Overview of Findings from the 2003 National Survey on Drug Use and Health

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

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National Findings Report and Detailed Tables from the 2003 NSDUH

Available at SAMHSA's website: http://www.oas.samhsa.gov/nhsda.htm
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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 brief Overview report provides a concise summary of the main results of the 2003 NSDUH. A more complete presentation of the initial results of the survey is given in the full report, *Results from the 2003 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies [OAS], 2004). Both reports present 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 in the full "National Findings" report (OAS, 2004).

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 in the full report 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).

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

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 to facilitate State-level estimation. 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.

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 to examine trends.**

Limited trend assessment also can be done using information on prior substance use collected in the 2002 and 2003 NSDUHs. 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 are discussed in Chapter 5 based on combined 2002 and 2003 data. Estimates of lifetime prevalence rates for years prior to 2002 were produced from 2002 NSDUH data on age at first use and included in the 2002 NSDUH full 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, these estimates of lifetime use are not included in this report. Further discussion of incidence estimates is given in Chapter 5 and Appendix B of the full report.

1.3. Purpose of This Report and Availability of Other Reports

This Overview report is intended to provide a concise summary of the key results from the 2003 NSDUH. It contains a subset of the results given in the full report, *Results from the 2003 National Survey on Drug Use and Health: National Findings* (OAS, 2004). Both reports present the results in 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. The

final chapter summarizes the results and presents key findings in relation to other research and survey results. The full report also includes technical appendices that provide technical details on the survey methodology and statistical methods and measurement, offer key NSDUH definitions, discuss other sources of related data, list the references cited in the report (as well as other relevant references), and present selected tabulations of estimates. This Overview report includes several tables in an appendix.

An 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.

1.4. Highlights of Findings

This Overview report includes a summary of the key findings that are discussed in the full report. Highlights of these findings are given below.

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).

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 considered a type of stimulant. 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. Over-the-counter drugs and legitimate uses of prescription drugs are not included. 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.

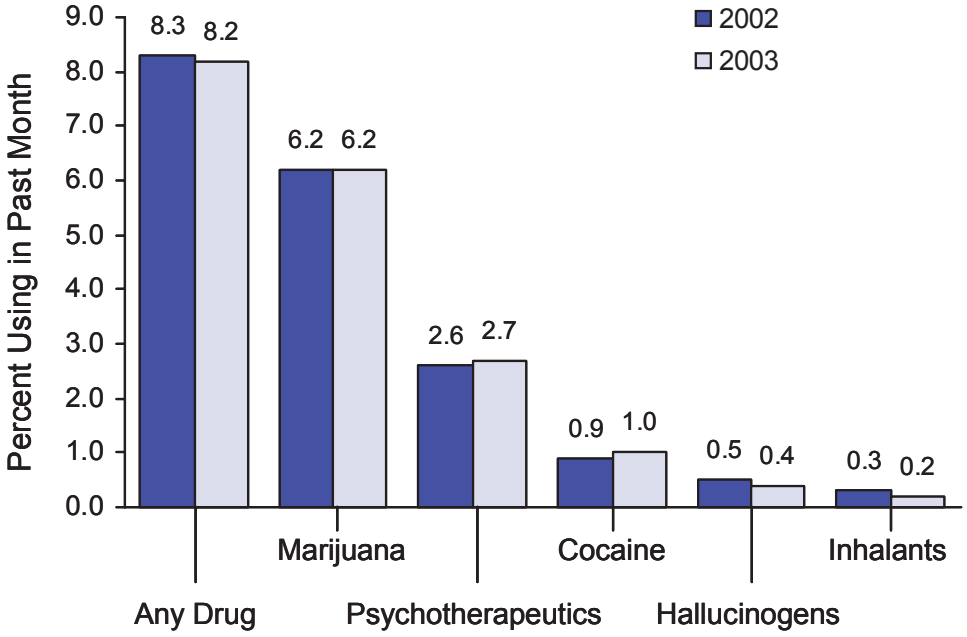
Prevalence, by Type of Drug. In 2003, an estimated 19.5 million Americans aged 12 or older were current illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 8.2 percent of the population aged 12 years old or older. There was 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, with 14.6 million current users (6.2 percent of the population) in 2003 (Figure 1). An estimated 2.3 million persons (1.0 percent) were current cocaine users, 604,000 of whom used crack (0.3 percent). Hallucinogens were used by 1.0 million persons (0.4 percent). There were an estimated 119,000 current heroin users (0.1 percent). All of these estimates are similar to estimates for 2002.

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).

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.

Figure 1. Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002 and 2003



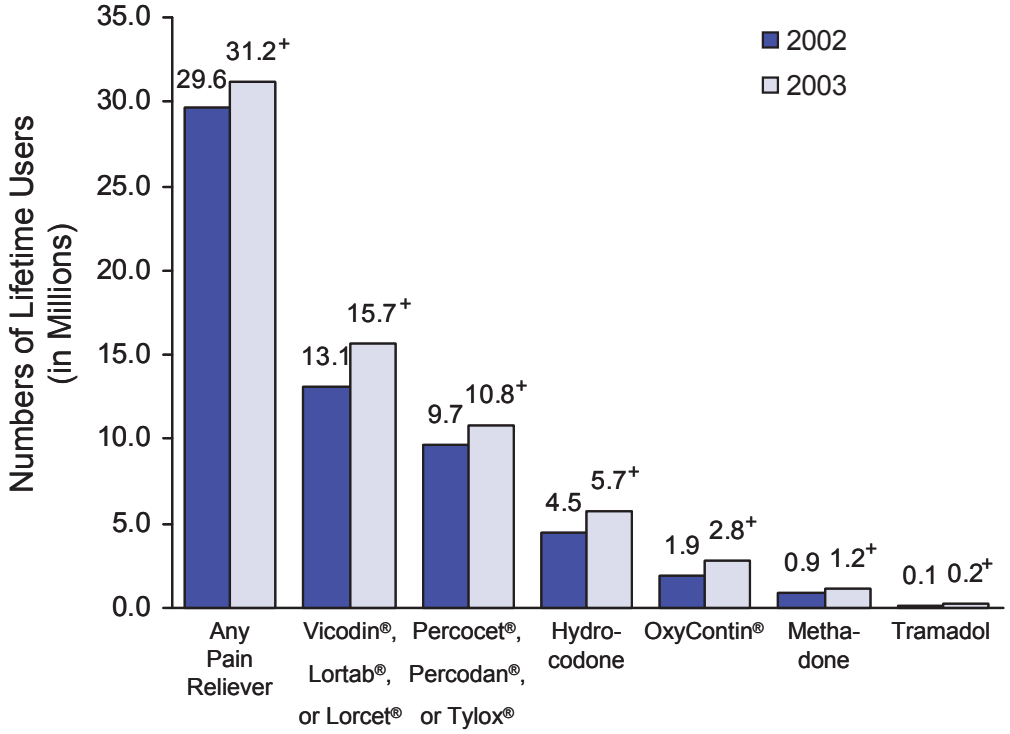
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

There was a significant increase from 2002 to 2003 in the number of persons aged 12 or older with lifetime nonmedical use of pain relievers, 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).

Age. Rates of drug use showed substantial variation by age. For example, in 2003, 3.8 percent of youths aged 12 or 13 reported current illicit drug use compared with 10.9 percent of youths aged 14 or 15 and 19.2 percent of youths aged 16 or 17 (Figure 3). 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.

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 illicit drug among this age group. However, there were decreases in the 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.

Figure 2. Numbers (in Millions) of Lifetime Nonmedical Users of Selected Pain Relievers among Persons Aged 12 or Older: 2002 and 2003



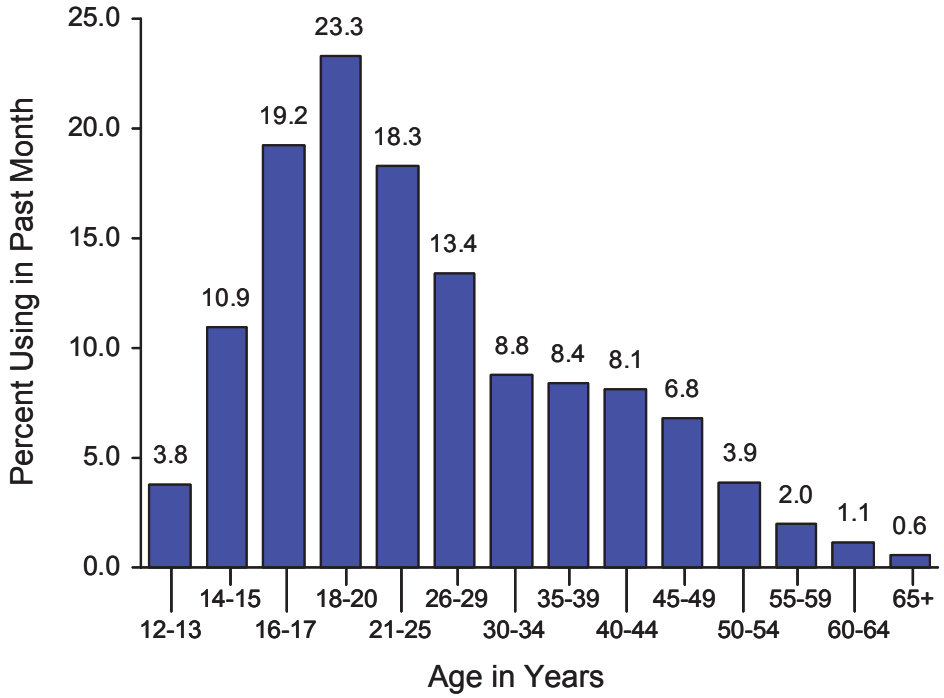
Note: Statistically significant differences (at 0.05 level) between 2002 and 2003 are denoted by " + ".

Among young adults aged 18 to 25, past month Ecstasy use declined from 1.1 percent in 2002 to 0.7 percent in 2003. 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.

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 of illicit drug use 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). Rates were 8.7 percent for blacks, 8.3 percent for whites, and 8.0 percent for Hispanics. Asians had the lowest rate of current illicit drug use at 3.8 percent. There were no statistically significant changes between 2002 and 2003 in the rates of current illicit drug use for any racial/ethnic group.

Figure 3. Past Month Illicit Drug Use, by Age: 2003



Employment. Current employment status was highly correlated with rates of current 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.

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. 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.

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 rates were 14.1 percent among young adults aged 18 to 25 and 3.1 percent among adults aged 26 or older. These rates were all similar to the 2002 rates.

3. Alcohol Use

The National Survey on Drug Use and Health (NSDUH) includes questions about the recency and frequency of the 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.

Prevalence, by Level of Use. 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. An estimated 22.6 percent (54 million) participated in binge drinking, and 6.8 percent (16.1 million) were heavy drinkers. These figures are similar to those of 2002.

Age. Among young people, the prevalence of current alcohol use in 2003 increased with increasing age, from 2.9 percent at age 12 to a peak of about 70 percent for persons 21 or 22 years old. Among older age groups, prevalence decreased with increases in 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. The highest prevalence of both binge and heavy drinking 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 18.7 percent of persons aged 21.

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.

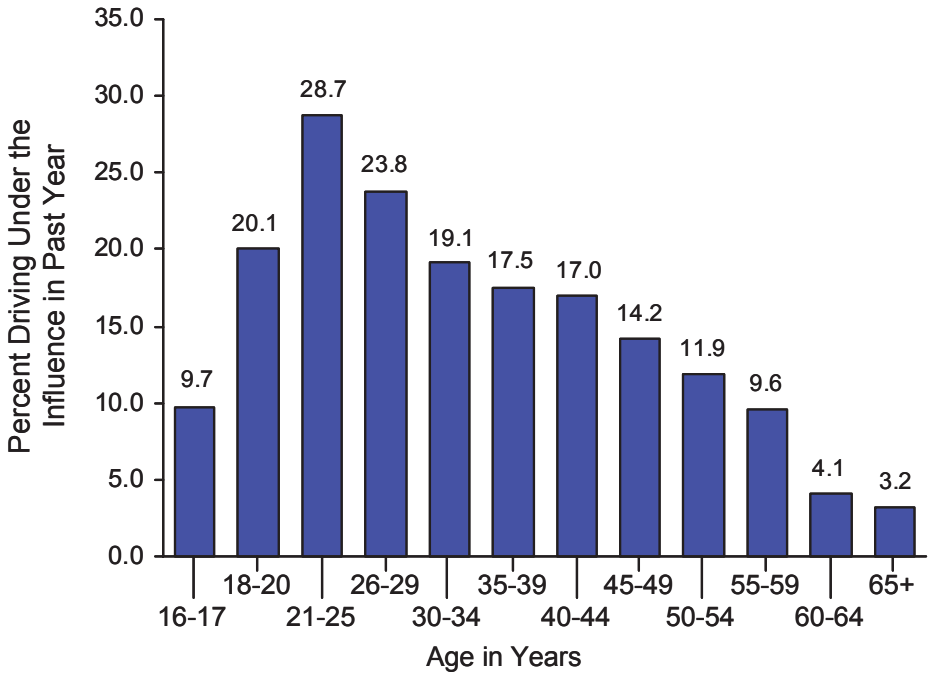
Pregnant Women. Among pregnant women aged 15 to 44, 9.8 percent used alcohol and 4.1 percent reported binge drinking in the month prior to the survey. These rates were

significantly lower than the rates for nonpregnant women of the same age group (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.

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 full-time 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. 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.

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 4). 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 4. 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 NSDUH. Nicotine dependence is based on criteria from the Nicotine Dependence Syndrome Scale (NDSS) or the Fagerstrom Test of Nicotine Dependence (FTND) (see Section B.4.2 in Appendix B of the full report, Office of Applied Studies [OAS], 2004).

Prevalence for Different Tobacco Products. 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 and is similar to the rate in 2002 (30.4 percent). Of those who used tobacco products in 2003, 60.4 million (25.4 percent of the total population) smoked cigarettes, 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.

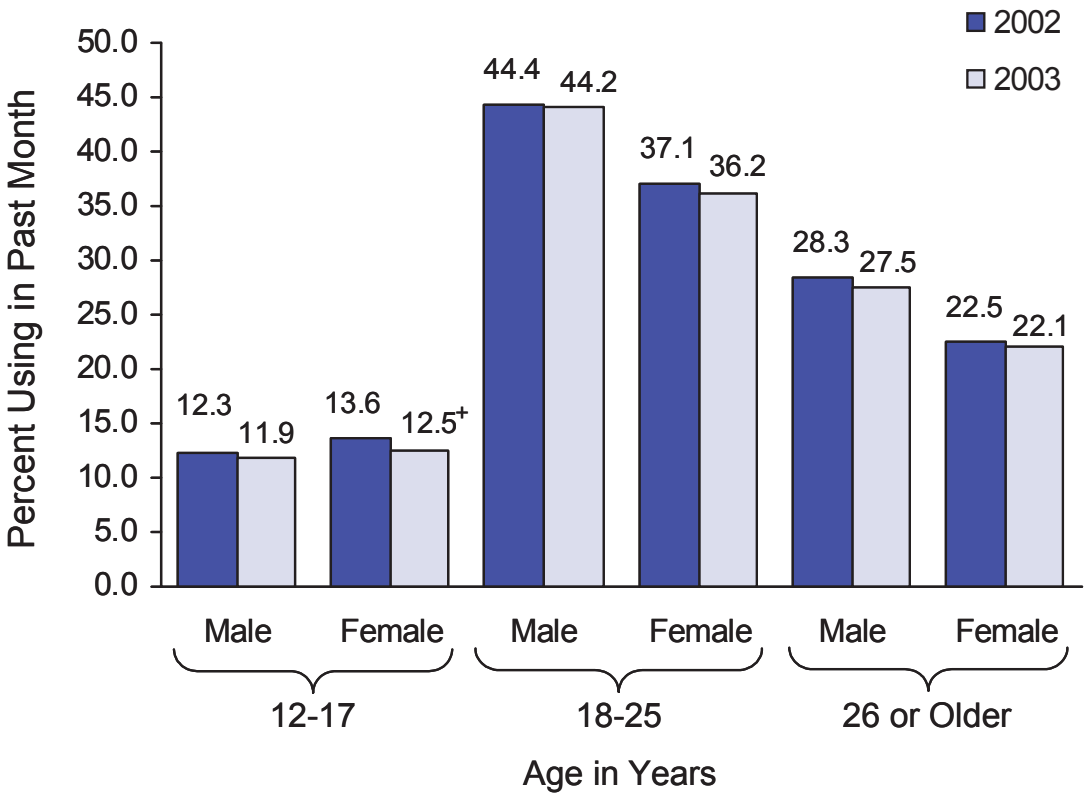
Cigarette Use, by Age and Gender. Young adults aged 18 to 25 had the highest rate of current use of cigarettes (40.2 percent). This rate was similar to the rate in 2002 (40.8 percent). Past month cigarette use rates among youths in 2002 and 2003 were 13.0 and 12.2 percent, respectively, not a statistically significant change. 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 among youths aged 12 to 17 between 2002 and 2003.

Among persons aged 12 or older, a higher proportion of males than females smoked cigarettes in the past month 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 in the past month (Figure 5). 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.

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), 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 5. 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 " + ".

Pregnant Women. 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. These estimates are based on 2002 and 2003 data combined.

Nicotine Dependence. In 2003, an estimated 35.7 million Americans aged 12 or older 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.

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. The incidence estimates are based on data from the combined 2002 and 2003 National Survey on Drug Use and Health (NSDUH).

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.

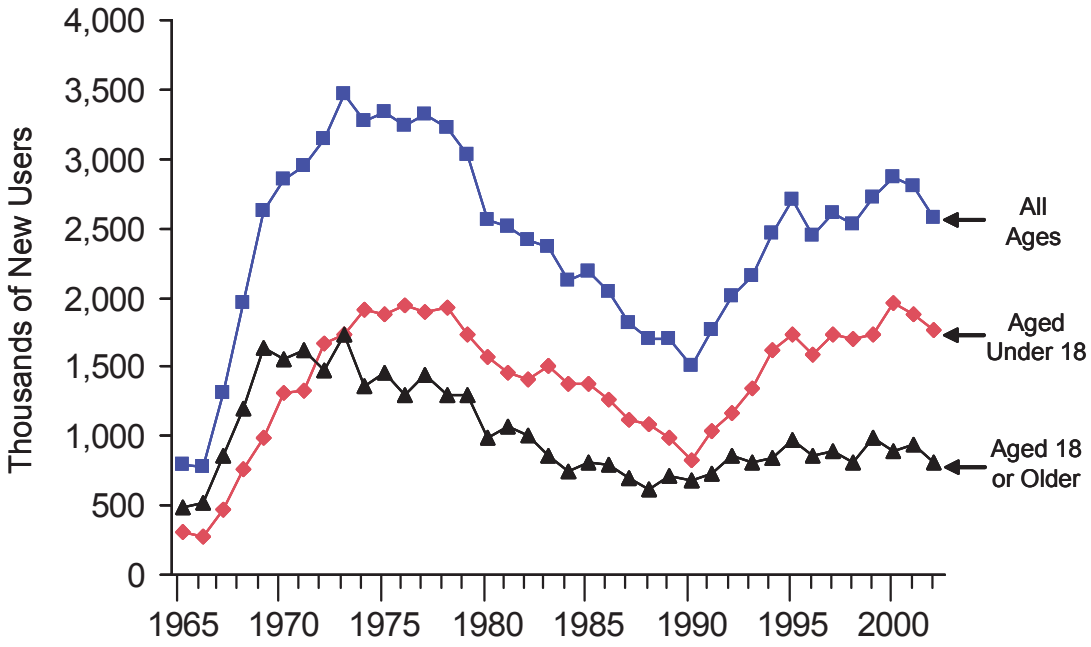
A recent evaluation of the NSDUH retrospective estimates of incidence and lifetime prevalence (no longer produced) suggests that bias is significant and differs by substance and length of recall (Gfroerer et al., 2004). For very recent time periods, bias in estimates of marijuana, cocaine, alcohol, and 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.

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 6).

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.

Figure 6. Annual Numbers of New Users of Marijuana: 1965-2002

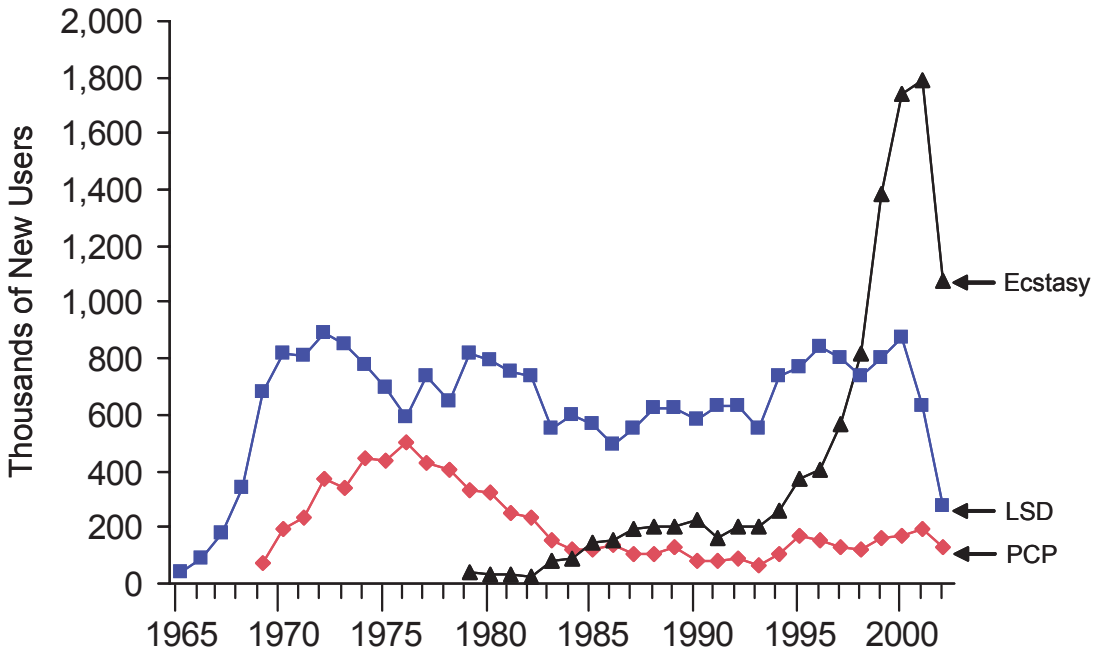


Heroin. From 1995 through 2002, the annual number of new heroin users ranged from 121,000 to 164,000. During this period, most new users were age 18 or older (on average 75 percent), and most were male (on average 63 percent).

Hallucinogens. Between 1965 and 1969, there was a tenfold increase in the estimated annual number of hallucinogen initiates, driven primarily by the use of LSD. A second period of increase in first-time hallucinogen use occurred from around 1992 until 2000, fueled mainly by the use of Ecstasy (i.e., MDMA) (Figure 7). Between 2001 and 2002, there were decreases in initiation of both LSD (from 631,000 to 272,000) and Ecstasy (from 1.8 million to 1.1 million), coinciding with an overall drop in hallucinogen incidence from 1.6 million to 1.1 million. Two thirds (66 percent) of new Ecstasy users in 2002 were 18 or older, and 50 percent were male.

Nonmedical Use of Psychotherapeutics. Pain reliever incidence increased from 1990 to 2000, when there were 2.5 million. 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.

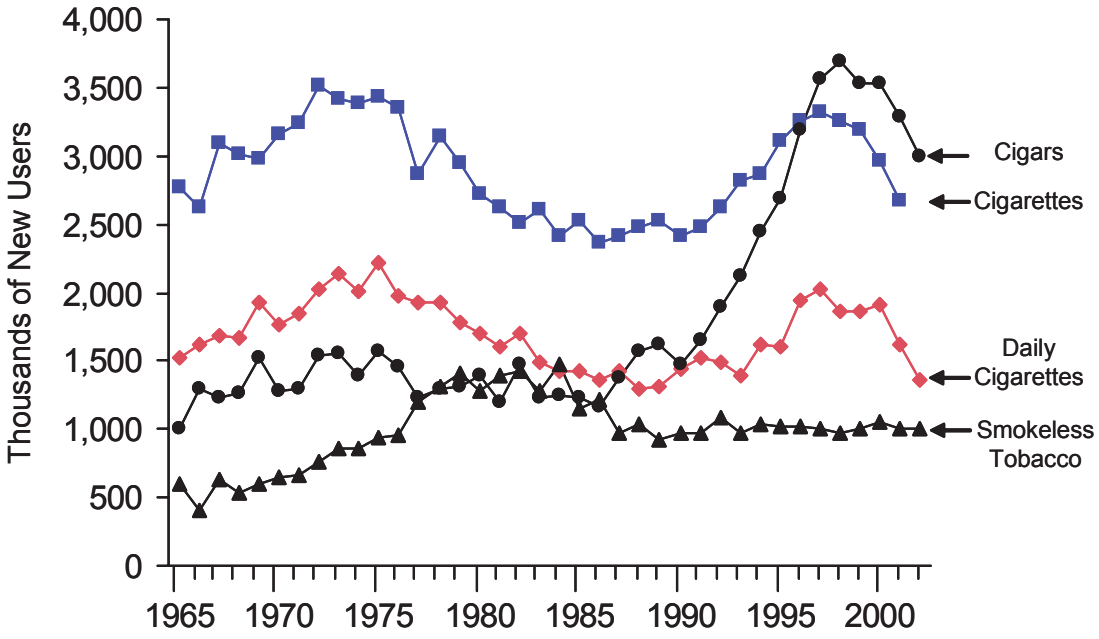
Figure 7. Annual Numbers of New Users of Ecstasy, LSD, and PCP: 1965-2002



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 (Figure 8). In 2001, the most recent year for which cigarette incidence estimates are made, an estimated 2.7 million Americans smoked 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. 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.

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.

Figure 8. Annual Numbers of New Users of Tobacco: 1965-2002

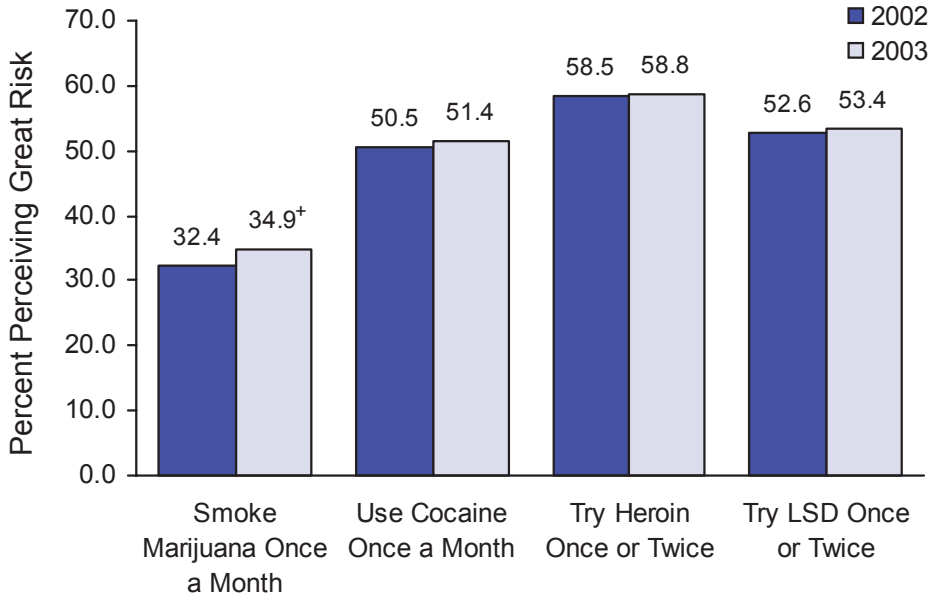


6. Youth Prevention-Related Measures

The National Survey on Drug Use and Health (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." 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 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 (Figure 9).

Figure 9. 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 " + ".

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. This was about the same percentage as in 2002 (16.7 percent). 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, 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." 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.

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. 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.

Exposure to Prevention Messages. 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. A majority of youths (83.6 percent) reported having seen or heard alcohol or drug prevention messages outside of school in the past year, and 78.1 percent of youths enrolled in school during the past 12 months reported having seen or heard drug or alcohol prevention messages in school. These percentages were all similar to the percentages in 2002.

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. The survey also asks about the receipt of treatment for problems related to substance use. Specialty treatment is treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), or mental health centers. 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.

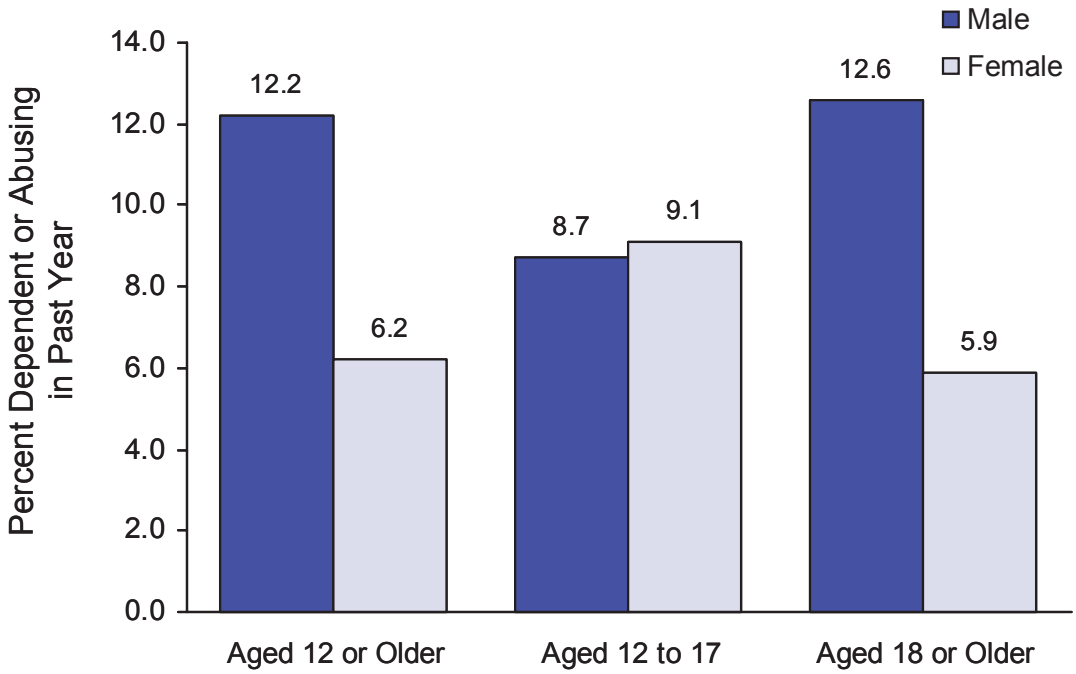
Dependence or Abuse, by Type of Substance. An estimated 21.6 million persons aged 12 or older in 2003 were classified with substance dependence or abuse (9.1 percent of the total population). Of these, 3.1 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.8 million were dependent on or abused illicit drugs but not alcohol, and 14.8 million were dependent on or abused alcohol but not illicit drugs. Of the 6.8 million persons classified with dependence on or abuse of illicit drugs, 4.2 million were dependent on or abused marijuana, 1.5 million were dependent on or abused cocaine, and 1.4 million were dependent on or abused pain relievers. 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).

Dependence or Abuse, by Age. 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. 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.

Dependence or Abuse, by 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 10). 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).

Dependence or Abuse, by Race/Ethnicity. 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 persons reporting two or more races (11.3 percent). Asians had the lowest rate (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).

Figure 10. Past Year Illicit Drug or Alcohol Dependence or Abuse, by Age and Gender: 2003



Dependence or Abuse, by Employment Status. 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. However, 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.

Treatment, by Type of Substance. 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. This was about the same as in 2002 (3.5 million). 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. The estimated number of persons receiving treatment for cocaine decreased from 796,000 in 2002 to 557,000 in 2003.

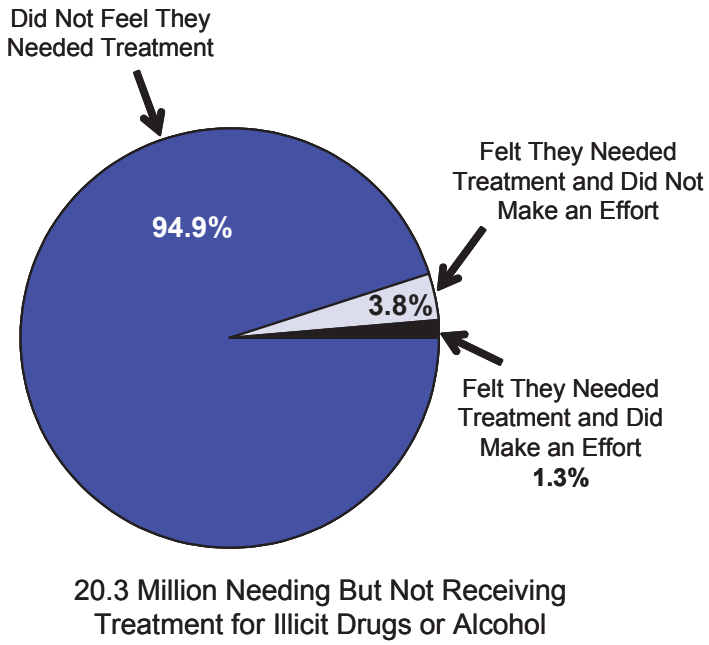
Location of Treatment. In 2003, among the 3.3 million persons aged 12 or older who received treatment for alcohol or illicit drugs in the past year, more than half received treatment at a self-help group (1.9 million). There were 1.2 million persons who received treatment at a rehabilitation facility 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, at a rehabilitation facility as an inpatient, at a mental health center as an outpatient, and at an emergency room.

Treatment Need, Specialty Treatment, and Perceived Need for 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), about the same as in 2002 (22.8 million). The number needing but not receiving specialty 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 (Figure 11). 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.

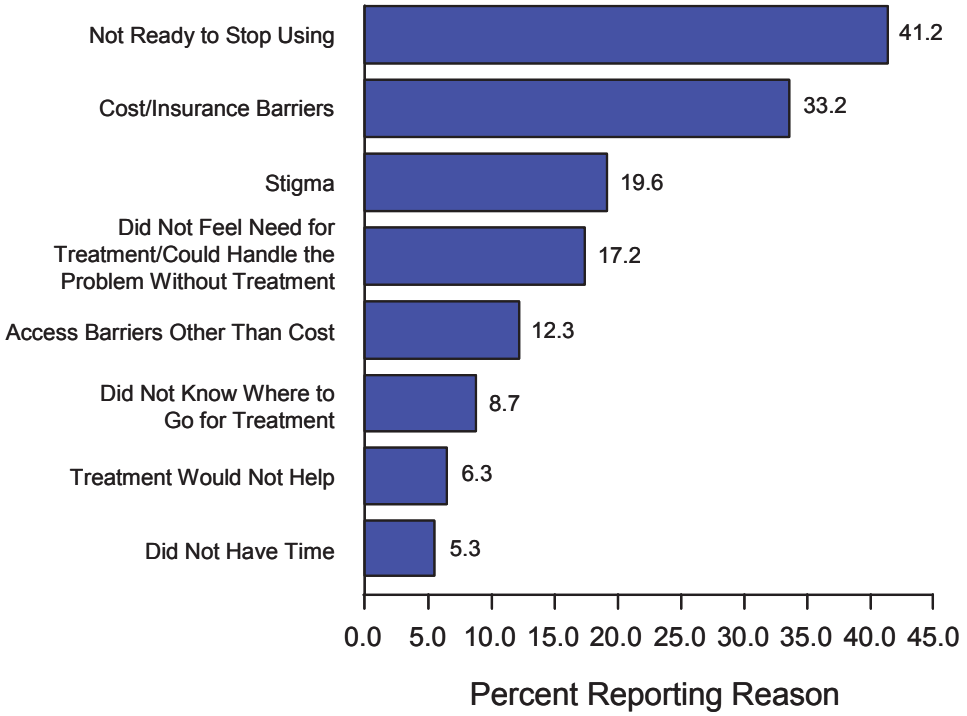
Figure 11. Past Year Perceived Need and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drugs or Alcohol: 2003



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 12).

Illicit Drug Treatment Need. 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 statistically 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. 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. 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 12. Reasons for Not Receiving Treatment among Persons Aged 12 or Older Who Needed But Did Not Receive Treatment and Felt They Needed Treatment: 2003



8. Prevalence and Treatment of Mental Health Problems

The National Survey on Drug Use and Health (NSDUH) includes a series of questions designed to assess serious mental illness (SMI) among adults aged 18 or older. The survey also includes questions on mental health treatment and counseling. Separate questions are asked for adults and for youths aged 12 to 17, and different definitions are applied. Because the survey represents 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.

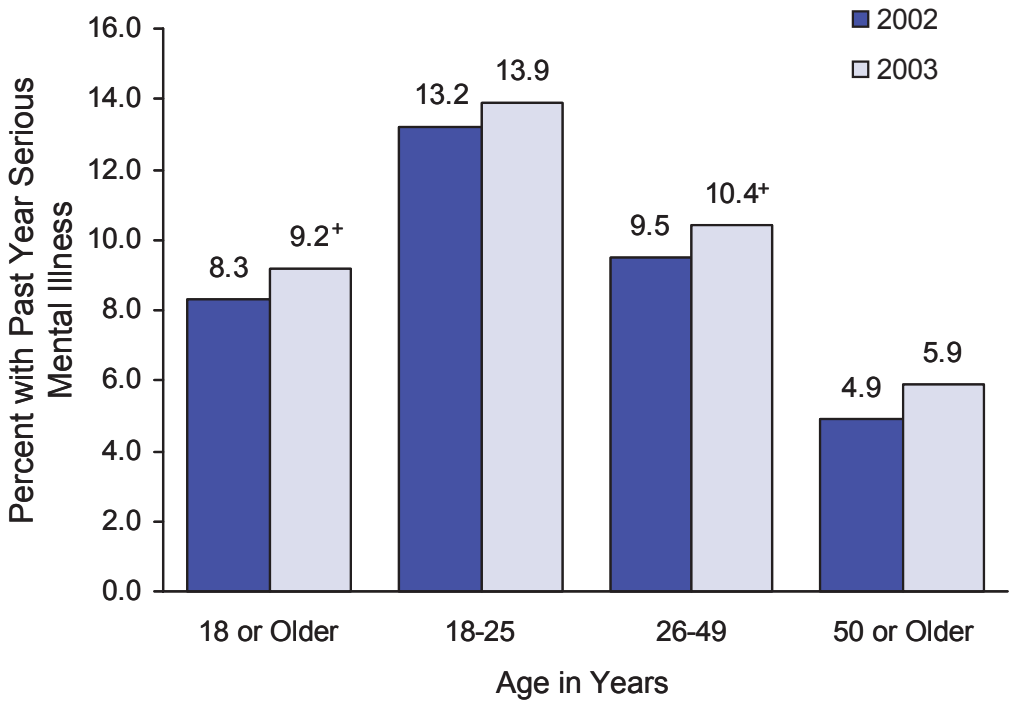
SMI is defined for this report as having at some time during the past year a diagnosable mental, behavioral, or emotional disorder that met the criteria specified in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association [APA], 1994) 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 of the full National Findings report (Office of Applied Studies [OAS], 2004).

Serious Mental Illness, by Age and Gender. 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 13). 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). 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.

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.

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. 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). In

Figure 13. 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 " + ".

2003, an estimated 4.2 million adults met the criteria for both SMI and substance dependence or abuse in the past year. 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.

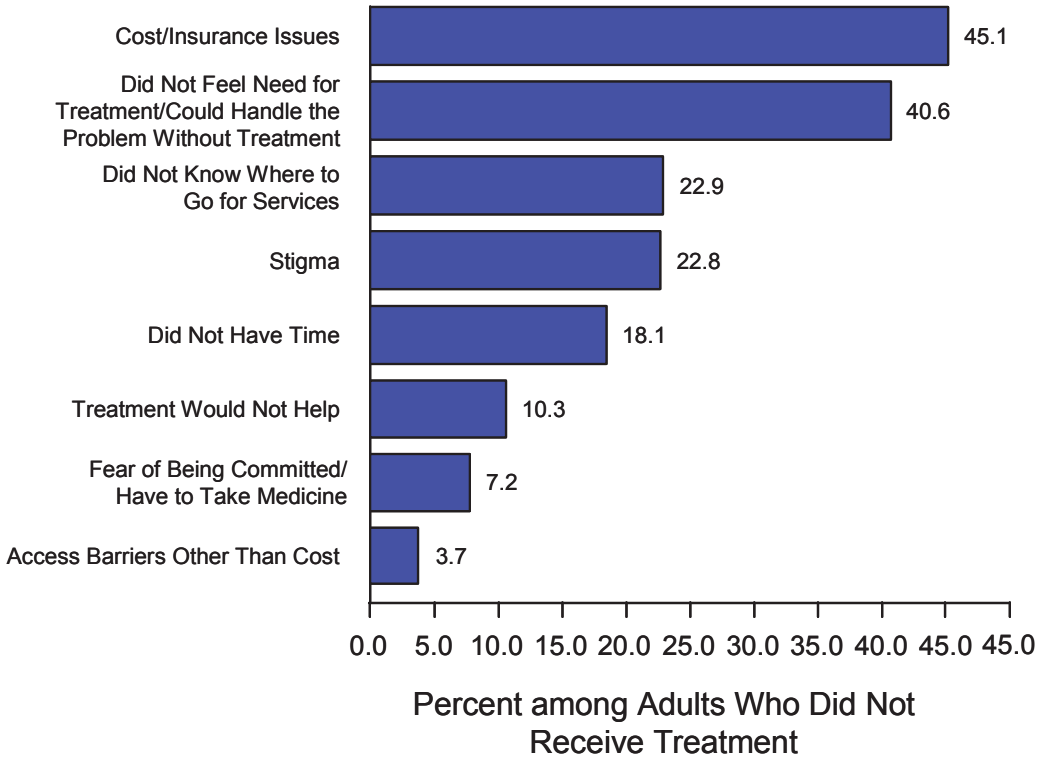
Treatment among Adults. For adults, treatment is defined as the receipt of treatment or counseling for any problem with emotions, "nerves," or mental health in the 12 months prior to the interview in any inpatient or outpatient setting. It also includes the use of prescription medication for treatment of a mental or emotional condition.

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. 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.

Perceived Unmet Need for Treatment among Adults. There were an estimated 5.5 million adults who did not receive treatment but perceived an unmet need for treatment in the past year. Their 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) (Figure 14).

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). Females with SMI were more likely than males with SMI to have received treatment (52.1 vs. 38.5 percent). Slightly over half of adults with SMI who received treatment (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.

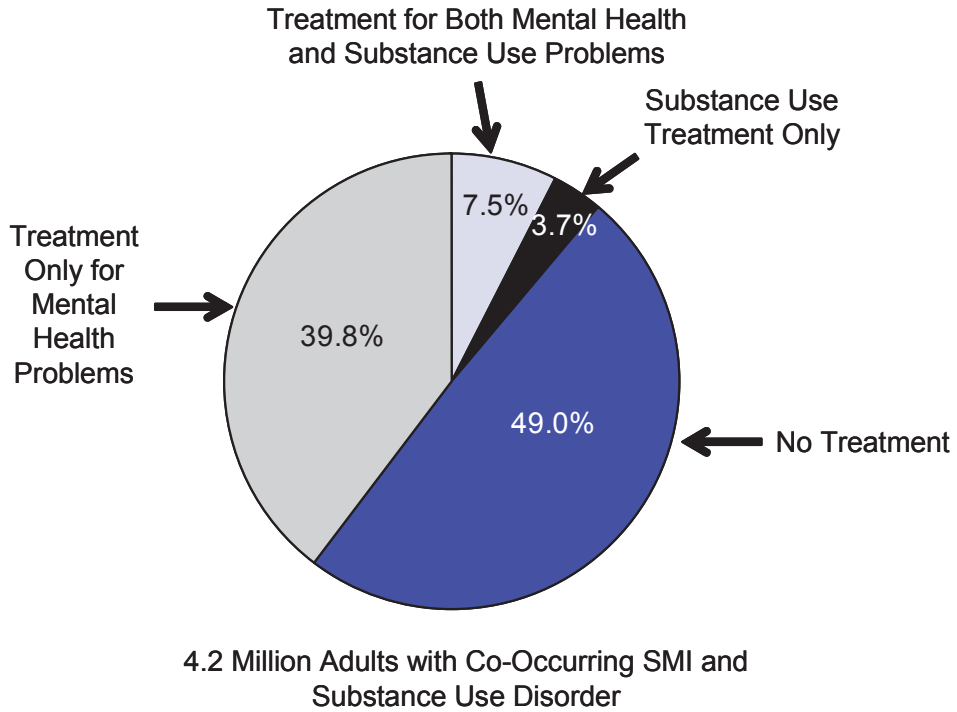
Figure 14. Reasons for Not Receiving Treatment in the Past Year among Persons Aged 18 or Older with an Unmet Need for Treatment Who Did Not Receive Treatment: 2003



Treatment among Adults with Co-Occurring SMI and Substance Use Disorders. Among the 4.2 million adults with SMI and a substance use disorder in 2003, about half (49.0 percent) 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. Overall, 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 15).

Treatment for Mental Health Problems among Youths. Treatment for youths aged 12 to 17 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. In 2003, an estimated 5.1 million youths (20.6 percent) received treatment. This is higher than the 2002 estimate of 4.8 million (19.3 percent). 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). Females aged 12 to 17 were more likely than males aged 12 to 17 to have received treatment in 2003 (22.4 vs. 19.0 percent).

Figure 15. Past Year Treatment among Adults Aged 18 or Older with Both Serious Mental Illness and a Substance Use Disorder: 2003



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 of the full report (Office of Applied Studies, [OAS], 2004), 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 6) 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 7). 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 of the full report), 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 (2004).

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.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV) (4th ed.). Washington, DC: American Psychiatric Association.

Gfroerer, J., Hughes, A., Chromy, J., Heller, D., & Packer, L. (2004, July). Estimating trends in substance use based on reports of prior use in a cross-sectional survey. In S. B. Cohen & J. M. Lepkowski (Eds.), *Eighth Conference on Health Survey Research Methods* (DHHS Publication No. PHS 04-1013, pp. 29-34). Hyattsville, MD: National Center for Health Statistics. [Available as a PDF at http://www.cdc.gov/nchs/data/misc/proceedings_hsrm2004.pdf]

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64-105.

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Shulenberg, J. E. (2004). *Monitoring the Future national survey results on drug use, 1975-2003: Secondary school students* (NIH Publication No. 04-5507, Vol. I). Bethesda, MD: National Institute on Drug Abuse. [Available at http://monitoringthefuture.org/pubs.html#monographs]

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S. L., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry, 60*, 184-189.

Office of Applied Studies, Substance Abuse and Mental Health Services Administration. (2003). *Results from the 2002 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 03-3836, NSDUH Series H-22). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. [Available at http://www.oas.samhsa.gov/p0000016.htm#Standard]

Office of Applied Studies, Substance Abuse and Mental Health Services Administration. (2004). *Results from the 2003 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 04-3964, NSDUH Series H-25). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. [Available at http://www.oas.samhsa.gov/p0000016.htm#Standard]

Substance Abuse and Mental Health Data Archive. (2004). *National Survey on Drug Use and Health (NSDUH) series*. Retrieved July 22, 2004, from http://www.icpsr.umich.edu/SAMHDA/index.html, then http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIES/00064.xml

Appendix: Prevalence Estimate Tables

Table A.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.

Table A.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 A.3 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.

Table A.4 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.

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Table A.5 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.

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Table A.6 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.