

# The NSDUH Report

December 24, 2004

## In Brief

- Youths aged 12 to 17 in families with annual incomes of less than \$20,000 were more likely to have used at least one substance during their lifetime than those in families with incomes of \$75,000 or more
- An estimated 15 percent of youths in families with annual incomes of less than \$20,000 had ever used prescription-type drugs nonmedically compared with 11 percent of those in families with incomes of \$75,000 or more
- Youths in families with annual incomes of less than \$20,000 were equally likely to have ever used alcohol or inhalants as those in families with incomes of \$75,000 or more

## Youth Substance Use and Family Income

Research has found that youth smoking is negatively associated with family income.<sup>1,2</sup> The 2003 National Survey on Drug Use and Health (NSDUH) asked respondents aged 12 or older to report on their lifetime use of cigarettes, alcohol, and illicit drugs.<sup>3</sup> NSDUH also asks about total family income, which includes annual income, before deductions, from social security, supplemental security income (SSI), or public assistance payments, as well as from savings, child support payments, wages, salaries, and other income sources. This report provides information on lifetime use of a variety of substances by youths aged 12 to 17 according to annual family income level.

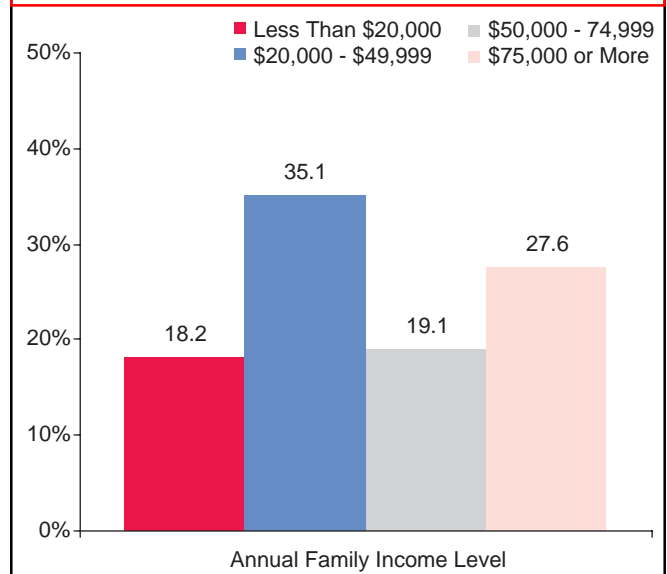
## Distribution of Youths across Annual Family Income Levels

In 2003, 18 percent of youths (4.6 million) lived in families with annual incomes of less than \$20,000 per year, 35 percent (8.8 million) in families with incomes between \$20,000 and \$49,999, 19 percent (4.8 million) in families with incomes between \$50,000 and \$74,999, and almost 28 percent (6.9 million) in families with incomes of \$75,000 or more (Figure 1).

## Youth Substance Use and Annual Family Income

The rate of lifetime substance use was associated with annual family income for each substance except alcohol and inhalants.<sup>4</sup> In most cases, there was a negative, linear relationship between substance use and income, meaning the rate of use decreased with increasing income. An estimated 56 percent of youths in families with incomes of less than \$20,000 reported ever having used cigarettes, alcohol, or illicit drugs compared with 49 percent of those in families with incomes of \$75,000 or more. About 35 percent of youths in families with incomes of less than \$20,000 reported ever having used cigarettes compared with 25 percent of those in families with incomes of \$75,000 or more (Figure 2). An estimated 33 percent of youths in families with incomes of less than \$20,000 reported lifetime use of any illicit drug compared with 27 percent of

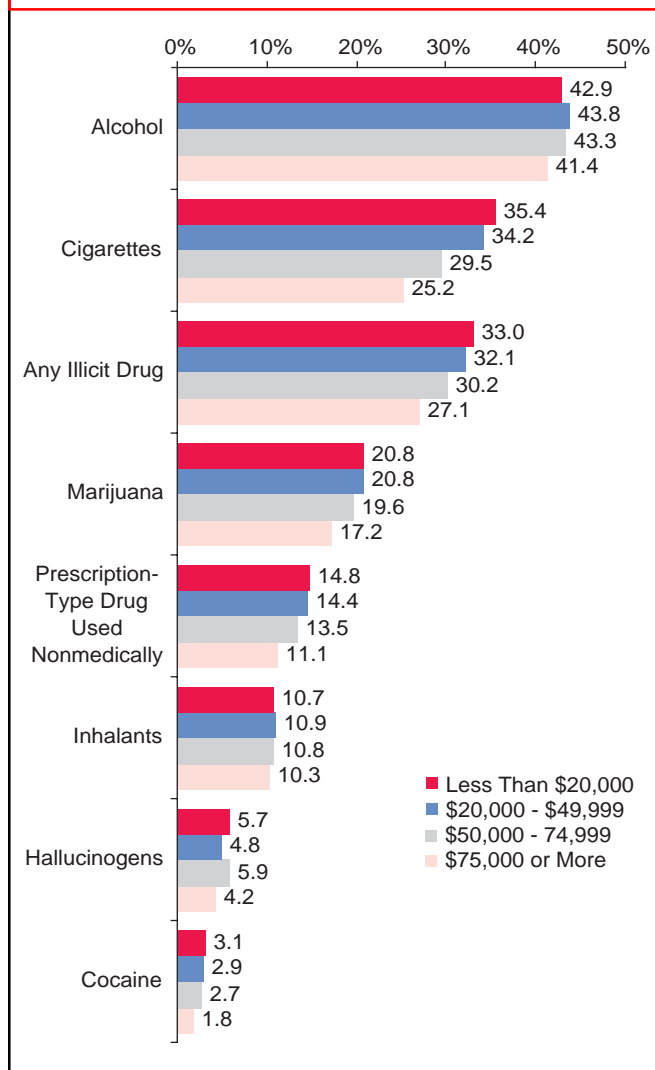
**Figure 1. Distribution of Youths Aged 12 to 17 Years across Annual Family Income Levels: 2003**



youths in families with incomes of \$75,000 or more.<sup>5</sup>

Among illicit drugs, almost 21 percent of youths in families with annual incomes of less than \$20,000 had ever used marijuana compared with 17 percent of those in families with incomes of \$75,000 or more. Almost 15 percent of youths in families with incomes of less than \$20,000 reported using prescription-type drugs nonmedically compared with 11 percent of youths in families with incomes of \$75,000 or more. About 3 percent of youths in families with incomes of less than \$20,000 used cocaine compared with just under 2 percent of those in families with incomes of \$75,000 or more. Almost 6 percent of youths in families with incomes of less than \$20,000 used hallucinogens compared with 4 percent of those in families with incomes of \$75,000

**Figure 2. Percentages of Youths Aged 12 to 17 Reporting Lifetime Substance Use, by Annual Family Income Level: 2003**



or more. However, unlike the other substances studied, the relationship between use and family income was nonlinear in that the highest rate of lifetime hallucinogen use was among youths in families with incomes between \$50,000 and \$74,999.

**End Notes**

1. Lowry, R., Kann, L., Collins, J. L., & Kolbe, L. J. (1996). The effect of socioeconomic status on chronic disease risk behaviors among US adolescents. *Journal of the American Medical Association*, 276, 792-797.
2. Soteriades, E. S., & DiFranza, J. R. (2003). Parent's socioeconomic status, adolescents' disposable income, and adolescents' smoking status in Massachusetts. *American Journal of Public Health*, 93, 1155-1160.
3. Illicit drugs include marijuana/hashish, cocaine/crack, inhalants, hallucinogens, and heroin, as well as prescription-type drugs used nonmedically. Prescription-type drugs include pain relievers, sedatives, stimulants, and tranquilizers. Nonmedical use is defined as use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused.
4. The statistical significance of the association between the rate of youth substance use and family income was determined using an adjusted Wald *F* test. The statistical significance of the difference in the rate of youth substance use by family income level was determined using a *t* test. Statistical significance was assessed at the 0.05 level.
5. Use of any illicit drug is defined as use of one or more illicit drugs.

**Figure Note**

Source: SAMHSA 2003 NSDUH.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2003 data are based on information obtained from 67,784 persons aged 12 or older, including 22,665 youths aged 12 to 17. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information and data for this issue are based on the following publication and statistics: Office of Applied Studies. (2004). *Results from the 2003 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 04-3964, NSDUH Series H-25). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2003 survey should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.

