MONITORING THE FUTURE

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Monitoring the Future Longitudinal Panel Study Annual Report

National data on substance use among adults ages 19 to 65, 1976–2025

Megan E. Patrick
Richard A. Miech
Patrick M. O'Malley
Justin Jager
Joy B. Jang

50 YEARS
1974–2024

MONITORING THE FUTURE
LONGITUDINAL PANEL STUDY ANNUAL REPORT:
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by:

Megan E. Patrick, Ph.D.

Richard A. Miech, Ph.D.

Patrick M. O'Malley, Ph.D.

Justin Jager, Ph.D.

Joy B. Jang, Ph.D.

University of Michigan
Institute for Social Research

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CHAPTER 1 - Monitoring the Future Longitudinal Panel Study Design

Overview

Monitoring the Future (MTF) is an ongoing research program conducted at the University of Michigan's Institute for Social Research under a series of investigator-initiated research grants from the National Institute on Drug Abuse beginning in 1974. The integrated MTF study includes annual surveys of nationally representative samples of 8th and 10th grade students (beginning in 1991) and 12th grade students (beginning in 1975), as well as a subset of 12th grade students followed into adulthood from each graduating class (beginning with the class of 1976). Repeating these annual cross-sectional surveys over time provides data to examine behavior change across history in consistent age segments of the adult population, as well as among key subgroups.

The MTF Longitudinal Panel Study now includes about 120,000 individuals who were first surveyed in 12th grade and selected for participation in longitudinal study now spanning ages 18 to 65. Each year, approximately 20,000 people in the MTF Longitudinal Panel are surveyed across young adulthood (ages 19 to 30), early midlife (ages 35 to 50), and late midlife (ages 55 to 65). These data, gathered on national samples over such a large portion of the lifespan, are extremely rare and can provide needed insight into the epidemiology, etiology, and life course history of substance use and relevant behaviors, attitudes, and other factors. The current annual report is the latest in a series of publications dating back to 1986, all available at monitoringthefuture.org.

An accompanying data dashboard is available at https://monitoringthefuture.org/data/panel/. Additionally, accessible versions of Tables/Figures 1-4 that appear in this chapter are available at https://monitoringthefuture.org/data/accessible/volume2/Table-1-1-4.html. MTF Longitudinal Panel data are available for researchers through the National Addiction & Health Data Archive Program at https://www.icpsr.umich.edu/web/NAHDAP/series/2520.

Participants

Young Adults (Ages 19 to 30)

In 2025, young adults (N=4,476) were from the 12th grade classes of 2013 to 2024 and provided data at modal ages 19 to 30 (Table/Figure 1). Each individual is invited to participate in a young adult survey every two years. However, because each cohort's panel sample is split into two random subsamples that are surveyed in alternate years (at modal ages 19/20, 21/22, 23/24, 25/26, 27/28, 29/30), a representative sample from each 12th grade class is obtained every year. Combined prevalence estimates and age-specific estimates for young adults ages 19 to 30 are reported in the tables/figures in Chapter 2.

Early Midlife Adults (Ages 35 to 50) and Late Midlife Adults (55 to 65)

In 2025, early midlife adults (N=3,334) were from the 12th grade classes of 2008, 2003, 1998, and 1993, and provided data at modal ages 35, 40, 45, and 50, respectively (Table/Figure 1). Late midlife adults (N=3,195) were from the 12th grade classes of 1988, 1983, and 1978 and provided data at modal ages 55, 60, and 65, respectively (Table/Figure 1). Combined prevalence estimates for early midlife adults ages 35 to 50 and late midlife adults ages 55 to 65, as well as age-specific estimates, are reported in the tables/figures in Chapter 3.

Research Design & Procedures: Base Year (12th Grade)

The MTF Longitudinal Panel sample is drawn from a national probability sample of students who participated in 12th grade at modal age 18. The methods and findings regarding the 12th grade (base year) survey are available elsewhere. Briefly, 12th graders have been surveyed in the spring of each year since 1975. Each year's data collection of 12th graders takes place in about 80 to 100 public and private high schools randomly selected to provide a representative cross-section of 12th graders throughout the contiguous United States.[1]

The final year of high school, 12th grade, is a strategic point to recruit a sample for a longitudinal study to monitor drug use and related attitudes of youth through adulthood. Completion of high school represents the end of an important developmental period in the United States, demarcating both the end of universal education and, for many, the end of living full-time in the parental home. Therefore, it provides an important base year from which to follow individuals as they transition to adulthood. There is also a practical advantage: it is the final point at which a reasonably good national sample of an age-specific cohort can be drawn from schools. However, a limitation of the MTF study design is the exclusion of individuals who dropped out of high school before 12th grade—approximately 5–15% of each age cohort nationally. The dropout rate has been declining in recent years; it was 5% in 2022, according to the National Center for Education Statistics.[2] Because the proportion of students who drop out is small and remains relatively steady from year to year, drop out omission should introduce little or no bias in analyses of trends.[3]

[1] In 2020, due to the school shutdowns that came with the COVID-19 pandemic in March 2020, only 36 schools participated in data collection for 12th graders before data collection halted on March 15, 2020. Analyses indicated that the curtailed sample did not differ from the nationally representative results from previous years in terms of sociodemographic characteristics; Miech, R., 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.

[2] National Center for Education Statistics. (2024). Status dropout rates. *Condition of Education*. U.S. Department of Education, Institute of Education Sciences. Retrieved July 16, 2025.

[3] A discussion of the effect of students being absent or who have dropped out can be found in Appendix A of Miech, R. A., Johnston, L. D., Patrick, M. E., O'Malley, P. M. (2025). Monitoring the Future national survey results on drug use, 1975–2024: Overview and detailed results for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan.

A multistage random sampling procedure is used to secure the nationally representative sample of 12th graders each year. MTF currently uses a two-stage stratified random sampling procedure. Stage 1 is to draw schools from 70 grade-specific strata that group each school in the contiguous 48 U.S. states on the basis of location, size, and urbanicity. Stage 2 is selection of students at the target grade within each selected school. All students are included when feasible. In some cases, a subset of students is selected either by randomly sampling classrooms or students. 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 (therefore all participants in a school have the same weight).

Prior to 2024, MTF used a three-stage stratified random sampling procedure that started with random selection of geographic areas. Stage 1 was the selection of particular geographic primary areas from within each of 105 Census strata in the United States. Stage 2 was the selection of one or more high schools in each area (with probability proportional to the student enrollment size for 12th grade). Stage 3 was the selection of 12th graders within each high school. Weights were assigned to compensate for differential probabilities of selection at each stage of sampling. These procedures were updated due to changing Census strata boundaries and definitions.

Schools are asked to participate in the study for two or three consecutive years on a staggered schedule. Therefore, in any given year, some of the schools in the sample are participating for the first time, and others are participating for their second or third year.

Because many survey questions are needed to cover all of the topic areas in the MTF study, much of the survey content is divided into six different questionnaire forms that are randomly distributed to 12th grade participants in equal proportions. (Five questionnaire forms were used until 1988.) Demographic and key drug variables are asked on all forms.

Research Design & Procedures: Longitudinal Panel Study

Each year from the 7,000–19,000 12th graders originally surveyed, an MTF Longitudinal Panel subsample (N~2,450[4]) is selected. At that point they are randomly assigned to begin longitudinal follow up one year later (age 19) or two years later (age 20). Each panel participant is surveyed every other year through young adulthood (i.e., at ages 19/20, 21/22, 23/24, 25/26, 27/28, 29/30). Young adults are given a link to a web-based survey with the same survey form (of six forms) that they were originally given in 12th grade. A paper form is also available for those responding via postal mail. While some questions are added to or deleted from the forms in young adulthood,

[4] Only students providing (a) contact information necessary for longitudinal follow up and (b) valid data on sex are eligible for panel subsample selection. As noted previously, 12th grade data collection in 2020 was curtailed due to the COVID-19 pandemic, and all 12th grade students providing contact information and valid data on sex were selected with certainty (N=1,225). Additional information on panel sampling is available in Patrick, M. E., Terry-McElrath, Y. M., Berglund, P., Pang, Y. C., Heeringa, S. G., & Si, Y. (2022). An updated weighting strategy for the Monitoring the Future Panel Study. Monitoring the Future Occasional Paper No. 98. Ann Arbor, MI: University of Michigan, Institute for Social Research.

much of the measurement started at age 18 is retained in the follow-up surveys. Starting at age 35, participants are surveyed every five years. At ages 35 to 65, there is a single survey form at each age that is given to all participants (and the same form is used for the web and paper surveys). The panel design is illustrated in Table/Figure 1. Typically, panel data are collected in April through October.

Consent

From the beginning of the study through 2021, the elements of consent were included in the introductory letter (e.g., on the cover page of the survey). Beginning in 2022, informed consent has been obtained at the beginning of each panel survey. The consent form is sent along with the web survey invitation letter, included as the first page of the web survey, and sent on paper with paper surveys.

Oversampling Based on Substance Use

In order to ensure that people reporting drug use are adequately represented in the panel surveys, 12th graders eligible for participation in the panel survey are divided into the following mutually exclusive groups: (1) heavy drug use (i.e., 20 or more occasions of cannabis use or any use of the other illicit drugs in the past 30 days); (2) other substance use (i.e., those not included in the first group but who report 20 or more occasions of nicotine vaping or daily cigarette use in the past 30 days, binge drinking in the past two weeks, or any use of other illicit drugs in the past 12 months); and (3) low or no substance use (i.e., all others). If the 12th grade sample size allows, those in the first two groups are over-sampled by a factor of 3.0 compared to those in the third group. If the 12th grade sample with drug use is not large enough to support a 3:1 over-sample, all 12th graders in group 1 and group 2 are selected with certainty, with the remainder of the target 2,450 respondents from group 3. These differential sampling probabilities are accounted for in the calculation of the panel analysis weights (described below).

Data Collection Procedures

Survey mode. From 1976 to 2017, all MTF Longitudinal Panel surveys were conducted by mailing paper surveys. In 2018 and 2019, one random half of those aged 19 to 30 received the standard MTF Longitudinal Panel procedures with mailed paper surveys; the other random half received new web-push procedures and were encouraged to complete web-based surveys. Analyses of this web-push experiment among young adults documented that, once sociodemographic characteristics were controlled, there were very few differences in substance use prevalence estimates by condition or survey mode.[5] In 2020, we began the transition to web-push survey administration for ages 35 to 60, with one random half receiving the standard MTF mailed surveys and the other half receiving the web-push procedures; we again documented very few differences in substance use prevalence estimates.[6] Web-push procedures are now used for all ages (since 2020 for ages 19 to 30 and since 2021 for ages 35 and older). Combined responses from the two survey modes (web and paper) are shown in this report.

The impact of the change from paper to web-push methodology on response rates was examined. We found a significant difference in response rates by survey condition combining across ages 19 to 30 in 2019; the web-push response rate was 39.1% (95% confidence interval [CI] = 37.89, 40.2). This was significantly higher than the standard MTF response rate of 35.1% (95% CI = 33.96, 36.29).[7] In 2020, when the web-push condition was the standard procedure for ages 19 to 30, the overall response rate was 41%. No significant differences in response rates by survey modes were observed among respondents ages 35 to 60 in 2020.[8]

Data collection procedures. Using information provided by 12th grade respondents, contact is maintained with the subset of individuals selected for the MTF Longitudinal Panel Study. Newsletters are sent to them each year, providing a short summary of study results on a variety of survey topics. Name and address corrections are requested from both the U.S. Postal Service and the individual.

[5] Patrick, M. E., Couper, M. P., Jang, B., Laetz, V. B., Schulenberg, J., Johnston, L. D., Bachman, J., O'Malley, P. M. (2019). Two-year follow-up of the sequential mixed-mode experiment in the U.S. national Monitoring the Future Study. *Survey Practice, 12*(1).
Patrick, M. E., Couper, M. P., Jang, B. J., Laetz, V., Schulenberg, J. E., O'Malley, P. M., Bachman, J., & Johnston, L. D. (2022). Building on a sequential mixed-mode research design in the Monitoring the Future Study. *Journal of Survey Statistics and Methodology, 10*(1), 149–160.
Patrick, M. E., Couper, M. P., Laetz, V. B., Schulenberg, J. E., O'Malley, P. M., Johnston, L., & Miech, R. A. (2018). A sequential mixed mode experiment in the U.S. national Monitoring the Future Study. *Journal of Survey Statistics and Methodology, 6*(1), 72–97.
Patrick, M. E., Couper, M. P., Parks, M. J., Laetz, V., & Schulenberg, J. E. (2021). Comparison of a web-push survey research protocol with a mailed paper and pencil protocol in the Monitoring the Future Panel survey. *Addiction, 116*(1), 191–199.

[6] Patrick, M. E., Pang, Y. C., Terry-McElrath, Y. M., Laetz, V., & Couper, M. P. (2022). Comparison of a web-push vs. mailed survey protocol in the Monitoring the Future Panel Study among adults ages 35 to 60. *Drug and Alcohol Dependence Reports, 4*, 100089.

[7] Patrick, M. E., Couper, M. P., Parks, M. J., Laetz, V., & Schulenberg, J. E. (2020). Comparison of a web-push survey research protocol with a mailed paper and pencil protocol in the Monitoring the Future Panel survey. *Addiction, 116*(1), 191–199.

[8] Patrick, M. E., Pang, Y. C., Terry-McElrath, Y. M., Laetz, V., & Couper, M. P. (2022). Comparison of a web-push vs. mailed survey protocol in the Monitoring the Future Panel Study among adults ages 35 to 60. *Drug and Alcohol Dependence Reports, 4*, 100089.

Panel surveys are sent in the spring to each individual based on their scheduled panel participation, with an incentive check (currently $25). Emails, text messages, reminder letters, and postcards are sent at fixed intervals thereafter. Telephone callers provide reminders, gather updated location information, and prompt responses.

Respondents are given access to the web survey (i.e., a link and PIN). We ensure confidentiality of web-based responses by immediately encrypting data. By design, respondents can pause their web surveys and then easily resume answering; we email reminders to both nonrespondents as well as respondents with a partially completed survey. The web-based surveys are optimized for a variety of operating systems and devices, including computers, tablets, and smartphones. Those who do not respond to the web survey within a month are sent paper versions of the surveys; respondents can also ask to be sent paper surveys at future waves. If a respondent asks not to be contacted further, the request is honored.

Panel Attrition & Weighting Adjustments

Longitudinal studies—including the MTF Longitudinal Panel—experience attrition. Survey response rates in general have been declining,[9] and response is typically differentially associated with health risks including substance use.[10] A vital feature of the MTF Longitudinal Panel Study is the very low cost per respondent, which allows us to survey such large numbers of respondents.

Response Rates

Response rates by cohort and data collection wave are shown in Tables/Figures 2–4 for original sample response rates (i.e., percentage of the originally-selected individuals who participated at each age; Table/Figure 2), response rates conditional on participation at age 19/20 (Table/Figure 3), and wave-to-wave response rates (Table/Figure 4). The majority of the loss of the original MTF Longitudinal Panel sample occurs at the first panel survey (age 19/20). The 2025 original sample response rates across the young adult surveys (ages 19 to 30) were 28–37%. Due to cohort differences in the propensity to respond, original sample response rates tend to be higher among older cohorts: 36–38% at ages 35 to 50 and 45–55% at ages 55 to 65 in 2025, although response rates within each cohort tend to decline as participants age.

Once participants join the MTF Longitudinal Panel Study, retention rates are relatively high (Table/Figure 3). Conditional on participation at the first panel survey (age 19/20), response rates

[9] United States Bureau of Labor Statistics. Household and establishment survey response rates. Updated June 25, 2025. Accessed July 16, 2025.

[10] Keyes, K. M., Jager, J., Platt, J., Rutherford, C., Patrick, M. E., Kloska, D. D., & Schulenberg, J. (2020). When does attrition lead to biased estimates of alcohol consumption? Bias analysis for loss to follow-up in 30 longitudinal cohorts. *International Journal of Methods in Psychiatric Research, 29*(4), e1842.
McCabe, S.E., & West, B.T. (2016). Selective nonresponse bias in population- based survey estimates of drug use behaviors in the United States. *Social Psychiatry & Psychiatric Epidemiology, 51*(1), 141–153.

across the young adult follow-ups at ages 21 to 30 were 58–69% in 2025. Conditional response rates were 50–57% for ages 35 to 50 and 55–61% for ages 55 to 65.

Wave-to-wave response rates, or the percentage of people who responded at the previous wave who respond at the current wave, are very high (Table/Figure 4): 85–96% for ages 21 to 30, 92–103% for ages 35 to 50, and 100–101% for ages 55 to 65. These rates can be greater than 100% when individuals who did not respond at the previous wave rejoin the panel in 2025. Based on concerted efforts by the MTF team, rates over 100% were observed for multiple ages in 2025.

These response rates compare favorably to other similar research studies, especially given the relatively low data collection costs and the many decades over which respondents are followed. Analysis weights are used to adjust for attrition. More information on using weights to adjust back to the nationally representative 12th grade cohorts is available in a study report.[11]

Panel Analysis Weights

An important purpose of the MTF Longitudinal Panel Study is to estimate drug prevalence levels among the nationally representative samples of U.S. high school graduates as they move across adulthood. Thus, we have always been concerned about making appropriate adjustments to account for panel attrition.

In the past, our standard adjustment for this publication series used a drug-specific post-stratification procedure in which we reweighted each cohort's panel sample so that the 12th grade use distribution for a specific drug was the same for the panel respondents as it was for all of the 12th grade students from which they were selected. This procedure was carried out separately for cigarettes, alcohol, and marijuana, as well as other illicit drugs (combined). As expected, it produced prevalence estimates in the panel data that were somewhat higher than those uncorrected for attrition. However, the adjustments were relatively modest.

Starting in 2022, we instituted the use of MTF Longitudinal Panel analysis weights for all estimates reported.[11] Briefly, the MTF Longitudinal Panel analysis weights are calculated such that they weight back to the initial nationally representative 12th grade samples, accounting for: (1) the proportion of 12th grade students not eligible for panel selection, (2) the panel sample selection process including oversampling of those reporting drug use, and (3) panel attrition. This weighting procedure results in an overall improvement in the degree to which the sociodemographic distributions of the initial 12th grade samples are retained, and it likely produces slightly improved substance use estimates due to accounting for historical variation in panel sample selection and attrition over time. To facilitate the ability of data users to evaluate the impact the use of the new

[11] Patrick, M. E., Terry-McElrath, Y. M., Berglund, P., Pang, Y. C., Heeringa, S. G., & Si, Y. (2022). An updated weighting strategy for the Monitoring the Future Panel Study. Ann Arbor, MI: Monitoring the Future Occasional Paper No. 98. University of Michigan Institute for Social Research.

weights may have had on prevalence and trend estimates, we replicated all data included in the 2021 version of this report[12] using the new weighting procedures and determined that differences were minimal.[13]

We are not able to adjust for the lack of representation of students who were absent from school or dropped out of school prior to 12th grade. Because nearly all college students have completed high school, the omission of high school dropouts should have almost no effect on college student prevalence estimates, but this omission does affect the estimates for noncollege young adults and the combined young adult and midlife estimates. The omission of about 5–15% of each cohort[14] who dropped out prior to 12th grade might mean that drug use estimates reported here for adults are somewhat lower than would be observed for the age group as a whole. Nevertheless, the year-to-year trends should be minimally affected by the limitations in sample coverage.

MTF Longitudinal Panel Study Mortality Data

The mortality status of MTF Longitudinal Panel participants from cohorts 1976–2019 is now available, updated through March 2026 to include 3,773 confirmed deceased cases (2,435 with National Death Index [NDI] information and 1,338 confirmed but not yet linked to NDI).[15] Accordingly, the cohort-specific MTF Longitudinal Panel Eligibility and Sampling Weight (PESW) was calculated for cohorts 1976–2019 using a pooled analysis weighting procedure that weights back to the initial 12th grade samples. All analyses using mortality status as an outcome should use the PESW. MTF Longitudinal Panel mortality data are available for researchers at https://www.icpsr.umich.edu/web/NAHDAP/series/2520.

[12] Patrick, M. E., Schulenberg, J. E., Miech, R. A., Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2022). Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 60, 1976-2021. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, The University of Michigan.

[13] Terry-McElrath, Y. M. & Patrick, M. E. (2023). Comparison of estimates before and after the updated weighting strategy change for the Monitoring the Future Panel Study annual report. Monitoring the Future Occasional Paper No. 100. Ann Arbor, MI: Institute for Social Research, University of Michigan.

[14] United States Census Bureau. CPS Historical Time Series Tables on School Enrollment. Updated October 13, 2023. Accessed July 16, 2025.

[15] Jang, B. J., Laetz, V. B., Terry-McElrath, Y. M., Patrick, M. E., & Miech, R. A. (2025). Monitoring the Future Longitudinal Panel Study mortality data 1976–2021 report. Monitoring the Future Occasional Paper No. 102. Ann Arbor, MI: Institute for Social Research, University of Michigan.

CHAPTER 2 - Young Adult Substance Use Prevalence and Trends

Executive Summary

The most prevalent substances used by young adults ages 19 to 30 in 2025 were:

	Past 12-month	Past 30-day
Alcohol	80.0%	61.6%
Cannabis (any mode)	41.9%	28.8%
Nicotine (any mode)	38.6%	–
Vaping Nicotine	24.8%	19.3%
Vaping Cannabis	22.1%	15.1%
Cannabis edibles	19.2%	–
Cigarettes	18.6%	8.3%
Other Drugs[16]	17.8%	–

In addition, binge drinking (having five or more drinks in a row in the past two weeks) was reported by 23.6%, and daily cannabis use (20 or more occasions in the past 30 days) was reported by 11.8% of young adults in 2025.

There were significant changes in the past year from 2024 to 2025 among young adults ages 19 to 30:

- Increases in heroin use (from 0.2% in 2024 to 0.6% in 2025; Table/Figure 73), nonmedical use of prescription drugs (from 8.3% in 2024 to 10.5% in 2025; Table/Figure 65), and sleeping medications (from 2.0% in 2024 to 3.0% in 2025; Table/Figure 79).

[16] An index of nonmedical use of any drugs other than cannabis that includes hallucinogens/psychedelics (including LSD), cocaine, stimulants, sleeping medications, anti-anxiety medications, and opioids (including heroin).

- Decreases in the use of hallucinogens/psychedelics from 8.9% in 2024 to 7.2% in the past 12 months in 2025 (Table/Figure 67). However, this is following the highest level ever recorded in 2024, and there remain significant increases over the past 10 years (Table/Figure 67).
- Decreases in driving after using cannabis in the past two weeks (from 13.5% in 2024 to 8.2% in 2025; Table/Figure 99).

In 2025, young adults had historically high record or near-record prevalence levels of several substances. These indicators have been available in the full age band since 1988, unless otherwise noted.

- Cannabis:
    - Past 12-month and past 30-day use in 2025 remained at or near the recent highest levels ever recorded among young adults, all with significant increases across the past 10 years (Tables/Figures 5 and 7).
    - Daily cannabis use reached a new all-time study high level of 11.8% of young adults using cannabis daily over the past 30 days in 2025 (Table/Figure 9).
    - Vaping cannabis (past 12-month and past 30-day) reached the highest levels ever recorded in 2023 or 2024, and there were no significant changes from 2024 to 2025; prevalence has significantly increased over the past 5 years (Tables/Figures 11 and 13).
- Vaping nicotine: Nicotine vaping in the past 30-days reached the highest levels ever recorded in 2025; prevalence in the past 30 days has more than tripled since it was first measured in 2017, with significant increases over the past 5 years (Table/Figure 49).
- Nicotine pouches: Nicotine pouch use was first measured in 2023, and it has more than doubled to 12.7% of young adults reporting past 12-month use in 2025, although the increase from 2024 (when it was 9.5%) was not statistically significant (Table/Figure 61).

In 2025, young adults had historically low prevalence levels of:

- Alcohol: Although alcohol remains the most commonly used substance among young adults, nearly all measures of drinking reached historical lows again in 2025, including alcohol use in the past 12 months (Table/Figure 19) and past 30 days (Table/Figure 21), daily drinking in the past 30 days (Table/Figure 23), and binge drinking in the past two weeks (Table/Figure 25). High-intensity drinking in the past two weeks was nearly unchanged from 2024 to 2025 (Table/Figure 27), but significant downward 5- and 10-year trends over time were found for all measures.

- Cigarette smoking: Smoking among young adults has been steadily decreasing, but there is some indication that the decline may be slowing. There have been significant five- and 10-year decreases in past 12-month use (Table/Figure 39), past 30-day use (Table/Figure 41), daily use (Table/Figure 43), and smoking a half pack or more per day (Table/Figure 45). For example, smoking in the past 30 days decreased by nearly three quarters, from 27.6% in 2005 to 8.3% in 2025.

An accompanying data dashboard is available at https://monitoringthefuture.org/data/panel/. MTF Longitudinal Panel data are available for researchers through the National Addiction & Health Data Archive Program at https://www.icpsr.umich.edu/web/NAHDAP/series/2520.

Introduction

The multiple cohort sequential design of the MTF Longitudinal Panel provides a useful snapshot of different age groups in a given year. In this chapter, we present the most recent prevalence of substance use among young adults (ages 19 to 30) and describe recent historical trends comparing these estimates to young adults in previous years. The data are presented in a series of figures and tables ordered by substance and timeframe of use (e.g., past 12-month, past 30-day). In the figures, estimates for ages 19 to 30 are combined, and the statistical significance levels of one-year change and linear trend estimates across five and 10 years are provided. In the tables, estimates for young adults are provided in two-year age groupings (e.g., modal ages 19 and 20), with estimates from adolescents at age 18 (presented elsewhere) and adults ages 35 to 65 (discussed in Chapter 3) for comparison.

The respondents providing data for the estimates in this report are being followed across the lifespan. Longitudinal panel studies that track the same individuals across multiple years are extremely valuable for examining developmental changes with age and long-term connections across the life course, as we illustrate in other publications.

Most Common Substances: Prevalence & Trends

In this section, we present prevalence estimates and trends for the most commonly used substances, including cannabis, alcohol, cigarettes, and vaping, as well as a combined index of any drug other than cannabis. Estimates for other specific substances are presented in the final section of the chapter.

We focus on recent trends in substance use among young adults ages 19 to 30 combined. Data are shown for each year in which they are available for that full age band. We present significance tests on trends for one year (the percentage point change between 2024 and 2025), five years (based on a linear slope from 2020 to 2025), and 10 years (based on a linear slope from 2015 to 2025).

Cannabis

The term "marijuana" is increasingly being replaced with the term "cannabis".[17] In our surveys, we now use both terms.[18] We also continue to update our surveys about modes and types of use. The estimates here include use of cannabis in any form unless noted otherwise.

12 month. Cannabis use in the past 12 months was reported by 41.9% of young adults in 2025 (Table/Figure 5), with the highest prevalence at ages 23 to 24 (44.9%; Table/Figure 6).

30 day. Cannabis use in the past 30 days was reported by 28.8% of young adults in 2025 (Table/Figure 7), with the highest levels for ages 23 to 24 at 32.4% (Table/Figure 8).

Daily. Daily cannabis use (defined as using on 20 or more occasions in the past 30 days) was reported by 11.8% of young adults in 2025 (Table/Figure 9), with the highest levels at ages 27 to 28 at 13.9% (Table/Figure 10). Since 2012, daily cannabis use has been more prevalent than daily alcohol use among young adults.[19]

Vaping cannabis. Vaping cannabis in the past 12 months was reported by 22.1% of young adults in 2025 (Table/Figure 11), with the highest prevalence at ages 21 to 22 at 24.8% (Table/Figure 12). Vaping cannabis in the past 30 days was reported by 15.1% of young adults in 2025 (Table/Figure 13), with the highest prevalence at ages 23 to 24 at 19.5% (Table/Figure 14).

Cannabis products made from hemp. In 2025, questions were added about using cannabis products made from hemp (such as Delta-8, Delta-10, or HHC) to get high. These questions replaced the previous question about Delta-8[20] due to the changing nature and definitions of the products. In 2025, 11.4% of young adults reported using cannabis products made from hemp (Table/Figure 15), with the highest prevalence of 13.6% at ages 21 to 22 and 25 to 26 (Table/Figure 16).

Cannabis edibles. In 2025, 19.2% of young adults reported consuming cannabis edibles in the past 12 months (Table/Figure 17), with the highest prevalence at ages 29 to 30 at 21.2% (Table/Figure 18).

[17] National Institute on Drug Abuse. Cannabis (Marijuana).

[18] Measures were updated in 2024, with no significant differences across old and new items. For more details, see 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.

[19] Patrick, M. E. (2025). Daily or near-daily cannabis and alcohol use by adults in the United States: A comparison across age groups. *Addiction, 120*(4), 779–782.

[20] Patrick, M. E., Miech, R. A., Pang, Y. C., Leventhal, A. M., & Harlow, A. F. (2025). Use of Delta-8-THC and other types of cannabis among young adults in the U.S. *American Journal of Preventive Medicine, 68*(6), 1179–1181.

Trends. Cannabis use among young adults (including past 12-month, past 30-day, and daily) has increased over the past 10 years (Tables/Figures 5, 7, and 9). Cannabis use in the past 12 months among young adults has increased over the past 10 years (from 31.3% in 2015) to 41.9% in 2025, which was a nonsignificant decrease from the highest level ever recorded in 2024 (Table/Figure 5). Similarly, cannabis use in the past 30 days increased over the past 10 years (from 19.0% in 2015) to 28.8% in 2025, which was a nonsignificant decrease from the highest level ever recorded in 2024 (Table/Figure 7). Daily cannabis use significantly increased over the past 10 years (from 6.9% in 2015) to an all-time high of 11.8% in 2025 (Table/Figure 9).

Significant increases over the past five years were observed for vaping cannabis in the past 12 months and 30 days, and for the use of edibles. The prevalence of vaping cannabis in the past 12 months increased from 18.9% in 2020 to 22.1% in 2025 (Table/Figure 11). Vaping cannabis in the past 30 days increased from 10.6% in 2020 to 15.1% in 2025 (Table/Figure 13). Use of cannabis edibles increased from 17.9% in 2020 to 19.2% in 2025 (a significant 10-year increase from 8.7% in 2015 was also observed; Table/Figure 17).

Alcohol

12 month. Alcohol use in the past 12 months was reported by 80.0% of young adults in 2025 (Table/Figure 19); the highest prevalence was 86.1% at ages 27 to 28 (Table/Figure 20).

30 day. Alcohol use in the past 30 days was reported by 61.6% of young adults in 2025 (Table/Figure 21); during young adulthood, prevalence peaked at 67.7% at ages 27 to 28 (Table/Figure 22).

Daily. Daily drinking (defined as 20 or more occasions in the past 30 days) was reported by 2.7% of young adults in 2025 (Table/Figure 23). It generally increased across young adulthood, reaching 3.5% at ages 25 to 26 (Table/Figure 24).

Binge drinking (i.e., having five or more drinks in a row) in the past two weeks was reported by 23.6% of young adults in 2025 (Table/Figure 25). Prevalence was 28.2% at ages 23 to 24 (Table/Figure 26), reflecting a recent shift upward in the peak age.[21]

[21] Jager, J., Keyes, K., Son, D., Patrick, M., Platt, J., & Schulenberg, J. (2022). Age 18–30 trajectories of binge drinking frequency and prevalence across the past 30 years for men and women: Delineating when and why historical trends reversed across age. *Development and Psychopathology*, 1–15.
Patrick, M. E., Terry-McElrath, Y. M., Lanza, S. T., Jager, J., Schulenberg, J. E., & O'Malley, P. M. (2019). Shifting age of peak binge drinking prevalence: Historical changes in normative trajectories among young adults aged 18 to 30. *Alcoholism: Clinical and Experimental Research, 43*, 287–298.

High-intensity drinking[22] (i.e., having 10 or more drinks in a row) was reported by 7.8% of young adults in the past two weeks (Table/Figure 27). The highest level across young adulthood was 11.8% at ages 23 to 24 (Table/Figure 28).

Trends. Alcohol use among young adults has been decreasing, although it remains high; nearly all measures reached historical low prevalence levels in 2025. Alcohol use in the past 12 months among young adults in 2025 was 80.0%, which was a significant decrease over the past five years (from 82.1% in 2020; Table/Figure 19). Alcohol use in the past 30 days decreased over the past five and 10 years (from 64.8% in 2020 and from 67.7% in 2015 to 61.6% in 2025; Table/Figure 21). Daily drinking also decreased over the past five years (from 5.6% in 2020) and 10 years (from 5.3% in 2015) to 2.7% in 2025 (Table/Figure 23).

Binge drinking among young adults reached a new low of 23.6% in 2025 (Table/Figure 25). This is a significant decrease over the past five years (from 28.2% in 2020) and 10 years (from 31.4% in 2015; Table/Figure 25). High-intensity drinking (10 or more drinks in a row in the past two weeks) decreased significantly over the five years (from 8.6% in 2020) and 10 years (from 10.7% in 2015) to 7.8% in 2025, which is a very slight and not significant increase from the all-time low of 7.7% in 2024 (Table/Figure 27).

Alcohol types. In 2025, prevalence of specific alcoholic beverages by young adults in the past 12 months were: 56.1% for beer (Table/Figure 31), 58.5% for wine (Table/Figure 33), 71.7% for liquor (Table/Figure 35), and 72.3% for flavored alcoholic beverages (Table/Figure 37). There have been dramatic and significant shifts over the past 10 years, including a decrease of 17.3% in the prevalence of beer from 2015 to 2025 (Table/Figure 31) and an increase of 15.9% in the prevalence of flavored alcoholic beverages from 2015 to 2025 (Table/Figure 37). There has been a smaller shift in liquor, with a significant increase over the past five years (Table/Figure 35). There have been no significant changes in wine consumption, which had a relatively consistent prevalence among young adults for decades (Table/Figure 33).

Cigarettes

12 month. Cigarette use in the past 12 months was reported by 18.6% of young adults in 2025 (Table/Figure 39), with the highest level at ages 23 to 24 of 21.8% (Table/Figure 40).

30 day. Cigarette use in the past 30 days was reported by 8.3% of young adults in 2025 (Table/Figure 41), with the peak prevalence at ages 27 to 28 of 9.4% (Table/Figure 42).

[22] Patrick, M. E., Terry-McElrath, Y. M., Miech, R. A., Schulenberg, J. E., O'Malley, P. M., & Johnston, L. D. (2017). Age-specific prevalence of binge and high-intensity drinking among U.S. young adults: Changes from 2005 to 2015. *Alcoholism: Clinical and Experimental Research, 41*(7), 1319–1328.
Patrick, M. E., Terry-McElrath, Y. M., Kloska, D. D., & Schulenberg, J. E. (2016). High-intensity drinking among young adults in the United States: Prevalence, frequency, and developmental change. *Alcoholism: Clinical and Experimental Research, 40*, 1905–1912.

Daily. Daily smoking continues to reach new historic low levels among young adults; it was reported by 3.1% of young adults in 2025 (Table/Figure 43), with the highest prevalence at ages 23 to 24 at 4.9% (Table/Figure 44). Smoking a half pack or more per day was reported by 1.6% of young adults (Table/Figure 45), with the prevalence in young adulthood peaking at ages 23 to 24 of 4.1% (Table/Figure 46).

Trends. Cigarette smoking among young adults has been declining steadily since 2004, but the rate of decline may be plateauing. In 2025, there were slight but not significant increases over the previous year in cigarette use in the past 12 months, past 30 days, daily, and half pack a day or more among young adults. This follows the 2024 record low levels that tied (past 12 months) or established new historic low prevalence levels (past 30 days, daily, half pack or more) among young adults. In 2025, there continue to be significant decreases in past 12-month use, past 30-day use, daily use, and smoking a half pack or more per day over the past five years and 10 years (Tables/Figures 39–46). For example, cigarette use in the past 30 days decreased by nearly three-quarters since 2004, when it was 28.8% (Table/Figure 41). However, the prevalence in 2025 has rebounded slightly (though not significantly so) from the record lows established in 2024, suggesting that the rate of decline has slowed across measures of cigarette use.

Vaping Nicotine

12 month. Vaping nicotine in the past 12 months was reported by 24.8% of young adults in 2025 (Table/Figure 47) and was most prevalent at ages 25 to 26 at 27.4% reporting vaping in the past 12 months (Table/Figure 48).

30 day. Vaping nicotine in the past 30 days was reported by 19.3% of young adults in 2025 (Table/Figure 49) and was highest at ages 21 to 24 (22.1%; Table/Figure 50).

Trends. Questions about vaping nicotine were added to the young adult surveys in 2017. The prevalence of vaping nicotine in the past 12 months has increased dramatically since then, nearly doubling prevalence in the past 12 months (from 13.7% in 2017 to 24.8% in 2025; Table/Figure 47) and more than tripling prevalence in the past 30 days (from 6.1% in 2017 to 19.3% in 2025, Table/Figure 49). The linear trends are significant over the past five years, although there were no significant one-year increases in 2025.

Other Forms of Nicotine

In 2023, measures of nicotine and tobacco use in the past 12 months were expanded to include large and small cigars, hookah, smokeless tobacco, and nicotine pouches. There were no significant changes from 2024 to 2025 in the use of large cigars reported by 10.0% (Table/Figure 53), small cigars by 9.4% (Table/Figure 55), hookah by 6.5% (Table/Figure 57), or smokeless tobacco by 4.9% (Table/Figure 59).

The use of nicotine pouches increased from 9.5% in 2024 to 12.7% in 2025, although this one-year difference was not statistically significant (Table/Figure 61). This is a rapid increase from the first prevalence level recorded of 4.8% in 2023 (Table/Figure 61). Across young adulthood, the peak was at ages 25 to 26 when 15.8% of young adults reported nicotine pouch use in the past 12 months (Table/Figure 62).

Any Nicotine Use

An index of any past 12-month nicotine use that included cigarettes, large cigars, small cigars, tobacco using a hookah, smokeless tobacco, vaping nicotine, and nicotine pouches was added in 2023. In 2025, any nicotine use was reported by 38.6% of young adults (Table/Figure 51), with no significant difference from 2024 to 2025. Across young adulthood, prevalence was highest at ages 19 to 20, with 42.7% reporting nicotine use in the past year (Table/Figure 52).

Any Drug Other Than Cannabis

The index of nonmedical use of any drugs other than cannabis includes hallucinogens/psychedelics (including LSD), cocaine, stimulants, sleeping medications, anti-anxiety medications, and opioids (including heroin).

12 month. Use of any drug other than cannabis was reported by 17.8% of young adults (Table/Figure 63), peaking at ages 29 to 30 at 20.2% (Table/Figure 64).

Trends. There were no significant changes in this index from 2024 to 2025 (Table/Figure 63). Longer-term trends are not available due to changes in the measures in 2024.

Other Substances: Prevalence & Trends

MTF includes specific questions about the use of many individual substances. Below we present past 12-month prevalence levels and use trends among young adults for nonmedical use of hallucinogens/psychedelics, opioids, sleeping and anti-anxiety medications, and stimulants. We also present use estimates for weight loss medications. Data on the use of additional substances are also available.[23]

[23] Data are available through the National Addiction and Health Data Archive Program at: https://www.icpsr.umich.edu/web/pages/NAHDAP/index.html

Hallucinogens/Psychedelics

MTF measures of hallucinogens/psychedelics reported here include (a) any hallucinogens/psychedelics, (b) LSD, and (c) MDMA. Questions on microdosing of hallucinogens are also available (and reported elsewhere).[24]

Past 12-month hallucinogen/psychedelic use combined was reported by 7.2% of young adults in 2025 (Table/Figure 67). Across young adulthood, prevalence was highest at ages 29 to 30 at 9.7% (Table/Figure 68). The one-year decrease from the all-time high level of 8.9% in 2024 was significant, but there were significant increases over the past 10 years (from 4.1% in 2015; Table/Figure 67).

LSD use was reported by 2.7% of young adults in 2025 and has decreased over the past five years from a high level of 4.7% in 2020 (Table/Figure 69). At all ages across young adulthood, prevalence is low, with a maximum of 4.4% at ages 23 to 24 in 2025 (Table/Figure 70).

Use of MDMA (ecstasy, Molly) was reported by 2.4% of young adults in 2025, continuing a significant negative trend over the past five and 10 years (from 4.2% in 2015 and 4.7% in 2020; Table/Figure 71).

Opioids

Heroin use was rare, with an estimate of 0.6% of young adults reporting past 12-month use in 2025 (Table/Figure 73), but has significantly increased over the past year (from 0.2 in 2024).

Nonmedical use of opioid medications was reported by 2.1% of young adults in the past 12 months in 2025 (Table/Figure 75). There was not a significant change from 2024 to 2025; long-term trends are not available due to changes to the survey question in 2024.

Use of fentanyl was added in 2020; in 2025, 0.6% of young adults reported its use in the past 12 months (Table/Figure 77). Prevalence estimates were low across ages, with prevalence being highest at ages 27 to 28 at 1.3% (Table/Figure 78). However, because fentanyl is sometimes added to other drugs without the user knowing it, the self-reported prevalence likely provides a low estimate of actual consumption.

Sleeping Medications & Anti-Anxiety Medications

Nonmedical use of sleeping medications was reported by 3.0% of young adults in 2025 (Table/Figure 79), with significant increases over the past year (from 2.0% in 2024) and past five

[24] Keyes, K. M., Terry-McElrath, Y. M., & 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.

years (from 1.8% in 2020; Table/Figure 79). There is variability in use across young adult ages, ranging from 1.5% at ages 27 to 28 to 5.1% at ages 23 to 24 (Table/Figure 80).

Nonmedical use of anti-anxiety medications was reported by 3.9% of young adults in 2025 (Table/Figure 81), which was not significantly different from 2024 when it was 2.8%. Long-term trends are not available due to a change in question text in 2024.

Stimulants

Nonmedical use of stimulant medications in the past 12 months was reported by 3.9% of young adults in 2025 (Table/Figure 83). Across young adulthood, use ranged from 1.6% at ages 19 to 20 to 5.0% at ages 29 to 30 (Table/Figure 84). Use has declined significantly among young adults over the past five years (from 6.3% in 2020) and 10 years (from 7.2% in 2015; Table/Figure 83).

Cocaine use was reported by 4.8% of young adults in 2025 (Table/Figure 85), with the highest levels at 6.2% at ages 29 to 30 (Table/Figure 86). Prevalence declined significantly over the past five years (from 6.7% in 2020) and 10 years (from 5.5% in 2015; Table/Figure 85).

Methamphetamine use remained low at 1.2% in 2025 (Table/Figure 87). Across young adulthood, the highest prevalence level was at ages 27 to 28 at 1.8% (Table/Figure 88).

Nonmedical Use of Any Prescription Drug

The index of nonmedical prescription drug use includes opioid medications, sleeping medications, anti-anxiety medications, and stimulant medications. In 2025, any nonmedical prescription drug use was reported by 10.5% of young adults, which was a significant increase from the 2024 prevalence of 8.2% (Table/Figure 65). Prevalence during young adulthood was highest at ages 25 to 26 at 11.6% (Table/Figure 66). Long-term trends in this index are not available due to changes to the measures in 2024.

Weight Loss Medications

New questions on prescription weight loss medication use were added to the survey in 2025. Medical use (under the direction of a medical professional) in the past 12 months was reported by 3.4% of young adults (Table/Figure 89). Estimates during young adulthood ranged from 1.4% at ages 23 to 24 to 6.7% at ages 25 to 26 (Table/Figure 90). Nonmedical use was reported by 3.3% of young adults in the past 12 months (Table/Figure 91), ranging from 1.2% at ages 21 to 22 to 4.6% at ages 25 to 26 (Table/Figure 92).

Abstention

Abstention is based on reporting no use of cannabis, alcohol, any drug other than cannabis, or any nicotine use in the past 12 months. Past 12-month abstention was reported by 12.8% of young adults in 2025, which was not significantly different than in 2024 (Table/Figure 93). Abstention

during young adulthood was highest at ages 19 to 20 at 26.7%, and lowest at ages 27 to 28 at 8.0% (Table/Figure 94).

Driving After Using Substances: Prevalence & Trends

Driving After Using Alcohol

Driving after using alcohol in the past two weeks was reported by 12.7% of young adults in 2025 (Table/Figure 95). There has been a general decrease in this risk behavior over the past 10 years (from 20.3% in 2015) and a noticeable low level with the COVID-19 pandemic in 2020 (at 14.6%; Table/Figure 95). Across young adulthood, prevalence generally increases with age to a peak of 18.9% at ages 29 to 30 (Table/Figure 96).

Driving after having five or more drinks in the past two weeks, in particular, was reported by 4.1% of young adults in 2025 (Table/Figure 97), with no significant changes over the past five or 10 years. Driving after five or more drinks was most prevalent at ages 29 to 30 at 7.5% (Table/Figure 98).

Driving After Using Cannabis or Other Drugs

Driving after using cannabis in the past two weeks was reported by 8.2% of young adults in 2025 (Table/Figure 99), a significant decrease from 13.5% in 2024 (Table/Figure 99). Across young adulthood, the highest prevalence level was at ages 29 to 30 at 10.8% (Table/Figure 100).

Driving after using any drug other than cannabis in the past two weeks was reported by 0.7% of young adults in 2025, with no significant historical change (Table/Figure 101). Driving after using other drugs peaked at ages 25 to 26 at 1.5% (Table/Figure 102).

CHAPTER 3 - Midlife Adult Substance Use Prevalence and Trends

Executive Summary

The most prevalent substances used by midlife adults in 2025 were:

	Early Midlife Adults (ages 35–50)		Late Midlife Adults (ages 55–65)	
	Past 12 months	**Past 30 days**	**Past 12 months**	**Past 30 days**
Alcohol	82.2%	64.1%	80.3%	63.9%
Nicotine (any mode)	29.2%	–	29.5%	–
Cannabis (any mode)	29.9%	20.2%	21.3%	15.0%
Cannabis edibles	15.6%	–	7.4%	–
Cigarettes	13.2%	8.6%	14.0%	10.6%
Other Drugs[25]	15.0%	–	11.4%	–

In addition, binge drinking (having five or more drinks in a row in the past two weeks) was reported by 23.2% of early midlife and 18.7% of late midlife adults in 2025. Daily cannabis use (20 or more occasions in the past 30 days) was reported by 8.5% of early midlife adults and 6.2% of late midlife adults in 2025.

There were significant changes in the past year from 2024 to 2025 among early midlife adults ages 35 to 50 and late midlife adults ages 55 to 65:

- Cannabis use:

[25] An index of nonmedical use of any drugs other than cannabis that includes hallucinogens (including LSD), cocaine, stimulant medications, sleeping medications, anti-anxiety medications, and opioid medications.

- Past 12-month cannabis use increased from 2024 to 2025 among late midlife adults, reaching a new high level of 21.3% in 2025 (Table/Figure 5).
- Daily cannabis use in the past 30 days increased among early midlife adults, reaching a new high level of 8.5% in 2025 (Table/Figure 9).
- Vaping cannabis significantly increased from 2024 to 2025 among early midlife adults (past 12-month), reaching a new high level of 9.8% in 2025 (Table/Figure 11).
- Symptoms of cannabis use disorder increased for those ages 40 to 50 from 4.8% in 2024 to 6.5% in 2025, and increased significantly over the past five years (Table/Figure 104). Past 12-month abstention from cannabis decreased for all ages (Tables/Figures 103–105), and nondisordered cannabis use increased for late midlife adults (Table/Figure 105).

- Alcohol use:
  - Alcohol use in the past 12 months increased among late midlife adults to 80.3% in 2025 (Table/Figure 19).
  - Among late midlife adults, abstention from alcohol decreased and nondisordered use increased (Table/Figure 108).
- Nicotine use: Past 12-month use of any nicotine (Table/Figure 51), large cigars (Table/Figure 53), hookah (Table/Figure 57), smokeless tobacco (Table/Figure 59), and nicotine pouches (Table/Figure 61) increased for late midlife adults; nicotine pouch use also increased for early midlife adults. These are consistent and large increases across forms of tobacco use, particularly among late midlife adults.
- Nonmedical use of sleeping medications increased to 2.3% among early midlife adults (Table/Figure 79).
- Abstention (substances combined) decreased to 12.6% among late midlife adults (Table/Figure 93).

In 2025, midlife adults reached or continued to report historically high prevalence levels of several substances. These indicators have been available for early midlife adults ages 35 to 50 since 2008 and for late midlife adults ages 55 to 65 since 2023 unless otherwise noted.

- Cannabis:
  - For early midlife adults, past 12-month and past 30-day cannabis use have doubled or nearly doubled (and significantly increased) over the past five and 10 years (Tables/Figures 5 and 7).

- Past 12-month cannabis use among late midlife adults increased to a new high prevalence of 21.3% (Table/Figure 5).
- Daily cannabis use among both age groups reached new all-time high levels in 2025, at 8.5% of early midlife adults ages 35 to 50 and 6.2% of late midlife adults ages 55 to 65 (Table/Figure 9).
- Vaping cannabis (past 12-month and past 30-day) significantly increased over the past five years among early midlife adults, with 12-month use reaching new historic high levels in 2025 (Tables/Figures 11 and 13).
- Cannabis edible use has increased for early midlife adults over the past five years, from 12.0% in 2020 to 15.6% in 2025 reporting use in the past 12 months (Table/Figure 17).
- Cannabis use disorder has increased over the past one and five years among those ages 40 to 50, reaching 6.5% (Table/Figure 104).

- Vaping nicotine (past 12-month and past 30-day) significantly increased over the past five years among early midlife adults, continuing historically high levels in 2025 (Tables/Figures 47 and 49).
- Hallucinogen/psychedelic use stayed at the all-time study high level reached in 2025 (5.3%) among those in early midlife (Table/Figure 67).
- Stimulants: Over the past 10 years, there has been a significant increase in stimulant medication use (from 1.9% in 2015 to 3.0% in 2025) among early midlife adults (Table/Figure 83).

In 2025, midlife adults had historically low prevalence levels of several substances.

- Alcohol use among early midlife adults continued or reached new historic lows for several measures:
  - Past 12-month use continued near-record lows in 2025 following decreased use over the past five years (Table/Figure 19).
  - Past 30-day use reached a new low at 64.1%, with significant decreases over the past five and 10 years (Table/Figure 21).
  - Daily drinking has also decreased for this age group over the past five and 10 years to 7.3% in 2025, staying near the all-time low level reached in 2024 (Table/Figure 23).

- Binge drinking reached a new low of 23.2% following a five-year decrease (Table/Figure 25).

- Nicotine use:

  - Cigarette smoking (past 12-month, past 30-day, daily, and half pack or more per day) has continued to significantly decrease over the past five years and past 10 years among early midlife adults (Tables/Figures 39–45).

An accompanying data dashboard is available at https://monitoringthefuture.org/data/panel/. MTF Longitudinal Panel data are available for researchers through the National Addiction & Health Data Archive Program at https://www.icpsr.umich.edu/web/NAHDAP/series/2520.

Introduction

MTF has been following individuals from a modal age of 18 throughout adulthood since 1976. In this chapter, we present the most recent prevalence estimates of substance use among early midlife adults ages 35 to 50 combined, late midlife adults ages 55 to 65 combined, and for separate ages. We describe recent historical trends, comparing these estimates to previous years, when possible. (As the oldest cohorts of MTF Longitudinal Panel participants age, we add new ages to this report. For example, the full age span for midlife adults ages 55 to 65 was first reached in 2023, so their combined data were available starting in 2023.) The data are presented in a series of figures and tables ordered by substance and timeframe of use (e.g., past 12 months, past 30 days). In the figures, estimates for ages 35 to 50 are combined, as are estimates for ages 55 to 65, and the statistical significance levels of one-year change and linear trend estimates across five and 10 years are provided when possible. In the tables, estimates from adolescents at age 18 (presented elsewhere) and young adults at modal ages 19 to 30 (discussed in Chapter 2) are provided for comparison. The data presented in this chapter are organized as follows: (a) most common substances, (b) other substances, (c) abstention (key substances combined), and (d) substance use disorder.

The respondents providing data for the estimates in this report are being followed across the lifespan. Longitudinal panel studies that track the same individuals across several years are extremely valuable for examining developmental changes with age and long-term connections across the life course, as we illustrate in other publications.

Adjusted Lifetime Prevalence Estimates

Longitudinal data allow us to compare participants' most recent responses about ever having used a substance in their lifetime to an adjusted lifetime prevalence estimate, which aggregates data across multiple data collections. In the sections that follow, we present adjusted lifetime estimates

for cannabis, alcohol, and nonmedical use of opioid medications, sleeping medications, anti-anxiety medications, and stimulant medications.

To be categorized as using in their lifetime for the adjusted lifetime prevalence estimate, a participant must have reported either lifetime use in the most recent data collection and/or some use in their lifetime in at least two earlier data collections. Respondents ages 18 through 20 cannot have their responses adjusted on the basis of two earlier data collections; therefore, adjusted lifetime prevalence estimates are calculated only for ages 21 and older.

Most Common Substances: Prevalence & Trends

In this section, we present prevalence estimates and trends for the most commonly used substances, including cannabis, alcohol, cigarettes, and vaping, as well as a combined index of any drug other than cannabis.

For early midlife adults (ages 35 to 50 combined), we focus on substance use trends over the past one, five, and 10 years. For late midlife adults (ages 55 to 65 combined), data were available for the first time in 2023, so only one-year trends are available. Data are given for each year in which they are available for the full age band (early or late midlife). Significance testing for trends is based on percentage point change for one-year trends (i.e., the percentage point change between 2024 and 2025) and testing for linear slopes for the five-year (2020 to 2025) and 10-year (2015 to 2025) trends. Data for each individual age are also provided in the tables.

Cannabis

The term "marijuana" is increasingly being replaced with the term "cannabis".[26] In our surveys, we now use both terms.[27] We also continue to update our surveys about modes and types of use. The estimates here include use of cannabis in any form unless noted otherwise.

Lifetime. Among midlife adults, adjusted lifetime prevalence of cannabis use was lowest at age 50 (73%; Table/Figure 112). The highest adjusted lifetime prevalence levels were for ages 60 (83%) and 65 (85%), who were in high school during years of peak cannabis use.[28]

12 month. Prevalence of cannabis use in the past 12 months for early midlife adults ages 35 to 50 was 29.9% in 2025 (Table/Figure 5) and generally declined with age from 31.6% at age 35 to

[26] National Institute on Drug Abuse. Cannabis (Marijuana).

[27] Measures were updated in 2024, with no significant differences across old and new items. For more details, see 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.

[28] Miech, R. A., Patrick, M. E., O'Malley, P. M., Jager, J. O., & Jang, J. B. (2026). Monitoring the Future national survey results on drug use, 1975–2025: Overview and detailed results for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan.

19.6% at age 65 (Table/Figure 6). Approximately one fifth (21.3%) of late midlife adults ages 55 to 65 reported using cannabis in the past 12 months (Table/Figure 5).

30 day. Cannabis use in the past 30 days was reported by 20.2% of early midlife adults and 15.0% of late midlife adults in 2025 (Table/Figure 7). Age-specific estimates ranged from 14.9% (age 65) to 22.2% (age 35) (Table/Figure 8).

Daily. Current daily cannabis use (defined as using on 20 or more occasions in the past 30 days) for early midlife adults was 8.5% and for late midlife adults was 6.2% in 2025 (Table/Figure 9). Age-specific estimates ranged from 4.7% (age 60) to 9.6% (age 45) (Table/Figure 10).

Vaping cannabis. Vaping cannabis in the past 12 months was reported by 9.8% of early midlife adults and 4.2% of late midlife adults (Table/Figure 11); 7.2% and 3.0%, respectively, vaped cannabis in the past 30 days (Table/Figure 13). There were marked age differences, with a general decrease across age. Age-specific prevalence of past 12-month use was 12.1% at age 35 and dropped to 3.2–3.8% at ages 60 and 65 (Table/Figure 12). A similar pattern was observed for past 30-day use (Table/Figure 14).

Cannabis products made from hemp. In 2025, questions were added about using cannabis products made from hemp (such as Delta-8, Delta-10, or HHC) to get high. The prevalence of past 12-month use was 5.9% among early midlife adults and 3.9% among late midlife adults in 2025 (Table/Figure 15). Age-specific prevalence ranged from 3.2% at age 65 to 6.7% at age 40 (Table/Figure 16).

Cannabis edibles. Use of cannabis edibles in the past 12 months was reported by 15.6% of early midlife adults and 7.4% of late midlife adults in 2025 (Table/Figure 17). Across ages, prevalence ranged from 7.0% at age 60 to 18.8% at age 45 (Table/Figure 18).

Trends. Among early midlife adults, past 12-month, 30-day, and daily cannabis use increased over the past five and 10 years. The prevalence of cannabis use in the past 12 months nearly doubled in the past 10 years from 15.9% in 2015 to 29.9% in 2025 (Table/Figure 5). Similarly, the prevalence of cannabis use in the past 30 days more than doubled from 9.6% in 2015 to 20.2% in 2025 (Table/Figure 7). Again, following the same pattern, daily cannabis use significantly increased over the past one, five, and 10 years (3.7% in 2015, 5.9% in 2020, 6.6% in 2024, 8.5% in 2025; Table/Figure 9).

Vaping cannabis in the past 12 months significantly increased among early midlife adults over the past one and five years, reaching a new all-time high level of 9.8% in 2025 (from 8.1% in 2020 and 7.9% in 2024; Table/Figure 11). Vaping cannabis in the past 30 days also significantly increased over the past five years (from 4.8% in 2020 to 7.2% in 2025; Table/Figure 13), but estimates in 2025 were just below the all-time high level of 7.4% in 2024 (there were no significant changes from 2024 to 2025; Table/Figure 13).

Use of cannabis edibles has increased over the past five years among early midlife adults (from 12.0% in 2020 to 15.6% in 2025), although prevalence has been sustained since 2021, with peak prevalence of 16.6% in 2022 (Table/Figure 17).

Among late midlife adults, a significant one-year increase was observed in 12-month cannabis use (from 18.1% in 2024 to 21.3% in 2025; Table/Figure 5).

Alcohol

Lifetime. The vast majority of adults reported lifetime alcohol use, with 96–98% of early midlife adults ages 35 to 50, and 99% or more of late midlife adults ages 55 to 65 reporting ever drinking based on the adjusted lifetime measure (Table/Figure 113).

12 month. Alcohol use in the past 12 months was also very high, with 82.2% of early midlife adults and 80.3% of late midlife adults reporting it in 2025 (Table/Figure 19). Age-specific estimates for alcohol use in the past 12 months ranged from 80.0–83.4% (Table/Figure 20).

30 day. In 2025, 64.1% of early midlife adults and 63.9% of late midlife adults used alcohol in the past 30 days (Table/Figure 21). Age-specific estimates ranged from 61.8% (age 35) to 66.9% (age 45; Table/Figure 22).

Daily. Prevalence of current daily drinking (defined as 20 or more occasions in the past 30 days) was 7.3% for early midlife adults and 9.1% for late midlife adults in 2025 (Table/Figure 23). Daily drinking generally increased across age, from 5.5% at age 35 to 11.5% at age 65 (Table/Figure 24).

Binge drinking (i.e., having five or more drinks in a row in the past two weeks) was reported by 23.2% of early midlife adults and 18.7% of late midlife adults in 2025 (Table/Figure 25). Age-specific prevalence ranged from 15.8% at age 65 to 25.9% at age 45 (Table/Figure 26).

High-intensity drinking (i.e., having 10 or more drinks in a row in the past 30 days[29]) was reported by 5.4% of early midlife adults and 2.7% of late midlife adults (Table/Figure 29), with prevalence generally decreasing across age from 6.6% at age 35 to 1.9% at age 65 (Table/Figure 30).

Trends. Among early midlife adults, virtually all alcohol use measures had reached new low levels in 2024. Prevalence in 2025 continued to reach new lows for 30-day use and binge drinking. For 30-day use, there were significant decreases over the past five and 10 years (from 67.9% in 2015 and 69.1% in 2020 to 63.9% in 2025; Table/Figure 21). Binge drinking decreased over the past five years (from 25.4% in 2020 to 23.2% in 2025; Table/Figure 25). Trends for 12-month and daily use also continued to decrease but showed some indications of leveling off. Past 12-month use decreased over the past five years (from 85.5% in 2020 to 82.2% in 2025; Table/Figure 19).

[29] Note that the timeframe for high-intensity drinking differs from young adulthood. See also: Patrick, M. E., Peterson, S. J., Pang, Y. C., & Terry-McElrath, Y. M. (2024). Links between adolescent binge drinking and midlife alcohol use behaviors by age, sex, and race/ethnicity. *Alcohol: Clinical and Experimental Research, 48*(11), 2060–2069.

Current daily drinking decreased over the past 10 years (from 9.6% in 2015 to 7.3% in 2025 [the five-year trend was also significant, but the 2020 prevalence of 12.0% represents the spike associated with the COVID-19 pandemic]; Table/Figure 23).

Among late midlife adults, a significant one-year increase was observed for past 12-month drinking (from 77.2% in 2024 to 80.3% in 2025; Table/Figure 19).

Cigarettes

12 month. Cigarette use in the past 12 months was reported by 13.2% of early midlife adults ages 35 to 50 and 14.0% of late midlife adults ages 55 to 65 in 2025 (Table/Figure 39), with prevalence across age ranging from 10.5% at age 55 to 17.2% at age 60 (Table/Figure 40).

30 day. 8.6% of early midlife adults ages 35 to 50 and 10.6% of late midlife adults ages 55 to 65 smoked cigarettes in the past 30 days in 2025 (Table/Figure 41), with prevalence across age ranging from 7.5% at age 35 to 13.0% at age 60 (Table/Figure 42).

Daily. Daily smoking in the past 30 days was reported by 7.0% of those ages 35 to 50 and 9.4% of those ages 55 to 65 (Table/Figure 43). Age-specific prevalence ranged from 5.7% at age 35 to 11.6% at age 60 (Table/Figure 44). Smoking a half pack or more per day was reported by 4.9% of early midlife adults and 7.3% of late midlife adults (Table/Figure 45). Age-specific prevalence, ranged from 3.7% at age 40 to 9.3% at age 60 (Table/Figure 46).

Trends. Cigarette use has been steadily declining among early midlife adults, with significant declines over the past 10 years (past 12-month, past 30-day, daily, and half pack or more per day). Cigarette smoking in the past 12 months decreased from 20.5% in 2015 to 13.2% in 2025 (Table/Figure 39), and use in the past 30 days has decreased from 15.4% in 2015 to 8.6% in 2025 (Table/Figure 41). Daily smoking decreased from 12.2% in 2015 to 7.0% in 2025 (Table/Figure 43), and smoking half a pack or more per day decreased from 9.0% in 2015 to 4.9% in 2025 (Table/Figure 45).

There were no significant one-year trends for cigarette-related outcomes among late midlife adults from 2024 to 2025.

Vaping Nicotine

12 month & 30 day. In 2025, vaping nicotine in the past 12 months was reported by 8.5% of early midlife adults ages 35 to 50 and 3.3% of late midlife adults ages 55 to 65 (Table/Figure 47), generally decreasing across age (from 13.2% at age 35 to 2.7% at age 65; Table/Figure 48). In the past 30 days, 6.4% of early midlife adults and 2.8% of late midlife adults vaped nicotine (Table/Figure 49), with age-specific prevalence decreasing from 9.2% at age 35 to 2.0% at age 65 (Table/Figure 50).

Trends. Prevalence of vaping nicotine among early midlife adults significantly increased over the past five years (from 5.8% in 2020 to 8.5% in 2025 for past 12-month use; Table/Figure 47). Use in the past 30 days reached a new historic high level among this age group in 2024 and was sustained in 2025 (from 2.8% in 2020 to 6.4% in 2025; Table/Figure 49).

There were no significant changes from 2024 to 2025 among late midlife adults.

Other Forms of Nicotine

12 month. In 2023, measures of nicotine and tobacco use in the past 12 months were expanded to include large and small cigars, hookah, smokeless tobacco, and nicotine pouches. In 2025, use of large cigars was reported by 7.7% of early midlife adults ages 35 to 50, and 9.1% of late midlife adults ages 55 to 65 (Table/Figure 53), small cigars by 6.1% and 7.9% (Table/Figure 55), tobacco using a hookah by 3.6% and 4.7% (Table/Figure 57), smokeless tobacco by 5.2% and 7.4% (Table/Figure 59), and nicotine pouches by 7.2% and 5.7% (Table/Figure 61).

Trends. Among early midlife adults, there was a significant increase in past 12-month use of nicotine pouches (from 4.9% in 2024 to 7.2% in 2025; Table/Figure 61).

Among late midlife adults, there were significant increases from 2024 to 2025 in the past 12-month use of large cigars (from 7.6 to 9.1%; Table/Figure 53), hookah (from 3.4% to 4.7%; Table/Figure 57), smokeless tobacco (from 5.7% to 7.4%; Table/Figure 59), and nicotine pouches (from 4.3% to 5.7%; Table/Figure 61). These are consistent and large increases in tobacco use among late midlife adults.

Any Nicotine Use

An index of any past 12-month nicotine use that included cigarettes, large cigars, small cigars, tobacco using a hookah, smokeless tobacco, vaping nicotine, and nicotine pouches was added in 2023. In 2025, it was reported by 29.2% of early midlife adults ages 35 to 50 and 29.5% of late midlife adults ages 55 to 65 (Table/Figure 51). Age-specific prevalence of any nicotine use in the past 12 months ranged from 25.4% at age 50 to 33.5% at age 35 (Table/Figure 52).

The one-year change in any nicotine use from 2024 to 2025 was not significant for early midlife adults, but there was a significant increase for late midlife adults (from 25.0% in 2024 to 29.5% in 2025; Table/Figure 51).

Any Drug Other Than Cannabis

The index of nonmedical use of any drugs other than cannabis includes hallucinogens/psychedelics (including LSD), cocaine, stimulants, sleeping medications, anti-anxiety medications, and opioids (including heroin). For midlife adults ages 55 to 65, use of hallucinogens/psychedelics was added to the surveys (and this index) starting in 2024.

12 month. 15.0% of early midlife adults ages 35 to 50 and 11.4% of late midlife adults ages 55 to 65 reported using any indexed drug other than cannabis in the past 12 months (Table/Figure 63). Age-specific prevalence ranged from 9.4% (age 55) to 18.5% (age 35; Table/Figure 64).

Trends. There were no significant changes in this index from 2024 to 2025 for either early or late midlife adults (Table/Figure 63). Longer-term trends are not available due to changes in the measures in 2024.

Other Substances: Prevalence & Trends

MTF includes specific questions about many individual substances. Below we present past 12-month prevalence levels and use trends among early and late midlife adults for nonmedical use of hallucinogens/psychedelics, opioids, sleeping and anti-anxiety medications, and stimulants. We also present use estimates for weight loss medications. Data on the use of additional substances are also available.[30]

Hallucinogens/Psychedelics

Through 2023, the index differed slightly at ages 55 to 65 because hallucinogen/psychedelic use was not assessed after age 55 until 2024; from 2024 onward, the index includes hallucinogen/psychedelic use for all ages.

Hallucinogen/psychedelic use in the past 12 months was reported by 5.3% of early midlife adults ages 35 to 50 and 1.3% of late midlife adults ages 55 to 65 in 2025 (Table/Figure 67). For early midlife adults, this represents the highest prevalence recorded since data on hallucinogen/psychedelic use were first available for the full age range in 2008 (Table/Figure 67). Age-specific prevalence ranged from 0.8% at age 65 to 7.3% at age 35 (Table/Figure 68).

Among early midlife adults, both five- and 10-year trends showed significant increases (from 0.9% in 2015, and 2.0% in 2020, to 5.3% in 2025; Table/Figure 67). Among late midlife adults, estimates for 2024 and 2025 did not differ significantly. We note that the question text for this measure changed in 2024 (see Tables/Figures 67 and 68), so the trends should be interpreted with caution, although they continued what was seen previously over the past several years.

Opioids

Heroin use prevalence among early midlife adults ages 35 to 50 was 0.3% in 2025 and 0.1% for late midlife adults, with no significant trends observed (Table/Figure 73).

[30] Data are available through the National Addiction and Health Data Archive Program at: https://www.icpsr.umich.edu/web/pages/NAHDAP/index.html

Nonmedical use of opioid medications adjusted lifetime prevalence ranged from 30% at age 35 to 46% at ages 45 and 65 in 2025 (Table/Figure 114). Use in the past 12 months was reported by 2.7% of early midlife adults and 2.7% of late midlife adults in 2025 (Table/Figure 75). Age-specific prevalence ranged from 1.6% (age 45) to 3.9% (age 40; Table/Figure 76). There were no significant changes from 2024 to 2025 (Table/Figure 75); longer-term trends are not available due to changes in the measures in 2024.

Fentanyl use was added to the survey in 2024 for both early and late midlife adults. In 2025, use was rare with 0.3% of early midlife adults and <0.1% of late midlife adults reporting its use in the past 12 months (Table/Figure 77). However, because fentanyl is sometimes added to other drugs without the user knowing it, the self-reported prevalence likely provides a low estimate of actual consumption. There were no significant trends from 2024 to 2025.

Sleeping Medications & Anti-Anxiety Medications

Nonmedical use of sleeping medications in the past 12 months was reported by 2.3% of early midlife adults ages 35 to 50 and 2.6% of late midlife adults ages 55 to 65 in 2025 (Table/Figure 79). For early midlife adults, this represented a significant increase from 1.2% in 2024, when prevalence had reached a historic low (Table/Figure 79). Across age, use ranged from 1.4% (age 40) to 2.8% (ages 50 and 60; Table/Figure 80).

Nonmedical use of anti-anxiety medications in the past 12 months was reported by 4.1% of early midlife adults and 3.0% of late midlife adults in 2025 (Table/Figure 81). Use ranged from 2.6% at age 60 to 4.7% at age 50 (Table/Figure 82). There were no significant changes in use from 2024 to 2025; longer-term trends are not available due to changes in measures in 2024.

Use of both sleeping medications and anti-anxiety medications is more prevalent among older cohorts. Adjusted lifetime prevalence is as high as 39% for sleeping medications (Table/Figure 115) and 46% for anti-anxiety medications (Table/Figure 116) among those who were 65 in 2025.

Stimulants

Nonmedical stimulant medication adjusted lifetime prevalence estimates were higher among the older cohorts, reaching 60% among those age 65 in 2025 (Table/Figure 117). Use in the past 12 months was reported by 3.0% of early midlife adults ages 35 to 50 and 0.6% of late midlife adults ages 55 to 65 in 2025 (Table/Figure 83). Prevalence of 12-month use generally decreased across age from 4.3% at age 35 to 0.1% at age 65 (Table/Figure 84). Among early midlife adults, there was an increase in use over the past 10 years (from 1.9% in 2015; Table/Figure 83). No differences between 2024 and 2025 estimates were observed for late midlife adults (Table/Figure 83).

Cocaine use was reported by 2.6% of early midlife adults and 1.0% of late midlife adults in 2025 (Table/Figure 85). Use generally decreased across age from 5.3% at age 35 to 0.7% at age 65 (Table/Figure 86). There were no significant trends in use for either early or late midlife adults (although there was a slight nonsignificant decrease from the 2024 historic high among early midlife adults).

Nonmedical Use of Any Prescription Drug

The index of nonmedical prescription drug use includes opioid medications, sleeping medications, anti-anxiety medications, and stimulant medications. Nonmedical use of any prescription drug in the past 12 months was reported by 9.8% of early midlife adults ages 35 to 50 and 8.8% of late midlife adults ages 55 to 65 in 2025 (Table/Figure 65). Prevalence during midlife was highest at age 50 at 10.2% (Table/Figure 66). Increases from 2024 to 2025 were not significant for either early or late midlife age groups (Table/Figure 65). Longer-term trends are not available due to changes in the measures in 2024.

Weight Loss Medications

New questions on prescription weight loss medication use were added to the survey in 2025. Medical use (under the direction of a medical professional) in the past 12 months was reported by 9.8% of early midlife adults ages 35 to 50 and 8.5% of late midlife adults ages 55 to 65 (Table/Figure 89), with the highest prevalence observed at age 50 at 12.2% (Table/Figure 90). Nonmedical use was reported by 2.5% of early midlife adults and 2.0% of late midlife adults in the past 12 months (Table/Figure 91), with a high of 3.3% at age 45 (Table/Figure 92).

Abstention

Abstention is based on reporting no use of cannabis, alcohol, any drug other than cannabis, or any nicotine use. Past 12-month abstention was reported by 11.9% of early midlife adults ages 35 to 50 and 12.6% of late midlife adults ages 55 to 65 in 2025 (Table/Figure 93). Abstention generally increased with age and was highest at 14.6% at age 65 (Table/Figure 94). Estimates in 2025 were not significantly different than in 2024 for early midlife adults but showed a significant decrease for late midlife adults (from 16.31% in 2024; Table/Figure 93).

Substance Use Disorder

The MTF Longitudinal Panel includes measures of substance use disorder symptoms in the past 12 months for cannabis use disorder, alcohol use disorder, and other drug use disorders.[31] These symptom criteria sums can be understood as indicators of substance use disorder symptoms in

[31] Terry-McElrath, Y. M., & Patrick, M. E. (2025). Substance use disorder criteria sums in the Monitoring the Future Panel Study. Monitoring the Future Occasional Paper No. 101. Ann Arbor, MI: Institute for Social Research, University of Michigan.

the nonclinical population, but they are not equivalent to a diagnosis of substance use disorder. Prevalence estimates for each level of the resulting trichotomous variable (coded abstaining over the past 12 months, nondisordered use in the past 12 months, or disordered use in the past 12 months), and trends are shown in Tables/Figures 103–111 and are summarized below. Substance use disorder in the past 12 months was added for age 35 in 2025 (previously, the measure referred to the past five years). Therefore, we report age 35 separately so that we can also report trends for early midlife adults at ages 40 to 50 (not including age 35) and late midlife adults ages 55 to 65 from 2017 to 2025.

Past 12-month cannabis use disorder. In 2025, 70.2% of those at age 35 reported abstaining from cannabis, 23.1% reported nondisordered use of cannabis, and 6.7% were categorized as having symptoms of cannabis use disorder (Table/Figure 103). This pattern was nearly identical to 2025 estimates for early midlife adults ages 40 to 50: 70.9% reported abstaining from cannabis, 22.6% reported nondisordered use, and 6.5% had symptoms of cannabis use disorder (Table/Figure 104). Among early midlife adults ages 40 to 50, trends over time indicate that there have been significant one- and five-year decreases in abstention from cannabis (from 79.2% in 2020 and 73.8% in 2024 to 70.9% in 2025), an increase in nondisordered use over the past five years (from 16.6% in 2020 to 22.6% in 2025), and increases in cannabis use disorder over the past one and five years (from 4.2% in 2020 and 4.8% in 2024 to 6.5% in 2025; Table/Figure 104) among early midlife adults.

Among late midlife adults ages 55 to 65 in 2025, 77.1% reported abstaining, 19.8% reported nondisordered use, and 3.2% reported disordered use of cannabis (Table/Figure 105). There was a significant decrease in abstention from cannabis (from 81.5% in 2024 to 77.1% in 2025) and an increase in nondisordered use (from 15.8% in 2024 to 19.8% in 2025; Table/Figure 105).

Past 12-month alcohol use disorder. In 2025, 21.5% of those at age 35 reported abstaining from alcohol over the past year, 61.9% reported nondisordered use, and 16.6% were categorized as having symptoms of alcohol use disorder (Table/Figure 106). The pattern was very similar for early midlife adults ages 40 to 50: 18.0% abstaining from alcohol, 63.5% reporting nondisordered use, and 18.6% identified as having disordered use (Table/Figure 107). There was a significant five-year increase in abstaining from alcohol (from 15.8% in 2020 to 18.0% in 2025; Table/Figure 107).

Among late midlife adults ages 55 to 65 in 2025, 19.6% reported abstaining, 67.0% reported nondisordered use, and 13.4% reported disordered alcohol use (Table/Figure 108). There were significant one-year trends from 2024 to 2025 toward more alcohol use for the late midlife adults, including a decrease in abstention from alcohol (from 23.6% to 19.6%) and an increase in nondisordered use (from 62.7% to 67.0%; Table/Figure 108).

Past 12-month other drug use disorder. The majority of both early and late midlife adults abstain from drugs other than alcohol and cannabis. In 2025, 92.1% at age 35 and 93.3% at ages 40 to 50

abstained; 5.5% (for both age groups) reported nondisordered use, and 2.4% at age 35 and 1.1% at ages 40 to 50 were identified as having symptoms of disordered use of other drugs (Tables/Figures 109 and 110). Among those ages 40 to 50, trends indicate significant five-year decreases in abstention from other drugs (from 96.1% in 2020 to 93.3% in 2025) and five-year increases in nondisordered use (from 2.3% in 2020 to 5.5% in 2025; Table/Figure 110).

Among late midlife adults ages 55 to 65 in 2025, 94.8% reported abstaining, 4.3% reported nondisordered use, and 0.9% reported disordered use of other drugs (Table/Figure 111), with no significant changes from 2024 to 2025.

CHAPTER 4 - College and Noncollege Young Adult Substance Use

Executive Summary

In 2025, differences in substance use for college vs. noncollege young adults ages 19 to 22 showed that:

- Cannabis: Noncollege young adults had higher prevalence of daily cannabis use (Table/Figure 120).
- Cigarettes: Noncollege young adults had higher prevalence of smoking cigarettes (30-day and daily; Tables/Figures 119 and 120).
- Vaping nicotine: Noncollege young adults had higher prevalence of vaping nicotine (12-month and 30-day; Tables/Figures 118 and 119). This follows a small but significant five-year decrease for vaping nicotine in the past 30 days among college students (Table/Figure 134).
- Other forms of nicotine use did not differ between college and noncollege young adults overall. However, there were sex differences such that:
    - College men had higher 12-month prevalence than college women for large and small cigars, and nicotine pouches (Table/Figure 118).
    - Noncollege men had higher 12-month prevalence than noncollege women for small cigars and nicotine pouches (Table/Figure 118).
- Other drug use:[32]
    - There were no differences by college status, between college men and women, or noncollege men and women, in the index of the use of other drugs in the past 12 months in 2025 (Table/Figure 118).
    - College men had higher 12-month prevalence than college women of hallucinogens/psychedelics (Table/Figure 118), and higher 30-day prevalence of sleeping medications (Table/Figure 119).
    - Noncollege women had higher 12-month prevalence than college women of sleeping medications (Table/Figure 118).

[32] An index of nonmedical use of any drugs other than cannabis that includes hallucinogens (including LSD), cocaine, stimulant medications, sleeping medications, anti-anxiety medications, and opioid medications.

Trends are presented since 1980, when data were first available for the full age 19 to 22 band, unless otherwise noted. Recent trends over time revealed that:

- Cannabis:
    - There were no significant trends over the past five and 10 years in past 30-day cannabis use (Table/Figure 122) or daily cannabis use (Table/Figure 124).
    - There were significant five-year increases in past 30-day cannabis vaping for both college and noncollege students, with prevalence reaching historic highs for both groups (Table/Figure 126).
- Alcohol:
    - In 2025, alcohol use in the past 30 days reached a new historic low level among college students (52.0%; Table/Figure 128), following significant five- and 10-year downward trends. There was also a significant 10-year decrease for noncollege young adults (Table/Figure 128).
    - Binge drinking (five or more drinks in a row in the past two weeks) has decreased among college and noncollege young adults over the past five and 10 years, reaching historic lows for both college (20.3%) and noncollege (16.6%) young adults (Table/Figure 130).
    - A historic low prevalence for college binge drinking was observed for college men (reaching a new all-time low prevalence of 23.0% in 2025); women reported a second-to-lowest prevalence of 18.9% in 2025 (Table/Figure 131).

An accompanying data dashboard is available at https://monitoringthefuture.org/data/panel/. Additionally, accessible versions of Tables/Figures 118–121 that appear in this chapter are available at https://monitoringthefuture.org/data/accessible/volume2/Table-4-1-4-4.html. MTF Longitudinal Panel data are available for researchers through the National Addiction & Health Data Archive Program at https://www.icpsr.umich.edu/web/NAHDAP/series/2520.

Introduction

The MTF Longitudinal Panel Study tracks multiple forms of substance use among U.S. college students and has done so for four and a half decades. This chapter focuses on the current prevalence and trends of drug use among college students and noncollege young adults (who were in high school in 12th grade), focusing on the typical college-attending ages of 19 to 22 (i.e., one to four years after high school).

MTF has been able to generate an unparalleled national sample of college students and same-aged young adults who are not in college every year since 1980 by following national samples of

sequential high school classes after they graduate. The graduating class of 1976 was the first such class followed after high school graduation, and, by 1980, the survey included college students one to four years past high school. The MTF follow-up samples have provided excellent coverage of the U.S. college student population from 1980 to 2025; previous results are available elsewhere.

MTF draws the Longitudinal Panel Study sample prospectively in the senior year of high school, so it has considerable advantages for generating a broadly representative college sample, compared to relying on institution-based samples. In addition, the "before, during, and after college" design permits examination of the many changes associated with the college experience. The design also generates comparable panel data for young adults who are not attending college in the four years after high school, an important segment of the young adult population in its own right, as well as a comparison group for college students.

This chapter presents 12-month, 30-day, and daily prevalence estimates (where available) and trends in past 30-day or more recent use reported by these important college and noncollege samples.

Definition of College Students

Ages 19 to 22. We compare college students and nonstudents during the most typical ages for college attendance: 19 to 22. According to statistics available from the United States Census Bureau[33] and the National Center for Education Statistics,[34] this age band encompasses about 73% of all undergraduate college students enrolled full time in 2019.

Full-time college students. College students are defined here as young adults one to four years past high school who report taking courses as full-time students in a two-year or four-year college or university at the beginning of March of the year in question. In other words, we consider full-time students at both two-year colleges (such as community colleges) and four-year colleges and universities as college students. Full-time college students as defined here constituted about three fifths (59%) of the entire follow-up sample one to four years past high school in 2025, with roughly 800–1,600 respondents in the college sample each year.

The changing proportions of young adults who attend college and their demographics are relevant to interpreting differences over time. For example, the proportion of college students who are women has risen substantially since 1980. In 1980, women were about 50% of college respondents, but in 2025 they were 59%. Below, we include prevalence and trends separately for

[33] U.S. Census Bureau.

[34] National Center for Education Statistics.

college men and women to permit an assessment of what effect these changing proportions may have on overall substance use prevalence estimates.[35]

Noncollege young adults. As noted above, the MTF Longitudinal Panel Study also includes high school graduates one to four years past high school who do not report attending college full time. This group includes individuals who, at the time of survey, were not attending college, are attending part time, or previously attended college but are not currently attending. Having data for both full-time college and noncollege groups is a rare and valuable feature of the MTF Longitudinal Panel. As more young adults attend college, noncollege young adults comprise relatively smaller sample sizes (and thus lead to less precision in our estimates for noncollege young adults). Each year, roughly 500–1,700 respondents constitute the noncollege group one to four years beyond high school. If data from the missing high school dropout segment—which has declined from around 15% to roughly 5% of a class cohort[36]—were available for inclusion as part of the noncollege segment, any difference between the two groups in terms of their substance use would likely be greater.

Most Common Substances: Prevalence & Trends for College & Noncollege Young Adults

Prevalence estimates and trends are first presented for the most commonly used substances including cannabis, alcohol, cigarettes, and vaping nicotine. Prevalence estimates for other specific substances are then presented, followed by prevalence and trends by sex among college young adults for use of the most common substances. Unless otherwise noted, trends are presented since 1980, when data were first available for the full 19 to 22 age band.

Cannabis

12-month & 30-day. Prevalence of cannabis use (in any form) in the past 12 months was similar for college (39.4%) and noncollege (43.9%) young adults in 2025 (Table/Figure 118). Likewise, prevalence of cannabis use in the past 30 days was similar for college (25.2%) and noncollege (30.9%) young adults in 2025 (Table/Figure 119).

Daily. The prevalence of current daily cannabis use (defined as using on 20 or more occasions in the past 30 days) was lower for college (5.3%) than noncollege (12.6%) young adults in 2025 (Table/Figure 120).

[35] In 2018, 2019, and 2020 only, the total sample included a small proportion who had missing data on the sex question.

[36] National Center for Education Statistics. (2024, May). Status Dropout Rates. *Condition of Education*. U.S. Department of Education, Institute of Education Sciences. Accessed July 17, 2025.

Vaping cannabis. Prevalence of vaping cannabis was similar for college and noncollege young adults for both the past 12 months (22.4% vs. 27.7%, respectively) and the past 30 days (15.4% vs. 20.1%; Tables/Figures 118 and 119).

Trends. There were no significant trends in the past five and 10 years in past 30-day (Table/Figure 124) or daily (Table/Figure 124) cannabis use. Past 30-day prevalence for both groups continues to remain elevated compared to the all-time historic lows in the late 1980s and early 1990s.

Over the past five years, vaping cannabis in the past 30 days has increased among both college (from 11.6% in 2020 to 15.4% in 2025) and noncollege (from 13.1% in 2020 to 20.1% in 2025) young adults (Table/Figure 126).

Alcohol

12-month & 30-day. There were no significant differences between college and noncollege young adults for alcohol use in the past 12 months (72.3% vs. 69.2%) or past 30 days (52.0% vs. 49.4%) in 2025 (Tables/Figures 118 and 119).

Daily. The prevalence of daily drinking was similar for college (1.5%) and noncollege (1.8%) young adults (Table/Figure 120).

Binge drinking. In 2025, college and noncollege young adults had similar prevalence levels of binge drinking in the past two weeks (20.3% vs. 16.6%, respectively; Table/Figure 120). Binge drinking was historically more prevalent among college than noncollege young adults, but over the years the groups have converged as prevalence has decreased (Table/Figure 130).

High-intensity drinking. The prevalence of high-intensity drinking (i.e., 10 or more drinks in a row) in the past two weeks was similar for college (6.9%) and noncollege (5.9%) young adults in 2025 (Table/Figure 120).

Trends. In 2025, we observed a new historic low level of alcohol use in the past 30 days among college young adults. Trends showed that, among college young adults, 30-day alcohol use declined over the past five and 10 years (from 63.5% in 2015 and 55.5% in 2020 to 52.0% in 2025 (Table/Figure 128). Among noncollege young adults, 30-day use also declined over the past 10 years (from 52.6% in 2015 to 49.4% in 2025; Table/Figure 128).

Similarly, significant five- and 10-year trends indicated long-term decreases in binge drinking among college and noncollege young adults (Table/Figure 130). For both groups, binge drinking reached new all-time low levels: 20.3% for college and 16.6% for noncollege young adults.

Cigarettes

12-month & 30-day. In 2025, college and noncollege young adults had similar prevalence levels of smoking in the past 12 months (18.5% for both groups); past 30 day prevalence was higher among noncollege than college young adults (10.4% vs. 6.4%; Tables/Figures 118 and 119).

Daily smoking. In 2025, daily smoking also was more prevalent among noncollege than college young adults (3.7% vs. 0.6%; Table/Figure 120).

Trends. While 10-year trends in cigarette use continue to show major decreases for both college and noncollege young adults (from highs of 42.3% among noncollege in 2001 and from 30.4% among college young adults in 1999; Table/Figure 132), historic decreases have ended in recent years. As of 2025, we have seen two consecutive nonsignificant increases for college (from 4.1% in 2023 to 6.4% in 2025) and three consecutive nonsignificant increases for noncollege (from 7.0% in 2022 to 10.4% in 2025) young adults for cigarette smoking in the past 30 days (Table/Figure 132).

Vaping Nicotine

12-month & 30-day. The prevalence of nicotine vaping was significantly higher among noncollege than college young adults in 2025 for both the past 12 months (32.6% vs. 21.0%) and past 30 days (26.3% vs. 16.5%; Tables/Figures 118 and 119).

Trends. There have been dramatic increases in vaping nicotine since it was first reported in 2017, particularly among noncollege young adults. However, no further increases were observed in 2025. In fact, there was a significant decreasing trend among college students over the past five years (from 19.0% in 2020 to 16.5% in 2025; Table/Figure 134).

Other Forms of Nicotine Use and Any Nicotine Use Index

There were no significant differences between college and noncollege young adults in 12-month use of specific modes of nicotine or tobacco use other than cigarettes, including large cigars, small cigars, hookah, smokeless tobacco, and nicotine pouches (Table/Figure 118).

A new index of any nicotine use (including cigarettes, vaping nicotine, large cigars, small cigars, hookah, smokeless tobacco, vaping nicotine, and nicotine pouches) in the past 12 months was added in 2023. There were no significant differences in this index between college (34.7%) and noncollege (43.0%) young adults in 2025; Table/Figure 118).

Any Drug Other Than Cannabis

The MTF index of nonmedical use (i.e., without medical supervision) of any drugs other than cannabis includes hallucinogens/psychedelics (including LSD), cocaine, stimulants, sleeping medications, anti-anxiety medications, and opioids (including heroin).

12-month. Use of any drugs other than cannabis in the past 12 months was similar among college and noncollege young adults in 2025 (15.7% vs. 18.1%; Table/Figure 118).

Other Substances: Prevalence for College & Noncollege Young Adults

Below, we report 12-month prevalence levels for college and noncollege young adults for nonmedical use of hallucinogens/psychedelics, opioids, sleeping and anti-anxiety medications, and stimulants. Data on the use of additional substances are also available.[37]

Hallucinogens/Psychedelics

Use of hallucinogens/psychedelics overall in the past 12 months was similar for college and noncollege young adults (5.1% vs. 6.6%) in 2025. There were also no significant differences for past 12-month use of LSD (1.4% vs. 1.9%), MDMA (ecstasy, Molly; 0.6% vs. 1.5%), or ketamine (0.7% vs. 0.3%; Table/Figure 118).

Opioids

Use of heroin and nonmedical use of opioid medications in the past 12 months was similar for college and noncollege young adults in 2025 (0.2% vs. 0.3%, respectively, for heroin; 1.1% vs. 2.2% for opioid medications; Table/Figure 118).

Sleeping Medications & Anti-Anxiety Medications

College and noncollege young adults had similar 12-month prevalence levels for nonmedical use of sleeping medications (3.9% vs. 3.3%) and anti-anxiety medications (3.6% vs. 4.6%) in 2025 (Table/Figure 118).

Stimulants

There were no significant differences between college and noncollege young adults in their past 12-month use of stimulants in 2025, including nonmedical use of stimulant medications (3.1% vs. 3.2%), cocaine (1.6% vs. 3.7%), or methamphetamine (0.9% vs. 0.6%; Table/Figure 118).

Nonmedical Use of Any Prescription Drug

Nonmedical use (that is, use without medical prescription) of any prescription drug (including opioids, sleeping medications, anti-anxiety medications, and stimulants) in the past 12 months was similar for college (9.7%) and noncollege (10.6%) young adults in 2025 (Table/Figure 118). Similarly, nonmedical use of prescription drugs in the past 30 days did not differ across the two groups in 2025 (3.5% vs. 3.8%; Table/Figure 119).

[37] Data are available through the National Addiction and Health Data Archive Program at: https://www.icpsr.umich.edu/web/pages/NAHDAP/index.html

Sex Differences Among College Students: Most Common Substances

Cannabis

In 2025, there were no significant differences between men and women college students for cannabis use (past 12-month, past 30-day, daily) or cannabis vaping (past 12-month or 30-day; Tables/Figures 118–120). Before 2015, college men had consistently higher prevalence of cannabis use than college women. However, there have been significant increases in cannabis use in the past 30 days among college women over the past 10 years (from 18.9% in 2015 to 24.7% in 2025; Table/Figure 123). The observed daily use prevalence of 4.8% in 2025 was near the highest ever observed among college women (5.8% in 2022; Table/Figure 125).

Alcohol

Alcohol use in the past 12 months and past 30 days did not significantly differ for college women and college men in 2025 (Tables/Figures 118 and 119). Prior to 2000, college men consistently had higher prevalence of alcohol use in the past 30 days. Past 30-day alcohol use among college men has significantly decreased over the past 10 years (from 64.5% in 2015 to 51.6% in 2025), and while use among women also has declined, it is to a lesser extent (from 62.6% in 2015 to 53.4% in 2025; Table/Figure 129). The observed 30-day prevalence of 53.4% in 2025 was the lowest ever observed among college women, and the 51.6% observed for college men was near the lowest ever observed (which was 49.1% in 2024).

Daily drinking in the past 30 days was higher for college men than college women (2.8% vs. 0.3% in 2025; Table/Figure 120).

Binge drinking (five or more drinks in a row in the past two weeks) was similar for both college men and women (23.0% vs. 18.9%; Table/Figure 120), but college men reported more high-intensity drinking (10 or more drinks in a row in the past two weeks) than college women (11.2% vs. 3.5%; Table/Figure 120). There have been significant decreases in binge drinking over the past 10 years for both college men (from 36.6% in 2015 to 23.0% in 2025) and college women (from 26.7% in 2015 to 18.9% in 2025; Table/Figure 131). This is a new all-time low among college men since the value was first available in 1980 (Table/Figure 131). Binge drinking among college women remained just above the low point of 18.2% reported during the pandemic in 2020 (Table/Figure 131).

Cigarettes

There were no significant differences in past 12-month or 30-day cigarette use for college men or college women (Tables/Figures 118 and 119), but daily smoking in the past 30 days was higher for college women than college men (1.2% vs. <0.1%; Table/Figure 120). Significant decreases over the past 10 years in prevalence of past 30-day cigarette use were observed for both college men

and women; however, these trends have attenuated and even showed a nonsignificant increase in recent years among college women (Table/Figure 133).

Vaping Nicotine

There were no significant differences in vaping nicotine for men compared to women in college (Tables/Figures 118 and 119). There was a significant five-year decrease in nicotine vaping in the past 30 days among college men (from 23.3% in 2020 to 15.4% in 2025; Table/Figure 135); no significant change was observed among college women.

Any Nicotine Use Index

The any nicotine use index (including cigarettes, vaping nicotine, large cigars, small cigars, hookah, smokeless tobacco, vaping nicotine, and nicotine pouches in the past 12 months) was higher among college men (42.2%) than college women (28.6%) in 2025; Table/Figure 118).

Any Drug Other Than Cannabis

Use of any drug other than cannabis in the past 12 months was similar among college men and college women (17.7% vs. 13.7%; Table/Figure 118).

Driving After Using Substances

There were no significant college vs. noncollege differences for driving after substance use in 2025, including driving after cannabis use, alcohol use, five or more drinks, or after using any drug other than cannabis (Table/Figure 121). Sex differences by college status are not shown due to low prevalence and small sample sizes.

CHAPTER 5 - Demographic Subgroup Differences by Sex and Race/Ethnicity

Executive Summary

Use of several substances in 2025 showed no evidence of significant differences between men and women in one or more of the three age groups of young adulthood (ages 19 to 30), early midlife (ages 35 to 50), or late midlife (ages 55 to 65):

- Cannabis: Men have traditionally had significantly higher prevalence of cannabis use than women. However, in 2025, cannabis use in the past 12 months and past 30 days was similar for men and women in young adulthood (Table/Figure 137).
- Alcohol: Among young adults, men and women reported similar use of alcohol in the past 30 days and binge drinking (Table/Figure 137).
- Nicotine:
    - Among young adults and late midlife adults, men and women reported similar use of cigarette smoking in the past 30 days (Tables/Figures 137 and 139).
    - Nicotine vaping did not differ by sex for any age group (Tables/Figures 137–139).
- Drugs other than cannabis: Young adult and late midlife adult men and women reported similar use of any indexed drug other than cannabis (Table/Figure 137 and 139).

Among early and/or late midlife adults, men had significantly higher prevalence levels of substance use than women for several measures in 2025. In particular:

- Cannabis:
    - Early and late midlife men reported higher past 12-month and 30-day cannabis use than women (Tables/Figures 138 and 139), although the historical gap between men and women is narrowing (Tables/Figures 140 and 146).
    - Cannabis use disorder was higher among both early and late midlife men than women (Tables/Figures 138 and 139).
- Alcohol:
    - Both past 30-day and binge drinking were higher among early and late midlife men than women (Tables/Figures 138 and 139).
    - Alcohol use disorder was higher among early and late midlife men than women (Tables/Figures 138 and 139).

- Past 30-day cigarette use was higher among men than women among early midlife adults (Table/Figure 138).
- Use of any drug other than cannabis was higher among early midlife men than women (Table/Figure 138).

In 2025, no significant differences by racial/ethnic subgroups were observed for the following substances in one or more age groups:

- Cannabis: Any cannabis use in the past 12 months or past 30 days among young adults (Table/Figure 137).
- Alcohol: Binge drinking for any age group (Tables/Figures 137–139).
- Any drug other than cannabis for any age group (Tables/Figures 137–139).

Significant differences by racial/ethnic subgroups and by age group in 2025 included:

- Young adulthood (Table/Figure 137): White young adults had higher prevalence of:
    - Alcohol use in the past 30 days (vs. Hispanic young adults).
    - Nicotine vaping (vs. Black young adults).
- Early midlife (Table/Figure 138): White early midlife adults had higher prevalence of:
    - Cannabis use in the past 12 months and 30 days (vs. Hispanic early midlife adults).
    - Alcohol use in the past 30 days (vs. Black and Hispanic early midlife adults).
    - Cigarette smoking in the past 30 days (vs. Hispanic early midlife adults) and nicotine vaping in the past 30 days (vs. Black early midlife adults).
    - Cannabis use disorder and alcohol use disorder (vs. Hispanic early midlife adults).
- Late midlife (Table/Figure 139): White late midlife adults had higher prevalence of:
    - Cannabis use in the past 12 months (vs. Black and Hispanic late midlife adults) and 30 days (vs. Hispanic late midlife adults).
    - Alcohol use in the past 30 days (vs. Black late midlife adults).
    - Cigarette and vaping nicotine in the past 30 days (vs. Hispanic late midlife adults).
    - Cannabis use disorder (vs. Hispanic late midlife adults) and alcohol use disorder (vs. Black late midlife adults).

An accompanying data dashboard is available at https://monitoringthefuture.org/data/panel/. Additionally, accessible versions of Tables/Figures 136–139 that appear in this chapter are

available at https://monitoringthefuture.org/data/accessible/volume2/Table-5-1-5-4.html. MTF Longitudinal Panel data are available for researchers through the National Addiction & Health Data Archive Program at https://www.icpsr.umich.edu/web/NAHDAP/series/2520.

Introduction

The demographic distributions for the 2025 MTF Longitudinal Panel sample are shown in Table/Figure 136. Differences in 2025 substance use prevalence levels by sex and race/ethnicity are shown for young adults (ages 19 to 30), early midlife adults (ages 35 to 50), and late midlife adults (ages 55 to 65) in Tables/Figures 137–139. Trends in the prevalence of use by sex and by race/ethnicity are shown separately for young adults (ages 19 to 30) and early midlife adults (ages 35 to 50) in Tables/Figures 140–181. Subgroup data for young adults are available since 1988, for early midlife adults since 2008, and for late midlife adults since 2023. Sample sizes for subgroups shown range in size from 100 to 2,800 each year, depending on the variable and the year.

Sex

In the analyses of subgroup differences, we rely on sex reported in 12th grade at age 18. Information on the distribution of sex in the 2025 MTF Longitudinal Panel sample is shown in Table/Figure 136, including data collected from ages 19 onward.

Race/Ethnicity

In the analyses of subgroup differences, we rely on race/ethnicity reported in 12th grade at age 18. Prior to 2005, respondents could select only one racial/ethnic response option. Since 2005, the MTF in-school age 18 survey question has been, "How do you describe yourself? (Select one or more responses.)". Responses include Black or African American; four responses which are combined for the Hispanic category (Mexican American or Chicano, Cuban American, Puerto Rican, Other Hispanic or Latino); Asian American; White (Caucasian); American Indian or Alaska Native; Native Hawaiian or Other Pacific Islander (added in 2005); Middle Eastern (added in 2021).

Trends by race/ethnicity are shown for the three largest subgroups: Hispanic, non-Hispanic Black, and non-Hispanic White (hereafter, these groups are referred to simply as Hispanic, Black, and White). Trends for additional subgroups—such as Asian, American Indian, and Multiracial—are not shown here (a) due to smaller subgroup sample sizes, which precludes reliable yearly estimates, and (b) due to variation in substance use patterns across these smaller categories, which makes combining them into a single "other" category uninformative.

Information on the distribution of race/ethnicity in the 2025 MTF Longitudinal Panel sample is shown in Table/Figure 136, including data collected from ages 19 onward.

Most Common Substances: Subgroup Differences & Trends by Substance

Results in this chapter are reported for the most prevalent substances: cannabis, alcohol, cigarettes, vaping nicotine, and any drug other than cannabis. Tests for significant differences in prevalence by sex and race/ethnicity are shown in Table/Figure 137 for young adults ages 19 to 30, in Table/Figure 138 for early midlife adults ages 35 to 50, and in Table/Figure 139 for late midlife adults ages 55 to 65. Age-group specific trends by sex and race/ethnicity in substance use are presented in Tables/Figures 140–151 for cannabis outcomes, Tables/Figures 152–163 for alcohol outcomes, Tables/Figures 164–169 for cigarette outcomes, Tables/Figures 170–175 for vaping nicotine, and Tables/Figures 176–181 for any drug other than cannabis.

Differences in prevalence and trends for other subgroups and other substances can be examined in the data available for use by researchers.

Cannabis

Sex. In young adulthood (ages 19 to 30), cannabis use prevalence in the past 12 months and 30 days was similar among men and women in 2025 (Table/Figure 137). Prior to 2018, young adult men had consistently higher past 12-month use prevalence than women, but increases in use among young adult women over the past 10 years outpaced the past 10-year increases among young adult men and led to higher levels among women since 2022 (Table/Figure 140). However, a significant decrease in use in the past 12 months among young adult women from 47.6% in 2024 to 42.3% in 2025 made levels similar by sex in 2025 (Table/Figure 140). Similar sex-specific trends were observed for past 30-day cannabis use: trends showed convergence following increases over the past five and 10 years for women and over the past 10 years for men (Table/Figure 146).

In both early (ages 35 to 50) and late (ages 55 to 65) midlife, men had significantly higher levels than women of cannabis use in the past 12 months and past 30 days in 2025 (Tables/Figures 138 and 139). Significant increases in both 12-month and 30-day cannabis use over the past five and 10 years were also observed during early midlife for both men and women (Tables/Figures 142 and 148), with no convergence in use.

Race/Ethnicity. Among young adults in 2025, there were no significant differences in cannabis use prevalence in the past 12 months or past 30 days among Hispanic, Black, and White respondents (Table/Figure 137). For all three groups, past 12-month and 30-day use showed significant increases in use over the past 10 years (Tables/Figures 141 and 147).

In early midlife, White adults had higher levels of cannabis use in the past 12 months and past 30 days than Hispanic adults; Black adults also had higher levels of use than Hispanic adults

(Table/Figure 148). For all three groups, past 12-month and past 30-day use showed significant increases in use over the past 10 years (Tables/Figures 143 and 149).

In later midlife, White adults reported higher prevalence of cannabis use in the past 12 months and past 30 days than Hispanic adults; White adults had significantly higher levels of past 12 month use than Black adults (Table/Figure 139).

Alcohol

Sex. Among young adults (ages 19 to 30) in 2025, there were no significant differences by sex for alcohol use in the past 30 days or binge drinking (Table/Figure 137). The historically higher past 30-day use levels among men than women have ended as trends by sex have converged (Table/Figure 152). There were significant five- and 10-year decreases in binge drinking among both young adult men and women (Table/Figure 158).

Among early midlife adults ages 35 to 50, there was considerably higher prevalence among men than women for alcohol use in the past 30 days (67.9% vs. 60.8%) and binge drinking (31.2% vs. 16.1%) in 2025 (Table/Figure 138). Among late midlife adults ages 55 to 65, men also had higher levels of alcohol use in the past 30 days and binge drinking compared to women (Table/Figure 139). There were significant five-year decreases in past 30-day use among early midlife men and women, and a significant 10-year decrease among early midlife women (Table/Figure 154).

Race/Ethnicity. Among young adults, racial/ethnic differences in alcohol use narrowed somewhat in 2025. White young adults continued to have higher prevalence of alcohol use in the past 30 days (64.8%) than Hispanic (58.5%) young adults, but no differences were observed between White and Black young adults, or between Hispanic and Black young adults (Table/Figure 137). No young adult racial/ethnic differences were observed in 2025 binge drinking estimates (Table/Figure 137). Over the last 10 years, there were significant decreases in past 30-day alcohol use and binge drinking among White and Hispanic young adults, while the relatively lower use levels were statistically stable among Black young adults (Tables/Figures 153 and 159), narrowing previous gaps.

Among early midlife adults, any alcohol use in the past 30 days in 2025 was reported by 67.0% of White adults, 58.9% of Hispanic adults, and 58.4% of Black adults; use was significantly higher among White than Black or Hispanic adults (Table/Figure 138). No early midlife adult racial/ethnic differences were observed in 2025 binge drinking estimates (Table/Figure 138). There were significant five-year decreases in 30-day alcohol use for both White and Black adults (Table/Figure 155) and a significant five-year decrease in binge drinking for White adults (Table/Figure 161).

In late midlife, the prevalence of past 30-day alcohol use was higher among both White adults (65.8%) and Hispanic adults (72.2%) than Black adults (51.1%) (Table/Figure 139). There were no significant differences for binge drinking among adults in late midlife in 2025 (Table/Figure 139).

Cigarettes

Sex. Among young adults ages 19 to 30, there were no sex significant differences in 2025 estimates for 30-day cigarette use (8.9% for men, 7.2% for women; Table/Figure 139), reflecting a convergence in cigarette use (sex differences in cigarette use among young adults had been relatively consistent across the life of the study). There were significant declines in use among both young adult men and women over the past five and 10 years (Table/Figure 164).

In early midlife (ages 35 to 50), there were significant differences in 2025 estimates of past 30-day cigarette use, with men (9.9%) smoking more than women (7.5%; Table/Figure 138). There were significant five and 10-year declines in cigarette use in the past 30 days for both men and women in early midlife (Table/Figure 166).

In late midlife (ages 55 to 65), there were no sex differences in 2025 estimates for 30-day cigarette use (10.5% men; 10.8% women; Table/Figure 139), and no significant changes since 2024 (because late midlife data reporting began in 2023, 5-year and 10-year trends are not available; Table/Figure 168).

Race/Ethnicity. In 2025, there were no significant differences in cigarette smoking by race/ethnicity for young adults (Table/Figure 137). While trends in smoking cigarettes in the past 30 days decreased significantly for all three young adult racial/ethnic groups, the strongest decreases were observed among White young adults, resulting in trends converging in 2025 (Table/Figure 165).

Among early midlife adults, 30-day cigarette prevalence in 2025 was higher for White (9.3%) and Black (10.0%) adults than Hispanic (4.1%) adults (Table/Figure 138). Trends in cigarette smoking showed decreases over the past 10 years for Black, Hispanic, and White early midlife adults (Table/Figure 167).

Similar to early midlife adults, among late midlife adults, 30-day cigarette smoking prevalence in 2025 was higher for White (10.5%) and Black (13.3%) than Hispanic (4.8%) adults (Table/Figure 139). There were no significant changes in cigarette smoking among adults in late midlife in 2025 (Table/Figure 169).

Vaping Nicotine

Sex. Among young adults ages 19 to 30, the prevalence of nicotine vaping in the past 30 days did not significantly differ by sex in 2025 (Table/Figure 137), early midlife adults ages 35 to 50 (Table/Figure 138), or late midlife adults ages 55 to 65 (Table/Figure 139). Significant increases in

vaping nicotine were observed over the past five years for men and women in both young adulthood and early midlife (Tables/Figures 170 and 172).

Race/Ethnicity. Among young adults, nicotine vaping prevalence has historically been highest among White respondents (Table/Figure 171). In 2025, White young adults had higher prevalence of nicotine vaping in the past 30 days than Black (but not Hispanic) young adults (Table/Figure 137). In early midlife, nicotine vaping prevalence was also higher among White than Black adults (Table/Figure 138). In late midlife, it was higher among White than Hispanic (but not Black) adults (Table/Figure 139).

Any Drug Other Than Cannabis

The MTF index of nonmedical use (i.e., without medical supervision) of any drugs other than cannabis includes hallucinogens/psychedelics (including LSD), cocaine, stimulants, sleeping medications, anti-anxiety medications, and opioids (including heroin). Through 2023, the index differed slightly at ages 55 to 65 because hallucinogen/psychedelic use was not assessed after age 55 until 2024; from 2024 onward, the index includes hallucinogen/psychedelic use for all ages.

Sex. Among young adults ages 19 to 30, there were no sex differences in the past 12-month prevalence of using any drug other than cannabis in 2025 (Table/Figure 137). After many years of observed sex differences, a significant five-year increase among women but no significant change among men resulted in convergence for men and women in 2025 (Table/Figure 176).

Among early midlife adults ages 35 to 50, men (17.0%) had significantly higher prevalence than women (13.2%) of using any drug other than cannabis (Table/Figure 138). Significant five- and 10-year increases in use were observed for both men and women in early midlife (Table/Figure 178).

In late midlife (ages 55 to 65), no sex differences (Table/Figure 139) or historical trends (Table/Figure 180) were observed.

Race/Ethnicity. Among young adults in 2025, there were no significant differences by race/ethnicity in use of any drug other than cannabis (Table/Figure 137). Black young adults have historically had the lowest prevalence of using any drug other than cannabis, but there was a large significant increase from 9.0% in 2024 to 17.3% in 2025 in this subgroup (Table/Figure 177) that resulted in convergence (these trends should be interpreted with caution based on relatively small sample sizes within subgroups).

Among early and late midlife adults, no race/ethnicity differences were observed (Tables/Figures 138 and 139). Significant five-year increases in use were observed for all three subgroups in early midlife (Table/Figure 179).

Substance Use Disorder

The MTF Longitudinal Panel includes measures of substance use disorder symptoms in the past 12 months for cannabis use disorder, alcohol use disorder, and other drug use disorders. These symptom criteria sums can be understood as indicators of substance use disorder symptoms in the nonclinical population, but they are not equivalent to a diagnosis of substance use disorder.[38] Prevalence estimates for each level of the resulting trichotomous variable (coded abstaining over the past 12 months, nondisordered use in the past 12 months, or disordered use in the past 12 months) are shown by sex and race/ethnicity for early and late midlife respondents in Tables/Figures 138 and 139. Substance use disorder in the past 12 months was added for age 35 in 2025 (previously the measure referred to the past five years). Therefore, we report age 35 separately so that we can also report trends for early midlife adults at ages 40 to 50 (not including age 35) and late midlife adults ages 55 to 65 from 2017 to 2025.[39]

Cannabis use disorder. In both early and late midlife, women were more likely than men to abstain from cannabis use, and men were more likely than women to be coded as having cannabis use disorder symptoms (Tables/Figures 138 and 139). In early midlife, men were more likely than women to report nondisordered cannabis use (Table/Figure 138).

Differences by race/ethnicity at ages 40 to 50 showed that Hispanic adults were more likely to abstain from cannabis use than White or Black adults; White adults were more likely to report nondisordered cannabis use or have cannabis use disorder symptoms than Hispanic adults (Table/Figure 138).

At ages 55 to 65, Black and Hispanic adults were more likely to abstain from cannabis use than White adults, and White adults were more likely to report nondisordered cannabis use than either Black or Hispanic adults (Table/Figure 141). White adults had significantly higher prevalence of cannabis use disorder than Hispanic adults (Table/Figure 139).

Alcohol use disorder. In both early and late midlife, men had higher prevalence than women of alcohol use disorder (Tables/Figures 138 and 139).

At ages 40 to 50, Black adults had higher prevalence of alcohol abstention than Hispanic adults; Hispanic adults had a higher prevalence of nondisordered use than either Black or White adults; and White adults had a higher prevalence of alcohol use disorder than Hispanic adults (Table/Figure 138).

[38] Terry-McElrath, Y. M., & Patrick, M. E. (2025). Substance use disorder criteria sums in the Monitoring the Future Panel Study. Monitoring the Future Occasional Paper No. 101. Ann Arbor, MI: Institute for Social Research, University of Michigan.

[39] Terry-McElrath, Y. M., & Patrick, M. E. (2025). Substance use disorder criteria sums in the Monitoring the Future Panel Study. Monitoring the Future Occasional Paper No. 101. Ann Arbor, MI: Institute for Social Research, University of Michigan.

At ages 55 to 65, a somewhat similar pattern was observed. Black adults had higher prevalence of alcohol abstention than either Hispanic or White adults; abstention also was higher among White than Hispanic adults (Table/Figure 139). Hispanic adults had higher prevalence of nondisordered us than Black adults; White adults had higher prevalence of alcohol use disorder than Black adults (Table/Figure 139).

Other drug use disorder. Differences in other drug use and disorder by sex and race/ethnicity were generally not significant, perhaps due to low prevalence levels (Tables/Figures 138 and 139). The only difference that reached significance was that White adults had higher prevalence than Hispanic adults for other drug use disorder.

TABLE/FIGURE 1

Monitoring the Future Longitudinal Panel Study Administration

by Cohort, 1976-2025

12th Grade Cohort	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Age 25	Age 26	Age 27	Age 28	Age 29	Age 30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1993	1998	2003	2008	2013	2018	2023
1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1994	1999	2004	2009	2014	2019	2024
1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1995	2000	2005	2010	2015	2020	2025
1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1996	2001	2006	2011	2016	2021	
1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1997	2002	2007	2012	2017	2022	
1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1998	2003	2008	2013	2018	2023	
1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1999	2004	2009	2014	2019	2024	
1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	2000	2005	2010	2015	2020	2025	
1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	2001	2006	2011	2016	2021		
1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	2002	2007	2012	2017	2022		
1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	2003	2008	2013	2018	2023		
1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2004	2009	2014	2019	2024		
1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2005	2010	2015	2020	2025		
1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2006	2011	2016	2021			
1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2007	2012	2017	2022			
1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2008	2013	2018	2023			
1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2009	2014	2019	2024			
1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2010	2015	2020	2025			
1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2011	2016	2021				
1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2012	2017	2022				
1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2013	2018	2023				
1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2014	2019	2024				
1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2015	2020	2025				
1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2016	2021					
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2017	2022					
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2018	2023					
2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2019	2024					
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2020	2025					
2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2021						
2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2022						
2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2023						
2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2024						
2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2025						
2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021							
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022							
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023							
2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024							
2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025							
2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025								
2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025									
2016	2017	2018	2019	2020	2021	2022	2023	2024	2025										
2017	2018	2019	2020	2021	2022	2023	2024	2025											
2018	2019	2020	2021	2022	2023	2024	2025												
2019	2020	2021	2022	2023	2024	2025													
2020	2021	2022	2023	2024	2025														
2021	2022	2023	2024	2025															
2022	2023	2024	2025																
2023	2024	2025																	
2024	2025																		

MONITORING THE FUTURE

TABLE/FIGURE 2

Monitoring the Future Longitudinal Panel Study Original Sample Response Rates: Percentage of Original Sample Participating By Cohort and Age, Weighted to Adjust for Oversampling of Respondents Reporting 12th Grade Drug Use

12th Grade Cohort	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Age 25	Age 26	Age 27	Age 28	Age 29	Age 30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	0.638	0.798	0.773	0.822	0.775	0.809	0.779	0.753	0.733	0.750	0.731	0.742	0.669	0.636	0.600	0.579	0.550	0.539	0.527
1977	0.848	0.839	0.821	0.823	0.810	0.808	0.754	0.766	0.750	0.753	0.722	0.715	0.682	0.640	0.635	0.599	0.571	0.564	0.552
1978	0.851	0.844	0.823	0.822	0.814	0.781	0.752	0.769	0.750	0.730	0.703	0.698	0.654	0.618	0.609	0.591	0.552	0.546	0.547
1979	0.883	0.823	0.838	0.788	0.790	0.739	0.790	0.746	0.745	0.708	0.725	0.681	0.653	0.598	0.585	0.565	0.545	0.537	
1980	0.873	0.846	0.833	0.784	0.782	0.786	0.773	0.763	0.719	0.725	0.695	0.696	0.656	0.600	0.579	0.569	0.552	0.530	
1981	0.847	0.838	0.808	0.764	0.796	0.762	0.740	0.707	0.713	0.678	0.689	0.659	0.607	0.570	0.545	0.513	0.488	0.487	
1982	0.842	0.838	0.779	0.786	0.764	0.739	0.695	0.707	0.669	0.665	0.640	0.600	0.572	0.574	0.535	0.514	0.473	0.485	
1983	0.832	0.794	0.791	0.777	0.731	0.722	0.704	0.677	0.663	0.638	0.607	0.598	0.551	0.547	0.502	0.472	0.471	0.471	
1984	0.783	0.819	0.775	0.746	0.719	0.711	0.685	0.688	0.642	0.616	0.602	0.574	0.510	0.508	0.475	0.459	0.448		
1985	0.801	0.806	0.740	0.714	0.706	0.684	0.663	0.632	0.610	0.574	0.574	0.554	0.495	0.481	0.472	0.432	0.422		
1986	0.780	0.741	0.727	0.720	0.672	0.685	0.642	0.593	0.591	0.561	0.542	0.533	0.516	0.482	0.442	0.400	0.400		
1987	0.745	0.728	0.713	0.687	0.688	0.643	0.593	0.596	0.555	0.558	0.537	0.546	0.504	0.461	0.423	0.389	0.399		
1988	0.752	0.775	0.731	0.730	0.673	0.656	0.610	0.624	0.597	0.600	0.553	0.547	0.520	0.475	0.446	0.448	0.451		
1989	0.762	0.723	0.733	0.666	0.657	0.600	0.594	0.549	0.555	0.517	0.526	0.500	0.469	0.430	0.400	0.400			
1990	0.736	0.715	0.682	0.618	0.616	0.565	0.567	0.528	0.550	0.494	0.504	0.466	0.428	0.409	0.374	0.366			
1991	0.745	0.739	0.660	0.670	0.583	0.633	0.541	0.560	0.515	0.520	0.486	0.495	0.438	0.400	0.371	0.352			
1992	0.767	0.731	0.689	0.664	0.652	0.613	0.573	0.563	0.558	0.510	0.514	0.535	0.462	0.428	0.376	0.381			
1993	0.745	0.667	0.684	0.635	0.643	0.562	0.569	0.525	0.528	0.488	0.542	0.486	0.446	0.391	0.371	0.382			
1994	0.723	0.666	0.671	0.636	0.603	0.562	0.563	0.511	0.509	0.531	0.494	0.466	0.427	0.382	0.379				
1995	0.701	0.694	0.639	0.628	0.573	0.591	0.520	0.565	0.542	0.556	0.479	0.521	0.449	0.412	0.387				
1996	0.734	0.646	0.650	0.576	0.580	0.542	0.539	0.549	0.533	0.496	0.501	0.480	0.433	0.386	0.377				
1997	0.678	0.627	0.581	0.577	0.537	0.548	0.566	0.519	0.510	0.468	0.490	0.468	0.410	0.363	0.364				
1998	0.658	0.623	0.580	0.541	0.522	0.580	0.516	0.500	0.454	0.474	0.448	0.460	0.384	0.353	0.360				
1999	0.631	0.595	0.544	0.528	0.578	0.541	0.483	0.476	0.479	0.456	0.461	0.446	0.383	0.373					
2000	0.629	0.555	0.560	0.599	0.566	0.504	0.478	0.473	0.463	0.457	0.452	0.423	0.377	0.347					
2001	0.564	0.555	0.609	0.543	0.542	0.464	0.498	0.446	0.504	0.426	0.458	0.412	0.361	0.353					
2002	0.614	0.611	0.598	0.550	0.531	0.510	0.492	0.489	0.492	0.453	0.459	0.417	0.375	0.375					
2003	0.669	0.541	0.555	0.497	0.498	0.479	0.494	0.434	0.434	0.411	0.428	0.375	0.365	0.355					
2004	0.603	0.557	0.518	0.520	0.490	0.492	0.444	0.464	0.425	0.405	0.385	0.377	0.348						
2005	0.566	0.501	0.513	0.524	0.495	0.481	0.426	0.418	0.405	0.389	0.363	0.389	0.348						
2006	0.515	0.497	0.509	0.494	0.472	0.475	0.433	0.445	0.384	0.389	0.371	0.417	0.373						
2007	0.566	0.536	0.501	0.485	0.486	0.477	0.422	0.432	0.400	0.403	0.406	0.396	0.375						
2008	0.586	0.515	0.511	0.468	0.451	0.445	0.400	0.396	0.404	0.404	0.373	0.422	0.366						
2009	0.513	0.500	0.477	0.445	0.419	0.389	0.351	0.342	0.360	0.344	0.353	0.350							
2010	0.494	0.477	0.441	0.423	0.424	0.378	0.352	0.376	0.356	0.387	0.346	0.354							
2011	0.489	0.452	0.425	0.390	0.376	0.357	0.350	0.352	0.376	0.351	0.338	0.338							
2012	0.477	0.409	0.415	0.354	0.392	0.365	0.359	0.424	0.353	0.351	0.350	0.335							
2013	0.462	0.383	0.377	0.343	0.358	0.361	0.404	0.379	0.338	0.346	0.331	0.313							
2014	0.445	0.319	0.395	0.332	0.369	0.388	0.389	0.315	0.363	0.290	0.337								
2015	0.352	0.318	0.354	0.327	0.404	0.347	0.319	0.318	0.296	0.277									
2016	0.342	0.351	0.375	0.380	0.361	0.316	0.321	0.281	0.307										
2017	0.399	0.325	0.384	0.305	0.350	0.323	0.312	0.286											
2018	0.340	0.408	0.369	0.330	0.335	0.325	0.285												
2019	0.264	0.360	0.290	0.356	0.305	0.316													
2020	0.440	0.414	0.409	0.356	0.349														
2021	0.345	0.364	0.336	0.332															
2022	0.395	0.338	0.371																
2023	0.374	0.360																	
2024	0.373																		

Notes: Original sample response rates are weighted by drug use strata and account for the total sample initially selected from each cohort for Panel participation; thus, the denominator incudes complete and partial surveys as well as refusals, non-contacts, and those lost to contact, etc. Only those identified as (a) deceased, or (b) unable to respond (due to dementia, etc) are excluded from the denominator.

MONITORING THE FUTURE

TABLE/FIGURE 3

Monitoring the Future Longitudinal Panel Study Response Rates: Conditional on Participation at Age 19/2
Percentage of Age 19/21 Sample Participating By Age, Weighted to Adjust for Oversampling of Respondents Reporting 12th Grade Drug Use

12th Grade Cohort	Age 21	Age 22	Age 23	Age 24	Age 25	Age 26	Age 27	Age 28	Age 29	Age 30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	0.887	0.897	0.883	0.883	0.877	0.832	0.842	0.822	0.831	0.824	0.764	0.732	0.696	0.665	0.643	0.636	0.617
1977	0.890	0.888	0.864	0.880	0.813	0.834	0.814	0.818	0.779	0.783	0.749	0.707	0.697	0.661	0.635	0.627	0.608
1978	0.891	0.909	0.881	0.872	0.821	0.854	0.817	0.811	0.761	0.779	0.722	0.686	0.677	0.658	0.619	0.609	0.611
1979	0.896	0.890	0.850	0.840	0.844	0.841	0.806	0.800	0.788	0.775	0.723	0.668	0.654	0.631	0.607	0.601	
1980	0.901	0.875	0.848	0.868	0.839	0.832	0.778	0.803	0.758	0.771	0.722	0.668	0.642	0.629	0.614	0.591	
1981	0.887	0.853	0.865	0.847	0.812	0.795	0.787	0.766	0.759	0.740	0.680	0.640	0.615	0.581	0.549	0.548	
1982	0.861	0.875	0.851	0.833	0.778	0.796	0.752	0.750	0.714	0.683	0.644	0.649	0.604	0.581	0.531	0.545	
1983	0.864	0.870	0.821	0.824	0.789	0.785	0.746	0.740	0.685	0.691	0.635	0.633	0.579	0.549	0.544	0.547	
1984	0.871	0.843	0.828	0.803	0.779	0.787	0.736	0.709	0.701	0.667	0.594	0.589	0.555	0.532	0.518		
1985	0.844	0.818	0.806	0.781	0.770	0.735	0.703	0.677	0.665	0.646	0.577	0.563	0.551	0.506	0.497		
1986	0.845	0.863	0.792	0.829	0.762	0.729	0.709	0.700	0.653	0.668	0.633	0.590	0.541	0.498	0.501		
1987	0.846	0.811	0.821	0.773	0.717	0.714	0.678	0.670	0.648	0.657	0.611	0.560	0.525	0.480	0.490		
1988	0.852	0.856	0.792	0.779	0.740	0.747	0.719	0.721	0.669	0.654	0.632	0.579	0.539	0.542	0.546		
1989	0.858	0.804	0.778	0.742	0.716	0.685	0.676	0.661	0.645	0.629	0.587	0.538	0.502	0.504			
1990	0.801	0.790	0.737	0.719	0.683	0.679	0.673	0.635	0.612	0.609	0.539	0.512	0.472	0.461			
1991	0.793	0.809	0.711	0.770	0.669	0.693	0.639	0.643	0.603	0.608	0.546	0.501	0.466	0.447			
1992	0.805	0.810	0.778	0.761	0.688	0.701	0.679	0.643	0.624	0.679	0.577	0.535	0.473	0.480			
1993	0.819	0.816	0.789	0.731	0.705	0.693	0.654	0.656	0.675	0.648	0.581	0.508	0.488	0.501			
1994	0.803	0.835	0.739	0.737	0.706	0.692	0.644	0.711	0.624	0.637	0.564	0.511	0.506				
1995	0.792	0.802	0.732	0.736	0.673	0.726	0.693	0.710	0.628	0.667	0.588	0.538	0.507				
1996	0.792	0.772	0.700	0.710	0.668	0.743	0.666	0.658	0.614	0.652	0.563	0.503	0.498				
1997	0.728	0.779	0.677	0.711	0.725	0.705	0.665	0.638	0.636	0.639	0.546	0.486	0.489				
1998	0.758	0.746	0.669	0.757	0.685	0.688	0.604	0.662	0.582	0.649	0.535	0.492	0.497				
1999	0.724	0.759	0.751	0.760	0.649	0.689	0.640	0.656	0.621	0.647	0.549	0.530					
2000	0.756	0.814	0.729	0.690	0.637	0.674	0.618	0.660	0.603	0.617	0.542	0.496					
2001	0.814	0.776	0.734	0.670	0.703	0.663	0.706	0.632	0.650	0.629	0.529	0.521					
2002	0.806	0.768	0.712	0.701	0.689	0.703	0.693	0.657	0.647	0.609	0.547	0.535					
2003	0.747	0.754	0.665	0.727	0.670	0.695	0.590	0.637	0.578	0.593	0.534	0.520					
2004	0.732	0.761	0.698	0.717	0.638	0.692	0.607	0.619	0.562	0.582	0.527						
2005	0.731	0.819	0.678	0.756	0.632	0.692	0.603	0.629	0.542	0.636	0.559						
2006	0.761	0.769	0.666	0.740	0.666	0.727	0.602	0.650	0.586	0.685	0.605						
2007	0.718	0.763	0.695	0.726	0.632	0.673	0.611	0.642	0.608	0.624	0.582						
2008	0.720	0.748	0.631	0.704	0.601	0.649	0.583	0.663	0.543	0.688	0.571						
2009	0.745	0.727	0.657	0.635	0.572	0.573	0.606	0.578	0.583	0.588							
2010	0.719	0.713	0.680	0.612	0.590	0.637	0.611	0.653	0.585	0.613							
2011	0.663	0.678	0.606	0.620	0.590	0.601	0.630	0.617	0.579	0.601							
2012	0.709	0.670	0.667	0.669	0.604	0.708	0.586	0.629	0.592	0.604							
2013	0.651	0.658	0.606	0.669	0.650	0.687	0.577	0.661	0.563	0.619							
2014	0.697	0.727	0.637	0.755	0.650	0.687	0.636	0.633	0.584								
2015	0.668	0.698	0.709	0.698	0.620	0.691	0.573	0.610									
2016	0.746	0.682	0.683	0.600	0.658	0.558	0.629										
2017	0.661	0.638	0.622	0.625	0.601	0.607											
2018	0.678	0.674	0.638	0.628	0.594												
2019	0.768	0.702	0.698	0.689													
2020	0.744	0.733	0.655														
2021	0.691	0.637															
2022	0.676																
2023																	
2024																	

Notes: Response rates conditional on Age 19/20 are weighted by drug user strata and represent the percent of those who participated at Age 19/20 who also responded at the specified follow-up wave. Respondents identified as (a) deceased, or (b) unable to respond (due to dementia, etc) are not included in calculations.



TABLE/FIGURE 4

Monitoring the Future Longitudinal Panel Study Wave-to-Wave Response Rates: Percentage of those who Completed the Previous Wave who Participated By Age, Weighted to Adjust for Oversampling of Respondents Reporting 12th Grade Drug Use

12th Grade Cohort	Age 21	Age 22	Age 23	Age 24	Age 25	Age 26	Age 27	Age 28	Age 29	Age 30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	1.211	1.029	1.002	0.985	1.006	0.931	0.942	0.996	0.997	0.990	0.908	0.949	0.943	0.963	0.948	0.982	0.972
1977	0.969	0.981	0.985	0.981	0.932	0.947	0.996	0.981	0.961	0.950	0.950	0.936	0.991	0.941	0.946	0.987	0.975
1978	0.968	0.973	0.988	0.951	0.924	0.985	0.997	0.949	0.938	0.956	0.933	0.943	0.987	0.964	0.933	0.983	0.999
1979	0.949	0.958	0.942	0.937	1.000	1.010	0.943	0.949	0.972	0.961	0.929	0.915	0.978	0.969	0.963	0.978	
1980	0.953	0.927	0.939	1.003	0.989	0.971	0.930	0.950	0.968	0.960	0.943	0.915	0.964	0.983	0.960	0.952	
1981	0.953	0.911	0.987	0.997	0.930	0.928	0.963	0.958	0.966	0.971	0.899	0.936	0.960	0.937	0.950	0.987	
1982	0.925	0.938	0.981	0.940	0.910	0.957	0.962	0.940	0.957	0.902	0.921	0.999	0.929	0.958	0.916	1.018	
1983	0.951	0.979	0.923	0.930	0.964	0.938	0.941	0.940	0.917	0.936	0.914	0.991	0.916	0.938	0.990	1.005	
1984	0.990	0.911	0.927	0.954	0.953	0.966	0.937	0.896	0.938	0.931	0.866	0.994	0.933	0.962	0.971		
1985	0.924	0.886	0.953	0.959	0.940	0.924	0.919	0.905	0.940	0.965	0.879	0.971	0.980	0.913	0.970		
1986	0.932	0.971	0.925	0.952	0.955	0.867	0.921	0.946	0.915	0.947	0.959	0.933	0.914	0.902	1.002		
1987	0.957	0.944	0.965	0.937	0.861	0.925	0.934	0.937	0.968	0.979	0.929	0.915	0.917	0.919	1.020		
1988	0.972	0.942	0.920	0.898	0.906	0.951	0.978	0.962	0.927	0.912	0.944	0.911	0.936	1.000	1.006		
1989	0.961	0.922	0.898	0.901	0.903	0.916	0.934	0.942	0.947	0.967	0.915	0.914	0.930	0.995			
1990	0.928	0.865	0.902	0.915	0.920	0.934	0.970	0.935	0.916	0.945	0.879	0.953	0.913	0.981			
1991	0.885	0.906	0.884	0.945	0.927	0.885	0.950	0.931	0.944	0.952	0.891	0.912	0.928	0.946			
1992	0.898	0.907	0.945	0.923	0.879	0.919	0.974	0.906	0.920	1.050	0.880	0.925	0.880	1.007			
1993	0.918	0.954	0.940	0.885	0.886	0.936	0.927	0.930	1.027	0.995	0.867	0.875	0.949	1.027			
1994	0.929	0.956	0.897	0.884	0.935	0.910	0.904	1.036	0.969	0.879	0.886	0.891	0.988				
1995	0.912	0.906	0.895	0.943	0.908	0.956	1.042	0.983	0.884	0.938	0.896	0.915	0.939				
1996	0.886	0.891	0.892	0.942	0.928	1.012	0.989	0.903	0.941	0.968	0.882	0.890	0.973				
1997	0.857	0.922	0.926	0.948	1.055	0.947	0.899	0.900	0.960	0.999	0.854	0.885	0.997				
1998	0.883	0.869	0.900	1.070	0.988	0.863	0.880	0.949	0.989	0.969	0.843	0.920	1.017				
1999	0.863	0.887	1.060	1.025	0.836	0.881	0.994	0.957	0.961	0.976	0.845	0.971					
2000	0.890	1.077	1.012	0.842	0.842	0.936	0.966	0.966	0.979	0.924	0.859	0.920					
2001	1.081	0.978	0.889	0.855	0.918	0.960	1.014	0.955	0.909	0.966	0.830	0.980					
2002	0.974	0.899	0.887	0.927	0.927	0.959	0.999	0.927	0.933	0.922	0.858	0.995					
2003	0.829	0.917	0.900	0.963	0.991	0.905	0.878	0.947	0.985	0.913	0.909	0.970					
2004	0.860	0.933	0.945	0.944	0.905	0.943	0.958	0.874	0.906	0.931	0.911						
2005	0.907	1.046	0.964	0.918	0.862	0.867	0.951	0.931	0.896	1.001	0.923						
2006	0.988	0.994	0.926	0.963	0.916	0.937	0.887	0.872	0.965	1.074	0.946						
2007	0.886	0.905	0.971	0.983	0.867	0.907	0.947	0.932	1.017	0.983	0.937						
2008	0.872	0.910	0.881	0.950	0.888	0.887	1.011	1.022	0.923	1.044	0.921						
2009	0.929	0.889	0.879	0.875	0.839	0.878	1.024	1.006	0.980	1.018							
2010	0.893	0.887	0.962	0.892	0.830	0.994	1.012	1.032	0.972	0.914							
2011	0.871	0.862	0.885	0.917	0.930	0.984	1.076	0.995	0.899	0.961							
2012	0.871	0.864	0.943	1.030	0.918	1.162	0.982	0.829	0.990	0.953							
2013	0.814	0.898	0.949	1.053	1.129	1.048	0.836	0.915	0.979	0.904							
2014	0.889	1.041	0.932	1.169	1.054	0.810	0.933	0.922	0.931								
2015	1.007	1.028	1.142	1.061	0.789	0.918	0.927	0.872									
2016	1.093	1.080	0.963	0.832	0.891	0.890	0.956										
2017	0.965	0.937	0.912	1.059	0.892	0.886											
2018	1.086	0.810	0.908	0.986	0.851												
2019	1.101	0.990	1.050	0.888													
2020	0.930	0.861	0.854														
2021	0.973	0.913															
2022	0.938																
2023																	
2024																	

Notes: Wave-to-wave response rates are weighted by drug user strata and represent the ratio of those participating at any specified follow-up wave to those participating at the prior follow-up wave. Respondents identified as (a) deceased or (b) unable to respond (due to dementia, etc) are not included in calculations.

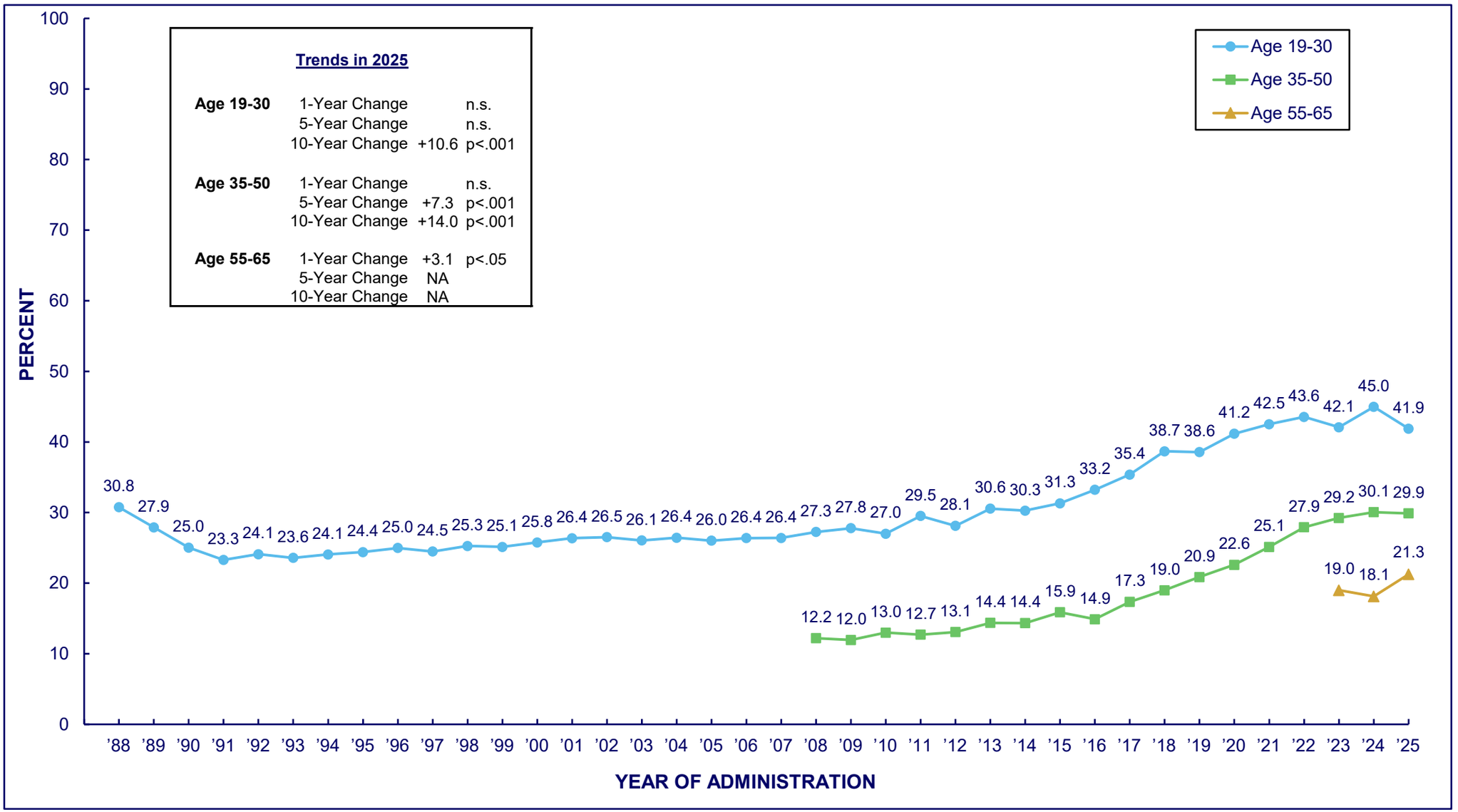
MONITORING THE FUTURE

TABLE/FIGURE 5

CANNABIS [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



[1]In 2024, the text for this question was changed on half of the survey forms, with the remaining forms changing in 2025. There were no significant differences based on wording so the trend line is considered continuous. Estimates and trends presented here for 2024 are based on the revised version of the question.

(Age-specific data provided in the following table.)

TABLE/FIGURE 6

CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	44.5													
1977	47.6													
1978	50.2	52.4												
1979	50.8	50.9												
1980	48.8	50.5	50.4											
1981	46.1	49.4	50.7											
1982	44.3	46.2	46.3	46.7										
1983	42.3	42.8	45.5	43.6										
1984	40.0	42.4	43.4	38.7	38.6									
1985	40.6	41.9	40.7	41.5	39.7									
1986	38.8	39.6	40.0	38.1	34.2	33.1								
1987	36.3	36.7	37.9	34.3	34.9	32.3								
1988	33.1	34.6	33.6	32.9	30.7	27.1	25.5							
1989	29.6	30.5	31.6	28.2	26.1	26.4	25.0							
1990	27.0	27.8	27.6	27.0	24.5	23.4	20.4							
1991	23.9	25.3	25.8	23.7	22.8	21.4	21.0							
1992	21.9	27.5	25.8	25.7	23.7	22.1	20.3							
1993	26.0	26.7	25.4	25.6	22.6	22.3	19.4							
1994	30.7	29.6	29.8	24.4	21.6	19.5	20.0	15.4						
1995	34.7	30.9	27.0	25.0	23.3	20.7	19.6	17.3						
1996	35.8	33.4	30.1	27.3	21.3	20.7	17.7	16.1						
1997	38.5	34.5	29.6	24.0	23.5	17.6	18.3	17.5						
1998	37.5	36.7	30.7	25.6	21.7	20.8	16.9	14.7	16.4					
1999	37.8	37.6	30.6	26.7	21.9	18.5	16.5	15.0	14.2					
2000	36.5	35.0	33.1	26.1	23.1	19.3	18.9	15.3	13.7					
2001	37.0	34.1	35.9	28.1	24.3	19.9	17.3	14.7	12.2					
2002	36.2	34.1	31.9	31.6	24.1	19.3	19.8	14.5	14.1					
2003	34.9	34.4	33.4	29.4	23.9	20.7	16.9	13.6	13.3	15.1				
2004	34.3	34.3	31.9	28.0	27.7	22.0	16.4	12.9	15.0	12.3				
2005	33.6	34.0	32.2	26.5	25.9	19.8	18.7	13.5	15.8	11.9				
2006	31.5	33.8	31.3	28.4	22.9	21.9	20.6	11.0	11.6	12.0				
2007	31.7	33.0	31.2	28.1	24.9	23.8	17.6	11.7	12.5	12.8				
2008	32.4	30.7	33.6	27.9	25.1	22.9	23.2	14.3	11.6	11.0	12.1			
2009	32.8	32.1	32.3	30.2	25.9	23.8	22.3	12.3	12.4	12.7	10.2			
2010	34.8	29.0	33.4	31.0	24.8	21.1	22.2	14.6	13.3	13.2	11.1			
2011	36.4	34.5	34.7	30.8	28.5	26.8	21.3	17.9	9.9	12.2	11.0			
2012	36.4	33.3	32.4	29.7	26.4	27.0	19.4	14.2	13.0	12.7	12.4			
2013	36.4	34.6	36.9	33.7	28.6	26.4	23.0	18.2	15.4	12.5	11.9	12.8		
2014	35.1	37.7	34.3	30.6	29.0	27.1	23.7	19.7	13.2	11.1	13.7	11.7		
2015	34.9	39.2	37.1	33.2	31.8	25.9	22.1	20.8	14.2	14.9	13.9	12.8		
2016	35.6	38.9	43.2	34.2	28.4	29.1	27.0	19.3	16.9	11.8	12.4	12.9		
2017	37.1	38.4	41.5	36.0	34.8	33.9	28.8	23.8	17.4	15.1	14.0	15.3		
2018	35.9	41.2	42.5	46.1	37.2	32.3	34.0	23.6	21.6	18.2	13.1	16.6	16.8	
2019	35.7	38.0	43.5	40.6	37.8	34.0	38.3	26.7	23.9	16.5	17.5	17.6	13.7	
2020	35.2	38.4	44.7	41.8	45.2	41.7	35.1	27.0	26.6	20.3	17.2	16.9	17.9	
2021	30.5	39.3	43.4	45.1	43.9	42.1	40.5	32.1	28.2	25.2	16.2	15.6	15.6	
2022	30.7	37.8	42.7	44.3	45.3	46.8	41.5	37.1	28.9	25.0	20.6	18.1	19.3	
2023	29.0	39.4	39.2	44.9	45.3	43.0	39.1	38.2	30.6	27.4	21.4	20.1	18.4	18.5
2024	25.8	37.4	43.7	47.5	42.8	48.0	46.4	36.4	29.2	32.7	21.9	17.6	19.9	16.6
2025	25.7	40.7	41.6	44.9	39.1	44.2	41.5	31.6	32.5	31.6	24.3	22.8	21.5	19.6

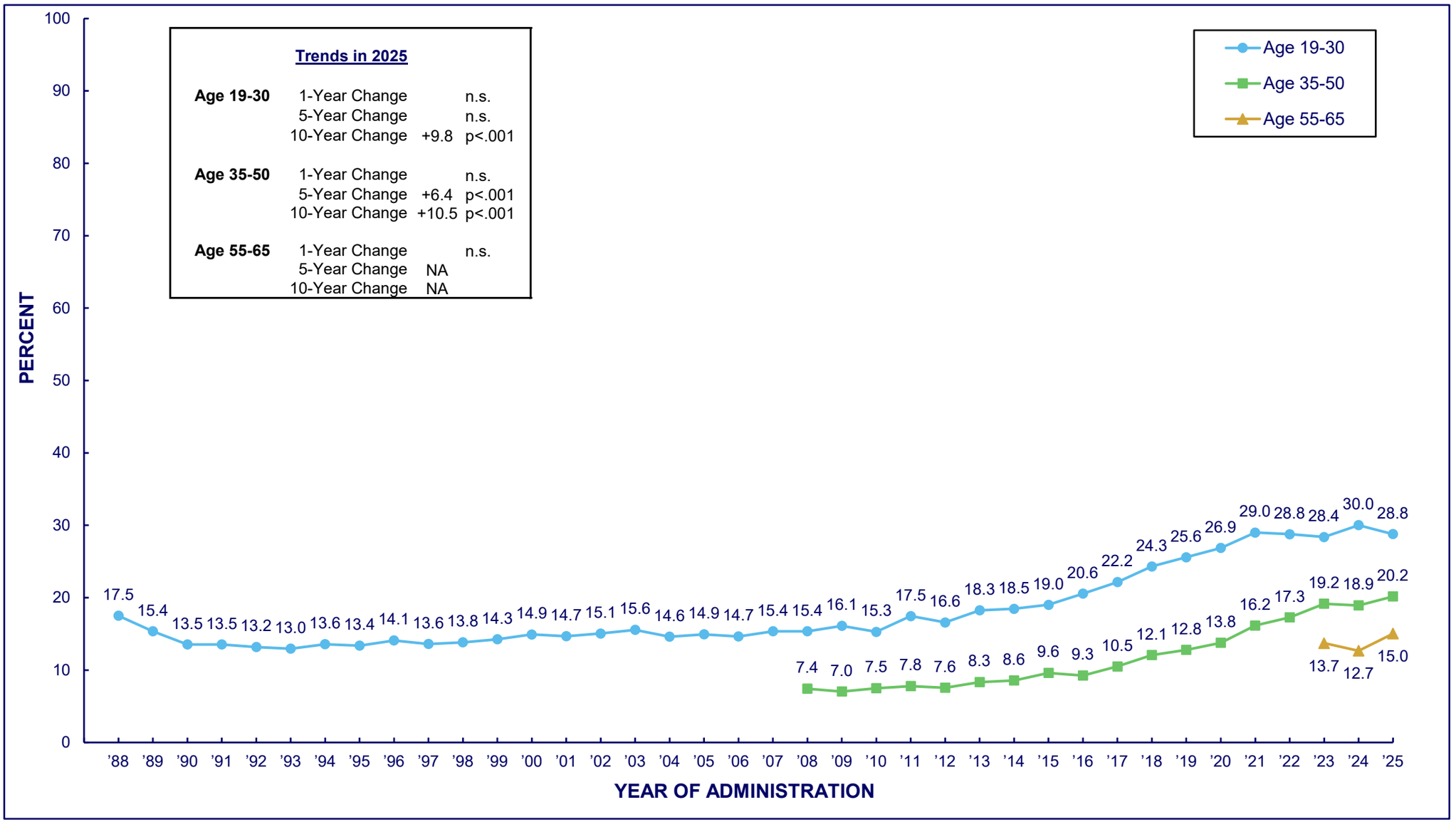
MONITORING THE FUTURE

TABLE/FIGURE 7

CANNABIS [1]

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



[1]In 2024, the text for this question was changed on half of the survey forms, with the remaining forms changing in 2025. There were no significant differences based on wording so the trend line is considered continuous. Estimates and trends presented here for 2024 are based on the revised version of the question.

(Age-specific data provided in the following table.)

TABLE/FIGURE 8

CANNABIS

Trends in 30-Day Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

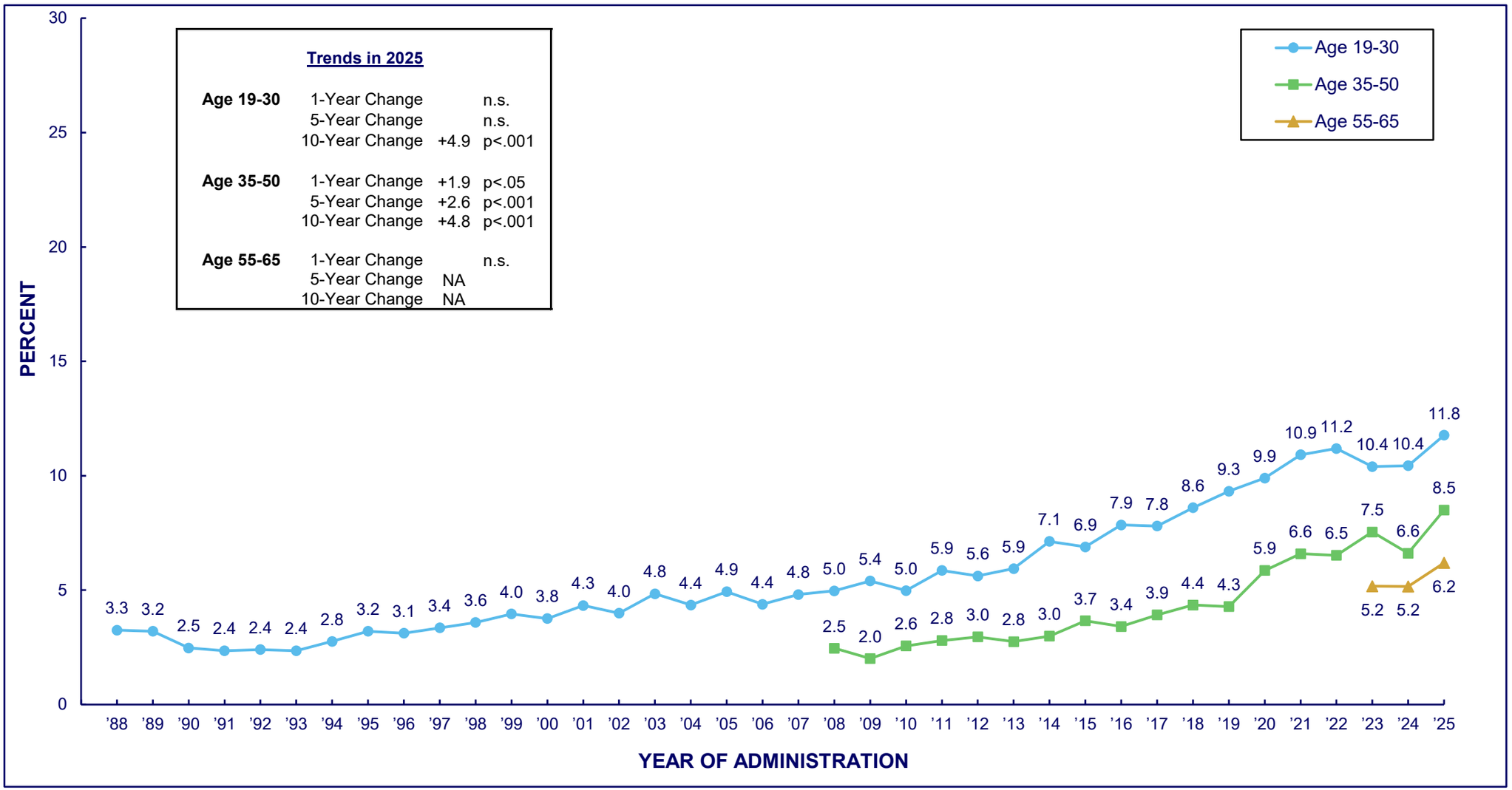
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	32.2													
1977	35.4													
1978	37.1	37.8												
1979	36.5	37.1												
1980	33.7	34.6	36.3											
1981	31.6	33.8	35.0											
1982	28.5	29.5	29.5	31.0										
1983	27.0	25.8	28.8	29.8										
1984	25.2	25.5	26.7	25.8	25.4									
1985	25.7	23.8	25.5	26.5	25.1									
1986	23.4	23.3	23.6	23.6	20.2	21.3								
1987	21.0	20.9	22.4	19.9	21.0	20.7								
1988	18.0	19.1	18.8	18.0	17.4	16.5	15.1							
1989	16.7	15.1	16.4	16.0	14.9	14.3	15.4							
1990	14.0	14.9	14.0	13.7	13.5	13.3	11.9							
1991	13.8	13.1	14.2	13.3	13.7	14.0	12.8							
1992	11.9	14.6	14.0	12.0	13.1	13.0	12.5							
1993	15.5	13.9	13.5	13.0	13.1	12.7	11.7							
1994	19.0	16.0	17.0	13.1	12.3	11.3	12.1	9.1						
1995	21.2	18.5	14.8	12.4	11.8	10.9	11.8	11.2						
1996	21.9	19.5	16.1	15.3	12.8	11.0	10.1	8.6						
1997	23.7	20.0	18.5	13.2	10.5	10.2	9.6	10.6						
1998	22.8	19.0	17.2	14.3	13.1	10.9	9.2	8.9	9.7					
1999	23.1	22.2	17.3	15.2	11.9	9.2	10.2	9.0	8.6					
2000	21.6	21.0	20.1	14.2	12.8	11.2	10.9	8.9	8.6					
2001	22.4	20.4	21.8	14.4	14.3	9.8	8.4	8.9	8.3					
2002	21.5	20.5	18.4	17.3	15.2	9.7	10.3	9.6	7.8					
2003	21.2	22.2	18.6	18.7	14.3	12.1	8.9	7.9	8.2	9.1				
2004	19.9	19.5	18.0	15.8	15.4	11.8	8.4	8.0	9.1	6.6				
2005	19.8	18.4	17.6	14.0	16.0	11.8	12.1	7.5	9.2	7.2				
2006	18.3	17.9	17.1	16.5	13.2	13.4	10.3	6.0	7.2	6.6				
2007	18.8	17.4	19.3	16.6	15.0	13.6	10.3	6.0	7.6	7.2				
2008	19.4	16.8	17.8	16.4	13.3	14.2	13.4	8.2	7.5	6.5	7.8			
2009	20.6	18.7	19.0	17.6	16.1	13.5	11.9	6.3	7.2	8.3	6.1			
2010	21.4	17.7	17.4	17.5	13.0	13.7	12.2	8.5	7.6	7.4	6.6			
2011	22.6	20.5	21.3	17.6	17.2	16.3	11.4	10.9	6.2	8.2	6.0			
2012	22.9	21.1	19.1	17.8	14.8	14.8	11.7	9.1	6.9	6.7	7.5			
2013	22.7	22.4	23.7	20.0	15.4	15.0	12.9	10.8	9.6	5.8	7.4	8.2		
2014	21.2	25.1	19.8	18.5	18.1	16.5	13.3	11.1	7.1	6.9	9.2	8.4		
2015	21.3	23.8	23.6	19.9	19.6	14.3	13.6	13.1	8.8	8.4	8.4	8.8		
2016	22.5	22.0	29.0	20.8	18.3	18.3	15.9	11.1	11.0	7.3	8.0	6.5		
2017	22.9	22.1	26.6	23.8	22.8	20.7	17.5	14.1	10.3	8.7	9.3	10.3		
2018	22.2	24.8	25.5	28.1	23.4	22.0	22.5	15.0	13.6	11.0	9.0	10.0	11.3	
2019	22.3	24.6	29.6	25.5	24.6	25.1	24.5	16.4	14.9	10.3	10.3	12.5	9.2	
2020	21.1	22.1	28.7	27.6	31.3	27.0	23.7	16.7	15.9	11.9	11.0	10.7	11.6	
2021	19.5	28.8	29.5	28.4	31.9	28.5	27.0	19.0	18.9	17.0	10.5	9.7	11.0	
2022	20.2	23.9	26.0	32.4	31.5	28.7	27.9	23.4	18.4	15.5	12.0	12.2	12.7	
2023	18.4	26.5	27.8	31.3	30.1	28.0	25.9	26.1	18.5	18.7	13.6	14.6	12.9	13.9
2024	16.2	24.8	28.4	33.1	29.1	30.0	31.4	25.2	17.1	20.3	12.8	12.3	14.3	11.0
2025	17.1	27.7	27.7	32.4	27.0	32.2	26.3	22.2	21.8	21.6	15.5	15.3	15.0	14.9

MONITORING THE FUTURE

TABLE/FIGURE 9

CANNABIS [1]

Trends in 30-Day Prevalence of Daily Use among Respondents of Modal Ages 19 through 65, by Age Group



[1]In 2024, the text for this question was changed on half of the survey forms, with the remaining forms changing in 2025. There were no significant differences based on wording so the trend line is considered continuous. Estimates and trends presented here for 2024 are based on the revised version of the question.

(Age-specific data provided in the following table.)

TABLE/FIGURE 10

CANNABIS

Trends in 30-Day Prevalence of Daily Use among Respondents of Modal Ages 18 through 65, by Age Group

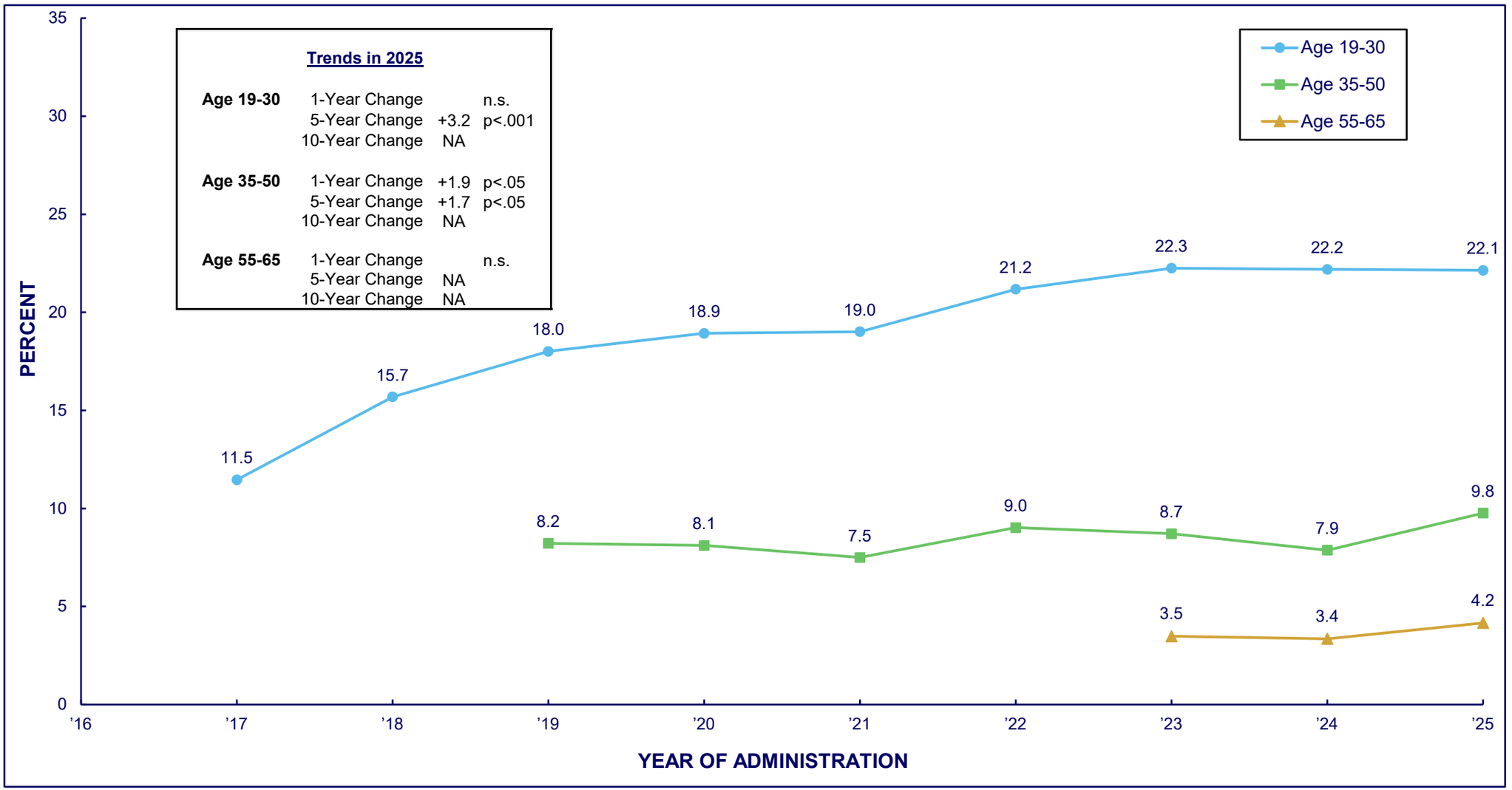
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	8.2													
1977	9.1													
1978	10.7	10.4												
1979	10.3	10.8												
1980	9.1	8.3	11.4											
1981	7.0	7.7	9.4											
1982	6.3	6.3	6.4	8.3										
1983	5.5	5.2	5.8	6.7										
1984	5.0	4.8	5.3	5.8	6.3									
1985	4.9	4.6	4.5	5.4	6.0									
1986	4.0	3.5	4.2	4.7	3.6	4.6								
1987	3.3	3.3	3.9	4.4	4.6	4.8								
1988	2.7	3.1	3.6	3.0	3.6	3.1	3.0							
1989	2.9	2.7	3.1	2.9	3.2	4.0	3.3							
1990	2.2	2.5	2.4	2.6	2.6	2.4	2.2							
1991	2.0	2.1	2.2	2.0	2.7	2.6	2.5							
1992	1.9	1.5	2.4	2.2	2.8	2.5	2.9							
1993	2.4	2.0	2.1	2.6	2.5	2.3	2.7							
1994	3.5	3.4	3.0	3.0	2.4	2.4	2.3	2.3						
1995	4.6	5.0	3.2	3.4	2.4	2.8	2.4	2.4						
1996	4.9	4.7	3.1	2.6	3.5	2.3	2.5	2.1						
1997	5.8	5.1	5.3	2.7	2.3	2.5	2.3	3.5						
1998	5.6	5.1	5.2	3.4	2.9	2.6	2.6	2.4	3.2					
1999	6.0	6.1	4.5	5.1	3.0	3.0	2.2	1.9	2.1					
2000	6.0	5.7	5.0	3.7	3.5	2.5	2.4	2.7	2.7					
2001	5.8	6.1	6.6	4.5	4.5	2.0	2.6	2.5	1.7					
2002	6.0	5.7	5.3	5.6	2.5	2.3	2.9	3.1	2.9					
2003	6.0	6.4	6.7	6.7	3.4	4.2	2.1	2.4	2.4	3.1				
2004	5.6	5.8	4.8	5.6	5.6	2.9	1.9	2.1	1.9	2.1				
2005	5.0	6.3	4.9	4.8	6.2	3.2	4.2	2.2	1.9	2.1				
2006	5.0	5.2	4.5	5.2	4.6	4.6	2.3	2.6	3.0	1.3				
2007	5.1	4.4	5.5	5.0	4.7	5.7	3.5	2.5	2.6	2.9				
2008	5.4	4.2	5.8	4.6	5.6	4.2	5.4	2.3	2.6	2.7	2.2			
2009	5.2	5.3	6.0	6.1	5.9	3.8	5.2	1.9	1.9	2.3	2.0			
2010	6.1	5.6	5.4	6.1	3.5	5.2	4.1	3.4	2.7	2.1	2.0			
2011	6.6	5.9	6.3	6.8	7.4	4.2	4.2	3.0	2.7	3.1	2.4			
2012	6.5	6.2	5.8	6.5	5.5	4.9	4.8	3.9	3.1	2.3	2.7			
2013	6.5	6.4	7.9	6.9	5.7	5.5	3.0	3.7	2.8	2.7	2.0	2.9		
2014	5.8	8.9	7.2	6.9	6.9	7.2	5.8	4.8	2.0	2.5	2.8	2.3		
2015	6.0	9.2	6.4	7.8	7.3	5.8	5.2	4.9	4.0	2.8	3.1	2.8		
2016	6.0	6.4	10.1	9.3	6.8	6.7	7.7	3.9	4.3	3.0	2.5	3.0		
2017	5.9	5.9	9.8	9.2	8.2	6.3	7.4	5.2	4.7	3.3	2.7	3.2		
2018	5.8	6.7	8.2	9.5	10.2	8.5	8.3	4.6	5.4	3.6	3.9	3.6	4.7	
2019	6.4	6.9	10.4	10.1	9.7	10.6	8.3	5.2	6.0	2.7	3.5	3.7	2.7	
2020	6.9	5.6	12.3	10.2	11.1	11.2	8.3	8.0	6.4	4.8	4.4	3.6	4.7	
2021	5.8	11.1	9.5	10.5	12.7	9.8	11.9	9.5	7.4	6.3	3.5	4.4	4.3	
2022	6.3	7.0	11.3	13.2	10.9	11.4	11.3	8.4	7.6	4.7	5.4	3.9	4.9	
2023	6.5	7.9	9.8	11.9	10.0	10.2	11.3	11.2	6.6	7.8	4.6	5.9	3.8	6.2
2024	5.1	6.7	7.6	12.6	9.3	10.6	12.6	12.0	6.3	4.3	3.6	5.6	5.6	4.0
2025	5.6	6.9	10.4	13.1	12.2	13.9	11.9	9.5	9.2	9.6	6.0	8.0	4.7	5.9

MONITORING THE FUTURE

TABLE/FIGURE 11

VAPING CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 12

VAPING CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

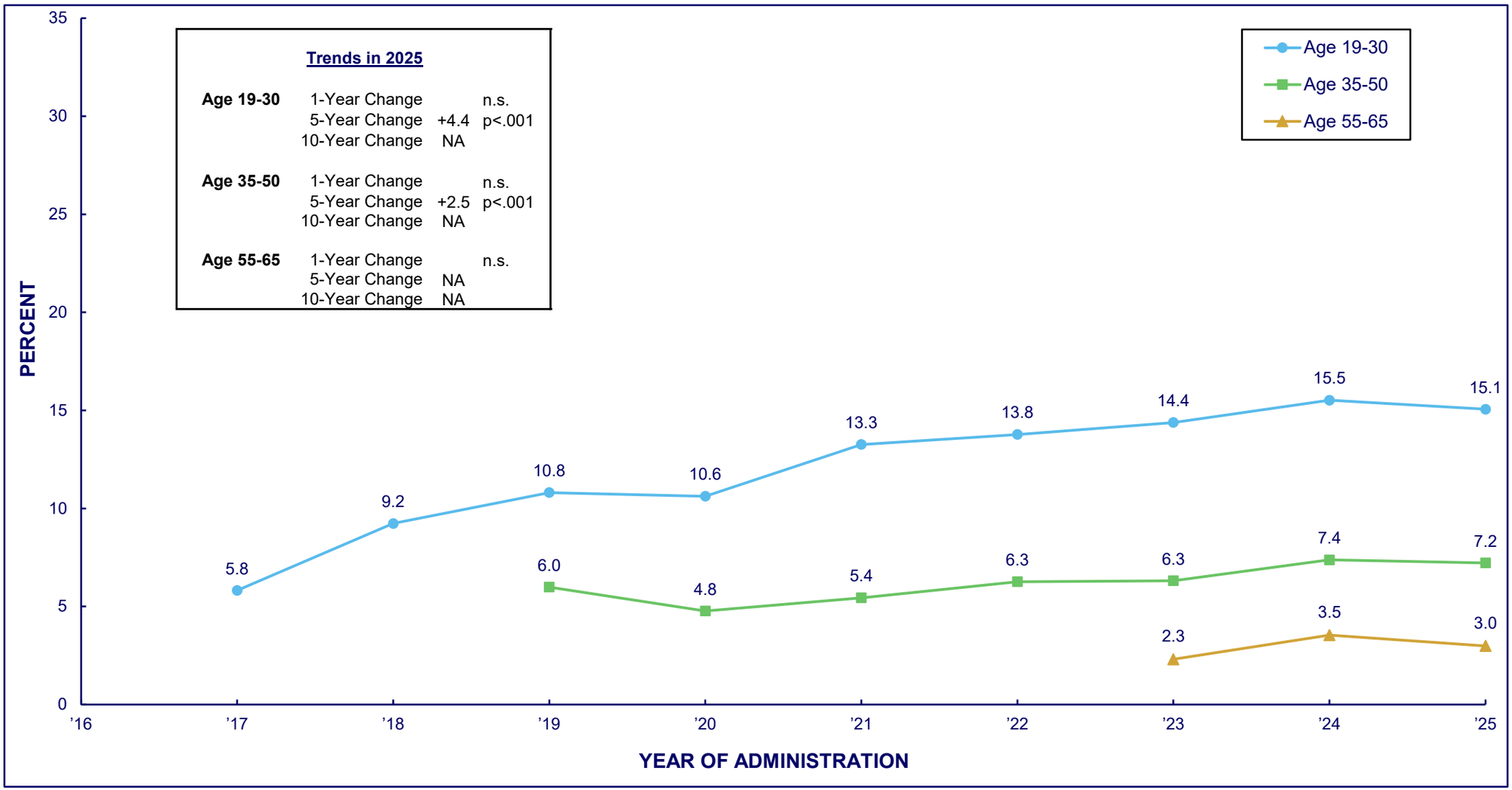
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2017	9.5	10.8	11.3	17.1	11.1	11.7	6.6							
2018	13.1	13.7	15.7	18.5	20.5	11.8	14.3							
2019	20.8	17.8	20.6	19.9	17.6	15.8	17.0	16.0	8.5	4.2	5.8	5.4	3.7	
2020	22.1	22.4	22.9	18.2	17.5	19.8	13.8	11.1	10.5	5.4	6.0	3.0	3.5	
2021	18.3	19.8	20.1	21.0	20.4	16.4	17.3	10.6	7.5	6.9	5.3	3.2	2.4	
2022	20.6	23.4	23.3	24.5	18.1	21.4	18.0	13.6	9.0	8.3	5.2	3.9	3.5	
2023	19.6	26.8	24.4	22.6	21.9	22.0	18.4	13.6	9.7	7.5	4.3	4.6	2.8	3.1
2024	17.6	20.0	21.8	25.1	21.8	21.3	21.9	11.8	8.8	7.3	4.1	3.2	4.3	2.4
2025	16.0	22.4	24.8	24.3	20.0	22.3	20.7	12.1	12.0	7.8	7.4	5.5	3.2	3.8

MONITORING THE FUTURE

TABLE/FIGURE 13

VAPING CANNABIS

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 14

VAPING CANNABIS

Trends in 30-Day Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2017	4.9	5.0	6.2	6.9	5.2	7.5	4.0							
2018	7.5	7.2	10.6	12.2	12.5	7.2	6.2							
2019	14.0	10.3	11.4	10.3	10.1	10.9	11.9	12.1	6.4	2.8	3.9	3.9	2.7	
2020	12.2	13.3	11.5	11.2	10.7	10.1	7.8	7.3	5.7	2.8	3.6	1.7	1.8	
2021	12.4	13.8	13.3	13.1	15.8	11.4	12.7	8.2	4.9	5.4	3.5	2.0	1.2	
2022	14.8	13.3	16.0	15.9	10.9	13.6	12.9	9.0	6.2	6.2	3.6	2.9	2.8	
2023	13.7	16.8	17.0	15.9	12.9	13.4	12.1	10.5	6.4	5.3	3.2	2.7	2.1	2.1
2024	12.1	13.5	14.7	18.5	15.2	16.1	13.8	10.2	8.4	7.3	4.1	3.4	4.0	3.2
2025	11.7	14.7	18.5	19.5	13.2	15.2	11.5	8.5	8.9	6.7	5.0	3.9	2.2	2.8

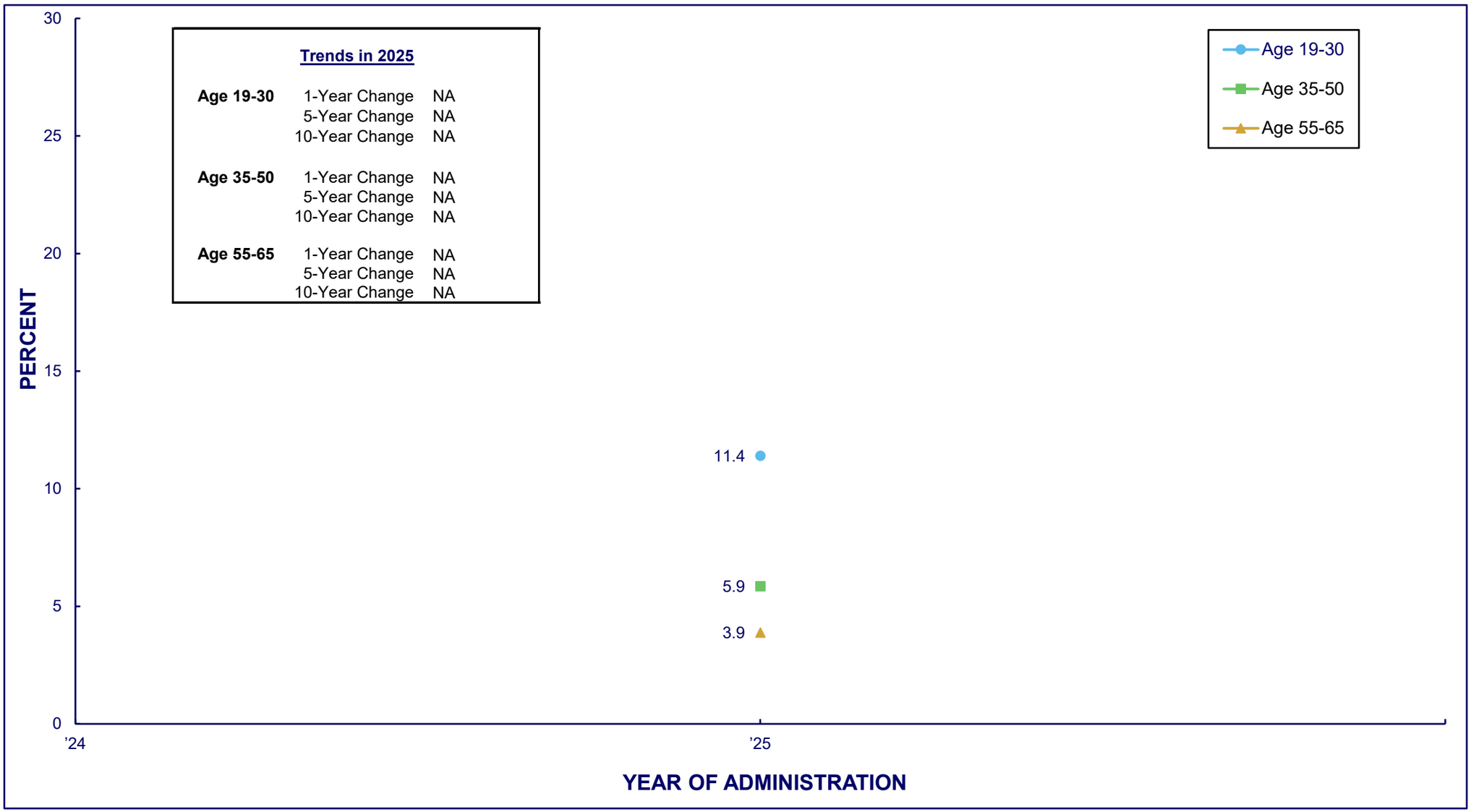


TABLE/FIGURE 15

CANNABIS PRODUCTS MADE FROM HEMP

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



(Age-specific data provided in the following table.)

TABLE/FIGURE 16

CANNABIS PRODUCTS MADE FROM HEMP

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 30, by Age Group

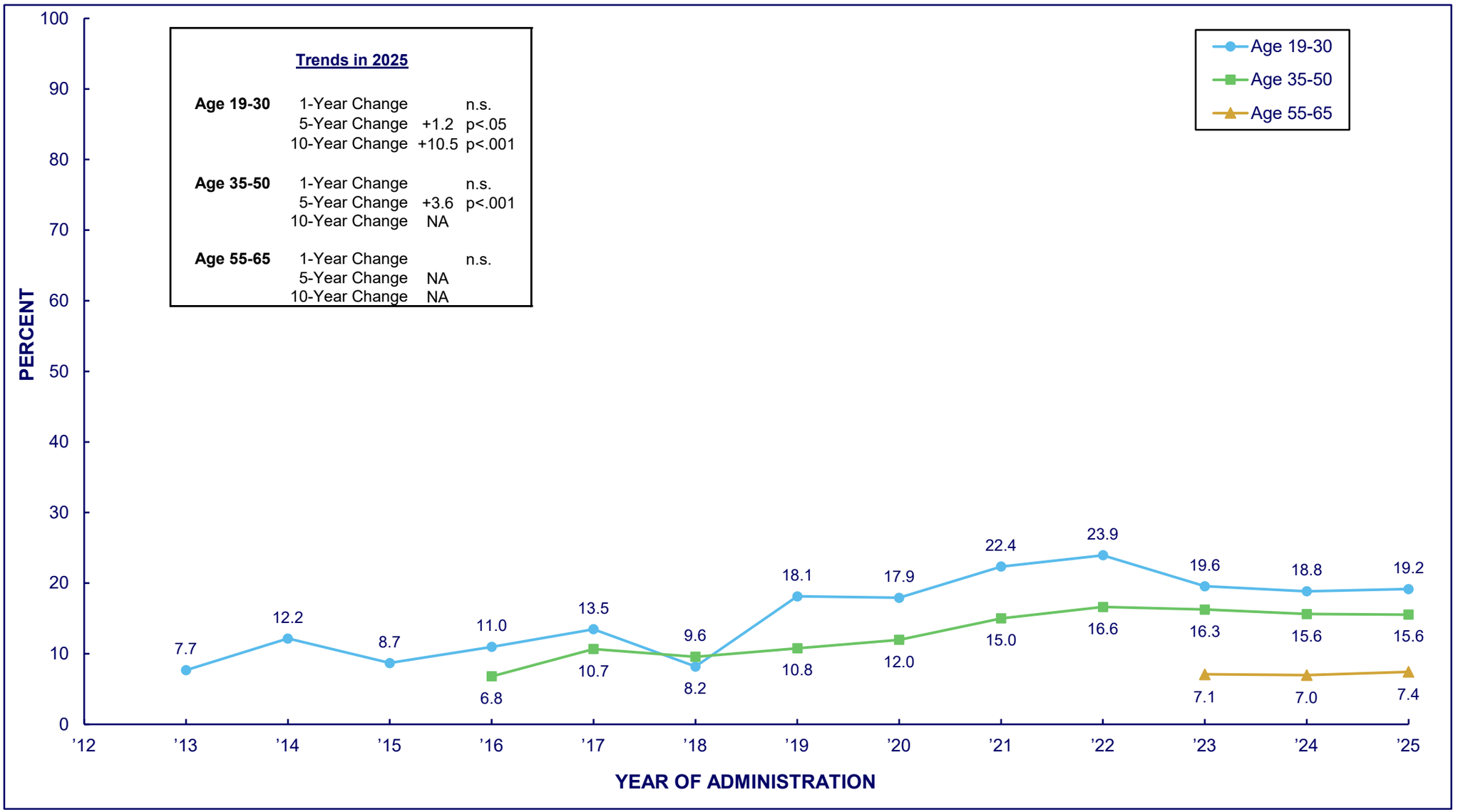
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2025	9.2	11.8	13.6	12.3	13.6	10.1	8.0	5.6	6.7	6.5	4.7	5.1	3.3	3.2



TABLE/FIGURE 17

CANNABIS EDIBLES

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 18

CANNABIS EDIBLES

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

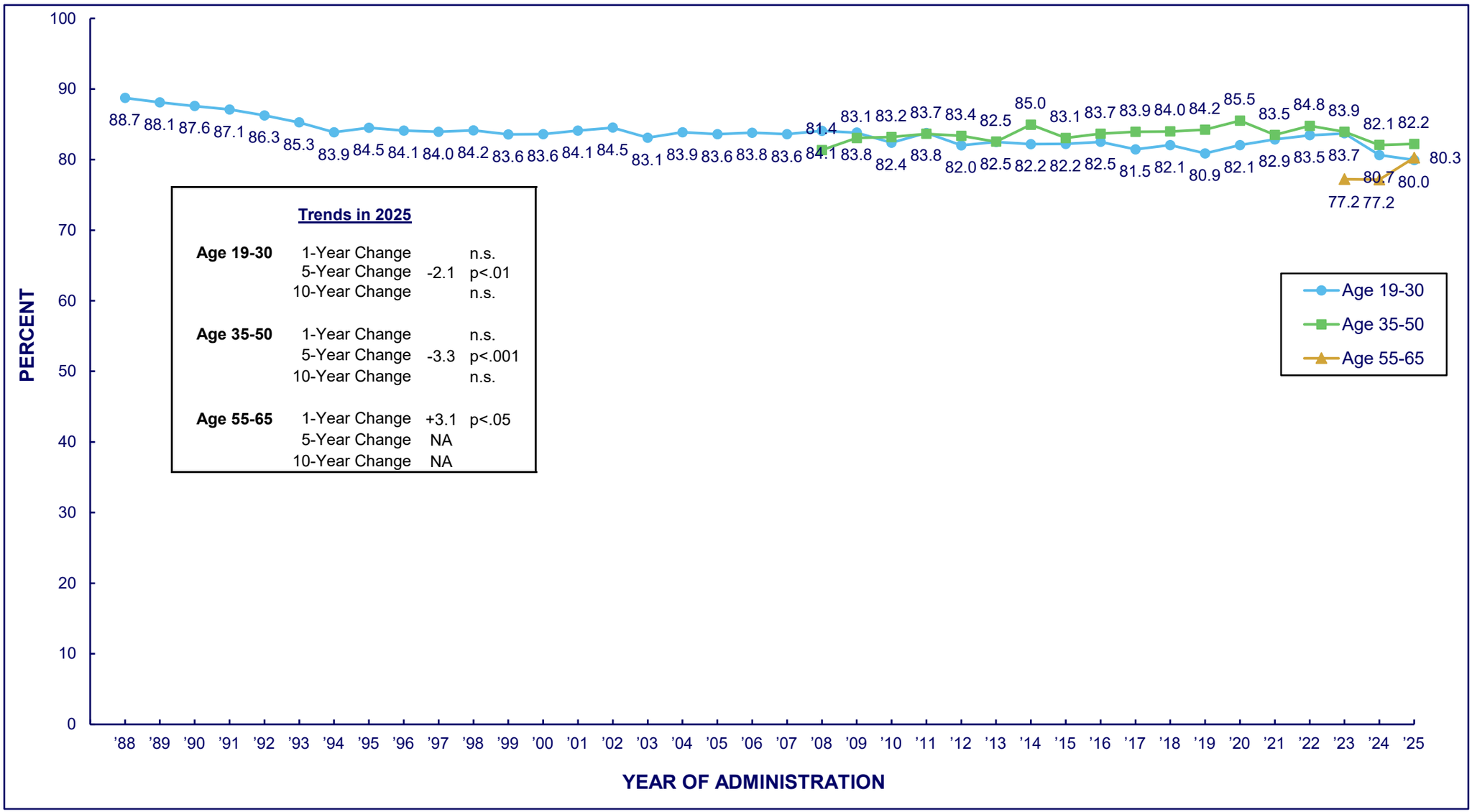
Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2013	9.5	8.0	11.6	11.9	2.6	2.7							
2014	16.7	11.0	9.3	15.7	12.1	8.5							
2015	10.2	11.6	6.6	12.9	7.4	4.3							
2016	8.7	13.5	6.6	11.2	13.7	12.1	6.8						
2017	12.1	13.9	18.8	10.4	14.5	10.8	10.7						
2018	8.5	8.9	11.2	9.2	2.1	9.8	13.3	11.8	8.1	5.6	6.3	5.5	
2019	15.8	19.4	19.4	18.5	18.9	16.9	16.3	11.8	8.1	7.9	7.3	4.1	
2020	11.8	20.8	19.9	19.4	19.8	15.1	14.5	16.1	8.9	8.9	5.8	7.3	
2021	17.6	21.0	22.4	24.4	25.0	22.1	18.7	16.2	15.9	9.8	7.6	6.3	
2022	19.8	22.3	21.9	26.2	25.0	25.9	21.4	17.5	15.0	12.8	10.1	8.3	
2023	17.6	15.6	19.2	21.8	22.0	19.3	22.5	17.1	14.6	11.2	7.8	7.9	5.2
2024	14.3	16.9	16.0	19.9	22.3	21.2	19.8	17.1	15.7	10.4	9.6	6.6	4.6
2025	16.3	19.8	20.5	18.5	18.1	21.2	13.9	16.7	18.8	12.9	8.2	7.0	7.1

MONITORING THE FUTURE

TABLE/FIGURE 19

ALCOHOL

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 20

ALCOHOL

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

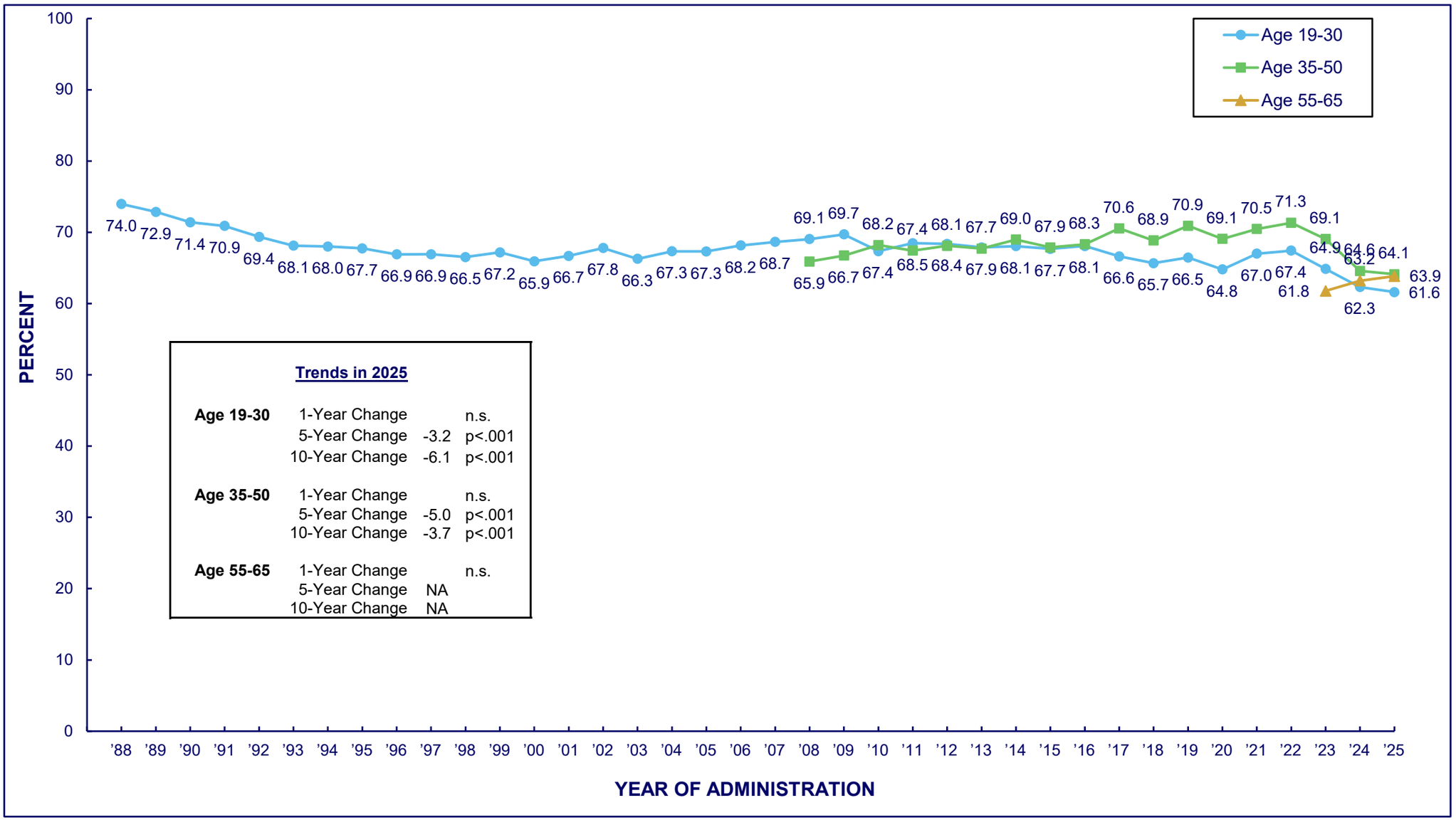
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	85.7													
1977	87.0													
1978	87.7	90.6												
1979	88.1	90.5												
1980	87.9	89.2	90.7											
1981	87.0	91.2	91.8											
1982	86.8	89.5	91.5	90.8										
1983	87.3	89.1	92.5	91.4										
1984	86.0	89.4	90.1	90.4	89.2									
1985	85.6	89.3	90.4	92.0	90.3									
1986	84.5	88.2	90.5	89.0	88.6	88.8								
1987	85.7	88.5	91.4	90.5	90.4	87.7								
1988	85.3	87.3	89.2	89.6	90.3	87.5	88.4							
1989	82.7	87.3	89.7	89.3	88.4	88.0	86.1							
1990	80.6	86.0	89.8	87.8	87.9	87.0	87.1							
1991	77.7	85.2	88.8	88.4	88.4	86.3	85.6							
1992	76.8	82.9	88.0	89.1	86.4	85.7	85.3							
1993	76.0	80.4	85.5	87.1	88.4	86.3	83.9							
1994	73.0	79.1	85.2	86.4	86.0	83.5	83.0	83.4						
1995	73.7	78.5	85.1	87.2	85.9	86.3	84.0	82.3						
1996	72.5	79.9	83.8	86.2	85.5	85.5	83.6	84.3						
1997	74.8	79.3	84.1	85.0	86.1	85.2	83.7	83.4						
1998	74.3	80.2	85.6	84.9	84.6	85.8	83.6	82.7	77.4					
1999	73.8	80.4	84.7	84.5	84.4	83.8	83.7	82.1	80.5					
2000	73.2	78.2	85.5	86.4	84.0	83.0	84.2	81.5	79.7					
2001	73.3	78.4	86.9	85.7	85.7	83.4	83.8	82.5	81.5					
2002	71.5	78.2	84.8	87.5	87.4	84.0	84.4	85.2	80.9					
2003	70.1	75.8	84.2	87.3	85.3	82.3	82.7	82.7	81.3	79.1				
2004	70.6	76.9	85.7	85.8	86.4	85.3	83.0	85.4	80.8	79.7				
2005	68.6	77.3	84.7	86.5	84.9	84.7	83.9	85.6	82.2	79.5				
2006	66.5	77.8	83.6	87.6	84.7	85.8	83.8	83.2	79.8	82.8				
2007	66.4	73.4	87.2	87.9	84.8	84.3	84.3	84.6	85.2	80.7				
2008	65.5	73.9	87.5	85.9	84.6	84.5	87.7	84.3	82.1	80.1	79.1			
2009	66.2	71.8	84.7	87.6	88.6	86.9	83.5	83.5	85.7	82.7	80.3			
2010	65.2	67.6	82.3	88.6	85.3	84.5	85.7	85.0	86.1	82.2	79.9			
2011	63.5	72.1	81.0	87.7	89.9	87.1	84.7	89.0	84.1	80.1	81.5			
2012	63.5	70.0	80.4	84.3	88.6	86.0	82.5	85.7	83.4	84.2	80.2			
2013	62.0	67.3	82.8	83.8	87.2	87.4	86.1	86.2	84.3	81.3	79.2	76.9		
2014	60.2	65.9	82.4	83.7	84.5	89.4	85.9	88.2	83.6	83.9	84.3	78.0		
2015	58.2	69.3	83.2	84.6	83.6	84.8	86.2	85.7	81.0	84.3	81.4	78.2		
2016	55.6	66.6	86.3	84.9	83.0	82.8	89.5	85.7	85.6	82.1	81.6	79.6		
2017	55.7	65.2	83.4	86.9	82.4	84.6	84.5	86.9	82.2	84.5	82.6	81.9		
2018	53.3	63.3	83.2	88.6	86.4	84.5	84.6	87.3	84.2	85.2	79.6	80.1	77.2	
2019	52.1	63.5	81.9	85.3	85.5	85.1	83.6	88.0	85.8	80.0	83.9	81.6	78.1	
2020	55.3	63.1	81.9	84.3	88.0	85.8	84.9	88.4	84.2	86.0	83.5	80.2	78.1	
2021	46.5	66.6	80.6	84.8	86.6	87.9	84.1	86.9	84.9	83.6	79.2	79.2	79.0	
2022	51.9	62.4	82.5	84.4	86.5	85.8	87.4	85.4	87.1	84.3	82.6	83.9	80.3	
2023	45.7	65.4	82.4	86.1	85.2	88.7	87.6	85.5	85.4	83.0	82.0	79.4	77.8	74.3
2024	41.7	57.5	81.5	86.2	83.8	81.4	84.3	81.8	82.9	82.7	81.0	80.5	76.4	74.4
2025	41.1	61.3	77.1	80.9	81.7	86.1	83.2	82.7	82.4	83.4	80.5	80.0	80.7	80.1

MONITORING THE FUTURE

TABLE/FIGURE 21

ALCOHOL

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 22

ALCOHOL

Trends in 30-Day Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

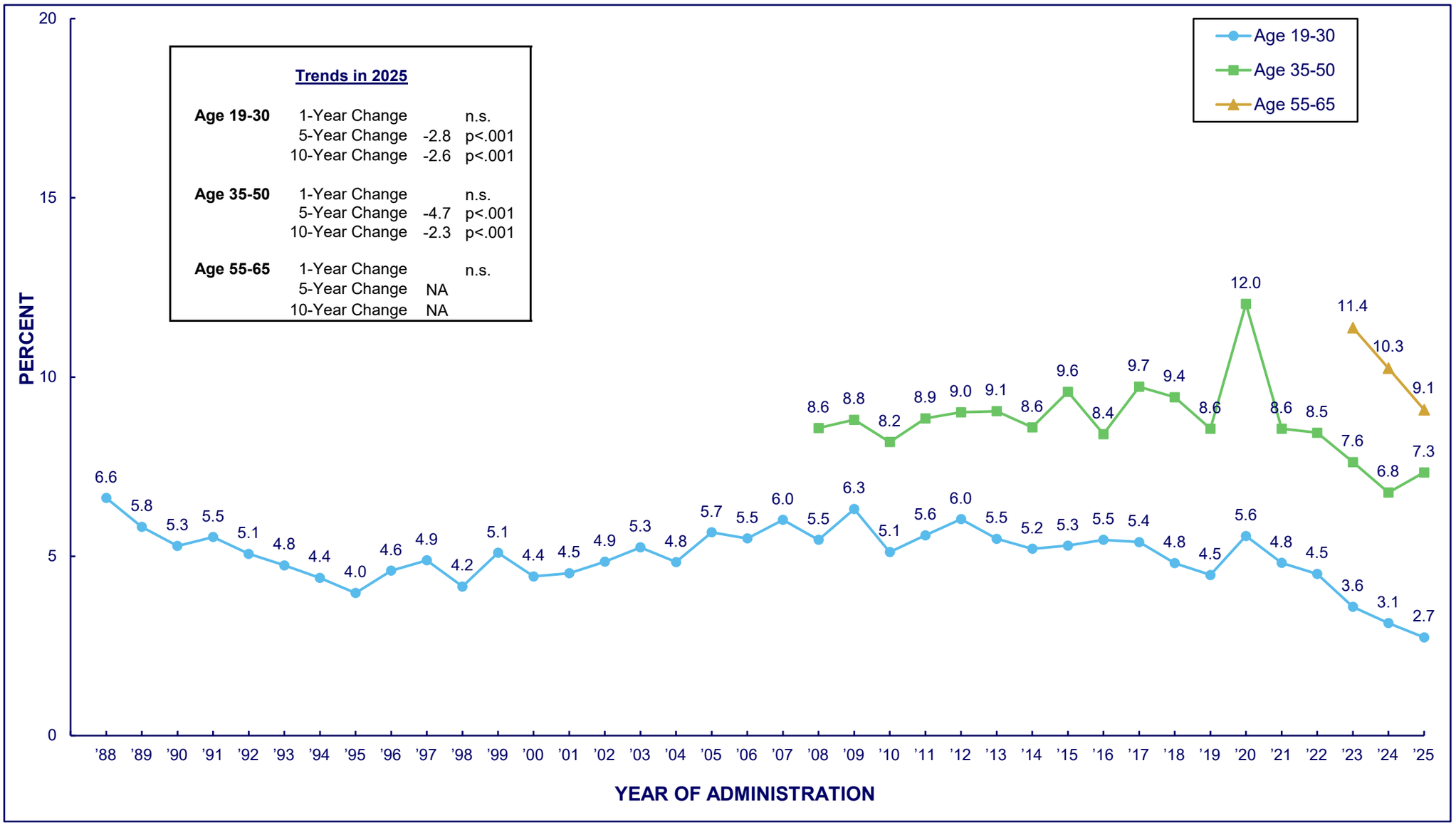
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	68.3													
1977	71.2													
1978	72.1	76.9												
1979	71.8	76.5												
1980	72.0	76.5	79.3											
1981	70.7	77.6	80.8											
1982	69.7	76.1	79.7	79.1										
1983	69.4	74.5	79.8	78.5										
1984	67.2	74.3	79.2	77.7	76.2									
1985	65.9	74.4	76.6	80.2	77.1									
1986	65.3	72.8	77.3	76.7	76.1	74.4								
1987	66.4	72.8	78.3	75.5	77.9	75.2								
1988	63.9	69.2	75.6	75.4	75.4	74.7	73.2							
1989	60.0	69.0	74.6	73.3	73.6	74.3	72.5							
1990	57.1	66.7	74.3	73.4	72.1	71.5	70.6							
1991	54.0	64.8	73.9	73.0	72.7	70.8	70.0							
1992	51.3	62.0	72.0	72.5	69.3	69.6	70.2							
1993	51.0	59.6	70.0	72.1	70.2	69.2	67.3							
1994	50.1	60.7	71.3	69.5	69.7	69.0	67.9	65.7						
1995	51.3	58.9	68.6	71.3	70.3	69.5	67.7	67.1						
1996	50.8	58.0	68.3	69.7	67.7	70.0	67.5	65.2						
1997	52.7	59.6	67.4	67.8	70.4	69.4	66.4	66.0						
1998	52.0	60.4	68.0	69.9	66.5	68.6	65.4	63.0	60.9					
1999	51.0	62.4	68.6	69.2	67.8	69.4	65.7	65.2	64.5					
2000	50.0	56.9	69.4	70.0	67.9	65.3	65.4	64.4	62.4					
2001	49.8	58.8	70.9	70.0	68.2	65.6	65.7	64.5	65.4					
2002	48.6	59.0	70.0	70.8	70.4	68.2	67.4	67.7	65.5					
2003	47.5	57.3	68.0	71.2	68.0	66.4	65.4	64.7	66.1	63.4				
2004	48.0	57.8	70.9	71.8	70.8	67.8	65.0	69.3	64.6	66.1				
2005	47.0	58.2	70.0	69.3	72.3	69.2	65.6	68.2	65.6	64.6				
2006	45.3	57.3	69.7	72.7	68.4	72.4	69.0	62.4	62.3	66.7				
2007	44.4	54.2	73.0	73.3	73.2	69.7	69.0	67.7	66.9	64.0				
2008	43.1	53.4	72.5	73.3	71.4	70.2	73.3	64.5	67.4	67.1	64.4			
2009	43.5	52.2	71.8	77.5	75.6	69.8	71.0	64.3	70.2	67.5	64.8			
2010	41.2	49.7	69.8	72.8	72.8	70.2	68.2	66.5	72.3	67.7	66.4			
2011	40.0	52.4	67.8	73.6	74.5	73.4	69.2	71.0	66.1	65.0	67.7			
2012	41.5	52.4	68.0	71.2	76.2	73.5	68.4	68.0	68.0	71.1	65.3			
2013	39.2	48.9	69.8	71.3	73.7	72.1	70.9	68.9	69.4	67.4	65.6	62.7		
2014	37.4	48.2	68.1	68.6	71.5	76.9	73.2	72.1	66.0	70.6	67.4	64.2		
2015	35.3	48.3	67.9	71.7	69.6	72.8	73.4	71.0	64.7	67.5	68.5	65.5		
2016	33.2	49.0	70.9	73.0	68.7	69.4	75.0	68.7	69.1	68.2	67.4	68.0		
2017	33.2	45.9	71.3	72.1	69.3	68.7	70.6	72.1	69.8	70.3	70.2	67.1		
2018	30.2	43.0	65.6	72.8	71.8	67.7	70.7	72.8	69.1	70.2	63.7	66.5	61.4	
2019	29.3	43.0	68.3	71.9	72.4	70.8	71.7	73.3	71.1	67.5	72.3	65.3	64.6	
2020	33.6	41.7	63.4	66.1	72.2	70.6	69.3	72.5	70.8	66.2	67.2	63.0	61.3	
2021	25.8	46.9	63.2	70.4	73.8	72.3	67.6	72.7	73.1	71.4	65.3	66.6	65.1	
2022	28.4	41.2	65.2	70.0	70.3	68.0	75.0	72.5	73.3	69.2	70.6	70.2	65.5	
2023	24.3	40.9	66.1	67.9	68.2	69.2	69.0	70.0	68.1	71.0	67.1	63.9	62.1	59.1
2024	21.7	38.2	61.3	64.4	67.2	66.0	66.3	64.1	67.1	64.6	63.0	66.5	61.4	61.6
2025	22.3	39.4	58.1	63.1	65.3	67.7	65.0	61.8	63.9	66.9	63.8	62.5	64.2	64.8



TABLE/FIGURE 23

ALCOHOL

Trends in 30-Day Prevalence of Daily Use among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 24

ALCOHOL

Trends in 30-Day Prevalence of Daily Use among Respondents of Modal Ages 18 through 65, by Age Group

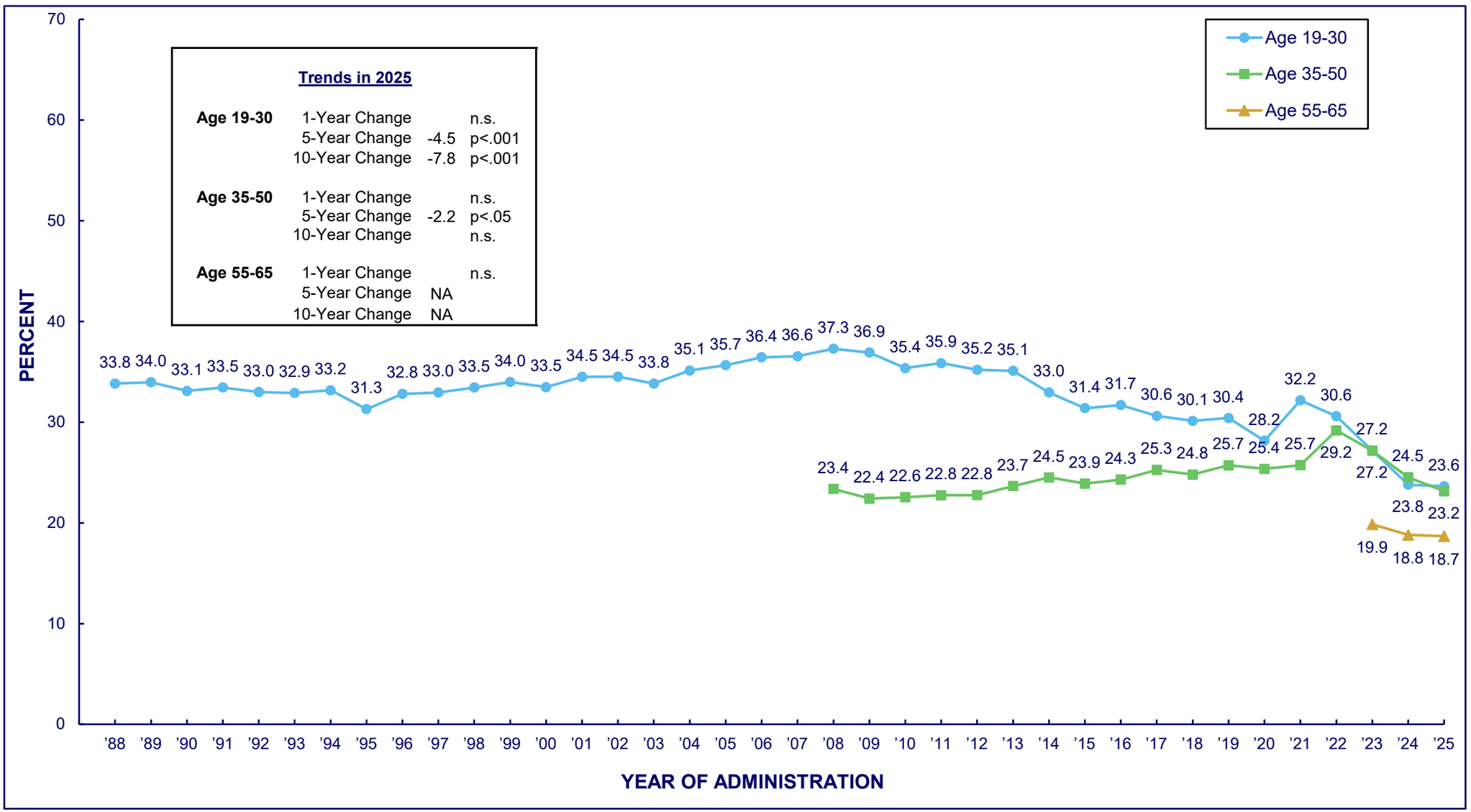
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	5.6													
1977	6.1													
1978	5.7	7.8												
1979	6.9	7.5												
1980	6.0	7.3	8.6											
1981	6.0	7.4	7.9											
1982	5.7	7.9	8.1	8.5										
1983	5.5	5.6	8.2	8.8										
1984	4.8	5.9	8.3	7.4	7.9									
1985	5.0	5.8	6.9	7.4	7.9									
1986	4.8	5.2	6.6	6.7	5.7	7.7								
1987	4.8	6.0	7.2	6.4	7.1	7.4								
1988	4.2	4.9	7.5	6.6	6.8	6.0	8.2							
1989	4.2	4.7	5.2	5.8	6.3	7.0	5.8							
1990	3.7	4.4	4.9	5.9	5.3	4.9	6.2							
1991	3.6	4.1	5.0	5.6	5.1	6.6	6.6							
1992	3.4	3.7	4.5	4.6	6.7	4.7	6.1							
1993	2.5	3.0	4.8	4.8	5.6	5.1	5.0							
1994	2.9	3.6	4.2	4.2	3.4	5.6	5.2	7.9						
1995	3.5	3.1	3.4	4.3	4.1	4.5	4.4	5.9						
1996	3.7	3.0	5.0	6.1	4.4	3.9	5.3	7.8						
1997	3.9	4.9	4.4	4.3	5.4	4.4	6.0	4.9						
1998	3.9	3.5	5.7	4.0	3.9	4.0	3.9	6.5	7.3					
1999	3.4	4.4	6.2	4.9	5.7	4.4	5.1	5.3	7.9					
2000	2.9	3.8	5.9	4.2	3.8	4.5	4.5	5.5	6.9					
2001	3.6	3.8	6.0	4.6	5.6	3.2	3.9	6.2	7.7					
2002	3.5	3.7	5.4	5.3	5.8	4.6	4.1	5.1	7.1					
2003	3.2	4.3	6.1	6.7	4.9	5.5	4.0	4.2	7.9	8.2				
2004	2.8	4.9	6.4	5.7	4.8	3.4	4.3	6.6	6.5	9.0				
2005	3.1	3.6	6.9	5.8	6.4	5.2	6.3	6.4	7.8	8.7				
2006	3.0	4.5	6.2	6.0	5.3	6.2	4.9	4.9	7.8	9.5				
2007	3.1	3.4	7.0	6.8	7.3	6.2	5.7	8.7	6.9	8.9				
2008	2.8	2.3	5.5	6.5	7.1	6.6	4.9	5.5	7.5	10.4	10.6			
2009	2.5	2.4	5.9	7.2	8.7	6.9	7.0	7.0	9.2	9.7	9.3			
2010	2.7	1.7	5.4	4.9	5.2	6.6	7.0	6.5	8.0	7.5	10.5			
2011	2.1	2.4	6.0	5.0	6.7	7.7	5.7	8.7	7.5	8.1	11.2			
2012	2.5	2.3	4.8	7.0	5.5	8.6	8.1	7.0	8.3	9.7	11.0			
2013	2.2	3.0	4.6	5.0	6.3	6.8	7.3	7.0	9.4	8.1	11.3	10.7		
2014	1.9	2.6	4.4	4.7	6.2	5.4	7.8	7.6	7.1	9.1	10.4	10.5		
2015	1.9	2.0	3.7	5.1	5.3	7.1	8.1	9.8	9.0	9.9	9.7	11.2		
2016	1.3	1.7	6.2	3.9	6.0	7.3	7.2	7.8	8.0	7.7	10.0	14.4		
2017	1.6	1.4	6.0	7.0	5.0	7.1	5.4	9.9	9.5	9.6	9.9	11.1		
2018	1.2	1.2	4.1	5.4	5.5	5.5	6.7	9.2	8.8	9.6	10.1	11.0	12.8	
2019	1.7	0.5	4.7	3.8	6.6	4.7	6.2	9.2	7.1	8.2	9.8	11.5	11.9	
2020	2.7	2.2	2.8	5.3	8.2	5.8	8.0	13.3	11.6	12.7	10.6	12.9	12.2	
2021	0.9	1.2	4.2	4.6	5.1	6.0	6.1	8.5	7.7	9.9	8.1	10.2	14.7	
2022	1.5	0.8	2.0	5.2	5.5	5.6	5.9	7.5	9.4	6.6	10.5	10.8	13.0	
2023	0.9	0.9	3.8	2.5	3.3	4.3	5.8	6.6	6.6	8.6	8.6	12.2	11.0	11.0
2024	0.9	0.4	2.0	2.1	3.6	3.5	5.4	5.3	7.9	7.5	6.4	9.8	9.3	11.9
2025	0.9	1.3	1.8	2.3	3.5	2.9	3.4	5.5	8.2	8.0	7.5	7.4	8.3	11.5

MONITORING THE FUTURE

TABLE/FIGURE 25

ALCOHOL

Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 26

ALCOHOL

Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 18 through 65, by Age Group

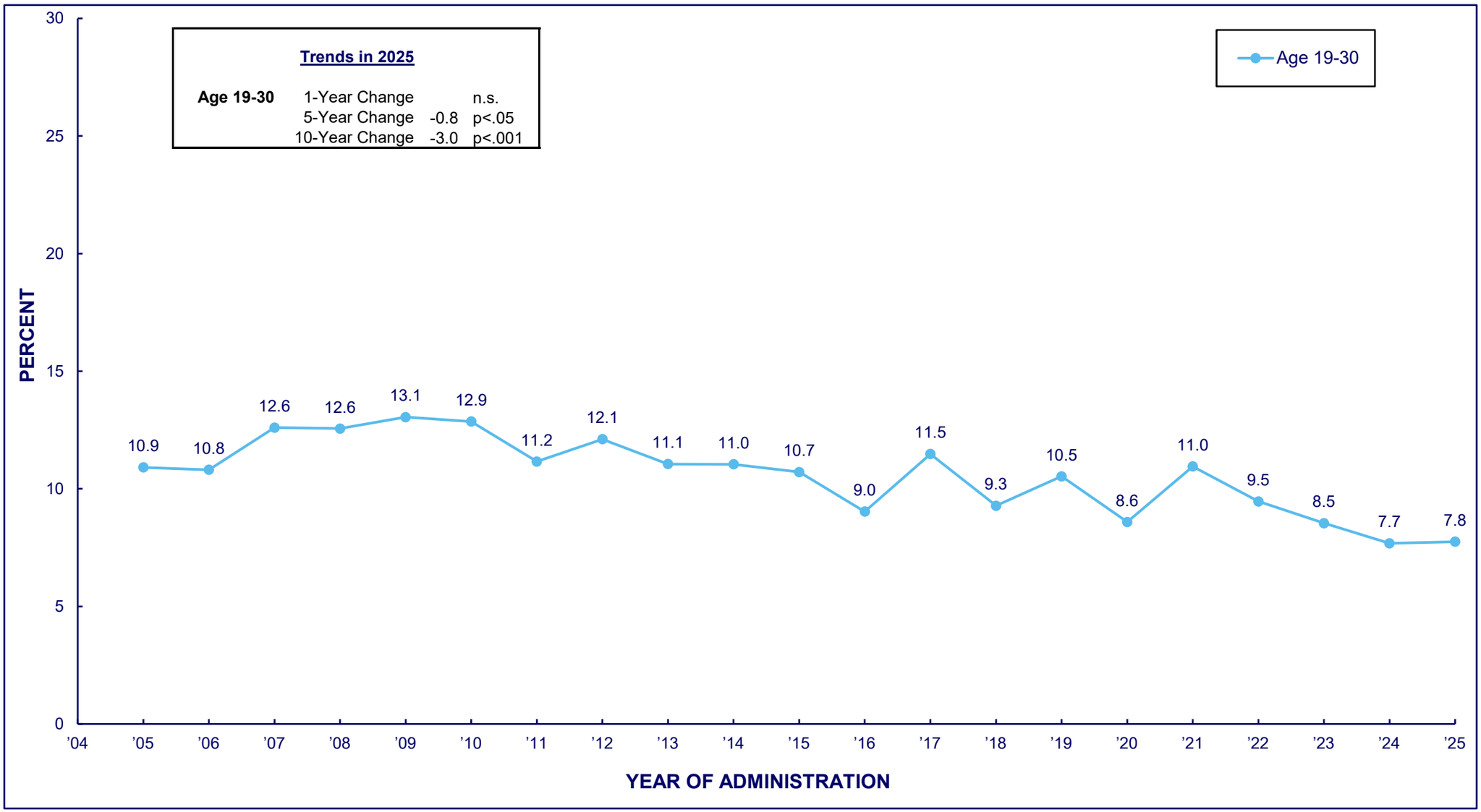
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	37.1													
1977	39.4													
1978	40.3	41.7												
1979	41.2	42.1												
1980	41.2	43.1	41.6											
1981	41.4	43.6	43.8											
1982	40.5	42.3	41.8	38.2										
1983	40.8	41.5	43.1	40.0										
1984	38.7	41.5	41.9	36.0	34.0									
1985	36.7	42.9	41.1	38.3	34.4									
1986	36.8	40.8	40.7	36.3	32.2	30.9								
1987	37.5	37.7	42.4	37.6	34.0	32.4								
1988	34.7	36.6	41.7	36.8	31.6	28.9	27.3							
1989	33.0	36.1	40.9	36.6	33.4	30.4	27.0							
1990	32.2	35.6	37.7	36.3	32.8	30.1	26.7							
1991	29.8	37.2	39.3	35.7	32.8	30.4	25.5							
1992	27.9	35.1	39.3	34.8	32.4	30.2	26.7							
1993	27.5	33.4	39.8	34.6	33.6	30.3	26.4							
1994	28.2	35.2	41.9	33.0	31.8	29.2	28.8	22.5						
1995	29.8	31.4	37.7	34.5	28.2	28.8	27.5	21.1						
1996	30.2	32.7	38.1	37.8	31.4	31.2	26.0	23.0						
1997	31.3	36.8	38.5	32.9	32.0	29.6	28.3	22.6						
1998	31.5	35.0	39.5	35.6	33.3	30.2	27.6	21.7	20.7					
1999	30.8	35.8	40.2	37.5	32.0	32.0	27.0	22.5	21.3					
2000	30.0	34.7	40.9	37.0	33.2	31.1	24.8	24.1	19.1					
2001	29.7	36.4	41.3	39.4	34.0	29.5	27.2	22.5	22.1					
2002	28.6	35.9	39.3	39.0	35.1	29.8	28.7	25.1	21.0					
2003	27.9	34.3	38.8	38.6	35.6	30.5	26.2	25.3	22.2	21.8				
2004	29.2	37.1	39.9	40.0	35.7	31.7	28.0	22.3	21.9	20.6				
2005	27.1	35.5	39.2	39.0	38.9	32.2	30.2	23.5	23.6	20.7				
2006	25.4	34.4	42.5	43.2	36.6	33.5	29.8	22.9	21.5	20.9				
2007	25.9	30.5	45.8	40.8	39.3	33.3	30.1	24.7	22.1	19.6				
2008	24.6	30.8	41.9	44.1	38.8	36.0	32.4	26.2	24.3	22.5	20.5			
2009	25.2	27.7	40.4	42.9	41.4	35.7	33.4	22.6	25.1	23.0	18.7			
2010	23.2	26.7	38.0	39.8	37.8	35.9	33.6	25.0	23.6	23.6	18.4			
2011	21.6	30.6	38.4	39.1	39.3	36.1	31.2	27.0	22.5	21.5	20.1			
2012	23.7	27.5	37.5	38.6	35.9	36.8	35.0	26.2	23.4	21.4	20.2			
2013	22.1	27.4	39.1	36.9	37.7	35.4	33.8	25.2	26.5	21.4	21.9	17.5		
2014	19.4	27.5	34.9	33.8	33.6	35.7	31.8	25.5	23.5	25.5	23.7	18.4		
2015	17.2	23.5	34.0	36.0	33.9	31.4	28.9	30.6	20.3	21.3	23.9	20.0		
2016	15.5	22.3	37.9	33.4	34.7	30.8	30.4	26.1	23.7	24.4	23.2	20.5		
2017	16.6	21.6	39.0	29.8	32.5	32.3	28.6	28.8	26.7	25.0	21.2	18.1		
2018	13.8	18.9	32.7	35.1	32.5	29.0	31.6	30.3	23.2	24.8	21.3	20.0	17.3	
2019	14.4	18.4	34.3	33.8	34.2	31.0	30.9	31.8	22.5	23.5	26.2	23.9	18.2	
2020	16.8	17.7	30.3	30.6	31.5	29.6	27.3	29.1	26.4	24.0	22.3	20.7	17.0	
2021	11.8	25.1	31.3	34.8	35.0	33.1	31.3	27.6	28.9	23.8	23.0	22.8	18.5	
2022	12.6	19.0	28.6	29.7	32.6	34.2	32.9	31.6	31.2	26.9	27.3	21.5	18.3	
2023	10.2	15.0	27.7	28.0	29.8	30.6	28.1	27.8	27.9	25.9	27.1	22.1	20.0	17.4
2024	8.8	15.5	26.1	22.4	26.9	22.0	27.7	24.7	29.9	23.8	20.6	21.9	19.4	14.9
2025	8.7	12.6	22.6	28.2	24.6	25.6	24.2	23.9	22.9	25.9	20.1	20.0	20.4	15.8

MONITORING THE FUTURE

TABLE/FIGURE 27

ALCOHOL

Trends in Two-Week Prevalence of High-Intensity Drinking (10+ Drinks in a Row) among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 28

ALCOHOL

Trends in 2-Week Prevalence of High Intensity Drinking (10+ Drinks in a Row) among Respondents of Modal Ages 18 through 30, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
2005	10.6	13.1	12.6	11.2	14.7	9.2	5.0
2006	12.9	13.4	15.5	11.4	10.3	8.3	6.3
2007	11.1	12.2	19.8	15.3	9.3	11.6	7.5
2008	10.4	12.5	12.5	16.3	13.1	11.7	9.3
2009	10.6	10.8	16.5	15.2	14.5	9.2	11.8
2010	9.9	8.7	13.9	14.1	15.2	11.2	13.9
2011	9.8	10.3	12.5	11.9	13.7	12.0	6.3
2012	10.4	10.5	15.8	13.8	8.0	9.8	15.0
2013	8.1	6.9	11.9	8.7	14.1	10.8	13.6
2014	7.1	13.7	10.3	9.6	10.5	10.8	11.5
2015	6.1	7.3	15.3	10.2	10.8	11.3	8.9
2016	4.4	7.5	11.5	8.5	9.4	6.8	10.6
2017	6.0	8.9	15.2	11.4	11.1	14.5	7.9
2018	4.6	7.1	8.5	10.9	11.7	8.9	8.4
2019	5.3	8.0	11.7	11.9	10.4	9.0	12.4
2020	—	8.2	9.8	8.3	11.0	7.7	6.7
2021	3.2	10.0	10.2	11.7	12.3	10.0	11.2
2022	4.3	5.9	7.0	11.9	8.7	11.1	10.4
2023	2.2	3.6	10.5	7.3	7.5	12.7	8.9
2024	3.0	6.0	8.1	9.0	8.9	6.1	7.6
2025	1.9	5.0	7.5	11.8	11.0	6.7	4.0

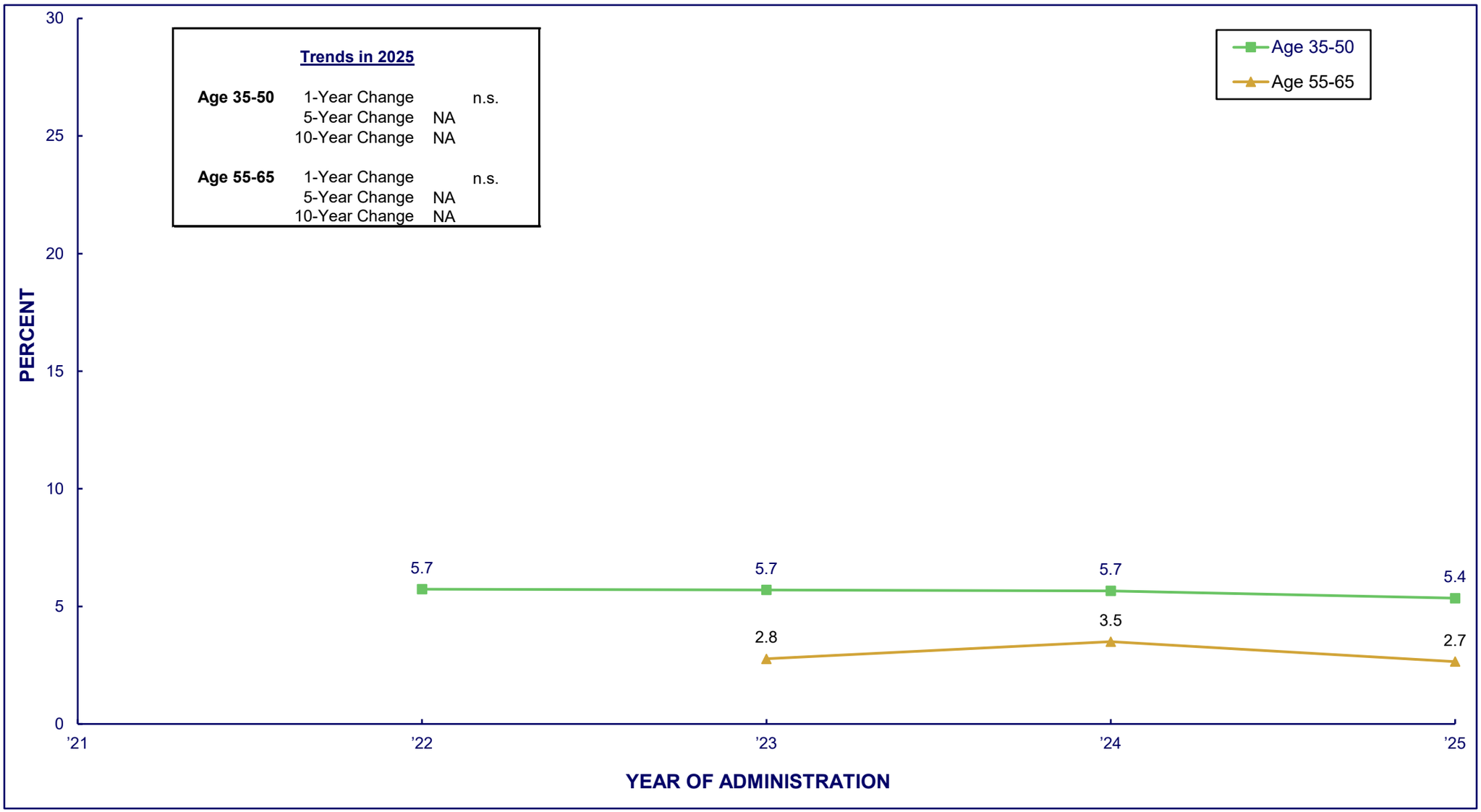
Notes. **' — ' indicates data not available.**

MONITORING THE FUTURE

TABLE/FIGURE 29

ALCOHOL

Trends in 30-Day Prevalence of High-Intensity Drinking (10+ Drinks in a Row) among Respondents of Modal Ages 35 through 65



(Age-specific data provided in the following table.)

TABLE/FIGURE 30

ALCOHOL

Trends in 30-Day Prevalence of High Intensity Drinking (10+ Drinks in a Row) among Respondents of Modal Ages 35 through 65, by Age Group

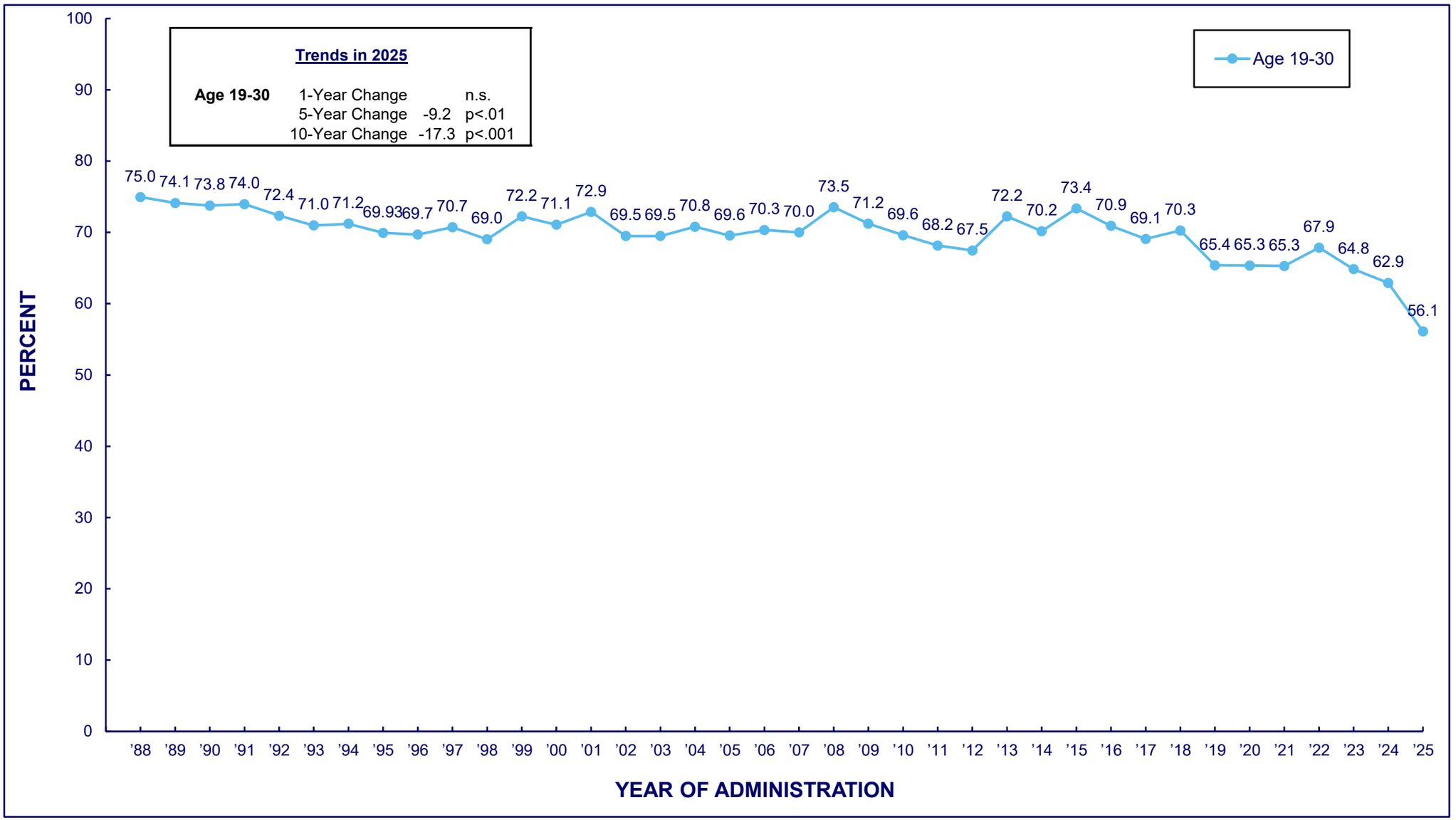
Year	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2022	6.4	6.9	5.0	4.7	5.0	3.2	
2023	4.9	7.0	4.8	6.2	4.0	2.7	1.7
2024	7.0	6.2	5.5	4.3	5.2	3.1	2.2
2025	6.6	6.1	5.4	3.8	2.8	3.2	1.9



TABLE/FIGURE 31

BEER

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 32

BEER

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 30, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
1976	75.2						
1977	77.0						
1978	77.0	78.3					
1979	79.3	77.5					
1980	78.2	78.4	78.5				
1981	78.0	81.9	80.6				
1982	76.4	81.6	81.4	75.8			
1983	78.4	81.0	81.0	78.2			
1984	76.7	81.1	81.6	74.9	76.3		
1985	74.5	81.2	76.7	82.7	77.1		
1986	74.0	74.7	78.5	77.0	78.1	78.2	
1987	75.2	76.1	79.2	77.6	80.5	75.1	
1988	73.1	76.0	76.9	77.9	73.4	74.5	70.9
1989	69.7	68.7	73.0	77.2	78.8	77.2	69.8
1990	68.7	74.8	75.6	76.9	73.3	72.6	69.7
1991	65.9	71.8	73.4	73.4	74.5	74.5	75.7
1992	62.9	68.6	78.4	72.8	73.8	72.5	67.6
1993	63.9	72.2	72.9	70.1	71.6	67.2	72.1
1994	62.1	66.6	71.5	78.0	66.1	74.9	69.6
1995	64.8	67.2	73.0	75.2	68.6	68.2	68.2
1996	66.8	62.7	72.9	67.3	73.7	67.8	72.3
1997	64.4	64.7	70.9	73.7	72.3	71.4	70.9
1998	65.0	64.1	68.5	68.4	69.2	73.4	69.6
1999	63.4	70.8	71.9	73.5	74.5	73.9	69.5
2000	62.3	63.2	74.5	74.8	68.4	72.6	72.6
2001	61.8	67.0	77.5	74.6	70.8	75.2	71.7
2002	59.3	68.2	70.4	74.6	77.8	64.4	62.2
2003	59.4	65.6	68.0	70.0	75.9	66.2	70.5
2004	58.6	66.6	73.7	76.1	71.8	71.8	65.1
2005	56.0	63.7	71.5	70.0	68.5	73.9	70.1
2006	55.1	63.4	73.5	75.3	73.8	69.9	67.5
2007	55.4	57.7	78.1	72.8	70.5	71.7	69.8
2008	54.3	61.6	77.3	74.6	73.8	78.2	76.2
2009	55.3	62.3	70.1	73.9	78.0	73.4	69.9
2010	52.8	59.4	67.1	75.2	73.2	68.2	75.1
2011	51.5	60.8	72.9	63.5	69.4	72.9	69.5
2012	52.3	59.2	68.0	65.0	76.9	65.8	69.8
2013	50.2	63.3	73.3	76.4	72.1	72.8	75.2
2014	48.3	60.0	69.1	76.3	68.8	75.9	70.8
2015	43.4	61.2	78.7	78.9	76.8	70.4	72.8
2016	41.9	60.2	81.2	72.3	66.6	63.8	79.9
2017	43.4	51.4	61.2	76.5	75.2	76.9	70.3
2018	42.1	56.7	68.5	82.0	76.7	70.1	65.7
2019	41.5	39.7	60.9	66.1	75.1	77.4	73.5
2020	—	40.9	65.4	70.8	73.2	70.9	65.8
2021	32.1	37.9	59.9	70.7	73.9	72.1	67.4
2022	33.6	52.8	70.4	71.0	66.2	68.6	68.0
2023	31.7	48.4	54.2	60.9	66.8	76.4	73.3
2024	23.1	48.5	58.6	54.2	76.0	66.6	65.3
2025	20.1	54.9	50.1	49.4	53.3	51.9	73.3

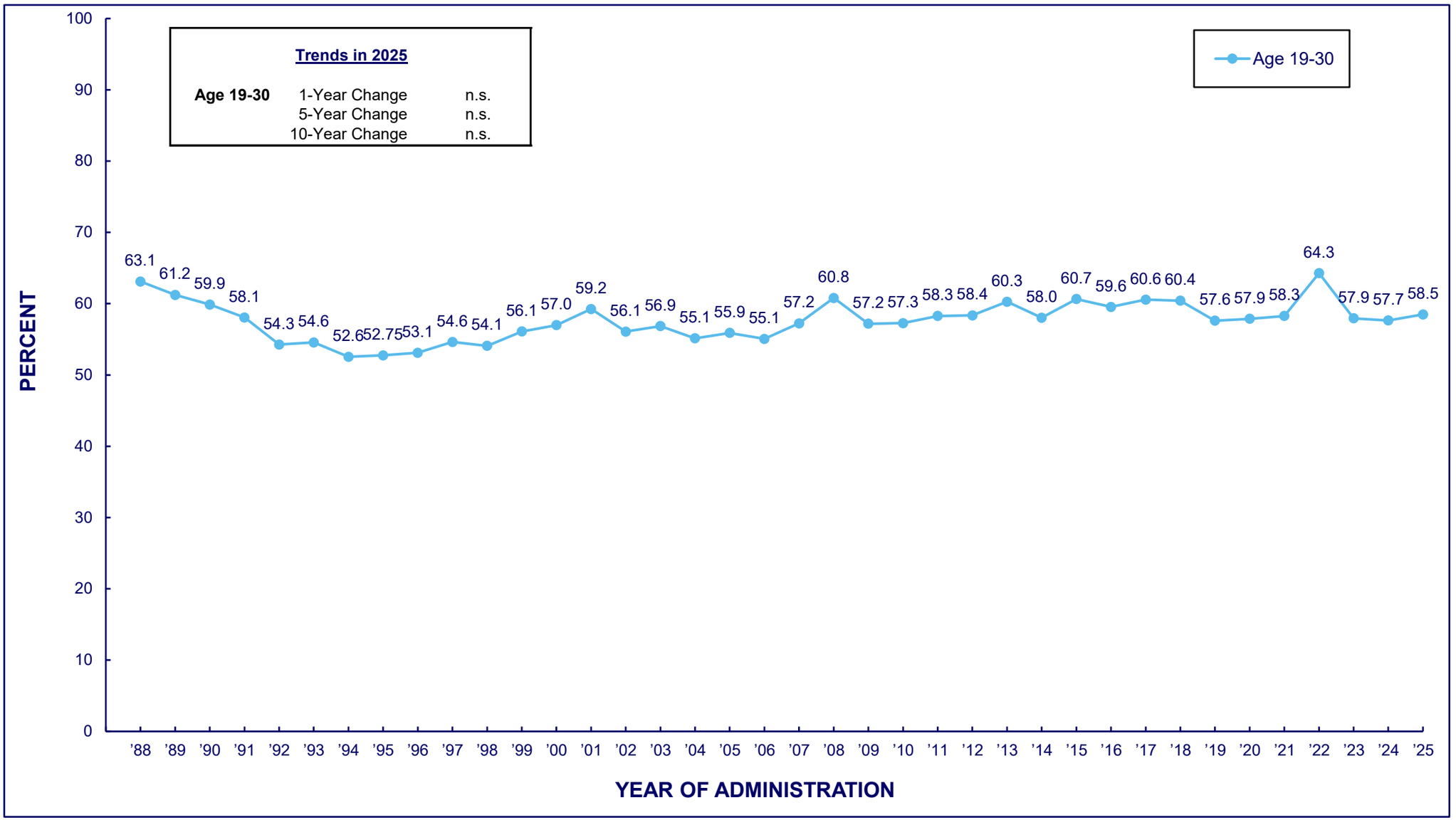
Notes. ' * ' indicates a percentage of less than 0.05%. ' — ' indicates data not available.

MONITORING THE FUTURE

TABLE/FIGURE 33

WINE

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 34

WINE

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 30, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
1976	67.0						
1977	69.0						
1978	69.3	74.4					
1979	68.2	71.2					
1980	71.4	73.4	75.7				
1981	68.7	74.8	78.0				
1982	68.5	74.8	77.9	76.4			
1983	68.8	74.1	79.5	77.4			
1984	67.1	69.9	73.4	72.1	75.9		
1985	67.4	69.0	71.3	78.7	76.6		
1986	65.2	72.5	71.4	71.3	77.6	75.5	
1987	66.8	67.6	69.9	69.1	77.5	71.0	
1988	52.6	58.8	57.1	62.8	67.2	65.9	66.4
1989	50.5	54.1	56.0	62.5	65.0	67.4	61.9
1990	45.2	52.9	58.7	56.7	62.3	63.7	63.8
1991	44.0	50.7	55.3	53.6	62.7	59.5	65.2
1992	41.4	45.5	55.0	56.7	52.7	55.7	57.8
1993	40.4	43.2	55.6	54.6	55.1	57.6	59.2
1994	41.8	40.1	49.6	54.6	58.0	49.9	60.5
1995	41.4	36.5	50.4	57.0	55.2	54.2	61.1
1996	44.3	46.2	48.7	49.8	59.1	59.7	52.7
1997	44.6	43.3	50.7	52.2	63.1	62.0	53.8
1998	43.7	51.2	46.9	49.0	55.1	58.5	61.1
1999	44.2	54.0	48.6	59.2	55.8	63.5	55.3
2000	45.1	42.8	59.6	61.9	53.6	56.4	65.3
2001	40.7	55.8	55.1	60.6	59.9	56.7	66.2
2002	38.3	46.9	55.8	57.0	63.9	57.1	55.4
2003	36.5	45.7	54.5	61.8	61.2	61.2	54.5
2004	37.6	44.3	45.5	60.6	58.9	62.4	57.1
2005	36.5	39.3	52.4	62.9	62.0	60.3	59.0
2006	33.1	46.7	55.4	53.0	57.4	55.2	63.3
2007	35.2	36.2	60.0	63.5	64.7	63.7	57.1
2008	32.8	37.8	61.2	63.4	71.5	66.8	65.9
2009	30.2	43.7	53.6	57.0	58.6	62.6	67.9
2010	28.7	34.3	53.9	61.5	60.0	69.3	66.3
2011	30.5	41.4	62.8	57.8	60.8	61.2	66.3
2012	29.4	38.1	48.1	61.6	71.4	67.9	64.3
2013	29.4	39.7	52.9	66.0	68.3	63.7	70.7
2014	29.3	36.4	51.8	58.1	66.1	72.4	62.6
2015	23.5	43.5	62.2	57.6	68.1	62.2	67.9
2016	26.4	47.8	55.9	62.2	65.1	52.1	72.8
2017	28.4	35.2	62.0	66.6	65.0	70.9	62.0
2018	23.7	33.8	56.8	72.5	64.6	69.1	61.4
2019	25.3	27.9	67.2	56.6	56.8	65.6	70.8
2020	—	37.2	52.8	58.1	60.9	67.2	66.3
2021	21.1	30.7	52.5	61.2	69.0	65.5	61.2
2022	25.6	38.5	61.9	65.5	63.9	68.5	69.5
2023	23.0	45.3	44.8	56.7	66.6	64.2	61.6
2024	16.5	35.7	51.5	54.5	64.2	60.2	65.1
2025	15.9	50.0	54.4	52.7	52.6	64.8	68.9

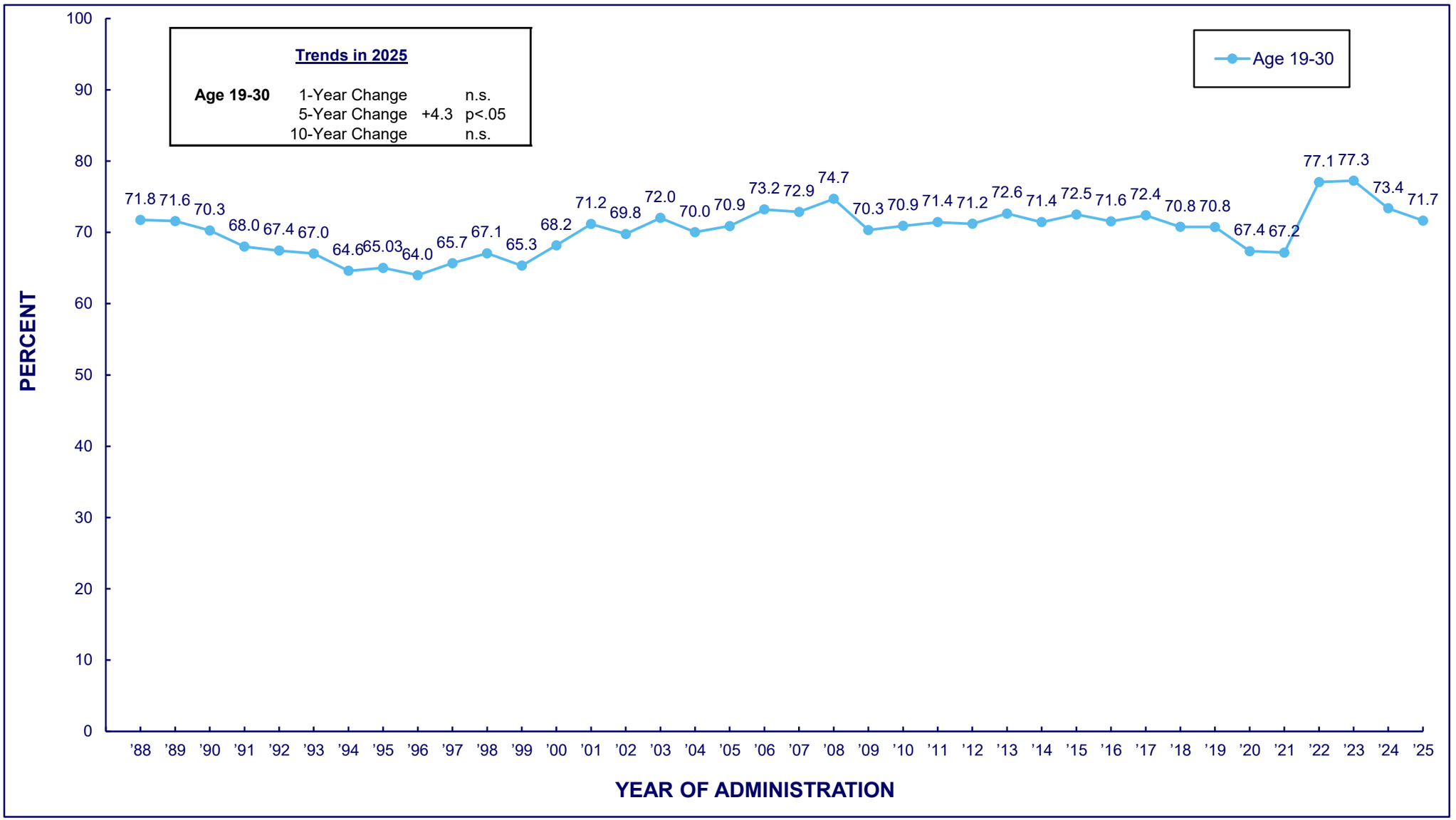
Notes. ' * ' indicates a percentage of less than 0.05%. ' — ' indicates data not available.

MONITORING THE FUTURE

TABLE/FIGURE 35

LIQUOR

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 36

LIQUOR

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 30, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
1976	69.2						
1977	69.8						
1978	72.4	77.8					
1979	71.7	77.6					
1980	73.3	79.4	80.7				
1981	70.7	78.9	81.6				
1982	70.6	77.7	83.5	79.7			
1983	72.0	73.9	83.6	81.4			
1984	67.6	76.9	77.5	78.5	75.4		
1985	64.2	74.1	77.2	85.5	79.8		
1986	66.0	70.5	76.5	76.5	80.7	74.0	
1987	65.8	69.1	75.2	72.8	78.3	74.3	
1988	62.4	70.5	70.1	72.8	75.3	71.7	69.7
1989	61.2	65.9	72.4	74.5	70.0	77.0	70.2
1990	57.6	67.3	71.0	73.6	73.1	67.8	68.8
1991	57.1	65.9	69.1	70.8	64.7	65.9	71.4
1992	54.2	60.7	74.0	72.8	64.2	66.7	65.0
1993	54.6	63.7	70.0	70.0	66.8	67.2	64.4
1994	56.6	60.6	63.9	69.0	65.2	61.6	66.6
1995	56.7	61.8	69.8	70.9	65.7	58.9	64.2
1996	60.9	60.4	68.4	68.2	67.0	61.9	58.9
1997	59.9	62.0	68.7	68.6	70.7	65.4	59.5
1998	62.8	69.6	72.3	70.4	63.3	65.2	63.2
1999	61.6	67.7	69.0	68.0	67.5	63.7	58.2
2000	60.6	62.9	74.4	79.6	66.3	62.3	64.9
2001	59.5	75.1	75.3	71.5	71.6	66.1	68.4
2002	60.4	65.8	74.5	78.3	79.0	60.7	61.7
2003	58.6	68.1	78.3	72.7	74.4	76.9	61.5
2004	58.5	61.3	76.0	76.8	73.5	72.2	60.8
2005	58.7	64.0	76.8	77.6	69.4	69.6	69.8
2006	57.1	65.0	78.2	76.1	75.4	72.5	73.4
2007	57.0	59.1	83.9	82.2	76.4	70.5	67.2
2008	58.1	61.8	74.9	80.7	78.2	77.3	76.5
2009	57.5	60.6	72.0	73.8	71.9	75.6	68.3
2010	53.8	59.9	69.8	75.3	69.9	77.1	74.3
2011	53.5	57.4	79.6	74.9	73.6	69.9	73.1
2012	54.2	59.0	66.6	72.4	78.5	80.7	70.7
2013	53.4	64.4	72.0	75.6	79.3	72.3	71.9
2014	52.4	60.8	72.8	70.7	73.8	81.3	68.2
2015	47.3	63.0	78.4	79.0	75.7	72.7	65.4
2016	46.2	59.8	70.8	79.2	71.2	68.6	78.4
2017	49.0	55.6	67.5	85.8	76.0	75.9	72.4
2018	43.9	60.5	68.4	84.2	74.6	71.8	64.0
2019	42.5	49.9	71.5	73.2	79.5	78.5	73.1
2020	—	40.9	71.2	71.6	69.5	79.2	66.9
2021	36.4	43.9	62.4	67.4	75.3	77.0	68.9
2022	39.6	61.1	86.8	81.4	70.1	75.2	76.6
2023	36.0	81.7	76.1	68.9	76.0	79.1	84.6
2024	29.3	56.7	71.7	75.5	81.2	72.5	73.1
2025	26.3	72.9	68.8	64.0	68.5	79.4	73.7

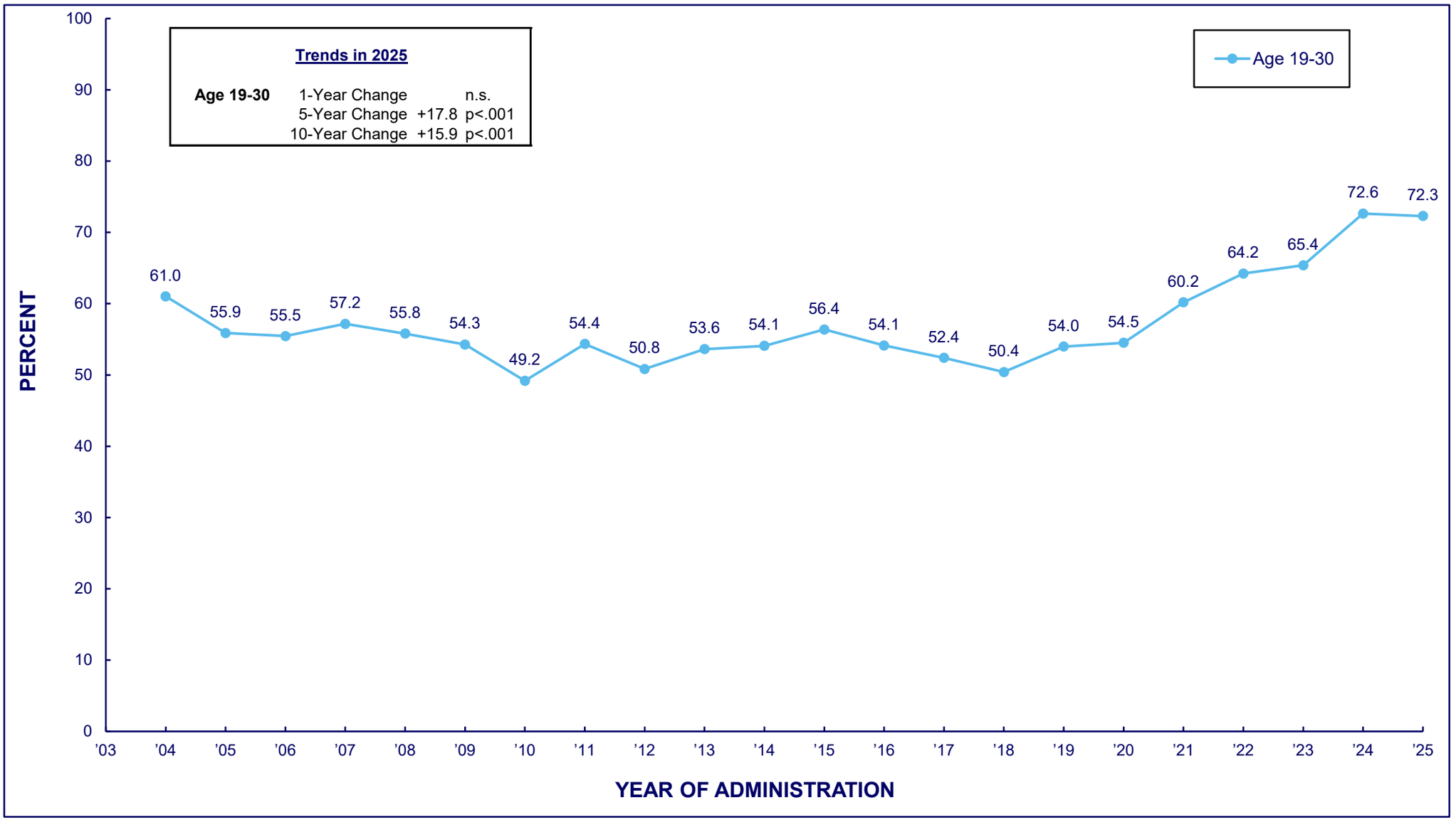
Notes. ' * ' indicates a percentage of less than 0.05%. ' — ' indicates data not available.

MONITORING THE FUTURE

TABLE/FIGURE 37

FLAVORED ALCOHOLIC BEVERAGES

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 38

FLAVORED ALCOHOLIC BEVERAGES

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 30, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
2003	55.2						
2004	55.8	59.7	63.9	63.4	61.1	63.4	55.6
2005	58.4	56.1	59.4	63.4	54.2	52.7	50.7
2006	54.7	60.2	64.9	55.3	53.0	54.5	46.0
2007	53.6	62.6	61.8	61.1	56.2	52.5	49.0
2008	51.8	53.2	62.2	66.3	50.9	51.3	51.3
2009	53.4	62.0	65.8	55.4	57.5	40.5	44.0
2010	47.9	57.2	56.1	54.1	48.3	37.6	40.6
2011	47.0	62.3	58.1	59.8	46.9	54.0	43.9
2012	44.4	52.0	62.3	51.8	55.9	44.8	36.9
2013	44.2	54.1	61.8	54.9	55.8	49.1	44.5
2014	43.6	49.0	67.7	60.0	49.2	51.7	46.2
2015	42.8	52.7	70.5	64.2	52.7	46.7	52.3
2016	40.0	48.6	73.2	57.8	59.5	35.6	52.1
2017	39.6	51.5	69.0	63.7	51.9	40.8	40.1
2018	38.4	41.9	62.7	65.2	56.7	43.2	34.2
2019	37.5	37.5	64.2	63.5	61.6	55.6	40.4
2020	—	47.7	65.3	59.6	55.4	52.6	46.7
2021	32.1	51.6	58.0	62.0	62.2	66.7	56.4
2022	37.5	58.3	72.4	70.0	74.6	54.1	55.2
2023	36.1	53.9	62.8	66.7	63.4	70.3	69.8
2024	27.3	68.9	75.7	73.6	74.5	76.0	66.6
2025	29.2	80.9	75.7	65.4	73.9	72.0	70.3

Notes. ' * ' indicates a percentage of less than 0.05%. ' — ' indicates data not available.

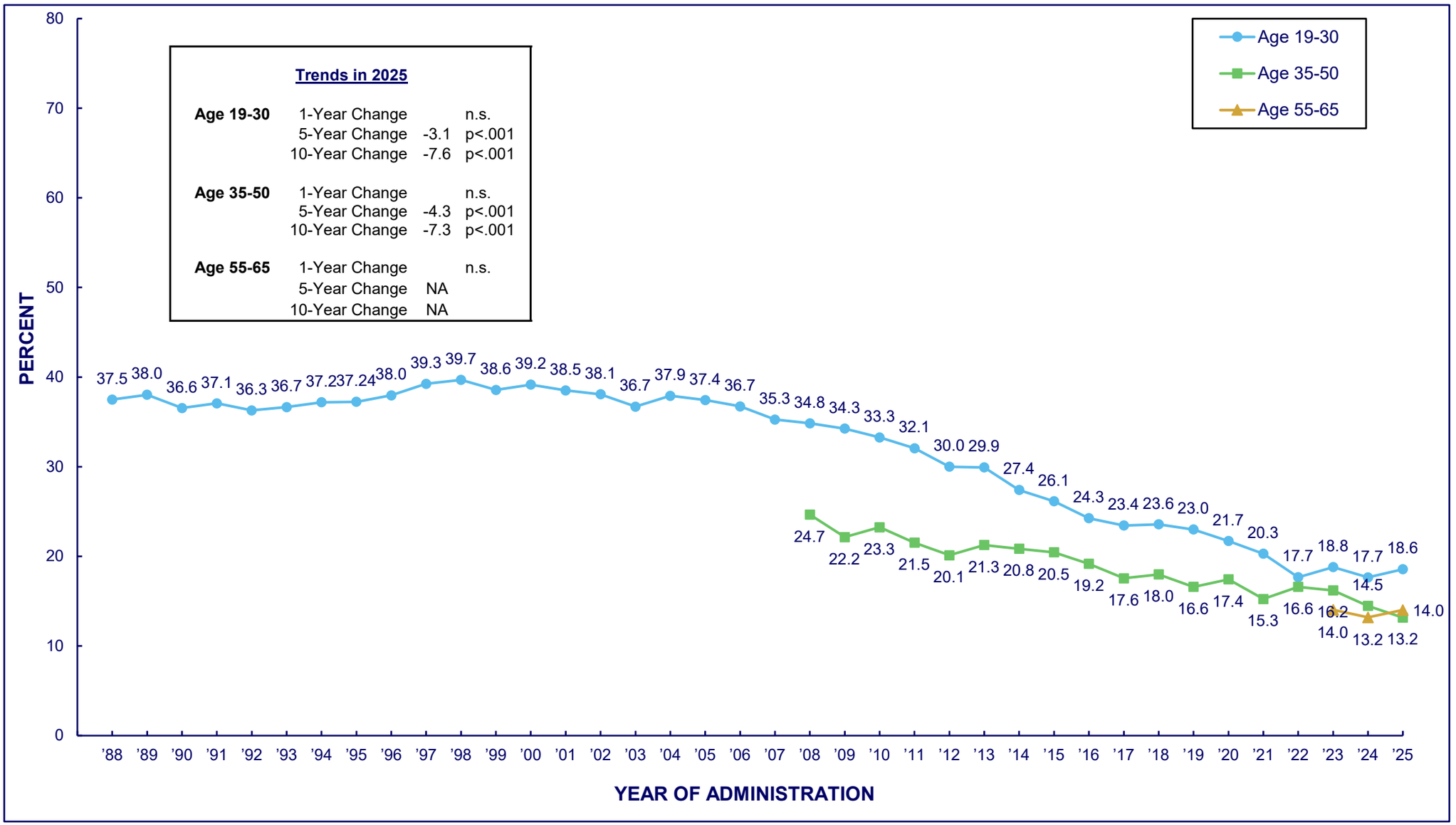


TABLE/FIGURE 39

CIGARETTES

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



(Age-specific data provided in the following table.)

TABLE/FIGURE 40

CIGARETTES

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

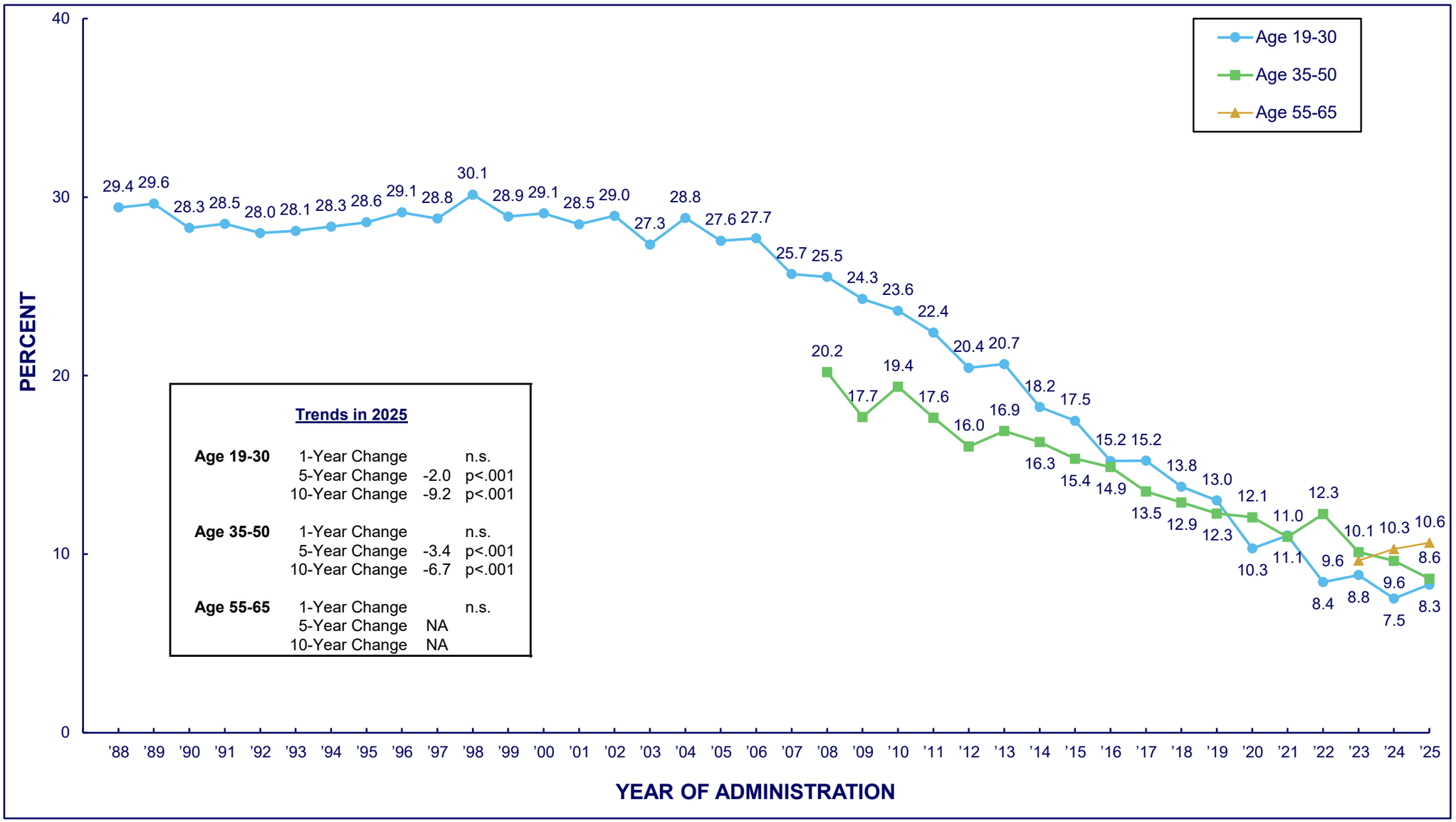
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1978		49.7												
1979		51.3												
1980		47.9	47.3											
1981		45.1	47.6											
1982		45.1	46.0	44.5										
1983		45.0	43.7	45.3										
1984		43.9	42.2	41.8	41.4									
1985		43.6	43.8	39.7	42.2									
1986		43.3	41.1	39.6	39.5	39.7								
1987		43.4	43.4	41.3	36.0	38.2								
1988		41.6	40.6	36.9	35.6	35.3	35.1							
1989		41.9	39.4	39.5	37.9	33.8	35.9							
1990		40.4	39.4	37.7	36.1	32.7	33.3							
1991		42.0	39.5	37.3	36.5	35.6	31.7							
1992		41.5	40.4	37.4	34.0	34.6	30.4							
1993		42.4	41.4	36.0	35.2	32.6	33.0							
1994		45.3	41.2	37.8	34.8	33.3	31.4	29.7						
1995		44.3	41.8	37.3	35.6	32.9	31.7	29.5						
1996		45.8	44.5	39.8	35.5	32.6	29.9	32.0						
1997		48.1	44.0	38.6	39.0	34.3	32.1	28.3						
1998		47.0	45.4	42.8	38.6	34.0	31.0	29.7	27.4					
1999		47.7	43.9	42.8	34.5	31.8	31.4	29.5	27.8					
2000		45.0	45.1	41.6	38.0	35.6	30.5	29.1	27.5					
2001		43.3	45.8	41.5	39.7	32.7	29.2	27.3	27.3					
2002		42.0	42.7	41.3	37.3	34.0	32.0	30.1	23.5					
2003		40.0	39.8	40.0	35.5	35.2	30.7	27.2	27.4	26.2				
2004		41.8	43.3	42.1	39.0	33.1	29.8	27.0	25.8	24.3				
2005		39.4	39.8	39.2	40.9	35.3	30.9	27.1	25.3	25.8				
2006		36.3	39.7	38.7	38.4	35.6	32.2	25.4	23.2	22.9				
2007		34.4	38.1	38.0	36.5	34.6	30.4	25.0	23.8	21.7				
2008		32.3	37.0	38.6	33.6	35.6	31.9	29.4	24.2	22.5	22.9			
2009		32.1	36.7	36.3	34.5	32.4	33.2	23.9	20.3	23.3	20.9			
2010		30.6	35.2	34.8	34.9	32.1	31.8	26.2	20.9	23.3	22.7			
2011		31.1	35.2	34.7	33.4	29.4	28.0	28.8	17.6	19.0	21.0			
2012		26.7	29.9	32.4	32.9	30.8	26.9	24.6	16.7	20.0	19.2			
2013		28.2	32.4	31.7	30.8	29.2	26.9	23.0	23.2	19.2	19.9	17.8		
2014		25.9	27.6	28.9	25.7	28.8	27.4	27.2	18.5	18.9	19.2	18.5		
2015		26.9	27.9	27.7	28.5	25.9	20.3	26.9	19.7	15.5	20.3	18.4		
2016		17.4	27.5	25.9	25.6	23.2	25.4	24.1	20.1	15.6	17.6	16.9		
2017		17.9	27.1	25.6	26.6	24.1	19.0	20.3	20.4	13.0	16.7	16.5		
2018		19.0	23.4	29.1	23.1	24.2	22.6	21.6	18.9	17.5	14.3	18.4	15.9	
2019		17.0	25.9	22.9	26.1	23.8	22.4	19.6	18.0	13.8	15.6	16.4	14.6	
2020		18.9	21.7	23.4	25.0	21.9	19.1	20.7	18.0	18.7	12.6	15.9	16.1	
2021		17.0	18.3	20.2	21.6	22.8	20.6	16.7	15.8	14.0	14.6	15.2	13.7	
2022		12.3	18.4	20.4	17.2	17.6	17.5	19.6	18.1	16.6	12.2	13.9	14.8	
2023		14.5	21.9	18.5	19.5	18.8	19.2	18.3	15.3	14.3	16.8	14.4	13.9	13.8
2024	7.1	14.7	20.2	18.5	18.5	17.9	16.5	15.3	15.1	14.2	13.5	13.1	14.2	12.2
2025	8.2	16.6	19.8	21.8	18.5	19.2	16.1	14.3	11.7	14.7	12.1	10.5	17.2	14.9

MONITORING THE FUTURE

TABLE/FIGURE 41

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 42

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

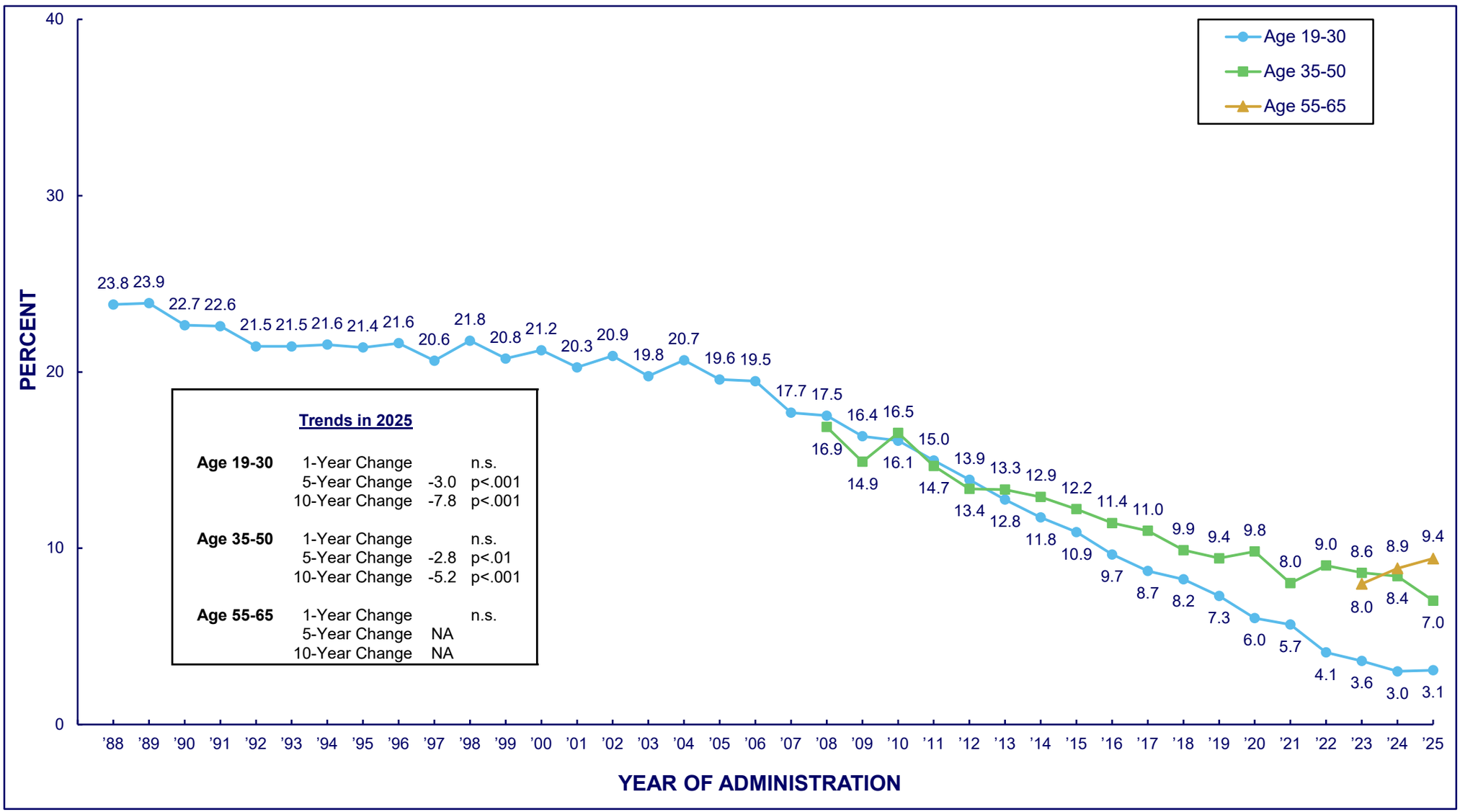
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	38.8													
1977	38.4													
1978	36.7	39.2												
1979	34.4	39.1												
1980	30.5	37.0	38.0											
1981	29.4	34.6	37.0											
1982	30.0	33.7	36.7	37.5										
1983	30.3	33.3	33.8	36.0										
1984	29.3	32.4	33.6	34.6	33.8									
1985	30.1	31.3	33.3	32.5	34.9									
1986	29.6	30.6	32.2	31.2	31.7	33.7								
1987	29.4	30.1	32.7	32.7	28.8	32.0								
1988	28.7	28.3	30.3	30.1	28.6	29.5	29.7							
1989	28.6	28.2	29.8	30.3	30.8	28.3	30.3							
1990	29.4	27.1	28.7	28.8	29.1	27.5	28.4							
1991	28.3	28.2	28.5	28.7	30.1	29.8	25.5							
1992	27.8	30.1	28.9	28.6	27.7	28.5	24.5							
1993	29.9	28.9	29.7	27.8	28.3	26.4	27.6							
1994	31.2	32.6	30.2	27.4	27.2	26.6	26.2	25.9						
1995	33.5	32.7	31.1	28.5	26.3	27.6	25.6	26.2						
1996	34.0	34.2	32.9	30.4	27.2	26.4	24.1	27.0						
1997	36.5	33.9	31.4	28.3	28.4	25.4	25.7	22.9						
1998	35.1	34.0	33.3	32.2	30.8	26.2	24.9	25.1	24.1					
1999	34.6	35.9	32.8	32.6	25.9	23.2	23.6	23.7	24.5					
2000	31.4	32.0	34.5	30.6	29.1	26.6	22.3	24.9	23.5					
2001	29.5	31.9	33.6	31.4	28.8	24.8	21.1	21.3	24.1					
2002	26.7	30.4	32.4	32.9	27.8	25.4	25.3	24.1	19.7					
2003	24.4	28.3	29.5	29.9	27.4	26.5	23.0	20.4	24.1	22.0				
2004	25.0	29.0	31.8	33.3	31.1	26.1	22.6	20.4	21.1	21.0				
2005	23.2	26.5	29.4	28.4	31.2	27.0	23.2	21.1	21.6	22.5				
2006	21.6	26.1	29.0	28.4	30.3	27.4	25.2	18.3	18.6	19.8				
2007	21.6	21.6	28.2	28.3	26.9	26.2	23.1	18.6	19.4	18.4				
2008	20.4	21.2	26.5	28.2	24.5	27.8	24.9	22.2	19.1	19.7	19.8			
2009	20.1	20.9	25.3	24.8	25.4	24.4	24.9	17.9	16.1	19.0	17.6			
2010	19.2	20.6	23.1	24.3	24.4	23.2	26.0	20.0	17.8	19.6	20.0			
2011	18.7	19.4	24.2	22.9	24.6	21.9	21.1	21.8	15.3	16.2	17.4			
2012	17.1	16.9	20.3	20.5	22.3	22.9	19.7	18.9	12.9	16.4	15.8			
2013	16.3	18.7	22.3	21.6	20.4	21.4	19.2	18.1	19.0	13.9	16.8	14.7		
2014	13.6	15.9	18.2	18.8	16.5	20.2	19.7	19.4	14.2	16.2	15.5	15.2		
2015	11.4	17.0	18.8	19.3	19.3	15.6	14.9	19.0	14.7	11.5	16.5	15.6		
2016	10.5	9.7	16.1	16.0	16.4	15.6	16.9	17.3	14.8	12.9	15.0	14.5		
2017	9.7	9.7	17.9	17.5	18.2	15.9	12.0	15.5	14.5	9.9	14.1	13.1		
2018	7.6	11.2	12.4	16.8	14.2	13.9	13.9	12.3	13.2	14.4	11.6	15.3	13.9	
2019	5.7	8.2	13.3	10.8	15.2	15.4	14.7	13.0	13.8	11.5	11.0	13.2	12.2	
2020	7.5	8.1	7.8	11.4	11.7	10.9	11.5	12.0	13.0	13.4	9.9	12.1	13.1	
2021	4.1	7.2	8.3	9.4	11.3	15.0	13.2	12.4	11.1	9.0	11.4	11.4	10.0	
2022	4.0	5.1	7.8	10.6	8.8	8.2	8.4	13.8	13.8	13.2	8.3	10.5	12.0	
2023	2.9	7.0	8.0	7.9	8.6	9.9	10.6	8.8	10.0	9.6	12.0	8.6	10.1	10.2
2024	2.5	6.2	8.5	6.7	8.7	7.4	7.8	8.3	9.6	9.9	10.7	9.6	11.8	9.2
2025	3.4	8.0	8.6	8.8	7.1	9.4	8.1	7.5	8.0	9.9	9.0	7.9	13.0	11.4

MONITORING THE FUTURE

TABLE/FIGURE 43

CIGARETTES

Trends in 30-Day Prevalence of Daily Use among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 44

CIGARETTES

Trends in 30-Day Prevalence of Daily Use among Respondents of Modal Ages 18 through 65, by Age Group

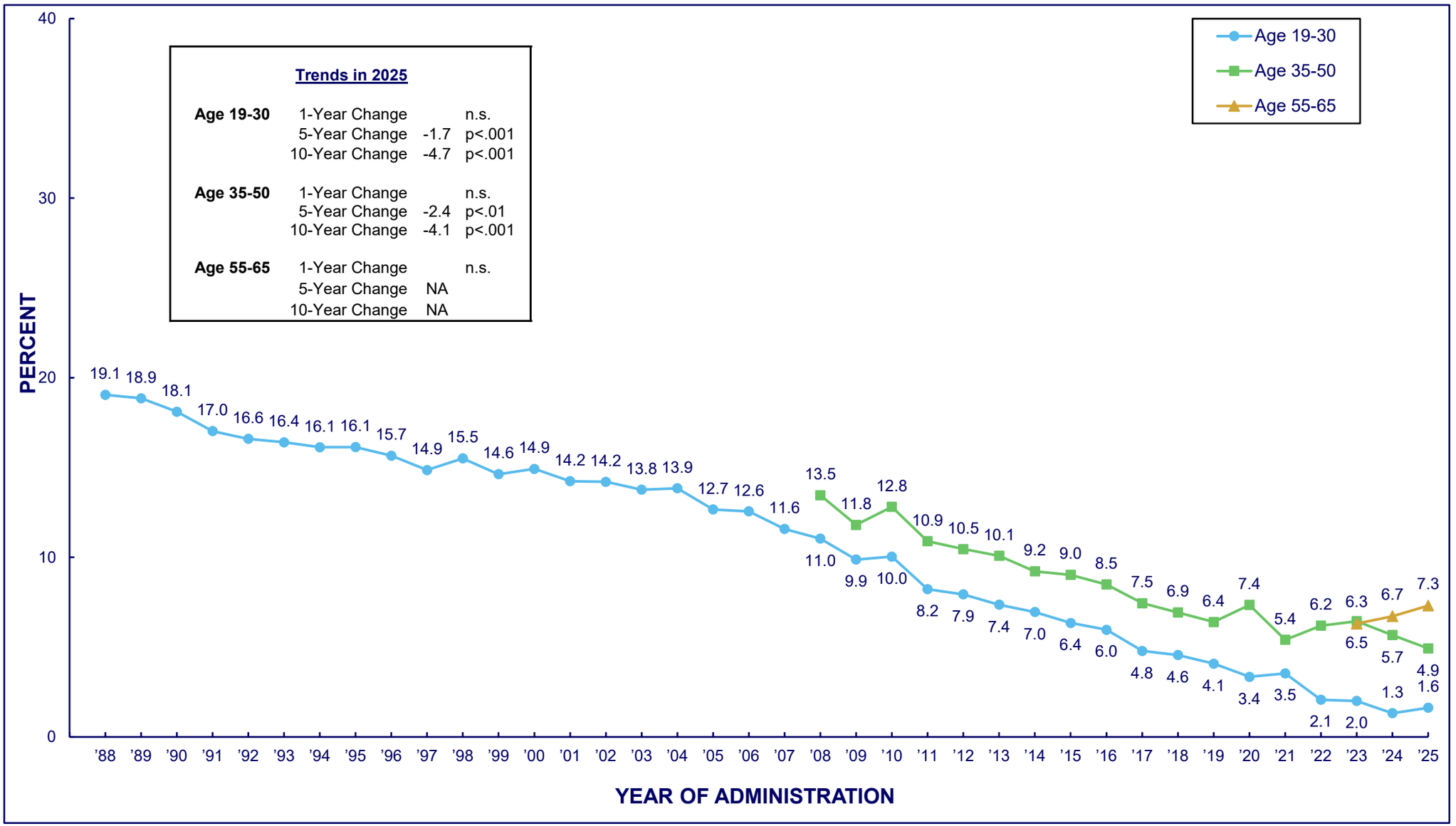
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	28.8													
1977	28.8													
1978	27.5	30.8												
1979	25.4	30.7												
1980	21.3	30.0	31.3											
1981	20.3	25.7	30.7											
1982	21.1	25.1	29.1	30.7										
1983	21.2	25.1	26.4	29.8										
1984	18.7	25.1	26.6	29.0	28.9									
1985	19.5	23.6	26.1	25.7	29.9									
1986	18.7	22.3	25.2	26.3	27.8	28.9								
1987	18.7	22.7	24.8	27.0	24.3	27.7								
1988	18.1	19.6	22.8	24.6	24.0	25.6	26.3							
1989	18.9	19.5	22.9	24.2	26.3	23.9	26.4							
1990	19.1	19.3	20.5	23.2	24.4	23.2	25.0							
1991	18.5	20.2	20.7	22.6	24.4	25.4	22.0							
1992	17.2	21.0	21.3	21.3	21.5	22.8	20.9							
1993	19.0	21.0	20.6	20.3	22.2	21.0	23.4							
1994	19.4	23.1	22.4	20.0	20.6	22.0	21.4	23.5						
1995	21.6	21.8	23.8	20.7	20.0	21.7	20.5	23.2						
1996	22.2	22.7	23.5	23.0	21.3	19.9	19.4	23.4						
1997	24.6	22.9	21.4	21.0	20.2	18.2	20.5	19.0						
1998	22.4	24.1	22.8	22.0	22.6	20.3	19.1	21.9	21.5					
1999	23.1	25.3	23.2	21.6	20.0	16.4	18.5	20.8	21.8					
2000	20.6	22.5	26.0	21.7	20.8	20.1	16.7	20.9	20.8					
2001	19.0	21.5	23.1	22.9	21.3	17.7	15.4	17.4	21.2					
2002	16.9	21.0	24.0	24.6	20.1	18.0	18.0	20.1	17.5					
2003	15.8	19.5	20.9	20.6	21.1	19.5	17.1	16.8	21.1	20.2				
2004	15.6	18.9	21.3	24.9	23.8	18.5	17.2	15.3	17.4	18.5				
2005	13.6	16.8	20.1	19.5	23.3	19.1	18.6	16.4	18.2	20.1				
2006	12.2	15.3	18.7	20.0	23.0	21.2	18.9	13.9	15.8	17.4				
2007	12.3	12.1	18.9	19.4	19.4	19.7	16.9	14.2	16.7	16.4				
2008	11.4	13.9	16.9	18.7	17.1	20.3	18.2	17.4	15.8	16.8	17.6			
2009	11.2	12.4	15.2	17.1	18.3	17.6	17.7	14.2	12.4	17.0	16.0			
2010	10.7	11.8	15.9	16.4	16.1	17.8	18.5	15.7	14.9	17.3	18.1			
2011	10.3	11.5	15.9	13.3	18.8	14.7	15.5	16.9	12.3	14.2	15.4			
2012	9.3	9.6	12.5	12.9	15.7	16.9	15.8	14.3	10.7	14.2	14.1			
2013	8.5	12.1	12.5	13.1	11.0	14.6	13.2	12.7	14.7	11.3	14.5	13.9		
2014	6.7	8.4	10.9	11.4	11.8	13.9	13.8	15.0	10.5	12.3	13.9	13.5		
2015	5.5	8.3	11.6	12.2	12.0	10.0	11.1	13.1	12.2	9.7	14.0	13.6		
2016	4.8	4.2	9.0	10.1	10.3	10.3	13.1	12.5	10.5	10.7	12.2	12.7		
2017	4.2	5.0	8.7	9.9	10.2	11.0	7.1	11.7	11.6	7.9	12.6	11.6		
2018	3.6	6.8	5.4	8.8	8.3	9.9	9.8	8.5	10.2	11.0	9.7	13.3	12.7	
2019	2.4	3.2	5.9	6.1	10.4	8.5	9.1	9.5	9.4	9.6	9.3	11.9	10.0	
2020	3.1	4.1	3.9	6.4	6.7	6.9	7.6	10.0	10.7	11.0	7.7	11.1	12.2	
2021	2.0	3.4	3.1	3.9	5.8	8.1	8.4	7.7	8.1	6.8	9.4	10.7	9.3	
2022	1.6	1.3	3.4	4.0	4.8	4.0	5.4	9.8	9.8	9.2	7.3	9.7	10.5	
2023	0.7	1.7	3.1	2.2	4.3	3.2	6.1	9.6	7.7	6.8	10.6	7.0	8.2	8.8
2024	0.4	1.3	3.4	2.2	3.5	3.2	4.1	8.0	7.5	8.4	9.5	8.3	10.4	7.7
2025	0.8	1.9	2.3	4.9	2.8	4.2	2.3	5.7	6.3	7.5	8.4	6.8	11.6	10.2

MONITORING THE FUTURE

TABLE/FIGURE 45

CIGARETTES

Trends in 30-Day Prevalence of Smoking a Half Pack or More per Day among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 46

CIGARETTES

Trends in 30-Day Prevalence of Smoking a Half Pack or More per Day among Respondents of Modal Ages 18 through 65, by Age Group

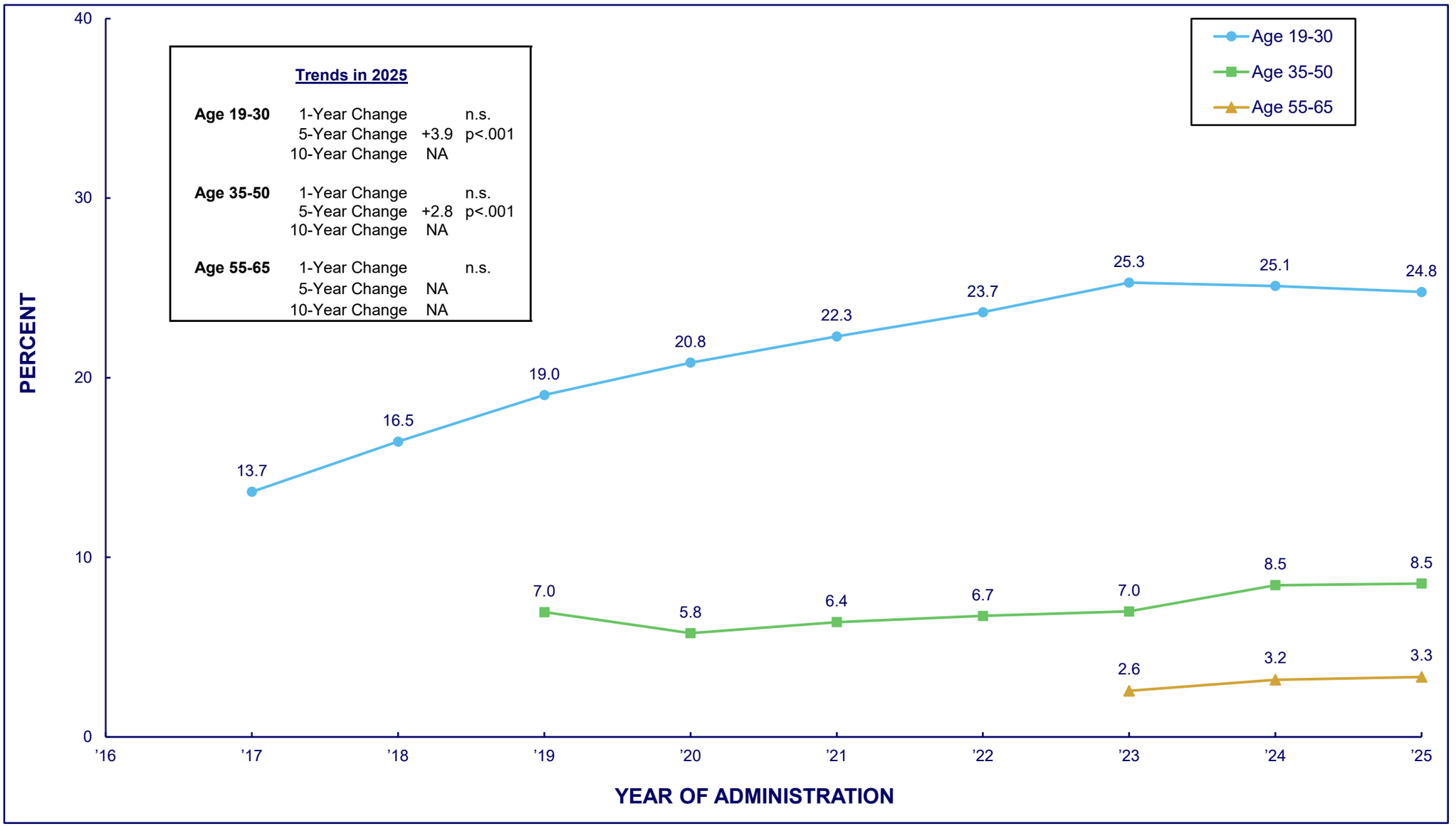
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	19.2													
1977	19.4													
1978	18.8	23.4												
1979	16.5	24.4												
1980	14.3	22.4	25.2											
1981	13.5	19.6	24.7											
1982	14.2	18.8	23.2	25.0										
1983	13.8	17.8	20.2	24.6										
1984	12.3	18.2	22.0	23.6	24.2									
1985	12.5	17.1	20.9	21.3	24.4									
1986	11.4	16.5	20.1	21.8	22.2	24.1								
1987	11.4	15.9	19.6	22.4	20.3	22.9								
1988	10.6	13.7	17.8	19.1	19.4	21.0	23.3							
1989	11.2	13.3	16.7	19.4	21.7	19.9	21.8							
1990	11.3	14.7	15.0	18.4	20.5	18.8	21.0							
1991	10.7	13.1	14.4	17.4	19.3	20.0	17.7							
1992	10.0	14.8	15.6	16.0	16.6	18.7	17.5							
1993	10.9	14.6	14.7	15.2	17.4	17.1	19.2							
1994	11.2	15.2	16.4	14.9	15.7	16.8	17.8	19.7						
1995	12.4	14.9	18.1	15.5	15.0	16.5	17.0	19.2						
1996	13.0	14.5	16.6	16.8	15.3	15.2	15.6	19.3						
1997	14.3	15.5	14.7	16.1	13.5	13.4	16.1	16.0						
1998	12.6	17.3	16.1	15.2	15.9	15.4	13.4	17.6	18.1					
1999	13.2	15.6	15.9	14.4	15.1	12.8	14.1	18.1	17.6					
2000	11.3	14.3	17.9	14.4	15.0	15.1	13.0	15.6	17.2					
2001	10.3	13.9	14.9	16.2	15.6	12.9	11.9	14.1	16.9					
2002	9.1	12.4	13.5	16.6	14.2	14.1	14.3	14.4	14.5					
2003	8.4	11.8	14.2	14.7	14.0	14.6	13.0	13.3	16.7	17.8				
2004	8.0	11.7	12.6	16.2	16.6	12.7	13.1	11.1	14.8	15.9				
2005	6.9	9.5	12.0	13.4	14.5	13.1	13.4	13.0	16.0	16.5				
2006	5.9	8.7	11.2	13.0	14.7	14.3	13.4	10.9	12.9	14.8				
2007	5.7	6.8	11.0	11.3	14.8	13.4	12.3	10.5	12.6	13.2				
2008	5.4	7.3	9.8	12.4	10.9	12.3	13.4	12.8	12.4	14.1	14.5			
2009	5.0	7.4	8.7	9.3	11.2	12.3	10.6	11.7	8.5	14.2	12.7			
2010	4.7	6.2	9.5	10.2	10.8	11.6	11.8	11.9	11.0	13.9	14.3			
2011	4.3	4.5	8.6	8.0	10.9	7.6	9.7	11.8	8.6	11.3	12.0			
2012	4.0	4.2	7.4	7.9	8.0	11.0	9.1	11.1	7.7	11.1	11.8			
2013	3.4	6.4	6.4	8.3	5.9	9.5	7.6	9.3	10.6	9.0	11.3	11.4		
2014	2.6	4.5	6.1	7.4	7.2	8.6	7.7	9.9	7.1	9.1	10.7	10.6		
2015	2.1	4.0	5.6	7.5	6.9	5.8	8.0	8.0	9.5	7.3	11.3	11.2		
2016	1.8	2.7	4.3	6.7	6.6	6.7	8.1	9.5	6.6	8.2	9.8	9.6		
2017	1.7	2.9	4.6	6.8	4.9	5.3	4.0	6.4	7.6	5.6	9.8	9.2		
2018	1.5	3.1	3.2	4.8	4.3	6.3	5.5	5.8	6.9	8.2	6.7	10.7	10.1	
2019	0.9	2.1	2.1	3.7	6.5	4.0	5.6	5.1	5.6	7.5	7.1	9.5	7.7	
2020	1.4	1.4	1.3	4.1	4.2	4.9	3.6	7.7	7.2	9.0	5.5	9.1	9.4	
2021	0.8	2.6	2.6	2.4	2.7	5.5	4.8	4.5	5.2	4.8	7.0	8.2	7.0	
2022	0.9	1.1	0.9	2.1	2.9	1.9	2.9	6.5	7.2	6.5	4.7	7.7	8.1	
2023	0.5	0.8	2.0	1.0	1.3	1.7	4.6	7.6	5.3	4.6	8.5	5.8	6.3	6.9
2024	0.2	0.5	0.2	1.1	1.0	1.6	2.5	6.8	3.9	5.6	6.6	5.7	8.8	5.4
2025	0.4	0.8	0.7	4.1	1.4	2.0	1.0	4.0	3.7	5.1	6.7	5.3	9.3	7.7

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TABLE/FIGURE 47

VAPING NICOTINE

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 48

VAPING NICOTINE

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

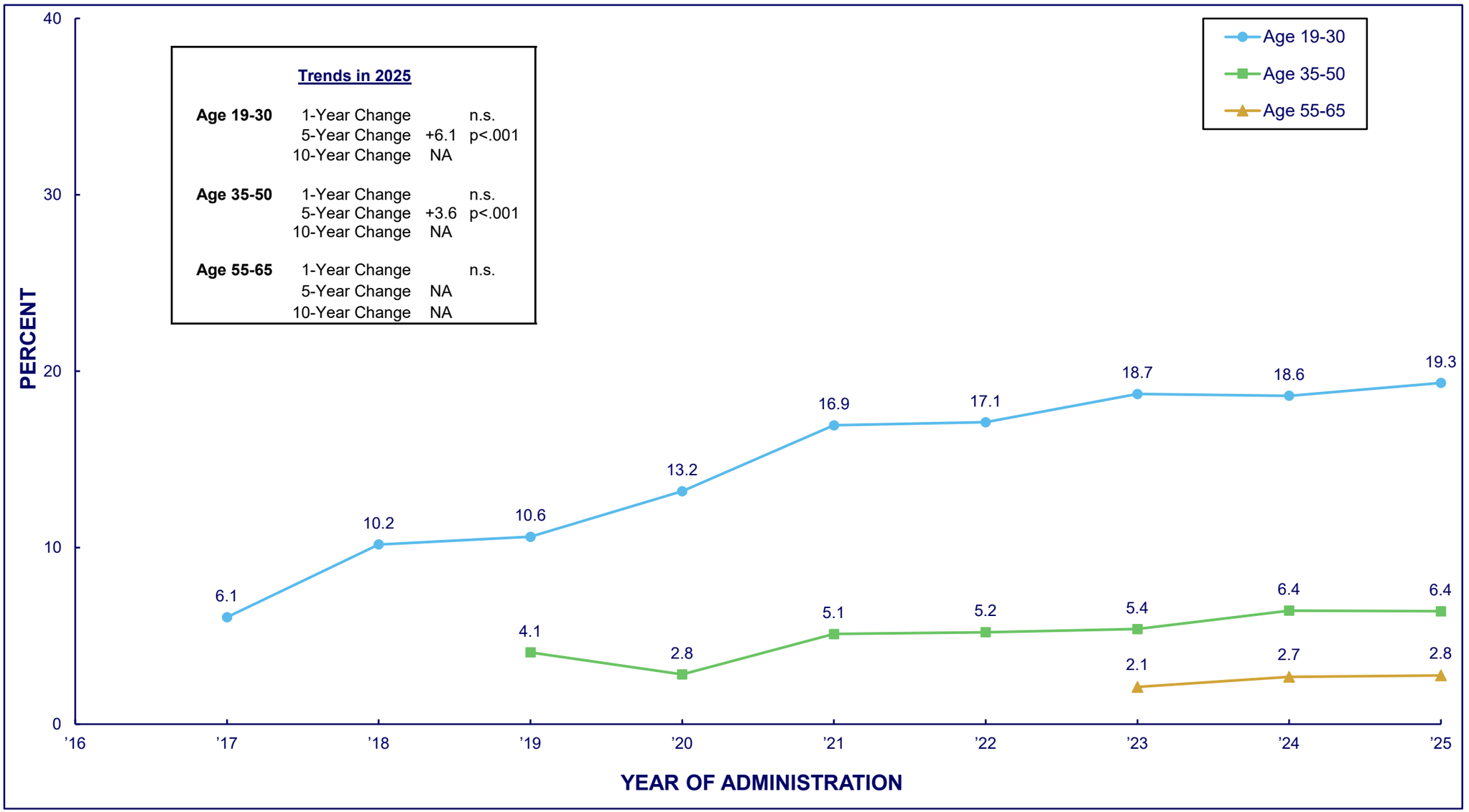
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2017	18.8	13.3	18.4	16.6	12.7	14.5	7.1							
2018	29.7	24.0	20.0	18.0	17.8	10.8	9.8							
2019	35.3	24.5	26.5	21.1	16.5	12.6	14.6	11.9	6.6	5.1	5.3	4.4	2.8	
2020	34.5	29.4	30.6	19.6	20.6	17.2	10.8	7.7	7.3	4.2	4.3	2.7	2.6	
2021	26.6	26.6	30.9	26.2	22.0	16.1	14.8	9.4	6.9	4.8	4.8	3.3	1.7	
2022	27.3	26.2	29.6	30.9	21.4	18.9	17.1	11.8	6.4	5.8	2.9	2.9	1.4	
2023	23.2	30.5	30.4	28.7	27.1	22.5	16.7	10.6	6.8	6.4	4.3	3.5	2.0	2.2
2024	21.0	24.3	25.7	32.2	27.7	20.2	20.4	12.0	9.6	6.3	6.3	3.3	3.7	2.5
2025	20.0	24.2	26.5	26.9	27.4	24.0	20.2	13.2	9.7	6.9	5.0	4.2	3.3	2.7



TABLE/FIGURE 49

VAPING NICOTINE

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 50

VAPING NICOTINE

Trends in 30-Day Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

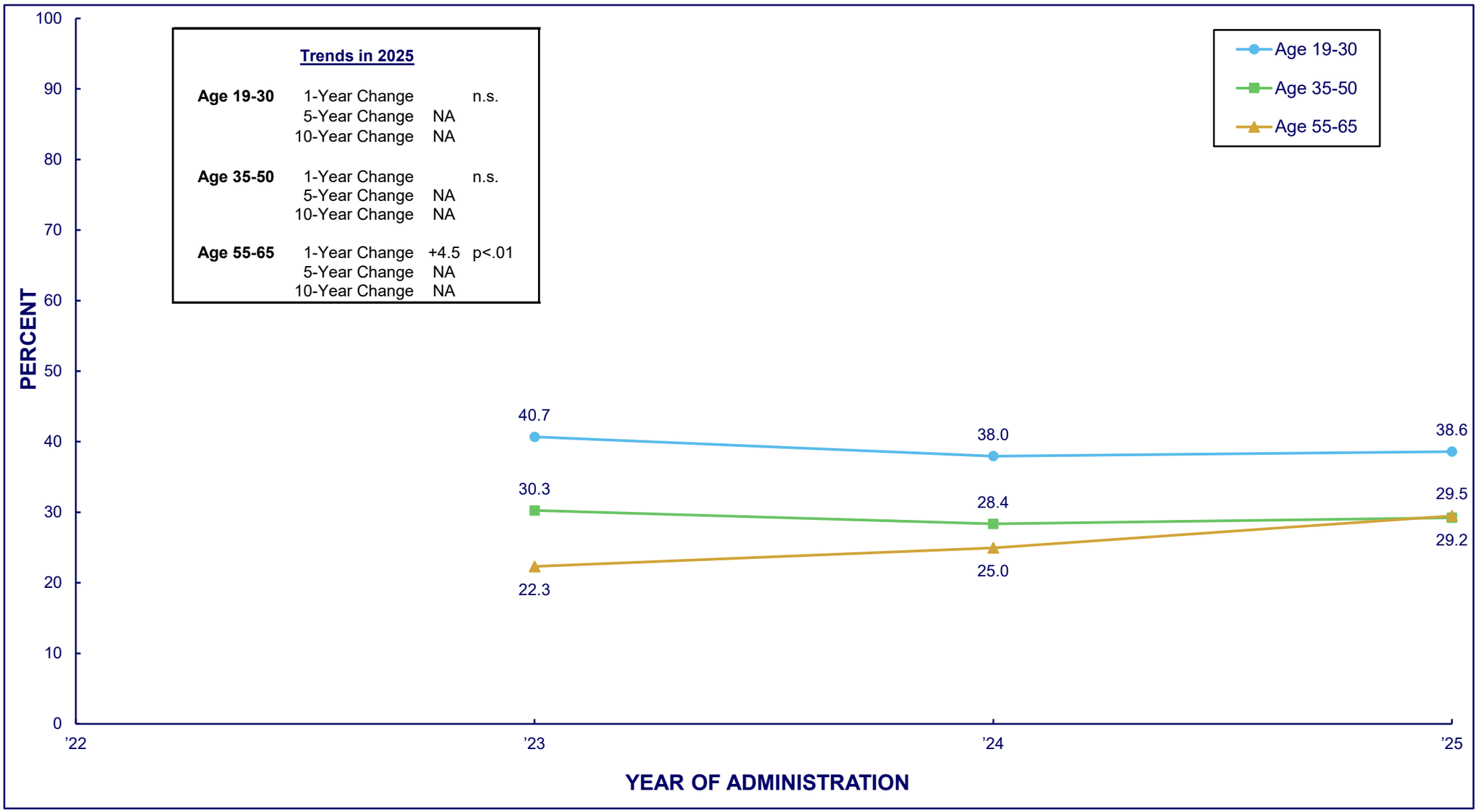
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2017	11.0	5.9	6.2	7.6	5.3	7.3	4.0							
2018	20.9	13.6	14.6	11.4	9.7	5.8	6.9							
2019	25.5	16.2	13.5	12.5	8.4	6.8	7.3	6.5	4.1	3.1	3.0	3.7	1.7	
2020	24.7	18.9	20.0	12.9	13.7	9.1	6.9	3.3	3.0	2.3	2.8	1.6	1.7	
2021	19.6	21.0	24.2	19.4	17.4	11.5	10.6	7.5	5.7	4.0	3.5	2.3	0.7	
2022	20.7	18.7	22.1	22.2	14.5	14.0	12.7	8.7	5.1	4.5	2.5	2.0	1.0	
2023	16.9	22.0	24.2	21.4	20.4	15.8	12.0	7.6	5.4	4.9	3.7	2.8	1.6	2.0
2024	15.0	18.5	18.4	25.9	20.1	14.6	13.8	8.8	6.8	5.3	5.0	2.4	3.5	2.1
2025	15.7	18.2	22.1	22.1	21.4	18.9	14.0	9.2	7.6	5.4	3.8	3.3	3.0	2.0



TABLE/FIGURE 51

ANY NICOTINE USE[1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1]Includes use of cigarettes, large cigars, small cigars, tobacco using a hookah, smokeless tobacco, vaping nicotine, or nicotine pouches.

(Age-specific data provided in the following table.)

TABLE/FIGURE 52

ANY NICOTINE USE[1]

Trends in 12-Month Prevalence
among Respondents of Modal Ages 19 through 65, by Age Group

Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2023	37.7	37.0	38.3	47.6	42.2	39.8	31.2	35.4	27.1	27.9	24.4	21.1	21.6
2024	31.4	37.8	41.9	45.5	32.7	36.2	32.1	31.0	25.2	25.8	27.6	24.6	22.4
2025	42.7	36.0	36.8	41.6	41.8	32.6	33.5	30.1	28.5	25.4	27.4	32.2	29.1

[1]Includes use of cigarettes, large cigars, small cigars, tobacco using a hookah, smokeless tobacco, vaping nicotine, or nicotine pouches.

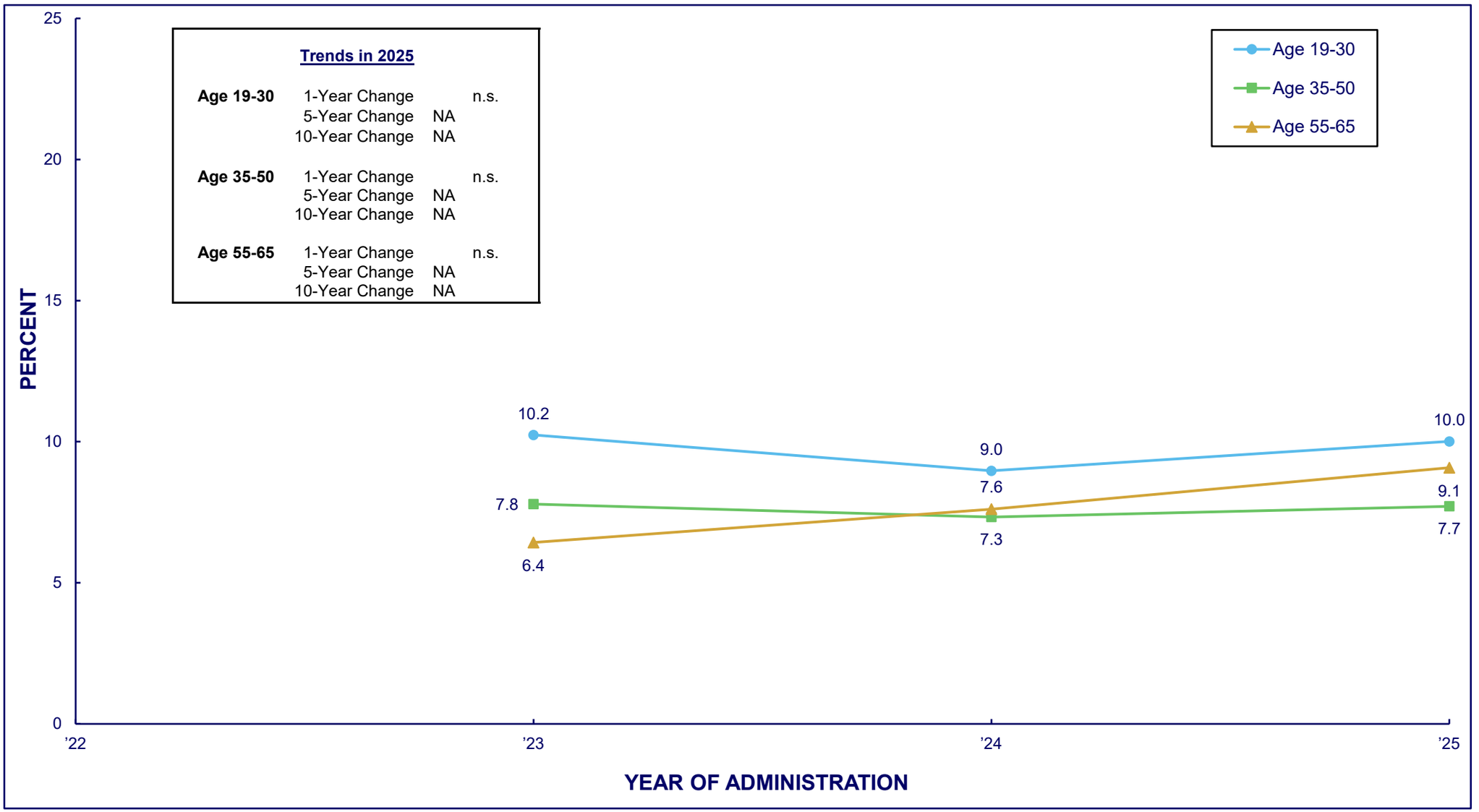


TABLE/FIGURE 53

LARGE CIGARS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

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(Age-specific data provided in the following table.)

TABLE/FIGURE 54

LARGE CIGARS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

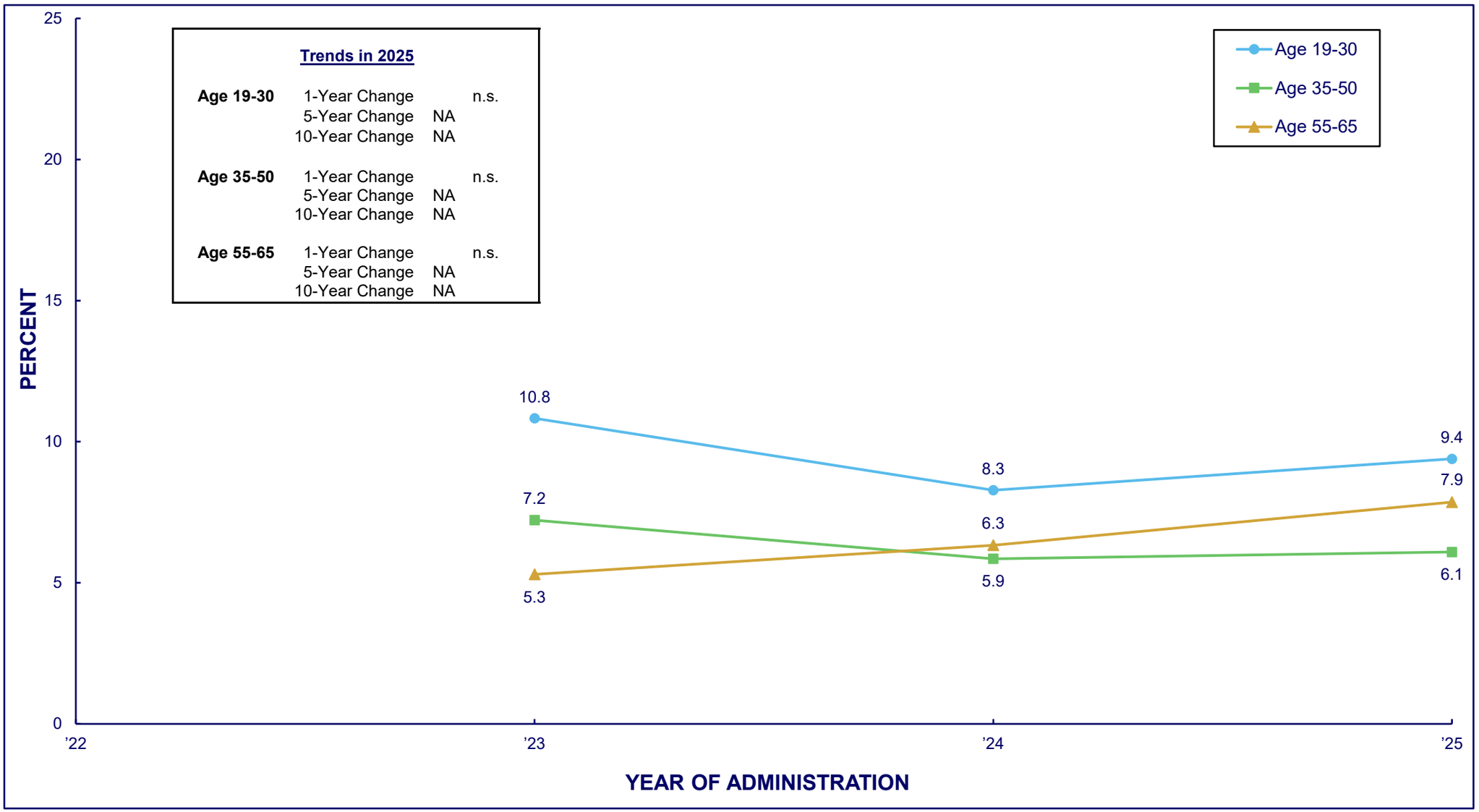
Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2023	6.2	8.2	7.8	11.4	11.8	14.1	8.1	10.7	6.7	6.1	7.0	6.6	5.6
2024	4.6	11.2	9.3	7.3	10.3	10.5	6.3	9.3	7.0	7.0	9.0	6.4	7.5
2025	10.3	11.0	5.9	10.6	14.4	6.8	9.4	8.0	7.8	5.9	12.0	8.5	6.9



TABLE/FIGURE 55

SMALL CIGARS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 56

SMALL CIGARS

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2010	23.1													
2011	19.5													
2012	19.9													
2013	20.4													
2014	18.9													
2015	15.9													
2016	15.6													
2017	13.3													
2018	9.2													
2019	7.8													
2020	—													
2021	3.4													
2022	5.6													
2023	4.4	10.4	4.7	10.4	7.2	16.1	13.6	7.9	10.8	5.5	5.1	6.2	5.6	3.9
2024	3.1	4.5	10.6	8.4	7.2	8.1	10.6	6.4	5.8	6.2	5.1	7.9	5.6	5.5
2025	4.6	11.5	10.4	4.3	9.8	11.0	9.0	7.1	6.2	6.0	5.2	9.7	8.0	6.1

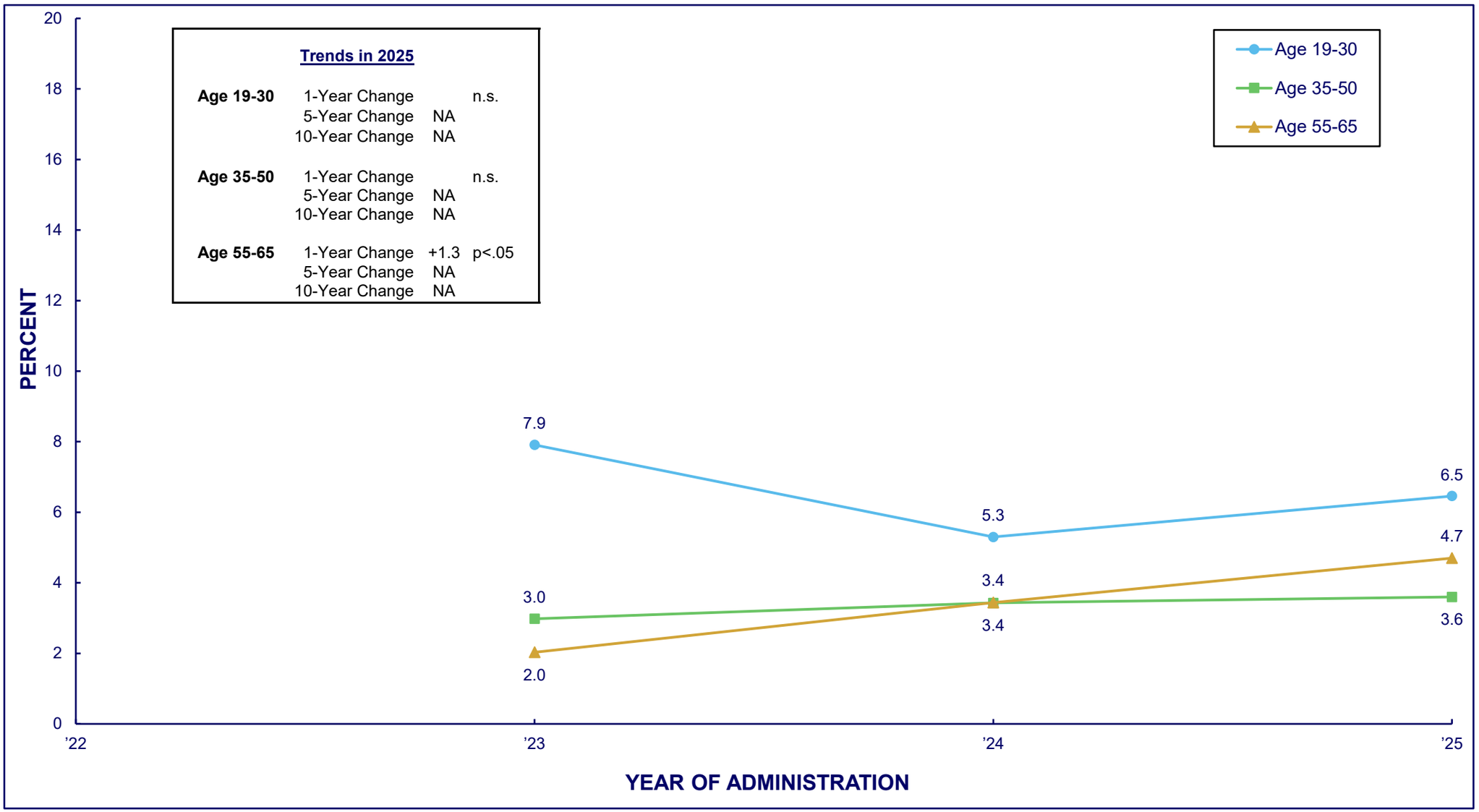
Notes. ' — ' indicates data not available.



TABLE/FIGURE 57

TOBACCO USING A HOOKAH

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 58

TOBACCO USING A HOOKAH

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2010	17.1													
2011	18.5													
2012	18.3													
2013	21.4													
2014	22.9													
2015	19.8													
2016	13.0													
2017	10.1													
2018	7.8													
2019	5.6													
2020	—													
2021	2.1													
2022	3.3													
2023	2.7	3.6	4.6	8.0	12.0	9.2	7.7	3.5	4.6	3.0	1.0	2.2	2.4	1.4
2024	2.0	3.4	3.9	4.4	7.9	5.2	5.8	5.0	2.3	3.3	3.1	4.6	2.3	3.4
2025	1.9	7.4	2.5	4.5	10.5	9.4	2.7	5.1	3.3	2.3	3.9	5.8	4.8	3.6

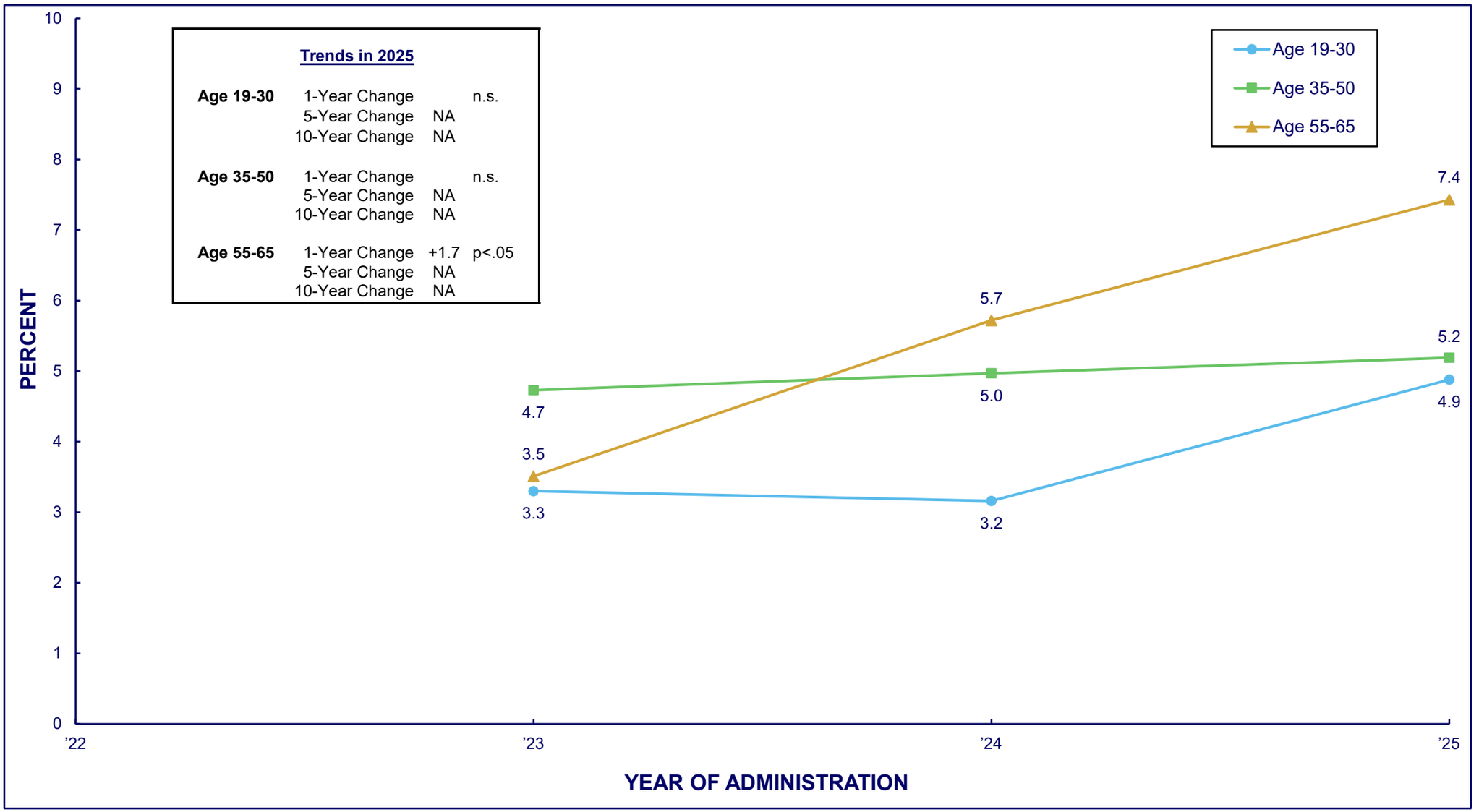
Notes. ' — ' indicates data not available.

MONITORING THE FUTURE

TABLE/FIGURE 59

SMOKELESS TOBACCO

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 60

SMOKELESS TOBACCO

Trends in 12-Month Prevalence

among Respondents of Modal Ages 19 through 65, by Age Group

Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2023	0.6	2.4	6.7	2.7	4.6	1.4	5.5	4.7	4.2	4.5	3.8	4.1	2.5
2024	1.2	4.6	2.1	2.9	2.2	6.1	5.2	4.7	4.4	5.5	7.9	4.3	4.9
2025	4.4	3.1	2.6	8.1	2.3	7.5	4.6	5.3	4.4	6.3	8.8	8.0	5.6

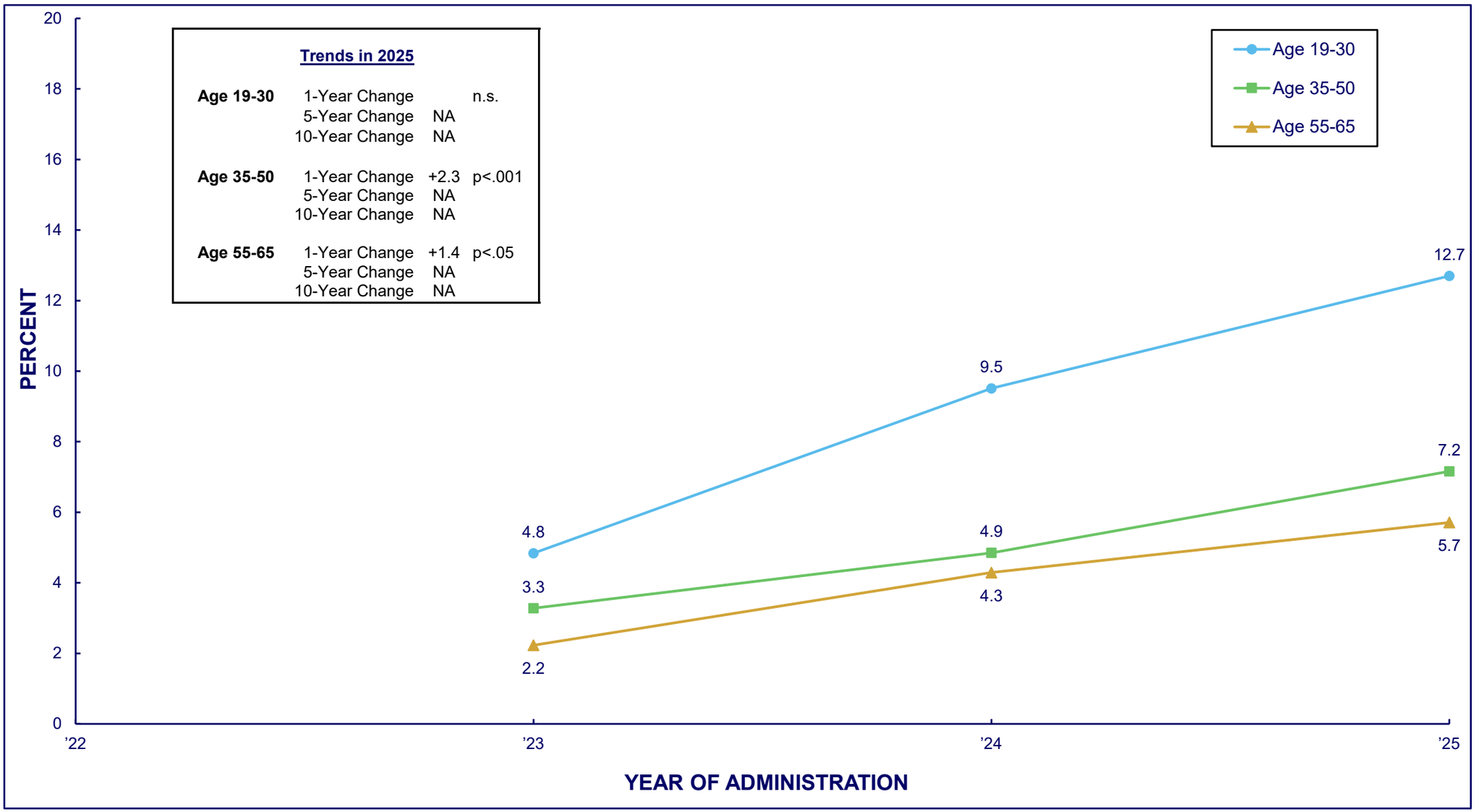


TABLE/FIGURE 61

NICOTINE POUCHES

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



(Age-specific data provided in the following table.)

TABLE/FIGURE 62

NICOTINE POUCHES

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

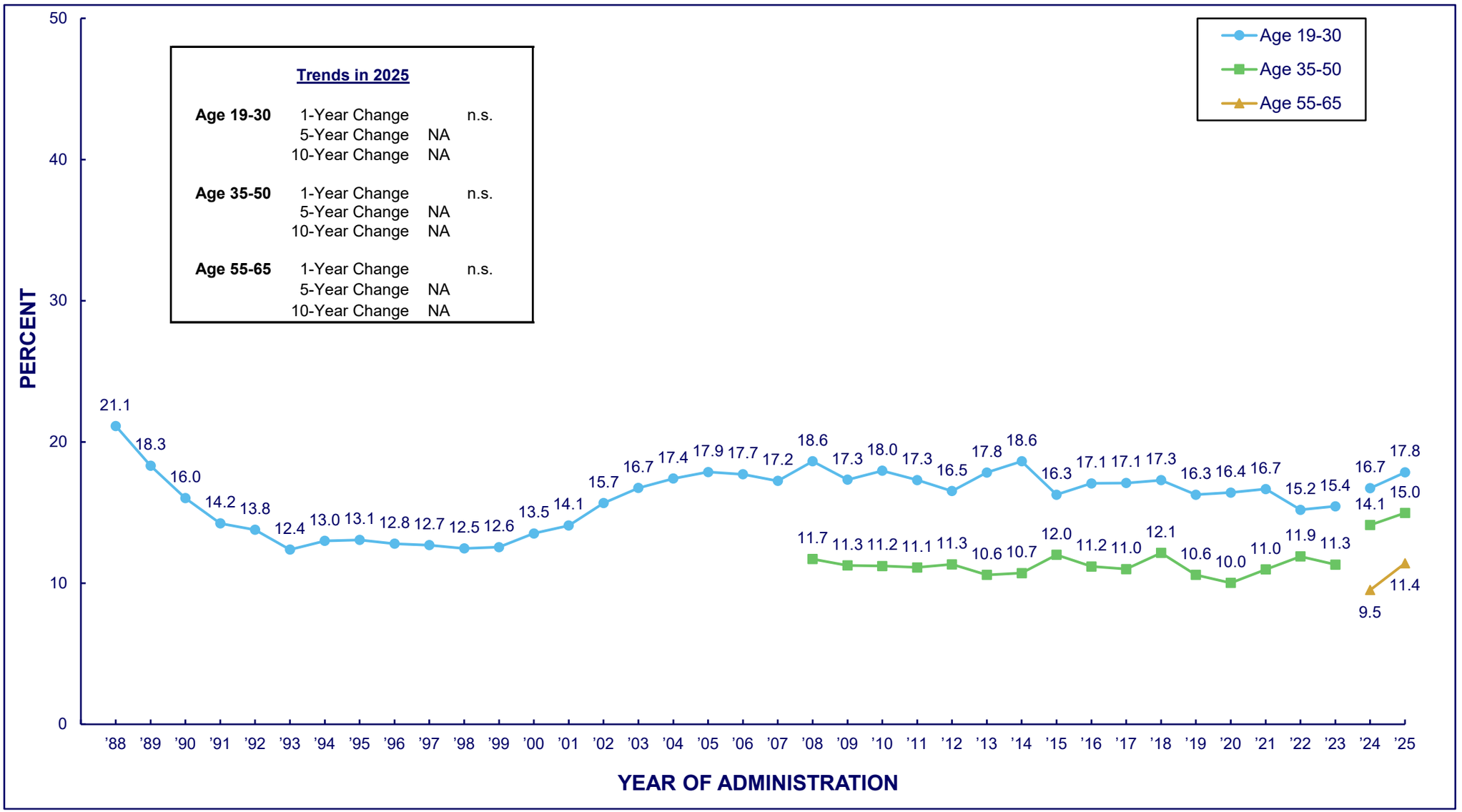
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2023	2.9	3.9	6.0	5.7	4.5	6.2	3.0	4.1	4.8	3.2	1.3	2.4	2.6	1.7
2024	5.9	5.3	12.2	9.5	12.4	8.6	9.1	5.8	6.0	3.5	4.3	5.0	3.8	4.1
2025	6.9	14.4	9.1	10.5	15.8	13.1	12.2	10.1	6.8	5.8	6.3	6.9	6.2	4.2

MONITORING THE FUTURE

TABLE/FIGURE 63

ANY DRUG OTHER THAN CANNABIS[1,2]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1]An index of nonmedical use of any drugs other than cannabis includes hallucinogens (including LSD), cocaine, stimulant medications, sleeping medications, anti-anxiety medications, and opioid medications.

[2]In 2024, the text for many of the questions in this category were changed on half of the survey forms, with the remaining forms changed in 2025. Some of the questions showed significant differences by question version. Reported trends are based on the estimates from the revised version of the questions beginning in 2024.

(Age-specific data provided in the following table.)

TABLE/FIGURE 64

ANY DRUG OTHER THAN CANNABIS

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

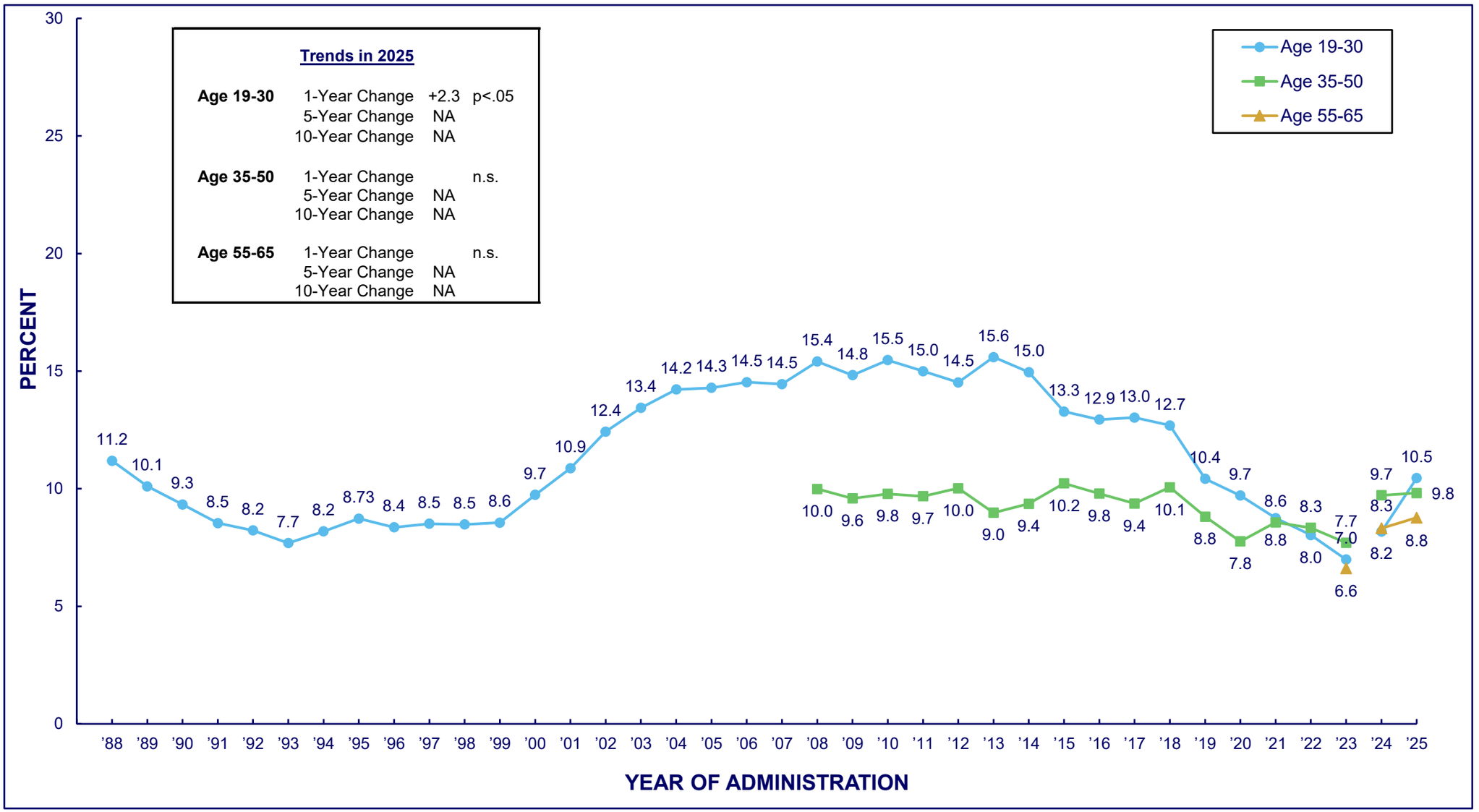
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	25.4													
1977	26.0													
1978	27.1	27.6												
1979	28.2	29.4												
1980	30.4	33.2	35.4											
1981	34.0	34.1	36.0											
1982	30.1	32.3	33.8	34.9										
1983	28.4	29.4	33.3	32.8										
1984	28.0	27.5	31.6	29.2	30.1									
1985	27.4	28.3	29.4	33.0	30.0									
1986	25.9	24.9	28.9	29.8	25.6	26.6								
1987	24.1	22.8	26.0	23.1	25.4	23.1								
1988	21.1	20.4	22.6	21.1	21.1	20.7	20.6							
1989	20.0	17.0	19.9	19.4	17.4	18.5	17.5							
1990	17.9	16.0	16.8	17.5	17.0	15.6	13.1							
1991	16.2	13.9	14.3	14.7	15.0	13.8	13.5							
1992	14.9	13.9	14.8	14.6	13.7	13.9	11.7							
1993	17.1	13.5	13.5	12.4	13.2	11.9	10.0							
1994	18.0	15.4	14.7	12.7	12.4	11.1	11.6	11.6						
1995	19.4	18.0	14.4	11.6	11.2	11.6	11.2	10.3						
1996	19.8	17.4	14.3	13.7	10.1	11.0	10.4	11.3						
1997	20.7	17.4	17.0	11.7	10.6	8.5	11.0	10.1						
1998	20.2	16.1	15.2	14.3	11.2	9.8	8.4	7.8	9.3					
1999	20.7	18.5	14.3	14.7	11.6	8.5	7.9	9.5	8.4					
2000	20.4	19.4	16.4	14.1	13.6	10.3	7.9	9.3	7.7					
2001	21.6	17.3	19.4	14.2	13.3	11.6	9.1	8.9	7.2					
2002	20.9	18.9	18.5	17.4	14.6	13.3	11.7	10.3	9.3					
2003	19.8	19.8	20.9	20.1	14.2	15.1	11.0	10.6	6.8	9.6				
2004	20.5	19.5	20.4	21.0	16.0	14.9	13.3	10.6	9.2	10.1				
2005	19.7	19.5	20.5	17.5	19.6	14.2	16.1	11.0	10.1	8.5				
2006	19.2	18.0	21.8	18.6	17.3	15.5	15.2	10.7	10.1	10.0				
2007	18.5	16.9	19.9	19.3	17.2	16.9	13.4	11.2	12.0	10.9				
2008	18.3	17.2	19.4	20.8	18.9	19.0	16.5	13.8	11.8	10.6	10.7			
2009	17.0	14.0	22.0	17.3	18.1	14.4	17.5	13.2	10.4	10.4	11.1			
2010	17.3	16.7	20.1	20.2	19.3	16.6	14.5	12.6	9.6	11.9	10.8			
2011	17.6	17.6	17.6	18.6	17.8	16.4	15.3	14.7	9.2	10.3	10.3			
2012	17.0	15.9	17.6	18.9	15.5	16.9	14.0	12.8	10.6	11.4	10.5			
2013	17.8	17.7	21.3	17.6	17.9	16.6	15.4	13.2	11.3	10.4	8.1			
2014	15.9	19.7	20.3	19.5	18.8	16.3	16.9	16.1	9.1	8.6	9.3			
2015	15.2	14.8	18.4	19.4	16.4	13.9	14.4	16.0	10.6	10.5	11.4			
2016	14.3	15.6	21.0	17.2	16.5	16.4	15.5	14.8	12.3	8.7	9.6			
2017	13.3	14.4	17.8	20.2	19.6	15.4	14.8	13.6	11.2	9.7	9.9			
2018	12.4	12.0	20.0	19.4	16.9	17.7	17.3	15.0	10.7	11.2	11.9			
2019	11.5	10.6	18.5	16.8	17.2	16.9	17.2	14.3	11.2	9.4	8.1			
2020	11.4	13.0	17.7	17.7	18.6	16.0	14.8	13.7	10.8	8.8	7.1			
2021	7.2	14.7	13.4	19.0	19.5	17.0	15.7	13.2	10.2	12.0	8.7			
2022	8.0	9.0	12.8	16.7	19.9	16.1	14.3	14.6	13.4	10.7	9.0			
2023	7.4	13.1	14.4	12.4	16.8	17.1	17.6	16.7	11.3	10.0	7.5			
2024	12.7	15.7	12.3	14.2	18.6	16.3	20.7	15.6	13.4	14.5	12.8	8.8	10.8	8.9
2025	13.1	14.9	17.9	15.4	18.3	18.2	20.2	18.5	15.6	13.8	12.4	9.4	12.4	12.3

MONITORING THE FUTURE

TABLE/FIGURE 65

ANY PRESCRIPTION DRUG (NONMEDICAL USE)[1,2]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1]An index of nonmedical use of any prescription drug includes stimulant medications, sleeping medications, anti-anxiety medications, and opioid medications.

[2]In 2024, the text for many of the questions in this category were changed on half of the survey forms, with the remaining forms changed in 2025. Some of the questions showed significant differences by question version. Reported trends are based on the estimates from the revised version of the questions beginning in 2024.

(Age-specific data provided in the following table.)

TABLE/FIGURE 66

ANY PRESCRIPTION DRUG (NONMEDICAL USE)

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976														
1977														
1978		23.7												
1979		25.5												
1980		28.2	29.6											
1981		29.8	30.2											
1982		27.0	26.4	26.2										
1983		24.5	23.6	23.5										
1984		20.1	21.3	19.0	18.6									
1985		18.7	17.9	19.1	18.9									
1986		15.2	17.1	16.7	13.0	13.7								
1987		13.2	15.2	12.6	13.2	13.2								
1988		13.0	12.7	11.6	10.2	9.9	9.9							
1989		10.9	11.4	10.3	9.9	9.5	8.7							
1990		11.1	9.9	10.0	10.0	7.7	7.4							
1991		9.2	9.2	8.4	8.2	8.2	7.9							
1992		8.8	9.2	8.4	8.5	8.0	6.6							
1993		8.6	8.9	7.9	7.8	7.0	6.1							
1994		10.0	9.4	8.4	8.2	7.0	6.4	7.5						
1995		12.4	10.3	7.4	7.2	7.8	7.4	6.9						
1996		12.2	9.5	8.8	6.1	6.9	6.9	6.9						
1997		11.6	12.8	7.3	6.4	5.6	7.5	6.5						
1998		11.7	9.8	9.9	7.6	6.8	5.3	4.4	5.6					
1999		13.5	9.3	9.7	8.0	5.9	5.3	6.3	4.7					
2000		15.7	11.3	10.1	9.5	6.8	5.6	5.6	5.3					
2001		13.7	14.9	11.6	9.8	8.7	7.1	7.2	5.4					
2002		15.5	14.9	13.8	12.0	10.6	8.3	8.3	6.8					
2003		17.1	16.6	16.4	11.8	11.4	8.4	8.9	4.1	6.1				
2004		17.4	16.1	17.0	12.9	12.3	10.6	8.5	6.4	7.1				
2005	8.6	15.6	17.1	13.9	15.0	10.8	13.7	9.4	7.2	6.4				
2006	8.1	14.3	18.6	15.6	14.0	12.7	12.3	9.3	8.4	7.8				
2007	7.5	14.6	17.3	16.9	13.6	13.5	11.1	9.5	10.2	8.8				
2008	6.8	14.9	15.3	17.9	15.7	15.5	13.5	12.5	10.4	8.5	8.8			
2009	6.6	12.3	19.0	14.1	16.4	12.0	15.2	11.4	9.5	8.5	9.1			
2010	7.2	14.7	17.6	17.3	17.2	13.5	12.3	11.0	8.4	10.3	9.4			
2011	8.2	15.6	15.3	15.8	15.6	14.4	13.1	12.4	8.3	8.7	9.5			
2012	7.9	13.7	16.0	16.0	14.0	15.2	12.1	11.0	9.3	10.4	9.3			
2013	9.2	16.5	19.0	15.0	15.0	14.6	13.2	10.7	9.7	8.7	7.1	6.0		
2014	8.1	16.0	16.6	14.0	15.5	13.3	14.6	14.1	7.8	7.8	8.1	6.4		
2015	7.7	13.1	14.9	15.2	12.5	12.3	11.7	12.3	10.0	9.3	9.5	7.9		
2016	6.7	12.1	18.1	11.7	12.1	11.6	12.3	13.0	10.8	8.0	8.0	7.9		
2017	5.9	10.8	13.8	14.7	13.7	12.2	12.7	11.4	9.5	8.6	8.3	6.9		
2018	5.5	8.3	14.3	14.8	12.6	12.4	13.5	12.9	8.2	8.5	11.0	8.0	6.2	
2019	4.5	6.6	12.0	11.1	9.9	11.4	11.6	10.9	8.9	8.0	7.8	8.2	6.0	
2020	4.3	7.9	9.3	9.6	11.6	10.0	9.4	10.4	7.7	7.4	5.8	7.3	6.7	
2021	2.3	5.8	8.2	8.7	10.7	8.5	9.4	8.6	8.2	9.6	7.8	6.4	7.7	
2022	2.8	5.5	5.2	8.6	9.9	9.0	8.8	9.8	9.1	7.2	7.3	7.6	7.0	
2023	2.1	5.3	5.6	5.8	6.2	10.9	7.3	10.1	7.6	7.5	5.7	8.5	6.1	5.2
2024	2.4	8.5	5.2	6.2	6.2	9.3	12.2	10.2	7.4	10.1	10.6	7.7	9.2	8.0
2025	2.7	9.0	10.8	9.1	11.6	10.1	11.0	9.7	10.1	9.3	10.2	7.1	9.7	9.5

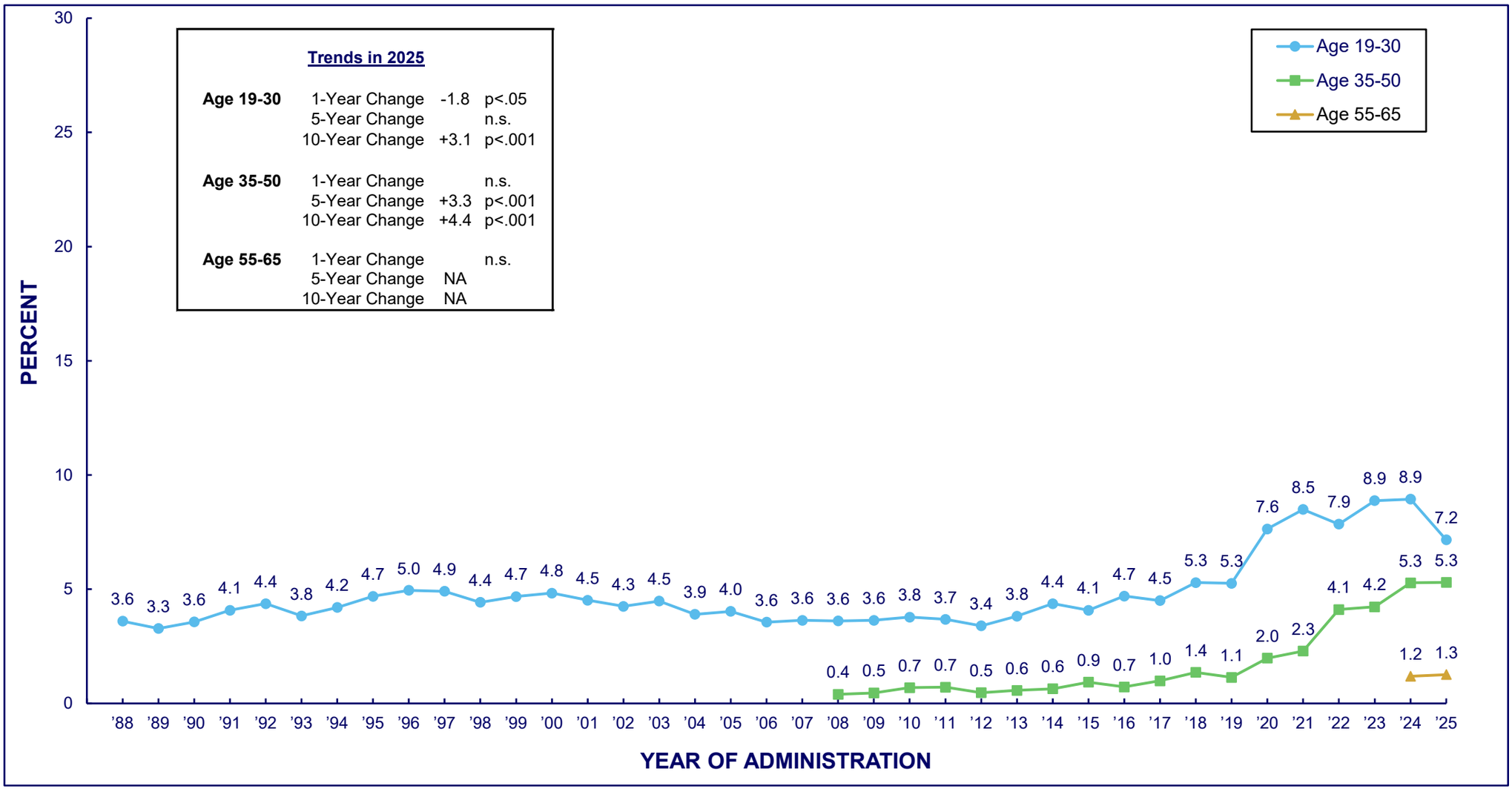
MONITORING THE FUTURE

TABLE/FIGURE 67

HALLUCINOGENS/PSYCHEDELICS[1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



[1]Question text changed in 2024 as detailed below:

New question text: On how many occasions (if any) have you used LSD ("acid") or other hallucinogens or psychedelic drugs (like mescaline, peyote, "shrooms" or psilocybin, PCP)...

Previous question text: On how many occasions (if any) have you used LSD ("acid") or other hallucinogens (like mescaline, peyote, "shrooms" or psilocybin, PCP)…

(Age-specific data provided in the following table.)

TABLE/FIGURE 68

HALLUCINOGENS/PSYCHEDELICS

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

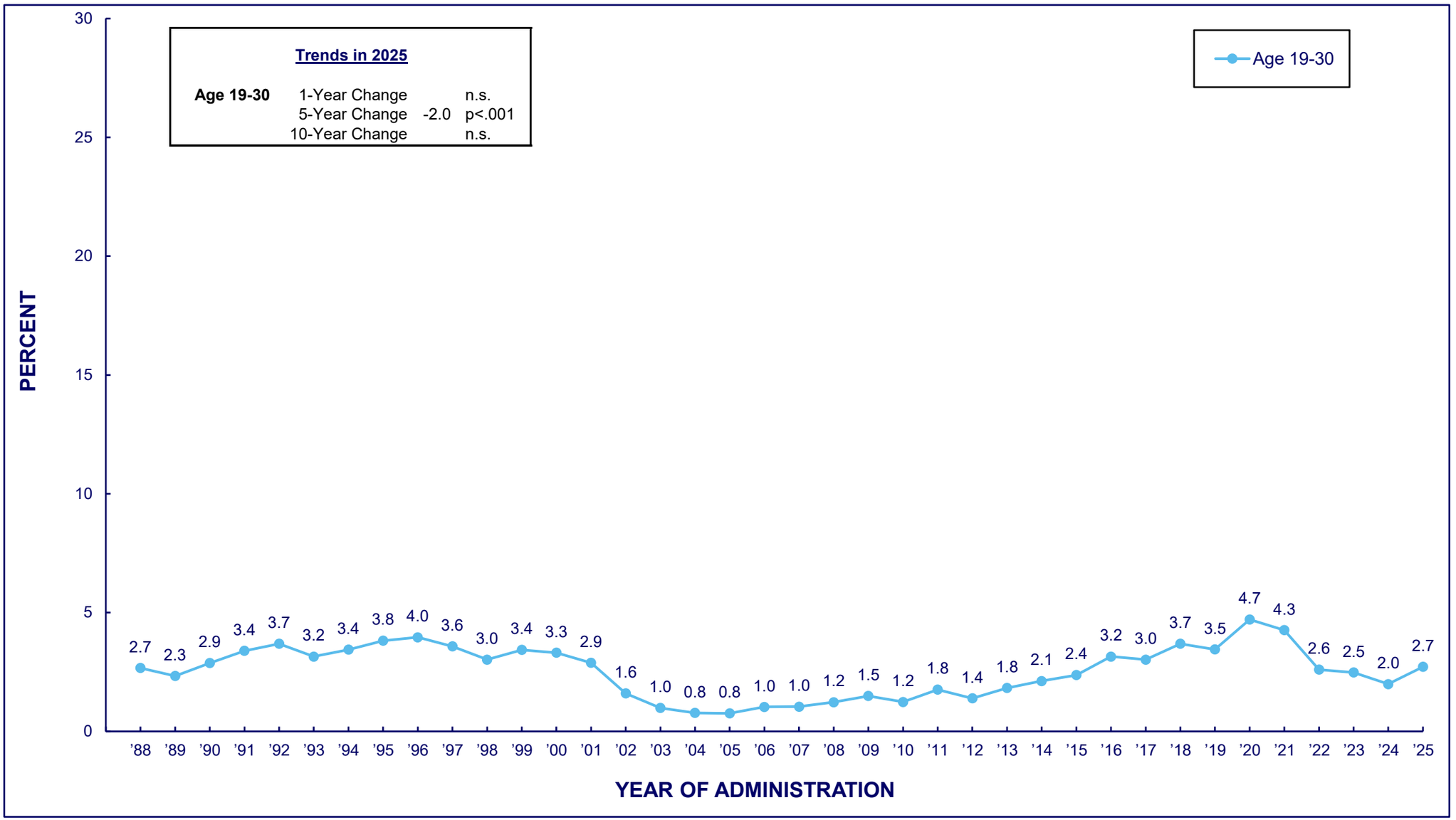
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	9.4													
1977	8.8													
1978	9.6	9.0												
1979	9.9	10.8												
1980	9.3	9.8	9.8											
1981	9.0	9.2	11.0											
1982	8.1	10.2	9.2	7.9										
1983	7.3	7.6	7.7	7.5										
1984	6.5	6.1	7.5	5.5	4.7									
1985	6.3	5.9	6.0	4.8	5.0									
1986	6.0	7.1	5.5	4.7	3.1	2.5								
1987	6.4	6.3	5.4	4.1	2.5	2.8								
1988	5.5	5.8	6.0	3.8	2.7	1.4	2.1							
1989	5.6	5.9	4.7	3.9	2.1	1.7	1.6							
1990	5.9	6.3	5.3	4.5	2.3	1.9	1.3							
1991	5.8	6.5	5.8	4.8	3.3	2.6	1.5							
1992	5.9	7.1	6.9	4.2	3.9	2.3	2.0							
1993	7.4	7.1	4.9	4.6	3.2	2.1	1.4							
1994	7.6	7.5	7.0	4.3	2.7	2.5	1.5	0.7						
1995	9.3	9.5	5.9	4.8	3.6	2.4	1.9	0.6						
1996	10.1	10.6	6.8	5.6	3.3	2.1	1.3	0.6						
1997	9.8	10.1	7.6	5.0	3.8	1.7	1.6	1.1						
1998	9.0	7.6	6.6	5.7	3.5	2.2	1.2	0.4	0.8					
1999	9.4	9.4	7.1	6.0	2.7	1.5	1.5	0.8	0.4					
2000	8.1	8.5	7.4	4.6	4.2	2.8	1.9	0.5	1.1					
2001	9.1	8.6	8.0	4.6	3.2	1.8	1.5	0.7	0.1					
2002	6.6	7.0	5.9	5.3	3.0	2.3	2.4	0.2	0.6					
2003	5.9	7.8	7.1	5.7	3.0	2.4	1.5	0.6	0.5	0.6				
2004	6.2	6.1	6.5	4.3	3.2	2.3	1.6	0.9	0.5	0.3				
2005	5.5	6.2	5.6	3.8	4.1	2.2	2.4	0.3	0.4	0.1				
2006	4.9	5.8	5.5	4.4	2.3	2.1	1.4	0.3	0.1	0.1				
2007	5.4	5.4	4.7	4.0	3.3	2.9	1.5	0.4	0.5	0.3				
2008	5.9	5.3	5.0	3.5	3.2	1.9	2.7	1.2	0.1	0.1	0.2			
2009	4.7	4.7	5.3	4.0	3.5	2.2	2.0	0.9	0.4	0.3	0.3			
2010	5.5	5.3	5.0	4.8	3.5	2.0	1.9	1.9	0.5	0.3	0.2			
2011	5.2	5.0	5.4	3.4	3.1	2.8	2.2	1.5	0.6	0.6	0.1			
2012	4.8	5.4	4.1	3.5	2.7	2.2	2.4	1.0	0.2	0.5	0.2			
2013	4.5	5.4	4.6	4.2	3.0	2.9	2.7	1.4	0.7	0.2	0.0			
2014	4.0	7.0	5.9	4.8	3.3	2.7	2.7	1.3	0.3	0.6	0.4			
2015	4.2	5.7	6.2	3.5	4.6	2.1	2.6	2.8	0.6	0.1	0.4			
2016	4.3	4.7	6.5	4.9	5.6	2.5	4.1	1.4	1.0	0.2	0.4			
2017	4.4	4.7	5.4	5.8	5.4	3.5	2.2	1.7	1.3	0.7	0.3			
2018	4.3	5.6	6.2	5.0	5.1	6.5	3.4	1.7	2.1	1.1	0.6			
2019	4.6	5.1	6.9	5.3	5.3	3.7	5.2	2.9	1.1	0.6	0.2			
2020	5.3	7.5	10.1	8.8	8.7	5.5	5.5	2.9	2.5	1.7	1.0			
2021	4.1	10.9	7.0	9.3	9.7	7.7	7.5	3.5	3.1	2.3	0.5			
2022	4.4	3.6	8.4	9.8	9.5	9.1	5.5	5.9	4.8	3.8	2.0			
2023	4.3	9.4	8.7	6.7	10.5	8.5	9.6	7.1	4.2	2.9	2.8			
2024	3.7	6.3	7.1	7.3	11.2	10.0	9.9	6.8	6.7	5.4	2.6	1.7	1.5	0.3
2025	4.3	4.7	6.6	5.7	6.7	7.7	9.7	7.3	6.8	4.4	3.0	1.9	1.1	0.8



TABLE/FIGURE 69

LSD

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 70

LSD

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 35 [2], by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35
1976	6.4							
1977	5.5							
1978	6.3	5.9						
1979	6.6	8.0						
1980	6.5	7.4	7.4					
1981	6.5	6.8	8.2					
1982	6.1	7.8	6.8	5.9				
1983	5.4	5.6	5.2	4.7				
1984	4.7	4.3	5.2	3.2	2.7			
1985	4.4	3.9	3.4	2.8	3.1			
1986	4.5	5.0	4.2	2.8	1.5	1.7		
1987	5.2	5.2	3.9	2.4	1.6	2.0		
1988	4.8	4.8	4.3	2.9	1.8	0.9	1.4	
1989	4.9	4.5	3.5	2.7	1.4	1.2	0.8	
1990	5.4	5.4	4.4	3.6	1.8	1.6	0.9	
1991	5.2	5.6	5.1	4.1	2.7	2.0	1.1	
1992	5.6	6.7	5.7	3.5	3.3	1.7	1.5	
1993	6.8	6.3	4.2	3.3	2.6	1.8	1.0	
1994	6.9	6.9	6.0	3.3	2.2	1.6	1.0	0.4
1995	8.4	8.1	5.0	4.1	2.5	1.8	1.5	0.4
1996	8.8	9.2	5.4	4.9	2.1	1.6	0.9	0.5
1997	8.4	8.0	5.2	3.9	2.7	1.2	0.8	0.5
1998	7.6	5.7	4.4	4.1	2.2	1.1	0.9	0.2
1999	8.1	7.9	4.7	4.4	2.0	1.1	0.7	0.6
2000	6.6	6.7	4.8	2.6	3.0	1.8	1.3	0.3
2001	6.6	6.4	4.7	2.7	1.8	1.4	0.9	0.5
2002	3.5	3.3	1.9	2.2	0.9	0.6	1.0	*
2003	1.9	1.7	1.5	1.3	0.7	0.6	0.4	*
2004	2.2	1.4	1.5	0.9	0.6	0.3	0.2	0.3
2005	1.8	1.4	1.0	0.8	0.8	0.2	0.4	0.2
2006	1.7	2.2	1.5	0.9	0.9	0.7	0.2	*
2007	2.1	1.4	1.2	1.4	1.3	0.7	0.4	
2008	2.7	1.9	2.3	0.9	1.0	0.6	0.6	
2009	1.9	2.5	2.3	1.7	1.4	1.0	0.3	
2010	2.6	2.4	1.6	1.5	1.1	0.6	0.3	
2011	2.7	3.1	3.0	1.6	1.2	0.4	1.2	
2012	2.4	2.6	1.7	1.6	1.3	0.5	0.5	
2013	2.2	2.8	2.8	2.2	1.6	0.7	0.9	
2014	2.5	3.7	3.2	2.4	1.6	1.1	0.7	
2015	2.9	3.5	4.2	2.0	2.8	0.7	1.1	
2016	3.0	4.1	4.0	3.7	3.9	1.1	2.3	
2017	3.3	3.1	4.0	4.1	3.9	2.4	0.8	
2018	3.2	4.8	5.0	2.6	3.2	4.5	2.2	
2019	3.6	3.5	4.1	3.7	4.5	1.9	3.1	
2020	3.9	5.7	7.4	4.9	5.6	2.8	2.4	
2021	2.5	7.0	4.3	3.9	5.8	3.3	2.6	
2022	2.5	1.5	2.7	3.8	3.3	2.9	1.1	
2023	1.2	2.6	1.6	2.3	4.3	1.5	2.3	
2024	0.8	1.2	1.3	1.2	3.5	1.2	2.9	
2025	1.7	1.6	1.7	4.4	2.6	2.4	3.5	

Notes. ' * ' indicates a percentage of less than 0.05%. ' — ' indicates data not available.

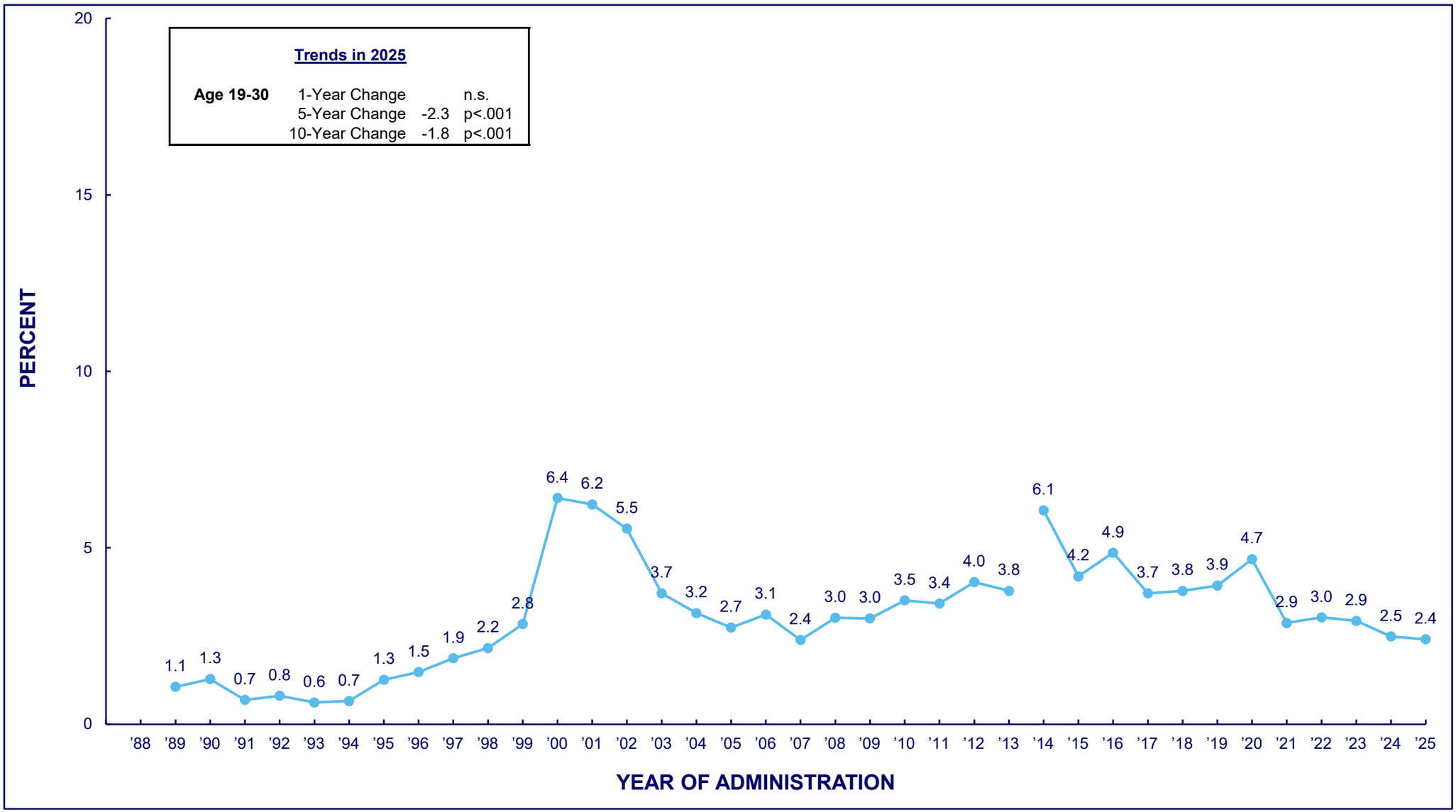
[1]Questions about LSD use were not included in the questionnaires for ages 40 and older, or age 35 after 2006.

MONITORING THE FUTURE

TABLE/FIGURE 71

MDMA (ECSTASY, MOLLY)

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30



[1]In 2014, a version of the question was added to an additional form that included "molly" in the description. In 2015 the remaining forms changed to this updated wording. Beginning in 2014, estimates presented here are based on the revised version of the question.

(Age-specific data provided in the following table.)

TABLE/FIGURE 72

MDMA (Ecstasy, Molly)

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 30, [1] by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
1989		1.9	2.1	1.2	0.3	0.9	0.2
1990		2.1	2.2	1.4	1.1	0.9	0.2
1991		0.5	1.0	0.9	0.6	0.7	0.6
1992		2.0	1.7	0.4	0.7	0.4	*
1993		1.0	0.4	1.2	0.6	0.7	*
1994		0.7	1.6	1.1	0.3	0.3	0.3
1995		2.2	1.7	1.2	1.0	1.4	0.3
1996	4.6	3.9	1.6	1.2	1.3	0.7	0.6
1997	4.0	3.0	3.5	1.3	1.8	0.5	1.5
1998	3.6	3.4	3.3	2.5	1.7	2.5	*
1999	5.6	4.6	4.5	3.2	3.2	1.6	0.6
2000	8.2	9.8	9.3	6.4	8.1	2.5	3.0
2001	9.2	10.1	10.4	6.7	4.7	3.8	2.2
2002	7.4	5.9	9.7	7.8	3.9	3.4	2.9
2003	4.5	4.7	5.3	4.9	3.9	2.8	1.2
2004	4.0	4.2	2.8	3.3	3.9	3.7	1.1
2005	3.0	3.4	3.5	2.6	2.3	2.8	1.9
2006	4.1	4.4	4.2	4.2	2.0	1.9	2.3
2007	4.5	3.1	2.5	2.8	2.1	1.8	2.1
2008	4.3	5.0	4.2	2.6	2.3	2.0	2.1
2009	4.3	3.2	4.1	3.5	2.7	2.3	2.1
2010	4.5	5.2	5.5	4.3	1.5	2.1	2.3
2011	5.3	4.7	5.2	3.4	2.2	3.1	2.0
2012	3.8	5.9	5.6	4.2	3.1	2.2	3.1
2013	4.0	5.3	5.7	5.1	3.0	1.9	1.7
2014	5.0	6.0	6.7	2.3	10.6	6.4	4.0
2015	3.6	5.8	4.2	5.2	4.2	3.3	2.7
2016	2.7	4.9	7.9	4.1	3.8	5.0	3.7
2017	2.6	1.7	6.2	5.4	3.8	2.3	2.9
2018	2.2	2.5	3.5	3.9	4.3	3.5	4.7
2019	2.2	1.6	5.7	4.4	5.1	3.0	3.9
2020	1.8	3.6	5.2	5.5	5.2	3.9	4.5
2021	1.1	1.3	2.7	3.0	4.7	2.4	2.5
2022	1.4	0.6	2.4	2.8	2.7	5.5	2.9
2023	0.7	1.1	0.4	2.9	3.5	4.6	3.5
2024	0.8	0.5	0.5	1.7	4.2	2.4	3.8
2025	1.1	0.8	1.3	0.4	2.4	3.5	4.3

Notes. ' * ' indicates a percentage of less than 0.05%.

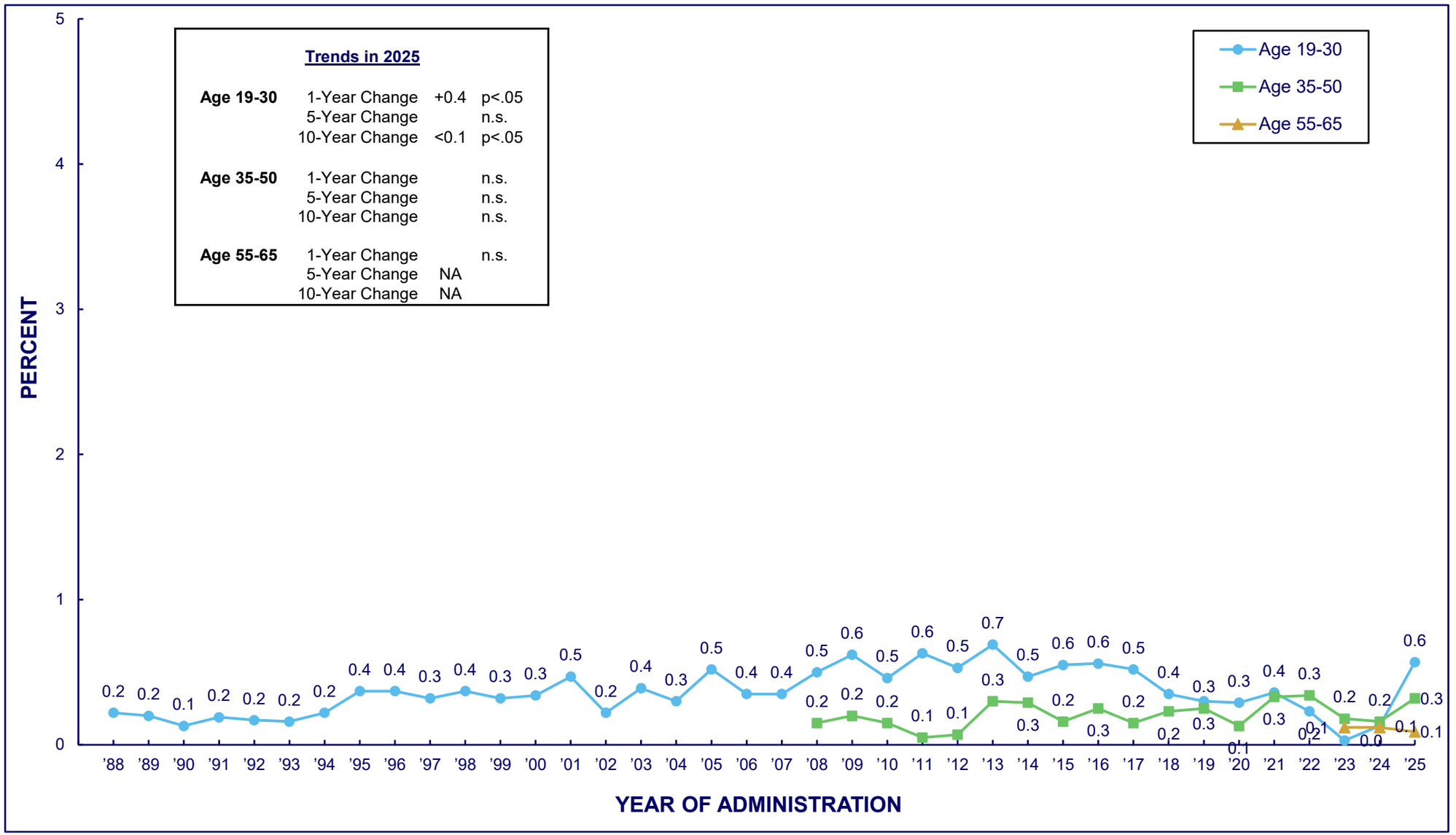
[1] Questions about use of ecstasy (MDMA, Molly) were not included in the questionnaires administered to those ages 35+.

MONITORING THE FUTURE

TABLE/FIGURE 73

HEROIN

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 74

HEROIN

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	0.8													
1977	0.8													
1978	0.8	0.4												
1979	0.5	0.3												
1980	0.5	0.2	0.7											
1981	0.5	0.5	0.4											
1982	0.6	0.2	0.4	0.2										
1983	0.6	0.2	0.3	0.5										
1984	0.5	0.2	0.3	0.2	0.3									
1985	0.6	0.1	0.3	0.3	0.3									
1986	0.5	0.1	0.2	0.1	0.2	0.3								
1987	0.5	0.2	0.3	0.1	0.3	0.3								
1988	0.5	0.1	0.2	0.2	0.1	0.3	0.4							
1989	0.6	0.2	0.2	0.1	0.1	0.3	0.3							
1990	0.5	0.2	0.2	0.2	0.1	*	0.2							
1991	0.4	0.1	0.2	0.2	0.2	0.1	0.3							
1992	0.6	0.1	0.3	0.2	0.1	0.2	0.1							
1993	0.5	0.2	0.2	0.1	0.2	0.2	0.1							
1994	0.6	0.1	0.3	0.1	0.2	0.2	0.4	0.3						
1995	1.1	0.6	0.2	0.8	0.1	0.1	0.4	0.2						
1996	1.0	0.8	0.5	0.4	0.2	0.2	0.1	0.2						
1997	1.2	0.3	0.6	0.2	0.3	0.2	0.4	0.1						
1998	1.0	1.0	0.4	0.3	0.4	0.1	0.2	0.1	0.7					
1999	1.1	0.5	0.4	0.5	0.2	0.2	0.1	0.5	*					
2000	1.5	0.6	0.5	0.4	0.3	0.1	0.1	*	0.1					
2001	0.9	1.1	0.4	0.5	0.3	0.4	0.2	0.0	0.1					
2002	1.0	0.5	0.1	0.3	0.2	0.1	0.2	0.2	0.3					
2003	0.8	0.3	0.4	0.6	0.1	0.7	0.2	0.3	0.4	0.5				
2004	0.9	0.3	0.5	0.3	0.2	0.1	0.4	0.1	0.1	0.3				
2005	0.8	0.5	0.7	0.3	0.2	0.5	0.8	*	*	0.1				
2006	0.8	0.5	0.6	0.2	0.6	*	0.1	0.4	0.2	0.2				
2007	0.9	0.3	0.5	0.4	0.3	0.3	0.4	0.1	0.1	0.1				
2008	0.7	0.6	1.1	0.6	0.3	0.2	0.2	0.1	*	*	0.5			
2009	0.7	0.7	0.8	0.8	0.7	0.3	0.3	0.3	*	0.1	0.4			
2010	0.9	0.5	0.3	0.9	0.7	0.3	0.1	0.3	0.1	*	0.2			
2011	0.8	0.7	0.4	0.7	0.8	0.7	0.4	0.1	*	0.1	*			
2012	0.6	0.4	0.5	0.4	1.0	0.3	0.6	0.1	*	0.0	0.1			
2013	0.6	0.4	1.0	0.6	1.0	0.7	0.4	0.6	0.2	0.3	0.1	0.1		
2014	0.6	0.4	0.3	0.4	0.8	0.7	0.2	0.8	*	0.1	0.3	0.2		
2015	0.5	0.3	0.3	0.8	0.8	0.5	0.6	0.3	0.1	*	0.3	0.1		
2016	0.3	0.1	0.9	0.4	0.6	0.5	0.9	0.7	*	0.0	0.3	0.1		
2017	0.4	*	0.2	0.5	0.8	0.9	0.6	0.1	0.2	0.3	*	0.2		
2018	0.4	0.2	0.3	0.4	0.4	0.5	0.3	0.4	0.3	0.2	0.1	0.2	0.2	
2019	0.4	*	0.1	0.4	0.1	0.4	0.8	0.4	0.4	0.2	*	0.2	0.2	
2020	0.3	*	*	0.1	0.9	0.4	0.2	0.5	*	*	*	*	*	
2021	0.1	1.1	0.4	0.1	0.2	*	0.6	0.9	0.3	*	0.1	0.1	0.2	
2022	0.3	*	0.2	0.1	0.5	0.2	0.2	0.5	0.3	0.3	0.3	*	0.1	
2023	0.1	*	*	*	*	0.1	*	0.4	*	0.2	0.1	0.2	*	0.2
2024	0.2	*	0.1	0.3	*	*	0.4	0.2	0.4	0.1	*	*	*	0.4
2025	0.9	0.3	0.3	2.3	0.5	0.2	0.1	1.2	0.1	*	0.1	0.2	0.1	*

Notes. ' * ' indicates a percentage of less than 0.05%.

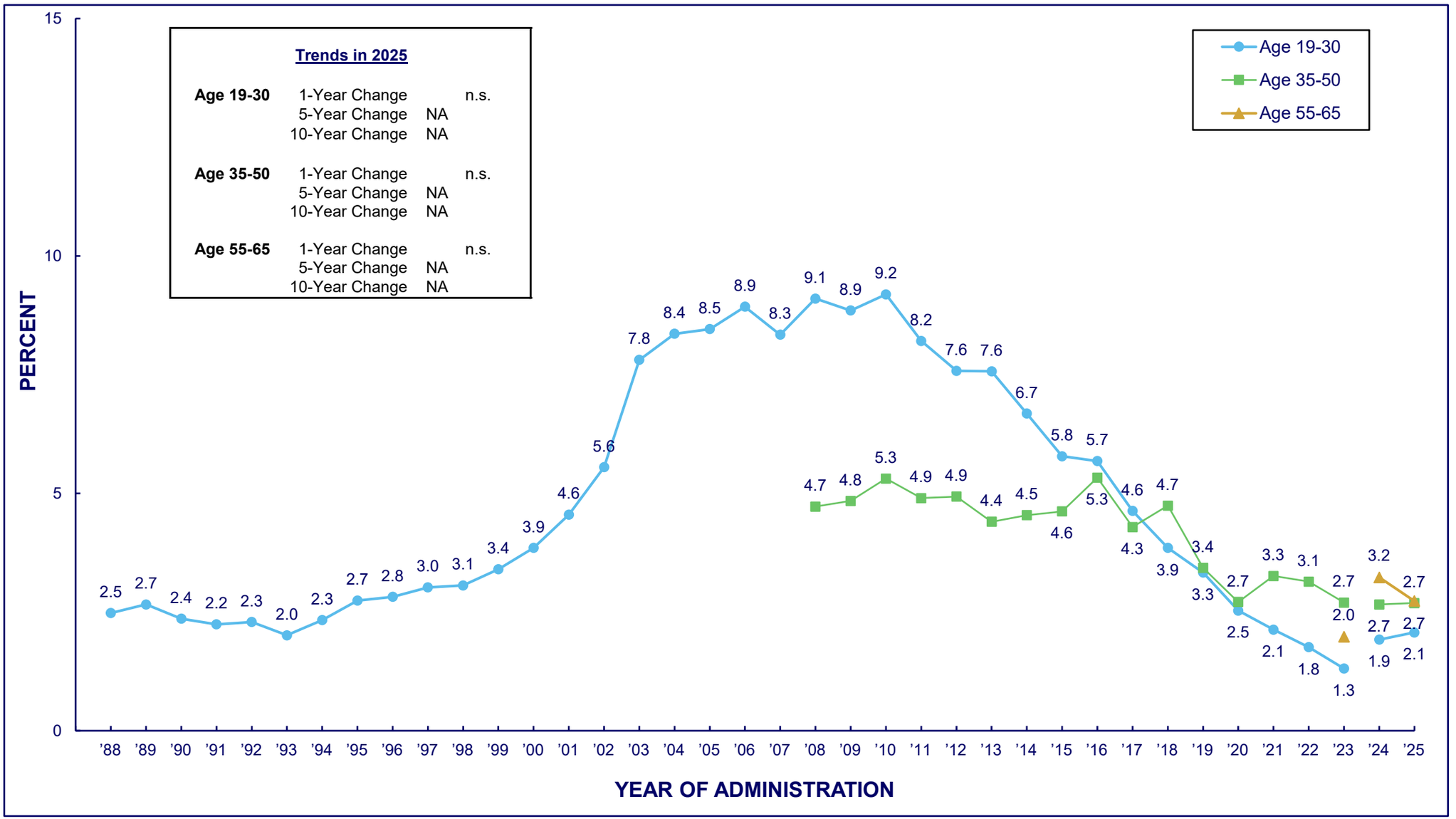
MONITORING THE FUTURE

TABLE/FIGURE 75

OPIOID MEDICATIONS (NONMEDICAL USE) [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



[1]In 2024, the text for this question was changed on half of the survey forms, with the remaining forms changing in 2025. Significant differences based on wording were observed. Estimates and trends presented here for 2024 are based on the revised version of the question.

New question text: On how many occasions (if any) have you taken any prescription opioid medications on your own—that is, without a medical professional telling you to use them…

Previous question text: On how many occasions (if any) have you taken narcotics other than heroin on your own—that is, without a doctor telling you to use them…

(Age-specific data provided in the following table.)

TABLE/FIGURE 76

OPIOID MEDICATIONS (NONMEDICAL USE)

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

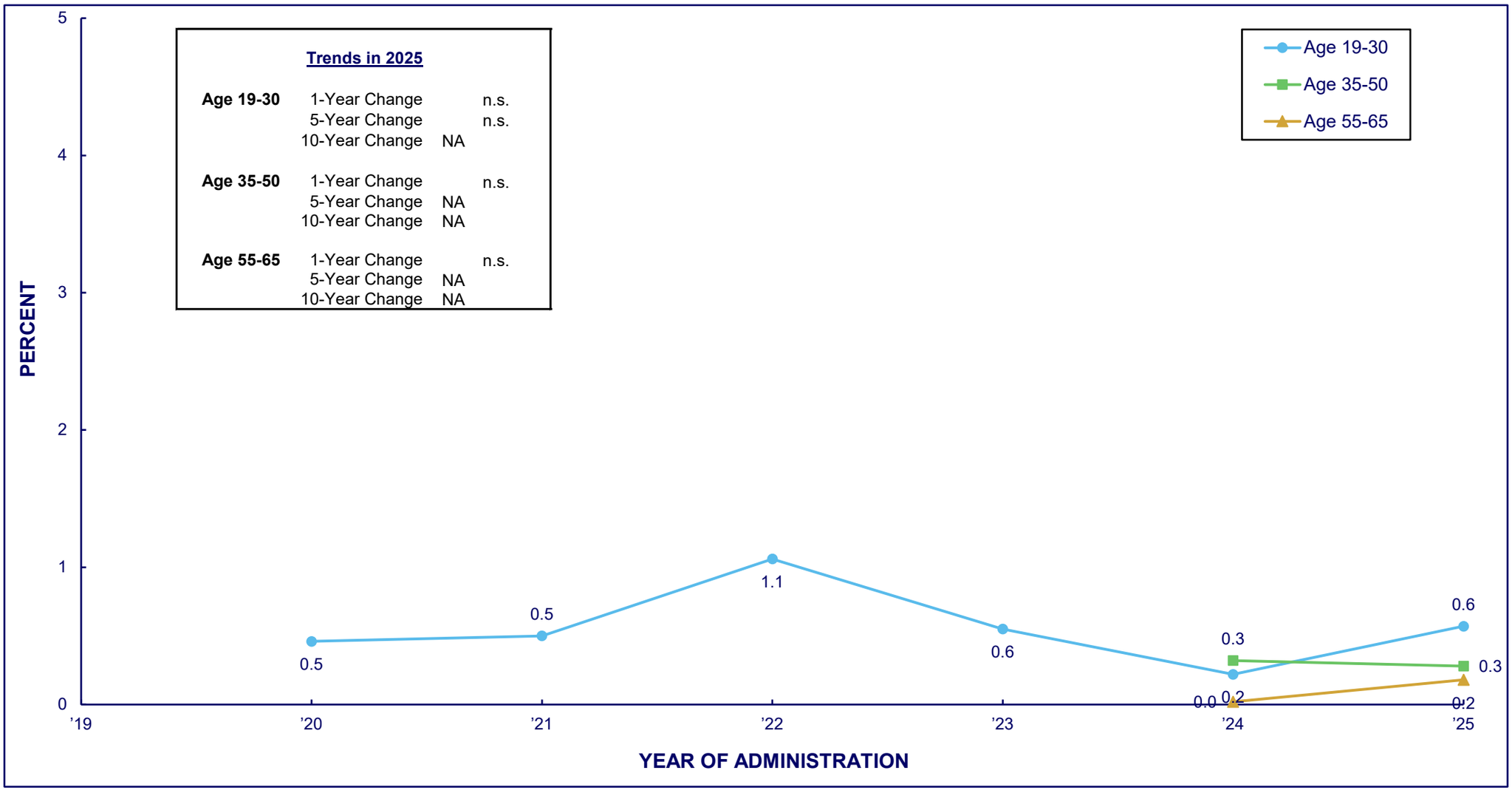
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	5.7													
1977	6.4													
1978	6.0	4.4												
1979	6.2	4.7												
1980	6.3	5.8	4.8											
1981	5.9	5.0	5.0											
1982	5.3	4.4	3.4	4.6										
1983	5.1	4.4	4.1	3.1										
1984	5.2	4.1	3.3	3.6	2.5									
1985	5.9	3.7	3.9	3.8	3.4									
1986	5.2	4.4	3.6	2.7	2.0	2.5								
1987	5.3	3.9	3.7	2.6	2.7	3.0								
1988	4.6	3.1	3.5	2.3	2.4	1.7	1.9							
1989	4.4	2.9	3.4	2.5	2.3	2.9	2.0							
1990	4.5	3.6	2.8	2.7	2.1	1.5	1.7							
1991	3.5	3.2	2.2	2.3	2.3	1.9	1.7							
1992	3.3	2.3	3.3	2.2	2.6	1.7	1.6							
1993	3.6	2.6	2.8	2.0	2.1	1.3	1.4							
1994	3.8	2.7	3.5	2.7	1.5	2.1	1.6	1.6						
1995	4.7	4.5	2.8	2.7	1.9	2.7	1.9	1.4						
1996	5.4	4.8	2.8	3.3	2.1	1.9	2.1	1.8						
1997	6.2	4.5	4.6	2.7	2.1	1.9	2.5	1.9						
1998	6.3	4.1	4.0	3.9	3.1	1.9	1.6	1.1	1.7					
1999	6.7	5.8	4.3	4.0	2.8	1.9	1.7	2.4	1.6					
2000	7.0	6.8	4.9	4.0	2.9	2.1	2.6	1.9	1.8					
2001	6.7	7.0	7.1	4.4	3.4	3.1	2.7	2.3	1.4					
2002	9.4	7.4	7.2	6.7	4.5	4.3	3.5	4.5	3.3					
2003	9.3	10.4	9.5	10.3	6.1	6.4	4.9	3.5	2.2	2.7				
2004	9.5	10.4	9.0	9.5	7.7	7.9	6.0	4.3	3.1	3.4				
2005	9.0	9.1	10.0	7.7	9.1	6.9	8.0	4.4	3.8	3.1				
2006	9.0	8.5	12.4	9.9	9.2	6.9	7.0	4.9	4.3	3.2				
2007	9.2	8.0	9.3	9.5	8.6	8.0	6.8	3.9	6.2	4.5				
2008	9.1	9.0	8.1	10.9	10.1	9.5	7.3	7.2	5.1	3.2	3.5			
2009	9.2	7.0	11.0	8.1	10.5	6.9	9.6	6.2	4.6	4.5	4.1			
2010	8.7	8.2	9.6	10.4	10.6	8.9	7.3	6.9	4.2	5.5	4.7			
2011	8.7	8.1	7.8	7.3	10.2	8.0	7.7	6.1	4.9	4.2	4.5			
2012	7.9	6.7	7.1	8.4	8.4	8.2	6.8	6.3	4.5	4.7	4.3			
2013	7.1	8.6	7.5	7.3	7.7	7.7	6.6	6.7	4.9	3.5	2.9	2.3		
2014	6.1	6.0	6.6	6.4	7.8	6.7	6.6	7.0	3.7	3.9	3.8	2.8		
2015	5.4	4.6	5.0	6.4	5.8	6.6	6.2	5.7	4.5	3.7	4.7	3.5		
2016	4.8	4.3	6.1	5.4	6.9	5.7	5.7	7.4	5.6	4.8	3.9	3.6		
2017	4.2	3.5	3.9	4.1	4.9	4.7	6.5	4.6	4.9	4.1	3.6	3.2		
2018	3.4	2.0	3.8	3.8	3.6	5.0	4.6	5.6	4.6	4.2	4.7	3.3	2.8	
2019	2.7	1.4	3.3	3.6	2.8	3.8	5.0	3.3	3.8	2.7	4.0	2.0	1.9	
2020	2.1	1.3	2.4	2.1	2.8	3.0	3.2	3.8	2.5	3.0	1.7	2.6	3.1	
2021	1.0	1.4	1.6	1.2	2.5	2.3	3.3	2.9	3.4	4.1	2.7	2.6	2.7	
2022	1.7	1.2	0.8	2.7	1.8	1.5	2.3	3.8	2.9	3.1	2.7	2.9	2.7	
2023	1.0	1.5	0.2	1.1	0.8	2.8	1.2	3.6	2.9	2.2	2.1	2.3	1.9	1.8
2024	1.6	2.0	2.6	0.7	2.0	1.9	2.9	2.8	1.3	2.9	3.3	2.6	4.0	3.2
2025	2.0	1.7	1.6	1.5	1.9	2.7	2.5	2.5	3.9	1.6	2.7	1.9	3.4	2.9



TABLE/FIGURE 77

FENTANYL

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 78

FENTANYL

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2020	0.7	0.2	0.6	0.5	0.4	0.3							
2021	0.7	1.0	*	1.1	*	*							
2022	*	*	0.7	*	3.2	2.4							
2023	2.0	*	0.4	0.5	*	0.9							
2024	0.4	0.7	*	0.5	*	*	0.3	0.2	*	0.7	0.1	*	*
2025	0.9	*	1.1	*	1.3	*	0.5	0.1	0.4	0.1	0.3	0.2	0.1

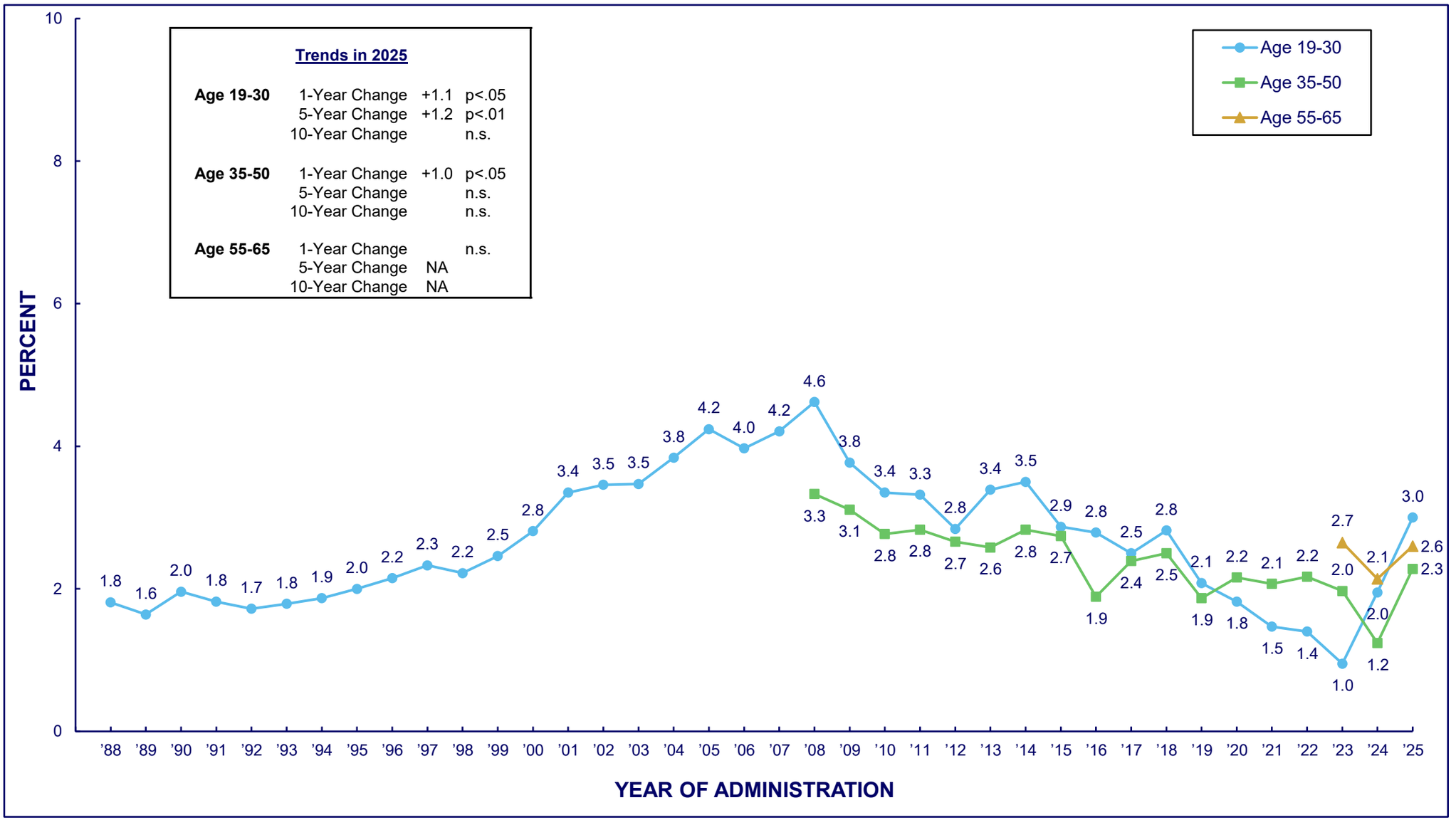
Notes. ' * ' indicates a percentage of less than 0.05%.



TABLE/FIGURE 79

SLEEPING MEDICATIONS (NONMEDICAL USE) [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1] In 2024, the text for this question was changed on half of the survey forms, with the remaining forms changing in 2025. There were no significant differences based on wording so the trend line is considered continuous. Estimates and trends presented here for 2024 are based on the revised version of the question text.

(Age-specific data provided in the following table.)

TABLE/FIGURE 80

SLEEPING MEDICATIONS (NONMEDICAL USE)

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	9.6													
1977	9.3													
1978	8.1	6.2												
1979	7.5	6.9												
1980	6.8	4.7	5.6											
1981	6.6	5.1	5.8											
1982	5.5	4.5	4.2	4.1										
1983	5.2	3.7	3.4	3.8										
1984	4.9	3.4	2.5	2.7	3.2									
1985	4.6	2.2	2.3	3.1	3.5									
1986	4.2	2.5	2.7	2.3	1.9	2.2								
1987	3.6	2.0	2.7	1.6	2.2	2.4								
1988	3.2	2.0	2.0	2.2	1.5	1.3	2.0							
1989	3.3	1.5	1.9	1.9	1.4	1.9	1.4							
1990	3.4	1.8	1.9	2.4	2.2	1.8	1.7							
1991	3.4	1.8	1.3	2.2	2.5	1.3	1.9							
1992	2.8	1.7	1.7	1.9	1.5	1.4	2.0							
1993	3.4	1.9	1.8	1.7	2.1	2.2	1.1							
1994	4.1	2.8	2.3	1.7	1.3	1.7	1.4	1.7						
1995	4.7	3.3	2.8	1.5	1.3	1.5	1.7	1.6						
1996	4.9	3.7	2.5	2.4	1.0	2.0	1.5	1.6						
1997	5.1	4.1	3.6	1.7	1.5	1.3	1.9	1.4						
1998	5.5	3.4	3.0	2.5	1.6	1.8	1.1	1.0	0.9					
1999	5.8	5.0	2.6	3.0	2.0	1.0	1.2	1.5	1.5					
2000	6.2	4.6	3.5	3.8	2.6	1.6	1.1	0.7	1.7					
2001	5.7	5.4	4.8	4.1	2.6	2.2	1.3	1.8	1.4					
2002	6.7	5.6	3.8	4.1	2.7	2.8	2.0	1.9	1.1					
2003	6.0	5.3	4.6	3.9	2.6	3.4	1.5	1.2	0.8	0.9				
2004	6.5	5.8	4.3	4.9	3.3	2.6	2.4	1.2	1.1	1.0				
2005	7.2	5.0	5.2	3.8	4.1	2.7	4.6	1.6	1.2	1.5				
2006	6.6	4.3	5.2	4.8	3.2	2.7	3.8	0.9	1.4	1.4				
2007	6.2	4.5	4.2	4.4	4.2	4.3	3.6	3.7	2.7	2.7				
2008	5.8	5.7	5.2	5.1	4.8	3.9	3.1	3.9	3.3	3.2	3.0			
2009	5.2	3.8	5.9	2.7	4.6	3.0	2.8	3.1	3.4	2.8	3.2			
2010	4.8	3.0	3.7	3.7	2.7	4.5	2.6	3.3	1.9	3.0	3.0			
2011	4.3	3.2	3.0	3.7	4.4	2.7	2.8	4.6	1.9	2.0	2.9			
2012	4.5	2.5	3.1	2.8	2.2	3.6	2.9	2.7	3.0	2.5	2.4			
2013	4.8	3.0	4.0	3.4	4.5	2.7	2.8	2.6	3.2	3.0	1.7	2.1		
2014	4.3	3.9	4.6	3.0	2.8	3.7	3.0	3.8	2.8	2.5	2.3	1.7		
2015	3.6	2.7	3.9	3.0	2.6	2.9	2.2	2.3	2.2	3.0	3.4	2.5		
2016	3.0	2.4	3.3	2.6	2.5	2.9	3.1	2.0	2.0	2.0	1.6	2.4		
2017	2.9	2.1	2.3	2.5	2.9	2.7	2.4	2.9	2.0	2.7	2.0	1.7		
2018	2.7	2.0	3.3	3.2	3.0	3.0	2.4	3.0	2.0	1.9	3.3	1.7	1.8	
2019	2.5	1.5	2.2	2.4	1.8	2.8	1.7	1.8	1.9	1.3	2.4	3.0	1.9	
2020	2.4	1.8	0.9	2.1	2.4	1.7	2.0	3.4	1.7	1.9	1.7	2.0	2.0	
2021	1.8	1.4	1.6	1.5	1.4	1.4	1.6	1.4	1.3	3.1	2.3	2.2	2.7	
2022	2.0	2.9	1.2	1.4	1.4	1.1	1.3	2.4	3.0	1.8	1.7	3.0	2.8	
2023	1.5	0.7	0.6	0.7	1.4	1.1	0.9	2.6	1.7	1.5	2.1	3.4	2.5	2.1
2024	4.8	3.8	3.3	1.8	1.3	1.9	1.0	0.6	1.2	1.6	1.6	3.1	1.4	1.7
2025	4.7	4.8	2.7	5.1	3.4	1.5	2.0	2.4	1.4	2.4	2.8	2.6	2.8	2.4

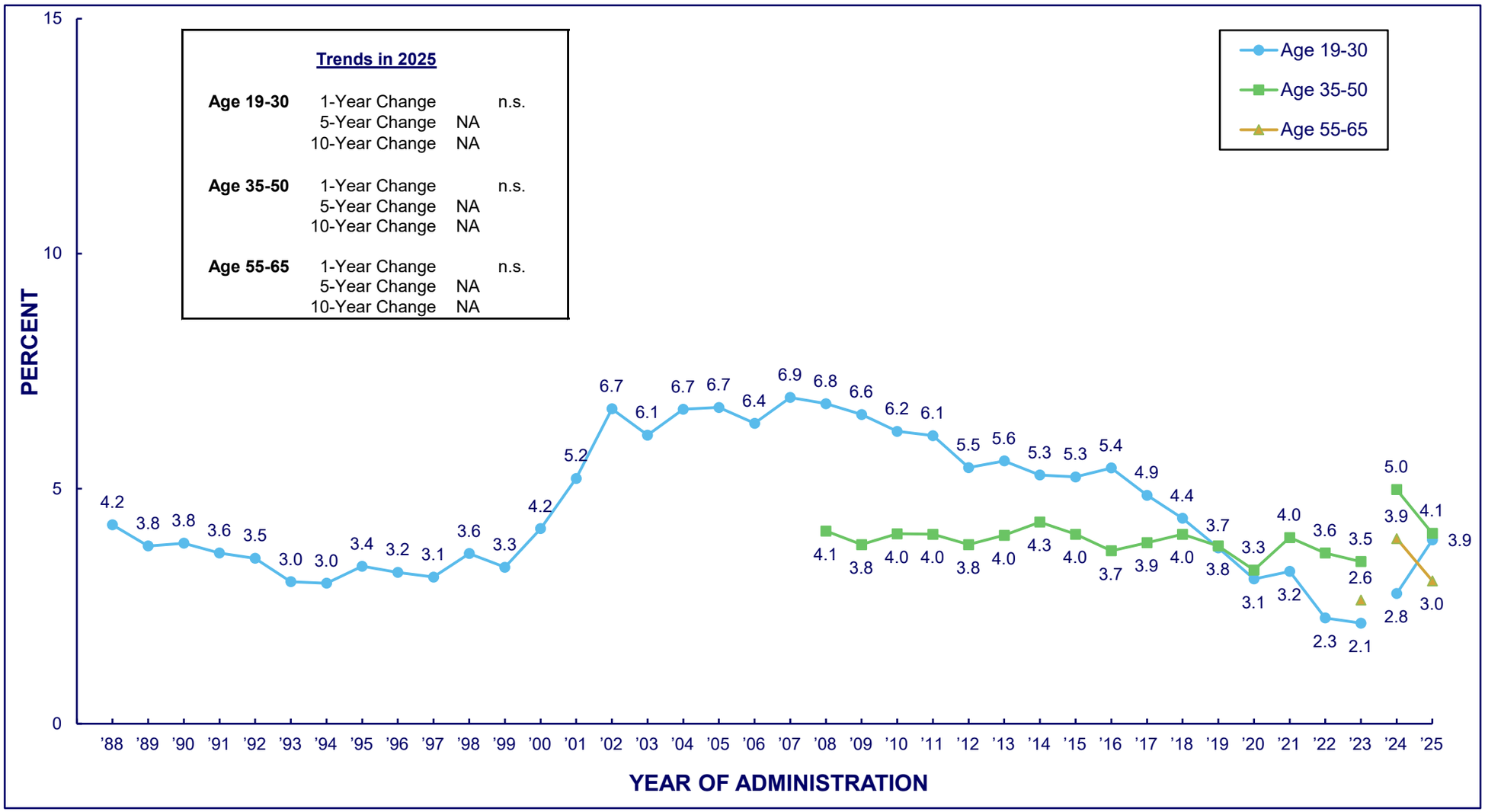
MONITORING THE FUTURE

TABLE/FIGURE 81

ANTI-ANXIETY MEDICATIONS (NONMEDICAL USE) [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group

MONITORING THE FUTURE



[1]In 2024, the text for this question was changed on half of the survey forms, with the remaining forms changing in 2025. Significant differences based on wording were observed. Estimates and trends presented here for 2024 are based on the revised version of the question.

New question text: On how many occasions (if any) have you taken prescription anti-anxiety medications on your own—that is, without a medical professional telling you to use them…

Previous question text: On how many occasions (if any) have you taken tranquilizers on your own—that is, without a doctor telling you to use them…

(Age-specific data provided in the following table.)

TABLE/FIGURE 82

ANTI-ANXIETY MEDICATIONS (NONMEDICAL USE)

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

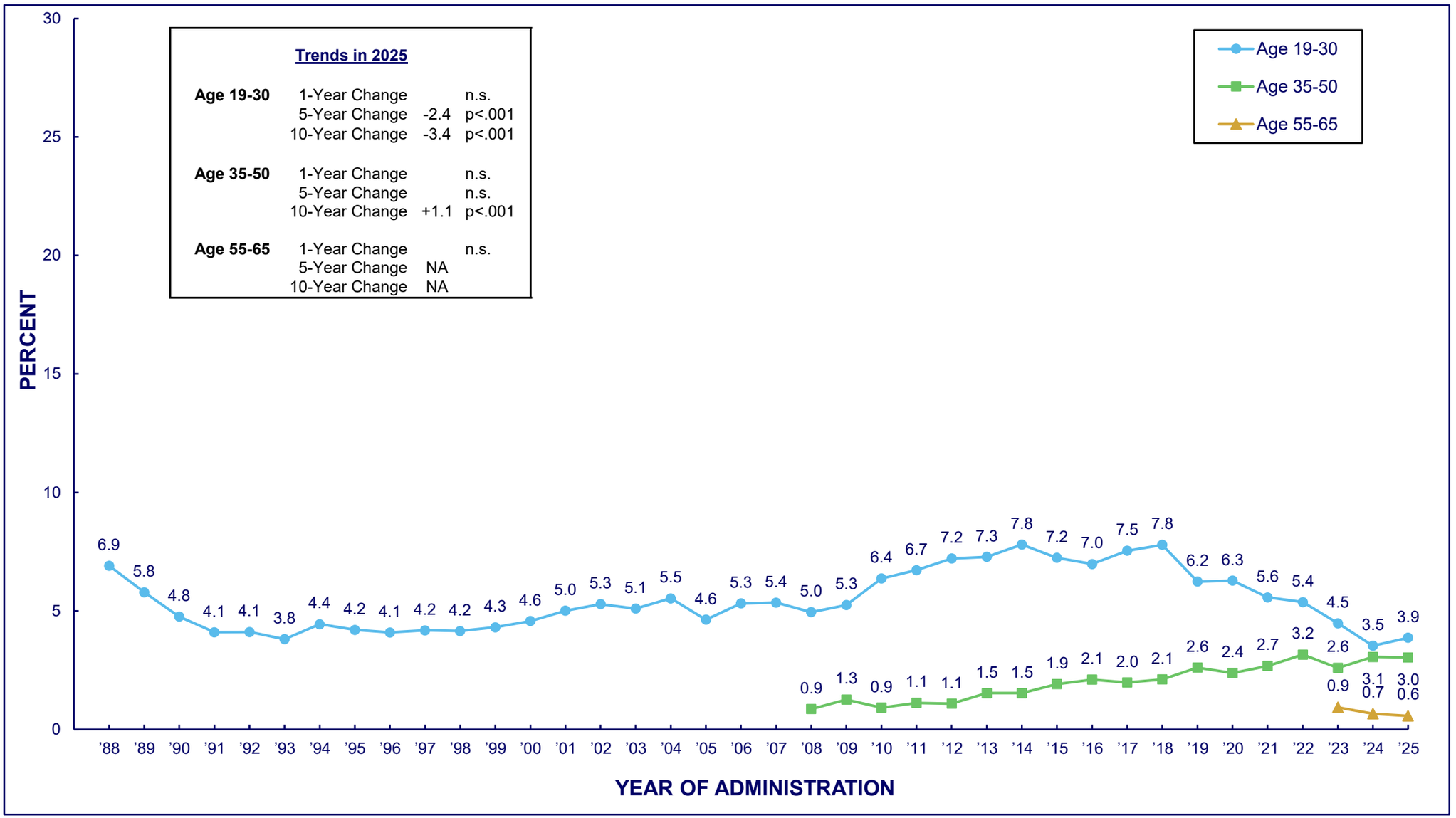
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
		Original	Original	Original	Original	Original	Original	Original	Original	Original	Original	Original	Original	Original
1976	10.3													
1977	10.8													
1978	9.9	9.2												
1979	9.6	9.7												
1980	8.7	8.9	8.7											
1981	8.0	7.7	7.2											
1982	7.0	5.6	7.1	8.4										
1983	6.9	5.3	6.1	6.4										
1984	6.1	5.3	5.5	5.8	6.6									
1985	6.1	4.5	4.8	6.2	6.9									
1986	5.8	4.3	5.5	5.1	5.6	6.5								
1987	5.5	4.2	5.4	4.2	5.9	6.1								
1988	4.8	3.5	4.4	4.1	4.0	5.0	4.4							
1989	3.8	3.4	3.5	4.0	2.9	4.9	4.0							
1990	3.5	3.0	3.7	4.1	4.8	3.2	4.3							
1991	3.6	2.7	3.2	3.9	4.0	3.7	4.3							
1992	2.8	2.3	3.8	3.5	4.6	3.3	3.5							
1993	3.5	2.2	3.0	3.1	3.7	3.6	2.6							
1994	3.7	2.1	3.1	2.9	3.3	3.7	2.9	3.0						
1995	4.4	3.6	3.4	3.2	2.8	3.5	3.6	3.5						
1996	4.6	3.7	4.1	3.0	2.2	3.2	3.0	3.5						
1997	4.7	4.7	3.5	2.7	1.8	2.2	3.9	3.1						
1998	5.5	3.8	4.4	4.1	3.4	3.1	2.9	1.8	2.8					
1999	5.8	4.3	4.1	4.1	3.3	2.3	1.9	3.2	2.2					
2000	5.7	5.2	5.1	4.9	4.2	2.9	2.9	3.0	2.9					
2001	6.9	5.6	7.0	5.8	5.1	3.9	4.0	4.1	3.4					
2002	7.7	8.4	7.6	6.3	7.1	5.9	5.1	4.4	3.9					
2003	6.7	7.6	6.8	7.1	6.2	5.3	4.2	4.1	2.1	2.7				
2004	7.3	7.6	7.1	8.1	6.3	6.0	5.3	3.6	3.9	3.5				
2005	6.8	6.3	8.2	6.5	7.5	4.3	7.6	4.7	4.0	2.8				
2006	6.6	5.9	7.7	6.8	5.6	6.1	6.3	3.9	3.5	3.9				
2007	6.2	5.7	7.5	7.5	7.7	7.9	5.5	3.6	4.9	4.1				
2008	6.2	7.8	6.1	8.3	6.7	5.8	6.4	5.7	2.9	3.8	4.0			
2009	6.3	4.7	7.2	6.9	7.3	6.0	7.3	4.8	4.5	3.0	2.9			
2010	5.6	5.0	6.9	7.3	7.1	5.3	5.6	4.4	3.6	4.5	3.8			
2011	5.6	6.0	5.3	6.7	7.2	5.4	6.1	6.2	3.0	4.0	3.0			
2012	5.3	5.1	4.8	5.8	5.8	7.0	4.2	2.9	3.2	4.5	4.5			
2013	4.6	5.4	5.3	6.7	4.1	6.3	5.8	4.7	4.3	3.4	3.7	2.5		
2014	4.7	6.4	3.8	4.0	5.7	6.0	5.9	6.8	4.0	2.8	3.8	2.7		
2015	4.7	5.4	5.0	5.4	5.2	4.7	5.8	5.0	4.2	3.6	3.4	3.5		
2016	4.9	4.1	7.8	5.3	4.9	4.5	6.2	3.5	3.5	3.7	4.0	2.9		
2017	4.7	3.8	4.8	4.8	5.9	5.0	4.7	4.5	4.2	2.2	4.5	3.0		
2018	3.9	3.6	3.9	4.6	5.2	3.8	5.1	5.3	3.0	3.7	4.1	3.3	2.9	
2019	3.4	2.3	4.2	3.4	3.9	4.1	4.5	4.7	4.1	3.7	2.9	3.4	2.8	
2020	3.2	2.3	2.5	2.9	4.4	3.2	3.1	3.7	3.6	3.3	2.5	3.3	3.2	
2021	1.2	2.2	3.2	2.6	3.3	3.3	4.3	4.0	3.4	5.0	3.4	3.1	2.9	
2022	1.5	1.0	1.6	1.1	3.2	2.6	3.1	4.5	4.7	2.7	2.8	3.1	3.0	
2023	1.0	1.8	0.9	1.4	1.9	3.4	2.9	3.9	3.9	4.0	2.1	3.3	2.4	2.3
2024	3.5	1.7	3.1	2.1	1.7	3.8	4.0	3.6	3.9	7.1	5.3	3.3	4.9	3.6
2025	2.7	3.2	4.7	1.4	5.3	4.0	3.8	3.2	3.9	4.2	4.7	3.1	2.6	3.4

MONITORING THE FUTURE

TABLE/FIGURE 83

STIMULANT MEDICATIONS (NONMEDICAL USE) [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1] In 2024, the text for this question was changed on half of the survey forms, with the remaining forms changing in 2025. There were no significant differences based on wording so the trend line is considered continuous. Estimates and trends presented here for 2024 are based on the revised version of the question text.

(Age-specific data provided in the following table.)

TABLE/FIGURE 84

STIMULANT MEDICATIONS (NONMEDICAL USE)

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

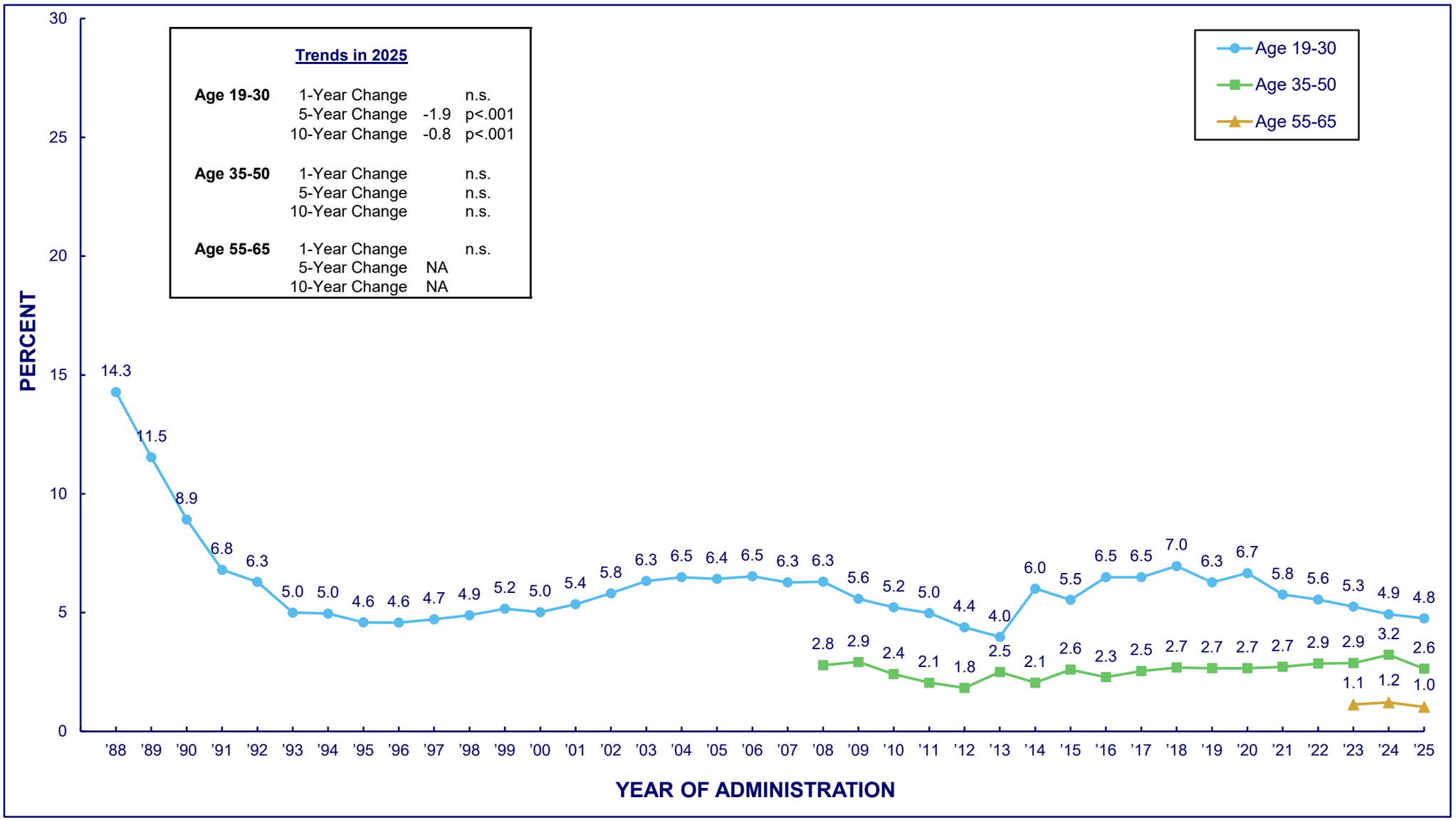
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	15.8													
1977	16.3													
1978	17.1	17.6												
1979	18.3	21.5												
1980	20.8	24.1	25.1											
1981	26.0	26.3	26.7											
1982	20.3	24.0	22.5	21.4										
1983	17.9	20.3	20.2	18.7										
1984	17.7	15.7	17.4	14.5	14.6									
1985	15.8	15.2	13.3	14.3	12.9									
1986	13.4	11.1	12.7	11.6	8.8	8.7								
1987	12.2	9.3	10.0	8.3	8.3	8.0								
1988	10.9	9.0	8.0	7.4	6.6	5.0	5.5							
1989	10.8	7.1	7.2	5.4	5.5	4.7	5.1							
1990	9.1	6.7	5.6	5.2	4.0	4.4	2.9							
1991	8.2	4.9	5.1	3.9	3.5	4.0	3.2							
1992	7.1	6.2	4.3	4.1	3.1	3.9	3.3							
1993	8.4	5.5	5.0	3.9	3.2	2.9	2.6							
1994	9.4	6.1	5.9	4.7	4.5	3.0	2.6	2.5						
1995	9.3	7.4	5.8	3.2	3.5	2.8	2.5	2.0						
1996	9.5	7.1	5.1	4.4	2.8	2.5	2.8	1.9						
1997	10.2	6.0	7.2	3.7	3.2	2.1	2.9	1.8						
1998	10.1	7.2	4.8	5.0	3.4	2.6	2.0	1.7	1.6					
1999	10.2	7.9	5.1	4.6	3.4	2.5	2.6	1.8	1.4					
2000	10.5	9.2	5.8	4.5	4.3	2.7	1.5	1.5	1.5					
2001	10.9	8.5	7.8	5.6	3.7	3.4	1.8	1.9	1.1					
2002	11.1	8.2	6.8	6.0	4.5	4.4	2.2	1.5	1.4					
2003	9.9	8.2	7.8	5.7	3.5	3.6	2.6	2.6	1.1	1.5				
2004	10.0	8.7	6.7	7.0	4.9	4.0	2.5	1.9	1.1	1.1				
2005	8.6	6.5	6.9	5.4	3.9	2.5	3.0	1.3	0.8	0.5				
2006	8.1	6.2	8.2	6.3	4.7	3.5	3.3	1.3	1.5	1.4				
2007	7.5	6.7	7.6	6.6	5.1	3.8	2.5	1.3	0.8	1.2				
2008	6.8	6.1	6.5	5.9	3.8	4.7	2.6	0.7	1.3	0.9	0.6			
2009	6.6	6.3	8.0	5.1	5.4	3.9	2.9	1.7	1.5	0.9	1.1			
2010	7.4	8.5	8.7	7.6	6.3	4.0	3.0	1.4	1.0	0.6	0.7			
2011	8.2	9.2	8.8	8.8	4.8	4.6	3.8	1.5	0.4	1.3	1.3			
2012	7.9	9.1	9.0	8.0	6.6	5.6	4.8	1.9	1.2	0.9	0.4			
2013	9.2	9.2	10.9	7.4	6.4	5.1	4.7	2.2	1.9	1.3	0.9	0.7		
2014	8.1	11.2	9.2	6.7	7.9	6.6	5.4	2.9	1.3	1.1	1.0	0.2		
2015	7.7	8.8	10.1	7.9	7.0	4.9	5.0	3.7	2.0	1.1	1.0	0.3		
2016	6.7	7.9	10.9	7.4	6.0	5.2	4.9	3.6	3.0	0.9	1.2	0.7		
2017	5.9	6.0	9.7	9.2	8.0	7.3	5.1	3.7	1.9	2.0	0.6	0.8		
2018	5.5	4.6	8.5	11.4	7.9	6.7	7.4	3.0	1.8	1.4	2.4	1.2	0.7	
2019	4.5	4.3	7.6	7.0	6.8	6.0	5.8	4.9	2.6	1.9	1.4	1.3	0.7	
2020	4.3	5.9	6.6	7.2	7.3	6.4	4.3	3.7	2.8	2.3	0.8	1.0	0.6	
2021	2.3	4.4	5.8	6.2	6.9	4.9	5.0	3.2	3.3	2.1	2.2	0.7	0.6	
2022	2.8	2.3	4.2	5.0	6.1	6.9	6.0	5.0	3.2	2.1	2.4	0.7	0.8	
2023	2.1	3.1	4.3	3.8	3.6	6.2	5.4	4.0	2.1	2.6	1.8	1.7	0.7	0.4
2024	2.4	3.4	1.1	2.5	2.8	3.2	6.9	4.5	3.3	1.3	3.0	0.6	0.8	0.6
2025	2.7	1.6	4.2	3.3	3.2	4.7	5.0	4.3	3.1	3.3	1.6	0.9	0.7	0.1

MONITORING THE FUTURE

TABLE/FIGURE 85

COCAINE

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



(Age-specific data provided in the following table.)

TABLE/FIGURE 86

COCAINE

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

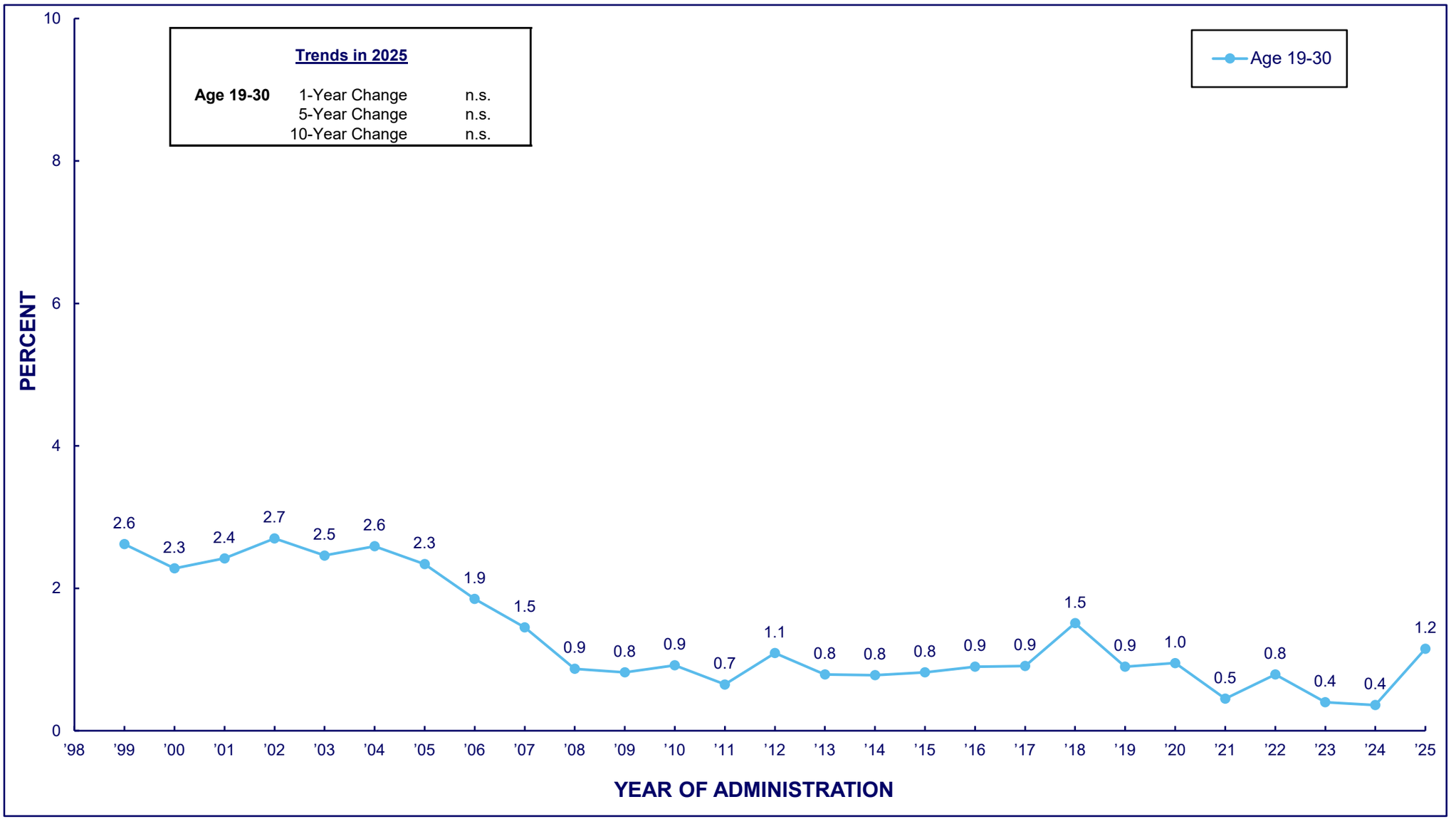
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
1976	6.0													
1977	7.2													
1978	9.0	11.9												
1979	12.0	14.9												
1980	12.3	16.7	20.5											
1981	12.4	16.8	20.6											
1982	11.5	16.9	21.8	23.4										
1983	11.4	14.5	21.5	21.0										
1984	11.6	15.3	21.0	20.9	21.9									
1985	13.1	17.1	19.5	24.4	21.9									
1986	12.7	16.8	20.6	23.2	20.2	20.8								
1987	10.3	14.6	16.9	16.8	17.8	16.0								
1988	7.9	10.7	14.7	15.0	15.3	14.9	14.9							
1989	6.5	7.7	12.9	12.9	10.8	12.8	12.2							
1990	5.3	5.6	9.0	9.9	10.4	10.3	8.4							
1991	3.5	4.3	6.1	7.8	8.1	7.2	7.3							
1992	3.1	4.3	5.1	6.7	6.9	7.6	7.0							
1993	3.3	3.2	4.3	4.5	6.8	6.2	4.8							
1994	3.6	3.7	4.4	4.8	4.8	5.6	6.4	5.1						
1995	4.0	4.0	4.1	4.6	4.8	5.3	4.7	4.3						
1996	4.9	4.0	4.8	5.3	4.2	4.7	4.5	5.2						
1997	5.5	4.8	5.4	5.1	4.3	4.1	4.7	4.1						
1998	5.7	4.9	6.0	6.1	4.5	4.0	3.9	4.4	4.5					
1999	6.2	5.8	5.6	6.9	5.1	3.9	3.9	5.1	4.5					
2000	5.0	6.2	5.9	5.7	5.7	3.8	3.0	3.9	3.4					
2001	4.8	6.0	7.6	5.6	5.7	5.0	2.4	3.2	2.8					
2002	5.0	7.0	7.6	5.6	5.6	4.4	5.1	4.1	3.7					
2003	4.8	6.1	7.6	8.1	5.3	5.9	5.1	2.8	3.7	4.1				
2004	5.3	6.1	8.4	8.8	6.3	5.4	4.4	3.3	4.0	4.5				
2005	5.1	5.8	7.0	6.8	8.3	6.0	4.8	2.9	3.3	2.9				
2006	5.7	6.4	8.4	6.5	7.6	5.4	5.0	2.8	3.1	3.5				
2007	5.2	5.9	7.8	6.4	7.2	6.1	4.3	2.5	3.3	3.6				
2008	4.4	5.4	8.1	5.8	6.4	6.5	5.6	3.9	2.0	3.0	2.2			
2009	3.4	3.2	6.7	6.8	5.2	5.2	6.2	2.8	2.2	3.8	2.8			
2010	2.9	3.6	5.6	7.1	5.0	5.4	4.5	2.6	2.3	2.9	1.9			
2011	2.9	4.5	4.5	6.4	6.4	3.9	4.0	3.1	1.1	2.2	1.8			
2012	2.7	4.0	3.7	5.8	4.7	4.5	3.5	2.2	1.6	1.6	1.9			
2013	2.6	2.8	5.1	4.4	4.6	3.4	3.5	3.2	3.0	2.4	1.6	1.1		
2014	2.6	6.5	5.5	5.8	6.9	6.3	5.0	3.1	1.9	1.2	2.0	1.5		
2015	2.5	5.1	5.5	7.7	6.7	5.2	3.0	4.7	1.5	1.9	2.5	1.0		
2016	2.3	3.7	8.7	8.2	5.9	6.4	5.9	3.3	2.2	1.4	2.4	1.2		
2017	2.7	3.6	8.6	7.6	9.3	4.8	4.9	5.0	2.0	1.5	2.0	1.7		
2018	2.3	3.9	6.9	10.1	8.9	5.5	6.2	3.3	3.0	3.0	1.5	1.8	1.5	
2019	2.2	2.9	7.1	7.4	6.7	7.1	6.4	4.7	3.4	2.3	0.6	1.4	0.9	
2020	2.9	4.3	6.0	7.6	10.0	6.4	5.3	4.7	3.2	1.6	1.3	2.1	1.2	
2021	1.2	2.5	4.2	6.5	8.7	6.3	5.2	4.2	2.9	2.1	1.7	1.2	0.6	
2022	1.5	1.7	4.0	7.4	5.5	7.2	5.6	4.2	4.0	2.1	1.3	0.8	0.9	
2023	0.6	2.2	3.0	3.0	6.1	7.0	8.3	4.4	3.2	2.5	1.5	1.1	1.2	1.1
2024	0.9	2.8	3.2	4.9	5.6	5.0	6.3	4.2	3.6	2.8	2.5	1.1	1.6	0.9
2025	1.4	1.8	3.3	5.6	4.8	5.4	6.2	5.3	2.2	2.1	1.3	1.0	1.5	0.7

MONITORING THE FUTURE

TABLE/FIGURE 87

METHAMPHETAMINE

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 88

METHAMPHETAMINE

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 30, by Age Group

Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
1999	4.7	4.8	2.8	3.2	2.0	0.7	2.0
2000	4.3	3.5	2.9	3.2	1.7	1.4	0.7
2001	3.9	4.2	3.8	1.5	3.3	1.3	0.7
2002	3.6	3.8	1.5	2.1	1.8	4.0	2.9
2003	3.2	2.9	4.1	2.9	1.7	2.1	1.3
2004	3.4	4.0	3.3	3.1	1.8	1.9	1.6
2005	2.5	2.0	4.0	2.3	2.3	2.2	1.5
2006	2.5	2.5	3.0	0.8	3.1	0.5	1.2
2007	1.7	1.2	1.1	3.2	1.2	1.2	1.0
2008	1.2	0.7	0.8	1.4	0.8	1.5	0.1
2009	1.2	0.6	0.6	1.1	1.3	0.8	0.5
2010	1.0	0.2	1.5	0.4	2.5	0.3	0.7
2011	1.4	0.1	0.7	0.9	0.7	0.9	0.6
2012	1.1	0.8	*	1.0	1.7	2.7	0.4
2013	0.9	0.3	0.4	1.3	0.4	0.9	1.4
2014	1.0	0.5	0.5	0.5	0.7	1.0	1.4
2015	0.6	1.3	0.4	1.0	0.8	0.5	0.9
2016	0.6	0.3	1.0	0.9	*	0.4	2.6
2017	0.6	0.5	2.7	0.7	0.9	0.7	0.1
2018	0.5	0.4	0.8	2.4	1.5	3.3	0.6
2019	0.5	0.5	0.7	1.5	1.1	0.7	0.9
2020	1.4	2.1	0.1	0.3	1.3	0.7	1.5
2021	0.2	*	0.7	*	1.6	*	0.3
2022	0.5	0.2	0.2	2.3	*	1.6	0.2
2023	0.4	*	*	*	0.7	0.5	1.0
2024	0.5	*	0.2	*	0.4	*	1.3
2025	0.8	1.3	0.3	1.2	0.8	1.8	1.5

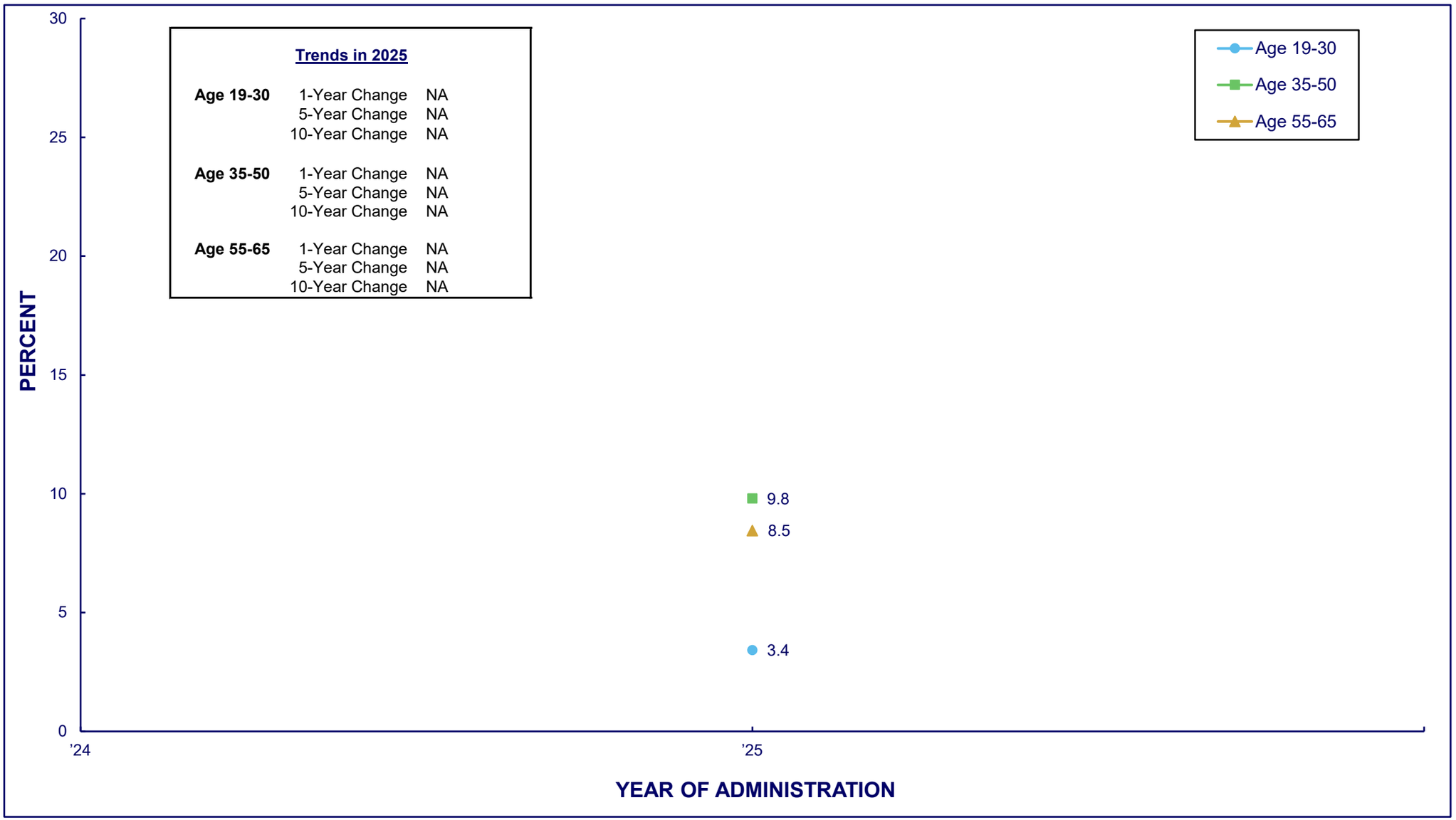
Notes. ' * ' indicates a percentage of less than 0.05%.

MONITORING THE FUTURE

TABLE/FIGURE 89

WEIGHT LOSS DRUGS (MEDICAL USE) [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1]Use under the direction of a medical professional.

(Age-specific data provided in the following table.)

TABLE/FIGURE 90

WEIGHT LOSS DRUGS (MEDICAL USE)

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

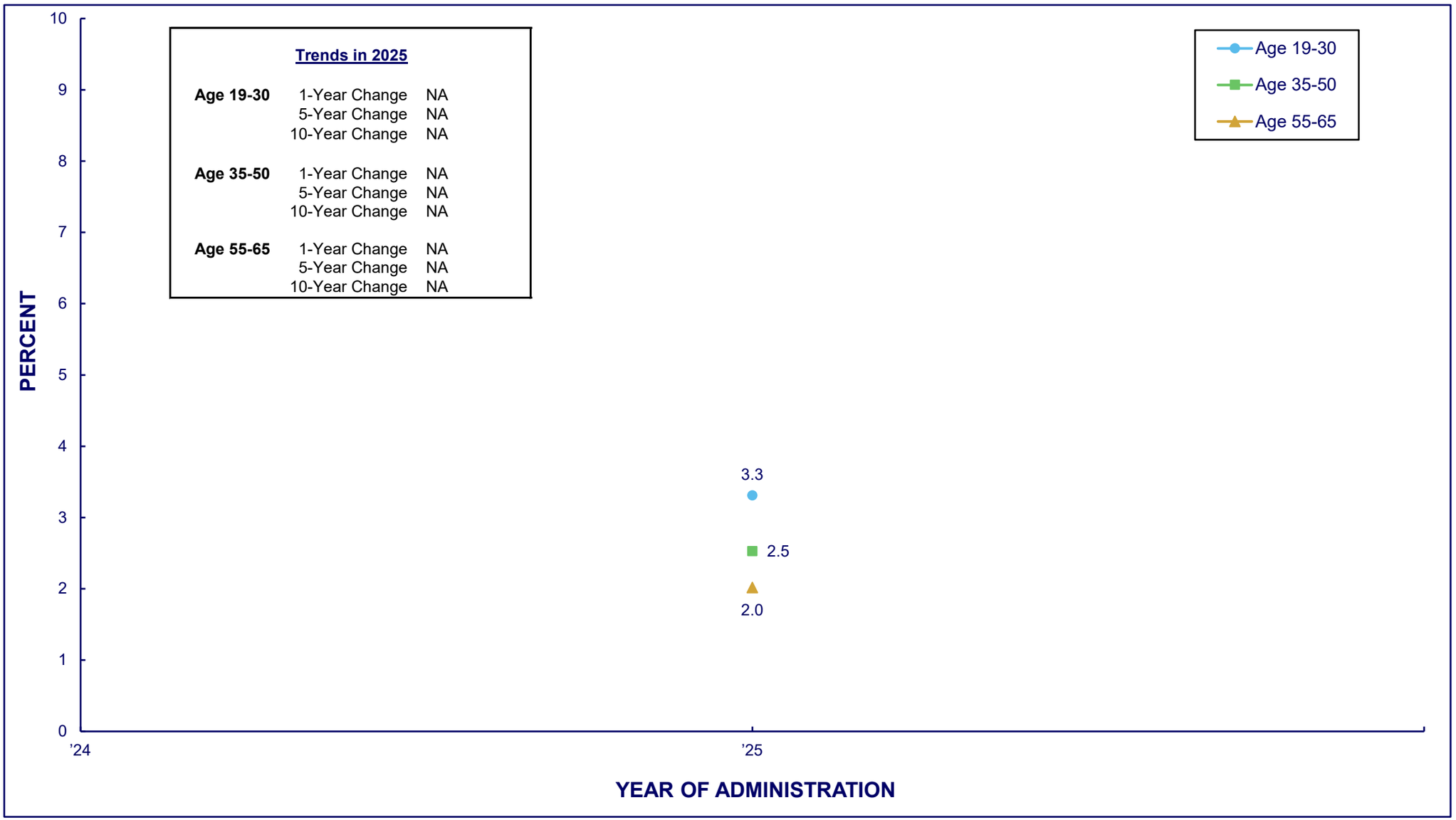
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2025	1.9	2.0	1.4	2.8	6.7	2.8	3.1	6.9	9.2	10.5	12.2	10.9	9.1	5.6

MONITORING THE FUTURE

TABLE/FIGURE 91

WEIGHT LOSS DRUGS (NONMEDICAL USE) [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1]Use not under the direction of a medical professional.

(Age-specific data provided in the following table.)

TABLE/FIGURE 92

WEIGHT LOSS DRUGS (NONMEDICAL USE)

Trends in 12-Month Prevalence

among Respondents of Modal Ages 18 through 65, by Age Group

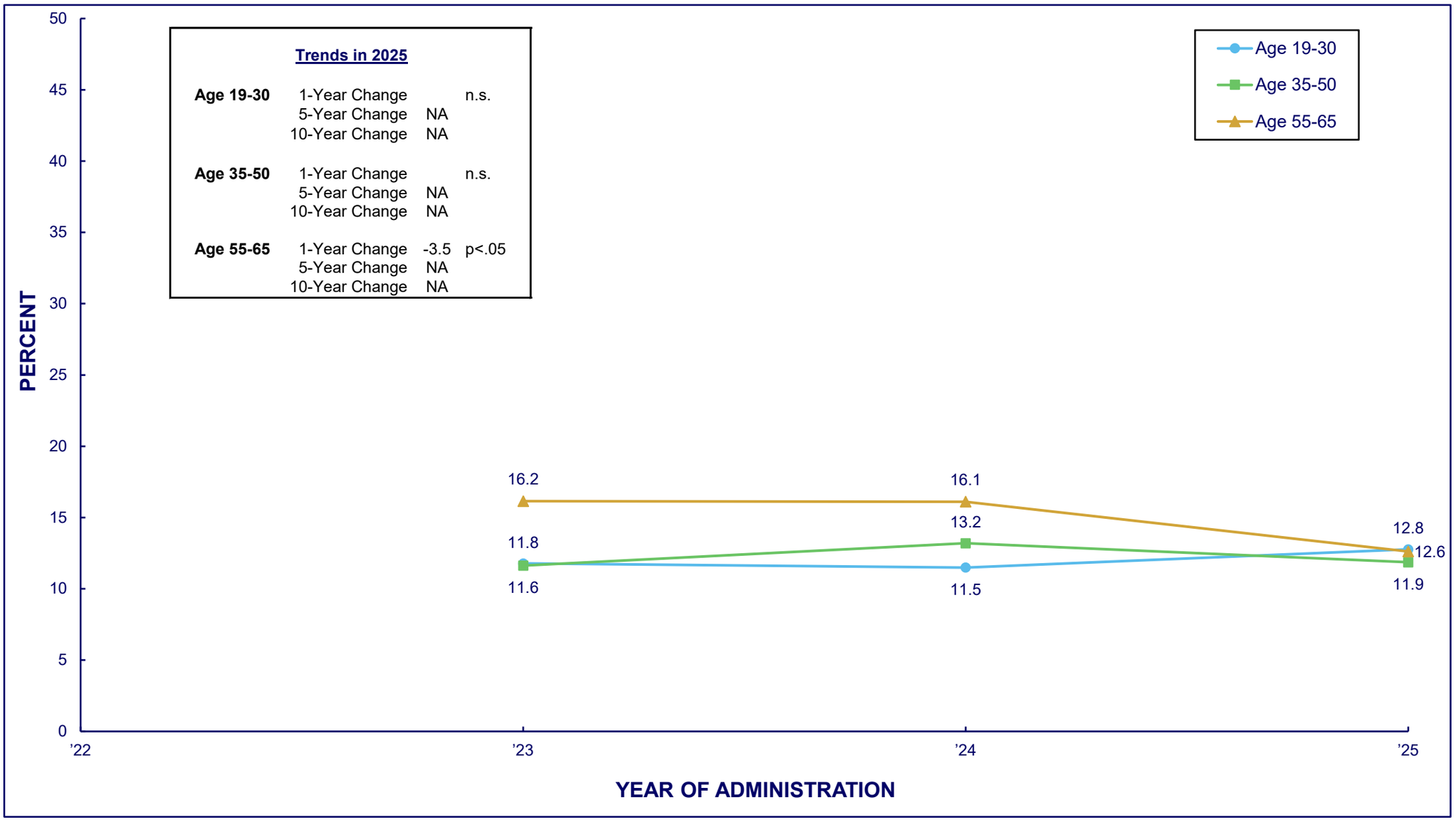
Year	Age 18	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2025	1.7	3.0	1.2	5.3	4.6	3.3	2.2	2.9	2.1	3.3	1.9	3.2	1.3	1.6

MONITORING THE FUTURE

TABLE/FIGURE 93

ABSTENTION [1]

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 65, by Age Group



[1]Respondents who report abstaining from cannabis, alcohol, any drug other than cannabis, and any nicotine use.

(Age-specific data provided in the following table.)

TABLE/FIGURE 94

ABSTENTION

Trends in 12-Month Prevalence among Respondents of Modal Ages 18 through 65, by Age Group

Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30	Age 35	Age 40	Age 45	Age 50	Age 55	Age 60	Age 65
2023	25.1	20.6	5.2	11.1	6.1	10.3	10.0	11.2	12.3	12.9	14.6	15.9	18.1
2024	32.1	11.4	9.4	8.5	8.7	7.3	10.9	13.6	12.0	16.2	13.9	15.7	19.9
2025	26.7	13.5	14.4	11.0	8.0	10.6	10.9	11.8	11.2	13.4	11.8	11.2	14.6

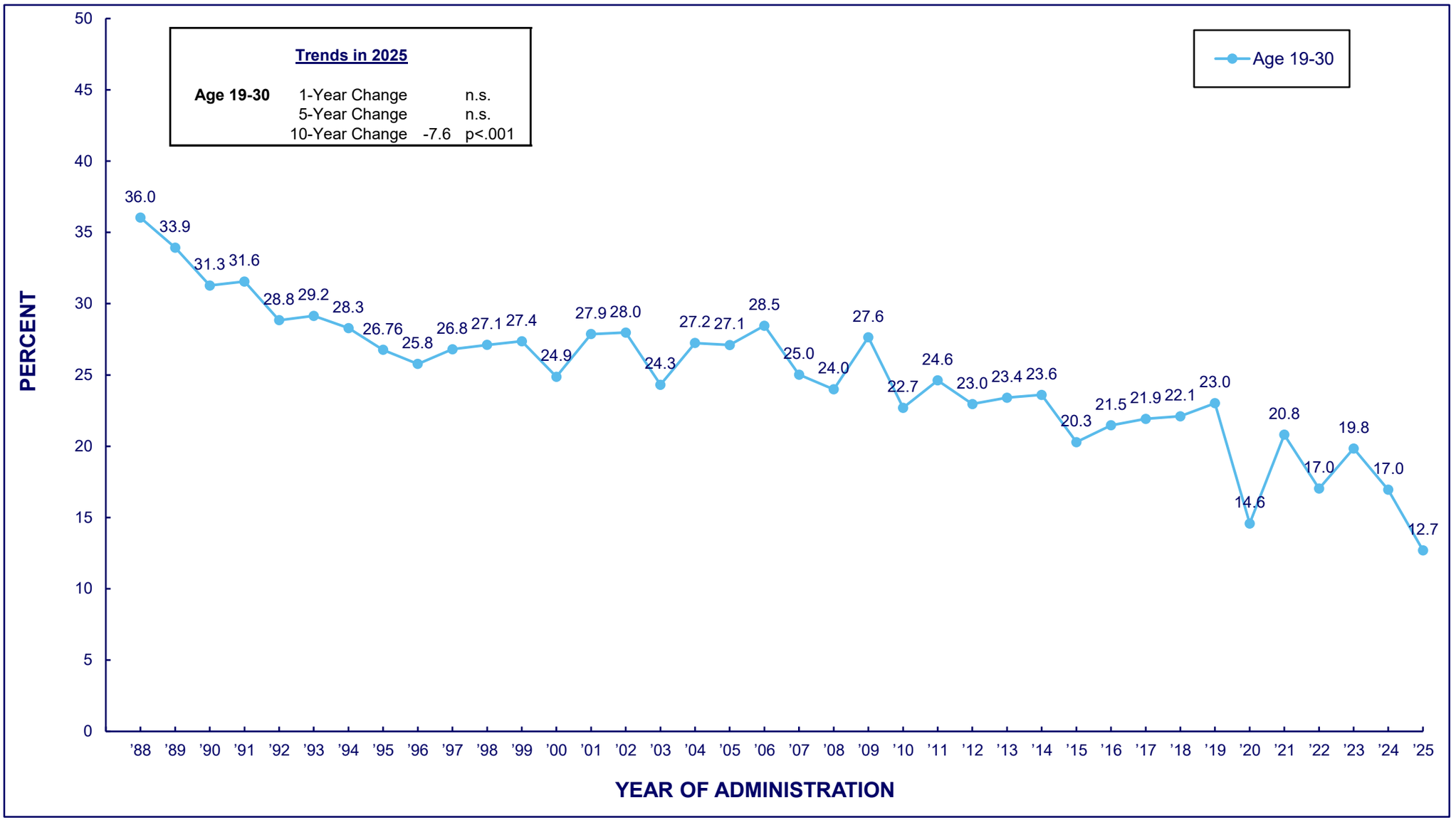
MONITORING THE FUTURE

TABLE/FIGURE 95

DRIVING AFTER USING ALCOHOL

Trends in 2-Week Prevalence among Respondents of Modal Ages 19 through 30

MONITORING THE FUTURE



(Age-specific data provided in the following table.)

TABLE/FIGURE 96

DRIVING AFTER USING ALCOHOL

Trends in 2-Week Prevalence

among Respondents of Modal Ages 18 through 30, by Age Group

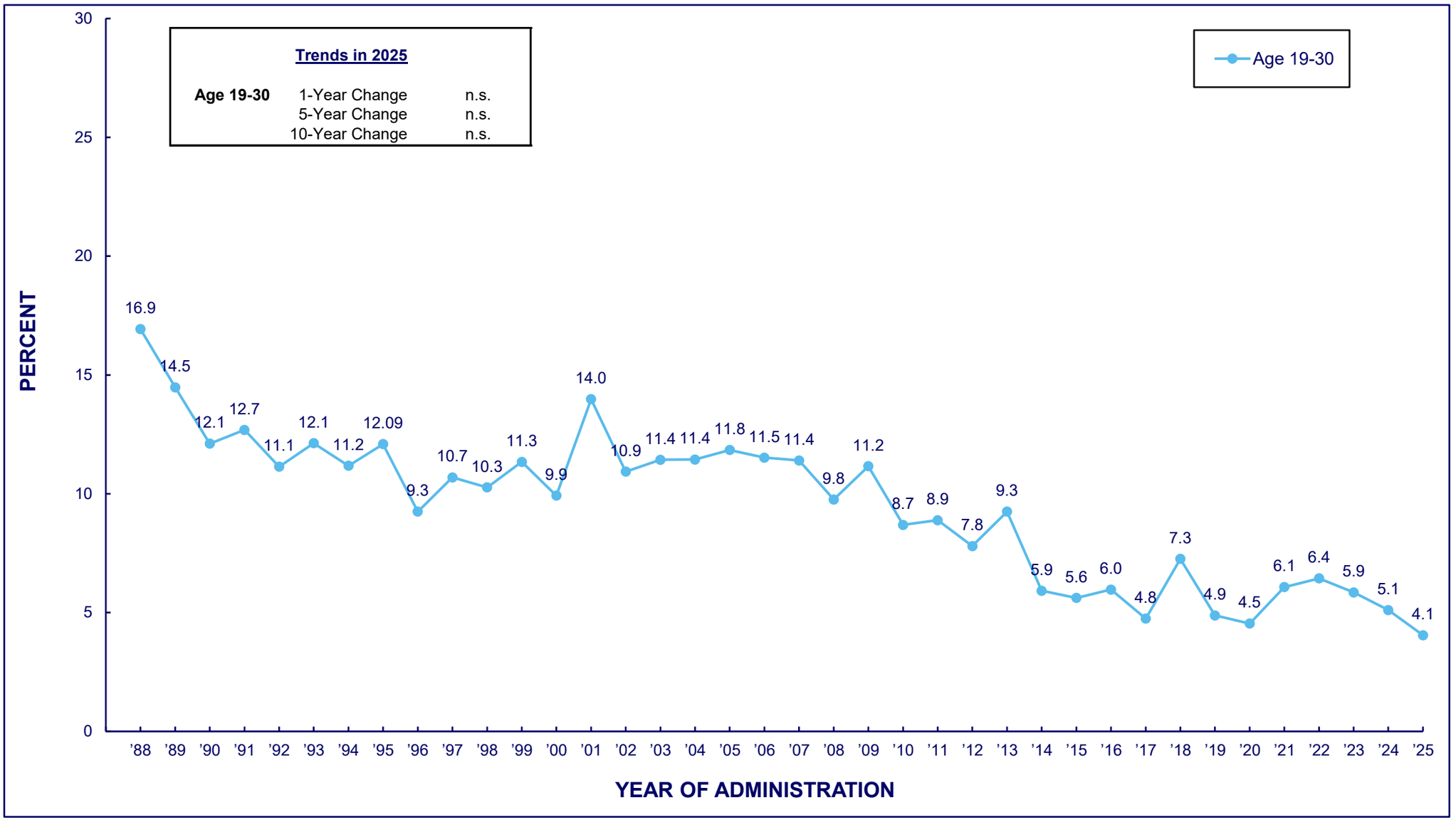
Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
1984	34.4	46.6	45.5	45.9		
1985	32.0	36.0	39.8	35.4		
1986	29.6	38.4	40.2	37.3	40.1	
1987	26.4	38.6	39.8	39.6	36.1	
1988	25.3	34.8	45.6	36.0	37.9	35.9
1989	27.1	35.8	36.8	36.3	39.9	27.5
1990	21.1	32.4	35.4	34.6	34.0	29.6
1991	23.4	35.1	33.2	28.7	33.4	33.7
1992	24.3	27.2	30.1	30.9	34.1	25.4
1993	22.6	24.0	31.4	31.8	28.3	34.1
1994	14.6	30.7	26.6	30.4	30.8	34.3
1995	21.5	26.2	26.4	25.3	30.4	29.7
1996	17.5	28.3	31.8	22.5	26.4	27.7
1997	16.8	26.6	31.4	27.9	27.4	29.9
1998	20.3	29.7	28.9	32.3	26.6	25.0
1999	17.2	23.5	32.9	33.8	30.0	26.6
2000	20.1	24.0	27.0	29.9	25.4	22.7
2001	24.2	28.2	27.3	33.7	30.1	22.7
2002	14.9	28.5	36.9	30.3	27.6	27.6
2003	19.2	22.9	26.0	25.1	24.2	27.4
2004	19.4	28.8	32.1	26.2	28.3	28.6
2005	16.7	33.0	25.8	31.3	25.2	31.0
2006	17.2	36.1	31.3	30.5	31.1	24.5
2007	13.5	24.0	28.2	25.1	34.2	25.2
2008	13.5	20.7	30.6	28.3	22.7	28.3
2009	14.9	23.9	35.1	38.4	25.7	28.9
2010	8.5	18.5	25.7	29.8	22.8	29.8
2011	10.2	26.5	24.5	30.6	32.3	24.1
2012	8.6	22.0	27.2	27.6	32.0	18.9
2013	10.1	25.7	26.6	26.9	26.5	25.6
2014	8.1	18.7	26.5	26.9	27.2	31.9
2015	10.0	14.2	23.5	24.8	22.0	26.9
2016	11.5	22.5	30.5	15.6	22.0	24.6
2017	9.1	17.7	25.5	33.6	21.9	21.0
2018	4.5	16.8	34.0	28.7	22.9	25.1
2019	3.7	17.6	26.7	26.8	28.8	32.5
2020	10.7	8.4	11.8	17.1	19.3	17.8
2021	5.1	19.1	23.5	28.6	20.4	22.1
2022	6.6	14.7	17.5	14.7	16.7	25.0
2023	9.4	7.4	25.0	15.7	20.9	30.2
2024	0.5	10.3	15.8	18.4	22.2	24.1
2025	3.5	7.2	8.2	18.3	10.5	18.9

MONITORING THE FUTURE

TABLE/FIGURE 97

DRIVING AFTER HAVING 5 OR MORE DRINKS

Trends in 2-Week Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 98

DRIVING AFTER HAVING 5 OR MORE DRINKS

Trends in 2-Week Prevalence

among Respondents of Modal Ages 18 through 30, by Age Group

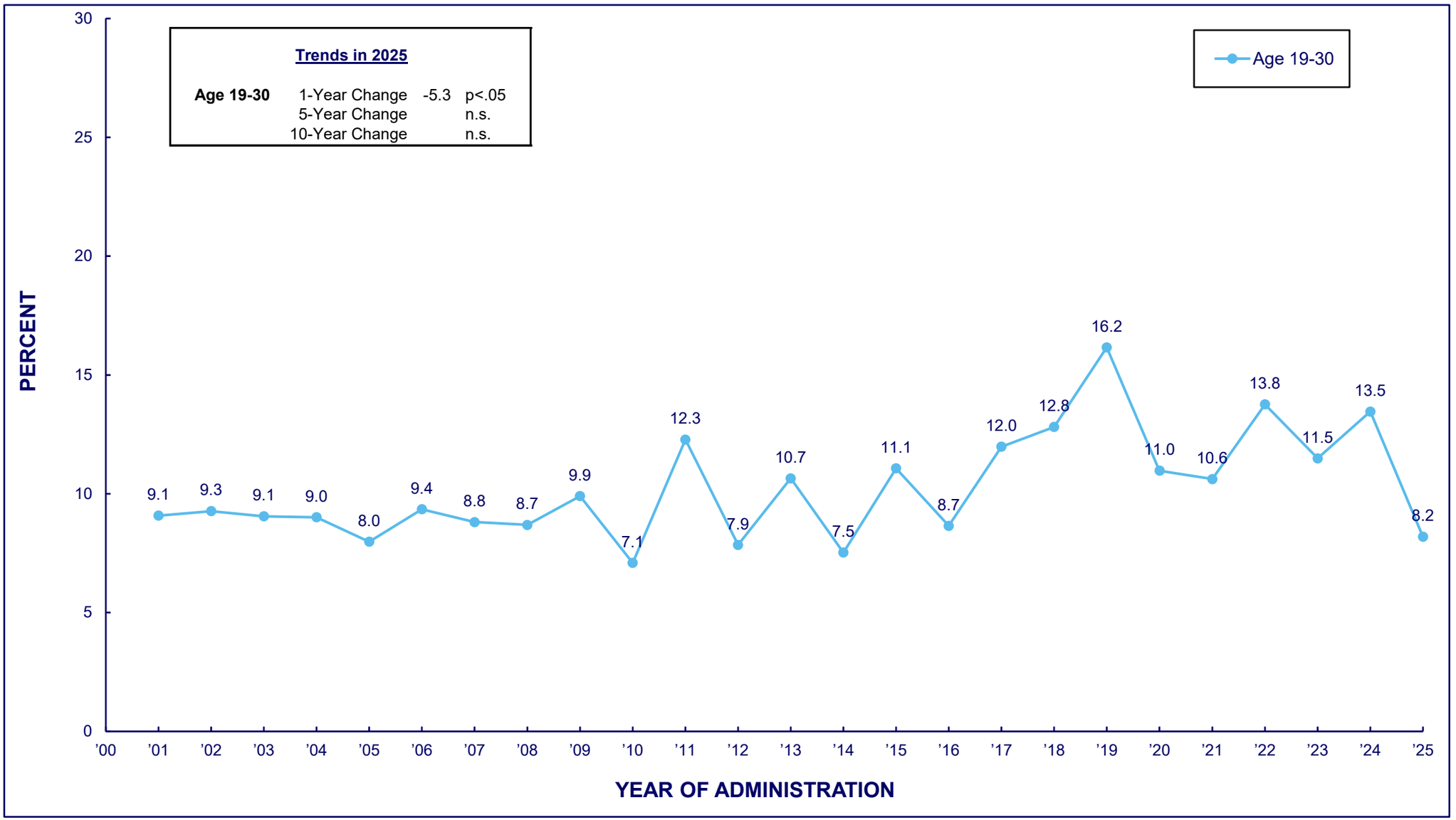
Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
1984	18.3	26.2	22.1	22.7		
1985	16.0	18.4	22.2	15.5		
1986	16.1	22.7	18.8	19.9	16.5	
1987	12.3	19.3	18.1	16.9	18.8	
1988	14.6	17.6	20.4	17.0	16.6	14.8
1989	12.2	16.4	17.2	13.6	16.9	10.7
1990	7.7	12.1	11.8	15.1	14.2	11.4
1991	10.8	14.6	11.9	14.9	13.2	10.2
1992	9.0	9.7	12.9	12.6	13.0	9.1
1993	11.4	13.2	11.8	14.1	11.1	11.4
1994	6.8	13.8	10.7	11.3	10.0	14.0
1995	11.7	12.6	13.3	10.5	14.0	10.8
1996	6.4	10.0	17.6	8.5	7.7	6.3
1997	7.7	10.8	14.6	11.7	8.7	11.0
1998	9.9	7.2	10.2	17.2	11.2	6.3
1999	5.0	11.4	14.1	15.5	14.9	8.0
2000	12.8	9.5	9.7	6.9	12.1	8.8
2001	11.3	12.9	15.5	17.6	14.9	11.0
2002	9.0	12.4	15.7	9.0	8.1	11.0
2003	10.2	11.6	12.7	14.2	12.9	6.8
2004	10.1	10.7	15.9	15.2	9.7	7.1
2005	9.7	14.7	13.6	10.2	7.4	16.0
2006	7.0	15.2	14.0	12.1	9.1	12.1
2007	7.8	13.3	12.6	14.0	14.6	6.6
2008	7.0	9.6	14.0	9.0	8.2	10.3
2009	5.3	8.0	15.3	18.5	11.4	9.4
2010	5.6	10.1	8.3	9.3	9.1	9.8
2011	6.2	9.2	8.7	12.4	10.2	6.4
2012	5.3	6.7	8.3	5.9	13.1	7.4
2013	4.5	12.3	8.5	13.2	10.3	6.6
2014	2.1	4.2	6.4	10.7	3.6	8.0
2015	1.7	6.1	7.4	5.8	6.3	6.0
2016	3.3	3.7	14.6	4.8	7.8	1.3
2017	0.3	3.1	9.7	5.4	7.3	1.8
2018	1.0	4.0	11.5	9.2	11.5	6.1
2019	2.4	3.1	5.8	4.9	7.8	4.8
2020	5.3	3.8	2.7	5.2	6.0	4.1
2021	1.0	3.8	5.0	13.4	4.5	7.3
2022	4.8	4.6	4.8	4.6	8.4	10.0
2023	1.3	7.4	9.1	5.3	3.0	7.5
2024	6.0	8.0	2.4	5.1	6.3	5.1
2025	1.4	1.8	2.9	2.9	5.6	7.5

MONITORING THE FUTURE

TABLE/FIGURE 99

DRIVING AFTER USING CANNABIS

Trends in 2-Week Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 100

DRIVING AFTER USING CANNABIS

Trends in 2-Week Prevalence

among Respondents of Modal Ages 18 through 30, by Age Group

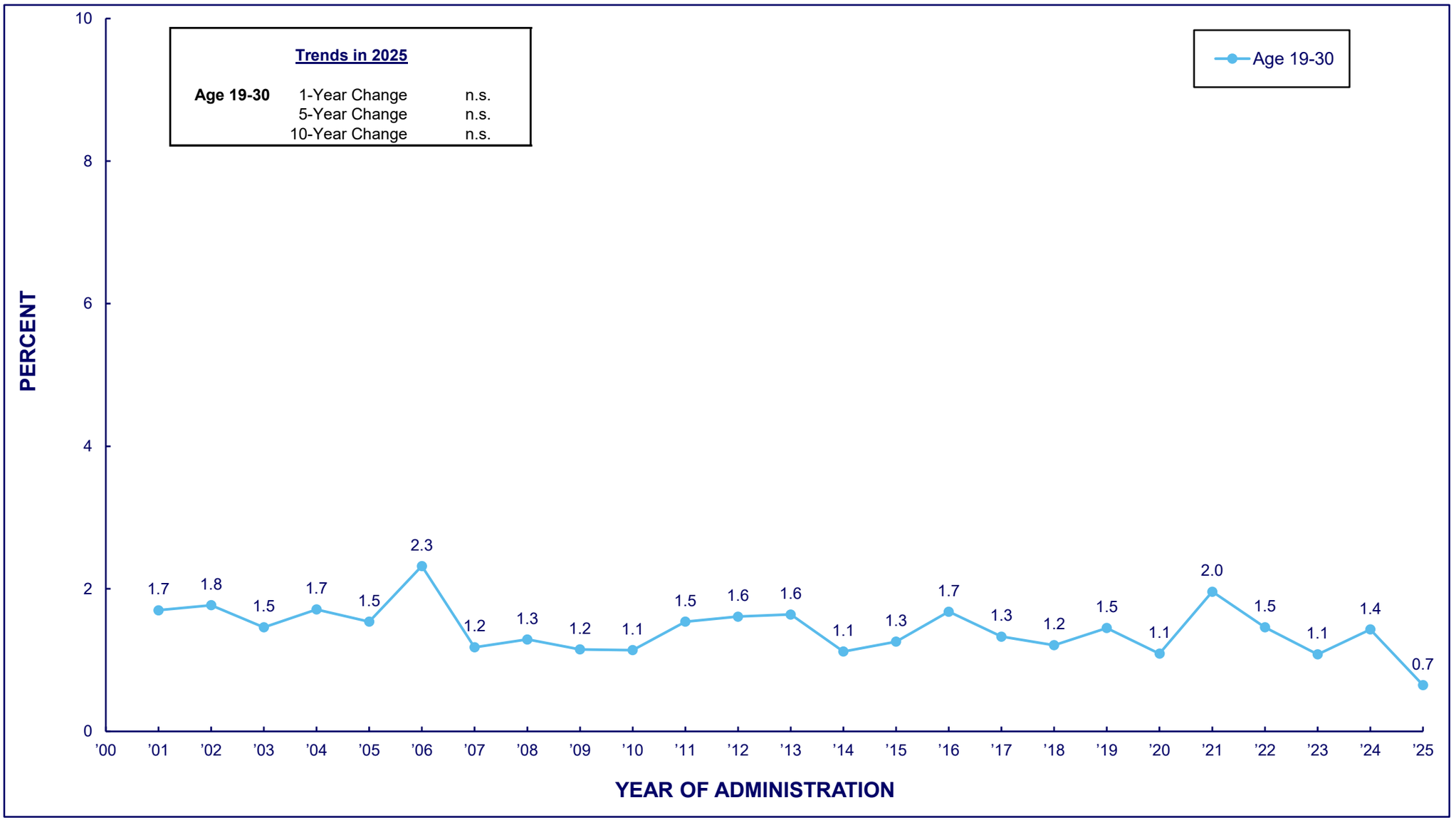
Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
2001	13.4	13.4	5.4	7.9	7.8	7.0
2002	13.3	13.1	12.1	7.6	5.1	5.3
2003	12.3	12.8	9.0	7.9	8.9	4.6
2004	11.9	11.7	12.0	10.5	5.0	3.8
2005	8.8	12.7	6.3	10.9	4.0	5.9
2006	10.6	16.0	9.5	10.2	7.0	2.6
2007	5.2	13.9	11.5	7.0	10.1	5.2
2008	6.3	10.0	7.6	10.5	8.4	9.4
2009	13.0	7.3	14.7	10.7	5.5	8.1
2010	7.7	8.9	7.0	4.0	6.0	9.0
2011	10.2	14.7	9.4	17.4	13.8	7.6
2012	8.7	8.4	10.5	6.4	7.1	6.0
2013	12.4	17.4	13.4	7.5	8.8	3.7
2014	8.9	8.4	8.2	9.5	6.9	3.6
2015	12.8	11.0	15.6	14.7	3.9	8.2
2016	15.1	3.7	16.2	4.5	4.9	7.7
2017	11.5	10.8	12.5	15.3	16.4	4.8
2018	7.4	18.1	17.0	15.7	9.3	10.1
2019	12.0	17.1	18.8	17.7	18.7	13.0
2020	10.3	12.5	12.3	15.5	9.2	6.8
2021	8.0	9.3	6.6	13.1	11.8	13.1
2022	6.1	15.8	16.3	12.7	13.4	14.0
2023	4.1	12.3	14.6	7.2	11.6	15.9
2024	5.8	9.8	20.1	15.0	11.2	12.6
2025	7.5	6.5	5.4	10.7	5.8	10.8

MONITORING THE FUTURE

TABLE/FIGURE 101

DRIVING AFTER USING ILLICIT DRUGS OTHER THAN CANNABIS

Trends in 2-Week Prevalence among Respondents of Modal Ages 19 through 30



(Age-specific data provided in the following table.)

TABLE/FIGURE 102

DRIVING AFTER USING ILLICIT DRUGS OTHER THAN CANNABIS

Trends in 2-Week Prevalence among Respondents of Modal Ages 18 through 30, by Age Group

Year	Ages 19–20	Ages 21–22	Ages 23–24	Ages 25–26	Ages 27–28	Ages 29–30
2001	4.0	1.7	0.8	0.8	2.2	1.1
2002	1.0	2.4	2.7	2.8	0.7	0.9
2003	0.3	1.4	1.9	1.9	1.0	2.1
2004	1.5	2.1	2.3	2.7	1.4	0.5
2005	2.5	1.5	2.0	1.0	0.8	1.6
2006	1.6	4.7	0.9	1.4	2.5	2.5
2007	2.4	1.7	0.8	1.1	0.5	0.6
2008	1.3	2.4	0.3	*	1.1	2.3
2009	1.3	1.2	1.8	1.1	1.4	*
2010	1.2	1.4	1.7	1.0	1.0	0.5
2011	0.2	3.1	0.7	3.5	0.3	1.2
2012	0.4	1.5	1.5	4.1	0.9	0.8
2013	2.1	2.8	2.3	0.7	1.1	0.7
2014	1.0	0.6	0.4	2.2	2.3	*
2015	0.5	0.5	1.4	3.9	0.3	0.9
2016	0.6	1.6	6.0	0.5	0.2	0.9
2017	0.9	0.4	1.9	2.3	2.2	*
2018	0.5	0.8	3.8	*	0.7	1.7
2019	2.4	0.4	0.7	1.8	1.5	1.7
2020	1.4	2.5	1.3	1.1	0.5	*
2021	*	0.7	0.4	5.5	1.7	2.7
2022	1.5	1.0	1.4	1.8	0.6	2.4
2023	0.5	0.6	3.2	1.7	*	*
2024	*	4.3	2.8	0.9	0.8	0.7
2025	0.8	0.5	*	1.5	0.8	*

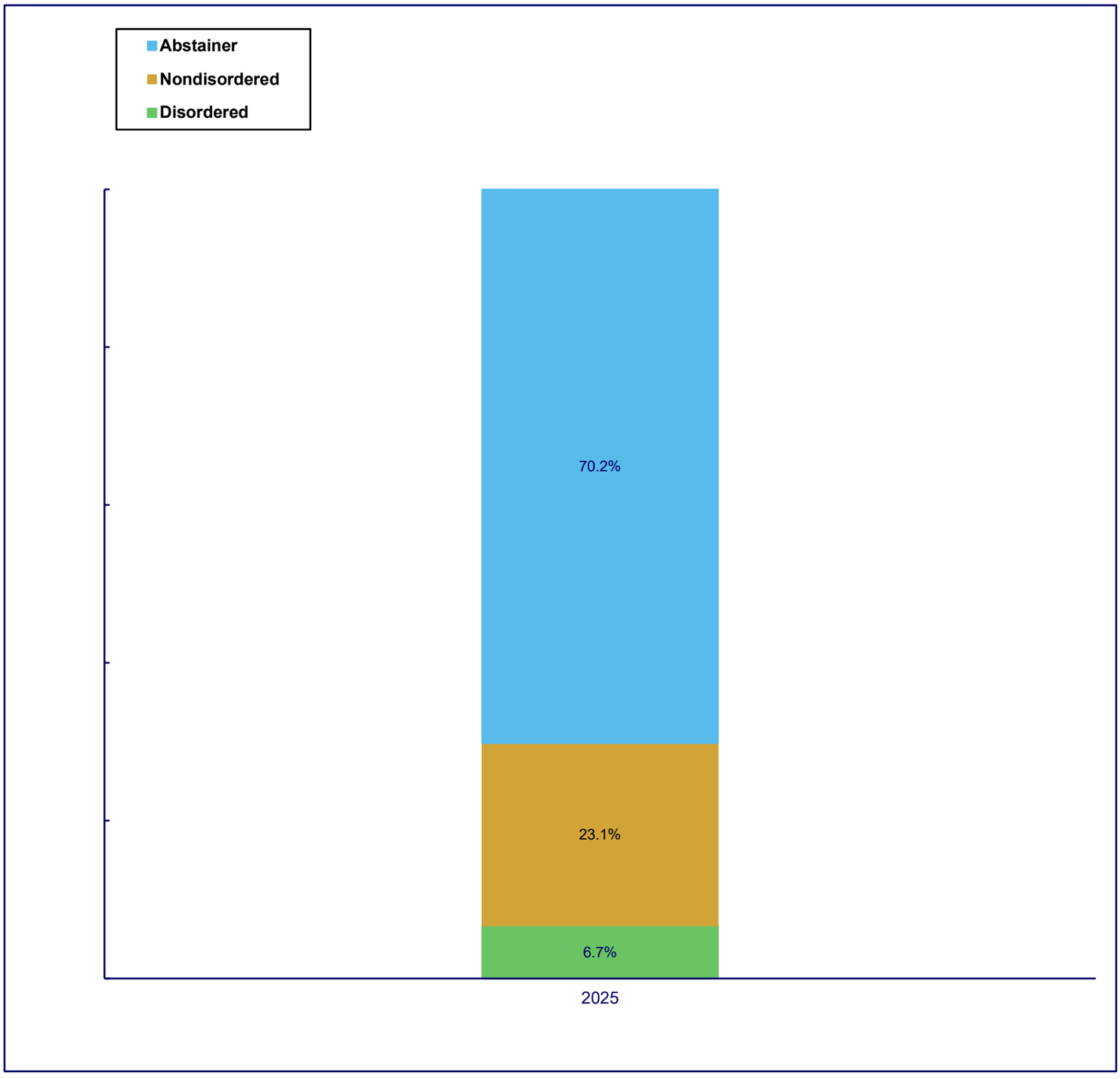
MONITORING THE FUTURE

TABLE/FIGURE 103

CANNABIS USE DISORDER [1]

among Respondents of Modal Age 35

MONITORING THE FUTURE



Trends in 2025

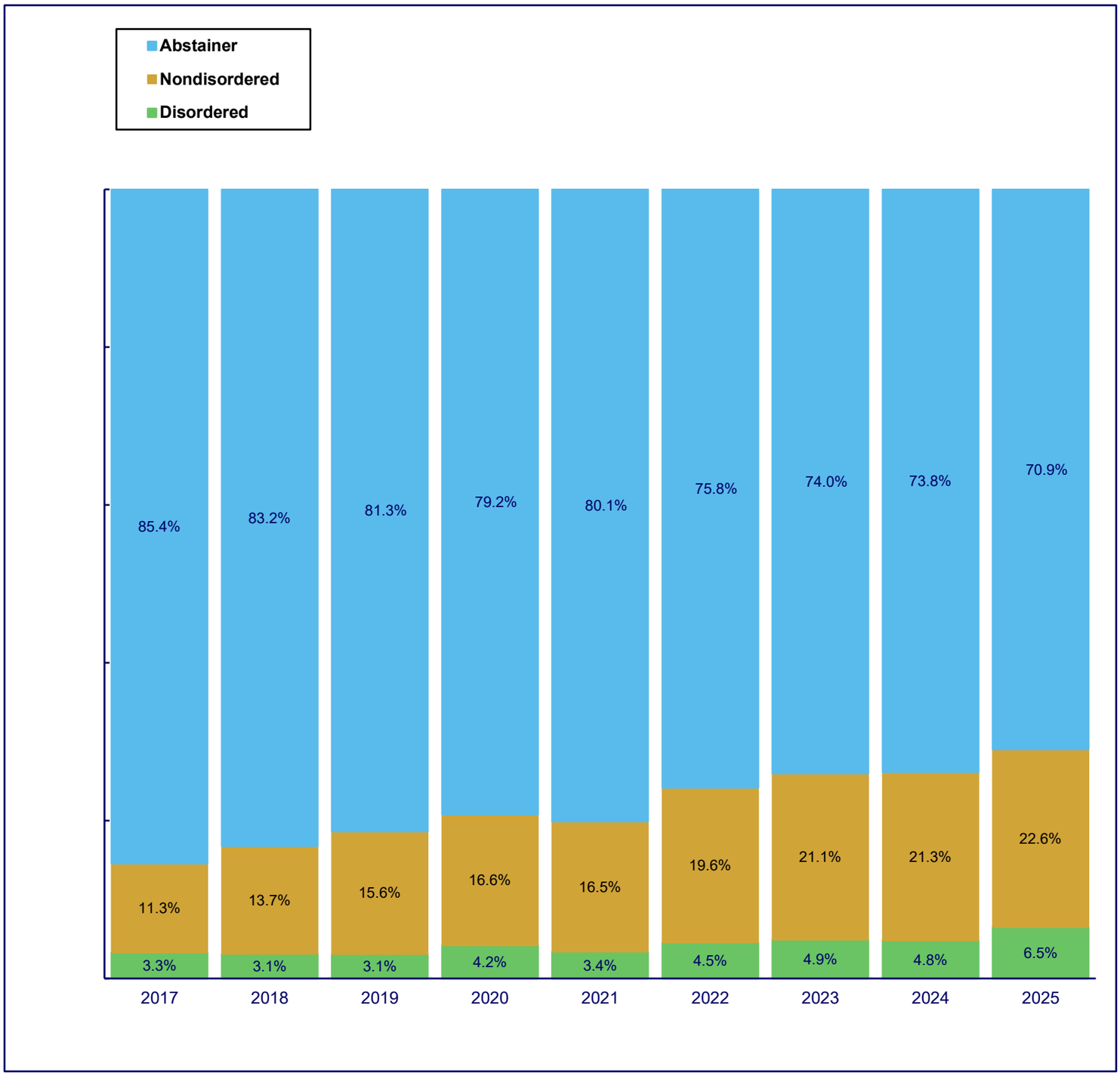
Abstainer	1-Year Change	NA	**Nondisordered**	1-Year Change	NA	**Disordered**	1-Year Change	NA
	5-Year Change	NA		5-Year Change	NA		5-Year Change	NA
	10-Year Change	NA		10-Year Change	NA		10-Year Change	NA

[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 104

CANNABIS USE DISORDER [1]

among Respondents of Modal Ages 40 through 50



Trends in 2025

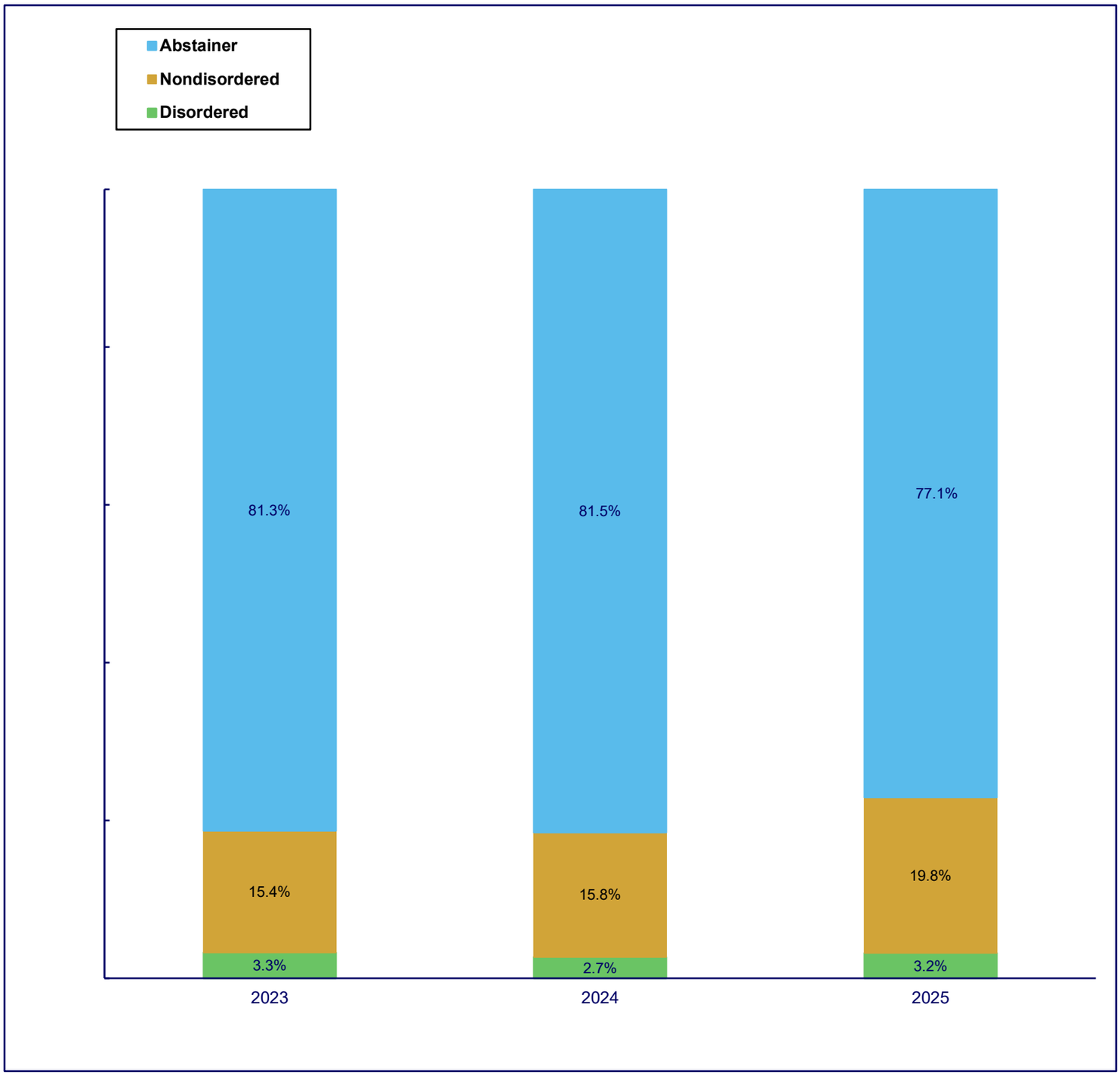
Abstainer	1-Year Change	-2.9	p<.05	**Nondisordered**	1-Year Change		n.s.	**Disordered**	1-Year Change	+1.7	p<.05
	5-Year Change	-8.3	p<.001		5-Year Change	+5.9	p<.001		5-Year Change	+2.3	p<.001
	10-Year Change	NA			10-Year Change	NA			10-Year Change	NA	p<.001

[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 105

CANNABIS USE DISORDER [1]

among Respondents of Modal Ages 55 through 65



Trends in 2025

Abstainer	1-Year Change	-4.4	p<.001	**Nondisordered**	1-Year Change	+3.9	p<.001	**Disordered**	1-Year Change		n.s.
	5-Year Change	NA			5-Year Change	NA			5-Year Change	NA	
	10-Year Change	NA			10-Year Change	NA			10-Year Change	NA	

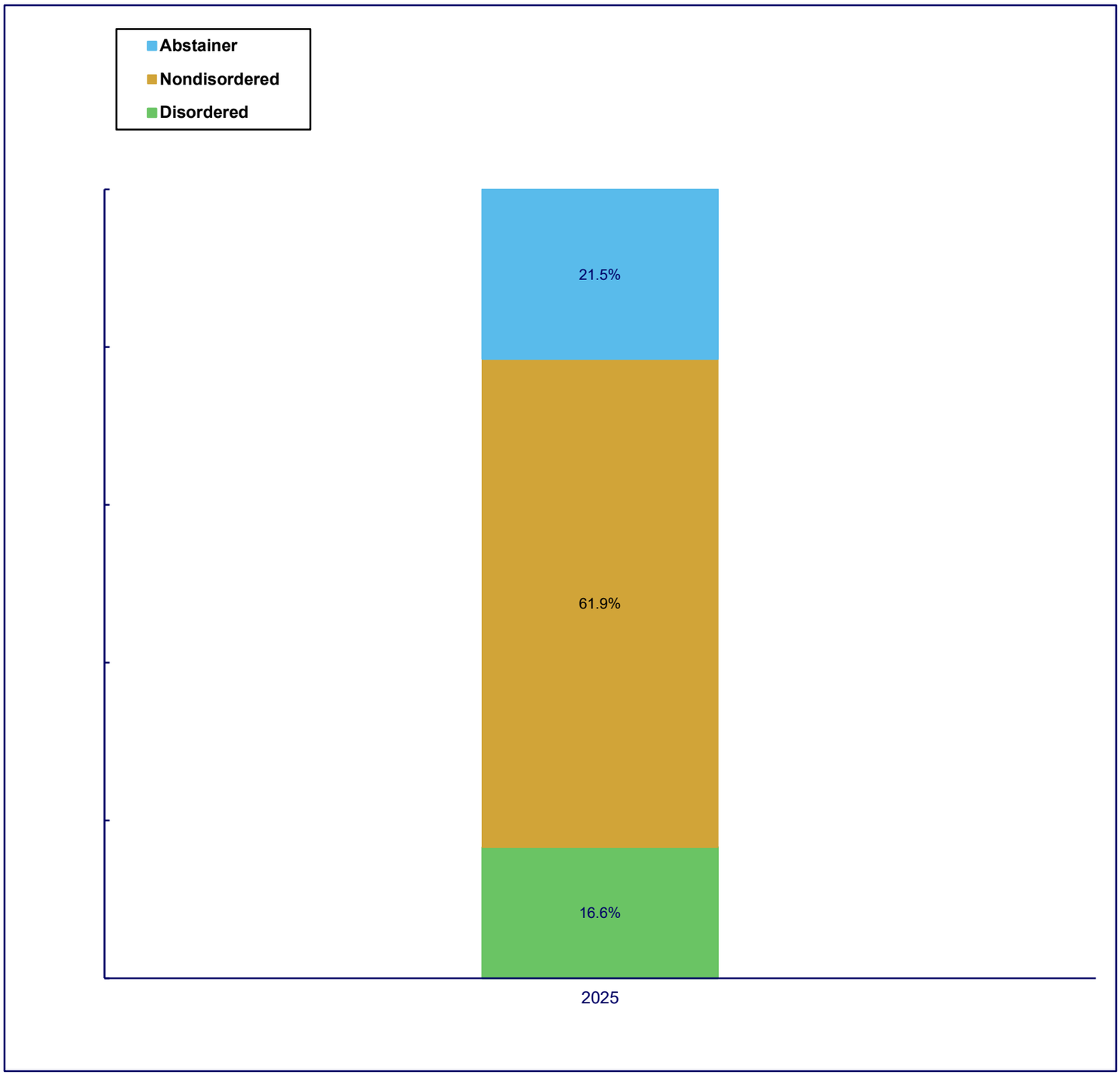
[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 106

ALCOHOL USE DISORDER [1]

among Respondents of Modal Age 35

MONITORING THE FUTURE



Trends in 2025

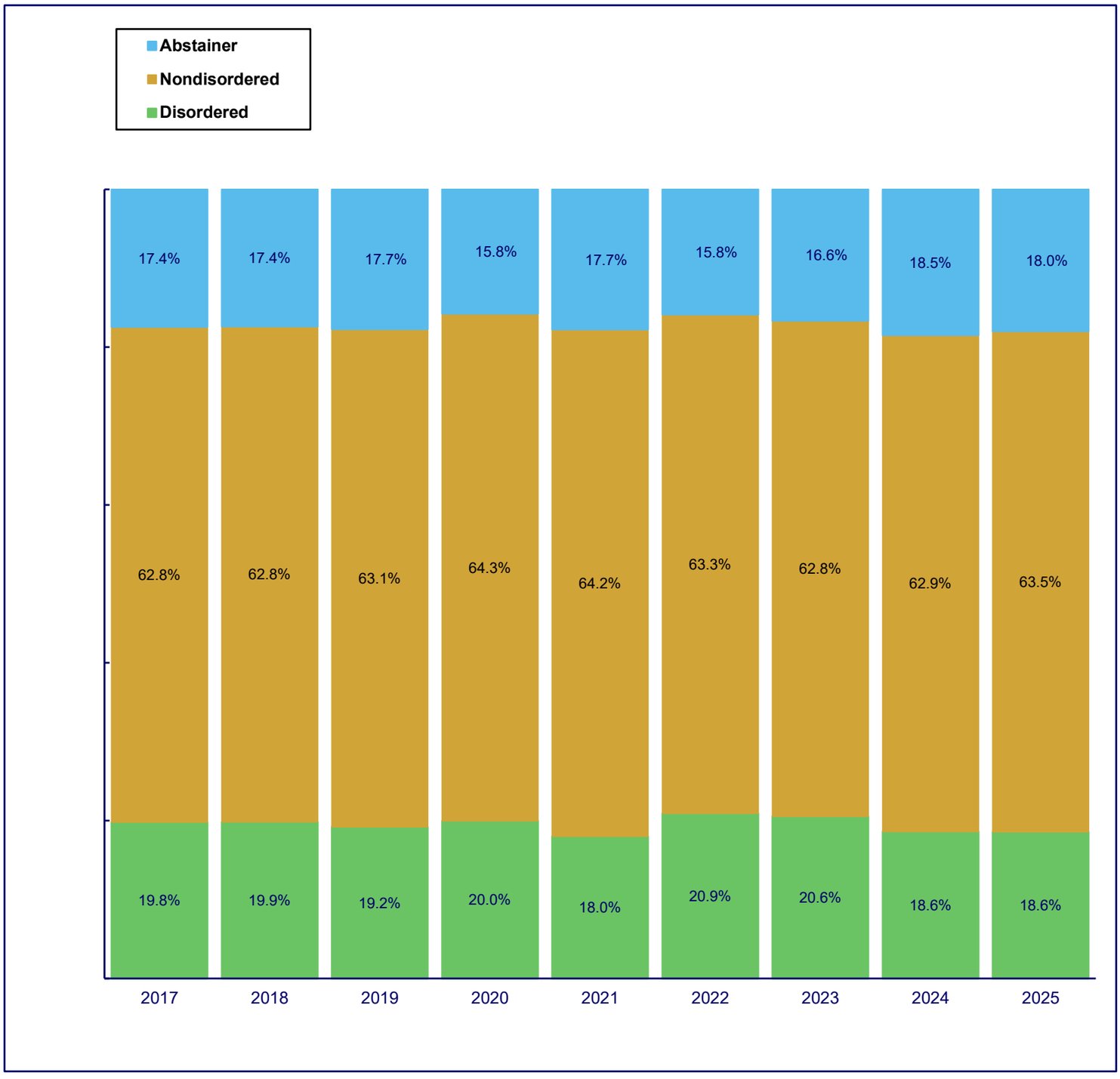
Abstainer	1-Year Change	NA	**Nondisordered**	1-Year Change	NA	**Disordered**	1-Year Change	NA
	5-Year Change	NA		5-Year Change	NA		5-Year Change	NA
	10-Year Change	NA		10-Year Change	NA		10-Year Change	NA

[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 107

ALCOHOL USE DISORDER [1]

among Respondents of Modal Ages 40 through 50



Trends in 2025

Abstainer	1-Year Change		n.s.	**Nondisordered**	1-Year Change		n.s.	**Disordered**	1-Year Change		n.s.
	5-Year Change	+2.2	p<.05		5-Year Change		n.s.		5-Year Change		n.s.
	10-Year Change	NA			10-Year Change	NA			10-Year Change	NA	

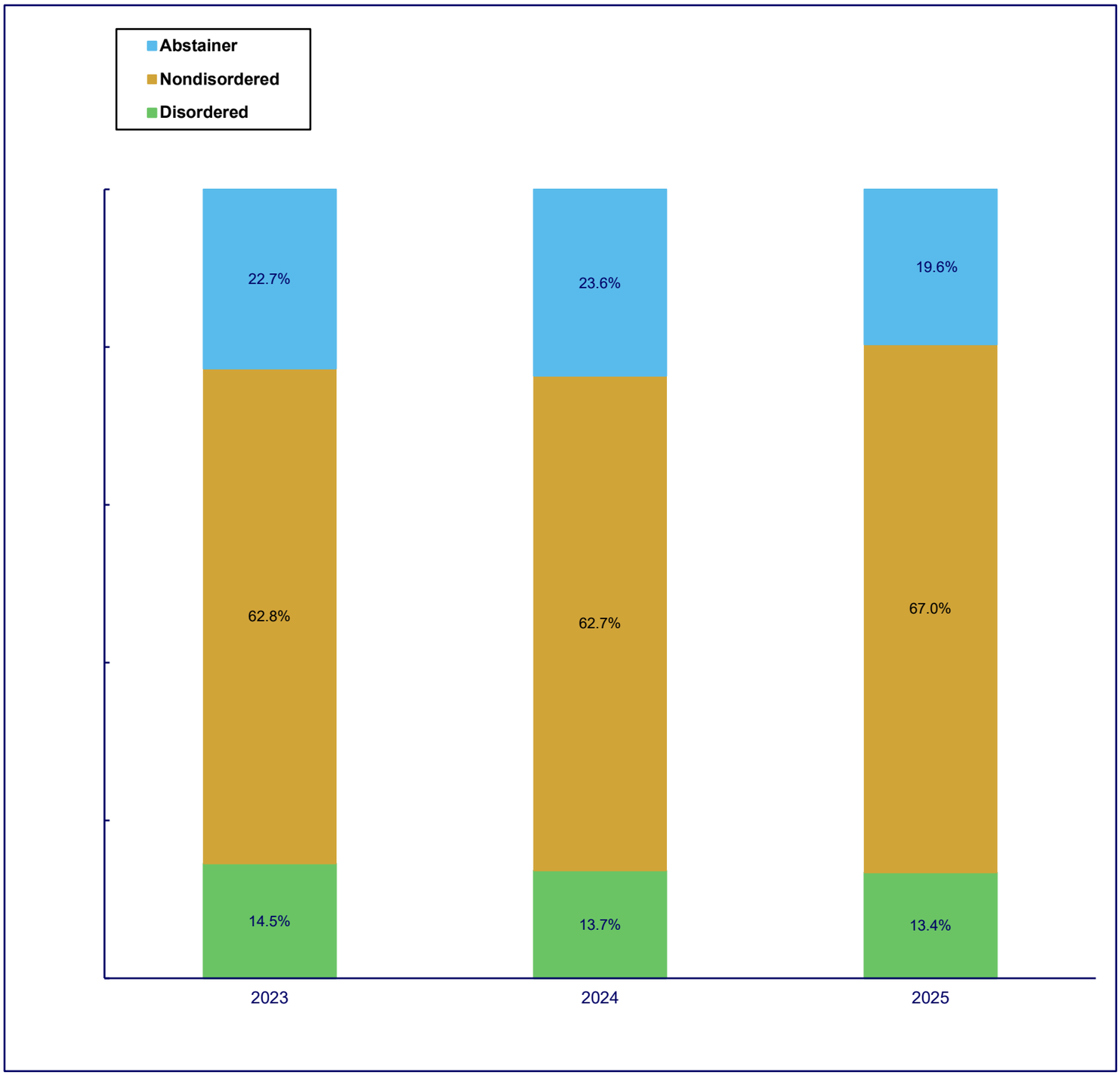
[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 108

ALCOHOL USE DISORDER [1]

among Respondents of Modal Ages 55 through 65

MONITORING THE FUTURE



Trends in 2025

Abstainer	1-Year Change	-4.0	p<.01	**Nondisordered**	1-Year Change	+4.3	p<.01	**Disordered**	1-Year Change		n.s.
	5-Year Change	NA			5-Year Change	NA			5-Year Change	NA	
	10-Year Change	NA			10-Year Change	NA			10-Year Change	NA	

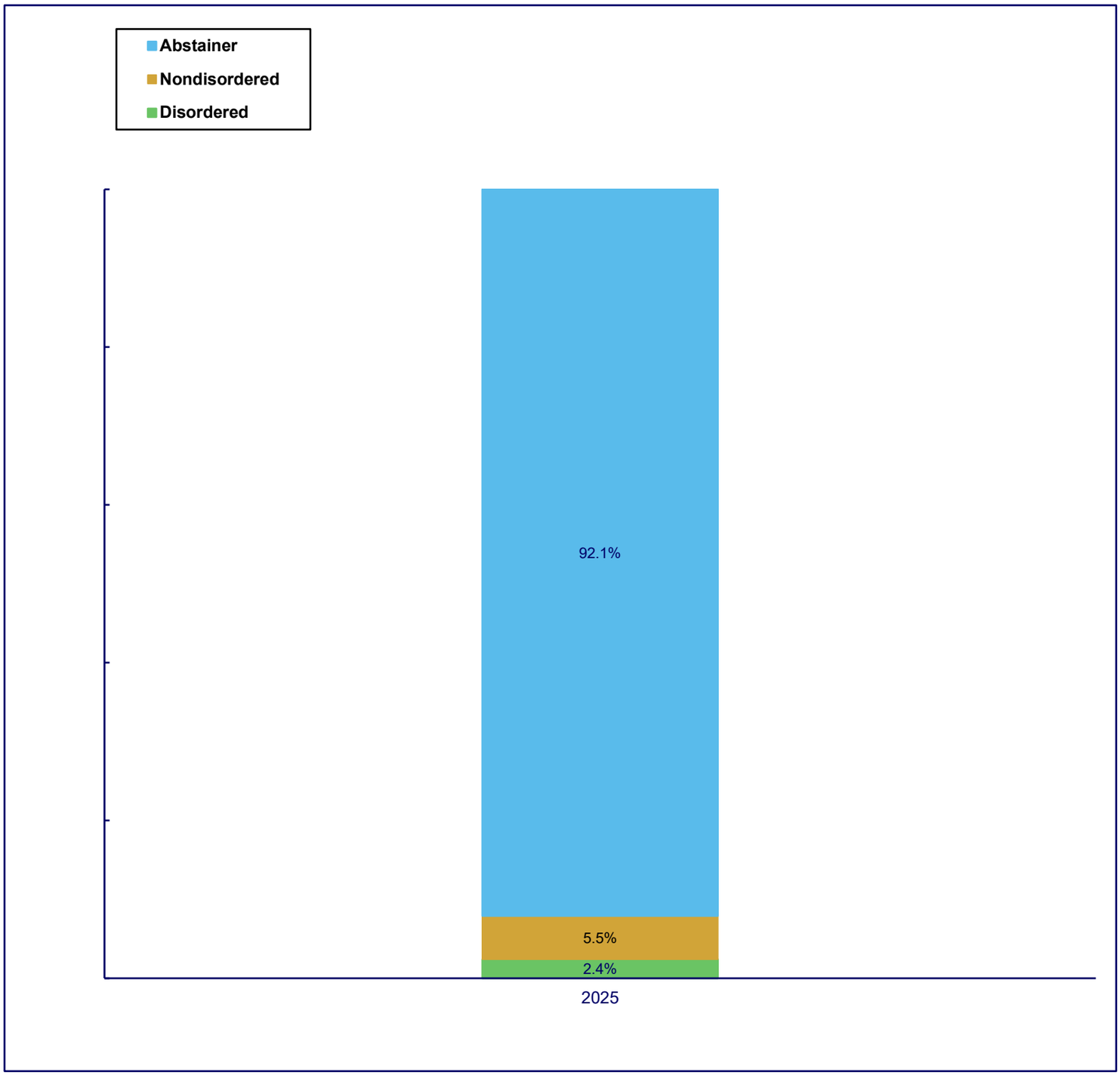
[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 109

OTHER DRUG USE DISORDER [1]

among Respondents of Modal Age 35

MONITORING THE FUTURE



Trends in 2025

Abstainer	1-Year Change	NA	**Nondisordered**	1-Year Change	NA	**Disordered**	1-Year Change	NA
	5-Year Change	NA		5-Year Change	NA		5-Year Change	NA
	10-Year Change	NA		10-Year Change	NA		10-Year Change	NA

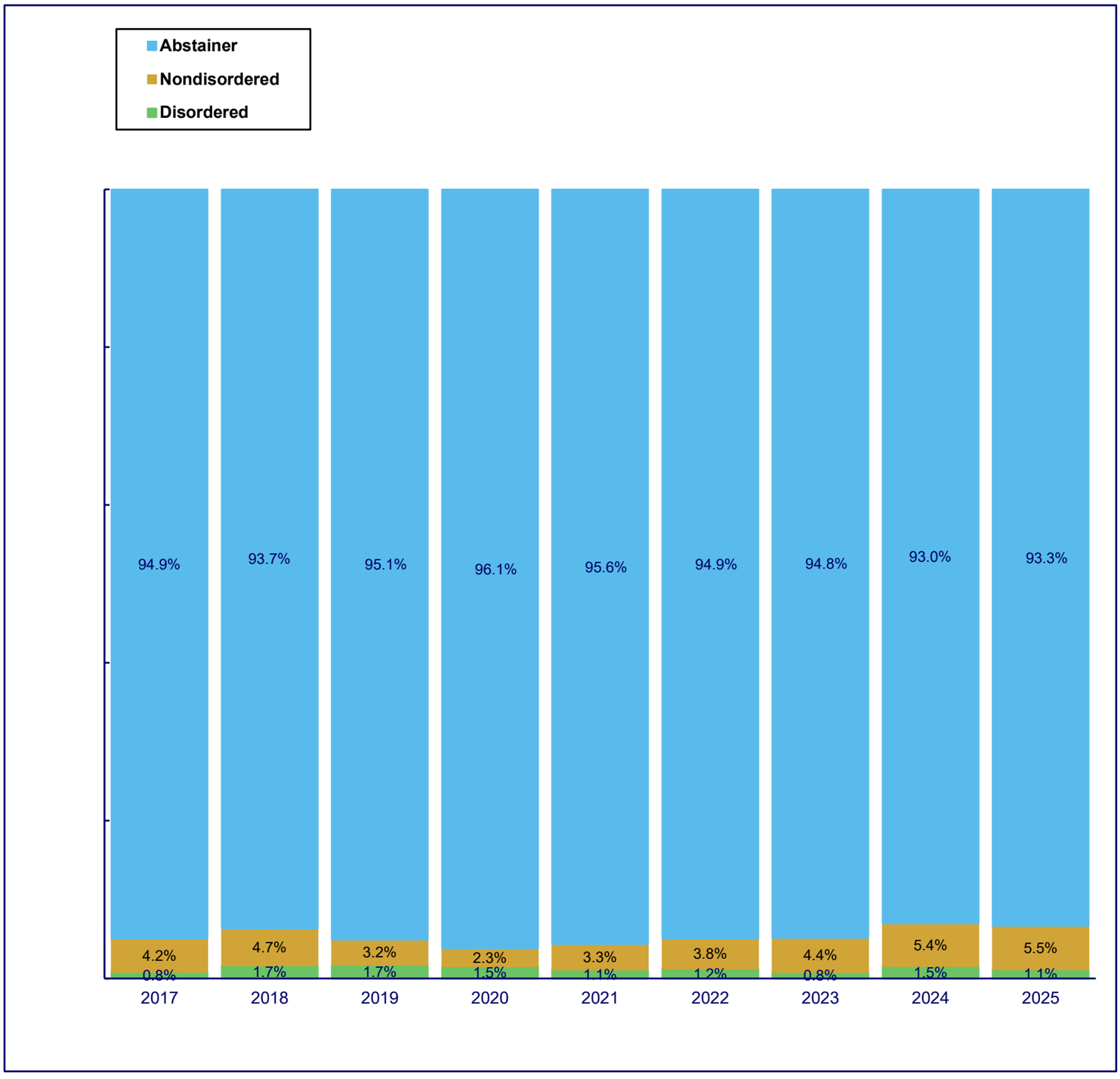
[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 110

OTHER DRUG USE DISORDER [1]

among Respondents of Modal Ages 40 through 50

MONITORING THE FUTURE



Trends in 2025

Abstainer	1-Year Change		n.s.	**Nondisordered**	1-Year Change		n.s.	**Disordered**	1-Year Change		n.s.
	5-Year Change	-2.8	p<.001		5-Year Change	+3.2	p<.001		5-Year Change		n.s.
	10-Year Change	NA			10-Year Change	NA			10-Year Change	NA	

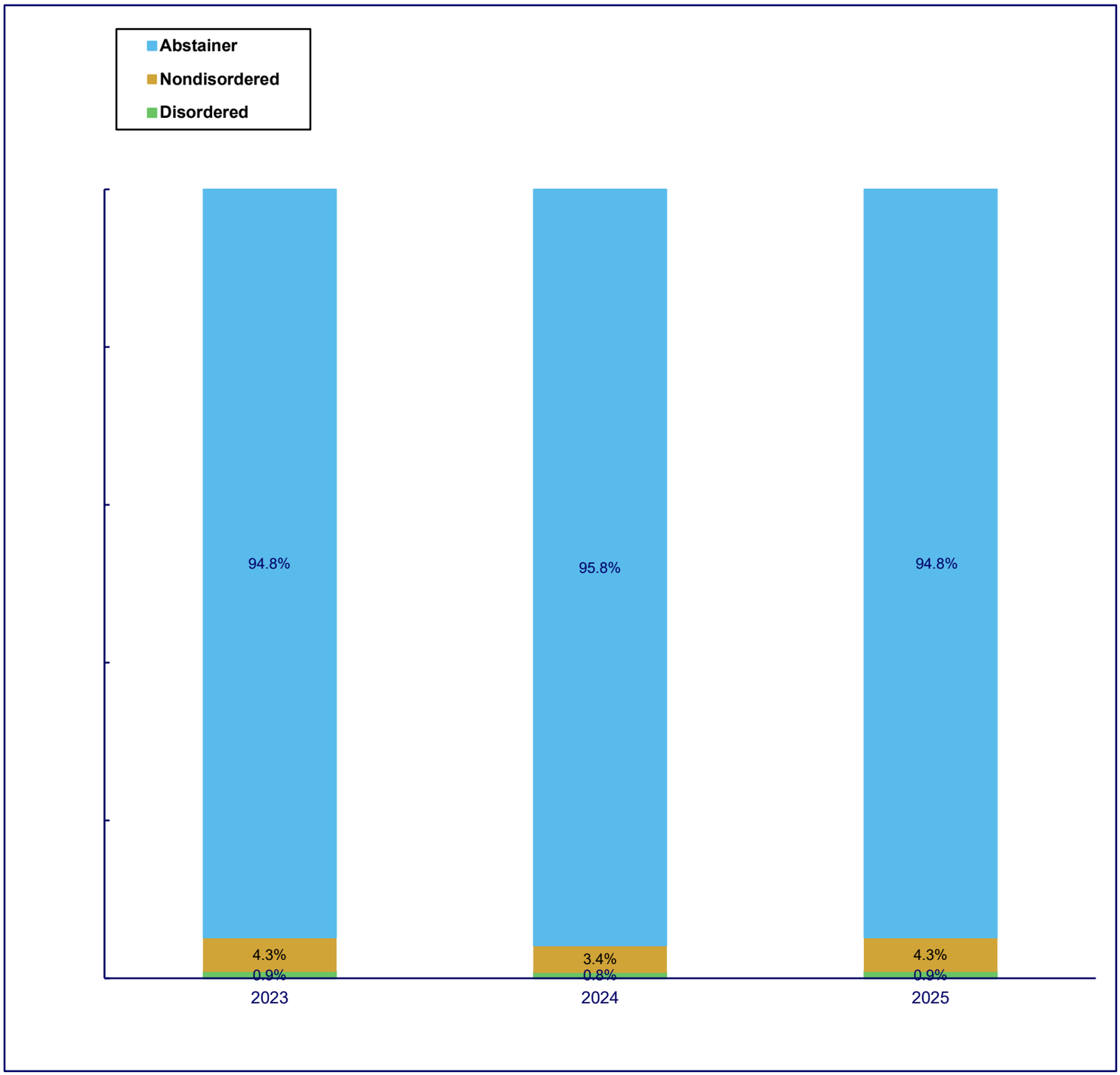
[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 111

OTHER DRUG USE DISORDER [1]

among Respondents of Modal Ages 55 through 65

MONITORING THE FUTURE



Trends in 2025

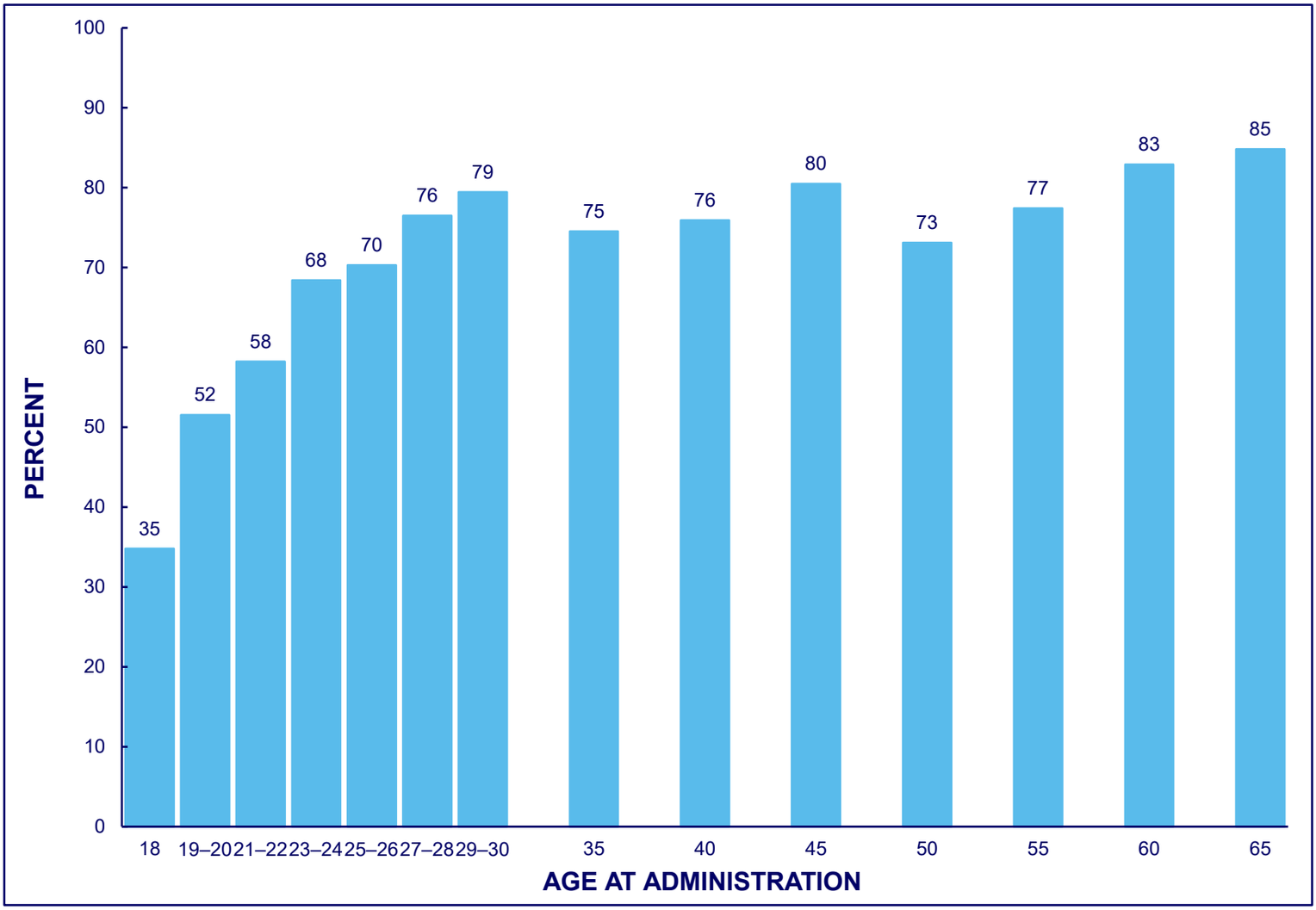
Abstainer	1-Year Change	n.s.	**Nondisordered**	1-Year Change	n.s.	**Disordered**	1-Year Change	n.s.
	5-Year Change	NA		5-Year Change	NA		5-Year Change	NA
	10-Year Change	NA		10-Year Change	NA		10-Year Change	NA

[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision* (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

TABLE/FIGURE 112

CANNABIS

Adjusted Lifetime Prevalence among Respondents of Modal Ages 18 through 65 by Age Group, 2025

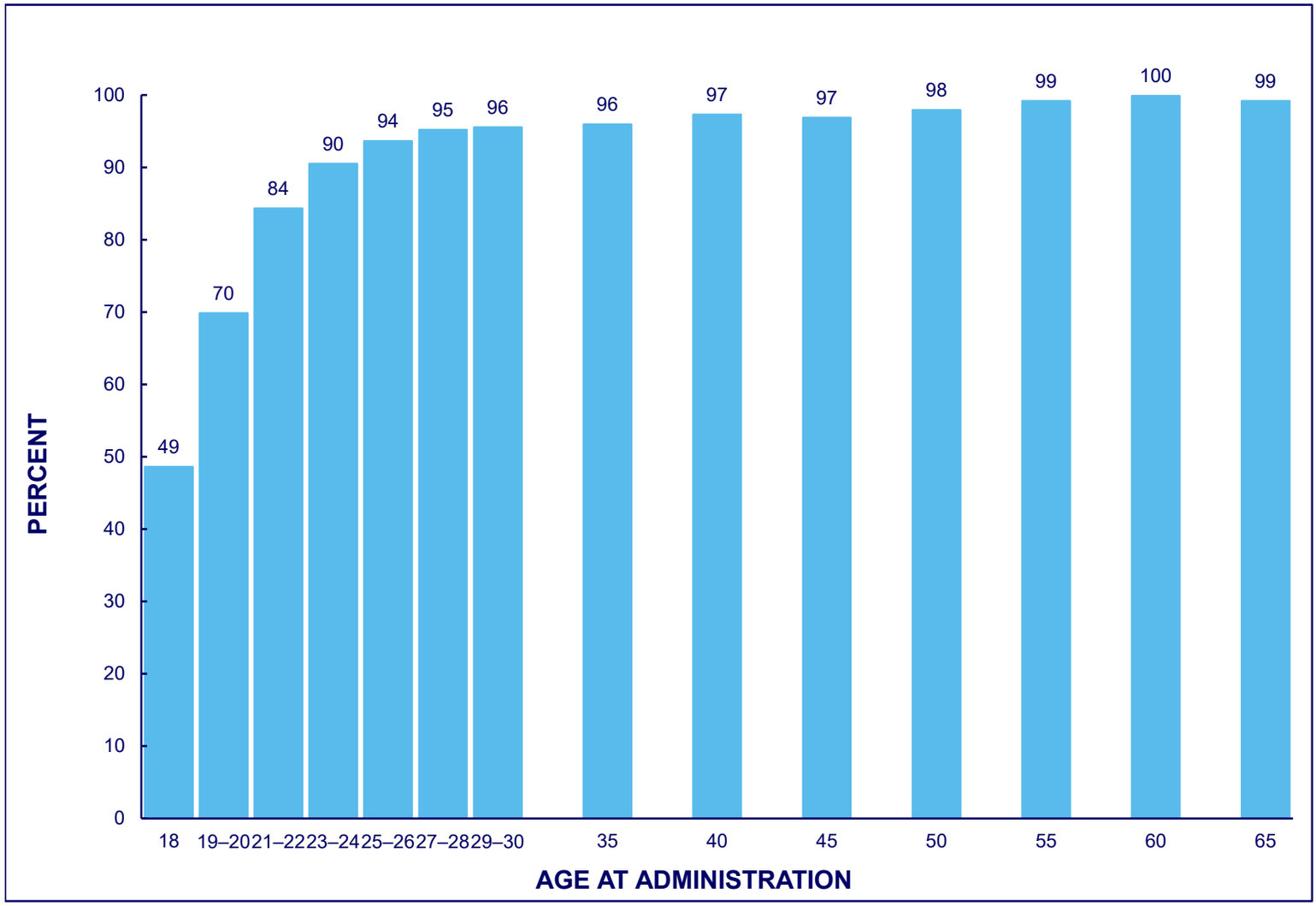


Notes. Lifetime prevalence estimates were adjusted for inconsistency in self-reports of drug use over time. See text for discussion.
Due to rounding some bars with the same number may have uneven height.

TABLE/FIGURE 113

ALCOHOL

Adjusted Lifetime Prevalence among Respondents of Modal Ages 18 through 65 by Age Group, 2025

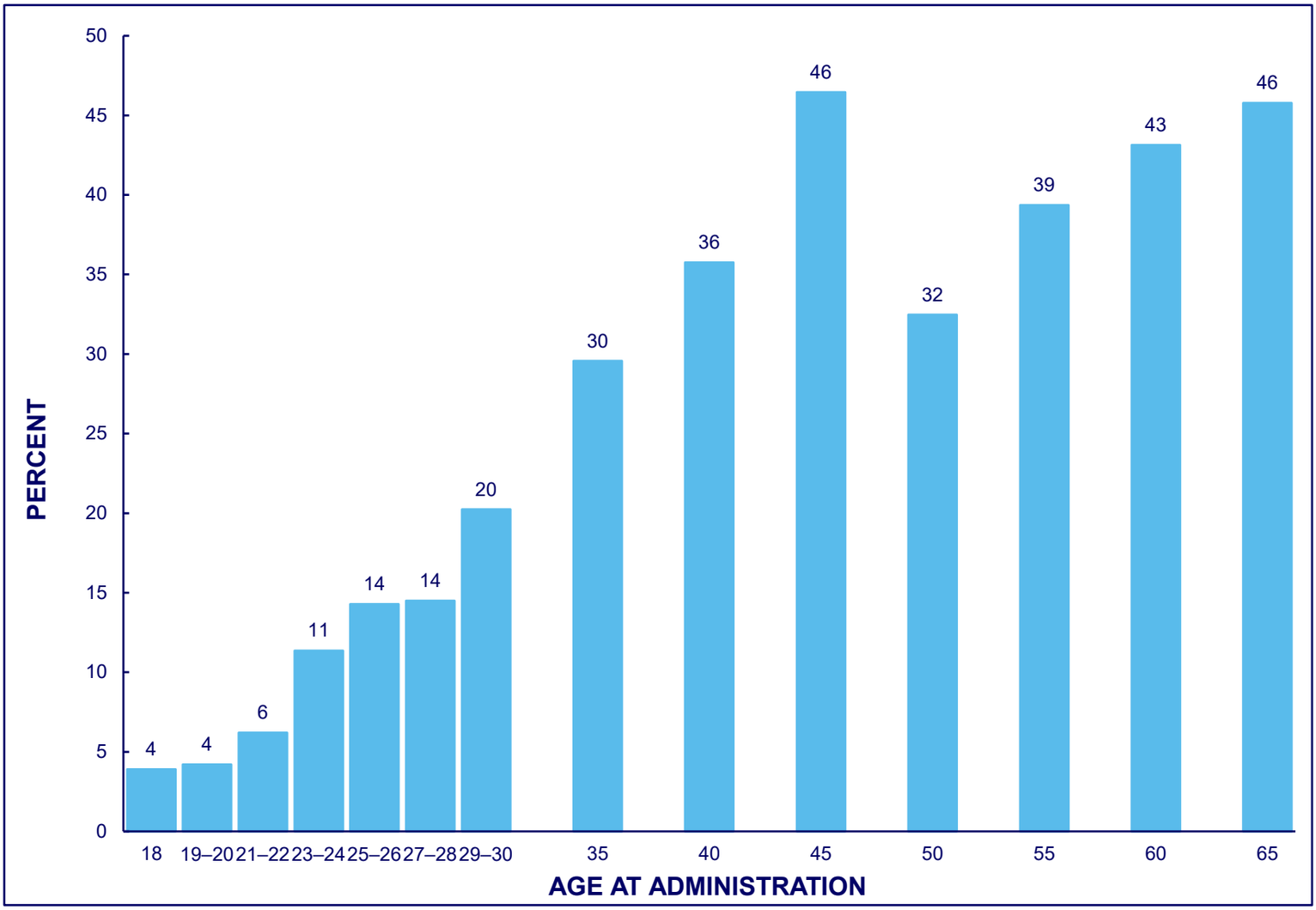


Notes. Lifetime prevalence estimates were adjusted for inconsistency in self-reports of drug use over time. See text for discussion. Due to rounding, some bars with the same number may have uneven height.

TABLE/FIGURE 114

OPIOID MEDICATIONS (NONMEDICAL USE)

Adjusted Lifetime Prevalence
among Respondents of Modal Ages 18 through 65
by Age Group, 2025

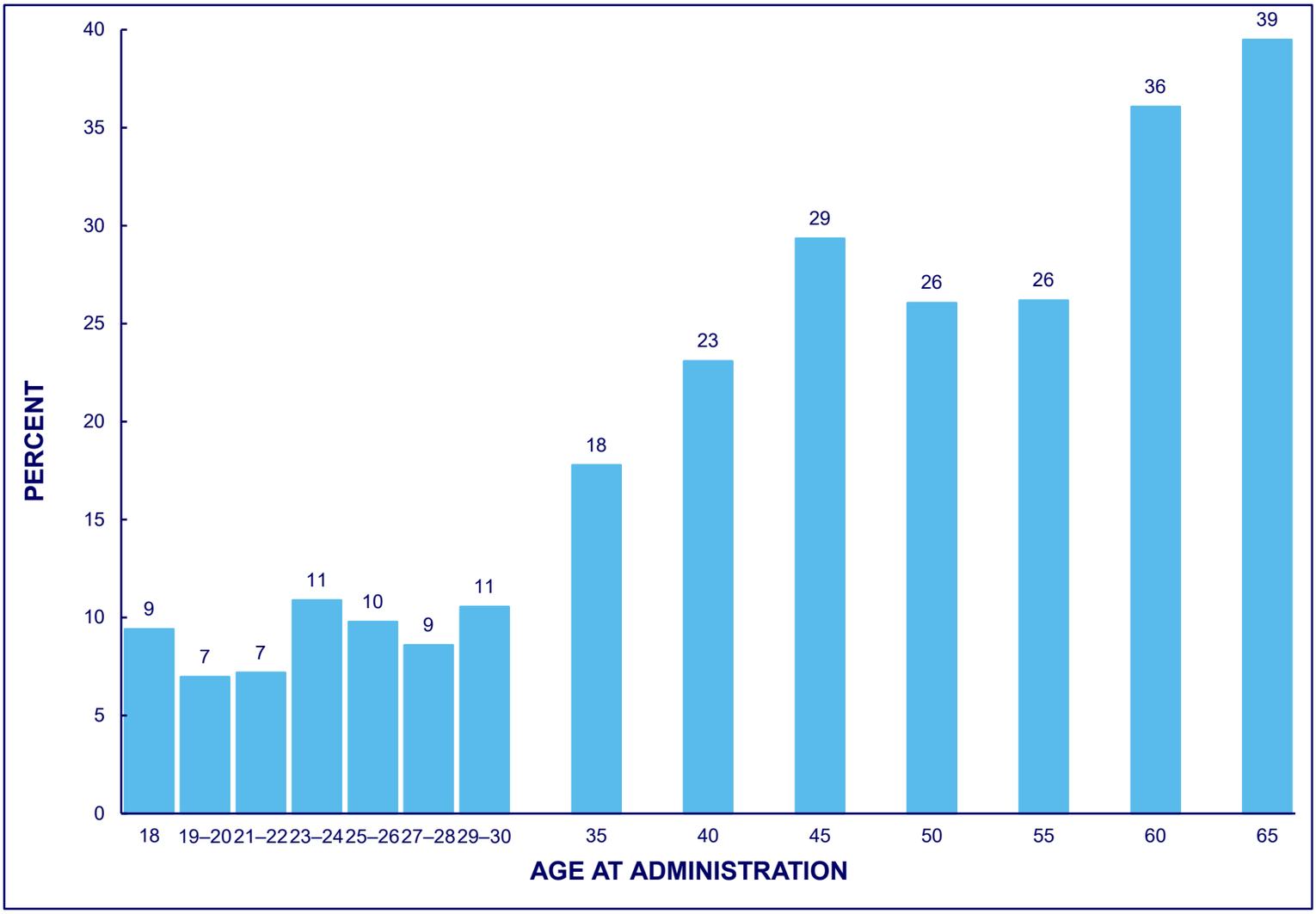


Notes. Lifetime prevalence estimates were adjusted for inconsistency in self-reports of drug use over time. See text for discussion.
Due to rounding, some bars with the same number may have uneven height.

TABLE/FIGURE 115

SLEEPING MEDICATIONS (NONMEDICAL USE)

Adjusted Lifetime Prevalence
among Respondents of Modal Ages 18 through 65
by Age Group, 2025

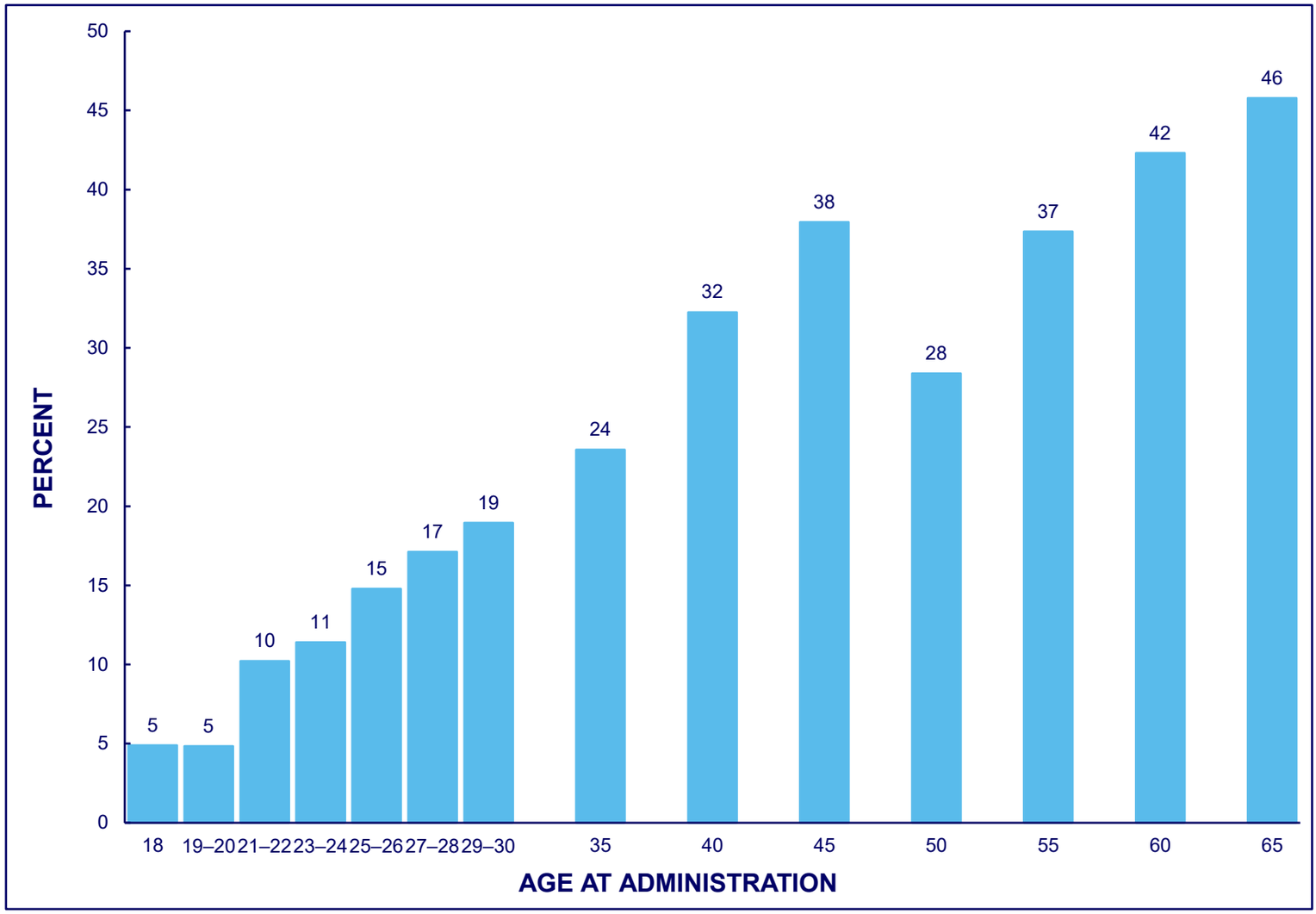


Notes. Lifetime prevalence estimates were adjusted for inconsistency in self-reports of drug use over time. See text for discussion.
Due to rounding, some bars with the same number may have uneven height.

TABLE/FIGURE 116

ANTI-ANXIETY MEDICATIONS (NONMEDICAL USE)

Adjusted Lifetime Prevalence
among Respondents of Modal Ages 18 through 65
by Age Group, 2025

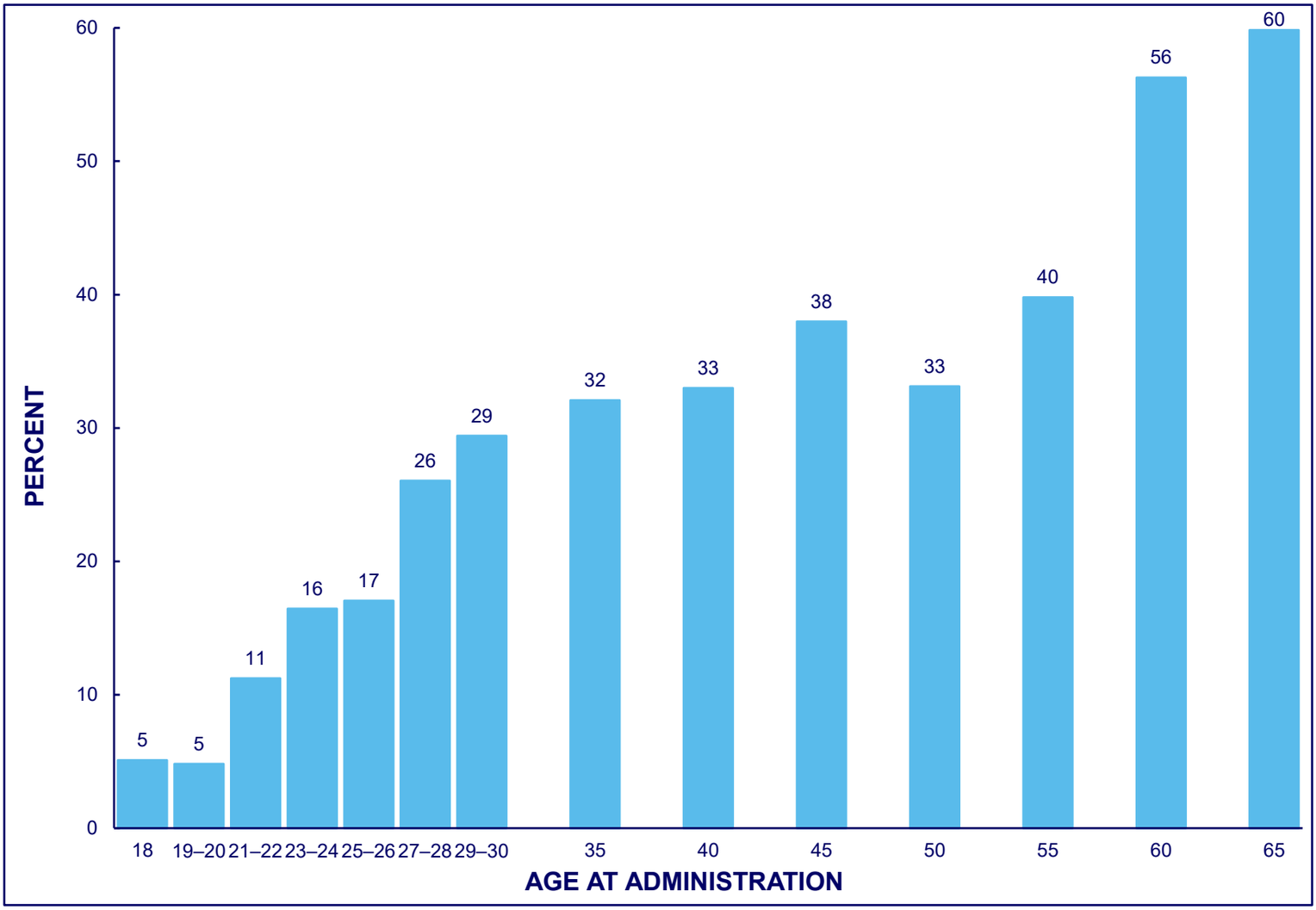


Notes. Lifetime prevalence estimates were adjusted for inconsistency in self-reports of drug use over time. See text for discussion.
Due to rounding, some bars with the same number may have uneven height.

TABLE/FIGURE 117

STIMULANT MEDICATIONS (NONMEDICAL USE)

Adjusted Lifetime Prevalence
among Respondents of Modal Ages 18 through 65
by Age Group, 2025



Notes. Lifetime prevalence estimates were adjusted for inconsistency in self-reports of drug use over time. See text for discussion. Due to rounding, some bars with the same number may have uneven height.

TABLE/FIGURE 118

12-Month Prevalence of Use for Various Types of Drugs, 2025:

College vs. Noncollege Young Adults 1 to 4 Years beyond High School

by Sex

	Total			Men		Women		Sex Differences	
	Full-Time College	Non-College	College/Non-College Differences	Full-Time College	Non-College	Full-Time College	Non-College	Full-Time College	Non-College
Cannabis:									
Cannabis	39.4	43.9	n.s.	40.9	42.6	38.9	42.9	n.s.	n.s.
Vaping Cannabis	22.4	27.7	n.s.	22.4	28.1	23.0	26.2	n.s.	n.s.
Cannabis Products containing Hemp	12.6	13.1	n.s.	12.8	10.3	12.9	13.2	n.s.	n.s.
Cannabis Edibles	19.5	17.7	n.s.	22.9	15.4	16.8	17.3	n.s.	n.s.
Alcohol:									
Alcohol	72.3	69.2	n.s.	70.5	71.6	75.0	66.7	n.s.	n.s.
Beer	59.0	44.8	n.s.	84.5	59.5	40.5	33.1	p<.001	n.s.
Wine	53.2	52.3	n.s.	53.1	59.2	53.2	39.6	n.s.	n.s.
Liquor	72.4	68.2	n.s.	72.6	89.9	74.0	56.2	n.s.	p<.01
Flavored Alcoholic Beverages	80.7	74.7	n.s.	80.7	69.4	81.5	76.2	n.s.	n.s.
Nicotine:									
Cigarettes	18.5	18.5	n.s.	19.4	21.1	18.2	14.3	n.s.	n.s.
Vaping Nicotine	21.0	32.6	p<.001	19.8	31.3	22.6	33.5	n.s.	n.s.
Large Cigars	10.5	10.8	n.s.	18.9	16.2	4.2	4.3	p<.001	n.s.
Small Cigars	8.5	13.2	n.s.	14.8	22.3	3.7	3.4	p<.01	p<.01
Tobacco using a Hookah	5.0	4.3	n.s.	3.2	5.6	6.7	4.0	n.s.	n.s.
Smokeless Tobacco	3.3	4.0	n.s.	5.8	5.6	1.4	1.2	n.s.	n.s.
Nicotine Pouches	14.4	8.5	n.s.	24.5	14.8	6.8	2.0	p<.001	p<.01
Any Nicotine Use [1]	34.7	43.0	n.s.	42.2	46.0	28.6	39.9	p<.05	n.s.
Other Drugs:									
Any Drug other than Cannabis [2]	15.7	18.1	n.s.	17.7	18.8	13.7	16.0	n.s.	n.s.
Hallucinogens/Psychedelics	5.1	6.6	n.s.	8.0	8.8	2.8	4.7	p<.05	n.s.
LSD	1.4	1.9	n.s.	1.5	3.0	1.4	1.0	n.s.	n.s.
Opioid Medications (Nonmedical Use)	1.1	2.2	n.s.	0.8	2.2	1.3	1.6	n.s.	n.s.
Sleeping Medications (Nonmedical Use)	3.9	3.3	n.s.	4.0	1.3	3.4	4.1	n.s.	p<.05
Anti-Anxiety Medications (Nonmedical Use)	3.6	4.6	n.s.	2.2	3.7	4.7	4.5	n.s.	n.s.
Stimulant Medications (Nonmedical Use	3.1	3.2	n.s.	4.3	2.5	2.1	3.8	n.s.	n.s.
Any Prescription Drug (Nonmedical Use) [3]	9.7	10.6	n.s.	9.3	8.5	9.5	10.5	n.s.	n.s.
Cocaine	1.6	3.7	n.s.	1.7	4.5	1.7	3.3	n.s.	n.s.
Heroin	0.2	0.3	n.s.	<0.1	0.7	0.5	<0.1	n.s.	n.s.
MDMA (ecstasy, molly)	0.6	1.5	n.s.	0.9	0.7	0.3	2.4	n.s.	n.s.
Methamphetamine	0.9	0.6	n.s.	0.3	1.1	1.3	0.3	n.s.	n.s.
Ketamine	0.7	0.3	n.s.	0.7	<0.1	0.7	0.7	n.s.	n.s.
Fentanyl	<0.1	0.8	n.s.	<0.1	1.0	<0.1	0.6	p<.001	n.s.
Weight Loss Drugs (Medical Use) [4]	2.1	1.9	n.s.	<0.1	2.3	3.8	1.8	p<.05	n.s.
Weight Loss Drugs (Nonmedical Use) [5]	1.8	1.6	n.s.	<0.1	1.7	3.2	1.8	n.s.	n.s.

[1]Includes use of cigarettes, large cigars, small cigars, tobacco using a hookah, smokeless tobacco, vaping nicotine, or nicotine pouches.

[2]An index of nonmedical use of any drugs other than cannabis includes hallucinogens (including LSD), cocaine, stimulant medications, sleeping medications, anti-anxiety medications, and opioid medications.

[3]An index of nonmedical use of any prescription drug includes stimulant medications, sleeping medications, anti-anxiety medications, and opioid medications.

[4]Use under the direction of a medical professional.

[5]Use not under the direction of a medical professional.

MONITORING THE FUTURE

TABLE/FIGURE 119

30-Day Prevalence of Use for Various Types of Drugs, 2025:

College vs. Noncollege Young Adults 1 to 4 Years beyond High School

by Sex

	Total			Men		Women		Sex Differences	
	Full-Time College	Non-College	College/Non-College Differences	Full-Time College	Non-College	Full-Time College	Non-College	Full-Time College	Non-College
Cannabis	25.2	30.9	n.s.	26.2	31.4	24.7	29.4	n.s.	n.s.
Vaping Cannabis	15.4	20.1	n.s.	15.1	20.2	16.3	18.9	n.s.	n.s.
Alcohol	52.0	49.4	n.s.	51.6	50.8	53.4	47.6	n.s.	n.s.
Cigarettes	6.4	10.4	p<.05	7.3	11.7	5.8	7.8	n.s.	n.s.
Vaping Nicotine	16.5	26.3	p<.001	15.4	25.7	18.1	28.1	n.s.	n.s.
Opioid Medications (Nonmedical Use)	0.2	0.7	n.s.	<0.1	1.1	0.2	<0.1	n.s.	n.s.
Sleeping Medications (Nonmedical Use)	1.3	1.9	n.s.	2.3	0.9	0.3	2.5	p<.05	n.s.
Anti-Anxiety Medications (Nonmedical Use)	1.6	1.2	n.s.	0.9	0.8	2.0	1.8	n.s.	n.s.
Stimulant Medications (Nonmedical Use)	0.7	0.4	n.s.	0.9	0.2	0.5	0.1	n.s.	n.s.
Any Prescription Drug (Nonmedical Use) [1]	3.5	3.8	n.s.	4.1	3.0	2.7	3.7	n.s.	n.s.

[1]An index of nonmedical use of any prescription drug includes stimulant medications, sleeping medications, anti-anxiety medications, and opioid medications.



TABLE/FIGURE 120

30-Day Prevalence of Daily Use for Various Types of Drugs, 2025:

College vs. Noncollege Young Adults 1 to 4 Years beyond High School

by Sex

	Total			Men		Women		Sex Differences	
	Full-Time College	Non-College	College/Non-College Differences	Full-Time College	Non-College	Full-Time College	Non-College	Full-Time College	Non-College
Cannabis	5.3	12.6	p<.001	5.9	15.8	4.8	9.9	n.s.	n.s.
Alcohol									
Daily	1.5	1.8	n.s.	2.8	1.6	0.3	2.3	p<.05	n.s.
5+ Drinks in a Row in Last 2 Weeks	20.3	16.6	n.s.	23.0	17.2	18.9	16.6	n.s.	n.s.
10+ Drinks in a Row in Last 2 Weeks	6.9	5.9	n.s.	11.2	6.0	3.5	6.0	p<.01	n.s.
Cigarettes									
Daily	0.6	3.7	p<.01	<0.1	3.1	1.2	2.8	p<.05	n.s.
1/2 Pack+/Day	0.1	1.3	n.s.	<0.1	0.6	0.3	1.4	n.s.	n.s.

MONITORING THE FUTURE

TABLE/FIGURE 121

2-Week Prevalence of Driving After Using Various Types of Drugs [1], 2024-2025 Combined:

College vs. Noncollege Young Adults 1 to 4 Years beyond High School

	Total		
	Full-Time College	Non-College	College/Non-College Differences
Cannabis	5.8	8.7	n.s.
Alcohol	3.4	7.2	n.s.
5+ Alcoholic Drinks	4.4	3.9	n.s.
Other Illicit Drugs	0.9	1.6	n.s.

[1]Question text for this item:

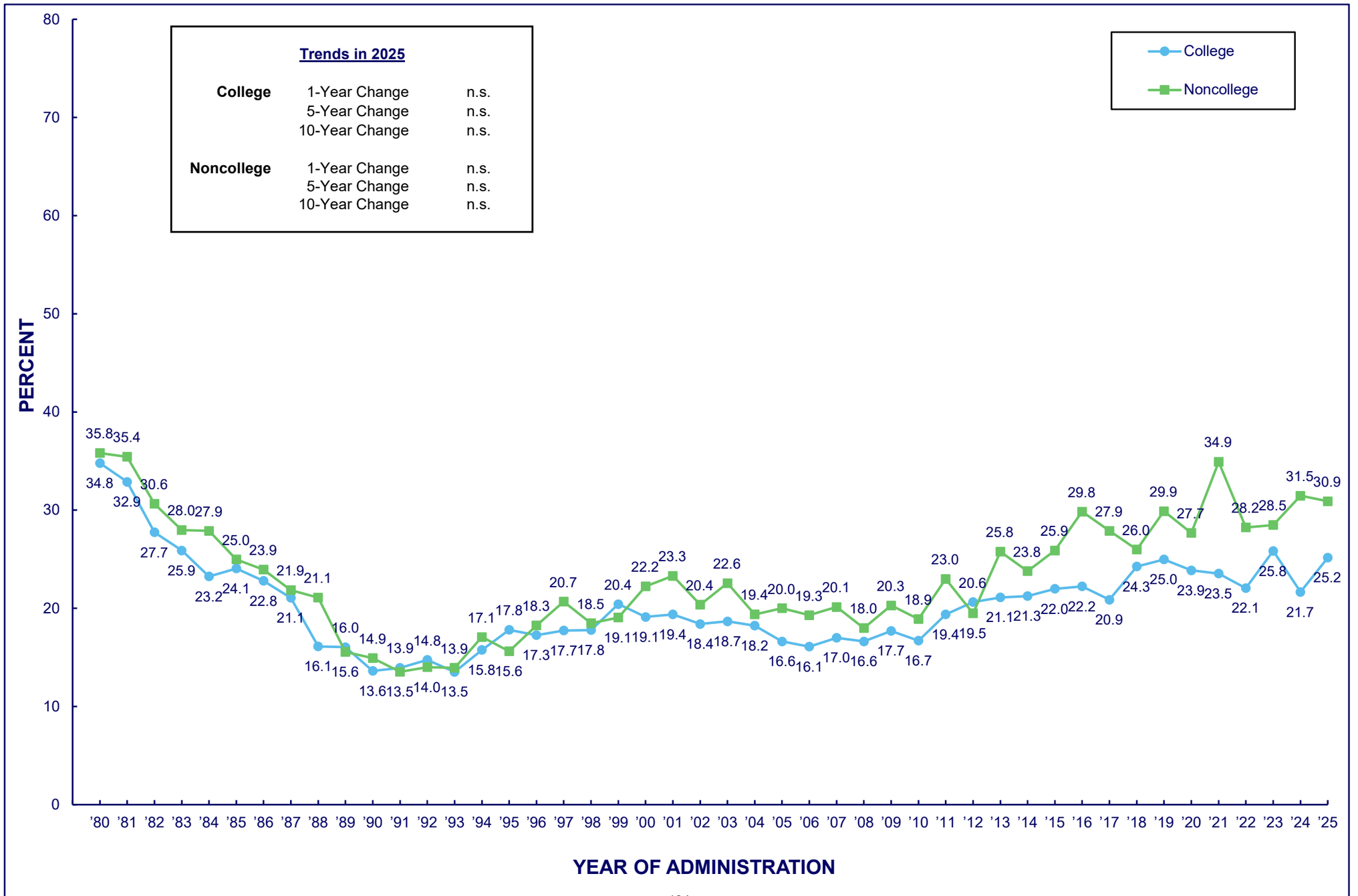
During the LAST TWO WEEKS, how many times (if any) have you driven a car, truck, or motorcycle after…

TABLE/FIGURE 122

CANNABIS

Trends in 30-Day Prevalence among College vs. Noncollege Young Adults
1 to 4 Years beyond High School

MONITORING THE FUTURE

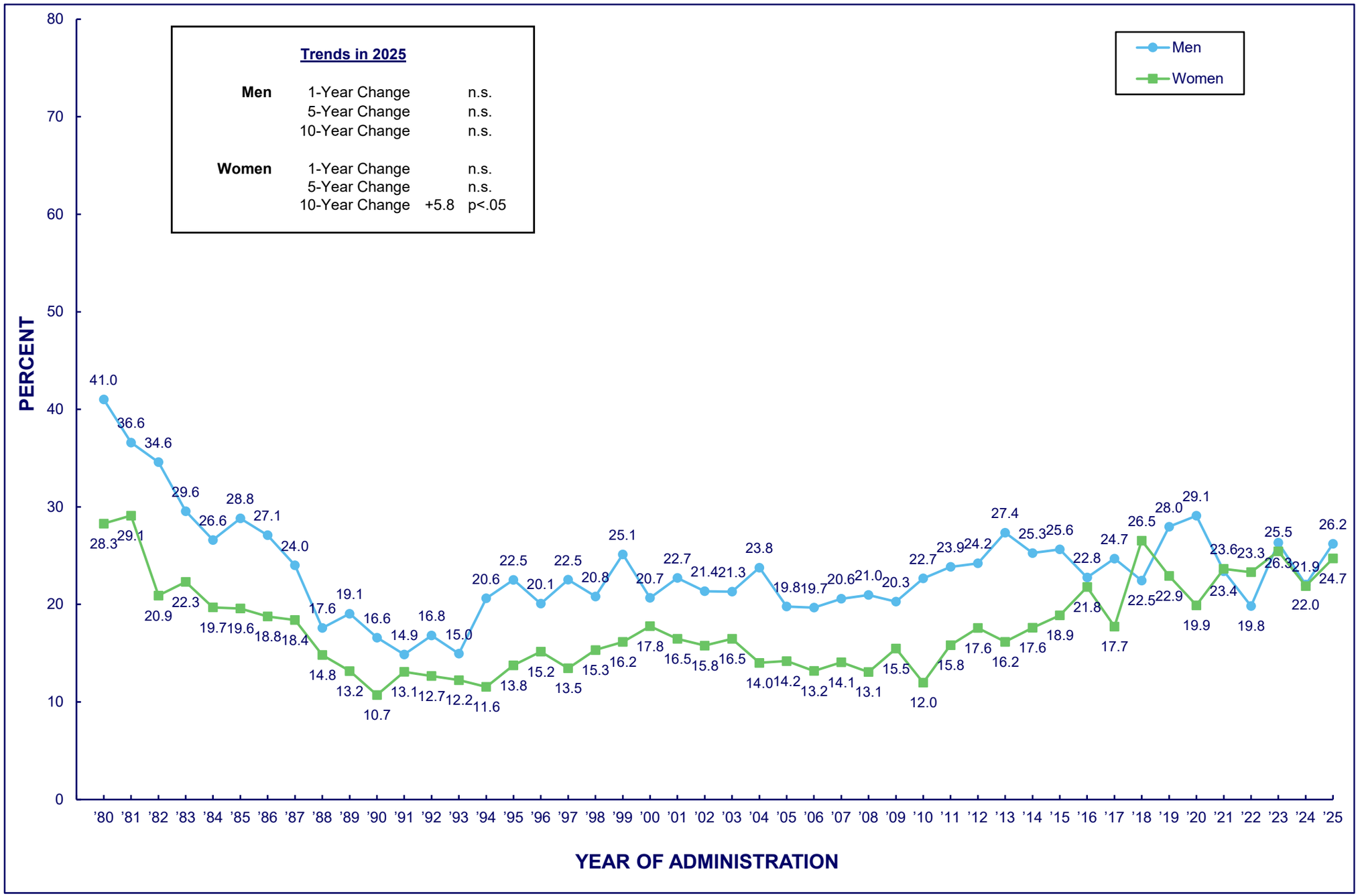


TABLE/FIGURE 123

CANNABIS

Trends in 30-Day Prevalence among College Students 1 to 4 Years beyond High School, by Sex

MONITORING THE FUTURE

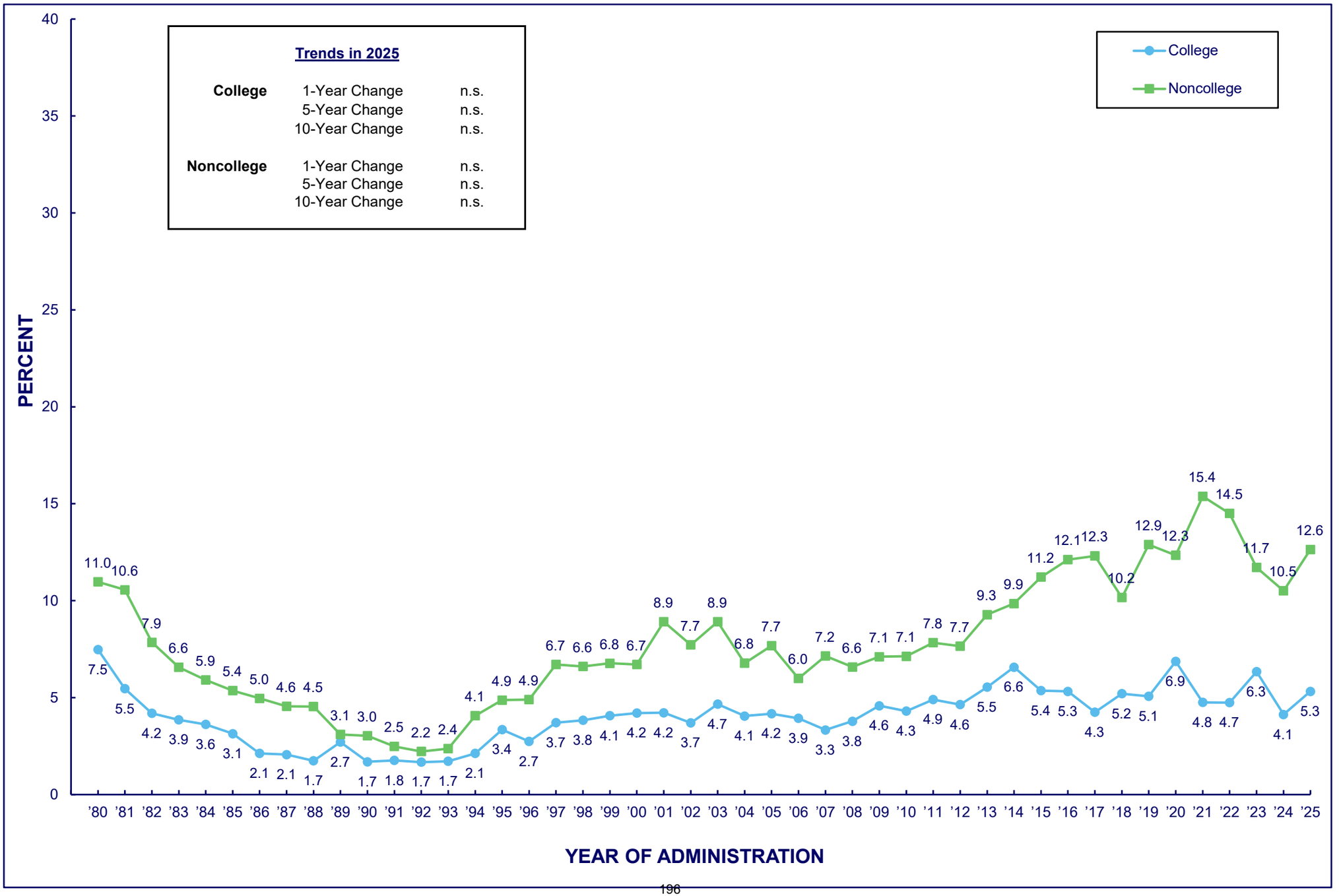


TABLE/FIGURE 124

CANNABIS

Trends in 30-Day Prevalence of Daily Use among College vs. Noncollege Young Adults 1 to 4 Years beyond High School

MONITORING THE FUTURE

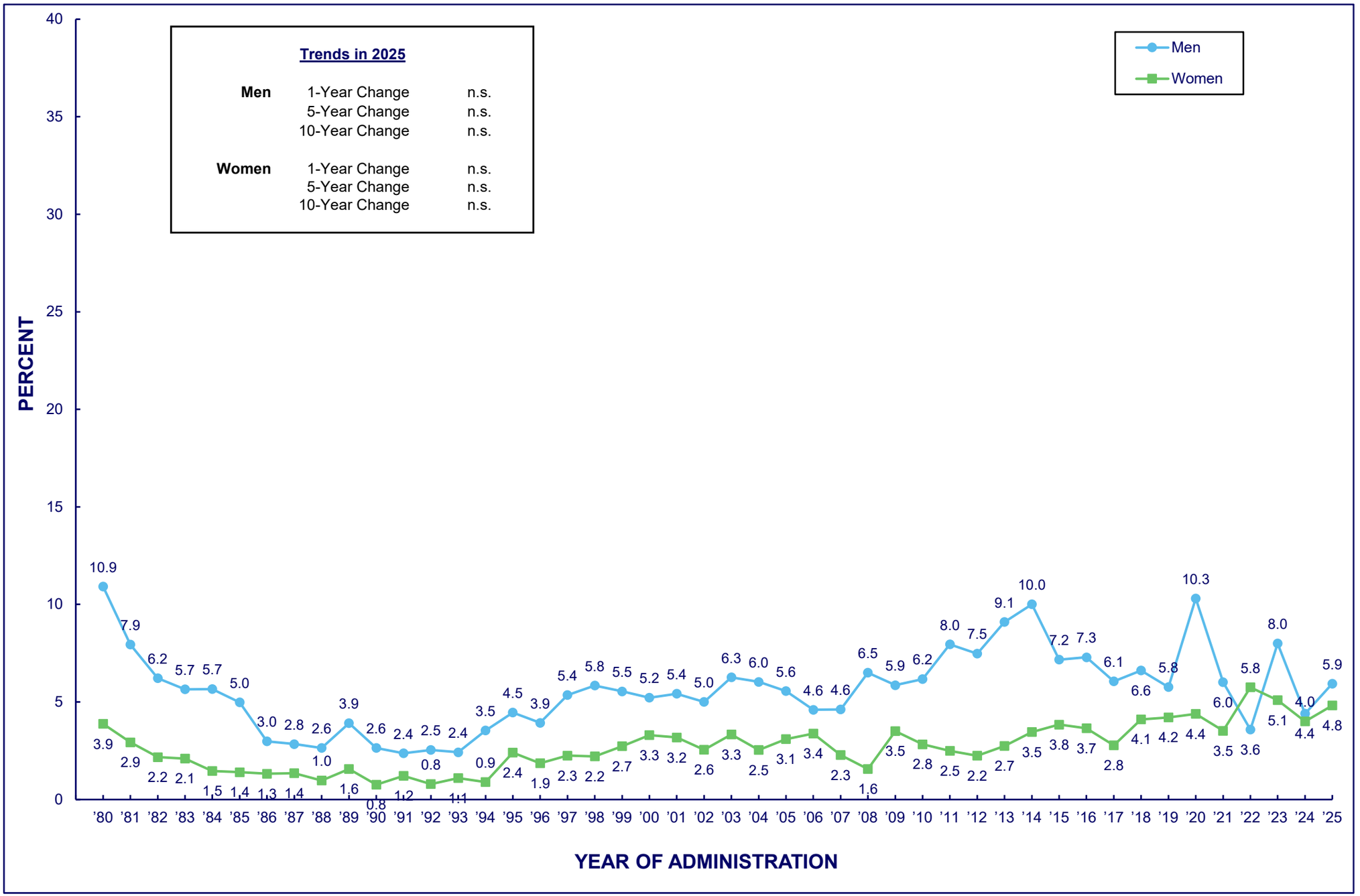


TABLE/FIGURE 125

CANNABIS

Trends in 30-Day Prevalence of Daily Use among College Students 1 to 4 Years beyond High School, by Sex

MONITORING THE FUTURE

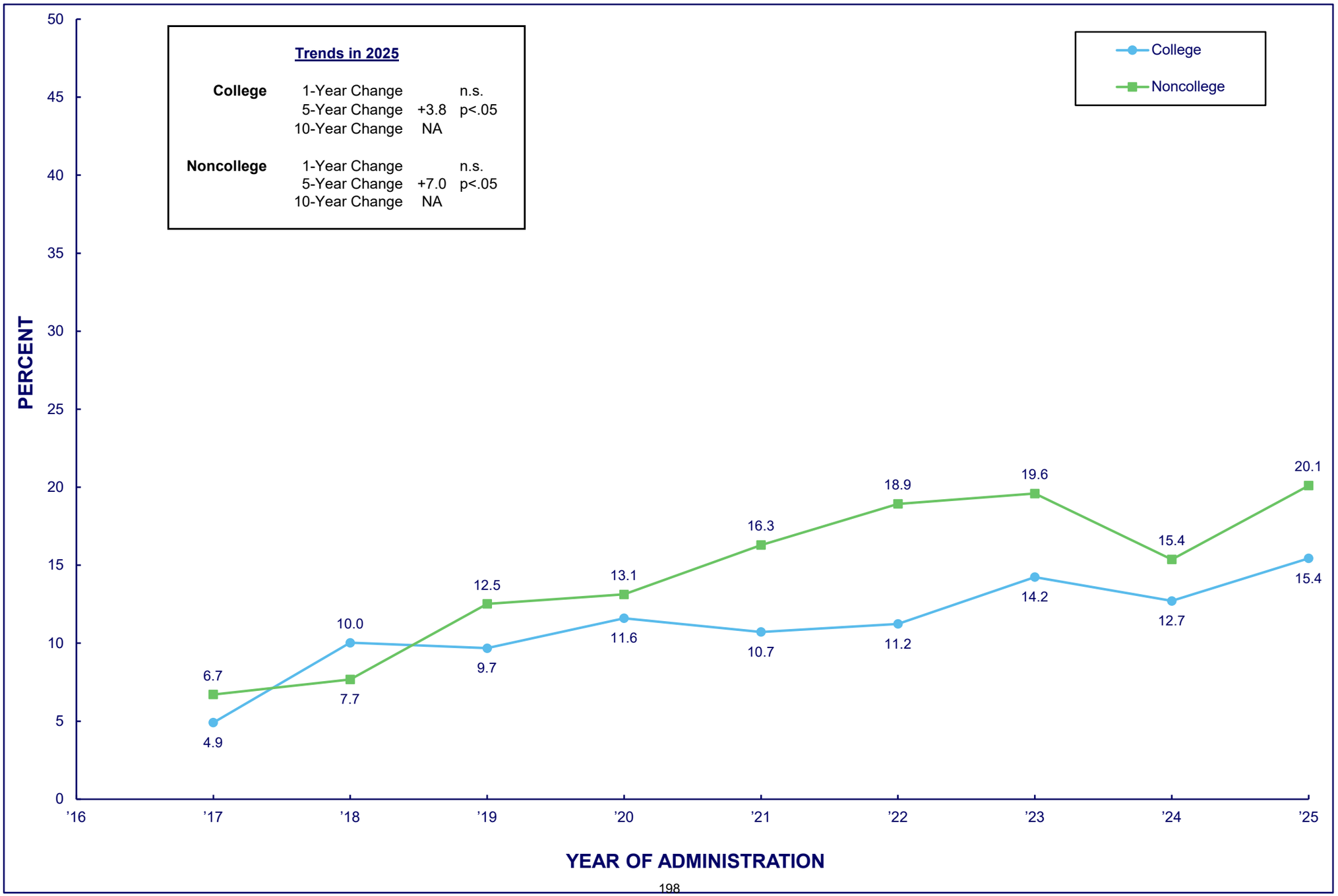


TABLE/FIGURE 126

VAPING CANNABIS

Trends in 30-Day Prevalence among College vs. Noncollege Young Adults 1 to 4 Years beyond High School

MONITORING THE FUTURE

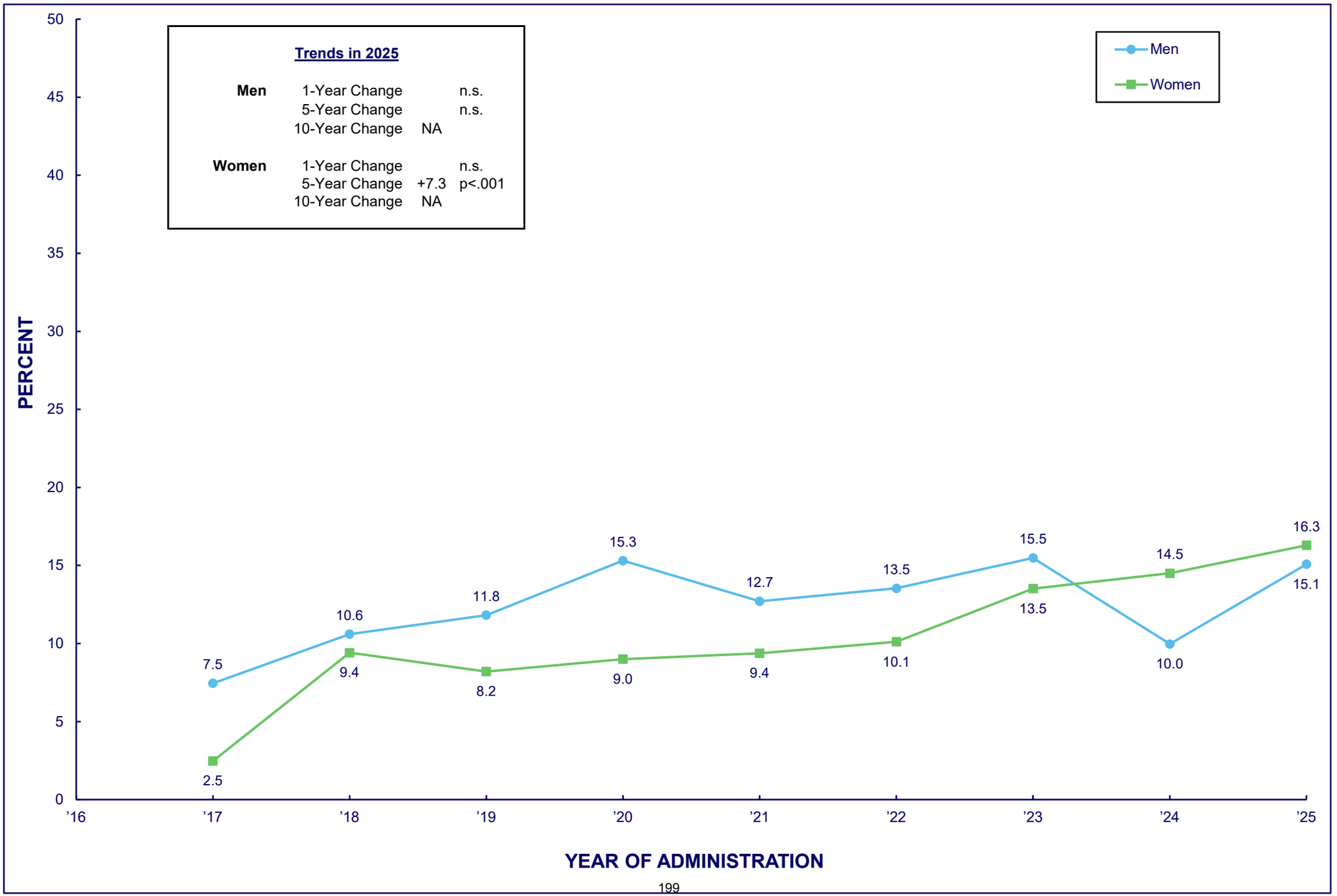


TABLE/FIGURE 127

VAPING CANNABIS

Trends in 30-Day Prevalence among College Students 1 to 4 Years beyond High School, by Sex

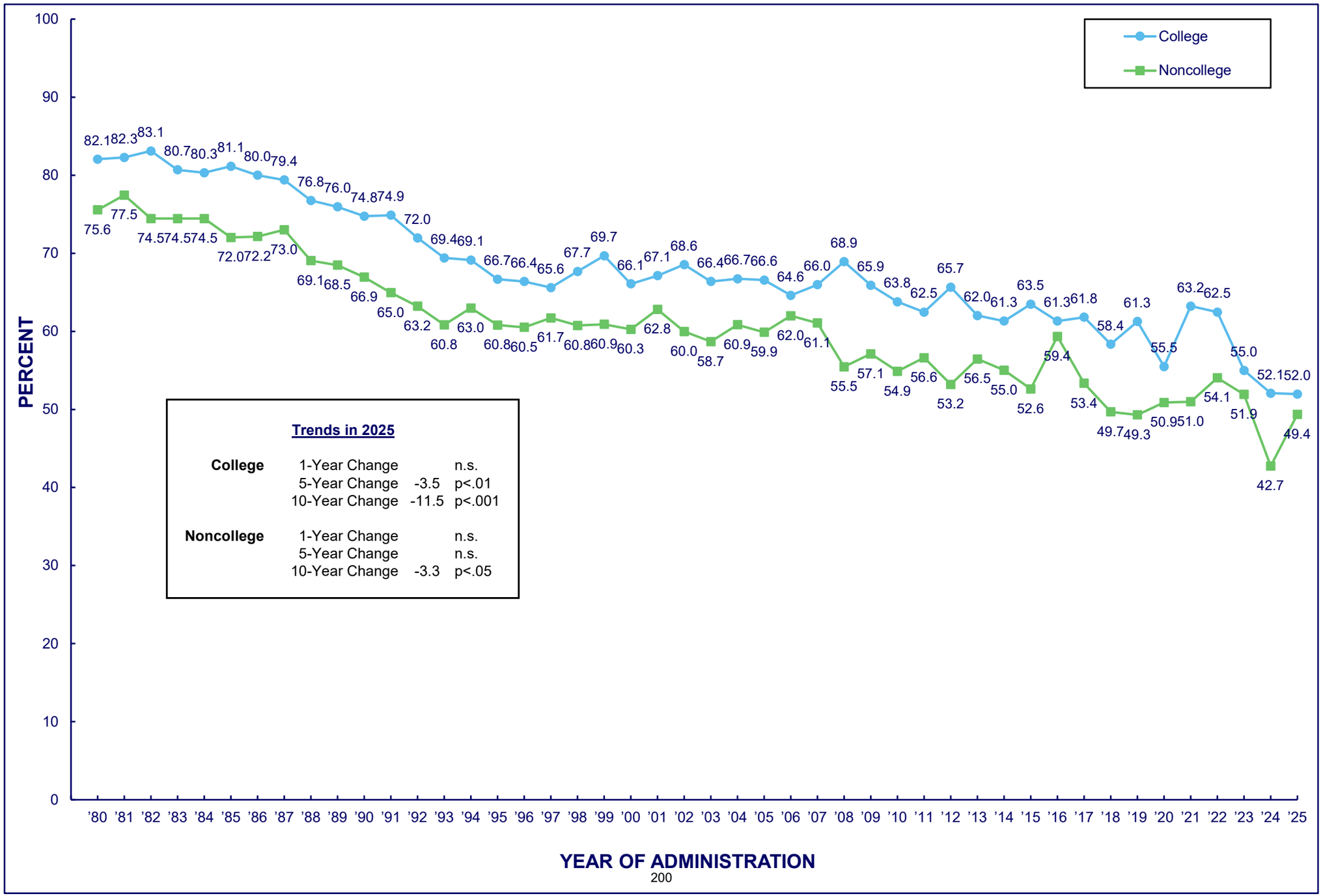
MONITORING THE FUTURE



TABLE/FIGURE 128

ALCOHOL

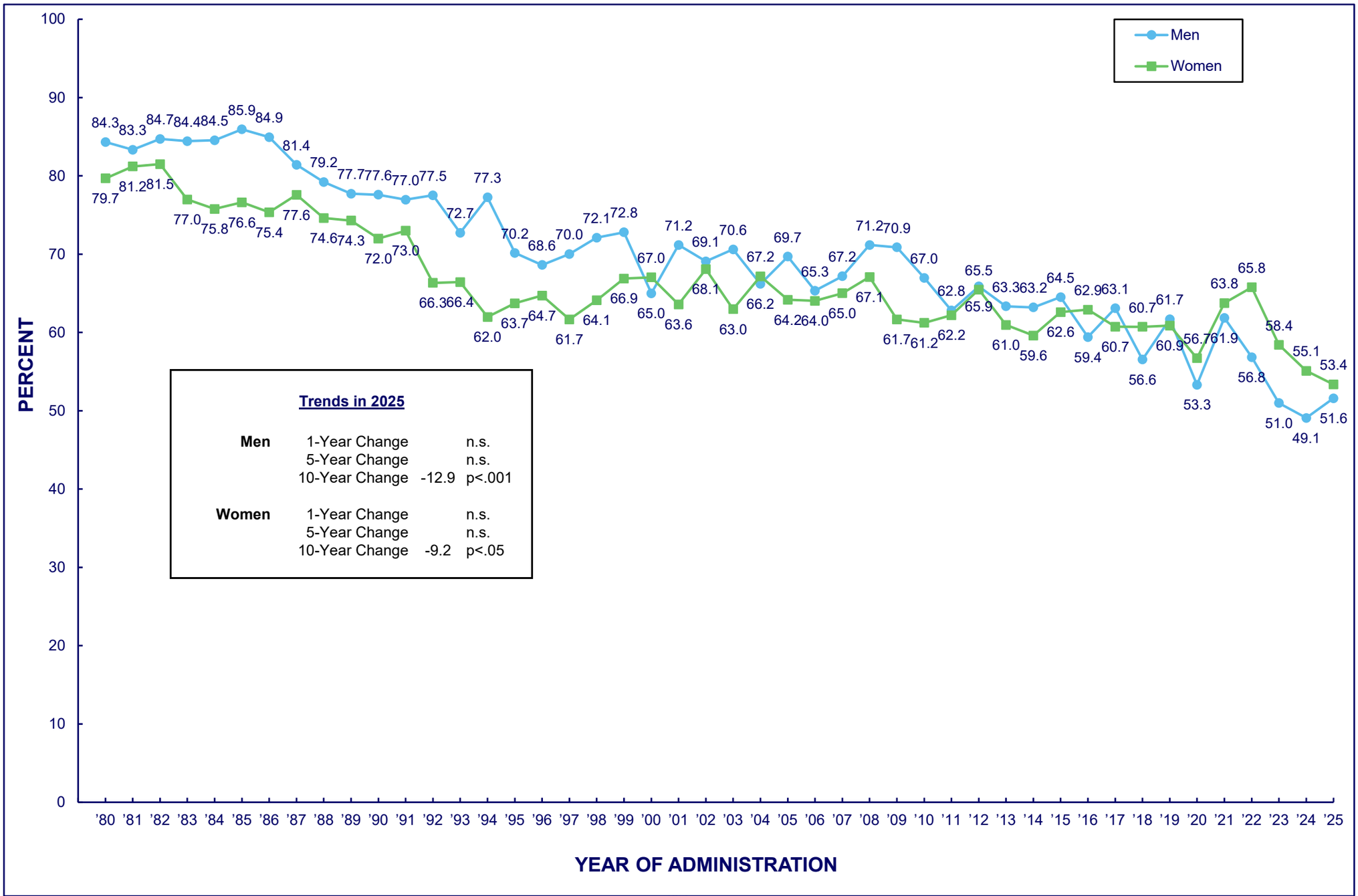
Trends in 30-Day Prevalence among College vs. Noncollege Young Adults 1 to 4 Years beyond High School



TABLE/FIGURE 129

ALCOHOL

Trends in 30-Day Prevalence among College Students 1 to 4 Years beyond High School, by Sex

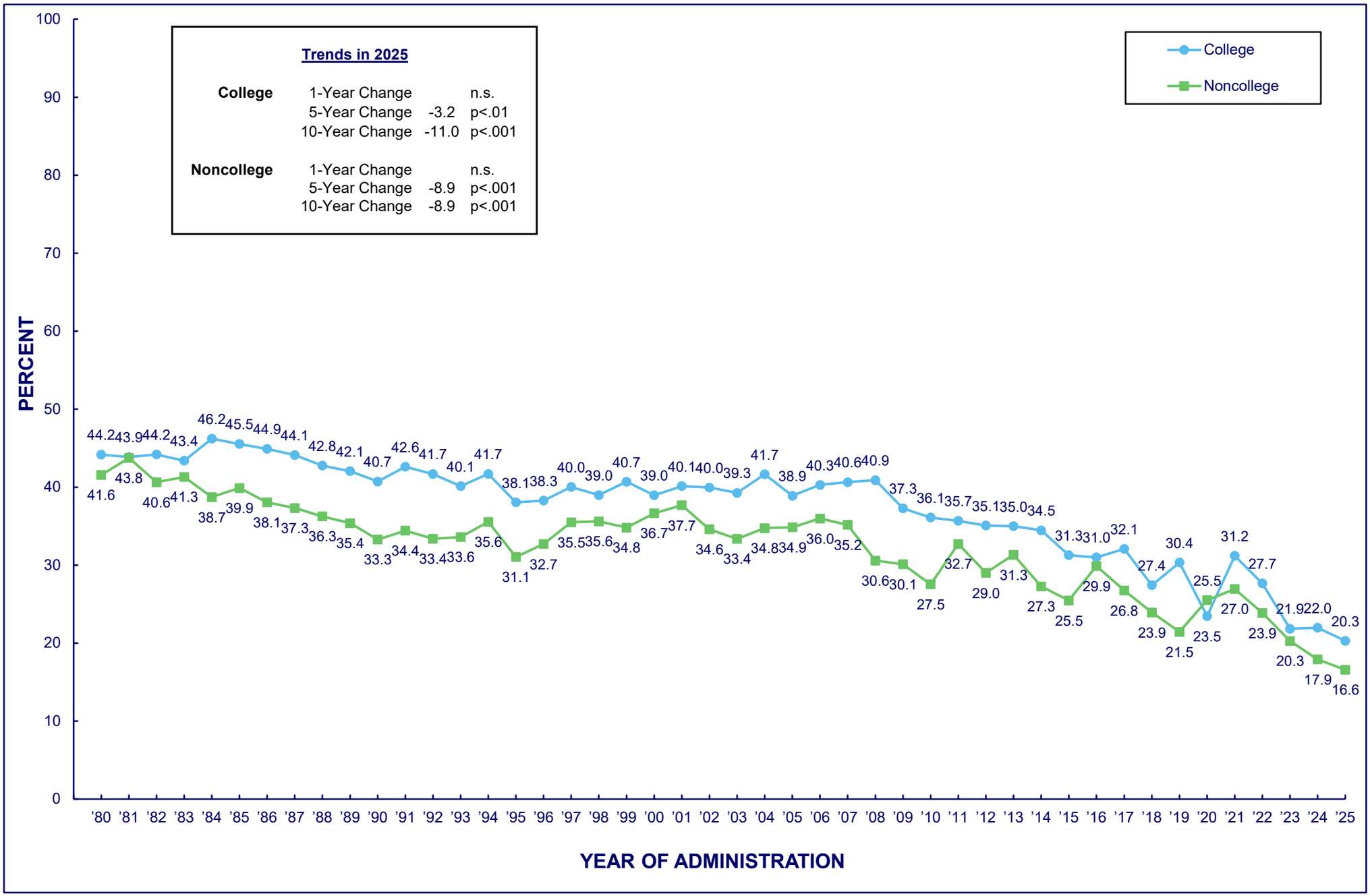


TABLE/FIGURE 130

ALCOHOL

Trends in 2-Week Prevalence of Having 5 or More Drinks in a Row among College vs. Noncollege Young Adults 1 to 4 Years beyond High School

MONITORING THE FUTURE

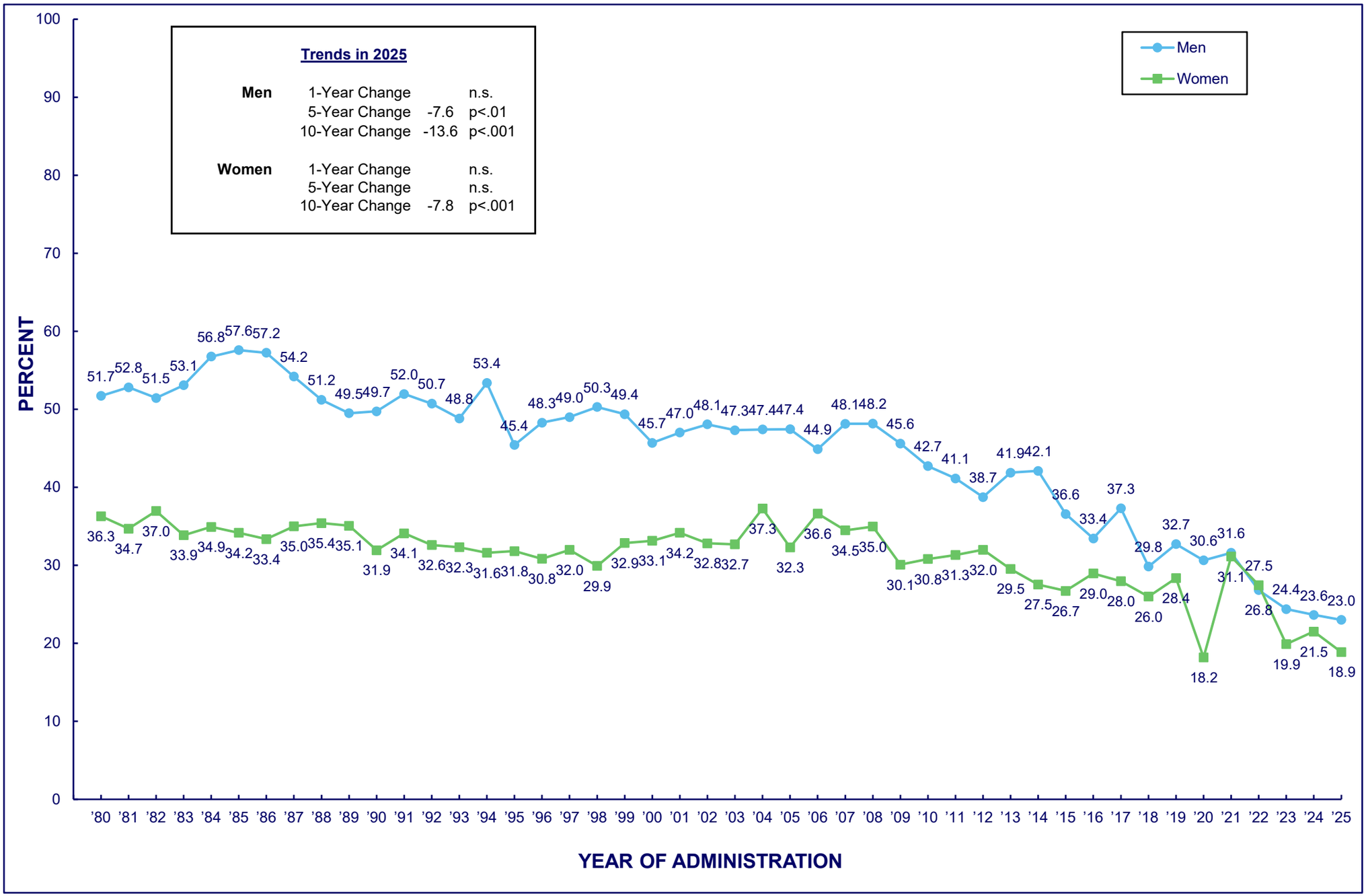


TABLE/FIGURE 131

ALCOHOL

Trends in 2-Week Prevalence of Having 5 or More Drinks in a Row among College Students 1 to 4 Years beyond High School, by Sex

MONITORING THE FUTURE



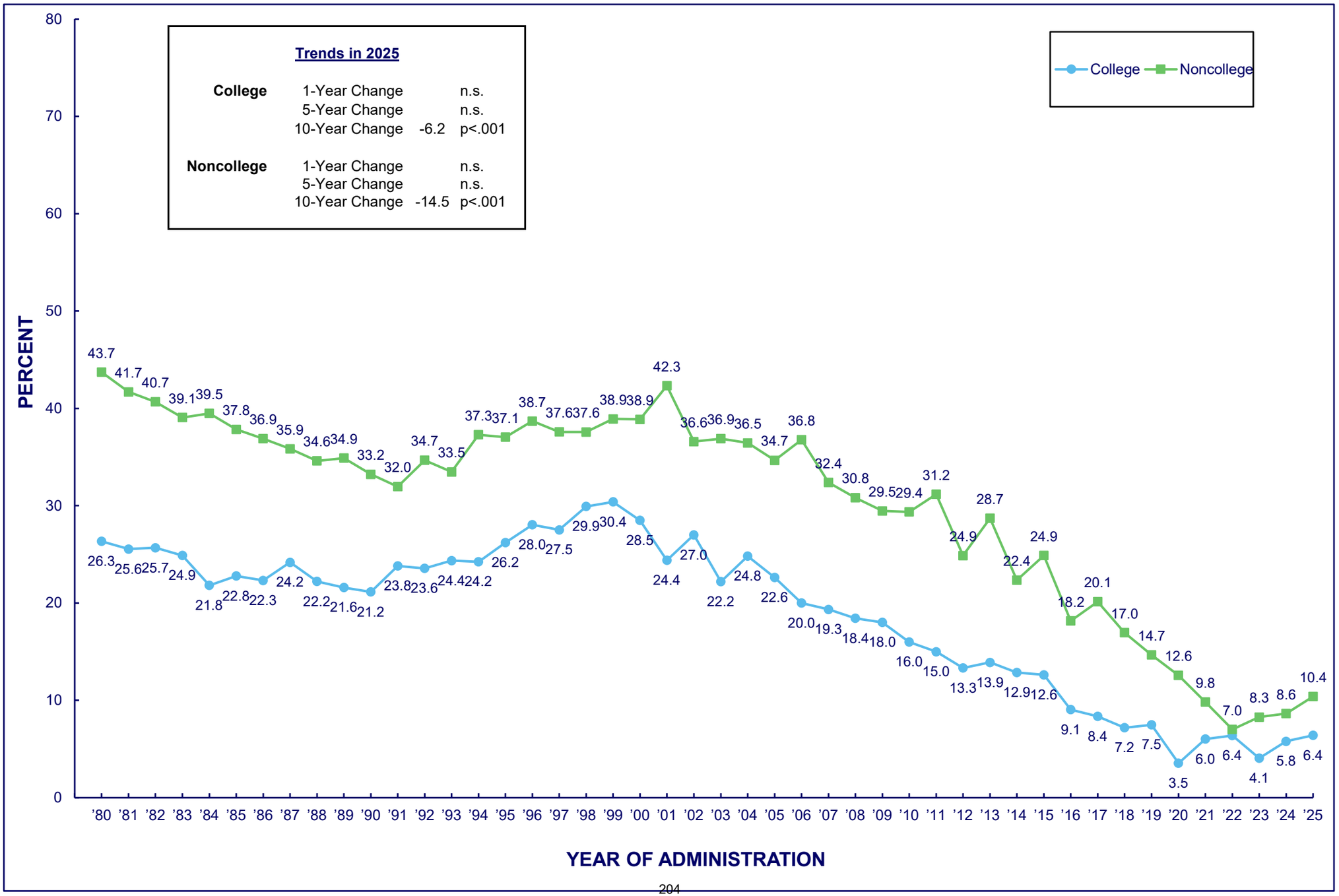
TABLE/FIGURE 132

CIGARETTES

Trends in 30-Day Prevalence among College vs. Noncollege Young Adults

1 to 4 Years beyond High School

MONITORING THE FUTURE

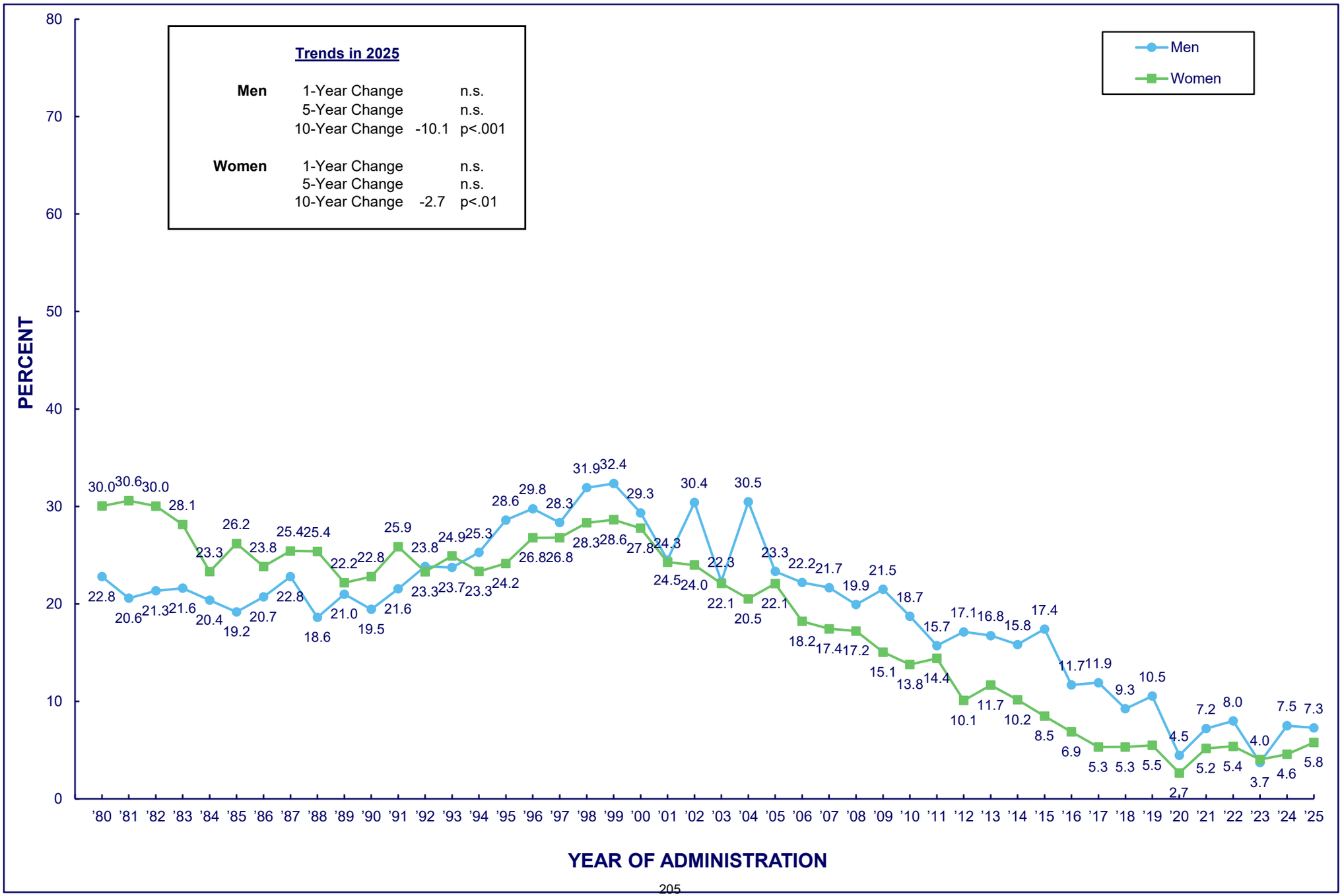


TABLE/FIGURE 133

CIGARETTES

Trends in 30-Day Prevalence among College Students 1 to 4 Years beyond High School, by Sex

MONITORING THE FUTURE

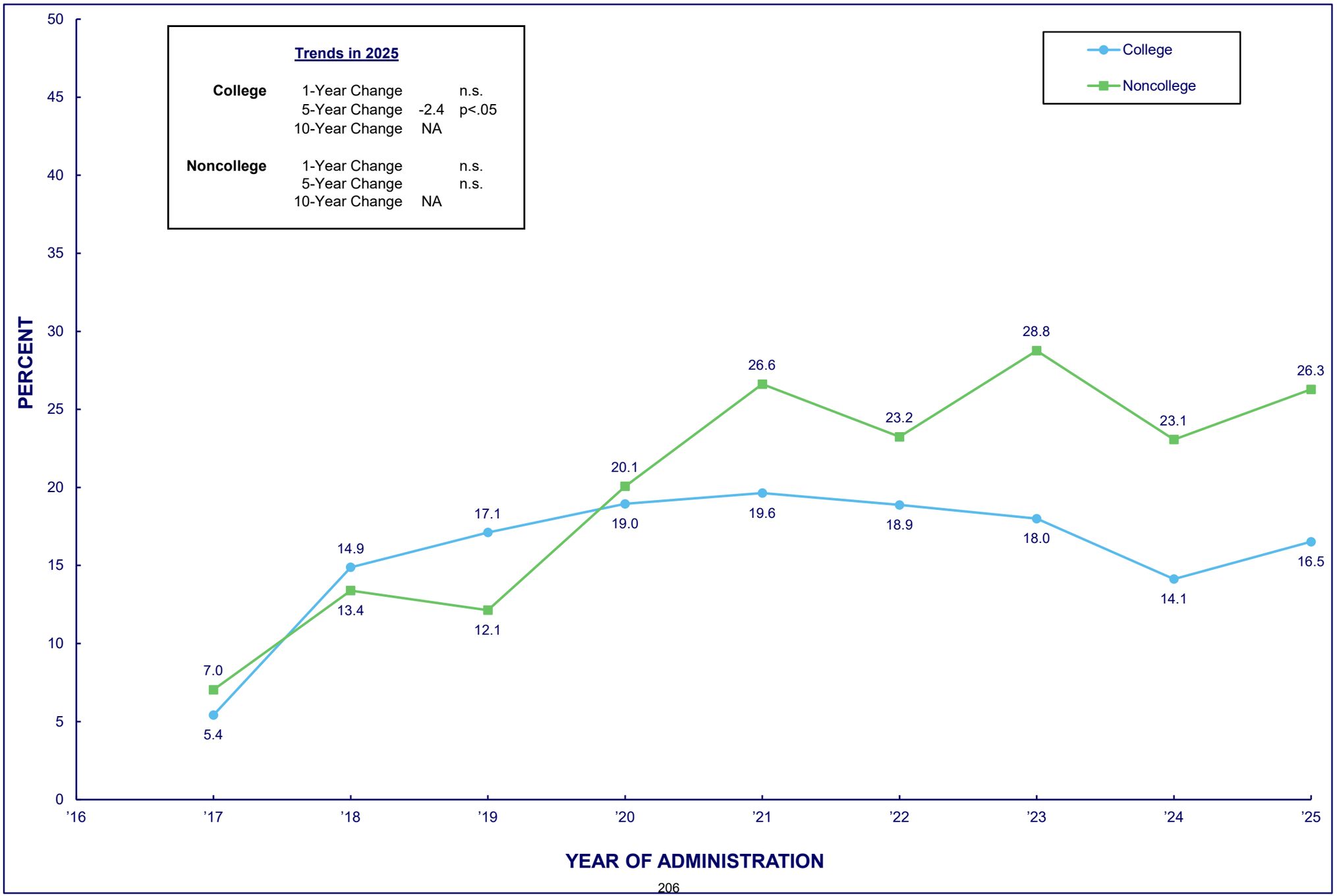


TABLE/FIGURE 134

VAPING NICOTINE

Trends in 30-Day Prevalence among College vs. Noncollege Young Adults
1 to 4 Years beyond High School

MONITORING THE FUTURE



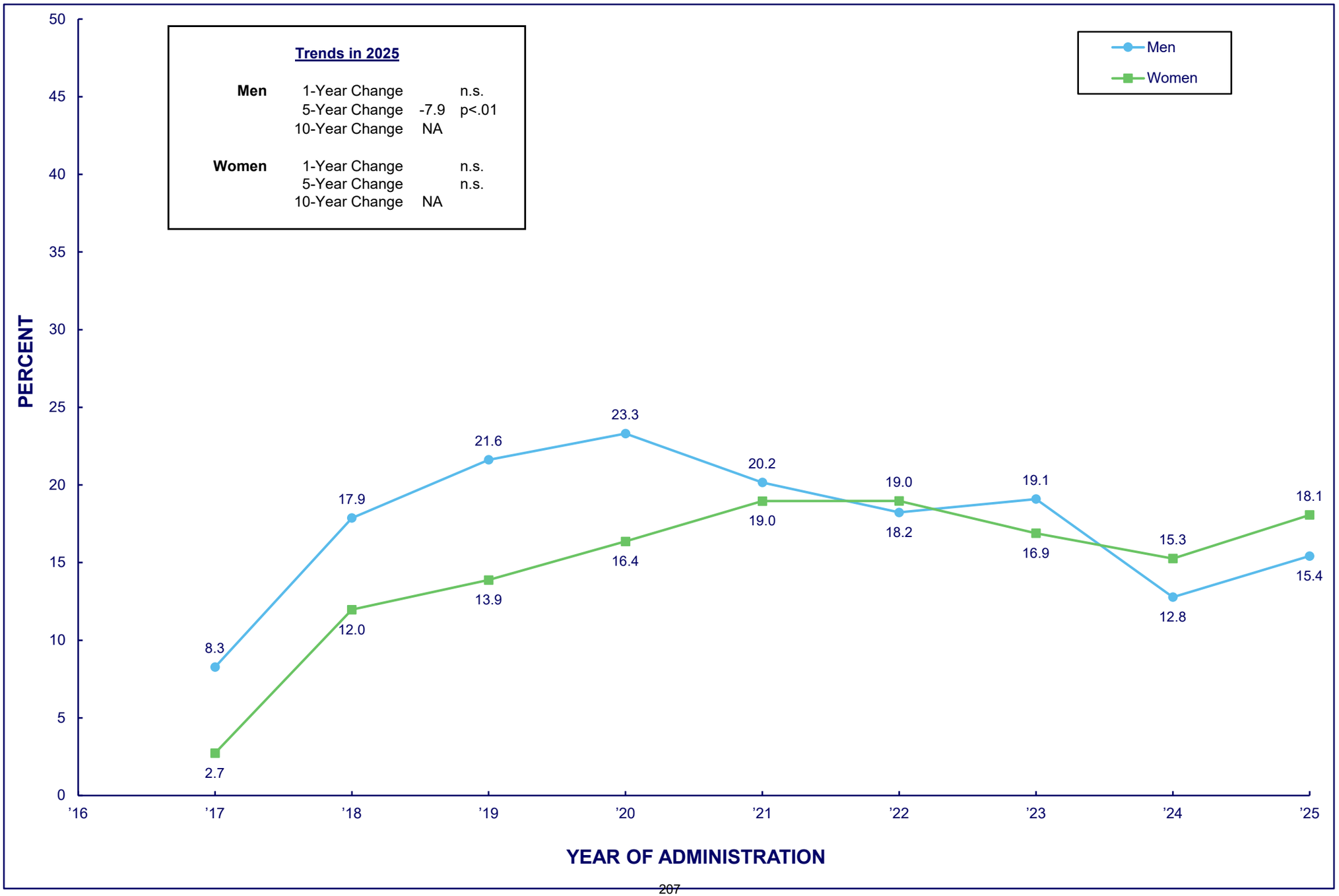
TABLE/FIGURE 135

VAPING NICOTINE

Trends in 30-Day Prevalence

among College Students 1 to 4 Years beyond High School, by Sex

MONITORING THE FUTURE



TABLE/FIGURE 136

Demographic Distribution of 2025 MTF Panel Sample

	Young Adults (ages 19-30)	Early Midlife Adults (ages 35-50)	Midlife Adults (ages 55-65)
	Original Age 18	Original Age 18	Original Age 18
Year Reported	(2013-2024)	(1993, 1998, 2003, 2008)	(1978, 1983, 1988)
Sex			
Male	47.2	46.5	48.6
Female	52.8	53.5	51.4
N	4355	3334	3195
Race/Ethnicity [1]			
Hispanic	26.9	12.6	4.6
American Indian or Alaska Native	1.0	1.0	1.6
Asian American	3.9	4.0	1.7
Black or African American	12.2	13.1	12.5
Middle Eastern [2]	0.1	NA	NA
Native Hawaiian or Other Pacific Islander [3]	0.3	0.1	NA
White	51.4	68.6	79.6
More than One Race	4.1	0.7	NA
N	4425	3334	3124

	Age 19-22
Year Reported	2025
College Attendance	
Attend College Full-Time	49.4
Not Attending College Full-Time	50.6
N	1632

	Age 23-55 [4]
Year Reported	2025
College Completion	
Obtained 4-Year Degree	54.3
Did Not Obtain 4-Year Degree	45.7
N	6891

Notes. ' * ' indicates a prevalence rate of less than 0.05%.

[1]For the age 18 surveys, respondents could only select one option prior to 2005. Beginning in 2005, respondents were able to select more than one option.

[2]Added as a response option in 2021.

[3]Added as a response option in 2005.

[4]Question not asked on surveys for age 60/65.



TABLE/FIGURE 137

Differences in Prevalence of Use for Various Types of Drugs

Among Respondents Modal Ages 19 through 30, by Sex and Race/Ethnicity, 2025

	Differences by Sex			Differences by Race/Ethnicity								
	Men	Women	Men vs. Women	Black	Hispanic	Black vs. Hispanic	Black	White	Black vs. White	Hispanic	White	Hispanic vs. White
Cannabis:												
12-month	41.1	42.2	n.s	45.9	40.6	n.s.	45.9	41.7	n.s.	40.6	41.7	n.s.
30-day	28.8	28.5	n.s.	33.3	28.7	n.s.	33.3	28.4	n.s.	28.7	28.4	n.s.
Alcohol:												
30-day	62.7	61.2	n.s.	57.9	58.5	n.s.	57.9	64.8	n.s.	58.5	64.8	p<.01
5+ drinks in row in two weeks	25.9	22.1	n.s.	22.8	21.1	n.s.	22.8	25.5	n.s.	21.1	25.5	n.s.
Cigarettes:												
30-day	8.9	7.2	n.s.	8.1	7.5	n.s.	8.1	8.9	n.s.	7.5	8.9	n.s.
Vaping Nicotine:												
30-day	20.3	18.7	n.s.	12.6	18.0	n.s.	12.6	21.3	p<.01	18.0	21.3	n.s.
Any Drug other than Cannabis:												
12-month	18.2	17.2	n.s.	16.0	17.7	n.s.	16.0	18.7	n.s.	17.7	18.7	n.s.

MONITORING THE FUTURE

TABLE/FIGURE 138

Differences in Prevalence of Use for Various Types of Drugs

Among Respondents Modal Ages 35 through 50, by Sex and Race/Ethnicity, 2025

	Differences by Sex			Differences by Race/Ethnicity								
	Men	Women	Men vs. Women	Black	Hispanic	Black vs. Hispanic	Black	White	Black vs. White	Hispanic	White	Hispanic vs. White
Cannabis:												
12-month	34.1	26.2	p<.001	30.2	19.8	p<.05	30.2	31.9	n.s.	19.8	31.9	p<.001
30-day	23.6	17.2	p<.001	21.4	13.5	p<.01	21.4	23.6	n.s.	13.5	23.6	p<.001
Cannabis Use Disorder:[1,2]												
Abstainer	66.5	74.9	p<.001	73.8	83.7	p<.05	73.8	68.3	n.s.	83.7	68.3	p<.001
Nondisordered	24.7	20.7	p<.05	18.7	13.7	n.s.	18.7	24.7	n.s.	13.7	24.7	p<.001
Disordered	8.8	4.4	p<.001	7.4	2.6	n.s.	7.4	6.9	n.s.	2.6	6.9	p<.01
Alcohol:												
30-day	67.9	60.8	p<.001	58.4	58.9	n.s.	58.4	67.0	p<.05	58.9	67.0	p<.05
5+ drinks in row in two weeks	31.2	16.1	p<.001	18.0	22.6	n.s.	18.0	24.2	n.s.	22.6	24.2	n.s.
Alcohol Use Disorder:[1,2]												
Abstainer	18.3	17.6	n.s.	24.0	14.2	p<.05	24.0	16.6	n.s.	14.2	16.6	n.s.
Nondisordered	57.4	68.8	p<.001	61.6	74.2	p<.05	61.6	62.9	n.s.	74.2	62.9	p<.001
Disordered	24.2	13.5	p<.001	14.4	11.7	n.s.	14.4	20.6	n.s.	11.7	20.6	p<.01
Cigarettes:												
30-day	9.9	7.5	p<.05	10.0	4.1	p<.05	10.0	9.3	n.s.	4.1	9.3	p<.001
Vaping Nicotine:												
30-day	6.5	6.3	n.s.	3.8	4.7	n.s.	3.8	6.9	p<.05	4.7	6.9	n.s.
Any Drug other than Cannabis:												
12-month	17.0	13.2	p<.05	13.1	11.3	n.s.	13.1	15.9	n.s.	11.3	15.9	n.s.
Other Drug Use Disorder:[1,2]												
Abstainer	92.3	94.2	n.s.	95.4	95.4	n.s.	95.4	92.5	n.s.	95.4	92.5	n.s.
Nondisordered	6.3	4.8	n.s.	4.1	4.6	n.s.	4.1	6.1	n.s.	4.6	6.1	n.s.
Disordered	1.4	0.9	n.s.	0.5	*	n.s.	0.5	1.4	n.s.	*	1.4	p<.001

[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

[2]Estimates presented here based on respondents modal ages 40 through 50.

MONITORING THE FUTURE

TABLE/FIGURE 139

Differences in Prevalence of Use for Various Types of Drugs

Among Respondents Modal Ages 55 through 65, by Sex and Race/Ethnicity, 2025

	Differences by Sex			Differences by Race/Ethnicity								
	Men	Women	Men vs. Women	Black	Hispanic	Black vs. Hispanic	Black	White	Black vs. White	Hispanic	White	Hispanic vs. White
Cannabis:												
12-month	22.5	20.1	p<.05	15.8	17.0	n.s.	15.8	22.1	p<.01	17.0	22.1	p<.001
30-day	15.8	14.3	p<.05	13.5	14.2	n.s.	13.5	15.6	n.s.	14.2	15.6	p<.05
Cannabis Use Disorder:[1]												
Abstainer	75.0	78.7	p<.05	82.4	88.1	n.s.	82.4	75.4	p<.05	88.1	75.4	p<.001
Nondisordered	20.6	18.9	n.s.	15.1	11.5	n.s.	15.1	20.8	p<.05	11.5	20.8	p<.01
Disordered	4.4	2.4	p<.01	2.5	0.4	n.s.	2.5	3.8	n.s.	0.4	3.8	p<.001
Alcohol:												
30-day	67.5	60.0	p<.01	51.1	72.2	p<.001	51.1	65.8	p<.001	72.2	65.8	n.s.
5+ drinks in row in two weeks	25.2	12.5	p<.001	17.2	20.1	n.s.	17.2	19.1	n.s.	20.1	19.1	n.s.
Alcohol Use Disorder:[1]												
Abstainer	18.5	20.6	n.s.	29.7	10.8	p<.001	29.7	17.9	p<.01	10.8	17.9	p<.01
Nondisordered	64.6	68.5	p<.05	61.4	74.3	p<.05	61.4	67.5	n.s.	74.3	67.5	n.s.
Disordered	16.9	11.0	p<.001	8.9	14.9	n.s.	8.9	14.6	p<.05	14.9	14.6	n.s.
Cigarettes:												
30-day	10.5	10.8	n.s.	13.3	4.8	p<.01	13.3	10.5	n.s.	4.8	10.5	p<.001
Vaping Nicotine:												
30-day	2.5	3.0	n.s.	2.5	2.0	n.s.	2.5	3.0	n.s.	2.0	3.0	p<.05
Any Drug other than Cannabis:												
12-month	12.2	10.6	n.s.	11.8	9.9	n.s.	11.8	11.3	n.s.	9.9	11.3	n.s.
Other Drug Use Disorder:[1]												
Abstainer	94.2	94.9	n.s.	94.8	95.4	n.s.	94.8	94.6	n.s.	95.4	94.6	n.s.
Nondisordered	4.6	4.5	n.s.	3.5	4.5	n.s.	3.5	4.6	n.s.	4.5	4.6	n.s.
Disordered	1.2	0.6	n.s.	1.6	*	n.s.	1.6	0.8	n.s.	*	0.8	p<.001

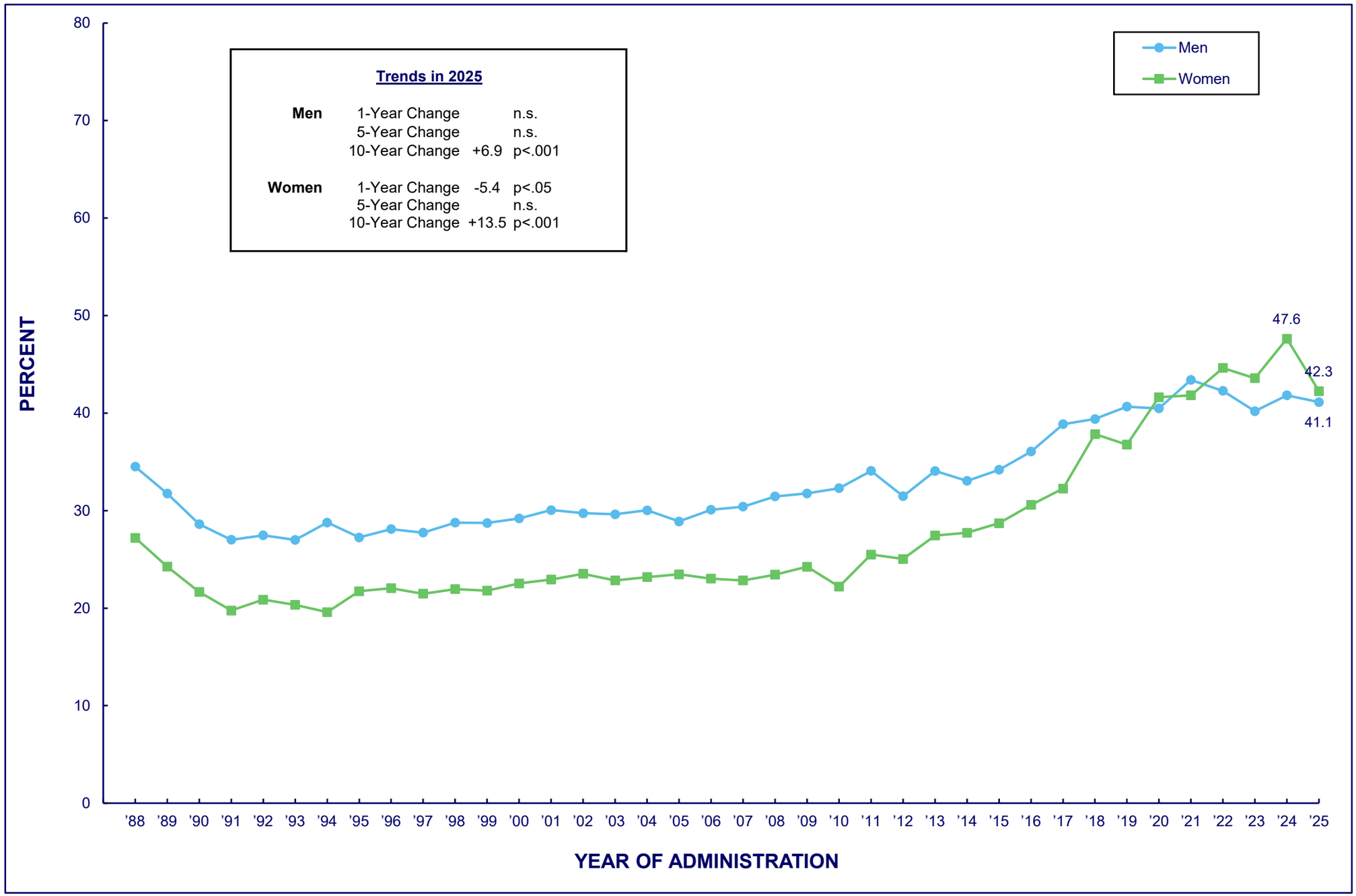
[1]MTF substance use disorder (SUD) measures are not equivalent to clinical SUD diagnoses but are based on diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Text Revision (American Psychiatric Association, 2022). Categories include no use within the specified timeframe, non-disordered use (reporting 0-1 criteria), and disordered use (reporting 2+ criteria). A past-12-month timeframe is used for SUD measures. For detailed information, see Terry-McElrath and Patrick, 2025.

MONITORING THE FUTURE

TABLE/FIGURE 140

CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30, by Sex

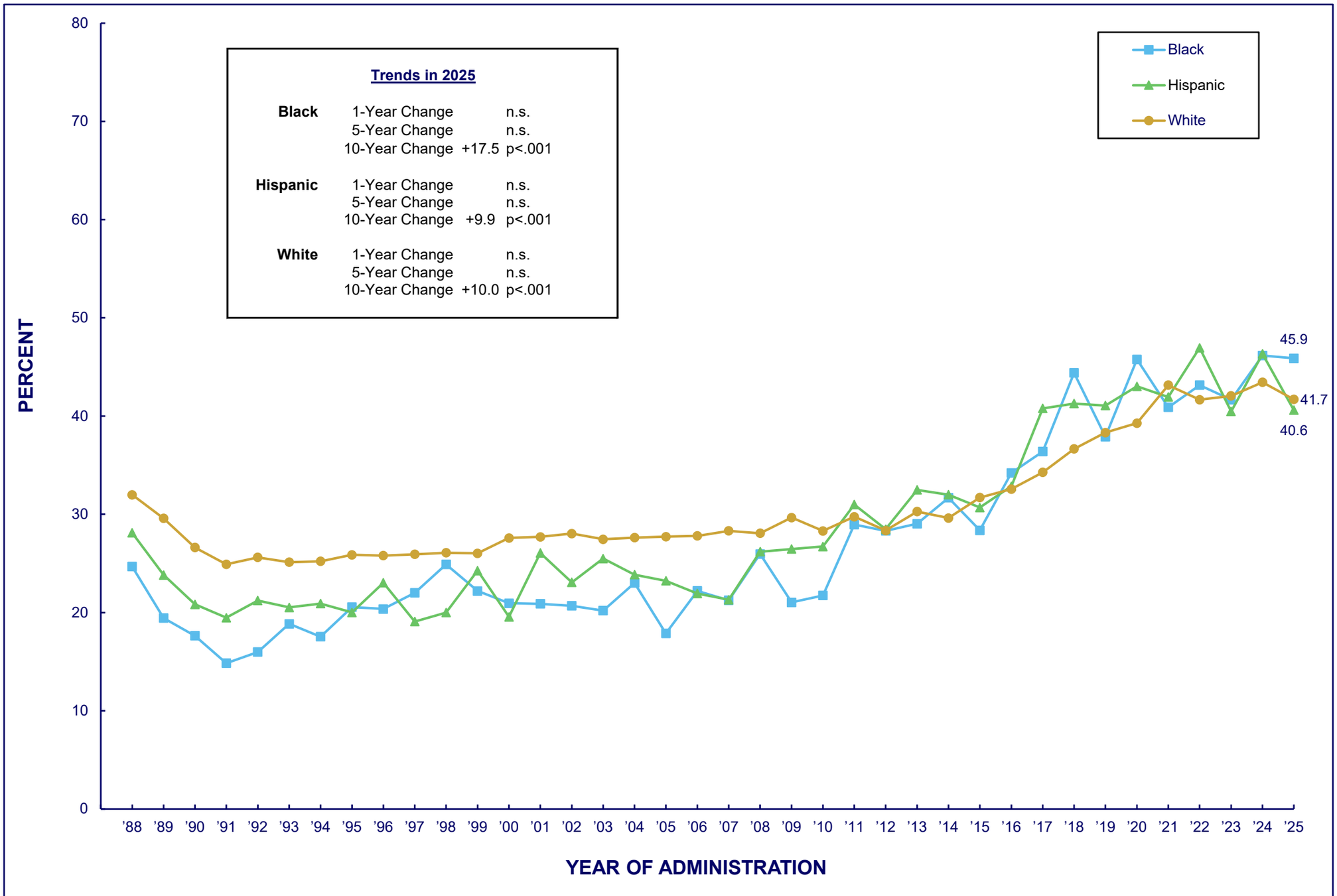


TABLE/FIGURE 141

CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30, by Race/Ethnicity

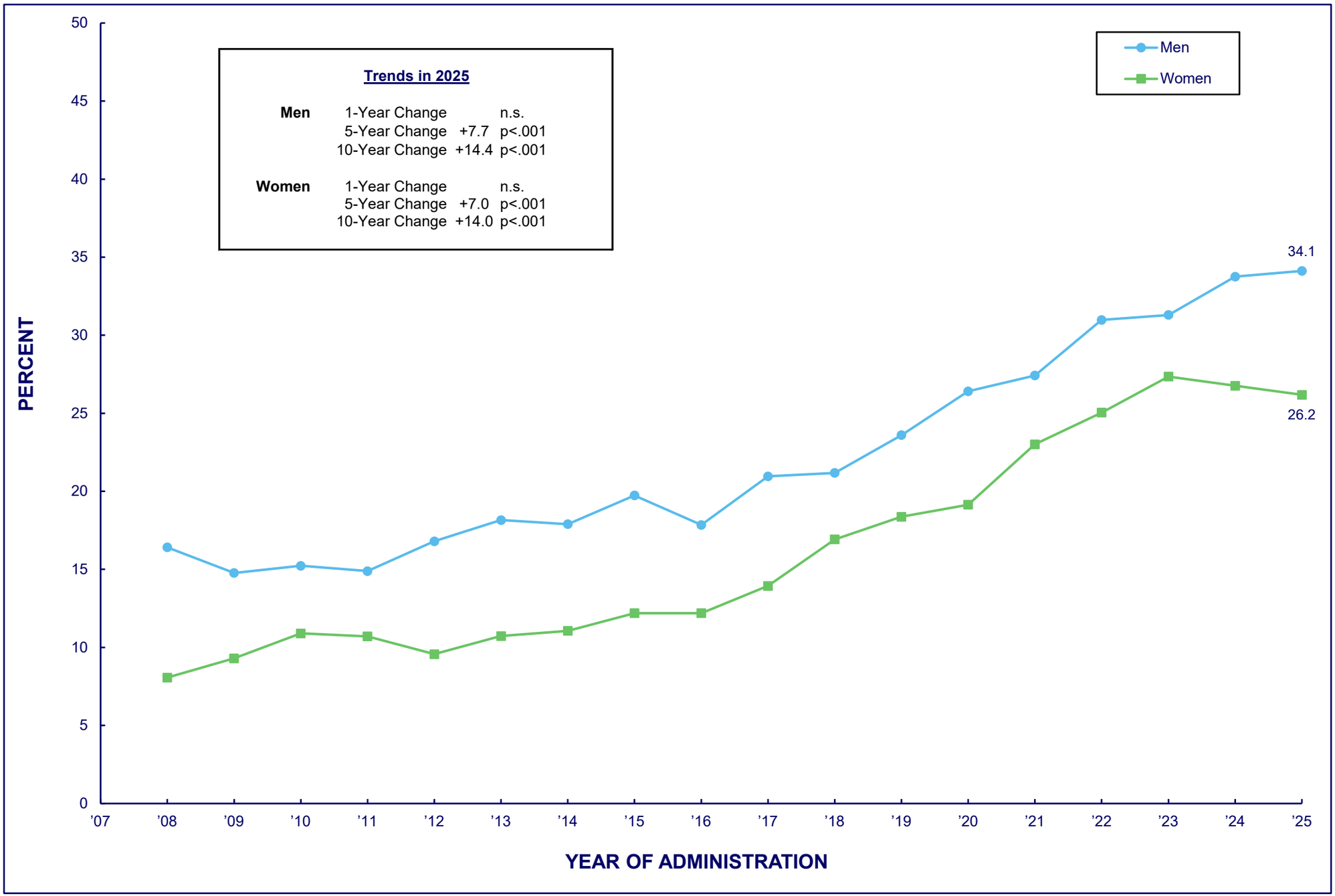
MONITORING THE FUTURE



TABLE/FIGURE 142

CANNABIS

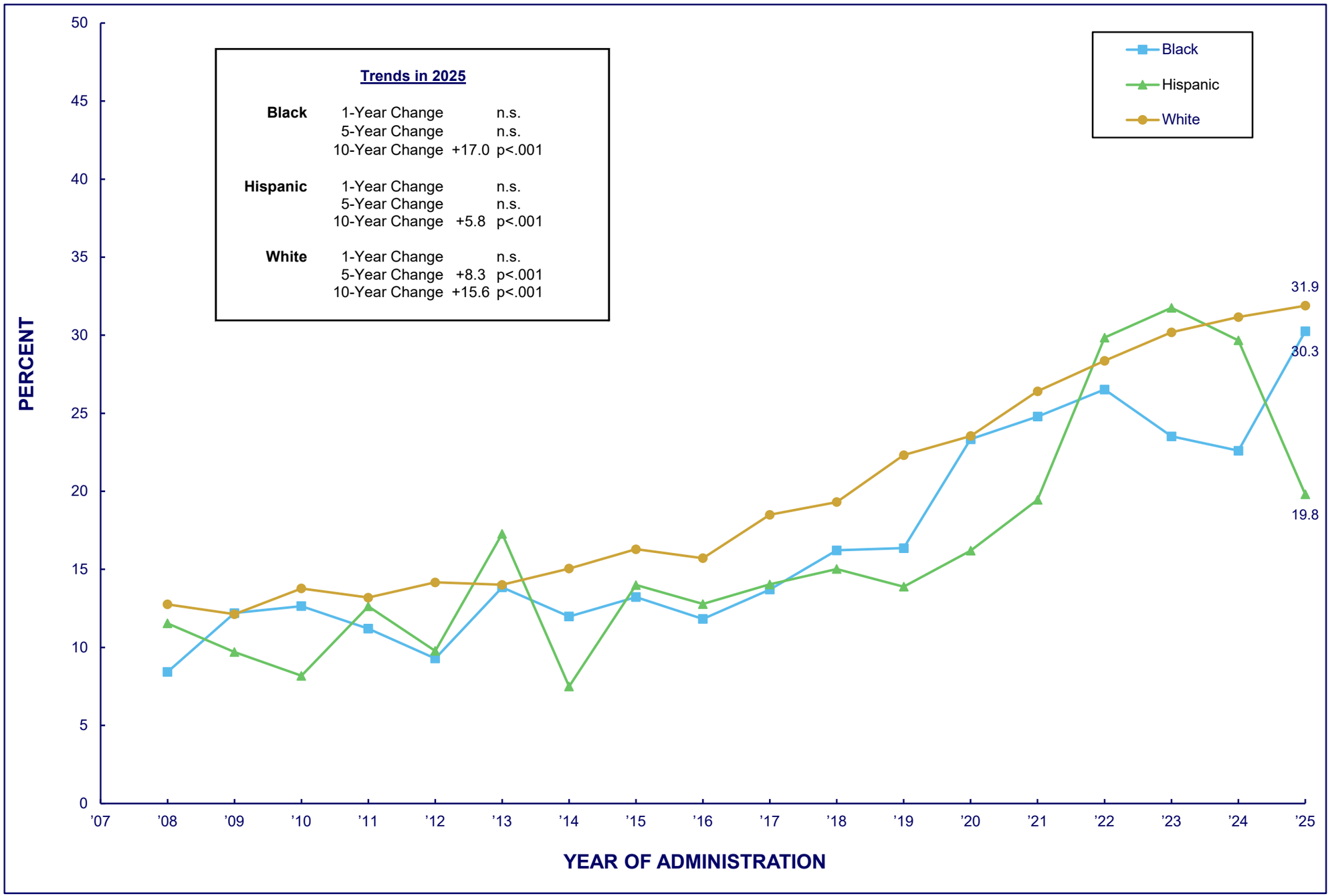
Trends in 12-Month Prevalence among Respondents of Modal Ages 35 through 50, by Sex



TABLE/FIGURE 143

CANNABIS

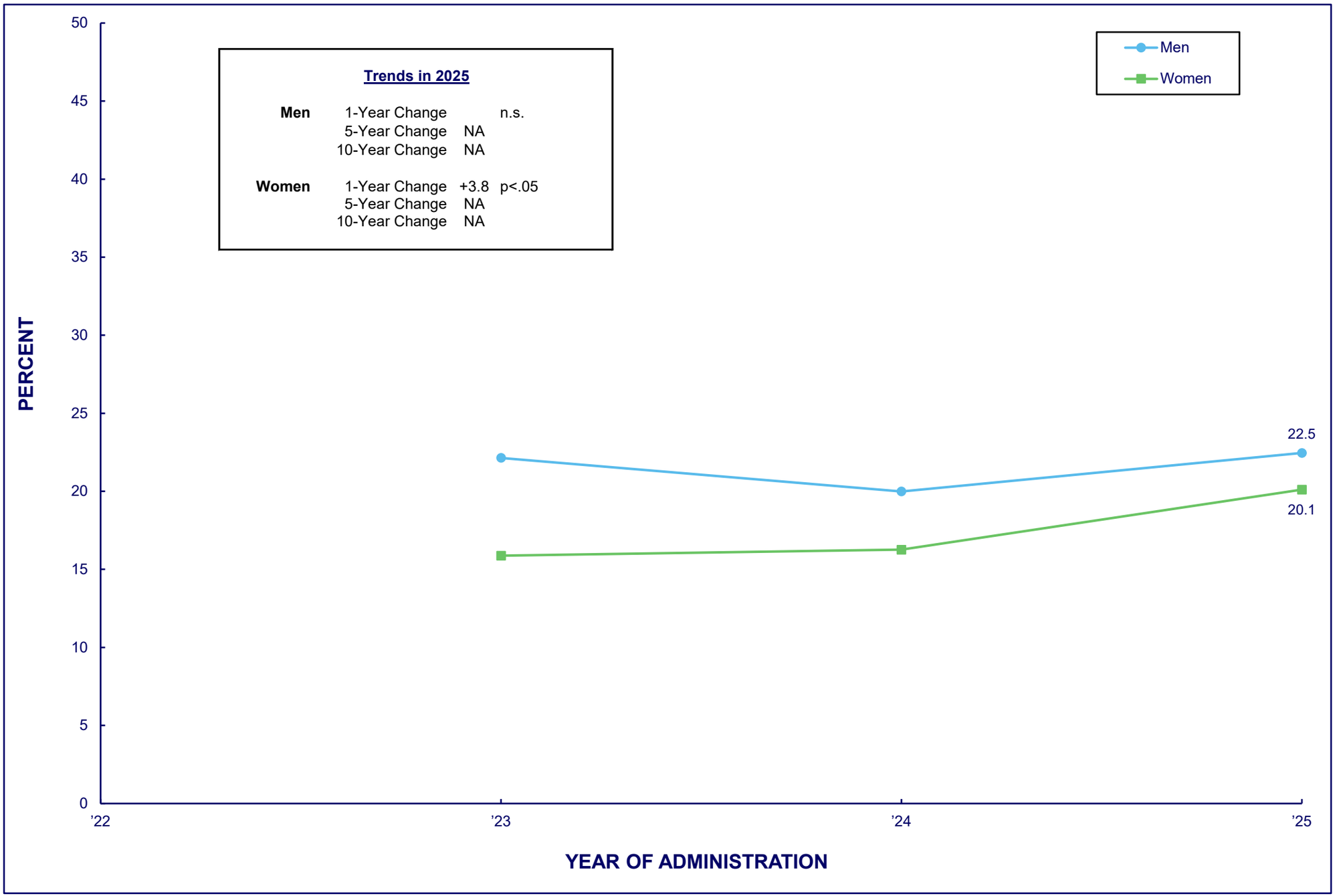
Trends in 12-Month Prevalence among Respondents of Modal Ages 35 through 50, by Race/Ethnicity



TABLE/FIGURE 144

CANNABIS

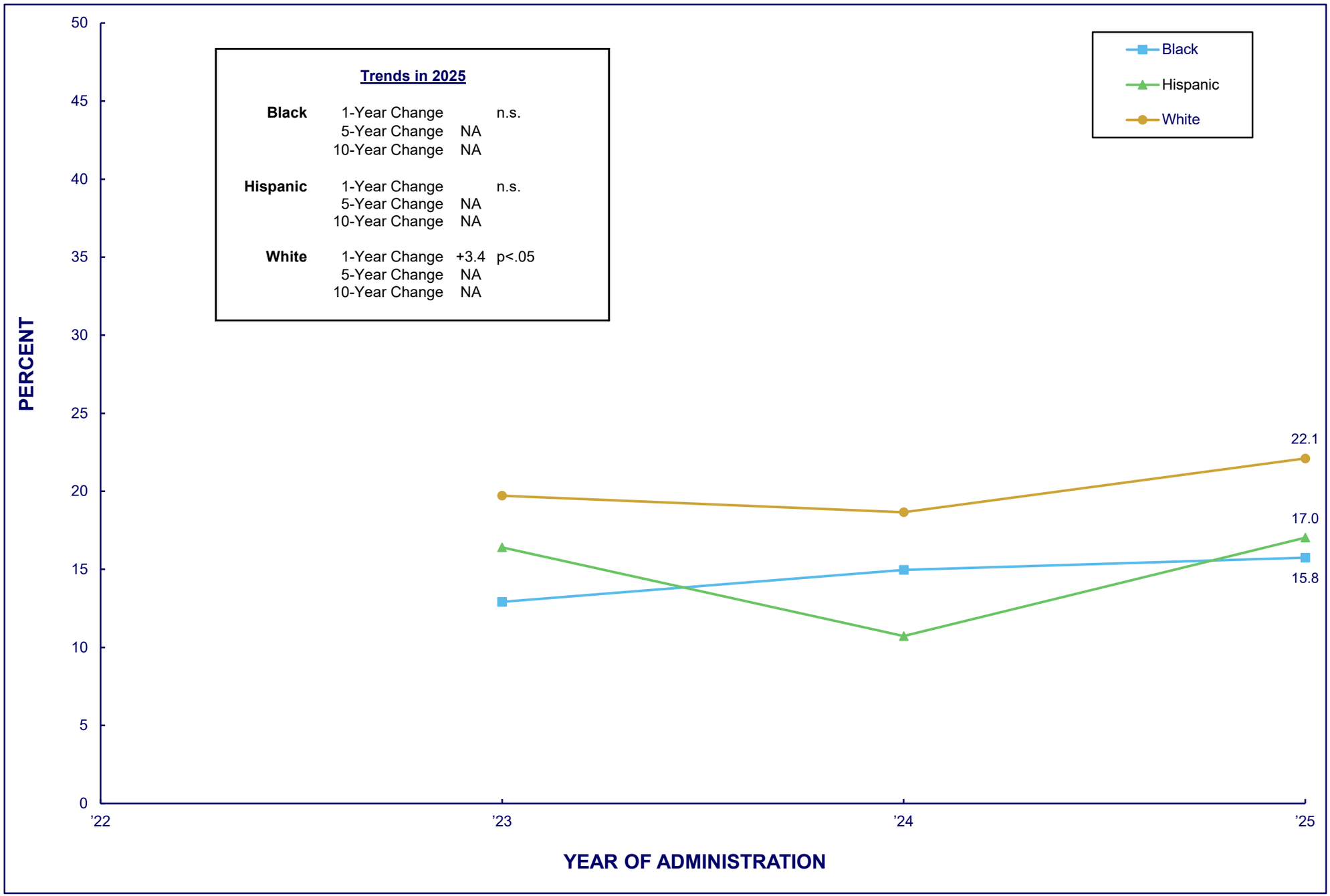
Trends in 12-Month Prevalence among Respondents of Modal Ages 55 through 65, by Sex



TABLE/FIGURE 145

CANNABIS

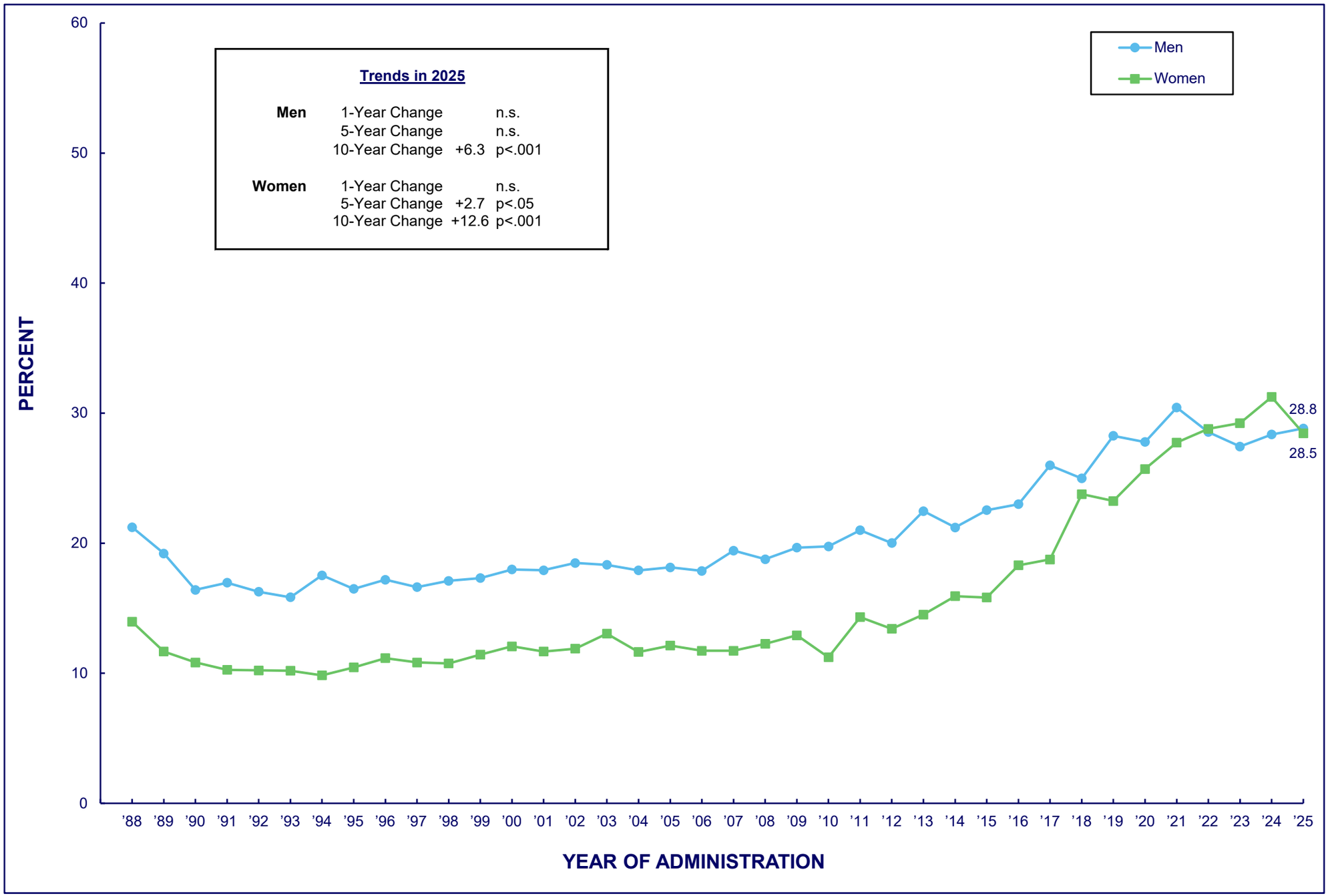
Trends in 12-Month Prevalence among Respondents of Modal Ages 55 through 65, by Race/Ethnicity



TABLE/FIGURE 146

CANNABIS

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Sex

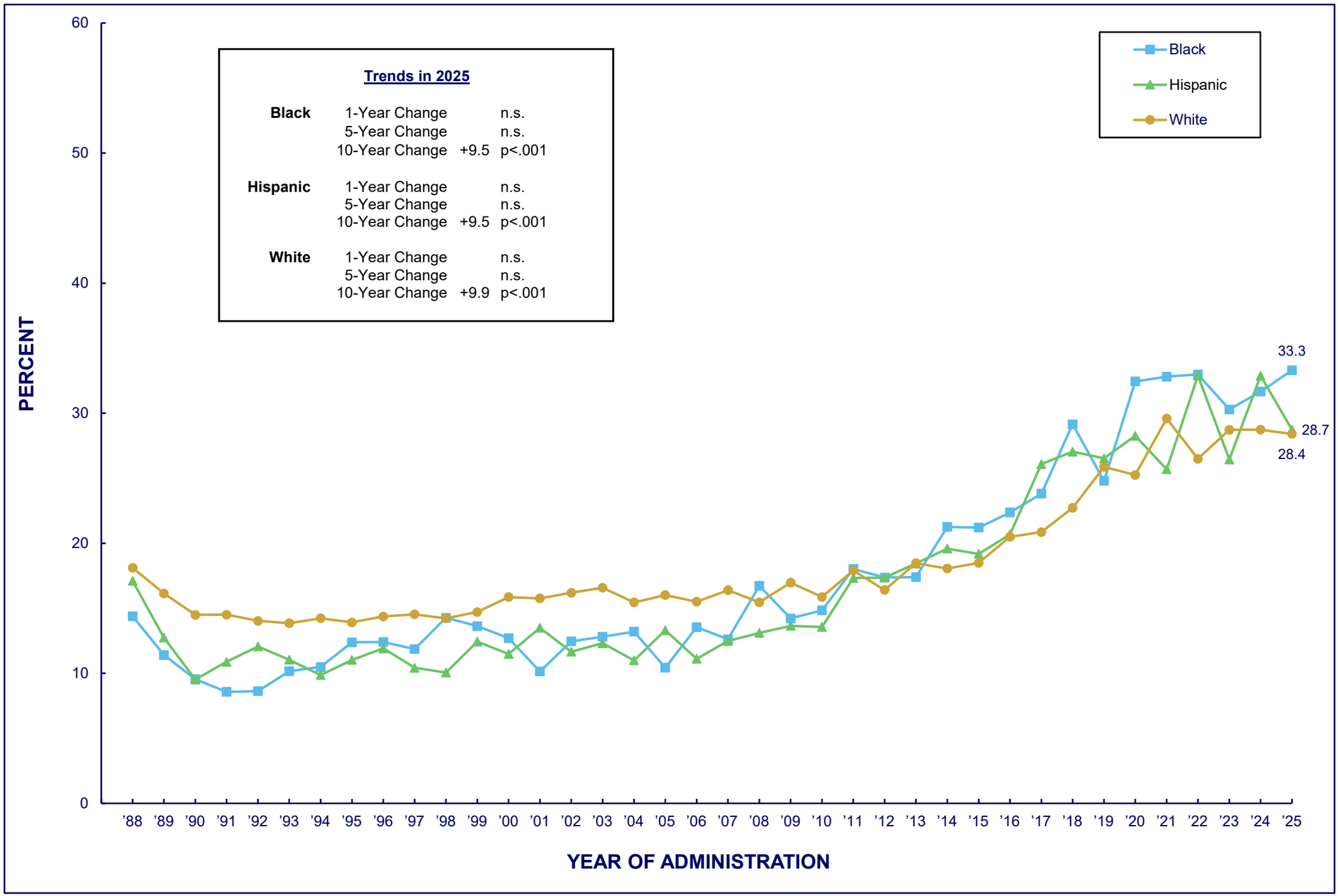


TABLE/FIGURE 147

CANNABIS

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Race/Ethnicity

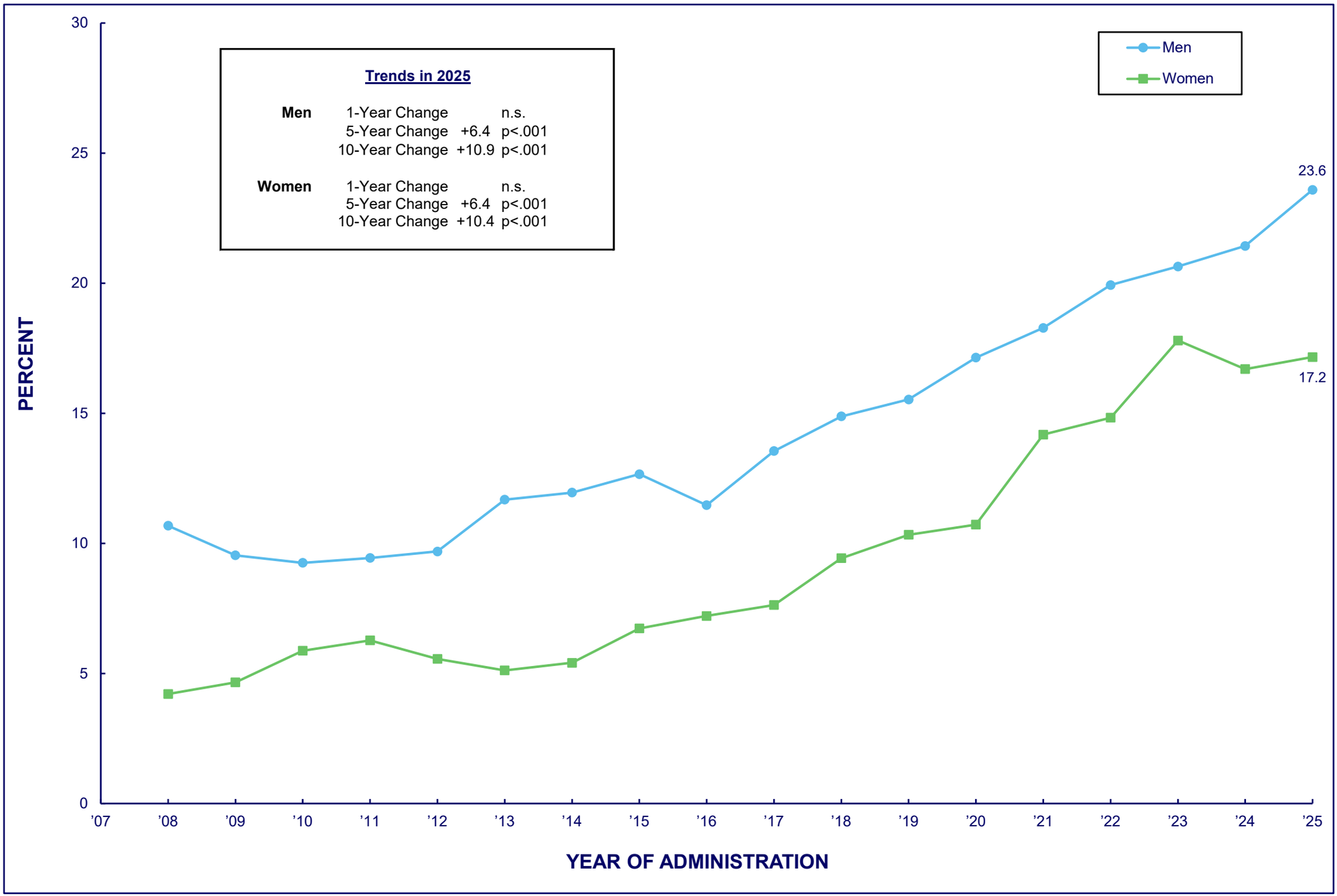
MONITORING THE FUTURE



TABLE/FIGURE 148

CANNABIS

Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Sex

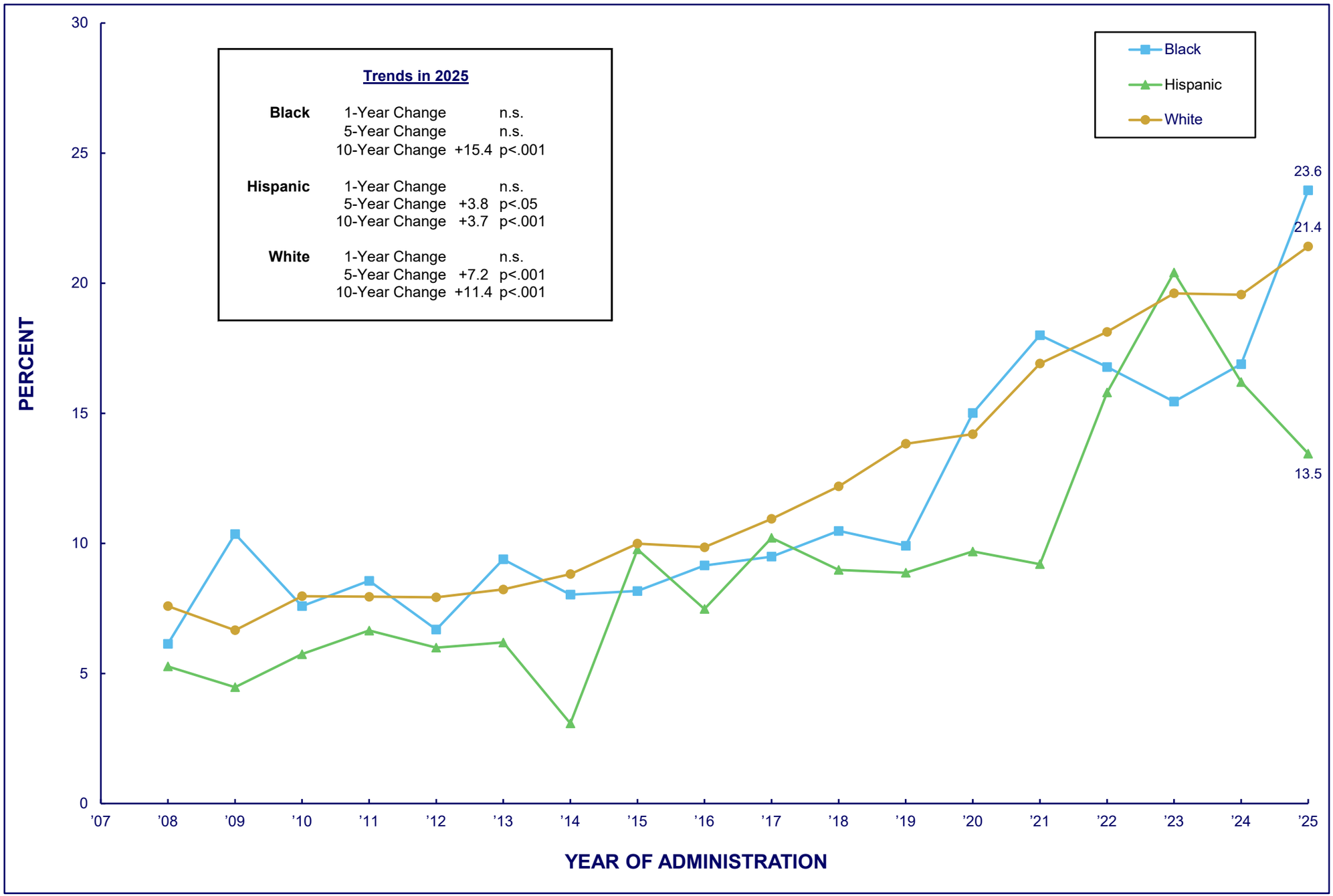


TABLE/FIGURE 149

CANNABIS

Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Race/Ethnicity

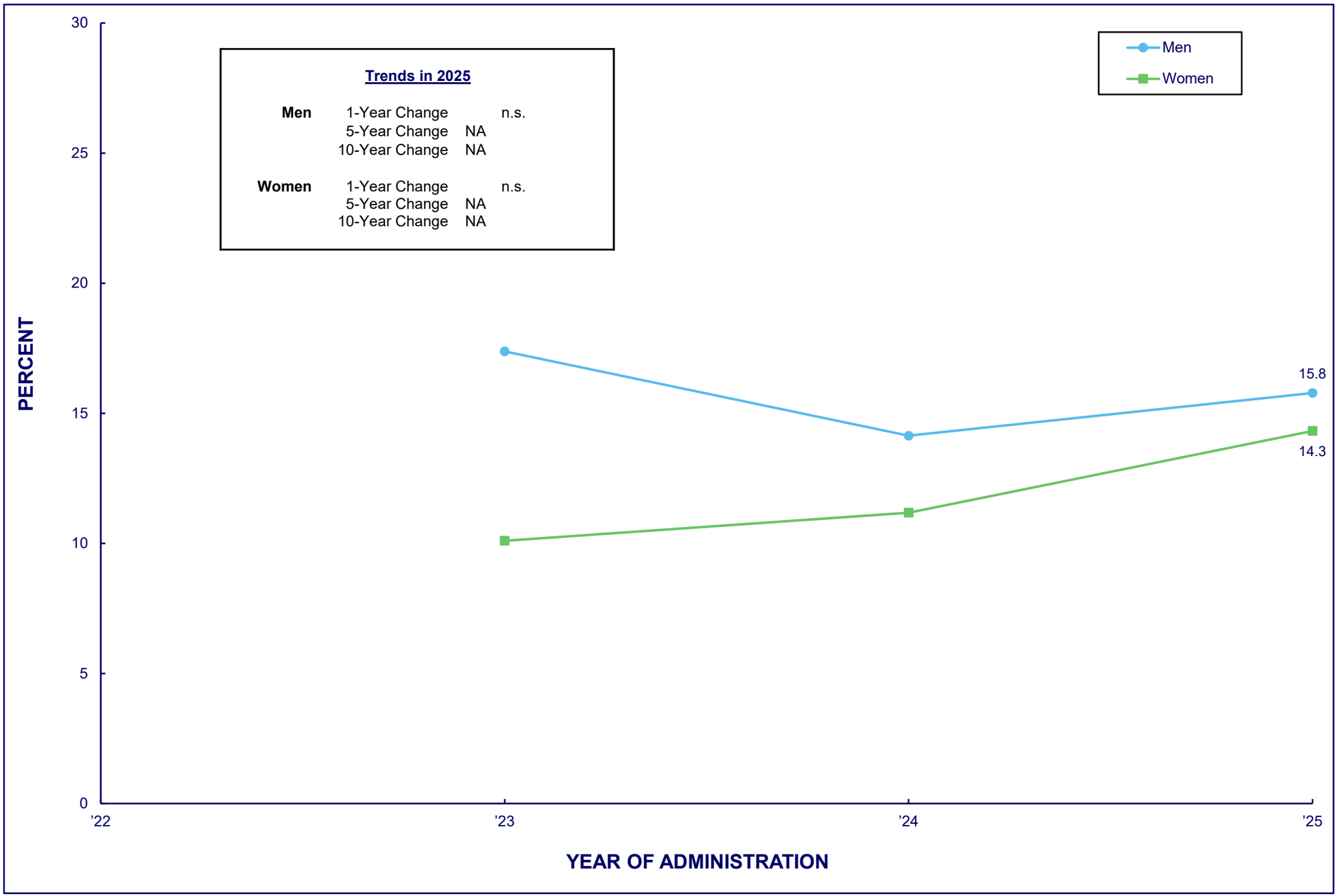
MONITORING THE FUTURE



TABLE/FIGURE 150

CANNABIS

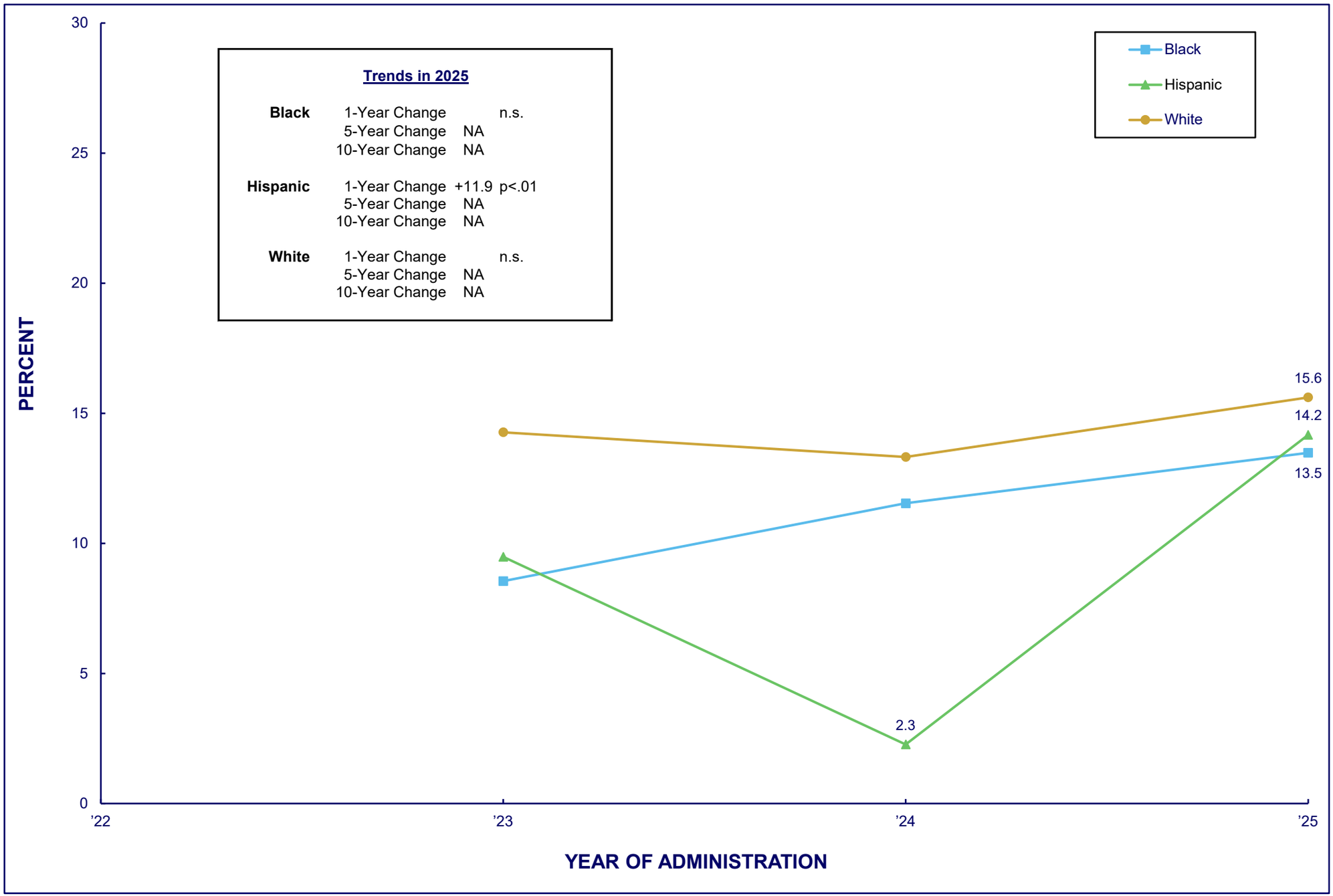
Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Sex



TABLE/FIGURE 151

CANNABIS

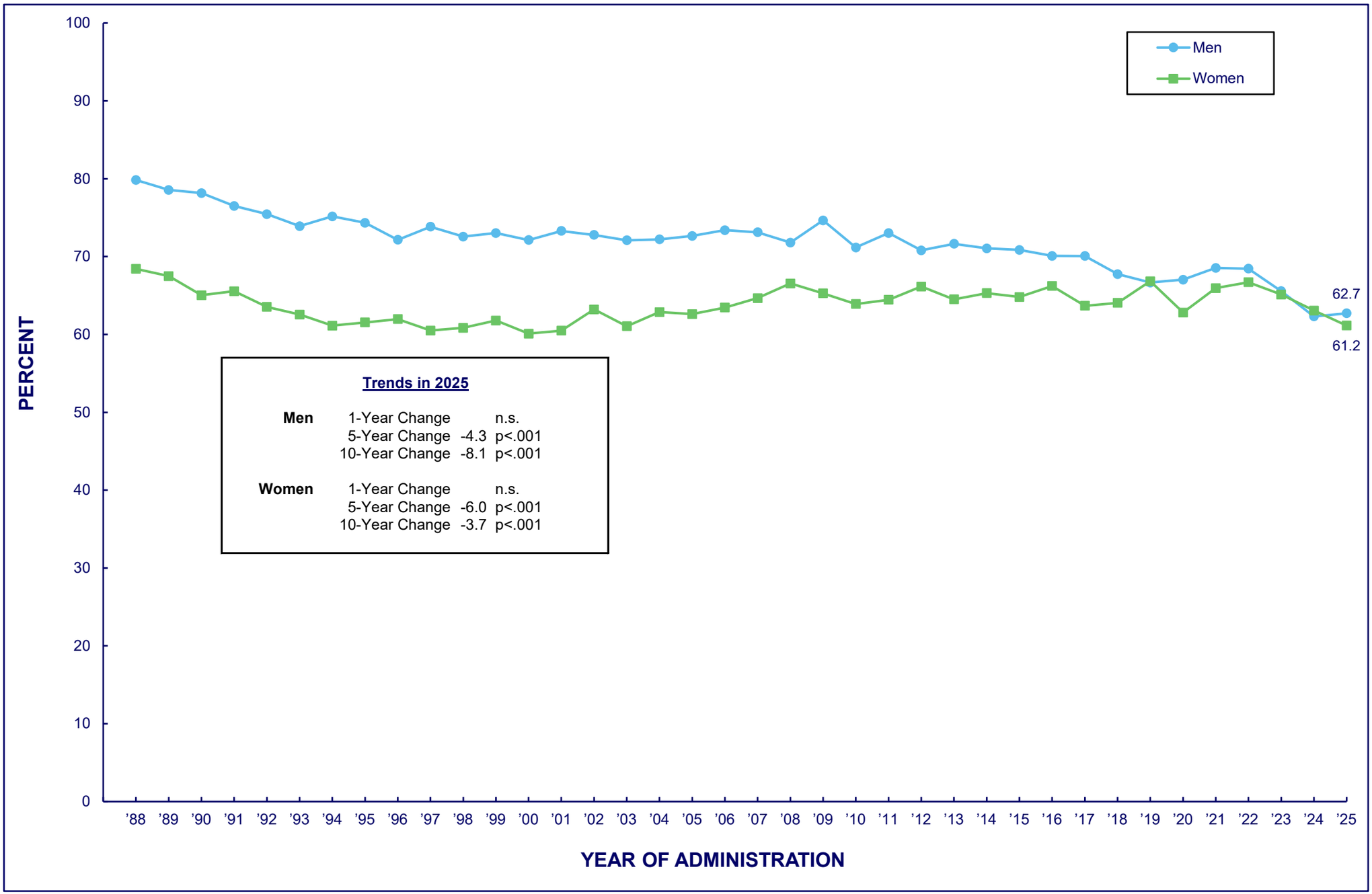
Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Race/Ethnicity



TABLE/FIGURE 152

ALCOHOL

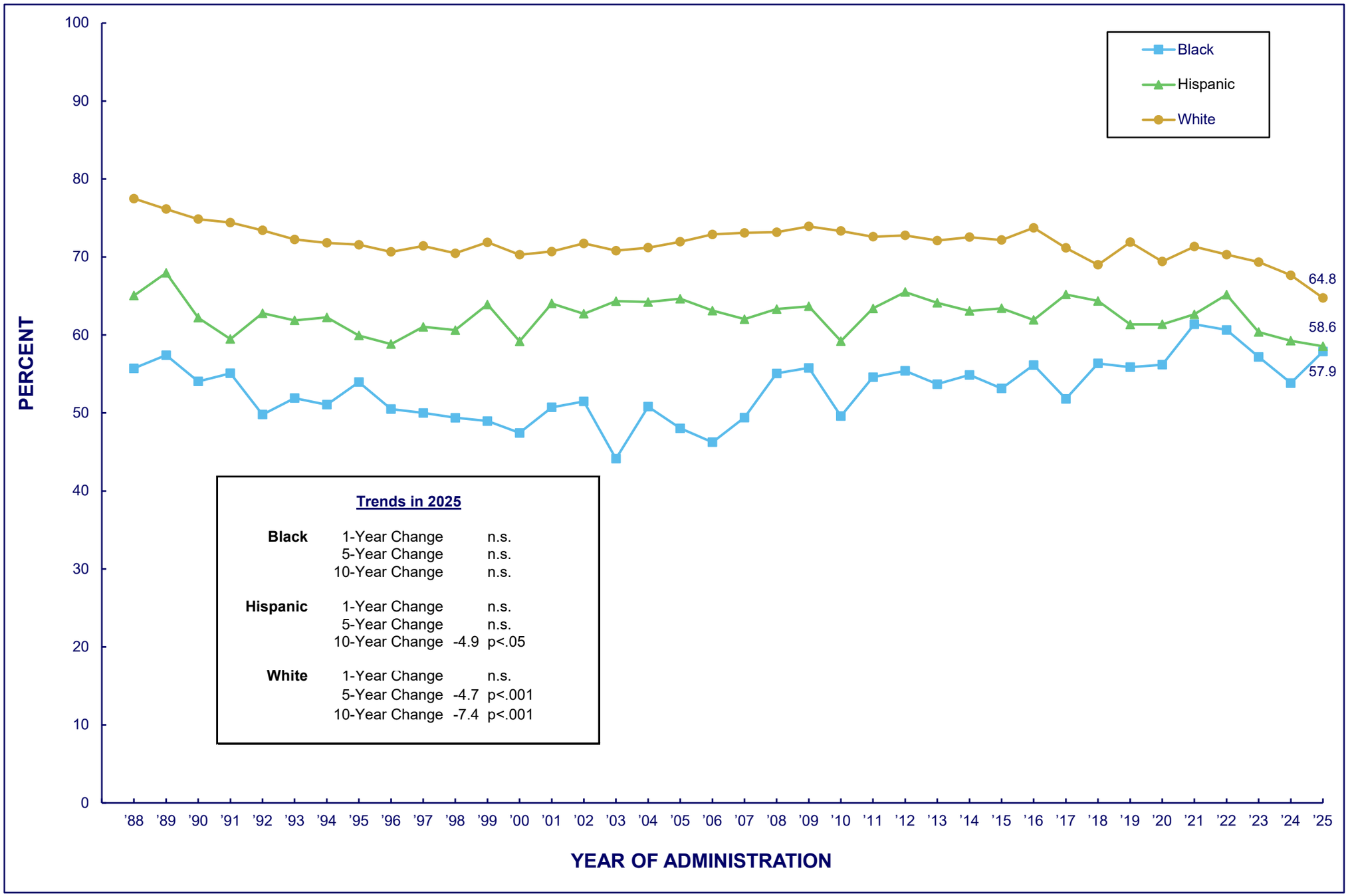
Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Sex



TABLE/FIGURE 153

ALCOHOL

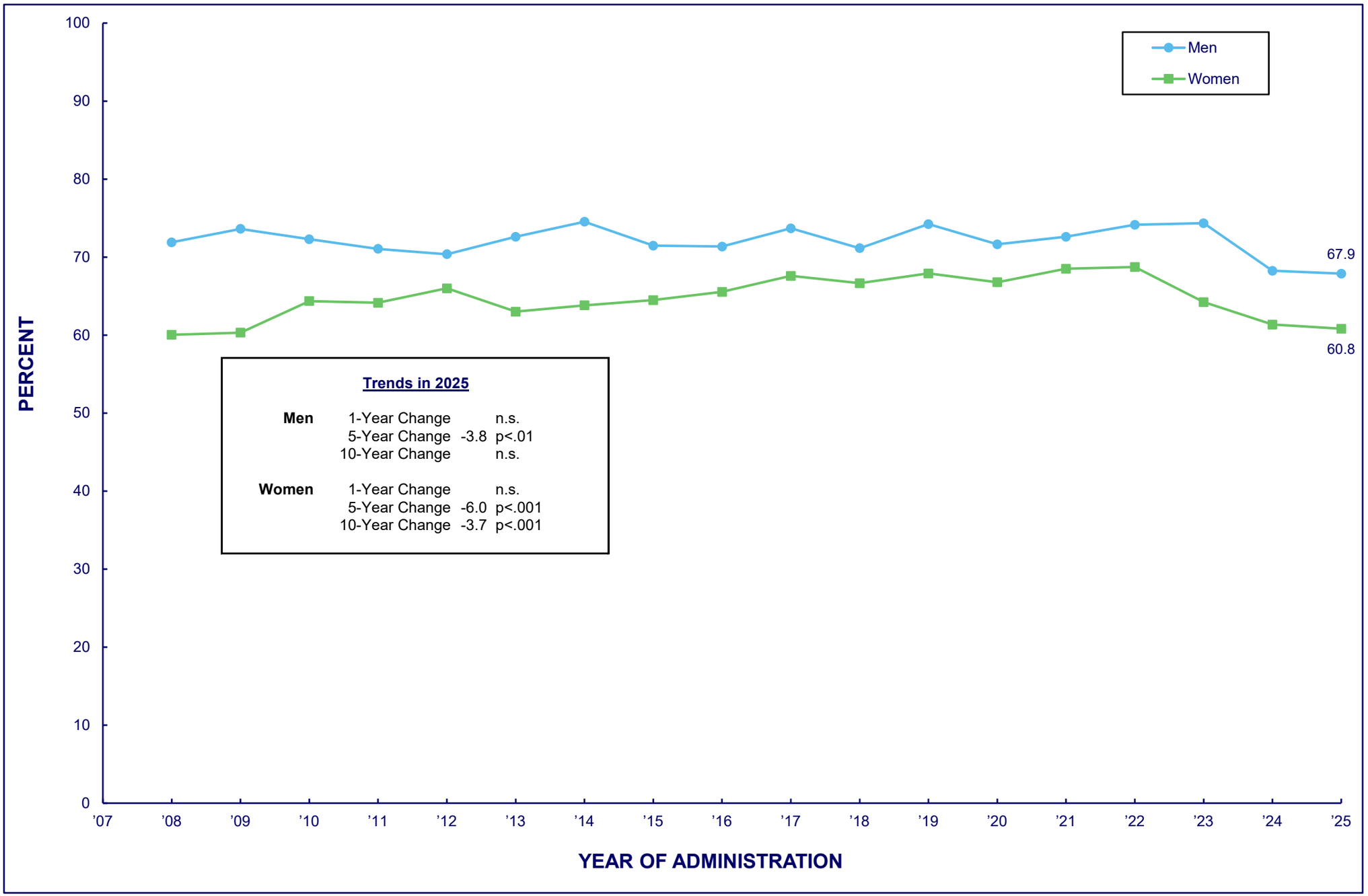
Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Race/Ethnicity



TABLE/FIGURE 154

ALCOHOL

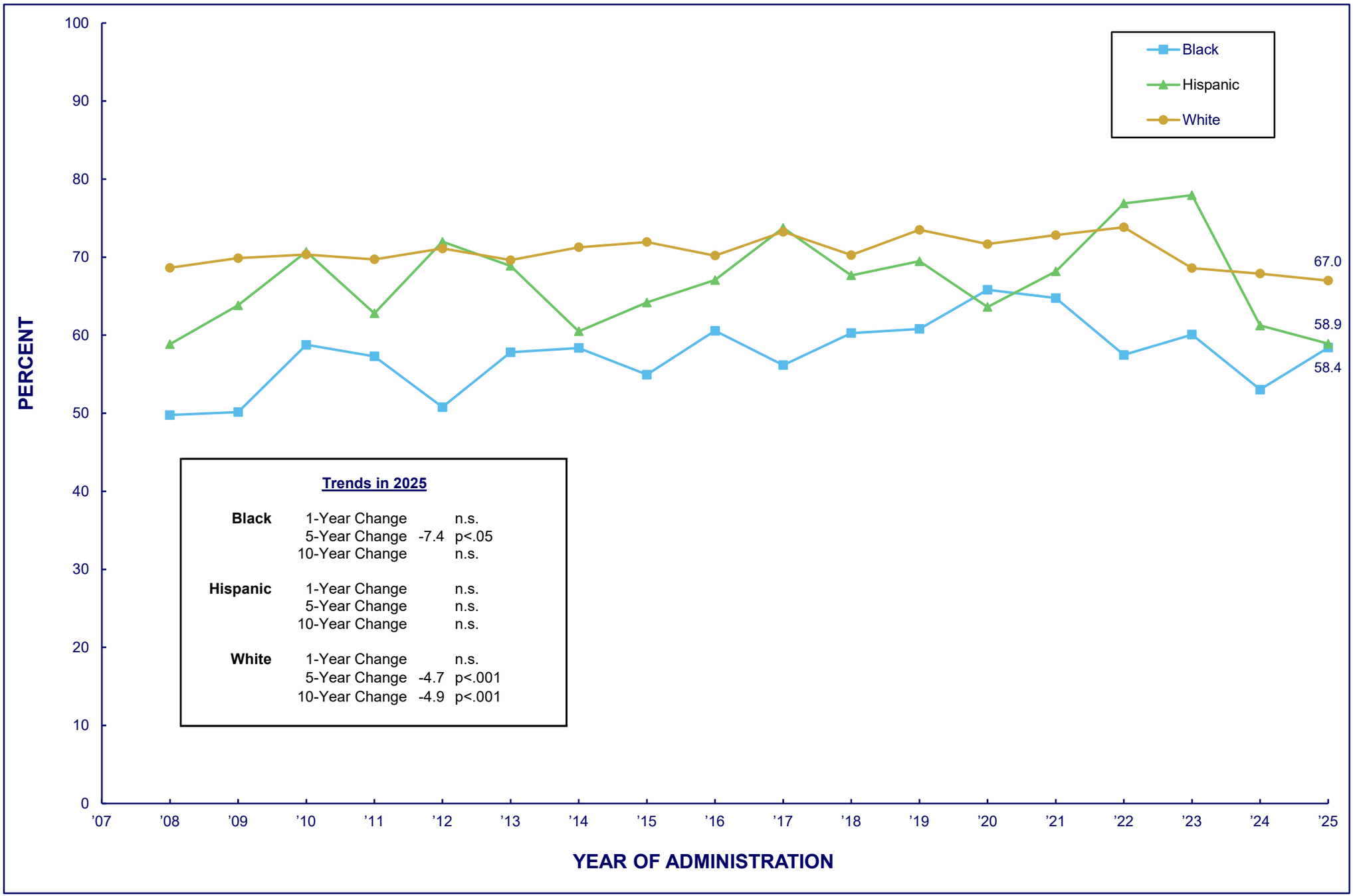
Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Sex



TABLE/FIGURE 155

ALCOHOL

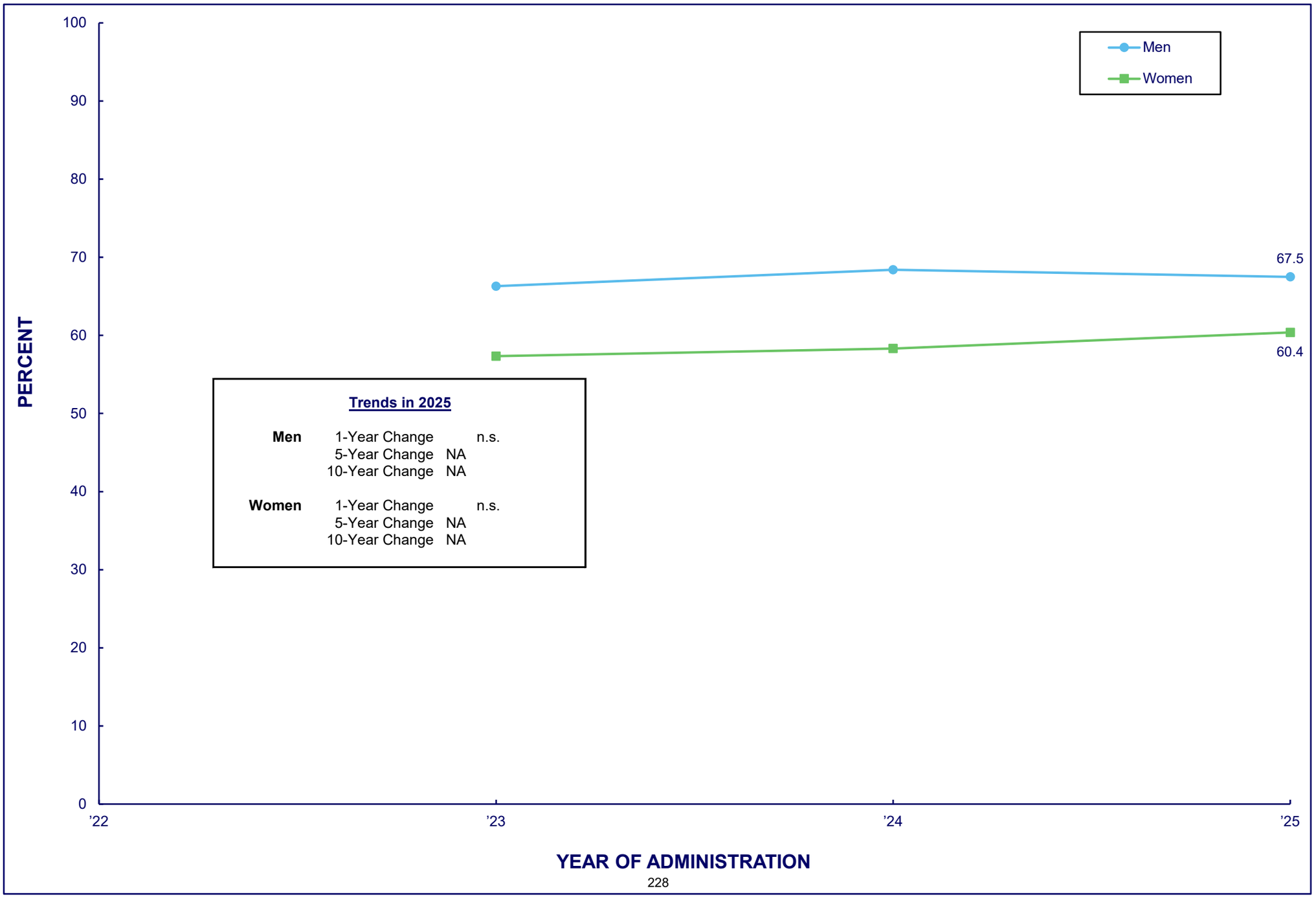
Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Race/Ethnicity



TABLE/FIGURE 156

ALCOHOL

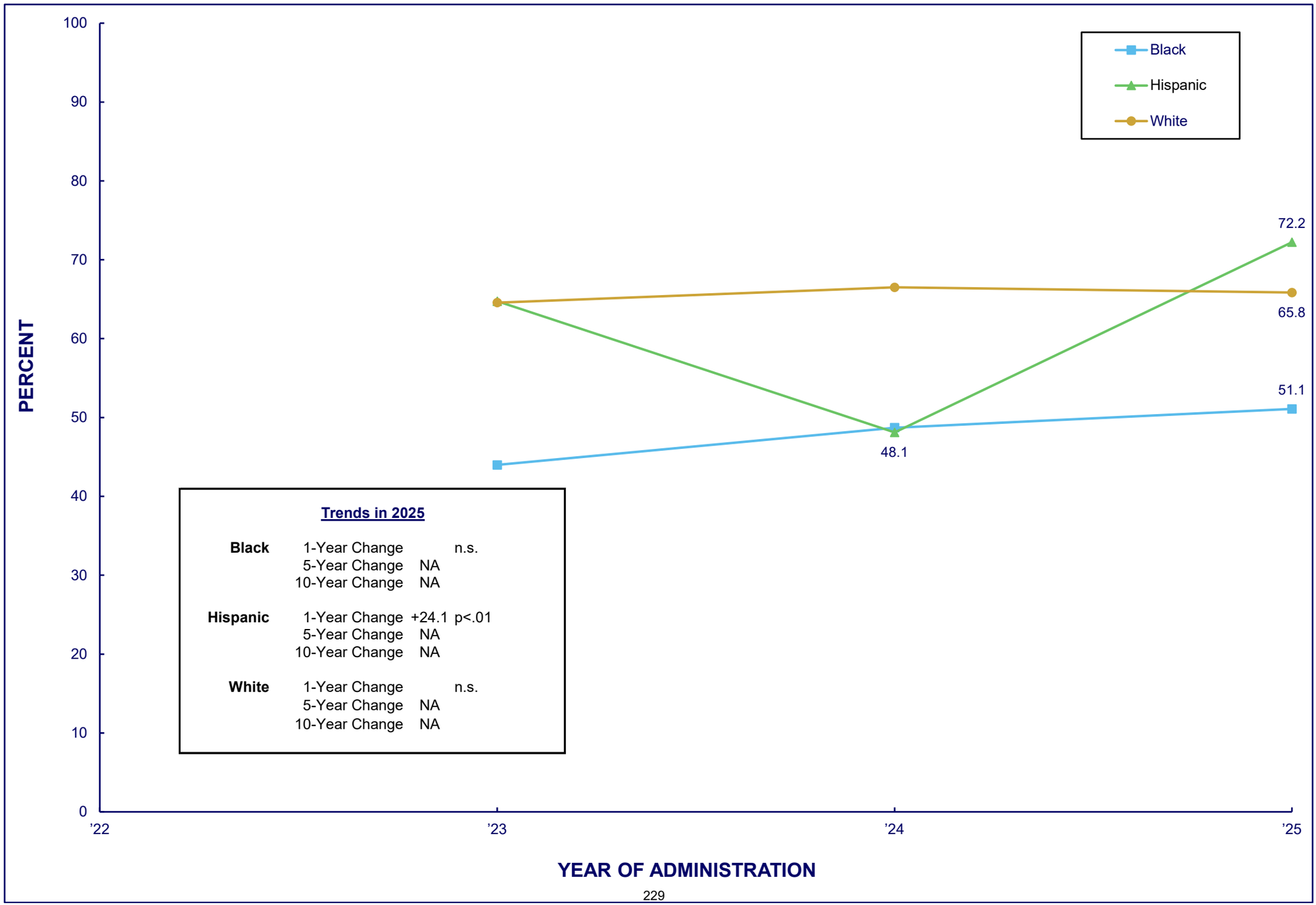
Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Sex



TABLE/FIGURE 157

ALCOHOL

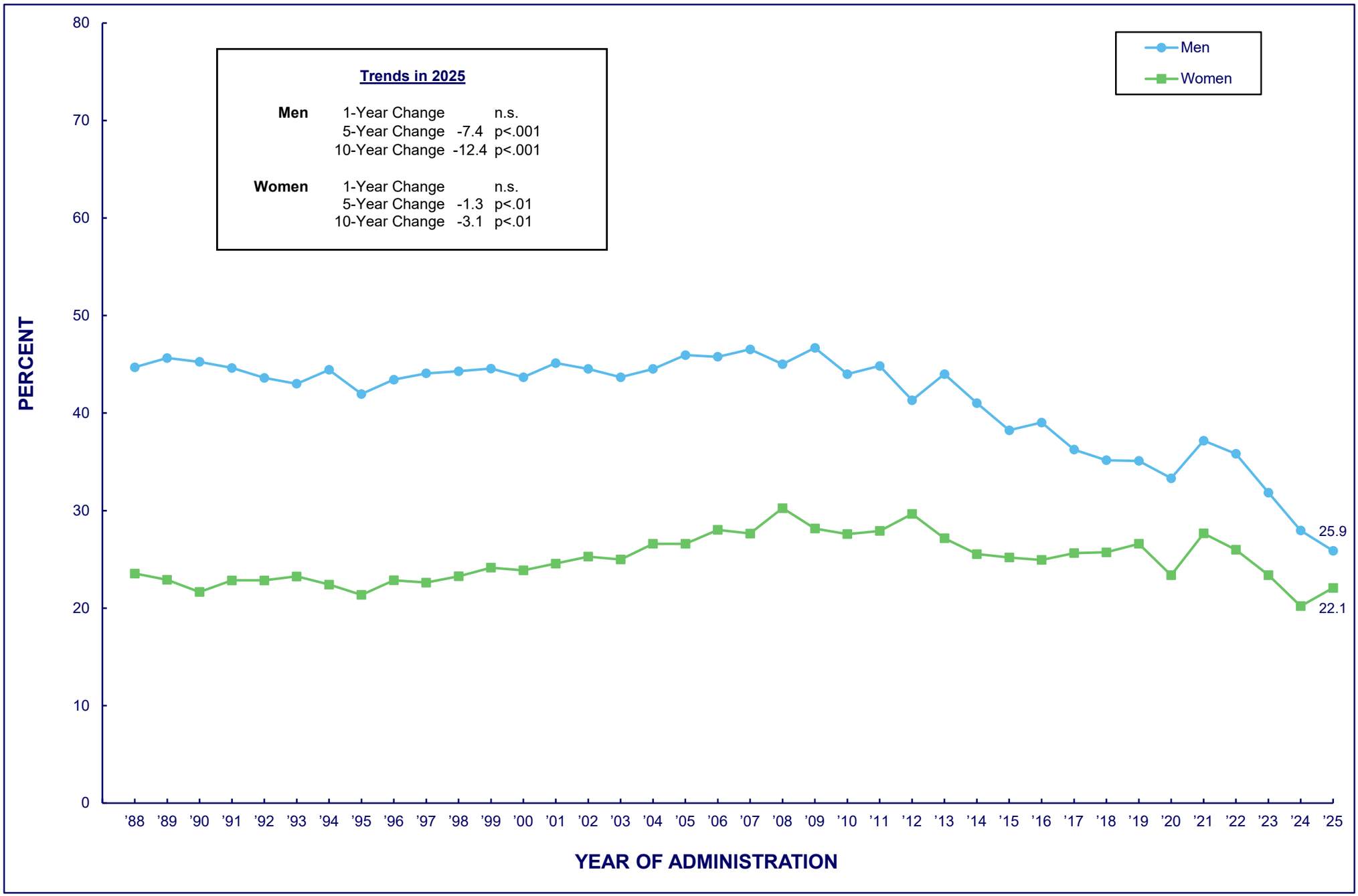
Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Race/Ethnicity



TABLE/FIGURE 158

ALCOHOL

Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 19 through 30, by Sex



TABLE/FIGURE 159

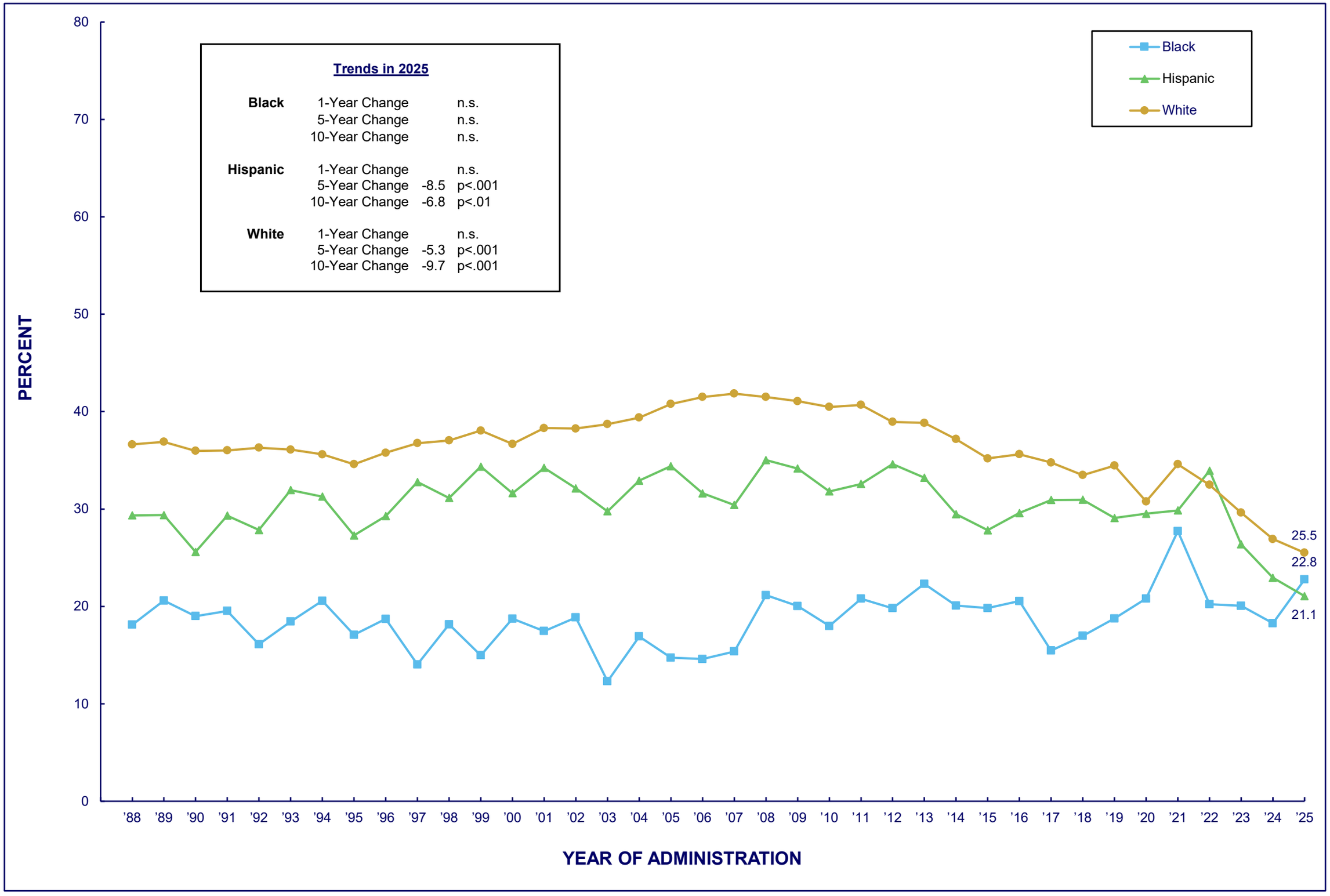
ALCOHOL

Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 19 through 30, by Race/Ethnicity

MONITORING THE FUTURE

Trends in 2025

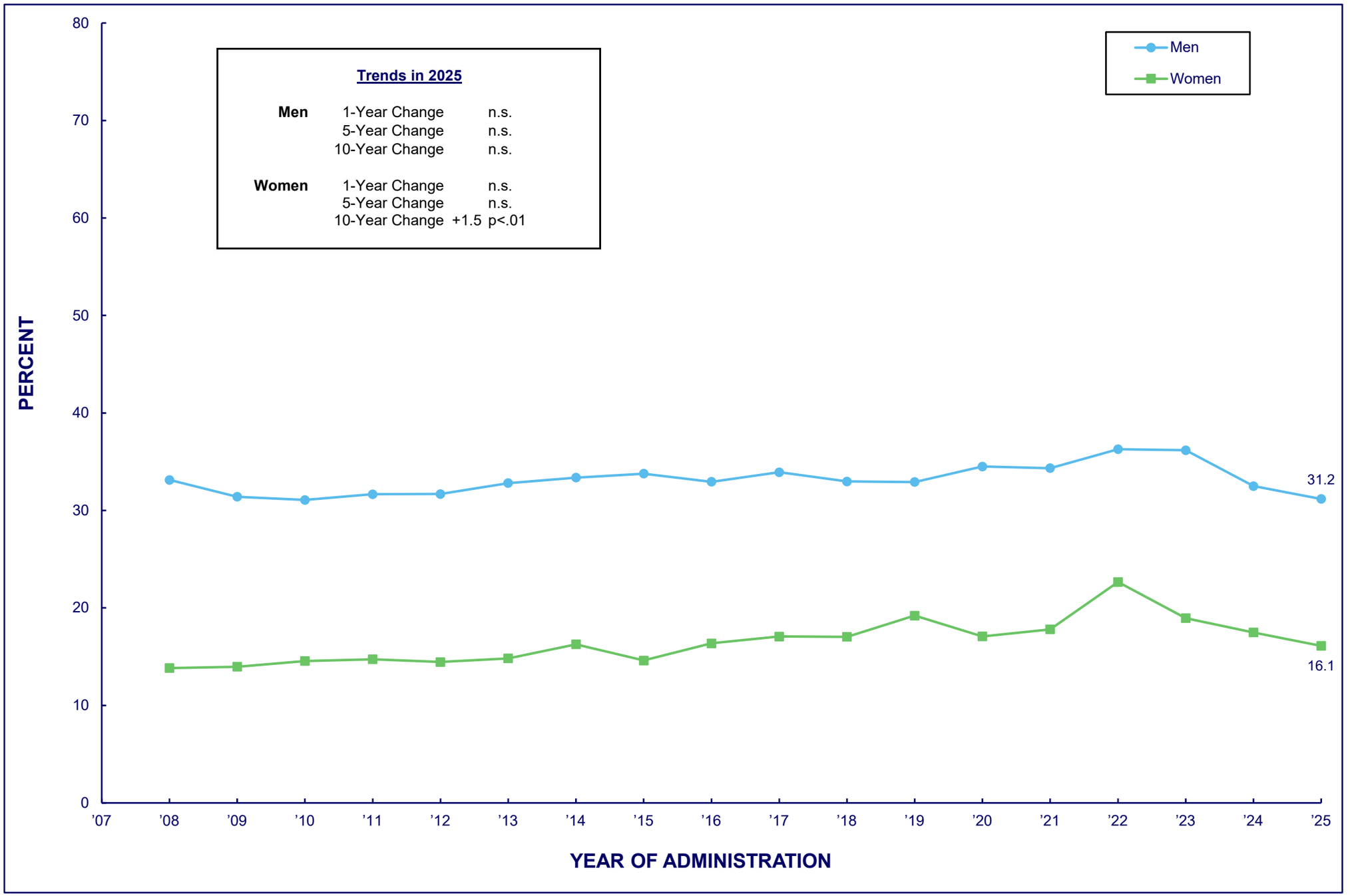
Black	1-Year Change		n.s.
	5-Year Change		n.s.
	10-Year Change		n.s.
Hispanic	1-Year Change		n.s.
	5-Year Change	-8.5	p<.001
	10-Year Change	-6.8	p<.01
White	1-Year Change		n.s.
	5-Year Change	-5.3	p<.001
	10-Year Change	-9.7	p<.001



TABLE/FIGURE 160

ALCOHOL

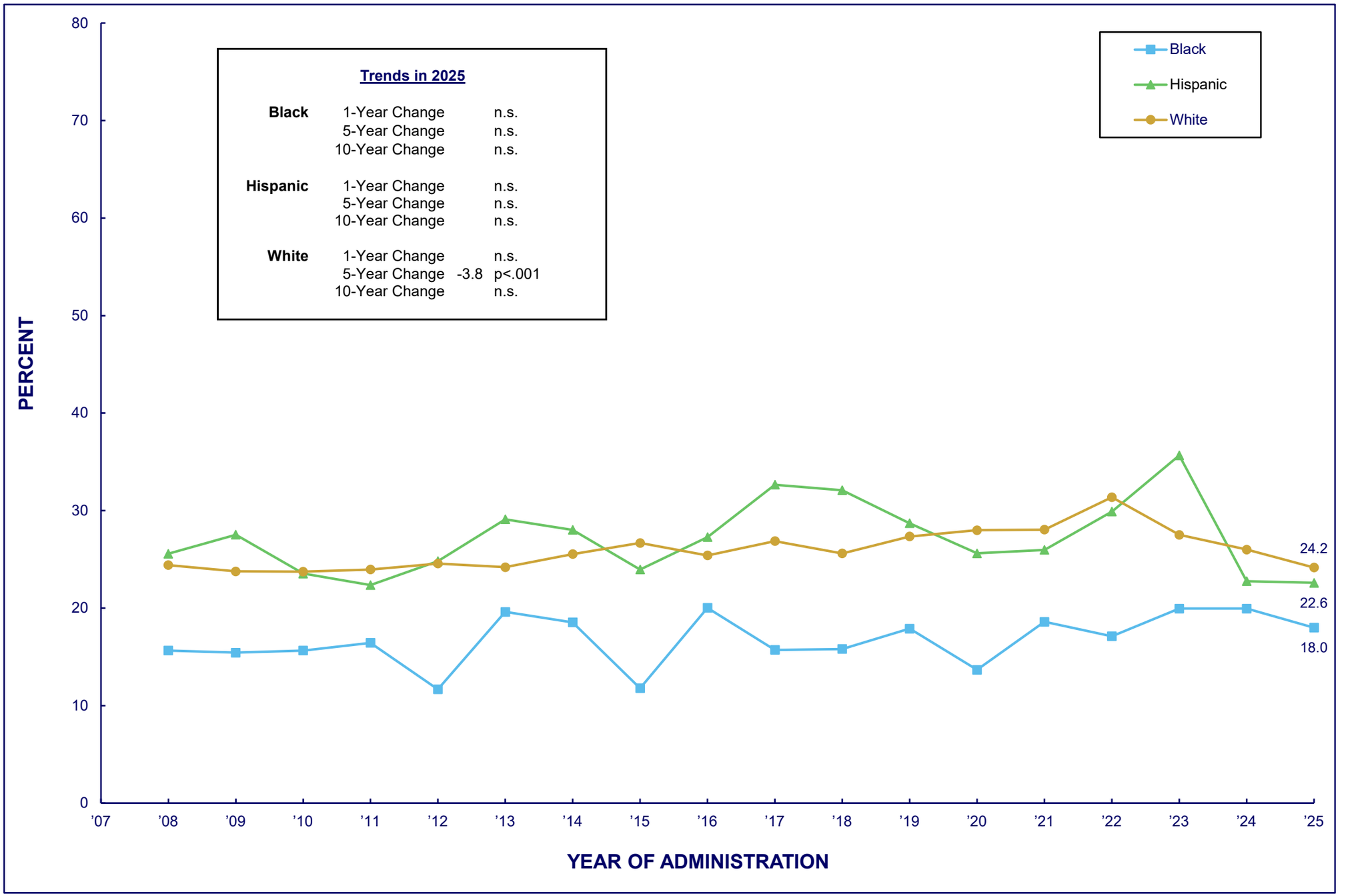
Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 35 through 50, by Sex



TABLE/FIGURE 161

ALCOHOL

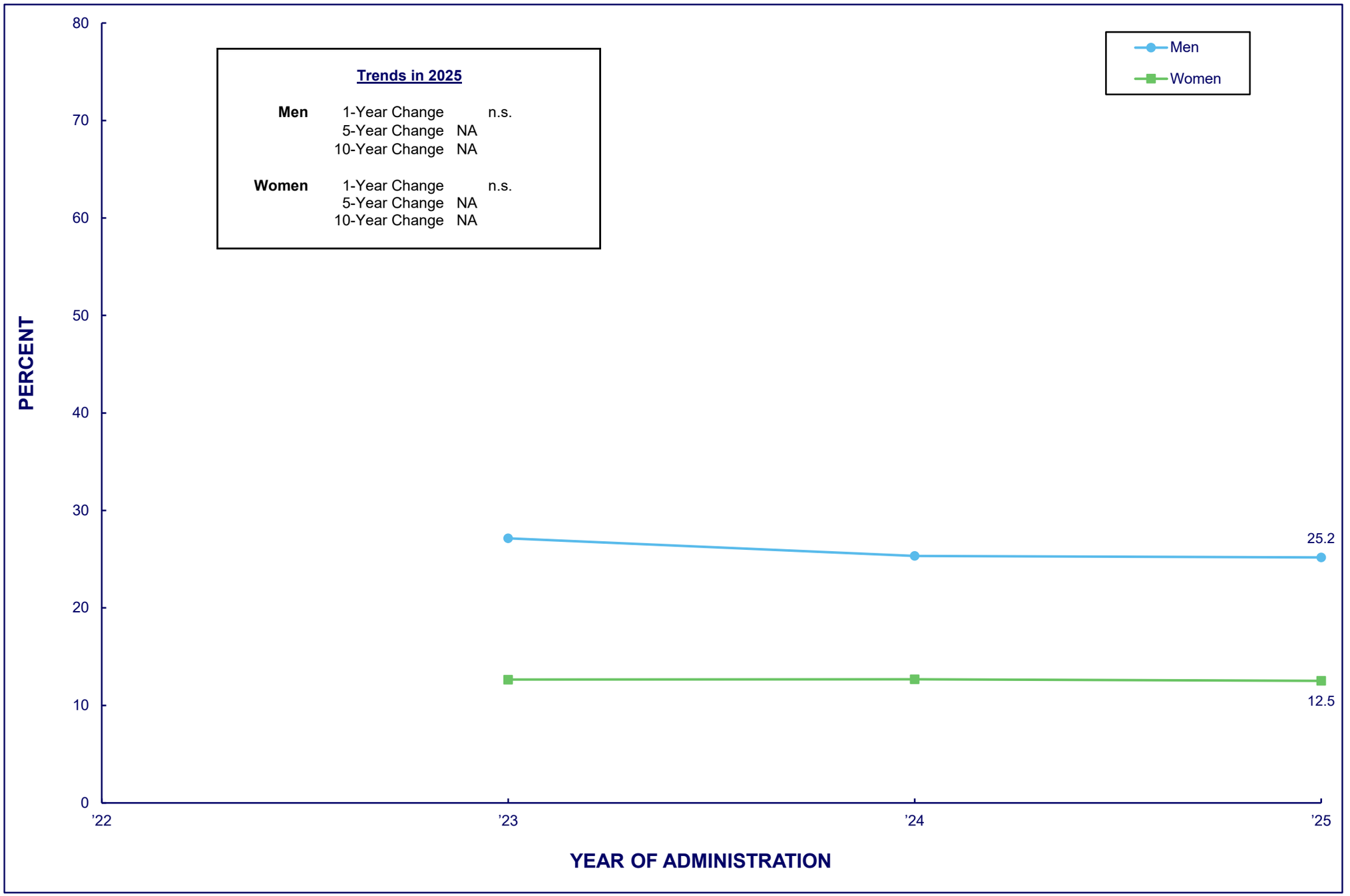
Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 35 through 50, by Race/Ethnicity



TABLE/FIGURE 162

ALCOHOL

Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 55 through 65, by Sex

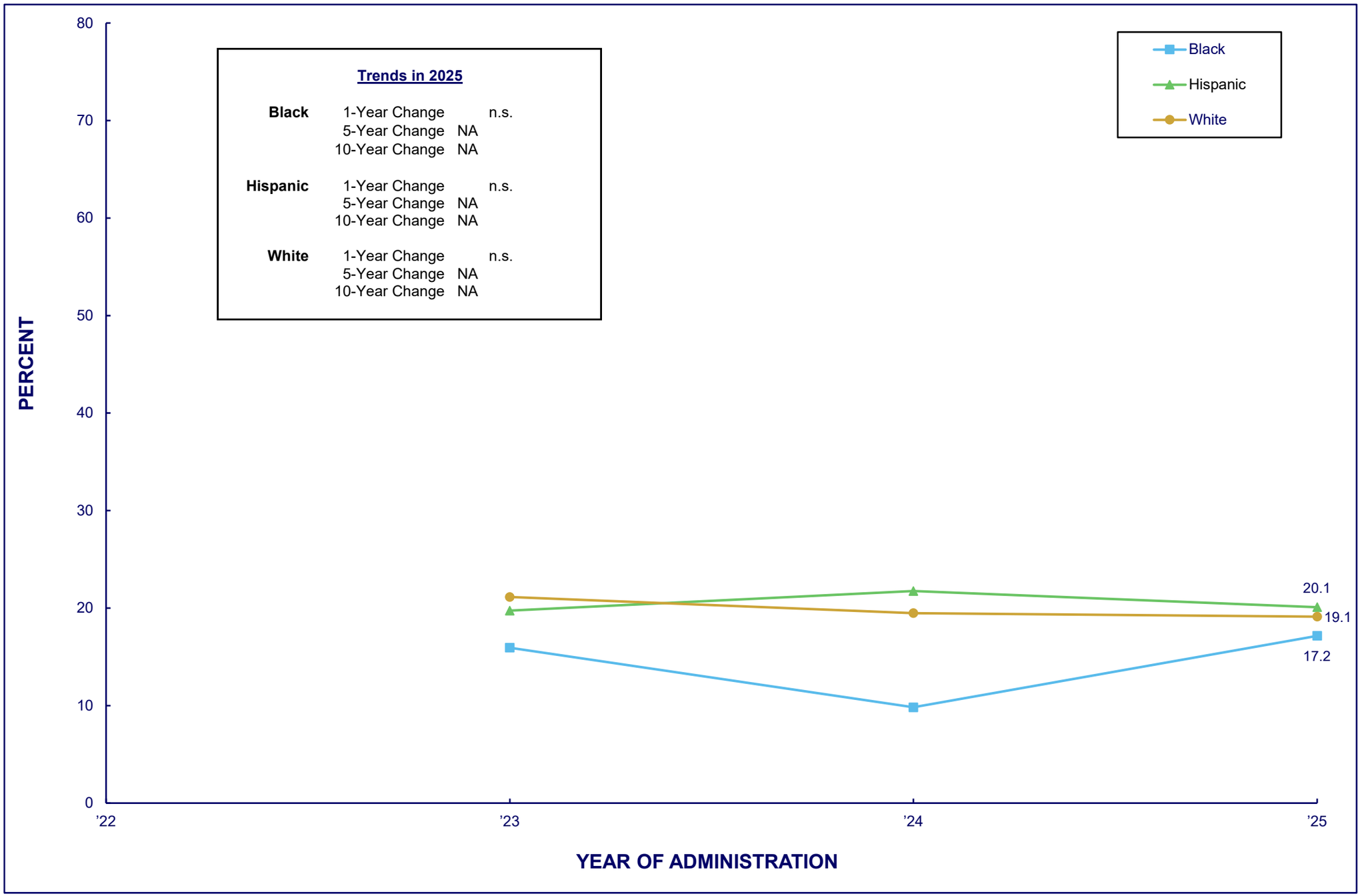


TABLE/FIGURE 163

ALCOHOL

Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 55 through 65, by Race/Ethnicity

MONITORING THE FUTURE

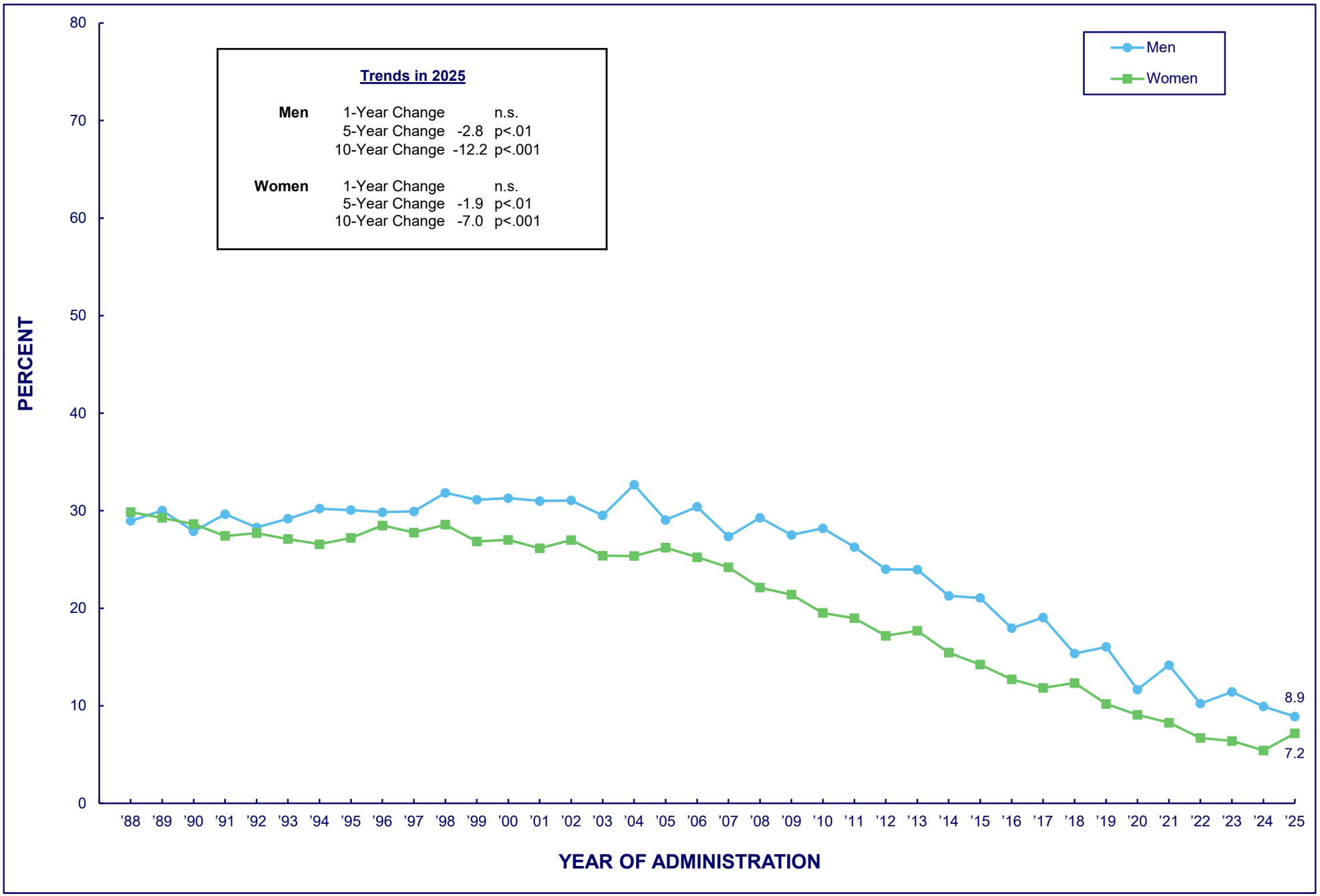


TABLE/FIGURE 164

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Sex

MONITORING THE FUTURE

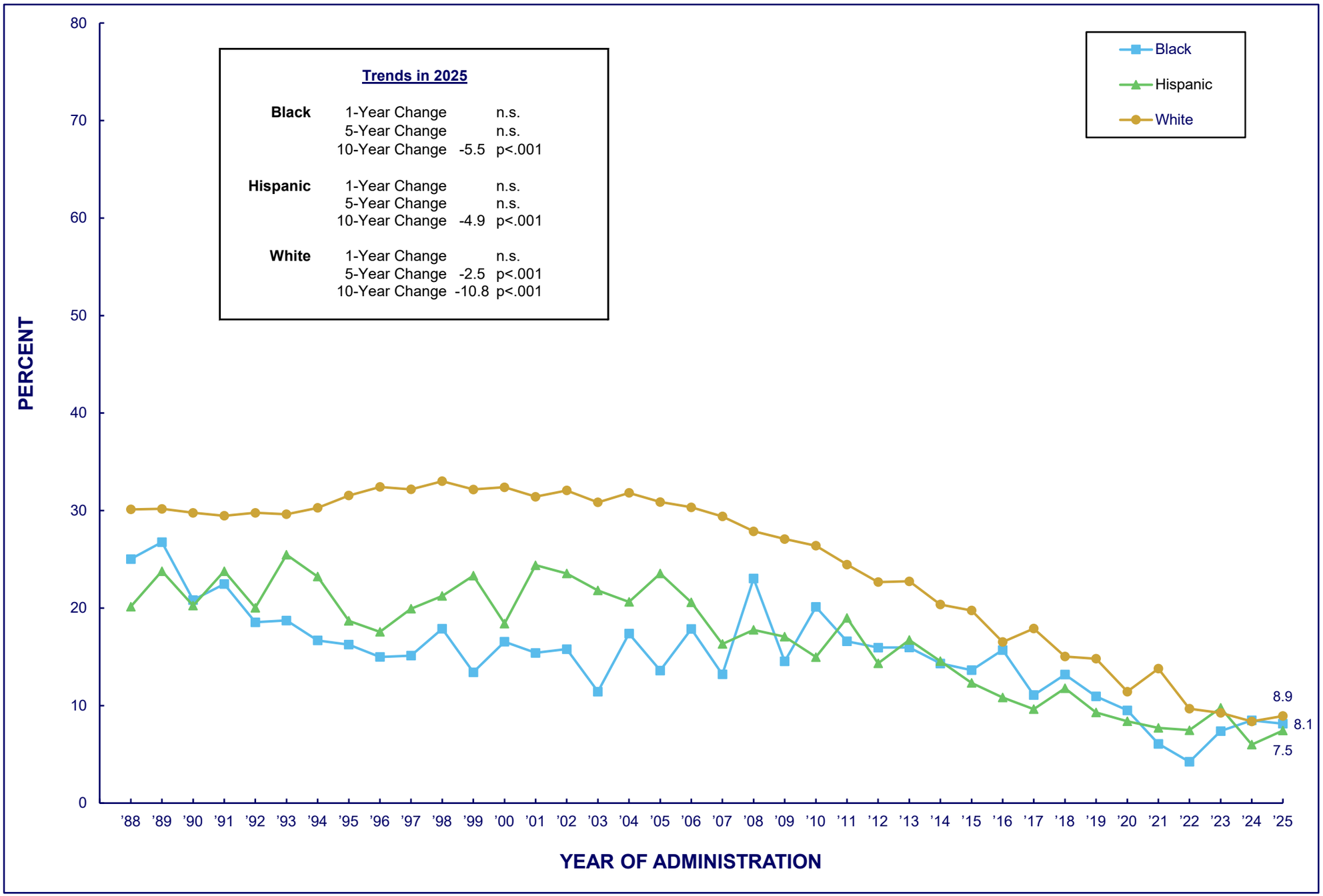


TABLE/FIGURE 165

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Race/Ethnicity

MONITORING THE FUTURE

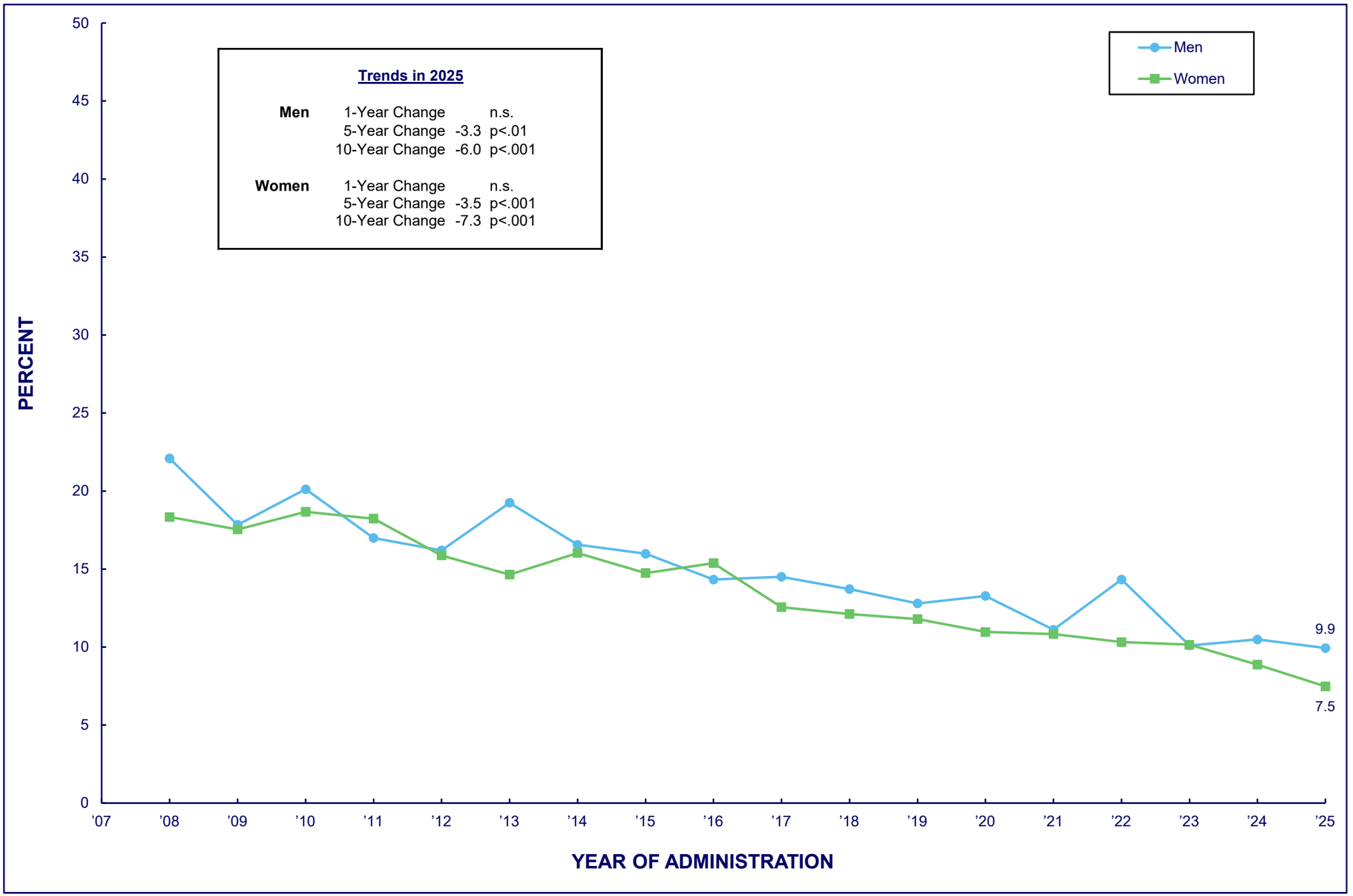


TABLE/FIGURE 166

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Sex

MONITORING THE FUTURE

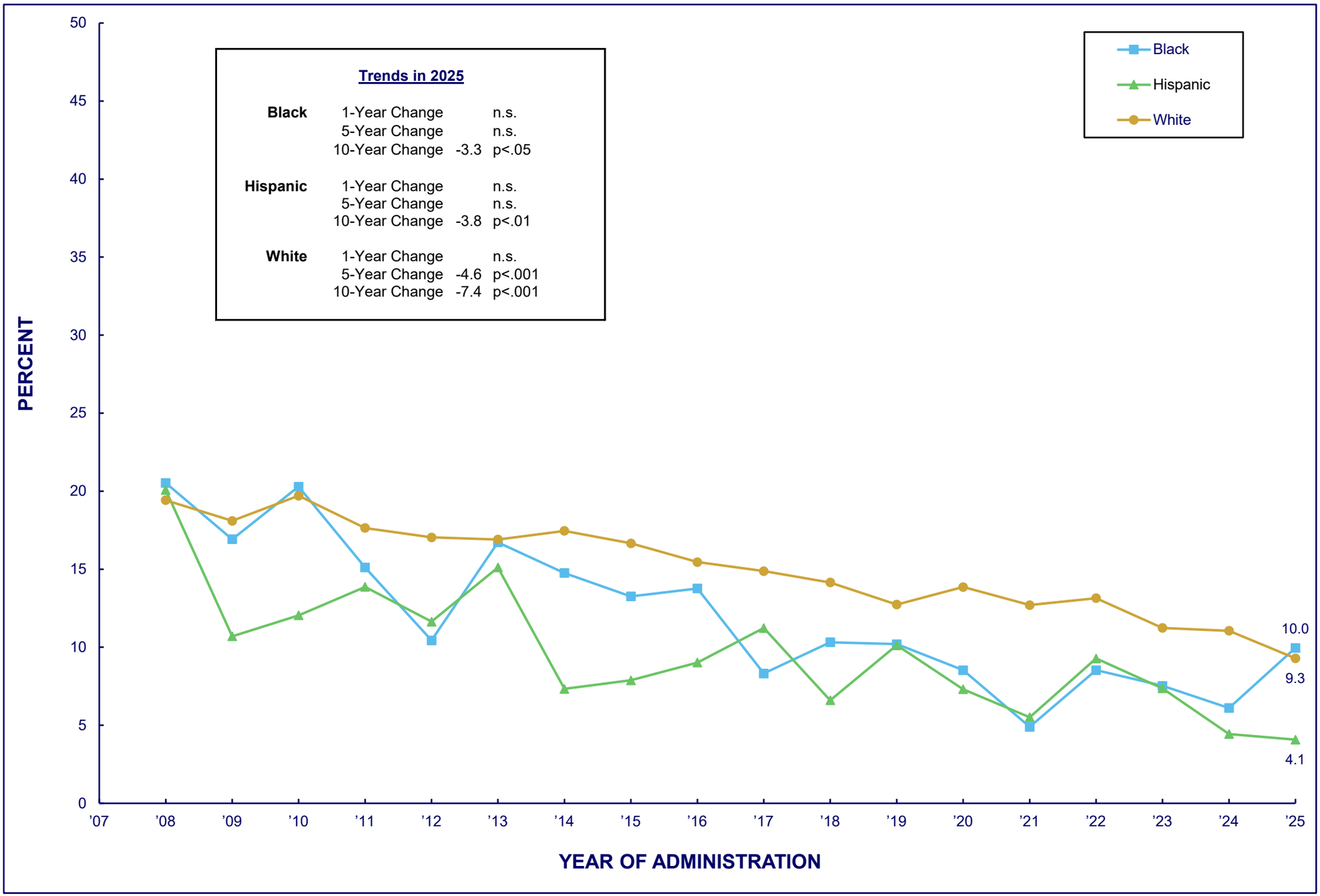


TABLE/FIGURE 167

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Race/Ethnicity

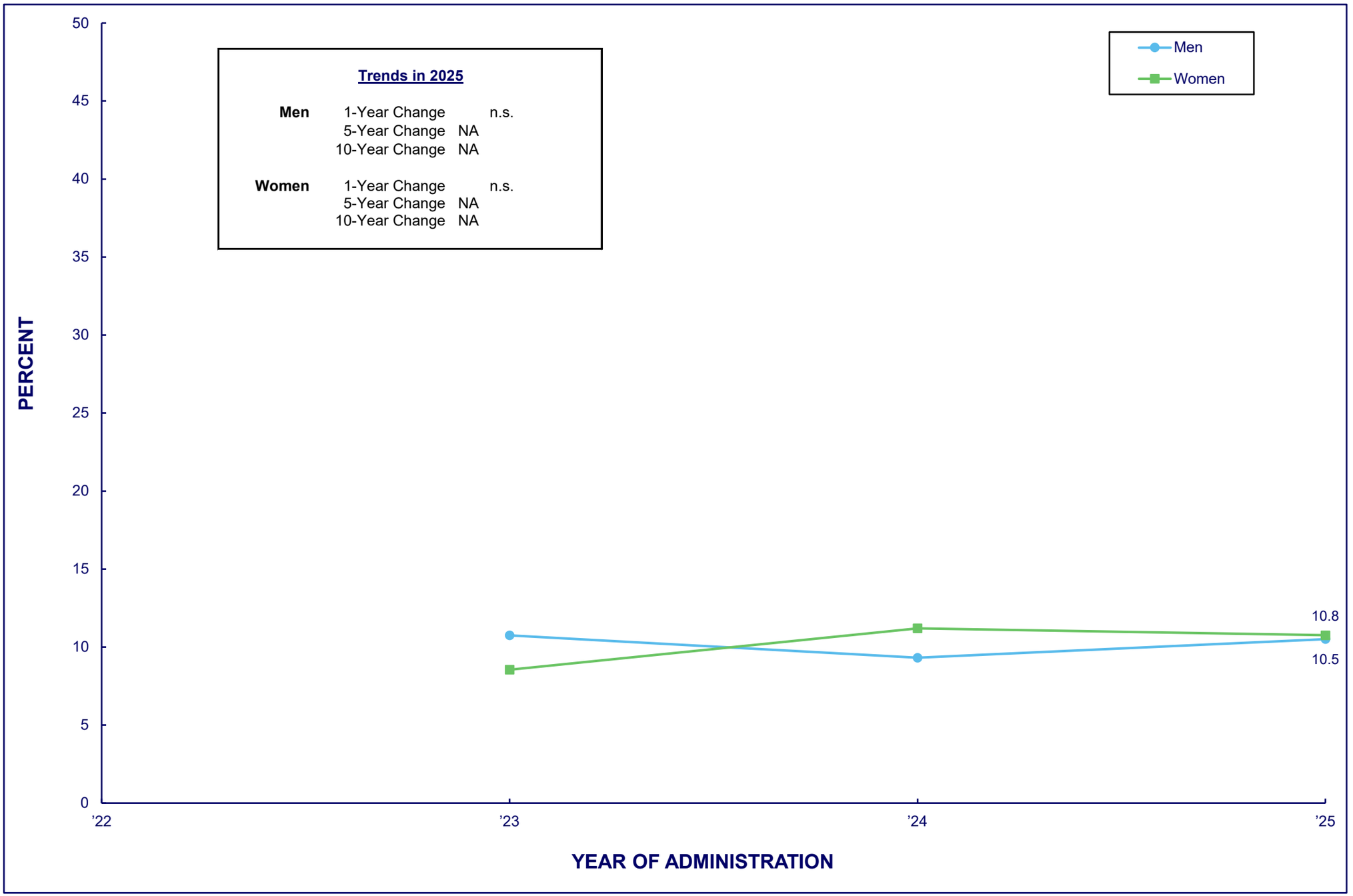
MONITORING THE FUTURE



TABLE/FIGURE 168

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Sex

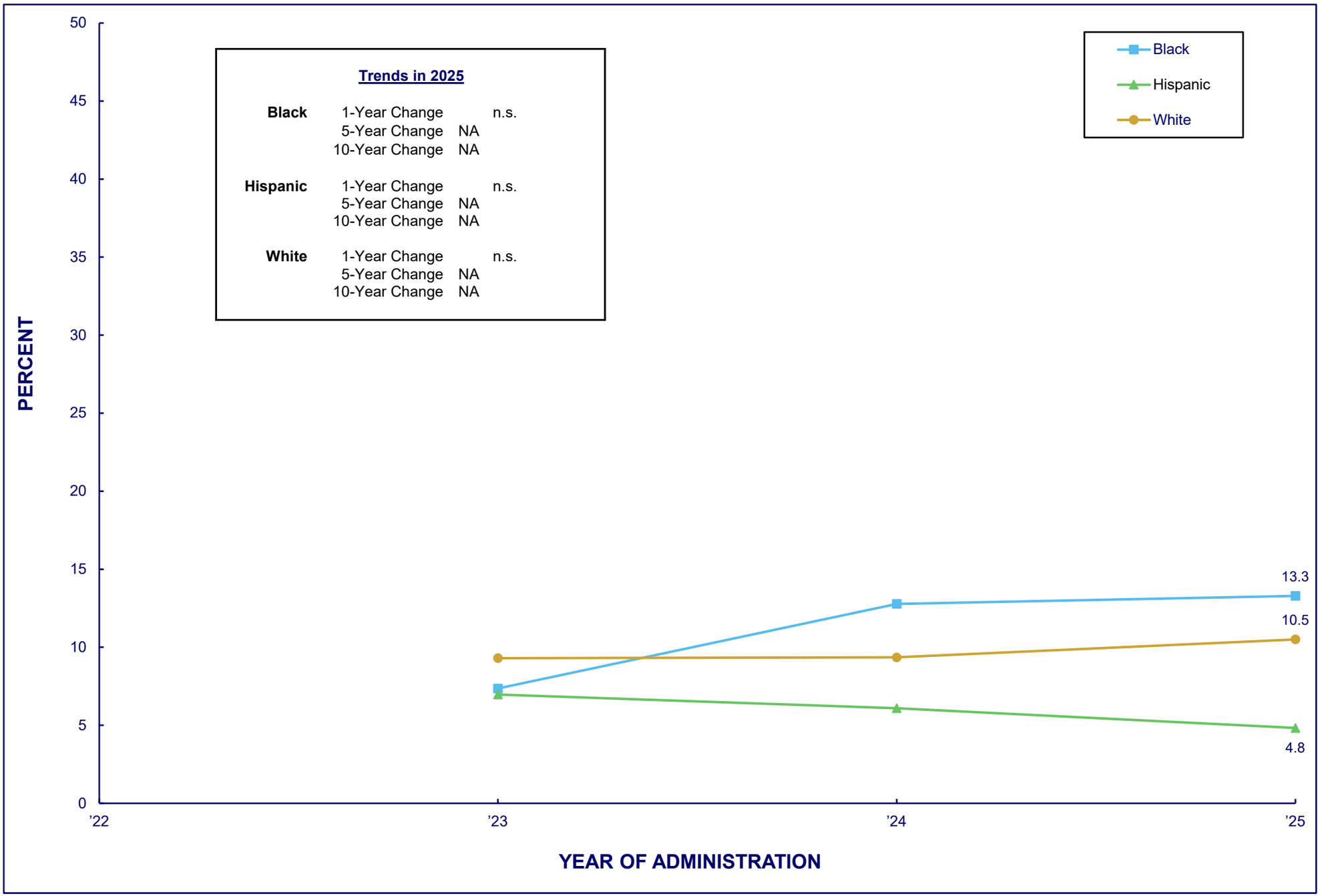


TABLE/FIGURE 169

CIGARETTES

Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Race/Ethnicity

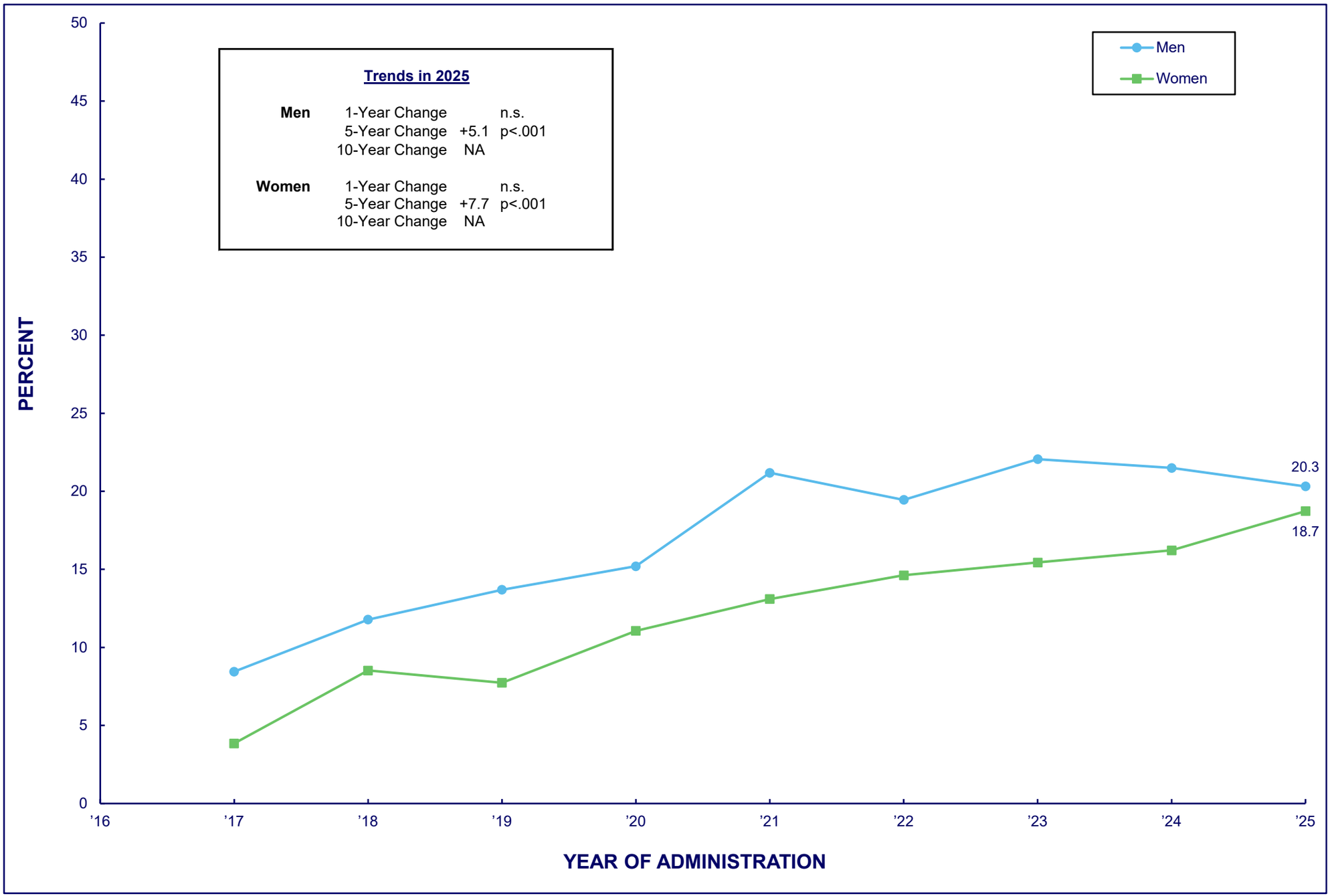
MONITORING THE FUTURE



TABLE/FIGURE 170

VAPING NICOTINE

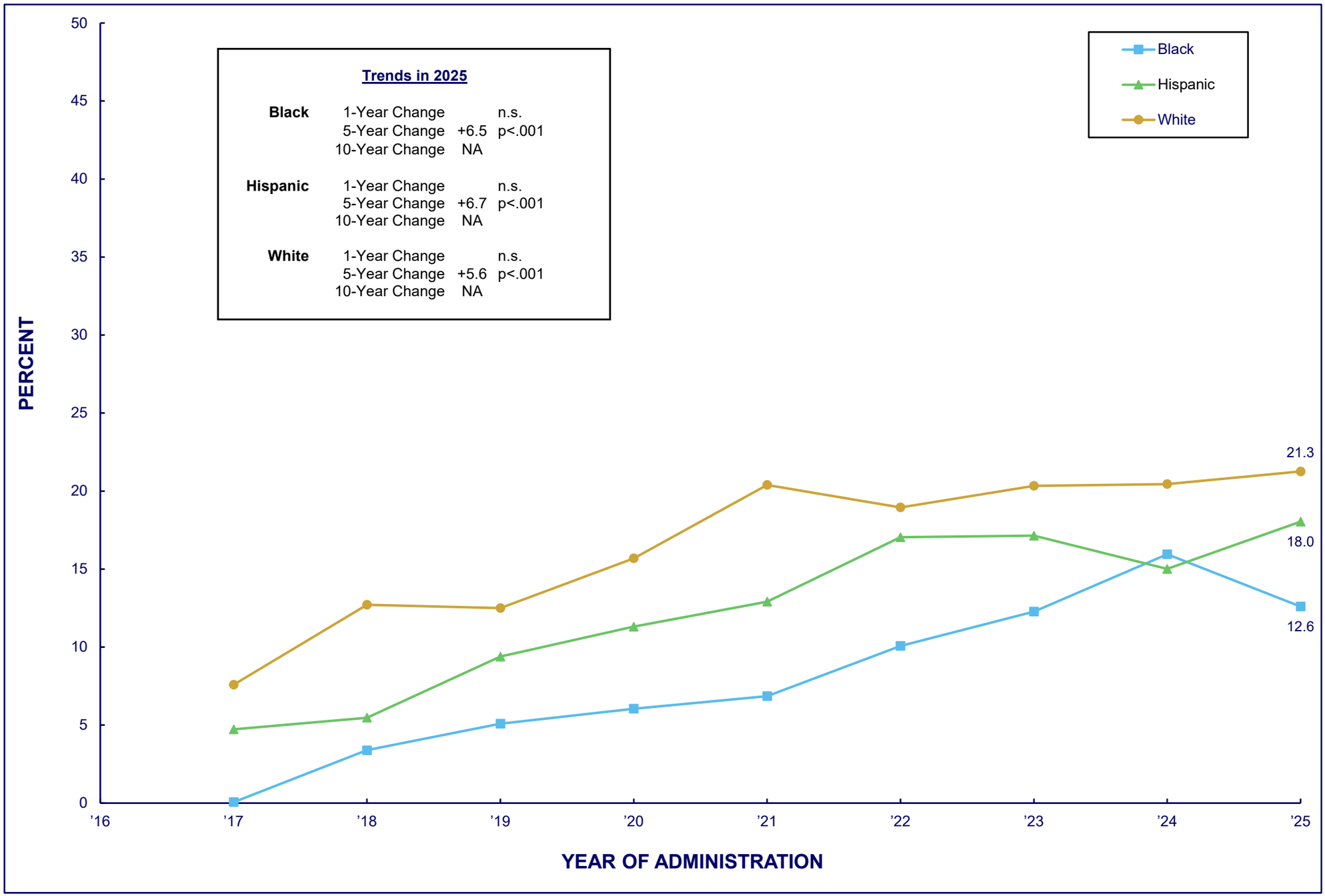
Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Sex



TABLE/FIGURE 171

VAPING NICOTINE

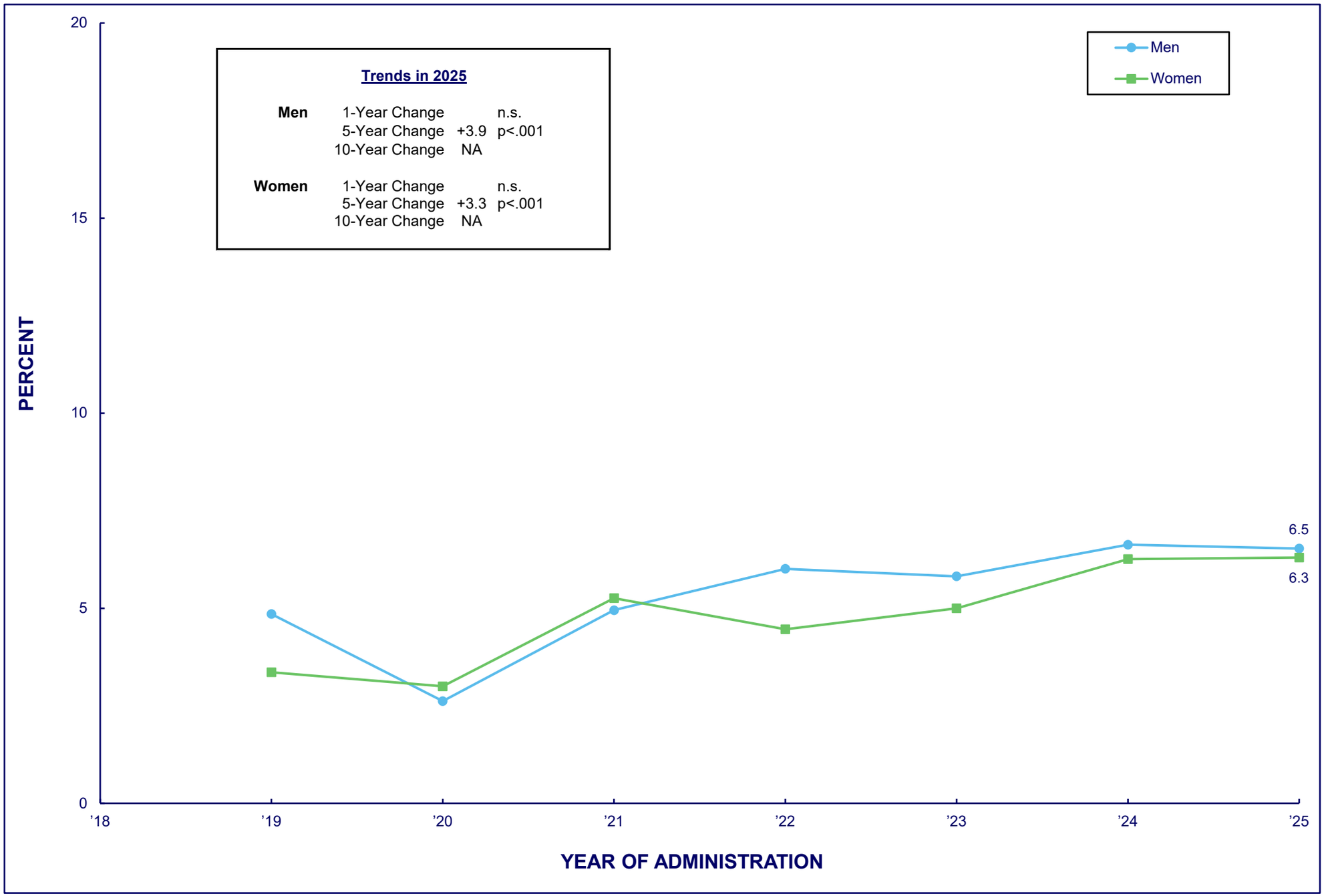
Trends in 30-Day Prevalence among Respondents of Modal Ages 19 through 30, by Race/Ethnicity



TABLE/FIGURE 172

VAPING NICOTINE

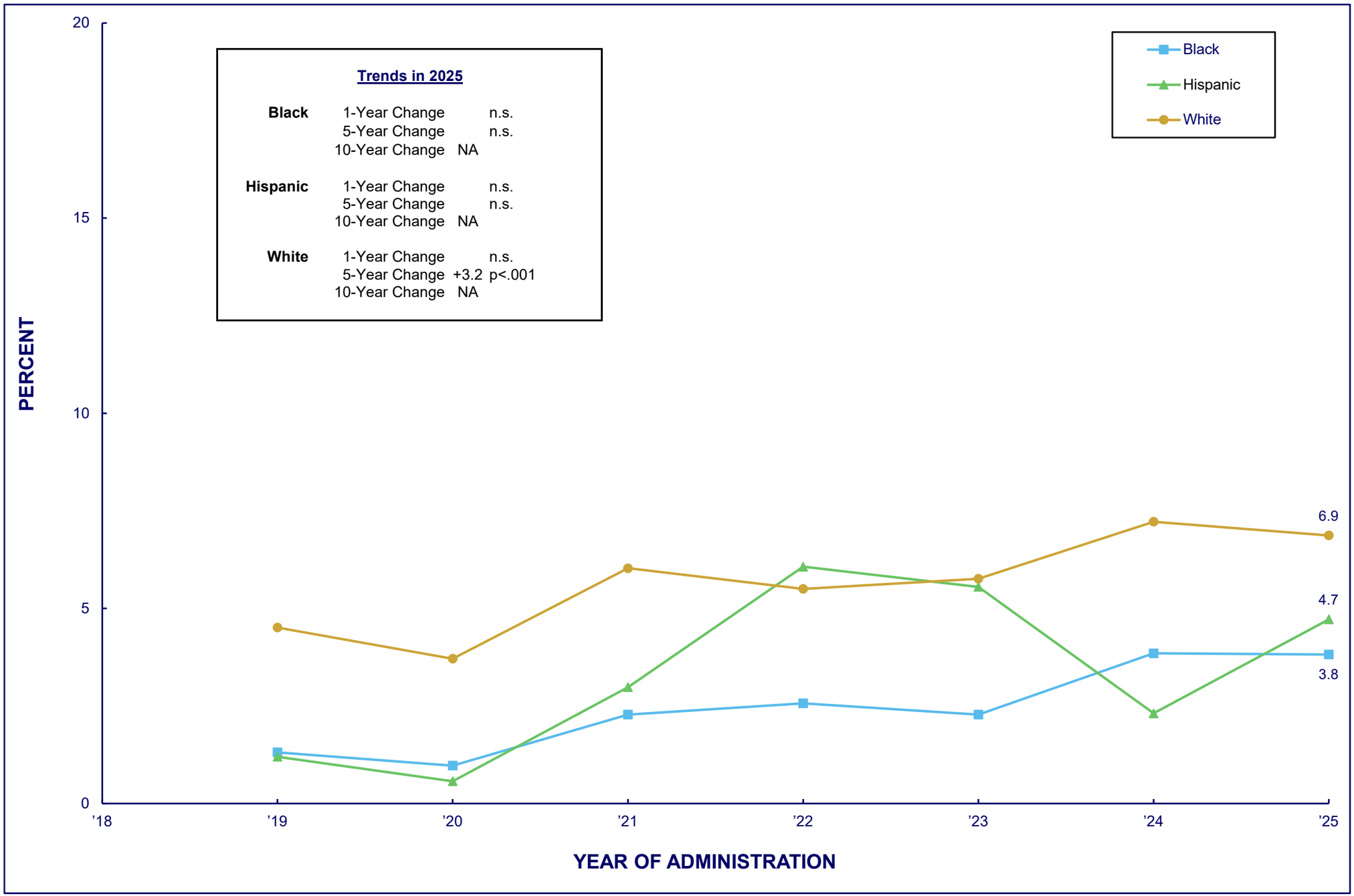
Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Sex



TABLE/FIGURE 173

VAPING NICOTINE

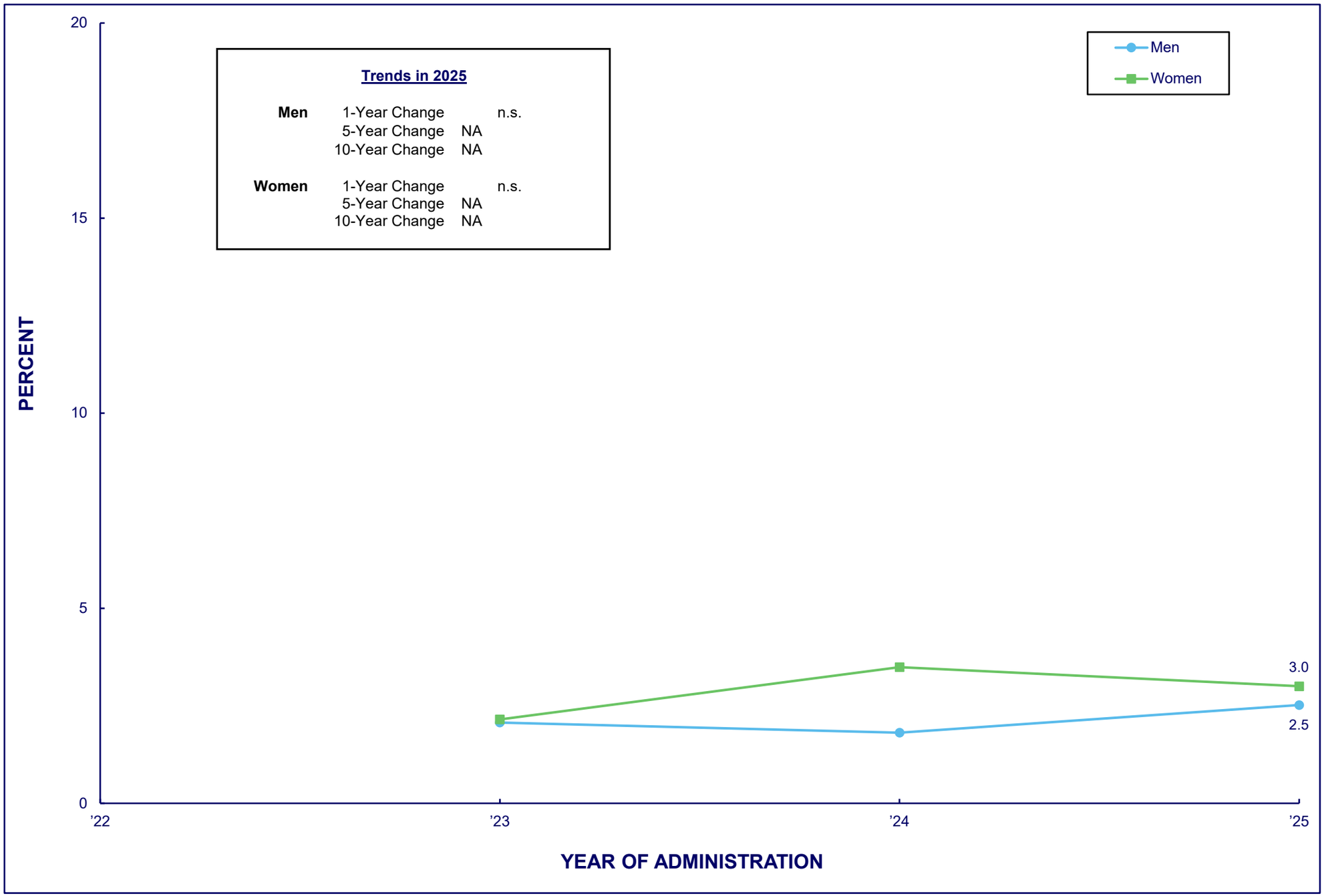
Trends in 30-Day Prevalence among Respondents of Modal Ages 35 through 50, by Race/Ethnicity



TABLE/FIGURE 174

VAPING NICOTINE

Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Sex

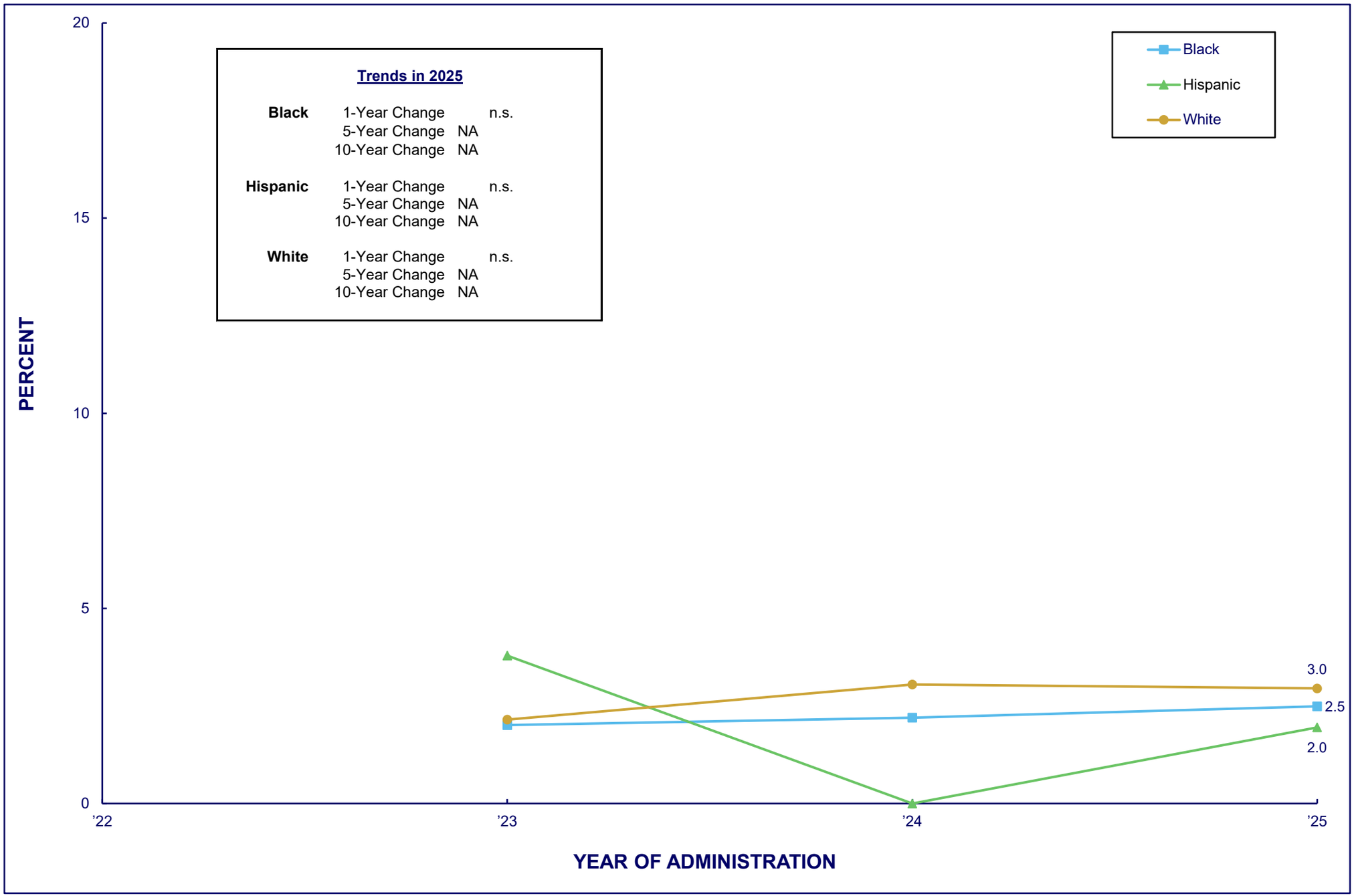


TABLE/FIGURE 175

VAPING NICOTINE

Trends in 30-Day Prevalence among Respondents of Modal Ages 55 through 65, by Race/Ethnicity

MONITORING THE FUTURE

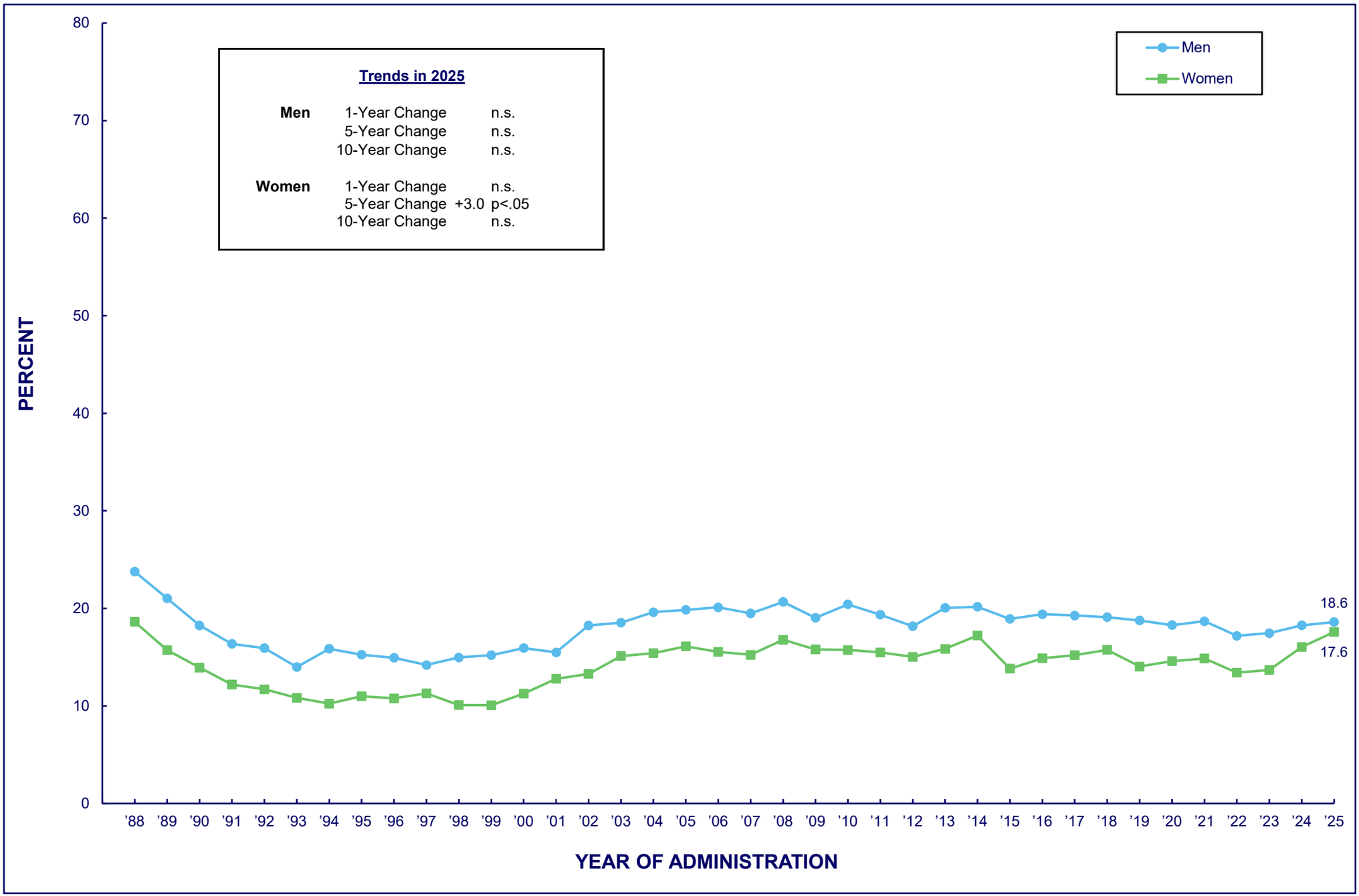


TABLE/FIGURE 176

ANY DRUG OTHER THAN CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30, by Sex

MONITORING THE FUTURE

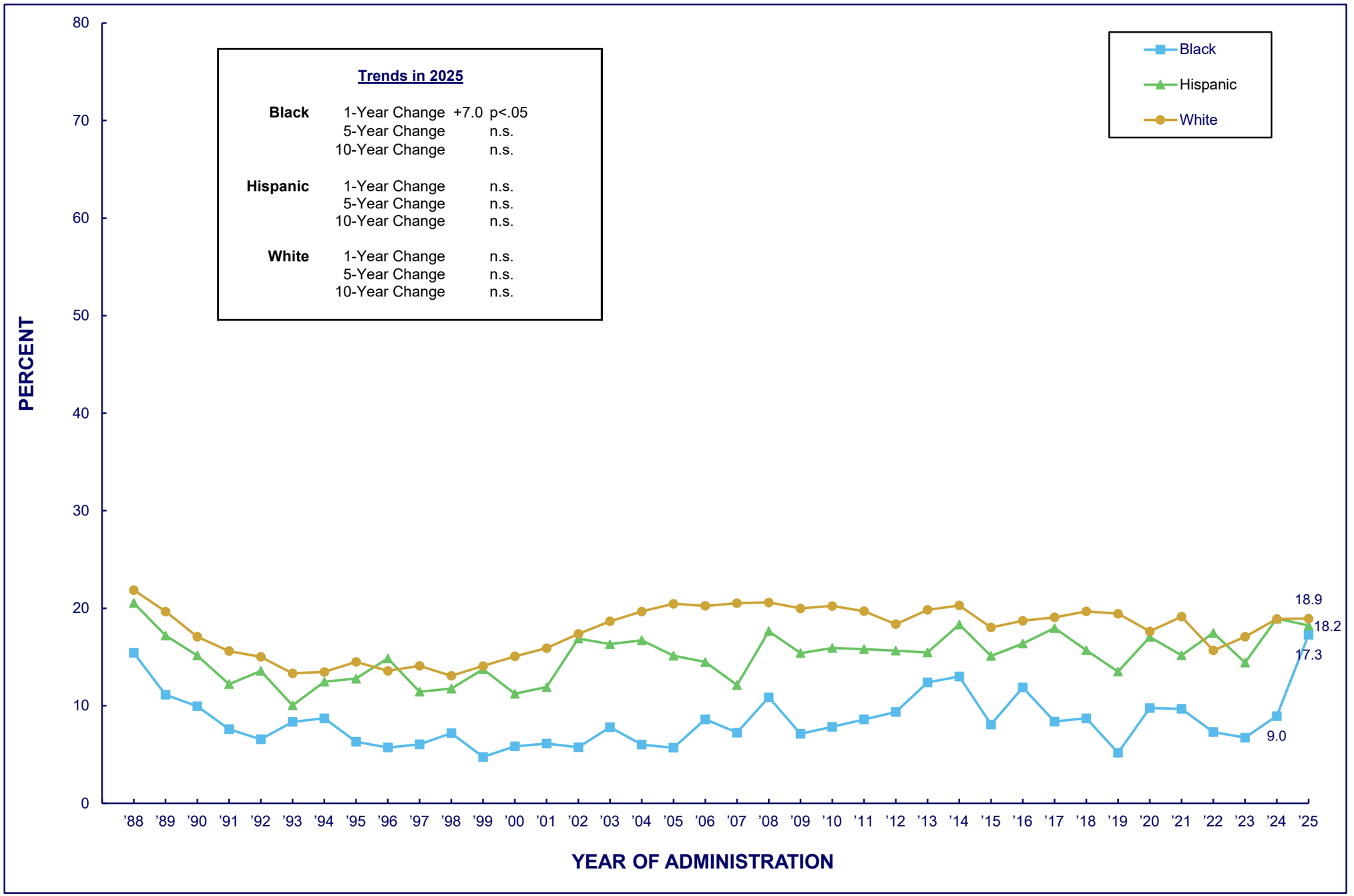


TABLE/FIGURE 177

ANY DRUG OTHER THAN CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 19 through 30, by Race/Ethnicity

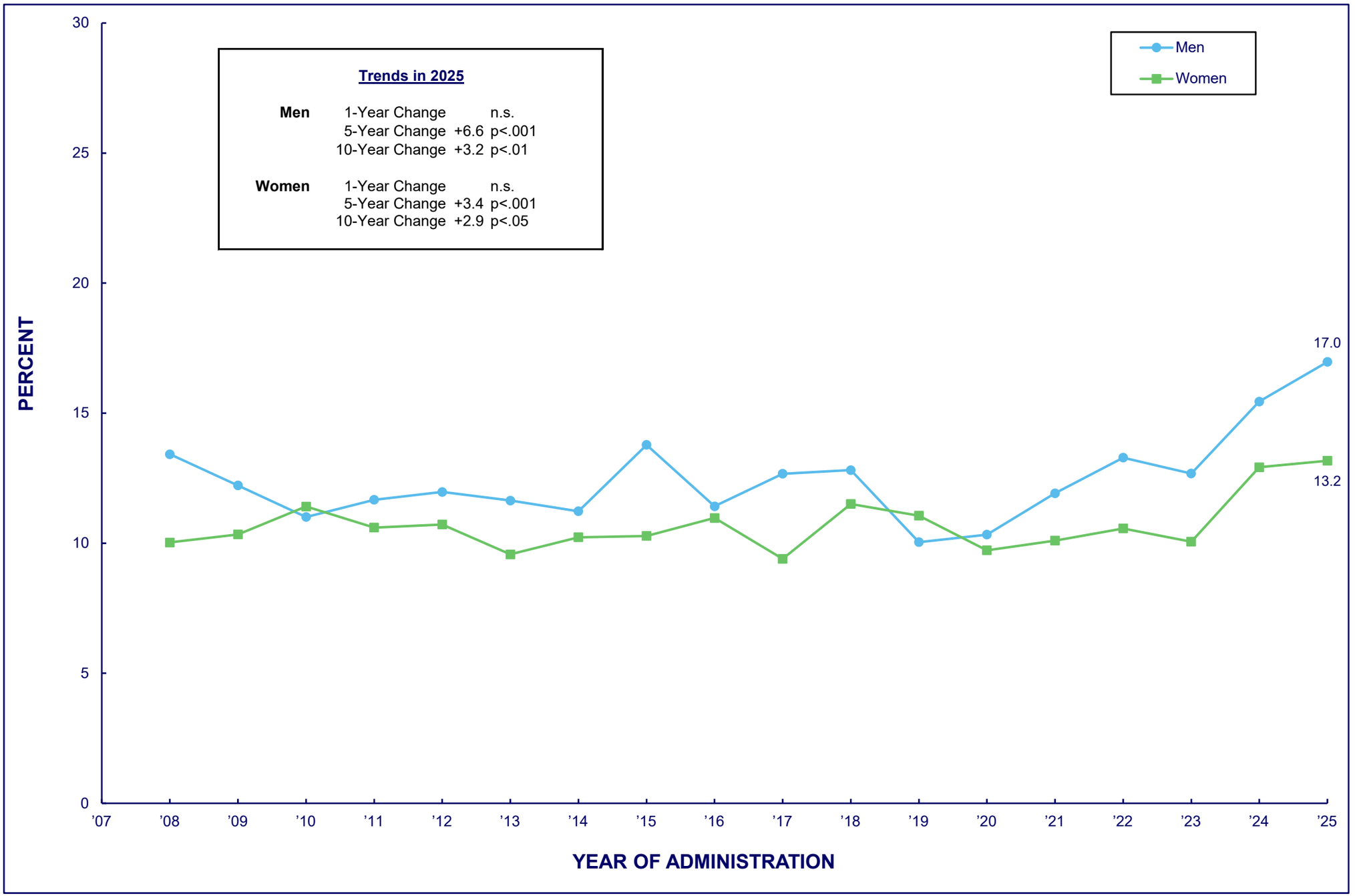
MONITORING THE FUTURE



TABLE/FIGURE 178

ANY DRUG OTHER THAN CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 35 through 50, by Sex

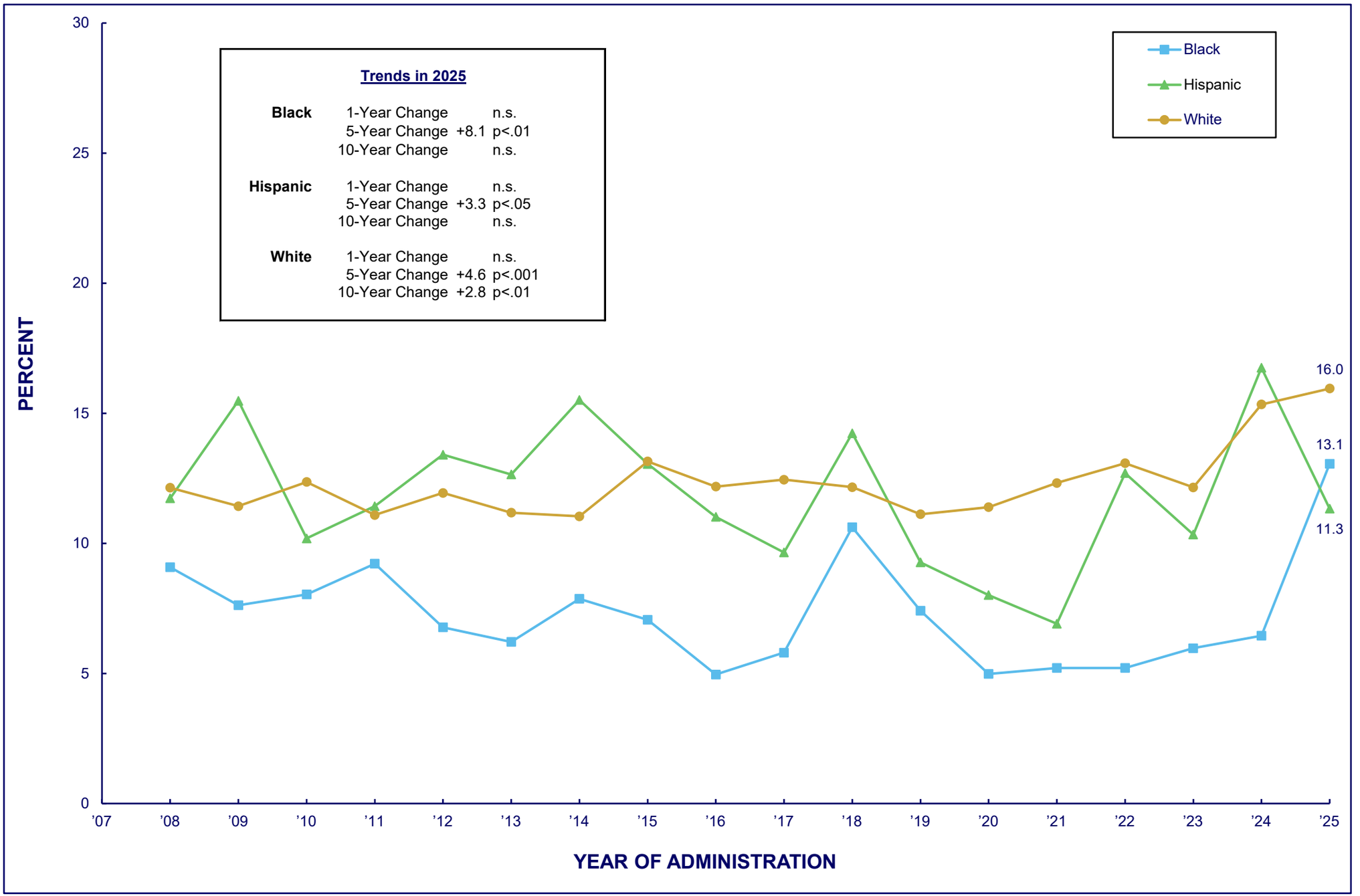


TABLE/FIGURE 179

ANY DRUG OTHER THAN CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 35 through 50, by Race/Ethnicity

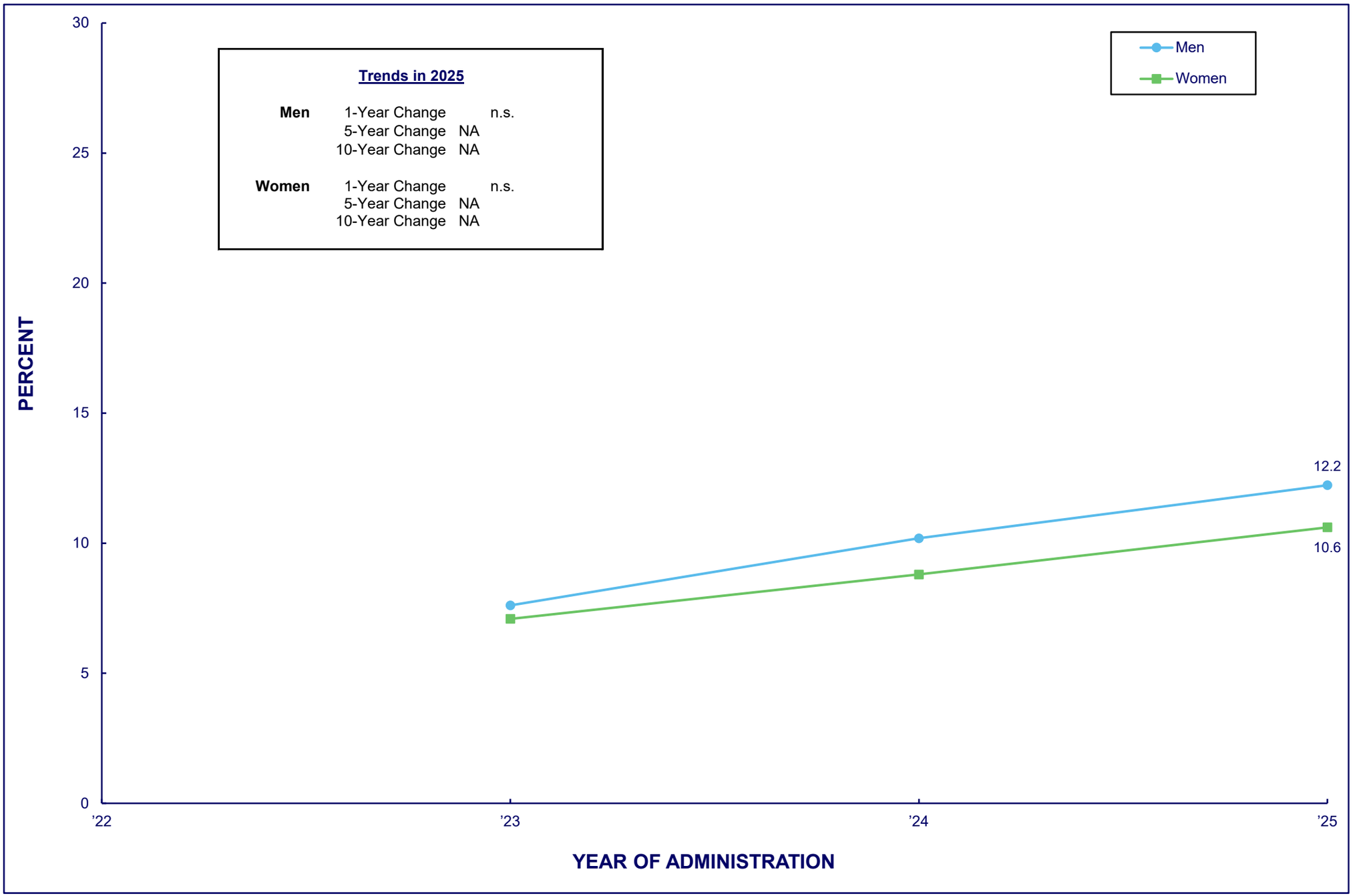
MONITORING THE FUTURE



TABLE/FIGURE 180

ANY DRUG OTHER THAN CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 55 through 65, by Sex



TABLE/FIGURE 181

ANY DRUG OTHER THAN CANNABIS

Trends in 12-Month Prevalence among Respondents of Modal Ages 55 through 65, by Race/Ethnicity

MONITORING THE FUTURE

