 12th grade. Participants completed up to 14 daily assessments in Spring 2021. We measured social distancing related to the COVID-19 pandemic and daily mood, loneliness, substance use, and illness symptoms. Around a third of the sample reported social distancing on all days, and a third reported no social distancing. Young adults tended to adhere to a consistent level of social distancing. Those who socially distanced the most also reported less alcohol consumption and higher loneliness. When social distancing increased within person, cold/flu symptoms were higher, and positive mood and alcohol consumption were lower. Future public health efforts may benefit from findings that social distancing was quite stable within person, and not influenced by daily level of loneliness. We did find evidence that young adults slightly increased social distancing on days when cold/flu symptoms were higher, suggesting some adherence to public health guidelines.

Patterns of cannabis use and perceived accessibility among underage U.S. young adults: Implications for policy and prevention⁶⁰

Objective: Using a national U.S. underage young adult sample, we examined the prevalence of smoking, vaping, eating, drinking, and dabbing cannabis; perceived accessibility by product type; and perceived accessibility correlates (adolescent cannabis use, state cannabis policy context, sociodemographic characteristics).

Method: Data were obtained from adults younger than age 21 years participating in the U.S. national Monitoring the Future Panel study from 2019 to 2023. Cannabis use prevalence by smoking, vaping, edibles, drinking, and dabbing was measured ($n = 3,075$; 52.9% female). Perceived accessibility was measured for smoking, vaping, and edibles ($n = 1,227$; 52.1% female). Covariate and accessibility associations were modeled using logistic regression.

Results: Multiple cannabis use modalities were reported by 23.3% of all respondents and 63.5% of those reporting past-12-month use. Among all respondents, smoking (30.7%), vaping (19.7%), and edibles (18.2%) were the most prevalent; fewer reported dabbing (10.4%) or drinking (2.8%). Perceiving easy access to smoking, vaping, and edibles was reported by 95.0%, 91.3%, and 86.7% of those reporting past-12-month use (77.5%, 71.2%, and 71.8% of those reporting no use). Among those reporting no 12-month use, state recreational use policy was associated with perceiving easier access for smoking and edibles; full-time 4-year college attendance was associated with easier perceived access across modalities (vs. part-time/2-year college or not attending).

⁶⁰ Terry-McElrath, Y. M., Pang, Y. C., & Patrick, M. E. (2026). [Patterns of cannabis use and perceived accessibility among underage U.S. young adults: Implications for policy and prevention](#). *Journal of Studies on Alcohol and Drugs*, 87(1), 154–163.

Conclusions: Underage U.S. young adults are not legally able to purchase cannabis but reported easy access across products; those who used cannabis typically used multiple products. Among those reporting no past-12-month use, state policy and college attendance were strongly associated with perceived accessibility across products.

Medical cannabis use across ages 19-65 years: U.S. young and middle adults, 2018-2023⁶¹

Introduction: This study provides national data on cannabis use type (medical versus recreational only) across individuals aged 19-65 years and associations with overall cannabis use prevalence and frequency, including developmental and historical trends and sociodemographic and policy associations.

Methods: Data collected in 2018-2023 from individuals (N=33,647) aged 19-65 years participating in the Monitoring the Future Panel study were analyzed in 2024-2025. Developmental and historical trends and regression analyses examined past 12-month cannabis use type: no use, recreational-only use, or any medical cannabis used from their own written medical recommendation/prescription (with or without recreational use).

Results: Medical use was reported by 2.6% (2.3%, 2.8%) of all respondents and 9.8% (9.0%, 10.6%) of those reporting past 12-month use. Among all respondents, medical-use prevalence did not show evidence of significant developmental trends; among those reporting past 12-month use, there was an age-graded increase in medical use ($p<0.001$), corresponding to an age-graded decrease in recreational-only use ($p<0.001$). Medical-use prevalence increased across time in states with medical-use-only policy ($p=0.002$) but not in other states and was associated with being male ($p<0.001$). Past 30-day cannabis prevalence and frequency were higher among medical- than recreational-only use groups across ages ($p<0.001$).

Conclusions: Among U.S. young and middle adults, the proportion reporting medical use was consistent across age; observed age-graded increases in medical use among those reporting past 12-month cannabis use were due to decreasing recreational-only use. Medical use was associated with higher past 30-day frequency across age, indicating that it acts as a consistent risk factor for daily or near-daily use.

⁶¹ Terry-McElrath, Y. M., & Patrick, M. E. (2026). [Medical cannabis use across ages 19-65 years: U.S. young and middle adults, 2018-2023](#). *American Journal of Preventive Medicine*, 70(3), 107994.

Cannabis use disorder risk among midlife adults reporting medical and nonmedical cannabis use, 2019-2024⁶²

Background: High-frequency cannabis use is a key cannabis use disorder (CUD) risk factor that also is associated with medical (vs. nonmedical) use. This analysis examined overall and sex- and age-stratified associations between medical cannabis use, use frequency, and CUD outcomes among midlife adults.

Methods: Monitoring the Future Longitudinal Panel study data from 5454 US adults ages 40-60 reporting past 12-month use surveyed in 2019-2024 were used. Logistic regression models examined overall and sex- and age-stratified associations between medical cannabis use and self-reported CUD symptom prevalence, severity, and criteria before and after controlling for use frequency.

Results: Among adults using cannabis, prevalence of any and moderate/severe CUD symptoms was 23.9% and 9.4%, respectively; among those using near-daily (20 + occasions in past 30 days), 49.7% had CUD symptoms. Medical (vs. nonmedical) use was associated with any CUD symptoms (33.8% vs. 22.5%; $p < .001$), moderate/severe symptoms (15.1% vs. 8.7%; $p < .001$), and 10 of the 11 individual CUD criteria ($p = 0.037$ to $<.001$). Controlling for use frequency explained all overall medical (vs. nonmedical) use and CUD associations. Stratification models showed medical use remained associated with tolerance among females but not males ($p = 0.017$ vs. 0.981), and range of CUD outcomes among those ages 55-60 (but not 40-50), including tolerance ($p = 0.007$ vs. 0.826) and moderate/severe CUD symptoms ($p = 0.012$ vs. 0.118).

Discussion: Overall, high-frequency cannabis use-medical or nonmedical-is associated with CUD risk. Even after controlling for use frequency, medical use is associated with tolerance among females and older adults, and moderate/severe CUD symptoms among older adults.

Sleep duration among US adolescents, 1991-2023⁶³

Objectives: We examined trends in adolescent sleep across recent decades in the United States.

Methods: Data were drawn from a nationally representative study, Monitoring the Future, measurement years 1991-2023, which represented cohorts of adolescents born from approximately 1972 to 2011 ($n = 401\ 160$). Outcomes were 2 self-reported survey items, one addressing sleep duration and another on

⁶² Terry-McElrath, Y. M., & Patrick, M. E. (2026). [Cannabis use disorder risk among midlife adults reporting medical and nonmedical cannabis use, 2019-2024](#). *Drug and Alcohol Dependence*, 284, 113178. Advance online publication.

⁶³ Widome, R., Kreski, N. T., Maslowsky, J., Patrick, M. E., & Keyes, K. M. (2026). [Sleep duration among US adolescents, 1991-2023](#). *Pediatrics*, e2025074933. Advance online publication.

subjective sleep sufficiency. Age-period-cohort models were estimated and sociodemographic differences in trends were examined.

Results: Adolescent sleep duration declined with increasing age during every period. Adolescents at every age in the last 10 years were more likely to report inadequate sleep duration compared with teens at those same ages in earlier decades. The period 2021-2023 had the lowest prevalences of getting 7 or more hours of sleep at every age (ranging from 37.2% at age 12 or 13 to 22.3% at 18 or 19). Disparities in sleep duration between non-Hispanic Black and Hispanic/Latino adolescents and their white peers, and between teens whose parents were more vs less educated, emerged and/or grew steadily over time. For instance, Black and white adolescents in 1991-1995 were equally likely to report 7 or more hours of sleep per night (odds ratio [OR] = 0.99 [0.92, 1.07]), but by 2023, Black teens were less likely to report this (OR = 0.79 [0.67, 0.93]).

Conclusions: For decades, adolescents' sleep had been eroding. It is concerning that youth from marginalized sociodemographic groups appear to be at an even greater risk for profoundly short sleep, given that sleep is a resource that confers advantages for health and development.

Appendix A – Prevalence and Trend Estimates Adjusted for Absentees and Dropouts

To what extent do the MTF prevalence and trend estimates derived from 12th graders represent trends among *all* young people in the same class or age cohort, including those who have dropped out of school by senior year as well as those who were absent from school on the day of the survey administration? To address this question, we published an extensive report⁶⁴ that considers the conceptual and empirical issues as they relate to MTF estimates, and this appendix summarizes the main points and updates the empirical analyses to measure the size of possible bias.

We begin by noting that two segments of a given age cohort are missing from the 12th grade data: (a) those who are still enrolled in school but are absent the day of data collection (absentees) and (b) those who have left school and are not likely to complete high school (dropouts). Because refusal rates are very low, absentees and dropouts constitute virtually all nonrespondents.

Nationally, the percentage of absentees increased substantially in 2021, at the height of the social distancing policies for the COVID-19 pandemic.⁶⁵ Up until the 2020 survey, which was completed before the pandemic onset, the absentee rate in 12th grade was about 20%, in 2021 it increased to 31%, and in 2024 it returned closer to pre-pandemic levels at 24% (see [Table 3-1](#)). Adjusting for absentees offers the opportunity to evaluate what role (if any) absentees may have played in estimates of drug use trends after the pandemic. In contrast, there has been little recent trending in the dropout rate, which is currently about 5% of the class/age cohort, a level that has declined gradually and steadily since 2002, when it was 15% and had been at that level since the beginning of the survey in 1975.⁶⁶

The methods we use to estimate prevalence for these two missing segments are summarized briefly here. Then, estimates of the effects of adding the two segments to the calculation of the overall prevalence estimates are presented for the 2024 data, along with their impact on the trends. Four drugs are highlighted for illustrative purposes: cannabis, alcohol, and any illicit drug use—each of which has high levels of use—as well as cocaine, one of the more dangerous and less prevalent drugs. Estimates for 12th graders are presented for both lifetime and 30-day prevalence.

⁶⁴ Johnston, L. D. & O'Malley, P. M. (1985). Issues of validity and population coverage in student surveys of drug use. In B. A. Rouse, N. J. Kozel, & L. G. Richards (Eds.), [Self-report methods of estimating drug use: Meeting current challenges to validity](#). NIDA Research Monograph No. 57 (ADM) 85-1402. Washington, DC: U.S. Government Printing Office.

⁶⁵ The Learning Network. (2024, April 11). [What students are saying about why school absences have 'exploded'](#). *The New York Times*. The White House. (2023, September 13). Chronic absenteeism and disrupted learning require an all-hands-on-deck approach. [Whitehouse.gov](#).

⁶⁶ National Center for Education Statistics. (2023, May). [Status Dropout Rates](#). Condition of Education. U.S. Department of Education, Institute of Education Sciences. Retrieved 5 December 2023.

Corrections for 8th and 10th Grades

Potential underestimation of drug use is likely higher among 12th graders than among 8th and 10th graders because the rates of dropping out and absenteeism are lower for 8th and 10th grades than for 12th grade. With respect to dropping out, only very few members of an age cohort have ceased attending school by grade 8, when most are age 13 or 14. In fact, Census data suggest that less than 2% have dropped out at this stage. Most 10th graders are about age 15, and Census data indicate that only a small proportion—less than 3%—have dropped out by then.⁶⁷ Thus, any correction for the missing dropouts should be negligible at 8th grade and quite small at 10th grade.

While in 2024 absentees comprised 24% of the 12th graders who should be in school, they comprised 15% of 10th graders and 11% of 8th graders (see [Table 3-1](#)). Thus, the prevalence estimate adjustments that would result from corrections for this missing segment would also be less for 8th and 10th graders than for 12th graders.

In sum, it is clear that corrections for dropouts and absentees would be smaller at 8th grade and 10th grade. For this reason, and because the corrections estimated below for 12th graders turn out to be modest ones, we have not made estimates of the comparable corrections for 8th and 10th graders.

The Effects of Missing Absentees

Taking into account the influence on drug prevalence of absentees requires two key estimates: the size of the absentee group and their drug prevalence levels.

The size of the absentee group in 12th grade is reported in Chapter 3 in [Table 3-1](#) and has hovered around 20% over the course of the study up to 2020, with a peak of 30% in 2021 when most school buildings were closed and students were sheltering at home. In 2024, it returned closer to pre-pandemic levels and was at 24%. These students qualify as absentees because they had not formally dropped out of school by the time of the survey and may have still graduated.

Drug prevalence levels of absentees are estimated with available MTF data. We included a question asking students how many days of school they had missed in the previous four weeks. Using this variable, we can place individuals into different strata as a function of how often they tend to be absent from school. For example, all students who had been absent 50% of the time could form one stratum. Assuming that absence on the particular day of administration is a fairly random event, we can give the actual survey

⁶⁷ According to the [Digest of Education Statistics 2023](#), in 2022 the proportion of the U.S. civilian noninstitutionalized population enrolled in school was 97.7% among 10 to 13 year olds and 97.5% among 14 to 15 year olds.

participants in this stratum a double weight to represent all students in their stratum, including the ones who happen to be absent that particular day. Those who say they were absent two thirds of the time would get a weight of three to represent themselves plus the two thirds in their stratum who were not there on the day of the administration, and so forth. Using this method, we found that absentees as a group have appreciably higher than average estimated prevalence levels for all licit and illicit drugs.

The Effects of Missing Dropouts

Taking into account the influence on drug prevalence of 12th graders who have dropped out of school also requires the key estimates: information on the size of this group and its drug prevalence levels.

As for the size of the dropout group, the National Center for Education Statistics currently estimates it is about 5% of the 12th grade age population.³ The size of this group has declined gradually and appreciably since 2002, when it was 15% and had been at that level since the beginning of the survey in 1975 (see [Figure A-1](#)). MTF surveys probably include some 12th grade students who will eventually drop out of school because the surveys of 12th graders take place before graduation, and not quite all will graduate. At the same time, perhaps 1–2% of the age group actually left high school before completing 12th grade but then earned a Certificate of General Education Development (GED) and may not be covered by MTF samples. So these two factors probably cancel each other out. Thus, we used 15% as our estimate of the proportion of an age cohort not covered through 2002; since then, we have used the gradually decreasing annual proportion as reported by the National Center for Education Statistics.

To estimate the drug usage levels for dropouts, we use two quite different approaches. The first approach uses the best national data available on drug use among dropouts—namely the [National Survey on Drug Use and Health](#) (NSDUH, formerly the National Household Surveys on Drug Abuse, or NHSDA). This survey is household-based and not school-based and provides estimates of drug prevalence for dropouts who would have been 12th graders had they remained in school.⁶⁸

We use these NSDUH estimates in two ways. First, using only NSDUH data, we estimate drug prevalence levels with and without the dropouts. Second, with this information, we calculate the absolute difference in prevalence levels attributable to dropouts. We then add this difference to the MTF estimates of drug

⁶⁸ Starting in 2021, NSDUH changed the data it releases on age of participants, which has implications for analysis of dropouts. Prior to 2021, it was possible narrow the NSDUH sample pool to participants age 16, 17, and 18, which are key ages to examine dropouts. However, in 2021+ NSDUH released age data only in groupings of “16–17” and “18–20”, with no way to identify and remove the participants aged 19 and 20. With one exception, our analysis of pre-2021 data showed only negligible differences in drug prevalence estimates of dropouts when using our algorithm with participants age 19 and 20 included in the sample pool. The one exception was cigarette smoking prevalence, which increased substantially. Consequently, we do not include cigarette smoking in these dropout analyses, as we had in previous years.

prevalence for 12th graders who have not dropped out of school to get an estimate for drug prevalence levels including dropouts.

The second approach is based entirely on MTF data. We estimate the drug prevalence level of dropouts to be 1.5 times the difference between absentees and 12th grade respondents. If this approximation works well, then it would be possible to derive drug prevalence estimates for all 12th grade age youth across all years of MTF surveys from 1975 to 2024. NSDUH data does not provide consistent estimates of dropouts for all these years because it was not fielded in all years, and the questions used to measure high school dropout status change substantially across years and are not directly comparable.

Drug Prevalence Estimates Taking Into Account Absentees and Dropouts

[Table A-1](#) presents estimates for drug prevalence among all 12th grade age youth, taking into account dropouts and absentees. These results are based on 2024 data, which are the most recent available from NSDUH.

Columns 1 through 5 use only MTF data to estimate the influence of absentees and dropouts. Adjusting for absentees increases prevalence levels for all drugs to a limited degree, with no difference larger than one percentage point (compare Columns 3 and 1). Adjusting for the additional influence of dropouts (compare Columns 5 and 3) also increases overall prevalence for 12th grade age youth, albeit again to a limited degree with no increase larger than a third of one percentage point.

Columns 6 through 9 use NSDUH data only and focus on the influence of dropouts. For all eight drug use measures, estimates with dropouts (Column 9) and without them (Column 6) are similar and in all cases differ by less than one percentage point. The small size of the dropout group precludes it from having a large impact on overall estimates of drug prevalence levels. For example, levels of lifetime cannabis use are 10 points higher for dropouts as compared to their peers in school, but taking this group into account increases overall prevalence for 12th grade youth by only 0.5 points, from 27.6% to 28.1%.

Columns 10 and 11 use both MTF and NSDUH data to estimate overall prevalence of drug use among 12th grade age youth. This approach estimates the drug use levels of MTF dropouts (Column 10) as drug prevalence levels of MTF students who have not dropped out of high school (Column 3, calculated with MTF data) plus the additional increase in prevalence for dropouts as compared to their peers in school (Column 8, calculated with NSDUH data). Adjustments for dropouts have little effect on overall drug prevalence for 12th grade aged youth, consistent with the other methods discussed above, with no increase larger than 0.3 percentage points (compare Columns 11 and 3).

We highlight two main findings from these results. First, while adjustments for absentees and high school dropouts raise drug prevalence levels, as would be expected, they do not raise them substantially. In no case did the combined influence of these two groups increase prevalence by more than 1.2 percentage points (compared Column 1 with Columns 5 and 11). Even when dropouts and absentees have substantially higher levels of drug prevalence, the small size of these groups precludes them from having a large influence on overall prevalence estimates.

Second, our adjustment to MTF prevalence levels for dropouts using only MTF data matches quite closely parallel adjustments informed by actual data on drug prevalence levels of dropouts based on NSDUH data. These two different approaches produce estimates that differ from each other by a maximum of 0.3 percentage points (compare Columns 11 and 5). These results support MTF-based adjustment for dropouts as reasonable approximations when information from NSDUH is not available.

We should note that there are a number of reasons for dropping out, many of which are not necessarily associated with drug use, including unstable housing and economic hardship, as well as certain learning disabilities and health problems. At the national level, the extreme groups such as those in jail or without a permanent residence are a small proportion of the total age group and probably a small proportion of all dropouts. Thus, regardless of their levels of drug use, their inclusion would not influence the overall prevalence estimates by much, except possibly in the case of low-prevalence drugs such as heroin, crack cocaine, or crystal methamphetamine. We do believe that it is probably impossible to get an entirely accurate survey-based prevalence estimate of use of these drugs—especially an estimate of youth who use them on a regular basis—even with the corrections used in this report (although the trend estimates should be affected less, if at all). For the remaining drugs, we conclude that our estimates based on participating 12th graders, though somewhat low, are nevertheless good approximations for the age group as a whole. And, of course, the samples are selected to be representative of students *in* school, not all persons in an age cohort.

Effects of Omitting Dropouts on Trend Estimates

Whether the omission of dropouts affects the estimates of trends in prevalence is a separate question from the degree to which it affects absolute estimates at a given point in time. The relevant issues parallel those discussed earlier regarding the possible effects on trends of omitting the absentees. Most important is the question of whether the rate of dropping out has changed appreciably because a substantial change would mean that 12th graders who studied in different years would represent noncomparable segments of their whole class/age cohort. The U.S. Census data provided in [Figure A-1](#) indicate a quite stable rate of

dropping out from 1972 to 2002, followed by an increase in high school completion (and hence decline in dropouts).

One possible reason that 12th graders' trend data might deviate from trends for the entire age cohort (including dropouts) would be dropouts showing trends that differed from 12th grade trends. Even then, because of their small numbers, dropouts would have to show dramatically different trends to change the whole age group trend.

One hypothesis occasionally voiced was that more teens were being expelled from school, or voluntarily leaving school, because of their drug use, and that this explained the downturn in the use of many drugs being reported by MTF in the 1980s. However, it is hard to reconcile this hypothesis with the virtually flat (or, if anything, slightly declining) dropout rates reported by the U.S. Census during this period. Further, the reported prevalence of some drugs (e.g., alcohol and narcotics other than heroin) remained remarkably stable throughout those years, and the prevalence of others rose (cocaine until 1987 and amphetamines until 1981). These facts are inconsistent with the hypothesis that there had been an increased rate of departure by the most drug prone. Certainly, more teens leaving school in the 1980s had drug problems than was true in the 1960s. (So did more of those who stayed in.) However, the teens leaving school still seem likely to be very much the same segment of the population, given the degree of association that exists between drug use, deviance, and problem behaviors in general. In recent years, with a decline in dropping out, one might predict an increase in observed usage levels among 12th graders since 2002; this assumes, of course, that everything else was equal and that the higher retention rate involved some staying in school who were more likely to be drug users. However, in the in-school population, there actually was a pattern of decline in the years immediately after 2002, most likely because everything else did not remain equal.

Examples of Trend Estimates for Two Drugs

[Figure A-2](#) provides the prevalence and trend estimates of cannabis and cocaine for both the lifetime and 30-day prevalence periods, showing (a) the original estimates based on participating 12th graders only; (b) the empirically derived, revised estimates based on all 12th graders, including absentees; and (c) estimates for the entire class/age cohort (developed using the assumption that drug use prevalence for dropouts differs from the drug use prevalence for participating 12th graders by 1.5 times the amount that the drug use prevalence for absentees does). Estimates were calculated separately for each year, thus taking into account any differences from year to year in the participation or absentee rates. The dropout rate was taken as a constant 15% of the age group through 2002, then at the declining rates reported by the U.S. Census for each subsequent year through 2023.

As [Figure A-2](#) illustrates, any differences in the slopes of the trend lines between the original and revised estimates are extremely small. The prevalence estimates are higher, of course, but not dramatically so, and certainly not enough to have any serious policy implications. It also may be seen in [Figure A-2](#) that as the dropout rates declined in recent years, the differences between the 12th graders present and the estimates for the total population the same age have narrowed some, but again not so much as to have any serious policy implications.

It is also worth noting that adjusting for absenteeism has little effect on the major declines in drug use that took place after the pandemic onset. For example, lifetime cannabis prevalence among the surveyed 12th grade students dropped by 5.4 points in two years from 2020 to 2022 (from 43.7% to 38.3%). Estimates adjusted for absentees and dropouts show a parallel trend, with a 5.0 point drop from 2020 to 2022 (from 45.4% to 40.4%). These results suggest that substantive factors are the dominant drivers of the changes in adolescent drug prevalence after the pandemic, and any effect of absenteeism on population estimates plays a relatively minor role.

As stated earlier, the corrections for 8th and 10th grade samples should be considerably less than for 12th grade. Therefore, we have confidence that the trends that have appeared for the in-school populations represented in this study are very similar to those for the entire age cohorts.

Summary and Conclusions

While we believe that the prevalence of drug use for the entire age cohort is somewhat underestimated in the MTF results, due to the study's omission of dropouts and absentees (whose substance use levels are above average), the degree of underestimation appears rather limited for most drugs; more importantly, trend estimates are not greatly affected.

Accessible tables and figures for Appendix A can be found on the [MTF accessible dashboard](#).

TABLE A-1

Estimated Prevalence Levels for Selected Drug Outcomes in 2024,

Based on Data from Monitoring the Future and the National Survey on Drug Use and Health

	1	2	3	4	5	6	7	8	9	10	11
	MTF					NSDUH			MTF and NSDUH		
	Seniors Present	Absentees, Estimated	Absent & Present Estimated	Dropouts.	Total	Seniors in School	Dropouts^a	Difference	Combined	Dropouts	Total
Marijuana											
Lifetime	34.4	37.3	35.1	38.7	35.4	27.6	37.8	10.2	28.1	45.3	35.6
30-Day	16.2	18.5	16.8	19.7	17.0	14.1	25.1	11.0	14.7	27.8	17.3
Cocaine											
Lifetime	1.6	1.9	1.7	2.0	1.7	1.0	3.8	2.8	1.1	4.5	1.8
30-Day	0.5	0.5	0.5	0.4	0.5	0.2	1.0	0.8	0.2	1.3	0.5
Any Illicit Drug											
Lifetime	40.7	43.6	41.4	45.1	41.7	32.4	43.7	11.3	33.0	52.7	42.0
30-Day	18.5	21.0	19.1	22.3	19.3	14.8	25.7	10.9	15.3	30.0	19.6
Alcohol Use											
Lifetime	48.7	50.2	49.1	50.9	49.2	40.9	46.2	5.3	41.2	54.4	49.4
30-Day	21.7	23.0	22.0	23.7	22.1	15.8	22.8	7.0	16.2	29.0	22.4

^a Lower prevalence levels in NSDUH versus MTF reflect in part different survey designs; see [here](#) for further details.

Notes: For size of the 12th grade aged population that has dropped out of high school these analyses use the [NCES estimate](#) of 5.0%. Size of group of 12th grade students who were not in school on the date of the MTF survey administration is estimated at 24% (see Table 3-1).

Column 1: Estimated directly from MTF data

Column 2: Estimated directly from MTF data, as described in text

Column 3: Columns 1 and 2 combined per their size as estimated by MTF (see Table 3-1): $.76(\text{Column 1}) + .24(\text{Column 2})$

Column 4: $\text{Column 1} + 1.5(\text{Column 2} - \text{Column 1})$

Column 5: Columns 3 and 4 combined per their size as estimated using the [NCES estimate](#) of 5%: i.e. $.95(\text{Column 3}) + .05(\text{Column 4})$

Column 6: Estimated directly from NSDUH data

Column 7: Estimated directly from NSDUH data, using the NSDUH methodology described [here](#)

Column 8: $\text{Column 7} - \text{Column 6}$

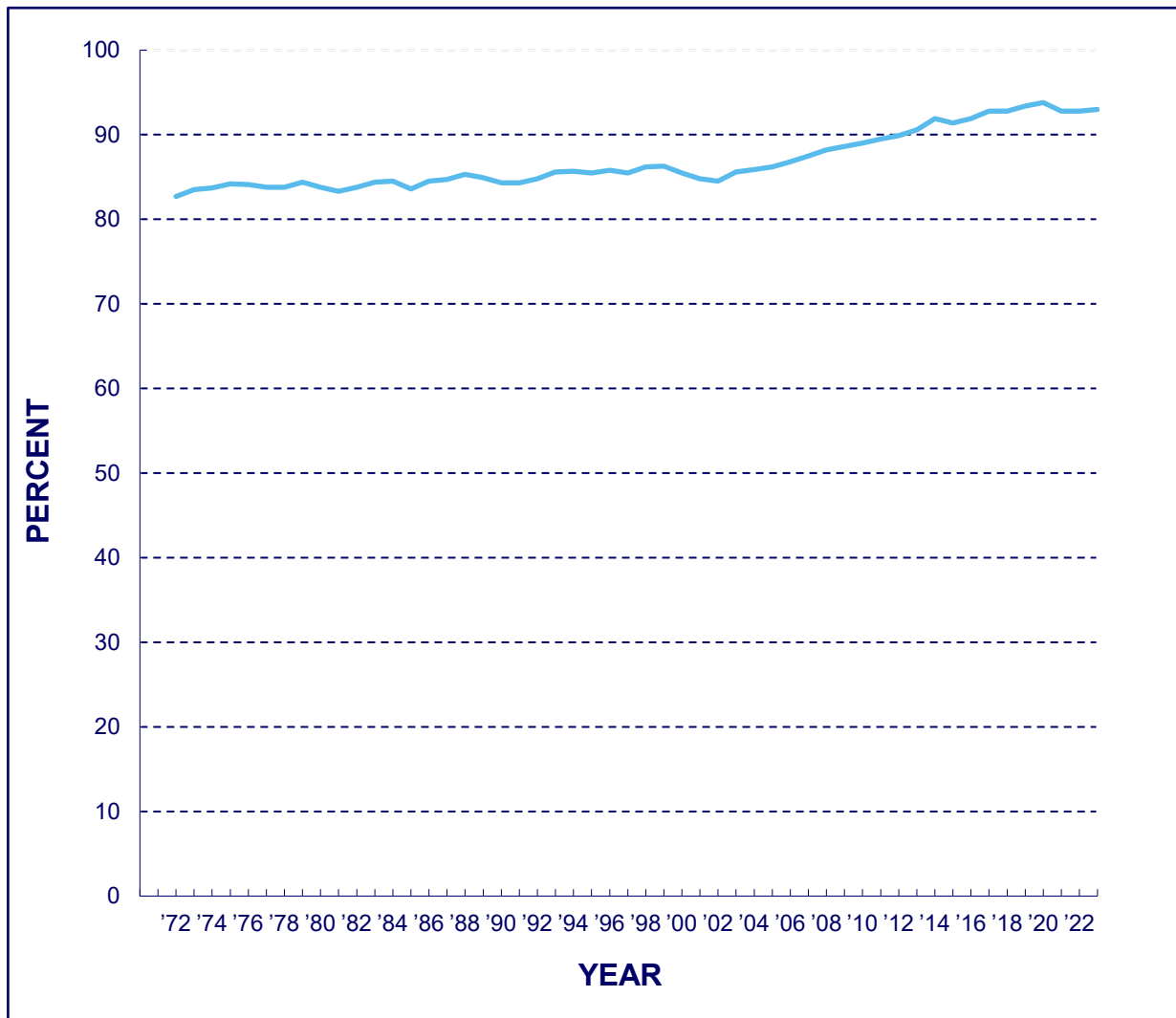
Column 9: Columns 6 and 7 combined per their size as estimated using the [NCES estimate](#) for 2022: $.95(\text{Column 6}) + .05(\text{Column 7})$

Column 10: $\text{Column 3} + \text{Column 8}$

Column 11: Columns 3 and 10 combined per their size as estimated using the [NCES estimate](#) of 5%: i.e., $.95(\text{Column 3}) + .05(\text{Column 10})$



FIGURE A-1
High School Completion by 20- to 24-Year-Olds

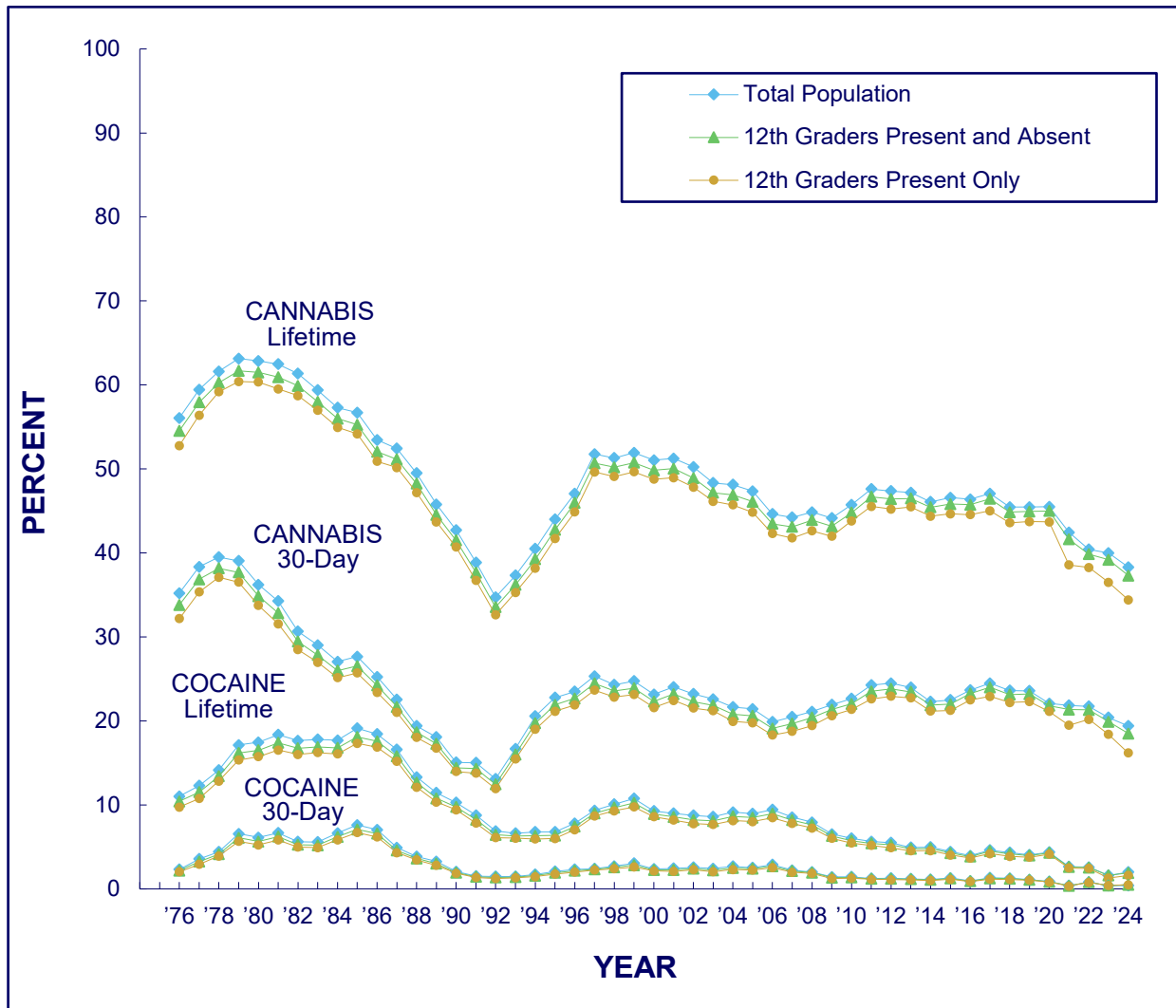


Source. U.S. Census Bureau (most recent data available)

FIGURE A-2

Estimates of Prevalence and Trends for the Entire Age/Class Cohort

(Adjusting for Absentees and Dropouts) for 12th Graders



Appendix B – Definition of Background and Demographic Subgroups

The following are brief definitions of the background and demographic subgroups explored in the Monitoring the Future (MTF) national surveys of 8th, 10th, and 12th graders' attitudes toward and use of drugs (including alcohol and tobacco). Additional information on subgroup trends, such as the tables and figures depicting subgroup trends through the 2023 MTF survey, can be found in [Occasional Paper 99](#).⁶⁹ MTF does not present subgroup trends in 2020 because the pandemic-restricted sample size was insufficient to produce reliable estimates. (Data collection was curtailed in 2020 as a result of the COVID-19 pandemic, resulting in a three-quarters reduction in the sample size.)

Total:

The total sample of respondents in a given year based on weighted cases (set to equal the total number of actual cases).

Sex:

Male and female. Respondents are asked “What is your sex?” with response categories of “Male” and “Female”. In 2021, the question was updated to include an additional response category of “Other or prefer not to answer”. In 2022, the question was further updated so that “other” and “prefer not to answer” were presented as separate response options. These new groups are not included in the demographic subgroup tables because they are too small to support statistical analysis stratified by year.

College Plans:

Respondents are asked how likely it is that they will graduate from a four-year college program.

College plans groupings are defined as follows:

None or under four years. Respondents who indicate they “definitely won’t” or “probably won’t” graduate from a four-year college program. (Note that, among those who do not expect to complete a four-year college program, a number still expect to get some postsecondary education.)

Complete four years. Respondents who indicate they “definitely will” or “probably will” graduate from a four-year college program.

Those not answering the college plans question are omitted from both groupings.

⁶⁹ Johnston, L. D., Miech, R. A., Patrick, M. E., & O’Malley, P. M. (2024). [Demographic subgroup trends among adolescents in the use of various licit and illicit drugs, 1975-2023](#). Monitoring the Future Occasional Paper No. 101. Ann Arbor, MI: Institute for Social Research, University of Michigan.

Region:

Region of the country in which the respondent’s school is located. There are four mutually exclusive regions in the U.S. based on Census Bureau categories, defined as follows:

Northeast. Census classifications of New England and Middle Atlantic states consist of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania.

Midwest. Census classifications of East North Central and West North Central states consist of Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas.

South. Census classifications of South Atlantic, East South Central, and West South Central states consist of Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas.

West. Census classifications of Mountain and Pacific states consist of Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, and California (Alaska and Hawaii are also included in this Census region but are not included in the MTF study).

Population:

Population density of the area in which the schools are located. MTF classifies all schools into three mutually-exclusive groups: urban, suburban, and rural.

Information for classification of population density comes from the National Center for Educational Statistics (NCES). It provides maps of the U.S. that classify all territories into the four types of City, Suburban, Town, and Rural, each of which is itself divided into three further subtypes.⁷⁰ To use these maps, MTF located the longitude and latitude of each school on the NCES maps and assigned the corresponding population density value.

Urban. MTF schools are classified as urban if they are located in the following NCES areas:

NCES Code	NCES Description
11	City – Large
12	City – Midsize
13	City – Small

⁷⁰ <https://nces.ed.gov/programs/edge/Geographic/LocaleBoundaries>

Suburban. MTF schools are classified as suburban if they are located in the following NCES areas:

NCES Code	NCES Description
21	Suburban – Large
22	Suburban – Midsize
23	Suburban – Small
31	Town – Fringe
32	Town – Distant
33	Town – Remote
41	Rural – Fringe

Rural. MTF schools are classified as suburban if they are located in the following NCES areas:

NCES Code	NCES Description
42	Rural – Distant
43	Rural – Remote

MTF’s use of NCES data to classify the population density of school areas commenced in 2024, and this grouping is not directly comparable to the density classification of previous years. Before 2024, population density was based on the school county’s U.S. Standard Metropolitan Statistical Areas (SMSA), as defined by the U.S. Office of Management and Budget (see Appendix B from previous [years](#) for a detailed description).

Parental Education:

This is a dichotomous variable with a value of 1 if either parent has a college degree and a value of 0 if neither parent has a college degree.

Race/Ethnicity:

From 1975 through 2004, respondents were asked “How do you describe yourself?” and presented with a list of various racial/ethnic categories. A general instruction told them to select the one best response for each question. In 2005, the instructions in half of the questionnaire forms were revised in order to be more consistent with the guidelines of the Office of Management and Budget for assessing race/ethnicity. In the changed forms, respondents were presented with a list of racial/ethnic categories and instructed to “select one or more responses”. In 2005, relatively few respondents (about 6%) selected more than one racial/ethnic category, and internal analyses suggested this change had only minor effects on estimates in that year. In 2006 and thereafter, the revised instruction was used in all forms. The group

that selected one or more responses has since grown and in 2024 was about 15% of the population in 8th grade, in 10th grade, and in 12th grade.

Hispanic. Consists of those respondents who in 1975–1990 described themselves as Mexican American or Chicano, or Puerto Rican or other Latin American. After 1990, this group includes those respondents who described themselves as Mexican American or Chicano, Cuban American, Puerto Rican American, or other Latin American. The term “Puerto Rican American” was shortened to “Puerto Rican” after 1994.

Non-Hispanic:

White. Consists of those respondents who described themselves as White or Caucasian (from 1975 forward), or as Middle Eastern (response category first added in 2021). For the revised question in 2005 and for all forms in 2006 and beyond, those who checked these categories and no other racial/ethnic group were categorized as White.

Black/African American. Consists of those respondents who in 1975–1990 described themselves as Black or Afro American or who, in 1991–2004, described themselves as Black or African American. In 2005, the unchanged questionnaire forms were treated in a similar manner; for the revised question in 2005 and for all forms in 2006 and beyond, only those checking Black or African American and no other racial ethnic group were categorized as Black/African American.

Multiple race/ethnicity. Respondents who marked more than one racial/ethnic category in 2006 or afterwards.

Appendix C – Trends in Drug Use for Three Grades Combined

[Tables C-1 through C-4](#) present detailed estimates of drug prevalence of the three grades combined from 1991 to 2025 (data were first gathered on all three grades in 1991). These trends often differ from the parallel trends in specific grades, which can substantially vary from each other in terms of magnitude, direction, and significance levels. The results for the three combined grades are weighted so that they represent the total number of students in the 48 contiguous states and the District of Columbia who are enrolled in each of the three grade levels each year. Only drugs reported for all three grades are included in the figures and tables in this appendix. For example, drugs such as ***prescription opioid medications (not prescribed)*** and ***prescription sleeping medications (not prescribed)*** are not included here because information on these drugs is reported only for 12th grade students (see [Chapter 5](#)).

[Figures C-1 through C-3](#) provide graphical representations of trends in selected drugs. In [Chapter 5](#), these trends are presented separately by grade and discussed in detail.

Accessible tables for Appendix C can be found on the [MTF accessible dashboard](#).

TABLE C-1

**Trends in Lifetime Prevalence of Use of Various Drugs
for Grades 8, 10, and 12 Combined**

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Cannabis⁵	22.6	21.1	23.5	27.8	31.6	35.6	37.7	36.5	36.4	35.2	35.3	34.0	32.4	31.3	30.8	29.0	27.8	27.8
Hallucinogens other than LSD	2.4	2.5	2.8	3.6	3.9	4.8	4.9	4.8	4.4	4.5‡	6.6	6.0	5.8	5.6	5.4	5.2	5.1	4.8
Prescription Stimulant Medications (Amphetamines)^{1,4}	12.9	12.6	13.8	14.2	15.3	15.5	15.2	14.5	14.0	13.5	13.9	13.1	11.8	11.2	10.3	10.1	9.5	8.6
Prescription Anti-Anxiety Medications (Tranquilizers)⁴	5.5	5.3	5.4	5.5	5.8	6.5	6.6	6.9	7.0	6.9‡	7.9	7.9	7.3	7.0	6.8	7.1	6.7	6.3
Alcohol	80.3	79.3‡	68.6	68.5	68.3	68.5	68.9	67.6	66.5	66.8	65.7	62.8	61.8	60.5	58.7	57.2	56.4	55.2
Been drunk	46.4	45.0	44.7	44.4	44.6	45.3	45.6	43.9	43.8	43.9	43.3	40.4	38.8	39.2	38.2	37.8	36.4	35.0
Flavored alcoholic beverages	—	—	—	—	—	—	—	—	—	—	—	—	—	55.2	55.1	53.9	51.8	49.8
Cigarettes	53.5	53.0	54.0	54.6	55.8	57.8	57.4	56.0	54.6	51.8	49.1	44.2	40.9	39.6	37.4	35.1	33.4	31.3
Smokeless tobacco	—	26.4	25.8	26.4	26.2	25.9	23.0	21.4	19.2	18.1	16.8	15.3	14.2	13.7	13.8	13.4	13.0	12.4
Vaping nicotine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping flavored cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping just flavoring	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nicotine pouches	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE C-1 (cont.)

**Trends in Lifetime Prevalence of Use of Various Drugs
for Grades 8, 10, and 12 Combined**

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ^c	2020	2021	2022	2023	2024	2025	2024–2025 change
Cannabis⁵	28.9	30.4	31.4	30.7	32.0	30.5	29.9	28.5	29.2	29.5	30.6	30.1	23.0	23.9	23.2†	23.2	23.0	-0.2
Hallucinogens other than LSD	4.7	5.0	5.0	4.3	4.1	3.5	3.1	3.0	2.9	2.8	3.1	3.3	3.0	3.2	3.4	3.7	3.7	+0.1
Prescription Stimulant Medications (Amphetamines)^{1,4}	8.6	8.9	8.7	8.3	10.5‡	9.7	9.1	8.1	7.7	7.7	7.6	7.8	5.3	5.6	5.0‡	6.4	6.0	-0.4
Prescription Anti-Anxiety Medications (Tranquilizers)⁴	6.5	6.6	6.1	5.8	5.2	5.3	5.2	5.5	5.6	5.4	5.3	5.2	2.8	3.0	2.5‡	5.5	4.9	-0.7
Alcohol	54.7	53.7	52.2	50.1	48.5	46.6	45.2	41.9	41.7	41.2	41.5	43.7	36.3	41.9	35.8	32.9	31.4	-1.5
Been drunk	35.7	34.0	32.9	32.6	31.5	29.2	28.0	26.1	25.7	25.2	24.7	26.0	20.7	20.5	18.5	18.0	16.1	-1.9
Flavored alcoholic beverages	48.5	46.8	45.5	43.4	41.9	39.6	37.9	34.1	33.8	34.8	30.9	32.7	26.8	30.0	27.6	20.6	22.7	+2.1
Cigarettes	31.2	30.9	29.0	27.0	25.6	23.0	21.1	18.2	17.0	16.0	15.3	16.1	11.4	10.9	9.9	9.4	9.4	0.0
Smokeless tobacco	13.6	14.6	14.0	13.6	12.9	12.2	11.4	10.4	8.8	8.9	8.7	12.1	6.1	6.7	6.0	5.4	5.0	-0.3
Vaping nicotine	—	—	—	—	—	—	—	—	18.8	25.1	32.3	34.9	27.5	27.7	24.9	23.1	22.1	-1.0
Vaping cannabis	—	—	—	—	—	—	—	—	8.5	11.7	18.1	20.0	15.9	17.6	16.7	15.8	15.0	-0.8
Vaping flavored cannabis	—	—	—	—	—	—	—	—	—	—	—	—	6.4	7.6	8.8	8.4	7.8	-0.6
Vaping just flavoring	—	—	—	—	—	—	—	—	24.9	28.2	25.4	24.9	18.8	18.2	17.2	14.4	14.1	-0.3
Nicotine pouches	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.4	3.9	5.4	+1.5 ss

(Table continued on next page.)

TABLE C-1 (cont.)

Trends in Lifetime Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined

Notes: ' – ' indicates data not available. ' ‡ ' indicates a change in the question text.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

¹In 2013, for the questions on the use of amphetamines, the text was changed on two of the questionnaire forms for 8th and 10th graders and four of the questionnaire forms for 12th graders. This change also impacted the any illicit drug indices. Data presented here include only the changed forms beginning in 2013.

²In 2014, the text was changed on one of the questionnaire forms for 8th, 10th, and 12th graders to include "molly" in the description. The remaining forms were changed in 2015. Data for both versions of the question are presented here.

³Drug prevalence results in 2019 combine results from paper-and-pencil surveys with those completed using electronic tablets. In 2019, students in a randomly-selected half of schools completed MTF surveys on paper-and-pencil and students in the other half completed the surveys using electronic tablets. Analysis of this randomized controlled trial demonstrated that these results did not significantly differ across survey mode (Miech, R.A., Couper, M.P., Heeringa, S.G., and Patrick, M.E. The Impact of Survey Mode on US National Estimates of Adolescent Drug Prevalence: Results from a Randomized Controlled Study, *Addiction*).

⁴In 2024, we undertook an experimental revision of the survey text on half of the survey forms for all three grades. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquillizers" was changed to "prescription anti-anxiety medications". The 2024 estimate is based on the updated version of the questions; N is one half of N indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; N is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024. Any illicit drug, any illicit drug other than cannabis, and any illicit drug including inhalants have been handled in a parallel manner.

⁵In 2024, we undertook an experimental revision of the survey text for this question on half of the survey forms. For 8th graders only, 2024 data is based on the updated version of the question. N is one half of N indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; N is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024.



TABLE C-2
Trends in Annual Prevalence of Use of Various Drugs
for Grades 8, 10, and 12 Combined

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Any Illicit Drug ^{2,6}	20.1	19.7	23.1	27.6	31.0	33.6	34.0	32.2	31.9	31.4	31.8	30.1	28.3	27.5	27.0	25.9	24.8	24.9
Any Illicit Drug other than Cannabis ^{2,6}	12.0	12.0	13.6	14.6	16.4	17.0	16.8	15.8	15.6	15.3‡	16.3	14.6	13.7	13.5	13.1	12.8	12.4	11.8
Any Illicit Drug including Inhalants ^{2,6}	24.7	24.4	27.9	32.4	34.2	36.6	36.8	35.0	35.1	34.1	34.3	32.3	30.8	30.1	30.1	28.8	27.6	27.7
Cannabis ⁵	15.0	14.3	17.7	22.5	26.1	29.0	30.0	28.2	27.9	27.2	27.5	26.1	24.5	23.7	23.4	22.1	21.3	21.5
Cannabis products containing Hemp	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inhalants	7.6	7.8	8.9	9.6	10.2	9.9	9.2	8.5	7.9	7.7	7.0	6.1	6.2	6.8	7.0	6.9	6.4	6.4
Hallucinogens	3.8	4.2	4.8	5.3	6.7	7.3	7.0	6.4	6.2	5.5‡	6.0	4.5	4.1	4.1	3.9	3.6	3.8	3.9
LSD	3.4	3.8	4.3	4.7	5.9	6.3	6.0	5.3	5.3	4.5	4.1	2.4	1.6	1.6	1.5	1.4	1.6	1.9
Hallucinogens other than LSD	1.3	1.4	1.7	2.2	2.7	3.2	3.2	3.1	2.9	2.9‡	4.0	3.7	3.6	3.6	3.4	3.2	3.3	3.2
Ecstasy (MDMA) ³	—	—	—	—	—	3.8	3.4	2.9	3.7	5.3	6.0	4.8	3.1	2.6	2.4	2.7	3.1	2.9
Cocaine	2.2	2.1	2.3	2.8	3.3	4.0	4.3	4.5	4.5	3.9	3.5	3.6	3.3	3.5	3.5	3.5	3.4	2.9
Crack	1.0	1.1	1.2	1.5	1.8	2.0	2.1	2.4	2.2	2.0	1.9	2.0	1.8	1.7	1.7	1.5	1.5	1.3
Heroin	0.6	0.7	0.6	0.9	1.2	1.3	1.3	1.3	1.3	1.3	1.0	1.0	0.8	0.9	0.9	0.8	0.9	0.8
OxyContin	—	—	—	—	—	—	—	—	—	—	—	2.7	3.2	3.3	3.4	3.5	3.5	3.4
Vicodin	—	—	—	—	—	—	—	—	—	—	—	6.0	6.5	5.7	5.7	6.4	6.2	6.2
Fentanyl	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prescription Stimulant Medications (Amphetamines) ^{2,6}	7.5	7.3	8.4	9.1	10.0	10.4	10.1	9.3	9.1	9.2	9.6	8.9	8.0	7.6	7.0	6.8	6.4	5.8
Ritalin	—	—	—	—	—	—	—	—	—	—	4.2	3.8	3.5	3.5	3.3	3.5	2.8	2.6
Adderall	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Methamphetamine	—	—	—	—	—	—	—	—	4.1	3.6	3.4	3.2	3.0	2.6	2.4	2.0	1.5	1.3
Prescription Anti-Anxiety Medications (Tranquilizers) ⁶	2.8	2.8	2.9	3.1	3.7	4.1	4.2	4.4	4.4	4.5‡	5.5	5.3	4.8	4.8	4.6	4.7	4.5	4.3
OTC Cough/Cold Medicines	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.3	5.0	4.7
Rohypnol	—	—	—	—	—	1.1	1.1	1.2	0.8	0.7	0.9‡	0.8	0.7	0.9	0.7	0.7	0.8	0.7
Alcohol	67.5	66.4‡	60.0	60.7	60.5	61.1	61.5	59.9	59.2	59.5	58.4	55.4	54.6	54.0	52.0	51.0	50.3	48.8
Been drunk	36.0	34.5	34.5	35.2	36.1	36.9	36.9	35.4	36.2	35.9	35.0	32.0	31.1	32.3	30.7	30.9	29.6	28.1
Flavored alcoholic beverages	—	—	—	—	—	—	—	—	—	—	—	—	—	44.9	44.3	43.1	41.2	39.4
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping nicotine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping flavored cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping just flavoring	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Metatine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Snus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nicotine pouches	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prescription Weight Loss Drugs Under Supervision of Medical Professional	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prescription Weight Loss Drugs Not Under Supervision of Medical Professional	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids	1.1	1.1	1.0	1.2	1.3	1.1	1.2	1.3	1.7	1.9	2.0	2.0	1.7	1.7	1.3	1.2	1.1	1.1

(Table continued on next page.)

TABLE C-2 (cont.)

**Trends in Annual Prevalence of Use of Various Drugs
for Grades 8, 10, and 12 Combined**

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ⁴	2020	2021	2022	2023	2024	2025	2024–2025 change
Any Illicit Drug^{2,6}	25.9	27.2	27.9	27.1	28.6‡	27.2	26.7	25.2	26.3	26.9	27.6	27.2	19.8	21.3	20.5‡	21.9	21.1	-0.8
Any Illicit Drug other than Cannabis^{2,6}	11.6	11.7	11.4	10.8	11.4‡	10.9	10.5	9.7	9.3	9.2	8.9	9.2	5.6	6.1	5.7‡	9.2	9.1	-0.1
Any Illicit Drug including Inhalants^{2,6}	28.5	29.6	30.2	29.1	30.5‡	28.6	28.4	26.2	28.3	28.7	29.0	29.2	21.3	23.0	22.0‡	22.8	22.6	-0.1
Cannabis⁵	22.9	24.4	25.3	24.7	25.8	24.2	23.7	22.5	23.8	24.2	25.1	24.5	17.8	19.1	18.1‡	16.8	16.2	-0.6
Cannabis products containing Hemp	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.6	—
Inhalants	6.1	6.0	5.0	4.5	3.8	3.6	3.2	2.7	2.9	2.9	3.2	3.4	2.9	2.6	2.8	2.7	2.8	+0.1
Hallucinogens	3.5	3.9	3.8	3.3	3.1	2.8	2.8	2.8	2.8	2.8	3.0	3.4	2.4	2.5	2.6	2.3	2.6	+0.3
LSD	1.6	1.8	1.8	1.6	1.6	1.7	1.9	2.0	2.1	2.0	2.2	2.5	1.5	1.4	1.0	0.7	1.1	+0.4 ss
Hallucinogens other than LSD	3.0	3.3	3.1	2.7	2.5	2.1	1.9	1.8	1.8	1.7	1.9	2.0	1.7	2.0	2.2	2.1	2.1	0.0
Ecstasy (MDMA)³	3.0	3.8	3.8	2.6	2.9‡	3.4	2.4	1.8	1.7	1.5	1.6	1.3	0.8	0.9	0.6	0.5	0.7	+0.2 s
Cocaine	2.5	2.2	2.0	1.9	1.8	1.6	1.7	1.4	1.6	1.5	1.4	1.4	0.7	0.7	0.5	0.5	0.9	+0.4 sss
Crack	1.2	1.1	1.0	0.9	0.8	0.7	0.8	0.6	0.7	0.6	0.7	0.6	0.4	0.5	0.3	0.7	0.7	0.0
Heroin	0.8	0.8	0.7	0.6	0.6	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.3	0.3	0.2	0.6	+0.4 sss
OxyContin	3.9	3.8	3.5	2.9	3.0	2.4	2.4	2.1	1.9	1.8	1.7	1.4	0.9	1.1	0.6	0.9	0.9	-0.1
Vicodin	6.6	5.9	5.2	4.3	3.7	3.1	2.6	1.8	1.4	1.1	1.0	0.9	0.6	1.0	0.6	0.9	0.9	0.0
Fentanyl	—	—	—	—	—	—	—	—	—	—	—	1.2	0.4	0.7	0.6	0.4	0.6	+0.2 s
Prescription Stimulant Medications (Amphetamines)^{2,6}	5.9	6.2	6.0	5.7	7.0‡	6.6	6.2	5.4	5.0	5.0	4.6	4.6	2.7	3.1	2.6‡	3.3	3.3	0.0
Ritalin	2.5	2.3	2.2	1.7	1.7	1.5	1.4	1.1	0.8	0.8	0.9	1.1	0.5	0.8	0.6	0.9	0.7	-0.2
Adderall	4.3	4.5	4.2	4.5	4.4	4.2	4.6	3.9	3.6	3.5	3.1	3.3	1.7	2.9	1.9	2.0	2.3	+0.3
Methamphetamine	1.3	1.3	1.2	1.0	1.0	0.8	0.6	0.5	0.5	0.5	0.5	0.7	0.2	0.4	0.3	0.3	0.6	+0.3 s
Prescription Anti-Anxiety Medications (Tranquilizers)⁶	4.5	4.4	4.0	3.7	3.3	3.4	3.4	3.5	3.6	3.3	3.1	2.7	1.2	1.5	1.0‡	3.2	2.8	-0.5
OTC Cough/Cold Medicines	5.2	4.8	4.5	4.4	4.0	3.3	3.1	3.2	3.0	3.2	2.8	3.7	2.7	3.2	3.1	3.7	4.2	+0.4
Rohypnol	0.6	0.8	0.9	0.7	0.6	0.5	0.5	0.7	0.5	0.4	0.5	0.9	0.2	0.3	0.1	0.3	0.4	0.0
Alcohol	48.5	47.5	45.9	44.4	42.9	40.9	39.9	36.7	36.7	36.1	35.9	38.1	30.2	32.4	30.1	26.7	25.0	-1.7
Been drunk	28.6	27.0	26.3	26.2	25.3	23.6	22.4	20.5	20.1	19.7	19.2	21.7	15.2	15.4	13.8	13.1	11.9	-1.2
Flavored alcoholic beverages	38.4	36.1	34.5	33.0	31.9	30.1	29.2	25.6	26.1	26.5	24.9	26.5	19.9	22.7	21.5	15.4	17.1	+1.7
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.2	4.3	+0.1
Vaping nicotine	—	—	—	—	—	—	—	—	13.9	21.5	27.3	27.0	19.2	19.7	17.3	15.3	14.2	-1.1
Vaping cannabis	—	—	—	—	—	—	—	—	6.8	9.9	15.6	16.2	11.6	13.6	12.9	11.5	10.4	-1.2
Vaping flavored cannabis	—	—	—	—	—	—	—	—	—	—	—	—	4.7	6.0	7.1	6.4	5.5	-0.9
Vaping just flavoring	—	—	—	—	—	—	—	—	17.2	21.7	18.6	15.8	10.0	10.4	9.9	8.0	7.5	-0.5
Metatine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	—
Snus	—	—	—	5.7	4.9	4.1	3.9	3.6	2.6	3.1	2.2	2.6	1.6	1.6	1.2	1.7	2.0	+0.3
Nicotine pouches	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.8	3.3	3.5	+0.2
Prescription Weight Loss Drugs Under Supervision of Medical Professional	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.8	—
Prescription Weight Loss Drugs Not Under Supervision of Medical Professional	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.1	—
Steroids	1.0	0.9	0.9	0.9	0.9	0.9	1.0	0.8	0.8	0.8	0.9	1.1	0.4	0.8	0.6	0.8	0.9	+0.2

(Table continued on next page.)

TABLE C-2 (cont.)

Trends in Annual Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined

Notes. '–' indicates data not available. '‡' indicates a change in the question text.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

¹Question was discontinued among 8th and 10th graders in 2012.

²In 2013, for the questions on the use of amphetamines, the text was changed on two of the questionnaire forms for 8th and 10th graders and four of the questionnaire forms for 12th graders. This change also impacted the any illicit drug indices. Data presented here include only the changed forms beginning in 2013.

³In 2014, the text was changed on one of the questionnaire forms for 8th, 10th, and 12th graders to include "molly" in the description. The remaining forms were changed in 2015. Data for both versions of the question are presented here.

⁴Drug prevalence results in 2019 combine results from paper-and-pencil surveys with those completed using electronic tablets. In 2019, students in a randomly-selected half of schools completed MTF surveys on paper-and-pencil and students in the other half completed the surveys using electronic tablets. Analysis of this randomized controlled trial demonstrated that these results did not significantly differ across survey mode (Miech, R.A., Couper, M.P., Heeringa, S.G., and Patrick, M.E. The Impact of Survey Mode on US National Estimates of Adolescent Drug Prevalence: Results from a Randomized Controlled Study, *Addiction*).

⁵In 2024, we undertook an experimental revision of the survey text for this question on half of the survey forms. For 8th graders only, 2024 data is based on the updated version of the question. N is one half of N indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; N is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024.

⁶In 2024, we undertook an experimental revision of the survey text on half of the survey forms for all three grades. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". The 2024 estimate is based on the updated version of the questions; N is one half of N indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; N is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024. Any illicit drug, any illicit drug other than cannabis, any illicit drug including inhalants, and any prescription drug use have been handled in a parallel manner.



TABLE C-3
Trends in 30-Day Prevalence of Use of Various Drugs
for Grades 8, 10, and 12 Combined

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Cannabis⁵	8.3	7.7	10.2	13.9	15.6	17.7	17.9	16.9	16.9	16.3	16.6	15.3	14.8	13.6	13.4	12.6	12.3	12.4
Cannabis products containing Hemp	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hallucinogens other than LSD	0.5	0.5	0.7	0.9	1.0	1.2	1.2	1.2	1.1	1.1‡	1.5	1.4	1.2	1.2	1.2	1.1	1.2	1.1
Prescription Stimulant Medications (Amphetamines)^{1,4}	3.0	3.2	3.8	4.1	4.5	4.8	4.5	4.3	4.2	4.6	4.7	4.4	3.9	3.6	3.3	3.1	3.2	2.6
Prescription Anti-Anxiety Medications (Tranquilizers)⁴	1.1	1.1	1.1	1.3	1.6	1.7	1.7	1.9	1.9	2.1‡	2.2	2.4	2.2	2.2	2.1	2.1	2.1	1.9
Alcohol	40.0	38.5‡	36.5	37.7	37.9	38.9	38.8	37.6	37.4	36.8	35.7	33.3	33.3	32.9	31.4	31.2	30.2	28.2
Been drunk	19.4	17.9	18.3	19.4	20.5	20.5	21.2	20.3	20.7	20.4	19.6	17.3	17.7	18.0	16.9	17.5	16.4	14.8
Flavored alcoholic beverages	—	—	—	—	—	—	—	—	—	—	—	—	—	23.3	21.8	22.2	20.6	18.8
Cigarettes	20.8	21.2	23.4	24.7	26.6	28.3	28.3	27.0	25.2	22.6	20.3	17.6	16.6	16.1	15.3	14.4	13.6	12.6
Smokeless tobacco	—	9.3	9.2	9.7	9.7	8.5	8.1	7.0	6.4	5.9	6.2	5.2	5.3	5.2	5.4	5.1	5.2	4.9
Vaping nicotine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping flavored cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping just flavoring	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Large Cigars	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Flavored Little Cigars	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Regular Little Cigars	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tobacco using a hookah	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nicotine pouches	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(Table continued on next page.)

TABLE C-3 (cont.)

**Trends in 30-Day Prevalence of Use of Various Drugs
for Grades 8, 10, and 12 Combined**

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³	2020	2021	2022	2023	2024	2025	2024–2025 change
Cannabis⁵	13.8	14.8	15.4	15.1	15.6	14.4	13.9	13.7	14.4	14.6	15.6	14.5	10.9	12.1	11.0‡	10.3	10.1	-0.2
Cannabis products containing Hemp	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	—
Hallucinogens other than LSD	1.0	1.2	1.0	0.9	0.8	0.7	0.6	0.5	0.6	0.6	0.7	0.8	0.5	0.6	0.8	0.7	0.7	0.0
Prescription Stimulant Medications (Amphetamines)^{1,4}	2.7	2.7	2.8	2.5	3.2‡	3.2	2.7	2.5	2.2	2.2	2.2	2.0	1.4	1.5	1.3‡	1.9	1.9	+0.1
Prescription Anti-Anxiety Medications (Tranquilizers)⁴	1.9	1.9	1.7	1.5	1.5	1.5	1.5	1.4	1.4	1.2	1.2	1.0	0.5	0.6	0.4‡	2.1	1.7	-0.4 s
Alcohol	28.5	26.9	26.0	26.0	24.4	22.7	21.8	19.8	19.9	18.6	18.2	20.7	15.1	15.6	14.4	12.6	12.2	-0.4
Been drunk	15.1	14.5	13.7	14.6	13.4	11.9	10.9	10.0	9.7	8.9	9.2	10.3	7.2	7.5	6.1	6.0	5.1	-0.9
Flavored alcoholic beverages	18.2	17.1	15.6	15.1	14.3	13.1	13.0	11.0	12.4	11.6	11.3	11.8	9.0	11.2	9.6	7.3	7.9	+0.6
Cigarettes	12.7	12.8	11.9	10.6	9.6	8.0	7.0	5.8	5.4	4.6	3.7	4.2	2.3	2.1	2.1	1.6	1.7	+0.1
Smokeless tobacco	6.1	6.6	6.0	5.6	5.7	5.5	4.7	4.2	3.5	3.4	3.1	5.0	1.9	2.3	2.2	2.4	2.2	-0.2
Vaping nicotine	—	—	—	—	—	—	—	—	7.5	14.2	18.1	17.9	13.2	13.8	11.8	10.1	10.2	+0.1
Vaping cannabis	—	—	—	—	—	—	—	—	3.6	5.7	10.1	9.2	7.8	9.6	8.7	7.8	7.2	-0.6
Vaping flavored cannabis	—	—	—	—	—	—	—	—	—	—	—	—	3.3	4.5	4.9	4.5	4.1	-0.3
Vaping just flavoring	—	—	—	—	—	—	—	—	8.0	11.5	9.6	8.6	6.1	6.8	6.4	5.2	5.1	-0.1
Large Cigars	—	—	—	—	—	4.0	4.2	3.3	3.1	3.2	2.6	1.7	1.4	1.1	1.0	0.9	0.9	+0.1
Flavored Little Cigars	—	—	—	—	—	7.4	7.1	5.6	5.3	5.5	4.3	3.0	1.6	1.6	1.3	0.9	1.0	+0.1
Regular Little Cigars	—	—	—	—	—	4.5	4.9	3.6	3.6	3.4	2.9	2.3	1.2	1.3	1.0	0.9	0.7	-0.1
Tobacco using a hookah	—	—	—	—	—	—	—	4.2	3.4	2.7	2.5	1.6	1.1	1.3	0.8	0.8	0.8	-0.1
Nicotine pouches	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.0	1.8	2.1	+0.2

(Table continued on next page.)

TABLE C-3 (cont.)

Trends in 30-Day Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined

Notes. ' – ' indicates data not available. ' ‡ ' indicates a change in the question text.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

¹In 2013, for the questions on the use of amphetamines, the text was changed on two of the questionnaire forms for 8th and 10th graders and four of the questionnaire forms for 12th graders. This change also impacted the any illicit drug indices.

Data presented here include only the changed forms beginning in 2013.

²In 2014, the text was changed on one of the questionnaire forms for 8th, 10th, and 12th graders to include "molly" in the description. The remaining forms were changed in 2015. Data for both versions of the question are presented here.

³Drug prevalence results in 2019 combine results from paper-and-pencil surveys with those completed using electronic tablets. In 2019, students in a randomly-selected half of schools completed MTF surveys on paper-and-pencil and students in the other half completed the surveys using electronic tablets. Analysis of this randomized controlled trial demonstrated that these results did not significantly differ across survey mode (Miech, R.A., Couper, M.P., Heeringa, S.G., and Patrick, M.E. The Impact of Survey Mode on US National Estimates of Adolescent Drug Prevalence: Results from a Randomized Controlled Study, *Addiction*).

⁴In 2024, we undertook an experimental revision of the survey text on half of the survey forms for all three grades. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". The 2024 estimate is based on the updated version of the questions; N is one half of N indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; N is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024. Any illicit drug, any illicit drug other than cannabis, and any illicit drug including inhalants have been handled in a parallel manner.

⁵In 2024, we undertook an experimental revision of the survey text for this question on half of the survey forms. For 8th graders only, 2024 data is based on the updated version of the question. N is one half of N indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; N is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024.



TABLE C-4

Trends in Daily Prevalence of Use of Selected Drugs and Heavy Use of Alcohol and Tobacco for Grades 8, 10, and 12 Combined

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Cannabis²	0.9	0.9	1.2	2.1	2.7	3.2	3.4	3.4	3.5	3.5	3.7	3.5	3.4	3.0	2.9	2.8	2.7	2.8
Alcohol	1.8	1.7†	2.0	1.8	2.0	2.1	2.1	2.2	2.0	1.7	2.0	1.9	1.7	1.5	1.5	1.6	1.6	1.4
5+ drinks in a row in last 2 weeks	20.2	19.1	19.6	20.4	21.2	22.0	22.0	21.6	21.8	21.3	20.5	19.0	18.7	18.8	17.6	17.5	17.3	15.6
Been drunk	0.4	0.4	0.5	0.6	0.7	0.7	0.9	0.8	0.9	0.7	0.7	0.6	0.7	0.7	0.6	0.7	0.6	0.6
Cigarettes	12.4	11.9	13.5	14.0	15.5	16.8	16.9	15.4	15.1	13.4	11.7	10.2	9.3	9.0	8.0	7.6	7.1	6.4
1/2 pack+/day	6.5	6.1	6.9	7.3	7.9	8.8	8.6	7.9	7.6	6.4	5.7	4.9	4.5	4.1	3.7	3.4	3.0	2.7
Vaping nicotine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping cannabis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vaping just flavoring	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless tobacco	—	3.0	2.7	2.9	2.5	2.3	2.5	2.1	1.7	1.9	2.1	1.4	1.6	1.7	1.7	1.5	1.7	1.6

(Table continued on next page.)

TABLE C-4 (cont.)

Trends in Daily Prevalence of Use of Selected Drugs and Heavy Use of Alcohol and Tobacco for Grades 8, 10, and 12 Combined

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ¹	2020	2021	2022	2023	2024	2025	2024–2025 change
Cannabis²	2.8	3.3	3.7	3.6	3.7	3.3	3.3	3.0	3.1	3.2	4.1	4.0	3.1	2.9	3.3‡	2.9	3.2	+0.2
Alcohol	1.3	1.4	1.0	1.2	1.1	1.0	0.8	0.7	0.8	0.6	0.8	1.3	0.5	0.7	0.5	0.6	0.5	-0.1
5+ drinks in a row in last 2 weeks	16.2	15.0	13.9	14.4	13.2	11.7	10.7	9.4	9.8	8.5	8.7	10.0	6.6	6.7	5.8	5.0	4.6	-0.4
Been drunk	0.5	0.6	0.5	0.6	0.5	0.5	0.3	0.3	0.4	0.3	0.4	0.4	0.2	0.3	0.3	0.3	0.3	-0.1
Cigarettes	6.4	6.4	5.8	5.2	4.7	3.6	3.2	2.4	2.3	2.0	1.5	1.6	1.0	0.8	0.7	0.4	0.5	+0.1
1/2 pack+/day	2.6	2.5	2.2	1.9	1.8	1.4	1.1	0.9	0.8	0.8	0.5	0.6	0.4	0.5	0.5	0.2	0.2	0.0
Vaping nicotine	—	—	—	—	—	—	—	—	—	—	—	2.9	2.9	3.5	3.1	2.9	2.8	-0.1
Vaping cannabis	—	—	—	—	—	—	—	—	—	—	—	0.9	1.1	1.3	1.3	1.2	1.3	+0.1
Vaping just flavoring	—	—	—	—	—	—	—	—	—	—	—	1.0	0.7	1.1	1.1	1.0	1.0	+0.1
Smokeless tobacco	1.8	2.1	1.8	1.9	1.8	1.9	1.8	1.4	1.0	1.0	0.8	1.6	0.5	0.7	0.5	0.5	0.8	+0.2

Notes. '—' indicates data not available. '‡' indicates a change in the question text.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

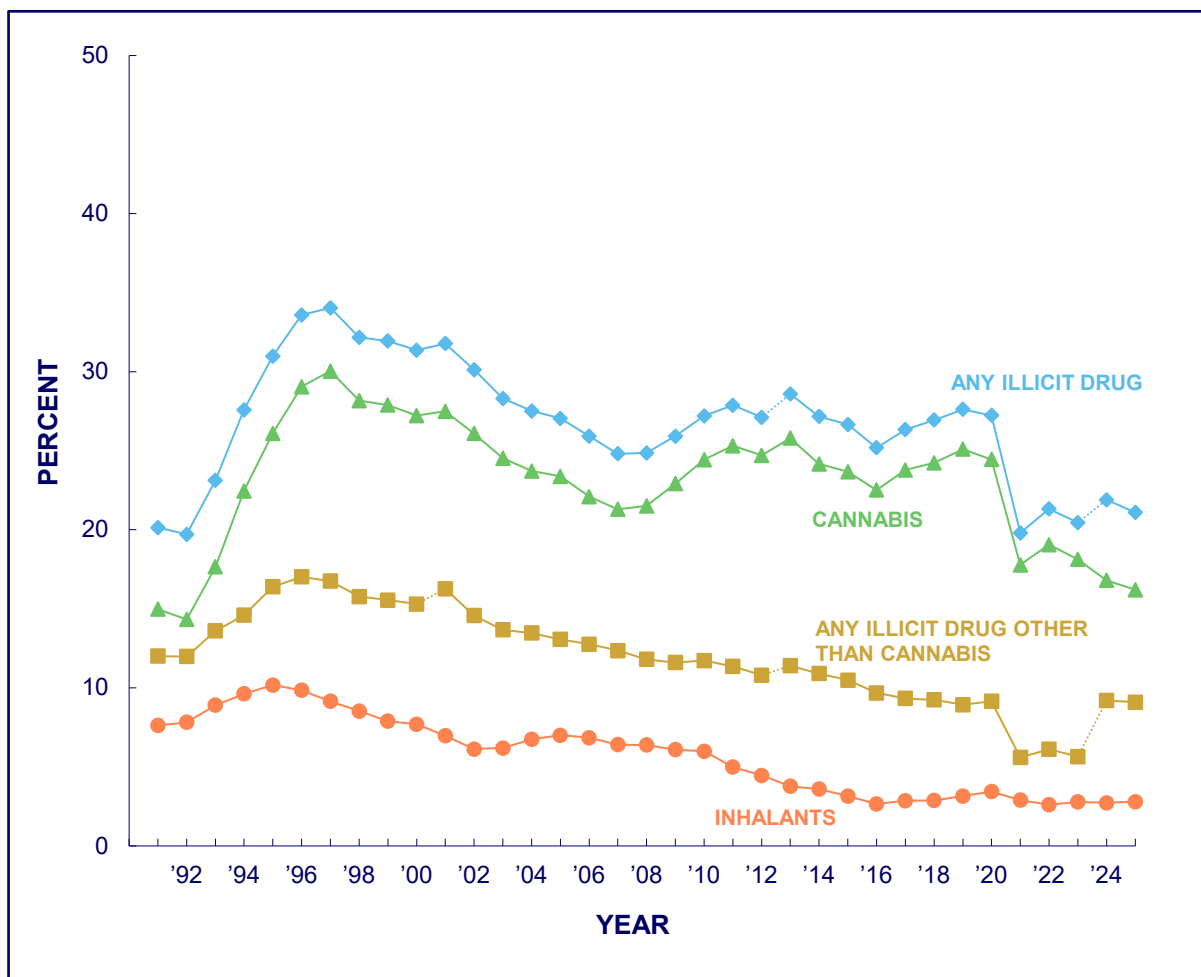
Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

¹Drug prevalence results in 2019 combine results from paper-and-pencil surveys with those completed using electronic tablets. In 2019, students in a randomly-selected half of schools completed MTF surveys on paper-and-pencil and students in the other half completed the surveys using electronic tablets. Analysis of this randomized controlled trial demonstrated that these results did not significantly differ across survey mode (Miech, R.A., Couper, M.P., Heeringa, S.G., and Patrick, M.E. The Impact of Survey Mode on US National Estimates of Adolescent Drug Prevalence: Results from a Randomized Controlled Study, Addiction).

²In 2024, we undertook an experimental revision of the survey text for this question on half of the survey forms. For 8th graders only, 2024 data is based on the updated version of the question. N is one half of N indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; N is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024.



FIGURE C-1
ANY ILLICIT DRUG, CANNABIS, AND INHALANTS
Trends in Annual Prevalence
for Grades 8, 10, and 12 Combined

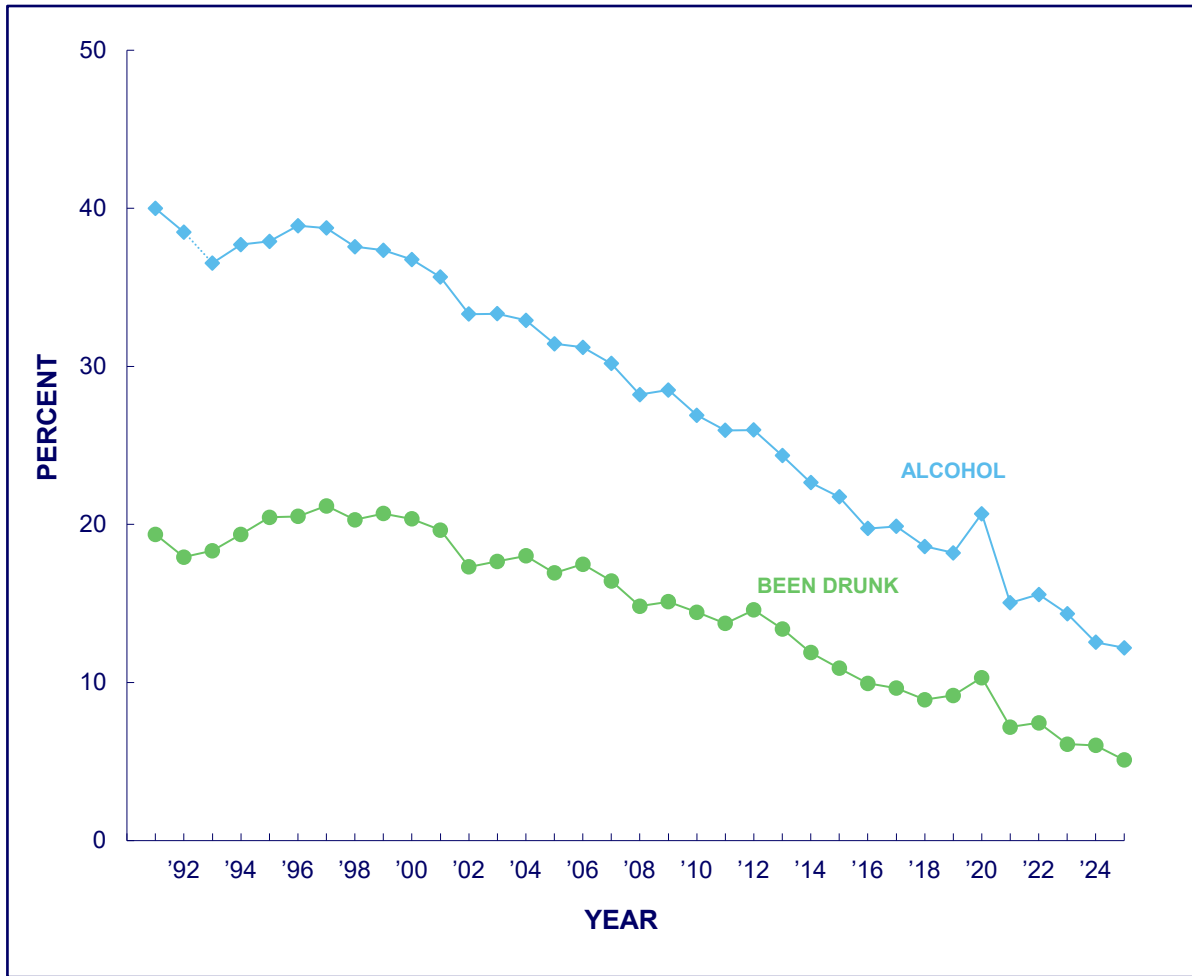


Notes. A dashed line indicates a change in the question text between the years it connects.

In 2001, revised sets of questions on other hallucinogen and tranquilizer use were introduced. Data for any illicit drug other than marijuana are slightly affected by these changes. In 2013, a revised set of questions on amphetamine use were introduced. Data for any illicit drug and any illicit drug other than marijuana were affected by this change.

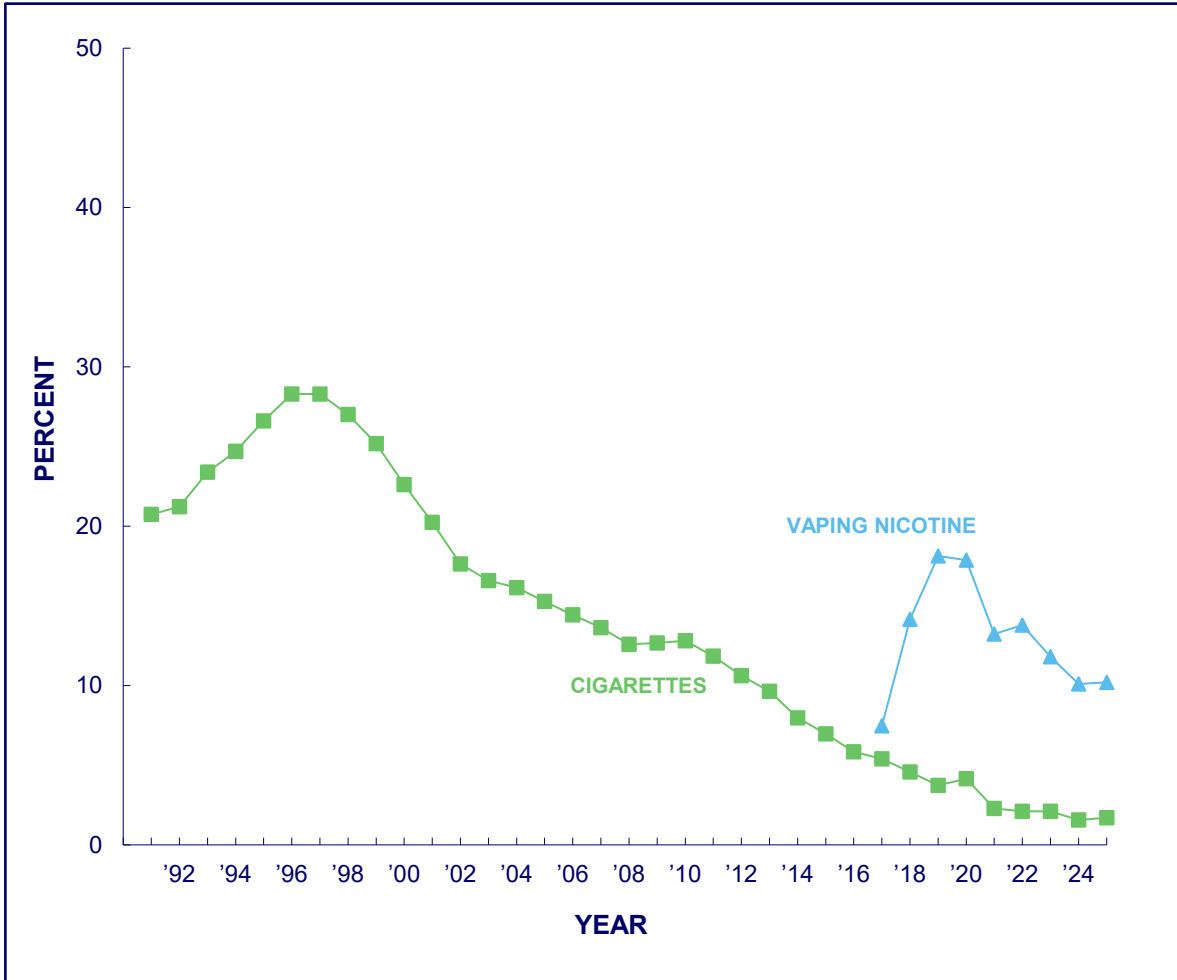
In 2024, we undertook an experimental revision of the survey text on half of the survey forms for all three grades. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". The 2024 estimate is based on the updated version of the questions. Beginning in 2025, all survey forms included the new version of the questions. These changes likely explain the discontinuity of results between 2023 and 2024. Any illicit drug and any illicit drug other than cannabis have been handled in a parallel manner.

FIGURE C-2
ALCOHOL AND BEEN DRUNK
 Trends in 30-Day Prevalence
 for Grades 8, 10, and 12 Combined



Notes. A dashed line indicates a change in the question text between the years it connects. Beginning in 1993, a revised set of questions on use of alcohol was introduced in which a drink was defined as more than just a few sips. From 1993 on, data points are based on the revised questions.

FIGURE C-3
CIGARETTES AND VAPING NICOTINE
Trends in 30-Day Prevalence
for Grades 8, 10, and 12 Combined



Appendix D – Trend Tables for All Substances 1975–2025

The tables in this appendix present data on prevalence trends up to 2025 in a tabular format. This appendix provides a complementary way to view and search the MTF drug prevalence results presented in [Chapter 5](#), which is organized around external links to drug-specific tables and figures. This appendix provides an extensive Table of Contents to aid navigation of drug searches, as well as both 1-year and 5-year change scores.

Accessible tables for Appendix D can be found on the [MTF drug prevalence and trends dashboard](#).

Table of Contents

	<u>Table Number</u>		<u>Table Number</u>
Any Illicit Drug	D-1	Beer	D-40
Any Illicit Drug other than Cannabis	D-2	Liquor	D-41
Any Illicit Drug including Inhalants	D-3	Wine	D-42
Abstainers	D-4	Flavored Alcoholic Beverages	D-43
Cannabis	D-5	Non-Alcoholic Beer, Wine, and Spirits	D-44
Cannabis Under Doctor's Orders	D-6	Cigarettes	D-45
Cannabis Products made from Hemp	D-7	Tobacco using a Hookah	D-46
Hash Oil	D-8	Little Cigars and Cigarillos	D-47
Inhalants	D-9	Large Cigars	D-48
Whippets	D-10	Smokeless Tobacco	D-49
Hallucinogens	D-11	Vaping Nicotine	D-50
LSD	D-12	Vaping Cannabis	D-51
Hallucinogens other than LSD	D-13	Vaping Flavored Cannabis	D-52
PCP	D-14	Vaping Just Flavoring	D-53
Ecstasy (MDMA)	D-15	Vaping Flavoring and not Nicotine	D-54
Cocaine	D-16	Vaping Vitamins or Essential Oils	D-55
Crack	D-17	Nicotine Pouches	D-56
Heroin	D-18	Snus	D-57
Prescription Opioid Drugs (Not Prescribed)	D-19	Metatine	D-58
OxyContin (Not Prescribed)	D-20	Nicotine Gummies	D-59
Vicodin (Not Prescribed)	D-21	Nicotine Candies	D-60
Fentanyl (Not Prescribed)	D-22	Any Nicotine Use	D-61
Prescription Stimulant Drugs (Not Prescribed)	D-23	Any Nicotine Use other than Vaping	D-62
Ritalin (Not Prescribed)	D-24	Steroids (Not Prescribed)	D-63
Adderall (Not Prescribed)	D-25	Androstenedione (Not Prescribed)	D-64
Methamphetamine	D-26	Creatine	D-65
Crystal Methamphetamine (Ice)	D-27	Over-the-Counter Stay Awake Pills	D-66
Flakka	D-28	ADHD Stimulant (Prescribed)	D-67
Kratom	D-29	ADHD Non-Stimulant (Prescribed)	D-68
Prescription Sleeping Drugs (Not Prescribed)	D-30	ADHD Stimulant or Non-Stimulant (Prescribed)	D-69
Prescription Anti-Anxiety Drugs (Not Prescribed)	D-31	Prescription Weight Loss Drugs Not Under Direction	
Any Prescription Drug	D-32	of Medical Professional	D-70
Over-the-Counter Cough/Cold Medication	D-33	Prescription Weight Loss Drugs Under Direction	
Rohypnol	D-34	of Medical Professional	D-71
GHB	D-35	Daily Use Energy Drinks and Shots	D-72
Ketamine	D-36		
Xylazine	D-37		
Alcohol	D-38		
Been Drunk	D-39		

(Continued on next page)

Table of Contents (cont.)

Drugs No Longer Included in Surveys Due to Low Prevalence

	<u>Table Number</u>		<u>Table Number</u>
Synthetic Cannabis	D-73	Alcoholic Beverages containing Caffeine	D-83
CBD	D-74	Powdered Alcohol	D-84
Nitrites	D-75	Bidis	D-85
Salvia	D-76	Kreteks	D-86
Cocaine other than Crack	D-77	JUUL	D-87
Heroin with a Needle	D-78	Dissolvable Tobacco Products	D-88
Heroin without a Needle	D-79	HGH	D-89
Provigil (Not Prescribed)	D-80	Legal Use of Over-the-Counter Diet Pills	D-90
Methaqualone (Quaaludes) (Not Prescribed)	D-81	Look-Alike Pills	D-91
Bath Salts (Synthetic Stimulants)	D-82		



TABLE D-1

ANY ILLICIT DRUG: ^{1,36,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	18.7	20.6	22.5	25.7	28.5	31.2	29.4	29.0	28.3	26.8	26.8	24.5	22.8	21.5	21.4	20.9	19.0	19.6	19.9	21.4	20.1	18.5†	21.1	20.3	20.5	17.2	18.2
10th Grade	30.6	29.8	32.8	37.4	40.9	45.4	47.3	44.9	46.2	45.6	45.6	44.6	41.4	39.8	38.2	36.1	35.6	34.1	36.0	37.0	37.7	36.8†	39.1	37.4	34.7	33.7	34.3
12th Grade	44.1	40.7	42.9	45.6	48.4	50.8	54.3	54.1	54.7	54.0	53.9	53.0	51.1	51.1	50.4	48.2	46.8	47.4	46.7	48.2	49.9	49.1†	49.8	49.1	48.9	48.3	48.9
Last 12 Months																											
8th Grade	11.3	12.9	15.1	18.5	21.4	23.6	22.1	21.0	20.5	19.5	19.5	17.7	16.1	15.2	15.5	14.8	13.2	14.1	14.5	16.0	14.7	13.4†	15.2	14.6	14.8	12.0	12.9
10th Grade	21.4	20.4	24.7	30.0	33.3	37.5	38.5	35.0	35.9	36.4	37.2	34.8	32.0	31.1	29.8	28.7	28.1	26.9	29.4	30.2	31.1	30.1†	32.1	29.9	27.9	26.8	27.8
12th Grade	29.4	27.1	31.0	35.8	39.0	40.2	42.4	41.4	42.1	40.9	41.4	41.0	39.3	38.8	38.4	36.5	35.9	36.6	36.5	38.3	40.0	39.7†	40.1	38.7	38.6	38.3	39.9
Last 30 Days																											
8th Grade	5.7	6.8	8.4	10.9	12.4	14.6	12.9	12.1	12.2	11.9	11.7	10.4	9.7	8.4	8.5	8.1	7.4	7.6	8.1	9.5	8.5	7.7†	8.7	8.3	8.1	6.9	7.0
10th Grade	11.6	11.0	14.0	18.5	20.2	23.2	23.0	21.5	22.1	22.5	22.7	20.8	19.5	18.3	17.3	16.8	16.9	15.8	17.8	18.5	19.2	18.6†	19.2	18.5	16.5	15.9	17.2
12th Grade	16.4	14.4	18.3	21.9	23.8	24.6	26.2	25.6	25.9	24.9	25.7	25.4	24.1	23.4	23.1	21.5	21.9	22.3	23.3	23.8	25.2	25.2†	25.2	23.7	23.6	24.4	24.9

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TABLE D-1 (cont.)

ANY ILLICIT DRUG: ^{1,36,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024-2025 change	2020-2025 change
Lifetime										
8th Grade	18.7	20.4	21.3	15.9	16.6	16.2	—	—	—	—
10th Grade	36.3	37.5	37.3	25.0	27.7	26.6	—	—	—	—
12th Grade	47.8	47.4	46.6	41.3	41.0	39.9	—	—	—	—
Last 12 Months										
8th Grade	13.4	14.8	15.6	10.2	11.0	10.9‡	13.6	12.9	-0.7	—
10th Grade	29.9	31.0	30.4	18.7	21.5	19.8‡	19.8	19.1	-0.7	—
12th Grade	38.8	38.0	36.8	32.0	32.6	31.2‡	32.3	31.7	-0.6	—
Last 30 Days										
8th Grade	7.3	8.5	8.7	5.9	6.5	6.5	—	—	—	—
10th Grade	18.3	19.8	18.2	10.9	12.9	11.3	—	—	—	—
12th Grade	24.0	23.7	22.2	20.6	21.6	19.8	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-2

ANY ILLICIT DRUG OTHER THAN CANNABIS: ^{1,2,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	14.3	15.6	16.8	17.5	18.8	19.2	17.7	16.9	16.3	15.8‡	17.0	13.7	13.6	12.2	12.1	12.2	11.1	11.2	10.4	10.6	9.8	8.7‡	10.4	10.0	10.3	8.9	9.3
10th Grade	19.1	19.2	20.9	21.7	24.3	25.5	25.0	23.6	24.0	23.1‡	23.6	22.1	19.7	18.8	18.0	17.5	18.2	15.9	16.7	16.8	15.6	14.9‡	16.4	15.9	14.6	14.0	13.7
12th Grade	26.9	25.1	26.7	27.6	28.1	28.5	30.0	29.4	29.4	29.0‡	30.7	29.5	27.7	28.7	27.4	26.9	25.5	24.9	24.0	24.7	24.9	24.1‡	24.8	22.6	21.1	20.7	19.5
Last 12 Months																											
8th Grade	8.4	9.3	10.4	11.3	12.6	13.1	11.8	11.0	10.5	10.2‡	10.8	8.8	8.8	7.9	8.1	7.7	7.0	7.4	7.0	7.1	6.4	5.5‡	6.3	6.4	6.3	5.4	5.8
10th Grade	12.2	12.3	13.9	15.2	17.5	18.4	18.2	16.6	16.7	16.7‡	17.9	15.7	13.8	13.5	12.9	12.7	13.1	11.3	12.2	12.1	11.2	10.8‡	11.2	11.2	10.5	9.8	9.4
12th Grade	16.2	14.9	17.1	18.0	19.4	19.8	20.7	20.2	20.7	20.4‡	21.6	20.9	19.8	20.5	19.7	19.2	18.5	18.3	17.0	17.3	17.6	17.0‡	17.8	15.9	15.2	14.3	13.3
Last 30 Days																											
8th Grade	3.8	4.7	5.3	5.6	6.5	6.9	6.0	5.5	5.5	5.6‡	5.5	4.7	4.7	4.1	4.1	3.8	3.6	3.8	3.5	3.5	3.4	2.6‡	3.6	3.3	3.1	2.7	2.7
10th Grade	5.5	5.7	6.5	7.1	8.9	8.9	8.8	8.6	8.6	8.5‡	8.7	8.1	6.9	6.9	6.4	6.3	6.9	5.3	5.7	5.8	5.4	5.0‡	4.9	5.6	4.9	4.4	4.5
12th Grade	7.1	6.3	7.9	8.8	10.0	9.5	10.7	10.7	10.4	10.4‡	11.0	11.3	10.4	10.8	10.3	9.8	9.5	9.3	8.6	8.6	8.9	8.4‡	8.2	7.7	7.6	6.9	6.3

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TABLE D-2 (cont.)

ANY ILLICIT DRUG OTHER THAN CANNABIS: ^{1,2,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime										
8th Grade	9.8	10.8	12.5	8.8	9.3	8.2	—	—	—	—
10th Grade	14.2	13.8	13.2	9.1	9.7	9.4	—	—	—	—
12th Grade	18.9	18.4	17.5	12.8	13.2	12.4	—	—	—	—
Last 12 Months										
8th Grade	6.1	6.5	7.7	4.6	4.9	4.6‡	7.4	7.2	-0.1	—
10th Grade	9.6	9.1	8.6	5.1	5.7	5.1‡	7.6	7.2	-0.4	—
12th Grade	12.4	11.5	11.4	7.2	8.0	7.4‡	12.7	13.1	+0.5	—
Last 30 Days										
8th Grade	3.0	3.4	3.5	2.4	2.5	2.6	—	—	—	—
10th Grade	4.2	4.2	3.7	2.5	2.4	2.3	—	—	—	—
12th Grade	6.0	5.2	4.8	2.9	3.6	3.4	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-3

ANY ILLICIT DRUG INCLUDING INHALANTS: ^{1,3,36,46} **Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12**

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	28.5	29.6	32.3	35.1	38.1	39.4	38.1	37.8	37.2	35.1	34.5	31.6	30.3	30.2	30.0	29.2	27.7	28.3	27.9	28.6	26.4	25.1†	25.9	25.2	24.9	20.6	23.3
10th Grade	36.1	36.2	38.7	42.7	45.9	49.8	50.9	49.3	49.9	49.3	48.8	47.7	44.9	43.1	42.1	40.1	39.8	38.7	40.0	40.6	40.8	40.0†	41.6	40.4	37.2	35.9	37.0
12th Grade	51.6	48.4	50.3	53.1	51.5	53.5	56.3	56.1	56.3	57.0	56.0	54.6	52.8	53.0	53.5	51.2	49.1	49.3	48.4	49.9	51.8	50.3†	52.3	49.9	51.4	49.3	50.3
Last 12 Months																											
8th Grade	16.7	18.2	21.1	24.2	27.1	28.7	27.2	26.2	25.3	24.0	23.9	21.4	20.4	20.2	20.4	19.7	18.0	19.0	18.8	20.3	18.2	17.0†	17.6	16.8	17.0	13.5	15.8
10th Grade	23.9	23.5	27.4	32.5	35.6	39.6	40.3	37.1	37.7	38.0	38.7	36.1	33.5	32.9	31.7	30.7	30.2	28.8	31.2	31.8	32.5	31.5†	33.2	31.0	28.9	27.7	29.1
12th Grade	34.7	32.3	36.1	41.4	40.2	41.9	43.3	42.4	42.8	42.5	42.6	42.1	40.5	39.1	40.3	38.0	37.0	37.3	37.6	39.2	41.5	40.2†	42.3	39.2	40.2	38.7	41.2
Last 30 Days																											
8th Grade	8.8	10.0	12.0	14.3	16.1	17.5	16.0	14.9	15.1	14.4	14.0	12.6	12.1	11.2	11.2	10.9	10.1	10.4	10.6	11.7	10.5	9.5†	10.0	9.5	9.3	7.9	8.6
10th Grade	13.1	12.6	15.5	20.0	21.6	24.5	24.1	22.5	23.1	23.6	23.6	21.7	20.5	19.3	18.4	17.7	18.1	16.8	18.8	19.4	20.1	19.3†	20.0	19.1	17.1	16.4	18.0
12th Grade	20.2	17.8	21.8	25.9	24.8	25.5	26.9	26.6	26.4	26.4	26.5	25.9	24.6	23.3	24.2	22.1	22.8	22.8	24.1	24.5	26.2	25.2†	26.5	24.3	24.7	24.6	25.7

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TABLE D-3 (cont.)

ANY ILLICIT DRUG INCLUDING INHALANTS: ^{1,3,36,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	23.2	25.4	28.4	22.4	22.2	21.5	—	—	—	—
10th Grade	38.7	39.8	39.7	28.5	31.1	29.3	—	—	—	—
12th Grade	49.0	49.1	47.6	43.3	44.0	42.3	—	—	—	—
Last 12 Months										
8th Grade	16.0	17.5	18.5	12.6	13.1	13.5†	16.6	14.6	-1.9	—
10th Grade	31.0	31.7	31.3	19.6	22.7	20.7†	20.6	20.7	0.0	—
12th Grade	40.2	38.8	38.7	33.2	34.3	32.6†	31.2	33.1	+1.9	—
Last 30 Days										
8th Grade	8.3	9.7	10.2	6.9	7.7	8.3	—	—	—	—
10th Grade	18.7	20.4	18.7	11.4	13.7	11.8	—	—	—	—
12th Grade	25.0	24.1	23.8	21.0	22.6	20.7	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-4

ABSTAINERS: ^{36,45,47} Trends in Lifetime and 30-Day Abstention from Cannabis, Alcohol, and Nicotine
in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Lifetime																												
8th Grade	25.2	25.7‡	35.6	35.0	35.8	34.3	35.6	37.2	37.8	39.2	41.0	45.6	47.8	49.2	52.0	52.8	55.1	55.2	57.0	57.3	60.2	64.1	64.5	65.6	66.2	70.6‡	67.9	
10th Grade	13.4	15.1‡	22.2	22.9	23.2	20.8	21.0	22.6	22.5	22.2	23.7	26.2	28.1	29.6	30.9	33.2	33.2	36.5	35.7	36.0	37.3	39.5	40.1	42.8	45.4	48.5‡	44.6	
12th Grade	9.7	10.4‡	15.3	15.2	14.6	15.8	13.8	13.7	15.2	15.4	15.5	17.1	19.0	18.7	20.1	22.7	23.2	23.1	23.3	23.9	24.2	25.4	25.8	27.6	28.7	30.5‡	26.5	
Last 12 Months																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Last 30 Days																												
8th Grade	68.9	67.4	68.4	66.2	66.6	63.8	65.9	67.3	67.5	70.0	71.7	74.3	74.9	76.2	77.7	77.9	79.9	79.9	80.4	80.2	82.1	84.3	84.7	85.7	85.5	88.3‡	87.0	
10th Grade	51.3	53.1	53.2	52.1	51.5	48.8	49.0	51.2	51.1	50.5	52.7	56.4	56.9	57.6	59.8	60.1	60.6	64.8	62.3	63.1	64.4	64.8	65.3	68.4	70.9	72.4‡	68.9	
12th Grade	39.9	42.0	43.8	41.4	39.6	40.3	37.7	38.9	40.0	41.5	41.9	43.9	45.4	44.8	45.8	47.9	49.0	49.3	49.0	50.6	50.8	50.3	51.5	53.6	55.0	56.2‡	52.6	

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TABLE D-4 (cont.)

ABSTAINERS: ^{36,45,47} Trends in Lifetime, Annual, and 30-Day Abstention from Cannabis, Alcohol, and Nicotine in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	64.9	63.1	63.9	69.9	67.1	70.0‡	71.5	73.3	+1.9	—
10th Grade	42.7	41.7	40.3	55.8	48.8	54.4	57.7	60.5	+2.8	+20.1 sss
12th Grade	26.4	29.7	29.4	35.3	31.0	37.5	42.1	41.4	-0.7	+12.0 sss
Last 12 Months										
8th Grade	—	—	—	—	—	—	79.9	82.3	+2.4	—
10th Grade	—	—	—	—	—	—	66.0	69.3	+3.3	—
12th Grade	—	—	—	—	—	—	50.6	50.8	+0.2	—
Last 30 Days										
8th Grade	84.2	82.2	82.7	86.9	87.1	87.0‡	89.4	90.6	+1.2	—
10th Grade	65.2	64.8	65.4	77.4	75.2	76.9	80.2	81.6	+1.4	+16.1 sss
12th Grade	51.8	53.8	53.1	60.1	58.3	62.6	67.1	66.2	-0.9	+13.1 sss

Note. See last four pages for relevant footnotes.



TABLE D-5

CANNABIS: ^{36,47} Trends in Use over Various Prevalence Periods

in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Lifetime																												
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	22.6	22.2	22.0	20.3	20.4	19.2	17.5	16.3	16.5	15.7	14.2	14.6	15.7	17.3	16.4	15.2	16.5	15.6	15.5	12.8	13.5	
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	42.3	39.6	40.9	40.3	40.1	38.7	36.4	35.1	34.1	31.8	31.0	29.9	32.3	33.4	34.5	33.8	35.8	33.7	31.1	29.7	30.7	
12th Grade	36.7	32.6	35.3	38.2	41.7	44.9	49.6	49.1	49.7	48.8	49.0	47.8	46.1	45.7	44.8	42.3	41.8	42.6	42.0	43.8	45.5	45.2	45.5	44.4	44.7	44.5	45.0	
Last 12 Months																												
8th Grade	6.2	7.2	9.2	13.0	15.8	18.3	17.7	16.9	16.5	15.6	15.4	14.6	12.8	11.8	12.2	11.7	10.3	10.9	11.8	13.7	12.5	11.4	12.7	11.7	11.8	9.4	10.1	
10th Grade	16.5	15.2	19.2	25.2	28.7	33.6	34.8	31.1	32.1	32.2	32.7	30.3	28.2	27.5	26.6	25.2	24.6	23.9	26.7	27.5	28.8	28.0	29.8	27.3	25.4	23.9	25.5	
12th Grade	23.9	21.9	26.0	30.7	34.7	35.8	38.5	37.5	37.8	36.5	37.0	36.2	34.9	34.3	33.6	31.5	31.7	32.4	32.8	34.8	36.4	36.4	36.4	35.1	34.9	35.6	37.1	
Last 30 Days																												
8th Grade	3.2	3.7	5.1	7.8	9.1	11.3	10.2	9.7	9.7	9.1	9.2	8.3	7.5	6.4	6.6	6.5	5.7	5.8	6.5	8.0	7.2	6.5	7.0	6.5	6.5	5.4	5.5	
10th Grade	8.7	8.1	10.9	15.8	17.2	20.4	20.5	18.7	19.4	19.7	19.8	17.8	17.0	15.9	15.2	14.2	14.2	13.8	15.9	16.7	17.6	17.0	18.0	16.6	14.8	14.0	15.7	
12th Grade	13.8	11.9	15.5	19.0	21.2	21.9	23.7	22.8	23.1	21.6	22.4	21.5	21.2	19.9	19.8	18.3	18.8	19.4	20.6	21.4	22.6	22.9	22.7	21.2	21.3	22.5	22.9	
Daily⁴																												
8th Grade	0.2	0.2	0.4	0.7	0.8	1.5	1.1	1.1	1.4	1.3	1.3	1.2	1.0	0.8	1.0	1.0	0.8	0.9	1.0	1.2	1.3	1.1	1.1	1.0	1.1	0.7	0.8	
10th Grade	0.8	0.8	1.0	2.2	2.8	3.5	3.7	3.6	3.8	3.8	4.5	3.9	3.6	3.2	3.1	2.8	2.8	2.7	2.8	3.3	3.6	3.5	4.0	3.4	3.0	2.5	2.9	
12th Grade	2.0	1.9	2.4	3.6	4.6	4.9	5.8	5.6	6.0	6.0	5.8	6.0	6.0	5.6	5.0	5.0	5.1	5.4	5.2	6.1	6.6	6.5	6.5	5.8	6.0	6.0	5.9	
Ever Used Daily for Month or More in Lifetime⁷																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	9.0	8.4	9.6	11.3	12.1	15.7	18.8	18.0	17.9	17.0	18.0	15.5	16.4	17.8	14.5	16.6	15.7	15.1	14.9	15.5	17.4	18.2	15.8	13.7	12.4	14.3	13.9	

Table continued on next page

TABLE D-5 (cont.)

CANNABIS: ^{36,47} Trends in Use over Various Prevalence Periods
in Grades 8, 10, and 12

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime										
8th Grade	13.9	15.2	14.8	10.2	11.0	11.5‡	14.3	12.6	-1.7	—
10th Grade	32.6	34.0	33.3	22.0	24.2	22.5	21.2	22.1	+0.9	-11.1 sss
12th Grade	43.6	43.7	43.7	38.6	38.3	36.5	34.4	34.8	+0.4	-8.8 ss
Last 12 Months										
8th Grade	10.5	11.8	11.4	7.1	8.3	8.3‡	9.1	7.6	-1.4	—
10th Grade	27.5	28.8	28.0	17.3	19.5	17.8	15.9	15.6	-0.3	-12.4 sss
12th Grade	35.9	35.7	35.2	30.5	30.7	29.0	25.8	25.7	0.0	-9.5 sss
Last 30 Days										
8th Grade	5.6	6.6	6.5	4.1	5.0	4.7‡	5.3	4.0	-1.2	—
10th Grade	16.7	18.4	16.6	10.1	12.1	10.3	9.5	9.4	-0.1	-7.3 sss
12th Grade	22.2	22.3	21.1	19.5	20.2	18.4	16.2	17.1	+0.9	-4.0
Daily ⁴										
8th Grade	0.7	1.3	1.1	0.6	0.7	0.9‡	1.0	0.9	-0.1	—
10th Grade	3.4	4.8	4.4	3.2	2.1	2.7	2.7	3.1	+0.3	-1.3
12th Grade	5.8	6.4	6.9	5.8	6.3	6.5	5.1	5.6	+0.5	-1.3
Ever Used Daily for Month or More in Lifetime ⁷										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	12.3	14.9	§	12.4	13.6	11.6	13.4	10.2	-3.2 s	—

Note. See last four pages for relevant footnotes.



TABLE D-6

CANNABIS USE UNDER A DOCTOR'S ORDERS: ¹¹ Trends in Lifetime Prevalence of Use in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–										2024–	2020–
	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
											change	change
Lifetime												
8th Grade	—	1.1	1.1	1.3	1.0	1.3	1.7	1.4	1.4	1.7	+0.3	+0.6
10th Grade	—	1.1	1.3	2.0	2.0	1.4	1.6	2.4	2.0	1.8	-0.2	-0.2
12th Grade	—	1.5	1.2	2.0	§	2.3	3.6	2.9	2.1	3.0	+0.9	—

Note. See last four pages for relevant footnotes.



TABLE D-7

CANNABIS PRODUCTS MADE FROM HEMP: Trends in Annual and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991-				2024-	2020-
	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u>	<u>2025</u>
					<u>change</u>	<u>change</u>
Last 12 Months						
8th Grade	—	—	—	2.4	—	—
10th Grade	—	—	—	5.5	—	—
12th Grade	—	—	—	9.2	—	—
Last 30 Days						
8th Grade	—	—	—	1.1	—	—
10th Grade	—	—	—	2.8	—	—
12th Grade	—	—	—	5.3	—	—

Note. See last four pages for relevant footnotes.



TABLE D-8

**HASH OIL:¹¹ Trends in Annual Prevalence of Use
in Grade 12**

(Entries are percentages.)

	1991–												2024–	2020–
	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>change</u>	<u>change</u>
Last 12 Months														
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	7.0	10.7	10.2	11.5	11.6	8.8	8.0	7.0	7.3	4.0	2.9	-1.1	-5.9 sss

Note. See last four pages for relevant footnotes.



TABLE D-9

**INHALANTS:^{3,6} Trends in Lifetime, Annual, and 30-Day Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	21.0	20.5	19.7	17.9	17.1	15.2	15.8	17.3	17.1	16.1	15.6	15.7	14.9	14.5	13.1	11.8	10.8	10.8	9.4	7.7	8.9
10th Grade	15.7	16.6	17.5	18.0	19.0	19.3	18.3	18.3	17.0	16.6	15.2	13.5	12.7	12.4	13.1	13.3	13.6	12.8	12.3	12.0	10.1	9.9	8.7	8.7	7.2	6.6	6.1
12th Grade	17.6	16.6	17.4	17.7	17.4	16.6	16.1	15.2	15.4	14.2	13.0	11.7	11.2	10.9	11.4	11.1	10.5	9.9	9.5	9.0	8.1	7.9	6.9	6.5	5.7	5.0	4.9
Last 12 Months																											
8th Grade	9.0	9.5	11.0	11.7	12.8	12.2	11.8	11.1	10.3	9.4	9.1	7.7	8.7	9.6	9.5	9.1	8.3	8.9	8.1	8.1	7.0	6.2	5.2	5.3	4.6	3.8	4.7
10th Grade	7.1	7.5	8.4	9.1	9.6	9.5	8.7	8.0	7.2	7.3	6.6	5.8	5.4	5.9	6.0	6.5	6.6	5.9	6.1	5.7	4.5	4.1	3.5	3.3	2.9	2.4	2.3
12th Grade	6.6	6.2	7.0	7.7	8.0	7.6	6.7	6.2	5.6	5.9	4.5	4.5	3.9	4.2	5.0	4.5	3.7	3.8	3.4	3.6	3.2	2.9	2.5	1.9	1.9	1.7	1.5
Last 30 Days																											
8th Grade	4.4	4.7	5.4	5.6	6.1	5.8	5.6	4.8	5.0	4.5	4.0	3.8	4.1	4.5	4.2	4.1	3.9	4.1	3.8	3.6	3.2	2.7	2.3	2.2	2.0	1.8	2.1
10th Grade	2.7	2.7	3.3	3.6	3.5	3.3	3.0	2.9	2.6	2.6	2.4	2.4	2.2	2.4	2.2	2.3	2.5	2.1	2.2	2.0	1.7	1.4	1.3	1.1	1.2	1.0	1.1
12th Grade	2.4	2.3	2.5	2.7	3.2	2.5	2.5	2.3	2.0	2.2	1.7	1.5	1.5	1.5	2.0	1.5	1.2	1.4	1.2	1.4	1.0	0.9	1.0	0.7	0.7	0.8	0.8

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TABLE D-9 (cont.)

INHALANTS:^{3,6} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> <u>change</u>	<u>2020- 2025</u> <u>change</u>
Lifetime										
8th Grade	8.7	9.5	12.6	11.3	9.8	9.0	10.2	8.5	-1.7	-4.2 ss
10th Grade	6.5	6.8	7.4	7.2	7.5	6.5	5.5	6.4	+0.9	-1.0
12th Grade	4.4	5.3	3.8	5.0	5.8	6.3	5.3	—	—	—
Last 12 Months										
8th Grade	4.6	4.7	6.1	4.8	3.6	4.3	4.4	3.6	-0.8	-2.6 s
10th Grade	2.4	2.8	2.9	2.0	2.4	2.0	1.9	2.7	+0.8 s	-0.1
12th Grade	1.6	1.9	1.1	1.8	1.8	2.0	1.9	2.2	+0.3	+1.0 s
Last 30 Days										
8th Grade	1.8	2.1	2.9	1.8	1.9	2.6	2.1	1.9	-0.3	-1.0
10th Grade	1.0	1.1	1.2	0.9	1.2	0.9	0.9	1.4	+0.5 s	+0.2
12th Grade	0.7	0.9	0.7	0.7	0.7	1.2	1.0	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-10

**WHIPPETS: ⁷ Trends in Annual Prevalence of Use
in Grade 12**

(Entries are percentages.)

	1991–				2024–	2020–
	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u> <u>change</u>	<u>2025</u> <u>change</u>
Last 12 Months						
8th Grade	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—
12th Grade	—	1.2	1.4	2.0	+0.6	—

Note. See last four pages for relevant footnotes.



TABLE D-11

HALLUCINOGENS: ^{2,8} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	3.2	3.8	3.9	4.3	5.2	5.9	5.4	4.9	4.8	4.6‡	5.2	4.1	4.0	3.5	3.8	3.4	3.1	3.3	3.0	3.4	3.3	2.8	2.5	2.0	2.0	1.9	1.9
10th Grade	6.1	6.4	6.8	8.1	9.3	10.5	10.5	9.8	9.7	8.9‡	8.9	7.8	6.9	6.4	5.8	6.1	6.4	5.5	6.1	6.1	6.0	5.2	5.4	5.0	4.6	4.4	4.2
12th Grade	9.6	9.2	10.9	11.4	12.7	14.0	15.1	14.1	13.7	13.0‡	14.9	12.0	10.6	9.7	8.8	8.3	8.4	8.7	7.4	8.6	8.3	7.5	7.6	6.3	6.4	6.7	6.7
Last 12 Months																											
8th Grade	1.9	2.5	2.6	2.7	3.6	4.1	3.7	3.4	2.9	2.8‡	3.4	2.6	2.6	2.2	2.4	2.1	1.9	2.1	1.9	2.2	2.2	1.6	1.6	1.3	1.3	1.2	1.1
10th Grade	4.0	4.3	4.7	5.8	7.2	7.8	7.6	6.9	6.9	6.1‡	6.2	4.7	4.1	4.1	4.0	4.1	4.4	3.9	4.1	4.2	4.1	3.5	3.4	3.3	3.1	2.9	2.8
12th Grade	5.8	5.9	7.4	7.6	9.3	10.1	9.8	9.0	9.4	8.1‡	9.3	6.6	5.9	6.2	5.5	4.9	5.4	5.9	4.7	5.5	5.2	4.8	4.5	4.0	4.2	4.3	4.4
Last 30 Days																											
8th Grade	0.8	1.1	1.2	1.3	1.7	1.9	1.8	1.4	1.3	1.2‡	1.6	1.2	1.2	1.0	1.1	0.9	1.0	0.9	0.9	1.0	1.0	0.6	0.8	0.5	0.6	0.6	0.5
10th Grade	1.6	1.8	1.9	2.4	3.3	2.8	3.3	3.2	2.9	2.3‡	2.1	1.6	1.5	1.6	1.5	1.5	1.7	1.3	1.4	1.6	1.4	1.2	1.1	1.2	0.9	0.9	1.1
12th Grade	2.2	2.1	2.7	3.1	4.4	3.5	3.9	3.8	3.5	2.6‡	3.3	2.3	1.8	1.9	1.9	1.5	1.7	2.2	1.6	1.9	1.6	1.6	1.4	1.5	1.6	1.4	1.6

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TABLE D-11 (cont.)

HALLUCINOGENS: ^{2,8} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u>	<u>2020- 2025</u>
									<u>change</u>	<u>change</u>
Lifetime										
8th Grade	2.2	2.4	3.0	1.8	2.0	2.1	2.1	—	—	—
10th Grade	3.9	4.7	4.8	3.5	3.4	3.6	3.5	—	—	—
12th Grade	6.6	6.9	7.5	7.1	7.1	6.6	6.7	—	—	—
Last 12 Months										
8th Grade	1.4	1.3	1.7	1.0	1.2	1.3	1.1	1.1	+0.1	-0.5
10th Grade	2.7	3.1	3.4	2.2	2.1	2.2	2.1	2.3	+0.2	-1.0 s
12th Grade	4.3	4.6	5.3	4.1	4.4	4.3	3.7	4.3	+0.5	-1.0
Last 30 Days										
8th Grade	0.6	0.6	0.9	0.4	0.5	0.5	0.5	—	—	—
10th Grade	0.8	1.3	1.4	0.8	0.7	0.8	0.8	—	—	—
12th Grade	1.4	1.8	1.8	1.0	1.4	1.6	1.3	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-12

LSD: ² Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	2.7	3.2	3.5	3.7	4.4	5.1	4.7	4.1	4.1	3.9	3.4	2.5	2.1	1.8	1.9	1.6	1.6	1.9	1.7	1.8	1.7	1.3	1.4	1.1	1.3	1.2	1.3
10th Grade	5.6	5.8	6.2	7.2	8.4	9.4	9.5	8.5	8.5	7.6	6.3	5.0	3.5	2.8	2.5	2.7	3.0	2.6	3.0	3.0	2.8	2.6	2.7	2.6	3.0	3.2	3.0
12th Grade	8.8	8.6	10.3	10.5	11.7	12.6	13.6	12.6	12.2	11.1	10.9	8.4	5.9	4.6	3.5	3.3	3.4	4.0	3.1	4.0	4.0	3.8	3.9	3.7	4.3	4.9	5.0
Last 12 Months																											
8th Grade	1.7	2.1	2.3	2.4	3.2	3.5	3.2	2.8	2.4	2.4	2.2	1.5	1.3	1.1	1.2	0.9	1.1	1.3	1.1	1.2	1.1	0.8	1.0	0.7	0.9	0.8	0.9
10th Grade	3.7	4.0	4.2	5.2	6.5	6.9	6.7	5.9	6.0	5.1	4.1	2.6	1.7	1.6	1.5	1.7	1.9	1.8	1.9	1.9	1.8	1.7	1.7	1.9	2.0	2.1	2.1
12th Grade	5.2	5.6	6.8	6.9	8.4	8.8	8.4	7.6	8.1	6.6	6.6	3.5	1.9	2.2	1.8	1.7	2.1	2.7	1.9	2.6	2.7	2.4	2.2	2.5	2.9	3.0	3.3
Last 30 Days																											
8th Grade	0.6	0.9	1.0	1.1	1.4	1.5	1.5	1.1	1.1	1.0	1.0	0.7	0.6	0.5	0.5	0.4	0.5	0.5	0.5	0.6	0.5	0.3	0.5	0.3	0.4	0.4	0.3
10th Grade	1.5	1.6	1.6	2.0	3.0	2.4	2.8	2.7	2.3	1.6	1.5	0.7	0.6	0.6	0.6	0.7	0.7	0.7	0.5	0.7	0.7	0.5	0.6	0.6	0.6	0.7	0.8
12th Grade	1.9	2.0	2.4	2.6	4.0	2.5	3.1	3.2	2.7	1.6	2.3	0.7	0.6	0.7	0.7	0.6	0.6	1.1	0.5	0.8	0.8	0.8	0.8	1.0	1.1	1.0	1.2

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TABLE D-12 (cont.)

**LSD: ² Trends in Lifetime, Annual, and 30-Day Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	1.4	1.6	2.1	1.2	1.0	1.1	0.8	—	—	—
10th Grade	2.8	3.6	3.8	2.5	2.1	2.1	1.4	—	—	—
12th Grade	5.1	5.6	5.9	4.9	4.4	3.1	2.3	—	—	—
Last 12 Months										
8th Grade	0.9	0.9	1.1	0.7	0.6	0.7	0.5	0.7	+0.2	-0.4
10th Grade	2.0	2.3	2.5	1.5	1.3	1.2	0.8	1.0	+0.2	-1.5 sss
12th Grade	3.2	3.6	3.9	2.5	2.5	1.2	0.8	1.7	+0.9 s	-2.2 s
Last 30 Days										
8th Grade	0.4	0.4	0.6	0.2	0.2	0.3	0.2	—	—	—
10th Grade	0.5	1.1	1.0	0.4	0.4	0.4	0.4	—	—	—
12th Grade	1.0	1.4	1.4	0.5	0.8	0.4	0.4	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-13

HALLUCINOGENS OTHER THAN LSD: ² Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	1.4	1.7	1.7	2.2	2.5	3.0	2.6	2.5	2.4	2.3†	3.9	3.3	3.2	3.0	3.3	2.8	2.6	2.5	2.4	2.7	2.8	2.3	1.9	1.5	1.2	1.3	1.2
10th Grade	2.2	2.5	2.8	3.8	3.9	4.7	4.8	5.0	4.7	4.8†	6.6	6.3	5.9	5.8	5.2	5.5	5.7	4.8	5.4	5.3	5.2	4.5	4.4	4.1	3.3	3.1	2.9
12th Grade	3.7	3.3	3.9	4.9	5.4	6.8	7.5	7.1	6.7	6.9†	10.4	9.2	9.0	8.7	8.1	7.8	7.7	7.8	6.8	7.7	7.3	6.6	6.4	5.1	4.8	4.7	4.8
Last 12 Months																											
8th Grade	0.7	1.1	1.0	1.3	1.7	2.0	1.8	1.6	1.5	1.4†	2.4	2.1	2.1	1.9	2.0	1.8	1.6	1.6	1.5	1.8	1.8	1.3	1.2	1.0	0.8	0.8	0.7
10th Grade	1.3	1.4	1.9	2.4	2.8	3.3	3.3	3.4	3.2	3.1†	4.3	4.0	3.6	3.7	3.5	3.7	3.8	3.3	3.5	3.5	3.5	3.0	2.7	2.6	1.9	2.0	1.8
12th Grade	2.0	1.7	2.2	3.1	3.8	4.4	4.6	4.6	4.3	4.4†	5.9	5.4	5.4	5.6	5.0	4.6	4.8	5.0	4.2	4.8	4.3	4.0	3.7	3.0	2.9	2.7	2.9
Last 30 Days																											
8th Grade	0.3	0.4	0.5	0.7	0.8	0.9	0.7	0.7	0.6	0.6†	1.1	1.0	1.0	0.8	0.9	0.7	0.7	0.7	0.7	0.8	0.7	0.5	0.5	0.4	0.3	0.3	0.3
10th Grade	0.4	0.5	0.7	1.0	1.0	1.0	1.2	1.4	1.2	1.2†	1.4	1.4	1.2	1.4	1.3	1.3	1.4	1.0	1.1	1.2	1.1	0.9	0.8	0.8	0.6	0.5	0.6
12th Grade	0.7	0.5	0.8	1.2	1.3	1.6	1.7	1.6	1.6	1.7†	1.9	2.0	1.5	1.7	1.6	1.3	1.4	1.6	1.4	1.5	1.2	1.3	1.0	1.0	0.9	0.7	1.0

Table continued on next page

TABLE D-13 (cont.)

HALLUCINOGENS OTHER THAN LSD: ² Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> <u>change</u>	<u>2020- 2025</u> <u>change</u>
Lifetime										
8th Grade	1.5	1.7	2.0	1.3	1.7	1.4	1.7	1.7	0.0	-0.3
10th Grade	2.7	3.3	3.4	2.5	2.7	3.0	3.2	3.3	+0.1	-0.1
12th Grade	4.5	4.3	4.7	5.3	5.6	5.9	6.1	6.3	+0.2	+1.6
Last 12 Months										
8th Grade	0.9	0.9	1.1	0.8	1.0	0.9	0.8	0.7	-0.2	-0.4
10th Grade	1.7	2.1	2.2	1.5	1.6	1.7	1.9	1.9	0.0	-0.3
12th Grade	2.7	2.7	2.8	2.9	3.4	4.0	3.6	3.7	0.0	+0.9
Last 30 Days										
8th Grade	0.4	0.4	0.6	0.2	0.4	0.2	0.4	0.3	-0.1	-0.3
10th Grade	0.5	0.8	0.9	0.6	0.5	0.7	0.7	0.6	-0.1	-0.3
12th Grade	0.9	1.0	0.7	0.8	1.1	1.5	1.1	1.1	0.0	+0.4

Note. See last four pages for relevant footnotes.



TABLE D-14

PCP: ⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grade 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	4.0	3.9	3.9	3.4	3.4	3.5	3.1	2.5	1.6	2.4	2.2	2.1	1.8	1.7	1.8	2.3	1.6	1.3	—	—	—	—
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.4	1.4	1.6	1.8	2.6	2.3	2.1	1.8	2.3	1.8	1.1	1.3	0.7	1.3	0.7	0.9	1.1	1.0	1.0	1.3	0.9	0.7	0.8	1.4	1.3	1.0
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.5	0.6	1.0	0.7	0.6	1.3	0.7	1.0	0.8	0.9	0.5	0.4	0.6	0.4	0.7	0.4	0.5	0.6	0.5	0.8	0.8	0.5	0.4	—	—	—	—

Table continued on next page

TABLE D-14 (cont.)

**PCP:⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use
in Grade 12**

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> <u>change</u>	<u>2020- 2025</u> <u>change</u>
Lifetime										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	1.1	1.1	§	0.7	1.2	0.5	0.7	1.2	+0.5	—
Last 30 Days										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-15

**MDMA (ECSTASY, MOLLY):⁹ Trends in Lifetime, Annual, and 30-Day Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																								
8th Grade	—	3.4	3.2	2.7	2.7	4.3	5.2	4.3	3.2	2.8	2.8	2.5	2.3	2.4	2.2	3.3	2.6	2.0	1.8‡	2.4	2.3	1.7	1.5	
10th Grade	—	5.6	5.7	5.1	6.0	7.3	8.0	6.6	5.4	4.3	4.0	4.5	5.2	4.3	5.5	6.4	6.6	5.0	5.7‡	5.2	3.8	2.8	2.8	
12th Grade	—	6.1	6.9	5.8	8.0	11.0	11.7	10.5	8.3	7.5	5.4	6.5	6.5	6.2	6.5	7.3	8.0	7.2	7.1‡	7.9	5.9	4.9	4.9	
Last 12 Months																								
8th Grade	—	2.3	2.3	1.8	1.7	3.1	3.5	2.9	2.1	1.7	1.7	1.4	1.5	1.7	1.3	2.4	1.7	1.1	1.1‡	1.5	1.4	1.0	0.9	
10th Grade	—	4.6	3.9	3.3	4.4	5.4	6.2	4.9	3.0	2.4	2.6	2.8	3.5	2.9	3.7	4.7	4.5	3.0	3.6‡	3.8	2.4	1.8	1.7	
12th Grade	—	4.6	4.0	3.6	5.6	8.2	9.2	7.4	4.5	4.0	3.0	4.1	4.5	4.3	4.3	4.5	5.3	3.8	4.0‡	5.0	3.6	2.7	2.6	
Last 30 Days																								
8th Grade	—	1.0	1.0	0.9	0.8	1.4	1.8	1.4	0.7	0.8	0.6	0.7	0.6	0.8	0.6	1.1	0.6	0.5	0.5‡	0.7	0.5	0.3	0.4	
10th Grade	—	1.8	1.3	1.3	1.8	2.6	2.6	1.8	1.1	0.8	1.0	1.2	1.2	1.1	1.3	1.9	1.6	1.0	1.2‡	1.1	0.9	0.5	0.5	
12th Grade	—	2.0	1.6	1.5	2.5	3.6	2.8	2.4	1.3	1.2	1.0	1.3	1.6	1.8	1.8	1.4	2.3	0.9	1.5‡	1.5	1.1	0.9	0.9	

Table continued on next page

TABLE D-15 (cont.)

MDMA (ECSTASY, MOLLY):⁹ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Lifetime										
8th Grade	1.6	1.7	1.7	1.0	1.2	0.9	0.6	—	—	—
10th Grade	2.4	3.2	2.6	1.4	1.4	1.4	1.0	—	—	—
12th Grade	4.1	3.3	3.6	2.8	3.0	1.6	1.9	—	—	—
Last 12 Months										
8th Grade	1.1	1.1	0.8	0.6	0.6	0.4	0.3	0.5	+0.2	-0.4
10th Grade	1.4	1.7	1.2	0.7	0.7	0.7	0.5	0.7	+0.2	-0.6 s
12th Grade	2.2	2.2	1.8	1.1	1.4	0.7	0.8	1.1	+0.3	-0.8
Last 30 Days										
8th Grade	0.4	0.5	0.3	0.2	0.2	0.3	0.1	—	—	—
10th Grade	0.4	0.7	0.5	0.1	0.3	0.3	0.2	—	—	—
12th Grade	0.5	0.7	0.8	0.2	0.9	0.3	0.3	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-16

COCAINE: Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	2.3	2.9	2.9	3.6	4.2	4.5	4.4	4.6	4.7	4.5	4.3	3.6	3.6	3.4	3.7	3.4	3.1	3.0	2.6	2.6	2.2	1.9	1.7	1.8	1.6	1.4	1.3
10th Grade	4.1	3.3	3.6	4.3	5.0	6.5	7.1	7.2	7.7	6.9	5.7	6.1	5.1	5.4	5.2	4.8	5.3	4.5	4.6	3.7	3.3	3.3	3.3	2.6	2.7	2.1	2.1
12th Grade	7.8	6.1	6.1	5.9	6.0	7.1	8.7	9.3	9.8	8.6	8.2	7.8	7.7	8.1	8.0	8.5	7.8	7.2	6.0	5.5	5.2	4.9	4.5	4.6	4.0	3.7	4.2
Last 12 Months																											
8th Grade	1.1	1.5	1.7	2.1	2.6	3.0	2.8	3.1	2.7	2.6	2.5	2.3	2.2	2.0	2.2	2.0	2.0	1.8	1.6	1.6	1.4	1.2	1.0	1.0	0.9	0.8	0.8
10th Grade	2.2	1.9	2.1	2.8	3.5	4.2	4.7	4.7	4.9	4.4	3.6	4.0	3.3	3.7	3.5	3.2	3.4	3.0	2.7	2.2	1.9	2.0	1.9	1.5	1.8	1.3	1.4
12th Grade	3.5	3.1	3.3	3.6	4.0	4.9	5.5	5.7	6.2	5.0	4.8	5.0	4.8	5.3	5.1	5.7	5.2	4.4	3.4	2.9	2.9	2.7	2.6	2.6	2.5	2.3	2.7
Last 30 Days																											
8th Grade	0.5	0.7	0.7	1.0	1.2	1.3	1.1	1.4	1.3	1.2	1.2	1.1	0.9	0.9	1.0	1.0	0.9	0.8	0.8	0.6	0.8	0.5	0.5	0.5	0.5	0.3	0.4
10th Grade	0.7	0.7	0.9	1.2	1.7	1.7	2.0	2.1	1.8	1.8	1.3	1.6	1.3	1.7	1.5	1.5	1.3	1.2	0.9	0.9	0.7	0.8	0.8	0.6	0.8	0.4	0.5
12th Grade	1.4	1.3	1.3	1.5	1.8	2.0	2.3	2.4	2.6	2.1	2.1	2.3	2.1	2.3	2.3	2.5	2.0	1.9	1.3	1.3	1.1	1.1	1.1	1.0	1.1	0.9	1.2

Table continued on next page

TABLE D-16 (cont.)

COCAINE: Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	1.4	1.2	1.6	0.6	0.8	1.0	0.6	—	—	—
10th Grade	2.6	2.5	1.6	1.2	0.8	1.0	1.0	—	—	—
12th Grade	3.9	3.8	4.1	2.5	2.4	1.3	1.6	—	—	—
Last 12 Months										
8th Grade	0.8	0.7	0.5	0.2	0.5	0.4	0.2	0.6	+0.3 ss	+0.1
10th Grade	1.5	1.5	1.1	0.6	0.3	0.5	0.5	0.7	+0.2	-0.3
12th Grade	2.3	2.2	2.9	1.2	1.5	0.6	0.9	1.4	+0.5 s	-1.5 s
Last 30 Days										
8th Grade	0.3	0.3	0.1	0.1	0.3	0.3	0.2	—	—	—
10th Grade	0.6	0.6	0.4	0.3	0.2	0.4	0.3	—	—	—
12th Grade	1.1	1.0	0.8	0.3	0.8	0.4	0.5	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-17

**CRACK: ⁴⁸ Trends in Lifetime, Annual, and 30-Day Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	1.3	1.6	1.7	2.4	2.7	2.9	2.7	3.2	3.1	3.1	3.0	2.5	2.5	2.4	2.4	2.3	2.1	2.0	1.7	1.5	1.5	1.0	1.2	1.2	1.0	0.9	0.8
10th Grade	1.7	1.5	1.8	2.1	2.8	3.3	3.6	3.9	4.0	3.7	3.1	3.6	2.7	2.6	2.5	2.2	2.3	2.0	2.1	1.8	1.6	1.4	1.5	1.0	1.1	0.8	0.8
12th Grade	3.1	2.6	2.6	3.0	3.0	3.3	3.9	4.4	4.6	3.9	3.7	3.8	3.6	3.9	3.5	3.5	3.2	2.8	2.4	2.4	1.9	2.1	1.8	1.8	1.7	1.4	1.7
Last 12 Months																											
8th Grade	0.7	0.9	1.0	1.3	1.6	1.8	1.7	2.1	1.8	1.8	1.7	1.6	1.6	1.3	1.4	1.3	1.3	1.1	1.1	1.0	0.9	0.6	0.6	0.7	0.5	0.5	0.5
10th Grade	0.9	0.9	1.1	1.4	1.8	2.1	2.2	2.5	2.4	2.2	1.8	2.3	1.6	1.7	1.7	1.3	1.3	1.3	1.2	1.0	0.9	0.8	0.8	0.5	0.7	0.4	0.6
12th Grade	1.5	1.5	1.5	1.9	2.1	2.1	2.4	2.5	2.7	2.2	2.1	2.3	2.2	2.3	1.9	2.1	1.9	1.6	1.3	1.4	1.0	1.2	1.1	1.1	1.1	0.8	1.0
Last 30 Days																											
8th Grade	0.3	0.5	0.4	0.7	0.7	0.8	0.7	0.9	0.8	0.8	0.8	0.8	0.7	0.6	0.6	0.6	0.6	0.5	0.5	0.4	0.5	0.3	0.3	0.3	0.3	0.2	0.3
10th Grade	0.3	0.4	0.5	0.6	0.9	0.8	0.9	1.1	0.8	0.9	0.7	1.0	0.7	0.8	0.7	0.7	0.5	0.5	0.4	0.5	0.4	0.4	0.4	0.3	0.3	0.2	0.3
12th Grade	0.7	0.6	0.7	0.8	1.0	1.0	0.9	1.0	1.1	1.0	1.1	1.2	0.9	1.0	1.0	0.9	0.9	0.8	0.6	0.7	0.5	0.6	0.6	0.7	0.6	0.5	0.6

Table continued on next page

TABLE D-17 (cont.)

CRACK: ⁴⁸ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> <u>change</u>	<u>2020- 2025</u> <u>change</u>
Lifetime										
8th Grade	0.9	0.9	0.9	0.4	0.7	0.6	—	—	—	—
10th Grade	1.0	0.9	0.7	0.7	0.4	0.7	—	—	—	—
12th Grade	1.5	1.7	1.6	1.5	1.3	0.8	—	—	—	—
Last 12 Months										
8th Grade	0.4	0.4	0.2	0.2	0.4	0.3	0.5	0.6	+0.1	+0.4 s
10th Grade	0.6	0.6	0.5	0.3	0.2	0.3	1.0	0.7	-0.4	+0.1
12th Grade	0.9	1.0	1.2	0.7	0.9	0.5	0.6	0.9	+0.2	-0.3
Last 30 Days										
8th Grade	0.2	0.2	0.1	0.1	0.3	0.2	—	—	—	—
10th Grade	0.3	0.3	0.3	0.2	0.1	0.2	—	—	—	—
12th Grade	0.5	0.7	0.4	0.3	0.6	0.3	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-18

HEROIN:^{13,14} Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	1.2	1.4	1.4	2.0	2.3	2.4	2.1	2.3	2.3	1.9	1.7	1.6	1.6	1.6	1.5	1.4	1.3	1.4	1.3	1.3	1.2	0.8	1.0	0.9	0.5	0.5	0.7
10th Grade	1.2	1.2	1.3	1.5	1.7	2.1	2.1	2.3	2.3	2.2	1.7	1.8	1.5	1.5	1.5	1.4	1.5	1.2	1.5	1.3	1.2	1.1	1.0	0.9	0.7	0.6	0.4
12th Grade	0.9	1.2	1.1	1.2	1.6	1.8	2.1	2.0	2.0	2.4	1.8	1.7	1.5	1.5	1.5	1.4	1.5	1.3	1.2	1.6	1.4	1.1	1.0	1.0	0.8	0.7	0.7
Last 12 Months																											
8th Grade	0.7	0.7	0.7	1.2	1.4	1.6	1.3	1.3	1.4	1.1	1.0	0.9	0.9	1.0	0.8	0.8	0.8	0.9	0.7	0.8	0.7	0.5	0.5	0.5	0.3	0.3	0.3
10th Grade	0.5	0.6	0.7	0.9	1.1	1.2	1.4	1.4	1.4	1.4	0.9	1.1	0.7	0.9	0.9	0.9	0.8	0.8	0.9	0.8	0.8	0.6	0.6	0.5	0.5	0.3	0.2
12th Grade	0.4	0.6	0.5	0.6	1.1	1.0	1.2	1.0	1.1	1.5	0.9	1.0	0.8	0.9	0.8	0.8	0.9	0.7	0.7	0.9	0.8	0.6	0.6	0.6	0.5	0.3	0.4
Last 30 Days																											
8th Grade	0.3	0.4	0.4	0.6	0.6	0.7	0.6	0.6	0.6	0.5	0.6	0.5	0.4	0.5	0.5	0.3	0.4	0.4	0.4	0.4	0.4	0.2	0.3	0.3	0.1	0.2	0.2
10th Grade	0.2	0.2	0.3	0.4	0.6	0.5	0.6	0.7	0.7	0.5	0.3	0.5	0.3	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.4	0.2	0.2	0.1
12th Grade	0.2	0.3	0.2	0.3	0.6	0.5	0.5	0.5	0.5	0.7	0.4	0.5	0.4	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.4	0.3	0.2	0.3

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TABLE D-18 (cont.)

HEROIN: ^{13,14} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	0.6	0.7	0.5	0.5	0.4	0.8	0.4	—	—	—
10th Grade	0.4	0.4	0.3	0.3	0.5	0.5	0.3	—	—	—
12th Grade	0.8	0.6	0.4	0.4	0.5	0.2	0.4	—	—	—
Last 12 Months										
8th Grade	0.3	0.3	0.2	0.2	0.3	0.4	0.2	0.5	+0.2 s	+0.2
10th Grade	0.2	0.3	0.2	0.1	0.2	0.3	0.1	0.5	+0.3 s	+0.3 s
12th Grade	0.4	0.4	0.3	0.1	0.3	0.1	0.2	0.9	+0.7 sss	+0.6 s
Last 30 Days										
8th Grade	0.1	0.1	0.2	0.1	0.2	0.3	0.2	—	—	—
10th Grade	0.1	0.2	0.1	0.1	0.2	0.2	0.1	—	—	—
12th Grade	0.2	0.3	0.3	0.1	0.3	0.1	0.2	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-19

PRESCRIPTION OPIOID DRUGS (NOT PRESCRIBED): ^{15,16,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	8.2	9.7	9.8	10.2	10.6	9.9‡	13.5	13.2	13.5	12.8	13.4	13.1	13.2	13.2	13.0	13.0	12.2	11.1	9.5	8.4	7.8	6.8
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.5	3.3	3.6	3.8	4.7	5.4	6.2	6.3	6.7	7.0	6.7‡	9.4	9.3	9.5	9.0	9.0	9.2	9.1	9.2	8.7	8.7	7.9	7.1	6.1	5.4	4.8	4.2
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.1	1.2	1.3	1.5	1.8	2.0	2.3	2.4	2.6	2.9	3.0‡	4.0	4.1	4.3	3.9	3.8	3.8	3.8	4.1	3.6	3.6	3.0	2.8	2.2	2.1	1.7	1.6

Table continued on next page

TABLE D-19 (cont.)

PRESCRIPTION OPIOID DRUGS (NOT PRESCRIBED): ^{15,16,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Lifetime										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	6.0	5.3	5.3	2.3	3.2	2.4‡	4.1	3.9	-0.2	—
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	3.4	2.7	2.1	1.0	1.7	1.0‡	1.6	2.0	+0.4	—
Last 30 Days										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	1.1	1.0	0.7	0.3	0.7	0.4‡	0.5	0.8	+0.3 s	—

Note. See last four pages for relevant footnotes.



TABLE D-20

OXYCONTIN (NOT PRESCRIBED):^{10,15,17} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–																
	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Last 12 Months																	
8th Grade	—	1.3	1.7	1.7	1.8	2.6	1.8	2.1	2.0	2.1	1.8	1.6	2.0	1.0	0.8	0.9	0.8
10th Grade	—	3.0	3.6	3.5	3.2	3.8	3.9	3.6	5.1	4.6	3.9	3.0	3.4	3.0	2.6	2.1	2.2
12th Grade	—	4.0	4.5	5.0	5.5	4.3	5.2	4.7	4.9	5.1	4.9	4.3	3.6	3.3	3.7	3.4	2.7

Table continued on next page

TABLE D-20 (cont.)

OXYCONTIN (NOT PRESCRIBED): ^{10,15,17} Trends in Annual Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Last 12 Months										
8th Grade	0.8	1.2	0.9	0.8	0.7	0.8	0.7	0.7	+0.1	-0.1
10th Grade	2.2	2.0	1.0	0.9	0.9	0.4	1.0	0.8	-0.2	-0.2
12th Grade	2.3	1.7	2.4	0.9	1.9	0.6	1.1	1.0	-0.1	-1.4

Note. See last four pages for relevant footnotes.



TABLE D-21

**VICODIN (NOT PRESCRIBED):^{10,15,17} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–																
	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Last 12 Months																	
8th Grade	—	2.5	2.8	2.5	2.6	3.0	2.7	2.9	2.5	2.7	2.1	1.3	1.4	1.0	0.9	0.8	0.7
10th Grade	—	6.9	7.2	6.2	5.9	7.0	7.2	6.7	8.1	7.7	5.9	4.4	4.6	3.4	2.5	1.7	1.5
12th Grade	—	9.6	10.5	9.3	9.5	9.7	9.6	9.7	9.7	8.0	8.1	7.5	5.3	4.8	4.4	2.9	2.0

Table continued on next page

TABLE D-21 (cont.)

VICODIN (NOT PRESCRIBED):^{10,15,17} Trends in Annual Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Last 12 Months										
8th Grade	0.6	0.9	0.5	0.6	0.7	0.9	0.9	1.1	+0.1	+0.5
10th Grade	1.1	1.1	0.9	0.5	1.0	0.3	1.0	0.9	-0.2	0.0
12th Grade	1.7	1.1	1.2	0.9	1.3	0.6	0.7	0.7	-0.1	-0.6

Note. See last four pages for relevant footnotes.



TABLE D-22

FENTANYL (NOT PRESCRIBED): ^{14,49} **Trends in Annual Prevalence of Use**
in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–							2024–	2020–
	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>change</u>	<u>2025</u>
Last 12 Months									
8th Grade	—	0.6	0.5	0.9	0.7	0.5	0.7	+0.2	+0.1
10th Grade	—	1.2	0.2	1.0	0.4	0.3	0.5	+0.2	-0.7
12th Grade	—	1.9	0.4	0.3	0.9	0.4	0.7	+0.3	-1.3

Note. See last four pages for relevant footnotes.



TABLE D-23

PRESCRIPTION STIMULANT DRUGS (NOT PRESCRIBED):^{15,18,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	10.5	10.8	11.8	12.3	13.1	13.5	12.3	11.3	10.7	9.9	10.2	8.7	8.4	7.5	7.4	7.3	6.5	6.8	6.0	5.7	5.2	4.5†	6.9	6.7	6.8	5.7	5.7
10th Grade	13.2	13.1	14.9	15.1	17.4	17.7	17.0	16.0	15.7	15.7	16.0	14.9	13.1	11.9	11.1	11.2	11.1	9.0	10.3	10.6	9.0	8.9†	11.2	10.6	9.7	8.8	8.2
12th Grade	15.4	13.9	15.1	15.7	15.3	15.3	16.5	16.4	16.3	15.6	16.2	16.8	14.4	15.0	13.1	12.4	11.4	10.5	9.9	11.1	12.2	12.0†	13.8	12.1	10.8	10.0	9.2
Last 12 Months																											
8th Grade	6.2	6.5	7.2	7.9	8.7	9.1	8.1	7.2	6.9	6.5	6.7	5.5	5.5	4.9	4.9	4.7	4.2	4.5	4.1	3.9	3.5	2.9†	4.2	4.3	4.1	3.5	3.5
10th Grade	8.2	8.2	9.6	10.2	11.9	12.4	12.1	10.7	10.4	11.1	11.7	10.7	9.0	8.5	7.8	7.9	8.0	6.4	7.1	7.6	6.6	6.5†	7.9	7.6	6.8	6.1	5.6
12th Grade	8.2	7.1	8.4	9.4	9.3	9.5	10.2	10.1	10.2	10.5	10.9	11.1	9.9	10.0	8.6	8.1	7.5	6.8	6.6	7.4	8.2	7.9†	9.2	8.1	7.7	6.7	5.9
Last 30 Days																											
8th Grade	2.6	3.3	3.6	3.6	4.2	4.6	3.8	3.3	3.4	3.4	3.2	2.8	2.7	2.3	2.3	2.1	2.0	2.2	1.9	1.8	1.8	1.3†	2.3	2.1	1.9	1.7	1.7
10th Grade	3.3	3.6	4.3	4.5	5.3	5.5	5.1	5.1	5.0	5.4	5.6	5.2	4.3	4.0	3.7	3.5	4.0	2.8	3.3	3.3	3.1	2.8†	3.3	3.7	3.1	2.7	2.5
12th Grade	3.2	2.8	3.7	4.0	4.0	4.1	4.8	4.6	4.5	5.0	5.6	5.5	5.0	4.6	3.9	3.7	3.7	2.9	3.0	3.3	3.7	3.3†	4.2	3.8	3.2	3.0	2.6

Table continued on next page

TABLE D-23 (cont.)

PRESCRIPTION STIMULANT DRUGS (NOT PRESCRIBED): ^{15,18,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u>	<u>2020- 2025</u>
									<u>change</u>	<u>change</u>
Lifetime										
8th Grade	5.9	6.8	8.9	5.8	6.0	5.0‡	7.5	7.6	+0.1	—
10th Grade	8.6	8.2	7.0	5.2	5.4	5.7‡	6.2	5.4	-0.8	—
12th Grade	8.6	7.7	7.3	4.9	5.3	4.3‡	5.6	5.1	-0.5	—
Last 12 Months										
8th Grade	3.7	4.1	5.3	3.0	3.2	2.8‡	4.0	4.0	0.0	—
10th Grade	5.7	5.2	4.3	2.7	3.1	2.7‡	3.5	3.1	-0.3	—
12th Grade	5.5	4.5	4.3	2.3	2.8	2.1‡	2.4	2.7	+0.3	—
Last 30 Days										
8th Grade	1.8	2.2	2.2	1.7	1.9	1.6‡	2.3	2.6	+0.3	—
10th Grade	2.4	2.4	1.9	1.4	1.3	1.3‡	2.1	1.8	-0.3	—
12th Grade	2.4	2.0	1.7	1.0	1.3	1.1‡	1.2	1.5	+0.3	—

Note. See last four pages for relevant footnotes.



TABLE D-24

RITALIN (NOT PRESCRIBED): ^{10,11,15} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–																	
	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Last 12 Months																		
8th Grade	—	2.9	2.8	2.6	2.5	2.4	2.6	2.1	1.6	1.8	1.5	1.3	0.7	1.1	0.9	0.6	0.8	0.4
10th Grade	—	4.8	4.8	4.1	3.4	3.4	3.6	2.8	2.9	3.6	2.7	2.6	1.9	1.8	1.8	1.6	1.2	0.8
12th Grade	—	5.1	4.0	4.0	5.1	4.4	4.4	3.8	3.4	2.1	2.7	2.6	2.6	2.3	1.8	2.0	1.2	1.3

Table continued on next page

TABLE D-24 (cont.)

RITALIN (NOT PRESCRIBED):^{10,11,15} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12
 (Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> <u>change</u>	<u>2020- 2025</u> <u>change</u>
Last 12 Months										
8th Grade	0.5	1.0	0.5	0.6	0.7	0.6	0.7	0.6	-0.1	0.0
10th Grade	0.9	0.7	1.0	0.3	0.7	0.5	0.9	0.7	-0.2	-0.3
12th Grade	0.9	1.1	1.7	0.5	1.1	0.6	1.1	0.8	-0.3	-0.9

Note. See last four pages for relevant footnotes.



TABLE D-25

ADDERALL (NOT PRESCRIBED):^{10,11,15} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																		2024–	2020–
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
																			change	change
Last 12 Months																				
8th Grade	—	2.0	2.3	1.7	1.7	1.8	1.3	1.0	1.5	1.3	1.8	2.5	2.7	1.8	2.3	1.7	1.6	2.3	+0.7	-0.5
10th Grade	—	5.7	5.3	4.6	4.5	4.4	4.6	5.2	4.2	4.0	4.1	3.1	2.9	1.6	2.9	2.1	1.9	2.2	+0.3	-0.6
12th Grade	—	5.4	6.5	6.5	7.6	7.4	6.8	7.5	6.2	5.5	4.6	3.9	4.4	1.8	3.4	1.7	2.5	2.3	-0.2	-2.1

Note. See last four pages for relevant footnotes.



TABLE D-26

METHAMPHETAMINE: ^{10,11} Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																			
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																				
8th Grade	—	4.5	4.2	4.4	3.5	3.9	2.5	3.1	2.7	1.8	2.3	1.6	1.8	1.3	1.3	1.4	1.0	0.8	0.6	0.7
10th Grade	—	7.3	6.9	6.4	6.1	5.2	5.3	4.1	3.2	2.8	2.4	2.8	2.5	2.1	1.8	1.6	1.4	1.3	0.7	0.9
12th Grade	—	8.2	7.9	6.9	6.7	6.2	6.2	4.5	4.4	3.0	2.8	2.4	2.3	2.1	1.7	1.5	1.9	1.0	1.2	1.1
Last 12 Months																				
8th Grade	—	3.2	2.5	2.8	2.2	2.5	1.5	1.8	1.8	1.1	1.2	1.0	1.2	0.8	1.0	1.0	0.6	0.5	0.4	0.5
10th Grade	—	4.6	4.0	3.7	3.9	3.3	3.0	2.9	1.8	1.6	1.5	1.6	1.6	1.4	1.0	1.0	0.8	0.8	0.4	0.4
12th Grade	—	4.7	4.3	3.9	3.6	3.2	3.4	2.5	2.5	1.7	1.2	1.2	1.0	1.4	1.1	0.9	1.0	0.6	0.6	0.6
Last 30 Days																				
8th Grade	—	1.1	0.8	1.3	1.1	1.2	0.6	0.7	0.6	0.6	0.7	0.5	0.7	0.4	0.5	0.4	0.2	0.3	0.3	0.2
10th Grade	—	1.8	2.0	1.5	1.8	1.4	1.3	1.1	0.7	0.4	0.7	0.6	0.7	0.5	0.6	0.4	0.3	0.3	0.2	0.1
12th Grade	—	1.7	1.9	1.5	1.7	1.7	1.4	0.9	0.9	0.6	0.6	0.5	0.5	0.6	0.5	0.4	0.5	0.4	0.3	0.3

Table continued on next page

TABLE D-26 (cont.)

METHAMPHETAMINE: ^{10,11} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	0.7	0.9	1.1	0.3	0.5	0.3	0.4	—	—	—
10th Grade	0.8	0.7	0.8	0.4	0.6	0.5	0.3	—	—	—
12th Grade	0.7	0.8	1.7	0.6	1.1	0.6	0.8	—	—	—
Last 12 Months										
8th Grade	0.4	0.5	0.5	0.2	0.2	0.0	0.1	0.4	+0.3	-0.1
10th Grade	0.4	0.5	0.3	0.2	0.3	0.4	0.2	0.5	+0.3	+0.2
12th Grade	0.5	0.5	1.4	0.2	0.5	0.4	0.5	0.8	0.2	-0.6
Last 30 Days										
8th Grade	0.1	0.1	0.1	0.0	0.1	0.0	0.1	—	—	—
10th Grade	0.1	0.3	0.2	0.1	0.1	0.3	0.1	—	—	—
12th Grade	0.3	0.3	0.8	0.1	0.4	0.1	0.3	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-27

CRYSTAL METHAMPHETAMINE (ICE): ¹¹ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	3.9	4.4	4.4	5.3	4.8	4.0	4.1	4.7	3.9	4.0	4.0	3.4	3.4	2.8	2.1	1.8	2.1	1.7	2.0	1.3	1.2	1.4	1.5
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.3	1.7	1.8	2.4	2.8	2.3	3.0	1.9	2.2	2.5	3.0	2.0	2.1	2.3	1.9	1.6	1.1	0.9	0.9	1.2	0.8	1.1	0.8	0.5	0.8	0.8
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.6	0.5	0.6	0.7	1.1	1.1	0.8	1.2	0.8	1.0	1.1	1.2	0.8	0.8	0.9	0.7	0.6	0.6	0.5	0.6	0.6	0.4	0.8	0.4	0.3	0.4	0.5

Table continued on next page

TABLE D-27 (cont.)

CRYSTAL METHAMPHETAMINE (ICE): ¹¹ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Lifetime										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	1.1	1.3	0.2	0.7	0.8	0.9	0.6	—	—	—
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	0.6	0.6	0.0	0.4	0.3	0.3	0.2	0.9	+0.7 s	+0.8 ss
Last 30 Days										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	0.4	0.4	0.0	0.2	0.3	0.2	0.1	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-28

**FLAKKA: ⁷ Trends in Annual Prevalence of Use
in Grade 12**

(Entries are percentages.)

	1991– 2022	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Last 12 Months													
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	0.8	0.8	0.6	0.4	§	0.3	0.6	0.6	0.4	0.3	-0.2	—

Note. See last four pages for relevant footnotes.



TABLE D-29

**KRATOM:⁷ Trends in Annual Prevalence of Use
in Grade 12**

(Entries are percentages.)

	1991–				2024–	2020–
	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u> <u>change</u>	<u>2025</u> <u>change</u>
Last 12 Months						
8th Grade	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—
12th Grade	—	1.3	0.7	1.2	+0.5	—

Note. See last four pages for relevant footnotes.



TABLE D-30

PRESCRIPTION SLEEPING DRUGS (NOT PRESCRIBED): ^{15,19,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	7.4	7.6	8.1	8.7	8.9	9.2	8.7	9.5	8.8	9.9	10.5	10.2	9.3	8.5	8.2	7.5	7.0	6.9	7.5	6.8	5.9	5.2	4.5
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.4	2.8	3.4	4.1	4.7	4.9	5.1	5.5	5.8	6.2	5.7	6.7	6.0	6.5	7.2	6.6	6.2	5.8	5.2	4.8	4.3	4.5	4.8	4.3	3.6	3.0	2.9
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.1	1.3	1.7	2.2	2.1	2.1	2.6	2.6	3.0	2.8	3.2	2.9	2.9	3.3	3.0	2.7	2.8	2.5	2.2	1.8	2.0	2.2	2.0	1.7	1.5	1.4

Table continued on next page

TABLE D-30 (cont.)

PRESCRIPTION SLEEPING DRUGS (NOT PRESCRIBED): ^{15,19,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	4.2	4.2	4.4	3.5	3.6	2.9‡	8.9	9.4	+0.5	—
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	2.7	2.5	2.4	1.8	2.0	1.5‡	4.8	4.7	-0.2	—
Last 30 Days										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	1.2	1.2	1.2	0.9	1.1	0.7‡	2.8	2.2	-0.6	—

Note. See last four pages for relevant footnotes.



TABLE D-31

PRESCRIPTION ANTI-ANXIETY DRUGS (NOT PRESCRIBED):^{2,15,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use
in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	3.8	4.1	4.4	4.6	4.5	5.3	4.8	4.6	4.4	4.4†	5.0	4.3	4.4	4.0	4.1	4.3	3.9	3.9	3.9	4.4	3.4	3.0	2.9	2.9	3.0	3.0	3.4
10th Grade	5.8	5.9	5.7	5.4	6.0	7.1	7.3	7.8	7.9	8.0†	9.2	8.8	7.8	7.3	7.1	7.2	7.4	6.8	7.0	7.3	6.8	6.3	5.5	5.8	5.8	6.1	6.0
12th Grade	7.2	6.0	6.4	6.6	7.1	7.2	7.8	8.5	9.3	8.9†	10.3	11.4	10.2	10.6	9.9	10.3	9.5	8.9	9.3	8.5	8.7	8.5	7.7	7.4	6.9	7.6	7.5
Last 12 Months																											
8th Grade	1.8	2.0	2.1	2.4	2.7	3.3	2.9	2.6	2.5	2.6†	2.8	2.6	2.7	2.5	2.8	2.6	2.4	2.4	2.6	2.8	2.0	1.8	1.8	1.7	1.7	1.7	2.0
10th Grade	3.2	3.5	3.3	3.3	4.0	4.6	4.9	5.1	5.4	5.6†	7.3	6.3	5.3	5.1	4.8	5.2	5.3	4.6	5.0	5.1	4.5	4.3	3.7	3.9	3.9	4.1	4.1
12th Grade	3.6	2.8	3.5	3.7	4.4	4.6	4.7	5.5	5.8	5.7†	6.9	7.7	6.7	7.3	6.8	6.6	6.2	6.2	6.3	5.6	5.6	5.3	4.6	4.7	4.7	4.9	4.7
Last 30 Days																											
8th Grade	0.8	0.8	0.9	1.1	1.2	1.5	1.2	1.2	1.1	1.4†	1.2	1.2	1.4	1.2	1.3	1.3	1.1	1.2	1.2	1.2	1.0	0.8	0.9	0.8	0.8	0.8	0.7
10th Grade	1.2	1.5	1.1	1.5	1.7	1.7	2.2	2.2	2.2	2.5†	2.9	2.9	2.4	2.3	2.3	2.4	2.6	1.9	2.0	2.2	1.9	1.7	1.6	1.6	1.7	1.5	1.5
12th Grade	1.4	1.0	1.2	1.4	1.8	2.0	1.8	2.4	2.5	2.6†	2.9	3.3	2.8	3.1	2.9	2.7	2.6	2.6	2.7	2.5	2.3	2.1	2.0	2.1	2.0	1.9	2.0

Table continued on next page

TABLE D-31 (cont.)

PRESCRIPTION ANTI-ANXIETY DRUGS (NOT PRESCRIBED): ^{2,15,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime										
8th Grade	3.5	4.0	3.9	2.5	3.1	2.3†	5.3	5.2	-0.2	—
10th Grade	6.0	5.7	4.9	2.6	2.7	2.5†	5.1	4.6	-0.5	—
12th Grade	6.6	6.1	7.0	3.3	3.3	2.7†	6.2	4.9	-1.3	—
Last 12 Months										
8th Grade	2.0	2.4	2.2	1.1	1.4	0.9†	3.0	2.7	-0.3	—
10th Grade	3.9	3.4	2.6	1.3	1.5	1.2†	3.1	2.8	-0.3	—
12th Grade	3.9	3.4	3.2	1.2	1.5	1.0†	3.5	2.7	-0.8	—
Last 30 Days										
8th Grade	0.9	1.2	1.1	0.4	0.6	0.4†	2.0	1.7	-0.3	—
10th Grade	1.3	1.3	0.7	0.5	0.6	0.4†	1.9	1.8	-0.1	—
12th Grade	1.3	1.3	1.0	0.4	0.7	0.3†	2.3	1.6	-0.8 s	—

Note. See last four pages for relevant footnotes.



TABLE D-32

ANY PRESCRIPTION DRUG: ^{38,46} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	1991- 2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	24.0	23.9	22.2	21.5	20.9	21.6	21.7	21.2‡	22.2	19.9	18.3	18.0	16.5	15.5	14.6	14.2	8.8	9.3	8.5‡	17.9	17.0	-0.9	—
Last 12 Months																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	17.1	16.8	15.8	15.4	14.4	15.0	15.2	14.8‡	15.9	13.9	12.9	12.0	10.9	9.9	8.6	7.6	4.4	5.0	4.2‡	9.3	9.5	+0.1	—
Last 30 Days																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	8.6	8.1	7.8	7.2	7.3	6.9	7.2	7.0‡	7.1	6.4	5.9	5.4	4.9	4.5	3.6	3.3	2.1	2.6	2.1‡	5.1	4.7	-0.4	—

Note. See last four pages for relevant footnotes.



TABLE D-33

OVER-THE-COUNTER COUGH/COLD MEDICATION: ^{10,11} Trends in Annual Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																						2024– 2025 change	2020– 2025 change
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025			
Last 12 Months																								
8th Grade	—	4.2	4.0	3.6	3.8	3.2	2.7	3.0	2.9	2.0	1.6	2.6	2.1	2.8	3.2	4.6	3.5	3.2	4.0	4.4	4.2	-0.2	-0.4	
10th Grade	—	5.3	5.4	5.3	6.0	5.1	5.5	4.7	4.3	3.7	3.3	3.0	3.6	3.3	2.6	3.3	2.7	3.9	3.0	4.0	5.1	+1.1	+1.8 s	
12th Grade	—	6.9	5.8	5.5	5.9	6.6	5.3	5.6	5.0	4.1	4.6	4.0	3.2	3.4	2.5	3.2	1.7	2.4	2.4	2.8	3.1	+0.4	-0.1	

Note. See last four pages for relevant footnotes.



TABLE D-34

ROHYPNOL: ²⁰ Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																							
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Lifetime																								
8th Grade	—	1.5	1.1	1.4	1.3	1.0	1.1	0.8	1.0	1.0	1.1	1.0	1.0	0.7	0.7	0.9	2.0	1.0	0.7	0.6	0.8	0.9	0.6	
10th Grade	—	1.5	1.7	2.0	1.8	1.3	1.5	1.3	1.0	1.2	1.0	0.8	1.3	0.9	0.7	1.4	1.2	0.8	1.1	1.0	0.5	1.0	0.7	
12th Grade	—	1.2	1.8	3.0	2.0	1.5	1.7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Last 12 Months																								
8th Grade	—	1.0	0.8	0.8	0.5	0.5	0.7	0.3	0.5	0.6	0.7	0.5	0.7	0.5	0.4	0.5	0.8	0.4	0.4	0.3	0.3	0.5	0.4	
10th Grade	—	1.1	1.3	1.2	1.0	0.8	1.0	0.7	0.6	0.7	0.5	0.5	0.7	0.4	0.4	0.6	0.6	0.5	0.6	0.5	0.2	0.5	0.3	
12th Grade	—	1.1	1.2	1.4	1.0	0.8	0.9	1.6	1.3	1.6	1.2	1.1	1.0	1.3	1.0	1.5	1.3	1.5	0.9	0.7	1.0	1.1	0.8	
Last 30 Days																								
8th Grade	—	0.5	0.3	0.4	0.3	0.3	0.4	0.2	0.1	0.2	0.2	0.4	0.3	0.1	0.2	0.2	0.6	0.1	0.1	0.2	0.1	0.2	0.1	
10th Grade	—	0.5	0.5	0.4	0.5	0.4	0.2	0.4	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	0.1	0.4	0.1	0.3	0.0	
12th Grade	—	0.5	0.3	0.3	0.3	0.4	0.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Table continued on next page

TABLE D-34 (cont.)

ROHYPNOL: ²⁰ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Lifetime										
8th Grade	0.7	0.6	§	0.3	0.4	0.5	0.3	—	—	—
10th Grade	0.5	0.9	§	0.6	0.2	0.6	0.2	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—
Last 12 Months										
8th Grade	0.3	0.4	§	0.2	0.2	0.0	0.3	0.5	+0.2	—
10th Grade	0.3	0.6	§	0.2	0.0	0.1	0.1	0.4	+0.3	—
12th Grade	0.7	0.5	§	0.4	0.7	0.2	0.6	0.1	-0.6	—
Last 30 Days										
8th Grade	0.3	0.4	§	0.1	0.2	0.0	0.0	—	—	—
10th Grade	0.1	0.2	§	0.1	0.0	0.0	0.2	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-35

GHB: ^{10,21} Trends in Annual Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																			
	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	
Last 12 Months																				
8th Grade	—	1.2	1.1	0.8	0.9	0.7	0.5	0.8	0.7	1.1	0.7	0.6	0.6	—	—	—	—	—	—	—
10th Grade	—	1.1	1.0	1.4	1.4	0.8	0.8	0.7	0.6	0.5	1.0	0.6	0.5	—	—	—	—	—	—	—
12th Grade	—	1.9	1.6	1.5	1.4	2.0	1.1	1.1	0.9	1.2	1.1	1.4	1.4	1.4	1.0	1.0	0.7	0.9	0.4	

Table continued on next page

TABLE D-35 (cont.)

GHB: ^{10,21} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12
(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	0.3	0.4	§	0.4	0.5	0.3	0.4	0.3	-0.1	—

Note. See last four pages for relevant footnotes.



TABLE D-36

KETAMINE: ^{10,22} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																		
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Last 12 Months																			
8th Grade	—	1.6	1.3	1.3	1.1	0.9	0.6	0.9	1.0	1.2	1.0	1.0	0.8	—	—	—	—	—	—
10th Grade	—	2.1	2.1	2.2	1.9	1.3	1.0	1.0	0.8	1.0	1.3	1.1	1.2	—	—	—	—	—	—
12th Grade	—	2.5	2.5	2.6	2.1	1.9	1.6	1.4	1.3	1.5	1.7	1.6	1.7	1.5	1.4	1.5	1.4	1.2	1.2

Table continued on next page

TABLE D-36 (cont.)

KETAMINE: ^{10,22} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	0.7	0.7	1.3	0.9	1.2	1.0	0.9	1.1	+0.1	-0.2

Note. See last four pages for relevant footnotes.



TABLE D-37

**XYLAZINE:⁷ Trends in Annual Prevalence of Use
in Grade 12**

(Entries are percentages.)

	1991–			2024–	2020–
	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u> <u>change</u>	<u>2025</u> <u>change</u>
Last 12 Months					
8th Grade	—	—	—	—	—
10th Grade	—	—	—	—	—
12th Grade	—	0.4	0.3	-0.1	—

Note. See last four pages for relevant footnotes.



TABLE D-38

ALCOHOL: ^{23,37} Trends in Use over Various Prevalence Periods

in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Lifetime																												
8th Grade	70.1	69.3‡	55.7	55.8	54.5	55.3	53.8	52.5	52.1	51.7	50.5	47.0	45.6	43.9	41.0	40.5	38.9	38.9	36.6	35.8	33.1	29.5	27.8	26.8	26.1	22.8	23.1	
10th Grade	83.8	82.3‡	71.6	71.1	70.5	71.8	72.0	69.8	70.6	71.4	70.1	66.9	66.0	64.2	63.2	61.5	61.7	58.3	59.1	58.2	56.0	54.0	52.1	49.3	47.1	43.4	42.2	
12th Grade	88.0	87.5‡	80.0	80.4	80.7	79.2	81.7	81.4	80.0	80.3	79.7	78.4	76.6	76.8	75.1	72.7	72.2	71.9	72.3	71.0	70.0	69.4	68.2	66.0	64.0	61.2	61.5	
Last 12 Months																												
8th Grade	54.0	53.7‡	45.4	46.8	45.3	46.5	45.5	43.7	43.5	43.1	41.9	38.7	37.2	36.7	33.9	33.6	31.8	32.1	30.3	29.3	26.9	23.6	22.1	20.8	21.0	17.6	18.2	
10th Grade	72.3	70.2‡	63.4	63.9	63.5	65.0	65.2	62.7	63.7	65.3	63.5	60.0	59.3	58.2	56.7	55.8	56.3	52.5	52.8	52.1	49.8	48.5	47.1	44.0	41.9	38.3	37.7	
12th Grade	77.7	76.8‡	72.7	73.0	73.7	72.5	74.8	74.3	73.8	73.2	73.3	71.5	70.1	70.6	68.6	66.5	66.4	65.5	66.2	65.2	63.5	63.5	62.0	60.2	58.2	55.6	55.7	
Last 30 Days																												
8th Grade	25.1	26.1‡	24.3	25.5	24.6	26.2	24.5	23.0	24.0	22.4	21.5	19.6	19.7	18.6	17.1	17.2	15.9	15.9	14.9	13.8	12.7	11.0	10.2	9.0	9.7	7.3	8.0	
10th Grade	42.8	39.9‡	38.2	39.2	38.8	40.4	40.1	38.8	40.0	41.0	39.0	35.4	35.4	35.2	33.2	33.8	33.4	28.8	30.4	28.9	27.2	27.6	25.7	23.5	21.5	19.9	19.7	
12th Grade	54.0	51.3‡	48.6	50.1	51.3	50.8	52.7	52.0	51.0	50.0	49.8	48.6	47.5	48.0	47.0	45.3	44.4	43.1	43.5	41.2	40.0	41.5	39.2	37.4	35.3	33.2	33.2	
Daily ⁴																												
8th Grade	0.5	0.6‡	1.0	1.0	0.7	1.0	0.8	0.9	1.0	0.8	0.9	0.7	0.8	0.6	0.5	0.5	0.6	0.7	0.5	0.5	0.4	0.3	0.3	0.3	0.2	0.2	0.2	
10th Grade	1.3	1.2‡	1.8	1.7	1.7	1.6	1.7	1.9	1.9	1.8	1.9	1.8	1.5	1.3	1.3	1.4	1.4	1.0	1.1	1.1	0.8	1.0	0.9	0.8	0.5	0.5	0.6	
12th Grade	3.6	3.4‡	3.4	2.9	3.5	3.7	3.9	3.9	3.4	2.9	3.6	3.5	3.2	2.8	3.1	3.0	3.1	2.8	2.5	2.7	2.1	2.5	2.2	1.9	1.9	1.3	1.6	
5+ drinks in a row in last 2 weeks ²³																												
8th Grade	10.9	11.3	11.3	12.1	12.3	13.3	12.3	11.5	13.1	11.7	11.0	10.3	9.8	9.4	8.4	8.7	8.3	8.1	7.8	7.2	6.4	5.1	5.1	4.1	4.6	3.4	3.7	
10th Grade	21.0	19.1	21.0	21.9	22.0	22.8	23.1	22.4	23.5	24.1	22.8	20.3	20.0	19.9	19.0	19.9	19.6	16.0	17.5	16.3	14.7	15.6	13.7	12.6	10.9	9.7	9.8	
12th Grade	29.8	27.9	27.5	28.2	29.8	30.2	31.3	31.5	30.8	30.0	29.7	28.6	27.9	29.2	27.1	25.4	25.9	24.6	25.2	23.2	21.6	23.7	22.1	19.4	17.2	15.5	16.6	
10+ drinks in a row in last 2 weeks ^{7,44}																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.2	1.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	3.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10.6	12.9	11.1	10.4	10.6	9.9	9.8	10.4	8.1	7.1	6.1	4.4	6.0	
15+ drinks in a row in last 2 weeks ⁷																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.7	7.2	5.6	5.6	6.0	6.3	4.6	5.5	4.4	4.1	3.5	2.3	3.1	

Table continued on next page

TABLE D-38 (cont.)

ALCOHOL: ^{23,37} Trends in Use over Various Prevalence Periods

in Grades 8, 10, and 12

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime										
8th Grade	23.5	24.5	25.6	21.7	23.1	20.1	18.5	16.8	-1.8	-8.8 sss
10th Grade	43.0	43.1	46.4	34.7	41.1	35.8	32.0	29.6	-2.4	-16.7 sss
12th Grade	58.5	58.5	61.5	54.1	61.6	52.8	48.7	48.6	-0.1	-12.9 sss
Last 12 Months										
8th Grade	18.7	19.3	20.5	17.2	15.2	15.1	12.9	11.2	-1.6	-9.3 sss
10th Grade	37.8	37.7	40.7	28.5	31.3	30.6	26.1	23.5	-2.5	-17.1 sss
12th Grade	53.3	52.1	55.3	46.5	51.9	45.7	41.7	41.1	-0.6	-14.2 sss
Last 30 Days										
8th Grade	8.2	7.9	9.9	7.3	6.0	5.9	4.9	4.3	-0.6	-5.5 sss
10th Grade	18.6	18.4	20.3	13.1	13.6	13.7	11.3	10.4	-1.0	-9.9 sss
12th Grade	30.2	29.3	33.6	25.8	28.4	24.3	21.7	22.3	+0.6	-11.3 ss
Daily ⁴										
8th Grade	0.1	0.2	0.4	0.3	0.1	0.2	0.3	0.1	-0.2 s	-0.4 s
10th Grade	0.5	0.6	1.0	0.4	0.4	0.4	0.6	0.5	-0.2	-0.5
12th Grade	1.2	1.7	2.7	0.9	1.5	0.9	0.9	0.9	0.0	-1.8
5+ drinks in a row in last 2 weeks ²³										
8th Grade	3.7	3.8	4.5	2.8	2.2	2.0	1.7	1.4	-0.3	-3.1 sss
10th Grade	8.7	8.5	9.6	5.9	5.9	5.4	4.7	3.9	-0.8	-5.7 sss
12th Grade	13.8	14.4	16.8	11.8	12.6	10.2	8.8	8.7	-0.1	-8.0 ss
10+ drinks in a row in last 2 weeks ^{7,44}										
8th Grade	1.1	1.7	0.9	1.0	0.6	1.1	0.7	0.6	-0.1	-0.3
10th Grade	3.3	3.3	2.5	2.1	1.9	2.1	1.6	1.5	-0.1	-1.0
12th Grade	4.6	5.3	§	3.2	4.3	2.2	3.0	1.9	-1.0	—
15+ drinks in a row in last 2 weeks ⁷										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	2.5	3.2	§	1.3	2.4	1.7	1.7	0.8	-1.0	—

Note. See last four pages for relevant footnotes.

TABLE D-39

**BEEN DRUNK:¹¹ Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Lifetime																												
8th Grade	26.7	26.8	26.4	25.9	25.3	26.8	25.2	24.8	24.8	25.1	23.4	21.3	20.3	19.9	19.5	19.5	17.9	18.0	17.4	16.3	14.8	12.8	12.2	10.8	10.9	8.6	9.2	
10th Grade	50.0	47.7	47.9	47.2	46.9	48.5	49.4	46.7	48.9	49.3	48.2	44.0	42.4	42.3	42.1	41.4	41.2	37.2	38.6	36.9	35.9	34.6	33.5	30.2	28.6	26.0	25.1	
12th Grade	65.4	63.4	62.5	62.9	63.2	61.8	64.2	62.4	62.3	62.3	63.9	61.6	58.1	60.3	57.5	56.4	55.1	54.7	56.5	54.1	51.0	54.2	52.3	49.8	46.7	46.3	45.3	
Last 12 Months																												
8th Grade	17.5	18.3	18.2	18.2	18.4	19.8	18.4	17.9	18.5	18.5	16.6	15.0	14.5	14.5	14.1	13.9	12.6	12.7	12.2	11.5	10.5	8.6	8.4	7.3	7.7	5.7	6.4	
10th Grade	40.1	37.0	37.8	38.0	38.5	40.1	40.7	38.3	40.9	41.6	39.9	35.4	34.7	35.1	34.2	34.5	34.4	30.0	31.2	29.9	28.8	28.2	27.1	24.6	23.4	20.5	20.4	
12th Grade	52.7	50.3	49.6	51.7	52.5	51.9	53.2	52.0	53.2	51.8	53.2	50.4	48.0	51.8	47.7	47.9	46.1	45.6	47.0	44.0	42.2	45.0	43.5	41.4	37.7	37.3	35.6	
Last 30 Days																												
8th Grade	7.6	7.5	7.8	8.7	8.3	9.6	8.2	8.4	9.4	8.3	7.7	6.7	6.7	6.2	6.0	6.2	5.5	5.4	5.4	5.0	4.4	3.6	3.5	2.7	3.1	1.8	2.2	
10th Grade	20.5	18.1	19.8	20.3	20.8	21.3	22.4	21.1	22.5	23.5	21.9	18.3	18.2	18.5	17.6	18.8	18.1	14.4	15.5	14.7	13.7	14.5	12.8	11.2	10.3	9.0	8.9	
12th Grade	31.6	29.9	28.9	30.8	33.2	31.3	34.2	32.9	32.9	32.3	32.7	30.3	30.9	32.5	30.2	30.0	28.7	27.6	27.4	26.8	25.0	28.1	26.0	23.5	20.6	20.4	19.1	
Daily⁴																												
8th Grade	0.1	0.1	0.2	0.3	0.2	0.2	0.2	0.3	0.4	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.0
10th Grade	0.2	0.3	0.4	0.4	0.6	0.4	0.6	0.6	0.7	0.5	0.6	0.5	0.5	0.4	0.4	0.5	0.5	0.3	0.4	0.3	0.2	0.4	0.3	0.3	0.1	0.1	0.2	
12th Grade	0.9	0.8	0.9	1.2	1.3	1.6	2.0	1.5	1.9	1.7	1.4	1.2	1.6	1.8	1.5	1.6	1.3	1.4	1.1	1.6	1.3	1.5	1.3	1.1	0.8	0.8	1.1	

Table continued on next page

TABLE D-39 (cont.)

BEEN DRUNK: ¹¹ Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Lifetime										
8th Grade	9.2	10.1	10.1	8.3	8.0	7.3	6.7	5.0	-1.6 ss	-5.0 sss
10th Grade	26.2	25.5	28.8	17.8	19.8	17.6	15.3	15.0	-0.3	-13.8 sss
12th Grade	42.9	40.8	41.7	38.9	36.7	32.7	33.2	29.4	-3.8	-12.3 ss
Last 12 Months										
8th Grade	6.5	6.6	7.5	5.7	4.7	4.6	3.6	2.8	-0.8 s	-4.7 sss
10th Grade	20.9	20.2	23.1	13.4	14.6	13.1	11.1	10.9	-0.2	-12.2 sss
12th Grade	33.9	32.8	36.9	28.8	29.6	25.1	25.5	23.0	-2.5	-13.9 sss
Last 30 Days										
8th Grade	2.1	2.6	3.4	2.0	1.5	1.5	1.5	1.0	-0.4	-2.3 sss
10th Grade	8.4	8.8	9.3	5.4	5.7	5.1	4.7	3.9	-0.7	-5.3 sss
12th Grade	17.5	17.5	19.8	15.5	16.8	12.5	12.5	10.9	-1.5	-8.8 ss
Daily ⁴										
8th Grade	0.0	0.1	0.2	0.1	0.0	0.1	0.1	0.0	0.0	-0.2
10th Grade	0.2	0.2	0.3	0.1	0.2	0.2	0.2	0.2	0.0	-0.1
12th Grade	0.7	1.1	0.8	0.4	0.8	0.5	0.7	0.6	-0.1	-0.2

Note. See last four pages for relevant footnotes.



TABLE D-40

**BEER: ²⁴ Trends in Use over Various Prevalence Periods
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	58.7	58.2	47.1	47.5	46.6	47.6	45.5	45.7	43.5	44.1	41.8	37.8	33.5	38.5	35.6	36.0	34.2	34.3	31.0	33.0	29.4	26.4	24.7	21.2	22.2	19.6	19.8
10th Grade	73.9	73.3	63.5	63.1	62.7	64.9	64.4	60.5	61.5	63.2	61.0	56.3	54.2	56.1	57.0	56.0	53.7	51.8	51.2	51.5	49.8	46.9	45.7	43.9	40.8	35.5	37.2
12th Grade	81.9	80.8	80.7	76.0	78.4	77.8	78.7	79.3	74.7	76.9	74.9	73.1	72.9	70.8	68.8	66.9	67.8	66.0	66.6	64.4	64.0	63.6	62.0	60.5	54.4	52.5	55.4
Last 12 Months																											
8th Grade	35.4	36.2	33.4	34.0	34.0	34.7	33.1	32.0	32.1	31.1	28.7	25.4	23.8	29.3	25.6	26.4	25.1	25.0	22.3	23.6	21.8	18.1	17.0	14.2	16.4	12.5	13.3
10th Grade	55.0	52.7	50.3	50.6	51.2	53.2	52.3	47.9	49.6	51.4	48.5	43.4	41.7	47.0	45.8	46.1	43.8	41.8	42.3	41.7	39.3	37.7	37.1	34.8	33.2	27.6	29.2
12th Grade	65.9	62.9	63.9	62.1	64.8	66.8	64.4	65.0	63.4	62.3	61.8	59.3	59.4	58.6	56.0	55.1	55.4	54.3	55.3	52.8	51.5	52.3	50.2	48.3	43.4	41.9	43.4
Last 30 Days																											
8th Grade	16.2	16.9	17.4	18.3	18.8	18.4	16.6	16.2	16.6	15.2	15.0	12.3	12.0	14.4	12.8	12.5	12.2	11.8	10.0	10.6	9.8	7.9	6.8	6.3	7.3	4.7	5.7
10th Grade	31.1	28.9	28.7	30.2	29.9	30.5	30.4	28.3	29.5	30.6	28.0	24.6	23.2	26.5	24.8	26.8	24.4	22.4	22.6	22.4	19.6	19.6	18.4	17.3	15.7	13.0	14.0
12th Grade	47.2	42.0	43.4	42.6	44.9	46.9	44.4	45.6	42.7	42.7	41.4	39.7	37.8	38.3	38.0	35.5	36.6	33.7	34.9	31.7	29.0	32.2	30.8	28.6	25.4	23.6	25.5
5+ drinks in a row in last 2 weeks																											
8th Grade	7.2	7.3	8.2	8.5	8.5	9.2	7.6	8.0	8.3	7.5	8.1	6.1	5.5	6.8	5.8	5.5	5.4	5.1	4.9	4.8	4.3	3.5	3.0	2.5	2.5	2.0	2.6
10th Grade	16.4	15.1	16.1	17.0	17.1	17.9	17.5	16.0	18.1	17.5	16.3	14.1	13.8	13.6	13.1	14.5	13.7	10.8	11.3	10.9	10.3	10.4	9.1	8.2	7.4	5.6	6.4
12th Grade	28.5	25.4	25.5	24.5	27.6	29.2	26.7	28.5	25.6	27.5	26.7	26.1	21.4	23.7	22.4	21.4	22.0	20.9	20.8	19.5	16.8	18.8	17.3	16.8	13.6	11.5	14.7

Table continued on next page

TABLE D-40 (cont.)

**BEER: ²⁴ Trends in Use over Various Prevalence Periods
in Grades 8, 10, and 12**

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime										
8th Grade	22.0	19.1	22.0	17.0	18.4	14.2	9.7	10.9	+1.2	-11.1 sss
10th Grade	38.2	35.4	37.6	26.5	30.6	27.3	17.7	18.6	+1.0	-19.0 sss
12th Grade	52.6	51.4	§	46.7	47.8	42.3	31.7	30.2	-1.4	-17.5 sss
Last 12 Months										
8th Grade	15.2	13.5	17.5	11.8	11.0	9.3	4.9	6.8	+2.0	-10.6 sss
10th Grade	29.9	27.2	30.8	19.4	20.8	19.3	11.5	12.2	+0.8	-18.5 sss
12th Grade	42.1	41.5	§	32.1	33.6	31.7	23.2	20.1	-3.1	-15.8 sss
Last 30 Days										
8th Grade	6.8	5.8	8.4	5.2	3.9	3.4	2.0	3.4	+1.4	-5.1 ss
10th Grade	14.1	12.2	13.5	8.7	8.6	8.5	4.4	5.2	+0.8	-8.3 sss
12th Grade	21.8	21.9	§	16.5	17.5	15.9	10.6	9.8	-0.7	-9.5 sss
5+ drinks in a row in last 2 weeks										
8th Grade	2.9	2.5	3.2	1.9	—	—	—	—	—	—
10th Grade	6.8	5.4	6.1	3.9	—	—	—	—	—	—
12th Grade	11.2	11.5	§	8.8	—	—	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-41

**LIQUOR: ⁷ Trends in Use over Various Prevalence Periods
in Grade 12**

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	72.2	71.2	70.0	70.0	69.7	73.1	72.7	76.6	74.0	72.0	70.7	72.2	71.1	69.9	68.2	67.1	66.1	69.3	67.2	64.2	64.0	64.2	63.1	60.9	56.0	54.2	58.0
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	57.1	54.2	54.6	56.6	56.7	60.9	59.9	62.8	61.6	60.6	59.5	60.4	58.6	58.5	58.7	57.1	57.0	58.1	57.5	53.8	53.5	54.2	53.4	52.4	47.3	46.2	49.0
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	31.3	28.6	31.4	28.0	34.3	34.7	34.6	37.3	34.3	36.0	35.1	36.0	34.3	35.6	36.4	34.2	34.1	32.4	33.2	29.8	29.8	31.2	31.0	28.1	26.1	25.1	26.8
5+ drinks in a row in last 2 weeks																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	17.4	16.0	18.2	17.1	20.2	21.6	21.1	23.6	22.3	23.8	22.7	25.6	21.1	23.8	25.0	23.3	22.9	22.1	21.5	20.3	18.3	22.1	21.0	18.2	16.7	14.6	18.8

Table continued on next page

TABLE D-41 (cont.)

**LIQUOR: ⁷ Trends in Use over Various Prevalence Periods
in Grade 12**

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	52.7	50.5	§	45.3	49.3	44.7	35.4	34.1	-1.3	—
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	43.9	42.5	§	36.4	39.6	36.0	29.4	26.3	-3.0	—
Last 30 Days										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	21.8	22.4	§	18.2	20.6	19.2	16.4	16.0	-0.3	—
5+ drinks in a row in last 2 weeks										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	12.9	14.6	§	11.4	—	—	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-42

WINE: ⁷ Trends in Use over Various Prevalence Periods

in Grade 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	67.0	65.2	64.2	62.1	62.8	62.5	63.9	63.7	62.6	63.9	59.1	56.6	55.8	55.4	52.1	50.1	51.0	49.3	46.5	43.3	45.1	43.5	42.9	42.2	36.1	35.5	38.9
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	44.0	41.4	40.4	41.8	41.4	44.3	44.6	43.7	44.2	45.1	40.7	38.3	36.5	37.6	36.5	33.1	35.2	32.8	30.2	28.7	30.5	29.4	29.4	29.3	23.5	26.4	28.4
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	16.1	16.9	14.9	14.2	14.3	18.3	17.0	16.0	15.8	16.2	14.1	13.4	13.4	13.9	14.4	12.6	14.1	14.0	11.5	9.3	10.2	10.6	11.5	11.5	8.4	9.5	10.8
5+ drinks in a row in last 2 weeks																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	5.8	5.7	5.8	4.9	5.8	7.0	6.4	6.4	5.0	5.4	5.8	4.7	5.0	4.9	5.4	4.4	5.1	5.0	4.0	3.7	3.5	3.9	4.0	4.9	4.5	3.6	4.4

Table continued on next page

TABLE D-42 (cont.)

**WINE: ⁷ Trends in Use over Various Prevalence Periods
in Grade 12**

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> <u>change</u>	<u>2020- 2025</u> <u>change</u>
Lifetime										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	33.7	35.1	§	31.9	36.8	35.2	27.6	25.2	-2.5	—
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	23.7	25.3	§	21.1	25.6	23.0	16.5	15.9	-0.6	—
Last 30 Days										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	9.7	10.3	§	8.5	9.7	7.0	6.2	5.8	-0.4	—
5+ drinks in a row in last 2 weeks										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	3.6	3.6	§	3.2	—	—	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-43

FLAVORED ALCOHOLIC BEVERAGES: ^{7,10} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																							2024–	2020–	
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
																								change	change	
Lifetime																										
8th Grade	—	—	37.9	35.5	35.5	34.0	32.8	29.4	30.0	27.0	23.5	21.9	19.2	19.3	16.3	16.0	18.0	15.1	18.3	13.8	16.2	12.4	8.6	10.5	+1.9	-7.8 ss
10th Grade	—	—	58.6	58.8	58.1	55.7	53.5	51.4	51.3	48.4	46.7	44.9	42.3	38.7	33.3	34.8	35.9	33.2	36.4	24.9	29.0	26.4	19.0	21.5	+2.5	-14.9 ss
12th Grade	—	—	71.0	73.6	69.9	68.4	65.5	67.4	62.6	62.4	60.5	58.9	57.5	55.6	53.6	51.2	50.4	44.7	§	43.7	46.4	44.3	34.5	37.3	+2.8	—
Last 12 Months ²⁵																										
8th Grade	—	—	30.4	27.9	26.8	26.0	25.0	22.2	21.9	19.2	17.0	15.7	13.4	13.4	11.2	10.8	12.1	10.7	14.7	10.2	10.1	8.9	5.3	6.6	+1.3	-8.1 sss
10th Grade	—	—	49.7	48.5	48.8	45.9	43.4	41.5	41.0	38.3	37.8	35.6	33.2	31.4	26.1	28.3	28.8	26.8	29.6	18.8	22.0	19.8	13.7	16.3	+2.6	-13.3 sss
12th Grade	—	55.6	55.8	58.4	54.7	53.6	51.8	53.4	47.9	47.0	44.4	44.2	43.6	42.8	40.0	39.6	38.4	37.5	§	32.1	37.5	36.1	27.3	29.2	+1.9	—
Last 30 Days																										
8th Grade	—	—	14.6	12.9	13.1	12.2	10.2	9.5	9.4	8.6	7.6	6.3	5.7	5.5	4.0	4.4	4.9	4.5	6.6	4.6	3.9	3.2	2.0	2.1	+0.1	-4.5 s
10th Grade	—	—	25.1	23.1	24.7	21.8	20.2	19.0	19.4	15.8	16.3	15.5	14.0	12.8	11.0	12.9	11.8	11.1	12.5	7.8	9.7	7.9	5.6	6.3	+0.7	-6.2 ss
12th Grade	—	—	31.1	30.5	29.3	29.1	27.4	27.4	24.1	23.1	21.8	21.0	19.9	20.8	18.3	20.2	18.1	18.5	§	15.3	21.2	17.9	14.5	16.0	+1.4	—

Note. See last four pages for relevant footnotes.



TABLE D-44

NON-ALCOHOLIC BEER, WINE, AND SPIRITS: ^{5,11} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–		2024–	2020–
	<u>2024</u>	<u>2025</u>	<u>2025</u>	<u>2025</u>
			<u>change</u>	<u>change</u>
Last 12 Months				
8th Grade	—	21.1	—	—
10th Grade	—	26.5	—	—
12th Grade	—	30.9	—	—

Note. See last four pages for relevant footnotes.



TABLE D-45

CIGARETTES: Trends in Use over Various Prevalence Periods

in Grades 8, 10, and 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	
Lifetime																												
8th Grade	44.0	45.2	45.3	46.1	46.4	49.2	47.3	45.7	44.1	40.5	36.6	31.4	28.4	27.9	25.9	24.6	22.1	20.5	20.1	20.0	18.4	15.5	14.8	13.5	13.3	9.8	9.4	
10th Grade	55.1	53.5	56.3	56.9	57.6	61.2	60.2	57.7	57.6	55.1	52.8	47.4	43.0	40.7	38.9	36.1	34.6	31.7	32.7	33.0	30.4	27.7	25.7	22.6	19.9	17.5	15.9	
12th Grade	63.1	61.8	61.9	62.0	64.2	63.5	65.4	65.3	64.6	62.5	61.0	57.2	53.7	52.8	50.0	47.1	46.2	44.7	43.6	42.2	40.0	39.5	38.1	34.4	31.1	28.3	26.6	
Last 12 Months																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Last 30 Days																												
8th Grade	14.3	15.5	16.7	18.6	19.1	21.0	19.4	19.1	17.5	14.6	12.2	10.7	10.2	9.2	9.3	8.7	7.1	6.8	6.5	7.1	6.1	4.9	4.5	4.0	3.6	2.6	1.9	
10th Grade	20.8	21.5	24.7	25.4	27.9	30.4	29.8	27.6	25.7	23.9	21.3	17.7	16.7	16.0	14.9	14.5	14.0	12.3	13.1	13.6	11.8	10.8	9.1	7.2	6.3	4.9	5.0	
12th Grade	28.3	27.8	29.9	31.2	33.5	34.0	36.5	35.1	34.6	31.4	29.5	26.7	24.4	25.0	23.2	21.6	21.6	20.4	20.1	19.2	18.7	17.1	16.3	13.6	11.4	10.5	9.7	
Daily ⁴																												
8th Grade	7.2	7.0	8.3	8.8	9.3	10.4	9.0	8.8	8.1	7.4	5.5	5.1	4.5	4.4	4.0	4.0	3.0	3.1	2.7	2.9	2.4	1.9	1.8	1.4	1.3	0.9	0.6	
10th Grade	12.6	12.3	14.2	14.6	16.3	18.3	18.0	15.8	15.9	14.0	12.2	10.1	8.9	8.3	7.5	7.6	7.2	5.9	6.3	6.6	5.5	5.0	4.4	3.2	3.0	1.9	2.2	
12th Grade	18.5	17.2	19.0	19.4	21.6	22.2	24.6	22.4	23.1	20.6	19.0	16.9	15.8	15.6	13.6	12.2	12.3	11.4	11.2	10.7	10.3	9.3	8.5	6.7	5.5	4.8	4.2	
1/2 pack+/day																												
8th Grade	3.1	2.9	3.5	3.6	3.4	4.3	3.5	3.6	3.3	2.8	2.3	2.1	1.8	1.7	1.7	1.5	1.1	1.2	1.0	0.9	0.7	0.6	0.7	0.5	0.4	0.3	0.2	
10th Grade	6.5	6.0	7.0	7.6	8.3	9.4	8.6	7.9	7.6	6.2	5.5	4.4	4.1	3.3	3.1	3.3	2.7	2.0	2.4	2.4	1.9	1.5	1.5	1.2	1.0	0.6	0.7	
12th Grade	10.7	10.0	10.9	11.2	12.4	13.0	14.3	12.6	13.2	11.3	10.3	9.1	8.4	8.0	6.9	5.9	5.7	5.4	5.0	4.7	4.3	4.0	3.4	2.6	2.1	1.8	1.7	

Table continued on next page

TABLE D-45 (cont.)

CIGARETTES: Trends in Use over Various Prevalence Periods

in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	9.1	10.0	11.5	7.0	6.1	5.8	5.4	4.8	-0.6	-6.7 sss
10th Grade	16.0	14.2	13.9	10.0	10.2	9.4	8.4	8.2	-0.2	-5.7 sss
12th Grade	23.8	22.3	24.0	17.8	16.8	15.0	14.5	15.3	+0.8	-8.6 s
Last 12 Months										
8th Grade	—	—	—	—	—	—	1.9	1.6	-0.2	—
10th Grade	—	—	—	—	—	—	3.8	3.2	-0.6	—
12th Grade	—	—	—	—	—	—	7.1	8.2	+1.1	—
Last 30 Days										
8th Grade	2.2	2.3	2.2	1.1	0.8	1.1	0.6	0.7	+0.1	-1.5 sss
10th Grade	4.2	3.4	3.2	1.8	1.7	2.3	1.5	1.1	-0.5	-2.2 sss
12th Grade	7.6	5.7	7.5	4.1	4.0	2.9	2.5	3.4	+0.9	-4.1
Daily ⁴										
8th Grade	0.8	0.8	0.8	0.4	0.3	0.4	0.2	0.2	+0.1	-0.5 s
10th Grade	1.8	1.3	1.2	0.8	0.7	1.0	0.5	0.3	-0.2	-0.8 sss
12th Grade	3.6	2.4	3.1	2.0	1.6	0.7	0.4	0.8	+0.4	-2.3 ss
1/2 pack+/day										
8th Grade	0.3	0.2	0.1	0.2	0.1	0.3	0.1	0.1	0.0	0.0
10th Grade	0.7	0.5	0.6	0.3	0.3	0.6	0.3	0.2	-0.1	-0.4 s
12th Grade	1.5	0.9	1.4	0.8	0.9	0.5	0.2	0.4	+0.2	-1.0 s

Note. See last four pages for relevant footnotes.



TABLE D-46

TOBACCO USING A HOOKAH: ^{5,7} Trends in Annual and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																		2024- 2025 change	2020- 2025 change
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025			
Last 12 Months																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	17.1	18.5	18.3	21.4	22.9	19.8	13.0	10.1	7.8	5.6	§	2.1	3.3	2.7	2.0	1.9	-0.1	—	
Last 30 Days																				
8th Grade	—	—	—	—	—	—	—	2.8	2.5	1.6	1.3	0.7	1.1	1.0	0.7	0.3	0.3	0.0	-0.3	
10th Grade	—	—	—	—	—	—	—	4.0	3.0	2.4	2.4	1.0	0.7	1.0	0.5	0.7	0.7	-0.1	-0.3	
12th Grade	—	—	—	—	—	—	—	6.1	5.0	4.4	4.0	§	1.7	2.1	1.3	1.5	1.4	0.0	—	

Note. See last four pages for relevant footnotes.



TABLE D-47

LITTLE CIGARS or CIGARILLOS: ^{5,7} Trends in Annual and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–															2024–	2020–	
	2009	2010	2011	2012	2013	2014	2015	2016	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	change	2025
																		change
Last 12 Months																		
Small cigars																		
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade*	—	23.1	19.5	19.9	20.4	18.9	15.9	15.6	9.2	7.8	§	3.4	5.6	4.4	3.1	4.6	+1.5	—
Last 30 Days																		
Flavored little cigars or cigarillos																		
8th Grade	—	—	—	—	—	4.1	4.1	2.8	2.6	2.2	2.3	1.0	0.7	0.6	0.3	0.5	+0.2	-1.8 s
10th Grade	—	—	—	—	—	6.9	6.1	4.9	5.3	3.7	3.0	1.5	1.4	1.2	0.5	0.7	+0.2	-2.2 ss
12th Grade*	—	—	—	—	—	11.9	11.4	9.5	8.9	7.7	§	2.4	2.7	2.0	1.9	2.0	+0.1	—
Regular little cigars or cigarillos																		
8th Grade	—	—	—	—	—	2.5	3.3	1.9	1.6	1.6	1.4	0.8	0.8	0.8	0.3	0.4	0.0	-1.0
10th Grade	—	—	—	—	—	4.4	3.8	3.0	3.1	2.6	2.4	1.2	1.1	0.5	0.6	0.6	0.0	-1.9 ss
12th Grade*	—	—	—	—	—	7.0	7.8	6.1	5.8	4.9	§	1.8	2.2	1.9	1.7	1.3	-0.3	—

Note. See last four pages for relevant footnotes.

* 12th grade annual small cigar use and 30-day flavored and regular little cigars or cigarillos questions are asked in separate questionnaires.



TABLE D-48

LARGE CIGARS: ^{5,7} Trends in 30-Day Prevalence of Use
in Grades 8, 10, and 12
(Entries are percentages.)

	1991–													2024–	2020–
	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
														change	change
Last 30 Days															
8th Grade	—	1.9	2.4	1.5	1.5	1.7	1.3	1.5	1.1	0.5	1.0	0.2	0.3	0.0	-1.3 s
10th Grade	—	3.9	3.4	2.3	2.6	2.8	2.1	1.2	1.3	0.8	0.3	0.7	0.8	0.0	-0.5
12th Grade	—	6.4	7.0	6.5	5.6	5.2	5.3	§	2.3	2.3	1.8	1.6	1.8	+0.2	—

Note. See last four pages for relevant footnotes.



TABLE D-49

SMOKELESS TOBACCO: ²⁷ Trends in Lifetime, 30-Day, and Daily Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	22.2	20.7	18.7	19.9	20.0	20.4	16.8	15.0	14.4	12.8	11.7	11.2	11.3	11.0	10.1	10.2	9.1	9.8	9.6	9.9	9.7	8.1	7.9	8.0	8.6	6.9	6.2
10th Grade	28.2	26.6	28.1	29.2	27.6	27.4	26.3	22.7	20.4	19.1	19.5	16.9	14.6	13.8	14.5	15.0	15.1	12.2	15.2	16.8	15.6	15.4	14.0	13.6	12.3	10.2	9.1
12th Grade	—	32.4	31.0	30.7	30.9	29.8	25.3	26.2	23.4	23.1	19.7	18.3	17.0	16.7	17.5	15.2	15.1	15.6	16.3	17.6	16.9	17.4	17.2	15.1	13.2	14.2	11.0
Last 30 Days																											
8th Grade	6.9	7.0	6.6	7.7	7.1	7.1	5.5	4.8	4.5	4.2	4.0	3.3	4.1	4.1	3.3	3.7	3.2	3.5	3.7	4.1	3.5	2.8	2.8	3.0	3.2	2.5	1.7
10th Grade	10.0	9.6	10.4	10.5	9.7	8.6	8.9	7.5	6.5	6.1	6.9	6.1	5.3	4.9	5.6	5.7	6.1	5.0	6.5	7.5	6.6	6.4	6.4	5.3	4.9	3.5	3.8
12th Grade	—	11.4	10.7	11.1	12.2	9.8	9.7	8.8	8.4	7.6	7.8	6.5	6.7	6.7	7.6	6.1	6.6	6.5	8.4	8.5	8.3	7.9	8.1	8.4	6.1	6.6	4.9
Daily ⁴																											
8th Grade	1.6	1.8	1.5	1.9	1.2	1.5	1.0	1.0	0.9	0.9	1.2	0.8	0.8	1.0	0.7	0.7	0.8	0.8	0.8	0.9	0.8	0.5	0.5	0.5	0.8	0.6	0.4
10th Grade	3.3	3.0	3.3	3.0	2.7	2.2	2.2	2.2	1.5	1.9	2.2	1.7	1.8	1.6	1.9	1.7	1.6	1.4	1.9	2.5	1.7	2.0	1.9	1.8	1.6	1.0	0.6
12th Grade	—	4.3	3.3	3.9	3.6	3.3	4.4	3.2	2.9	3.2	2.8	2.0	2.2	2.8	2.5	2.2	2.8	2.7	2.9	3.1	3.1	3.2	3.0	3.4	2.9	2.7	2.0

Table continued on next page

TABLE D-49 (cont.)

SMOKELESS TOBACCO: ²⁷ Trends in Lifetime, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> change	<u>2020- 2025</u> change
Lifetime										
8th Grade	6.4	7.1	7.8	4.6	3.9	4.5	3.7	3.0	-0.7	-4.8 ss
10th Grade	10.0	9.2	9.3	4.9	5.8	5.5	4.6	4.7	+0.1	-4.6 ss
12th Grade	10.1	9.8	§	8.6	10.3	7.8	7.7	7.3	-0.4	—
Last 30 Days										
8th Grade	2.1	2.5	2.3	1.6	1.2	1.6	1.5	1.2	-0.4	-1.1 s
10th Grade	3.9	3.2	3.5	1.7	2.5	2.3	2.1	1.7	-0.4	-1.8 s
12th Grade	4.2	3.5	§	2.2	3.2	2.5	3.3	3.6	+0.2	—
Daily ⁴										
8th Grade	0.3	0.5	0.5	0.4	0.3	0.5	0.2	0.5	+0.3	0.0
10th Grade	1.0	0.9	0.7	0.4	0.7	0.5	0.5	0.6	+0.1	-0.1
12th Grade	1.6	1.1	§	0.7	1.1	0.4	0.9	1.2	+0.3	—

Note. See last four pages for relevant footnotes.



TABLE D-50

VAPING NICOTINE: ³³ Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–										2024–	2020–
	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
											change	change
Lifetime												
8th Grade	—	10.6	13.5	20.3	22.7	16.6	17.0	16.5	15.6	14.7	-1.0	-8.0 ss
10th Grade	—	21.4	28.6	36.3	38.7	28.4	28.2	25.1	22.6	22.1	-0.5	-16.6 sss
12th Grade	—	25.0	34.0	40.8	44.3	38.7	38.8	33.5	31.3	29.9	-1.4	-14.4 sss
Last 12 Months												
8th Grade	—	7.5	10.9	16.5	16.6	12.1	12.0	11.4	9.6	8.5	-1.1	-8.1 sss
10th Grade	—	15.8	24.7	30.7	30.7	19.5	20.5	17.6	15.4	14.3	-1.0	-16.3 sss
12th Grade	—	18.8	29.7	35.3	34.5	26.6	27.3	23.2	21.0	20.0	-0.9	-14.5 sss
Last 30 Days												
8th Grade	—	3.5	6.1	9.6	10.5	7.6	7.1	7.0	5.7	5.1	-0.6	-5.4 ss
10th Grade	—	8.2	16.1	19.9	19.3	13.1	14.2	11.9	9.8	10.0	+0.2	-9.3 sss
12th Grade	—	11.0	20.9	25.5	24.7	19.6	20.7	16.9	15.0	15.7	+0.7	-9.0 ss
Daily ⁴												
8th Grade	—	—	—	—	0.8	1.1	1.2	1.4	0.8	0.8	0.0	0.0
10th Grade	—	—	—	—	3.0	2.5	3.3	2.4	2.7	2.4	-0.3	-0.7
12th Grade	—	—	—	—	5.2	5.4	6.2	5.8	5.2	5.5	+0.2	+0.3

Note. See last four pages for relevant footnotes.



TABLE D-51

VAPING CANNABIS: ³³ Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–										2024–	2020–
	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
											change	change
Lifetime												
8th Grade	—	4.0	5.5	9.0	10.2	6.5	7.7	8.4	8.6	7.5	-1.1	-2.8 s
10th Grade	—	9.8	14.2	21.8	22.7	16.5	18.6	16.8	15.2	15.3	+0.1	-7.5 sss
12th Grade	—	11.9	15.6	23.7	27.9	25.7	27.5	25.5	23.8	22.4	-1.4	-5.5 s
Last 12 Months												
8th Grade	—	3.0	4.4	7.0	8.1	4.7	6.0	6.5	5.6	4.7	-0.9	-3.4 ss
10th Grade	—	8.1	12.4	19.4	19.1	12.4	15.0	13.1	11.6	10.6	-1.0	-8.6 sss
12th Grade	—	9.5	13.1	20.8	22.1	18.3	20.6	19.6	17.6	16.0	-1.6	-6.1 ss
Last 30 Days												
8th Grade	—	1.6	2.6	3.9	4.2	2.9	4.2	4.2	3.8	3.0	-0.8	-1.2
10th Grade	—	4.3	7.0	12.6	11.3	8.4	10.3	8.5	7.7	7.0	-0.6	-4.3 sss
12th Grade	—	4.9	7.5	14.0	12.2	12.4	14.8	13.7	12.1	11.7	-0.4	-0.5
Daily ⁴												
8th Grade	—	—	—	—	0.2	0.4	0.6	0.8	0.4	0.5	+0.1	+0.3
10th Grade	—	—	—	—	0.9	1.2	1.3	0.9	1.3	1.3	0.0	+0.4
12th Grade	—	—	—	—	1.6	1.7	2.1	2.2	1.8	2.0	+0.2	+0.4

Note. See last four pages for relevant footnotes.



TABLE D-52

VAPING FLAVORED CANNABIS: ⁵⁰ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–						2024–	2020–
	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	2025	
							<u>change</u>	<u>change</u>
Lifetime								
8th Grade	—	3.3	4.1	6.1	5.4	4.1	-1.3	—
10th Grade	—	6.6	8.3	8.5	7.8	8.3	+0.5	—
12th Grade	—	9.6	10.7	11.8	12.1	11.0	-1.1	—
Last 12 Months								
8th Grade	—	2.2	3.1	4.9	3.7	2.6	-1.1 s	—
10th Grade	—	5.2	6.8	6.9	6.1	5.8	-0.3	—
12th Grade	—	6.9	8.2	9.8	9.5	8.2	-1.2	—
Last 30 Days								
8th Grade	—	1.4	2.4	3.0	2.5	1.8	-0.7	—
10th Grade	—	3.4	5.1	5.0	4.0	4.1	+0.1	—
12th Grade	—	5.1	6.3	6.9	7.0	6.5	-0.4	—

Note. See last four pages for relevant footnotes.



TABLE D-53

VAPING JUST FLAVORING: ³³ Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–										2024–	2020–
	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
											change	change
Lifetime												
8th Grade	—	17.0	19.4	18.9	17.8	12.0	12.8	12.8	11.5	11.3	-0.2	-6.6 sss
10th Grade	—	27.5	31.7	28.3	27.7	19.6	18.5	17.4	13.9	13.9	+0.1	-13.7 sss
12th Grade	—	30.7	34.1	29.0	29.8	25.2	23.7	21.7	18.0	17.3	-0.7	-12.4 sss
Last 12 Months												
8th Grade	—	11.8	15.1	14.7	12.3	7.7	8.2	7.7	6.4	5.9	-0.6	-6.5 sss
10th Grade	—	19.3	24.7	20.8	18.4	10.6	11.3	10.5	8.1	7.5	-0.6	-10.9 sss
12th Grade	—	20.6	25.7	20.3	16.6	11.7	11.8	11.7	9.5	9.1	-0.4	-7.5 sss
Last 30 Days												
8th Grade	—	5.3	8.1	7.7	6.8	4.6	4.9	4.5	3.9	3.6	-0.3	-3.1 ss
10th Grade	—	9.2	13.1	10.5	10.4	6.3	7.4	6.7	5.0	4.9	-0.1	-5.5 sss
12th Grade	—	9.7	13.5	10.7	8.4	7.4	8.3	8.1	6.8	6.8	+0.1	-1.6
Daily⁴												
8th Grade	—	—	—	—	0.4	0.5	0.6	0.7	0.4	0.5	+0.1	+0.2
10th Grade	—	—	—	—	1.2	0.9	1.0	1.0	1.0	0.9	-0.1	-0.3
12th Grade	—	—	—	—	1.4	0.8	1.7	1.6	1.5	1.7	+0.2	+0.2

Note. See last four pages for relevant footnotes.



TABLE D-54

VAPED FLAVORING AND DID NOT VAPE NICOTINE DURING REPORTING INTERVAL: ³³

Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–										2024–	2020–
	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
											change	change
Lifetime												
8th Grade	—	7.8	7.8	3.6	1.3	0.8	1.1	0.8	1.0	1.2	+0.2	-0.1
10th Grade	—	9.0	7.6	3.7	1.6	0.9	0.7	0.5	0.6	0.6	0.0	-1.0 sss
12th Grade	—	10.1	7.6	3.7	2.1	1.1	0.9	0.9	0.9	0.6	-0.4	-1.5 sss
Last 12 Months												
8th Grade	—	5.5	6.2	3.0	2.0	1.0	1.2	1.2	0.9	0.9	0.0	-1.1 ss
10th Grade	—	7.0	6.4	2.9	2.0	1.0	1.0	0.7	0.6	0.7	+0.1	-1.3 sss
12th Grade	—	7.5	6.0	3.1	1.9	1.2	1.1	1.2	1.1	0.7	-0.4	-1.2 s
Last 30 Days												
8th Grade	—	2.7	3.6	1.9	1.2	0.9	0.9	1.0	0.8	0.8	0.0	-0.3
10th Grade	—	3.8	4.1	2.0	2.0	0.7	0.8	0.5	0.6	0.5	-0.1	-1.5 sss
12th Grade	—	4.2	4.0	2.3	0.8	0.7	1.1	0.9	1.0	0.8	-0.2	0.0

Note. See last four pages for relevant footnotes.



TABLE D-55

**VAPE VITAMINS OR ESSENTIAL OILS : ⁷ Trends in Annual Prevalence of Use
in Grade 12**

(Entries are percentages.)

	1991–				2024–	2020–
	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u> <u>change</u>	<u>2025</u> <u>change</u>
Last 12 Months						
8th Grade	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—
12th Grade	—	2.7	1.4	2.0	+0.6	—

Note. See last four pages for relevant footnotes.



TABLE D-56

NICOTINE POUCHES: ^{5,11} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12
 (Entries are percentages.)

	1991–				2024–	2020–
	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u>	<u>2025</u>
					<u>change</u>	<u>change</u>
Lifetime						
8th Grade	—	1.2	0.8	1.4	+0.6	—
10th Grade	—	2.6	4.1	5.1	+1.0	—
12th Grade	—	3.6	6.8	10.0	+3.2	—
Last 12 Months						
8th Grade	—	0.6	0.6	0.7	+0.1	—
10th Grade	—	1.9	3.4	3.1	-0.3	—
12th Grade	—	2.9	5.9	6.9	+1.0	—
Last 30 Days						
8th Grade	—	0.4	0.2	0.5	+0.2	—
10th Grade	—	1.1	1.8	1.5	-0.3	—
12th Grade	—	1.4	3.5	4.4	+0.9	—

Note. See last four pages for relevant footnotes.



TABLE D-57

**SNUS:^{7,10} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–																2024–	2020–
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
																	change	change
Last 12 Months																		
8th Grade	—	—	2.4	2.0	2.2	1.9	2.2	1.1	1.3	1.5	1.6	1.2	1.0	0.3	1.2	0.9	-0.3	-0.7
10th Grade	—	—	6.9	5.2	4.5	4.0	3.0	2.6	3.1	2.3	2.2	1.0	1.5	1.3	2.1	1.4	-0.6	-0.8
12th Grade	—	7.9	7.9	7.7	5.8	5.8	5.8	4.2	4.7	2.7	§	2.6	2.4	1.8	1.9	3.7	+1.8	—

Note. See last four pages for relevant footnotes.



TABLE D-58

**METATINE:^{5,11} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–		2024–	2020–
	<u>2024</u>	<u>2025</u>	<u>2025</u> <u>change</u>	<u>2025</u> <u>change</u>
Last 12 Months				
8th Grade	—	0.8	—	—
10th Grade	—	0.6	—	—
12th Grade	—	0.9	—	—

Note. See last four pages for relevant footnotes.



TABLE D-59

NICOTINE GUMMIES: ^{5,11} Trends in 30-Day Prevalence of Use
in Grades 8, 10, and 12
(Entries are percentages.)

	1991–				2024–	2020–
	<u>2012</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u> <u>change</u>	<u>2025</u> <u>change</u>
Last 30 Days						
8th Grade	—	0.7	0.7	0.9	+0.2	—
10th Grade	—	0.7	0.6	1.0	+0.4	—
12th Grade	—	1.0	1.0	0.9	-0.1	—

Note. See last four pages for relevant footnotes.



TABLE D-60

NICOTINE CANDIES: ^{5,11} Trends in 30-Day Prevalence of Use
in Grades 8, 10, and 12
(Entries are percentages.)

	1991–				2024–	2020–
	<u>2012</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u> change	<u>2025</u> change
Last 30 Days						
8th Grade	—	0.4	0.4	0.6	+0.2	—
10th Grade	—	0.4	0.4	0.7	+0.3	—
12th Grade	—	0.9	1.1	0.9	-0.2	—

Note. See last four pages for relevant footnotes.



TABLE D-61

ANY NICOTINE USE: ^{40,41} Trends in 30-Day Prevalence of Use
in Grades 8, 10, and 12
(Entries are percentages.)

	1991-										2024-	2020-
	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
											change	change
Last 30 Days												
8th Grade	—	—	—	12.3	11.2	9.4	8.7	9.1	5.5	5.7	+0.2	-5.5 s
10th Grade	—	—	—	24.0	18.8	15.7	15.1	12.9	11.9	11.9	-0.1	-6.9 sss
12th Grade	—	25.6	32.5	33.6	§	24.6	24.8	19.5	17.0	21.8	+4.8 s	—

Note. See last four pages for relevant footnotes.



TABLE D-62

ANY NICOTINE USE OTHER THAN VAPING: ^{39,40} Trends in 30-Day Prevalence of Use
in Grades 8, 10, and 12
(Entries are percentages.)

	1991-										2024-	2020-
	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2025	2025
											change	change
Last 30 Days												
8th Grade	—	—	—	5.9	4.7	3.2	2.7	3.2	1.6	1.7	+0.1	-3.0 s
10th Grade	—	—	—	8.3	6.6	4.2	4.2	4.2	4.3	3.5	-0.8	-3.1 ss
12th Grade	—	20.6	18.5	15.7	§	7.7	8.3	6.5	7.0	11.5	+4.5 s	—

Note. See last four pages for relevant footnotes.



TABLE D-63

STEROIDS (NOT PRESCRIBED):^{15,28} Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Lifetime																											
8th Grade	1.9	1.7	1.6	2.0	2.0	1.8	1.8	2.3	2.7	3.0	2.8	2.5	2.5	1.9	1.7	1.6	1.5	1.4	1.3	1.1	1.2	1.2	1.1	1.0	1.0	0.9	1.1
10th Grade	1.8	1.7	1.7	1.8	2.0	1.8	2.0	2.0	2.7	3.5	3.5	3.5	3.0	2.4	2.0	1.8	1.8	1.4	1.3	1.6	1.4	1.3	1.3	1.4	1.2	1.3	1.1
12th Grade	2.1	2.1	2.0	2.4	2.3	1.9	2.4	2.7	2.9	2.5	3.7	4.0	3.5	3.4	2.6	2.7	2.2	2.2	2.2	2.0	1.8	1.8	2.1	1.9	2.3	1.6	1.6
Last 12 Months																											
8th Grade	1.0	1.1	0.9	1.2	1.0	0.9	1.0	1.2	1.7	1.7	1.6	1.5	1.4	1.1	1.1	0.9	0.8	0.9	0.8	0.5	0.7	0.6	0.6	0.6	0.5	0.5	0.6
10th Grade	1.1	1.1	1.0	1.1	1.2	1.2	1.2	1.2	1.7	2.2	2.1	2.2	1.7	1.5	1.3	1.2	1.1	0.9	0.8	1.0	0.9	0.8	0.8	0.8	0.7	0.7	0.7
12th Grade	1.4	1.1	1.2	1.3	1.5	1.4	1.4	1.7	1.8	1.7	2.4	2.5	2.1	2.5	1.5	1.8	1.4	1.5	1.5	1.5	1.2	1.3	1.5	1.5	1.7	1.0	1.1
Last 30 Days																											
8th Grade	0.4	0.5	0.5	0.5	0.6	0.4	0.5	0.5	0.7	0.8	0.7	0.8	0.7	0.5	0.5	0.5	0.4	0.5	0.4	0.3	0.4	0.3	0.3	0.2	0.3	0.3	0.3
10th Grade	0.6	0.6	0.5	0.6	0.6	0.5	0.7	0.6	0.9	1.0	0.9	1.0	0.8	0.8	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.3	0.3
12th Grade	0.8	0.6	0.7	0.9	0.7	0.7	1.0	1.1	0.9	0.8	1.3	1.4	1.3	1.6	0.9	1.1	1.0	1.0	1.0	1.1	0.7	0.9	1.0	0.9	1.0	0.7	0.8

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TABLE D-63 (cont.)

STEROIDS (NOT PRESCRIBED): ^{15,28} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	2024- 2025 change	2020- 2025 change
Lifetime										
8th Grade	1.1	1.5	2.0	1.2	1.6	1.2	1.4	—	—	—
10th Grade	1.2	1.6	1.7	0.7	0.9	1.2	1.2	—	—	—
12th Grade	1.6	1.6	2.0	0.8	1.5	0.9	1.2	—	—	—
Last 12 Months										
8th Grade	0.6	0.8	1.1	0.5	0.8	0.6	0.6	0.8	+0.2	-0.3
10th Grade	0.6	0.8	0.9	0.3	0.5	0.5	0.7	0.8	+0.2	-0.1
12th Grade	1.1	1.0	1.2	0.5	1.3	0.7	1.0	1.1	+0.1	-0.1
Last 30 Days										
8th Grade	0.3	0.3	0.3	0.2	0.5	0.3	0.4	—	—	—
10th Grade	0.4	0.4	0.5	0.1	0.3	0.4	0.5	—	—	—
12th Grade	0.8	0.7	1.2	0.5	1.3	0.5	0.9	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-64

**ANDROSTENEDIONE (NOT PRESCRIBED):⁵ Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Last 12 Months																		
8th Grade	—	1.1	1.2	1.0	0.9	0.6	1.0	0.9	0.9	0.8	0.9	0.6	0.6	0.7	0.4	0.4	—	—
10th Grade	—	2.2	1.9	1.7	1.1	0.9	0.9	0.6	0.9	1.1	1.0	0.8	0.9	0.9	0.9	0.7	—	—
12th Grade	—	3.0	2.5	2.5	2.1	1.7	1.1	0.9	1.3	1.1	1.5	0.7	1.0	0.7	1.1	0.9	0.9	0.6

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TABLE D-64 (cont.)

ANDROSTENEDIONE (NOT PRESCRIBED):⁵ Trends in Annual Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025</u> <u>change</u>	<u>2020- 2025</u> <u>change</u>
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	0.5	0.5	§	0.6	1.9	1.4	0.9	0.6	-0.3	—

Note. See last four pages for relevant footnotes.



TABLE D-65

**CREATINE:⁵ Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–																	
	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Last 12 Months																		
8th Grade	—	2.7	2.3	2.3	1.9	1.3	2.2	2.0	2.0	1.9	1.9	1.9	1.9	2.0	1.6	1.2	1.8	1.7
10th Grade	—	7.9	7.6	5.8	5.3	5.1	6.5	6.1	5.8	6.0	6.0	7.1	6.8	5.7	6.0	6.0	7.8	6.8
12th Grade	—	11.7	8.5	8.3	8.1	8.1	7.8	8.0	8.3	9.1	9.2	8.6	9.5	9.3	10.0	8.8	9.0	8.1

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TABLE D-65 (cont.)

**CREATINE:⁵ Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**
(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Last 12 Months										
8th Grade	1.7	2.0	2.5	3.2	4.3	4.7	4.6	5.5	+0.9	+3.0 s
10th Grade	6.2	5.4	4.5	6.0	10.7	11.0	11.7	12.0	+0.3	+7.5 sss
12th Grade	9.3	7.6	7.2	7.4	11.8	11.9	13.0	14.8	+1.8	+7.6 ss

Note. See last four pages for relevant footnotes.



TABLE D-66

LEGAL USE OF OVER-THE-COUNTER STAY-AWAKE PILLS: ⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	37.0	35.6	30.5	31.3	31.2	30.5	31.0	29.6	25.5	23.0	25.6	22.5	19.8	18.4	15.8	14.8	12.3	9.6	7.6	6.4	6.3	5.9	5.2	4.5	3.8	3.6	3.8
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	22.2	20.4	19.1	20.7	20.3	19.0	19.7	19.0	15.7	15.0	17.3	14.9	12.5	11.8	10.4	10.0	7.6	6.3	4.8	3.2	3.9	3.8	3.2	3.5	2.7	2.5	2.5
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.8	7.2	7.0	6.3	7.3	7.5	7.8	7.4	6.8	7.3	7.2	5.8	5.0	4.5	4.2	4.2	3.3	2.6	2.3	1.6	2.2	1.9	1.5	1.7	1.2	1.7	1.6

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TABLE D-66 (cont.)

LEGAL USE OF OVER-THE-COUNTER STAY-AWAKE PILLS: ⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	<u>2018</u>	<u>2019ⁱⁱ</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2024- 2025 change</u>	<u>2020- 2025 change</u>
Lifetime										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	3.6	3.4	§	3.4	2.6	2.0	2.7	—	—	—
Last 12 Months										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	2.4	1.8	§	1.5	1.6	0.8	1.8	2.1	+0.3	—
Last 30 Days										
8th Grade	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—
12th Grade	1.2	1.1	§	0.5	0.8	0.4	1.2	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-67

ADHD STIMULANT (PRESCRIBED):^{5,42} Trends in Lifetime and Current Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																							2024–	2020–
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	change	change	
Lifetime																									
8th Grade	—	8.3	9.3	8.3	8.1	7.8	8.2	7.6	7.7	7.1	7.2	7.1	7.5	6.6	7.1	6.5	5.0	9.0	9.7	7.5	7.0	6.7	-0.3	+1.7	
10th Grade	—	8.7	8.5	8.4	7.8	8.2	8.6	7.2	8.0	8.3	6.8	8.8	7.1	6.5	8.2	6.6	6.0	7.0	8.5	8.3	7.4	8.2	+0.8	+2.2	
12th Grade	—	8.5	7.8	7.6	8.6	8.2	8.3	8.4	9.0	9.6	9.1	9.9	8.4	8.6	8.6	7.9	7.5	8.0	11.2	11.0	9.6	9.9	+0.2	+2.3	
Current⁴³																									
8th Grade	—	3.9	3.5	3.1	3.5	3.7	3.4	3.3	3.5	3.4	3.2	3.6	3.7	3.4	3.7	2.8	2.0	4.2	4.2	2.9	3.8	3.8	0.0	+1.7	
10th Grade	—	3.4	2.8	2.8	2.9	3.3	3.1	2.8	3.8	3.7	3.4	4.2	3.0	3.0	3.9	2.9	2.5	3.6	4.3	3.7	3.1	4.2	+1.1 s	+1.7 s	
12th Grade	—	2.9	2.3	2.6	2.9	2.9	3.0	3.3	3.8	4.4	3.8	4.0	3.9	3.4	3.5	3.2	3.1	3.4	5.6	4.7	3.8	4.8	+0.9	+1.7	

Note. See last four pages for relevant footnotes.



TABLE D-68

ADHD NON-STIMULANT (PRESCRIBED):^{5,42} Trends in Lifetime and Current Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																						2024–	2020–	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	change	change	
Lifetime																									
8th Grade	—	7.3	7.9	6.3	6.3	5.8	5.8	6.1	5.1	5.1	4.8	5.1	5.7	4.9	4.4	4.5	4.2	2.8	3.5	2.8	2.0	2.5	+0.5	-1.7	
10th Grade	—	8.3	8.3	6.7	6.8	6.8	6.1	6.4	5.2	4.9	5.8	5.8	5.2	4.6	5.1	5.2	5.1	3.0	3.4	2.8	3.2	3.1	-0.1	-2.0 s	
12th Grade	—	6.2	6.1	7.0	6.4	5.4	6.7	5.8	5.9	5.4	5.6	5.6	5.8	6.4	6.1	5.7	4.8	4.5	5.8	5.4	4.4	4.3	-0.2	-0.5	
Current⁴³																									
8th Grade	—	2.2	1.9	1.4	1.6	1.2	1.4	1.5	1.2	1.4	1.2	1.2	2.0	1.1	1.2	1.4	1.4	0.9	1.3	0.7	0.6	1.0	+0.4	-0.4	
10th Grade	—	2.3	2.3	1.6	1.7	1.9	1.6	1.3	1.3	1.3	1.4	1.7	1.2	1.0	1.4	1.8	1.8	1.5	1.3	1.4	1.3	1.1	-0.2	-0.7	
12th Grade	—	1.6	1.6	1.7	1.9	1.5	2.3	1.9	1.8	1.8	2.2	1.5	2.1	2.5	2.6	2.3	1.7	2.3	3.5	2.0	2.2	2.6	+0.5	+0.9	

Note. See last four pages for relevant footnotes.



TABLE D-69

ADHD STIMULANT OR NON-STIMULANT (PRESCRIBED): ^{5,42} Trends in Lifetime and Current Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																						2024– 2025 change	2020– 2025 change	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025			
Lifetime																									
8th Grade	—	13.7	15.8	13.4	13.1	12.8	12.8	12.4	11.6	11.5	11.2	11.4	12.1	10.9	11.0	9.8	7.3	11.5	12.0	10.0	8.7	8.8	+0.0	+1.5	
10th Grade	—	14.3	14.2	12.9	12.8	13.0	12.7	12.0	12.0	11.7	11.3	13.1	11.5	10.1	12.1	9.8	9.3	9.0	10.6	10.6	9.6	10.1	+0.5	+0.8	
12th Grade	—	12.4	11.7	12.1	13.1	11.0	12.7	12.2	12.7	13.2	12.6	13.7	12.7	13.0	12.7	11.1	9.9	10.9	14.6	14.3	12.3	12.4	+0.1	+2.6	
Current ⁴³																									
8th Grade	—	6.1	5.2	4.5	5.1	4.9	4.7	4.9	4.7	5.0	4.6	4.9	5.6	4.7	5.2	3.8	2.7	5.5	5.4	3.9	4.7	5.0	+0.3	+2.3 s	
10th Grade	—	5.6	4.8	4.2	4.5	5.0	4.6	4.2	5.1	5.0	4.8	5.8	4.3	4.0	5.1	4.4	4.0	4.8	5.3	5.1	4.4	5.1	+0.8	+1.1	
12th Grade	—	4.5	3.7	4.1	4.4	4.3	5.2	5.1	5.5	6.0	5.5	5.3	5.6	5.7	5.9	5.0	4.2	5.2	8.4	6.7	5.8	6.9	+1.1	+2.6 s	

Note. See last four pages for relevant footnotes.



TABLE D-70

PRESCRIPTION WEIGHT LOSS DRUGS: ^{10,11} Trends in Annual Prevalence of Use Not Under Direction of a Medical Professional

in Grades 8, 10, and 12

(Entries are percentages.)

	1991-		2024-	2020-
	<u>2024</u>	<u>2025</u>	<u>change</u>	<u>change</u>
Last 12 Months				
8th Grade	—	2.3	—	—
10th Grade	—	2.2	—	—
12th Grade	—	1.7	—	—

Note. See last four pages for relevant footnotes.



TABLE D-71

PRESCRIPTION WEIGHT LOSS DRUGS: ^{10,11}Trends in Annual Prevalence of Use Under Direction of a Medical Professional

in Grades 8, 10, and 12

(Entries are percentages.)

	1991-		2024-	2020-
	<u>2024</u>	<u>2025</u>	<u>change</u>	<u>change</u>
Last 12 Months				
8th Grade	—	2.0	—	—
10th Grade	—	1.6	—	—
12th Grade	—	1.9	—	—

Note. See last four pages for relevant footnotes.



TABLE D-72

ENERGY DRINKS OR ENERGY SHOTS:^{5,7} Trends in Daily Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																	2024–	2020–
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	change	2025
																			change
Energy Drinks																			
1 or More Daily																			
8th Grade	—	18.6	17.7	16.3	14.2	12.8	12.1	11.3	10.1	10.3	10.5	§	13.8	15.0	13.1	14.2	16.5	+2.3	—
10th Grade	—	13.6	11.4	10.8	10.3	9.6	7.8	9.2	8.8	9.1	10.5	§	12.6	16.2	17.5	15.8	19.3	+3.5 s	—
12th Grade	—	12.3	9.5	9.2	8.2	8.3	7.8	9.8	9.4	10.1	11.6	§	13.1	16.5	16.8	17.5	23.0	+5.5	—
Energy Shots																			
1 or More Daily																			
8th Grade	—	6.4	6.8	5.7	5.6	4.2	5.3	4.4	4.0	3.7	4.6	§	3.7	4.5	4.0	3.5	3.7	+0.2	—
10th Grade	—	4.3	4.6	4.0	4.0	3.4	2.6	3.3	3.3	3.8	4.1	§	2.6	4.7	3.5	4.1	4.2	+0.1	—
12th Grade	—	4.3	4.0	2.7	2.5	2.1	3.1	4.1	3.8	4.2	4.1	§	2.9	3.3	3.3	3.0	2.5	-0.5	—
Either Energy Drinks or Energy Shots																			
1 or More Daily																			
8th Grade	—	19.5	18.9	17.2	15.4	13.5	13.0	12.3	11.1	11.4	11.7	§	14.5	16.1	14.2	15.3	17.5	+2.3	—
10th Grade	—	14.4	12.4	11.8	11.3	10.1	8.4	10.0	9.5	9.9	11.6	§	13.2	17.5	18.2	16.8	20.3	+3.5 s	—
12th Grade	—	13.5	11.0	9.9	9.1	9.3	9.0	10.9	10.9	11.2	12.8	§	14.3	17.5	17.5	18.2	23.4	+5.2	—

Note. See last four pages for relevant footnotes.



Drugs No Longer Included in Surveys Due to Low Prevalence



TABLE D-73

**SYNTHETIC CANNABIS:⁵ Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023–		2025	2024- 2025 change	2020- 2025 change
	2010	2011												2023–	2025			
Last 12 Months																		
8th Grade	—	—	4.4	4.0	3.3	3.1	2.7	2.0	1.6	2.7	1.6	1.3	1.5	—	—	—	—	—
10th Grade	—	—	8.8	7.4	5.4	4.3	3.3	2.7	2.9	2.6	2.5	1.6	2.2	—	—	—	—	—
12th Grade	—	11.4	11.3	7.9	5.8	5.2	3.5	3.7	3.5	3.3	2.4	1.8	3.2	—	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-74

CBD: ¹¹ Trends in Annual Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991–				2024–	2020–
	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2025</u> <u>change</u>	<u>2025</u> <u>change</u>
Last 12 Months						
8th Grade	—	5.0	3.3	—	—	—
10th Grade	—	11.8	8.3	—	—	—
12th Grade	—	15.8	13.3	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-75

NITRITES:⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010– 2025	2024– 2025 change	2020– 2025 change
Lifetime																						
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	1.8	2.0	2.7	1.7	0.8	1.9	1.5	1.6	1.3	1.1	1.2	1.2	0.6	1.1	—	—	—
Last 12 Months																						
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.9	0.5	0.9	1.1	1.1	1.6	1.2	1.4	0.9	0.6	0.6	1.1	0.9	0.8	0.6	0.5	0.8	0.6	0.9	—	—	—
Last 30 Days																						
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.4	0.3	0.6	0.4	0.4	0.7	0.7	1.0	0.4	0.3	0.5	0.6	0.7	0.7	0.5	0.3	0.5	0.3	0.6	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-76

**SALVIA:^{10,11} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023–	2024–	2025	2020–	
	2008	2009																		2025
Last 12 Months																				
8th Grade	—	—	1.7	1.6	1.4	1.2	0.6	0.7	0.9	0.4	0.6	0.8	0.5	0.5	0.8	—	—	—	—	
10th Grade	—	—	3.7	3.9	2.5	2.3	1.8	1.2	0.9	0.9	0.7	0.9	1.2	0.4	0.8	—	—	—	—	
12th Grade	—	5.7	5.5	5.9	4.4	3.4	1.8	1.9	1.8	1.5	0.9	0.7	0.7	0.6	0.8	—	—	—	—	

Note. See last four pages for relevant footnotes.



TABLE D-77

COCAINE OTHER THAN CRACK: ¹² Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	2.0	2.4	2.4	3.0	3.4	3.8	3.5	3.7	3.8	3.5	3.3	2.8	2.7	2.6	2.9	2.7	2.6	2.4	2.1	2.1	1.8	1.6	1.4	1.4	1.3	1.1	1.0
10th Grade	3.8	3.0	3.3	3.8	4.4	5.5	6.1	6.4	6.8	6.0	5.0	5.2	4.5	4.8	4.6	4.3	4.8	4.0	4.1	3.4	3.0	3.0	2.9	2.2	2.3	1.9	1.9
12th Grade	7.0	5.3	5.4	5.2	5.1	6.4	8.2	8.4	8.8	7.7	7.4	7.0	6.7	7.3	7.1	7.9	6.8	6.5	5.3	5.1	4.9	4.4	4.2	4.1	3.4	3.3	3.5
Last 12 Months																											
8th Grade	1.0	1.2	1.3	1.7	2.1	2.5	2.2	2.4	2.3	1.9	1.9	1.8	1.6	1.6	1.7	1.6	1.5	1.4	1.3	1.3	1.1	1.0	0.8	0.8	0.8	0.6	0.6
10th Grade	2.1	1.7	1.8	2.4	3.0	3.5	4.1	4.0	4.4	3.8	3.0	3.4	2.8	3.3	3.0	2.9	3.1	2.6	2.3	1.9	1.7	1.8	1.6	1.3	1.5	1.1	1.2
12th Grade	3.2	2.6	2.9	3.0	3.4	4.2	5.0	4.9	5.8	4.5	4.4	4.4	4.2	4.7	4.5	5.2	4.5	4.0	3.0	2.6	2.6	2.4	2.4	2.4	2.1	2.0	2.3
Last 30 Days																											
8th Grade	0.5	0.5	0.6	0.9	1.0	1.0	0.8	1.0	1.1	0.9	0.9	0.8	0.7	0.7	0.7	0.7	0.6	0.6	0.7	0.5	0.6	0.3	0.3	0.4	0.4	0.3	0.3
10th Grade	0.6	0.6	0.7	1.0	1.4	1.3	1.6	1.8	1.6	1.6	1.2	1.3	1.1	1.5	1.3	1.3	1.1	1.0	0.8	0.7	0.6	0.7	0.7	0.5	0.7	0.3	0.4
12th Grade	1.2	1.0	1.2	1.3	1.3	1.6	2.0	2.0	2.5	1.7	1.8	1.9	1.8	2.2	2.0	2.4	1.7	1.7	1.1	1.1	1.0	1.0	0.9	0.9	1.1	0.6	1.1

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TABLE D-77 (cont.)

COCAINE OTHER THAN CRACK: ¹² Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024–</u> <u>2025</u>	<u>2024–</u> <u>2025</u> <u>change</u>	<u>2020–</u> <u>2025</u> <u>change</u>
Lifetime									
8th Grade	1.2	1.0	1.3	0.5	0.7	0.8	—	—	—
10th Grade	2.4	2.3	1.5	1.0	0.6	0.9	—	—	—
12th Grade	3.3	3.2	4.0	2.2	2.0	1.0	—	—	—
Last 12 Months									
8th Grade	0.7	0.6	0.5	0.2	0.4	0.2	—	—	—
10th Grade	1.4	1.4	1.0	0.5	0.2	0.5	—	—	—
12th Grade	2.0	1.9	2.9	0.9	1.3	0.4	—	—	—
Last 30 Days									
8th Grade	0.3	0.2	0.1	0.1	0.2	0.2	—	—	—
10th Grade	0.5	0.6	0.3	0.3	0.1	0.4	—	—	—
12th Grade	1.0	0.9	1.0	0.1	0.8	0.3	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-78

HEROIN WITH A NEEDLE: ¹⁴ Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																							
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																								
8th Grade	—	1.5	1.6	1.3	1.4	1.6	1.1	1.2	1.0	1.0	1.1	1.0	1.0	0.9	0.9	0.9	0.9	0.8	0.6	0.6	0.8	0.3	0.3	0.4
10th Grade	—	1.0	1.1	1.1	1.2	1.3	1.0	0.8	1.0	0.9	0.8	0.8	0.9	0.9	0.7	0.9	0.8	0.8	0.7	0.7	0.6	0.5	0.5	0.3
12th Grade	—	0.7	0.8	0.9	0.8	0.9	0.8	0.7	0.8	0.7	0.7	0.9	0.8	0.7	0.7	0.6	1.1	0.9	0.7	0.7	0.8	0.6	0.5	0.4
Last 12 Months																								
8th Grade	—	0.9	1.0	0.8	0.8	0.9	0.6	0.7	0.6	0.6	0.7	0.6	0.5	0.6	0.5	0.5	0.6	0.5	0.4	0.3	0.4	0.2	0.2	0.2
10th Grade	—	0.6	0.7	0.7	0.8	0.6	0.5	0.4	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.6	0.5	0.5	0.4	0.5	0.4	0.2	0.3	0.2
12th Grade	—	0.5	0.5	0.5	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.5	0.5	0.4	0.4	0.3	0.7	0.6	0.4	0.4	0.5	0.3	0.3	0.2
Last 30 Days																								
8th Grade	—	0.4	0.5	0.4	0.5	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.1	0.1	0.2
10th Grade	—	0.3	0.3	0.3	0.4	0.3	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.1	0.2	0.1
12th Grade	—	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.3	0.3	0.2	0.2	0.1	0.4	0.4	0.3	0.2	0.3	0.2	0.2	0.2

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TABLE D-78 (cont.)

HEROIN WITH A NEEDLE: ¹⁴ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022– 2025</u>	<u>2024– 2025</u>	<u>2020– 2025</u>
						<u>change</u>	<u>change</u>
Lifetime							
8th Grade	0.4	0.5	0.3	0.4	—	—	—
10th Grade	0.2	0.3	0.2	0.3	—	—	—
12th Grade	0.5	0.4	0.2	0.2	—	—	—
Last 12 Months							
8th Grade	0.2	0.2	0.2	0.1	—	—	—
10th Grade	0.1	0.2	0.2	0.1	—	—	—
12th Grade	0.3	0.3	0.1	0.1	—	—	—
Last 30 Days							
8th Grade	0.1	0.1	0.2	0.0	—	—	—
10th Grade	0.1	0.2	0.1	0.1	—	—	—
12th Grade	0.2	0.3	0.1	0.1	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-79

HEROIN WITHOUT A NEEDLE: ¹⁴ Trends in Lifetime, Annual, and 30-Day Prevalence of Use

in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																							
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																								
8th Grade	—	1.5	1.6	1.4	1.5	1.4	1.3	1.1	1.0	1.1	1.0	0.9	0.9	0.7	0.9	0.8	0.7	0.7	0.5	0.5	0.4	0.3	0.4	0.5
10th Grade	—	1.1	1.7	1.7	1.7	1.6	1.7	1.3	1.3	1.0	1.1	1.1	1.0	1.1	0.8	1.0	0.9	0.8	0.8	0.7	0.5	0.4	0.3	0.3
12th Grade	—	1.4	1.7	2.1	1.6	1.8	2.4	1.5	1.6	1.8	1.4	1.3	1.1	1.4	1.1	0.9	1.4	1.3	0.8	0.9	0.7	0.7	0.6	0.4
Last 12 Months																								
8th Grade	—	0.8	1.0	0.8	0.8	0.9	0.7	0.6	0.6	0.6	0.6	0.5	0.5	0.5	0.6	0.4	0.5	0.4	0.3	0.3	0.2	0.2	0.2	0.3
10th Grade	—	0.8	0.9	1.1	1.0	1.1	1.1	0.7	0.8	0.5	0.7	0.7	0.6	0.6	0.6	0.6	0.6	0.5	0.4	0.4	0.3	0.3	0.2	0.1
12th Grade	—	1.0	1.0	1.2	0.8	1.0	1.6	0.8	0.8	0.8	0.7	0.8	0.6	1.0	0.5	0.6	0.8	0.7	0.4	0.4	0.5	0.4	0.3	0.2
Last 30 Days																								
8th Grade	—	0.3	0.4	0.4	0.3	0.4	0.3	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.1	0.2
10th Grade	—	0.3	0.3	0.4	0.5	0.5	0.4	0.2	0.4	0.2	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.1
12th Grade	—	0.6	0.4	0.6	0.4	0.4	0.7	0.3	0.5	0.4	0.3	0.5	0.3	0.4	0.2	0.3	0.4	0.4	0.2	0.2	0.4	0.3	0.1	0.2

Table continued on next page

TABLE D-79 (cont.)

HEROIN WITHOUT A NEEDLE: ¹⁴ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	<u>2018</u>	<u>2019</u> ³⁵	<u>2020</u>	<u>2021</u>	<u>2022–</u> <u>2025</u>	<u>2024–</u> <u>2025</u> <u>change</u>	<u>2020–</u> <u>2025</u> <u>change</u>
Lifetime							
8th Grade	0.3	0.4	0.4	0.2	—	—	—
10th Grade	0.2	0.3	0.2	0.1	—	—	—
12th Grade	0.6	0.4	0.1	0.2	—	—	—
Last 12 Months							
8th Grade	0.2	0.2	0.2	0.1	—	—	—
10th Grade	0.1	0.2	0.1	0.1	—	—	—
12th Grade	0.2	0.2	0.1	0.1	—	—	—
Last 30 Days							
8th Grade	0.1	0.1	0.2	0.0	—	—	—
10th Grade	0.0	0.2	0.1	0.0	—	—	—
12th Grade	0.1	0.2	0.1	0.1	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-80

PROVIGIL (NOT PRESCRIBED): ¹¹ Trends in Annual Prevalence of Use in Grade 12

(Entries are percentages.)

	1991–		2010	2011	2012–	2024–	2020–
	<u>2022</u>	<u>2009</u>			<u>2025</u>	<u>2025</u>	<u>2025</u>
Last 12 Months						<u>change</u>	<u>change</u>
8th Grade	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—
12th Grade	—	1.8	1.3	1.5	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-81

METHAQUALONE (QUAALUDES) (NOT PRESCRIBED): ^{7,15} Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013– 2025	2024- 2025 change	2020- 2025 change	
Lifetime																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.3	1.6	0.8	1.4	1.2	2.0	1.7	1.6	1.8	0.8	1.1	1.5	1.0	1.3	1.3	1.2	1.0	0.8	0.7	0.4	0.6	0.8	—	—	—	—
Last 12 Months																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.5	0.6	0.2	0.8	0.7	1.1	1.0	1.1	1.1	0.3	0.8	0.9	0.6	0.8	0.9	0.8	0.5	0.5	0.6	0.3	0.3	0.4	—	—	—	—
Last 30 Days																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.2	0.4	0.1	0.4	0.4	0.6	0.3	0.6	0.4	0.2	0.5	0.3	0.4	0.5	0.5	0.4	0.4	0.2	0.3	0.2	0.2	0.3	—	—	—	

Note. See last four pages for relevant footnotes.



TABLE D-82

BATH SALTS (SYNTHETIC STIMULANTS):^{10,11} Trends in Annual Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–								2019–		2024–	2020–
	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2025</u>	<u>change</u>	<u>2025</u>	<u>change</u>
Last 12 Months												
8th Grade	—	0.8	1.0	0.5	0.4	0.9	0.5	0.9	—	—	—	—
10th Grade	—	0.6	0.9	0.9	0.7	0.8	0.4	0.5	—	—	—	—
12th Grade	—	1.3	0.9	0.9	1.0	0.8	0.6	0.6	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-83

ALCOHOL BEVERAGES CONTAINING CAFFEINE: ²⁶ Trends in Annual Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–																2024–	2020–
	2010																2025	2025
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 ³⁵	2020	2021	2022	2023	2024	2025	change	change
Last 12 Months																		
8th Grade	—	11.8	10.9	10.2	9.5	8.4	6.5	5.6	6.0	7.3	5.7	6.2	4.7	7.5	5.8	—	—	—
10th Grade	—	22.5	19.7	16.9	14.3	12.8	10.6	9.9	9.8	8.4	8.3	7.5	7.1	7.6	7.3	—	—	—
12th Grade	—	26.4	26.4	23.5	20.0	18.3	17.0	16.9	14.7	12.3	12.3	9.9	11.6	11.6	9.9	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-84

POWDERED ALCOHOL: ^{5,11} Trends in Annual Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–					2020–	2024–	2020–
	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2025</u>	<u>2025</u>	<u>2025</u>
							<u>change</u>	<u>change</u>
Last 12 Months								
8th Grade	—	1.0	0.8	0.8	1.2	—	—	—
10th Grade	—	1.3	0.8	1.2	1.0	—	—	—
12th Grade	—	1.7	1.0	1.3	1.4	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-85

**BIDIS: ^{10,11} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011–		2024–	2020–	
	1999	2000											2025	2025			
Last 12 Months														change		change	
8th Grade	—	3.9	2.7	2.7	2.0	1.7	1.6	—	—	—	—	—	—	—	—	—	—
10th Grade	—	6.4	4.9	3.1	2.8	2.1	1.6	—	—	—	—	—	—	—	—	—	—
12th Grade	—	9.2	7.0	5.9	4.0	3.6	3.3	2.3	1.7	1.9	1.5	1.4	—	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-86

**KRETEKS: ^{10,11} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–																2015–	2024–	2020–
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2025	change	2025	change
Last 12 Months																			
8th Grade	—	2.6	2.6	2.0	1.9	1.4	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	6.0	4.9	3.8	3.7	2.8	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	10.1	8.4	6.7	6.5	7.1	6.2	6.8	6.8	5.5	4.6	2.9	3.0	1.6	1.6	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-87

JUUL: ³⁴ Trends in Lifetime, Annual, 30-Day, and Daily Prevalence of Use in Grades 8, 10, and 12

(Entries are percentages.)

	1991–		2022–			2024–	2020–
	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2025</u>	<u>2025</u>	<u>2025</u>
					<u>change</u>		<u>change</u>
Lifetime							
8th Grade	—	18.9	16.9	10.3	—	—	—
10th Grade	—	32.8	30.7	19.8	—	—	—
12th Grade	—	33.0	36.2	28.5	—	—	—
Last 12 Months							
8th Grade	—	14.7	12.8	6.2	—	—	—
10th Grade	—	28.7	23.3	9.2	—	—	—
12th Grade	—	28.4	26.1	12.2	—	—	—
Last 30 Days							
8th Grade	—	8.5	6.3	3.3	—	—	—
10th Grade	—	18.5	12.3	4.6	—	—	—
12th Grade	—	20.8	12.9	6.8	—	—	—
Daily ⁴							
8th Grade	—	2.5	1.0	0.5	—	—	—
10th Grade	—	7.5	2.0	0.4	—	—	—
12th Grade	—	9.3	2.5	1.8	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-88

**DISSOLVABLE TOBACCO PRODUCTS: ^{7,10} Trends in Annual Prevalence of Use
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991–														2023–	2024–	2020–
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2025	change	2025	2025
																	change
Last 12 Months																	
8th Grade	—	—	1.0	1.1	1.1	0.9	0.7	0.6	0.6	1.1	0.6	0.8	0.8	—	—	—	—
10th Grade	—	—	1.6	1.2	1.3	1.1	0.9	0.6	1.1	0.8	1.3	0.3	0.9	—	—	—	—
12th Grade	—	1.5	1.6	1.9	1.1	1.4	1.1	1.4	1.3	1.1	§	1.1	1.7	—	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-89

**HGH: ⁷ Trends in Annual Prevalence of Use
in Grade 12**

(Entries are percentages.)

	1991–		2017–		2024–	2020–
	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2025</u>	<u>2025</u>	<u>2025</u>
					<u>change</u>	<u>change</u>
Last 12 Months						
8th Grade	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—
12th Grade	—	1.4	1.0	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-90

LEGAL USE OF OVER-THE-COUNTER DIET PILLS:⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
Lifetime																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	17.2	15.0	14.8	14.9	15.6	16.0	16.6	15.7	17.1	16.6	17.1	21.0	17.9	15.6	13.7	13.0	10.4	10.5	9.5	7.2	7.7	7.7	8.1	9.1	7.9	6.4	6.7	
Last 12 Months																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	8.8	8.4	8.0	9.3	9.8	9.3	9.8	9.6	10.2	11.1	11.8	15.1	13.0	10.7	10.0	9.4	6.7	7.2	6.1	4.3	4.9	5.5	5.3	6.4	5.1	4.5	4.0	
Last 30 Days																												
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.7	4.0	3.8	4.2	3.8	4.3	4.6	4.8	5.4	5.8	6.3	9.2	6.5	5.6	4.4	5.3	3.8	3.7	2.6	2.1	2.4	3.4	2.4	3.6	2.1	2.1	2.4	

Table continued on next page

TABLE D-90 (cont.)

LEGAL USE OF OVER-THE-COUNTER DIET PILLS: ⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	<u>2018</u>	<u>2019³⁵</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024– 2025</u>	<u>2024– 2025</u>	<u>2020– 2025</u>
								<u>change</u>	<u>change</u>
Lifetime									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.1	§	4.6	3.8	2.8	—	—	—
Last 12 Months									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	3.5	3.1	§	2.5	1.6	1.1	—	—	—
Last 30 Days									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	1.9	1.9	§	1.1	1.1	0.4	—	—	—

Note. See last four pages for relevant footnotes.



TABLE D-91

LOOK-ALIKE PILLS:⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Lifetime																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	8.9	10.1	10.5	10.3	11.6	10.7	10.8	9.4	9.2	10.0	9.8	9.6	8.6	8.1	7.4	5.7	4.6	5.2	4.3	2.6	3.5	2.9	2.7	2.2	3.3	2.3	2.6
Last 12 Months																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	5.2	5.4	6.2	6.0	6.8	6.5	6.4	5.7	5.0	5.8	7.1	6.6	5.4	5.0	4.2	3.7	2.8	3.1	2.6	1.7	2.2	2.1	1.7	1.4	2.3	1.6	1.5
Last 30 Days																											
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.1	2.4	2.7	2.4	3.0	3.1	2.7	2.7	2.4	2.6	3.3	2.8	2.4	2.5	1.9	2.3	1.1	1.6	1.0	0.8	1.2	0.8	0.7	0.7	0.9	0.9	0.8

Table continued on next page

TABLE D-91 (cont.)

LOOK-ALIKE PILLS: ⁷ Trends in Lifetime, Annual, and 30-Day Prevalence of Use in Grade 12

(Entries are percentages.)

	2018– 2025	2024– 2025 <i>change</i>	2020– 2025 <i>change</i>
Lifetime			
8th Grade	—	—	—
10th Grade	—	—	—
12th Grade	—	—	—
Last 12 Months			
8th Grade	—	—	—
10th Grade	—	—	—
12th Grade	—	—	—
Last 30 Days			
8th Grade	—	—	—
10th Grade	—	—	—
12th Grade	—	—	—

Note. See last four pages for relevant footnotes.



Footnotes for Tables D-1 through D-91

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '~' indicates close to a significant change (.05 < P-value < .06). '—' indicates data not available. '‡' indicates some change in the question. See relevant footnote for that drug. Any apparent inconsistency between the change estimates and the prevalence estimates is due to rounding. Values in bold equal peak levels. Underlined values equal lowest level.

§This estimate is not presented in 2020 due to small sample size. The survey question for this estimate appears on a randomly-selected 1/6 of the questionnaires, and the number of responses is uniquely small in 2020 when the COVID-19 pandemic halted MTF data collection prematurely and the resulting sample size was only 25% of the target.

Approximate

Weighted Ns	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
8th Graders	17,500	18,600	18,300	17,300	17,500	17,800	18,600	18,100	16,700	16,700	16,200	15,100	16,500	17,000	16,800	16,500	16,100
10th Graders	14,800	14,800	15,300	15,800	17,000	15,600	15,500	15,000	13,600	14,300	14,000	14,300	15,800	16,400	16,200	16,200	16,100
12th Graders	15,000	15,800	16,300	15,400	15,400	14,300	15,400	15,200	13,600	12,800	12,800	12,900	14,600	14,600	14,700	14,200	14,500

Approximate

Weighted Ns	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
8th Graders	15,700	15,000	15,300	16,000	15,100	14,600	14,600	14,400	16,900	15,300	14,000	13,600	3,100	10,700	9,300	5,700	7,100
10th Graders	15,100	15,900	15,200	14,900	15,000	12,900	13,000	15,600	14,700	13,500	14,300	14,000	4,800	11,000	11,200	8,100	9,200
12th Graders	14,000	13,700	14,400	14,100	13,700	12,600	12,400	12,900	11,800	12,600	13,300	12,900	3,500	8,300	8,900	7,100	6,600

Approximate

Weighted Ns	2025
8th Graders	7,000
10th Graders	8,600
12th Graders	6,800

¹For 12th graders only: Use of any illicit drug includes any use of cannabis, LSD, other hallucinogens, crack, other cocaine, or heroin, prescription opioid medications, prescription stimulant medications (amphetamines), prescription sleeping medications (sedatives), or prescription anti-anxiety medications not under a doctor's orders. For 8th and 10th graders only: The use of prescription opioid medications and prescription sleeping medications (sedatives) has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers). For all grades: Due to changes in the prescription stimulant medication (amphetamine) questions, 2013 data are based on half the forms for all grades; N is one half of N indicated except for 12th grade any illicit use including inhalants which are based on one form; N is one sixth of N indicated. See prescription stimulant (amphetamine) note for details. 2014 data based on all forms. Trends for lifetime and past 30-day use end in 2023. MTF has discontinued asking about lifetime and 30-day use for rarer drugs such as cocaine and heroin, which typically have very low prevalence levels.

²In 2001 the question text was changed on half of the questionnaire forms for each age group. Other psychedelics was changed to other hallucinogens and shrooms was added to the list of examples. For the prescription anti-anxiety medication list of examples, Miltown was replaced with Xanax. For 8th, 10th, and 12th graders: The 2001 data presented here are based on the changed forms only; N is one half of N indicated. In 2002 the remaining forms were changed to the new wording. The data are based on all forms beginning in 2002. Data for any illicit drug other than cannabis and data for hallucinogens are also affected by these changes and have been handled in a parallel manner. For 12th graders only: Data based on five of six forms from 2014-2023; N is five sixths of N indicated. Data for hallucinogens are also affected by this change.

³For 12th graders only: Data based on five of six forms in 1991-1998; N is five sixths of N indicated. Data based on three of six forms beginning in 1999; N is three sixths of N indicated. For 8th and 10th graders only: Data based on three of four forms beginning in 2014; N is two thirds of N indicated.

⁴Daily use is defined as use on 20 or more occasions in the past 30 days except for cigarettes, smokeless tobacco, and vaping, for which actual daily use is measured.

⁵For 8th and 10th graders only: Data based on one of four forms; N is one third of N indicated. For flavored and regular little cigars or cigarillos, large cigars, and tobacco with a hookah, data based on two of four forms until 2019 and one of four forms beginning in 2019; N is two sixths of N indicated.

Androstenedione was dropped from the study in 2016. For 12th graders only: Data based on two of six forms; N is two sixths of N indicated. Small cigar data based on one of six forms; N is one sixth of N indicated. Androstenedione was dropped from one form in 2016; N is one sixth of N indicated.

⁶Inhalants are unadjusted for underreporting of amyl and butyl nitrites.

⁷For 12th graders only: Data based on one of six forms; N is one sixth of N indicated. For flavored alcoholic beverages: In 2011 Skyy Blue and Zima were deleted from the list of examples. An examination of the data did not show any effect from the wording change. In 2014 PCP was dropped from one form and the annual use was moved to another form.

(Footnote continued on next page.)

Footnotes for Tables D-1 through D-91 (cont.)

⁸Hallucinogens are unadjusted for underreporting of PCP.

⁹For 8th and 10th graders only: Data based on one of two forms in 1996; *N* is one half of *N* indicated. Data based on one third of *N* indicated in 1997–2001 due to changes in the questionnaire forms. Data based on two of four forms beginning in 2002; *N* is one half of *N* indicated. For 12th graders only: Data based on one of six forms in 1996–2001; *N* is one sixth of *N* indicated. Data based on two of six forms beginning in 2002; *N* is two sixths of *N* indicated. For MDMA, grades 8th, 10th, and 12th: In 2014 a revised question on use of ecstast (MDMA) was added to one form in each grade. The 2013 and 2014 "Original wording" data reported here are only for the questionnaires using the original question wording (for 8th and 10th graders *N* is one half of *N* indicated, for 12th graders *N* is two sixths of *N* indicated). The 2014 and 2015 data reported here for the "Revised wording" which includes "Molly" are for only the questionnaires using the revised wording (for 8th and 10th graders *N* is one sixth of the *N* indicated in 2014 and five sixths of the *N* indicated in 2015, for 12th graders *N* is one sixth of the *N* indicated for 2014 and three sixths of the *N* indicated in 2015).

¹⁰For 8th and 10th graders only: Data based on one of four forms; *N* is one third of *N* indicated. For flavored alcoholic beverages: In 2011 Skyy Blue and Zima were deleted from the list of examples. An examination of the data did not show any effect from the wording change.

¹¹For 12th graders only: Data based on two of six forms; *N* is two sixths of *N* indicated. For bidis only: Data based on one of six forms beginning in 2009; *N* is one sixth of *N* indicated. For Kreteks only: Data based on one of six forms beginning in 2009; *N* is one sixth of *N* indicated. For hash oil only: Data based on one of six forms in 2015–2016; *N* is one sixth of *N* indicated.

¹²For 12th graders only: Data based on four of six forms; *N* is four sixths of *N* indicated.

¹³In 1995 the heroin question was changed in one of two forms for 8th and 10th graders and in three of six forms for 12th graders. Separate questions were asked for use with and without injection. In 1996, the heroin question was changed in all remaining 8th- and 10th-grade forms. Data presented here represent the combined data from all forms.

¹⁴For 8th and 10th graders only: Data based on one of two forms in 1995; *N* is one half of *N* indicated. Data based on all forms beginning in 1996. For 12th graders only: Data based on three of six forms; *N* is three sixths of *N* indicated.

¹⁵Only drug use not under a doctor's orders is included here.

¹⁶In 2002 the question text was changed in half of the questionnaire forms. The list of examples of prescription opioid medications was updated: Talwin, laudanum, and paregoric—all of which had negligible rates of use by 2001—were replaced with Vicodin, OxyContin, and Percocet. The 2002 data presented here are based on the changed forms only; *N* is one half of *N* indicated. In 2003, the remaining forms were changed to the new wording. The data are based on all forms beginning in 2003. In 2013 the list of examples was changed on one form: MS Contin, Roxycodone, Hydrocodone (Lortab, Lorcet, Norco), Suboxone, Tylox, and Tramadol were added to the list. An examination of the data did not show any effect from the wording change.

¹⁷For 12th graders only: Data based on two of six forms in 2002–2005; *N* is two sixths of *N* indicated. Data based on three of six forms beginning in 2006; *N* is three sixths of *N* indicated.

¹⁸For 8th, 10th, and 12th graders: In 2009, the question text was changed slightly in half of the forms. An examination of the data did not show any effect from the wording change. In 2010 the remaining forms were changed in a like manner. In 2011 the question text was changed slightly in one form; bennies, Benzedrine, and Methedrine were dropped from the list of examples. An examination of the data did not show any effect from the wording change. In 2013 the question wording was changed in two of the 8th and 10th grade questionnaire forms and in three of the 12th grade questionnaires. The new wording in 2013 asked "On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs..." In contrast, the old wording did not include the text highlighted in red. Results in 2013 indicated higher prevalence in questionnaires with the new as compared to the old wording; it was proportionally 61% higher in 8th grade, 34% higher in 10th grade, and 21% higher in 12th grade. 2013 data are based on the changed forms only; for 8th, 10th, and 12th graders *N* is one half of *N* indicated. Beginning in 2014 all questionnaires included the new, updated wording.

¹⁹For 12th graders only: In 2004 the question text was changed on half of the questionnaire forms. Barbiturates was changed to sedatives including barbiturates, and "have you taken barbiturates . . ." was changed to "have you taken sedatives . . ." In the list of examples downs, downers, goofballs, yellow, reds, blues, rainbows were changed to downs, or downers, and include Phenobarbital, Tuinal, Nembutal, and Seconal. An examination of the data did not show any effect from the wording change. In 2005 the remaining forms were changed in a like manner. In 2013 the question text was changed in all forms: Tuinal, Nembutal, and Seconal were replaced with Ambien, Lunesta, and Sonata. In one form the list of examples was also changed: Tuinal was dropped from the list and Dalmane, Restoril, Halcion, Intermezzo, and Zolpimist were added. An examination of the data did not show any effect from the wording change.

(Footnote continued on next page.)

Footnotes for Tables D-1 through D-91 (cont.)

²⁰For 8th and 10th graders only: Data based on one of two forms in 1996; N is one half of N indicated. Data based on three of four forms in 1997–1998; N is two thirds of N indicated. Data based on two of four forms in 1999–2001; N is one third of N indicated. Data based on one of four forms beginning in 2002; N is one sixth of N indicated. For 12th graders only: Data based on one of six forms in 1996–2001; N is one sixth of N indicated. Data based on two of six forms beginning in 2002; N is two sixths of N indicated. Data for 2001 and 2002 are not comparable due to changes in the questionnaire forms. Data based on one of six forms beginning in 2010; N is one sixth of N indicated.

²¹For 12th graders only: Data based on two of six forms in 2000; N is two sixths of N indicated. Data based on three of six forms in 2001; N is three sixths of N indicated. Data based on one of six forms beginning in 2002; N is one sixth of N indicated.

²²Data based on two of six forms in 2000; N is two sixths of N indicated. Data based on three of six forms beginning in 2001; N is three sixths of N indicated. Data based on two of six forms beginning in 2010; N is two sixths of N indicated.

²³For 8th, 10th, and 12th graders: In 1993, the question text was changed slightly in half of the forms to indicate that a drink meant more than just a few sips. The 1993 data are based on the changed forms only; N is one half of N indicated for these groups. In 1994 the remaining forms were changed to the new wording. The data are based on all forms beginning in 1994. In 2004, the question text was changed slightly in half of the forms. An examination of the data did not show any effect from the wording change. The remaining forms were changed in 2005.

²⁴For 8th and 10th graders, data based on one of two forms in 1991–1996; N is one half of N indicated. Data based on one of four forms beginning in 1997; N is one third of N indicated. For 12th graders, data based on one of six forms; N is one sixth of N indicated.

²⁵The 2003 flavored alcoholic beverage data were created by adjusting the 2004 data to reflect the change in the 2003 and 2004 alcopops data.

²⁶For 8th and 10th graders only: Data based on one of four forms; N is one third of N indicated. For 12th graders only: Data based on two of six forms; N is two sixths of N indicated. For all grades: In 2011 the question text was "...had an alcoholic beverage containing caffeine (like Four Loko or Joose)." In 2012 the question text was changed to "...had an alcoholic beverage mixed with an energy drink (like Red Bull)." An examination of the data did not show any effect from the wording changes.

²⁷For 8th and 10th graders only: Data based on one of two forms for 1991–1996 and on two of four forms beginning in 1997; N is one half of N indicated. For 12th graders only: Data based on one of six forms; N is one sixth of N indicated. In 2011 snus and dissolvable tobacco were added to the list of examples. An examination of the data did not show any effect from the wording change.

²⁸For 8th, 10th, and 12th graders: In 2006, the question text was changed slightly in some of the forms. An examination of the data did not show any effect from the wording change. In 2007 the remaining forms were changed in a like manner. In 2008 and 2009 the question text was changed slightly. An examination of the data did not show any effect from the wording change. For 12th graders only: Data based on two of six forms in 1991–2005 and beginning again in 2019; N is two sixths of N indicated. Data based on three of six forms from 2006–2018; N is three sixths of N indicated.

²⁹For 8th and 10th graders, see Tables D-S1 and D-S2 in *Volume I*, Appendix D for sample sizes. For 12th graders, data based on two of six forms in 1991–2005; N is two sixths of N indicated in Table D-S3. Data based on three of six forms beginning in 2006; N is three sixths of N indicated in Table D-S3 in *Volume I*, Appendix D.

³⁰In 2017, the surveys switched from asking about vaping in general to asking separately about vaping nicotine, cannabis, and just flavoring. Beginning in 2017, data presented for any vaping are based on these new questions.

³¹For 12th graders, in 2005 data omitted for one of the questionnaire forms due to an error in the skip pattern in the questionnaire. In 2005 data based on one of six questionnaire forms and N is one sixth of N indicated. Beginning in 2006, data based on two of six forms and N is two sixths of N indicated.

³²The question about current use of prescription ADHD drugs is asked differently than that for other drugs presented here. Therefore, the estimates indicate youth who reported "Yes, I take them now."

³³For 8th and 10th graders only: data based on one of four forms until 2019; N is one third of N indicated. In 2019, data based on two of four forms; N is two thirds of N indicated. Beginning in 2020, data based on all available forms. For 12th graders only: data based on two of six forms until 2019; N is two sixths of N indicated. In 2019, data based on four of six forms; N is four sixths of N indicated. Beginning in 2020, data based on all available forms.

³⁴For 8th and 10th graders only: In 2019, data based on one of four forms; N is one sixth of N indicated. Beginning in 2020, data based on all available forms. For 12th graders only: In 2019, data based on one of six forms. N is one sixth of N indicated. Beginning in 2020, data based on all available forms.

(Footnote continued on next page.)

Footnotes for Tables D-1 through D-91 (cont.)

³⁵Drug prevalence results in 2019 combine results from paper-and-pencil surveys with those completed using electronic tablets. In 2019 students in a randomly-selected half of schools completed MTF surveys on paper-and-pencil and students in the other half completed the surveys using electronic tablets. Analysis of this randomized controlled trial demonstrated that these results did not significantly differ across survey mode (Miech, R.A., Couper, M.P., Heeringa, S. G., and Patrick M. E. Forthcoming. The Impact of Survey Mode on US National Estimates of Adolescent Drug Prevalence: Results from a Randomized Controlled Study, *Addiction*). Results for student attitudes and beliefs in 2019 are based on answers from electronic tablets only because these appear more susceptible to survey mode effects. Readers are cautioned that large changes in these results from 2018 to 2019 may stem from survey mode effects.

³⁶For 8th and 10th graders only: In 2021 and 2022, the question on cannabis use was changed in half of the questionnaire forms to include smoking, vaping, and edibles in the list of examples. Data presented here for 2021 and 2022 based on the forms that included the original question wording. *N* is one half of *N* indicated. Any illicit drug use, any illicit drug use including inhalants, and abstainers were also impacted by this change. Data based on all four forms again beginning in 2023.

³⁷A survey change that removed a skip pattern in 2022 resulted in higher levels of inconsistent responses for alcohol use among 8th and 10th grade students. Specifically, as a result of the change adolescents were more likely to indicate an inconsistent pattern (i.e., report lifetime alcohol use early in the survey but then later report that they had never used alcohol). These inconsistent responders were coded as missing in 2022; the skip pattern was reintroduced into the survey in 2023.

³⁸The use of any prescription drug includes use of any of the following: prescription stimulant medications (amphetamines), prescription sleeping medications (sedatives), prescription opioid medications, or prescription anti-anxiety medications (tranquilizers) "...without a doctor telling you to use them."

³⁹Includes use of any of the following: cigarettes, large cigars, flavored small cigars, regular small cigars, tobacco using a hookah, nicotine pouches, or smokeless tobacco. Beginning in 2023, use of nicotine pouches is also included.

⁴⁰For 8th and 10th graders only: Data based on one third of *N* indicated. For 12th graders only: Data based on one of six forms; *N* is one sixth of *N* indicated.

⁴¹Includes use of any of the following: cigarettes, large cigars, flavored small cigars, regular small cigars, tobacco using a hookah, nicotine pouches, smokeless tobacco, or vaping nicotine. Beginning in 2023, use of nicotine pouches is also included.

⁴²In 2005, data omitted for one of the questionnaire forms due to an error in the skip pattern in the questionnaire. In 2005, data based on one of six forms and *N* is one sixth of *N* indicated. Beginning in 2006, data based on two of six forms and *N* is two sixths of *N* indicated.

⁴³For the use of prescription ADHD drugs, the question is asked differently than that for other drugs presented here. Therefore, the estimates indicate youth who reported "Yes, I take them now."

⁴⁴For 8th and 10th graders only: Data based on one third of *N* indicated. For 12th graders only: Data based on one of six forms; *N* is one sixth of *N* indicated.

⁴⁵Respondents who report no use of alcohol, cannabis, or nicotine (either vaping or cigarettes). Prior to 2017, vaping nicotine was not asked on the surveys and therefore not included. This likely explains the discontinuity in results between 2016 and 2017.

⁴⁶In 2024, we undertook an experimental revision of the survey text on half of the survey forms for all three grades. "Amphetamines" was changed to "prescription stimulant medications", "narcotics other than heroin" was changed to "prescription opioid medications", "sedatives" was changed to "prescription sleeping medications", and "tranquilizers" was changed to "prescription anti-anxiety medications". The 2024 estimate is based on the updated version of the questions; *N* is one half of *N* indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; *N* is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024. Any illicit drug, any illicit drug other than cannabis, any illicit drug including inhalants, and any prescription drug use have been handled in a parallel manner.

⁴⁷In 2024, we undertook an experimental revision of the survey text for this question on half of the survey forms. For 8th graders only, 2024 data is based on the updated version of the question. *N* is one half of *N* indicated in 2024. Beginning in 2025, all survey forms included the new version of the questions; *N* is based on all survey forms again beginning in 2025. These changes likely explain the discontinuity of results between 2023 and 2024. Abstainers have been handled in a parallel manner.

⁴⁸For 8th and 10th graders, beginning in 2024, data based on one third of *N* indicated. For 12th graders, beginning in 2024, data based on one half of *N* indicated.

⁴⁹For 8th and 10th graders, beginning in 2024, data based on one sixth of *N* indicated.

⁵⁰For 8th, 10th, and 12th graders, data based on one half of *N* indicated.

Appendix E – Updates to Survey Question Text on Prescription Drugs in 2024

In 2024, MTF updated the text for survey questions on prescription drugs. Periodic updates are necessary for long-running studies such as MTF, which has been conducted for more than fifty consecutive years. As new birth cohorts enter the survey, they may recognize drug types by different colloquial names or by brand names—such as OxyContin—that continually emerge and fade. Over time, the everyday language used to describe a drug can drift from the terminology used in the original survey items. In these instances, updating the questions ensures that MTF continues to capture drug use in terms familiar to today’s youth and adults.

MTF convened an expert panel on October 10, 2023 to consider updating the text of the MTF survey questions on prescription drugs. The membership consisted of:

- **Richard Miech**, PhD, MPH, Principal Investigator of Monitoring the Future Main Study, Research Professor at the Institute for Social Research, University of Michigan
- **Megan Patrick**, PhD, Principal Investigator of Monitoring the Future Panel Study, Collegiate Research Professor at the Institute for Social Research, University of Michigan
- **Kathleen Stringer**, PharmD, Albert B. Prescott Collegiate Professor of Clinical and Translational Pharmacy, College of Pharmacy, and Professor of Internal Medicine, University of Michigan Medical School
- **Sean Esteban McCabe**, PhD, Carol J. Boyd Collegiate Professor and Director, Center for the Study of Drugs, Alcohol, Smoking and Health, Department of Health Behavior and Clinical Sciences, University of Michigan School of Nursing
- **Amy Bohnert**, PhD, MHS, Professor, Departments of Anesthesiology (primary), Psychiatry, and Epidemiology, University of Michigan Medical School
- **Kevin Boehnke**, PhD, Assistant Professor, Department of Anesthesiology, University of Michigan Medical School

This group reached a consensus decision that all of the questions on prescription drugs warranted an update. As detailed in this report, we first updated a randomly selected half of the prescription drug questions in 2024, with the plan to use the updated questions in all questionnaires in 2025 and future years.

Updates to question text may introduce discontinuity in trends. We expected that the updated questions would yield higher prevalence estimates because they use terms more familiar to adolescents. For example, we expected that the new terminology of “prescription anti-anxiety medications” would be

more recognizable to adolescents who use these drugs than the original wording referring to “tranquilizers”.

In 2024, MTF conducted a randomized controlled experiment to quantify the extent to which updates to survey questions, by themselves, independently increased or decreased prevalence estimates. All 8th-, 10th-, and 12th-grade surveys were randomized so that half of the students received the updated prescription drug question text and the other half received the unchanged text. (The surveys for those ages 19–65 were also similarly randomized; results are described in Table/Figure 91 in [Patrick et al., 2025](#).) The difference in prevalence estimates between the two versions represents the size of the methodological artifact. This difference can then be used to adjust trends to account for the updates. For example, if the updated item yields an estimate four percentage points higher than the unchanged item, an adjusted trend could be derived by subtracting four percentage points from all years that used the updated item.

This appendix consists of five tables. Tables E-1 through E-4 present prevalence estimates for the updated and unchanged questions in 2024. Table E-5 presents the text for the updated and original questions for each of the four classes or prescription drugs assessed.

One final note: the MTF annual report on secondary school students that reports data to 2024 presents the estimates for the *unchanged* survey text in 2024, allowing direct comparison with previous years. The 2025 report presents estimates from the *updated* measures for both 2024 and 2025, allowing assessment of the degree of substantive change across the two years. Comparisons of 2024 and 2025 updated estimates with previous years requires adjustment, using the information provided in the following tables.

Table E-1: Prescription Stimulant Medications Prevalence Estimates in 2024, with Updated and Unchanged Text Wording (95% Confidence Intervals in Parentheses)

Grade and Reporting Interval	Updated Survey Text Wording	Unchanged Survey Text Wording
12 th grade		
Lifetime	5.6 (4.5-6.9)*	4.3 (3.5-5.3)
Past 12-month	2.4 (1.9-3.1)	2.3 (1.6-3.1)
Past 30-day	1.2 (0.8-1.7)	1.2 (0.8-1.6)
10 th grade		
Lifetime	6.2 (5.4-7.2)**	4.3 (3.6-5.0)
Past 12-month	3.5 (2.9-4.1)**	2.2 (1.7-2.9)
Past 30-day	2.1 (1.6-2.7)**	1.1 (0.7-1.5)
8 th grade		
Lifetime	7.5(6.5-8.5)**	4.5(3.6-5.7)
Past 12-month	4.0(3.4-4.7)**	2.1(1.6-2.8)
Past 30-day	2.3(1.7-3.0)**	1.0(0.7-1.4)

* Prevalence significantly higher for updated survey text version $p < .05$

** Prevalence significantly higher for updated survey text version $p < .01$

Notes:

- In 2024, a randomly selected half of students received the updated survey text wording, and the other half received the unchanged text.
- See Table E-5 for updated and unchanged survey question text.

Table E-2: Prescription Opioid Medications Prevalence Estimates in 2024, with Updated and Unchanged Text Wording (95% Confidence Intervals in Parentheses)

Grade and Reporting Interval	Updated Survey Text Wording	Unchanged Survey Text Wording
12 th grade		
Lifetime	4.1 (3.3-5.1)**	1.6 (1.1-2.5)
Past 12-month	1.6 (1.1-2.3)**	0.6 (0.3-1.0)
Past 30-day	0.5 (0.3-0.9)	0.3 (0.1-0.5)

** Prevalence significantly higher for updated survey text version $p < .01$

Notes:

- In 2024, a randomly selected half of students received the updated survey text wording, and the other half received the unchanged text.
- See Table E-5 for updated and unchanged survey question text.
- Estimates for prescription opioid medications not reported in 8th and 10th grade due to uncertain validity of this measure among younger adolescents.

Table E-3: Prescription Sleeping Medications Prevalence Estimates in 2024, with Updated and Unchanged Text Wording (95% Confidence Intervals in Parentheses)

Grade and Reporting Interval	Updated Survey Text Wording	Unchanged Survey Text Wording
12 th grade		
Lifetime	8.9 (7.9-10.0)**	2.3 (1.8-3.0)
Past 12-month	4.8 (4.0-5.8)**	1.0 (0.7-1.5)
Past 30-day	2.8 (2.1-3.6)**	0.2 (0.1-0.5)

** Prevalence significantly higher for updated survey text version $p < .01$

Notes:

- In 2024, a randomly selected half of students received the updated survey text wording, and the other half received the unchanged text.
- See Table E-5 for updated and unchanged survey question text.
- Estimates for prescription sleeping medications not reported in 8th and 10th grade due to uncertain validity of this measure among younger adolescents.

Table E-4: Prescription Anti-Anxiety Medications Prevalence Estimates in 2024, with Unchanged and Updated Text Wording (95% Confidence Intervals in Parentheses)

Grade and Reporting Interval	Updated Survey Text Wording	Unchanged Survey Text Wording
12 th grade		
Lifetime	6.2 (4.5-8.4)**	2.0 (1.6-2.6)
Past 12-month	3.5 (2.7-4.6)**	0.4 (0.2-0.7)
Past 30-day	2.3 (1.8-3.0)**	0.3 (0.1-0.6)
10 th grade		
Lifetime	5.1 (4.1-6.2)**	1.9 (1.5-2.3)
Past 12-month	3.1 (2.5-3.8)**	0.8 (0.6-1.2)
Past 30-day	1.9 (1.4-2.5)**	0.3 (0.2-0.6)
8 th grade		
Lifetime	5.3 (4.3-6.6)**	2.0 (1.5-2.6)
Past 12-month	3.0 (2.4-3.8)**	0.7 (0.5-1.1)
Past 30-day	2.0 (1.5-2.7)**	0.4 (0.3-0.7)

** Prevalence significantly higher for updated survey text version $p < .01$

Notes:

- In 2024, a randomly selected half of students received the updated survey text wording, and the other half received the unchanged text.
- See Table E-5 for updated and unchanged survey question text.

Table E-5: Updated and Unchanged Survey Question Text (continues)

Updated Question Text	Unchanged Question Text
<p><i>Prescription stimulant medications</i></p> <p>Stimulant medications, sometimes called amphetamines, are prescribed by doctors to help people pay attention, to help people with ADHD, to address hyperactivity, and/or to help them stay awake. They include prescription medications like Adderall (amphetamine/dextroamphetamine), Ritalin (methylphenidate), Dexedrine (dextroamphetamine), and Vyvanse (lisdexamfetamine).</p> <p>On how many occasions (if any) have you taken prescription stimulant medications <u>on your own</u>—that is, without a medical professional telling you to use them...”</p>	<p>The next questions are about AMPHETAMINES and OTHER STIMULANT DRUGS, which are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. Drugstores are not supposed to sell them without a prescription from a doctor. They are sometimes called: Uppers, Ups, Speed, Dexies, Pep Pills, Diet Pills, Meth or Crystal Meth. They include the following drugs: Dexedrine, Ritalin, Adderall, Concerta, Vyvanse, Methamphetamine. IN YOUR ANSWERS ABOUT AMPHETAMINES AND OTHER STIMULANT DRUGS, DO NOT INCLUDE ANY NONPRESCRIPTION OR OVER-THE-COUNTER DRUGS.</p> <p>On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs <u>on your own</u>—that is, without a doctor telling you to take them...”</p>
<p><i>Prescription opioid medications</i></p> <p>Opioid medications are prescribed by doctors to help relieve pain. They include prescription medications like OxyContin (oxycodone), Vicodin (hydrocodone), codeine, morphine, and fentanyl.</p> <p>On how many occasions (if any) have you taken prescription opioid medications <u>on your own</u>—that is, without a doctor telling you to take them...”</p>	<p>The next questions are about narcotics other than heroin, which are sometimes prescribed by doctors. Drugstores are not supposed to sell them without a prescription. These include: Methadone, Codeine, OxyContin, Percodan, Opium, Demerol, Percocet, Ultram, Morphine, Oxycodone, Tylox, Tramadol, Vicodin, Hydrocodone (Lortab, Lorcet, Norco), MS Contin, Suboxone.</p> <p>On how many occasions (if any) have you taken narcotics other than heroin <u>on your own</u>—that is, without a doctor telling you to take them...”</p>

Table E-5: Updated and Unchanged Survey Question Text (continued)

Updated Question Text	Unchanged Question Text
<p><i>Prescription sleeping medications</i></p> <p>Sleeping medications prescribed by doctors to help people sleep are sometimes called sedatives. They include prescription medications like Ambien (zolpidem), Lunesta (eszopiclone), and Sonata (zaleplon).</p> <p>On how many occasions (if any) have you taken prescription sleeping medications <u>on your own</u>—that is, without a doctor telling you to take them...”</p>	<p>The next questions are about sedatives, including barbiturates, which doctors sometimes prescribe to help people relax or get to sleep. Drugstores are not supposed to sell them without a prescription. Sedatives are sometimes called Downs, or Downers. They include the following drugs: Phenobarbital, Ambien, Seconal, Lunesta, Dalmane, Sonata, Restoril, Intermezzo, Halcion, Zolpimist.</p> <p>On how many occasions (if any) have you taken sedatives <u>on your own</u>—that is, without a doctor telling you to take them...”</p>
<p><i>Prescription anti-anxiety medications</i></p> <p>Anti-anxiety medications, which include tranquilizers, are prescribed by doctors to help calm people down. They include prescription medications like Ativan (lorazepam), Valium (diazepam), Xanax (alprazolam), and Klonopin (clonazepam).</p> <p>On how many occasions (if any) have you taken prescription anti-anxiety medications <u>on your own</u>—that is, without a doctor telling you to take them...”</p>	<p>The next questions are about tranquilizers, which doctors sometimes prescribe to calm people down, quiet their nerves, or relax their muscles. They include Librium, Valium, Xanax, Serax, Soma, Ativan, and Klonopin.</p> <p>On how many occasions (if any) have you taken tranquilizers <u>on your own</u>—that is, without a doctor telling you to take them...”</p>