Past-month substance use rates among 12th graders decreased during the past three decades, with alcohol and cigarette use at record lows. After a large decline in the use of alcohol, cigarettes and illicit drugs from the late-1970s to early-1990s, there was an increase in use from the mid- to late-1990s. Recent trends show a steady decline in substance use among adolescents, especially for past-month cigarette use (see figure). Among college students, past-month rates have remained stable for alcohol and illicit drug use between 1995 and 2005, while decreasing for cigarette use.
Substance use initiation among adolescents has decreased in the past decade.

Between 1999 and 2006, the proportion of twelfth graders who reported they had initiated substance use by the end of 8th grade had decreased. The decline was greatest for the initiation of cigarette use. Initiation of marijuana use declined the least in the same period, although these rates were lower than cigarette and alcohol initiation rates (see figure).1,3

Substance use more than doubles between 8th and 12th grade.

Past-month substance use increases with grade level: in 2006, 12th graders were more than twice as likely to use alcohol, cigarettes and illicit drugs than 8th graders. In 12th grade, over 2 in 5 adolescents reported any past-month alcohol use, and over 1 in 5 reported any cigarette or illicit drug use in the same period (see figure).1 Past-month substance use rates continued increasing from 12th grade students to college-level students in 2005.2

Alcohol and cigarette use more than triples between adolescence and young adulthood.

Rates of past-month alcohol and cigarette use were over three times greater for young adults (ages 18-25) than adolescents (ages 12-17) in 2006. Past-month illicit drug use doubled between these age groups (see figure).4 Past-month use of other substances also increased between these age groups, including use of marijuana, cigars, binge drinking, heavy alcohol, cocaine, hallucinogens, stimulants and nonmedical use of pain relievers. Use of all substances peaks in young adulthood, then declines throughout the lifespan.5

* These abbreviations apply to all graphs and text throughout the fact sheet:
  NH(s)=non Hispanic(s)     AI/AN=American Indian/Alaskan Native          A/PI=Asian/Pacific Islander
Adolescent males and females have similar rates of substance use.

For all racial/ethnic groups, substance use rates increased between adolescence (ages 12-17) and young adulthood (ages 18-25) in 2005-06. Among adolescents, non-Hispanic Whites were most likely to use alcohol and American Indian/Alaskan Native-NHs* had the highest rates of any past-month cigarette and illicit drug use (see figure, top). The same was true for young adults (see figure, bottom).

Analysis by gender shows that young adult males had higher past-month substance use rates than females for all racial/ethnic groups. Among young adult males: alcohol rates were highest for White-NHs (72.8%); cigarette and illicit drug use was highest for AI/AN-NHs (51.2% & 33.6%).

Among adolescents ages 12-17 in 2006, females and males had similar rates of alcohol, cigarette and illicit drug use. Young adult males ages 18-25 had higher rates of any past-month substance use than same-age females (see figure). This gender pattern in adolescence and young adulthood holds true for all racial/ethnic groups.
Marijuana is the most commonly used illicit drug among adolescents and young adults.

Illicit drug use rates among 12th graders have changed little in recent years. The specific drug of choice has changed. Between 1996 and 2006, past-year use of any prescription drug and cocaine increased, while LSD and ecstasy use decreased (see figure). Methamphetamine use also decreased from 4.7% in 1999 to 2.5% in 2006. Among 12th graders in 2006, one in ten reported using Vicodin®, the most widely used prescription drug, in the past year.\(^1\)

\(\text{X = any prescription drug includes use of amphetamines, sedatives (barbiturates), tranquilizers, and/or narcotics other than heroin not under a doctor's orders.}\)^1

The illicit use of prescription drugs among adolescents has increased during the past decade.

Marijuana was the most commonly used illicit drug among adolescents and young adults in 2006 (see figure).\(^5\) This is a long-standing pattern.\(^1\) One in twelve adolescents and over one in seven young adults reported past-year nonmedical use of psychotherapeutics.\(^1\) Among all psychotherapeutics used nonmedically by adolescents and young adults in the past year, the majority were pain relievers.\(^5\)

\(\text{N = Nonmedical use of prescription-type psychotherapeutics, such as pain relievers, tranquilizers, stimulants, or sedatives; doesn’t include over-the-counter drugs.}\)^5

One in four 12th graders report binge drinking.

One in four 12th graders reported binge drinking during the past month in 2006, a rate 2.3 times that of their 8th grade peers. All daily use of substances and binge drinking increased with grade level (see figure).\(^1\) Rates were greater among college students in 2005, including binge drinking\(^*\) (40.1%), daily cigarette use (12.4%), and daily half-a-pack or more of cigarette use (6.7%).\(^2\) Additionally, male 12th graders and college students were more likely to binge drink and use substances daily than female peers in the past month.\(^1, 2\)
Daily cigarette use has decreased greatly in the past decade.

Trends in Past-Month Binge Drinking & Daily Substance Use by Type, 12th Graders, 1996 & 2006

Among 12th graders, rates of daily cigarette use have declined substantially between 1996 and 2006. By contrast, binge drinking and daily use of alcohol and marijuana have decreased slightly or not at all (see figure). In 2006, these substance use rates differed by race/ethnicity: White 12th graders were more likely to binge drink (30.4%), use cigarettes daily (15.3%), use half-a-pack or more of cigarettes daily (7.9%), use marijuana daily (5.4%), and use alcohol daily (3.4%), compared to Black and Hispanic peers.

Substance dependence or abuse is higher for young adult males than female peers.

Past-Year Dependence on/Abuse of Alcohol or Illicit Drugs by Age & Gender, Ages 12-25, 2006

Over one fourth of young adult males ages 18-25 reported dependence on/abuse of alcohol or illicit drugs in 2006. This figure was 1.5 times that of young adult females and 3.2 times that of males ages 12-17 (see figure). Rates of dependence on/abuse of alcohol or illicit drugs for young adults varied by race/ethnicity: AI/AN-NHs had the highest rate (31.3%), followed by White-NHs (24.6%) and Hispanics (16.5%). Among adolescents, AI/AN-NHs also had the highest dependence/abuse rates.

Adolescents with a major depressive disorder are more likely to initiate substance use.

Past-Year Substance Use Initiation by Type & Major Depressive Episode, Ages 12-17, 2005

In 2005, three out of ten adolescents ages 12-17 who experienced a major depressive episode (MDE) reported initiating alcohol use compared to one in seven who did not have an MDE in the past year. The largest relative gap was for nonmedical use of pain relievers (see figure). Among young adult males ages 18-25, those who experienced past-year serious psychological distress (SPD) had higher rates of past-month illicit drug, and heavy and binge alcohol use than those without SPD.

For an explanation of all symbols, see Page 6. * These abbreviations apply to all graphs and text throughout the fact sheet: NH(s)=non Hispanic(s) AI/AN=American Indian/Alaskan Native A/PI=Asian/Pacific Islander
Data and Figure Sources & Other Notes:


† Binge drinking: 5+ drinks on one or more occasion in the past 2 weeks.\(^ {1,2,3}\)

‡ Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).\(^ 4\)

§ Major Depressive Episode: period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.\(^ 7\)

¶ Serious psychological distress: NSDUH measures past-year SPD using the K6 distress questions. The K6 questions measure symptoms of psychological distress during the 1 month in the past 12 months when respondents were at their worst emotionally.\(^ 8\)

In all cases, the most recent available data were used. The category names presented are those of the data sources used (e.g., racial/ethnic & drug names). Every attempt was made to standardize age ranges and other variables given variation of the data sources used. For any questions regarding data presented, please contact NAHIC.

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**NAHIC Briefs & Fact Sheets**

**A Health Profile of Adolescent & Young Adult Males**

**A Mental Health Profile of Adolescents**

**Fact Sheet on Demographics: Adolescents & Young Adults**

**Fact Sheet on Mortality: Adolescents & Young Adults**

**Fact Sheet on Reproductive Health: Adolescents & Young Adults**

**Fact Sheet on Substance Use: Adolescents & Young Adults**

**Fact Sheet on Suicide: Adolescents & Young Adults**

**Fact Sheet on Unintentional Injury: Adolescents & Young Adults**

**Fact Sheet on Violence: Adolescents & Young Adults**

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**National Adolescent Health Information Center**

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**Background on NAHIC**

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (U45MC 00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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All listed Briefs & Fact Sheets can be downloaded at http://nahic.ucsf.edu/index.php/data/article/briefs_fact_sheets/

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