DOCUMENT RESUME

ED 237 844 CG 017 098

AUTHOR Miller, Judith Droitcour; And Others
TITLE National Survey on Drug Abuse: Main Findings 1982.
INSTITUTION Response Analysis Corp., Princeton, N.J.
SPONS AGENCY National Inst. on Drug Abuse (DHHS/PHS), Rockville, Md.
REPORT NO DHHS-ADM-83-1263
PUB DATE 83
CONTRACT NIDA-271-81-1702
NOTE 158p.
AVAILABLE FROM Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.
PUB TYPE Reports - Research/Technical (143) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS *Adolescents; *Adults; Alcoholic Beverages; *Drug Abuse; Marihuana; Narcotics; National Surveys; Sedatives; Stimulants; Tobacco; *Young Adults

ABSTRACT

This 1982 national survey on drug abuse is the seventh in a series of surveys since 1971 sponsored by the National Institute on Drug Abuse. To investigate the current prevalence of drug abuse in a nationwide sample, 5,624 randomly selected Americans (aged 12 and older) were personally interviewed in their homes using a specially designed answer sheet to assure privacy. An analysis of the results showed a reversal of the upward trends in drug abuse charted in surveys through the 1970's. The use of marijuana among youths (12-17) and young adults (18-25) has leveled off and has significantly declined in the percentage of persons who currently use marijuana, alcohol, narcotics, and tobacco. In the older adult population (26 and older), lifetime use of marijuana and narcotics increased between 1979 and 1982 and current use did not decrease; this trend reflects the fact that drug users in the early 1970s have now moved into a different demographic group. Older adults continued to show a decline in the use of tobacco. Persons who have tried hallucinogens, cocaine or heroin are a subset of those who have tried marijuana. Levels of drug use opportunity remained high with a majority of adolescents and young adults and 41 percent of persons aged 26 and older reporting the availability of the drug if they desired to use it. Similarly, a majority of young adults reported the availability of cocaine. (Numerous tables present the data. The survey questionnaire is appended.) (BL)

National Survey on Drug Abuse:

Main Findings 1982

by

Judith Droitcour Miller

and

Ira H. Cisin
Hilary Gardner-Keaton
Adele V. Harrell
Philip W. Wirtz
Herbert I. Abelson
Patricia M. Fishburne

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857

INDEX OF SELECTED TABLE NUMBERS

	RECENCY OF DRUG USE			TRENDS IN LIFETIME USE			TRENDS IN CURRENT USE		
	Y	YA	OA	Y	YA	OA	Y	YA	OA
TEN CLASSES OF DRUGS	2a	3a	4a	5	6	7	11	12	13
MARIJUANA	16	17	18	19	19	19	19	19	19
Refined Age Groups	16	17	18	20	20	20	24	24	24
Other Demographics	16	17	18	21	22	23	25	26	27
HALLUCINOGENS	29	29	29	30	30	30	30	30	30
"PCP"	--	--	--	32	32	32	--	--	--
COCAINE	33	33	33	35	35	35	35	35	35
Demographics	--	34	--	--	--	--	--	--	--
HEROIN	37	37	37	38	38	38	11	12	13
NONMEDICAL Rx DRUGS	39	40	41	45	45	45	11	12	13
Demographics	39	40	41	45	45	45	--	--	--

KEY: Y - Youth age 12 to 17
YA - Young Adults age 18 to 25
OA - Older Adults age 26 and older

This publication was written for the National Institute on Drug Abuse under Contract No. 271-81-1702. William H. Spillane, Ph.D., served as NIDA's project officer.

AUTHOR: Judith Droitcour Miller
Social Research Group
The George Washington University
Washington, D.C.

CO-AUTHORS: Ira H. Cisin
Hilary Gardner-Keaton
Adele V. Harrell
Philip W. Wirtz
Social Research Group
The George Washington University

Herbert I. Abelson
Patricia M. Fishburne
Response Analysis Corporation
Princeton, New Jersey

DHHS Publication No. (ADM)83-1263
Printed 1983

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

CONTENTS

INTRODUCTION

This report presents results of the 1982 National Survey on Drug Abuse, a nationwide study of the household population of the United States, in which 5,624 randomly selected Americans (age 12 and older) were personally interviewed in their homes. Specially designed answer sheets allowed privacy of response for questions about illicit drug use.

The 1982 survey is the seventh in a series that began in 1971 under the auspices of the National Commission on Marijuana and Drug Abuse and has, since 1974, been sponsored by the National Institute on Drug Abuse. The surveys of 1971 and 1972 were conducted by Response Analysis Corporation; the NIDA-sponsored surveys have been carried out jointly by the Social Research Group of The George Washington University and by Response Analysis Corporation.

The unique contribution of surveys of the general population lies in their ability to furnish prevalence estimates that include many forms of drug use that never come to the attention of medical or legal authorities. Epidemiologically, the "case" of the survey is defined as the use itself, not the condition that is voluntarily brought to treatment or the act that is involuntarily brought to the bar of justice. Survey responses permit classification of drug-using behavior along a continuum of involvement, substituting empirical for arbitrary definitions of medically or socially pathologic conditions, and emphasizing the typical nature of the phenomenon rather than its most dramatic manifestations.

Surveys of drug use have been used primarily as part of a system designed to keep track of the popularity of illicit drug use. Trends based on surveys are particularly useful as a continuing problem-surveillance device, since comparable measures can be taken in successive studies. In contrast, trends based on official statistics (such as medical or legal records) may be distorted because of administrative changes or updates in record-keeping procedures.

The prevalence estimates reported in this volume pertain to the use of a wide variety of drugs. The emphasis of the study is on marijuana and other illicit drugs, such as hallucinogens, cocaine, and heroin, as well as on the nonmedical use of prescription-type psychotherapeutic drugs (including stimulants, sedatives, tranquilizers, and analgesics). Some data are also provided on the use of alcohol and cigarettes and on the medical use of psychotherapeutic drugs. Prevalence estimates for these various drug classes report use rates on a "current" (past 30 days) basis, on a "past year" basis, and on a lifetime basis.

Interpretation of prevalence rates, especially lifetime prevalence rates, must be made with caution, since persons of different ages have ipso facto had varying opportunities to become users. For this reason, and to serve the varying interests of readers of this report, estimates are published for three distinct age groups: youth (age 12 to 17); young adults (age 18 to 25); and older adults (age 26 and up).

Since data from earlier surveys in this series are readily available and since the form and method of questioning have been reasonably comparable over the years, it is possible to provide information on trends in illicit drug use over more than a decade.

Coverage of the Population

This series of sample surveys covers the population age 12 and older living in households in the contiguous United States (excluding Hawaii and Alaska). Thus, persons living in military installations, dormitories, other group quarters, and institutions such as hospitals and jails were not covered in these surveys. In addition, homeless persons -- those with no fixed address -- were not included in the sampling frame.

Although the excluded populations are relatively small*, the results of any survey are applicable only to the population from which the sample was drawn. Drug use across the aggregate of the excluded groups may or may not be similar in extent and character to drug use in the household population. Some of the excluded population groups (e.g., residents of nursing homes and other care-taking institutions) may be characterized by much lower rates of illicit drug use than those observed for the household population; but other excluded groups, such as students living in college dormitories and persons with no fixed address, may be characterized by much higher rates. Therefore, generalization from the household population to the total population is inappropriate.

Inference from Sample to Population

As in any sample survey, the results presented in this report are estimates of the values that would be obtained if the data were collected from all members of the population from which the sample was drawn. Statistically, since the sample was drawn according to strict random (probability-based) procedures, each sample result is the single best estimate of the corresponding population value; this does not mean, of course, that the sample value is necessarily very close to the population value.

On the assumption that the effect of nonresponse is essentially random (or has been compensated for by the adjustments described in the Methods chapter of this report), the theory of sampling provides the basis for a procedure for estimating "confidence limits" that describe the relationship between sample estimates and population values -- not with certainty, but probabilistically. Thus, it is possible to assert, with specified probability, that a percentage based on a sample of given design will fall within a calculable distance from the population value it is designed to estimate.

In many of the major tables of this report, confidence limits are presented at the 95% level -- indicating that, if the procedure for setting the confidence limits were followed in repeated sampling from the defined population, the statement that the population value lies between the confidence limits would be correct 95 times out of 100. These limits represent a zone of uncertainty around the reported estimates and suggest the use of ranges in discussion of results. A description of the procedure used to estimate these limits and an explanation of why they are asymmetric around sample values is given in the Methods chapter near the end of this volume. Briefly, obvious asymmetry occurs in the confidence limits only when the sample percentage is quite low or quite high; indeed, the asymmetric calculation is used here precisely because very low drug use rates characterize certain population groups.

---

*The resident civilian non-institutionalized population comprises approximately 98% of the total population age 12 and older.

Most tables presenting data on recent trends in drug use include an indication of whether a statistically significant change occurred between 1979 and 1982. Statistically, the term "significant" refers to a low probability (e.g., 5%, 1%, or 0.1%) that the observed difference would occur by chance alone.

For those tables that do not include confidence limits or significance test results, the reader may obtain relevant statistical information by referring to the reference tables in the Methods chapter of this volume.

The Sample of Youth, Young Adults, and Older Adults

Actual sampling of the household population for this study was carried out via a national area probability sample. Sample locations, households, and specific youth and adults to be interviewed were designated by the sampling plan and through instructions to the interviewer. At no point was selection left to the discretion of the interviewer.

In order to draw a representative sample of locations, as in previous years, the contiguous United States was first divided into counties or groups of counties that contained a minimum population of 50,000 in 1970. Thirty-eight of these areas were sufficiently large to justify automatic inclusion in the random sample. All other areas were grouped into 65 strata such that the areas grouped together in each stratum were as much alike as possible, and one area was randomly selected from each stratum, with probability proportionate to the eligible population of the area. From within this sample of areas, a sample of 400 smaller areas was then randomly drawn, adjusting for each larger area's original chance of selection. One or more "segments" of ten to twenty-five housing units (defined in rough field counts made by interviewers) were then randomly selected. Within each segment, interviewers listed every dwelling unit, and a sample of these housing units was then drawn. The probability procedures used for the selection of locations and housing units were such that each housing unit in the contiguous United States had, overall, an equal chance of selection.

Interviewers visited selected households in order to list residents for purposes of random selection. The individuals in each household were listed by age group. Separate samples of youth (age 12 to 17) and of adults (age 18 and older) were independently selected. At most, one youth and one adult were selected per household. Within the adult sample, separate strata were defined for 18 to 34 year olds and for persons age 35 and older. These procedures allowed oversampling of younger persons, who are characterized by higher rates of illicit drug use. In processing data, the "oversampling" of younger persons was compensated for by the use of appropriate weights, so that survey results reflect the actual age distribution of the population.

The sizes of the achieved samples and the population pools from which they were drawn are shown on the table below.

TABLE 1

Sample Size and Population Size for Age Subgroups

	Sample size	Population size*
Youth (12 to 17 years)	1581	23,304,000
Young adults (18 to 25 years)	1283	33,072,000
Older adults (26 years or older)	2760	126,105,000

*Sources: U.S. Bureau of the Census: Current Population Reports; Population Estimates and Projections (Series P-25, No. 917), July 1982, and U.S. Bureau of the Census: Unpublished data (printed January 27, 1981, and August 19, 1982) provided to the Social Research Group by the Bureau of the Census.

Detailed descriptions of the sampling and weighting procedures are contained in the Methods chapter of this volume.

Validity of Survey Results

In interpreting the results of any survey, the reader must bear in mind certain caveats concerning (1) the truthfulness of the information provided by the respondents and (2) the potential bias of nonresponse.

All the drug use rates of this survey are based on self-reports. Most respondents appear to be quite uninhibited in reporting their use of even the stronger, more socially stigmatized drugs; however, it is not unreasonable to suspect that some unknown proportion of respondents may have a tendency toward denying use of such substances. Doubly-blind validity experiments and the experience of many researchers in the field of deviant behavior have indicated that reasonably accurate self-report data can be obtained by using carefully selected and trained interviewers who do everything possible to minimize the respondent's perception of risk in answering questions on drug use, through ingenious questioning devices and manipulation of the situation to create an atmosphere free of perceived threat.

It is safe to say that no survey (including the decennial Census) has ever obtained data from all persons predesignated for inclusion in the sample. Very high response rates can be achieved in studies of special populations with large budget allocations for data collection; but in studies of the general household population, prudent allocation of resources dictates that a response rate considerably lower than 100% must be tolerated. The behavior of nonrespondents, of course, remains unknown, and, unless one is willing to assume that nonresponse is a random process, allowances must usually be made for possible biases due to nonresponse.

Response Rate and Interviewing

The response rates achieved in the National Survey of 1982 were: for the youth sample, 84%; for the 18 to 34 stratum of the adult sample, 81%; and for the 35 and older stratum of the adult sample, 77%.

These response rates are based on a conservative definition. Stringent eligibility requirements prohibit exclusion of households from the denominator for any of the following reasons: senility, language difficulty, location in a protected access area, or a vacancy that cannot be clearly established. Interviewers are not permitted to substitute other persons or other households.

The initial step in achieving the sample, the listing of housing unit addresses, is described in Section C of the Methods chapter. Following the listing phase, central office personnel assigned interviewers and scheduled training sessions. Criteria for selecting interviewers were: previous national drug study experience, quality of performance in previous studies, and ability as demonstrated in the training session.

The interviewing took part in two phases: (1) the incentive-experiment phase and (2) the main data-collection phase. The incentive experiment, which consisted of 313 interviews, was conducted during November and December 1981. The main field period, during which the remainder of the 5,624 interviews were completed, was conducted from March through July 1982.

This study required the efforts of 339 interviewers and 29 supervisors to cover the 400 sample locations. Of these, 74 interviewers and 13 supervisors had experience with previous drug studies.

Interviewers attended full-day personal training sessions. Four sessions were held in four locations in November 1981 to prepare 36 interviewers to conduct the interviews for the incentive experiment. For the main study, thirty-two sessions were held in 29 cities from March 9 to April 3. The sessions were conducted by six staff members experienced in training interviewers for drug studies. An additional session was conducted by a highly experienced drug study interviewer; the eight interviewers in this session were debriefed over the phone by a central staff trainer.

Training sessions focused on the substance of the research, the various instruments to be used, and the procedures for sampling and selection. Interviewers were given instructions on how to contact respondents, various ways of establishing rapport, the need for privacy during the interview, and the correct way to record responses. The importance of following instructions was stressed, and the need for complete data was emphasized.

Once trained, interviewers were required to conduct one interview and send it to the central office for immediate evaluation. Interviewers who made no errors were instructed to proceed with their assignments. Those interviewers who made errors were retrained by members of the central office staff until they had mastered the task. Interviewers whose work was judged to be inadequate were dismissed. Throughout the field period, all interviews were checked as they came in, and interviewers were telephoned whenever errors were found. This practice, although time-consuming, kept interviewers alert and decreased the number of errors and omissions.

Confidentiality

Concern for confidentiality and protection of respondents' rights played a central part in the design and execution of this study. Interviewers had been sensitized to the need to establish credibility with respondents with respect to study protections for anonymity and confidentiality.

The interview was designed to convey the extent to which the respondents' rights would be protected. As the interview form shows, the interviewer introduced himself/herself and the session with a consent statement. A statement of confidentiality assurance was printed at the top of the first page of the questionnaire, and a government authorization was printed at the bottom of the first page. These statements read as follows: "The information entered on this form will be handled in the strictest confidence and will not be released to unauthorized personnel," and "This report is authorized by Law (21 U.S.C. 1133, 21 U.S.C. 1172, and 21 U.S.C. 1173). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate, and timely." In addition, the interviewer was required to sign a statement on the last page of the questionnaire verifying that instructions for obtaining respondent consent had been carried out.

The interview questionnaire itself utilized a variety of techniques to afford greater privacy for the respondent during certain phases of the interview. Answer sheets were used to record responses to questions on drug use experience (except for questions on medical use of psychotherapeutic pills and on cigarette smoking). When using these answer sheets, the respondent marked his or her own answers to questions read aloud by the interviewer. This system permitted the respondent to conceal potentially sensitive answers, while allowing the interviewer to maintain control of the interview. Special procedures were built in to allow interviewer judgement as to whether or not respondents should be given the option of filling out certain later answer sheets "on their own." The answer sheets were designed so that, whether or not the respondent had ever used illicit drugs, the same amount of time would be required to fill out the forms. Therefore, the interviewer could not tell how the respondent answered the questions by the amount of time that had elapsed. Experience with this approach indicated that it has the additional benefit of reducing interviewer and respondent misgivings about asking for and giving sensitive information.

Materials generated during the course of the interview were marked for identification by the interviewers according to instructions that precluded name, address, or other easily traceable marks. As each answer sheet was completed, the respondent was instructed to place it directly in a return envelope. At the conclusion of the interview, the main questionnaire was also placed in the envelope and then, in the presence of the respondent, the envelope was sealed. The respondent, who had been told of these procedures in advance, was invited to accompany the interviewer to a mailbox. The interview materials, which did not contain the name or address of the respondent anywhere on the questionnaire or envelope, came back directly to the central office. The interviewers were not permitted to review or to edit questionnaires.

In the permanent file, respondents are identified only by location number and housing unit number. The permanent sampling records show only the blocks in which interviews were conducted, but there is no record of specific housing units contacted. All other records, including listing sheets, housing unit record sheets, and questionnaires, are destroyed as soon as validity checking is completed.

SUMMARY OF FINDINGS:

Ten Classes of Drugs -- 1972 to 1982

The 1982 study indicates a reversal of the upward trends in drug use charted by earlier national surveys conducted throughout the seventies. Since 1979 there has been a "leveling off" of the spread of marijuana use in the youth population, as well as a significant decline in the percentage of persons who currently use marijuana, alcohol, and various other drugs. The declines in current use are especially noticeable, since these measures are most responsive to recent changes in drug use.

Marijuana

The percentage of today's youth aged 12 to 17 who report having ever tried marijuana -- 26.7% -- is slightly lower than was the case for their counterparts in 1979 (30.9%). This decrease in the lifetime prevalence rate is in contrast to the trends of the seventies; during that decade, successive youth cohorts typically reported greater experience with marijuana in each survey year.

The percentage of young adults (age 18 to 25) in the 1982 survey who say they have tried marijuana -- 64.1% -- is also slightly lower than was the case for their counterparts in the 1979 study (68.2%). Again, the decline in the young adult group represents a divergence from earlier trends, which showed an increase in lifetime prevalence from 38% in 1972 to 68% in 1979.

Trends in annual prevalence (marijuana use in the year prior to the survey interview) also show 1979 to 1982 decreases in the youth and young adult groups.

Turning to trends in the current prevalence of marijuana use -- that is, changes in the percent reporting use during the month prior to the survey interview -- there is a definite downward trend for youth as well as for young adults. In the 1977 and the 1979 surveys, nearly 17% of all 12 to 17 year olds reported marijuana use during the month prior to interview, but by the 1982 study, this figure had dropped to about 11.5%. And, whereas 35.4% of young adults reported past-month use in the 1979 survey, by 1982 this figure had dropped eight percentage points to 27.4%.

In the "older adult" group, that is, persons aged 26 and older, a rather different pattern obtains: lifetime prevalence of marijuana use increased significantly between 1979 and 1982, and current use did not decrease. This pattern is explained by the changing composition of the "older adult" (26 and older) age group; that is, because a new cohort of persons enters the "older adult" age category each year, today's new entrants include many who first used marijuana as youth or young adults during the 1970s and who bring with them the characteristics and experiences typical of that era.

Hallucinogens, Cocaine, Heroin

Hallucinogens (including LSD, PCP, and peyote, among others) followed the marijuana pattern of downward trends in the younger age ranges; e.g., among young adults, the prevalence of current hallucinogen use went down from 4.4% in 1979 to 1.7% in 1982. The same pattern appears to hold for heroin, although low levels of reported use of this drug may reflect a tendency to deny stigmatized behavior.

Turning to cocaine -- the drug that spread most rapidly during the late seventies -- the pattern is one of new stability. This is especially clear in the young adult population, where lifetime experience with cocaine jumped from 13.4% in 1976 to 27.5% in 1979, and then leveled off at 28.3% in 1982. Similarly, past-month use in the 18-25 age group increased rapidly from only 2% or 3% in the mid-seventies to 9% in 1979, and then decreased slightly to about 7% in 1982.

In the older adult age group, lifetime prevalence levels for hallucinogens and cocaine increased, as was expected because of the fact that birth cohorts who began use of these drugs in their young adult years are now moving into the 26 and older category.

Nonmedical Use of Stimulants, Sedatives, Tranquilizers, and Analgesics

With nonmedical use of all four categories of psychotherapeutic drugs combined in a single index, 1982 lifetime and current prevalence levels for nonmedical use of these prescription-type drugs are as follows: Among young adults, 28.4% have taken one or more of these drugs for nonmedical purposes, and 7% report having done so during the month prior to the 1982 interview. Among youth, 10.3% say they have used these drugs nonmedically, with 3.8% doing so within the past month. Thus, at the present time, prevalence of nonmedical use of these psychotherapeutic drugs matches or exceeds the prevalence of cocaine use.

Recent trends in nonmedical use are difficult to assess because of an improvement in questioning technique instituted in the 1982 survey. In the 1982 survey, respondents checked off their answers to questions on nonmedical use, using private answer sheets comparable to those used for alcohol, marijuana, and other types of recreational drugs. In all earlier surveys, questions on nonmedical use of these pills were answered aloud in "open interview" fashion, along with questions on medical prescription use. The apparent 1979 to 1982 increase in nonmedical use of these drugs in the youth population may be due either to a real increase in use or to a greater tendency to report use on the 1982 self-administered form.

Alcohol and Cigarettes

Accompanying the downturn in marijuana trends for youth and young adults, there has been a drop in the number of users of alcohol and cigarettes. Nevertheless, among young adults aged 18 to 25, 67.9% still report past-month alcohol use (the 1979 figure was 75.9%). Among 12 to 17 year olds, the percentage having had an alcoholic drink during the month prior to the survey interview is now 26.9% (down from 37.2% in 1979).

Trends in alcohol use remained fairly steady during the early to the mid seventies. The appearance of a sharp increase between 1977 and 1979 may be explained, at least in part, by an improvement in questioning technique instituted in the 1979 survey (and continued in 1982) to allow respondents to check off their answers to alcohol questions on a self-administered answer sheet comparable to those used for other drugs. In previous surveys, respondents answered alcohol questions aloud.

Cigarette questions in the 1979 survey were different from those used in earlier and later studies. Recent trends in past-month or past-year cigarette use can be based on a comparison of 1977 and 1982 data. During this time, the prevalence of past-month cigarette use among 12 to 17 year olds dropped from 22% in 1977 to 15% in 1982. Among young adults, current prevalence dropped from 47% in 1977 to 39.5% in 1982.

Alternatively, the 1979 definitions of past-month and past-year cigarette use can be matched for 1982. These data are presented as the "alternate definition" of past-year and past-month cigarette use. They indicate a continuing decline in current smoking for the adult population but suggest that among youth the downward trend may have halted.

Other Observations

Persons who have tried illicit drugs such as hallucinogens, cocaine, or heroin are, with very rare exceptions, a subset of those who have tried marijuana. For example, as noted above, 64% of all young adults have tried marijuana. As Table 14 shows, 32% of this age group report use of marijuana only, and an additional 32% report use of one or more other illicit drugs -- for a total of about 64% or 65%. Thus, the total for users of "any illicit drug" is comparable to the total number who have used marijuana.

This pattern of "overlap" in the use of various drugs is underlined by the new data on simultaneous use of marijuana and other drugs presented in subsequent chapters of this report.

Levels of drug use opportunity remain high in 1982, with marijuana opportunity a commonplace experience. About half of all youth, 85% of all young adults, and 41% of all persons aged 26 and older report that they have had the chance to try marijuana if they wanted to. The majority of young adults have also had the opportunity to try cocaine.

TABLE 2a: 1982 PREVALENCE

Recency of Use: Youth

Youth: age 12-17 (1581)	1 Ever used	2 Past month	3 Past year, not past month	4 Not past year	5 Never used
Marijuana	26.7%	11.5%	9.1	6.0	73.3
Hallucinogens	5.2%	1.4%	2.2	1.6	94.8
Cocaine	6.5%	1.6%	2.4	2.4	93.5
Heroin	*%	*%	*	*	99.6
Nonmedical Use of:					
Stimulants	6.7%	2.6%	3.0	1.1	93.3
Sedatives	5.8%	1.3%	2.4	2.1	94.2
Tranquilizers	4.9%	.9%	2.4	1.6	95.1
Analgesics	4.2%	.7%	3.0	.5	95.8
Any Nonmedical Use	10.3%	3.8%	4.5	1.9	89.7
Alcohol	65.2%	26.9%	20.4	17.9	34.8
Cigarettes	49.5%	14.7%	10.2	24.6	50.5

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 2b: CONFIDENCE INTERVALS

1982 Lifetime Prevalence and Past Month Use: Youth

Youth: age 12-17 (1581)	1 Lower limit	2 *Ever used*	3 Upper limit	4 Lower limit	5 *Past month*	6 Upper limit
Marijuana	24.1%	*26.7*	29.5%	9.7%	*11.5*	13.6%
Hallucinogens	4.0%	*5.2*	6.7%	.8%	*1.4*	2.3%
Cocaine	5.1%	*6.5*	8.2%	1.0%	*1.6*	2.6%
Heroin	--	*	--	--	*	--
Nonmedical Use of:						
Stimulants	5.3%	*6.7*	8.4%	1.8%	*2.6*	3.8%
Sedatives	4.5%	*5.8*	7.4%	.8%	*1.3*	2.2%
Tranquilizers	3.7%	*4.9*	6.4%	.5%	*.9*	1.7%
Analgesics	3.1%	*4.2*	5.6%	*%	*.7*	1.4%
Any Nonmedical Use	8.6%	*10.3*	12.3%	2.8%	*3.8*	5.2%
Alcohol	62.2%	*65.2*	68.1%	24.3%	*26.9*	29.7%
Cigarettes	46.4%	*49.5*	52.6%	12.7%	*14.7*	17.0%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 3a: 1982 PREVALENCE

Recency of Use: Young Adults

Young adults: age 18-25 (1283)	1 Ever used	2 Past month	3 Past year, not past month	4 Not past year	5 Never used
Marijuana	64.1%	27.4%	12.9	23.7	35.9
Hallucinogens	21.1%	1.7%	5.2	14.2	78.9
Cocaine	28.3%	6.8%	11.9	9.5	71.7
Heroin	1.2%	*%	*	.8	98.8
Nonmedical Use of:					
Stimulants	18.0%	4.7%	6.1	7.2	82.0
Sedatives	18.7%	2.6%	6.1	10.1	81.3
Tranquilizers	15.1%	1.6%	4.3	9.1	84.9
Analgesics	12.1%	1.0%	3.4	7.7	87.9
Any Nonmedical Use	28.4%	7.0%	9.1	12.3	71.6
Alcohol	94.6%	67.9%	15.5	11.2	5.4
Cigarettes	76.9%	39.5%	7.8	29.7	23.1

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 3b: CONFIDENCE INTERVALS

1982 Lifetime Prevalence and Past Month Use: Young Adults

Young adults: age 18-25 (1283)	1 Lower limit	2 *Ever used*	3 Upper limit	4 Lower limit	5 *Past month*	6 Upper limit
Marijuana	60.8%	*64.1*	67.3%	24.5%	*27.4*	30.6%
Hallucinogens	18.4%	*21.1*	24.0%	1.0%	*1.7*	2.8%
Cocaine	25.3%	*28.3*	31.5%	5.3%	*6.8*	8.7%
Heroin	.7%	*1.2*	2.2%	--	*	--
Nonmedical Use of:						
Stimulants	15.5%	*18.0*	20.8%	3.5%	*4.7*	6.4%
Sedatives	16.2%	*18.7*	21.5%	1.7%	*2.6*	3.9%
Tranquilizers	12.8%	*15.1*	17.7%	.9%	*1.6*	2.7%
Analgesics	10.0%	*12.1*	14.5%	.5%	*1.0*	1.9%
Any Nonmedical Use	25.4%	*28.4*	31.6%	5.4%	*7.0*	9.0%
Alcohol	92.8%	*94.6*	95.9%	64.6%	*67.9*	71.0%
Cigarettes	73.9%	*76.9*	79.7%	36.2%	*39.5*	42.9%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 4a: 1982 PREVALENCE

Recency of Use: Older Adults

Older adults: age 26+ (2760)	1 Ever used	2 Past month	3 Past year, not past month	4 Not past year	5 Never used
Marijuana	23.0%	6.6%	4.0	12.4	77.0
Hallucinogens	6.4%	*%	.7	5.7	93.6
Cocaine	8.5%	1.2%	2.6	4.7	91.5
Heroin	1.1%	*%	*	1.0	98.9
Nonmedical Use of:					
Stimulants	6.2%	.6%	1.2	4.4	93.8
Sedatives	4.8%	*%	1.1	3.4	95.2
Tranquilizers	3.6%	*%	.9	2.4	96.4
Analgesics	3.2%	*%	.7	2.2	96.8
Any Nonmedical Use	8.8%	1.2%	1.8	5.7	91.2
Alcohol	88.2%	56.7%	11.7	19.9	11.8
Cigarettes	78.7%	34.6%	3.6	40.4	21.3

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 4b: CONFIDENCE INTERVALS

1982 Lifetime Prevalence and Past Month Use: Older Adults

Older adults: age 26+ (2760)	1 Lower limit	2 *Ever used*	3 Upper limit	4 Lower limit	5 *Past month*	6 Upper limit
Marijuana	21.1%	*23.0*	25.0%	5.5%	*6.6*	7.9%
Hallucinogens	5.4%	*6.4*	7.6%	--	*	--
Cocaine	7.3%	*8.5*	9.9%	.8%	*1.2*	1.8%
Heroin	.7%	*1.1*	1.7%	--	*	--
Nonmedical Use of:						
Stimulants	5.2%	*6.2*	7.4%	*%	*.6*	1.1%
Sedatives	3.9%	*4.8*	5.9%	--	*	--
Tranquilizers	2.8%	*3.6*	4.6%	--	*	--
Analgesics	2.5%	*3.2*	4.1%	--	*	--
Any Nonmedical Use	7.6%	*8.8*	10.2%	.8%	*1.2*	1.8%
Alcohol	86.6%	*88.2*	89.6%	54.4%	*56.7*	59.0%
Cigarettes	76.7%	*78.7*	80.5%	32.4%	*34.6*	36.8%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 5: TRENDS

Lifetime Prevalence, 1972-1982: Youth

	Ever Used						
	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	(880)	(952)	(986)	(1272)	(2165)	(1581)	
Marijuana	14%	23%	22.4%	28.0%	30.9%	26.7%	S
Hallucinogens	4.8%	6.0%	5.1%	4.6%	7.1%	5.2%	$
Cocaine	1.5%	3.6%	3.4%	4.0%	5.4%	6.5%	NS
Heroin	.6%	1.0%	.5%	1.1%	.5%	*%	--
Nonmedical Use of:							
Stimulants	4%	5%	4.4%	5.2%•	3.4%	6.7%	§
Sedatives	3%	5%	2.8%	3.1%•	3.2%	5.8%	§
Tranquilizers	3%	3%	3.3%	3.8%•	4.1%	4.9%	§
Analgesics	x	x	x	x	3.2%	4.2%	§
Any Nonmedical Use	xx	xx	xx	xx	7.3%	10.3%	§
Alcohol	x	54%	53.6%	52.6%	70.3%#	65.2%#	SS
Cigarettes	x	52%	45.5%	47.3%	54.1%	49.5%	S

xNot asked.

xxSince questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

•1977 estimates based on split sample: N=623.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 6: TRENDS

Lifetime Prevalence, 1972-1982: Young Adults

Young adults: age 18-25	Ever Used 1 1972 (772)	2 1974 (849)	3 1976 (882)	4 1977 (1500)	5 1979 (2044)	6 1982 (1283)	7 Change: '79-'82**
Marijuana	47.9%	52.7%	52.9%	59.9%	68.2%	64.1%	$
Hallucinogens	†	16.6%	17.3%	19.8%	25.1%	21.1%	S
Cocaine	9.1%	12.7%	13.4%	19.1%	27.5%	28.3%	NS
Heroin	4.6%	4.5%	3.9%	3.6%	3.5%	1.2%	SS
Nonmedical Use of:							
Stimulants	12%	17%	16.6%	21.2%•	18.2%	18.0%	§
Sedatives	10%	15%	11.9%	18.4%•	17.0%	18.7%	§
Tranquilizers	7%	10%	9.1%	13.4%•	15.8%	15.1%	§
Analgesics	x	x	x	x	11.8%	12.1%	§
Any Nonmedical Use	xx	xx	xx	xx	29.5%	28.4%	§
Alcohol	x	81.6%	83.6%	84.2%	95.3%#	94.6%#	NS
Cigarettes	x	68.8%	70.1%	67.6%	82.8%	76.9%	SSS

[x]Not asked.

[xx]Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

•1977 estimates based on split sample: N=750.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 7: TRENDS

Lifetime Prevalence, 1972-1982: Older Adults

	Ever Used						
	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82
Older adults: age 26+	(1613)	(2221)	(1708)	(1822)	(3015)	(2760)	
Marijuana	7.4%	9.9%	12.9%	15.3%	19.6%	23.0%	§
Hallucinogens	†	1.3%	1.6%	2.6%	4.5%	6.4%	§
Cocaine	1.6%	.9%	1.6%	2.6%	4.3%	8.5%	SSS
Heroin	*%	.5%	.5%	.8%	1.0%	1.1%	NS
Nonmedical Use of:							
Stimulants	3%	3%	5.6%	4.7%*	5.8%	6.2%	§
Sedatives	2%	2%	2.4%	2.8%*	3.5%	4.8%	§
Tranquilizers	5%	2%	2.7%	2.6%*	3.1%	3.6%	§
Analgesics	x	x	x	x	2.7%	3.2%	§
Any Nonmedical Use	xx	xx	xx	xx	9.2%	8.8%	§
Alcohol	x	73.2%	74.7%	77.9%	91.5%#	88.2%#	SSS
Cigarettes	x	65.4%	69.5%	67.0%	83.0%	78.7%	SSS

*Less than .5%.

xNot asked.

xxSince questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

*1977 estimates based on split sample: N=897.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 8: TRENDS

Past Year Use, 1972-1982: Youth

	Use in Past Year						
	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: Age 12-17	(880)	(952)	(986)	(1275)	(2165)	(1581)	
Marijuana	x	18.5%	18.4%	22.3%	24.1%	20.6%	S
Hallucinogens	3.6%	4.3%	2.8%	3.1%	4.7%	3.6%	NS
Cocaine	1.5%	2.7%	2.3%	2.6%	4.2%	4.1%	NS
Heroin	*%	*%	*%	.6%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	3%	2.2%	3.7%*	2.9%	5.6%	§
Sedatives	x	2%	1.2%	2.0%*	2.2%	3.7%	§
Tranquilizers	x	2%	1.8%	2.9%*	2.7%	3.3%	§
Analgesics	x	x	x	x	2.2%	3.7%	§
Any Nonmedical Use	xx	xx	xx	xx	5.6%	8.3%	§
Alcohol	x	51%	49.3%	47.5%	53.6%#	47.3%#	SS
Cigarettes	x	x	x	x	--	24.8%	--
(Alternate Definition - Cigarettes)**					(13.3%)	(14.2%)	(NS)

*Less than .5%.

xNot asked.

xxSince questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

*1977 estimates based on split sample: N=623.

**In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this version was calculated separately.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 9: TRENDS

Past Year Use, 1977-1982: Young Adults

	Use in Past Year						
	1	2	3	4	5	6	A
Young adults: age 18-25	1977 (774)	1978 (849)	1979 (882)	1980 (1500)	1981 (2044)	1982 (1781)	Change: '79-'82**
Marijuana	*	44.2%	45.0%	38.2%	46.9%	40.4%	S§
Hallucinogens	†	6.1%	6.0%	6.4%	9.9%	6.9%	S
Cocaine	†	8.1%	7.6%	10.2%	17.6%	16.8%	NS
Heroin	†	.8%	.6%	1.2%	.8%	*%	--
Nonmedical Use of:							
Stimulants	*	8.0%	8.8%	10.4%*	10.1%	10.8%	§
Sedatives	*	4.2%	5.7%	8.2%*	7.3%	8.7%	§
Tranquilizers	*	4.6%	6.2%	7.8%*	7.1%	6.9%	§
Analgesics	*	*	*	*	5.2%	4.4%	§
Any Nonmedical Use	**	**	**	**	16.3%	16.1%	§
Alcohol	*	77.1%	77.9%	79.8%	86.6%#	83.4%#	S
Cigarettes	*	*	*	*	--	47.2%	--
(Alternate Definition - Cigarettes)**					(46.7%)	(41.4%)	(S)

*Less than .5%.

*Not asked.

**Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

*1977 estimates based on split sample: N=750.

**In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this version was calculated separately.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

§§Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 10: TRENDS

Past Year Use, 1972-1982: Older Adults

	Use in Past Year						
	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change; '79-'82**
Older adults: age 26+	(1613)	(2321)	(1708)	(1823)	(3015)	(2760)	
Marijuana	†	1.8%	5.4%	6.4%	9.0%	10.6%	NS
Hallucinogens	†	*%	*%	*%	.5%	.8%	NS
Cocaine	†	*%	.6%	9%	2.0%	1.8%	SS
Heroin	†	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	†	*%	.8%	.8%*	1.3%	1.4%	♀
Sedatives	†	*%	.6%	*%*	.8%	1.5%	♀
Tranquilizers	†	*%	1.2%	1.1%*	.9%	1.1%	♀
Analgesics	†	†	†	†	.5%	1.0%	♀
Any Nonmedical Use	††	††	††	††	2.3%	3.1%	♀
Alcohol	†	62.7%	64.2%	65.8%	72.4%#	68.3%#	SS
Cigarettes	†	†	†	†	--	38.2%	--
(Alternate Definition - Cigarettes)**					(39.7%)	(37.3%)	(NS)

*Less than .5%.

†Not asked.

††Since questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

*1977 estimates based on split sample: N=750.

**In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this version was calculated separately.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; ♀, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 11: TRENDS

Past Month Use, 1972-1982: Youth

	Use in Past Month						
	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	(880)	(952)	(986)	(1272)	(2165)	(1581)	
Marijuana	7%	12%	12.3%	16.6%	16.7%	11.5%	SSS
Hallucinogens	1.4%	1.3%	.9%	1.6%	2.2%	1.4%	NS
Cocaine	.6%	1.0%	1.0%	.8%	1.4%	1.6%	NS
Heroin	*%	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	1%	1.2%	1.3%•	1.2%	2.6%	§
Sedatives	x	1%	*%	.8%•	1.1%	1.3%	§
Tranquilizers	x	1%	1.1%	.7%•	.6%	.9%	§
Analgesics	x	x	x	x	.6%	.7%	§
Any Nonmedical Use	xx	xx	xx	xx	2.3%	3.8%	§
Alcohol	x	34%	32.4%	31.2%	37.2%#	26.9%#	SSS
Cigarettes	x	25%	23.4%	22.3%	--	14.7%	--
(Alternate Definition - Cigarettes)••					(12.1%)	(12.3%)	(NS)

*Less than .5%.

xNot asked.

xxSince questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

•1977 estimates based on split sample: N=623.

••In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this version was calculated separately.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 12: TRENDS

Past Month Use, 1972-1982: Young Adults

	Use in Past Month						
	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Young adults: age 18-25	(772)	(849)	(882)	(1500)	(2044)	(1283)	
Marijuana	27.8%	25.2%	25.0%	27.4%	35.4%	27.4%	SSS
Hallucinogens	†	2.5%	1.1%	2.0%	4.4%	1.7%	SSS
Cocaine	†	3.1%	2.0%	3.7%	9.3%	6.8%	S
Heroin	†	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	3.7%	4.7%	2.5%•	3.5%	4.7%	§
Sedatives	x	1.6%	2.3%	2.8%•	2.8%	2.6%	§
Tranquilizers	x	1.2%	2.6%	2.4%•	2.1%	1.6%	§
Analgesics	x	x	x	x	1.0%	1.0%	§
Any Nonmedical Use	xx	xx	xx	xx	6.2%	7.0%	§
Alcohol	x	69.3%	69.0%	70.0%	75.9%#	67.9%#	SSS
Cigarettes	x	48.8%	49.4%	47.3%	--	39.5%	--
(Alternate Definition - Cigarettes)••					(42.6%)	(38.0%)	(S)

*Less than .5%.

xNot asked.

xxSince questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

•1977 estimates based on split sample: N=750.

••In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this version was calculated separately.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 13: TRENDS

Past Month Use, 1972-1982: Older Adults

	Use in Past Month						
	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Older adults: age 26+	(1613)	(2221)	(1708)	(1822)	(3015)	(2760)	
Marijuana	2.5%	2.0%	3.5%	3.3%	6.0%	6.6%	NS
Hallucinogens	†	*%	*%	*%	*%	*%	--
Cocaine	†	*%	*%	*%	.9%	1.2%	NS
Heroin	†	*%	*%	*%	*%	*%	--
Nonmedical Use of:							
Stimulants	x	*%	*%	.6%•	.5%	.6%	§
Sedatives	x	*%	.5%	*%•	*%	*%	§
Tranquilizers	x	*%	*%	*%•	*%	*%	§
Analgesics	x	x	x	x	*%	*%	§
Any Nonmedical Use	xx	xx	xx	xx	1.1%	1.2%	§
Alcohol	x	54.5%	56.0%	54.9%	61.3%#	56.7%#	SS
Cigarettes	x	39.1%	38.4%	38.7%	--	34.6%	--
(Alternate Definition - Cigarettes)••					(36.9%)	(34.1%)	($)

*Less than .5%.

xNot asked.

xxSince questions on use of analgesics were not asked in surveys prior to 1979, the nonmedical use of any psychotherapeutic (including analgesics) could not be reported for these earlier years.

†Not tabulated.

•1977 estimates based on split sample: N=897.

••In 1979, recency of cigarette use was asked only of those who had smoked at least five packs during their lifetime. In all other years, no such restriction was applied. For 1982, this version was calculated separately.

#In both 1979 and 1982, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant; §, significance test not performed (79-82 procedures not comparable).

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 14: 1982 PATTERNS OF USE

Marijuana and Other Illicits: Youth, Young Adults, and Older Adults

	1	2	3
	Youth: age 12-17	Young adults: age 18-25	Older adults: age 26+
	(1581)	(1283)	(2760)
Never used marijuana, cocaine, hallucinogens, or heroin	73.1%	35.4%	76.7%
Used marijuana only	18.4	32.2	13.3
Used cocaine, hallucinogens, or heroin	8.5	32.4	10.0

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

TABLE 15: 1982 OPPORTUNITY

Opportunity and Lifetime Prevalence of Marijuana and Other Illicits: Youth, Young Adults, and Older Adults

	Youth: age 12-17 (1581)		Young adults: age 18-25 (1283)		Older adults: age 26+ (2760)	
	1	2	3	4	5	6
	Chance to use	Ever used	Chance to use	Ever used	Chance to use	Ever used
Marijuana	50.5%	26.7%	85.5%	64.1%	40.5%	23.0%
Hallucinogens	14.6%	5.2%	37.3%	21.1%	15.4%	6.4%
Cocaine	19.6%	6.5%	52.2%	28.3%	18.2%	8.5%
Heroin	6.8%	*%	12.4%	1.2%	8.0%	1.1%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

MARIJUANA

Lifetime Prevalence and Patterns of Use: 1982

Marijuana use remains a strongly age-graded phenomenon that peaks during the young adult years. One or two-time "experimental" use is not the norm; indeed, use on daily or near-daily basis is not an unusual outcome. New data (gathered for the first time in the 1982 survey) indicate that marijuana is frequently used in combination with alcohol and other drugs.

The lifetime prevalence of marijuana use -- that is, the percentage who have at least tried the drug at some point during their lifetime -- is 8% for 12 and 13 year olds but considerably higher for 14 and 15 year olds (24%) and higher still for 16 and 17 year olds (46%). By the young adult years, lifetime prevalence reaches 64%. In the "older adult" age ranges, we find that 60% of all 26 to 29 year olds, 53% of all 30 to 34 year olds, and 24% of those aged 35 to 49 report that they have used marijuana on one or more occasions. Only 5% of persons aged 50 or older have had the experience of trying marijuana.

Lifetime patterns of use indicate that only 7.7% of all youth -- that is, less than one-third of the 12 to 17 year olds who have ever tried marijuana -- say they have used on just one or two occasions. In the young adult population, only about one in seven young adult "ever users" can be classified as one-or-two-time "experimenters."

The experience of having used intensively or on a near-daily basis over the course of a month or more is not a rarity among today's young adults: 21% of this entire age group -- about one-third of those who have ever tried marijuana -- report that at some point during their lives they used this drug on 20 or more days out of a single month.

Consuming alcohol on the same occasion as marijuana is now a fairly widespread practice. For example, 16% of all young adults (one in four "ever users") say that on the occasions when they have used marijuana they have usually had an alcohol drink as well. Those who say they never used alcohol on the same occasion as marijuana are a definite minority of marijuana users in all age groups. Data on the simultaneous use of marijuana and other illicit drugs are presented in the following chapter ("Hallucinogens, Cocaine, Heroin").

Current Prevalence and Patterns of Use: 1982

The prevalence of current marijuana use refers to the percentage who used the drug during the month prior to the survey interview. Current use is related to both the age and the sex of the respondent. Whereas 2% of 12 and 13 year olds report current marijuana use, 8% of 14 and 15 year olds say they used during the past month, as do 23% of 16 and 17 year olds and about 27% of all young adults. Among "older adults," 19% of those aged 26 to 29 now report past-month use, as do 15% of the 30 to 34 age group. However, current prevalence dwindles to 8% for the 35 to 49 age group and virtually disappears for those aged 50 and older (less than one-half of one percent of this age group report current marijuana use).

Among youth, boys and girls have comparable current use rates, but in the 18 to 25 age group current marijuana use is almost twice as likely among young men (36%) as among young women (19%). Thus, a little more than half of the young men who tried marijuana are current users; in contrast, about one-third of the young women who tried it say they used during the past month.

Among youth, about half the current marijuana users report that during the past-month they used either on 1 to 2 days or on 3 to 4 days. Among young adults, however, these "light" current users are outnumbered by those reporting use on 5 to 19 days or on 20 or more days in the current month.

Indeed, in the young adult group, about one in four current users (7% of the entire age group) reports that, during the month prior to interview, he/she consumed marijuana on a daily or a near daily basis. Comparing this figure (7%) to the percentage of young adults who say they ever used on 20 or more days out of a single month (21%), we see that many young persons have discontinued intensive or "daily" use of this drug.

Trends in Marijuana Prevalence: 1971-1982

For youth and young adults, the most recent trends -- that is, changes in prevalence between the 1979 and 1982 surveys -- represent a departure from the upward trends observed throughout most of the 1970s. Trends in lifetime prevalence at least are "leveling off" for both youth and young adults. Current prevalence levels are definitely down. For example, in the 1977 and 1979 surveys, nearly 17% of all 12 to 17 year olds reported past-month use of marijuana, whereas 11.5% of today's youth say they used marijuana during the month prior to the 1982 survey interview. Similarly, in the 1979 survey, 35.4% of all young adults reported past month use (an all time high), but by 1982 this figure had dropped eight percentage points to 27.4%.

Over the course of this series of surveys, the percentage of youth reporting current marijuana use rose from 6% in 1971 to nearly 17% in the late seventies, and the percentage of past-month young adult users increased from 17% in 1971 to 35% in 1979. In light of the recent decline reported above, it seems clear that marijuana use peaked during the late seventies -- at least for the younger age groups in the population. Future surveys in this series will indicate whether, or to what extent, the downward trend will continue throughout the eighties.

The 1979 to 1982 declines observed for younger persons were not matched by declines in the population aged 26 and older. On the contrary, some increases in the prevalence of marijuana use were found because of the changing composition of this age group. That is, each year a new cohort of persons enter the "older adult" age category -- and today's new entrants include many who first used marijuana as youth or young adults during the 1970s and who bring with them the characteristics and experience typical of that era. Thus, having tried marijuana is no longer limited to the very young, and current use is no longer extremely rare in the "middle age" years.

TABLE 16: 1982 PREVALENCE

Recency of Marijuana Use Among Subgroups of Youth

	1	2	3	4	5
	Ever used	Past month	Past year, not past month	Not past year	Never used
Youth: age 12-17 (1581)	26.7%	11.5%	9.1	6.0	73.3
Age:					
12-13 (515)	8%	2%	4	3	92
14-15 (511)	24%	8%	10	6	76
16-17 (555)	46%	23%	13	9	54
Sex:					
Male (830)	28%	13%	9	6	72
Female (751)	25%	10%	9	6	75
Race:					
White (1314)	27%	12%	10	6	73
Black and other races (262)	23%	10%	5	7	77
Region:					
Northeast (337)	31%	15%	11	4	69
North Central (442)	26%	15%	5	6	74
South (571)	23%	8%	9	6	77
West (231)	29%	10%	12	8	71
Population density:					
Large metropolitan (463)	32%	17%	10	5	68
Small metropolitan (502)	23%	8%	9	6	77
Nonmetropolitan (616)	24%	9%	7	8	76

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main source: Question M-5. Supplementary information from Question M-6 and Question F-1 (Marijuana).

TABLE 17: 1982 PREVALENCE

Recency of Marijuana Use Among Subgroups of Young Adults

	1	2	3	4	5
	Ever used	Past month	Past year, not past month	Not past year	Never used
Young adults: age 18-25 (1283)	64.1%	27.4%	12.9	23.7	35.9
Age:					
18-21 (546)	64%	28%	15	20	36
22-25 (737)	64%	27%	10	27	36
Sex:					
Male (574)	68%	36%	12	21	32
Female (709)	60%	19%	14	26	40
Race:					
White (1106)	65%	26%	14	25	35
Black and other races (174)	61%	35%	7	19	39
Education:					
Not high school graduate (242)	66%	35%	11	20	34
High school graduate (545)	64%	26%	11	27	36
Attended college (478)	62%	24%	16	22	38
Completed 1-3 years (327)	64%	26%	17	21	36
Graduate (151)	58%	19%	13	26	42
Now a full-time college student (228)	60%	26%	15	19	40
Region:					
Northeast (251)	66%	31%	13	21	34
North Central (310)	64%	27%	12	25	36
South (494)	59%	26%	11	22	41
West (228)	70%	27%	16	27	30
Population density:					
Large metropolitan (374)	69%	32%	13	23	31
Small metropolitan (472)	63%	26%	14	24	37
Nonmetropolitan (437)	59%	23%	11	24	41

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Question M-5. Supplementary information from Question M-6 and Question F-1 (Marijuana).

TABLE 18: 1982 PREVALENCE

Recency of Marijuana Use Among Subgroups of Older Adults

	1	2	3	4	5
	Ever used	Past month	Past year, not past month	Not past year	Never used
Older adults: age 26+ (2760)	23.0%	6.6%	4.0	12.4	77.0
Age:					
26-29 (693)	60%	19%	11	29	40
30-34 (878)	53%	15%	8	29	47
35-49 (505)	24%	8%	4	12	76
50+ (684)	5%	*%	1	4	95
Sex:					
Male (1233)	30%	10%	6	14	70
Female (1527)	17%	3%	3	11	83
Race:					
White (2395)	23%	6%	4	12	77
Black and other races (362)	27%	9%	3	15	73
Education:					
Not high school graduate (650)	10%	2%	1	6	90
High school graduate (1011)	20%	5%	3	11	80
Attended college (1077)	36%	11%	7	18	64
Completed 1-3 years (484)	34%	11%	6	17	66
Graduate (593)	38%	11%	7	20	62
Region:					
Northeast (628)	26%	9%	4	14	74
North Central (748)	21%	5%	4	12	79
South (946)	17%	5%	3	9	83
West (438)	32%	9%	6	17	68
Population density:					
Large metropolitan (840)	27%	9%	4	14	73
Small metropolitan (952)	24%	6%	5	13	76
Nonmetropolitan (968)	15%	3%	3	9	85

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Question M-5. Supplementary information from Question M-6 and Question F-1 (Marijuana).

TABLE 19: TRENDS

Lifetime Prevalence and Past Month Use of Marijuana, 1971-1982: Youth, Young Adults, and Older Adults

	1	2	3	4	5	6	7	8
	1971	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	(781)	(880)	(952)	(986)	(1272)	(2165)	(1581)	
Ever used	14%	14%	23%	22.4%	28.0%	30.9%	26.7%	S
Use in past month	6%	7%	12%	12.3%	16.6%	16.7%	11.5%	SSS
Young adults: age 18-25	(741)	(772)	(849)	(882)	(1500)	(2044)	(1283)	
Ever used	39.3%	47.9%	52.7%	52.9%	59.9%	68.2%	64.1%	$
Use in past month	17.3%	27.8%	25.2%	25.0%	27.4%	35.4%	27.4%	SSS
Older adults: age 26+	(1664)	(1613)	(2221)	(1708)	(1822)	(3015)	(2760)	
Ever used	9.2%	7.4%	9.9%	12.9%	15.3%	19.6%	23.0%	S
Use in past month	1.3%	2.5%	2.0%	3.5%	3.3%	6.0%	6.6%	NS

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5. Supplementary information from Question M-6.

TABLE 20: TRENDS

Lifetime Prevalence of Marijuana Use by Age: 1971-1982

	Ever Used							
	1	2	3	4	5	6	7	8
	1971	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	14%	14%	21%	22.4%	28.0%	30.9%	26.7%	S
Age:								
12-13	6%	4%	6%	6%	8%	8%	8%	NS
14-15	10%	10%	22%	21%	29%	32%	24%	S
16-17	27%	29%	39%	40%	46%	51%	46%	NS
Young adults: age 18-25	39.3%	47.9%	52.7%	52.9%	59.9%	68.2%	64.1%	S
Age:								
18-21	40%	55%	56%	52%	58%	69%	64%	NS
22-25	38%	40%	49%	53%	62%	68%	64%	NS
Older adults: age 26+	9.2%	7.4%	9.9%	12.9%	15.3%	19.6%	23.0%	S
Age:								
26-34	19%	20%	29%	36%	44%	48%	56%	SS
35+	7%	3%	4%	6%	7%	10%	12%	NS

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5.

TABLE 21: TRENDS

Lifetime Prevalence of Marijuana Among Subgroups of Youth: 1971-1

	Ever Used							
	1	2	3	4	5	6	7	8
	1971	1972	1974	1976	1977	1979	1982	Change '79-'82**
Youth age 12-17	14%	14%	23%	27.4%	28.0%	30.9%	26.7%	S
Sex:								
Male	14%	15%	24%	26%	33%	34%	28%	S
Female	14%	13%	21%	19%	23%	28%	25%	NS
Race:								
White	15%	16%	24%	22%	29%	31%	27%	$
Black and other races	12%	5%	17%	22%	25%	31%	23%	$
Region:								
Northeast	16%	16%	26%	21%	35%	34%	31%	NS
North Central	13%	13%	21%	26%	29%	34%	26%	S
South	7%	8%	17%	16%	19%	24%	23%	NS
West	26%	24%	30%	30%	35%	36%	29%	NS
Population density:								
Large metropolitan	15%	19%	27%	25%	36%	36%	32%	NS
Small metropolitan	15%	18%	22%	24%	28%	28%	23%	NS
Nonmetropolitan	13%	7%	18%	18%	18%	27%	24%	NS

*Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5.

TABLE 22: TRENDS

Lifetime Prevalence of Marijuana Among Subgroups of Young Adults: 1976-1982

	Ever Used				
	1	2	3	4	5
	1976	1977	1979	1982	Change: '79-'82**
Young adults: age 18-25	52.9%	59.9%	68.2%	64.1%	$
Sex:					
Male	62%	66%	75%	68%	SS
Female	44%	55%	61%	60%	NS
Race:					
White	55%	61%	69%	65%	$
Black and other races	48%	55%	62%	61%	NS
Education:					
Not high school graduate	48%	52%	67%	66%	NS
High school graduate	50%	60%	65%	64%	NS
Attended college	60%	65%	73%	62%	SS
Completed 1-3 years	57%	66%	74%	64%	S
Graduate	68%	58%	68%	58%	NS
Now a full-time college student	62%	63%	64%	60%	NS
Region:					
Northeast	60%	66%	71%	66%	NS
North Central	54%	61%	72%	64%	S
South	42%	50%	61%	59%	NS
West	64%	67%	71%	70%	NS
Population density:					
Large metropolitan	59%	63%	73%	69%	NS
Small metropolitan	59%	64%	68%	63%	NS
Nonmetropolitan	38%	48%	61%	59%	NS

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5.

TABLE 23: TRENDS

Lifetime Prevalence of Marijuana Among Subgroups of Older Adults: 1976-1982

	Ever Used				
	1	2	3	4	5
	1976	1977	1979	1982	Change: '79-'82**
Older adults: age 26+	12.9%	15.3%	19.6%	23.0%	S
Sex:					
Male	19%	21%	26%	30%	$
Female	7%	10%	14%	17%	$
Race:					
White	12%	15%	19%	23%	SS
Black and other races	17%	20%	26%	27%	NS
Education:					
Not high school graduate	6%	6%	9%	10%	NS
High school graduate	12%	16%	18%	20%	NS
Attended college	20%	25%	30%	36%	S
Completed 1-3 years	16%	26%	27%	34%	$
Graduate	24%	24%	33%	38%	NS
Region:					
Northeast	16%	19%	20%	26%	S
North Central	10%	14%	16%	21%	S
South	10%	9%	18%	17%	NS
West	18%	23%	27%	32%	NS
Population density:					
Large metropolitan	19%	20%	23%	27%	NS
Small metropolitan	12%	16%	21%	24%	NS
Nonmetropolitan	7%	9%	14%	15%	NS

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5.

TABLE 24: TRENDS

Past Month Use of Marijuana by Age: 1971-1982

	Use in Past Month							
	1	2	3	4	5	6	7	8
	1971	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	6%	7%	12%	12.3%	16.6%	16.7%	11.5%	SSS
Age:								
12-13	2%	1%	2%	3%	4%	4%	2%	NS
14-15	7%	6%	12%	13%	16%	17%	8%	SSS
16-17	10%	16%	20%	21%	30%	28%	23%	$
Young adults: age 18-25	17.3%	27.8%	25.2%	25.0%	27.4%	35.4%	27.4%	SSS
Age:								
18-21	†	†	30%	25%	30%	40%	28%	SSS
22-25	†	†	20%	25%	24%	30%	27%	NS
Older adults: age 26+	1.3%	2.5%	2.0%	3.5%	3.3%	6.0%	6.6%	NS
Age:								
26-34	5%	9%	8%	11%	12%	17%	17%	NS
35+	*%	*%	*%	1%	1%	2%	3%	NS

*Less than .5%.

†Not tabulated.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5. Supplementary information from Question M-6.

TABLE 25: TRENDS

Past Month Use of Marijuana Among Subgroups of Youth: 1971-1982

	Use in Past Month							
	1	2	3	4	5	6	7	8
	1971	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	6%	7%	12%	12.3%	16.6%	16.7%	11.5%	SSS
Sex:								
Male	7%	9%	12%	14%	20%	19%	13%	SS
Female	5%	6%	11%	11%	13%	14%	10%	S
Race:								
White	†	8%	12%	12%	17%	17%	12%	SS
Black and other races	†	2%	9%	11%	14%	15%	10%	NS
Region:								
Northeast	9%	7%	14%	13%	22%	20%	15%	NS
North Central	5%	7%	11%	16%	20%	19%	15%	NS
South	2%	4%	6%	7%	8%	12%	8%	$
West	11%	14%	19%	17%	22%	16%	10%	$
Population density:								
Large metropolitan	9%	†	14%	18%	22%	20%	17%	NS
Small metropolitan	7%	†	11%	11%	17%	14%	8%	S
Nonmetropolitan	3%	†	10%	8%	10%	15%	9%	SS

†Not tabulated.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5. Supplementary information from Question M-6.

TABLE 26: TRENDS

Past Month Use of Marijuana Among Subgroups of Young Adults: 1976-1982

	Use in Past Month				
	1	2	3	4	5
	1976	1977	1979	1982	Change: '79-'82**
Young adults: age 18-25	25.0%	27.4%	35.4%	27.4%	SSS
Sex:					
Male	31%	35%	45%	36%	SS
Female	19%	20%	26%	19%	SS
Race:					
White	26%	28%	36%	26%	SSS
Black and other races	22%	24%	34%	35%	NS
Education:					
Not high school graduate	23%	21%	41%	35%	NS
High school graduate	21%	29%	30%	26%	NS
Attended college	32%	30%	38%	24%	SSS
Completed 1-3 years	33%	32%	40%	26%	SSS
Graduate	28%	22%	33%	19%	S
Now a full-time college student	32%	31%	37%	26%	S
Region:					
Northeast	26%	34%	40%	31%	$
North Central	27%	29%	38%	27%	SS
South	18%	17%	30%	26%	NS
West	35%	33%	36%	27%	$
Population density:					
Large metropolitan	29%	31%	39%	32%	$
Small metropolitan	28%	29%	36%	26%	SS
Nonmetropolitan	16%	18%	30%	23%	S

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5. Supplementary information from Question M-6.

TABLE 27: TRENDS

Past Month Use of Marijuana Among Subgroups of Older Adults: 1976-1982

	Use in Past Month				
	1	2	3	4	5
	1976	1977	1979	1982	Change: '79-'82**
Older adults: age 26+	3.5%	3.3%	6.0%	6.6%	NS
Sex:					
Male	6%	4%	9%	10%	NS
Female	2%	2%	3%	3%	NS
Race:					
White	3%	3%	6%	6%	NS
Black and other races	6%	4%	8%	9%	NS
Education:					
Not high school graduate	1%	1%	3%	2%	NS
High school graduate	3%	3%	5%	5%	NS
Attended college	6%	7%	10%	11%	NS
Completed 1-3 years	5%	9%	9%	11%	NS
Graduate	7%	4%	11%	11%	NS
Region:					
Northeast	5%	5%	7%	9%	NS
North Central	2%	3%	4%	5%	NS
South	3%	1%	5%	5%	NS
West	4%	5%	9%	9%	NS
Population density:					
Large metropolitan	5%	5%	8%	9%	NS
Small metropolitan	4%	3%	6%	6%	NS
Nonmetropolitan	1%	1%	4%	3%	NS

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question M-5. Supplementary information from Question M-6.

TABLE 28: PATTERNS OF USE

Marijuana: Youth, Young Adults, and Older Adults

	1 Youth: age 12-17 (1581)	2 Young adults: age 18-25 (1283)	3 Older adults: age 26+ (2760)
Lifetime Patterns			
Lifetime frequency of use			
1 or 2 times	7.7%	9.5%	6.2%
3 to 10 times	7.2	12.6	5.0
11 to 99 times	5.7	17.4	4.9
100 or more times	5.4	24.0	6.9
Not sure how many times	.7	.6	*
Never used marijuana	73.3	35.9	77.0
Alcohol use on the same occasion			
Usually	3.9%	15.6%	5.3%
About half the time	3.3	8.1	3.5
Occasionally/rarely	9.4	27.3	7.1
Never	9.6	10.0	5.9
Not sure if same occasion/skipped	*	3.0	1.3
Never used marijuana	73.3	35.9	77.0
"Daily" marijuana use			
Ever used on 20+ days in one month	5.8%	21.2%	4.2%
All other users	20.9	42.9	18.8
Never used marijuana	73.3	35.9	77.0
Current Patterns			
Days used in past month			
20 or more	2.1%	7.0%	1.1%
5-19	3.5	8.7	2.1
3-4	1.3	3.1	1.2
1-2	4.2	8.0	2.2
Not past month user	15.1	36.6	16.4
Not sure how many days	*	.6	*
Never used marijuana	73.3	35.9	77.0

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Questions M-4, M-6, M-8, and M-9. Supplementary information from Question M-5.

HALLUCINOGENS, COCAINE, HEROIN

Hallucinogens

As of 1982, the experience of having tried one or more hallucinogens (such as LSD, "PCP" or phencyclidine, and so forth) is concentrated among young adults aged 18 to 25 and among the subgroup of "older adults" who are aged 26 to 34. New data indicate that combining marijuana with hallucinogens is a wide-spread practice.

As of 1982, 21% of the 18 to 25 group and 19% of the 26 to 34 group have tried one or more hallucinogens: In contrast, about 5% of the youth and only 2% of persons aged 35 or older have ever tried a drug of this type. For youth and young adults, these figures represent a decrease in lifetime prevalence since 1979.

Singling out "PCP" (one of the drugs included in the hallucinogen class), declines in lifetime prevalence are again apparent for both youth and young adult cohorts. In 1979, the "ever-use" rate for youth (aged 12 to 17) was 3.9%; for their counterparts in 1982, the rate is 2.2%. For young adults, the corresponding decline in "PCP" is from 14.5% in 1979 to 10.5% in 1982.

Within each age group, the majority of those who have ever tried hallucinogens have used on ten or fewer occasions. On those (perhaps sporadic) occasions when hallucinogens are used, it is likely for marijuana also to be taken. For example, about 8% of all young adults -- more than one in three "ever-users" -- say that they used marijuana "nearly every time" that they used an hallucinogen.

Current users of hallucinogens are a small minority of "ever-users." For example, 21.1% of the 18 to 25 group have tried hallucinogens, but only 1.7% used during the month prior to interview.

Cocaine

Nearly 7% of youth aged 12 to 17 now report having tried cocaine, but lifetime experience with this drug is concentrated in the 18 to 25 (young adult) years and in the 26 to 34 age cohort: 28% of 18 to 25 year olds and 22% of 26 to 34 year olds say they have tried cocaine on at least one occasion. In contrast, about 4% of persons aged 35 and older report having used cocaine.

Among young adults, the most recent trends (1979 to 1982) in cocaine use indicate a "leveling off" of the rather dramatic increases in lifetime prevalence reported in earlier surveys conducted during the 1970s: In the 18 to 25 age group, the lifetime prevalence of cocaine use increased from 9.1% in 1972 to 27.5% in 1979; but between 1979 and 1982, the rate increased by only about one percentage point (to 28.3%).

Of all youth who have ever tried cocaine, the majority say they have used it on just one or two occasions, but for older persons "experimental" use is not the norm. Indeed, about 12% of the entire 18 to 25 age group say they have used cocaine on more than ten occasions. And about 10% of all young adults say that on the occasions when they take cocaine they usually use marijuana also. Indeed, in every age group, the majority of those who have ever used cocaine say they have used marijuana on the same occasion that they took cocaine.

Turning to current use, about 7% of all young adults say that they used cocaine during the month prior to interview. This represents about one-fourth of the young adults who ever tried the drug, but is significantly lower than the 1979 figure. The majority of current users in the young adult group say their use was limited to one or two days out of the current month. Current cocaine use is considerably less likely among youth (1.6%) and among older adults (1.2%).

Focusing on the "high-risk" 18 to 25 age group, cocaine use is more likely among males than females, and more likely among whites than among persons of other races. Cocaine use also appears to be concentrated among young adults in large metropolitan areas, in the Northeast and the West, and in higher-education groups.

Heroin

Respondent tendency to deny highly stigmatized behavior suggests caution in interpreting data based on self-reports of heroin use. However, the 1982 survey results suggest that heroin use is now concentrated in the 26 to 34 age range; 3.5% of this age group say they have at least tried heroin at some point in their lives. In contrast, 1.2% of 18 to 25 year olds report having used heroin, and less than one-half of one percent of youth and persons age 35 and older have ever used this drug.

In the 1979 survey, 3.5% of the 18 to 25 age group reported having tried heroin. Therefore, it would appear that this relatively "high heroin use" cohort has now moved into the 26 to 34 age range and that fewer of today's "young adults" have tried the drug.

For all age groups, less than one-half of one percent report current (past-month) heroin use.

TABLE 29: 1982 PREVALENCE

Recency of Hallucinogen Use: Youth, Young Adults, and Older Adults

		1	2	3	4	5
		Ever used	Past month	Past year, not past month	Not past year	Never used
Youth: age 12-17	(1581)	5.2%	1.4%	2.2	1.6	94.8
Young adults: age 18-25	(1283)	21.1%	1.7%	5.2	14.2	78.9
Older adults: age 26+	(2760)	6.4%	*%	.7	5.7	93.6
26-34	(1571)	19.2%	*%	1.6	17.1	80.8
35+	(1189)	2.0%	*%	*	1.7	98.0

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Question L-5. Supplementary information from Question L-6 and Question F-1 (Hallucinogens).

TABLE 30: TRENDS

Lifetime Prevalence and Past Month Use of Hallucinogens, 1972-1982: Youth, Young Adults, and Older Adults

	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	(880)	(952)	(986)	(1272)	(2165)	(1581)	
Ever used	4.8%	6.0%	5.1%	4.6%	7.1%	5.2%	$
Use in past month	1.4%	1.3%	.9%	1.6%	2.2%	1.4%	NS
Young adults: age 18-25	(772)	(849)	(882)	(1500)	(2044)	(1283)	
Ever used	†	16.6%	17.3%	19.8%	25.1%	21.1%	S
Use in past month	†	2.5%	1.1%	2.0%	4.4%	1.7%	SSS
Older adults: age 26+	(1613)	(2221)	(1708)	(1822)	(3015)	(2760)	
Ever used	†	1.3%	1.6%	2.6%	4.5%	6.4%	S
Use in past month	†	*%	*%	*%	*%	*%	--

*Less than .5%.

†Not tabulated.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question L-5. Supplementary information from Question L-6.

TABLE 31: PATTERNS OF USE

Hallucinogens: Youth, Young Adults, and Older Adults

	1. Youth: age 12-17 (1581)	2 Young adults: age 18-25 (1283)	3 Older adults: age 26+ (2760)
Lifetime Patterns			
Lifetime frequency of use:			
1 or 2 times	1.2%	5.0%	1.8%
3 to 10 times	2.0	7.8	2.0
11 to 99 times	.9	4.4	2.0
100 or more times	*	1.1	*
Not sure how many times	1.0	2.9	*
Never used hallucinogens	94.8	78.9	93.6
Marijuana use on the same occasion:			
Nearly every time	2.3%	7.9%	2.0%
About half the time	.6	2.2	.5
Occasionally/rarely	*	4.6	1.8
Never	1.1	3.7	1.6
Not sure if on same occasion	.8	2.6	.5
Never used hallucinogens	94.8	78.9	93.6
Current Use			
Days Used in Past Month:			
20 or more	*%	*%	*%
5-19	*	*	*
3-4	*	*	*
1-2	.6	1.2	*
Not past month user	3.8	19.4	6.3
Not sure how many days	*	*	*
Never used hallucinogens	94.8	78.9	93.6

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions L-4, L-6, L-7. Supplementary information from Questions L-5.

TABLE 32: TRENDS

Lifetime Prevalence of PCP, 1976-1982: Youth, Young Adults, and Older Adults

	Ever Used				
	1	2	3	4	5
	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	3.0%	5.8%	3.9%	2.2%	S
Young adults: age 18-25	9.5%	13.9%	14.5%	10.5%	SS
Older adults: age 26+	.7%	1.1%	2.2%	2.4%	NS

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in "Key Definitions" section near the back of this volume.

Main Source (1982): Question L-8

TABLE 33: 1982 PREVALENCE

Recency of Cocaine Use: Youth, Young Adults, and Older Adults

		1	2	3	4	5
		Ever used	Past month	Past year, not past month	Not past year	Never used
Youth: age 12-17	(1581)	6.5%	1.6%	2.4	2.4	93.5
Young adults: age 18-25	(1283)	28.3%	6.8%	11.9	9.5	71.7
Older adults: age 26+	(2760)	8.5%	1.2%	2.6	4.7	91.5
26-34	(1571)	21.7%	3.3%	7.5	10.9	78.3
35+	(1189)	4.0%	0.5%	0.9	2.6	96.0

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in "Key Definitions" section near the back of this volume.

Main Source: Question C-5. Supplementary information from Question C-6 and Question F-1 (Cocaine).

TABLE 34: 1982 PREVALENCE

Recency of Cocaine Use Among Subgroups of Young Adults

	1	2	3	4	5
	Ever used	Past month	Past year, not past month	Not past year	Never used
Young Adults: Age 18-25 (1283)	28.3%	6.8%	11.9	9.5	71.7
Age:					
18-21 (546)	26%	7%	11	8	74
22-25 (737)	31%	7%	13	11	69
Sex:					
Male (574)	35%	9%	16	9	65
Female (709)	22%	5%	8	10	78
Race:					
White (1106)	30%	7%	13	10	70
Black and other races (174)	18%	3%	7	8	82
Education:					
Not high school graduate (242)	23%	4%	11	8	77
High school graduate (545)	28%	6%	11	11	72
Attended college (478)	31%	9%	13	9	69
Completed 1-3 years (327)	30%	7%	13	10	70
Graduate (151)	34%	13%	14	6	66
Now a full-time college student (228)	29%	7%	14	8	71
Region:					
Northeast (251)	35%	13%	12	10	65
North Central (310)	25%	3%	10	11	75
South (494)	21%	4%	8	9	79
West (228)	38%	9%	21	8	62
Population density:					
Large metropolitan (374)	35%	10%	14	11	65
Small metropolitan (472)	27%	6%	12	8	73
Nonmetropolitan (437)	22%	5%	8	9	78

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in "Key Definitions" section near the back of this volume.

Main Source: Question C-5. Supplementary information from Question C-6 and Question F-1 (Cocaine).

TABLE 35: TRENDS

Lifetime Prevalence and Past Month Use of Cocaine, 1972-1982: Youth, Young Adults, and Older Adults

	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	(880)	(952)	(986)	(1272)	(2165)	(1581)	
Ever used	1.5%	3.6%	3.4%	4.0%	5.4%	6.5%	NS
Use in past month	.6%	1.0%	1.0%	.8%	1.4%	1.6%	NS
Young adults: age 18-25	(772)	(849)	(882)	(1500)	(2044)	(1283)	
Ever used	9.1%	12.7%	13.4%	19.1%	27.5%	28.3%	NS
Use in past month	†	3.1%	2.0%	3.7%	9.3%	6.8%	S
Older adults: age 26+	(1613)	(2221)	(1708)	(1822)	(3015)	(2760)	
Ever used	1.6%	.9%	1.6%	2.6%	4.3%	8.5%	SSS
Use in past month	†	*%	*%	*%	.9%	1.2%	NS

*Less than .5%.

†Not tabulated.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in "Key Definitions" section near the back of this volume.

Main Source (1982): Question C-5. Supplementary information from Question C-6 and Question F-1 (Cocaine).

TABLE 36: PATTERNS OF USE

Cocaine: Youth, Young Adults, and Older Adults

	1	2	3
	Youth: age 12-17	Young adults: age 18-25	Older adults: age 26+
	(1581)	(1283)	(2760)
Lifetime Patterns			
Lifetime frequency of use:			
1 or 2 times	3.7%	7.4%	2.5%
3 to 10 times	1.8	9.2	3.3
11 to 99 times	.9	9.1	2.3
100 or more times	*	2.5	.5
Not sure how many times	*	*	*
Never used cocaine	93.5	71.7	91.5
Marijuana use on the same occasion:			
Nearly every time	2.1%	9.6%	2.8%
About half the time	.9	2.7	.7
Occasionally/rarely	1.3	7.7	2.3
Never	2.2	8.2	2.7
Not sure if on same occasion	*	*	*
Never used cocaine	93.5	71.7	91.5
Current Use			
Days Used in Past Month			
20 or more	*%	*%	*%
5-19	.5	1.3	*
3-4	.4	1.0	*
1-2	.7	4.3	.8
Not past month user	4.8	21.5	7.3
Not sure how many days	*	*	*
Never used cocaine	93.5	71.7	91.5

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in "Key Definitions" section near the back of this volume.

Main Source: Questions C-4, C-6, C-7. Supplementary information from Question C-5.

TABLE 37: 1982 PREVALENCE

Recency of Heroin Use: Youth, Young Adults, and Older Adults

			1	2	3	4	5
			Ever used	Past month	Past year, not past month	Not past year	Never used
Youth:	age 12-17	(1581)	*%	*%	*	*	99.6
Young adults:	age 18-25	(1283)	1.2%	*%	*	.8	98.8
Older adults:	age 26+	(2760)	1.1%	*%	*	1.0	98.9
	26-34	(1571)	3.5%	*%	*	3.4	96.5
	35+	(1189)	*%	*%	*	*	99.7

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in "Key Definitions" section near the back of this volume.

Main Source: Question H-5. Supplementary information from Question H-6 and Question F-1 (Heroin).

TABLE 38: TRENDS

Lifetime Prevalence of Heroin, 1972-1982: Youth, Young Adults, and Older Adults#

	1	2	3	4	5	6	7
	1972	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	(880)	(952)	(986)	(1272)	(2165)	(1581)	
Ever used	.6%	1.0%	.5%	1.1%	.5%	*%	--
Young adults: age 18-25	(772)	(849)	(882)	(1500)	(2044)	(1283)	
Ever used	4.6%	4.5%	3.9%	3.6%	3.5%	1.2%	SS
Older adults: age 26+	(1613)	(2221)	(1708)	(1822)	(3015)	(2760)	
Ever used	*%	.5%	.5%	.8%	1.0%	1.1%	NS

#From 1972 through 1982, prevalence of past month heroin use has been less than one-half of one percent in each major age group.

*Less than .5%.

†Not tabulated.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in "Key Definitions" section near the back of this volume.

Main Source (1982): Question H-5. Supplementary information from Question H-6 and Question F-1 (Heroin).

NONMEDICAL USE OF PRESCRIPTION-TYPE PSYCHOTHERAPEUTIC DRUGS:

Stimulants, Sedatives, Tranquilizers, Analgesics

Lifetime Experience

Use of prescription-type "psychotherapeutic" drugs for nonmedical purposes is concentrated in the population aged 16 to 34: 19% of 16 to 17 year olds, 28% of 18 to 25 year olds, 25% of 26 to 29 year olds, and 18% of persons aged 30 to 34 say they have used one or more psychotherapeutic drugs for reasons such as getting high, enjoying the feeling, or curiosity about the pill's effect. Among younger teens as among persons aged 35 or older, much smaller percentages report nonmedical use.

Most demographic differences in nonmedical use are not striking. However, in the youth as well as the young adult populations, whites are more likely than others to engage in the nonmedical use of these prescription-type drugs.

Nonmedical use of stimulants and sedatives appears to be more likely than nonmedical use of tranquilizers and analgesics, at least in the "high risk" age groups (youth and young adults). For example, among young adults 18.0% and 18.7% report having used stimulants and sedatives, respectively; the corresponding figures for tranquilizers and analgesics are 15.1% and 12.1%. This is in direct contrast to the pattern observed for medical (prescription) use, described in a later chapter.

Current Use

Nonmedical use during the month prior to interview is concentrated in the 16 to 25 age range: 7% of all 16 to 17 year olds and 7% of all 18 to 25 year olds report current nonmedical use of one or more psychotherapeutic drugs. Smaller percentages of youth age 12 to 15 (2%) and of 26 to 34 year olds (4% or 5%) say they used any of these nonmedically during the month prior to interview. In the 35 and older category, less than one-half of one percent report current nonmedical use.

TABLE 39: 1982 PREVALENCE

NONMEDICAL USE

Recency of Nonmedical Use of Any Psychotherapeutic Drug Among Subgroups of Youth

	1	2	3	4	5
	Ever used	Past month	Past year, not past month	Not past year	Never used
Youth: age 12-17 (1581)	10.3%	3.8%	4.5	1.9	89.7
Age:					
12-13 (515)	4%	2%	1	1	96
14-15 (511)	7%	2%	4	1	93
16-17 (555)	19%	7%	8	3	81
Sex:					
Male (830)	9%	4%	4	1	91
Female (751)	11%	4%	5	3	89
Race:					
White (1314)	11%	4%	5	2	89
Black and other races (262)	5%	1%	4	1	95
Region:					
Northeast (337)	13%	4%	6	3	87
North Central (442)	10%	5%	4	1	90
South (571)	9%	3%	4	1	91
West (231)	10%	3%	4	3	90
Population density:					
Large metropolitan (463)	11%	5%	5	1	89
Small metropolitan (502)	10%	2%	6	2	90
Nonmetropolitan (616)	10%	4%	3	3	90

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions S-5, T-5, ST-5, AN-5. Supplementary information from Questions S-6, T-6, ST-6, AN-6 and Question F-1 (Pills Nonmedical Use).

TABLE 40: 1982 PREVALENCE

NONMEDICAL USE

Recency of Nonmedical Use of Any Psychotherapeutic Drug Among Subgroups of Young Adults

	1	2	3	4	5
	Ever used	Past month	Past year, not past month	Not past year	Never used
Young adults: age 18-25 (1283)	28.4%	7.0%	9.1	12.3	71.6
Age:					
18-21 (546)	27%	8%	9	11	73
22-25 (737)	29%	7%	9	13	71
Sex:					
Male (574)	33%	8%	11	14	67
Female (709)	24%	6%	8	11	76
Race:					
White (1106)	31%	8%	10	13	69
Black and other races (174)	14%	4%	4	6	86
Education:					
Not high school graduate (242)	28%	8%	11	9	72
High school graduate (545)	27%	7%	9	12	73
Attended college (478)	29%	7%	8	14	71
Completed 1-3 years (327)	29%	8%	9	12	71
Graduate (151)	30%	5%	6	18	70
Now a full-time college student (228)	26%	6%	9	11	74
Region:					
Northeast (251)	28%	4%	8	15	72
North Central (310)	30%	11%	9	10	70
South (494)	28%	7%	9	12	72
West (228)	28%	5%	9	14	72
Population density:					
Large metropolitan (374)	32%	6%	10	16	68
Small metropolitan (472)	26%	6%	9	10	74
Nonmetropolitan (437)	28%	10%	8	11	72

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions S-5, T-5, ST-5, AN-5. Supplementary information from Questions S-6, T-6, ST-6, AN-6 and Question A-1 (Pills Nonmedical Use).

TABLE 41: 1982 PREVALENCE

NONMEDICAL USE

Recency of Nonmedical Use of Any Psychotherapeutic Drug Among Subgroups of Older Adults

	1	2	3	4	5
	Ever used	Past month	Past year, not past month	Not past year	Never used
Older adults: age 26+ (2760)	8.8%	1.2%	1.8	5.7	91.2
Age:					
26-29 (693)	25%	5%	5	14	75
30-34 (878)	18%	4%	5	10	82
35-49 (505)	11%	*%	2	9	89
50+ (684)	1%	*%	*	1	99
Sex:					
Male (1233)	12%	2%	3	8	88
Female (1527)	6%	1%	1	4	94
Race:					
White (2395)	9%	1%	2	6	91
Black and other races (362)	8%	1%	3	4	92
Education:					
Not high school graduate (650)	3%	*%	1	2	97
High school graduate (1011)	7%	2%	1	4	93
Attended college (1077)	15%	2%	3	11	85
Completed 1-3 years (484)	11%	1%	4	7	89
Graduate (593)	19%	2%	2	14	81
Region:					
Northeast (628)	9%	1%	1	6	91
North Central (748)	8%	2%	2	4	92
South (946)	6%	1%	1	4	94
West (438)	14%	1%	3	9	86
Population density:					
Large metropolitan (840)	10%	1%	2	7	90
Small metropolitan (952)	9%	2%	2	5	91
Nonmetropolitan (968)	6%	1%	1	4	94

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions S-5, T-5, ST-5, AN-5. Supplementary information from Questions S-6, T-6, ST-6, AN-6 and Question F-1 (Pills Nonmedical Use).

TABLE 42: 1982 PREVALENCE

NONMEDICAL USE

Nonmedical Experience with Types of Psychotherapeutic Drugs Among Subgroups of Youth

	Ever Used				
	1	2	3	4	5
	Stimulants	Sedatives	Tranquilizers	Analgesics	Any Psychotherapeutic
Youth: age 12-17 (1581)	6.7%	5.8%	4.9%	4.2%	10.3%
Age:					
12-13 (515)	2%	3%	1%	2%	4%
14-15 (511)	4%	4%	3%	2%	7%
16-17 (555)	13%	10%	10%	8%	19%
Sex:					
Male (830)	6%	6%	6%	5%	9%
Female (751)	7%	6%	4%	4%	11%
Race:					
White (1314)	7%	7%	5%	5%	11%
Black and other races (262)	3%	1%	2%	2%	5%
Region:					
Northeast (337)	8%	7%	4%	3%	13%
North Central (442)	7%	5%	7%	4%	10%
South (571)	7%	6%	6%	5%	9%
West (231)	5%	5%	2%	4%	10%
Population density:					
Large metropolitan (463)	7%	7%	6%	5%	11%
Small metropolitan (502)	7%	5%	5%	5%	10%
Nonmetropolitan (616)	5%	6%	4%	3%	10%

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions S-1, T-1, ST-1, AN-1.

TABLE 43: 1982 PREVALENCE

NONMEDICAL USE

Nonmedical Experience with Types of Psychotherapeutic Drugs Among Subgroups of Young Adults

	Ever Used				
	1	2	3	4	5
	Stimulants	Sedatives	Tranquilizers	Analgesics	Any Psychotherapeutic
Young adults: age 18-25 (1283)	18.0%	18.7%	15.1%	12.1%	28.4%
Age:					
18-21 (546)	16%	17%	15%	12%	27%
22-25 (737)	20%	21%	15%	13%	29%
Sex:					
Male (574)	28%	23%	17%	15%	33%
Female (709)	14%	14%	13%	9%	24%
Race:					
White (1106)	20%	21%	16%	13%	31%
Black and other races (174)	8%	8%	9%	8%	14%
Education:					
Not high school graduate (242)	16%	18%	19%	13%	28%
High school graduate (545)	18%	18%	14%	12%	27%
Attended college (478)	19%	20%	14%	12%	29%
Completed 1-3 years (327)	19%	20%	14%	13%	29%
Graduate (151)	17%	22%	14%	8%	30%
Now a full-time college student (228)	16%	13%	6%	10%	26%
Region:					
Northeast (251)	17%	16%	12%	12%	28%
North Central (310)	21%	21%	15%	12%	30%
South (494)	18%	20%	16%	12%	28%
West (228)	16%	18%	14%	13%	28%
Population density:					
Large metropolitan (374)	19%	23%	19%	13%	32%
Small metropolitan (472)	16%	16%	13%	11%	26%
Nonmetropolitan (437)	19%	17%	13%	14%	28%

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions S-1, T-1, ST-1, AN-1.

TABLE 44: 1982 PREVALENCE

Nonmedical Experience with Types of Psychotherapeutic Drugs Among Subgroups of Older Adults

	Ever Used				
	1	2	3	4	5
	Stimulants	Sedatives	Tranquilizers	Analgesics	Any Psychotherapeutic
Older adults: age 26+ (2760)	6.2%	4.8%	3.6%	3.2%	8.8%
Age:					
26-29 (693)	17%	16%	11%	9%	25%
30-34 (878)	14%	11%	9%	8%	18%
35-49 (505)	8%	5%	3%	3%	11%
50+ (684)	*%	*%	*%	*%	1%
Sex:					
Male (1233)	9%	7%	5%	5%	12%
Female (1527)	4%	3%	2%	2%	6%
Race:					
White (2395)	6%	5%	3%	3%	9%
Black and other races (362)	5%	6%	4%	3%	8%
Education:					
Not high school graduate (650)	1%	2%	1%	1%	3%
High school graduate (1011)	5%	4%	3%	3%	7%
Attended college (1077)	11%	8%	6%	6%	15%
Completed 1-3 years (484)	9%	8%	6%	6%	11%
Graduate (593)	13%	9%	7%	5%	19%
Region:					
Northeast (628)	4%	5%	4%	4%	9%
North Central (748)	6%	5%	3%	2%	8%
South (946)	5%	3%	3%	3%	6%
West (438)	12%	7%	6%	4%	14%
Population density:					
Large metropolitan (840)	7%	6%	4%	3%	10%
Small metropolitan (952)	6%	5%	3%	4%	9%
Nonmetropolitan (968)	4%	3%	2%	2%	6%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions S-1, T-1, ST-1, AN-1.

TABLE 45: TRENDS**

1972-1982: Nonmedical Experience with Types of Psychotherapeutic Drugs Among Youth, Young Adults, and Older Adults

	Ever Used					
	1	2	3	4	5	6
	1972	1974	1976	1977	1979	1982
Stimulants						
Youth:	4%	5%	4.4%	5.2%	3.4%	6.7%
Young adults:	12%	17%	16.6%	21.2%	18.2%	18.0%
Older adults:	3%	3%	5.6%	4.7%	5.8%	6.2%
Sedatives						
Youth:	3%	5%	2.8%	3.1%	3.2%	5.8%
Young adults:	[illegible]%	15%	11.9%	18.4%	17.0%	18.7%
Older adults:	[illegible]%	2%	2.4%	2.8%	3.5%	4.8%
Tranquilizers						
Youth:	3%	3%	3.3%	3.8%	4.1%	4.9%
Young adults:	7%	10%	9.1%	13.4%	15.8%	15.1%
Older adults:	5%	2%	2.7%	2.6%	3.1%	3.6%
Analgesics						
Youth:	x	x	x	x	3.2%	4.2%
Young adults:	x	x	x	x	11.8%	12.1%
Older adults:	x	x	x	x	2.7%	3.2%

xNot asked

**Significance tests were not performed on these substances because different procedures were used in 1979 and 1982.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Questions S-1, T-1, ST-1, AN-1.

FIRST USE

Beginning drug use is a strongly age-graded experience. Each drug or drug-type, however, shows a somewhat different age distribution.

Marijuana

Between the 1979 and 1982 surveys, there was a significant decrease in the number of young adults who reported that they tried marijuana for the first time during the year prior to interview.

New marijuana use is now concentrated in the teen years. Today, six percent of all youth (3% of 12 and 13 year olds, 7% of 14 and 15 year olds, and 8% of 16 and 17 year olds) say that they first tried marijuana during the year prior to the 1982 survey interview. In contrast, 2% of 18 to 21 year olds began marijuana use during the past year, and after age 21 new use of marijuana is a rarity.

Hallucinogens and Cocaine

New users of hallucinogens and cocaine tend to be somewhat older than persons trying marijuana for the first time.

First use of hallucinogens typically begins between age 14 and 25, with the peak "high-risk" years probably being 16 to 17. Between the 1979 and 1982 surveys there has been a significant decline in the percentages of youth and young adults who report new use of drugs in this class.

New users of cocaine are most prevalent among persons in their late teens or early twenties: 4% of all 16 to 17 year olds and 5% of all 18 to 21 year olds say they first used cocaine during the past year. New use of cocaine also occurs, however, among 12 to 15 year olds (1%) as well as in the 22 to 25 age group (2%) and even among 26 to 34 year olds (1%).

Psychotherapeutics (Nonmedical Use)

New use of a psychotherapeutic drug for nonmedical purposes is about equally likely for 12 to 13 year olds, 14 to 15 year olds, 16 to 17 year olds, and 18 to 21 year olds, with 2% or 3% of each of these age groups saying that at some point during the past year they first used a psychotherapeutic drug for nonmedical purposes.

TABLE 46: FIRST USE, 1982 SURVEY

New Users: Youth, Young Adults, and Older Adults

	First Use in Year Prior to Interview		
	1	2	3
	Youth: age 12-17	Young adults: age 18-25	Older adults: age 26+
	(1581)	(1283)	(2760)
Marijuana	5.9%	1.0%	*%
Cocaine	2.2%	3.6%	*%
Hallucinogens	1.3%	.9%	*%
Heroin	*%	*%	*%
Nonmedical, Use of Psychotherapeutics	3.0%	1.5%	*%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question F1 (Marijuana, Pills Nonmedical Use, Cocaine, Hallucinogens, Heroin). Supplementary information from Question 50 and Questions M-3, S-3, T-3, ST-3, AN-3, C-3, L-3, H-3.

TABLE 47: FIRST USE, 1982 SURVEY

New Users, By Age

	First Use in Year Prior to Interview						
	1	2	3	4	5	6	7
	12-13	14-15	16-17	18-21	22-25	26-34	35+
	(515)	(511)	(555)	(546)	(737)	(1571)	(1189)
Marijuana	3%	7%	8%	2%	*%	*%	*%
Cocaine	1%	1%	4%	5%	2%	1%	*%
Hallucinogens	*%	1%	2%	1%	1%	*%	*%
Nonmedical Use of Psychotherapeutics	3%	3%	3%	2%	1%	*%	*%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question F-1 (Marijuana, Pills Nonmedical Use, Cocaine, Hallucinogens). Supplementary information from Question 50 and Questions M-3, S-3, T-3, ST-3, AN-3, C-3, L-3.

TABLE 48: TRENDS

New Users, 1974-1982: Youth

	First Use in Year Prior to Interview					
	1	2	3	4	5	6
	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	(952)	(986)	(1272)	(2165)	(1581)	
Marijuana	9%	8.2%	7.0%	7.3%	5.9%	NS
Cocaine	1.5%	2.0%	2.1%	2.3%	2.2%	NS
Hallucinogens	2.4%	1.8%	1.5%	3.0%	1.3%	SS
Heroin	*%	*%	.7%	*%	*%	--

*Less than .5%.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question F-1 (Marijuana, Pills Nonmedical Use, Cocaine, Hallucinogens, Heroin). Supplementary information from Question 50 and Questions M-3, S-3, T-3, ST-3, AN-3, C-3, L-3, H-3.

TABLE 49: TRENDS

New Users, 1974-1982: Young Adults

	First Use in Year Prior to Interview					
	1	2	3	4	5	6
Young Adults: age 18-25	1974 (849)	1976 (882)	1977 (1500)	1979 (2044)	1982 (1283)	Change: '79-'82**
Marijuana	4.5%	8.6%	2.6%	2.9%	1.0%	SS
Cocaine	3.3%	4.0%	3.2%	4.4%	3.6%	NS
Hallucinogens	1.6%	2.9%	1.1%	2.1%	.9%	S
Heroin	.8%	*%	*%	*%	*%	--

*Less than .5%.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question F-1 (Marijuana, Pills Nonmedical Use, Cocaine, Hallucinogens, Heroin). Supplementary information from Question 50 and Questions M-3, S-3, T-3, ST-3, AN-3, C-3, L-3, H-3.

TABLE 50: TRENDS

New Users, 1974-1982: Older Adults

	First Use in Year Prior to Interview					
	1	2	3	4	5	6
	1974	1976	1977	1979	1982	Change: '79-'82*
Older Adults: age 26+	(2221)	(1708)	(1822)	(3015)	(2760)	
Marijuana	.7%	1.1%	.8%	.5%	*%	--
Cocaine	*%	*%	*%	*%	*%	--
Hallucinogens	*%	*%	*%	*%	*%	--
Heroin	*%	*%	*%	*%	*%	--

*Less than .5%.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question F-1 (Marijuana, Pills Nonmedical Use, Cocaine, Hallucinogens, Heroin). Supplementary information from Question 50 and Questions M-3, S-3, T-3, ST-3, AN-3, C-3, L-3, H-3.

TABLE 51: TRENDS

Marijuana Experience by Age: New Users, 1974-1982

	First Use in Year Prior to Interview					
	1	2	3	4	5	6
	1974	1976	1977	1979	1982	Change: '79-'82**
Youth: age 12-17	9%	8.2%	7.0%	7.3%	5.9%	NS
Age:						
12-13	3%	3%	4%	4%	3%	NS
14-15	10%	9%	9%	8%	7%	NS
16-17	12%	13%	8%	10%	8%	NS
Young adults: age 18-25	4.5%	8.6%	2.6%	2.9%	1.0%	SS
Age:						
18-21	7%	11%	3%	4%	2%	$
22-25	2%	6%	2%	2%	*%	--
Older adults: age 26+	.7%	1.1%	.8%	.5%	*%	--
Age:						
26-34	1%	4%	1%	1%	*%	--
35+	*%	*%	1%	*%	*%	--

*Less than .5%.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question F-1 (Marijuana). Supplementary information from Question 50 and Question M-3.

ALCOHOL AND CIGARETTES

The majority of adults report experience with alcohol and cigarettes, and the use of these legal drugs is related to the use of the illicit drugs discussed in earlier chapters.

Alcohol[1]

As in previous years, the large majority of Americans report experience with alcohol. For all age groups, the figures on current alcohol use are significantly lower than was the case in 1979.

As of 1982, 65% of all 12 to 17 year olds, 95% of the young adult respondents, and 88% of persons aged 26 and older report that they have had beer, wine, or liquor at some point during their lives.

Current alcohol use is also widespread, with a substantial number of youth (27%) and a majority of both young adults (68%) and older adults (57%) reporting use during the month prior to the 1982 survey interview. At present, "daily" use of alcohol is most widespread in the 26 and older age group; about 11% of these older adults say they drank on 20 or more days out of the current month.

In examining alcohol trends for earlier years, the reader should note that, from 1974 through 1977, questions about alcohol use were answered aloud in the "open interview," whereas in the improved version used in the 1979 and 1982 surveys respondents checked off their answers to the alcohol questions on answer sheets comparable to those routinely used for other drugs.

Current alcohol use is related to the use of various other drugs. Among youth and older adults, the apparent relationship may, to some extent, reflect similarities in the age distributions of current users across various drug classes. However, this factor should not affect the relatively homogeneous young adult age group (18 to 25 years). Among young adults, more than one-third of current drinkers report current marijuana use; in contrast, for young adults who are not current drinkers, the current use rate for marijuana is only 8%. A similar pattern obtains for current drinking and use of "stronger" illicit drugs.

Cigarettes

About half of all youth and more than three-fourths of all adults have at least tried a cigarette at some point during their lives. However, as of 1982, current cigarette use is not the norm: about 15% of all youth, 40% of all young adults, and 35% of older adults now report that they have smoked cigarettes during the month prior to the 1982 interview.* Among today's younger teens, current use is now relatively rare: only 3% of 12 to 13 year olds and 10% of 14 to 15 year olds say they smoked one or more cigarettes during the past month. These figures represent a rather dramatic decline since 1977 -- the most recent survey year in which comparable questions on recency of use were asked.* For example, among 12 to 13 year olds, the drop was from 10% in 1977 to 3% in 1982. For older teens aged 16 to 17 years, the prevalence of current smoking declined slightly (from 35% to 30%). For young adults, the drop in current cigarette prevalence was from 47% in 1977 to about 40% in 1982; for older adults, from 39% to 35%.

Current smoking is related to the use of alcohol, marijuana, and various other drugs. For example, among older adults, 71% of current smokers report current alcohol use, in comparison to 49% of non-smokers. Among young adults 43% of current smokers report current marijuana use, in comparison to 18% of non-smokers. Similar patterns hold for various "stronger" drugs used illicitly.

*For comparable data on 1979 to 1982 trends (based on an alternate definition of current and past-year prevalence of cigarette use), see the "alternate definition" of cigarette use presented in the Summary of Findings chapter.

TABLE 52: 1982 PREVALENCE

Recency of Alcohol Use: Youth, Young Adults, and Older Adults

		1	2	3	4	5
		Ever used	Past month	Past year, not past month	Not past year	Never used
Youth: age 12-17	(1581)	65.2%	26.9%	20.4	17.9	34.8
Young adults: age 18-25	(1283)	94.6%	67.9%	15.5	11.2	5.4
Older adults: age 26+	(2760)	88.2%	56.7%	11.7	19.9	11.8
26-34	(1571)	95.8%	70.6%	12.7	12.5	4.2
35+	(1189)	85.6%	51.8%	11.3	22.4	14.4

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Question A-2. Supplementary information from Questions A-1, and A-3 and Question 50.

TABLE 53: TRENDS

Lifetime Prevalence and Past Month Use of Alcohol, 1974-1982: Youth, Young Adults, and Older Adults

	1	2	3	4	5	6
	1974	1976	1977	1979#	1982#	Change: '79-'82**
Youth: age 12-17	(952)	(986)	(1272)	(2165)	(1581)	
Ever used	54%	53.6%	52.6%	70.3%	65.2%	SS
Use in past month	34%	32.4%	31.2%	37.2%	26.9%	SSS
Young adults: age 18-25	(849)	(882)	(1500)	(2044)	(1283)	
Ever used	81.6%	83.6%	84.2%	95.3%	94.6%	NS
Use in past month	69.3%	69.0%	70.0%	75.9%	67.9%	SSS
Older adults: age 26+	(2221)	(1708)	(1822)	(3015)	(2760)	
Ever used	73.2%	74.7%	77.9%	91.5%	88.2%	SSS
Use in past month	54.5%	56.0%	54.9%	61.3%	56.7%	SS

#In the 1979 and 1982 surveys, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question A-2.

TABLE 54: TRENDS

Current Drinking by Age: 1974-1982

	Use in Past Month					
	1	2	3	4	5	6
	1974	1976	1977	1979#	1982#	Change: '79-'82**
Youth: age 12-17	34%	32.4%	31.2%	37.2%	26.9%	SSS
Age:						
12-13	19%	19%	13%	20%	10%	SSS
14-15	32%	31%	28%	36%	23%	SSS
16-17	51%	47%	52%	55%	45%	SS
Young adults: age 18-25	69.3%	69.0%	70.0%	75.9%	67.9%	SSS
Age:						
18-21	70%	66%	71%	75%	67%	SS
22-25	68%	72%	70%	78%	69%	SSS
Older adults: age 26+	54.5%	56.0%	54.9%	61.3%	56.7%	SS
Age:						
26-34	68%	68%	70%	70%	71%	NS
35+	49%	52%	50%	58%	52%	SS

#In the 1979 and 1982 surveys, private answer sheets were used for alcohol questions; in earlier years respondents answered these questions aloud.

**Significance levels: SSS, .001; SS, .01; S, .05; $, .10; NS, not significant.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question A-2. Supplementary information from Question A-3.

TABLE 55: PATTERNS OF ALCOHOL USE

Alcohol: Youth, Young Adults, and Older Adults

Days Used in Past Month	1 Youth: age 12-17 (1581)	2 Young adults: age 18-25 (1283)	3 Older adults: age 26+ (2760)
20 or more	*%	6.5%	11.4%
5-19	5.9	28.2	18.2
3-4	6.7	11.4	9.7
1-2	13.8	21.8	17.1
Not past month user	38.3	26.7	31.5
Not sure	*	*	*
Never used	34.8	5.4	11.8

Some categories do not add to 100% because of rounding.

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Question A-3. Supplementary information from Question A-2.

TABLE 56: PATTERNS OF USE

Use of Other Substances Among Current Drinkers and Those Who Are Not Current Drinkers: Youth, Young Adults, and Older Adults

	Youth: age 12-17		Young adults: age 18-25		Older adults: age 26+	
	1	2	1	2	1	2
	Current drinkers	Not current drinkers	Current drinkers	Not current drinkers	Current drinkers	Not current drinkers
	(410)	(1171)	(857)	(426)	(1648)	(1112)
Marijuana						
Ever used	60%	15%	76%	39%	35%	7%
Use in past month	34%	3%	36%	8%	11%	1%
Nonmedical Use of Psychotherapeutics						
Ever used	25%	5%	37%	10%	13%	3%
Use in past month	12%	1%	10%	1%	2%	*%
Cocaine, hallucinogens, or heroin						
Ever used	22%	3%	43%	11%	16%	2%
Use in past month	7%	1%	12%	1%	2%	*%

*Less than .5%.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions A-2, M-5, S-5, T-5, ST-5, AN-5, C-5, D-5, and H-5.

TABLE 57: 1982 PREVALENCE

Recency of Cigarette Use: Youth, Young Adults, and Older Adults

		1	2	3	4	5
		Ever used	Past month	Past year, not past month	Not past year	Never used
Youth: age 12-17	(1581)	49.5%	14.7%	10.2	24.6	50.5
Young adults: age 18-25	(1283)	76.9%	39.5%	7.8	29.7	23.1
Older adults: age 26+	(2760)	78.7%	34.6%	3.6	40.4	21.3
26-34	(1571)	85.4%	43.9%	5.6	35.9	14.6
35+	(1189)	76.3%	31.4%	2.9	42.0	23.7

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Question 4.

TABLE 58: PATTERNS OF CIGARETTE USE

Cigarette Use, 1971-1982: Youth, Young Adults, and Older Adults

	1	2	3	4	5	6	7
	1971	1972	1974	1976	1977	(1979*)	1982
Youth: age 12-17.							
Current smokers	15%	17%	25%	23.4%	22.3%	(12.1%)	14.7%
Half pack or less a day	10%	12%	21%	18.8%	18.7%	(8.8)	10.8%
About a pack a day	3	5	4	3.6	3.0	(2.5)	2.8
More than a pack a day	2	*	1	.6	*	(.7)	.8
Do not smoke now	80	82	74	76.6	77.6	(87.8)	85.3
No answer	5	1	*	*	*	*	*
Young Adults: age 18-25							
Current smokers	43.5%	44.3%	48.8%	49.4%	47.3%	(42.6%)	39.5%
Half pack or less a day	24.5%	20.6%	27.7%	25.1%	23.2%	(21.1)	20.4%
About a pack a day	13.9	15.3	13.8	17.1	17.4	(14.7)	13.8
More than a pack a day	5.1	8.7	7.2	6.9	6.0	(6.7)	4.8
Do not smoke now	52.8	54.9	50.1	50.6	52.7	(57.3)	60.5
No answer	3.5	.8	1.1	*	*	*	*
Older Adults: age 26+							
Current smokers	38.2%	36.1%	39.1%	38.4%	38.7%	(36.9%)	34.6%
Half pack or less a day	11.8%	11.5%	13.8%	12.8%	12.6%	(14.0)	12.3%
About a pack a day	17.3	15.4	14.8	14.3	15.5	(12.5)	11.2
More than a pack a day	8.6	9.7	10.3	10.7	10.5	(10.3)	10.3
Do not smoke now	56.0	60.4	60.1	61.6	61.3	(63.0)	65.4
No answer	5.7	3.5	.7	*	*	(*)	*

Some categories do not add to 100% because of rounding.

"Not Sure" categories and percentages not shown.

*Less than .5%.

*In 1982, 1977, 1976, and 1974, current smoker was defined as "smoked within past month." In 1979, current smoker was defined as "smoked within past thirty days"; this was asked only of those who had smoked at least five packs ever. For 1982 figures comparable to the 1979 definition, see trend tables in the Summary of Findings chapter. In 1972 and 1971, current smoker was defined as "smoke at the present time."

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Questions 4 and 5.

TABLE 59: TRENDS

Current Cigarette Smoking by Age: 1971-1982

	Current Smokers						
	1	2	3	4	5	6	
	1971	1972	1974	1976	1977	(1979*)	1982
Youth: age 12-17	15%	17%	25%	23.4%	22.3%	(12.1%)	14.7%
Age:							
12-13	5%	4%	13%	11%	10%	(2%)	3%
14-15	17%	16%	25%	20%	22%	(9%)	10%
16-17	23%	32%	38%	39%	35%	(24%)	30%
Young adults: age 18-25	43.5%	44.3%	48.8%	49.4%	47.3%	(42.6%)	39.5%
Age:							
18-21	†	42%	50%	48%	50%	(40%)	38%
22-25	†	47%	47%	51%	44%	(45%)	41%
Older adults: age 26+	38.2%	36.1%	39.1%	38.4%	38.7%	(36.9%)	34.6%
Age:							
26-34	45%	48%	47%	43%	47%	(41%)	44%
35+	36%	32%	37%	37%	36%	(36%)	31%

†Not tabulated.

*In 1982, 1977, 1976, and 1974, current smoker was defined as "smoked within past month." In 1979, current smoker was defined as "smoked within past thirty days"; this was asked only of those who had smoked at least five packs ever. For 1982 figures comparable to the 1979 definition, see trend tables in the Summary of Findings chapter. In 1972 and 1971, current smoker was defined as "smoke at the present time."

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source (1982): Question 4.

TABLE 60: PATTERNS OF USE

Use of Other Substances Among Current Cigarette Smokers and Those Who Are Not Current Smokers: Youth, Young Adults, and Older Adults

	Youth: age 12-17		Young adults: age 18-25		Older adults: age 26+	
	1	2	3	4	5	6
	Current smokers	Not current smokers	Current smokers	Not current smokers	Current smokers	Not current smokers
	(233)	(1348)	(519)	(764)	(1098)	(1662)
Alcohol						
Ever used	94%	60%	98%	92%	96%	84%
Use in past month	58%	22%	76%	62%	71%	49%
Marijuana						
Ever used	81%	17%	83%	52%	39%	15%
Use in past month	49%	5%	43%	18%	12%	4%
Nonmedical Use of Psychotherapeutics						
Ever used	39%	5%	40%	21%	15%	5%
Use in past month	17%	2%	12%	4%	2%	1%
Cocaine, hallucinogens, or heroin						
Ever used	39%	3%	47%	23%	19%	5%
Use in past month	14%	1%	13%	5%	2%	1%

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Question 4, A-2, M-5, S-5, T-5, ST-5, AN-5, C-5, L-5, and H-5.

MEDICAL USE OF PRESCRIPTION PSYCHOTHERAPEUTIC DRUGS:

Stimulants, Sedatives, Tranquilizers, Analgesics

Lifetime Prevalence

In the 1982 survey, 31.5% of youth, 62.9% of 18 to 25 year olds, and 73.9% of persons aged 26 or older reported having taken stimulants, sedatives, tranquilizers, and/or analgesics by prescription at some point during their lives.

In each age group, analgesics (or "pain-killing" pills) are the most frequently mentioned type of prescribed psychotherapeutic drug. This is especially obvious for youth and young adults. For example, 23% of all youth report having had a prescription for analgesics, but only 9% have had a prescription for a tranquilizer, while about 6% report having had a prescription sedative, and 3% a prescription for a stimulant.

Current Use

Persons aged 26 or older are considerably more likely to report prescription use of psychotherapeutic drugs during the month prior to interview (13.3%) than are youth (5.6%) or young adults (6.6%). Within the "older adult" group, current use is concentrated among women (16% of whom report prescription use during the past month) and among persons aged 50 or older (of whom 16% also report past month use).

TABLE 61: 1982 PREVALENCE

MEDICAL USE

Recency of Medical Use of Any Psychotherapeutic Drug Among Subgroups of Youth

	1	2	3	4	5
	Ever used (Rx)	Past month	Past year, not past month	Not past year	Never used
Youth: age 12-17 (1581)	31.5%	5.6%	9.0	16.9	68.5
Age:					
12-13 (515)	22%	2%	8	11	78
14-15 (511)	32%	6%	9	17	68
16-17 (555)	40%	8%	10	22	60
Sex:					
Male (830)	31%	4%	9	18	69
Female (751)	32%	7%	9	16	68
Race:					
White (1314)	33%	6%	9	18	67
Black and other races (262)	25%	4%	9	12	75
Region:					
Northeast (337)	35%	2%	10	23	65
North Central (442)	25%	5%	9	11	75
South (571)	31%	8%	8	16	69
West (231)	37%	8%	10	20	63
Population density:					
Large metropolitan (463)	30%	7%	7	16	70
Small metropolitan (502)	33%	4%	10	18	67
Nonmetropolitan (616)	33%	6%	11	17	67

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions 8, 10, 14, 16, 21, 23, 28, 30. Supplementary informa- Question F-1 (Pills Medical Use).

TABLE 62: 1982 PREVALENCE

MEDICAL USE

Recency of Medical Use of Any Psychotherapeutic Drug Among Subgroups of Young Adults

	1	2	3	4	5
	Ever used (Rx)	Past month	Past year, not past month	Not past year	Never used
Young Adults: age 18-25 (1283)	62.9%	6.6%	17.3%	38.9%	37.1%
Age:					
18-21 (546)	56%	6%	19%	31%	44%
22-25 (737)	70%	8%	16%	47%	30%
Sex:					
Male (574)	57%	5%	13%	39%	43%
Female (709)	68%	8%	21%	39%	32%
Race:					
White (1106)	65%	6%	18%	41%	35%
Black and other races (174)	50%	8%	12%	30%	50%
Education:					
Not high school graduate (242)	49%	3%	18%	28%	51%
High school graduate (545)	64%	6%	18%	40%	36%
Attended college (478)	68%	9%	16%	43%	32%
Completed 1-3 years (327)	67%	10%	18%	39%	33%
Graduate (151)	71%	6%	12%	54%	29%
Now a full-time college student (228)	60%	5%	16%	39%	40%
Region:					
Northeast (251)	58%	4%	17%	37%	42%
North Central (310)	63%	9%	15%	39%	37%
South (494)	61%	7%	17%	37%	39%
West (288)	71%	6%	22%	44%	29%
Population density:					
Large metropolitan (374)	57%	6%	16%	35%	43%
Small metropolitan (472)	67%	9%	18%	40%	33%
Nonmetropolitan (437)	64%	4%	18%	42%	36%

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions 8, 10, 14, 16, 21, 23, 28, 30. Supplementary information from Question F-1 (Pills Medical Use).

TABLE 63: 1982 PREVALENCE

MEDICAL USE

Recency of Medical Use of Any Psychotherapeutic Drug Among Subgroups of Older Adults

	1 Ever used (Rx)	2 Past month	3 Past year, not past month	4 Not past year	5 Never used
Older adults: age 26+ (2760)	73.9%	13.3%	13.0%	47.6%	26.1%
Age:					
26-29 (693)	75%	11%	19%	45%	25%
30-34 (878)	80%	10%	15%	55%	20%
35-49 (505)	78%	11%	12%	55%	22%
50+ (684)	69%	16%	11%	42%	31%
Sex:					
Male (1233)	67%	10%	10%	46%	33%
Female (1527)	80%	16%	15%	49%	20%
Race:					
White (2395)	74%	13%	13%	48%	26%
Black and other races (362)	72%	16%	12%	44%	28%
Education:					
Not high school graduate (650)	67%	18%	12%	37%	33%
High school graduate (1011)	75%	13%	14%	48%	25%
Attended college (1077)	78%	10%	12%	56%	22%
Completed 1-3 years (484)	77%	11%	11%	55%	23%
Graduate (593)	79%	9%	14%	56%	21%
Region:					
Northeast (628)	68%	10%	12%	46%	32%
North Central (748)	74%	17%	13%	45%	26%
South (946)	74%	14%	15%	45%	26%
West (438)	80%	12%	12%	60%	20%
Population density:					
Large metropolitan (840)	75%	12%	14%	49%	25%
Small metropolitan (952)	76%	14%	13%	48%	24%
Nonmetropolitan (968)	69%	14%	11%	45%	31%

Some categories do not add to 100% because of rounding.

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions 8, 10, 14, 16, 21, 23, 28, 30. Supplementary information from Question F-1 (Pills Medical Use).

TABLE 64: 1982 PREVALENCE

MEDICAL USE

Medical Experience with Types of Psychotherapeutic Drugs Among Subgroups of Youth

	Ever Used (Rx)				
	1	2	3	4	5
	Stimulants	Sedatives	Tranquilizers	Analgesics	Any Psychotherapeutic
Youth: age 12-17 (1581)	2.9%	5.6%	9.3%	23.2%	31.5%
Age:					
12-13 (5[illegible])	1%	4%	5%	14%	22%
14-15 (511)	3%	5%	9%	23%	32%
16-17 (555)	4%	7%	13%	31%	40%
Sex:					
Male (830)	4%	6%	9%	23%	31%
Female (751)	2%	5%	10%	24%	32%
Race:					
White (1314)	3%	5%	10%	25%	[illegible]%
Black and other races (262)	2%	6%	8%	15%	[illegible]%
Region:					
Northeast (337)	2%	5%	8%	26%	35%
North Central (442)	1%	5%	8%	17%	25%
South (571)	4%	7%	11%	22%	31%
West (231)	5%	4%	10%	30%	37%
Population density:					
Large metropolitan (463)	3%	4%	10%	21%	30%
Small metropolitan (502)	3%	6%	9%	24%	33%
Nonmetropolitan (616)	2%	8%	10%	25%	33%

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions 8, 14, 21, 28.

TABLE 65: 1982 PREVALENCE

MEDICAL USE

Medical Experience with Types of Psychotherapeutic Drugs Among Subgroups of Young Adults

	Ever Used (Rx)				
	1	2	3	4	5
	Stimulants	Sedatives	Tranquilizers	Analgesics	Any Psychotherapeutic
Young adults: age 18-25 (1283)	4.3%	9.7%	19.3%	56.2%	62.9%
Age:					
18-21 (546)	2%	9%	15%	49%	56%
22-25 (737)	6%	10%	23%	64%	70%
Sex:					
Male (574)	2%	8%	16%	50%	57%
Female (709)	7%	11%	23%	62%	68%
Race:					
White (1106)	5%	11%	21%	58%	65%
Black and other races (174)	2%	4%	11%	43%	50%
Education:					
Not high school graduate (242)	4%	14%	15%	44%	49%
High school graduate (545)	4%	10%	20%	57%	64%
Attended college (478)	5%	7%	21%	62%	68%
Completed 1-3 years (327)	4%	7%	21%	61%	67%
Graduate (151)	7%	5%	19%	63%	71%
Now a full-time college student (228)	1%	6%	18%	52%	60%
Region:					
Northeast (251)	3%	9%	20%	51%	58%
North Central (310)	6%	10%	22%	56%	63%
South (494)	4%	12%	18%	55%	61%
West (228)	5%	8%	17%	64%	71%
Population density:					
Large metropolitan (374)	4%	8%	15%	50%	57%
Small metropolitan (472)	4%	10%	20%	60%	67%
Nonmetropolitan (437)	6%	11%	24%	58%	64%

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions 8, 14, 21, 28.

TABLE 66: 1982 PREVALENCE

MEDICAL USE

Medical Experience with Types of Psychotherapeutic Drugs Among Subgroups of Older Adults

	Ever Used (Rx)				
	1	2	3	4	5
	Stimulants	Sedatives	Tranquilizers	Analgesics	Any Psychotherapeutic
Older adults: age 26+ (2760)	12.0%	21.4%	41.3%	59.2%	73.9%
Age:					
26-29 (693)	11%	14%	32%	68%	75%
30-34 (878)	12%	16%	36%	72%	80%
35-49 (505)	16%	21%	50%	66%	78%
50+ (684)	10%	25%	40%	49%	69%
Sex:					
Male (1233)	5%	17%	29%	55%	67%
Female (1527)	18%	26%	51%	62%	80%
Race:					
White (2395)	12%	22%	42%	59%	74%
Black and other races (362)	13%	15%	32%	60%	72%
Education:					
Not high school graduate (650)	10%	21%	36%	48%	67%
High school graduate (1011)	13%	23%	43%	61%	75%
Attended college (1077)	13%	21%	44%	67%	78%
Completd 1-3 years (484)	13%	18%	46%	63%	77%
Graduate (593)	12%	23%	43%	70%	79%
Region:					
Northeast (628)	12%	17%	38%	52%	68%
North Central (748)	13%	20%	41%	59%	74%
South (946)	12%	24%	44%	59%	74%
West (438)	11%	24%	41%	67%	80%
Population density:					
Large metropolitan (840)	13%	23%	42%	59%	75%
Small metropolitan (952)	13%	21%	43%	63%	76%
Nonmetropolitan (968)	8%	21%	37%	54%	69%

Definitions of terms and categories used in this table are to be found in the "Key Definitions" section near the back of this volume.

Main Source: Questions 8, 14, 21, 28.

SECTION A

SAMPLING AND STATISTICAL INFERENCE

Sampling Error and Confidence Intervals

The question of how close the estimates are to the population values can be answered in terms of the statistical theory of sampling. On the assumption that the effect of nonresponse is essentially random (or has been compensated for by adjustment), the theory of sampling provides a procedure for estimating "confidence limits" or "tolerance zones" that describe the relationship between sample estimates and population values -- not with certainty, but probabilistically.

Thus, it is possible to assert, with specified probability, that a percentage based on a sample will fall within a calculable distance from the population value it is designed to estimate. For example, in the reporting of sample results, it is not uncommon to use expressions like:

1 $p' = 58\% \pm 2\%$ (95% confidence)

where p' is the estimate based on the sample and the rest of the expression indicates that the 95% confidence limits are 56% and 60%. Conventionally, confidence limits are computed for the 95% confidence level (as above); the 90% level (yielding narrower limits); or the 99% level (yielding broader limits).

The size of the confidence interval around a percentage is influenced by the number of interviews and by the proportion of survey respondents giving a particular reply. For example, for any given sample size, the confidence interval is greater when 50% of the respondents express a view than it is when either 10% or 90% do so. Similarly, the confidence interval is narrower for large samples than it is for small samples.

Frequently the confidence interval is estimated by the expression:

$$p' \pm K (p' (1-p') / n)^{1/2}$$

where n is the sample size and K is a constant selected to provide the desired level of confidence. This formula yields the kind of symmetric confidence interval exemplified in expression 1 above. While this approximation is useful and satisfactory for most purposes, its inadequacy becomes apparent when it is applied to small percentages based on small samples. Thus the expression:

3 $p' = 1\% \pm 2\%$ (95% confidence)

defines the lower limit of the confidence interval as -1%, which is not possible.

Indeed, a more plausible approximation to the confidence interval is available, which avoids all such impossible outcomes by recognizing that (except when the sample observation is exactly 50%) the confidence interval must be asymmetric. This closer approximation is based on the following expressions:

$$4 \qquad P_L = p' - K\,(P_L\,(1-P_L)\,/\,n)^{1/2}$$

$$5 \qquad P_U = p' + K\,(P_U\,(1-P_U)\,/\,n)^{1/2}$$

where P_L is the lower limit of the confidence interval and P_U is the upper limit of the confidence interval. The multiplier K in equations 4 and 5 is chosen to reflect the level of confidence required in a simple random sample and the effect of stratification, clustering, and weighting on the reliability of estimates from a sample of complex design (see following page for discussion of sample design effects). This asymmetric approach to confidence intervals has been applied in calculating the confidence intervals presented in the tables of this report.

For example, in Table 2b, 26.7% of the youth in the sample said that they have tried marijuana; it is then possible to say, with 95% confidence (and mindful of the cautions enumerated above) that the population value for youth in this category lies between 24.1% and 29.5%.

The table on the following page illustrates the asymmetric 95 percent confidence intervals for various levels of observed percentages for samples of certain sizes. The table is arranged with the sample sizes arrayed in a column on the left-hand side. Across the top are observed percentages from 1% to 50%. To find the confidence interval around an observed percentage (e.g., a sample result of 1% in a sample of size 100), one would find the observed percentage (1%) along the top of the table, then one would read down the "-" and "+" columns to the row corresponding to the sample size (100), discovering, for this example that:

- the lower limit of the 95% confidence interval would be 1.0% - 0.9% = 0.1%.
- the upper limit of the 95% confidence interval would be 1.0% + 6.4% = 7.4%.

Observed percentages from 99% down to 50% are found across the bottom of the table. To find the confidence interval around an observed percentage of 80% in a sample of size 700, for example, one would locate 80% along the bottom of the table and then read up the "+" and "-" columns to the row corresponding to the sample size. Thus:

- the lower limit of the 95% confidence interval is 80.0% - 4.0% = 76.0%.
- the upper limit of the 95% confidence interval is 80.0% + 3.4% = 83.4%.

In many instances, especially in large samples and with percentages reasonably close to 50%, the advantage of asymmetric confidence limits is negligible; but for very small or very large percentages, particularly in smaller samples, the table of statistical reliability can be used to determine confidence intervals with more precision than is available in the symmetrical intervals usually provided.

TABLE 67

Range of Sampling Error Around Observed Estimates

95% Confidence Intervals

	OBSERVED PERCENTAGE (Read Down)														
	1.0%		3.0%		5.0%		10.0%		20.0%		30.0%		40.0%		50.0%
	-	+	-	+	-	+	-	+	-	+	-	+	-	+	+/-
n = 100	0.9%	6.4%	2.2%	7.5%	3.2%	8.3%	5.2%	9.8%	8.0%	11.4%	9.8%	12.1%	11.1%	12.2%	11.9%
200	0.8%	3.6%	1.8%	4.6%	2.6%	5.3%	4.1%	6.4%	6.0%	7.8%	7.3%	8.4%	8.1%	8.7%	8.5%
300	0.7%	2.7%	1.6%	3.5%	2.3%	4.1%	3.5%	5.1%	5.0%	6.2%	6.0%	6.8%	6.7%	7.1%	7.0%
400	0.7%	2.1%	1.5%	2.9%	2.1%	3.4%	3.1%	4.3%	4.4%	5.3%	5.3%	5.9%	5.8%	6.1%	6.1%
500	0.6%	1.8%	1.4%	2.5%	1.9%	3.0%	2.8%	3.8%	4.0%	4.7%	4.8%	5.2%	5.2%	5.5%	5.4%
600	0.6%	1.6%	1.3%	2.2%	1.8%	2.7%	2.6%	3.4%	3.7%	4.3%	4.4%	4.8%	4.8%	5.0%	5.0%
700	0.6%	1.4%	1.2%	2.0%	1.7%	2.4%	2.4%	3.1%	3.4%	4.0%	4.1%	4.4%	4.4%	4.6%	4.6%
800	0.6%	1.3%	1.2%	1.9%	1.6%	2.2%	2.3%	2.9%	3.2%	3.7%	3.8%	4.1%	4.2%	4.3%	4.3%
900	0.5%	1.2%	1.1%	1.7%	1.5%	2.1%	2.2%	2.7%	3.1%	3.5%	3.6%	3.9%	3.9%	4.1%	4.1%
1000	0.5%	1.1%	1.1%	1.6%	1.4%	2.0%	2.1%	2.6%	2.9%	3.3%	3.4%	3.7%	3.7%	3.8%	3.9%
2000	0.4%	0.7%	0.8%	1.1%	1.1%	1.3%	1.5%	1.8%	2.1%	2.3%	2.4%	2.6%	2.7%	2.7%	2.7%
3000	0.4%	0.6%	0.7%	0.9%	0.9%	1.1%	1.3%	1.4%	1.7%	1.8%	2.0%	2.1%	2.2%	2.2%	2.2%
4000	0.3%	0.5%	0.6%	0.7%	0.8%	0.9%	1.1%	1.2%	1.5%	1.6%	1.7%	1.8%	1.9%	1.9%	1.9%
5000	0.3%	0.4%	0.5%	0.6%	0.7%	0.8%	1.0%	1.1%	1.3%	1.4%	1.6%	1.6%	1.7%	1.7%	1.7%
	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+/-
	99.0%		97.0%		95.0%		90.0%		80.0%		70.0%		60.0%		50.0%
	OBSERVED PERCENTAGE (Read Up)														

NOTE: In this table and in other tables reporting 95% confidence intervals, calculation is based on 2.45 standard errors instead of the more familiar 1.96 standard errors which would be appropriate for simple (unrestricted) random sampling; the increase in the multiplier reflects an estimate of the effect, primarily, of weighting and clustering in the present sample.

Sample Design Effect

In accordance with the preceding discussion, the expression p(1-p)/n is the variance (i.e., the square of the standard error of an estimate p') based on an unrestricted random sample. For such samples, the factor "K" would be approximately 1.96 for the 95% confidence level. The following discussion explains why K has been set at 2.45 (i.e., 1.96 x 1.25) in this report.

In practice, all samples of very large populations are based on multiple stages of sampling including:

a. Stratification at various stages of the sampling process; stratification introduces control over the number of cases obtained in specified sub-populations. Proportionate stratification can be expected to decrease the variance of estimates; disproportionate stratification (oversampling of certain sub-populations and undersampling of others) can also influence the variance.

b. Clustering in the selection of primary sampling units and in the selection of blocks or segments for interviewing; in general, because of homogeneity within clusters and heterogeneity among clusters, clustering can be expected to increase the variance of estimates.

c. Weighting, to compensate for disproportionate stratified sampling and to compensate for unequal probability in the selection of a single individual per household; variation in weights is likely to increase the variance of estimates.

The "design effect" on the variance of estimates attributable to the combination of procedures used in selection of a sample is usually expressed as the ratio of the estimated actual variance achieved to the variance that would have been achieved with an unrestricted random sample of the same size. In previous publications of this series, the design effect was estimated, on the basis of experience, as approximately 1:5625. That is, it was assumed that the sampling procedures used would increase the variance by 56.25% over the variance that would apply to estimates based on an unrestricted random sample of equal size. Thus, the standard error of estimate would be multiplied by 1.25 (the square root of 1.5625), and the 95% confidence interval would be based on 2.45 standard errors (1.96 x 1.25).

Various statistical procedures have been suggested for obtaining empirical estimates of the variance of estimates based on complex multi-stage samples. All such procedures, in one way or another, depend on construction of sub-samples which are presumed to replicate the design features of the sample; then, the empirical variance of estimates based on the sub-samples is used as the basis for estimating the variance of estimates for the total sample. Although, obviously, the results can yield a different design effect for each attribute being estimated, it is almost always possible to derive a single estimate (or a small number of estimates) of the design effect characterizing a particular study. An elaborate version of such a procedure has been published by the National Center for Health Statistics. This procedure calls for pairing of the PSU's and the construction of an orthogonal set of half-samples, each half-sample using one PSU from each pair of PSU's.

Earlier experiments with the NCHS procedure in surveys of drug use indicated that, with respect to estimates of drug use rates, the empirical design effect was consistently less than 1.0 in all age groups. Apparently, the reduction in variance attributable to stratification outweighed the increase in variance attributable to clustering and weighting. Nevertheless pending confirmation through additional replications, in order to maintain a conservative stance with respect to the design effect, the current report follows the precedent of previous reports in this series in applying a design effect of 1.5625. Because of this conservative decision, we have included the .10 significance level in the trend tables.

Statistical Significance of Differences

In comparing two prevalence estimates, each of which is based on a sample or sample subgroup, it must be remembered that both are subject to sampling fluctuations and, indeed, it would be possible to construct a confidence interval around the observed difference between two percentage estimates. Customarily, however, the observed difference between estimates is evaluated in terms of its statistical significance. "Statistical significance" refers to the probability that a difference as large as that observed would occur by chance if there were no difference in prevalence for the population groups from which the samples were drawn.

Several trend tables in the body of this volume report the significance of observed differences at the .10, .05, .01, and .001 levels ($, $, SS, SSS). Probabilities greater than .10 are termed "not significant" (NS).

The reader may wish to compare prevalence estimates from two groups for which the significance of the difference is not reported; the following table therefore presents the minimal differences required for significance at the .05 level. The size of the difference required depends upon the size of the percentage estimates being compared and upon the sample size of each subgroup. In this table, column headings refer to the approximate size of both percentage estimates (e.g., both near 20%); row headings refer to the two different subgroup sizes (e.g., one subgroup of about 3,000 respondents, the other about 1,000 respondents). Entries in the cells of this table refer to the minimum difference between estimates required for significance. For instance, if the subgroup sizes were about 3,000 and 1,000 and both estimates were near 20%, a difference of 3.6% would be required for significance. Thus, an estimate of 18% based on a subgroup consisting of 2,900 respondents would be significantly lower than an estimate of 23% based on a subgroup of 1,050 respondents.

NOTE: In Table 68 and in other tables reporting significance at the .05 level, calculation is based on 2.45 standard errors instead of the more familiar 1.96 standard errors which would be appropriate for simple (unrestricted) random sampling; the increase in the multiplier reflects an estimate of the effect, primarily, of weighting and clustering in the present sample.

TABLE 68

DIFFERENCES REQUIRED FOR SIGNIFICANCE AT THE .05 LEVEL

Sizes of samples compared		Approximate Size of Both Estimates						
		10% or 90%	20% or 80%	25% or 75%	30% or 70%	35% or 65%	40% or 60%	50%
3000 and	3000	1.9%	2.5%	2.7%	2.9%	3.0%	3.1%	3.2%
	2500	2.0%	2.7%	2.9%	3.0%	3.2%	3.3%	3.3%
	2000	2.1%	2.8%	3.1%	3.2%	3.4%	3.5%	3.5%
	1800	2.2%	2.9%	3.2%	3.3%	3.5%	3.6%	3.7%
	1600	2.3%	3.0%	3.3%	3.5%	3.6%	3.7%	3.8%
	1500	2.3%	3.1%	3.4%	3.6%	3.7%	3.8%	3.9%
	1400	2.4%	3.2%	3.4%	3.6%	3.8%	3.9%	4.0%
	1300	2.4%	3.3%	3.5%	3.7%	3.9%	4.0%	4.1%
	1200	2.5%	3.3%	3.6%	3.8%	4.0%	4.1%	4.2%
	1100	2.6%	3.5%	3.7%	4.0%	4.1%	4.2%	4.3%
	1000	2.7%	3.6%	3.9%	4.1%	4.3%	4.4%	4.5%
	900	2.8%	3.7%	4.0%	4.3%	4.4%	4.6%	4.7%
	800	2.9%	3.9%	4.2%	4.5%	4.6%	4.8%	4.9%
	700	3.1%	4.1%	4.5%	4.7%	4.9%	5.0%	5.1%
	600	3.3%	4.4%	4.7%	5.0%	5.2%	5.4%	5.5%
	500	3.6%	4.7%	5.1%	5.4%	5.6%	5.8%	5.9%
	450	3.7%	5.0%	5.4%	5.7%	5.9%	6.1%	6.2%
	400	3.9%	5.2%	5.6%	6.0%	6.2%	6.4%	6.5%
	350	4.2%	5.5%	6.0%	6.3%	6.6%	6.8%	6.9%
	300	4.5%	5.9%	6.4%	6.8%	7.1%	7.3%	7.4%
	250	4.8%	6.5%	7.0%	7.4%	7.7%	7.9%	8.1%
	200	5.4%	7.2%	7.7%	8.2%	8.5%	8.8%	8.9%
2500 and	2500	2.1%	2.8%	3.0%	3.2%	3.3%	3.4%	3.5%
	2000	2.2%	2.9%	3.2%	3.4%	3.5%	3.6%	3.7%
	1800	2.3%	3.0%	3.3%	3.5%	3.6%	3.7%	3.8%
	1600	2.4%	3.1%	3.4%	3.6%	3.7%	3.8%	3.9%
	1500	2.4%	3.2%	3.5%	3.7%	3.8%	3.9%	4.0%
	1400	2.5%	3.3%	3.5%	3.7%	3.9%	4.0%	4.1%
	1300	2.5%	3.4%	3.6%	3.8%	4.0%	4.1%	4.2%
	1200	2.6%	3.4%	3.7%	3.9%	4.1%	4.2%	4.3%
	1100	2.7%	3.5%	3.8%	4.1%	4.2%	4.3%	4.4%
	1000	2.8%	3.7%	4.0%	4.2%	4.4%	4.5%	4.6%
	900	2.9%	3.8%	4.1%	4.4%	4.5%	4.7%	4.8%
	800	3.0%	4.0%	4.3%	4.6%	4.7%	4.9%	5.0%
	700	3.1%	4.2%	4.5%	4.8%	5.0%	5.1%	5.2%
	600	3.3%	4.5%	4.8%	5.1%	5.3%	5.5%	5.6%
	500	3.6%	4.8%	5.2%	5.5%	5.7%	5.9%	6.0%
	450	3.8%	5.0%	5.4%	5.7%	6.0%	6.1%	6.3%
	400	4.0%	5.3%	5.7%	6.0%	6.3%	6.5%	6.6%
	350	4.2%	5.6%	6.1%	6.4%	6.7%	6.8%	7.0%
	300	4.5%	6.0%	6.5%	6.9%	7.1%	7.3%	7.5%
	250	4.9%	6.5%	7.0%	7.4%	7.8%	8.0%	8.1%
	200	5.4%	7.2%	7.8%	8.3%	8.6%	8.8%	9.0%
2000 and	2000	2.3%	3.1%	3.4%	3.6%	3.7%	3.8%	3.9%
	1800	2.4%	3.2%	3.4%	3.6%	3.8%	3.9%	4.0%
	1600	2.5%	3.3%	3.6%	3.8%	3.9%	4.0%	4.1%
	1500	2.5%	3.3%	3.6%	3.8%	4.0%	4.1%	4.2%
	1400	2.6%	3.4%	3.7%	3.9%	4.1%	4.2%	4.3%
	1300	2.6%	3.5%	3.8%	4.0%	4.2%	4.3%	4.4%
	1200	2.7%	3.6%	3.9%	4.1%	4.3%	4.4%	4.5%
	1100	2.8%	3.7%	4.0%	4.2%	4.4%	4.5%	4.6%
	1000	2.8%	3.8%	4.1%	4.3%	4.5%	4.6%	4.7%
	900	3.0%	3.9%	4.3%	4.5%	4.7%	4.8%	4.9%
	800	3.1%	4.1%	4.4%	4.7%	4.9%	5.0%	5.1%
	700	3.2%	4.3%	4.7%	4.9%	5.1%	5.3%	5.4%
	600	3.4%	4.6%	4.9%	5.2%	5.4%	5.6%	5.7%
	500	3.7%	4.9%	5.3%	5.6%	5.8%	6.0%	6.1%
	450	3.8%	5.1%	5.5%	5.9%	6.1%	6.3%	6.4%
	400	4.0%	5.4%	5.8%	6.1%	6.4%	6.6%	6.7%
	350	4.3%	5.7%	6.1%	6.5%	6.8%	7.0%	7.1%
	300	4.6%	6.1%	6.6%	7.0%	7.2%	7.4%	7.6%
	250	4.9%	6.6%	7.1%	7.5%	7.8%	8.1%	8.2%
	200	5.5%	7.3%	7.9%	8.3%	8.7%	8.9%	9.1%

Sizes of samples compared	Approximate Size of Both Estimates						
	10% or 90%	20% or 80%	25% or 75%	30% or 70%	35% or 65%	40% or 60%	50%
1800 and 1800	2.4%	3.3%	3.5%	3.7%	3.9%	4.0%	4.1%
1600	2.5%	3.4%	3.6%	3.9%	4.0%	4.1%	4.2%
1500	2.6%	3.4%	3.7%	3.9%	4.1%	4.2%	4.3%
1400	2.6%	3.5%	3.8%	4.0%	4.2%	4.3%	4.4%
1300	2.7%	3.6%	3.9%	4.1%	4.3%	4.4%	4.5%
1200	2.7%	3.7%	4.0%	4.2%	4.4%	4.5%	4.6%
1100	2.8%	3.8%	4.1%	4.3%	4.5%	4.6%	4.7%
1000	2.9%	3.9%	4.2%	4.4%	4.6%	4.7%	4.8%
900	3.0%	4.0%	4.3%	4.6%	4.8%	4.9%	5.0%
800	3.1%	4.2%	4.5%	4.8%	5.0%	5.1%	5.2%
700	3.3%	4.4%	4.7%	5.0%	5.2%	5.3%	5.5%
600	3.5%	4.6%	5.0%	5.3%	5.5%	5.7%	5.8%
500	3.7%	5.0%	5.4%	5.7%	5.9%	6.1%	6.2%
450	3.9%	5.2%	5.6%	5.9%	6.2%	6.3%	6.5%
400	4.1%	5.4%	5.9%	6.2%	6.5%	6.6%	6.8%
350	4.3%	5.7%	6.2%	6.6%	6.8%	7.0%	7.2%
300	4.6%	6.1%	6.6%	7.0%	7.3%	7.5%	7.6%
250	5.0%	6.6%	7.2%	7.6%	7.9%	8.1%	8.3%
200	5.5%	7.3%	7.9%	8.4%	8.7%	8.9%	9.1%
1600 and 1600	2.6%	3.5%	3.8%	4.0%	4.1%	4.2%	4.3%
1500	2.6%	3.5%	3.8%	4.0%	4.2%	4.3%	4.4%
1400	2.7%	3.6%	3.9%	4.1%	4.3%	4.4%	4.5%
1300	2.7%	3.7%	4.0%	4.2%	4.4%	4.5%	4.6%
1200	2.8%	3.7%	4.1%	4.3%	4.5%	4.6%	4.7%
1100	2.9%	3.8%	4.2%	4.4%	4.6%	4.7%	4.8%
1000	3.0%	4.0%	4.3%	4.5%	4.7%	4.8%	4.9%
900	3.1%	4.1%	4.4%	4.7%	4.9%	5.0%	5.1%
800	3.2%	4.2%	4.6%	4.9%	5.1%	5.2%	5.3%
700	3.3%	4.4%	4.8%	5.1%	5.3%	5.4%	5.6%
600	3.5%	4.7%	5.1%	5.4%	5.6%	5.7%	5.9%
500	3.8%	5.0%	5.4%	5.8%	6.0%	6.1%	6.3%
450	3.9%	5.2%	5.7%	6.0%	6.2%	6.4%	6.5%
400	4.1%	5.5%	5.9%	6.3%	6.5%	6.7%	6.8%
350	4.3%	5.8%	6.3%	6.6%	6.9%	7.1%	7.2%
300	4.6%	6.2%	6.7%	7.1%	7.4%	7.6%	7.7%
250	5.0%	6.7%	7.2%	7.6%	7.9%	8.2%	8.3%
200	5.5%	7.3%	8.0%	8.4%	8.8%	9.0%	9.2%
1500 and 1500	2.7%	3.6%	3.9%	4.1%	4.3%	4.4%	4.5%
1400	2.7%	3.6%	3.9%	4.2%	4.3%	4.5%	4.6%
1300	2.8%	3.7%	4.0%	4.3%	4.4%	4.5%	4.6%
1200	2.8%	3.8%	4.1%	4.3%	4.5%	4.6%	4.7%
1100	2.9%	3.9%	4.2%	4.5%	4.6%	4.8%	4.9%
1000	3.0%	4.0%	4.3%	4.6%	4.8%	4.9%	5.0%
900	3.1%	4.1%	4.5%	4.7%	4.9%	5.1%	5.2%
800	3.2%	4.3%	4.6%	4.9%	5.1%	5.3%	5.4%
700	3.4%	4.5%	4.9%	5.1%	5.3%	5.5%	5.6%
600	3.6%	4.7%	5.1%	5.4%	5.6%	5.8%	5.9%
500	3.8%	5.1%	5.5%	5.8%	6.0%	6.2%	6.3%
450	4.0%	5.3%	5.7%	6.0%	6.3%	6.5%	6.6%
400	4.1%	5.5%	6.0%	6.3%	6.6%	6.8%	6.9%
350	4.4%	5.8%	6.3%	6.7%	6.9%	7.1%	7.3%
300	4.6%	6.2%	6.7%	7.1%	7.4%	7.6%	7.7%
250	5.0%	6.7%	7.2%	7.7%	8.0%	8.2%	8.4%
200	5.5%	7.4%	8.0%	8.5%	8.8%	9.0%	9.2%
1400 and 1400	2.8%	3.7%	4.0%	4.2%	4.4%	4.5%	4.6%
1300	2.8%	3.8%	4.1%	4.3%	4.5%	4.6%	4.7%
1200	2.9%	3.9%	4.2%	4.4%	4.6%	4.7%	4.8%
1100	3.0%	3.9%	4.3%	4.5%	4.7%	4.8%	4.9%
1000	3.0%	4.1%	4.4%	4.6%	4.8%	5.0%	5.1%
900	3.1%	4.2%	4.5%	4.8%	5.0%	5.1%	5.2%
800	3.3%	4.3%	4.7%	5.0%	5.2%	5.3%	5.4%
700	3.4%	4.5%	4.9%	5.2%	5.4%	5.6%	5.7%
600	3.6%	4.8%	5.2%	5.5%	5.7%	5.9%	6.0%
500	3.8%	5.1%	5.5%	5.8%	6.1%	6.3%	6.4%
450	4.0%	5.3%	5.7%	6.1%	6.3%	6.5%	6.6%
400	4.2%	5.6%	6.0%	6.4%	6.6%	6.8%	6.9%
350	4.4%	5.9%	6.3%	6.7%	7.0%	7.2%	7.3%
300	4.7%	6.2%	6.7%	7.1%	7.4%	7.6%	7.8%
250	5.0%	6.7%	7.3%	7.7%	8.0%	8.2%	8.4%
200	5.6%	7.4%	8.0%	8.5%	8.8%	9.1%	9.3%

TABLE 68 (continued)

Sizes of samples compared	Approximate Size of Both Estimates						
	10% or 90%	20% or 80%	25% or 75%	30% or 70%	35% or 65%	40% or 60%	50%
1300 and 1300	2.9%	3.8%	4.2%	4.4%	4.6%	4.7%	4.8%
1200	2.9%	3.9%	4.2%	4.5%	4.7%	4.8%	4.9%
1100	3.0%	4.0%	4.3%	4.6%	4.8%	4.9%	5.0%
1000	3.1%	4.1%	4.5%	4.7%	4.9%	5.0%	5.2%
900	3.2%	4.2%	4.6%	4.9%	5.1%	5.2%	5.3%
800	3.3%	4.4%	4.8%	5.0%	5.3%	5.4%	5.5%
700	3.4%	4.6%	5.0%	5.3%	5.5%	5.6%	5.7%
600	3.6%	4.8%	5.2%	5.5%	5.8%	5.9%	6.0%
500	3.9%	5.2%	5.6%	5.9%	6.1%	6.3%	6.4%
450	4.0%	5.4%	5.8%	6.1%	6.4%	6.6%	6.7%
400	4.2%	5.6%	6.1%	6.4%	6.7%	6.9%	7.0%
350	4.4%	5.9%	6.4%	6.8%	7.0%	7.2%	7.4%
300	4.7%	6.3%	6.8%	7.2%	7.5%	7.7%	7.8%
250	5.1%	6.8%	7.3%	7.8%	8.1%	8.3%	8.5%
200	5.6%	7.4%	8.1%	8.5%	8.9%	9.1%	9.3%
1200 and 1200	3.0%	4.0%	4.3%	4.6%	4.8%	4.9%	5.0%
1100	3.1%	4.1%	4.4%	4.7%	4.9%	5.0%	5.1%
1000	3.1%	4.2%	4.5%	4.8%	5.0%	5.1%	5.2%
900	3.2%	4.3%	4.7%	5.0%	5.2%	5.3%	5.4%
800	3.4%	4.5%	4.8%	5.1%	5.3%	5.5%	5.6%
700	3.5%	4.7%	5.0%	5.3%	5.6%	5.7%	5.8%
600	3.7%	4.9%	5.3%	5.6%	5.8%	6.0%	6.1%
500	3.9%	5.2%	5.6%	6.0%	6.2%	6.4%	6.5%
450	4.1%	5.4%	5.9%	6.2%	6.5%	6.6%	6.8%
400	4.2%	5.7%	6.1%	6.5%	6.7%	6.9%	7.1%
350	4.5%	6.0%	6.4%	6.8%	7.1%	7.3%	7.4%
300	4.7%	6.3%	6.8%	7.2%	7.5%	7.7%	7.9%
250	5.1%	6.8%	7.4%	7.8%	8.1%	8.3%	8.5%
200	5.6%	7.5%	8.1%	8.6%	8.9%	9.2%	9.4%
1100 and 1100	3.1%	4.2%	4.5%	4.8%	5.0%	5.1%	5.2%
1000	3.2%	4.3%	4.6%	4.9%	5.1%	5.2%	5.4%
900	3.3%	4.4%	4.8%	5.0%	5.3%	5.4%	5.5%
800	3.4%	4.6%	4.9%	5.2%	5.4%	5.6%	5.7%
700	3.6%	4.7%	5.1%	5.4%	5.6%	5.8%	5.9%
600	3.7%	5.0%	5.4%	5.7%	5.9%	6.1%	6.2%
500	4.0%	5.3%	5.7%	6.1%	6.3%	6.5%	6.6%
450	4.1%	5.5%	5.9%	6.3%	6.5%	6.7%	6.9%
400	4.3%	5.7%	6.2%	6.6%	6.8%	7.0%	7.2%
350	4.5%	6.0%	6.5%	6.9%	7.2%	7.4%	7.5%
300	4.8%	6.4%	6.9%	7.3%	7.6%	7.8%	8.0%
250	5.1%	6.9%	7.4%	7.9%	8.2%	8.4%	8.6%
200	5.6%	7.5%	8.2%	8.6%	9.0%	9.2%	9.4%
1000 and 1000	3.3%	4.4%	4.7%	5.0%	5.2%	5.4%	5.5%
900	3.4%	4.5%	4.9%	5.2%	5.4%	5.5%	5.6%
800	3.5%	4.6%	5.0%	5.3%	5.5%	5.7%	5.8%
700	3.6%	4.8%	5.2%	5.5%	5.8%	5.9%	6.0%
650	3.7%	4.9%	5.3%	5.7%	5.9%	6.0%	6.2%
600	3.8%	5.1%	5.5%	5.8%	6.0%	6.2%	6.3%
550	3.9%	5.2%	5.6%	6.0%	6.2%	6.4%	6.5%
500	4.0%	5.4%	5.8%	6.1%	6.4%	6.6%	6.7%
450	4.2%	5.6%	6.0%	6.4%	6.6%	6.8%	7.0%
400	4.3%	5.8%	6.3%	6.6%	6.9%	7.1%	7.2%
350	4.6%	6.1%	6.6%	7.0%	7.3%	7.5%	7.6%
300	4.8%	6.5%	7.0%	7.4%	7.7%	7.9%	8.1%
250	5.2%	6.9%	7.5%	7.9%	8.3%	8.5%	8.7%
200	5.7%	7.6%	8.2%	8.7%	9.1%	9.3%	9.5%

TABLE 68 (continued)

Sizes of samples compared		Approximate Size of Both Estimates: 10% or 90%	20% or 80%	25% or 75%	30% or 70%	35% or 65%	40% or 60%	50%
900 and	900	3.5%	4.6%	5.0%	5.3%	5.5%	5.7%	5.8%
	800	3.6%	4.8%	5.2%	5.5%	5.7%	5.8%	6.0%
	700	3.7%	4.9%	5.3%	5.7%	5.9%	6.0%	6.2%
	650	3.8%	5.0%	5.5%	5.8%	6.0%	6.2%	6.3%
	600	3.9%	5.2%	5.6%	5.9%	6.2%	6.3%	6.5%
	550	4.0%	5.3%	5.7%	6.1%	6.3%	6.5%	6.6%
	500	4.1%	5.5%	5.9%	6.3%	6.5%	6.7%	6.8%
	450	4.2%	5.7%	6.1%	6.5%	6.7%	6.9%	7.1%
	400	4.4%	5.9%	6.4%	6.7%	7.0%	7.2%	7.4%
	350	4.6%	6.2%	6.7%	7.1%	7.4%	7.6%	7.7%
	300	4.8%	6.5%	7.1%	7.5%	7.8%	8.0%	8.2%
	250	5.3%	7.0%	7.6%	8.0%	8.4%	8.6%	8.8%
	200	5.7%	7.7%	8.3%	8.8%	9.1%	9.4%	9.6%
	150	6.5%	8.6%	9.4%	9.9%	10.3%	10.6%	10.8%
	100	7.7%	10.3%	11.2%	11.8%	12.3%	12.7%	12.9%
	50	10.7%	14.2%	15.4%	16.3%	17.0%	17.4%	17.8%
800 and	800	3.7%	4.9%	5.3%	5.6%	5.8%	6.0%	6.1%
	700	3.8%	5.1%	5.5%	5.8%	6.0%	6.2%	6.3%
	650	3.9%	5.2%	5.6%	5.9%	6.2%	6.3%	6.5%
	600	4.0%	5.3%	5.7%	6.1%	6.3%	6.5%	6.6%
	550	4.1%	5.4%	5.9%	6.2%	6.5%	6.6%	6.8%
	500	4.2%	5.6%	6.0%	6.4%	6.7%	6.8%	7.0%
	450	4.3%	5.8%	6.3%	6.6%	6.9%	7.1%	7.2%
	400	4.5%	6.0%	6.5%	6.9%	7.2%	7.3%	7.5%
	350	4.7%	6.3%	6.8%	7.2%	7.5%	7.7%	7.9%
	300	5.0%	6.6%	7.2%	7.6%	7.9%	8.1%	8.3%
	250	5.3%	7.1%	7.7%	8.1%	8.5%	8.7%	8.9%
	200	5.8%	7.7%	8.4%	8.9%	9.2%	9.5%	9.7%
	150	6.5%	8.7%	9.4%	10.0%	10.4%	10.7%	10.9%
	100	7.8%	10.4%	11.3%	11.9%	12.7%	12.7%	13.0%
	50	10.7%	14.3%	15.5%	16.4%	17.0%	17.5%	17.9%
700 and	700	3.9%	5.2%	5.7%	6.0%	6.2%	6.4%	6.5%
	650	4.0%	5.3%	5.8%	6.1%	6.4%	6.5%	6.7%
	600	4.1%	5.5%	5.9%	6.2%	6.5%	6.7%	6.8%
	550	4.2%	5.6%	6.0%	6.4%	6.7%	6.8%	7.0%
	500	4.3%	5.7%	6.2%	6.6%	6.8%	7.0%	7.2%
	450	4.4%	5.9%	6.4%	6.8%	7.1%	7.3%	7.4%
	400	4.6%	6.1%	6.6%	7.0%	7.3%	7.5%	7.7%
	350	4.8%	6.4%	6.9%	7.3%	7.7%	7.9%	8.0%
	300	5.1%	6.8%	7.3%	7.7%	8.1%	8.3%	8.5%
	250	5.4%	7.2%	7.8%	8.3%	8.6%	8.8%	9.0%
	200	5.9%	7.9%	8.5%	9.0%	9.4%	9.6%	9.8%
	150	6.6%	8.8%	9.5%	10.1%	10.5%	10.8%	11.0%
	100	7.9%	10.5%	11.3%	12.0%	12.5%	12.8%	13.1%
	50	10.8%	14.3%	15.5%	16.4%	17.1%	17.6%	17.9%
600 and	600	4.2%	5.7%	6.1%	6.5%	6.7%	6.9%	7.1%
	550	4.3%	5.8%	6.3%	6.6%	6.9%	7.1%	7.2%
	500	4.5%	5.9%	6.4%	6.8%	7.1%	7.3%	7.4%
	450	4.6%	6.1%	6.6%	7.0%	7.3%	7.5%	7.6%
	400	4.7%	6.3%	6.8%	7.2%	7.5%	7.7%	7.9%
	350	4.9%	6.6%	7.1%	7.6%	7.9%	8.1%	8.2%
	300	5.2%	6.9%	7.5%	7.9%	8.3%	8.5%	8.7%
	250	5.5%	7.4%	8.0%	8.5%	8.8%	9.0%	9.2%
	200	6.0%	8.0%	8.7%	9.2%	9.5%	9.8%	10.0%
	150	6.7%	8.9%	9.7%	10.2%	10.7%	11.0%	11.2%
	100	7.9%	10.6%	11.5%	12.1%	12.6%	13.0%	13.2%
	50	10.8%	14.4%	15.6%	16.5%	17.2%	17.7%	18.0%
500 and	500	4.6%	6.2%	6.7%	7.1%	7.4%	7.6%	7.7%
	450	4.8%	6.4%	6.9%	7.3%	7.6%	7.8%	8.0%
	400	4.9%	6.6%	7.1%	7.5%	7.8%	8.1%	8.2%
	350	5.1%	6.8%	7.4%	7.8%	8.1%	8.4%	8.5%
	300	5.4%	7.2%	7.7%	8.2%	8.5%	8.8%	8.9%
	250	5.7%	7.6%	8.2%	8.7%	9.1%	9.3%	9.5%
	200	6.1%	8.2%	8.9%	9.4%	9.8%	10.0%	10.2%
	150	6.8%	9.1%	9.9%	10.5%	10.9%	11.2%	11.4%
	100	8.1%	10.7%	11.6%	12.3%	12.8%	13.1%	13.4%
	50	10.9%	14.5%	15.7%	16.7%	17.3%	17.8%	18.2%

TABLE 68 (continued)

Sizes of Samples compared		Approximate Size of Both Estimates						
		10% or 90%	20% or 80%	25% or 75%	30% or 70%	35% or 65%	40% or 60%	50%
400 and	400	5.2%	6.9%	7.5%	7.9%	8.3%	8.5%	8.7%
	350	5.4%	7.2%	7.8%	8.2%	8.6%	8.8%	9.0%
	300	5.6%	7.5%	8.1%	8.6%	8.9%	9.2%	9.4%
	250	5.9%	7.9%	8.6%	9.1%	9.4%	9.7%	9.9%
	200	6.4%	8.5%	9.2%	9.7%	10.1%	10.4%	10.6%
	150	7.0%	9.4%	10.2%	10.7%	11.2%	11.5%	11.7%
	100	8.2%	11.0%	11.9%	12.6%	13.1%	13.4%	13.7%
	50	11.0%	14.7%	15.9%	16.8%	17.5%	18.0%	18.4%
300 and	300	6.0%	8.0%	8.7%	9.2%	9.5%	9.8%	10.0%
	250	6.3%	8.4%	9.1%	9.6%	10.0%	10.3%	10.5%
	200	6.7%	8.9%	9.7%	10.2%	10.7%	11.0%	11.2%
	150	7.3%	9.8%	10.6%	11.2%	11.7%	12.0%	12.2%
	100	8.5%	11.3%	12.2%	13.0%	13.5%	13.9%	14.1%
	50	11.2%	15.0%	16.2%	17.1%	17.9%	18.3%	18.7%
200 and	200	7.3%	9.8%	10.6%	11.2%	11.7%	12.0%	12.2%
	150	7.9%	10.6%	11.5%	12.1%	12.6%	13.0%	13.2%
	100	9.0%	12.0%	13.0%	13.8%	14.3%	14.7%	15.0%
	50	11.6%	15.5%	16.8%	17.8%	18.5%	19.0%	19.4%
150 and	150	8.5%	11.3%	12.2%	13.0%	13.5%	13.9%	14.1%
	100	9.5%	12.7%	13.7%	14.5%	15.1%	15.5%	15.8%
	50	12.0%	16.0%	17.3%	18.3%	19.1%	19.6%	20.0%
100 and	100	10.4%	13.9%	15.0%	15.9%	16.5%	17.0%	17.3%
	50	12.7%	17.0%	18.4%	19.4%	20.2%	20.8%	21.2%
50 and	50	14.7%	19.6%	21.1%	22.5%	23.4%	24.0%	24.5%

SECTION B

DATA QUALITY

Respondent Comprehension and Attitude

Fieldwork: Monitoring and Control Procedures

Editing and Coding

Completion Experience

Section B: Data Quality

In evaluating the quality of survey data, it is necessary to examine such diverse factors as completion experience, respondent understanding and cooperation, control of field work, verification of completed interviews, and procedures employed in editing and coding.

Respondent Comprehension and Attitude

TABLE 69

Interviewer Assessment of Respondents' Level of Cooperation and Understanding*

Interviewer Assessment	Youth (1581)	Young Adults (1283)	Older Adults (2760)
Level of Cooperation			
Very cooperative	94.8%	95.2%	91.7%
Fairly cooperative	4.9	3.4	6.4
Not too cooperative	*	*	1.1
Openly hostile	*	*	*
No answer	*	*	.7
Level of Understanding			
No difficulty	79.6%	87.5%	83.3%
Just a little difficulty	15.6	7.7	10.3
A fair amount of difficulty	3.8	2.4	3.0
A lot of difficulty	.8	1.6	2.8
No answer	*	.8	.7

Some categories do not add to 100% because of rounding.

These percents are based on unweighted data, in order to reflect the actual numbers of participants in each cooperation/understanding category.

*Less than .5%.

*On the final page of the interview schedule, interviewers were asked to estimate both the respondents' understanding of the interview and cooperation during the interview. These questions were filled out privately by the interviewers.

Fieldwork: Monitoring and Control Procedures

The majority of the interviews were conducted in March, April, and May of 1982. Fieldwork began, however, in 1981, with approximately 300 interviews being conducted in late November and early December. The remaining interviews were conducted from March 1982 through mid-July 1982.

A computerized system, which provides regular status reports on completed interviewing, was utilized throughout the field period. This system allowed for both close monitoring of the work of each interviewer and for efficient reassignment of locations in which completed interviews were not being obtained.

Since anonymity was crucial to obtaining respondent cooperation, a special procedure was developed to facilitate interview verification. After each interview was concluded, all questionnaire materials were separately sealed in an envelope, and the respondent was asked to enter his/her name, address, and telephone number on a postcard that was then mailed directly to an independent verification service. This service verified at least 15% of each interviewer's work by telephone. When telephone numbers for respondents who had completed interviews were unavailable, mail verification was attempted.

The verification procedure included checks on the length of time the interviewer spent with the respondent, on adherence to procedures designed to assure respondent anonymity, and on the general subject of the interview. In the event of any discrepancy from the expected results, all of that interviewer's work was verified, and any work that failed to meet project standards was reassigned to another interviewer. Once we were satisfied that the interviews had been conducted according to established procedures, the postcards were destroyed, and it was no longer possible to determine who the respondents were.

Editing and Coding

The editing and coding functions were performed by an in-house coding department. This work was conducted under the direction of a coding supervisor, beginning during the reassignment period. The editing process involved preparing the questionnaires for keypunching by correcting errors (such as double answers) made in response to closed-end questions. Some inconsistencies between related questions were resolved at this stage, errors in skip patterns were corrected, and identifying information was checked for completeness. In the event that vital information was missing, interviewers were contacted for clarification. A 100% check on both editing and coding was maintained by the coding supervisor until she was satisfied that editing and coding specifications were being interpreted correctly and administered properly. Thereafter, a 15% check was maintained.

After the data had been converted to computer-readable form, an extensive machine check for consistency of responses was made. Each time an inconsistency was identified by the computer program, that questionnaire was examined by a staff member, and the inconsistency was resolved in accordance with preestablished rules. Special codes were developed as needed.

The machine check facilitated complex consistency checks as well as comparison of responses from various sections of the questionnaire. However, while using the computer to draw staff attention to inconsistencies, this process completely avoided automatic machine decisions.

Completion Experience

TABLE 70

1982 Field Classifications of Housing Units

Housing Units	N
Total assigned	12,019
Vacant	1,049
Unknown status	207*
Occupied	10,763

*Of the 207 households of unknown status, it was estimated that 189 were occupied, and 18 were vacant. These estimates were included in calculations of Interview Completion Experience (Table 73) and Response Rate (Table 74).

TABLE 71

1982 Field Experience for Youth Sample

Household and Interview Status	N
Total occupied housing units	10,763
Youth present (age 12-17)	1,848
Presence of youth unknown	204*
No youth	8,711

*Of the 204 households where presence of youth was unknown, it was estimated, that in 168 there were no youth present, whereas in 36 we would expect to find at least one youth. These estimates were included in calculations of Interview Completion Experience (Table 73) and Response Rate (Table 74).

TABLE 12

1982 Field Experience for Adult Sample

Household and Interview Status	N
Total occupied housing units	10,763
Adult aged 18-34 present	4,969
Designated for interview	3,399
Not designated	1,570
No adult 18-34 present	5,547
Presence of adult 18-34 unknown	247
Adult aged 35 or older present	7,489
Designated for interview	1,452
Not designated	6,037
No adult 35+ present	2,992
Presence of adult 35+ unknown	282

TABLE 73

Interview Completion Experience

Interview Status	Youth Sample 12-17 Years	Adult Sample 18-34 Stratum	Adult Sample 35+ Stratum
Eligible respondents*	1,884	3,540	1,517
Interviews completed in age group sample*	1,582	2,868	1,174
Respondent not at home	25	56	17
Household composition not obtained (no one at home, refused, no report)	32	141	65
Respondent refused	67	401	217
Parental permission not obtained	144	--	--
Other refused	4	--	--
Other incomplete	30	74	44

*Eligible respondents refer to the number of occupied housing units eligible for interview plus estimates of eligibility for housing units with no report on occupancy status or unknown eligibility.

*The total number of interviews completed in all age groups sampled equals the total number of interviews included in the analysis; however, differences occur across age groups because a small number of respondents fell into one age group on the day their household was sampled, but into an older age group on the day the interview was conducted.

TABLE 74

Completion Experience After Return Visits and Response Rates

	Youth Sample			Adult Sample#					
	12-17 Years			18-34 Stratum			35+ Stratum		
ELIGIBLE RESPONDENTS*	1,884			3,540			1,517		
	Completions			Completions			Completions		
Visits	N	%	Cumulative % of total	N	%	Cumulative % of total	N	%	Cumulative % of total
Initial visit	321	17%	17%	678	19%	19%	349	23%	23%
2nd visit	423	22	39	641	18	37	277	18	41
3rd visit	314	17	56	506	14	52	215	14	55
4th visit	209	11	67	399	11	63	132	9	64
5th visit	125	7	74	223	6	69	71	5	69
6th visit	79	4	78	151	4	73	50	3	72
7th visit	34	2	80	84	2	76	33	2	74
8th visit	32	2	82	67	2	78	15	1	75
9th visit	16	1	82	41	1	79	13	1	76
10th visit	10	1	83	26	1	80	4	*	76
11th visit	5	*	83	21	1	80	6	*	77
12 or more visits	10	1	84	28	1	81	7	*	77
Unknown number of visits	4	*	84	3	*	81	2	*	77
TOTAL COMPLETE:	1,582			2,868			1,174		
RESPONSE RATE:			84%			81%			77%
NOT COMPLETED:	302	16%	100%	672	19%	100%	343	23%	100%

*Less than .5%.

*Eligible respondents includes the number of occupied housing units eligible for interview plus estimates of eligibility for housing units with no report on occupancy status or unknown eligiblity.

#Response rates were not calculated separately for various analysis groups; however, assuming that the response rate for those aged 18 to 25 is the same as for those aged 26 to 34, we would estimate that among 18 to 25 year olds, approximately 81% of the designated respondents completed the interview and that among designated persons aged 26 and older about 79% participated.

SECTION C

DEFINITION OF THE SAMPLE

Sample Design

Weighting Procedures

Section C: Definition of the Sample

The Response Analysis Corporation national area probability sample was employed in this study. Sample locations, households, and specific individuals to be interviewed were specified by the sampling plan and through explicit instructions to the interviewers. No aspect of selection was left to the discretion of the interviewer.

Sample Design

A number of study requirements were merged in the sample design, including:

- A basic national sample of adults, aged 18 and over.
- A basic national sample of youth, aged 12 to 17.
- Within the adult sample, probability procedures were used to set selection rates for younger adults, aged 18 to 34, at a higher level than those for adults age 35 and older. This was done in order to provide a larger base of younger adults for the study analysis, because of their presumed higher incidences of drug use.

"Oversampling" of younger adults was compensated for by appropriate weights in the computer processing of study results so that total survey results reflect the actual distribution of the study population. A detailed description of the weighting procedures is presented in a later part of this section (p. 124).

Development of the sample included the following sequence of steps:

- Selection of a basic national sample of 103 primary areas (counties or groups of counties) stratified by geographic region, type of community, and other population characteristics.
- Selection of 400 interviewing locations or secondary areas (Census enumeration districts or block groups) for the national sample.
- Field counts by trained interviewers to divide interviewing locations into sample segments of 10 to 25 housing units.
- Selection of specific sample segment in each interviewing location for field administration of the survey.

- Prelisting of housing unit addresses in all sample segments selected for this study.
- Selection of specific housing unit addresses to be contacted for the survey and an advance mailing of a letter urging cooperation.
- Interviewer visit to each sample household to obtain listings of residents in eligible age ranges.
- Random selection, using a specific scheme assigned for each sample household, of persons to be interviewed. In any one household, the number of persons designated as part of the study sample was none, one, or two, as will be explained below.

Detail on each of these steps is provided in the remainder of this section.

Primary Sampling Units

The area of coterminous United States was first divided into approximately 1,140 primary sampling units. Each primary sampling unit is a well-defined geographic unit, usually a county or a group of counties, with a minimum population of 50,000 in 1970. Primary sampling units are of two general types: (1) metropolitan areas, or parts of metropolitan areas; and (2) nonmetropolitan areas.

Metropolitan areas: In most cases, primary sampling units that are metropolitan areas are the same as Standard Metropolitan Statistical Areas (SMSA's) defined by the Bureau of the Census. In the Census definition, each SMSA is a county or group of contiguous counties that contains one city with at least 50,000 inhabitants or more or "twin cities" with a minimum combined population of 50,000. In addition to the county or counties containing a central city or cities, contiguous counties are included in an SMSA if, according to certain criteria, they are essentially metropolitan in character and are socially and economically integrated with the central city.

In the Response Analysis sample, exceptions to the SMSA definitions were of three general types:

> In New England, SMSA's consist of towns and cities, rather than counties. In the Response Analysis sample, we retained the county as the basic level for formation of primary sampling units. Thus, our primary sampling units may include all or part of two or more SMSA's.
>
> Some SMSA's include counties in two Census geographic divisions (e.g., the Cincinnati SMSA consists of counties in Ohio and Indiana in the East North Central Division and in Kentucky in the East South Central Division). In order to maintain a strict stratification of primary sampling units on Geographic Division basis, these SMSA's were divided into two parts, corresponding to the geographic divisional classifications.

Seven very large metropolitan areas (New York, Boston, Philadelphia, Chicago, Detroit, Los Angeles, and San Francisco) were subdivided into two or more primary sampling units. Altogether, the seven SMSA's comprise 20 primary sampling units. The objective of these subdivisions was to create smaller areas as more efficient field assignment units.

Nonmetropolitan areas: Primary sampling units that are not metropolitan areas consist of a county or a group of contiguous counties and include a minimum 1970 population of 50,000. The minimum size condition was intended to create PSU's of sufficient population size to serve diverse survey needs, including sampling of special populations, over a long period of time. It is unlikely that we will be returning to the same households (except by design for specific studies) during the 10-year inter-Census period.

A number of criteria were used in combining counties to form primary sampling units to meet the minimum size requirement:

1. Whenever possible, a city or large town was the central point for the PSU.
2. Convenience of travel to different parts of the PSU from the central point.
3. Heterogeneity of population characteristics.

Stratification of primary sampling units

Thirty-eight large primary sampling units were included in the sample as self-representing primary areas. These range in 1970 population size from 1.1 million to 3.3 million persons and include the 25 largest SMSA's in the United States.

All other primary sampling units were grouped into 65 strata, with an average stratum population of approximately 2,000,000 persons in 1970. Within a stratum, primary sampling units are as much alike as possible in terms of geography, metropolitan or nonmetropolitan areas, population density, and other characteristics. Actual criteria used in the stratification and the order of priority assigned to them were:

Geographic division (within a stratum, all PSU's are in the same Census geographic division -- see list of states in the Key Definitions section under the four regions: Northeast, North Central, South, and West).

Metropolitan or nonmetropolitan (with the exception of a few counties, strata consist entirely of SMSA's or entirely of other counties). The few exceptions occurred when an SMSA was partly in each of two geographic divisions, and one of the parts was not large enough to meet the size criteria for a PSU. Further stratification criteria for metropolitan and nonmetropolitan areas --

For SMSA's:

Size of the SMSA

Population density

Percent black (in the South only)

Percent employed in manufacturing

Population growth in the 1960-1970 decade

For other than SMSA's:

Percent black (in the South only)

Population density

Percent employed in manufacturing

Percent of land in farms

Selection of primary sampling units

One PSU was selected with probability proportionate to size (preliminary 1970 population count) from each of the 65 strata that included two or more PSU's. The selected PSU's are primary areas in the Response Analysis national sample. Together with the 38 self-representing PSU's, the basic RAC sample includes a total of 103 primary areas.

Secondary Sampling Units

Secondary sampling units (SSU's) in the RAC sample are areas of approximately 2,500 population in 1970. An SSU may be as small geographically as a block or two in a densely populated portion of a city or it may be an entire county or even larger in a sparsely populated rural area.

Secondary sampling units were defined to be roughly equal in population size so that they would best serve the needs of general population studies. SSU's remain in the national sample for the same length of time.

Prior to defining secondary sampling units, land areas within PSU's were listed in the following general order:

Municipalities of 10,000 or more in order by population size*

Places of 2,500 to 9,999 in geographic order within county

Remaining minor civil division or census county divisions in geographic order within county

Primary areas (PSU's that were selected as part of the national sample) were then divided into "pairs" of secondary sampling units -- i.e., units of about 5,000 population. The pairs of SSU's are intended to provide for a convenient rotation of SSU's in the RAC sample. In effect, SSU's were selected for the RAC sample in pairs -- then one member of each selected pair was selected as part of the initial sample. The other member of the pair was available for a systematic planned rotation of the sample. Because each unit of the pair came from the same general part of the listing, the two SSU's usually have similar geographic location and city-size characteristics and are often within the same municipality or are rural sections of the same county, etc.

For the entire basic RAC sample, the total number of secondary units to be selected was set at 600. This was based on expected needs of users of the sample for dispersion for regional studies, as well as for national studies.

Selection of secondary sampling units

To determine the number of SSU's to select, the primary area was divided into zones. For each primary area, the zone size was:

$$z = \left[\frac{P}{S}\right]\left[\frac{\text{Primary area population}}{\text{Stratum population}}\right]$$

where P = Total 1970 population (preliminary)

S = Number of secondary sampling units to be selected = 600

One zone was created for each 1/600 of the 1970 population. In self-representing primary areas, the zone size was equal to the 1/600 population interval. In other than self-representing areas, the zone was adjusted proportionate to the probability of selection of the primary area.

*In practice, the types of units listed depended somewhat on the detail provided in preliminary Census reports for 1970 from which the listings were made.

For each primary area, the first zone started at the beginning of the area listing for that primary area and continued for the first z people in the population listing. The second zone started at $z+1$ and continued to $2z$ people, and so on. Incomplete zones at the end of the primary area listings were cumulated within a geographic division until the full zone size was reached.* Thus, some zones included portions of two or more primary areas within the same Census geographic division. Zones cumulated in this way included similar population characteristics to the extent that they were cumulated from "ends" of primary area listings and thus were primarily rural areas. Each Census geographic division included one incomplete zone at the end of the primary area listing.

One secondary sampling unit (actually a pair of secondary sampling units) was selected from each zone by selecting a random number within the zone interval and determining where it fell within the cumulated listing. The random number selected a previously defined pair of secondary sampling units.

Secondary sampling units usually consist of a number of administrative units used in the Census -- either enumeration districts (ED's) or block groups (in areas for which block statistics are to be published). (Enumeration districts and block groups average approximately 800 persons.)

Of the total 600 secondary sampling units, 400 were selected for this study.

Segment and housing unit assignments. For the national sample, trained interviewers previously were assigned to make rough field counts -- usually in segments of about 10 to 25 housing units -- to divide block groups and enumeration districts into administratively convenient survey units. Detailed maps, instructions, and count sheets were provided for these assignments. Segments were clearly defined geographic units bounded by streets, roads, streams, or other landmarks or by specific starting and stopping addresses.

For this study probability procedures were then used to select one or more segments in each interviewing location.

Interviewers were then assigned to do prelistings of housing unit addresses in each selected sample segment. The prelistings provided close central office control over selection of the final sample of households and permitted the mailing of a letter in advance of the interviewer visits to sample households. Of course, in certain areas (primarily rural, "open country") specific street addresses were unobtainable, and letters were not sent.

*Primary areas were taken in the order in which they were numbered -- starting with self-representing primary areas, then other metropolitan areas, then nonmetropolitan areas.

From these prelists of locations, a specific final sample of housing units was randomly selected in the Princeton survey office. Letters were addressed to those sample households and mailed a day or two before interviewers received their assignments.

Probability procedures used for the selection of sample areas, interviewing locations, segments, and housing units were such that for the national sample each housing unit in the coterminous United States had the same overall initial probability of selection.

Procedure Within Sample Housing Units -- the adult and the youth samples

A "face sheet" for each sample housing unit provided the interviewer with a prescribed series of steps for obtaining a listing of residents of the household, and the selection of respondents within eligible age ranges was accomplished by multiple forms of the face sheet. (Examples of face sheets are presented in Resource Book 1982; copies are on file with the National Institute on Drug Abuse). An adult sample and a youth sample were independently selected.

The adult sample. To accomplish the differential sampling of adults age 18-34 and 35 or older, household composition was ascertained and households were classified into three groups, with different selection procedures for each group (see below).

Household Composition	Selection Procedure
One or more persons 18-34; none 35 or older	Selection in 5/6 of households from 18-34 group; no adult selected in 1/6 of households
One or more persons 18-34 and one or more persons 35 or older	Selection in 1/2 of households from 18-34 group; in 1/3 of households from 35 or older group; no adult selected in 1/6 of households
One or more persons 35 or older; no one under 35	Selection in 1/6 of households from 35 or older group; no adult selected in 5/6 of households

If there was only one person in the designated adult age group, that person was the designated adult respondent. If there were two or more adults in the age group selected for interview, each eligible person was assigned a number, starting with males from oldest to youngest, then females from oldest to youngest. A random number selection table then indicated which of the adults was to be interviewed.

Probabilities of selection thus varied with the composition of the household for different age groups and with the number of residents within the selected age group. Weighting procedures were used to compensate for differences in selection rates; in general, the weights were inversely proportionate to the probabilities of selection.*

The youth sample. Interviewers also determined whether each household included one or more young people in the 12-17 age range. Whether or not an adult was interviewed, persons age 12-17 were listed on the face sheet. When there was only one such youth in the household, that person was designated as the youth respondent. When there were more than one youth age 12-17, numbers were assigned (starting again with males oldest to youngest, then females oldest to youngest), and one youth was randomly designated to be interviewed, as in the case of the adult sample.

As a result of these combined adult and youth sampling procedures, there could be none, one, or two interviews indicated for any assigned household, occurring as follows:

None: No youth 12-17
Adults present, but face sheet specifies no interview to be done

One: Adult selected, but no youth in household
OR
Youth present and adult present, but face sheet specifies no adult interview to be done

Two: Interview one each of adult and youth

Sizes of subsamples in the 1982 study as well as in earlier surveys are presented in the following table.

*A discussion of the weighting procedures is presented in the following subsection of this chapter.

TABLE 7a

Subsample Sizes by Age: Youth, Young Adults, Older Adults*

	1	2	3	4	5	6	7
	1971	1972	1974	1976	1977	1979	1982
TOTAL YOUTH	781	880	952	986	1272	2165	1581
Age							
12-13	344	377	332	321	394	671	515
14-15	283	288	302	347	432	721	511
16-17	252	314	318	321	446	773	555
TOTAL YOUNG ADULTS	741	772	849	882	1500	2044	1783
Age							
18-21	368	378	412	436	732	1016	546
22-25	379	394	437	446	768	1028	737
TOTAL OLDER ADULTS	1664	1613	2221	1768	1832	3015	2760
Age:							
26-34	659	582	881	804	668	1064	1671
35+	1038	1031	1340	944	1153	1951	1189

*Several tables throughout this main report compare data from this 1982 study to data from 1971, 1972, 1974, 1976, 1977, and 1979 for subgroups of the youth population. For the sake of clarity, we did not show the number of cases for each entry in the actual tables. This information, the unweighted number of people in each subgroup, is presented in this table. The reader may use these figures in determining the significance of group differences. (See Table 6B.)

TABLE 76

Subsample Sizes Among Subgroups of Youth*

	1	2	3	4	5	6	7
	1971	1972	1974	1976	1977	1979	1982
TOTAL YOUTH	781	880	952	986	1272	2165	1581
Sex:							
Male	383	433	442	519	641	1128	830
Female	398	447	510	467	631	1037	751
Race:							
White	††	††	811	809	1059	1830	1314
Black and other races	††	††	117	134	207	330	262
Region:							
Northeast	169	194	199	221	277	496	337
North Central	249	262	281	274	352	524	442
South	248	321	300	340	443	759	571
West	115	103	172	151	200	386	231
Population Density:							
Large Metropolitan	271	261	348	315	440	659	463
Small Metropolitan	227	295	322	317	391	440	502
Nonmetropolitan	283	324	282	354	441	1066	616

††Only weighted bases were reported in the 1971 and 1972 reports.

*Several tables throughout this main report compare data from this 1982 study to data from 1971, 1972, 1974, 1976, 1977, and 1979 for subgroups of the youth population. For the sake of clarity, we did not show the number of cases for each entry in the actual tables. This information, the unweighted number of people in each subgroup, is presented in this table. The reader may use these figures in determining the significance of group differences. (See Table 68.)

TABLE 77

Subsample Sizes Among Subgroups of Young Adults*

	1	2	3	4
	1976	1977	1979	1982
TOTAL YOUNG ADULTS	882	1500	2044	1283
Sex:				
Male	481	678	935	574
Female	401	822	1109	709
Race:				
White	695	1266	1751	1106
Black and other races	153	228	289	174
Education:				
Not high school graduate	190	315	435	242
High school graduate	355	623	88[illegible]	545
Attended college	329	553	713	478
Region:				
Northeast	171	292	482	251
North Central	224	412	535	310
South	309	496	652	494
West	178	300	375	228
Population Density:				
Large Metropolitan	237	511	647	374
Small Metropolitan	344	536	448	472
Nonmetropolitan	301	453	949	437

*Several tables throughout this main report compare data from this 1982 study to data from 1976, 1977, and 1979 for subgroups of the young adult population. For the sake of clarity, we did not show the number of cases for each entry in the actual tables. This information, the unweighted number of people in each subgroup, is presented in this table. The reader may use these figures in determining the significance of group differences. (See Table 68).

TABLE 78

Subsample Sizes Among Subgroups of Older Adults*

	1	2	3	4
	1976	1977	1979	1982
TOTAL OLDER ADULTS	1708	1822	3015	2760
Sex:				
Male	628	770	1294	1233
Female	1080	1052	1721	1527
Race:				
White	1412	1561	2609	2395
Black and other races	237	259	398	362
Education:				
Not high school graduate	475	499	815	650
High school graduate	631	659	1114	1011
Attended college	575	656	1063	1077
Region:				
Northeast	443	379	733	628
North Central	446	481	783	748
South	545	624	964	946
West	274	338	535	438
Population Density:				
Large Metropolitan	603	613	968	840
Small Metropolitan	553	600	631	952
Nonmetropolitan	552	609	1416	968

*Several tables throughout this main report compare data from this 1982 study to data from 1976, 1977, and 1979 for subgroups of the older adult population. For the sake of clarity, we did not show the number of cases for each entry in the actual tables. This information, the unweighted number of people in each subgroup, is presented in this table. The reader may use these figures in determining the significance of group differences. (See Table 68).

Weighting Procedures

Weights are used in the processing of survey results to compensate for differences in probabilities of selection assigned to various population subgroups and to adjust for observed differences in interview completion rates. The "final weight" assigned to each respondent is the product of two sampling weights and two adjustment factors.

A. Sampling Weights. The product of the sampling weight factors represents the inverse of each respondent's relative chance of selection. A separate weight factor is required for each step of the sampling process in which differing probabilities of selection are used. In accordance with the sampling plan, two such weight factors were required:

1. A weight factor compensating for disproportionate oversampling of younger persons. Within selected households, selection rates varied for youth, adults aged 18-34, and adults aged 35 and older. As described in the previous section, relative selection rates for two adult strata depended upon household composition; these relative rates and compensatory relative weights are illustrated in Table 79.

2. A weight factor compensating for selection of one person from the selected age group(s) -- regardless of the number of eligible persons in the household. As previously described, at most one youth and one adult were interviewed in each household included in the sample. These selection rates and compensatory weights, which depend upon the number of persons in the selected age group(s), are illustrated in Table 80.

B. Adjustments. Two adjustment factors were also employed in this study:

1. An adjustment factor compensating for differences in completion rates among interviewing locations. These weights were calculated separately (a) for youth and (b) for young adults and older adults combined.

2. An adjustment factor compensating for residual deviation of selected demographic characteristics (age, race, sex, region, and metropolitan versus nonmetropolitan area of residence) of the sample from parameter data, based on the 1980 Census. These adjustments were interactively prepared, i.e., were based on a single five-way table. In order to base the adjustment on the most recent data, a variety of sources (all 100% 1980 Census counts) were employed.*

*U.S. Bureau of the Census:

- Current Population Reports, Series P-25, No. 917, issued July 1982.
- 1980 Census of Population and Housing. Advance Reports, Series PHC 80-V.
- Unpublished "modified counts" from the 1980 Census, printed 8/19/82.
- Unpublished data on the institutional population, printed 1/27/81.

After the final adjustment was applied, sample distributions were compared to Census distributions for each of the demographic characteristics. The results showed similar, if not precisely matched, distributions.

TABLE 79

Relative Weight Based on Selection of Age Group Stratum
18-34 Stratum and 35+ Stratum

Adult household composition	Selection Rate	Relative Weight
18-34 only	5/6	1.2
18-34 and 35 or older ...		
Selected subgroup:		
Persons 18-34	1/2	2
Persons 35 or older	1/3	3
35 or older only	1/6	6.0

TABLE 80

Relative Weight Based on Selection Rate Within Age Subgroup*

Number of persons in household in selected subgroup	Selection Rate	Relative Weight
1	1	1
2	1/2	2
3	1/3	3
4	1/4	4

*Where age subgroups were: Youth aged 12-17, adults aged 18-34, and adults aged 35 and older.

SECTION D

KEY DEFINITIONS 1982 SURVEY

KEY DEFINITIONS 1982 SURVEY

This section is designed to acquaint the reader with definitions used in reporting 1982 data, including definitions of substances, definitions of categories used in tables, and other frequently used terms. Also included is information on table reading (e.g., "rounding," "percent sign," and so forth.)

(For definitions used in earlier survey years see the following section, Key Definitions 1971-1979.)

Alcohol

". . .beer, wine, and liquor, like whiskey or gin." Responses to alcohol questions were marked on a private answer sheet.

Analgesics

Respondents were told that this pill class includes pain-killing pills that, unlike aspirin, are usually available only with a doctor's prescription. Respondents were also shown the pill card of analgesic pills that appears at the end of this volume.

NOTE: See definitions of Medical and Nonmedical Experience with Psychotherapeutic Drugs.

Answer Sheets

Answer sheets were used to ensure privacy of response for questions on alcohol, marijuana, cocaine, hallucinogens, and heroin, as well as for questions on the nonmedical use of psychotherapeutics. These forms were filled out by the respondent while the interviewer read the questions aloud. On certain later answer sheets, interviewers used their judgement on whether or not to offer respondents the option of reading silently and filling the sheets out entirely on their own.

Any Nonmedical Use

The use of pills in one or more of the four psychotherapeutic drug categories (that is, sedatives, tranquilizers, stimulants, and/or analgesics) for any nonmedical purpose.

NOTE: See definitions of Medical and Nonmedical Experience with Psychotherapeutic Drugs.

Bases

The bases shown in parentheses in the tables are the actual numbers of respondents in each category. These bases should be used when estimating the statistical significance of percentage differences. (Percentages are based on weighted data.)

Black and Other Races

Those individuals who stated that they were Black, American Indian or Alaskan Native, Asian or Pacific Islander, or who volunteered Black/Hispanic or some other combination.

Cigarettes

Lifetime prevalence is based on the question, "About how old were you when you first tried a cigarette?" Current use is defined as smoked in past 30 days; in the 1982 survey, all respondents were asked about current use.

Confidence Limits	The upper and lower limits as stated in this report define the interval within which one can be 95% certain that the population value lies; i.e., if the procedure were followed in all possible samples, the statement that the population value lies in the confidence interval would be correct 95 times out of 100. (See the Methods chapter for further detail.)
Current Drinker	Reported use of alcohol during the month prior to interview.
Current Smoker	Reported use of cigarettes during the month prior to interview.
Current Use	See: Use in Past Month.
Ever Used	See: Lifetime Prevalence.
First Use in Past Year	Respondents who reported using the drug in question for the first time during year prior to interview.
	NOTE: Percentages of "new users" (i.e., those who "first used in past year") are based on the entire age group. This is not a conventional incidence measure.
Hallucinogens	"LSD and other hallucinogens, such as PCP or Phencyclidine, Mescaline, Peyote, Psilocybin, DMT."
Large Metropolitan	Includes Standard Metropolitan Statistical Areas (SMSAs) with population of 1,000,000 or more in 1970. Large Metropolitan areas include central cities and surrounding areas as defined by the U.S. Bureau of the Census. Other density areas defined in this section are: Small Metropolitan and Nonmetropolitan.
Less Than 0.5%	Percents that are less than one-half of one percent are shown as an asterisk on all tables; i.e., on tables with percents reported to the nearest tenth as well as on tables with percents reported to the nearest whole number.
Lifetime Patterns	A respondent's experience with a particular drug (or drugs) summarized across his or her lifetime. For example, lifetime frequency refers to the total number of times a respondent has used a particular drug, over the course of his or her life.
Lifetime Prevalence (Ever Used)	Percent who ever used; i.e., has used the drug one or more times in lifetime.

Main Source — Indicates the question(s) from the 1982 survey instrument that are the primary source used to calculate a particular percentage. The open interview questions are referred to by their number (e.g., Question 6). The answer sheet questions are referred to by the first letter(s) of the answer sheet heading, followed by the specific question number (e.g., M-5 means Marijuana Answer sheet, question 5). Where possible, supplementary information was used to classify cases that were coded as "not sure" on the main source question. For example, M-5 is the main source for Table 16 on recency of marijuana use. For persons who were "not sure" when their most recent marijuana use occurred, supplementary information was derived from question M-6 (days used in past month) and question F1-Marijuana (whether respondent first used during the past year).

Marijuana — "Marijuana and Hashish"

Medical Experience with Psychotherapeutic Drugs — Use of one or more of the four psychotherapeutic drug categories -- sedatives, tranquilizers, stimulants, analgesics -- prescribed for respondent by a doctor. All respondents were asked about their medical experience with psychotherapeutic drugs in the 1982 Survey.

New Users — Refers to the percentage of persons who first used a particular substance during year prior to interview. (See First Use in Past Year.)

Nonmedical Experience with Psychotherapeutic Drugs — Use of a pill or other drug(s) from any of the four psychotherapeutic drug categories in order to get high or to enjoy the feeling or just for kicks or curiosity or for any other nonmedical purpose. The four categories are sedatives, tranquilizers, stimulants and analgesics.

In the 1982 survey, private answer sheets were used to record answers to questions on nonmedical use of psychotherapeutics. This was the first survey in which answer sheets were used for this type of drug use.

Nonmetropolitan — Includes a sample of those areas that were not part of a Standard Metropolitan Statistical Area as of 1970, according to standards set by the U.S. Bureau of the Census; in general, this includes smaller communities, rural nonfarm areas, and rural farm areas. Other density areas defined in this section are: Large Metropolitan and Small Metropolitan.

North Central — Census classifications of East North Central states (Illinois, Indiana; Michigan, Ohio, Wisconsin) and West North Central states (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota).

Northeast — Census classifications of New England states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont) and Middle Atlantic States (New Jersey, New York, Pennsylvania).

Not Past Month User — This category, which is included in the "Patterns of Use" tables (for days used in past month), includes persons whose most recent use occurred more than a month ago as well as a small number of respondents who were coded as "not sure" whether most recent use occurred within the past month.

Not Past Year — This category includes those whose most recent use occurred "more than a year ago" and those for whom time of most recent use could not be identified.

See also "Use in Past Year."

Now a Full-Time College Student — "Now a Full-Time College Student" is defined by a "yes" response to the question, "Are you a student or taking any courses this year in a college or other kind of school?"; and a "college" or "community college" response to the question, "Is that a college or a vocational school, or what?"; and a "full-time" response to the question, "Are you a full-time student or a part-time student?"

NOTE: These data have been compiled only for young adults.

Older Adults — This category includes persons age 26 and older. For other age groups see: Youth and Young Adults.

Past Month, Past Year Use — See: Use in Past Month, Use in Past Year.

Percents — All percents are based on weighted data. Percents are shown to the nearest tenth when the data pertain to one of the three major age groups in our sample, i.e., Youth, Young Adults, or Older Adults. This practice was initiated because some of the drug use figures are so small (e.g., heroin) that rounding the percents can contribute to the distortion of the data. However, we do not mean to imply that percents expressed to the nearest tenth have any more precision than they would have if rounded to a whole number.

When the data pertain to smaller subgroups (e.g., youth in the Northeast) the percents are rounded to the nearest whole number. In some cases, an exception is made for two "older adult" age groups with large n's: 26 to 34 and 35 and older.

Percent Sign

If there is a "%" sign next to the first figure in a column but not the other figures in that column, then the column reads down and adds to 100%, unless otherwise explained. If there is a "%" sign next to the first figure in a row but not the other figures in that row, then the row reads across and adds to 100%, unless otherwise explained. If there is a "%" sign next to each figure in the body of a table, it means that the table is a composite and is made up of a number of partial tables; rows and columns do not add to 100%.

Population Density

Population density is grouped in three major categories -- Large Metropolitan, Small Metropolitan, and Nonmetropolitan. (See separate definitions of each of these terms.) Population density of an area is determined according to standards set by the U.S. Bureau of the Census as of 1970.

Race

Race is grouped in two categories: "White" and "Black and other races." See definitions of these terms for further information pertaining to inclusion of specific races and ethnic groups.

Recency of Use

"Most recent time used." The categories of recency are: "past month," "past year, not past month," and "not past year." See definitions for specific categories: "Use in Past Month" and "Not Past Year." See also "Use in Past Year."

Region

Region is grouped in four categories: Northeast, North Central, South, West. See definitions of these terms.

Repercentaging

Percentages are derived from weighted data. The bases shown in parentheses in the tables are the actual numbers of respondents in each category. Therefore, it is not possible to repercentage or combine subgroups.

Rounding

In very few cases is a weighted percentage exactly X.50%; in almost all cases, the unrounded percentage will be slightly higher (e.g., X.50001) and therefore is rounded up or will be slightly lower (e.g., X.498789) and therefore is rounded down. When computer printouts showed (rounded) results of X.50%, the calculation was performed by hand to determine whether the unrounded percentage fell above .5 or below .5.

The tables sometimes add to 99% or 101% when they should add to 100%. Similarly, tables shown to one decimal place sometimes add to 99.9% or 100.1% instead of 100%. These discrepancies are due to the rounding of percents. (See also definition of Percents.)

Sedatives

Barbiturates and other sedatives (often referred to as sleeping pills). Respondents were told that: "Doctors sometimes prescribe these pills to help people go to sleep or to help them calm down during the day or for some other medical purpose." Respondents were shown the pill card of sedative pills that appears at the end of this volume.

NOTE: See definitions of Medical and Nonmedical Experience with Psychotherapeutic Drugs.

Significance — On all trend tables, the level of significance for the change between 1979 and 1982 is noted as follows: SSS: significant at .001 level; SS: significant at .01 level; S: significant at .05 level; $: significant at the .10 level; NS: not significant. §: significance tests were not performed on these substances. Observed differences may be due to, among others: (1) change in true prevalence; (2) change in operational definition; and (3) variation due to seasonality.

Small Metropolitan — Includes a sample of those Standard Metropolitan Statistical Areas under 1,000,000 in population in 1970. Other density areas defined in this section are: Large Metropolitan and Nonmetropolitan.

South — Census classifications of South Atlantic states (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia), East South Central states (Alabama, Kentucky, Mississippi, Tennessee), and West South Central states (Arkansas, Louisiana, Oklahoma, Texas).

Stimulants — Amphetamines or other stimulants. Respondents were told that these pills are sometimes used to help people lose weight and that they are usually available only with a doctor's prescription. Respondents were also shown the pill card of stimulant pills that appears at the end of this volume.

NOTE: See definitions of Medical and Nonmedical Experience with Psychotherapeutic Drugs.

Tranquilizers — Respondents were told that the tranquilizer pill class includes pills that are usually available only with a doctor's prescription and are prescribed to help people calm down or to relax their muscles, etc. Respondents were also shown the pill card of tranquilizer pills that appears at the end of this volume.

NOTE: See definitions of Medical and Nonmedical Experience with Psychotherapeutic Drugs.

Use in Past Month (Current Use) — Respondent reports use within the month (30 days) prior to the interview date.

Use in Past Year — Respondent reports use one or more times during year prior to interview date. Includes persons reporting that their most recent use occurred in the past month or past year, as well as those persons who (though categorized as "not sure" of time of most recent use) indicated that their first use of the drug occurred during the past year. (For most drug classes, first use during past year can be determined from the "first use" answer sheet; for other drug classes, from a comparison of current age and age at first use.)

West — Census classifications of Mountain states (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming), and Pacific states (California, Oregon, Washington).

White — Those individuals who chose the category White or Hispanic as the category that best described them.

Young Adults — This category includes persons age 18 to 25 years. For other age groups see: Youth and Older Adults.

Youth — This category includes persons age 12 to 17 years. For other age groups see: Young Adults and Older Adults.

SECTION E

KEY DEFINITIONS 1971-1979 SURVEYS

KEY DEFINITIONS 1971-1979

Alcohol

1979: "Alcoholic beverages -- beer, wine, and whiskey, gin, other 'hard' liquors."

1977, 1976, 1974: "Alcoholic beverages -- beer, wine, and whiskey, or anything else to drink with alcohol in it."

1972: "Beer, wine, hard liquor like cocktails or highballs, or on the rocks, or straight shots."

Note: The 1979 questions on alcohol are not comparable with earlier years because a new operational definition was employed in 1979. The responses to the 1979 alcohol questions were marked on a private answer sheet rather than being spoken to the interviewer as in 1977, 1976, 1974, and 1972. The new design was implemented to (1) provide respondent training on the answer sheet procedure prior to its use for illicit substances, and (2) provide the same conditions of privacy for this drug as for the illicit drugs, thus encouraging full disclosure.

Analgesics (Nonmedical Experience)

1979: "Sometimes doctors prescribe these pills to relieve pain. But besides the medical uses, people sometimes take these pills on their own to see how they work or just to feel good."

Black and Other Races

1979, 1977: Those individuals who state that their family origin is American Indian, Alaskan native, Asian, Black, Pacific Islander, or some other race (other than white).

1976, 1974: Those individuals whose racial background, according to interviewer observation, is determined to be American Indian, black, Oriental, or some other race (other than white).

1971, 1972: Those individuals whose category, according to interviewer observation, is determined to be Negro, Puerto Rican or other Latin American group, or some other category (other than white).

NOTE: Due to recent changes in federal reporting options for race and ethnicity as well as frequent changes in the administration and content of such items over time, Hispanics have appeared in two racial categories ("White" and "Black and other races"). In 1979, Hispanics were included in the "White" category; in 1977, they appeared in one or the other category depending on how they identified themselves; in 1976 and 1974, they were included in one or the other category depending on how the interviewer identified them; and in 1971 and 1972, all

Hispanics appeared in the "Black and other races" category.

Cigarettes

1979: Lifetime prevalence was based on the question, "About how old were you when you first tried a cigarette?" Current use was defined as smoked in past 30 days; only those respondents who had smoked as many as five packs of cigarettes during their lifetimes were asked about current use.

1977, 1976, 1974: Lifetime prevalence was based on the question, "Have you ever smoked cigarettes?" Current use was defined as smoked within past month; all respondents were asked about current use.

1972: No data provided on lifetime prevalence. Current use defined as smoke at "the present time"; all respondents asked about current use.

1971: No data provided on lifetime prevalence. Current use defined as smoke at "the present time"; only those respondents who "ever smoked" were asked about current use.

NOTE: The 1979 questions on recency of cigarette use are not comparable with other years because a different operational definition was employed in 1979; i.e., in 1979, only those who had smoked five or more packs in their lifetime were asked about recency of use.

Current Drinker

1979, 1977, 1976, 1974: Drank in past month.

1972: Drank in past seven days.

NOTE: The 1979 questions on alcohol are not comparable with earlier years because a new operational definition was employed in 1979. The responses to the 1979 alcohol questions were marked on a private answer sheet rather than being spoken to the interviewer as in 1977, 1976, 1974, and 1972. The new design was implemented to (1) provide respondent training on the answer sheet procedure prior to its use for illicit substances, and (2) provide the same conditions of privacy for this drug as for the illicit drugs, thus encouraging full disclosure.

Current Smoker

1979: Smoked in past thirty days, and have smoked as many as five packs of cigarettes during their lifetimes.

1977, 1976, 1974: Smoked within past month.

1972, 1971: Smoke at "the present time."

NOTE: The 1979 questions on cigarettes are not comparable with other years because a different operational definition was employed in 1979.

First Use in Past Year

1979, 1977, 1976, 1974: Respondents who report using drug "X" for the first time during the past year. The percentage of new users is calculated on a base that includes all respondents in the age group.

NOTE: This is not a conventional incidence measure.

Hallucinogens

1979: "LSD and other hallucinogens such as phencyclidine or PCP, mescaline, peyote, psilocybin, DMT." Data for PCP are included within general data on hallucinogens and also provided separately.

1977, 1976: "LSD and other hallucinogens like mescaline, peyote, psilocybin, and DMT." Separate data are provided for PCP.

1974: "LSD or other hallucinogens."

1972: "LSD or something like it, such as mescaline, psilocybin, MSA, STP."

Marijuana

1979: "Marijuana and (or) hashish."

NOTE: Although the data pertain to use of either of these substances, our experience in earlier surveys indicates that most respondents who report using hashish have also used marijuana.

1977, 1976, 1974, 1972, 1971: Data reported are for marijuana only.

Nonmedical Experience with Psychotherapeutic Drugs

From 1972 through 1979, questions on nonmedical use were asked in the "open interview" (answer aloud) fashion.

1979, 1977, 1976, 1974: A "yes" or "not sure" response to any one (or more) of the following three items: "(1) Did you ever take any of these kinds of pills just to see what it was like and how it would work? (2) Did you ever take any of these kinds of pills just to enjoy the feeling they give you? (3) Did you ever take any of these pills for some other nonmedical reason, and not because you needed it?"

NOTE: In 1977 only, questions about nonmedical experience were assigned to a random half of the households in which interviews were conducted.

1972: A "yes" response to any one (or more) of the following five items: "(1) Have you ever taken these pills to help you get along with your family or other people? (2) Have you ever taken any of these pills to help you get ready for some big event, or help you accomplish something? (3) Did you ever take any of these kinds of pills just to see what it was like and how it would work? (4) Have you ever taken any of these pills before going out, so that you could enjoy yourself more with other people? (5) Did you ever take these kinds of pills just to enjoy the feeling they give you?"

Now a Full-Time College Student

1979, 1977, 1976: "Now a Full-Time College Student" is defined by a "yes" response to the question, "Are you a student or taking any courses this year in a college or other kind of school?"; and a "college" or "community college" response to the question, "Is that a college or a vocational school, or what?"; and a "full-time" response to the question, "Are you a full-time student or a part-time student?"

NOTE: These data have been compiled only for Young Adults.

Sedatives (Nonmedical Experience)

1979: "These pills are barbiturates and other sedatives. Sometimes doctors prescribe these pills to calm people down during the day or to help them sleep at night. But besides the medical uses, people sometimes take these pills on their own, to help them relax, or just to feel good."

1977, 1976, 1974: "Doctors sometimes prescribe these to help relax during the day and to get a better night's sleep. People also use these on their own, to help relax and just to feel good. These are barbiturates or sedatives and are sometimes called 'downs' or 'downers.'"

NOTE: In 1977 only, questions about sedatives were assigned to a random half of the households in which interviews were conducted.

1972: "Doctors prescribe these to help relax and to get a better night's sleep. People also use these on their own -- to help relax and just to feel good. These are barbiturates and are sometimes called 'downs' or 'downers.'"

Stimulants (Nonmedical Experience)

1979: "These pills are amphetamines and other stimulants. Doctors sometimes prescribe these for losing weight. But besides medical uses, people sometimes take them on their own to make them feel more wide-awake, peppy, and alert."

1977, 1976, 1974: "Doctors sometimes prescribe these for losing weight. People also use them on their own to make them feel more wide-awake, peppy, or alert. They are sometimes called 'ups' or 'uppers,' 'speed,' or 'bennies.'"

NOTE: In 1977 only, questions about stimulants were assigned to a random half of the households in which interviews were conducted.

1972: "Doctors prescribe these mostly for losing weight, and sometimes to give people more energy. People also use these on their own, just to feel good. These are amphetamines. They are also called 'ups' or 'uppers,' 'speed,' 'bennies.'"

Tranquilizers - (Nonmedical Experience)

1979: "These pills are tranquilizers. Doctors sometimes prescribe them to calm people down, quiet their nerves, or relax their muscles. But besides the medical uses, people sometimes take these pills on their own to help them relax, or just to feel good."

1977, 1976, 1974: "Doctors sometimes prescribe these to calm people down, or quiet their nerves, or relax their muscles. People also take them on their own to make them feel better. These are tranquilizers."

NOTE: In 1977 only, questions about tranquilizers were assigned to a random half of the households in which interviews were conducted.

1972: "These help people to calm down and to quiet their nerves. Doctors prescribe them. People also take them on their own to make them feel better. These are tranquilizers."

Use in Past Month (Current Use)

1979, 1977, 1976: Reports use within "past week," "past month," or one or more days within the past 30 days.

1974: Has used within past month.

1972, 1971: Marijuana only -- self-designated current users who report usage "once a month or less," as well as those who report more frequent use. Other drugs -- has used within past month.

White

1979: Those individuals who state that their family origin is white or that they are of Spanish-American origin.

1977: Those individuals who state that their family origin is white.

1976, 1974, 1972, 1971: Those individuals whose racial background, according to interviewer observation, is determined to be white.

NOTE: Due to recent changes in Federal reporting options for race and ethnicity, as well as frequent changes in the administration and content of such items over time, Hispanics have appeared in both racial categories ("White" and "Black and other races"). In 1979, Hispanics were included in the "White" category; in 1977, they appeared in one or the other category depending on how they identified themselves; in 1976 and 1974, they were included in one or the other category depending on how the interviewer identified them; and in 1971 and 1972, all Hispanics appeared in the "Black and other races" category.

SECTION F

QUESTIONNAIRE

ANSWER SHEET #1

ALCOHOL

A-1. About how old were you the first time you had a glass of beer or wine or a drink with liquor, such as whiskey, gin, scotch, etc.?

Age: _____ *505-506*

X NEVER USED IT

A-2. When was the most recent time that you had a drink?

1 WITHIN THE PAST MONTH (30 DAYS)

2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)

3 SIX MONTHS TO A YEAR AGO

4 MORE THAN A YEAR AGO *507*

8 NOT SURE

X NEVER USED IT

PLEASE GO TO THE TOP OF THE NEXT COLUMN

A-3. If you used alcohol during the past 30 days, on how many different days did you have one or more drinks?

Number of days: _____ *508-509*

X NEVER USED IT

A-4. On those occasions when you have a drink, do you usually drink beer, wine, or liquor -- or a combination of these?

1 BEER

2 WINE *510*

3 LIQUOR

4 COMBINATION OF THESE/IT VARIES

X NEVER USED IT

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

ANSWER SHEET #2

MARIJUANA AND HASHISH

M-1. About how old were you when you first knew someone who had tried marijuana or hashish? *511-512*

Age: _____

X NEVER KNEW ANYONE WHO TRIED IT

M-2. About how old were you when you first had a chance to try marijuana or hash if you wanted to? *513-514*

Age: _____

X NEVER HAD A CHANCE TO TRY

M-3. About how old were you the first time you actually used marijuana or hash? *515-516*

Age: _____

X NEVER USED IT

M-4. About how many times in your lifetime have you used marijuana or hash? *517*

1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES
4 100 OR MORE TIMES

X NEVER USED IT

PLEASE GO TO THE TOP OF THE NEXT COLUMN

M-5. When was the most recent time that you used marijuana or hash? *518*

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN A MONTH AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO

X NEVER USED IT

M-6. During the past 30 days, on how many different days did you use marijuana or hash? *519-520*

Number of days: _____

X NEVER USED IT

M-7. During the past 30 days, about how many marijuana cigarettes (joints, reefers) did you smoke? *521*

1 LESS THAN 1 A DAY
2 1 A DAY
3 2-3 A DAY
4 4-6 A DAY
5 7-10 A DAY
6 11 OR MORE A DAY
7 NONE IN PAST 30 DAYS

X NEVER USED IT

M-8. Not counting the past 30 days, was there ever a time when you used marijuana or hash almost every day for a month? *522*

1 YES
2 NO
3 NOT SURE

X NEVER USED IT

PLEASE TURN ANSWER SHEET OVER

ANSWER SHEET #2
Continued

MARIJUANA AND HASHISH

M-9. On the occasions you have used marijuana or hash, about how often did you have an alcohol drink around the same time?

1 USUALLY
2 ABOUT HALF THE TIME
3 OCCASIONALLY 523
4 RARELY
5 NEVER
X NEVER USED MARIJUANA/HASH

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

ANSWER SHEET #3

SEDATIVES (NONMEDICAL USE)

S-1. Put a checkmark next to each pill you ever took for kicks or to get high -- or for any other nonmedical reason:

S-2. Put a checkmark next to each pill you took during the past month (30 days) for kicks or to get high -- or for any other nonmedical reason:

524	___QUAALUDES___	535
525	___ SECONAL ___	536
526	___ TUINAL ___	537
527	___PLACIDYL___	538
528	___ SOPOR ___	539
529	___NEMBUTAL___	540

530-531 (Pill #) ___OTHER PILLS ON___ (Pill #) 541-542

532-533 (Pill #) ___SEDATIVES CARD___ (Pill #) 543-544

534 X NEVER TOOK SEDATIVES TO GET HIGH OR FOR ANOTHER NONMEDICAL REASON

Y NO USE IN PAST MONTH 545

X NEVER TOOK ANY TO GET HIGH

S-3. About how old were you the first time you took a sedative to get high or for any other nonmedical reason? 546-547

Age: _____

X NEVER TOOK ANY TO GET HIGH

S-4. About how many times in your lifetime have you taken sedatives to get high? 548

1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES
4 100 OR MORE TIMES

X NEVER TOOK ANY TO GET HIGH

S-5. When was the most recent time you took a sedative to get high? 549

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS (BUT OVER 30 DAYS AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO

X NEVER TOOK ANY TO GET HIGH

S-6. During the past 30 days, on how many days did you take sedatives to get high? 550-551

Number of days: _____

X NEVER TOOK ANY TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN.

PLEASE TURN ANSWER SHEET OVER

SEDATIVES (NONMEDICAL USE ONLY)

S-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

1 PRESCRIBED BY DOCTOR FOR ME AT LEAST ONCE
2 ALWAYS GOT THEM SOME OTHER WAY
X NEVER TOOK ANY TO GET HIGH

552

S-8. Did you ever take one of these pills and also use marijuana on the same occasion?

1 YES
2 NO, NEVER ON THE SAME OCCASION
3 NEVER TRIED MARIJUANA
X NEVER TOOK SEDATIVES TO GET HIGH

553

PLEASE GO TO THE TOP OF THE NEXT COLUMN

S-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

1 YES, I NEEDED MORE PILLS
2 NO
X NEVER TOOK ANY TO GET HIGH

554

S-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

1 YES
2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN
X NEVER TOOK ANY TO GET HIGH

555

S-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

1 YES
2 NO, NEVER GOT HELP/NEVER NEEDED HELP
X NEVER TOOK ANY TO GET HIGH

556

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

ANSWER SHEET #4

TRANQUILIZERS (NONMEDICAL USE)

T-1. Put a checkmark next to each pill you ever took for kicks or to get high -- or for any other nonmedical reason:		T-2. Put a checkmark next to each pill you took during the past month (30 days) for kicks or to get high -- or for any other nomedical reason:
605 ___ VALIUM ___		616
606 ___ LIBRIUM ___		617
607 ___ BENADRYL ___		618
608 ___ TRANXENE ___		619
609 ___ EQUANIL ___		620
610 ___ LIBRITABS ___		621
611-612 (Pill #)___ OTHER PILLS ON [redacted]		(Pill #) 622-623
613-614 (Pill #)___ TRANQUILIZERS CARD ___		(Pill #) 624-625
615 X NEVER TOOK TRANQUILIZERS TO GET HIGH OR FOR ANY OTHER NONMEDICAL REASON		Y NO USE IN PAST MONTH 626 X NEVER TOOK ANY TO GET HIGH

T-3. About how old were you the first time you took a tranquilizer to get high or for any other nonmedical reason? 627-628

Age: _____

X NEVER TOOK ANY TO GET HIGH

T-4. About how many times in your lifetime have you taken tranquilizers to get high?

1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES 629
4 100 OR MORE TIMES

X NEVER TOOK ANY TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

T-5. When was the most recent time you took a tranquilizer to get high?

1 WITHIN THE PAST MONTH (30 DAYS) 630
2 WITHIN THE PAST SIX MONTHS (BUT MORE THAN 30 DAYS AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO

X NEVER TOOK ANY TO GET HIGH

T-6. During the past 30 days, on how many days did you take tranquilizers to get high? 631-632

Number of days: _____

X NEVER TOOK ANY TO GET HIGH

PLEASE TURN ANSWER SHEET OVER

TRANQUILIZERS (NONMEDICAL USE)

T-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

1 PRESCRIBED BY A DOCTOR FOR ME AT LEAST ONCE 633

2 ALWAYS GOT THEM SOME OTHER WAY

X NEVER TOOK ANY TO GET HIGH

T-8. Did you ever take one of these pills and also use marijuana on the same occasion?

1 YES 634

2 NO, NEVER ON THE SAME OCCASION

3 NEVER TRIED MARIJUANA

X NEVER TOOK TRANQUILIZERS TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

T-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

1 YES, I NEEDED MORE PILLS

2 NO 635

X NEVER TOOK ANY TO GET HIGH

T-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

1 YES 636

2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN

X NEVER TOOK ANY TO GET HIGH

T-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a councelor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

1 YES 637

2 NO, NEVER GOT HELP/NEVER NEEDED HELP

X NEVER TOOK ANY TO GET HIGH

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

ANSWER SHEET #6

STIMULANTS (NONMEDICAL USE) (DIET PILLS)

ST-1. Put a checkmark next to each pill you ever took for kicks or to get high -- or for any other nonmedical reason:		ST-2. Put a checkmark next to each pill you took during the past month (30 days) for kicks or to get high -- or for any other nonmedical reason:	
638	___ DEXEDRINE	___	649
639	___ BENZEDRINE	___	650
640	___ BIPHETAMINE	___	651
641	___ DEXAMYL	___	652
642	___ DESOXYN	___	653
643	___ PRELUDIN	___	654
644-645	(Pill #)___ OTHER PILLS ON STIMULANTS CARD	___(Pill #)	655-656
646-647	(Pill #)___	___(Pill #)	657-658
648 X NEVER TOOK STIMULANTS TO GET HIGH OR FOR ANOTHER NONMEDICAL REASON		Y NO USE IN PAST MONTH X NEVER TOOK ANY TO GET HIGH	659

ST-3. About how old were you the first time you took a stimulant to get high or for any other nonmedical reason? 660-661

Age: _____

X NEVER TOOK ANY TO GET HIGH

ST-4. About how many times in your lifetime have you taken stimulants to get high? 662

1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES
4 100 OR MORE TIMES
X NEVER TOOK ANY TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

ST-5. When was the most recent time you took a stimulant to get high? 663

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS (BUT OVER 30 DAYS AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO
X NEVER TOOK ANY TO GET HIGH

ST-6. During the past 30 days, on how many days did you take stimulants to get high? 664-665

Number of days: _____

X NEVER TOOK ANY TO GET HIGH

PLEASE TURN ANSWER SHEET OVER

STIMULANTS (NONMEDICAL USE)

ST-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

666

1 PRESCRIBED BY DOCTOR FOR ME AT LEAST ONCE
2 ALWAYS GOT THEM SOME OTHER WAY
X NEVER TOOK ANY TO GET HIGH

ST-8. Did you ever take one of these pills and also use marijuana on the same occasion?

667

1 YES
2 NO; NEVER ON THE SAME OCCASION
3 NEVER TRIED MARIJUANA
X NEVER TOOK STIMULANTS TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

ST-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

668

1 YES, I NEEDED MORE PILLS
2 NO
X NEVER TOOK ANY TO GET HIGH

ST-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

669

1 YES
2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN
X NEVER TOOK ANY TO GET HIGH

ST-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

670

1 YES
2 NO, NEVER GOT HELP/NEVER NEEDED HELP
X NEVER TOOK ANY TO GET HIGH

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

ANSWER SHEET #6

PAINKILLING PILLS
ANALGESICS (NONMEDICAL USE)

AN-1. Put a checkmark next to each pill you ever took for kicks or to get high -- or for any other nonmedical reason:

AN-2. Put a checkmark next to each pill you took during the past month (30 days) for kicks or to get high -- or for any other nonmedical reason:

AN-1			AN-2
705	___	DARVON	___ 716
706	___	PERCODAN	___ 717
707	___	DEMEROL	___ 718
708	___	DILAUDID	___ 719
709	___	TYLENOL WITH CODEINE	___ 720
710	___	CODEINE	___ 721

711-712 (Pill #)____ OTHER PILLS ON ____(Pill #) 722-723

713-714 (Pill #)____ "PAINKILLERS" CARD____(Pill #) 724-725

715 X NEVER TOOK ANY TO GET HIGH OR FOR ANOTHER NONMEDICAL REASON

Y NO USE IN PAST MONTH 726

X NEVER TOOK ANY TO GET HIGH

AN-3. About how old were you the first time you took one of these pills to get high or for any other nonmedical reason?

Age: _____ 727-728

X NEVER TOOK ANY TO GET HIGH

AN-4. About how many times in your lifetime have you taken one of these pills to get high?

1 1 OR 2 TIMES
2 3 TO 10 TIMES 729
3 11 TO 99 TIMES
4 100 OR MORE TIMES

X NEVER TOOK ANY TO GET HIGH

AN-5. When was the most recent time you took one of these pills to get high?

1 WITHIN THE PAST MONTH (30 DAYS) 730
2 WITHIN THE PAST SIX MONTHS (BUT OVER 30 DAYS AGO)
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO

X NEVER TOOK ANY TO GET HIGH

AN-6. During the past 30 days, on how many days did you take one of these pills to get high?

Number of days: _____ 731-732

X NEVER TOOK ANY TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

PLEASE TURN ANSWER SHEET OVER

PAINKILLING PILLS
ANALGESICS (NONMEDICAL USE)

AN-7. Thinking back over the times you took these pills for nonmedical purposes, were the pills you took ever prescribed for you by a doctor -- or did you always get them some other way?

1 PRESCRIBED BY DOCTOR FOR ME AT LEAST ONCE *733*

2 ALWAYS GOT THEM SOME OTHER WAY

X NEVER TOOK ANY TO GET HIGH

AN-8. Did you ever take one of these pills and also use marijuana on the same occasion?

734

1 YES

2 NO, NEVER ON THE SAME OCCASION

3 NEVER TRIED MARIJUANA

X NEVER TOOK ONE OF THESE "PAINKILLING" PILLS TO GET HIGH

PLEASE GO TO THE TOP OF THE NEXT COLUMN

AN-9. Was there ever a time when you found that you needed to take more of these pills in order to get the same effect or "high"?

1 YES, I NEEDED MORE PILLS

2 NO *735*

X NEVER TOOK ANY TO GET HIGH

AN-10. Still talking about nonmedical use, was there ever a time when you found it hard to stop taking these pills or had trouble cutting down?

1 YES *736*

2 NO, NEVER HAD TROUBLE/NEVER TRIED TO CUT DOWN

X NEVER TOOK ANY TO GET HIGH

AN-11. People who have trouble cutting down on their own often go to a doctor or a clergyman or a counselor -- or to some other professional. How about you? Did you ever get professional help of this kind or haven't you done that?

737

1 YES

2 NO, NEVER GOT HELP/NEVER NEEDED HELP

X NEVER TOOK ANY TO GET HIGH

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE.

ANSWER SHEET #7

COCAINE

C-1. About how old were you when you first knew someone who had tried cocaine? *738-739*

Age: _____

X NEVER KNEW ANYONE WHO TRIED IT

C-2. About how old were you when you first had a chance to try cocaine if you wanted to? *740-741*

Age: _____

X NEVER HAD A CHANCE TO TRY

C-3. About how old were you the first time you actually used cocaine? *742-743*

Age: _____

X NEVER USED IT

C-4. About how many times in your life have you used cocaine? *744*

1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES
4 100 OR MORE TIMES
X NEVER USED IT

C-5. When was the most recent time that you used cocaine? *745*

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO
X NEVER USED IT

C-6. In the past 30 days, on how many different days did you use cocaine? *746-747*

Number of days: _____

X NEVER USED IT

C-7. On the occasions when you have used cocaine, about how often did you smoke marijuana at around the same time? *748*

1 NEARLY EVERY TIME
2 ABOUT HALF THE TIME
3 OCCASIONALLY
4 RARELY
5 NEVER
X NEVER USED COCAINE

PLEASE GO TO THE TOP OF THE NEXT COLUMN

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

ANSWER SHEET #8

LSD AND OTHER HALLUCINOGENS SUCH AS
PCP OR PHENCYCLIDINE, MESCALINE, PEYOTE, PSILOCYBIN, DMT

L-1. About how old were you when you first knew someone who had tried LSD or another hallucinogen? 749-750

Age: _____

X NEVER KNEW ANYONE WHO TRIED IT

L-2. About how old were you when you first had a chance to try LSD or another halludinogen, if you wanted to? 751-752

Age: _____

X NEVER HAD A CHANCE TO TRY

L-3. About how old were you the first time you actually tried LSD or another hallucinogen? 753-754

Age: _____

X NEVER TRIED IT

L-4. About how many times in your life have you used LSD or other hallucinogens? 755

1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES
4 100 OR MORE TIMES

X NEVER USED

PLEASE GO TO THE TOP OF THE NEXT COLUMN

L-5. When was the most recent time you used LSD or another hallucinogen? 756

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO

X NEVER USED IT

L-6. In the past 30 days, on how many different days did you use LSD or another hallucinogen? 757-758

Number of days: _____

X NEVER USED IT

L-7. On the occasions when you have used LSD or another hallucinogen, about how often did you smoke marijuana at around the same time? 759

1 NEARLY EVERY TIME
2 ABOUT HALF THE TIME
3 OCCASIONALLY
4 RARELY
5 NEVER

X NEVER USED IT

L-8. Have you ever tried "PCP" (which is sometimes called Angel Dust)? 760

1 YES
2 NO

L-9. When was the most recent time that you used PCP? 761

1 WITHIN THE PAST MONTH (30 DAYS)
2 MORE THAN A MONTH AGO

X NEVER USED IT

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

ANSWER SHEET #9

SECOND DRUG TRIED
(NOT COUNTING ALCOHOL)

SEC-1. If marijuana was the first drug that you tried, what was the second drug that you tried?

1 PILLS (NONMEDICAL ONLY)

2 COCAINE

3 LSD, "PCP," OR OTHER HALLUCINOGEN

4 OTHER DRUG

5 NEVER TRIED ANY DRUG EXCEPT MARIJUANA

6 MARIJUANA WAS NOT THE FIRST ONE I TRIED

X NEVER USED MARIJUANA

762

SEC-2. Just roughly, about how many times had you used marijuana before you tried the drug you circled above?

1 1 OR 2 TIMES

2 3 TO 10 TIMES

3 11 TO 99 TIMES

4 100 OR MORE TIMES

5 NEVER TRIED ANY DRUG EXCEPT MARIJUANA

6 MARIJUANA WAS NOT THE FIRST ONE I TRIED

X NEVER USED MARIJUANA

763

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

ANSWER SHEET #10

HEROIN

H-1. About how old were you when you first knew someone who had tried heroin? *764-765*

Age: _____

X NEVER KNEW ANYONE WHO TRIED IT

H-2. About how old were you when you first had a chance to try heroin if you wanted to? *766-767*

Age: _____

X NEVER HAD A CHANCE TO TRY

H-3. About how old were you the first time you actually tried heroin? *768-769*

Age: _____

X NEVER TRIED IT

H-4. About how many times in your life have you used heroin? *770*

1 1 OR 2 TIMES
2 3 TO 10 TIMES
3 11 TO 99 TIMES
4 100 OR MORE TIMES

X NEVER USED IT

H-5. When was the most recent time that you used heroin? *771*

1 WITHIN THE PAST MONTH (30 DAYS)
2 WITHIN THE PAST SIX MONTHS
3 SIX MONTHS TO A YEAR AGO
4 MORE THAN A YEAR AGO

X NEVER USED IT

H-6. In the past 30 days, on how many different days did you use heroin? *772-773*

Number of days: _____

X NEVER USED IT

H-7. Finally, have you ever used heroin with a needle? *774*

1 YES
2 NO

X NEVER USED IT

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

PLEASE GO TO THE TOP OF THE NEXT COLUMN

ANSWER SHEET #11

FIRST USE IN PAST YEAR

(ALL DRUGS)

F-1. Did you try any drugs <u>for the first time</u> during the past year?

(Circle a number below for <u>each kind of drug</u> that you <u>first used in the past year</u>.)

1 MARIJUANA
2 PILLS (MEDICAL USE/PRESCRIPTION)
3 PILLS (<u>NON</u>MEDICAL USE)
4 COCAINE
5 HALLUCINOGENS
6 HEROIN

805

X NO <u>NEW</u> DRUGS TRIED IN PAST YEAR/ NEVER TRIED ANY OF THESE

MARIJUANA PAST MONTH PURCHASES

F-2. During the past 30 days, about how much marijuana have you purchased?

1 1/2 OUNCE OR LESS
2 ABOUT 3/4 OUNCE
3 ABOUT 1 OUNCE
4 ABOUT 2 OUNCES
5 ABOUT 3 OUNCES
6 ABOUT 4 OUNCES
7 ABOUT 1/2 POUND
8 _____ POUNDS *(FILL IN NUMBER)*

806

807-808

X DID NOT PURCHASE ANY DURING THE PAST MONTH

F-3. During the past 30 days, about how much money did you pay for marijuana?

$_____ Total spent

809-812

X DID NOT SPEND ANY MONEY ON IT DURING THE PAST 30 DAYS

THANK YOU

THIS ANSWER SHEET GOES IN THE ENVELOPE

ANSWER SHEET #12

ALL PILLS ALREADY SHOWN
(MEDICAL AND NONMEDICAL USE)

P-1. Which side effects have you had? *For each one, circle a number or the "X."*

1	Became depressed or lost interest in things, as a result of my taking pills.	X NO PROBLEM/NEVER USED	*813*
2	Became argumentative with family or friends, as a result of my taking pills.	X NO PROBLEM/NEVER USED	*814*
3	Had an automobile accident, as a result of my taking pills.	X NO PROBLEM/NEVER USED	*815*
4	Had difficulty with school, studies, or teachers, as a result of my taking pills.	X NO PROBLEM/NEVER USED	*816*
5	Had trouble with job (work), as a result of my taking pills.	X NO PROBLEM/NEVER USED	*817*
6	Took too many pills at one time and had to get emergency medical help right away.	X NO PROBLEM/NEVER USED	*818*

P-2. Wait for interviewer to show you each pill card. Then, for each pill card column shown below, find the pill(s) that caused you the problem(s) circled above. Then write the number(s) you circled above next to that pill or those pills. In this way, you can show which pills caused which problems.

CARD B SEDATIVES	CARD C TRANQUILIZERS	CARD D STIMULANTS	CARD E "PAINKILLERS"
___QUAALUDES *819*	___VALIUM *827*	___DEXEDRINE *835*	___DARVON *843*
___SECONAL	___LIBRIUM	___BENZEDRINE	___PERCODAN
___TUINAL *821*	___BENADRYL *829*	___BIPHETAMINE *837*	___DEMEROL *845*
___PLACIDYL	___TRANXENE	___DEXAMYL	___DILAUDID *846*
___SOPOR *823*	___EQUANIL *831*	___DESOXYN *839*	___TYLENOL WITH CODEINE
___NEMBUTAL	___LIBRITABS	___PRELUDIN	___CODEINE *848*
___OTHER PILL *825*	___OTHER PILL *833*	___OTHER PILL *841*	___OTHER PILL
X NONE/NEVER USED *826*	X NONE/NEVER USED *834*	X NONE/NEVER USED *842*	X NONE/NEVER USED *850*

THANK YOU

PLEASE PUT THIS ANSWER SHEET IN THE ENVELOPE