Results from the 2003 National Survey on Drug Use and Health: National Findings

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

Acknowledgments

This report was prepared by the Division of Population Surveys, Office of Applied Studies, SAMHSA, and by RTI International, a trade name of Research Triangle Institute, Research Triangle Park, North Carolina. Work by RTI was performed under Contract No. 283-98-9008. Contributors and reviewers at RTI listed alphabetically include Jeremy Aldworth, Katherine R. Bowman, Walter R. Boyle, Janice M. Brown, Jessica Duncan Cance, Patrick Chen, James R. Chromy, Andrew Clarke, Elizabeth Copello, David B. Cunningham, Teresa R. Davis, Steven L. Emrich, Ralph E. Folsom, Jr., Misty Foster, G. G. Frick, Eric A. Grau, Jennie L. Harris, David C. Heller, Erica Hirsch, Laurel Hourani, Susan Hunter, Jennifer J. Kasten, Larry A. Kroutil, Judith T. Lessler, Amy Licata, Mary Ellen Marsden, Christine Murtha, Brian Newquist, Dawn Odom, Lisa E. Packer, Michael R. Pemberton, Kristine L. Rae, Avinash C. Singh, Thomas G. Virag (Project Director), Michael Vorburger, and Jill Webster. Contributors at SAMHSA listed alphabetically include Peggy Barker, Joan Epstein, Joseph Gfroerer, Joe Gustin, Arthur Hughes (Project Officer), Joel Kennet, Dicy Painter, and Doug Wright. At RTI, Richard S. Straw edited the report with assistance from K. Scott Chestnut and Kathleen B. Mohar. Also at RTI, Diane G. Caudill prepared the graphics; Brenda K. Porter and Keri V. Kennedy formatted the tables; Joyce Clay-Brooks and Danny Occoquan formatted and word processed the report; and Pamela Couch Prevatt, Teresa F. Gurley, Kim Cone, David Belton, and Shari B. Lambert prepared its press and Web versions. Final report production was provided by Beatrice Rouse, Coleen Sanderson, and Jane Feldmann at SAMHSA.

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September 2004

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Highlights

This report presents the first information from the 2003 National Survey on Drug Use and Health (NSDUH). This survey, formerly called the National Household Survey on Drug Abuse (NHSDA), is a project of the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services. This survey was initiated in 1971 and is the primary source of information on the use of illicit drugs, alcohol, and tobacco by the civilian, noninstitutionalized population of the United States aged 12 years old or older. The survey interviews approximately 67,500 persons each year.

Illicit Drug Use

- In 2003, an estimated 19.5 million Americans, or 8.2 percent of the population aged 12 or older, were current illicit drug users. Current illicit drug use means use of an illicit drug during the month prior to the survey interview.

- There was no change in the overall rate of illicit drug use between 2002 and 2003. In 2002, there were an estimated 19.5 million illicit drug users (8.3 percent).

- The rate of current illicit drug use among youths aged 12 to 17 did not change significantly between 2002 (11.6 percent) and 2003 (11.2 percent), and there were no changes for any specific drug. The rate of current marijuana use among youths was 8.2 percent in 2002 and 7.9 percent in 2003. There was a significant decline in lifetime marijuana use among youths, from 20.6 percent in 2002 to 19.6 percent in 2003. There also were decreases in rates of past year use of LSD (1.3 to 0.6 percent), Ecstasy (2.2 to 1.3 percent), and methamphetamine (0.9 to 0.7 percent).

- Marijuana is the most commonly used illicit drug, with a rate of 6.2 percent (14.6 million) in 2003. An estimated 2.3 million persons (1.0 percent) were current cocaine users, 604,000 of whom used crack. Hallucinogens were used by 1.0 million persons, and there were an estimated 119,000 current heroin users. All of these 2003 estimates are similar to the estimates for 2002.

- The number of current users of Ecstasy (i.e., MDMA) decreased between 2002 and 2003, from 676,000 (0.3 percent) to 470,000 (0.2 percent). Although there were no significant changes in the past month use of other hallucinogens, there were significant declines in past year use of LSD (from 1 million to 558,000) and in past year overall hallucinogen use (from 4.7 million to 3.9 million) between 2002 and 2003, as well as in past year use of Ecstasy (from 3.2 million to 2.1 million).

- An estimated 6.3 million persons were current users of psychotherapeutic drugs taken nonmedically. This represents 2.7 percent of the population aged 12 or older. An estimated 4.7 million used pain relievers, 1.8 million used tranquilizers, 1.2 million used stimulants, and 0.3 million used sedatives. The 2003 estimates are all similar to the corresponding estimates for 2002.

- There was a significant increase in lifetime nonmedical use of pain relievers between 2002 and 2003 among persons aged 12 or older, from 29.6 million to 31.2 million. Specific pain relievers with statistically significant increases in lifetime use were Vicodin®, Lortab®, or Lorcet® (from 13.1 million to 15.7 million); Percocet®, Percodan®, or Tylox® (from 9.7 million to 10.8 million); Hydrocodone (from 4.5 million to 5.7 million); OxyContin® (from 1.9 million to 2.8 million); methadone (from 0.9 million to 1.2 million); and Tramadol (from 52,000 to 186,000).

- Rates of current illicit drug use varied significantly among the major racial/ethnic groups in 2003. Rates were highest among American Indians or Alaska Natives (12.1 percent), persons reporting two or more races (12.0 percent), and Native Hawaiians or Other Pacific Islanders (11.1 percent). Rates were 8.7 percent for blacks, 8.3 percent for whites, and 8.0 percent for Hispanics. Asians had the lowest rate at 3.8 percent.

- An estimated 18.2 percent of unemployed adults aged 18 or older were current illicit drug users in 2003 compared with 7.9 percent of those employed full time and 10.7 percent of those employed part time. However, most drug users were employed. Of the 16.7 million illicit drug users aged 18 or older in 2003, 12.4 million (74.3 percent) were employed either full or part time.

Alcohol Use

- An estimated 119 million Americans aged 12 or older were current drinkers of alcohol in 2003 (50.1 percent). About 54 million (22.6 percent) participated in binge drinking at least once in the 30 days prior to the survey, and 16.1 million (6.8 percent) were heavy drinkers. These 2003 numbers are all similar to the corresponding estimates for 2002.

- The highest prevalence of binge and heavy drinking in 2003 was for young adults aged 18 to 25, with the peak rate of both measures occurring at age 21. The rate of binge drinking was 41.6 percent for young adults aged 18 to 25 and 47.8 percent at age 21. Heavy alcohol use was reported by 15.1 percent of persons aged 18 to 25 and by 18.7 percent of persons aged 21.

- About 10.9 million persons aged 12 to 20 reported drinking alcohol in the month prior to the survey interview in 2003 (29.0 percent of this age group). Nearly 7.2 million (19.2 percent) were binge drinkers and 2.3 million (6.1 percent) were heavy drinkers. These 2003 rates were essentially the same as those obtained from the 2002 survey.

- An estimated 13.6 percent of persons aged 12 or older drove under the influence of alcohol at least once in the 12 months prior to the interview in 2003 (a decrease from 14.2 percent in 2002). These percentages represent 32.3 million persons in 2003 and 33.5 million persons in 2002.

Tobacco Use

- An estimated 70.8 million Americans reported current (past month) use of a tobacco product in 2003. This is 29.8 percent of the population aged 12 or older, similar to the rate in 2002 (30.4 percent). There were 60.4 million (25.4 percent) who smoked cigarettes in the past month, 12.8 million (5.4 percent) who smoked cigars, 7.7 million (3.3 percent) who used smokeless tobacco, and 1.6 million (0.7 percent) who smoked tobacco in pipes. These 2003 rates all remained unchanged from 2002.

- Young adults aged 18 to 25 reported the highest rate of past month cigarette use (40.2 percent). This was similar to the rate among young adults in 2002 (40.8 percent).

- Among those aged 12 or older, a higher proportion of males than females smoked cigarettes in 2003 (28.1 vs. 23.0 percent). Among youths aged 12 to 17, however, girls (12.5 percent) were as likely as boys (11.9 percent) to smoke. There was no change in cigarette use among boys aged 12 to 17 between 2002 and 2003. However, among girls, cigarette use decreased from 13.6 percent in 2002 to 12.5 percent in 2003.

- An estimated 35.7 million Americans aged 12 or older in 2003 were classified as nicotine dependent in the past month because of their cigarette use (15.0 percent of the total population). These estimates are similar to the estimates for 2002.

Trends in Initiation of Substance Use (Incidence)

- There were an estimated 2.6 million new marijuana users in 2002. This means that each day an average of 7,000 Americans tried marijuana for the first time. About two thirds (69 percent) of these new marijuana users were under age 18, and about half (53 percent) were female.

- The annual number of marijuana initiates generally increased from 1965 until about 1973. From 1973 to 1978, the annual number of marijuana initiates remained level at over 3 million per year. After that, the number of initiates declined, reaching a low point in 1990, then rose again until 1995. From 1995 to 2002, there was no consistent trend, with estimates varying between 2.4 million and 2.9 million per year.

- Decreases in initiation of both LSD (from 631,000 to 272,000) and Ecstasy (from 1.8 million to 1.1 million) were evident between 2001 and 2002, coinciding with an overall drop in hallucinogen incidence from 1.6 million to 1.1 million.

- Pain reliever incidence increased from 1990 (573,000 initiates) to 2000 (2.5 million). In 2001 and 2002, the number also was 2.5 million.

- The number of new daily cigarette smokers decreased from 2.0 million in 1997 to 1.4 million in 2002. Among youths under 18, the number of new daily smokers decreased from 1.1 million per year between 1997 and 2000 to 734,000 in 2002. This corresponds to a decrease from about 3,000 to about 2,000 new youth smokers per day.

Youth Prevention-Related Measures

- The percentage of youths aged 12 to 17 indicating that smoking marijuana once a month was a great risk increased from 32.4 percent in 2002 to 34.9 percent in 2003. There were no changes between 2002 and 2003 in the percentages of youths perceiving a great risk associated with using cigarettes, alcohol, cocaine, heroin, and LSD.

- The percentage of youths reporting that it would be easy to obtain marijuana declined slightly between 2002 and 2003, from 55.0 to 53.6 percent. The percentage of youths reporting that LSD would be easy to obtain also decreased between 2002 and 2003, from 19.4 to 17.6 percent.

- Most youths (89.4 percent) reported that their parents would strongly disapprove of their trying marijuana once or twice. Among these youths, only 5.4 percent had used marijuana in the past month. However, among youths who perceived that their parents would only somewhat disapprove or neither approve nor disapprove of their trying marijuana, 28.7 percent used marijuana.

Substance Dependence or Abuse

- An estimated 21.6 million Americans in 2003 were classified with substance dependence or abuse (9.1 percent of the total population aged 12 or older). Of these, 3.1 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.8 million were dependent on or abused illicit drugs but not alcohol, and 14.8 million were dependent on or abused alcohol but not illicit drugs.

- Between 2002 and 2003, there was no change in the number of persons with substance dependence or abuse (22.0 million in 2002 and 21.6 million in 2003).

- In 2003, an estimated 17.0 percent of unemployed adults aged 18 or older were classified with dependence or abuse, while 10.2 percent of full-time employed adults and 10.3 percent of part-time employed adults were classified as such. However, most adults with substance dependence or abuse were employed either full or part time. Of the 19.4 million adults classified with dependence or abuse, 14.9 million (76.8 percent) were employed.

Treatment and Treatment Need for Substance Problems

- An estimated 3.3 million people aged 12 or older (1.4 percent of the population) received some kind of treatment for a problem related to the use of alcohol or illicit drugs in the 12 months prior to being interviewed in 2003. Of these, 1.2 million persons received treatment at a rehabilitation facility as an outpatient, 752,000 at a rehabilitation facility as an inpatient, 729,000 at a mental health center as an outpatient, 587,000 at a hospital as an inpatient, 377,000 at a private doctor's office, 251,000 at an emergency room, and 206,000 at a prison or jail. (Note that the estimates of treatment by location include persons reporting more than one location.)

- Between 2002 and 2003, there were decreases in the number of persons who received treatment for a substance use problem at a hospital as an inpatient, at a rehabilitation facility as an inpatient, at a mental health center as an outpatient, and at an emergency room.

- In 2003, the estimated number of persons aged 12 or older needing treatment for an alcohol or illicit drug problem was 22.2 million (9.3 percent of the total population), about the same as in 2002 (22.8 million). The number needing but not receiving treatment also did not change between 2002 (20.5 million) and 2003 (20.3 million). However, a decline in the number receiving specialty treatment, from 2.3 million to 1.9 million, was statistically significant. This decline was driven by a decrease in treatment among adults aged 26 or older, from 1.7 million in 2002 to 1.2 million in 2003.

- Of the 20.3 million people who needed but did not receive treatment in 2003, an estimated 1.0 million (5.1 percent) reported that they felt they needed treatment for their alcohol or drug problem. Of the 1.0 million persons who felt they needed treatment, 273,000 (26.3 percent) reported that they made an effort but were unable to get treatment and 764,000 (73.7 percent) reported making no effort to get treatment.

- Among the 1.0 million people who needed but did not receive treatment and felt they needed treatment, the most often reported reasons for not receiving treatment were not ready to stop using (41.2 percent), cost or insurance barriers (33.2 percent), reasons related to stigma (19.6 percent), and did not feel the need for treatment (at the time) or could handle the problem without treatment (17.2 percent).

- The number of persons needing treatment for an illicit drug problem in 2003 (7.3 million) was similar to the number needing treatment in 2002 (7.7 million). However, the number receiving treatment for drug abuse at a specialty facility was lower in 2003 (1.1 million) than in 2002 (1.4 million).

Serious Mental Illness among Adults

- In 2003, there were an estimated 19.6 million adults aged 18 or older with serious mental illness (SMI). This represents 9.2 percent of all adults and is higher than the rate of 8.3 percent in 2002. Rates of SMI were highest for young adults aged 18 to 25 (13.9 percent) and lowest for persons aged 50 or older (5.9 percent). The percentage of females with SMI was higher than the percentage of males (11.5 vs. 6.7 percent).

- Adults who used illicit drugs were more than twice as likely to have SMI as adults who did not use an illicit drug. In 2003, 18.1 percent of adult past year illicit drug users had SMI in that year, while the rate was 7.8 percent among adults who had not used an illicit drug.

Co-Occurrence of Serious Mental Illness and Substance Use Disorders

- SMI was highly correlated with substance dependence or abuse. Among adults with SMI in 2003, 21.3 percent (4.2 million) were dependent on or abused alcohol or illicit drugs, while the rate among adults without SMI was only 7.9 percent. Among adults with substance dependence or abuse, 21.6 percent had SMI compared with 8.0 percent among those who did not have dependence or abuse.

Treatment for Mental Health Problems

- In 2003, an estimated 28 million adults (13.2 percent) received treatment for mental health problems in the 12 months prior to the interview. These 2003 estimates are similar to the 2002 estimates.

- The most prevalent type of treatment for mental health problems in the adult population in 2003 was prescription medication (10.9 percent), followed by outpatient treatment (7.2 percent). An estimated 1.8 million adults (0.8 percent) were hospitalized for mental health problems at some time within the past 12 months.

- Among the 5.5 million adults who did not receive treatment but perceived an unmet need for treatment for mental health problems in the past year, the most commonly reported reasons for not receiving treatment were cost or insurance issues (45.1 percent), not feeling a need for treatment (at the time) or thinking the problem could be handled without treatment (40.6 percent), not knowing where to go for services (22.9 percent), perceived stigma associated with receiving treatment (22.8 percent), and did not have time (18.1 percent).

- Among the 19.6 million adults with SMI in 2003, 9.3 million, or 47.3 percent, received treatment for a mental health problem in the 12 months prior to the interview. This estimate is similar to the estimate in 2002 (47.9 percent). The rate of inpatient treatment among adults with SMI increased between 2002 and 2003 (from 3.8 to 5.6 percent).

- Among the 4.2 million adults with co-occurring SMI and a substance use disorder in 2003, 47.3 percent (about 2.0 million) received treatment for mental health problems and 11.2 percent (0.5 million) received specialty substance use treatment, including 7.5 percent (0.3 million) who received both types of treatment.

- In 2003, an estimated 5.1 million youths aged 12 to 17 (20.6 percent) received treatment or counseling for emotional or behavior problems in the year prior to the interview. This is higher than the 2002 estimate of 4.8 million (19.3 percent).

1. Introduction

This report presents the first information from the 2003 National Survey on Drug Use and Health (NSDUH), an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older. Prior to 2002, the survey was called the National Household Survey on Drug Abuse (NHSDA). This initial report on the 2003 data presents national estimates of rates of use, numbers of users, and other measures related to illicit drugs, alcohol, and tobacco products. Measures related to mental health problems also are included. State-level estimates from NSDUH will be presented in a separate report.

A major focus of this report is changes in substance use between 2002 and 2003. Because of improvements to the survey in 2002, the 2002 data constitute a new baseline for tracking trends in substance use and other measures. Therefore, estimates from the 2002 and 2003 NSDUHs should not be compared with estimates from the 2001 and earlier NHSDAs to assess changes in substance use over time.

1.1. Summary of NSDUH

NSDUH is the primary source of statistical information on the use of illegal drugs by the U.S. population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their places of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services and is planned and managed by SAMHSA's Office of Applied Studies (OAS). Data collection is conducted under contract with RTI International, Research Triangle Park, North Carolina.[1] This section briefly describes the survey methodology; a more complete description is provided in Appendix A.

NSDUH collects information from residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless persons who do not use shelters, military personnel on active duty, and residents of institutional group quarters, such as jails and hospitals. Appendix D describes surveys that cover populations outside the NSDUH sampling frame.

Since 1999, the NSDUH interview has been carried out using computer-assisted interviewing (CAI). Most of the questions are administered with audio computer-assisted self-interviewing (ACASI). ACASI is designed to provide the respondent with a highly private and confidential means of responding to questions to increase the level of honest reporting of illicit drug use and other sensitive behaviors. Less sensitive items are administered by interviewers using computer-assisted personal interviewing (CAPI).

Consistent with the 2002 survey, the 2003 NSDUH employed a 50-State sample design with an independent, multistage area probability sample for each of the 50 States and the District of Columbia. The eight States with the largest population (which together account for 48 percent

[1] RTI International is a trade name of Research Triangle Institute.

of the total U.S. population aged 12 or older) were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). For these States, the design provided a sample sufficient to support direct State estimates. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small area estimation (SAE) techniques. The design also oversampled youths and young adults, so that each State's sample was approximately equally distributed among three major age groups: 12 to 17 years, 18 to 25 years, and 26 years or older.

Nationally, 130,605 addresses were screened for the 2003 survey, and 67,784 completed interviews were obtained. The survey was conducted from January through December 2003. Weighted response rates for household screening and for interviewing were 90.72 and 77.39 percent, respectively. See Appendix B for more information on NSDUH response rates.

1.2. Trend Measurement

Although the design of the 2002 and 2003 NSDUHs is similar to the design of the 1999 through 2001 surveys, there are important methodological differences that impact comparability of 2002 and 2003 estimates with estimates from prior surveys. In addition to the name change, each NSDUH respondent is now given an incentive payment of $30. These changes, both implemented in 2002 and continued in 2003, resulted in a substantial improvement in the survey response rate. The changes also affected respondents' reporting of many critical items that are the basis of prevalence measures reported by the survey each year. Comparability also could be affected by improved data collection quality control procedures that were introduced in the survey beginning in 2001, and by incorporating new population data from the 2000 decennial census into NSDUH sample weighting procedures. **Analyses of the effects of each of these factors on NSDUH estimates have shown that 2002 and 2003 data should not be compared with 2001 and earlier NHSDA data to assess changes over time. Therefore, this report presents data only from the 2002 and 2003 NSDUHs.**

Using only the 2002 and 2003 data, however, limited trend assessment can be done using information collected in NSDUH on prior substance use. Specifically, questions on age at first use of substances, in conjunction with respondents' ages and interview dates, provide data that can be used to estimate the rates of first-time use (incidence) for years prior to 2002 and 2003. Trends for 1965 to 2002 in these incidence measures for youths and young adults are discussed in Chapter 5. Estimates of lifetime prevalence rates for years prior to 2002 were produced from 2002 NSDUH data on age at first use and included in last year's NSDUH report (OAS, 2003). However, a recent evaluation assessing the validity of those estimates determined they were subject to significant bias (Gfroerer, Hughes, Chromy, Heller, & Packer, 2004). Therefore, they are not included in this report. Further discussion of incidence estimates is given in Chapter 5 and Appendix B.

1.3. Format of Report and Explanation of Tables

The results from the 2003 NSDUH are given in this report, which has separate chapters that discuss the national findings on seven topics: use of illicit drugs; use of alcohol; use of tobacco products; trends in initiation of substance use; prevention-related issues; substance dependence, abuse, and treatment; and mental health. A final chapter summarizes the results and

discusses key findings in relation to other research and survey results. Technical appendices describe the survey (Appendix A), provide technical details on the statistical methods and measurement (Appendix B), offer key NSDUH definitions (Appendix C), discuss other sources of related data (Appendix D), list the references cited in the report (as well as other relevant references) (Appendix E), and present selected tabulations of estimates (Appendices F and G).

Tables, text, and figures present prevalence measures for the population in terms of both the number of substance users and the rate of use for illicit drugs, alcohol, and tobacco products. Tables show estimates of drug use prevalence by lifetime (i.e., ever used), past year, and past month use. Analyses focus primarily on past month use, which also is referred to as "current use." Tables and figures have footnotes indicating whether the 2003 and 2002 estimates were significantly different.

Data are presented for racial/ethnic groups in several categorizations, based on current standards for collecting and reporting race and ethnicity data (Office of Management and Budget [OMB], 1997) and on the level of detail permitted by the sample. Because respondents were allowed to choose more than one racial group, a "two or more races" category is presented that includes persons who reported more than one category among the seven basic groups listed in the survey question (white, black/African American, American Indian or Alaska Native, Native Hawaiian, Other Pacific Islander, Asian, Other). It should be noted that, except for the "Hispanic or Latino" group, the racial/ethnic groups discussed in this report include only non-Hispanics. The category "Hispanic or Latino" includes Hispanics of any race. Also, more detailed categories describing specific subgroups were obtained from survey respondents if they reported either Asian race or Hispanic ethnicity. Data on Native Hawaiians and Other Pacific Islanders are combined in this report.

Data also are presented for four U.S. geographic regions and nine geographic divisions within these regions. These regions and divisions, defined by the U.S. Bureau of the Census, consist of the following groups of States:

> ***Northeast Region*** - *New England Division:* Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; *Middle Atlantic Division:* New Jersey, New York, Pennsylvania.
>
> ***Midwest Region*** - *East North Central Division:* Illinois, Indiana, Michigan, Ohio, Wisconsin; *West North Central Division:* Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.
>
> ***South Region*** - *South Atlantic Division:* Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia; *East South Central Division:* Alabama, Kentucky, Mississippi, Tennessee; *West South Central Division:* Arkansas, Louisiana, Oklahoma, Texas.
>
> ***West Region*** - *Mountain Division:* Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming; *Pacific Division:* Alaska, California, Hawaii, Oregon, Washington.

Geographic comparisons for 2002 and 2003 also are made based on county type, which reflects different levels of urbanicity and metropolitan area inclusion of counties. For this purpose, counties are grouped based on the 2003 rural-urban continuum codes. These codes were originally developed by the U.S. Department of Agriculture (Butler & Beale, 1994). Each county is either inside or outside a metropolitan statistical area (MSA), as defined by the OMB.

Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Nonmetropolitan areas are areas outside MSAs. Small metropolitan areas are further classified as having either fewer than or greater than 250,000 population. Counties in nonmetropolitan areas are classified based on the number of people in the county who live in an urbanized area, as defined by the Census Bureau at the subcounty level. "Urbanized" counties have 20,000 or more population in urbanized areas, "less urbanized" counties have at least 2,500 but fewer than 20,000 population in urbanized areas, and "completely rural" counties have fewer than 2,500 population in urbanized areas.

In June 2003, the OMB issued revised definitions for metropolitan areas (OMB, 2003), and these revised definitions are reflected in the county type variable used in this report. Counties no longer have to meet certain urban characteristics to be considered part of an MSA. Simplified commuting criteria concerning the percentage of residents who work in the central county of an MSA determine the metropolitan status for outlying counties. As a result of these changes, analyses based on county type information for 2003 are not fully comparable with analyses based on county type information in prior years. To make the analyses by county type presented in this report comparable for 2002 and 2003 data, county type classifications for both years are based on the 2003 rural-urban continuum codes. **The 2002 county type analyses presented in this report are therefore not directly comparable with those presented in the 2002 NSDUH report (OAS, 2003).**

1.4. Other NSDUH Reports

This report provides a comprehensive summary of the 2003 NSDUH, including results, technical appendices, and selected data tables. A companion report, Overview of Findings from the 2003 National Survey on Drug Use and Health, is a shorter, more concise report that highlights the most important findings of the survey and includes only a brief discussion of the methods. A report on State-level estimates for 2003 will be available in 2005.

In addition to the tables included in Appendices F and G of this report, a more extensive set of tables, including standard errors, is available upon request from OAS or through the Internet at http://www.oas.samhsa.gov. Additional methodological information on NSDUH, including the questionnaire, is available electronically at the same Web address. Brief descriptive reports and in-depth analytic reports focusing on specific issues or population groups also are produced by OAS. A complete listing of previously published reports from NSDUH and other data sources is available from OAS. Most of these reports also are available through the Internet (http://www.oas.samhsa.gov). In addition, OAS makes public use data files available to researchers through the Substance Abuse and Mental Health Data Archive (SAMHDA, 2004). Currently, files are available from the 1979 to 2002 surveys at http://www.icpsr.umich.edu/SAMHDA/index.html. The NSDUH 2003 public use file will be available by the end of 2004.

2. Illicit Drug Use

The National Survey on Drug Use and Health (NSDUH) obtains information on nine different categories of illicit drug use: marijuana, cocaine, heroin, hallucinogens, inhalants, and nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. In these categories, hashish is included with marijuana, and crack is considered a form of cocaine. Several drugs are grouped under the hallucinogens category, including LSD, PCP, peyote, mescaline, mushrooms, and "Ecstasy" (MDMA). Inhalants include a variety of substances, such as amyl nitrite, cleaning fluids, gasoline, paint, and glue. The four categories of prescription-type drugs (pain relievers, tranquilizers, stimulants, and sedatives) cover numerous drugs available through prescriptions and sometimes illegally "on the street." Methamphetamine is included under stimulants. Over-the-counter drugs and legitimate uses of prescription drugs are not included. Respondents are asked to report only uses of drugs that were not prescribed for them or drugs they took only for the experience or feeling they caused. NSDUH reports combine the four prescription-type drug groups into a category referred to as "any psychotherapeutics."

Estimates of "any illicit drug use" reported from NSDUH reflect use of any of the nine substance categories listed above. Use of alcohol and tobacco products, while illegal for youths, are not included in these estimates, but are discussed in Chapters 3 and 4.

- In 2003, an estimated 19.5 million Americans aged 12 or older were current illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 8.2 percent of the population aged 12 years old or older.

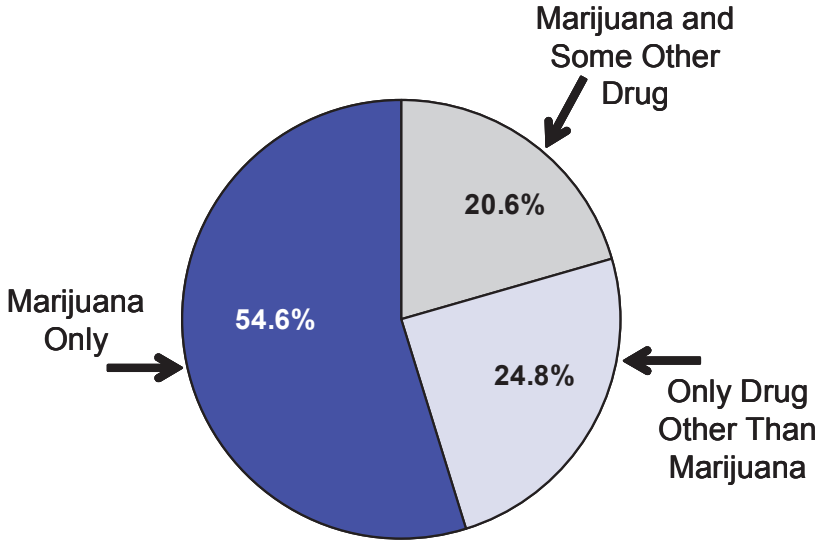
- There was no change in the overall rate of illicit drug use between 2002 and 2003. In 2002, there were an estimated 19.5 million illicit drug users (8.3 percent).

- Marijuana is the most commonly used illicit drug (14.6 million past month users). In 2003, it was used by 75.2 percent of current illicit drug users. An estimated 54.6 percent of current illicit drug users used only marijuana, 20.6 percent used marijuana and another illicit drug, and the remaining 24.8 percent used an illicit drug but not marijuana in the past month (Figure 2.1).

- About 45.4 percent of current illicit drug users in 2003 (8.8 million Americans) used illicit drugs other than marijuana and hashish, either with or without using marijuana as well.

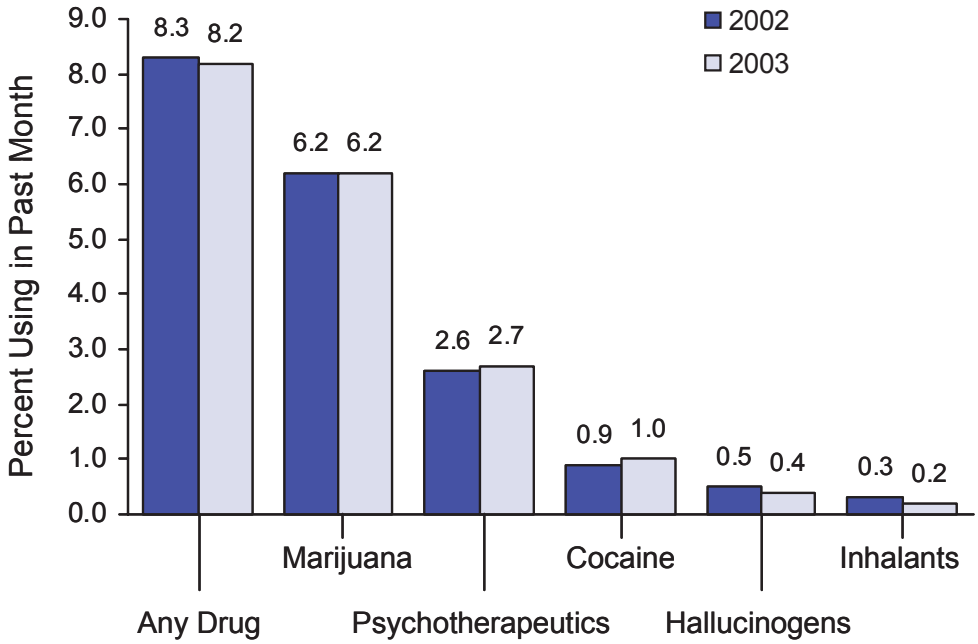
- In 2003, an estimated 2.3 million persons (1.0 percent) were current cocaine users, 604,000 of whom used crack during the same time period (0.3 percent). Hallucinogens were used by 1.0 million persons (0.4 percent) (Figure 2.2). There were an estimated 119,000 current heroin users (0.1 percent). All of these estimates are similar to estimates for 2002.

Figure 2.1 Types of Drugs Used by Past Month Illicit Drug Users Aged 12 or Older: 2003



19.5 Million Illicit Drug Users

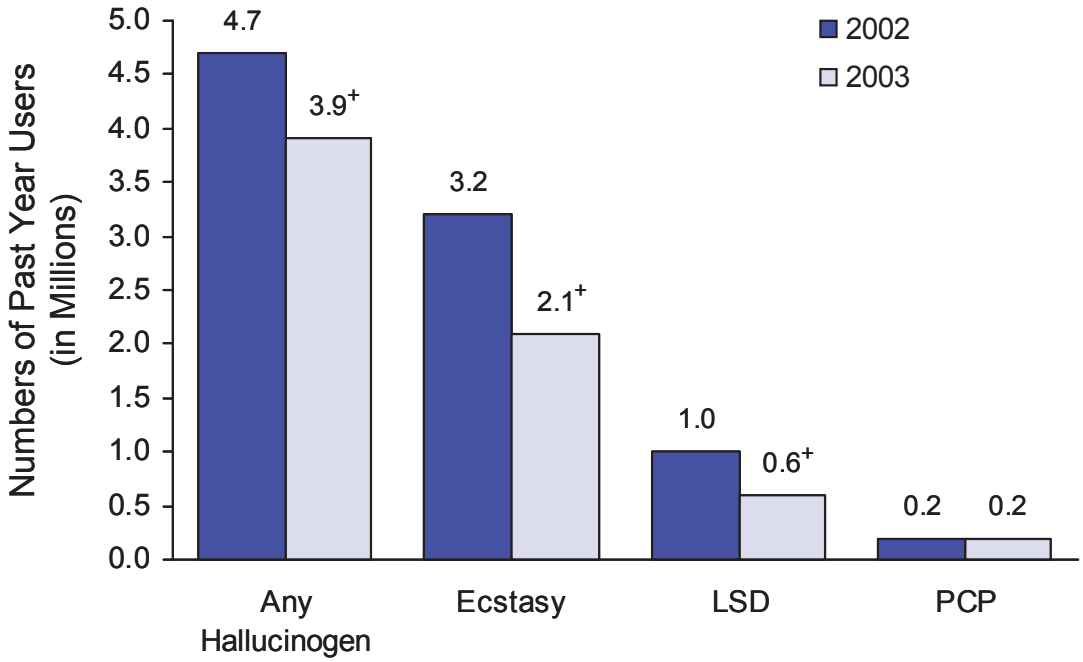
Figure 2.2 Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- The number of current users of Ecstasy decreased between 2002 and 2003, from 676,000 (0.3 percent) to 470,000 (0.2 percent). Although there were no significant changes in the past month use of other hallucinogens, there were significant declines in past year use of LSD (from 1 million to 558,000) and in past year overall hallucinogen use (from 4.7 million to 3.9 million) between 2002 and 2003, as well as in past year use of Ecstasy (from 3.2 million to 2.1 million) (Figure 2.3).

Figure 2.3 Numbers (in Millions) of Past Year Users of Selected Hallucinogens among Persons Aged 12 or Older: 2002 and 2003

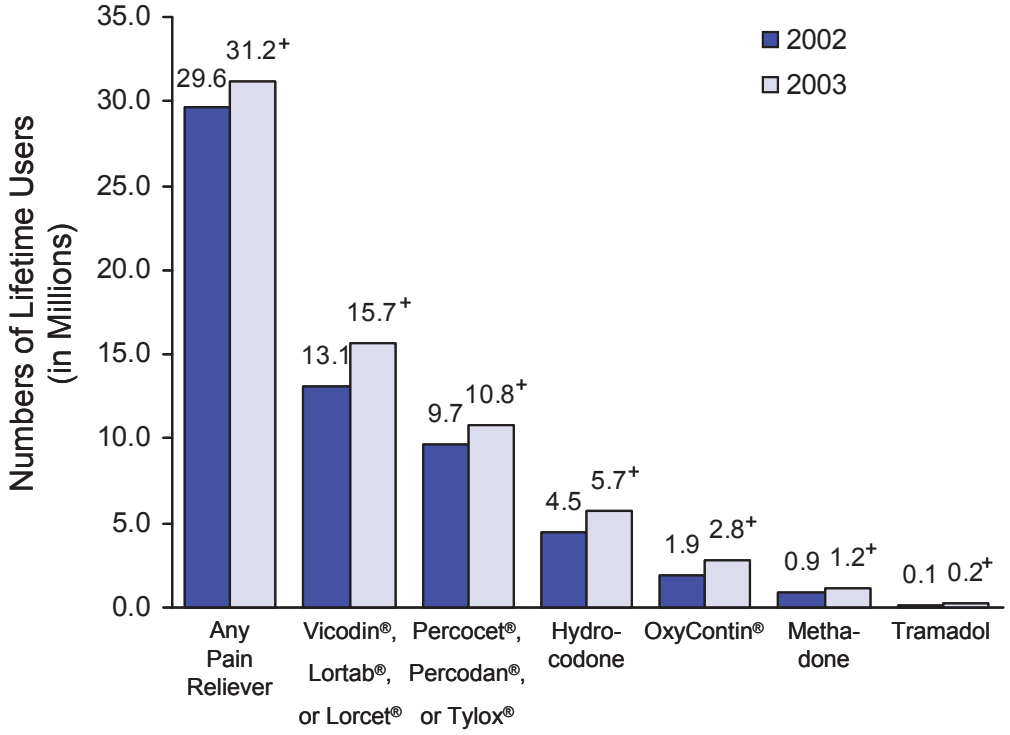


Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Of the 8.8 million current users of illicit drugs other than marijuana in 2003, 6.3 million were current users of psychotherapeutic drugs. This represents 2.7 percent of the population aged 12 or older. Of those who reported current use of any psychotherapeutics, 4.7 million used pain relievers, 1.8 million used tranquilizers, 1.2 million used stimulants, and 0.3 million used sedatives. These estimates are all similar to the corresponding estimates for 2002.

- There was a significant increase in the number of persons aged 12 or older with lifetime nonmedical use of pain relievers between 2002 and 2003, from 29.6 million to 31.2 million. Specific pain relievers with statistically significant increases in lifetime use were Vicodin®, Lortab®, or Lorcet® (from 13.1 million to 15.7 million); Percocet®, Percodan®, or Tylox® (from 9.7 million to 10.8 million); Hydrocodone (from 4.5 million to 5.7 million); OxyContin® (from 1.9 million to 2.8 million); methadone (from 0.9 million to 1.2 million); and Tramadol (from 52,000 to 186,000) (Figure 2.4).

Figure 2.4 Numbers (in Millions) of Lifetime Nonmedical Users of Selected Pain Relievers among Persons Aged 12 or Older: 2002 and 2003

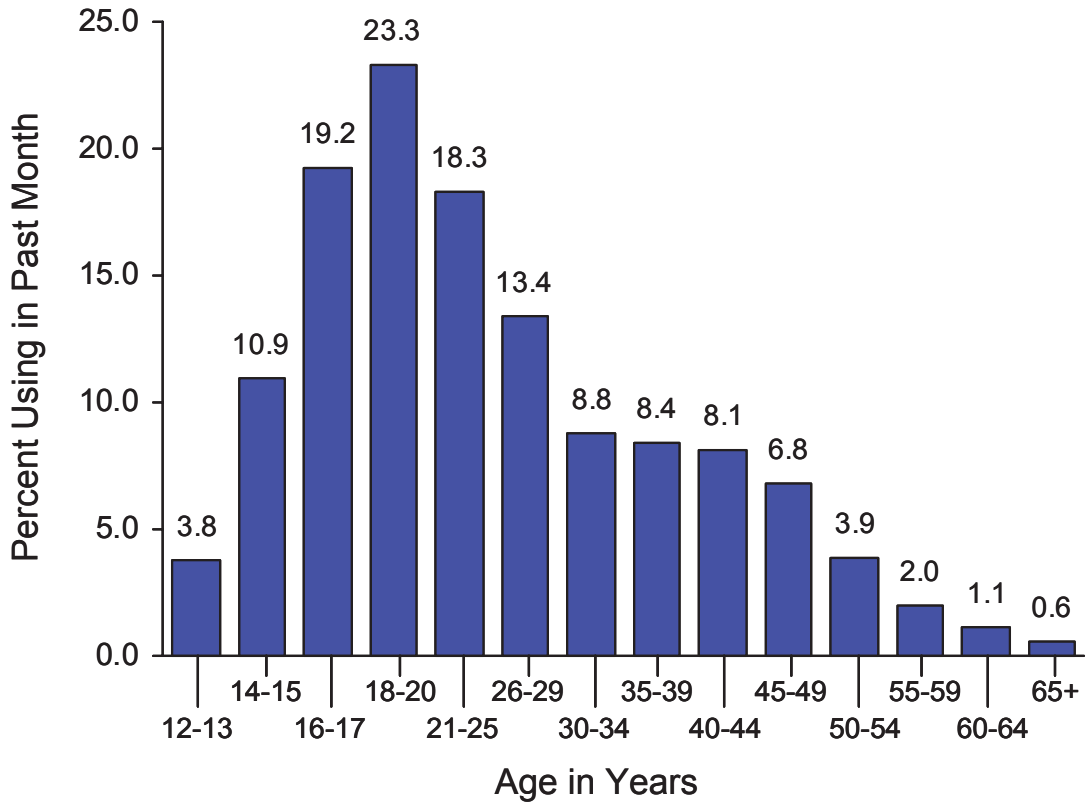


Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Age

- Rates of drug use showed substantial variation by age. For example, 3.8 percent of youths aged 12 or 13 reported current illicit drug use in 2003 (Figure 2.5). As in other years, illicit drug use in 2003 tended to increase with age among young persons, peaking among 18 to 20 year olds (23.3 percent) and declining steadily after that point with increasing age.

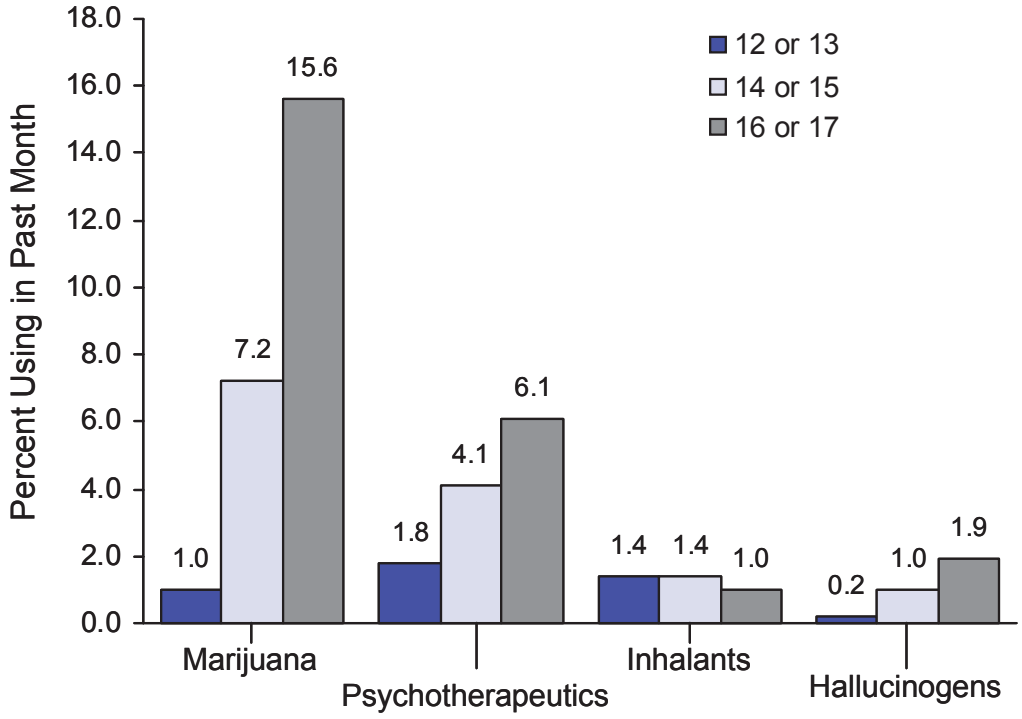
Figure 2.5 Past Month Illicit Drug Use, by Age: 2003



- Among youths, the types of drugs used differed by age in 2003, as was true in prior years. Among 12 or 13 year olds, 1.8 percent used prescription-type drugs nonmedically, 1.4 percent used inhalants, and 1.0 percent used marijuana (Figure 2.6). Among 14 or 15 year olds, marijuana was the dominant drug used (7.2 percent), followed by prescription-type drugs used nonmedically (4.1 percent) and inhalants (1.4 percent). Marijuana also was the most commonly used drug among 16 or 17 year olds (15.6 percent), followed by prescription-type drugs used nonmedically (6.1 percent), hallucinogens (1.9 percent), and cocaine (1.2 percent). Only 1.0 percent of youths aged 16 or 17 used inhalants.

- Among all youths aged 12 to 17 in 2003, 11.2 percent were current illicit drug users: 7.9 percent used marijuana, 4.0 percent used prescription-type drugs, 1.3 percent used inhalants, 1.0 percent used hallucinogens, and 0.6 percent used cocaine. Rates of use were highest for the young adult age group (18 to 25 years) at 20.3 percent, with 17.0 percent using marijuana, 6.0 percent using prescription-type drugs nonmedically, 2.2 percent using cocaine, and 1.7 percent using hallucinogens. Among adults aged 26 or older, 5.6 percent reported current illicit drug use: 4.0 percent used marijuana and 1.9 percent used prescription-type drugs. In this latter age group, less than 1 percent used cocaine (0.8 percent), hallucinogens (0.1 percent), and inhalants (0.1 percent).

Figure 2.6 Past Month Use of Selected Illicit Drugs among Youths, by Age: 2003



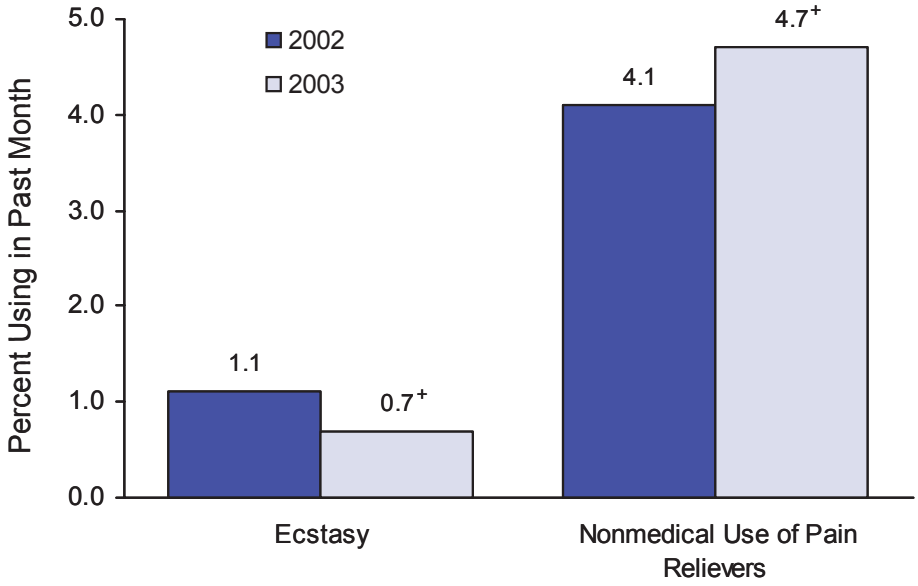
- The rate of current illicit drug use among youths aged 12 to 17 did not change significantly between 2002 (11.6 percent) and 2003 (11.2 percent), and there were no changes for any specific drug. The rate of current marijuana use among youths was 8.2 percent in 2002 and 7.9 percent in 2003. However, there were decreases in rates of past year use of LSD (1.3 to 0.6 percent), Ecstasy (2.2 to 1.3 percent), and methamphetamine (0.9 to 0.7 percent). In addition, there was a decline in past month marijuana use among youths aged 12 or 13, from 1.4 percent in 2002 to 1.0 percent in 2003. Past month inhalant use among youths aged 16 or 17 increased from 0.6 percent in 2002 to 1.0 percent in 2003.

- Among young adults, past month Ecstasy use declined from 1.1 percent in 2002 to 0.7 percent in 2003 (Figure 2.7). However, there was an increase in past month nonmedical use of pain relievers, from 4.1 percent in 2002 to 4.7 percent in 2003. Past year use of hallucinogens declined in this age group from 8.4 percent in 2002 to 6.7 percent in 2003, with declines in the use of Ecstasy (5.8 to 3.7 percent) and LSD (1.8 to 1.1 percent). Rates of illicit drug use for adults aged 26 or older were unchanged between 2002 and 2003.

Gender

- As in prior years, men were more likely in 2003 to report current illicit drug use than women (10.0 vs. 6.5 percent). However, rates of nonmedical use of any prescription-type psychotherapeutic were similar for males (2.7 percent) and females (2.6 percent).

Figure 2.7 Past Month Use of Ecstasy and Nonmedical Use of Pain Relievers among Young Adults Aged 18 to 25: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Among youths aged 12 to 17, the rate of current illicit drug use was similar for boys (11.4 percent) and girls (11.1 percent). While boys aged 12 to 17 had a higher rate of marijuana use than girls (8.6 vs. 7.2 percent), rates of nonmedical use of any prescription-type psychotherapeutics were 4.2 percent for girls and 3.7 percent for boys (not a statistically significant difference).

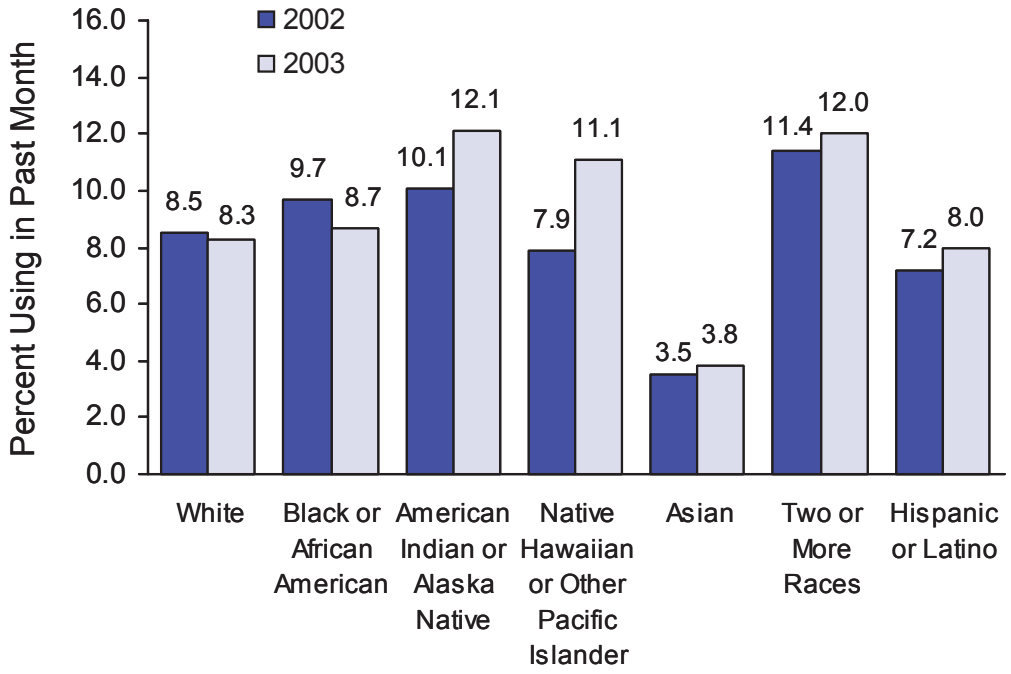
Pregnant Women

- Among pregnant women aged 15 to 44 years, 4.3 percent reported using illicit drugs in the month prior to their interview during 2002 and 2003. This rate was significantly lower than the rate among women aged 15 to 44 who were not pregnant (10.4 percent). (These estimates are based on combined 2002 and 2003 NSDUH data.)

Race/Ethnicity

- Rates of current illicit drug use varied significantly among the major racial/ethnic groups in 2003. The rate was highest among American Indians or Alaska Natives (12.1 percent), persons reporting two or more races (12.0 percent), and Native Hawaiians or Other Pacific Islanders (11.1 percent) (Figure 2.8). Rates were 8.3 percent for whites, 8.0 percent for Hispanics, and 8.7 percent for blacks. Asians had the lowest rate at 3.8 percent.

Figure 2.8 Past Month Illicit Drug Use among Persons Aged 12 or Older, by Race/Ethnicity: 2002 and 2003



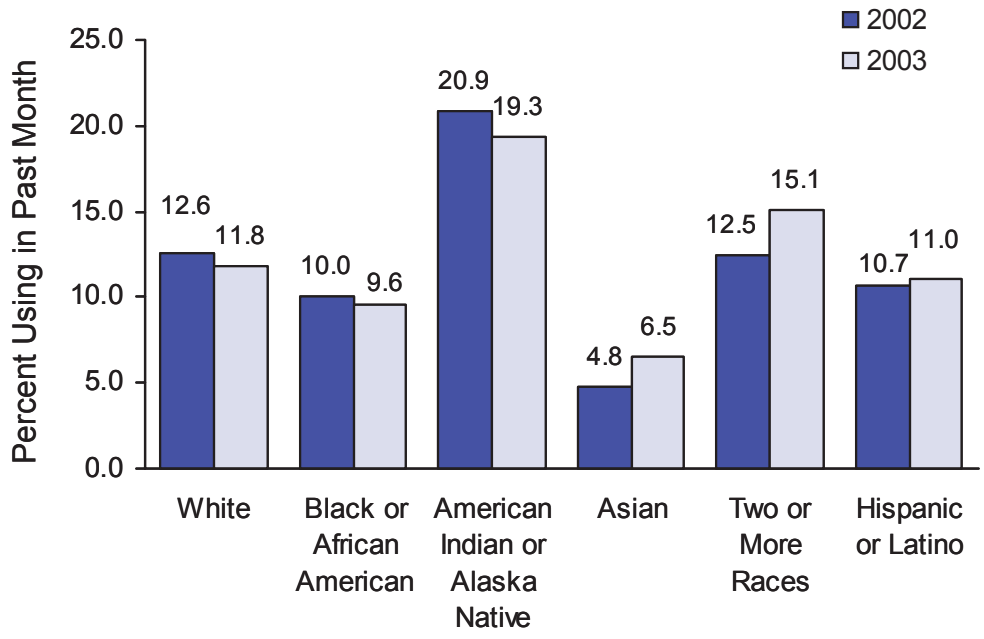
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Among youths aged 12 to 17, the rate of current illicit drug use among American Indians or Alaska Natives (19.3 percent) was higher than the rate among all youths (11.2 percent), and the rate among Asian youths (6.5 percent) was significantly lower compared with the overall rate for all youths (Figure 2.9)

- There were no statistically significant changes between 2002 and 2003 in the rates of current illicit drug use for any racial/ethnic subgroup. This was the case both for all persons aged 12 or older and for youths aged 12 to 17.

- Although estimates of current hallucinogen use for all racial/ethnic groups combined showed a decrease between 2002 and 2003, this decrease was not evident among Hispanics. Among Hispanics aged 12 or older, the rate of past month hallucinogen use was 0.3 percent in 2002 and 0.5 percent in 2003. Although this was not a statistically significant increase, the rate of use among Hispanics aged 18 to 25 did increase significantly, from 0.7 percent in 2002 to 1.3 percent in 2003.

Figure 2.9 Past Month Illicit Drug Use among Youths Aged 12 to 17, by Race/Ethnicity: 2002 and 2003



Note 1: Due to low precision, estimates for Native Hawaiians or Other Pacific Islanders are not shown.

Note 2: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Education

- Illicit drug use rates in 2003 were correlated with educational status. Among adults aged 18 or older, the rate of current illicit drug use was lower among college graduates (5.2 percent) compared with those who did not graduate from high school (9.0 percent), high school graduates (8.3 percent), or those with some college (9.2 percent). However, adults who had completed 4 years of college were more likely to have tried illicit drugs in their lifetime when compared with adults who had not completed high school (51.1 vs. 38.0 percent).

College Students

- In the college-aged population (persons aged 18 to 22 years old), the rate of current illicit drug use was nearly the same among full-time undergraduate college students (21.4 percent) as for other persons aged 18 to 22 years, including part-time students, students in other grades, and nonstudents (22.5 percent). The rate of current illicit drug use among college students and other 18 to 22 year olds did not change between 2002 and 2003.

Employment

- Current employment status was highly correlated with rates of illicit drug use in 2003. An estimated 18.2 percent of unemployed adults aged 18 or older were current illicit drug users compared with 7.9 percent of those employed full time and 10.7 percent of those employed part time.

- Although the rate of drug use was higher among unemployed persons compared with those from other employment groups, most drug users were employed. Of the 16.7 million illicit drug users aged 18 or older in 2003, 12.4 million (74.3 percent) were employed either full or part time.

Geographic Area

- Among persons aged 12 or older, the rate of current illicit drug use in 2003 was 9.3 percent in the West, 8.7 percent in the Northeast, 7.9 percent in the Midwest, and 7.4 percent in the South.

- The rate of illicit drug use in metropolitan areas was higher than the rate in nonmetropolitan areas. Rates were 8.3 percent in large metropolitan counties, 8.6 percent in small metropolitan counties, and 7.0 percent in nonmetropolitan counties as a group (Figure 2.10). Within nonmetropolitan areas, counties that were urbanized had a rate of 7.9 percent, while completely rural counties had a significantly lower rate (3.1 percent).

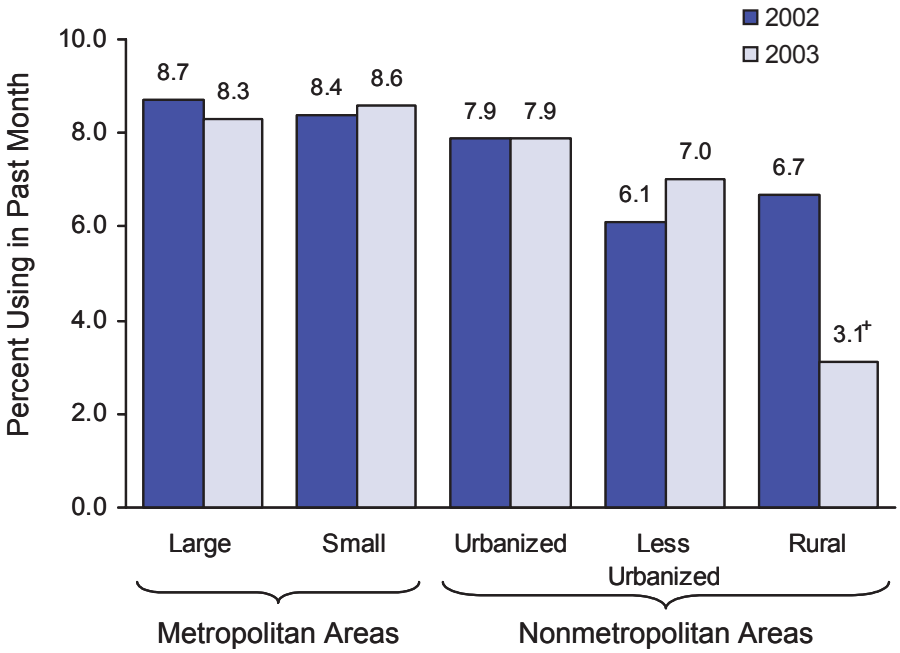
- The rate of current illicit drug use in completely rural counties declined between 2002 and 2003, from 6.7 to 3.1 percent. This was largely due to a decrease from 4.1 to 0.8 percent in the nonmedical use of prescription-type psychotherapeutic drugs in rural areas.

Criminal Justice Populations

- In 2003, among the estimated 1.4 million adults aged 18 or older on parole or other supervised release from prison during the past year, 24.3 percent were current illicit drug users compared with 7.7 percent among adults not on parole or supervised release.

- Among the estimated 4.8 million adults on probation at some time in the past year, 28.0 percent reported current illicit drug use in 2003. This compares with a rate of 7.4 percent among adults not on probation in 2003.

Figure 2.10 Past Month Illicit Drug Use among Persons Aged 12 or Older, by County Type: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Frequency of Use

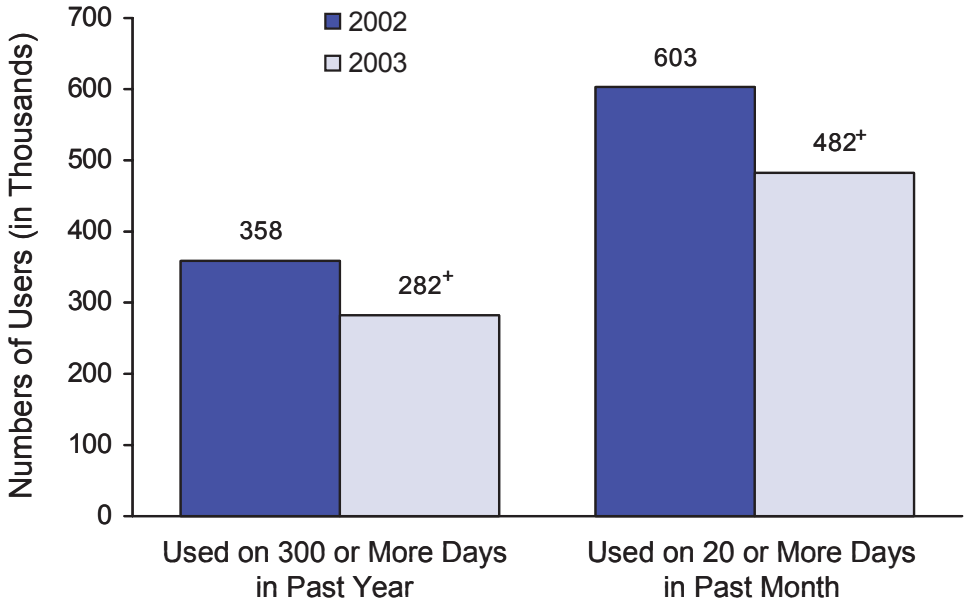
- In 2003, 12.2 percent of past year marijuana users used marijuana on 300 or more days in the past 12 months. This translates into 3.1 million persons using marijuana on a daily or almost daily basis over a 12-month period. This was the same number as in 2002. However, the number of youths aged 12 to 17 using marijuana daily or almost daily declined from 358,000 in 2002 to 282,000 in 2003 (Figure 2.11). The number of youths using marijuana on 20 or more days in the past month declined from 603,000 in 2002 to 482,000 in 2003.

Association with Cigarette and Alcohol Use

- In 2003, the rate of current illicit drug use was approximately 8 times higher among youths aged 12 to 17 who smoked cigarettes (48.4 percent) than it was among youths who did not smoke cigarettes (6.1 percent).

- Illicit drug use also was associated with the level of alcohol use. Among youths aged 12 to 17 who were heavy drinkers, 64.5 percent also were current illicit drug users, whereas among nondrinkers, the rate was only 5.1 percent.

Figure 2.11 Numbers (in Thousands) of Daily or Almost Daily Marijuana Users in the Past Year and Past Month among Youths Aged 12 to 17: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Among youths who were both smokers and heavy drinkers, 72.4 percent used illicit drugs compared with only 3.7 percent among youths who did not drink or smoke.

Driving Under the Influence of Illicit Drugs

- In 2003, an estimated 10.9 million persons reported driving under the influence of an illicit drug during the past year. This corresponds to 4.6 percent of the population aged 12 or older. The rate was 14.1 percent among young adults aged 18 to 25. Among adults aged 26 or older, the rate was 3.1 percent. These rates were all similar to the rates in 2002.

How Marijuana Is Obtained

- NSDUH includes questions asking marijuana users how, from whom, and where they obtained the marijuana they used most recently. In 2003, most users (56.9 percent) got the drug for free or shared someone else's marijuana. Almost 40 percent of marijuana users bought it.

- Most marijuana users obtained the drug from a friend; 77.8 percent of those who bought their marijuana and 81.3 percent of those who obtained the drug for free had obtained it from a friend.

- More than half (54.3 percent) of users who bought their marijuana purchased it inside a home, apartment, or dorm. This also was the most common location for obtaining marijuana for free (62.7 percent).

- Among youths who bought their marijuana, 30.9 percent bought it inside a home, apartment, or dorm. Among youths who obtained their marijuana for free, 48.8 percent obtained it inside a home, apartment, or dorm.

- Almost 9 percent of youths aged 12 to 17 who bought their marijuana obtained it inside a school building, and 4.6 percent bought it outside on school property.

3. Alcohol Use

The National Survey on Drug Use and Health (NSDUH) includes questions about the recency and frequency of consumption of alcoholic beverages, such as beer, wine, whiskey, brandy, and mixed drinks. An extensive list of examples of the kinds of beverages covered is given to respondents prior to the question administration. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when the respondent only had a sip or two from a drink are not considered as consumption. For this report, estimates for the prevalence of alcohol use are reported primarily at three levels defined for both males and females and for all ages as follows:

Current use - At least one drink in the past 30 days (includes binge and heavy use).

Binge use - Five or more drinks on the same occasion at least once in the past 30 days (includes heavy use).

Heavy use - Five or more drinks on the same occasion on at least 5 different days in the past 30 days.

- About half of Americans aged 12 or older reported being current drinkers of alcohol in the 2003 survey (50.1 percent). This translates to an estimated 119 million people, similar to the 2002 estimate of 120 million current drinkers.

- More than one fifth (22.6 percent) of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to the survey in 2003. This translates to about 54 million people, comparable with the number reported in 2002.

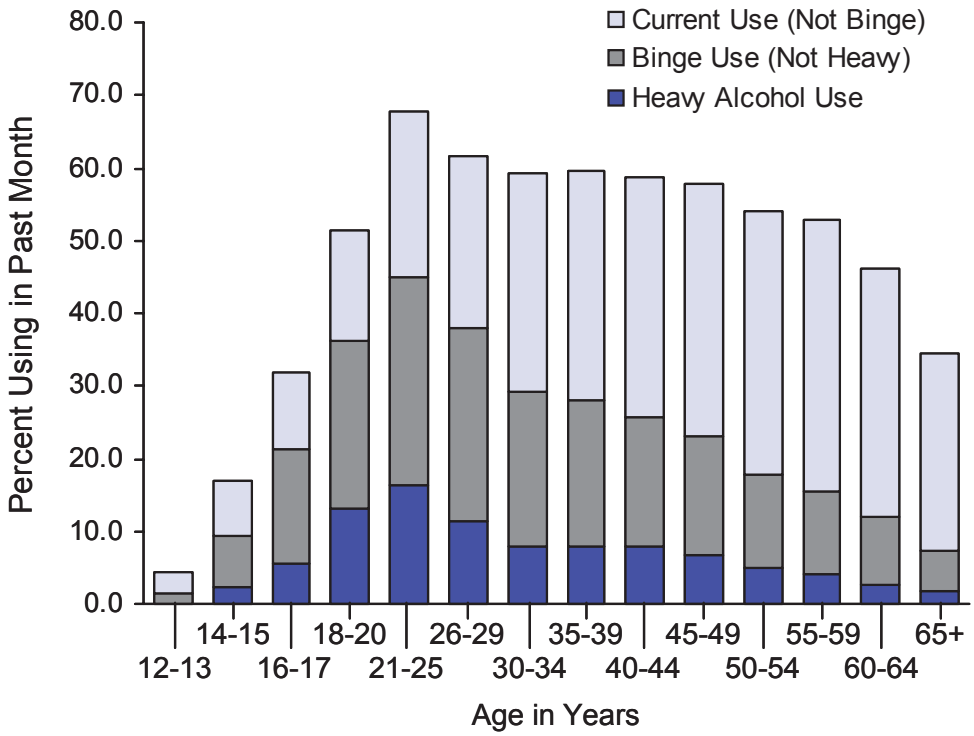
- In 2003, heavy drinking was reported by 6.8 percent of the population aged 12 or older, or 16.1 million people. These figures are similar to those of 2002, when 6.7 percent (15.9 million people) reported heavy drinking.

Age

- Among young people, the prevalence of current alcohol use in 2003 increased with age, from 2.9 percent at age 12 to about 70 percent of persons 21 or 22 years old (Figure 3.1). Among older age groups, the prevalence of alcohol use decreased with increasing age, from 61.7 percent among 26 to 29 year olds to 46.2 percent among 60 to 64 year olds and 34.4 percent among people aged 65 or older.

- Rates of binge alcohol use were 0.9 percent at age 12, 2.2 percent at age 13, 7.1 percent at age 14, 11.7 percent at age 15, 18.0 percent at age 16, and 24.5 percent at age 17. The rate peaked at age 21 (47.8 percent) and then decreased beyond young adulthood.

Figure 3.1 Current, Binge, and Heavy Alcohol Use, by Age: 2003



- The highest prevalence of both binge and heavy drinking in 2003 was for young adults aged 18 to 25, with the peak rate of both measures occurring at age 21. The rate of binge drinking was 41.6 percent for young adults aged 18 to 25 and 47.8 percent at age 21. Heavy alcohol use was reported by 15.1 percent of persons aged 18 to 25 and by 18.7 percent of persons aged 21.

- While 57.7 percent of the population aged 45 to 49 in 2003 were current drinkers, 23.2 percent of persons within this age range were binge drinkers and 6.8 percent drank heavily. Rates of binge and heavy drinking were relatively low among people aged 65 or older, with rates of 7.2 and 1.8 percent, respectively.

- Among youths aged 12 to 17, an estimated 17.7 percent used alcohol in the month prior to the survey interview. Of all youths, 10.6 percent were binge drinkers, and 2.6 percent were heavy drinkers. These percentages for binge drinking and heavy drinking were very similar to those obtained in 2002 (10.7 and 2.5 percent, respectively).

Underage Alcohol Use

- About 10.9 million persons aged 12 to 20 reported drinking alcohol in the month prior to the survey interview in 2003 (29.0 percent of this age group). Nearly 7.2 million (19.2 percent) were binge drinkers, and 2.3 million (6.1 percent) were heavy drinkers. These figures were essentially the same as those obtained from the 2002 survey.

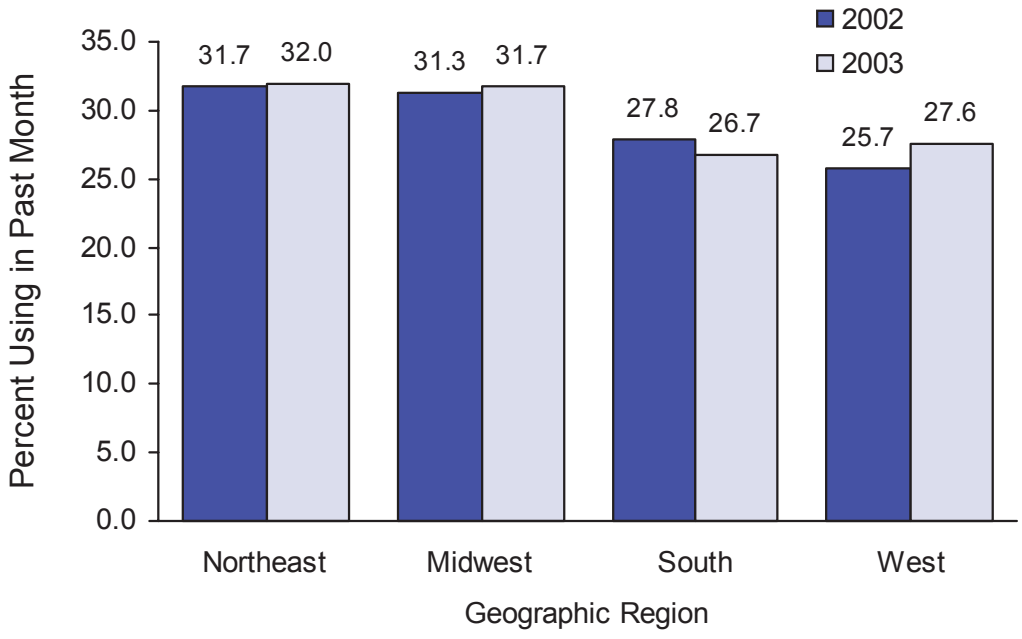
- More males than females aged 12 to 20 reported binge drinking (21.7 vs. 16.5 percent) and heavy drinking (7.9 vs. 4.3 percent) in 2003.

- Among persons aged 12 to 20, past month alcohol use rates ranged from 18.2 percent among Asians and blacks to 33.2 percent for whites. Binge drinking was reported by 22.8 percent of underage whites, 20.8 percent of underage American Indians or Alaska Natives, and 16.9 percent of underage Hispanics, but only by 9.6 percent of underage Asians and 9.1 percent of underage blacks.

- Across geographic regions in 2003, underage current alcohol use rates were higher in the Northeast (32.0 percent) and Midwest (31.7 percent) than in the South and the West (26.7 percent and 27.6 percent, respectively) (Figure 3.2). This pattern was essentially the same in 2002.

- In 2003, underage current alcohol use rates were similar by population density. Rates were 27.6 percent in large metropolitan areas, 30.1 percent in small metropolitan areas, and 31.2 percent in nonmetropolitan areas. The rate in nonmetropolitan rural areas was 25.4 percent.

Figure 3.2 Past Month Alcohol Use among Persons Aged 12 to 20, by Geographic Region: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Gender

- In general, males were more likely than females to report past month alcohol use. In 2003, 57.3 percent of males aged 12 or older were current drinkers compared with 43.2 percent of females. However, for the youngest age group (12 to 17), the rates were not significantly different (17.1 percent for males vs. 18.3 percent for females).

- Among adults aged 18 or older, 62.4 percent of males reported current drinking in 2003, unchanged from 2002. However, 46.0 percent of adult females reported current alcohol use in 2003, which was nearly 2 percent lower than the 2002 estimate of 47.9 percent.

Pregnant Women

- Among pregnant women aged 15 to 44, 9.8 percent used alcohol and 4.1 percent reported binge drinking in the month prior to the survey. These rates were significantly lower than the rates for nonpregnant women of that age (53.0 and 23.2 percent, respectively). Heavy alcohol use was relatively rare (0.7 percent) among pregnant women. These estimates were based on data averaged over 2002 and 2003.

Race/Ethnicity

- Whites were more likely than any other racial/ethnic group to report current use of alcohol in 2003. An estimated 54.4 percent of whites reported past month use (Figure 3.3). The rates were 44.4 percent for persons reporting two or more races, 43.3 percent for Native Hawaiians or Other Pacific Islanders, 42.0 percent for American Indians or Alaska Natives, 41.5 percent for Hispanics, 39.8 percent for Asians, and 37.9 percent for blacks.

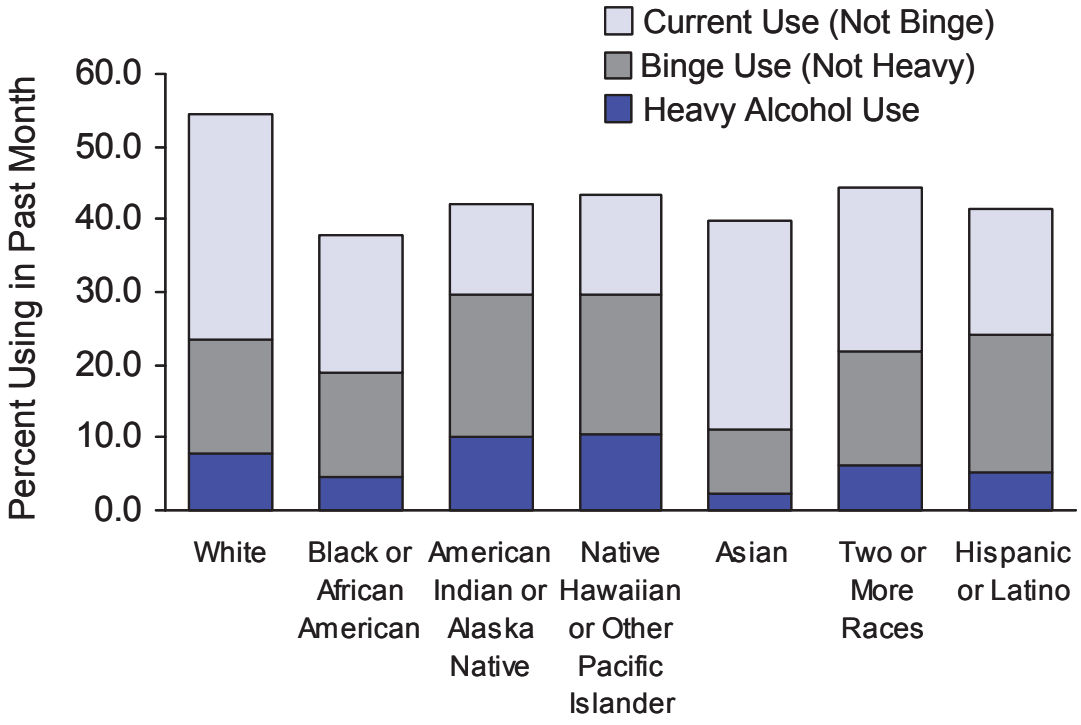
- The rate of binge alcohol use was lowest among Asians (11.0 percent). Rates for other racial/ethnic groups were 19.0 percent for blacks, 23.6 percent for whites, 24.2 percent for Hispanics, 29.6 percent for American Indians/Alaska Natives, and 29.8 percent for Native Hawaiians or Other Pacific Islanders.

- Among youths aged 12 to 17 in 2003, blacks and Asians were least likely to report past month alcohol use. Only 8.7 percent of Asian youths and 10.1 percent of black youths were current drinkers, while rates were above 15 percent for other racial/ethnic groups.

Education

- The rate of past month alcohol use increased with increasing levels of education. Among adults aged 18 or older with less than a high school education, 36.7 percent were current drinkers in 2003, while 66.5 percent of college graduates were current drinkers. However, binge drinking and heavy drinking were least prevalent among college graduates.

Figure 3.3 Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Race/Ethnicity: 2003



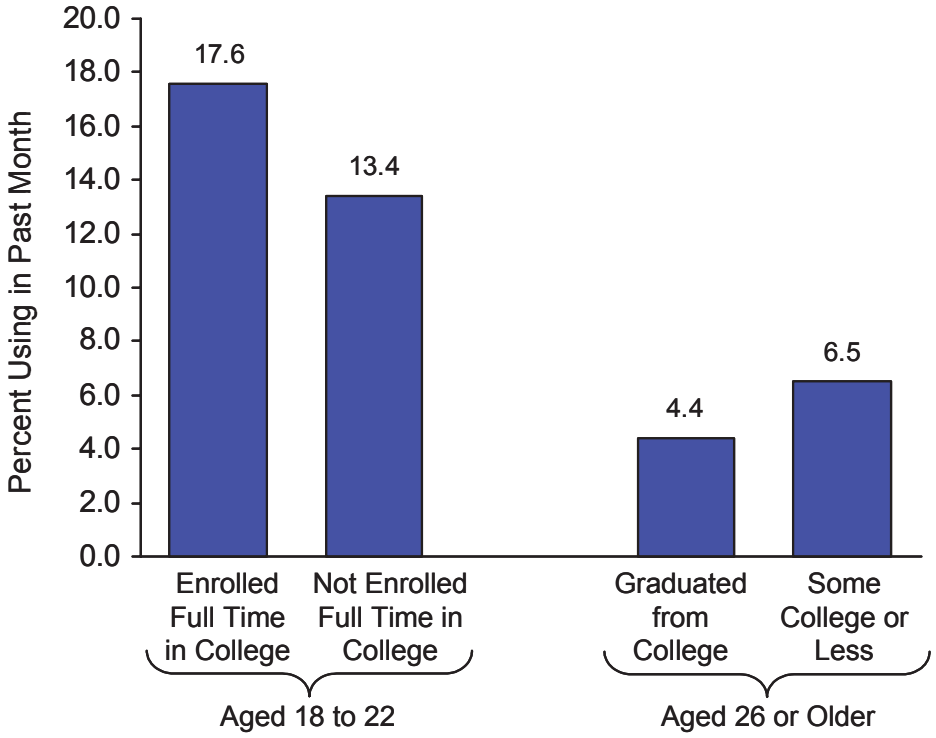
College Students

- Young adults aged 18 to 22 enrolled full time in college were more likely than their peers not enrolled full time (i.e., part-time college students and persons not enrolled in college) to use alcohol, binge drink, and drink heavily. Past month alcohol use was reported by 64.9 percent of full-time college students compared with 54.6 percent of persons aged 18 to 22 who were not currently enrolled full time. Binge and heavy use rates for college students were 43.5 and 17.6 percent, respectively, compared with 38.7 and 13.4 percent, respectively, for other persons aged 18 to 22.

- Among persons aged 18 to 22, full-time college students were more likely to be heavy drinkers than others (17.6 vs. 13.4 percent) (Figure 3.4). However, at later ages (26 or older), those who had graduated from college were less likely to drink heavily than those who had not graduated (4.4 vs. 6.5 percent).

- There were no significant changes in rates of past month, binge, or heavy alcohol use between 2002 and 2003 among full-time college students aged 18 to 22.

Figure 3.4 Heavy Alcohol Use, by College Attendance and Age: 2003



Employment

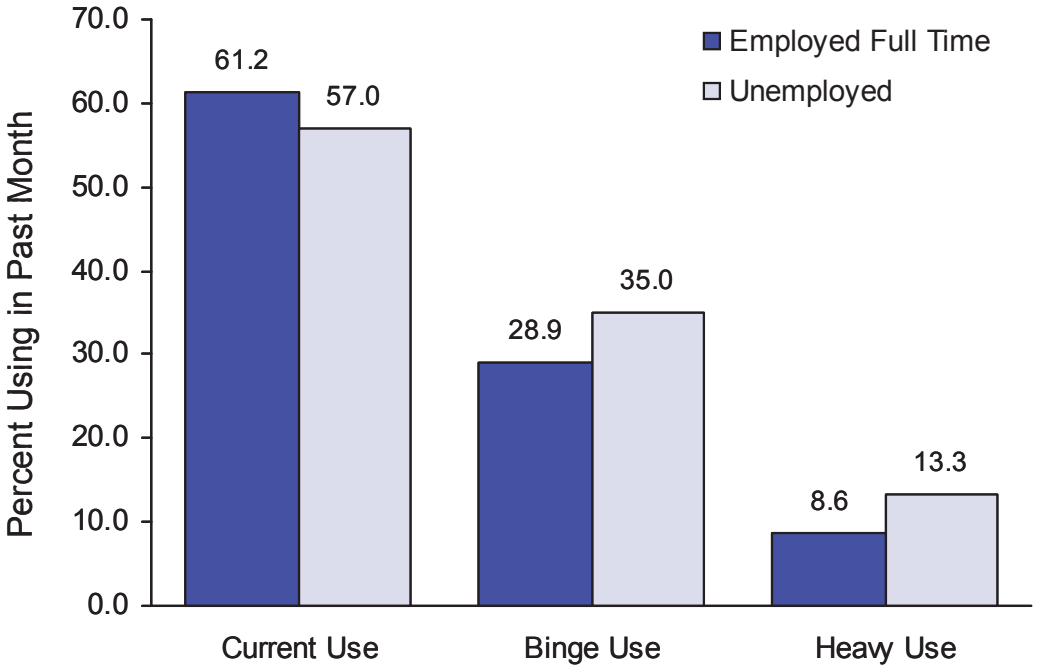
- Rates of current alcohol use were 61.2 percent for full-time employed adults aged 18 or older in 2003 compared with 57.0 percent of their unemployed peers (Figure 3.5). However, the patterns were different for binge and heavy alcohol use; rates were higher for unemployed persons (35.0 and 13.3 percent, respectively, for binge and heavy use) than for full-time employed persons (28.9 and 8.6 percent, respectively).

- Most binge and heavy alcohol users were employed. Among the 51.1 million adult binge drinkers in 2003, 40.6 million (79.5 percent) were employed either full or part time. Similarly, 12.4 million (79.9 percent) of the 15.5 million adult heavy drinkers were employed.

Geographic Area

- The rate of past month alcohol use for people aged 12 or older in 2003 was lower in the South (45.3 percent) than in the Northeast (54.3 percent), Midwest (52.7 percent), or West (51.2 percent).

Figure 3.5 Current, Binge, and Heavy Alcohol Use among Adults Aged 18 or Older, by Employment Status: 2003



- Among people aged 12 or older, the rate of alcohol use in large metropolitan areas was 53.3 percent compared with 48.9 percent in small metropolitan areas and 42.1 percent in nonmetropolitan areas. There was less variation across county types in rates of binge and heavy drinking. The rate of heavy alcohol use was 6.5 percent in large metropolitan areas, 7.2 percent in small metropolitan areas, and 7.1 percent in nonmetropolitan areas.

- Among youths aged 12 to 17, the rate of past month binge alcohol use was slightly higher in nonmetropolitan areas (12.8 percent) than in large or small metropolitan areas (9.6 and 11.2 percent, respectively). In rural nonmetropolitan areas, 11.3 percent of youths reported binge drinking.

Association with Illicit Drug and Tobacco Use

- The level of alcohol use was strongly associated with illicit drug use in 2003. Among the 16.1 million heavy drinkers aged 12 or older, 32.5 percent were current illicit drug users. Persons who did not use alcohol in the past month were least likely to use illicit drugs (3.3 percent).

- Drinking levels also were associated with tobacco use. Among heavy alcohol users, 61.7 percent smoked cigarettes in the past month, while only 20.7 percent of non-binge current drinkers and 17.4 percent of nondrinkers were current smokers. Smokeless tobacco and cigar use also were more prevalent among heavy drinkers than among non-binge drinkers and nondrinkers.

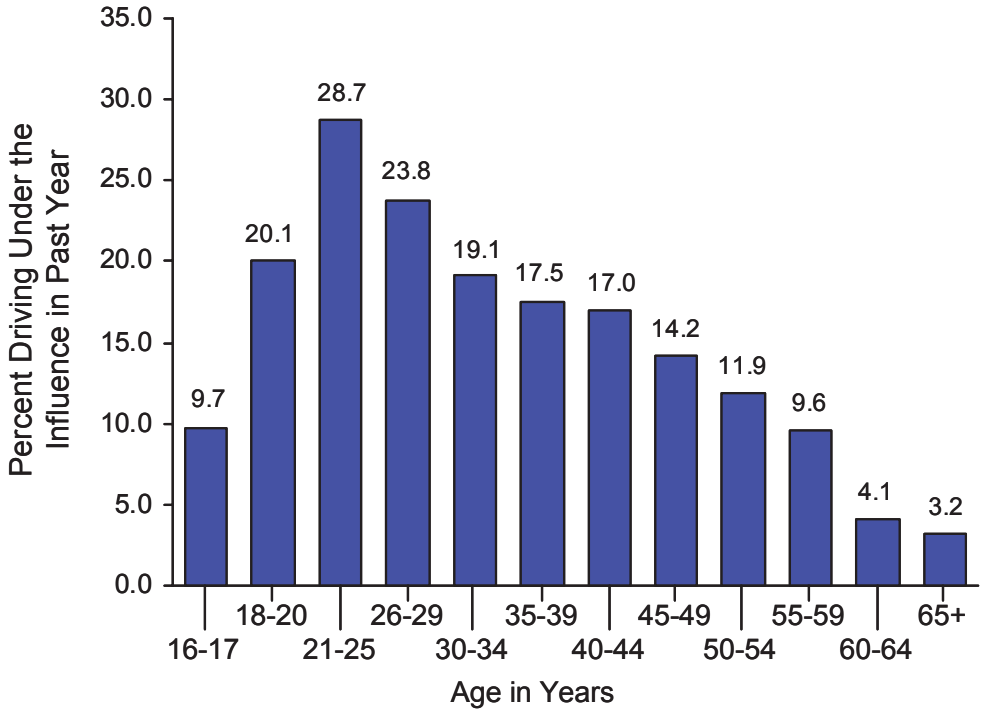
Driving Under the Influence of Alcohol

- An estimated 13.6 percent of persons aged 12 or older drove under the influence of alcohol at least once in the 12 months prior to the interview in 2003 (a decrease from 14.2 percent in 2002). These percentages represent 32.3 million persons in 2003 and 33.5 million persons in 2002.

- Driving under the influence varied by age group in 2003. About 9.7 percent of 16 or 17 year olds, 20.1 percent of 18 to 20 year olds, and 28.7 percent of 21 to 25 year olds reported driving under the influence of alcohol (Figure 3.6). Beyond age 25, these rates declined with increasing age.

- Males were nearly twice as likely as females (18.2 vs. 9.3 percent, respectively) to drive under the influence of alcohol.

Figure 3.6 Driving Under the Influence of Alcohol in the Past Year, by Age: 2003



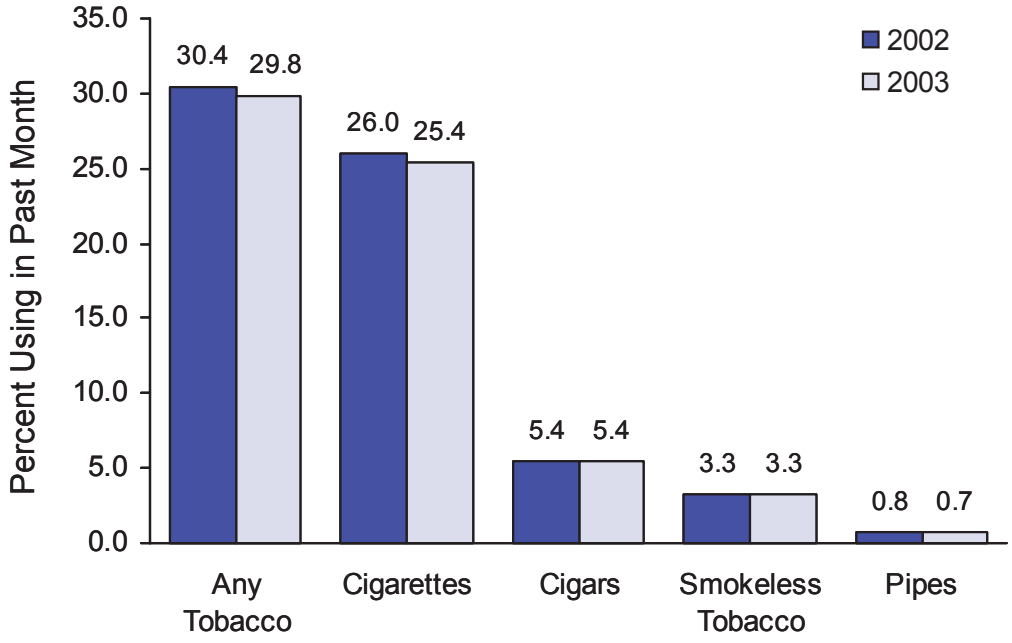
4. Tobacco Use

The National Survey on Drug Use and Health (NSDUH) includes a series of questions about the use of tobacco products, including cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. For analytic purposes, data for chewing tobacco and snuff are combined as "smokeless tobacco." Cigarette use is defined as smoking "part or all of a cigarette." Questions to determine nicotine dependence among current cigarette smokers also are included in the NSDUH. Nicotine dependence is based on criteria from the Nicotine Dependence Syndrome Scale (NDSS) or the Fagerstrom Test of Nicotine Dependence (FTND) (see Appendix B, Section B.4.2, of this report).

- An estimated 70.8 million Americans reported current (past month) use of a tobacco product in 2003. This is 29.8 percent of the population aged 12 or older, similar to the rate in 2002 (30.4 percent) (Figure 4.1).

- Among that same population, 60.4 million (25.4 percent of the total population aged 12 or older) smoked cigarettes in the past month, 12.8 million (5.4 percent) smoked cigars, 7.7 million (3.3 percent) used smokeless tobacco, and 1.6 million (0.7 percent) smoked tobacco in pipes. These rates remained unchanged from 2002.

Figure 4.1 Past Month Tobacco Use among Persons Aged 12 or Older: 2002 and 2003



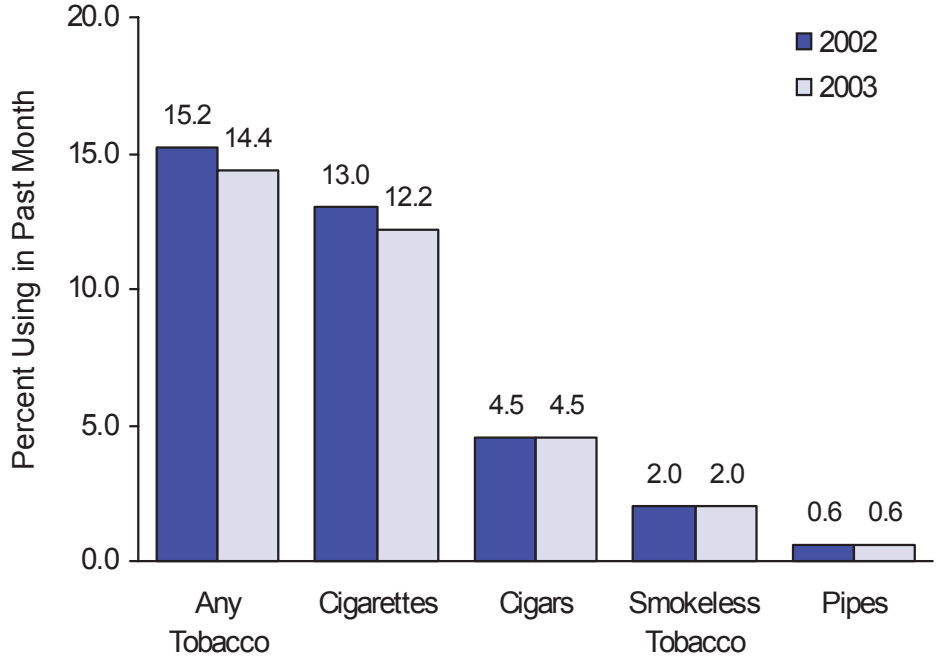
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Age

- Young adults aged 18 to 25 reported the highest rate of current use of any tobacco products (44.8 percent). Past month rates of use for this age group were 40.2 percent for cigarettes, 11.4 percent for cigars, 4.7 percent for smokeless tobacco, and 0.9 percent for pipes. These rates were unchanged from 2002 (45.3 percent for any tobacco product, 40.8 percent for cigarettes, 11.0 percent for cigars, 4.8 percent for smokeless tobacco, and 1.1 percent for pipes).

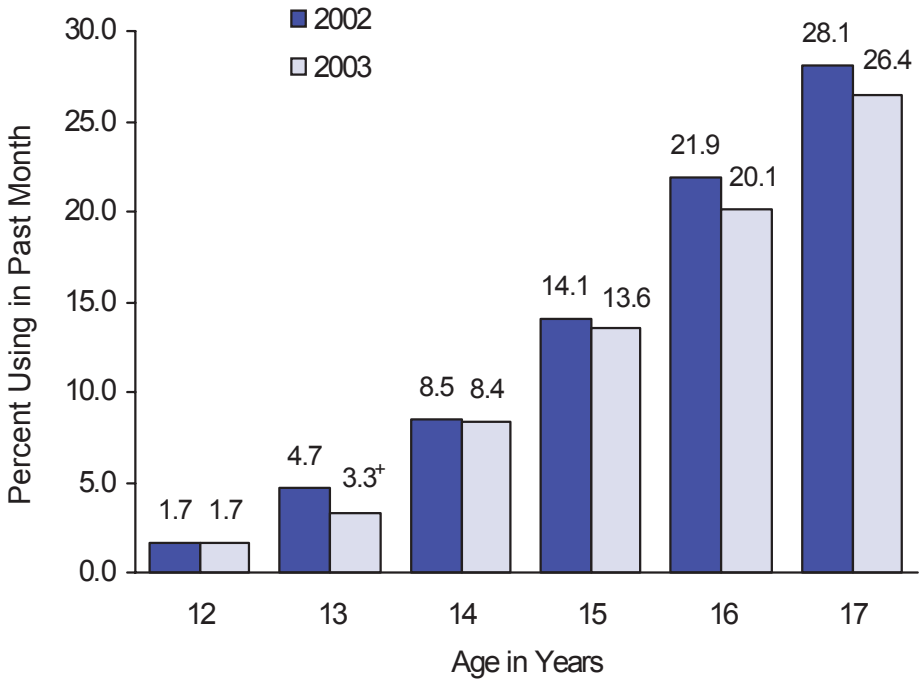
- An estimated 3.6 million youths aged 12 to 17 (14.4 percent) reported past month use of a tobacco product in 2003 (Figure 4.2). There were no statistically significant changes in past month rates of the different tobacco products among this age group between 2002 and 2003. However, there were significant declines in past year (from 20.3 to 19.0 percent) and lifetime (from 33.3 to 31.0 percent) cigarette use between 2002 and 2003. In addition, the rate of past month cigarette use decreased among 13 year olds (from 4.7 percent in 2002 to 3.3 percent in 2003) (Figure 4.3).

Figure 4.2 Past Month Tobacco Use among Youths Aged 12 to 17: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Figure 4.3 Past Month Cigarette Use among Youths Aged 12 to 17, by Age: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- In 2003, current cigarette smoking rates increased steadily with age up to age 20, from 1.7 percent at age 12 to 26.4 percent at age 17. The rate peaked at age 20 (44.1 percent). After age 22, rates generally declined with age: 30.9 percent for 30 to 34 year olds; 31.1 percent for 40 to 44 year olds; 25.0 percent for 50 to 54 year olds; 16.5 percent for 60 to 64 year olds; and 10.0 percent for persons aged 65 or older.

- Smokeless tobacco use was most prevalent among young adults aged 18 to 25. Past month use was reported by 4.7 percent of young adults in 2003, which was similar to the 2002 rate (4.8 percent). Rates also did not change between 2002 and 2003 for youths aged 12 to 17 (2.0 percent in both years) or among persons aged 26 or older (3.2 percent in both years).

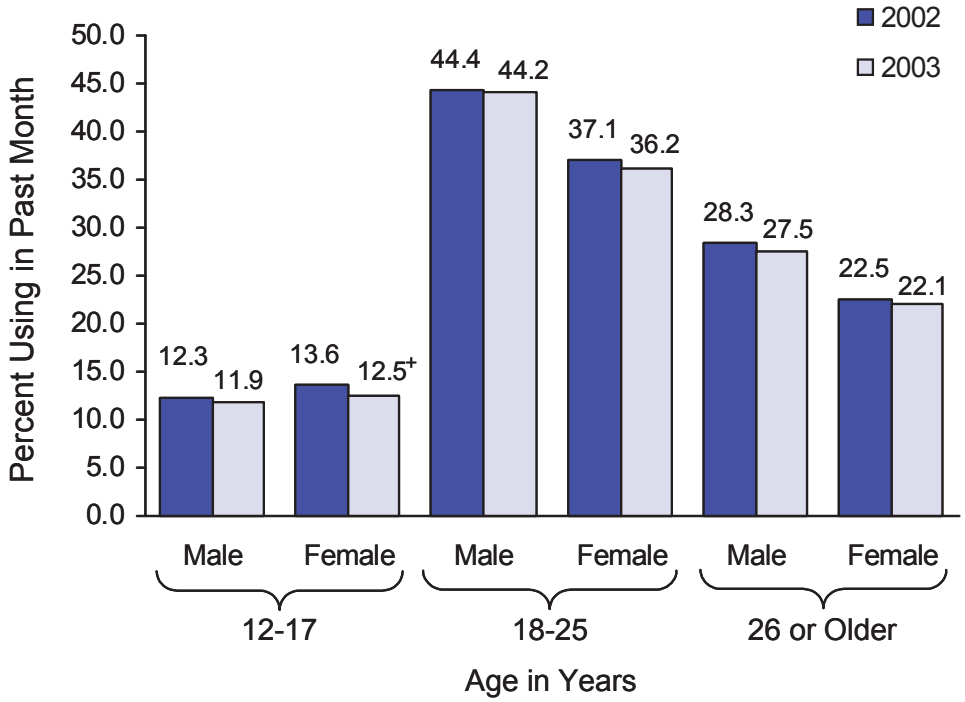
- Current cigar use among the three age groups also was unchanged between 2002 and 2003. The rate was 4.5 percent in both years among youths aged 12 to 17; 11.4 percent in 2003 and 11.0 percent in 2002 among young adults aged 18 to 25; and 4.5 percent in 2003 and 4.6 percent in 2002 among adults aged 26 or older.

Gender

- Males were more likely than females to report past month use of a tobacco product. In 2003, 35.9 percent of males aged 12 or older were current users of any tobacco product, a significantly higher proportion than among females (24.0 percent).

- A higher proportion of males than females aged 12 or older smoked cigarettes in 2003 (28.1 vs. 23.0 percent). Among youths aged 12 to 17, however, girls (12.5 percent) were as likely as boys (11.9 percent) to smoke (Figure 4.4). There was no change in cigarette use among boys aged 12 to 17 between 2002 and 2003. However, among girls, cigarette use decreased from 13.6 percent in 2002 to 12.5 percent in 2003.

Figure 4.4 Past Month Cigarette Use, by Age Group and Gender: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Males were much more likely than their female counterparts to report current use of smokeless tobacco (6.2 percent of males aged 12 or older vs. 0.5 percent of females). This pattern remained consistent across age groups (12 to 17, 18 to 25, and 26 or older).

Pregnant Women

- Based on combined data from 2002 and 2003, an estimated 18.0 percent of pregnant women aged 15 to 44 smoked cigarettes in the past month. Among nonpregnant women of the same age group, 30.7 percent smoked cigarettes in the past month.

Race/Ethnicity

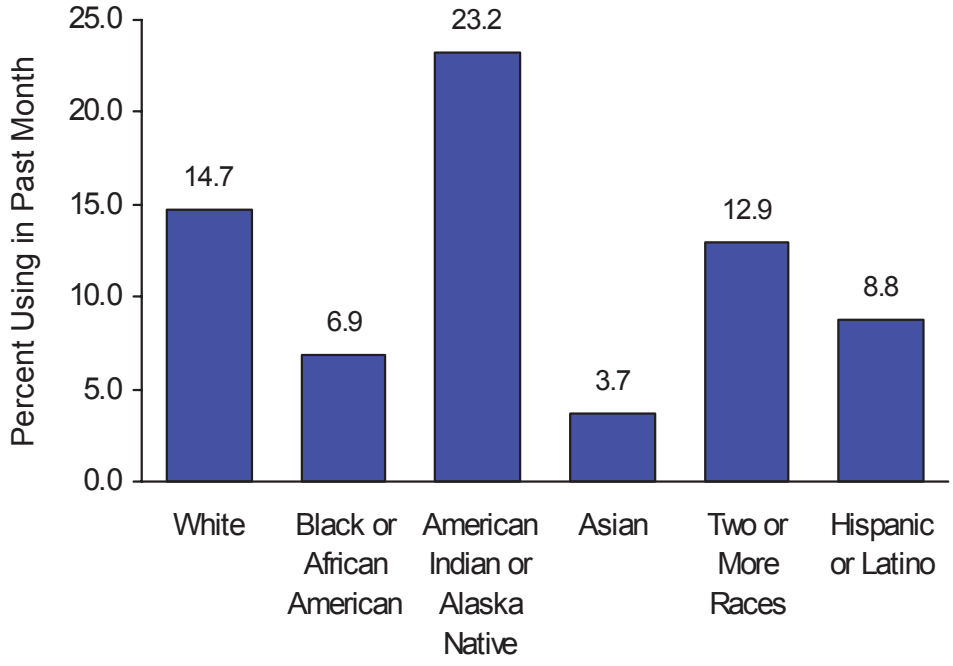
- American Indians or Alaska Natives were more likely than any other racial/ethnic group to report the use of tobacco products in 2003. Among persons aged 12 or older, 41.8 percent of American Indians or Alaska Natives reported using at least one tobacco product in the past month. The lowest current tobacco use rate among racial/ethnic groups in 2003 was observed for Asians (13.8 percent), which was a decrease from the 2002 rate (18.6 percent).

- Among youths in different racial/ethnic groups, the highest rate of past month cigarette use in 2003 was among American Indians or Alaska Natives (23.2 percent), while the lowest was among Asians (3.7 percent) (Figure 4.5).

Education

- As in 2002, the prevalence of cigarette smoking decreased with increasing levels of education. Among adults aged 18 or older in 2003, college graduates were the least likely to report smoking cigarettes (14.0 percent) compared with 35.3 percent of adults who lacked a high school diploma.

Figure 4.5 Past Month Cigarette Use among Youths Aged 12 to 17, by Race/Ethnicity: 2003



Note: Due to low precision, estimates for Native Hawaiians or Other Pacific Islanders are not shown.

College Students

- Young adults aged 18 to 22 enrolled full time in college in 2003 were less likely to report current cigarette use than their peers not enrolled full time (i.e., part-time college students and persons not enrolled in college). Past month cigarette use was reported by 31.4 percent of full-time college students compared with 45.3 percent of their peers who were not enrolled full time.

Employment

- Among unemployed adults aged 18 or older, rates of current cigarette smoking declined from 49.8 percent in 2002 to 42.7 percent in 2003. Current smoking rates among full-time and part-time workers in 2003 were 29.5 and 25.2 percent, respectively.

Geographic Area

- Cigarette use rates among persons aged 12 or older in 2003 varied by region of the country. Past month cigarette use ranged from a low of 19.3 percent for persons living in the Pacific Division to 29.5 percent of persons living in the East South Central part of the country. This same pattern was noted in 2002.

- Rates of current cigarette use among persons aged 12 or older were higher in less densely populated areas. In large metropolitan areas, 23.7 percent smoked in the past month compared with 26.9 percent in small metropolitan areas and 28.3 percent in nonmetropolitan areas (Figure 4.6). The highest rate of smoking occurred in urbanized nonmetropolitan areas (29.6 percent). However, this rate was not statistically different from rates in less urbanized nonmetropolitan areas (27.1 percent) and completely rural nonmetropolitan areas (28.0 percent).

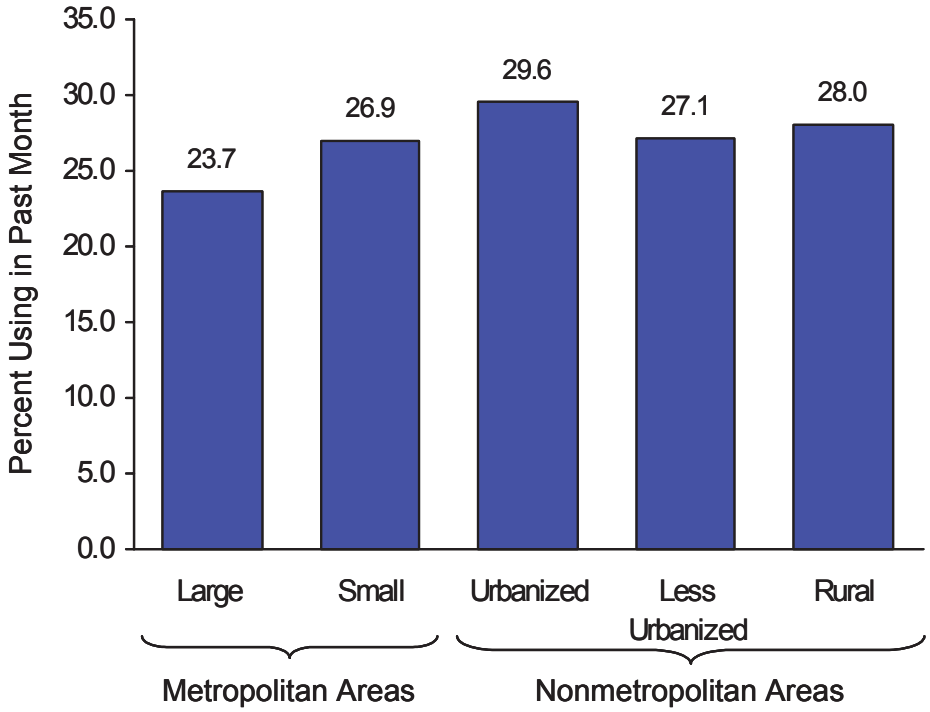
- Rates of current cigarette use declined between 2002 and 2003 in large metropolitan areas overall, from 25.1 to 23.7 percent. The decline was evident among adults aged 18 or older (from 26.7 to 25.3 percent) and for youths aged 12 to 17 (from 11.5 to 10.2 percent).

Frequency of Cigarette Use

- Of the 60.4 million past month cigarette smokers, 62.9 percent (38.0 million) reported smoking every day in the past 30 days. Among youths aged 12 to 17 who smoked in the past month, 29.7 percent (900,000) were daily smokers.

- Past month cigarette smokers in 2003 smoked an average of 13 cigarettes per day on the days they smoked. The average number of cigarettes smoked per day increased with age from 2 per day among 12 year olds to 6 per day among 17 year olds; 12 per day among 30 to 34 year olds; and 15 per day among 40 to 44 year olds, peaking at 19 per day among smokers aged 55 to 59. Smokers aged 60 to 64 averaged 14 per day, and smokers aged 65 or older averaged 15 per day.

Figure 4.6 Past Month Cigarette Use among Persons Aged 12 or Older, by County Type: 2003



Association with Illicit Drug and Alcohol Use

- Current cigarette smokers were more likely to use other tobacco products, alcohol, and illicit drugs than were current nonsmokers. Comparing current smokers and nonsmokers, rates of binge alcohol use were 43.4 versus 15.5 percent, rates of heavy alcohol use were 16.5 versus 3.5 percent, and rates of current (past month) illicit drug use were 19.8 versus 4.2 percent. Rates of use of smokeless tobacco and cigars also were higher among current smokers compared with current nonsmokers (4.9 vs. 2.7 percent for smokeless tobacco; 12.2 vs. 3.1 percent for cigars).

Usual Brand of Cigarettes Smoked

- Among past month cigarette smokers aged 12 or older, the most commonly smoked brands were Marlboro (41.3 percent), Newport (10.8 percent), and Camel (7.0 percent). These brands also were the most commonly reported in 2002.

- Notable racial/ethnic differences existed with regard to brand of cigarettes smoked most often in the past month. In 2003, 43.8 percent of white smokers and 58.5 percent of Hispanic smokers reported smoking Marlboro cigarettes. Among black smokers, 7.2 percent smoked Marlboro cigarettes, while 46.0 percent smoked Newport cigarettes.

- The same three brands accounted for most of the youth cigarette smoking in 2003. Among current smokers 12 to 17 years of age, 49.2 percent reported Marlboro, 23.4 percent reported Newport, and 9.7 percent reported Camel. No other individual cigarette brand was reported by more than 3.0 percent of youths. These three brands were also most commonly reported by youths in 2002.

Youth Access to Cigarettes

- Youths who had smoked in the past 30 days were asked to report all the different sources from which they had obtained cigarettes in the past 30 days. Among youth smokers aged 12 to 17 in 2003, 77.0 percent reported that they or someone else purchased the cigarettes. The most commonly reported way that youth smokers obtained cigarettes was having a friend or relative buy the cigarettes (63.3 percent).

- More than half of youth smokers aged 12 to 17 (53.3 percent) reported that they personally bought cigarettes at least once in the past month. More than one fourth of youth smokers (29.0 percent) reported buying cigarettes at a store where a clerk hands out the cigarettes, and 28.3 percent reported buying cigarettes in a small store, convenience store, or gas station. These percentages were all slightly lower than the corresponding estimates for 2002, but none of these differences was statistically significant. However, a significantly lower percentage of youth smokers in 2003 bought cigarettes in a drugstore (7.6 percent) compared with youth smokers in 2002 (9.8 percent).

- Among youth smokers aged 12 or 13, 32.3 percent reported that they personally bought cigarettes in the past month. However, only 7.3 percent of smokers aged 12 or 13 reported buying cigarettes at a store where a clerk hands out the cigarettes. Approximately one fourth (24.1 percent) of smokers aged 12 or 13 reported buying cigarettes from a friend, relative, or someone at school.

Nicotine Dependence

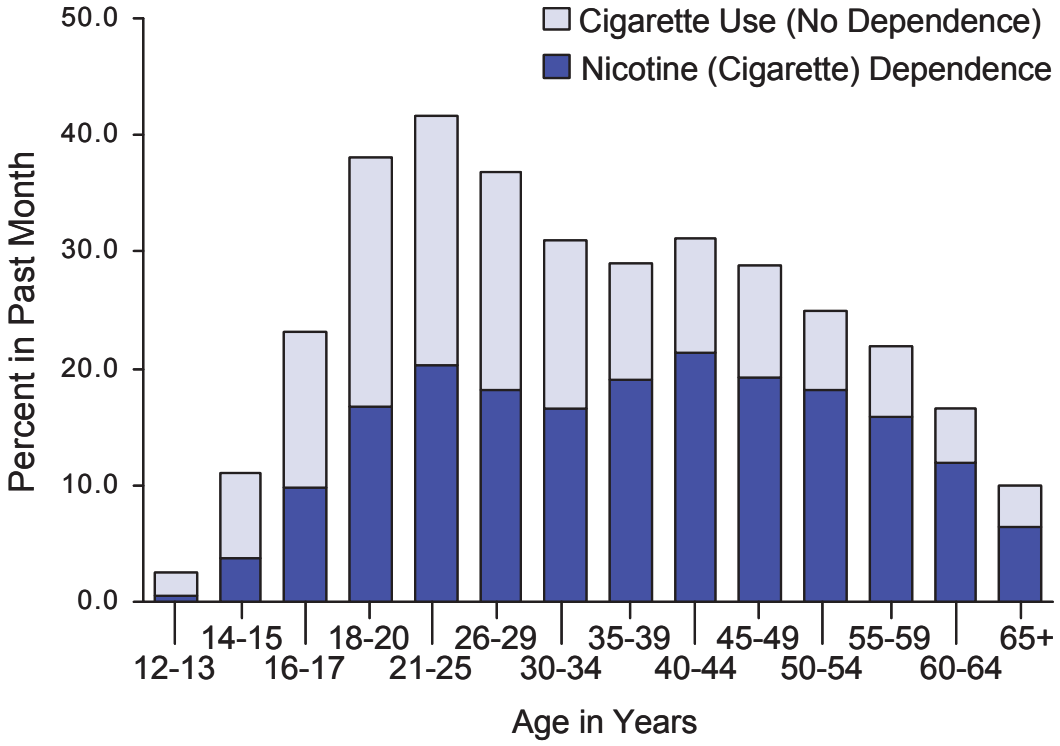
- An estimated 35.7 million Americans aged 12 or older in 2003 were classified as nicotine dependent in the past month because of their cigarette use (15.0 percent of the total population). These estimates are similar to the estimates for 2002.

- Among the 60.4 million past month cigarette smokers aged 12 or older in 2003, 59.0 percent were nicotine dependent. The proportion of current cigarette smokers who were dependent increased with age. Among youths aged 12 to 17 who were current smokers, 38.4 percent were dependent. The dependence rate was 46.9 percent among smokers aged 18 to 25, 51.5 percent among smokers aged 26 to 34, 67.0 percent among smokers aged 35 to 49, and 70.1 percent among smokers aged 50 or older (Figure 4.7).

- Of the 35.7 million nicotine-dependent smokers in 2003, 1.2 million were youths aged 12 to 17 (4.7 percent of youths), 6.0 million were young adults aged 18 to 25 (18.9 percent of young adults), and 28.5 million were aged 26 or older (15.8 percent of older adults).

- Nicotine dependence among adult smokers was more likely among those who first used cigarettes at a young age than among those who first used at later ages. In 2003, current smokers aged 18 or older who had first smoked at age 14 or younger had a nicotine dependence rate of 66.9 percent compared with a dependence rate of 51.1 percent among current smokers who had smoked their first cigarette at age 18 or older.

Figure 4.7 Past Month Cigarette Use and Nicotine Dependence, by Age: 2003



5. Trends in Initiation of Substance Use

Estimates of substance use incidence, or initiation, describe the number of new users of illicit drugs, alcohol, or tobacco during a given year. Where prevalence estimates describe the extent of use of substances over some period of time, incidence data describe emerging patterns of use, particularly among young people. The incidence estimates are based on data from the combined 2002 and 2003 National Survey on Drug Use and Health (NSDUH). As the 2002 NSDUH constitutes a new baseline year for the survey, these data should not be compared with previously published data from the National Household Survey on Drug Abuse (NHSDA).

Incidence estimates are based on questions about age at first use, year and month of first use for recent initiates, the respondent's date of birth, and the interview date. Using this information along with editing and imputation when necessary, the date of first use is determined for each substance used by each respondent. By applying sample weights to incidents of first use, estimates of the number of new users of each substance are developed for each year. Responses to questions on country of birth and years lived in the United States are used to restrict estimates to initiation occurring only within the United States. This adjustment was not included in estimates shown in prior reports.

The estimates discussed in this chapter include the number of new users at any age (including those younger than age 12), by age group and gender, and the average age of new users. Estimates for the years from 1965 to 2002 are covered. Although they are not discussed in this chapter, estimates of age-specific incidence rates also are available. These rates are defined as the number of new users per 1,000 potential new users. More precisely, the rates are actually the number of new users per 1,000 person-years of exposure. This measure is widely used in describing the incidence of disease. The method used for computing these rates is described in Section B.4.4 in Appendix B.

The incidence estimates reported in this chapter are based on retrospective reporting; therefore, they may be subject to several sources of bias. These include bias due to differential mortality of users and nonusers of each substance, memory errors (recall decay and telescoping), and underreporting due to desire for social acceptability or fear of disclosure. A recent evaluation of the NSDUH retrospective estimates of incidence and lifetime prevalence (no longer produced) suggests that bias is significant and differs by substance and length of recall (Gfroerer et al., 2004). For very recent time periods, bias in estimates of marijuana, cocaine, alcohol, and cigarettes appears to be small, but for all other substances there is significant downward bias. Bias for all substances increases the further back in time the estimates are made, suggesting a relationship with the length of recall. Nevertheless, these estimates, when used cautiously, are useful in describing the number and characteristics of recent initiates, as well as identifying broad historical periods of increasing or decreasing initiation. They should not be used to compare levels of initiation between two separate time periods many years apart, such as the 1990s versus the 1960s. The description of the initiation data given in this chapter is made with these limitations in mind. See Section B.4.4 in Appendix B for further discussion.

Because the incidence estimates are based on retrospective reports of age at first use, the most recent year available for these estimates is 2002, based on the 2003 NSDUH. For two of the

measures, first alcohol use and first cigarette use, initiation before age 12 is common. A 2-year lag in reporting for "all ages" estimates is applied for these measures because the NSDUH sample does not cover youths under age 12. The 2-year lag ensures that initiation at ages 10 and 11 is captured in the estimation.

Marijuana

- There were an estimated 2.6 million new marijuana users in 2002. This means that each day an average of 7,000 Americans tried marijuana for the first time. About two thirds (69 percent) of these new marijuana users were under age 18, and about half (53 percent) were female.

- The annual number of marijuana initiates generally increased from 1965 until about 1973. From 1973 to 1978, the annual number of marijuana initiates remained level at over 3 million per year. After that, the number of initiates declined, reaching a low point in 1990, then rose again until 1995. From 1995 to 2002, there was no consistent trend, with estimates varying between 2.4 million and 2.9 million per year (Figure 5.1).

- The proportion of marijuana initiates under age 18 (69 percent in 2002) has generally increased since the 1960s, when less than half of initiates were under age 18. The average age of marijuana initiates was around 19 in the late 1960s and 17.2 in 2002.

Cocaine

- In 2002, approximately 1.1 million persons used cocaine for the first time. Incidence of cocaine use generally rose throughout the 1970s to a peak in 1980 (1.6 million new users) and subsequently declined until the early 1990s. Cocaine initiation steadily increased after 1993, averaging over a million new users per year during 2000 to 2002.

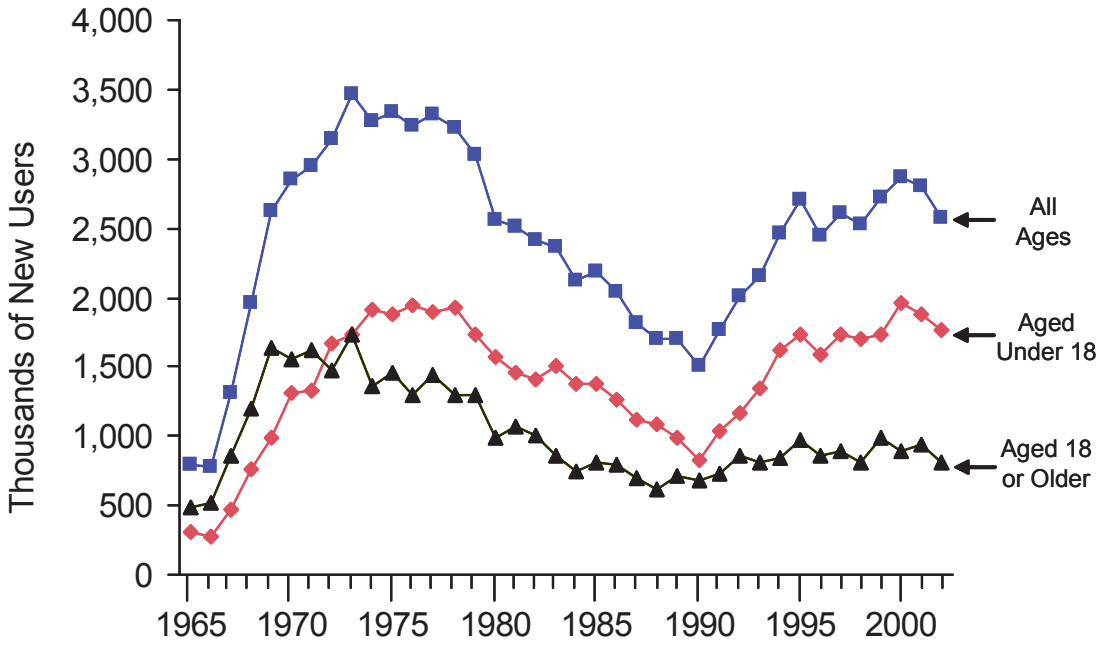
- First use of cocaine usually occurs at age 18 or later, a pattern consistent since the 1960s. Approximately 70 percent of cocaine initiates in 2002 were age 18 or older. During the early 1980s, when cocaine initiation reached a peak, approximately 80 percent of initiates were age 18 or older.

- The average age of cocaine initiates was around 22 years in the early 1980s, rose to about 23 in the late 1980s, then declined to about 21 by the late 1990s. The average age of initiates in 2002 was 20.3 years.

Heroin

- From 1995 through 2002, the annual number of new heroin users ranged from 121,000 to 164,000. During this period, most new users were age 18 or older (on average 75 percent), and most were male (on average 63 percent).

Figure 5.1 Annual Numbers of New Users of Marijuana: 1965-2002



Hallucinogens

- The incidence of hallucinogen use has exhibited two notable periods of increase. Between 1965 and 1969, there was a tenfold increase in the estimated annual number of initiates. This increase was driven primarily by the use of LSD. The second period of increase in first-time hallucinogen use occurred from around 1992 until 2000, fueled mainly by increases in use of Ecstasy (i.e., MDMA) (Figure 5.2). Decreases in initiation of both LSD and Ecstasy were evident between 2001 and 2002, coinciding with an overall drop in hallucinogen incidence from 1.6 million to 1.1 million.

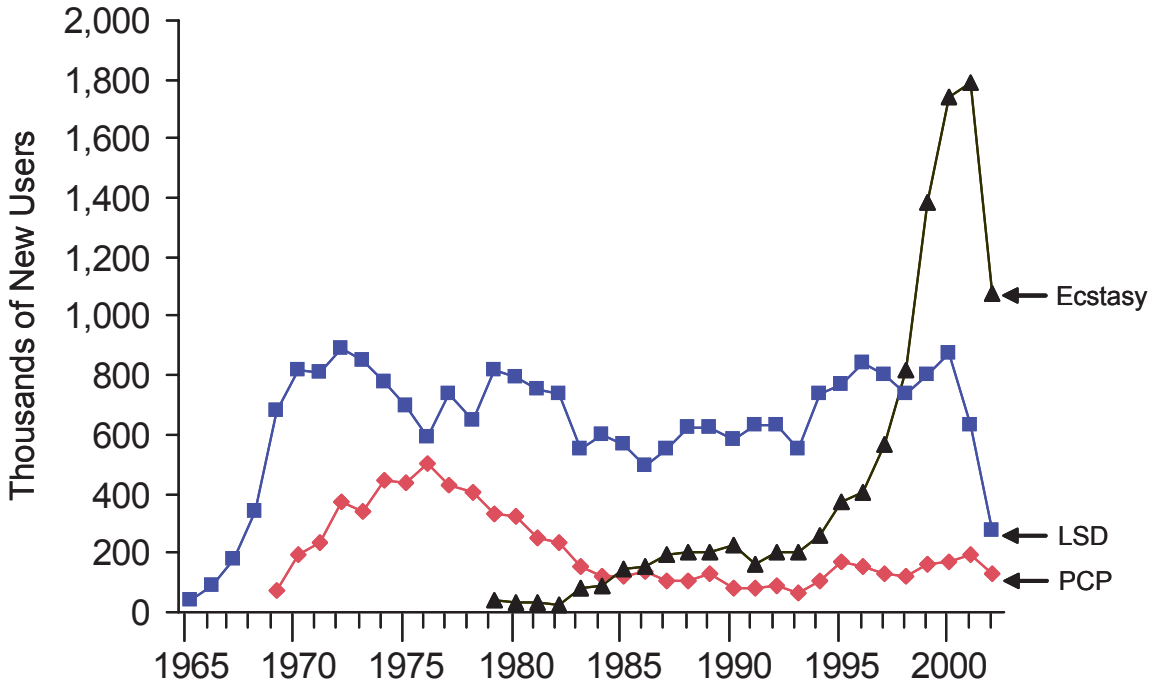
- Initiation of Ecstasy use increased from 1993 until 2001, when it peaked at 1.8 million new users. In 2002, the number declined to 1.1 million. Two thirds (66 percent) of new Ecstasy users in 2002 were 18 or older, and 50 percent were male.

- LSD incidence dropped from 872,000 new users in 2000 to 631,000 in 2001 and then to 272,000 in 2002.

Inhalants

- The number of new inhalant users was about 1 million in 2002. As in prior years, these new users were predominately under age 18 (78 percent), and about half (53 percent) were male.

Figure 5.2 Annual Numbers of New Users of Ecstasy, LSD, and PCP: 1965-2002



Psychotherapeutics

- This category includes nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; it also includes methamphetamine. Over-the-counter substances are not included.

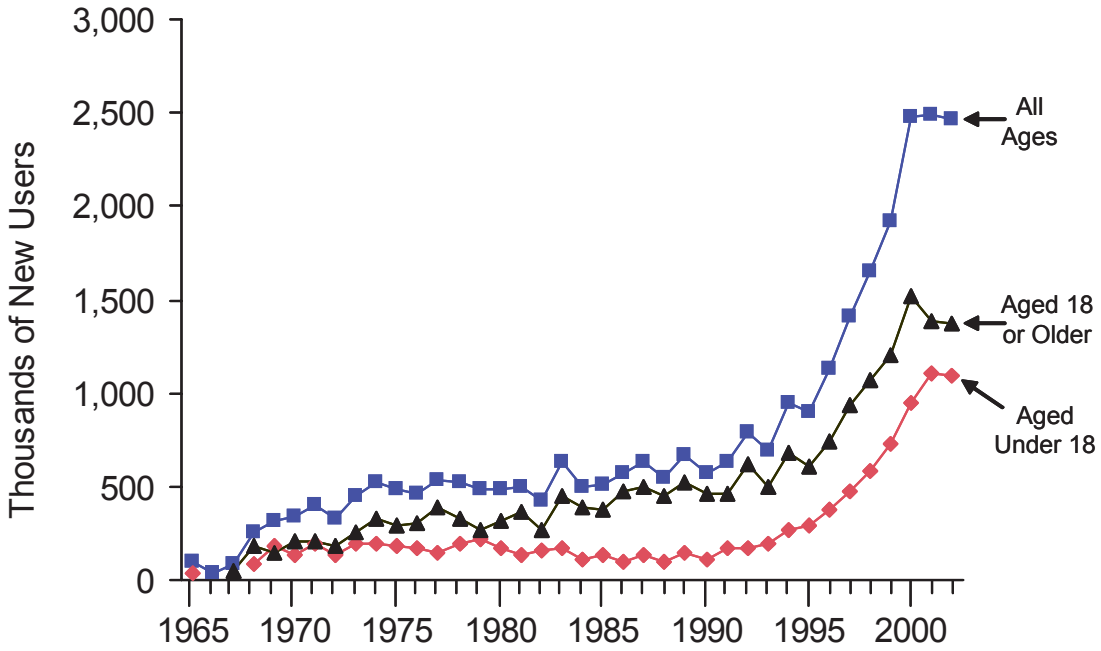
- The numbers of new users of psychotherapeutics in 2002 were 2.5 million for pain relievers, 1.2 million for tranquilizers, 761,000 for stimulants, and 225,000 for sedatives.

- Pain reliever incidence increased from 1990 to 2000, when there were 2.5 million (Figure 5.3). In 2001 and 2002, there was no change in the annual number of initiates. More than half (55 percent) of the new users in 2002 were females, and more than half (56 percent) were aged 18 or older.

- The number of new users of stimulants generally increased during the 1990s, but there has been little change since 2000. Incidence of methamphetamine use generally rose between 1992 and 1998. Since then, there have been no statistically significant changes. There were an estimated 323,000 methamphetamine initiates in 2002.

- Initiation of tranquilizer use increased generally during the 1990s, reaching a peak at 1.4 million initiates in 2000, and remained relatively stable at 1.3 million in 2001 and 1.2 million in 2002.

Figure 5.3 Annual Numbers of New Nonmedical Users of Pain Relievers: 1965-2002



- The number of sedative initiates rose steadily during the late 1960s and early 1970s, and then declined during the early 1980s, remaining below 250,000 per year since 1984.

Alcohol

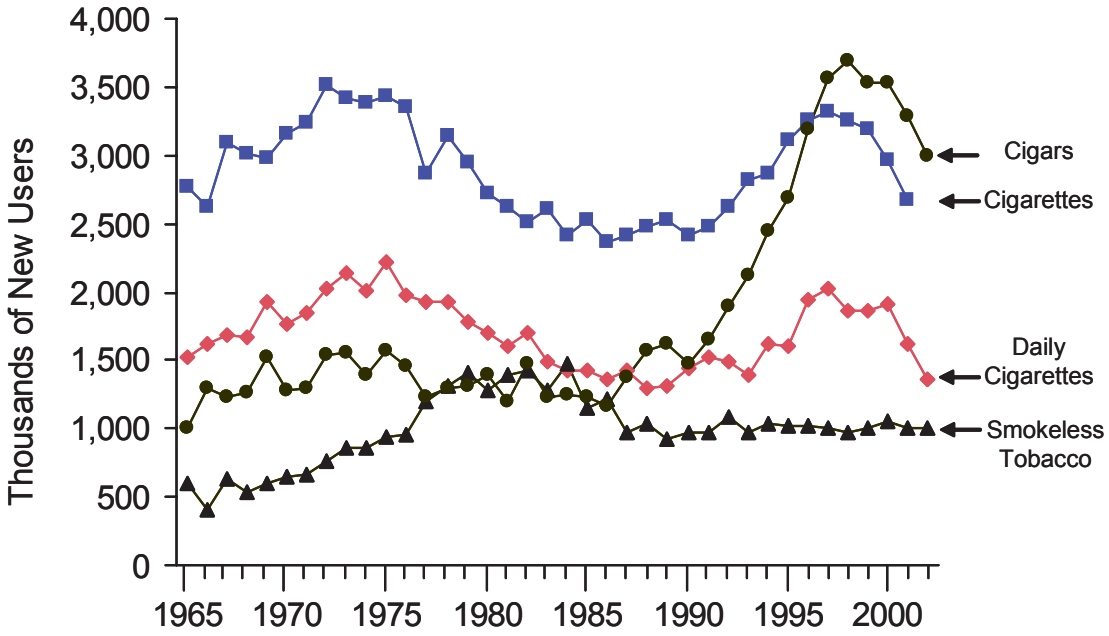
- In 2001, the most recent year for which alcohol incidence estimates were made, an estimated 5.3 million Americans used alcohol for the first time. This translates to an average of more than 14,000 new drinkers each day. Most of these new alcohol users were under the legal drinking age of 21. An estimated 4.7 million (88 percent of initiates) were under 21, including 3.8 million (73 percent) under age 18.

Tobacco

- The number of Americans who smoke cigarettes for the first time each year has remained above 2.5 million in nearly every year since 1965. In 2001, the most recent year for which cigarette incidence estimates are made, an estimated 2.7 million Americans used cigarettes for the first time. This translates to an average of more than 7,000 new smokers each day. About three quarters (76 percent) of these initiates were under age 18, and about half (51 percent) were males.

- Following a period of increase from 1990 to 1997, cigarette initiation decreased from 3.3 million in 1997 to 2.7 million in 2001 (Figure 5.4). The number of new daily smokers decreased from 2.0 million in 1997 to 1.4 million in 2002. Among youths under age 18, the number of new daily smokers decreased from 1.1 million per year between 1997 and 2000 to 734,000 in 2002. This corresponds to a decrease from about 3,000 to about 2,000 new youth daily smokers each day.

Figure 5.4 Annual Numbers of New Users of Tobacco: 1965-2002



- Initiation of cigar smoking more than doubled between 1990 and 1998, reaching a peak of 3.7 million new users in 1998. Between 2000 and 2002, cigar initiates declined from 3.6 million to 3.0 million. Since 1990, youths under 18 have constituted an increasingly greater proportion of the number of new cigar smokers, from 23 percent in 1990 to 46 percent in 2002. During that period, the proportion of cigar initiates that was female also increased, from 24 to 45 percent.

6. Youth Prevention-Related Measures

This chapter presents results from the 2003 National Survey on Drug Use and Health (NSDUH) for various measures related to the prevention of substance use among youths aged 12 to 17. These measures include perceptions of risk from substance use (cigarettes, alcohol, and illicit drugs), availability of substances, perceived parental disapproval of substance use, attitudes about school, involvement in delinquent behavior, participation in religious and other activities, and exposure to substance abuse prevention messages and programs.

NSDUH includes an extensive set of questions about risk and protective factors directed at youths aged 12 to 17. Risk factors include those individual characteristics or social environments associated with an increased likelihood of substance use, while protective factors are related to a decreased likelihood of substance use. These factors derive from circumstances, influences, and perceptions at many levels, such as the individual, peer, family, school, and community levels (Hawkins, Catalano, & Miller, 1992).

Perceptions of Risk

- Youths were asked how much they thought people risk harming themselves physically and in other ways when they use various substances. Response choices in the survey were "great risk," "moderate risk," "slight risk," or "no risk." Youths perceiving great risk are generally less likely to use substances than youths who do not perceive great risk. For example, in 2003 among youths indicating that "smoking one or more packs of cigarettes per day" was a great risk, 9.5 percent had smoked cigarettes in the past month (Figure 6.1). However, among those indicating moderate, slight, or no risk, 17.2 percent had smoked cigarettes in the past month. Similarly, among youths who considered "smoking marijuana once a month" a great risk, 1.8 percent indicated that they had used marijuana in the past month. However, among youths who indicated moderate, slight, or no risk, the prevalence rate was 11.2 percent.

- In 2002, 32.4 percent of youths indicated that smoking marijuana once a month was a great risk, and in 2003 that figure increased to 34.9 percent (Figure 6.2). Despite the increase in perceptions of great risk of once a month marijuana use among youths 12 to 17, there was no change from 2002 to 2003 in past month or past year marijuana use among youths. However, lifetime use of marijuana decreased, from 20.6 percent in 2002 to 19.6 percent in 2003 (Figure 6.3). Between 2002 and 2003, there also was a decrease in the number of youths using marijuana daily or almost daily (see Chapter 2, Figure 2.11).

- There were no statistically significant changes between 2002 and 2003 in the percentages of youths aged 12 to 17 perceiving a great risk in using cigarettes, alcohol, cocaine, heroin, and LSD (Figures 6.2 and 6.4).

- There was a significant increase in the percentage of youths aged 14 or 15 who perceived a great risk in smoking one or more packs of cigarettes per day, from 62.6 percent in 2002 to 64.7 percent in 2003. During the same period, lifetime use of cigarettes among 14 or 15 year olds declined from 33.9 to 31.4 percent.

Figure 6.1 Past Month Use of Cigarettes and Marijuana among Youths Aged 12 to 17, by Perceptions of Risk: 2003

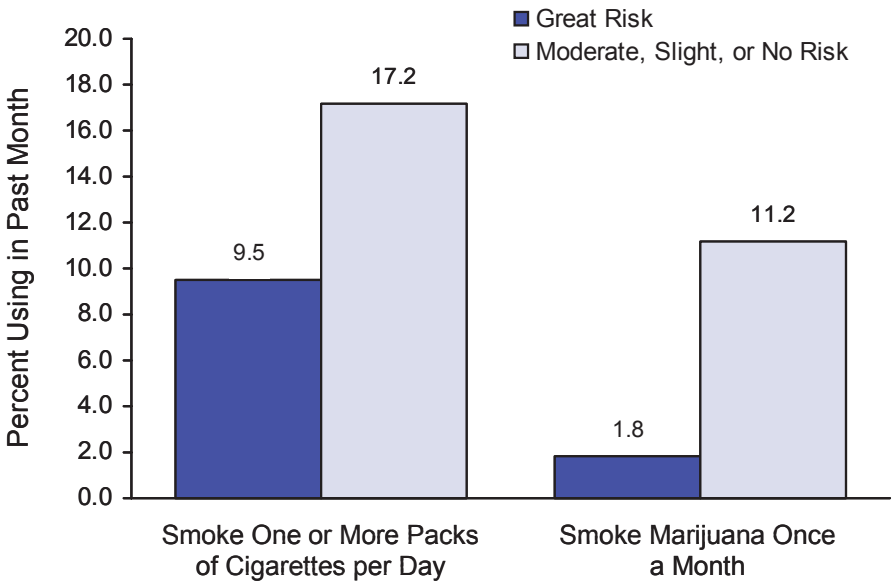
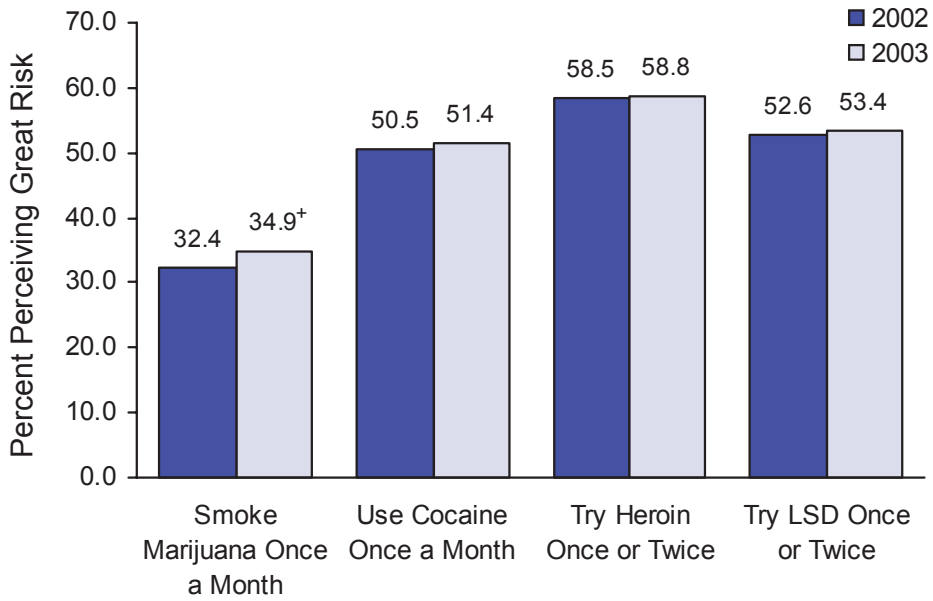
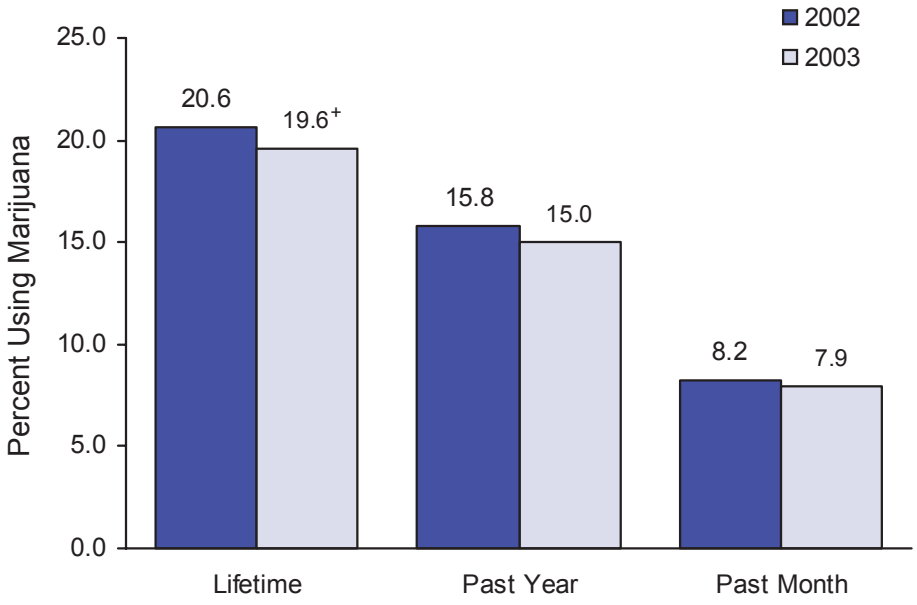


Figure 6.2 Perceived Great Risk of Use of Selected Illicit Drugs among Youths Aged 12 to 17: 2002 and 2003



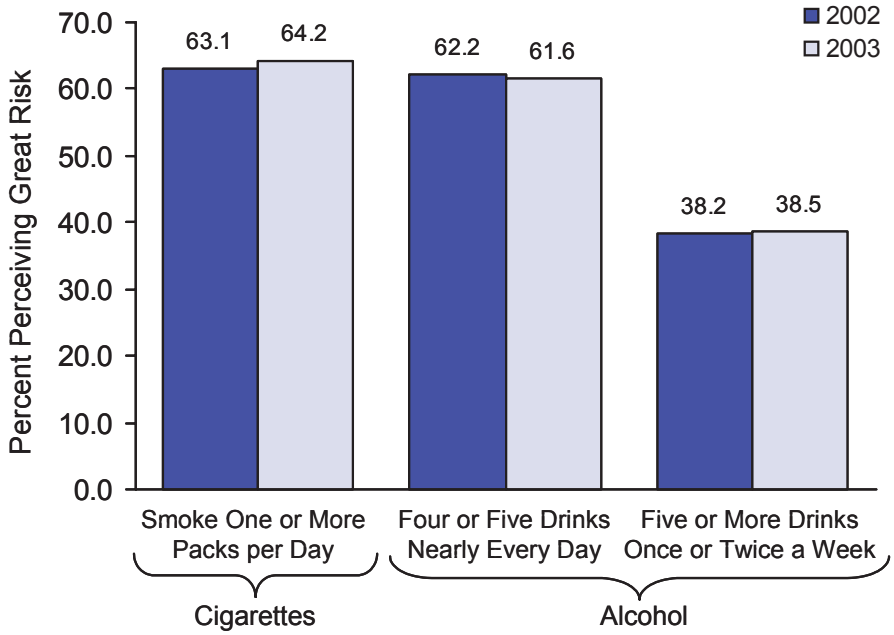
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Figure 6.3 Marijuana Use among Youths Aged 12 to 17, by Recency of Use: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Figure 6.4 Perceived Great Risk of Cigarette and Alcohol Use among Youths Aged 12 to 17: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

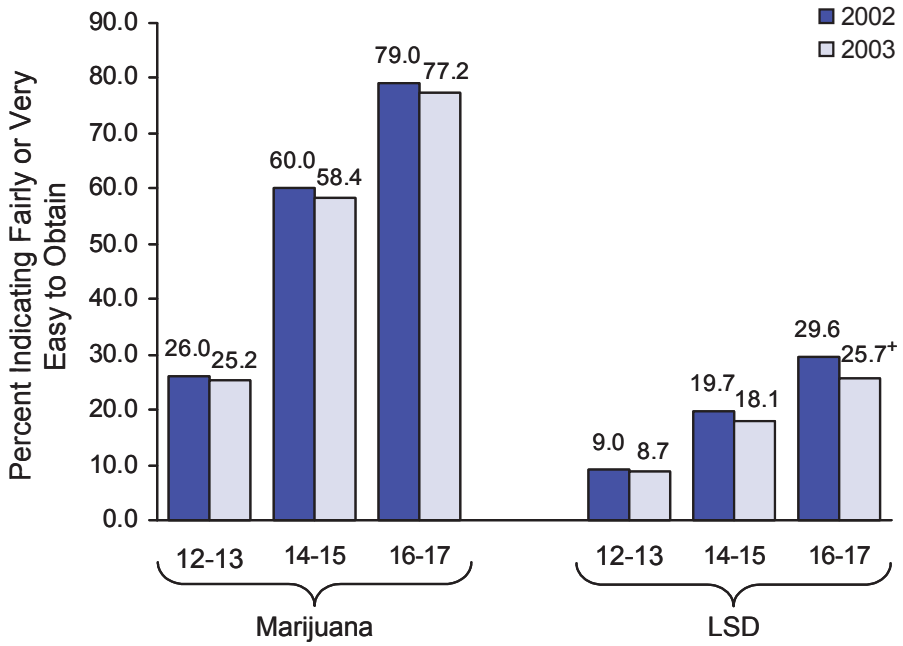
Availability

- In 2003, approximately one in six youths (16.1 percent) reported that he or she had been approached by someone selling drugs in the past month. Those who had been approached reported a much higher rate of past month use of an illicit drug (35.0 percent) than those who had not been approached (6.7 percent). Between 2002 and 2003, there was no significant change in the percentage of youths who were approached by someone selling drugs (16.7 percent in 2002).

- In 2003, slightly more than half of youths aged 12 to 17 indicated that it would be fairly or very easy to obtain marijuana if they wanted some (53.6 percent). However, the ease of obtaining marijuana varied greatly by age among youths aged 12 to 17. Only 25.2 percent of 12 or 13 year olds indicated that it would be fairly or very easy to obtain marijuana, but 77.2 percent of those 16 or 17 years of age indicated that it would be fairly or very easy to obtain this substance (Figure 6.5).

- The percentage of youths aged 12 to 17 reporting that it would be easy to obtain marijuana declined slightly between 2002 and 2003, from 55.0 to 53.6 percent. Among youths, this decrease was found for males, whites, blacks, Hispanics, and youths who lived in large metropolitan areas.

Figure 6.5 Perceived Availability of Marijuana and LSD among Youths Aged 12 to 17, by Age: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- The percentage of youths reporting that LSD would be easy to obtain decreased between 2002 and 2003, from 19.4 to 17.6 percent.

Parental Disapproval of Substance Use

- In 2003, youths who perceived that their parents would "strongly disapprove" of their use of substances were much less likely to use those substances than youths who perceived that their parents would only "somewhat disapprove" or "neither approve nor disapprove." For example, among youths who perceived that their parents would strongly disapprove of smoking one or more packs of cigarettes a day (89.8 percent of youths), 8.5 percent had used cigarettes in the past month compared with 45.2 percent of youths who perceived that their parents would not strongly disapprove.

- Among youths in 2003 who perceived that their parents would strongly disapprove of their trying marijuana or hashish once or twice, 5.4 percent used marijuana in the past month, while among youths whose parents would not strongly disapprove, 28.7 percent used marijuana in the past month.

- The majority of youths in 2003 indicated that their parents would strongly disapprove if they used marijuana once or twice (89.4 percent) or if they used marijuana once a month or more (92.2 percent). Most youths also indicated that their parents would strongly disapprove if they were to smoke one or more packs of cigarettes per day (89.8 percent) or have one or two alcohol drinks nearly every day (88.5 percent). These rates of perceived parental disapproval were all similar to the rates in 2002.

Attitudes about School

- Youths were asked if they liked going to school, if assigned schoolwork was meaningful and important, if their courses at school during the past year were interesting, if the things learned in school during the past year would be important later in life, and if teachers in the past year let them know that they were doing a good job with schoolwork. Youths who had positive attitudes about school were less likely to use substances than other students. For example, in 2003, 79.1 percent of youths reported that they "liked a lot" or "kind of liked" going to school. Among those youths, 9.1 percent had used an illicit drug in the past month; however, among youths who either "didn't like very much" or "hated" going to school, 19.9 percent had used an illicit drug in the past month.

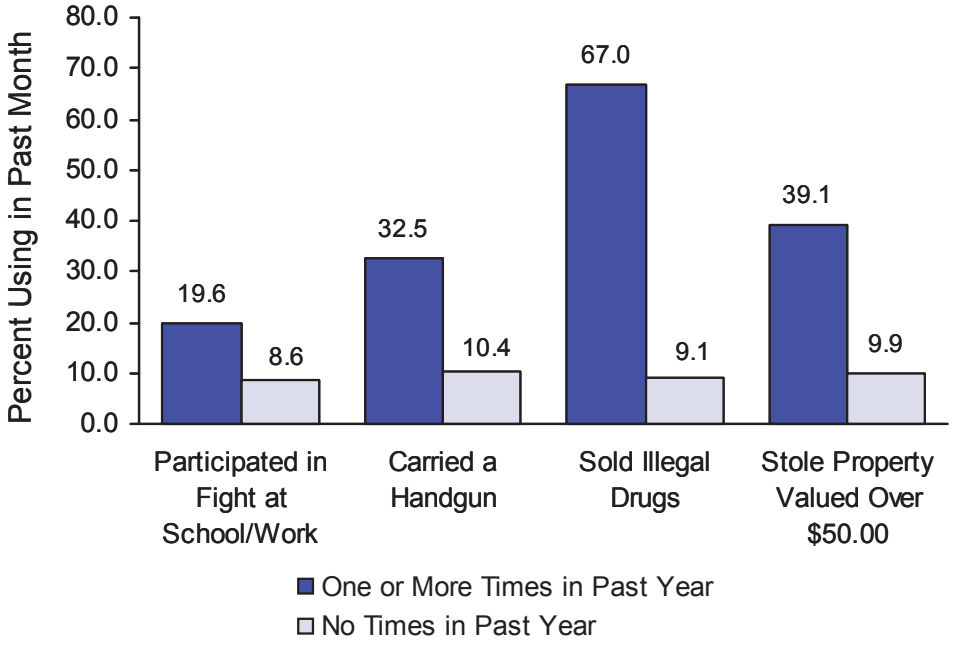
- For each of the school characteristics listed above, at least 75 percent of youths aged 12 to 17 indicated positive attitudes. Youths' ratings of these school factors in 2003 were similar to the ratings from 2002 with the exception of whether youths thought teachers always or sometimes let students know that they were doing a good job with schoolwork. In this instance, the percentage increased from 75.7 percent in 2002 to 77.6 percent in 2003.

Delinquent Behavior

- In 2003, youths were asked if they had engaged in the following delinquent behaviors during the past year: gotten into a serious fight at school or work, participated in a group-on-group fight, attacked someone with the intent to seriously hurt him or her, carried a handgun, sold illegal drugs, or stolen or tried to steal something worth $50 or more. Youths who had engaged in these behaviors were more likely to have used illicit drugs in the past month than other youths. For example, compared with youths who had not engaged in these behaviors, youths in 2003 were more likely to have used an illicit drug in the past month if they had gotten into a serious fight at school or work (19.6 vs. 8.6 percent), carried a handgun (32.5 vs. 10.4 percent), sold illegal drugs (67.0 vs. 9.1 percent), or stolen or tried to steal something worth $50 or more (39.1 vs. 9.9 percent) (Figure 6.6).

- Both the percentage of youths reporting that they had gotten into a serious fight at school or work and the percentage participating in a group-against-group fight in the past year increased between 2002 and 2003 from 20.6 to 23.8 percent and from 15.9 to 18.1 percent, respectively. The percentage selling illegal drugs in the past year decreased from 4.4 percent in 2002 to 3.6 percent in 2003. In 2003, 3.6 percent of youths indicated they had carried a handgun in the past year, 4.5 percent had stolen (or tried to steal) something worth more than $50, and 8.3 percent had attacked someone with the intent to seriously harm him or her; these percentages were similar to those in 2002.

Figure 6.6 Past Month Illicit Drug Use among Youths Aged 12 to 17, by Participation in Delinquent Behaviors: 2003



Participation in Religious and Other Activities

- Among youths aged 12 to 17 in 2003 who attended religious services 25 times or more in the past year (32.8 percent of youths), 7.0 percent had used an illicit drug in the past month. Among youths attending less often or not at all, 13.4 percent reported past month illicit drug use. Among youths who agreed or strongly agreed that religious beliefs are a very important part of their life (76.7 percent of all youths), 8.8 percent had used an illicit drug in the past month. In contrast, among youths who disagreed or strongly disagreed with the statement, 19.2 percent had used an illicit drug in the past month.

- Among youths aged 12 to 17 in 2003 who participated in two or more youth activities, such as band, sports, student government, or dance lessons (86.7 percent of youths), 10.4 percent had used an illicit drug in the past month. Among youths indicating one or no youth activities in the past year, 17.9 percent had used an illicit drug in the past month.

Exposure to Prevention Messages and Programs

- In 2003, a majority of youths aged 12 to 17 (83.6 percent) reported having seen or heard alcohol or drug prevention messages outside of school in the past year. Youths who had seen or heard these messages indicated a slightly lower prevalence of past month use of an illicit drug (10.8 percent) compared with youths who had not seen or heard these types of messages (13.7 percent). The percentage of youths hearing these messages remained unchanged from 2002 to 2003.

- In 2003, 78.1 percent of youths aged 12 to 17 who were enrolled in school during the past 12 months reported having seen or heard drug or alcohol prevention messages in school. This was similar to the percentage reporting exposure to such messages in 2002. Of youths indicating they had seen or heard these messages, the rate of past month illicit drug use was 10.4 percent compared with 14.8 percent for youths who had not been exposed to prevention messages in school.

- In 2003, over half of all youths aged 12 to 17 (58.9 percent) indicated that they had talked with at least one parent in the past year about the dangers of tobacco, alcohol, or drug use. The estimate for 2002 was similar (58.1 percent). Youths who had talked with a parent about the dangers of substance use were less likely to have used an illicit drug in the past month (10.0 percent) compared with youths who had not had such conversations (13.0 percent).

- Youths were asked if they had participated in various special programs dealing with substance use and other related problems in the past year. The specific types of programs, and the percentages of youths participating in them are problem-solving, communication skills, or self-esteem groups (25.0 percent); violence prevention programs (17.2 percent); alcohol, tobacco, or drug prevention programs outside of school (13.9 percent); pregnancy or sexually transmitted disease (STD) prevention programs (14.9 percent); and programs for dealing with alcohol or drug use (6.0 percent). Youth participation in all of these programs except violence prevention programs and programs dealing with alcohol or drug use increased between 2002 and 2003.

7. Substance Dependence, Abuse, and Treatment

The National Survey on Drug Use and Health (NSDUH) includes a series of questions to assess dependence on and abuse of substances, including alcohol and illicit drugs, which include nonmedical use of prescription-type drugs. These questions are designed to measure dependence and abuse based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994). The questions on dependence ask about health and emotional problems, attempts to cut down on use, tolerance, withdrawal, and other symptoms associated with substances used. The questions on abuse ask about problems at work, home, and school; problems with family or friends; physical danger; and trouble with the law due to substance use. Dependence reflects a more severe substance problem than abuse, and persons are classified with abuse of a particular substance only if they are not dependent on that substance.

This chapter provides estimates of the prevalence and patterns of substance dependence and abuse in the Nation from the 2003 NSDUH and compares these estimates against the results from the 2002 NSDUH. It also provides estimates of the prevalence and patterns of the receipt of treatment for problems related to substance use and discusses the need for and receipt of treatment at specialty facilities for problems associated with substance use.

7.1 Substance Dependence and Abuse

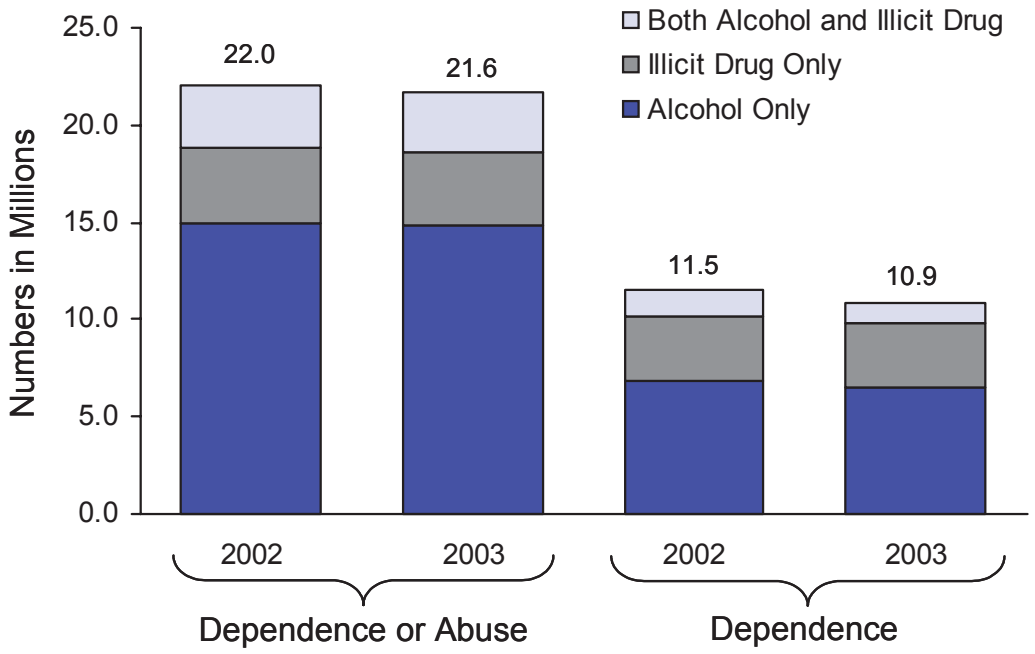
- An estimated 21.6 million persons aged 12 or older in 2003 were classified with substance dependence or abuse (9.1 percent of the total population). Of these, 3.1 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.8 million were dependent on or abused illicit drugs but not alcohol, and 14.8 million were dependent on or abused alcohol but not illicit drugs (Figure 7.1).

- Between 2002 and 2003, there was no change in the number of persons with substance dependence or abuse (22.0 million in 2002 and 21.6 million in 2003) (Figure 7.1).

- Of the 6.8 million persons classified with dependence on or abuse of illicit drugs, 4.2 million were dependent on or abused marijuana. This represents 1.8 percent of the total population aged 12 or older and 61.4 percent of all those classified with illicit drug dependence or abuse.

- In 2003, 57.4 percent of past year heroin users (0.2 million) were classified with dependence on or abuse of heroin (Figure 7.2). Among past year users of cocaine, 25.6 percent (1.5 million) were classified with dependence on or abuse of cocaine. Among past year users of marijuana, 16.6 percent (4.2 million) were classified with dependence on or abuse of marijuana, while 12.2 percent of past year users of pain relievers (1.4 million) were classified with dependence on or abuse of pain relievers.

Figure 7.1 Past Year Substance Dependence or Abuse among Persons Aged 12 or Older: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

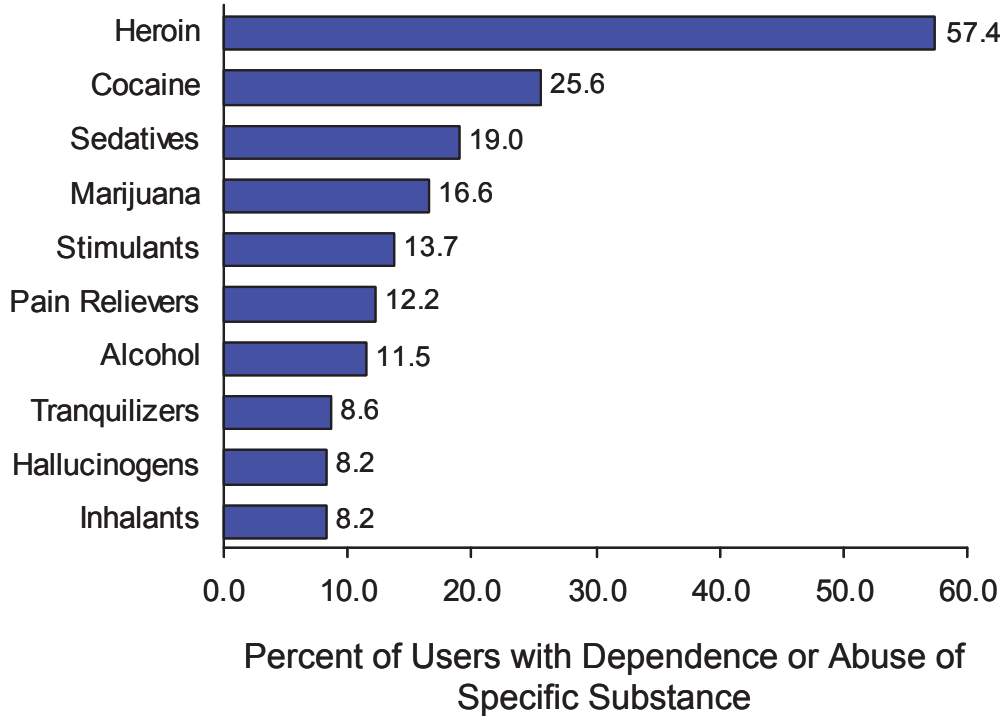
- There were 17.8 million persons aged 12 or older classified with dependence on or abuse of alcohol in 2003 (7.5 percent). Among past year users of alcohol, 11.5 percent were classified with alcohol dependence or abuse.

- There were no changes between 2002 and 2003 in the estimated percentages of the population with dependence on or abuse of illicit drugs (3.0 percent in 2002 and 2.9 percent in 2003) and dependence on or abuse of alcohol (7.7 percent in 2002 and 7.5 percent in 2003). However, there was a decrease in the rate for dependence on or abuse of hallucinogens (0.2 to 0.1 percent).

Age at First Use

- In 2003, adults who had first used substances at a younger age were more likely to be classified with dependence or abuse than adults who initiated use at a later age. For example, among adults aged 18 or older who first tried marijuana at age 14 or younger, 13.3 percent were classified with illicit drug dependence or abuse compared with only 2.2 percent of adults who had first used marijuana at age 18 or older. This pattern of higher rates of dependence or abuse among persons initiating their use of marijuana at younger ages was observed among all demographic subgroups analyzed.

Figure 7.2 Dependence or Abuse of Specific Substances among Past Year Users of Substances: 2003



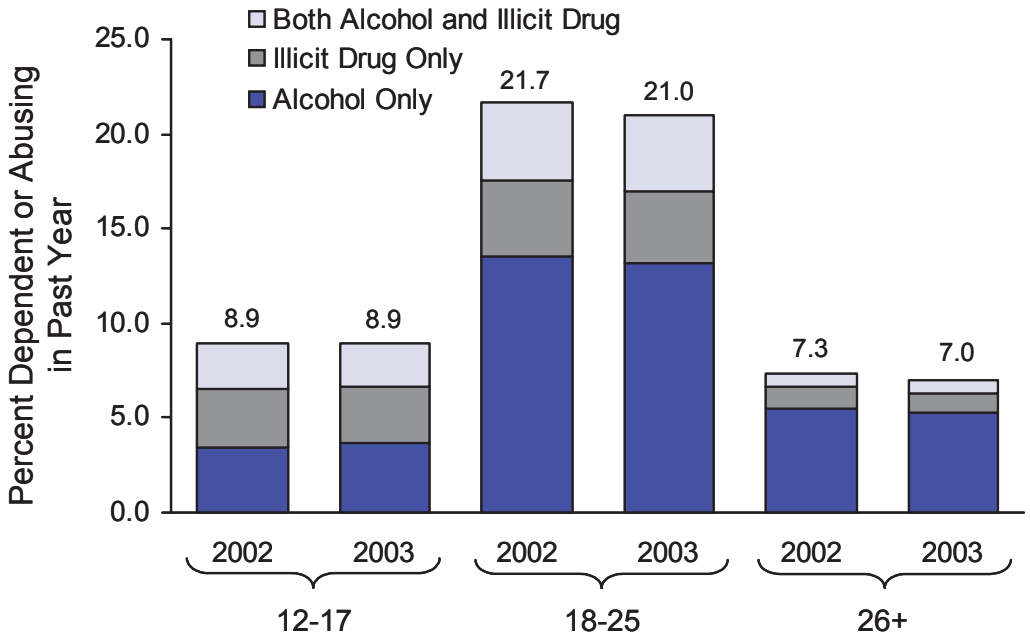
- A similar pattern was observed for age at first use of alcohol and dependence on or abuse of alcohol among adults. Among adults aged 18 or older who first tried alcohol at age 14 or younger, 16.7 percent were classified with alcohol dependence or abuse compared with only 3.7 percent of adults who had first used alcohol at age 18 or older. Adults aged 21 or older who had first used alcohol before reaching 21 also were more likely than adults who had their first drink at age 21 or older to be classified with alcohol dependence or abuse (9.2 vs. 2.6 percent).

Age

- Rates of substance dependence or abuse in 2003 showed substantial variation by age. The rate for dependence or abuse was 1.2 percent at age 12, and rates generally increased for each successive year of age until the highest rate (23.6 percent) at age 21. After age 21, the rates declined with age. A similar pattern by age was observed in 2002.

- In 2003, the rate of substance dependence or abuse was 8.9 percent for youths aged 12 to 17; 21.0 percent for persons aged 18 to 25; and 7.0 percent for persons aged 26 or older (Figure 7.3). Among persons with substance dependence or abuse, illicit drugs accounted for 58.1 percent of youths, 37.2 percent of persons aged 18 to 25, and 24.1 percent of persons aged 26 or older.

Figure 7.3 Past Year Illicit Drug or Alcohol Dependence or Abuse, by Age Group and Substance: 2002 and 2003



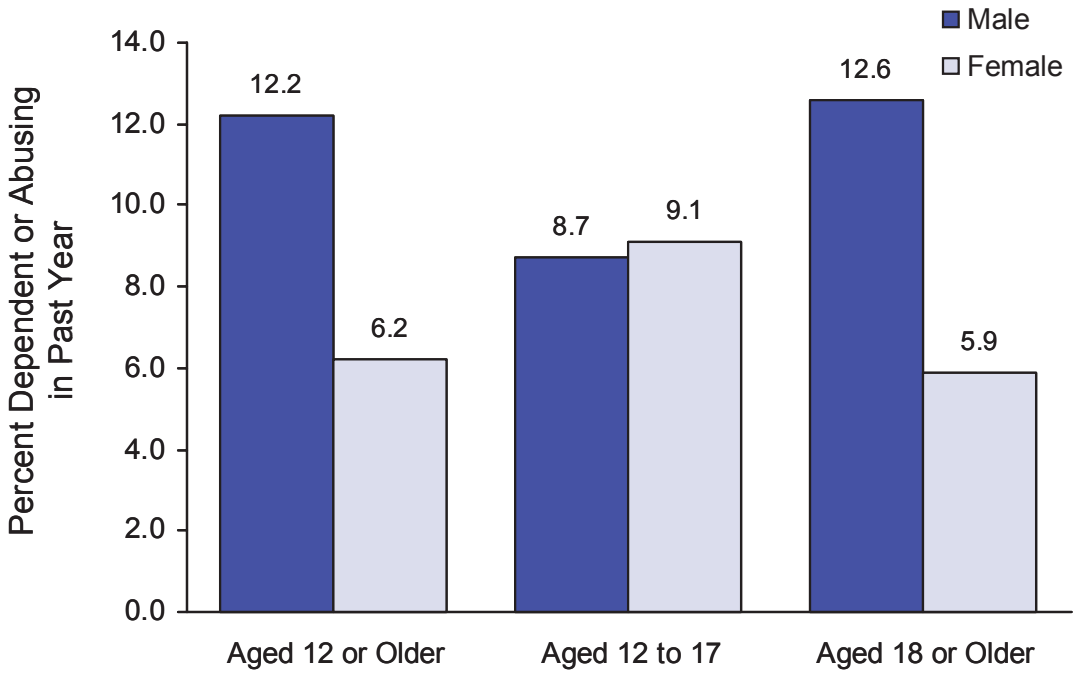
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- From 2002 to 2003 among persons aged 12 to 17, there was a decrease in the rates of marijuana dependence or abuse (4.3 to 3.8 percent) and in the rates of marijuana dependence (2.5 to 2.0 percent).

Gender

- In 2003, males were almost twice as likely to be classified with substance dependence or abuse as females (12.2 vs. 6.2 percent) (Figure 7.4). Among youths aged 12 to 17, however, the rate of substance dependence or abuse among females (9.1 percent) was similar to the rate among males (8.7 percent).

Figure 7.4 Past Year Illicit Drug or Alcohol Dependence or Abuse, by Age and Gender: 2003



Race/Ethnicity

- Among persons aged 12 or older in 2003, the rate of substance dependence or abuse was highest among American Indians or Alaska Natives (17.2 percent). The next highest rates were among Native Hawaiians or Other Pacific Islanders (12.9 percent) and among persons reporting two or more races (11.3 percent). Asians had the lowest rate of dependence or abuse (6.3 percent). The rates among Hispanics (9.8 percent) and whites (9.2 percent) were higher than the rate among blacks (8.1 percent).

- Between 2002 and 2003, there were no statistically significant changes in the rates of substance dependence or abuse for any racial/ethnic group.

Education/Employment

- Rates of substance dependence or abuse varied with level of education. Among adults aged 18 or older in 2003, those who were college graduates had the lowest rate of dependence or abuse (6.7 percent), while those with some college, high school graduates, and those who were not high school graduates had higher rates (10.5, 9.1, and 10.6 percent, respectively).

- Rates of substance dependence or abuse varied with current employment status. In 2003, an estimated 17.0 percent of unemployed adults aged 18 or older were classified with dependence or abuse, while 10.2 percent of full-time employed adults and 10.3 percent of part-time employed adults were classified as such.

- Most adults with substance dependence or abuse in 2003 were employed either full or part time. Of the 19.4 million adults classified with dependence or abuse, 14.9 million (76.8 percent) were employed.

Criminal Justice Populations

- In 2003, adults aged 18 or older who were on parole or a supervised release from jail during the past year were more likely to be classified with dependence on or abuse of a substance (32.6 percent) than those who were not on parole or supervised release during the past year (9.0 percent).

- In 2003, probation status also was associated with substance dependence or abuse. The rate of substance dependence or abuse was 39.1 percent among adults who were on probation during the past year, while the rate was only 8.4 percent among adults who were not on probation during the past year.

Geographic Area

- Rates of substance dependence or abuse for persons aged 12 or older did not vary greatly by region. The rates were 8.6 percent in the Northeast, 10.1 percent in the Midwest, 8.3 percent in the South, and 9.7 percent in the West.

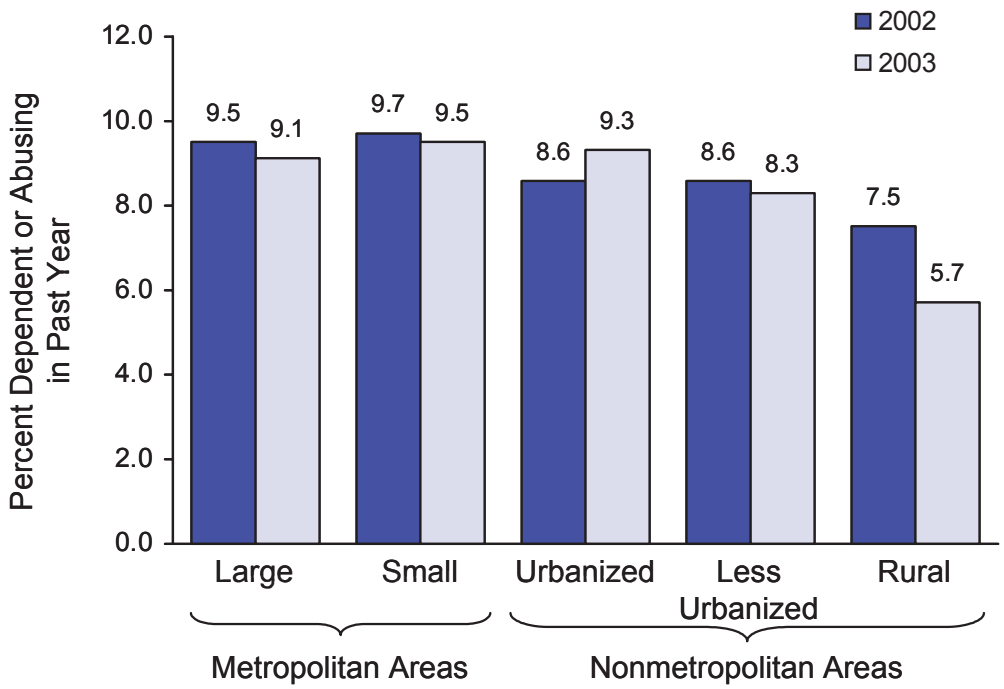
- In 2003, among persons aged 12 or older, the rate for substance dependence or abuse was 9.1 percent in large metropolitan counties, 9.5 percent in small metropolitan counties, and 8.5 percent in nonmetropolitan counties (Figure 7.5). The rate was lowest (5.7 percent) in completely rural counties.

7.2 Past Year Treatment for a Substance Use Problem

Estimates described in this section refer to treatment received to reduce or stop drug or alcohol use, or for medical problems associated with the use of illicit drugs or alcohol. This includes treatment received in the past year at any location, such as in a hospital, at a rehabilitation facility (outpatient or inpatient), mental health center, emergency room, private doctor's office, self-help group, or prison or jail. The definition of treatment in this section is different from the definition of treatment described in Section 7.3 (specialty treatment) that excludes treatment at an emergency room, private doctor's office, self-help group, prison or jail, or at a hospital as an outpatient.

- An estimated 3.3 million people aged 12 or older (1.4 percent of the population) received some kind of treatment for a problem related to the use of alcohol or illicit drugs in the 12 months prior to being interviewed in 2003. Of these, 1.3 million received treatment for both alcohol and illicit drugs, 0.5 million received treatment for illicit drugs but not alcohol, and 1.1 million received treatment for alcohol but not illicit drugs. (Estimates by substance do not add to the total because the total includes persons who reported receiving treatment but did not report for which substance the treatment was received.)

Figure 7.5 Past Year Illicit Drug or Alcohol Dependence or Abuse among Persons Aged 12 or Older, by County Type: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Between 2002 and 2003, there was no change in the number or percentage of the population receiving substance use treatment within the past year (3.5 million, 1.5 percent, in 2002; 3.3 million, 1.4 percent, in 2003).

Age, Gender, and Race/Ethnicity

- Among persons aged 12 or older in 2003, males were more likely than females to receive treatment for an alcohol or illicit drug problem in the past year (2.0 vs. 0.9 percent, respectively). Among youths aged 12 to 17, males also were more likely to receive treatment than females (1.7 vs. 1.2 percent, respectively).

- Among persons aged 12 or older in 2003, the rates of alcohol or illicit drug treatment during the 12 months prior to the interview were highest among American Indians or Alaska Natives (6.4 percent), persons reporting two or more races (2.6 percent), and Native Hawaiians or Other Pacific Islanders (2.1 percent). The rates among blacks and Hispanics were similar (1.7 and 1.8 percent, respectively). The rate among whites was 1.3 percent. The lowest rate of treatment was among Asians (0.4 percent).

- Between 2002 and 2003, the rate of past year substance use treatment increased from 2.2 to 2.8 percent among young adults aged 18 to 25.

Location of Treatment and Substance Treated

- In 2003, among the 3.3 million persons aged 12 or older who received treatment for alcohol or illicit drugs in the past year, more than half received treatment at a self-help group (1.9 million) (Figure 7.6). There were 1.2 million persons who received treatment at a rehabilitation facility as an outpatient, 752,000 at a rehabilitation facility as an inpatient, 729,000 at a mental health center as an outpatient, 587,000 at a hospital as an inpatient, 377,000 at a private doctor's office, 251,000 at an emergency room, and 206,000 at a prison or jail. (Note that the estimates of treatment by location include persons reporting more than one location.)

- Between 2002 and 2003, there were decreases in the number of persons who received treatment at a hospital as an inpatient (859,000 to 587,000), at a rehabilitation facility as an inpatient (1.1 million to 752,000), at a mental health center as an outpatient (1.0 million to 729,000), and at an emergency room (469,000 to 251,000) (Figure 7.6).

- More than half (2.2 million) of the 3.3 million persons who received treatment for a substance problem in the past year received treatment for alcohol during their most recent treatment (Figure 7.7). An estimated 975,000 persons received treatment for marijuana, 557,000 persons received treatment for cocaine, 415,000 for pain relievers, and 281,000 for heroin. (Note that the estimates of treatment by substance include persons reporting more than one substance.)

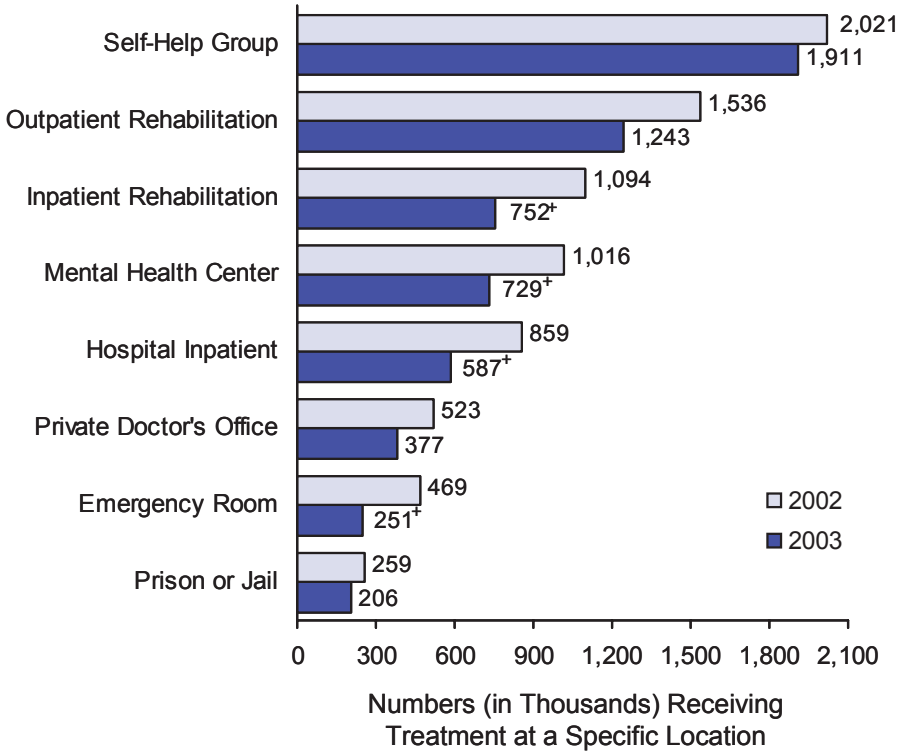
- The estimated number of persons receiving treatment for cocaine decreased from 796,000 in 2002 to 557,000 in 2003.

7.3 Needing and Receiving Specialty Treatment

This section discusses the need for and receipt of treatment for a substance use problem at a "specialty" treatment facility. It includes estimates of the number of persons needing and receiving treatment, as well as those needing but not receiving treatment. These estimates are specified separately for alcohol, for illicit drugs, and for illicit drugs or alcohol. Specialty treatment is treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), or mental health centers. It excludes treatment at an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient. An individual is defined as needing treatment for an alcohol or drug problem if he or she was dependent on or abused alcohol or drugs or received specialty treatment for alcohol or drugs in the past 12 months.

An individual needing treatment for an illicit drug problem is defined as receiving treatment for his or her drug problem only if he or she reported receiving specialty treatment for drugs in the past year. Thus, an individual who needed treatment for illicit drugs but only received specialty treatment for alcohol in the past year was not counted as receiving treatment for drugs. Similarly, an individual who needed treatment for an alcohol problem who only received specialty treatment for drugs was not counted as receiving alcohol treatment. Individuals who reported receiving specialty substance abuse treatment but were missing information on whether the treatment was specifically for alcohol or drugs were not counted in

Figure 7.6 Locations Where Past Year Substance Treatment Was Received among Persons Aged 12 or Older: 2002 and 2003



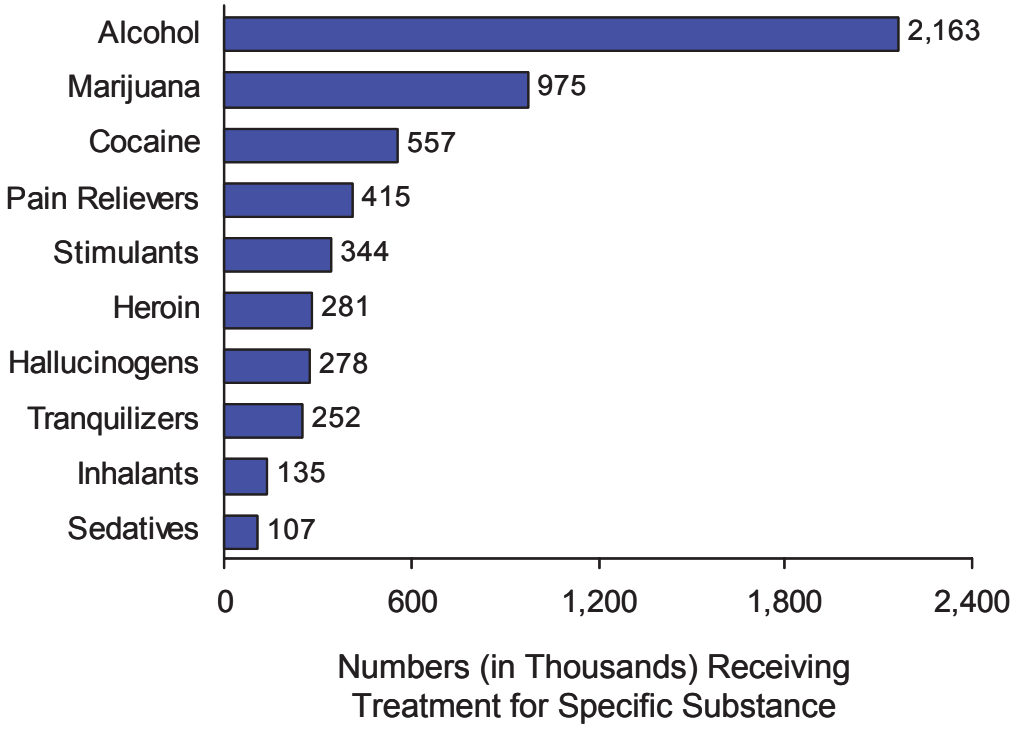
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

estimates of specialty drug treatment or in estimates of specialty alcohol treatment; however, they were counted in estimates for "drug or alcohol" treatment.

- In 2003, the estimated number of persons aged 12 or older needing treatment for an alcohol or illicit drug problem was 22.2 million (9.3 percent of the total population). An estimated 1.9 million of these people (0.8 percent of the total population and 8.5 percent of the people who needed treatment) received treatment at a specialty facility. Thus, there were 20.3 million persons (8.5 percent of the total population) who needed but did not receive treatment at a specialty substance abuse facility in 2003 (Figure 7.8).

- The estimated number of persons needing but not receiving treatment for a substance use problem did not change between 2002 (20.5 million) and 2003 (20.3 million). The overall number needing treatment was slightly lower in 2003 (22.2 million) than in 2002 (22.8 million), but this difference was not statistically significant. However, a decline in the number receiving specialty treatment, from 2.3 million to 1.9 million, was statistically significant. This decline was driven by a decrease in treatment among adults aged 26 or older, from 1.7 million in 2002 to 1.2 million in 2003.

Figure 7.7 Substances for Which Persons Aged 12 or Older Received Treatment in the Past Year: 2003

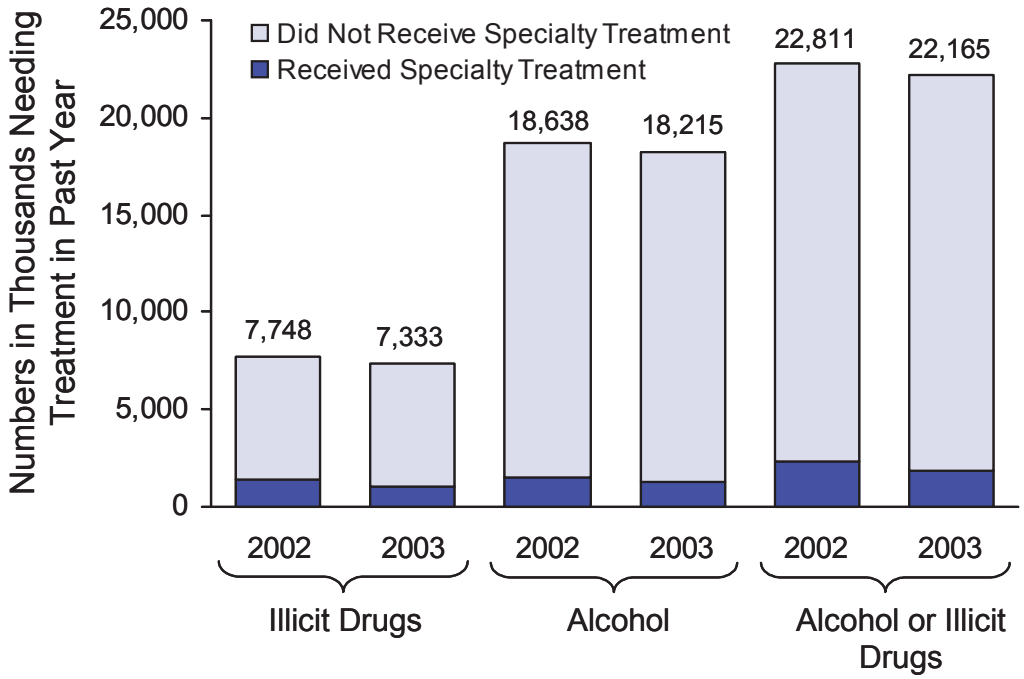


- Of the 1.9 million people aged 12 or older who received specialty substance treatment, 595,000 persons received treatment for both alcohol and illicit drugs, 703,000 persons received treatment for alcohol only, and 508,000 persons received treatment for illicit drugs only. (Estimates by substance do not add to the total because the total includes persons who reported receiving specialty treatment but did not report for which substance the treatment was received).

- In 2003, more than half of the 1.9 million persons aged 12 or older who received specialty substance treatment in the past year also received treatment at a self-help group (1.2 million persons). In addition, an estimated 237,000 received treatment at an emergency room, 235,000 received treatment at a doctor's office, and 168,000 received treatment at a prison or jail.

- Of the 20.3 million people who needed but did not receive treatment in 2003, an estimated 1.0 million (5.1 percent) reported that they felt they needed treatment for their alcohol or drug problem (Figure 7.9). Of the 1.0 million persons who felt they needed treatment, 273,000 (26.3 percent) reported that they made an effort but were unable to get treatment and 764,000 (73.7 percent) reported making no effort to get treatment.

Figure 7.8 Past Year Need for and Receipt of Specialty Treatment for Any Illicit Drug or Alcohol Use among Persons Aged 12 or Older: 2002 and 2003

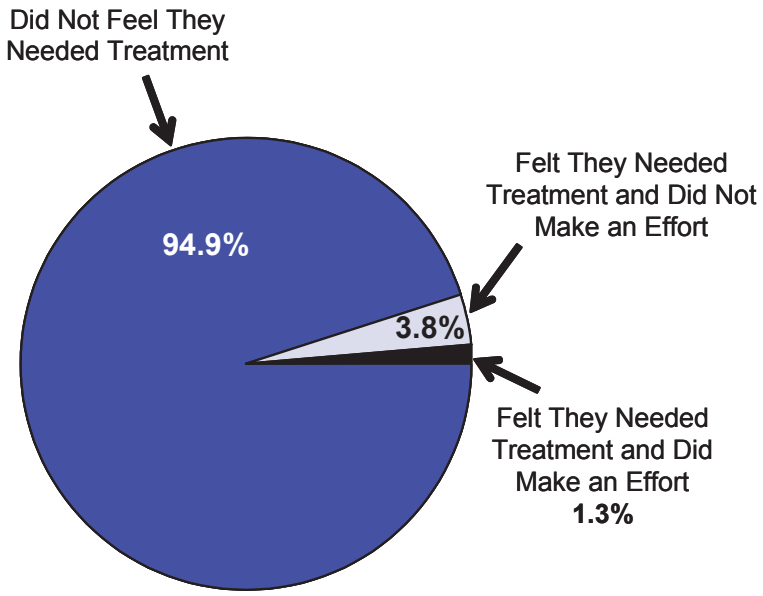


Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Among the 1.0 million people who needed but did not receive treatment and felt they needed treatment, the most often reported reasons for not receiving treatment were not ready to stop using (41.2 percent), cost or insurance barriers (33.2 percent), reasons related to stigma (19.6 percent), and did not feel the need for treatment (at the time) or could handle the problem without treatment (17.2 percent) (Figure 7.10).

- Similar to 2002, in 2003 there were 2.3 million youths aged 12 to 17 (9.0 percent of this population) who needed treatment for an alcohol or illicit drug problem. Of this group, only 168,000 youths received treatment at a specialty facility (7.4 percent of youths who needed treatment), leaving an estimated 2.1 million youths who needed treatment for a substance abuse problem but did not receive it at a specialty facility.

Figure 7.9 Past Year Perceived Need and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drugs or Alcohol: 2003

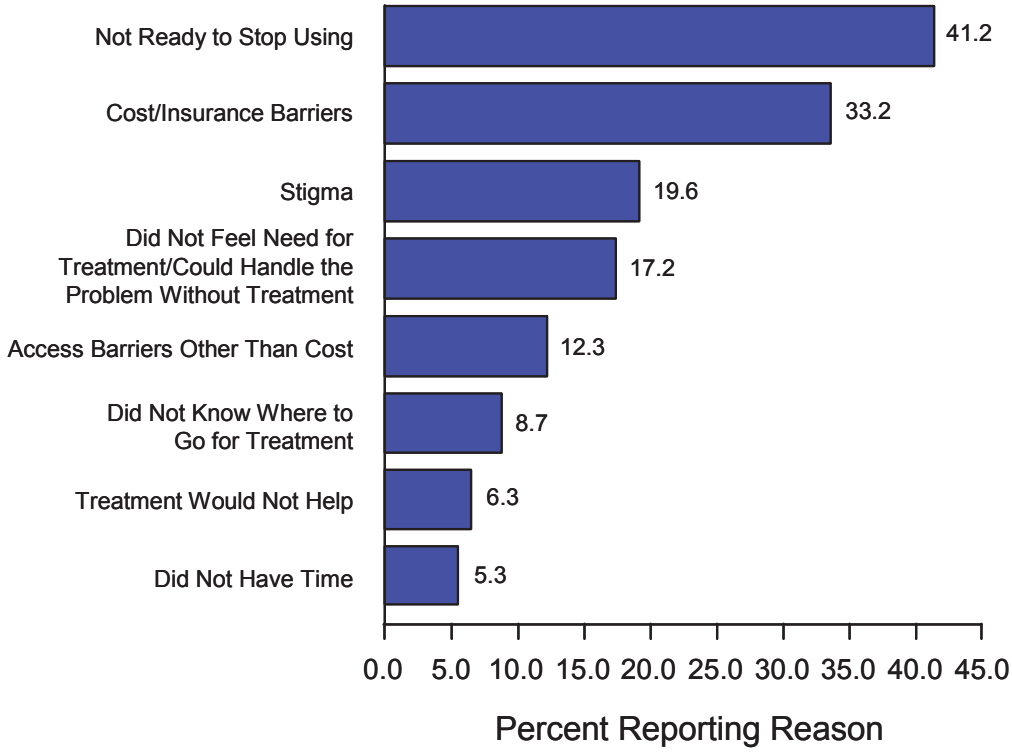


Illicit Drug Treatment and Treatment Need

- In 2003, the estimated number of persons aged 12 or older needing treatment for an illicit drug problem was 7.3 million (3.1 percent of the total population). An estimated 1.1 million of these people (0.5 percent of the total population and 15.0 percent of the people who needed treatment) received treatment at a specialty facility for an illicit drug problem. Thus, there were 6.2 million persons (2.6 percent of the total population) who needed but did not receive treatment at a specialty facility for an illicit drug problem in 2003.

- The estimated number of persons needing but not receiving specialty treatment for an illicit drug problem in 2002 (6.3 million) was similar to the estimate for 2003 (6.2 million). The number of persons needing treatment for an illicit drug problem was slightly lower in 2003 (7.3 million) than in 2002 (7.7 million), but this difference was not significant. However, a decline in the number of persons receiving specialty treatment for an illicit drug problem, from 1.4 million to 1.1 million, was statistically significant (Figure 7.8). This decline was driven by a decrease in specialty treatment for an illicit drug problem among adults aged 26 or older, from 1.0 million in 2002 to 0.6 million in 2003.

Figure 7.10 Reasons for Not Receiving Treatment among Persons Aged 12 or Older Who Needed But Did Not Receive Treatment and Felt They Needed Treatment: 2003

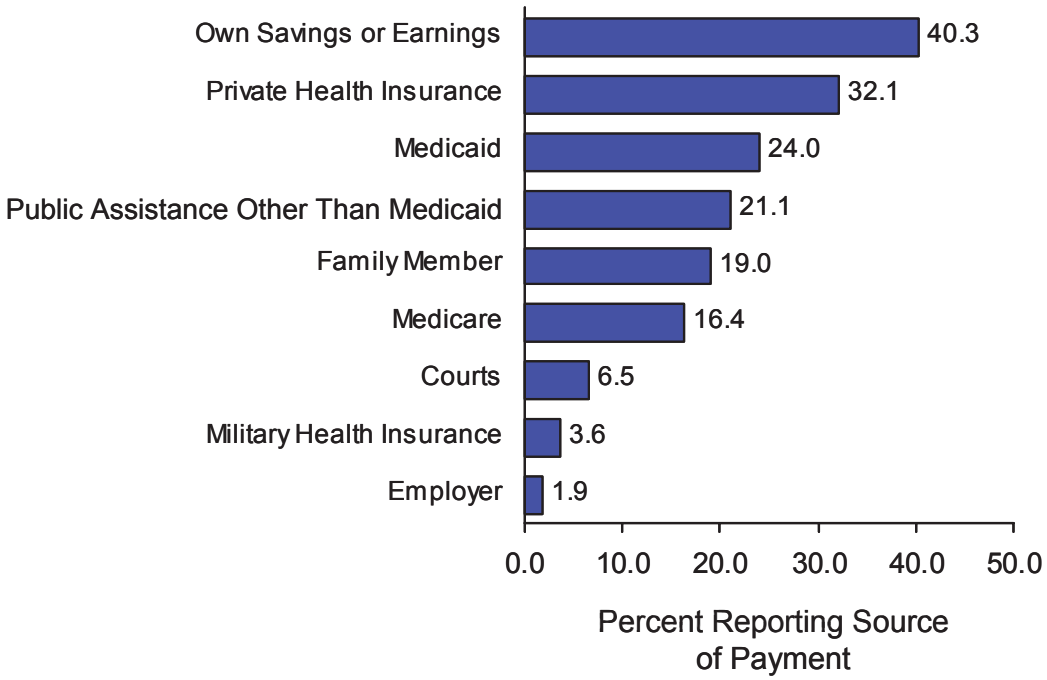


- Between 2002 and 2003, the number of persons receiving drug treatment for a cocaine problem during their most recent treatment at a specialty facility decreased from 471,000 in 2002 to 276,000 in 2003.

- Among the 1.1 million persons who received specialty treatment for an illicit drug problem in the past year, 40.3 percent reported "own savings or earnings" as a source of payment for their most recent specialty treatment (Figure 7.11). An estimated 32.1 percent reported using private health insurance, 24.0 percent reported Medicaid, and 21.1 percent reported public assistance other than Medicaid as a source of payment. An estimated 16.4 percent reported using Medicare, and 19.0 percent reported relying on family members. (Note that the estimates of treatment by source of payment include persons reporting more than one source.)

- Of the 6.2 million people who needed but did not receive specialty treatment for illicit drugs in 2003, an estimated 426,000 (6.8 percent) reported that they felt they needed treatment for their illicit drug problem. Information on effort to receive treatment is not presented because of low precision.

Figure 7.11 Source of Payment for Most Recent Specialty Illicit Drug Treatment among Persons Aged 12 or Older Who Received Specialty Illicit Drug Treatment in the Past Year: 2003



- Among youths aged 12 to 17, an estimated 1.3 million (5.3 percent) needed treatment for an illicit drug abuse problem in 2003. Of this group, only 113,000 received treatment at a specialty facility (8.5 percent of youths aged 12 to 17 who needed treatment), leaving an estimated 1.2 million youths who needed treatment but did not receive it at a specialty facility.

Alcohol Treatment and Treatment Need

- In 2003, the estimated number of persons aged 12 or older needing treatment for an alcohol problem was 18.2 million (7.7 percent of the total population). Of these, 1.3 million (0.5 percent of the total population and 7.1 percent of the people who needed treatment for an alcohol problem) received alcohol treatment at a specialty facility (Figure 7.8). Thus, there were 16.9 million people who needed treatment but did not receive treatment for an alcohol problem at a specialty facility.

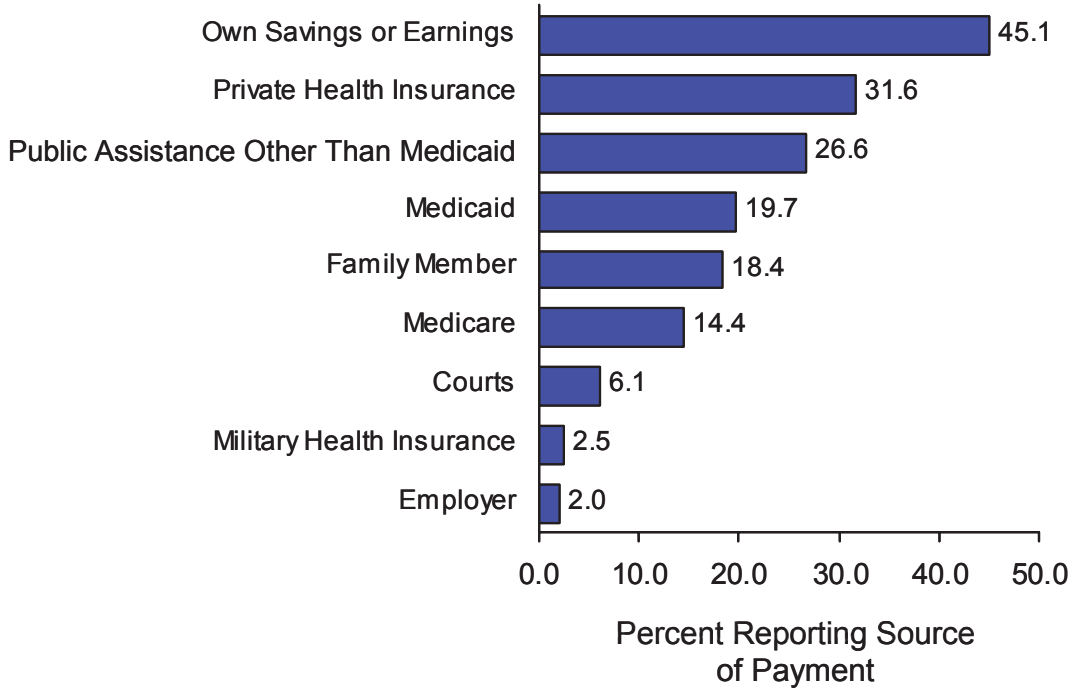
- The estimated number of persons needing but not receiving treatment for an alcohol problem was slightly lower in 2003 (16.9 million) than in 2002 (17.1 million). However, between 2002 and 2003, there was no statistically significant change in the estimated number of persons needing or receiving treatment for an alcohol problem.

- Among the 1.3 million persons who received specialty treatment for an alcohol problem in the past year, 45.1 percent reported "own savings or earnings" as a source of payment for their most recent specialty treatment (Figure 7.12). An estimated 31.6 percent reported using private health insurance, 26.6 percent reported public assistance other than Medicaid, and 19.7 percent reported Medicaid. An estimated 14.4 percent reported using Medicare, and 18.4 percent reported relying on family members. (Note that the estimates of treatment by source of payment include persons reporting more than one source.)

- Among the 16.9 million people who needed but did not receive treatment for an alcohol problem in 2003, an estimated 642,000 (3.8 percent) felt they needed treatment for their alcohol problem. Of the 642,000 persons, 173,000 (27 percent) made an effort but were unable to get treatment, and 469,000 (73 percent) did not make an effort to get treatment.

- In 2003, there were 1.5 million youths aged 12 to 17 (6.0 percent) who needed treatment for an alcohol problem. Of this group, only 95,000 received treatment at a specialty facility (6.3 percent of youths aged 12 to 17 who needed treatment), leaving an estimated 1.4 million youths who needed but did not receive treatment.

Figure 7.12 Source of Payment for Most Recent Specialty Alcohol Treatment among Persons Aged 12 or Older Who Received Specialty Alcohol Treatment in the Past Year: 2003



8. Prevalence and Treatment of Mental Health Problems

This chapter presents national estimates of the prevalence and characteristics of persons aged 18 or older with serious mental illness (SMI) and of persons aged 12 or older who received treatment for mental health problems. In the National Survey on Drug Use and Health (NSDUH), different questions and definitions of treatment and counseling are used for adults aged 18 or older and youths aged 12 to 17. Both the youth and the adult questions specifically exclude treatment for problems with substance use, which is covered elsewhere in the interview. Because the survey covers the civilian, noninstitutionalized population, persons who reside in long-term psychiatric or other institutions at the time of interview are excluded from the sample and from the estimates presented in this chapter.

8.1 Serious Mental Illness

This section presents national estimates of the prevalence and characteristics of adults who had SMI in 2003. SMI is defined for this report as having at some time during the past year a diagnosable mental, behavioral, or emotional disorder that met the criteria specified in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 1994) and that resulted in functional impairment substantially interfering with or limiting one or more major life activities. A scale consisting of six questions is used to measure SMI. These questions ask how frequently a respondent experienced symptoms of psychological distress during the 1 month in the past year when he or she was at his or her worst emotionally. Use of this scale to estimate SMI is supported by methodological research that determined the scale to be a good predictor of SMI, based on clinical assessments done on survey respondents (Kessler et al., 2003). The six questions and further discussion of this scale are given in Section B.4.5 of Appendix B.

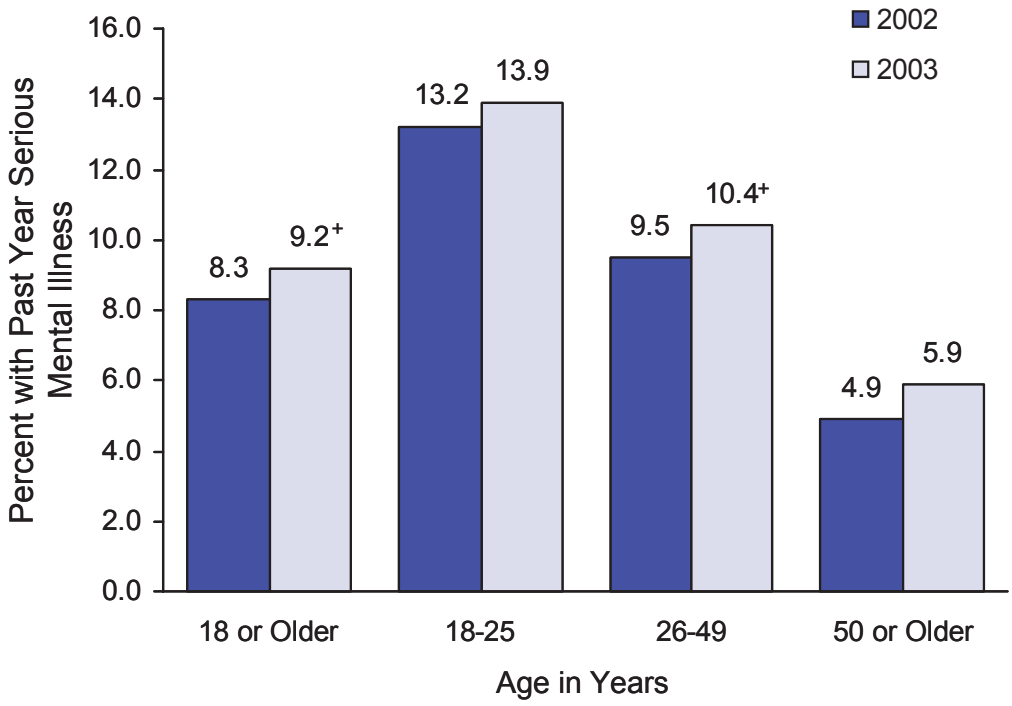
Prevalence of Serious Mental Illness

- In 2003, there were an estimated 19.6 million adults aged 18 or older with SMI. This represents 9.2 percent of all adults and is higher than the rate of 8.3 percent in 2002 (Figure 8.1).

- Rates of SMI in 2003 were highest for adults aged 18 to 25 (13.9 percent) and lowest for those aged 50 or older (5.9 percent). Rates of SMI were somewhat higher in 2003 than in 2002 for all three adult age groups, but only the increase among those aged 26 to 49 was statistically significant (9.5 percent in 2002 vs. 10.4 percent in 2003) (Figure 8.1).

- The percentage of adult females with SMI in 2003 was higher than the percentage of adult males with SMI (11.5 vs. 6.7 percent). As in 2002, rates were higher for women than men in all age groups.

Figure 8.1 Rates of Serious Mental Illness among Adults Aged 18 or Older, by Age: 2002 and 2003



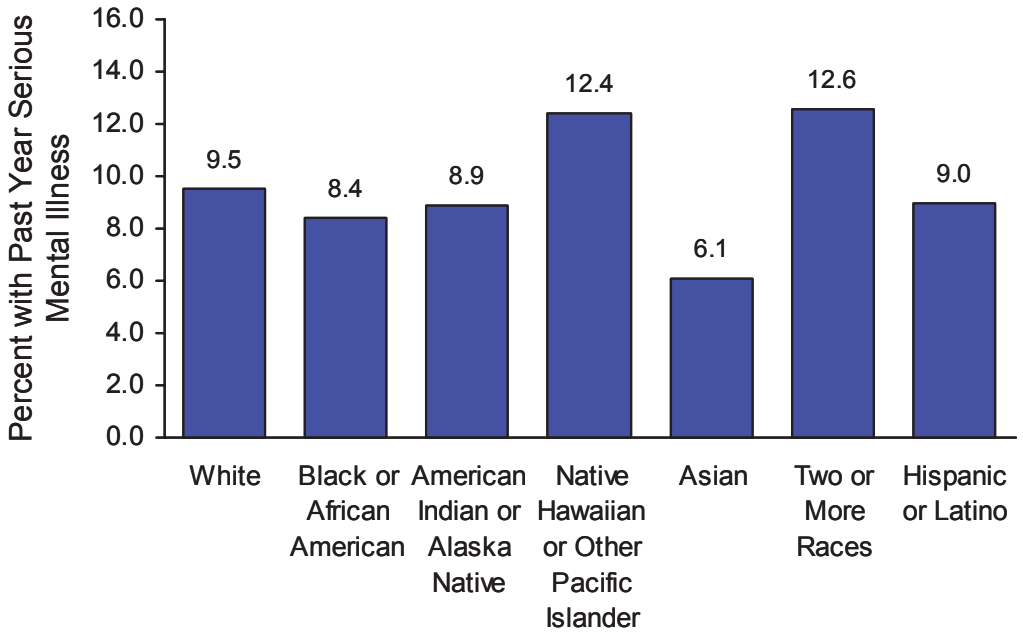
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- Rates of SMI increased between 2002 and 2003 for both males and females. SMI increased among males from 6.0 to 6.7 percent and among females from 10.5 to 11.5 percent.

- Among racial/ethnic groups in 2003, rates of SMI were highest among adults reporting two or more races (12.6 percent) and Native Hawaiians or Other Pacific Islanders (12.4 percent) and lowest among Asians (6.1 percent) (Figure 8.2). The rates of SMI increased between 2002 and 2003 among non-Hispanic whites (8.4 to 9.5 percent) and among Hispanics (6.9 to 9.0 percent). The rate for Native Hawaiians or Other Pacific Islanders was 5.4 percent in 2002 and 12.4 percent in 2003, but the change was not statistically significant due to small sample sizes.

- As in 2002, college graduates in 2003 had the lowest rate of SMI (6.5 percent) compared with adults who had completed less education. The rate of SMI increased from 2002 to 2003 among adults who had not completed high school (9.6 to 11.3 percent).

Figure 8.2 Past Year Serious Mental Illness among Adults Aged 18 or Older, by Race/Ethnicity: 2003



- Among persons aged 18 or older, the rate of SMI in 2003 was highest among unemployed persons (15.2 percent) and lowest among persons employed full time (8.2 percent). However, among persons aged 26 to 49, the highest rate of SMI was among adults not in the labor force (18.5 percent). This same pattern was observed in 2002. As in 2002, most of the 19.6 million adults with SMI in 2003 (63.5 percent) were employed either full time or part time.

- Rates of SMI did not vary greatly by geographic region in 2003 or in 2002. Rates in 2003 were 9.6 percent in the South and West, 8.3 percent in the Northeast, and 8.9 percent in the Midwest. Rates of SMI increased between 2002 and 2003 in the South (from 8.4 to 9.6 percent) and in the West (from 7.8 to 9.6 percent).

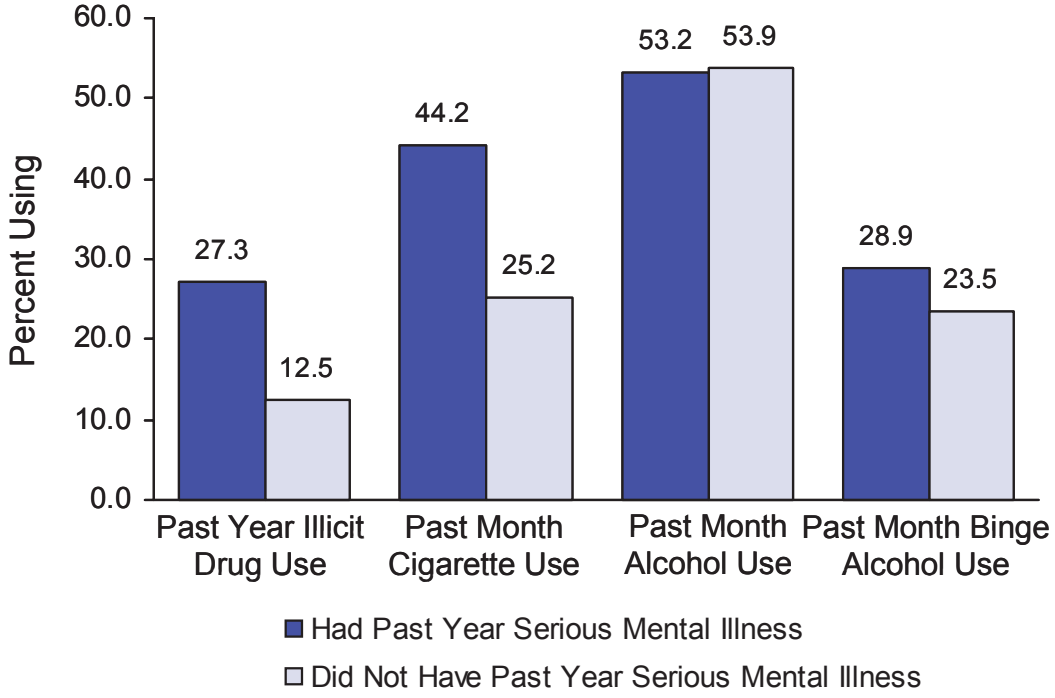
- Rates of SMI among adults in 2003 were similar in nonmetropolitan areas (9.9 percent), small metropolitan areas (9.6 percent), and large metropolitan areas (8.8 percent).

Serious Mental Illness and Substance Use

- Adults in 2003 who used illicit drugs in the past year were more than twice as likely to have SMI as adults who did not use an illicit drug (18.1 and 7.8 percent, respectively). This pattern of higher rates of SMI among illicit drug users was observed within most demographic subgroups.

- In 2003, adults with SMI were more than twice as likely as those without SMI to have used an illicit drug in the past year. Among persons with SMI, 27.3 percent used an illicit drug in the past year, while the rate was 12.5 percent among those without SMI (Figure 8.3). Similarly, among adults with SMI, the rate of past month cigarette use was 44.2 percent, while the rate was only 25.2 percent among adults without SMI.

Figure 8.3 Substance Use among Adults Aged 18 or Older, by Serious Mental Illness: 2003

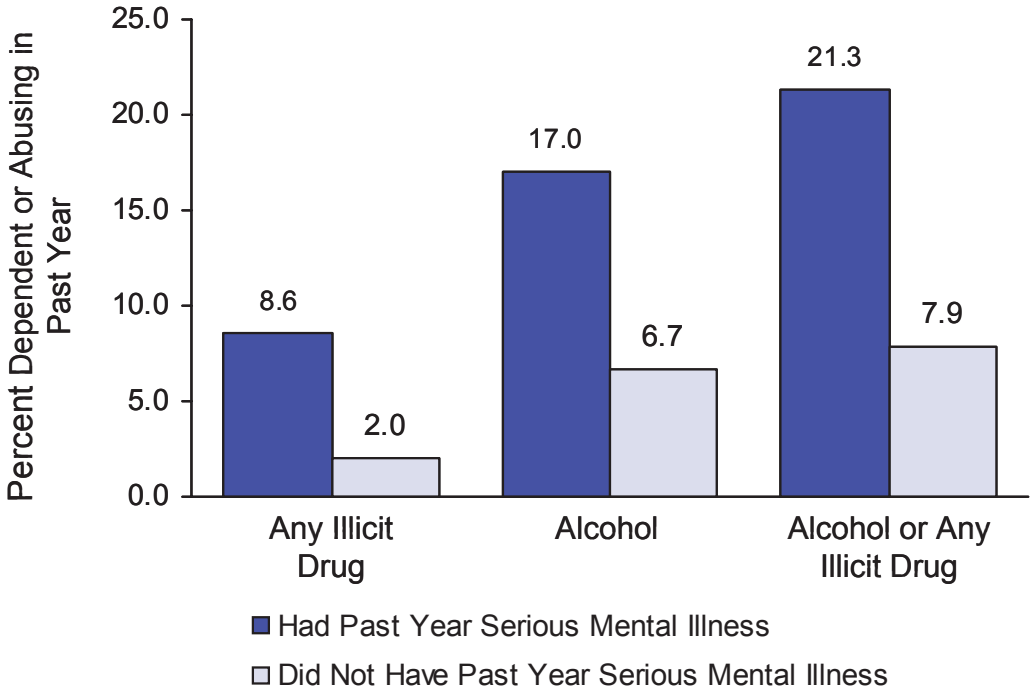


- SMI was not strongly correlated with alcohol use. The rate of past month alcohol use in 2003 among adults with SMI was almost the same as the rate among adults without SMI (53.2 vs. 53.9, respectively). However, SMI was correlated with binge alcohol use, defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. Among adults with SMI, 28.9 percent were binge drinkers compared with 23.5 percent of adults without SMI (Figure 8.3).

Co-Occurrence of Serious Mental Illness with Substance Dependence/Abuse

- SMI was highly correlated with substance dependence or abuse. Among adults with SMI in 2003, 21.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without SMI was only 7.9 percent (Figure 8.4). Adults with SMI were more likely than those without SMI to be dependent on or abuse illicit drugs (8.6 vs. 2.0 percent) and alcohol (17.0 vs. 6.7 percent).

Figure 8.4 Past Year Substance Dependence or Abuse among Adults Aged 18 or Older, by Serious Mental Illness: 2003



- In 2003, an estimated 4.2 million adults met the criteria for both SMI and substance dependence or abuse in the past year. Of these, an estimated 0.8 million with SMI also were dependent on or abused both alcohol and illicit drugs, 0.8 million with SMI also were dependent on or abused an illicit drug only, and 2.5 million with SMI were dependent on or abused alcohol only.

- Among adults with substance dependence or abuse, 21.6 percent had SMI compared with an SMI rate of 8.0 percent among those who did not have substance dependence or abuse.

Serious Mental Illness among Adults on Probation or Parole

- The rate of SMI in 2003 among adults who were on probation during the past year was more than twice the rate for those who were not on probation (19.2 vs. 9.0 percent).

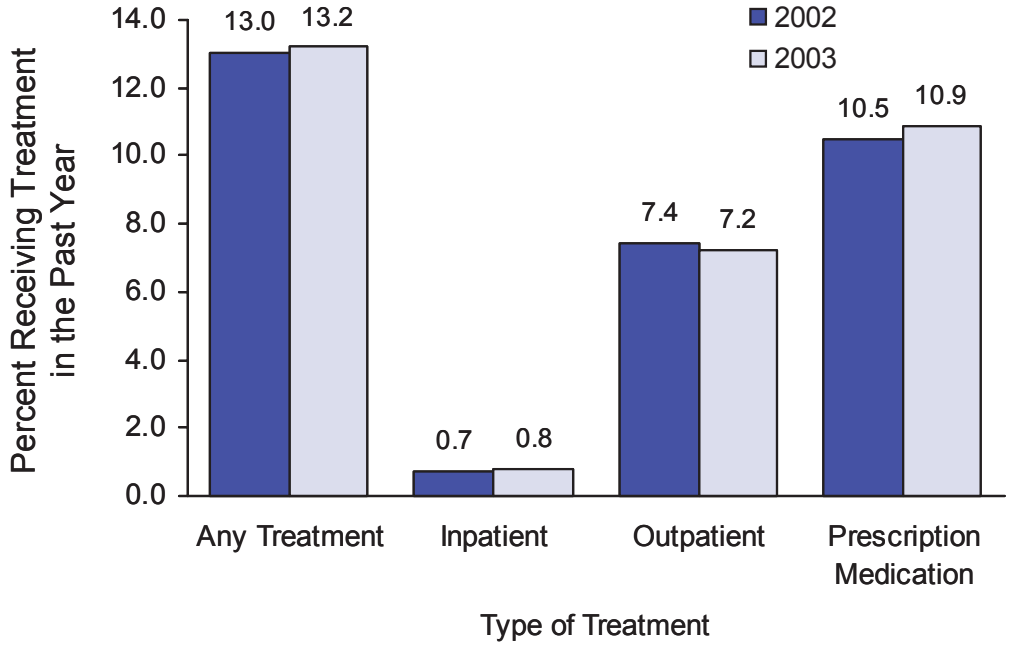
- The rate of SMI was higher for adults who were on parole or supervised release (15.7 percent) than among those who were not on parole or supervised release (9.2 percent).

8.2 Treatment and Unmet Need for Treatment among Adults

This section presents national estimates of the prevalence and characteristics of adults aged 18 or older who received treatment for mental health problems in 2003. Estimates are presented for the total adult population and separately for the adult population with SMI. Treatment is defined as the receipt of treatment or counseling for any problem with emotions, "nerves," or mental health in the 12 months prior to the interview in any inpatient or outpatient setting. It also includes the use of prescription medication for treatment of a mental or emotional condition. Treatment for only a substance abuse problem is not included. Unmet need is defined as a perceived need for treatment at any time in the 12 months prior to the interview that was not received.

- In 2003, an estimated 28 million adults received treatment for mental health problems in the 12 months prior to the interview. This estimate represents 13.2 percent of the population 18 years old or older and is unchanged from 2002 (Figure 8.5).

Figure 8.5 Past Year Treatment for Mental Health Problems among Adults Aged 18 or Older, by Type of Treatment: 2002 and 2003



Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- The most prevalent type of treatment in the adult population in 2003 was prescription medication (10.9 percent), followed by outpatient treatment (7.2 percent). An estimated 1.8 million adults (0.8 percent) were hospitalized for mental health problems at some time within the past 12 months.

- Rates of treatment for mental health problems among adults varied somewhat by age, with rates ranging from 8.6 percent among adults aged 65 or older to 17.5 percent for adults aged 45 to 49. The rate was 11.2 percent for persons aged 18 to 25.

- In 2003, female adults were more likely than male adults to receive treatment (17.6 vs. 8.5 percent), but there was no gender difference in the rates of inpatient treatment (0.8 percent for males and 0.9 percent for females).

- Among racial/ethnic groups, the rates of treatment for adults in 2003 were highest for those reporting two or more races (17.5 percent) and next highest for whites (15.3 percent). Other groups reported much lower rates of treatment (8.5 percent for blacks, 8.0 percent for Hispanics, and 4.9 percent for Asians). Among Asians, the overall treatment rate and the rate of outpatient treatment dropped from 2002 to 2003 (overall: 8.5 to 4.9 percent; outpatient: 6.7 to 3.1 percent).

- The overall rate of treatment for mental health problems was lowest for adults with less than a high school education (10.5 percent) and highest for those with some college and college graduates (14.9 and 14.4 percent, respectively). There also were variations by type of treatment. Adults who had not completed high school were more likely than adults with some college or college graduates to have received inpatient treatment in 2003 (1.5 vs. 0.7 and 0.3 percent, respectively). This pattern was reversed for outpatient treatment (9.1 percent of college graduates, 8.1 percent of persons with some college, and 5.1 percent of persons who had not completed high school received outpatient treatment). Adults who had not completed high school were less likely (8.9 percent) than those with some college (13.0 percent) to have received prescription medication.

- Among current employment status categories, adults who were employed full time had the lowest rates of treatment for mental health problems, at 11.9 percent, compared with 14.5 percent for adults employed part time, 13.0 percent for unemployed adults, and 15.3 percent for adults who were not in the labor force. Adults not in the labor force were more likely than full-time employed adults to have received inpatient mental health treatment (1.9 vs. 0.3 percent) and to have taken prescription medication (13.6 vs. 9.5 percent).

- Adults in the West had the lowest rate of treatment for mental health problems in 2003 (11.9 percent) compared with rates of 13.7 percent for those in the Northeast, 14.3 percent for those in the Midwest, and 13.1 percent for those in the South. There was little variation in rates of treatment by type of county. By geographic area, between 2002 and 2003, there were increases in the receipt of prescription medication among adults in the Midwest (10.4 to 12.1 percent) and among those in completely rural areas (7.2 to 11.9 percent). The rate of outpatient treatment in the West decreased from 8.3 percent in 2002 to 6.6 percent in 2003.

- In 2003, adults with an annual family income of less than $20,000 were more likely to have received treatment for mental health problems (15.4 percent) than were those with incomes of $20,000 to $49,999 (12.2 percent), those with incomes of $50,000 to $74,999 (13.3 percent), and those with incomes of $75,000 or more (13.0 percent).

- Adults in families receiving government assistance were more likely to receive treatment for mental health problems in 2003 (19.3 percent) than adults in unassisted families (12.3 percent). Adults in assisted families also were more likely than those in unassisted families to receive inpatient treatment, outpatient treatment, or prescription medication.

- More than half of adults who received treatment for mental health problems in 2003 (57.5 percent) reported that the treatment improved their ability to manage daily activities "a great deal" or "a lot." There was no change in this overall proportion between 2002 and 2003.

- In 2003, 10.8 million adults, or 5.1 percent of the adult population, perceived an unmet need for treatment in the 12 months prior to their interview. Among the 28 million adults who received treatment for mental health problems, 19.0 percent (5.3 million) perceived some unmet need. Among the 184 million adults who did not receive treatment, 3.0 percent (5.5 million) perceived some unmet need. Unmet need among those who received treatment may be interpreted as delayed or insufficient treatment in the 12 months prior to the interview.

- Among the 5.5 million adults who did not receive treatment but perceived an unmet need for treatment in the past year, the following were the five most commonly reported reasons for not receiving treatment: cost or insurance issues (45.1 percent), not feeling a need for treatment (at the time) or thinking the problem could be handled without treatment (40.6 percent), not knowing where to go for services (22.9 percent), perceived stigma associated with receiving treatment (22.8 percent), and did not have time (18.1 percent). Less commonly reported reasons were "treatment would not help" (10.3 percent), "fear of being committed or having to take medicine" (7.2 percent), and reasons relating to access barriers other than cost (3.7 percent) (Figure 8.6).

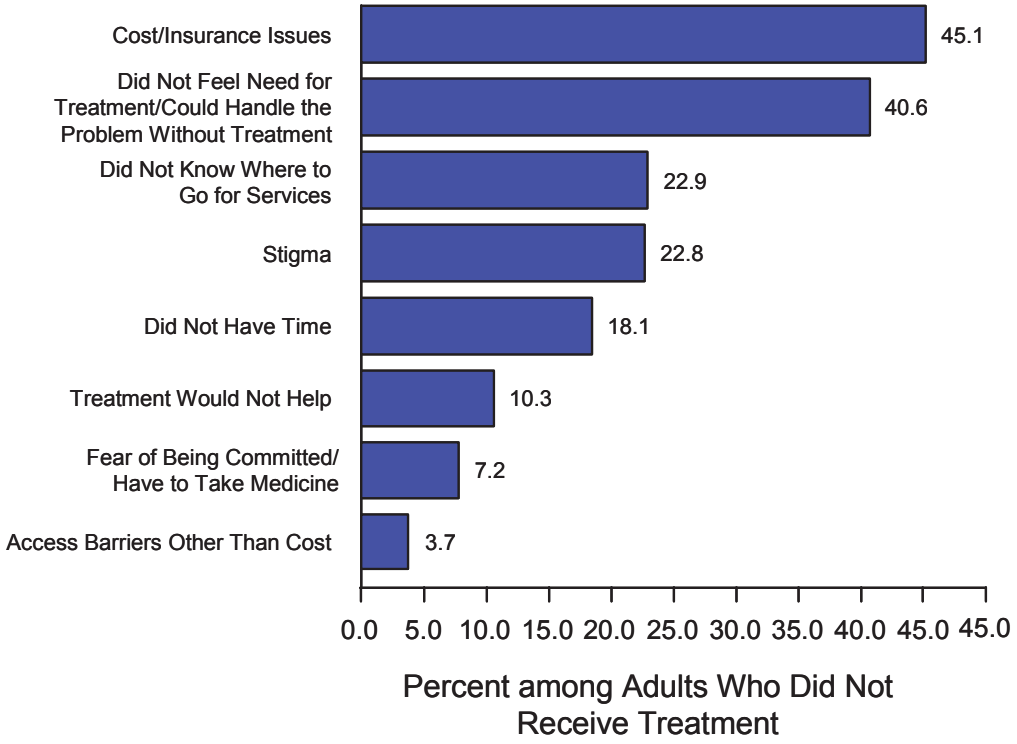
Treatment and Unmet Need for Treatment among Adults with Serious Mental Illness

- Among the 19.6 million adults with SMI in 2003, 9.3 million, or 47.3 percent, received treatment for a mental health problem in the 12 months prior to the interview. This estimate is similar to the estimate in 2002 (47.9 percent). However, the rate of inpatient treatment among adults with SMI increased between 2002 and 2003 (from 3.8 to 5.6 percent).

- In 2003, the likelihood of receiving treatment among adults with SMI generally increased with age. More than half of adults aged 50 or older with SMI received treatment (54.0 percent), as did 49.4 percent of those aged 26 to 49 and 35.2 percent of those aged 18 to 25. In 2002, however, of adult age groups, adults aged 26 to 49 with SMI were most likely to receive treatment (54.4 percent) compared with 46.4 percent of those aged 50 or older and 34.2 percent of those aged 18 to 25. The rate of treatment among adults aged 26 to 49 with SMI declined from 2002 to 2003 (54.4 vs. 49.4 percent).

- Females with SMI were more likely than males with SMI to have received treatment for mental health problems in the past year (52.1 vs. 38.5 percent). Similar rates were observed in 2002.

Figure 8.6 Reasons for Not Receiving Treatment in the Past Year among Persons Aged 18 or Older with an Unmet Need for Treatment Who Did Not Receive Treatment: 2003



- Slightly over half of adults with SMI who received treatment for mental health problems in the past year (51.2 percent) perceived that treatment helped them "a great deal" or "a lot" in managing daily activities. This proportion was unchanged between 2002 and 2003.

- An estimated 30.1 percent of adults with SMI, or 5.9 million persons, perceived an unmet need for treatment in the 12 months prior to their interview, which was about the same as the percentage in 2002 (30.5 percent). The same pattern of perceived unmet need was seen in the SMI population as in the overall population; that is, the rate of perceived unmet need among persons with SMI was higher among those who did receive treatment (36.1 percent) than among those who did not receive any treatment (24.6 percent).

- Cost or insurance issues were the most commonly reported reasons for not getting needed treatment among adults with SMI who did not receive treatment but perceived an unmet need for treatment in the past 12 months (51.4 percent). Other commonly reported reasons were the same as those reported by all adults with any unmet need: not feeling a need for treatment (at the time) or thinking the problem could be handled without treatment (32.7 percent), not knowing where to go for services (28.1 percent), stigma associated with receiving treatment (26.9 percent), and did not have time (16.0 percent). Less commonly

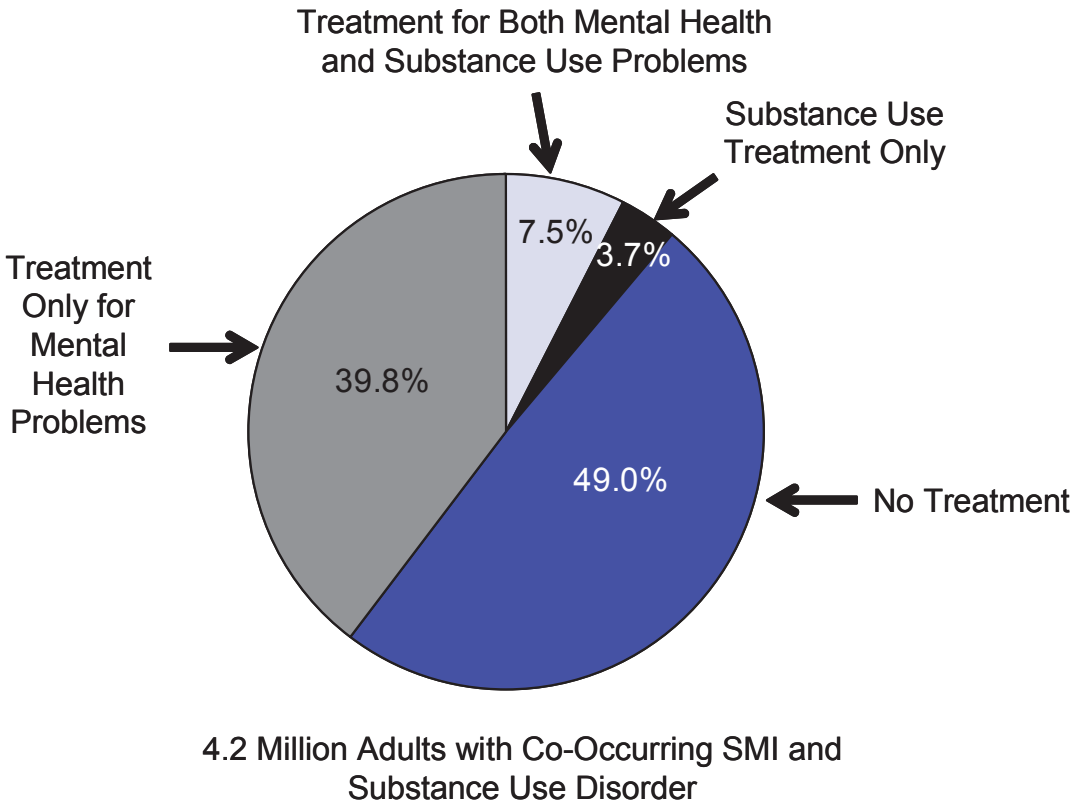
reported reasons were "treatment would not help" (11.1 percent), "fear of being committed or having to take medicine" (10.5 percent), and reasons relating to access barriers other than cost (4.1 percent)

8.3 Treatment among Adults with Co-Occurring Serious Mental Illness and Substance Use Disorders

- Among the 4.2 million adults with SMI and a substance use disorder in 2003, 47.3 percent (about 2.0 million) received treatment for mental health problems and 11.2 percent (0.5 million) received specialty substance use treatment (Figure 8.7).

- In 2003, about half (49.0 percent) of adults with both SMI and a substance use disorder received no treatment for either disorder. Only 7.5 percent (0.3 million) received both treatment for mental health problems and specialty substance use treatment. Another 39.8 percent received only treatment for mental health problems, and 3.7 percent received only specialty substance use treatment (Figure 8.7).

Figure 8.7 Past Year Treatment among Adults Aged 18 or Older with Both Serious Mental Illness and a Substance Use Disorder: 2003

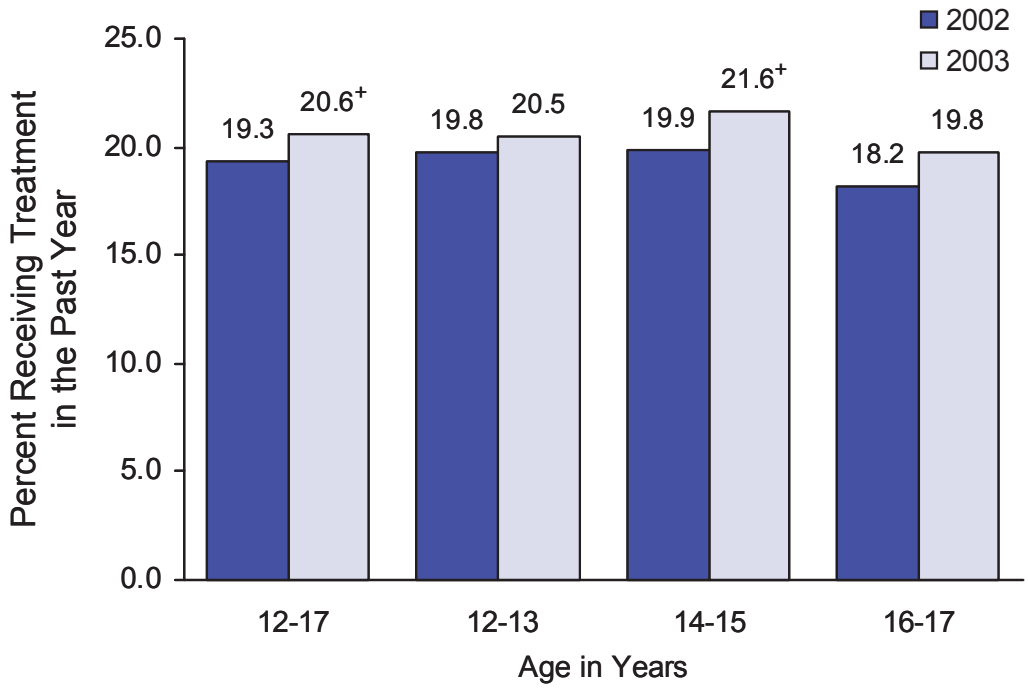


8.4 Treatment for Mental Health Problems among Youths

This section presents national estimates of the receipt of treatment or counseling for mental health problems among youths aged 12 to 17. Data on reasons for the last treatment visit and sources or locations of past year treatment also are discussed. Treatment for youths is defined as receiving treatment or counseling for problems with behaviors or emotions from specific mental health or other health professionals in school, home, outpatient, or inpatient settings within the 12 months prior to the interview. Treatment for only a substance abuse problem is not included.

- In 2003, an estimated 5.1 million youths aged 12 to 17 received treatment or counseling for emotional or behavior problems in the year prior to the interview. This represents 20.6 percent of this population and is higher than the 2002 estimate of 4.8 million (19.3 percent) (Figure 8.8).

Figure 8.8 Past Year Treatment for Mental Health Problems among Youths Aged 12 to 17: 2002 and 2003



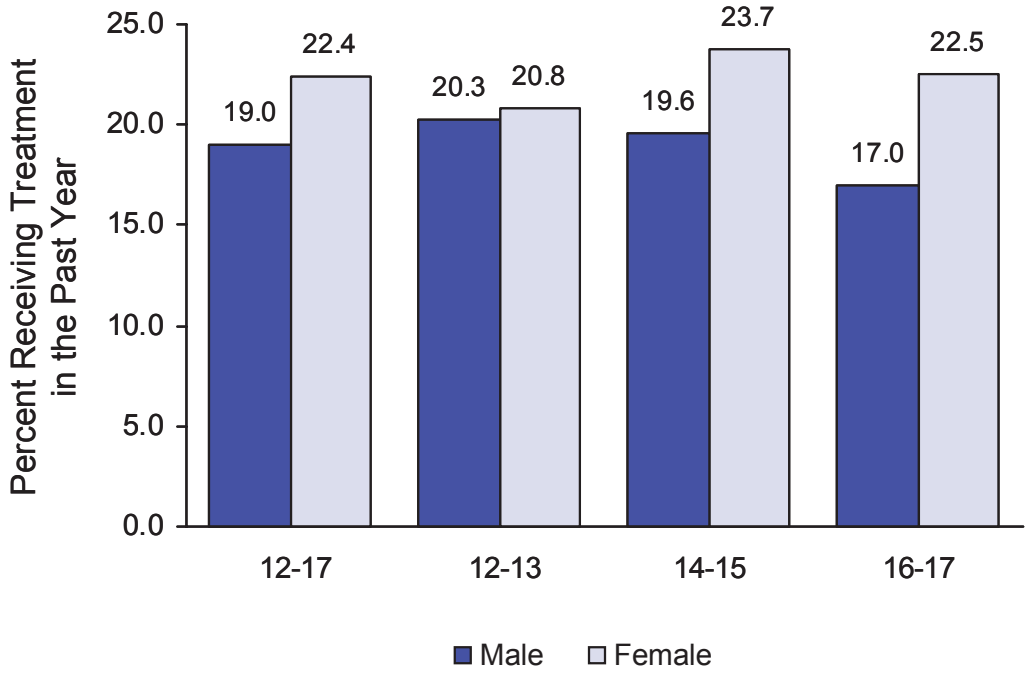
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

- In 2003, there was little variation by age group in the overall rates of treatment among youths (20.5 percent of those aged 12 or 13, 21.6 percent of those aged 14 or 15, and 19.8 percent of those aged 16 or 17). There was an increase in the rate of treatment between 2002 and 2003 among youths aged 14 or 15 (19.9 to 21.6 percent) (Figure 8.8).

- Among the 5.1 million youths receiving treatment in 2003, the most commonly reported sources were school counselors, school psychologists, or teachers (48.0 percent), as well as private therapists, psychologists, psychiatrists, social workers, or counselors (46.1 percent). An estimated 467,000 youths, or 9.1 percent of those receiving treatment, were hospitalized for treatment of mental health problems.

- Females aged 12 to 17 were more likely than males aged 12 to 17 to have received treatment or counseling for mental health problems in 2003 (22.4 vs. 19.0 percent) (Figure 8.9).

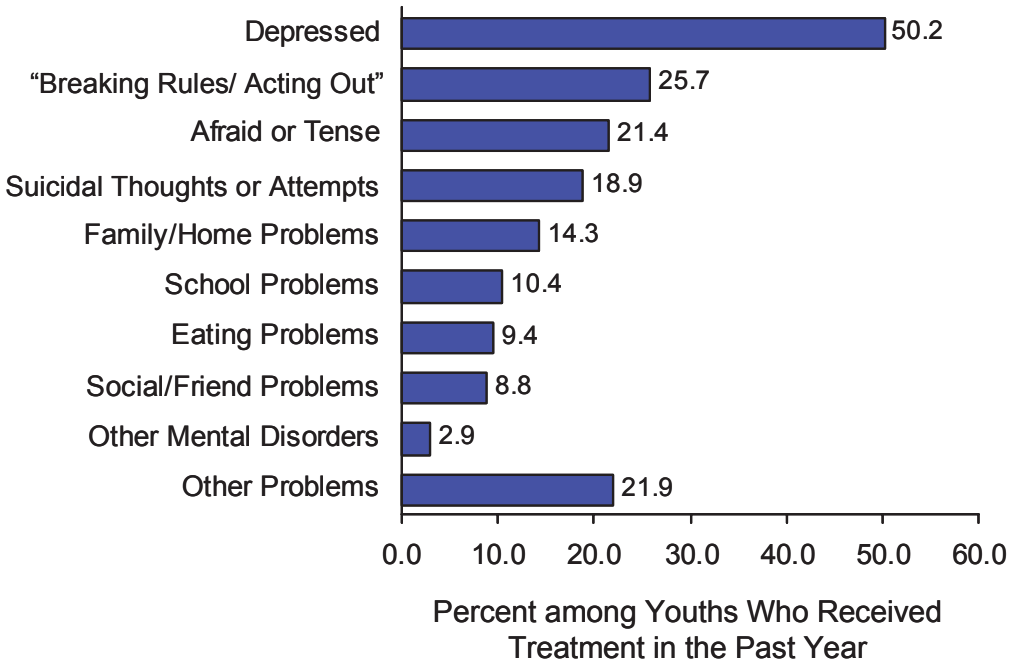
Figure 8.9 Past Year Treatment for Mental Health Problems among Youths Aged 12 to 17, by Age and Gender: 2003



- Among youths aged 12 or 13, boys were as likely as girls to have received treatment or counseling (20.3 vs. 20.8 percent) (Figure 8.9). However, girls aged 14 or 15 and those aged 16 or 17 had higher rates of treatment (23.7 and 22.5 percent, respectively) than boys in those age groups (19.6 and 17.0 percent, respectively).

- The reason cited most often for the latest treatment session was "felt depressed" (50.2 percent of youths receiving treatment), followed by "breaking rules or acting out" (25.7 percent), "felt very afraid or tense" (21.4 percent), and "thought about killing self or tried to kill self" (18.9 percent) (Figure 8.10). These were the most commonly reported reasons in 2002 as well.

Figure 8.10 Past Year Treatment for Mental Health Problems among Youths Aged 12 to 17 Who Received Treatment, by Reason for Most Recent Treatment: 2003



- Youths in families with incomes of less than $20,000 were more likely to have received treatment for mental health problems in 2003 (24.8 percent) than those in families with higher incomes. Treatment rates in other income groups were 20.7 percent of those with incomes of $20,000 to $49,999, 19.4 percent of those with incomes of $50,000 to $74,999, and 18.7 percent of those with incomes of $75,000 or more.

- Youths aged 12 to 17 in families receiving government assistance were more likely than those in unassisted families to have received treatment in 2003 (26.7 vs. 19.3 percent).

- Rates of treatment for mental health problems among youths aged 12 to 17 showed little variation by county type (21.2 percent for youths living in large metropolitan areas, 20.6 percent for those in small metropolitan areas, and 19.0 percent for those in nonmetropolitan areas).

- The rate of treatment among youths aged 12 to 17 who used illicit drugs in the past year (28.1 percent) was higher than the rate among youths who did not use illicit drugs (18.6 percent).

9. Discussion

This report presents findings from the 2003 National Survey on Drug Use and Health (NSDUH). Conducted since 1971 and previously named the National Household Survey on Drug Abuse (NHSDA), the survey underwent several methodological improvements in 2002 that have affected prevalence estimates. As a result, the 2002 and 2003 estimates are not comparable with estimates from 2001 and earlier surveys. The primary focus of the report is on comparisons across subgroups of the U.S. population in 2003 and changes between 2002 and 2003 in the substance use and mental health measures addressed by the survey. Some of the key findings for 2003 are presented in the Highlights section of this report. This chapter provides additional discussion of the findings concerning one of the most important areas of concern, trends in substance use among youths and young adults.

An important step in the analysis and interpretation of NSDUH or any other survey data is to compare the results with results from other data sources. This can sometimes be difficult because the other surveys typically will have different purposes, definitions, and designs. Survey research has established that surveys of substance use and other sensitive topics often produce inconsistent results because of different methods used. Thus, it is important to understand that conflicting results often reflect differing methodologies, not incorrect results. Despite this limitation, comparisons can be very useful. Consistency across surveys can provide confirmation or support for conclusions, and inconsistent results can point to areas for further study. Further discussion of this issue is included in Appendix D, along with descriptions of methods and results from other substance use and mental health data sources.

Recent Trends in Youth and Young Adult Substance Use

This chapter presents some comparative analyses, focusing on the changes between 2002 and 2003 in substance use among youths and young adults. Unfortunately, there are few data sources that are available at this time to compare with NSDUH results. One established source is Monitoring the Future (MTF), a study sponsored by the National Institute on Drug Abuse (NIDA). The MTF surveys students in 8th, 10th, and 12th grades in classrooms during the spring of each year, and it also collects data by mail from a subsample of adults who had earlier participated in the study as 12th graders. Historically, NSDUH rates of substance use have been lower than those of MTF, but the two sources have usually shown the same trends in substance use prevalence among youths and young adults. The trend in marijuana incidence shown in Chapter 5 (see Figure 5.1) also is consistent with the trends in MTF data since 1975.

A comparison of NSDUH and MTF estimates for 2002 and 2003 is shown in Table 9.1 for selected substances and age groups. MTF data on 8th and 10th graders combined give the closest match on age to NSDUH youth estimates. The NSDUH results are generally consistent with MTF trends. Both surveys show decreases in the use of Ecstasy and LSD among youths and young adults. This recent downturn in hallucinogen use also is evident in estimates of incidence from NSDUH (see Figure 5.2). The significant declines in lifetime and past year youth marijuana use reported by MTF were evident in NSDUH results, but the change was not statistically significant for past year use. Both surveys show little change in alcohol use among both groups and declines in cigarette use among youths. An important finding from the 2003 MTF was the

increase in past year inhalant use among 8th graders between 2002 and 2003, from 7.7 to 8.7 percent. A comparative analysis of NSDUH data (see Appendix D), restricted to youths enrolled in 8th grade during January-June each year (similar to the data collection period for MTF), does show a statistically significant increase in past year inhalant use, from 4.8 percent in 2002 to 7.6 percent in 2003. However, the combined 8th and 10th grade data from MTF and the NSDUH data for youths aged 12 to 17 both show that past year inhalant use was stable between 2002 and 2003.

Table 9.1 Comparison of NSDUH and MTF Prevalence Rates

	NSDUH Age 12-17		MTF 8th and 10th Grades		NSDUH Age 18-25		MTF Age 19-28	
	2002	2003	2002	2003	2002	2003	2002	2003
Marijuana								
Lifetime	20.6[a]	19.6	29.0[a]	27.0	53.8	53.9	56.8	57.2
Past Year	15.8	15.0	22.5[a]	20.5	29.8[a]	28.5	29.3	29.0
Past Month	8.2	7.9	13.1	12.3	17.3	17.0	16.9	17.3
Cocaine								
Lifetime	2.7	2.6	4.9	4.4	15.4	15.0	13.5	14.7
Past Year	2.1	1.8	3.2	2.8	6.7	6.6	5.8	6.6
Past Month	0.6	0.6	1.4	1.1	2.0	2.2	2.2	2.4
Ecstasy								
Lifetime	3.3[a]	2.4	5.5[a]	4.3	15.1	14.8	14.6	15.3
Past Year	2.2[a]	1.3	3.9[a]	2.6	5.8[a]	3.7	6.2[a]	4.5
Past Month	0.5	0.4	1.6[a]	0.9	1.1[a]	0.7	1.3	0.8
LSD								
Lifetime	2.7[a]	1.6	3.8[a]	2.8	15.9[a]	14.0	15.1	14.6
Past Year	1.3[a]	0.6	2.1[a]	1.5	1.8[a]	1.1	1.8[a]	1.2
Past Month	0.2	0.2	0.7	0.6	0.1	0.2	0.3	0.2
Inhalants								
Lifetime	10.5	10.7	14.4	14.3	15.7	14.9	12.4	12.2
Past Year	4.4	4.5	6.8	7.1	2.2	2.1	1.6	1.4
Past Month	1.2	1.3	3.1	3.2	0.5	0.4	0.5	0.3
Alcohol								
Lifetime	43.4	42.9	57.0	55.8	86.7	87.1	90.2	89.3
Past Year	34.6	34.3	49.4	48.3	77.9	78.1	84.9[a]	83.3
Past Month	17.6	17.7	27.5	27.6	60.5	61.4	68.3	67.0
Cigarettes								
Lifetime	33.3[a]	31.0	39.4[a]	35.7	71.2	70.2	--	--
Past Year	20.3[a]	19.0	--	--	49.0[a]	47.6	39.1	38.6
Past Month	13.0	12.2	14.2	13.5	40.8	40.2	29.2	28.4

-- Not available.

[a] Difference between 2002 and 2003 estimates is statistically significant at the 0.05 level.

Note: MTF data for 8th and 10th graders are simple averages of estimates for those two grades. Data for 8th and 10th graders and for persons aged 19 to 28 are reported in Johnston, O'Malley, Bachman, and Shulenberg (2004a).

Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.
The Monitoring the Future Study, University of Michigan, 2002 and 2003.

Appendix A: Description of the Survey

A.1 Sample Design

The 2003 National Survey on Drug Use and Health (NSDUH)[1] sample design was part of a coordinated 5-year sample design that will provide estimates for all 50 States plus the District of Columbia for the years 1999 through 2003. The coordinated design facilitates 50 percent overlap in first-stage units (area segments) between each 2 successive years.

For the 5-year 50-State design, 8 States were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas) with samples large enough to support direct State estimates. Sample sizes in these States ranged from 3,541 to 3,711. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small area estimation (SAE) techniques.[2] Sample sizes in these States ranged from 856 to 964 in 2003.

States were first stratified into a total of 900 field interviewer (FI) regions (48 regions in each large sample State and 12 regions in each small sample State). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Within FI regions, adjacent census blocks were combined to form the first-stage sampling units, called area segments. A total of 96 segments per FI region were selected with probability proportional to population size to support the 5-year sample and any supplemental studies that the Substance Abuse and Mental Health Services Administration (SAMHSA) may choose to field.[3] Eight sample segments per FI region were fielded during the 2003 survey year.

These sampled segments were allocated equally into four separate samples, one for each 3-month period during the year, so that the survey is essentially continuous in the field. In each of these area segments, a listing of all addresses was made, from which a sample of 170,762 addresses was selected. Of the selected addresses, 143,485 were determined to be eligible sample units. In these sample units (which can be either households or units within group quarters), sample persons were randomly selected using an automated screening procedure programmed in a handheld computer carried by the interviewers. The number of sample units completing the screening was 130,605. Youths (aged 12 to 17 years) and young adults (aged 18 to 25 years) were oversampled at this stage. Because of the large sample size, there was no need to oversample racial/ethnic groups, as was done on National Household Surveys on Drug Abuse (NHSDAs) prior to 1999. A total of 81,631 persons were selected nationwide. Consistent with previous surveys in this series, the final respondent sample of 67,784 persons was representative of the U.S. general population (since 1991, the civilian, noninstitutionalized population) aged 12 or older. In addition, State samples were representative of their respective State populations.

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[1] Prior to 2002, the survey was known as the National Household Survey on Drug Abuse (NHSDA).

[2] Small area estimation (SAE) is a hierarchical Bayes modeling technique used to make State-level estimates for approximately 20 substance-use-related measures. See the *State Estimates of Substance Use from the 2001 National Household Survey on Drug Abuse* (Wright, 2003a, 2003b) for more details.

[3] For more details on the 5-year sample, see the sample design report in the *2002 NSDUH Methodological Resource Book* (Odom, Bowman, Chromy, & Martin, 2004).

More detailed information on the disposition of the national screening and interview sample can be found in Appendix B. Definitions of key terms are provided in Appendix C.

The survey covers residents of households (living in houses/townhouses, apartments, condominiums, etc.), noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, halfway houses), and civilians living on military bases. Although the survey covers these types of units (they are given a nonzero probability of selection), sample sizes of most specific groups are too small to provide separate estimates. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term hospitals.

A.2 Data Collection Methodology

The data collection method used in NSDUH involves in-person interviews with sample persons, incorporating procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and oral communications with potential respondents. Respondents' names are not collected with the data and computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview.

Introductory letters are sent to sampled addresses, followed by an interviewer visit. A 5-minute screening procedure conducted using a handheld computer involves listing all household members along with their basic demographic data. The computer uses the demographic data in a preprogrammed selection algorithm to select zero to two sample person(s), depending on the composition of the household. This selection process is designed to provide the necessary sample sizes for the specified population age groupings.

Interviewers attempt to immediately conduct the NSDUH interview with each selected person in the household. The interviewer requests the selected respondent to identify a private area in the home to conduct the interview away from other household members. The interview averages about an hour and includes a combination of CAPI (computer-assisted personal interviewing) and ACASI. The interview begins in CAPI mode with the FI reading the questions from the computer screen and entering the respondent's replies into the computer. The interview then transitions to the ACASI mode for the sensitive questions. In this mode, the respondent can read the questions silently on the computer screen and/or listen to the questions read through headphones and enter his or her responses directly into the computer. At the conclusion of the ACASI section, the interview returns to the CAPI mode with the interviewer completing the questionnaire. All respondents who complete a full interview are given a $30.00 cash payment as a token of appreciation for their time.

No personal identifying information is captured in the CAI record for the respondent. At the end of the day when an interviewer has completed one or more interviews, he or she transmits the data to RTI in Research Triangle Park, North Carolina, via home telephone lines.

A.3 Data Processing

Interviewers initiate nightly data transmissions of interview data and call records on days when they work. Computers at RTI direct the information to a raw data file that consists of one record for each completed interview. Even though editing and consistency checks are done by the CAI program during the interview, additional, more complex, edits and consistency checks are completed at RTI. Cases are retained only if respondents provided data on lifetime use of cigarettes and at least nine other substances. An important aspect of subsequent editing routines involves assignment of codes when respondents legitimately were skipped out of questions that definitely did not apply to them (e.g., if respondents never used a drug of interest). For key drug use measures, the editing procedures identify inconsistencies between related variables. Inconsistencies in variables pertaining to the most recent period that respondents used a drug are edited by assigning an "indefinite" period of use (e.g., use at some point in the lifetime, which could mean use in the past 30 days or past 12 months). Inconsistencies in other key drug use variables are edited by assigning missing data codes. These inconsistencies then are resolved through statistical imputation procedures, as discussed below.

A.3.1 Statistical Imputation

For some key variables that still have missing or ambiguous values after editing, statistical imputation is used to replace these values with appropriate response codes. For example, the response is ambiguous if the editing procedures assigned a respondent's most recent use of a drug to "use at some point in the lifetime," with no definite period within the lifetime. In this case, the imputation procedures assign a definite value for when the respondent last used the drug (e.g., in the past 30 days, more than 30 days ago but within the past 12 months, more than 12 months ago). Similarly, if the response is completely missing, the imputation procedures replace missing values with nonmissing ones.

In most cases, missing or ambiguous values are imputed using a methodology called predictive mean neighborhoods (PMN), which was developed specifically for the 1999 survey and used in all subsequent survey years. PMN is a combination of a model-assisted imputation methodology and a random nearest neighbor hot-deck procedure. Whenever feasible, the imputation of variables using PMN is multivariate, in which imputation is accomplished on several response variables at once. Variables requiring imputation using PMN were the core demographic variables, core drug use variables (recency of use, frequency of use, and age at first use), income, health insurance, and a variety of roster-derived variables. Missing values in the immigrant status variables were imputed using a weighted sequential hot deck, and a weighted regression imputation was used to impute some of the missing values in the nicotine dependence variables.

In the modeling stage of PMN, the model chosen depends on the nature of the response variable Y. In the 2003 NSDUH, the models included binomial logistic regression, multinomial logistic regression, Poisson regression, and ordinary linear regression, where the models incorporated the design weights.

In general, hot-deck imputation replaces a missing or ambiguous value taken from a "similar" respondent who has complete data. For random nearest neighbor hot-deck imputation,

the missing or ambiguous value is replaced by a responding value from a donor randomly selected from a set of potential donors. Potential donors are those defined to be "close" to the unit with the missing or ambiguous value, according to a predefined function, called a distance metric. In the hot-deck stage of PMN, the set of candidate donors (the "neighborhood") consists of respondents with complete data who have a predicted mean close to that of the item nonrespondent. In particular, the neighborhood consists of either the set of the closest 30 respondents or the set of respondents with a predicted mean (or means) within 5 percent of the predicted mean(s) of the item nonrespondent, whichever set is smaller. If no respondents are available who have a predicted mean (or means) within 5 percent of the item nonrespondent, the respondent with the predicted mean(s) closest to that of the item nonrespondent is selected as the donor.

In the univariate case, the neighborhood of potential donors is determined by calculating the relative distance between the predicted mean for an item nonrespondent and the predicted mean for each potential donor, then choosing those means defined by the distance metric. The pool of donors is further restricted to satisfy logical constraints whenever necessary (e.g., age at first crack use must not be younger than age at first cocaine use).

Whenever possible, missing or ambiguous values for more than one response variable are considered at a time. In this (multivariate) case, the distance metric is a Mahalanobis distance (Manly, 1986) rather than a relative Euclidean distance. Whether the imputation is univariate or multivariate, only missing or ambiguous values are replaced, and donors are restricted to be logically consistent with the response variables that are not missing. Furthermore, donors are restricted to satisfy "likeness constraints" whenever possible. That is, donors are required to have the same values for variables highly correlated with the response. If no donors are available that meet these conditions, these likeness constraints can be loosened. For example, donors for the age at first use variable are required to be of the same age as recipients, if at all possible. Further details on the PMN methodology are provided in RTI (2004) and Singh, Grau, and Folsom (2001, 2002).

Although statistical imputation could not proceed separately within each State due to insufficient pools of donors, information about each respondent's State of residence was incorporated in the modeling and hot-deck steps. For most drugs, respondents were separated into three "State usage" categories as follows: respondents from States with high usage of a given drug were placed in one category, respondents from States with medium usage into another, and the remainder into a third category. This categorical "State rank" variable was used as one set of covariates in the imputation models. In addition, eligible donors for each item nonrespondent were restricted to be of the same State usage category (i.e., the same "State rank") as the nonrespondent.

A.3.2 Development of Analysis Weights

The general approach to developing and calibrating analysis weights involved developing design-based weights, d_k, as the inverse of the selection probabilities of the households and persons. Adjustment factors, $a_k(\lambda)$, then were applied to the design-based weights to adjust for nonresponse, to poststratify to known population control totals, and to control for extreme weights when necessary. In view of the importance of State-level estimates with the 50-State

design, it was necessary to control for a much larger number of known population totals. Several other modifications to the general weight adjustment strategy that had been used in past surveys also were implemented for the first time beginning with the 1999 CAI sample.

Weight adjustments were based on a generalization of Deville and Särndal's (1992) logit model. This generalized exponential model (GEM) (Folsom & Singh, 2000b) incorporates unit-specific bounds (ℓ_k, u_k), $k \in s$, for the adjustment factor $a_k(\lambda)$ as follows:

$$a_k(\lambda) = \frac{\ell_k(u_k - c_k) + u_k(c_k - \ell_k)\exp(A_k x_k'\lambda)}{(u_k - c_k) + (c_k - \ell_k)\exp(A_k x_k'\lambda)} ,$$

where c_k are prespecified centering constants, such that $\ell_k < c_k < u_k$ and $A_k = (u_k - \ell_k) / (u_k - c_k)(c_k - \ell_k)$. The variables ℓ_k, c_k, and u_k are user-specified bounds, and λ is the column vector of p model parameters corresponding to the p covariates x. The λ-parameters are estimated by solving

$$\sum_s x_k d_k a_k(\lambda) - \tilde{T}_x = 0,$$

where $\tilde{T}_x$ denotes control totals that could be either nonrandom, as is generally the case with poststratification, or random, as is generally the case for nonresponse adjustment.

The final weights $w_k = d_k a_k(\lambda)$ minimize the distance function $\Delta(w,d)$ defined as

$$\Delta(w,d) = \sum_{k \in s} \frac{d_k}{A_k}\left\{(a_k - \ell_k)\log\frac{a_k - \ell_k}{c_k - \ell_k} + (u_k - a_k)\log\frac{u_k - a_k}{u_k - c_k}\right\} .$$

This general approach was used at several stages of the weight adjustment process, including (1) adjustment of household weights for nonresponse at the screener level, (2) poststratification of household weights to meet population controls for various demographic groups by State, (3) adjustment of household weights for extremes, (4) poststratification of selected person weights, (5) adjustment of person weights for nonresponse at the questionnaire level, (6) poststratification of person weights, and (7) adjustment of person weights for extremes.

Every effort was made to include as many relevant State-specific covariates (typically defined by demographic domains within States) as possible in the multivariate models used to calibrate the weights (nonresponse adjustment and poststratification steps). Because further subdivision of State samples by demographic covariates often produced small cell sample sizes, it was not possible to retain all State-specific covariates (even after meaningful collapsing of covariate categories) and still estimate the necessary model parameters with reasonable precision. Therefore, a hierarchical structure was used in grouping States with covariates defined at the national level, at the census division level within the Nation, at the State group within the census division, and, whenever possible, at the State level. In every case, the controls for total population within State and the five age groups (12-17, 18-25, 26-34, 35-49, 50+) within State were maintained except that, in the last step of poststratification of person weights, six age groups (12-17, 18-25, 26-34, 35-49, 50-64, 65+) were used. Census control totals by age, race, gender, and Hispanicity were required for the civilian, noninstitutionalized population of each

State. Beginning with the 2002 NSDUH, the Population Estimates Branch of the U.S. Bureau of the Census produced the necessary population estimates in response to a special request based on the 2000 census.

Consistent with the surveys from 1999 onward, control of extreme weights through separate bounds for adjustment factors was incorporated into the GEM calibration processes for both nonresponse and poststratification. This is unlike the traditional method of winsorization in which extreme weights are truncated at prespecified levels and the trimmed portions of weights are distributed to the nontruncated cases. In GEM, it is possible to set bounds around the prespecified levels for extreme weights, and then the calibration process provides an objective way of deciding the extent of adjustment (or truncation) within the specified bounds. A step was added to poststratify the household-level weights to obtain census-consistent estimates based on the household rosters from all screened households; these household roster-based estimates then provided the control totals needed to calibrate the respondent pair weights for subsequent planned analyses. An additional step poststratified the selected person sample to conform to the adjusted roster estimates. This additional step takes advantage of the inherent two-phase nature of the NSDUH design. The final step poststratified the respondent person sample to external census data (defined within State whenever possible as discussed above). For more detailed information, see the 2002 NSDUH Methodological Resource Book (RTI International, 2004).

Appendix B: Statistical Methods and Measurement

B.1 Target Population

An important limitation of estimates of drug use prevalence from the National Survey on Drug Use and Health (NSDUH) is that they are only designed to describe the target population of the survey—the civilian, noninstitutionalized population aged 12 or older. Although this population includes almost 98 percent of the total U.S. population aged 12 or older, it excludes some important and unique subpopulations that may have very different drug use patterns. For example, the survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use. Also, persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not included in NSDUH, yet they have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date; they are another population shown to have higher than average rates of illicit drug use. Appendix D describes other surveys that provide data for these populations.

B.2 Sampling Error and Statistical Significance

The national estimates, along with the associated variance components, were computed using a multiprocedure package, SUrvey DAta ANalysis (SUDAAN) Software for Statistical Analysis of Correlated Data. SUDAAN was designed for the statistical analysis of sample survey data from stratified, multistage cluster samples (RTI, 2001). The final, nonresponse-adjusted, and poststratified analysis weights were used in SUDAAN to compute unbiased design-based drug use estimates.

The sampling error (i.e., the standard error [SE]) of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample and by using efficient sample design and estimation strategies, such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in NSDUH, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated in SUDAAN for all estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NSDUH design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

B.2.1 Variance Estimation for Totals

Estimates of means or proportions, $\hat{p}_d$, such as drug use prevalence rates, take the form of nonlinear statistics whenever the variances cannot be expressed in closed form. Variance

estimation for nonlinear statistics in SUDAAN is performed using a first-order Taylor series approximation of the deviations of estimates from their expected values.

Corresponding to estimates of domain means or proportions, $\hat{p}_d$, the number of drug users, $\hat{Y}_d$, can be estimated as

$$\hat{Y}_d = \hat{N}_d \hat{p}_d ,$$

where

$\hat{N}_d$ = estimated population total for domain *d*, and

$\hat{p}_d$ = estimated mean or proportion for domain *d*.

The SE for the total estimate is obtained by multiplying the SE of the mean or proportion by $\hat{N}_d$, that is,

$$\mathrm{SE}(\hat{Y}_d) = \hat{N}_d \mathrm{SE}(\hat{p}_d) .$$

This approach is theoretically correct when the domain size estimates, $\hat{N}_d$, are among those forced to Census Bureau population projections through the weight calibration process (Chen et al., 2004). In these cases, $\hat{N}_d$ is not subject to sampling error. For a more detailed explanation of the weight calibration process, see Section A.3.2 in Appendix A.

For estimated domain totals, $\hat{Y}_d$, where $\hat{N}_d$ is not fixed (i.e., where domain size estimates are not forced to U.S. Bureau of the Census population projections), this formulation may still provide a good approximation if it can be reasonably assumed that the sampling variation in $\hat{N}_d$ is negligible relative to the sampling variation in $\hat{p}_d$. This is a reasonable assumption in most cases.

For a subset of the tables produced from the 2003 data, the above approach yielded an underestimate of the variance of a total because $\hat{N}_d$ was subject to considerable variation. In these cases, a different method within SUDAAN was used to estimate variances. SUDAAN provides an option to directly estimate the variance of the linear statistic that estimates a population total. Using this option did not affect the SE estimates for the corresponding proportions presented in the same sets of tables.

B.2.2 Suppression Criteria for Unreliable Estimates

As has been done in past NSDUH reports, direct survey estimates from the 2003 NSDUH considered to be unreliable due to unacceptably large sampling errors are not shown in this report and are noted by asterisks (*) in the tables containing such estimates. The criteria used for suppressing all direct survey estimates were based on the relative standard error (RSE) (defined as the ratio of the SE over the estimate) on nominal sample size and on effective sample size.

Proportion estimates ($\hat{p}$) within the range [$0 < \hat{p} < 1$], rates, and corresponding estimated number of users were suppressed if

$$\text{RSE}[-\ln(\hat{p})] > 0.175 \text{ when } \hat{p} \leq 0.5$$

or

$$\text{RSE}[-\ln(1 - \hat{p})] > 0.175 \text{ when } \hat{p} > 0.5.$$

Using a first-order Taylor series approximation to estimate RSE[-ln($\hat{p}$)] and RSE[-ln(1 - $\hat{p}$)], the following was obtained and used for computational purposes:

$$\frac{\text{SE}(\hat{p})/\hat{p}}{-\ln(\hat{p})} > 0.175 \text{ when } \hat{p} \leq 0.5$$

or

$$\frac{\text{SE}(\hat{p})/(1-\hat{p})}{-\ln(1-\hat{p})} > 0.175 \text{ when } \hat{p} > 0.5.$$

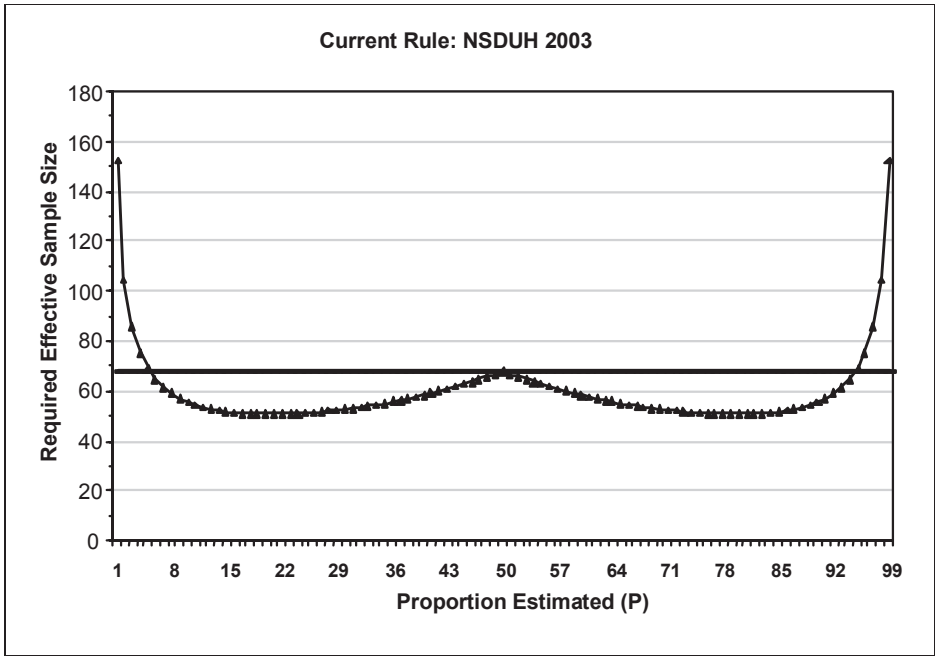
The separate formulas for $\hat{p} \leq 0.5$ and $\hat{p} > 0.5$ produce a symmetric suppression rule; that is, if $\hat{p}$ is suppressed, then 1 - $\hat{p}$ will be as well. This ad hoc rule requires an effective sample size in excess of 50. When $0.05 < \hat{p} < 0.95$, the symmetric property of the rule produces a local maximum effective sample size of 68 at $\hat{p} = 0.5$. Thus, estimates with these values of $\hat{p}$ along with effective sample sizes falling below 68 are suppressed. See Figure B.1 for a graphical representation of the required minimum effective sample sizes as a function of the proportion estimated.

A minimum nominal sample size suppression criterion ($n = 100$) that protects against unreliable estimates caused by small design effects and small nominal sample sizes was employed. Prevalence estimates also were suppressed if they were close to 0 or 100 percent (i.e., if $\hat{p} < 0.00005$ or if $\hat{p} \geq 0.99995$).

Estimates of other totals (e.g., number of initiates), along with means and rates that are not bounded between 0 and 1 (e.g., mean age at first use and incidence rates) were suppressed if the RSEs of the estimates were larger than 0.5. Additionally, estimates of the mean age at first use were suppressed if the sample size was smaller than 10 respondents; also, the estimated incidence rate and number of initiates were suppressed if they rounded to 0.

The suppression criteria for various NSDUH estimates are summarized in Table B.1 at the end of this appendix.

Figure B.1 Required Effective Sample as a Function of the Proportion Estimated



B.2.3 Statistical Significance of Differences

This section describes the methods used to compare prevalence estimates in this report. Customarily, the observed difference between estimates is evaluated in terms of its statistical significance. Statistical significance is based on the *p* value of the test statistic and refers to the probability that a difference as large as that observed would occur due to random variability in the estimates if there were no difference in the prevalence rates for the population groups being compared. The significance of observed differences in this report is generally reported at the 0.05 and 0.01 levels. When comparing prevalence estimates, the null hypothesis (no difference between prevalence rates) was tested against the alternative hypothesis (there is a difference in prevalence rates) using the standard difference in proportions test expressed as

$$Z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\text{var}(\hat{p}_1) + \text{var}(\hat{p}_2) - 2\text{cov}(\hat{p}_1, \hat{p}_2)}} \ ,$$

where $\hat{p}_1$ = first prevalence estimate, $\hat{p}_2$ = second prevalence estimate, var($\hat{p}_1$) = variance of first prevalence estimate, var($\hat{p}_2$) = variance of second prevalence estimate, and cov($\hat{p}_1$, $\hat{p}_2$) = covariance between $\hat{p}_1$ and $\hat{p}_2$. In cases where significance tests between years were performed, the 2002 prevalence estimate becomes the first prevalence estimate and the 2003 estimate becomes the second prevalence estimate.

Under the null hypothesis, Z is asymptotically distributed as a normal random variable. Therefore, calculated values of Z can be referred to as the unit normal distribution to determine the corresponding probability level (i.e., p value). Because the covariance term is not necessarily zero, SUDAAN was used to compute estimates of Z along with the associated p values using the analysis weights and accounting for the sample design as described in Appendix A. A similar procedure and formula for Z were used for estimated totals.

When comparing population subgroups defined by three or more levels of a categorical variable, log-linear Chi-square tests of independence of the subgroup and the prevalence variables were conducted first to control the error level for multiple comparisons. If the Chi-square test indicated overall significant differences, the significance of each particular pairwise comparison of interest was tested using SUDAAN analytic procedures to properly account for the sample design. Using the published estimates and SEs to perform independent t tests for the difference of proportions will usually provide the same results as tests performed in SUDAAN. However, where the significance level is borderline, results may differ for two reasons: (1) the covariance term is included in SUDAAN tests whereas it is not included in independent t tests, and (2) the reduced number of significant digits shown in the published estimates may cause rounding errors in the independent t tests.

As part of a comparative analysis, prevalence estimates from the Monitoring the Future (MTF) study, sponsored by the National Institute on Drug Abuse (NIDA), were presented for recency measures of selected substances. The analyses focused on prevalence estimates for adults aged 19 to 28 and the average of 8th and 10th grade prevalence estimates. Published results were available from NIDA for significant differences between 2002 and 2003 prevalence estimates for adults aged 19 to 28, but not for the averaged rates for 8th and 10th graders. The difference between these averages from 2002 and 2003 was estimated and tested. The estimate of the difference of the averages can be expressed as

$$\overline{p}_2 - \overline{p}_1 ,$$

where $\overline{p}_1 = (\hat{p}_{11} + \hat{p}_{12})/2$, $\hat{p}_{11}$ and $\hat{p}_{12}$ are the prevalence estimates for the 8th and 10th grades, respectively, for 2002; $\overline{p}_2$ is defined similarly for 2003. The variance of some prevalence estimate $\hat{p}$ can be written as

$$\text{var}(\hat{p}) = \tfrac{1}{n} D\hat{p}(1-\hat{p}),$$

where n is the sample size and D is the appropriate design effect obtained from the sampling design. In the MTF study, design effects were available for comparisons between 2002 and 2003 estimates; therefore, the variance of the difference between 2002 and 2003 estimates for a particular grade can be expressed as

$$\text{var}(\hat{p}_{2i} - \hat{p}_{1i}) = D_i \left(\tfrac{1}{n_{1i}} \hat{p}_{1i}(1-\hat{p}_{1i}) + \tfrac{1}{n_{2i}} \hat{p}_{2i}(1-\hat{p}_{2i}) \right);\ i = 1, 2,$$

where i = 1 indexes the 8th grade, i = 2 indexes the 10th grade, D_i is the design effect appropriate for comparisons between 2002 and 2003 estimates, and the n_{ji} are the sample sizes corresponding

to the indexed year and grade prevalence estimates. Because the 8th and 10th grade samples were independently drawn, the variance of the difference between the 8th and 10th grade averages can be expressed as

$$\text{var}(\overline{p}_2 - \overline{p}_1) = \tfrac{1}{4}\left\{\text{var}(\hat{p}_{21} - \hat{p}_{11}) + \text{var}(\hat{p}_{22} - \hat{p}_{12})\right\}.$$

The test statistic can therefore be written as

$$Z = \frac{\overline{p}_2 - \overline{p}_1}{\sqrt{\text{var}(\overline{p}_2 - \overline{p}_1)}},$$

where Z is asymptotically distributed as a standard normal random variable.

B.3 Nonsampling Error

Nonsampling errors can occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors not due to sampling. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, close monitoring and periodic retraining of interviewers, and improvement in various quality control procedures.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of the effects of some types of nonsampling errors can be obtained through proxy measures, such as response rates and from other research studies.

B.3.1 Screening and Interview Response Rate Patterns

In 2003, respondents continued to receive a $30 incentive in an effort to improve response rates over years prior to 2002. Of the 143,485 eligible households sampled for the 2003 NSDUH main study, 130,605 were successfully screened for a weighted screening response rate of 90.7 percent (Table B.2). In these screened households, a total of 81,631 sample persons were selected, and completed interviews were obtained from 67,784 of these sample persons, for a weighted interview response rate of 77.4 percent (Table B.3). A total of 8,909 (14.7 percent) sample persons were classified as refusals or parental refusals, 3,051 (4.0 percent) were not available or never at home, and 1,887 (3.9 percent) did not participate for various other reasons, such as physical or mental incompetence or language barrier (see Table B.3, which also shows the distribution of the selected sample by interview code and age group). The weighted interview response rate was highest among 12 to 17 year olds (89.6 percent), females (79.0 percent), blacks and Hispanics (80.1 and 79.6 percent, respectively), in nonmetropolitan areas (79.7 percent), and among persons residing in the Midwest (78.6 percent) (Table B.4).

The overall weighted response rate, defined as the product of the weighted screening response rate and weighted interview response rate, was 70.2 percent in 2003. Nonresponse bias can be expressed as the product of the nonresponse rate (1-R) and the difference between the characteristic of interest between respondents and nonrespondents in the population (P_r - P_{nr}).

Thus, assuming the quantity (P_r - P_{nr}) is fixed over time, the improvement in response rates in 2002 and 2003 over prior years will result in estimates with lower nonresponse bias.

B.3.2 Inconsistent Responses and Item Nonresponse

Among survey participants, item response rates were above 99 percent for most questionnaire items. However, inconsistent responses for some items, including the drug use items, were common. Estimates of substance use from NSDUH are based on responses to multiple questions by respondents, so that the maximum amount of information is used in determining whether a respondent is classified as a drug user. Inconsistencies in responses are resolved through a logical editing process that involves some judgment on the part of survey analysts and is a potential source of nonsampling error.

B.3.3 Validity of Self-Reported Use

NSDUH estimates are based on self-reports of drug use, and their value depends on respondents' truthfulness and memory. Although many studies have generally established the validity of self-report data and NSDUH procedures were designed to encourage honesty and recall, some degree of underreporting is assumed (Harrell, 1997; Harrison & Hughes, 1997; Rouse, Kozel, & Richards, 1985). No adjustment to NSDUH data is made to correct for this. The methodology used in NSDUH has been shown to produce more valid results than other self-report methods (e.g., by telephone) (Aquilino, 1994; Turner, Lessler, & Gfroerer, 1992). However, comparisons of NSDUH data with data from surveys conducted in classrooms suggest that underreporting of drug use by youths in their homes may be substantial (Gfroerer, 1993; Gfroerer, Wright, & Kopstein, 1997).

B.4 Measurement Issues

Several measurement issues are associated with the 2003 NSDUH that may be of interest and are discussed in this section. Specifically, these issues include the impact of questionnaire changes on trends and the methods for measuring nicotine (cigarette) dependence, substance dependence and abuse, incidence, and serious mental illness (SMI). In addition, the results of an analysis of differences in estimates for Native Hawaiians or Other Pacific Islanders in 2002 and 2003 are presented.

B.4.1 Impact of Questionnaire Changes on Trends

To maintain valid trend measurement, changes to NSDUH core questions on substance use are rarely made. However, small refinements or additions to core questions sometimes are implemented if necessary to improve the questionnaire or obtain new information, when analyses demonstrate that there will be negligible impact on the estimates for which trends are needed. In the 2003 NSDUH, two small changes within the hallucinogens module of the questionnaire were made:

- changes to the "fill" for the general hallucinogen questions, depending on how respondents answered the questions about lifetime use of specific hallucinogens; and

- addition of follow-up questions for the 12-month or 30-day frequency of use of hallucinogens.

With regard to the first issue, the "fill" refers to text that the computer inserts into a question based on responses to previous questions. In 2002, for respondents who reported lifetime use of LSD and a combination of "no," "don't know," or "refused" to lifetime use of all other hallucinogens, the hallucinogen name "filled" in the questions about age at first use and recency of use was "LSD." In 2003, the "fill" for these respondents was "LSD or any other hallucinogen" because of the uncertainty about their use of other hallucinogens. This same logic applied to respondents who reported use of only PCP or of only Ecstasy (MDMA) and who answered other hallucinogen questions as "don't know" or "refused." This change affected a miniscule number of respondents (three for LSD, none for PCP, and four for Ecstasy). This change was made in 2003 because respondents who did not know or refused to report whether they had ever used other hallucinogens were potentially users of these other hallucinogens. For respondents whose only use was LSD, PCP, or Ecstasy and who answered all other lifetime hallucinogen questions as "no," the respective "fills" continued to be "LSD," "PCP," or "Ecstasy."

A second small change to the questionnaire in 2003 involved the addition of follow-up questions in the hallucinogens module to capture information about the frequency of use in the past 12 months or past 30 days. If respondents reported that they last used any hallucinogen "more than 12 months ago," they were skipped out of questions related to their frequency of use in the past 12 months and past 30 days. If they then, for example, reported that they last used LSD "more than 30 days ago but within the past 12 months," that would trigger a consistency check between these two related recency questions. In 2003, if respondents revised their hallucinogen recency to indicate use more than 30 days ago but within the past 12 months, they were asked to provide the information on their frequency of use in the past 12 months. In 2002, respondents were not asked these follow-up questions in these situations. Therefore, unknown frequency of use data for these cases were replaced with statistically imputed values. In contrast, the inclusion of these follow-up questions in 2003 resulted in fewer cases having unknown frequency of use data that required imputation.

Table B.5 shows some comparisons of estimates between 2002 and 2003. Estimates were produced for 2003 with and without data from the additional follow-up questions. To produce the estimates without the additional questions, the data were reedited and reimputed without taking into account information present in these new questions.

The addition of new follow-up questions in 2003 had little effect on estimates of frequency of use in the past 12 months and past 30 days. In particular, where statistically significant differences in estimates occurred between 2002 and 2003, these differences generally were significant for both versions (with and without follow-up questions) of the 2003 estimate. There were two exceptions. The difference in the estimated of number of days (300 days or more) used hallucinogens in past year among past year users aged 18 to 25 was statistically significant between 2002 and 2003 without follow-up questions. Also, the difference in the estimate of hallucinogen use on 1 or 2 days in the past month for the population aged 12 or older was statistically significant between 2002 and 2003 without the follow-up questions. Yet these two instances do not offer enough evidence to conclude that the addition of the follow-up

questions in 2003 had any effect on estimates for the 12-month or 30-day frequency of use of hallucinogens. Because there were multiple comparisons and no correction factors were used to adjust for these multiple comparisons, it is common to expect at least 5 percent of the comparisons to be statistically significant, as was seen here, even if the null hypothesis of no difference is true. Furthermore, because the data were reimputed, statistically significant differences could be attributable to differences in random variation due to imputation.[1]

B.4.2 Nicotine (Cigarette) Dependence

The 2003 NSDUH computer-assisted interviewing (CAI) instrumentation included questions designed to measure nicotine dependence among current cigarette smokers. Those respondents who only smoked specialty cigarettes (bidis or cloves) in the past month were not defined as current cigarette smokers and therefore could not be defined as being nicotine dependent. Nicotine dependence is based on criteria derived from the Nicotine Dependence Syndrome Scale (NDSS) (Shiffman, Hickcox, Gnys, Paty, & Kassel, 1995; Shiffman, Waters, & Hickcox, 2004) or the Fagerstrom Test of Nicotine Dependence (FTND) (Fagerstrom, 1978; Heatherton, Kozlowski, Frecker, & Fagerstrom, 1991).

The conceptual roots of the NDSS (Edwards & Gross, 1976) are similar to those behind the American Psychiatric Association (APA) *Diagnostic and Statistical Manual of Mental Disorders,* 4th edition (DSM-IV), concept of dependence (APA, 1994). The 2003 NSDUH contained 19 NDSS questions that addressed five aspects of dependence:

1. Smoking drive (compulsion to smoke driven by nicotine craving and withdrawal)
    a. After not smoking for a while, you need to smoke in order to feel less restless and irritable.
    b. When you don't smoke for a few hours, you start to crave cigarettes.
    c. You sometimes have strong cravings for a cigarette where it feels like you're in the grip of a force you can't control.
    d. You feel a sense of control over your smoking - that is, you can "take it or leave it" at any time.
    e. You sometimes worry that you will run out of cigarettes.
2. Nicotine tolerance
    a. Since you started smoking, the amount you smoke has increased.
    b. Compared to when you first started smoking, you need to smoke a lot more now in order to be satisfied.
    c. Compared to when you first started smoking, you can smoke much, much more now before you start to feel anything.

[1] More details concerning random imputation can be found in Grau et al. (2003).

3. Continuous smoking

    a. You smoke cigarettes fairly regularly throughout the day.

    b. You smoke about the same amount on weekends as on weekdays.

    c. You smoke just about the same number of cigarettes from day to day.

    d. It's hard to say how many cigarettes you smoke per day because the number often changes.

    e. It's normal for you to smoke several cigarettes in an hour, then not have another one until hours later.

4. Behavioral priority (preferring smoking over other reinforcing activities)

    a. You tend to avoid places that don't allow smoking, even if you would otherwise enjoy them.

    b. There are times when you choose not to be around your friends who don't smoke because they won't like it if you smoke.

    c. Even if you're traveling a long distance, you'd rather not travel by airplane because you wouldn't be allowed to smoke.

5. Stereotypy (fixed patterns of smoking)

    a. Do you have any friends who do not smoke cigarettes?

    b. The number of cigarettes you smoke per day is often influenced by other things - how you're feeling, or what you're doing, for example.

    c. Your smoking is not affected much by other things. For example, you smoke about the same amount whether you're relaxing or working, happy or sad, alone or with others.

Each of the five domains listed above can be assessed by a continuous measure, but an average score across all domains also can be obtained for overall nicotine dependence (Shiffman et al., 2004). The NDSS algorithm for calculating this average score was based on the respondent's answers to 17 of the 19 questions listed above. The two items regarding nonsmoking friends (4b and 5a) were excluded due to frequently missing data.

In order to optimize the number of respondents who could be classified for nicotine dependence, imputation was utilized for all respondents who answered all but 1 of the 17 nicotine dependence questions that were used in the NDSS algorithm. The imputation was based upon weighted least square regressions using the other 16 NDSS items as covariates in the model (Grau et al., 2003).

Responses to items 1a-c, 1e, 2a-c, 3a-c, 4a, 4c, and 5c were coded from 1 to 5 where

1 = Not at all true of me
2 = Sometimes true of me
3 = Moderately true of me
4 = Very true of me
5 = Extremely true of me

Responses to items 1d, 3d, 3e, and 5b were reverse coded from 5 to 1 where

5 = Not at all true of me
4 = Sometimes true of me
3 = Moderately true of me
2 = Very true of me
1 = Extremely true of me

The NDSS score was calculated as the sum of the responses to the previous questions divided by 17. The NDSS score was only calculated for current cigarette smokers who had complete data for all 17 questions.

A current cigarette smoker was defined as nicotine dependent if his or her NDSS score was greater than or equal to 2.75. If the NDSS score for a current cigarette smoker was less than 2.75 or the NDSS score was not defined, then the respondent was determined to be nondependent based on the NDSS. The threshold of 2.75 was derived by examining the distribution of scores in other samples of smokers administered the NDSS, including a contrast of scores obtained for nondependent smokers (chippers) versus heavy smokers (Shiffman, Paty, Kassel, Gnys, & Zettler-Segal, 1994).

The FTND is a multi-item measure of dependence, but much of its ability to discriminate dependent smokers derives from a single item that assesses how soon after waking that smokers have their first cigarette (Heatherton, Kozlowski, Frecker, Rickert, & Robinson, 1989). Because most nicotine is cleared from the bloodstream overnight, smokers typically wake in nicotine deprivation, and rapid movement to smoke is considered a sign of dependence. A current cigarette smoker was defined as nicotine dependent based on the FTND if the first cigarette smoked was within 30 minutes of waking up on the days that he or she smoked.

Using both the NDSS and the FTND measures described above, a current cigarette smoker was defined as having nicotine dependence in the past month if he or she met either the NDSS or FTND criteria for dependence.

B.4.3 Illicit Drug and Alcohol Dependence and Abuse

The 2003 NSDUH CAI instrumentation included questions that were designed to measure dependence and abuse of illicit drugs and alcohol. For these substances,[2] dependence and abuse questions were based on the criteria in the DSM-IV (APA, 1994).

[2] Substances include alcohol, cocaine, heroin, pain relievers, sedatives, marijuana, tranquilizers, stimulants, hallucinogens, and inhalants.

Specifically, for marijuana, inhalants, hallucinogens, and tranquilizers, a respondent was defined as having dependence if he or she met three or more of the following six dependence criteria:

1. Spent a great deal of time over a period of a month getting, using, or getting over the effects of the substance.
2. Used the substance more often than intended or was unable to keep set limits on the substance use.
3. Needed to use the substance more than before to get desired effects or noticed that same amount of substance use had less effect than before.
4. Inability to cut down or stop using the substance every time tried or wanted to.
5. Continued to use the substance even though it was causing problems with emotions, nerves, mental health, or physical problems.
6. The substance use reduced or eliminated involvement or participation in important activities.

For alcohol, pain relievers, cocaine, heroin, sedatives, and stimulants, a respondent was defined as having dependence if he or she met three or more of seven dependence criteria, including the six standard criteria listed above plus a seventh withdrawal symptom criterion. The seventh withdrawal criterion is defined by a respondent reporting having experienced a certain number of withdrawal symptoms that vary by substance (e.g., having trouble sleeping, cramps, hands tremble).

For each illicit drug and alcohol, a respondent was defined as having abused that substance if he or she met one or more of the following four abuse criteria and was determined not to be dependent upon the respective substance in the past year.

1. Serious problems at home, work, or school caused by substance, such as neglecting your children, missing work or school, doing a poor job at work or school, or losing a job or dropping out of school.
2. Used substance regularly and then did something that might have put you in physical danger.
3. Use of substance caused you to do things that repeatedly got you in trouble with the law.
4. Had problems with family or friends that were probably caused by using the substance and continued to use the substance even though you thought the substance use caused these problems.

Criteria used to determine whether a respondent was asked the dependence and abuse questions included responses from core substance use and frequency of substance use questions, as well as noncore substance use questions. Unknown responses in the core substance use and frequency of substance use questions were imputed. However, the imputation process did not take into account reported data in the noncore CAI modules. Responses to the dependence and abuse questions that were inconsistent with the imputed substance use or frequency of substance

use could have existed. Because different criteria and different combinations of criteria were used as skip logic for each substance, different types of inconsistencies may have occurred for certain substances between responses to the dependence and abuse questions and the imputed substance use and frequency of substance use as described below.

For alcohol and marijuana, respondents were asked the dependence and abuse questions if they reported substance use in the past year but did not report their frequency of substance use in the past year. Therefore, inconsistencies could have occurred where the imputed frequency of use response indicated less frequent use than required for respondents to be asked the dependence and abuse questions originally.

For stimulants, heroin, and cocaine, respondents were asked the dependence and abuse questions if they reported past year use in a core drug module or past year use in the noncore special drugs module. Thus, inconsistencies could have occurred when the response to a core substance use indicated no use in the past year, but responses to dependence and abuse questions indicated substance dependence or abuse for the respective substance.

A respondent might have provided ambiguous information about past year use of any individual substance, in which case these respondents were not asked the dependence and abuse questions for that substance. Subsequently, these respondents could have been imputed to be past year users of the respective substance. In this situation, the dependence and abuse data were unknown; thus, these respondents were classified as not dependent on or abusing the respective substance. However, the respondent was never actually asked the dependence and abuse questions.

B.4.4 Incidence

For diseases, the incidence rate for a population is defined as the number of new cases of the disease, N, divided by the person time, PT, of exposure or

$$IR = \frac{N}{PT} \ .$$

The person time of exposure can be measured for the full period of the study or for a shorter period. The person time of exposure ends at the time of diagnosis (e.g., Greenberg, Daniels, Flanders, Eley, & Boring, 1996, pp. 16-19). Similar conventions are applied for defining the incidence of first use of a substance.

Beginning in 1999, the survey questionnaire allows for collection of year and month of first use for recent initiates. Month, day, and year of birth also are obtained directly or imputed in the process. In addition, the questionnaire call record provides the date of the interview. By imputing a day of first use within the year and month of first use reported or imputed, the key respondent inputs in terms of exact dates are known. Exposure time can be determined in terms of days and converted to an annual basis. Beginning in 2003, the immigrant population was addressed in the incidence analysis. That is, immigrants who initiated drug use outside the United States were not included in this analysis. However, those immigrants who did not initiate outside the United States were included in the analysis for the time period since they entered the United States. If respondents indicated that they were not born in the United States, the survey

questionnaire asked the respondent how long they had lived in the United States. Using this information, an imputation-revised entry age and date were created.

Having exact dates of birth and first use (and if the respondent is an immigrant, his or her exact date of entry) also allows the person time of exposure during the targeted period, *t*, to be determined. Let the target time period for measuring incidence be specified in terms of dates; for example, the period 1998 would be specified as

$$t = [t_1, t_2) = [1 \text{ Jan } 1998, 1 \text{ Jan } 1999),$$

a period that includes 1 January 1998 and all days up to but not including 1 January 1999. The target age group also can be defined by a half-open interval as $a = [a_1, a_2)$. For example, the age group 12 to 17 would be defined by $a = [12,18)$ for persons at least age 12, but not yet age 18. If person *i* was in age group *a* and residing in the United States during period *t*, the time and age interval, $L_{t,a,i}$, then can be determined by the intersection:

$$L_{t,a,i} = [t_1, t_2) \bigcap \{[DOB_i MOB_i YOB_i + a_1, DOB_i MOB_i YOB_i + a_2) \bigcap [DOE_i MOE_i YOE_i, \infty)\}$$

assuming the time of birth and time of entry into the United States can be written in terms of day (DOB_i and DOE_i), month (MOB_i and MOE_i), and year (YOB_i and YOE_i). Either this intersection will be empty ($L_{t,a,i} = \varnothing$), or it will be designated by the half-open interval, $L_{t,a,i} = [M_{1,i}, M_{2,i})$, where

$$m_{1,i} = \text{Max}\{t_1, (DOB_i MOB_i YOB_i + a_1), DOE_i MOE_i YOE_i\}$$

and

$$m_{2,i} = \text{Min}\{t_2, (DOB_i MOB_i YOB_i + a_2)\}.$$

The date of first use, $t_{fu,d,i}$, also is expressed as an exact date. An incident of first drug *d* use by person *i* in age group *a* occurs in time $t_{fu,d,i} \in [m_{1,i}, m_{2,i})$. The indicator function $I_i(d,a,t)$ used to count incidents of first use is set to 1 when $t_{fu,d,i} \in [m_{1,i}, m_{2,i})$ and to 0 otherwise. The person-time exposure measured in years and denoted by $e_i(d,a,t)$ for a person *i* of age group *a* depends on the date of first use. If the date of first use precedes the target period ($t_{fu,d,i} < m_{1,i}$), then $e_i(d,a,t) = 0$. If the date of first use occurs after the target period or if person *i* has never used drug *d*, then

$$e_i(d,a,t) = \frac{m_{2,i} - m_{1,i}}{365}.$$

If the date for first use occurs during the target period $L_{t,a,i}$, then

$$e_i(d,a,t) = \frac{t_{fu,di,i} - m_{1,i}}{365}.$$

Note that both $I_i(d,a,t)$ and $e_i(d,a,t)$ are set to 0 if the target period $L_{t,a,i}$ is empty (i.e., person *i* is not in age group *a* during any part of time *t*). The incidence rate then is estimated as a weighted ratio estimate:

$$IR(d,a,t) = \frac{\sum_i w_i I_i(d,a,t)}{\sum_i w_i e_i(d,a,t)},$$

where the w_i are the analytic weights. Starting in 2002, estimates were reported separately for males and females, as well as overall. For a more detailed explanation of the incidence methodology, see Packer, Odom, Chromy, Davis, and Gfroerer (2002).

The estimates of incidence in this report are based on retrospective reports of age at first drug use by survey respondents interviewed during 2002 and 2003. Because they are based on retrospective reports, they may be subject to different types of biases. Bias due to differential mortality occurs because some persons who were alive and exposed to the risk of first drug use in the historical periods shown in the tables died before the 2002 and 2003 NSDUHs were conducted. This bias is probably very small for estimates shown in this report. Incidence estimates also are affected by memory errors, including recall decay (tendency to forget events occurring long ago) and forward telescoping (tendency to report that an event occurred more recently than it actually did). Recall decay would tend to result in a downward bias in estimates for earlier years (e.g., 1960s and 1970s), and telescoping would tend to result in an upward bias for estimates for more recent years. There also is likely to be some underreporting bias due to social acceptability of drug use behaviors and respondents' fear of disclosure. This is likely to have the greatest impact on recent estimates, which reflect more recent use and reporting by younger respondents. Finally, for drug use that is frequently initiated at age 10 or younger, estimates based on retrospective reports 1 year later underestimate total incidence because 11-year-old (and younger) children are not sampled by NSDUH. Prior analyses showed that alcohol and cigarette (any use) incidence estimates could be significantly affected by this. Therefore, for these drugs, only 2002 age-specific rates and the number of initiates aged 18 or older (or 21 or older for applicable tables) were reported. Likewise, for these drugs, 2001 and 2002 estimates were made using 2003 NSDUH data only.

A recent evaluation of NSDUH retrospective estimates of incidence suggests that these types of bias are significant and differ by substance and length of recall (Gfroerer, Hughes, Chromy, Heller, & Packer, 2004). For very recent time periods, bias in estimates of marijuana, cocaine, alcohol, and cigarettes appears to be small, but for all other substances there is significant downward bias. Bias for all substances increases the further back in time the estimates are made, suggesting a relationship with the length of recall. Due to the potential reporting biases described above, comparisons between years, particularly between recent estimates and those 10 or more years prior, should be made with caution.

B.4.5 Serious Mental Illness

For the 2003 NSDUH, mental health among adults was measured using a scale to ascertain serious mental illness (SMI). This scale consisted of six questions that asked

respondents how frequently they experienced symptoms of psychological distress during the 1 month in the past year when they were at their worst emotionally. The use of this scale is based on a methodological study designed to evaluate several screening scales for measuring SMI in NSDUH. These scales consisted of a truncated version of the World Health Organization (WHO) Composite International Diagnostic Interview Short Form (CIDI-SF) scale (Kessler, Andrews, Mroczek, Üstün, & Wittchen, 1998), the K10/K6 scale of nonspecific psychological distress (Furukawa, Kessler, Slade, & Andrews, 2003), and the WHO Disability Assessment Schedule (WHO-DAS) (Rehm et al., 1999).

The methodological study to evaluate the scales consisted of 155 respondents selected from a first-stage sample of 1,000 adults aged 18 or older. First-stage respondents were selected from the Boston metropolitan area and screened on the telephone to determine whether they had any emotional problems. Respondents reporting emotional problems at the first stage were oversampled when selecting the 155 respondents at the second stage. The selected respondents were interviewed by trained clinicians in respondents' homes using both the NSDUH methodology and a structured clinical interview. The first interview included the three scales described above using audio computer-assisted self-interviewing (ACASI). Respondents completed the ACASI portion of the interview without discussing their answers with the clinician. After completing the ACASI interview, respondents then were interviewed using the 12-month nonpatient version of the Structured Clinical Interview for DSM-IV (SCID) (First Spitzer, Gibbon, & Williams, 1997) and the Global Assessment of Functioning (GAF) (Endicott, Spitzer, Fleiss, & Cohen, 1976) to classify respondents as either having or not having SMI.

The data from the 155 respondents were analyzed using logistic regression analysis to predict SMI from the scores on the screening questions. Analysis of the model fit indicated that each of the scales alone and in combination were significant predictors of SMI and the best fitting models contained either the CIDI-SF or the K10/K6 alone. Receiver operating characteristic (ROC) curve analysis was used to evaluate the precision of the scales to discriminate between respondents with and without SMI. This analysis indicated that the K6 was the best predictor. The results of the methodological study and the K10/K6 scale of nonspecific psychological distress are described in more detail in Kessler et al. (2003).

To score the six items on the K6 scales, they were first coded from 0 to 4 and summed to yield a number between 0 and 24. This involved transforming response categories for the six questions (DSNERV1, DSHOPE, DSFIDG, DSNOCHR, DSEFFORT, and DSDOWN) given below so that "all of the time" was coded 4, "most of the time" was coded 3, "some of the time" 2, "a little of the time" 1, and "none of the time" 0, with "don't know" and "refuse" also coded 0. Summing across the transformed responses resulted in a score with a range from 0 to 24. Respondents with a total score of 13 or greater were classified as having a past year SMI. This cutpoint was chosen to equalize false positives and false negatives.

The questions comprising the K6 scale are given as follows:

DSNERV1 Most people have periods when they are not at their best emotionally. Think of one month in the past 12 months when you were the most depressed, anxious, or emotionally stressed. If there was no month like this, think of a typical month.

During that month, how often did you feel nervous?

1 All of the time
2 Most of the time
3 Some of the time
4 A little of the time
5 None of the time
DK/REF

Response categories are the same for the following questions:

DSHOPE During that same month when you were at your worst emotionally . . . how often did you feel hopeless?

DSFIDG During that same month when you were at your worst emotionally . . . how often did you feel restless or fidgety?

DSNOCHR During that same month when you were at your worst emotionally . . . how often did you feel so sad or depressed that nothing could cheer you up?

DSEFFORT During that same month when you were at your worst emotionally . . . how often did you feel that everything was an effort?

DSDOWN During that same month when you were at your worst emotionally . . . how often did you feel down on yourself, no good, or worthless?

B.4.6 Examination of Differences between 2002 and 2003 Estimates for Non-Hispanic Native Hawaiians or Other Pacific Islanders

Large differences in the estimated rate of SMI for the non-Hispanic Native Hawaiian or Other Pacific Islander (NH/OPI) group were observed between the 2002 and 2003 NSDUHs. Although not statistically significant, the estimated rate of SMI increased from 5.4 to 12.4 percent for this group between the 2 years. There also was a large decrease between 2002 and 2003 in the estimated number of people in the NH/OPI category, from 813,000 in 2002 to 490,000 in 2003.

The reasons for these differences were investigated, first by verifying the weighting and estimation procedures that had been used and then by examining the distributions of weights and weight components. It appears that the differences between years are due to a lack of stability in the estimates of the number of people in the NH/OPI group. The U.S. Bureau of the Census estimate of the number of people in the NH/OPI group was about 311,000 in 2000, a very small proportion of the U.S. population. In general, for small population groups, there can be large variability from year to year in the number of persons who are randomly selected for NSDUH and in estimates of substance use and mental health. Poststratification can be used to control the year-to-year variability in the estimated number of people in a particular group. This is done by adjusting the sum of the weights for particular groups to an independent census estimate of the

number in that group for the time period in question. However, NSDUH does not currently poststratify to independent estimates of NH/OPI.

More specifically, the differences between 2002 and 2003 arose because relative to 2002, fewer people in 2003 in the older age groups identified themselves as Other Pacific Islanders. Breaking the NH/OPI sample down into NH and OPI shows that the larger weighted count of NH/OPI in 2002 compared with 2003 was due to a larger OPI count for that year. Table B.6 presents the unweighted and weighted counts and percentage distributions by age group for the NH and OPI groups aged 18 or older by year. The weighted number of NH respondents remained fairly consistent between the 2 years, but the number of OPI respondents decreased from 587,033 in 2002 to 274,735 in 2003. This was due to the relatively greater share of older OPI respondents in 2002. In 2002, there were 31 OPI respondents aged 35 or older representing a weighted total of 372,297 persons, but in 2003, there were only 11 OPI respondents aged 35 or older representing a weighted total of 83,399 persons.

In addition, analyses were conducted to examine whether there was a shift in the number of persons reporting more than one race between 2002 and 2003. Persons claiming two or more races in 2002 and 2003 were examined by Hispanicity and by whether they claimed NH/OPI as one of their races. Although more respondents claimed two or more races in 2003 than in 2002, there was not a large shift in the number who included NH/OPI as one of their races.

Given the instability in the estimated number of people selecting the NH/OPI category, the impact on additional estimates from the survey was examined for 2002 and 2003. Lifetime, past year, and past month any illicit drug use, marijuana use, cocaine use, and any hallucinogen use were examined. An additional item, driving while under the influence of any illicit drugs in the past year, was examined because it was the only variable in the detailed NSDUH tables for which there were significant differences for the NH/OPI racial group between the 2 years and that included all age groups. (Comparisons for other variables also were significant, but those variables were collected only for 12 to 17 year olds.)

Table B.7 presents the results of these comparisons. The only significant differences between the 2 years were found in the weighted estimates of driving under the influence of drugs for all NH/OPI respondents aged 18 or older (3.1 percent in 2002 and 9.7 percent in 2003) and for the 18 to 25 age group (6.4 percent in 2002 and 21.4 percent in 2003).

Table B.1 Summary of 2003 NSDUH Suppression Rules

Estimate	Suppress if:
Prevalence rate, $\hat{p}$, with nominal sample size, n, and design effect, *deff*	(1) The estimated prevalence rate, $\hat{p}$, is < 0.00005 or ≥ 0.99995, or (2) $\frac{\text{SE}(\hat{p}) \ / \ \hat{p}}{-\ln(\hat{p})} > 0.175$ when $\hat{p} \le 0.5$, or $\frac{\text{SE}(\hat{p}) \ / \ (1 - \hat{p})}{-\ln(1 - \hat{p})} > 0.175$ when $\hat{p} > 0.5$, or (3) Effective $n < 68$, where Effective $n = \frac{n}{deff}$ or (4) $n < 100$. Note: The rounding portion of this suppression rule for prevalence rates will produce some estimates that round at one decimal place to 0.0 or 100.0 percent but are not suppressed from the tables.
Estimated number (numerator of $\hat{p}$)	The estimated prevalence rate, $\hat{p}$, is suppressed. Note: In some instances when $\hat{p}$ is not suppressed, the estimated number may appear as a 0 in the tables; this means that the estimate is greater than 0 but less than 500 (estimated numbers are shown in thousands).
Mean age at first use, $\bar{x}$, with nominal sample size, n	(1) $\text{RSE}(\bar{x}) > 0.5$, or (2) $n < 10$.
Incidence rate, $\hat{r}$	(1) The incidence rate, $\hat{r}$, rounds to < 0.1 per 1,000 person-years of exposure, or (2) $\text{RSE}(\hat{r}) > 0.5$.
Number of initiates, $\hat{t}$	(1) The number of initiates $\hat{t}$, rounds to < 1,000 initiates, or (2) $\text{RSE}(\hat{t}) > 0.5$.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2003.

Table B.2 Weighted Percentages and Sample Sizes for 2002 and 2003 NSDUHs, by Screening Result Code

	Sample Size		Weighted Percentage	
	2002	2003	2002	2003
Total Sample	178,013	170,762	100.00	100.00
Ineligible cases	27,851	27,277	15.27	15.84
Eligible cases	150,162	143,485	84.73	84.16
Ineligibles	27,851	27,277	15.27	15.84
Vacant	14,417	14,588	51.55	52.56
Not a primary residence	4,580	4,377	17.36	17.07
Not a dwelling unit	2,403	2,349	8.16	8.08
All military personnel	289	356	1.08	1.39
Other, ineligible	6,162	5,607	21.86	20.90
Eligible Cases	150,162	143,485	84.73	84.16
Screening complete	136,349	130,605	90.72	90.72
No one selected	80,557	74,310	53.14	51.04
One selected	30,738	30,702	20.58	21.46
Two selected	25,054	25,593	17.00	18.22
Screening not complete	13,813	12,880	9.28	9.28
No one home	3,031	2,446	2.02	1.68
Respondent unavailable	411	280	0.26	0.18
Physically or mentally incompetent	307	290	0.20	0.18
Language barrier—Hispanic	66	42	0.05	0.03
Language barrier—Other	461	450	0.35	0.39
Refusal	8,556	8,414	5.86	5.98
Other, access denied	471	923	0.30	0.81
Other, eligible	12	12	0.01	0.01
Resident < 1/2 of quarter	0	0	0.00	0.00
Segment not accessible	0	0	0.00	0.00
Screener not returned	15	16	0.01	0.01
Fraudulent case	479	6	0.21	0.00
Electronic screening problem	4	1	0.00	0.00

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table B.3 Weighted Percentages and Sample Sizes for 2002 and 2003 NSDUHs, by Final Interview Code

Final Interview Code	Persons Aged 12 or Older				Persons Aged 12 to 17				Persons Aged 18 or Older			
	Sample Size		Weighted Percentage		Sample Size		Weighted Percentage		Sample Size		Weighted Percentage	
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Total	80,581	81,631	100.00	100.00	26,230	25,387	100.00	100.00	54,351	56,244	100.00	100.00
Interview Complete	68,126	67,784	78.56	77.39	23,659	22,696	89.99	89.57	44,467	45,088	77.20	75.96
No One at Dwelling Unit	1,359	1,242	1.81	1.60	182	158	0.70	0.62	1,177	1,084	1.94	1.71
Respondent Unavailable	1,893	1,809	2.71	2.44	329	310	1.20	1.25	1,564	1,499	2.89	2.58
Break-Off	48	33	0.10	0.09	9	2	0.04	0.01	39	31	0.11	0.10
Physically/Mentally Incompetent	692	755	1.75	1.82	161	150	0.57	0.60	531	605	1.89	1.96
Language Barrier - Hispanic	138	177	0.19	0.21	9	6	0.04	0.02	129	171	0.21	0.23
Language Barrier - Other	327	364	1.09	1.13	24	11	0.13	0.07	303	353	1.21	1.25
Refusal	6,276	7,433	12.73	14.10	464	486	1.81	1.74	5,812	6,947	14.03	15.56
Parental Refusal	1,307	1,476	0.55	0.61	1,307	1,476	5.15	5.81	0	0	0.00	0.00
Other	415	558	0.52	0.62	86	92	0.38	0.31	329	466	0.53	0.65

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table B.4 Response Rates and Sample Sizes for 2002 and 2003 NSDUHs, by Demographic Characteristics

	Selected Persons		Completed Interviews		Weighted Response Rate	
	2002	2003	2002	2003	2002	2003
Total	80,581	81,631	68,126	67,784	78.56%	77.39%
Age in Years						
12-17	26,230	25,387	23,659	22,696	89.99%	89.57%
18-25	27,216	27,259	23,271	22,941	85.16%	83.47%
26 or older	27,135	28,985	21,196	22,147	75.81%	74.63%
Gender						
Male	39,453	40,008	32,766	32,627	77.06%	75.72%
Female	41,128	41,623	35,360	35,157	79.99%	78.96%
Race/Ethnicity						
Hispanic	10,250	10,753	8,692	8,985	80.93%	79.55%
White	55,594	55,958	46,834	46,294	78.23%	77.21%
Black	9,385	9,466	8,143	8,099	82.24%	80.12%
All other races	5,352	5,454	4,457	4,406	70.50%	69.88%
Region						
Northeast	16,490	16,736	13,706	13,655	75.57%	75.20%
Midwest	22,588	22,665	19,180	18,993	80.01%	78.56%
South	24,530	24,725	20,900	20,612	79.99%	78.38%
West	16,973	17,505	14,340	14,524	77.33%	76.51%
County Type						
Large metropolitan	32,294	36,610	26,792	29,759	76.85%	75.49%
Small metropolitan	28,121	27,661	23,944	23,349	79.50%	79.51%
Nonmetropolitan	20,166	17,360	17,390	14,676	81.38%	79.72%

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table B.5 Number of Days Used Hallucinogens in the Past Year among Past Year Users and the Number of Days Used Hallucinogens in the Past Month among Past Month Users, with and without Follow-Up Questions, by Age Group: Percentages, 2002 and 2003

Frequency of Use	Total			AGE GROUP (Years)								
				12-17			18-25			26 or Older		
	2002	2003 with Follow-Up Questions	2003 without Follow-Up Questions	2002	2003 with Follow-Up Questions	2003 without Follow-Up Questions	2002	2003 with Follow-Up Questions	2003 without Follow-Up Questions	2002	2003 with Follow-Up Questions	2003 without Follow-Up Questions
Number of Days Used in Past Year among Past Year Users												
1-11	72.4	73.3	73.7	63.5	67.2	65.2	74.2	74.8	74.9	75.5	74.9	77.6
12-49	18.4	17.0	16.0	22.0	19.4	20.6	17.7	16.4	16.2	17.1	16.4	12.1
50-99	6.1	5.8	6.5	8.3	7.5	8.1	4.8	5.9	6.4	7.0	4.3	5.3
100-299	3.1	3.4	3.4	6.0	5.1	5.3	3.2	2.5	2.0	0.4	*	*
300 or More	0.1	0.5[a]	0.5[a]	0.2	0.7	0.7	0.1	0.5	0.6[a]	*	0.3	0.3
Number of Days Used in Past Month among Past Month Users												
1-2	81.1	75.0	74.0[a]	63.6	74.6[a]	75.1[a]	77.8	76.8	76.3	*	*	*
3-5	13.3	14.6	15.2	21.9	9.8[b]	9.9[b]	17.4	15.3	15.9	*	*	*
6-19	3.9	8.9[a]	9.2[a]	11.5	13.4	12.8	2.8	6.2[a]	6.0[a]	*	*	*
20 or More	1.7	1.5	1.5	2.9	2.3	2.2	2.1	1.7	1.8	*	*	*

*Low precision; no estimate reported.

[a]Difference between estimate and 2002 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2002 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table B.6 Native Hawaiian (NH) and Other Pacific Islander (OPI) Respondents Aged 18 or Older: 2002 and 2003

	2002				2003			
	Unweighted		Weighted		Unweighted		Weighted	
Age	*n*	%	*n*	%	*n*	%	*n*	%
NH								
18+	61		144,415		67		140,171	
18-25	25	40.98%	18,296	12.67%	31	46.27%	19,229	13.72%
26-34	15	24.59%	44,960	31.13%	11	16.42%	36,362	25.94%
35-49	13	21.31%	53,081	36.76%	20	29.85%	48,640	34.70%
50+	8	13.11%	28,079	19.44%	5	7.46%	35,940	25.64%
OPI								
18+	129		587,033		101		274,735	
18-25	83	64.34%	151,238	25.76%	77	76.24%	139,834	50.90%
26-34	15	11.63%	63,498	10.82%	13	12.87%	51,502	18.75%
35-49	21	16.28%	128,071	21.82%	8	7.92%	29,056	10.58%
50+	10	7.75%	244,226	41.60%	3	2.97%	54,343	19.78%

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table B.7 Estimates of Key Measures for Native Hawaiians (NH) and Other Pacific Islanders (OPI) in 2002 and 2003

Measure	Age Group	2002			2003			2002 Versus 2003 (Based on ANALWT)		
		n	Un-weighted	Weighted	*n*	Un-weighted	Weighted	Difference of Mean	SE (Difference)	*P* value
Serious Mental Illness										
Past Year	**18+**	190	11.58%	5.44%	168	11.90%	12.42%	-6.99%	4.01%	0.11
	(18-25)	108	14.81%	14.27%	108	12.04%	17.58%	-3.31%	7.11%	0.65
	(26-34)	30	6.67%	4.31%	24	8.33%	12.25%	-7.95%	10.38%	0.46
	(35+)	52	7.69%	2.40%	36	13.89%	7.62%	-5.22%	4.15%	0.23
Any Illicit Drug										
Lifetime	**Overall**	273	54.21%	44.21%	252	53.17%	51.01%	-6.81%	8.37%	0.4318
	(12-17)	83	38.55%	36.10%	84	35.71%	35.85%	0.24%	10.94%	0.9825
	(18-25)	108	66.67%	65.12%	108	58.33%	51.72%	13.41%	8.42%	0.1373
	(26-34)	30	60.00%	72.96%	24	70.83%	72.30%	0.65%	15.26%	0.9666
	(35+)	52	50.00%	30.98%	36	66.67%	46.01%	-15.03%	14.67%	0.3258
Past Year	**Overall**	273	27.11%	17.02%	252	25.40%	18.53%	-1.51%	5.28%	0.7805
	(12-17)	83	26.51%	19.02%	84	25.00%	22.53%	-3.51%	8.28%	0.6788
	(18-25)	108	36.11%	35.08%	108	32.41%	31.40%	3.68%	8.84%	0.6847
	(26-34)	30	20.00%	18.02%	24	12.50%	15.02%	2.99%	13.87%	0.8327
	(35+)	52	13.46%	9.67%	36	13.89%	6.37%	3.30%	6.19%	0.6038
Past Month	**Overall**	273	12.45%	7.89%	252	15.08%	11.10%	-3.21%	3.63%	0.3938
	(12-17)	83	14.46%	11.02%	84	16.67%	14.63%	-3.61%	6.79%	0.6040
	(18-25)	108	12.04%	9.55%	108	18.52%	16.93%	-7.38%	6.17%	0.2552
	(26-34)	30	13.33%	14.94%	24	4.17%	11.14%	3.80%	13.81%	0.7877
	(35+)	52	9.62%	5.01%	36	8.33%	3.97%	1.04%	3.98%	0.7977
Marijuana										
Lifetime	**Overall**	273	45.05%	35.88%	252	46.83%	47.54%	-11.66%	8.18%	0.1797
	(12-17)	83	24.10%	17.63%	84	19.05%	17.22%	0.41%	7.77%	0.9590
	(18-25)	108	61.11%	62.68%	108	57.41%	50.55%	12.13%	8.42%	0.1754
	(26-34)	30	56.67%	71.97%	24	66.67%	70.97%	1.00%	15.34%	0.9493
	(35+)	52	38.46%	20.52%	36	66.67%	46.01%	-25.49%	13.94%	0.0925
Past Year	**Overall**	273	17.58%	9.36%	252	19.05%	12.95%	-3.59%	3.54%	0.3298
	(12-17)	83	15.66%	7.41%	84	14.29%	13.11%	-5.71%	6.73%	0.4132
	(18-25)	108	26.85%	28.40%	108	27.78%	26.07%	2.32%	8.65%	0.7930
	(26-34)	30	16.67%	17.03%	24	8.33%	3.89%	13.15%	9.37%	0.1859
	(35+)	52	1.92%	0.76%	36	11.11%	5.20%	-4.44%	3.16%	0.1856
Past Month	**Overall**	273	8.79%	4.42%	252	10.71%	7.28%	-2.87%	2.52%	0.2765
	(12-17)	83	9.64%	5.87%	84	9.52%	10.62%	-4.74%	6.39%	0.4725
	(18-25)	108	11.11%	8.79%	108	14.81%	13.23%	-4.44%	5.62%	0.4441
	(26-34)	30	13.33%	14.94%	24	0.00%	0.00%	14.94%	9.05%	0.1249
	(35+)	52	0.00%	0.00%	36	8.33%	3.97%	-3.97%	2.74%	0.1738
Cocaine										
Lifetime	**Overall**	273	12.45%	12.61%	252	12.70%	18.57%	-5.96%	5.83%	0.3266
	(12-17)	83	4.82%	1.80%	84	3.57%	10.18%	-8.38%	6.20%	0.2016
	(18-25)	108	11.11%	9.77%	108	11.11%	12.99%	-3.22%	5.59%	0.5758
	(26-34)	30	30.00%	35.25%	24	12.50%	17.75%	17.50%	16.65%	0.3139
	(35+)	52	17.31%	10.21%	36	38.89%	28.05%	-17.84%	11.39%	0.1431

Table B.7 Estimates of Key Measures for Native Hawaiians (NH) and Other Pacific Islanders (OPI) in 2002 and 2003 (continued)

Measure	Age Group	2002			2003			2002 Versus 2003 (Based on ANALWT)		
		n	Un-weighted	Weighted	*n*	Un-weighted	Weighted	Difference of Mean	SE (Difference)	*P* value
Cocaine (continued)										
Past Year	**Overall**	273	2.93%	2.39%	252	2.78%	4.25%	-1.86%	2.66%	0.4965
	(12-17)	83	3.61%	1.19%	84	2.38%	4.92%	-3.73%	4.52%	0.4252
	(18-25)	108	2.78%	3.48%	108	3.70%	4.63%	-1.15%	3.43%	0.7434
	(26-34)	30	6.67%	11.60%	24	4.17%	11.14%	0.46%	13.66%	0.9737
	(35+)	52	0.00%	0.00%	36	0.00%	0.00%	0.00%	0.00%	.
Past Month	**Overall**	273	1.10%	0.61%	252	1.19%	3.50%	-2.89%	2.26%	0.2250
	(12-17)	83	1.20%	0.21%	84	1.19%	4.55%	-4.34%	4.44%	0.3469
	(18-25)	108	0.93%	1.50%	108	0.93%	2.49%	-0.99%	2.86%	0.7349
	(26-34)	30	3.33%	2.10%	24	4.17%	11.14%	-9.04%	10.59%	0.4100
	(35+)	52	0.00%	0.00%	36	0.00%	0.00%	0.00%	0.00%	.
Any Hallucinogen										
Lifetime	**Overall**	273	13.19%	11.86%	252	14.29%	11.56%	0.30%	4.40%	0.9467
	(12-17)	83	8.43%	3.81%	84	4.76%	5.22%	-1.41%	4.88%	0.7777
	(18-25)	108	15.74%	15.86%	108	21.30%	23.55%	-7.68%	7.44%	0.3220
	(26-34)	30	16.67%	21.77%	24	12.50%	4.51%	17.26%	10.68%	0.1320
	(35+)	52	13.46%	9.45%	36	16.67%	6.75%	2.71%	6.40%	0.6800
Past Year	**Overall**	273	3.30%	1.12%	252	3.57%	3.18%	-2.06%	1.51%	0.1982
	(12-17)	83	4.82%	2.87%	84	3.57%	5.19%	-2.33%	4.82%	0.6375
	(18-25)	108	3.70%	2.66%	108	5.56%	7.36%	-4.70%	4.06%	0.2699
	(26-34)	30	3.33%	2.10%	24	0.00%	0.00%	2.10%	2.06%	0.3285
	(35+)	52	0.00%	0.00%	36	0.00%	0.00%	0.00%	0.00%	.
Past Month	**Overall**	273	0.00%	0.00%	252	0.79%	0.76%	-0.76%	0.70%	0.3025
	(12-17)	83	0.00%	0.00%	84	2.38%	4.92%	-4.92%	4.44%	0.2898
	(18-25)	108	0.00%	0.00%	108	0.00%	0.00%	0.00%	0.00%	.
	(26-34)	30	0.00%	0.00%	24	0.00%	0.00%	0.00%	0.00%	.
	(35+)	52	0.00%	0.00%	36	0.00%	0.00%	0.00%	0.00%	.
Driving Under Influence of Any Illicit Drugs										
Past Year	**Overall**	273	5.49%	3.10%	252	11.51%	9.67%	-6.57%	2.69%	0.0307*
	(12-17)	83	3.61%	1.46%	84	7.14%	7.62%	-6.16%	4.83%	0.2262
	(18-25)	108	7.41%	6.35%	108	18.52%	21.39%	-15.04%	6.43%	0.0375*
	(26-34)	30	10.00%	5.44%	24	4.17%	2.44%	3.00%	2.82%	0.3077
	(35+)	52	1.92%	1.61%	36	5.56%	3.28%	-1.67%	2.90%	0.5774

* Difference significant at the $p < 0.05$ level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Appendix C: Key Definitions, 2003

This appendix provides definitions for many of the measures and terms used in this report on the 2003 National Survey on Drug Use and Health (NSDUH). Where relevant, cross-references are included to direct readers to related terms. Specific question wording is provided for some terms where helpful, including "feeder questions" that precede the question(s) specifically associated with a given term.

Abuse

A respondent was defined with abuse of a substance if he or she met one or more of the four criteria for abuse included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 1994) and did not meet the definition for dependence for that substance. Additional criteria for alcohol and marijuana abuse are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on 6 or more days in that period. These questions have been included in the survey since 2000.

SEE: "Need for Illicit Drug or Alcohol Treatment" and "Prevalence."

Adult Education

SEE: "Education."

Age

Age of the respondent was defined as "age at time of interview." The interview program calculated the respondent's age from the date of birth and interview date. The interview program prompts the interviewer to confirm the respondent's age after it has been calculated.

Alcohol

Measures of use of alcohol in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last drank an alcoholic beverage?"

Feeder question: "The next questions are about alcoholic beverages, such as, beer, wine, brandy, and mixed drinks. Listed on the next screen are examples of the types of beverages we are interested in. Please review this list carefully before you answer these questions. These questions are about drinks of alcoholic beverages. Throughout these questions, by a "drink," we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink. Have you ever,

even once, had a drink of an alcoholic beverage? Please do not include times when you only had a sip or two from a drink."

SEE: "Binge Use of Alcohol," "Current Use," "Heavy Use of Alcohol," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

American Indian or Alaska Native

American Indian or Alaska Native only, not of Hispanic, Latino, or Spanish origin (including North American, Central American, or South American Indian); does not include respondents reporting two or more races. (Respondents reporting that they were American Indians or Alaska Natives and of Hispanic, Latino, or Spanish origin were classified as Hispanic.)

SEE: "Hispanic" and "Race/Ethnicity."

Any Illicit Drug

This includes marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or any prescription-type psychotherapeutic used nonmedically.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Any Illicit Drug Other Than Marijuana

This includes cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or any prescription-type psychotherapeutic used nonmedically. This measure includes marijuana users who used any of the above drugs in addition to using marijuana, as well as users of those drugs who have not used marijuana.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Any Use of Tobacco

This indicates use of any tobacco product: cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. Any tobacco use in the past year includes past month pipe tobacco use. Any tobacco use in the past year does not include use of pipe tobacco more than 30 days ago but within 12 months of the interview because the survey did not capture this information. Use of specialty cigarettes (i.e., bidis, clove cigarettes) is not included in any of the tobacco use measures.

SEE: "Specialty Cigarettes."

Asian

Asian only, not of Hispanic, Latino, or Spanish origin; does not include respondents reporting two or more races. (Respondents reporting that they were Asian and of Hispanic, Latino, or Spanish origin were classified as Hispanic.) Specific Asian groups that were asked about were Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and "Other Asian."

SEE: "Hispanic" and "Race/Ethnicity."

Binge Use of Alcohol

Binge use of alcohol was defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

Feeder question: "How long has it been since you last drank an alcoholic beverage?"

SEE: "Alcohol" and "Heavy Use of Alcohol."

Black

Black/African American only, not of Hispanic, Latino, or Spanish origin; does not include respondents reporting two or more races. (Respondents reporting that they were black or African American and of Hispanic, Latino, or Spanish origin were classified as Hispanic.)

SEE: "Hispanic" and "Race/Ethnicity."

Cash Assistance

Cash assistance was defined as receipt of direct monetary payments due to low income, such as Temporary Assistance for Needy Families (TANF), welfare, or other public assistance.

NOTE: For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Welfare Assistance."

Cigarettes

Measures of use of cigarettes (not including specialty cigarettes such as bidis or clove cigarettes) in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigarette use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including

today. During the past 30 days, have you smoked part or all of a cigarette?" and "How long has it been since you last smoked part or all of a cigarette?"

Feeder question: "These questions are about tobacco products. This includes cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. The first questions are about cigarettes only. Have you ever smoked part or all of a cigarette?"

SEE: "Cigars," "Current Use," "Lifetime Use," "Nicotine (Cigarette) Dependence," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," "Smokeless Tobacco Use," and "Specialty Cigarettes."

Cigars

Measures of use of cigars (including cigarillos and little cigars) in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigar use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?" and "How long has it been since you last smoked part or all of any type of cigar?"

Feeder question: "These next questions are about smoking cigars. By cigars we mean any kind, including big cigars, cigarillos, and even little cigars that look like cigarettes. Have you ever smoked part or all of any type of cigar?"

SEE: "Cigarettes," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Smokeless Tobacco Use."

Cocaine

Measures of use of cocaine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any form of cocaine?"

Feeder question: "These questions are about cocaine, including all the different forms of cocaine such as powder, crack, free base, and coca paste. Have you ever, even once, used any form of cocaine?"

SEE: "Crack," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

College Enrollment Status

Respondents aged 18 to 22 were classified as full-time undergraduate students or as some other status (including part-time students, students in other grades, or nonstudents). Respondents were classified as full-time students if they reported that they were attending (or will be attending) their first through fourth year of college or university and that they were (or will be) a full-time student. Respondents whose current enrollment status was unknown were excluded from the analysis.

County Type

Counties were grouped based on the "Rural/Urban Continuum Codes" developed by the U.S. Department of Agriculture (1998). Each county is in either a metropolitan statistical area (MSA) or outside of an MSA (also see Butler & Beale, 1994). Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population fewer than 1 million. Nonmetropolitan areas are outside of MSAs and include urbanized counties with a population of 20,000 or more in urbanized areas, less urbanized counties with a population of at least 2,500 but fewer than 20,000 in urbanized areas, and completely rural counties with a population of fewer than 2,500 in urbanized areas.

Crack

Measures of use of crack cocaine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *crack*?"

Feeder questions: "These questions are about cocaine, including all the different forms of cocaine such as powder, *crack*, free base, and coca paste. Have you ever, even once, used any form of cocaine?"

"The next questions are about crack in rock or chunk form, and not the other forms of cocaine. Have you ever, even once, used *crack*?"

SEE: "Cocaine," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Current Use

Any reported use of a specific drug in the past 30 days.

SEE: "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Delinquent Behavior

Youths aged 12 to 17 were asked a series of six questions: "During the past 12 months, how many times have you . . . stolen or tried to steal anything worth more than $50?" "sold illegal drugs?" "attacked someone with the intent to seriously hurt them?" "gotten into a serious fight at school or work?" "took part in a fight where a group of your friends fought against another group?" and "carried a handgun?"

SEE: "Gang Fighting," "Prevalence," and "Stealing."

Dependence

A respondent was defined with dependence on illicit drugs or alcohol if he or she met three out of seven dependence criteria (for substances that included questions to measure a withdrawal criterion) or three out of six criteria (for substances that did not include withdrawal questions) for that substance, based on criteria included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994). Additional criteria for alcohol and marijuana dependence since 2000 are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on 6 or more days in that period. This definition did not apply to Nicotine (Cigarette) Dependence. See Section B.4.3 of Appendix B for additional details.

SEE: "Need for Alcohol Treatment," "Need for Illicit Drug or Alcohol Treatment," "Need for Illicit Drug Treatment," "Nicotine (Cigarette) Dependence," and "Prevalence."

Driving Under the Influence

Respondents were asked whether in the past 12 months they had driven a vehicle while under the influence of alcohol and illegal drugs used together, alcohol only, or illegal drugs only.

SEE: "Prevalence."

Ecstasy

Measures of use of Ecstasy or MDMA (methylenedioxy-n-methylamphetamine) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *Ecstasy*, also known as MDMA?"

SEE: "Current Use," "Hallucinogens," "Lifetime Use," "LSD," "Past Month Use," "Past Year Use," "PCP," "Prevalence," and "Recency of Use."

Education

This is the measure of educational attainment among respondents who are aged 18 or older. It is based on respondents' reports of their highest grade or year of school that they completed. Response alternatives were presented in terms of single years of education, ranging from 0 if respondents never attended school to 17 if respondents completed 5 or more years at the college or university level. Respondents were classified into four categories based on their answers: less than high school, high school graduate, some college, and college graduate. Persons who completed postgraduate work were classified as college graduates.

Employment

Respondents were asked to report whether they worked in the week prior to the interview, and if not, whether they had a job despite not working in the past week. Respondents who worked in the past week or who reported having a job despite not working were asked whether they usually work 35 or more hours per week. Respondents who did not work in the past week but had a job were asked to look at a card that described why they did not work in the past week despite having a job. Respondents who did not have a job in the past week were asked to look at a different card that described why they did not have a job in the past week.

Full-time "Full-time" in the tables includes respondents who usually work 35 or more hours per week and who worked in the past week or had a job despite not working in the past week.

Part-time "Part-time" in the tables includes respondents who usually do not work 35 or more hours per week and who worked in the past week or had a job despite not working in the past week.

Unemployed "Unemployed" in the tables refers to respondents who did not have a job, were on layoff, and were looking for work. For consistency with the Current Population Survey definition of unemployment, respondents who reported that they did not have a job but were looking for work needed to report making specific efforts to find work in the past 30 days.

Other "Other" includes all other responses, including being a student, someone who is keeping house or caring for children full time, retired, disabled, or other miscellaneous work statuses. Respondents who reported that they did not have a job, were on

layoff, and were not looking for work were classified as not being in the labor force. Similarly, respondents who reported not having a job and looking for work also were classified as not being in the labor force if they did not report making specific efforts to find work in the past 30 days.

Ethnicity

SEE: "Race/Ethnicity."

Ever Use

SEE: "Lifetime Use."

Exposure to Drug Education and Prevention

Adolescents were asked: "Please indicate if you have had any of these alcohol or drug education classes or experiences in school during the past 12 months . . .
Have you had a special class about drugs or alcohol in school?
Have you had films, lectures, discussions, or printed information about drugs or alcohol in one of your regular classes, such as health or physical education?
Have you had films, lectures, discussions, or printed information about drugs or alcohol outside of one of your regular classes, such as in a special assembly?"

(Youths who reported that they were home schooled in the past 12 months also were asked these questions. Youths who reported that they were home schooled were previously instructed to think about their home schooling as "school.")

Youths also were asked: "During the past 12 months, have you seen or heard any alcohol or drug prevention messages from sources outside school, such as in posters, pamphlets, and radio or TV ads?"

Family Income

Family income was ascertained by asking respondents: "Of these income groups, which category best represents (your/SAMPLE MEMBER's) total combined family income during [the previous calendar year]? (Income data are important in analyzing the health information we collect. For example, the information helps us to learn whether persons in one income group use certain types of medical care services or have conditions more or less often than those in another group.)"

NOTE: For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member

identified as being better able to give the correct information about insurance and income.

Food Stamps

Food stamps are government-issued coupons that can be used to purchase food. Instead of coupons, some States issue a special card that can be used like a credit card to purchase food in grocery stores.

NOTE: For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Welfare Assistance."

Gang Fighting

Youths aged 12 to 17 were asked how many times during the past 12 months they had taken part in a fight where a group of their friends fought against another group. Response alternatives were (1) 0 times, (2) 1 or 2 times, (3) 3 to 5 times, (4) 6 to 9 times, or (5) 10 or more times.

SEE: "Delinquent Behavior" and "Stealing."

Geographic Division

Data are presented for nine geographic divisions within the four geographic regions. Within the ***Northeast Region*** are the *New England Division* (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont) and the *Middle Atlantic Division* (New Jersey, New York, Pennsylvania). Within the ***Midwest Region*** are the *East North Central Division* (Illinois, Indiana, Michigan, Ohio, Wisconsin) and the *West North Central Division* (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota). Within the ***South Region*** are the *South Atlantic Division* (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia), the *East South Central Division* (Alabama, Kentucky, Mississippi, Tennessee), and the *West South Central Division* (Arkansas, Louisiana, Oklahoma, Texas). Within the ***West Region*** are the *Mountain Division* (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming) and the *Pacific Division* (Alaska, California, Hawaii, Oregon, Washington)

SEE: "Region."

Hallucinogens

Measures of use of hallucinogens in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any hallucinogen?"

Feeder questions: "The next questions are about substances called hallucinogens. These drugs often cause people to see or experience things that are not real... Have you ever, even once, used LSD, also called *acid*? Have you ever, even once, used PCP, also called *angel dus*t or phencyclidine? Have you ever, even once, used peyote? Have you ever, even once, used mescaline? Have you ever, even once, used psilocybin, found in mushrooms? Have you ever, even once, used *Ecstasy*, also known as MDMA? Have you ever, even once used any other hallucinogen besides the ones that have been listed?"

SEE: "Current Use," "Ecstasy," "Lifetime Use," "LSD," "Past Month Use," "Past Year Use," "PCP," "Prevalence," and "Recency of Use."

Health Insurance Status

A series of questions was asked to identify whether respondents were currently covered by Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), military health care (such as TRICARE or CHAMPUS), private health insurance, or any kind of health insurance (if respondents reported not being covered by any of the above). If respondents did not currently have health insurance coverage, questions were asked to determine the length of time they were without coverage and the reasons for not being covered.

NOTE: For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

Heavy Use of Alcohol

Heavy use of alcohol was defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on 5 or more days in the past 30 days. Heavy alcohol users also were defined as binge users of alcohol.

Feeder question: "How long has it been since you last drank an alcoholic beverage?"

SEE: "Alcohol" and "Binge Use of Alcohol."

Heroin

Measures of use of heroin in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used heroin?"

Feeder question: "These next questions are about heroin. Have you ever, even once, used heroin?"

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Hispanic

"Hispanic" was defined as anyone of Hispanic, Latino, or Spanish origin. Respondents were classified as Hispanic in the race/ethnicity measure regardless of race.

SEE: "American Indian or Alaska Native," "Asian," "Black," "Race/Ethnicity," "Two or More Races," and "White."

Illicit Drugs

Illicit drugs include marijuana, cocaine, inhalants, hallucinogens (including LSD, PCP, or Ecstasy), heroin, or nonmedical use of psychotherapeutics, which include stimulants, sedatives, tranquilizers, and pain relievers. Illicit drug use refers to use of any of these drugs.

SEE: "Current Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Incidence

Substance use incidence refers to use of a substance for the first time (new use). Incidence estimates are based on questions about age at first use of substances, year and month of first use for recent initiates, the respondent's date of birth, and the interview date. For respondents who are immigrants, their dates of entry into the United States also are considered. Incidents of first use are classified by year of occurrence and a person's age at the date of first use. Immigrants who first used a substance prior to moving to the United States are excluded from this analysis.

Income

SEE: "Family Income."

Inhalants

Measures of use of inhalants in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any inhalant for kicks or to get high?"

Feeder questions: "These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good... Have you ever, even once, inhaled [INHALANT NAME] for kicks or to get high?" Respondents were asked about the following inhalants: (a) amyl nitrite, "poppers," locker room odorizers, or "rush"; (b) correction fluid, degreaser, or cleaning fluid; (c) gasoline or lighter fluid; (d) glue, shoe polish, or toluene; (e) halothane, ether, or other anesthetics; (f) lacquer thinner or other paint solvents; (g) lighter gases, such as butane or propane; (h) nitrous oxide or whippets; (i) spray paints; (j) some other aerosol spray; and (k) any other inhalants besides the ones that have been listed.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Large Metro

SEE: "County Type."

Lifetime Use

This indicates use of a specific drug at least once in the respondent's lifetime. This measure includes respondents who also reported last using the drug in the past 30 days or past 12 months.

SEE: "Current Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Low Precision

Prevalence estimates based on only a few respondents or with relatively large standard errors were not shown in the tables, but have been replaced with an asterisk (*) and noted as "low precision." These estimates have been omitted because one cannot place a high degree of confidence in their accuracy. See Table B.1 in Appendix B for a complete list of the rules used to determine low precision.

LSD

Measures of use of lysergic acid diethylamide (LSD) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used LSD?"

SEE: "Current Use," "Ecstasy," "Hallucinogens," "Lifetime Use," "Past Month Use," "Past Year Use," "PCP," "Prevalence," and "Recency of Use."

Marijuana

Measures of use of marijuana in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used marijuana or hashish?"

Feeder question: "The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked—either in cigarettes called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called *hash*. It is usually smoked in a pipe. Another form of hashish is hash oil. Have you ever, even once, used marijuana or hash?"

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Mental Health Treatment

SEE: "Treatment for Mental Health Problems."

Methamphetamine

Measures of use of methamphetamine (also known as crank, crystal, ice, or speed), Desoxyn, or Methedrine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used methamphetamine, Desoxyn, or Methedrine?"

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Stimulants."

Midwest Region

The States included are those in the East North Central Division—Illinois, Indiana, Michigan, Ohio and Wisconsin—and the West North Central Division—Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota.

SEE: "Geographic Division" and "Region."

Native Hawaiian or Other Pacific Islander

Native Hawaiian or Other Pacific Islander, not of Hispanic, Latino, or Spanish origin; does not include respondents reporting two or more races. (Respondents reporting that they were Native Hawaiian or Other Pacific Islander and of Hispanic, Latino, or Spanish origin were classified as Hispanic.)

SEE: "Hispanic" and "Race/Ethnicity."

Need for Alcohol Treatment

Respondents were classified as needing treatment for an alcohol problem if they met at least one of three criteria during the past year: (1) dependence on alcohol; (2) abuse of alcohol; or (3)

received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

SEE: "Abuse," "Dependence," "Prevalence," "Specialty Substance Use Treatment Facility," and "Treatment for a Substance Use Problem."

Need for Illicit Drug or Alcohol Treatment

Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependence on any illicit drug or alcohol; (2) abuse of any illicit drug or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

SEE: "Abuse," "Dependence," "Prevalence," "Specialty Substance Use Treatment Facility," and "Treatment for a Substance Use Problem."

Need for Illicit Drug Treatment

Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

SEE: "Abuse," "Dependence," "Prevalence," "Specialty Substance Use Treatment Facility," and "Treatment for a Substance Use Problem."

Nicotine (Cigarette) Dependence

A respondent was defined with nicotine (cigarette) dependence if he or she met either the dependence criteria derived from the Nicotine Dependence Syndrome Scale (NDSS) or the Fagerstrom Test of Nicotine Dependence (FTND). See Section B.4.2 of Appendix B for additional details.

SEE: "Cigarettes," "Dependence," "Prevalence," and "Specialty Cigarettes."

Noncash Assistance

Noncash assistance refers to assistance due to low income but not in the form of direct monetary payments, such as help getting a

job, placement in an education or job training program, or help with transportation, child care, or housing.

NOTE: For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Welfare Assistance."

Nonmedical Use of Any Psychotherapeutic

This section of the interview instrument deals with nonmedical use of four classes of psychotherapeutics: pain relievers, sedatives, stimulants, and tranquilizers.

Measures of use of nonmedical psychotherapeutic agents in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription [pain reliever, sedative, stimulant, or tranquilizer] that was not prescribed for you or that you took only for the experience or feeling it caused?"

Feeder question: "Now we have some questions about drugs that people are supposed to take only if they have a prescription from a doctor. We are only interested in your use of a drug if the drug was not prescribed for you, or if you took the drug only for the experience or feeling it caused."

NOTE: The pill card contains pictures and names of specific drugs within each psychotherapeutic category. For example, pictures and the names of Valium®, Librium®, and other tranquilizers are shown when the section on tranquilizers is introduced.

SEE: "Current Use," "Lifetime Use," "Pain Relievers," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedatives," "Stimulants," and "Tranquilizers."

Nonmetro

SEE: "County Type."

Northeast Region

The States included are those in the New England Division—Connecticut, Maine, Massachusetts, New Hampshire, Rhode

Island, Vermont—and the Middle Atlantic Division—New Jersey, New York, Pennsylvania.

SEE: "Geographic Division" and "Region."

Pain Relievers

Measures of use of pain relievers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription pain reliever that was not prescribed for you, or that you took only for the experience or feeling it caused?"

Feeder question: "These questions are about the use of pain relievers. We are not interested in your use of *over-the-counter* pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription. Card A shows pictures of some different types of pain relievers and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription pain relievers that were not prescribed for you or that you took only for the experience or feeling they caused."

The following prescription pain relievers were listed on Pill Card A (Pain Relievers): (1) Darvocet®, Darvon®, or Tylenol® with Codeine; (2) Percocet®, Percodan®, or Tylox®; (3) Vicodin®, Lortab®, or Lorcet®/Lorcet Plus®; (4) Codeine; (5) Demerol®; (6) Dilaudid®; (7) Fioricet®; (8) Fiorinal®; (9) Hydrocodone; (10) Methadone; (11) Morphine; (12) Oxycontin®; (13) Phenaphen® with Codeine; (14) Propoxyphene; (15) SK-65®; (16) Stadol® (no picture); (17) Talacen®; (18) Talwin®; (19) Talwin NX®; (20) Tramadol (no picture); and (21) Ultram®.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use of Any Psychotherapeutic," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedatives," "Stimulants," and "Tranquilizers."

Past Month Use

This measure indicates use of a specific drug in the 30 days prior to the interview. Respondents who indicated past month use of a specific drug also were classified as lifetime and past year users.

SEE: "Current Use," "Lifetime Use," "Past Year Use," "Prevalence," and "Recency of Use."

Past Year Use

This measure indicates use of a specific drug in the 12 months prior to the interview. This definition includes those respondents

who last used the drug in the 30 days prior to the interview. Respondents who indicated past year use of a specific drug also were classified as lifetime users.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Prevalence," and "Recency of Use."

PCP

Measures of use of phencyclidine (PCP) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used PCP?"

SEE: "Current Use," "Ecstasy," "Hallucinogens," "Lifetime Use," "LSD," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Perceived Help from Treatment for Mental Health Problems

Respondents who reported they took prescription medication to prevent another manic episode from occurring, saw a doctor or mental health professional for any problem with their emotions, nerves, or mental health, or received treatment for mental health problems in the past year, were asked the following question: "You mentioned earlier in the interview that you saw a professional or received prescription medications for your emotional problems in the past 12 months. How much did the counseling or medicine improve your ability to manage daily activities like those asked about in the previous questions?" Response alternatives were (1) none, (2) a little, (3) some, (4) a lot, and (5) a great deal.

SEE: "Prevalence" and "Treatment for Mental Health Problems."

Perceived Need for Alcohol Treatment

Respondents were classified as perceiving a need for alcohol treatment if they reported feeling a need for alcohol treatment when asked "During the past 12 months, did you need treatment or counseling for your alcohol use?" or if they indicated feeling a need for additional treatment specifically for alcohol when asked "During the past 12 months, for which of the following drugs did you need additional treatment or counseling?"

SEE: "Prevalence" and "Treatment for a Substance Use Problem."

Perceived Need for Illicit Drug Treatment

Respondents were classified as perceiving a need for illicit drug treatment if they reported feeling a need for treatment for one or more drugs when asked specifically about each individual drug as "During the past 12 months, did you need treatment or counseling for your use of (drug)?" or if they indicated feeling a need for additional treatment specifically for one or more drugs when asked "During the past 12 months, for which of the following drugs did you need additional treatment or counseling?" The response list of drugs included marijuana/hashish, cocaine or crack, heroin, hallucinogens, inhalants, pain relievers, tranquilizers, stimulants, sedatives, or some other drug.

SEE: "Prevalence" and "Treatment for a Substance Use Problem."

Perceived Need for Illicit Drug or Alcohol Treatment

Respondents were classified as perceiving a need for illicit drug or alcohol treatment if they were classified as either perceiving a need for illicit drug treatment or perceiving a need for alcohol treatment.

SEE: "Perceived Need for Alcohol Treatment" and "Perceived Need for Illicit Drug Treatment."

Perceived Risk/ Harmfulness

Respondents were asked to assess the extent to which people risk harming themselves physically and in other ways when they use various illicit drugs, alcohol, and cigarettes, with various levels of frequency. Response alternatives were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk.

Percentages

In this report, all of the 2003 tables contain percentages based on weighted data.

SEE: "Rounding."

Pill Cards

The pill cards contain pictures and names of specific drugs within each psychotherapeutic category. For example, pictures and the names of Valium®, Librium®, and other tranquilizers are shown when the questionnaire section on tranquilizers is introduced. Pill cards have been modified over the years to reflect changes in available psychotherapeutic drugs.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use Any Psychotherapeutic," "Pain Relievers," "Past Month Use,"

"Past Year Use," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedatives," "Stimulants," and "Tranquilizers."

Prevalence

General term used to describe the estimates for lifetime, past year, and past month substance use, dependence or abuse, or other behaviors of interest within a given period (e.g., the past 12 months). The latter include delinquent behavior, driving under the influence of alcohol or drugs, treatment for mental health problems, need for alcohol or illicit drug treatment, perceived help from treatment for mental health problems, perceived need for treatment, serious mental illness, treatment for a substance use problem, and unmet need for treatment for mental health problems.

SEE: "Abuse," "Current Use," "Delinquent Behavior," "Dependence," "Driving Under the Influence," "Need for Illicit Drug or Alcohol Treatment," "Nicotine (Cigarette) Dependence," "Perceived Help from Treatment for Mental Health Problems," "Perceived Need for Alcohol Treatment," "Perceived Need for Illicit Drug Treatment," "Recency of Use," "Serious Mental Illness," "Specialty Cigarettes," "Treatment for Mental Health Problems," "Treatment for a Substance Use Problem," and "Unmet Need for Treatment for Mental Health Problems."

Psychotherapeutic Drugs

Psychotherapeutic drugs are generally prescription medications that also can be used illicitly to "get high" or for other effects. These include pain relievers, sedatives, stimulants, and tranquilizers.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use of Any Psychotherapeutic," "Pain Relievers," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Recency of Use," "Sedatives," "Stimulants," and "Tranquilizers."

Race/Ethnicity

Race/ethnicity is used to refer to the respondent's self-classification as to racial and ethnic origin and identification. For Hispanic origin, respondents were asked, "Are you of Hispanic, Latino, or Spanish origin or descent?" For race, respondents were asked, "Which of these groups best describes you?" Response alternatives were (1) white, (2) black/African American, (3) American Indian or Alaska Native, (4) Native Hawaiian, (5) Other Pacific Islander, (6) Asian, and (7) Other. Categories for race/ethnicity included Hispanic; non-Hispanic groups where respondents indicated only one race (white, black, American Indian or Alaska Native, Native

Hawaiian or Other Pacific Islander, Asian); and non-Hispanic groups where respondents reported two or more races.

SEE: "American Indian or Alaska Native," "Asian," "Black," "Hispanic," "Native Hawaiian or Other Pacific Islander," "Two or More Races," and "White."

Recency of Use

The recency question for each drug was the source for the lifetime, past year, and past month prevalence rates.

The question was essentially the same for all classes of drugs. The question was: "How long has it been since you last used [drug name]?" For the four classes of psychotherapeutics, the phrase "that was not prescribed for you or only for the experience or feeling it caused" was added after the name of the drug.

For tobacco products (cigarettes, snuff, chewing tobacco, or cigars), the response alternatives were (1) within the past 30 days; (2) more than 30 days ago but within the past 12 months; (3) more than 12 months ago but within the past 3 years; and (4) more than 3 years ago. For the remaining drugs, the response alternatives were (1) within the past 30 days; (2) more than 30 days ago but within the past 12 months; and (3) more than 12 months ago.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," and "Prevalence."

Region

There were four regions to consider: Northeast, Midwest, South, and West. These regions are based on classifications developed by the U.S. Bureau of the Census.

SEE: "Geographic Division," "Midwest Region," "Northeast Region," "South Region," and "West Region."

Rounding

The decision rules for the rounding of percentages were as follows. If the second number to the right of the decimal point was greater than or equal to 5, the first number to the right of the decimal point was rounded up to the next higher number. If the second number to the right of the decimal point was less than 5, the first number to the right of the decimal point remained the same. Thus, a prevalence rate of 16.55 percent would be rounded to 16.6 percent, while a rate of 16.44 percent would be rounded to 16.4 percent. Although the percentages in the 2003 tables generally total 100 percent, the use of rounding sometimes produces a total of slightly less than or more than 100 percent.

SEE: "Percentages."

Sedatives

Measures of use of sedatives in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?"

Feeder question: "These next questions ask about the use of sedatives or barbiturates. These drugs are also called *downers* or *sleeping pills*. People take these drugs to help them relax or to help them sleep. We are not interested in the use of *over-the-counter* sedatives such as Sominex, Unisom, Nytol, or Benadryl that can be bought in drug stores or grocery stores without a doctor's prescription. Card D shows pictures of different kinds of prescription sedatives and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription sedatives that were not prescribed for you or that you took only for the experience or feeling they caused."

The following prescription sedatives were listed on Pill Card D (Sedatives): (1) Methaqualone (includes Sopor®, Quaalude®) (no picture); (2) Nembutal®, Pentobarbital (no picture), Seconal®, Secobarbital (no picture), or Butalbital (no picture); (3) Restoril® or Temazepam; (4) Amytal®; (5) Butisol®; (6) Chloral Hydrate (no picture); (7) Dalmane®; (8) Halcion®; (9) Phenobarbital; (10) Placidyl®; and (11) Tuinal®.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use of Any Psychotherapeutic," "Pain Relievers," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Stimulants," and "Tranquilizers."

Serious Mental Illness

Serious mental illness (SMI) is defined as having at some time during the past 12 months a diagnosable mental, behavioral, or emotional disorder that met the criteria for a DSM-IV (APA, 1994) disorder, and that resulted in functional impairment that substantially interfered with or limited one or more major life activities. The questions that measured SMI in the 2003 NSDUH consisted of a short scale of six questions that asked respondents how often they experienced symptoms of psychological distress during the 1 month in the past 12 months when they were at their worst emotionally. See Section B.4.5 in Appendix B for additional details.

SEE: "Prevalence."

Significance

In tables in which trends are shown, the levels of significance for the changes between the two most recent survey years are noted as follows: 0.05 and 0.01. A significance level of 0.05 is used in comparing two rates in the text for demographic subgroups of the most recent survey sample.

Small Metro

SEE: "County Type."

Smokeless Tobacco Use

Measures of use of smokeless tobacco in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about snuff and chewing tobacco use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you used snuff, even once?" "How long has it been since you last used snuff?" "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you used chewing tobacco, even once?" and "How long has it been since you last used chewing tobacco?"

Feeder questions: "These next questions are about your use of snuff, sometimes called dip... Have you ever used snuff, even once?" and "These next questions are only about chewing tobacco... Have you ever used chewing tobacco, even once?"

SEE: "Cigarettes," "Cigars," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

South Region

The States included are those in the South Atlantic Division—Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia; the East South Central Division—Alabama, Kentucky, Mississippi, and Tennessee; and the West South Central Division—Arkansas, Louisiana, Texas, and Oklahoma.

SEE: "Geographic Division" and "Region."

Specialty Cigarettes

This section of the interview deals with use of the following types of specialty cigarettes: (a) bidis (or "beedies"), which are small, brown cigarettes from India consisting of tobacco wrapped in a leaf and tied with a thread; and (b) clove cigarettes, which are cigarettes containing tobacco and clove flavoring.

SEE: "Cigarette (Nicotine) Dependence," "Cigarettes," and "Prevalence."

Specialty Substance Use Treatment Facility

Defined as drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers.

SEE: "Need for Illicit Drug or Alcohol Treatment" and "Treatment for a Substance Use Problem."

Stealing

Respondents were asked how many times during the past 12 months they had stolen or tried to steal anything worth more than $50. Response alternatives were (1) 0 times, (2) 1 or 2 times, (3) 3 to 5 times, (4) 6 to 9 times, or (5) 10 or more times.

SEE: "Delinquent Behavior" and "Gang Fighting."

Stimulants

Measures of use of stimulants in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription stimulant that was not prescribed for you or that you took only for the experience or feeling it caused?"

Feeder question: "These next questions are about the use of drugs such as amphetamines that are known as stimulants, *upper*s, or *speed*. People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of *over-the-counter* stimulants such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor's prescription. Card C shows pictures of some different kinds of prescription stimulants and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription stimulants that were not prescribed for you or that you took only for the experience or feeling it caused."

The following prescription stimulants were listed on Pill Card C (Stimulants): (1) Methamphetamine (crank, crystal, ice, or speed) (no picture), Desoxyn®, or Methedrine (no picture); (2) Amphetamines (no picture), Benzedrine®, Biphetamine®, Fastin®, or Phentermine; (3) Ritalin® or Methylphenidate; (4) Cylert®; (5) Dexedrine®; (6) Dextroamphetamine (no picture); (7) Didrexv; (8) Eskatrolv; (9) Ionamin®; (10); Mazanor®; (11) Obedrin-LAv (no picture); (12) Plegine®; (13) Preludin®; (14) Sanorex®; and (15) Tenuate®.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use of Any Psychotherapeutic," "Pain Relievers," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedatives," and "Tranquilizers."

Substance Abuse Treatment

SEE: "Treatment for a Substance Use Problem."

Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a governmental program that makes assistance payments to low-income, aged, blind, and disabled persons.

NOTE: For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Welfare Assistance."

Tobacco

SEE: "Any Use of Tobacco," "Cigarettes," "Cigars," and "Smokeless Tobacco Use."

Total Family Income

SEE: "Family Income."

Tranquilizers

Measures of use of tranquilizers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused?"

Feeder question: "These next questions ask about the use of tranquilizers. Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers *nerve pills*. Card B shows pictures of some different kinds of prescription tranquilizers. These pictures show only pills, but we are interested in your use of any form of prescription tranquilizers that were not prescribed for you, or that you took only for the experience or feeling they caused."

The following prescription tranquilizers were listed on Pill Card B (Tranquilizers): (1) Klonopin® or Clonazepam; (2) Xanax®,

Alprazolam, Ativan®, or Lorazepam; (3) Valium® or Diazepam; (4) Atarax®; (5) BuSpar®; (6) Equanil®; (7) Flexeril®; (8) Librium®; (9) Limbitrol®; (10) Meprobamate; (11) Miltown®; (12) Rohypnol®; (13) Serax®; (14) Soma®; (15) Tranxene®; and (16) Vistaril®.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use of Any Psychotherapeutic," "Pain Relievers," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedatives," and "Stimulants."

Treatment for Mental Health Problems

For adults, treatment for mental health problems is defined as treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months prior to the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of a mental or emotional condition. For youths aged 12 to 17, treatment for mental health problems is defined as receiving treatment or counseling for emotional or behavioral problems from specific mental health or other health professionals in school, home, outpatient, or inpatient settings within the 12 months prior to the interview. Treatment for only a substance abuse problem is not included for adults or youths.

SEE: "Perceived Help from Treatment for Mental Health Problems," "Prevalence," and "Unmet Need for Treatment for Mental Health Problems."

Treatment for a Substance Use Problem

Respondents were asked if they had received treatment for illicit drug use, alcohol use, or both illicit drug and alcohol use in the past 12 months in any of the following locations: a hospital overnight as an inpatient, a residential drug or alcohol rehabilitation facility where you stayed overnight, a drug or alcohol rehabilitation facility as an outpatient, a mental health facility as an outpatient, an emergency room, a private doctor's office, prison or jail, a self-help group, or some other place.

SEE: "Alcohol," "Illicit Drugs," "Need for Illicit Drug or Alcohol Treatment," "Prevalence," and "Specialty Substance Use Treatment Facility."

Two or More Races

Respondents were asked to report which racial group describes them. Response alternatives were (1) white, (2) black/African American, (3) American Indian or Alaska Native, (4) Native

Hawaiian, (5) Other Pacific Islander, (6) Asian, and (7) Other. Respondents were allowed to choose more than one of these groups. Persons who chose both the "Native Hawaiian" and "Other Pacific Islander" categories (and no additional categories) were classified in a single category: Native Hawaiian or Other Pacific Islander. Otherwise, persons reporting two or more of the above groups and that they were not of Hispanic, Latino, or Spanish origin were included in this "Two or More Races" category. This category does not include respondents who reported more than one Asian subgroup but who reported "Asian" as their only race. Respondents reporting two or more races and reporting that they were of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic" and "Race/Ethnicity."

Unmet Need for Treatment for Mental Health Problems

Unmet need for treatment for mental health problems is defined as a perceived need for treatment for mental health problems that was not received in the past 12 months. This measure also includes persons who received some treatment for mental health problems in the past 12 months but also reported that they perceived a need for treatment that they did not receive. Unmet need among those who received treatment may be interpreted as delayed or insufficient treatment in the past 12 months.

Feeder question: "During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?"

SEE: "Prevalence" and "Treatment for Mental Health Problems."

Welfare Assistance

Household participation in one or more government assistance programs during the prior calendar year was defined as one or more family members receiving Supplemental Security Income (SSI), food stamps, cash, or noncash assistance. SSI provides payments to low-income, aged, blind, and disabled persons. Food stamps are government-issued coupons used to purchase food. Cash assistance refers to cash payments through Temporary Assistance for Needy Families (TANF), welfare, or other public assistance. Noncash assistance refers to services such as help getting a job, placement in an education or job-training program, or help with transportation, child care, or housing.

NOTE: For youths and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Cash Assistance," "Food Stamps," "Noncash Assistance," and "Supplemental Security Income (SSI)."

West Region

The States included are those in the Mountain Division—Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming; and the Pacific Division—Alaska, California, Hawaii, Oregon, and Washington.

SEE: "Geographic Division" and "Region."

White

White, not of Hispanic, Spanish, or Latino origin; does not include respondents reporting two or more races. (Respondents reporting that they were white and of Hispanic, Latino, or Spanish origin were classified as Hispanic.)

SEE: "Hispanic" and "Race/Ethnicity."

Appendix D: Other Sources of Data

A variety of other surveys and data systems collect data on substance use and mental illness. It is useful to consider the results of these other studies when discussing the National Survey on Drug Use and Health (NSDUH) data. In doing this, it is important to understand the methodological differences between the different surveys and the impact that these differences could have on estimates of the presence of substance use and mental illness. This appendix briefly describes several of these other data systems and where possible presents comparisons between NSDUH results and results from the other surveys for 2002 and 2003 or other recent time periods. For some comparisons, NSDUH estimates were generated to be consistent with the data collection periods or groups surveyed in other studies.

In-depth comparisons of the methodologies of the three major federally sponsored national surveys of youth substance use have been done. In 1997, a comparison between the National Household Survey on Drug Abuse[1] (NHSDA) and Monitoring the Future (MTF) was published (Gfroerer, Wright, & Kopstein, 1997). In 2000, a series of papers comparing different aspects of the NHSDA, MTF, and the Youth Risk Behavior Survey (YRBS) was commissioned by the U.S. Department of Health and Human Services (DHHS). Under contract with the Office of the Assistant Secretary for Planning and Evaluation, Westat, Inc., identified and funded several experts in survey methods to prepare these papers. The papers were published in the *Journal of Drug Issues* (Hennessy & Ginsberg, 2001). The major findings of these studies were as follows:

- The design, implementation, and documentation of all three surveys are of high quality. The surveys exhibit no flaws in the execution of basic survey procedures.

- The goals and approaches of these three surveys are very different, making comparisons between them difficult. The surveys differ significantly in terms of populations covered, sampling methods, modes of data collection, questionnaires, and estimation methods.

- Estimates of substance use are generally highest from the YRBS and lowest from the NHSDA. One possibility for these differences is survey location; NHSDA is conducted in the home and the other two surveys collect data in school classrooms, away from parents and other family members.

- NHSDA prevalence rates also may be lower because of the NHSDA's requirement of active parental consent prior to youth participation. The greater parental involvement in consent procedures in NHSDA, compared with the two school surveys, may suppress youth reporting of substance use.

These findings suggest that differences in survey methodology may affect comparisons of prevalence estimates among youths from various surveys. This appendix investigates the similarities and differences among rates from NSDUH and other related surveys.

[1] Beginning with the 2002 survey year, the survey name was changed from the National Household Survey on Drug Abuse (NHSDA) to the National Survey on Drug Use and Health (NSDUH).

D.1 Other National Surveys of Illicit Drug Use

Monitoring the Future (MTF)

The Monitoring the Future (MTF) study is a national survey that tracks drug use trends and related attitudes among America's adolescents. This survey is conducted annually by the Institute for Social Research at the University of Michigan through a grant awarded by the National Institute on Drug Abuse (NIDA). The MTF and NSDUH are the Federal Government's largest and primary tools for tracking youth substance use. The MTF is composed of three substudies: (a) an annual survey of high school seniors initiated in 1975; (b) ongoing panel studies of representative samples from each graduating class that have been conducted by mail since 1976; and (c) annual surveys of 8th and 10th graders initiated in 1991. In 2002, for all three grades combined, 394 public and private schools and about 43,700 students were in the sample. In 2003, nearly 50,000 students in 392 schools were surveyed. The students complete a self-administered questionnaire during a regular class period (Johnston, O'Malley, & Bachman, 2003a; Johnston, O'Malley, Bachman, & Shulenberg, 2004a).

Comparisons between the MTF estimates and estimates based on students sampled in NSDUH have generally shown NSDUH substance use prevalence levels to be lower than MTF estimates, with relative differences being largest for 8th graders. The lower prevalences in NSDUH may be due to more underreporting in the household setting as compared with the MTF school setting. However, MTF does not survey dropouts, a group generally shown (using NSDUH) to have higher rates of illicit drug use (Gfroerer et al., 1997). In 2002 and 2003, for most comparisons of estimates of lifetime, past year, and past month prevalence of use of marijuana, cocaine, and inhalants among 8th, 10th, and 12th graders between NSDUH and MTF, NSDUH estimates were lower (see Table D.1 at the end of this appendix). In addition, both surveys showed that illicit drug use was stable or decreasing for most measures between 2002 and 2003. Exceptions were increases in past month cocaine use among 12th graders and lifetime and past year inhalant use among 8th graders included in NSDUH, and past year inhalant use among 8th graders in MTF.

Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) is a component of the Centers for Disease Control and Prevention's (CDC's) Youth Risk Behavior Surveillance System (YRBSS), which biennially measures the prevalence of six priority health risk behavior categories: (a) behaviors that contribute to unintentional and intentional injuries; (b) tobacco use; (c) alcohol and other drug use; (d) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs); (e) unhealthy dietary behaviors; and (f) physical inactivity. The YRBSS includes national, State, territorial, and local school-based surveys of high school students. The latest YRBS was conducted in 2003 (CDC, 2004b). The 2003 national school-based survey used a three-stage cluster sample design to produce a nationally representative sample of students in grades 9 through 12. The 2003 State and local surveys used a two-stage cluster sample design to produce representative samples of students in grades 9 through 12 in their jurisdictions. The 2003 national YRBS sample included 15,214 students in grades 9 through 12 in the 50 States and the District of Columbia. The national survey and all of the State and local surveys were conducted during the spring of 2003, with the exception of Hawaii. The Hawaii surveys were

conducted in the fall of 2003. The students completed a self-administered questionnaire during a regular class period. In general, this school-based survey has found higher rates of alcohol, cigarette, marijuana, and cocaine use for youths than those found in NSDUH. The prevalence of illicit drug use is generally much higher in the YRBS than in NSDUH (e.g., past month marijuana use was 22.4 percent in the 2003 YRBS compared with 12.2 percent for youths in grades 9 through 12 in the 2003 NSDUH). This is likely due to the differences in study design (school-based vs. home-based).

National Longitudinal Study of Adolescent Health (Add Health)

The National Longitudinal Study of Adolescent Health (Add Health) was conducted to measure the effects of family, peer group, school, neighborhood, religious institution, and community influences on health risks, such as tobacco, drug, and alcohol use. Initiated in 1994 under a grant from the National Institute of Child Health and Human Development (NICHD) with cofunding from 17 other Federal agencies, Add Health is the largest, most comprehensive survey of adolescents ever undertaken. Data at the individual, family, school, and community levels were collected in two waves between 1994 and 1996. In Wave 1 (conducted in 1994-95), roughly 90,000 students from grades 7 through 12 at 144 schools around the United States answered brief questionnaires. Interviews also were conducted with about 20,000 students and their parents in the students' homes. In Wave 2, students were interviewed a second time in their homes. In 2001 and 2002, the original Add Health respondents, now aged 18 to 26, were re-interviewed in a third wave to investigate the influence that adolescence has on young adulthood.

Survey results from the first two waves indicated that nearly one fourth of teenagers had ever smoked marijuana. Nearly 7 percent of 7^{th} and 8^{th} graders used marijuana at least once in the past month as did 15.7 percent of 9^{th} through 12^{th} graders (Resnick et al., 1997). In the 2002 NSDUH, 20.6 percent of youths aged 12 to 17 had ever used marijuana, and 8.2 percent were past month users; in 2003, these percentages were 19.6 and 7.9 percent, respectively.

Partnership Attitude Tracking Study (PATS)

The Partnership Attitude Tracking Study (PATS) is an ongoing national research study that tracks drug use and drug-related attitudes among children, teenagers, and their parents. It is sponsored by the Partnership for a Drug Free America (PDFA). In the 2002 PATS, 7,084 teenagers in grades 7 through 12 completed self-administered questionnaires (PDFA, 2003). For the first time in 2002, PATS included questions on prescription drug abuse. The 2002 PATS found that 20 percent of youths in grades 7 to 12 had ever used prescription pain killers without a doctor's prescription; 19 percent of adolescents reported lifetime use of inhalants; and 40 percent reported lifetime use of marijuana. In 2003, 7,270 youths completed the survey and prevalence rates remained very similar to rates in 2002 (PDFA, 2004). The 2003 PATS found that 21 percent of youths in grades 7 to 12 had ever used prescription drugs; 18 percent had used inhalants; and 39 percent reported using marijuana in their lifetime. NSDUH reported notably lower prevalence rates than PATS. For youths aged 12 to 17, the rate of lifetime prescription pain reliever use was 11.2 percent in the 2002 and 2003 NSDUH, lifetime inhalant use was 10.5 percent in the 2002 NSDUH and 10.7 percent in the 2003 NSDUH, and lifetime marijuana use was 20.6 percent in 2002 and 19.6 percent in 2003. The major difference in these prevalence estimates is likely to be due to the different study designs. The youth portion of PATS is a

school-based survey, which may elicit more reporting of sensitive behaviors than the home-based NSDUH.

National Survey of Parents and Youth (NSPY)

The National Survey of Parents and Youth (NSPY) is sponsored by the National Institute on Drug Abuse (NIDA) to evaluate the Office of National Drug Control Policy's (ONDCP's) National Youth Anti-Drug Media Campaign. The survey is specifically designed to evaluate Phase III of the campaign, covering the period between September 1999 and June 2003. Data collection provides estimates of trends in drug use between 2000 and the first half of 2003, as well as changes between 2002 and 2003.

In Phase I (Waves 1 through 3 of data collection), a sample of youths aged 9 to 18 and their parents were recruited to participate in the in-home survey. In Phase II (Waves 4 through 7 of data collection), the respondents from Phase I participated in two additional interviews at intervals of 6 to 24 months. In December 2003, ONDCP released the sixth semiannual report of findings that contained data from all three phases (Hornik et al., 2003).

Wave 5's data were collected between January and June 2002 and included 4,040 youths and 2,882 parents. Wave 6's data were collected between July and December 2002 and included 2,267 youths and 1,640 parents. An average of the estimates from Waves 5 and 6 showed that the past year rate of marijuana use among 12 to 18 year olds was 16.4 percent. The corresponding 2002 NSDUH estimate for past year marijuana use among youths aged 12 to 18 was 18.4 percent.

Wave 7's data were collected between January and June 2003 and included 3,587 youths and 2,621 parents. Despite the differences in methodology, the two surveys produced similar estimates for youths (see Table D.2). For example, the latest wave of NSPY data indicated that 16.7 percent of youths aged 12 to 18 had used marijuana in the past year, and the 2003 NSDUH yielded an estimate of 18.1 percent among this age group.

In past waves of NSPY data collection, parents also have been asked about their drug use behaviors; however, parental use was not asked in the Wave 5 or Wave 7 data collections. Lifetime use of marijuana among parents was 53.7 percent in 2001, and past month use was 3.4 percent. According to NSDUH, lifetime use of marijuana among adults aged 18 or older was 42.7 percent in 2002 and 43.1 percent in 2003; past month use was 6.0 percent in 2002 and 2003.

National Longitudinal Alcohol Epidemiologic Survey (NLAES) and National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

The National Longitudinal Alcohol Epidemiologic Survey (NLAES) was conducted in 1991 and 1992 by the U.S. Bureau of the Census for the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Face-to-face interviews were conducted with 42,862 respondents aged 18 or older in the contiguous United States. Despite the survey name, the design was cross-sectional. The National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) was conducted in 2001 and 2002, also by the U.S. Bureau of the Census for NIAAA, using a computerized interview. The NESARC sample was designed to make inferences for persons aged 18 or older in the civilian, noninstitutionalized population of the United States, including

Alaska, Hawaii, and the District of Columbia, and including persons living in noninstitutional group quarters. The NESARC is designed to be a longitudinal survey. The first wave was conducted in 2001 and 2002, with a final sample size of 43,093 respondents aged 18 or older. The second wave is planned for 2004 and 2005 (Grant, Kaplan, Shepard, & Moore, 2003).

Over the decade from 1992 to 2002, the prevalence of marijuana use in the past year among adults remained stable, at about 4.0 percent (Compton, Grant, Colliver, Glantz, & Stinson, 2004). The rate of past year marijuana use among adults was 10.4 percent in the 2002 NSDUH and 10.1 percent in the 2003 NSDUH.

D.2 Alcohol and Cigarette Use Surveys

National Health Interview Survey (NHIS)

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey that collects data using personal household interviews. The survey is sponsored by the National Center for Health Statistics (NCHS) and provides national estimates of selected health measures. The data presented are from January through September of 2002 and 2003. In the NHIS, current smokers are defined as those who smoke daily, smoked on 1 or more days in the past month, or quit smoking fewer than 30 days ago (for those who smoked 100 or more cigarettes in their lifetime). The survey estimated that 22.5 percent of the population aged 18 or older were current cigarette smokers in 2002 (Ni, Schiller, Hao, Cohen, & Barnes, 2003). Among males, 25.3 percent reported current cigarette smoking compared with 19.9 percent of females aged 18 or older. For 2003, the rates were slightly lower with an estimated 21.6 percent of the population reporting current cigarette smoking (23.7 percent among males and 19.4 percent among females).

In NSDUH, current cigarette smoking is defined as any use in the past month. The NSDUH rate was 27.5 percent in 2002 for those aged 18 or older. Although the two surveys employ different methodologies, NSDUH produces similar estimates when using the NHIS definition. For example, when using a definition similar to the NHIS definition, NSDUH estimates 25.6 percent of adults aged 18 or older were current smokers in 2002 and 25.1 percent of adults were current smokers in 2003. See Table D.3 for a comparison of smoking rates between these two surveys by age and gender.

The NHIS defines excessive alcohol drinkers as those who consumed greater than or equal to five drinks in 1 day at least 12 times during the past 12 months. The NHIS rate for excessive alcohol consumption among those aged 18 or older was 9.6 percent in 2002. For the 2003 early release data, NHIS redefined excessive alcohol drinking as having consumed greater than or equal to five drinks in 1 day at least once during the past 12 months. This NHIS rate for excessive alcohol consumption among those aged 18 or older was 19.4 percent, down slightly from the rate in 2002 of 19.9 percent (NCHS, 2004). NSDUH defines heavy alcohol use as having five or more drinks on the same occasion on at least 5 different days in the past 30 days. The NSDUH rates for heavy drinking among those 18 or older were 7.2 percent in 2002 and 7.3 percent in 2003.

Monitoring the Future (MTF)

Even though MTF estimates of cigarette use among 8th and 10th graders are higher overall than NSDUH estimates, both surveys showed a slight decrease in past month smoking in all grade levels between 2002 and 2003. For example, among 10th graders, past month smoking was 17.7 percent in 2002 and 16.7 percent in 2003 according to the MTF. The NSDUH past month smoking rates for 10th graders were 17.6 in 2002 and 17.0 in 2003. See Table D.1 for a comparison of the MTF and NSDUH cigarette use estimates by grade level.

Rates of alcohol consumption are higher overall in the MTF sample compared with NSDUH. Both surveys indicate a varying pattern of alcohol consumption by grade level. Table D.1 shows how the MTF estimates of alcohol use compare with NSDUH estimates.

Youth Risk Behavior Survey (YRBS)

As seen with illicit drug use, the YRBS estimates of cigarette and alcohol consumption were higher than the NSDUH estimates. The 2001 YRBS found lifetime cigarette use was 63.9 percent and past month cigarette use was 28.5 percent among students in grades 9 to 12 (CDC, 2004b). The 2002 NSDUH lifetime cigarette rate for high school students was 45.6 percent, and the past month rate was 19.6 percent. According to YRBS data, in 2003, 58.4 percent of high school students had tried cigarettes and 21.9 percent of students had smoked cigarettes during the past 30 days. The 2003 NSDUH rates were 43.6 percent for lifetime cigarette use and 19.0 percent for past month cigarette use among students.

Past month alcohol use among 9th to 12th graders in the YRBS was 47.1 percent in the 2001 survey and 44.9 percent in 2003. In contrast, NSDUH showed a past month alcohol use rate of 27.2 percent in 2002 and 26.9 percent in 2003 among 9th to 12th graders. Lifetime alcohol use rates among students were 59.6 percent in NSDUH in both 2002 and 2003 and 74.9 percent in the YRBS in 2003. It is important to note that the two surveys were conducted in different time periods.

Partnership Attitude Tracking Study (PATS)

Data from the PATS show that the prevalence of past month cigarette for adolescents in grades 7 through 12 was 28 percent in 2002 and 26 percent in 2003 (PDFA, 2004). The NSDUH prevalence of past month cigarette smoking among youths aged 12 to 17 was 13.0 percent in 2002 and 12.2 percent in 2003. Again, the lower prevalence estimates in NSDUH are likely due to its home-based study design.

Even though the PATS estimates were higher than the NSDUH estimates, both surveys showed relatively steady rates of drinking among youths from 2002 to 2003. PATS found that 53 percent of teenagers reported past year alcohol use in 2002 and 51 percent reported past year use in 2003. This compares with NSDUH estimates of 34.6 percent of youths aged 12 to 17 reporting past year use in the 2002 and 34.3 percent in 2003. The 2002 PATS also found that 36 percent of teenagers reported past month alcohol use and 30 percent reported binge drinking in 2002. In 2003, 34 percent of youths used alcohol in the past month, while 29 percent reported binge drinking. In comparison, the 2002 NSDUH rates for past month alcohol use and binge drinking

for 12 to 17 year olds were 17.6 and 10.7 percent, respectively. For the 2003 NSDUH, 17.7 percent of youths reported past month alcohol use, and 10.6 reported binge drinking.

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a State-based telephone survey of the civilian, noninstitutionalized adult population aged 18 or older and is sponsored by the CDC. In 2001 and 2002, BRFSS collected data from all 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. BRFSS collects information on access to health care, health status indicators, health risk behaviors (including cigarette and alcohol use), and the use of clinical preventive services by State. The median percentage of adults who reported having five or more alcoholic drinks on an occasion at least once in the past month, or binge alcohol use, was 14.8 percent in 2001 and 16.1 percent in 2002 (Ahluwalia, Mack, Murphy, Mokdad, & Bales, 2003; Balluz et al., 2004). The median percentages of adults who had five or more drinks on an occasion at least five times in the past month, or heavy drinking, were 7.0 percent in 2001 and 7.3 percent in 2002 (CDC, 2002, 2004a). In comparison, the rate of binge alcohol use for adults was 24.3 percent in the 2002 NSDUH and 24.0 percent in the 2003 NSDUH. The heavy drinking rate for adults was 7.2 percent in the 2002 NSDUH and 7.3 percent in the 2003 NSDUH.

National Longitudinal Study of Adolescent Health (Add Health)

Results from the 1994-95 National Longitudinal Study of Adolescent Health indicated that nearly 3.2 percent of 7th and 8th graders smoked six or more cigarettes a day, as did 12.8 percent of 9th through 12th graders (Resnick et al., 1997). In addition, the Add Health study found that 7.3 percent of 7th and 8th graders used alcohol on 2 or more days in the past month, as did 23.1 percent of 9th through 12th graders.

National Survey of Parents and Youth (NSPY)

Past waves of the NSPY collected information on cigarette and alcohol use, but Wave 5 in 2002 did not. In 2001, this survey estimated that 34.9 percent of youths aged 12 to 18 had used cigarettes at some point in their lifetime and past month cigarette use was 11.7 percent. The 2002 NSDUH rates of lifetime and past month cigarette use for youths aged 12 to 18 were 38.8 and 16.7 percent, respectively. The 2003 NSDUH rates for lifetime and past month cigarette use among youths aged 12 to 18 were 36.2 and 15.8 percent, respectively. The two surveys have produced similar smoking estimates over the past few years.

In 2001, the NSPY estimated that 45.9 percent of youths aged 12 to 18 had used alcohol at some point in their lifetime, and the estimate for past month use was 36.5 percent for the same age group. The 2002 NSDUH rates for lifetime and past month alcohol use were 49.1 and 22.2 percent, respectively, and the 2003 rates were 49.0 and 22.2 percent. Both the 2002 and 2003 NSDUH estimates are based on data collected from January through June.

Harvard School of Public Health College Alcohol Study (CAS)

In 1993, the Harvard School of Public Health conducted a mail survey of students from a nationally representative sample of 140 colleges. The purpose of the study was to gather data on the drinking patterns of college students. The study was repeated in 1997, 1999, and 2001.

Response rates were 70 percent in 1993, 59 percent in 1997 and 1999, and 52 percent in 2001. The 2001 survey analyzed data from 119 of the 140 universities in the 1993 sample (Wechsler et al., 2002). The 2001 survey found that the overall rate of binge drinking was 44.4 percent. The CAS defined binge drinking as the consumption of five or more drinks in a row for men and four or more drinks in a row for women. The study found that the number of students who binge drank frequently was 22.8 percent and those who did not drink at all was 19.3 percent. The 2002 NSDUH binge drinking rate among full-time undergraduates aged 18 to 22 was 44.4 percent, and the 2003 estimate was 43.5 percent. It is useful to note that NSDUH defines binge drinking as five or more drinks in a row on at least one occasion in the past month for both men and women. Despite using different definitions of binge drinking, the CAS estimate and the NSDUH estimate are the same, but it is important to note that the two studies were conducted in different time periods.

D.3 Other Surveys of Substance Abuse and Dependence

National Comorbidity Survey (NCS)

The National Comorbidity Survey (NCS) was sponsored by the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the W. T. Grant Foundation. It was designed to measure the prevalence of the illnesses in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R) (American Psychiatric Association [APA], 1987) in the general population. The NCS was a household survey consisting of more than 8,000 respondents aged 15 to 54. The interviews took place between 1990 and 1992. The NCS used a modified version of the Composite International Diagnostic Interview (the UM-CIDI) for its diagnoses. The results showed that 3.6 percent of the population abused or were dependent on some type of drug in the previous 12 months (Kessler et al., 1994). The corresponding NSDUH rates for persons aged 12 or older were 3.0 percent in 2002 and 2.9 percent in 2003. Alcohol abuse or dependence, however, showed a much higher prevalence in both the NCS and NSDUH. In the NCS, 14.1 percent of the population was abusing or dependent on alcohol in the previous year. In NSDUH, 7.7 percent in 2002 and 7.5 percent in 2003 of persons aged 12 or older were alcohol abusers or dependent on alcohol, rates well below the NCS rate. When comparing these two studies, one should keep in mind that they were conducted in two different time periods and they each used a different set of diagnostic questions. The 2002 and 2003 NSDUH estimates for abuse and dependence were based on the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (APA, 1994).

The National Comorbidity Survey Replication (NCS-R) was conducted between February 2001 and December 2002 with more than 9,000 respondents aged 18 or older. Data on substance abuse and dependence will be released in the summer of 2005.

National Longitudinal Alcohol Epidemiologic Survey (NLAES) and National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)

The NLAES and NESARC included an extensive set of questions designed to assess the presence of symptoms of alcohol and drug abuse and dependence in persons' lifetimes and during the prior 12 months, based on the criteria from the DSM-IV (APA, 1994). The 1991-1992 NLAES found that 7.4 percent of adults were abusing or dependent on alcohol (Grant, 1995). In

the 2001-2002 NESARC, the rate of alcohol abuse among adults was 4.7 percent, and the rate of alcohol dependence was 3.8 percent. Between 1992 and 2002, the prevalence of alcohol abuse increased and the prevalence of dependence declined (Grant et al., 2004). In 2002, NSDUH found that 7.9 percent of adults were abusing or dependent on alcohol; in 2003, this rate was 7.7 percent. The NLAES and NESARC also found that the prevalence of marijuana dependence or abuse among adults increased from 1.2 percent in 1992 to 1.5 percent in 2002 (Compton et al., 2004). In comparison, the 2002 NSDUH found that 2.7 percent of adults were abusing or dependent on some illicit drug; in 2003, this rate was 2.6 percent. The 2002 and 2003 NSDUHs also estimated that 3.2 million adults each year, or about 1.5 percent of all adults, were abusing or dependent on marijuana. Although the estimates from these two surveys are relatively close, one should note that they were conducted using different methodologies

D.4 Other National Surveys of Mental Illness

National Comorbidity Survey

The National Comorbidity Survey (NCS) was a collaborative epidemiologic investigation designed to study the prevalence and correlates of DSM-III-R (APA, 1987) disorders and patterns and correlates of service utilization for these disorders, as described in Section D.3. The NCS was the first survey to administer a structured psychiatric interview to a nationally representative sample. The survey was carried out in the early 1990s with a household sample of over 8,000 respondents. Diagnoses were based on a modified version of the Composite International Diagnostic Interview (the UM-CIDI), which was developed at the University of Michigan for the NCS. Items on mental illness included personal and family history of psychiatric problems, mental health treatment, symptoms of psychiatric disorders, and mental health status. According to the NCS, 6.4 percent of persons aged 18 or older were classed as having serious mental illness (SMI) in the past year; 7.5 percent of persons aged 18 to 54 and 4.3 percent of persons aged 55 or older had SMI (Kessler et al., 1996).

D.5 Surveys of Populations Not Covered by NSDUH

National Survey of Parents and Youth (NSPY)

The NSPY, described above, is distinct in that it measures drug use and attitudes among youths as young as 9 years. The earlier NSPY results showed that youths aged 9 to 11 were strongly opposed to marijuana use. Wave 3 of the survey estimated that only 0.3 percent of youths aged 9 to 11 had used marijuana in the past year. The corresponding rates for Waves 1 and 2 were 0.8 and 0.0, respectively (ONDCP, 2004).

Washington, DC, Metropolitan Area Drug Study (DC*MADS)

The Washington, DC, Metropolitan Area Drug Study (DC*MADS) was designed (a) to estimate the prevalence, correlates, and consequences of drug abuse among all types of people residing in one metropolitan area of the country during one period of time with special focus on populations who were underrepresented or unrepresented in household surveys and (b) to develop a methodological model for similar types of research in other metropolitan areas of the country. Sponsored by NIDA and conducted from 1989 to 1995 by RTI and Westat, Inc., the

project included 11 separate but coordinated studies that focused on different population subgroups (e.g., homeless people, institutionalized individuals, adult and juvenile offenders, new mothers, drug abuse treatment clients) or different aspects of the drug abuse problem (e.g., adverse consequences of drug abuse). DC*MADS provided a replicable methodological approach for developing representative estimates of the prevalence of drug abuse among all population subgroups, regardless of their residential setting, in a metropolitan area. The key population domains in DC*MADS were the homeless, the institutionalized, and the household.

A major finding of DC*MADS was that, when data are aggregated for populations from each of the three domains, the overall prevalence estimates for use of drugs differ only marginally from those that would be obtained from the household population alone (i.e., from NSDUH), largely because the other populations are very small compared with the household population. However, a somewhat different picture emerged when the numbers of drug users were examined. Adding in the nonhousehold populations resulted in an increase of approximately 14,000 illicit drugs users compared with the corresponding estimates for the household population. About 25 percent of past year crack users, 20 percent of past year heroin users, and one third of past year needle users were found in the nonhousehold population (Bray & Marsden, 1999).

Department of Defense (DoD) Survey of Health Related Behaviors Among Military Personnel

The 2002 DoD Survey of Health Related Behaviors Among Military Personnel is the 8th in a series of studies conducted since 1980. The sample consisted of 12,756 active-duty Armed Forces personnel worldwide who anonymously completed self-administered questionnaires that assessed substance use and other health behaviors. For the total DoD, during 30 days prior to the survey, heavy alcohol use declined from 20.8 percent in 1980 to 15.4 percent in 1998 and increased significantly to 18.1 percent in 2002; past month cigarette smoking decreased from 51.0 percent in 1980 to 29.9 percent in 1998 and increased significantly to 33.8 percent in 2002; and past month use of any illicit drugs declined from 27.6 percent in 1980 to 2.7 percent in 1998, and also showed a nonsignificant change in 2002 to 3.4 percent (Bray et al., 1999, 2003). In 2002, military personnel had significantly higher rates of heavy alcohol use than their civilian counterparts (16.9 vs. 11.2 percent) when demographic differences between the military and civilian populations were taken into account (civilian data were drawn from the 2001 NHSDA and adjusted to reflect demographic characteristics of the military). Differences in military and civilian heavy alcohol use rates were largest for men aged 18 to 25. Among this age group, the military rate was nearly twice as high as the adjusted civilian rate (32.2 vs. 17.8 percent). Military personnel showed similar rates of cigarette use (31.6 vs. 31.1 percent) compared with civilians. Rates of illicit drug use in the military were significantly lower than those observed for the comparable civilian population when demographic differences between the military and civilian populations were taken into account (3.3 vs. 12.1 percent).

Survey of Inmates in State and Federal Correctional Facilities

The 1997 Survey of Inmates in State and Federal Correctional Facilities sampled inmates from a universe of 1,409 State prisons and 127 Federal Prisons for the Bureau of Justice Statistics (BJS). Systematic random sampling was used to select the inmates for the computer-

assisted personal interviews. The final numbers interviewed were 14,285 State prisoners and 4,041 Federal prisoners. Among other items, these surveys collected information on the use of drugs in the month before the offense for convicted inmates. Women in State prisons (62.4 percent) were more likely than men (56.1 percent) to have used drugs in the month before the offense (BJS, 1999, 2000). Women also were more likely to have committed their offense while under the influence of drugs (40.4 vs. 32.1 percent of male prisoners). Among Federal prisoners, men (45.4 percent) were more likely than women (36.7 percent) to have used drugs in the past month. Male and female Federal prisoners were equally likely to report the influence of drugs during their offense (22.7 percent of male and 19.3 percent of female prisoners). The survey results indicate substantially higher rates of drug use among State and Federal prisoners as compared with the household population.

Table D.1 Use of Specific Substances in Lifetime, Past Year, and Past Month among 8th, 10th, and 12th Graders in NSDUH and MTF: Percentages, 2002 and 2003

	SURVEY/TIME PERIOD											
	NSDUH (January-June)						MTF					
	Lifetime		Past Year		Past Month		Lifetime		Past Year		Past Month	
Drug/Current Grade Level	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
Marijuana												
8th grade	12.0[a]	8.9	9.0	7.3	4.5	3.0	19.2	17.5	14.6[b]	12.8	8.3	7.5
10th grade	30.4	29.3	25.1	23.5	12.5	12.0	38.7	36.4	30.3	28.2	17.8	17.0
12th grade	43.4	42.4	30.8	30.4	18.2	18.2	47.8	46.1	36.2	34.9	21.5	21.2
Cocaine												
8th grade	0.6	0.8	0.5	0.6	0.1	0.2	3.6	3.6	2.3	2.2	1.1	0.9
10th grade	4.1	4.1	3.1	2.8	1.0	0.9	6.1	5.1	4.0	3.3	1.6	1.3
12th grade	6.0	8.1	4.5	5.0	0.5[b]	1.7	7.8	7.7	5.0	4.8	2.3	2.1
Inhalants												
8th grade	10.9[a]	14.2	4.8[a]	7.6	1.3	1.6	15.2	15.8	7.7[a]	8.7	3.8	4.1
10th grade	13.4	12.5	4.8	4.9	2.0	1.3	13.5	12.7	5.8	5.4	2.4	2.2
12th grade	11.0	13.2	4.1	3.3	0.8	0.7	11.7	11.2	4.5	3.9	1.5	1.5
Cigarettes												
8th grade	24.6[a]	20.8	14.4[b]	10.8	7.9[b]	4.5	31.4[b]	28.4	--	--	10.7	10.2
10th grade	43.3	43.2	26.3	27.1	17.6	17.0	47.4[b]	43.0	--	--	17.7	16.7
12th grade	61.3[a]	56.0	39.0	35.7	28.2	27.7	57.2[b]	53.7	--	--	26.7[a]	24.4
Alcohol												
8th grade	32.9	29.8	25.0[a]	21.5	10.9	9.7	47.0	45.6	38.7	37.2	19.6	19.7
10th grade	60.0	61.4	49.4	50.9	25.2	27.3	66.9	66.0	60.0	59.3	35.4	35.4
12th grade	75.3	75.8	64.1	64.6	38.7	39.4	78.4	76.6	71.5	70.1	48.6	47.5

*Low precision; no estimate reported.
-- Not available.

[a] Difference between 2002 estimate and 2003 estimate is statistically significant at the 0.05 level.
[b] Difference between 2002 estimate and 2003 estimate is statistically significant at the 0.01 level.

MTF = Monitoring the Future.

Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.
The Monitoring the Future Study, University of Michigan, 2002 and 2003.

Table D.2 Past Year and Past Month Marijuana Use among Youths Aged 12 to 18 in NSPY and NSDUH, by Age Group: 2002 and 2003

Use Measure	Age Group	Percent Reporting Use			
		NSPY		NSDUH	
		2002[1] (Full Year)	2003 (January-June)	2002 (Full Year)	2003 (January-June)
Past Year	12 to 13	3.3	4.0	3.1	2.3
	14 to 16	17.0	18.3	19.1	19.5
	12 to 18	16.4	16.7	18.4	18.1
Past Month	12 to 13	1.1	1.8	1.4	0.9
	14 to 16	8.3	8.2	9.4	9.7
	12 to 18	8.9	7.9	9.8	9.9

-- Not available.

[1]NSPY estimates for 2002 are averages of data from Wave 5 (collected between January and June 2002) and Wave 6 (collected between July and December 2002).

NSPY = National Survey of Parents and Youth.

Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003.
National Institute on Drug Abuse, National Survey of Parents and Youth, 2002, January–June 2003.

Table D.3 Past Month Cigarette Use among Persons Aged 18 or Older in NHIS and NSDUH, by Gender and Age Group: Percentages, 2002 and 2003

Gender/Age	NHIS (January – September)		NSDUH (January – September)	
	2002	2003	2002	2003
Total	22.5	21.6	25.6	25.1
18 to 44	26.6	25.3	31.4	31.1
45 to 64	22.4	21.6	23.6	22.5
65 or Older	9.1	9.4	9.8	10.6
Male	25.3	23.7	28.8	28.0
18 to 44	29.9	28.1	34.2	34.2
45 to 64	24.2	23.3	26.9	24.9
65 or Older	10.2	10.5	12.3	10.9
Female	19.9	19.4	22.7	22.4
18 to 44	23.4	22.5	28.7	28.2
45 to 64	20.7	20.1	20.5	20.2
65 or Older	8.3	8.5	7.9	10.3

Note: For the NHIS, *past month cigarette use* is defined as currently smoking daily or smoking 1 or more days in the past month or quitting smoking fewer than 30 days ago (for those who smoked 100+ cigarettes in the lifetime). The analysis excluded those with unknown use status (about 1 percent each year). For NSDUH, *past month cigarette use* is defined as having smoked in the past month. For comparison purposes, the NSDUH definition was adjusted to include those who had smoked in the past month and smoked at least 100 cigarettes in their lifetime.

NHIS = National Health Interview Survey.

Sources: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003.
National Center for Health Statistics, National Health Interview Survey, 2002, 2003.

Appendix E: References

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Appendix F: Sample Size and Population Tables

Table F.1 Survey Sample Size for All Respondents Aged 12 or Older, by Gender and Detailed Age Categories: 2002 and 2003

Age Category	Total		GENDER			
			Male		Female	
	2002	2003	2002	2003	2002	2003
TOTAL	68,126	67,784	32,767	32,611	35,359	35,173
12	3,992	3,809	2,015	1,997	1,977	1,812
13	4,027	3,954	2,112	2,036	1,915	1,918
14	4,149	3,797	2,079	1,938	2,070	1,859
15	3,896	3,748	1,989	1,924	1,907	1,824
16	3,812	3,714	1,946	1,864	1,866	1,850
17	3,769	3,643	1,912	1,878	1,857	1,765
18	3,231	3,191	1,601	1,605	1,630	1,586
19	3,069	2,801	1,473	1,304	1,596	1,497
20	2,842	2,818	1,321	1,363	1,521	1,455
21	2,962	2,810	1,373	1,301	1,589	1,509
22	2,823	2,796	1,321	1,318	1,502	1,478
23	2,812	2,941	1,309	1,305	1,503	1,636
24	2,739	2,723	1,248	1,296	1,491	1,427
25	2,588	2,658	1,139	1,262	1,449	1,396
26-29	2,807	2,870	1,299	1,333	1,508	1,537
30-34	3,567	3,700	1,684	1,704	1,883	1,996
35-39	3,182	3,191	1,511	1,471	1,671	1,720
40-44	3,285	3,413	1,529	1,588	1,756	1,825
45-49	3,153	3,227	1,495	1,458	1,658	1,769
50-54	1,327	1,489	600	693	727	796
55-59	1,034	1,176	463	531	571	645
60-64	821	945	371	419	450	526
65 or Older	2,239	2,370	977	1,023	1,262	1,347

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

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Table F.2 Numbers (in Thousands) of Persons Aged 12 or Older, by Gender and Detailed Age Categories: 2002 and 2003

Age Category	Total		GENDER			
			Male		Female	
	2002	2003	2002	2003	2002	2003
TOTAL	235,143	237,682	113,602	114,985	121,541	122,697
12	4,099	4,117	2,091	2,132	2,007	1,985
13	4,187	4,334	2,240	2,230	1,947	2,104
14	4,358	4,127	2,135	2,113	2,223	2,014
15	4,112	4,133	2,134	2,113	1,978	2,020
16	4,047	4,192	2,041	2,072	2,007	2,120
17	3,950	4,092	2,005	2,111	1,945	1,981
18	4,363	4,608	2,236	2,476	2,127	2,132
19	4,087	3,886	2,044	1,854	2,042	2,032
20	3,997	4,027	2,058	2,061	1,939	1,967
21	4,048	3,924	2,021	1,920	2,026	2,004
22	3,867	4,016	1,962	2,021	1,906	1,995
23	3,810	4,004	1,944	1,922	1,866	2,082
24	3,523	3,635	1,717	1,857	1,806	1,778
25	3,329	3,629	1,545	1,809	1,784	1,820
26-29	15,271	14,766	7,472	7,584	7,799	7,182
30-34	19,892	20,195	9,942	9,753	9,950	10,442
35-39	21,999	20,927	10,856	10,337	11,143	10,590
40-44	21,939	22,689	10,537	11,155	11,402	11,535
45-49	21,186	21,415	10,519	10,416	10,667	10,999
50-54	18,796	19,993	9,028	9,733	9,767	10,261
55-59	14,696	14,917	6,689	7,359	8,007	7,558
60-64	11,610	11,756	5,820	5,443	5,790	6,312
65 or Older	33,977	34,300	14,564	14,515	19,413	19,785

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table F.3 Survey Sample Size for All Respondents Aged 12 or Older, by Age Group and Demographic Characteristics: 2002 and 2003

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	68,126	67,784	23,645	22,665	23,066	22,738	21,415	22,381
GENDER								
Male	32,767	32,611	12,053	11,637	10,785	10,754	9,929	10,220
Female	35,359	35,173	11,592	11,028	12,281	11,984	11,486	12,161
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	59,315	58,711	20,381	19,432	19,727	19,339	19,207	19,940
White	46,548	45,870	15,637	14,549	15,211	14,950	15,700	16,371
Black or African American	8,278	8,153	3,154	3,119	2,892	2,771	2,232	2,263
American Indian or Alaska Native	921	845	344	321	316	275	261	249
Native Hawaiian or Other Pacific Islander	273	252	83	84	108	108	82	60
Asian	1,890	2,048	587	656	689	746	614	646
Two or More Races	1,405	1,543	576	703	511	489	318	351
Hispanic or Latino	8,811	9,073	3,264	3,233	3,339	3,399	2,208	2,441
GENDER/RACE/HISPANIC ORIGIN								
Male, White, Not Hispanic	22,679	22,145	8,073	7,486	7,243	7,167	7,363	7,492
Female, White, Not Hispanic	23,869	23,725	7,564	7,063	7,968	7,783	8,337	8,879
Male, Black, Not Hispanic	3,675	3,667	1,567	1,556	1,164	1,197	944	914
Female, Black, Not Hispanic	4,603	4,486	1,587	1,563	1,728	1,574	1,288	1,349
Male, Hispanic	4,265	4,529	1,608	1,680	1,604	1,651	1,053	1,198
Female, Hispanic	4,546	4,544	1,656	1,553	1,735	1,748	1,155	1,243
EDUCATION[1]								
< High School	8,012	8,091	N/A	N/A	4,779	4,698	3,233	3,393
High School Graduate	15,053	15,074	N/A	N/A	8,109	7,975	6,944	7,099
Some College	12,688	12,788	N/A	N/A	7,381	7,175	5,307	5,613
College Graduate	8,728	9,166	N/A	N/A	2,797	2,890	5,931	6,276
CURRENT EMPLOYMENT[1]								
Full-Time	24,550	24,535	N/A	N/A	10,933	10,563	13,617	13,972
Part-Time	8,203	8,489	N/A	N/A	5,848	5,867	2,355	2,622
Unemployed	2,407	2,601	N/A	N/A	1,731	1,836	676	765
Other[2]	9,321	9,494	N/A	N/A	4,554	4,472	4,767	5,022

N/A: Not applicable.

[1] Data on education and current employment not shown for persons aged 12 to 17. Estimates for both education and current employment are for persons aged 18 or older.
[2] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40422 (8.2A)

Table F.4 Numbers (in Thousands) of Persons Aged 12 or Older, by Age Group and Demographic Characteristics: 2002 and 2003

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	235,143	237,682	24,754	24,995	31,024	31,728	179,365	180,958
GENDER								
Male	113,602	114,985	12,647	12,770	15,528	15,920	85,428	86,295
Female	121,541	122,697	12,107	12,225	15,497	15,808	93,938	94,663
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	206,064	207,800	20,823	20,931	25,536	26,069	159,705	160,800
White	165,392	166,257	15,532	15,565	19,307	19,642	130,553	131,050
Black or African American	26,809	27,452	3,618	3,741	4,071	4,278	19,120	19,433
American Indian or Alaska Native	1,479	1,256	189	177	215	183	1,075	896
Native Hawaiian or Other Pacific Islander	813	490	82	75	170	159	562	256
Asian	9,059	9,769	1,012	971	1,370	1,445	6,677	7,353
Two or More Races	2,512	2,575	392	401	404	362	1,717	1,812
Hispanic or Latino	29,079	29,882	3,930	4,065	5,488	5,659	19,661	20,158
GENDER/RACE/HISPANIC ORIGIN								
Male, White, Not Hispanic	80,066	80,551	7,970	7,981	9,629	9,815	62,466	62,756
Female, White, Not Hispanic	85,326	85,706	7,562	7,584	9,678	9,827	68,087	68,295
Male, Black, Not Hispanic	12,048	12,397	1,820	1,886	1,894	2,004	8,334	8,507
Female, Black, Not Hispanic	14,761	15,055	1,798	1,855	2,177	2,274	10,786	10,925
Male, Hispanic	14,862	15,299	2,010	2,075	2,949	3,045	9,904	10,178
Female, Hispanic	14,216	14,584	1,920	1,989	2,539	2,614	9,757	9,980
EDUCATION[1]								
< High School	37,226	37,899	N/A	N/A	6,877	6,876	30,349	31,023
High School Graduate	67,985	67,139	N/A	N/A	10,580	10,985	57,405	56,155
Some College	52,574	52,506	N/A	N/A	9,774	9,894	42,800	42,611
College Graduate	52,605	55,143	N/A	N/A	3,793	3,973	48,811	51,170
CURRENT EMPLOYMENT[1]								
Full-Time	116,508	116,965	N/A	N/A	14,494	14,567	102,015	102,397
Part-Time	27,442	28,636	N/A	N/A	7,903	8,184	19,539	20,452
Unemployed	7,585	8,087	N/A	N/A	2,457	2,695	5,129	5,392
Other[2]	58,854	58,999	N/A	N/A	6,171	6,281	52,683	52,718

N/A: Not applicable.

[1] Data on education and current employment not shown for persons aged 12 to 17. Estimates for both education and current employment are for persons aged 18 or older.
[2] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table F.5 Survey Sample Size for All Respondents Aged 12 or Older, by Age Group and Geographic Characteristics: 2002 and 2003

Geographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	68,126	67,784	23,645	22,665	23,066	22,738	21,415	22,381
GEOGRAPHIC DIVISION								
Northeast	13,706	13,655	4,718	4,536	4,786	4,595	4,202	4,524
New England	5,530	5,566	1,946	1,786	1,866	1,947	1,718	1,833
Middle Atlantic	8,176	8,089	2,772	2,750	2,920	2,648	2,484	2,691
Midwest	19,180	18,993	6,645	6,292	6,604	6,532	5,931	6,169
East North Central	12,907	12,727	4,423	4,203	4,537	4,405	3,947	4,119
West North Central	6,273	6,266	2,222	2,089	2,067	2,127	1,984	2,050
South	20,900	20,612	7,262	6,934	6,908	6,794	6,730	6,884
South Atlantic	10,894	10,768	3,757	3,609	3,673	3,541	3,464	3,618
East South Central	3,628	3,542	1,325	1,213	1,105	1,138	1,198	1,191
West South Central	6,378	6,302	2,180	2,112	2,130	2,115	2,068	2,075
West	14,340	14,524	5,020	4,903	4,768	4,817	4,552	4,804
Mountain	7,083	7,260	2,471	2,368	2,363	2,427	2,249	2,465
Pacific	7,257	7,264	2,549	2,535	2,405	2,390	2,303	2,339
COUNTY TYPE[1]								
Large Metro	30,165	29,759	10,533	10,044	9,994	9,699	9,638	10,016
Small Metro	22,822	23,349	7,625	7,500	8,153	8,373	7,044	7,476
250K - 1 Mil. Pop.	14,582	14,944	5,003	4,904	5,055	5,225	4,524	4,815
< 250K Pop.	8,240	8,405	2,622	2,596	3,098	3,148	2,520	2,661
Nonmetro	15,139	14,676	5,487	5,121	4,919	4,666	4,733	4,889
Urbanized	6,267	6,550	2,107	2,174	2,261	2,274	1,899	2,102
Less Urbanized	7,139	6,499	2,665	2,309	2,220	2,002	2,254	2,188
Completely Rural	1,733	1,627	715	638	438	390	580	599

[1] Estimates for 2002 and 2003 are based on a revised definition of county type and are not comparable with estimates by county type published in prior NSDUH reports.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40422 (8.8A)

Table F.6 Numbers (in Thousands) of Persons Aged 12 or Older, by Age Group and Geographic Characteristics: 2002 and 2003

Geographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	235,143	237,682	24,754	24,995	31,024	31,728	179,365	180,958
GEOGRAPHIC DIVISION								
Northeast	45,064	45,310	4,460	4,491	5,505	5,633	35,099	35,185
New England	11,806	11,887	1,157	1,173	1,434	1,470	9,216	9,243
Middle Atlantic	33,257	33,423	3,303	3,318	4,072	4,164	25,883	25,942
Midwest	53,427	53,767	5,690	5,695	7,200	7,358	40,537	40,715
East North Central	37,414	37,666	3,986	3,995	4,974	5,083	28,454	28,588
West North Central	16,013	16,101	1,704	1,700	2,226	2,274	12,084	12,127
South	83,770	84,774	8,774	8,927	11,024	11,325	63,973	64,522
South Atlantic	43,760	44,432	4,396	4,502	5,392	5,584	33,972	34,346
East South Central	14,156	14,216	1,426	1,453	1,912	1,934	10,817	10,829
West South Central	25,854	26,126	2,951	2,972	3,720	3,807	19,183	19,347
West	52,882	53,831	5,830	5,883	7,295	7,412	39,757	40,535
Mountain	15,313	15,614	1,706	1,728	2,183	2,237	11,424	11,649
Pacific	37,569	38,217	4,124	4,155	5,112	5,176	28,333	28,886
COUNTY TYPE[1]								
Large Metro	125,760	126,099	13,210	13,310	15,881	16,604	96,670	96,186
Small Metro	69,291	71,397	7,241	7,401	10,166	10,206	51,884	53,790
250K - 1 Mil. Pop.	45,497	46,928	4,901	4,980	6,442	6,651	34,155	35,296
< 250K Pop.	23,794	24,469	2,341	2,420	3,725	3,555	17,729	18,493
Nonmetro	40,092	40,186	4,302	4,285	4,977	4,918	30,812	30,983
Urbanized	16,027	17,865	1,723	1,858	2,246	2,362	12,058	13,644
Less Urbanized	19,629	18,223	2,103	1,985	2,266	2,192	15,260	14,046
Completely Rural	4,435	4,098	476	441	465	363	3,494	3,293

[1] Estimates for 2002 and 2003 are based on a revised definition of county type and are not comparable with estimates by county type published in prior NSDUH reports.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Appendix G: Selected Prevalence Tables

40331 (1.1A)

Table G.1 Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Numbers in Thousands, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY ILLICIT DRUG[1]	108,255	110,205	35,132	34,993	19,522	19,470
Marijuana and Hashish	94,946	96,611	25,755	25,231	14,584	14,638
Cocaine	33,910	34,891	5,902	5,908	2,020	2,281
Crack	8,402	7,949	1,554	1,406	567	604
Heroin	3,668	3,744	404	314	166	119
Hallucinogens	34,314	34,363	4,749[b]	3,936	1,196	1,042
LSD	24,516	24,424	999[b]	558	112	133
PCP	7,418	7,107	235	219	58	56
Ecstasy	10,150	10,904	3,167[b]	2,119	676[a]	470
Inhalants	22,870	22,995	2,084	2,075	635	570
Nonmedical Use of Any Psychotherapeutic[2]	46,558	47,882	14,680	14,986	6,210	6,336
Pain Relievers	29,611[a]	31,207	10,992	11,671	4,377	4,693
Tranquilizers	19,267	20,220	4,849	5,051	1,804	1,830
Stimulants	21,072	20,798	3,181[a]	2,751	1,218	1,191
Methamphetamine	12,383	12,303	1,541	1,315	597	607
Sedatives	9,960	9,510	981	831	436	294
ANY ILLICIT DRUG OTHER THAN MARIJUANA[1]	70,300	71,128	20,423	20,305	8,777	8,849

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40331 (1.1B)

Table G.2 Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY ILLICIT DRUG[1]	46.0	46.4	14.9	14.7	8.3	8.2
Marijuana and Hashish	40.4	40.6	11.0	10.6	6.2	6.2
Cocaine	14.4	14.7	2.5	2.5	0.9	1.0
Crack	3.6	3.3	0.7	0.6	0.2	0.3
Heroin	1.6	1.6	0.2	0.1	0.1	0.1
Hallucinogens	14.6	14.5	2.0[b]	1.7	0.5	0.4
LSD	10.4	10.3	0.4[b]	0.2	0.0	0.1
PCP	3.2	3.0	0.1	0.1	0.0	0.0
Ecstasy	4.3	4.6	1.3[b]	0.9	0.3[a]	0.2
Inhalants	9.7	9.7	0.9	0.9	0.3	0.2
Nonmedical Use of Any Psychotherapeutic[2]	19.8	20.1	6.2	6.3	2.6	2.7
Pain Relievers	12.6	13.1	4.7	4.9	1.9	2.0
Tranquilizers	8.2	8.5	2.1	2.1	0.8	0.8
Stimulants	9.0	8.8	1.4[a]	1.2	0.5	0.5
Methamphetamine	5.3	5.2	0.7	0.6	0.3	0.3
Sedatives	4.2	4.0	0.4	0.3	0.2	0.1
ANY ILLICIT DRUG OTHER THAN MARIJUANA[1]	29.9	29.9	8.7	8.5	3.7	3.7

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.3 Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 12 to 17: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY ILLICIT DRUG[1]	30.9	30.5	22.2	21.8	11.6	11.2
Marijuana and Hashish	20.6[a]	19.6	15.8	15.0	8.2	7.9
Cocaine	2.7	2.6	2.1	1.8	0.6	0.6
Crack	0.7	0.6	0.4	0.4	0.1	0.1
Heroin	0.4	0.3	0.2	0.1	0.0	0.1
Hallucinogens	5.7[b]	5.0	3.8[b]	3.1	1.0	1.0
LSD	2.7[b]	1.6	1.3[b]	0.6	0.2	0.2
PCP	0.9	0.8	0.4	0.4	0.1	0.1
Ecstasy	3.3[b]	2.4	2.2[b]	1.3	0.5	0.4
Inhalants	10.5	10.7	4.4	4.5	1.2	1.3
Nonmedical Use of Any Psychotherapeutic[2]	13.7	13.4	9.2	9.2	4.0	4.0
Pain Relievers	11.2	11.2	7.6	7.7	3.2	3.2
Tranquilizers	3.4	3.5	2.3	2.3	0.8	0.9
Stimulants	4.3	4.0	2.6	2.3	0.8	0.9
Methamphetamine	1.5	1.3	0.9[a]	0.7	0.3	0.3
Sedatives	1.0	1.0	0.6	0.5	0.2	0.2
ANY ILLICIT DRUG OTHER THAN MARIJUANA[1]	21.4	21.3	13.5	13.4	5.7	5.7

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40331 (1.3B)

Table G.4 Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 18 to 25: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY ILLICIT DRUG[1]	59.8	60.5	35.5	34.6	20.2	20.3
Marijuana and Hashish	53.8	53.9	29.8[a]	28.5	17.3	17.0
Cocaine	15.4	15.0	6.7	6.6	2.0	2.2
Crack	3.8	3.8	0.9	0.9	0.2	0.2
Heroin	1.6	1.6	0.4	0.3	0.1	0.1
Hallucinogens	24.2	23.3	8.4[b]	6.7	1.9	1.7
LSD	15.9[b]	14.0	1.8[b]	1.1	0.1	0.2
PCP	2.7	3.0	0.3	0.4	0.0	0.1
Ecstasy	15.1	14.8	5.8[b]	3.7	1.1[b]	0.7
Inhalants	15.7	14.9	2.2	2.1	0.5	0.4
Nonmedical Use of Any Psychotherapeutic[2]	27.7[a]	29.0	14.2	14.5	5.4[a]	6.0
Pain Relievers	22.1[b]	23.7	11.4	12.0	4.1[a]	4.7
Tranquilizers	11.2[b]	12.3	4.9	5.3	1.6	1.7
Stimulants	10.8	10.8	3.7	3.5	1.2	1.3
Methamphetamine	5.7	5.2	1.7	1.6	0.5	0.6
Sedatives	2.1	1.8	0.5	0.5	0.2	0.2
ANY ILLICIT DRUG OTHER THAN MARIJUANA[1]	40.1	40.2	20.2	19.7	7.9	8.4

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40331 (1.4B)

Table G.5 Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 26 or Older: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY ILLICIT DRUG[1]	45.7	46.1	10.4	10.3	5.8	5.6
Marijuana and Hashish	40.8	41.2	7.0	6.9	4.0	4.0
Cocaine	15.9	16.3	1.8	1.9	0.7	0.8
Crack	3.9	3.6	0.7	0.6	0.3	0.3
Heroin	1.7	1.7	0.1	0.1	0.1	0.0
Hallucinogens	14.1	14.2	0.7	0.6	0.2	0.1
LSD	10.5	10.8	0.1	0.0	0.0	0.0
PCP	3.5	3.3	0.0	0.0	0.0	*
Ecstasy	2.6[b]	3.1	0.5	0.3	0.1	0.1
Inhalants	8.6	8.6	0.2	0.2	0.1	0.1
Nonmedical Use of Any Psychotherapeutic[2]	19.3	19.5	4.5	4.5	2.0	1.9
Pain Relievers	11.1	11.5	3.1	3.3	1.3	1.3
Tranquilizers	8.3	8.5	1.5	1.5	0.6	0.6
Stimulants	9.3	9.0	0.8	0.6	0.4	0.3
Methamphetamine	5.7	5.7	0.4	0.4	0.2	0.2
Sedatives	5.1	4.8	0.4	0.3	0.2	0.1
ANY ILLICIT DRUG OTHER THAN MARIJUANA[1]	29.3	29.3	6.0	5.9	2.7	2.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40510 (1.19B)

Table G.6 Any Illicit Drug Use in Lifetime, Past Year, and Past Month, by Detailed Age Categories: Percentages, 2002 and 2003

Age Category	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	46.0	46.4	14.9	14.7	8.3	8.2
12	12.4	12.2	7.1	6.2	3.3	2.7
13	18.0	18.7	11.2	11.9	5.1	4.9
14	26.7	26.3	18.9	18.7	9.1	8.5
15	35.3	34.2	26.1	25.2	13.3	13.3
16	43.7	43.8	32.6	33.2	17.5	18.6
17	50.6	48.4	38.5	36.1	22.1	19.7
18	54.5	53.5	40.3	38.2	22.3	22.6
19	57.5	58.3	39.6	39.9	22.3	23.5
20	59.7	62.0	38.4	40.3	22.8	24.0
21	66.8[b]	61.6	39.4[b]	35.0	21.7	20.7
22	60.4[a]	64.0	33.7	33.5	19.4	19.6
23	61.9	63.4	33.5	32.2	19.4	18.0
24	59.7	62.3	29.2	30.1	17.0	17.2
25	58.4	60.1	26.7	25.9	15.0	15.7
26-29	57.4	57.9	22.4	23.6	12.8	13.4
30-34	59.0	56.8	17.2	16.6	8.8	8.8
35-39	61.0	61.7	15.5	15.0	8.6	8.4
40-44	66.4	65.3	14.4	14.0	7.8	8.1
45-49	60.9	62.3	12.3	12.6	7.5	6.8
50-54	51.1	52.0	6.5	7.4	3.4	3.9
55-59	35.0	38.3	3.3	4.4	1.9	2.0
60-64	23.7	23.8	4.1	2.9	2.5	1.1
65 or Older	9.2	9.9	1.3	0.7	0.8	0.6

*Low precision; no estimate reported.
NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.7 Any Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	46.0	46.4	14.9	14.7	8.3	8.2
AGE						
12-17	30.9	30.5	22.2	21.8	11.6	11.2
18-25	59.8	60.5	35.5	34.6	20.2	20.3
26 or Older	45.7	46.1	10.4	10.3	5.8	5.6
GENDER						
Male	50.7	51.2	17.6	17.2	10.3	10.0
Female	41.7	41.9	12.5	12.4	6.4	6.5
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	47.0	47.7	14.9	14.7	8.5	8.2
White	48.5	49.2	14.9	14.9	8.5	8.3
Black or African American	43.8	44.6	16.8	15.4	9.7	8.7
American Indian or Alaska Native	58.4	62.4	19.4	18.9	10.1	12.1
Native Hawaiian or Other Pacific Islander	*	51.0	17.0	18.5	7.9	11.1
Asian	25.6	25.6	7.6	7.1	3.5	3.8
Two or More Races	54.0	60.1	20.9	20.1	11.4	12.0
Hispanic or Latino	38.9	37.0	15.0	14.7	7.2	8.0

*Low precision; no estimate reported.
NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.8 Any Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 12 to 17, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	30.9	30.5	22.2	21.8	11.6	11.2
GENDER						
Male	31.9	31.1	22.5	21.7	12.3	11.4
Female	29.8	30.0	21.9	21.9	10.9	11.1
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	30.8	30.3	22.5	21.9	11.8	11.3
White	31.8	30.8	24.0	22.9	12.6	11.8
Black or African American	29.1	30.4	18.5	19.2	10.0	9.6
American Indian or Alaska Native	51.8	42.3	35.5	32.5	20.9	19.3
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	17.6	20.1	10.6	12.6	4.8	6.5
Two or More Races	31.4	32.9	23.8	24.2	12.5	15.1
Hispanic or Latino	31.1	31.5	20.8	21.6	10.7	11.0
GENDER/RACE/HISPANIC ORIGIN						
Male, White, Not Hispanic	32.9[a]	30.9	24.2[a]	22.4	13.1	12.0
Female, White, Not Hispanic	30.7	30.6	23.8	23.4	12.0	11.6
Male, Black, Not Hispanic	30.8	32.1	19.3	20.3	11.0	9.7
Female, Black, Not Hispanic	27.4	28.6	17.7	18.2	8.9	9.4
Male, Hispanic	32.0	31.7	21.1	21.3	12.4	10.7
Female, Hispanic	30.0	31.2	20.4	21.8	8.8	11.3

*Low precision; no estimate reported.
NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.9 Any Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 18 to 25, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	59.8	60.5	35.5	34.6	20.2	20.3
GENDER						
Male	62.6	63.6	39.3	38.6	24.0	24.0
Female	57.1	57.4	31.6	30.5	16.4	16.5
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	61.8	62.3	37.3	36.1	21.5	21.3
White	64.9	65.1	39.6	38.2	22.9	22.5
Black or African American	53.7	54.6	30.9	30.6	18.2	18.2
American Indian or Alaska Native	79.2	77.9	49.4	44.2	29.5	31.0
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	34.9[a]	43.1	18.6	22.1	8.9	11.8
Two or More Races	76.3	71.4	48.8	45.4	29.3	29.2
Hispanic or Latino	50.7	52.2	27.0	27.5	14.2	15.6
EDUCATION						
< High School	59.5	59.7	36.7	36.8	22.5	23.0
High School Graduate	60.6	60.6	34.7	34.4	19.8	20.1
Some College	60.6	61.6	37.7	35.5	21.0	20.6
College Graduate	56.3	58.8	29.7	28.9	15.0	15.3
CURRENT EMPLOYMENT						
Full-Time	62.1	63.0	34.4	33.1	19.7	19.2
Part-Time	58.1	58.8	36.7	36.8	20.5	21.6
Unemployed	64.9	66.6	43.7	44.1	26.2	27.6
Other[1]	54.6	54.2	33.0	31.1	18.5	17.9

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.10 Any Illicit Drug Use in Lifetime, Past Year, and Past Month among Persons Aged 26 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	45.7	46.1	10.4	10.3	5.8	5.6
GENDER						
Male	51.3	51.8	12.9	12.6	7.5	7.2
Female	40.7	40.8	8.1	8.1	4.2	4.3
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	46.8	47.6	10.4	10.3	5.9	5.7
White	48.1	49.0	10.2	10.5	5.9	5.8
Black or African American	44.4	45.1	13.5	11.3	7.8	6.4
American Indian or Alaska Native	*	63.2	10.5	11.0	4.3	6.8
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	25.0	22.8	4.8	3.5	2.2	1.9
Two or More Races	53.9	63.8	13.7	14.2	6.9	7.9
Hispanic or Latino	37.2	33.9	10.5	9.7	4.5	5.2
EDUCATION						
< High School	32.0	33.2	10.2	9.8	6.0	5.8
High School Graduate	43.6	43.7	10.1	10.3	5.8	6.0
Some College	53.4	53.2	11.6	12.1	6.4	6.6
College Graduate	50.1	50.5	9.8	9.0	5.0	4.4
CURRENT EMPLOYMENT						
Full-Time	55.8	55.7	12.3	12.2	6.5	6.3
Part-Time	48.7	48.5	11.3	11.2	6.5	6.4
Unemployed	59.8	59.9	22.3	21.0	13.2	13.5
Other[1]	23.8	25.1	5.3	5.0	3.3	3.2

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.11 Nonmedical Use of Specific Pain Relievers in Lifetime, by Age Group: Percentages, 2002 and 2003

Pain Reliever	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
Darvocet®, Darvon®, or Tylenol® with Codeine	8.0	8.3	6.1	5.8	12.2	12.7	7.6	7.8
Percocet®, Percodan®, or Tylox®	4.1[a]	4.5	1.6	1.9	7.4	7.8	3.9[a]	4.3
Vicodin®, Lortab®, or Lorcet®	5.6[b]	6.6	4.5	4.5	13.3[b]	15.0	4.4[b]	5.4
Codeine	2.9	2.9	2.1	2.1	6.1	6.5	2.5	2.4
Demerol®	1.2	1.3	0.5	0.4	2.1	2.2	1.2	1.2
Dilaudid®	0.5	0.4	0.0	0.1	0.3	0.3	0.6	0.5
Fioricet®	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2
Fiorinal®	0.2	0.2	0.1	0.1	0.1	0.1	0.3	0.3
Hydrocodone	1.9[b]	2.4	1.3	1.6	5.0[b]	6.6	1.5[a]	1.8
Methadone	0.4	0.5	0.5	0.4	1.0[a]	1.2	0.3	0.4
Morphine	0.9	0.9	1.0	0.9	2.1	2.3	0.7	0.6
Oxycontin®	0.8[b]	1.2	0.9	1.0	2.6[b]	3.6	0.5[b]	0.8
Phenaphen® with Codeine	0.4	0.4	0.3	0.3	0.6	0.7	0.3	0.3
Propoxyphene	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
SK-65®	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0
Stadol®	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.1
Talacen®	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Talwin®	0.3[a]	0.2	0.0	0.0	0.1	0.1	0.3[a]	0.2
Talwin NX®	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Tramadol	0.0[b]	0.1	0.0	0.1	0.1[b]	0.2	0.0[a]	0.1
Ultram®	0.4	0.5	0.4	0.3	1.0	1.0	0.3	0.4

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.12 Nonmedical Use of Specific Tranquilizers in Lifetime, by Age Group: Percentages, 2002 and 2003

Tranquilizer	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
Klonopin® or Clonazepam	1.0[a]	1.2	0.7	0.6	2.3[b]	3.0	0.8	1.0
Xanax®, Alprazolam, Ativan®, or Lorazepam	3.5[b]	4.0	1.7	1.7	6.7[a]	7.5	3.2[b]	3.7
Valium® or Diazepam	6.1	6.2	1.7	1.7	7.5	7.8	6.5	6.5
Atarax®	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.1
BuSpar®	0.3	0.2	0.2	0.2	0.7	0.6	0.2	0.2
Equanil®	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.1
Flexeril®	0.8	0.8	0.2	0.2	0.9	1.2	0.8	0.9
Librium®	0.6	0.5	0.1	0.1	0.3	0.3	0.8	0.6
Limbitrol®	0.0[b]	0.0	0.0	0.0	0.1[a]	0.0	0.0[a]	0.0
Meprobamate	0.1	0.1	0.0	0.0	0.1	0.0	0.1	0.1
Miltown®	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Rohypnol®	0.2	0.2	0.2	0.2	0.5	0.6	0.1	0.1
Serax®	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1
Soma®	1.0	1.1	0.6	0.6	2.3	2.5	0.8	0.9
Tranxene®	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1
Vistaril®	0.2	0.1	0.1	0.0	0.2[a]	0.1	0.2	0.1

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.13 Nonmedical Use of Specific Stimulants in Lifetime, by Age Group: Percentages, 2002 and 2003

Stimulant	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
Methamphetamine,[1] Desoxyn®, or Methedrine	5.3	5.2	1.5	1.3	5.7	5.2	5.7	5.7
Prescription Diet Pills[2]	3.8	3.6	1.1	1.0	2.2	2.3	4.5	4.2
Ritalin® or Methylphenidate	1.9	1.8	2.4	2.2	5.4	5.7	1.3[a]	1.0
Cylert®	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Dexedrine®	1.4[b]	1.1	0.3	0.3	1.0	0.9	1.6[b]	1.2
Dextroamphetamine	0.2	0.2	0.1	0.1	0.3	0.3	0.3	0.2
Didrex®	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Eskatrol®	0.1[a]	0.0	0.0	0.0	0.0	0.0	0.2[a]	0.0
Ionamin®	0.2	0.2	0.1	0.1	0.1	0.1	0.2	0.3
Mazanor®	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Obedrin-LA®	0.0	0.0	0.0	0.1	0.0	0.0	0.0	*
Plegine®	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Preludin®	0.4	0.3	0.0	0.1	0.1	0.2	0.5	0.4
Sanorex®	0.1	0.0	0.0	0.1	0.1	0.1	0.1	0.0
Tenuate®	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.1

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Crank, crystal, ice, or speed.
[2] For example, Amphetamines, Benzedrine®, Biphetamine®, Fastin®, or Phentermine.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.14 Nonmedical Use of Specific Sedatives in Lifetime, by Age Group: Percentages, 2002 and 2003

Sedative	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
Methaqualone, Sopor®, or Quaalude®	3.1	2.9	0.2	0.3	1.0	0.8	3.9	3.7
Barbiturates[1]	1.4	1.4	0.1	0.2	0.4	0.3	1.8	1.7
Restoril® or Temazepam	0.4	0.4	0.2	0.2	0.3	0.3	0.5	0.4
Amytal®	0.1	0.1	0.0[b]	0.1	0.1	0.1	0.1	0.1
Butisol®	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Chloral Hydrate	0.1	0.1	0.0	0.0	0.0[a]	0.1	0.1	0.1
Dalmane®	0.3	0.2	0.1	0.1	0.1	0.1	0.3	0.2
Halcion®	0.4[a]	0.3	0.1	0.1	0.2	0.2	0.5[a]	0.3
Phenobarbital	0.7	0.5	0.2	0.1	0.3	0.3	0.8	0.7
Placidyl®	0.4	0.3	0.1	0.0	0.1[a]	0.0	0.6	0.4
Tuinal®	0.6	0.5	0.0	0.1	0.1	0.0	0.8	0.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] For example, Nembutal®, Pentobarbital, Seconal®, Secobarbital, or Butalbital.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40512 (2.1A)

Table G.15 Tobacco and Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Numbers in Thousands, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY TOBACCO[1]	171,838	172,843	84,731	83,415	71,499	70,757
Cigarettes	162,553	163,240	71,310	69,853	61,136	60,434
Smokeless Tobacco	46,870	46,065	10,577	10,347	7,787	7,725
Cigars	88,053	88,096	25,928	25,386	12,751	12,837
Pipe Tobacco[2]	40,003	40,064	--	--	1,816	1,619
ALCOHOL	195,452	197,533	155,476	154,540	119,820	118,965
Binge Alcohol Use[3]	--	--	--	--	53,787	53,770
Heavy Alcohol Use[3]	--	--	--	--	15,860	16,144

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any Tobacco use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40512 (2.1B)

Table G.16 Tobacco and Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY TOBACCO[1]	73.1	72.7	36.0	35.1	30.4	29.8
Cigarettes	69.1	68.7	30.3	29.4	26.0	25.4
Smokeless Tobacco	19.9	19.4	4.5	4.4	3.3	3.3
Cigars	37.4	37.1	11.0	10.7	5.4	5.4
Pipe Tobacco[2]	17.0	16.9	--	--	0.8	0.7
ALCOHOL	83.1	83.1	66.1[a]	65.0	51.0	50.1
Binge Alcohol Use[3]	--	--	--	--	22.9	22.6
Heavy Alcohol Use[3]	--	--	--	--	6.7	6.8

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any Tobacco use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.17 Tobacco and Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 12 to 17: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY TOBACCO[1]	36.8[b]	34.5	23.6[a]	22.5	15.2	14.4
Cigarettes	33.3[b]	31.0	20.3[b]	19.0	13.0	12.2
Smokeless Tobacco	8.0	7.6	4.3	4.1	2.0	2.0
Cigars	16.3[a]	15.1	10.1	10.0	4.5	4.5
Pipe Tobacco[2]	2.8	2.6	--	--	0.6	0.6
ALCOHOL	43.4	42.9	34.6	34.3	17.6	17.7
Binge Alcohol Use[3]	--	--	--	--	10.7	10.6
Heavy Alcohol Use[3]	--	--	--	--	2.5	2.6

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any Tobacco use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40512 (2.3B)

Table G.18 Tobacco and Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 18 to 25: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY TOBACCO[1]	75.5	74.8	54.9	53.8	45.3	44.8
Cigarettes	71.2	70.2	49.0[a]	47.6	40.8	40.2
Smokeless Tobacco	23.7[b]	22.0	8.0	7.8	4.8	4.7
Cigars	45.6	45.2	22.7	22.7	11.0	11.4
Pipe Tobacco[2]	8.0	7.7	--	--	1.1	0.9
ALCOHOL	86.7	87.1	77.9	78.1	60.5	61.4
Binge Alcohol Use[3]	--	--	--	--	40.9	41.6
Heavy Alcohol Use[3]	--	--	--	--	14.9	15.1

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any Tobacco use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40512 (2.4B)

Table G.19 Tobacco and Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 26 or Older: Percentages, 2002 and 2003

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
ANY TOBACCO[1]	77.7	77.6	34.5	33.5	29.9	29.3
Cigarettes	73.7	73.6	28.5	27.6	25.2	24.7
Smokeless Tobacco	20.9	20.6	3.9	3.8	3.2	3.2
Cigars	39.0	38.7	9.1	8.7	4.6	4.5
Pipe Tobacco[2]	20.5	20.4	--	--	0.8	0.6
ALCOHOL	88.0	88.0	68.4[a]	67.0	53.9	52.5
Binge Alcohol Use[3]	--	--	--	--	21.4	21.0
Heavy Alcohol Use[3]	--	--	--	--	5.9	5.9

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Tobacco product includes cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any Tobacco use in the past year excludes past year pipe tobacco use, but includes past month pipe tobacco use.
[2] Information about past year use of pipe tobacco was not collected.
[3] Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (2.24B)

Table G.20 Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month, by Detailed Age Categories: Percentages, 2002 and 2003

Age Category	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2002	2003	2002	2003	2002	2003
TOTAL	51.0	50.1	22.9	22.6	6.7	6.8
12	2.0[a]	2.9	0.8	0.9	0.0	0.1
13	6.5	6.1	2.8	2.2	0.5[a]	0.2
14	13.4	13.1	7.0	7.1	1.4	1.3
15	19.9	20.9	11.6	11.7	2.4	3.1
16	29.0	28.5	17.9	18.0	4.0	4.3
17	36.2	35.3	25.0	24.5	7.2	6.8
18	46.3	43.7	32.6	31.5	11.2	10.1
19	51.6	52.4	38.3	36.3	14.1	13.8
20	55.5[a]	59.6	38.7	41.4	15.1	16.1
21	70.9	69.7	50.2	47.8	20.1	18.7
22	67.0	69.8	46.1	47.0	17.0	17.4
23	66.2	67.4	43.5	46.1	16.6	16.5
24	64.9	65.5	39.4[b]	44.0	13.2	15.3
25	64.4	66.1	39.3	40.0	11.6	13.6
26-29	61.5	61.7	35.5	38.0	10.5	11.4
30-34	61.3	59.2	31.3	29.1	7.9	7.9
35-39	60.0	59.5	29.1	28.1	7.8	7.9
40-44	60.3	58.6	26.9	25.7	6.6	7.9
45-49	58.8	57.7	22.5	23.2	7.7	6.8
50-54	52.7	54.0	18.1	17.9	5.7	4.9
55-59	50.9	52.9	13.7	15.5	3.8	4.2
60-64	49.9	46.2	15.2	11.9	4.7	2.5
65 or Older	38.3[a]	34.4	7.5	7.2	1.4	1.8

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40413 (2.50B)

Table G.21 Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2002	2003	2002	2003	2002	2003
TOTAL	51.0	50.1	22.9	22.6	6.7	6.8
AGE						
12-17	17.6	17.7	10.7	10.6	2.5	2.6
18-25	60.5	61.4	40.9	41.6	14.9	15.1
26 or Older	53.9	52.5	21.4	21.0	5.9	5.9
GENDER						
Male	57.4	57.3	31.2	30.9	10.8	10.4
Female	44.9[a]	43.2	15.1	14.8	3.0[a]	3.4
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	52.1	51.3	22.6	22.4	6.9	7.0
White	55.0	54.4	23.4	23.6	7.5	7.7
Black or African American	39.9	37.9	21.0	19.0	4.4	4.5
American Indian or Alaska Native	44.7	42.0	27.9	29.6	8.7	10.0
Native Hawaiian or Other Pacific Islander	*	43.3	25.2	29.8	8.3	10.4
Asian	37.1	39.8	12.4	11.0	2.6	2.3
Two or More Races	49.9	44.4	19.8	21.8	7.5	6.1
Hispanic or Latino	42.8	41.5	24.8	24.2	5.9	5.2

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40413 (2.51B)

Table G.22 Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 12 to 17, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2002	2003	2002	2003	2002	2003
TOTAL	17.6	17.7	10.7	10.6	2.5	2.6
GENDER						
Male	17.4	17.1	11.4	11.1	3.1	2.9
Female	17.9	18.3	9.9	10.1	1.9	2.3
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	17.8	18.0	10.7	10.9	2.6	2.8
White	20.1	20.5	12.5	12.8	3.2	3.5
Black or African American	10.9	10.1	4.9	4.6	0.6	0.5
American Indian or Alaska Native	22.6	16.3	18.2	12.4	2.9	1.7
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	7.4	8.7	3.2	3.2	0.1	1.2
Two or More Races	15.1	17.0	8.6	10.8	2.9	0.8
Hispanic or Latino	16.6	16.2	10.5	9.4	2.2	1.7
GENDER/RACE/HISPANIC ORIGIN						
Male, White, Not Hispanic	19.8	20.0	13.6	13.2	4.0	3.8
Female, White, Not Hispanic	20.4	21.1	11.4	12.4	2.5	3.1
Male, Black, Not Hispanic	11.1	9.9	5.2	5.1	0.8	0.8
Female, Black, Not Hispanic	10.8	10.3	4.7	4.1	0.4	0.2
Male, Hispanic	16.8	15.8	11.1	10.2	2.6	2.1
Female, Hispanic	16.4	16.7	9.8	8.6	1.8	1.3

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.23 Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 18 to 25, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2002	2003	2002	2003	2002	2003
TOTAL	60.5	61.4	40.9	41.6	14.9	15.1
GENDER						
Male	65.2	66.9	50.2	51.3	21.1	21.2
Female	55.7	55.8	31.7	31.8	8.7	9.0
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	62.7	63.4	42.3	42.7	16.2	16.0
White	66.8	68.0	46.8	47.8	19.0	19.0
Black or African American	48.3	47.2	26.2	24.2	5.9	5.4
American Indian or Alaska Native	60.0	52.3	44.1	41.6	10.6	13.0
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	49.9	48.9	24.6	27.8	7.0	7.8
Two or More Races	64.0	66.6	44.4	40.0	19.5	16.6
Hispanic or Latino	49.8	52.1	34.8	36.5	9.1	10.8
EDUCATION						
< High School	48.2	48.5	36.7	37.4	11.1	12.5
High School Graduate	55.9	56.7	38.4	39.0	13.8	13.7
Some College	68.0	68.7	45.2	45.1	18.0	17.5
College Graduate	76.0	78.2	44.7	47.2	17.0	17.3
CURRENT EMPLOYMENT						
Full-Time	66.4	66.3	45.4	45.7	15.9	16.4
Part-Time	59.1[a]	62.2	39.1	40.2	14.9	14.9
Unemployed	56.7	58.6	41.4	42.4	16.0	16.7
Other[1]	49.9	50.0	32.4	33.4	12.1	11.5

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40413 (2.53B)

Table G.24 Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 26 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2002	2003	2002	2003	2002	2003
TOTAL	53.9	52.5	21.4	21.0	5.9	5.9
GENDER						
Male	61.9	61.5	30.7	30.1	10.0	9.5
Female	46.6[a]	44.3	13.0	12.6	2.2	2.6
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	54.9	53.7	21.0	20.6	5.9	6.1
White	57.5	56.4	21.3	21.2	6.3	6.5
Black or African American	43.6	41.1	22.9	20.6	4.8	5.1
American Indian or Alaska Native	45.5	45.0	26.4	30.5	9.3	11.0
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	39.0	42.1	11.2	8.8	2.1	1.3
Two or More Races	54.4	46.0	16.5	20.6	5.8	5.2
Hispanic or Latino	46.1	43.5	24.9	23.8	5.8	4.4
EDUCATION						
< High School	35.5	34.1	21.2	21.4	7.0	6.8
High School Graduate	50.7[b]	47.5	23.6	22.3	6.5	6.6
Some College	56.7	57.0	21.6	22.2	6.0	6.2
College Graduate	66.7	65.6	18.9	18.1	4.5	4.4
CURRENT EMPLOYMENT						
Full-Time	61.2	60.5	26.7	26.5	7.4	7.5
Part-Time	58.5[a]	53.3	19.9	17.4	4.8	5.2
Unemployed	58.4	56.1	31.5	31.3	12.1	11.5
Other[1]	37.7	36.4	10.9	10.6	2.9	2.5

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40412 (2.102B)

Table G.25 Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 12 to 20, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
	2002	2003	2002	2003	2002	2003
TOTAL	28.8	29.0	19.3	19.2	6.2	6.1
GENDER						
Male	29.6	29.9	21.8	21.7	8.1	7.9
Female	28.0	28.1	16.7	16.5	4.2	4.3
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	29.5	29.7	19.8	19.6	6.5	6.5
White	32.8	33.2	22.7	22.8	7.9	8.0
Black or African American	19.3	18.2	9.8	9.1	2.0	1.6
American Indian or Alaska Native	32.4	26.0	22.6	20.8	3.1	4.0
Native Hawaiian or Other Pacific Islander	*	*	*	*	1.5	5.7
Asian	15.5	18.2	8.6	9.6	1.8	3.1
Two or More Races	28.1	27.7	19.8	16.5	8.2[b]	2.9
Hispanic or Latino	25.0	25.6	16.8	16.9	4.3	4.1
GENDER/RACE/HISPANIC ORIGIN						
Male, White, Not Hispanic	33.3	33.8	25.4	25.4	10.3	10.1
Female, White, Not Hispanic	32.2	32.6	19.9	20.0	5.4	5.8
Male, Black, Not Hispanic	20.1	19.5	11.0	11.0	2.7	2.5
Female, Black, Not Hispanic	18.4	17.0	8.5	7.2	1.2	0.7
Male, Hispanic	27.1	27.8	20.1	20.3	5.6	5.7
Female, Hispanic	22.6	23.2	13.1	13.1	2.8	2.3

*Low precision; no estimate reported.

NOTE: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (2.20B)

Table G.26 Cigarette Use in Lifetime, Past Year, and Past Month, by Detailed Age Categories: Percentages, 2002 and 2003

Age Category	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	69.1	68.7	30.3	29.4	26.0	25.4
12	9.2	7.8	4.4	3.5	1.7	1.7
13	18.7[b]	15.3	10.0[b]	7.5	4.7[a]	3.3
14	28.5[a]	25.6	16.2	14.9	8.5	8.4
15	39.7	37.2	23.4	22.5	14.1	13.6
16	48.4	46.7	31.2	30.4	21.9	20.1
17	56.9	54.2	38.2	35.4	28.1	26.4
18	65.4[b]	60.0	46.2[a]	42.8	35.8	33.7
19	66.6	67.8	47.1	45.4	38.7	37.2
20	71.2	71.2	50.7	51.2	41.8	44.1
21	74.4[a]	70.7	54.0[b]	48.2	46.2[a]	42.0
22	74.1	75.6	51.1	50.8	42.2	43.5
23	74.7	73.1	50.8	48.9	44.1	41.6
24	72.2	73.4	46.9	49.0	39.4	42.1
25	72.4	71.7	45.0	45.2	38.1	38.6
26-29	72.0	73.1	41.2	42.7	34.8	36.8
30-34	73.8	71.7	35.9	35.4	31.1	30.9
35-39	74.4	74.2	35.5	32.9	32.0[a]	29.0
40-44	76.9	75.6	34.7	34.0	31.6	31.1
45-49	75.7	76.8	31.4	31.7	28.6	28.9
50-54	77.4	75.9	27.9	27.4	24.5	25.0
55-59	77.3	77.2	25.2	23.5	22.8	21.8
60-64	78.0	77.4	22.6	18.3	19.9	16.5
65 or Older	65.7	67.2	11.7	11.8	10.3	10.0

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40413 (2.30B)

Table G.27 Cigarette Use in Lifetime, Past Year, and Past Month among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	69.1	68.7	30.3	29.4	26.0	25.4
AGE						
12-17	33.3[b]	31.0	20.3[b]	19.0	13.0	12.2
18-25	71.2	70.2	49.0[a]	47.6	40.8	40.2
26 or Older	73.7	73.6	28.5	27.6	25.2	24.7
GENDER						
Male	73.8	73.2	33.3	32.4	28.7	28.1
Female	64.8	64.4	27.6	26.6	23.4	23.0
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	70.8	70.4	30.6	29.8	26.4	26.0
White	74.0	74.0	31.0	30.6	26.9	26.6
Black or African American	58.7	58.6	29.4	28.8	25.3	25.9
American Indian or Alaska Native	79.9	71.8	45.1	41.1	37.1	36.1
Native Hawaiian or Other Pacific Islander	*	55.0	*	38.6	*	33.1
Asian	46.4	42.4	21.6[a]	16.3	17.7[a]	12.6
Two or More Races	74.5	71.0	38.8	35.4	35.0	30.7
Hispanic or Latino	57.1	56.8	28.5	26.5	23.0	21.4

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40413 (2.31B)

Table G.28 Cigarette Use in Lifetime, Past Year, and Past Month among Persons Aged 12 to 17, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	33.3[b]	31.0	20.3[b]	19.0	13.0	12.2
GENDER						
Male	33.2[b]	30.9	19.8	18.4	12.3	11.9
Female	33.4[b]	31.2	21.0[a]	19.5	13.6[a]	12.5
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	33.7[b]	31.0	20.8[b]	19.3	13.5	12.8
White	36.2[b]	33.3	23.2[a]	21.6	15.6	14.7
Black or African American	25.8	24.3	12.6	11.9	6.6	6.9
American Indian or Alaska Native	58.1	46.1	39.2	30.9	27.7	23.2
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	19.7	17.7	10.0	7.8	3.8	3.7
Two or More Races	34.7	31.8	20.9	19.1	12.6	12.9
Hispanic or Latino	31.0	31.0	17.9	17.4	10.0	8.8
GENDER/RACE/HISPANIC ORIGIN						
Male, White, Not Hispanic	35.7[b]	32.8	21.9	20.7	14.5	14.1
Female, White, Not Hispanic	36.6[b]	33.8	24.6[a]	22.6	16.9	15.4
Male, Black, Not Hispanic	26.4	24.5	13.9	11.9	7.5	7.4
Female, Black, Not Hispanic	25.1	24.1	11.3	11.8	5.8	6.3
Male, Hispanic	31.7	31.4	18.2	17.3	10.0	8.9
Female, Hispanic	30.3	30.6	17.7	17.5	10.1	8.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40413 (2.32B)

Table G.29 Cigarette Use in Lifetime, Past Year, and Past Month among Persons Aged 18 to 25, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	71.2	70.2	49.0[a]	47.6	40.8	40.2
GENDER						
Male	73.7	72.7	52.7	51.6	44.4	44.2
Female	68.7	67.6	45.4	43.7	37.1	36.2
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	73.0[b]	71.0	51.2[b]	48.9	43.0	41.6
White	77.2[a]	75.6	55.6[b]	53.3	47.0[a]	45.4
Black or African American	57.2	55.8	33.8	33.0	27.7	28.5
American Indian or Alaska Native	82.3	81.0	59.8	65.8	47.5	58.1
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	56.2	52.4	36.9	33.4	27.9	26.9
Two or More Races	80.6	75.9	58.8	52.0	51.2	43.8
Hispanic or Latino	63.2	66.2	38.9	41.9	30.5[a]	33.9
EDUCATION						
< High School	72.1	71.7	54.9	55.1	48.2	49.2
High School Graduate	71.4	70.0	49.9	49.0	42.6	42.3
Some College	70.9	70.6	47.1	44.8	37.7	36.3
College Graduate	70.2	66.9	40.9	38.1	30.4	28.7
CURRENT EMPLOYMENT						
Full-Time	75.2	74.7	51.7	50.9	43.9	43.9
Part-Time	67.2	67.1	45.0	44.8	35.8	35.8
Unemployed	74.7	71.6	59.1[a]	54.7	51.6	48.2
Other[1]	65.6	63.2	44.0[a]	40.8	35.4	34.0

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40413 (2.33B)

Table G.30 Cigarette Use in Lifetime, Past Year, and Past Month among Persons Aged 26 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	2002	2003	2002	2003	2002	2003
TOTAL	73.7	73.6	28.5	27.6	25.2	24.7
GENDER						
Male	79.8	79.6	31.8	30.9	28.3	27.5
Female	68.2	68.2	25.5	24.7	22.5	22.1
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	75.3	75.4	28.6	28.1	25.5	25.2
White	78.0	78.6	28.3	28.2	25.2	25.3
Black or African American	65.3	65.8	31.7	31.2	28.3	28.9
American Indian or Alaska Native	*	75.0	43.2	38.0	36.6	34.2
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian	48.5	43.8	20.2[a]	14.0	17.7[a]	10.9
Two or More Races	82.2	78.6	38.1	35.7	36.3	32.0
Hispanic or Latino	60.6	59.3	27.7[a]	24.0	23.5	20.5
EDUCATION						
< High School	66.6	68.1	35.2	35.3	32.2	32.2
High School Graduate	75.2	74.5	33.5	31.8	30.4	29.4
Some College	77.6	77.9	30.7	30.5	27.0	27.1
College Graduate	73.0	72.4	16.3	16.0	13.3	12.9
CURRENT EMPLOYMENT						
Full-Time	76.1	76.2	31.4	30.8	27.5	27.4
Part-Time	76.3[a]	72.8	26.6	24.1	23.7	20.9
Unemployed	77.1	75.2	52.4[b]	42.5	49.0[a]	40.0
Other[1]	67.7	68.8	21.2	21.3	19.0	19.1

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40618 (4.1A)

Table G.31 Numbers (in Thousands) of Persons Who First Used Marijuana in the United States, Their Mean Age at First Use, and Rates of First Use (Per 1,000 Person-Years of Exposure): 1965-2002, Based on 2002 and 2003 NSDUHs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	Under 18	18 or Older		12-17	18-25
1965	794	304	490	18.7	14.3	24.5
1966	785	268	517	19.4	11.9	23.5
1967	1,317	463	854	19.2	21.3	35.3
1968	1,961	757	1,204	18.8	34.2	50.6
1969	2,627	985	1,642	19.0	45.3	71.2
1970	2,858	1,306	1,551	18.6	60.0	71.0
1971	2,951	1,333	1,619	18.4	60.2	73.6
1972	3,134	1,666	1,468	18.3	76.5	63.0
1973	3,460	1,735	1,725	18.8	79.0	76.1
1974	3,275	1,912	1,363	18.5	89.7	58.3
1975	3,332	1,880	1,452	18.3	89.6	66.6
1976	3,236	1,943	1,292	18.4	97.1	59.8
1977	3,327	1,891	1,436	18.6	96.5	68.2
1978	3,225	1,925	1,300	18.4	101.1	66.5
1979	3,028	1,733	1,295	19.1	91.9	61.3
1980	2,555	1,565	990	18.5	83.8	50.6
1981	2,518	1,452	1,066	18.3	80.1	58.7
1982	2,412	1,404	1,008	19.4	78.3	47.7
1983	2,365	1,500	865	18.0	83.1	48.5
1984	2,123	1,379	745	17.9	78.4	40.6
1985	2,182	1,374	809	18.0	78.7	47.6
1986	2,046	1,258	788	17.6	73.5	48.5
1987	1,809	1,116	692	17.8	64.6	43.3
1988	1,695	1,087	608	17.8	64.7	38.1
1989	1,702	994	708	18.3	58.4	41.3
1990	1,505	825	680	18.8	47.2	38.2
1991	1,765	1,042	723	17.8	58.6	42.6
1992	2,013	1,159	854	17.5	63.8	53.5
1993	2,148	1,338	810	17.2	71.9	47.6
1994	2,464	1,616	848	16.8	86.2	51.9
1995	2,698	1,726	973	17.0	90.3	58.3
1996	2,448	1,590	857	16.9	82.6	51.9
1997	2,613	1,725	889	17.2	89.0	52.0
1998	2,519	1,702	816	17.0	86.3	50.8
1999	2,715	1,728	987	17.5	86.5	59.8
2000	2,862	1,966	896	16.9	98.2	56.1
2001	2,806	1,872	934	17.3	93.6	56.3
2002[2]	2,573	1,763	810	17.2	87.0	49.4

*Low precision; no estimate reported.
-- Not available.
NOTE: Comparisons between years, particularly between recent estimates and those from 10 or more years prior, should be made with caution due to potential reporting and other biases.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person-time exposure of persons in the age group measured in thousands of years.
[2] Estimated using 2003 data only.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.32 Numbers (in Thousands) of Persons Who First Used Cocaine in the United States, Their Mean Age at First Use, and Rates of First Use (Per 1,000 Person-Years of Exposure): 1965-2002, Based on 2002 and 2003 NSDUHs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	Under 18	18 or Older		12-17	18-25
1965	62	*	49	*	*	*
1966	35	*	27	*	*	*
1967	98	*	98	*	*	*
1968	185	67	118	19.2	2.9	5.0
1969	210	50	160	21.6	2.0	5.0
1970	288	85	204	18.9	3.7	8.0
1971	424	81	343	20.7	3.3	11.0
1972	433	111	322	19.5	4.5	10.8
1973	592	174	418	20.3	7.2	13.5
1974	885	202	683	21.7	8.3	18.1
1975	876	197	679	20.9	8.1	19.6
1976	1,026	212	813	21.2	8.9	24.3
1977	1,102	264	838	21.2	11.3	23.4
1978	1,329	237	1,092	21.3	10.4	31.7
1979	1,360	277	1,083	21.0	12.4	32.9
1980	1,562	296	1,266	22.4	13.6	33.0
1981	1,543	284	1,259	21.5	13.5	36.3
1982	1,502	299	1,203	22.0	14.3	32.7
1983	1,450	235	1,215	22.1	11.4	35.5
1984	1,363	267	1,097	22.1	13.1	30.8
1985	1,371	289	1,082	22.2	14.4	29.6
1986	1,264	231	1,033	23.2	11.7	28.3
1987	1,173	247	926	22.5	12.6	26.8
1988	1,147	166	982	23.1	8.6	28.3
1989	981	163	818	23.1	8.5	22.8
1990	942	195	748	23.5	10.4	19.7
1991	706	115	591	23.1	6.0	16.6
1992	781	166	615	24.5	8.3	14.3
1993	634	150	484	22.1	7.5	14.3
1994	662	151	511	22.6	6.9	14.4
1995	776	222	554	21.1	10.3	17.2
1996	880	272	608	21.9	12.3	18.4
1997	886	252	634	20.8	11.1	21.3
1998	926	278	648	20.8	12.0	20.9
1999	959	283	677	20.8	12.0	21.5
2000	1,019	309	709	20.9	12.8	22.4
2001	1,167	372	795	20.8	15.3	24.1
2002[2]	1,059	323	736	20.3	13.1	22.6

*Low precision; no estimate reported.
-- Not available.
NOTE: Comparisons between years, particularly between recent estimates and those from 10 or more years prior, should be made with caution due to potential reporting and other biases.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person-time exposure of persons in the age group measured in thousands of years.
[2] Estimated using 2003 data only.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40618 (4.5A)

Table G.33 Numbers (in Thousands) of Persons Who First Used Hallucinogens in the United States, Their Mean Age at First Use, and Rates of First Use (Per 1,000 Person-Years of Exposure): 1965-2002, Based on 2002 and 2003 NSDUHs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	Under 18	18 or Older		12-17	18-25
1965	70	*	64	20.7	*	3.2
1966	145	70	75	20.2	3.1	2.5
1967	300	112	188	19.0	5.0	7.1
1968	361	183	177	18.7	7.8	6.2
1969	890	320	570	19.1	13.9	21.6
1970	996	416	580	18.5	18.2	22.7
1971	988	429	560	18.3	18.6	21.1
1972	1,059	566	493	17.6	24.2	18.5
1973	871	454	417	17.8	19.1	16.1
1974	978	488	491	18.4	20.5	17.3
1975	981	495	486	18.0	20.9	17.4
1976	970	466	504	18.8	20.1	17.6
1977	904	409	495	18.5	17.9	18.3
1978	942	449	493	18.0	19.6	17.8
1979	982	492	490	18.5	22.4	15.8
1980	981	431	550	18.7	20.1	19.0
1981	960	379	581	19.3	18.3	19.1
1982	1,025	384	641	20.2	18.5	19.9
1983	716	288	428	18.7	13.9	15.2
1984	760	298	462	19.4	14.5	15.3
1985	716	286	430	19.0	13.8	14.9
1986	761	310	451	19.5	15.8	14.4
1987	770	351	419	19.2	18.1	14.6
1988	802	315	487	19.2	16.7	17.4
1989	785	299	487	19.0	15.9	17.5
1990	704	279	424	19.6	14.9	14.2
1991	762	329	434	19.1	17.4	15.2
1992	700	324	375	18.9	16.5	13.0
1993	813	379	434	19.2	19.0	14.2
1994	920	476	444	18.0	23.3	17.1
1995	993	492	500	18.2	23.3	19.4
1996	1,079	519	561	19.1	24.0	21.4
1997	1,117	520	597	19.0	23.2	23.2
1998	1,192	533	659	19.0	23.1	24.4
1999	1,449	640	809	18.7	27.6	32.0
2000	1,564	728	835	18.7	30.8	31.9
2001	1,619	725	894	19.3	30.3	31.6
2002[2]	1,110	554	556	18.3	22.6	20.3

*Low precision; no estimate reported.
-- Not available.
NOTE: Comparisons between years, particularly between recent estimates and those from 10 or more years prior, should be made with caution due to potential reporting and other biases.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person-time exposure of persons in the age group measured in thousands of years.
[2] Estimated using 2003 data only.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40618 (4.8A)

Table G.34 Numbers (in Thousands) of Persons Who First Used Ecstasy in the United States, Their Mean Age at First Use, and Rates of First Use (Per 1,000 Person-Years of Exposure): 1965-2002, Based on 2002 and 2003 NSDUHs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	Under 18	18 or Older		12-17	18-25
1965	*	*	*	*	*	*
1966	*	*	*	*	*	*
1967	*	*	*	*	*	*
1968	*	*	*	*	*	*
1969	*	*	*	*	*	*
1970	*	*	*	*	*	*
1971	*	*	*	*	*	*
1972	*	*	*	*	*	*
1973	*	*	*	*	*	*
1974	*	*	*	*	*	*
1975	*	*	*	*	*	*
1976	55	*	45	22.3	*	*
1977	*	*	*	*	*	*
1978	*	*	*	*	*	*
1979	39	*	36	23.2	*	0.6
1980	32	*	25	23.8	*	*
1981	33	*	33	*	*	0.9
1982	28	*	*	*	*	*
1983	79	*	68	25.8	*	1.2
1984	90	*	90	26.1	*	1.5
1985	148	15	133	22.3	0.7	3.2
1986	152	23	130	23.0	1.1	3.1
1987	197	21	176	22.9	1.0	5.2
1988	206	42	164	23.4	2.2	3.8
1989	200	31	169	22.4	1.6	4.3
1990	228	22	206	23.7	1.1	4.3
1991	165	19	146	22.5	0.9	3.7
1992	202	27	175	22.5	1.3	4.3
1993	199	38	161	22.8	1.8	4.4
1994	258	59	198	23.0	2.8	5.0
1995	371	68	303	21.5	3.1	9.1
1996	406	102	304	23.8	4.4	7.9
1997	566	124	442	22.2	5.4	12.3
1998	819	167	652	21.3	7.1	19.3
1999	1,386	328	1,058	21.5	13.8	31.1
2000	1,737	465	1,272	21.2	19.2	38.0
2001	1,786	530	1,256	21.7	21.9	34.6
2002[2]	1,078	371	707	20.7	14.9	19.9

*Low precision; no estimate reported.
-- Not available.
NOTE: Comparisons between years, particularly between recent estimates and those from 10 or more years prior, should be made with caution due to potential reporting and other biases.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person-time exposure of persons in the age group measured in thousands of years.
[2] Estimated using 2003 data only.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40618 (4.10A)

Table G.35 Numbers (in Thousands) of Persons Who First Used Pain Relievers Nonmedically in the United States, Their Mean Age at First Use, and Rates of First Use (Per 1,000 Person-Years of Exposure): 1965-2002, Based on 2002 and 2003 NSDUHs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	Under 18	18 or Older		12-17	18-25
1965	92	38	*	*	*	*
1966	41	*	*	23.8	*	*
1967	86	*	51	21.7	*	1.8
1968	261	79	182	19.6	3.2	7.8
1969	321	179	142	19.0	7.7	4.3
1970	336	128	208	20.3	4.5	5.9
1971	405	198	207	18.6	8.2	6.7
1972	325	139	186	19.3	5.6	5.8
1973	447	190	257	19.4	7.6	7.6
1974	525	200	325	20.1	7.2	8.4
1975	482	186	297	20.2	7.2	7.9
1976	467	165	303	20.3	6.9	8.2
1977	533	140	393	20.7	5.8	11.5
1978	522	194	329	20.4	8.2	8.6
1979	487	217	270	20.3	9.7	6.7
1980	485	171	313	22.1	7.4	5.7
1981	497	138	359	21.4	6.3	8.5
1982	422	156	266	21.3	6.8	5.7
1983	628	176	452	21.8	8.0	10.6
1984	503	113	390	24.8	5.2	7.9
1985	511	131	380	22.2	5.7	8.9
1986	572	96	476	24.3	4.5	10.7
1987	630	135	495	24.9	5.9	9.7
1988	552	101	451	24.4	4.8	9.5
1989	670	147	523	24.2	7.2	11.3
1990	573	108	465	23.6	5.1	10.2
1991	629	166	463	23.6	7.9	10.2
1992	785	171	614	25.1	7.4	11.2
1993	689	192	498	22.4	8.4	12.4
1994	949	269	680	23.3	11.8	14.8
1995	896	293	603	22.3	12.0	15.0
1996	1,125	380	745	21.4	15.6	21.5
1997	1,408	470	938	22.0	18.8	24.9
1998	1,649	583	1,066	23.2	22.6	24.6
1999	1,925	726	1,199	22.4	28.3	30.1
2000	2,475	952	1,523	22.1	38.4	39.2
2001	2,490	1,105	1,385	21.0	45.9	36.2
2002[2]	2,471	1,098	1,373	22.2	46.2	32.8

*Low precision; no estimate reported.
-- Not available.
NOTE: Comparisons between years, particularly between recent estimates and those from 10 or more years prior, should be made with caution due to potential reporting and other biases.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person-time exposure of persons in the age group measured in thousands of years.
[2] Estimated using 2003 data only.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40618 (4.17A)

Table G.36 Numbers (in Thousands) of Persons Who First Used Any Cigarettes in the United States, Their Mean Age at First Use, and Rates of First Use (Per 1,000 Person-Years of Exposure): 1965-2002, Based on 2002 and 2003 NSDUHs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	Under 18	18 or Older		12-17	18-25
1965	2,771	2,145	626	15.0	121.6	101.5
1966	2,621	1,907	714	15.4	109.9	101.3
1967	3,087	2,368	719	15.4	140.1	96.6
1968	3,020	2,192	828	15.5	123.7	108.5
1969	2,984	2,340	645	15.4	134.9	79.6
1970	3,152	2,433	719	15.1	131.9	92.9
1971	3,233	2,506	727	15.2	135.3	88.1
1972	3,520	2,776	744	15.0	153.3	90.1
1973	3,422	2,785	637	14.7	154.5	72.0
1974	3,387	2,720	666	14.9	151.9	76.3
1975	3,436	2,715	721	15.2	158.7	75.4
1976	3,348	2,573	775	15.3	153.3	80.5
1977	2,862	2,239	624	15.1	135.2	65.0
1978	3,139	2,515	624	15.2	154.9	60.6
1979	2,941	2,270	671	15.3	141.9	67.3
1980	2,724	1,988	736	15.8	126.2	70.9
1981	2,617	1,953	665	15.4	125.5	69.1
1982	2,514	1,994	521	15.5	129.6	50.0
1983	2,602	2,031	571	15.9	134.6	52.9
1984	2,412	1,912	500	15.2	123.5	52.1
1985	2,534	1,959	575	15.3	128.2	61.0
1986	2,364	1,827	537	15.5	119.5	55.9
1987	2,417	1,797	620	15.5	116.1	65.6
1988	2,484	1,787	697	15.6	116.8	71.3
1989	2,532	1,831	701	16.0	123.0	70.1
1990	2,420	1,777	644	15.6	116.5	64.1
1991	2,482	1,831	652	15.5	116.3	64.9
1992	2,625	1,892	733	15.9	117.8	67.9
1993	2,820	2,152	668	15.2	131.6	66.4
1994	2,866	2,144	722	15.3	125.2	70.4
1995	3,111	2,392	718	15.3	139.2	71.7
1996	3,249	2,486	763	15.3	141.7	79.9
1997	3,317	2,454	863	15.6	136.7	87.6
1998	3,257	2,521	736	15.5	141.8	75.9
1999	3,197	2,408	788	15.8	138.6	82.7
2000	2,966	2,247	719	15.8	129.6	74.1
2001[2]	2,677	2,028	650	16.1	115.2	65.3
2002[2]	--	--	658	--	100.1	59.6

*Low precision; no estimate reported.
-- Not available.
NOTE: Comparisons between years, particularly between recent estimates and those from 10 or more years prior, should be made with caution due to potential reporting and other biases.
[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person-time exposure of persons in the age group measured in thousands of years.
[2] Estimated using 2003 data only.
Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40618 (4.18A)

Table G.37 Numbers (in Thousands) of Persons Who Began Daily Cigarette Use in the United States, Their Mean Age at First Use, and Rates of First Use (Per 1,000 Person-Years of Exposure): 1965-2002, Based on 2002 and 2003 NSDUHs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	Under 18	18 or Older		12-17	18-25
1965	1,518	693	825	18.2	34.1	62.4
1966	1,613	843	770	17.8	41.7	57.4
1967	1,691	871	820	17.3	41.9	60.2
1968	1,664	684	979	18.2	30.5	64.5
1969	1,929	879	1,051	18.2	40.0	67.7
1970	1,771	882	890	18.1	40.4	50.5
1971	1,851	938	913	17.7	42.5	51.6
1972	2,021	1,052	970	17.4	47.4	56.1
1973	2,137	1,117	1,020	17.6	48.5	52.8
1974	2,003	1,130	874	17.5	49.7	46.4
1975	2,218	1,317	901	17.3	58.7	46.1
1976	1,971	1,107	864	17.7	50.7	40.7
1977	1,927	1,074	853	17.7	49.6	40.2
1978	1,930	1,024	906	18.2	48.3	41.4
1979	1,776	939	837	17.9	45.5	37.6
1980	1,707	872	835	18.3	41.7	34.6
1981	1,611	863	748	18.0	43.0	32.1
1982	1,699	864	835	18.2	42.8	36.0
1983	1,496	737	760	18.4	36.8	32.3
1984	1,425	729	696	18.0	37.7	30.8
1985	1,421	778	642	17.6	40.1	29.7
1986	1,364	783	581	18.0	41.5	24.2
1987	1,421	739	682	18.2	38.6	28.8
1988	1,302	618	684	18.8	33.9	28.8
1989	1,317	634	683	18.4	34.6	30.6
1990	1,441	704	737	18.7	39.1	31.6
1991	1,525	676	849	19.1	36.8	34.9
1992	1,485	735	750	18.7	39.1	31.1
1993	1,394	787	608	17.8	40.9	27.1
1994	1,627	845	782	18.2	42.1	34.0
1995	1,606	875	731	17.9	42.4	33.6
1996	1,940	1,038	902	18.8	49.2	38.6
1997	2,020	1,085	935	18.5	50.6	42.8
1998	1,866	1,024	842	18.0	46.6	40.7
1999	1,869	1,030	839	18.4	46.6	38.7
2000	1,911	1,030	881	18.4	45.5	38.6
2001	1,617	879	738	19.0	38.9	30.8
2002[2]	1,360	734	626	19.4	31.8	24.6

*Low precision; no estimate reported.
-- Not available.
NOTE: Comparisons between years, particularly between recent estimates and those from 10 or more years prior, should be made with caution due to potential reporting and other biases.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person-time exposure of persons in the age group measured in thousands of years.
[2] Estimated using 2003 data only.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.38 Perceived Risk and Availability of Drugs, by Age Group: Percentages, 2002 and 2003

Risk/Availability[1]	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
PERCEPTIONS OF GREAT RISK								
Cigarettes								
Smoke One or More Packs Per Day	71.1	71.4	63.1	64.2	65.2	65.7	73.3	73.4
Marijuana								
Smoke Once a Month	38.3[a]	39.6	32.4[b]	34.9	23.5[a]	24.8	41.7	42.9
Smoke Once or Twice a Week	51.3[b]	52.8	51.5[b]	54.4	35.5[a]	36.8	54.1[a]	55.4
Cocaine								
Use Once a Month	71.5	71.0	50.5	51.4	64.1	63.6	75.7	75.0
Use Once or Twice a Week	89.4	89.0	79.8	80.7	87.2	86.6	91.1	90.6
Heroin								
Try Once or Twice	82.4	82.2	58.5	58.8	78.0	77.5	86.5	86.2
Use Once or Twice a Week	93.9	93.9	82.5	82.6	93.6	93.5	95.5	95.5
LSD								
Try Once or Twice	73.7	73.4	52.6	53.4	62.4	63.0	78.5	77.9
Use Once or Twice a Week	88.8	88.7	76.2	76.9	84.8	85.3	91.2	90.9
Alcohol								
Four or Five Drinks Nearly Every Day	69.4	68.9	62.2	61.6	62.1	61.1	71.7	71.2
Five or More Drinks Once or Twice a Week	42.3	41.7	38.2	38.5	33.2[a]	31.9	44.5	43.9
PERCEIVED AVAILABILITY								
Fairly or Very Easy to Obtain								
Marijuana	58.0	58.8	55.0[a]	53.6	77.4	77.9	54.9	56.0
Cocaine	31.8	31.8	25.0	25.0	40.5	41.2	31.3	31.1
Crack	29.5	30.0	26.5	26.2	32.7	32.5	29.4	30.1
Heroin	18.3	18.4	15.8	15.3	20.3	20.2	18.3	18.6
LSD	20.3	19.8	19.4[b]	17.6	28.9[b]	26.7	18.9	18.8
Approached by Someone Selling Drugs in the Past Month	7.7	7.9	16.7	16.1	19.0	19.6	4.5	4.7

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Respondents with missing data were excluded.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40723 (5.25A)

Table G.39 Substance Dependence or Abuse for Specific Substances in the Past Year, by Age Group: Numbers in Thousands, 2002 and 2003

Past Year Dependence or Abuse	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
ANY ILLICIT DRUG[1]	7,116	6,835	1,376	1,287	2,548	2,486	3,192	3,062
Marijuana and Hashish	4,294	4,198	1,055	955	1,860	1,886	1,378	1,357
Cocaine	1,488	1,515	105	86	377	393	1,006	1,036
Heroin	214	189	13	12	47	42	153	135
Hallucinogens	426[a]	321	138	106	242[b]	152	46	63
Inhalants	180	169	101	104	29	41	50	25
Nonmedical Use of Any Psychotherapeutic[2]	2,018	1,923	333	361	587	516	1,098	1,046
Pain Relievers	1,509	1,424	237	281	419	350	853	793
Tranquilizers	509	435	87	96	144	147	278	192
Stimulants	436	378	98	98	137	142	202	138
Sedatives	154	158	28	40	26	20	100	99
ALCOHOL	18,100	17,805	1,453	1,471	5,477	5,462	11,169	10,872
ANY ILLICIT DRUG OR ALCOHOL[1]	22,006	21,586	2,209	2,214	6,733	6,678	13,064	12,694
BOTH ANY ILLICIT DRUG AND ALCOHOL[1]	3,210	3,054	620	544	1,292	1,270	1,298	1,240

*Low precision; no estimate reported.
NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40723 (5.25B)

Table G.40 Substance Dependence or Abuse for Specific Substances in the Past Year, by Age Group: Percentages, 2002 and 2003

Past Year Dependence or Abuse	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
ANY ILLICIT DRUG[1]	3.0	2.9	5.6	5.1	8.2	7.8	1.8	1.7
Marijuana and Hashish	1.8	1.8	4.3[a]	3.8	6.0	5.9	0.8	0.7
Cocaine	0.6	0.6	0.4	0.3	1.2	1.2	0.6	0.6
Heroin	0.1	0.1	0.1	0.0	0.2	0.1	0.1	0.1
Hallucinogens	0.2[a]	0.1	0.6	0.4	0.8[b]	0.5	0.0	0.0
Inhalants	0.1	0.1	0.4	0.4	0.1	0.1	0.0	0.0
Nonmedical Use of Any Psychotherapeutic[2]	0.9	0.8	1.3	1.4	1.9	1.6	0.6	0.6
Pain Relievers	0.6	0.6	1.0	1.1	1.4	1.1	0.5	0.4
Tranquilizers	0.2	0.2	0.4	0.4	0.5	0.5	0.2	0.1
Stimulants	0.2	0.2	0.4	0.4	0.4	0.4	0.1	0.1
Sedatives	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1
ALCOHOL	7.7	7.5	5.9	5.9	17.7	17.2	6.2	6.0
ANY ILLICIT DRUG OR ALCOHOL[1]	9.4	9.1	8.9	8.9	21.7	21.0	7.3	7.0
BOTH ANY ILLICIT DRUG AND ALCOHOL[1]	1.4	1.3	2.5	2.2	4.2	4.0	0.7	0.7

*Low precision; no estimate reported.
NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40428 (5.27B)

Table G.41 Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE					
	Any Illicit Drug		Alcohol		Any Illicit Drug or Alcohol	
	2002	2003	2002	2003	2002	2003
TOTAL	3.0	2.9	7.7	7.5	9.4	9.1
AGE						
12-17	5.6	5.1	5.9	5.9	8.9	8.9
18-25	8.2	7.8	17.7	17.2	21.7	21.0
26 or Older	1.8	1.7	6.2	6.0	7.3	7.0
GENDER						
Male	4.0	3.7	10.8	10.3	12.8	12.2
Female	2.1	2.1	4.8	4.9	6.1	6.2
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	2.9	2.8	7.6	7.4	9.2	9.0
White	2.8	2.8	7.8	7.6	9.3	9.2
Black or African American	4.2[a]	3.1	7.1	6.2	9.5	8.1
American Indian or Alaska Native	4.3	4.8	12.1	15.3	14.1	17.2
Native Hawaiian or Other Pacific Islander	3.5	5.6	7.1	9.8	8.9	12.9
Asian	1.1	1.5	3.6	5.5	4.2	6.3
Two or More Races	4.3	5.0	9.8	8.5	13.0	11.3
Hispanic or Latino	3.7	3.4	8.4	8.1	10.4	9.8

*Low precision; no estimate reported.
NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.
NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40506 (5.39A)

Table G.42 Received Substance Use Treatment in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	SUBSTANCE FOR WHICH TREATMENT WAS RECEIVED IN PAST YEAR							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[1]	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	2,013	1,802	2,405	2,359	1,319	1,255	3,483	3,327
AGE								
12-17	255	242	227	216	172	161	369	362
18-25	418[b]	543	453[b]	598	256[b]	352	686[b]	891
26 or Older	1,341	1,017	1,725	1,544	891	742	2,428	2,074
GENDER								
Male	1,262	1,188	1,743	1,647	951	842	2,334	2,266
Female	751	615	661	711	367	414	1,149	1,061
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	1,757	1,607	2,169	1,962	1,161	1,117	3,114	2,803
White	1,244	1,197	1,740	1,486	813	782	2,371	2,136
Black or African American	421	318	346	369	288	263	595	471
American Indian or Alaska Native	38	38	42	57	30	34	71	80
Native Hawaiian or Other Pacific Islander	3	*	2	5	2	*	4	10
Asian	14	16	15	15	9	12	20	39
Two or More Races	37	30	24	30	18	24	54	67
Hispanic or Latino	256	196	236	396	158	138	369	525

*Low precision; no estimate reported.

NOTE: Received Substance Use Treatment refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Estimates include persons who received treatment specifically for any illicit drug or alcohol, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40506 (5.39B)

Table G.43 Received Substance Use Treatment in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	SUBSTANCE FOR WHICH TREATMENT WAS RECEIVED IN PAST YEAR							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[1]	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	0.9	0.8	1.0	1.0	0.6	0.5	1.5	1.4
AGE								
12-17	1.0	1.0	0.9	0.9	0.7	0.6	1.5	1.4
18-25	1.3[a]	1.7	1.5[b]	1.9	0.8[a]	1.1	2.2[b]	2.8
26 or Older	0.7	0.6	1.0	0.9	0.5	0.4	1.4	1.1
GENDER								
Male	1.1	1.0	1.5	1.4	0.8	0.7	2.1	2.0
Female	0.6	0.5	0.5	0.6	0.3	0.3	0.9	0.9
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	0.9	0.8	1.1	0.9	0.6	0.5	1.5	1.3
White	0.8	0.7	1.1	0.9	0.5	0.5	1.4	1.3
Black or African American	1.6	1.2	1.3	1.3	1.1	1.0	2.2	1.7
American Indian or Alaska Native	2.6	3.0	2.8	4.5	2.0	2.7	4.8	6.4
Native Hawaiian or Other Pacific Islander	0.4	*	0.3	1.1	0.3	*	0.5	2.1
Asian	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.4
Two or More Races	1.5	1.2	0.9	1.2	0.7	0.9	2.1	2.6
Hispanic or Latino	0.9	0.7	0.8	1.3	0.5	0.5	1.3	1.8

*Low precision; no estimate reported.

NOTE: Received Substance Use Treatment refers to treatment received in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use. It includes treatment received at any location, such as a hospital, a rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Estimates include persons who received treatment specifically for any illicit drug or alcohol, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.69A)

Table G.44 Received Substance Use Treatment at a Specialty Facility in the Past Year among Persons Aged 12 or Older, by Past Year Dependence and/or Abuse Status: Numbers in Thousands, 2002 and 2003

Dependence and/or Abuse Status	SUBSTANCE FOR WHICH TREATMENT AT A SPECIALTY FACILITY WAS RECEIVED IN PAST YEAR							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[1]	
	2002	2003	2002	2003	2002	2003	2002	2003
DEPENDENCE								
None	626	511	588	536	230	219	1,045	865
Any Illicit Drug or Alcohol	787	591	961	762	479	376	1,301	1,009
Any Illicit Drug	662	506	434	348	370	302	757	577
Alcohol	401	258	824	586	359	215	879	646
Both Any Illicit Drug and Alcohol	277	173	296	172	250	141	336	215
DEPENDENCE OR ABUSE								
None	497	377	409	324	153	150	805[a]	579
Any Illicit Drug or Alcohol	915	726	1,140	975	556	445	1,541	1,295
Any Illicit Drug	781	604	562	423	454	353	925	705
Alcohol	529	460	1,011	888	438	365	1,130	1,008
Both Any Illicit Drug and Alcohol	395	338	433	336	336	273	515	418

*Low precision; no estimate reported.

NOTE: Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Estimates include persons who received treatment specifically for any illicit drug or alcohol, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.69B)

Table G.45 Received Substance Use Treatment at a Specialty Facility in the Past Year among Persons Aged 12 or Older, by Past Year Dependence and/or Abuse Status: Percentages, 2002 and 2003

Dependence and/or Abuse Status	SUBSTANCE FOR WHICH TREATMENT AT A SPECIALTY FACILITY WAS RECEIVED IN PAST YEAR							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[1]	
	2002	2003	2002	2003	2002	2003	2002	2003
DEPENDENCE								
None	0.3	0.2	0.3	0.2	0.1	0.1	0.5	0.4
Any Illicit Drug or Alcohol	6.8	5.4	8.3	7.0	4.2	3.5	11.3	9.3
Any Illicit Drug	14.3	11.6	9.4	8.0	8.0	6.9	16.3	13.2
Alcohol	4.9	3.4	10.0	7.8	4.4	2.8	10.7	8.5
Both Any Illicit Drug and Alcohol	20.7	16.3	22.2	16.1	18.7	13.2	25.2	20.1
DEPENDENCE OR ABUSE								
None	0.2	0.2	0.2	0.1	0.1	0.1	0.4[a]	0.3
Any Illicit Drug or Alcohol	4.2	3.4	5.2	4.5	2.5	2.1	7.0	6.0
Any Illicit Drug	11.0	8.8	7.9	6.2	6.4	5.2	13.0	10.3
Alcohol	2.9	2.6	5.6	5.0	2.4	2.1	6.2	5.7
Both Any Illicit Drug and Alcohol	12.3	11.1	13.5	11.0	10.5	8.9	16.0	13.7

*Low precision; no estimate reported.

NOTE: Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Estimates include persons who received treatment specifically for any illicit drug or alcohol, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.60A)

Table G.46 Received Substance Use Treatment at a Specialty Facility in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	SUBSTANCE FOR WHICH TREATMENT AT A SPECIALTY FACILITY WAS RECEIVED IN PAST YEAR							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[1]	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	1,412[a]	1,103	1,549	1,298	709	595	2,346[a]	1,874
AGE								
12-17	142	113	121	95	81	55	186	168
18-25	287	340	270	305	148	178	435	486
26 or Older	983[a]	649	1,157	898	480	363	1,724[b]	1,221
GENDER								
Male	826	732	1,100	897	505	415	1,488	1,263
Female	587[a]	371	449	401	204	181	858[a]	612
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	1,240	1,014	1,410	1,159	630	554	2,113[a]	1,683
White	894	757	1,120[a]	832	451	350	1,615[a]	1,286
Black or African American	285	202	236	251	144	162	414	305
American Indian or Alaska Native	24	21	33	38	21	18	38	43
Native Hawaiian or Other Pacific Islander	1	*	0	5	0	*	2	5
Asian	9	9	4	7	4	6	9	11
Two or More Races	26	24	17	26	10	18	36	32
Hispanic or Latino	172[a]	89	139	140	79	41	233	191

*Low precision; no estimate reported.

NOTE: Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Estimates include persons who received treatment specifically for any illicit drug or alcohol, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.47 Received Substance Use Treatment at a Specialty Facility in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	SUBSTANCE FOR WHICH TREATMENT AT A SPECIALTY FACILITY WAS RECEIVED IN PAST YEAR							
	Any Illicit Drug		Alcohol		Both Any Illicit Drug and Alcohol		Any Illicit Drug or Alcohol[1]	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	0.6[a]	0.5	0.7	0.5	0.3	0.3	1.0[a]	0.8
AGE								
12-17	0.6	0.5	0.5	0.4	0.3	0.2	0.8	0.7
18-25	0.9	1.1	0.9	1.0	0.5	0.6	1.4	1.5
26 or Older	0.5[a]	0.4	0.6	0.5	0.3	0.2	1.0[b]	0.7
GENDER								
Male	0.7	0.6	1.0	0.8	0.4	0.4	1.3	1.1
Female	0.5[a]	0.3	0.4	0.3	0.2	0.1	0.7[a]	0.5
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	0.6	0.5	0.7	0.6	0.3	0.3	1.0[a]	0.8
White	0.5	0.5	0.7[a]	0.5	0.3	0.2	1.0[a]	0.8
Black or African American	1.1	0.7	0.9	0.9	0.5	0.6	1.5	1.1
American Indian or Alaska Native	1.7	1.7	2.2	3.0	1.4	1.4	2.5	3.4
Native Hawaiian or Other Pacific Islander	0.1	*	0.1	1.1	0.1	*	0.2	1.1
Asian	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.1
Two or More Races	1.1	0.9	0.7	1.0	0.4	0.7	1.4	1.3
Hispanic or Latino	0.6[a]	0.3	0.5	0.5	0.3	0.1	0.8	0.6

*Low precision; no estimate reported.

NOTE: Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Estimates include persons who received treatment specifically for any illicit drug or alcohol, as well as persons who received treatment but did not specify for what substance(s).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.48 Needed and Received Treatment for an Illicit Drug Problem in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	7,748	7,333	1,412[a]	1,103	6,335	6,230	18.2	15.0
AGE								
12-17	1,414	1,327	142	113	1,272	1,214	10.1	8.5
18-25	2,680	2,624	287	340	2,393	2,284	10.7	13.0
26 or Older	3,654	3,382	983[a]	649	2,670	2,732	26.9[a]	19.2
GENDER								
Male	4,867	4,559	826	732	4,041	3,828	17.0	16.0
Female	2,881	2,774	587[a]	371	2,294	2,403	20.4[a]	13.4
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	6,588	6,278	1,240	1,014	5,348	5,264	18.8	16.1
White	5,007	4,947	894	757	4,113	4,190	17.9	15.3
Black or African American	1,252[a]	945	285	202	967	743	22.8	21.4
American Indian or Alaska Native	72	72	24	21	47	51	*	*
Native Hawaiian or Other Pacific Islander	29	28	1	*	28	28	*	*
Asian	107	150	9	9	98	141	*	*
Two or More Races	121	137	26	24	95	112	*	*
Hispanic or Latino	1,160	1,055	172[a]	89	988	966	14.9	8.4

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.73B)

Table G.49 Needed and Received Treatment for an Illicit Drug Problem in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	3.3	3.1	0.6[a]	0.5	2.7	2.6	18.2	15.0
AGE								
12-17	5.7	5.3	0.6	0.5	5.1	4.9	10.1	8.5
18-25	8.6	8.3	0.9	1.1	7.7	7.2	10.7	13.0
26 or Older	2.0	1.9	0.5[a]	0.4	1.5	1.5	26.9[a]	19.2
GENDER								
Male	4.3	4.0	0.7	0.6	3.6	3.3	17.0	16.0
Female	2.4	2.3	0.5[a]	0.3	1.9	2.0	20.4[a]	13.4
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	3.2	3.0	0.6	0.5	2.6	2.5	18.8	16.1
White	3.0	3.0	0.5	0.5	2.5	2.5	17.9	15.3
Black or African American	4.7[a]	3.4	1.1	0.7	3.6[a]	2.7	22.8	21.4
American Indian or Alaska Native	4.8	5.7	1.7	1.7	3.2	4.0	*	*
Native Hawaiian or Other Pacific Islander	3.5	5.6	0.1	*	3.4	5.6	*	*
Asian	1.2	1.5	0.1	0.1	1.1	1.4	*	*
Two or More Races	4.8	5.3	1.1	0.9	3.8	4.4	*	*
Hispanic or Latino	4.0	3.5	0.6[a]	0.3	3.4	3.2	14.9	8.4

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug; (2) abuse of any illicit drug; or (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.83A)

Table G.50 Perceived Need for Illicit Drug Treatment and Whether Made an Effort to Get Treatment in the Past Year among Persons Aged 12 or Older Classified as Needing But Not Receiving Treatment for an Illicit Drug Problem, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	Total Needing But Not Receiving Treatment[1]		FELT NEED FOR TREATMENT[2]						Did Not Feel Need for Treatment[2]	
			Total		Made Effort		Made No Effort			
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	6,335	6,230	362	426	88	*	274	*	5,974	5,805
AGE										
12-17	1,272	1,214	62	46	*	*	*	*	1,210	1,168
18-25	2,393	2,284	126	103	*	*	*	*	2,267	2,180
26 or Older	2,670	2,732	173	276	*	*	*	*	2,497	2,456
GENDER										
Male	4,041	3,828	206	256	*	*	*	*	3,835	3,572
Female	2,294	2,403	155	170	*	*	*	*	2,139	2,232

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[2] Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment. Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.84A)

Table G.51 Needed and Received Treatment for an Alcohol Problem in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	NEEDED TREATMENT FOR AN ALCOHOL PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	18,638	18,215	1,549	1,298	17,089	16,917	8.3	7.1
AGE								
12-17	1,495	1,501	121	95	1,374	1,406	8.1	6.3
18-25	5,584	5,589	270	305	5,313	5,284	4.8	5.5
26 or Older	11,559	11,125	1,157	898	10,402	10,228	10.0	8.1
GENDER								
Male	12,686	12,118	1,100	897	11,586	11,221	8.7	7.4
Female	5,952	6,097	449	401	5,503	5,696	7.5	6.6
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	16,131	15,761	1,410	1,159	14,721	14,602	8.7	7.4
White	13,306	12,955	1,120[a]	832	12,187	12,123	8.4[a]	6.4
Black or African American	1,995	1,793	236	251	1,759	1,542	11.8	14.0
American Indian or Alaska Native	186	201	33	38	153	163	*	*
Native Hawaiian or Other Pacific Islander	58	48	0	5	57	43	*	*
Asian	327[a]	541	4	7	324[a]	534	*	*
Two or More Races	258	223	17	26	241	197	6.7	*
Hispanic or Latino	2,507	2,455	139	140	2,368	2,315	5.5	5.7

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an alcohol problem if they met at least one of three criteria during the past year: (1) dependent on alcohol; (2) abuse of alcohol; or (3) received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.84B)

Table G.52 Needed and Received Treatment for an Alcohol Problem in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	NEEDED TREATMENT FOR AN ALCOHOL PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	7.9	7.7	0.7	0.5	7.3	7.1	8.3	7.1
AGE								
12-17	6.0	6.0	0.5	0.4	5.6	5.6	8.1	6.3
18-25	18.0	17.6	0.9	1.0	17.1	16.7	4.8	5.5
26 or Older	6.4	6.1	0.6	0.5	5.8	5.7	10.0	8.1
GENDER								
Male	11.2	10.5	1.0	0.8	10.2	9.8	8.7	7.4
Female	4.9	5.0	0.4	0.3	4.5	4.6	7.5	6.6
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	7.8	7.6	0.7	0.6	7.1	7.0	8.7	7.4
White	8.0	7.8	0.7[a]	0.5	7.4	7.3	8.4[a]	6.4
Black or African American	7.4	6.5	0.9	0.9	6.6	5.6	11.8	14.0
American Indian or Alaska Native	12.6	16.0	2.2	3.0	10.4	13.0	*	*
Native Hawaiian or Other Pacific Islander	7.1	9.8	0.1	1.1	7.1	8.7	*	*
Asian	3.6	5.5	0.0	0.1	3.6	5.5	*	*
Two or More Races	10.3	8.7	0.7	1.0	9.6	7.7	6.7	*
Hispanic or Latino	8.6	8.2	0.5	0.5	8.1	7.7	5.5	5.7

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an alcohol problem if they met at least one of three criteria during the past year: (1) dependent on alcohol; (2) abuse of alcohol; or (3) received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.85A)

Table G.53 Perceived Need for Alcohol Treatment and Whether Made an Effort to Get Treatment in the Past Year among Persons Aged 12 or Older Classified as Needing But Not Receiving Treatment for an Alcohol Problem, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	Total Needing But Not Receiving Treatment[1]		FELT NEED FOR TREATMENT[2]						Did Not Feel Need for Treatment[2]	
			Total		Made Effort		Made No Effort			
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	17,089	16,917	761	642	266	173	495	469	16,328	16,275
AGE										
12-17	1,374	1,406	27	32	*	*	*	*	1,347	1,373
18-25	5,313	5,284	148	145	*	31	*	114	5,166	5,138
26 or Older	10,402	10,228	587	464	*	*	*	*	9,815	9,764
GENDER										
Male	11,586	11,221	468	409	*	*	*	*	11,118	10,813
Female	5,503	5,696	293	233	*	*	*	*	5,210	5,463

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but have not received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).
[2] Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.54 Needed and Received Treatment for an Illicit Drug or Alcohol Problem in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG OR ALCOHOL PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	22,811	22,165	2,346[a]	1,874	20,465	20,290	10.3[a]	8.5
AGE								
12-17	2,256	2,253	186	168	2,071	2,085	8.2	7.4
18-25	6,874	6,824	435	486	6,439	6,338	6.3	7.1
26 or Older	13,680	13,088	1,724[b]	1,221	11,956	11,867	12.6[a]	9.3
GENDER								
Male	15,008	14,390	1,488	1,263	13,521	13,127	9.9	8.8
Female	7,802	7,775	858[a]	612	6,945	7,163	11.0[a]	7.9
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	19,662	19,182	2,113[a]	1,683	17,549	17,499	10.7[a]	8.8
White	15,929	15,647	1,615[a]	1,286	14,314	14,362	10.1[a]	8.2
Black or African American	2,713	2,328	414	305	2,299	2,023	15.3	13.1
American Indian or Alaska Native	219	228	38	43	181	185	*	*
Native Hawaiian or Other Pacific Islander	73	63	2	5	71	58	*	*
Asian	386[a]	616	9	11	377[a]	604	2.3	1.9
Two or More Races	341	299	36	32	306	267	10.4	10.8
Hispanic or Latino	3,148	2,983	233	191	2,916	2,792	7.4	6.4

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug or alcohol; (2) abuse of any illicit drug or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.55 Needed and Received Treatment for an Illicit Drug or Alcohol Problem in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	NEEDED TREATMENT FOR AN ILLICIT DRUG OR ALCOHOL PROBLEM IN THE PAST YEAR						Percentage Who Received Treatment at a Specialty Facility among Persons Who Needed Treatment	
	Total		Received Treatment at a Specialty Facility		Did Not Receive Treatment at a Specialty Facility			
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	9.7	9.3	1.0[a]	0.8	8.7	8.5	10.3[a]	8.5
AGE								
12-17	9.1	9.0	0.8	0.7	8.4	8.3	8.2	7.4
18-25	22.2	21.5	1.4	1.5	20.8	20.0	6.3	7.1
26 or Older	7.6	7.2	1.0[b]	0.7	6.7	6.6	12.6[a]	9.3
GENDER								
Male	13.2	12.5	1.3	1.1	11.9	11.4	9.9	8.8
Female	6.4	6.3	0.7[a]	0.5	5.7	5.8	11.0[a]	7.9
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	9.5	9.2	1.0[a]	0.8	8.5	8.4	10.7[a]	8.8
White	9.6	9.4	1.0[a]	0.8	8.7	8.6	10.1[a]	8.2
Black or African American	10.1[a]	8.5	1.5	1.1	8.6	7.4	15.3	13.1
American Indian or Alaska Native	14.8	18.2	2.5	3.4	12.3	14.7	*	*
Native Hawaiian or Other Pacific Islander	9.0	12.9	0.2	1.1	8.8	11.8	*	*
Asian	4.3	6.3	0.1	0.1	4.2	6.2	2.3	1.9
Two or More Races	13.6	11.6	1.4	1.3	12.2	10.4	10.4	10.8
Hispanic or Latino	10.8	10.0	0.8	0.6	10.0	9.3	7.4	6.4

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on any illicit drug or alcohol; (2) abuse of any illicit drug or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (5.87A)

Table G.56 Perceived Need for Illicit Drug or Alcohol Treatment and Whether Made an Effort to Get Treatment in the Past Year among Persons Aged 12 or Older Classified as Needing But Not Receiving Treatment for an Illicit Drug or Alcohol Problem, by Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	Total Needing But Not Receiving Treatment[1]		FELT NEED FOR TREATMENT[2]						Did Not Feel Need for Treatment[2]	
			Total		Made Effort		Made No Effort			
	2002	2003	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	20,465	20,290	1,189	1,037	446	273	744	764	19,276	19,254
AGE										
12-17	2,071	2,085	83	71	*	*	*	*	1,987	2,014
18-25	6,439	6,338	271	232	58	42	213	189	6,168	6,106
26 or Older	11,956	11,867	835	734	*	213	*	521	11,121	11,133
GENDER										
Male	13,521	13,127	750	657	*	*	*	*	12,771	12,470
Female	6,945	7,163	440	380	*	*	*	*	6,505	6,783

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs or alcohol, but have not received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

[2] Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug or alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment. Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic (nonmedical use).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.57 Serious Mental Illness in the Past Year among Persons Aged 18 or Older, by Age Group and Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	Total		AGE GROUP (Years)					
			18-25		26-49		50 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	17,483[b]	19,588	4,085[a]	4,420	9,534[a]	10,418	3,865[a]	4,750
GENDER								
Male	6,041[a]	6,887	1,560	1,690	3,322	3,438	1,159[a]	1,758
Female	11,442[b]	12,702	2,525	2,730	6,211[a]	6,980	2,706	2,992
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	15,760[a]	17,257	3,486	3,735	8,667	9,186	3,607	4,336
White	12,639[b]	14,308	2,744	2,877	7,010	7,575	2,885[b]	3,856
Black or African American	2,032	1,992	466	532	1,089	1,108	477	351
American Indian or Alaska Native	161	96	35	22	69	66	*	*
Native Hawaiian or Other Pacific Islander	40	52	*	*	*	*	*	*
Asian	600	536	154	196	344	311	*	29
Two or More Races	289	273	63	79	139	103	*	*
Hispanic or Latino	1,724[b]	2,331	599	686	867[a]	1,231	258	414
EDUCATION								
< High School	3,591[a]	4,276	944	1,030	1,506[a]	1,949	1,142	1,297
High School Graduate	5,839	6,360	1,363[a]	1,525	3,027	3,212	1,449	1,623
Some College	4,991	5,388	1,362	1,388	2,751	3,022	878	979
College Graduate	3,062	3,564	416	478	2,250	2,235	396[b]	851
CURRENT EMPLOYMENT								
Full-Time	8,453[b]	9,583	1,795	1,948	5,733	6,034	925[b]	1,601
Part-Time	2,664	2,861	1,042	1,061	1,210	1,366	412	435
Unemployed	1,078	1,230	395	445	557	540	*	*
Other[1]	5,289	5,914	853	967	2,033[a]	2,478	2,402	2,469

*Low precision; no estimate reported.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings.*

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.58 Serious Mental Illness in the Past Year among Persons Aged 18 or Older, by Age Group and Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	Total		AGE GROUP (Years)					
			18-25		26-49		50 or Older	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	8.3[b]	9.2	13.2	13.9	9.5[a]	10.4	4.9	5.9
GENDER								
Male	6.0[a]	6.7	10.0	10.6	6.7	7.0	3.2[a]	4.7
Female	10.5[a]	11.5	16.3	17.3	12.2[b]	13.8	6.3	6.8
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	8.5[a]	9.2	13.7	14.3	10.1	10.7	4.9	5.8
White	8.4[b]	9.5	14.2	14.6	10.4[a]	11.3	4.6[a]	6.0
Black or African American	8.8	8.4	11.5	12.4	9.2	9.4	6.6	4.6
American Indian or Alaska Native	12.5	8.9	16.1	11.9	11.1	11.9	*	*
Native Hawaiian or Other Pacific Islander	5.4	12.4	*	*	*	*	*	*
Asian	7.5	6.1	11.2	13.6	7.5	6.4	*	1.2
Two or More Races	13.6	12.6	15.7	21.8	13.8	10.3	*	*
Hispanic or Latino	6.9[b]	9.0	10.9	12.1	6.1[a]	8.5	4.8	7.3
EDUCATION								
< High School	9.6[a]	11.3	13.7	15.0	10.9	13.3	6.9	7.9
High School Graduate	8.6	9.5	12.9	13.9	9.8	10.7	5.5	6.2
Some College	9.5	10.3	13.9	14.0	10.6	11.9	5.2	5.7
College Graduate	5.8	6.5	11.0	12.0	7.6	7.5	2.0[b]	4.0
CURRENT EMPLOYMENT								
Full-Time	7.3[b]	8.2	12.4	13.4	7.9	8.5	3.1[b]	5.1
Part-Time	9.7	10.0	13.2	13.0	11.4	12.1	4.6	4.7
Unemployed	14.2	15.2	16.1	16.5	14.2	13.3	*	*
Other[1]	9.0	10.0	13.8	15.4	15.5[a]	18.5	6.1	6.3

*Low precision; no estimate reported.

NOTE: Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings.*

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40430 (6.11A)

Table G.59 Substance Dependence or Abuse in the Past Year among Persons Aged 18 or Older, by Past Year Serious Mental Illness: Numbers in Thousands, 2002 and 2003

Dependence/Abuse	Total		SERIOUS MENTAL ILLNESS[1]			
			Yes		No	
	2002	2003	2002	2003	2002	2003
DEPENDENCE OR ABUSE[2]						
Any Illicit Drug[3]	5,740	5,548	1,671	1,694	4,069	3,854
Marijuana	3,239	3,243	883	927	2,356	2,316
Any Illicit Drug Other Than Marijuana[3]	3,146	2,969	1,050	1,035	2,097	1,933
Alcohol	16,647	16,334	3,155	3,334	13,491	13,000
Any Illicit Drug or Alcohol[3]	19,797	19,372	4,048	4,179	15,749	15,193
Both Any Illicit Drug and Alcohol[3]	2,590	2,509	779	848	1,811	1,661
DEPENDENCE[2]						
Any Illicit Drug[3]	3,855	3,680	1,260	1,298	2,594	2,382
Marijuana	2,006	2,018	573	649	1,433	1,368
Any Illicit Drug Other Than Marijuana[3]	2,052	1,956	790	775	1,261	1,181
Alcohol	7,695	7,051	2,013	1,941	5,682	5,110
Any Illicit Drug or Alcohol[3]	10,425	9,832	2,836	2,875	7,589	6,957
Both Any Illicit Drug and Alcohol[3]	1,125	899	438	364	687	535

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings*.
[2] Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).
[3] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40430 (6.11B)

Table G.60 Substance Dependence or Abuse in the Past Year among Persons Aged 18 or Older, by Past Year Serious Mental Illness: Percentages, 2002 and 2003

Dependence/Abuse	Total		SERIOUS MENTAL ILLNESS[1]			
			Yes		No	
	2002	2003	2002	2003	2002	2003
DEPENDENCE OR ABUSE[2]						
Any Illicit Drug[3]	2.7	2.6	9.6	8.6	2.1	2.0
Marijuana	1.5	1.5	5.1	4.7	1.2	1.2
Any Illicit Drug Other Than Marijuana[3]	1.5	1.4	6.0	5.3	1.1	1.0
Alcohol	7.9	7.7	18.0	17.0	7.0	6.7
Any Illicit Drug or Alcohol[3]	9.4	9.1	23.2	21.3	8.2	7.9
Both Any Illicit Drug and Alcohol[3]	1.2	1.2	4.5	4.3	0.9	0.9
DEPENDENCE[2]						
Any Illicit Drug[3]	1.8	1.7	7.2	6.6	1.3	1.2
Marijuana	1.0	0.9	3.3	3.3	0.7	0.7
Any Illicit Drug Other Than Marijuana[3]	1.0	0.9	4.5	4.0	0.7	0.6
Alcohol	3.7	3.3	11.5	9.9	2.9	2.6
Any Illicit Drug or Alcohol[3]	5.0	4.6	16.2	14.7	3.9	3.6
Both Any Illicit Drug and Alcohol[3]	0.5	0.4	2.5	1.9	0.4	0.3

*Low precision; no estimate reported.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings*.
[2] Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).
[3] Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40430 (6.20A)

Table G.61 Received Mental Health Treatment/Counseling in the Past Year among Persons Aged 18 or Older, by Past Year Serious Mental Illness and Demographic Characteristics: Numbers in Thousands, 2002 and 2003

Demographic Characteristic	Total		SERIOUS MENTAL ILLNESS[1]			
			Yes		No	
	2002	2003	2002	2003	2002	2003
TOTAL	27,322	28,056	8,355[a]	9,253	18,968	18,803
AGE						
18-25	3,283	3,542	1,394	1,551	1,888	1,991
26-49	14,556	14,555	5,173	5,144	9,383	9,412
50 or Older	9,483	9,958	1,787[b]	2,558	7,696	7,400
GENDER						
Male	8,784	8,716	2,376	2,649	6,408	6,068
Female	18,538	19,340	5,978	6,604	12,560	12,735
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	25,277	26,007	7,703[a]	8,571	17,574	17,436
White	22,014	22,999	6,547[a]	7,548	15,467	15,451
Black or African American	1,973	2,023	750	725	1,223	1,298
American Indian or Alaska Native	228	136	*	*	134	84
Native Hawaiian or Other Pacific Islander	29	*	*	*	24	*
Asian	682	424	*	91	486	333
Two or More Races	352	374	*	*	240	226
Hispanic or Latino	2,045	2,049	651	682	1,394	1,367
EDUCATION						
< High School	4,311	3,965	1,404	1,666	2,907[a]	2,299
High School Graduate	7,912	8,367	2,631	2,821	5,281	5,546
Some College	7,528	7,801	2,576	2,729	4,952	5,071
College Graduate	7,571	7,923	1,743	2,036	5,828	5,887
CURRENT EMPLOYMENT						
Full-Time	13,090	13,844	3,796	4,061	9,295	9,783
Part-Time	3,901	4,158	1,346	1,368	2,554	2,790
Unemployed	1,077	1,049	457	444	620	604
Other[2]	9,255	9,005	2,756[a]	3,380	6,499[a]	5,625

*Low precision; no estimate reported.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with missing treatment/counseling information are excluded.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings*.

[2] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.62 Received Mental Health Treatment/Counseling in the Past Year among Persons Aged 18 or Older, by Past Year Serious Mental Illness and Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	Total		SERIOUS MENTAL ILLNESS[1]			
			Yes		No	
	2002	2003	2002	2003	2002	2003
TOTAL	13.0	13.2	47.9	47.3	9.9	9.8
AGE						
18-25	10.6	11.2	34.2	35.2	7.0	7.3
26-49	14.6	14.6	54.4[a]	49.4	10.4	10.5
50 or Older	12.0	12.3	46.4	54.0	10.3	9.7
GENDER						
Male	8.7	8.5	39.5	38.5	6.8	6.4
Female	17.0	17.6	52.3	52.1	12.8	13.1
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	13.7	13.9	49.0	49.7	10.4	10.3
White	14.7	15.3	51.9	52.8	11.3	11.3
Black or African American	8.5	8.5	36.9	36.6	5.8	6.0
American Indian or Alaska Native	17.8	12.6	*	*	11.9	8.5
Native Hawaiian or Other Pacific Islander	3.9	*	*	*	3.5	*
Asian	8.5[a]	4.9	*	17.0	6.6	4.1
Two or More Races	16.6	17.5	*	*	13.1	12.1
Hispanic or Latino	8.2	8.0	37.8	29.3	6.0	5.8
EDUCATION						
< High School	11.7	10.5	39.3	39.0	8.7[a]	6.9
High School Graduate	11.7	12.5	45.1	44.4	8.5	9.2
Some College	14.3	14.9	51.7	50.9	10.4	10.8
College Graduate	14.4	14.4	57.1	57.1	11.8	11.4
CURRENT EMPLOYMENT						
Full-Time	11.3	11.9	45.0	42.4	8.6	9.1
Part-Time	14.2	14.5	50.7	47.9	10.3	10.8
Unemployed	14.2	13.0	42.4	36.4	9.6	8.8
Other[2]	15.8	15.3	52.2	57.2	12.2	10.6

*Low precision; no estimate reported.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with missing treatment/counseling information are excluded.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings*.

[2] Retired person, disabled person, homemaker, student, or other person not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.63 Received Mental Health Treatment/Counseling and/or Illicit Drug or Alcohol Treatment at a Specialty Facility in the Past Year among Persons Aged 18 or Older With Serious Mental Illness and/or Illicit Drug or Alcohol Dependence or Abuse in the Past Year: Numbers in Thousands, 2002 and 2003

Serious Mental Illness/Illicit Drug or Alcohol Dependence or Abuse	Mental Health Treatment or Substance Use Treatment at a Specialty Facility[1,2]		Mental Health Treatment Only[1]		Substance Use Treatment at a Specialty Facility Only[2]		Mental Health Treatment and Substance Use Treatment at a Specialty Facility[1,2]	
	2002	2003	2002	2003	2002	2003	2002	2003
EITHER SMI OR DEPENDENCE/ABUSE[3,4]	11,416	11,894	9,879	10,601	641	653	892[a]	631
SMI[3]	8,471[a]	9,444	7,782[a]	8,850	117	191	572	403
SMI but not Dependence/Abuse[3,4]	6,534[a]	7,314	6,399[a]	7,189	39	38	96	87
Dependence/Abuse[4]	4,882	4,579	3,480	3,412	603	615	796[a]	544
Dependence/Abuse but not SMI[3,4]	2,945[a]	2,450	2,097	1,751	525	462	320	228
Both SMI and Dependence/Abuse[3,4]	1,937	2,130	1,383	1,661	78	153	476	315
NEITHER SMI NOR DEPENDENCE/ABUSE[3,4]	17,002	17,122	16,379	16,708	451	297	172	116

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Mental Health Treatment/Counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with missing treatment/counseling information are excluded.

[2] Received Illicit Drug or Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

[3] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings*.

[4] Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.64 Received Mental Health Treatment/Counseling and/or Illicit Drug or Alcohol Treatment at a Specialty Facility in the Past Year among Persons Aged 18 or Older With Serious Mental Illness and/or Illicit Drug or Alcohol Dependence or Abuse in the Past Year: Percentages, 2002 and 2003

Serious Mental Illness/Illicit Drug or Alcohol Dependence or Abuse	Mental Health Treatment or Substance Use Treatment at a Specialty Facility[1,2]		Mental Health Treatment Only[1]		Substance Use Treatment at a Specialty Facility Only[2]		Mental Health Treatment and Substance Use Treatment at a Specialty Facility[1,2]	
	2002	2003	2002	2003	2002	2003	2002	2003
EITHER SMI OR DEPENDENCE/ABUSE[3,4]	34.4	34.2	29.8	30.5	1.9	1.9	2.7[a]	1.8
SMI[3]	48.6	48.3	44.6	45.2	0.7	1.0	3.3[a]	2.1
SMI but not Dependence/Abuse[3,4]	48.7	47.5	47.7	46.7	0.3	0.2	0.7	0.6
Dependence/Abuse[4]	24.7	23.7	17.6	17.6	3.0	3.2	4.0[a]	2.8
Dependence/Abuse but not SMI[3,4]	18.7	16.1	13.3	11.5	3.3	3.0	2.0	1.5
Both SMI and Dependence/Abuse[3,4]	48.0	51.0	34.2	39.8	1.9	3.7	11.8	7.5
NEITHER SMI NOR DEPENDENCE/ABUSE[3,4]	9.6	9.6	9.3	9.4	0.3	0.2	0.1	0.1

*Low precision; no estimate reported.

NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.

[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

[1] Mental Health Treatment/Counseling is defined as having received inpatient care, outpatient care, or using prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with missing treatment/counseling information are excluded.

[2] Received Illicit Drug or Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop drug or alcohol use, or for medical problems associated with drug or alcohol use.

[3] Serious Mental Illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in functional impairment that substantially interfered with or limited one or more major life activities. See Section B.4 of Appendix B of the *Results from the 2003 National Survey on Drug Use and Health: National Findings*.

[4] Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

Table G.65 Received Mental Health Treatment/Counseling in the Past Year among Persons Aged 12 to 17, by Age Group and Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-13		14-15		16-17	
	2002	2003	2002	2003	2002	2003	2002	2003
TOTAL	19.3[b]	20.6	19.8	20.5	19.9[a]	21.6	18.2	19.8
GENDER								
Male	18.0	19.0	20.9	20.3	17.5[a]	19.6	15.4	17.0
Female	20.7[a]	22.4	18.5[a]	20.8	22.3	23.7	21.1	22.5
HISPANIC ORIGIN AND RACE								
Not Hispanic or Latino	19.6[a]	20.9	20.3	20.9	20.1[a]	21.9	18.5	19.9
White	20.1	20.9	20.4	20.6	20.4	21.7	19.5	20.5
Black or African American	19.3	21.0	22.2	21.6	19.6	22.5	15.6	18.8
American Indian or Alaska Native	*	*	*	*	*	*	*	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*	*	*
Asian	13.4	17.2	14.5	19.3	15.0	19.7	10.4	13.1
Two or More Races	20.7	24.9	16.5	24.8	23.1	24.3	24.8	*
Hispanic or Latino	17.5	19.2	16.9	18.6	19.0	20.2	16.5	18.9

*Low precision; no estimate reported.

NOTE: Mental Health Treatment/Counseling for youths is defined as having received treatment or counseling from any of 10 specific sources (e.g., private therapist, school counselor, special school program) for emotional or behavioral problems NOT caused by drug or alcohol use. Youths who answered none of the source of treatment questions with a "yes" and answered "no" four or fewer times were excluded from this analysis. See Table 6.50 for a list of the 10 specific sources of treatment.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (7.82B)

Table G.66 Drove Under the Influence of Any Illicit Drug or Alcohol in the Past Year, by Detailed Age Categories: Percentages, 2002 and 2003

Age Category	DROVE UNDER THE INFLUENCE IN PAST YEAR					
	Any Illicit Drug		Alcohol		Any Illicit Drug or Alcohol	
	2002	2003	2002	2003	2002	2003
TOTAL	4.7	4.6	14.2[a]	13.6	15.2[a]	14.6
12	0.1	0.1	0.1	0.2	0.2	0.2
13	0.3	0.3	0.4	0.3	0.5	0.5
14	0.6	0.9	0.8	0.9	1.0	1.0
15	2.0	1.8	2.1	2.2	2.8	2.6
16	7.0	6.5	7.8	6.9	10.1	9.1
17	13.3[a]	10.9	13.8	12.6	18.6[a]	16.0
18	15.0	14.4	18.5	16.4	22.6	20.6
19	16.3	16.5	22.7	21.1	26.7	25.0
20	16.3	16.7	24.3	23.4	28.4	27.1
21	18.0[b]	14.6	32.4[a]	28.9	35.4[a]	31.4
22	14.5	14.5	30.9	29.6	32.9	32.1
23	14.0	12.6	29.9	31.1	32.1	32.8
24	12.2	12.7	29.7	28.4	31.5	30.7
25	10.0	10.5	25.9	25.1	27.6	27.0
26-29	8.9	8.8	24.7	23.8	25.8	25.0
30-34	5.6	5.4	21.0	19.1	22.0	20.4
35-39	4.7	4.5	19.2	17.5	20.2	18.5
40-44	4.2	4.7	17.1	17.0	18.1	17.8
45-49	3.4	2.7	15.0	14.2	15.9	14.9
50-54	1.1[a]	2.5	12.6	11.9	12.9	12.6
55-59	0.2	0.8	7.3	9.6	7.4	9.6
60-64	0.5	0.2	6.6	4.1	6.6	4.1
65 or Older	0.0	0.0	2.7	3.2	2.7	3.2

*Low precision; no estimate reported.
NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.

40715 (7.83B)

Table G.67 Drove Under the Influence of Any Illicit Drug or Alcohol in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2002 and 2003

Demographic Characteristic	DROVE UNDER THE INFLUENCE IN PAST YEAR					
	Any Illicit Drug		Alcohol		Any Illicit Drug or Alcohol	
	2002	2003	2002	2003	2002	2003
TOTAL	4.7	4.6	14.2[a]	13.6	15.2[a]	14.6
AGE						
12-17	3.8	3.4	4.0	3.8	5.4	4.9
18-25	14.7	14.1	26.6[a]	25.3	29.6[a]	28.2
26 or Older	3.0	3.1	13.5	12.9	14.1	13.5
GENDER						
Male	6.3	6.6	18.8	18.2	20.0	19.5
Female	3.1[a]	2.8	9.9	9.3	10.8[a]	9.9
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	4.8	4.8	14.8	14.1	15.8	15.2
White	5.0	5.0	16.2[a]	15.4	17.3[a]	16.5
Black or African American	4.5	4.1	9.6	8.8	10.5	9.8
American Indian or Alaska Native	6.3	6.7	15.3	15.4	16.4	17.0
Native Hawaiian or Other Pacific Islander	3.1[a]	9.7	11.1	13.6	11.2	14.1
Asian	1.3	2.0	5.7	7.3	5.9	7.7
Two or More Races	5.8	7.0	10.2	14.1	11.9	16.6
Hispanic or Latino	3.7	3.4	10.5	9.7	11.2	10.3

*Low precision; no estimate reported.
NOTE: Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2003 estimate is statistically significant at the 0.05 level.
[b]Difference between estimate and 2003 estimate is statistically significant at the 0.01 level.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002 and 2003.