

Other Drug Consumption

The use of illicit drugs other than alcohol remains a problem in Wisconsin. As a whole, consumption patterns of illicit drugs in Wisconsin mirror national trends (Table 28).

Wisconsin high school students and their national counterparts show similar patterns of experimentation with illicit drugs, with rates slightly lower in Wisconsin (Figure 36).

Rates of illicit drug use and non-medical use of prescription pain relievers are highest among young adults ages 18-25 (Figure 37).

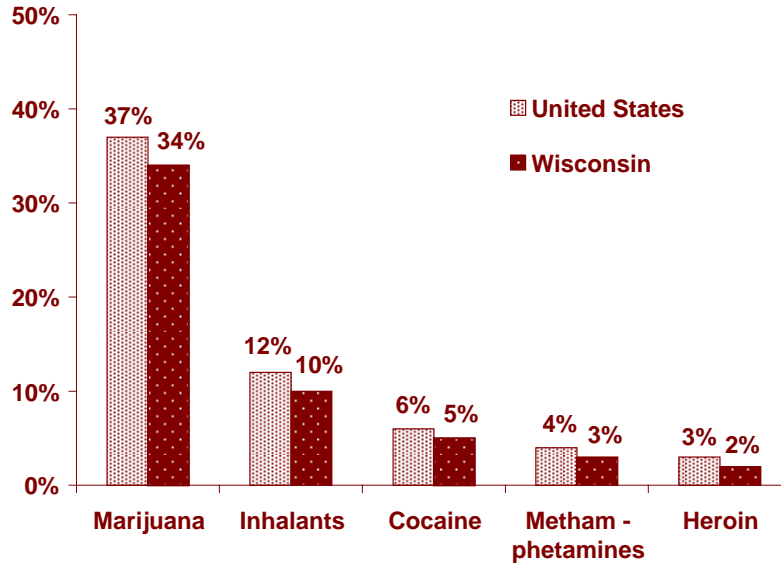
Table 28. Past year and past month use of illicit drugs, age 12 and older, Wisconsin and the United States, 2007-2008

	<i>Past Year</i>		<i>Past Month</i>	
	Wisconsin	United States	Wisconsin	United States
Any illicit drugs	--	--	9%	8%
Illicit drugs other than marijuana	--	--	4%	4%
Marijuana	11%	10%	6%	6%
Cocaine	3%	2%	--	--
Non-medical use of pain relievers	6%	5%	--	--

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

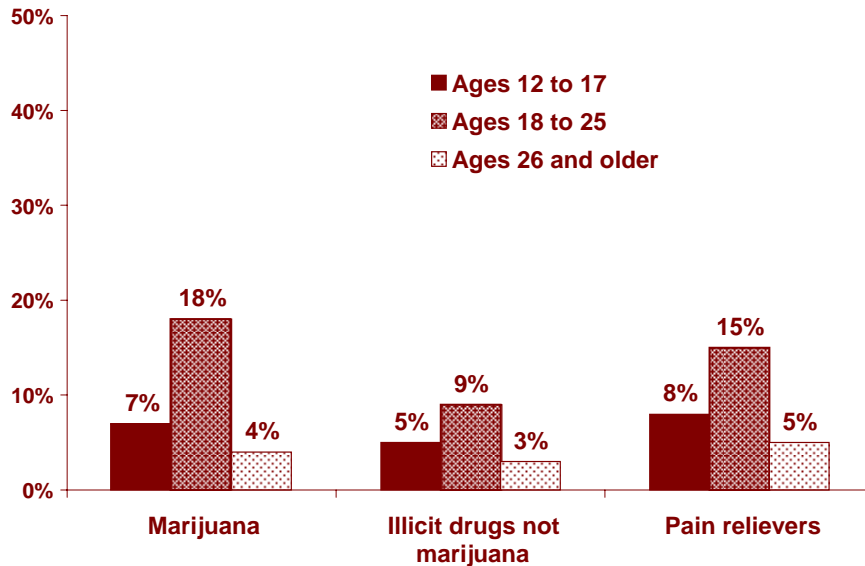
Note: Dash (--) indicates data not available.

Figure 36. Lifetime use of illicit drugs among high school students, Wisconsin and the United States, 2009



Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

Figure 37. Use of marijuana, illicit drugs other than marijuana, and pain relievers for non-medical purposes, age 12 and older by age group, Wisconsin, 2007-2008



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

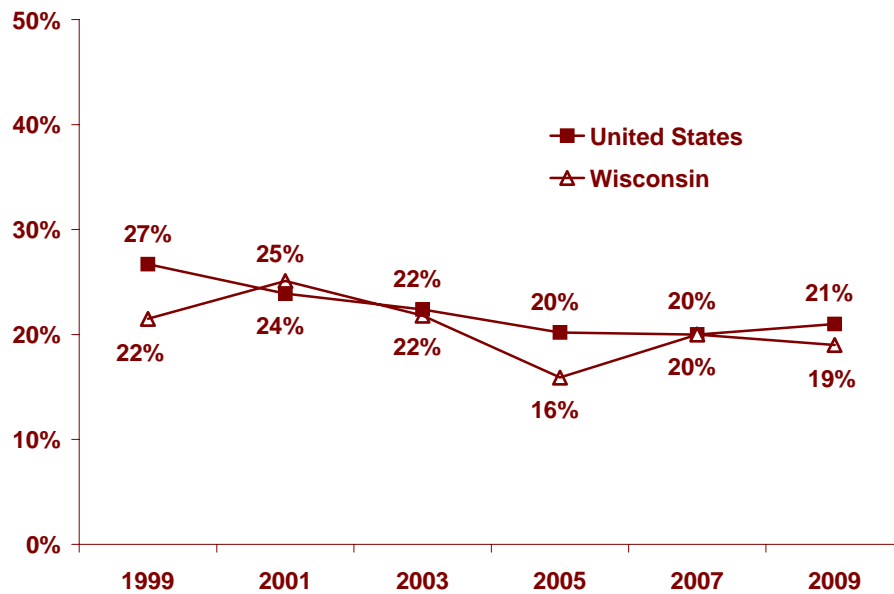
Note: Use of marijuana and use of illicit drugs other than marijuana are use in the past month; use of pain relievers is use in the past year.

Marijuana

Arrests for marijuana possession accounted for 73% of all drug arrests in Wisconsin in 2008. Marijuana use can lead to decreased lung function, and impaired memory among youth.

- Between 1999 and 2009, the prevalence of current marijuana use among Wisconsin high school students showed some evidence of change: it was 22% in 1999 and 19% in 2009 (Figure 38), with some fluctuation in the intervening years. All three of the most recent years of data showed lower rates than the three years preceding them.

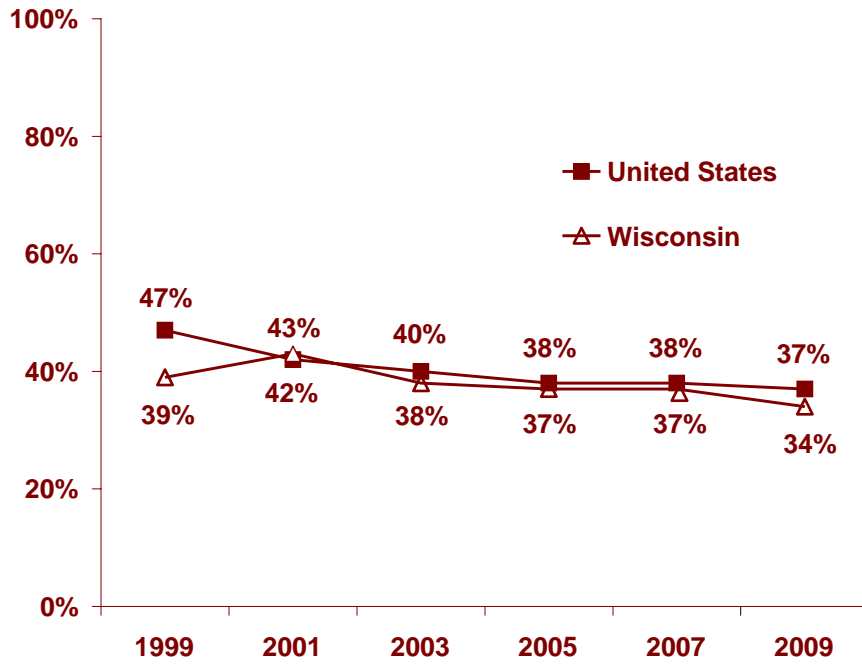
Figure 38. Current marijuana use among high school students, Wisconsin and the United States, 1999-2009



Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

- Experimentation with marijuana among Wisconsin high school students rose between 1999 (39%) and 2001 (43%), but has decreased since then (Figure 39).
- In 2009, 34% of Wisconsin high school students had tried marijuana at least once.

Figure 39. Lifetime marijuana use among high school students, Wisconsin and the United States, 1999-2009



Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

- Among Wisconsin high school students in 2007-2009, current marijuana use was highest for American Indian/Alaskan Native students (37%) and African American students (31%) (Table 29). In addition, higher proportions of American Indian and African American students reported having tried marijuana before age 13 (17% and 14%, respectively; Table 30) than the average for all Wisconsin high school students (7% in 2007-2009, not shown).
- In Wisconsin, the prevalence of current marijuana use was similar among high school students (19% in 2009; Figure 38, page 70) and young adults ages 18 to 25 (18% in 2007-2008; Figure 37, page 69). The prevalence for adults ages 26 and older was 4% in 2007-2008 (Figure 37).

Table 29. Current marijuana use among high school students by race/ethnicity, Wisconsin, 2003-2009

Race/Ethnicity	2003-2005	2005-2007	2007-2009
White	18%	16%	18%
African American	31%	32%	31%
Hispanic/Latino	22%	24%	23%
Asian or Pacific Islander	16%	10%	10%
American Indian or Alaskan Native	27%	26%	37%
Multiracial	20%	24%	24%

Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

Table 30. Initiation of marijuana use before age 13, high school students by race/ethnicity, Wisconsin, 2003-2009

Race/Ethnicity	2003-2005	2005-2007	2007-2009
White	6%	10%	5%
African American	20%	23%	14%
Hispanic/Latino	13%	16%	**
Asian or Pacific Islander	10%	6%	6%
American Indian or Alaskan Native	19%	**	17%
Multiracial	13%	14%	13%

Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

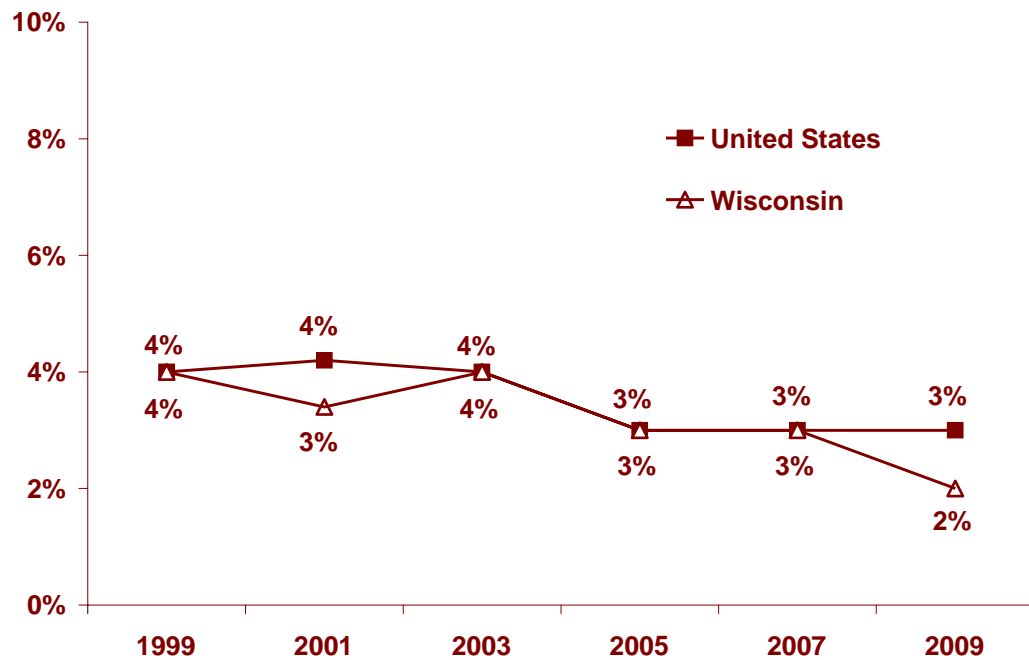
** Too few cases in sample to provide a reliable estimate.

Cocaine

Cocaine users face the possibilities of arrest, dependence, injury and even death. Compared with non-users, cocaine users are more likely to experience a hemorrhagic stroke (sudden bleeding in the brain) at a significantly earlier age, and experience poorer outcomes after treatment. Cocaine continues to be the most frequently mentioned illicit substance reported to the Drug Abuse Warning Network (DAWN) by hospital emergency departments nationwide.

- The prevalence of current cocaine use among Wisconsin high school students decreased from 4% in 1999 to 2% in 2009 (Figure 40).
- Nevertheless, pockets of higher use remain evident. Multiracial high school students reported a higher prevalence of current cocaine use than the Wisconsin average (Table 31). Young adults ages 18-25 have a higher rate than other age groups of using illicit drugs such as cocaine (Figure 37, page 69).

Figure 40. Current cocaine use among high school students, Wisconsin and the United States, 1999-2009



Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

Table 31. Current cocaine use among high school students by race/ethnicity, Wisconsin, 2001-2009

Race/Ethnicity	2001-2003	2003-2005	2005-2007	2007-2009
White	3%	3%	3%	6%
African American	5%	6%	3%	5%
Hispanic/Latino	7%	6%	3%	5%
Asian or Pacific Islander	7%	3%	4%	7%
American Indian or Alaskan Native	**	**	**	**
Multiracial	3%	7%	7%	11%

Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

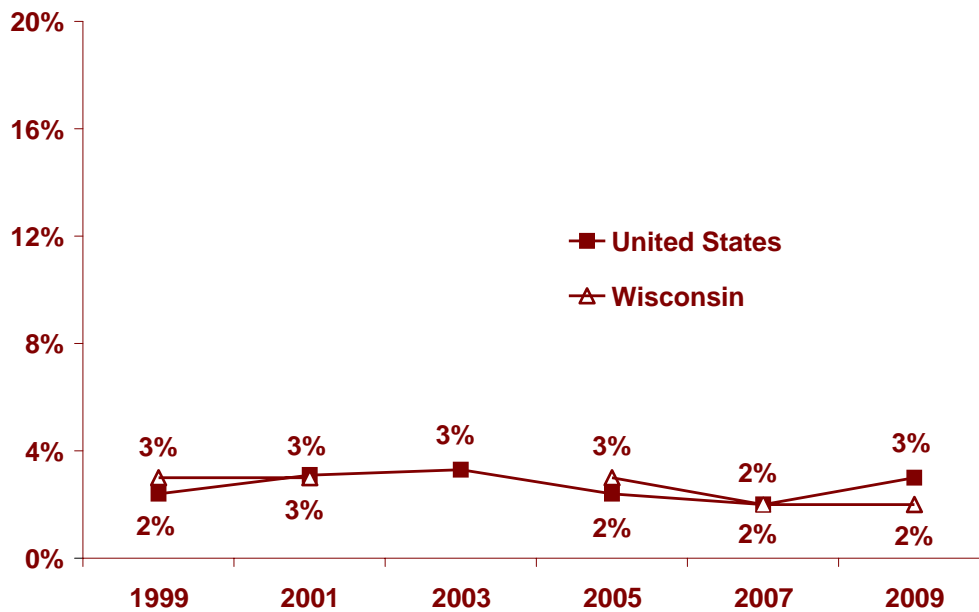
** Too few cases in sample to produce a reliable estimate.

Heroin

One of the most significant risks a heroin user faces is dependence on the drug. Users who inject heroin also risk contracting HIV, hepatitis C, and other infectious diseases. Most new hepatitis C infections in the United States each year are among injection drug users.

- The prevalence of lifetime heroin use among high school students in Wisconsin remained steady at 3% between 1999 and 2005, and was 2% in 2007 and 2009 (Figure 41). During 2007-2009, the prevalence of lifetime heroin use was highest among multiracial students (6%) (Table 32).

Figure 41. Lifetime heroin use among high school students, Wisconsin and the United States, 1999-2009



Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention. (Note: Data not available for Wisconsin in 2003.)

Table 32. Lifetime heroin use among high school students by race/ethnicity, Wisconsin, 2001-2009

Race/Ethnicity	2001-2005*	2005-2007	2007-2009
White	2%	2%	1%
African American	4%	3%	3%
Hispanic/Latino	5%	4%	3%
Asian or Pacific Islander	10%	6%	3%
American Indian or Alaskan Native	**	**	**
Multiracial	9%	9%	6%

Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

* Question on heroin use was not asked in 2003.

** Too few cases to produce a reliable estimate.

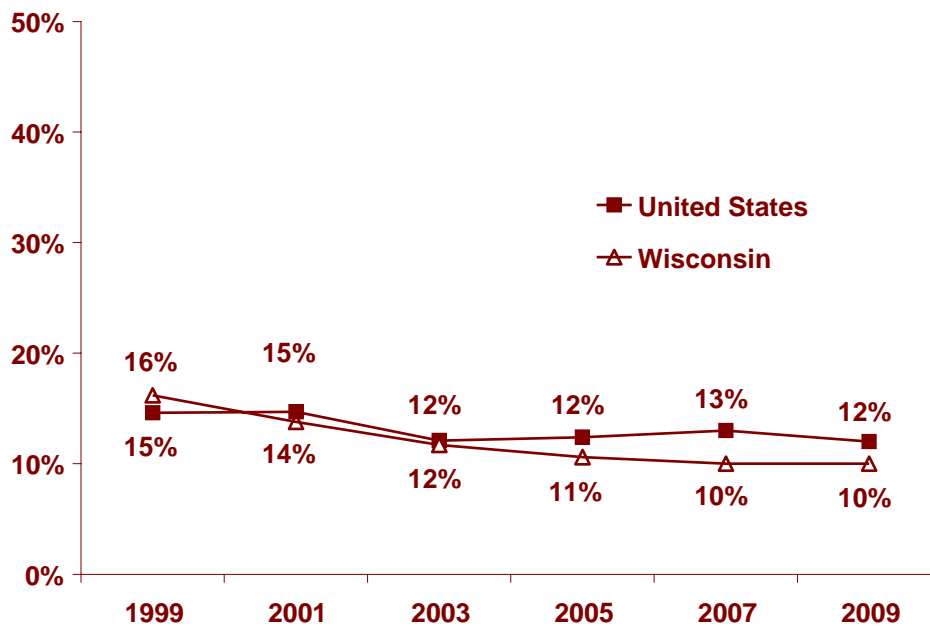
Inhalants

Prolonged sniffing of the highly concentrated chemicals in solvents or aerosol sprays can induce irregular and rapid heart rhythms and lead to heart failure and death within minutes of a session of prolonged sniffing. This syndrome, known as "sudden sniffing death," can result from a single session of inhalant use. Chronic exposure to inhalants can produce significant, sometimes irreversible, damage to the heart, lungs, liver, and kidneys.

In addition to the toxic dangers of inhalants, research has shown that toluene, a solvent in many inhalants, promotes euphoria in the brain in the same way that cocaine, amphetamine/methamphetamine, PCP, and nicotine promote euphoria. This finding emphasizes the addictive nature of inhalants.⁵

- The prevalence of lifetime inhalant use among high school students has dropped since 1999. In 2009, 10% of Wisconsin high school students reported having used inhalants to get high at some point in their lifetime (Figure 42).

Figure 42. Lifetime inhalant use among high school students, Wisconsin and the United States, 1999-2009



Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

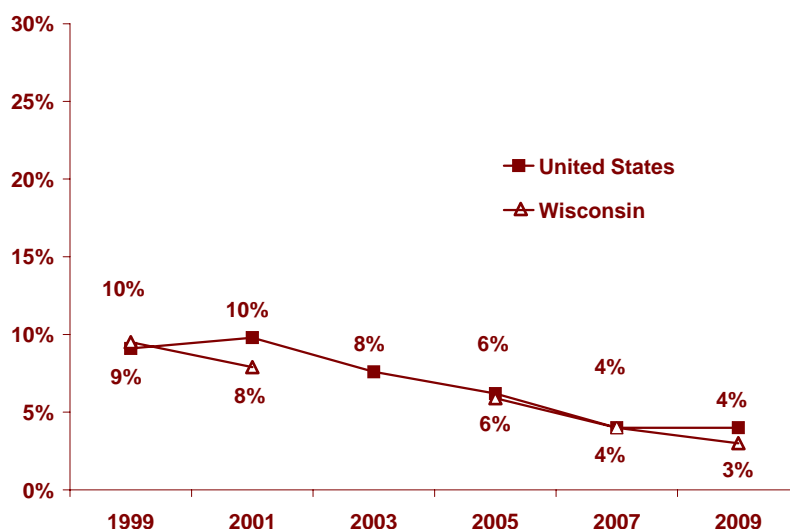
⁵ U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), National Clearinghouse for Alcohol and Drug Information, 2005.

Methamphetamines

As well as being highly addictive, methamphetamine use can lead to neurological damage and psychotic behaviors.

- Lifetime methamphetamine use among Wisconsin high school students decreased between 1999 and 2009, following a national trend. The prevalence of lifetime methamphetamine use among Wisconsin high school students was 10% in 1999 and 3% in 2009 (Figure 43).
- Among high school students in 2007-2009, white and African American students reported the lowest prevalence of lifetime methamphetamine use (3% and 4%, respectively), while Asian students reported the highest (8%; Table 33).

Figure 43. Lifetime methamphetamine use among high school students, Wisconsin and the United States, 1999-2009



Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

Note: Question on methamphetamine use was not asked in 2003.

Table 33. Lifetime methamphetamine use among high school students by race/ethnicity, Wisconsin, 2001-2009

Race/Ethnicity	2001-2005*	2005-2007	2007-2009
White	6%	5%	3%
African American	3%	3%	4%
Hispanic/Latino	7%	6%	**
Asian or Pacific Islander	13%	10%	8%
American Indian or Alaskan Native	**	**	**
Multiracial	15%	8%	7%

Source: Youth Risk Behavior Survey, Wisconsin Department of Public Instruction; U.S. Centers for Disease Control and Prevention.

* Question on methamphetamine use was not asked in 2003.

** Too few cases to produce a reliable estimate.

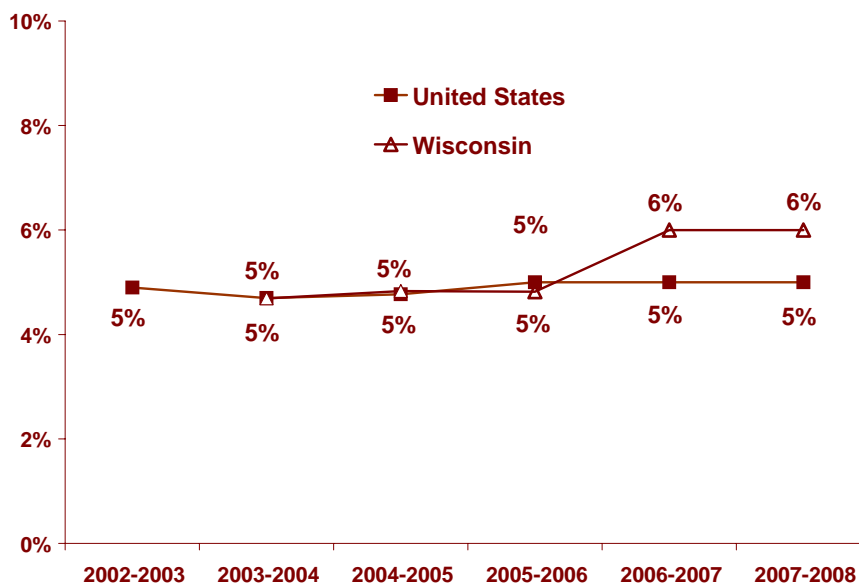
Non-Medical Use of Prescription Drugs

A 2001 survey found that lifetime non-medical use of prescription stimulants among college students in the United States was approximately 7%, and past-year use was an estimated 4%. The study also found that non-medical prescription drug use was associated with use of alcohol, cigarettes, marijuana and other illicit drugs.⁶

Nationally, emergency department visits involving nonmedical use of two types of prescription drugs (opioid analgesics and benzodiazepines) more than doubled from 2004 to 2008. Emergency department visits for misused prescription and over-the-counter drugs are now as common as visits for use of illicit drugs.⁷

- During 2007-2008, 6% of Wisconsin residents ages 12 and older reported using pain relievers for non-medicinal purposes in the past year (Figure 44). This percentage has increased since 2005-2006, and is higher than the prevalence reported nationally (5%). The prevalence of use was highest among young adults ages 18 to 25 (15%, Figure 37).
- Twenty-one percent (21%) of Wisconsin high school students in 2009 (23% in 2007) reported using prescription drugs (“such as OxyContin, Percocet, Vicodin, Adderal, Ritalin, or Xanax”) for non-medical purposes at some point in their lives. The 2009 percentage for U.S. high school students as a whole was similar (20%).

Figure 44. Use of prescription pain relievers for non-medical purposes in the past year, age 12 and older, Wisconsin and the United States, 2002-2008



Source: National Survey of Drug Use and Health, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

⁶ McCabe SE, J Knight, C Teter and H Wechsler. 2005. Non-medical use of prescription stimulants among U.S. college students: prevalence and correlates from a national survey. *Addiction*, Vol. 100 (1), 96-106.

⁷ Centers for Disease Control and Prevention. 2010. Emergency department visits involving nonmedical use of selected prescription drugs—United States, 2004-2008. *Morbidity and Mortality Weekly Report*. June 18, 2010 / 59(23); 705-709.