### Ronald Reagan Presidential Library Digital Library Collections

This is a PDF of a folder from our textual collections.

Collection: Cribb, T. Kenneth: Files

**Folder Title:** Drugs – Miscellaneous

**Box:** 3

To see more digitized collections visit: <a href="https://reaganlibrary.gov/archives/digital-library">https://reaganlibrary.gov/archives/digital-library</a>

To see all Ronald Reagan Presidential Library inventories visit: <a href="https://reaganlibrary.gov/document-collection">https://reaganlibrary.gov/document-collection</a>

Contact a reference archivist at: reagan.library@nara.gov

Citation Guidelines: <a href="https://reaganlibrary.gov/citing">https://reaganlibrary.gov/citing</a>

National Archives Catalogue: <a href="https://catalog.archives.gov/">https://catalog.archives.gov/</a>

Donald Ian Macdonald, M.D.
Administrator,
Alcohol, Drug Abuse, and Mental Health Administration
Public Health Service
Department of Health and Human Services

At the release of the 1987 High School Senior Survey Wednesday, January 13, 1988

Good morning. I'm delighted to see you and, on behalf of the Alcohol, Drug Abuse, and Mental Health

Administration, to welcome you to this briefing on the

1987 High School Senior Survey of Drug Use.

I would like to speak to an issue to which Dr. Bowen referred briefly, and which I believe to be the most telling indicator of our progress to date in putting an end to adolescent drug use and of our prospects for continued gains. I think this particular indicator can be best demonstrated if we juxtapose two elements of the data gathered by Dr. Johnston and his colleagues, so I've drawn up a couple of charts to do this.

Let me explain the charts by saying that I speak frequently of three elements critical to success in combatting alcohol and other illicit drug use:

knowledge, attitude, and behavior. While other factors are pertinent, accurate information and and appropriate attitudes about drug use should be reflected in drugtaking behavior.

That is precisely what we see in this year's Senior Survey data.

On this first chart, we've plotted daily use of marijuana by seniors over the 13 years of the study. You see 6% of the students reporting daily use in 1975, a peak in 1978 when 10.7% of seniors reported daily use of the drug, and then a steady decline, down to 3.3% this year. This decline is underscored when we superimpose data representing answers to the following survey question: "How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?" In '78, peak use coincides with the lowest perception of risk, and then an inverse relationship tracks out steadily from that point onward.

Even more stunning, in my estimation, is the story you see on the second chart. Here, the solid blue line signifies current use of cocaine (that is, within the last month). You see the steady increases in use until 1981, followed by a level period, and then, statistically significant increases in rate of use in 1984 and '85, which stabilized in '86, when 6.2% of seniors reported regular, or current, use. In the class of '87, we see a statistically significant decrease down to 4.3%.

The two trends superimposed on this chart reflect the harmfulness which seniors perceive in regular use of cocaine--that's the green line (88.5% in 1987). The red line depicts the harmfulness students perceived in using cocaine once or twice. The jump, from 34% percent in 1986, to 48% in 1987, is the largest shift in attitude regarding experimentation with cocaine since the study began. For a full eight years prior to 1986, there had been virtually no change in the perceived risk of experimenting with cocaine, so this shift was a sudden and dramatic one--it's one of the sharpest reversals we've ever seen in the course of this study.

Because cocaine is so powerfully reinforcing, it is important that we get across the message that even casual experimentation with the drug poses great risk. These data show that the message is getting out.

The same inverse relationship is seen, although less dramatically, in the perceived harmfulness of all the drugs surveyed -- marijuana, LSD, heroin, amphetamines, and so forth.

Increased awareness of risk has now translated into change in important personal attitudes and peer norms--

### Macdonald, Page 4

according to Dr. Johnston's information, in 1987, fully 97% of high school seniors disapprove of regular use of cocaine, and 87% disapprove of even trying cocaine.

The progress we see certainly is a function of multiple forces. A mobilization of the society, and parents in particular, has been fundamentally important. Knowledge and attitudes about drug use have benefitted immensely from campaigns undertaken by both the federal government and numerous private organizations--and we have seen extraordinary public/private collaboration in these efforts.

Certainly, the tragic death of Len Bias served to draw the attention of many young Americans to the lifethreatening consequences of using drugs. The class of '87 was the first to be surveyed subsequent to his death and we can infer, from the data, what impact his death has had on the behavior of youngsters.

I don't underestimate the value of any of these elements.

Finally, despite the very good news we are reporting today, we must not overlook the negative side of this data. When I spoke of daily marijuana use decreasing from 10.7 percent in 1978 to 3.3% last year, I focused on

### Macdonald, Page 5

the tremendous improvement. But we must not forget the 3.3% of seniors who have not gotten the message who still are daily smokers of marijuana.

I would also point with concern to the 20% or more of young people who do not complete high school and among whom we believe drug use prevalence is higher than in this group.

Overall, however, we can be encouraged by our progress and by the attitudes which suggest that the progress will continue. But we need to keep at it.

Let me turn the podium over to Dr. Johnston.

## STATEMENT BY OTIS R. BOWEN, M.D. SECRETARY OF HEALTH AND HUMAN SERVICES JANUARY 13, 1988

This morning I am pleased to be able to share with you the findings of the 13th annual survey of drug abuse among high school seniors and other young adults. This year, the survey again contains encouraging data showing a steady decline in the use of most illicit drugs by young Americans.

In particular, I am happy to say that with the high school class of 1987, we have noted the first substantial decrease in the use of cocaine by our young people. During 1987, the use of cocaine by high school seniors and other young Americans was the lowest in eight years, dropping 20 percent in a single year. And attitudes toward cocaine and other illicit drugs now reflect a greater awareness among our young people of the dangers of drug use.

I will talk later about some of the causes of this progress. Both tragedy and perseverance have had a part -- tragedy in the deaths of prominent young Americans, and perseverance by many Americans, starting with the President and the First Lady and . including so many others in communities throughout the country.

It is still true that far too many Americans are using drugs, and much remains to be done to counter drug abuse -- including new emphasis on the problems of alcohol abuse and alcoholism. But this year's survey gives us new evidence that the war on drugs can be won -- and it calls on all of us to redouble our efforts against drug abuse and for our young people and their future.

The survey of drug use among high school seniors, which is funded by my department's National Institute on Drug Abuse, has been carried out each year since 1975 by the Institute for Social Research at the University of Michigan. The survey director, Dr. Lloyd D. Johnston, is with us today -- as is Dr. Donald Ian Macdonald, administrator of the Alcohol, Drug Abuse and Mental Health Administration, which is the parent agency of our drug abuse institute.

Although it was initially aimed only at high school seniors, the survey in subsequent years has also followed its participants who graduated from high school into their young adult years. Thus, today's survey measures drug use patterns among three populations: high school seniors, college students, and young adults who are high school graduates.

During its first years, the survey showed increasing drug use, especially marijuana use, among high school seniors. Then, beginning in 1979, the survey began indicating declines in illicit drug use, especially for daily marijuana use.

This year's survey shows a continuation of that downward trend. As indicated by the chart, 42 percent of high school seniors reported using some illicit drug during the past year. While this remains a high percentage, the downward trend is visible -- and this figure represents the lowest percent of illicit drug use at any time since the survey was first taken.

The survey found that 36 percent of seniors used marijuana during the past 12 months, a decline from 39 percent for the class of 1986. And for daily marijuana use, the new figure is 3.3 percent, which compares with 10.7 percent in the peak year of 1978. In all cases, the marijuana use is the lowest since the survey was first taken.

However -- despite the long-term downward trend for most illicit drugs, cocaine use in each of the past 13 years has either increased or remained essentially stable. Even as students appeared to heed the danger signals for other drugs, cocaine use increased sharply in the late 1970's, and headed upward again from 1983 to 1985.

For the class of 1987, however, we finally see a significant downturn in cocaine use among high school seniors. And results are similar for college students and other young adults.

Specifically, as this chart shows, the percentage of high school seniors who have ever used cocaine dropped from 16.9 percent for the class of '86 to 15.2 percent for the class of '87. The percentage of those who have used cocaine in the past year also dropped -- from 12.7 to 10.3 percent. And the percentage of those who used cocaine in the 30 days prior to the survey dropped from 6.2 to 4.3 percent -- a decrease of about a third in a single year.

However, we cannot be complacent, as we see in the findings for "crack," a processed, smokeable form of cocaine. Thankfully, it appears that we may have avoided the explosion in the use of "crack" which many of us feared. But we still must be concerned by Dr. Johnston's preliminary findings that crack may not be following the decline which we see for cocaine in general. We do not have comparable figures for years before 1987, so the trend for "crack" is not certain. But the survey shows that among seniors in 1987, 5.6 percent had tried "crack," while 4 percent had used it in the past year.

Overall, though, we see a significant drop in cocaine use by the class of '87, and many factors are involved. There is no doubt that the tragic deaths of Len Bias, Don Rogers and others made an indelible impression on our nation. It is indeed a shame that the deaths of many talented young people took place before the danger of cocaine use was widely believed by our youth.

Indeed, the deceitful claims of cocaine's "safety" were the theme of this department's public service advertising campaign, called "Cocaine: The Big Lie." This campaign was one more element in the success we saw for 1987, and we'll continue this effort. This year we'll add two television spots by Michael J. Fox, the film and TV star, telling teens "Anything is possible when you make the right decision about drugs and alcohol."

Likewise, the news media has played a key part. I feel that reporters and editors throughout the country have been our partners in conveying vital information on the drug problem and its consequences -- and I'm sure that will continue.

I'd also like to offer thanks for the professional expertise and the millions of dollars-worth of media time and space given for our public service materials, with special recognition for the National Association of Broadcasters, the Advertising Council and the Media/Advertising Partnership for a Drug Free America.

Most of all, though, credit must go to the efforts of many individuals. First Lady Nancy Reagan has made "Just Say No" a national by-word. She and the President have spoken repeatedly and convincingly about the importance of the drug abuse problem. And along with them, parents, children themselves -- indeed, Americans of all ages in communities throughout the land -- have pitched in. Today youngsters are getting the message to their peers in many ways. I think we can see the tide turning.

But our work is by no means finished. Today's survey results show that drug use by our young people can be turned back. But the survey also shows that we must keep up the effort to inform our young people of the dangers, and keep encouraging them to make positive and responsible choices.

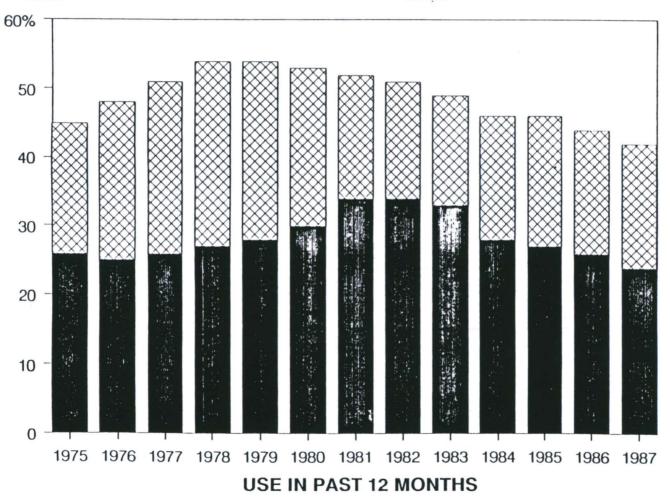
One area that calls for special attention is alcohol abuse. There has been no decrease in the use of alcohol by high school seniors in the past three years, with some 66 percent reporting use within the last 30 days. Some 5 percent are daily drinkers, and more than 37 percent report at least one occasion of heavy drinking within the past two weeks — an occasion in which they had five or more drinks in a row. The heavy toll which alcohol abuse and alcoholism place on our society begin in the high school years and even earlier. We need to do more to help young Americans recognize the consequences of alcohol abuse.

Just last November I announced a new series of steps which we will be taking to combat the enormous toll of alcohol abuse and alcoholism, which cost the nation well over \$100 billion every year in disease, premature death and lower productivity. We will make special efforts to reach younger Americans.

Let me close by saying that the findings of today's survey are welcome and heartening news. We hope that they mark a new and more hopeful chapter for our nation and our youth. But we know that these finding do not mark the end of the story. Much remains to be done -- and we are committed to the task.

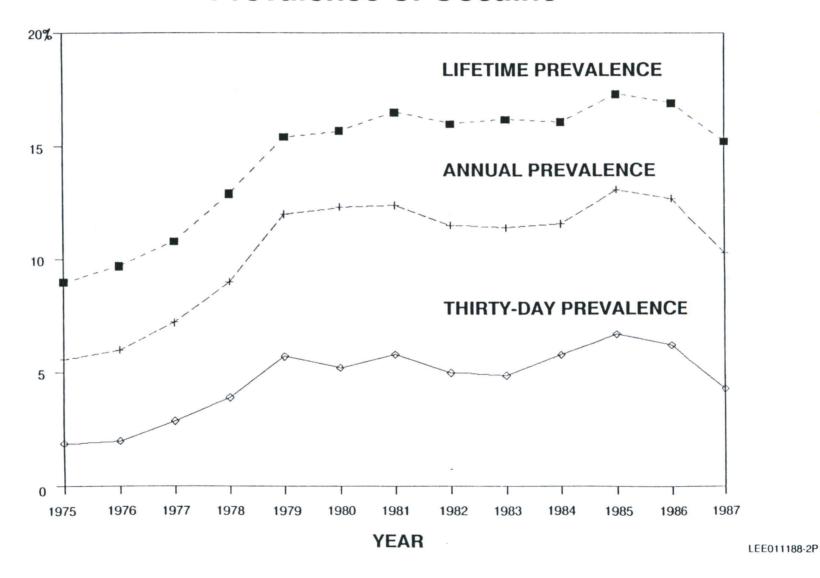
# Trends in Annual Prevalence of an Illicit Drug Use Index All Seniors



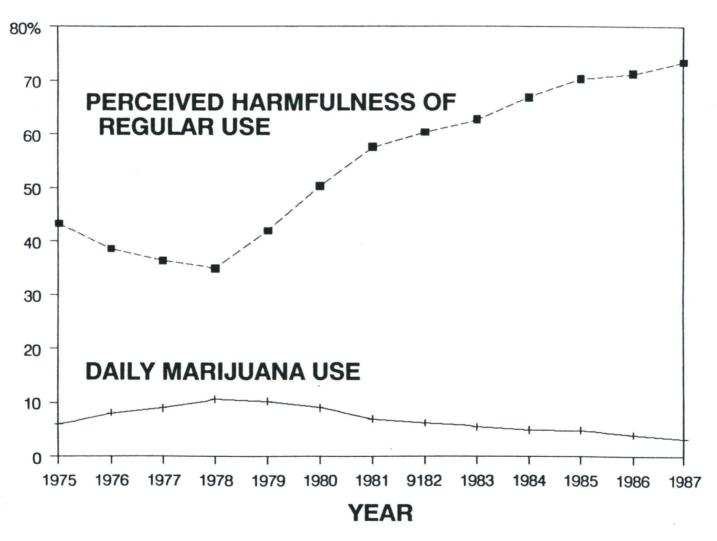


LEE011188-1P

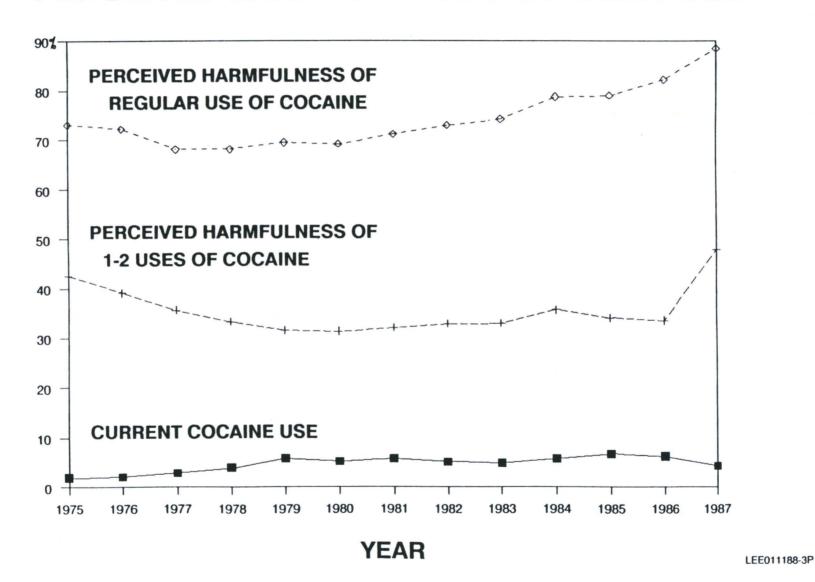
COCAINE
Trends in Lifetime, Annual & Thirty-Day
Prevalence of Cocaine



### MARIJUANA PERCEIVED HARMFULNESS & DAILY USE



## COCAINE PERCEIVED HARMFULNESS & CURRENT USE



Trends in Thirty-Day Prevalence of Daily Use of Sixbeen Types of Drugs TABLE 10

Percent who send daily in last thirty days

					STATES IN	T WANTED THE	us Amen	ALTERNA SAME	- Tays					
-20	Cham	Chara	C. Commercial Commerci	Class		Class		Char	Class	Class		- 1		
	2,	2	2,	9	2	4	8	2	2	2			2,	18, - 88,
"	1975	1974	1977	1970	1978	1900	1961	1987	2	No.			1987	Change
Asproa N =	(9400)	(15400)	(11190)	(17800)	(15600)	(15000)	(17500)	(00771)	(16300)	(15800)			(0000)	
Marijuano/Hoshirb	6.0	30	1.6	10.7	10.3	8.1	7.0	9.4	6.5	50	- (		2.0	-Q.7s
Inhabanta <sup>®</sup>	NA NA	0.0	6	0.1	0.0	2	22	1.0	0.1	2		1	1.0	-0.1
Inholants Adjusted"	NA	NA	NA	NA	1.0	2	0.2	2.0	6.3	2.0			2	0.0
Amyl & Butyl Nitrites C.	2	NA	WK	N A	9.0	0.1	0.1	0.0	0.2	0.1			0.3	202
Hallucinogene	9.1	2	0.1	2	9.1	0_1	1.0	2	2	0,1			0.1	90
Hollacingers Adjusted	NA	XX	××	MA	0.2	0.2	0.1	20	20	6.2			0.2	-0.1
Leo	8	8	9.0	0.0	0.0	2	2	0.0	0.1	0.1			2	0.0
PCP**	N	×	NA	XX	0.1	2	9.1	0.1	0.1	0.1			9	+0.1
Cacatina	0.1	2	2.1	1,0	2.0	0.2	6.0	9,2	2	0.2			0.3	-0.24
Crack	Z Z	3	× ×	, F	Z Z	< ×	N. N.	2	2	× ×			0.2	× ×
Heroin	2	9	8	0,0	2	\$	9	0.0	0.1	5			0.0	95
Other ophetes	0.1	2	0.2	<u>:</u>	9.0	0.1	2	1.0	2	2			0,1	8
Briganiamin B	5	0.4	0.5	9.0	0	0.7	1.40	Ξ	Ξ	AN			VK	×
Stimulants Adjusted	NA	NA	NA	NA	NA	NA	NA	0.7	0.8	0.6			8.0	0.0
Sodetives	2	2.9	Ĉ	9.2	0.1	2	0.2	0.2	0.3	9.1			<b>0.1</b>	90
Berbitarates	0.1	1.0	20	0.1	5	2	2	0,1	4.0	Ş			9	0.0
Bethaqualono"	0.0	9.0	0.0	0.0	9.0	9.1	9.1	0,1	0.0	90			<b>6.0</b>	9.0
Tranquilimers.	0.1	9.2	0.3	0.1	9.1	0.1	0.1	9,1	2.1	0.1			0.1	0.0
Altrabai														
Daily	5.7	5.8	6,1	5.7	6.9	6.0	6.0	5.7	<b>4.</b> 9	:				2
ipst Z weeks	28	37.1	28.4	45	ţ	41.2	2	404	40.8	7.86		300	37.5	+0.7
Cigaretane	28.9	25.4	28.8	715	20.4	21.3	20.2	8.5 27.5 20.4 21.3 30.3 21.1 21.2 18.7 18.5	1 21.2	18.7			18.7 6.0	0.0
NUTES: Level of significance of diff	diffimator between the	woon the	Jack Cal.	recent char		5	M = 100	I. NA Hadi	cades dala	Higgs for				
			TROME CARA	THE PERSON NAMED IN		14 M.	THE PERSON			PERMIT A CORR	THE PERSON NAMED IN			

tion text changed in 1987.

adjusted for underreporting of amy i and buty! nitrites. See text for details.

to alguis a me peese en ted for underreporting of PCP. See text for details.

Only drag see which was not under a doctor's orders is included here.

Based on the data from the sevised question, which altempts to exclude the inapprepriate reporting of non-precription etimalants. Iny apparent inconsistency between the change estimate and the prevalence estimates for the two most secent classes is due to reunding error. Bata based as two quastionnairs forms. N is two-fifths of N budicated.

TABLE 9 Trends in Thirty-Day Prevalence of Sixteen Types of Drugs

					Per	cent who	used in la	st thirty d	nys					
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	'86 - '87 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	-2.4g
Inhalants <sup>A</sup> Inhalants Adjusted <sup>b</sup>	NA NA	0.9 NA	1.3 NA	1.5 NA	1.7 3.2	1.4 2.7	1.5 2.5	1.5 2.5	1.7 2.5	1.9 2.6	2.2 3.0	2.5 3.2	2.8 3.5	+ 0.3 + 0.3
Amyl & Butyl Nitrites <sup>c,h</sup>	NA	NA .	NA	NA	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.0
Hallucinogens Hallucinogens Adjusted <sup>d</sup>	4.7 NA	3.4 NA	4.1 NA	3.9 NA	4.0 5.3	3.7 4.4	3.7 4.5	3.4 4.1	2.8 3.5	2.6 3.2	2.5 3.8	2.5 3.5	2.5 2.8	0.0 -0.7
$^{\mathrm{LSD}}_{\mathrm{PCP}^{\mathrm{c},\mathrm{h}}}$	2.3 NA	1.9 NA	2.1 NA	2.1 NA	2.4 2.4	2.3 1.4	2.5 1.4	2.4 1.0	1.9 1.3	1.5 1.0	1.6 1.6	1.7 1.3	1.8 0.6	+ 0.1 - 0.7s
Cocnine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	- 1.9sss
"Crack" <sup>g</sup> Other cocaine <sup>c</sup>	N A N A	NA NA	1.5 4.1	NA NA										
Heroin ·	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.0
Other opiates <sup>6</sup>	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	-0.2
Stimulants <sup>e</sup> Stimulants Adjusted <sup>e f</sup>	8.5 NA	7.7 NA	8.8 <i>NA</i>	8.7 NA	9.9 NA	12.1 NA	15.8 NA	13.7 10.7	12.4 8.9	N A 8.3	N A 6.8	NA 5.5	NA 5.2	NA -0.3
Sedatives <sup>e</sup>	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	- 0.5a
Barbiturates <sup>e</sup> Methaqualone <sup>e</sup>	4.7 2.1	3.9 1.6	4.3 2.3	3.2 1.9	3.2 2.3	2.9 3.3	2.6 3.1	2.0 2.4	2.1 1.8	1.7 1.1	2.0 1.0	1.8 0.8	1.4 0.6	-0.4 -0.2
Tranquilizers <sup>e</sup>	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	-0.1
Alcohol	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	+1.1
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	-0.2

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

Data based on four questionnaire forms. N is four-fifths of N indicated.
Adjusted for underreporting of amyl and butyl nitrites. See text for details.

Data based on a single questionnaire form. N is one fifth of N indicated.
Adjusted for underreporting of PCP. See text for details.

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

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

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

hQuestion text changed slightly in 1987.

TABLE 8

я					Pero	m out he	ed to lest	ipolve me						
	C	Class	Class	Claus	Class	Class	Cana	Class	Cime	- 1		0	CIE	,
	3	100	1977	1978	1979		<u> </u>	15 ×	12.0		2	4	Ä	188E
Appent, N =	(D000)	(15400)	(17 100)	(17800)	(165 <b>e</b> q)	(15800)	(17506)	(17700)	(16300)	-	(DOMBE)	(15404)	(16300)	
Marijana/Harhigh	40.0	14.5	47.6	50.2	6.00	48.8	46, 2	4.3	48.3		40.6	200	E.	-9.5m
Inhaltenta"	Z Z	35	NA NA	<b>*</b> :	52	7.5	22	SG	22		2.2		25	+0.8
Amyl & Bucyl Nitritos C.h	Z	7	AM	2	Ç	5.7	3.7	3.6	2		ŝ	1.7	<b>60</b>	-2.1900
Hallychagons Adjusta	šč	32	22	7 8 6 A	Ë	200	ĒŞ	1.0	22		26	25	8.4	İ
T. B	22	35	MA 5.5	N a	7.6	15	ES	22	77	CC.	E£	re.	i C	+0.7 -1.1ea
Chesispo	5.6	6.0	7.2	8.0	921	12.3	12.4	11.5	11.4		141	12.7	23	-2.4000
Chack of Other occaies C	Z Z	# R	**	N N	×××	N N	33	**	××		××	33	<b>8</b> 5	A A
Heroin	16	2	8.0	8.0	<b>£</b> 0	0.5	0.5	2	8.0		20	0.5	0.5	0.4
Other spintes	2.7	5.7	24	6.0	2	0.5	ζ	ţ.	ř		2	6.2	5.3	1.0+
Stienglassin <sup>®</sup> Stienelinnis Adjuster <sup>®</sup>	NA NA	15.8 NA	VA C'91	17.1 NA	¥8.	8.0C	28.0 NA	201	34.8 17.9		N N	NA NA	N A	VN VN
Sedatives	11.7	70.7	10.8	9.9	9.9	10.3	10.5	*	7.9		5.	50	÷	-1. Las
Berbitum toe	5.1	8.6	5.0	2	7.5	72	100	70 (A 10 (A	25		::	12		
Trangulibors <sup>0</sup>	B.00	JO.	10.8	- CO	Ĕ	Ē,	5	7.0	5		Ė	5.8	5	Ė
Alcohol	84.6	15.7	87.0	87.7	OR I	\$7.5	87.0	20.4	97.5		Ē	345	85.7	+1.2
Cignreties	A A	AN	X	NA	MA	MA	WM	N	W A		NA	NA.	AM	AA
NOTES: I and of the latest of the							# 100 mm = 001 MA		Miradan data and available				•	

٤/

ns to 1887, N is two-20ths of N indicated.

TABLE 7 Trends in Lifetime Prevalence of Sixteen Types of Drugs

						Perc	cent ever u	ısed					V	
A N	Class of 1975 (9400)	Class of 1976 (15400)	Class of 1977 (17100)	Class of 1978 (17800)	Class of 1979 (15500)	Class of 1980 (15900)	Class of 1981 (17500)	Class of 1982 (17700)	Class of 1983 (16300)	Class of 1984 (15900)	Class of 1985 (16000)	Class of 1986 (15200)	Class of 1987 (16300)	'86-'87 change
Approx. N = Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	-0.7
Inhalants <sup>a</sup> Inhalants Adjusted <sup>b</sup>	NA NA	10.3 NA	11.1 NA	12.0 NA	12.7 18.2	11.9 17.3	12.3 17.2	12.8 17.7	13.6 18.2	14.4 18.0	15.4 18.1	15.9 20.1	17.0 18.6	+ 1.1 - 1.5
Amyl & Butyl Nitrites <sup>c,h</sup>	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	-3.9888
Hallucinogens Hallucinogens Adjusted <sup>d</sup>	16.3 NA	15.1 NA	13.9 NA	14.3 NA	14.1 17.7	13.3 15.6	13.3 15.3	12.5 14.3	11.9 13.6	10.7 12.3	10.3 12.1	9.7 11.9	10.3 10.6	+0.6 -1.3s
LSD PCP <sup>c</sup> ,h	11.3 NA	11.0 NA	9.8 NA	9.7 N A	9.5 12.8	9.3 9.6	9.8 7.8	9.6 6.0	8.9 5.6	8.0 5.0	7.5 4.9	7.2 4.8	8.4 3.0	+ 1.2s - 1.8ss
Cocaine	9:0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	-1.7s
"Crack" <sup>g</sup> Other cocaine <sup>c</sup>	N A N A	N A N A	N A N A	N A N A	NA NA	N A N A	NA NA	NA NA	5.6 14.0	NA NA				
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	+0.1
Other opiates <sup>e</sup>	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	+0.2
Stimulants <sup>e</sup> Stimulants Adjusted <sup>e, f</sup>	22.3 NA	22.6 NA	23.0 NA	22.9 NA	24.2 NA	26.4 NA	32.2 NA	35.6 27.9	$35.4 \\ 26.9$	NA 27.9	NA 26.2	NA 23.4	N A 21.6	NA - 1.8s
Sedatives <sup>e</sup>	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	-1.7ss
Barbiturates <sup>e</sup> Methaqualone <sup>e</sup>	16.9 8.1	16.2 7.8	15.6 8.5	13.7 7.9	11.8 8.3	11.0 9.5	11.3 10.6	10.3 10.7	9.9 10.1	$9.9 \\ 8.3$	9.2 6.7	8.4 5.2	7.4 4.0	- 1.0 - 1.2ss
Tranquilizers <sup>e</sup>	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	0.0
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	+0.9
Cigarettes	73.6	75.4	75.7	75.3	. 74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	-0.4

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

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

Adjusted for underreporting of amyl and butyl nitrites. See text for details.

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

Adjusted for underreporting of PCP. See text for details.

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

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

B Data based on two questionnaire forms. N is two-fifths of N indicated. A Question text changed slightly in 1987.

TABLE 15

Trends in Perceived Harmfulness of Drugs

					Pe	rcentage	saying "	great ris	k" <sup>a</sup>					
Q. How much do you think people														
risk harming themselves	Class	Class	Class	Class	Class	Class	Class	Class	Class	Class	Class	Class	Class	
(physically or in other	of	of	of	of	of	of	of	of	of	of	of	of	of	'86 - '87
ways), if they	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7		-		
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	14.8 24.5	15.1 25.0	18.4 30.4	+ 3.3ss
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	+ 5.4sss + 2.2
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6					(T. T. S.				
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	43.9 83.0	45.5 83.5	44.9	44.7	45.4	43.5	42.0	44.9	+ 2.9
Take 1350 regularly	01.4	00.0	73.1	01.1	04.1	03.0	63.3	83.5	83.2	83.8	82.9	82.6	83.8	+ 1.2
Try PCP once or twice	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	55.6	NA
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	+ 14.4888
Take cocaine occasionally	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	54.2	66.8	+ 12.6888
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	+6.3888
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	+7.8888
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	+6.4888
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	+ 1.6
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	+ 4.0ss
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	+ 2.1
Try barbiturates once or twice	34.8	32.5	31.2	31.3										
Take barbiturates regularly	69.1	67.7	68.6	68.4	30.7	30.9 72.2	28.4	27.5	27.0	27.4	26.1	25.4	30.9	+ 5.5888
	00.1	07.7	เกก.บ	00.4	71.6	12.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	+ 2.2
Try one or two drinks of an														
alcoholic beverage (beer,														
wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	+ 1.6s
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.0	010	00.0	04.4	05.1	00.0	
Take four or five drinks nearly	21.0	21.2	10.0	13.0	22.0	20.3	41.0	21.6	21.6	23.0	24.4	25.1	26.2	+1.1
every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	+ 3.2s
Have five or more drinks once	00.0	01.0	02.0	00.1	00.2	00.1	04.0	00.0	10.0	00.4	00.0	00.0	00.7	T 3.28
or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	+ 2.8
Smoke one or more packs of														
cigarottes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	+ 2.6
Approx. N =	(2804)	(2918)	(3052)	(3770)	(3250)	(3234)	(3604)	(3557)	(3305)	(3262)	(3250)	(3020)	(3315)	

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

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

TABLE 18
Trends in Proportions Disapproving of Drug Use

Percentage 'disapproving's

	Q. Do you disapprove of people (who are 18 or older) doing ouch of the followings	of 1975	Class of 1975	Class of 1977	Cincu of 1878	Class of 1979	Class of 1930	Close of 1681	of 1962	Class of 1983	Class of 1984	Closs of 1985	of 1986	Class of 1987	'86-'87 change
,	Try marijusha once or twice Smole marijusha occurionally	47.D 54.8	28.4 47.8	\$3.4 44.2	\$3.4 43.5	\$4,2 45.3	39.0 49.7	40.0 52.6	45.5 59.1	46.3 60.7	49.8 53.6	51,4 65.8	54.6 60.0	56.6 71.6	+2.0 +2.6
l	Synolog murificants regularly  Try LSD once or twice	71.9 82.8	84.5	83.9	\$7.5 \$5.4	8.8 8.86	74.6 87.3	77.4 86.4	8.88	82.5 89.1	84.7	85.5 88.5	88.8	89.2	+2.6s +2.4ss
	Take LSD regularly	94.1	\$5.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	<b>9</b> 7.0	36.6	97.8	+1.2s
4	Try cousine once or twice Take cecaine regularly	81.3 93.3	82.4 33.9	79.1 <b>92</b> .1	77.0 91.9	74,7 80.8	76.3 91,1	74.6 <b>90.</b> 7	76.6 91.5	77.0 03.2	79,7 94.5	79.3 53.5	80.2 94.3	96.7	7.locs +2,4ess
	Try heroin come or twice Take heroin occasionally Take heroin regularly	91.5 94.8 96.7	96.0 96.7 57.5	93,5 96.0 97.2	98.4 87.8	93.4 96.8 97.9	93.5 96.7 97.8	93.6 97,2 97,8	94.\$ 96.9 97.5	94.3 96.9 97.7	94.0 97.1 98.0	96.0 96.8 97.6	93.3 96.6 97.6	95,2 97.9 98.1	+2.9as +1.3a +0.5
	Try amphetamines once ot twice Take amphotamines regularly	74,8 92.1	75.1 92.8	74.2 92.5	74.8 93.5	75.1 <b>94</b> .4	75.4 98.0	71,1 91.7	72.5 92.0	72.3 62,6	72.8	74.9 98.8	76.5 83.5	90.7 96,4	+4,2m; +1,9es
	Try barbiturates once or twice Take barbiturates regularly	77.7 98.3	81.8 88.6	81.1 0.28	82.4 94.8	84.0 96.2	83.9 95.4	82,4 94,2	84.4 94.4	88.1 95,1	84,1 95.1	84,9 95.5	86.8 94.9	89.8 96.4	+2.8es +1.5e
	Try one or two drinks of an alcoholic bevarage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.6	16.0	17,2	18.2	18.4	17.4	20,3	20.9	21.4	<b>2.0+</b>
	Take one or two drinks nearly every day Take four or five drinks nearly	87.8	68.9	66.8	67.7	68.3	0.68	<b>68.</b> 1	89.9	68.9	72.9	70.9	72.8	74.3	+1.4
	every day	88.7	90.7	88.4	90.2	91,7	99.8	91.8	90.9	90.0	91.0	12.0	91.4	92.2	+0.8

NOTE: Level of significance of difference hetween the two most recent cleares: s = .05, m = .01, ses = .001.

(2677) (2967) (3085) (2686)

57.4

56.2

56. T

70.5

56.6

70.8

58.5

59.6

73.0

(3221) (3201) (3610) (3651) (5341) (3264) (3265) (3113) (3262)

T2.3

62.0

74.3 - L.1

69.3

58.5

Have five or more drinks once or twice each weakend

Smoke one or more packs of cigarettes per day

104/

Answer alternatives were: (1) Don't disapprove, (2) Wisapprove, and (2) Strongly disapprove. Percentages are shown for entegories.

<sup>(2)</sup> and (3) combined.

The 1975 question subset about people who are "20 or older."

HHS NEWS

#### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE Wednesday, January 13, 1988

CONTACT: Susan Lachter (301) 443-6245

the 13th annual survey of drug abuse among high school seniors that shows for the first time a significant drop in the use of cocaine.

The survey found a decrease of about one-third--from 6.2 percent in 1986 to 4.3 percent in 1987--in the proportion of seniors who said they were "current users" of cocaine, and a decline of about one-fifth, from 12.7 percent to 10.3 percent, in seniors who had used cocaine at least once in the past year.

The proportion of seniors who had "ever used" cocaine also dropped between 1986 and 1987--from 16.9 percent to 15.2 percent.

Sponsored by the National Institute on Drug Abuse, the high school senior survey has been conducted under grants to the University of Michigan Institute for Social Research since 1975. As with earlier classes, the survey will follow trends in drug use by the class of '87 after graduation.

Dr. Bowen said, "Despite the long-term downward trend for most illicit drugs, cocaine use in each of the past 13 years has either increased or remained essentially stable. For the class of 1987, however, we finally see a significant downturn in cocaine use among high school seniors, with similar results for college students and young adults."

Despite all this "good news," Dr. Bowen noted that "we cannot be complacent." Preliminary data on "crack"—a processed, smokeable form of cocaine—suggest that crack is not following the overall decline in cocaine use. Among seniors, 5.6 percent reported having tried crack, while 4 percent used it in the past year.

In the mid to late 1970s, the survey found increasing drug use, especially marijuana use, among high school seniors. Then, beginning in 1980, the survey indicated gradual declines in illicit drug use, except for cocaine. At its peak in 1978, nearly 11 percent of high school seniors had used marijuana on a daily basis; in 1987, only 3.3 percent used the drug daily. This is the lowest level of use recorded since the survey began. Also, use of marijuana in the last year is at the lowest level ever at 36 percent.

The illicit use of stimulants and sedatives continues to decline among high school seniors, college students and young adults generally. For example, current use (use in the 30 days prior to being surveyed) of stimulants among high school seniors went from 5.5 percent in 1986 to 5.2 percent in 1987; and sedatives from 2.2 percent to 1.7 percent.

Donald Ian Macdonald, M.D., administrator of the Alcohol, Drug

Abuse and Mental Health Administration, said, "These encouraging

results suggest that young people are heeding the warnings about drugs.

Their attitudes are changing. Among high school seniors, for instance,

the number who saw 'great risk' associated with trying cocaine once or twice jumped from 34 percent in 1986 to 48 percent in 1987. Drug abuse prevention efforts seem to be working."

Lloyd Johnston, Ph.D., the survey director, said, "But despite these downward trends, there are still a significant number of young people who are involved with illicit drugs. Well over half (57 percent) have tried an illicit drug by the time they graduate from high school. While this is down from a peak of 64 percent in 1982, it still means that our drug abuse prevention efforts are as important as they have ever been."

Stating that "one area calling for special attention is alcohol abuse," Secretary Bowen indicated that the survey showed no decrease in high school senior alcohol use in the past three years, with some 66 percent reporting use within the last 30 days.

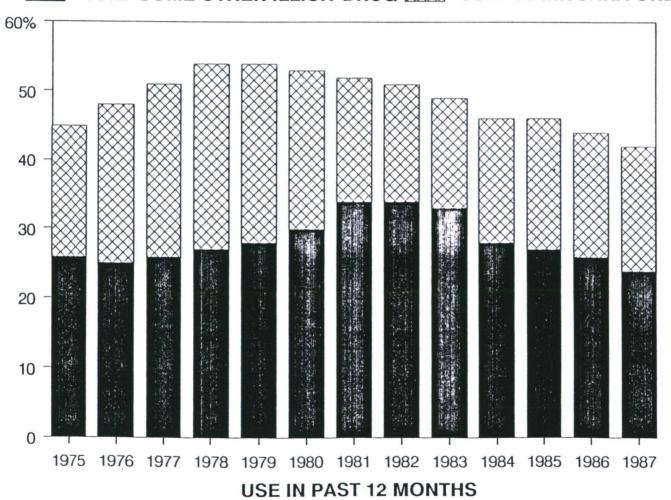
Secretary Bowen said, "We must energetically educate our young people about the dangers of alcohol--which is not only harmful, but is often a 'gateway' to other drug use."

Secretary Bowen also noted that cigarette smoking essentially has not dropped among high school seniors since 1984, with 18.7 percent of them already daily users by the time they leave high school.

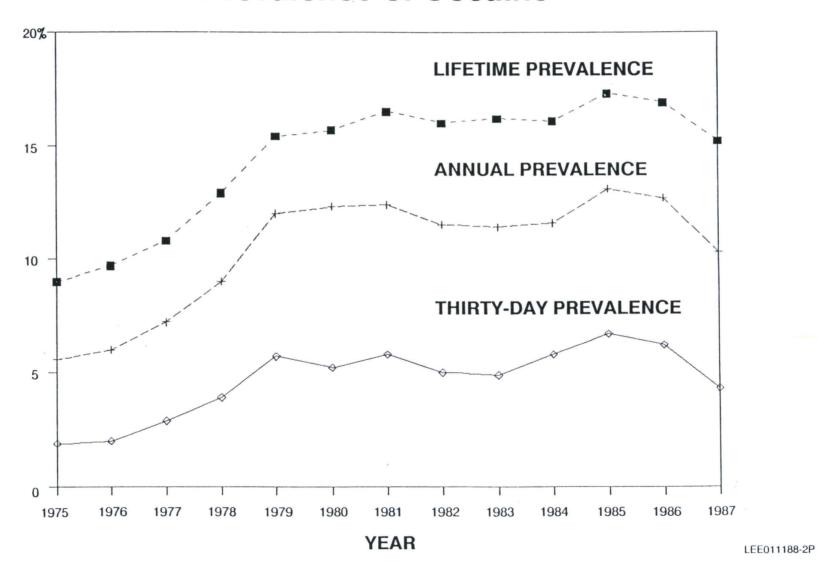
Further information about the survey can be obtained from Dr. Lloyd Johnston at the University of Michigan, (313) 763-5043.

# Trends in Annual Prevalence of an Illicit Drug Use Index All Seniors

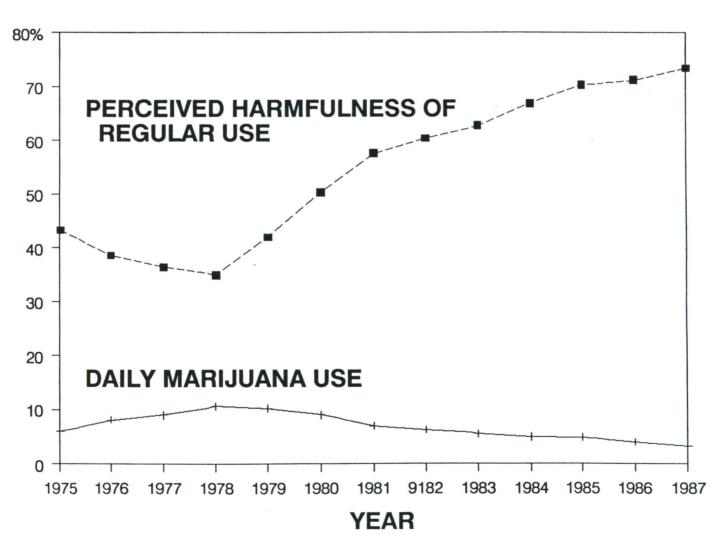




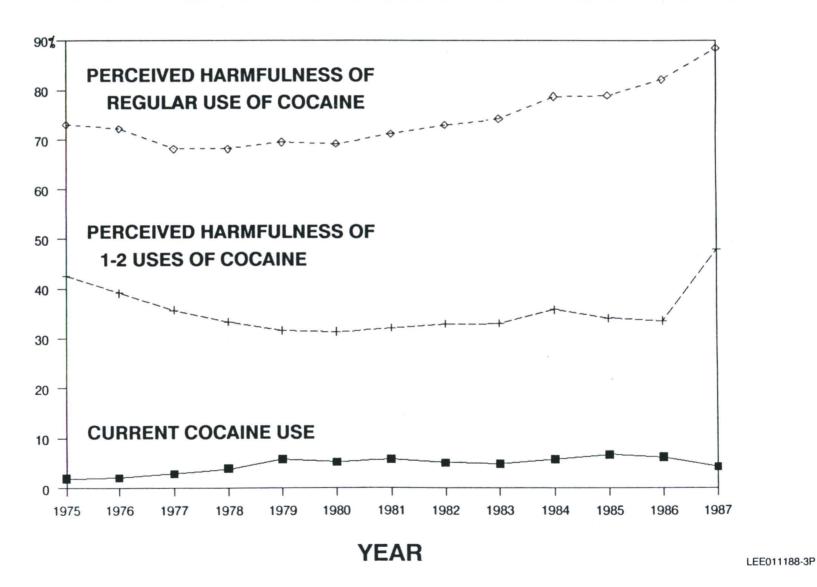
COCAINE
Trends in Lifetime, Annual & Thirty-Day
Prevalence of Cocaine



### MARIJUANA PERCEIVED HARMFULNESS & DAILY USE



## COCAINE PERCEIVED HARMFULNESS & CURRENT USE



### The University of Michigan

#### **News and Information Services**

412 Maynard Ann Arbor, Michigan 48109-1399

January 12, 1988 (10) Contact: Gil Goodwin Phone: (313) 747-1844

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

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

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

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

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

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

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

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

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

#### ##########

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

### SUMMARY OF 1987 DRUG STUDY RESULTS

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

\* \* \* \* \* \* \*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### ##########

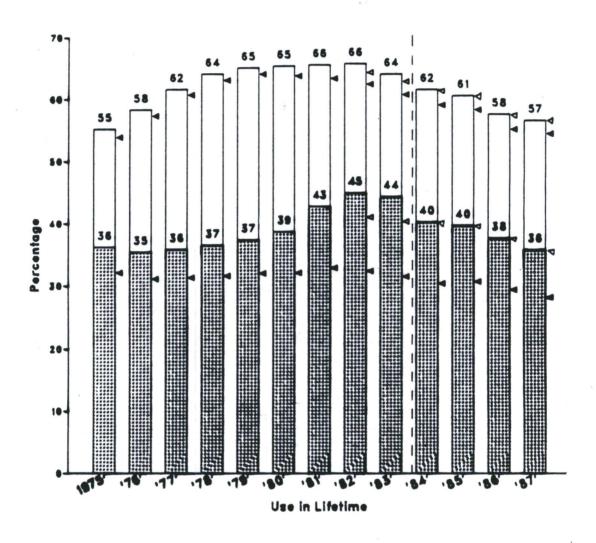
NOTE: The following tables and figures are taken from the following monograph, now in preparation, which will be published later this year by the National Institute on Drug Abuse: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. "Illicit Drug Use, Smoking, and Drinking by America's High School Students,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

FIGURE 1

Trends in Lifetime Prevalence of an Illicit Drug Use Index

All Seniors





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

■ indicates the percentage which results if all stimulants are excluded from the definition of "illicit drugs." 

□ shows the percentage which results if only non-prescription stimulants are excluded.

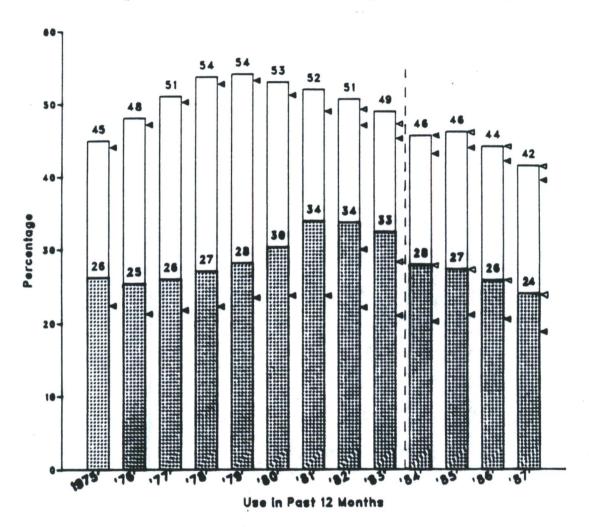
The dashed vertical line indicates that after 1983 the shaded and open bars are defined by using the amphetamine questions which were revised to exclude non-prescription stimulants from the definition of "illicit drugs."

FIGURE 2

#### Trends in Annual Prevalence of an Illicit Drug Use Index

All Seniors





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

d indicates the percentage which results if all stimulants are excluded
from the definition of "illicit drugs." 

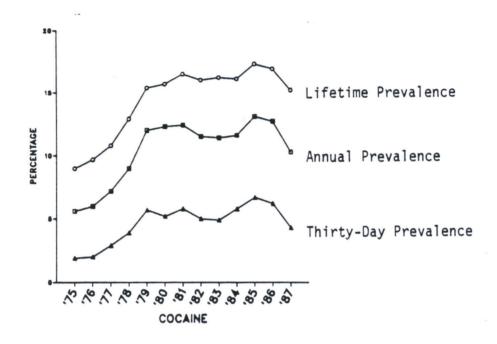
d shows the percentage which
results if only non-prescription stimulants are excluded.

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

FIGURE 3

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

All Seniors



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

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

TABLE 7 Trends in Lifetime Prevalence of Sixteen Types of Drugs

	Percent ever used													
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	'86 – '87 change
Approx. N =	(9400)	(15400)	(17100)	(17800)	(15500)	(15900)	(17500)	(17700)	(16300)	(15900)	(16000)	(15200)	(16300)	
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	-0.7
Inhalants <sup>a</sup> Inhalants Adjusted <sup>b</sup>	N A N A	10.3 NA	11.1 NA	12.0 NA	12.7 18.2	11.9 17.3	12.3 17.2	12.8 17.7	13.6 18.2	14.4 18.0	15.4 18.1	15.9 20.1	17.0 18.6	+ 1.1 - 1.5
Amyl & Butyl Nitrites <sup>c,h</sup>	NA	NA	NA	NA	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	-3.9sss
Hallucinogens Hallucinogens Adjusted <sup>d</sup>	16.3 NA	15.1 NA	13.9 NA	14.3 NA	14.1 17.7	13.3 15.6	13.3 15.3	12.5 14.3	11.9 13.6	10.7 $12.3$	$\frac{10.3}{12.1}$	9.7 11.9	10.3 10.6	+0.6 -1.3s
LSD PCP <sup>c</sup> ,h	11.3 NA	11.0 NA	9.8 NA	9.7 NA	$9.5 \\ 12.8$	9.3 9.6	9.8 7.8	9.6 6.0	8.9 5.6	8.0 5.0	7.5 4.9	7.2 4.8	8.4 3.0	+1.2s -1.8ss
Cocaine	9:0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	-1.7s
"Crack" <sup>g</sup> Other cocaine <sup>c</sup>	N A N A	NA NA	NA NA	N A N A	NA NA	N A N A	N A N A	N A N A	NA NA	N A N A	N A N A	NA NA	5.6 14.0	N A N A
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	+0.1
Other opiates <sup>e</sup>	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	+0.2
Stimulants <sup>e</sup> Stimulants Adjusted <sup>e, f</sup>	22.3 NA	22.6 NA	23.0 NA	22.9 NA	24.2 NA	26.4 NA	32.2 NA	35.6 27.9	35.4 26.9	NA 27.9	NA 26.2	NA 23.4	NA 21.6	NA -1.8s
Sedatives <sup>e</sup>	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	-1.7ss
Barbiturates <sup>e</sup> Methaqualone <sup>e</sup>	16.9 8.1	16.2 7.8	15.6 8.5	$\frac{13.7}{7.9}$	11.8 8.3	11.0 9.5	11.3 10.6	$\frac{10.3}{10.7}$	9.9 10.1	9.9 8.3	$\frac{9.2}{6.7}$	8.4 5.2	7.4 4.0	- 1.0 - 1.2ss
Tranquilizers <sup>e</sup>	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	0.0
Alcohol	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	+0.9
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	-0.4

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

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

Adjusted for underreporting of amyl and butyl nitrites. See text for details.

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

Adjusted for underreporting of PCP. See text for details.

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

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

Based on the questionnaire forms. N is two fifths of N indicated.

B Data based on two questionnaire forms. N is two-fifths of N indicated.

hQuestion text changed slightly in 1987.

TABLE 8 Trends in Annual Prevalence of Seventeen Types of Drugs

Percent who used in last twelve months Class of of of '86-'87 of 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 change Approx. N = (9400)(15400)(17100)(17800)(15500)(15900)(17500)(17700)(16300)(15900)(16000)(15200)(16300)Marijuana/Hashish 40.0 44.5 47.6 50.2 50.8 48.8 46.1 44.3 42.3 40.0 40.6 38.8 36.3 -2.5sInhalantsa NA 3.0 3.7 4.1 5.4 4.6 4.1 4.5 4.3 5.1 5.7 6.1 6.9 +0.8Inhalants Adjusted<sup>b</sup> NA NA NANA 8.9 7.9 6.1 6.6 6.2 7.2 7.5 8.9 8.1 -0.8Amyl & Butyl Nitritesc,h NA NA NA NA 6.5 5.7 3.7 3.6 4.0 3.6 4.0 4.7 2.6 -2.1sssHallucinogens 11.2 9.4 8.8 9.6 9.9 9.3 9.0 8.1 7.3 6.5 6.3 6.0 6.4 +0.4Hallucinogens Adjusteddd NA NA NA NA 10.4 11.8 10.1 9.0 8.3 7.3 7.6 7.6 6.7 -0.9LSD PCP<sup>c</sup>,h 7.2 6.4 5.5 6.3 6.6 6.5 6.5 4.7 5.2 6.1 5.4 4.4 4.5 +0.7NA NA NA NA 7.0 4.4 3.2 2.2 2.6 2.3 2.9 2.4 1.3 -1.1ss Cocaine 5.6 6.0 7.2 9.0 12.0 12.3 12.4 11.5 11.4 11.6 13.1 12.7 10.3 -2.4888"Crack"g NA 4.0 NA Other cocaine<sup>C</sup> NA 9.8 NA NA Heroin 1.0 0.8 0.8 0.8 0.5 0.5 0.5 0.6 0.6 0.5 0.6 0.5 0.5 0.0 Other opiates<sup>e</sup> 5.7 5.7 6.4 6.0 6.2 6.3 5.9 5.1 5.2 5.9 5.2 +0.15.3 5.3 Stimulants 16.2 15.8 17.1 20.8 26.0 26.1 NA NA NA 16.3 18.3 24.6 NA NA Stimulants Adjustede, NANA NANA. NA NANA 20.3 17.9 17.7 15.8 13.4 12.2 -1.2Sedatives 11.7 10.7 10.8 9.9 10.3 9.9 10.5 9.1 7.9 6.6 5.8 5.2 4.1 -1.1ssBarbiturates<sup>e</sup> 10.7 9.6 9.3 8.1 7.5 6.8 6.6 5.5 5.2 4.9 4.6 4.2 3.6 -0.6Methaqualone 5.1 5.2 5.9 2.8 4.7 4.9 7.2 7.6 6.8 5.4 3.8 2.1 1.5 -0.6sTranquilizers<sup>e</sup> 10.6 10.3 10.8 9.9 -0.39.6 8.7 8.0 7.0 6.9 6.1 6.1 5.8 5.5 Alcohol 84.8 85.7 87.0 87.7 88.1 87.9 86.8 86.0 85.6 84.5 85.7 +1.2 87.0 87.3 Cigarettes NA 
NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. NA indicates data not available. Data based on four questionnaire forms. N is four-fifths of N indicated.

Adjusted for underreporting of amyl and butyl nitrites. See text for details.

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

Adjusted for underreporting of PCP. See text for details.

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

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

Data based on a single questionnaire form in 1986, N is one-fifth of N indicated; data based on two questionnaire forms in 1987, N is two-fifths of N indicated. Question text changed slightly in 1987.

TABLE 15 **Trends in Perceived Harmfulness of Drugs** 

Percentage saying "great risk"a

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

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

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

TABLE 24

Trends in Annual Prevalence of Thirteen Types of Drugs

Among Follow-Up Respondents 1-10 Years Beyond High School

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

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

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

<sup>&</sup>lt;sup>b</sup>This drug was asked about in only two of the five questionnaire forms. N is two-fifths of N indicated.

<sup>&</sup>lt;sup>C</sup>Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 28

Trends in Annual Prevalence of Thirteen Types of Drugs

Among College Students 1-4 Years Beyond High School

	Percent who used in last twelve months									
Approx. Wtd. N =	<u>1980</u> (1040)	<u>1981</u> (1130)	<u>1982</u> (1150)	<u>1983</u> (1170)	<u>1984</u> (1110)	<u>1985</u> (1080)	<u>1986</u> (1190)	1987 (1220)	'86 - '87 change	
Approx. Wat. N =	(1040)	(1130)	(1130)	(1170)	(1110)	(1000)	(1130)	(1220)		
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	-3.9s	
LSD	6.1	4.6	6.3	4.2	3.7	2.2	3.9	4.0	+0.1	
Cocaine	16.9	15.9	17.2	17.2	16.4	17.3	17.1	13.7	-3.4s	
"Crack"b	NA	NA	NA	NA	NA	NA	NA	2.0	NA	
Heroin	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.2	+0.1	
Other Opiates <sup>a</sup>	5.1	4.4	3.8	3.8	3.8	2.4	4.0	3.1	-0.9	
Stimulants <sup>a</sup> Stimulants, Adjusted <sup>a,c</sup>	22.4 NA	22.2 NA	NA 21.1	NA 17.3	NA 15.8	NA 11.9	NA 10.3	NA 7.2	NA -3.1ss	
Sedatives <sup>a</sup>	8.3	7.9	8.0	4.5	3.4	2.5	2.6	1.7	-0.9	
Barbiturates <sup>a</sup> Methaq <del>ua</del> lone <sup>a</sup>	2.9 7.2	2.8 6.5	3.2 6.6	2.2 3.1	1.9 2.5	1.3 1.4	2.1 1.2	1.2 0.8	-0.9 -0.4	
Tranquilizers a	6.9	4.8	4.7	4.6	3.5	3.5	4.4	3.8	-0.6	
Alcohol	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	-0.6	
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	

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

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

<sup>&</sup>lt;sup>b</sup>This drug was asked about in only two of the five questionnaire forms. N is two-fifths of N indicated.

<sup>&</sup>lt;sup>C</sup>Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

(representing urinalysis)



# AGENDA NATIONAL DRUG POLICY BOARD THURSDAY, JANUARY 14, 1988 9:30 A.M. - 10:30 A.M. ROOSEVELT ROOM, THE WHITE HOUSE

- I. Introductory Remarks (Chairman Meese)
- II. Report on Ochoa (Dept of State)
- III. Report on High School Survey (Dr. Bowen)
- IV. Strategy Summaries
- V. Issue Papers

#### 1987 HIGH SCHOOL SENIOR SURVEY

The 13th Annual Survey of Drug Abuse among High School Seniors and other young adults shows a steady decline in the use of most illicit drugs by young Americans. The following data is extracted from the Survey:

- O Cocaine usage over the previous 13 years either increased or remained stable, peaking in 1985. In 1987, we see the first substantial decrease in the use of cocaine by high school seniors and other young Americans with declines since 1986 in all four usage categories:
  - (1) used in lifetime (10% decrease);
  - (2) annual use (19% decrease);
  - (3) used in last 30 days (31% decrease);
  - (4) and used daily (25% decrease).

This data is shown graphically on GRAPH 1, attached. [NOTE: the computer permits entry of only three of the four categories, so "daily usage" has been omitted from this and the remaining graphs.]

- o Marijuana usage peaked in 1979. Although half the seniors in 1987 reported trying marijuana in their lifetime, this is down 17% from the 60% who reported usage in 1979. The 1987 survey also shows a 10% decline from 1986 in the number who used marijuana in the previous 30 days. (GRAPH 2).
- o "Crack." There are no comparable figures before 1987 so the trend for "crack" is not certain. In 1987, nearly 6% of the seniors reported using "crack" in their lifetime; 4% reported annual usage.
- Attitudes toward drug harmfulness have changed significantly and perhaps serve as the greatest cause for hope for the future. In 1980 only 68% perceived a "great risk" in taking cocaine regularly; this number increased to over 88% in 1987, a 30% increase (GRAPH 3). Further, the overwhelming number of our seniors disapprove of taking cocaine regularly (96.7%). (GRAPH 4).

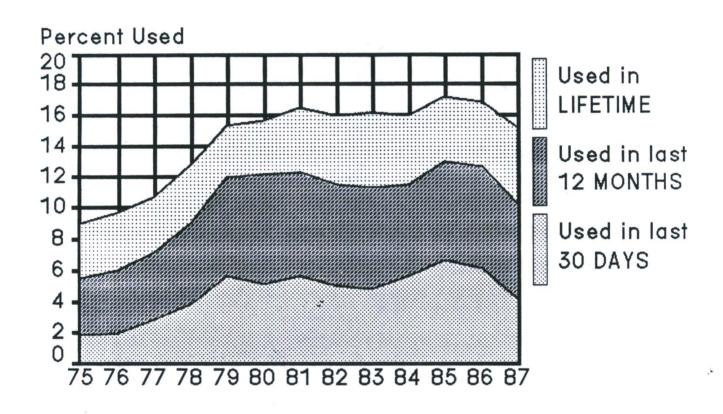
While the overall data shows favorable trends in many areas, the following cautionary points are noted by Survey Director Lloyd Johnston of the University of Michigan:

- o Little change was observed in the use of LSD, heroin or other opiates; and there has been a gradual increase in the use of inhalents.
- o Improvement in the cocaine situation is modest.
- o 57% of the seniors had tried an illicit drug in their lifetime; 42%, in the past year -- the highest rates of illicit drug use of any country in the industrialized world.
- o No decline was observed in the past three years in the use of alcohol: 92% of all high school seniors have had experience with alcohol and 66% are current users.

Source: NIDA

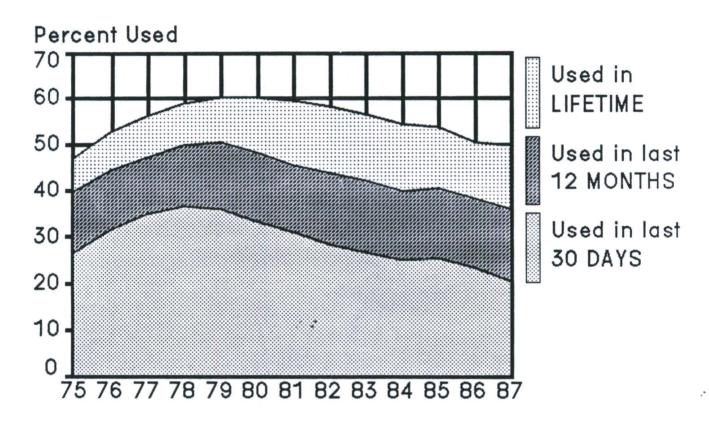
### COCAINE

### Use in Lifetime, Last 12 Months and Last 30 Days



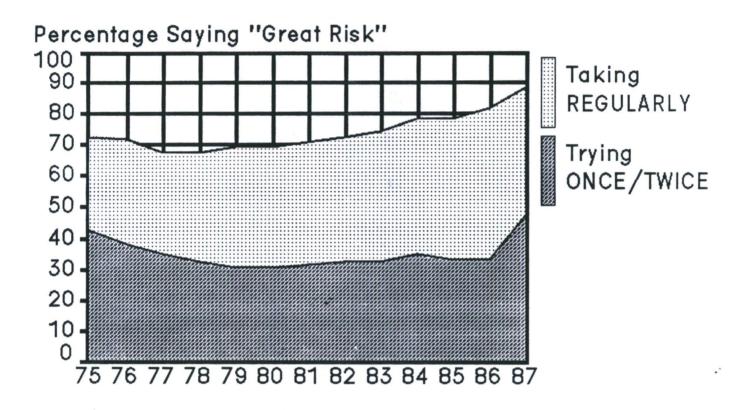
## MARIJUANA

### Use in Lifetime, Last 12 Months and Last 30 Days



GRAPH 3

## Perceived Harmfulness of Trying Cocaine ONCE or TWICE and Taking it REGULARLY



## Proportions Disapproving of Trying Cocaine ONCE or TWICE and Taking it REGULARLY

