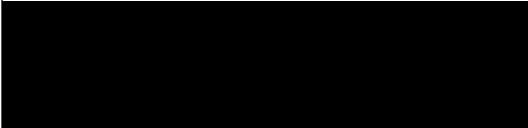


SECTION 4. SOCIAL DEVELOPMENT AND BEHAVIORAL HEALTH

Social Development

**Behavioral Health:
Physical Health and Safety**



**Behavioral Health:
Sexual Activity and Fertility**

SD 3.1 Cigarette Use

More than 3 million youth ages 12 to 17 are current smokers,¹ and every day, more than 6,000 youth try smoking for the first time.² Youthful smoking can have severe, lifelong consequences because a large proportion of those who initiate smoking in adolescence will continue to smoke as adults.³ According to the Centers for Disease Control and Prevention, 5 million children who are alive today will ultimately die from smoking-related illnesses, unless current rates are reversed. Treating tobacco dependence is particularly important in that it can prevent a variety of costly chronic diseases, including heart disease, cancer, and chronic lung disease. It has been estimated that smoking cessation is more cost effective than other commonly provided clinical preventive services, including screening for cervical, breast, and colon cancer, treatment of mild to moderate high blood pressure, and treatment of high cholesterol.⁴

Table SD 3.1.A and Figure SD 3.1 show the percentage of youth who reported smoking cigarettes daily in the past 30 days from the Monitoring the Future Study. Increases in the prevalence of current smoking among youth also are reflected in the results from the Youth Risk Behavior Survey, which examines “current smoking,” or smoking on one or more of the previous 30 days and “frequent smoking,” or smoking on 20 or more of the previous 30 days (Table SD 3.1.B).

Differences by Age. Daily smoking among 12th-graders decreased sharply in the late 1970s but increased throughout most of the 1990s. In 2001, however, the percentage of 12th-graders reporting daily smoking decreased to 19 percent. Data for 8th- and 10th-graders indicate a peak in daily smokers in 1996, followed by a decline in 1997 which continued in 2001 (Table SD 3.1.A).

Differences by Race and Hispanic Origin.⁵ Youth tobacco use varies within and among racial and ethnic minority groups. White youth consistently have the highest rates of smoking, while Black youth consistently have the lowest (Tables SD 3.1.A and SD 3.1.B). White youth are twice as likely as Hispanic youth and three times as likely as Black youth to be frequent smokers (Table SD 3.1.B).

Differences by Sex. There is little difference in the prevalence of smoking between males and females. In 2001, 15 percent of male youth reported current or frequent smoking compared with 13 percent of females (Table SD 3.1.B).

¹ U.S. Department of Health and Human Services (2000). *Substance Abuse and Mental Health Services Administration*. Washington, DC: U.S. Department of Health and Human Services.

² Centers for Disease Control and Prevention (1998). Incidence of Initiation Smoking—United States. *Morbidity and Mortality Weekly Report*, 47(39).

³ Bachman, J. G., Johnston, L. D., & O’Mally, P. M. (2000). *Monitoring the Future: Questionnaire Responses*. Ann Arbor, MI: Institute for Social Research: The University of Michigan.

⁴ Allen, K., Moss, A. J., Shopland, D. R., & Pierce, J. P. (1992). Teenage Tobacco Use: Data Estimates from the Teenage Attitudes and Practices Survey, United States, 1989. *Advance Data*, 224: 1-20.

⁵ Persons of Hispanic origin may be of any race. Estimates of Whites and Blacks include Hispanics of those races.

SECTION 4. SOCIAL DEVELOPMENT AND BEHAVIORAL HEALTH

Table SD 3.1.A

Percentage of 8th-, 10th-, and 12th-graders who reported smoking cigarettes daily over the previous 30 days, by sex and by race and Hispanic origin:^a Selected years, 1975-2001

	1975	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
All 8th-Graders	—	—	—	—	9.3	10.4	9.0	8.8	8.1	7.4	5.5
Sex											
Male	—	—	—	—	9.2	10.5	9.0	8.1	7.4	7.0	5.9
Female	—	—	—	—	9.2	10.1	8.7	9.0	8.4	7.5	4.9
Race and Hispanic origin											
White	—	—	—	—	10.5	11.7	11.4	10.4	9.7	9.0	7.5
Black	—	—	—	—	2.8	3.2	3.7	3.8	3.8	3.2	2.8
Hispanic	—	—	—	—	9.2	8.0	8.1	8.4	8.5	7.1	5.0
All 10th-Graders	—	—	—	—	16.3	18.3	18.0	15.8	15.9	14.0	12.2
Sex											
Male	—	—	—	—	16.3	18.1	17.2	14.7	15.6	13.7	12.4
Female	—	—	—	—	16.1	18.6	18.5	16.8	15.9	14.1	11.9
Race and Hispanic origin											
White	—	—	—	—	17.6	20.0	21.4	20.3	19.1	17.7	15.5
Black	—	—	—	—	4.7	5.1	5.6	5.8	5.3	5.2	5.2
Hispanic	—	—	—	—	9.9	11.6	10.8	9.4	9.1	8.8	7.4
All 12th-Graders	26.9	21.3	19.5	19.1	21.6	22.2	24.6	22.4	23.1	20.6	19.0
Sex											
Male	26.9	18.5	17.8	18.6	21.7	22.2	24.8	22.7	23.6	20.9	18.4
Female	26.4	23.5	20.6	19.3	20.8	21.8	23.6	21.5	22.2	19.7	18.9
Race and Hispanic origin											
White	—	23.9	20.4	21.8	23.9	25.4	27.8	28.3	26.9	25.7	23.8
Black	—	17.4	9.9	5.8	6.1	7.0	7.2	7.4	7.7	8.0	7.5
Hispanic	—	12.8	11.8	10.9	11.6	12.9	14.0	13.6	14.0	15.7	12.0

^a Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

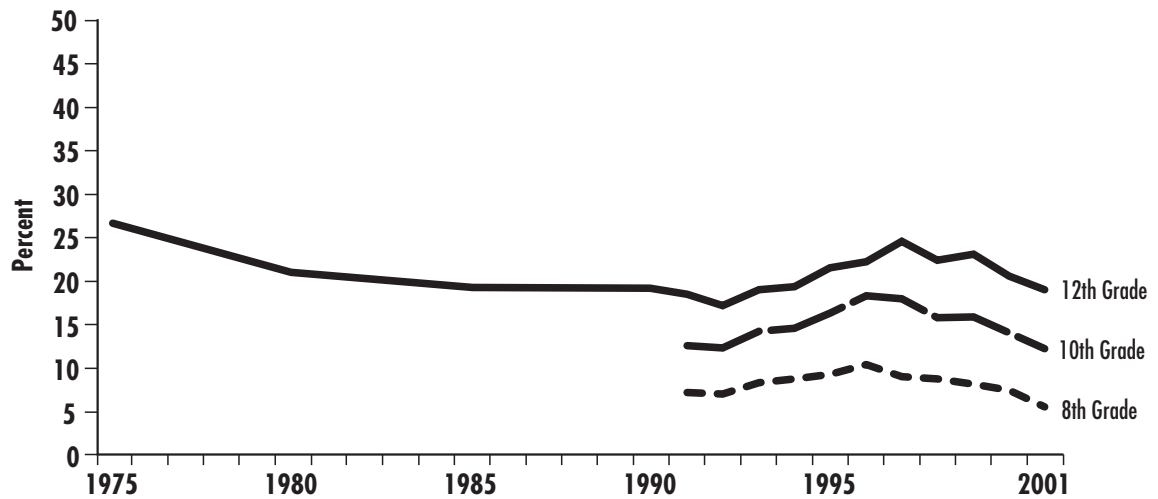
— Data not available.

Sources: Johnston, L. D., O'Mally, P. M. and Bachman, J. G. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

Behavioral Health: Smoking, Alcohol, and Substance Abuse

Figure SD 3.1

Percentage of 8th-, 10th-, and 12th-graders who reported smoking cigarettes daily over the previous 30 days: 1975-2001



Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

SECTION 4. SOCIAL DEVELOPMENT AND BEHAVIORAL HEALTH

Table SD 3.1.B

Percentage of youth in grades 9 to 12 who reported current^a and frequent^b smoking, by sex, race and Hispanic origin,^c and grade: Selected years, 1993-2001

	Current Smoking					Frequent Smoking				
	1993	1995	1997	1999	2001	1993	1995	1997	1999	2001
All youth	31	35	36	35	29	14	16	17	17	14
Sex										
Male	30	35	38	35	29	14	16	18	18	15
Female	31	34	35	35	28	14	16	16	16	13
Race and Hispanic origin										
White, non-Hispanic	34	38	40	39	32	16	20	20	20	17
Black, non-Hispanic	15	19	23	20	15	5	5	7	7	5
Hispanic	29	34	34	33	27	8	10	11	10	7
Grade										
9th	28	31	33	28	24	9	10	13	11	9
10th	28	33	35	35	27	13	13	15	15	12
11th	31	36	37	36	30	15	19	19	19	15
12th	35	38	40	43	35	18	21	19	23	21

^a Current smoking is smoking on 1 or more of the previous 30 days.

^b Frequent smoking means smoking on 20 or more of the previous 30 days.

^c Persons of Hispanic origin may be of any race.

Sources: Centers for Disease Control and Prevention. (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4); Centers for Disease Control and Prevention. (2000). Youth Risk Behavior Surveillance, United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS-5); Center for Disease Control and Prevention. (1995). Youth Risk Behavior Surveillance, United States 1993. *Morbidity and Mortality Weekly Report*, 44(SS-1); Centers for Disease Control and Prevention. (1992). Youth Risk Behavior and Surveillance, United States, 1990-1991. *Morbidity and Mortality Weekly Report*.

SD 3.2 Smokeless Tobacco Use

The use of smokeless tobacco—snuff and chewing tobacco—is associated with a high risk of developing oral cancer.¹ Since 1970, smokeless tobacco has gone from a product used primarily by older males to one for which young males compose the largest portion of the market. In 1970, males 65 and older (12.7 percent) were almost six times as likely as those ages 18 to 24 (2.2 percent) to use smokeless tobacco regularly. By 1991, however, young males (8.4 percent) were 50 percent more likely than the oldest males (5.6 percent) to be regular smokeless tobacco users.² Data from the Monitoring the Future Study indicate that smokeless tobacco use among youth has generally decreased in recent years, although in 2001 there were slight increases among 10th- and 12th-graders. Data from the Youth Risk Behavior Survey provide additional information about smokeless tobacco use by males and females within racial and ethnic groups. These numbers from Monitoring the Future shown in Table SD 3.2.A are supported by Youth Risk Behavior data in Table SD 3.2.B.

Differences by Age. Data from the Monitoring the Future study indicate that, as age and/or grade increases, so does the prevalence of smokeless tobacco use. In 2001, the percentage of youth who reported using smokeless tobacco over the previous 30 days was 4.0 percent among 8th-graders, 6.9 percent among 10th-graders, and 7.8 percent among 12th-graders (Table SD 3.2.A).

Differences by Sex. While rates of youth cigarette smoking are similar among males and females (see section SD 3.1), males in the 8th, 10th, and 12th grades are more likely to use smokeless tobacco than are females (Figure SD 3.2.A). In 2001, among 12th-graders, 14.2 percent of males and 1.6 percent of females reported smokeless tobacco use (Table SD 3.2.A). These numbers from Monitoring the Future are supported by the Youth Risk Behavior data in Table SD 3.2.B.

Differences by Race and Hispanic Origin.³ The use of smokeless tobacco is most prevalent among White youth. In 2001, 10.3 percent of White 12th-graders reported having used smokeless tobacco one or more times in the 30 days preceding the survey, compared with 3.2 percent of Hispanic and 1.2 percent of Black 12th-graders (Table SD 3.2.A).

The Youth Risk Behavior Survey provides additional subgroup information for 9th- to 12th-graders combined. According to this survey's most recent administration in 2001, the use of smokeless tobacco is most prevalent among White, non-Hispanic males. Among White, non-Hispanic youth, 10 percent reported having used smokeless tobacco one or more times in the 30 days preceding the survey, compared with 2 percent of Black, non-Hispanic youth and 4 percent of Hispanic youth (Figure SD 3.2.B).

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies Prevalence Branch. *National Household Survey on Drug Abuse*. Unpublished work; Centers for Disease Control and Prevention (1999). *Targeting Tobacco Use: The Nation's Leading Cause of Death: At A Glance*. Atlanta, GA: Centers for Disease Control and Prevention; Tomar, S. L. & Henningfield, J. E. (1995). Additional Evidence Implicating Moist Snuff as a Potent Carcinogen. *Journal of the National Cancer Institute*, 87(24), 1822-1823.

² Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies Prevalence Branch. *National Household Survey on Drug Abuse*. Unpublished work; Centers for Disease Control and Prevention (1994). Surveillance for Selected Tobacco-Use Behaviors, United States, 1900-1994. *Morbidity and Mortality Weekly Report*, 43(SS-3).

³ Persons of Hispanic origin may be of any race. Monitoring the Future data shown in Table SD 3.2.A and Figure SD 3.2.A include Hispanics in the estimates of Whites and Blacks. Youth Risk Behavior data shown in Table SD 3.2.B and Figure SD 3.2.B exclude Hispanics from those racial categories.

SECTION 4. SOCIAL DEVELOPMENT AND BEHAVIORAL HEALTH

Table SD 3.2.A

Percentage of 8th-, 10th-, and 12th-graders who reported using smokeless tobacco over the previous 30 days, by grade, sex, and race and Hispanic origin:^a Selected years, 1986-2001

	1986	1989	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
All 8th-Graders	—	—	7.0	6.6	7.7	7.1	7.1	5.5	4.8	4.5	4.2	4.0
Sex												
Male	—	—	12.5	10.9	12.8	11.8	11.4	9.9	8.1	6.9	6.7	6.9
Female	—	—	2.0	2.7	2.4	2.9	2.9	1.5	1.5	2.1	1.8	1.4
Race and Hispanic origin												
White	—	—	8.3	8.0	8.1	8.9	8.8	7.6	6.1	5.4	5.2	4.8
Black	—	—	1.8	2.7	3.2	2.6	2.2	2.6	2.3	2.3	2.7	2.2
Hispanic	—	—	4.2	4.0	5.0	5.7	5.2	4.6	4.5	4.6	3.7	3.3
All 10th-Graders	—	—	9.6	10.4	10.5	9.7	8.6	8.9	7.5	6.5	6.1	6.9
Sex												
Male	—	—	18.1	19.3	19.2	17.2	15.0	14.9	13.8	12.2	11.4	12.7
Female	—	—	1.8	2.0	2.1	2.1	2.3	2.7	1.7	1.3	1.3	1.6
Race and Hispanic origin												
White	—	—	11.4	12.0	12.5	12.0	11.0	10.4	10.0	8.7	7.5	7.5
Black	—	—	2.9	2.3	2.3	2.5	2.5	2.8	2.3	1.6	2.0	3.2
Hispanic	—	—	6.2	6.1	4.3	3.6	4.0	4.6	4.8	4.8	4.5	4.0
All 12th-Graders	11.5	8.4	11.4	10.7	11.1	12.2	9.8	9.7	8.8	8.4	7.6	7.8
Sex												
Male	22.3	15.9	20.8	19.7	20.3	23.6	19.5	18.7	15.6	15.5	14.4	14.2
Female	1.6	1.2	2.0	2.3	2.6	1.8	1.1	1.2	1.5	1.3	1.3	1.6
Race and Hispanic origin												
White	—	10.6	—	13.8	13.8	13.8	13.0	12.2	11.8	11.0	10.5	10.3
Black	—	4.5	—	2.0	1.9	2.1	2.7	2.2	1.4	1.5	1.5	1.2
Hispanic	—	5.1	—	6.0	5.4	7.6	8.1	5.3	4.3	3.9	3.8	3.2

^a Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

— Data not available.

Source: Johnston, L.D., O'Malley, P.M., & Bachman, J.D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

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Table SD 3.2.B

Percentage of youth in grades 9 to 12 who reported having used smokeless tobacco during the previous 30 days,^a by sex and by race and Hispanic origin:^b Selected years, 1993-2001

	1993			1995			1997			1999			2001		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All youth	12	20	2	11	20	2	9	16	2	8	14	1	8	15	2
Race and Hispanic origin															
White, non-Hispanic	15	26	2	15	25	3	12	21	2	10	19	2	10	19	2
Black, non-Hispanic	3	5	1	2	4	1	2	3	1	1	3	0	2	3	1
Hispanic	5	8	2	4	6	3	5	8	1	4	6	2	4	6	2

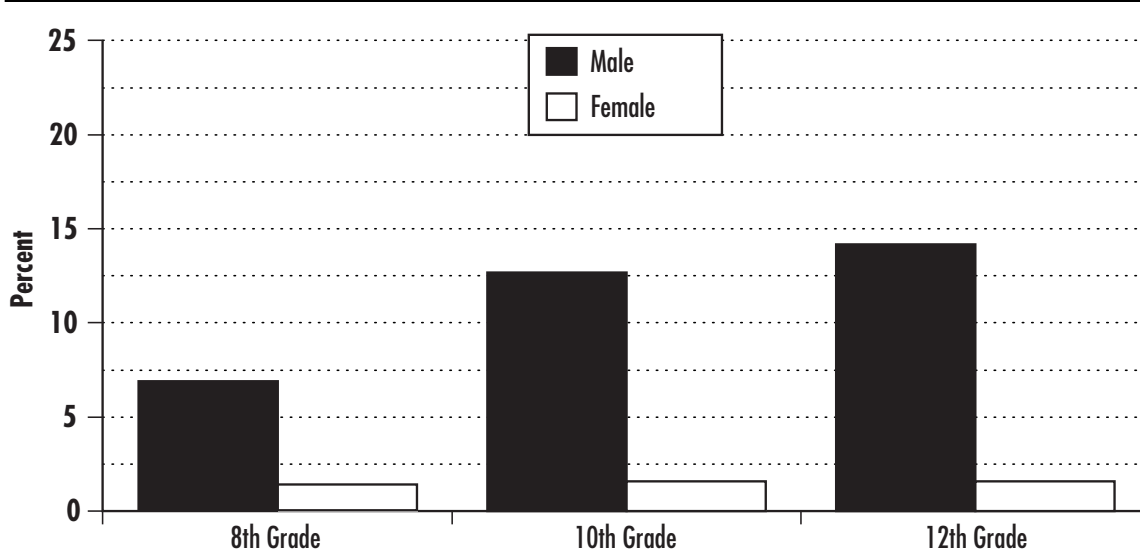
^a In 1993, youth were asked whether they had used chewing tobacco or snuff during the 30 days preceding the survey; in 1995, 1997, 1999, and 2001 youth were asked how many days they had used chewing tobacco or snuff during the 30 days preceding the survey.

^b Persons of Hispanic origin may be of any race.

Sources: Centers for Disease Control and Prevention (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4); Centers for Disease Control and Prevention (1996). Youth Risk Behavior Surveillance, United States, 1995. *Morbidity and Mortality Weekly Report*, 45(SS-4); Center for Disease Control and Prevention (1995). Youth Risk Behavior Surveillance, United States, 1993. *Morbidity and Mortality Weekly Report*, 44(SS-1); Centers for Disease Control and Prevention (1992). Youth Risk Behavior and Surveillance, United States, 1990-1991. *Morbidity and Mortality Weekly Report*.

Figure SD 3.2.A

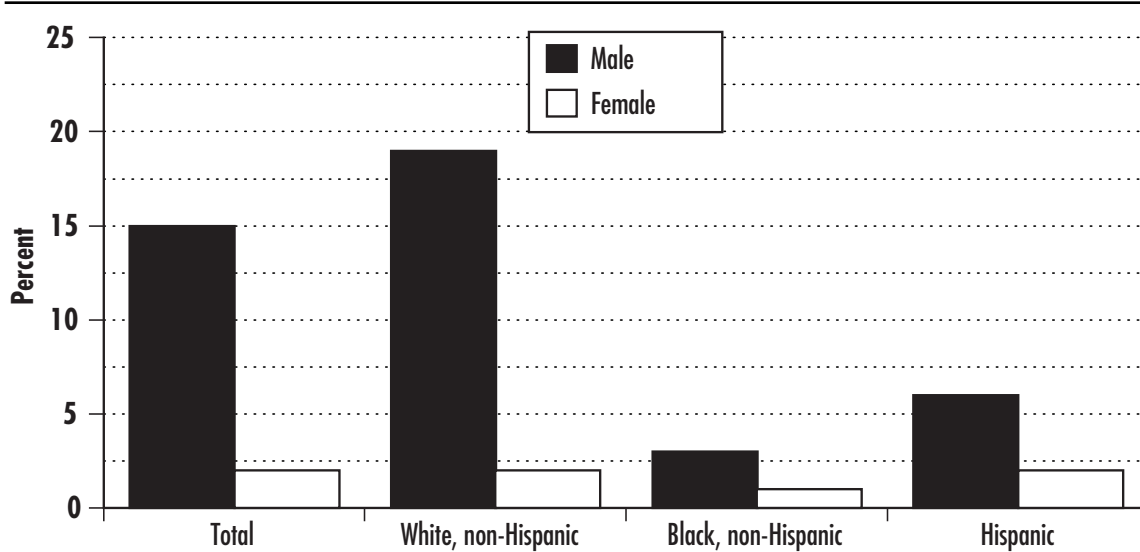
Percentage of 8th-, 10th-, and 12th-graders who reported using smokeless tobacco during the previous 30 days, by sex: 2001



Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

Figure SD 3.2.B

Percentage of 9th- to 12-graders who reported having used smokeless tobacco during the previous 30 days,^a by sex and by race and Hispanic origin:^b 2001



^a In 2001, youth were asked how many days they had used chewing tobacco, snuff, or dip during the 30 days preceding the survey.

^b Persons of Hispanic origin may be of any race.

Source: Centers for Disease Control and Prevention (2002). *Youth Risk Behavior Surveillance, United States, 2001. Morbidity and Mortality Weekly Report, 51(SS-4)*.

SD 3.3 Alcohol Use

Alcohol use among youth is linked to motor vehicle crashes and deaths, difficulties in school and the workplace, fighting, and breaking the law.¹ The National Institute on Alcohol Abuse and Alcoholism finds that the younger the age of drinking onset, the greater the chance that an individual at some point in life will develop a clinically defined alcohol disorder.² In addition, binge drinking by youth at some point in the previous 2 weeks is associated with higher levels of illicit drug use.³

Among 12th-graders, rates of binge drinking fell from a high of 41.4 percent in 1981 to 27.5 percent in 1993. However, between 1995 and 2001, rates have remained steady at around 30 percent (Table SD 3.3.A). Having an alcoholic beverage on one or more occasions in the previous 30 days was reported by 52 percent of 12th-graders in 1998 but dropped slightly to 49.8 percent in 2001 (Table SD 3.3.B).

Differences by Age. Binge drinking increases as youth move into the upper grade levels (Figure SD 3.3.A).⁴ In 2001, 13.2 percent of 8th-graders reported binge drinking, while 12th-graders reported more than twice this percentage (29.7 percent). A larger percentage point increase in binge drinking occurs between the 8th and 10th grades than in the period between the 10th and 12th grades (Table SD 3.3.A).

Differences by Sex. Male youth report higher rates of binge drinking than do female youth. The disparity in binge drinking rates between males and females is greater in the upper grades, with 36.0 percent of males and 23.7 percent of females in the 12th grade reporting binge drinking in 2001 (Table SD 3.3.A).

Differences by Race and Hispanic Origin.⁵ Hispanic youth in the 8th grade are more likely than their White and Black peers to engage in binge drinking. By the 12th grade, however, White youth report a higher prevalence of binge drinking than do either Hispanic or Black youth. Black youth consistently report the lowest prevalence of binge drinking for all grades and across all years (Table SD 3.3.A).

1 Petraitis, J. & Flay, B. R. (1995). Reviewing Theories of Adolescent Substance Abuse Use: Organizing Pieces in the Puzzle. *Psychological Bulletin*, 117(1): 67-86.

2 Grant, B. R. & Dawson, D. A. (1999). Age at Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiological Study. *Journal of Substance Abuse*, 9:103-110.

3 Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies Prevalence Branch. *National Household Survey on Drug Abuse*. Unpublished work.

4 These percentages likely underestimate the rate of binge drinking among all youth, because school-age youth who are not in school are somewhat more likely to binge drink than those in school. (Based on unpublished prevalence rates of past-month alcohol use among youth ages 12 to 17 by school status, enrolled or not enrolled, from the 1994-1995 National Household Surveys on Drug Abuse.)

5 Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

SECTION 4. SOCIAL DEVELOPMENT AND BEHAVIORAL HEALTH

Table SD 3.3.A

Percentage of 8th-, 10th-, and 12th-graders who reported binge drinking,^a by sex and by race and Hispanic origin:^b Selected years, 1975-2001

	1975	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
All 8th-Graders	—	—	—	—	14.5	15.6	14.5	13.7	15.2	14.1	13.2
Sex											
Male	—	—	—	—	15.1	16.5	15.3	14.4	16.4	14.4	13.7
Female	—	—	—	—	13.9	14.5	13.5	12.7	13.9	13.6	12.4
Race and Hispanic origin											
White	—	—	—	—	13.9	15.1	15.1	14.1	14.3	14.9	13.8
Black	—	—	—	—	10.8	10.4	9.8	9.0	9.9	10.0	9.0
Hispanic	—	—	—	—	22.0	21.0	20.7	20.4	20.9	19.1	17.6
All 10th-Graders	—	—	—	—	24.0	24.8	25.1	24.3	25.6	26.2	24.9
Sex											
Male	—	—	—	—	26.3	27.2	28.6	26.7	29.7	29.8	28.6
Female	—	—	—	—	21.5	22.3	21.7	22.2	21.8	22.5	21.4
Race and Hispanic origin											
White	—	—	—	—	25.4	26.2	26.9	27.0	27.2	28.1	27.4
Black	—	—	—	—	13.3	12.2	12.7	12.8	12.7	12.9	12.6
Hispanic	—	—	—	—	26.8	29.6	27.5	26.3	27.5	28.3	27.7
All 12th-Graders	36.8	41.2	36.7	32.2	29.8	30.2	31.3	31.5	30.8	30.6	29.7
Sex											
Male	49.0	52.1	45.3	39.1	36.9	37.0	37.9	39.2	38.1	36.7	36.0
Female	26.4	30.5	28.2	24.4	23.0	23.5	24.4	24.0	23.6	23.5	23.7
Race and Hispanic origin											
White	—	44.3	41.5	36.6	32.3	33.4	35.1	36.4	35.7	34.6	34.5
Black	—	17.7	15.7	14.4	14.9	15.3	13.4	12.3	12.3	11.5	11.8
Hispanic	—	33.1	31.7	25.6	26.6	27.1	27.6	28.1	29.3	31.0	28.4

^a Binge drinking means having five or more drinks in a row in the previous 2 weeks.

^b Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

— Data not available.

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

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Table SD 3.3.B

Percentage of 8th-, 10th-, and 12th-graders who reported drinking alcohol on one or more occasions,^a by sex: 1998-2001

	1998	1999	2000	2001
8th Grade	23.0	24.0	22.4	21.5
Male	24.0	24.8	—	—
Female	21.9	23.3	—	—
10th Grade	38.8	40.0	41.0	39.0
Male	40.0	42.3	—	—
Female	37.7	38.1	—	—
12th Grade	52.0	51.0	50.0	49.8
Male	57.3	55.3	—	—
Female	46.9	46.8	—	—

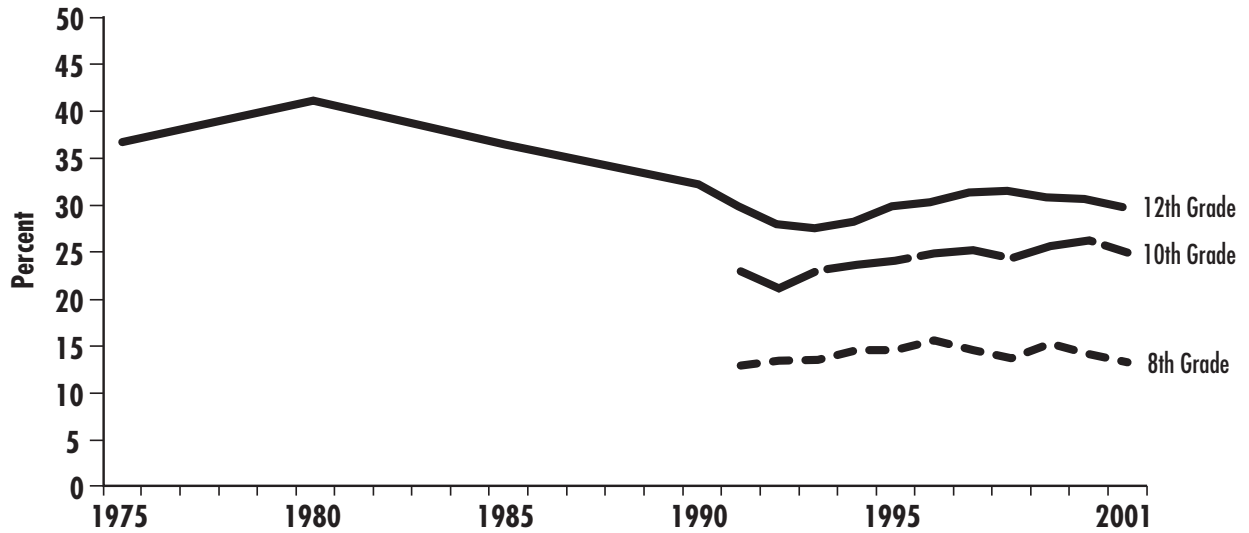
^a Question indicated that a “drink” of alcohol is more than a few sips within the last 30 days. The form of this question changed in 1993 so the data in this report are not comparable to previous editions of this report.

— Data not available.

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

Figure SD 3.3

Percentage of 8th-, 10th-, and 12th-graders who reported binge drinking:^a 1975-2001



^a Binge drinking means having five or more drinks in a row in the previous 2 weeks.

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

SD 3.4 Exposure to Drunk Driving

Motor vehicle crashes are a major cause of death for youth ages 15 to 19.¹ Among driving age youth, the issue of alcohol-impaired driving has particular significance. In all states, the purchase of alcohol by youth under age 21 is illegal. However, in 1994, 29 percent of the 2,610 traffic fatalities involving youth ages 15 to 17 were alcohol-related. For traffic deaths involving youth ages 18 to 20, the percentage of alcohol involvement was 44 percent.²

In 2001, 34 percent of youth in grades 9 to 12 reported that within the month prior to the survey, they had either driven after drinking alcohol or ridden with a driver who had been drinking alcohol (Table SD 3.4). That number has fallen slightly since 1993, when 38 percent of youth reported this level of exposure to drunk driving.

Differences by Age. Rates of exposure to drunk driving differed somewhat by age. In 2001, 39 percent of 12th-graders reported taking this risk, compared with 32 percent of 9th-graders (Figure SD 3.4).

Differences by Sex. In 2001, 36 percent of males and 32 percent of females reported that they had either driven after drinking alcohol or ridden with someone who had been drinking alcohol (Table SD 3.4).

Differences by Race and Hispanic Origin.³ In 2001, 41 percent of Hispanic youth, 34 percent of White, non-Hispanic youth, and 29 percent of Black, non-Hispanic youth reported having been exposed to drunk driving within the past month (Table SD 3.4).

¹ Injury-related mortality (including motor vehicle crashes, fires and burns, drowning, suffocation, and accidents caused by firearms and other explosive materials, among others) accounted for 80 percent of all deaths of youth ages 15 to 19 in 1995. However, the rate of motor vehicle crash deaths among youth has been relatively constant since 1992.

² Centers for Disease Control and Prevention (1996). Update: Alcohol-Related Traffic Crashes and Fatalities among Youth and Young Adults- United States, 1982-1994. *Morbidity and Mortality Weekly Report*, 44: 869-874.

³ Persons of Hispanic origin may be of any race.

Table SD 3.4

Percentage of youth in grades 9 to 12 who reported either driving after drinking alcohol or riding with a driver who had been drinking alcohol,^a by sex, grade, and race and Hispanic origin:^b
Selected years, 1993-2001

	1993	1995	1997	1999	2001
All youth	38	42	40	36	34
Sex					
Male	40	43	42	38	36
Female	36	40	37	34	32
Grade					
9th	32	39	35	32	32
10th	37	40	36	36	33
11th	39	41	42	35	34
12th	44	46	45	41	39
Race and Hispanic origin					
White, non-Hispanic	37	41	40	36	34
Black, non-Hispanic	41	39	36	36	29
Hispanic	45	52	47	42	41

^a Within the last 30 days.

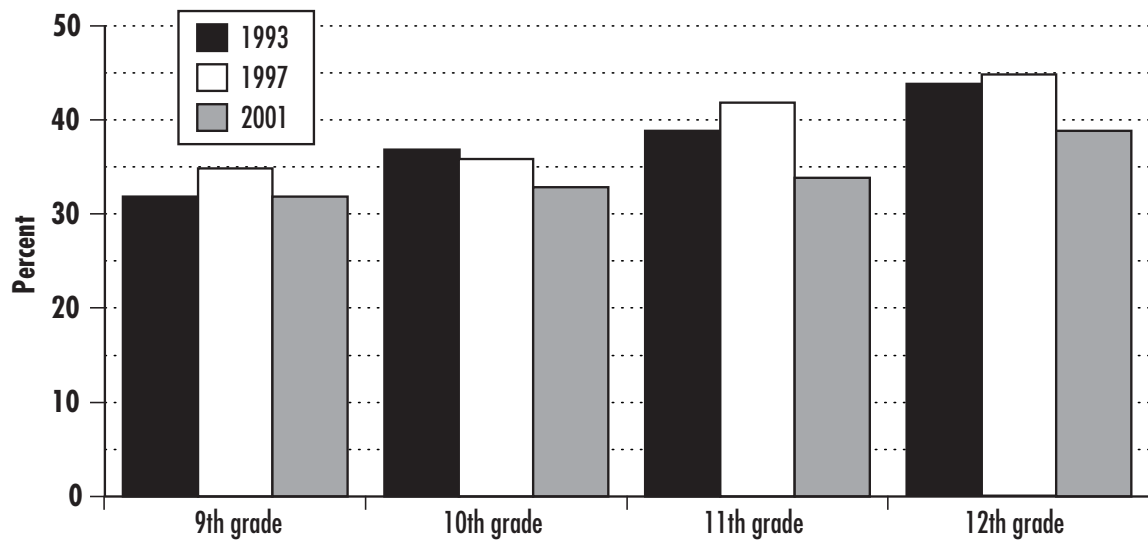
^b Persons of Hispanic origin may be of any race.

Sources: Centers for Disease Control and Prevention. (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4); Centers for Disease Control and Prevention. (2000). Youth Risk Behavior Surveillance, United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS-5); Centers for Disease Control and Prevention. (1998). Youth Risk Behavior Surveillance, United States, 1997. *Morbidity and Mortality Weekly Report*, 47(SS-3); Centers for Disease Control and Prevention. (1996). Youth Risk Behavior Surveillance, United States, 1995. *Morbidity and Mortality Weekly Report*, 45(SS-4); Center for Disease Control and Prevention. (1995). Youth Risk Behavior Surveillance, United States, 1993. *Morbidity and Mortality Weekly Report*, 44(SS-1); Centers for Disease Control and Prevention. (1993). Youth Risk Behavior Surveillance. *Morbidity and Mortality Weekly Report*; U.S. Public Health Service. (1993). *Youth Risk Behavior Surveillance System and Recent Public Health Reports on High-Risk Adolescents*. (Issue No. Supp. 1). Rockville, MD: Public Health Services; Centers for Disease Control and Prevention. (1992). Youth Risk Behavior and Surveillance, United States, 1990-1991. *Morbidity and Mortality Weekly Report*.

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Figure SD 3.4

Percentage of youth in grades 9 to 12 who reported either driving after drinking alcohol or riding with a driver who had been drinking alcohol,^a by grade: 1993, 1997, and 2001



^a Within the last 30 days.

Sources: Centers for Disease Control and Prevention. (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4); Centers for Disease Control and Prevention. (2000). Youth Risk Behavior Surveillance, United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS-5); Centers for Disease Control and Prevention. (1998). Youth Risk Behavior Surveillance, United States, 1997. *Morbidity and Mortality Weekly Report*, 47(SS-3); Centers for Disease Control and Prevention. (1996). Youth Risk Behavior Surveillance, United States, 1995. *Morbidity and Mortality Weekly Report*, 45(SS-4); Center for Disease Control and Prevention. (1995). Youth Risk Behavior Surveillance, United States, 1993. *Morbidity and Mortality Weekly Report*, 44(SS-1); Centers for Disease Control and Prevention. (1993). Youth Risk Behavior Surveillance. *Morbidity and Mortality Weekly Report*; U.S. Public Health Service. (1993). *Youth Risk Behavior Surveillance System and Recent Public Health Reports on High-Risk Adolescents*. (Issue No. Supp. 1). Rockville, MD: Public Health Services; Centers for Disease Control and Prevention. (1992). Youth Risk Behavior and Surveillance, United States, 1990-1991. *Morbidity and Mortality Weekly Report*.

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SD 3.5 Drug Use

Drug use by youth has serious and often long-term individual, social, and economic consequences. Drug use contributes to crime, decreases economic productivity, and requires a disproportionate share of health care services for those affected. Drug use is a preventable behavior that, when it is established during childhood, can extend into adulthood.¹

The effects of drug use on individual health and well-being have been well documented. For example, the use of cocaine has been linked with numerous health problems ranging from eating disorders to disability and even death from heart attack and stroke.² Marijuana use holds both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.³ Hallucinogens can affect brain chemistry and result in problems both in learning new information and retaining knowledge.⁴ Chronic use of some inhalants may result in injury to the liver and kidneys as well as cause neurological damage.

Differences by Specified Drugs. Eighth-, 10th-, and 12th-graders have consistently been more likely to use marijuana⁵ than inhalants, hallucinogens, or cocaine. Beginning in 1994, marijuana use in all three grades had surpassed prevalence rates of other drugs shown (Table SD 3.5.A and Figure SD 3.5.A). This increase in the use of marijuana corresponds with a decline in its perceived harmfulness by youth across all grade levels from 1991 to 1998.⁶ In recent years, cocaine use has been least prevalent among the four drug types examined in this section among all grade levels (Figure SD 3.5.B).

Differences by Age. As seen with cigarette and alcohol use (Indicators SD 3.1 and SD 3.3), use of both marijuana and hallucinogens increases with grade level. This increase is relatively small for hallucinogen use but is substantial for marijuana use. In 2001, more than twice the percentage of 12th-graders reported using marijuana in the past 30 days compared to 8th-graders. In contrast, inhalant use is more prevalent in the 8th grade than in either the 10th or the 12th grade (Table SD 3.5.A).

Differences by Sex. Male youth appear somewhat more likely than females to report use of marijuana, inhalants, hallucinogens, and cocaine. The largest sex difference is seen in marijuana use and is most apparent in the upper grade levels. This gender gap for marijuana is about 7 percentage points among 12th-graders in 2001 (Table SD 3.5.A).

Differences by Race and Hispanic Origin.⁷ Black youth consistently report the lowest rates of drug use across all grades (Tables SD 3.5.B and SD 3.5.C).

¹ Johnson, R. A., Hoffman, J. P., & Gerstein, D. R. (1996). *The Relationship between Family Structure and Adolescent Substance Use*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Statistics.

² Blanken, A. J. (1993). Measuring the Use of Alcohol and Other Drugs among Adolescents. *Journal of the U.S. Public Health Service*, 108(Supp. 1).

³ U.S. Department of Health and Human Services (1995). *Marijuana: Facts Parents Need to Know*, National Institute on Drug Abuse. Washington, DC: U.S. Department Health and Human Services; Pope, H. & Yurgelun-Todd, D. (1995). The Residual Cognitive Effects of Heavy Marijuana Use in College Students. *Journal of American Medical Association*, 275(7).

⁴ U.S. Public Health Service (1993). *Public Health Reports*. (Issue No. Supp. 1). Rockville, MD: Public Health Service.

⁵ These percentages likely underestimate the rate of drug use among all youth because school-age youth who are not in school are somewhat more likely to use drugs than those in school.

⁶ Bachman, J. G., Johnston, L. D., & O'Mally, P. M. (2000). *Monitoring the Future: Questionnaire Responses*. Ann Arbor, MI: Institute for Social Research: The University of Michigan.

⁷ Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

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Table SD 3.5.A

Percentage of 8th-, 10th-, and 12th-graders who report having used specified drugs^a within the previous 30 days, by grade and sex: Selected years, 1975-2001

	1975	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
Marijuana											
8th grade	—	—	—	—	9.1	11.3	10.2	9.7	9.7	9.1	9.2
Male	—	—	—	—	9.8	12.1	11.4	10.3	10.5	10.2	11.0
Female	—	—	—	—	8.2	10.2	8.9	8.8	8.8	7.8	7.3
10th grade	—	—	—	—	17.2	20.4	20.5	18.7	19.4	19.7	19.8
Male	—	—	—	—	19.1	22.3	23.0	20.3	21.8	23.3	22.7
Female	—	—	—	—	15.0	18.6	17.9	17.2	17.0	16.2	16.8
12th grade	27.1	33.7	25.7	14.0	21.2	21.9	23.7	22.8	23.1	21.6	22.4
Male	32.3	37.8	28.7	16.1	24.6	25.1	26.4	26.5	26.3	24.7	25.6
Female	22.5	29.1	22.4	11.5	17.2	18.3	20.3	18.8	19.7	18.3	19.1
Inhalants											
8th grade	—	—	—	—	6.1	5.8	5.6	4.8	5.0	4.5	4.0
Male	—	—	—	—	5.6	4.8	5.1	4.8	4.6	4.1	3.6
Female	—	—	—	—	6.6	6.6	5.8	4.7	5.3	4.8	4.3
10th grade	—	—	—	—	3.5	3.3	3.0	2.9	2.6	2.6	2.4
Male	—	—	—	—	3.8	3.4	3.0	3.2	2.9	3.0	2.5
Female	—	—	—	—	3.2	3.2	2.9	2.6	2.2	2.2	2.4
12th grade	—	1.4	2.2	2.7	3.2	2.5	2.5	2.3	2.0	2.2	1.7
Male	—	1.8	2.8	3.5	3.9	3.1	3.3	2.9	2.5	2.9	2.3
Female	—	1.0	1.7	2.0	2.5	2.0	1.8	1.7	1.5	1.7	1.1
Hallucinogens											
8th grade	—	—	—	—	1.7	1.9	1.8	1.4	1.3	1.2	1.2
Male	—	—	—	—	1.8	2.0	2.2	1.7	1.6	1.2	1.3
Female	—	—	—	—	1.5	1.6	1.3	1.1	1.0	1.2	1.2
10th grade	—	—	—	—	3.3	2.8	3.3	3.2	2.9	2.3	2.1
Male	—	—	—	—	3.9	3.3	4.0	3.5	3.6	2.9	2.8
Female	—	—	—	—	2.7	2.3	2.5	2.9	2.2	1.6	1.2
12th grade	4.7	3.7	2.5	2.2	4.4	3.5	3.9	3.8	3.5	2.6	3.2
Male	6.0	4.8	3.4	3.2	5.8	4.7	5.1	5.1	4.5	3.3	4.0
Female	3.6	2.5	1.4	1.0	2.7	2.3	2.7	2.3	2.3	1.6	2.0
Cocaine											
8th grade	—	—	—	—	1.2	1.3	1.1	1.4	1.3	1.2	1.2
Male	—	—	—	—	1.1	1.2	1.2	1.5	1.4	1.3	1.1
Female	—	—	—	—	1.2	1.4	1.0	1.2	1.2	1.1	1.2
10th grade	—	—	—	—	1.7	1.7	2.0	2.1	1.8	1.8	1.3
Male	—	—	—	—	1.8	1.8	1.9	2.4	2.2	2.1	1.5
Female	—	—	—	—	1.5	1.6	1.8	1.8	1.6	1.4	1.2
12th grade	1.9	5.2	6.7	1.9	1.8	2.0	2.3	2.4	2.6	2.1	2.1
Male	2.5	6.0	7.7	2.3	2.2	2.6	2.8	3.0	3.3	2.7	2.5
Female	1.2	4.3	5.6	1.3	1.3	1.4	1.6	1.7	1.8	1.6	1.6

^a All data are unadjusted for underreporting of nitrites. Data for 12th grade only, based on three of six questionnaire forms, with sample size one-half of total sample size. Inhalants include substances such as glues and aerosols. Hallucinogens include substances such as LSD. Data are unadjusted for known underreporting of PCP.

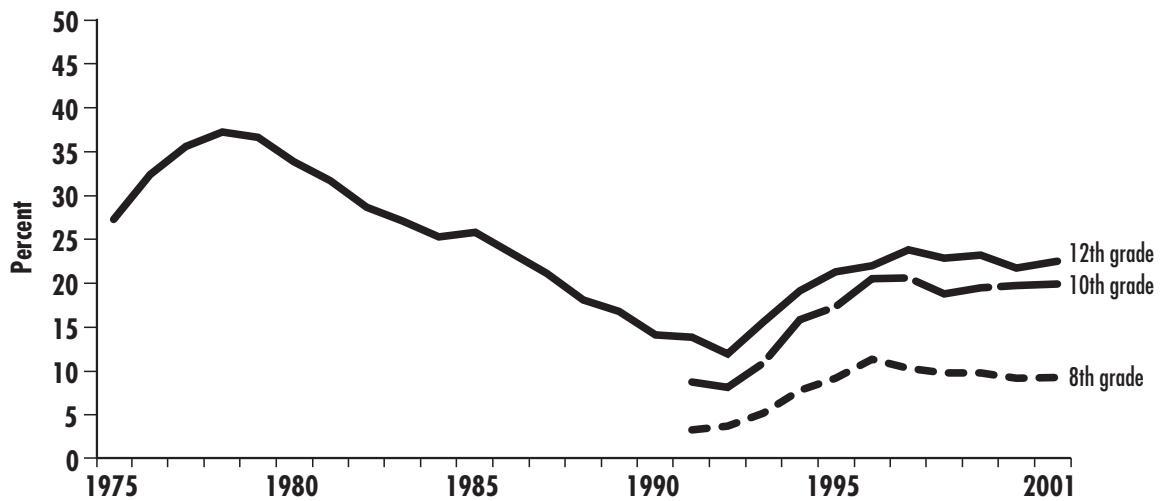
— Data not available.

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

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Figure SD 3.5.A

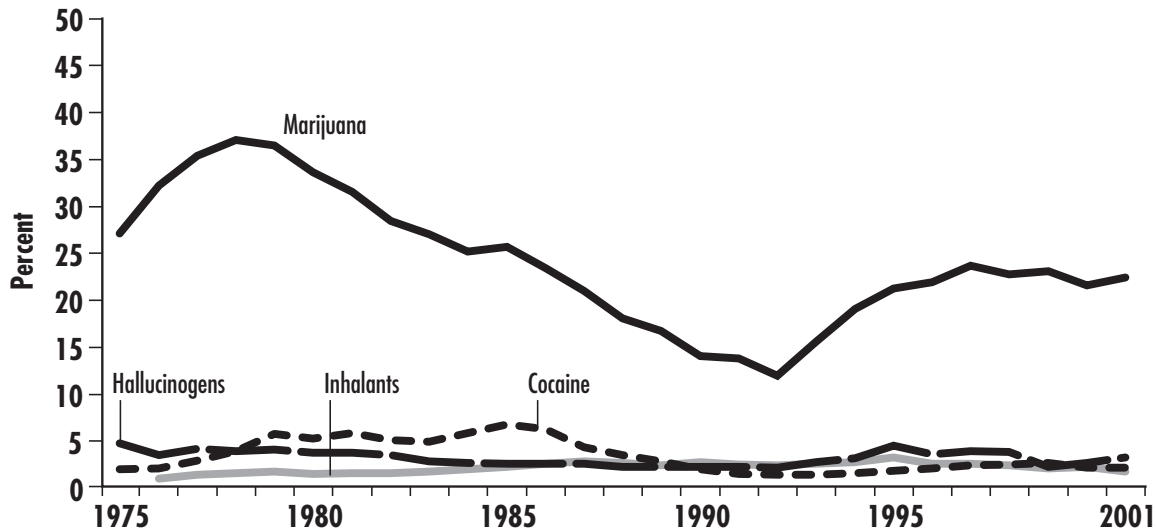
Percentage of 8th-, 10th-, and 12th-graders who report having used marijuana within the previous 30 days: 1975-2001



Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

Figure SD 3.5.B

Percentage of 12th-graders who report having used specified drugs^a within the previous 30 days:
1975-2001



a All data are unadjusted for underreporting of nitrites. Data for 12th grade only, based on three of six questionnaire forms, with sample size one-half of total sample size. Inhalants include substances such as glues and aerosols. Hallucinogens include substances such as LSD. Data are unadjusted for known underreporting of PCP.

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

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Table SD 3.5.B

Percentage of 8th-, 10th-, and 12th-graders who report having used specified drugs^a within the previous 30 days, by race and Hispanic origin^b: 1992-2001

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
8th Grade										
Marijuana										
White	3.3	4.1	5.6	7.8	10.0	10.6	9.5	8.7	8.4	8.4
Black	2.0	2.9	5.0	6.6	8.0	9.0	9.1	9.7	9.3	8.1
Hispanic	6.4	8.3	12.1	12.9	12.5	13.1	13.5	14.3	12.7	12.6
Inhalants										
White	4.7	5.4	6.0	6.6	6.8	6.5	5.9	5.5	5.2	4.4
Black	2.4	2.7	2.8	2.5	2.0	1.9	2.2	2.2	2.3	2.4
Hispanic	5.5	5.6	6.1	6.5	6.4	5.5	5.2	6.0	5.6	4.9
Hallucinogens										
White	0.8	1.1	1.3	1.6	2.0	2.0	1.5	1.2	1.2	1.2
Black	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4	0.5	0.6
Hispanic	1.9	1.9	1.8	1.9	2.2	2.3	2.5	2.3	2.0	1.6
Cocaine										
White	0.5	0.5	0.7	0.9	1.2	1.2	1.0	1.1	1.1	1.1
Black	0.4	0.4	0.3	0.4	0.4	0.3	0.4	0.4	0.4	0.4
Hispanic	1.7	1.8	2.2	2.5	2.3	2.1	2.5	3.2	2.7	2.3
10th Grade										
Marijuana										
White	9.0	9.8	13.4	16.8	19.3	21.2	20.3	19.8	20.2	20.2
Black	3.6	4.9	9.8	13.8	15.9	16.5	15.3	14.6	15.8	16.7
Hispanic	10.4	12.4	15.6	17.7	19.1	21.3	21.4	20.6	20.5	20.5
Inhalants										
White	2.9	3.2	3.7	3.9	3.9	3.5	3.3	3.1	2.9	2.7
Black	2.0	2.0	1.6	1.3	1.2	1.2	1.1	1.0	1.1	1.2
Hispanic	3.0	3.0	3.4	3.4	2.9	2.9	2.9	2.6	2.3	2.7
Hallucinogens										
White	2.0	2.1	2.3	3.1	3.5	3.4	3.5	3.5	2.9	2.5
Black	0.2	0.3	0.7	0.8	0.5	0.6	0.7	0.6	0.5	0.6
Hispanic	1.4	1.8	2.2	2.7	3.1	3.3	3.8	3.0	2.0	1.9
Cocaine										
White	0.7	0.8	0.9	1.4	1.6	1.7	1.9	2.0	1.8	1.5
Black	0.1	0.2	0.6	0.6	0.4	0.4	0.6	0.5	0.3	0.4
Hispanic	1.1	1.2	1.8	2.4	2.9	3.6	3.9	3.6	3.0	2.7

continued

SECTION 4. SOCIAL DEVELOPMENT AND BEHAVIORAL HEALTH

Table SD 3.5.B continued

Percentage of 8th-, 10th-, and 12th-graders who report having used specified drugs^a within the previous 30 days, by race and Hispanic origin:^b 1992-2001

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
12th Grade										
Marijuana										
White	14.1	14.9	18.4	20.8	22.0	23.6	24.4	23.8	22.7	22.9
Black	6.1	8.1	13.1	16.8	18.3	18.5	18.3	19.3	19.0	17.0
Hispanic	12.7	12.5	14.9	17.9	19.1	21.2	21.6	22.0	24.6	22.1
Inhalants										
White	2.4	2.6	2.8	3.3	3.3	3.0	2.8	2.4	2.1	1.9
Black	1.5	1.4	1.5	1.4	1.0	0.9	0.9	0.8	1.3	1.7
Hispanic	2.5	2.1	2.3	2.3	2.1	1.7	1.8	2.3	3.1	1.9
Hallucinogens										
White	2.5	2.9	3.3	4.1	4.4	4.3	4.5	4.1	3.2	3.1
Black	0.3	0.5	0.8	0.7	0.6	0.9	0.7	0.6	0.9	0.7
Hispanic	1.5	1.7	2.0	3.4	4.0	2.9	2.8	3.1	3.8	4.2
Cocaine										
White	1.3	1.2	1.3	1.6	1.9	2.2	2.5	2.7	2.5	2.2
Black	0.7	0.4	0.5	0.5	0.4	0.5	0.6	0.4	0.8	0.8
Hispanic	1.9	2.4	2.3	2.3	3.2	3.3	2.7	2.8	3.6	2.9

^a All data are unadjusted for underreporting of nitrites. Data for 12th grade only, based on three of six questionnaire forms, with sample size one-half of total sample size. Inhalants include substances such as glues and aerosols.

Hallucinogens include substances such as LSD. Data are unadjusted for known underreporting of PCP.

^b Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

Note: Estimates represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

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Table SD 3.5.C

Percentage of 8th- and 10th-graders who report having used any illicit drugs^a in the previous 30 days, and 12th-graders who report illicit drug^a use by sex and by race and Hispanic origin:^b Selected years, 1985-2001

	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Grade													
8th	—	—	5.7	6.8	8.4	10.9	12.4	14.6	12.9	12.1	12.2	11.9	11.7
10th	—	—	11.6	11.0	14.0	18.5	20.2	23.2	23.0	21.5	22.1	22.5	22.7
12th Grade	29.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	26.2	25.6	25.9	24.9	25.7
Sex													
Male	32.1	18.9	18.4	15.9	20.4	25.5	26.8	27.5	28.7	29.1	28.6	27.5	28.4
Female	26.7	15.2	14.1	12.7	15.9	18.3	20.4	21.2	23.2	21.6	22.7	22.1	22.6
Race and Hispanic origin													
White	30.2	20.5	18.6	16.8	17.8	21.4	23.8	24.8	26.4	27.5	27.0	25.9	26.5
Black	22.9	9.0	7.2	7.3	9.1	14.3	18.3	19.7	20.0	19.4	20.2	20.3	18.7
Hispanic	27.2	13.9	14.7	14.6	15.6	18.3	21.4	22.6	23.9	24.1	24.4	27.4	25.3

^a For 12th-graders only: Use of “any illicit drug” includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor’s orders. For 8th and 10th graders only: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

^b Estimates for Whites and Blacks include Hispanics of those races. Persons of Hispanic origin may be of any race. Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

— Data not available.

Source: Johnston, L. D., O’Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

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SD 3.6 Abuse of Alcohol or Other Controlled Substances

The use of alcohol and other illicit drugs by youth has been related to numerous social problems, such as delinquency, fighting, and early sexual activity¹ and to a variety of short- and long-term health problems.² In the early 1990s, the percentage of youth reporting illicit drug use fluctuated between 13 and 15 percent (Table SD 3.6.A). In 1999 and 2000, 15 percent of 12- to 17-year-olds reported binge drinking and/or any use of an illicit drug during the previous 30 days (Table SD 3.6.B). The percentage slightly increased to 16 percent in 2001.

Differences by Sex. Rates of reported use vary little by sex. In 2001, 17 percent of males and 15 percent of females ages 12 to 17 reported illicit drug use or binge drinking in the previous month (Table SD 3.6.B).

Differences by Race and Hispanic Origin.³ White, non-Hispanic youth had the highest rate of reported use (18 percent), while Black, non-Hispanic youth had the lowest rate (12 percent) (Table SD 3.6.B). Hispanic youth remained constant in 2001 with 15 percent reporting use of alcohol and/or other illicit substances.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies Prevalence Branch. National Household Survey on Drug Abuse, *National Household Survey on Drug Abuse*. Unpublished work; Grant, B. R. & Dawson, D. A. (1999). Age at Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiological Study. *Journal of Substance Abuse*, 9 103-110; National Institute on Drug Abuse (1987). *National Trends in Drug Use and Related Factors among American High School Students and Young Adults, 1976-1986*. Washington, DC: U.S. Department of Health and Human Services.

² U.S. Public Health Service (1993). *Public Health Reports*. (Issue No. Supp. 1). Rockville, MD: Public Health Service.

³ Persons of Hispanic origin may be of any race.

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Table SD 3.6.A

Percentage of youth ages 12 to 17 reporting illicit drug^a use and/or binge drinking^b in the previous 30 days, by sex and by race and Hispanic origin^c: 1994-1998

	1994	1995	1996	1997	1998
All youth	13	15	13	14	13
Sex					
Male	14	17	14	16	14
Female	12	13	11	13	12
Race and Hispanic origin					
White, non-Hispanic	15	16	13	15	14
Black, non-Hispanic	10	12	10	12	11
Hispanic	10	13	13	13	12

^a Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalants, and nonmedical use of psychotherapeutics.

^b Binge drinking includes drinking five or more drinks on the same occasion on one or more days in the past 30 days.

^c Persons of Hispanic origin may be of any race.

Note: In 1999, the National Household Survey on Drug Abuse underwent a sample redesign as well as a change in the mode of data collection—the sample size has been expanded to almost 70,000 persons and the interview is now computer assisted (ACASI). Thus, it would not be appropriate to compare the 1994-1998 estimates with data presented in Table SD 3.6.B.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies Prevalence Branch. *National Household Survey on Drug Abuse*. Unpublished work.

Table SD 3.6.B

Percentage of youth ages 12 to 17 reporting illicit drug^a use and/or binge drinking^b in the previous 30 days, by sex and by race and Hispanic origin^c: 1999-2001

	1999	2000	2001
All youth	15	15	16
Sex			
Male	17	16	17
Female	14	15	15
Race and Hispanic origin			
White, non-Hispanic	16	16	18
Black, non-Hispanic	12	10	12
Hispanic	16	15	15

^a Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalants, and nonmedical use of psychotherapeutics.

^b Binge drinking includes drinking five or more drinks on the same occasion on one or more days in the past 30 days.

^c Persons of Hispanic origin may be of any race.

Note: In 1999, the National Household Survey on Drug Abuse underwent a sample redesign as well as a change in the mode of data collection—the sample size has been expanded to almost 70,000 persons and the interview is now computer assisted (ACASI). Thus, it would not be appropriate to compare the 1999-2001 estimates with data presented above in Table SD 3.6.A.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. *National Household Survey on Drug Abuse*, *National Household Survey on Drug Abuse*. Unpublished work.

SD 3.7 Peer Attitudes Toward Alcohol, and Other Controlled Substances

Drug use is correlated with attitudes and beliefs about drugs, both in terms of perceived health risks and the level of peer disapproval.¹ As children reach adolescence, peer influences on personal behavior can take on increasing importance in determining the use of drugs, alcohol, and cigarettes.

The majority of 12th-graders have long reported peer disapproval of drug and alcohol use and cigarette smoking, as reflected in their responses to questions of the level of disapproval they would receive from their peers for (1) taking one to two drinks nearly every day, (2) smoking marijuana even occasionally (as opposed to trying it once), (3) taking cocaine even occasionally (as opposed to trying it once), and (4) smoking one or more packs of cigarettes per day (Table SD 3.7).

Among 12th-graders, peer disapproval of drinking (one to two drinks nearly every day) and smoking marijuana (even occasionally) reached highs of 78 and 79 percent, respectively, in 1992, before declining to 69 and 63 percent by 2001 (Figure SD 3.7). Peer disapproval of smoking cigarettes (one or more packs per day) has increased since 1998, although disapproval levels had been relatively stable prior to that time. In 2001, 72 percent of 12th-graders reported peer disapproval of smoking a pack or more of cigarettes per day. Peer disapproval of cocaine use (even occasionally) increased from 87 percent in 1986 to 95 percent in 1991 and has decreased to 90 percent in 2001. Cocaine use commands the highest level of peer disapproval for every year shown (Table SD 3.7 and Figure SD 3.7).

Differences by Sex. Male youth have consistently reported lower levels of peer disapproval of drinking than have their female peers. In 1999, 64 percent of males reported peer disapproval of drinking, compared with 79 percent of females. Males also report somewhat lower peer disapproval of smoking cigarettes and marijuana.

Differences by Race.² For 1999, rates of disapproval for drug use were generally similar for Black and White 12th-graders for marijuana and for cocaine use. Group differences are apparent for disapproval of smoking (81 percent disapproval among Black compared with 69 percent among White youth) and disapproval of drinking (79 percent disapproval among Black compared with 70 percent among White youth).

¹ Johnston, L. D., O'Mally, P. M., & Bachman, J. G. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

² Persons of Hispanic origin may be of any race. Estimates for Blacks and Whites include Hispanics of those races.

SECTION 4. SOCIAL DEVELOPMENT AND BEHAVIORAL HEALTH

Table SD 3.7

Percentage of 12th-graders who report that peers would not approve of their using alcohol, marijuana, cocaine,^a or cigarettes, by sex and by race:^b Selected years, 1980-2001

	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Disapprove of taking one or two drinks nearly every day														
All 12th-graders	71	75	79	77	78	77	76	73	73	72	72	72	72	69
Sex														
Male	61	69	71	68	69	68	67	65	63	63	63	64	—	—
Female	79	81	87	85	85	85	83	80	83	79	82	79	—	—
Race														
White	70	75	77	77	77	76	76	72	71	71	71	70	—	—
Black	76	82	85	80	81	80	78	74	77	74	75	79	—	—
Disapprove of smoking marijuana even occasionally														
All 12th-graders	51	64	76	76	79	74	69	65	63	60	60	62	64	63
Sex														
Male	49	64	73	73	78	72	63	62	59	57	56	58	—	—
Female	52	65	80	78	80	75	74	69	67	63	66	65	—	—
Race														
White	50	63	74	75	78	73	68	64	62	58	60	61	—	—
Black	59	72	89	86	84	76	70	69	66	67	67	63	—	—
Disapprove of taking cocaine even occasionally														
All 12th-graders	—	—	94	95	94	94	94	94	93	91	92	92	93	90
Sex														
Male	—	—	92	93	93	92	91	92	90	89	90	90	—	—
Female	—	—	96	96	96	96	96	95	96	93	95	94	—	—
Race														
White	—	—	95	96	96	95	94	95	93	91	92	93	—	—
Black	—	—	92	97	91	89	94	92	93	95	94	91	—	—
Disapprove of smoking one or more packs of cigarettes per day														
All 12th-graders	74	74	75	74	76	72	72	69	69	69	69	71	73	72
Sex														
Male	73	72	73	72	76	68	67	65	65	65	66	67	—	—
Female	76	76	77	77	77	75	77	74	73	71	73	76	—	—
Race														
White	75	73	73	72	75	71	69	67	66	64	65	69	—	—
Black	74	81	87	88	82	80	83	81	82	83	81	81	—	—

^a The question regarding cocaine use was not included prior to 1986.

^b Estimates for Blacks and Whites include Hispanics of those races. Persons of Hispanic origin may be of any race.

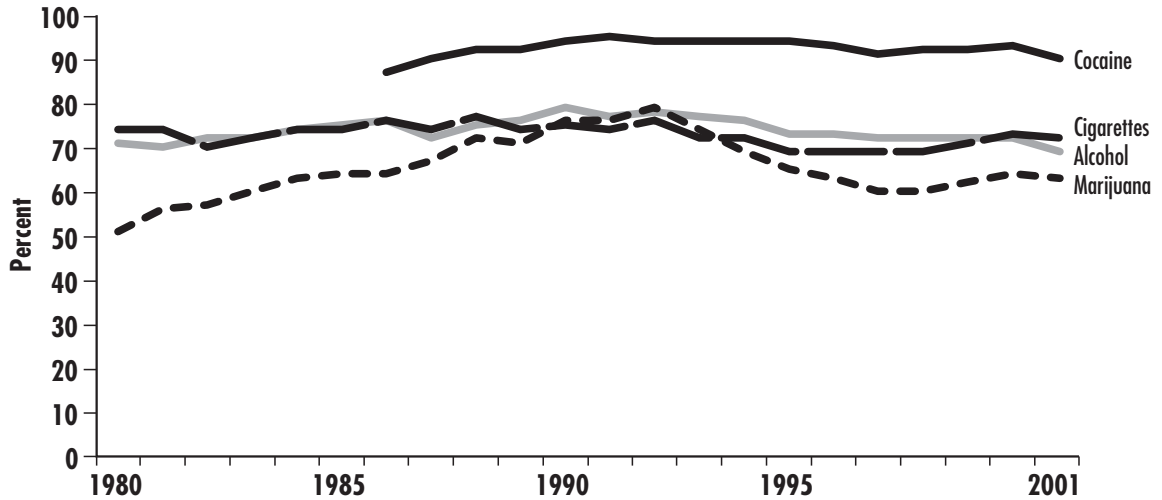
— Subgroup data are not available past 1999.

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.

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Figure SD 3.7

Percentage of 12th-graders who report that peers would not approve of their using alcohol, marijuana, cocaine,^a or cigarettes: 1980-2001



^a The question regarding cocaine use was not included prior to 1986.

Note: Figure reports youths' perceived peer nonapproval rates of use of various drugs: alcohol (taking one or two drinks nearly every day), marijuana (smoking even occasionally), cocaine (using even occasionally), and smoking (one or more packs of cigarettes every day).

Source: Johnston, L. D., O'Malley, P. M., & Bachman, J. D. (2002). *Monitoring the Future: National Survey Results on Drug Use, 1975-2001. Volume I: Secondary School Students*. Bethesda, MD: National Institute on Drug Abuse.