

# RESOLUTION OF THE CITY COUNCIL

No. 467

Approved September 12, 1996

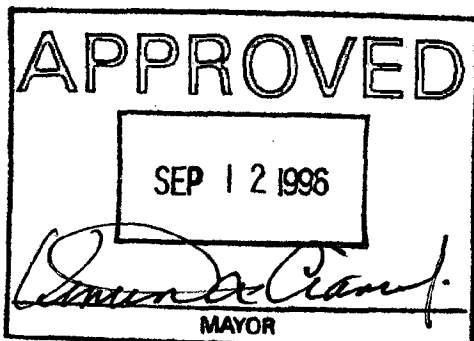
RESOLVED, That the City Council hereby endorses the study conducted by the University of Michigan Institute for Social Research on the illicit drug use among American Secondary Students and requesting that the City of Providence along with the Providence School Department also conduct such a study. (See Attached).

NO. 467  
SEP 12 1996  
CITY OF PROVIDENCE  
CITY CLERK

IN CITY COUNCIL

SEP 5 1996  
READ AND PASSED

*Edelyn V. Fargnoli*  
PRES  
*Michael X. Clement*  
CLERK



IN CITY COUNCIL  
FEB 16 1995

FIRST READING  
REFERRED TO COMMITTEE ON  
FINANCE

James M. Angelos CLERK

THE COMMITTEE ON  
FINANCE

Approves Passage of  
The Within Resolution

Clara Bestwick Clerk  
August 5, 1996  
and refer to the School Dept

Councilman Lombardi, by Request

**News and Information Services**

412 Maynard  
Ann Arbor, Michigan  
48109-1399

December 8, 1994 (7)  
Contact: Diane Swanbrow  
Phone: (313) 747-4416

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Drug use continues to climb among American teen-agers, as attitudes and beliefs about the dangers of drugs soften, U-M survey says.

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FOR RELEASE AT 11:00 A.M. EST, MONDAY, DECEMBER 12, 1994.

EDITORS: Results of this survey will be released at a news conference on Dec. 12 at 11 a.m. at the Hubert H. Humphrey Building in Washington, D.C. Participating in the release of results will be Secretary of Health and Human Services Donna E. Shalala, Secretary of Education Richard W. Riley, Director of the Office of National Drug Control Policy Lee P. Brown, and the principal investigator of the Monitoring the Future study, Lloyd D. Johnston. For further information on the study, contact Johnston at (313) 763-5043.

ANN ARBOR---Reporting on their 20th national survey of American high school seniors, and their fourth national survey of eighth- and 10th-grade students, scientists at the University of Michigan Institute for Social Research have found that illicit drug use among American secondary school students continued to rise in 1994.

Marijuana. The rise in illicit drug use, which began at least three years ago for eighth-graders and two years ago for the older students, has been particularly pronounced in the case of marijuana. Over the past two to three years, annual use of marijuana (any use during the 12 months prior

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to the survey) doubled among eighth-graders (to 13 percent), grew by two-thirds among 10th-graders (to 25 percent), and grew by two-fifths among 12th-graders (to 31 percent). In addition, active daily use of marijuana climbed by even larger proportions, reaching 3.6 percent among high school seniors in 1994---up by half from 1993 levels (See Table 1).

The study. The Monitoring the Future study, which is conducted at the U-M's Institute for Social Research under a series of research grants from the National Institute on Drug Abuse, has provided key measures of drug use among American young people since 1975. It tracked an expansion of the drug use epidemic into the late 1970s, a subsequent turnaround and substantial decline which lasted through 1991, and now a resurgence in use since 1991. It also has provided important evidence about what factors have driven these changes. The study is conducted by U-M social scientists Lloyd D. Johnston, Patrick M. O'Malley, and Jerald G. Bachman.

Other Drugs. While marijuana has had the most dramatic turnaround in the 1990s, a number of other illicitly used drugs have been rising gradually as well. These include LSD, other hallucinogens taken as a class, inhalants, stimulants, barbiturates, and this year, cocaine and crack. (See Table 1.)

The researchers note, however, that the increases in the use of these other drugs have been quite gradual and that many of the 1993-94 changes do not reach statistical significance, even though they continue a longer-term trend that is significant.

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"Despite substantial progress against illicit drug use in earlier years, it remains an appreciable problem among American young people," notes Johnston. "Over a third of all eighth-graders have used some illicit drug, including inhalants, while over 40 percent of all 10th-graders, and nearly 50 percent of all 12th-graders have done so. Furthermore, it is a problem which is getting worse at a fairly rapid pace."

Johnston believes that the rapid expansion in the numbers of students using marijuana increases the pool of young people who are willing to consider using other drugs, and that this helps to explain the rising proportions using them.

Inhalants. Johnston is also concerned about the gradual rise in inhalant use which has been occurring intermittently since the early 1980s, including the past two or three years. "Inhalant use is highest during early adolescence and, in addition to being quite a dangerous practice in its own right, can help establish an early pattern of using drugs to get high," observes Johnston. One in every five or six students at each grade level has tried an inhalant, but current use is highest among the eighth-graders. In fact, until the large increase in marijuana use this year, inhalants have constituted the most widely used class of drugs among eighth-graders.

"Because this class of volatile substances is comprised mostly of legal products found around the home, it has received less attention than it should." Johnston adds, "It has become an important part of the drug abuse problem,

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particularly among the country's younger adolescents."

Attitudes and Beliefs. Over the past 20 years, the U-M investigators have accumulated a substantial body of evidence that the likelihood of using a drug is directly affected by how dangerous students believe its use to be. "During the 1980s, increasing concern about the dangers of marijuana use seemed to drive the decline in use," Johnston states. "Fewer people initiated use, and more of the users quit, as the proportion of seniors seeing a great risk in regular use rose steadily, from 35 percent in 1978 to 79 percent in 1991." Since 1991, however, there has been a steady and accelerating decline in perceived risk, with only 65 percent now reporting a great risk associated with regular marijuana use.

In addition to the dangers associated with using drugs, the attitudes of peers also seem to be an important determinant of drug use. "Peer norms often appear to shift with changes in the perceived dangers of a drug, the most obvious case in recent years being the decline in the acceptability of cigarette smoking in the general population," adds Johnston. In the case of marijuana, the proportion of high school seniors who disapproved of even trying it rose dramatically between 1978 and 1992, from 33 percent to 70 percent. But then, a year after perceived risk began to decline in 1991, peer disapproval also began to fall, dropping from 70 percent in 1992 to 58 percent in 1994. "In other words," states Johnston, "the decline in perceived risk predicted the decline in peer norms as well as the increase in actual use, both of which began a year

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later." Among the eighth- and 10th-graders, the amount of risk perceived to be associated with marijuana use is also declining rapidly (See Table 6).

The proportions of students saying there is a "great risk" associated with the use of a number of drugs other than marijuana, including LSD, cocaine, and crack, have also been significantly declining. While some of these declines appeared to halt in 1994 among the seniors, they continued among the eighth- and 10th-graders (See Table 6.) Similarly, peer disapproval among eighth- and 10th-graders is continuing to decline with regard to LSD, cocaine, and crack. The great majority, however, still disapprove of the use of these drugs (See Table 8).

Indications for the Future. Asked to comment on what the future holds with regard to illicit drug use, Johnston states, "If the softening of attitudes and peer norms continues unabated, we can expect to see continued increases in drug use among our children. These factors proved critical in bringing about the downturn in use that began nearly 15 years ago [See Figures 2 and 4], and they are still critical to keeping drug use contained today.

"For the foreseeable future, American youngsters will be aware of the psychoactive potential of many drugs and, in general, will have relatively easy access to them. In the absence of reasons not to use, many are going to try them and a significant number will get into trouble with them.

"We need to be more aware of, and concerned about, the messages that are reaching young people with regard to drugs. Those in the media and entertainment industries have

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a particular responsibility to be more constructive in the messages and role models that they present to young people. Youngsters growing up today are getting considerably more mixed messages about drugs than those who grew up in the late 1980s, and their behavior reflects this. They are hearing much less about the dangers of drugs and seeing more glamorization of drug use."

Alcohol. Although there had been some earlier decline in alcohol use among high school seniors, in 1994 there was no decline at any grade level. In fact, while none of the changes was statistically significant, all three grades showed some upward drift in current drinking, binge drinking, and drunkenness (See Table 1). "Drinking rates remain high for American teen-agers," Johnston observes. "When we ask whether they have had five or more drinks in a row during the prior two-week period, one in seven eighth-graders say they have, nearly one in four 10th-graders, and more than one in every four 12th-graders. Further, much higher proportions are active drinkers at some level."

\* \* \* \* \*

The study, titled "Monitoring the Future," was also widely known as the National High School Senior Survey. It has been conducted under a series of research grants from the National Institute on Drug Abuse. Surveys have been carried out each year since 1975 by the U-M's Institute for Social Research. In 1994, the sample of seniors comprised about 16,000 seniors in 139 public and private high schools nationwide, selected to be representative of all seniors in the continental United States. They completed self-administered questionnaires given to them in their classrooms by U-M personnel in the spring of the year. Beginning in 1991, similar surveys of nationally representative samples of eighth- and 10th-graders have been conducted annually. The 1994 eighth-grade sample contained about 18,000 students in 150 schools, and the 10th-grade sample contained 16,000 students in 130 schools. In all, approximately 50,000 students in about 420 public and private secondary school are now surveyed annually.

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(HJohnston;ISR;JBachman;PO'Malley)  
(R1-3;ISR;Ed1,2A;Rtsp) [drugs]



TABLE 1

## Trends in Prevalence of Various Drugs for Eighth, Tenth, and Twelfth Graders

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Any Illicit Drug <sup>a</sup>																				
8th Grade	18.7	20.6	22.5	25.7	+3.2ss	11.3	12.9	15.1	18.5	+3.4sss	5.7	6.8	8.4	10.9	+2.5sss	—	—	—	—	—
10th Grade	30.6	29.8	32.8	37.4	+4.6sss	21.4	20.4	24.7	30.0	+5.3sss	11.6	11.0	14.0	18.5	+4.5sss	—	—	—	—	—
12th Grade	44.1	40.7	42.9	45.6	+2.7ss	29.4	27.1	31.0	35.8	+4.8sss	16.4	14.4	18.3	21.9	+3.6sss	—	—	—	—	—
Any Illicit Drug <sup>b</sup> Other Than Marijuana																				
8th Grade	14.3	15.6	16.8	17.5	+0.7	8.4	9.3	10.4	11.3	+0.9	3.8	4.7	5.3	5.6	+0.3	—	—	—	—	—
10th Grade	19.1	19.2	20.9	21.7	+0.8	12.2	12.3	13.9	15.2	+1.3	5.5	5.7	6.5	7.1	+0.6	—	—	—	—	—
12th Grade	26.9	25.1	26.7	27.6	+0.9	16.2	14.9	17.1	18.0	+0.9	7.1	6.3	7.9	8.8	+0.9	—	—	—	—	—
Any Illicit Drug <sup>c</sup> Including Inhalants																				
8th Grade	28.5	29.6	32.3	35.1	+2.8ss	16.7	18.2	21.1	24.2	+3.1ss	8.8	10.0	12.0	14.3	+2.3ss	—	—	—	—	—
10th Grade	36.1	36.2	38.7	42.7	+4.0sss	23.9	23.5	27.4	32.5	+5.1sss	13.1	12.6	15.5	20.0	+4.5sss	—	—	—	—	—
12th Grade	47.6	44.4	46.6	49.1	+2.5s	31.2	28.8	32.5	37.6	+5.1sss	17.8	15.6	19.3	23.0	+3.7sss	—	—	—	—	—
Marijuana/Hashish																				
8th Grade	10.2	11.2	12.6	16.7	+4.1sss	6.2	7.2	9.2	13.0	+3.8sss	3.2	3.7	5.1	7.8	+2.7sss	0.2	0.2	0.4	0.7	+0.3ss
10th Grade	23.4	21.4	24.4	30.4	+6.0sss	16.5	15.2	19.2	25.2	+6.0sss	8.7	8.1	10.9	15.8	+4.9sss	0.8	0.8	1.0	2.2	+1.2sss
12th Grade	36.7	32.6	35.3	38.2	+2.9s	23.9	21.9	26.0	30.7	+4.7sss	13.8	11.9	15.5	19.0	+3.5sss	2.0	1.9	2.4	3.6	+1.2sss
Inhalants <sup>d,e</sup>																				
8th Grade	17.6	17.4	19.4	19.9	+0.5	9.0	9.5	11.0	11.7	+0.7	4.4	4.7	5.4	5.6	+0.2	0.2	0.3	0.3	0.2	-0.1
10th Grade	15.7	16.6	17.5	18.0	+0.5	7.1	7.5	8.4	9.1	+0.7	2.7	2.7	3.3	3.6	+0.3	0.1	0.1	0.2	0.1	0.0
12th Grade	17.6	16.6	17.4	17.7	+0.3	6.6	6.2	7.0	7.7	+0.7	2.4	2.3	2.5	2.7	+0.2	0.2	0.1	0.1	0.1	-0.1
Nitrites <sup>f</sup>																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	+0.3	0.9	0.5	0.9	1.1	+0.2	0.4	0.3	0.6	0.4	-0.2	0.2	0.1	0.1	0.2	+0.1
Hallucinogens <sup>e</sup>																				
8th Grade	3.2	3.8	3.9	4.3	+0.4	1.9	2.5	2.6	2.7	+0.1	0.8	1.1	1.2	1.3	+0.1	0.1	0.1	0.1	0.1	0.0
10th Grade	6.1	6.4	6.8	8.1	+1.3s	4.0	4.3	4.7	5.8	+1.1s	1.6	1.8	1.9	2.4	+0.5	*	0.1	0.1	0.1	0.0
12th Grade	9.6	9.2	10.9	11.4	+0.5	5.8	5.9	7.4	7.6	+0.2	2.2	2.1	2.7	3.1	+0.4	0.1	0.1	0.1	0.1	0.0
LSD																				
8th Grade	2.7	3.2	3.5	3.7	+0.2	1.7	2.1	2.3	2.4	+0.1	0.6	0.9	1.0	1.1	+0.1	*	*	*	*	0.0
10th Grade	5.6	5.8	6.2	7.2	+1.0	3.7	4.0	4.2	5.2	+1.0s	1.5	1.6	1.6	2.0	+0.4	*	0.1	*	*	0.0
12th Grade	8.8	8.6	10.3	10.5	+0.2	5.2	5.6	6.8	6.9	+0.1	1.9	2.0	2.4	2.6	+0.2	0.1	0.1	0.1	0.1	0.0
PCP <sup>f</sup>																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	-0.1	1.4	1.4	1.4	1.6	+0.2	0.5	0.6	1.0	0.7	-0.3	0.1	0.1	0.1	0.3	+0.1

(Table continued on next page)

TABLE 1 (cont.)

## Trends in Prevalence of Various Drugs for Eighth, Tenth, and Twelfth Graders

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Hallucinogens Other than LSD																				
8th Grade	1.4	1.7	1.7	2.2	+0.5ss	0.7	1.1	1.0	1.3	+0.3s	0.3	0.4	0.5	0.7	+0.2s	*	*	*	*	0.0
10th Grade	2.2	2.5	2.8	3.8	+1.0ss	1.3	1.4	1.9	2.4	+0.5s	0.4	0.5	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	3.7	3.3	3.9	4.9	+1.0s	2.0	1.7	2.2	3.1	+0.9ss	0.7	0.5	0.8	1.2	+0.4s	*	*	*	*	0.0
Cocaine																				
8th Grade	2.3	2.9	2.9	3.6	+0.7s	1.1	1.5	1.7	2.1	+0.4	0.5	0.7	0.7	1.0	+0.3s	0.1	*	0.1	0.1	0.0
10th Grade	4.1	3.3	3.6	4.3	+0.7s	2.2	1.9	2.1	2.8	+0.7ss	0.7	0.7	0.9	1.2	+0.3	0.1	*	0.1	0.1	0.0
12th Grade	7.8	6.1	6.1	5.9	-0.2	3.5	3.1	3.3	3.6	+0.3	1.4	1.3	1.3	1.5	+0.2	0.1	0.1	0.1	0.1	0.0
Crack																				
8th Grade	1.3	1.6	1.7	2.4	+0.7sss	0.7	0.9	1.0	1.3	+0.3s	0.3	0.5	0.4	0.7	+0.3ss	*	*	0.1	*	0.0
10th Grade	1.7	1.5	1.8	2.1	+0.3	0.9	0.9	1.1	1.4	+0.3s	0.3	0.4	0.5	0.6	+0.1	*	*	*	*	0.0
12th Grade	3.1	2.6	2.6	3.0	+0.4	1.5	1.5	1.5	1.9	+0.4	0.7	0.6	0.7	0.8	+0.1	0.1	0.1	0.1	0.1	0.0
Other Cocaine <sup>g</sup>																				
8th Grade	2.0	2.4	2.4	3.0	+0.6s	1.0	1.2	1.3	1.7	+0.4	0.5	0.5	0.6	0.9	+0.3s	*	*	*	*	0.0
10th Grade	3.8	3.0	3.3	3.8	+0.5	2.1	1.7	1.8	2.4	+0.6s	0.6	0.6	0.7	1.0	+0.3s	*	*	*	*	0.0
12th Grade	7.0	5.3	5.4	5.2	-0.2	3.2	2.6	2.9	3.0	+0.1	1.2	1.0	1.2	1.3	+0.1	0.1	*	0.1	0.1	0.0
Heroin																				
8th Grade	1.2	1.4	1.4	2.0	+0.6sss	0.7	0.7	0.7	1.2	+0.5sss	0.3	0.4	0.4	0.6	+0.2s	*	*	*	0.1	0.0
10th Grade	1.2	1.2	1.3	1.5	+0.2	0.5	0.6	0.7	0.9	+0.2	0.2	0.2	0.3	0.4	+0.1	*	*	*	*	0.0
12th Grade	0.9	1.2	1.1	1.2	+0.1	0.4	0.6	0.5	0.6	+0.1	0.2	0.3	0.2	0.3	+0.1	*	*	*	*	0.0
Other Opiates																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	+0.2	3.5	3.3	3.6	3.8	+0.2	1.1	1.2	1.3	1.5	+0.2	0.1	*	*	0.1	0.0
Stimulants																				
8th Grade	10.5	10.8	11.8	12.3	+0.5	6.2	6.5	7.2	7.9	+0.7	2.6	3.3	3.6	3.6	0.0	0.1	0.1	0.1	0.1	0.0
10th Grade	13.2	13.1	14.9	15.1	+0.2	8.2	8.2	9.6	10.2	+0.6	3.3	3.6	4.3	4.5	+0.2	0.1	0.1	0.3	0.1	-0.2
12th Grade	15.4	13.9	15.1	15.7	+0.6	8.2	7.1	8.4	9.4	+1.0	3.2	2.8	3.7	4.0	+0.3	0.2	0.2	0.2	0.2	0.0
Ice <sup>h</sup>																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	+0.3	1.4	1.3	1.7	1.8	+0.1	0.6	0.5	0.6	0.7	+0.1	0.1	0.1	0.1	*	0.0
Barbiturates																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	+0.7	3.4	2.8	3.4	4.1	+0.7s	1.4	1.1	1.3	1.7	+0.4s	0.1	*	0.1	*	0.0

(Table continued on next page)

TABLE 1 (cont.)

## Trends in Prevalence of Various Drugs for Eighth, Tenth, and Twelfth Graders

	Lifetime					Annual					30-Day					Daily				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Tranquilizers																				
8th Grade	3.8	4.1	4.4	4.6	+0.2	1.8	2.0	2.1	2.4	+0.3	0.8	0.8	0.9	1.1	+0.2	*	*	0.1	0.1	0.0
10th Grade	5.8	5.9	5.7	5.4	-0.3	3.2	3.5	3.3	3.3	0.0	1.2	1.5	1.1	1.5	+0.4s	*	*	*	*	0.0
12th Grade	7.2	6.0	6.4	6.6	+0.2	3.6	2.8	3.5	3.7	+0.2	1.4	1.0	1.2	1.4	+0.2	0.1	*	*	0.1	0.0
Alcohol <sup>i</sup>																				
Any use																				
8th Grade	70.1	69.3	67.1	—	—	54.0	53.7	51.6	—	—	25.1	26.1	26.2	—	—	0.5	0.6	0.8	—	—
			55.7	55.8	+0.1			45.4	46.8	+1.4			24.3	25.5	+1.2			1.0	1.0	0.0
10th Grade	83.8	82.3	80.8	—	—	72.3	70.2	69.3	—	—	42.8	39.9	41.5	—	—	1.3	1.2	1.6	—	—
			71.6	71.1	-0.5			63.4	63.9	+0.5			38.2	39.2	+1.0			1.8	1.7	-0.1
12th Grade	88.0	87.5	87.0	—	—	77.7	76.8	76.0	—	—	54.0	51.3	51.0	—	—	3.6	3.4	2.5	—	—
			80.0	80.4	+0.4			72.7	73.0	+0.3			48.6	50.1	+1.5			3.4	2.9	-0.5
5+ drinks in last 2 weeks																				
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12.9	13.4	13.5	14.5	+1.0
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22.9	21.1	23.0	23.6	+0.6
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29.8	27.9	27.5	28.2	+0.7
Been Drunk <sup>h</sup>																				
8th Grade	26.7	26.8	26.4	25.9	-0.5	17.5	18.3	18.2	18.2	0.0	7.6	7.5	7.8	8.7	+0.9	0.1	0.1	0.2	0.3	+0.1
10th Grade	50.0	47.7	47.9	47.2	-0.7	40.1	37.0	37.8	38.0	+0.2	20.5	18.1	19.8	20.3	+0.5	0.2	0.3	0.4	0.4	0.0
12th Grade	65.4	63.4	62.5	62.9	+0.4	52.7	50.3	49.6	51.7	+2.1	31.6	29.9	28.9	30.8	+1.9	0.9	0.8	0.9	1.2	+0.3
Steroids <sup>j</sup>																				
8th Grade	1.9	1.7	1.6	2.0	+0.4ss	1.0	1.1	0.9	1.2	+0.3ss	0.4	0.5	0.5	0.5	0.0	*	*	0.1	*	-0.1
10th Grade	1.8	1.7	1.7	1.8	+0.1	1.1	1.1	1.0	1.1	+0.1	0.6	0.6	0.5	0.6	+0.1	0.1	*	*	0.1	0.0
12th Grade	2.1	2.1	2.0	2.4	+0.4	1.4	1.1	1.2	1.3	+0.1	0.8	0.6	0.7	0.9	+0.2	0.1	0.1	0.1	0.4	+0.3

NOTES: Level of significance of difference between the two years:  $s = .05$ ,  $ss = .01$ ,  $sss = .001$ . '—' indicates data not available. \*\* indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two years is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Approx. N: 8th Grade = 17,500 in 1991; 18,600 in 1992; 18,300 in 1993; 17,300 in 1994  
10th Grade = 14,800 in 1991; 14,800 in 1992; 15,300 in 1993; 15,800 in 1994  
12th Grade = 15,000 in 1991; 15,800 in 1992; 16,300 in 1993; 15,400 in 1994

<sup>a</sup>For 12th graders: Use of "any illicit drugs" includes any use of marijuana, hallucinogens, cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

<sup>b</sup>For 12th graders: Use of "other illicit drugs" includes any use of hallucinogens, cocaine, heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

<sup>c</sup>For 12th graders: Use of "any illicit drugs, including inhalants" includes any use of marijuana, inhalants, hallucinogens, cocaine (powder or crack), or heroin, or any use of opiates other than heroin, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

<sup>d</sup>For 12th graders: Data based on five questionnaire forms; N is five-sixths of N indicated.

<sup>e</sup>Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP.

<sup>f</sup>For 12th graders: Data based on a single questionnaire form; N is one-sixth of N indicated.

<sup>g</sup>For 12th graders: Data based on four questionnaire forms; N is two-thirds of N indicated.

<sup>h</sup>For 12th graders: Data based on two questionnaire forms; N is one-third of N indicated.

<sup>i</sup>For 8th, 10th, and 12th graders: In 1993, the question text was changed slightly in one-half of the forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two questionnaire forms for the 8th and 10th graders and on three of six questionnaire forms for the 12th graders; N is one-half of N indicated for all groups. In 1994, data were based on all forms for all grades.

<sup>j</sup>For 12th graders: Data based on two questionnaire forms; N is one-third of N indicated. For 8th and 10th graders: Data based on one questionnaire form; N is one-half of N indicated.

TABLE 2

Long-Term Trends in Lifetime Prevalence of Various Types of Drugs for Twelfth Graders

	Percent ever used																				'93-'94 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	15800	16300	15400	
Any Illicit Drug <sup>a,b</sup>	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	+2.7ss
Any Illicit Drug Other Than Marijuana <sup>b,c</sup>	36.2	35.4	35.8	36.5	37.4	38.7	42.8	41.1	40.4	40.3	39.7	37.7	35.8	32.5	31.4	29.4	26.9	25.1	26.7	27.6	+0.9
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	32.6	35.3	38.2	+2.9s
Inhalants <sup>d</sup>	—	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	17.6	18.0	17.6	16.6	17.4	17.7	+0.3
Inhalants, Adjusted <sup>d,e</sup>	—	—	—	—	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	18.6	18.5	18.0	17.0	17.7	18.3	+0.6
Amyl & Butyl Nitrites <sup>f,g</sup>	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	+0.3
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	9.2	10.9	11.4	+0.5
Hallucinogens, Adjusted <sup>h</sup>	—	—	—	—	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	9.9	9.7	10.0	9.4	11.3	11.7	+0.4
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	8.6	10.3	10.5	+0.2
PCP <sup>f,g</sup>	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	-0.1
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.8	6.1	6.1	5.9	-0.2
Crack <sup>i</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	3.0	+0.4
Other Cocaine <sup>j</sup>	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	5.2	-0.2
Heroin	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	1.3	1.3	0.9	1.2	1.1	1.2	+0.1
Other Opiates <sup>k</sup>	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	+0.2
Stimulants <sup>b,k</sup>	22.3	22.6	23.0	22.9	24.2	26.4	32.2	27.9	26.9	27.9	26.2	23.4	21.6	19.8	19.1	17.5	15.4	13.9	15.1	15.7	+0.6
Crystal Meth. (Ice) <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	+0.3
Sedatives <sup>k,m</sup>	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	6.1	6.4	7.3	+0.9
Barbiturates <sup>k</sup>	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	+0.7
Methaqualone <sup>k,n</sup>	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.6	0.8	1.4	+0.6
Tranquillizers <sup>k</sup>	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	+0.2
Alcohol <sup>o</sup>	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	87.5	87.0	—	—
																			80.0	80.4	+0.4
Been Drunk <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	+0.4
Steroids <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	+0.4

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.

SOURCE: The Monitoring the Future Study, the University of Michigan.

## Footnotes for Table 2-Table 5

- <sup>a</sup>Use of "any illicit drugs" includes any use of marijuana, hallucinogens, cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.
- <sup>b</sup>Beginning in 1982 the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.
- <sup>c</sup>Use of "other illicit drugs" includes any use of hallucinogens, cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.
- <sup>d</sup>Data based on four questionnaire forms in 1976-1988; N is four-fifths of N indicated. Data based on five questionnaire forms in 1989-1994; N is five-sixths of N indicated.
- <sup>e</sup>Adjusted for underreporting of amyl and butyl nitrites. See text for details.
- <sup>f</sup>Data based on a single questionnaire form; N is one-fifth of N indicated in 1979-1988 and one-sixth of N indicated in 1989-1994.
- <sup>g</sup>Question text changed slightly in 1987.
- <sup>h</sup>Adjusted for underreporting of PCP. See text for details.
- <sup>i</sup>Data based on a single questionnaire form in 1986; N is one-fifth of N indicated. Data based on two questionnaire forms in 1987-1989; N is two-fifths of N indicated in 1987-1988 and two-sixths of N indicated in 1989. Data based on six questionnaire forms in 1990-1994.
- <sup>j</sup>Data based on a single questionnaire form in 1987-1989; N is one-fifth of N indicated in 1987-1988 and one-sixth of N indicated in 1989. Data based on four questionnaire forms in 1990-1994; N is four-sixths of N indicated.
- <sup>k</sup>Only drug use which was not under a doctor's orders is included here.
- <sup>l</sup>Data based on two questionnaire forms; N is two-sixths of N indicated. Steroid data based on a single questionnaire form in 1989-1990; N is one-sixth of N indicated in 1989-1990.
- <sup>m</sup>Data based on five questionnaire forms in 1975-1988, six questionnaire forms in 1989, one questionnaire form in 1990 (N is one-sixth of N indicated in 1990), and six questionnaire forms of data adjusted by one-form data beginning in 1991.
- <sup>n</sup>Data based on five questionnaire forms in 1975-1988, six questionnaire forms in 1989, one questionnaire form in 1990-1994; N is one-sixth of N indicated in 1990-1994.
- <sup>o</sup>Data based on five questionnaire forms in 1975-1988, six questionnaire forms in 1989-1992, three of six questionnaire forms in 1993 (N is one-half of N indicated in 1993), and six questionnaire forms in 1994. In 1993, the question text was changed slightly in three forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording, while the data in the lower line came from forms using the revised wording.

TABLE 3

Long-Term Trends in Annual Prevalence of Various Types of Drugs for Twelfth Graders

	Percent who used in last twelve months																				'93-'94 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	15800	16300	15400	
Any Illicit Drug <sup>a,b</sup>	45.0	48.1	51.1	53.8	54.2	53.1	52.1	49.4	47.4	45.8	46.3	44.3	41.7	38.5	35.4	32.5	29.4	27.1	31.0	35.8	+4.8sss
Any Illicit Drug Other Than Marijuana <sup>b,c</sup>	26.2	25.4	26.0	27.1	28.2	30.4	34.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	+0.9
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.6	38.8	36.3	33.1	29.6	27.0	23.9	21.9	26.0	30.7	+4.7sss
Inhalants <sup>d</sup>	—	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	6.5	5.9	6.9	6.6	6.2	7.0	7.7	+0.7
Inhalants, Adjusted <sup>d,e</sup>	—	—	—	—	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	6.9	7.5	6.9	6.4	7.4	8.2	+0.8
Amyl/Butyl Nitrites <sup>f,g</sup>	—	—	—	—	6.5	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	0.5	0.9	1.1	+0.2
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	5.9	7.4	7.6	+0.2
Hallucinogens, Adjusted <sup>h</sup>	—	—	—	—	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	6.2	6.0	6.1	6.2	7.8	7.8	0.0
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	4.9	5.4	5.2	5.6	6.8	6.9	+0.1
PCP <sup>f,g</sup>	—	—	—	—	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	1.4	1.4	1.6	+0.2
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	3.1	3.3	3.6	+0.3
Crack <sup>i</sup>	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	+0.4
Other Cocaine <sup>j</sup>	—	—	—	—	—	—	—	—	—	—	—	—	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	+0.1
Heroin	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.5	0.6	0.5	0.4	0.6	0.5	0.6	+0.1
Other Opiates <sup>k</sup>	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	+0.2
Stimulants <sup>b,k</sup>	16.2	15.8	16.3	17.1	18.3	20.8	26.0	20.3	17.9	17.7	15.8	13.4	12.2	10.9	10.8	9.1	8.2	7.1	8.4	9.4	+1.0
Crystal Meth. (Ice) <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	+0.1
Sedatives <sup>k,m</sup>	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	2.9	3.4	4.2	+0.8s
Barbiturates <sup>k</sup>	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	2.8	3.4	4.1	+0.7s
Methaqualone <sup>k,n</sup>	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	0.6	0.2	0.8	+0.6s
Tranquilizers <sup>k</sup>	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	2.8	3.5	3.7	+0.2
Alcohol <sup>o</sup>	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	85.3	82.7	80.6	77.7	76.8	76.0	—	—
																			72.7	73.0	+0.3
Been Drunk <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	+2.1
Steroids <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	+0.1

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.  
See Table 2 for relevant footnotes.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Thirty-Day Prevalence of Various Types of Drugs for Twelfth Graders

	Percent who used in last thirty days																				'93-'94 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	15800	16300	15400	
Any Illicit Drug <sup>a,b</sup>	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	+3.6sss
Any Illicit Drug Other Than Marijuana <sup>b,c</sup>	15.4	13.9	15.2	15.1	16.8	18.4	21.7	17.0	15.4	15.1	14.9	13.2	11.6	10.0	9.1	8.0	7.1	6.3	7.9	8.8	+0.9
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	11.9	15.5	19.0	+3.5sss
Inhalants <sup>d</sup>	—	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	2.3	2.7	2.4	2.3	2.5	2.7	+0.2
Inhalants, Adjusted <sup>d,e</sup>	—	—	—	—	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	2.7	2.9	2.6	2.5	2.8	2.9	+0.1
Amyl/Butyl Nitrites <sup>f,g</sup>	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	-0.2
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.5	2.2	2.2	2.2	2.2	2.1	2.7	3.1	+0.4
Hallucinogens, Adjusted <sup>h</sup>	—	—	—	—	5.3	4.4	4.5	4.1	3.5	3.2	3.8	3.5	2.8	2.3	2.9	2.3	2.4	2.3	3.3	3.2	-0.1
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	2.0	2.4	2.6	+0.2
PCP <sup>f,g</sup>	—	—	—	—	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.6	0.3	1.4	0.4	0.5	0.6	1.0	0.7	-0.3
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4	1.3	1.3	1.5	+0.2
Crack <sup>i</sup>	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	+0.1
Other Cocaine <sup>j</sup>	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	+0.1
Heroin	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.3	+0.1
Other Opiates <sup>k</sup>	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	1.2	1.3	1.5	+0.2
Stimulants <sup>b,k</sup>	8.5	7.7	8.8	8.7	9.9	12.1	15.8	10.7	8.9	8.3	6.8	5.5	5.2	4.6	4.2	3.7	3.2	2.8	3.7	4.0	+0.3
Crystal Meth. (Ice) <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	+0.1
Sedatives <sup>k,m</sup>	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	+0.5s
Barbiturates <sup>k</sup>	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	1.1	1.3	1.7	+0.4s
Methaqualone <sup>k,n</sup>	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.6	0.2	0.2	0.4	0.1	0.4	+0.3
Tranquilizers <sup>k</sup>	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	1.0	1.2	1.4	+0.2
Alcohol <sup>o</sup>	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	60.0	57.1	54.0	51.3	51.0	—	—
																		48.6	50.1		+1.5
Been Drunk <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	+1.9
Steroids <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	+0.2

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.  
See Table 2 for relevant footnotes.

SOURCE: The Monitoring the Future Study, the University of Michigan.



TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Types of Drugs for Twelfth Graders

	Percent who used daily in last thirty days																				'93-'94 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	
Approx. N =	9400	15400	17100	17800	15500	15900	17500	17700	16300	15900	16000	15200	16300	16300	16700	15200	15000	15800	16300	15400	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	1.9	2.4	3.6	+1.2 <sup>sss</sup>
Inhalants <sup>d</sup>	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	-0.1
Inhalants, Adjusted <sup>d,e</sup>	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—
Amyl & Butyl Nitrites <sup>f,g</sup>	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	+0.1
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Hallucinogens, Adjusted <sup>h</sup>	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.0
PCP <sup>f,g</sup>	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	+0.1
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.0
Crack <sup>i</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.0
Other Cocaine <sup>j</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	0.2	0.2	0.1	0.1	*	0.1	0.1	0.0
Heroin	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.0
Other Opiates <sup>k</sup>	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.0
Stimulants <sup>b,k</sup>	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.0
Crystal Meth. (Ice) <sup>l</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.0
Sedatives <sup>k,m</sup>	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.0
Barbiturates <sup>k</sup>	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.0
Methaqualone <sup>k,n</sup>	*	*	*	*	*	0.1	0.1	0.1	0.1	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	+0.1
Tranquilizers <sup>k</sup>	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	0.0
Alcohol																					
Daily <sup>o</sup>	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6	3.4	2.5	—	—
Been drunk daily <sup>1</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	+0.3
5+ drinks in a row/ last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	33.0	32.2	29.8	27.9	27.5	28.2	+0.7
Steroids <sup>1</sup>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	+0.3

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. \* indicates less than .05 percent. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error. See Table 2 for relevant footnotes.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 6

**Trends in Harmfulness of Drugs as Perceived  
by Eighth, Tenth, and Twelfth Graders, 1991-1994**

Q. How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk" <sup>a</sup>														
	8th Grade					10th Grade					12th Grade				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Try marijuana once or twice	40.4	39.1	36.2	31.6	-4.6sss	30.0	31.9	29.7	24.4	-5.3sss	27.1	24.5	21.9	19.5	-2.4
Smoke marijuana occasionally	57.9	56.3	53.8	48.6	-5.2sss	48.6	48.9	46.1	38.9	-7.2sss	40.6	39.6	35.6	30.1	-5.5sss
Smoke marijuana regularly	83.8	82.0	79.6	74.3	-5.3sss	82.1	81.1	78.5	71.3	-7.2sss	78.6	76.5	72.5	65.0	-7.5sss
Try inhalants once or twice	35.9	37.0	36.5	37.9	+1.4	37.8	38.7	40.9	42.7	+1.8s	—	—	—	—	—
Try inhalants regularly	65.6	64.4	64.6	65.5	+0.9	69.8	67.9	69.6	71.5	+1.9s	—	—	—	—	—
Take LSD once or twice <sup>b</sup>	—	—	42.1	38.3	-3.8ss	—	—	48.7	46.5	-2.2	46.6	42.3	39.5	38.8	-0.7
Take LSD regularly <sup>b</sup>	—	—	68.3	65.8	-2.5	—	—	78.9	75.9	-3.0ss	84.3	81.8	79.4	79.1	-0.3
Try crack once or twice	62.8	61.2	57.2	54.4	-2.8ss	70.4	69.6	66.6	64.7	-1.9s	60.6	62.4	57.6	58.4	+0.8
Take crack occasionally	82.2	79.6	76.8	74.4	-2.4s	87.4	86.4	84.4	83.1	-1.3	76.5	76.3	73.9	73.8	-0.1
Try cocaine powder once or twice	55.5	54.1	50.7	48.4	-2.3ss	59.1	59.2	57.5	56.4	-1.1	53.6	57.1	53.2	55.4	+2.2
Take cocaine powder occasionally	77.0	74.3	71.8	69.1	-2.7s	82.2	80.1	79.1	77.8	-1.3	69.8	70.8	68.6	70.6	+2.0
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	11.0	12.1	12.4	11.6	-0.8	9.0	10.1	10.9	9.4	-1.5ss	9.1	8.6	8.2	7.6	-0.6
Take one or two drinks nearly every day	31.8	32.4	32.6	29.9	-2.7ss	36.1	36.8	35.9	32.5	-3.4sss	32.7	30.6	28.2	27.0	-1.2
Have five or more drinks once or twice each weekend	59.1	58.0	57.7	54.7	-3.0ss	54.7	55.9	54.9	52.9	-2.0s	48.6	49.0	48.3	46.5	-1.8
Take steroids <sup>b</sup>	64.2	69.5	70.2	67.6	-2.6	67.1	72.7	73.4	72.5	-0.9	65.6	70.7	69.1	66.1	-3.0
Approx. N =	17437	18662	18366	17394		14719	14808	15298	15880		2549	2684	2759	2591	

NOTE: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001.  
'—' indicates data not available.

SOURCE: Monitoring The Future Study, The University of Michigan.

<sup>a</sup> Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, (5) Can't say, drug unfamiliar.

<sup>b</sup> 8th and 10th grade: Data based on a single questionnaire form. N is one-half of N indicated.

**TABLE 7**  
**Long-Term Trends in Harmfulness of Drugs as Perceived by Twelfth Graders**

Q. <i>How much do you think people risk harming themselves (physically or in other ways), if they . . .</i>	Percentage saying "great risk" <sup>a</sup>																				'93-'94 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	23.6	23.1	27.1	24.5	21.9	19.5	-2.4
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.5	25.0	30.4	31.7	36.5	36.9	40.6	39.6	35.6	30.1	-5.5sss
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	77.0	77.5	77.8	78.6	76.5	72.5	65.0	-7.5sss
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	46.0	44.7	46.6	42.3	39.5	38.8	-0.7
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	84.2	84.3	84.5	84.3	81.8	79.4	79.1	-0.3
Try PCP once or twice	—	—	—	—	—	—	—	—	—	—	—	—	55.6	58.8	56.6	55.2	51.7	54.8	50.8	51.5	+0.7
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	56.8	57.6	57.2	-0.4
Take cocaine occasionally	—	—	—	—	—	—	—	—	—	—	—	54.2	66.8	69.2	71.8	73.9	75.5	75.1	73.3	73.7	+0.4
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.5	89.2	90.2	91.1	90.4	90.2	90.1	89.3	-0.8
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	57.0	62.1	62.9	64.3	60.6	62.4	57.6	58.4	+0.8
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	70.4	73.2	75.3	80.4	76.5	76.3	73.9	73.8	-0.1
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	84.6	84.8	85.6	91.6	90.1	89.3	87.5	89.6	+2.1
Try cocaine powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	45.3	51.7	53.8	53.9	53.6	57.1	53.2	55.4	+2.2
Take cocaine powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	56.8	61.9	65.8	71.1	69.8	70.8	68.6	70.6	+2.0
Take cocaine powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	81.4	82.9	83.9	90.2	88.9	88.4	87.0	88.6	+1.6
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	53.8	55.4	55.2	50.9	50.7	52.8	+2.1
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	75.5	76.6	74.9	74.2	72.0	72.1	+0.1
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.5	86.0	86.1	87.2	86.0	87.1	88.7	88.8	89.5	90.2	89.6	89.2	88.3	88.0	-0.3
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	32.8	32.2	36.3	32.6	31.3	31.4	+0.1
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	71.2	71.2	74.1	72.4	69.9	67.0	-2.9
Try crystal meth. (ice) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61.6	61.9	57.5	58.3	+0.8
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	32.2	32.4	35.1	32.2	29.2	29.9	+0.7
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	70.5	70.2	70.5	70.2	66.1	63.3	-2.8
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	5.0	4.6	6.2	6.0	6.0	8.3	9.1	8.6	8.2	7.6	-0.6
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	28.5	31.3	32.7	30.6	28.2	27.0	-1.2
Take four or five drinks nearly every day	63.5	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	69.8	70.9	69.5	70.5	67.8	66.2	-1.6
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	44.0	47.1	48.6	49.0	48.3	46.5	-1.8
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63.8	69.9	65.6	70.7	69.1	66.1	-3.0
Approx. N =	2804	2918	3052	3770	3250	3234	3604	3557	3305	3262	3250	3020	3315	3276	2796	2553	2549	2684	2759	2591	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.

SOURCE: The Monitoring the Future Study, the University of Michigan.

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

**TABLE 8**  
**Trends in Disapproval of Drug Use**  
**by Eighth, Tenth, and Twelfth Graders, 1991-1994**

Percent who "disapprove" or "strongly disapprove" <sup>a</sup>															
Q. Do you disapprove of people who . . .	8th Grade					10th Grade					12th Grade <sup>b</sup>				
	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change	1991	1992	1993	1994	'93-'94 change
Try marijuana once or twice	84.6	82.1	79.2	72.9	-6.3sss	74.6	74.8	70.3	62.4	-7.9sss	68.7	69.9	63.3	57.6	-5.7ss
Smoke marijuana occasionally	89.5	88.1	85.7	80.9	-4.8sss	83.7	83.6	79.4	72.3	-7.1sss	79.4	79.7	75.5	68.9	-6.6sss
Smoke marijuana regularly	92.1	90.8	88.9	85.3	-3.6sss	90.4	90.0	87.4	82.2	-5.2sss	89.3	90.1	87.6	82.3	-5.3sss
Try inhalants once or twice	84.9	84.0	82.5	81.6	-0.9	85.2	85.6	84.8	84.9	+0.1	—	—	—	—	—
Take inhalants regularly	90.6	90.0	88.9	88.1	-0.8	91.0	91.5	90.9	91.0	+0.1	—	—	—	—	—
Try LSD once or twice <sup>c</sup>	—	—	77.1	75.2	-1.9	—	—	82.1	79.3	-2.8ss	90.1	88.1	85.9	82.5	-3.4ss
Take LSD regularly <sup>c</sup>	—	—	79.8	78.4	-1.4	—	—	86.8	85.6	-1.2	96.4	95.5	95.8	94.3	-1.5s
Try crack once or twice	91.7	90.7	89.1	86.9	-2.2sss	92.5	92.5	91.4	89.9	-1.5s	92.1	93.1	89.9	89.5	-0.4
Take crack occasionally	93.3	92.5	91.7	89.9	-1.8sss	94.3	94.4	93.6	92.5	-1.1s	94.2	95.0	92.8	92.8	0.0
Try cocaine powder once or twice	91.2	89.6	88.5	86.1	-2.4sss	90.8	91.1	90.0	88.1	-1.9ss	88.0	89.4	86.6	87.1	+0.5
Take cocaine powder occasionally	93.1	92.4	91.6	89.7	-1.9sss	94.0	94.0	93.2	92.1	-1.1s	93.0	93.4	91.2	91.0	-0.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	51.7	52.2	50.9	47.8	-3.1s	37.6	39.9	38.5	36.5	-2.0s	29.8	33.0	30.1	28.4	-1.7
Take one or two drinks nearly every day	82.2	81.0	79.6	76.7	-2.9ss	81.7	81.7	78.6	75.2	-3.4ss	76.5	75.9	77.8	73.1	-4.7ss
Have five or more drinks once or twice each weekend	85.2	83.9	83.3	80.7	-2.6ss	76.7	77.6	74.7	72.3	-2.4s	67.4	70.7	70.1	65.1	-5.0ss
Take steroids <sup>c</sup>	89.8	90.3	89.9	87.9	-2.0s	90.0	91.0	91.2	90.8	-0.4	90.5	92.1	92.1	91.9	-0.2
Approx. N =	17390	18503	18435	17429		14750	14774	15334	15891		2547	2645	2723	2588	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.

SOURCE: The Monitoring the Future Study, the University of Michigan.

<sup>a</sup> Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

<sup>b</sup> The twelfth grade questions ask about people who are 18 or older.

<sup>c</sup> 8th and 10th grade: Data based on a single questionnaire form. N is one-half of N indicated.

**TABLE 9**  
**Long-Term Trends in Disapproval of Drug Use by Twelfth Graders**

Q. Do you disapprove of people (who are 18 or older) doing each of the following? <sup>b</sup>	Percentage "disapproving" <sup>a</sup>																				'93-'94 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	69.9	63.3	57.6	-5.7ss
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	79.7	75.5	68.9	-6.6sss
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	90.1	87.6	82.3	-5.3sss
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.9	89.5	89.2	91.6	89.8	89.7	89.8	90.1	88.1	85.9	82.5	-3.4ss
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	95.5	95.8	94.3	-1.5s
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	93.0	92.7	91.6	-1.1
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	96.9	97.5	96.6	-0.9
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.3	92.1	93.1	89.9	89.5	-0.4
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.3	94.2	95.0	92.8	92.8	0.0
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.9	95.0	95.5	93.4	93.1	-0.3
Try coke powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	87.9	88.0	89.4	86.6	87.1	+0.5
Take coke powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.1	93.0	93.4	91.2	91.0	-0.2
Take coke powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	93.7	94.4	94.3	93.0	92.5	-0.5
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	94.9	94.4	93.2	-1.2
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.9	96.9	97.1	96.8	96.6	97.9	96.9	97.2	96.7	97.3	96.8	97.0	96.2	-0.8
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	97.2	97.5	97.1	-0.4
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	86.9	84.2	81.3	-2.9s
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.0	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	95.6	96.0	94.1	-1.9s
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	89.3	90.5	90.6	90.3	89.7	87.5	-2.2s
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	95.3	96.4	97.1	96.5	97.0	96.1	-0.9
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	33.0	30.1	28.4	-1.7
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.8	74.2	75.0	76.5	77.9	76.5	75.9	77.8	73.1	-4.7ss
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.6	91.9	90.6	90.8	90.6	89.8	-0.8
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	68.9	67.4	70.7	70.1	65.1	-5.0ss
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	90.8	90.5	92.1	92.1	91.9	-0.2
Approx. N =	2677	2957	3085	3686	3221	3261	3610	3651	3341	3254	3265	3113	3302	3311	2799	2566	2547	2645	2723	2588	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.

SOURCE: The Monitoring the Future Study, the University of Michigan.

<sup>a</sup>Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

<sup>b</sup>The 1975 question asked about people who are "20 or older."

TABLE 10

**Trends in Perceived Availability of Drugs  
Eighth, Tenth, and Twelfth Graders, 1992-1994**

Percent saying "fairly easy" or "very easy" to get <sup>a</sup>												
Q. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	8th Grade				10th Grade				12th Grade			
	1992	1993	1994	'93-'94 change	1992	1993	1994	'93-'94 change	1992	1993	1994	'93-'94 change
Marijuana	42.3	43.8	49.9	+6.1sss	65.2	68.4	75.0	+6.6sss	82.7	83.0	85.5	+2.5s
LSD	21.5	21.8	21.8	0.0	33.6	35.8	36.1	+0.3	44.5	49.2	50.8	+1.6
PCP <sup>b</sup>	18.0	18.5	17.7	-0.8	23.7	23.4	23.8	+0.4	31.7	31.7	31.4	-0.3
Crack	25.6	25.9	26.9	+1.0	33.7	33.0	34.2	+1.2	43.5	43.6	40.5	-3.1
Cocaine Powder	25.7	25.9	26.4	+0.5	35.0	34.1	34.5	+0.4	48.0	45.4	43.7	-1.7
Heroin	19.7	19.8	19.4	-0.4	24.3	24.3	24.7	+0.4	34.9	33.7	34.1	+0.4
Other Opiates <sup>b</sup>	19.8	19.0	18.3	-0.7	26.9	24.9	26.9	+2.0	37.1	37.5	38.0	+0.5
Amphetamines	32.2	31.4	31.0	-0.4	43.4	46.4	46.6	+0.2	58.8	61.5	62.0	+0.5
Crystal Meth. (Ice) <sup>b</sup>	16.0	15.1	14.1	-1.0	18.8	16.4	17.8	+1.4	26.0	26.6	25.6	-1.0
Barbiturates	27.4	26.1	25.3	-0.8	38.0	38.8	38.3	-0.5	44.0	44.5	43.3	-1.2
Tranquilizers	22.9	21.4	20.4	-1.0	31.6	30.5	29.8	-0.7	40.9	41.1	39.2	-1.9
Alcohol	76.2	73.9	74.5	+0.6	88.6	88.9	89.8	+0.9	—	—	—	—
Steroids	24.0	22.7	23.1	+0.4	37.6	33.6	33.6	0.0	46.8	44.8	42.9	-1.9
Approx. N =	8355	16775	16119		7014	14652	15192		2586	2670	2526	

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '—' indicates data not available.

SOURCE: The Monitoring the Future Study, the University of Michigan.

<sup>a</sup>Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

<sup>b</sup>8th and 10th grade only: Data based on a single questionnaire form. N is one-half of N indicated.

TABLE 11

Long-Term Trends in Perceived Availability of Drugs, Twelfth Graders

Q. How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get <sup>a</sup>																				'93-'94 change
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	82.7	83.0	85.5	+2.5s
Amyl & Butyl Nitrites	—	—	—	—	—	—	—	—	—	—	—	—	23.9	25.9	26.8	24.4	22.7	25.9	25.9	26.7	+0.8
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.5	49.2	50.8	+1.6
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	28.9	27.7	27.6	31.7	31.7	31.4	-0.3
MDMA (ecstasy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	+3.1s
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	28.2	28.3	28.0	29.9	33.5	33.8	+0.3
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.6	-1.9
Crack	—	—	—	—	—	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	-3.1
Cocaine powder	—	—	—	—	—	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	-1.7
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	+0.4
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	38.0	+0.5
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	+0.5
Crystal meth. (ice)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.6	-1.0
Barbiturates	60.0	54.4	52.4	50.6	49.8	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	44.0	44.5	43.3	-1.2
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	-1.9
Steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	-1.9
Approx. N =	2627	2865	3065	3598	3172	3240	3578	3602	3385	3269	3274	3077	3271	3231	2806	2549	2476	2586	2670	2526	

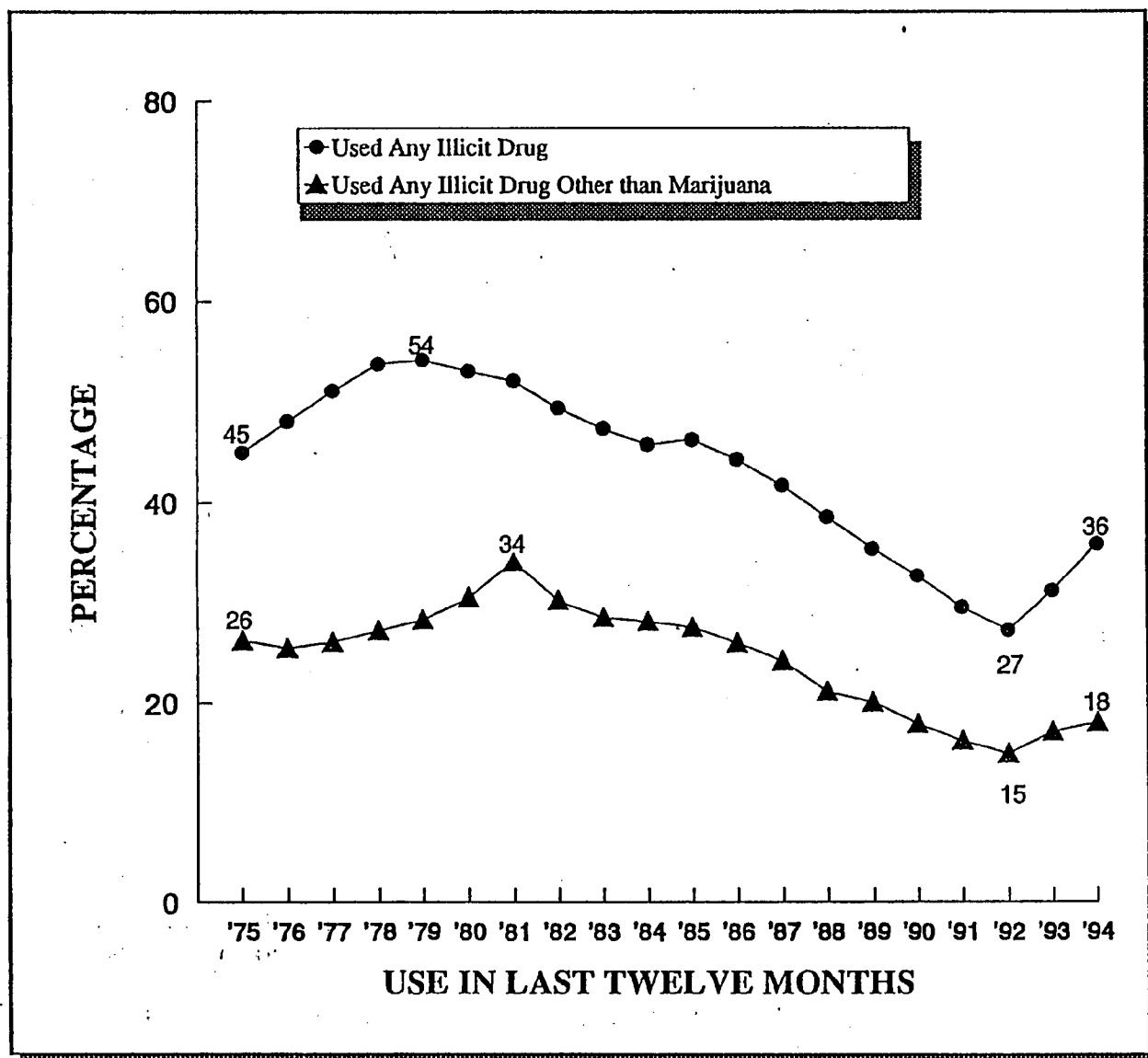
NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.

SOURCE: The Monitoring the Future Study, the University of Michigan.

<sup>a</sup>Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

FIGURE 1

Trends in Annual Prevalence of an Illicit Drug Use Index for Twelfth Graders



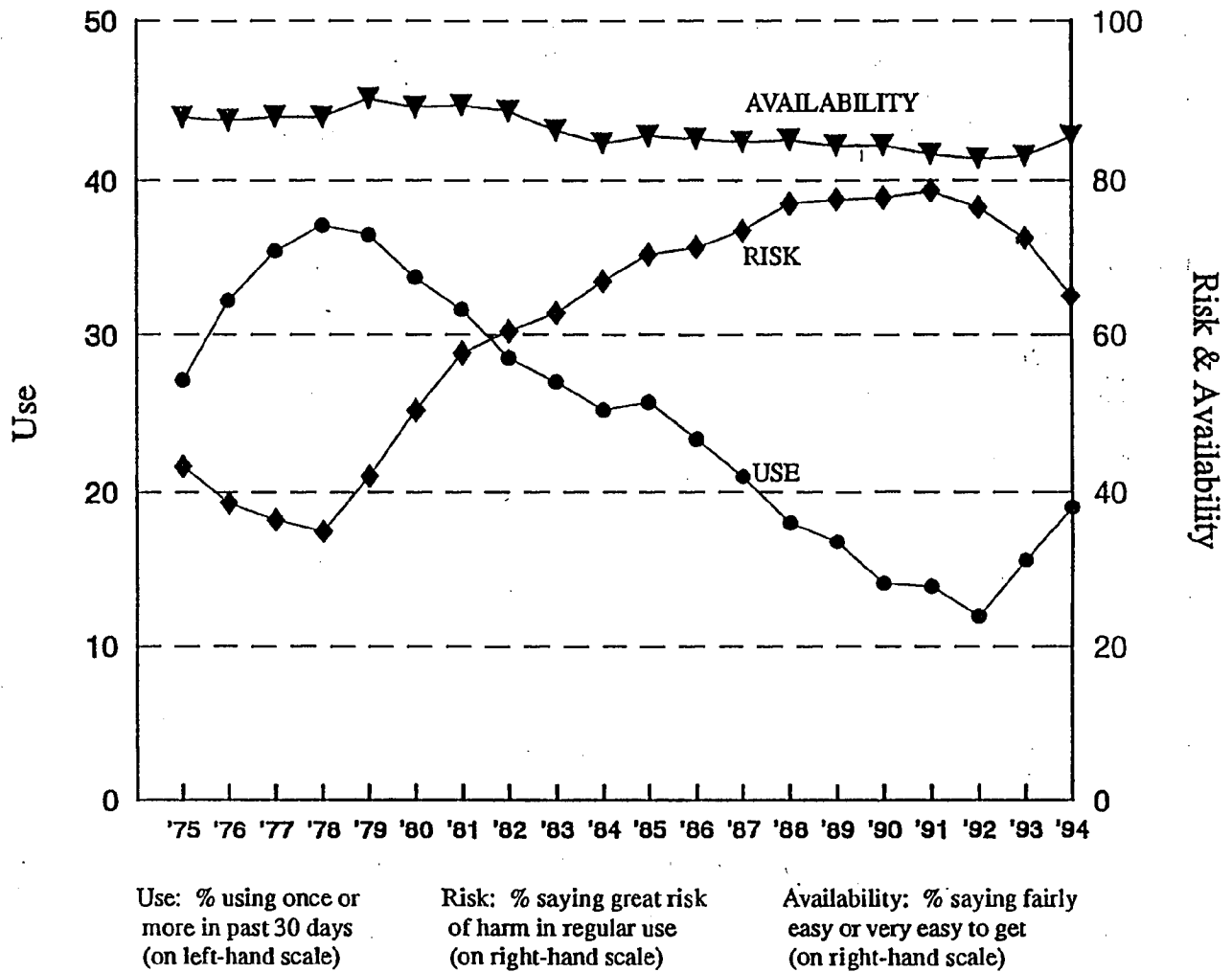
NOTES: Use of "any illicit drugs" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use which is not under a doctor's orders of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers.

Beginning in 1982 the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.



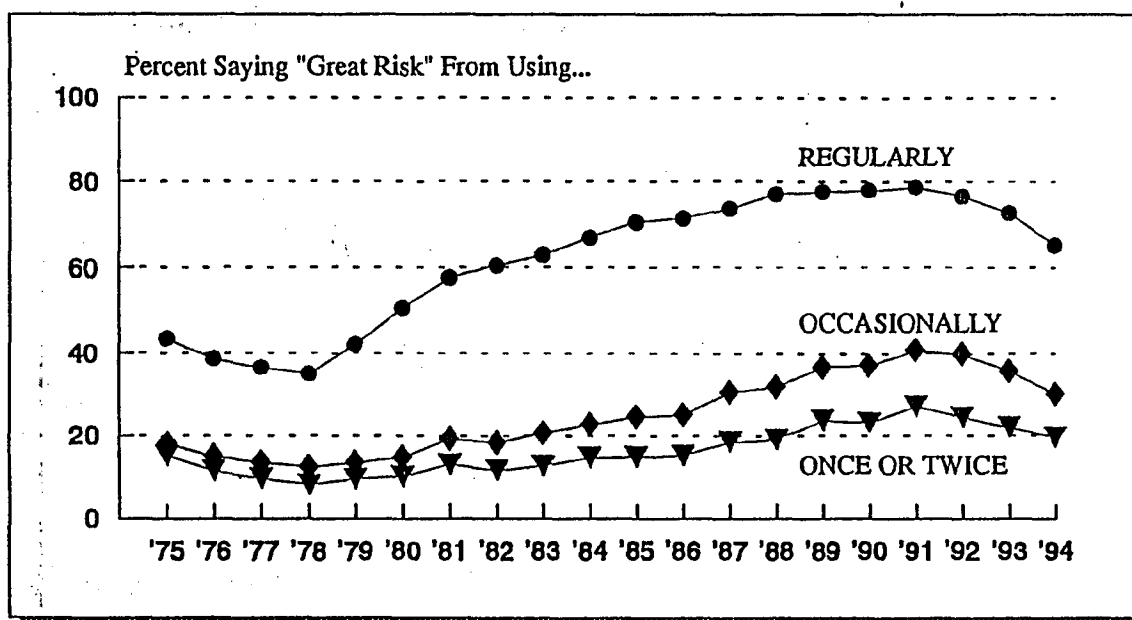
FIGURE 2

Marijuana: Trends in Perceived Availability,  
Perceived Risk of Regular Use,  
and Prevalence of Use in Past Thirty Days for Twelfth Graders

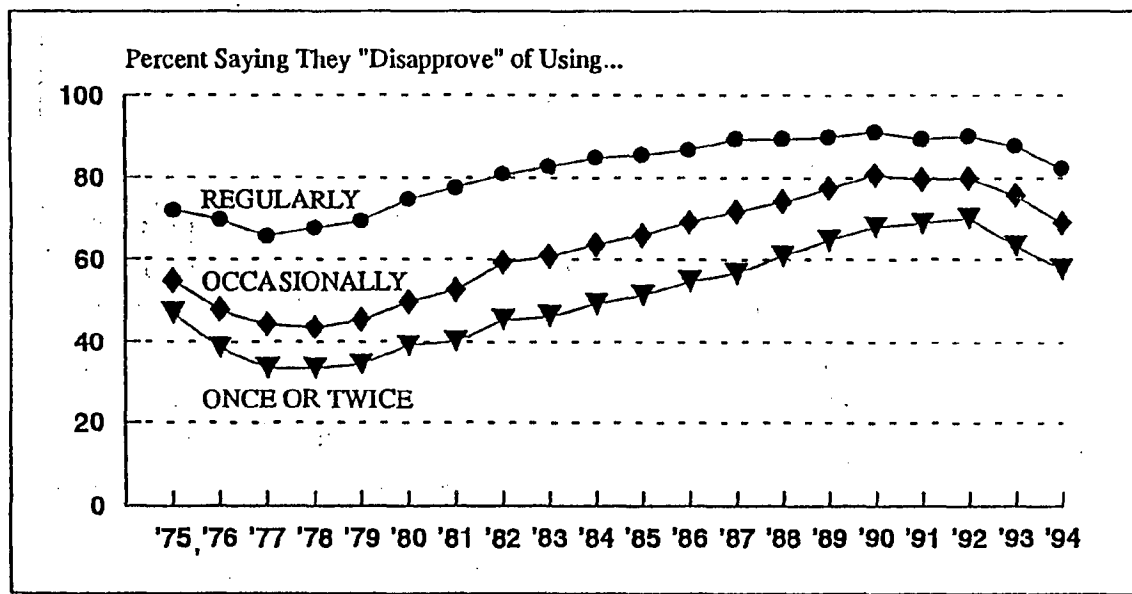


# FIGURE 3

## Trends in Perceived Harmfulness and Disapproval of Marijuana Use for Twelfth Graders



Perceived Harmfulness



Disapproval

FIGURE 4

Cocaine: Trends in Perceived Availability,  
Perceived Risk of Trying,  
and Prevalence of Use in Past Year for Twelfth Graders

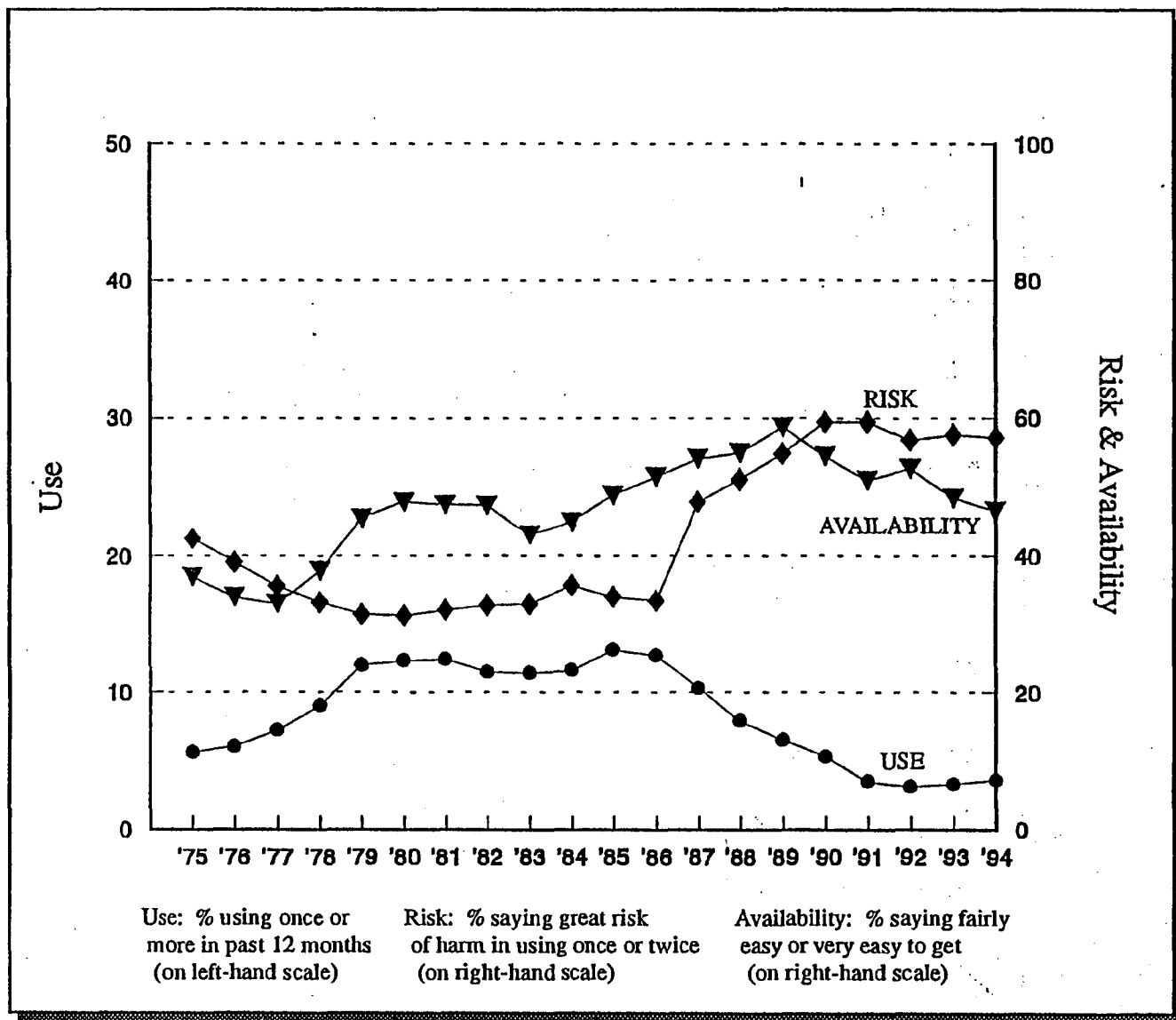
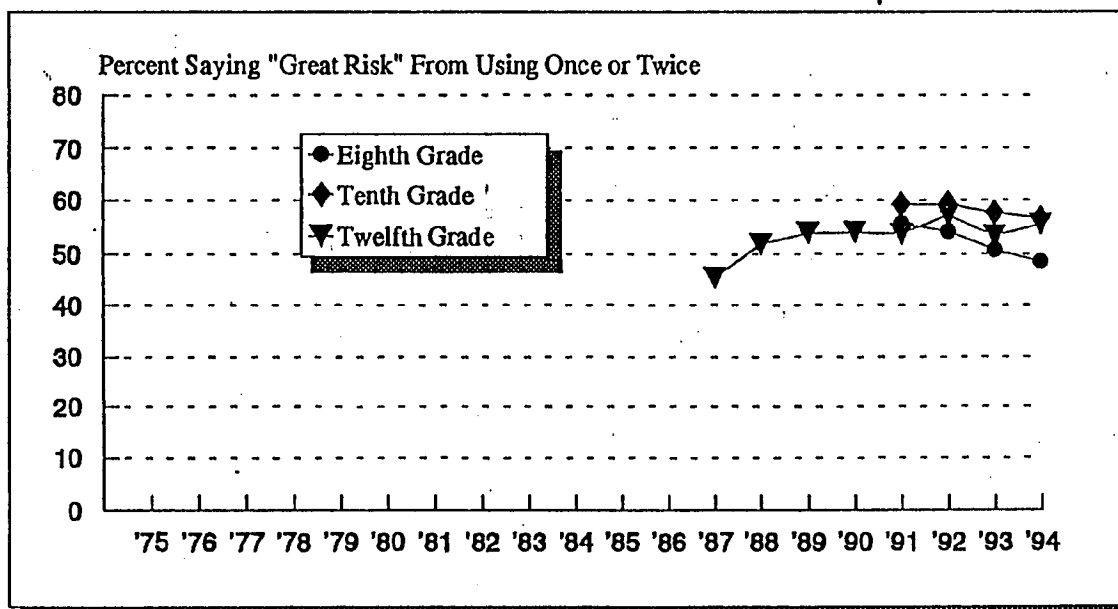
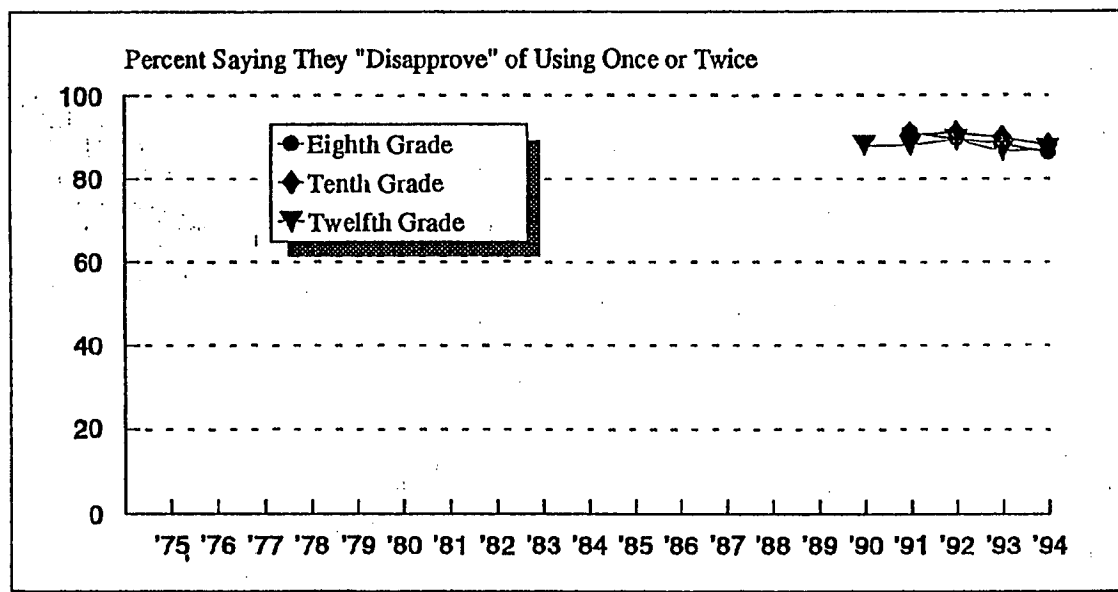


FIGURE 5

Trends in Perceived Harmfulness and Disapproval  
of Cocaine Powder for Eighth, Tenth, and Twelfth  
Graders



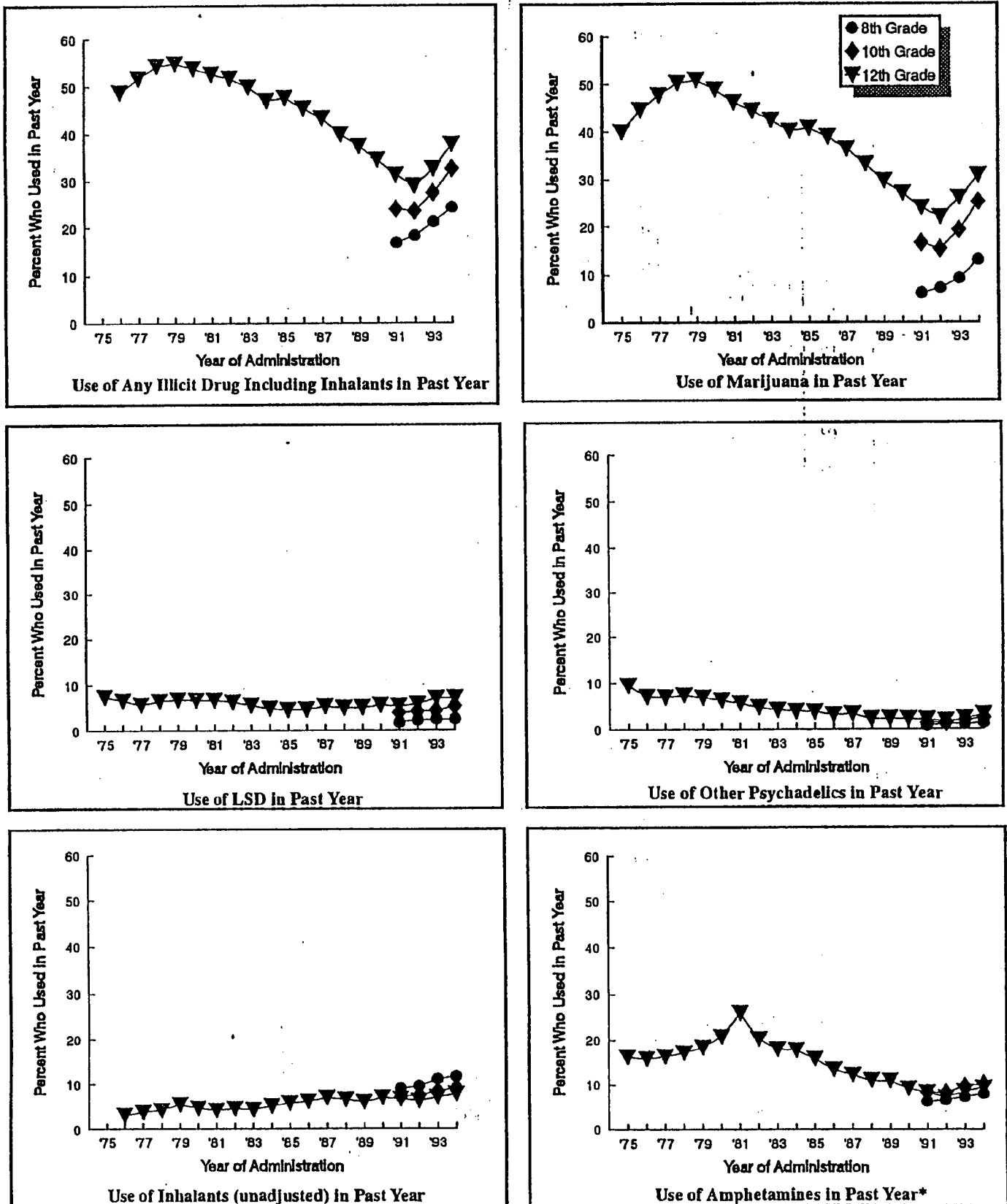
Perceived Harmfulness



Disapproval

FIGURE 6

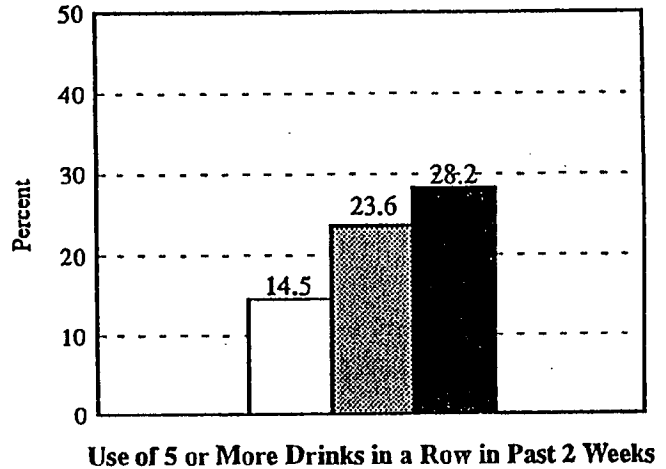
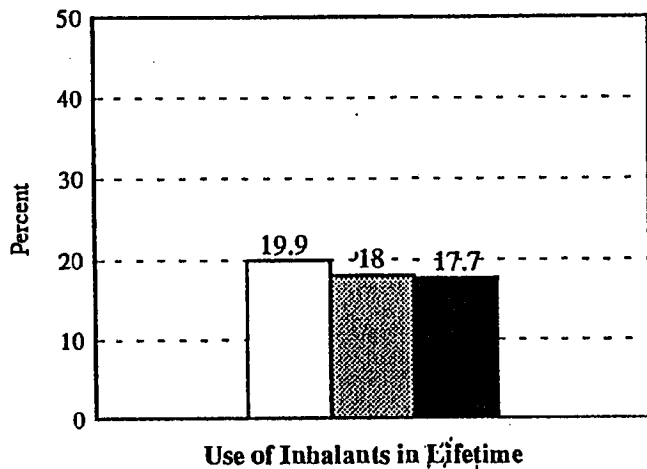
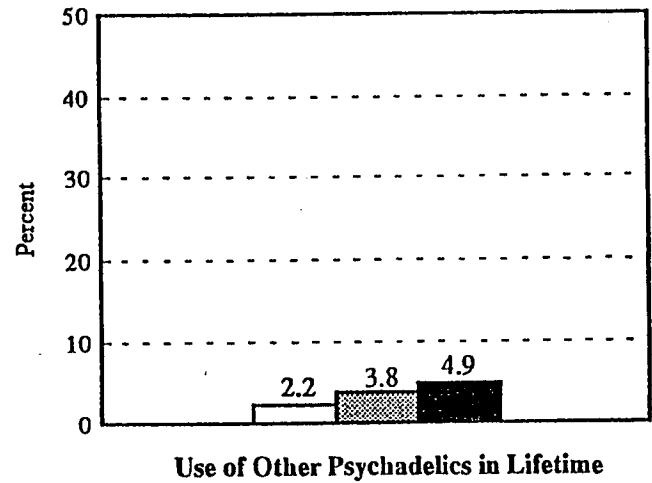
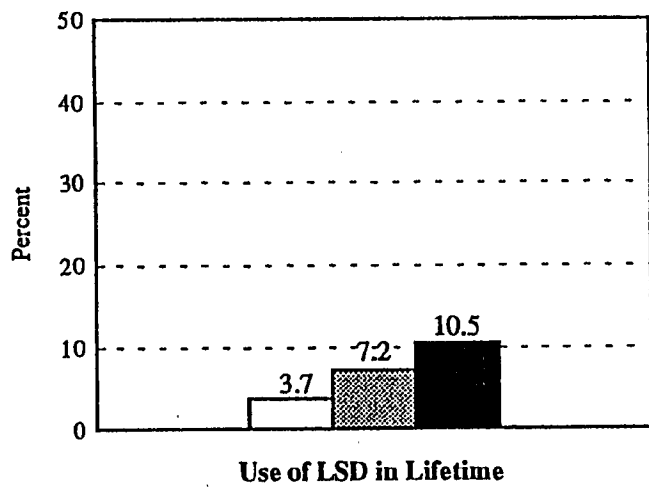
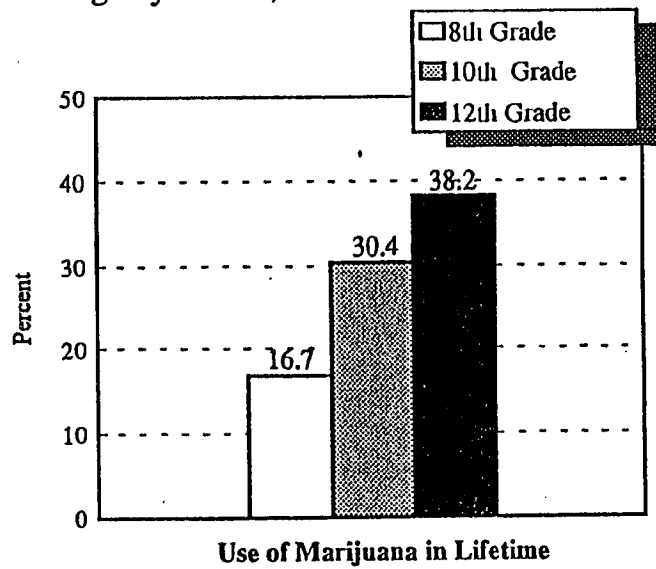
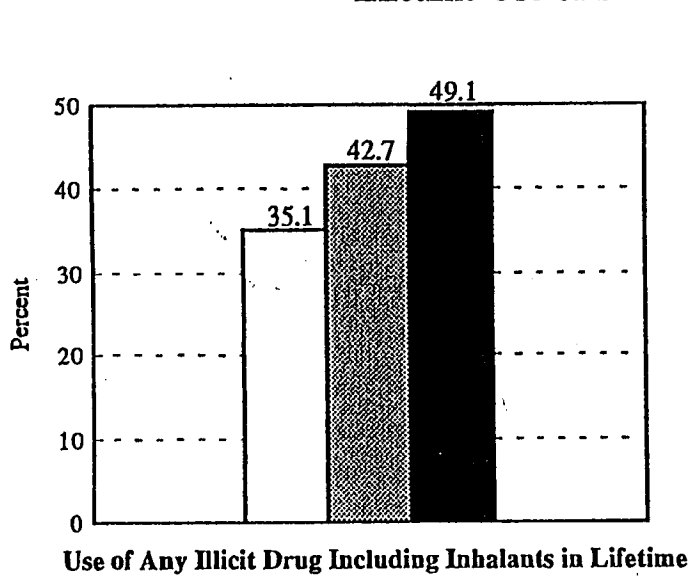
Trends in Annual Use of Selected Drugs by Grade, 1975-1994



\*Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence dropped slightly as a result of this methodological change.

FIGURE 7

Lifetime Use of Selected Drugs by Grade, 1994



February 14, 1995

Councilman John Lombardi  
City Hall  
Providence, Rhode Island

Dear Councilman,

I have been informed that you are proposing, to the city council, several drug abuse programs among them a state wide drug abuse court.

I have recently initiated legislation (copy enclosed) that could be used, with modifications, in conjunction with such a court. The concept is appealing.

I wish you success.

Sincerely,

*Robert Palazzo* (R.I.)

RP/lb

- 946-5134

Position Paper concerning University of Michigan  
Drug Survey

(Twentieth national survey of  
American high school seniors  
and the fourth survey of 8th  
and 10th grade students.)

and

Possible Prevention/Discretionary  
Programs

City of Providence, R.I.



The War on Drugs is a euphuism for debilitating social problems that manifest themselves in illegal, illicit abuse of drugs -- natural and synthetic -- often resulting in incarceration and/or death. The cost to society, locally and nationally, in a myriad of known and unknown ways is staggering.

The history of substance abuse is as old as recorded history although in many periods ingesting drugs was not considered an abuse nor was it illegal. In spite of constant rises and declines in the numbers of abusers it has never completely subsided in the industrialized nations of the world. Not until the 1960's did the United States and the state of Rhode Island direct a concerted effort to bring about positive change in the chronic and ever present area of drug abuse by infusing relatively large amounts of money in intervention, interdiction, the criminal justice system plus varied and often questionable medical and rehabilitative programs. Most, if not all of these programs, locally and nationally were hasty, haphazard, half-hearted, politically motivated and subject to glowing media hype. There were no social planners, no research analysts, no psychiatrists, psychologists, medical doctors, no community "leaders", no ministers, no social workers, no school administrators, nor were there law enforcement officials. There wasn't anything that even remotely resembled planning. Nothing. Programs simply happened. They, today, are the core of an ill advised effort to eliminate, or at best ameliorate a curse that has plagued America, including Rhode Island. Social, remedial, programs for the young, in Rhode Island in the 60's, were archaic and unheard of in the area of drug abuse. Even today these programs are woefully inadequate and questionable.

It should be noted that in Rhode Island currently subsidized substance abuse agencies, known as "private non-profit" receive the bulk of approximately twenty six million dollars (federal/state money) annually. Semantics aside, these agencies are very profit oriented.

The United States General Accounting Office has stated that only four percent of the overall substance abuse budget in 1992 went to research the efficiency and efficacy of drug treatment programs. This amounts to no more than six million dollars, spent by the federal government on substance abuse research, in any one year. In March, 1993, Mr. Morley Safer, on "60 Minutes" stated (paraphrased) "...the United States has spent over one billion dollars fighting drug abuse, yet more are addicted than ever before." In 1988, a year in which 27 million Americans used drugs illicitly and 7,000 died drug related deaths, studies estimated the economic costs of drug abuse of \$53.8 billion dollars -- for one year.

There is no clear delineation of federal and local policies that effectively prevent, deter, or treat drug abuse. In order to have positive, clearly defined and proven programs it is essential to understand both the fundamental biological and social causes, and a host of related matters, of drug abuse and the most effective ways to deal with them. Relatively little is known about the contributory psychological, social and environmental elements of substance abuse, the effectiveness of different prevention strategies -- other than the most elemental -- or even the efficacy of the various approaches to treatment. Add to all of this that the young are even more vulnerable in all ways -- medical, psychologically, treatment -- it becomes most obvious figures and use among the young is always in a state of flux, somewhat questionable, and oftentimes becomes

(3)

an epidemic of monumental proportions. (See exhibit #1)

In Rhode Island not only is all of the above true but it is also true that little of consequence has been accomplished that has contributed to the field of substance abuse since its inception in the 60's. Arguably it can be stated that the drug abuse real effort in Rhode Island began but thirty years ago -- a poor consolation when considering the number of deaths. Negative political intervention, unquestionably, has for many years completely disoriented, distorted and confused what is currently the R.I. Drug Abuse Unit as well as what is practiced in the private non-profit agencies.. Here, as with the federal government, abuses have been notable and ever present. There has been a lack of commitment, initiative, desire and knowledge. Negative political intervention has played a stultifying part to an already distorted effort. There are countless and horrific examples of non-caring political involvement that have perverted, stagnated and have set back the anti-drug effort in many ways and for many years. A prime example was recently stated by Governor Almond. (See exhibit #2) Some of these examples, in the past and within the past year (1994) have been unethical, amoral or/and immoral, flagrant and willful violations of propriety and oftentimes have been completely void of simple acts of decency. The current Substance Abuse Unit of R.I. should be thoroughly investigated as well as all non-profit agencies receiving state and/or federal money.

Within the framework of questionable financial backing of private non-profit agencies, the questionable efficacy of all treatment module, including facetious efforts of prevention, the questionable and obvious negative political intervention and the many ramifications of such inter-

vention, the questionable programs for the young, the obvious lack of facilities for young abusers, the questionable acceptance of many unethical and amoral programs, it is suggested that the following be considered:

a. Investigative Committee or Commission

To investigate the R.I. Substance Abuse Unit and the private non-profit agencies. Particular emphasis should be given to:

1. Civil service status
2. Possible drug screening
3. Job descriptions and adherence to them
4. Resume reviews
5. All record keeping, public and private agencies
6. Review of standards, laws, methods

A. A City-State Drug Court (Juvenile)

This court has already been tried in various states most notably in Miami and Portland, Oregon. (The basic premise revolves around an either/or premise. Either incarceration or treatment, depending on the offense. The court is the central figure and all treatment is supervised by the court)

B. City Drug School

A specialized school for juvenile substance abusers with normal academics but with a heavy emphasis on counselling -- individual and group -- with parents also heavily involved. Summer involvement compulsory which would include operant conditioning and innovative programs. This type of school is strongly advocated by school counsellors and administrators.

C. Campus Compact -- Brown University (See exhibit #3)

Brown University, in connection with its medical school, has a substance abuse section. Help in developing a juvenile drug abuse program should consult this section (directed by an M.D.) as well as other universities and colleges. (There is unlimited intelligence in graduate and under graduate colleges and universities. It should be used, guided and nourished. It should be an on-going, perennial effort.)

D. AmeriCorps

A definite program should be written to utilize these young people in the middle schools or with those of that age.

E. The Crime Bill (See exhibit #4)

This gives great promise to long standing programs and should be thoroughly investigated -- now. A staff of interested, energetic and experienced individuals should write preliminary program(s) -- now.

F. The best program of all consists of acquiring, in any way, a cadre of knowledgeable, experienced, non-political, highly motivated individuals with varied experience(s), well educated, with a burning desire to formulate and write programs on an on-going basis that will assist in lowering the incidence of substance abuse among the young.

# Bureaucratic detox

1/31/95  
Journal

Peter Dennehy's chief mission as the new director of the Rhode Island Department of Substance Abuse should be to recommend abolishing his own agency. Mr. Dennehy knows that he is expected to study that idea. We hope he will attend to that unpleasant task with seriousness of purpose. It will be Governor Almond's duty to continue asking this and other questionable bureaucracies to justify their existence. The question is not so much the size of government as whether certain agencies can be justified as cost- and function-effective, especially when Rhode Island's tax burden is among the nation's highest. In a Jan. 22 appearance on *The Truman Taylor Show*, the governor repeated his intention to consider closing the Department of Substance Abuse. We urge him not to let the matter slide even as those affected lobby to maintain their offices.

One thing seems obvious: It is ludicrous for tiny Rhode Island to be paying for a drug czar (salary \$73,000), an assistant czar (\$43,000 a year), a secretarial staff and all the rented office space and pensions that go with the above. Despite the impressive titles found in the department, it is unclear what the office actually does. In past administrations, it served as an employment agency for out-of-work politicians.

Department employees seem to have spent much of their time holding press conferences, sitting on task forces and passing blame onto others. The latter took place in the controversy following the disclosure of serious problems at the Benjamin Rush de-

toxification center. In that case, the existence of harsh conditions was uncovered not by state officials, but by the U.S. Drug Enforcement Administration.

We are not playing down the seriousness of drug addiction and its attendant social woes. Drug and alcohol abuse in some Rhode Island communities continues at frightening levels and produces a culture responsible for much of our crime. Without a doubt, this crisis demands the attention of state government.

But there is a paradox in having insufficient funds to hire enough of the state workers who do the most good, while allowing largely ceremonial offices to continue to operate comfortably. After all, law enforcement and health officials, social workers and educators are the people fighting the real war against drugs. By abolishing the department, Rhode Islanders can funnel more funds to put more state workers in the trenches. And by reducing the size of the drug-fighting bureaucracy overall, they can maintain tighter controls on total spending.

Bureaucracies tend to put down roots. Indeed, just as former Governor Sundlun last summer was trying to reduce the state payroll, his drug czar, Paul Mulloy, was demanding that five new middle managers be added to his department! If Governor Almond really intends to reduce the cost of state government, as he says he does, the Department of Substance Abuse seems a good place to start chopping. And that should be just the beginning. . . .

This appeared two days after this paper was written.

# The Providence Journal

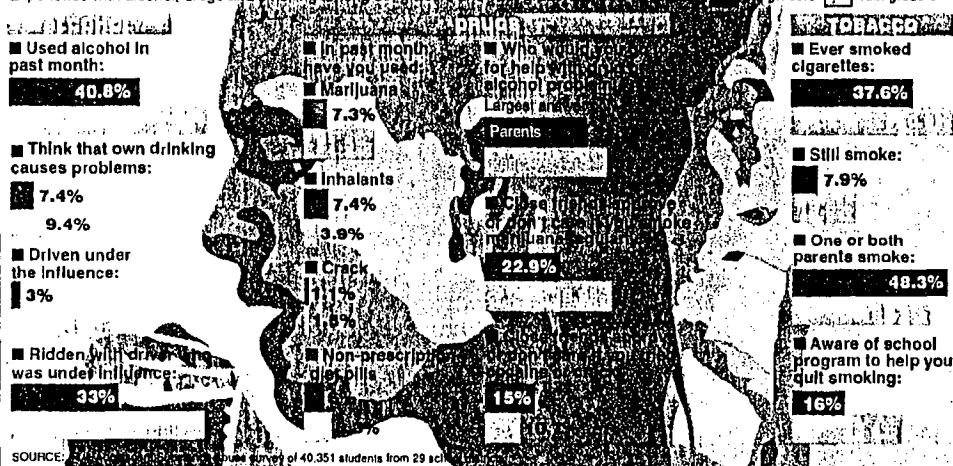
OF THE *Providence Journal-Bulletin*: SINCE 1829

### CITY FINAL

WEDNESDAY, MARCH 16, 1994/50 CEN

## Early exposure to substance abuse

Experience with alcohol, drugs and smoking among 8th graders and 12th graders



Journal-BuBnlyGEORGE SYLVIA

# Drug use up among R.I. teens

## Alcohol most prevalent; 7th-, 8th-graders show largest increase

**By MIKE STANTON**  
Journal-Bulletin Staff Writer

April Malave, who is 12 years old and lives in Providence, doesn't need a survey to tell her that drug and alcohol use is up among Rhode Island teenagers, or that there is an alarming increase among junior high students.

She sees it every day at Nathanael Greene Middle School, a brick fortress in a grimy neighborhood of triple-deckers: The marijuana smoking in the bathrooms. The partying with "forties" — 40-liter bottles of beer popular with many of her peers.

"I have a lot of friends who do it," says Malave, a seventh-grader. "Sometimes I ask them why, because it's bad for you. Every time you do it, you're losing a little bit of your life."

Malave's experience is underscored by a startling state study released yesterday that documents substance abuse among 40,000 Rhode Island teenagers.

The Health Department study, called the Rhode Island Adolescent Substance Abuse Survey, found that alcohol abuse is the top problem among students in grades 7 through 12.

The study also found that overall drug and alcohol use in Rhode Island is above the na-



Journal-Bulletin/RUBEN W. PEREZ

**PEER PRESSURE:** Andraa Smith, 13, left; April Malave, 12, and their friends in Drugbusters say many students their age use alcohol or marijuana.

*'Some kids think you're dweebs if you don't do drugs; you're not cool.'*

—LAUREN MORAN, STUDENT

tional average, with the most significant increases among the youngest students.

One startling statistic: 40 percent of Rhode Island eighth-graders said they had consumed alcohol in the last month, compared with 26 percent nationally.

One in five students also reported that their parents' drinking causes problems. But younger students are more likely than older students to turn to their parents for advice on substance abuse.

**Among the survey's other findings:**

■ Nearly half the students said they had consumed some alcoholic beverage in the previous month.

■ One-fourth had used one or more substances besides alcohol or tobacco in the previous month.

■ Marijuana was the most frequently used substance besides alcohol or tobacco in the previous month. In fact, more students reported smoking marijuana in the last month — 12 percent — than said they were regular cigarette smokers.

■ Cigarette smoking fell below the national average but is still "unacceptably high" — 41 percent said they had tried cigarettes, including nearly one-third of the seventh-grade

Turn to **STUDY**, Page A-4

## Rossi: Violence, drugs tearing families apart

■ The level has reached a point where DCYF gets two or three reports a day of shootings in which children are involved, she says.

**By JODY McPHILLIPS**  
Journal-Bulletin Staff Writer

**PROVIDENCE** — Times are always tough for families living on the edge, but Linda D'Amario Rossi says she's never seen anything like this.

Rossi, who heads the Rhode Island Department of Children, Youth and Families, says her caseload is soaring, the cases are more serious and the children more traumatized than she's ever seen in a career spanning nearly 25 years.

"The violence. The desperate attitudes of families. The risk level for kids, particularly those whose parents are using cocaine," she said yesterday, citing what many children face.

Crack cocaine especially, she said, drives addicts to "put their children at risk in ways they never did before."

It's a spiral as lethal as it is familiar: Drugs lead to guns, which lead to violence, which shatters families, Rossi said.

And while attention focuses on high-profile cases like the killing of Providence Patrolman Steven M. Shaw, it overlooks the children who may have witnessed the violence, she said.

Turn to **FAMILIES**, Page A-5



Journal-Bulletin/RUBEN W. PEREZ

**A LETHAL SPIRAL:** Drug-fueled violence is shattering families, says DCYF's Linda D'Amario Rossi.

"Supervisors routinely are members of the same unions as the rank-and-file workers they supervise. Rhode Island has virtually no performance reviews anywhere in state government. The concept of merit, if it ever existed at all, has been almost entirely removed by the system. The hiring, promotion and salary levels of state employees too often result from who they know, rather than their qualifications or performance. This practice destroys the morale of the many qualified and competent individuals employed by the state . . .

"I won't tolerate those who view their jobs as some sort of reward or entitlement . . .

Governor Almond: The Providence Sunday Journal, January 29, '95.



A 8 WEDNESDAY, MARCH 3, 1993

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## National service

With his proposal to link college tuition aid with a new program of national service, President Clinton has given a promising idea a valuable nudge forward. The concept — encouraging young people to contribute time and energy to the greater public good — holds great promise. Transforming the idea into a workable program, however, may take some doing.

Since the 1930s, when Franklin Roosevelt helped create the Civilian Conservation Corps to heal the land and give shape to hard-luck lives, an idealized vision of public service has stirred many an American heart. It has powerful allure especially in times like these, with many undone public jobs and many young people seeking direction in their lives. And such service may be one way to help unify an increasingly diverse society.

Public service has recently gained advocates in many quarters. Hundreds of colleges, working with a group called Campus Compact (based at Brown University), have set up public service programs in which their students take part. Several cities (notably Boston, with a successful service program called City Year) have shown that a marriage between willing young people and unmet social needs can pay dividends to all.

These sorts of promising experiments deserve a wider trial. Mr. Clinton, with his plan to let some college students work off government loans on civic programs, has

proposed one initiative that deserves at least a modest test. If carefully designed and administered, and if its candidates are carefully chosen, such a project could help establish national service as a normal, predictable element in the lives of most young Americans.

This having been said, we urge Congress to carefully explore the ramifications of Mr. Clinton's plan before jumping aboard. Why, for example, does it deal solely with college students, when many thousands of other young people could use the benefits of such a program? How can the President be confident that student borrowers would deliver on the service part of the bargain (since federally aided college loan programs already have a default rate of \$3 billion a year)? How can the variety and flexibility of local programs be incorporated into an ambitious nationwide experiment? And what now happens to the Commission on National and Community Service, which is due to expire later this year?

The questions are raised to challenge, not to detract. Mr. Clinton's novel plan represents a compelling first effort. But the ideal of public service, as a shared goal for all Americans, is important enough that the best possible start be taken. Congress might improve on the Clinton offering by including a few successful plans — such as Boston's — as prototypes.

That's one sound way to have a national program that makes sense.

*Study of civic programs*

# Youth Crime Prevention

The following reference list of youth crime prevention programs was based on work done by Miriam Rollin of the National Association of Child Advocates. Funding levels are authorizations only. Actual appropriations could be considerably lower. Appropriations for the current fiscal year that have been made are specifically noted.

## Local Crime Prevention Block Grant Program

Funding Level: \$377 million; approximately \$75 million a year, beginning in FY 1996.

Administered By: Attorney General.  
Contact Number: 800-421-6770.

Payments To: units of general local government

To Be Used For:

▼ Education, training, research, prevention, diversion, treatment, and rehabilitation programs to prevent juvenile violence, juvenile gangs, and the use and sale of illegal drugs by juveniles.

▼ Programs that prevent young children from becoming gang involved, including the award of grants or contracts to community-based service providers that have a proven track record of providing services to children ages 5 to 18.

▼ Saturation jobs programs, offered either separately or in conjunction with the services provided for under the Youth Fair Chance Program, that provide employment opportunities leading to permanent unsubsidized employment for disadvantaged young adults ages 15 through 25 years of age.

▼ Midnight sports league programs that require each player in the league to attend employment counseling, job training, and other educational classes provided under the program, held in conjunction with league sports games at or near the site of the games.

▼ Supervised sports and recreation programs, including Olympic Youth Development Centers established in cooperation with the United States Olympic Committee, that are offered during non-school hours.

▼ Prevention and enforcement programs to reduce the formation or continuation of juvenile gangs and the use and sale of illegal drugs by juveniles.

▼ Youth anti-crime councils to give intermediate and secondary school students a structured forum through which

to work with community organizations and government, school and law enforcement officials to address issues regarding youth and violence.

▼ Award of grants or contracts to the Boys and Girls Clubs of America, a national non-profit youth organization, to establish Boys and Girls Clubs in public housing.

▼ Family Outreach Teams that provide a youth worker, a parent worker, and a school-parent organizer to provide training in outreach, mentoring, community organizing and peer counseling to locally recruited volunteers.

▼ Teams or units involving both specially trained law enforcement professionals and child or family services pro-



professionals that on a 24-hour basis respond to or deal with violent incidents in which a child is involved as a perpetrator, witness, or victim.

▼ A few programs not related to youth crime prevention.

## Certain Punishments for Young Offenders

Funding Level: \$150 million; \$20 million in FY 1996, rising by \$5 million a year to \$40 million in FY 2000.

Administered by: Assistant Attorney General, Office of Justice Programs Laurie Robinson; Contact Number: 800-

421-6770.

Payments To: States

To Be Used For: Alternatives to traditional incarceration facilities and probation for first-time or non-violent offenders aged 22 and younger, including juveniles.

## Local Partnership Act

Funding Level: \$1.62 billion; \$270 million for FY 1996, rising to \$355.5 million for FY 1998-2000.

Administered By: Department of Housing and Urban Development, Office of Community Planning and Development, Mark Fabiani, 202/401-8932, X139  
Payments To: units of general local government

To Be Used For: education, substance abuse treatment, and job programs that prevent crime. Programs under this Act will be coordinated with other existing federal programs to assist communities.

## Ounce of Prevention Grant Program

Funding Level: \$90 million; start-up funding of \$1.5 million in FY 1995, with funding of \$15 to \$18 million in succeeding years. \$1.5 million start-up has been appropriated.

Administered By: Ounce of Prevention

and substance abuse and provide at-risk youth with alternatives.

To Be Used For: non-school programs for education and recreation; mentoring, tutoring, and other programs involving participation by adult role models; employment skills and job placement programs; and treatment and prevention programs to reduce substance abuse, child abuse, and adolescent pregnancy.

## Model Intensive Grant Programs

Funding Level: \$625.5 million; \$100 million in FY 1996, rising to \$150 million in FY 2000

Administered By: Attorney General (may consult with Ounce of Prevention Council); Contact Number: 800-421-6770  
Payments To: not more than 15 chronic high intensive crime areas

To Be Used For: model crime prevention programs that involve a broad spectrum of community resources, including non-profit community organizations. Priority will be given to programs which are innovative, vary in approach and coordinate with existing federal programs.

## Community Schools Youth Services and Supervision Grant Program

Funding Level: \$567 million; \$25.9 million in FY 1995, rising to \$141 million in FY 2000. \$25.9 million appropriated for the current fiscal year.

Administered By: Department of Health and Human Services, Family and Youth Services Bureau, 202/205-8102. (no contact person given), in consultation with the Department of Justice

Payments To: community-based organizations

To Be Used For: services and activities for children that include: supervised sports and extracurricular and academic programs, including arts and crafts and dancing, offered during non-school hours; may also use funds for minor renovation of program facilities, purchase of recreation equipment, transportation, etc.

## Family and Community Endeavor Schools Grant Program

Funding Level: \$243 million; \$11 million in FY 1995, rising to \$60.5 million in FY 2000. \$11 million appropriated for the current fiscal year.

Administered By: Department of Education, Office of Elementary and Secondary Education, Drug Planning and Outreach Staff, William Modzeleski, 202/260-3954

Payments To: local education agencies and community-based organizations

To Be Used For: developing or expanding programs, such as education, nutrition, mentoring, family counseling, and parenting programs, that institute a collaborative structure among teachers, social workers, parents, etc. to provide concurrent social services at school for at-risk students.

**National Community Economic**

**Partnership**

Funding Level: \$270 million; \$45 million for FY 1996, rising to \$70 million plus for FY 1997-1999.

Administered By: Department of HHS, Office of Community Services, 202/401-9333 (no contact person given)

Lines of Credit To: community development corporations

To Be Used For: projects intended to provide business and employment opportunities for low-income, unemployed, or underemployed individuals, to im-

prove the quality of life in urban and rural areas; also, financial and technical assistance will be provided to strengthen community development corporations.

**Gang Resistance Education and Training Projects**

Funding Level: \$45 million; \$9 million in FY 1995, and \$7.2 million from FY 1996-2000, \$9 million appropriated for current fiscal year.

Administered By: Treasury Department, Bureau of Alcohol, Tobacco and Firearms, 202/927-8500

Payments To: State and local law enforcement and prevention organizations participating in projects (50 percent) and Bureau of Alcohol, Tobacco and Firearms (50 percent)

To Be Used For: not less than 50 Gang Resistance Education and Training (GREAT) Projects.

**\* Assistance for Delinquent and At-Risk Youth**

Funding Level: \$36 million; \$5.4 million in FY 1995, rising to \$9 million in FY 2000.

Administered By: Attorney General (may consult with Ounce of Prevention Council)  
Contact Number: 800-421-6770

Payments To: public or private nonprofit organizations

To Be Used For: residential services to youth, ages 11-19, who either have dropped out of school or come into contact with the juvenile justice system, or are at risk of doing so. Services shall be designed to increase self-esteem, improve academic performance, provide vocational skills, etc.

**Urban Recreation and At-Risk Youth \***

Funding Level: \$4.6 million; \$2.7 million in FY 1996, and \$450,000 per year thereafter.

Administered By: Department of the Interior, Recreation Grants, Michael Rogers, Ms. Chris Ashley, 202/343-3700

Payments To: local governments

To Be Used For: "at-risk youth recreation grants" in high crime areas. Amends the existing Urban Parks and Recreation Recovery Program, administered by the Interior Department. Grants go to municipalities to sponsor park and recreation programs in high-risk areas. The existing program is funded at \$7.5 million for FY 1995.

4/14/93  
■ YOUTH

# Drug use up among young teens

■ Researchers say declining concern about drugs means many youths don't understand the damage they can do.

Knight-Ridder Newspapers

ANN ARBOR, Mich. — Drug use is on the rise among young teenagers, who don't seem to be getting the message about the dangers of drugs, according to a University of Michigan study released yesterday.

A survey of 18,600 eighth-graders in 160 schools nationwide found a small increase last year in the use of marijuana, cocaine, crack cocaine, LSD and other hallucinogens, stimulants and inhalants.

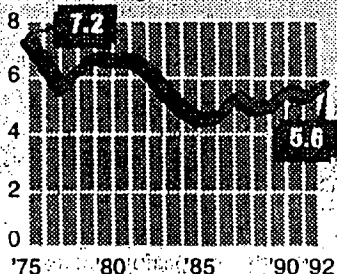
The eighth-graders were included in the survey of 50,000 eighth-, 10th- and 12th-graders funded by the National Institute on Drug Abuse. The annual survey was the 18th of 12th-graders and the second of the younger students.

The researchers also found that eighth-graders in 1992 were less likely to view cocaine or crack cocaine as dangerous than students surveyed in 1991.

"We've seen some reversal of the progress we've made espe-

## Rising LSD use

High school seniors are using LSD more, according to a study released yesterday. Percent of each graduating class who have used the drug, 1975-'92.



SOURCE: The University of Michigan Institute for Social Research

KRT

cially among young adolescents, and it underscores the great importance of formal drug and alcohol education in the schools," said Lloyd Johnston, one of the authors of the study.

Johnston said that in late 1990, national attention turned away from drug abuse and to such things as the Persian Gulf war and the presidential election.

"Drugs were a front-page issue for 10 or 20 years and then it settled into a hole," Johnston

said. "But each new wave of youngsters needs to learn about them all over again. No one is around to tell them."

Ironically, Johnston said, the decline in drug use among older teens may contribute to the rise among younger teens. In 1979, for example, one in every nine high school seniors smoked marijuana daily; today, one in 50 does.

As a result, younger teens have a much smaller chance at "vicarious learning" through observing, he said.

The study found that LSD use continued to rise. Among high school seniors surveyed last year, LSD use rose to its highest level since 1985. More than 5 percent said they used it once in the last year, compared with 4.4 percent in 1985. The use of LSD among eighth-graders in the last year rose from 1.7 percent to 2.1 percent.

"LSD may be a prime example of generational forgetting," Johnston said. "It was perhaps the first drug in the epidemic of the past 25 years to decline as a result of concerns about its consequences. Today's youngsters don't hear what an earlier generation heard — that LSD causes bad trips, flashbacks, and brain damage."

Journal 4/19/93

## Drugs at an early age

In an unsettling hint of deepening trouble in the drug wars, a new study indicates that use of LSD, cocaine and marijuana is rising — not among college students, but among eighth-graders.

The new data run counter to figures showing that drug use is receding among older teenagers and adults. But if more younger adolescents are experimenting with drugs, as the survey suggests, then America needs to be alert to a possibly widening menace.

The new study, which researchers from the University of Michigan developed for the National Institute on Drug Abuse, does not point to a galloping increase in recreational drug use by the youngest teenagers.

In interviewing 18,000 eighth-graders, in fact, the survey could find that only 1.5 percent of the group acknowledged using cocaine, and only 2.5 percent admitted using LSD or other hallucinogens.

These rates, taken alone, hardly suggest that America's youngest teens are flocking

in hordes to do drugs — though the fact that even that many are using them is troubling indeed.

Although the actual number of eighth-grade drug users remains comparatively small, the increased use acknowledged over last year (a 30 percent jump in the case of cocaine and LSD) suggests that the substances may be attracting a new, and particularly vulnerable, population.

The full extent of drug use in this age group could well exceed what the survey indicates, since the study did not include school dropouts, who in the past have been heavier users.

The new findings dramatize the persistence of the drug menace, and at least suggest the risks of its spreading to younger and younger Americans. While these numbers may not foreshadow a trend, they do warn a society against complacency. America's drug war is far from being won.

The Clinton health programmers should bear that in mind.

# Choosing weapons in the war against the abuse of alcohol

JOHN J. COLBY

**S**UBSTANCE-ABUSE prevention efforts have not always been based on health facts.

In the 1920s, the danger from marijuana use was wildly exaggerated for political purposes. Marijuana was wrongfully classified as a narcotic, called the "killer drug," and alleged to cause "reefer madness." In recent years, attention has been riveted on the dangers of cocaine, especially on its "crack" form. And yet cocaine, while truly dangerous to the individual, represents only a modest threat to society because of its limited popularity.

Recently, National Drug Policy Director Robert Martinez announced that the Bush administration now considers the most significant drug problem to be alcohol abuse.

The administration is especially concerned about underage drinking. Finally, officials have got it right, because they are now assessing the magnitude of the threat by using health statistics.

What is the evidence that alcohol abuse is so destructive, and what should be done about the problem? These questions are being asked by health experts, among them Surgeon General Antonia Novello. First, it should be said that prohibition is neither the solution, nor is it necessary. The majority of alcohol users in the United States are moderate or light drinkers who, statistics show, have reduced their consumption in recent years — a trend that continues today.

The problem arises from misuse. While estimates vary, it is probably correct to say that at least 10 percent of alcohol users are problem drinkers. Their difficulties are compounded many times over by the effect their drinking has on family relations, productivity and public safety. In Rhode Island, recent analyses indicate that alcohol abuse costs the state \$800 million annually. This figure is significantly larger than the cost from the abuse of all other drugs combined. Clearly, an investment in alcohol abuse-prevention will provide the state and the nation with the biggest "bang" for their prevention dollar.

While treating alcohol abuse is important, prevention should be the principal goal; prevention is the most effective and enhances a community's sense of effectiveness and well-being.

Prevention of alcohol abuse by underage drinkers should be a paramount goal. Efforts should target the elimination of seductive advertising

and beer advertising, especially on TV and billboards, as one of the most significant factors influencing teenagers' attitudes toward alcohol use. Particularly alarming is the ubiquitous message that socialization is more fun when alcohol is available. Not surprisingly, Dr. Novello's commitment to address the advertising/alcohol abuse link has mobilized the alcohol industries' powerful lobby on Capitol Hill.

Efforts to prevent teenagers from abusing alcohol will never be successful. Nevertheless, health experts and college administrators place the reduction of alcohol abuse high on their agendas. They know that abusive drinking, defined as five or more drinks at one sitting, is a major factor in sexual assault, fights and the destruction of property. High school officials, too, are finding that these problems are becoming increasingly common. Particularly alarming to these officials is the increase in alcohol poisoning and deaths that sometimes result from it.

Inasmuch as many colleges permit alcohol to be served on campus and increasingly incur penalties for injury and death resulting from abusive drinking, colleges should, in their own self-interest, try to reduce alcohol abuse. So should bar owners in school neighborhoods who are accountable for serving underage drinkers, and for the injuries caused by patrons whose drinking should have been curtailed.

Note that last December, the parents of a University of Florida student introduced a bill in the legislature there that would provide for tougher liability laws for bars and restaurants that continue to serve alcohol to people who are drunk. Their action was prompted by the death of their son, a student with a 4.0 grade point average. He died after consuming 23 consecutive shots of liquor in a Gainesville, Florida, bar. More such legislative action is to be expected.

The Gainesville case, while particularly dramatic, may not be salient for most parents and officials. Such tragedies are, after all, rare. Nevertheless, it is important to note that accidents are the leading cause of death for persons under 25, and that many accidents are alcohol-related. Simply put, there is plenty of reason for parents to be concerned about alcohol abuse and to welcome the focus on this problem by President Bush, his surgeon

and parents can take to reduce alcohol abuse, including underage drinking. First, legislation requiring the certification of all alcohol servers would provide assurances that servers know what to do when a customer has drunk enough, or when an underage person seeks to be served. Beverage server certification courses are available in Rhode Island. Licensed alcohol servers would be wise to have their staff trained. Such measures reduce insurance premiums and provide legal protection.

And liquor stores should carefully check the identification of young adults to determine that they are of legal age. This safeguard would be enhanced if IDs were made more tamper-proof.

Public school officials and parent advisory groups should work to establish drug-use policies especially related to social activities at the school. More and more, teachers report that students, male and female, arrive at dances intoxicated, compromising the quality of the event and endangering themselves and others. This trend, which school officials and parents decry, can be reversed by leaving no doubt that drunkenness at school will result in severe sanctions. College officials, too, should put real bite in their drug policy and should coordinate all prevention programs under one knowledgeable professional.

The most important ingredient in any strategy to reduce drug abuse is the commitment of parents to support one another and officials. Parents must unequivocally prohibit alcohol abuse. To that end, the parents of underage students should forbid drinking outside the home and prohibit alcohol at parties. When house parties are held, parents should remain at home, forbid attendees to leave the party and return, allow no gate-crashing and state which rooms are off limits. If trouble arises, parents should call immediately for police assistance.

Parents need not be prohibitionists — in fact, the case can be made for parents to teach responsible drinking at home. But parents must set standards for correct conduct that are crystal clear, defensible and non-negotiable. Knowing the facts about alcohol abuse and insisting on safe, healthful behavior are not options for parents and officials. They are responsibilities.

John J. Colby is a professor of psychology at Providence College and coordinator of the Cumber-

Providence Journal-Bulletin

# Commentary

## Our cities: Vital, cosmopolitan, dynamic — and unloved

BRIAN DICKINSON

**F**RANK SINATRA still sings about New York as a helluva town, but he must not be reading the headlines. Any given day, a pedestrian is stabbed, a home is burned, a union goes on strike, a car goes up or a corporate home office closes its doors for good. Parks are unsafe, streets are unclean, schoolchildren go untaught, the ill go untreated and the homeless go unheard. And New York, of course, is no means unique.

Taken together, these are symptoms of "urban crisis," the most destructive, costly — and most routinely ignored — element of American life today.

When talk turns to the American city, you're out in a Babel of languages.

It may abound; but everyone in — mayors, taxpayers, community urbanites, governors — urban concerns from such a narrow perspective that meaningful change is a chance.

Special perspectives are hardly the neighborhood group needs all its energies on getting an equal at night. Mayors, keep their cities afloat, have resources and wheedle

handouts from every available source, just to make ends meet. The urban poor, whose needs increasingly define the cores of America's older cities, sweat out their mean, spare existence day after day.

Even a cursory glance at the stresses at work on US cities will suggest that as their problems worsen, serious attempts at remedies tend to fade. Civic leadership has become little more than crisis management.

If there ever was an American consensus in support of vitality and health for American cities, and in support of the premise that cities are unique and precious elements of a modern society, that consensus has collapsed. Burdened by growing dependent populations, and drained by the flight of wealth beyond their limits, cities are becoming little more than decrepit, hollow shells that threaten, under accumulating fiscal and social stress, to implode.

Until America becomes more honest with itself, and accepts the idea that restoring cities to health must be a shared undertaking, these grim patterns are likely to get

rapidly worse. Cities cannot go it alone — not with limited tax bases, not with a disproportionate share of the nation's poor, and not while the nation remains only half-serious about stamping out the traffic in addictive drugs.

For the urban agenda to become a truly national agenda, however, all Americans have to be convinced that rotting cities will rot the nation. One way or another, the whole nation pays the bills incurred by the urban underclass — via bills for welfare, Medicaid, unemployment and drug treatment. We all pay the bills (having at least a minimal social conscience) but we get little in return.

Not only does an undereducated and underemployed urban population contribute nothing to the economy. It also drags down the nation's efforts to remain competitive abroad, as resources that could be used for remedial education, housing and job retraining are used up merely to keep blood from flowing in the streets.

If these unhappy patterns are to be changed, it is going to take a rekindled national consensus, and a more radical approach to urban problems, than anything now on the horizon. Some key targets:

- City governments, often saddled by top-heavy bureaucracies and featherbedding unions, are going to have to save money by putting services into private hands wherever possible.

- Regional governments, reflecting the innumerable links between core cities and their fringe cities, should be given new emphasis, both for providing services and raising needed revenues. As an effective working unit of governance, the core city, seen in isolation, is obsolete.

- State governments are going to have to take the lead in pushing for a new era of revenue-sharing among the cities, the counties and the states. Only the states, for example, have the stature to induce a sharing of tax revenue among local cities and towns. Suburban resistance to any such shift would be intense.

- Washington somehow must be persuaded that some of the most aggravated urban needs — housing, education, job creation — will yield only to substantially increased public investment. America will not become serious about reviving its cities until it can agree that taxes to help meet urban needs, properly allotted, represent a crucial form of public investment.

- Industrial corporations need to be encouraged to take a greater partnership role in helping bring the cities back. Tax incentives are only part of it: Corporations, needing millions of trained workers in the years to come, need to understand their own survival stake in helping to rescue the most dependent urban populations and making them productive.

There is, however, a shortage of vision and resolve because we tend to shrink from the painful reality the decaying urban centers represent.

We drive past a boarded-up "crack house," and we shudder. We wince at stories of racial violence in school corridors. We groan as desperate mayors close libraries and shave other essential services. Gingerly, we step around the homeless man collapsed on the sidewalk. Bad as things are, we ask ourselves, could they get worse? The answer, of course, is: yes. And yet, not wanting to confront the bad news about this stark failure of the American dream, most of us retreat from the evidence and our politicians tend to follow.

Brian Dickinson is editorial columnist of the Journal-Bulletin.

STEVEN J. PATRIARCA  
Executive Director



VINCENT A. CIANCI, JR.  
Mayor

## Mayor's Council on Drug and Alcohol Abuse

"Building Pride in Providence"

TO: Councilman John J. Lombardi

FROM: Steven J. Patriarca, Executive Director, MCDAA

DATE: February 9, 1995

RE: Requested Information

Pursuant to our previous communication of Thursday, February 9, 1995, I am providing you with the following information relevant to substance abuse prevention efforts in the City of Providence.

The "Monitoring the Future Study", a nationwide survey conducted by the Institute for Social Research at the University of Michigan is probably the most important source of national data available on substance abuse among young people in the United States.

In 1988, the Rhode Island State Department of Health developed the Adolescent Substance Abuse Survey (ASAS) which is administered to the state's junior and senior high school students on a biennial basis. This survey provides much of the same information contained in the University of Michigan study only at a state and local level. The ASAS surveys almost all junior and high school students in the state. The survey has grown since it was first conducted in 1989, with 19 school districts and 40 schools participating, to 29 of the state's 35 school districts with all 75 junior and senior high schools in these districts participating in 1993. This accounts for approximately 90 % of the state's secondary school students, a total of 40,351 students responding. The participation rate for the Providence Public School District was 4,606 students or 56.5 %. The City of Providence, Mayor's Council on Drug and Alcohol Abuse played a major role in the implementation of the survey in the Providence Public School District. The City's contribution is noted in the Acknowledgments section of the report on page iii.

Results of the survey are reported in several ways. Reports are developed for each particular school district in the state, and for each particular school within the surveyed districts. Each report also contains a narrative based on statewide data intended to provide a generic overview of the survey's results. Results are made available to local school districts, Rhode Island Substance prevention Task Forces and federally funded Community Partnership grantees.

The data contained in these reports provide an invaluable range of information on substance abuse prevalence and trends among the youth of our City. The survey provides comparative data on tobacco use, alcohol use, marijuana use, use of other substances including hallucinogens, hard



drugs, and non prescription diet drugs, driving or riding with a driver under to influence of alcohol or drugs, substance use by seventh and eight graders, personal and social risk factors, perceptions of risk and of peer disapproval and gender differences.

The Mayor's Council on Drug and Alcohol Abuse intensely utilizes the ASAS survey in the planning and development of substance abuse prevention programs for the City of Providence and individual neighborhoods. As a planning tool the Mayor's Council utilizes ASAS data in the development of federal substance abuse prevention grant applications and the development of the City's Rhode Island Substance Abuse Prevention Task Force Three Year Plan, which is required under Rhode Island General Law.

Specific neighborhood data, in addition to generic survey results, are made available to each Neighborhood Substance Abuse Prevention Task Force, established through the Neighborhood Empowerment for Prevention Project. Community organizers work with community residents in reviewing ASAS data relevant to their particular neighborhood. Results of the 1993 ASAS were recently utilized by the Neighborhood Substance Abuse Prevention Task Forces in developing neighborhood prevention grants funded through the Mayor's Council on Drug and Alcohol abuse. Each neighborhood task force in the City has developed a substance abuse prevention program tailored to their particular needs which will be funded by the Mayor's Council through funds from the federal Center for Substance Abuse Prevention. A great deal of organizing, training and planning was invested in this process. The availability of ASAS survey results provided residents with the information required to develop the need for their community and solidify a concept and focus for their neighborhood grant proposal and prevention efforts.

I am certain that by now you realize how valuable this survey is to the City of Providence in its effort to reduce the use of alcohol and other drugs among youth. It is a document that has a tremendous amount of impact at both the leadership and grassroot levels of City life. However, the continued availability of the Adolescent Substance Abuse Survey is in jeopardy. The State of Rhode Island is apparently considering withdrawing its commitment to the survey. The consequences of such action would devastate the progress of prevention efforts in the State of Rhode Island and in particular the City of Providence. We would stand to lose the most comprehensive assessment of substance abuse among youth available to the State since the initiation of the Michigan University Study in 1974. This regression would also create a void in the availability of data based on local use prevalence and trends among youth. The next Adolescent Substance Abuse Survey is due for the 1995 academic year.

Another current issue which is worthy of the Council's support is the maintenance of substance abuse prevention in the federal Crime Legislation Act and potential State block grant funding. As you are aware, Congress is in the process of attempting to dismantle the existing Crime Bill and amend it to fit the new Republican philosophy which is now in control. As the Crime Bill package presently stands approximately 25 percent of funds would be utilized to fund prevention oriented initiatives. The new proposals being introduced by the Republican leadership would effectively eliminate prevention programs from the Crime Bill Legislation. Approximately 95 percent of funds would be devoted to law enforcement and prisons. Substance abuse related measures such as funding for the Ounce of Prevention Council, Local Crime Prevention Block Grants, Model Intensive Grant Programs and Local Partnership funding would all be eliminated. A total of \$ 600 million dollars per year for substance abuse prevention programs approved in 1994 would be lost. The Department of Justice Drug Court Program might also be in jeopardy.

In addition, legislation is being sponsored that would radically change the method by which substance abuse programs are funded. Both Sen. Nancy Kassenbaum (R-Kan) and Rep. Bill Goodling (R-Pa.) are heading an effort to eliminate all categorical funding programs such as the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT), among others, and combine these funds into a 3 billion dollar mega Youth Development Block Grant, which would be divided among the states. It is anticipated that the block grant would not have a mandated use of funds for substance abuse prevention, greatly restricting the availability of existing funds. Block grant funding to states is receiving widespread support. However, a mandated set aside for substance abuse prevention is unpredictable at this point. It is important to recognize that the issue of substance abuse exists on a continuum of care including prevention, treatment, and after care. All components of the continuum are equally important in irradicating the use and dependency of alcohol and other drugs in our society.

Also, Substance Abuse does not exist in a vacuum. It is one of America's most serious health problems. Most often than not, substance abuse is an underlying factor in a significant number of crimes committed. It also accounts for a high percentage of the violent acts being carried out in society. Whether it be the epidemic of youth/gang violence, domestic assault or child abuse, a substance abuse related issue is usually detected as having some involvement. American industry, losing hundred of thousands of dollars per year in lost productivity, is effected by employees suffering from addictions.

Substance abuse is too powerful and prevalent an issue to be lost in a generic block grant. Therefore, it is extremely vital that cities across America communicate to Congress that substance abuse prevention must be maintained as part of the crime bill legislation and that it be retained as a specific area of focus. Maintaining a specific focus on substance abuse prevention must also be made a priority at the level of local state government if, in fact, state block grant funding becomes a reality.



# **THE 1993 RHODE ISLAND ADOLESCENT SUBSTANCE ABUSE SURVEY**

## **REPORT OF STATEWIDE RESULTS**



**Rhode Island Department of Health**

**Bruce Sundlun  
Governor**

**Barbara A. DeBuono, MD, MPH  
Director of Health**

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
**D E P A R T M E N T O F H E A L T H**



Barbara A. DeBuono, M.D., M.P.H.  
Director of Health

March 14, 1994

Dear Friends:

It is my pleasure to send you this report with results of the 1993 Adolescent Substance Abuse Survey.

Most of us know that the use of cigarettes, alcohol, and addictive substances is a problem which affects the health and well being of many young people in Rhode Island. In Rhode Island, as elsewhere, substance abuse is linked with a wide array of social and health problems among adolescents and is implicated in a high proportion of the deaths occurring in this age group.

Many efforts are underway in our state to reduce the use of addictive substances by all people, but most especially by children and adolescents.

The goal of this document is to provide a measure of the levels of substance use among Rhode Island's secondary school students and to provide this information to each community in the state for use in designing and evaluating local substance abuse prevention activities.

All of Rhode Island has a stake in decreasing the use of addictive substances among its young people. I hope this report of Results of the 1993 RI Adolescent Substance Abuse Survey will prove to be a useful tool for schools, community and parent groups, organizations and agencies working to tackle this difficult problem, and alert all Rhode Islanders to the seriousness of adolescent substance abuse in our state.

Sincerely,

Barbara A. DeBuono, MD, MPH  
Director of Health

**T H E   1 9 9 3   R H O D E   I S L A N D  
A D O L E S C E N T   S U B S T A N C E   A B U S E   S U R V E Y**

**R E P O R T   O F  
S T A T E W I D E   R E S U L T S**

March 1994

Jana E. Hesser, PhD  
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## **ACKNOWLEDGMENTS**

The Rhode Island Department of Health (RIDH) acknowledges the major contribution made by many people and organizations to the success of the 1993 Rhode Island Adolescent Substance Abuse Survey. First, we want to thank Superintendents and Principals for allowing us to conduct the survey in their schools. Their concern and cooperation was essential and we trust the returns will justify their participation. We also want to thank the thousands of students who responded voluntarily to the survey. Their willingness to provide us with personal information about themselves was critical to the survey's success.

The Office of Health Statistics in the RIDH has provided administrative and management leadership for the survey while the RI Youth Oriented Tobacco Prevention and Cessation Project has provided staff consultation and funding for materials and printing. The Rhode Island Department of Substance Abuse has provided staff consultation throughout the process. Several projects supported by the federal Center for Substance Abuse Prevention (CSAP) have made key contributions of staff time -- the Consortium for Community Initiatives played a major role in communities statewide; the Neighborhood Empowerment for Prevention Project, as well as the Providence School Department, provided vital assistance in Providence; the Pawtucket/Central Falls Partnership provided help in those communities.

Of special note is the assistance provided by Substance Abuse Prevention Task Forces and Task Force Coordinators in each participating community. Their help was critical to implementation of the survey, as was the help of teachers and school personnel in each school district. We extend a special thank you to them for the time and effort they expended to make the 1993 ASAS successful and comprehensive.

The following individuals deserve special mention for their contributions to the planning, administration, and implementation of the ASAS: Robert Cabral, PhD, Brenda DiPaolo, John Fulton, PhD, Janice Fontes, and Judy DiCecco at the Rhode Island Department of Health; Judith Wills, Betty Harvey, and staff at the Consortium for Community Initiatives; Kai Cameron, Steve Patriarca, and staff of the Neighborhood Empowerment for Prevention Project; Ed Pascarella of the Providence School Department; Bill Flanagan of the Substance Abuse Prevention Task Force Association; Robert Whitman-Raymond of the Rhode Island Student Assistance Program; Paul Florin, PhD, Roger Mitchell, PhD, and John Stevenson, PhD of the Brown University Community Research and Service Team.

Support for the survey and preparation of this report has been provided in part by the Cooperative Agreement for Chronic Disease Prevention and Control between the Rhode Island Department of Health and the Centers for Disease Control (No. U58/CCU100589-10); by the Rhode Island Preventive Health and Health Services Block Grant (No. 93-B1-RI-PRVS-01); by a National Cancer Institute Grant (No. A52889-03); and by Center for Substance Abuse Prevention Grants (No. H6SPO4426, H86PO4632, H86SPO4150).



## PREFACE

This report consists of two parts, the first being a narrative section and the second being a set of data tables which present overall frequency distributions, and frequency distributions by grade and gender. The narrative is intended to provide an overview of the survey's results. While the tables can stand alone, review of the report is important since it provides a preliminary analysis of the data and may be helpful in focussing attention on specific issues emergent from the data which can be explored through more extended analysis, or through followup research. Additional analyses of the data will be carried out and published separately. These analyses will address particular questions, such as the relationship between student use of substances and parental use of alcohol and cigarettes; the characteristics of students reporting use of multiple substances.

## EXECUTIVE SUMMARY

Between April 1 and May 27 of 1993, the Rhode Island Department of Health implemented its third biennial Adolescent Substance Abuse Survey (ASAS). The survey assesses self-reported use of tobacco, alcohol, marijuana, and a variety of other substances of abuse among Rhode Island's secondary school students. The statewide survey involved 29 of the state's 35 school districts, and all 75 junior and senior public high schools in those districts. A total of 40,351 students responded to the survey, for a participation rate of 78.7%. Student participation was voluntary and anonymous.

The questionnaire consists of 60 questions on demographic characteristics of respondents, their feelings and behavior in school, use of tobacco, alcohol and other substances, parental use of tobacco and alcohol, perceptions of risk associated with drug use, perceptions of friends' attitudes towards drug use, and participation in extracurricular, religious, and job-related activities.

Implementation and administration of the survey involved collaboration between the RI Department of Health, Substance Abuse Prevention Task Forces, and school personnel in each community, and federally supported Center for Substance Abuse Prevention Projects.

After validation and cleaning of data, 37,997 cases remained for analysis. The accompanying tables provide results for every survey item tabulated by grade and gender. The report reviews major observations based on these tables. Some of the survey's most important findings are highlighted below. These highlights are followed by a synopsis of other survey results.

### HIGHLIGHTS

- Cigarette and smokeless tobacco use is lower among Rhode Island teens than for teens nationally. Strong state anti-tobacco initiatives appear to be helping prevent smoking initiation among adolescents.
- Adolescents' perception of "great risk" associated with drinking and driving is high, indicating success in recent public health efforts to convey this message.
- \* Alcohol is the leading substance of abuse by adolescents in Rhode Island, with 46% reporting alcoholic beverage consumption in the past month. Adolescent alcohol use is more prevalent in Rhode Island than it is nationally. In addition, nearly 20% of students report that their parents' drinking causes problems. Both findings indicate the seriousness of alcohol as a public health problem in Rhode Island, and the ready accessibility of alcoholic beverages to underage persons.
- \* Substance abuse is common in the student population, cutting across all communities and income levels. About one-fourth of all students report using some form of substance in the past month, not including the use of cigarettes and/or alcohol.
- The proportion of students reporting marijuana use in the past month is comparable to the prevalence of students reporting themselves to be current cigarette smokers.
- \* The reported initiation of substance use in elementary grades, and the levels of use in grades 7 and 8, indicate the need to target stronger prevention efforts towards elementary grades, as well as towards junior high level students.
- \* Younger adolescents are more likely than older ones to report that they would turn to parents or other adults than to peers for help with drug or alcohol problems. Adults have a "window of opportunity" with young students to influence their decision-making and behavior regarding the use of alcohol and drugs.
- Boys should be a special target for prevention efforts because they are more likely than girls to use most substances, to use them more often, and to initiate use at an early age; .

- Only a small proportion of students in each grade reported using "hard" drugs such as crack, cocaine, opiates, or designer drugs, in the past month.
- Inhalant use (sniffing of gasoline, glue, spray paint) is reported more often by students in grades 7 and 8 than by students in the upper grades.

## SYNOPSIS OF SURVEY RESULTS

- The prevalence of cigarette and smokeless tobacco use in RI is lower than national estimates. 37.6% of 8th graders and 50.9% of 12th graders have smoked cigarettes, and 0.6% of 8th graders and 1.1% of RI Seniors use smokeless tobacco daily.
- The percentage of "current smokers" (a student who reports that they have smoked more than 100 cigarettes in their life and still smoke) for all grades is 11.4%, ranging from 3.6% of 7th graders to 19.2% of 12 graders.
- Alcohol is the leading substance of abuse at all grade levels in RI and the prevalence of alcohol use is higher than national estimates. 46.1% of students have consumed some kind of alcoholic beverage in the past month -- including 29.9% of 7th graders and 61.0% of 12th graders. Heavy drinking is common -- 9.2% of 7th graders and 35.6% of seniors report getting drunk at least once in the past month. Beer and hard liquor are the preferred beverages.
- Close to 26% of all students in grades 7 through 12 report they first used alcohol without their parents in grade 8 or earlier, including 33.4% of 8th graders and 23.9% of 12th graders.
- 6.5% of 7th graders and 40.5% of seniors say they have used marijuana at some time in the past; 3.3% of 7th graders and 21.6% of 12th graders report using marijuana in the past month.
- Approximately 12% of all students in grades 8 - 12 say they first used marijuana in grade 8 or earlier, with a somewhat higher proportion of 8th graders than of 12th graders reporting, indicating early use.
- Only a small proportion of students in each grade report using the "hard" drugs in the past month. Less than 2% report using crack or cocaine; less than 3% report using opiates.
- Steroid use over the past year is reported by 2.4% of students, is more often reported by boys than by girls, and by students in higher grades.
- 24.6% of all students, including 16.7% of 7th graders and 32.3% of 12th graders, report using one or more substances in the past month, not including cigarettes or alcohol.
- 7.4% of 7th graders and 15.5% of 12th graders report having come to school under the influence of alcohol or drugs one or more times in the past 3 months.
- 10.8% of students in all grades say their alcohol or drug use causes problems, increasing from 6.6% of 7th graders to 13.1% of 12th graders.
- Substantial numbers of 7th and 8th graders have already begun use of the so-called "gateway drugs" (cigarettes, alcohol, inhalants, and marijuana). Statewide, 28.1% of 7th graders have tried cigarettes at some time and 3.6% are "current smokers"; 4.4 % have tried smokeless tobacco. Thirty percent of 7th graders say they drank alcohol in the past month, and 9.2% got drunk at least once. Close to 17% report having used one or more substances in the past month, not including tobacco or alcohol. 3.4% used marijuana; 5.2% used diet drugs; 2.7% used non-prescribed prescription drugs; 2.6% reported using hallucinogens; 1.7% reported using opiates; 1.4% reported using designer drugs; fewer than 1% reported using either crack or cocaine or injecting drugs; and 1.9% reported using steroids in the past year.

- Somewhat more than 7.0% of 7th and 8th graders have sniffed some kind of substance, such as glue, spray paint, or gasoline, in the past month compared with 3.9% of 12th graders.
- ✕ • There is a higher level of increase in the use of almost all substances between 7th and 8th grade, or between 8th and 9th grade, than between any other grade levels.
- Males are more likely than females to use most substances, to use them more often, and to report initiation of use at an early age.
- Cigarettes, non-prescribed diet drugs, and wine coolers are the only substances used more commonly by girls than by boys.
- Gender differences in prevalence of substance use tend to be greatest in grades 11 and 12 and at higher levels of use. In lower grade levels, gender differences in use are less pronounced.
- The percentage of students who report they often drive under the influence of drugs or alcohol increases from 1.6% of 10th graders to 5.7% of 12th graders.
- The proportion of students who report they have often ridden with a driver under the influence of alcohol or drugs increases from 4.1% of 7th graders to 13.2% of 12th graders.
- The perception of "great risk" for driving after drinking 5 or more drinks is high in all grades, ranging from 73.6% of 7th graders to 82.4% of 12th graders, girls are more likely to report this than boys.
- A lower percentage of students (41.7%) report perceptions of "great risk" for having 5 or more drinks on a weekend, than for marijuana, cigarettes, crack or cocaine.
- The percent of students indicating there is "no risk" to marijuana use, or to drinking 5 or more drinks on a weekend, actually increases in the higher grades. Boys' perceptions of risk are lower than those of girls.
- The perception of "great risk" in trying crack or cocaine once or twice increases from 62.2% of 7th graders, to 80.3% of 12th graders.
- Perceptions of peer disapproval for regular marijuana use declines from 83.0% in 7th grade to 61.1% in 12th grade; for 5 or more drinks it declines from 76.2% in 7th grade to 44% in 12th grade.
- The percentage of students who report that their friends would disapprove of trying crack or cocaine once or twice is high in all grades, from 85.9% of 7th graders to 89.3% of 12th graders.
- Almost 11.5% of all students report that they feel that "life is not worth living" and this response is more characteristic of girls at all grade levels than of boys. Eighth grade girls had the highest percentage of students (16.3%) indicating they feel this way.
- 9% of students report they do not have someone they can turn to if something is troubling them.
- 25.1% of students report they would turn to parents, and 35.8% to peers, for help with drug or alcohol problems; 12.9% would solve such problems by themselves; and 26.4% would turn to other adults (such as teachers or counselors) or to other sources for help. As they get older, both boys and girls place more emphasis on peers or on themselves, and less emphasis on parents as resources.
- ✕ • 47% of students report that one or both of their parents smoke cigarettes.
- ✕ • 21.4% of students say that the drinking of one or both parents causes problems. 13.1% of students indicate that their father's drinking causes problems, while 2.5% indicate that their mother's drinking causes problems.

## I. INTRODUCTION AND BACKGROUND

A nationwide survey conducted annually by the Institute for Social Research at the University of Michigan, entitled "The Monitoring the Future Study", has tracked national trends in substance use by high school seniors since 1975. The 1992 report states that:

"....the amount of illicit as well as licit drug use among America's younger age groups is striking.... Despite the improvements in recent years, it is still true that this nation's secondary school students and young adults show a level of involvement with illicit drugs which is greater than has been documented in any other industrialized nation in the world. Even by longer-term historical standards in this country, these rates remain extremely high. Heavy drinking also remains widespread and troublesome; and certainly the continuing initiation of large proportions of young people to cigarette smoking is a matter of the greatest public health concern." <sup>1</sup>

The use and abuse of physically and psychologically addictive substances by adolescents is a significant social and health issue nationally and in Rhode Island. Tobacco and alcohol are substances of major health concern, but the array of other addictive substances, whether obtained legally or illegally, also poses serious health risks for the nation's young people and for adolescents in Rhode Island. Their significance is reflected in the eight National Year 2000 Health Objectives which address the prevalence of substance use among those ages 12 to 24 years. These eight objectives are enumerated in an attachment (page 19) to this report.

Rhode Island is committed to addressing substance abuse issues in the state's entire population, and adolescents are a primary target group. The commitment of the state is demonstrated in several legislative actions designed to support collaboration between state agencies and community-based agencies. The 1986 Ferry Bill promotes collaboration between the Departments of Health, Education, and Mental Health, Retardation, and Hospitals (MHRH) (its former Division of Substance Abuse, now the Department of Substance Abuse) in establishing school-based comprehensive health education with a focus on substance abuse prevention for all school-aged children. In 1989, the Substance Abuse Prevention Act (Bramley Bill) established comprehensive community-based substance abuse prevention services for all age groups through the establishment of Substance Abuse Prevention Task Forces in every community in the state. Needs assessments by Task Forces consistently identify adolescents as a primary target population for prevention services. In 1992-93 the State Legislature established the Department of Substance Abuse as the single state authority for substance abuse prevention and treatment. Collectively, these efforts provide a critical counterpoint to the escalating presence of drugs in our communities.

To support these state and local prevention initiatives, the Department of Health has conducted an Adolescent Substance Abuse Survey biennially since 1988-89 as a means of assessing substance use prevalence and trends among the state's junior and senior high school students. The continuing high levels of use, the decreasing age at which some youngsters initiate use of these substances, and the continuing introduction of new

"street" drugs with abuse potential, requires increasing efforts to prevent adolescent use and abuse of addictive substances.

## II. ASSESSING LEVELS OF SUBSTANCE USE

Assessing the levels of substance use among adolescents poses a number of methodological constraints. Surveys based on self-reports of substance use are commonly employed and administered to school-attending adolescents. This kind of assessment raises questions about the reliability of self-reported data on substance use, and about the absence of information from school dropouts, a population presumed to be at higher risk for substance use. However, school-based surveys provide the most available means of tracking levels of adolescent substance use in large populations. Studies on validity have indicated that surveys of this nature provide meaningful information on substance use among school-attending young people and are useful for tracking trends in use over time. 2,3,4

### **A. National Studies**

The annual "Monitoring the Future Study," which has tracked national trends in substance use by high school seniors since 1975, added college students to the survey in 1980, and 8th and 10th graders in 1991.<sup>1</sup> This study is probably the single most important source of national trend data available on substance use among young people in the United States. It is often used as point of reference for studies conducted at the state and local levels. Other national studies which assess substance use among adolescents include the National Household Survey on Drug Use,<sup>5</sup> and the Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS).<sup>6</sup> The biennial YRBS includes a limited number of questions on substance use. The most recent data available from the YRBS is for the 1991 survey year.

✱ Results from the 1993 Monitoring the Future Study and from the 1991 Youth Risk Behavior Survey have been included with this report to place results of the Rhode Island Adolescent Substance Abuse Survey within a broader national context. However, because different survey methodologies and instruments have been used in each survey, and because it is not possible to determine to what extent survey results are differentially affected by such differences, a judicious approach must be adopted in making comparisons.

While a comparison of the ASAS with the MTFS indicates that estimates of substance use in Rhode Island are substantially higher than the national estimates (Table 1a), these must be regarded carefully in view of more comparable figures between Rhode Island and the YRBS (Table 1b). In addition, the 1991 YRBS estimates are higher than those from the 1991 MTFS.

✓

The discrepancies between results for the MTFS and the Rhode Island results, and between those for the MTFS and the YRBS, may be related to several methodological differences between these surveys. These differences are described in an attachment (page 22) to this report.

## **B. The Rhode Island Adolescent Substance Abuse Survey**

In 1988 the Rhode Island Department of Health initiated an Adolescent Substance Abuse Survey to assess the prevalence of self-reported substance use among public secondary school students in Rhode Island. The ASAS assesses the use of tobacco and alcohol, as well as of other legal and illegal addictive substances.

Unlike national surveys which rely on a sampling design to arrive at national estimates of substance use, the Rhode Island ASAS surveys almost all junior and senior high school students in the state. A total population survey enables individual communities and schools to use results of the ASAS to tailor substance abuse prevention activities to local needs and characteristics. Since its inception in 1988 the ASAS has been made available free of charge to all Rhode Island public and private secondary schools. Community and school participation has grown each time the ASAS has been conducted and the 1993 ASAS, the third such survey, is the most comprehensive to date.

## **III. THE 1993 RHODE ISLAND ADOLESCENT SUBSTANCE ABUSE SURVEY**

### **A. Comparison with Earlier Surveys**

The 1993 Adolescent Substance Abuse Survey differs from the two earlier ones conducted in 1988-89 and in 1990-92 in several respects:

1. Coverage of the survey has greatly increased. In 1988-89, 19 school districts and 40 schools participated, and in 1990-92, 23 districts and 53 schools took part. In both earlier surveys, participation by school districts did not always include grades 7 through 12. In 1993, 29 of the state's 35 school districts participated in the survey and all 75 junior and senior high schools in these districts took part. The participating districts include an estimated 90% of the state's secondary school students; and 40,351 students responded to the survey. This is more than double the 18,424 students who participated in 1988-89, and 44% more than in 1991-92 when 28,022 students took part.
2. Changes in administrative procedures and involvement of Community Substance Abuse Prevention Task Forces enabled the 1993 survey to be administered in schools over a period of 8 weeks, from April 1 to May 27, 1993. The 1988-89 survey extended over one academic year and the 1990-92 survey over almost two academic years. The 1993 survey's shortened time frame became necessary because several projects in the state supported by the Federal Center for Substance Abuse Prevention (CSAP) require baseline point-in-time prevalence estimates as part of their evaluation process. The 1993 ASAS will enable a more reliable measure of

the impact of prevention efforts in the state to be made, assuming future surveys can be conducted during a comparable time period.

3. The 1993 survey questionnaire was revised and lengthened by a committee of data users to meet the needs of National Cancer Institute (NCI) and CSAP project evaluations and to make the data more comparable with the national "Monitoring the Future" survey. However, core items from the earlier surveys were retained to enable trend analysis on smoking, alcohol use, and drug use. The 1993 ASAS consists of 60 questions compared with 48 in 1991 and 50 in 1989. In addition to questions on the use of tobacco, alcohol, and other substances included in all three surveys, the 1993 survey added a series of questions adapted from the "Monitoring the Future Study". These questions assess perceptions of risk associated with drug use, perceptions of friends attitudes towards drug use, and level of student participation in extracurricular, religious, and job-related activities (see Table 3 for Questionnaire).

X 4. For the first time, foreign language versions of the questionnaire were made available to certain school districts to ensure that students with limited English proficiency could participate. The questionnaire was translated into 5 languages in addition to English -- Spanish, Portuguese, Hmong, Khmer, and Laotian. Due to a formatting error on the Khmer translation, response cards for these questionnaires could not be distinguished from English language response cards at the time of data entry.

X (5) Questionnaires used in Providence included a neighborhood identification question to enable more detailed analysis of patterns of substance use within Providence.

## B. Procedures

Implementation and administration of the 1993 ASAS involved collaboration between the Health Department, Substance Abuse Prevention Task Forces, Rhode Island public secondary schools, and Center for Substance Abuse Prevention projects. A list of participating organizations, agencies and school districts is attached to this report (page 20).

Student participation in the survey was voluntary and anonymous. In most schools, surveys were administered by teachers during homeroom periods or during designated class periods to all students in grades 7 through 12 within a school. Coordination of survey administration within school districts and schools was arranged in some instances by Substance Abuse Prevention Task Force Coordinators and in others by school personnel, such as a physical education or health teacher. Districts with more than one participating school may have scheduled survey administration in individual schools on different days but in general, surveys were completed within one week in each school district. All surveys were completed in participating school districts between April 1 and May 27, 1993.



It was not feasible to conduct a systematic follow-up of students who were absent on the day of the survey. Consequently, absentee returns from the few schools that did conduct voluntary follow-up were excluded from the dataset but will be analyzed separately at a later date.

A total of 40,351 surveys were returned to the Health Department. The data were entered using scannable card readers. Data entry error was estimated to be no more than 0.26% with the highest level of error recorded for the final question on language of the questionnaire. The data were validated and "cleaned" to remove problematic records using the following criteria:

- Responses missing for 25 or more items.
- Grade or gender was missing.
- Grade and age were inconsistent with one another (e.g., 7th grade, age 18).
- Were determined to be "liars" based on a set of criteria developed in consultation with Health Department staff, staff from the Rhode Island Student Assistance Program, with several Substance Abuse Prevention Task Force Coordinators, and with a director of the "Monitoring the Future Study." These criteria were:
  - Reported use of 4 or more substances, other than cigarettes, on 16 days or more in the past month, on the grounds that such levels of multiple drug use are highly improbable.
  - Reported use of 8 or more substances in the past month, other than cigarettes and alcohol, on the grounds that such use is highly improbable.
  - The same letter response was given to every question on the grounds that such a pattern of response was highly unlikely.
  - A judge's determination based on review of the number and nature of inconsistencies between responses to questions and the use of multiple substances. Approximately 1200 records were subject to such individual scrutiny and 387 were deleted as a result.

Records with up to three inconsistent responses were retained if they were otherwise error free and met all other criteria for retention. For example, a small percentage of 7th and 8th graders reported first using cigarettes, alcohol, or marijuana in a grade higher than grade 7 or 8. While these inconsistent responses could have been changed to appear as missing data, and this is sometimes done in large surveys in order to yield a "clean" data set, the decision was made not to alter any records in this data set for any reason.

A total of 2354 records (5.8%) were removed from the data set, leaving 37,997 records for analysis. The percent of records deleted ranged from 4.6% to 6.5% of cases by grade (Table 2).

### C. Participation

Participation rates were calculated by grade for each school, each district, and for the entire state. Participation rates were calculated as the number of students returning surveys for each grade, divided by the total number of students enrolled in each grade. Enrollment figures by grade for the month of the survey were obtained from each participating school. District and statewide enrollments are the sum of school enrollments. Table 2 presents statewide and school or district participation rates as appropriate.

The overall rate of participation statewide was 78.7%. Statewide, participation rates varied by grade, from a high of 86.9% for grade 7, to a low of 71.4% for grade 12. Participation rates for schools were, with a few exceptions, extremely good -- 43 had participation rates over 80%, while only 7 schools had participation rates of less than 70%. Rates ranged from a high of 97.6% to a low for one school of 27.8%

Students who had dropped out of school obviously were not included in the survey, nor were students who were absent on the day of the survey since absentee follow-up was not feasible. Since drop-out rates in the state are very low in grades 7 and 8, and since survey participation was high in these grades, it can be assumed that results represent these age cohorts fairly accurately. However, results for grades 9 through 12 are likely to be biased by absentee rates, which increase with grade level, and by drop-out rates, which also increase with each grade level. Substance use is likely to be more common among students who drop out of school and among students with high absenteeism.<sup>1</sup> Consequently, it is assumed that survey results for grades 9 through 12, and for grade 12 in particular, underrepresent actual levels of substance use in these age cohorts.

### D. Key Findings of the 1993 ASAS

A number of important general findings emerge from the statewide data which are likely to be applicable to results for individual communities. A comparison of the 1993 survey results with results of the 1988-89 and 1990-92 surveys is planned for a future report. For methodological reasons, several adjustments must be made to the data sets before valid comparisons can be made. Adjustments must be made to account for the fact that the 1993 survey includes schools and districts which did not previously participate, was carried out over a shorter period of time than previous surveys, and involved some changes in the questionnaire. Results presented here are for the 1993 survey only. Where possible, comparisons have been made with national data.

Because the use of most substances, with the exception of inhalants, increases with increasing grade levels, frequencies are cited in the following sections only for 7th and 12th graders. Frequencies for grades 8 through 11 can be assumed to be intermediate between these extremes unless noted otherwise.

## **1. Substance Use**

### ***a. General Observations***

The levels of cigarette and smokeless tobacco use reported by Rhode Islands' public secondary school students are lower than the national estimates. However, levels of use reported for alcohol and other substances are either comparable to or higher than national levels in every instance where comparisons are possible (Tables 1a and 1b).

The high levels of substance use in Rhode Island's secondary school students are reflected dramatically in several summary statistics: 46.1% of students in all grades have consumed some kind of alcoholic beverage in the past month -- this includes 29.9% of 7th graders and 61.0% of 12th graders. In addition to high levels of alcohol use, 24.6% of all students, including 16.7% of 7th graders and 32.3% of 12th graders, report using one or more substances in the past month, not including cigarettes or alcohol (Table 8).

Another indication of the high levels of substance use in the state is the percent of students who report having come to school under the influence of alcohol or drugs one or more times in the past 3 months. Statewide, 7.4% of 7th graders and 15.5% of 12th graders report this behavior (Table 6). In addition, 10.8% of students in all grades indicate that their alcohol or drug use causes problems, increasing from 6.6% of 7th graders to 13.1% of 12th graders (Table 7).

### ***b. Tobacco Use***

Although the proportion of students who report that they have ever smoked cigarettes is lower than national estimates (Tables 1a and 1b), it is still unacceptably high. Overall, 41.7% of students report that they have tried cigarettes -- including 28.1% of 7th graders and 50.9% of 12th graders (Table 9).

For purposes of this report, students who report that they have smoked more than 100 cigarettes in their life and still smoke are interpreted as "current smokers". The percentage of "current smokers" for all grades is 11.4%, ranging from 3.6% of 7th graders to 19.2% of 12 graders. The percent of students reporting that they have smoked in the past week is somewhat higher than it is for those classified as "current smokers" -- 8.9% of 7th graders and 25.2% of 12th graders report smoking in the past week (Table 9). These disparate measures of smoking status are likely due to the experimental and episodic nature of adolescent smoking behavior.

The percent of all girls who indicate that they are current smokers (12.0%) is marginally higher than it is for boys (11.2%) but this gender difference is true only in grades 9 through 12. In 7th and 8th grades, a greater percentage of boys than girls are "current smokers" (Table 9).

The proportion of students reporting they smoked 100 or more cigarettes in grade 6 or earlier is highest in the 7th grade (9.5%) and decreases progressively by grade, to 4.9% of 12th graders. (Table 9). This observation could be an artifact of recall (older students have a harder time remembering when they started smoking), or of drop out of early smokers from school. However, it also coincides with national data which indicates a trend in recent years to a declining age for the initiation of tobacco use.<sup>1</sup> A greater proportion of boys (7.4%) than girls (5.5%) indicate smoking initiation in grade 6 or earlier.

More girls (13.3%) than boys (9.9%) report that they have tried to quit smoking during the past 6 months (Table 9) and the proportion of students (11.7%) indicating that they have tried to quit is higher than the proportion reporting they did not try to do so (7.4%). The higher level of attempted quitting among girls corresponds with the observation that a greater percentage of girls than boys indicate awareness of school programs to help students quit smoking, and report that they have heard commercials against smoking on a local radio station, 92-PRO FM (Table 9).

It's somewhat ironic that although cigarette use increases with grade, perceptions of great risk for smoking 1 or more packs of cigarettes each day also increases, from 49.1% of 7th graders to 60.2% of 12th graders (Table 16).

The use of smokeless tobacco in Rhode Island is low compared with national levels (Table 1a). Boys are much more likely than girls to have tried smokeless tobacco and to be current users. Ten percent of boys report that they have tried smokeless tobacco compared with 1.9% of girls, and 6.1% report that they use smokeless tobacco sometimes or daily, compared with less than 1% of girls. Use increases with grade, from 1.8% of 7th grade boys to 10% of 12th grade boys.

### c. Alcohol Use

Despite the fact that the purchase of alcoholic beverages by persons under age 21 is illegal in Rhode Island, alcohol is the substance of choice for students in all grade levels, and beer and hard liquor are the preferred beverages. Levels of alcohol use rise progressively with grade level. Almost a third (29.9%) of 7th graders and 61.0% of 12th graders indicate they have consumed an alcoholic beverage in the past month, and heavy drinking is common -- 9.2% of 7th graders and 35.6% of seniors report getting drunk at least once in the past month (Table 10).

A greater percent of boys report alcohol consumption than girls at all grade levels and for all types of beverages except wine coolers. Boys also report drinking more, and drinking more often than girls. The margin of difference between males and females for all indicators of alcohol consumption is greater in the higher grades, and is most extreme for beer drinking (Table 10). For example, in the 12th grade, 57.8% of boys drank beer in the past month, compared with 41.5% of girls; 22.8% of males and 11.6% of girls report

drinking on 3 days or more in the past 2 weeks; 26.4% of boys report they drink 6 or more drinks in a day when they drink, compared with 8.8% of girls. Twenty-seven percent of 12th grade boys report getting drunk more than once in the past month, compared with 12th grade girls.

The extremely high level of alcohol use reported in Rhode Island is cause for major concern, especially when coupled with several other survey observations. Close to 26% of all students in grades 7 through 12 report they first used alcohol without their parents in grade 8 or earlier, and 18.8% report doing so in grade 7 or 8. The proportion of students reporting early initiation of drinking without parents is highest in the lowest grades -- 33.4% of 8th graders report that they first used alcohol in grade 8 or earlier, compared with 23.9% of 12th graders (Table 10). While this observation could be an artifact of recall, or reflect school drop-out of early imbibers, it coincides with national data which indicates a trend in recent years to initiation of alcohol use at younger ages.<sup>1</sup>

The frequency with which students report "binge" drinking, or drunkenness, is another cause for concern. Overall, 21.2% of students report they have been drunk at least once in the past month, and 10.9% report being drunk more than once. This indicator of "binge" drinking increases with grade level, from 9.2% of 7th graders who report being drunk at least once in the past month, to 35.6% of 12th graders (Table 10).

Perceptions of peer disapproval, and of great risk for drinking 5 or more drinks on weekends, are highest in the 7th grade and decline thereafter. However, there is considerable discrepancy between 7th graders' perceptions of peer disapproval for drinking 5 or more drinks in a weekend, and their perception of risk for drinking -- 76.2% of 7th graders indicate their friends would disapprove of such behavior, but only 46% indicate there is great risk in having 5 or more drinks on weekends. Forty-four percent of seniors report friends would disapprove of 5 or more drinks in a weekend, but only 36% indicate there is great risk in such behavior. These patterns are more pronounced for boys than for girls (Tables 15 and 16).

#### *d. Marijuana Use*

Aside from alcohol and cigarettes, the use of marijuana is reported more frequently across all grades than any other substance. In fact, use of marijuana in the past month is reported by a higher percentage of students overall (12.3%), and in grades 9 through 12, than report being "current smokers" (11.4%).

Marijuana use also has the highest percentage increase in use between 7th and 12th grade. Six and a half percent of 7th graders and 40.5% of seniors report they have used marijuana at some time in the past; 3.3% of 7th graders and 21.6% of 12th graders report using marijuana in the past month (Table 11).

The extremely high level of marijuana use reported in Rhode Island is cause for major concern, especially ~~X~~ when coupled with observations about the initiation of marijuana use, and levels of use. Approximately 12% of all students in grades 8 - 12 report they first used marijuana in grade 8 or earlier, with a somewhat

higher proportion of 8th graders indicating early use. Heavy use of marijuana is more common in the higher grades, and heavier levels of use begin to appear in grade 9. While less than 1% of 7th and 8th graders report using marijuana 16 days or more in the past month, 2.5% of 9th graders and 5.4% of 12th graders indicate they use marijuana with this frequency.

Perceptions of peer disapproval and of risk for "smoking marijuana regularly" are highest in the 7th grade and decline thereafter – 83.0% of 7th graders indicate that their friends would disapprove of such behavior, compared with 61.1% of seniors. Sixty-eight percent of 7th graders indicate that there is great risk in smoking marijuana regularly compared with 49.9% of 12th graders (Tables 15 and 16).

#### ***e. Other Substances***

The use of a variety of substances is not confined only to a small fraction of the adolescent population. One fourth of all students report they have used one or more substances, exclusive of the use of tobacco or alcohol, in the past month. This is true for 16.7% of 7th graders and for 32.3% of 12th grade students. Boys are more likely to be users of a variety of substances, and the gender difference is most extreme in the 12th grade where 36.2% of males, and 28.7% of females, indicate they used some kind of substance, exclusive of the use of alcohol or tobacco, in the past month.

Use in the past month of non-prescription diet drugs and hallucinogens increases with each increase in grade – 5.2% of 7th graders and 8.3% of 12th graders report using non-prescription diet drugs in the past month; 2.6% of 7th graders and 8.4% of 12 graders report the use of hallucinogens in the past month. The use of non-prescription diet drugs is the only instance where a higher percentage of girls (8.7%) report use than do boys (4.8%) (Table 8).

The percentage of students reporting they sniffed substances such as glue or gasoline in the past month was also high (6.4%). However, the reported use of inhalants was highest in the 7th and 8th grades (7.3% and 7.4%) and lowest (3.9%) in the 12th grade.

Only a small proportion of students in each grade report using the "hard" drugs, such as crack, cocaine, opiates, or designer drugs, in the past month. Overall, fewer than 2% report using crack, cocaine, or designer drugs (Tables 12 and 13); less than 3% report using opiates. Less than 6% report using non-prescribed prescription drugs (Table 8). The prevalence of use reported for these substances does not show the trend of increase by grade observed for tobacco, alcohol, marijuana, diet drugs, and hallucinogens except that use in the 7th and 8th grades is marginally lower than in grades 9 through 12. Steroid use over the past year is reported by 2.4% of students. Such use is reported more often by boys than by girls; and by older students. (Table 14).

Almost all drugs of abuse can be injected, including steroids. Given the levels of substance use reported by this population, it seems plausible that 6% of students have injected drugs at some time in the past, and that 0.7% have done so in the past month, as reported (Table 14).

The percentage of students who report that their friends would disapprove of trying crack or cocaine once or twice is high in all grades, from 85.9% of 7th graders to 89.3% of 12th graders (Table 15). The perception of great risk in trying crack or cocaine once or twice increases with increasing grade level, from 62.2% of 7th graders to 80.3% of 12th graders (Table 16).

*f. Driving or Riding with a Driver Under the Influence of Alcohol or Drugs*

Although the legal driving age in Rhode Island is 16, 2% to 3% of students in grades 7 and 8 indicate that they have driven under the influence of alcohol or drugs. In addition, although only 12% of 9th graders report that they are 16, 17% indicate that they drive, and 4% report that they have driven under the influence of alcohol or drugs. Naturally, the proportion of students driving increases dramatically in grades 10-12 where the majority of students are of legal driving age. The percent who report that they often drive under the influence increases from 1.6% of 10th graders to 5.7% of 12th graders. Males (2.9%) are more likely than females (0.9%) to report that they have driven under the influence of drugs or alcohol. The proportion of students who indicate that they have often ridden with a driver under the influence of alcohol or drugs increases from 4.1% of 7th graders to 13.2% of 12th graders; boys (8.6%) are more likely to report doing this than girls (7.7%) (Table 10).

The perception of great risk for driving after drinking 5 or more drinks is high in all grades, ranging from 73.6% of 7th graders to 82.4% of 12th graders, and girls are more likely to report this than boys. In grade 12, 89.5% of girls and 74.8% of boys indicate that there is great risk in drinking and driving.

**2. Substance Use by Seventh and Eighth Graders**

Substantial numbers of 7th and 8th graders in Rhode Island have already begun use of the so-called "gateway drugs" (cigarettes, alcohol, inhalants, and marijuana), and some have begun the use of other substances as well. There is a greater percentage increase in the use of almost all substances between 7th and 8th grade, or between 8th and 9th grade, than between any other grade levels, indicating that the junior high years are especially risky ones; that patterns of substance use are being established in the lower grades, perhaps even before grades 7 and 8.

Statewide, 28.1% of 7th graders have tried cigarettes at some time and 9.0% smoked in the past week; 4.4 % have tried smokeless tobacco (Table 9). Thirty percent of 7th graders report drinking alcohol in the past month, and 9.2% got drunk at least once. Close to 17% report having used one or more substances in

the past month, not including tobacco or alcohol -- 7.3% used inhalants; 3.4% used marijuana; 5.2% used diet drugs; 2.7% used non-prescribed prescription drugs; 2.6% used hallucinogens; 1.7% used opiates; 1.4% report used designer drugs; fewer than 1% report using either crack or cocaine or injecting drugs (Table 8); 1.9% report using steroids in the past year (Table 14).

\* Somewhat more than 7.0% of 7th and 8th graders have sniffed some kind of substance (such as glue, spray paint, or gasoline) to get high in the past month. This level of use is substantially higher than in upper grades and is the only form of substance use that has the highest levels of use in the lower grades. Use by males (8.5%) is only slightly higher than among females (6.7%).

The particular vulnerability of 7th and 8th grade students to risk-taking behaviors is apparent in other survey results as well. A higher proportion of grade 7 and 8 students report problems in school, and fights involving physical violence, than do students in grades 9 through 12 (Table 6). These grades also have the highest proportion of students indicating they often feel life is not worth living (Table 7).

Perceptions of risk and of peer attitudes towards drug use also indicate the vulnerability of junior high level students. Seventh and eighth grade students are somewhat less likely than older students to report that friends would disapprove if they tried crack or cocaine once or twice (85.9% vs. 89.3% of 12th graders), and are much less likely to indicate that there is great risk in trying crack or cocaine (62.2% vs. 80.3% of 12th graders). Only 49% of 7th grade students indicated there is great risk in smoking one or more packs of cigarettes a day compared with 60% of 12th graders (Tables 15 and 16).

Counterbalancing the vulnerabilities of 7th and 8th graders is the opportunity which parents and other adults have to reach them. Such opportunity is reflected in several survey results. First, the high level of survey participation in the lower grades is likely a product of better school attendance, which is also reflected in self-reported number of days absent (Table 6), and of better compliance with teacher instructions in the classroom. Second, a higher proportion of 7th and 8th graders than older students report participation in out-of-school activities and some or regular church attendance (Table 17). Third, seventh graders are more likely than older students to indicate they would turn to parents, teachers, or counselors for help with drug or alcohol problems (Table 7). The opportunities for adult influence diminish in the higher grades when absenteeism goes up, dropout rates increase, peers are more likely to serve as resources, and students have greater independence afforded by their age, increased mobility, and financial resources. The transition from grade 10 to grade 11 is an especially important point of change indicated by decreased church attendance, increased job participation (Table 17), and increased use of cars (Table 10).

A higher percent of seventh and eighth graders than older students indicated their friends would disapprove of regular marijuana use (83.1% of 7th graders compared with 61.1% of 12th graders), and of drinking 5 or



more drinks in a weekend (76.2% of 7th graders compared with 44.0% of 12th graders) (Table 15). Younger students also perceive greater risk in these behaviors than do older students. Sixty-eight percent of 7th grade students indicate that they believe there is great risk in smoking marijuana regularly, compared with 49.5% of 12th grade students. Forty-six percent of 7th grade students perceive great risk in having 5 or more drinks in a weekend, compared with only 36% of 12th grade students (Table 16).

### **3. Personal and Social Risk Factors**

Along with questions about their use of various substances, students were also queried about several factors considered to be risk factors for substance use, including depression, parental substance use, and participation in extracurricular activities. They were also asked about sources of support, and their perceptions of peer approval or disapproval regarding the use of various substances, as well as about the level of risk they associate with the use of these substances.

#### ***a. Depression***

Feeling that "life is not worth living" is interpreted in this survey as an indicator of depression. Almost 11.5% of all students reported they feel this way "often" and this response is more characteristic of girls at all grade levels than of boys. Eighth grade girls had the highest percentage of students (16.3%) indicating they felt this way, while 12th grade boys had the lowest percentage (7.9%) reporting such feelings. Boys and girls in grades 7 and 8 are more likely to report they often feel life is not worth living than their counterparts in higher grades (Table 7).

#### ***b. Sources of Support***

About 9% of students report that they do not have someone they can turn to if something is troubling them. The proportion reporting this is somewhat higher in the lower grades, but the highest frequency occurs in the 9th grade (10.2%). Boys (11.1%) are somewhat more likely to indicate this than girls (7.6%) (Table 7).

When asked who they would turn to for help with drug or alcohol problems, 25.1% of students report that they would turn to parents, and 35.8% to peers, for help with drug or alcohol problems; 12.9% would solve such problems by themselves. About one-fourth (26.4%) of all students say they would turn to other adults (such as teachers or counselors) or to other sources for help. As they get older, both boys and girls place more emphasis on peers or on themselves, and less emphasis on parents as resources. Thirty-seven percent of the 7th graders would turn to parents, compared with 17.5% of 12th graders. More than half of 11th and 12th graders say they will rely on themselves or on peers to solve problems with drugs or alcohol (Table 7).

In looking at responses to this question by gender, 7th grade girls are as likely to report that they would turn to parents (33.4%) as to peers (32.2%) for help with problems, while 7th grade boys are twice as likely to say they would turn to parents (41.4%) as to peers (20.0%). As they get older, the trend to increasing reliance on peers is more dramatic for girls than for boys. Close to 48% of 12th grade girls indicate that they would turn to peers for help; only 15.5% say they would turn to parents, and only 8.6% report they would solve problems by themselves. By contrast, 37.8% of 12th grade boys report they would turn to peers, 18.8% to parents, while 20.5% would solve a problem by themselves.

*c. Parental Use of Tobacco and Alcohol*

The high levels of alcohol and cigarette consumption among young people in Rhode Island reflect in part the frequency with which they experience these behaviors at home, as well as in the society at large.

Forty-seven percent of students report that one or both of their parents smoke cigarettes; 30.6% report that one parent smokes; 16.3% indicate that both parents smoke (Table 9).

The high level of students who report that their parents' drinking causes problems is troubling because it implies that a significant portion of the student population experiences stress in the home environment related to alcohol use. About 21.4% of students say that the drinking of one or both parents causes problems. The proportion of students who indicate that their father's drinking causes problems (13.1%) is substantially higher than the proportion reporting that their mother's drinking causes problems (2.5%), or that the drinking of both parents causes problems (5.8%). The proportion reporting their father's drinking causes a problem increases with grade level, from 10.6% in the 7th grade to 15.8% in 12th grade, while the proportion who say their mother's drinking causes problems is fairly constant across grade levels. Girls (23.7%) are more likely than boys (19.3%) to report their parents' drinking is a problem (Table 10).

★ *d. Participation in Extracurricular Activities*

The proportion of students who report no involvement in either in-school or out-of-school extracurricular activities is quite level across the grades, ranging from 33.3% to 35.5% for in-school activities, and from 35.9% to 38.9% for out-of-school activities. Participation in regular in-school activities increases from 27.8% of 7th graders to 36.5% of 12th graders, whereas participation in regular out-of-school activities decreases from 34.8% of 7th graders to 27.0% of 12th graders (Table 17).

Regular attendance in religious activities declines from 34.4% of 7th graders to 23.3% of 12th graders. The biggest drop, of 8 percentage points, occurs between grade 10 and grade 11. It is not surprising that participation in regular work or job training increases from 17.1% of 7th graders to 59.5% of 12th graders, with the biggest increase of 20 percentage points occurring between grades 10 and 11 when most students reach legal working age.

While some gender differences do occur in levels of participation in various types of activities, they are not substantial. Boys are somewhat more likely than girls to be involved in out-of-school activities in the lower grades. Girls are somewhat more likely than boys to be involved in religious activities at all grade levels. Boys are more involved in work or job training up to grade 10, and girls in grades 11 and 12 (Table 17).

#### 4. Perceptions of Risk and of Peer Disapproval

Students were asked to indicate the degree of harm they associate with the use of alcohol, marijuana, crack/cocaine, or cigarettes, and whether they think their friends would approve or disapprove of the use of these substances. A lower percentage of students report perceptions of great risk or of social disapproval for having 5 or more drinks on a weekend, than for any other substance. A higher percentage of students report great risk or social disapproval for driving after having 5 or more drinks, and for trying crack or cocaine once or twice, than for other items (Tables 15 and 16).

Students in lower grades are more likely than those in higher grades to report that they "can't say" the risk involved in various behaviors. This uncertainty likely reflects differentials in personal exposure to, and awareness of, the dangers of substance use, as well as less exposure to substance abuse education.

The perception of risk associated with certain behaviors, or with the use of different substances, declines or increases with grade level, depending on the substance or behavior involved. For example, the proportion perceiving great risk for trying coke or crack once or twice increases by 20 percentage points, from 62.2% of 7th graders to 80.3% of 12th graders; for drinking and driving it increases from 73.6% of 7th graders to 82.4% of 12th graders; and for smoking one pack of cigarettes a day, it increases from 49.1% of 7th graders to 60.2% of 12th graders. On the other hand, the perception of great risk for regular pot smoking declines from 68.0% of 7th graders to 49.9% of 12th graders, and for drinking 5 or more drinks at a time, it decreases from 46% of 7th graders to 36% of 12th graders. In addition, the percent of students saying there is no risk to marijuana use, or to drinking 5 or more drinks in a weekend, actually increases in the higher grades (Tables 15 and 16). Boys' perceptions of risk are lower than those of girls.

The perceptions of peer disapproval for marijuana and alcohol use are considerably higher in grade 7 than in grade 12. Perception of peer disapproval for regular marijuana use declines from 83.0% in 7th grade to 61.1% in 12th grade; for 5 or more drinks, it declines from 76.2% in 7th grade to 44% in 12th grade. Perceptions of peer disapproval for drinking and driving, and for trying crack or cocaine, are high and show little change across the grades.

Girls are more likely than boys to perceive friends' disapproval for all behaviors they were asked about, and gender differences are most extreme in the upper grades. (Table 15).

## **5. Gender Differences**

As noted throughout the discussion above, males are more likely than females to use most substances, to use them more often, and to report initiation of use at an early age. These gender differences are most extreme for beer consumption, for frequency of drinking, for the number of drinks consumed when drinking, and for the number of drunken episodes; for the use of smokeless tobacco; for the use of steroids; and for the level and frequency of use of marijuana. Cigarette smoking, non-prescribed diet drugs, and wine coolers are the only substances used by girls more commonly than by boys. Gender differences tend to be greatest in grades 11 and 12 and at higher levels of use. In lower grade levels, gender differences are less pronounced.

Males in all grades are also at greater risk than females for violence, low grades, and trouble in school (Table 6), and older male students are more likely than females to report driving or riding with a driver under the influence of alcohol or drugs (Table 10).

Females are more likely than males to report feeling that life is not worth living, and are more likely to say they would turn to peers for help with drug or alcohol problems (Table 7). Females perceive greater risk and more social disapproval related to substance use (Tables 15 and 16).

## **E. Summary**

This report provides a comprehensive summary of statewide results from the 1993 Adolescent Substance Abuse Survey. Making effective use of the data presented in the tables which follow requires careful review of their organization and with the information contained in them. If there are specific questions regarding any particular substance, the index at the end of the report allows quick retrieval of the relevant data.

Each table covers one particular aspect of the survey and can be used without reference to any other table. If desired, tables can be extracted from the report and copied for use with grant proposals, or for other types of presentation. Some highlights of the preliminary analysis of statewide data include the following:

- Prevalence of cigarette and smokeless tobacco use in the state is lower than national estimates, an encouraging finding which may indicate the effectiveness of recent efforts in Rhode Island to discourage the use of cigarettes among young people.

- The perception of great risk associated with drinking and driving is high, indicating success in efforts to convey this message to adolescents.
- The high levels of use for most substances in Rhode Island indicate the need for redoubled substance abuse prevention efforts. ✕
- The initiation of substance use at early ages is cause for particular concern, especially in light of indicators that initiation of substance use is beginning earlier than in the past.
- Alcohol is the leading substance of abuse by adolescents in the state. ✕
- Substance abuse is not the problem of a small minority of students; about one-fourth of students are involved with some form of substance use. ✕
- The prevalence of marijuana use in the past month is comparable to the prevalence of students who are "current smokers".
- The high prevalence of inhalant use in grades 7 and 8 is of particular concern because of its potentially lethal effects. ✕
- Students in elementary grades should be the focus of concerted prevention efforts because use is already significant in grades 7 and 8, and because reports on age at initiation indicate the need for such efforts. In addition, younger students are still receptive to parental and adult influence.
- Prevention efforts for students in the upper grades, and for girls in particular, need to become increasingly peer focused since students are more likely to turn to peers for help as they mature. ✕✕
- Boys should be a special target for prevention efforts since they are at higher risk for almost all forms of substance abuse, especially for alcohol and marijuana.
- The percentage of students indicating that they often feel "life is not worth living", along with the proportion who report they have no one to turn to for help, signals a disturbing level of personal distress among adolescents. Such personal distress poses an increased risk for substance abuse.
- The high level of students reporting that parents' drinking, and in particular the drinking of fathers, causes problems, indicates that alcohol is a major problem, not only for young people in Rhode Island, but for adults as well.

#### **IV. REFERENCES**

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- 3 O'Malley, P.M., Bachman, J.G., & Johnston, L.D. (1983). Reliability and consistency in self-reports of drug use. International Journal of the Addictions, 18, 805-824.
- 4 Freier, M.C., Bell, R.M., & Ellickson, P.L. (1991) Do Teens Tell the Truth? The Validity of Self-Reported Tobacco Use by Adolescents. The Rand Publication Series. A RAND NOTE, (N-3291-CHF). Santa Monica, CA
- 5 The National Household Survey on Drug Abuse: Main Findings, 1991. (1993) National Institute on Drug Abuse, Department of Health and Human Services, Publication No. SMA93-1080.
- 6 Kann, L., Warren, W, Collins, J.L, et al., (1993). Results from the national school-based 1991 Youth Risk Behavior Survey and progress toward achieving related health objectives for the nation. Public Health Reports, Vol. 108, Suppl. 1, pp. 47-55.

## V. NATIONAL YEAR 2000 HEALTH OBJECTIVES RELATED TO THE PREVENTION AND TREATMENT OF SUBSTANCE USE

**Objective 3.5:** Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular cigarette smokers by age 20. (Baseline: 30 percent of youth had become regular cigarette smokers by ages 20-24 in 1987)

**Objective 3.9:** Reduce smokeless tobacco use by males aged 12-24 to a prevalence of no more than 4 percent. (Baseline: 6.6 percent among males aged 12 through 17 in 1988; 8.9 percent among males aged 18 through 24 in 1987)

**Objective 4.5:** Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12 through 17. (Baseline: age 11.6 for cigarettes, age 13.1 for alcohol, and age 13.4 for marijuana in 1988)

**Objective 4.6:** Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month as follows:

<u>Substance/Age</u>	<u>1988 Baseline</u>	<u>2000 Target</u>
Alcohol/aged 12-17	25.2%	12.6%
Alcohol/aged 18-20	57.9%	29.0%
Marijuana/aged 12-17	6.4%	3.2%
Marijuana/aged 18-25	15.5%	7.8%
Cocaine/aged 12-17	1.1%	0.6%
Cocaine/aged 18-25	4.5%	2.3%

**Objective 4.7:** Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28 percent of high school seniors and 32 percent of college students. (Baseline: 33 percent of high school seniors and 41.7 percent of college students in 1989)

**Objective 4.9:** Increase the proportion of high school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:

<u>Behavior</u>	<u>1989 Baseline</u>	<u>2000 Target</u>
Heavy use of alcohol	56.4%	70%
Occasional use of marijuana	71.1%	85%
Trying cocaine once or twice	88.9%	95%

**Objective 4.10:** Increase the proportion of high school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, regular use of marijuana, and experimentation with cocaine, as follows:

<u>Behavior</u>	<u>1989 Baseline</u>	<u>2000 Target</u>
Heavy use of alcohol	44.4%	70%
Occasional use of marijuana	77.5%	90%
Trying cocaine once or twice	54.9%	80%

**Objective 4.11:** Reduce to no more than 3 percent the proportion of male high school seniors who use anabolic steroids. (Baseline 4.7 percent in 1989)

**Note:** Copies of Healthy Rhode Islanders 2000, and additional information on National Year 2000 Health Objectives can be obtained from the Rhode Island Department of Health, Office of Planning (277-2901).

## **VI. AGENCIES, ORGANIZATIONS, AND SCHOOL DISTRICTS PARTICIPATING IN THE 1993 ASAS**

- **Rhode Island Department of Health**
  - **Office of Health Statistics -- Project Leader**
  - **Youth Oriented Tobacco Prevention and Cessation Project**
  - **Rhode Island Project ASSIST**
- **Center for Substance Abuse Prevention programs**
  - **Consortium for Community Initiatives**
  - **Neighborhood Empowerment for Prevention Project**
  - **Pawtucket/Central Falls Partnership**
- **Providence School Department**
- **Rhode Island Department of Substance Abuse**
- **Bramley Substance Abuse Prevention Task Forces in 29 School Districts**
- **Rhode Island Student Assistance Program**
- **Public Secondary Schools in School Districts Listed Below:**

<b>Barrington</b>	<b>New Shoreham</b>
<b>Bristol</b>	<b>North Kingstown</b>
<b>Burrillville</b>	<b>North Smithfield</b>
<b>Coventry</b>	<b>Pawtucket</b>
<b>Central Falls</b>	<b>Portsmouth</b>
<b>Chariho Regional</b>	<b>Providence</b>
<b>Cranston</b>	<b>Smithfield</b>
<b>Cumberland</b>	<b>South Kingstown</b>
<b>East Providence</b>	<b>Tiverton</b>
<b>Exeter/West Greenwich</b>	<b>Warren</b>
<b>Jamestown</b>	<b>Warwick</b>
<b>Johnston</b>	<b>Westerly</b>
<b>Little Compton</b>	<b>West Warwick</b>
<b>Middletown</b>	<b>Woonsocket</b>
<b>Narragansett</b>	<b>William M. Davies, Jr. Vocational-Technical School</b>



## **VII. METHODOLOGICAL COMPARISON OF NATIONAL AND RHODE ISLAND SURVEYS**

The discrepancies between results of the two national surveys [the Monitoring the Future Survey (MTFS), and the Youth Risk Behavior Survey (YRBS)] and the Rhode Island Adolescent Substance Abuse Survey (ASAS) may be related to several methodological differences between these surveys, as well as to real differences in the levels of substance use of adolescents. These methodological differences include:

- 1. The ASAS and YRBS are anonymous surveys.** That is, students are not asked to identify themselves anywhere on the survey. **The MTFS is a confidential survey.** At the end of the survey booklet, students are asked to write their name and address on a detachable card which is collected independent of the survey booklet. Different numbers are used to match the survey with the name card and the only identifying tape is held at the University of Michigan which administers the survey. This mechanism enables MTFS researchers to conduct follow-up studies with a subsample of the survey population in any given year. They believe the request for names does not substantially alter the responses of students, who are asked to leave blanks for any question which they cannot answer honestly. The proportion of missing responses on drug use items is not substantially higher than it is for non-sensitive items. However, it is possible to speculate that students are more inclined to under report the use of illegal substances on a confidential survey than on an anonymous one.
- 2. The MTFS sample includes students from private schools as does the YRBS.** The RI ASAS for 1991 includes a small number of private school students, while the 1993 ASAS includes only public school students. While substance use estimates for private school students in general are marginally lower than estimates for public school students, in large samples such as those for the MTFS and the YRBS, results for private school students are unlikely to significantly bias results.
- 3. The questionnaires used in the three surveys are different from one another.** The ASAS is devoted almost solely to substance use items; the YRBS surveys a range of health risk behaviors; the MTFS surveys a wide range of substance use related issues, including beliefs and attitudes, as well as behavior. The ASAS and the YRBS are comparable in length (60 questions on the ASAS and 75 on the YRBS) while the MTFS survey is considerably longer and somewhat more complex in format. It is not clear how differences in survey length and format may affect patterns of student response.
- 4. The wording of questions on substance use vary on the three surveys.** Only questions of comparable wording, or designed to get at comparable information, are included on the tables provided in this report. It is not clear how differences in question wording or question sequence may affect responses.

### **VIII. EXPLANATORY TECHNICAL NOTES FOR TABLES**

1. Each table covers one particular aspect of the survey and can be used without reference to any other table. If desired, any table can be extracted from the report and copied for use with grant proposals, presentations, etc.
2. Material contained in parentheses accompanying each item in a table refers to the question number on the questionnaire and the letter of the response category(s) included in the frequency calculation, e.g. (Q12 = A) means the frequency is for students who marked A in response to question 12.
3. Percents in tables are column percents. That is, if percents are added down for any question, the percents should add to 100%. Rounding may cause some totals to differ slightly from 100%.
4. Percentages for any item are based on the number of respondents who answered the question, which may be slightly less than the total number of students responding to the survey.

**1993 ADOLESCENT SUBSTANCE ABUSE SURVEY****REPORT OF STATEWIDE RESULTS**

**Table 1a. Substance Use by Grade, Selected Substances,  
Rhode Island 1993 and  
National Monitoring the Future Study 1993**

	Grade 8		Grade 10		Grade 12	
	RI	MTFS	RI	MTFS	RI	MTFS
Any alcohol use in past month.	40.8%	26.2%	51.7%	41.5%	61.0%	51.0%
Been drunk in past month.	15.0%	7.8%	25.3%	19.8%	35.7%	28.9%
Ever smoked cigarettes.	37.6%	45.3%	46.7%	56.3%	50.9%	61.9%
Use smokeless tobacco daily.	0.6%	1.5%	0.9%	3.3%	1.1%	3.3%
Used steroids in past year.	2.2%	0.9%	2.6%	1.0%	2.7%	1.2%
Used cocaine in past month.	1.1%	0.7%	1.4%	0.9%	1.6%	1.3%
Used crack in past month.	1.1%	0.4%	1.3%	0.5%	1.5%	0.7%
Used marijuana or hashish in past month.	7.3%	5.1%	16.0%	10.9%	21.5%	15.5%
Used inhalants in past month.	7.4%	5.4%	5.7%	3.3%	3.9%	2.5%
Used hallucinogens in past month.	4.0%	1.2%	6.9%	1.9%	8.4%	2.7%

*SOURCES: Rhode Island - 1993 Adolescent Substance Abuse Survey  
National - Monitoring the Future Study 1993, Table 1*

**1993 ADOLESCENT SUBSTANCE ABUSE SURVEY****REPORT OF STATEWIDE RESULTS**

**Table 1b. Substance Use by Grade, Selected Substances,  
Rhode Island 1991 and  
National Youth Risk Behavior Surveillance System 1991**

	Grade 9		Grade 10		Grade 11		Grade 12	
	RI	YRBS	RI	YRBS	RI	YRBS	RI	YRBS
Ever used crack or cocaine.	3.9%	3.9%	4.5%	4.0%	5.3%	8.1%	7.2%	7.7%
Used crack or cocaine in past month.	1.2%	1.5%	1.8%	1.1%	2.0%	2.0%	2.4%	2.2%
Ever used marijuana.	14.7%	20.5%	22.1%	27.1%	30.6%	36.8%	37.4%	40.8%
Used marijuana in past month.	7.4%	10.1%	11.4%	12.8%	16.0%	17.5%	19.2%	18.2%
Any alcohol use in past month.	47.5%	40.0%	53.2%	47.8%	58.3%	54.5%	62.4%	59.9%
Ever smoked cigarettes.	38.9%	64.8%	43.8%	68.3%	48.3%	72.8%	49.5%	74.5%

*SOURCES: Rhode Island - 1991 Adolescents Substance Abuse Survey  
National - Youth Risk Behavior Surveillance System 1991*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 2. Participation Rates by Grade**

### PARTICIPATION STATEWIDE

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Grade Miss.	All Grades
Respondents to Survey	8,402	7,786	7,034	6,525	5,795	4,776	33	40,351
Student Enrollment	9,672	9,049	9,382	8,725	7,746	6,690	0	51,264
Participation Rate	86.9%	86.0%	75.0%	74.8%	74.8%	71.4%	N/A	78.7%
<b>Breakdown of Deletion</b>								
Excessive Drug Use	125	131	140	123	75	77	1	672
Incomplete Survey	120	76	76	69	45	64	8	458
Judge's Decision	96	71	68	47	52	39	14	387
Age/Grade Inconsistent	5	10	12	1	1	6	0	35
Missing Gender	129	196	163	116	91	97	2	794
Missing Grade	0	0	0	0	0	0	8	8
Total Cases Deleted	475	484	459	356	264	283	33	2,354
Percent Deleted	5.7%	6.2%	6.5%	5.5%	4.6%	5.9%	100.0%	5.8%
Respondents to Survey	8,402	7,786	7,034	6,525	5,795	4,776	33	40,351
Total Cases Deleted	475	484	459	356	264	283	33	2,354
Cases Remaining	7,927	7,302	6,575	6,169	5,531	4,493	0	37,997

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

## REPORT OF STATEWIDE RESULTS

**Table 3. Summary of Results**  
**A. PREVALENCE OF SUBSTANCE USE**

<i>NOTE: Percentages are based on the number of respondents to each question. (approx N = 37,997)</i>	<b>Number and Percent (%) of Respondents Statewide</b>	
Ever smoked cigarettes. (Q12 = B, C, or D)	15,678	(41.7%)
Current smokers. (Q12 = D)	4,285	(11.4%)
Use smokeless tobacco sometimes or daily. (Q16 = C or D)	1,249	( 3.3%)
Drank any alcohol in the past month. (Q20, Q21, Q22, or Q23 = A)	17,491	(46.1%)
Got drunk 2 or more times in the past month. (Q27 = C or D)	4,127	(10.9%)
Used marijuana in the past month. (Q31 = C, D, E, or F)	4,652	(12.3%)
Used over-the-counter diet drugs in the past month. (Q32 = A)	2,586	( 6.8%)
Used prescription drugs in the past month without doctor's prescription. (Q33 = A)	1,568	( 4.2%)
Sniffed inhalants in the past month. (Q34 = A)	2,293	( 6.1%)
Used crack in the past month. (Q35 = C, D, E or F)	472	( 1.3%)
Used cocaine in the past month. (Q36 = C, D, E or F)	487	( 1.3%)
Used hallucinogens in the past month. (Q37 = A)	2,119	( 5.6%)
Used opiates in the past month. (Q38 = A)	889	( 2.3%)
Used designer drugs in the past month. (Q39 = A)	643	( 1.7%)
Used non-prescribed steroids in the past year. (Q40 = A)	892	( 2.4%)
Injected non-prescribed drugs in the past month. (Q41 = C)	246	( 0.7%)
Used one or more substances (not including cigarettes or alcohol) in the past month. (Q31 = C - F, or Q32 - Q34 = A, or Q35 - Q36 = C - F, or Q37 - Q40 = A)	9,356	(24.6%)

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
 Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 3 (cont'd). Summary of Results**

### B. RISK FACTORS: BEHAVIOR IN SCHOOL, FEELINGS AND PROBLEMS

<i>NOTE: Percentages are based on the number of respondents to each question. (approx N = 37,997)</i>		<i>Number and Percent ( ) of Respondents Statewide</i>	
<b>SCHOOL BEHAVIOR</b>			
Has missed 3 or more days of school in the past month. (Q7 = C, D, E, or F)		9,892	(26.4%)
Has been in trouble more than once in school in the past year. (Q8 = C)		6,996	(18.6%)
Has been in a fight involving physical violence more than once in the past year. (Q9 = C)		4,063	(10.8%)
Often drove or rode with driver under the influence of alcohol or drugs. (Q43 = D or Q44 = C)		3,277	( 8.7%)
Came to school a few times or often under the influence of drugs or alcohol in the past 3 months. (Q55 = C or D)		2,472	( 6.7%)
Did not attend any in-school activities in the past 3 months. (Q56 = A)		12,644	(34.7%)
Did not attend any out-of-school activities in the past 3 months. (Q57 = A)		13,651	(37.5%)
Did not attend any religious activities in the past 3 months. (Q58 = A)		14,039	(38.4%)
Did not go to any work or job training outside school in the past 3 months. (Q59 = A)		15,417	(42.6%)
<b>FEELINGS/PROBLEMS</b>			
Often feel life is not worth living. (Q10 = C)		4,331	(11.5%)
Have no one to turn to when troubled. (Q11 = B)		3,534	( 9.3%)
Drug or alcohol use causes problems. (Q28 = C or Q42 = B)		4,114	(10.8%)
Person most likely go to for help with alcohol or drug problem. (Q54)			
	Self	4,719	(12.9%)
	Parent(s)	9,176	(25.1%)
	Peer	13,117	(35.8%)
	Counselor	5,784	(15.8%)
	Other	3,833	(10.5%)

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

## REPORT OF STATEWIDE RESULTS

Table 3 (cont'd). Summary of Results

C. RISK FACTORS: PARENTAL BEHAVIOR, PERCEPTION OF  
PEER PRESSURE, PERCEPTION OF RISK

NOTE: Percentages are based on the number of respondents  
to each question. (approx N = 37,997)

Number and Percent (%) of  
Respondents Statewide

**PARENTAL BEHAVIOR**

One or both parents smoke.  
(Q17 = B or C)

17,739 (46.9%)

One or both parents' drinking causes problems.  
(Q29 = C, D, or E)

8,107 (21.5%)

**PERCEPTION OF PEER PRESSURE**

Friends would approve if used marijuana regularly.  
(Q45 = A)

2,738 ( 7.3%)

Friends would approve if tried cocaine or crack once  
or twice. (Q46 = A)

1,046 ( 2.8%)

Friends would approve if had 5 or more drinks once or  
twice each weekend. (Q47 = A)

3,399 ( 9.1%)

Friends would approve if drove after having 5 or more  
drinks. (Q48 = A)

1,071 ( 2.9%)

**PERCEPTION OF RISK**

No risk to smoke marijuana regularly.  
(Q49 = A)

2,223 ( 6.0%)

No risk to try cocaine or crack once or twice.  
(Q50 = A)

1,341 ( 3.6%)

No risk to have 5 or more drinks once or twice each  
weekend. (Q51 = A)

2,969 ( 8.0%)

No risk to drive after having 5 or more drinks.  
(Q52 = A)

1,249 ( 3.4%)

No risk to smoke 1 or more packs of cigarettes each  
day. (Q53 = A)

2,344 ( 6.3%)

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993



# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 4. Questionnaire and Item Response Frequencies (N = 37,997)**

QUESTION	RESPONSE	COUNT	PCT.	QUESTION	RESPONSE	COUNT	PCT.
1. What is your grade?	7th grade	7,927	20.9%	8. In the past year, were you ever in trouble with school officials?	No	23,973	63.7%
	8th grade	7,302	19.2%		Yes, only once	6,638	17.7%
	9th grade	6,575	17.3%		Yes, more than once	6,996	18.6%
	10th grade	6,169	16.2%		SKIPPED	390	****
	11th grade	5,531	14.6%	9. In the past year, have you been in a fight involving physical violence?	No	28,316	75.3%
	12th grade	4,493	11.8%		Yes, only once	5,212	13.9%
	SKIPPED	0	****		Yes, more than once	4,063	10.8%
2. What is your age?	13 or younger	9,343	24.6%		SKIPPED	406	****
	14	7,473	19.7%	10. In the past six months, have you had the feeling that life was not worth living?	No, never	22,611	59.8%
	15	6,633	17.5%		Yes, rarely	10,845	28.7%
	16	6,174	16.3%		Yes, often	4,331	11.5%
	17	5,293	13.9%		SKIPPED	210	****
	18 or older	3,071	8.1%	11. Do you have anyone you can turn to if something is troubling you?	Yes	34,286	90.7%
3. Are you?	SKIPPED	10	****		No	3,534	9.3%
	Male	18,611	49.0%		SKIPPED	177	****
	Female	19,386	51.0%	12. Have you ever smoked cigarettes?	Never smoked	21,916	58.3%
4. What grades do you usually get?	SKIPPED	0	****		Smoked less 100 cigs.	9,597	25.5%
	Mostly A's	7,757	20.8%		Smoked 100+, but quit	1,796	4.8%
	Mostly B's	18,263	49.0%		Smoked 100+ and still smoke	4,285	11.4%
	Mostly C's	9,259	24.8%		SKIPPED	403	****
	Mostly D's	1,413	3.8%	13. If you have smoked at least 100 cigarettes, what grade were you in when you had smoked that many?	Never smoked 100 cigs.	26,745	73.9%
	Mostly E's or F's	596	1.6%		Grade 4 or earlier	672	1.9%
5. What is your race or ethnic group?	SKIPPED	709	****		Grade 5 or 6	1,660	4.6%
	Hisp/Latino	2,828	7.6%		Grade 7 or 8	3,801	10.5%
	White (not Hisp)	30,316	81.5%		Grade 9-12	3,315	9.2%
	Black (not Hisp)	2,200	5.9%		SKIPPED	1,804	****
	Asian/Pacific Islander	1,286	3.5%	14. If you smoked in the past week, about how many cigarettes did you smoke?	Didn't smoke	30,312	82.4%
	American Indian/Alaskan	585	1.6%		Less than 1 pack	2,848	7.7%
6. Are you learning English as a second language?	SKIPPED	782	****		1 to 3 packs	2,215	6.0%
	Yes	3,593	9.5%		4 to 6 packs	982	2.7%
	No	34,095	90.5%		7 or more packs	441	1.2%
	SKIPPED	309	****		SKIPPED	1,199	****
7. During the past month, how many days of school have you missed?	None	14,620	39.1%	15. In the past 6 months, have you seriously tried to quit smoking for at least a day?	Never smoked	24,246	65.3%
	1-2 days	12,900	34.5%		Not smoke in 6 mo.	5,821	15.7%
	3-5 days	6,127	16.4%		Yes, tried to quit	4,328	11.7%
	6-10 days	2,152	5.8%		No, didn't try to quit	2,742	7.4%
	11-15 days	694	1.9%		SKIPPED	860	****
	More than 15 days	919	2.5%				
	SKIPPED	585	****				

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 4 (cont'd). Questionnaire and Item  
Response Frequencies (N = 37,997)**

QUESTION	RESPONSE	COUNT	PCT.	QUESTION	RESPONSE	COUNT	PCT.
16. Do you use any smokeless tobacco such as snuff or chewing tobacco?	Never have	33,900	90.7%	25. If you drink, on how many days in the past two weeks did you have an alcoholic drink?	Don't drink	20,729	54.9%
	Tried it, but quit	2,207	5.9%		Didn't drink in past 2 wks	8,026	21.2%
	Use it sometimes	1,001	2.7%		1 to 2 days	5,796	15.3%
	Use it daily	248	0.7%		3 to 7 days	2,493	6.6%
	SKIPPED	641	****		8 to 13 days	509	1.3%
17. Do either of your parents smoke cigarettes?	No	20,112	53.1%		Every day	220	0.6%
	Yes, one smokes	11,565	30.6%		SKIPPED	224	****
	Yes, both smoke	6,174	16.3%	26. If you drink, on the days that you drink, how much do you usually have?	Don't drink	22,141	58.9%
	SKIPPED	146	****		1 or 2 drinks	8,062	21.4%
18. Have you heard the radio commercials on 92-PRO FM in which students talk about smoking?	Yes	21,965	57.9%		3 to 5 drinks	4,443	11.8%
	No	15,948	42.1%		6 to 10 drinks	2,178	5.8%
	SKIPPED	84	****		11 or more drinks	774	2.1%
19. Does your school have a program to help students quit smoking?	No	10,644	28.3%		SKIPPED	399	****
	Yes	8,922	23.7%	27. Did you get drunk during the past month?	No	29,705	78.7%
	Don't know	18,018	47.9%		Yes, once	3,890	10.3%
	SKIPPED	413	****		Yes, 2-4 times	2,918	7.7%
20. During the past month did you drink any beer?	Yes	12,636	33.4%		Yes, 5 or more times	1,209	3.2%
	No	25,202	66.6%		SKIPPED	275	****
	SKIPPED	159	****	28. Do you think that your drinking causes any problems?	Don't drink	20,247	53.8%
21. During the past month did you drink any wine?	Yes	7,772	20.6%		No	12,780	34.0%
	No	29,985	79.4%		Yes	2,878	7.7%
	SKIPPED	240	****		Not sure	1,696	4.5%
22. During the past month did you drink any wine coolers?	Yes	7,826	20.7%		SKIPPED	396	****
	No	29,949	79.3%	29. If your parents ever drank, do you think their drinking has ever caused any problems?	They never drank	10,180	27.0%
	SKIPPED	222	****		No, not for either one	15,291	40.5%
23. During the past month did you drink any hard liquor/mixed drinks?	Yes	10,049	26.6%		Yes, for both parents	2,198	5.8%
	No	27,732	73.4%		Yes, father only	4,953	13.1%
	SKIPPED	216	****		Yes, mother only	956	2.5%
24. If you drink, in what grade did you first drink when your parents were not with you?	Don't drink	19,130	50.7%		Not sure	4,152	11.0%
	Only drink with parents	2,267	6.0%		SKIPPED	267	****
	Grade 4 or earlier	771	2.0%	30. If you have used marijuana or 'hash', what grade were you in when you first used it?	Never used it	29,639	78.2%
	Grade 5 or 6	2,363	6.3%		Grade 4 or earlier	366	1.0%
	Grade 7 or 8	7,106	18.8%		Grade 5 or 6	766	2.0%
	Grade 9 or 10	5,098	13.5%		Grade 7 or 8	2,917	7.7%
	Grade 11 or 12	986	2.6%		Grade 9 or 10	3,152	8.3%
	SKIPPED	276	****		Grade 11 or 12	1,059	2.8%
					SKIPPED	98	****

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# REPORT OF STATEWIDE RESULTS

**Table 4 (cont'd). Questionnaire and Item  
Response Frequencies (N = 37,997)**

QUESTION	RESPONSE	COUNT	PCT.	QUESTION	RESPONSE	COUNT	PCT.
31. If you use marijuana or 'hash', how many days did you use it in the past month?	Never used it Not used in past mo. 1 to 2 days 3 to 15 days 16 to 29 days Every day SKIPPED	29,602 3,533 1,950 1,738 560 404 210	78.3% 9.3% 5.2% 4.6% 1.5% 1.1% *****	38. During the past month, did you use any opiates such as heroin, codeine, or methadone?	Yes No SKIPPED	889 36,965 143	2.3% 97.7% *****
32. During the past month, did you use any non-prescription diet drugs such as Dexatrim or Vivarin?	Yes No SKIPPED	2,586 35,338 73	6.8% 93.2% *****	39. During the past month, did you use any designer drugs such as 'ecstasy', 'ice' or Fentanyl?	Yes No SKIPPED	643 37,146 208	1.7% 98.3% *****
33. During the past month, did you use any prescription drugs that were not prescribed for you by a doctor, such as Valium, Percodan, or 'speed'?	Yes No SKIPPED	1,568 36,077 352	4.2% 95.8% *****	40. During the past year, did you use any steroids or human growth hormones which were not prescribed to you by a doctor?	Yes No SKIPPED	892 36,863 242	2.4% 97.6% *****
34. During the past month, did you sniff any substances to get high such as glue, spray paint, or gasoline?	Yes No SKIPPED	2,293 35,373 331	6.1% 93.9% *****	41. Have you ever injected any drugs that were not prescribed for you by a doctor?	No Yes, but not in past month Yes, in the past month SKIPPED	35,148 1,989 246 614	94.0% 5.3% 0.7% *****
35. If you ever used crack, (cocaine in chunk or rock form), how many days did you use it in the past month?	Never used it Not use in past month 1 to 2 days 3 to 15 days 16 to 29 days Every day SKIPPED	36,238 572 168 130 87 87 715	97.2% 1.5% 0.5% 0.3% 0.2% 0.2% *****	42. Do you think your drug use causes any problems?	Don't use drugs Yes No Not sure SKIPPED	30,686 1,953 4,267 850 241	81.3% 5.2% 11.3% 2.3% *****
36. If you ever used cocaine other than crack, how many days did you use it in the past month?	Never used it Not use in past month 1 to 2 days 3 to 15 days 16 to 29 days Every day SKIPPED	36,737 661 192 137 87 71 112	97.0% 1.7% 0.5% 0.4% 0.2% 0.2% *****	43. Have you ever DRIVEN under the influence of alcohol or drugs?	Don't drive No, never Yes, rarely Yes, often SKIPPED	24,201 9,993 2,660 717 426	64.4% 26.6% 7.1% 1.9% *****
37. During the past month, did you use any hallucinogens such as PCP, 't', 'angel dust', LSD, 'acid', mescaline, or 'mushrooms'?	Yes No SKIPPED	2,119 35,769 109	5.6% 94.4% *****	44. Have you ever RIDDEN with a driver who is under the influence of alcohol or drugs?	No, never Yes, rarely Yes, often SKIPPED	21,904 12,421 3,055 617	58.6% 33.2% 8.2% *****
				45. How would your close friends feel if you smoked marijuana regularly?	Approve Wouldn't care Disapprove SKIPPED	2,738 7,771 26,995 493	7.3% 20.7% 72.0% *****
				46. How would your close friends feel if you tried cocaine or crack once or twice?	Approve Wouldn't care Disapprove SKIPPED	1,046 3,941 32,444 566	2.8% 10.5% 86.7% *****

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 4 (cont'd). Questionnaire and Item  
Response Frequencies (N = 37,997)**

QUESTION	RESPONSE	COUNT	PCT.	QUESTION	RESPONSE	COUNT	PCT.
47. How would your close friends feel if you had five or more drinks once or twice each weekend?	Approve	3,399	9.1%	54. If you had a problem related to alcohol or drug use, who would you go to for help? (check only one):	Myself	4,719	12.9%
	Wouldn't care	11,638	31.3%		Parent	9,176	25.1%
	Disapprove	22,176	59.6%		Friend (or peer)	13,117	35.8%
	SKIPPED	784	****		Teacher, nurse	1,789	4.9%
48. How would your close friends feel if you drove a car after having five or more drinks?	Approve	1,071	2.9%		Drug Coun	2,656	7.3%
	Wouldn't care	3,184	8.6%		Stud Asst Coun	1,339	3.7%
	Disapprove	32,923	88.6%		Other	3,833	10.5%
	SKIPPED	819	****		SKIPPED	1,368	****
49. How much do you think people risk harming themselves (physically or otherwise) if they smoke marijuana regularly?	No risk	2,223	6.0%	55. During the past 3 months, did you come to school while under the influence of alcohol or drugs?	No, never	32,333	87.8%
	Some risk	7,199	19.3%		Yes, once	2,037	5.5%
	Great risk	22,339	60.0%		Yes, a few times	1,689	4.6%
	Can't say	5,499	14.8%		Yes, often	783	2.1%
	SKIPPED	737	****		SKIPPED	1,155	****
50. How much do you think people risk harming themselves (physically or otherwise) if they try cocaine or crack once or twice?	No risk	1,341	3.6%	56. During the past 3 months, did you attend 'in-school' activities such as sports programs, clubs ... ?	No, not at all	12,644	34.7%
	Some risk	5,343	14.4%		Yes, sometimes	11,564	31.7%
	Great risk	26,499	71.2%		Yes, regularly	12,236	33.6%
	Can't say	4,032	10.8%		SKIPPED	1,553	****
	SKIPPED	782	****	57. During the past 3 months, did you attend 'out-of-school' activities such as clubs, volunteer work ... ?	No, not at all	13,651	37.5%
51. How much do you think people risk harming themselves (physically or otherwise) if they have five or more drinks once or twice each weekend?	No risk	2,969	8.0%		Yes, sometimes	11,348	31.2%
	Some risk	14,374	38.9%		Yes, regularly	11,366	31.3%
	Great risk	15,429	41.7%		SKIPPED	1,632	****
	Can't say	4,219	11.4%	58. During the past 3 months, did you attend church, or religious activities or meetings?	No, not at all	14,039	38.4%
	SKIPPED	1,006	****		Yes, sometimes	10,948	29.9%
52. How much do you think people risk harming themselves (physically or otherwise) if they drive a car after having 5 or more drinks?	No risk	1,249	3.4%		Yes, regularly	11,581	31.7%
	Some risk	3,673	10.0%		SKIPPED	1,429	****
	Great risk	29,224	79.2%	59. During the past 3 months, did you do paid work or job training outside of school?	No, not at all	15,417	42.6%
	Can't say	2,756	7.5%		Yes, sometimes	9,407	26.0%
	SKIPPED	1,095	****		Yes, regularly	11,373	31.4%
53. How much do you think people risk harming themselves (physically or otherwise) if they smoke one or more packs of cigarettes each day?	No risk	2,344	6.3%		SKIPPED	1,800	****
	Some risk	11,706	31.7%	60. This questionnaire is in what language? (foreign language students ONLY)	Spanish	317	45.7%
	Great risk	19,579	53.0%		Portuguese	172	24.8%
	Can't say	3,302	8.9%		Laotian	136	19.6%
	SKIPPED	1,066	****		Hmong	35	5.0%
					MISSING or ENGLISH	37,337	****

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 5. Demographic Characteristics of Respondents by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Age. (Q2)</b>							
< 13	86.5%	33.8%	0.3%	0.0%	0.0%	0.0%	24.6%
14	12.8	55.1	36.9	0.2	0.0	0.0	19.7
15	0.7	10.4	50.8	39.9	0.3	0.0	17.5
16	0.0	0.7	11.0	49.8	42.0	0.2	16.3
17	0.0	0.0	1.0	9.2	48.7	43.8	13.9
18	0.0	0.0	0.0	0.9	9.1	56.0	8.1
<b>Grades usually get. (Q4)</b>							
Males							
A's	23.5%	19.7%	14.3%	14.7%	13.5%	17.0%	17.5%
B's	45.9	47.0	46.3	44.3	48.7	48.3	46.6
C's	22.4	25.6	31.2	33.7	32.4	31.3	28.9
D's	5.3	5.1	5.5	5.3	4.0	2.9	4.8
E's or F's	2.9	2.5	2.6	1.9	1.4	0.6	2.1
Females							
A's	31.1%	27.8%	21.9%	19.2%	18.9%	21.2%	23.9%
B's	48.1	48.6	48.1	52.6	55.1	58.6	51.2
C's	16.1	19.5	24.7	24.5	23.0	18.6	21.0
D's	3.2	2.7	3.8	2.8	2.4	1.4	2.8
E's or F's	1.4	1.4	1.6	0.9	0.7	0.2	1.1
All Students							
A's	27.3%	23.8%	18.2%	17.0%	16.3%	19.2%	20.8%
B's	47.0	47.8	47.2	48.6	52.0	53.6	49.0
C's	19.2	22.5	27.9	28.9	27.6	24.8	24.8
D's	4.2	3.9	4.6	4.0	3.2	2.1	3.8
E's or F's	2.2	1.9	2.1	1.4	1.0	0.4	1.6
<b>Race/Ethnicity. (Q5)</b>							
Hispanic or Latino	9.4%	9.4%	7.1%	6.1%	5.9%	6.3%	7.6%
White	78.0	79.4	81.9	84.0	84.6	82.9	81.5
Black	6.6	5.8	5.9	5.5	5.4	6.2	5.9
Asian	3.9	3.7	3.2	3.3	3.0	3.6	3.5
Native American	2.1	1.8	1.9	1.1	1.2	1.0	1.6
<b>Learning ESL. (Q6)</b>							
Yes	10.3%	10.8%	8.7%	8.5%	8.3%	10.3%	9.5%
No	89.7	89.2	91.3	91.5	91.7	89.7	90.5

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 6. Behavior in School by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Days of school missed in past month. (Q7)</b>							
<b>Males</b>							
None	46.1%	46.1%	44.4%	41.3%	35.1%	27.7%	41.3%
1-2	30.6	30.2	32.1	35.2	39.9	38.2	33.8
3-5	12.8	13.7	14.1	14.8	16.0	22.1	15.1
6-10	5.7	5.0	5.0	5.2	5.4	7.8	5.6
11-15	1.8	1.9	1.8	1.6	1.4	2.3	1.8
> 15	3.1	3.1	2.6	2.0	2.1	2.0	2.5
<b>Females</b>							
None	43.7%	43.2%	39.7%	35.0%	30.6%	22.3%	37.0%
1-2	30.1	31.1	33.8	39.7	38.6	41.6	35.2
3-5	15.4	15.5	17.0	16.1	20.2	24.6	17.6
6-10	5.7	5.6	5.0	5.5	6.7	7.7	5.9
11-15	2.1	2.0	1.9	1.7	2.0	1.8	1.9
> 15	2.9	2.5	2.6	2.1	1.9	2.0	2.4
<b>All Students</b>							
None	44.9%	44.6%	42.0%	38.0%	32.8%	24.9%	39.1%
1-2	30.4	30.7	33.0	37.5	39.2	39.9	34.5
3-5	14.1	14.6	15.5	15.4	18.2	23.4	16.4
6-10	5.7	5.3	5.0	5.3	6.1	7.7	5.8
11-15	1.9	2.0	1.8	1.7	1.7	2.0	1.9
> 15	3.0	2.8	2.6	2.0	2.0	2.0	2.5
<b>In trouble at school in past year. (Q8)</b>							
<b>Males</b>							
No	50.1%	48.0%	54.0%	58.4%	61.0%	61.9%	54.7%
Once	21.4	21.9	19.6	17.4	18.2	19.2	19.8
> once	28.5	30.0	26.3	24.2	20.8	18.9	25.5
<b>Females</b>							
No	72.2%	68.4%	70.5%	72.0%	76.7%	77.1%	72.4%
Once	15.5	17.4	15.7	16.1	13.6	14.3	15.6
> once	12.3	14.2	13.8	11.9	9.7	8.6	12.0
<b>All Students</b>							
No	61.3%	58.4%	62.4%	65.5%	69.0%	69.8%	63.7%
Once	18.4	19.6	17.6	16.7	15.8	16.7	17.7
> once	20.3	22.0	19.9	17.8	15.1	13.6	18.6

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 6 (cont'd). Behavior in School by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

**NOTE:** Percentages below are based on the number of respondents to each question.

**In a fight in past year. (Q9)**

<b>Males</b>							
No	58.3%	58.3%	64.8%	69.7%	73.3%	74.8%	65.4%
Once	21.3	21.2	18.0	14.8	15.3	13.6	17.9
> once	20.4	20.5	17.2	15.5	11.5	11.6	16.7
<b>Females</b>							
No	83.1%	80.8%	84.2%	85.3%	88.4%	89.8%	84.8%
Once	11.0	12.1	10.5	9.6	8.2	7.4	10.0
> once	5.9	7.1	5.3	5.1	3.4	2.8	5.2
<b>All Students</b>							
No	70.9%	69.8%	74.7%	77.8%	81.0%	82.5%	75.3%
Once	16.1	16.5	14.2	12.1	11.6	10.4	13.9
> once	13.0	13.7	11.1	10.1	7.3	7.1	10.8

**Came to school under the influence of drugs or alcohol in the past 3 months. (Q55)**

<b>Males</b>							
No, never	90.7%	86.5%	84.9%	81.7%	81.0%	79.9%	84.7%
Yes, once	4.8	6.4	6.6	7.0	6.3	7.2	6.3
Yes, a few times	3.0	4.2	5.5	7.1	8.6	8.4	5.8
Yes, regularly	1.5	2.9	3.1	4.2	4.1	4.5	3.2
<b>Females</b>							
No, never	94.4%	91.5%	89.8%	88.5%	88.9%	88.9%	90.6%
Yes, once	3.2	4.8	5.3	5.4	5.7	5.0	4.8
Yes, a few times	1.8	2.6	3.7	4.4	4.5	4.7	3.5
Yes, regularly	0.5	1.0	1.2	1.7	0.9	1.3	1.1
<b>All Students</b>							
No, never	92.6%	89.1%	87.4%	85.3%	85.1%	84.5%	87.8%
Yes, once	4.0	5.6	5.9	6.2	6.0	6.1	5.5
Yes, a few times	2.4	3.4	4.6	5.7	6.5	6.5	4.6
Yes, regularly	1.0	2.0	2.1	2.9	2.5	2.9	2.1

**SOURCE:** Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 7. Feelings and Problems by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Felt life was not worth living. (Q10)**

**Males**

No, never	64.4%	66.4%	70.1%	69.6%	69.0%	69.5%	67.9%
Yes, rarely	25.4	24.0	21.2	21.6	22.4	22.5	23.0
Yes, often	10.2	9.5	8.6	8.7	8.6	7.9	9.1

**Females**

No, never	52.8%	50.1%	49.0%	50.9%	53.2%	59.0%	52.1%
Yes, rarely	33.0	33.6	36.0	35.0	35.6	31.3	34.1
Yes, often	14.2	16.3	15.0	14.1	11.3	9.7	13.8

**All Students**

No, never	58.6%	58.1%	59.4%	59.9%	60.9%	64.1%	59.8%
Yes, rarely	29.2	28.9	28.7	28.6	29.1	27.1	28.7
Yes, often	12.2	13.0	11.9	11.5	10.0	8.8	11.5

**Has someone to turn to. (Q11)**

**Males**

Yes	89.5%	88.4%	88.4%	88.8%	88.6%	89.4%	88.9%
No	10.5	11.6	11.6	11.2	11.4	10.6	11.1

**Females**

Yes	92.1%	91.8%	91.2%	93.3%	93.2%	93.1%	92.4%
No	7.9	8.2	8.8	6.7	6.8	6.9	7.6

**All Students**

Yes	90.8%	90.2%	89.8%	91.2%	91.0%	91.3%	90.7%
No	9.2	9.8	10.2	8.8	9.0	8.7	9.3

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*



# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 7 (cont'd). Feelings and Problems by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Think that own drinking cause problems. (Q28)</b>							
Males							
Don't drink	71.3%	59.8%	53.3%	45.1%	41.1%	33.3%	52.9%
No, never	20.2	28.2	34.6	40.6	44.6	51.2	34.7
Yes	4.5	7.3	6.9	9.9	9.2	10.1	7.7
Not sure	4.0	4.7	5.2	4.4	5.1	5.4	4.8
Females							
Don't drink	74.6%	61.9%	53.0%	47.1%	42.1%	37.9%	54.8%
No, never	16.8	26.1	34.2	38.8	45.2	49.9	33.3
Yes	4.6	7.5	8.1	9.5	8.8	8.7	7.7
Not sure	4.0	4.6	4.7	4.6	4.0	3.5	4.3
All Students							
Don't drink	73.0%	60.9%	53.2%	46.2%	41.6%	35.6%	53.8%
No, never	18.5	27.1	34.4	39.6	44.9	50.5	34.0
Yes	4.5	7.4	7.5	9.7	9.0	9.4	7.7
Not sure	4.0	4.7	5.0	4.5	4.5	4.4	4.5
<b>Think that own drug use causes problems. (Q42)</b>							
Males							
Don't use drugs	89.6%	82.9%	78.7%	73.1%	70.4%	67.2%	78.4%
Yes	3.7	6.1	5.6	8.1	7.7	7.2	6.2
No	5.0	8.7	12.8	16.3	18.2	22.0	12.8
Not sure	1.7	2.4	2.9	2.6	3.8	3.6	2.7
Females							
Don't use drugs	92.9%	88.8%	84.0%	81.0%	76.2%	75.4%	84.1%
Yes	2.4	3.7	4.6	4.8	5.3	5.5	4.2
No	3.5	6.2	9.0	12.4	16.1	17.0	9.9
Not sure	1.2	1.3	2.3	1.8	2.5	2.1	1.8
All Students							
Don't use drugs	91.2%	85.9%	81.4%	77.2%	73.3%	71.4%	81.3%
Yes	3.1	4.9	5.1	6.3	6.4	6.3	5.2
No	4.2	7.4	10.9	14.3	17.1	19.4	11.3
Not sure	1.5	1.8	2.6	2.2	3.1	2.8	2.3
<b>Think that own drinking or drug use causes problems. (Q28 = C or Q42 = B)</b>							
Males	7.1%	11.1%	10.7%	15.1%	14.1%	14.4%	11.6%
Females	6.1	9.6	10.9	12.3	11.4	11.7	10.1
All Students	6.6	10.3	10.8	13.6	12.7	13.1	10.8

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 7 (cont'd). Feelings and Problems by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Think that parents' drinking causes problems. (Q29)**

**Males**

They never drank	27.2%	28.7%	27.6%	27.2%	25.7%	24.5%	27.0%
No, not for either one	43.7	41.5	43.0	42.0	42.9	42.0	42.6
Yes, for both parents	3.9	5.4	4.6	5.9	6.6	6.9	5.4
Yes, father only	9.6	10.9	11.4	11.6	12.7	14.6	11.5
Yes, mother only	1.9	2.2	2.6	2.9	2.3	2.5	2.4
Not sure	13.7	11.2	10.7	10.3	9.8	9.4	11.1

**Females**

They never drank	29.2%	27.8%	28.0%	24.6%	24.2%	26.7%	26.9%
No, not for either one	37.5	37.7	36.2	39.6	40.8	41.1	38.6
Yes, for both parents	4.8	6.3	6.9	6.3	6.8	6.8	6.3
Yes, father only	11.6	12.9	15.0	16.7	16.8	16.8	14.7
Yes, mother only	2.6	2.5	3.3	2.4	3.0	2.3	2.7
Not sure	14.3	12.9	10.6	10.3	8.4	6.3	10.9

**All Students**

They never drank	28.2%	28.2%	27.8%	25.9%	24.9%	25.6%	27.0%
No, not for either one	40.6	39.6	39.6	40.8	41.8	41.5	40.5
Yes, for both parents	4.4	5.9	5.8	6.1	6.7	6.8	5.8
Yes, father only	10.6	11.9	13.2	14.2	14.8	15.8	13.1
Yes, mother only	2.3	2.4	2.9	2.6	2.7	2.4	2.5
Not sure	14.0	12.1	10.6	10.3	9.1	7.8	11.0

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 7 (cont'd). Feelings and Problems by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Who would go to for help with drug or alcohol problem. (Q54)**

**Males**

Self	14.4%	16.9%	20.2%	17.2%	20.7%	20.5%	18.0%
Parents	41.4	31.7	25.9	23.2	20.6	18.8	28.2
Peer	20.0	23.9	29.4	33.1	35.2	37.8	28.8
Guid. Coun./Teacher/Nurse	7.3	5.8	4.2	3.5	3.1	2.5	4.7
Nonschool Counselor	5.5	7.5	6.1	6.6	6.7	5.7	6.4
Student Assistance Counselor	2.9	3.3	3.4	4.0	2.7	3.0	3.2
Other	8.5	10.9	10.9	12.5	11.1	11.5	10.7

**Females**

Self	7.3%	7.4%	9.0%	7.9%	8.7%	8.6%	8.1%
Parents	33.4	25.2	18.8	17.6	16.2	15.6	22.0
Peer	32.2	38.0	46.7	46.5	49.0	47.5	42.5
Guid. Coun./Teacher/Nurse	7.3	6.6	4.4	4.1	3.1	3.4	5.1
Nonschool Counselor	6.5	8.2	7.2	9.1	8.2	10.4	8.1
Student Assistance Counselor	3.6	4.4	3.9	4.1	4.5	4.0	4.1
Other	9.7	10.2	10.1	10.6	10.2	10.6	10.2

**All Students**

Self	10.8%	12.0%	14.5%	12.3%	14.5%	14.4%	12.9%
Parents	37.3	28.4	22.3	20.2	18.3	17.2	25.1
Peer	26.2	31.1	38.2	40.1	42.3	42.8	35.8
Guid. Coun./Teacher/Nurse	7.3	6.2	4.3	3.8	3.1	3.0	4.9
Nonschool Counselor	6.0	7.9	6.6	7.9	7.5	8.1	7.3
Student Assistance Counselor	3.3	3.9	3.6	4.1	3.7	3.5	3.7
Other	9.1	10.5	10.5	11.5	10.7	11.1	10.5

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

## REPORT OF STATEWIDE RESULTS

Table 8. Prevalence of Drug Use During the Past Month  
by Grade and Gender

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Drank any beer in the past month.</b> <b>(Q20 = A)</b>							
Males	21.4%	31.9%	37.5%	44.6%	50.2%	57.0%	38.3%
Females	14.8	23.3	30.2	33.6	37.5	41.5	28.7
All Students	18.0	27.5	33.8	38.9	43.7	49.1	33.4
<b>Drank any wine in the past month.</b> <b>(Q21 = A)</b>							
Males	16.4%	19.9%	23.1%	23.1%	23.5%	24.8%	21.3%
Females	14.0	18.6	22.2	21.9	21.9	23.4	19.9
All Students	15.2	19.2	22.6	22.5	22.7	24.1	20.6
<b>Drank any wine coolers in the past month. (Q22 = A)</b>							
Males	14.3%	17.6%	19.2%	20.1%	21.6%	22.2%	18.7%
Females	13.8	20.5	23.3	25.1	28.8	29.5	22.6
All Students	14.1	19.1	21.3	22.7	25.3	25.9	20.7
<b>Drank any hard liquor or mixed drinks in the past month. (Q23 = A)</b>							
Males	13.5%	22.4%	28.3%	34.0%	38.2%	44.6%	28.3%
Females	11.5	19.7	27.0	29.4	33.3	37.3	25.0
All Students	12.5	21.0	27.7	31.6	35.7	40.9	26.6
<b>Drank any alcohol in the past month.</b> <b>(Q20, Q21, Q22, or Q23 = A)</b>							
Males	32.2%	42.2%	48.9%	53.7%	57.6%	64.2%	47.9%
Females	27.7	39.4	46.6	49.9	54.0	58.1	44.3
All Students	29.9	40.8	47.7	51.7	55.7	61.0	46.1
<b>Got drunk one time or more in the past month. (Q27 = B - D)</b>							
Males	10.3%	16.4%	22.5%	27.4%	33.8%	40.4%	23.3%
Females	8.3	13.6	19.5	23.4	27.7	31.2	19.3
All Students	9.3	15.0	21.0	25.3	30.7	35.7	21.3

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

## REPORT OF STATEWIDE RESULTS

Table 8 (cont'd). Prevalence of Drug Use During the Past Month by Grade and Gender

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Used marijuana in the past month.</b> (Q31 = C - F)							
Males	4.6%	9.2%	15.6%	19.2%	22.0%	25.9%	14.8%
Females	2.1	5.5	10.4	13.1	16.7	17.4	10.0
All Students	3.4	7.3	12.9	16.0	19.3	21.5	12.3
<b>Used non-prescription diet drugs in the past month. (Q32 = A)</b>							
Males	4.0%	3.9%	5.3%	4.9%	5.7%	6.0%	4.8%
Females	6.4	8.0	9.3	9.3	10.2	10.5	8.7
All Students	5.2	6.0	7.3	7.2	8.0	8.3	6.8
<b>Used non-prescribed prescription drugs in the past month. (Q33 = A)</b>							
Males	3.2%	3.8%	5.3%	6.2%	6.0%	6.8%	5.0%
Females	2.2	3.1	3.9	4.4	3.1	3.8	3.4
All Students	2.7	3.5	4.6	5.3	4.5	5.3	4.2
<b>Used inhalants in the past month.</b> (Q34 = A)							
Males	8.1%	8.0%	7.2%	7.3%	6.7%	5.7%	7.3%
Females	6.6	6.8	5.4	4.2	2.7	2.1	4.9
All Students	7.3	7.4	6.2	5.7	4.6	3.9	6.1
<b>Used crack in the past month.</b> (Q35 = C - F)							
Males	1.2%	1.7%	2.0%	2.1%	2.8%	2.4%	2.0%
Females	0.5	0.6	0.9	0.6	0.4	0.7	0.6
All Students	0.9	1.1	1.4	1.3	1.5	1.5	1.3
<b>Used cocaine in the past month.</b> (Q36 = C - F)							
Males	1.1%	1.7%	2.6%	2.4%	2.2%	2.5%	2.0%
Females	0.4	0.6	0.8	0.5	0.7	0.8	0.6
All Students	0.7	1.1	1.7	1.4	1.4	1.6	1.3

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 8 (cont'd). Prevalence of Drug Use During the Past Month by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

NOTE: Percentages below are based on the number of respondents to each question.

### Used hallucinogens in the past month.

(Q37 = A)

Males	3.3%	5.4%	8.5%	8.9%	10.2%	11.8%	7.5%
Females	2.0	2.7	3.8	5.1	5.1	5.1	3.8
All Students	2.6	4.0	6.1	6.9	7.6	8.4	5.6

### Used opiates in the past month.

(Q38 = A)

Males	2.1%	2.5%	3.6%	3.1%	4.2%	4.3%	3.2%
Females	1.2	1.2	1.8	1.8	2.0	1.5	1.6
All Students	1.7	1.8	2.7	2.4	3.0	2.9	2.3

### Used designer drugs in the past month.

(Q39 = A)

Males	1.9%	2.4%	2.7%	2.7%	2.8%	3.1%	2.5%
Females	0.9	0.7	1.1	1.2	0.8	0.8	0.9
All Students	1.4	1.5	1.9	1.9	1.7	1.9	1.7

### Used injected drugs in the past month.

(Q41 = C)

Males	0.7%	1.1%	1.1%	1.3%	1.0%	1.0%	1.0%
Females	0.4	0.4	0.3	0.3	0.2	0.2	0.3
All Students	0.5	0.7	0.7	0.8	0.6	0.6	0.7

### Used one or more substances (not including cigarettes or alcohol) in the past month.

(Q31 = C - F, or Q32 - Q34 = A, or

Q35 - Q36 = C - F, or Q37 - Q40 = A)

Males	17.7%	22.3%	27.8%	30.0%	32.2%	36.2%	26.6%
Females	15.7	19.9	23.8	25.1	27.7	28.7	22.8
All Students	16.7	21.1	25.8	27.4	29.9	32.3	24.6

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 9. Detailed Report on Tobacco Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

### Ever smoked cigarettes. (Q12)

#### Males

Never Smoked	71.6%	63.6%	58.0%	55.1%	53.7%	51.9%	60.1%
Smoked < 100 cigs. in life	20.9	23.9	25.5	25.9	23.9	23.2	23.8
Smoked > 100 cigs. & quit	3.6	4.6	5.3	5.7	5.9	6.5	5.1
Smoked > 100 & still smoke	3.9	8.0	11.2	13.2	16.5	18.4	11.0

#### Females

Never Smoked	72.2%	61.2%	53.4%	51.6%	45.9%	46.5%	56.5%
Smoked < 100 cigs. in life	22.3	27.8	29.3	27.6	30.3	27.2	27.2
Smoked > 100 cigs. & quit	2.1	3.7	4.5	5.7	5.9	6.5	4.5
Smoked > 100 & still smoke	3.4	7.4	12.8	15.2	17.9	19.8	11.8

#### All Students

Never Smoked	71.9%	62.4%	55.6%	53.3%	49.7%	49.1%	58.3%
Smoked < 100 cigs. in life	21.6	25.8	27.5	26.8	27.2	25.2	25.5
Smoked > 100 cigs. & quit	2.8	4.1	4.9	5.7	5.9	6.5	4.8
Smoked > 100 & still smoke	3.6	7.7	12.0	14.2	17.2	19.2	11.4

### Grade in which smoked 100 or more cigarettes. (Q13)

#### Males

Never smoked 100 cigarettes	82.7%	77.8%	74.0%	71.1%	69.3%	65.5%	74.4%
In grade 4 or earlier	2.7	2.5	2.6	2.4	1.6	1.6	2.3
In grade 5 or 6	8.1	5.7	4.5	4.4	2.8	3.4	5.1
In grade 7 or 8	6.1	13.5	12.8	8.9	9.3	9.3	10.0
In grade 9 - 12	0.4	0.5	6.1	13.3	17.1	20.2	8.3

#### Females

Never smoked 100 cigarettes	86.0%	78.5%	72.2%	68.6%	64.9%	63.5%	73.4%
In grade 4 or earlier	1.9	2.1	1.5	1.4	0.7	0.7	1.4
In grade 5 or 6	6.4	4.7	3.8	3.3	2.7	2.8	4.1
In grade 7 or 8	5.6	14.6	15.4	10.6	10.6	9.0	11.0
In grade 9 - 12	0.2	0.1	7.1	16.1	21.1	24.1	10.0

#### All Students

Never smoked 100 cigarettes	84.4%	78.1%	73.1%	69.8%	67.0%	64.5%	73.9%
In grade 4 or earlier	2.3	2.3	2.0	1.8	1.1	1.1	1.9
In grade 5 or 6	7.2	5.2	4.1	3.9	2.7	3.1	4.6
In grade 7 or 8	5.8	14.1	14.1	9.8	10.0	9.2	10.5
In grade 9 - 12	0.3	0.3	6.7	14.8	19.2	22.2	9.2

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 9 (cont'd). Detailed Report on Tobacco Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Current smoker. (Q12 = D)**

Males	4.0%	8.2%	11.4%	13.4%	16.9%	18.8%	11.2%
Females	3.5	7.5	13.0	15.3	18.1	20.2	12.0
All Students	3.8	7.9	12.2	14.4	17.5	19.5	11.6

**Smoked cigarettes in the past week.**

**(Q14 = B - E)**

Males	9.0%	13.8%	17.9%	19.4%	21.8%	23.7%	16.8%
Females	8.7	14.3	20.1	22.0	24.4	26.6	18.4
All Students	8.9	14.1	19.0	20.8	23.2	25.2	17.6

**Amount smoked in past week. (Q14)**

<b>Males</b>							
Didn't smoke in past week	91.0%	86.2%	82.1%	80.6%	78.2%	76.3%	83.2%
< 1 pack	5.6	6.2	7.6	6.4	7.0	7.1	6.6
1 to 3 packs	2.2	4.7	5.8	7.5	7.8	6.9	5.5
4 to 6 packs	0.8	2.1	3.4	3.1	4.5	6.7	3.1
7 or more packs	0.6	0.9	1.1	2.4	2.5	3.1	1.6
<b>Females</b>							
Didn't smoke in past week	91.3%	85.7%	79.9%	78.0%	75.6%	73.4%	81.6%
< 1 pack	5.8	8.5	10.1	9.9	10.1	9.8	8.9
1 to 3 packs	2.1	4.3	6.8	8.4	9.6	10.3	6.5
4 to 6 packs	0.6	1.1	2.2	2.7	3.6	4.9	2.3
7 or more packs	0.2	0.4	1.0	1.0	1.1	1.6	0.8
<b>All Students</b>							
Didn't smoke in past week	91.1%	85.9%	81.0%	79.2%	76.8%	74.8%	82.4%
< 1 pack	5.7	7.3	8.9	8.2	8.6	8.5	7.7
1 to 3 packs	2.1	4.5	6.3	8.0	8.7	8.7	6.0
4 to 6 packs	0.7	1.6	2.8	2.9	4.1	5.8	2.7
7 or more packs	0.4	0.7	1.0	1.7	1.8	2.3	1.2

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*



# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 9 (cont'd). Detailed Report on Tobacco Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Tried to quit smoking for at least a day  
in past 6 months. (Q15)**

**Males**

Never smoked	75.0%	69.5%	66.2%	66.7%	66.0%	64.0%	68.5%
Haven't smoke past 6 months	14.3	15.1	15.3	14.1	12.6	12.8	14.2
Yes, tried to quit	6.9	9.2	11.0	10.3	11.6	12.4	9.9
No, didn't try to quit	3.8	6.1	7.5	8.9	9.9	10.8	7.4

**Females**

Never smoked	74.6%	64.2%	59.9%	58.2%	55.2%	56.0%	62.3%
Haven't smoke past 6 months	14.7	17.5	18.0	17.9	18.3	16.7	17.1
Yes, tried to quit	7.1	12.0	14.0	15.0	18.1	16.8	13.3
No, didn't try to quit	3.6	6.3	8.2	9.0	8.3	10.6	7.3

**All Students**

Never smoked	74.8%	66.8%	63.0%	62.3%	60.4%	59.9%	65.3%
Haven't smoke past 6 months	14.5	16.3	16.7	16.1	15.5	14.8	15.7
Yes, tried to quit	7.0	10.6	12.5	12.7	15.0	14.7	11.7
No, didn't try to quit	3.7	6.2	7.8	8.9	9.1	10.7	7.4

**Use smokeless tobacco. (Q16)**

**Males**

Never	92.7%	88.3%	83.5%	79.9%	78.3%	73.4%	83.8%
Tried it, but quit	5.5	7.5	10.1	11.1	13.5	16.6	10.1
Use it sometimes	1.5	3.4	5.5	7.3	6.3	7.9	4.9
Use it daily	0.3	0.9	0.8	1.7	1.9	2.1	1.2

**Females**

Never	98.4%	97.6%	97.7%	97.2%	96.2%	96.6%	97.4%
Tried it, but quit	1.1	1.9	1.7	2.0	3.1	2.3	1.9
Use it sometimes	0.4	0.3	0.5	0.6	0.6	0.9	0.5
Use it daily	0.1	0.3	0.1	0.2	0.1	0.2	0.2

**All Students**

Never	95.6%	93.0%	90.7%	88.9%	87.5%	85.3%	90.7%
Tried it, but quit	3.3	4.6	5.8	6.4	8.2	9.3	5.9
Use it sometimes	0.9	1.8	3.0	3.8	3.4	4.3	2.7
Use it daily	0.2	0.6	0.5	0.9	1.0	1.1	0.7

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 9 (cont'd). Detailed Report on Tobacco Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Either parent smokes cigarettes. (Q17)**

**Males**

No	52.7%	51.7%	55.1%	53.5%	56.3%	57.5%	54.1%
Yes, one smokes	29.9	31.6	29.4	30.8	29.9	28.9	30.2
Yes, both smoke	17.4	16.7	15.6	15.7	13.8	13.6	15.7

**Females**

No	49.6%	51.5%	51.5%	52.3%	53.4%	57.2%	52.2%
Yes, one smokes	31.7	30.6	30.8	31.8	30.5	29.8	30.9
Yes, both smoke	18.7	17.9	17.7	15.9	16.1	13.0	16.9

**All Students**

No	51.1%	51.6%	53.3%	52.8%	54.8%	57.4%	53.1%
Yes, one smokes	30.8	31.1	30.1	31.3	30.2	29.3	30.6
Yes, both smoke	18.1	17.3	16.7	15.8	15.0	13.3	16.3

**Heard radio commercial against smoking  
on 92-PRO FM. (Q18 = A)**

Males	43.5%	44.6%	46.3%	51.9%	52.7%	52.9%	48.0%
Females	61.1	64.7	67.6	71.9	72.7	70.3	67.5
All Students	52.3	54.9	57.1	62.3	62.9	61.9	57.9

**Aware of school program to help students  
quit smoking. (Q19 = B)**

Males	15.3%	16.9%	25.2%	25.5%	27.9%	31.4%	22.7%
Females	15.0	15.2	26.5	30.0	34.3	35.2	24.7
All Students	15.2	16.0	25.9	27.8	31.2	33.4	23.7

# REPORT OF STATEWIDE RESULTS

**Table 10. Detailed Report on Alcohol Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Drank any alcohol last month. (Q20, Q21, Q22 or Q23 = A)</b>							
Males	32.2%	42.2%	48.9%	53.7%	57.6%	64.2%	47.9%
Females	27.7	39.4	46.6	49.9	54.0	58.1	44.3
All Students	29.9	40.8	47.7	51.7	55.7	61.0	46.1
<b>Drank beer during past month. (Q20 = A)</b>							
Males	21.4%	31.9%	37.5%	44.6%	50.2%	57.0%	38.3%
Females	14.8	23.3	30.2	33.6	37.5	41.5	28.7
All Students	18.0	27.5	33.8	38.9	43.7	49.1	33.4
<b>Drank wine during past month. (Q21 = A)</b>							
Males	16.4%	19.9%	23.1%	23.1%	23.5%	24.8%	21.3%
Females	14.0	18.6	22.2	21.9	21.9	23.4	19.9
All Students	15.2	19.2	22.6	22.5	22.7	24.1	20.6
<b>Drank wine coolers during past month. (Q22 = A)</b>							
Males	14.3%	17.6%	19.2%	20.1%	21.6%	22.2%	18.7%
Females	13.8	20.5	23.3	25.1	28.8	29.5	22.6
All Students	14.1	19.1	21.3	22.7	25.3	25.9	20.7
<b>Drank hard liquor during past month. (Q23 = A)</b>							
Males	13.5%	22.4%	28.3%	34.0%	38.2%	44.6%	28.3%
Females	11.5	19.7	27.0	29.4	33.3	37.3	25.0
All Students	12.5	21.0	27.7	31.6	35.7	40.9	26.6

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 10 (cont'd). Detailed Report on Alcohol Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Grade in which first drank w/out parents.  
(Q24)**

**Males**

Don't drink	69.4%	58.9%	50.7%	43.2%	37.4%	29.3%	50.6%
Only drink with parents	8.9	6.8	5.7	4.5	2.9	2.8	5.6
In grade 4 or earlier	3.2	3.6	2.5	2.7	1.8	2.2	2.7
In grade 5 or 6	9.8	8.9	7.2	5.0	5.2	4.8	7.2
In grade 7 or 8	8.3	21.4	23.6	21.7	20.3	19.6	18.7
In grade 9 or 10	0.2	0.3	10.1	22.8	26.6	28.5	12.7
In grade 11 or 12	0.3	0.2	0.1	0.2	5.9	12.9	2.5

**Females**

Don't drink	72.2%	59.4%	49.7%	42.4%	35.6%	32.4%	50.9%
Only drink with parents	9.0	7.5	6.4	4.9	4.8	3.9	6.4
In grade 4 or earlier	2.3	1.4	1.5	0.8	0.9	0.8	1.4
In grade 5 or 6	8.6	7.0	4.6	4.0	3.4	3.0	5.4
In grade 7 or 8	7.7	24.4	25.9	20.9	18.5	17.6	19.0
In grade 9 or 10	0.2	0.1	11.8	27.0	30.3	27.9	14.3
In grade 11 or 12	0.0	0.2	0.0	0.1	6.5	14.4	2.7

**All Students**

Don't drink	70.8%	59.2%	50.2%	42.8%	36.5%	30.9%	50.7%
Only drink with parents	8.9	7.1	6.1	4.7	3.9	3.4	6.0
In grade 4 or earlier	2.8	2.5	2.0	1.7	1.3	1.5	2.0
In grade 5 or 6	9.2	8.0	5.9	4.5	4.2	3.9	6.3
In grade 7 or 8	8.0	22.9	24.8	21.3	19.4	18.5	18.8
In grade 9 or 10	0.2	0.2	11.0	24.9	28.5	28.2	13.5
In grade 11 or 12	0.2	0.2	0.1	0.1	6.2	13.6	2.6

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

## REPORT OF STATEWIDE RESULTS

Table 10 (cont'd). Detailed Report on Alcohol Use  
by Grade and Gender

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Drank in past 2 weeks: (Q25 = C - F)</b>							
Males	11.7%	19.5%	24.9%	29.9%	36.1%	45.6%	26.0%
Females	9.9	16.9	22.4	25.8	29.0	35.6	21.9
All Students	10.8	18.2	23.6	27.8	32.5	40.5	23.9
<b>Number of days on which drank an alcoholic drink in past 2 weeks. (Q25)</b>							
<b>Males</b>							
Don't drink	72.9%	61.6%	54.2%	46.6%	41.5%	33.6%	54.1%
Didn't drink in past two weeks	15.4	18.8	20.9	23.5	22.4	20.8	20.0
1 to 2 days	7.4	12.9	14.8	17.8	20.4	22.8	15.1
3 to 7 days	2.9	4.6	7.9	8.9	11.4	17.3	8.0
8 to 13 days	0.9	1.3	1.1	2.1	2.8	4.6	1.9
Every day	0.5	0.7	1.1	1.1	1.6	0.9	0.9
<b>Females</b>							
Don't drink	76.0%	62.9%	54.0%	48.0%	42.1%	38.7%	55.6%
Didn't drink in past two weeks	14.1	20.2	23.7	26.1	29.0	25.7	22.5
1 to 2 days	6.7	12.4	15.9	19.0	21.0	24.0	15.6
3 to 7 days	2.5	3.7	5.4	5.7	6.8	10.0	5.3
8 to 13 days	0.5	0.6	0.8	0.9	1.0	1.3	0.8
Every day	0.2	0.3	0.3	0.3	0.2	0.3	0.2
<b>All Students</b>							
Don't drink	74.4%	62.2%	54.1%	47.4%	41.8%	36.2%	54.9%
Didn't drink in past two weeks	14.8	19.5	22.3	24.9	25.8	23.3	21.2
1 to 2 days	7.1	12.6	15.4	18.4	20.7	23.4	15.3
3 to 7 days	2.7	4.1	6.6	7.2	9.0	13.5	6.6
8 to 13 days	0.7	0.9	0.9	1.5	1.9	2.9	1.3
Every day	0.3	0.5	0.7	0.7	0.9	0.6	0.6

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 10 (cont'd). Detailed Report on Alcohol Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>On days of drinking, number of drinks usually drank. (Q26)</b>							
<b>Males</b>							
Don't drink	76.1%	65.8%	59.0%	50.3%	44.1%	36.3%	57.7%
1 or 2 drinks in a day	18.1	23.1	21.6	19.7	18.6	17.0	19.9
3 to 5 drinks in a day	3.8	6.8	10.2	14.9	16.1	20.4	11.0
6 to 10 drinks in a day	0.9	2.7	6.2	11.0	15.0	19.3	8.0
11 or more drinks in a day	1.1	1.6	2.9	4.2	6.2	7.1	3.4
<b>Females</b>							
Don't drink	79.5%	67.7%	58.9%	52.8%	46.6%	42.2%	60.0%
1 or 2 drinks in a day	16.1	24.1	25.7	24.8	24.7	24.3	23.0
3 to 5 drinks in a day	3.6	5.5	11.4	16.4	21.8	24.6	12.6
6 to 10 drinks in a day	0.5	2.0	3.1	5.0	6.0	7.8	3.7
11 or more drinks in a day	0.2	0.7	0.9	1.1	0.8	1.0	0.7
<b>All Students</b>							
Don't drink	77.8%	66.8%	58.9%	51.6%	45.4%	39.3%	58.9%
1 or 2 drinks in a day	17.1	23.6	23.7	22.3	21.7	20.7	21.4
3 to 5 drinks in a day	3.7	6.2	10.8	15.7	19.1	22.6	11.8
6 to 10 drinks in a day	0.7	2.4	4.7	7.9	10.4	13.4	5.8
11 or more drinks in a day	0.6	1.1	1.9	2.6	3.4	4.0	2.1
<b>Been drunk during past month. (Q27)</b>							
<b>Males</b>							
No	89.7%	83.6%	77.5%	72.6%	66.2%	59.6%	76.7%
Yes, once	6.6	8.7	10.3	11.5	13.3	13.5	10.2
Yes, 2 to 4 times	2.6	5.2	7.9	10.1	13.8	17.5	8.6
Yes, 5 or more times	1.2	2.6	4.3	5.8	6.7	9.4	4.5
<b>Females</b>							
No	91.7%	86.4%	80.5%	76.6%	72.3%	68.8%	80.7%
Yes, once	5.1	8.4	11.0	12.4	14.6	14.1	10.4
Yes, 2 to 4 times	2.5	4.1	6.6	8.8	10.4	12.5	6.9
Yes, 5 or more times	0.6	1.1	1.8	2.2	2.7	4.6	2.0
<b>All Students</b>							
No	90.7%	85.0%	79.0%	74.7%	69.3%	64.3%	78.7%
Yes, once	5.8	8.5	10.7	12.0	13.9	13.8	10.3
Yes, 2 to 4 times	2.5	4.6	7.3	9.4	12.1	14.9	7.7
Yes, 5 or more times	0.9	1.8	3.0	3.9	4.7	6.9	3.2

**SOURCE:** Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 10 (cont'd). Detailed Report on Alcohol Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Think that own drinking causes problems. (Q28)**

**Males**

Don't drink	71.3%	59.8%	53.3%	45.1%	41.1%	33.3%	52.9%
No, never	20.2	28.2	34.6	40.6	44.6	51.2	34.7
Yes	4.5	7.3	6.9	9.9	9.2	10.1	7.7
Not sure	4.0	4.7	5.2	4.4	5.1	5.4	4.8

**Females**

Don't drink	74.6%	61.9%	53.0%	47.1%	42.1%	37.9%	54.8%
No, never	16.8	26.1	34.2	38.8	45.2	49.9	33.3
Yes	4.6	7.5	8.1	9.5	8.8	8.7	7.7
Not sure	4.0	4.6	4.7	4.6	4.0	3.5	4.3

**All Students**

Don't drink	73.0%	60.9%	53.2%	46.2%	41.6%	35.6%	53.8%
No, never	18.5	27.1	34.4	39.6	44.9	50.5	34.0
Yes	4.5	7.4	7.5	9.7	9.0	9.4	7.7
Not sure	4.0	4.7	5.0	4.5	4.5	4.4	4.5

**SOURCE:** Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 10 (cont'd). Detailed Report on Alcohol Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

**NOTE:** Percentages below are based on the number of respondents to each question.

**Think that parents' drinking causes  
problems. (Q29)**

**Males**

They never drank	27.2%	28.7%	27.6%	27.2%	25.7%	24.5%	27.0%
No, not for either one	43.7	41.5	43.0	42.0	42.9	42.0	42.6
Yes, for both parents	3.9	5.4	4.6	5.9	6.6	6.9	5.4
Yes, father only	9.6	10.9	11.4	11.6	12.7	14.6	11.5
Yes, mother only	1.9	2.2	2.6	2.9	2.3	2.5	2.4
Not sure	13.7	11.2	10.7	10.3	9.8	9.4	11.1

**Females**

They never drank	29.2%	27.8%	28.0%	24.6%	24.2%	26.7%	26.9%
No, not for either one	37.5	37.7	36.2	39.6	40.8	41.1	38.6
Yes, for both parents	4.8	6.3	6.9	6.3	6.8	6.8	6.3
Yes, father only	11.6	12.9	15.0	16.7	16.8	16.8	14.7
Yes, mother only	2.6	2.5	3.3	2.4	3.0	2.3	2.7
Not sure	14.3	12.9	10.6	10.3	8.4	6.3	10.9

**All Students**

They never drank	28.2%	28.2%	27.8%	25.9%	24.9%	25.6%	27.0%
No, not for either one	40.6	39.6	39.6	40.8	41.8	41.5	40.5
Yes, for both parents	4.4	5.9	5.8	6.1	6.7	6.8	5.8
Yes, father only	10.6	11.9	13.2	14.2	14.8	15.8	13.1
Yes, mother only	2.3	2.4	2.9	2.6	2.7	2.4	2.5
Not sure	14.0	12.1	10.6	10.3	9.1	7.8	11.0

**SOURCE:** Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993



# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 10 (cont'd). Detailed Report on Alcohol Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

### Driven under the influence. (Q43)

<b>Males</b>							
Don't drive	86.5%	81.6%	77.2%	58.2%	19.2%	10.1%	60.6%
No, never	10.6	14.3	17.1	32.0	59.6	53.8	28.1
Yes, rarely	1.9	2.9	4.5	7.2	15.7	27.3	8.4
Yes, often	1.0	1.3	1.2	2.6	5.5	8.8	2.9
<b>Females</b>							
Don't drive	93.0%	90.1%	88.1%	70.2%	21.9%	14.4%	68.0%
No, never	6.2	8.1	9.4	25.6	62.9	61.3	25.2
Yes, rarely	0.7	1.3	2.0	3.5	13.4	21.4	5.8
Yes, often	0.2	0.5	0.5	0.7	1.8	2.8	0.9
<b>All Students</b>							
Don't drive	89.8%	85.9%	82.8%	64.4%	20.6%	12.3%	64.4%
No, never	8.4	11.1	13.2	28.6	61.3	57.6	26.6
Yes, rarely	1.3	2.1	3.2	5.3	14.5	24.3	7.1
Yes, often	0.6	0.9	0.8	1.6	3.6	5.7	1.9

### Ridden with driver who was under the influence. (Q44)

<b>Males</b>							
No, never	75.4%	69.0%	61.9%	56.6%	49.5%	40.1%	61.0%
Yes, rarely	20.2	24.5	30.4	33.6	38.7	44.4	30.4
Yes, often	4.4	6.5	7.7	9.8	11.9	15.4	8.6
<b>Females</b>							
No, never	73.0%	64.9%	56.9%	49.2%	42.0%	40.0%	56.3%
Yes, rarely	23.0	29.1	34.9	41.0	48.1	49.0	35.9
Yes, often	3.9	6.0	8.2	9.8	9.9	11.0	7.7
<b>All Students</b>							
No, never	74.2%	66.9%	59.4%	52.7%	45.6%	40.1%	58.6%
Yes, rarely	21.6	26.8	32.7	37.4	43.5	46.8	33.2
Yes, often	4.1	6.2	8.0	9.8	10.9	13.2	8.2

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# REPORT OF STATEWIDE RESULTS

**Table 11. Detailed Report on Marijuana Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

NOTE: Percentages below are based on the number of respondents to each question.

**Ever used marijuana. (Q30 = B - F)**

Males	8.3%	15.3%	25.0%	31.6%	35.8%	44.6%	24.5%
Females	4.6	10.5	17.9	24.3	32.3	36.7	19.2
All Students	6.5	12.9	21.4	27.8	34.0	40.5	21.8

**Grade in which first used marijuana. (Q30)**

<b>Males</b>							
Never used it	91.7%	84.7%	75.0%	68.4%	64.2%	55.4%	75.5%
In grade 4 or earlier	1.0	1.2	1.6	1.8	1.7	1.7	1.5
In grade 5 or 6	2.9	2.8	2.4	2.7	2.3	3.5	2.8
In grade 7 or 8	4.4	11.1	11.0	9.6	8.6	10.4	9.0
In grade 9 or 10	0.0	0.1	9.7	17.4	16.1	14.3	8.5
In grade 11 or 12	0.0	0.1	0.1	0.1	7.0	14.7	2.8
<b>Females</b>							
Never used it	95.4%	89.5%	82.1%	75.7%	67.7%	63.3%	80.8%
In grade 4 or earlier	0.4	0.4	0.6	0.5	0.6	0.5	0.5
In grade 5 or 6	1.7	1.2	1.4	1.2	1.0	1.2	1.3
In grade 7 or 8	2.4	8.9	7.4	5.9	7.1	8.0	6.4
In grade 9 or 10	0.1	0.0	8.5	16.7	15.7	13.3	8.1
In grade 11 or 12	0.1	0.0	0.0	0.1	7.8	13.7	2.8
<b>All Students</b>							
Never used it	93.5%	87.1%	78.6%	72.2%	66.0%	59.5%	78.2%
In grade 4 or earlier	0.7	0.8	1.1	1.1	1.2	1.1	1.0
In grade 5 or 6	2.3	2.0	1.9	1.9	1.7	2.3	2.0
In grade 7 or 8	3.4	10.0	9.2	7.7	7.9	9.2	7.7
In grade 9 or 10	0.1	0.1	9.1	17.0	15.9	13.8	8.3
In grade 11 or 12	0.0	0.0	0.1	0.1	7.4	14.2	2.8

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 11 (cont'd). Detailed Report on Marijuana Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

### Days used marijuana in past month. (Q31)

#### Males

Never used it	91.4%	84.1%	74.7%	68.1%	64.6%	56.4%	75.4%
Haven't used it in past month	3.7	6.2	9.3	12.5	13.2	17.6	9.6
1 to 2 days	2.6	4.4	6.0	6.6	7.5	8.2	5.5
3 to 15 days	1.4	3.3	5.9	7.2	7.8	10.0	5.4
16 to 29 days	0.3	0.8	2.0	3.2	3.6	4.0	2.1
Every day	0.3	0.7	1.6	2.0	2.9	3.7	1.7

#### Females

Never used it	94.7%	89.2%	81.7%	75.8%	68.3%	63.6%	80.7%
Haven't used it in past month	2.7	5.1	7.7	11.0	14.8	18.9	9.1
1 to 2 days	1.2	3.5	5.0	6.1	7.4	7.6	4.8
3 to 15 days	0.7	1.5	4.0	5.0	7.2	6.6	3.8
16 to 29 days	0.1	0.2	0.8	1.4	1.3	2.2	0.9
Every day	0.2	0.3	0.6	0.5	0.8	1.0	0.5

#### All Students

Never used it	93.0%	86.7%	78.3%	72.1%	66.5%	60.1%	78.1%
Haven't used it in past month	3.2	5.6	8.5	11.7	14.0	18.3	9.3
1 to 2 days	1.9	3.9	5.5	6.4	7.4	7.9	5.1
3 to 15 days	1.0	2.4	4.9	6.1	7.5	8.3	4.6
16 to 29 days	0.2	0.5	1.4	2.3	2.5	3.1	1.5
Every day	0.2	0.5	1.1	1.2	1.8	2.3	1.1

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 12. Detailed Report on Crack Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997
<b>NOTE: Percentages below are based on the number of respondents to each question.</b>							
<b>Ever used crack. (Q35 = B - F)</b>							
Males	2.1%	3.4%	4.0%	4.6%	4.9%	4.7%	3.8%
Females	1.6	1.6	2.2	2.1	1.5	2.2	1.8
All Students	1.9	2.4	3.1	3.3	3.2	3.4	2.8
<b>Used crack in past month. (Q35 = C - F)</b>							
Males	1.2%	1.7%	2.0%	2.1%	2.8%	2.4%	2.0%
Females	0.5	0.6	0.9	0.6	0.4	0.7	0.6
All Students	0.9	1.1	1.4	1.3	1.5	1.5	1.3
<b>Days used crack in past month. (Q35)</b>							
<b>Males</b>							
Never used it	97.9%	96.6%	96.0%	95.4%	95.1%	95.3%	96.2%
Didn't use in past month	0.9	1.7	2.0	2.5	2.1	2.4	1.8
1 to 2 days	0.5	0.5	0.9	0.6	0.8	0.7	0.6
3 to 15 days	0.3	0.4	0.4	0.5	0.8	0.9	0.5
16 to 29 days	0.2	0.3	0.4	0.4	0.6	0.6	0.4
Every day	0.3	0.5	0.3	0.5	0.6	0.2	0.4
<b>Females</b>							
Never used it	98.4%	98.4%	97.8%	97.9%	98.5%	97.8%	98.2%
Didn't use in past month	1.1	1.0	1.3	1.5	1.2	1.6	1.2
1 to 2 days	0.2	0.3	0.3	0.3	0.2	0.3	0.3
3 to 15 days	0.1	0.2	0.3	0.2	0.1	0.2	0.2
16 to 29 days	0.1	0.0	0.1	0.1	0.0	0.1	0.1
Every day	0.1	0.1	0.1	0.1	0.0	0.1	0.1
<b>All Students</b>							
Never used it	98.1%	97.6%	96.9%	96.7%	96.8%	96.6%	97.2%
Didn't use in past month	1.0	1.3	1.6	2.0	1.6	2.0	1.5
1 to 2 days	0.3	0.4	0.6	0.4	0.5	0.5	0.5
3 to 15 days	0.2	0.3	0.4	0.3	0.4	0.5	0.3
16 to 29 days	0.1	0.2	0.2	0.3	0.3	0.3	0.2
Every day	0.2	0.3	0.2	0.3	0.3	0.1	0.2

**SOURCE:** Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 13. Detailed Report on Cocaine Use  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Ever used cocaine. (Q36 = B - F)**

Males	2.1%	3.6%	4.2%	5.2%	4.7%	5.7%	4.0%
Females	1.4	1.7	2.0	2.5	2.4	2.8	2.1
All Students	1.8	2.6	3.1	3.8	3.5	4.2	3.0

**Used cocaine in past month. (Q36 = C - F)**

Males	1.1%	1.7%	2.6%	2.4%	2.2%	2.5%	2.0%
Females	0.4	0.6	0.8	0.5	0.7	0.8	0.6
All Students	0.7	1.1	1.7	1.4	1.4	1.6	1.3

**Days used cocaine in past month. (Q36)**

<b>Males</b>							
Never used it	97.9%	96.4%	95.8%	94.8%	95.3%	94.3%	96.0%
Didn't use in past month	1.0	1.9	1.6	2.8	2.6	3.2	2.1
1 to 2 days	0.3	0.6	0.8	0.8	0.8	1.1	0.7
3 to 15 days	0.4	0.4	0.7	0.6	0.6	0.5	0.5
16 to 29 days	0.2	0.2	0.6	0.7	0.4	0.5	0.4
Every day	0.2	0.4	0.4	0.4	0.3	0.4	0.3
<b>Females</b>							
Never used it	98.6%	98.3%	98.0%	97.5%	97.6%	97.2%	97.9%
Didn't use in past month	1.0	1.1	1.2	2.0	1.7	2.0	1.4
1 to 2 days	0.2	0.4	0.5	0.2	0.2	0.6	0.3
3 to 15 days	0.2	0.1	0.2	0.2	0.3	0.1	0.2
16 to 29 days	0.1	0.1	0.1	0.0	0.1	0.0	0.1
Every day	0.1	0.0	0.1	0.0	0.0	0.0	0.0
<b>All Students</b>							
Never used it	98.2%	97.4%	96.9%	96.2%	96.5%	95.8%	97.0%
Didn't use in past month	1.0	1.5	1.4	2.4	2.1	2.6	1.7
1 to 2 days	0.3	0.5	0.6	0.5	0.5	0.8	0.5
3 to 15 days	0.3	0.3	0.5	0.4	0.5	0.3	0.4
16 to 29 days	0.1	0.1	0.3	0.4	0.2	0.2	0.2
Every day	0.1	0.2	0.2	0.2	0.2	0.2	0.2

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 14. Detailed Report on Steroid and Injectable Drug Use by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

### Used steroids in past year. (Q40)

<b>Males</b>							
Yes	2.4%	3.2%	4.1%	4.3%	3.8%	4.1%	3.6%
No	97.6	96.8	95.9	95.7	96.2	95.9	96.4
<b>Females</b>							
Yes	1.5%	1.2%	1.2%	1.0%	1.0%	1.4%	1.2%
No	98.5	98.8	98.8	99.0	99.0	98.6	98.8
<b>All Students</b>							
Yes	1.9%	2.2%	2.6%	2.6%	2.4%	2.7%	2.4%
No	98.1	97.8	97.4	97.4	97.6	97.3	97.6

### Ever used injectable drugs. (Q41 = B - C)

<b>Males</b>	5.1%	6.4%	7.1%	7.1%	6.1%	6.7%	6.3%
<b>Females</b>	5.2	6.3	6.0	5.6	5.2	5.5	5.6
<b>All Students</b>	5.1	6.3	6.5	6.3	5.6	6.1	6.0

### Used injectable drugs. (Q41)

<b>Males</b>							
No	94.9%	93.6%	92.9%	92.9%	93.9%	93.3%	93.7%
Yes, but not in past month	4.3	5.3	6.0	5.7	5.0	5.8	5.3
Yes, in the past month	0.7	1.1	1.1	1.3	1.0	1.0	1.0
<b>Females</b>							
No	94.8%	93.7%	94.0%	94.4%	94.8%	94.5%	94.4%
Yes, but not in past month	4.9	5.9	5.7	5.3	4.9	5.3	5.3
Yes, in the past month	0.4	0.4	0.3	0.3	0.2	0.2	0.3
<b>All Students</b>							
No	94.9%	93.7%	93.5%	93.7%	94.4%	93.9%	94.0%
Yes, but not in past month	4.6	5.6	5.8	5.5	5.0	5.5	5.3
Yes, in the past month	0.5	0.7	0.7	0.8	0.6	0.6	0.7

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 15. Perception of Peer Attitudes Towards Drug Use by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**How would your close friends feel if you smoked marijuana regularly. (Q45)**

<b>Males</b>							
Approve	6.0%	8.2%	9.7%	12.5%	11.5%	14.4%	9.9%
Wouldn't care	16.9	23.1	27.8	29.2	32.2	33.5	26.1
Disapprove	77.1	68.7	62.5	58.4	56.3	52.1	64.0
<b>Females</b>							
Approve	3.2%	3.9%	5.5%	5.8%	5.0%	6.6%	4.8%
Wouldn't care	7.9	11.0	15.5	18.0	22.9	23.7	15.6
Disapprove	88.8	85.1	79.0	76.2	72.1	69.7	79.6
<b>All Students</b>							
Approve	4.6%	6.0%	7.6%	9.0%	8.2%	10.4%	7.3%
Wouldn't care	12.3	16.9	21.5	23.4	27.4	28.5	20.7
Disapprove	83.0	77.1	70.9	67.7	64.4	61.1	72.0

**How would your close friends feel if you tried cocaine or crack once or twice. (Q46)**

<b>Males</b>							
Approve	4.6%	4.2%	4.6%	3.9%	3.3%	3.4%	4.1%
Wouldn't care	13.7	15.3	15.2	12.9	12.6	10.5	13.6
Disapprove	81.7	80.4	80.2	83.3	84.1	86.1	82.3
<b>Females</b>							
Approve	2.1%	1.8%	1.7%	1.4%	0.7%	1.3%	1.6%
Wouldn't care	7.9	8.7	8.3	7.3	6.4	6.4	7.6
Disapprove	90.1	89.5	90.0	91.3	92.9	92.3	90.8
<b>All Students</b>							
Approve	3.3%	3.0%	3.2%	2.6%	2.0%	2.3%	2.8%
Wouldn't care	10.7	12.0	11.7	10.0	9.4	8.4	10.5
Disapprove	85.9	85.1	85.2	87.5	88.6	89.3	86.7

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 15 (cont'd). Perception of Peer Attitudes Towards Drug Use by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**How would your close friends feel if you had 5 or more drinks on weekends. (Q47)**

<b>Males</b>							
Approve	7.1%	9.4%	12.2%	15.7%	16.0%	19.1%	12.5%
Wouldn't care	22.7	31.2	38.9	39.6	43.4	44.6	35.5
Disapprove	70.2	59.4	49.0	44.7	40.6	36.3	52.0
<b>Females</b>							
Approve	4.0%	5.0%	6.2%	7.4%	6.1%	8.2%	5.9%
Wouldn't care	13.9	22.0	27.0	32.1	37.2	40.5	27.3
Disapprove	82.1	73.0	66.8	60.6	56.6	51.3	66.8
<b>All Students</b>							
Approve	5.5%	7.1%	9.1%	11.3%	10.9%	13.5%	9.1%
Wouldn't care	18.2	26.5	32.8	35.7	40.2	42.5	31.3
Disapprove	76.2	66.4	58.1	53.0	48.9	44.0	59.6

**How would your close friends feel if you drove a car after having 5 or more drinks. (Q48)**

<b>Males</b>							
Approve	4.8%	4.5%	4.9%	4.0%	3.6%	4.2%	4.4%
Wouldn't care	9.7	12.9	13.6	12.3	13.3	15.6	12.6
Disapprove	85.5	82.7	81.5	83.7	83.1	80.3	83.0
<b>Females</b>							
Approve	2.5%	1.5%	1.5%	1.0%	0.9%	1.1%	1.5%
Wouldn't care	4.2	4.8	4.5	5.2	4.3	5.6	4.7
Disapprove	93.3	93.7	94.0	93.8	94.8	93.2	93.8
<b>All Students</b>							
Approve	3.6%	2.9%	3.2%	2.4%	2.2%	2.6%	2.9%
Wouldn't care	6.9	8.7	9.0	8.6	8.7	10.4	8.6
Disapprove	89.5	88.4	87.9	89.0	89.1	87.0	88.6

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*



# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 16. Degree of Personal Risk Associated with Drug Use by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

NOTE: Percentages below are based on the number of respondents to each question.

### Risk in smoking marijuana regularly. (Q49)

#### Males

No risk	6.4%	7.4%	8.7%	8.1%	10.7%	9.9%	8.3%
Some risk	9.8	15.2	21.4	28.7	30.9	34.7	21.9
Great risk	64.0	60.4	52.0	49.7	44.2	41.4	53.4
Can't say	19.8	17.0	17.8	13.5	14.3	14.0	16.4

#### Females

No risk	3.7%	3.3%	3.8%	3.4%	4.1%	4.3%	3.7%
Some risk	7.9	10.8	17.5	20.9	24.1	27.0	16.9
Great risk	72.0	70.8	65.6	65.0	60.7	57.9	66.2
Can't say	16.5	15.1	13.0	10.7	11.1	10.8	13.2

#### All Students

No risk	5.1%	5.3%	6.2%	5.6%	7.3%	7.0%	6.0%
Some risk	8.8	12.9	19.4	24.6	27.4	30.7	19.3
Great risk	68.0	65.7	59.0	57.7	52.7	49.9	60.0
Can't say	18.1	16.0	15.4	12.0	12.6	12.3	14.8

### Risk in trying crack or cocaine once or twice. (Q50)

#### Males

No risk	6.0%	5.4%	5.0%	3.9%	4.3%	3.6%	4.8%
Some risk	15.9	14.4	12.8	12.6	11.4	9.4	13.1
Great risk	62.0	67.6	69.2	74.9	74.8	78.4	70.2
Can't say	16.0	12.7	13.0	8.6	9.4	8.7	11.9

#### Females

No risk	3.6%	3.0%	2.3%	1.6%	1.7%	1.7%	2.4%
Some risk	18.0	18.5	16.4	14.0	13.1	10.2	15.5
Great risk	62.4	66.9	71.9	77.5	79.2	82.1	72.2
Can't say	16.0	11.7	9.3	6.8	5.9	6.0	9.9

#### All Students

No risk	4.8%	4.1%	3.6%	2.7%	3.0%	2.6%	3.6%
Some risk	17.0	16.5	14.6	13.4	12.3	9.8	14.4
Great risk	62.2	67.2	70.6	76.3	77.1	80.3	71.2
Can't say	16.0	12.2	11.2	7.7	7.6	7.3	10.8

SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 16 (cont'd). Degree of Personal Risk Associated with Drug Use by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

### Risk in having 5 or more drinks on weekends. (Q51)

<b>Males</b>							
No risk	8.4%	10.4%	11.0%	10.6%	12.7%	13.2%	10.8%
Some risk	32.0	37.6	41.2	44.2	47.3	48.1	40.7
Great risk	42.3	39.0	34.8	35.7	31.3	29.3	36.2
Can't say	17.3	13.1	13.0	9.4	8.6	9.3	12.3
<b>Females</b>							
No risk	5.1%	5.1%	5.4%	5.7%	5.8%	5.6%	5.4%
Some risk	28.4	34.1	37.8	40.4	42.7	44.3	37.1
Great risk	49.6	49.1	46.8	46.8	44.3	42.3	46.9
Can't say	16.9	11.7	9.9	7.1	7.2	7.8	10.6
<b>All Students</b>							
No risk	6.7%	7.7%	8.2%	8.0%	9.2%	9.3%	8.0%
Some risk	30.2	35.8	39.5	42.2	44.9	46.2	38.9
Great risk	46.0	44.2	41.0	41.5	38.0	36.0	41.7
Can't say	17.1	12.4	11.4	8.2	7.9	8.5	11.4

### Risk in driving after having 5 or more drinks. (Q52)

<b>Males</b>							
No risk	5.7%	5.6%	4.8%	4.3%	4.2%	4.0%	4.9%
Some risk	10.4	12.2	12.7	12.6	12.0	14.9	12.3
Great risk	70.6	71.9	73.2	76.5	78.0	74.8	73.8
Can't say	13.4	10.3	9.3	6.7	5.8	6.2	9.0
<b>Females</b>							
No risk	3.0%	2.5%	1.7%	1.4%	1.3%	1.2%	2.0%
Some risk	8.8	8.8	8.5	6.6	6.7	6.4	7.8
Great risk	76.5	81.8	84.8	88.4	89.1	89.5	84.3
Can't say	11.7	6.9	5.1	3.6	2.9	2.8	6.0
<b>All Students</b>							
No risk	4.3%	4.1%	3.2%	2.8%	2.7%	2.6%	3.4%
Some risk	9.6	10.5	10.6	9.4	9.2	10.5	10.0
Great risk	73.6	76.9	79.1	82.7	83.8	82.4	79.2
Can't say	12.5	8.5	7.1	5.1	4.3	4.5	7.5

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 16 (cont'd). Degree of Personal Risk Associated with Drug Use by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

**Risk in smoking 1 or more packs of cigarettes each day. (Q53)**

**Males**

No risk	8.9%	9.9%	8.6%	6.9%	6.6%	5.8%	8.0%
Some risk	30.8	34.2	36.2	35.2	32.3	32.2	33.5
Great risk	45.3	45.0	45.4	50.7	53.9	55.5	48.6
Can't say	14.9	10.9	9.8	7.2	7.2	6.5	9.9

**Females**

No risk	5.5%	6.0%	5.1%	4.0%	3.4%	3.4%	4.7%
Some risk	28.0	30.6	32.2	30.6	30.6	27.6	30.0
Great risk	52.8	53.5	55.2	60.1	61.5	64.6	57.2
Can't say	13.7	9.9	7.4	5.3	4.6	4.4	8.0

**All Students**

No risk	7.2%	7.9%	6.8%	5.4%	4.9%	4.6%	6.3%
Some risk	29.4	32.3	34.2	32.8	31.4	29.8	31.7
Great risk	49.1	49.4	50.4	55.6	57.8	60.2	53.0
Can't say	14.3	10.4	8.6	6.2	5.8	5.4	8.9

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 17. Participation in Extracurricular Activities  
by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

*NOTE: Percentages below are based on the number of respondents to each question.*

### Attend in-school activities. (Q56)

#### Males

No, not at all	38.8%	37.2%	37.3%	34.2%	36.1%	36.4%	36.8%
Yes, sometimes	33.1	31.9	26.9	27.4	27.1	27.4	29.3
Yes, regularly	28.1	30.8	35.8	38.3	36.8	36.3	33.8

#### Females

No, not at all	33.0%	32.4%	33.7%	32.5%	31.2%	32.9%	32.7%
Yes, sometimes	39.4	38.5	30.5	30.5	31.7	30.3	34.0
Yes, regularly	27.6	29.1	35.8	37.0	37.1	36.8	33.3

#### All Students

No, not at all	35.9%	34.8%	35.5%	33.3%	33.6%	34.6%	34.7%
Yes, sometimes	36.3	35.3	28.7	29.0	29.5	28.9	31.7
Yes, regularly	27.8	30.0	35.8	37.7	36.9	36.5	33.6

### Attend out-of-school activities. (Q57)

#### Males

No, not at all	38.2%	36.2%	39.0%	39.3%	38.7%	40.3%	38.4%
Yes, sometimes	24.9	28.0	28.5	31.9	32.3	33.7	29.3
Yes, regularly	36.9	35.8	32.6	28.8	28.9	25.9	32.2

#### Females

No, not at all	38.4%	35.6%	36.6%	36.3%	35.5%	37.7%	36.7%
Yes, sometimes	28.9	31.3	33.2	35.9	36.3	34.3	33.0
Yes, regularly	32.8	33.1	30.2	27.9	28.2	28.1	30.4

#### All Students

No, not at all	38.3%	35.9%	37.8%	37.7%	37.1%	38.9%	37.5%
Yes, sometimes	26.9	29.7	30.9	34.0	34.4	34.0	31.2
Yes, regularly	34.8	34.4	31.3	28.3	28.5	27.0	31.3

*SOURCE: Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993*

# 1993 ADOLESCENT SUBSTANCE ABUSE SURVEY

## REPORT OF STATEWIDE RESULTS

**Table 17 (cont'd). Participation in Extracurricular Activities by Grade and Gender**

	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	All Grades
<b>Number of respondents to survey</b>							
Males	3,939	3,581	3,237	2,969	2,698	2,187	18,611
Females	3,988	3,721	3,338	3,200	2,833	2,306	19,386
Total	7,927	7,302	6,575	6,169	5,531	4,493	37,997

**NOTE:** Percentages below are based on the number of respondents to each question.

### Attend religious activities. (Q58)

#### Males

No, not at all	37.7%	39.6%	39.4%	40.3%	47.9%	50.3%	41.7%
Yes, sometimes	29.8	30.2	28.9	27.9	27.3	28.7	28.9
Yes, regularly	32.5	30.2	31.7	31.8	24.7	21.0	29.3

#### Females

No, not at all	30.5%	32.4%	32.5%	34.0%	40.7%	46.6%	35.2%
Yes, sometimes	33.3	32.1	29.2	30.0	31.5	27.9	30.9
Yes, regularly	36.2	35.4	38.3	36.0	27.8	25.5	33.9

#### All Students

No, not at all	34.1%	35.9%	35.9%	37.0%	44.2%	48.4%	38.4%
Yes, sometimes	31.6	31.2	29.0	29.0	29.5	28.3	29.9
Yes, regularly	34.4	32.9	35.1	34.0	26.3	23.3	31.7

### Do paid work or job training. (Q59)

#### Males

No, not at all	51.5%	47.8%	45.5%	39.7%	28.6%	24.8%	41.4%
Yes, sometimes	30.3	29.7	28.3	26.4	20.5	18.0	26.3
Yes, regularly	18.1	22.5	26.2	33.9	50.9	57.2	32.3

#### Females

No, not at all	54.1%	49.9%	50.3%	43.9%	28.5%	25.1%	43.7%
Yes, sometimes	29.8	31.1	29.5	25.8	18.0	13.4	25.6
Yes, regularly	16.1	19.0	20.2	30.4	53.5	61.6	30.6

#### All Students

No, not at all	52.8%	48.9%	47.9%	41.9%	28.6%	24.9%	42.6%
Yes, sometimes	30.1	30.4	28.9	26.0	19.2	15.6	26.0
Yes, regularly	17.1	20.7	23.2	32.1	52.2	59.5	31.4

**SOURCE:** Rhode Island Department of Health, Office of Health Statistics  
Adolescent Substance Abuse Survey, April - May 1993

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