Drugs and Usage Rates

A brief description of the more common drugs people use to “get high” and our best estimates of how many Americans use them.

Addiction

- In this course “addiction” will be used precisely
  - opiates are classic
  - Alcohol in high doses creates “DTs” or
- A drug does not need to be physically addicting to be “dangerous” or have “high potential for abuse”

Set and Setting

- Set = “mind set”
- Setting = social setting
- How does set and setting work?
- Examples
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Data Source

- NHSDA or national household survey of drug abuse
- NSDUH or national survey of drug use and health
  - Caveat about household population age 12 and older
- Refer to table in next slide for prevalence
- Popularity tends to stay fairly consistent w/ alcohol then marijuana then pills
- Order of others varies slightly as various drugs become popular (i.e. crack, club drug, and meth waves)
- Usage terms
  - Ever
  - Past year
  - Past month


<table>
<thead>
<tr>
<th>Drug</th>
<th>2004 Month</th>
<th>2018 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>50.3</td>
<td>55.1</td>
</tr>
<tr>
<td>Marijuana</td>
<td>6.1</td>
<td>10.1</td>
</tr>
<tr>
<td>Pain Relievers</td>
<td>2.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Crack</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Meth</td>
<td>0.2</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Alcohol & Tobacco

- Alcohol is a Depressant and most common drug used to get high in America–by far
- It is almost always swallowed, can be physically addicting (in extreme cases)
- Overdose possible [would die by motor going to slow]
- Booze and tobacco kill more than all other illicit drugs combined!
- If drugs cause violence then alcohol main culprit
- Prevalence Rates always the highest of all drugs!
Marijuana, Cannabis, Hashish

- Marijuana/cannabis is a green or gray mixture of dried, shredded flowers and leaves of the plant—Hashish is tar substance taken from the flowers—NOT to be confused w/ "industrial hemp"
- It is usually smoked, but can be eaten. Flowers or buds used more than leaves. New heating technologies too.
- Marijuana is unique from all other classes of drugs and it is difficult to classify as strictly a depressant, stimulant, or hallucinogen. THC is chemical
- Not a single documented overdose death (toxic dose unknown)
- The most popular illegal drug by far (prevalence rates somewhat volatile too)

Pain Pills and Other Pharm. Meds

- Both stimulants and depressants although the pain pills most common. Death from overdose from either possible
- Second most popular illegal drug next to marijuana and dwarfs the other "hard" drugs
- Quote from 2000s as nod to industry
- Overdoses vs. traffic deaths
- "treatment" vs "prison" and race

Heroin

- Depressant that comes from Opium poppy
- Can be eaten, snorted, smoked, and injected
- Can die from overdose by "slowing down" lungs/heart
- Classically Physically Addicting!
- Very low prevalence rates

Snorting Cocaine

- Stimulant and can overdose (body’s “engine” running too fast too long)
- Cocaine comes from Coca plant
- Sniffing or “snorting” most popular although it can be smoked and injected (no stats on injecting)
- Not physically addicting, but "high potential for abuse"
- Snorting generally “third” after marijuana and pills and prevalence rates of crack smoking generally much lower

Smoking Cocaine

- "Crack" not the same as "freebase", not physically addicting but likely higher potential for abuse than snorting
- Very low "past year and month" prevalence rates
- Very direct mode of ingestion (so is injecting)
- High is more intense but shorter in duration.
- Rapid "up down" and bingeing [compared to snorting] in a short period of time. Thus smoking/injecting cocaine more "dangerous" [see next slide]
Smoking vs Snorting Cocaine

- Snorting cocaine
  - Normal or sober

- Smoking or injecting cocaine
  - Normal or sober

See how this way of ingesting cocaine lends itself MORE so to binge use and thus problems?

Methamphetamine

- Man made stimulant, not physically addicting, can overdose
- Can be pills, snorted, smoked, or injected
  - Legitimate pills = amphetamine not “meth” ADHD/kids
  - Long range bomber pilots given mild pills if want (planes very expensive)
- Mode of ingestion used to be geographical although appears to be spreading
- Prevalence rates VERY low for an epidemic

LSD (“Acid”)

- LSD is usually taken by mouth. Often LSD is added to blotter paper, and divided into small decorated squares, with each square representing one dose.
- Dramatically distorts perceptions
- Past year and month prevalence rates dropping over time (compared to “ever” use) and seem to be related to aging of “hippies”
- Not ‘addicting’ … unsure about overdose death...

Club Drugs

- Ecstasy [MDMA], Rohypnol, GBH, Ketamine
- Ecstasy appears to most popular, although combining them common
- These drugs must be classified on individual basis
- Can die from overdose on some, especially when used with alcohol

Conclusion

- Caveat about “household population” – not perfect sampling frame but useful data
- Very low prevalence rates for drugs we are supposed to fear taking over our neighborhoods (caveat about that too)
- Most problematic drugs are made by legal producers – alcohol, pills, and (long term) tobacco.
- Mode of ingestion important – more direct modes more “dangerous”
- “Dangerousness actually MORE related to SOCIAL variable of class, SES, etc. than – but that’s a different lecture!