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

The Indiana Prevention Resource Center
1997 Prevalence Statistics
Main Findings

Conducted by
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Executive Summary and Highlights

Cautious optimism describes the drug use findings reported in this year's report on Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents. After four years of steady increases in adolescent drug use, 1997 saw a leveling-off, and in some cases a slight decrease, in youthful use of alcohol, tobacco, and other drugs. While a single year's results do not establish a trend, the results of this year's surveys suggest that the increased attention placed on drug issues in 1996 by media, politicians, and educators, may have had an impact upon reducing the upward trend reported from 1993 to 1996. This year's findings are based upon an analysis of data from 82 separate local surveys of 72,571 youth in grades six through twelve, attending approximately 210 schools in Indiana. The most significant findings this year include:

Youthful Marijuana Use Declines Slightly

Perhaps the most striking finding from the 1997 survey is the first significant drop in marijuana use since 1992. Over the past four years, marijuana use by Indiana youth more than doubled, reflecting a nationwide increase. The IPRC survey is the first this year to report an apparent reversal of this trend. Decreases were found at all grade levels, except for increases in lifetime and daily prevalence by 12th graders (who were part of a "problem cohort" identified when they were in 8th grade as a group with above average drug use). Especially encouraging is the drop in use rates in the critical 7th through 9th grades.

Use of marijuana on a monthly or more frequent basis by 6th through 12th graders had more than doubled from 1992 to 1996 -- increasing from about 50,000 youthful users statewide to more than 107,000. Monthly use dropped about 2% overall this year, from 17.7% to 15.6%, which translates into about 11,000 fewer users in grades 6 through 12 statewide. Monthly use rates ranged from 2.7% of 6th graders to 23.5% of 12th graders.

Percent Change in Prevalence of Marijuana Use by					
Grade	Grade	Lifetime	Annual	Monthly	Daily
	6th	-0.4	-0.4	-0.3	-0.1
	7th	-2.6*	-2.4*	-2.2*	-0.4
	8th	-1.3	-1.4	-1.4*	-0.4
	9th	-6.1*	-6.0*	-5.6*	-2.3
	10th	-0.1	-1.0	-1.2	-0.5
	11th	-1.8	-2.1*	-2.4*	-1.5*
	12th	+2.2	-0.3	-1.9	+0.5
	Weighted				
	TOTAL	-1.4*	-1.9*	-2.1*	-0.7*

* significant at p<.05 level

This decline coincides with a renewed public interest in the issue of youthful drug use. Media reports on youthful drug use increased significantly during the presidential

election year of 1996, and President Clinton took his first strong position against youthful marijuana use during the past year.

As Predicted, Class of 1997 Use Rates Generally Increased; "Cohort Effect" Is Noted

As we first noted in our 1993 report, when they were in 8th grade, the high school graduating Class of 1997 reported use rates for most drugs that were significantly higher than previous "cohorts" of students passing through Indiana schools. The Class of 1997 "problem cohort" also was identified in several other studies, including the National High School Survey ("Monitoring the Future Study") conducted by the University of Michigan for the National Institute on Drug Abuse. Last year's senior class showed statistically significant increases in: (1) lifetime use of cigarettes, cocaine, crack cocaine, inhalants, amphetamines, tranquilizers, prescription narcotics, and psychedelics; and (2) annual use of cigarettes, cocaine, crack cocaine, amphetamines, and prescription narcotics. They also reported increased use of marijuana on a lifetime, annual, and daily basis, but the increases were not large enough to be statistically significant.

While their lifetime drug use, and use during the past year, for many drugs were significantly higher than would have been predicted from generalized trends and data from previous cohorts, the changes in monthly use, binge drinking, and daily use were much less pronounced, suggesting that the Class of 1997 may have moderated some of its drug use behaviors during their last year in school.

We are beginning to see some significant differences between and among different class cohorts that were not as pronounced in previous surveys. Last year's 10th grade class (the "Class of 1999") also reports drug use patterns that are above average, while last year's 7th and 9th grade classes ("Class of 2002" and "Class of 2000") reported lower than average rates of use. At this point, we offer no explanation for this "cohort effect," but note that it may have an impact upon the use rates reported in future years, as these cohorts pass through the schools.

Youth Cigarette Smoking Begins to Decline

One of the positive findings from the 1997 survey is the apparent decline in cigarette smoking by youth in grades 6 through 11, particularly in monthly use, daily use, and use of at least a half-pack per day. The declines in monthly, daily, and daily 1/2 pack+ use were statistically significant. Declines were especially significant in the critical 7th through 9th grades, where lifetime and annual use also declined significantly.

These declines are important for two reasons: (1) the decline in use by 7th through 9th graders is important, since these grades are the times when youth are at greatest risk for starting use of a wide range of drugs, and cigarette smoking is an important predictor of future use of other drugs, and (2) our measurements were taken in March and April, 1997, shortly after the start of new U.S. Food and Drug Administration regulations that required tobacco retailers to check proof of age before selling tobacco to young people.

The significant declines in monthly and daily use may be the first signs that the FDA regulations are having an effect.

Grade	Percent Change in Smoking Prevalence by Grade				
	Lifetime	Annual	Monthly	Daily	Daily 1/2 pack+
6th	-0.4	-0.1	-0.2	+0.1	0.0
7th	-1.7	-2.4*	-2.7*	-2.1*	-1.4*
8th	-0.9	-1.1	-1.3	-1.2	-0.4
9th	-3.1*	-3.8*	-3.9*	-3.0*	-2.2*
10th	+0.5	+1.6	+0.5	-0.5	-0.7
11th	-0.8	-0.7	-0.9	-0.7	-0.8
12th	+2.2*	+2.5*	+1.8	+1.6	+0.7
Weighted					
TOTAL	-0.6	-0.7	1.0*	0.8*	0.7*

* significant at p<.05 level

The increased attention given to cigarette smoking over the past year, including federal and state efforts to regulate youthful smoking, attention given to accusations of youth-oriented advertising and promotions, and tobacco-related litigation, may have influenced some youths' behaviors related to tobacco use.

Daily use by 7th graders declined from 10.4% in 1996 to 8.3% in 1997; daily use by 9th graders declined from 22.0% in 1996 to 19.0% in 1997; while daily use by high school seniors increased slightly from 27.0% in 1996 to 28.6% in 1997.

Decline in Smokeless Tobacco Use Continues

The use of smokeless tobacco products (moist snuff and looseleaf chewing tobacco) by Indiana children and adolescents continued to decline for the third consecutive year. Smokeless tobacco use by Hoosier youth has been in a generally downward trend since the first IPRC survey in 1991, and the decline since 1994 has been statistically significant at all grades and all measures of prevalence (lifetime, annual, daily, and monthly). The declines in monthly and daily use, as measured in the Spring of 1997, are of particular interest. They may be the first evidence that the new FDA regulations requiring proof of age before selling tobacco products, which took effect in late February, 1997, may be having an impact upon use of tobacco by youth.

Monthly use of smokeless tobacco by 8th graders has decreased from 10.4% in 1994 to 7.2% in 1997; monthly use by 10th graders has decreased from 13.6% in 1994 to 12.3% in 1997; monthly use by high school seniors has decreased from 15.5% in 1994 to 13.5% in 1997.

Binge Drinking Levels Off

Last year, we reported a slight increase in reported binge drinking at most grade levels, which was a reversal of a slow downward trend over several years. Rates of binge

drinking reported in 1997 seemed to level off again. The rates of binge drinking (drinking five or more servings on a single occasion at least once in the two weeks prior to the survey) reported by Hoosier youth are: (1) down significantly at all grade levels when compared with five years ago, and (2) still significantly higher than the national averages.

Binge drinking by Hoosier high school seniors has declined from a high of 38.7% in 1991 to 33.2% in 1997. In 1996, 35.6% of Hoosier 12th graders reported binge drinking, compared with 30.2% of 12th graders nationwide. In 1997, 7.6% of Hoosier 6th graders, 18.9% of Hoosier 8th graders; and 27.8% of Hoosier 10th graders reported binge drinking.

Window of Increased Vulnerability Identified

Of all the major surveys of drug use by children and adolescents, the IPRC survey is the only one that surveys a large representative sample of every grade from 6th to 12th every year. (The big National High School Survey ("Monitoring the Future Study") surveys only 8th, 10th and 12th grades; most states survey only selected grades and usually not every year). Our unique data set allowed us to conduct a secondary analysis of year-to-year increases in drug use -- by grade and by cohort. This secondary analysis, which will be reported in detail separately, has provided us with stunning evidence of a 36-month "window of increased vulnerability" in a youth's life, when his or her risk of starting to use drugs is greatly increased.

While the data vary slightly from drug to drug, and from year to year, we have concluded that while some experimentation with alcohol and tobacco may occur before 6th grade, most regular use of most drugs begins later. Just over 40% of new experimentation with cigarettes and alcohol begins between the end of 6th grade and the end of 9th grade, while half of new regular use begins during those 36 months in the youth's life.

With other drugs, these 36 months are even more important. About 60% of all new marijuana experimentation, and over two-thirds of new regular use of marijuana begins between the end of sixth and the end of 9th grade. About 75% of all new experimentation with and new regular use of "pills" -- prescription stimulants, depressants, and narcotics, begins during these 36 months.

The two year period during 7th and 8th grades accounts for the largest proportion of all of the increases.

Often, schools and communities concentrate their drug prevention efforts on high school students -- but our data suggest that this is too late. There is very little use reported before age 10, but the use levels reported by 14 and 15 year olds are 75% to 80% of the rates reported by high school seniors. This demonstrates that ages 10 through 14, particularly ages 12 through 14, are the time in a youth's life when he or she is most vulnerable to beginning to use drugs.

This evidence is valuable in planning prevention strategies. Since other researchers have shown that most new drug use by youth this age occurs in late afternoons -- from 3 p.m. to 6 p.m. -- after school and when the youth are unsupervised by adults -- communities can see the critical importance of providing after-school activities with appropriate levels of adult supervision. The evidence suggests that if a youth reaches age 15 without using drugs, he or she is much less likely to begin using.

Armed with this evidence, the Indiana Family and Social Services Administration - Division of Mental Health has redirected its prevention efforts to fund community-based after-school prevention activities for youth aged 10 through 14. On August 12, 1997, they announced the redirection of more than \$5.2 million per year in prevention funding to create up to 300 new community-based after-school prevention programs that will be located in every one of the state's 92 counties.

INTRODUCTION

This report describes the main findings from the seventh 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, 1997, data were collected by local school officials in local surveys in 255 schools in 82 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. The widespread participation in the surveys generates a statewide sample that is much larger than would be needed simply for statewide planning purposes, but is needed 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 10% of the total state school population) participates annually to avoid skewing the "off-year" results.

Data were collected in 82 separate community or school corporation surveys conducted in 255 schools throughout Indiana. These surveys yielded 72,571 usable surveys. The school surveys conducted in 1997 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 school returned to normal in 1997.

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 the 1994 and 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 subjects 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 1997 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	255 schools in
	82 separate community or school corporation surveys

Total Population Present on Day of Survey	75,053
Refused to Participate/Turned in Blank	523
No grade reported	927
Unusable Surveys	647
Surveys Rejected Due to Error Checking	385
Total Number of Usable Surveys	72,571
Participation Rate (Usable Surveys/Total Population)	96.7%

Number of Youth Respondents	72,571
6th grade	11,998
7th grade	8,656
8th grade	12,893
9th grade	9,630
10th grade	12,048
11th grade	8,074
12th grade	9,272

Gender Distribution		
Male	35,889	49.5%
Female	36,475	50.3%
No response	207	0.3%

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 PRC'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 data base 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 protocols and same instruments, 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.

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 data base. The larger a data base, 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 review 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 10 reader. The collected data are analyzed using descriptive statistical techniques, and multiple regression through SPSS-X routines operating in a WindowsNT environment on a high end Pentium Pro 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 B 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 six 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 95% 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 1997, over 96% responded completely truthfully, 3% 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 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 instruments were 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 17,000 seniors nationwide constituting the graduating class of 1994, as well as preliminary data from approximately 18,800 8th graders and approximately 15,500 10th graders in the 1996 national surveys, the latest national data available.

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 used to compare grades 6 to 11 in Appendix A was relatively small (about 2,000) compared to the Indiana sample of more than 72,000 for the same age group.
- those people surveyed were the ones who attended school or work 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 PRC survey and by the National High School Senior Survey.

NOTE:

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.

LIFETIME USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

	6th Grade						
	State						
DRUG	1991	1992	1993	1994	1995	1996	1997
Cigarettes	32.2	33.2	29.2	28.8	27.6	27.7	27.3
Smokeless-Tobacco	9.2	13.0	8.5	9.0	7.7	7.1	6.7
Alcohol	40.4	37.4	37.8	36.1	32.4	29.3	32.3*
Marijuana	1.8	2.9	2.2	2.9	3.6	5.1	4.7
Cocaine	-.	-.	-.	.5	.6	.8	.8
Crack	-.	-.	-.	.6	.6	1.0	.9
Inhalants	9.6	8.2	7.8	8.4	8.1	8.1	10.1*
Amphetamines	1.2	1.5	1.5	1.6	1.3	1.5	1.5
Tranquilizers	3.4	4.8	4.3	4.4	4.0	4.2	5.1*
Narcotics	2.1	2.0	1.7	1.4	1.2	1.3	1.5
Psychedelics	-.	1.3	-.	1.0	.8	1.4	1.5
Heroin	-.	-.	-.	.5	.4	.8	.7
Steroids	1.2	2.2	1.2	1.5	1.0	1.4	1.4

NOTES: NA - Indicates that data were not available

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

ANNUAL USE of Alcohol, Tobacco, and Other Drugs by Indiana Children and Adolescents (percentages)

	6 th Grade						
	State						
DRUG	1991	1992	1993	1994	1995	1996	1997
Cigarettes	20.9	22.6	19.0	19.5	18.3	18.4	18.3
Smokeless-Tobacco	6.5	10.2	6.4	6.8	5.8	5.4	4.9
Alcohol	32.0	28.7	27.7	27.3	23.2	21.7	23.7*
Marijuana	1.4	2.2	1.7	2.5	3.1	4.4	4.0
Cocaine	-.--	-.-	-.-	.4	.4	.8	.7
Crack	-.-	-.-	-.-	.4	.3	.9	.7
Inhalants	7.9	6.6	6.1	6.2	5.8	6.4	7.9*
Amphetamines	1.1	1.0	1.2	1.3	1.0	1.4	1.3
Tranquilizers	2.8	4.0	3.5	3.5	3.0	3.2	4.1*
Narcotics	1.5	1.2	1.3	1.0	.9	1.0	1.3
Psychedelics	-.-	-.-	-.-	.7	.7	1.2	1.2
Heroin	-.-	1.9	-.-	.4	.2	.6	.5
Steroids	-.-	-.-	-.-	1.0	.6	1.0	1.0

NOTES: NA - Indicates that data were not available

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

MONTHLY USE of Alcohol, Tobacco, and Other Drugs by Indiana Children and Adolescents (percentages)

	6 th Grade						
	State						
DRUG	1991	1992	1993	1994	1995	1996	1997
Cigarettes	10.7	12.9	8.5	10.0	9.3	9.7	9.5
Smokeless-Tobacco	4.1	5.9	3.5	4.0	3.3	3.1	3.1
Alcohol	16.6	16.0	13.6	13.7	11.4	10.7	11.5
Marijuana	-.-	1.7	1.2	1.7	1.9	3.0	2.7
Cocaine	-.-	-.-	-.-	.3	.3	.6	.5
Crack	-.-	-.-	-.-	.3	.3	.6	.5
Inhalants	5.0	4.3	3.8	4.1	3.6	3.8	4.9*
Amphetamines	-.-	1.0	-.-	.9	.6	1.0	.9
Tranquilizers	1.7	2.4	2.0	2.2	1.6	1.9	2.4
Narcotics	1.0	-.-	-.-	.5	.6	.6	.9
Psychedelics	-.-	-.-	-.-	.6	.5	.8	.9
Heroin	-.-	-.-	-.-	.3	.2	.5	.4
Steroids	1.0	1.3	-.-	.6	.4	.7	.7

NOTES: NA - Indicates that data were not available

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

**DAILY and SPECIAL USE of Alcohol, Tobacco, and
Other Drugs by Indiana Children and Adolescents
(percentages)**

	6 th Grade						
	State						
DRUG	1991	1992	1993	1994	1995	1996	1997
CIGARETTES							
Use Daily	3.9	4.8	3.4	4.3	4.0	4.2	4.3
½ Pack or More	2.1	3.0	1.5	2.0	1.9	2.1	2.1
Smokeless-Tobacco	-.-	-.-	-.-	.6	.4	.5	.5
ALCOHOL							
Use Daily	-.-	-.-	-.-	.4	.5	.4	.6
Binge Drinking	9.6	9.4	8.0	8.1	7.2	7.6	7.6
Marijuana	-.-	-.-	-.-	-.-	.3	.4	.3

NOTES: NA - Indicates that data were not available

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

LIFETIME USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

DRUG	7 th Grade							8 th Grade							
	State							State							Natl
	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	43.0	42.7	38.6	40.1	39.8	40.2	38.5	52.1	55.0	50.0	51.3	52.4	53.7	52.6	49.2
Smokeless-Tobacco	17.4	16.2	13.9	14.9	14.6	12.7	11.5	24.8	26.6	18.9	20.1	19.2	17.9	16.7	20.4
Alcohol	56.3	48.0	48.7	47.4	44.4	44.0	42.4	64.7	66.1	60.9	61.7	60.2	59.1	59.4	55.3
Marijuana	5.2	5.6	5.3	7.7	9.5	12.8	10.2*	11.7	12.2	12.0	16.0	20.2	24.3	23.0	23.1
Cocaine	1.3	1.1	1.0	1.2	1.3	2.1	1.6	2.2	2.4	2.0	2.5	2.9	3.6	3.5	4.5
Crack	1.1	-.	-.	1.3	1.3	1.9	1.4	2.1	1.6	1.5	2.0	2.4	3.0	2.9	2.9
Inhalants	10.9	9.4	9.8	12.0	12.3	13.5	12.9	13.7	16.7	14.5	15.3	18.1	17.4	17.6	21.2
Amphetamines	5.0	4.8	3.9	4.5	4.6	5.7	3.5*	9.7	11.4	9.0	9.1	10.6	10.0	9.1	13.5
Tranquilizers	6.9	6.8	6.5	6.8	6.7	8.5	7.4	9.0	13.0	10.3	10.7	11.4	11.9	12.5	5.3
Narcotics	4.4	3.4	3.0	2.9	2.8	3.6	3.4	5.9	7.0	5.3	5.4	5.8	5.5	6.5*	NA
Psychedelics	1.5	2.3	1.8	2.2	2.4	3.7	3.0	3.3	4.3	3.7	3.7	5.1	6.7	6.3	5.1
Heroin	-.	1.0	1.0	1.2	1.1	1.2	1.3	1.7	1.6	1.4	1.7	1.8	2.2	1.8	2.4
Steroids	2.2	2.4	2.2	2.4	1.7	2.0	1.8	2.9	3.1	2.6	2.7	2.6	2.1	2.3	1.8

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

ANNUAL USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

DRUG	7 th Grade							8 th Grade							
	State							State							Natl
	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	31.7	31.5	28.4	29.7	29.8	31.4	29.0*	39.1	41.8	37.9	39.6	41.4	42.6	41.5	NA
Smokeless-Tobacco	14.4	13.2	10.9	11.7	11.9	10.2	8.8*	20.1	22.8	14.9	16.5	15.4	14.2	12.8*	NA
Alcohol	45.5	39.9	39.8	38.7	36.1	36.9	34.5*	55.2	57.2	52.3	52.9	51.6	51.4	51.2	46.5
Marijuana	4.0	4.8	4.5	6.7	8.6	11.5	9.1*	10.5	10.5	10.4	14.3	18.4	22.4	21.0	18.3
Cocaine	1.2	-.	-.		1.1	1.8	1.4	1.9	1.9	1.6	2.1	2.5	2.9	3.0	3.0
Crack	1.0	-.	-.	.9	1.0	1.6	1.2	1.9	1.5	1.2	1.6	2.0	2.3	2.4	1.8
Inhalants	8.6	8.4	7.6	9.6	9.3	11.4	10.3	10.7	13.7	11.2	12.4	14.5	13.6	14.0	12.2
Amphetamines	4.5	4.4	3.3	3.9	4.0	5.1	3.2*	9.1	10.4	7.8	7.8	9.3	8.8	7.9	9.1
Tranquilizers	6.7	6.5	5.2	5.6	5.4	7.2	6.2	7.9	11.2	8.6	9.1	9.5	10.3	10.8	3.3
Narcotics	3.8	2.9	2.4	2.2	2.2	3.1	2.7	4.8	5.2	4.3	4.0	4.8	4.6	*	NA
Psychedelics	-.	1.9	1.5	1.7	2.2	3.2	2.6	-.	3.7	3.1	3.1	4.5	6.0	5.6	3.5
Heroin	-.	1.0	-.	.9	.9	1.3	1.0	-.	1.4	1.1	1.5	1.5	1.8	1.6	1.6
Steroids	-.	2.2	1.6	1.8	1.2	1.5	1.4	-.	2.6	2.0	2.0	1.8	1.6	1.7	.9

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

MONTHLY USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

	7 th Grade							8 th Grade								
	State							State								Natl
DRUG	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996	
Cigarettes	16.8	16.9	14.5	16.9	17.7	19.0	16.3*	22.0	24.8	21.1	24.2	26.3	27.1	25.8	21.0	
Smokeless-Tobacco	9.7	7.9	6.7	7.5	7.1	6.7	5.2*	13.7	15.6	9.0	10.6	9.3	8.6	7.2*	7.1	
Alcohol	25.9	22.9	21.8	21.5	19.6	21.3	18.4*	33.6	35.1	30.9	32.0	31.3	31.3	30.3	26.2	
Marijuana	2.6	3.3	2.7	4.8	5.4	7.9	5.7*	6.5	6.7	6.5	9.9	13.1	15.2	13.8*	11.3	
Cocaine	1.1	-.	-.	.8	.7	1.3	1.0	1.6	1.2	-.	1.3	1.4	1.7	1.9	1.3	
Crack	1.0	-.	-.	.7	.7	1.2	.9	1.4	1.1	-.	1.0	1.1	1.4	1.4	.8	
Inhalants	5.3	5.5	4.7	6.1	5.6	7.0	6.6	6.0	7.4	6.5	7.5	8.4	8.0	8.2	5.8	
Amphetamines	3.5	3.0	2.2	2.7	2.4	3.3	2.3*	5.8	6.6	5.1	5.2	5.9	5.6	5.3	4.6	
Tranquilizers	4.3	3.7	3.1	3.7	3.3	5.0	4.1	4.6	7.0	5.6	5.7	5.8	6.0	6.5	1.5	
Narcotics	2.2	1.8	1.4	1.4	1.3	2.2	1.7	2.9	3.3	2.6	2.5	2.6	2.7	3.2	NA	
Psychedelics	1.2	1.4	1.1	1.3	1.4	2.2	1.8	1.9	2.2	2.0	2.1	3.1	3.6	3.6	1.5	
Heroin	-.	-.	-.	.8	.6	.9	.8	1.3	-.	-.	1.0	.9	1.1	1.1	.7	
Steroids	1.2	1.7	-.	1.3	.9	1.0	.8	1.8	1.7	1.2	1.3	1.0	1.0	1.0	.4	

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

DAILY and SPECIAL USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

	7 th Grade							8 th Grade							
	State							State							Natl
DRUG	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
CIGARETTES															
Use Daily	8.6	8.3	7.3	8.6	8.8	10.4	8.3*	13.2	13.7	11.8	13.8	14.9	15.4	14.2	NA
½ Pack a Day	4.8	4.7	3.9	4.4	4.5	5.7	4.3*	7.7	9.4	6.7	7.2	8.4	8.8	8.4	NA
Smokeless-Tobacco	2.6	5.1	1.2	1.7	1.1	1.3	.9	4.6	5.1	2.3	2.6	2.1	2.2	1.6*	NA
ALCOHOL															
Use Daily	2.5	1.2	1.2	1.4	1.0	1.4	1.1	2.5	2.8	1.8	2.3	2.1	2.2	2.2	NA
Binge Drinking	14.3	13.5	12.7	13.0	12.3	13.5	12.0	19.2	20.6	18.5	18.6	18.4	19.0	18.9	NA
Marijuana	1.4	-.-	-.-	.7	.9	1.4	1.0	1.4	1.2	.9	1.9	2.1	3.1	2.7	NA

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

LIFETIME USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

DRUG	9 th Grade							10 th Grade							
	State							State							Natl
	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	54.2	58.2	56.5	57.4	58.7	61.4	57.3*	61.6	62.6	60.8	61.5	61.8	63.6	64.1	61.2
Smokeless-Tobacco	28.0	28.5	24.3	25.8	26.2	24.2	21.3*	35.5	32.0	27.9	28.0	28.7	30.0	26.2*	27.4
Alcohol	74.6	72.8	70.2	69.9	68.7	69.7	65.9*	81.4	78.7	76.5	76.2	73.2	74.3	75.2	71.8
Marijuana	15.9	16.6	18.4	23.9	26.1	35.0	28.9*	26.2	22.4	25.6	30.5	34.2	40.2	40.1	39.8
Cocaine	2.5	3.2	2.5	3.7	3.7	4.9	4.8	5.3	3.9	3.4	4.3	4.9	6.9	6.7	6.5
Crack	1.2	1.8	1.8	2.5	2.7	4.0	3.5	3.1	2.1	1.9	2.9	3.6	4.8	4.7	3.3
Inhalants	12.3	14.1	13.3	17.4	17.3	18.3	16.7	16.7	13.5	15.0	16.1	17.5	17.8	17.5	19.3
Amphetamines	12.9	13.9	13.5	14.8	14.3	16.7	13.3*	20.2	17.1	17.3	17.2	17.7	18.8	17.6	17.7
Tranquilizers	9.2	11.4	11.1	13.8	13.4	15.3	15.0	13.3	14.1	13.0	14.6	13.5	16.3	16.3	7.1
Narcotics	6.9	6.8	6.9	8.5	7.9	9.9	9.1	10.0	9.4	9.0	9.8	9.7	11.7	12.6	NA
Psychedelics	3.6	5.6	5.6	6.4	7.8	12.1	8.9*	7.7	8.0	7.7	8.3	11.5	14.1	13.2	9.4
Heroin	1.0	2.0	1.5	2.0	1.9	2.4	2.1	2.0	1.9	1.4	2.0	1.9	2.8	2.2	2.1
Steroids	2.2	2.7	2.8	3.0	2.6	2.5	2.3	3.0	3.0	2.4	2.8	2.2	2.9	2.4	1.8

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

ANNUAL USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

DRUG	9 th Grade							10 th Grade							
	State							State							Natl
	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	39.4	45.9	43.6	45.5	46.2	50.2	46.4*	47.8	48.7	46.8	48.0	48.9	50.8	52.4	NA
Smokeless-Tobacco	23.3	25.1	19.2	20.8	20.8	19.6	16.7*	27.3	27.1	21.6	21.8	22.2	22.9	20.3*	NA
Alcohol	67.1	65.2	62.5	61.6	60.5	62.2	58.1*	73.7	71.8	68.0	67.7	65.3	65.9	67.3	65.0
Marijuana	14.3	15.5	16.1	21.7	23.7	31.8	25.8*	22.9	19.7	22.2	27.6	30.8	36.1	35.1	33.6
Cocaine	2.5	3.1	2.1	2.9	3.1	4.1	4.0	4.3	3.5	2.6	3.5	4.0	5.7	5.5	4.2
Crack	1.5	1.8	1.4	2.0	2.2	3.2	2.9	2.8	1.9	1.5	2.3	3.0	4.0	3.8	2.1
Inhalants	9.4	10.6	9.8	13.5	13.2	13.8	12.1*	12.6	9.2	10.3	11.3	12.4	11.3	11.7	9.5
Amphetamines	11.6	13.2	11.6	12.9	12.2	14.4	11.4*	17.4	15.0	13.9	14.4	14.4	15.4	14.5	12.4
Tranquilizers	8.0	10.2	9.2	11.9	10.8	13.0	12.7	11.7	12.2	10.4	12.1	11.2	13.5	13.5	4.6
Narcotics	5.2	6.0	5.5	6.9	6.3	7.9	7.6	8.1	7.6	6.9	7.8	7.6	9.3	10.2	NA
Psychedelics	--	5.1	4.7	5.6	6.9	10.9	7.7*	--	7.8	6.4	7.1	10.2	12.3	11.4	6.9
Heroin	--	1.9	1.1	1.5	1.7	2.0	1.7	--	1.8	1.2	1.6	1.6	2.3	1.8	1.2
Steroids	--	2.3	2.0	2.2	1.8	1.8	1.7	--	2.8	1.8	2.1	1.7	2.2	1.7	1.2

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-- - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

MONTHLY USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

	9 th Grade							10 th Grade							
	State							State							Natl
DRUG	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	22.6	28.4	26.2	29.4	30.8	34.4	30.5*	31.0	31.3	30.4	33.0	34.4	36.7	37.2	30.4
Smokeless-Tobacco	14.4	16.1	12.2	13.3	13.2	12.5	9.8*	18.1	18.2	13.2	13.6	13.8	14.6	12.3*	8.6
Alcohol	43.7	41.8	38.2	39.6	38.5	40.8	36.0*	50.7	47.1	43.8	44.9	42.7	43.7	43.9	40.4
Marijuana	8.3	9.6	10.6	15.2	15.9	22.8	17.2*	13.4	11.8	14.3	18.9	21.5	24.9	23.7	20.4
Cocaine	1.3	1.9	--	1.6	1.7	2.4	2.2	2.4	1.9	1.4	1.6	2.2	2.6	2.6	1.7
Crack	1.0	1.5	--	1.4	1.3	2.1	1.5	1.7	1.1	--	1.2	1.6	1.8	1.9	.8
Inhalants	5.2	5.2	5.2	7.3	6.9	7.2	6.1	6.5	4.8	5.0	5.6	5.8	5.1	5.3	3.3
Amphetamines	7.0	7.5	6.4	7.8	7.2	8.9	6.8*	9.8	7.5	7.5	8.3	7.9	7.8	7.8	5.5
Tranquilizers	4.0	5.8	5.2	7.1	6.2	7.7	7.9	6.0	6.4	5.7	6.9	6.2	7.0	7.4	1.7
Narcotics	3.1	3.4	2.9	3.7	3.8	4.9	4.2	4.0	3.7	3.4	4.0	4.1	4.4	5.0	NA
Psychedelics	2.2	3.3	2.7	3.7	4.9	6.5	4.6*	4.1	4.7	3.7	4.1	7.0	6.8	6.5	2.4
Heroin	1.0	1.3	--	1.1	.9	1.3	1.0	1.4	1.1	--	.9	1.0	1.3	1.0	.5
Steroids	1.3	1.6	1.3	1.4	1.2	1.2	1.1	1.8	1.6	1.0	1.3	1.1	1.4	.9*	.5

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-- - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

DAILY and SPECIAL USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

	9 th Grade							10 th Grade							
	State							State							Natl
DRUG	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
CIGARETTES															
Use Daily	13.6	17.2	16.0	18.3	18.4	22.0	19.0*	18.7	20.1	19.0	21.9	22.4	24.4	23.9	NA
½ a Pack a Day	9.0	11.4	9.9	11.7	11.2	14.0	11.8*	12.2	13.4	12.3	14.4	14.6	16.2	15.5	NA
Smokeless-Tobacco	5.0	5.4	3.8	4.2	4.1	3.9	2.5*	7.6	7.9	4.7	5.2	5.0	5.6	4.1*	NA
ALCOHOL															
Use Daily	3.9	3.5	2.8	3.2	3.1	3.6	3.1	5.2	4.4	3.5	3.6	3.5	4.1	3.9	NA
Binge Drinking	25.1	24.8	23.3	23.6	23.3	25.5	23.1*	30.6	29.2	27.3	26.8	26.1	27.3	27.8	NA
Marijuana	3.5	1.9	1.8	3.3	3.7	6.4	4.1*	3.5	2.3	2.7	4.3	5.1	7.4	6.9	NA

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

LIFETIME USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

DRUG	11 th Grade							12 th Grade							
	State							State							Natl
	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	63.0	65.5	64.7	64.5	66.5	67.7	66.9	69.1	69.4	66.4	65.6	67.9	66.4	68.6*	63.5
Smokeless-Tobacco	35.1	37.3	31.9	31.0	32.2	31.9	29.1*	38.0	39.5	34.0	33.9	35.8	31.3	31.4	29.8
Alcohol	83.5	82.9	82.2	79.7	78.5	78.1	77.5	88.1	87.0	85.0	82.4	81.4	80.6	80.8	79.2
Marijuana	29.4	28.5	31.1	33.2	36.6	44.1	42.3	34.2	31.0	35.3	38.1	40.0	43.4	45.6	44.9
Cocaine	6.0	5.2	4.2	4.9	5.2	7.5	7.8	6.9	6.0	5.0	6.1	7.1	7.1	8.9*	7.1
Crack	2.4	2.4	2.0	2.7	3.2	4.1	4.5	1.9	3.4	2.0	2.8	4.3	4.1	5.6*	3.3
Inhalants	14.5	16.1	14.0	15.7	16.0	17.6	15.4	14.6	14.8	14.0	15.1	15.5	13.7	15.5*	16.6
Amphetamines	22.3	20.4	18.8	18.5	18.2	18.3	18.5*	22.1	19.1	19.8	18.8	18.0	16.5	19.2*	15.3
Tranquilizers	12.8	15.1	12.9	13.5	13.9	16.6	16.3	13.5	14.6	12.6	13.2	13.2	14.2	16.2*	7.2
Narcotics	11.3	11.3	9.7	11.3	10.8	13.2	13.9	12.0	10.1	11.3	11.5	11.4	11.7	14.5*	8.2
Psychedelics	8.7	10.4	10.5	10.1	12.7	16.8	14.9*	9.8	11.2	11.6	12.0	14.4	15.5	17.2*	12.6
Heroin	2.1	1.9	1.2	1.5	1.7	1.9	1.9	1.4	2.4	1.3	1.8	2.0	2.1	2.3	1.8
Steroids	2.9	3.1	2.0	2.6	2.5	2.3	2.4	2.3	3.6	2.4	2.8	2.6	2.1	2.5	1.9

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

ANNUAL USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

DRUG	11 th Grade							12 th Grade							
	State							State							Natl
	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	48.3	51.3	51.0	50.5	53.3	54.8	54.1	69.1	54.3	52.2	51.8	54.5	52.7	55.7*	NA
Smokeless-Tobacco	26.5	28.1	23.5	23.1	23.9	22.9	21.1	38.0	30.8	23.8	24.6	25.9	21.6	21.4	NA
Alcohol	76.5	73.4	73.6	70.2	70.9	70.0	70.0	80.0	79.1	76.1	73.3	72.9	72.1	73.1	72.5
Marijuana	25.1	24.9	26.3	28.7	32.8	38.6	36.3	34.2*	23.7	28.3	31.9	34.6	37.4	37.1	35.0
Cocaine	4.8	4.3	2.9	3.6	4.3	5.8	6.3	6.9	4.8	3.3	4.1	5.6	5.7	6.9*	4.7
Crack	2.1	2.1	1.6	1.9	2.5	3.2	3.6	1.9	2.7	1.3	2.0	3.4	3.0	4.2*	2.1
Inhalants	9.8	10.1	8.6	10.1	9.9	10.1	9.4	14.6	7.9	7.1	8.9	9.0	7.4	8.3	7.6
Amphetamines	18.5	16.8	14.5	13.9	14.2	13.9	14.1	22.1	14.5	13.8	13.5	13.1	12.1	13.6*	9.5
Tranquilizers	10.3	12.0	9.8	10.5	11.0	13.2	13.1	13.5	11.0	9.3	9.7	9.5	11.1	12.3	4.6
Narcotics	8.4	8.7	7.0	8.0	8.1	10.3	10.8	12.0	6.7	7.3	7.8	8.1	8.5	10.7*	5.4
Psychedelics	--	9.7	8.6	8.2	11.4	14.1	12.6	9.8	9.3	9.1	9.3	12.2	12.5	13.6	8.8
Heroin	--	1.8	--	1.1	1.3	1.5	1.6	1.4	2.3	.1	1.2	1.5	1.8	1.7	1.0
Steroids	--	2.9	1.4	1.8	1.6	1.7	1.5	2.3	2.6	1.5	1.8	1.6	1.5	1.7	1.4

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-- - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

MONTHLY USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

	11 th Grade							12 th Grade							
	State							State							Natl
DRUG	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
Cigarettes	29.9	34.9	33.7	34.4	39.3	40.1	39.2	34.6	36.2	35.6	37.3	40.6	39.8	41.6	34.0
Smokeless-Tobacco	16.9	19.5	14.4	14.6	15.4	14.2	12.0*	19.4	21.7	15.4	15.5	16.5	14.4	13.5	9.8
Alcohol	53.7	50.2	49.4	47.0	47.7	48.2	45.8*	59.7	56.1	53.2	53.7	51.2	52.5	50.1*	50.8
Marijuana	14.4	14.7	16.7	19.6	21.8	25.7	22.3*	15.6	14.4	17.8	21.6	24.0	25.4	23.5	21.9
Cocaine	2.4	2.4	1.2	1.6	2.0	3.0	2.9	2.1	3.1	1.5	2.0	2.5	3.0	3.3	2.0
Crack	1.4	1.5	--	1.0	1.3	1.6	1.6	--	2.0	--	.9	1.7	1.5	1.8	1.0
Inhalants	4.7	4.5	3.8	4.2	4.3	4.3	3.6	3.6	3.9	2.9	3.8	3.8	3.1	3.3	2.5
Amphetamines	10.0	8.9	7.2	7.0	7.0	6.4	7.0	9.1	7.5	6.5	7.2	6.5	6.1	6.7	4.1
Tranquilizers	5.1	6.0	4.6	5.3	5.7	6.9	7.0	4.8	5.3	4.5	4.6	4.9	6.0	6.2	2.0
Narcotics	4.4	3.8	3.4	3.5	3.8	4.8	4.7	3.9	3.2	3.1	3.6	4.0	4.3	4.5	2.0
Psychedelics	3.7	5.7	4.5	4.1	7.6	6.4	6.9	4.2	5.6	4.5	4.4	8.2	6.0	7.2	2.5
Heroin	1.2	1.4	--	.6	.8	.8	.8	--	1.8	--	.7	.9	1.1	1.0	.5
Steroids	1.6	1.9	--	1.1	1.0	.8	.8	1.2	2.1	--	.9	.8	.8	1.0	.7

NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-- - denotes values less than 1.0%

* - denotes that the 1996 and 1997 percentages are significantly different using a 5% significance level

DAILY and SPECIAL USE of Alcohol, Tobacco and Other Drugs by Indiana Children and Adolescents (percentages)

	11 th Grade							12 th Grade							
	State							State							Natl
DRUG	1991	1992	1993	1994	1995	1996	1997	1991	1992	1993	1994	1995	1996	1997	1996
CIGARETTES															
Use Daily	19.3	22.6	22.0	22.8	26.0	27.3	26.6	22.7	22.8	23.2	25.1	27.6	27.0	28.6	22.2
½ Pack a Day	13.8	15.7	15.0	15.3	17.2	18.9	18.1	16.3	16.0	16.0	17.9	18.9	18.6	19.3	13.0
Smokeless-Tobacco	6.8	9.3	5.8	6.4	6.3	6.2	4.7*	9.6	10.4	6.9	7.0	7.6	6.7	6.1	3.3
ALCOHOL															
Use Daily	5.8	5.4	4.1	4.5	5.0	5.1	4.5	7.1	6.2	6.0	6.9	6.4	7.5	5.9*	NA
Binge Drinking	34.1	31.7	30.6	28.9	29.6	30.1	29.8	38.7	37.6	34.3	34.8	33.3	35.6	33.2*	NA
Marijuana	3.1	4.0	3.9	5.1	6.1	8.6	7.1*	4.3	3.9	4.2	6.0	7.4	7.6	8.1	4.9

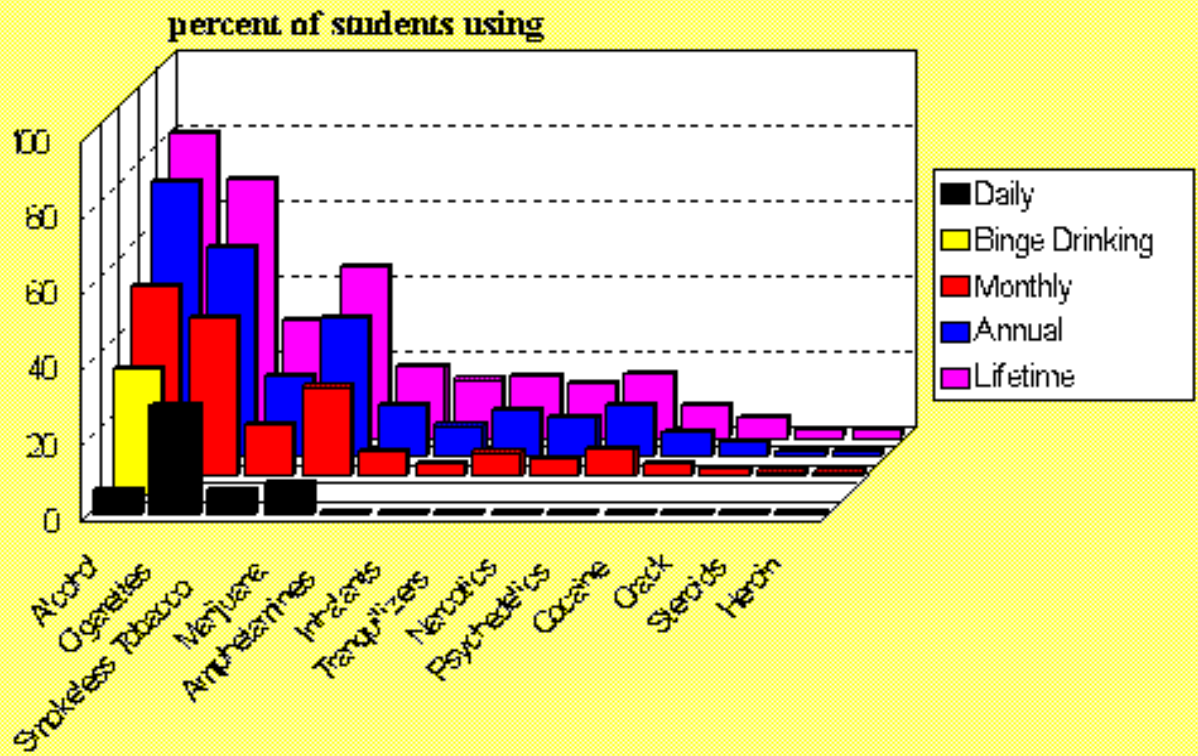
NOTES: NA - Indicates that data were not available

Natl - Data from the National High School Survey, 1996

-. - denotes values less than 1.0%

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Drug Use by Indiana High School Seniors 1997

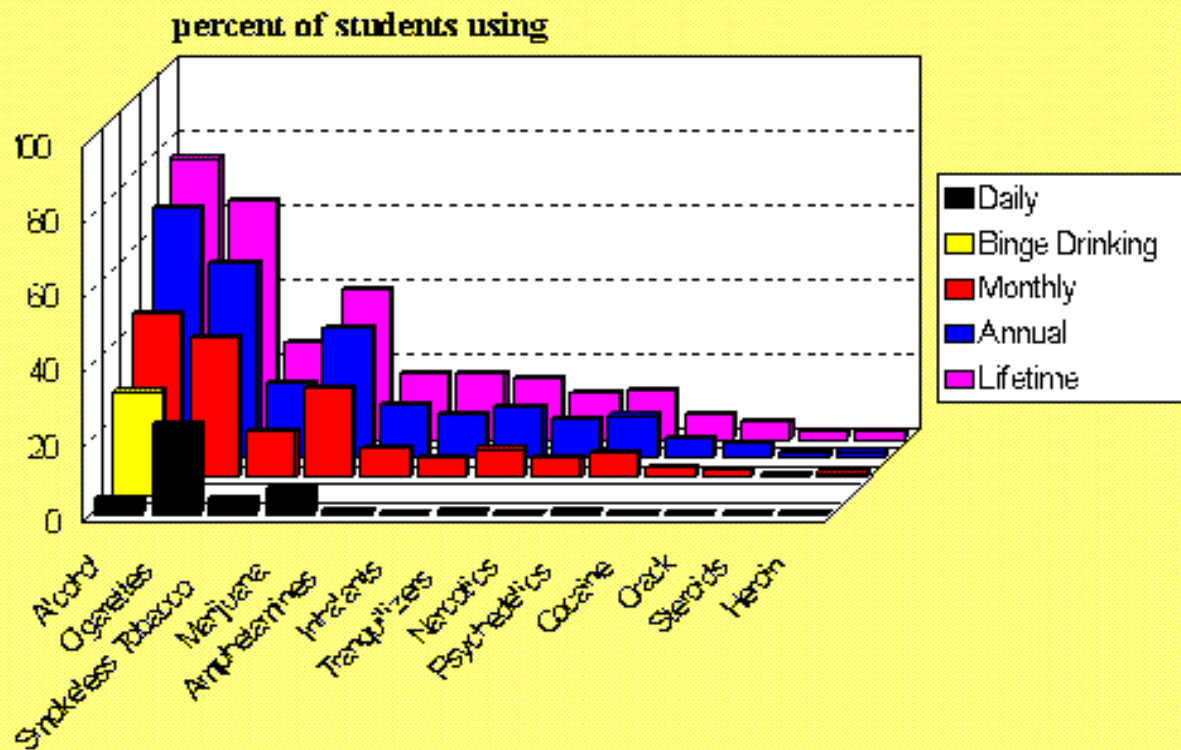


Source: Indiana Prevention Resource Center at Indiana University, 1997



Drug Use by Indiana 10th Graders

1997



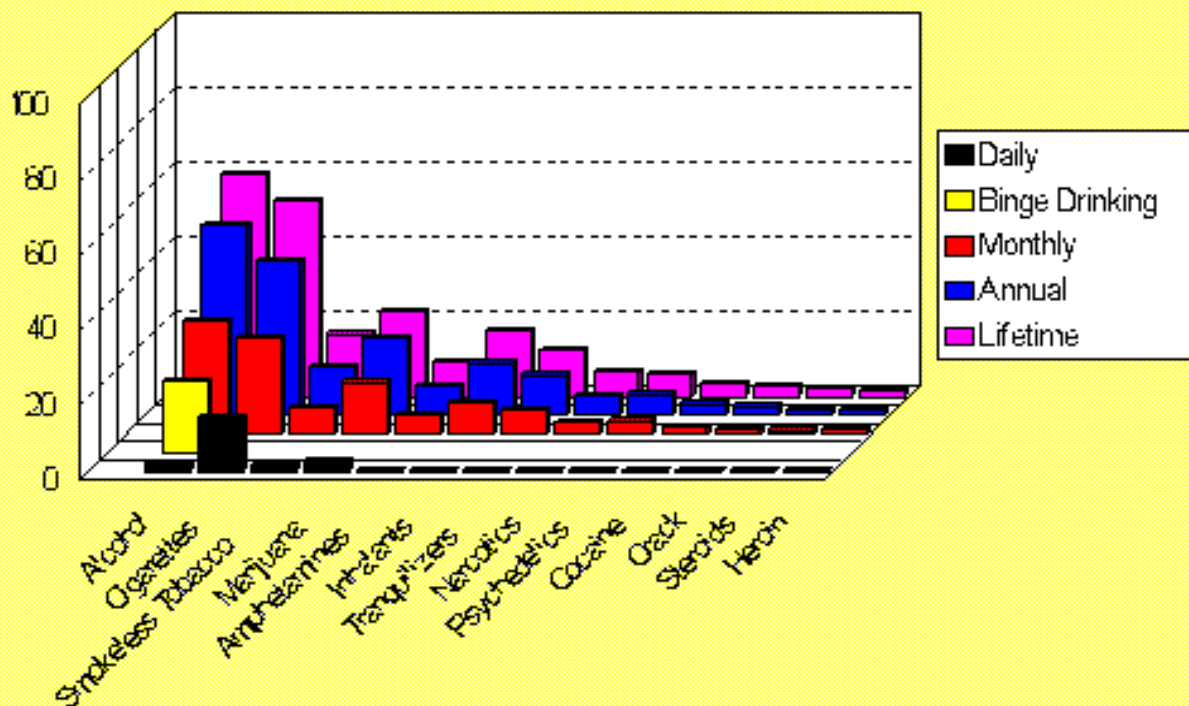
Source: Indiana Prevention Resource Center at Indiana University, 1997



Drug Use by Indiana 8th Graders

1997

percent of students using



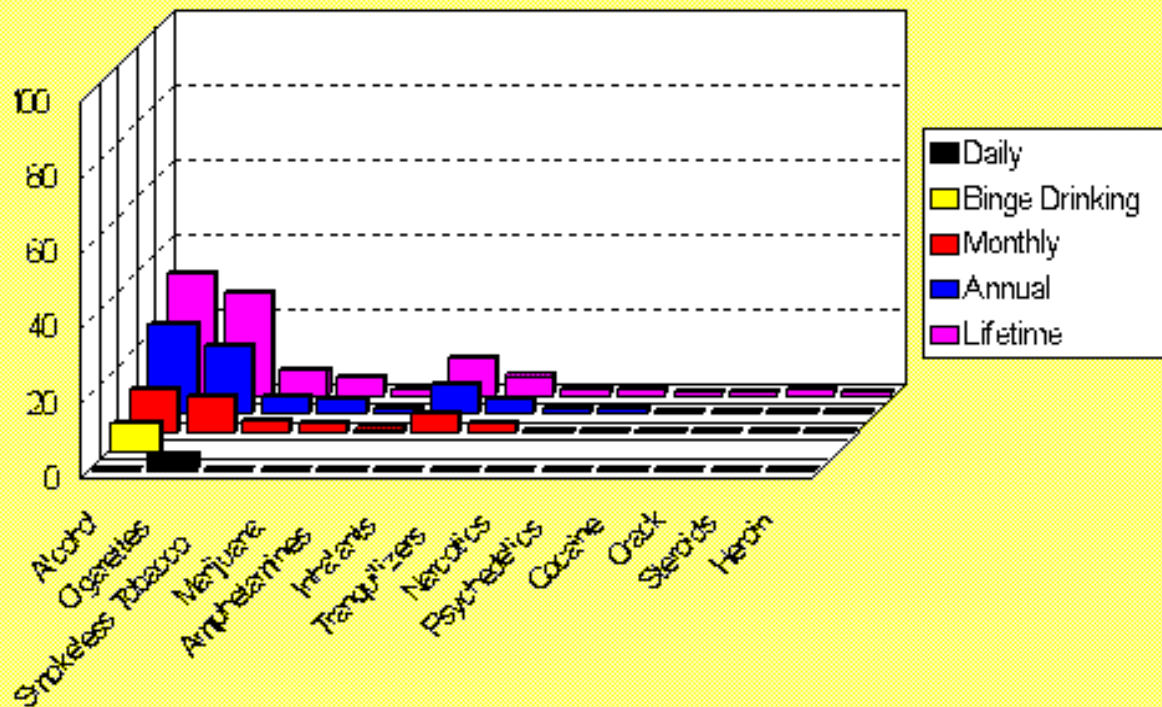
Source: Indiana Prevention Resource Center at Indiana University, 1997



Drug Use By Indiana 6th Graders

1997

percent of students using

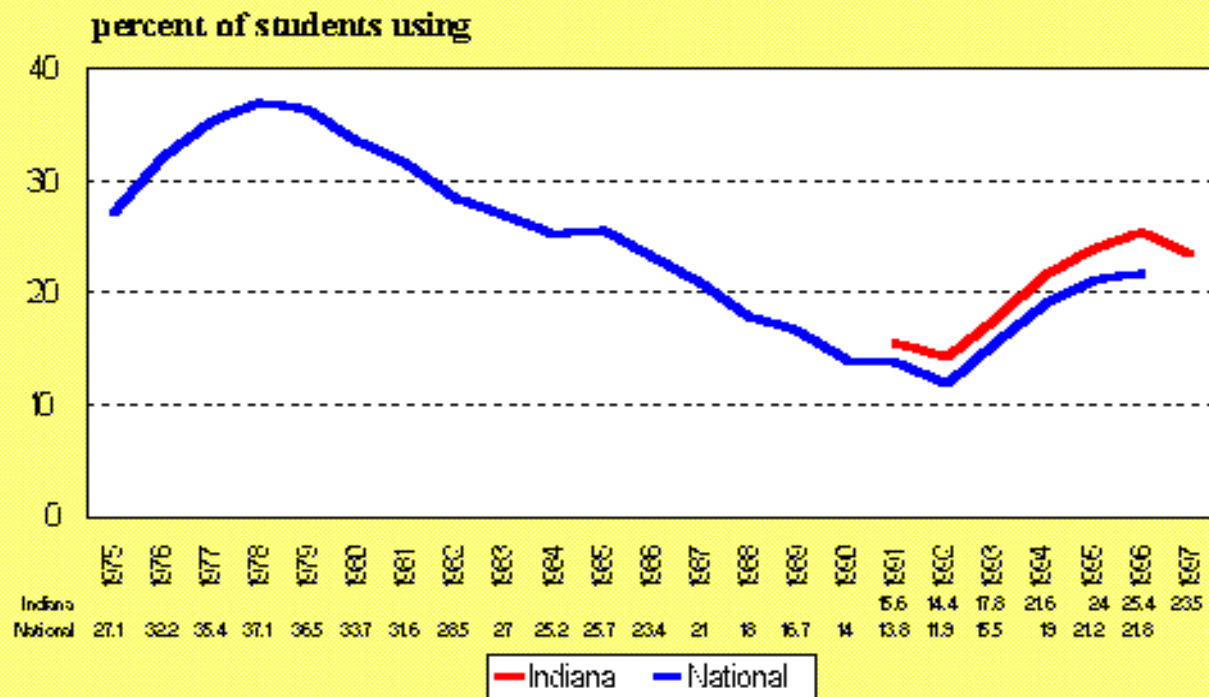


Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Marijuana Use by High School Seniors

Indiana and U.S.A.

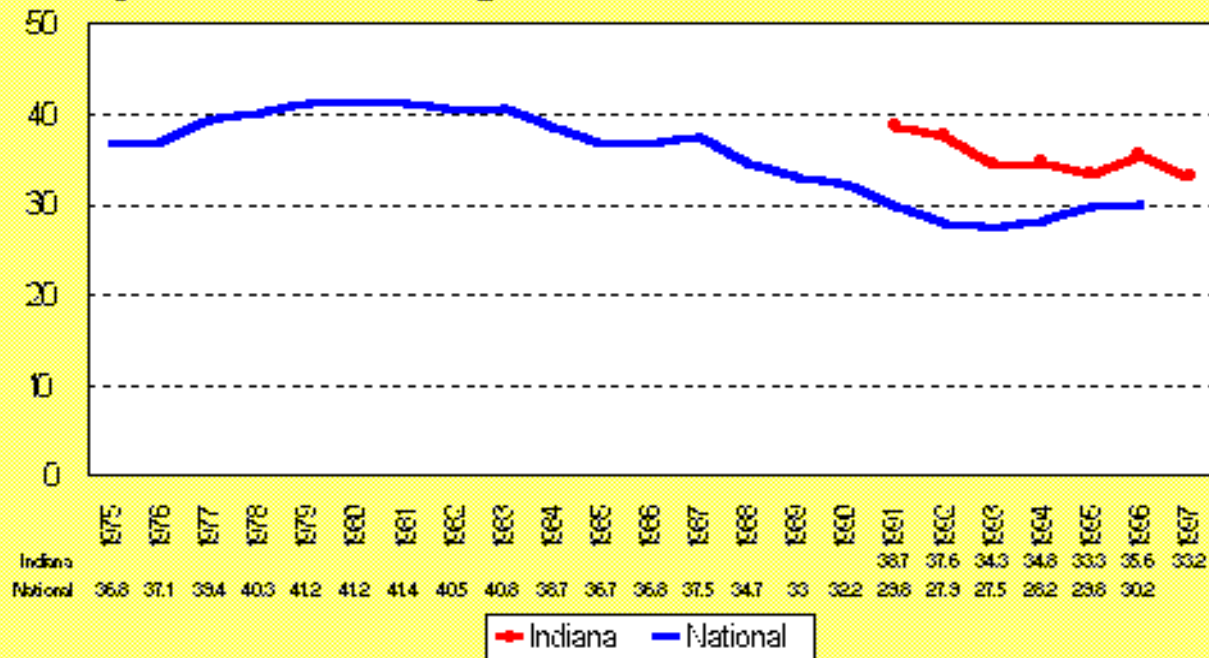


Sources: Indiana Prevention Resource Center at Indiana University;
Johnston et al., National Institute on Drug Abuse



Binge Drinking by High School Seniors

(five or more drinks on a single occasion in the two weeks prior to survey)
Indiana and U.S.A.
 percent of students using

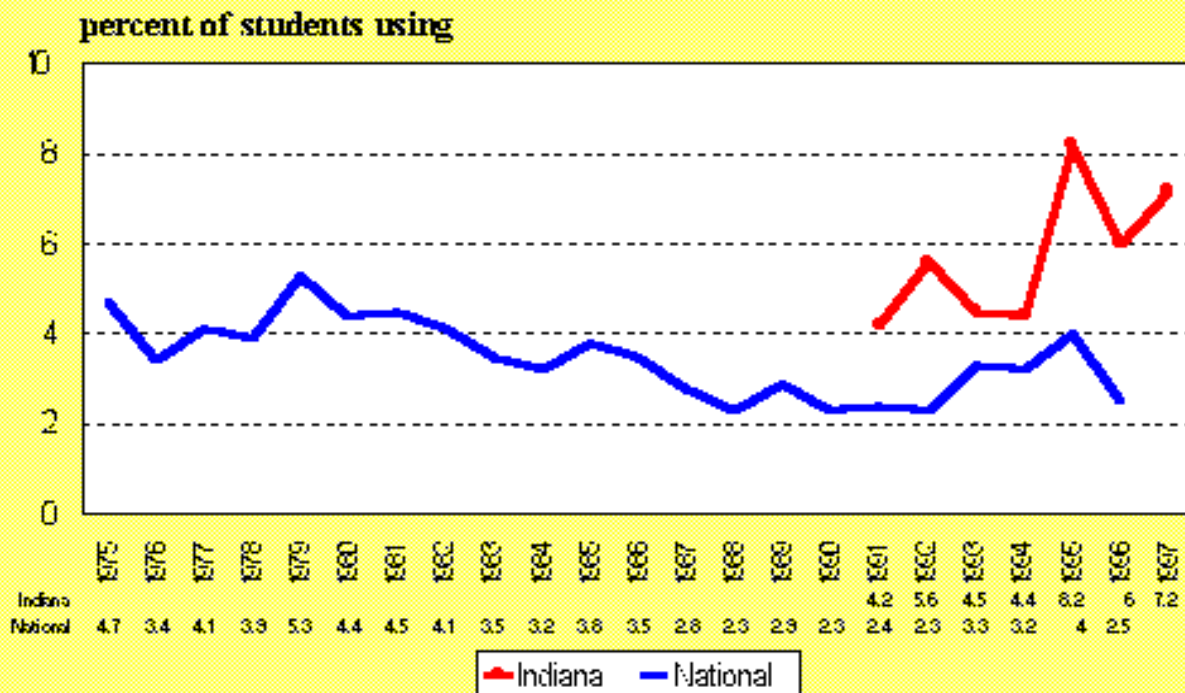


Sources: Indiana Prevention Resource Center at Indiana University;
 Johnston, et al., National Institute on Drug Abuse



Monthly Psychedelic Drug Use by High School Seniors

Indiana and U.S.A.

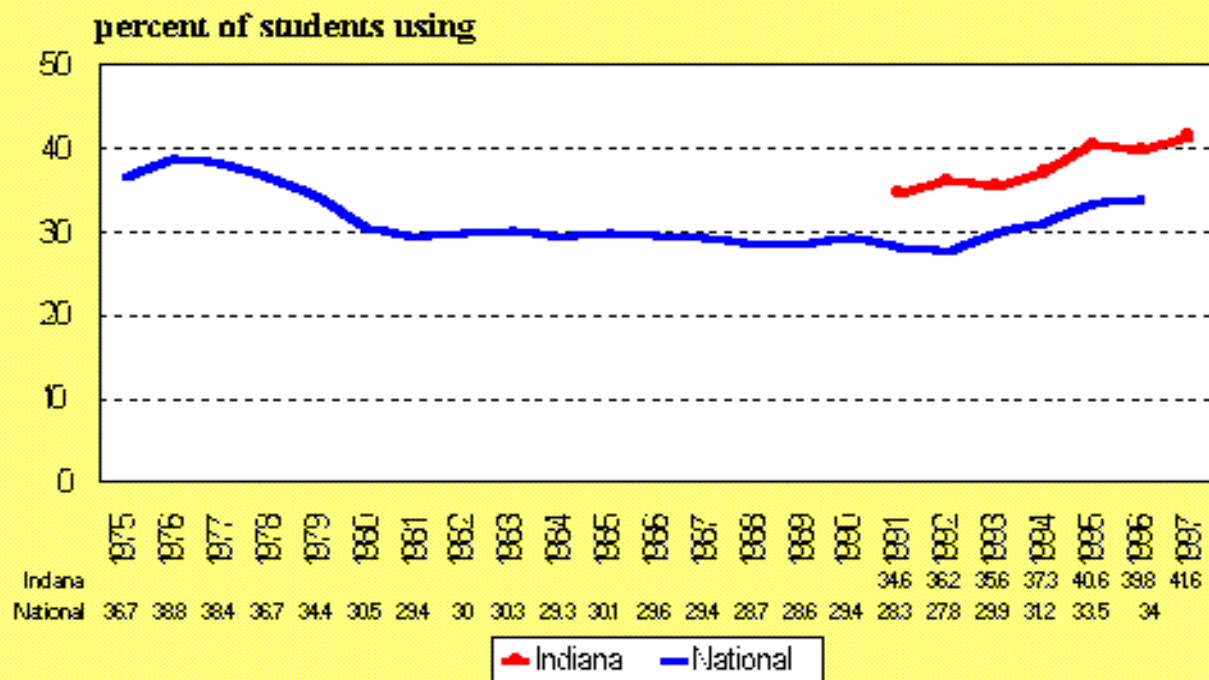


Sources: Indiana Prevention Resource Center at Indiana University;
Johnston, et al., National Institute on Drug Abuse



Monthly Cigarette Use by High School Seniors

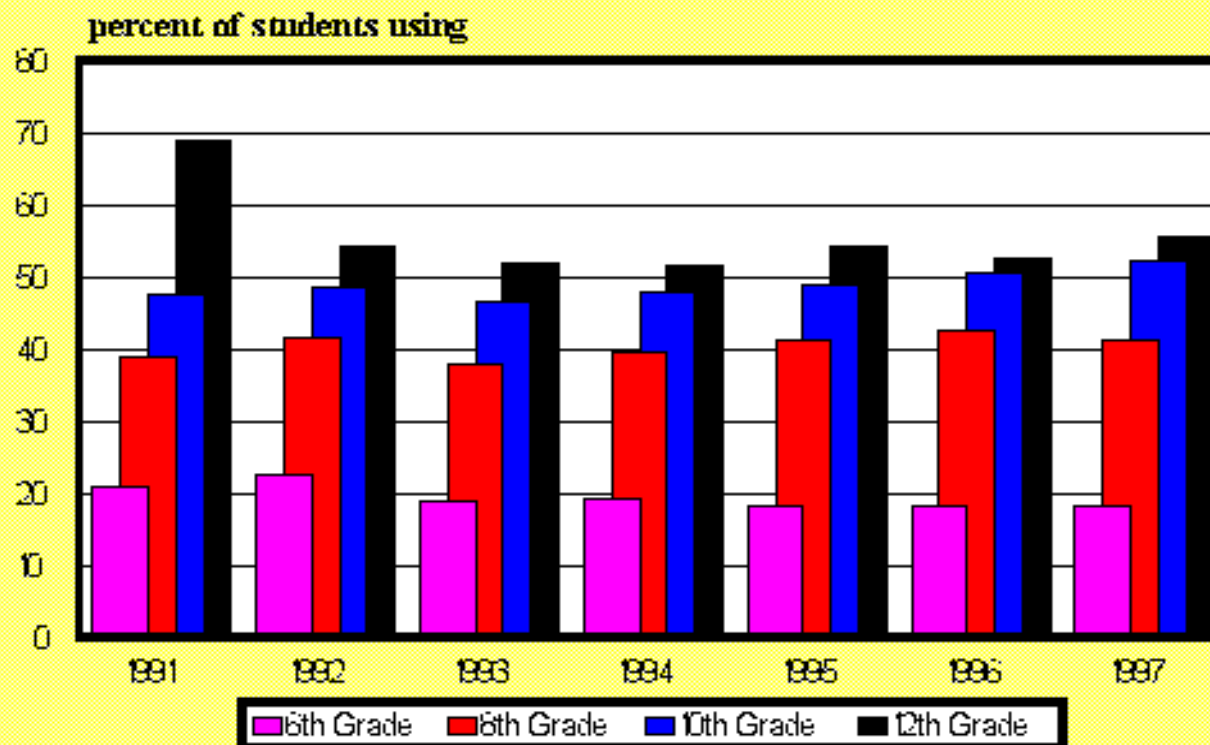
Indiana and U.S.A.



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



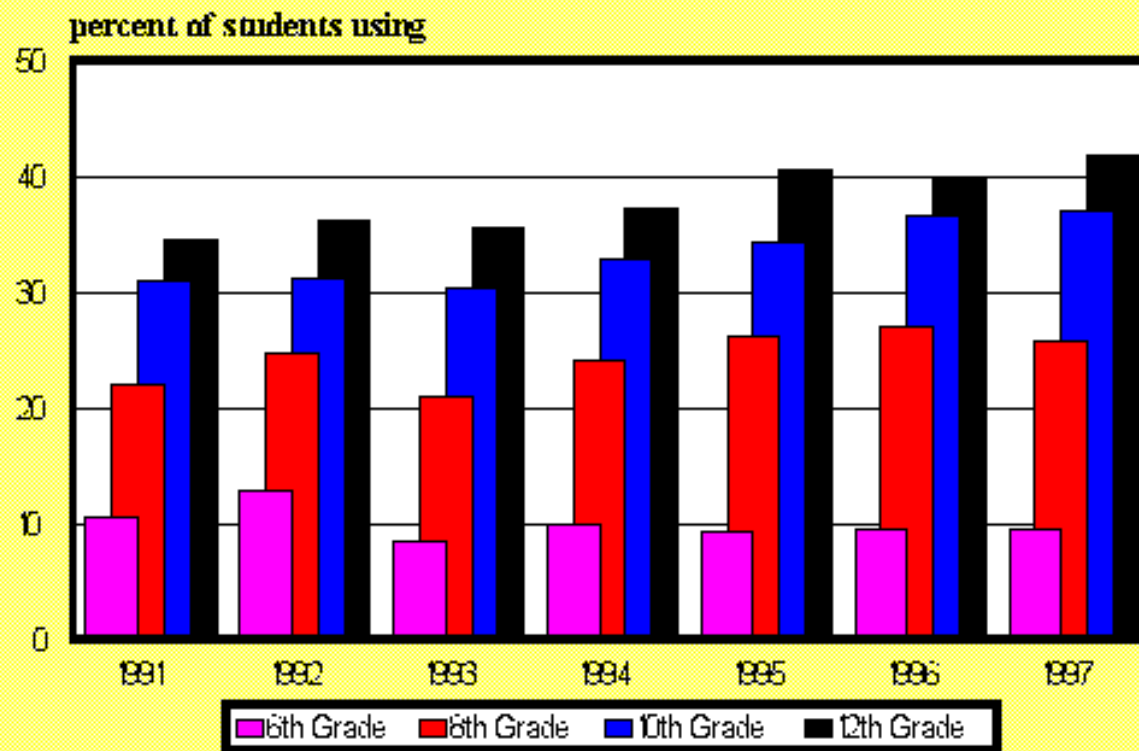
Annual Cigarette Use by Indiana Students 1991-1997



Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Cigarette Use by Indiana Students 1991-1997

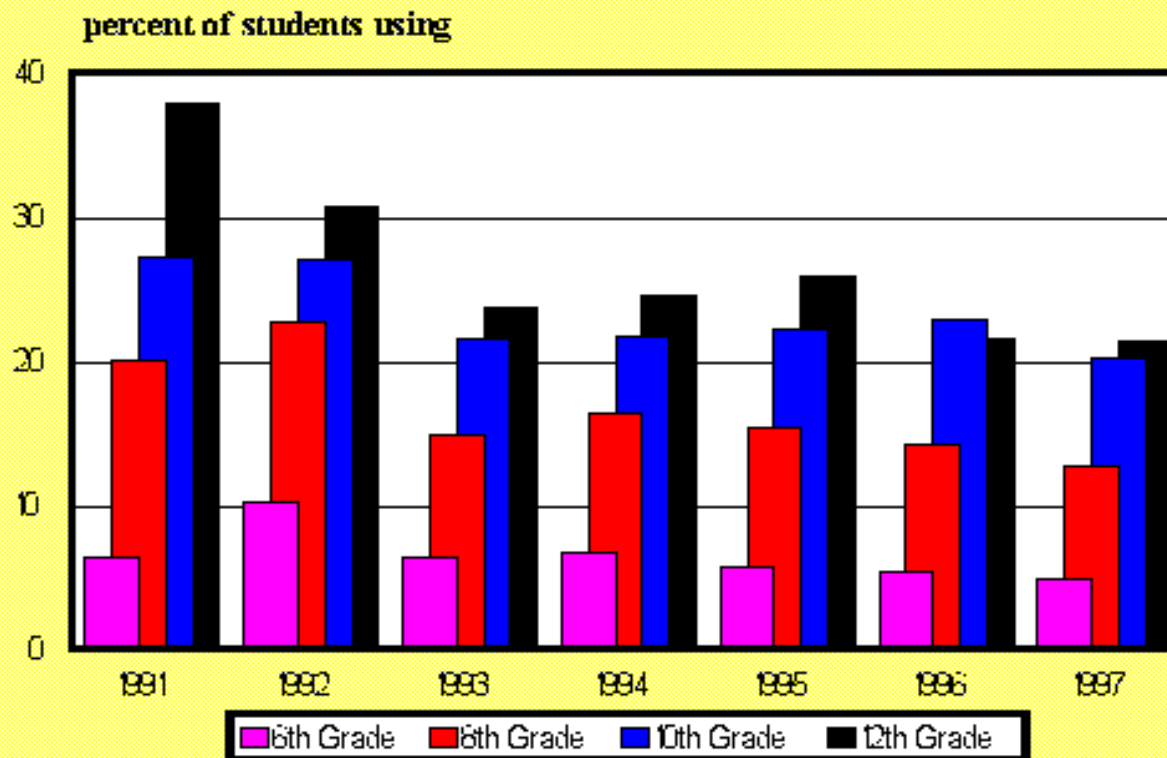


Source: Indiana Prevention Resource Center at Indiana University, 1997



Annual Smokeless Tobacco Use by Indiana Students

1991-1997

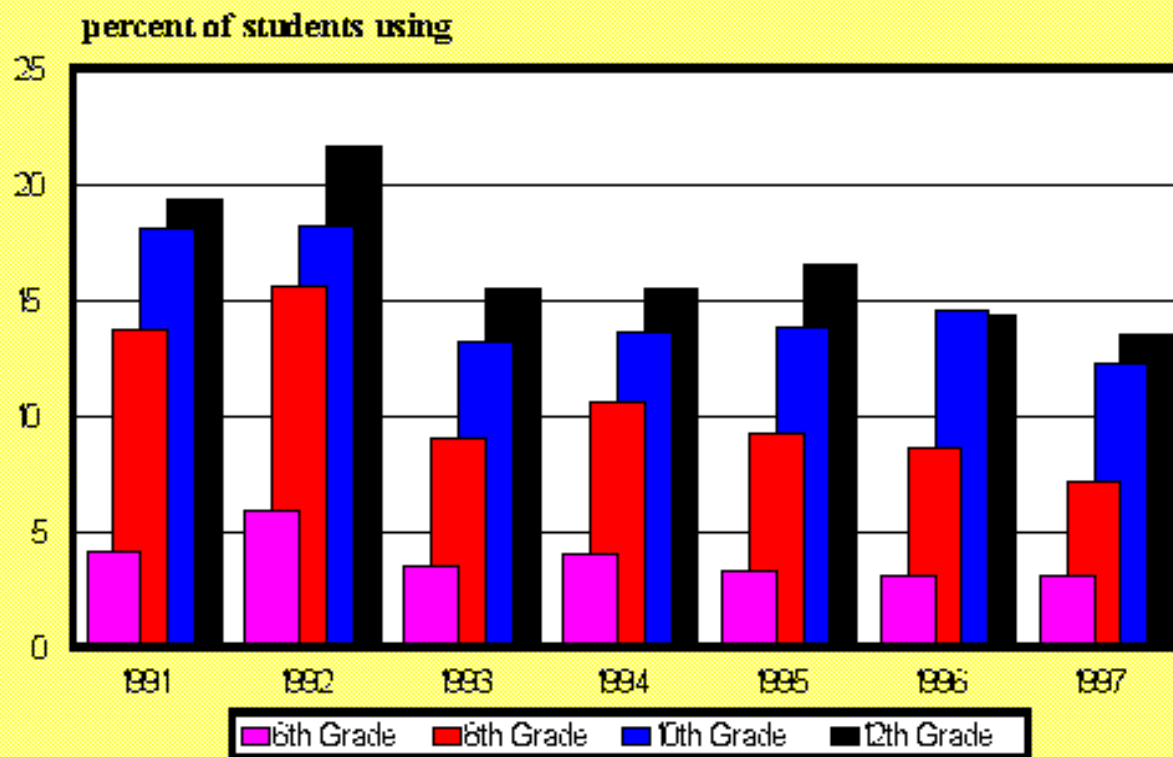


Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Smokeless Tobacco Use by Indiana Students

1991-1997



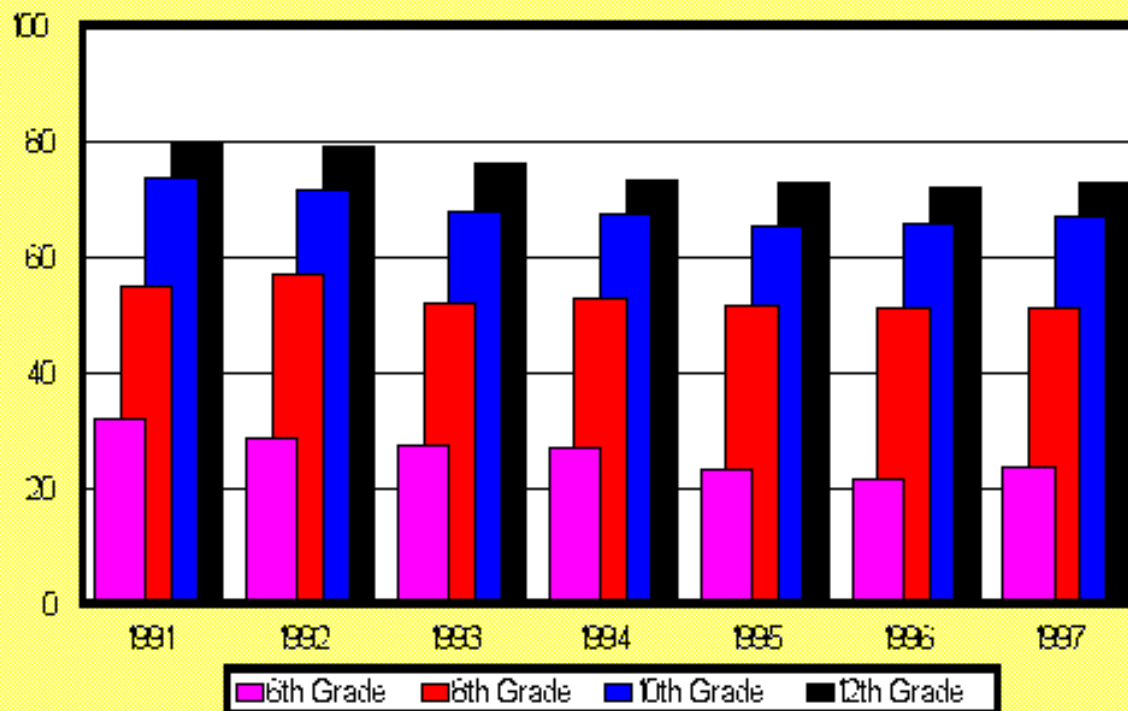
Source: Indiana Prevention Resource Center at Indiana University, 1997



Annual Alcohol Use by Indiana Students

1991-1997

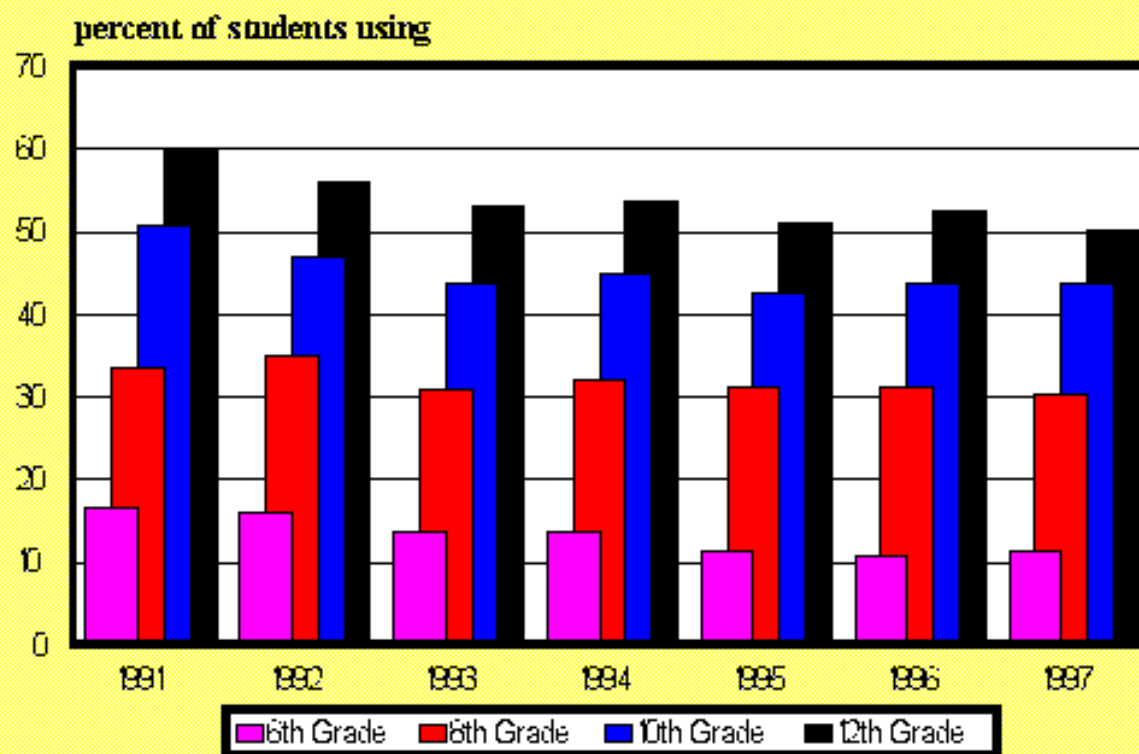
percent of students using



Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Alcohol Use by Indiana Students 1991-1997

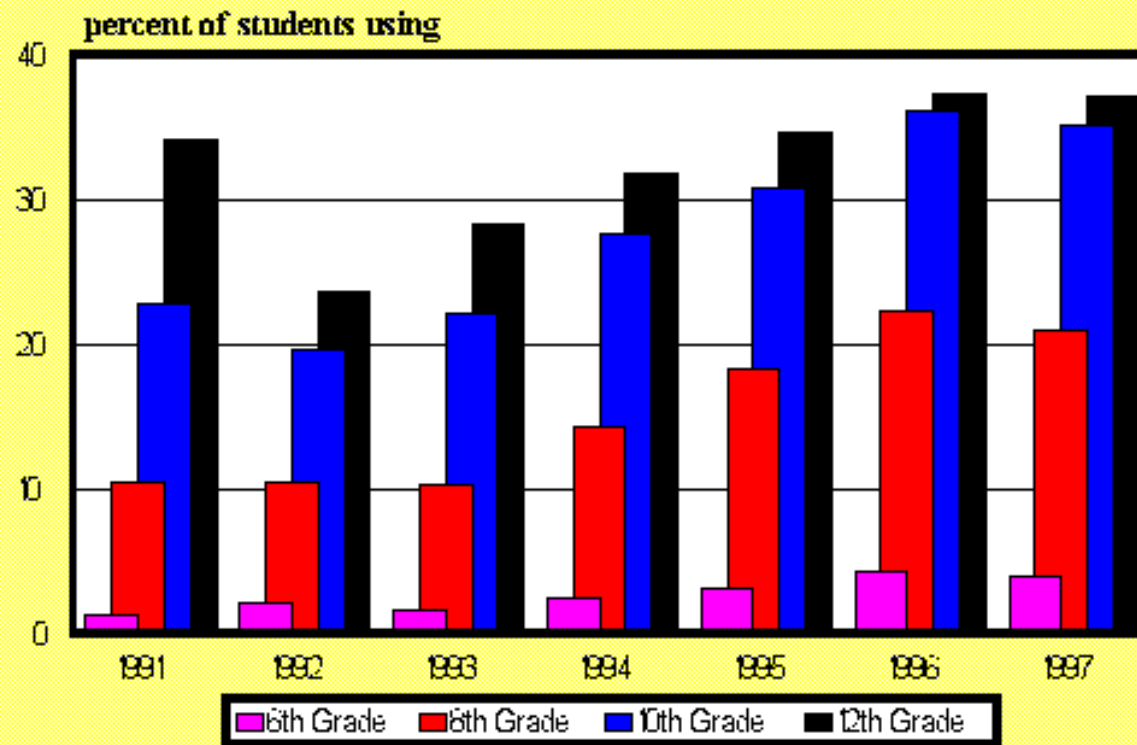


Source: Indiana Prevention Resource Center at Indiana University, 1997



Annual Marijuana Use by Indiana Students

1991-1997

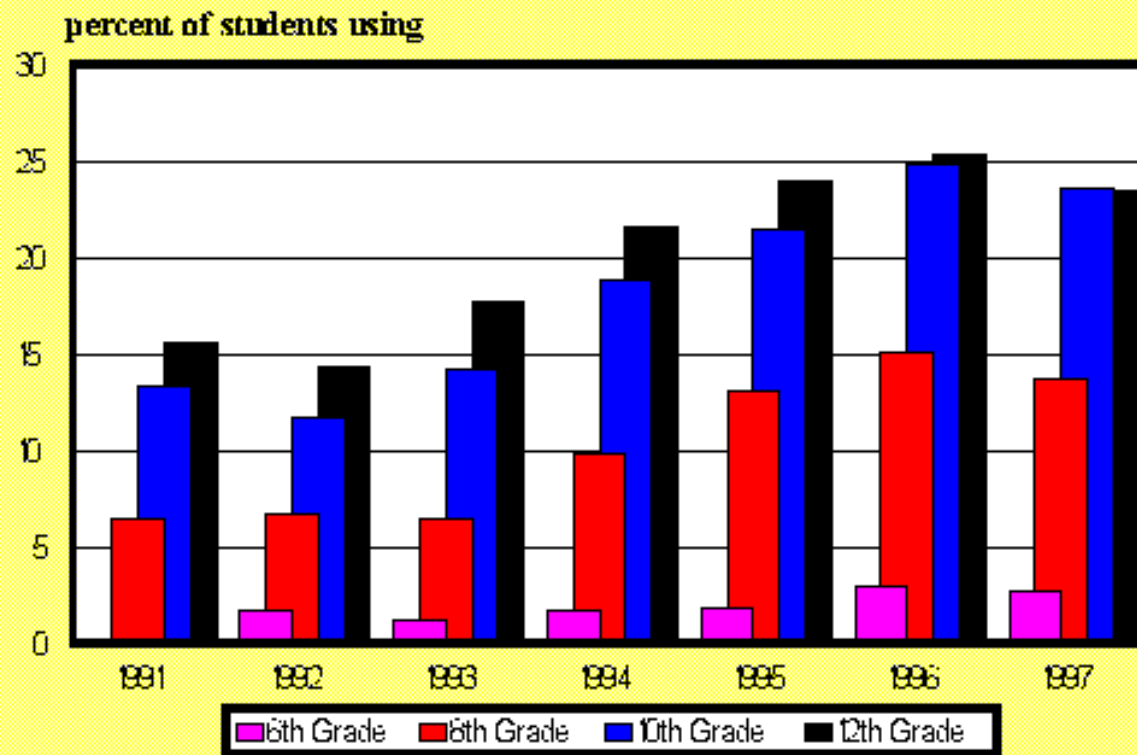


Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Marijuana Use by Indiana Students

1991-1997

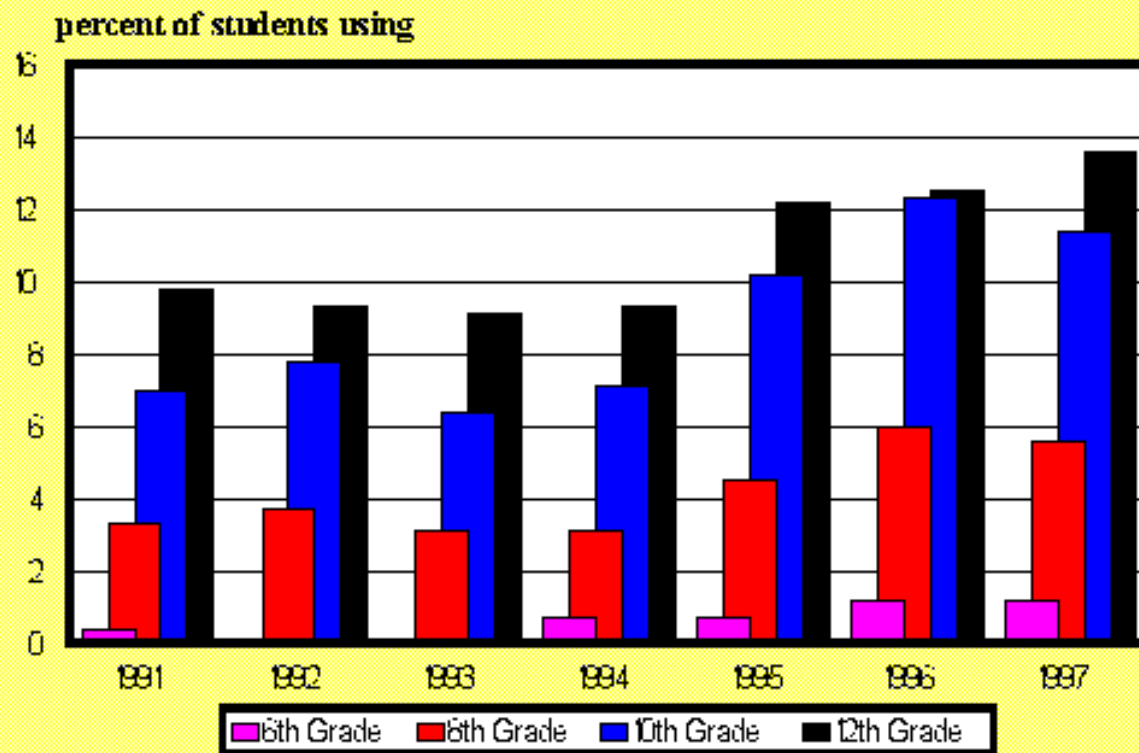


Source: Indiana Prevention Resource Center at Indiana University, 1997



Annual Psychedelic Use by Indiana Students

1991-1997

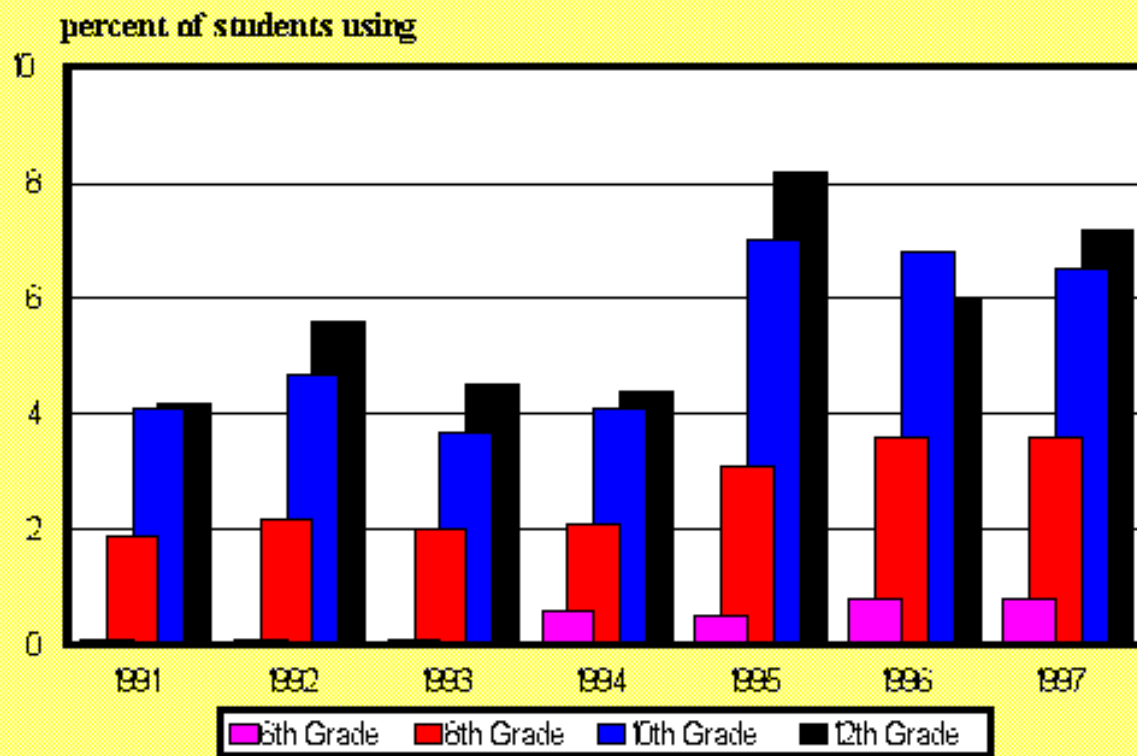


Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Psychedelic Drug Use by Indiana Students

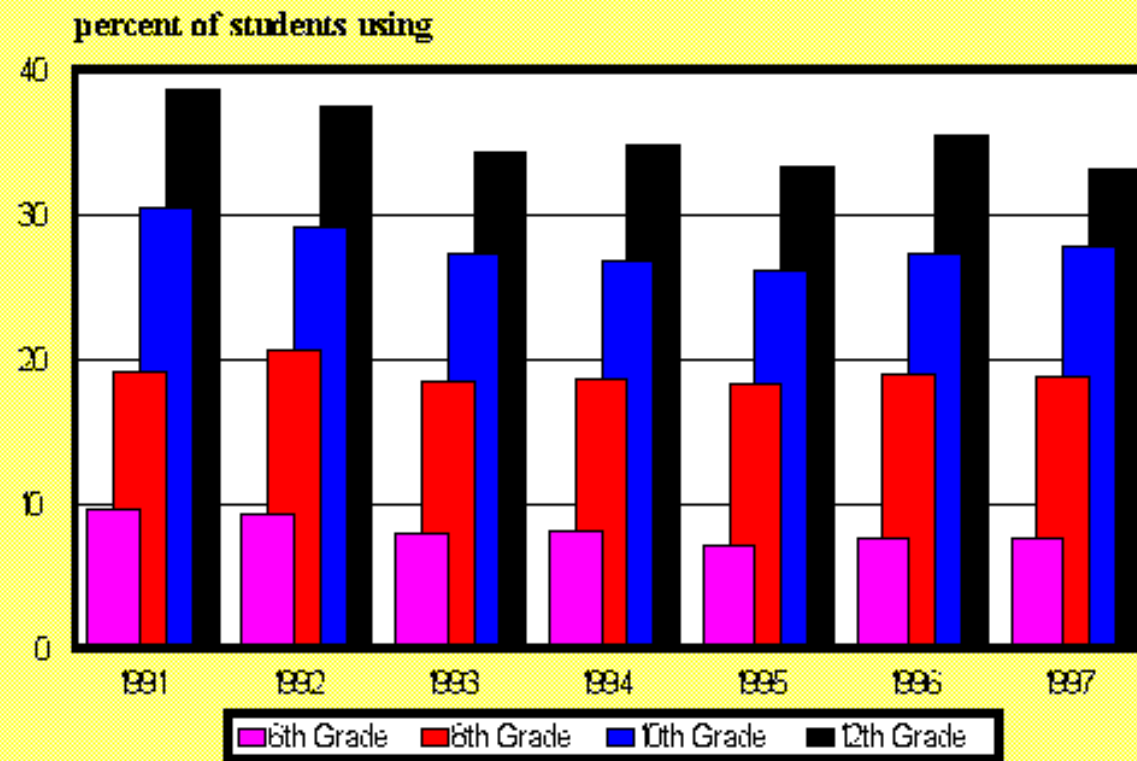
1991-1997



Source: Indiana Prevention Resource Center at Indiana University, 1997



Binge Drinking by Indiana Students 1991-1997

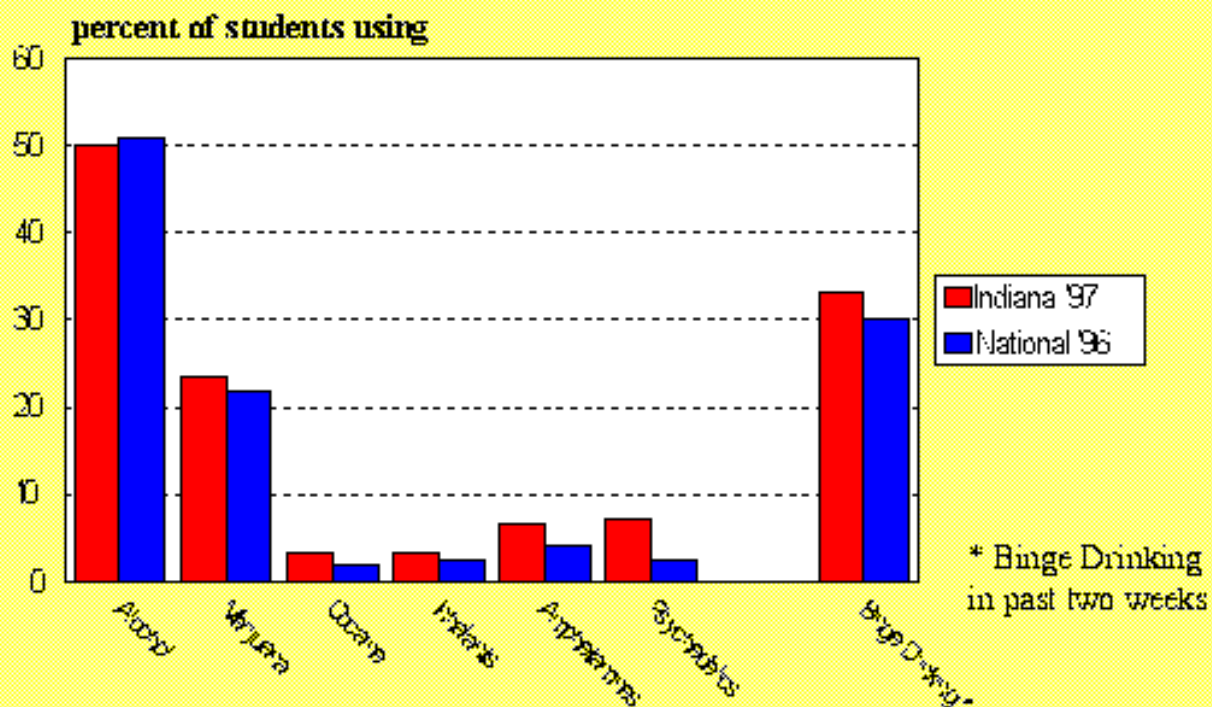


Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Use of Selected Drugs

By High School Seniors - 1997

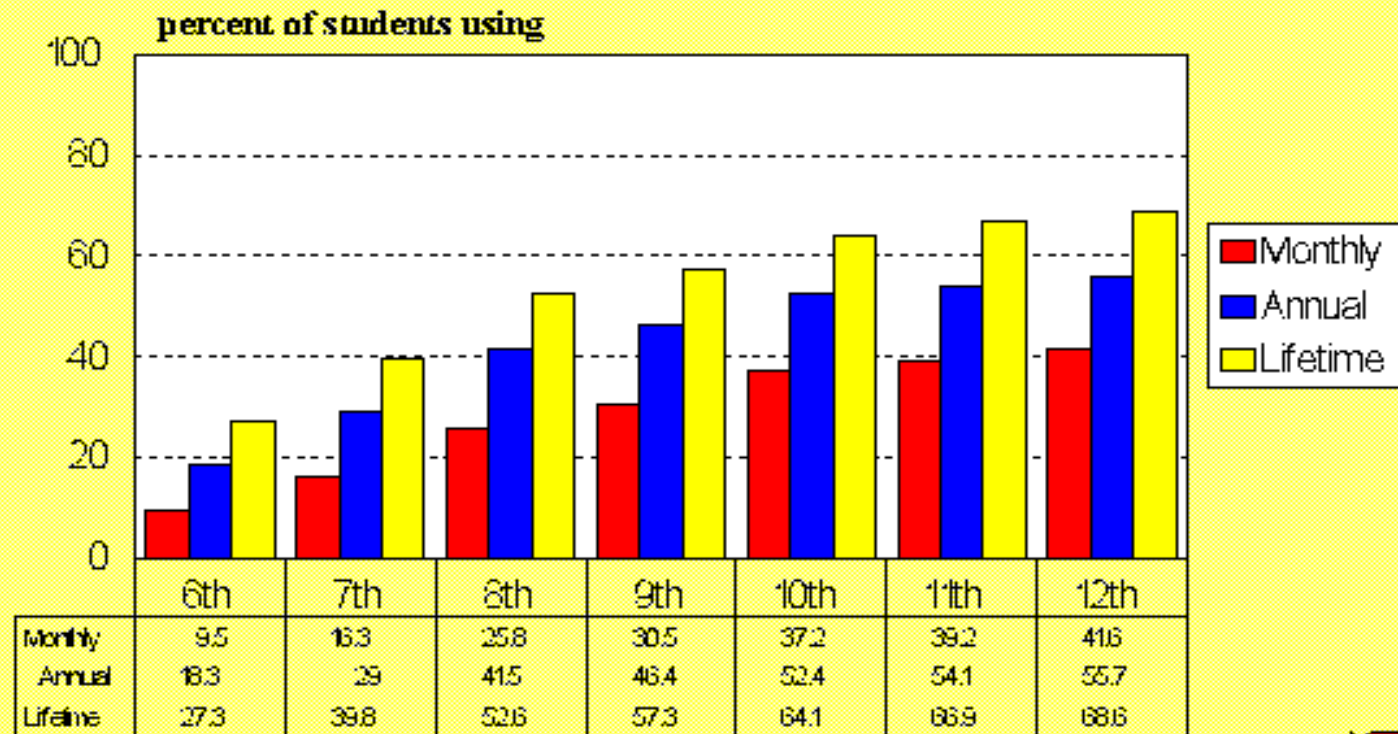


Source: Indiana Prevention Resource Center at Indiana University, 1997
Johnston et al., National Institute on Drug Abuse 1996



Cigarette Use by Grade

Indiana, 1997

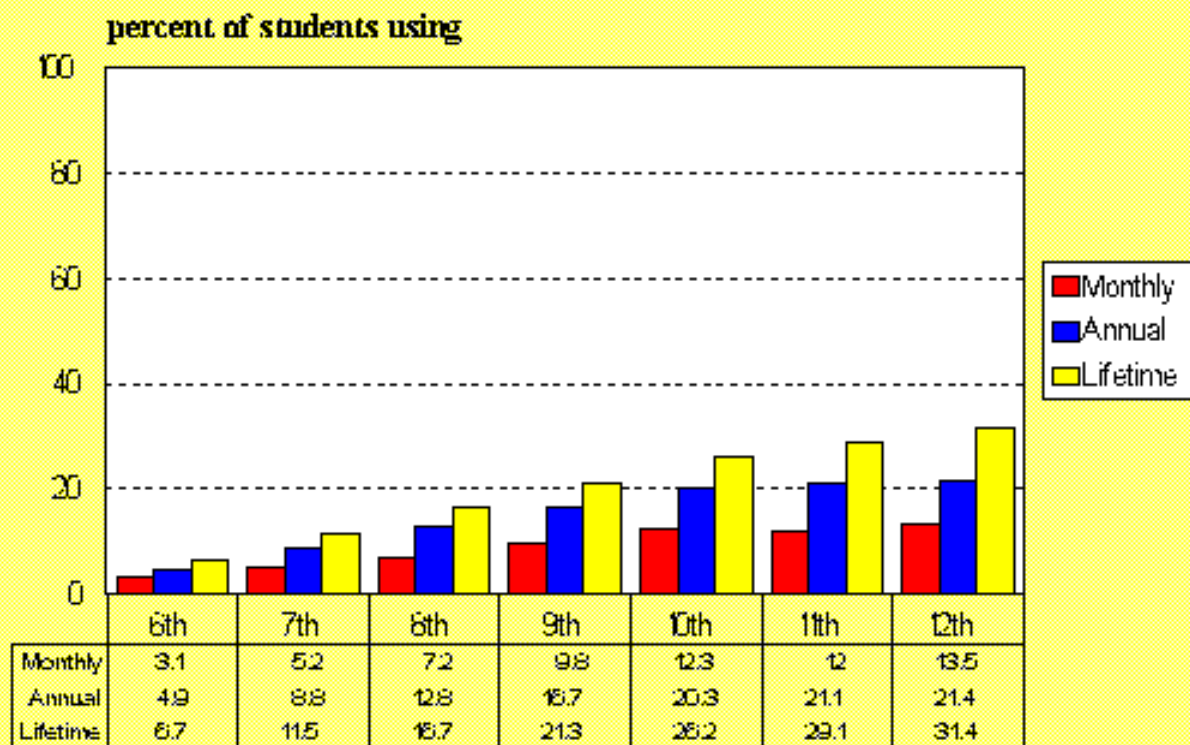


Source: Indiana Prevention Resource Center at Indiana University, 1997



Smokeless Tobacco Use by Grade

Indiana, 1997

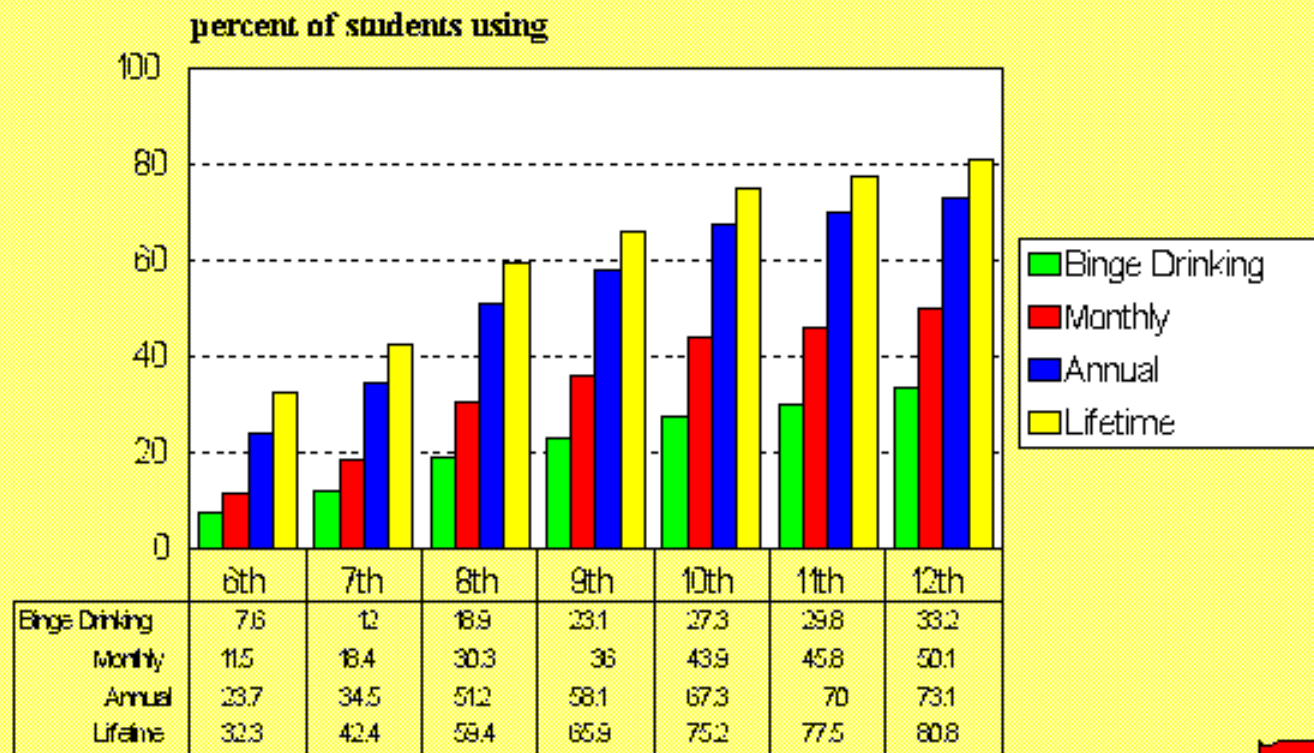


Source: Indiana Prevention Resource Center at Indiana University, 1997



Alcohol Use by Grade

Indiana, 1997

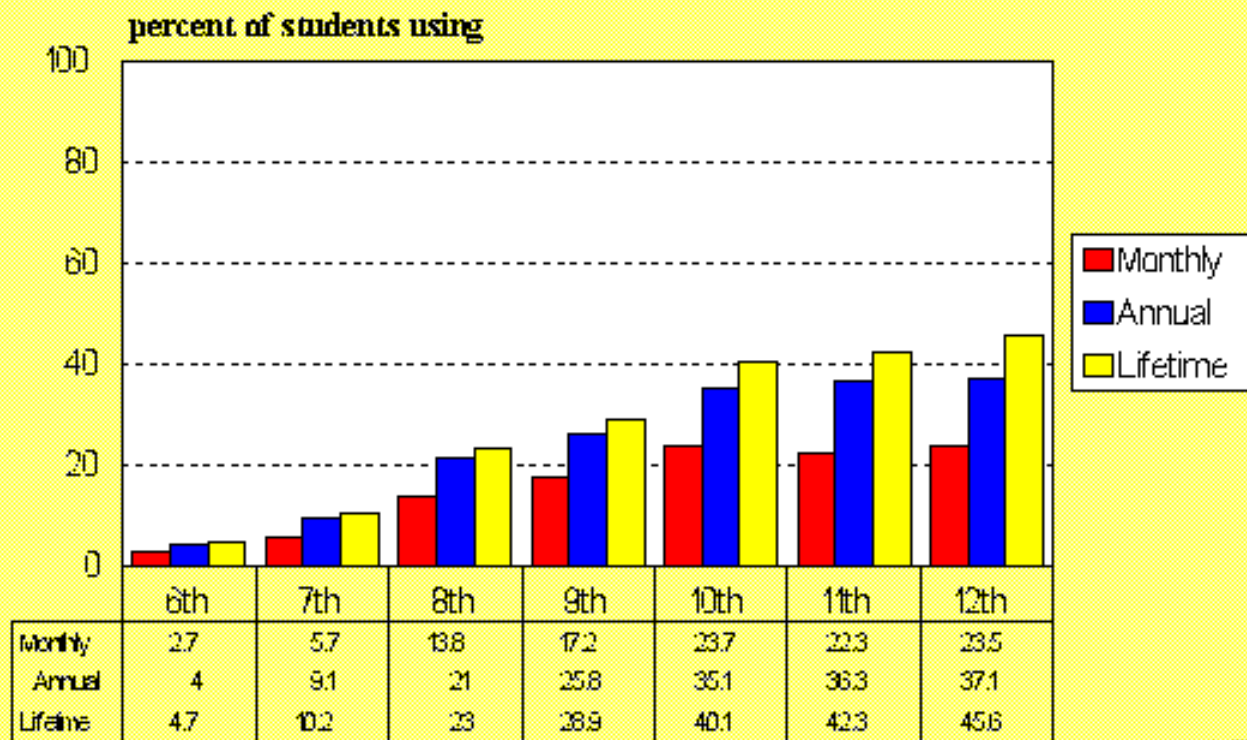


Source: Indiana Prevention Resource Center at Indiana University, 1997



Marijuana Use by Grade

Indiana, 1997

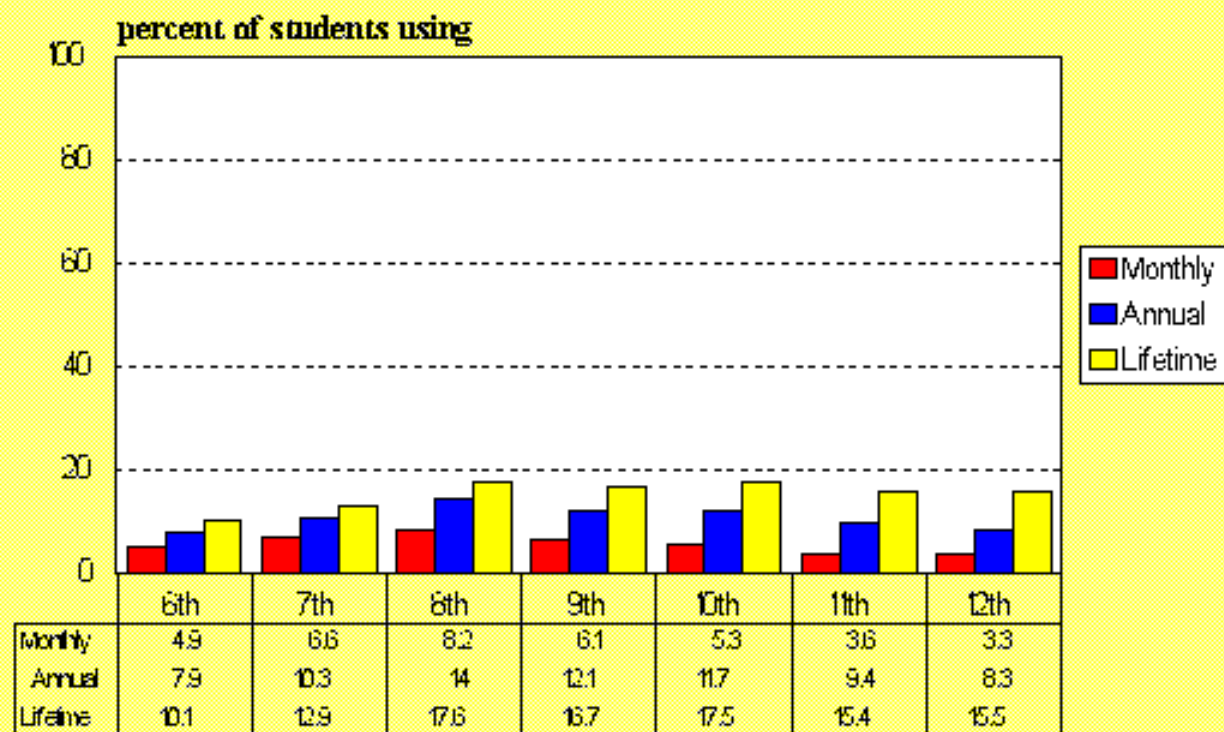


Source: Indiana Prevention Resource Center at Indiana University, 1997



Inhalant Use by Grade

Indiana, 1997

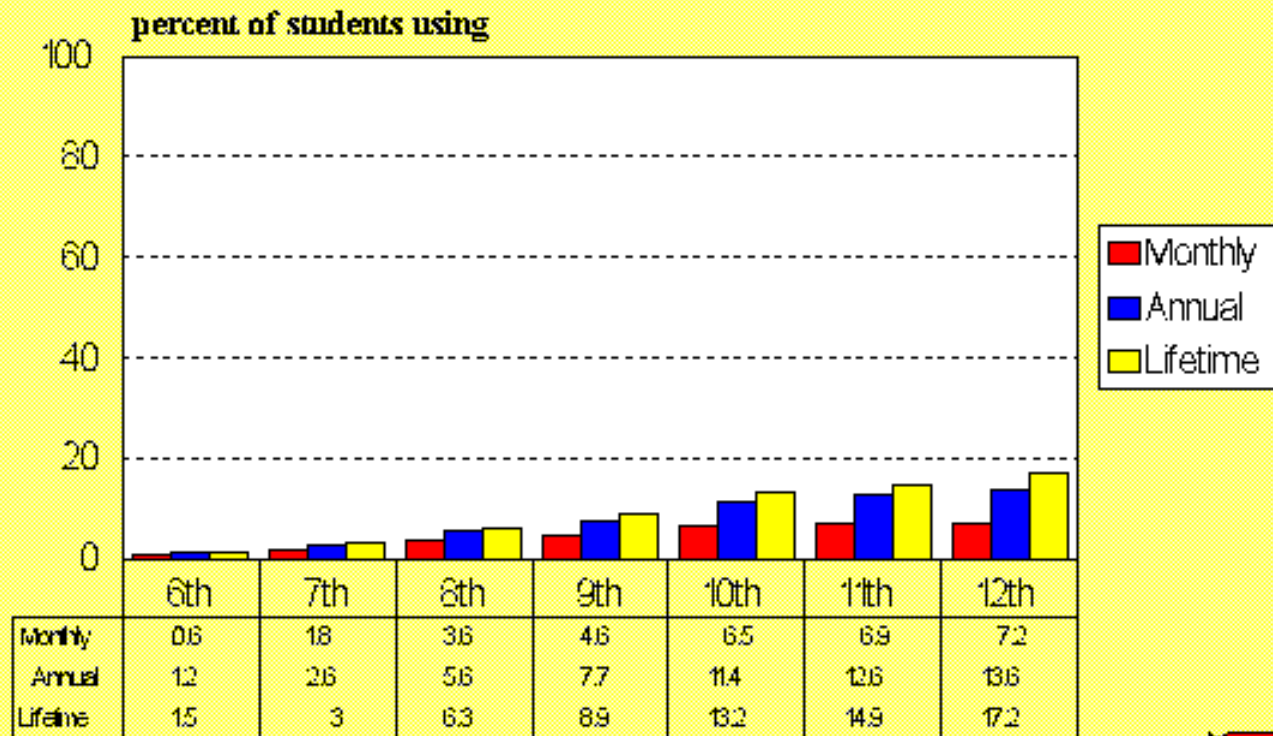


Source: Indiana Prevention Resource Center at Indiana University, 1997



Psychedelic Drug Use by Grade

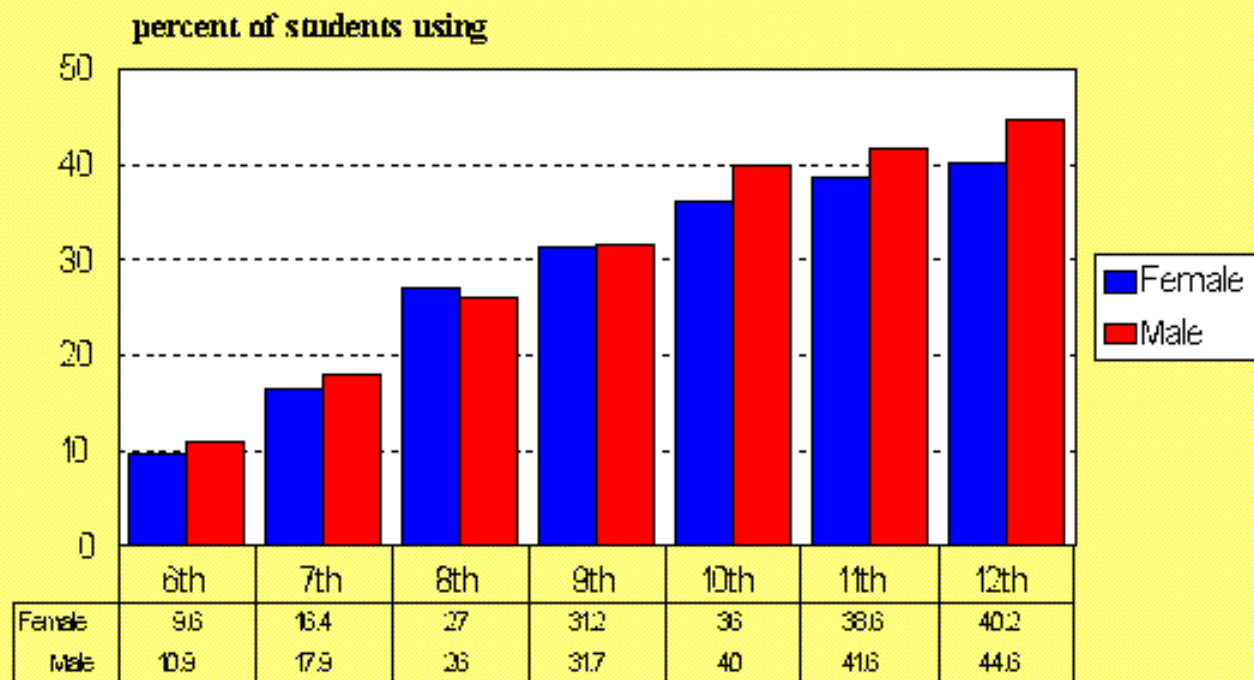
Indiana, 1997



Source: Indiana Prevention Resource Center at Indiana University, 1997



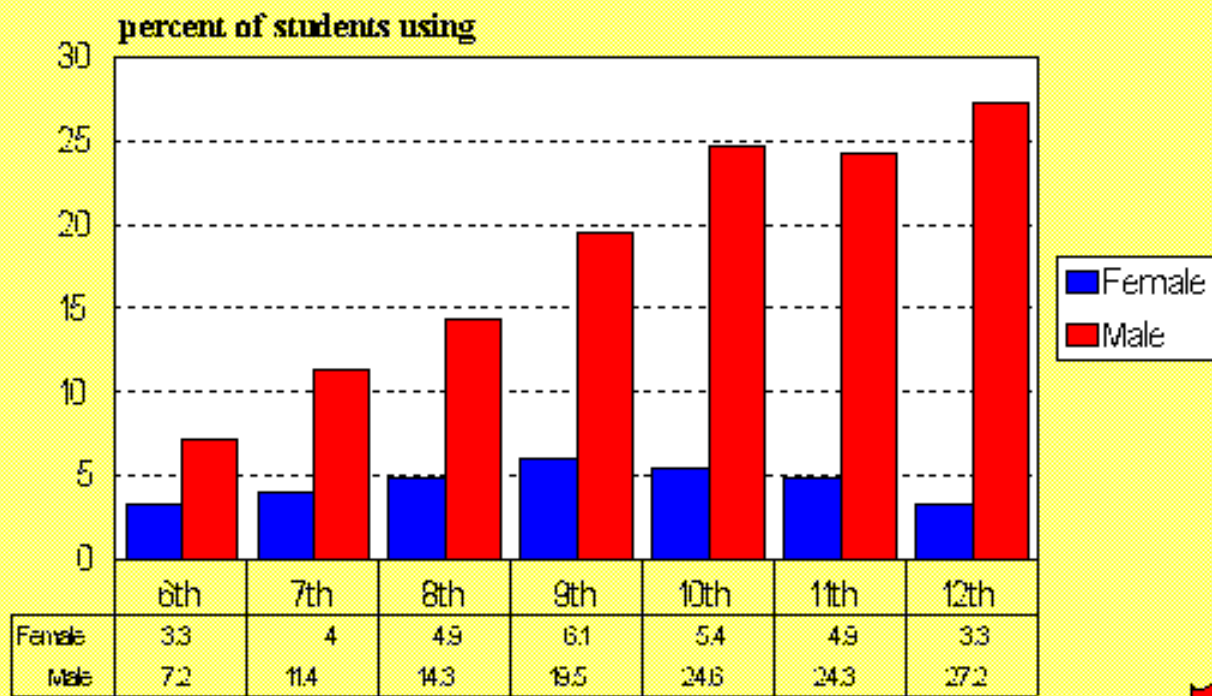
Monthly Cigarette Use by Grade and Gender Indiana, 1997



Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Smokeless Tobacco Use by Grade and Gender Indiana, 1997

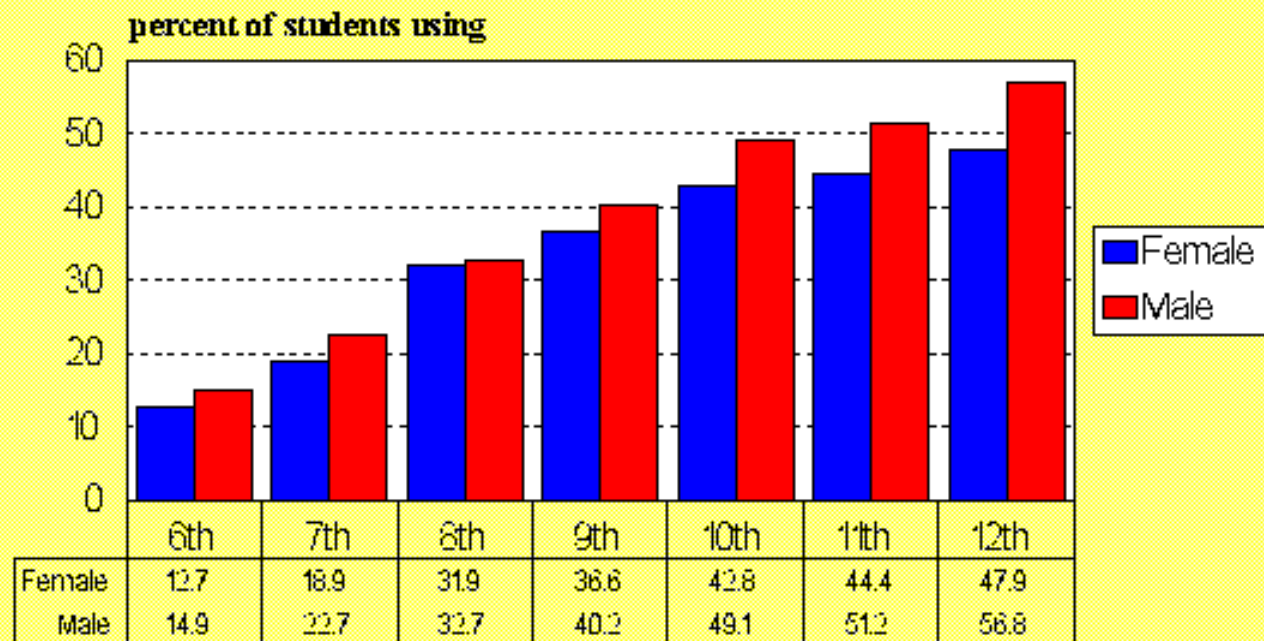


Source: Indiana Prevention Resource Center at Indiana University, 1997



Monthly Alcohol Use by Grade and Gender

Indiana, 1997

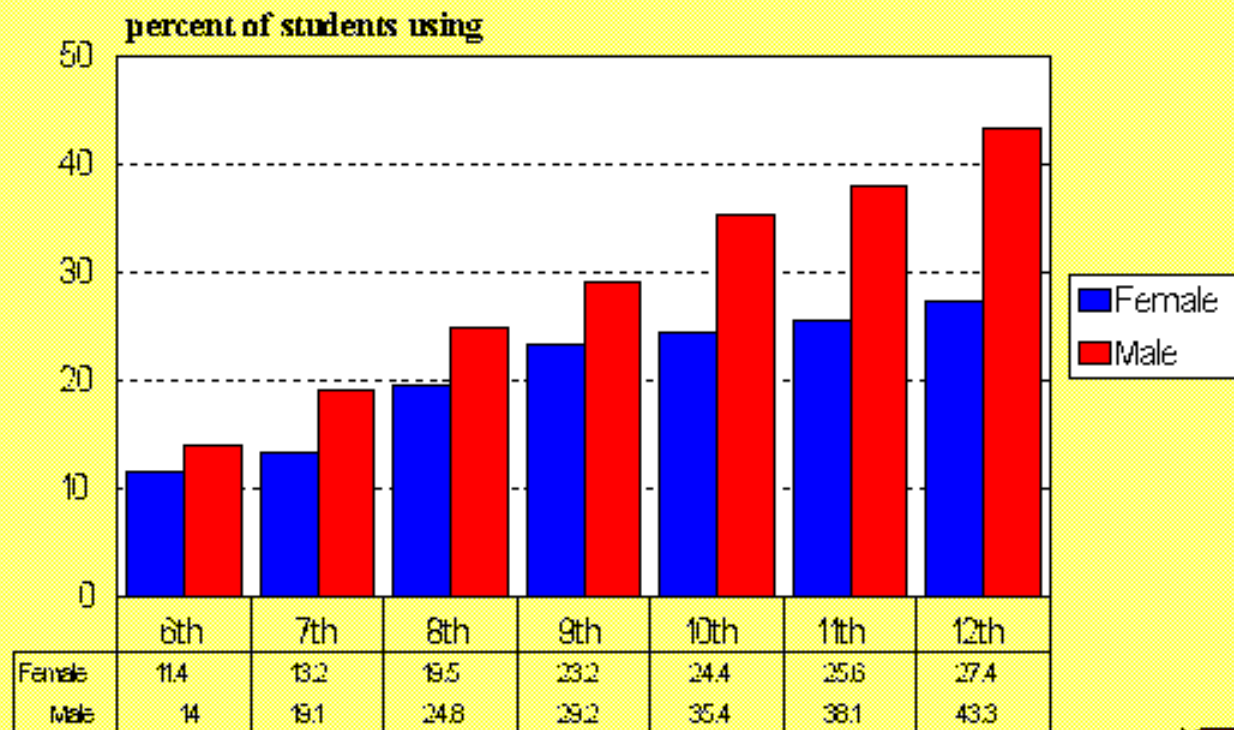


Source: Indiana Prevention Resource Center at Indiana University, 1997



Binge Drinking by Grade and Gender

Indiana, 1997

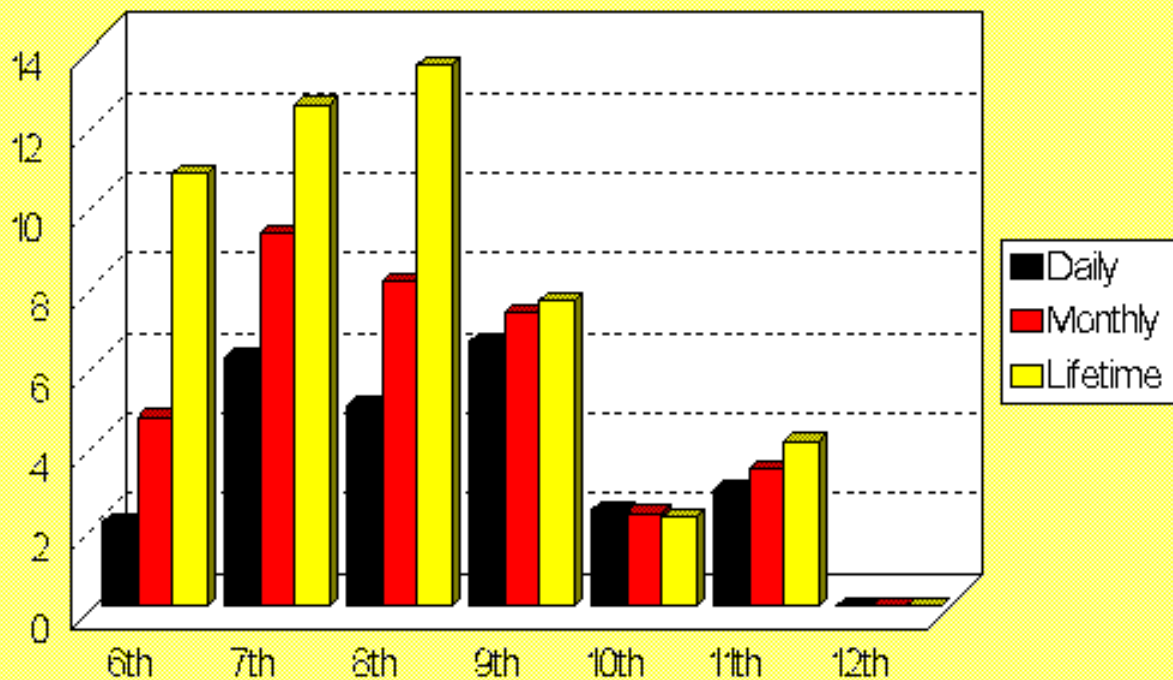


Source: Indiana Prevention Resource Center at Indiana University, 1997



Incidence of Cigarette Use New Users by Grade - Indiana - 1996

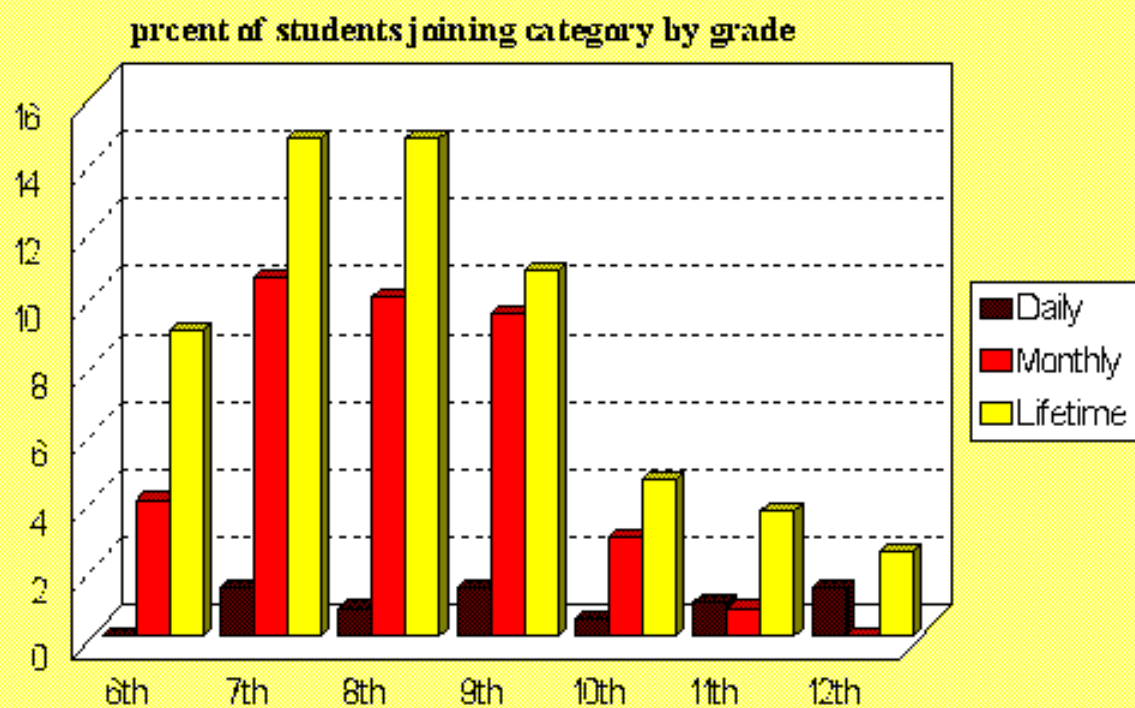
percent of students joining category by grade



Source: Indiana Prevention Resource Center at Indiana University, 1996



Incidence of Alcohol Use New Users by Grade - Indiana - 1996



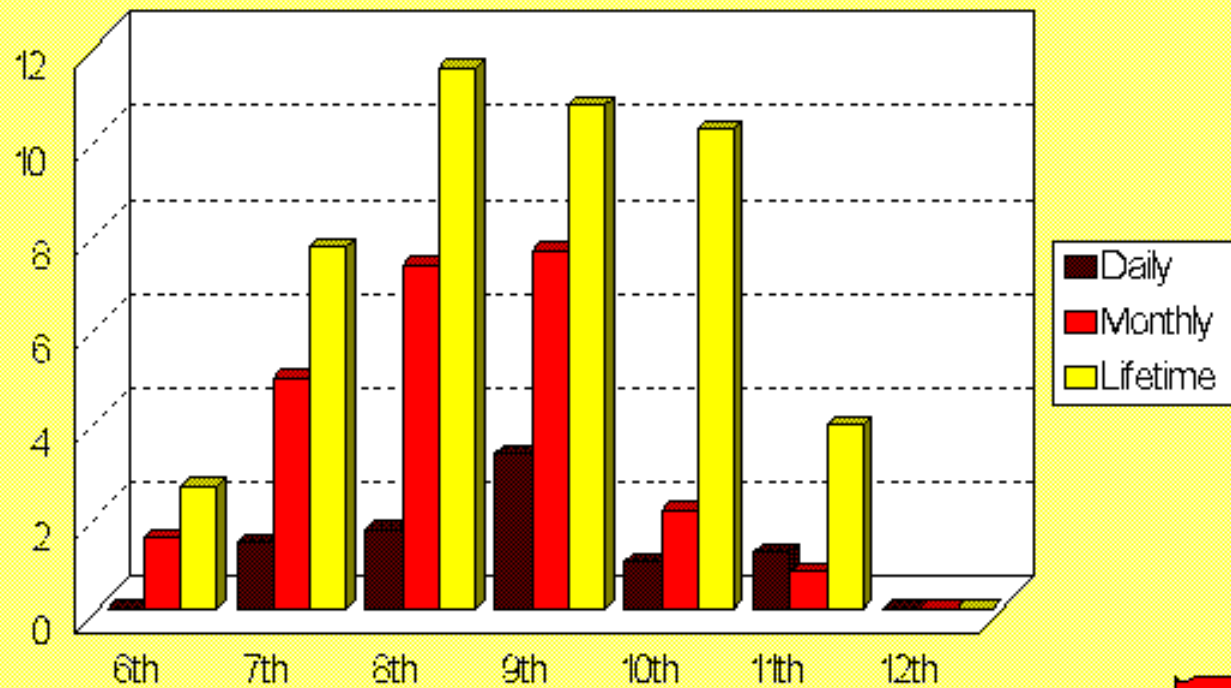
Source: Indiana Prevention Resource Center at Indiana University, 1996



Incidence of Marijuana Use

New Users by Grade - Indiana - 1996

percent of students joining category by grade



Source: Indiana Prevention Resource Center at Indiana University, 1996

