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# ALCOHOL, TOBACCO AND OTHER DRUG USE BY INDIANA CHILDREN AND ADOLESCENTS

The Indiana Prevention Resource Center  
2000 Prevalence Statistics  
*Main Findings*

*Conducted by*  
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## Executive Summary and Highlights

In 1997, we reported an apparent leveling off of the dramatic increases in alcohol, tobacco, and other drug use by Indiana children and adolescents that had dominated the previous four years. In 1998, we noted a slight decline in most drug use behaviors, but cautioned against assuming that the decrease was the start of a trend. Today, we can report that there is **a clear trend of slow, but steady, decreases in most drug-taking behaviors by Hoosier youth**. For the third consecutive year, we note decreases in the rates of use reported in our annual survey.

This year's survey is the tenth annual survey coordinated by the Indiana Prevention Resource Center at Indiana University. Over the decade, we saw dramatic increases in the use of most drugs from 1993 to 1996. Now, Indiana has experienced three consecutive years of decreases in most rates of use. The rates of tobacco use have declined dramatically over the past decade. Alcohol use rates declined in the early 1990s, leveled off during the mid-to-late 1990s, and then have declined again slightly the past two years. Although use of marijuana and most other "illicit drugs" has declined steadily in the past three years, **rates of marijuana and most other "illicit drug" use continue to be substantially higher than the rates reported in 1992**.

Changes in Prevalence of Use by Indiana 6th through 12th Graders Selected Population Estimates					
Drug	1992	1996	2000	1992-2000 change	1996-2000 change
Annual Marijuana Use	89,100	160,300	131,900	+42,800	-28,400
Monthly Marijuana Use	54,800	109,900	85,100	+30,300	-24,800
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Annual Cigarette Smoking	260,500	264,900	211,300	-49,300	-53,600
Monthly Cigarette Smoking	163,600	182,000	143,500	-20,100	-38,500
Daily Cigarette Smoking	96,300	115,000	88,300	-8,000	-26,700
Daily Smoking 1/2 pack+	64,700	74,200	53,000	-11,700	-21,200
-					
Annual Alcohol Use	365,400	334,600	306,000	-59,400	-28,600
Monthly Alcohol Use	218,400	209,200	194,000	-24,400	-15,200

National data showed a steady decrease in use rates from about 1980 through 1992, followed by sharp increases from 1993 to 1997. National surveys in 1998 showed a leveling of the increases, and the 1999 data showed a slight decrease. National survey data for 2000 will not be available until late December.

**These results strongly suggest that prevention initiatives are working in Indiana.**

New statewide prevention initiatives, including more than 500 new afterschool prevention programs and a new statewide prevention coordination effort, a new federal mass media campaign aimed at reducing youthful drug use, and changes in public

attitudes and policies about tobacco -- including changes brought about by the multi-state tobacco settlement -- seem to be having the intended impact upon youth drug use. Drug use by Hoosier children and adolescents declined dramatically over the past three years. The decreased use is most noticeable among 7th, 8th, and 9th graders -- the three grades targeted by the new state prevention initiatives. Decreases also are noted among 10th graders, who may have been affected by the initiatives, which began three years ago.

This year's findings are based upon analysis of data from 92 separate local surveys of 72,523 youth in grades six through twelve, attending 231 schools in Indiana. This year's most significant findings include:

### **Marijuana Use Decreases Again -- But Still Much above 1992 Levels**

From 1993 through 1996, marijuana use by children and adolescents more than doubled. This increase followed thirteen years of slow but steady decreases in use. The rates of use reported in 1992 were the lowest seen since national survey data on high school seniors began to be collected in 1975. Since 1997, we have seen significant decreases in all measures of marijuana use, and in all grades -- but the rates reported in 2000 are still much above the low point reported in 1992.

In the spring of 2000, approximately 24,800 fewer Hoosier adolescents smoked marijuana on a once or more per month basis, than were smoking marijuana in 1996 -- but this is still about 30,300 more than smoked marijuana in 1992.

Throughout the 1990s, marijuana use rates for Indiana youth far exceeded those reported nationally. Although national rates have declined over the past few years, the rate of decline among Hoosier youth has been more dramatic. Now, in 2000, rates of use by Hoosier youth are approximately the same as seen nationwide. **This suggests that the state-specific prevention initiatives in Indiana are having an impact in addition to the impact of the national prevention initiatives.**

<b>Annual Marijuana Use</b>				<b>Monthly Marijuana Use</b>			
<b>Grade</b>	<b>1996</b>	<b>2000</b>	<b>Change</b>	<b>Grade</b>	<b>1996</b>	<b>2000</b>	<b>Change</b>
6th	4.4%	3.2%	-1.2%	6th	3.0%	1.8%	-1.2%
7th	11.5%	7.9%	-3.6%	7th	7.9%	5.2%	-2.7%
8th	22.4%	17.1%	-5.3%	8th	15.2%	11.3%	-3.9%
9th	31.8%	24.0%	-7.8%	9th	22.8%	16.2%	-6.6%
10th	36.1%	29.4%	-6.7%	10th	24.9%	19.0%	-5.9%
11th	38.6%	32.9%	-5.7%	11th	25.7%	20.5%	-5.2%
12th	37.4%	35.4%	-2.0%	12th	25.4%	22.7%	-2.7%
<b>Avg.</b>	<b>26.0%</b>	<b>21.4%</b>	<b>-4.6%</b>	<b>Avg.</b>	<b>17.8%</b>	<b>13.8%</b>	<b>-4.0%</b>

## Youthful Tobacco Use Continues to Drop

Indiana has seen a significant improvement in its youth tobacco use rates over the past three years -- but the rates reported are still above the national averages. The decreases in tobacco use are most pronounced in 7th through 10th grades. These grades coincide with the youth who were targeted by the state's new Afterschool Prevention Programs Initiative begun in 1997. The initiative targets youth aged 10 through 14, and includes programming aimed at the youth when they are most vulnerable to beginning use of alcohol, tobacco and other drugs.

The decreases also coincide with new initiatives to increase retailer compliance with laws restricting youth access to tobacco products. Two parallel initiatives are now monitoring retailer compliance with laws requiring tobacco purchasers to be at least 18 years of age. While use by high school seniors, who typically are age 18 by the spring of their senior year, has decreased, the decreases are much smaller than among youth under age 18.

Compared with 1996, about 38,500 fewer Indiana children and adolescents smoked cigarettes on a monthly or more frequent basis in 2000. About 26,700 fewer Hoosier youth smoked cigarettes daily, and about 21,200 fewer smoked a half pack or more per day in 2000, compared with 1996. **More than two-thirds of these decreases occurred in 7th, 8th, and 9th grades -- the "three critical years" targeted by the State for extra prevention programming.**

Monthly Cigarette Use				Daily Cigarette Use				Daily Half-Pack+ Cigarette Use			
Grade	1996	2000	Change	Grade	1996	2000	Change	Grade	1996	2000	Change
6th	9.7%	5.7%	-4.0%	6th	4.2%	2.3%	-1.9%	6th	2.1%	1.0%	-1.1%
7th	19.0%	12.3%	-6.7%	7th	10.4%	5.6%	-4.8%	7th	5.7%	2.8%	-2.9%
8th	27.1%	18.2%	-8.9%	8th	15.4%	10.0%	-5.4%	8th	8.8%	5.3%	-3.5%
9th	34.4%	24.9%	-9.5%	9th	22.2%	14.7%	-7.5%	9th	14.0%	8.4%	-5.6%
10th	36.7%	28.9%	-7.8%	10th	24.4%	17.9%	-6.5%	10th	16.2%	10.8%	-5.4%
11th	40.1%	34.1%	-6.0%	11th	27.3%	23.3%	-4.0%	11th	18.9%	15.0%	-3.9%
12th	39.8%	38.9%	-1.0%	12th	27.0%	26.5%	-0.5%	12th	18.6%	17.0%	-1.6%
<b>Avg.</b>	<b>29.5%</b>	<b>23.3%</b>	<b>-6.2%</b>	<b>Avg.</b>	<b>18.7%</b>	<b>14.3%</b>	<b>-4.4%</b>	<b>Avg.</b>	<b>12.0%</b>	<b>8.6%</b>	<b>-3.4%</b>

The decreases in tobacco use were almost universal. Cigarette smoking and smokeless tobacco use decreased on all measures of prevalence: lifetime, annual, monthly, and daily. Cigar and pipe smoking, which were first measured in 1998, also decreased. Cigarette smoking by high school seniors decreased more slowly than for other grades. This may be related to a delayed onset of smoking by some youth until they reach age 18. Increased enforcement efforts of regulations requiring proof of age for tobacco purchases may have influenced some youth to delay tobacco use until they became of legal age to purchase it. The increased attention to the age 18 requirement for legal possession of tobacco may have inadvertently influenced some youth to see tobacco use as a rite of passage related to their 18th birthday.

One of the major benefits of the decline in youthful cigarette smoking is the related potential for a future decline in the use of other drugs. The decision to use tobacco is a powerful statistical predictor of future decisions to use other drugs. Cigarette smoking is said to be a "gateway drug" that can lead to use of other drugs, and smoking rates are the best statistical predictor of use of other drugs by children and adolescents. Youthful smokers are 10 to 50 times more likely than nonsmokers to use marijuana, cocaine, and other illicit drugs. We first reported this statistical relationship in 1992 (Torabi, Bailey & Majd-Jabbari, 1992). Decreases in tobacco use should lead to future decreases in use of other drugs.

While the rates of decrease reported by Indiana youth exceeds the rates of decrease reported nationally, tobacco use by Hoosier youth still exceeds the national rates at all grade levels where national norms are available. The Indiana prevention initiatives seem to be having a positive impact, but Indiana still has not "caught up" to the rest of the country.

### **Alcohol Use Rates Decline This Year**

Youthful alcohol use resumed a slow pattern of decline, after a one-year hiatus last year. For most measures of use, alcohol use by Hoosier children and adolescents decreased in 2000, and shows significant progress since 1996. The slow progress noted throughout the 1990s had leveled off in 1999, but resumed this year. Major decreases were noted among lifetime, annual and monthly use rates for all grades.

The major exceptions were daily drinking, and "binge drinking," or drinking five or more drinks on a single occasion. Binge drinking rates remain virtually the same since 1996, but are slightly below the rates for 1998 and 1999. Binge drinking has increased slightly during those two years, and has receded to approximately the 1996 levels. Daily drinking rates are essentially unchanged over the past four years.

Since daily drinking and binge drinking are more pathological forms of underage drinking, the findings suggest that the prevention initiatives are working best among youth who are at lower or moderate risk of using, while working less effectively among those at highest risk. Rates of lifetime, annual, and monthly drinking by Hoosier youth are at or near those reported nationally for most grades, while daily drinking and binge drinking by youth in Indiana are significantly above the national rates.

<b>Binge Drinking</b>				<b>Monthly Drinking</b>			
<b>Grade</b>	<b>1996</b>	<b>2000</b>	<b>Change</b>	<b>Grade</b>	<b>1996</b>	<b>2000</b>	<b>Change</b>
6th	7.6%	7.9%	+0.3%	6th	10.7%	9.2%	-1.5%
7th	13.5%	12.4%	-1.1%	7th	21.3%	16.5%	-4.8%
8th	19.0%	18.6%	-0.4%	8th	31.3%	26.4%	-4.9%
9th	25.5%	24.3%	-1.2%	9th	40.8%	35.3%	-5.5%
10th	27.3%	27.1%	-0.2%	10th	43.7%	39.7%	-4.0%
11th	30.1%	30.0%	-0.1%	11th	48.2%	43.2%	-5.0%

12th	35.6%	35.4%	-0.2%	12th	52.5%	50.1%	-2.4%
Avg.	22.7%	22.2%	-0.5%	Avg.	35.5%	31.5%	-4.0%

## Overall Decline in Illicit Drug Use Reported

Use of most illicit drugs by Hoosier youth decreased over the past three years. Use of marijuana, cocaine, prescription drugs, and inhalants all decreased, particularly among middle school aged youth. The decreases in illicit drug use in Indiana correspond to the decreases in tobacco use reported last few years, providing more evidence supportive of tobacco's "gateway drug" correlation.

Throughout the 1990s, the rates of use by Hoosier youth for almost all drugs exceeded the rates reported in national surveys -- often significantly. But recently, the variance between Indiana and national rates has narrowed significantly -- especially among younger youth. By 2000, the Indiana rates for marijuana, cocaine, crack, heroin, and steroids were near or below the national rates for most grades and measures of prevalence. Only for tobacco, prescription narcotics, tranquilizers, and psychedelics do the Indiana rates still exceed the national rates.

Possible explanations for the decreases in illicit drug use by Indiana children and adolescents include:

- Implementation of new statewide prevention initiatives in Indiana over the past three years, including a new Division of Mental Health-funded afterschool prevention program for middle school youth, and a program for training and credentialing prevention professionals in Indiana. These two initiatives have resulted in a new focus on selecting "scientifically defensible" prevention strategies that have been proven to be effective by rigorous evaluation studies. In 1999, Indiana also began a new statewide initiative to coordinate prevention efforts conducted by government, voluntary, and private sector organizations.
- Implementation of a national media campaign aimed at reducing illicit drug use by youth aged 12 through 17. Coordinated by the Office of National Drug Control Policy (ONDCP), this media campaign has greatly increased the number of anti-drug commercials and public service announcements during television and radio programming aimed at teen-agers, and has worked with entertainment producers to include appropriate alcohol and other drug use story lines in television programming.

To expand the impact of these new initiatives, Indiana is launching a new statewide program designed to increase awareness of the power of "scientifically defensible" prevention strategies, and to fund new local prevention coalition efforts. Funded with approximately \$7.5 million in federal funds from the Secretary of Health and Human Services' "Youth Substance Abuse Prevention Initiative," the Indiana program will fund sixteen new "grassroots prevention coalitions" in communities and neighborhoods throughout Indiana, to help those communities mobilize private citizen support for local prevention efforts. At the same time, the ONDCP's media campaign will expand to include local, paid anti-drug advertising in most major Indiana media markets.

## **Progress Most Significant at Middle School Level**

For the second consecutive year, the decreases in youthful drug use, although apparent at all grades six through twelve, were most significant at the middle school grades. Nearly two-thirds of the total decreases occurred in grades 7, 8 and 9. This corresponds closely with the youth targeted by the Division of Mental Health's afterschool prevention program initiative implemented in 1997. In 2000, we also noted increased impact among 10th graders -- who may have been affected by the three-year-old prevention initiative when they were in middle school.

For example, marijuana use at least once in the month prior to the survey by 8th graders dropped from 13.8% in 1997 to 11.3% in 2000, and inhalant use in the past month dropped from 8.2% in 1997 to 4.4% in 2000. The average decreases among high school students were about half that amount.

In 1997, Governor O'Bannon announced that the Division of Mental Health (DMH) was redirecting more than \$5 million per year in prevention funding into a new statewide afterschool prevention program initiative that is targeted on middle school aged youth and afterschool hours. This funding redirection was guided by IPRC research that revealed that most new drug experimentation occurred during three critical years in a youth's life, between the start of seventh grade and the end of ninth grade; and that for this aged youth, the hours between 3 p.m. and 6 p.m. on school days constituted the time the youth were at greatest risk of experimenting. The redirection of funding to existing community-based youth organizations allowed an increase in the level of programming from less than 20,000 contact hours with youth in the targeted age range in 1996-97 to nearly one million contact hours in 1999-2000, at roughly the same cost to the State. More than 500 new prevention programs were started over the past 36 months, reaching nearly every Indiana county. This dramatic rise in prevention programming levels corresponds closely with the dramatic drop in new drug use by youth in this age category.

The increase in prevention programming may have had an effect beyond those youth who actually enrolled in the programs. The new emphasis on programming for this aged youth, combined with statewide training of school and youth agency officials on how to conduct prevention programs for these youth more effectively, may have influenced other school- and community-based prevention efforts as well. The decreases in drug use among middle school aged youth seem to extend well beyond those who participated in the programs.



## INTRODUCTION

This report describes the main findings from the tenth annual survey of alcohol, tobacco, and other drug use by Indiana children and adolescents coordinated by the Indiana Prevention Resource Center under a contract with the Indiana Family and Social Services Administration - Division of Mental Health (formerly the Indiana Department of Mental Health, Division of Addiction Services). This survey provides information about the prevalence of alcohol, tobacco, and other drug (ATOD) use needed for statewide and local planning purposes. From mid-March to mid-April, 2000, data were collected by local school officials in local surveys in 231 schools in 92 different communities in Indiana. The Indiana Prevention Resource Center (IPRC) coordinates statewide analysis of these separate data sets for its annual "Alcohol and Other Drug Use Survey," to provide a scientifically designed, weighted, representative sample of the statewide prevalence of ATOD use by children and adolescents in Indiana.

The survey was designed with two purposes in mind: (1) to measure ATOD prevalence on a statewide basis for statewide planning and evaluation, and (2) to measure ATOD prevalence on a local basis for local planning and evaluation purposes. Since detailed information is required by many local communities in order to qualify for federal or state funding, a very large number of schools volunteer to participate in the IPRC's survey. Although other survey instruments are available to local schools, the IPRC survey and its reports are provided to the local communities without charge. Widespread participation in the surveys generates a statewide sample that is much larger than would be needed simply for statewide planning purposes, but is necessary in order to generate meaningful community-level data. Most participating schools are scheduled to participate on a biennial or triennial basis, but the state's largest school district (with about 8% of the total state school population), among others, now participate annually to avoid skewing the "off-year" results.

Data were collected in 92 separate community or school corporation surveys conducted in 231 schools throughout Indiana. These surveys yielded 72,523 usable surveys. The school surveys conducted in 2000 provided enough data from which to draw inferences about alcohol and other drug use by students in grades 6 through 12 throughout the entire state. In the 1991 survey, 23,319 usable surveys were collected, in 1992, 20,629 usable surveys were collected, in 1993 the number of schools participating increased dramatically, resulting in 90,586 usable surveys being collected, in 1994, 81,732 usable surveys were collected, in 1995, 63,631 usable surveys were collected. In 1996, the number of schools participating dropped dramatically, in response to school corporation concern over proposed state legislation regarding school-based surveys; the number of usable surveys dropped to 36,586 in 1996. While the school surveys conducted in 1996 provided more than enough data from which to draw inferences about ATOD use by students in grades 6 through 12 throughout the **entire state**, the decrease in the number of participating schools greatly reduced the availability of **local data** needed for local planning purposes. The number of participating schools returned to normal in 1997, yielding 72,571 usable surveys. In 1998, 44,232 usable surveys were collected, and in 1999, 81,685 usable surveys were collected.

The 1991 through 1993 surveys included fifth graders, who were eliminated in 1994. The fifth grade samples were more difficult to obtain, required working with many more elementary schools, and were much less reliable due to a disproportionate number of unusable surveys. Since data on fifth graders were not required for statewide planning purposes, they were eliminated from future samples. As data are reported by grade, elimination of fifth graders does not influence the prevalence rates in grades 6 through 12. While identical populations were not sampled each year, the populations are comparable, were selected for geographic and community-size balance in an identical manner, and should produce comparable data.

This year's sample may still be influenced by a highly publicized campaign supporting statewide legislation to protect student privacy and require written parental consent prior to student participation in confidential surveys. Several schools withdrew from participation at the last moment, due to publicity about "survey abuse." We adjusted our sampling quotas to correct for these last minute defections. They do not affect our statewide reliability, but did eliminate important local planning information in those affected communities.

An attempt was made to assure geographic and community-size balance, with an appropriate number of schools and subjects selected from each region of the state, as well as appropriate sized rural, minority, and urban populations. The communities selected for participation are representative of the state, at large, in terms of rural/urban and ethnic mix.

Schools are selected in a three-stage purposive stratified sampling process to yield a sample that is representative of the state as a whole. A three-stage purposive/quota cluster sampling procedure is used to yield a representative sample of Indiana students that are stratified by grade and purposively selected taking into account geographic balance, ethnic diversity, and community size. Schools and communities are purposively selected to assure proportional representation from the various parts of the state, utilizing ten planning regions established by the Governor's Commission for a Drug-Free Indiana, and to assure adequate sampling of minority populations and of students from rural areas. Schools then are assigned a quota designed to yield appropriate numbers of participants in each grade.

Intact classes are randomly selected as sampling clusters. The sample reasonably well represents the sociodemographic makeup of the state, based upon the 1990 decennial Census of Population and Housing. The 2000 sample consisted of appropriate subsamples from each of the ten planning regions. The number of African-American respondents and Hispanic respondents also well represented their share of the state's population. Although not true random sampling, the sampling procedure used in this study is comparable to that used in the National High School Survey (Monitoring the Future study) (Johnston, *et al.*, 1993), and its massive size (72,000+ participants) and representativeness make it a valuable and reliable sample of the population.

Youth Surveys	281 schools in
	92 separate community or school corporation surveys

Total Population Present on Day of Survey	78,518
No grade reported	1,019
Unusable Surveys/Refused to Participate	2,149
Surveys Rejected Due to Error Checking	2,827
Total Number of Usable Surveys	72,523
Participation Rate (Usable Surveys/Total Population)	92.4%

Number of Youth Respondents	72,523
6th grade	9,967
7th grade	11,310
8th grade	12,273
9th grade	10,747
10th grade	11,082
11th grade	8,978
12th grade	8,166

Gender Distribution		
Male	35,919	49.5%
Female	36,329	50.3%
No response	275	0.2%

The anonymous written questionnaire was selected for reasons of data quality, cost and time efficiency and effectiveness, and prior experience. Self-administered written questionnaires "were found to produce more complete reporting of drug use...[particularly] for reporting of more recent use of 'harder' drugs." (Schober, *et al.*, 1992). This method is comparatively less expensive than other data collection methods, and is feasible with school-aged youth, given the relatively easy access to this population through administration in school settings. With Indiana's relatively strict enforcement of mandatory school attendance laws, more than 98% of the youth population under age 16 may effectively be reached through school-administered surveys. School drop-out is a significant problem after age 16, and these data reflect only **those students still in school**. Johnston, *et al.*, (1993) describe a protocol that can be used to estimate the total prevalence (including the drop-out population) from data such as these.

## DEFINITIONS

**Prevalence** is defined as the rate of "total cases" of a health problem. Prevalence rates of drug use are traditionally reported as percentages of all drug use over a particular time frame in the entire population at risk. This survey uses several different measures of prevalence:

**Lifetime prevalence** = the percentage of respondents in an entire grade or age group that reports using a particular drug at least once in their lifetime.

**Annual prevalence** = the percentage of respondents in an entire grade or age group that reports using a particular drug at least once during the year prior to the administration of the survey.

**Current Use or Monthly prevalence** = the percentage of respondents in an entire grade or age group that reports using a particular drug at least once in the 30 days prior to the administration of the survey.

**Binge drinking** = the percentage of respondents in an entire grade or age group that reports drinking at least five alcoholic drinks at a sitting (approximately the amount needed to raise a person's blood alcohol level to about 0.10%) in the 2 weeks prior to administration of the survey.

**Daily prevalence** = the percentage of respondents in an entire grade or age group that reports using a particular drug an average of once per day during the 30 day period prior to the administration of the survey. [This rate is inferred from the frequency response to a question about monthly prevalence, which is the same technique used in the two national surveys used for comparison purposes.]

## PURPOSE AND RATIONALE

This survey was funded by the Indiana Family and Social Services Administration - Division of Mental Health, in order to provide a means of meeting the needs of both state and local alcohol and other drug professionals for information regarding the prevalence of alcohol, tobacco, and other drug use among the youth population of Indiana. There are several needs of both community and state that are met by this survey. This survey allows Indiana to meet federally mandated guidelines for the allocation and expenditures of funds for drug abuse programs. The most efficient allocation of resources requires accurate information about the extent of alcohol and other drug use.

An accurate assessment of local needs is a major step in designing and implementing alcohol and other drug programs for individual communities. This survey allows local professionals to assess the need for programs and to meet the requirements of funding agencies for an accurate assessment of the extent of the local need. An accurate and comprehensive cross-sectional survey of the prevalence of alcohol and other drug use had not recently been conducted in Indiana, prior to the IPRC's 1991 survey. The studies that

had been conducted were largely independent, localized efforts that yielded specific information about individual communities. Some of these studies were not conducted by qualified survey researchers, nor were the instruments tested for validity and reliability. Other studies were conducted by private organizations, often at great expense to the community.

This survey began a useful statewide database of information about the prevalence of alcohol, tobacco, and other drug use in Indiana. The individual surveys conducted as a part of this survey provide local communities with specific information needed by them to assess local needs. Since all of the local surveys were conducted using the same protocol and same instrument, and since these protocols and instruments yield data that is directly comparable to two major national surveys, valid comparisons can be made and reasoned inferences can be drawn from those comparisons.

## **METHODOLOGY**

The survey instrument is a four-page self-contained questionnaire developed by the Indiana Prevention Resource Center in 1991. Items are based upon the questionnaires developed for the National Household Survey on Drug Abuse (NIDA, 1993) and for the National Institute on Drug Abuse's "Monitoring the Future" National High School Survey (Johnston, *et al.*, 1991, 1992, and 1993), and all of the drug use-related items on the questionnaire are directly comparable to items on the national surveys. Items were selected for their value in providing statewide planning data and for comparability with national data. Items were constructed to yield data to measure progress toward meeting the national health objectives set out in *Healthy People 2000*. All of the items were closed-ended questions, including three demographic questions, a six-digit school code that provides geographic information, and a series of Likert-type items, arranged in subscales, to measure:

- the incidence and prevalence of cigarette smoking,
- the incidence and prevalence of alcohol, smokeless tobacco, and other drug use,
- adverse consequences due to alcohol and other drug use experienced by the respondent students,
- perceived risks of using alcohol and other drugs, and
- perceived peer approval/disapproval of the student's alcohol and other drug use.

In 1995, additional subscales were added to measure:

- perceived alcohol and other drug treatment needs for children and adolescents in Indiana,
- safety concerns, violence, and weapons use, and
- participation in structured and unstructured recreational and informal educational activities.

In 1998, the following modifications were made:

- addition of questions on cigar smoking, pipe smoking, non-medical use of ritalin, and use of methcathinone were added to all of the incidence and prevalence subscales,
- the subscales on school violence were altered slightly to conform with new U.S. Department of Education data collection guidelines,
- the subscale on recreational and informal educational activities was revised substantially.

This report describes only the responses to the alcohol, tobacco, and other drug use prevalence questions. Additional monographs in this series will report on the treatment needs; safety, violence, and weapons use; and participation in youth activities questions.

The questionnaire was designed to offer consistency of measurements over time, provide statistics that were comparable to nationally-conducted drug use surveys, and for ease of use and simplicity. Therefore, the results can be plainly presented in an easily understood format, and the results from Indiana can be compared with those from national surveys. The questionnaire is intended for use over several samplings. There are several benefits to this strategy:

First, it provides for the construction of a large database. The larger a database, the more inherently accurate and valid the collected data will be.

Second, the more accurate the Indiana data are, the more accurate the comparisons between Indiana data and other national data (as the national surveys have collected data from tens of thousands of subjects).

Third, since the data are comparable both through the structure of the questionnaire and the times the questionnaires are administered, any changes will more accurately reflect actual changes in the use of the drugs examined. These changes can reflect upon various prevention strategies, through pre- and post-testing. For example, if the survey were administered at a school before that school begins a new prevention program and then surveyed again after the program has been implemented, then subsequent changes in the results of the two surveys can better be attributed to that program.

During development of the survey, the basic questionnaire was reviewed by a panel of experts for content validity, subjected to 6 months of pilot testing and reviewed by focus groups of school-aged youth, and tested for reliability using the test-retest method (correlation coefficient 0.82). A SMOG Index of Readability was calculated to assure readability at the 5th grade level. The survey form is optically scannable, allowing for direct transfer of data from the forms to a computer file, utilizing an NCS Op-Scan 7 reader. The collected data are analyzed using descriptive statistical techniques, and multiple regression through SPSS-PC routines operating in a WindowsNT environment on a high end Pentium III platform, or in a HP-UX environment on large DEC-Alpha mainframes.

The questionnaire used in this survey was designed by the Indiana Prevention Resource Center for use in school settings. All of the questions are comparable to both the National High School Survey (conducted by the University of Michigan) and the National Household Survey (conducted by the National Institute on Drug Abuse), which show drug use rates for high school 8th, 10th and 12th graders, and for persons aged 12 and over, respectively.

The basic portion of each questionnaire is divided into sixteen multi-part questions. [See Appendix for copy of the questionnaire.] Items were selected to gather data comparable to the *Healthy People 2000* standards utilized by the U.S. Public Health Service, with the intention of producing data that could be used to assess the state's and a community's success at meeting the *Healthy People 2000* target goals. Since these goals often are the basis for evaluation specified in federal and state grant funding announcements, the data will assist Indiana applicants in securing such funding.

As in the previous eight surveys conducted by the Indiana Prevention Resource Center, all surveys were conducted during a six week period in the Spring so that the high school data would be comparable to the National High School Survey data. Further surveys will be conducted during the same time period each year, in order to yield consistently valid and reliable results. Due to the relatively high rates of new drug experimentation during a particular school year, it is necessary to survey all populations at about the same time, to avoid "maturation bias." For example, results of a survey conducted in one population in September would not be comparable to results of a survey conducted in another population in April because many more students may have tried drugs for the first time during the intervening seven months.

Students complete the questionnaire in private, and anonymously deposit it in a collection box or envelope to protect confidentiality. No identifying data are collected, except gender, grade in school, and ethnic background, and data are processed by a statistical team that has no direct access to the students, to assure anonymity. Students are given the option of declining to participate, or of turning in a blank survey instrument. More than 92% of eligible students complete usable surveys at every site. Data collection is supervised by the classroom teachers or a classroom monitor provided by the local school, in each school. A 12-minute training videotape and written instructions are provided to all data collectors, to assure consistent collection of data. Each school has a school coordinator who is personally trained by the IPRC, and who coordinates and trouble-shoots data collection at the schools. IPRC survey staff is available via a toll-free 800-number telephone on all data collection days, in the event of questions or problems.

As a check on self reporting accuracy, students are asked how truthfully they had answered the questions. In 2000, over 94% responded completely truthfully, 5% responded mostly truthfully, and less than 1% responded not truthfully at all. Focus groups of students during the 1991 pilot test stage reported using the "mostly truthfully" option when they intended to answer all items truthfully but were uncertain about the answer to a small number of items, such as the inability to recall exact dates or numbers of drug use episodes. An error checking protocol was used to eliminate a small number of

surveys that fell into three categories: (1) those in which the student replied that he/she had responded "not truthfully at all," (2) those with more than two inconsistent responses that suggested a random pattern of answers (i.e. students who report "never used" a particular drug in their lifetime, but then report use of that same drug in the past year or past month), and (3) pharmacologic implausibility (i.e. students who report such excessive use of multiple drugs as to create a cumulative effect that would be lethal). These precautions eliminated surveys that were not completed seriously by the respondents. The protocols are consistent with recommended protocols to improve validity of self-reports of drug use recommended by an advisory panel on validity issues convened by the National Institute on Drug Abuse (Rouse, Kozel & Richards, 1985).

To substantiate the consistency of the self reports on the current survey, in 1992 a correlation coefficient of the reported use of various drugs on a five-point Likert scale was calculated comparing reported levels of use in the past year with use in the past month. The correlation coefficient was calculated at +0.83, which was statistically significant at  $p < .01$ .

The perceived risk component consisted of a seven-item belief subscale related to perceived risk of physical or other harm from drug use. The items were placed on a four point Likert format ranging from "no risk" to "great risk." This subscale was found to be internally consistent with an alpha reliability coefficient of 0.85. Reported frequency of episodes of adverse consequences of the use of alcohol and other drugs was measured on a ten-item Likert-type scale asking students to report the frequency of use-related events such as hangovers, missed school, or poor performance on a test. This subscale also was found to be internally consistent with an alpha reliability coefficient of 0.90. The subscale on perceived peer approval/disapproval consisted of seven items with approve/disapprove alternatives. The items in this subscale were internally consistent with an alpha reliability coefficient of 0.82.

The instrument was designed to produce data that are comparable with that produced by two national surveys: the "National High School Survey" and the "National Household Survey."

The "National High School Survey," also known as the *Monitoring the Future* Survey has been administered every year since 1975 to between 15,000 and 18,000 graduating high school seniors annually from approximately 150 high schools nationwide. Beginning with 1991, this survey also gathered limited data from 8th and 10th grade students in the same school corporations. It is administered through the University of Michigan's Institute for Social Research on behalf of the National Institute on Drug Abuse. The results used in this report's comparisons are those from approximately 50,000 8th, 10th, and 12th grade students in more than 400 schools nationwide.

The National Household Survey on Drug Abuse has been conducted every two to three years since 1972 directly by the National Institute on Drug Abuse. The results from the 1990 survey were compared with the 1991 Indiana survey. The 1996 household survey is the fourteenth study in a series of studies aimed at determining drug use rates among the



American household population aged 12 and over. Only the results from those respondents ages 12 to 17 were used in comparisons with Indiana students in grades 6 to 11.

### **Limitations and Possible Sources of Error**

As in all surveys, the possibility of errors and the limitations of the survey, its instrument, and the manner in which it is distributed, must be taken into account when interpreting a survey's results. The following limitations are possible sources of such errors in regard to this survey:

**Non-sampling errors** = those errors which are the result(s) of recording mistakes (respondents marking the wrong answer, i.e. doesn't actually apply to them), coding errors (the machine skips or misreads a response), missing data (some respondents don't answer all the questions), and differences in respondents' interpretations of the questions and answers. These were minimized for this survey by a pre-testing conducted at Indiana University, specialized training of people who administered the survey, coding checks when completed questionnaires were scanned, and checks of quality control. Where the survey team suspects non-sampling errors, these have been noted in this report.

**Sampling errors** = those errors that occur from the way in which the respondents are chosen and populations are targeted. In other words, the reported current use of a particular drug may vary slightly from one sample to the next, because of the natural differences which exist in people, their location, social practices, etc. and the manner in which they are chosen to participate in the survey. For example, people in the far southern end of the state may have slightly different use rates of particular drugs than people in the extreme northwest corner of the state, and the state-wide results may not reflect an accurate picture of the drug use rates throughout the state if disproportionate numbers of people are sampled in the south relative to the northwest portion of the state. These errors were minimized by allocating the number of sites in each of the 10 geographic regions used by the Governor's Commission for a Drug-Free Indiana and by setting a minimum of 50 respondents and a maximum of 2,500 respondents at each site.

Scientists use statistical formulas to calculate an estimate of the amount of sampling error. Hundreds of such estimates would have to be made for this report, based upon the exact number of responses in each cell category. To avoid unnecessary difficulty in reading such reports, it is customary to report the **average** estimate of sampling error, recognizing that the error may be larger in cells with very small numbers of respondents.

**For the youth populations, the average estimate of sampling error for this the whole population and for each grade 6 through 12 in this report is less than  $\pm 1\%$ , within a 95% confidence level. This means that we estimate that if the same number of respondents were sampled 100 times, using the same techniques, that in 95 or more of the 100 times, the percentages reported would be within or 1% of the percentages reported here.**

In addition, the following should be taken into consideration when attempting to interpret the results presented in this report:

- self-reporting depends on accuracy of memory and honesty in answering questions.
- the sample from the National Household Survey was relatively small (about 2,000) compared to the Indiana sample of more than 73,000 for the same age group.
- those people surveyed were the ones who attended school on the day on which the survey was conducted at their location. It does not (nor does the National High School Survey) sample absentees or school dropouts, nor was it a compulsory survey. Participation in all three surveys was strictly voluntary.
- the National Household Survey uses a "household interview" technique that relies upon oral responses to questions posed by an interviewer. This technique may produce results that are not directly comparable to the "anonymous written questionnaire" techniques utilized by the IPRC survey and by the National High School Senior Survey.

#### NOTES:

In previous reports in this series, an Appendix was included that related survey results to *Healthy People 2000* objectives. Since *Healthy People 2000* expires this year, it is no longer suitable for long-term planning. The objectives for the new *Healthy People 2010* are not yet official, and the draft objectives do not always correspond directly with those found in *Healthy People 2000*. To avoid confusion, this Appendix has been eliminated for this year. Next year, an Appendix relating survey results to the approved *Healthy People 2010* planning objectives will be included in our report.

This report contains the ***Main Findings*** of this survey (the gross prevalence rates). Over time, additional reports will be issued using the data collected in this survey. These specialized reports, and/or articles, will provide more detailed analysis of certain findings.

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# ATOD Use by Indiana Children and Adolescents, 2000

## Percentage Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs

### by Indiana 6th Grade Students: 1991-2000

DRUG	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	
Cigarettes	32.2	33.2	29.2	28.8	27.6	27.7	27.3	26.3	23.3	21.8	*
Cigars	--	--	--	--	--	--	--	9.7	8.4	7.7	
Pipe	--	--	--	--	--	--	--	3.2	3.1	2.9	
Smokeless Tobacco	9.2	13.0	8.5	9.0	7.7	7.1	6.7	4.6	3.7	4.0	
Alcohol	40.4	37.4	37.8	36.1	32.4	29.3	32.3	25.7	26.9	25.8	
Marijuana	1.8	2.9	2.2	2.9	3.6	5.1	4.7	5.0	4.2	3.8	
Cocaine	0.1	0.1	0.1	0.5	0.6	0.8	0.8	0.9	0.7	0.7	
Crack	0.1	0.1	0.1	0.6	0.6	1.0	0.9	1.0	0.9	0.8	
Inhalants	9.6	8.2	7.8	8.4	8.1	8.1	10.1	7.9	7.3	6.4	*
Amphetamines	1.2	1.5	1.5	1.6	1.3	1.5	1.5	1.3	0.9	0.9	
Ritalin	--	--	--	--	--	--	--	1.4	1.0	1.2	
Methcathinone	--	--	--	--	--	--	--	0.5	0.4	0.4	
Tranquilizers	3.4	4.8	4.3	4.4	4.0	4.2	5.1	4.7	4.1	3.7	
Narcotics	2.1	2.0	1.7	1.4	1.2	1.3	1.5	1.4	1.0	0.9	
Psychedelics	0.1	1.3	0.1	1.0	0.8	1.4	1.5	1.5	1.1	0.9	
Heroin	0.1	0.1	0.1	0.5	0.4	0.8	0.7	0.9	0.6	0.6	
Steroids	1.2	2.2	1.2	1.5	1.0	1.4	1.4	1.3	1.4	1.2	

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Annual Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 6th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	20.9	22.6	19.0	19.5	18.3	18.4	18.3	16.4	14.2	12.5	*
Cigars	--	--	--	--	--	--	--	7.4	6.3	5.5	*
Pipe	--	--	--	--	--	--	--	2.3	1.7	1.7	
Smokeless Tobacco	6.5	10.2	6.4	6.8	5.8	5.4	4.9	3.2	2.6	2.6	
Alcohol	32.0	28.7	27.7	27.3	23.2	21.7	23.7	19.3	21.0	20.3	
Marijuana	1.4	2.2	1.7	2.5	3.1	4.4	4.0	4.2	3.6	3.2	
Cocaine	0.1	0.1	0.1	0.4	0.4	0.8	0.7	0.7	0.5	0.6	
Crack	0.1	0.1	0.1	0.4	0.3	0.9	0.7	0.8	0.7	0.6	
Inhalants	7.9	6.6	6.1	6.2	5.8	6.4	7.9	6.0	5.4	4.5	*
Amphetamines	1.1	1.0	1.2	1.3	1.0	1.4	1.3	1.1	0.7	0.7	
Ritalin	--	--	--	--	--	--	--	1.2	0.8	0.9	
Methcathinone	--	--	--	--	--	--	--	0.4	0.2	0.3	
Tranquilizers	2.8	4.0	3.5	3.5	3.0	3.2	4.1	3.8	3.2	2.8	
Narcotics	1.5	1.2	1.3	1.0	0.9	1.0	1.3	1.0	0.6	0.7	
Psychedelics	0.1	0.1	0.1	0.7	0.7	1.2	1.2	1.3	0.8	0.7	
Heroin	0.1	1.9	0.1	0.4	0.2	0.6	0.5	0.7	0.4	0.4	
Steroids	0.1	0.1	0.1	1.0	0.6	1.0	1.0	1.1	0.8	0.8	

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Monthly Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 6th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	10.7	12.9	8.5	10.0	9.3	9.7	9.5	8.2	7.0	5.7	*
Cigars	--	--	--	--	--	--	--	3.9	3.3	2.9	
Pipe	--	--	--	--	--	--	--	1.5	1.0	0.8	
Smokeless Tobacco	4.1	5.9	3.5	4.0	3.3	3.1	3.1	1.9	1.4	1.4	
Alcohol	16.6	16.0	13.6	13.7	11.4	10.7	11.5	9.5	9.9	9.2	
Marijuana	0.1	1.7	1.2	1.7	1.9	3.0	2.7	2.2	2.2	1.8	*
Cocaine	0.1	0.1	0.1	0.3	0.3	0.6	0.5	0.5	0.3	0.4	
Crack	0.1	0.1	0.1	0.3	0.3	0.6	0.5	0.6	0.3	0.4	
Inhalants	5.0	4.3	3.8	4.1	3.6	3.8	4.9	3.6	3.4	2.7	*
Amphetamines	0.1	1.0	0.1	0.9	0.6	1.0	0.9	0.6	0.5	0.3	*
Ritalin	--	--	--	--	--	--	--	0.7	0.5	0.5	
Methcathinone	--	--	--	--	--	--	--	0.3	0.1	0.2	
Tranquilizers	1.7	2.4	2.0	2.2	1.6	1.9	2.4	2.0	1.8	1.6	
Narcotics	1.0	0.1	0.1	0.5	0.6	0.6	0.9	0.7	0.4	0.5	
Psychedelics	0.1	0.1	0.1	0.6	0.5	0.8	0.9	0.8	0.5	0.4	
Heroin	0.1	0.1	0.1	0.3	0.2	0.5	0.4	0.4	0.3	0.3	
Steroids	1.0	1.3	0.1	0.6	0.4	0.7	0.7	0.6	0.5	0.4	

NOTES: --Data not available

\*1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Daily and Special Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 6th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
<b>CIGARETTES</b>											
Daily Use	3.9	4.8	3.4	4.3	4.0	4.2	4.3	3.7	3.1	2.3	*
1/2 <sup>+</sup> Pack per Day	2.1	3.0	1.5	2.0	1.9	2.1	2.1	1.7	1.4	1.0	*
<b>CIGARS</b>	--	--	--	--	--	--	--	0.6	0.5	0.3	*
<b>SMOKELESS TOBACCO</b>											
	0.1	0.1	0.1	0.6	0.4	0.5	0.5	0.3	0.2	0.2	
<b>ALCOHOL</b>											
Daily Use	0.1	0.1	0.1	0.4	0.5	0.4	0.6	0.5	0.4	0.4	
Binge Drinking	9.6	9.4	8.0	8.1	7.2	7.6	7.6	8.7	8.2	7.9	
<b>MARIJUANA</b>	0.1	0.1	0.1	0.1	0.3	0.4	0.3	0.4	0.4	0.2	*

NOTES: -- Data were not available.

\* 1999 and 2000 percentages are significantly different (p<.05)



# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 7th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	43.0	42.7	38.6	40.1	39.8	40.2	38.5	35.1	34.0	31.2	*
Cigars	--	--	--	--	--	--	--	15.1	14.3	12.3	*
Pipe	--	--	--	--	--	--	--	5.1	5.0	5.0	
Smokeless Tobacco	17.4	16.2	13.9	14.9	14.6	12.7	11.5	8.1	7.3	5.9	*
Alcohol	56.3	48.0	48.7	47.4	44.4	44.0	42.4	36.2	37.5	36.5	
Marijuana	5.2	5.6	5.3	7.7	9.5	12.8	10.2	9.9	9.4	8.8	
Cocaine	1.3	1.1	1.0	1.2	1.3	2.1	1.6	1.6	1.6	1.2	*
Crack	1.1	0.1	0.1	1.3	1.3	1.9	1.4	1.7	1.6	1.4	
Inhalants	10.9	9.4	9.8	12.0	12.3	13.5	12.9	10.6	8.8	7.9	*
Amphetamines	5.0	4.8	3.9	4.5	4.6	5.7	3.5	3.0	2.5	2.4	
Ritalin	--	--	--	--	--	--	--	2.5	2.1	2.4	
Methcathinone	--	--	--	--	--	--	--	0.8	0.7	0.7	
Tranquilizers	6.9	6.8	6.5	6.8	6.7	8.5	7.4	7.1	6.2	6.4	
Narcotics	4.4	3.4	3.0	2.9	2.8	3.6	3.4	2.9	2.4	2.3	
Psychedelics	1.5	2.3	1.8	2.2	2.4	3.7	3.0	3.1	2.5	2.4	
Heroin	0.1	1.0	1.0	1.2	1.1	1.2	1.3	1.1	1.0	0.9	
Steroids	2.2	2.4	2.2	2.4	1.7	2.0	1.8	1.6	2.1	1.5	*

NOTES: --Data not available

\*1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Annual Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 7th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	31.7	31.5	28.4	29.7	29.8	31.4	29.0	25.2	22.7	20.0	*
Cigars	--	--	--	--	--	--	--	12.6	11.0	9.5	*
Pipe	--	--	--	--	--	--	--	3.7	3.2	2.9	
Smokeless Tobacco	14.4	13.2	10.9	11.7	11.9	10.2	8.8	6.4	5.1	3.9	*
Alcohol	45.5	39.9	39.8	38.7	36.1	36.9	34.5	30.3	31.7	30.8	
Marijuana	4.0	4.8	4.5	6.7	8.6	11.5	9.1	8.6	8.1	7.9	
Cocaine	1.2	0.1	0.1	1.1	1.1	1.8	1.4	1.3	1.3	1.1	
Crack	1.0	0.1	0.1	0.9	1.0	1.6	1.2	1.3	1.2	1.3	
Inhalants	8.6	8.4	7.6	9.6	9.3	11.4	10.3	7.8	6.4	5.7	*
Amphetamines	4.5	4.4	3.3	3.9	4.0	5.1	3.2	2.4	2.0	2.0	
Ritalin	--	--	--	--	--	--	--	2.0	1.6	2.0	*
Methcathinone	--	--	--	--	--	--	--	0.7	0.5	0.5	
Tranquilizers	6.7	6.5	5.2	5.6	5.4	7.2	6.2	5.9	5.0	5.2	
Narcotics	3.8	2.9	2.4	2.2	2.2	3.1	2.7	2.2	1.9	1.8	
Psychedelics	0.1	1.9	1.5	1.7	2.2	3.2	2.6	2.6	2.1	2.1	
Heroin	0.1	1.0	0.1	0.9	0.9	1.3	1.0	0.9	0.8	0.7	
Steroids	0.1	2.2	1.6	1.8	1.2	1.5	1.4	1.1	1.5	1.1	*

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Monthly Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 7th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	16.8	16.9	14.5	16.9	17.7	19.0	16.3	14.0	12.3	11.0	*
Cigars	--	--	--	--	--	--	--	6.9	5.8	5.3	
Pipe	--	--	--	--	--	--	--	2.4	1.8	2.1	
Smokeless Tobacco	9.7	7.9	6.7	7.5	7.1	6.7	5.2	3.9	2.7	2.2	*
Alcohol	25.9	22.9	21.8	21.5	19.6	21.3	18.4	16.8	16.8	16.5	
Marijuana	2.6	3.3	2.7	4.8	5.4	7.9	5.7	5.5	5.1	5.2	
Cocaine	1.1	0.1	0.1	0.8	0.7	1.3	1.0	0.9	0.7	0.7	
Crack	1.0	0.1	0.1	0.7	0.7	1.2	0.9	0.9	0.8	0.7	
Inhalants	5.3	5.5	4.7	6.1	5.6	7.0	6.6	4.8	3.7	3.3	
Amphetamines	3.5	3.0	2.2	2.7	2.4	3.3	2.3	1.7	1.2	1.2	
Ritalin	--	--	--	--	--	--	--	1.4	1.0	1.2	
Methcathinone	--	--	--	--	--	--	--	0.4	0.3	0.3	
Tranquilizers	4.3	3.7	3.1	3.7	3.3	5.0	4.1	4.0	3.2	3.3	
Narcotics	2.2	1.8	1.4	1.4	1.3	2.2	1.7	1.6	1.2	1.2	
Psychedelics	1.2	1.4	1.1	1.3	1.4	2.2	1.8	1.9	1.5	1.3	
Heroin	0.1	0.1	0.1	0.8	0.6	0.9	0.8	0.5	0.5	0.5	
Steroids	1.2	1.7	0.1	1.3	0.9	1.0	0.8	0.6	1.0	0.7	*

NOTES: --Data not available

\*1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Daily and Special Use of Alcohol, Tobacco, and Other Drugs</b>										
<b>by Indiana 7th Grade Students: 1991-2000</b>										
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>
<b>CIGARETTES</b>										
Daily Use	8.6	8.3	7.3	8.6	8.8	10.4	8.3	6.9	6.0	5.6
1/2 <sup>+</sup> Pack per Day	4.8	4.7	3.9	4.4	4.5	5.7	4.3	3.7	2.9	2.8
<b>CIGARS</b>	--	--	--	--	--	--	--	1.2	1.0	1.0
<b>SMOKELESS TOBACCO</b>										
	2.6	5.1	1.2	1.7	1.1	1.3	0.9	0.5	0.4	0.4
<b>ALCOHOL</b>										
Daily Use	2.5	1.2	1.2	1.4	1.0	1.4	1.1	1.2	1.0	1.1
Binge Drinking	14.3	13.5	12.7	13.0	12.3	13.5	12.0	12.3	12.4	12.4
<b>MARIJUANA</b>										
	1.4	0.1	0.1	0.7	0.9	1.4	1.0	1.1	1.0	1.0

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 8th Grade Students: 1991-2000</b>												
	<b>Indiana</b>											<b>National<sup>#</sup></b>
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>		<b>1999</b>
Cigarettes	52.1	55.0	50.0	51.3	52.4	53.7	52.6	49.5	45.7	43.7	*	44.1
Cigars	--	--	--	--	--	--	--	24.4	22.5	21.3	*	--
Pipe	--	--	--	--	--	--	--	8.0	8.6	7.8	*	--
Smokeless Tobacco	24.8	26.6	18.9	20.1	19.2	17.9	16.7	12.4	10.9	10.9		14.4
Alcohol	64.7	66.1	60.9	61.7	60.2	59.1	59.4	51.5	53.0	51.0	*	52.1
Marijuana	11.7	12.2	12.0	16.0	20.2	24.3	23.0	22.1	19.7	19.0		22.0
Cocaine	2.2	2.4	2.0	2.5	2.9	3.6	3.5	3.2	2.6	2.6		4.7
Crack	2.1	1.6	1.5	2.0	2.4	3.0	2.9	2.9	2.4	2.4		3.1
Inhalants	13.7	16.7	14.5	15.3	18.1	17.4	17.6	13.9	12.0	11.2	*	19.7
Amphetamines	9.7	11.4	9.0	9.1	10.6	10.0	9.1	6.6	5.8	5.6		10.7
Ritalin	--	--	--	--	--	--	--	4.2	3.9	4.2		--
Methcathinone	--	--	--	--	--	--	--	1.5	1.1	1.0		--
Tranquilizers	9.0	13.0	10.3	10.7	11.4	11.9	12.5	11.5	10.1	10.3		4.4
Narcotics	5.9	7.0	5.3	5.4	5.8	5.5	6.5	5.8	5.2	5.0		--
Psychedelics	3.3	4.3	3.7	3.7	5.1	6.7	6.3	5.6	5.7	5.4		4.8
Heroin	1.7	1.6	1.4	1.7	1.8	2.2	1.8	1.9	1.3	1.6		2.3
Steroids	2.9	3.1	2.6	2.7	2.6	2.1	2.3	2.5	2.1	2.5	*	2.7

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Annual Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 8th Grade Students: 1991-2000</b>												
	Indiana											National <sup>#</sup>
DRUG	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000		1999
Cigarettes	39.1	41.8	37.9	39.6	41.4	42.6	41.5	37.3	33.1	30.6	*	--
Cigars	--	--	--	--	--	--	--	20.0	18.1	16.9	*	--
Pipe	--	--	--	--	--	--	--	5.8	5.9	5.1	*	--
Smokeless Tobacco	20.1	22.8	14.9	16.5	15.4	14.2	12.8	9.5	8.3	8.0		--
Alcohol	55.2	57.2	52.3	52.9	51.6	51.4	51.2	45.1	47.0	45.1	*	43.5
Marijuana	10.5	10.5	10.4	14.3	18.4	22.4	21.0	19.8	17.7	17.1		16.5
Cocaine	1.9	1.9	1.6	2.1	2.5	2.9	3.0	2.7	2.1	2.2		2.7
Crack	1.9	1.5	1.2	1.6	2.0	2.3	2.4	2.4	1.9	1.9		1.8
Inhalants	10.7	13.7	11.2	12.4	14.5	13.6	14.0	10.5	8.9	8.3		10.3
Amphetamines	9.1	10.4	7.8	7.8	9.3	8.8	7.9	5.6	4.7	4.7		6.9
Ritalin	--	--	--	--	--	--	--	3.6	3.2	3.5		--
Methcathinone	--	--	--	--	--	--	--	1.3	0.8	0.7		--
Tranquilizers	7.9	11.2	8.6	9.1	9.5	10.3	10.8	9.7	8.5	8.5		2.5
Narcotics	4.8	5.2	4.3	4.0	4.8	4.6	5.5	4.9	4.2	4.1		--
Psychedelics	0.1	3.7	3.1	3.1	4.5	6.0	5.6	5.0	4.8	4.5		2.9
Heroin	0.1	1.4	1.1	1.5	1.5	1.8	1.6	1.5	1.1	1.2		1.4
Steroids	0.1	2.6	2.0	2.0	1.8	1.6	1.7	2.0	1.5	1.8	*	1.7

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Monthly Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 8th Grade Students: 1991-2000</b>												
	Indiana											National <sup>#</sup>
DRUG	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000		1999
Cigarettes	22.0	24.8	21.1	24.2	26.3	27.1	25.8	24.1	19.7	18.2	*	17.5
Cigars	--	--	--	--	--	--	--	12.0	9.6	9.7		--
Pipe	--	--	--	--	--	--	--	3.5	3.5	3.1		--
Smokeless Tobacco	13.7	15.6	9.0	10.6	9.3	8.6	7.2	5.6	4.6	4.5		4.5
Alcohol	33.6	35.1	30.9	32.0	31.3	31.3	30.3	27.2	27.7	26.4	*	24.0
Marijuana	6.5	6.7	6.5	9.9	13.1	15.2	13.8	12.8	11.3	11.3		9.7
Cocaine	1.6	1.2	0.1	1.3	1.4	1.7	1.9	1.5	1.1	1.1		1.3
Crack	1.4	1.1	0.1	1.0	1.1	1.4	1.4	1.3	1.1	1.0		0.8
Inhalants	6.0	7.4	6.5	7.5	8.4	8.0	8.2	5.7	4.8	4.4		5.0
Amphetamines	5.8	6.6	5.1	5.2	5.9	5.6	5.3	3.3	2.8	2.8		3.4
Ritalin	--	--	--	--	--	--	--	2.0	1.7	2.0		--
Methcathinone	--	--	--	--	--	--	--	0.8	0.5	0.4		--
Tranquilizers	4.6	7.0	5.6	5.7	5.8	6.0	6.5	5.7	5.2	5.1		1.1
Narcotics	2.9	3.3	2.6	2.5	2.6	2.7	3.2	2.8	2.4	2.4		--
Psychedelics	1.9	2.2	2.0	2.1	3.1	3.6	3.6	3.0	2.6	2.7		1.3
Heroin	1.3	0.1	0.1	1.0	0.9	1.1	1.1	1.0	0.6	0.7		0.6
Steroids	1.8	1.7	1.2	1.3	1.0	1.0	1.0	1.1	0.9	0.9		0.7

NOTES: --Data not available

\*1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Daily and Special Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 8th Grade Students: 1991-2000</b>											
	Indiana										National <sup>#</sup>
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>1999</b>
<b>CIGARETTES</b>											
Daily Use	13.2	13.7	11.8	13.8	14.9	15.4	14.2	13.7	10.6	10.0	8.1
1/2 <sup>+</sup> Pack per Day	7.7	9.4	6.7	7.2	8.4	8.8	8.4	7.5	5.6	5.3	3.3
<b>CIGARS</b>	--	--	--	--	--	--	--	2.5	1.7	1.9	--
<b>SMOKELESS TOBACCO</b>											
	4.6	5.1	2.3	2.6	2.1	2.2	1.6	1.4	0.9	0.9	0.9
<b>ALCOHOL</b>											
Daily Use	2.5	2.8	1.8	2.3	2.1	2.2	2.2	2.4	2.1	2.4	1.0
Binge Drinking	19.2	20.6	18.5	18.6	18.4	19.0	18.9	19.7	19.5	18.6	15.2
<b>MARIJUANA</b>	1.4	1.2	0.9	1.9	2.1	3.1	2.7	2.7	2.3	2.7	* 1.4

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999



# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 9th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	54.2	58.2	56.5	57.4	58.7	61.4	57.3	55.8	53.7	50.6	*
Cigars	--	--	--	--	--	--	--	31.0	28.7	26.8	*
Pipe	--	--	--	--	--	--	--	10.9	10.1	9.8	
Smokeless Tobacco	28.0	28.5	24.3	25.8	26.2	24.2	21.3	18.7	15.0	14.2	
Alcohol	74.6	72.8	70.2	69.9	68.7	69.7	65.9	61.8	61.4	59.8	*
Marijuana	15.9	16.6	18.4	23.9	26.1	35.0	28.9	30.7	27.8	26.7	
Cocaine	2.5	3.2	2.5	3.7	3.7	4.9	4.8	5.3	4.2	3.9	
Crack	1.2	1.8	1.8	2.5	2.7	4.0	3.5	4.2	3.3	3.0	
Inhalants	12.3	14.1	13.3	17.4	17.3	18.3	16.7	15.7	12.3	11.6	
Amphetamines	12.9	13.9	13.5	14.8	14.3	16.7	13.3	12.0	9.9	10.1	
Ritalin	--	--	--	--	--	--	--	6.8	5.0	6.2	*
Methcathinone	--	--	--	--	--	--	--	2.2	1.7	1.7	
Tranquilizers	9.2	11.4	11.1	13.8	13.4	15.3	15.0	14.9	13.7	14.0	
Narcotics	6.9	6.8	6.9	8.5	7.9	9.9	9.1	9.2	8.1	8.1	
Psychedelics	3.6	5.6	5.6	6.4	7.8	12.1	8.9	9.9	9.2	8.0	*
Heroin	1.0	2.0	1.5	2.0	1.9	2.4	2.1	2.1	1.7	1.6	
Steroids	2.2	2.7	2.8	3.0	2.6	2.5	2.3	2.5	2.4	2.8	

NOTES: --Data not available

\*1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Annual Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 9th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	39.4	45.9	43.6	45.5	46.2	50.2	46.4	43.4	39.7	37.1	*
Cigars	--	--	--	--	--	--	--	26.3	23.8	21.8	*
Pipe	--	--	--	--	--	--	--	7.9	6.9	6.6	
Smokeless Tobacco	23.3	25.1	19.2	20.8	20.8	19.6	16.7	14.1	11.5	11.2	
Alcohol	67.1	65.2	62.5	61.6	60.5	62.2	58.1	56.0	56.0	54.6	*
Marijuana	14.3	15.5	16.1	21.7	23.7	31.8	25.8	27.3	24.6	24.0	
Cocaine	2.5	3.1	2.1	2.9	3.1	4.1	4.0	4.5	3.2	3.3	
Crack	1.5	1.8	1.4	2.0	2.2	3.2	2.9	3.3	2.4	2.4	
Inhalants	9.4	10.6	9.8	13.5	13.2	13.8	12.1	11.5	8.8	8.1	*
Amphetamines	11.6	13.2	11.6	12.9	12.2	14.4	11.4	9.8	8.2	8.0	
Ritalin	--	--	--	--	--	--	--	5.7	3.9	4.8	*
Methcathinone	--	--	--	--	--	--	--	1.7	1.2	1.4	
Tranquilizers	8.0	10.2	9.2	11.9	10.8	13.0	12.7	12.5	11.7	12.2	
Narcotics	5.2	6.0	5.5	6.9	6.3	7.9	7.6	7.8	6.9	6.8	
Psychedelics	0.1	5.1	4.7	5.6	6.9	10.9	7.7	8.5	7.9	6.7	*
Heroin	0.1	1.9	1.1	1.5	1.7	2.0	1.7	1.6	1.3	1.4	
Steroids	0.1	2.3	2.0	2.2	1.8	1.8	1.7	1.8	1.7	2.1	

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Monthly Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 9th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	22.6	28.4	26.2	29.4	30.8	34.4	30.5	28.9	25.4	24.9	
Cigars	--	--	--	--	--	--	--	15.5	13.2	12.6	
Pipe	--	--	--	--	--	--	--	4.5	4.1	4.2	
Smokeless Tobacco	14.4	16.1	12.2	13.3	13.2	12.5	9.8	8.3	6.5	6.5	
Alcohol	43.7	41.8	38.2	39.6	38.5	40.8	36.0	36.7	36.2	35.3	
Marijuana	8.3	9.6	10.6	15.2	15.9	22.8	17.2	18.4	16.2	15.6	
Cocaine	1.3	1.9	0.1	1.6	1.7	2.4	2.2	2.4	1.4	1.6	
Crack	1.0	1.5	0.1	1.4	1.3	2.1	1.5	1.9	1.2	1.3	
Inhalants	5.2	5.2	5.2	7.3	6.9	7.2	6.1	5.8	4.4	4.2	
Amphetamines	7.0	7.5	6.4	7.8	7.2	8.9	6.8	5.9	4.8	5.1	
Ritalin	--	--	--	--	--	--	--	3.0	2.0	2.5	*
Methcathinone	--	--	--	--	--	--	--	1.0	0.6	0.8	
Tranquilizers	4.0	5.8	5.2	7.1	6.2	7.7	7.9	7.5	7.2	7.4	
Narcotics	3.1	3.4	2.9	3.7	3.8	4.9	4.2	4.2	3.8	3.9	
Psychedelics	2.2	3.3	2.7	3.7	4.9	6.5	4.6	5.0	4.3	3.6	*
Heroin	1.0	1.3	0.1	1.1	0.9	1.3	1.0	0.9	0.6	0.7	
Steroids	1.3	1.6	1.3	1.4	1.2	1.2	1.1	1.1	0.9	1.0	

NOTES: --Data not available

\*1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Daily and Special Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 9th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
<b>CIGARETTES</b>											
Daily Use	13.6	17.2	16.0	18.3	18.4	22.0	19.0	18.5	15.5	14.7	
1/2 <sup>+</sup> Pack per Day	9.0	11.4	9.9	11.7	11.2	14.0	11.8	11.6	9.2	8.4	*
<b>CIGARS</b>	--	--	--	--	--	--	--	3.3	2.8	2.8	
<b>SMOKELESS TOBACCO</b>											
	5.0	5.4	3.8	4.2	4.1	3.9	2.5	2.4	1.8	2.0	
<b>ALCOHOL</b>											
Daily Use	3.9	3.5	2.8	3.2	3.1	3.6	3.1	3.6	3.6	3.4	
Binge Drinking	25.1	24.8	23.3	23.6	23.3	25.5	23.1	25.7	24.3	24.3	
<b>MARIJUANA</b>											
	3.5	1.9	1.8	3.3	3.7	6.4	4.1	4.9	4.6	4.5	

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 10th Grade Students: 1991-2000</b>											
	Indiana										National <sup>#</sup>
DRUG	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	1999
Cigarettes	61.6	62.6	60.8	61.5	61.8	63.6	64.1	61.4	60.5	57.4	* 57.6
Cigars	--	--	--	--	--	--	--	37.5	36.4	32.4	* --
Pipe	--	--	--	--	--	--	--	12.8	12.1	10.6	* --
Smokeless Tobacco	35.5	32.0	27.9	28.0	28.7	30.0	26.2	22.1	19.6	17.3	* 20.4
Alcohol	81.4	78.7	76.5	76.2	73.2	74.3	75.2	68.4	69.2	66.6	* 70.6
Marijuana	26.2	22.4	25.6	30.5	34.2	40.2	40.1	38.2	37.4	34.1	* 40.9
Cocaine	5.3	3.9	3.4	4.3	4.9	6.9	6.7	6.6	6.0	5.1	* 7.7
Crack	3.1	2.1	1.9	2.9	3.6	4.8	4.7	5.1	4.1	3.4	* 4.0
Inhalants	16.7	13.5	15.0	16.1	17.5	17.8	17.5	15.9	12.8	11.4	* 17.0
Amphetamines	20.2	17.1	17.3	17.2	17.7	18.8	17.6	15.1	13.5	12.2	* 15.7
Ritalin	--	--	--	--	--	--	--	6.8	6.6	6.8	--
Methcathinone	--	--	--	--	--	--	--	2.6	1.9	1.7	--
Tranquilizers	13.3	14.1	13.0	14.6	13.5	16.3	16.3	16.1	15.5	14.9	7.9
Narcotics	10.0	9.4	9.0	9.8	9.7	11.7	12.6	11.9	11.1	10.1	* --
Psychedelics	7.7	8.0	7.7	8.3	11.5	14.1	13.2	12.9	12.6	10.9	* 9.7
Heroin	2.0	1.9	1.4	2.0	1.9	2.8	2.2	2.5	2.0	1.9	2.3
Steroids	3.0	3.0	2.4	2.8	2.2	2.9	2.4	3.1	2.3	2.7	* 2.7

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Annual Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 10th Grade Students: 1991-2000</b>												
	<b>Indiana</b>											<b>National<sup>#</sup></b>
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>		<b>1999</b>
Cigarettes	47.8	48.7	46.8	48.0	48.9	50.8	52.4	47.9	45.5	41.4	*	--
Cigars	--	--	--	--	--	--	--	32.1	30.4	26.0	*	--
Pipe	--	--	--	--	--	--	--	8.9	8.3	6.6	*	--
Smokeless Tobacco	27.3	27.1	21.6	21.8	22.2	22.9	20.3	16.4	14.6	12.9	*	--
Alcohol	73.7	71.8	68.0	67.7	65.3	65.9	67.3	61.8	63.0	61.1	*	63.7
Marijuana	22.9	19.7	22.2	27.6	30.8	36.1	35.1	33.7	32.8	29.4	*	32.1
Cocaine	4.3	3.5	2.6	3.5	4.0	5.7	5.5	5.4	5.0	3.8	*	4.9
Crack	2.8	1.9	1.5	2.3	3.0	4.0	3.8	4.0	3.2	2.4	*	2.4
Inhalants	12.6	9.2	10.3	11.3	12.4	11.3	11.7	10.7	8.1	7.1	*	7.2
Amphetamines	17.4	15.0	13.9	14.4	14.4	15.4	14.5	12.1	10.5	9.6	*	10.4
Ritalin	--	--	--	--	--	--	--	5.2	4.9	5.0		--
Methcathinone	--	--	--	--	--	--	--	1.9	1.4	1.3		--
Tranquilizers	11.7	12.2	10.4	12.1	11.2	13.5	13.5	13.2	12.8	12.1		5.4
Narcotics	8.1	7.6	6.9	7.8	7.6	9.3	10.2	9.8	9.0	8.1	*	--
Psychedelics	0.1	7.8	6.4	7.1	10.2	12.3	11.4	10.5	10.5	8.6	*	6.9
Heroin	0.1	1.8	1.2	1.6	1.6	2.3	1.8	1.8	1.6	1.2	*	1.4
Steroids	0.1	2.8	1.8	2.1	1.7	2.2	1.7	2.2	1.6	1.9		1.7

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Monthly Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 10th Grade Students: 1991-2000</b>												
	Indiana											National <sup>#</sup>
DRUG	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000		1999
Cigarettes	31.0	31.3	30.4	33.0	34.4	36.7	37.2	33.9	31.5	28.9	*	25.7
Cigars	--	--	--	--	--	--	--	19.0	16.5	14.6	*	--
Pipe	--	--	--	--	--	--	--	4.8	4.3	3.6	*	--
Smokeless Tobacco	18.1	18.2	13.2	13.6	13.8	14.6	12.3	9.5	8.2	7.4	*	6.5
Alcohol	50.7	47.1	43.8	44.9	42.7	43.7	43.9	41.3	41.6	39.7	*	40.0
Marijuana	13.4	11.8	14.3	18.9	21.5	24.9	23.7	21.8	21.1	19.0	*	19.4
Cocaine	2.4	1.9	1.4	1.6	2.2	2.6	2.6	2.9	2.3	1.7	*	1.8
Crack	1.7	1.1	0.1	1.2	1.6	1.8	1.9	2.1	1.5	1.1	*	0.8
Inhalants	6.5	4.8	5.0	5.6	5.8	5.1	5.3	4.9	3.4	2.9	*	2.6
Amphetamines	9.8	7.5	7.5	8.3	7.9	7.8	7.8	6.5	5.6	5.4		5.0
Ritalin	--	--	--	--	--	--	--	2.5	2.1	2.4		--
Methcathinone	--	--	--	--	--	--	--	1.3	0.7	0.6		--
Tranquilizers	6.0	6.4	5.7	6.9	6.2	7.0	7.4	7.5	7.1	7.0		2.2
Narcotics	4.0	3.7	3.4	4.0	4.1	4.4	5.0	5.2	4.4	4.4		--
Psychedelics	4.1	4.7	3.7	4.1	7.0	6.8	6.5	6.0	5.5	4.2	*	2.9
Heroin	1.4	1.1	0.1	0.9	1.0	1.3	1.0	1.3	0.9	0.7		0.7
Steroids	1.8	1.6	1.0	1.3	1.1	1.4	0.9	1.4	0.9	0.9		0.9

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Daily and Special Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 10th Grade Students: 1991-2000</b>												
	Indiana										National <sup>#</sup>	
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>		<b>1999</b>
<b>CIGARETTES</b>												
Daily Use	18.7	20.1	19.0	21.9	22.4	24.4	23.9	21.5	20.6	17.9	*	15.9
1/2 <sup>+</sup> Pack per Day	12.2	13.4	12.3	14.4	14.6	16.2	15.5	13.4	12.9	10.8	*	7.6
<b>CIGARS</b>	--	--	--	--	--	--	--	3.7	2.9	2.9		--
<b>SMOKELESS TOBACCO</b>												
	7.6	7.9	4.7	5.2	5.0	5.6	4.1	3.3	2.5	2.3		1.5
<b>ALCOHOL</b>												
Daily Use	5.2	4.4	3.5	3.6	3.5	4.1	3.9	4.2	4.5	4.1		1.9
Binge Drinking	30.6	29.2	27.3	26.8	26.1	27.3	27.8	29.0	28.8	27.1	*	25.6
<b>MARIJUANA</b>	3.5	2.3	2.7	4.3	5.1	7.4	6.9	6.3	6.5	5.7	*	3.8

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999



# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 11th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	63.0	65.5	64.7	64.5	66.5	67.7	66.9	66.9	65.3	62.3	*
Cigars	--	--	--	--	--	--	--	43.9	42.1	39.3	*
Pipe	--	--	--	--	--	--	--	14.5	13.1	12.4	
Smokeless Tobacco	35.1	37.3	31.9	31.0	32.2	31.9	29.1	25.6	23.0	22.9	
Alcohol	83.5	82.9	82.2	79.7	78.5	78.1	77.5	74.9	73.3	71.9	*
Marijuana	29.4	28.5	31.1	33.2	36.6	44.1	42.3	43.7	42.1	39.8	*
Cocaine	6.0	5.2	4.2	4.9	5.2	7.5	7.8	8.1	7.6	7.5	
Crack	2.4	2.4	2.0	2.7	3.2	4.1	4.5	5.3	4.2	3.8	
Inhalants	14.5	16.1	14.0	15.7	16.0	17.6	15.4	16.2	12.3	13.0	
Amphetamines	22.3	20.4	18.8	18.5	18.2	18.3	18.5	16.8	15.7	15.5	
Ritalin	--	--	--	--	--	--	--	7.5	7.3	8.0	
Methcathinone	--	--	--	--	--	--	--	2.8	2.2	2.3	
Tranquilizers	12.8	15.1	12.9	13.5	13.9	16.6	16.3	17.5	16.0	16.7	
Narcotics	11.3	11.3	9.7	11.3	10.8	13.2	13.9	13.7	13.1	13.3	
Psychedelics	8.7	10.4	10.5	10.1	12.7	16.8	14.9	16.4	15.6	14.0	*
Heroin	2.1	1.9	1.2	1.5	1.7	1.9	1.9	2.4	2.0	2.5	*
Steroids	2.9	3.1	2.0	2.6	2.5	2.3	2.4	2.7	2.2	2.7	*

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Annual Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 11th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	48.3	51.3	51.0	50.5	53.3	54.8	54.1	53.5	51.0	47.1	*
Cigars	--	--	--	--	--	--	--	37.2	35.1	30.9	*
Pipe	--	--	--	--	--	--	--	9.6	8.7	7.5	*
Smokeless Tobacco	26.5	28.1	23.5	23.1	23.9	22.9	21.1	18.2	15.9	16.3	
Alcohol	76.5	73.4	73.6	70.2	70.9	70.0	70.0	68.8	67.2	65.6	*
Marijuana	25.1	24.9	26.3	28.7	32.8	38.6	36.3	37.5	35.2	32.9	*
Cocaine	4.8	4.3	2.9	3.6	4.3	5.8	6.3	6.7	5.9	5.5	
Crack	2.1	2.1	1.6	1.9	2.5	3.2	3.6	4.2	2.9	2.3	*
Inhalants	9.8	10.1	8.6	10.1	9.9	10.1	9.4	9.6	6.9	7.1	
Amphetamines	18.5	16.8	14.5	13.9	14.2	13.9	14.1	12.5	11.6	12.2	
Ritalin	--	--	--	--	--	--	--	5.3	4.8	5.4	
Methcathinone	--	--	--	--	--	--	--	2.1	1.6	1.5	
Tranquilizers	10.3	12.0	9.8	10.5	11.0	13.2	13.1	13.6	12.7	13.2	
Narcotics	8.4	8.7	7.0	8.0	8.1	10.3	10.8	11.0	10.4	10.4	
Psychedelics	0.1	9.7	8.6	8.2	11.4	14.1	12.6	13.0	12.5	10.9	*
Heroin	0.1	1.8	0.1	1.1	1.3	1.5	1.6	1.8	1.5	1.7	
Steroids	0.1	2.9	1.4	1.8	1.6	1.7	1.5	1.7	1.5	1.8	

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Monthly Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 11th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
Cigarettes	29.9	34.9	33.7	34.4	39.3	40.1	39.2	39.8	37.4	34.1	*
Cigars	--	--	--	--	--	--	--	21.0	18.6	16.8	*
Pipe	--	--	--	--	--	--	--	4.5	4.3	3.8	
Smokeless Tobacco	16.9	19.5	14.4	14.6	15.4	14.2	12.0	10.2	8.9	9.7	
Alcohol	53.7	50.2	49.4	47.0	47.7	48.2	45.8	47.8	45.6	43.2	*
Marijuana	14.4	14.7	16.7	19.6	21.8	25.7	22.3	24.6	22.0	20.5	*
Cocaine	2.4	2.4	1.2	1.6	2.0	3.0	2.9	3.3	2.4	2.2	
Crack	1.4	1.5	0.1	1.0	1.3	1.6	1.6	1.9	1.0	1.0	
Inhalants	4.7	4.5	3.8	4.2	4.3	4.3	3.6	3.9	2.7	2.8	
Amphetamines	10.0	8.9	7.2	7.0	7.0	6.4	7.0	6.0	5.8	6.6	*
Ritalin	--	--	--	--	--	--	--	2.4	1.9	2.2	
Methcathinone	--	--	--	--	--	--	--	1.0	0.7	0.8	
Tranquilizers	5.1	6.0	4.6	5.3	5.7	6.9	7.0	7.1	6.9	7.3	
Narcotics	4.4	3.8	3.4	3.5	3.8	4.8	4.7	5.2	4.7	5.3	
Psychedelics	3.7	5.7	4.5	4.1	7.6	6.4	6.9	6.9	6.0	4.9	*
Heroin	1.2	1.4	0.1	0.6	0.8	0.8	0.8	1.0	0.7	0.9	
Steroids	1.6	1.9	0.1	1.1	1.0	0.8	0.8	1.0	0.6	0.9	

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Daily and Special Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 11th Grade Students: 1991-2000</b>											
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	
<b>CIGARETTES</b>											
Daily Use	19.3	22.6	22.0	22.8	26.0	27.3	26.6	27.0	25.2	23.3	*
1/2 <sup>+</sup> Pack per Day	13.8	15.7	15.0	15.3	17.2	18.9	18.1	17.3	16.2	15.0	*
<b>CIGARS</b>	--	--	--	--	--	--	--	3.5	3.4	3.3	
<b>SMOKELESS TOBACCO</b>											
	6.8	9.3	5.8	6.4	6.3	6.2	4.7	4.1	3.5	3.9	
<b>ALCOHOL</b>											
Daily Use	5.8	5.4	4.1	4.5	5.0	5.1	4.5	5.6	4.9	4.9	
Binge Drinking	34.1	31.7	30.6	28.9	29.6	30.1	29.8	32.3	31.3	30.0	
<b>MARIJUANA</b>											
	3.1	4.0	3.9	5.1	6.1	8.6	7.1	7.6	7.5	6.9	

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 12th Grade Students: 1991-2000</b>												
	<b>Indiana</b>										<b>National<sup>#</sup></b>	
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>		<b>1999</b>
Cigarettes	69.1	69.4	66.4	65.6	67.9	66.4	68.6	67.2	68.1	65.8	*	64.6
Cigars	--	--	--	--	--	--	--	50.1	48.9	45.3	*	--
Pipe	--	--	--	--	--	--	--	15.9	15.6	14.0	*	--
Smokeless Tobacco	38.0	39.5	34.0	33.9	35.8	31.3	31.4	29.4	26.9	26.3		23.4
Alcohol	88.1	87.0	85.0	82.4	81.4	80.6	80.8	76.1	78.5	75.9	*	80.0
Marijuana	34.2	31.0	35.3	38.1	40.0	43.4	45.6	46.5	45.7	44.4		49.7
Cocaine	6.9	6.0	5.0	6.1	7.1	7.1	8.9	9.3	8.4	8.7		9.8
Crack	1.9	3.4	2.0	2.8	4.3	4.1	5.6	5.6	4.5	4.2		4.6
Inhalants	14.6	14.8	14.0	15.1	15.5	13.7	15.5	15.3	12.8	12.3		15.4
Amphetamines	22.1	19.1	19.8	18.8	18.0	16.5	19.2	16.6	15.6	15.4		16.3
Ritalin	--	--	--	--	--	--	--	5.9	7.4	7.4		--
Methcathinone	--	--	--	--	--	--	--	2.5	2.5	2.4		--
Tranquilizers	13.5	14.6	12.6	13.2	13.2	14.2	16.2	16.4	15.8	15.7		9.3
Narcotics	12.0	10.1	11.3	11.5	11.4	11.7	14.5	14.7	13.6	13.8		10.2
Psychedelics	9.8	11.2	11.6	12.0	14.4	15.5	17.2	17.8	17.1	15.4	*	13.7
Heroin	1.4	2.4	1.3	1.8	2.0	2.1	2.3	2.7	2.1	2.3		2.0
Steroids	2.3	3.6	2.4	2.8	2.6	2.1	2.5	2.6	2.5	2.5		2.9

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Annual Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 12th Grade Students: 1991-2000</b>												
	Indiana											National <sup>#</sup>
DRUG	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000		1999
Cigarettes	69.1	54.3	52.2	51.8	54.5	52.7	55.7	53.4	54.6	51.2	*	--
Cigars	--	--	--	--	--	--	--	42.9	40.4	36.8	*	--
Pipe	--	--	--	--	--	--	--	11.1	10.2	9.0	*	--
Smokeless Tobacco	38.0	30.8	23.8	24.6	25.9	21.6	21.4	20.2	18.2	18.3		--
Alcohol	80.0	79.1	76.1	73.3	72.9	72.1	73.1	70.9	72.4	70.2	*	73.8
Marijuana	34.2	23.7	28.3	31.9	34.6	37.4	37.1	38.8	37.1	35.4	*	37.8
Cocaine	6.9	4.8	3.3	4.1	5.6	5.7	6.9	7.1	6.2	6.5		6.2
Crack	1.9	2.7	1.3	2.0	3.4	3.0	4.2	4.1	2.9	2.8		2.7
Inhalants	14.6	7.9	7.1	8.9	9.0	7.4	8.3	8.1	6.3	6.3		5.6
Amphetamines	22.1	14.5	13.8	13.5	13.1	12.1	13.6	11.9	10.8	11.4		10.2
Ritalin	--	--	--	--	--	--	--	4.0	4.3	4.8		--
Methcathinone	--	--	--	--	--	--	--	1.9	1.5	1.7		--
Tranquilizers	13.5	11.0	9.3	9.7	9.5	11.1	12.3	12.8	11.9	12.3		5.8
Narcotics	12.0	6.7	7.3	7.8	8.1	8.5	10.7	11.2	9.9	10.4		6.7
Psychedelics	9.8	9.3	9.1	9.3	12.2	12.5	13.6	13.6	12.6	11.3	*	9.4
Heroin	1.4	2.3	0.1	1.2	1.5	1.8	1.7	1.9	1.4	1.8		1.1
Steroids	2.3	2.6	1.5	1.8	1.6	1.5	1.7	1.9	1.7	1.7		1.8

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Monthly Use of Alcohol, Tobacco, and Other Drugs</b>												
<b>by Indiana 12th Grade Students: 1991-2000</b>												
	Indiana											National <sup>#</sup>
DRUG	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000		1999
Cigarettes	34.6	36.2	35.6	37.3	40.6	39.8	41.6	41.6	40.5	38.9	*	34.6
Cigars	--	--	--	--	--	--	--	25.8	23.0	20.2	*	--
Pipe	--	--	--	--	--	--	--	4.8	5.2	4.4	*	--
Smokeless Tobacco	19.4	21.7	15.4	15.5	16.5	14.4	13.5	12.1	11.2	11.3		8.4
Alcohol	59.7	56.1	53.2	53.7	51.2	52.5	50.1	52.0	51.7	50.1	*	51.0
Marijuana	15.6	14.4	17.8	21.6	24.0	25.4	23.5	24.5	23.5	22.7		23.1
Cocaine	2.1	3.1	1.5	2.0	2.5	3.0	3.3	3.5	2.4	2.7		2.6
Crack	0.1	2.0	0.1	0.9	1.7	1.5	1.8	2.0	1.1	1.1		1.1
Inhalants	3.6	3.9	2.9	3.8	3.8	3.1	3.3	3.2	2.6	2.4		2.0
Amphetamines	9.1	7.5	6.5	7.2	6.5	6.1	6.7	5.8	5.1	5.9	*	4.5
Ritalin	--	--	--	--	--	--	--	1.7	1.5	1.9		--
Methcathinone	--	--	--	--	--	--	--	1.1	0.6	0.8		--
Tranquilizers	4.8	5.3	4.5	4.6	4.9	6.0	6.2	6.6	5.9	6.5		2.5
Narcotics	3.9	3.2	3.1	3.6	4.0	4.3	4.5	4.6	4.5	4.5		2.6
Psychedelics	4.2	5.6	4.5	4.4	8.2	6.0	7.2	7.0	5.7	4.5	*	3.5
Heroin	0.1	1.8	0.1	0.7	0.9	1.1	1.0	1.1	0.7	0.9		0.5
Steroids	1.2	2.1	0.1	0.9	0.8	0.8	1.0	1.1	0.9	0.6	*	0.9

NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

# ATOD Use by Indiana Children and Adolescents, 2000

<b>Percentage Reporting Daily and Special Use of Alcohol, Tobacco, and Other Drugs</b>											
<b>by Indiana 12th Grade Students: 1991-2000</b>											
	Indiana										National <sup>#</sup>
<b>DRUG</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>1999</b>
<b>CIGARETTES</b>											
Daily Use	22.7	22.8	23.2	25.1	27.6	27.0	28.6	28.5	27.6	26.5	23.1
1/2 <sup>+</sup> Pack per Day	16.3	16.0	16.0	17.9	18.9	18.6	19.3	20.0	18.1	17.0	13.2
<b>CIGARS</b>	--	--	--	--	--	--	--	3.8	3.7	3.4	--
<b>SMOKELESS TOBACCO</b>											
	9.6	10.4	6.9	7.0	7.6	6.7	6.1	5.3	5.0	4.9	2.9
<b>ALCOHOL</b>											
Daily Use	7.1	6.2	6.0	6.9	6.4	7.5	5.9	8.1	7.1	6.8	3.4
Binge Drinking	38.7	37.6	34.3	34.8	33.3	35.6	33.2	37.5	36.3	35.4	30.8
<b>MARIJUANA</b>	4.3	3.9	4.2	6.0	7.4	7.6	8.1	8.5	8.2	7.5	6

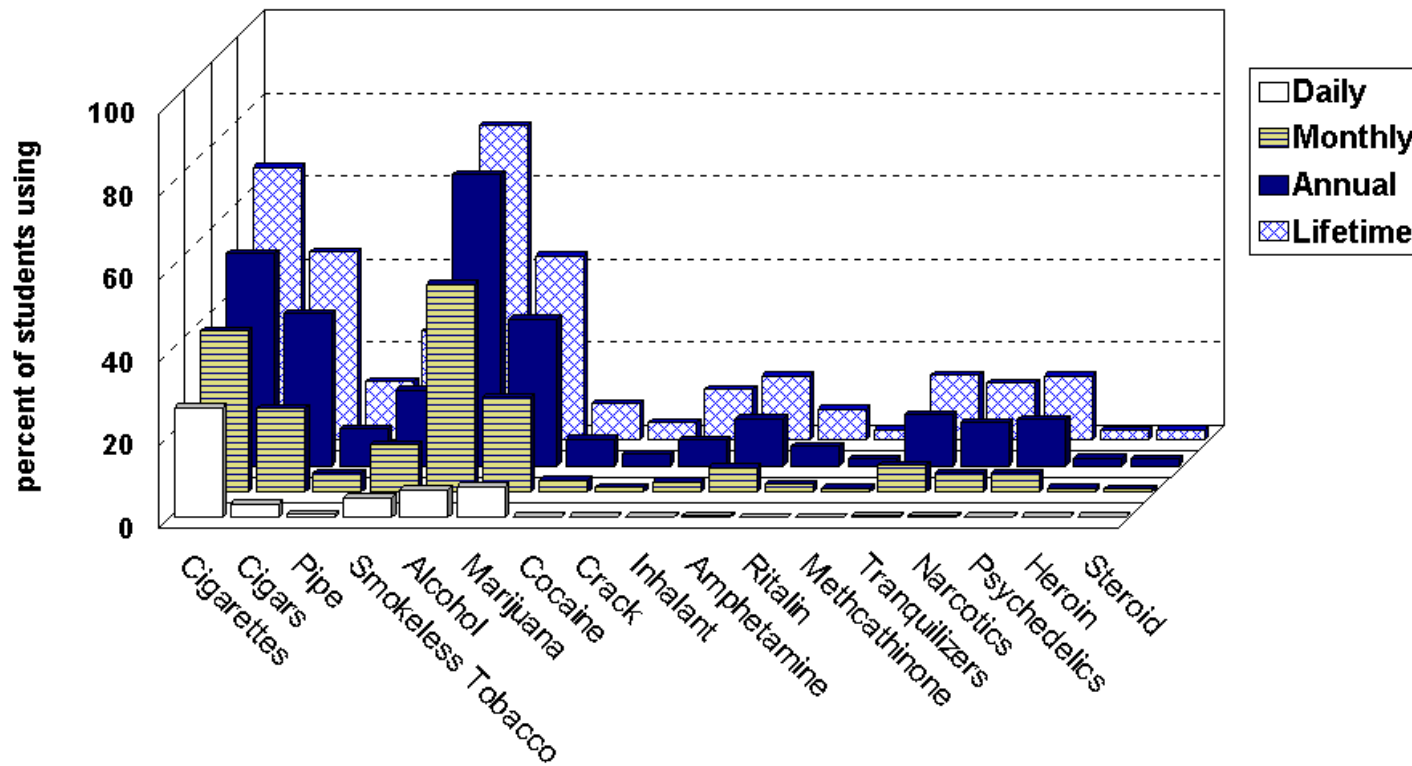
NOTES: --Data not available

\* 1999 and 2000 percentages are significantly different (p<.05)

# Monitoring the Future Study, the University of Michigan, 1999

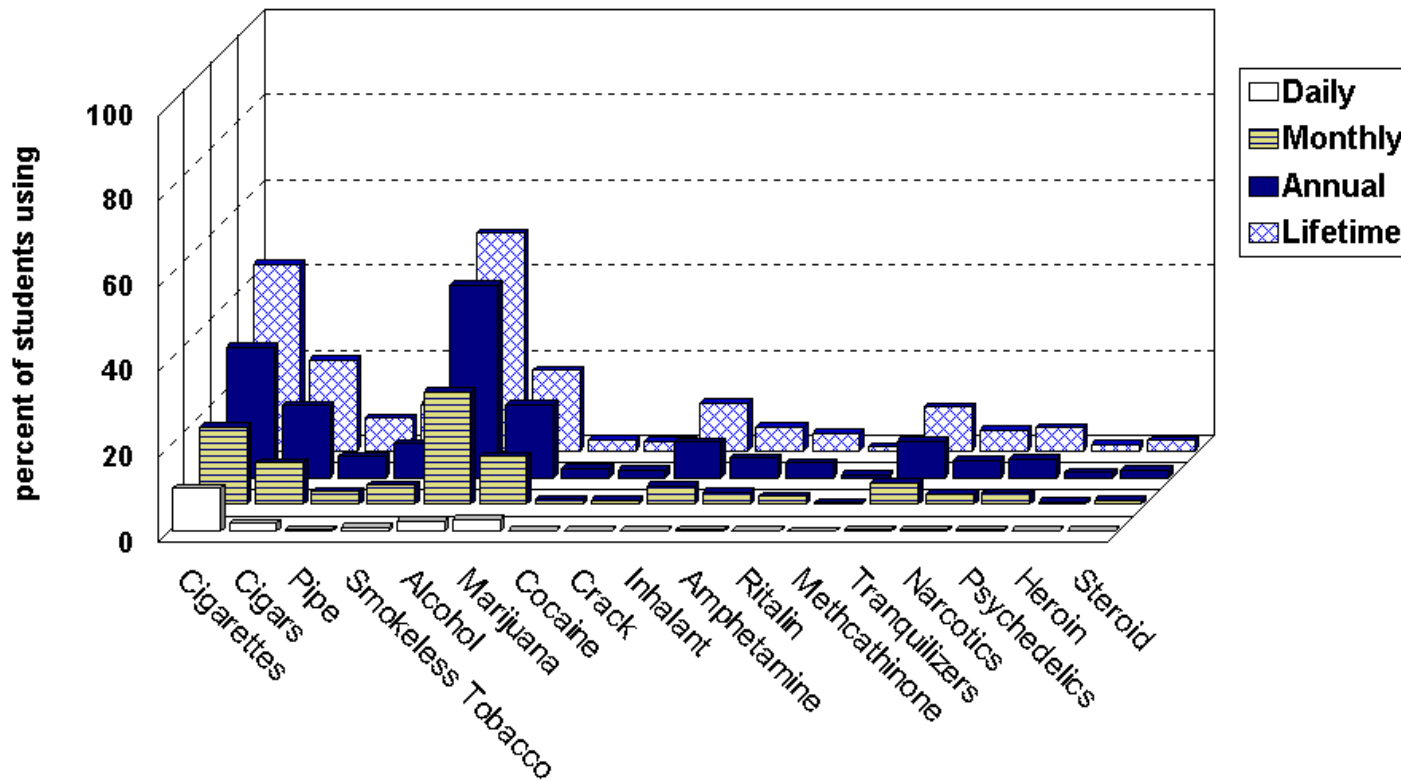


## Alcohol, Tobacco, and Other Drug Use by Indiana 12th Graders, 2000



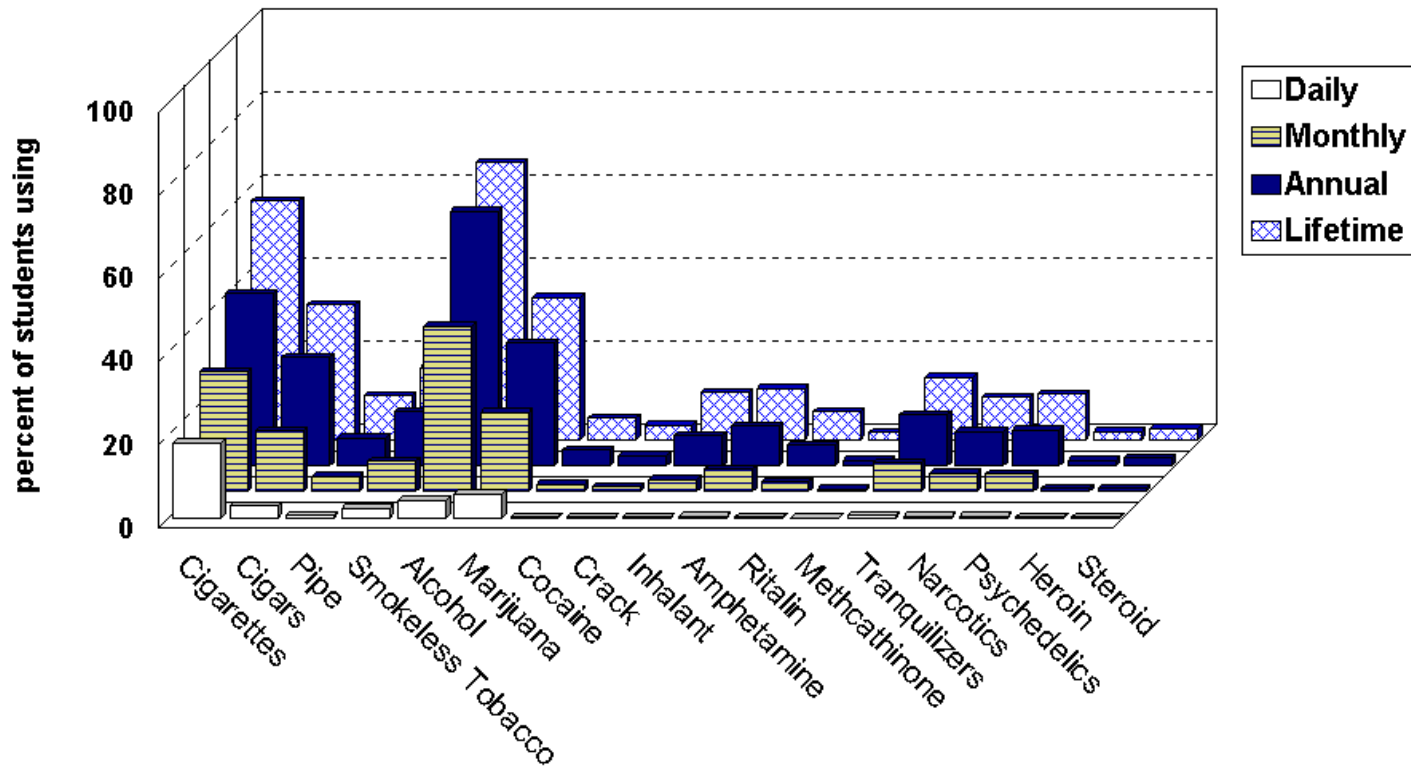
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Alcohol, Tobacco, and Other Drug Use by Indiana 8th Graders, 2000



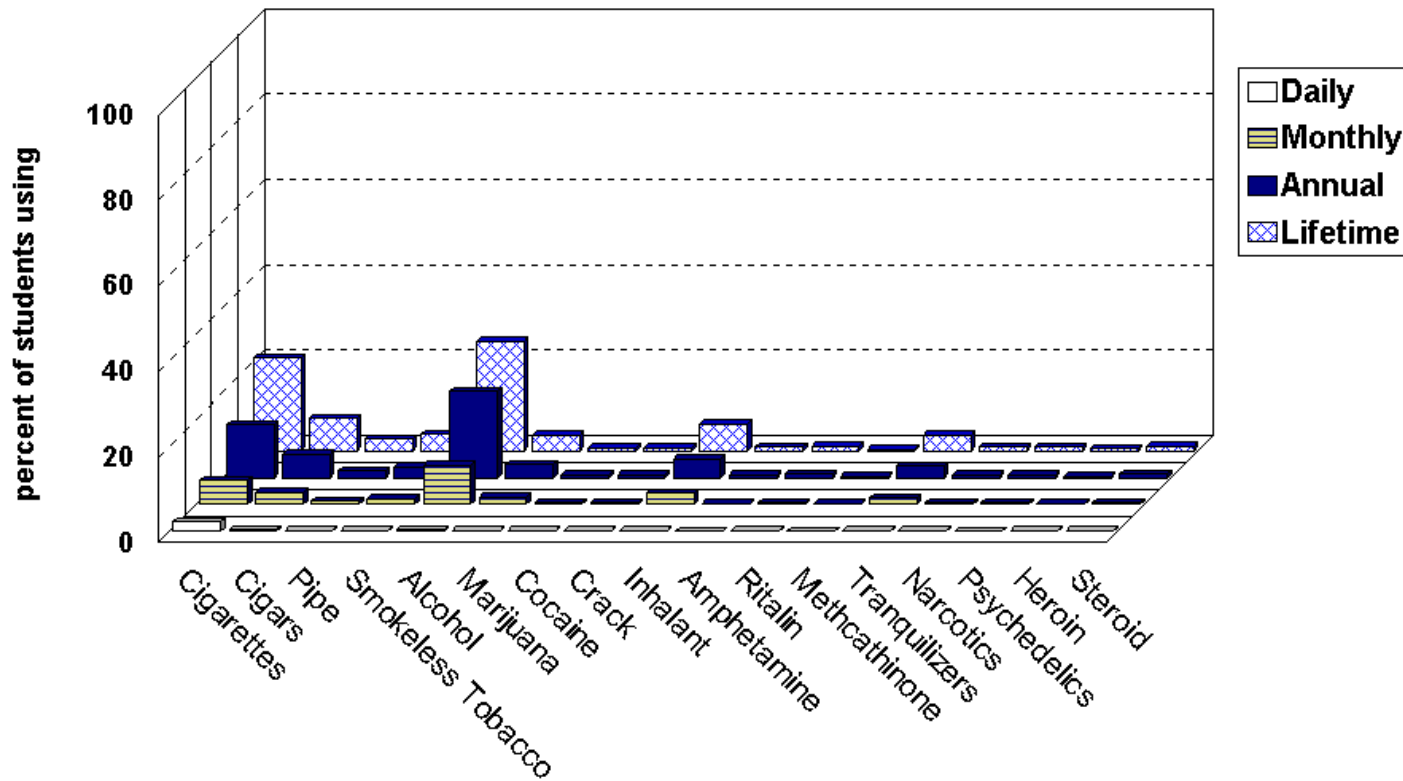
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Alcohol, Tobacco, and Other Drug Use by Indiana 10th Graders, 2000



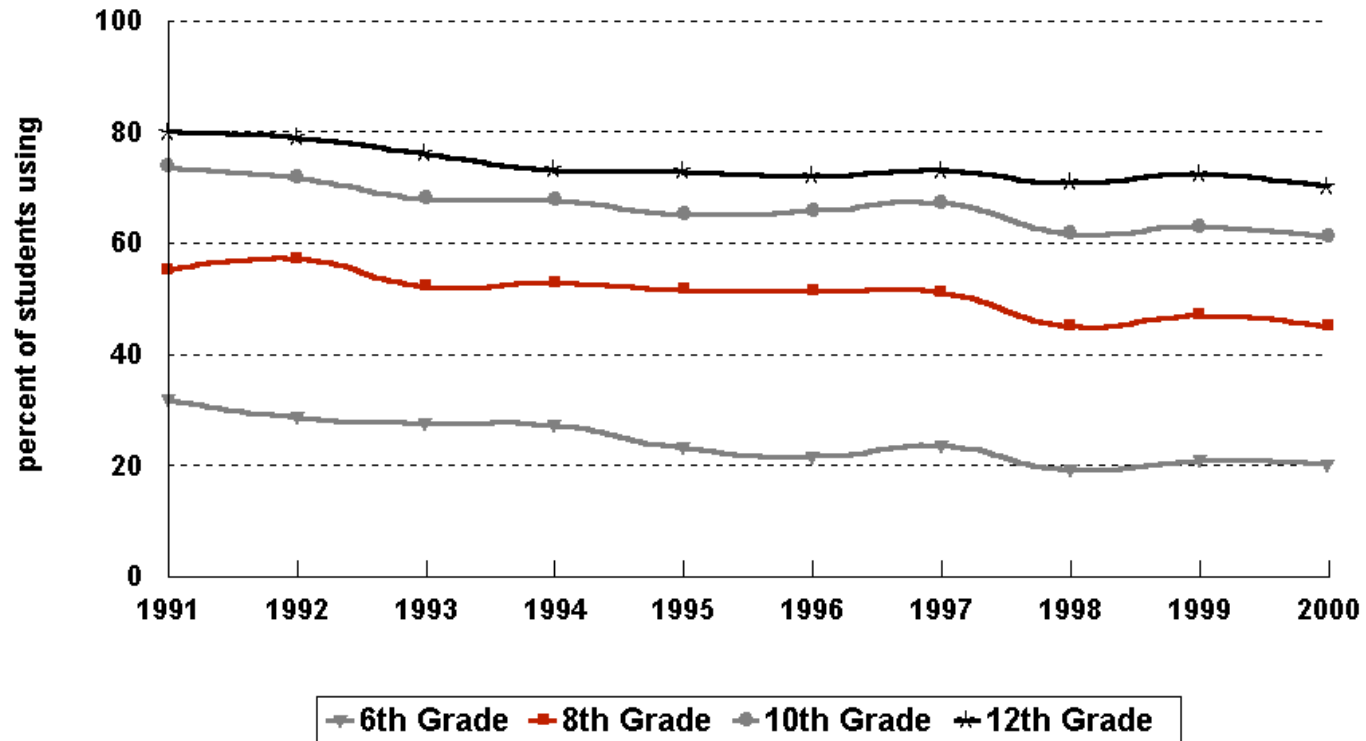
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Alcohol, Tobacco, and Other Drug Use by Indiana 6th Graders, 2000



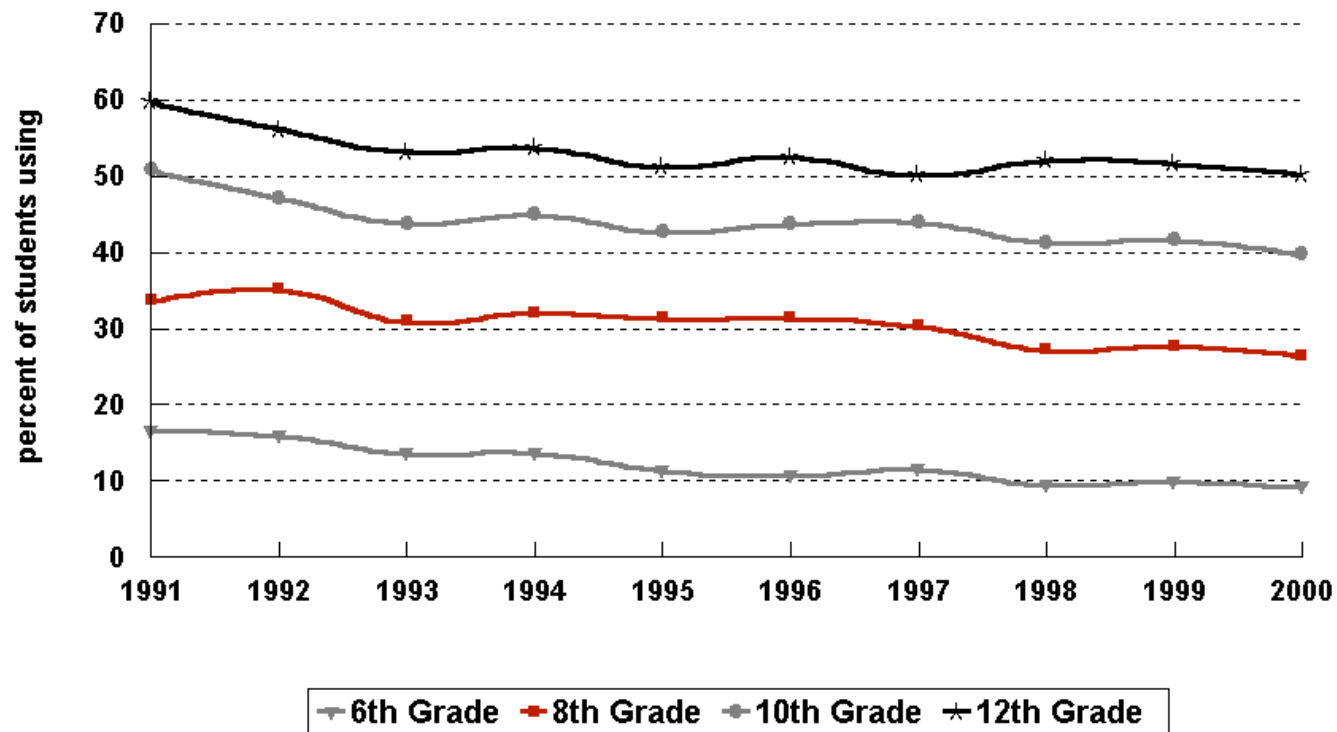
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Annual Alcohol Use by Indiana Students: 1991-2000



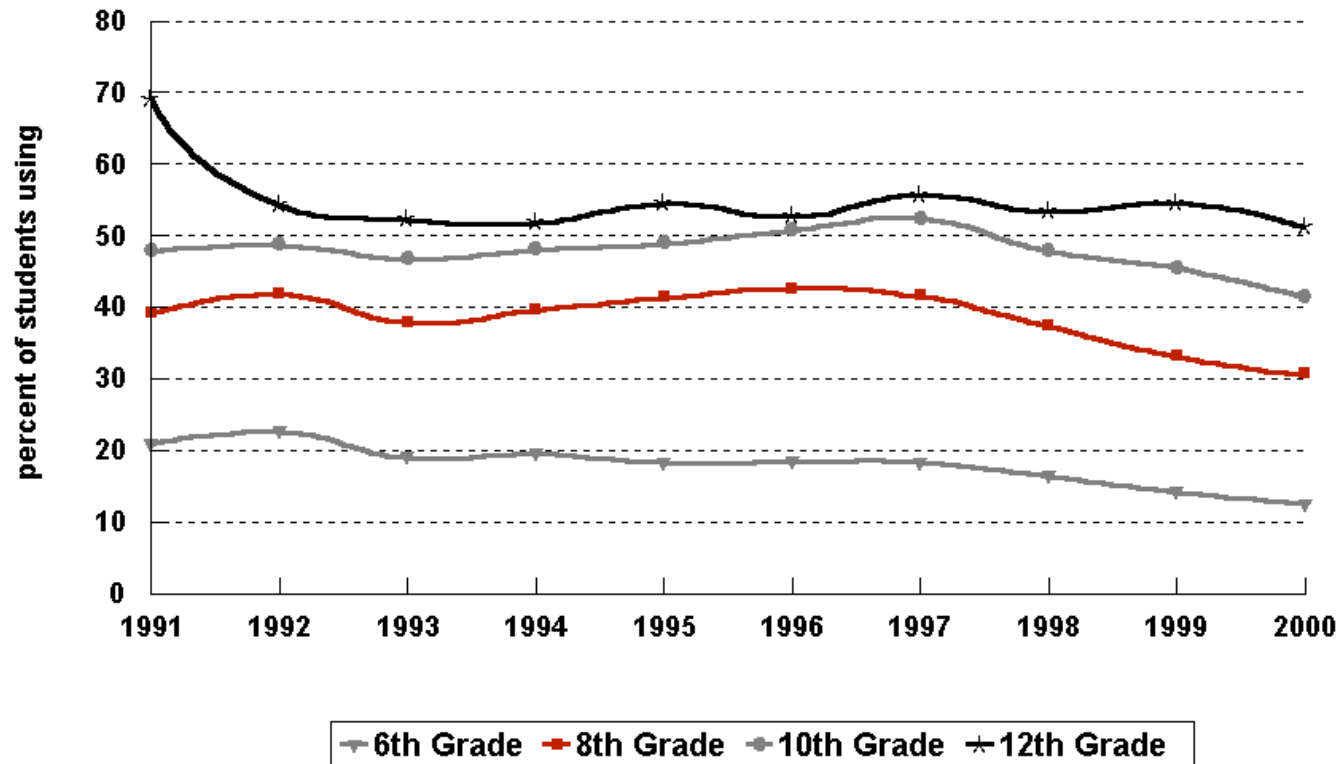
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Monthly Alcohol Use by Indiana Students: 1991-2000



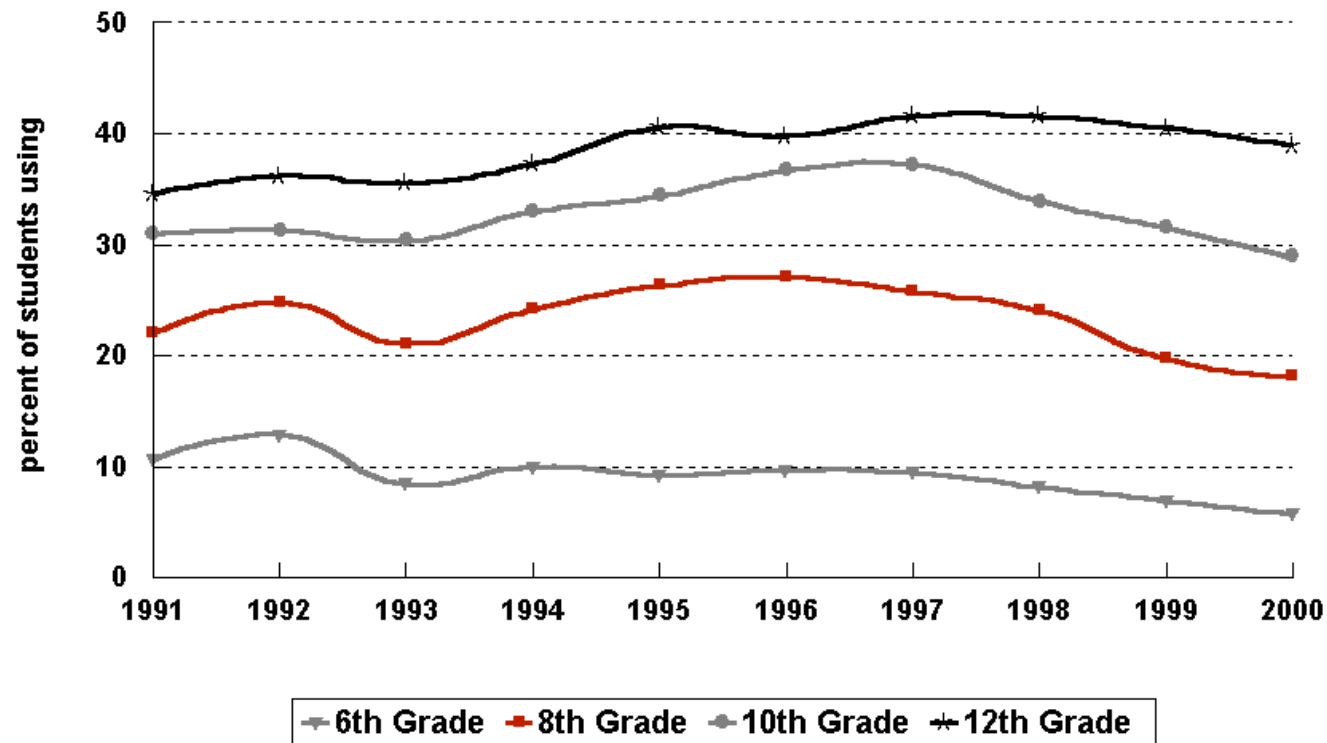
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Annual Cigarette Use by Indiana Students: 1991-2000



Source: Indiana Prevention Resource Center at Indiana University, 2000

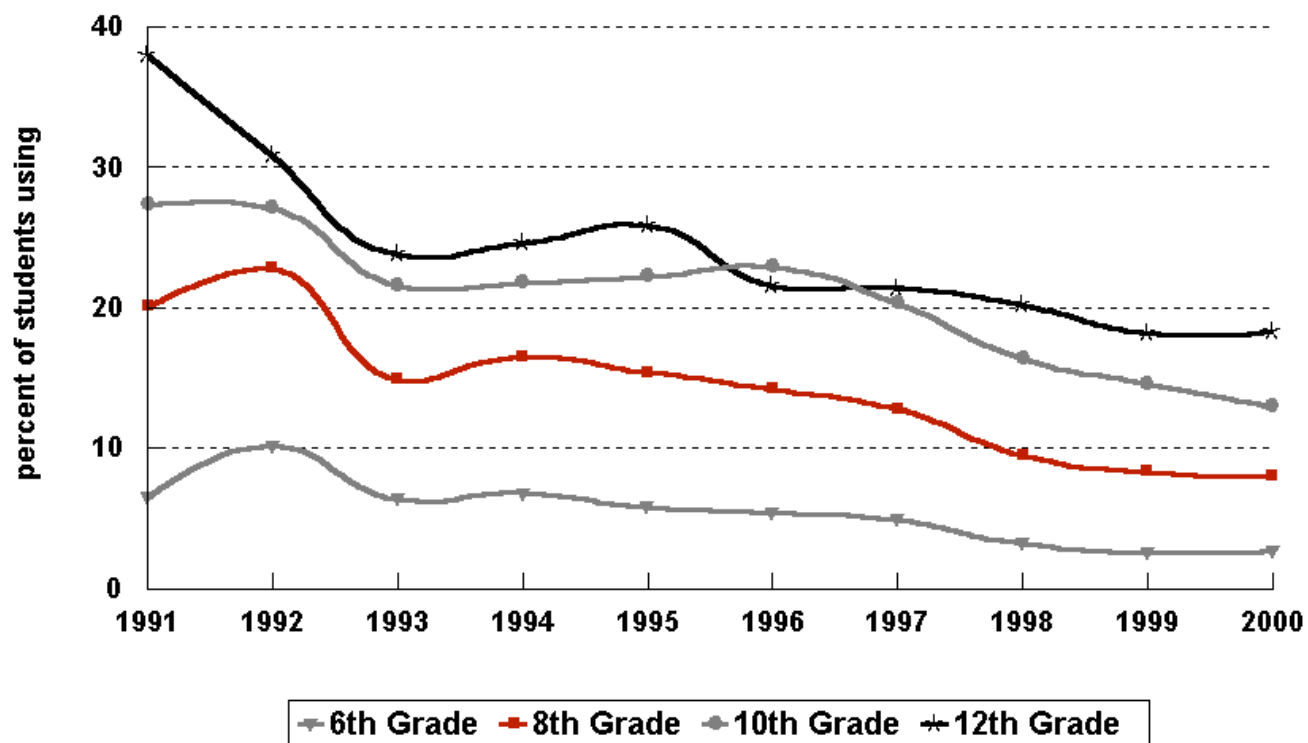
## Trends in Monthly Cigarette Use by Indiana Students: 1991-2000



Source: Indiana Prevention Resource Center at Indiana University, 2000

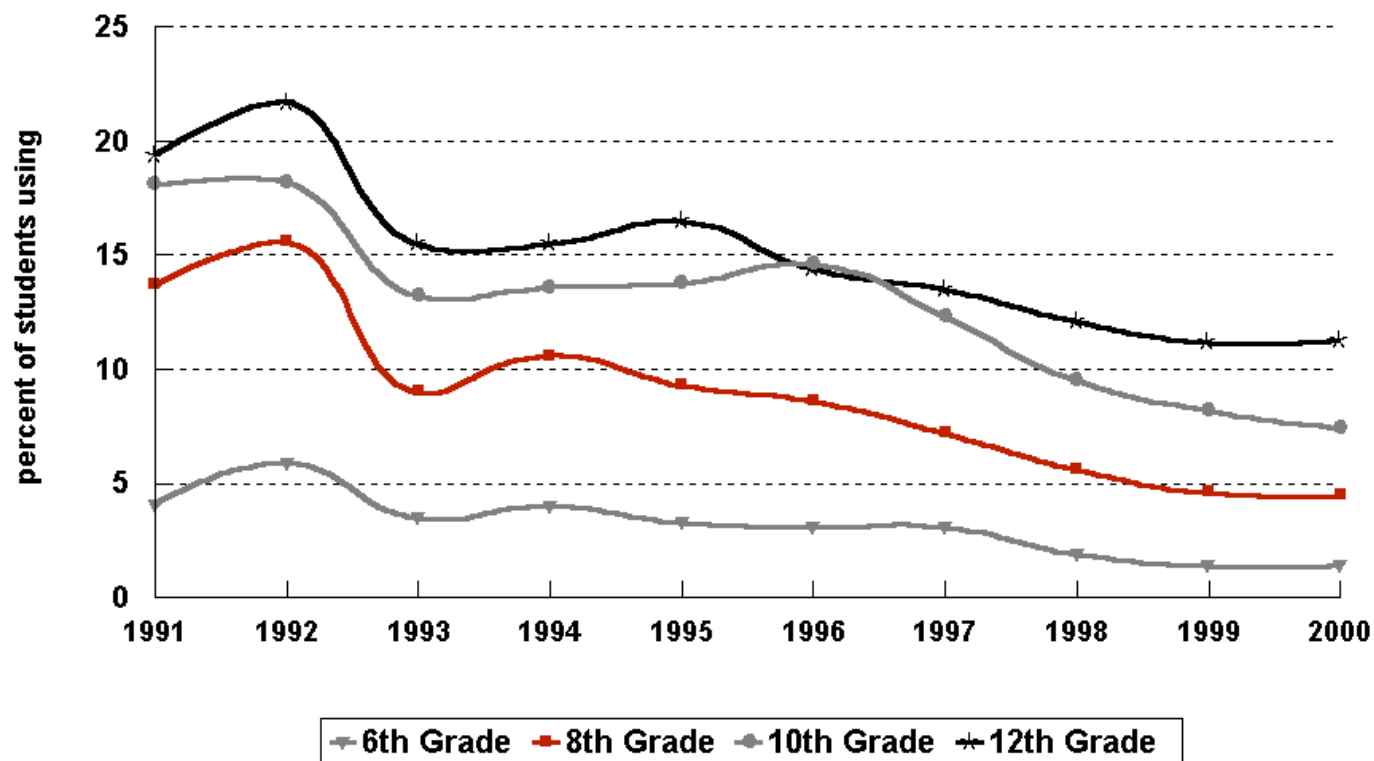


## Trends in Annual Smokeless Tobacco Use by Indiana Students: 1991-2000



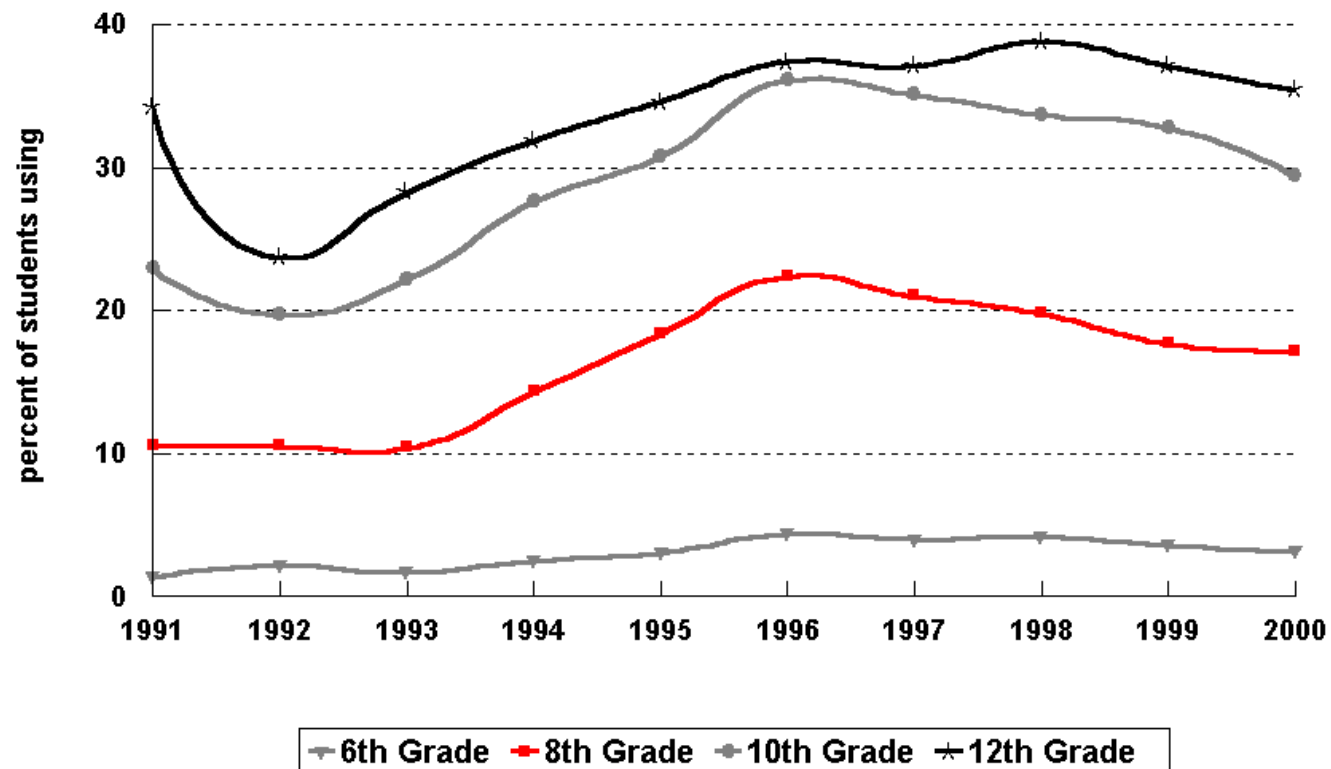
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Monthly Smokeless Tobacco Use by Indiana Students: 1991-2000



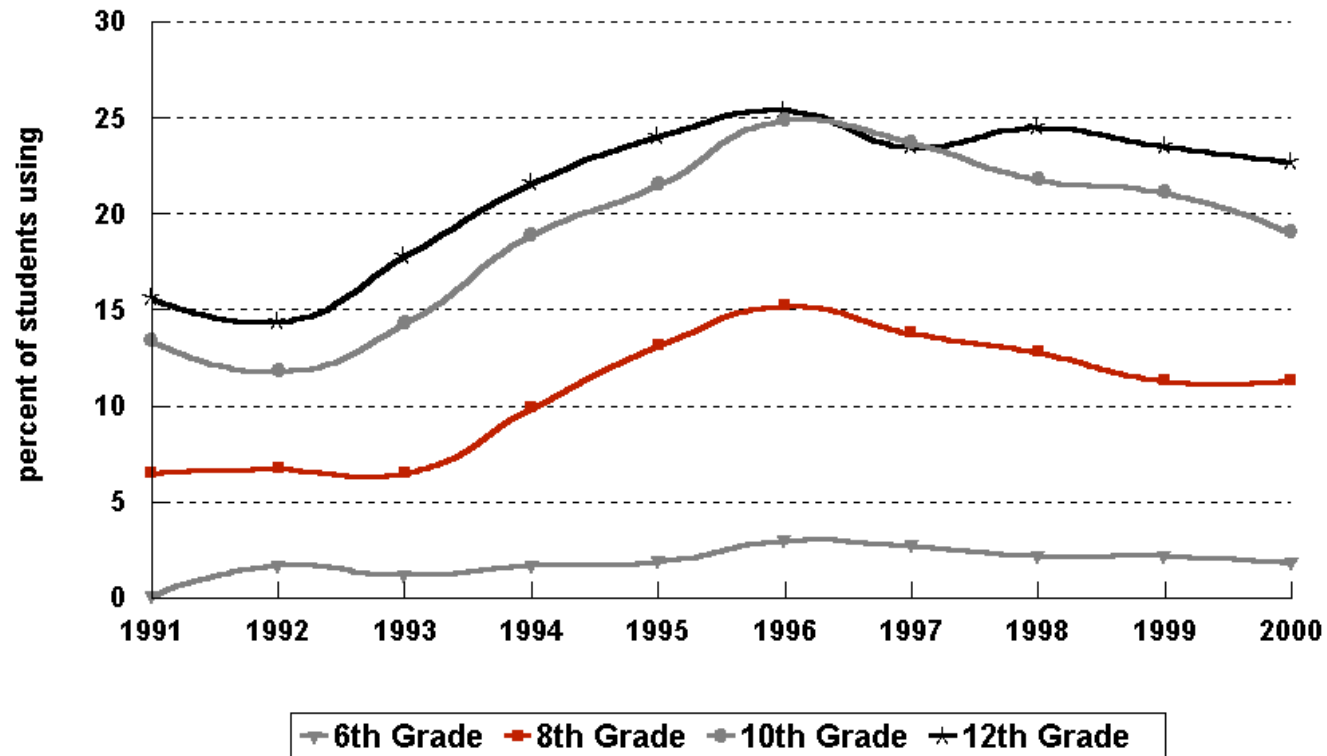
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Annual Marijuana Use by Indiana Students: 1991-2000



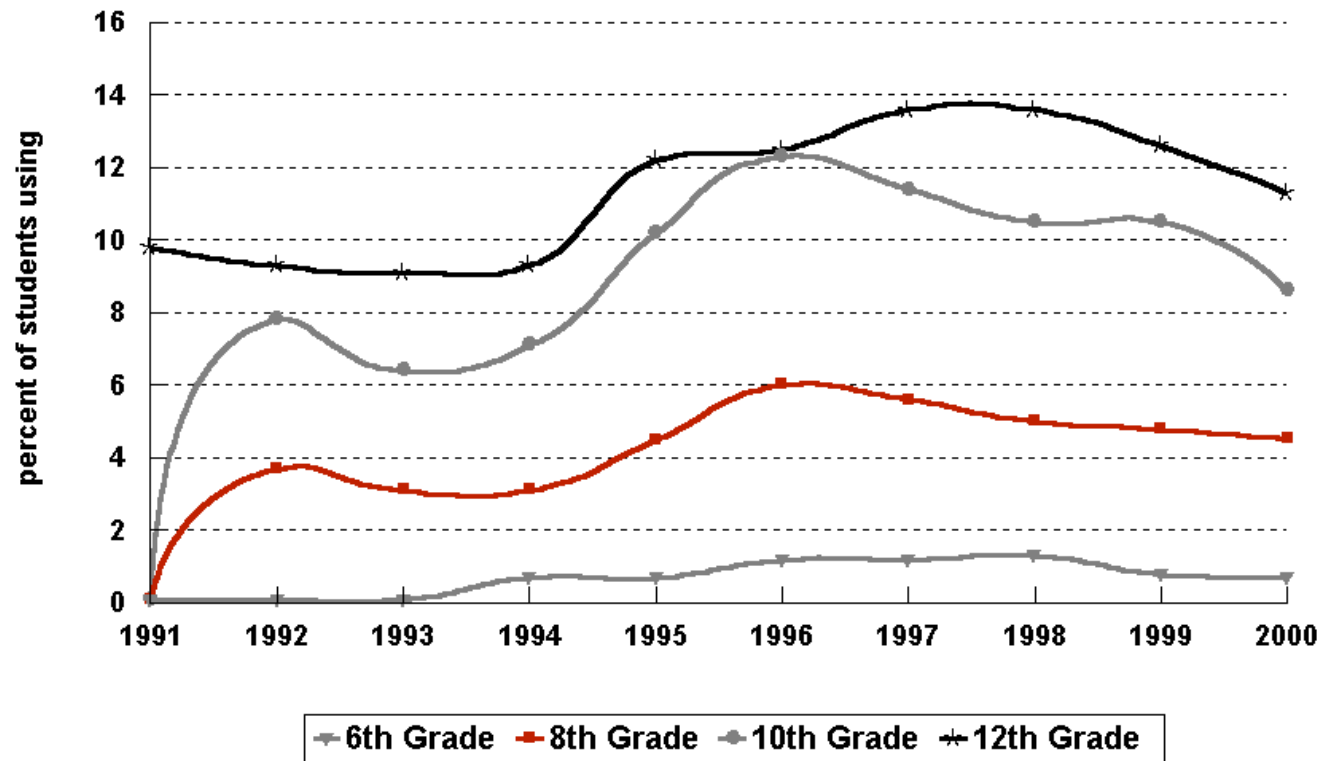
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Monthly Marijuana Use by Indiana Students: 1991-2000



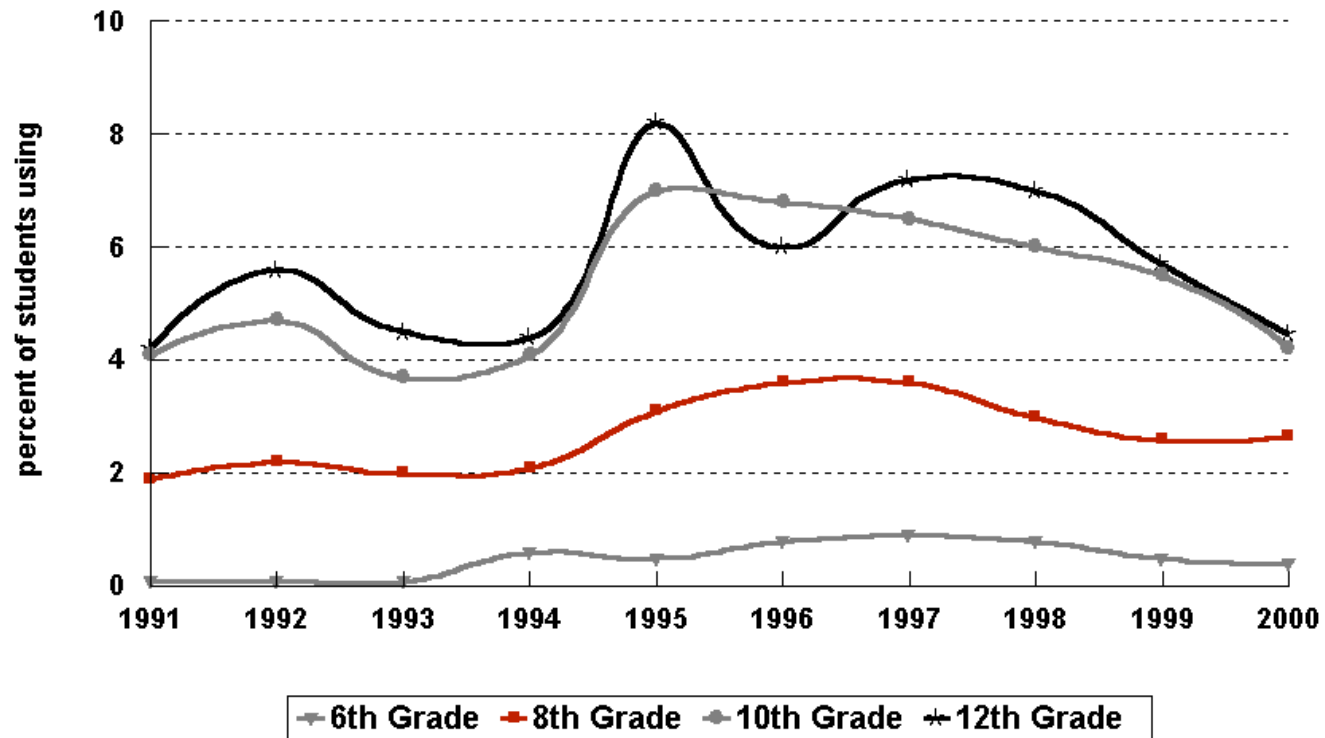
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Annual Psychedelic Drug Use by Indiana Students: 1991-2000



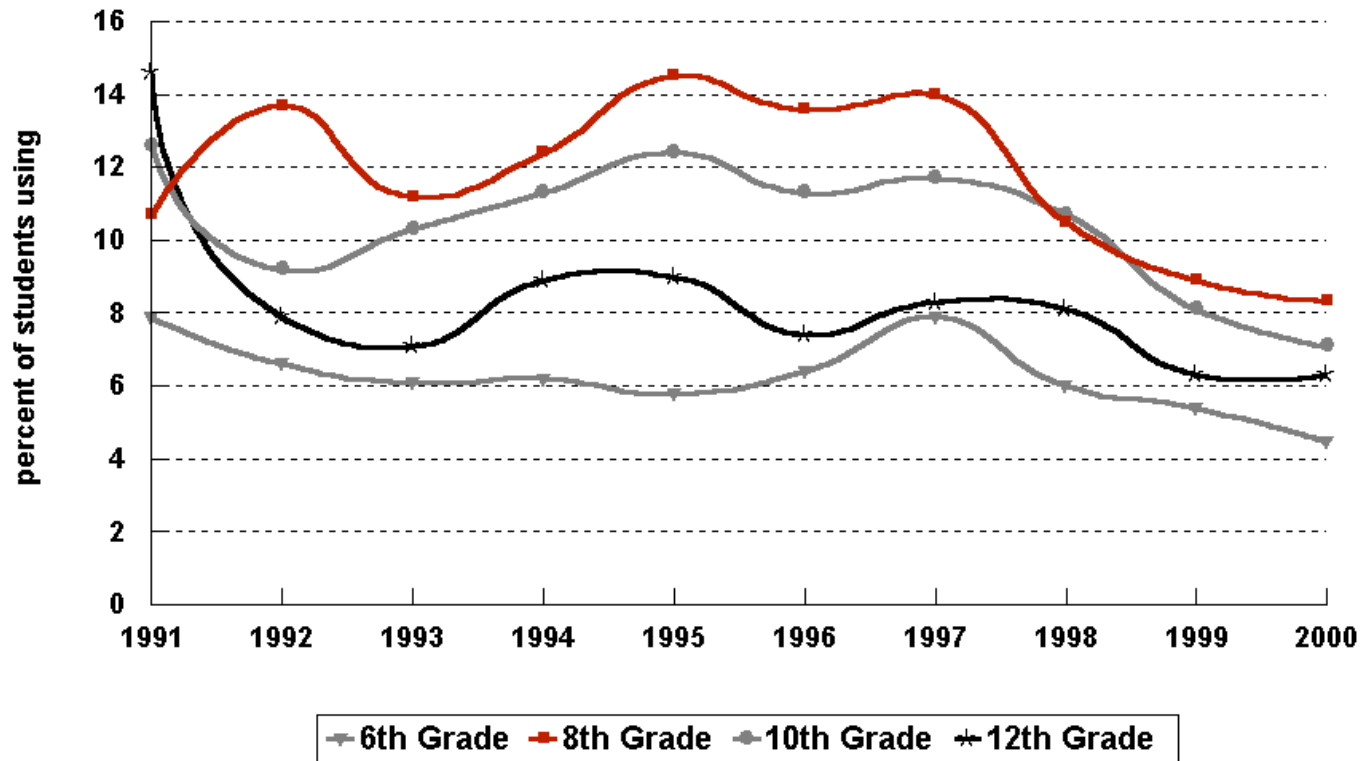
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Monthly Psychedelic Drug Use by Indiana Students: 1991-2000



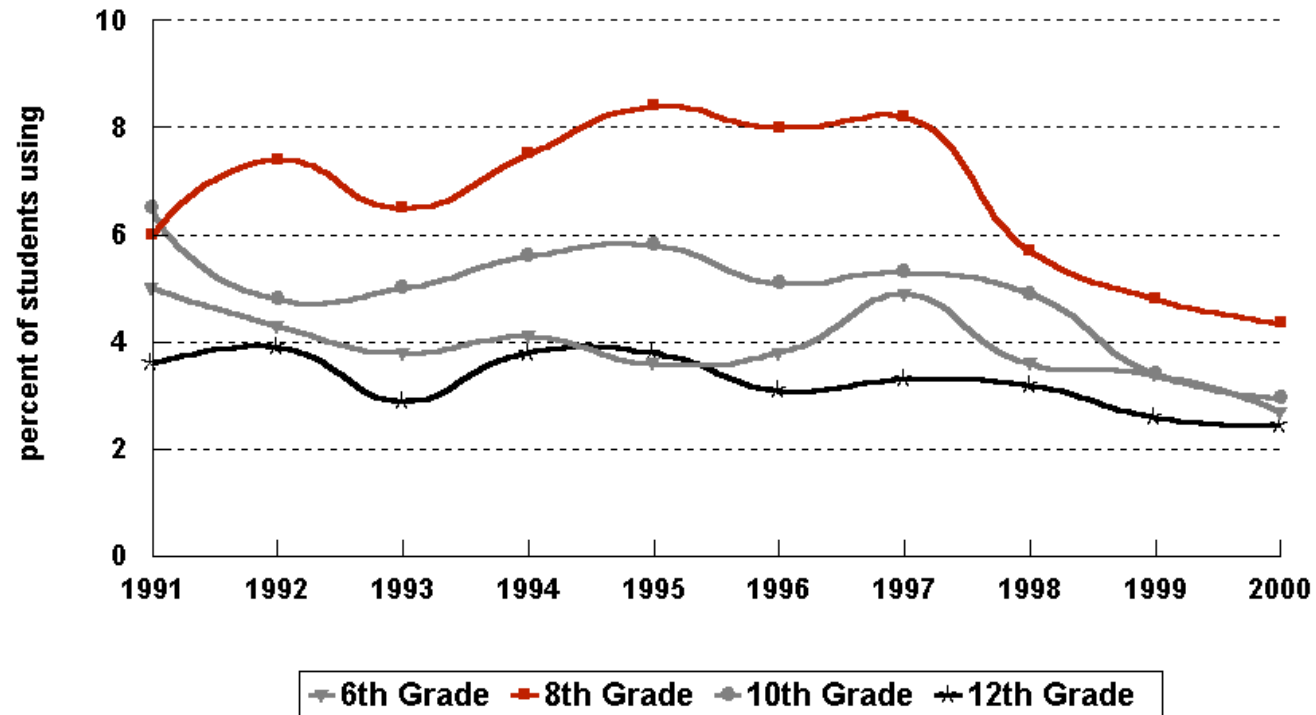
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Annual Inhalant Use by Indiana Students: 1991-2000



Source: Indiana Prevention Resource Center at Indiana University, 2000

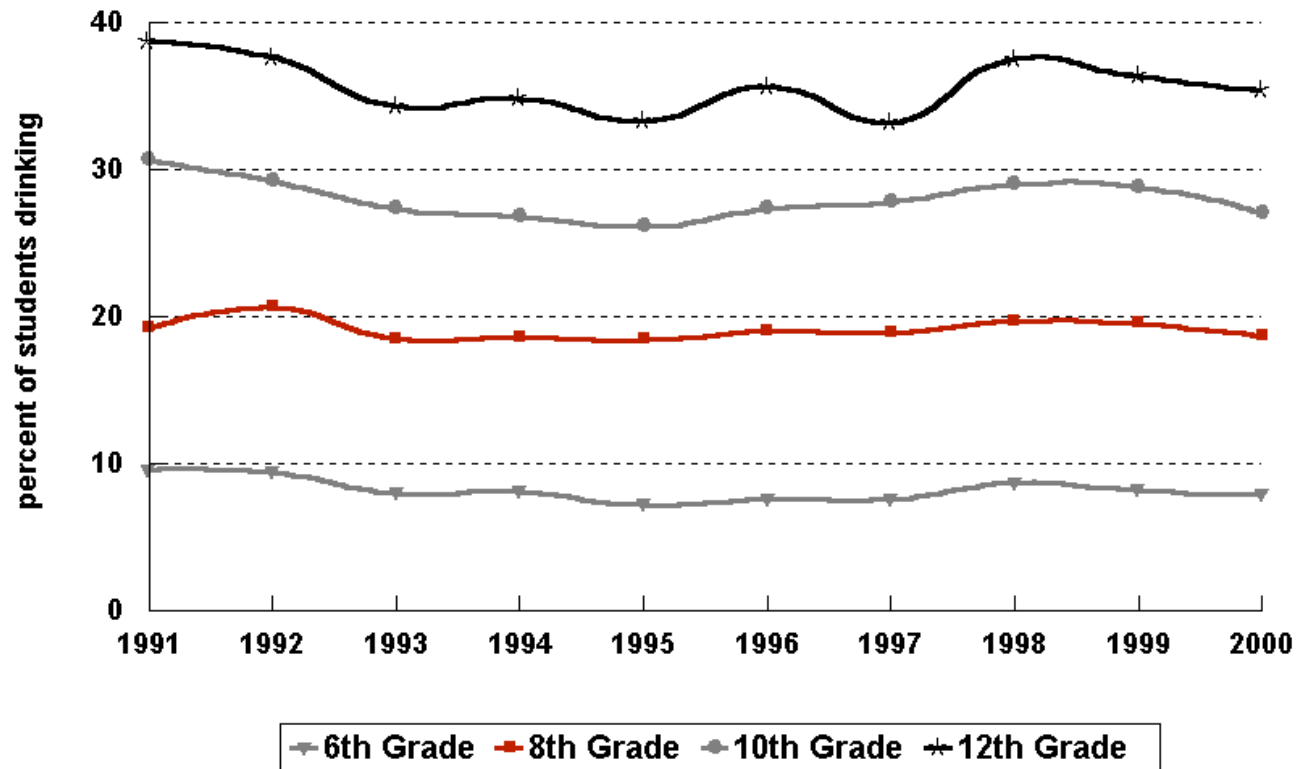
## Trends in Monthly Inhalant Use by Indiana Students: 1991-2000



Source: Indiana Prevention Resource Center at Indiana University, 2000

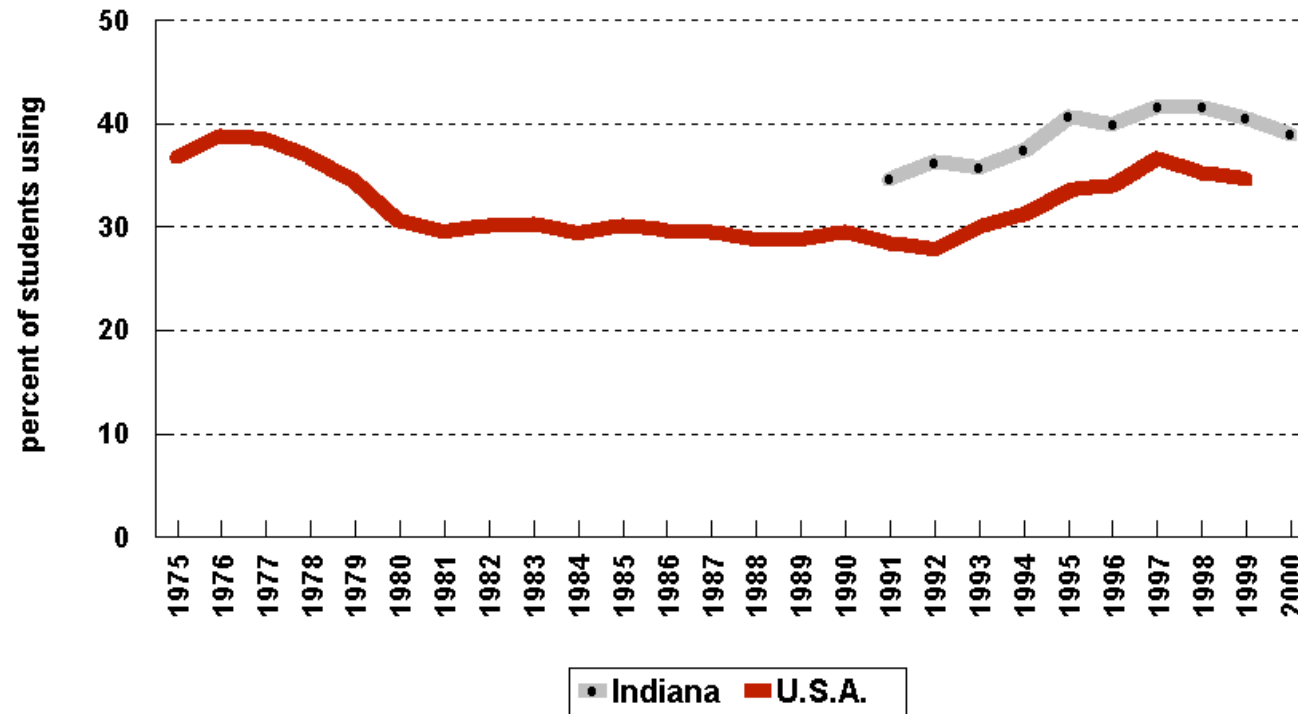


## Trends in Binge Drinking by Indiana Students: 1991-2000



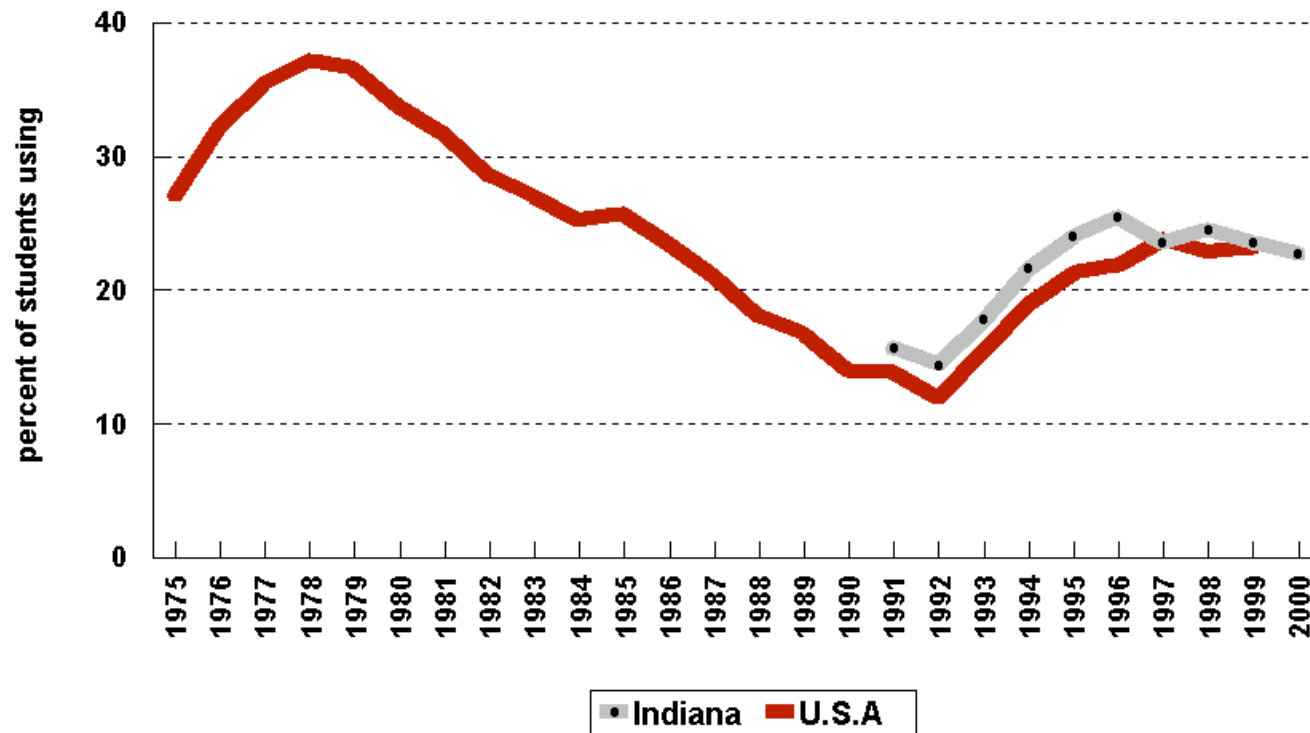
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Trends in Monthly Cigarette Use by Indiana and U.S.A. 12th Graders: 1975-2000



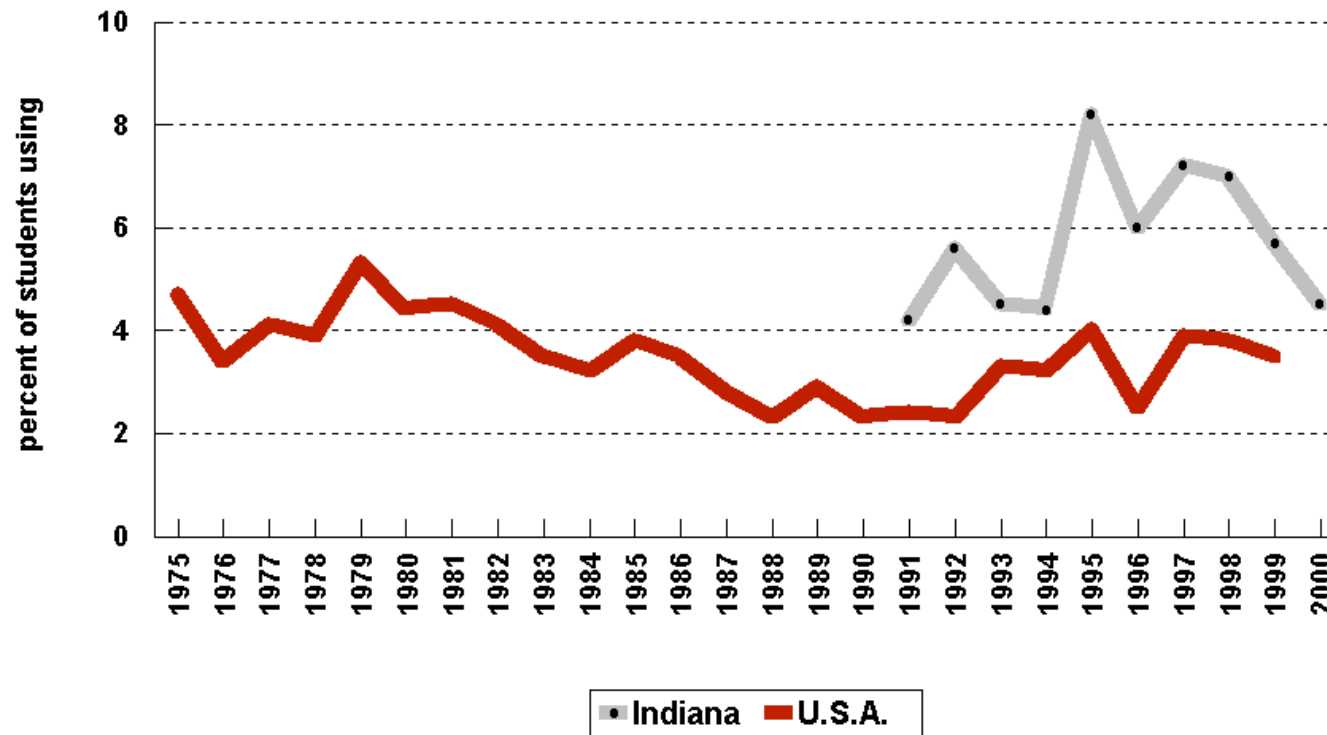
Sources: Indiana Prevention Resource Center at Indiana University, 2000  
Johnston, et al., National Institute on Drug Abuse, 1999

## Trends in Monthly Marijuana Use by Indiana and U.S.A 12th Graders: 1975-2000



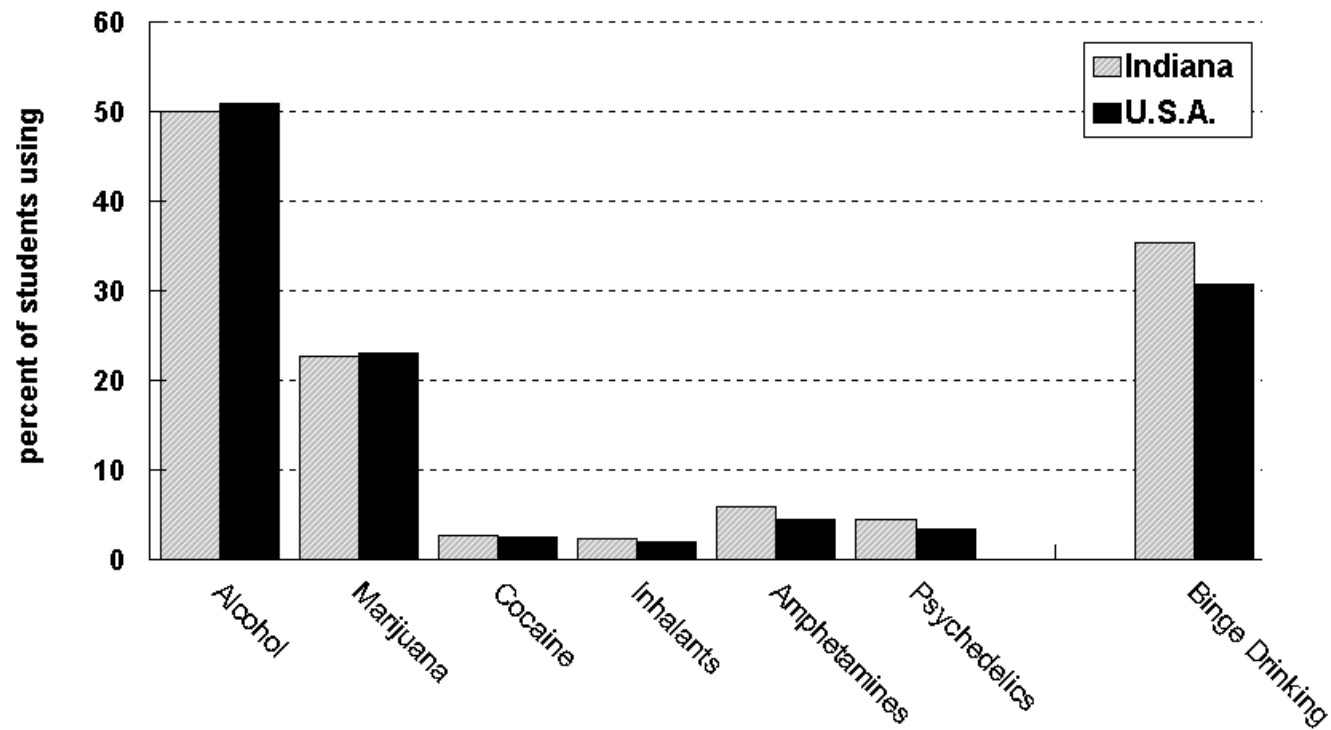
Sources: Indiana Prevention Resource Center at Indiana University, 2000  
Johnston, et al., National Institute on Drug Abuse, 1999

## Trends in Monthly Psychedelic Drug Use by Indiana and U.S.A. 12th Graders: 1975-2000



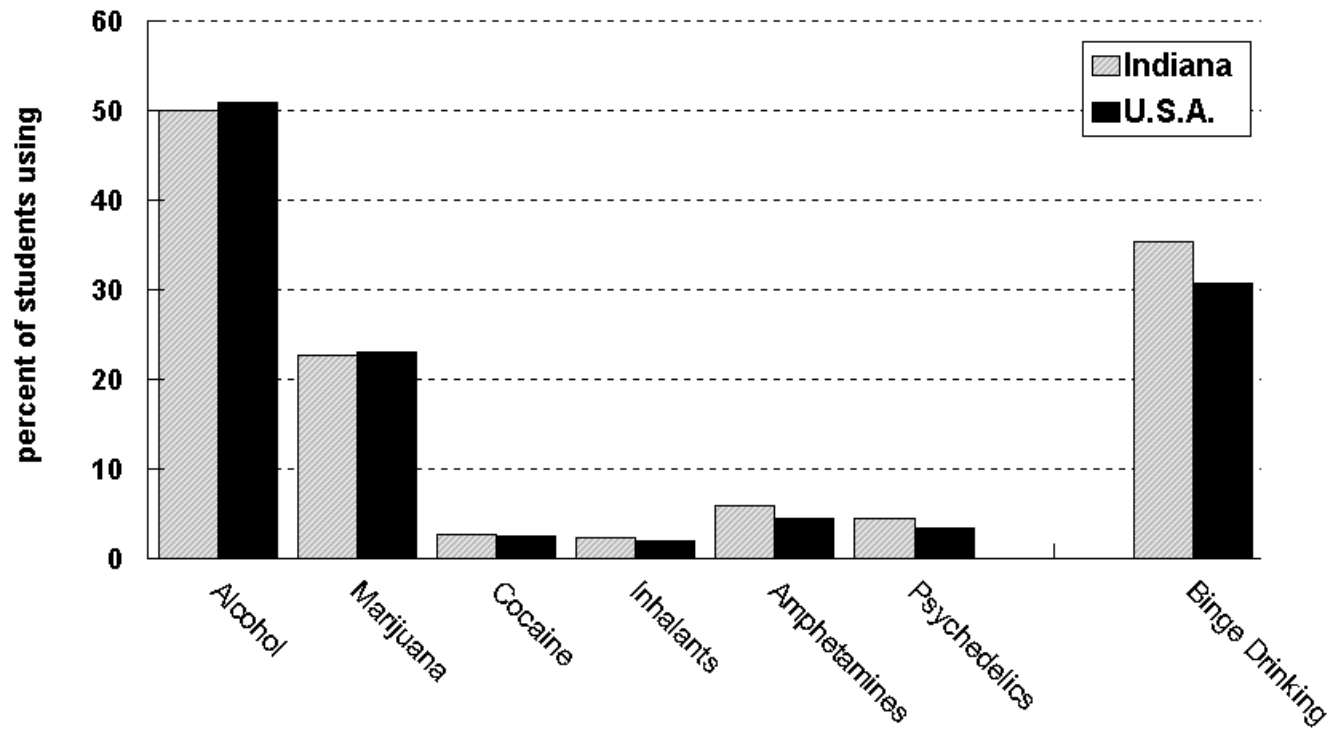
Sources: Indiana Prevention Resource Center at Indiana University, 2000  
Johnston, et al., National Institute on Drug Abuse, 1999

## Monthly Use of Selected Drugs and Binge Drinking by Indiana and U.S.A. 12th Graders



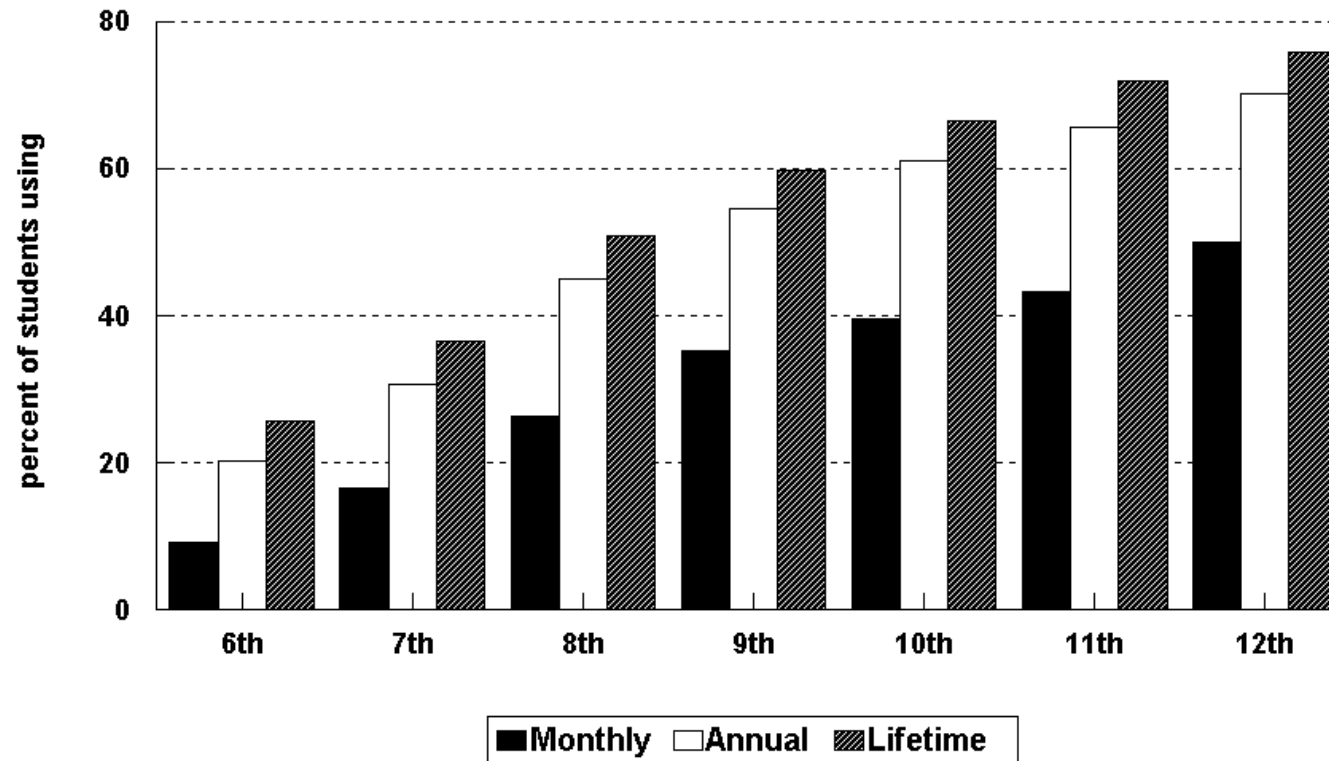
Sources: Indiana Prevention Resource Center at Indiana University, 2000  
Johnston, et al., National Institute on Drug Abuse, 1999

## Monthly Use of Selected Drugs and Binge Drinking by Indiana and U.S.A. 12th Graders



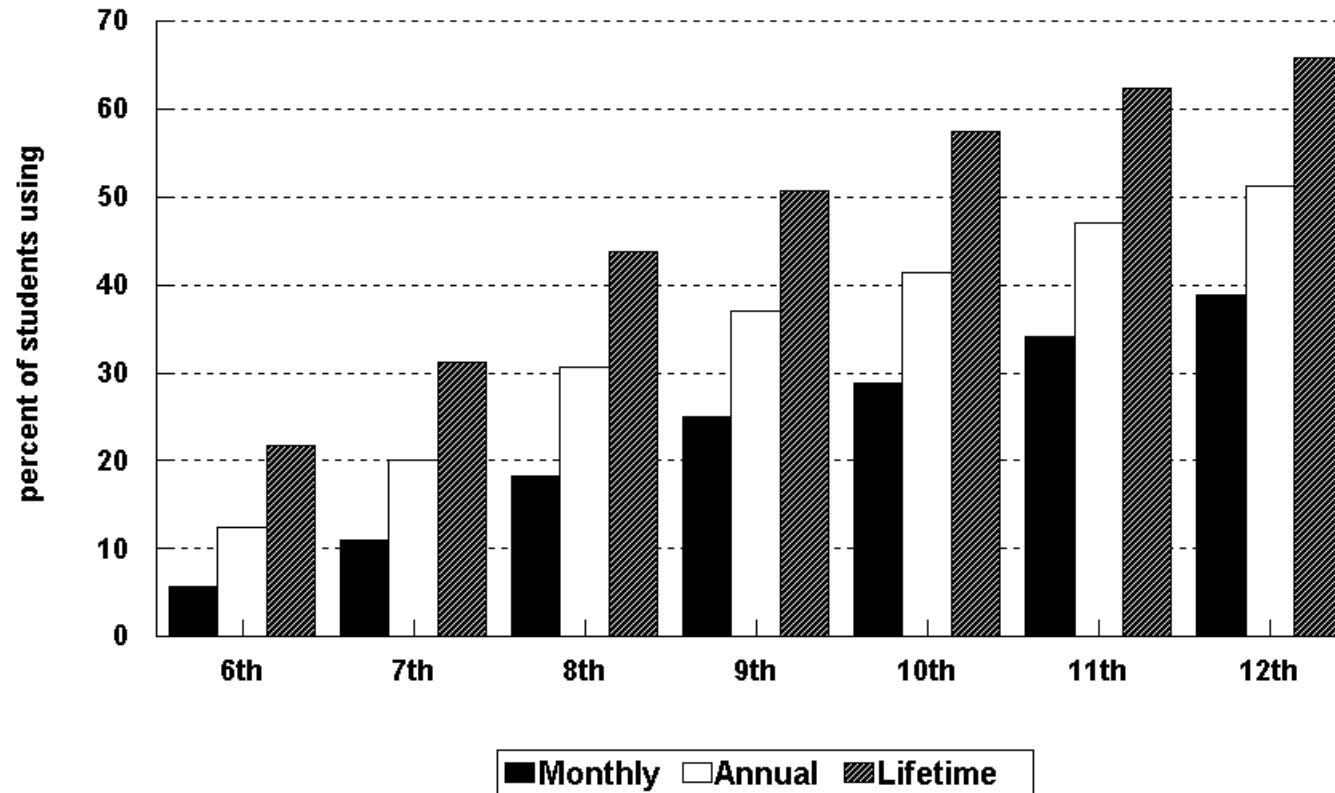
Sources: Indiana Prevention Resource Center at Indiana University, 2000  
Johnston, et al., National Institute on Drug Abuse, 1999

## Alcohol Use by Indiana 6th - 12th Graders, 2000



Source: Indiana Prevention Resource Center at Indiana University, 2000

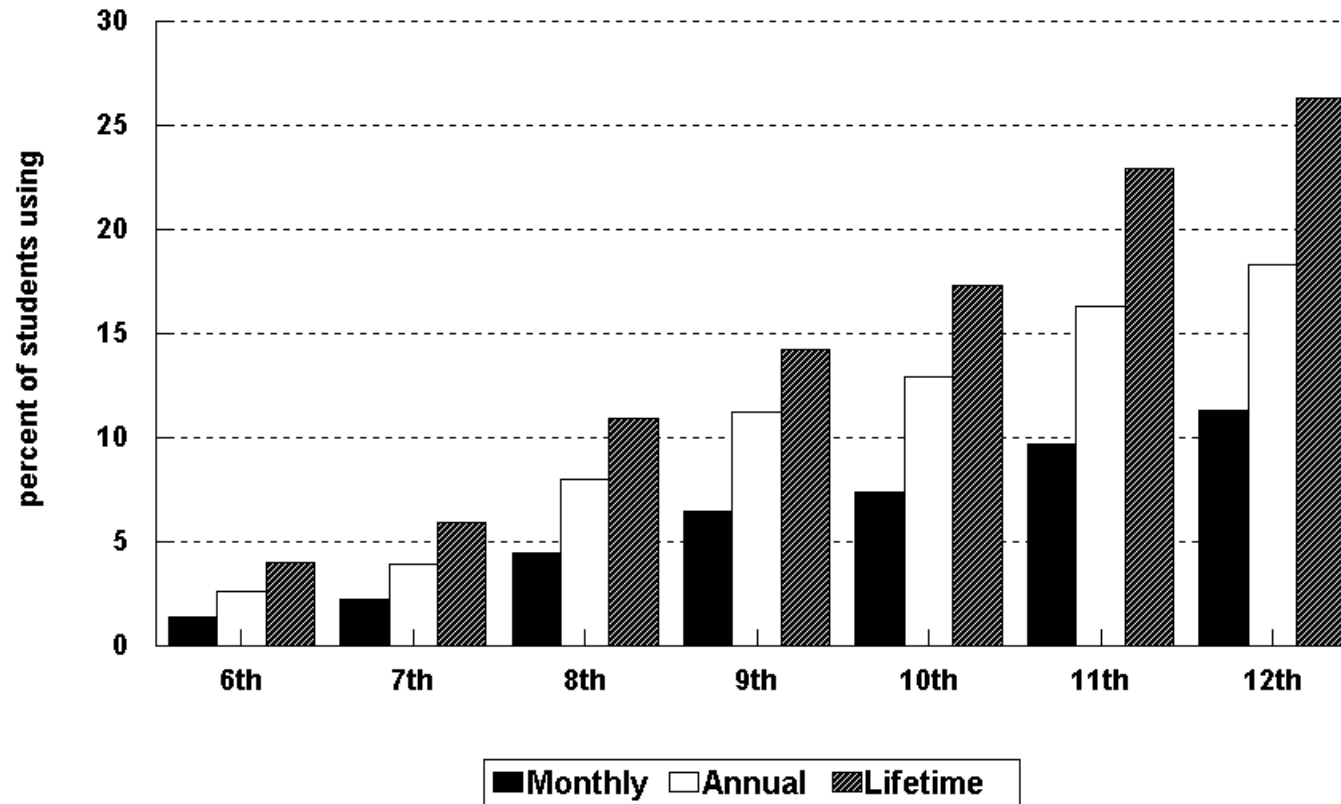
## Cigarette Use by Indiana 6th - 12th Graders, 2000



Source: Indiana Prevention Resource Center at Indiana University, 2000

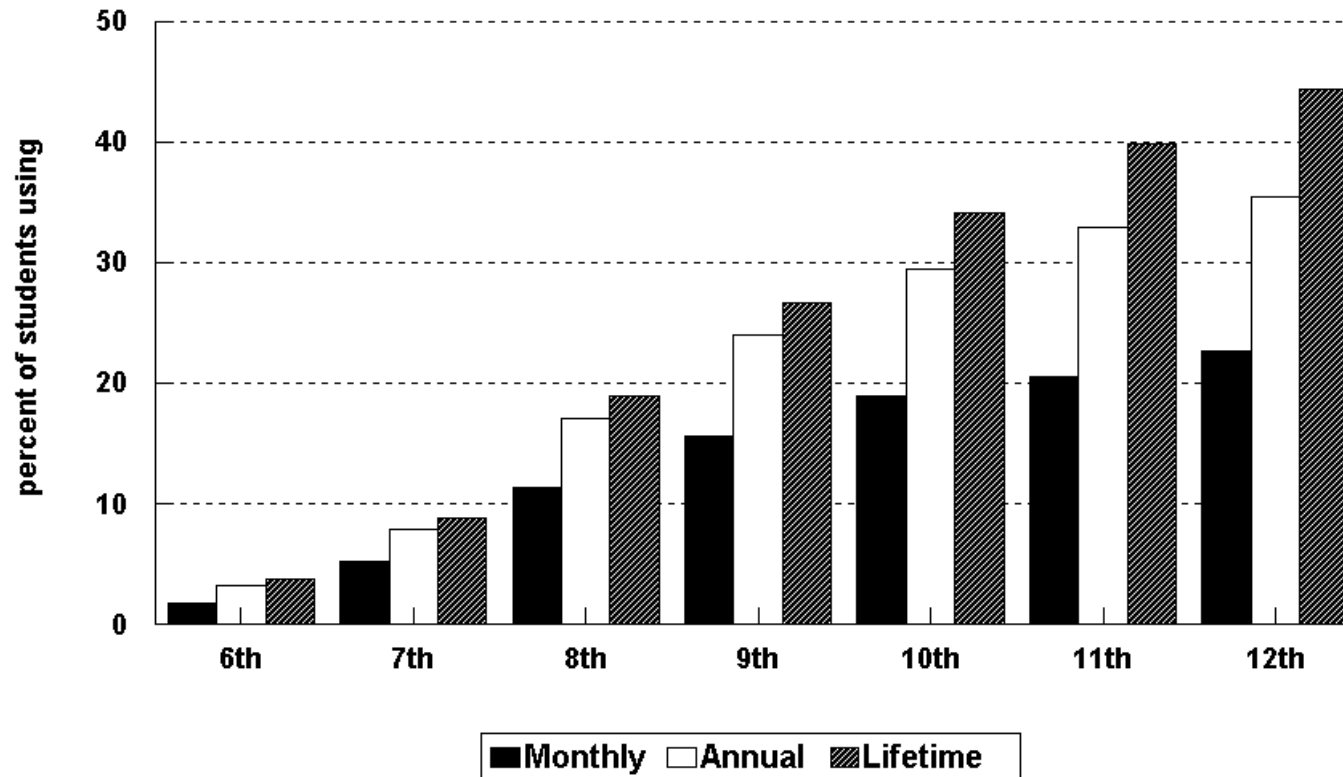


## Smokeless Tobacco Use by Indiana 6th - 12th Graders, 2000



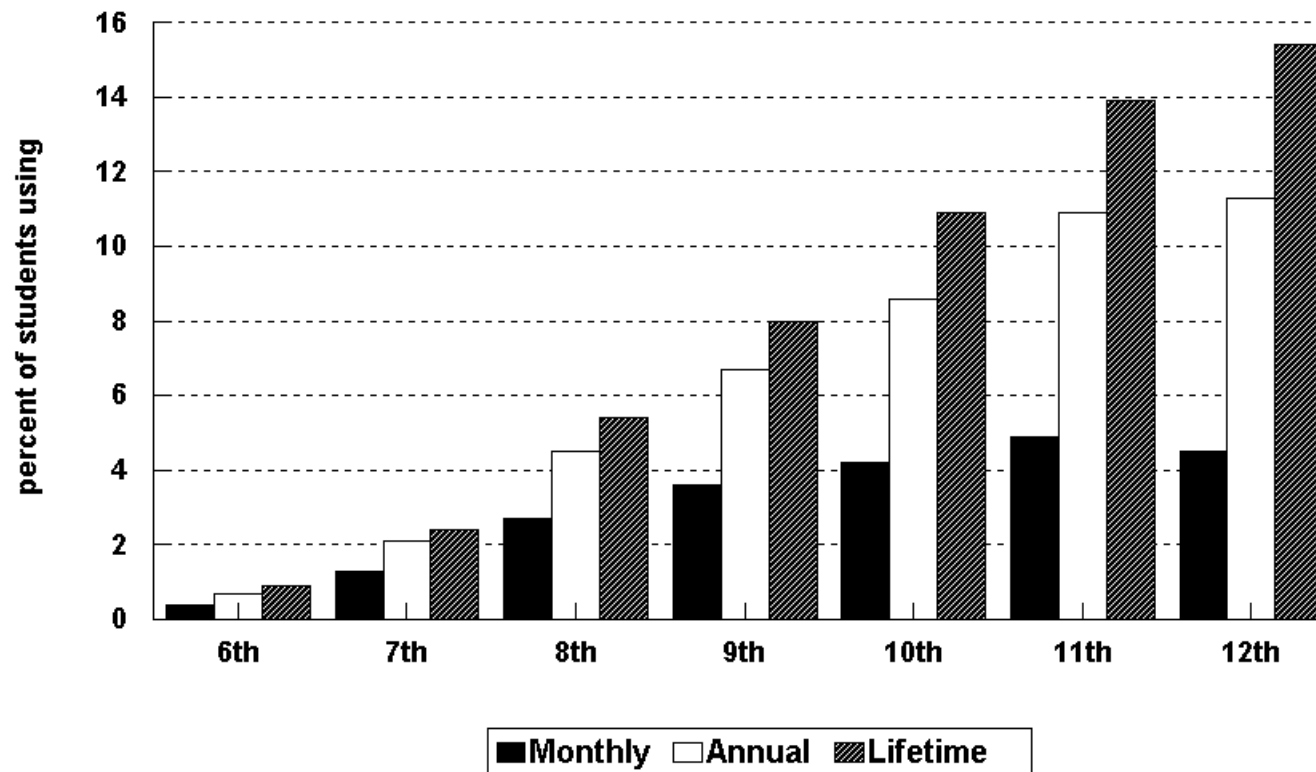
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Marijuana Use by Indiana 6th - 12th Graders, 2000



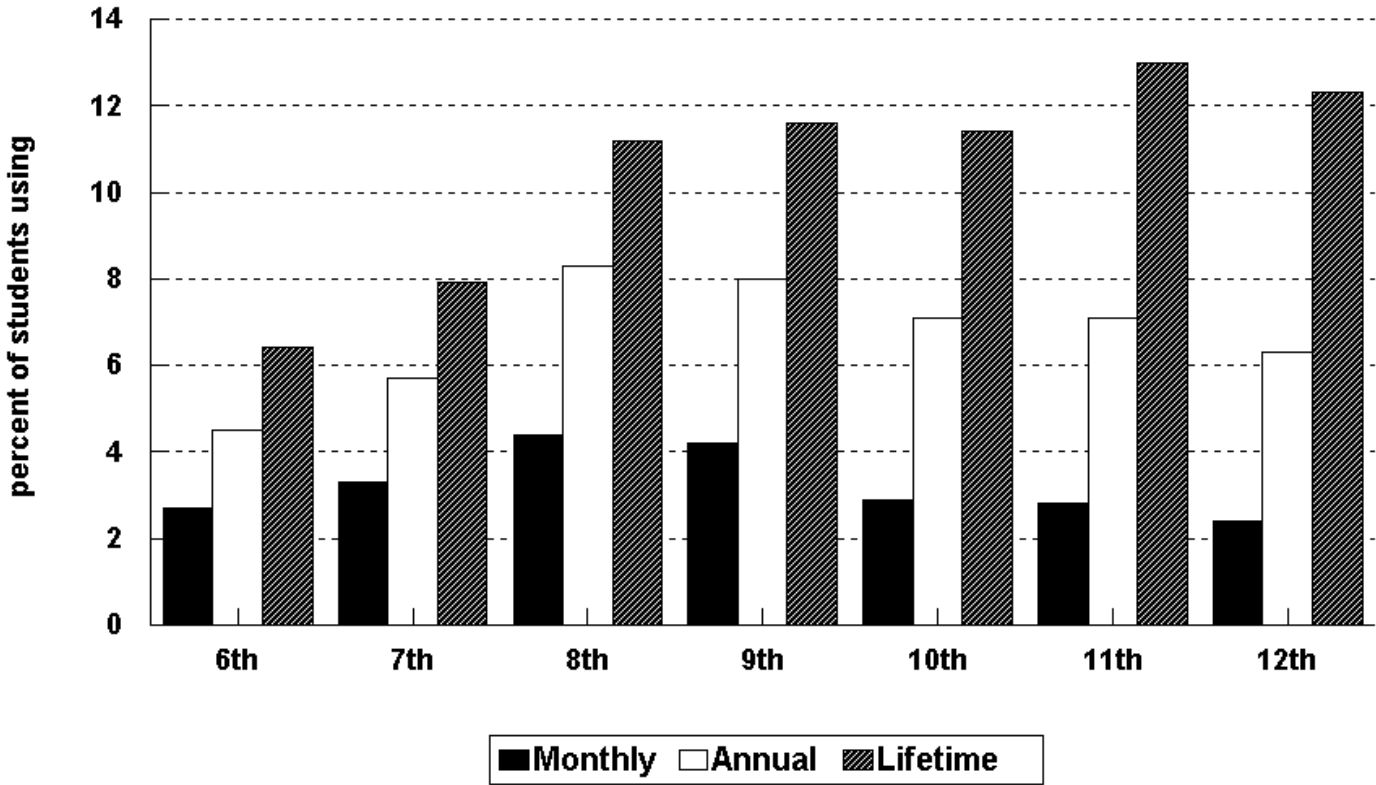
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Psychedelic Drug Use by Indiana 6th - 12th Graders, 2000



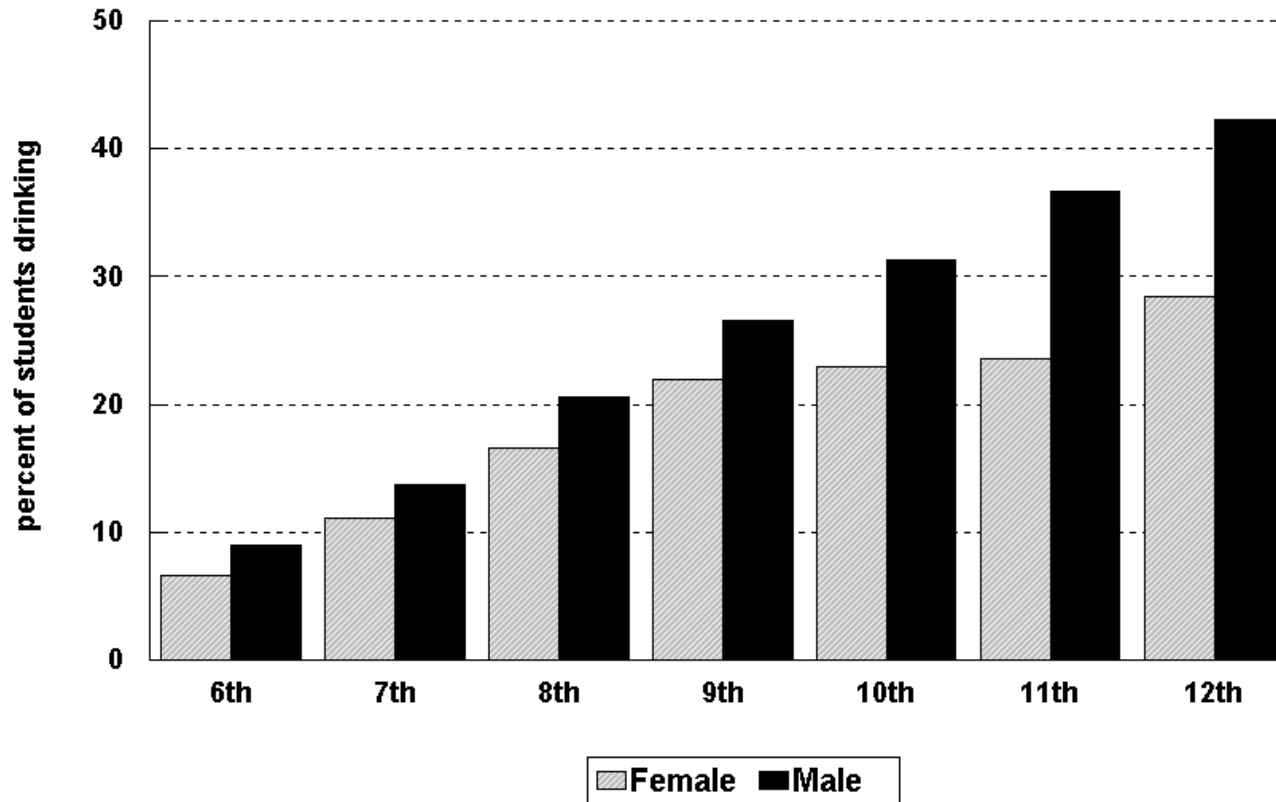
Source: Indiana Prevention Resource Center at Indiana University, 2000

# Inhalant Use by Indiana 6th - 12th Graders, 2000



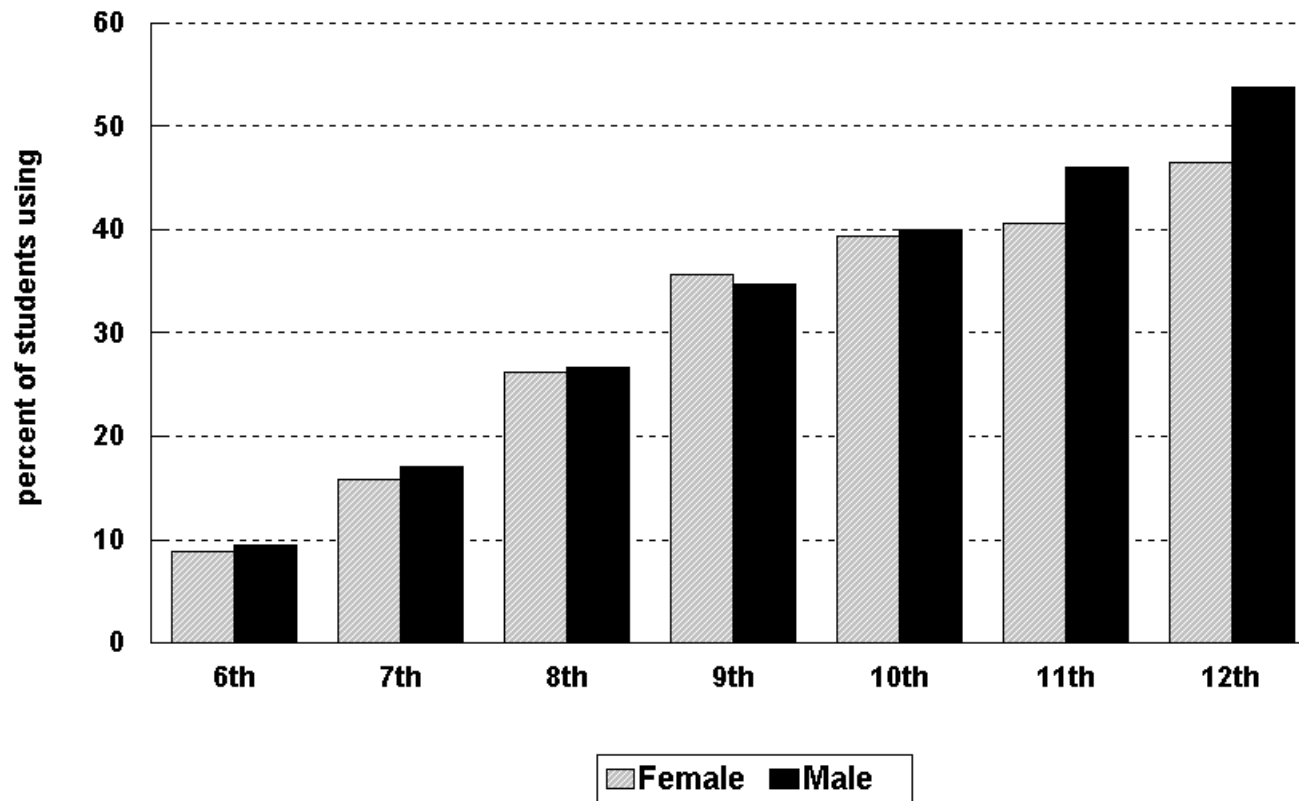
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Binge Drinking by Indiana Students by Grade and Gender, 2000



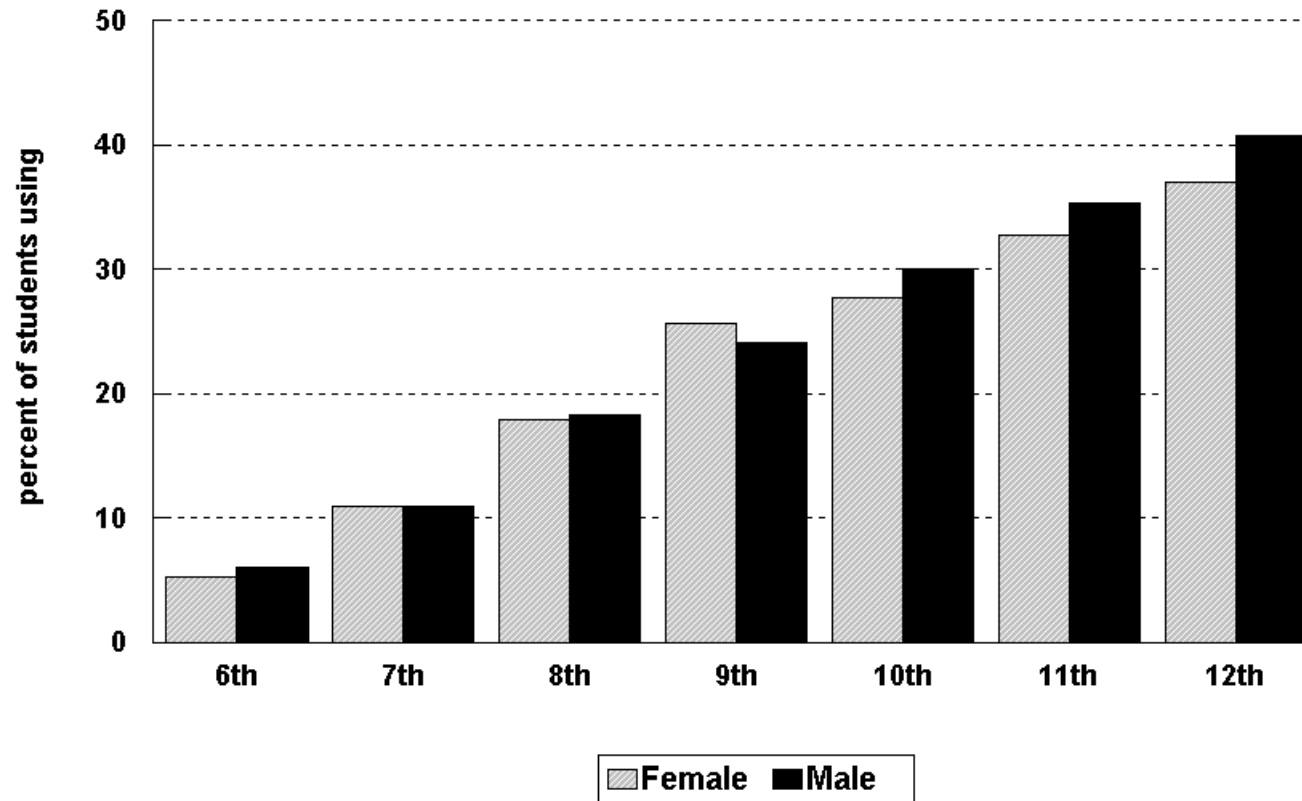
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Monthly Alcohol Use by Indiana Students by Grade and Gender, 2000



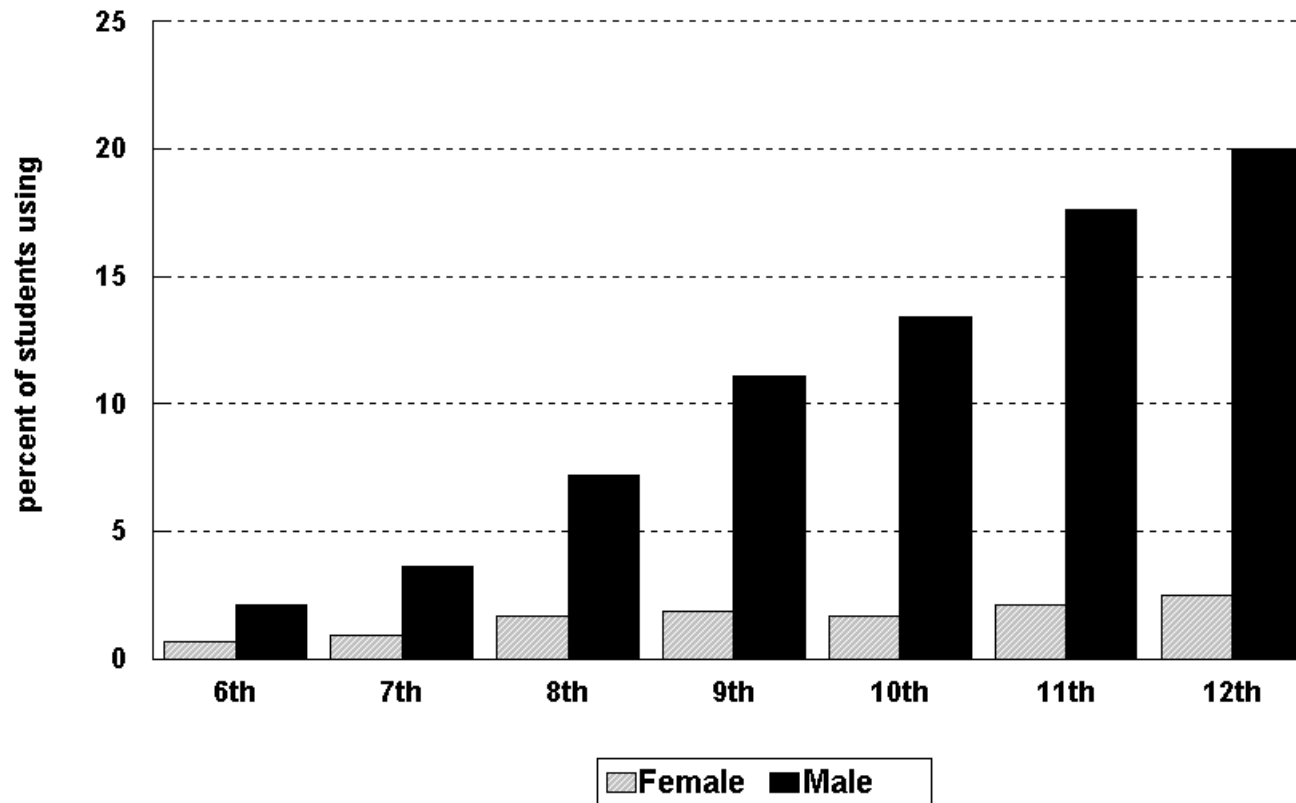
Source: Indiana Prevention Resource Center at Indiana University, 2000

## Monthly Cigarette Use by Indiana Students by Grade and Gender, 2000



Source: Indiana Prevention Resource Center at Indiana University, 2000

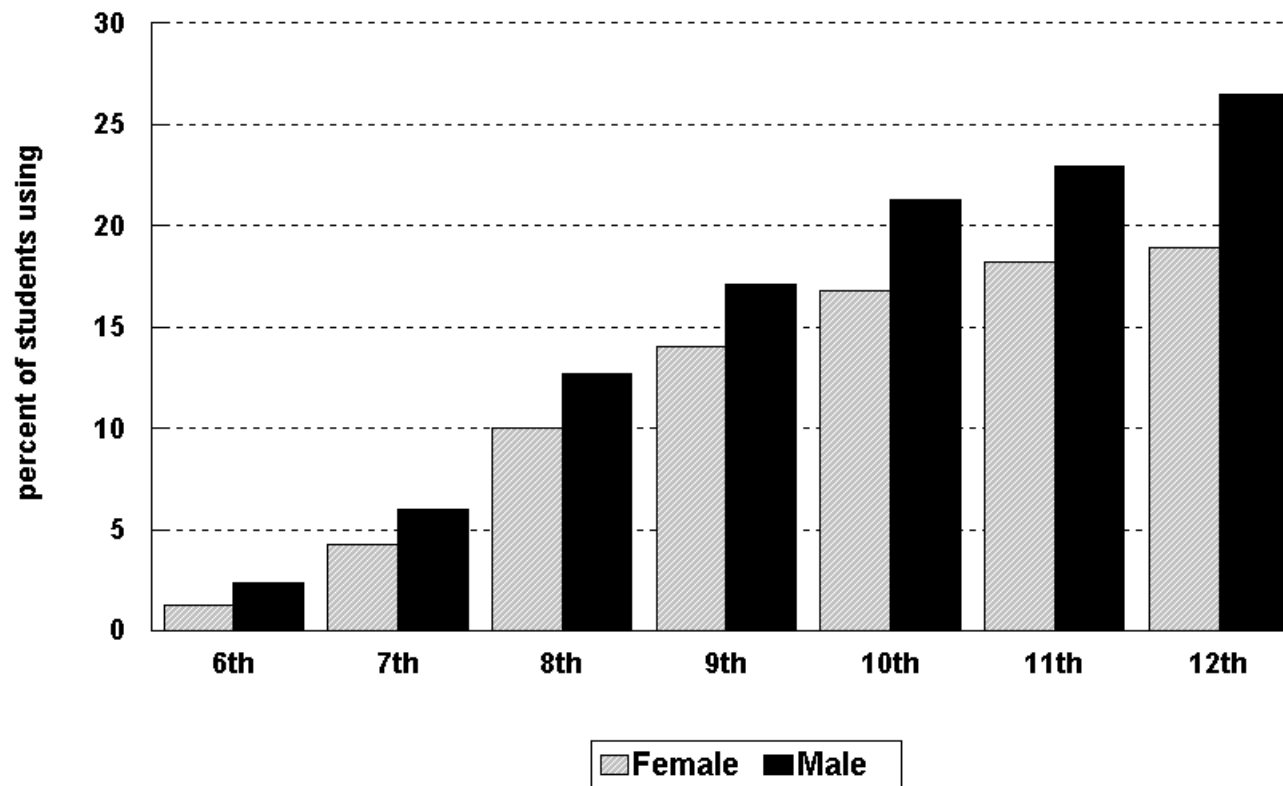
## Monthly Smokeless Tobacco Use by Indiana Students by Grade and Gender, 2000



Source: Indiana Prevention Resource Center at Indiana University, 2000



## Monthly Marijuana Use by Indiana Students by Grade and Gender, 2000



Source: Indiana Prevention Resource Center at Indiana University, 2000