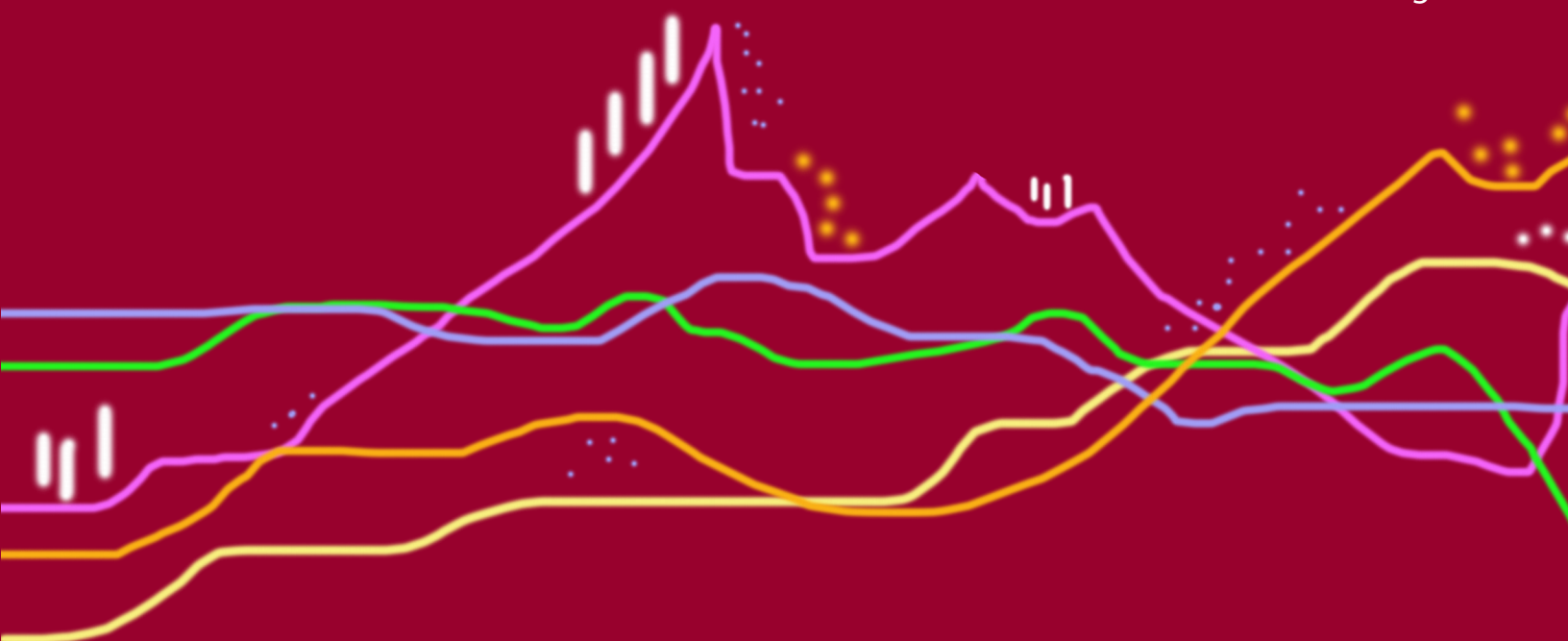# MONITORING *the* FUTURE

NATIONAL SURVEY RESULTS
ON DRUG USE
1975–2015

2015
Overview

Key Findings on Adolescent Drug Use

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Contents

Click on any item below (in blue) to go directly to that page.

Introduction

Monitoring the Future (MTF) is a long-term study of American adolescents, college students, and adult high school graduates through age 55. It has been conducted annually by the University of Michigan's Institute for Social Research since its inception in 1975 and is supported under a series of investigator-initiated, competitive research grants from the National Institute on Drug Abuse.

The need for a study such as MTF is clear. Substance use by American young people has proven to be a rapidly changing phenomenon, requiring frequent assessments and reassessments. Since the mid-1960s, when it burgeoned in the general youth population, illicit drug use has remained a major concern for the nation. Smoking, drinking, and illicit drug use are leading causes of morbidity and mortality during adolescence as well as later in life. How vigorously the nation responds to teenage substance use, how accurately it identifies the emerging substance abuse problems, and how well it comes to understand the effectiveness of policy and intervention efforts largely depend on the ongoing collection of valid and reliable data. MTF is uniquely designed to generate such data in order to provide an accurate picture of what is happening in this domain and why, and the study has served that function well for the past 41 years. Policy discussions in the scientific literature and media, in government, education, public health institutions, and elsewhere have been informed by the ready availability of extensive and consistently accurate information from the study relating to a large and ever-growing number of substances. Similarly, the work of organizations and agencies providing prevention and treatment services is informed by MTF.

The 2015 MTF survey involved about 44,900 8th-, 10th-, and 12th-grade students in 382 secondary schools nationwide. The first published results are presented in this report. Recent trends in the use of licit and illicit drugs are emphasized, as well as trends in the levels of perceived risk and personal disapproval associated with each drug. This project has shown these beliefs and attitudes to be particularly important in explaining trends in use. In addition, trends in the perceived availability of each drug are presented, which at times have proven important to explaining changes in usage levels for some drugs.

A synopsis of the design and methods used in the study and an overview of the key results from the 2015 survey follow this introductory section. These are in turn followed by a separate section for each individual drug class, providing figures that show trends in the overall proportions of students at each grade level (a) using the drug, (b) seeing a "great risk" associated with its use (perceived risk), (c) disapproving of its use (disapproval), and (d) saying that it would be fairly or very easy to get if they wanted to (perceived availability). For 12th graders, annual data are available since 1975 and for 8th and 10th graders since 1991, the first year they were included in the study.

The tables at the end of this report provide the statistics underlying the figures; in addition, they present data on lifetime, annual, 30-day, and (for selected drugs) daily prevalence.[1] For the sake of brevity, we present these prevalence statistics here in tabular form only for the 1991–2015 interval, but statistics on 12th graders going back to 1975 are available in other MTF publications. For each prevalence period, the tables indicate which one-year changes from 2014 to 2015 are statistically significant. (In the text below, 's' indicates p≤.05, 'ss' indicates p≤.01, 'sss' indicates p≤.001, and 'ns' indicates not statistically significant). The graphic depictions of multiyear trends often reveal gradual change that may not reach significance in a given one-year interval but nevertheless may be shown to be real over a longer time frame.

An extensive analysis of the study's findings on secondary school students may be found in *Volume I*, the second publication in this series, published at the end of May each year.[2] *Volume I* contains a more detailed description of the study's methodology, as well as chapters on grade of initiation, attitudes toward drugs, the social milieu, and a summary of other publications from the study that year (mostly journal

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[1] Prevalence refers to the proportion or percentage of the sample reporting use of the given substance on one or more occasions in a given time interval—e.g., lifetime, past 12 months, or past 30 days. For most drugs, the prevalence of daily use refers to reported use on 20 or more occasions in the past 30 days, except for cigarettes and smokeless tobacco, for which actual daily use is measured, and for binge drinking, defined as having 5+ drinks on at least one occasion in the prior two weeks. E-cigarettes and some tobacco products are measured on number of days used in past 30 days.

[2] The most recent publication of *Volume I* is Miech, R.A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2015). *Monitoring the Future national survey results on drug use, 1975–2014: Volume I, Secondary school students*. Ann Arbor: Institute for Social Research, The University of Michigan, 599 pp. Available at:
http://monitoringthefuture.org/pubs/monographs/mtf-vol1_2014.pdf

articles). *Volume I* also contains an appendix explaining how to test the significance of differences between groups and of trends over time. The most recent such volume is always available on the MTF website, www.monitoringthefuture.org, listed under Publications.

MTF's findings on American college students and adults through age 55 are not covered in this early *Overview* report because the follow-up data from those populations become available later in the year. Those findings will be covered in *Volume II*, the third monograph in this annual series, published at the end of July each year.[3]

Two annual MTF Occasional Papers are published each year in conjunction with *Volumes I* and *II*, providing trends in use for various demographic subgroups.[4]

A fourth monograph, *HIV/AIDS Risk and Protective Behaviors Among Young Adults*, dealing with national trends in HIV/AIDS-related risk and protective behaviors among young adults 21 to 40 years old, was added to the series beginning in 2010.[5] It is published in October of each year. From 2005 to 2009, the findings were reported as part of *Volume II*.

For the publication years prior to 2010, the volumes in these annual series are available from the NIDA Drug Publications Research Dissemination Center (877-NIDA-NIH, drugpubs.drugabuse.gov) and can also be found on the MTF website. Beginning with the 2010 publication date, the volumes are available at the MTF website immediately upon publication. Further information on the study, including its latest press releases, a listing of all publications, and freely accessible reports may also be found at www.monitoringthefuture.org.

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[3]The most recent publication of *Volume II* is Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E. , and Miech, R.A. (2015). *Monitoring the Future national survey results on drug use, 1975–2014: Volume II, College students & adults ages 19–55.* Ann Arbor: Institute for Social Research, The University of Michigan, 416 pp. Available at:
http://monitoringthefuture.org/pubs/monographs/mtf-vol2_2014.pdf

[4]Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Miech, R. A. (2015). *Demographic subgroup trends among adolescents in the use of various licit and illicit drugs 1975-2014* (Monitoring the Future Occasional Paper No. 83). Ann Arbor, MI: Institute for Social Research, University of Michigan, 530 pp. Available at:
http://monitoringthefuture.org/pubs/occpapers/mtf-occ83.pdf

Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Miech, R. A. (2015). *Demographic subgroup trends among young adults in the use of various licit and illicit drugs 1989-2014* (Monitoring the Future Occasional Paper No. 85). Ann Arbor, MI: Institute for Social Research, University of Michigan, 109 pp. Available at:
http://monitoringthefuture.org/pubs/occpapers/mtf-occ85.pdf

[5]The most recent publication in the *HIV/AIDS monograp series* is Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., Patrick, M. E., & Miech, R.A. (2015). *HIV/AIDS: Risk and protective behaviors among adults ages 21-40 in the U.S., 2004–2014.* Ann Arbor: Institute for Social Research, The University of Michigan, 120 pp. Available at:
http://monitoringthefuture.org/pubs/monographs/mtf-hiv-aids_2014.pdf

Study Design and Methods

Monitoring the Future's main data collection involves a series of large, annual surveys of nationally representative samples of public and private secondary school students throughout the coterminous United States. Every year since 1975 such samples of 12th graders have been surveyed. In 1991 the study was expanded to include comparable, independent national samples of 8th and 10th graders. The year 2015 marked the 41st survey of 12th graders and the 25th survey of 8th and 10th graders.

Sample Sizes

In 2015 about 44,900 students in 382 secondary schools participated in the study, with sample sizes in 8th, 10th, and 12th grades of about 15,000, 16,100, and 13,700, respectively. The number of cases upon which a particular statistic is based may be less than the total sample size. Multiple questionnaire forms are distributed randomly at each grade level to increase coverage of attitudinal and behavioral domains relevant to substance use. To reduce burden on the respondents, not all questions are contained in all forms. The tables here contain notes on the number of forms used for each statistic if less than the total sample is used.

Field Procedures

University of Michigan staff members administer the questionnaires to students, usually in the student classroom during a regular class period. Participation is voluntary. Parents are notified well in advance of the survey administration and are provided the opportunity to decline their child's participation. Questionnaires are self-completed and are formatted for optical scanning.

In 8th and 10th grades the questionnaires are completely anonymous, and in 12th grade they are confidential (name and address information is gathered separately from the 12th grade questionnaire to permit the longitudinal follow-up surveys of random subsamples of participants after high school). Extensive procedures are followed to protect the confidentiality of the participants and their data. All procedures are reviewed and approved on an annual basis by the University of Michigan's Institutional Review Board (IRB) for compliance with federal guidelines for the treatment of human subjects.

Measures

A standard set of three questions is used to determine *usage* levels for most of the drugs. For example, we ask, "On how many occasions (if any) have you used marijuana . . . (a) . . . in your lifetime? (b) . . . during the last 12 months? (c) . . . during the last 30 days?" Each of the three questions is answered on the same answer scale: 0, 1–2, 3–5, 6–9, 10–19, 20–39, and 40 or more occasions.

For the psychotherapeutic drugs (amphetamines, sedatives [barbiturates], tranquilizers, and narcotics other than heroin), respondents are instructed to include only use ". . . on your own—that is, without a doctor telling you to take them." A similar qualification is used in the question on use of anabolic steroids, OxyContin, Vicodin, and several other drugs.

For cigarettes, respondents are asked two questions about use. First they are asked, "Have you ever smoked cigarettes?" The answer categories are "never," "once or twice," "occasionally but not regularly," "regularly in the past," and "regularly now." The second question asks, "How frequently have you smoked cigarettes during the past 30 days?" The answer categories are "not at all," "less than one cigarette per day," "one to five cigarettes per day," and about one-half, one, one and one half, and two packs or more per day.

Smokeless tobacco questions parallel those for cigarettes. There are also questions recently added about electronic vaporizers, e-cigarettes, small cigars, and a number of other tobacco products. In general, their use is asked on a prevalence/frequency scale for either the last 12 months or the last 30 days.

Alcohol use is measured using the three questions illustrated above for marijuana. A parallel set of three questions asks about the frequency of being drunk. Binge drinking is assessed with the question, "How many times (if any) have you had five or more drinks in a row" over the past two weeks? Extreme binge, now also called high-intensity, drinking among 12th graders is assessed with similar questions about consuming ten or more and fifteen or more drinks in a row.

Perceived risk is measured by the question, "How much do you think people risk harming themselves (physically or in other ways), if they . . . ." try or use a drug—for example, ". . . try

marijuana once or twice." The answer categories are "no risk," "slight risk," "moderate risk," "great risk," and "can't say, drug unfamiliar." Parallel questions refer to using marijuana "occasionally" and "regularly."

Disapproval is measured by the question "Do YOU disapprove of people doing each of the following?" followed by "trying marijuana once or twice," for example. Answer categories are "don't disapprove," "disapprove," and "strongly disapprove." In the 8th- and 10th-grade questionnaires, a fourth category—

"can't say, drug unfamiliar"—is provided and included in the calculation of percentages.

Perceived availability is measured by the question "How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?" Answer categories are "probably impossible," "very difficult," "fairly difficult," "fairly easy," and "very easy." For 8th and 10th graders, an additional answer category—"can't say, drug unfamiliar"—is provided and included in the calculation of percentages.

Summary of Key Findings

As an ongoing study, MTF is designed to detect age effects, secular trends, and cohort effects in substance use and related attitudes and beliefs. Age effects (changes with age seen across multiple class cohorts) are common during adolescence, and we typically find that use, as well as accepting attitudes and beliefs about use, increase across 8th, 10th, and 12th grades. When changes over time in substance use and related attitudes and beliefs are parallel across the three grades, they reflect secular trends, which are also common.

Cohort effects pertain to differences in substance use and related attitudes and behaviors among those born at different times that are maintained as the cohorts age. Such cohort effects sometimes drive changes in substance use prevalence at the population level. For example, much of the decline in the prevalence of U.S. cigarette smoking has its roots in youth cohorts that did not take up smoking and then continued to resist smoking as they aged into adulthood. As subsequent youth cohorts continued to avoid smoking and then grew older, these cohorts contributed to a decline in the population prevalence of smoking. Cohort effects can also act in the opposite direction, with newer cohorts taking up a substance and continuing to use it as they get older. One important contribution of the MTF study has been the specification of cohort effects that emerged starting in the early 1990s, when an increase in youth substance use occurred for many drugs. The recent increase in e-cigarette prevalence among teens may reflect the beginning of another cohort effect that could be observable among older age groups as the recent adolescent cohorts age.

MTF allows detection of cohort effects at an early age through comparison of substance use prevalence of 8th, 10th, and 12th graders relative to each other. Often 8th grade substance use is a bellwether, and year-to-year changes that are unique to 8th grade can signify an emerging increase or decrease in substance use at later ages with some time lag.

The analyses and associated tables that follow present substance use trends for all three grades separately, as well as trends in key attitudes, beliefs, and perceived availability. In a number of cases we provide insight into the age and cohort effects and secular trends that underlie trends in use and in key attitudes and beliefs.

An additional set of tables provides an overview of drug use trends for the three grades combined (Tables 1–4). This information gives a summary of the general nature of historical trends over the last several years. Also, for trends that are in the same direction and magnitude across all three grades, these combined analyses provide greater statistical power to detect trends that are statistically significant.

Declines in Use of a Number of Drugs in 2015

Perhaps the most striking finding in 2015 is that across the very broad spectrum of drugs (more than 50 classes and subclasses) none exhibited a statistically significant increase.

Declining use in a number of licit and illicit substances is a main finding in 2015, as was the case in 2014. Cigarettes and alcohol continued to show significant declines, reaching their lowest levels in the history of the study. With regard to illicit drugs, annual prevalence declined for synthetic marijuana, heroin, MDMA (ecstasy, Molly), sedatives, and nonmedical use of any prescription drug. Annual prevalence of using *any illicit drug* remained essentially unchanged in all three grades in 2015; annual prevalence was 14.8%, 27.9%, and 38.6% in 8th, 10th, and 12th grades, respectively.

This stability in annual prevalence of using any illicit drug is primarily due to the fact that the annual prevalence of *marijuana*, which tends to drive the overall index, showed rather little change in 2015. For the three grades combined, annual prevalence of marijuana was down by just a non-significant 0.4 percentage points to 23.7%.

Although use of marijuana remained essentially unchanged in 2015, marijuana attitudes among students continued to move toward greater acceptance. *Perceived risk* of smoking marijuana regularly declined in all three grades, significantly so in 12th grade. In all three grades, the percentage seeing great risk of smoking marijuana regularly is at the lowest point ever recorded in the study – 58%, 43%, and 32% in grades 8, 10, and 12, respectively. *Disapproval* of people who smoke marijuana regularly was unchanged in 8th grade (at 82.2%), but declined slightly and non-significantly in 10th and 12th grades (to 74.3% and 70.7%, respectively). Although the 2015 levels are at

or near historic lows, they still indicate relatively high levels of disapproval of smoking marijuana regularly.

Use of *any illicit drug other than marijuana* declined slightly in all three grades, but not significantly. Annual prevalence in 2015 is 6%, 11%, and 15% in the three grades.

Additional drugs with declining annual prevalence include *synthetic marijuana* (which in 2011 was the second most widely used drug after marijuana)*, MDMA (ecstasy, Molly), heroin, heroin use with a needle,* and *sedatives.*

The *psychotherapeutic drugs* warrant special attention, given that they now make up a significantly larger part of the overall U.S. drug problem than was true 10–15 years ago. This is in part because use increased for many prescription drugs over that period, and in part because use of a number of street drugs has declined substantially since the mid- to late-1990s. It seems likely that young people are less concerned about the dangers of using these prescription drugs outside of medical regimen because they are widely used for legitimate purposes. (Indeed, the low levels of perceived risk for sedatives and amphetamines observed among 12th graders illustrate this point.) Also, prescription psychotherapeutic drugs are now being advertised directly to the consumer, which implies that they are both widely used and safe to use. Fortunately, the use of most of these drugs has either leveled or begun to decline in the past few years. The proportion of 12th graders misusing any of these prescription drugs (i.e., amphetamines, sedatives, tranquilizers, or narcotics other than heroin) in the prior year continued to decline in 2015 (-1.0 %, not significant) to 12.9% which is down from a high of 17.1% in 2005. *Amphetamine use without a doctor's orders*— currently the second most widely used class of illicit drugs after marijuana—continued a gradual decline in 2015 in all grades, though the one-year declines did not reach statistical significance. Use of *narcotics other than heroin without a doctor's orders* (measured only in 12th grade) also continued a gradual decline begun after 2009, when annual prevalence was 9.2%; it was 5.4% after a non-significant decline of 0.7 percentage points in 2015.

Illicit Drugs Holding Steady in 2015
The use of a number of drugs showed little or no change from 2014 to 2015. These include *hallucinogens, LSD specifically, hallucinogens other than LSD*, *inhalants*, *salvia, tranquilizers*, *cocaine, crack, powder cocaine, heroin use without a needle, methamphetamine*, *crystal methamphetamine*, *bath salts*, *OTC cough and cold medicines* used to get high, and the club drugs *GHB*, *rohypnol*, and *ketamine.*

Tobacco and Alcohol Use
As in 2014, two main findings stand out for alcohol and tobacco use in 2015. First, cigarette smoking and alcohol use have continued their long declines and are now at the lowest levels in the history of the survey. Second, the new product of e-cigarettes, which has made rapid inroads among adolescents in recent years, has a 30-day prevalence higher than the prevalence of tobacco cigarette smoking, though its prevalence did not rise further in 2015.

One important new finding in 2015 is that very few of the students using electronic vaporizers are using to help them quit smoking regular cigarettes; only 5%, 7%, and 10% of the users in the three grades indicate this as one of the reasons for their use. More than half say they wanted "to experiment—see what it's like" and around one-third gave the reason "because it tastes good." (The liquid that is vaporized in these devices comes in hundreds of different flavors.[6])

Declines in Tobacco and Alcohol Use
Thirty-day prevalence of cigarette use reached a peak in 1996 at grades 8 and 10, capping a rapid climb from the 1991 levels (when data were first gathered on these grades). Between 1996 and 2015, current smoking fell dramatically in these grades, by 83% and 79%, respectively. For 12th graders, peak 30-day prevalence occurred in 1997 at 37% and has shown a more modest decline since then. It is at 11% in 2015—a two-thirds decline since the peak—with a significant continuing decline in smoking prevalence in 2015. Because of the strong cohort effect that we have consistently observed for cigarette smoking, we have predicted use at 12th grade to continue to show declines, as the lighter-using cohorts of 8th and 10th graders become 12th graders; and, indeed, the largest (and significant) declines in both 2014 and 2015 were among the 12th graders.

[6]Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2015, December 16). National press release, "Most youth using e-cigarettes for novelty and flavors -- not to quit smoking." University of Michigan News Service, Ann Arbor.

Initiation of cigarette use also continues its long-term decline. *Lifetime* prevalence declined between 2014 and 2015 in all three grades: to 13% in 8th grade (-0.2, ns), to 20% in 10th grade (-2.6, s), and to 31% in 12th grade (-3.3, ss). The fact that fewer young people now initiate cigarette smoking is an important reason for the large declines in current use. The proportion of students who have *ever tried* cigarettes has fallen from peak levels reached in 1996 or 1997 by roughly three-quarters, two-thirds, and one-half in the three grades, respectively.

Overall increases in perceived risk and disapproval appear to have contributed to the downturn in cigarette use. Perceived risk of smoking one or more packs of cigarettes per day increased substantially and steadily in all grades from 1995 through 2004, with 62%, 68%, and 74% of 8th, 10th, and 12th graders seeing great risk in 2004. Since then, changes have been small and uneven, and the corresponding figures in 2015 are only slightly higher, at 63%, 73%, and 76%. Disapproval of smoking one or more packs of cigarettes per day has increased somewhat steadily in all three grades since 1996. In 2015 disapproval stands at 89%, 88%, and 84% in grades 8, 10, and 12, respectively.

It seems likely that some of the attitudinal change surrounding cigarettes is attributable to the considerable adverse publicity aimed at the tobacco industry in the 1990s, as well as a reduction in cigarette advertising and an increase in antismoking campaigns reaching youth.

Various other attitudes toward smoking became more unfavorable during that interval as well, though some have since leveled off. For example, among 8th graders, the proportions saying that they "prefer to date people who don't smoke" rose from 71% in 1996 to 81% by 2004, where it remained through 2014. Similar changes occurred in 10th and 12th grades. Thus, at the present time, smoking is likely to make an adolescent less attractive to the great majority of potential romantic agemates. However, most of the negative connotations of smoking and smokers have leveled off in the past few years. In addition to changes in attitudes and beliefs about smoking, price almost surely also played an important role in the decline in use. Cigarette prices rose appreciably in the late 1990s and early 2000s as cigarette companies tried to cover the costs of the 1998 Master Settlement Agreement, and as many states increased excise taxes on cigarettes. A significant increase in the federal tobacco tax passed

in 2009 may have contributed to the continuation of the decline in use since then.

Cigarillos. One consequence of the rise in cigarette prices is that it may have shifted some adolescents to less expensive alternatives, like cigarillos (little or small cigars), which are taxed at a lower rate than cigarettes. Taking into account this form of smoking of tobacco raises the 30-day prevalence of students smoking tobacco—by three-fourths among 8th and 10th graders and by more than half among 12th graders—over what it would be if just cigarette smoking were counted. It does appear, however, that the prevalence of using small cigars is also in decline, with 16% of 12th graders in 2015 reporting any *past-year* use, down from 23% in 2010. Of note is the fact that the majority of users of small cigars in each grade smoke flavored ones.

Annual prevalence of smoking tobacco using a Hookah (water pipe) had been increasing steadily until 2014 among 12th graders (8th and 10th graders are not asked about this practice), but declined non-significantly by three percentage points to 20% in 2015.

Smokeless tobacco. From the mid-1990s to the early 2000s, smokeless tobacco use declined substantially, but a rebound in use developed from the mid-2000s through 2010. Since 2010, prevalence levels have declined modestly in all three grades. Perceived risk and disapproval appear to have played important roles in the earlier decline in smokeless tobacco use. In all three grades, perceived risk and disapproval rose fairly steadily from 1995 through 2004, accompanied by declines in use. However, there was not much change between 2004 and 2010, suggesting that other factors may have led to the increases in smokeless tobacco use during that time interval. These factors might include increased promotion of these products, a proliferation of types of smokeless tobacco products available, and increased restrictions on places where cigarette smoking is permitted. The decline in smokeless tobacco use since 2010 (including a significant decline among 12th graders in 2015) may be attributable, at least in part, to the 2009 increase in federal taxes on tobacco. Perceived risk has not changed appreciably since 2010 at any grade level.

Alcohol remains the substance most widely used by today's teenagers. Despite recent declines, two out of every three students (64%) have consumed alcohol (more than just a few sips) by the end of high school,

and about a quarter (26%) have done so by 8th grade. In fact, nearly half (47%) of 12th graders and one in nine (11%) 8th graders in 2014 reported having been drunk at least once in their life.

Alcohol use began a substantial decline in the 1980s. To some degree, alcohol trends have tended to parallel the trends in illicit drug use. These include a modest increase in binge drinking (defined as having five or more drinks in a row at least once in the past two weeks) in the early to mid-1990s, though it was a proportionally smaller increase than was seen for cigarettes and most of the illicit drugs. Fortunately, binge drinking rates leveled off in the early 2000s, just about when the illicit drug rates began to turn around, and in 2002, a drop in drinking and drunkenness resumed in all grades. Gradual declines continued into 2015, which marked the lowest levels for alcohol use and drunkenness ever recorded by the survey in the three grades combined. (The 8th grade held steady in 2015.)

E-cigarettes

E-cigarette (or electronic vaporizer) use was assessed by MTF for the first time in 2014. Questions on frequency of e-cigarette use in the past 30 days as well as perceived risk of e-cigarettes were asked of 8th, 10th, and 12th graders.

E-cigarettes now have the highest *30-day prevalence* of all tobacco products, including regular cigarettes, at all three grade levels. For 2015, prevalence of e-cigarette use was 9.5%, 14.0%, and 16.2% in 8th, 10th, and 12th grades, respectively, with no significant change from 2014. The corresponding prevalence for regular cigarette use was 3.6%, 6.3%, and 11.4%. Note that in 8th and 10th grades e-cigarette prevalence is more than twice the prevalence of regular cigarettes. As cohort effects in both cigarette and e-cigarette smoking work their way up the age spectrum, we may see this difference widening at 12th grade.

Substantially fewer students associate "great risk" with using e-cigarettes regularly as compared to smoking one or more packs of cigarettes per day. In 8th, 10th, and 12th grades, the percentage of students who perceive "great risk" in using e-cigarettes regularly is only 19%, 17%, and 16%, respectively, though the rate did rise some in all grades in 2015. The corresponding percentages for risk associated with smoking one or more packs of cigarettes a day is 63%, 73%, and 76%. E-cigarettes have a lower perceived risk for regular use than any other drug in the survey, including alcohol. One reason may be that only a minority of users say that on the most recent occasion of use there was nicotine in the inhaler. That is consistent with the fact that only a very few of them (from 5% to 10% of users) say they are using e-cigarettes to help them quit regular cigarette use. The most common reason given for use is "to see what it's like", while the second most common reason given is "because it tastes good."

Any Illicit Drug

MTF routinely reports three different indexes of illicit drug use—any illicit drug, any illicit drug other than marijuana, and any illicit drug including inhalants.[7] In this section we discuss only the first two; the statistics for all three may be found in Tables 5–7.

In order to make comparisons over time, we have kept the definitions and measurement of these indexes constant. Levels would be little affected by the inclusion of newer substances, primarily because most individuals using newer ones are also using the more prevalent drugs included in the indexes. The major exception has been inhalants, the use of which is quite prevalent in the lower grades, so in 1991 a special index that includes inhalants was added.

Trends in Use

In the late 20th century, young Americans reached extraordinarily high levels of illicit drug use by U.S. as well as international standards. The trends in *lifetime* use of ***any illicit drug*** are shown in the first (upper left) panel on the facing page.[8] In 1975, when MTF began, the majority of young people (55%) had used an illicit drug by the time they left high school. This figure rose to two thirds (66%) in 1981 before a long and gradual decline to 41% by 1992—the low point. After 1992—in what we have called the "relapse phase" in the epidemic—the proportion rose considerably to a recent high point of 55% in 1999; it then declined gradually to 47% in 2009, and has remained between 48% and 50% since 2011.

Trends for *annual*, as opposed to lifetime, prevalence are shown in the second (upper right) panel. They are quite parallel to those for lifetime prevalence, but at a lower level. Among 8th graders, a gradual and continuing falloff occurred after 1996. Peak rates since 1991 were reached in 1997 in the two upper grades and declined little for several years. Between 2001 and 2007 all three grades showed declines, but the annual use rates in all three grades rose some through 2012. In 2015, 10th graders showed some decline, which we believe was exaggerated due to random sampling fluctuation.

Because marijuana is much more prevalent than any other illicit drug, trends in its use tend to drive the index of any illicit drug use. Thus we also report an index that excludes marijuana and shows the proportions of students who use any of the other illicit drugs. The proportions who have used ***any illicit drug other than marijuana*** in their *lifetimes* are shown in the third panel (lower left). In 1975 over one third (36%) of 12th graders had tried some illicit drug other than marijuana. This figure rose to 43% by 1981, then declined for over a decade to a low of 25% in 1992. An increase followed in the 1990s as the use of a number of drugs rose steadily, and it reached 30% by 1997. (In 2001 it was 31%, but this apparent upward shift in the estimate was an artifact due to a change in the question wording for "other hallucinogens" and tranquilizers.[9]) Lifetime prevalence among 12th graders then fell slightly to 24% by 2009, before dropping to 21% in 2015. The fourth (lower right) panel presents the *annual* prevalence data for any illicit drug other than marijuana, which shows a pattern of change over the past few years similar to the index of any illicit drug use, but with much less pronounced change since 1991. It dropped fairly steadily and gradually in all three grades in recent years but leveled in 2013 before dropping non-significantly among 12th graders only in 2014 (by 1.9 percentage points). There was little further change in 2015.

Overall, these data reveal that, while use of individual drugs (other than marijuana) may fluctuate widely, the proportion using any of them is much more stable. In other words, the proportion of students prone to using such drugs and willing to cross the normative barriers to such use changes more gradually. The usage rate for each individual drug, on the other hand, reflects many more rapidly changing determinants specific to that drug: how widely its psychoactive potential is recognized, how favorable the reports of its supposed benefits are, how risky its use is seen to be, how acceptable it is in the peer group, how accessible it is, and so on.

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[7]Footnote 'a' to Tables 5 through 8 provides the exact definition of any illicit drug.

[8]This is the only set of figures in this *Overview* presenting lifetime use statistics. Lifetime statistics for all drugs may be found in Table 5.

[9]The term psychedelics was replaced with hallucinogens, and shrooms was added to the list of examples, resulting in somewhat more respondents indicating use of this class of drugs. For tranquilizers, Xanax was added to the list of examples given, slightly raising the reported prevalence of use.

Any Illicit Drug and Any Illicit Drug Other than Marijuana : Trends in Lifetime and Annual Use
Grades 8, 10, 12

**Use
% who used any illicit drug in lifetime**

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

**Use
% who used any illicit drug in last 12 months**

**Use
% who used any illicit drug other than marijuana in lifetime***

**Use
% who used any illicit drug other than marijuana in last 12 months***
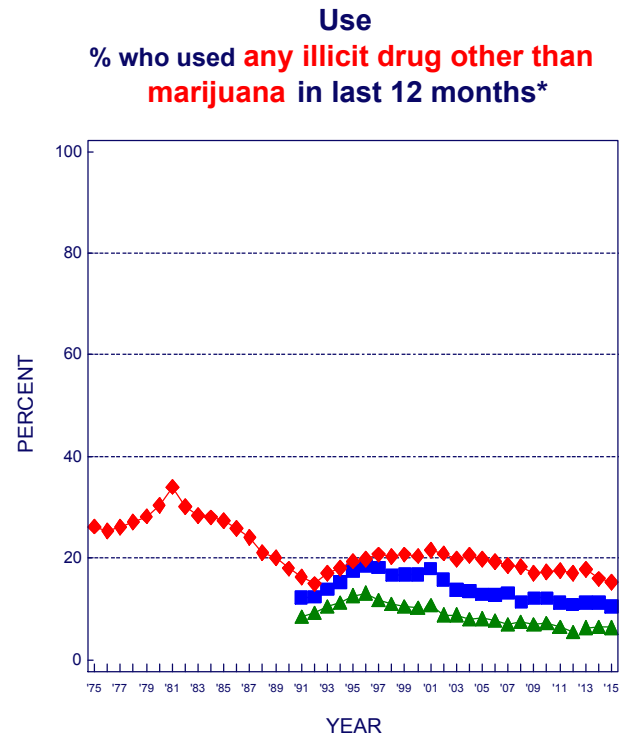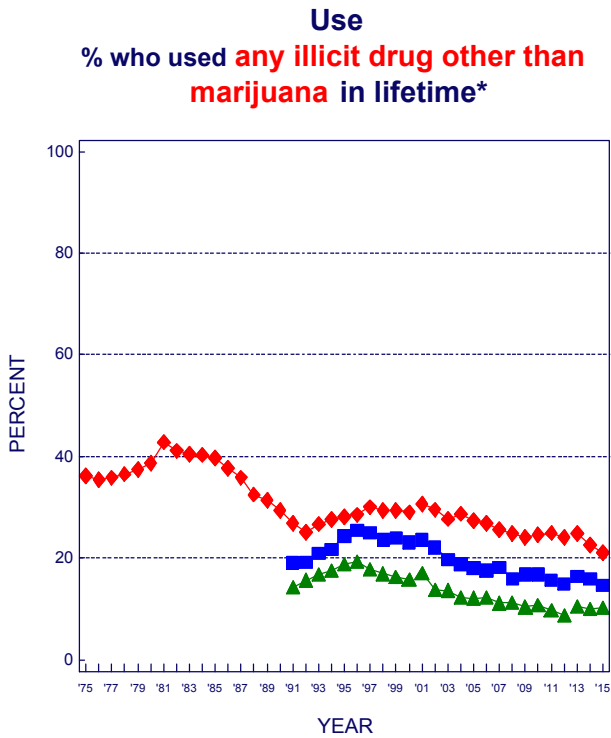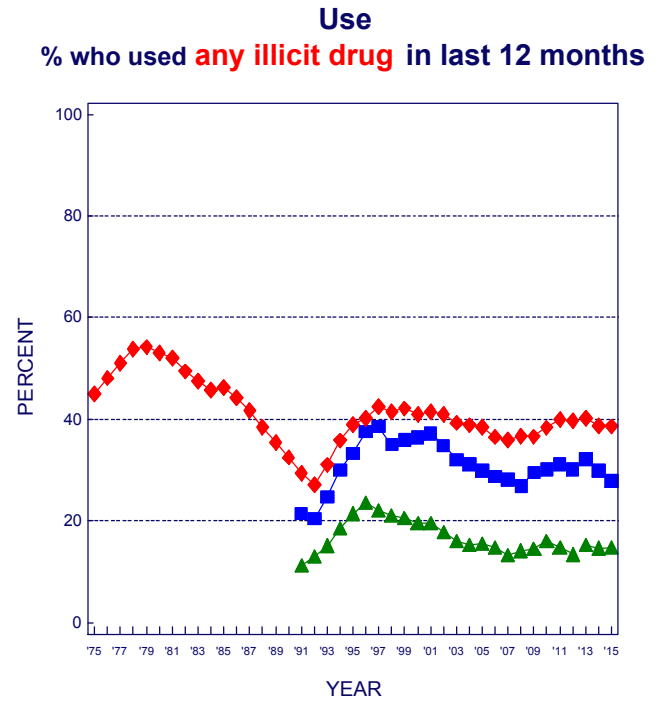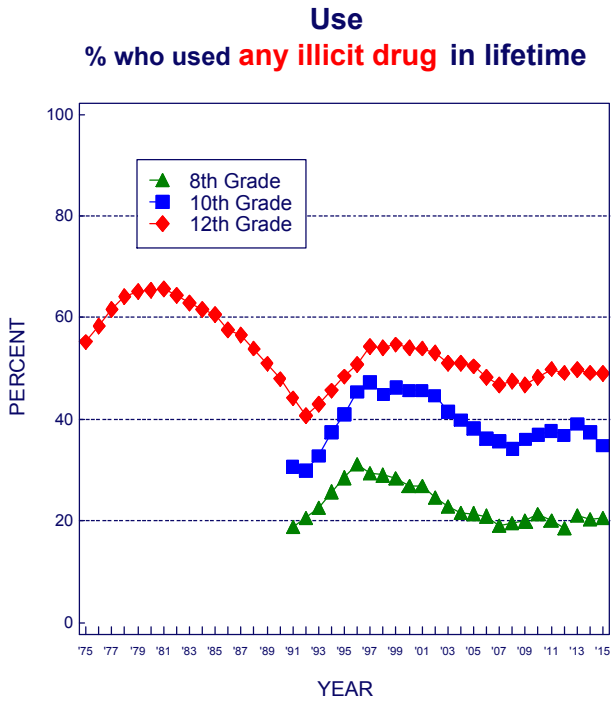
Source. The Monitoring the Future study, the University of Michigan.
*In 2001, a revised set of questions on other hallucinogen use and tranquilizer use were introduced. In 2013, a revised set of questions on amphetamine use was introduced. Data for any illicit drug other than marijuana were affected by these changes.

Marijuana

Marijuana has been the most widely used illicit drug throughout MTF's 41-year history. It can be taken orally, mixed with food, and smoked, including in a concentrated form as hashish—the use of which is much more common in Europe[10]. The great majority of recreational use in the U.S. involves smoking it in rolled cigarettes ("joints"), in pipes or water pipes ("bongs"), or in hollowed-out cigars ("blunts").

Trends in Use

Annual marijuana prevalence peaked among 12th graders in 1979 at 51%, following a rise that began during the 1960s. Then use declined fairly steadily for 13 years, bottoming at 22% in 1992—a decline of more than half. The 1990s, however, saw a resurgence of use. After a considerable increase (one that actually began among 8th graders a year earlier than among 10th and 12th graders), annual prevalence rates peaked in 1996 at 8th grade and in 1997 at 10th and 12th grades. After these peak years, use declined among all three grades through 2007 or 2008; after the declines, an upturn occurred in use in all three grades, lasting for three years in the lower grades and longer in grade 12. Annual marijuana prevalence among 8th graders increased in use from 2007 to 2010, decreased slightly from 2010 to 2012, and then leveled. Among 10th graders, it increased somewhat from 2008 to 2013 and then leveled or declined some after that.[11] Among 12th graders, use increased from 2006 to 2011, leveled from 2011 to 2013, and held level through 2015. (None of the 1-year changes in 2015 was significant.) As shown in Table 8, *daily* use increased in all three grades after 2007, reaching peaks in 2011 (at 1.3% in 8th), 2013 (at 4.0% in 10th), and 2011 (at 6.6% in 12th), before declining slightly since. Daily prevalence rates in 2015 were 1.1%, 3.0%, and 6.0%, respectively, with one in seventeen 12th graders smoking daily.

Perceived Risk

The proportion of students seeing great risk from smoking marijuana regularly fell during the rise in use in the 1970s and again during the subsequent rise in the 1990s. Indeed, for 10th and 12th grades, perceived risk declined a year before use rose in the upturn of the 1990s, making perceived risk a leading indicator of

change in use. (The same may have happened for 8th grade as well, but we lack data starting early enough to know.) The decline in perceived risk halted in 1996 in 8th and 10th grades; the increases in use ended a year or two later, again making perceived risk a leading indicator of trends in use. From 1996 to 2000, perceived risk held fairly steady, and the decline in use in the upper grades stalled. After some decline prior to 2002, perceived risk increased a bit in all grades through 2004 as use decreased. Since 2004 in 8th grade, 2005 in 12th grade, and 2008 in 10th grade, perceived risk has fallen substantially, presaging some resurgence in marijuana use; but no increase in perceived risk preceded the recent leveling of use. Rather, perceived risk has continued a steep decline since the mid-2000s without a concomitant further rise in use. Disapproval and availability may be constraining factors offsetting the effects of risk.

Disapproval

Personal disapproval of trying marijuana has declined some since 2007 or 2008 in all three grades, but still remains quite high with 82%, 74%, and 71% still saying that they disapprove of regular use. Disapproval fell considerably among 8th graders between 1991 and 1996 and among 10th and 12th graders between 1992 and 1997—by 17, 21, and 19 percentage points, respectively, over those intervals of increasing use. After that there was some modest increase in disapproval. As is often the case, perceived risk fell before disapproval.

Availability

Since the MTF study began in 1975, between 80% and 90% of 12th graders each year have said that they could get marijuana fairly easily or very easily if they wanted some, with that figure standing at 80% in 2015. Marijuana has been considerably less readily available to 8th graders, with 37% in 2015 reporting it to be fairly or very easy to get. Availability is intermediate for the 10th graders, with 66% reporting easy access in 2015. Availability has declined appreciably, especially among the younger adolescents, but marijuana remains readily available to 12th graders.

[11] We believe the decline in 2015 is exaggerated due to random sampling fluctuation.

Marijuana: Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
% who used in last 12 months

Legend:
- 8th Grade
- 10th Grade
- 12th Grade
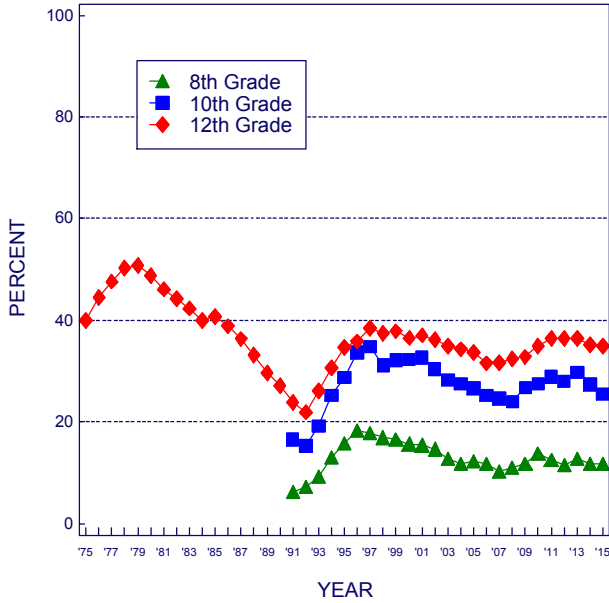
Risk
% seeing "great risk" in using regularly
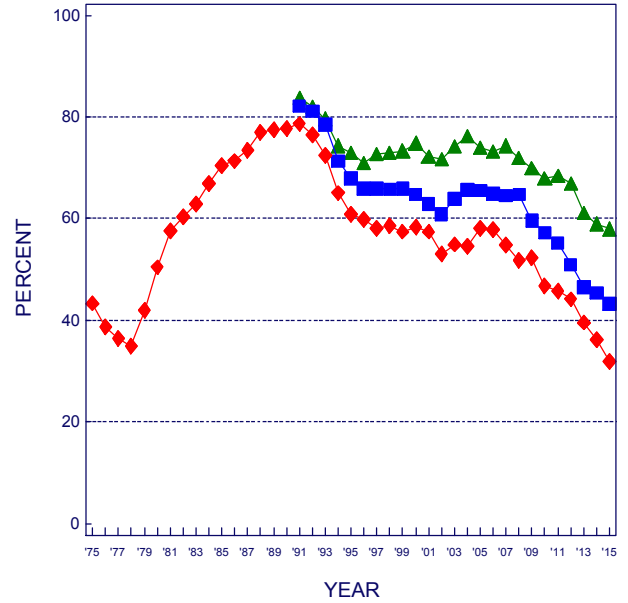
Disapproval
% disapproving of using regularly
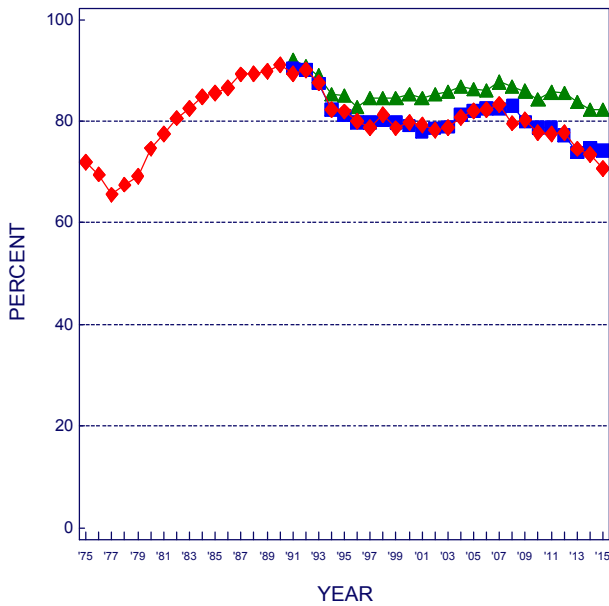
Availability
% saying "fairly easy" or "very easy" to get
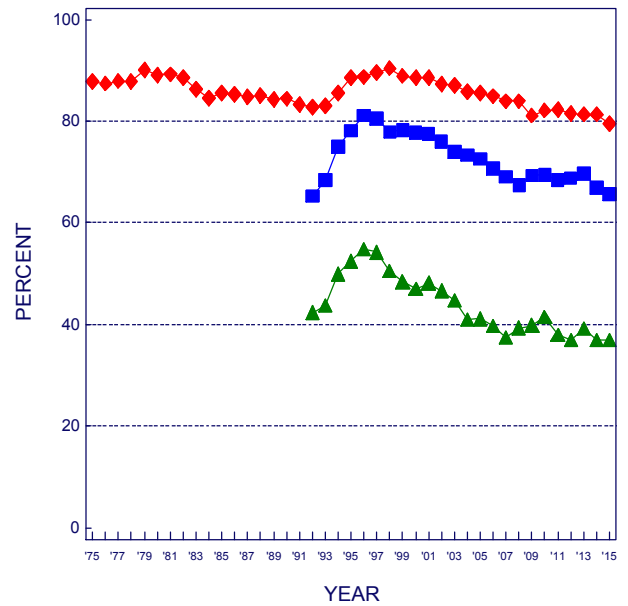
Source. The Monitoring the Future study, the University of Michigan.

Synthetic Marijuana

Synthetic marijuana has generally been sold over the counter under such labels as Spice and K-2. It usually contains some herbal materials that have been sprayed with one or more of the designer chemicals that fall into the cannabinoid family. Until March 2011, these drugs were not scheduled by the Drug Enforcement Administration (DEA), so they were readily and legally available on the Internet and in convenience stores, head shops, gas stations, etc. However, the DEA scheduled some of the most widely used chemicals beginning March 1, 2011, making their possession and sale no longer legal; subsequent laws have expanded the list of banned chemicals, but producers keep tweaking the chemical formula to avoid control.

Trends in Use

MTF first addressed the use of synthetic marijuana in its 2011 survey by asking 12th graders about their use in the prior 12 months (which would have covered a considerable period of time prior to the drugs being scheduled). Annual prevalence was found to be 11.4%, making synthetic marijuana the second most widely used class of illicit drug after marijuana among 12th graders at that time. Despite the DEA's intervention, use among 12th graders remained unchanged in 2012 at 11.3%, which suggests either that compliance with the new scheduling had been limited or that producers of these products succeeded in continuing to change their chemical formulas to avoid using the ingredients that had been scheduled. In 2012, for the first time, 8th and 10th graders were asked about their use of synthetic marijuana; their annual prevalence rates were 4.4% and 8.8%, respectively. Use in all 3 grades dropped in 2013, and the decline was sharp and significant among 12th graders. The declines were significant for both 10th and 12th graders in 2014 and they continued into 2015. Annual prevalence in 2015 was down to 3%, 4%, and 5% for the three grades, reflecting a considerable drop in use.

Perceived Risk

All three grades were asked whether they associated great risk with trying synthetic marijuana once or twice. As can be seen on the facing page, the level of perceived risk for experimental use was quite low in 2012 (between 24% and 25%) but has risen some among 12th graders, to 33% in 2015. Likely the availability of these drugs over the counter has had the effect of communicating to teens that they must be safe, though they are not.

Disapproval and Availability have not been measured for this class of drugs.

Synthetic Marijuana: Trends in Annual Use and Risk
Grades 8, 10, 12

Use
% who used in last 12 months

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

Risk
% seeing "great risk" in using once or twice

Disapproval
% disapproving of using once or twice

(no data)

Availability
% saying "fairly easy" or "very easy" to get

(no data)

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

14
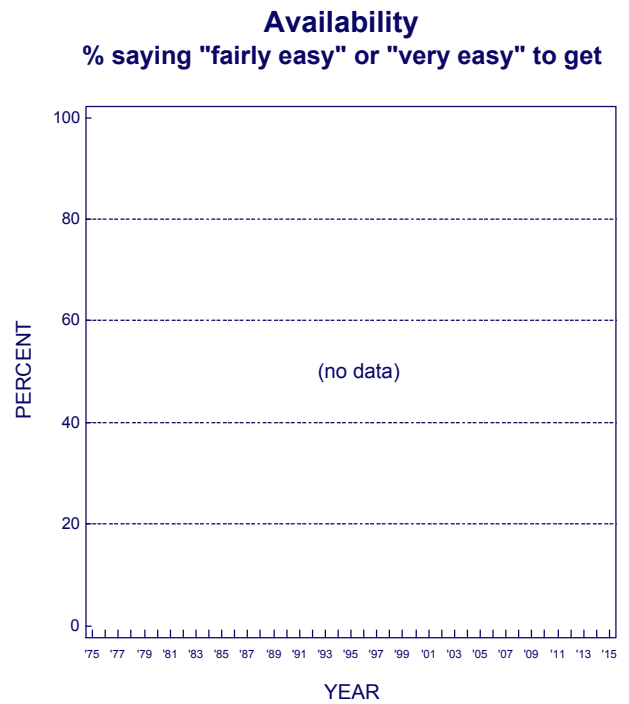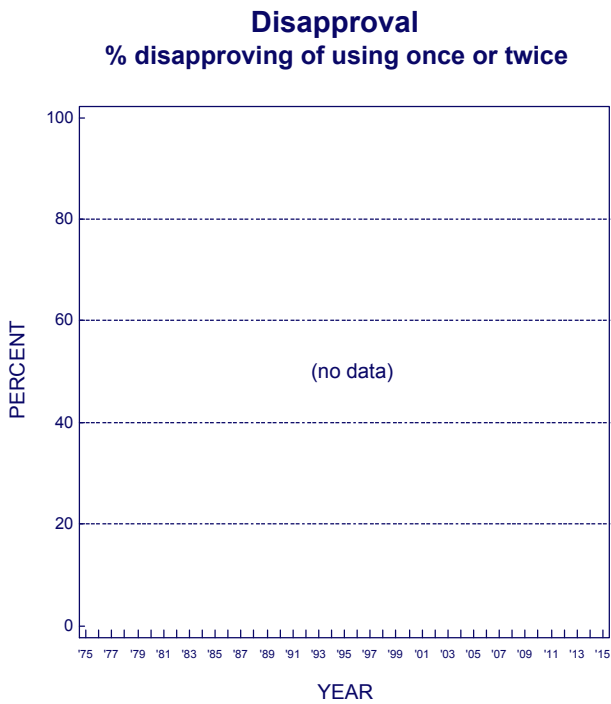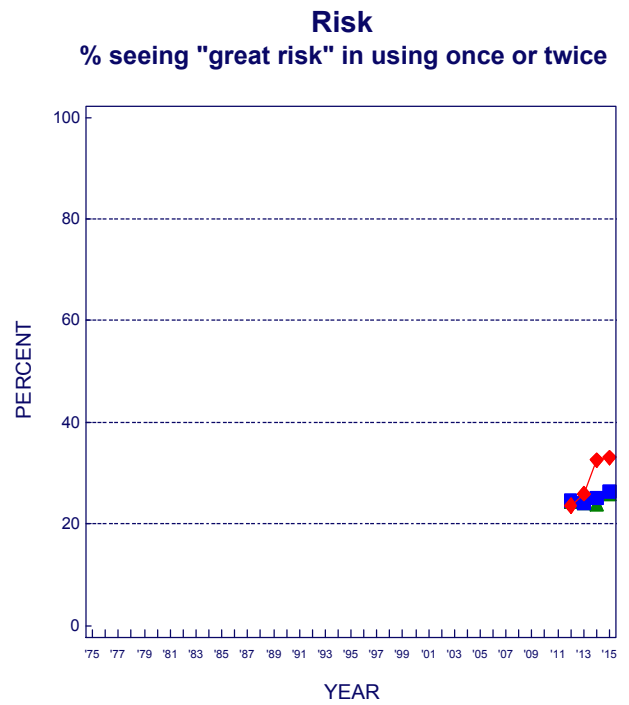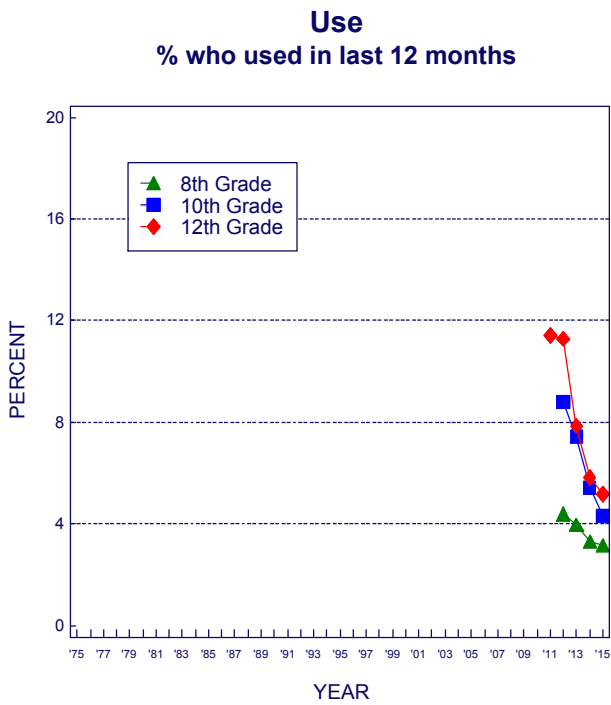
Inhalants

Inhalants are any gases or fumes that can be inhaled for the purpose of getting high. These include many household products—the sale and possession of which is legal—including glue, nail polish remover, gasoline, solvents, butane, and propellants used in certain commercial products such as whipped cream dispensers. Unlike nearly all other classes of drugs, their use is most common among younger adolescents and tends to decline as youth grow older. The use of inhalants at an early age may reflect the fact that many inhalants are cheap, readily available (often in the home), and legal to buy and possess. The decline in use with age likely reflects their coming to be seen as "kids' drugs," in addition to the fact that a number of other drugs become available to older adolescents, who are also more able to afford them.

Trends in Use

Inhalant use (excluding the use of nitrite inhalants) by 12th graders rose gradually from 1976 to 1987, which was somewhat unusual because most other forms of illicit drug use were in decline during the 1980s. Use of inhalants rose among 8th and 10th graders from 1991, when those grades were first included in the study, through 1995; it rose among 12th graders from 1992 to 1995. All grades then exhibited a fairly steady and substantial decline in use through 2001 or 2002. After 2001 the grades diverged somewhat in their trends: 8th graders showed a significant increase in use for two years, followed by a decline from 2004 to 2013, use leveled in 2014 before resuming the decline in 2015; 10th graders showed an increase after 2003 but a considerable decline since 2007; and 12th graders showed a brief increase from 2003 to 2005 but also a considerable decline since then. For the three grades combined, annual use declined significantly in both 2012 and 2013, held steady in 2014 and then declined a bit in 2015.

Perceived Risk

Only 8th and 10th graders have been asked questions about the degree of risk they associate with inhalant use. Relatively low proportions think that there is a "great risk" in using an inhalant once or twice. However, significant increases in this belief were observed between 1995 and 1996 in both 8th and 10th grades, probably due to an anti-inhalant advertising initiative launched by The Partnership for a Drug-Free America. That increase in perceived risk marked the beginning of a long and important decline in inhalant use, when no other drugs showed a turnaround in use. However, the degree of risk associated with inhalant use declined steadily between 2001 and 2008 among both 8th and 10th graders, perhaps explaining the increase in use in 2003 among 8th graders and in 2004 in the upper grades. The hazards of inhalant use were communicated during the mid-1990s, but generational forgetting of those hazards has likely taken place as replacement cohorts who were too young to get that earlier message now comprise the nation's adolescents. The decline in perceived risk is worrisome, though the decline did halt as of 2008, and perceived risk has not changed much since then. In this case, the decline in perceived risk (between 2001 and 2008) did not translate into a surge in use, but it may leave future class cohorts at risk for a resurgence of inhalant use.

Disapproval

Over 80% of 8th and 10th grade students say that they would disapprove of even trying an inhalant. (The question was not asked of 12th graders.) There was a very gradual upward drift in this attitude among 8th and 10th graders from 1995 through about 2001, with a gradual falloff since then in both grades, although the decrease appears to have halted. For 8th graders there has been some decline in disapproval of trying inhalants since 2012. Since 2013 it dropped for 10th graders, including a significant decline in 2015.

Availability

Respondents have not been asked about the availability of inhalants, because we assume that these products are universally available to young people in these age ranges.

Inhalants: Trends in Annual Use, Risk, and Disapproval
Grades 8, 10, 12
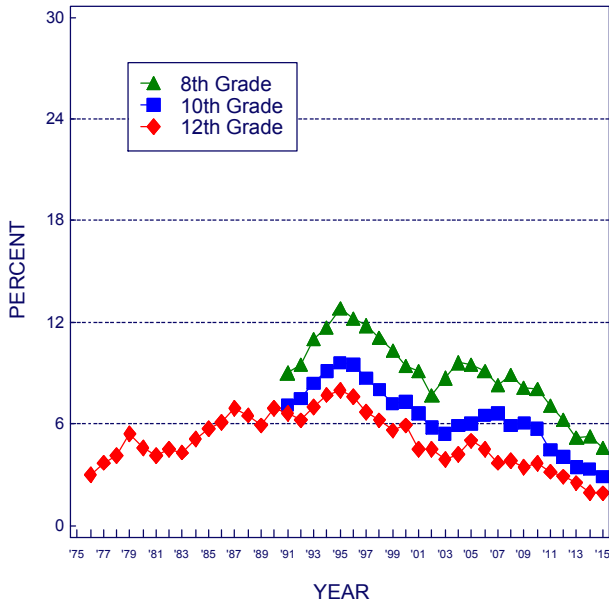
Use
% who used in last 12 months

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

Risk
% seeing "great risk" in using once or twice

Disapproval
% disapproving of using once or twice

Availability
% saying "fairly easy" or "very easy" to get

(no data)

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

16
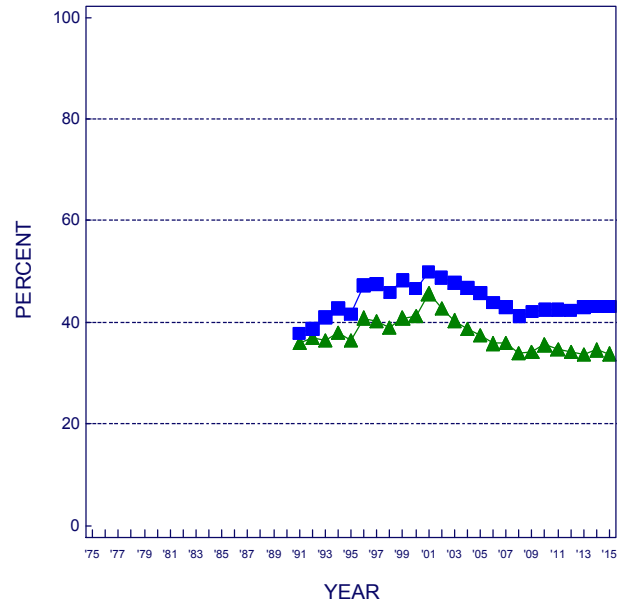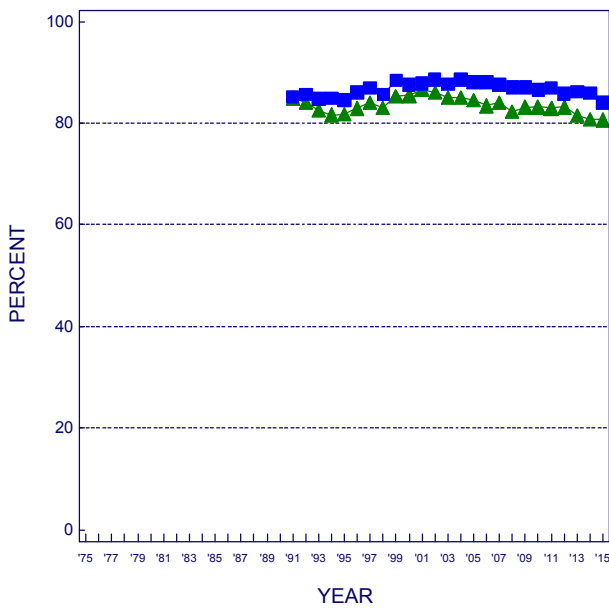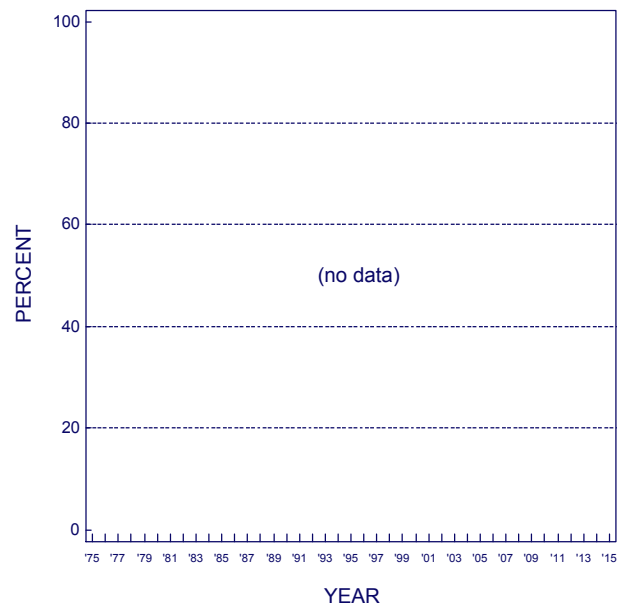
LSD

For some years, LSD was the most widely used drug within the larger class of hallucinogens. This was no longer true for some following years, due to sharp decreases in its use combined with an increasing use of psilocybin. (Statistics on overall hallucinogen use and on use of hallucinogens other than LSD are shown in the tables at the end of this report.) Now overall hallucinogen use and use of hallucinogens other than LSD are about equivalent due to a drop in the use of the other hallucinogens.

Trends in Use

Annual prevalence of LSD use among 12th graders has been below 10% since MTF began. Use declined some for the first 10 years among 12th graders, likely continuing a decline that had begun before 1975. Use was fairly level in the latter half of the 1980s but, as was true for a number of other drugs, rose in all three grades between 1991 and 1996. Between 1996 and 2006 or so, use declined in all three grades, with particularly sharp declines between 2001 and 2003. Since then use has remained at very low levels although there has been a slight increase in the upper grades since 2013.

Perceived Risk

We think it likely that perceived risk for LSD use increased during the early 1970s, before MTF began, as concerns grew about possible neurological and genetic effects (most of which were never scientifically confirmed) as well as "bad trips" and "flashbacks." However, there was some decline in perceived risk in the late 1970s, after which it remained fairly level among 12th graders through most of the 1980s. A substantial decline occurred in all grades in the early 1990s as use rose. Since about 2000, perceived risk declined steadily and substantially among 8th graders until 2007, when it leveled; it declined considerably among 10th graders before leveling around 2002, dropping through 2007, and then leveling after that. Among 12th graders, perceived risk has held fairly steady since 2002. The decline in the lower grades suggests that younger teens are less knowledgeable about this drug's effects than their predecessors— through what we have called "generational forgetting"—making them vulnerable to a resurgence in use. (The percentages who respond "can't say, drug unfamiliar" to questions about LSD have risen in recent years, consistent with the notion of "generational forgetting.") The decline of LSD use in recent years, despite a fall in perceived risk, suggests that some factors other than a change in underlying attitudes and beliefs were contributing to the downturn—prior to 2001 some displacement by ecstasy may have been a factor, while more recently a decline in availability (discussed below) likely is a factor.

Disapproval

Disapproval of LSD use was quite high among 12th graders through most of the 1980s but began to decline after 1991 along with perceived risk. All three grades exhibited a decline in disapproval through 1996, with disapproval of experimentation dropping 11 percentage points between 1991 and 1996 among 12th graders. After 1996 a slight increase in disapproval emerged among 12th graders, accompanied by a leveling among 10th graders and some further decline among 8th graders. Since 2001, disapproval of LSD use has diverged among the three grades, declining considerably among 8th graders, declining less among 10th graders, and increasing significantly among 12th graders. Note, however, that the percentages of 8th and 10th graders who respond with "can't say, drug unfamiliar" increased through 2008; thus the base for disapproval has shrunk, suggesting that the real decline of disapproval among the younger students is less than it appears here. All three grades remained fairly level in 2014. This was followed by a significant increase in disapproval among 8th and 10th graders and a significant decline among the 12th graders in 2015.

Availability

Reported availability of LSD by 12th graders fell considerably from 1975 to 1979, declined a bit further until 1986, and then began a substantial rise, reaching a peak in 1995. LSD availability also rose somewhat among 8th and 10th graders in the early 1990s, reaching a peak in 1995 or 1996. Since those peak years, there has been considerable falloff in availability in all three grades, quite possibly in part because fewer students have LSD-using friends from whom they could gain access. There was also very likely a decrease in supply due to the closing of a major LSD-producing lab by the Drug Enforcement Administration in 2000. It is clear that attitudinal changes cannot explain the recent declines in use.

LSD: Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
% who used in last 12 months

Legend:
- ▲ 8th Grade
- ■ 10th Grade
- ◆ 12th Grade

Risk
% seeing "great risk" in using once or twice

Disapproval
% disapproving of using once or twice

Availability
% saying "fairly easy" or "very easy" to get
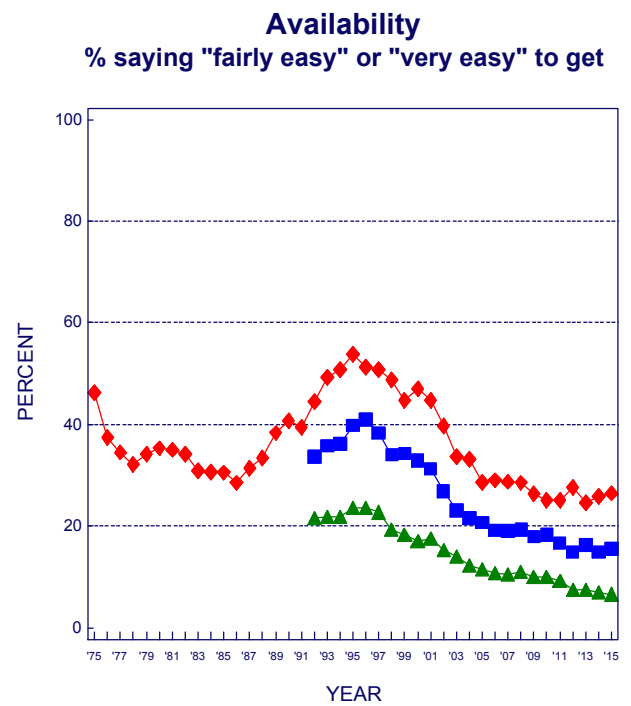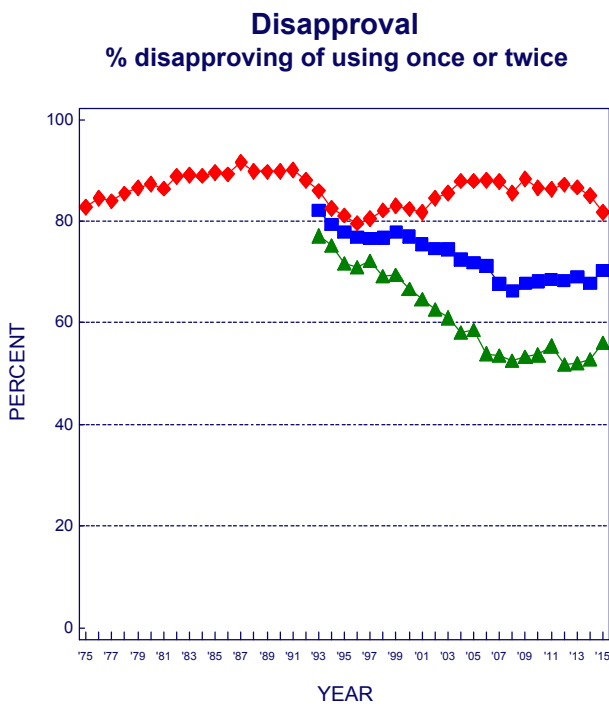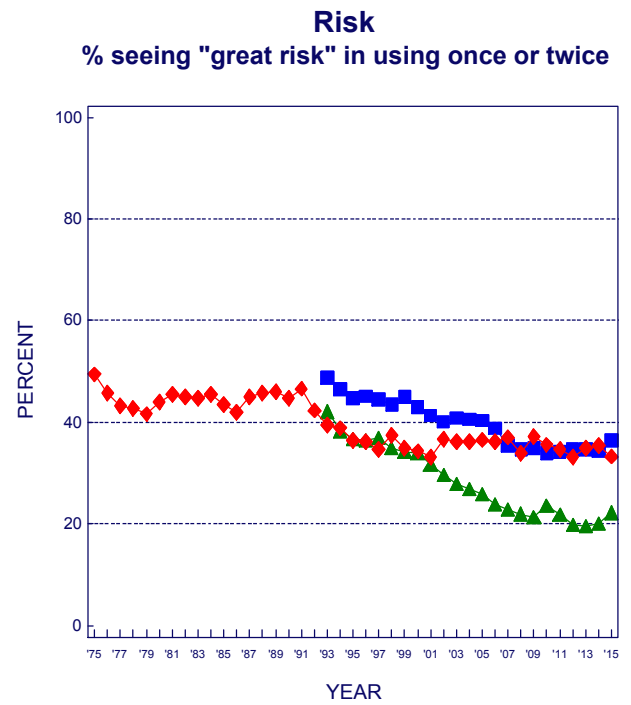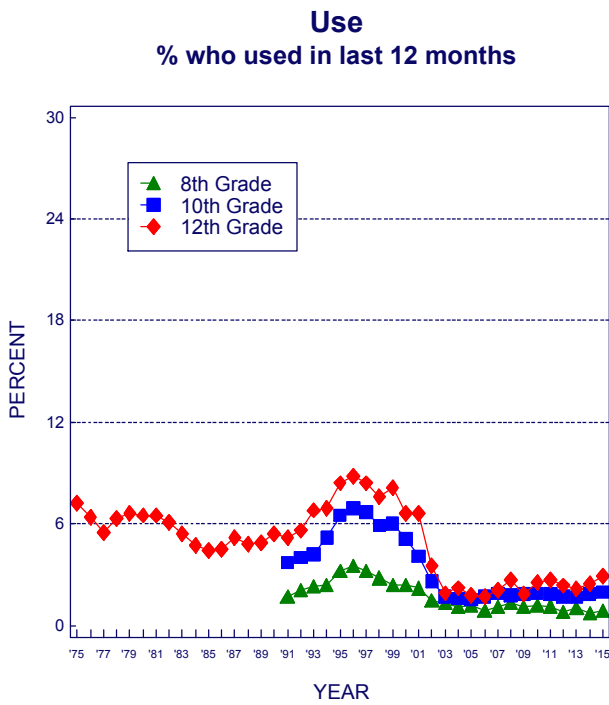
Source. The Monitoring the Future study, the University of Michigan.

Cocaine

Cocaine was used almost exclusively in powder form for some years, though "freebasing" emerged for a while. The early 1980s brought the advent of crack cocaine. Our original questions did not distinguish among different forms of cocaine or modes of administration. Since 1987, though, we have asked separate questions about the use of crack and "cocaine other than crack," which has consisted almost entirely of powder cocaine use. Data on cocaine use in general (i. e., all forms of cocaine) are presented in the figures in this section, and results for crack alone are presented in the next section.

Trends in Use

There have been some important changes in the levels of overall cocaine use over the life of MTF. Use among 12th graders originally burgeoned in the late 1970s and remained fairly stable through the first half of the 1980s before starting a precipitous decline after 1986. Annual prevalence among 12th graders dropped by about three quarters between 1986 and 1992. Between 1992 and 1999, use reversed course again during the relapse phase of the overall drug epidemic and doubled before declining by 2000. Use also rose among 8th and 10th graders after 1992 before reaching peak levels in 1998 and 1999. Over the last sixteen years, use has declined in all three grades; annual 12th-grade use stands at a historic low of just 2.5% in 2015, with use by 8th and 10th graders still lower, at 0.9% and 1.8%. Use among 10th graders increased a bit (not significantly) in 2015.

Perceived Risk

Questions about the dangers of cocaine in general (without specifying any particular form of cocaine) have been asked only of 12th graders. The results tell a fascinating story. They show that perceived risk for experimental use fell in the latter half of the 1970s (when use was rising), stayed level in the first half of the 1980s (when use was level), and then jumped very sharply in a single year (by 14 percentage points between 1986 and 1987), just when the substantial decline in use began. The year 1986 was marked by a national media frenzy over crack cocaine and also by the widely publicized cocaine-related death of Len Bias, a National Basketball Association first-round draft pick. Bias' death was originally reported as resulting from his first experience with cocaine.

Though that was later proven to be incorrect, the message had already "taken." We believe that this event helped to persuade many young people that use of cocaine at any level is dangerous, no matter how healthy the individual.[12] Perceived risk continued to rise through 1991 as the fall in use continued. Perceived risk declined modestly from 1991 to 2000, and use rose from 1992–2000. Perceived risk has leveled in recent years at far higher levels than existed prior to 1987, and there has been a gradual upward drift over the past six years in grades 8 and 10. For the 12th graders perceived risk dropped some in 2015 (ns). There is as yet little evidence of generational forgetting of cocaine's risks. For 12th graders, survey questions on both risk and disapproval referred to cocaine in general, until 1986. After that they referred to cocaine powder and crack separately, as did the questions asked of 8th and 10th graders. The question change seemed to matter rather little in the results.

Disapproval

Disapproval of cocaine use by 12th graders followed a cross-time pattern similar to that for perceived risk, although its seven-percentage-point jump in 1987 was not quite as pronounced. Some decline from 1991 to 1997 was followed by a period of stability. Subsequent years showed a gradual increase in disapproval in all three grades. This upward drift ended in recent years, but disapproval of even trying cocaine remains very high and is above 85% in all grades in 2015.

Availability

The proportion of 12th graders saying that it would be "fairly easy" or "very easy" for them to get cocaine if they wanted some was 33% in 1977, rose to 48% by 1980 as use rose, and held fairly level through 1982; it increased steadily to 59% by 1989 (in a period of rapidly declining use). Perceived availability then fell back to about 47% by 1994. Since around 1997, perceived availability of cocaine has fallen considerably in all three grades. Among 12th graders it stood at 29% in 2015—about half of its peak level in 1989. Note that the pattern of change does not map well onto the pattern of actual use, suggesting that changes in overall availability have not been a major determinant of use—particularly during the sharp decline in use in the late 1980s.

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[12] Among 12th graders trends in perceived risk in Table 8 show a particularly sharp rise from 34% in 1986 to 48% in 1987 for trying cocaine once or twice.

Cocaine (including Crack): Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
% who used in last 12 months

Legend:
- ▲ 8th Grade
- ■ 10th Grade
- ◆ 12th Grade

Risk*
% seeing "great risk" in using once or twice

Disapproval*
% disapproving of using once or twice

Availability*
% saying "fairly easy" or "very easy" to get
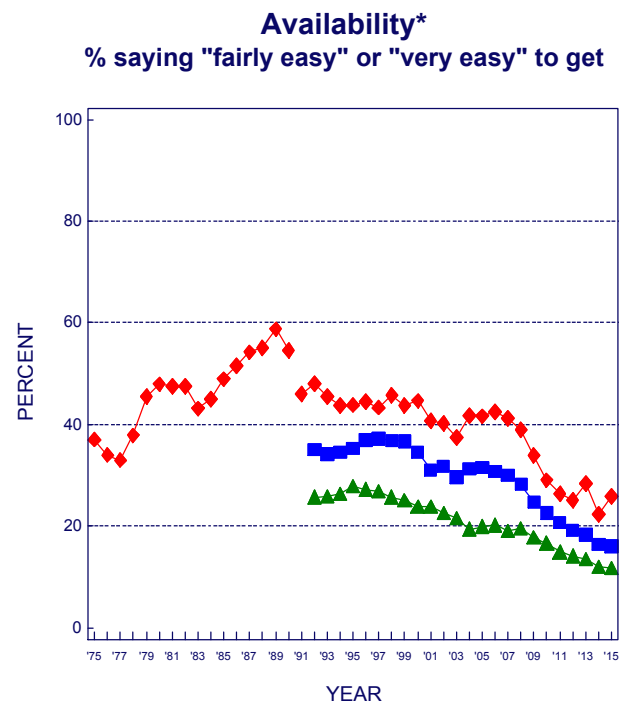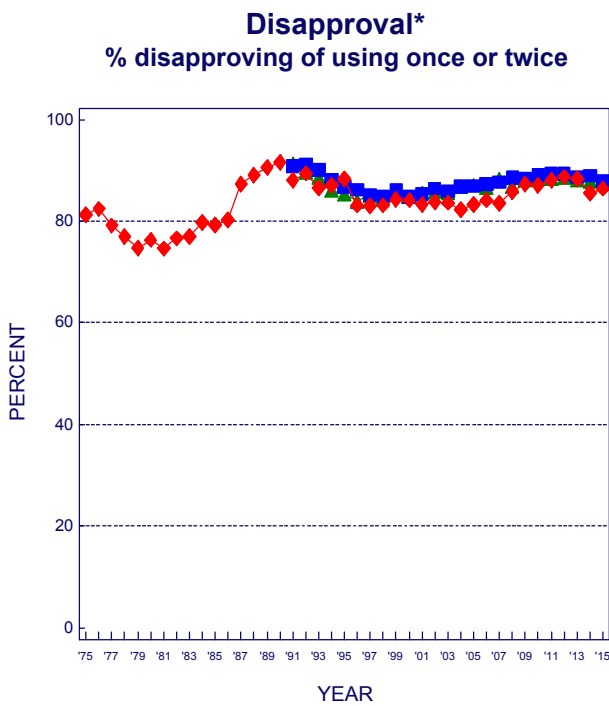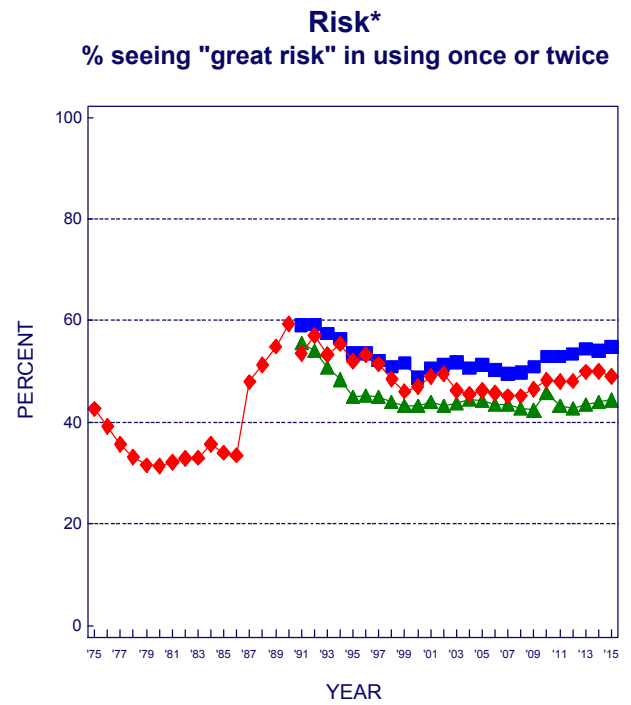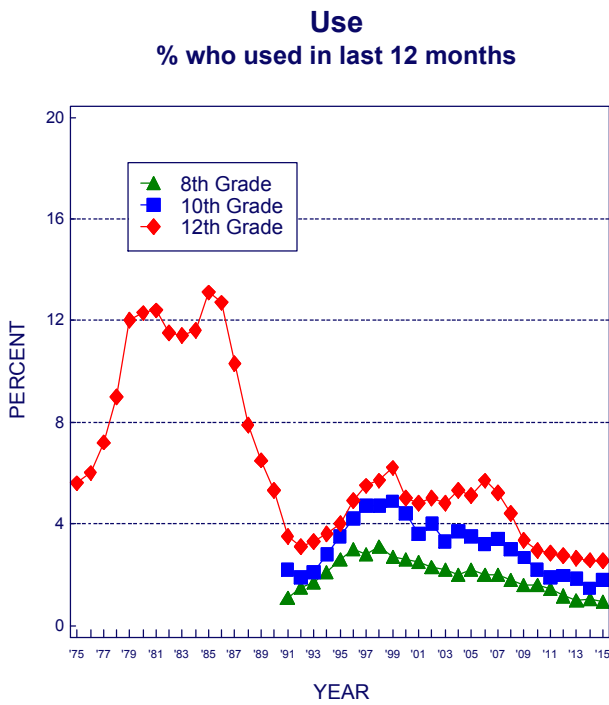
Source. The Monitoring the Future study, the University of Michigan.
*Prior to 1991, data reported here is based on questions on use of cocaine in general. Starting in 1991, data based on questions on use of cocaine powder specifically.

Crack

Several indirect indicators suggest that crack use grew rapidly in the period 1983–1986, beginning before we had direct measures of its use. In 1986 a single usage question was included in one of the five 12th-grade questionnaire forms, asking those who indicated any cocaine use in the prior 12 months if they had used crack. The results from that question represent the first data point in the first panel on the facing page. After that, three questions about crack use covering the usual three prevalence periods were introduced into several questionnaire forms.

Trends in Use

Clearly crack use rose rapidly in the early 1980s, judging by the 4% annual prevalence reached in 1986; but after 1986 there was a precipitous drop in crack use among 12th graders; the drop continued through 1991. After 1991 for 8th and 10th graders (when data were first available) and after 1993 for 12th graders, all three grades showed a slow, steady increase in use through 1998 during the relapse phase of the overall drug epidemic. Since 1999, annual prevalence dropped by about 76% in 8th grade, 70% in 10th grade, and 60% in 12th grade. Today use of crack is at historic lows for 8th graders and near historic lows among 10th and 12th graders. As with many drugs, the decline at 12th grade lagged behind those in the lower grades due to a cohort effect.

Perceived Risk

By the time we added questions about the perceived risk of using crack in 1987, crack was already seen by 12th graders as one of the most dangerous illicit drugs: 57% saw a great risk in even trying it. This compared to 54% for heroin, for example. Perceived risk for crack rose still higher through 1990, reaching 64% of 12th graders who said they thought there was a great risk in taking crack once or twice. (Use was dropping during that interval.) After 1990 some falloff in perceived risk began, well before crack use began to increase in 1994, making perceived risk again a leading indicator. Between 1991 and 1998 there was a considerable falloff in this belief in grades 8 and 10, as use rose steadily. Perceived risk leveled in 2000 in

grades 8 and 12 and a year later in grade 10. We think that the declines in perceived risk for crack and cocaine during the 1990s may well reflect an example of generational forgetting wherein the class cohorts that were in adolescence when the adverse consequences were most obvious (i.e., in the mid-1980s) were replaced by cohorts who were less knowledgeable about the dangers. In 2015 perceived risk of trying crack continued to rise among 8th and 10th graders but declined non-significantly among 12th graders.

Disapproval

Disapproval of crack use was not assessed until 1990, when it was at a very high level, with 92% of 12th graders saying that they disapproved of even trying it. Disapproval of crack use declined slightly but steadily in all three grades from 1991 through about 1997. After 1997, disapproval has increased slightly in all three grades but has leveled in all three grades in the past few years.

Availability

Crack availability did not change dramatically in the early years for which data are available. It began a sustained decline after 1995 among 8th graders, after 1999 among 10th graders, and after 2000 among 12th graders. Since 2000, availability has declined considerably, particularly in the upper grades.

NOTE: The distinction between crack cocaine and other forms of cocaine (mostly powder) was made several years after the study's inception. The figures on the facing page begin their trend lines when these distinctions were introduced. Figures are not presented here for the "other forms of cocaine" measures, simply because the trend curves look extremely similar to those for crack. (All statistics are contained in the tables presented later.) Although the trends are very similar, the absolute levels of use, risk, etc., are somewhat different. Usage levels tend to be higher for cocaine powder compared to crack, and the levels of perceived risk a bit lower, while disapproval has been close for the two different forms of cocaine and relative availability has varied (Tables 15 through 17).

Crack: Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
% who used in last 12 months

Legend:
- ▲ 8th Grade
- ■ 10th Grade
- ◆ 12th Grade

PERCENT

YEAR

Risk
% seeing "great risk" in using once or twice

PERCENT

YEAR

Disapproval
% disapproving of using once or twice

PERCENT

YEAR

Availability
% saying "fairly easy" or "very easy" to get

PERCENT

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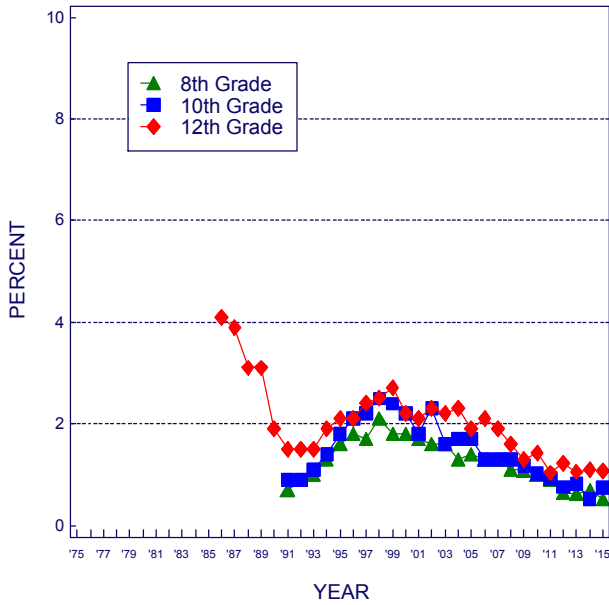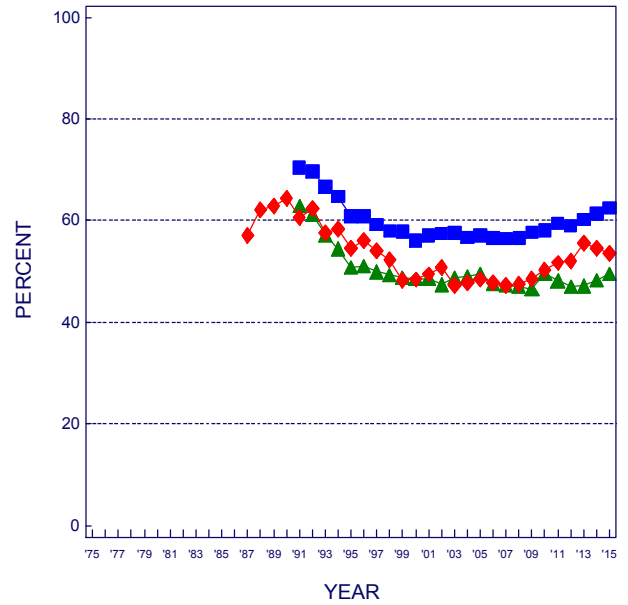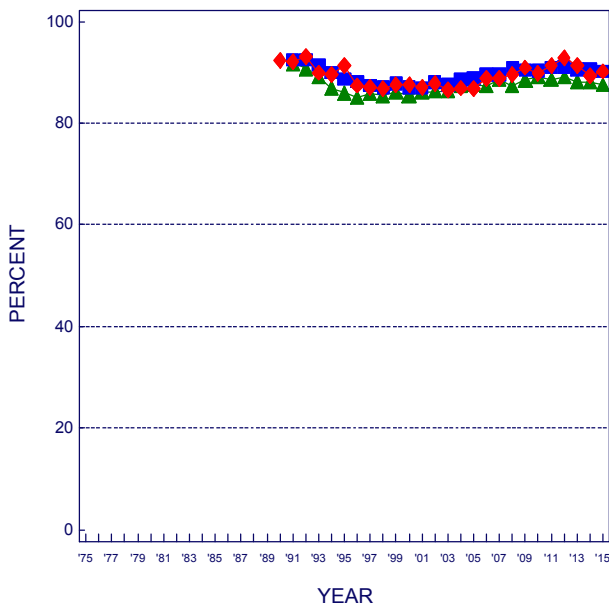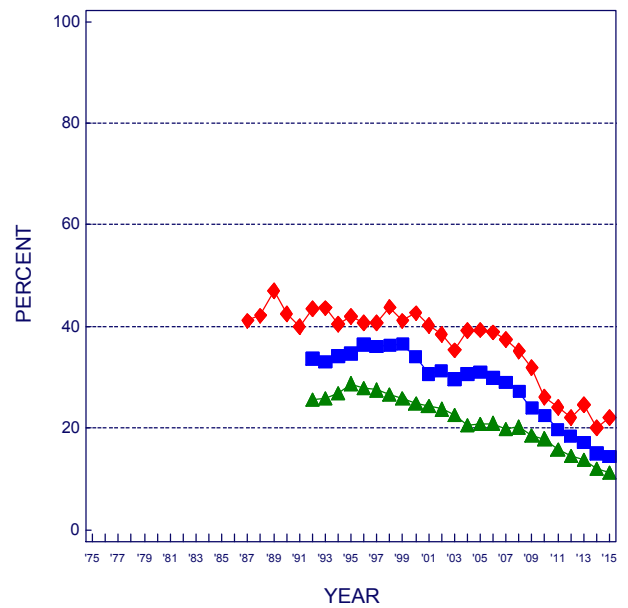
Source. The Monitoring the Future study, the University of Michigan.

Amphetamines and Other Stimulant Drugs

Amphetamines, a class of psychotherapeutic stimulants, had a relatively high prevalence of use in the youth population for many years. The behavior reported here excludes any use under medical supervision. Amphetamines are controlled substances—they are not legally bought or sold without a doctor's prescription—but some are diverted from legitimate channels, and some are manufactured and/or imported illegally. There are other controlled stimulants that are also included, like Ritalin which is used to treat ADHD, as is Adderall, the most prevalent in the class.

Trends in Use

The use of these stimulants rose in the last half of the 1970s, reaching a peak of 26% in 1981 (likely exaggerated due to commonly used "look-alikes")—two years after marijuana use peaked. From 1981 to 1992, 12th graders reported a steady and substantial decline in their use.

As with many other illicit drugs, these stimulants made a comeback in the 1990s. Use peaked in the lower two grades by 1996. Since then, use declined steadily in 8th grade and sporadically in 10th grade. Only after 2002 did it begin to decline in 12th grade. The decline paused in 2008 for 8th graders and 2009/2010 for 12th graders, and then resumed. The 12th-grade decline began in 2003 but reversed from 2009 to 2013. In 2013 the amphetamines/stimulants prevalence question text was changed in half of the questionnaire forms. The 2013 report used data from the changed forms only, to be comparable to the 2014 measure. In 2014 the remaining forms were changed; the 2014 and subsequent data presented here are for all the forms. Since 2013 there has been a downward drift in annual prevalence but a steeper decline in 30-day prevalence (significant in the upper grades).

Perceived Risk

Only 12th graders are asked about the amount of risk they associate with amphetamine/stimulant use. For a few years, changes in perceived risk were not correlated with changes in usage levels (at the aggregate level). Specifically, in the interval 1981–1986, risk was quite stable even though use fell considerably, likely as a result of some displacement by cocaine. There was, however, a decrease in risk during the period 1975–1981 (when use was rising), some increase in perceived risk in 1986–1991 (when use was falling), and some decline in perceived risk from 1991 to 1995 (in advance of use rising again). Perceived risk has generally been rising in recent years, very likely contributing to the decline in use that occurred among 12th graders after 2002; it appears to have leveled after 2007. In 2011 the examples of specific amphetamines provided in the text of the questions on perceived risk, disapproval, and availability were updated with the inclusion of Adderall and Ritalin. This led to some discontinuities in the trend lines in 2011. (Levels of perceived risk and disapproval lowered as a result.) Based on the revised question, little change has occurred in perceived risk since 2011.

Disapproval

Disapproval of amphetamine/stimulant use is asked in 12th grade only. Relatively high proportions of 12th graders have disapproved of even trying amphetamines/stimulants throughout the life of the study. Disapproval did not change in the late 1970s despite an increase in use. From 1981 to 1992, disapproval rose gradually and substantially from 71% to 87% as perceived risk rose and use declined. In the mid-1990s disapproval declined along with perceived risk, but it increased fairly steadily from 1996 through 2009 before leveling. There has been a slight falloff since 2013.

Availability

In 1975, amphetamines/stimulants had a high level of reported availability. The level fell by about 10 percentage points by 1977, drifted up a bit through 1980, jumped sharply in 1981, and then began a long, gradual decline through 1991. There was a modest increase in availability at all three grade levels in the early 1990s as use rose, followed by a long-term decline which continued through 2015. (See Table 6 for the trends in annual use of two specific amphetamines—Ritalin and Adderall). Since it was first measured in 2001, *Ritalin* use has declined by 60% to 80% in all three grades. *Adderall* use declined in the lower grades since it was first measured in 2009; but annual prevalence increased significantly in 12th grade between 2009 (5.4%) and 2013 (7.4%) where it remained in 2015 (7.5%).

Amphetamines: Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use*
% who used in last 12 months

Legend:
- ▲ 8th Grade
- ■ 10th Grade
- ◆ 12th Grade

Risk**
% seeing "great risk" in using once or twice

Disapproval**
% disapproving of using once or twice

Availability**
% saying "fairly easy" or "very easy" to get
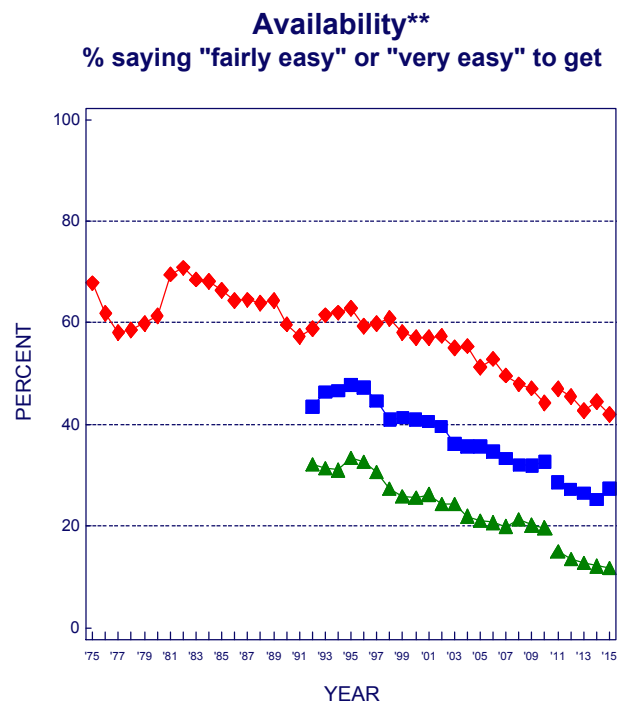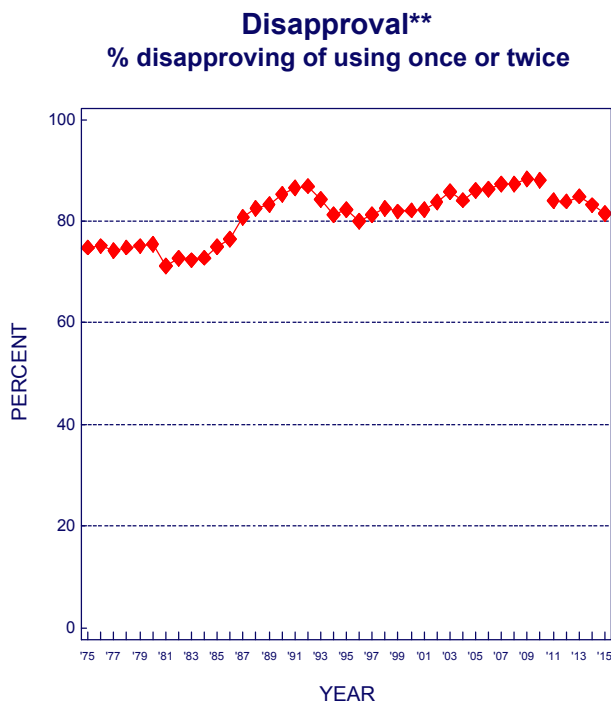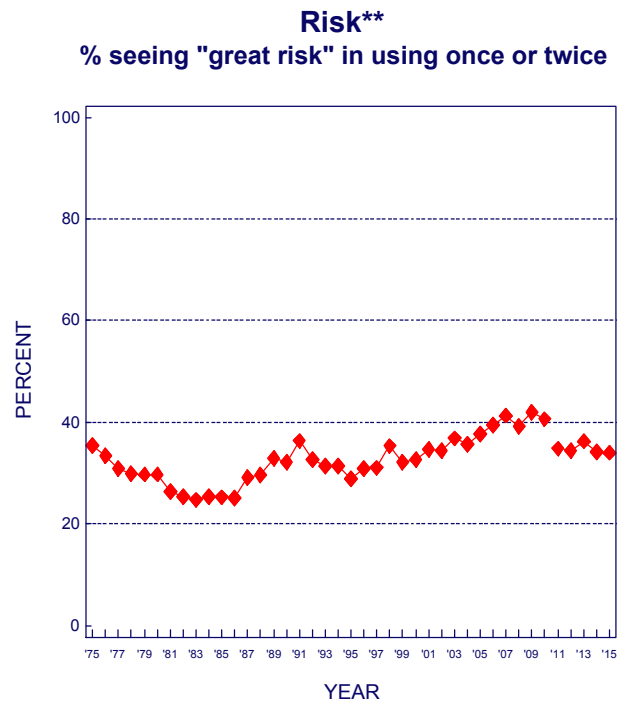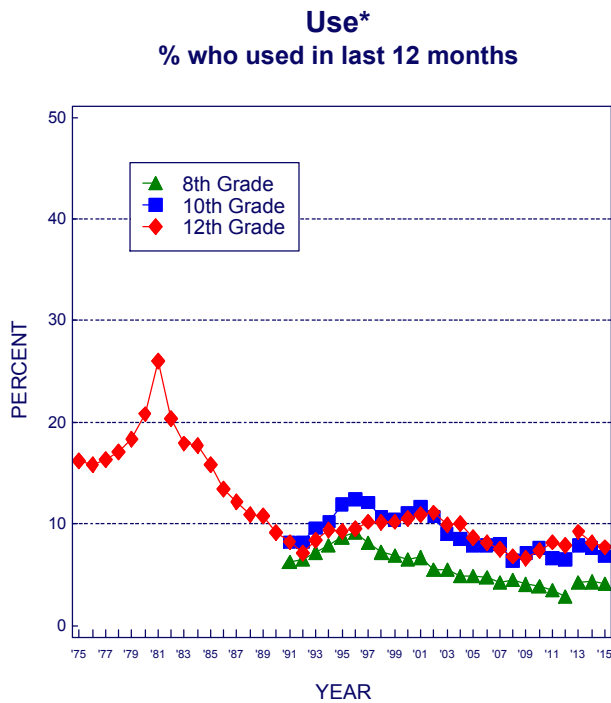
Source. The Monitoring the Future study, the University of Michigan.
*In 2013 the question text was changed on two of the questionnaire forms for 8th and 10th graders and four of the questionnaire forms for 12th graders, and changed on the remaining forms in 2014. Beginning in 2013, data presented here include only the changed forms.
**In 2011 the list of examples was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc.
These changes likely explain the discontinuity in the 2011 results.

24

Methamphetamine and Crystal Methamphetamine (Ice)

One subclass of amphetamines is called methamphetamine ("speed"). This subclass has been around for a long time and gave rise to the phrase "speed kills" in the 1960s. Probably because of the reputation it got at that time as a particularly dangerous drug, it was not popular for some years, so we did not include a full set of questions about its use in MTF's early questionnaires. One form of methamphetamine, crystal methamphetamine or "ice," grew in popularity in the 1980s. It comes in crystallized form, as the name implies, and the chunks can be heated and the fumes inhaled, much like crack.

Trends in Use

For most of the life of the study, the only question about **methamphetamine** use has been contained in a single 12th-grade questionnaire form. Respondents who indicated using any type of amphetamines in the prior 12 months were asked in a sequel question to indicate on a prespecified list the types they had used during that period. Methamphetamine was one type on the list, and data exist on its use since 1976. (The rates are not graphed here until 1990.) In 1976, annual prevalence on this measure was 1.9%; it then roughly doubled to 3.7% by 1981 (the peak year), before declining for over a decade all the way down to 0.4% by 1992. Use then rose again in the mid- 1990s, as did use of a number of drugs, reaching 1.3% by 1998. In other words, it has followed a cross-time trajectory fairly similar to that for amphetamines as a whole.

In 1990, in the 12th-grade questionnaires only, we introduced our usual set of three questions for **crystal methamphetamine**, measuring lifetime, annual, and 30-day use. Among 12th graders in 1990, 1.3% indicated any use in the prior year; use climbed to 3.0% by 1998, and has generally been declining since then, reaching an all-time low of 0.5% in 2015. This variable is charted on the first facing panel.

Responding to the growing concern about methamphetamine use in general—not just crystal methamphetamine use—we added a full set of three questions about the use of any methamphetamine to the 1999 questionnaires for all three grade levels. These

questions yield a somewhat higher annual prevalence for 12th graders: 4.3% in 2000, compared to the sum of the methamphetamine and crystal methamphetamine answers in the other, branching question format, which totaled 2.8%. It would appear, then, that the long-term method we had been using for tracking methamphetamine use probably yielded an understatement of the absolute prevalence level, perhaps because some proportion of methamphetamine users did not correctly categorize themselves initially as amphetamine users (even though methamphetamine was given as one of the examples of amphetamines). We think it likely that the shape of the trend curve was not distorted, however.

The newer questions for **methamphetamine** (not graphed here) show annual prevalence rates in 2015 of 0.5% for 8th graders, 0.8% for 10th graders, and 0.6% for 12th graders. In every grade, prevalence is at the lowest level ever recorded by the survey. All of these levels are down considerably from the first measurement taken in 1999, when they were 3.2%, 4.6%, and 4.7% (see Table 6). So, despite growing public concern about the methamphetamine problem in the United States, use actually has shown a fairly steady and substantial decline since 1999, at least among secondary school students. (A similar decline in methamphetamine use did not begin to appear among college students and young adults until after 2004, likely reflecting a cohort effect. See *Volume II* in this series.)

Other Measures

No questions have yet been added to the study on perceived risk, disapproval, or availability with regard to overall methamphetamine use. Data on perceived risk and availability for crystal methamphetamine, specifically, may be found on the facing page.

Clearly the perceived risk of crystal methamphetamine use has risen considerably since 2003, very likely explaining much of the decline in use since then. Its perceived availability generally has been falling in all three grades since 2006, perhaps in part because there are many fewer users from whom to gain access.

Crystal Methamphetamine (Ice) : Trends in Annual Use, Risk, and Availability
Grades 8, 10, 12
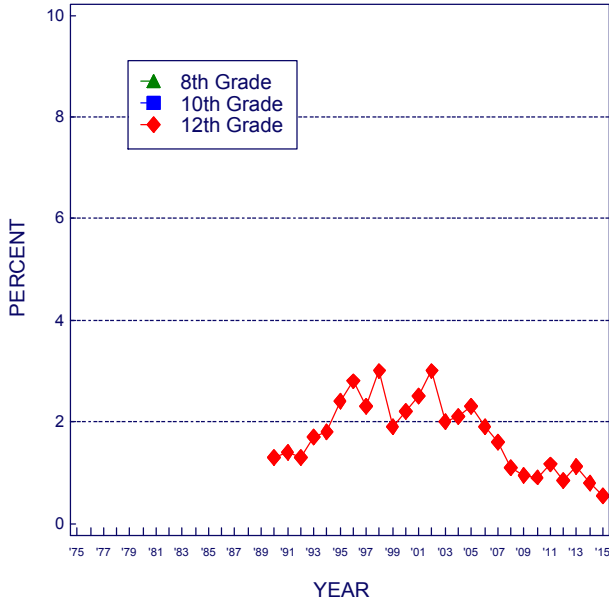
Use
% who used in last 12 months

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

Risk
% seeing "great risk" in using once or twice

Disapproval
% disapproving of using once or twice

(no data)

Availability
% saying "fairly easy" or "very easy" to get

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

26
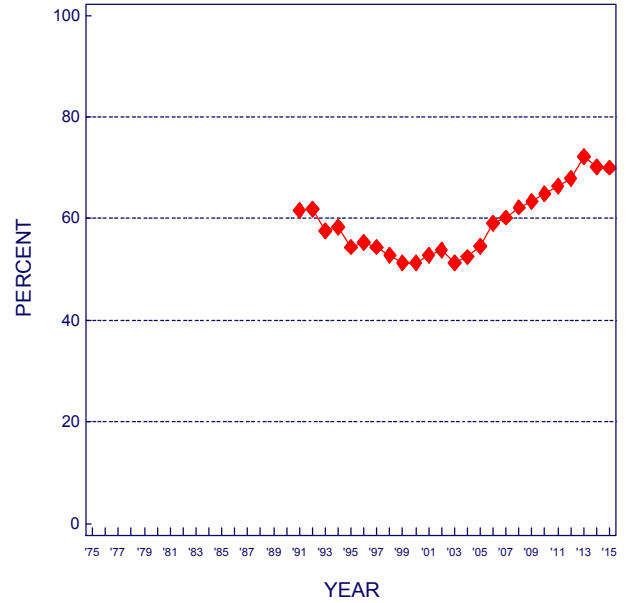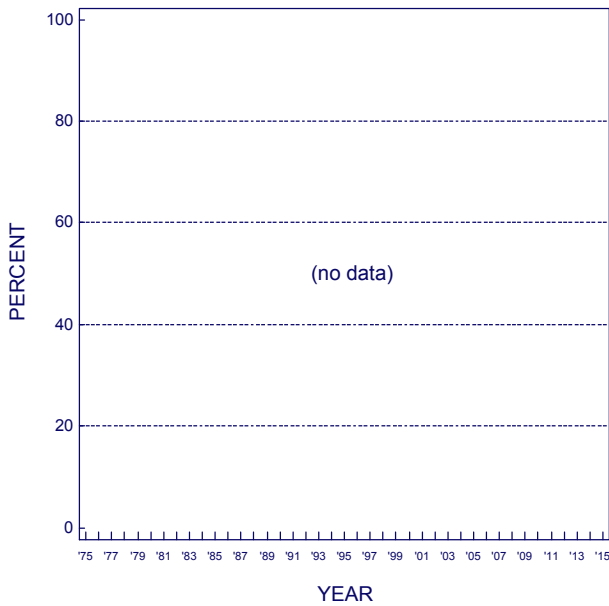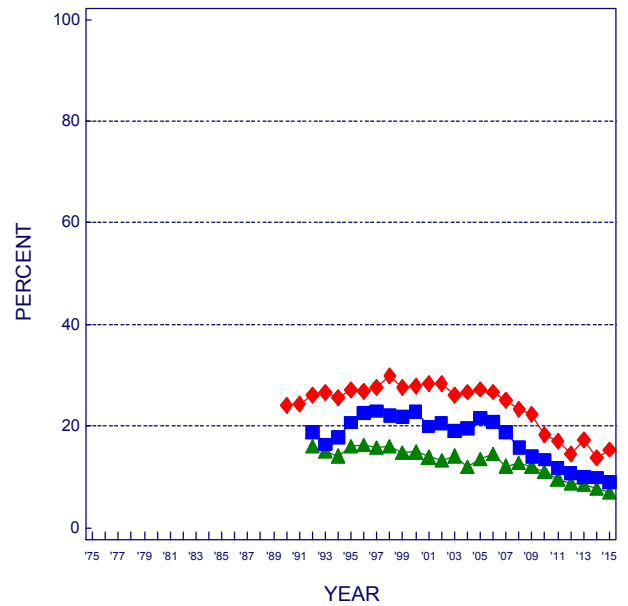
Heroin

For many decades, heroin—a derivative of opium—was administered primarily by injection into a vein. However, in the 1990s the purity of available heroin reached very high levels, making other modes of administration (e.g., snorting, smoking) practical alternatives. Thus, in 1995 we introduced questions that asked separately about using heroin with and without a needle to determine whether noninjection use explained the upsurge in heroin use we were observing. The usage statistics presented on the facing page are based on heroin use by any method, but data on the two specific types of administration are provided in the tables at the end of this report.

Trends in Use

The annual prevalence of heroin use among 12th graders fell by half between 1975 and 1979, from 1.0% to 0.5%. The rate then held amazingly steady until 1994. Use rose in the mid- and late-1990s, along with the use of most drugs; it reached peak levels in 1996 among 8th graders (1.6%), in 1997 among 10th graders (1.4%), and in 2000 among 12th graders (1.5%), suggesting a cohort effect. Since those peak levels, use has declined, with annual prevalence in all three grades fluctuating between 0.7% and 0.9% from 2005 through 2010. Since then, annual prevalence in the three grades combined has declined, from 0.8% to 0.4% in 2015.

Because the questions about use with and without a needle were not introduced until the 1995 survey, they did not encompass much of the period of increasing heroin use. Responses to the new questions showed that, by then, about equal proportions of all 8th-grade users were taking heroin by each method of ingestion, and some—nearly a third of users—were using both means. At 10th grade, a somewhat higher proportion of all users took heroin without a needle, and at 12th grade, the proportion was higher still. Much of the increase in overall heroin use beyond 1995 occurred in the proportions using it without injecting, which we strongly suspect was true in the immediately preceding period of increase as well. Likewise, much of the decrease since the recent peak levels has been due to decreasing use of heroin without a needle. In 2012 there were significant decreases in use of heroin without a needle for 8th and 12th graders, and very slight declines since then in 8th and 10th grades.

Use with a needle has fallen considerably in all three grades since the mid-1990s; annual prevalence in 2015 stood at 0.2%, 0.2%, and 0.3%, respectively, including significant declines in 8th and 10th grades from the 2014 to 2015 prevalence levels. The proportional declines are greatest in the lower grades.

Perceived Risk

Students have long seen heroin to be one of the most dangerous drugs, which helps to account for both the consistently high level of personal disapproval of use (see below) and the quite low prevalence of use. Nevertheless, perceived risk levels have changed some over the years. Between 1975 and 1986, perceived risk gradually declined, even though use dropped and then stabilized in that interval. Then there was a big spike in 1987 (when perceived risk for cocaine also jumped dramatically), where it held for four years. In 1992, perceived risk dropped to a lower plateau again, presaging an increase in use a year or two later. Perceived risk rose in the latter half of the 1990s, and use leveled off and then declined. Perceived risk of use without a needle rose in 8th and 10th grades between 1995 and 1997, foretelling an end to the increase in use. Note that perceived risk has served as a leading indicator of use for this drug as well as a number of others. During the 2000s, perceived risk has been relatively stable.

Disapproval

There has been little fluctuation in the very high levels of disapproval of heroin use over the years, though it did rise gradually between 2000 and 2010. The small changes that have occurred have been generally consistent with changes in perceived risk and use.

Availability

The proportion of 12th-grade students saying they could get heroin fairly easily if they wanted some remained around 20% through the mid-1980s. It then increased considerably from 1986 to 1992 before stabilizing at about 35% from 1992 through 1998. From the mid- to late-1990s through 2014, perceived availability of heroin declined gradually but substantially in all three grades. It leveled in 2015.

Heroin: Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
% who used in last 12 months

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

PERCENT

YEAR

Risk*
% seeing "great risk" in using once or twice

PERCENT

YEAR

Disapproval*
% disapproving of using once or twice

PERCENT

YEAR

Availability
% saying "fairly easy" or "very easy" to get

PERCENT

YEAR
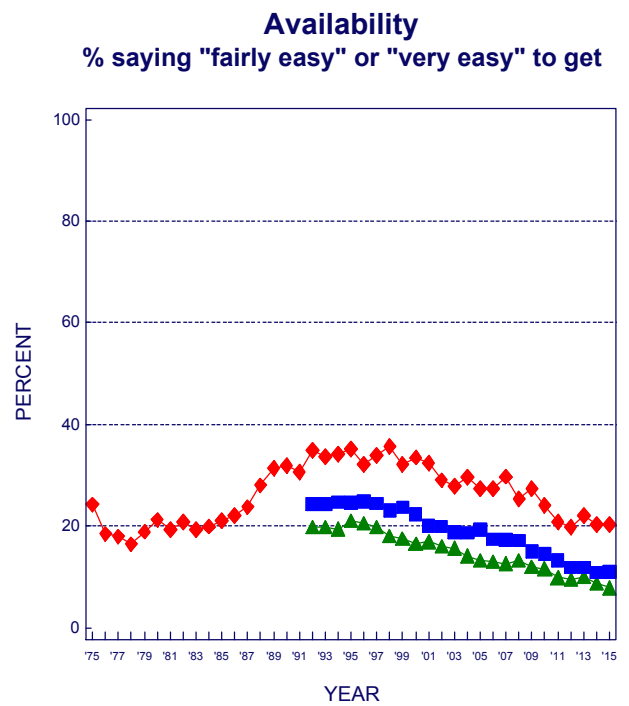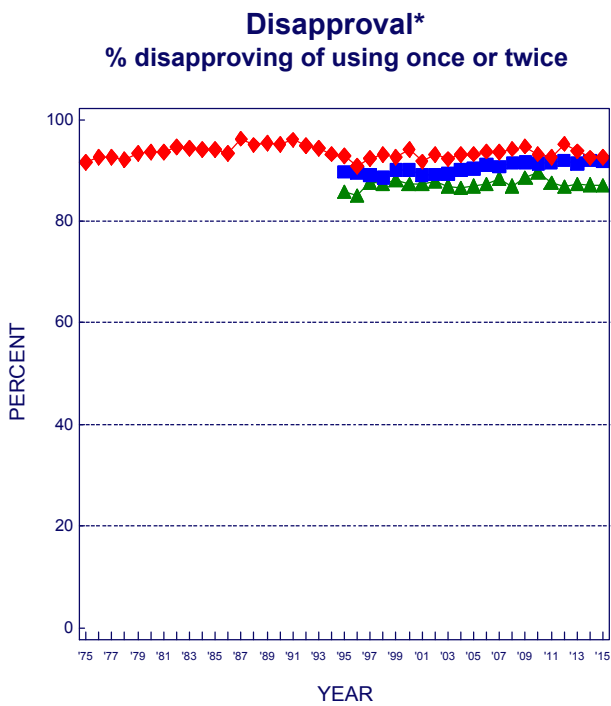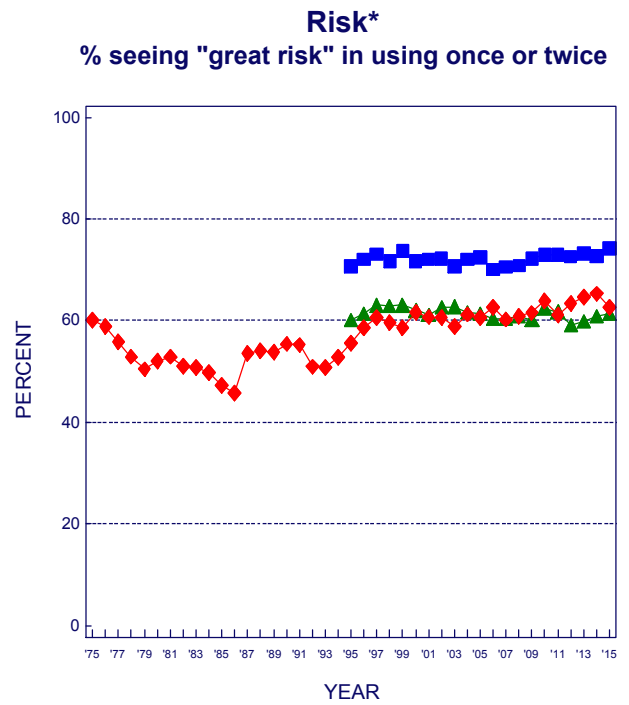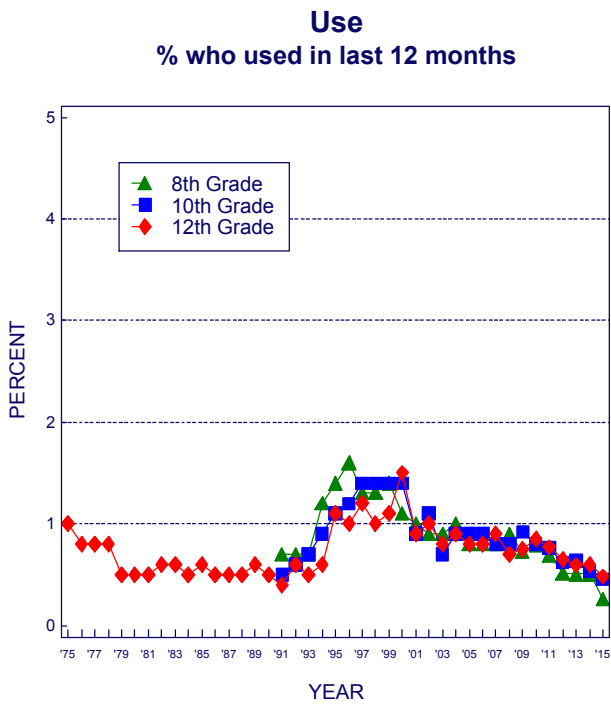
Source. The Monitoring the Future study, the University of Michigan.
*Prior to 1995, the questions asked about heroin use in general. Since 1995, the questions have asked about heroin use without a needle.

Other Narcotic Drugs, Including OxyContin and Vicodin

There are a number of narcotic drugs other than heroin—all controlled substances. Many are analgesics that can be prescribed by physicians and dentists for pain. Like heroin, many are derived from opium, but there are also a number of synthetic analogues in use today, with OxyContin and Vicodin being two of the major ones.

Throughout the life of the MTF study, we have asked about the use of any narcotic drug other than heroin without specifying which one. Examples of drugs in the class are provided in the question stem. In one of the six 12th-grade questionnaire forms, however, respondents indicating that they had used any narcotic in the past 12 months were then asked to check which of a fairly long list of such drugs they used. Table E-4 in *Volume I* of this annual monograph series provides trends in their annual prevalence data. In the late 1970s, opium and codeine were among the narcotics most widely used. In recent years Vicodin, codeine, Percocet, OxyContin, and hydrocodone have been the most prevalent.

Trends in Use

Use is reported for 12th graders only, because we considered the data from 8th and 10th graders to be of questionable validity. As shown in the first panel of the facing page, 12th graders' use of narcotics other than heroin generally trended down from about 1977 through 1992, dropping considerably. After 1992 use rose rather steeply as all forms of substance use were increasing, with annual prevalence nearly tripling from 3.3% in 1992 to 9.5% in 2004, before leveling through about 2009. Since then, use has been declining, particularly since 2009. (In 2002 the question was revised to add Vicodin, OxyContin, and Percocet to the examples given, which clearly had the effect of increasing reported prevalence, as may be seen in the first panel on the facing page. So the extent of the increase over the full time span likely is exaggerated,

but probably not by much, because these drugs came onto the scene later, during the rise. They simply were not being fully reported until the late 1990s.)

Use rates for two narcotics of recent interest—OxyContin and Vicodin—are presented in the second and third panels on the facing page, in a departure from the usual arrangement. There are no data for disapproval and only limited data on perceived risk (since 2012) for the two drugs, showing low and stable risk levels.

OxyContin use increased some in all grades from 2002 (when it was first measured) through roughly 2009, though the trend lines have been irregular. Since 2009 or 2010, the prevalence rate has dropped in all grades. Annual prevalence in 2015 was 0.8%, 2.6%, and 3.7% in grades 8, 10, and 12, respectively. Use of *Vicodin*, on the other hand, remained fairly steady at somewhat higher levels from 2002, the first measurement, until 2009 after which it declined in all grades. In 2015 annual prevalence rates continued to decline and were 0.9%, 2.5%, and 4.4% for 8th, 10th and 12th graders respectively.

Availability

Questions were asked about the availability of narcotics other than heroin, taken as a class. Perceived availability increased gradually among 12th graders from 1978 through 1989, even as reported use was dropping. Perceived availability then rose further, from 1991 through 2001, as use rose quite sharply before leveling by about 2000 and then declining after 2006. In contrast, perceived availability had declined among 8th and 10th graders since the late 1990s. (In all three grades a change in question wording in 2010 to include OxyContin and Vicodin as examples presumably accounts for the considerable jump in reported availability that year.) Availability has declined further in all three grades since 2010.

Narcotics other than Heroin and OxyContin and Vicodin Specifically :
Trends in Annual Use and Availability
Grades 8, 10, 12

Use of Narcotics other than Heroin
% who used any narcotics other than heroin in last 12 months*
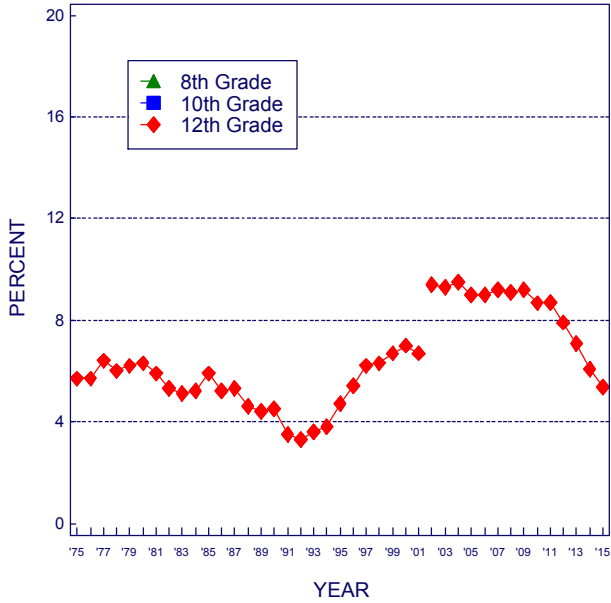
OxyContin Use
% who used OxyContin in last 12 months
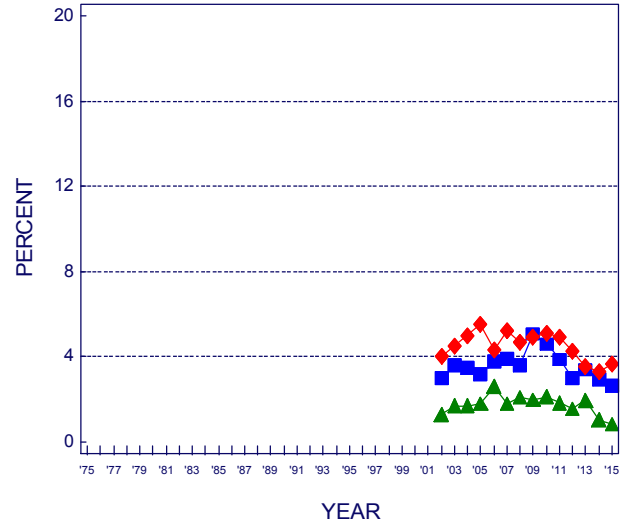
Vicodin Use
% who used Vicodin in last 12 months
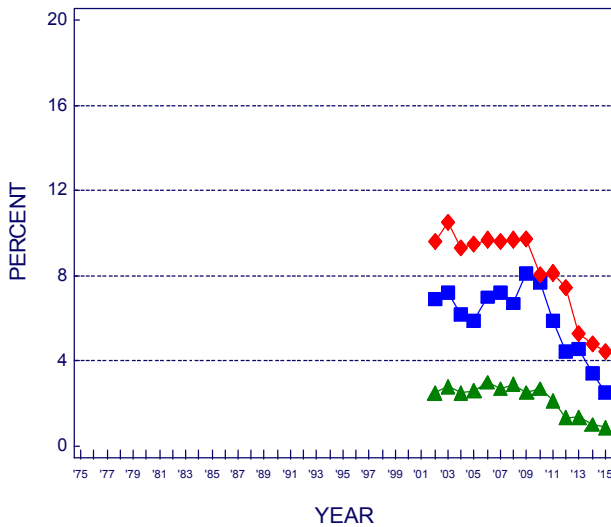
Availability of Narcotics other than Heroin**
% saying "fairly easy" or "very easy" to get
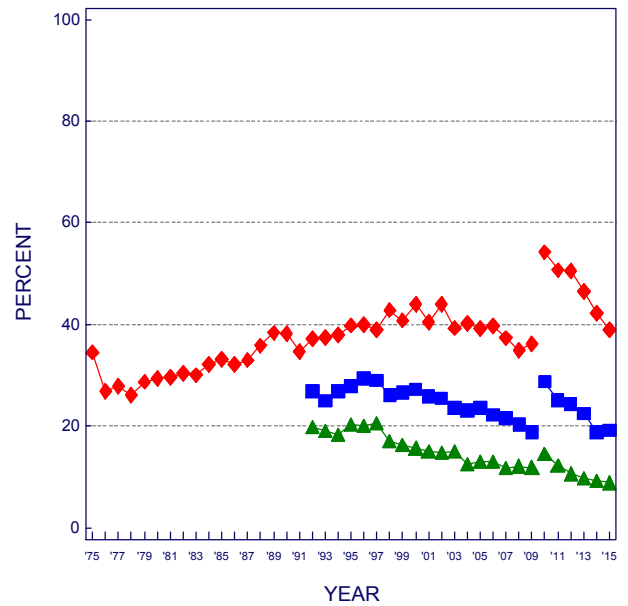
Source. The Monitoring the Future study, the University of Michigan.
*Beginning in 2002, a revised set of questions on other narcotics use was introduced in which Talwin, laudanum, and paregoric were replaced as examples given with Vicodin, OxyContin, and Percocet.
**In 2010 the list of examples was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc.

Tranquilizers

Tranquilizers are psychotherapeutic drugs that are legally sold only by prescription. They are central nervous depressants and, for the most part, comprise benzodiazepines (minor tranquilizers), although some nonbenzodiazepines have been introduced. Respondents are instructed to exclude any medically prescribed use from their answers. At present, *Xanax* is the tranquilizer most commonly used by 12th graders (only 12th graders are asked to indicate which specific tranquilizers they used). (See Table E-3 in appendix E of *Volume I* in this series for details.) Valium, Klonopin, and Ativan are other tranquilizers, used at somewhat lower levels. In 2001 the examples given in the tranquilizer question were modified to reflect changes in the drugs in common use—Miltown was dropped and Xanax was added. As the first panel on the facing page shows, this caused a modest increase in the reported level of tranquilizer use in the upper grades, so we have broken the trend line to reflect the point of redefinition.

Trends in Use
During the late 1970s and all of the 1980s, tranquilizers fell steadily and substantially from popularity, with 12th graders' use declining by three fourths over the 15-year interval between 1977 and 1992. Their use then increased, as happened with many other drugs during the 1990s. Annual prevalence more than doubled among 12th graders, rising steadily through 2002, before leveling. Use also rose steadily among 10th graders, but began to decline some in 2002. Use peaked much earlier among 8th graders in 1996 and then declined slightly for two years. Tranquilizer use remained relatively stable among 8th graders through 2010 at considerably lower levels than the upper two grades. They showed a significant decline in 2011 and a modest further decline in 2012 before stabilizing once again. From 2002 to 2005, there was some decline among 10th graders, followed by a leveling, then a resumption of the decline in 2011. Among 12th graders there was a very gradual decline from 2002 through 2007, before leveling and then decreasing in 2010 and again in 2013. This staggered pattern of change suggests that a cohort effect has been at work. There has been little further change since 2013. In 2015 the prevalence of use of these prescription-type drugs was somewhat lower than their recent peak levels, with annual prevalence rates of 1.7%, 3.9%, and 4.7% in grades 8, 10, and 12, respectively.

Perceived Risk and Disapproval
Data have not been collected on perceived risk and disapproval primarily due to questionnaire space limitations.

Availability
As the number of 12th graders reporting nonmedically prescribed tranquilizer use fell dramatically during the 1970s and 1980s, so did the proportion saying that tranquilizers would be fairly or very easy to get. Whether declining use caused the decline in availability or vice versa is unclear. However, 12th graders' perceived availability has continued to fall since then, even as use rebounded in the 1990s; it is now down by eight tenths over the life of the study—from 72% in 1975 to 15% by 2015 saying that tranquilizers would be fairly or very easy to get if they wanted some. Availability has fallen fairly continuously since 1991 in the lower grades as well, though not as sharply.

Tranquilizers: Trends in Annual Use and Availability
Grades 8, 10, 12

Use*
% who used in last 12 months

Legend:
- ▲ 8th Grade
- ■ 10th Grade
- ◆ 12th Grade

Risk
% seeing "great risk" in using once or twice

(no data)

Disapproval
% disapproving of using once or twice

(no data)

Availability
% saying "fairly easy" or "very easy" to get
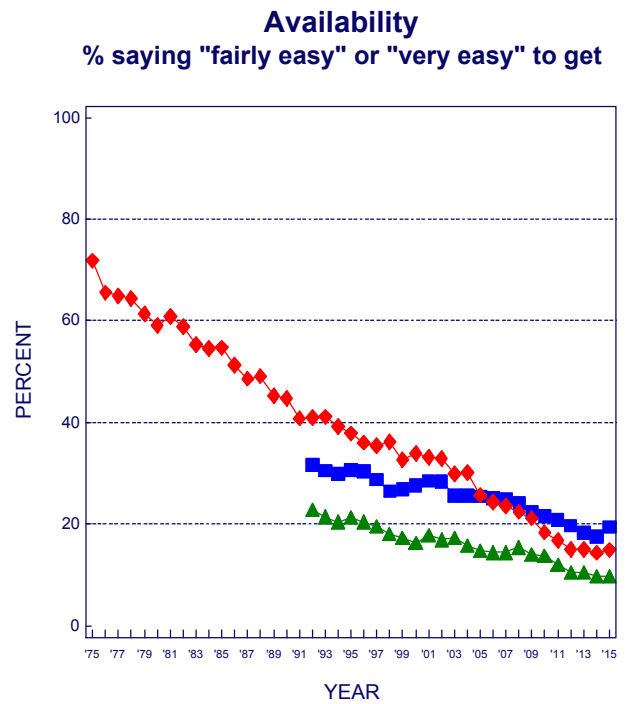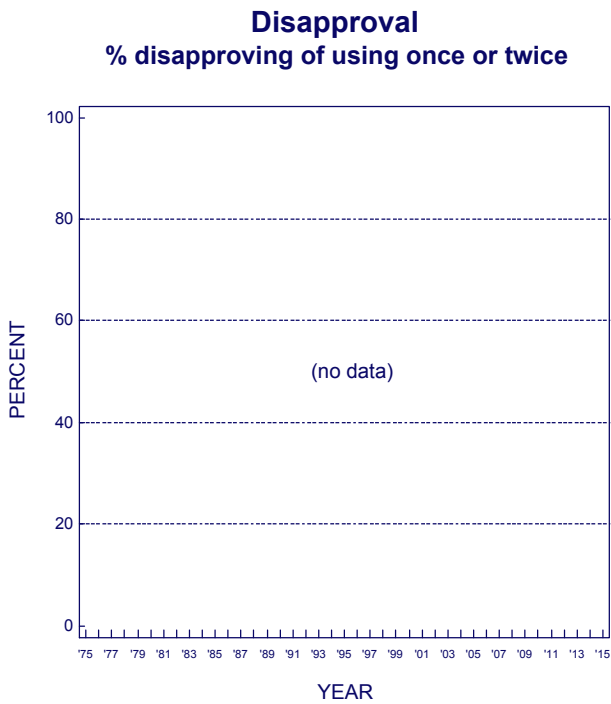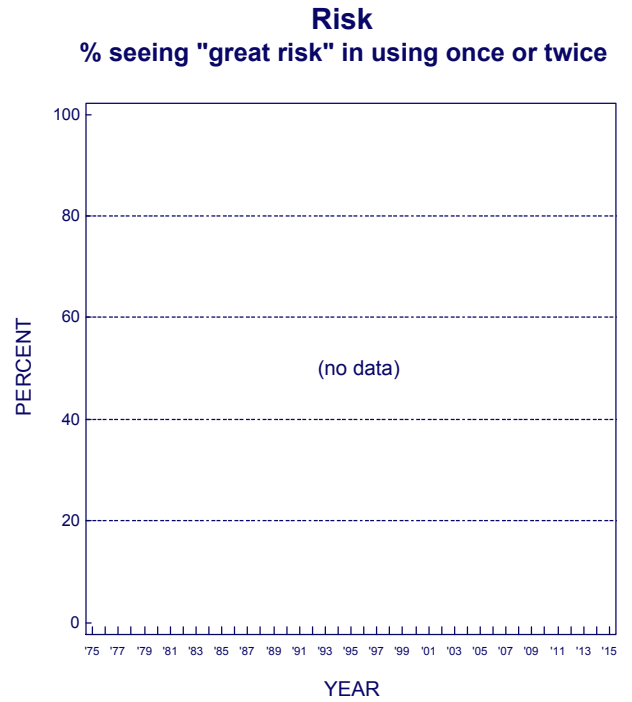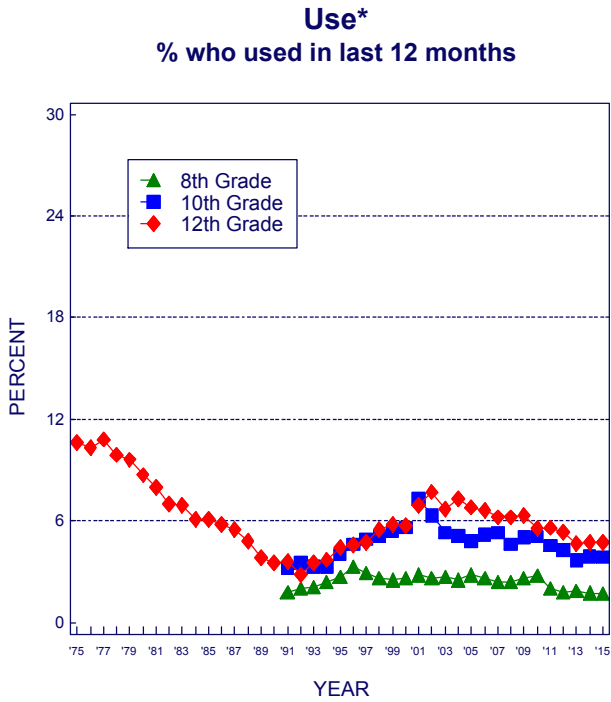
Source. The Monitoring the Future study, the University of Michigan.

*Beginning in 2001, a revised set of questions on tranquilizer use was introduced in which Xanax replaced Miltown in the list of examples.

Sedatives (Barbiturates)

Like tranquilizers, sedatives are prescription-controlled psychotherapeutic drugs that act as central nervous system depressants. They are used to assist sleep and relieve anxiety.

Though for many years respondents have been asked specifically about their use of barbiturate sedatives, they likely have been including other classes of sedatives in their answers. In 2004 the question on use was revised to say "sedatives/barbiturates"—a change that appeared to have no impact on reported levels of use. Respondents are told for what purposes sedatives are prescribed and are instructed to exclude from their answers any use under medical supervision. Usage data are reported only for 12th graders because we believe that 8th- and 10th-grade students tend to over-report use, perhaps including in their answers their use of nonprescription sleep aids or other over-the-counter drugs.

Trends in Use
As with tranquilizers, the use of sedatives (barbiturates) fell steadily among 12th graders from the mid-1970s through the early 1990s. From 1975 to 1992 annual prevalence fell by three fourths, from 10.7% to 2.8%. As with many other drugs, a gradual, long-term resurgence in sedative use occurred after 1992, but unlike the case with most illegal drugs, sedative (barbiturate) use continued to rise steadily through 2005, well beyond the point at which the use of most illegal drugs began falling. (Recall that tranquilizer use also continued to rise into the early 2000s.) Use has declined some since 2005, and by 2015 the annual prevalence rate was down by about half from its recent peak. The sedative methaqualone (known as Quaaludes) was included in the MTF study from the very beginning, and was never as popular as barbiturates; use rates have generally been declining since 1975, reaching an annual prevalence of just 0.5% in 2007, about where it remained through 2012, after which the question was dropped.

Perceived Risk
Trying sedatives (barbiturates) was never seen by most students as very dangerous; and it is clear from the second panel on the facing page that changes in perceived risk cannot explain the trends in use that occurred from 1975 through 1986, when perceived risk was actually declining along with use. But then perceived risk shifted up some through 1991 while use was still falling. It dropped back some through 1995, as use was increasing, and then remained relatively stable for a few years. Perceived risk has generally been at quite low levels, which may help to explain why the use of this class of psychotherapeutic drugs (and likely others) stayed at relatively high levels in the first half of the decade of the 2000s. However, perceived risk began to rise a bit after 2000, foretelling the decline in use that began after 2005. When the term "sedatives" was changed to "sedatives/barbiturates" in 2004, the trend line shifted down slightly, but perceived risk continued to climb gradually through 2013, before leveling. As perceived risk rose, use declined.

Disapproval
Like many illicit drugs other than marijuana, sedative (barbiturate) use has received the disapproval of most high school seniors since 1975, with some variation in disapproval rates that have moved consistently with usage patterns. The necessary change in question wording in 2004 appeared to lessen disapproval slightly. There has been a modest increase in disapproval since 2000, although that appears to have stopped in 2014 and was followed by a slight decrease in 2015.

Availability
As the fourth panel on the facing page shows, the perceived availability of sedatives (barbiturates) has generally been declining during most of the life of the study, except for one upward shift that occurred in 1981—a year in which look-alike drugs became more widespread. (The necessary change in question text in 2004 appears to have had the effect of increasing reported availability among 12th graders but not among students in the lower grades.) Perceived availability for sedatives (barbiturates) continued its long term decline into 2015.

Sedatives (Barbiturates) : Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use*
% who used in last 12 months

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

Risk**
% seeing "great risk" in using once or twice

Disapproval**
% disapproving of using once or twice

Availability**
% saying "fairly easy" or "very easy" to get
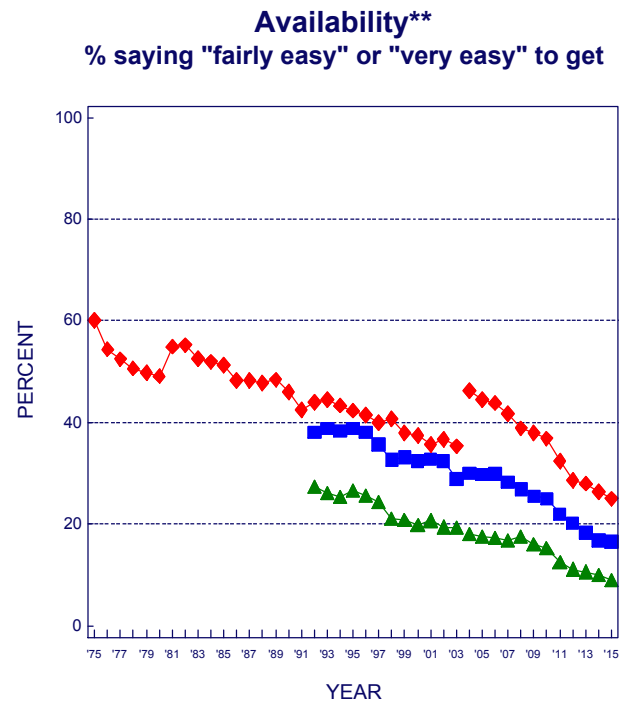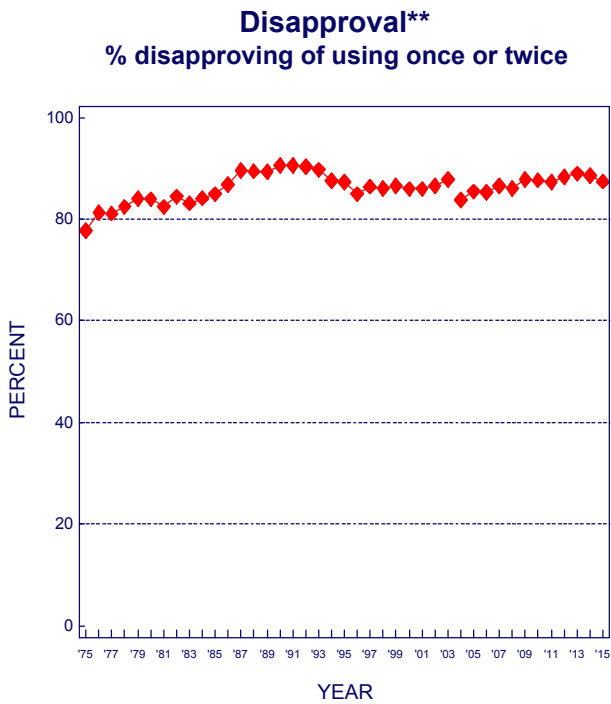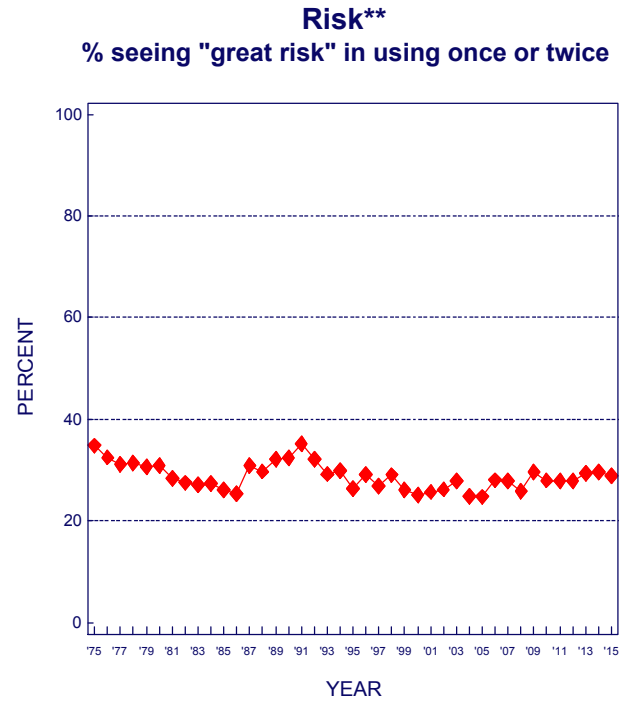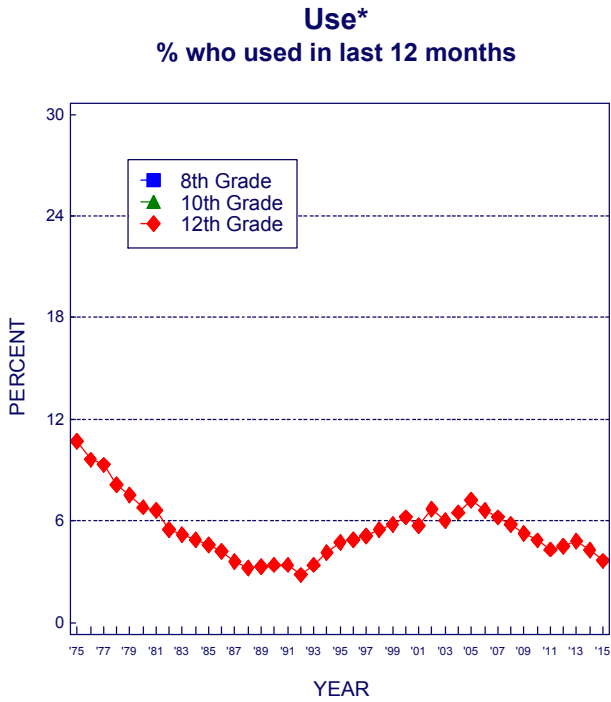
Source. The Monitoring the Future study, the University of Michigan.

*In 2004 the question text was changed. Barbiturates was changed to Sedatives, including barbiturates and "have you taken barbiturates..." was changed to "have you taken sedatives..." In the list of examples downs, downers, goofballs, yellows, reds, blues, rainbows were changed to downs, or downers, and include Phenobarbital, Tuinal, and Seconal.

**In 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

34

MDMA (Ecstasy, Molly) and Other "Club Drugs"

"Club drugs," so called because they have been popular at night clubs and raves, include LSD, MDMA (known as ecstasy, and more recently, Molly), methamphetamine, GHB (gammahydroxybutyrate), ketamine (special K), and Rohypnol. (For discussion of LSD and meth-amphetamine, see prior pages.) We will focus initially on MDMA (ecstasy, Molly) and treat the other drugs in the last section below.

Trends in MDMA (Ecstasy, Molly) Use

Ecstasy (3,4-methylenedioxymethamphetamine or MDMA) is used more for its mildly hallucinogenic properties than for its stimulant properties. Questions on ecstasy use were added to the surveys in 1996.

In 1996, annual prevalence of ecstasy use was 4.6% in both 10th and 12th grades—considerably higher than among college students (2.8%) and young adults (1.7%)—but use declined over the next two years. Use then rose sharply, bringing annual prevalence up to 3.5% 6.2%, and 9.2% for 8th, 10th, and 12th graders by 2001. From 2001 to 2005, use declined substantially, down to 1.7%, 2.6%, and 3.0%, respectively. Following some irregular changes in recent years, in 2014 compared to 2005, use was down slightly in 8th grade (to 0.9%) and 10th grade (to 2.3%) and up slightly in 12th grade (to 3.6%). "Molly"—reputed to be a purer form of ecstasy—received much attention in 2013; because that term was not used in the 2013 questionnaires, it is not clear whether students included it in their answers about ecstasy use that year. The inclusion of Molly as an example in some of the 2014 questionnaires seemed to make a modest difference in reported prevalence. (The 2014 data reported here show one point based on the unmodified questionnaires and another based on the modified ones.) The 2014 to 2015 change is downward in all three grades, despite the inclusion of Molly.

Perceived Risk

In 2001, 12th graders' perceived risk of ecstasy use jumped by eight percentage points and in 2002, by another seven. Significant increases occurred in 2003 for all grades. This sharp rise in perceived risk likely caused the drop in use, as we predicted. From 2004 to 2011, we saw a troubling drop in perceived risk (first among 8th and 10th, and then among 12th graders), corresponding to the increase in use in the upper two grades and then in all three grades. This suggests a generational forgetting of the dangers of ecstasy use. In 2012 only 8th graders showed much further decline.

The rebound in use after 2004 might be explained by the sizable drop in perceived risk. The addition of Molly as an example caused a considerable jump in perceived risk after 2013 in grades 8 and 10, suggesting that they see it as more dangerous than ecstasy.

Disapproval

Disapproval of ecstasy use declined some after 1998 but increased significantly in all three grades in 2002, perhaps due to the rise in perceived risk. The rise in disapproval continued through 2003 for 8th, 2004 for 10th, and 2006 for 12th graders, suggesting some cohort effect. After those peaks, disapproval dropped sharply among 8th graders and less among 10th graders before leveling, and it did not drop among 12th graders until 2010—again suggesting a cohort effect. The erosion in perceived risk and disapproval—which was sharpest among 8th graders—left these groups more vulnerable to a possible rebound in use; some rebound appears to have occurred during the past decade.

Availability

The figure shows a dramatic rise in 12th graders' perceived availability of ecstasy after 1991, particularly between 1999 and 2001, consistent with informal reports about growing importation of the drug. Perceived availability then declined considerably in all grades after 2001 before leveling. Decreased availability may help account for the declines in use in the past few years.

Rohypnol, GHB, and Ketamine

Rohypnol and *GHB* are labeled date rape drugs because they can have amnesiac effects and be added to food or drink without a victim's knowledge. By 2011, both drugs had shown significant declines since their peak levels of annual use (Table 6). In 2011, annual prevalence for Rohypnol use was 0.8%, 0.6%, and 1.3%, and for GHB use, 0.6%, 0.5%, and 1.4% in grades 8, 10, and 12, respectively. Annual prevalence for another club drug, *ketamine*, had also shown significant declines, and was at 0.8%, 1.2%, and 1.7% in 2011. Questions about GHB and ketamine use were dropped from the surveys of 8th and 10th graders in 2012. In 2015, annual prevalence among 12th graders for Rohypnol, GHB, and ketamine was 1.0%, 0.7%, and 1.4%, respectively. Annual prevalence of Rohypnol was 0.3% for 8th graders and 0.2% for 10th graders. No questions about risk, disapproval, or availability are asked for these drugs.

Ecstasy (MDMA) : Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use*
% who used in last 12 months

Risk*
% seeing "great risk" in using once or twice

Disapproval*
% disapproving of using once or twice

Availability
% saying "fairly easy" or "very easy" to get
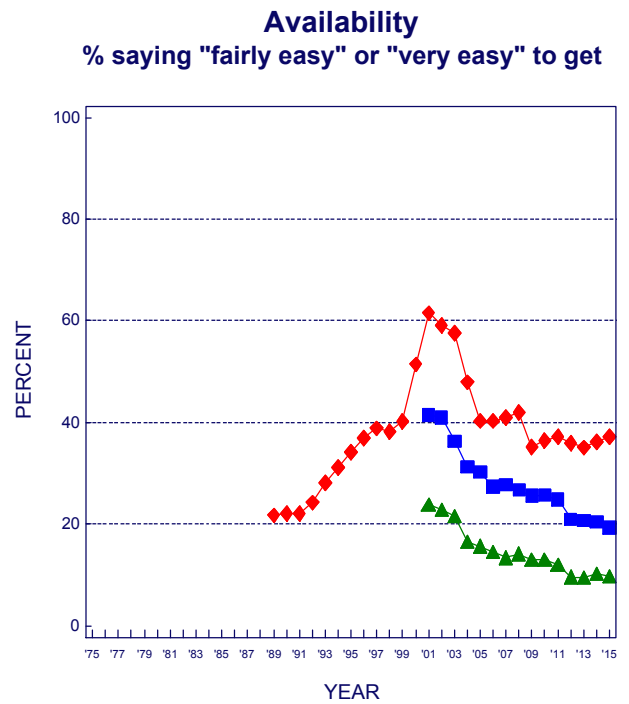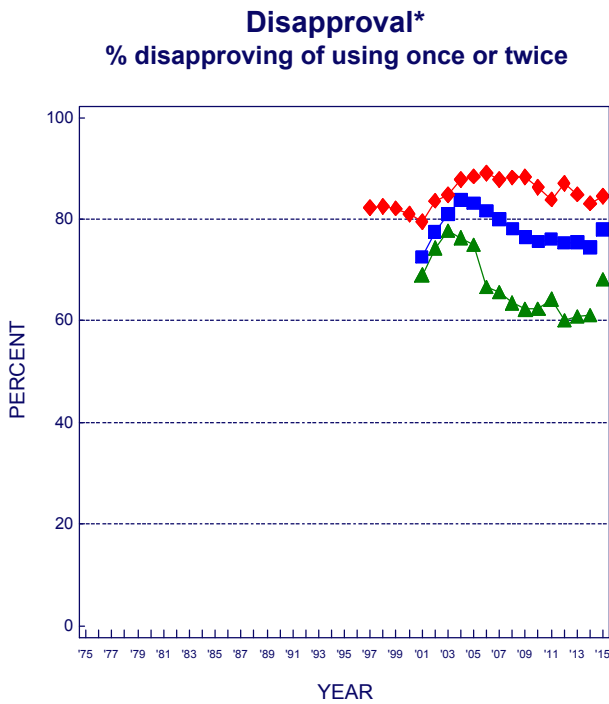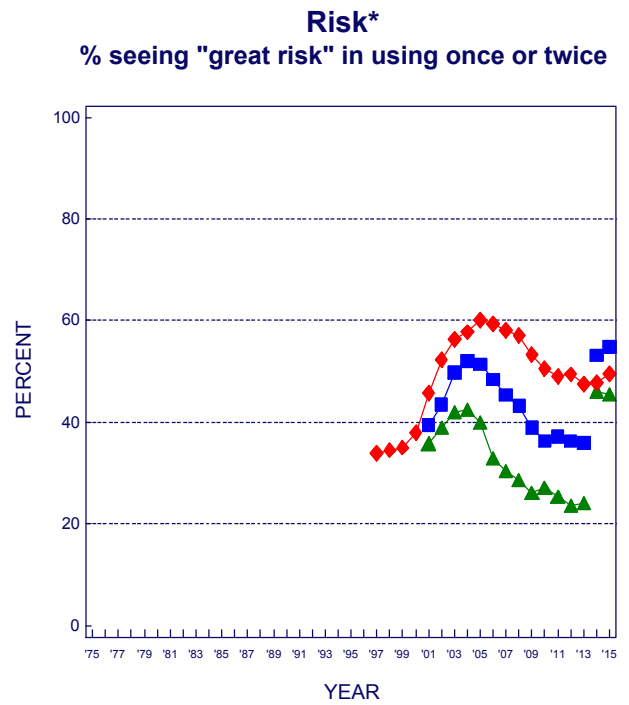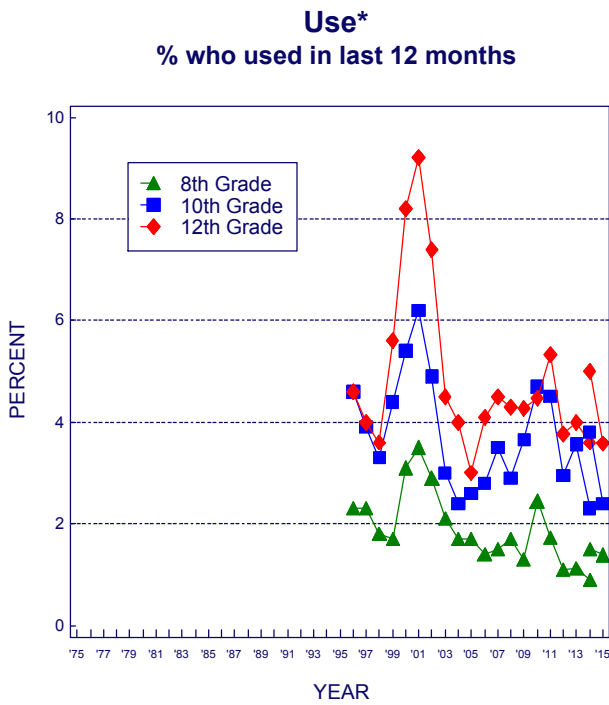
Source. The Monitoring the Future study, the University of Michigan.
*In 2014/2015, revised sets of questions on ecstasy were introduced in which molly was added to the
description. This likely explains the discontinuity in the results for those years.

Alcohol

Alcohol has been widely used by young people in the U.S. for a very long time. In 2015 the proportions of 8th, 10th, and 12th graders who reported drinking an alcoholic beverage in the 30-day period prior to the survey were 10%, 22%, and 35%, respectively. Various measures of alcohol use are presented in the tables at the end of this report. Here we focus on episodic heavy or "binge" drinking (i.e., having five or more drinks in a row on one or more occasions in the prior two weeks)—the pattern of alcohol consumption that is probably of greatest concern from a public health perspective. In 2015 lifetime, annual, 30-day, and binge drinking measures of alcohol use were at historic lows over the life of the study in grades 10 and 12, and at or very close to historic lows in 8th grade.

Trends in Use

Among 12th graders, binge drinking peaked in 1979 along with overall illicit drug use. The prevalence of binge drinking then declined substantially from 41% in 1983 to 28% in 1992, a drop of almost one third (also the low point of any illicit drug use). Although illicit drug use rose sharply in the 1990s, binge drinking rose by only a small fraction, and that rise was followed by some decline at all three grades. By 2015, proportional declines since the recent peaks reached in the 1990s were 65%, 55%, and 45% for grades 8, 10, and 12, respectively (Table 8), and the observed prevalence rates in 2015 were 5%, 11%, and 17% after further significant decreases in grades 10 and 12 this year.

It should be noted that there is no evidence of any displacement effect in the aggregate between alcohol and marijuana—a hypothesis frequently heard. The two drugs have moved much more in parallel over the decades than in opposite directions, at least until about a five-year period in the 2000s, during which alcohol continued to decline while marijuana reversed course and rose. Moreover, these two behaviors have consistently been positively correlated at the individual level.

Perceived Risk

Across the past four decades, since the MTF study began, the majority of 12th graders have not viewed binge drinking on weekends as carrying a great risk. However, an increase from 36% to 49% occurred between 1982 and 1992. A decline to 43% followed by 1997 as use rose, before it stabilized. Since 2003, perceived risk has risen some in all grades, at least through 2011 or 2012. These changes are consistent with changes in actual binge drinking. We believe that the public service advertising campaigns in the 1980s against drunk driving, as well as those that urged use of designated drivers when drinking, contributed to the increase in perceived risk of binge drinking generally. Drunk driving by 12th graders declined during that period by an even larger proportion than binge drinking. Also, we showed that increases in the minimum drinking age during the 1980s were followed by reductions in drinking and increases in perceived risk associated with drinking.

Disapproval

Disapproval of weekend binge drinking moved fairly parallel with perceived risk, suggesting that such drinking (and very likely the drunk-driving behavior associated with it) became increasingly unacceptable in the peer group. Note that the rates of disapproval and perceived risk for binge drinking are higher in the lower grades than in 12th grade. As with perceived risk, disapproval increased appreciably in all grades, though it leveled in 2015.

Availability

Perceived availability of alcohol, which until 1999 was asked only of 8th and 10th graders, was very high and mostly steady in the 1990s. Since 1996, however, there have been substantial declines in 8th and 10th grades. For 12th grade, availability has declined only modestly with 87% in 2015 still saying that alcohol would be fairly or very easy to get. Overall, it appears that states, communities, and parents have been successful in reducing access to alcohol among the younger teens.

Alcohol: Trends in Binge Drinking, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
**% who had 5+ drinks in a row
at least once in past two weeks**

Legend:
- 8th Grade
- 10th Grade
- 12th Grade
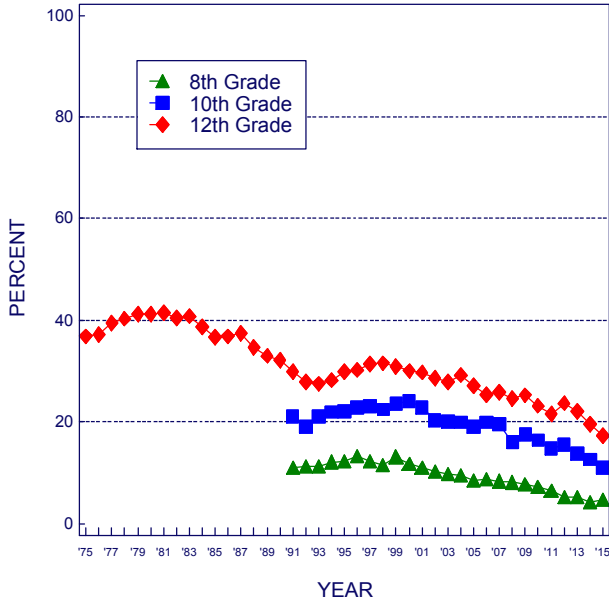
Risk
**% seeing "great risk" in having 5+ drinks in a
row once or twice each weekend**
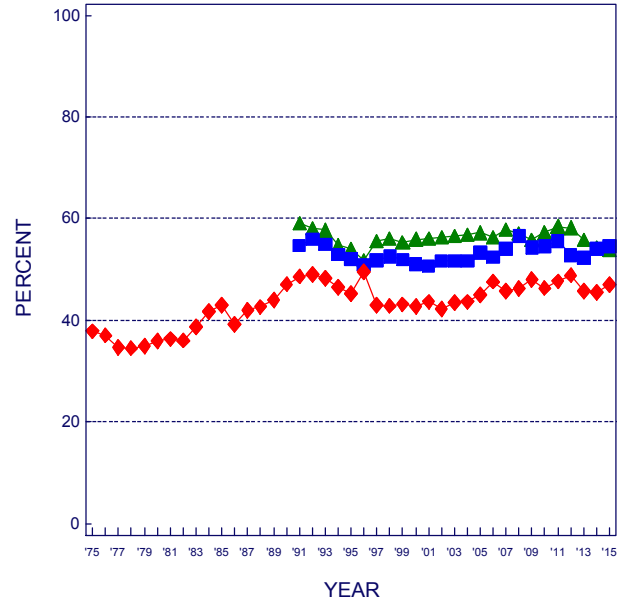
Disapproval
**% disapproving of having 5+ drinks in a row
once or twice each weekend**
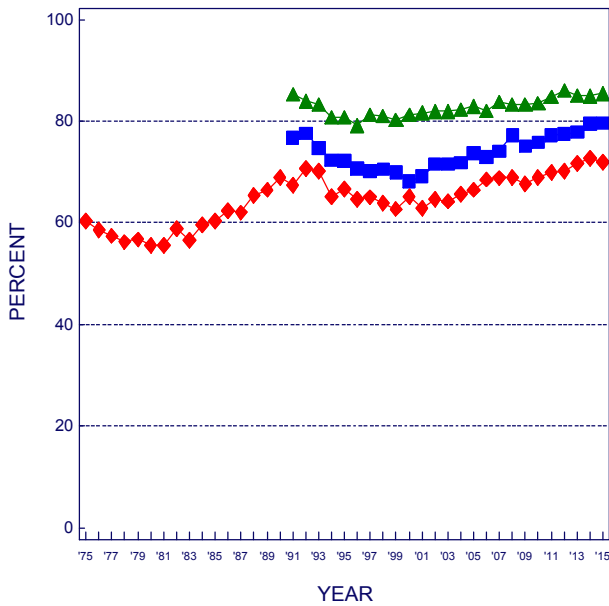
Availability
% saying "fairly easy" or "very easy" to get

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

38
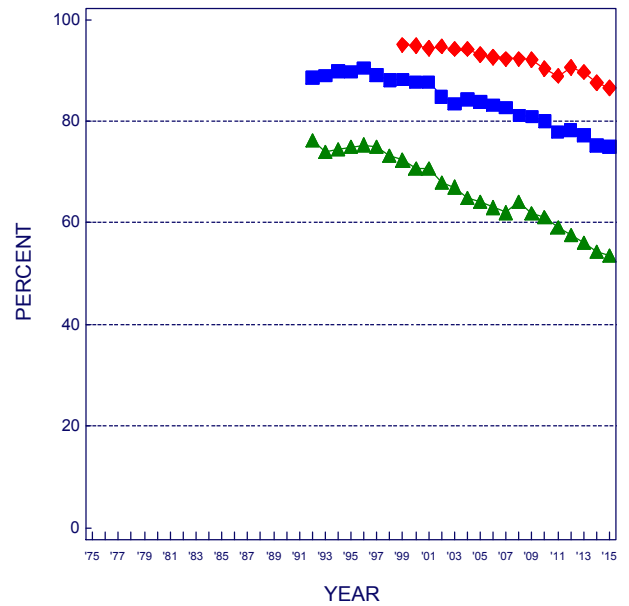
Cigarettes

Cigarette smoking is the leading cause of preventable disease and mortality in the United States, and is usually initiated in adolescence. That makes what happens in adolescence particularly important to study.

Trends in Use

Differences in smoking rates between various birth cohorts (or, in this case, school class cohorts) tend to stay with those cohorts throughout the life cycle. This means that it is critical to prevent smoking very early. It also means that the trends in a given historical period may differ across various grade levels as changes in use occurring earlier in adolescence work their way up the age spectrum (i.e., "cohort effects").

Among 12th graders, 30-day prevalence of smoking reached a peak in 1976 at 39%. (The peak likely occurred considerably earlier at lower grade levels as these same class cohorts passed through them in previous years.) After about a one-quarter drop in 12th-grade 30-day prevalence between 1976 and 1981, the rate remained stable until 1992 (28%). In the 1990s, smoking began to rise sharply, after 1991 among 8th and 10th graders and 1992 among 12th graders. Over the next four to five years, smoking rates increased by about one half in the lower two grades and by almost one third in grade 12—very substantial increases to which MTF drew considerable public attention. Smoking peaked in 1996 for 8th and 10th graders and in 1997 for 12th graders before beginning a fairly steady and substantial decline that continued through 2004 for 8th and 10th graders. Between the peak levels in the mid-1990s and 2004, 30-day prevalence of smoking declined by 56% in 8th grade, 47% in 10th, and 32% in 12th. This important decline in adolescent smoking decelerated after about 2002. Still, by 2015, 30-day prevalence levels had fallen from peak levels by 83%, 79%, and 69% in grades 8, 10, and 12, respectively. An increase in 2009 in federal taxes on cigarettes (from $0.39 to $1.01 per pack) may have contributed to the recent decline in use. Smoking initiation by 8th graders declined by nearly three-quarters, from a peak of 49% in 1996 to just 13% by 2015.

Perceived Risk

Among 12th graders, the proportion seeing great risk in pack-a-day smoking rose before and during the first period of decline in use in the late 1970s. It leveled in 1980 (before use leveled), declined a bit in 1982, but then started to rise again gradually for five years. (It is possible that cigarette advertising effectively offset the influence of rising perceptions of risk during that period.) Perceived risk fell some in the early 1990s at all three grade levels as use increased sharply. Since then, there has generally been an increase (though not entirely consistently over the years) in perceived risk, reaching in 2015 the highest levels yet observed in grades 8 and 10 and close to the highest in grade 12. Note the differences in the extent of perceived risk among grade levels. There is a clear age effect: by the time most youngsters fully appreciate the hazards of smoking, many already have initiated the behavior.

Disapproval

Disapproval rates for smoking have been fairly high throughout the study and, unlike perceived risk, are higher in the lower grade levels. Among 12th graders, there was a gradual increase in disapproval of smoking from 1976 to 1986, some erosion over the following five years, and then steeper erosion from the early 1990s through 1997. After 1997, disapproval rose for some years in all three grades, but leveled briefly after 2006 or 2007, before rising even more. We measure a number of other smoking-related attitudes; these became increasingly negative for some years, but leveled off five or six years ago (see Table 3 in the 2015 MTF press release on teen smoking, *Teen cigarette smoking drops to historic low in 2015*). Though disapproval has continued to increase, some attitudes and beliefs about cigarette smoking are no longer moving in a direction that would discourage use, suggesting that external changes in the environment may be required to further reduce youth smoking.

Availability

Since 1996, availability has declined considerably, especially among 8th and 10th graders. Some 47% of 8th graders and 67% of 10th graders now say that cigarettes would be very easy or fairly easy to get, down from 78% in 1992 among 8th graders and 91% in 1995 among 10th graders.

Cigarettes: Trends in 30-Day Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
% who used in last 30 days

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

PERCENT

YEAR
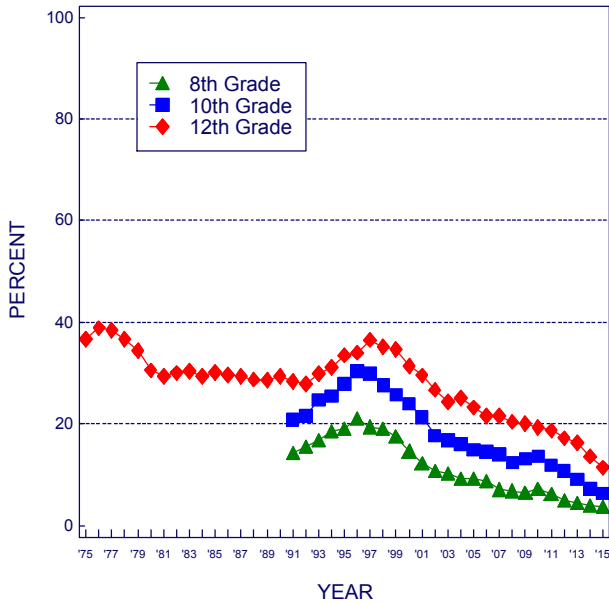
Risk
% seeing "great risk" in smoking a pack or more per day

PERCENT

YEAR
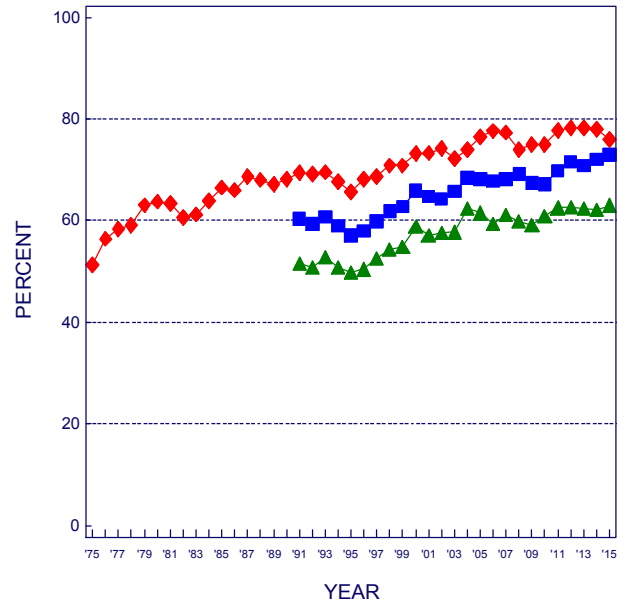
Disapproval
% disapproving of smoking a pack or more per day
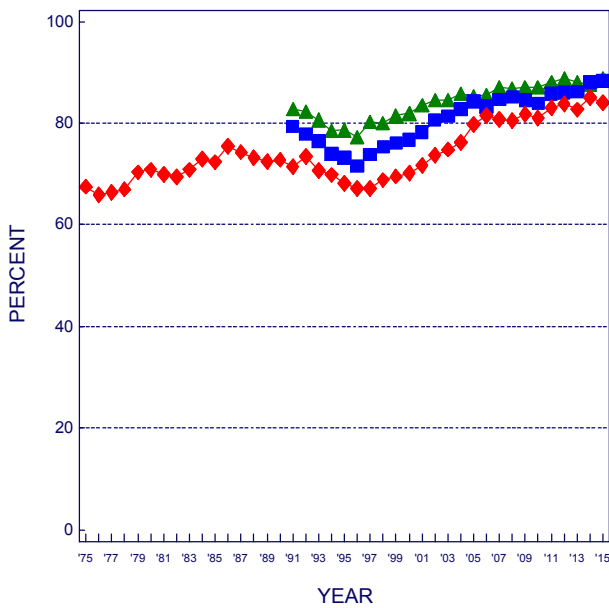
PERCENT

YEAR

Availability
% saying "fairly easy" or "very easy" to get

PERCENT

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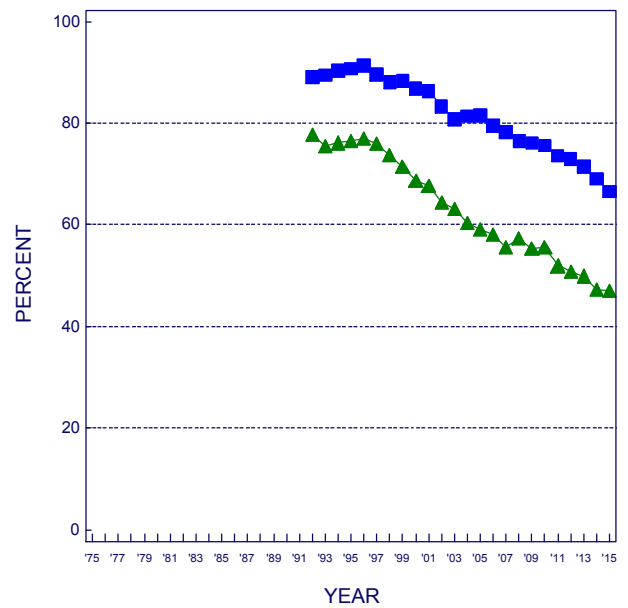
Source. The Monitoring the Future study, the University of Michigan.

Smokeless Tobacco

Traditionally, smokeless tobacco has come in two forms: "snuff" and "chew." Snuff is finely ground tobacco usually sold in tins, either loose or in packets. It is held in the mouth between the lip or cheek and the gums. Chew is a leafy form of tobacco, usually sold in pouches. It too is held in the mouth and may, as the name implies, be chewed. In both cases, nicotine is absorbed by the mucous membranes of the mouth. These forms are sometimes called "spit" tobacco because users expectorate the tobacco juices and saliva (stimulated by the tobacco) that accumulate in the mouth. "*Snus*" (rhymes with goose) is a relatively new variation on smokeless tobacco, as are some other *dissolvable tobacco* products that literally dissolve in the mouth. Given that snus appeared to be gaining in popularity, separate items regarding the use in the past 12 months of snus and dissolvable tobacco were added to the 12th-grade surveys in 2011 and to the 8th- and 10th-grade surveys in 2012. In addition, in 2011 snus and dissolvable tobacco were added as examples in the long-standing question on smokeless tobacco.

Trends in Use

The use of smokeless tobacco by teens had been decreasing gradually, and *30-day prevalence* is now about half of the recent peak levels in the mid-1990s, though there was a reversal of the declines from about 2007 through 2010. Among 8th graders, 30-day prevalence declined from a 1994 peak of 7.7% to 3.2% in 2007. It reached a low of 2.8% in 2013, and was at 3.2% in 2015. Among 10th graders, use declined from a 1994 peak of 10.5% to 4.9% by 2004, then rose to 6.4% in 2013 before dropping again to 4.9% in 2015. Among 12th graders, 30-day use declined from a 1995 peak of 12.2% to 6.1% by 2006, then rose to 8.5% in 2010, before falling back to 6.1% in 2015 with a significant 2.3 percentage point drop. Thirty-day prevalence of *daily use* of smokeless tobacco fell gradually but appreciably for some years. Daily usage rates in 2015 were 0.8%, 1.6%, and 2.9% in grades 8, 10, and 12, respectively—down substantially from peak levels recorded in the 1990s—but most of the declines occurred in the 1990s, not since.

Smokeless tobacco use among American young people is almost exclusively a male behavior. Among males the 30-day prevalence rates in 2015 were 4.0%, 7.9%, and 10.7% in grades 8, 10, and 12, versus 2.3%, 1.8%, and 1.6% for females. The respective current daily use rates for males were 1.2%, 3.1%, and 5.8% compared to 0.3%, 0.2%, and 0.0% for females.

Annual prevalence in 2015 for *snus* was 1.9%, 4.0%, and 5.8% among 8th, 10th, and 12th graders, respectively, reflecting a decline since 2012 in all three grades. For *dissolvable tobacco*, the corresponding figures were 0.9%, 1.1%, and 1.4%, reflecting little change since 2012.

Perceived Risk

The most recent low point in the level of perceived risk for smokeless tobacco was 1995 in all three grades (though for 12th graders it was considerably lower in the mid-1980s). For a decade following 1995, there was a gradual but substantial increase in proportions saying that there is a great risk in using smokeless tobacco regularly. It thus appears that one important reason for the appreciable declines in smokeless tobacco use during the latter half of the 1990s was that an increasing proportion of young people were persuaded of the dangers of using it. But the increases in perceived risk ended by 2004 in 12th grade, and it has declined some in the interval since then. The decline could be due to generational forgetting of the dangers of use, the increased marketing of snus and other smokeless products, and/or public statements about smokeless tobacco use being relatively less dangerous than cigarette smoking. In 2015 perceived risk rose some in the lower grades but continued to decline in 12th grade.

Disapproval

Only 8th and 10th graders are asked about their personal disapproval of using smokeless tobacco regularly. The most recent low points for disapproval in both grades were 1995 and 1996. Disapproval rose among 8th graders from 74% in 1996 to 82% in 2005, about where it was in 2015. For 10th graders, disapproval rose from 71% in 1996 to 82% in 2008, with a decline since 2008 to 80% in 2015.

Availability

There are no questions on perceived availability of smokeless tobacco.

Smokeless Tobacco : Trends in 30-Day Use, Risk, and Disapproval
Grades 8, 10, 12
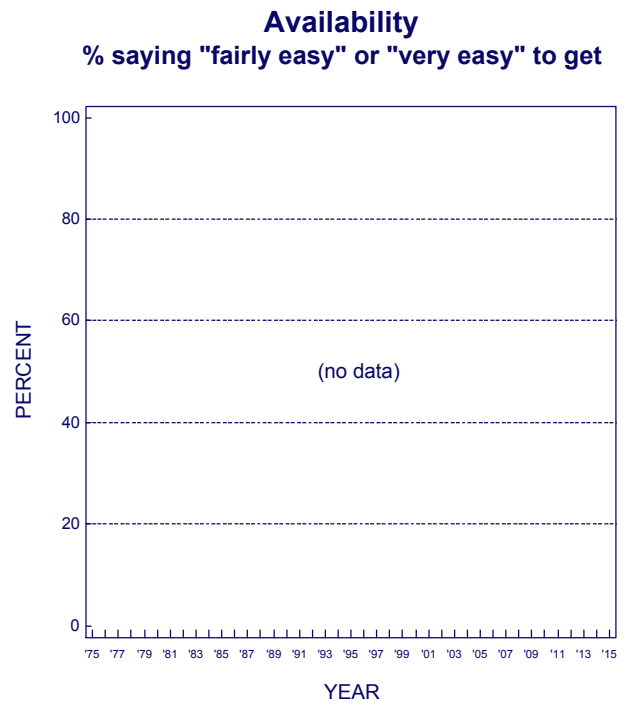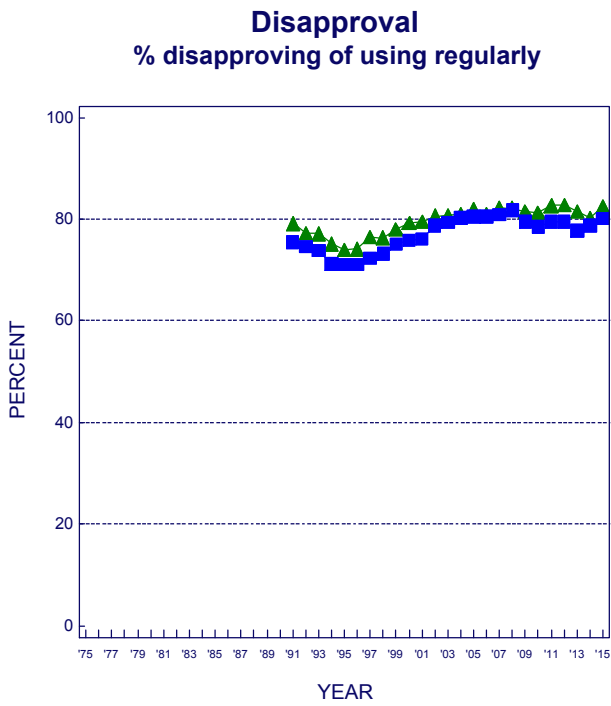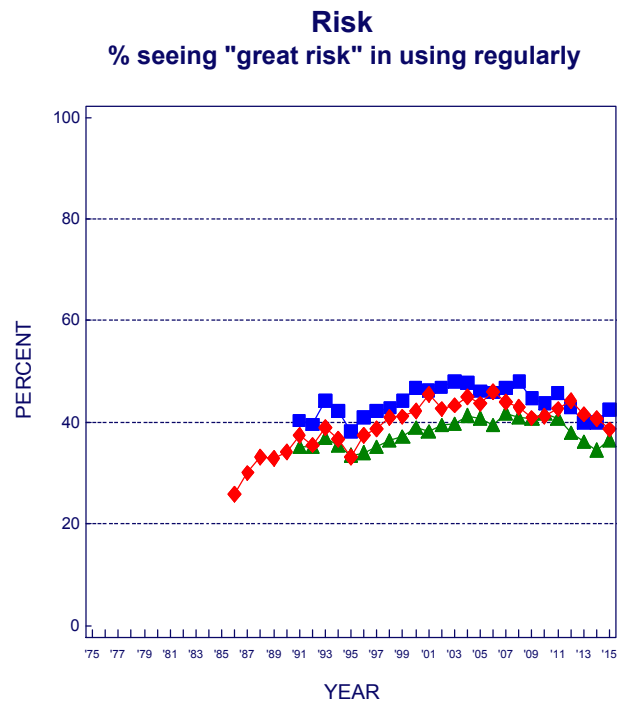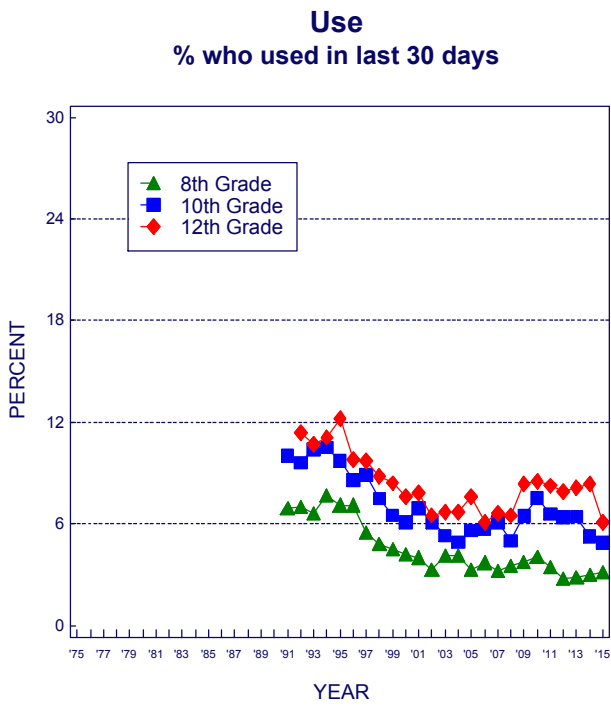
Use
% who used in last 30 days

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

YEAR

Risk
% seeing "great risk" in using regularly

YEAR

Disapproval
% disapproving of using regularly

YEAR

Availability
% saying "fairly easy" or "very easy" to get

(no data)

YEAR

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

42

E-cigarettes and Vaporizers

E-cigarettes and vaporizers use a battery-powered element to heat a liquid or plant material so that it releases chemicals in an aerosol, vapor, or mist that users inhale. This process reduces the number of harmful chemicals that users ingest in comparison to traditional, combustion-based forms of smoking. The vapor may contain nicotine, the active ingredients of marijuana, flavored propylene glycol, and/or flavored vegetable glycerin. The specific contents of the vapor are proprietary and are not currently regulated. The liquid that is vaporized comes in hundreds of flavors, many of which (e.g., bubble gum and milk chocolate cream) are likely to be attractive to younger teens.

MTF first asked about them in 2014, and in 2015 the survey included new questions about adolescents' reasons for using vaporizers such as e-cigarettes, as well as the type of substances that adolescents "vape." To our knowledge, the results for these new questions (reported below) are the first national data on these topics for U.S. teens.

Trends in Use

In 2015 e-cigarettes continued to have higher use among teens than traditional tobacco cigarettes or any other tobacco product. Their 30-day prevalence was 9.5%, 14.0%, and 16.2% in 8th, 10th, and 12th grade. The corresponding prevalence for tobacco cigarettes was 3.6%, 6.3%, and 11.4%. Note that in 8th and 10th grades e-cigarette prevalence is more than twice the prevalence of regular cigarettes. Prevalence levels did not significantly change from 2014 to 2015 in any grade; they decreased slightly in 12th and 10th grade (by 0.9 and 2.2 percentage points, respectively), and increased in 8th grade (by 0.8 points).

In the 2015 survey the questions were broadened to say "electronic vaporizers such as e-cigarettes", and a question was added asking respondents to check the most important reasons for their using them. Ranking highest was "to experiment—to see what it's like", with slightly over half of the users in each grade indicating that reason. Ranked second was "because it tastes good", reported by between 30% and 40% of users. "To help me quit smoking regular cigarettes" was checked by only between 5% and 10% of the users

in each grade. Clearly adolescents use these products primarily for recreational purposes rather than a means to help reduce cigarette smoking. [13]

In 2015 a survey question asked respondents what was "in the mist you inhaled" the last time you used an electronic vaporizer such as an e-cigarette. The most common response was "just flavoring," reported by 65% to 66% of lifetime users in each grade. The percentages reporting inhaling nicotine were 13%, 20%, and 22%, in the three grades, respectively. The percentages reporting that they vaped marijuana or hash oil were 6% to 7% in all three grades. Overall, the finding that youth vape "just flavoring" more than all other substances combined suggests that the recent, exponential increase in adolescent vaporizer use does not necessarily indicate a corresponding jump in use of substances such as nicotine or marijuana, as has been feared. But clearly, this is a fast changing phenomenon, so future vaping may include proportionally more use of such substances.

Perceived Risk

Substantially fewer students associate "great risk" with using e-cigarettes regularly than they do with smoking a pack or more of cigarettes per day. Between 16% and 19% see great risk in regular e-cigarette use compared with 63%, 73%, and 76% who see great risk associated with smoking one or more packs of cigarettes daily. E-cigarettes have the lowest perceived risk for regular use any of the drugs, including alcohol. While still very low, the perceived risk numbers did rise in 2015 in all three grades—significantly so in grades 8 and 10.

Disapproval

Disapproval of regular use of e-cigarettes is also relatively low, compared to most other substances. However, it did rise significantly in 2015 in 8th and 10th grades to 65% and 60%, respectively (It is not asked of 12th graders.)

Availability

Data on availability of e-cigarettes have not been gathered so far.

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[13] Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2015, December 16). National press release, "Most youth using e-cigarettes for novelty and flavors -- not to quit smoking." University of Michigan News Service, Ann Arbor, MI.

E-Cigarettes: Trends in 30-Day Use and Risk
Grades 8, 10, 12

Use
% who used in last 30 days

- ▲ 8th Grade
- ■ 10th Grade
- ◆ 12th Grade

PERCENT

YEAR

Risk
% seeing "great risk" in regular use

PERCENT

YEAR

Disapproval
% disapproving of regular use

PERCENT

YEAR

Availability
% saying "fairly easy" or "very easy" to get

(no data)

PERCENT

YEAR

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

44
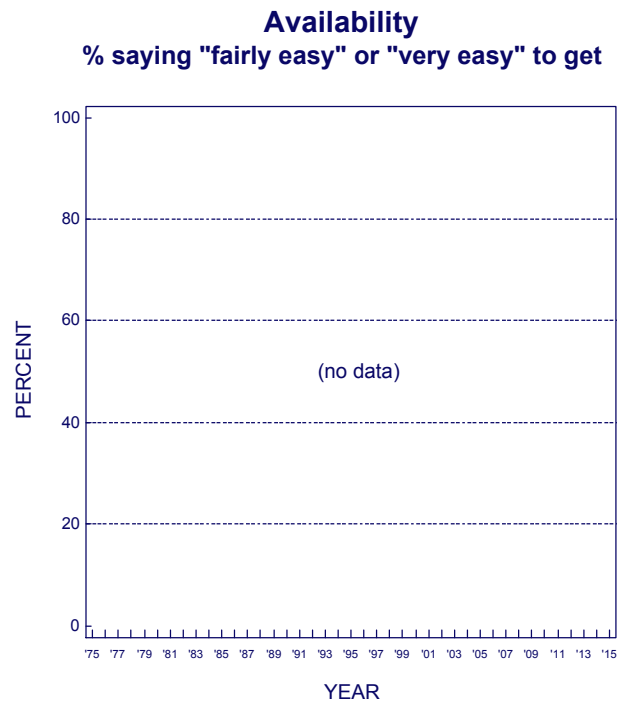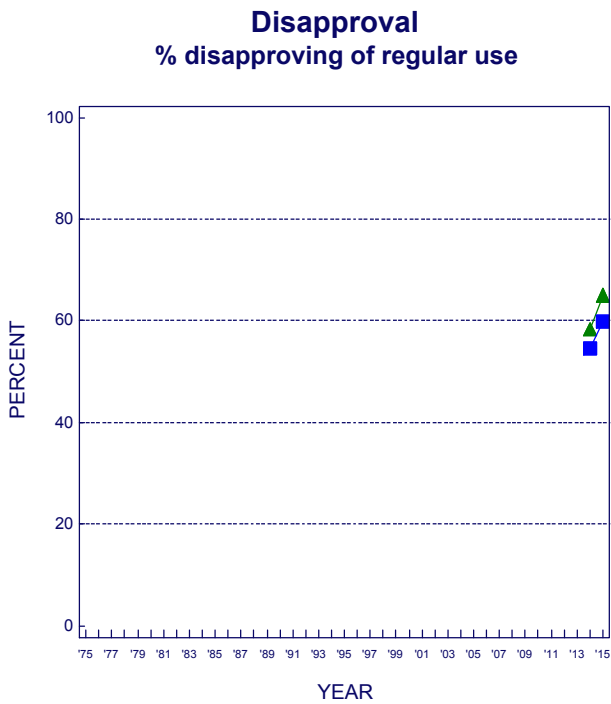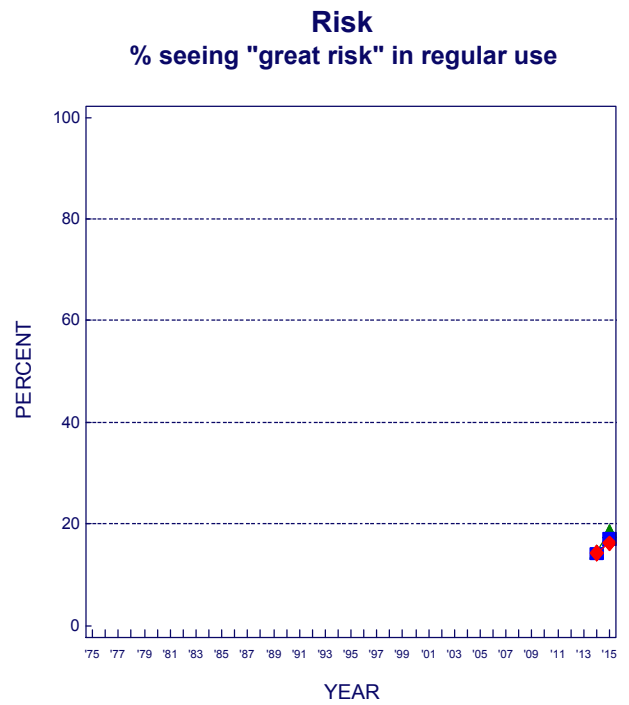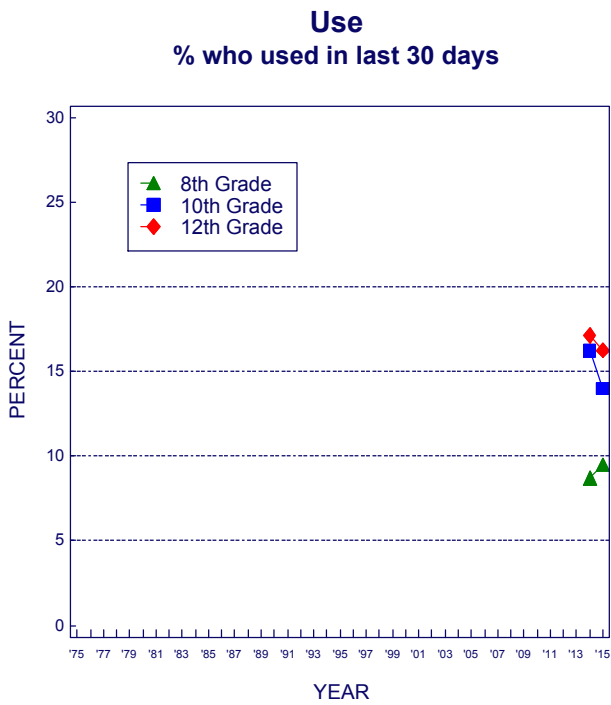
Small Cigars, Cigarillos, Large Cigars, and Tobacco Using a Hookah

Twelfth graders were first asked about smoking small cigars and smoking tobacco using a hookah (water pipe) in 2010. These questions were not asked of 8th and 10th graders. Only the prevalence and frequency of use in the past 12 months were reported; we use this prevalence period, which requires only a single question, to determine whether additional questions on the substance may be warranted in future surveys. We call this a "tripwire" question.

Smoking Tobacco Using a Hookah. The past 12 months prevalence of hookah use had been rising since it was first measured in 2010, from 17.1% in 2010 to 22.9% in 2014; but it declined in 2015 by 3.1 percentage points to 19.8% (non-significant). Only about 12% of the 12th-grade students in 2015 indicated use on more than two occasions during the prior 12 months, suggesting that a considerable amount of hookah use is light or experimental. Males are slightly more likely than females to use hookahs (22% of males and 18% of females in 2015).

Small Cigars. Small or little cigars are the approximate size and shape of a cigarette, but they are classified as cigars because they are wrapped in brown paper which contains some tobacco leaf, rather than in white paper. The annual prevalence rate for small or little cigars (our question uses the term "small cigars") in 2015 was 16%. Smoking small cigars has declined significantly since 2010, when annual prevalence was 23%, including a non-significant 3.0 percentage point decrease in 2015. Unlike hookah smoking, use of small cigars shows a sizable gender difference: the 2015 annual prevalence for 12th grade males was 24% compared to 9% for females. The increases in the federal taxes on tobacco products, instituted in 2009, may well have played a role in leveling or decreasing the use of small cigars. The increase on a pack of small cigars fell under the same regulations as regular cigarettes (rising from $0.39 to $1.01 per pack). Some producers of small cigars subsequently increased the weight of their cigars slightly (taxation is based on weight, with cigars falling into a higher weight class with a lower tax rate) in order to avoid the higher taxes placed on cigarettes and to remove them from FDA control under current law. Nine percent of 12th graders indicated having used small cigars on more than two occasions during the past year, and only 2% on more than 20 occasions, so they tend to be smoked much less frequently than regular cigarettes.

Some small cigars are flavored, which is likely to make them more attractive to young people. A concern in the public health community is that these products will have the effect of reversing the hard-won gains in reducing cigarette smoking among youth. Small cigars contain nicotine and combust tobacco in a similar way, and therefore carry similar dangers.

Small (Little) Cigars and Cigarillos. In a set of questions introduced in 2014 we asked about the use in the prior 30 days of little cigars OR cigarillos. (Cigarillos lie between little cigars and large cigars in size—length and thickness—and are wrapped in tobacco leaf like large cigars. They fall into the lower federal taxation bracket than cigarettes.) The distinction is made between flavored and unflavored (regular) little cigars or cigarillos, and it shows that the flavored ones are more widely used by teens. There was no significant change between 2014 and 2015 in the 30-day prevalence of either type (Table 7). Thirty day prevalence in 2015 was 4.1%, 6.1%, and 11.4% for flavored and 3.3%, 3.8%, and 7.8% for regular in grades 8, 10, and 12, respectively.

Large Cigars. A question on the 30-day prevalence of smoking large cigars was added in 2014. The rates were 2.4%, 3.4%, and 7.0% in 2015—up some in grades 8 and 12 and down some in 10th, with no significant changes.

Small Cigars and Tobacco using a Hookah : Trends in Annual Use
Grade 12

Small Cigar Use
% who used in last 12 months
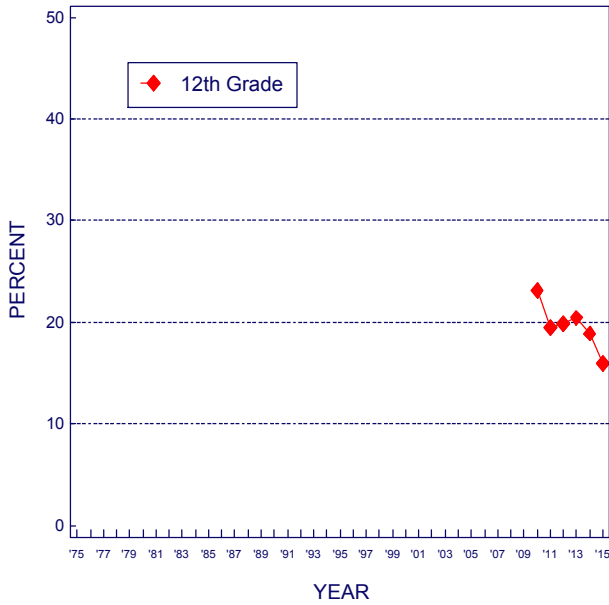
Use of Tobacco with a Hookah
% who used in last 12 months
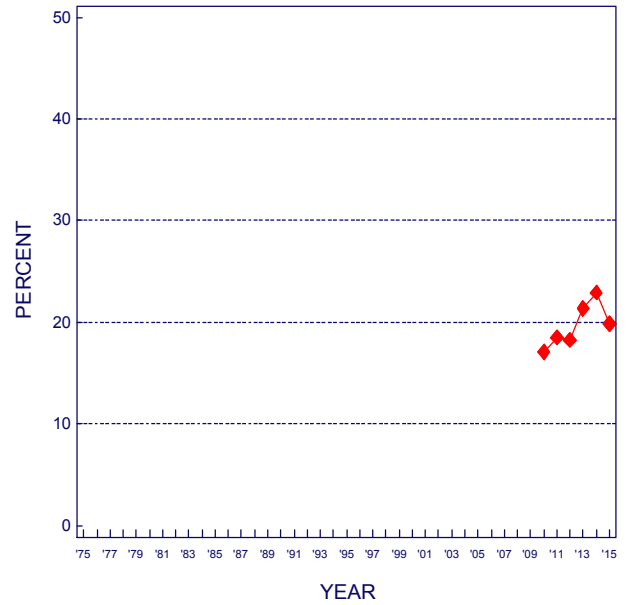
Disapproval
% disapproving of using once or twice
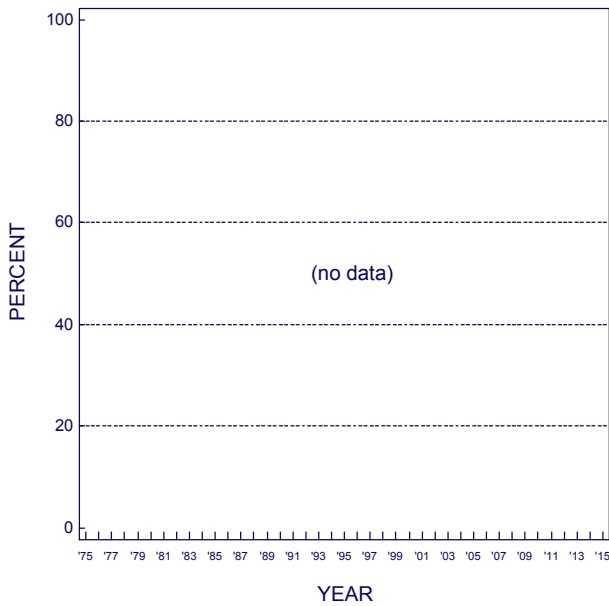
(no data)

Availability
% saying "fairly easy" or "very easy" to get

(no data)
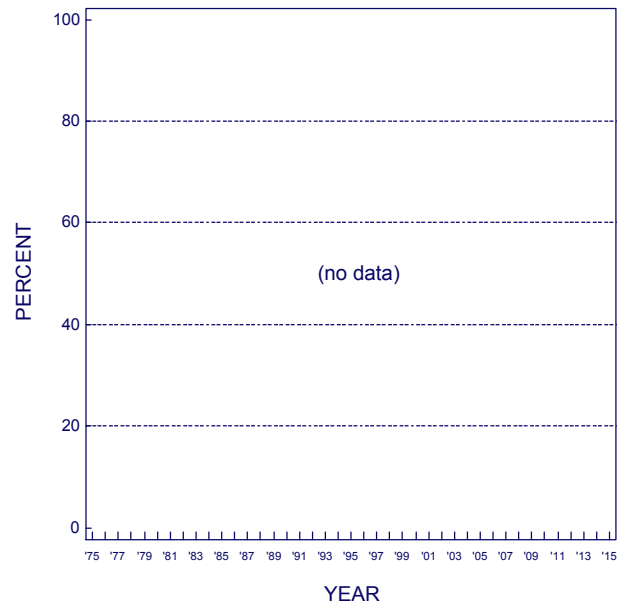
Source. The Monitoring the Future study, the University of Michigan.

Steroids

Unlike all other drugs discussed in this *Overview*, anabolic steroids are not usually taken for their psychoactive effects, though they may have some, but rather for muscle and strength development. However, they are similar to most other drugs studied here in two respects: they are controlled substances for which there is an illicit market, and they can have adverse consequences for the user. Questions about steroid use were added beginning in 1989. Respondents are asked: "Steroids, or anabolic steroids, are sometimes prescribed by doctors to promote healing from certain types of injuries. Some athletes, and others, have used them to try to increase muscle development. On how many occasions (if any) have you taken steroids on your own—that is, without a doctor telling you to take them . . . ?" In 2006 the question text was changed slightly in some questionnaire forms—the phrase "to promote healing from certain types of injuries" was replaced by "to treat certain conditions." The resulting data did not show any effect from this rewording. In 2007 the remaining forms were changed in the same manner.

Trends in Use

Anabolic steroids are used predominately by males; therefore, data based on all respondents can mask the higher rates and larger fluctuations that occur among males. (For example, in 2015, annual prevalence rates were 0.5%, 1.0%, and 2.5% for boys in grades 8, 10, and 12, compared with 0.5%, 0.4%, and 0.7% for girls.) Between 1991 and 1998, the overall annual prevalence rate was fairly stable among 8th and 10th graders, ranging between 0.9% and 1.2%. In 1999, however, use jumped from 1.2% to 1.7% in both 8th and 10th grades. (Almost all of that increase occurred among boys, increasing from 1.6% in 1998 to 2.5% in 1999 in 8th grade and from 1.9% to 2.8% in 10th grade. Thus, rates among boys increased by about half in a single year.) By 2015 among all 8th graders, steroid use had declined by about two thirds to 0.5%. Among 10th graders, use continued to increase, reaching 2.2% in 2002, but then declined by about two thirds to 0.7% by 2015. In 12th grade there was a different trend story. With data going back to 1989, we can see that steroid use first fell from 1.9% overall in 1989 to 1.1% in 1992—the low point. From 1992 to 1999 there was a more gradual increase in use, reaching 1.7% in 2000.

In 2001, use rose significantly among 12th graders to 2.4% (possibly reflecting a cohort effect). Twelfth graders' use decreased significantly in 2005 to 1.5%, then leveled (1.7% in 2015). Use is now down from recent peak levels by about two-thirds among 8th and 10th graders, and about one-fifth among 12th graders. (The use of androstenedione—a steroid precursor—has also declined sharply since 2001, most sharply through 2007. It was classified as a Schedule II controlled substance in 2005 by the DEA.)

Perceived Risk

Perceived risk and disapproval were asked of 8th and 10th graders for only a few years. All grades seemed to have a peak in perceived risk around 1993. The longer term data from 12th graders show a ten percentage-point drop between 1998 and 2000. A change this sharp is quite unusual and highly significant, suggesting that some particular event or events in 1998—quite possibly publicity about use of androstenedione by a famous home-run-hitting baseball player—made steroids seem less risky. It seems likely that perceived risk dropped substantially in the lower grades as well, consistent with the sharp upturn in their use that year. By 2006, perceived risk for 12th graders was up to 60%, with little change until 2013 when it showed a significant 4.4 percentage point decline, reaching 54%, the lowest point ever. It stands at 54% in 2015.

Disapproval

Among 12th graders disapproval of steroid use has been quite high for some years. Between 1998 and 2003 there was a modest decrease, though not as dramatic as the drop in perceived risk. From 2003 to 2008, disapproval rose some—as perceived risk rose and use declined—then leveled and declined from 2012 through 2014, before leveling.

Availability

Perceived availability of steroids was relatively high prior to 2001 or 2002, but it declined appreciably at all grades through 2014, reaching the lowest level recorded by the study. A number of steroids have been scheduled by the DEA, no doubt contributing to the drop in availability.

Steroids: Trends in Annual Use, Risk, Disapproval, and Availability
Grades 8, 10, 12

Use
% who used in last 12 months

Legend:
- 8th Grade
- 10th Grade
- 12th Grade

Risk*
% seeing "great risk" in using once or twice

Disapproval*
% disapproving of using once or twice

Availability
% saying "fairly easy" or "very easy" to get
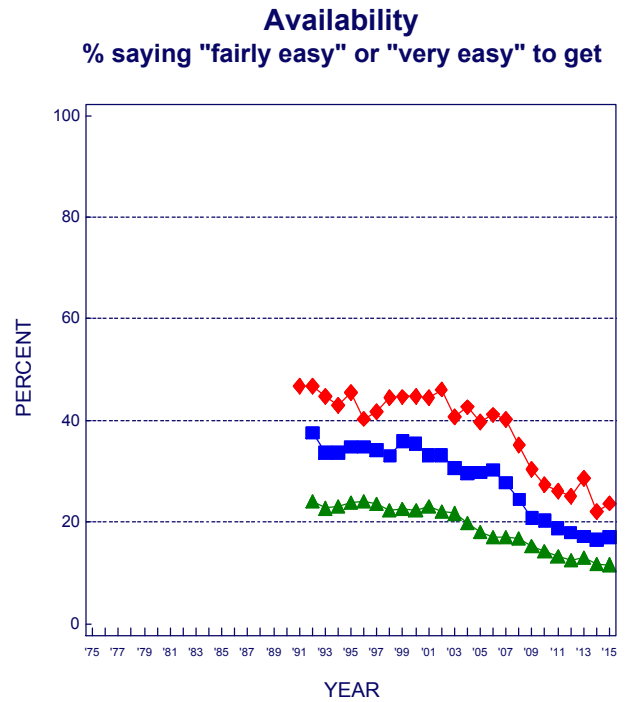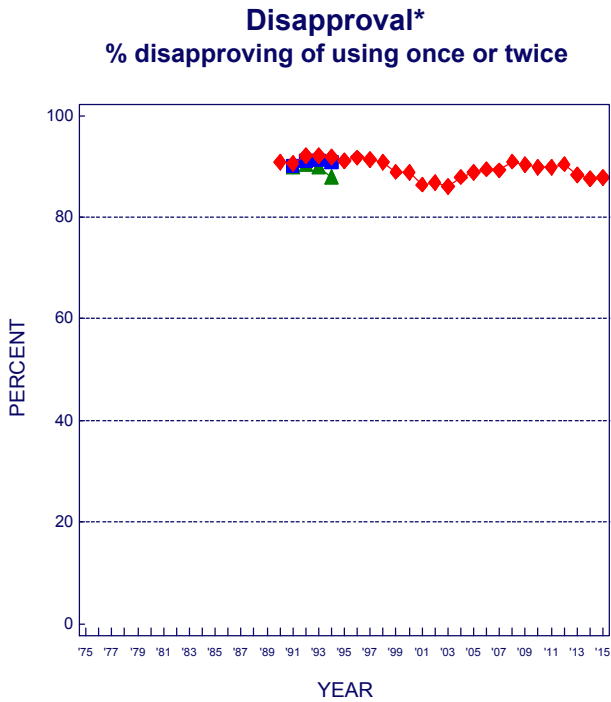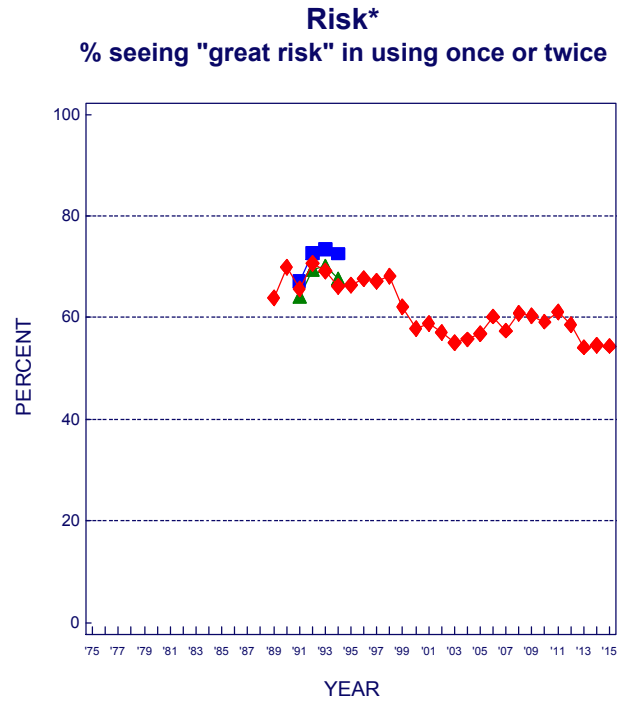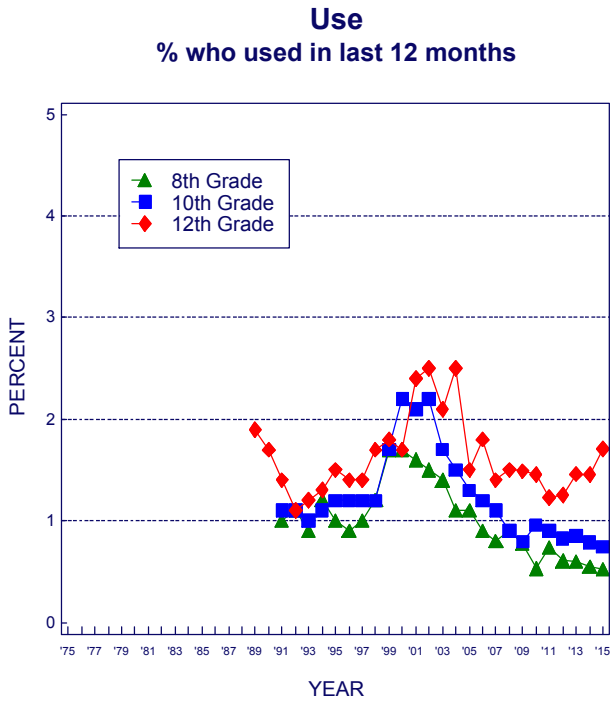
Source. The Monitoring the Future study, the University of Michigan.
*Question discontinued in 8th- and 10th-grade questionnaires in 1995.

Subgroup Differences

Understanding the important subgroup variations in substance use among the nation's youth allows for more informed considerations of substance use etiology and prevention. In this section, we present a brief overview of some of the major demographic subgroup differences.

Space does not permit a full discussion or documentation of the many subgroup differences of the drugs covered in this report. However, *Volume I* in this series contains tables providing the 2015 subgroup prevalence levels for all of the classes of drugs discussed here; Chapters 4 and 5 in *Volume I* have in-depth discussion and interpretation of those subgroup differences. Comparisons are made by gender, race/ethnicity, college plans, country region, community size, and socioeconomic level (as measured by educational level of the parents). In addition, an annual Monitoring the Future Occasional Paper provides tables giving the subgroup prevalence levels and trends for all of the classes of drugs discussed here as well as charts of the subgroup trends for all drugs. This Occasional Paper, *Demographic subgroup trends among adolescents in the use of various licit and illicit drugs 1975-2015*, is Number 86 in the series and contains data through 2015. It is available on the MTF website at http://monitoringthefuture.org/pubs.html#papers. The graphs in the occasional paper present easily accessible views of trends and comparisons while the paper's tables provide the specific numbers behind the figures.

Gender
Generally, we have found males to have somewhat higher rates of illicit drug use than females (especially higher rates of *frequent* use), most notably by 12th grade; and much higher rates of smokeless tobacco and steroid use. The primary exception may be found in the misuse of prescription drugs like amphetamines, sedatives, and tranquilizers, where females currently tend to have higher rates of use than males, particularly in the early grades. They also currently have higher levels of use of inhalants and synthetic marijuana in 8th grade. For most drugs, though, the gender differences among 8th graders are very small, with females fairly consistently reporting slightly higher rates than males since 2002. Among 10th graders, males have generally, though not always, reported higher rates than females; males consistently were slightly higher in use than females between 2009 and 2013, but females were

slightly higher in 2014. Among 12th graders, for many years males have consistently reported distinctly higher 30-day alcohol usage rates than females; however, the differences have been narrowing and in 2015 females have slightly higher prevalences in 8th and 10th grades and only a slightly lower one in 12th grade (35% vs. 36%). Gender differences in binge drinking have followed a similar pattern—females report higher or the same rates in 8th grade, males somewhat higher rates in 10th grade, and males distinctly higher rates in 12th grade (though the gap is narrowing). Gender differences in 30-day cigarette smoking among 8th and 10th graders have generally been minimal, but 10th grade males have reported slightly higher rates than females in recent years. Among 12th graders, females generally had higher rates of smoking than males through 1990, but since then males have generally had the higher rates (13% vs. 9% in 2015).

The various gender differences in substance use appear to emerge for many drugs as students grow older. In 8th grade, females have higher rates of use for some drugs, such as inhalants and amphetamines. Prevalence rates for both genders then increase with age (with the single exception of inhalants), but the increase is often sharper among males. At each grade level, usage rates for both genders generally tend to move much in parallel across time for the various substances, and the absolute differences between the genders tend to be largest in the historical periods in which overall prevalence rates are highest.

Race/Ethnicity
Among the most dramatic and interesting subgroup differences are those found among the three largest racial/ethnic groups—Whites, African Americans, and Hispanics. For a number of years African-American students had substantially lower rates of using any illicit drug than did Whites, but the differences have narrowed in recent years as a result of increasing marijuana use among African-American students and a leveling among Whites. (Marijuana use tends to drive the overall index and in 2015 is significantly higher among African American students than among Whites in both 8th and 10th grades.) Still, African Americans have lower levels of use for many licit and illicit drugs at all three grade levels—in particular for hallucinogens, synthetic marijuana, and all forms of prescription drugs used without a doctor's orders. For 12th graders, heroin use among African American

students has been higher than among Whites for the past three years. African American students' use of alcohol, and cigarettes, tends to be significantly lower than Whites in all three grades. In fact, African Americans' use of cigarettes has been dramatically lower than Whites' use—a difference that emerged largely during the life of the study (i.e., since 1975).

Hispanic students generally have had rates of use that tended to place them between the other two groups in 12th grade—usually closer to the rates for Whites than for African Americans. In the last few years, however, Hispanics have attained the highest reported rates of use of any illicit drug in all three grades—in large part due to their greater increase in marijuana use than among Whites. (Indeed, both African Americans and Hispanics have shown a considerably greater increase in marijuana use than Whites have.) In 12th grade Hispanics have the highest use rates for a number of substances—marijuana, inhalants, cocaine, crack, methamphetamine, and crystal methamphetamine. In 8th grade, Hispanics tend to report the highest rates of the three racial/ethnic groups on nearly all classes of drugs. Like African-American students, Hispanic students generally have lower rates than White students of misusing any of the prescription drugs, particularly in the upper grades.

Again, we refer the reader to Occasional Paper 86 for a much more complete picture of these complex subgroup differences and how they have changed over the years (Demographic subgroup trends among adolescents in the use of various licit and illicit drugs 1975-2014).

College Plans
While in high school, those students who are not college-bound (a decreasing proportion of the total youth population over the longer term) are considerably more likely to be at risk for using illicit drugs, drinking heavily, and particularly smoking cigarettes. Again, these differences are largest in periods of highest prevalence. In the lower grades, the college-bound had a greater increase in cigarette smoking than did their non-college-bound peers in the early to mid-1990s; but the college-bound also showed a considerably larger decline since then, leaving them with dramatically lower smoking rates at present than they had in the 1990s.

Region of the Country
The differences associated with region of the country are so sufficiently varied and complex that we cannot do justice to them here. In the past, the Northeast and West tended to have the highest proportions of students using any illicit drug, and the South, the lowest; however, these rankings do not apply to many of the specific drugs and do not apply to all grades today. In particular, the cocaine epidemic of the early 1980s was much more pronounced in the West and Northeast than in the other two regions, although the differences decreased as the overall epidemic subsided. While the South and West have generally had lower rates of drinking among students than the Northeast and the Midwest, those differences have narrowed somewhat in recent years. Cigarette smoking rates have generally been lowest in the West. The upsurge of ecstasy use in 1999 occurred primarily in the Northeast, but that drug's newfound popularity then spread to the three other regions of the country.

Population Density
There have not been very large or consistent differences in overall illicit drug use associated with population density since MTF began, helping to demonstrate just how ubiquitous the illicit drug phenomenon has been in this country. Crack and heroin use have generally not been concentrated in urban areas, as is commonly believed, meaning that no parents and schools should assume that their children are immune to these threats simply because they do not live in a city. Since the late 1990s, students in non-urban areas have emerged with higher smoking rates than others, particularly in the upper grades. For alcohol use there have not been large differences as a function of population density.

Socioeconomic Level
The average level of education of the student's parents, as reported by the student, is used as a proxy for socioeconomic status of the family. For many drugs the differences in use by socioeconomic class are very small, and the trends have been highly parallel. One very interesting difference occurred for cocaine, the use of which was *positively* associated with socioeconomic level in the early 1980s. However, with the advent of crack, which offered cocaine at a lower price, that association nearly disappeared by 1986. Cigarette smoking showed a similar narrowing of class differences, but in this case a large *negative* association with socioeconomic level diminished considerably between roughly 1985 and 1993. In more recent years, that negative association has re-emerged in the lower

grades as use declined faster among students from more educated families. We believe that the removal of the Joe Camel ad campaign may have played a role in this. With regard to alcohol, in recent years there has been essentially no association between parental education and binge drinking among 12th graders, a small negative correlation among 10th graders, and a somewhat stronger negative correlation among 8th graders. Interestingly, the bottom one of the five SES strata has had the highest level of binge drinking in 8th and 10th grades, but the lowest level in 12th grade, possibly due to their having a higher dropout rate with more of the most likely heavy drinkers having left school before the end of 12th grade.

Lessons Learned

Implications for Prevention

The wide divergence in historical trajectories of the various drugs over time helps to illustrate that, to a considerable degree, the determinants of use are often specific to each drug. These determinants include both perceived benefits and perceived adverse outcomes that young people come to associate with each drug.

Unfortunately, word of the supposed benefits of using a drug usually spreads much faster than information about the adverse consequences. Supposed benefits take only rumor and a few testimonials, the spread of which have been hastened and expanded greatly by the media and in particular the Internet. It usually takes much longer for the evidence of adverse consequences (e.g., adverse reactions, death, disease, overdose, addiction) to cumulate, be recognized, and then be disseminated. Thus, when a new drug comes onto the scene, it has a considerable "grace period" during which its benefits are alleged and its consequences are not yet known. We believe that ecstasy illustrated this dynamic. Synthetic marijuana and so-called "bath salts" are two more recent examples.

Although encouraging the avoidance or delay of any type of substance use is likely beneficial, especially at young ages, prevention efforts also need to be drug-specific. That is, to a considerable degree, prevention must occur drug by drug because people will not necessarily generalize the adverse consequences of the use of one drug to the use of others. Many beliefs and attitudes held by young people are drug specific. The figures in this *Overview* on perceived risk and disapproval for the various drugs—attitudes and beliefs that we have shown to be important in explaining many drug trends over the years—amply illustrate this assertion. These attitudes and beliefs are at quite different levels for the various drugs and, more importantly, often trend quite differently over time.

Marijuana is one drug that is affected by some very specific policies, including medicalization and legalization of recreational use by adults. The effects on youth behaviors and attitudes of recent changes in a number of states will need to be carefully monitored in future years to determine their longer-term effects. Currently, marijuana does not hold the same appeal for youth as it did in the past, and today's annual prevalence among 12th graders of 35% is considerably lower than rates exceeding 50% in the 1970s.

However, if states that legalize recreational marijuana allow marijuana advertising and marketing, then prevalence could rebound and approach or even surpass past levels.

"Generational Forgetting" Helps Keep the Drug Epidemic Going

Another point worth keeping in mind is that there tends to be a continuous flow of new drugs onto the scene and of older ones being rediscovered by young people. Many drugs have made a comeback years after they first fell from popularity, often because knowledge among youth of their adverse consequences faded as generational replacement took place. We call this process "generational forgetting." Examples include LSD and methamphetamine, two drugs used widely in the 1960s that made a comeback in the 1990s after their initial popularity faded as a result of their adverse consequences becoming widely recognized during periods of high use. Heroin, cocaine, PCP, and crack are some others that have followed a similar pattern. LSD, inhalants, and ecstasy have all shown some effects of generational forgetting in recent years—that is, perceived risk has declined appreciably for those drugs, particularly among the younger students— which puts future cohorts at greater risk of having a resurgence in use. In the case of LSD, perceived risk among 8th graders has declined noticeably, and more students are saying that they are not familiar with the drug. It would appear that a resurgence in availability (which declined very sharply after about 2001, most likely due to the DEA closing a major lab in 2000) could generate another increase in use.

As for newly emerging drugs, examples include nitrite inhalants and PCP in the 1970s; crack and crystal methamphetamine in the 1980s; Rohypnol, GHB, and ecstasy in the 1990s; dextromethorphan, and salvia in the early 2000s; and "bath salts," "synthetic marijuana," and e-cigarettes more recently. The frequent introduction of new drugs (or new forms or new modes of administration of older drugs, as illustrated by crack, crystal methamphetamine, and non-injected heroin) helps keep this nation's drug problem alive. Because of the lag times described previously, the forces of containment are always playing catch-up with the forces of encouragement and exploitation. Organized efforts to reduce the grace period experienced by new drugs would seem to be among the most promising responses for minimizing

the damage they will cause. Such efforts regarding ecstasy by the National Institute on Drug Abuse and others appeared to pay off.

TABLE 1

Trends in Lifetime Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change	Peak year–2015 change Absolute change	Peak year–2015 change Proportional change (%)[a]	Low year–2015 change Absolute change	Low year–2015 change Proportional change
Any Illicit Drug[b]	30.4	29.8	32.1	35.7	38.9	42.2	43.3	42.3	41.9	41.0	40.9	39.5	37.5	36.4	35.7	34.0	32.7	32.6	33.2	34.4	34.7	34.1	36.0‡	**34.9**	34.3	-0.6	-0.6	-1.7	—	—
Any Illicit Drug other than Marijuana[b]	19.7	19.7	21.2	22.0	23.6	24.2	24.0	23.1	22.7	22.1‡	23.2	21.1	19.8	19.3	18.6	18.2	17.7	16.8	16.5	16.8	16.1	15.5	16.8‡	**15.8**	15.1	-0.7	-0.7	-4.3	—	—
Any Illicit Drug including Inhalants[b]	36.8	36.3	38.8	41.9	44.9	47.4	48.2	47.4	46.9	46.2	45.5	43.7	41.9	41.3	41.0	39.3	38.0	37.9	37.9	38.8	38.7	37.9	39.3‡	**37.9**	37.4	-0.5	-0.5	-1.4	—	—
Marijuana/Hashish	22.7	21.1	23.4	27.8	31.6	35.6	37.8	36.5	36.4	35.3	35.3	34.0	32.4	31.4	30.8	28.9	27.9	27.9	29.0	30.4	31.0	30.7	32.0	30.5	30.0	-0.6	-7.8 sss	-20.6	+2.1 s	+7.6
Inhalants	17.0	16.9	18.2	18.6	**19.4**	19.1	18.6	18.1	17.5	16.4	15.3	13.6	13.4	13.7	14.1	13.7	13.5	13.1	12.5	12.1	10.6	10.0	8.9	8.8	7.5	-1.3 sss	-11.9 sss	-61.5	—	—
Hallucinogens	6.1	6.3	7.0	7.7	8.9	10.0	10.2	9.5	9.0	8.5‡	9.2	7.6	6.9	6.3	5.9	5.7	5.8	5.6	5.3	5.7	5.0	5.0	4.3	4.3	4.3	-0.1	-4.9 sss	-53.6	—	—
LSD	5.5	5.7	6.5	6.9	8.1	8.9	9.1	8.3	7.9	7.2	6.5	5.0	3.7	3.0	2.6	2.5	2.6	2.7	2.5	2.8	2.7	2.5	2.6	2.4	2.8	+0.4	-6.3 sss	-69.0	+0.4	+16.5
Hallucinogens other than LSD	2.4	2.5	2.7	3.6	3.9	4.8	4.9	4.8	4.4	4.5‡	6.7	6.0	5.8	5.6	5.4	5.2	5.1	4.8	4.7	5.0	4.9	4.3	4.1	3.5	3.1	-0.4 s	-3.6 sss	-53.8	—	—
Ecstasy (MDMA)[c], original	—	—	—	—	—	4.9	5.2	4.5	5.3	7.2	8.0	6.9	5.4	4.7	4.0	4.3	4.5	4.1	4.6	5.5	5.5	4.6	4.7	3.5	—	—	—	—	—	—
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.0	4.0	-1.1 s	-1.1 s	-21.5	—	—
Cocaine	4.6	4.0	4.1	4.5	5.1	6.0	6.6	7.0	7.2	6.5	5.9	5.7	5.3	5.5	5.5	5.3	5.2	4.8	4.2	3.8	3.4	3.3	3.1	2.9	2.7	-0.2	-4.4 sss	-61.9	—	—
Crack	2.0	1.9	2.0	2.5	2.8	3.2	3.4	3.8	3.8	3.5	3.2	3.2	2.9	2.9	2.8	2.6	2.5	2.2	2.0	1.9	1.6	1.5	1.5	1.3	1.3	-0.1	-2.6 sss	-67.1	—	—
Other cocaine	4.1	3.5	3.6	3.9	4.2	5.2	5.9	6.1	6.3	5.6	5.1	4.8	4.5	4.7	4.7	4.7	4.6	4.1	3.7	3.4	3.1	2.9	2.7	2.5	2.3	-0.2	-3.9 sss	-62.9	—	—
Heroin	1.1	1.3	1.3	1.6	1.9	2.1	2.1	2.2	2.2	2.1	1.7	1.7	1.5	1.5	1.5	1.4	1.4	1.3	1.4	1.4	1.2	1.0	1.0	0.9	0.7	-0.3 ss	-1.6 sss	-70.6	—	—
With a needle	—	—	—	—	1.1	1.2	1.1	1.1	1.3	1.0	0.9	0.9	0.9	0.9	0.9	0.8	0.8	0.8	0.9	0.8	0.6	0.7	0.7	0.5	0.5	-0.3 ss	-0.8 sss	-63.4	—	—
Without a needle	—	—	—	1.3	1.7	1.7	1.6	1.6	1.8	1.3	1.3	1.3	1.2	1.1	1.0	1.0	0.9	0.9	1.0	0.9	0.7	0.7	0.6	0.5	0.5	-0.1	-1.3 sss	-73.1	—	—
Amphetamines[b]	12.9	12.5	13.8	14.3	15.2	15.5	15.2	14.5	14.0	13.5	13.9	13.1	11.8	11.2	10.3	10.1	9.5	8.6	8.6	8.9	8.6	8.3	10.5‡	9.7	9.1	-0.6	-0.6	-6.2	—	—
Methamphetamine	—	—	—	—	—	—	—	—	6.5	6.2	5.8	5.3	5.0	4.5	3.9	3.4	2.5	2.5	2.2	2.2	1.8	1.6	1.5	1.4	1.1	-0.3	-5.5 sss	-83.6	—	—
Tranquilizers	5.5	5.3	5.4	5.5	5.8	6.5	6.6	6.9	7.0	6.9‡	7.9	7.9	7.3	7.1	6.8	7.0	6.7	6.3	6.5	6.6	6.0	5.8	5.2	5.3	5.2	-0.1	-2.7 sss	-34.0	—	—
Alcohol	80.1	79.2‡	68.4	68.4	68.2	68.4	68.8	67.4	66.4	66.6	65.5	62.7	61.7	60.5	58.6	57.0	56.3	55.1	54.6	53.6	51.5	50.0	48.4	46.4	45.2	-1.2	-23.5 sss	-34.2	—	—
Been drunk	**46.3**	44.9	44.6	44.3	44.5	45.1	45.7	44.0	43.7	44.0	43.4	40.5	38.4	39.4	38.4	37.6	36.6	35.1	35.9	34.2	32.5	32.8	31.7	29.2	28.2	-1.0	-18.1 sss	-39.1	—	—
Flavored alcoholic beverages	—	—	—	—	—	—	—	—	—	—	—	—	—	54.7	54.7	53.1	51.3	49.3	47.9	46.7	44.5	42.7	41.1	38.8	37.4	-1.4	-17.3 sss	-31.7	—	—
Cigarettes	53.5	53.0	54.0	54.6	55.8	**57.8**	57.4	56.0	54.5	51.8	49.1	44.2	40.8	39.6	37.4	35.0	33.3	31.3	31.2	30.9	28.7	27.0	25.6	22.9	21.1	-1.8 ss	-36.6 sss	-63.4	—	—
Smokeless Tobacco	—	26.2	25.6	**26.3**	26.0	25.7	22.7	21.1	19.4	17.9	16.6	15.2	14.1	13.6	13.8	13.3	12.9	12.3	13.5	14.5	13.8	13.5	12.8	12.1	11.3	-0.8	-15.0 sss	-57.0	—	—
Steroids	1.9	1.8	1.8	2.1	2.1	1.8	2.1	2.3	2.8	3.0	3.3	3.3	3.0	2.5	2.1	2.0	1.8	1.6	1.5	1.5	1.5	1.4	1.5	1.4	1.5	+0.1	-1.8 sss	-54.3	+0.1	+5.2

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

Notes. ' – ' indicates data not available. ' ‡ ' indicates a change in the question text. When a question change occurs, peak levels after that change are used to calculate the peak year to current year difference.

Values in bold equal peak levels since 1991. Values in italics equal peak level before wording change. Underlined values equal lowest level since recent peak level.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a]The proportional change is the percent by which the most recent year deviates from the peak year [or the low year] for the drug in question. So, if a drug was at 20% prevalence in the peak year and declined to 10% prevalence in the most recent year, that would reflect a proportional decline of 50%.

[b]In 2013, for the questions on the use of amphetamines, the text was changed on two of the questionnaire forms for 8th and 10th graders and four of the questionnaire forms for 12th graders. This change also impacted the any illicit drug indices. Data presented here include only the changed forms beginning in 2013.

[c]In 2014, the text was changed on one of the questionnaire forms for 8th, 10th, and 12th graders to include "molly" in the description. The remaining forms were changed in 2015. Data for both versions of the question are presented here.

TABLE 2
Trends in **Annual** Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change	Peak year–2015 Absolute change	Peak year–2015 Proportional change (%)[a]	Low year–2015 Absolute change	Low year–2015 Proportional change
Any Illicit Drug[c]	20.2	19.7	23.2	27.6	31.0	33.6	34.1	32.2	31.9	31.4	31.8	30.2	28.4	27.6	27.1	25.8	24.8	24.9	25.9	27.3	27.6	27.1	28.6‡	27.2	26.8	-0.4	-0.4	-1.6	—	—
Any Illicit Drug other than Marijuana[c]	12.0	12.0	13.6	14.6	16.4	17.0	16.8	15.8	15.6	15.3‡	16.3	14.6	13.7	13.5	13.1	12.7	12.4	11.9	11.6	11.8	11.3	10.8	11.4‡	10.9	10.5	-0.4	-0.4	-3.7	—	—
Any Illicit Drug including Inhalants[c]	23.5	23.2	26.7	31.1	34.1	36.6	36.7	35.0	34.6	34.1	34.3	32.3	30.8	30.1	30.1	28.7	27.6	27.6	28.5	29.7	29.8	29.0	30.5‡	28.5	28.4	-0.1	-0.1	-0.4	—	—
Marijuana/Hashish	15.0	14.3	17.7	22.5	26.1	29.0	30.1	28.2	27.9	27.2	27.5	26.1	24.6	23.8	23.4	22.0	21.4	21.5	22.9	24.5	25.0	24.7	25.8	24.2	23.7	-0.4	-6.3 sss	-21.0	+2.4 sss	+11.1
Synthetic marijuana	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.0	6.4	4.8	4.2	-0.6 sss	-3.8 sss	-47.7	—	—
Inhalants	7.6	7.8	8.9	9.6	10.2	9.9	9.1	8.5	7.9	7.7	6.9	6.1	6.2	6.7	7.0	6.9	6.4	6.4	6.1	6.0	5.0	4.5	3.8	3.6	3.2	-0.4	-7.0 sss	-69.1	—	—
Hallucinogens	3.8	4.1	4.8	5.2	6.6	7.2	6.9	6.3	6.1	5.4‡	6.0	4.5	4.1	4.0	3.9	3.6	3.8	3.8	3.5	3.8	3.7	3.2	3.1	2.8	2.8	0.0	-3.2 sss	-53.0	—	—
LSD	3.4	3.8	4.3	4.7	5.9	6.3	6.0	5.3	5.3	4.5	4.1	2.4	1.6	1.6	1.5	1.4	1.7	1.9	1.6	1.8	1.8	1.6	1.6	1.7	1.9	+0.2	-4.4 sss	-70.2	+0.5 s	+34.0
Hallucinogens other than LSD	1.3	1.4	1.7	2.2	2.7	3.2	3.2	3.1	2.9	2.8‡	4.0	3.7	3.6	3.4	3.3	3.3	3.3	3.2	3.0	3.3	3.1	2.7	2.5	2.1	1.9	-0.3	-2.2 sss	-53.8	—	—
Ecstasy (MDMA)[d], original	—	—	—	—	—	3.1	3.4	2.9	3.7	5.3	6.0	4.9	3.1	2.6	2.4	2.7	3.0	2.9	3.0	3.8	3.7	2.5	2.8	2.2	—	—	—	—	—	—
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.4	2.4	-0.9 sss	-0.9 sss	-28.0	—	—
Salvia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.5	3.6	2.7	2.3	1.4	1.2	-0.2	-2.4 sss	-66.6	—	—
Cocaine	2.2	2.1	2.3	2.8	3.3	4.0	4.3	4.5	4.5	3.9	3.5	3.7	3.3	3.5	3.5	3.5	3.4	2.9	2.5	2.2	1.9	1.8	1.6	1.6	1.7	+0.1	-2.7 sss	-61.2	+0.1	+5.4
Crack	1.0	1.1	1.2	1.5	1.8	2.0	2.1	2.4	2.2	2.1	1.8	2.0	1.8	1.7	1.6	1.5	1.5	1.3	1.2	1.1	1.0	0.9	0.8	0.7	0.8	0.0	-1.6 sss	-67.9	0.0	+2.4
Other cocaine	2.0	1.8	2.0	2.3	2.8	3.4	3.7	3.7	4.0	3.3	3.0	3.1	2.8	3.1	3.0	3.1	2.9	2.6	2.1	1.9	1.7	1.7	1.5	1.5	1.5	0.0	-2.5 sss	-63.7	—	—
Heroin	0.5	0.6	0.6	0.9	1.2	1.3	1.3	1.3	1.2	1.3	0.9	1.0	0.8	0.9	0.8	0.8	0.8	0.8	0.8	0.7	0.6	0.6	0.5	0.4	0.4	0.0	-0.9 sss	-70.0	—	—
With a needle	—	—	—	—	0.7	0.7	0.7	0.7	0.7	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.3	-0.2 ss	-0.4 sss	-63.2	—	—
Without a needle	—	—	—	—	0.9	0.9	1.0	0.9	1.0	1.1	0.7	0.7	0.6	0.7	0.7	0.6	0.7	0.6	0.5	0.6	0.5	0.4	0.4	0.3	0.3	0.0	-0.8 sss	-74.1	—	—
OxyContin	—	—	—	—	—	—	—	—	—	—	—	2.7	3.2	3.3	3.4	3.5	3.5	3.4	3.9	3.8	3.4	2.9	2.9	2.4	2.3	-0.1	-1.6 sss	-39.8	—	—
Vicodin	—	—	—	—	—	—	—	—	—	—	—	6.0	6.6	5.8	5.7	6.3	6.2	6.1	6.5	5.9	5.1	4.3	3.7	3.0	2.5	-0.5	-4.0 sss	-61.2	—	—
Amphetamines[c]	7.5	7.3	8.4	9.1	10.0	10.4	10.1	9.3	9.0	9.2	9.6	8.9	8.0	7.6	7.0	6.8	6.5	5.8	5.9	6.2	5.9	5.6	7.0‡	6.6	6.2	-0.4	-0.4	-6.3	—	—
Ritalin	—	—	—	—	—	—	—	—	—	—	4.2	3.8	3.5	3.6	3.3	3.5	2.8	2.6	2.5	2.2	2.1	1.7	1.7	1.5	1.4	-0.1	-2.8 sss	-66.8	—	—
Adderall	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.3	4.5	4.1	4.4	4.4	4.1	4.5	+0.4	-0.5 s	-10.3	+0.4	+10.2
Methamphetamine	—	—	—	—	—	—	—	—	—	4.1	3.5	3.4	3.2	3.0	2.6	2.4	2.0	1.4	1.3	1.3	1.2	1.0	1.0	0.8	0.6	-0.2	-3.5 sss	-84.8	—	—
Bath salts (synthetic stimulants)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.9	0.8	0.7	-0.1	-0.3	-27.1	—	—
Tranquilizers	2.8	2.8	2.9	3.1	3.7	4.1	4.1	4.4	4.4	4.5‡	5.5	5.3	4.8	4.8	4.7	4.6	4.5	4.3	4.5	4.5	3.9	3.7	3.3	3.3	3.4	0.0	-2.1 sss	-38.3	+0.1	+2.2
OTC Cough/Cold Medicines	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.4	5.0	4.7	5.2	4.8	4.4	4.4	4.0	3.2	3.1	-0.1	-2.2 sss	-41.8	—	—
Rohypnol	—	—	—	—	—	1.1	1.1	1.1	0.8	0.7	0.9‡	0.8	0.8	0.9	0.8	0.7	0.8	0.7	0.6	0.8	0.9	0.7	0.6	0.5	0.5	0.0	-0.4 sss	-47.8	—	—
GHB[b]	—	—	—	—	—	—	—	—	—	1.4	1.2	1.2	1.2	1.1	0.8	0.9	0.7	0.9	0.9	0.8	0.8	—	—	—	—	—	—	—	—	—
Ketamine[b]	—	—	—	—	—	—	—	—	—	2.0	1.9	2.0	1.7	1.3	1.0	1.1	1.0	1.2	1.3	1.2	1.2	—	—	—	—	—	—	—	—	—
Alcohol	67.4	66.3‡	59.7	60.5	60.4	60.9	61.4	59.7	59.0	59.3	58.2	55.3	54.4	54.0	51.9	50.7	50.2	48.7	48.4	47.4	45.3	44.3	42.8	40.7	39.9	-0.8	-21.5 sss	-35.0	—	—
Been drunk	35.8	34.3	34.3	35.0	35.9	36.7	36.9	35.5	36.0	35.9	35.0	32.1	31.2	32.5	30.8	30.7	29.7	28.1	28.7	27.1	25.9	26.4	25.4	23.6	22.5	-1.1	-14.4 sss	-39.0	—	—
Flavored alcoholic beverages	—	—	—	—	—	—	—	—	—	—	—	—	—	44.5	43.9	42.4	40.8	39.0	37.8	35.9	33.7	32.5	31.3	29.4	28.8	-0.6	-15.7 sss	-35.2	—	—
Alcoholic beverages containing caffeine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19.7	18.6	16.6	14.3	13.0	-1.3	-6.6 sss	-33.8	—	—
Dissolvable tobacco products	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.4	1.4	1.2	1.1	-0.1	-0.3	-18.4	—	—
Snus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.6	4.8	4.1	3.8	-0.2	-1.8 sss	-31.6	—	—
Steroids	1.2	1.1	1.0	1.2	1.3	1.1	1.2	1.3	1.7	1.9	2.0	2.0	1.7	1.6	1.3	1.3	1.1	1.1	1.0	0.9	0.9	0.9	0.9	0.9	1.0	+0.1	-1.1 sss	-52.2	+0.1	+7.1

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

Notes. ' – ' indicates data not available. ' ‡ ' indicates a change in the question text. When a question change occurs, peak levels after that change are used to calculate the peak year to current year difference.

Values in bold equal peak levels since 1991. Values in italics equal peak level before wording change. Underlined values equal lowest level since recent peak level.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a]The proportional change is the percent by which the most recent year deviates from the peak year [or the low year] for the drug in question. So, if a drug was at 20% prevalence in the peak year and declined to 10% prevalence in the most recent year, that would reflect a proportional decline of 50%.

[b]Question was discontinued among 8th and 10th graders in 2012.

[c]In 2013, for the questions on the use of amphetamines, the text was changed on two of the questionnaire forms for 8th and 10th graders and four of the questionnaire forms for 12th graders. This change also impacted the any illicit drug indices. Data presented here include only the changed forms beginning in 2013.

[d]In 2014, the text was changed on one of the questionnaire forms for 8th, 10th, and 12th graders to include "molly" in the description. The remaining forms were changed in 2015. Data for both versions of the question are presented here.

TABLE 3

Trends in 30-Day Prevalence of Use of Various Drugs for Grades 8, 10, and 12 Combined

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change	Peak year–2015 Absolute change	Peak year–2015 Proportional change (%) [a]	Low year–2015 Absolute change	Low year–2015 Proportional change
Any Illicit Drug [b]	10.9	10.5	13.3	16.8	18.6	20.6	20.5	19.5	19.5	19.2	19.4	18.2	17.3	16.2	15.8	14.9	14.8	14.6	15.8	16.7	17.0	16.8	17.3‡	16.5	15.9	-0.6	-0.6	-3.9	—	—
Any Illicit Drug other than Marijuana [b]	5.4	5.5	6.5	7.1	8.4	8.4	8.4	8.2	7.9	8.0‡	8.2	7.7	7.1	7.0	6.7	6.4	6.4	5.9	5.7	5.7	5.7	5.2	5.4‡	5.4	5.1	-0.3	-0.3	-5.6	—	—
Any Illicit Drug including Inhalants [b]	13.0	12.5	15.4	18.9	20.7	22.4	22.2	21.1	21.1	21.0	20.8	19.5	18.6	17.5	17.5	16.5	16.5	16.1	17.3	18.0	18.3	17.6	18.4‡	17.3	16.8	-0.5	-0.5	-3.1	—	—
Marijuana/Hashish	8.3	7.7	10.2	13.9	15.6	17.7	17.9	16.9	16.9	16.3	16.6	15.3	14.8	13.6	13.4	12.5	12.4	12.5	13.8	14.8	15.2	15.1	15.6	14.4	14.0	-0.4	-3.9 sss	-22.0	+1.6 ss	+13.0
Inhalants	3.2	3.3	3.8	4.0	4.3	3.9	3.7	3.4	3.3	3.2	2.8	2.7	2.7	2.9	2.9	2.7	2.6	2.6	2.5	2.4	2.1	1.7	1.5	1.4	1.3	0.0	-3.0 sss	-69.4	—	—
Hallucinogens	1.5	1.6	1.9	2.2	3.1	2.7	3.0	2.8	2.5	2.0‡	2.3	1.7	1.5	1.5	1.5	1.4	1.4	1.3	1.4	1.1	1.1	1.0	1.0	1.0	1.0		-1.2	-55.4	—	—
LSD	1.3	1.5	1.6	1.9	2.8	2.1	2.4	2.3	2.0	1.4	1.5	0.7	0.6	0.6	0.6	0.6	0.7	0.5	0.7	0.7	0.5	0.6	0.6	0.6	0.7	+0.1	-2.1 sss	-75.1	+0.1	+25.6
Hallucinogens other than LSD	0.5	0.5	0.7	1.0	1.0	1.2	1.2	1.2	1.1	1.1‡	1.4	1.4	1.2	1.3	1.2	1.1	1.1	1.1	1.0	1.2	1.0	0.9	0.8	0.7	0.6	-0.1	-0.8 sss	-58.6	—	—
Ecstasy (MDMA) [c], original	—	—	—	—	—	1.5	1.3	1.2	1.6	2.4	2.4	1.8	1.0	0.9	0.9	1.0	1.1	1.2	1.2	1.5	1.4	0.8	1.0	0.8	—	—	—	—	—
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.1	0.8	-0.3 s	-0.3 s	-23.8	—	—
Cocaine	0.8	0.9	0.9	1.2	1.5	1.7	1.8	1.9	1.9	1.7	1.5	1.6	1.4	1.6	1.6	1.6	1.4	1.3	1.0	0.9	0.8	0.8	0.8	0.7	0.8	+0.1	-1.1 sss	-57.8	+0.1	+14.0
Crack	0.4	0.5	0.5	0.7	0.8	0.9	0.8	1.0	0.9	0.9	0.9	1.0	0.8	0.8	0.8	0.7	0.7	0.6	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.0	-0.6 sss	-65.5	—	—
Other cocaine	0.7	0.7	0.8	1.1	1.2	1.3	1.5	1.6	1.7	1.4	1.3	1.3	1.2	1.4	1.3	1.4	1.1	1.1	0.8	0.8	0.7	0.7	0.6	0.6	0.7	+0.1	-0.9 sss	-57.2	+0.1	+26.4
Heroin	0.2	0.3	0.3	0.4	0.6	0.6	0.6	0.6	0.6	0.6	0.4	0.5	0.4	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.3	0.2	-0.1 ss	-0.3 sss	-59.7	—	—
With a needle	—	—	—	—	0.3	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.1	-0.1 sss	-0.3 sss	-63.3	—	—
Without a needle	—	—	—	—	0.4	0.4	0.5	0.4	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.2	-0.1	-0.3 sss	-63.2	—	—
Amphetamines [b]	3.0	3.3	3.9	4.0	4.5	4.8	4.5	4.3	4.2	4.5	4.7	4.4	3.9	3.6	3.3	3.0	3.2	2.6	2.7	2.7	2.8	2.5	3.2‡	3.2	2.7	-0.5 ss	-0.5 ss	-14.4	—	—
Methamphetamine	—	—	—	—	—	—	—	—	1.5	1.5	1.4	1.5	1.4	1.1	0.9	0.7	0.5	0.7	0.5	0.6	0.5	0.5	0.4	0.3	0.3	0.0	-1.2 sss	-77.7	—	—
Tranquilizers	1.1	1.1	1.1	1.3	1.6	1.7	1.7	1.9	1.9	2.1‡	2.3	2.4	2.2	2.1	2.1	2.1	2.0	1.9	1.9	1.9	1.7	1.5	1.5	1.5	1.5	0.0	-0.9 sss	-37.4	—	—
Alcohol	39.8	38.4‡	36.3	37.6	37.8	38.8	38.6	37.4	37.2	36.6	35.5	33.3	33.2	32.9	31.4	31.0	30.1	28.1	28.4	26.8	25.5	25.9	24.3	22.6	21.8	-0.8	-17.0 sss	-43.8	—	—
Been drunk	19.2	17.8	18.2	19.3	20.3	20.4	21.2	20.4	20.6	20.3	19.7	17.4	17.7	18.1	17.0	17.4	16.5	14.9	15.2	14.6	13.5	14.7	13.5	11.9	11.0	-0.9	-10.2 sss	-48.0	—	—
Flavored alcoholic beverages	—	—	—	—	—	—	—	—	—	—	—	—	—	23.0	21.6	21.7	20.4	18.6	17.9	17.0	15.2	14.9	14.0	12.9	12.8	-0.1	-10.2 sss	-44.5	—	—
Cigarettes	20.7	21.2	23.4	24.7	26.6	28.3	28.3	27.0	25.2	22.6	20.2	17.7	16.6	16.1	15.3	14.4	13.6	12.6	12.7	12.8	11.7	10.6	9.6	8.0	7.0	-1.0 ss	-21.3 sss	-75.4	—	—
Smokeless Tobacco	—	9.2	9.1	9.7	9.6	8.5	8.0	7.0	6.3	5.8	6.1	5.2	5.3	5.1	5.3	5.1	5.2	4.9	6.0	6.5	5.9	5.6	5.7	5.4	4.7	-0.7	-5.0 sss	-51.7	—	—
E-cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13.9	13.2	-0.7	-0.7	-5.1	—	—
Large Cigars	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.9	4.2	+0.2	—	—	+0.2	+5.7
Flavored Little Cigars	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7.4	7.1	-0.4	-0.4	—	—	—
Regular Little Cigars	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.5	4.9	+0.4	—	—	+0.4	+8.3
Steroids	0.6	0.6	0.6	0.7	0.6	0.5	0.7	0.7	0.9	0.9	0.9	1.0	0.9	0.9	0.7	0.7	0.6	0.6	0.6	0.6	0.5	0.5	0.6	0.5	0.5	0.0	-0.5 sss	-48.3	—	—

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

Notes. ' – ' indicates data not available. ' ‡ ' indicates a change in the question text. When a question change occurs, peak levels after that change are used to calculate the peak year to current year difference.

Values in bold equal peak levels since 1991. Values in italics equal peak level before wording change. Underlined values equal lowest level since recent peak level.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a] The proportional change is the percent by which the most recent year deviates from the peak year [or the low year] for the drug in question. So, if a drug was at 20% prevalence in the peak year and declined to 10% prevalence in the most recent year, that would reflect a proportional decline of 50%.

[b] In 2013, for the questions on the use of amphetamines, the text was changed on two of the questionnaire forms for 8th and 10th graders and four of the questionnaire forms for 12th graders. This change also impacted the any illicit drug indices. Data presented here include only the changed forms beginning in 2013.

[c] In 2014, the text was changed on one of the questionnaire forms for 8th, 10th, and 12th graders to include "molly" in the description. The remaining forms were changed in 2015. Data for both versions of the question are presented here.

TABLE 4

Trends in <u>Daily</u> Prevalence of Use of Selected Drugs for Grades 8, 10, and 12 Combined

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change	Peak year–2015 change Absolute change	Peak year–2015 change Proportional change (%)[a]	Low year–2015 change Absolute change	Low year–2015 change Proportional change
Marijuana	0.9	0.9	1.2	2.1	2.7	3.2	3.4	3.4	3.5	3.5	**3.7**	3.5	3.4	3.0	2.9	2.8	2.7	2.8	2.8	3.4	3.6	3.6	3.7	3.3	3.3	0.0	-0.4 s	-10.4	+0.6 sss	+21.0
Alcohol	*1.7*	1.6‡	2.0	1.8	1.9	2.0	2.1	**2.2**	2.0	1.7	2.0	1.9	1.7	1.5	1.5	1.5	1.6	1.4	1.3	1.4	1.0	1.2	1.1	1.0	<u>0.8</u>	-0.1	-1.4 sss	-62.3	—	—
5+ drinks in a row in last 2 weeks	20.0	19.0	19.5	20.3	21.1	**21.9**	**21.9**	21.5	21.7	21.2	20.4	18.9	18.6	18.8	17.5	17.4	17.2	15.5	16.1	14.9	13.6	14.3	13.2	11.7	<u>10.7</u>	-0.9 s	-11.2 sss	-51.0	—	—
Been drunk	0.4	0.4	0.5	0.6	0.7	0.7	**0.9**	0.8	**0.9**	0.8	0.7	0.6	0.7	0.7	0.6	0.7	0.6	0.6	0.5	0.6	0.5	0.6	0.5	0.5	<u>0.3</u>	-0.2 ss	-0.6 sss	-66.5	—	—
Cigarettes	12.4	11.9	13.5	14.0	15.5	16.8	**16.9**	15.4	15.0	13.4	11.6	10.2	9.3	9.0	8.0	7.6	7.1	6.4	6.4	6.4	5.7	5.2	4.7	3.6	<u>3.2</u>	-0.4	-13.7 sss	-81.1	—	—
1/2 pack+/day	6.5	6.1	6.9	7.2	7.9	**8.7**	8.6	7.9	7.6	6.4	5.7	4.9	4.5	4.1	3.7	3.4	3.0	2.7	2.6	2.5	2.1	1.9	1.8	1.4	<u>1.1</u>	-0.2	-7.6 sss	-86.9	—	—
Smokeless tobacco	—	**3.0**	2.7	2.9	2.5	2.3	2.5	2.1	1.7	1.9	2.0	<u>1.4</u>	1.6	1.7	1.6	1.5	1.6	1.6	1.8	2.1	1.8	1.9	1.7	1.8	1.7	-0.1	-1.2 ss	-41.2	+0.3	+20.1

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

Notes.   ' – ' indicates data not available. ' ‡ ' indicates a change in the question text. When a question change occurs, peak levels after that change are used to calculate the peak year to current year difference.

Values in bold equal peak levels since 1991. Values in italics equal peak level before wording change. Underlined values equal lowest level since recent peak level.

Level of significance of difference between classes: s = .05, ss = .01, sss = .001.

Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a]The proportional change is the percent by which the most recent year deviates from the peak year [or the low year] for the drug in question. So, if a drug was at 20% prevalence in the peak year and declined to 10% prevalence in the most recent year, that would reflect a proportional decline of 50%.

TABLE 5
Trends in **Lifetime** Prevalence of Use of Various Drugs
in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Any Illicit Drug [a]																										
8th Grade	18.7	20.6	22.5	25.7	28.5	31.2	29.4	29.0	28.3	26.8	26.8	24.5	22.8	21.5	21.4	20.9	19.0	19.6	19.9	21.4	20.1	18.5‡	21.1	20.3	20.5	+0.2
10th Grade	30.6	29.8	32.8	37.4	40.9	45.4	47.3	44.9	46.2	45.6	45.6	44.6	41.4	39.8	38.2	36.1	35.6	34.1	36.0	37.0	37.7	36.8‡	39.1	37.4	34.7	-2.7 s
12th Grade	44.1	40.7	42.9	45.6	48.4	50.8	54.3	54.1	54.7	54.0	53.9	53.0	51.1	51.1	50.4	48.2	46.8	47.4	46.7	48.2	49.9	49.1‡	49.8	49.1	48.9	-0.1
Any Illicit Drug other than Marijuana [a,b]																										
8th Grade	14.3	15.6	16.8	17.5	18.8	19.2	17.7	16.9	16.3	15.8‡	17.0	13.7	13.6	12.2	12.1	12.2	11.1	11.2	10.4	10.6	9.8	8.7‡	10.4	10.0	10.3	+0.3
10th Grade	19.1	19.2	20.9	21.7	24.3	25.5	25.0	23.6	24.0	23.1‡	23.6	22.1	19.7	18.8	18.0	17.5	18.2	15.9	16.7	16.8	15.6	14.9‡	16.4	15.9	14.6	-1.3
12th Grade	26.9	25.1	26.7	27.6	28.1	28.5	30.0	29.4	29.4	29.0‡	30.7	29.5	27.7	28.7	27.4	26.9	25.5	24.9	24.0	24.7	24.9	24.1‡	24.8	22.6	21.1	-1.5
Any Illicit Drug including Inhalants [a,c]																										
8th Grade	28.5	29.6	32.3	35.1	38.1	39.4	38.1	37.8	37.2	35.1	34.5	31.6	30.3	30.2	30.0	29.2	27.7	28.3	27.9	28.6	26.4	25.1‡	25.9	25.2	24.9	-0.4
10th Grade	36.1	36.2	38.7	42.7	45.9	49.8	50.9	49.3	49.9	49.3	48.8	47.7	44.9	43.1	42.1	40.1	39.8	38.7	40.0	40.6	40.8	40.0‡	41.6	40.4	37.2	-3.2 s
12th Grade	47.6	44.4	46.6	49.1	51.5	53.5	56.3	56.1	56.3	57.0	56.0	54.6	52.8	53.0	53.5	51.2	49.1	49.3	48.4	49.9	51.8	50.3‡	52.3	49.9	51.4	+1.5
Marijuana/Hashish																										
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	22.6	22.2	22.0	20.3	20.4	19.2	17.5	16.3	16.5	15.7	14.2	14.6	15.7	17.3	16.4	15.2	16.5	15.6	15.5	-0.1
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	42.3	39.6	40.9	40.3	40.1	38.7	36.4	35.1	34.1	31.8	31.0	29.9	32.3	33.4	34.5	33.8	35.8	33.7	31.1	-2.6 s
12th Grade	36.7	32.6	35.3	38.2	41.7	44.9	49.6	49.1	49.7	48.8	49.0	47.8	46.1	45.7	44.8	42.3	41.8	42.6	42.0	43.8	45.5	45.2	45.5	44.4	44.7	+0.3
Inhalants [c,d]																										
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	21.0	20.5	19.7	17.9	17.1	15.2	15.8	17.3	17.1	16.1	15.6	15.7	14.9	14.5	13.1	11.8	10.8	10.8	9.4	-1.4 s
10th Grade	15.7	16.6	17.5	18.0	19.0	19.3	18.3	18.3	17.0	16.6	15.2	13.5	12.7	12.4	13.1	13.3	13.6	12.8	12.3	12.0	10.1	9.9	8.7	8.7	7.2	-1.5 ss
12th Grade	17.6	16.6	17.4	17.7	17.4	16.6	16.1	15.2	15.4	14.2	13.0	11.7	11.2	10.9	11.4	11.1	10.5	9.9	9.5	9.0	8.1	7.9	6.9	6.5	5.7	-0.8
Hallucinogens [b,f]																										
8th Grade	3.2	3.8	3.9	4.3	5.2	5.9	5.4	4.9	4.8	4.6‡	5.2	4.1	4.0	3.5	3.8	3.4	3.1	3.3	3.0	3.4	3.3	2.8	2.5	2.0	2.0	0.0
10th Grade	6.1	6.4	6.8	8.1	9.3	10.5	10.5	9.8	9.7	8.9‡	8.9	7.8	6.9	6.4	5.8	6.1	6.4	5.5	6.1	6.1	6.0	5.2	5.4	5.0	4.6	-0.4
12th Grade	9.6	9.2	10.9	11.4	12.7	14.0	15.1	14.1	13.7	13.0‡	14.7	12.0	10.6	9.7	8.8	8.3	8.4	8.7	7.4	8.6	8.3	7.5	7.6	6.3	6.4	0.0

(Table continued on next page.)

TABLE 5 (cont.)
Trends in **Lifetime** Prevalence of Use of Various Drugs
in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
LSD [b]																										
8th Grade	2.7	3.2	3.5	3.7	4.4	5.1	4.7	4.1	4.1	3.9	3.4	2.5	2.1	1.8	1.9	1.6	1.6	1.9	1.7	1.8	1.7	1.3	1.4	1.1	1.3	+0.2
10th Grade	5.6	5.8	6.2	7.2	8.4	9.4	9.5	8.5	8.5	7.6	6.3	5.0	3.5	2.8	2.5	2.7	3.0	2.6	3.0	3.0	2.8	2.6	2.7	2.6	3.0	+0.4
12th Grade	8.8	8.6	10.3	10.5	11.7	12.6	13.6	12.6	12.2	11.1	10.9	8.4	5.9	4.6	3.5	3.3	3.4	4.0	3.1	4.0	4.0	3.8	3.9	3.7	4.3	+0.6
Hallucinogens other than LSD [b]																										
8th Grade	1.4	1.7	1.7	2.2	2.5	3.0	2.6	2.5	2.4	2.3‡	3.9	3.3	3.2	3.0	3.3	2.8	2.6	2.5	2.4	2.7	2.8	2.3	1.9	1.5	1.2	-0.3
10th Grade	2.2	2.5	2.8	3.8	3.9	4.7	4.8	5.0	4.7	4.8‡	6.6	6.3	5.9	5.8	5.2	5.5	5.7	4.8	5.4	5.3	5.2	4.5	4.4	4.1	3.3	-0.7 s
12th Grade	3.7	3.3	3.9	4.9	5.4	6.8	7.5	7.1	6.7	6.9‡	10.4	9.2	9.0	8.7	8.1	7.8	7.7	7.8	6.8	7.7	7.3	6.6	6.4	5.1	4.8	-0.3
Ecstasy (MDMA) [g]																										
8th Grade, original	—	—	—	—	—	3.4	3.2	2.7	2.7	4.3	5.2	4.3	3.2	2.8	2.8	2.5	2.3	2.4	2.2	3.3	2.6	2.0	1.8	1.4	—	—
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.4	2.3	-0.1
10th Grade, original	—	—	—	—	—	5.6	5.7	5.1	6.0	7.3	8.0	6.6	5.4	4.3	4.0	4.5	5.2	4.3	5.5	6.4	6.6	5.0	5.7	3.7	—	—
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.2	3.8	-1.4 s
12th Grade, original	—	—	—	—	—	6.1	6.9	5.8	8.0	11.0	11.7	10.5	8.3	7.5	5.4	6.5	6.5	6.2	6.5	7.3	8.0	7.2	7.1	5.6	—	—
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7.9	5.9	-2.0 s
Cocaine																										
8th Grade	2.3	2.9	2.9	3.6	4.2	4.5	4.4	4.6	4.7	4.5	4.3	3.6	3.6	3.4	3.7	3.4	3.1	3.0	2.6	2.6	2.2	1.9	1.7	1.8	1.6	-0.2
10th Grade	4.1	3.3	3.6	4.3	5.0	6.5	7.1	7.2	7.7	6.9	5.7	6.1	5.1	5.4	5.2	4.8	5.3	4.5	4.6	3.7	3.3	3.3	3.3	2.6	2.7	+0.1
12th Grade	7.8	6.1	6.1	5.9	6.0	7.1	8.7	9.3	9.8	8.6	8.2	7.8	7.7	8.1	8.0	8.5	7.8	7.2	6.0	5.5	5.2	4.9	4.5	4.6	4.0	-0.5
Crack																										
8th Grade	1.3	1.6	1.7	2.4	2.7	2.9	2.7	3.2	3.1	3.1	3.0	2.5	2.5	2.4	2.4	2.3	2.1	2.0	1.7	1.5	1.5	1.0	1.2	1.2	1.0	-0.3
10th Grade	1.7	1.5	1.8	2.1	2.8	3.3	3.6	3.9	4.0	3.7	3.1	3.6	2.7	2.6	2.5	2.2	2.3	2.0	2.1	1.8	1.6	1.4	1.5	1.0	1.1	+0.1
12th Grade	3.1	2.6	2.6	3.0	3.0	3.3	3.9	4.4	4.6	3.9	3.7	3.8	3.6	3.9	3.5	3.5	3.2	2.8	2.4	2.4	1.9	2.1	1.8	1.8	1.7	0.0
Other Cocaine [h]																										
8th Grade	2.0	2.4	2.4	3.0	3.4	3.8	3.5	3.7	3.8	3.5	3.3	2.8	2.7	2.6	2.9	2.7	2.6	2.4	2.1	2.1	1.8	1.6	1.4	1.4	1.3	-0.1
10th Grade	3.8	3.0	3.3	3.8	4.4	5.5	6.1	6.4	6.8	6.0	5.0	5.2	4.5	4.8	4.6	4.3	4.8	4.0	4.1	3.4	3.0	3.0	2.9	2.2	2.3	+0.1
12th Grade	7.0	5.3	5.4	5.2	5.1	6.4	8.2	8.4	8.8	7.7	7.4	7.0	6.7	7.3	7.1	7.9	6.8	6.5	5.3	5.1	4.9	4.4	4.2	4.1	3.4	-0.7

(Table continued on next page.)

TABLE 5 (cont.)
Trends in Lifetime Prevalence of Use of Various Drugs
in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Heroin [i]																										
8th Grade	1.2	1.4	1.4	2.0	2.3	2.4	2.1	2.3	2.3	1.9	1.7	1.6	1.6	1.6	1.5	1.4	1.3	1.4	1.3	1.3	1.2	0.8	1.0	0.9	0.5	-0.5 sss
10th Grade	1.2	1.2	1.3	1.5	1.7	2.1	2.1	2.3	2.3	2.2	1.7	1.8	1.5	1.5	1.5	1.4	1.5	1.2	1.5	1.3	1.2	1.1	1.0	0.9	0.7	-0.2
12th Grade	0.9	1.2	1.1	1.2	1.6	1.8	2.1	2.0	2.0	2.4	1.8	1.7	1.5	1.5	1.5	1.4	1.5	1.3	1.2	1.6	1.4	1.1	1.0	1.0	0.8	-0.2
With a Needle [j]																										
8th Grade	—	—	—	—	1.5	1.6	1.3	1.4	1.6	1.1	1.2	1.0	1.0	1.1	1.0	1.0	0.9	0.9	0.9	0.9	0.8	0.6	0.6	0.8	0.3	-0.5 sss
10th Grade	—	—	—	—	1.0	1.1	1.1	1.2	1.3	1.0	0.8	1.0	0.9	0.8	0.8	0.9	0.9	0.7	0.9	0.8	0.8	0.7	0.7	0.6	0.5	-0.1
12th Grade	—	—	—	—	0.7	0.8	0.9	0.8	0.9	0.8	0.7	0.8	0.7	0.7	0.9	0.8	0.7	0.7	0.6	1.1	0.9	0.7	0.7	0.8	0.6	-0.2
Without a Needle [j]																										
8th Grade	—	—	—	—	1.5	1.6	1.4	1.5	1.4	1.3	1.1	1.0	1.1	1.0	0.9	0.9	0.7	0.9	0.8	0.7	0.7	0.5	0.5	0.4	0.3	-0.1
10th Grade	—	—	—	—	1.1	1.7	1.7	1.7	1.6	1.7	1.3	1.3	1.0	1.1	1.1	1.0	1.1	0.8	1.0	0.9	0.8	0.8	0.7	0.5	0.4	-0.1
12th Grade	—	—	—	—	1.4	1.7	2.1	1.6	1.8	2.4	1.5	1.6	1.8	1.4	1.3	1.1	1.4	1.1	0.9	1.4	1.3	0.8	0.9	0.7	0.7	0.0
Narcotics other than Heroin [k,l]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	8.2	9.7	9.8	10.2	10.6	9.9‡	13.5	13.2	13.5	12.8	13.4	13.1	13.2	13.2	13.0	13.0	12.2	11.1	9.5	8.4	-1.0 s
Amphetamines [k,m]																										
8th Grade	10.5	10.8	11.8	12.3	13.1	13.5	12.3	11.3	10.7	9.9	10.2	8.7	8.4	7.5	7.4	7.3	6.5	6.8	6.0	5.7	5.2	4.5‡	6.9	6.7	6.8	+0.1
10th Grade	13.2	13.1	14.9	15.1	17.4	17.7	17.0	16.0	15.7	15.7	16.0	14.9	13.1	11.9	11.1	11.2	11.1	9.0	10.3	10.6	9.0	8.9‡	11.2	10.6	9.7	-0.9
12th Grade	15.4	13.9	15.1	15.7	15.3	15.3	16.5	16.4	16.3	15.6	16.2	16.8	14.4	15.0	13.1	12.4	11.4	10.5	9.9	11.1	12.2	12.0‡	13.8	12.1	10.8	-1.2
Methamphetamine [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	4.5	4.2	4.4	3.5	3.9	2.5	3.1	2.7	1.8	2.3	1.6	1.8	1.3	1.3	1.4	1.0	0.8	-0.2
10th Grade	—	—	—	—	—	—	—	—	7.3	6.9	6.4	6.1	5.2	5.3	4.1	3.2	2.8	2.4	2.8	2.5	2.1	1.8	1.6	1.4	1.3	-0.1
12th Grade	—	—	—	—	—	—	—	—	8.2	7.9	6.9	6.7	6.2	6.2	4.5	4.4	3.0	2.8	2.4	2.3	2.1	1.7	1.5	1.9	1.0	-0.9 ss

(Table continued on next page.)

TABLE 5 (cont.)
Trends in **Lifetime** Prevalence of Use of Various Drugs
in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Crystal Methamphetamine (Ice) [o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	3.9	4.4	4.4	5.3	4.8	4.0	4.1	4.7	3.9	4.0	4.0	3.4	3.4	2.8	2.1	1.8	2.1	1.7	2.0	1.3	1.2	-0.1
Sedatives (Barbiturates) [k,p]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	7.4	7.6	8.1	8.7	8.9	9.2	8.7	9.5	8.8	9.9	10.5	10.2	9.3	8.5	8.2	7.5	7.0	6.9	7.5	6.8	5.9	-1.0 s
Tranquilizers [b,k]																										
8th Grade	3.8	4.1	4.4	4.6	4.5	5.3	4.8	4.6	4.4	4.4‡	5.0	4.3	4.4	4.0	4.1	4.3	3.9	3.9	3.9	4.4	3.4	3.0	2.9	2.9	3.0	+0.1
10th Grade	5.8	5.9	5.7	5.4	6.0	7.1	7.3	7.8	7.9	8.0‡	9.2	8.8	7.8	7.3	7.1	7.2	7.4	6.8	7.0	7.3	6.8	6.3	5.5	5.8	5.8	0.0
12th Grade	7.2	6.0	6.4	6.6	7.1	7.2	7.8	8.5	9.3	8.9‡	10.3	11.4	10.2	10.6	9.9	10.3	9.5	8.9	9.3	8.5	8.7	8.5	7.7	7.4	6.9	-0.5
Any Prescription Drug [q]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.0	23.9	22.2	21.5	20.9	21.6	21.7	21.2‡	22.2	19.9	18.3	-1.6
Rohypnol [r]																										
8th Grade	—	—	—	—	—	1.5	1.1	1.4	1.3	1.0	1.1	0.8	1.0	1.0	1.1	1.0	1.0	0.7	0.7	0.9	2.0	1.0	0.7	0.6	0.8	+0.2
10th Grade	—	—	—	—	—	1.5	1.7	2.0	1.8	1.3	1.5	1.3	1.0	1.2	1.0	0.8	1.3	0.9	0.7	1.4	1.2	0.8	1.1	1.0	0.5	-0.5
12th Grade	—	—	—	—	—	1.2	1.8	3.0	2.0	1.5	1.7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcohol [s]																										
Any Use																										
8th Grade	70.1	69.3‡	55.7	55.8	54.5	55.3	53.8	52.5	52.1	51.7	50.5	47.0	45.6	43.9	41.0	40.5	38.9	38.9	36.6	35.8	33.1	29.5	27.8	26.8	26.1	-0.7
10th Grade	83.8	82.3‡	71.6	71.1	70.5	71.8	72.0	69.8	70.6	71.4	70.1	66.9	66.0	64.2	63.2	61.5	61.7	58.3	59.1	58.2	56.0	54.0	52.1	49.3	47.1	-2.2
12th Grade	88.0	87.5‡	80.0	80.4	80.7	79.2	81.7	81.4	80.0	80.3	79.7	78.4	76.6	76.8	75.1	72.7	72.2	71.9	72.3	71.0	70.0	69.4	68.2	66.0	64.0	-2.0

(Table continued on next page.)

TABLE 5 (cont.)
Trends in Lifetime Prevalence of Use of Various Drugs
in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Been Drunk [o]																										
8th Grade	26.7	26.8	26.4	25.9	25.3	26.8	25.2	24.8	24.8	25.1	23.4	21.3	20.3	19.9	19.5	19.5	17.9	18.0	17.4	16.3	14.8	12.8	12.2	10.8	10.9	+0.1
10th Grade	50.0	47.7	47.9	47.2	46.9	48.5	49.4	46.7	48.9	49.3	48.2	44.0	42.4	42.3	42.1	41.4	41.2	37.2	38.6	36.9	35.9	34.6	33.5	30.2	28.6	-1.6
12th Grade	65.4	63.4	62.5	62.9	63.2	61.8	64.2	62.4	62.3	62.3	63.9	61.6	58.1	60.3	57.5	56.4	55.1	54.7	56.5	54.1	51.0	54.2	52.3	49.8	46.7	-3.1
Flavored Alcoholic																										
Beverages [e,n]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	37.9	35.5	35.5	34.0	32.8	29.4	30.0	27.0	23.5	21.9	19.2	19.3	+0.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	58.6	58.8	58.1	55.7	53.5	51.4	51.3	48.4	46.7	44.9	42.3	38.7	-3.6 s
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	71.0	73.6	69.9	68.4	65.5	67.4	62.6	62.4	60.5	58.9	57.5	55.6	-2.0
Cigarettes																										
Any Use																										
8th Grade	44.0	45.2	45.3	46.1	46.4	49.2	47.3	45.7	44.1	40.5	36.6	31.4	28.4	27.9	25.9	24.6	22.1	20.5	20.1	20.0	18.4	15.5	14.8	13.5	13.3	-0.2
10th Grade	55.1	53.5	56.3	56.9	57.6	61.2	60.2	57.7	57.6	55.1	52.8	47.4	43.0	40.7	38.9	36.1	34.6	31.7	32.7	33.0	30.4	27.7	25.7	22.6	19.9	-2.6 s
12th Grade	63.1	61.8	61.9	62.0	64.2	63.5	65.4	65.3	64.6	62.5	61.0	57.2	53.7	52.8	50.0	47.1	46.2	44.7	43.6	42.2	40.0	39.5	38.1	34.4	31.1	-3.3 ss
Smokeless Tobacco [t]																										
8th Grade	22.2	20.7	18.7	19.9	20.0	20.4	16.8	15.0	14.4	12.8	11.7	11.2	11.3	11.0	10.1	10.2	9.1	9.8	9.6	9.9	9.7	8.1	7.9	8.0	8.6	+0.6
10th Grade	28.2	26.6	28.1	29.2	27.6	27.4	26.3	22.7	20.4	19.1	19.5	16.9	14.6	13.8	14.5	15.0	15.1	12.2	15.2	16.8	15.6	15.4	14.0	13.6	12.3	-1.2
12th Grade	—	32.4	31.0	30.7	30.9	29.8	25.3	26.2	23.4	23.1	19.7	18.3	17.0	16.7	17.5	15.2	15.1	15.6	16.3	17.6	16.9	17.4	17.2	15.1	13.2	-1.9
Steroids [k,u]																										
8th Grade	1.9	1.7	1.6	2.0	2.0	1.8	1.8	2.3	2.7	3.0	2.8	2.5	2.5	1.9	1.7	1.6	1.5	1.4	1.3	1.1	1.2	1.2	1.1	1.0	1.0	0.0
10th Grade	1.8	1.7	1.7	1.8	2.0	1.8	2.0	2.0	2.7	3.5	3.5	3.5	3.0	2.4	2.0	1.8	1.8	1.4	1.3	1.6	1.4	1.3	1.3	1.4	1.2	-0.2
12th Grade	2.1	2.1	2.0	2.4	2.3	1.9	2.4	2.7	2.9	2.5	3.7	4.0	3.5	3.4	2.6	2.7	2.2	2.2	2.2	2.0	1.8	1.8	2.1	1.9	2.3	+0.4

(Table continued on next page.)

TABLE 5 (cont.)
**Trends in Lifetime Prevalence of Use of Various Drugs
in Grades 8, 10, and 12**

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Previously suveyed drugs that have been dropped.																										
Nitrites [e]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	1.8	2.0	2.7	1.7	0.8	1.9	1.5	1.6	1.3	1.1	1.2	1.2	0.6	1.1	—	—	—	—	—	—	—
PCP [e]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	4.0	3.9	3.9	3.4	3.4	3.5	3.1	2.5	1.6	2.4	2.2	2.1	1.8	1.7	1.8	2.3	1.6	1.3	—	—	—
Methaqualone [e,k]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.3	1.6	0.8	1.4	1.2	2.0	1.7	1.6	1.8	0.8	1.1	1.5	1.0	1.3	1.3	1.2	1.0	0.8	0.7	0.4	0.6	0.8	—	—	—	—

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

Note: See footnotes following Table 4.

TABLE 6
**Trends in <u>Annual</u> Prevalence of Use of Various Drugs
in Grades 8, 10, and 12**
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Any Illicit Drug [a]																										
8th Grade	11.3	12.9	15.1	18.5	21.4	23.6	22.1	21.0	20.5	19.5	19.5	17.7	16.1	15.2	15.5	14.8	13.2	14.1	14.5	16.0	14.7	13.4‡	15.2	14.6	14.8	+0.2
10th Grade	21.4	20.4	24.7	30.0	33.3	37.5	38.5	35.0	35.9	36.4	37.2	34.8	32.0	31.1	29.8	28.7	28.1	26.9	29.4	30.2	31.1	30.1‡	32.1	29.9	27.9	-2.1
12th Grade	29.4	27.1	31.0	35.8	39.0	40.2	42.4	41.4	42.1	40.9	41.4	41.0	39.3	38.8	38.4	36.5	35.9	36.6	36.5	38.3	40.0	39.7‡	40.1	38.7	38.6	-0.1
Any Illicit Drug other																										
than Marijuana [a,b]																										
8th Grade	8.4	9.3	10.4	11.3	12.6	13.1	11.8	11.0	10.5	10.2‡	10.8	8.8	8.8	7.9	8.1	7.7	7.0	7.4	7.0	7.1	6.4	5.5‡	6.3	6.4	6.3	-0.1
10th Grade	12.2	12.3	13.9	15.2	17.5	18.4	18.2	16.6	16.7	16.7‡	17.9	15.7	13.8	13.5	12.9	12.7	13.1	11.3	12.2	12.1	11.2	10.8‡	11.2	11.2	10.5	-0.7
12th Grade	16.2	14.9	17.1	18.0	19.4	19.8	20.7	20.2	20.7	20.4‡	21.6	20.9	19.8	20.5	19.7	19.2	18.5	18.3	17.0	17.3	17.6	17.0‡	17.8	15.9	15.2	-0.7
Any Illicit Drug																										
including Inhalants [a,c]																										
8th Grade	16.7	18.2	21.1	24.2	27.1	28.7	27.2	26.2	25.3	24.0	23.9	21.4	20.4	20.2	20.4	19.7	18.0	19.0	18.8	20.3	18.2	17.0‡	17.6	16.8	17.0	+0.2
10th Grade	23.9	23.5	27.4	32.5	35.6	39.6	40.3	37.1	37.7	38.0	38.7	36.1	33.5	32.9	31.7	30.7	30.2	28.8	31.2	31.8	32.5	31.5‡	33.2	31.0	28.9	-2.1
12th Grade	31.2	28.8	32.5	37.6	40.2	41.9	43.3	42.4	42.8	42.5	42.6	42.1	40.5	39.1	40.3	38.0	37.0	37.3	37.6	39.2	41.5	40.2‡	42.3	39.2	40.2	+1.0
Marijuana/Hashish																										
8th Grade	6.2	7.2	9.2	13.0	15.8	18.3	17.7	16.9	16.5	15.6	15.4	14.6	12.8	11.8	12.2	11.7	10.3	10.9	11.8	13.7	12.5	11.4	12.7	11.7	11.8	+0.1
10th Grade	16.5	15.2	19.2	25.2	28.7	33.6	34.8	31.1	32.1	32.2	32.7	30.3	28.2	27.5	26.6	25.2	24.6	23.9	26.7	27.5	28.8	28.0	29.8	27.3	25.4	-1.9
12th Grade	23.9	21.9	26.0	30.7	34.7	35.8	38.5	37.5	37.8	36.5	37.0	36.2	34.9	34.3	33.6	31.5	31.7	32.4	32.8	34.8	36.4	36.4	36.4	35.1	34.9	-0.2
Synthetic Marijuana [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.4	4.0	3.3	3.1	-0.2
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.8	7.4	5.4	4.3	-1.1
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11.4	11.3	7.9	5.8	5.2	-0.7
Inhalants [c,d]																										
8th Grade	9.0	9.5	11.0	11.7	12.8	12.2	11.8	11.1	10.3	9.4	9.1	7.7	8.7	9.6	9.5	9.1	8.3	8.9	8.1	8.1	7.0	6.2	5.2	5.3	4.6	-0.7
10th Grade	7.1	7.5	8.4	9.1	9.6	9.5	8.7	8.0	7.2	7.3	6.6	5.8	5.4	5.9	6.0	6.5	6.6	5.9	6.1	5.7	4.5	4.1	3.5	3.3	2.9	-0.5
12th Grade	6.6	6.2	7.0	7.7	8.0	7.6	6.7	6.2	5.6	5.9	4.5	4.5	3.9	4.2	5.0	4.5	3.7	3.8	3.4	3.6	3.2	2.9	2.5	1.9	1.9	0.0

(Table continued on next page.)

64

TABLE 6 (cont.)
Trends in Annual Prevalence of Use of Various Drugs
in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Hallucinogens [b,f]																										
8th Grade	1.9	2.5	2.6	2.7	3.6	4.1	3.7	3.4	2.9	2.8‡	3.4	2.6	2.6	2.2	2.4	2.1	1.9	2.1	1.9	2.2	2.2	1.6	1.6	1.3	1.3	0.0
10th Grade	4.0	4.3	4.7	5.8	7.2	7.8	7.6	6.9	6.9	6.1‡	6.2	4.7	4.1	4.1	4.0	4.1	4.4	3.9	4.1	4.2	4.1	3.5	3.4	3.3	3.1	-0.2
12th Grade	5.8	5.9	7.4	7.6	9.3	10.1	9.8	9.0	9.4	8.1‡	9.1	6.6	5.9	6.2	5.5	4.9	5.4	5.9	4.7	5.5	5.2	4.8	4.5	4.0	4.2	+0.2
LSD [b]																										
8th Grade	1.7	2.1	2.3	2.4	3.2	3.5	3.2	2.8	2.4	2.4	2.2	1.5	1.3	1.1	1.2	0.9	1.1	1.3	1.1	1.2	1.1	0.8	1.0	0.7	0.9	+0.2
10th Grade	3.7	4.0	4.2	5.2	6.5	6.9	6.7	5.9	6.0	5.1	4.1	2.6	1.7	1.6	1.5	1.7	1.9	1.8	1.9	1.9	1.8	1.7	1.7	1.9	2.0	+0.1
12th Grade	5.2	5.6	6.8	6.9	8.4	8.8	8.4	7.6	8.1	6.6	6.6	3.5	1.9	2.2	1.8	1.7	2.1	2.7	1.9	2.6	2.7	2.4	2.2	2.5	2.9	+0.4
Hallucinogens **other than LSD** [b]																										
8th Grade	0.7	1.1	1.0	1.3	1.7	2.0	1.8	1.6	1.5	1.4‡	2.4	2.1	2.1	1.9	2.0	1.8	1.6	1.6	1.5	1.8	1.8	1.3	1.2	1.0	0.8	-0.1
10th Grade	1.3	1.4	1.9	2.4	2.8	3.3	3.3	3.4	3.2	3.1‡	4.3	4.0	3.6	3.7	3.5	3.7	3.8	3.3	3.5	3.5	3.5	3.0	2.7	2.6	1.9	-0.6 s
12th Grade	2.0	1.7	2.2	3.1	3.8	4.4	4.6	4.6	4.3	4.4‡	5.9	5.4	5.4	5.6	5.0	4.6	4.8	5.0	4.2	4.8	4.3	4.0	3.7	3.0	2.9	-0.1
PCP [e]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.4	1.4	1.6	1.8	2.6	2.3	2.1	1.8	2.3	1.8	1.1	1.3	0.7	1.3	0.7	0.9	1.1	1.0	1.0	1.3	0.9	0.7	0.8	1.4	+0.6
Ecstasy (MDMA) [g]																										
8th Grade, original	—	—	—	—	2.3	2.3	1.8	1.7	3.1	3.5	2.9	2.1	1.7	1.7	1.4	1.5	1.7	1.3	2.4	1.7	1.1	1.1	0.9	—	—	
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.5	1.4	-0.1
10th Grade, original	—	—	—	—	4.6	3.9	3.3	4.4	5.4	6.2	4.9	3.0	2.4	2.6	2.8	3.5	2.9	3.7	4.7	4.5	3.0	3.6	2.3	—	—	
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.8	2.4	-1.4 ss
12th Grade, original	—	—	—	—	4.6	4.0	3.6	5.6	8.2	9.2	7.4	4.5	4.0	3.0	4.1	4.5	4.3	4.3	4.5	5.3	3.8	4.0	3.6	—	—	
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.0	3.6	-1.5 s
Salvia [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.7	1.6	1.4	1.2	0.6	0.7	+0.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.7	3.9	2.5	2.3	1.8	1.2	-0.7
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.7	5.5	5.9	4.4	3.4	1.8	1.9	0.0

(Table continued on next page.)

TABLE 6 (cont.)

Trends in Annual Prevalence of Use of Various Drugs in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Cocaine																										
8th Grade	1.1	1.5	1.7	2.1	2.6	3.0	2.8	3.1	2.7	2.6	2.5	2.3	2.2	2.0	2.2	2.0	2.0	1.8	1.6	1.6	1.4	1.2	1.0	1.0	0.9	-0.1
10th Grade	2.2	1.9	2.1	2.8	3.5	4.2	4.7	4.7	4.9	4.4	3.6	4.0	3.3	3.7	3.5	3.2	3.4	3.0	2.7	2.2	1.9	2.0	1.9	1.5	1.8	+0.3
12th Grade	3.5	3.1	3.3	3.6	4.0	4.9	5.5	5.7	6.2	5.0	4.8	5.0	4.8	5.3	5.1	5.7	5.2	4.4	3.4	2.9	2.9	2.7	2.6	2.6	2.5	0.0
Crack																										
8th Grade	0.7	0.9	1.0	1.3	1.6	1.8	1.7	2.1	1.8	1.8	1.7	1.6	1.6	1.3	1.4	1.3	1.3	1.1	1.1	1.0	0.9	0.6	0.6	0.7	0.5	-0.2
10th Grade	0.9	0.9	1.1	1.4	1.8	2.1	2.2	2.5	2.4	2.2	1.8	2.3	1.6	1.7	1.7	1.3	1.3	1.3	1.2	1.0	0.9	0.8	0.8	0.5	0.7	+0.2
12th Grade	1.5	1.5	1.5	1.9	2.1	2.1	2.4	2.5	2.7	2.2	2.1	2.3	2.2	2.3	1.9	2.1	1.9	1.6	1.3	1.4	1.0	1.2	1.1	1.1	1.1	0.0
Other Cocaine [h]																										
8th Grade	1.0	1.2	1.3	1.7	2.1	2.5	2.2	2.4	2.3	1.9	1.9	1.8	1.6	1.6	1.7	1.6	1.5	1.4	1.3	1.3	1.1	1.0	0.8	0.8	0.8	0.0
10th Grade	2.1	1.7	1.8	2.4	3.0	3.5	4.1	4.0	4.4	3.8	3.0	3.4	2.8	3.3	3.0	2.9	3.1	2.6	2.3	1.9	1.7	1.8	1.6	1.3	1.5	+0.2
12th Grade	3.2	2.6	2.9	3.0	3.4	4.2	5.0	4.9	5.8	4.5	4.4	4.4	4.2	4.7	4.5	5.2	4.5	4.0	3.0	2.6	2.6	2.4	2.4	2.4	2.1	-0.3
Heroin [i]																										
8th Grade	0.7	0.7	0.7	1.2	1.4	1.6	1.3	1.3	1.4	1.1	1.0	0.9	0.9	1.0	0.8	0.8	0.8	0.9	0.7	0.8	0.7	0.5	0.5	0.5	0.3	-0.2 ss
10th Grade	0.5	0.6	0.7	0.9	1.1	1.2	1.4	1.4	1.4	1.4	0.9	1.1	0.7	0.9	0.9	0.9	0.8	0.8	0.9	0.8	0.8	0.6	0.6	0.5	0.5	-0.1
12th Grade	0.4	0.6	0.5	0.6	1.1	1.0	1.2	1.0	1.1	1.5	0.9	1.0	0.8	0.9	0.8	0.8	0.9	0.7	0.7	0.9	0.8	0.6	0.6	0.6	0.5	-0.1
With a Needle [j]																										
8th Grade	—	—	—	—	0.9	1.0	0.8	0.8	0.9	0.6	0.7	0.6	0.6	0.7	0.6	0.5	0.6	0.5	0.5	0.6	0.5	0.4	0.3	0.4	0.2	-0.2 ss
10th Grade	—	—	—	—	0.6	0.7	0.7	0.8	0.6	0.5	0.4	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.6	0.5	0.5	0.4	0.5	0.4	0.2	-0.2 s
12th Grade	—	—	—	—	0.5	0.5	0.5	0.4	0.4	0.4	0.3	0.4	0.4	0.4	0.5	0.5	0.4	0.4	0.3	0.7	0.6	0.4	0.4	0.5	0.3	-0.2
Without a Needle [j]																										
8th Grade	—	—	—	—	0.8	1.0	0.8	0.8	0.9	0.7	0.6	0.6	0.6	0.6	0.5	0.5	0.5	0.6	0.4	0.5	0.4	0.3	0.3	0.2	0.2	0.0
10th Grade	—	—	—	—	0.8	0.9	1.1	1.0	1.1	1.1	0.7	0.8	0.5	0.7	0.7	0.6	0.6	0.6	0.6	0.6	0.5	0.4	0.4	0.3	0.3	0.0
12th Grade	—	—	—	—	1.0	1.0	1.2	0.8	1.0	1.6	0.8	0.8	0.8	0.7	0.8	0.6	1.0	0.5	0.6	0.8	0.7	0.4	0.4	0.5	0.4	-0.1

(Table continued on next page.)

TABLE 6 (cont.)
Trends in Annual Prevalence of Use of Various Drugs
in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Narcotics other than Heroin [k,l]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.5	3.3	3.6	3.8	4.7	5.4	6.2	6.3	6.7	7.0	6.7‡	9.4	9.3	9.5	9.0	9.0	9.2	9.1	9.2	8.7	8.7	7.9	7.1	6.1	5.4	-0.7
OxyContin [k,n,v]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	1.3	1.7	1.7	1.8	2.6	1.8	2.1	2.0	2.1	1.8	1.6	2.0	1.0	0.8	-0.2
10th Grade	—	—	—	—	—	—	—	—	—	—	—	3.0	3.6	3.5	3.2	3.8	3.9	3.6	5.1	4.6	3.9	3.0	3.4	3.0	2.6	-0.3
12th Grade	—	—	—	—	—	—	—	—	—	—	—	4.0	4.5	5.0	5.5	4.3	5.2	4.7	4.9	5.1	4.9	4.3	3.6	3.3	3.7	+0.3
Vicodin [k,n,v]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	2.5	2.8	2.5	2.6	3.0	2.7	2.9	2.5	2.7	2.1	1.3	1.4	1.0	0.9	-0.2
10th Grade	—	—	—	—	—	—	—	—	—	—	—	6.9	7.2	6.2	5.9	7.0	7.2	6.7	8.1	7.7	5.9	4.4	4.6	3.4	2.5	-0.9
12th Grade	—	—	—	—	—	—	—	—	—	—	—	9.6	10.5	9.3	9.5	9.7	9.6	9.7	9.7	8.0	8.1	7.5	5.3	4.8	4.4	-0.4
Amphetamines [k,m]																										
8th Grade	6.2	6.5	7.2	7.9	8.7	9.1	8.1	7.2	6.9	6.5	6.7	5.5	5.5	4.9	4.9	4.7	4.2	4.5	4.1	3.9	3.5	2.9‡	4.2	4.3	4.1	-0.1
10th Grade	8.2	8.2	9.6	10.2	11.9	12.4	12.1	10.7	10.4	11.1	11.7	10.7	9.0	8.5	7.8	7.9	8.0	6.4	7.1	7.6	6.6	6.5‡	7.9	7.6	6.8	-0.8
12th Grade	8.2	7.1	8.4	9.4	9.3	9.5	10.2	10.1	10.2	10.5	10.9	11.1	9.9	10.0	8.6	8.1	7.5	6.8	6.6	7.4	8.2	7.9‡	9.2	8.1	7.7	-0.4
Ritalin [k,n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	2.9	2.8	2.6	2.5	2.4	2.6	2.1	1.6	1.8	1.5	1.3	0.7	1.1	0.9	0.6	-0.3
10th Grade	—	—	—	—	—	—	—	—	—	—	—	4.8	4.8	4.1	3.4	3.4	3.6	2.8	2.9	3.6	2.7	2.6	1.9	1.8	1.8	1.6	-0.2
12th Grade	—	—	—	—	—	—	—	—	—	—	—	5.1	4.0	4.0	5.1	4.4	4.4	3.8	3.4	2.1	2.7	2.6	2.6	2.3	1.8	2.0	+0.2
Adderall [k,n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.0	2.3	1.7	1.7	1.8	1.3	1.0	-0.2
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.7	5.3	4.6	4.5	4.4	4.6	5.2	+0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.4	6.5	6.5	7.6	7.4	6.8	7.5	+0.7

TABLE 6 (cont.)
Trends in Annual Prevalence of Use of Various Drugs in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Methamphetamine [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	3.2	2.5	2.8	2.2	2.5	1.5	1.8	1.8	1.1	1.2	1.0	1.2	0.8	1.0	1.0	0.6	0.5	-0.1
10th Grade	—	—	—	—	—	—	—	—	4.6	4.0	3.7	3.9	3.3	3.0	2.9	1.8	1.6	1.5	1.6	1.6	1.4	1.0	1.0	0.8	0.8	0.0
12th Grade	—	—	—	—	—	—	—	—	4.7	4.3	3.9	3.6	3.2	3.4	2.5	2.5	1.7	1.2	1.2	1.0	1.4	1.1	0.9	1.0	0.6	-0.4
Crystal Methamphetamine (Ice) [o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.3	1.7	1.8	2.4	2.8	2.3	3.0	1.9	2.2	2.5	3.0	2.0	2.1	2.3	1.9	1.6	1.1	0.9	0.9	1.2	0.8	1.1	0.8	0.5	-0.2
Bath salts (synthetic stimulants) [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.5	0.4	-0.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.9	0.9	0.7	-0.2
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	0.9	0.9	1.0	+0.1
Sedatives (Barbiturates) [k,p]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.4	2.8	3.4	4.1	4.7	4.9	5.1	5.5	5.8	6.2	5.7	6.7	6.0	6.5	7.2	6.6	6.2	5.8	5.2	4.8	4.3	4.5	4.8	4.3	3.6	-0.6 s
Tranquilizers [b,k]																										
8th Grade	1.8	2.0	2.1	2.4	2.7	3.3	2.9	2.6	2.5	2.6‡	2.8	2.6	2.7	2.5	2.8	2.6	2.4	2.4	2.6	2.8	2.0	1.8	1.8	1.7	1.7	0.0
10th Grade	3.2	3.5	3.3	3.3	4.0	4.6	4.9	5.1	5.4	5.6‡	7.3	6.3	5.3	5.1	4.8	5.2	5.3	4.6	5.0	5.1	4.5	4.3	3.7	3.9	3.9	0.0
12th Grade	3.6	2.8	3.5	3.7	4.4	4.6	4.7	5.5	5.8	5.7‡	6.9	7.7	6.7	7.3	6.8	6.6	6.2	6.2	6.3	5.6	5.6	5.3	4.6	4.7	4.7	0.0
Any Prescription Drug [q]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17.1	16.8	15.8	15.4	14.4	15.0	15.2	14.8‡	15.9	13.9	12.9	-1.0

(Table continued on next page.)

TABLE 6 (cont.)

Trends in **Annual** Prevalence of Use of Various Drugs in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
OTC Cough/Cold Medicines [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.2	4.0	3.6	3.8	3.2	2.7	3.0	2.9	2.0	1.6	-0.4
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5.3	5.4	5.3	6.0	5.1	5.5	4.7	4.3	3.7	3.3	-0.4
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.9	5.8	5.5	5.9	6.6	5.3	5.6	5.0	4.1	4.6	+0.4
Rohypnol [r]																										
8th Grade	—	—	—	—	—	1.0	0.8	0.8	0.5	0.5	0.7	0.3	0.5	0.6	0.7	0.5	0.7	0.5	0.4	0.5	0.8	0.4	0.4	0.3	0.3	0.0
10th Grade	—	—	—	—	—	1.1	1.3	1.2	1.0	0.8	1.0	0.7	0.6	0.7	0.5	0.5	0.7	0.4	0.4	0.6	0.6	0.5	0.6	0.5	0.2	-0.3
12th Grade	—	—	—	—	—	1.1	1.2	1.4	1.0	0.8	0.9‡	1.6	1.3	1.6	1.2	1.1	1.0	1.3	1.0	1.5	1.3	1.5	0.9	0.7	1.0	+0.3
GHB [n,w]																										
8th Grade	—	—	—	—	—	—	—	—	—	1.2	1.1	0.8	0.9	0.7	0.5	0.8	0.7	1.1	0.7	0.6	0.6	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	1.1	1.0	1.4	1.4	0.8	0.8	0.7	0.6	0.5	1.0	0.6	0.5	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	1.9	1.6	1.5	1.4	2.0	1.1	1.1	0.9	1.2	1.1	1.4	1.4	1.4	1.0	1.0	0.7	-0.2
Ketamine [n,x]																										
8th Grade	—	—	—	—	—	—	—	—	—	1.6	1.3	1.3	1.1	0.9	0.6	0.9	1.0	1.2	1.0	1.0	0.8	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	2.1	2.1	2.2	1.9	1.3	1.0	1.0	0.8	1.0	1.3	1.1	1.2	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	2.5	2.5	2.6	2.1	1.9	1.6	1.4	1.3	1.5	1.7	1.6	1.7	1.5	1.4	1.5	1.4	-0.1
Alcohol [s]																										
Any Use																										
8th Grade	54.0	53.7‡	45.4	46.8	45.3	46.5	45.5	43.7	43.5	43.1	41.9	38.7	37.2	36.7	33.9	33.6	31.8	32.1	30.3	29.3	26.9	23.6	22.1	20.8	21.0	+0.2
10th Grade	72.3	70.2‡	63.4	63.9	63.5	65.0	65.2	62.7	63.7	65.3	63.5	60.0	59.3	58.2	56.7	55.8	56.3	52.5	52.8	52.1	49.8	48.5	47.1	44.0	41.9	-2.1
12th Grade	77.7	76.8‡	72.7	73.0	73.7	72.5	74.8	74.3	73.8	73.2	73.3	71.5	70.1	70.6	68.6	66.5	66.4	65.5	66.2	65.2	63.5	63.5	62.0	60.2	58.2	-2.0
Been Drunk [o]																										
8th Grade	17.5	18.3	18.2	18.2	18.4	19.8	18.4	17.9	18.5	18.5	16.6	15.0	14.5	14.5	14.1	13.9	12.6	12.7	12.2	11.5	10.5	8.6	8.4	7.3	7.7	+0.4
10th Grade	40.1	37.0	37.8	38.0	38.5	40.1	40.7	38.3	40.9	41.6	39.9	35.4	34.7	35.1	34.2	34.5	34.4	30.0	31.2	29.9	28.8	28.2	27.1	24.6	23.4	-1.2
12th Grade	52.7	50.3	49.6	51.7	52.5	51.9	53.2	52.0	53.2	51.8	53.2	50.4	48.0	51.8	47.7	47.9	46.1	45.6	47.0	44.0	42.2	45.0	43.5	41.4	37.7	-3.8 s

(Table continued on next page.)

TABLE 6 (cont.)
Trends in **Annual** Prevalence of Use of Various Drugs
in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Flavored Alcoholic Beverages [e,n,y]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	30.4	27.9	26.8	26.0	25.0	22.2	21.9	19.2	17.0	15.7	13.4	13.4	-0.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	49.7	48.5	48.8	45.9	43.4	41.5	41.0	38.3	37.8	35.6	33.2	31.4	-1.9
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	55.2	55.8	58.4	54.7	53.6	51.8	53.4	47.9	47.0	44.4	44.2	43.6	42.8	-0.8
Alcoholic Beverages containing Caffeine [n,o,z]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11.8	10.9	10.2	9.5	8.4	-1.1
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22.5	19.7	16.9	14.3	12.8	-1.5
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26.4	26.4	23.5	20.0	18.3	-1.7
Tobacco using a Hookah [e]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17.1	18.5	18.3	21.4	22.9	19.8	-3.1
Small cigars [e,n]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23.1	19.5	19.9	20.4	18.9	15.9	-3.0
Dissolvable Tobacco Products [e,n]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.0	1.1	1.1	0.9	-0.2
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.6	1.2	1.3	1.1	-0.3
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.5	1.6	1.9	1.1	1.4	+0.3
Snus [e,n]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.4	2.0	2.2	1.9	-0.3
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.9	5.2	4.5	4.0	-0.5
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7.9	7.9	7.7	5.8	5.8	0.0

(Table continued on next page.)

TABLE 6 (cont.)
Trends in Annual Prevalence of Use of Various Drugs
in Grades 8, 10, and 12
(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Steroids [k,u]																										
8th Grade	1.0	1.1	0.9	1.2	1.0	0.9	1.0	1.2	1.7	1.7	1.6	1.5	1.4	1.1	1.1	0.9	0.8	0.9	0.8	0.5	0.7	0.6	0.6	0.6	0.5	0.0
10th Grade	1.1	1.1	1.0	1.1	1.2	1.2	1.2	1.2	1.7	2.2	2.1	2.2	1.7	1.5	1.3	1.2	1.1	0.9	0.8	1.0	0.9	0.8	0.8	0.8	0.7	0.0
12th Grade	1.4	1.1	1.2	1.3	1.5	1.4	1.4	1.7	1.8	1.7	2.4	2.5	2.1	2.5	1.5	1.8	1.4	1.5	1.5	1.5	1.2	1.3	1.5	1.5	1.7	+0.3

Previously suveyed drugs that have been dropped.

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Nitrites [e]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.9	0.5	0.9	1.1	1.1	1.6	1.2	1.4	0.9	0.6	0.6	1.1	0.9	0.8	0.6	0.5	0.8	0.6	0.9	—	—	—	—	—	—	—
Provigil [k,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.8	1.3	1.5	—	—	—	—	—
Methaqualone [e,k]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.5	0.6	0.2	0.8	0.7	1.1	1.0	1.1	1.1	0.3	0.8	0.9	0.6	0.8	0.9	0.8	0.5	0.5	0.6	0.3	0.3	0.4	—	—	—	—
Bidis [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	3.9	2.7	2.7	2.0	1.7	1.6	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	6.4	4.9	3.1	2.8	2.1	1.6	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	9.2	7.0	5.9	4.0	3.6	3.3	2.3	1.7	1.9	1.5	1.4	—	—	—	—	—	—
Kreteks [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	—	2.6	2.6	2.0	1.9	1.4	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	6.0	4.9	3.8	3.7	2.8	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	10.1	8.4	6.7	6.5	7.1	6.2	6.8	6.8	5.5	4.6	2.9	3.0	1.6	1.6	—	—	—

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

Note: See footnotes following Table 4.

TABLE 7
Trends in <u>30-Day</u> Prevalence of Use of Various Drugs
in Grades 8, 10, and 12

<p align="center">Percentage who used in last 30 days</p>

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Any Illicit Drug [a]																										
8th Grade	5.7	6.8	8.4	10.9	12.4	14.6	12.9	12.1	12.2	11.9	11.7	10.4	9.7	8.4	8.5	8.1	7.4	7.6	8.1	9.5	8.5	7.7‡	8.7	8.3	8.1	-0.2
10th Grade	11.6	11.0	14.0	18.5	20.2	23.2	23.0	21.5	22.1	22.5	22.7	20.8	19.5	18.3	17.3	16.8	16.9	15.8	17.8	18.5	19.2	18.6‡	19.2	18.5	16.5	-2.1 s
12th Grade	16.4	14.4	18.3	21.9	23.8	24.6	26.2	25.6	25.9	24.9	25.7	25.4	24.1	23.4	23.1	21.5	21.9	22.3	23.3	23.8	25.2	25.2‡	25.2	23.7	23.6	-0.1
Any Illicit Drug other than Marijuana [a,b]																										
8th Grade	3.8	4.7	5.3	5.6	6.5	6.9	6.0	5.5	5.5	5.6‡	5.5	4.7	4.7	4.1	4.1	3.8	3.6	3.8	3.5	3.5	3.4	2.6‡	3.6	3.3	3.1	-0.2
10th Grade	5.5	5.7	6.5	7.1	8.9	8.9	8.8	8.6	8.6	8.5‡	8.7	8.1	6.9	6.9	6.4	6.3	6.9	5.3	5.7	5.8	5.4	5.0‡	4.9	5.6	4.9	-0.7 s
12th Grade	7.1	6.3	7.9	8.8	10.0	9.5	10.7	10.7	10.4	10.4‡	11.0	11.3	10.4	10.8	10.3	9.8	9.5	9.3	8.6	8.6	8.9	8.4‡	8.2	7.7	7.6	-0.1
Any Illicit Drug including Inhalants [a,c]																										
8th Grade	8.8	10.0	12.0	14.3	16.1	17.5	16.0	14.9	15.1	14.4	14.0	12.6	12.1	11.2	11.2	10.9	10.1	10.4	10.6	11.7	10.5	9.5‡	10.0	9.5	9.3	-0.3
10th Grade	13.1	12.6	15.5	20.0	21.6	24.5	24.1	22.5	23.1	23.6	23.6	21.7	20.5	19.3	18.4	17.7	18.1	16.8	18.8	19.4	20.1	19.3‡	20.0	19.1	17.1	-2.0 s
12th Grade	17.8	15.5	19.3	23.0	24.8	25.5	26.9	26.6	26.4	26.4	26.5	25.9	24.6	23.3	24.2	22.1	22.8	22.8	24.1	24.5	26.2	25.2‡	26.5	24.3	24.7	+0.4
Marijuana/Hashish																										
8th Grade	3.2	3.7	5.1	7.8	9.1	11.3	10.2	9.7	9.7	9.1	9.2	8.3	7.5	6.4	6.6	6.5	5.7	5.8	6.5	8.0	7.2	6.5	7.0	6.5	6.5	0.0
10th Grade	8.7	8.1	10.9	15.8	17.2	20.4	20.5	18.7	19.4	19.7	19.8	17.8	17.0	15.9	15.2	14.2	14.2	13.8	15.9	16.7	17.6	17.0	18.0	16.6	14.8	-1.8
12th Grade	13.8	11.9	15.5	19.0	21.2	21.9	23.7	22.8	23.1	21.6	22.4	21.5	21.2	19.9	19.8	18.3	18.8	19.4	20.6	21.4	22.6	22.9	22.7	21.2	21.3	+0.1
Inhalants [c,d]																										
8th Grade	4.4	4.7	5.4	5.6	6.1	5.8	5.6	4.8	5.0	4.5	4.0	3.8	4.1	4.5	4.2	4.1	3.9	4.1	3.8	3.6	3.2	2.7	2.3	2.2	2.0	-0.2
10th Grade	2.7	2.7	3.3	3.6	3.5	3.3	3.0	2.9	2.6	2.6	2.4	2.4	2.2	2.4	2.2	2.3	2.5	2.1	2.2	2.0	1.7	1.4	1.3	1.1	1.2	+0.1
12th Grade	2.4	2.3	2.5	2.7	3.2	2.5	2.5	2.3	2.0	2.2	1.7	1.5	1.5	1.5	2.0	1.5	1.2	1.4	1.2	1.4	1.0	0.9	1.0	0.7	0.7	0.0
Hallucinogens [b,f]																										
8th Grade	0.8	1.1	1.2	1.3	1.7	1.9	1.8	1.4	1.3	1.2‡	1.6	1.2	1.2	1.0	1.1	0.9	1.0	0.9	0.9	1.0	1.0	0.6	0.8	0.5	0.6	+0.1
10th Grade	1.6	1.8	1.9	2.4	3.3	2.8	3.3	3.2	2.9	2.3‡	2.1	1.6	1.5	1.6	1.5	1.5	1.7	1.3	1.4	1.6	1.4	1.2	1.1	1.2	0.9	-0.2
12th Grade	2.2	2.1	2.7	3.1	4.4	3.5	3.9	3.8	3.5	2.6‡	3.3	2.3	1.8	1.9	1.9	1.5	1.7	2.2	1.6	1.9	1.6	1.6	1.4	1.5	1.6	0.0

<p align="center">(Table continued on next page.)</p>

									Percentage who used in last 30 days																	2014–2015
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	change
LSD [b]																										
8th Grade	0.6	0.9	1.0	1.1	1.4	1.5	1.5	1.1	1.1	1.0	1.0	0.7	0.6	0.5	0.5	0.4	0.5	0.5	0.5	0.6	0.5	0.3	0.5	0.3	0.4	+0.1
10th Grade	1.5	1.6	1.6	2.0	3.0	2.4	2.8	2.7	2.3	1.6	1.5	0.7	0.6	0.6	0.6	0.7	0.7	0.7	0.5	0.7	0.7	0.5	0.6	0.6	0.6	0.0
12th Grade	1.9	2.0	2.4	2.6	4.0	2.5	3.1	3.2	2.7	1.6	2.3	0.7	0.6	0.7	0.7	0.6	0.6	1.1	0.5	0.8	0.8	0.8	0.8	1.0	1.1	0.0
Hallucinogens other than LSD [b]																										
8th Grade	0.3	0.4	0.5	0.7	0.8	0.9	0.7	0.7	0.6	0.6‡	1.1	1.0	1.0	0.8	0.9	0.7	0.7	0.7	0.7	0.8	0.7	0.5	0.5	0.4	0.3	0.0
10th Grade	0.4	0.5	0.7	1.0	1.0	1.0	1.2	1.4	1.2	1.2‡	1.4	1.4	1.2	1.4	1.3	1.3	1.4	1.0	1.1	1.2	1.1	0.9	0.8	0.8	0.6	-0.3 s
12th Grade	0.7	0.5	0.8	1.2	1.3	1.6	1.7	1.6	1.6	1.7‡	1.9	2.0	1.5	1.7	1.6	1.3	1.4	1.6	1.4	1.5	1.2	1.3	1.0	1.0	0.9	-0.1
Ecstasy (MDMA) [g]																										
8th Grade, original	—	—	—	—	1.0	1.0	0.9	0.8	1.4	1.8	1.4	0.7	0.8	0.6	0.7	0.6	0.8	0.6	1.1	0.6	0.5	0.5	0.4	—	—	
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.7	0.5	-0.2
10th Grade, original	—	—	—	—	1.8	1.3	1.3	1.8	2.6	2.6	1.8	1.1	0.8	1.0	1.2	1.2	1.1	1.3	1.9	1.6	1.0	1.2	0.8	—	—	
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.1	0.9	-0.2
12th Grade, original	—	—	—	—	2.0	1.6	1.5	2.5	3.6	2.8	2.4	1.3	1.2	1.0	1.3	1.6	1.8	1.8	1.4	2.3	0.9	1.5	1.4	—	—	
Revised	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.5	1.1	-0.4
Cocaine																										
8th Grade	0.5	0.7	0.7	1.0	1.2	1.3	1.1	1.4	1.3	1.2	1.2	1.1	0.9	0.9	1.0	1.0	0.9	0.8	0.8	0.6	0.8	0.5	0.5	0.5	0.5	0.0
10th Grade	0.7	0.7	0.9	1.2	1.7	1.7	2.0	2.1	1.8	1.8	1.3	1.6	1.3	1.7	1.5	1.5	1.3	1.2	0.9	0.9	0.7	0.8	0.8	0.6	0.8	+0.1
12th Grade	1.4	1.3	1.3	1.5	1.8	2.0	2.3	2.4	2.6	2.1	2.1	2.3	2.1	2.3	2.3	2.5	2.0	1.9	1.3	1.3	1.1	1.1	1.1	1.0	1.1	+0.1
Crack																										
8th Grade	0.3	0.5	0.4	0.7	0.7	0.8	0.7	0.9	0.8	0.8	0.8	0.8	0.7	0.6	0.6	0.6	0.6	0.5	0.5	0.4	0.5	0.3	0.3	0.3	0.3	0.0
10th Grade	0.3	0.4	0.5	0.6	0.9	0.8	0.9	1.1	0.8	0.9	0.7	1.0	0.7	0.8	0.7	0.7	0.5	0.5	0.4	0.5	0.4	0.4	0.4	0.3	0.3	0.0
12th Grade	0.7	0.6	0.7	0.8	1.0	1.0	0.9	1.0	1.1	1.0	1.1	1.2	0.9	1.0	1.0	0.9	0.9	0.8	0.6	0.7	0.5	0.6	0.6	0.7	0.6	-0.1
Other Cocaine [h]																										
8th Grade	0.5	0.5	0.6	0.9	1.0	1.0	0.8	1.0	1.1	0.9	0.9	0.8	0.7	0.7	0.7	0.7	0.6	0.6	0.7	0.5	0.6	0.3	0.3	0.4	0.4	0.0
10th Grade	0.6	0.6	0.7	1.0	1.4	1.3	1.6	1.8	1.6	1.6	1.2	1.3	1.1	1.5	1.3	1.3	1.1	1.0	0.8	0.7	0.6	0.7	0.7	0.5	0.7	+0.2
12th Grade	1.2	1.0	1.2	1.3	1.3	1.6	2.0	2.0	2.5	1.7	1.8	1.9	1.8	2.2	2.0	2.4	1.7	1.7	1.1	1.1	1.0	1.0	0.9	0.9	1.1	+0.2

(Table continued on next page.)

	Percentage who used in last 30 days																									2014–2015 change
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Heroin [i]																										
8th Grade	0.3	0.4	0.4	0.6	0.6	0.7	0.6	0.6	0.6	0.5	0.6	0.5	0.4	0.5	0.5	0.3	0.4	0.4	0.4	0.4	0.4	0.2	0.3	0.3	0.1	-0.1
10th Grade	0.2	0.2	0.3	0.4	0.6	0.5	0.6	0.7	0.7	0.5	0.3	0.5	0.3	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.4	0.2	-0.2
12th Grade	0.2	0.3	0.2	0.3	0.6	0.5	0.5	0.5	0.5	0.7	0.4	0.5	0.4	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.4	0.3	-0.1
With a Needle [j]																										
8th Grade	—	—	—	—	0.4	0.5	0.4	0.5	0.4	0.3	0.4	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.1	-0.1
10th Grade	—	—	—	—	0.3	0.3	0.3	0.4	0.3	0.3	0.2	0.3	0.2	0.3	0.3	0.3	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.1	-0.2 sss
12th Grade	—	—	—	—	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.3	0.3	0.2	0.2	0.1	0.4	0.4	0.3	0.2	0.3	0.2	-0.1
Without a Needle [j]																										
8th Grade	—	—	—	—	0.3	0.4	0.4	0.3	0.4	0.3	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.1	0.0
10th Grade	—	—	—	—	0.3	0.3	0.4	0.5	0.5	0.4	0.2	0.4	0.2	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.0
12th Grade	—	—	—	—	0.6	0.4	0.6	0.4	0.4	0.7	0.3	0.5	0.4	0.3	0.5	0.3	0.4	0.2	0.3	0.4	0.4	0.2	0.2	0.4	0.3	-0.1
Narcotics other than Heroin [k,l]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.1	1.2	1.3	1.5	1.8	2.0	2.3	2.4	2.6	2.9	3.0‡	4.0	4.1	4.3	3.9	3.8	3.8	3.8	4.1	3.6	3.6	3.0	2.8	2.2	2.1	0.0
Amphetamines [k,m]																										
8th Grade	2.6	3.3	3.6	3.6	4.2	4.6	3.8	3.3	3.4	3.4	3.2	2.8	2.7	2.3	2.3	2.1	2.0	2.2	1.9	1.8	1.8	1.3‡	2.3	2.1	1.9	-0.2
10th Grade	3.3	3.6	4.3	4.5	5.3	5.5	5.1	5.1	5.0	5.4	5.6	5.2	4.3	4.0	3.7	3.5	4.0	2.8	3.3	3.3	3.1	2.8‡	3.3	3.7	3.1	-0.6 s
12th Grade	3.2	2.8	3.7	4.0	4.0	4.1	4.8	4.6	4.5	5.0	5.6	5.5	5.0	4.6	3.9	3.7	3.7	2.9	3.0	3.3	3.7	3.3‡	4.2	3.8	3.2	-0.6
Methamphetamine [n,o]																										
8th Grade	—	—	—	—	—	—	—	—	1.1	0.8	1.3	1.1	1.2	0.6	0.7	0.6	0.6	0.7	0.5	0.7	0.4	0.5	0.4	0.2	0.3	+0.1
10th Grade	—	—	—	—	—	—	—	—	1.8	2.0	1.5	1.8	1.4	1.3	1.1	0.7	0.4	0.7	0.6	0.7	0.5	0.6	0.4	0.3	0.3	0.0
12th Grade	—	—	—	—	—	—	—	—	1.7	1.9	1.5	1.7	1.7	1.4	0.9	0.9	0.6	0.6	0.5	0.5	0.6	0.5	0.4	0.5	0.4	-0.1

(Table continued on next page.)

TABLE 7 (cont.)
Trends in **30-Day** Prevalence of Use of Various Drugs in Grades 8, 10, and 12

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Crystal Methamphetamine (Ice) [o]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.6	0.5	0.6	0.7	1.1	1.1	0.8	1.2	0.8	1.0	1.1	1.2	0.8	0.8	0.9	0.7	0.6	0.6	0.5	0.6	0.6	0.4	0.8	0.4	0.3	-0.1
Sedatives (Barbiturates) [k,p]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.1	1.3	1.7	2.2	2.1	2.1	2.6	2.6	3.0	2.8	3.2	2.9‡	2.9	3.3	3.0	2.7	2.8	2.5	2.2	1.8	2.0	2.2	2.0	1.7	-0.3
Tranquilizers [b,k]																										
8th Grade	0.8	0.8	0.9	1.1	1.2	1.5	1.2	1.2	1.1	1.4‡	1.2	1.2	1.4	1.2	1.3	1.3	1.1	1.2	1.2	1.2	1.0	0.8	0.9	0.8	0.8	-0.1
10th Grade	1.2	1.5	1.1	1.5	1.7	1.7	2.2	2.2	2.2	2.5‡	2.9	2.9	2.4	2.3	2.3	2.4	2.6	1.9	2.0	2.2	1.9	1.7	1.6	1.6	1.7	+0.2
12th Grade	1.4	1.0	1.2	1.4	1.8	2.0	1.8	2.4	2.5	2.6‡	2.9	3.3	2.8	3.1	2.9	2.7	2.6	2.6	2.7	2.5	2.3	2.1	2.0	2.1	2.0	-0.1
Any Prescription Drug [q]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.6	8.1	7.8	7.2	7.3	6.9	7.2	7.0‡	7.1	6.4	5.9	-0.5
Rohypnol [r]																										
8th Grade	—	—	—	—	—	0.5	0.3	0.4	0.3	0.3	0.4	0.2	0.1	0.2	0.2	0.4	0.3	0.1	0.2	0.2	0.6	0.1	0.1	0.2	0.1	-0.1
10th Grade	—	—	—	—	—	0.5	0.5	0.4	0.5	0.4	0.2	0.4	0.2	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	0.1	0.4	0.1	-0.3
12th Grade	—	—	—	—	—	0.5	0.3	0.3	0.3	0.4	0.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcohol [s]																										
Any Use																										
8th Grade	25.1	26.1‡	24.3	25.5	24.6	26.2	24.5	23.0	24.0	22.4	21.5	19.6	19.7	18.6	17.1	17.2	15.9	15.9	14.9	13.8	12.7	11.0	10.2	9.0	9.7	+0.7
10th Grade	42.8	39.9‡	38.2	39.2	38.8	40.4	40.1	38.8	40.0	41.0	39.0	35.4	35.4	35.2	33.2	33.8	33.4	28.8	30.4	28.9	27.2	27.6	25.7	23.5	21.5	-2.0
12th Grade	54.0	51.3‡	48.6	50.1	51.3	50.8	52.7	52.0	51.0	50.0	49.8	48.6	47.5	48.0	47.0	45.3	44.4	43.1	43.5	41.2	40.0	41.5	39.2	37.4	35.3	-2.1

Percentage who used in last 30 days

(Table continued on next page.)

TABLE 7 (cont.)
Trends in 30-Day Prevalence of Use of Various Drugs
in Grades 8, 10, and 12

Percentage who used in last 30 days

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Been Drunk [o]																										
8th Grade	7.6	7.5	7.8	8.7	8.3	9.6	8.2	8.4	9.4	8.3	7.7	6.7	6.7	6.2	6.0	6.2	5.5	5.4	5.4	5.0	4.4	3.6	3.5	2.7	3.1	+0.3
10th Grade	20.5	18.1	19.8	20.3	20.8	21.3	22.4	21.1	22.5	23.5	21.9	18.3	18.2	18.5	17.6	18.8	18.1	14.4	15.5	14.7	13.7	14.5	12.8	11.2	10.3	-1.0
12th Grade	31.6	29.9	28.9	30.8	33.2	31.3	34.2	32.9	32.9	32.3	32.7	30.3	30.9	32.5	30.2	30.0	28.7	27.6	27.4	26.8	25.0	28.1	26.0	23.5	20.6	-2.9 s
Flavored Alcoholic Beverages [e,n]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	14.6	12.9	13.1	12.2	10.2	9.5	9.4	8.6	7.6	6.3	5.7	5.5	-0.2
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	25.1	23.1	24.7	21.8	20.2	19.0	19.4	15.8	16.3	15.5	14.0	12.8	-1.2
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	31.1	30.5	29.3	29.1	27.4	27.4	24.1	23.1	21.8	21.0	19.9	20.8	+0.9
Cigarettes																										
Any Use																										
8th Grade	14.3	15.5	16.7	18.6	19.1	21.0	19.4	19.1	17.5	14.6	12.2	10.7	10.2	9.2	9.3	8.7	7.1	6.8	6.5	7.1	6.1	4.9	4.5	4.0	3.6	-0.4
10th Grade	20.8	21.5	24.7	25.4	27.9	30.4	29.8	27.6	25.7	23.9	21.3	17.7	16.7	16.0	14.9	14.5	14.0	12.3	13.1	13.6	11.8	10.8	9.1	7.2	6.3	-0.8
12th Grade	28.3	27.8	29.9	31.2	33.5	34.0	36.5	35.1	34.6	31.4	29.5	26.7	24.4	25.0	23.2	21.6	21.6	20.4	20.1	19.2	18.7	17.1	16.3	13.6	11.4	-2.2 ss
Smokeless Tobacco [t]																										
8th Grade	6.9	7.0	6.6	7.7	7.1	7.1	5.5	4.8	4.5	4.2	4.0	3.3	4.1	4.1	3.3	3.7	3.2	3.5	3.7	4.1	3.5	2.8	2.8	3.0	3.2	+0.2
10th Grade	10.0	9.6	10.4	10.5	9.7	8.6	8.9	7.5	6.5	6.1	6.9	6.1	5.3	4.9	5.6	5.7	6.1	5.0	6.5	7.5	6.6	6.4	6.4	5.3	4.9	-0.4
12th Grade	—	11.4	10.7	11.1	12.2	9.8	9.7	8.8	8.4	7.6	7.8	6.5	6.7	6.7	7.6	6.1	6.6	6.5	8.4	8.5	8.3	7.9	8.1	8.4	6.1	-2.3 s
E-cigarettes [bb]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.7	9.5	+0.8
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16.2	14.0	-2.2
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17.1	16.2	-0.9
Large Cigars [cc]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	2.4	+0.5
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.9	3.4	-0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.4	7.0	+0.6

(Table continued on next page.)

TABLE 7 (cont.)

Trends in 30-Day Prevalence of Use of Various Drugs in Grades 8, 10, and 12

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Flavored Little Cigars [cc]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.1	4.1	0.0
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.9	6.1	-0.8
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11.9	11.4	-0.5
Regular Little Cigars [cc]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.5	3.3	+0.8
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4.4	3.8	-0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7.0	7.8	+0.9
Steroids [k,u]																										
8th Grade	0.4	0.5	0.5	0.5	0.6	0.4	0.5	0.5	0.7	0.8	0.7	0.8	0.7	0.5	0.5	0.5	0.4	0.5	0.4	0.3	0.4	0.3	0.3	0.2	0.3	0.0
10th Grade	0.6	0.6	0.5	0.6	0.6	0.5	0.7	0.6	0.9	1.0	0.9	1.0	0.8	0.8	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.4	0.4	0.4	0.4	-0.1
12th Grade	0.8	0.6	0.7	0.9	0.7	0.7	1.0	1.1	0.9	0.8	1.3	1.4	1.3	1.6	0.9	1.1	1.0	1.0	1.0	1.1	0.7	0.9	1.0	0.9	1.0	+0.1

Previously suveyed drugs that have been dropped.

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Nitrites [e]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.4	0.3	0.6	0.4	0.4	0.7	0.7	1.0	0.4	0.3	0.5	0.6	0.7	0.7	0.5	0.3	0.5	0.3	0.6	—	—	—	—	—	—	—
PCP [e]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.5	0.6	1.0	0.7	0.6	1.3	0.7	1.0	0.8	0.9	0.5	0.4	0.6	0.4	0.7	0.4	0.5	0.6	0.5	0.8	0.8	0.5	0.4	—	—	—
Methaqualone [e,k]																										
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.2	0.4	0.1	0.4	0.4	0.6	0.3	0.6	0.4	0.2	0.5	0.3	0.4	0.5	0.5	0.4	0.4	0.2	0.3	0.2	0.2	0.3	—	—	—	—

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

See footnotes following Table 4.

TABLE 8
Trends in 30-Day Prevalence of Daily Use of Various Drugs
in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Marijuana/Hashish Daily [aa]																										
8th Grade	0.2	0.2	0.4	0.7	0.8	1.5	1.1	1.1	1.4	1.3	1.3	1.2	1.0	0.8	1.0	1.0	0.8	0.9	1.0	1.2	1.3	1.1	1.1	1.0	1.1	+0.1
10th Grade	0.8	0.8	1.0	2.2	2.8	3.5	3.7	3.6	3.8	3.8	4.5	3.9	3.6	3.2	3.1	2.8	2.8	2.7	2.8	3.3	3.6	3.5	4.0	3.4	3.0	-0.4
12th Grade	2.0	1.9	2.4	3.6	4.6	4.9	5.8	5.6	6.0	6.0	5.8	6.0	6.0	5.6	5.0	5.0	5.1	5.4	5.2	6.1	6.6	6.5	6.5	5.8	6.0	+0.2
Alcohol [s,aa]																										
Any Daily Use																										
8th Grade	0.5	0.6‡	1.0	1.0	0.7	1.0	0.8	0.9	1.0	0.8	0.9	0.7	0.8	0.6	0.5	0.5	0.6	0.7	0.5	0.5	0.4	0.3	0.3	0.3	0.2	-0.1
10th Grade	1.3	1.2‡	1.8	1.7	1.7	1.6	1.7	1.9	1.9	1.8	1.9	1.8	1.5	1.3	1.3	1.4	1.4	1.0	1.1	1.1	0.8	1.0	0.9	0.8	0.5	-0.3 ss
12th Grade	3.6	3.4‡	3.4	2.9	3.5	3.7	3.9	3.9	3.4	2.9	3.6	3.5	3.2	2.8	3.1	3.0	3.1	2.8	2.5	2.7	2.1	2.5	2.2	1.9	1.9	0.0
Been Drunk Daily [o,aa]																										
8th Grade	0.1	0.1	0.2	0.3	0.2	0.2	0.2	0.3	0.4	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	-0.1
10th Grade	0.2	0.3	0.4	0.4	0.6	0.4	0.6	0.6	0.7	0.5	0.6	0.5	0.5	0.4	0.4	0.5	0.5	0.3	0.4	0.3	0.2	0.4	0.3	0.3	0.1	-0.1 s
12th Grade	0.9	0.8	0.9	1.2	1.3	1.6	2.0	1.5	1.9	1.7	1.4	1.2	1.6	1.8	1.5	1.6	1.3	1.4	1.1	1.6	1.3	1.5	1.3	1.1	0.8	-0.4
5+ Drinks in a Row in Last 2 Weeks																										
8th Grade	10.9	11.3	11.3	12.1	12.3	13.3	12.3	11.5	13.1	11.7	11.0	10.3	9.8	9.4	8.4	8.7	8.3	8.1	7.8	7.2	6.4	5.1	5.1	4.1	4.6	+0.5
10th Grade	21.0	19.1	21.0	21.9	22.0	22.8	23.1	22.4	23.5	24.1	22.8	20.3	20.0	19.9	19.0	19.9	19.6	16.0	17.5	16.3	14.7	15.6	13.7	12.6	10.9	-1.7 s
12th Grade	29.8	27.9	27.5	28.2	29.8	30.2	31.3	31.5	30.8	30.0	29.7	28.6	27.9	29.2	27.1	25.4	25.9	24.6	25.2	23.2	21.6	23.7	22.1	19.4	17.2	-2.2 s
Cigarettes Any Daily Use																										
8th Grade	7.2	7.0	8.3	8.8	9.3	10.4	9.0	8.8	8.1	7.4	5.5	5.1	4.5	4.4	4.0	4.0	3.0	3.1	2.7	2.9	2.4	1.9	1.8	1.4	1.3	-0.1
10th Grade	12.6	12.3	14.2	14.6	16.3	18.3	18.0	15.8	15.9	14.0	12.2	10.1	8.9	8.3	7.5	7.6	7.2	5.9	6.3	6.6	5.5	5.0	4.4	3.2	3.0	-0.2
12th Grade	18.5	17.2	19.0	19.4	21.6	22.2	24.6	22.4	23.1	20.6	19.0	16.9	15.8	15.6	13.6	12.2	12.3	11.4	11.2	10.7	10.3	9.3	8.5	6.7	5.5	-1.2 s

(Table continued on next page.)

TABLE 8 (cont.)
Trends in 30-Day Prevalence of Daily Use of Various Drugs
in Grades 8, 10, and 12

(Entries are percentages.)

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
1/2 Pack+/Day																										
8th Grade	3.1	2.9	3.5	3.6	3.4	4.3	3.5	3.6	3.3	2.8	2.3	2.1	1.8	1.7	1.7	1.5	1.1	1.2	1.0	0.9	0.7	0.6	0.7	0.5	0.4	-0.1
10th Grade	6.5	6.0	7.0	7.6	8.3	9.4	8.6	7.9	7.6	6.2	5.5	4.4	4.1	3.3	3.1	3.3	2.7	2.0	2.4	2.4	1.9	1.5	1.5	1.2	1.0	-0.2
12th Grade	10.7	10.0	10.9	11.2	12.4	13.0	14.3	12.6	13.2	11.3	10.3	9.1	8.4	8.0	6.9	5.9	5.7	5.4	5.0	4.7	4.3	4.0	3.4	2.6	2.1	-0.5
Smokeless Tobacco Daily [t]																										
8th Grade	1.6	1.8	1.5	1.9	1.2	1.5	1.0	1.0	0.9	0.9	1.2	0.8	0.8	1.0	0.7	0.7	0.8	0.8	0.8	0.9	0.8	0.5	0.5	0.5	0.8	+0.2
10th Grade	3.3	3.0	3.3	3.0	2.7	2.2	2.2	2.2	1.5	1.9	2.2	1.7	1.8	1.6	1.9	1.7	1.6	1.4	1.9	2.5	1.7	2.0	1.9	1.8	1.6	-0.2
12th Grade	—	4.3	3.3	3.9	3.6	3.3	4.4	3.2	2.9	3.2	2.8	2.0	2.2	2.8	2.5	2.2	2.8	2.7	2.9	3.1	3.1	3.2	3.0	3.4	2.9	-0.4

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

Note. See footnotes on the following Table 4.

Footnotes for Tables 5 through 8

Approximate Weighted *N*s	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
8th Graders	17,500	18,600	18,300	17,300	17,500	17,800	18,600	18,100	16,700	16,700	16,200	15,100	16,500
10th Graders	14,800	14,800	15,300	15,800	17,000	15,600	15,500	15,000	13,600	14,300	14,000	14,300	15,800
12th Graders	15,000	15,800	16,300	15,400	15,400	14,300	15,400	15,200	13,600	12,800	12,800	12,900	14,600

Approximate Weighted *N*s	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
8th Graders	17,000	16,800	16,500	16,100	15,700	15,000	15,300	16,000	15,100	14,600	14,600	14,400
10th Graders	16,400	16,200	16,200	16,100	15,100	15,900	15,200	14,900	15,000	12,900	13,000	15,600
12th Graders	14,600	14,700	14,200	14,500	14,000	13,700	14,400	14,100	13,700	12,600	12,400	12,900

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. ' ‡ ' indicates some change in the question. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[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 narcotics other than heroin, amphetamines, sedatives (barbiturates), or tranquilizers not under a doctor's orders. For 8th and 10th graders only: The use of narcotics other than heroin and sedatives (barbiturates) has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers). Due to changes in the amphetamines questions 2013 data for all grades for any illicit drug use, any illicit drug use other than marijuana and 8th and 10th grade any illicit drug use including inhalants are based on one half of the *N* indicated. 12th grade any illicit drug use including inhalants data are based on one form; *N* is one sixth of *N* indicated. 2014 data are based on all forms. See the amphetamine note for details.

[b]In 2001 the question text was changed on half of the questionnaire forms for each age group. Other psychedelics was changed to other hallucinogens and shrooms was added to the list of examples. For the tranquilizer list of examples, Miltown was replaced with Xanax. For 8th, 10th, and 12th graders: The 2001 data presented here are based on the changed forms only; *N* is one half of *N* indicated. In 2002 the remaining forms were changed to the new wording. The data are based on all forms beginning in 2002. Data for any illicit drug other than marijuana and data for hallucinogens are also affected by these changes and have been handled in a parallel manner. Hallucinogens, LSD, and hallucinogens other than LSD are based on five of six forms beginning in 2014; *N* is five sixths of *N* indicated.

[c]For 12th graders only: Data based on five of six forms in 1991–1998; *N* is five sixths of *N* indicated. Data based on three of six forms beginning in 1999; *N* is three sixths of *N* indicated. For 8th and 10th graders only, beginning in 2014 data based on two thirds of *N* indicated.

[d]Inhalants are unadjusted for underreporting of amyl and butyl nitrites.

[e]For 12th graders only: Data based on one of six forms; *N* is one sixth of *N* indicated. In 2011 for flavored alcoholic beverages Skyy Blue and Zima were dropped from the list of examples. An examination of the data did not show any effect from the wording change. In 2014 the PCP use questions were dropped; annual PCP use was moved to another form.

[f]Hallucinogens are unadjusted for underreporting of PCP.

[g]For 8th and 10th graders only: Data based on one of two forms in 1996; *N* is one half of *N* indicated. Data based on one third of *N* indicated in 1997–2001 due to changes in the questionnaire forms. Data based on two of four forms beginning in 2002; *N* is one half of *N* indicated. In 2014 a revised question on use of ecstasy (MDMA) including "Molly" was added to one form. The 2013 and 2014 "Original wording" data reported here are for only the questionnaires using the original question wording; *N* is one half of *N* indicated. The 2014 and 2015 data

(Footnote continued on next page.)

Footnotes for Tables 5 through 8 (cont.)

reported here are for only the questionnaires the "Revised wording" which includes "Molly;" N is two sixths of N indicated in 2014 and five sixths of the N indicated in 2015. For 12th graders only: Data based on one of six forms in 1996–2001; N is one sixth of N indicated Data based on two of six forms beginning in 2002; N is two sixths of N indicated. In 2014 a revised question on use of ecxtasy (MDMA) including "Molly" was added to one form. The 2013 and 2014 "Original wording" data reported here are for only the questionnaires using the original question wording; N is two sixths of N indicated. The 2014 and 2015 data reported here for the "Revised wording" which includes "Molly" are for only the questionnaires using the revised wording; N is one sixth of the N indicated in 2014 and three sixths of the N indicated in 2015.

[h]For 12th graders only: Data based on four of six forms; N is four sixths of N indicated.

[i]In 1995 the heroin question was changed in one of two forms for 8th and 10th graders and in three of six forms for 12th graders. Separate questions were asked for use with and without injection. In 1996, the heroin question was changed in the remaining 8th- and 10th-grade forms. Data presented here represent the combined data from all forms.

[j]For 8th and 10th graders only: Data based on one of two forms in 1995; N is one half of N indicated. Data based on all forms in 1996 through 2014. In 2015 the question was dropped from 1 form; N is four sixths of N indicated. For 12th graders only: Data based on three of six forms; N is three sixths of N indicated.

[k]Only drug use not under a doctor's orders is included here.

[l]In 2002 the question text was changed in half of the questionnaire forms. The list of examples of narcotics other than heroin was updated: Talwin, laudanum, and paregoric—all of which had negligible rates of use by 2001—were replaced with Vicodin, OxyContin, and Percocet. The 2002 data presented here are based on the changed forms only; N is one half of N indicated. In 2003, the remaining forms were changed to the new wording. The data are based on all forms beginning in 2003. In 2013 the list of examples was changed on one form: MS Contin, Roxycodone, Hydrocodone (Lortab, Lorcet, Norco), Suboxone, Tylox, and Tramadol were added to the list. An examination of the data did not show any effect from the wording change.

[m]For 8th, 10th, and 12th graders: In 2009, the question text was changed slightly in half of the forms. An examination of the data did not show any effect from the wording change. In 2010 the remaining forms were changed in a like manner. In 2011 the question text was changed slightly in one form; bennies, Benzedrine and Methadrine were dropped from the list of examples. An examination of the data did not show any effect from the wording change. In 2013 the question wording was changed slightly in two of the 8th and 10th grade questionnaires and in three of the 12th grade questionnaires. The new wording in 2013 asked "On how many occasions (if any) have taken amphetamines or other prescription stimulant drugs…" In contrast, the old wording did not include the text highlighted in red. Results in 2013 indicated higher prevalence in questionnaires with the new wording as compared to the old wording; it was proportionally 61% higher in 8th grade, 34% higher in 10th grade, and 21% higher in 12th grade. 2013 data are based on the changed forms only; for 8th, 10th, and 12th graders N is one half of N indicated. Beginning in 2014 all questionnaires included the new, updated wording.

[n]For 8th and 10th graders only: Data based on one of four forms; N is one third of N indicated. See text for detailed explanation. In 2011 for flavored alcoholic beverages: Skyy Blue and Zima were dropped from the list of examples. An examination of the data did not show any effect from the wording change. Annual synthetic marijuana use questions asked of one third of N indicated.

[o]For 12th graders only: Data based on two of six forms; N is two sixths of N indicated. Bidis and kreteks based on one of six forms beginning in 2009; N is one sixth N indicated.

[p]For 12th graders only: In 2004 the barbiturate question text was changed on half of the questionnaire forms. Barbiturates was changed to sedatives including barbiturates, and "have you taken barbiturates . . . " was changed to "have you taken sedatives . . . " In the list of examples downs, downers, goofballs, yellow, reds, blues, rainbows were changed to downs, or downers, and include Phenobarbital, Tuinal, Nembutal, and Seconal. An examination of the data did not show any effect from the wording change. In 2005 the remaining forms were changed in a like manner. In 2013 the question text was changed in all forms: Tuinal, Nembutal, and Seconal were replaced with Ambien, Lunesta, and Sonata. In one form the list of examples was also changed: Tuinal was dropped from the list and Dalmane, Restoril, Halcion, Intermezzo, and Zolpimist were added. An examination of the data did not show any effect from the wording change.

(Footnote continued on next page.)

Footnotes for Tables 5 through 8 (cont.)

[q]The use of any prescription drug includes use of any of the following: amphetamines, sedatives (barbiturates), narcotics other than heroin, or tranquilizers "…without a doctor telling you to use them."

[r]For 8th and 10th graders only: Data based on one of two forms in 1996; N is one half of N indicated. Data based on three of four forms in 1997–1998; N is two thirds of N indicated. Data based on two of four forms in 1999–2001; N is one third of N indicated. Data based on one of four forms beginning in 2002; N is one sixth of N indicated. See text for detailed explanation. For 12th graders only: Data based on one of six forms in 1996–2001; N is one sixth of N indicated. Data based on two of six forms in 2002–2009; N is two sixths of N indicated. Data for 2001 and 2002 are not comparable due to changes in the questionnaire forms. Data based on one of six forms beginning in 2010; N is one sixth of N indicated.

[s]For 8th, 10th, and 12th graders: In 1993, the question text was changed slightly in half of the forms to indicate that a drink meant more than just a few sips. The 1993 data are based on the changed forms only; N is one half of N indicated for these groups. In 1994 the remaining forms were changed to the new wording. The data are based on all forms beginning in 1994. In 2004, the question text was changed slightly in half of the forms. An examination of the data did not show any effect from the wording change. The remaining forms were changed in 2005.

[t]For 8th and 10th graders only: Data based on one of two forms for 1991–1996 and on two of four forms beginning in 1997; N is one half of N indicated. For 12th graders only: Data based on one of six forms; N is one sixth of N indicated. For all grades in 2011: snus and dissolvable tobacco were added to the list of examples. An examination of the data did not show any effect from the wording change.

[u]For 8th and 10th graders only: In 2006, the question text was changed slightly in half of the questionnaire forms. An examination of the data did not show any effect from the wording change. In 2007 the remaining forms were changed in a like manner. In 2008 the question text was changed slightly in half of the questionnaire forms. An examination of the data did not show any effect from the wording change. In 2009 the remaining forms were changed in a like manner. For 12th graders only: Data based on two of six forms in 1991–2005; N is two sixths of N indicated. Data based on three of six forms beginning in 2006; N is three sixths of N indicated. In 2006 a slightly altered version of the question was added to a third form. An examination of the data did not show any effect from the wording change. In 2007 the remaining forms were changed in a like manner. In 2008 the question text was changed slightly in two of the questionnaire forms. An examination of the data did not show any effect from the wording change. In 2009 the remaining form was changed in a like manner.

[v]For 12th graders only: Data based on two of six forms in 2002–2005; N is two sixths of N indicated. Data based on three of six forms beginning in 2006; N is three sixths of N indicated.

[w]For 12th graders only: Data based on two of six forms in 2000; N is two sixths of N indicated. Data based on three of six forms in 2001; N is three sixths of N indicated. Data based on one of six forms beginning in 2002; N is one sixth of N indicated.

[x]For 12th graders only: Data based on two of six forms in 2000; N is two sixths of N indicated. Data based on three of six forms in 2001–2009; N is three sixths of N indicated. Data based on two of six forms beginning in 2010; N is two sixths of N indicated.

[y]The 2003 flavored alcoholic beverage data were created by adjusting the 2004 data to reflect the change in the 2003 and 2004 alcopops data.

[z]For 8th and 10th graders only: Data based on one of four forms; N is one third of N indicated. See text for detailed explanation. For 12th graders only: Data based on two of six forms; N is two sixths of N indicated. For all grades: In 2011 the question text was "…had an alcoholic beverage containing caffeine (like Four Loko or Joose)." In 2012 the question text was changed to "…had an alcoholic beverage mixed with an energy drink (like Red Bull)." An examination of the data did not show any effect from the wording changes.

[aa]Daily use is defined as use on 20 or more occasions in the past 30 days except for cigarettes and smokeless tobacco, for which actual daily use is measured, and for 5+ drinks, for which the prevalence of having five or more drinks in a row in the last two weeks is measured.

[bb]8th and 10th grade data based on one third of N indicated. 12th grade data based on four of six forms; N is two thirds of N indicated.

[cc]8th and 10th grade data based on one third of N indicated. 12th grade data based on two of six forms; N is one third of N indicated.

TABLE 9
Trends in <u>Harmfulness</u> of Drugs as Perceived by <u>8th Graders</u>

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying great risk [a]																									2014–2015 change
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Try marijuana once or twice [b]	40.4	39.1	36.2	31.6	28.9	27.9	25.3	28.1	28.0	29.0	27.7	28.2	30.2	31.9	31.4	32.2	32.8	31.1	29.5	29.5	28.2	26.0	24.1	23.0	23.0	0.0
Smoke marijuana occasionally [b]	57.9	56.3	53.8	48.6	45.9	44.3	43.1	45.0	45.7	47.4	46.3	46.0	48.6	50.5	48.9	48.9	50.2	48.1	44.8	44.1	43.4	41.7	37.2	36.7	36.8	+0.1
Smoke marijuana regularly [b]	83.8	82.0	79.6	74.3	73.0	70.9	72.7	73.0	73.3	74.8	72.2	71.7	74.2	76.2	73.9	73.2	74.3	72.0	69.8	68.0	68.3	66.9	61.0	58.9	58.0	-1.0
Try synthetic marijuana once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.4	24.2	23.9	26.0	+2.0
Take synthetic marijuana occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36.8	36.2	32.4	33.5	+1.1
Try inhalants once or twice [d]	35.9	37.0	36.5	37.9	36.4	40.8	40.1	38.9	40.8	41.2	45.6	42.8	40.3	38.7	37.5	35.8	35.9	33.9	34.1	35.5	34.7	34.2	33.7	34.5	33.7	-0.8
Take inhalants regularly [d]	65.6	64.4	64.6	65.5	64.8	68.2	68.7	67.2	68.8	69.9	71.6	69.9	67.4	66.4	64.1	62.1	61.9	59.2	58.1	60.6	59.0	59.0	56.7	55.3	54.1	-1.2
Take LSD once or twice [e]	—	—	42.1	38.3	36.7	36.5	37.0	34.9	34.1	34.0	31.6	29.6	27.9	26.8	25.8	23.8	22.8	21.9	21.4	23.6	21.7	19.9	19.6	20.0	22.2	+2.2
Take LSD regularly [e]	—	—	68.3	65.8	64.4	63.6	64.1	59.6	58.8	57.5	52.9	49.3	48.2	45.2	44.0	40.0	38.5	36.9	37.0	38.6	37.8	35.0	34.5	33.7	37.0	+3.3
Try ecstasy (MDMA) once or twice [f]	—	—	—	—	—	—	—	—	—	—	35.8	38.9	41.9	42.5	40.0	32.8	30.4	28.6	26.0	27.0	25.4	23.6	24.1‡	46.1	45.5	-0.6
Take ecstasy (MDMA) occasionally [f]	—	—	—	—	—	—	—	—	—	—	55.5	61.8	65.8	65.1	60.8	52.0	48.6	46.8	43.9	45.0	43.7	41.0	42.1‡	59.7	58.5	-1.2
Try salvia once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9.5	8.5	—	—	—
Take salvia occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16.1	14.6	—	—	—
Try crack once or twice [d]	62.8	61.2	57.2	54.4	50.8	51.0	49.9	49.3	48.7	48.5	48.6	47.4	48.7	49.0	49.6	47.6	47.3	47.1	46.6	49.6	48.1	47.0	47.1	48.3	49.6	+1.3
Take crack occasionally [d]	82.2	79.6	76.8	74.4	72.1	71.6	71.2	70.6	70.6	70.1	70.0	69.7	70.3	70.4	69.4	68.7	68.3	67.9	66.6	68.4	67.7	67.8	66.5	65.5	65.7	+0.2
Try cocaine powder once or twice [d]	55.5	54.1	50.7	48.4	44.9	45.2	45.0	44.0	43.3	43.3	43.9	43.2	43.7	44.4	44.2	43.5	43.5	42.7	42.3	45.7	43.3	42.8	43.5	43.9	44.3	+0.4
Take cocaine powder occasionally [d]	77.0	74.3	71.8	69.1	66.4	65.7	65.8	65.2	65.4	65.5	65.8	64.9	65.8	66.0	65.3	64.0	64.2	62.7	62.3	64.2	63.5	63.3	62.7	61.8	61.6	-0.2
Try heroin once or twice without using a needle [e]	—	—	—	—	60.1	61.3	63.0	62.8	63.0	62.0	61.1	62.6	62.7	61.6	61.4	60.4	60.3	60.8	60.0	62.3	61.7	59.1	59.8	60.9	61.4	+0.5
Take heroin occasionally without using a needle [e]	—	—	—	—	76.8	76.6	79.2	79.0	78.9	78.6	78.5	78.5	77.8	77.5	76.8	75.3	76.4	75.5	74.0	76.7	75.9	75.1	73.4	73.2	72.7	-0.5
Try OxyContin once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.9	19.9	22.1	20.2	-1.8
Take OxyContin occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35.3	32.6	34.4	32.5	-1.9
Try Vicodin once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17.5	15.0	18.4	16.9	-1.5
Take Vicodin occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29.4	26.2	28.2	26.7	-1.5
Try Adderall once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17.6	16.5	20.7	19.2	-1.5
Take Adderall occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29.9	28.3	32.5	32.0	-0.4
Try bath salts (synthetic stimulants) once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.9	39.3	36.8	33.9	-2.8
Take bath salts (synthetic stimulants) occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38.8	51.9	49.1	45.5	-3.6 s
Try cough/cold medicine once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.2	20.1	22.9	20.9	-2.0
Take cough/cold medicine occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38.8	37.3	37.9	37.3	-0.6
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) [b]	11.0	12.1	12.4	11.6	11.6	11.8	10.4	12.1	11.6	11.9	12.2	12.5	12.6	13.7	13.9	14.2	14.9	13.5	14.4	14.9	14.5	13.9	13.7	14.8	15.3	+0.6
Take one or two drinks nearly every day [b]	31.8	32.4	32.6	29.9	30.5	28.6	29.1	30.3	29.7	30.4	30.0	29.6	29.9	31.0	31.4	31.3	32.6	31.5	31.5	32.3	31.8	31.4	30.6	31.0	30.9	-0.1
Have five or more drinks once or twice each weekend [b]	59.1	58.0	57.7	54.7	54.1	51.8	55.6	56.0	55.3	55.9	56.1	56.4	56.5	56.9	57.2	56.4	57.9	57.0	55.8	57.2	58.4	58.2	55.7	54.3	53.9	-0.4
Smoke one to five cigarettes per day [c]	—	—	—	—	—	—	—	—	26.9	28.9	30.5	32.8	33.4	37.0	37.5	37.0	38.6	38.6	38.6	38.2	37.4	40.4	42.8	41.9	41.7	-0.2
Smoke one or more packs of cigarettes per day [g]	51.6	50.8	52.7	50.8	49.8	50.4	52.6	54.3	54.8	58.8	57.1	57.5	57.7	62.4	61.5	59.4	61.1	59.8	59.1	60.9	62.5	62.6	62.4	62.1	63.0	+0.9
Use electronic cigarettes (e-cigarettes) regularly [h]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14.5	18.5	+4.0 sss
Smoke little cigars or cigarillos regularly [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28.8	31.0	+2.2
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.5	34.0	35.2	36.5	37.1	39.0	38.2	39.4	39.7	41.3	40.8	39.5	41.8	41.0	40.8	41.8	40.8	37.8	36.2	34.5	36.6	+2.1
Take dissolvable tobacco regularly [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34.8	32.2	33.5	33.0	-0.5
Take snus regularly [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	42.2	38.9	38.3	37.7	-0.6
Take steroids [i]	64.2	69.5	70.2	67.6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Approximate weighted N =	17,400	18,700	18,400	17,400	17,500	17,900	18,800	18,100	16,700	16,700	16,200	15,100	16,500	17,000	16,800	16,500	16,100	15,700	15,000	15,300	16,000	15,100	14,600	14,600	14,400	

(Table continued on next page.)

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

Notes.   Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

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

[b]Beginning in 2012 data based on two thirds of *N* indicated.

[c]Data based on one third of *N* indicated.

[d]Beginning in 1997, data based on two thirds of *N* indicated due to changes in questionnaire forms.

[e]Data based on one of two forms in 1993–1996; *N* is one half of *N* indicated. Beginning in 1997, data based on one third of *N* indicated due to changes in questionnaire forms.

[f] Beginning in 2014 data are based on the revised question which included "Molly," *N* is one third of *N* indicated in 2014 and two thirds of *N* indicated in 2015. 2014 and 2015 data are not comparable to earlier years due to the revision of the question text.

[g]Beginning in 1999, data based on two thirds of *N* indicated due to changes in questionnaire forms.

[h]E-cigarette data based on two thirds of *N* indicated. Little cigars or cigarillos data based on one third *N* indicated.

[i] Data based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; *N* is one half of *N* indicated.

TABLE 10
Trends in Harmfulness of Drugs as Perceived by 10th Graders

How much do you think people risk harming themselves (physically or in other ways), if they . . .	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Try marijuana once or twice [b]	30.0	31.9	29.7	24.4	21.5	20.0	18.8	19.6	19.2	18.5	17.9	19.9	21.1	22.0	22.3	22.2	22.2	23.1	20.5	19.9	19.3	17.2	15.7	15.2	15.8	+0.6
Smoke marijuana occasionally [b]	48.6	48.9	46.1	38.9	35.4	32.8	31.9	32.5	33.5	32.4	31.2	32.0	34.9	36.2	36.6	35.6	36.0	37.0	32.9	30.9	30.1	26.8	25.1	23.9	24.7	+0.7
Smoke marijuana regularly [b]	82.1	81.1	78.5	71.3	67.9	65.9	65.9	65.8	65.9	64.7	62.8	60.8	63.9	65.6	65.5	64.9	64.5	64.8	59.5	57.2	55.2	50.9	46.5	45.4	43.2	-2.1
Try synthetic marijuana once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.6	24.1	25.0	26.3	+1.2
Take synthetic marijuana occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34.9	32.8	30.7	31.7	+1.0
Try inhalants once or twice [d]	37.8	38.7	40.9	42.7	41.6	47.2	47.5	45.8	48.2	46.6	49.9	48.7	47.7	46.7	45.7	43.9	43.0	41.2	42.0	42.5	42.4	42.4	43.0	43.1	43.1	0.0
Take inhalants regularly [d]	69.8	67.9	69.6	71.5	71.8	75.8	74.5	73.3	76.3	75.0	76.4	73.4	72.2	73.0	71.2	70.2	68.6	66.8	66.8	67.1	66.2	66.1	65.9	64.7	63.1	-1.6
Take LSD once or twice [e]	—	—	48.7	46.5	44.7	45.1	44.5	43.5	45.0	43.0	41.3	40.1	40.8	40.6	40.3	38.8	35.4	34.6	34.9	33.9	34.2	34.7	34.7	34.5	36.4	+2.0
Take LSD regularly [e]	—	—	78.9	75.9	75.5	75.3	73.8	72.3	73.9	72.0	68.8	64.9	63.0	63.1	60.8	60.7	56.8	55.7	56.7	56.1	54.9	56.4	55.9	54.8	58.3	+3.5
Try ecstasy (MDMA) once or twice [f]	—	—	—	—	—	—	—	—	—	—	39.4	43.5	49.7	52.0	51.4	48.4	45.3	43.2	38.9	36.3	37.2	36.2	36.0‡	53.2	54.8	+1.5
Take ecstasy (MDMA) occasionally [f]	—	—	—	—	—	—	—	—	—	—	64.8	67.3	71.7	74.6	72.8	71.3	68.2	66.4	62.1	59.2	60.8	59.8	58.6‡	69.0	70.1	+1.1
Try salvia once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12.2	10.7	—	—	—
Take salvia occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20.3	17.1	—	—	—
Try crack once or twice [d]	70.4	69.6	66.6	64.7	60.9	60.9	59.2	58.0	57.8	56.1	57.1	57.4	57.6	56.7	57.0	56.6	56.4	56.5	57.7	58.1	59.5	59.0	60.2	61.4	62.5	+1.2
Take crack occasionally [d]	87.4	86.4	84.4	83.1	81.2	80.3	78.7	77.5	79.1	76.9	77.3	75.7	76.4	76.7	76.9	76.2	76.0	76.5	75.9	76.2	76.5	76.7	77.8	76.4	77.5	+1.1
Try cocaine powder once or twice [d]	59.1	59.2	57.5	56.4	53.5	53.6	52.2	50.9	51.6	48.8	50.6	51.3	51.8	50.7	51.3	50.2	49.5	49.8	50.8	52.9	53.0	53.4	54.5	54.1	54.8	+0.7
Take cocaine powder occasionally [d]	82.2	80.1	79.1	77.8	75.6	75.0	73.9	71.8	73.6	70.9	72.3	71.0	71.4	72.2	72.4	71.3	70.9	71.1	71.0	72.2	72.0	72.6	72.8	71.7	72.6	+0.9
Try heroin once or twice without using a needle [e]	—	—	—	—	70.7	72.1	73.1	71.7	73.7	71.7	72.0	72.2	70.6	72.0	72.4	70.0	70.5	70.8	72.2	73.0	72.9	72.6	73.2	72.6	74.1	+1.5
Take heroin occasionally without using a needle [e]	—	—	—	—	85.1	85.8	86.5	84.9	86.5	85.2	85.4	83.4	83.5	85.4	85.2	83.6	84.2	83.1	83.3	84.8	83.4	84.4	84.0	82.5	83.3	+0.8
Try OxyContin once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	30.9	29.4	29.7	29.9	+0.2
Take OxyContin occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	48.3	44.7	44.4	43.7	-0.7
Try Vicodin once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23.2	21.0	22.5	24.1	+1.6
Take Vicodin occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40.3	36.0	36.4	35.4	-0.9
Try Adderall once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19.7	17.6	22.2	22.9	+0.6
Take Adderall occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34.3	30.5	37.0	37.0	0.0
Try bath salts (synthetic stimulants) once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32.3	50.1	49.6	49.1	-0.5
Take bath salts (synthetic stimulants) occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44.9	61.8	61.1	60.4	-0.8
Try cough/cold medicine once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23.6	21.6	22.9	24.0	+1.1
Take cough/cold medicine occasionally [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40.4	37.3	38.3	38.2	-0.1
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) [b]	9.0	10.1	10.9	9.4	9.3	8.9	9.0	10.1	10.5	9.6	9.8	11.5	11.5	10.8	11.5	11.1	11.6	12.6	11.9	11.9	12.3	11.3	11.3	11.6	12.4	+0.8
Take one or two drinks nearly every day [b]	36.1	36.8	35.9	32.5	31.7	31.2	31.8	31.9	32.9	32.3	31.5	31.0	30.9	31.3	32.6	31.7	33.3	35.0	33.8	33.1	32.9	31.8	30.6	31.3	31.2	0.0
Have five or more drinks once or twice each weekend [b]	54.7	55.9	54.9	52.9	52.0	50.9	51.8	52.5	51.9	51.0	50.7	51.7	51.6	51.7	53.3	52.4	54.1	56.6	54.2	54.6	55.5	52.8	52.3	54.0	54.5	+0.5
Smoke one to five cigarettes per day [c]	—	—	—	—	—	—	—	28.4	30.2	32.4	35.1	38.1	39.7	41.0	41.3	41.7	43.5	42.8	41.4	44.8	49.1	47.7	52.0	52.9	+0.8
Smoke one or more packs of cigarettes per day [g]	60.3	59.3	60.7	59.0	57.0	57.9	59.9	61.9	62.7	65.9	64.7	64.3	65.7	68.4	68.1	67.7	68.2	69.1	67.3	67.2	69.8	71.6	70.8	72.0	72.9	+0.9
Use electronic cigarettes (e-cigarettes) regularly [h]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14.1	17.0	+2.9 sss
Smoke little cigars or cigarillos regularly [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.0	34.9	+4.0 ss
Use smokeless tobacco regularly	40.3	39.6	44.2	42.2	38.2	41.0	42.2	42.8	44.2	46.7	46.2	46.9	48.0	47.8	46.1	45.9	46.7	48.0	44.7	43.7	45.7	42.9	40.0	39.9	42.5	+2.6 s
Take dissolvable tobacco regularly [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33.3	31.3	32.0	35.6	+3.6 ss
Take snus regularly [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	41.0	38.9	38.8	41.8	+3.0 s
Take steroids [i]	67.1	72.7	73.4	72.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Approximate weighted N =	14,700	14,800	15,300	15,900	17,000	15,700	15,600	15,000	13,600	14,300	14,000	14,300	15,800	16,400	16,200	16,200	16,100	15,100	15,900	15,200	14,900	15,000	12,900	13,000	15,600	

(Table continued on next page.)

85

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

[b]Beginning in 2012 data based on two thirds of *N* indicated.

[c]Data based on one third of *N* indicated.

[d]Beginning in 1997, data based on two thirds of *N* indicated due to changes in questionnaire forms.

[e]Data based on one of two forms in 1993–1996; *N* is one half of *N* indicated. Beginning in 1997, data based on one third of *N* indicated due to changes in questionnaire forms.

[f] Beginning in 2014 data are based on the revised question which included "Molly," *N* is one third of *N* indicated in 2014 and two thirds of *N* indicated in 2015. 2014 and 2015 data are not comparable to earlier years due to the revision of the question text.

[g]Beginning in 1999, data based on two thirds of *N* indicated due to changes in questionnaire forms.

[h]E-cigarette data based on two thirds of *N* indicated. Little cigars or cigarillos data based on one third *N* indicated.

[i]Data based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; *N* is one half of *N* indicated.

TABLE 11
Trends in Harmfulness of Drugs as Perceived by 12th Graders

Percentage saying great risk [a]

How much do you think people risk harming themselves (physically or in other ways), if they . . .	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	23.6	23.1	27.1	24.5	21.9	19.5	16.3
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	31.7	36.5	36.9	40.6	39.6	35.6	30.1	25.6
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	77.0	77.5	77.8	78.6	76.5	72.5	65.0	60.8
Try synthetic marijuana once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take synthetic marijuana occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	46.0	44.7	46.6	42.3	39.5	38.8	36.4
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	84.2	84.3	84.5	84.3	81.8	79.4	79.1	78.1
Try PCP once or twice	—	—	—	—	—	—	—	—	—	—	—	—	55.6	58.8	56.6	55.2	51.7	54.8	50.8	51.5	49.1
Try ecstasy (MDMA) once or twice [b]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try salvia once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take salvia occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	56.8	57.6	57.2	53.7
Take cocaine occasionally	—	—	—	—	—	—	—	—	—	—	—	54.2	66.8	69.2	71.8	73.9	75.5	75.1	73.3	73.7	70.8
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	89.2	90.2	91.1	90.4	90.2	90.1	89.3	87.9
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	57.0	62.1	62.9	64.3	60.6	62.4	57.6	58.4	54.6
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	70.4	73.2	75.3	80.4	76.5	76.3	73.9	73.8	72.8
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	84.6	84.8	85.6	91.6	90.1	89.3	87.5	89.6	88.6
Try cocaine powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	45.3	51.7	53.8	53.9	53.6	57.1	53.2	55.4	52.0
Take cocaine powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	56.8	61.9	65.8	71.1	69.8	70.8	68.6	70.6	69.1
Take cocaine powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	81.4	82.9	83.9	90.2	88.9	88.4	87.0	88.6	87.8
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	53.8	55.4	55.2	50.9	50.7	52.8	50.9
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	75.5	76.6	74.9	74.2	72.0	72.1	71.0
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	88.8	89.5	90.2	89.6	89.2	88.3	88.0	87.2
Try heroin once or twice without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	55.6
Take heroin occasionally without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	71.2
Try any narcotic other than heroin (codeine, Vicodin, OxyContin, Percocet, etc.) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take any narcotic other than heroin occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take any narcotic other than heroin regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try amphetamines once or twice [d]	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	32.8	32.2	36.3	32.6	31.3	31.4	28.8
Take amphetamines regularly [d]	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	71.2	71.2	74.1	72.4	69.9	67.0	65.9
Try Adderall once or twice [e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try Adderall occasionally [e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try crystal methamphetamine (ice) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61.6	61.9	57.5	58.3	54.4
Try bath salts (synthetic stimulants) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Take bath salts (synthetic stimulants) occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Try sedatives (barbiturates) once or twice [f]	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	32.2	32.4	35.1	32.2	29.2	29.9	26.3
Take sedatives (barbiturates) regularly [f]	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	70.5	70.2	70.5	70.2	66.1	63.3	61.6
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	6.0	6.0	8.3	9.1	8.6	8.2	7.6	5.9
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	28.5	31.3	32.7	30.6	28.2	27.0	24.8
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	69.8	70.9	69.5	70.5	67.8	66.2	62.8
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	44.0	47.1	48.6	49.0	48.3	46.5	45.2
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	68.0	67.2	68.2	69.4	69.2	69.5	67.6	65.6
Use electronic cigarettes (e-cigarettes) regularly [g]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smoke little cigars or cigarillos regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Use smokeless tobacco regularly	—	—	—	—	—	—	—	—	—	—	—	25.8	30.0	33.2	32.9	34.2	37.4	35.5	38.9	36.6	33.2
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	63.8	69.9	65.6	70.7	69.1	66.1	66.4
Approximate weighted N =	2,804	2,918	3,052	3,770	3,250	3,234	3,604	3,557	3,305	3,262	3,250	3,020	3,315	3,276	2,796	2,553	2,549	2,684	2,759	2,591	2,603

(Table continued on next page.)

Percentage saying great risk [a]

How much do you think people risk harming themselves (physically or in other ways), if they . . .	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Try marijuana once or twice	15.6	14.9	16.7	15.7	13.7	15.3	16.1	16.1	15.9	16.1	17.8	18.6	17.4	18.5	17.1	15.6	14.8	14.5	12.5	12.3	-0.2
Smoke marijuana occasionally	25.9	24.7	24.4	23.9	23.4	23.5	23.2	26.6	25.4	25.8	25.9	27.1	25.8	27.4	24.5	22.7	20.6	19.5	16.4	15.8	-0.6
Smoke marijuana regularly	59.9	58.1	58.5	57.4	58.3	57.4	53.0	54.9	54.6	58.0	57.9	54.8	51.7	52.4	46.8	45.7	44.1	39.5	36.1	31.9	-4.2 s
Try synthetic marijuana once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23.5	25.9	32.5	33.0	+0.5
Take synthetic marijuana occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32.7	36.2	39.4	40.9	+1.5
Try LSD once or twice	36.2	34.7	37.4	34.9	34.3	33.2	36.7	36.2	36.2	36.5	36.1	37.0	33.9	37.1	35.6	34.7	33.1	34.9	35.5	33.2	-2.3
Take LSD regularly	77.8	76.6	76.5	76.1	75.9	74.1	73.9	72.3	70.2	69.9	69.3	67.3	63.6	67.8	65.3	65.5	66.8	66.8	62.7	60.7	-1.9
Try PCP once or twice	51.0	48.8	46.8	44.8	45.0	46.2	48.3	45.2	47.1	46.6	47.0	48.0	47.4	49.7	52.4	53.9	51.6	53.9	53.8	54.4	+0.5
Try ecstasy (MDMA) once or twice [b]	—	33.8	34.5	35.0	37.9	45.7	52.2	56.3	57.7	60.1	59.3	58.1	57.0	53.3	50.6	49.0	49.4	47.5‡	47.8	49.5	+1.7
Try salvia once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	39.8	36.7‡	13.8	12.9	14.1	13.1	-1.0
Take salvia occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	23.1	21.3	20.0	17.6	-2.4
Try cocaine once or twice	54.2	53.6	54.6	52.1	51.1	50.7	51.2	51.0	50.7	50.5	52.5	51.3	50.3	53.1	52.8	54.0	51.6	54.4	53.7	51.1	-2.5
Take cocaine occasionally	72.1	72.4	70.1	70.1	69.5	69.9	68.3	69.1	67.2	66.7	69.8	68.8	67.1	71.4	67.8	69.7	69.0	70.2	68.1	66.3	-1.9
Take cocaine regularly	88.3	87.1	86.3	85.8	86.2	84.1	84.5	83.0	82.2	82.8	84.6	83.3	80.7	84.4	81.7	83.8	82.6	83.3	80.6	79.1	-1.6
Try crack once or twice	56.0	54.0	52.2	48.2	48.4	49.4	50.8	47.3	47.8	48.4	47.8	47.3	47.5	48.4	50.2	51.7	52.0	55.6	54.5	53.6	-1.0
Take crack occasionally	71.4	70.3	68.7	67.3	65.8	65.4	65.6	64.0	64.5	63.8	64.8	63.6	65.2	64.7	64.3	66.2	66.5	69.5	68.5	67.8	-0.7
Take crack regularly	88.0	86.2	85.3	85.4	85.3	85.8	84.1	83.2	83.5	83.3	82.8	82.6	83.4	84.0	83.8	83.9	84.0	85.4	82.0	81.2	-0.8
Try cocaine powder once or twice	53.2	51.4	48.5	46.1	47.0	49.0	49.5	46.2	45.4	46.2	45.8	45.1	45.1	46.5	48.2	48.0	48.1	49.9	49.9	49.0	-0.9
Take cocaine powder occasionally	68.8	67.7	65.4	64.2	64.7	63.2	64.4	61.4	61.6	60.8	61.9	59.9	61.6	62.6	62.6	64.2	62.6	65.4	64.8	62.8	-2.0
Take cocaine powder regularly	86.8	86.0	84.1	84.6	85.5	84.4	84.2	82.3	81.7	82.7	82.1	81.5	82.5	83.4	81.8	83.3	83.3	83.9	81.5	80.1	-1.4
Try heroin once or twice	52.5	56.7	57.8	56.0	54.2	55.6	56.0	58.0	56.6	55.2	59.1	58.4	55.5	59.3	58.3	59.1	59.4	61.7	62.8	64.0	+1.2
Take heroin occasionally	74.8	76.3	76.9	77.3	74.6	75.9	76.6	78.5	75.7	76.0	79.1	76.2	75.3	79.7	74.8	77.2	78.0	78.2	77.9	78.0	+0.1
Take heroin regularly	89.5	88.9	89.1	89.9	89.2	88.3	88.5	89.3	86.8	87.5	89.7	87.8	86.4	89.9	85.5	87.9	88.6	87.6	85.7	84.8	-0.9
Try heroin once or twice without using a needle	58.6	60.5	59.6	58.5	61.6	60.7	60.6	58.9	61.2	60.5	62.6	60.2	60.8	61.5	63.8	61.1	63.3	64.5	65.3	62.5	-2.7
Take heroin occasionally without using a needle	71.0	74.3	73.4	73.6	74.7	74.4	74.7	73.0	76.1	73.3	76.2	73.9	73.2	74.8	76.2	74.7	76.1	76.4	73.6	71.1	-2.5
Try any narcotic other than heroin (codeine, Vicodin, OxyContin, Percocet, etc.) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40.4	39.9	38.4	43.1	42.7	44.1	+1.4
Take any narcotic other than heroin occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54.3	54.8	53.8	57.3	59.0	58.5	-0.5
Take any narcotic other than heroin regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	74.9	75.5	73.9	75.8	72.7	73.9	+1.2
Try amphetamines once or twice [d]	30.8	31.0	35.3	32.2	32.6	34.7	34.4	36.8	35.7	37.7	39.5	41.3	39.2	41.9	40.6‡	34.8	34.3	36.3	34.1	34.0	-0.1
Take amphetamines regularly [d]	66.8	66.0	67.7	66.4	66.3	67.1	64.8	65.6	63.9	67.1	68.1	68.1	65.4	69.0	63.6‡	58.7	60.0	59.5	55.1	54.3	-0.8
Try Adderall once or twice [e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33.3	31.2	27.2	31.8	33.6	34.3	+0.7
Try Adderall occasionally [e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	41.6	40.8	35.3	38.8	41.5	41.6	+0.2
Try crystal methamphetamine (ice) once or twice	55.3	54.4	52.7	51.2	51.3	52.7	53.8	51.2	52.4	54.6	59.1	60.2	62.2	63.4	64.9	66.5	67.8	72.2	70.2	70.0	-0.2
Try bath salts (synthetic stimulants) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33.2	59.5	59.2	57.5	-1.6
Take bath salts (synthetic stimulants) occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	45.0	69.9	68.8	67.4	-1.4
Try sedatives (barbiturates) once or twice [f]	29.1	26.9	29.0	26.1	25.0	25.7	26.2	27.9‡	24.9	24.7	28.0	27.9	25.9	29.6	28.0	27.8	27.8	29.4	29.6	28.9	-0.7
Take sedatives (barbiturates) regularly [f]	60.4	56.8	56.3	54.1	52.3	50.3	49.3	49.6‡	54.0	54.1	56.8	55.1	50.2	54.7	52.1	52.4	53.9	53.3	50.5	50.6	+0.1
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	7.3	6.7	8.0	8.3	6.4	8.7	7.6	8.4	8.6	8.5	9.3	10.5	10.0	9.4	10.8	9.4	8.7	9.9	8.6	10.3	+1.7
Take one or two drinks nearly every day	25.1	24.8	24.3	21.8	21.7	23.4	21.0	20.1	23.0	23.7	25.3	25.1	24.2	23.7	25.4	24.6	23.7	23.1	21.1	21.5	+0.4
Take four or five drinks nearly every day	65.6	63.0	62.1	61.1	59.9	60.7	58.8	57.8	59.2	61.8	63.4	61.8	60.8	62.4	61.1	62.3	63.6	62.4	61.2	59.1	-2.0
Have five or more drinks once or twice each weekend	49.5	43.0	42.8	43.1	42.7	43.6	42.2	43.5	43.6	45.0	47.6	45.8	46.3	48.0	46.3	47.6	48.8	45.8	45.4	46.9	+1.5
Smoke one or more packs of cigarettes per day	68.2	68.7	70.8	70.8	73.1	73.3	74.2	72.1	74.0	76.5	77.6	77.3	74.0	74.9	75.0	77.7	78.2	78.2	78.0	75.9	-2.1
Use electronic cigarettes (e-cigarettes) regularly [g]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14.2	16.2	+1.9
Smoke little cigars or cigarillos regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38.3	39.7	+1.4
Use smokeless tobacco regularly	37.4	38.6	40.9	41.1	42.2	45.4	42.6	43.3	45.0	43.6	45.9	44.0	42.9	40.8	41.2	42.6	44.3	41.6	40.7	38.5	-2.1
Take steroids	67.6	67.2	68.1	62.1	57.9	58.9	57.1	55.0	55.7	56.8	60.2	57.4	60.8	60.2	59.2	61.1	58.6	54.2	54.6	54.4	-0.2
Approximate weighted N =	2,449	2,579	2,564	2,306	2,130	2,173	2,198	2,466	2,491	2,512	2,407	2,450	2,389	2,290	2,440	2,408	2,331	2,098	2,067	2,174	

(Table continued on next page.)

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

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. ' ‡ ' indicates some change in the question. See relevant footnote for that drug. Any apparent
inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

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

[b] Beginning in 2014 data are based on the revised question which included "Molly." 2014 and 2015 data are not comparable to earlier years due to the revision of the question text.

[c]In 2011 the question on perceived risk of using salvia once or twice appeared at the end of a form. In 2012 the question was moved to an earlier section of the same form. A question on perceived risk of using salvia occasionally was
also added following the question on perceived risk of trying salvia once or twice. These changes likely explain the discontinuity in the 2012 results.

[d]In 2011 the list of examples was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

[e]In 2014 "(without a doctor's orders)" added to the questions on perceived risk of using Adderall.

[f]In 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

[g]Based on two of six forms; N is two times the N indicated.

TABLE 12
Trends in **Disapproval** of Drug Use in <u>Grade 8</u>

Percentage who disapprove or strongly disapprove [a]

Do you disapprove of people who . . .	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Try marijuana once or twice [b]	84.6	82.1	79.2	72.9	70.7	67.5	67.6	69.0	70.7	72.5	72.4	73.3	73.8	75.9	75.3	76.0	78.7	76.6	75.3	73.5	74.4	75.1	72.0	70.5	70.3	-0.2
Smoke marijuana occasionally [b]	89.5	88.1	85.7	80.9	79.7	76.5	78.1	78.4	79.3	80.6	80.6	80.9	81.5	83.1	82.4	82.2	84.5	82.6	81.9	79.9	81.1	81.6	78.8	77.7	77.5	-0.2
Smoke marijuana regularly [b]	92.1	90.8	88.9	85.3	85.1	82.8	84.6	84.5	84.5	85.3	84.5	85.3	85.7	86.8	86.3	86.1	87.7	86.8	85.9	84.3	85.7	85.6	83.8	82.2	82.2	0.0
Try inhalants once or twice [c]	84.9	84.0	82.5	81.6	81.8	82.9	84.1	83.0	85.2	85.4	86.6	86.1	85.1	85.1	84.6	83.4	84.1	82.3	83.1	83.1	82.9	83.1	81.6	80.7	80.6	-0.1
Take inhalants regularly [c]	90.6	90.0	88.9	88.1	88.8	89.3	90.3	89.5	90.3	90.2	90.5	90.4	89.8	90.1	89.8	89.0	89.5	88.5	88.4	88.9	88.5	88.6	86.8	85.5	85.4	-0.1
Take LSD once or twice [d]	—	—	77.1	75.2	71.6	70.9	72.1	69.1	69.4	66.7	64.6	62.6	61.0	58.1	58.5	53.9	53.5	52.6	53.2	53.7	55.4	51.8	52.0	52.8	56.0	+3.2 s
Take LSD regularly [d]	—	—	79.8	78.4	75.8	75.3	76.3	72.5	72.5	69.3	67.0	65.5	63.5	60.5	60.7	55.8	55.6	54.7	55.7	55.8	57.6	54.1	53.6	54.8	58.1	+3.3 s
Try ecstasy (MDMA) once or twice [e]	—	—	—	—	—	—	—	—	—	—	69.0	74.3	77.7	76.3	75.0	66.7	65.7	63.5	62.3	62.4	64.2	60.2	60.9	61.0‡	68.2	—
Take ecstasy (MDMA) occasionally [e]	—	—	—	—	—	—	—	—	—	—	73.6	78.6	81.3	79.4	77.9	69.8	68.3	66.5	65.7	65.9	67.5	63.2	63.4	64.1‡	71.7	—
Try crack once or twice [c]	91.7	90.7	89.1	86.9	85.9	85.0	85.7	85.4	86.0	85.4	86.0	86.2	86.4	87.4	87.6	87.2	88.6	87.2	88.4	89.1	88.5	89.0	88.1	88.0	87.5	-0.5
Take crack occasionally [c]	93.3	92.5	91.7	89.9	89.8	89.3	90.3	89.5	89.9	88.8	89.8	89.6	89.8	90.3	90.5	90.0	91.2	90.3	91.0	91.5	91.0	91.2	90.3	89.8	89.8	-0.1
Try cocaine powder once or twice [c]	91.2	89.6	88.5	86.1	85.3	83.9	85.1	84.5	85.2	84.8	85.6	85.8	85.6	86.8	87.0	86.5	88.2	86.8	88.1	88.4	88.3	88.6	88.0	87.7	87.5	-0.2
Take cocaine powder occasionally [c]	93.1	92.4	91.6	89.7	89.7	88.7	90.1	89.3	89.9	88.8	89.6	89.9	89.8	90.3	90.7	90.2	91.0	90.1	90.7	91.4	91.3	91.5	90.6	90.1	90.1	0.0
Try heroin once or twice without using a needle [d]	—	—	—	—	85.8	85.0	87.7	87.3	88.0	87.2	87.2	87.8	86.9	86.6	86.9	87.2	88.4	86.9	88.6	89.5	87.5	86.8	87.2	87.1	87.1	0.0
Take heroin occasionally without using a needle [d]	—	—	—	—	88.5	87.7	90.1	89.7	90.2	88.9	88.9	89.6	89.0	88.6	88.5	88.5	89.7	88.2	90.1	90.6	89.0	87.7	88.2	88.1	88.0	-0.1
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) [b]	51.7	52.2	50.9	47.8	48.0	45.5	45.7	47.5	48.3	48.7	49.8	51.1	49.7	51.1	51.2	51.3	54.0	52.5	52.7	54.2	54.0	54.1	53.3	53.3	53.7	+0.4
Take one or two drinks nearly every day [b]	82.2	81.0	79.6	76.7	75.9	74.1	76.6	76.9	77.0	77.8	77.4	78.3	77.1	78.6	78.7	78.7	80.4	79.2	78.5	79.5	80.7	81.3	80.2	79.6	79.7	+0.1
Have five or more drinks once or twice each weekend [b]	85.2	83.9	83.3	80.7	80.7	79.1	81.3	81.0	80.3	81.2	81.6	81.9	81.9	82.3	82.9	82.0	83.8	83.2	83.2	83.6	84.8	86.0	85.0	84.9	85.4	+0.5
Smoke one to five cigarettes per day [e]	—	—	—	—	—	—	—	—	75.1	79.1	80.4	81.1	81.4	83.1	82.9	83.5	85.3	85.0	83.6	84.7	86.8	—	—	—	—	
Smoke one or more packs of cigarettes per day [f]	82.8	82.3	80.6	78.4	78.6	77.3	80.3	80.0	81.4	81.9	83.5	84.6	84.6	85.7	85.3	85.6	87.0	86.7	87.1	87.0	88.0	88.8	88.0	87.5	88.8	+1.3
Use electronic cigarettes (e-cigarettes) regularly [e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	58.4	65.0	+6.6 sss
Use smokeless tobacco regularly [b]	79.1	77.2	77.1	75.1	74.0	74.1	76.5	76.3	78.0	79.2	79.4	80.6	80.7	81.0	82.0	81.0	82.3	82.1	81.5	81.2	82.6	82.7	81.5	80.2	82.5	+2.3 s
Take steroids [g]	89.8	90.3	89.9	87.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Approximate weighted N =	17,400	18,500	18,400	17,400	17,600	18,000	18,800	18,100	16,700	16,700	16,200	15,100	16,500	17,000	16,800	16,500	16,100	15,700	15,000	15,300	16,000	15,100	14,600	14,600	14,400	

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

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a] Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove, and (4) Can't say, drug unfamiliar. Percentages are shown for categories (2) and (3) combined.

[b] Beginning in 2012, data based on two thirds of N indicated.

[c] Beginning in 1997, data based on two thirds of N indicated due to changes in questionnaire forms.

[d] Data based on one of two forms in 1993–1996; N is one half of N indicated. Beginning in 1997, data based on one third of N indicated due to changes in questionnaire forms.

[e] Data based on one third of N indicated. For MDMA "Molly" was added to the question text in 2015; 2014 and 2015 data are not comparable due to this change.

[f] Beginning in 1999, data based on two thirds of N indicated due to changes in questionnaire forms.

[g] Data based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; N is one half of N indicated.

TABLE 13
Trends in **Disapproval** of Drug Use in **Grade 10**

Percentage who disapprove or strongly disapprove[a]

Do you disapprove of people who . . .	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Try marijuana once or twice [b]	74.6	74.8	70.3	62.4	59.8	55.5	54.1	56.0	56.2	54.9	54.8	57.8	58.1	60.4	61.3	62.5	63.9	64.5	60.1	59.2	58.5	56.2	53.2	53.8	52.7	-1.2
Smoke marijuana occasionally [b]	83.7	83.6	79.4	72.3	70.0	66.9	66.2	67.3	68.2	67.2	66.2	68.3	68.4	70.8	71.9	72.6	73.3	73.6	69.2	68.0	67.9	65.7	62.1	62.9	62.6	-0.3
Smoke marijuana regularly [b]	90.4	90.0	87.4	82.2	81.1	79.7	79.7	80.1	79.8	79.1	78.0	78.6	78.8	81.3	82.0	82.5	82.4	83.0	79.9	78.7	78.8	77.3	73.8	74.6	74.3	-0.4
Try inhalants once or twice [c]	85.2	85.6	84.8	84.9	84.5	86.0	86.9	85.6	88.4	87.5	87.8	88.6	87.7	88.5	88.1	88.1	87.6	87.1	87.0	86.5	86.9	85.7	86.1	85.9	84.1	-1.8 s
Take inhalants regularly [c]	91.0	91.5	90.9	91.0	90.9	91.7	91.7	91.1	92.4	91.8	91.3	91.8	91.0	92.3	91.9	92.2	91.8	91.6	91.1	90.8	90.9	90.0	89.7	89.7	88.3	-1.3
Take LSD once or twice [d]	—	—	82.1	79.3	77.9	76.8	76.6	76.7	77.8	77.0	75.4	74.6	74.4	72.4	71.8	71.2	67.7	66.3	67.8	68.2	68.5	68.3	69.1	67.8	70.3	+2.5
Take LSD regularly [d]	—	—	86.8	85.6	84.8	84.5	83.4	82.9	84.3	82.1	80.8	79.4	77.6	75.9	75.0	74.9	71.5	69.8	72.2	72.9	72.5	73.0	74.2	73.3	76.5	+3.2 s
Try ecstasy (MDMA) once or twice [e]	—	—	—	—	—	—	—	—	—	72.6	77.4	81.0	83.7	83.1	81.6	80.0	78.1	76.5	75.5	76.1	75.3	75.4	74.4‡	78.0	—
Take ecstasy (MDMA) occasionally [e]	—	—	—	—	—	—	—	—	—	81.0	84.6	86.3	88.0	87.4	86.0	84.3	83.0	81.3	81.3	82.2	81.2	81.3	80.4‡	84.0	—
Try crack once or twice [c]	92.5	92.5	91.4	89.9	88.7	88.2	87.4	87.1	87.8	87.1	86.9	88.0	87.6	88.6	88.8	89.5	89.5	90.8	90.4	90.3	90.9	91.0	90.6	90.6	90.1	-0.5
Take crack occasionally [c]	94.3	94.4	93.6	92.5	91.7	91.9	91.0	90.6	91.5	90.9	90.6	91.0	91.0	91.8	91.8	92.0	92.7	92.9	92.8	92.4	93.0	93.0	92.4	92.4	92.1	-0.3
Try cocaine powder once or twice [c]	90.8	91.1	90.0	88.1	86.8	86.1	85.1	84.9	86.0	84.8	85.3	86.4	85.9	86.8	86.9	87.3	87.7	88.6	88.4	89.0	89.4	89.3	88.7	88.9	87.9	-1.0
Take cocaine powder occasionally [c]	94.0	94.0	93.2	92.1	91.4	91.1	90.4	89.7	90.7	89.9	90.2	89.9	90.4	91.2	91.2	91.4	92.0	92.1	92.1	92.2	92.5	92.4	91.8	91.9	91.8	-0.1
Try heroin once or twice without using a needle [d]	—	—	—	—	89.7	89.5	89.1	88.6	90.1	90.1	89.1	89.2	89.3	90.1	90.3	91.1	90.7	91.4	91.6	91.4	91.6	91.9	91.3	91.9	91.7	-0.2
Take heroin occasionally without using a needle [d]	—	—	—	—	91.6	91.7	91.4	90.5	91.8	92.3	90.8	90.7	90.6	91.8	92.0	92.5	92.5	92.5	93.0	92.4	92.4	92.9	92.3	92.7	92.7	0.0
Try one or two drinks of an alcoholic beverage (beer, wine, liquor) [b]	37.6	39.9	38.5	36.5	36.1	34.2	33.7	34.7	35.1	33.4	34.7	37.7	36.8	37.6	38.5	37.8	39.5	41.8	39.7	40.3	41.5	39.6	38.5	40.7	40.0	-0.7
Take one or two drinks nearly every day [b]	81.7	81.7	78.6	75.2	75.4	73.8	75.4	74.6	75.4	73.8	73.8	74.9	74.2	75.1	76.9	76.4	77.1	79.1	77.6	77.6	80.0	78.0	77.1	77.9	78.2	+0.3
Have five or more drinks once or twice each weekend [b]	76.7	77.6	74.7	72.3	72.2	70.7	70.2	70.5	69.9	68.2	69.2	71.5	71.6	71.8	73.7	72.9	74.1	77.2	75.1	75.9	77.3	77.5	77.8	79.5	79.6	+0.1
Smoke one to five cigarettes per day [e]	—	—	—	—	—	—	—	—	67.8	69.1	71.2	74.3	76.2	77.5	79.3	80.2	79.7	82.5	80.0	80.6	82.1	—	—	—	—	—
Smoke one or more packs of cigarettes per day [f]	79.4	77.8	76.5	73.9	73.2	71.6	73.8	75.3	76.1	76.7	78.2	80.6	81.4	82.7	84.3	83.2	84.7	85.2	84.5	83.9	85.8	86.0	86.1	88.0	88.3	+0.3
Use electronic cigarettes (e-cigarettes) regularly [e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54.6	59.9	+5.3 ss
Use smokeless tobacco regularly [b]	75.4	74.6	73.8	71.2	71.0	71.0	72.3	73.2	75.1	75.8	76.1	78.7	79.4	80.2	80.5	80.5	80.9	81.8	79.5	78.5	79.5	79.5	77.7	78.7	80.1	+1.4
Take steroids [g]	90.0	91.0	91.2	90.8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Approximate weighted N =	14,800	14,800	15,300	15,900	17,000	15,700	15,600	15,000	13,600	14,300	14,000	14,300	15,800	16,400	16,200	16,200	16,100	15,100	15,900	15,200	14,900	15,000	12,900	13,000	15,600	

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

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a] Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove, and (4) Can't say, drug unfamiliar. Percentages are shown for categories (2) and (3) combined.

[b] Beginning in 2012, data based on two thirds of *N* indicated.

[c] Beginning in 1997, data based on two thirds of *N* indicated due to changes in questionnaire forms.

[d] Data based on one of two forms in 1993–1996; *N* is one half of *N* indicated. Beginning in 1997, data based on one third of *N* indicated due to changes in questionnaire forms.

[e] Data based on one third of *N* indicated. For MDMA "Molly" was added to the question text in 2015; 2014 and 2015 data are not comparable due to this change.

[f] Beginning in 1999, data based on two thirds of *N* indicated due to changes in questionnaire forms.

[g] Data based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; *N* is one half of *N* indicated.

TABLE 14
Trends in Disapproval of Drug Use in Grade 12

Percentage who disapprove or strongly disapprove [b]

Do you disapprove of people (who are 18 or older) doing each of the following? [a]	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Trying marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	69.9	63.3	57.6	56.7
Smoking marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	79.7	75.5	68.9	66.7
Smoking marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	90.1	87.6	82.3	81.9
Trying LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	89.7	89.8	90.1	88.1	85.9	82.5	81.1
Taking LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	95.5	95.8	94.3	92.5
Trying ecstasy (MDMA) once or twice [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trying cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	93.0	92.7	91.6	90.3
Taking cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	96.9	97.5	96.6	96.1
Trying crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.3	92.1	93.1	89.9	89.5	91.4
Taking crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.3	94.2	95.0	92.8	92.8	94.0
Taking crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.9	95.0	95.5	93.4	93.1	94.1
Trying cocaine powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87.9	88.0	89.4	86.6	87.1	88.3
Taking cocaine powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.1	93.0	93.4	91.2	91.0	92.7
Taking cocaine powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93.7	94.4	94.3	93.0	92.5	93.8
Trying heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	94.9	94.4	93.2	92.8
Taking heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	97.2	96.7	97.3	96.8	97.0	96.2	95.7
Taking heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	97.2	97.5	97.1	96.4
Trying heroin once or twice without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.9
Taking heroin occasionally without using a needle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.7
Trying amphetamines once or twice [d]	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	86.9	84.2	81.3	82.2
Taking amphetamines regularly [d]	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	95.6	96.0	94.1	94.3
Trying sedatives (barbiturates) once or twice [e]	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	89.3	90.5	90.6	90.3	89.7	87.5	87.3
Taking sedatives (barbiturates) regularly [e]	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	95.3	96.4	97.1	96.5	97.0	96.1	95.2
Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	33.0	30.1	28.4	27.3
Taking one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	76.5	77.9	76.5	75.9	77.8	73.1	73.3
Taking four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.6	91.9	90.6	90.8	90.6	89.8	88.8
Having five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	68.9	67.4	70.7	70.1	65.1	66.7
Smoking one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	72.4	72.8	71.4	73.5	70.6	69.8	68.2
Taking steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	90.8	90.5	92.1	92.1	91.9	91.0
Approximate weighted N =	2,677	2,957	3,085	3,686	3,221	3,261	3,610	3,651	3,341	3,254	3,265	3,113	3,302	3,311	2,799	2,566	2,547	2,645	2,723	2,588	2,603

(Years cont.) →

(Table continued on next page.)

TABLE 14 (cont.)
Trends in Disapproval of Drug Use in Grade 12

Percentage who disapprove or strongly disapprove [b]

Do you disapprove of people (who are 18 or older) doing each of the following?[a]	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Trying marijuana once or twice	52.5	51.0	51.6	48.8	52.5	49.1	51.6	53.4	52.7	55.0	55.6	58.6	55.5	54.8	51.6	51.3	48.8	49.1	48.0	45.5	-2.5
Smoking marijuana occasionally	62.9	63.2	64.4	62.5	65.8	63.2	63.4	64.2	65.4	67.8	69.3	70.2	67.3	65.6	62.0	60.9	59.1	58.9	56.7	52.9	-3.8
Smoking marijuana regularly	80.0	78.8	81.2	78.6	79.7	79.3	78.3	78.7	80.7	82.0	82.2	83.3	79.6	80.3	77.7	77.5	77.8	74.5	73.4	70.7	-2.7
Trying LSD once or twice	79.6	80.5	82.1	83.0	82.4	81.8	84.6	85.5	87.9	87.9	88.0	87.8	85.5	88.2	86.5	86.3	87.2	86.6	85.0	81.7	-3.3 s
Taking LSD regularly	93.2	92.9	93.5	94.3	94.2	94.0	94.0	94.4	94.6	95.6	95.9	94.9	93.5	95.3	94.3	94.9	95.2	95.3	94.7	92.5	-2.2 ss
Trying ecstasy (MDMA) once or twice [c]	—	82.2	82.5	82.1	81.0	79.5	83.6	84.7	87.7	88.4	89.0	87.8	88.2	88.2	86.3	83.9	87.1	84.9‡	83.1	84.5	+1.4
Trying cocaine once or twice	90.0	88.0	89.5	89.1	88.2	88.1	89.0	89.3	88.6	88.9	89.1	89.6	89.2	90.8	90.5	91.1	91.0	92.3	90.0	89.0	-0.9
Taking cocaine regularly	95.6	96.0	95.6	94.9	95.5	94.9	95.0	95.8	95.4	96.0	96.1	96.2	94.8	96.5	96.0	96.0	96.8	96.7	96.3	95.2	-1.1
Trying crack once or twice	87.4	87.0	86.7	87.6	87.5	87.0	87.8	86.6	86.9	86.7	88.8	88.8	89.6	90.9	89.8	91.4	92.8	91.4	89.3	90.2	+0.8
Taking crack occasionally	91.2	91.3	90.9	92.3	91.9	91.6	91.5	90.8	92.1	91.9	92.9	92.4	93.3	94.0	92.6	93.9	95.0	93.6	91.9	92.5	+0.7
Taking crack regularly	93.0	92.3	91.9	93.2	92.8	92.2	92.4	91.2	93.1	92.1	93.8	93.6	93.5	94.3	93.1	94.4	95.4	94.1	92.4	92.8	+0.3
Trying cocaine powder once or twice	83.1	83.0	83.1	84.3	84.1	83.3	83.8	83.6	82.2	83.2	84.1	83.5	85.7	87.3	87.0	88.1	88.7	88.2	85.5	86.4	+0.8
Taking cocaine powder occasionally	89.7	89.3	88.7	90.0	90.3	89.8	90.2	88.9	90.0	89.4	90.4	90.6	91.7	92.3	91.0	92.2	93.0	91.7	90.4	91.3	+0.9
Taking cocaine powder regularly	92.9	91.5	91.1	92.3	92.6	92.5	92.2	90.7	92.6	92.0	93.2	92.6	92.8	93.9	92.6	93.8	95.0	94.1	91.7	92.4	+0.7
Trying heroin once or twice	92.1	92.3	93.7	93.5	93.0	93.1	94.1	94.1	94.2	94.3	93.8	94.8	93.3	94.7	93.9	94.3	95.8	95.6	94.7	94.2	-0.6
Taking heroin occasionally	95.0	95.4	96.1	95.7	96.0	95.4	95.6	95.9	96.4	96.3	96.2	96.8	95.3	96.9	96.2	96.3	97.0	96.9	96.6	95.3	-1.3 s
Taking heroin regularly	96.3	96.4	96.6	96.4	96.6	96.2	96.2	97.1	97.1	96.7	96.9	97.1	95.9	97.4	96.4	96.7	97.4	97.4	97.1	96.4	-0.7
Trying heroin once or twice without using a needle	90.8	92.3	93.0	92.6	94.0	91.7	93.1	92.2	93.1	93.2	93.7	93.6	94.2	94.7	93.2	92.6	95.2	93.7	92.5	92.6	+0.1
Taking heroin occasionally without using a needle	93.2	94.4	94.3	93.8	95.2	93.5	94.4	93.5	94.4	95.0	94.5	94.9	95.3	95.5	94.5	94.1	95.9	94.6	93.5	92.8	-0.7
Trying amphetamines once or twice [d]	79.9	81.3	82.5	81.9	82.1	82.3	83.8	85.8	84.1	86.1	86.3	87.3	87.2	88.2	88.1‡	84.1	83.9	84.9	83.1	81.4	-1.7
Taking amphetamines regularly [d]	93.5	94.3	94.0	93.7	94.1	93.4	93.5	94.0	93.9	94.8	95.3	95.4	94.2	95.6	94.9‡	92.9	93.9	93.2	93.0	92.2	-0.7
Trying sedatives (barbiturates) once or twice [e]	84.9	86.4	86.0	86.6	85.9	85.9	86.6	87.8‡	83.7	85.4	85.3	86.5	86.1	87.7	87.6	87.3	88.2	88.9	88.5	87.4	-1.1
Taking sedatives (barbiturates) regularly [e]	94.8	95.3	94.6	94.7	95.2	94.5	94.7	94.4‡	94.2	95.2	95.1	94.6	94.3	95.8	94.7	95.1	96.1	95.8	95.0	94.7	-0.3
Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	26.5	26.1	24.5	24.6	25.2	26.6	26.3	27.2	26.0	26.4	29.0	31.0	29.8	30.6	30.7	28.7	25.4	27.3	29.2	28.9	-0.2
Taking one or two drinks nearly every day	70.8	70.0	69.4	67.2	70.0	69.2	69.1	68.9	69.5	70.8	72.8	73.3	74.5	70.5	71.5	72.8	70.8	71.9	71.7	71.1	-0.6
Taking four or five drinks nearly every day	89.4	88.6	86.7	86.9	88.4	86.4	87.5	86.3	87.8	89.4	90.6	90.5	89.8	89.7	88.8	90.8	90.1	90.6	91.9	89.7	-2.2 s
Having five or more drinks once or twice each weekend	64.7	65.0	63.8	62.7	65.2	62.9	64.7	64.2	65.7	66.5	68.5	68.8	68.9	67.6	68.8	70.0	70.1	71.6	72.6	71.9	-0.7
Smoking one or more packs of cigarettes per day	67.2	67.1	68.8	69.5	70.1	71.6	73.6	74.8	76.2	79.8	81.5	80.7	80.5	81.8	81.0	83.0	83.7	82.6	85.0	84.1	-1.0
Taking steroids	91.7	91.4	90.8	88.9	88.8	86.4	86.8	86.0	87.9	88.8	89.4	89.2	90.9	90.3	89.8	89.7	90.4	88.2	87.5	87.8	+0.3
Approximate weighted N =	2,399	2,601	2,545	2,310	2,150	2,144	2,160	2,442	2,455	2,460	2,377	2,450	2,314	2,233	2,449	2,384	2,301	2,147	2,078	2,193	

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

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. ' ‡ ' indicates some change in the question. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a] The 1975 question asked about people who are 20 or older.

[b] Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

[c] Beginning in 2014 "molly" was added to the question on disapproval of using MDMA once or twice. 2014 and 2015 data are not comparable to earlier years due to this change.

[d] In 2011 the list of examples was changed from upper, pep pill, bennie, speed to upper, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

[e] In 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

TABLE 15
Trends in Availability of Drugs as Perceived by 8th Graders

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Marijuana	—	42.3	43.8	49.9	52.4	54.8	54.2	50.6	48.4	47.0	48.1	46.6	44.8	41.0	41.1	39.6	37.4	39.3	39.8	41.4	37.9	36.9	39.1	36.9	37.0	+0.1
LSD	—	21.5	21.8	21.8	23.5	23.6	22.7	19.3	18.3	17.0	17.6	15.2	14.0	12.3	11.5	10.8	10.5	10.9	10.0	10.0	9.3	7.5	7.4	6.9	6.6	-0.3
PCP [b]	—	18.0	18.5	17.7	19.0	19.6	19.2	17.5	17.1	16.0	15.4	14.1	13.7	11.4	11.0	10.5	9.5	10.1	9.1	8.0	7.9	6.7	5.8	5.5	5.1	-0.4
Ecstasy (MDMA) [b]	—	—	—	—	—	—	—	—	—	—	23.8	22.8	21.6	16.6	15.6	14.5	13.4	14.1	13.1	12.9	12.0	9.6	9.5	10.1	9.6	-0.5
Crack	—	25.6	25.9	26.9	28.7	27.9	27.5	26.5	25.9	24.9	24.4	23.7	22.5	20.6	20.8	20.9	19.7	20.2	18.6	17.9	15.7	14.4	13.7	12.0	11.3	-0.7
Cocaine powder	—	25.7	25.9	26.4	27.8	27.2	26.9	25.7	25.0	23.9	23.9	22.5	21.6	19.4	19.9	20.2	19.0	19.5	17.8	16.6	14.9	14.1	13.5	11.9	11.6	-0.3
Heroin	—	19.7	19.8	19.4	21.1	20.6	19.8	18.0	17.5	16.5	16.9	16.0	15.6	14.1	13.2	13.0	12.6	13.3	12.0	11.6	9.9	9.4	10.0	8.6	7.8	-0.8
Narcotics other than Heroin [b,c]	—	19.8	19.0	18.3	20.3	20.0	20.6	17.1	16.2	15.6	15.0	14.7	15.0	12.4	12.9	13.0	11.7	12.1	11.8‡	14.6	12.3	10.6	9.7	9.2	8.8	-0.4
Amphetamines [d]	—	32.2	31.4	31.0	33.4	32.6	30.6	27.3	25.9	25.5	26.2	24.4	24.4	21.9	21.0	20.7	19.9	21.3	20.2	19.6‡	15.0	13.4	12.8	12.1	11.8	-0.3
Crystal methamphetamine (ice) [b]	—	16.0	15.1	14.1	16.0	16.3	15.7	16.0	14.7	14.9	13.9	13.3	14.1	11.9	13.5	14.5	12.1	12.8	11.9	10.9	9.6	8.8	8.5	7.7	6.9	-0.8
Sedatives (barbiturates)	—	27.4	26.1	25.3	26.5	25.6	24.4	21.1	20.8	19.7	20.7	19.4	19.3	18.0	17.6	17.3	16.8	17.5	15.9	15.3	12.6	11.1	10.6	10.0	9.0	-1.0
Tranquilizers	—	22.9	21.4	20.4	21.3	20.4	19.6	18.1	17.3	16.2	17.8	16.9	17.3	15.8	14.8	14.4	14.4	15.4	14.1	13.7	12.0	10.5	10.4	9.8	9.8	0.0
Alcohol	—	76.2	73.9	74.5	74.9	75.3	74.9	73.1	72.3	70.6	70.6	67.9	67.0	64.9	64.2	63.0	62.0	64.1	61.8	61.1	59.0	57.5	56.1	54.4	53.6	-0.7
Cigarettes	—	77.8	75.5	76.1	76.4	76.9	76.0	73.6	71.5	68.7	67.7	64.3	63.1	60.3	59.1	58.0	55.6	57.4	55.3	55.5	51.9	50.7	49.9	47.2	47.0	-0.2
Steroids	—	24.0	22.7	23.1	23.8	24.1	23.6	22.3	22.6	22.3	23.1	22.0	21.7	19.7	18.1	17.1	17.0	16.8	15.2	14.2	13.3	12.5	12.9	11.8	11.6	-0.2
Approximate weighted N =		8,355	16,775	16,119	15,496	16,318	16,482	16,208	15,397	15,180	14,804	13,972	15,583	15,944	15,730	15,502	15,043	14,482	13,989	14,485	15,233	14,235	13,605	13,208	13,494	

Percentage saying fairly easy or very easy to get [a]

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

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. ' ‡ ' indicates some change in the question. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a]Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy, and (6) Can't say, drug unfamiliar.

[b]Beginning in 1993, data based on one of two of forms; *N* is one half of *N* indicated. Beginning in 2014 data based on one sixth of *N* indicated. For MDMA only: In 2014 the question text was changed in one form to include "Molly." In 2015 a second from was changed to including "Molly;" data based on one sixth of N indicated in 2014 and on one half of N indicated in 2015. An examination of the data did not show any effect from this wording change.

[c]In 2010 the list of examples for narcotics other than heroin was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc. This change likely explains the discontinuity in the 2010 results.

[d]In 2011 the list of examples for amphetamines was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2012 results.

TABLE 16
Trends in Availability of Drugs as Perceived by 10th Graders

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percentage saying fairly easy or very easy to get [a]																									2014–2015 change
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Marijuana	—	65.2	68.4	75.0	78.1	81.1	80.5	77.9	78.2	77.7	77.4	75.9	73.9	73.3	72.6	70.7	69.0	67.4	69.3	69.4	68.4	68.8	69.7	66.9	65.6	-1.4
LSD	—	33.6	35.8	36.1	39.8	41.0	38.3	34.0	34.3	32.9	31.2	26.8	23.1	21.6	20.7	19.2	19.0	19.3	17.8	18.3	16.6	14.9	16.3	14.8	15.5	+0.7
PCP [b]	—	23.7	23.4	23.8	24.7	26.8	24.8	23.9	24.5	25.0	21.6	20.8	19.4	18.0	18.1	15.8	15.4	14.4	13.4	12.6	12.0	10.2	9.4	8.3	9.0	+0.7
Ecstasy (MDMA) [b]	—	—	—	—	—	—	—	—	—	—	41.4	41.0	36.3	31.2	30.2	27.4	27.7	26.7	25.6	25.7	24.8	21.0	20.7	20.4	19.3	-1.1
Crack	—	33.7	33.0	34.2	34.6	36.4	36.0	36.3	36.5	34.0	30.6	31.3	29.6	30.6	31.0	29.9	29.0	27.2	23.9	22.5	19.7	18.4	17.1	15.1	14.4	-0.7
Cocaine powder	—	35.0	34.1	34.5	35.3	36.9	37.1	36.8	36.7	34.5	31.0	31.8	29.6	31.2	31.5	30.7	30.0	28.2	24.7	22.6	20.6	19.2	18.3	16.4	16.1	-0.3
Heroin	—	24.3	24.3	24.7	24.6	24.8	24.4	23.0	23.7	22.3	20.1	19.9	18.8	18.7	19.3	17.4	17.3	17.2	15.0	14.5	13.2	11.9	11.9	10.9	11.0	+0.1
Narcotics other than Heroin [b,c]	—	26.9	24.9	26.9	27.8	29.4	29.0	26.1	26.6	27.2	25.8	25.4	23.5	23.1	23.6	22.2	21.5	20.3	18.8‡	28.7	25.0	24.3	22.5	18.8	19.2	+0.3
Amphetamines [d]	—	43.4	46.4	46.6	47.7	47.2	44.6	41.0	41.3	40.9	40.6	39.6	36.1	35.7	35.6	34.7	33.3	32.0	31.8	32.6‡	28.5	27.3	26.5	25.2	27.3	+2.1
Crystal methamphetamine (ice) [b]	—	18.8	16.4	17.8	20.7	22.6	22.9	22.1	21.8	22.8	19.9	20.5	19.0	19.5	21.6	20.8	18.8	15.8	14.0	13.3	11.8	10.7	10.0	9.8	8.9	-0.9
Sedatives (barbiturates)	—	38.0	38.8	38.3	38.8	38.1	35.6	32.7	33.2	32.4	32.8	32.4	28.8	30.0	29.7	29.9	28.2	26.9	25.5	24.9	22.0	20.2	18.3	16.7	16.6	-0.2
Tranquilizers	—	31.6	30.5	29.8	30.6	30.3	28.7	26.5	26.8	27.6	28.5	28.3	25.6	25.6	25.4	25.1	24.9	24.1	22.3	21.6	20.8	19.7	18.3	17.5	19.4	+2.0 s
Alcohol	—	88.6	88.9	89.8	89.7	90.4	89.0	88.0	88.2	87.7	87.7	84.8	83.4	84.3	83.7	83.1	82.6	81.1	80.9	80.0	77.9	78.2	77.2	75.3	74.9	-0.3
Cigarettes	—	89.1	89.4	90.3	90.7	91.3	89.6	88.1	88.3	86.8	86.3	83.3	80.7	81.4	81.5	79.5	78.2	76.5	76.1	75.6	73.6	72.9	71.4	69.0	66.6	-2.4 s
Steroids	—	37.6	33.6	33.6	34.8	34.8	34.2	33.0	35.9	35.4	33.1	33.2	30.6	29.6	29.7	30.2	27.7	24.5	20.8	20.3	18.8	18.0	17.2	16.5	17.0	+0.5
Approximate weighted N =		7,014	14,652	15,192	16,209	14,887	14,856	14,423	13,112	13,690	13,518	13,694	15,255	15,806	15,636	15,804	15,511	14,634	15,451	14,827	14,509	14,628	12,601	12,574	15,186	

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

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. ' ‡ ' indicates some change in the question. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a] Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy, and (6) Can't say, drug unfamiliar.

[b] Beginning in 1993, data based on one of two forms; N is one half of N indicated. Beginning in 2014 data based on one sixth of N indicated.

[b] Beginning in 1993, data based on one of two of forms; N is one half of N indicated. Beginning in 2014 data based on one sixth of N indicated. For MDMA only: In 2014 the question text was changed in one form to include "Molly." In 2015 a second from was changed to including "Molly;" data based on one sixth of N indicated in 2014 and on one half of N indicated in 2015. An examination of the data did not show any effect from this wording change.

[d] In 2011 the list of examples for amphetamines was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

TABLE 17
Trends in **Availability** of Drugs as Perceived by **12th Graders**

Percentage saying fairly easy or very easy to get [a]

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	82.7	83.0	85.5	88.5
Amyl/butyl nitrites	—	—	—	—	—	—	—	—	—	—	—	—	23.9	25.9	26.8	24.4	22.7	25.9	25.9	26.7	26.0
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.5	49.2	50.8	53.8
Some other hallucinogen [b]	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	28.2	28.3	28.0	29.9	33.5	33.8	35.8
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	28.9	27.7	27.6	31.7	31.7	31.4	31.0
Ecstasy (MDMA) [c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	34.2
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.6	47.7
Crack	—	—	—	—	—	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	41.9
Cocaine powder	—	—	—	—	—	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	43.8
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	35.1
Some other narcotic (including methadone) [c]	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	38.0	39.8
Amphetamines [d]	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	62.8
Crystal methamphetamine (ice)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.6	27.0
Sedatives (barbiturates) [e]	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	44.0	44.5	43.3	42.3
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	37.8
Alcohol	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	45.5
Approximate weighted N =	2,627	2,865	3,065	3,598	3,172	3,240	3,578	3,602	3,385	3,269	3,274	3,077	3,271	3,231	2,806	2,549	2,476	2,586	2,670	2,526	2,552

(Years cont.) →

(Table continued on next page.)

96

Percentage saying "fairly easy" or "very easy" to get [a]

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2014–2015 change
Marijuana	88.7	89.6	90.4	88.9	88.5	88.5	87.2	87.1	85.8	85.6	84.9	83.9	83.9	81.1	82.1	82.2	81.6	81.4	81.3	79.5	-1.8
Amyl/butyl nitrites	23.9	23.8	25.1	21.4	23.3	22.5	22.3	19.7	20.0	19.7	18.4	18.1	16.9	15.7	—	—	—	—	—	—	
LSD	51.3	50.7	48.8	44.7	46.9	44.7	39.6	33.6	33.1	28.6	29.0	28.7	28.5	26.3	25.1	25.1	27.6	24.5	25.9	26.5	+0.6
Some other hallucinogen [b]	33.9	33.9	35.1	29.5	34.5‡	48.5	47.7	47.2	49.4	45.0	43.9	43.7	42.8	40.5	39.5	38.3	37.8	36.6	33.6	31.4	-2.1
PCP	30.5	30.0	30.7	26.7	28.8	27.2	25.8	21.9	24.2	23.2	23.1	21.0	20.6	19.2	18.5	17.2	14.2	15.3	11.1	13.8	+2.7 s
Ecstasy (MDMA) [c]	36.9	38.8	38.2	40.1	51.4	61.5	59.1	57.5	47.9	40.3	40.3	40.9	41.9	35.1	36.4	37.1	35.9	35.1	36.1	37.1	+1.0
Cocaine	48.1	48.5	51.3	47.6	47.8	46.2	44.6	43.3	47.8	44.7	46.5	47.1	42.4	39.4	35.5	30.5	29.8	30.5	29.2	29.1	-0.1
Crack	40.7	40.6	43.8	41.1	42.6	40.2	38.5	35.3	39.2	39.3	38.8	37.5	35.2	31.9	26.1	24.0	22.0	24.6	20.1	22.0	+1.9
Cocaine powder	44.4	43.3	45.7	43.7	44.6	40.7	40.2	37.4	41.7	41.6	42.5	41.2	38.9	33.9	29.0	26.4	25.1	28.4	22.3	25.8	+3.5 s
Heroin	32.2	33.8	35.6	32.1	33.5	32.3	29.0	27.9	29.6	27.3	27.4	29.7	25.4	27.4	24.1	20.8	19.9	22.1	20.2	20.4	+0.1
Some other narcotic (including methadone) [d]	40.0	38.9	42.8	40.8	43.9	40.5	44.0	39.3	40.2	39.2	39.6	37.3	34.9	36.1‡	54.2	50.7	50.4	46.5	42.2	39.0	-3.3
Amphetamines [e]	59.4	59.8	60.8	58.1	57.1	57.1	57.4	55.0	55.4	51.2	52.9	49.6	47.9	47.1	44.1‡	47.0	45.4	42.7	44.5	41.9	-2.6
Crystal methamphetamine (ice)	26.9	27.6	29.8	27.6	27.8	28.3	28.3	26.1	26.7	27.2	26.7	25.1	23.3	22.3	18.3	17.1	14.5	17.2	13.7	15.3	+1.7
Sedatives (barbiturates) [f]	41.4	40.0	40.7	37.9	37.4	35.7	36.6	35.3‡	46.3	44.4	43.8	41.7	38.8	37.9	36.8	32.4	28.7	27.9	26.3	25.0	-1.3
Tranquilizers	36.0	35.4	36.2	32.7	33.8	33.1	32.9	29.8	30.1	25.7	24.4	23.6	22.4	21.2	18.4	16.8	14.9	15.0	14.4	14.9	+0.6
Alcohol	—	—	—	95.0	94.8	94.3	94.7	94.2	94.2	93.0	92.5	92.2	92.2	92.1	90.4	88.9	90.6	89.7	87.6	86.6	-1.0
Steroids	40.3	41.7	44.5	44.6	44.8	44.4	45.5	40.7	42.6	39.7	41.1	40.1	35.2	30.3	27.3	26.1	25.0	28.5	22.0	23.7	+1.7
Approximate weighted N =	2,340	2,517	2,520	2,215	2,095	2,120	2,138	2,391	2,169	2,161	2,131	2,420	2,276	2,243	2,395	2,337	2,280	2,092	2,066	2,181	

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

Notes. Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. ' — ' indicates data not available. ' ‡ ' indicates some change in the question. See relevant footnote for that drug. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

[a]Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

[b]In 2001 the question text was changed from other psychedelics to other hallucinogens and shrooms was added to the list of examples. These changes likely explain the discontinuity in the 2001 results.

[c]Beginning in 2014 "molly" was added to the question on availability of Ecstasy (MDMA). An examination of the data did not show any effect from this wording change.

[d]In 2010 the list of examples for narcotics other than heroin was changed from methadone, opium to Vicodin, OxyContin, Percocet, etc. This change likely explains the discontinuity in the 2010 results.

[e]In 2011 the list of examples was changed from uppers, pep pills, bennies, speed to uppers, speed, Adderall, Ritalin, etc. These changes likely explain the discontinuity in the 2011 results.

[f]In 2004 the question text was changed from barbiturates to sedatives/barbiturates and the list of examples was changed from downers, goofballs, reds, yellows, etc. to just downers. These changes likely explain the discontinuity in the 2004 results.

Monitoring the Future website:
http://www.monitoringthefuture.org