2016
Michigan Young Adult Survey:

Substance Use Among Michigan's Young Adults

The Office of Recovery Oriented
Systems of Care

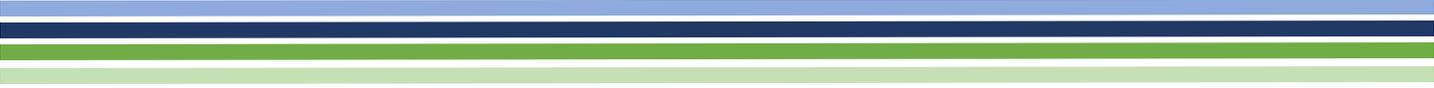Wayne State University School of
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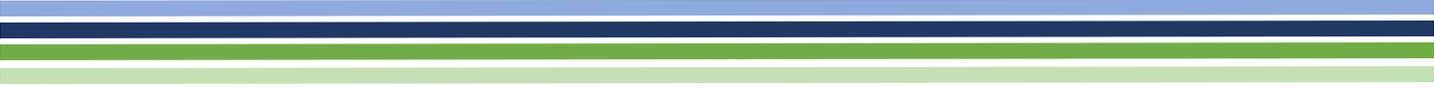
Report Information

This report was commissioned by The Office of Recovery Oriented Systems of Care, Michigan Department of Health and Human Services.

This research was conducted by the Wayne State University School of Social Work.

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This report was completed April 19th, 2017.

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Executive Summary

Data based on responses from 1,568 Michigan young adults aged 18 to 25:

Demographic Information

- Most respondents identified as female (75.1%) and the average age of respondents was 21.3
- Racially, most respondents identified as Caucasian/White (85.3%), followed by two or more races (5.6%), and African American/Black (5.3%) – the remaining groups make up less than 5% of the sample
- Most respondents were employed (76.3%) and attended school (68.6%) – over half of the sample (55.3%) attended college or vocational school full-time

Perceptions about Ease of Access to Alcohol & Other Substances

- On a scale of 1 (probably impossible) to 5 (very easy), prescription pain relievers without a prescription (M=3.45, SD=0.92) were reported as the most difficult to access, followed by accessing marijuana (M=4.10, SD=0.74), and alcohol (M=4.24, SD=0.75)

Perceptions about Risk of Alcohol & Other Substances

- On a scale of 1 (no risk) to 4 (great risk), the use of marijuana (M=2.20, SD=0.97) was perceived to be the least risky, followed by alcohol (M=3.00, SD=0.79), prescription pain relievers used at higher doses or for different reasons than prescribed (M=3.24, SD=0.82), and the use of non-prescribed prescription pain relievers (M=3.40, SD=0.74)

Personal Behaviors and Experiences with Alcohol & Other Substances

Respondents were asked to provide information on their use of the following substances: alcohol, marijuana and/or hashish, prescription drugs with and without a prescription, as well as heroin

- Of these substances, the most frequently reported to use in the past 30 days was alcohol (72%), followed by marijuana (29%)

- Of the respondents who consumed alcohol in the past 30 days and reported on drinking behaviors (n=900), 70% engaged in binge drinking (n=632)
- Respondents reported they had driven a vehicle under the influence of marijuana and/or hashish (16%) more likely compared to under the influence of alcohol (5%)
- Twelve percent of young adults reported prescription drug misuse without a prescription and 9% of young adults reported prescription drug misuse (higher dose or different reason than prescribed) with a prescription in the previous 12 months
  - With regard to the type of prescription, those without a prescription most often misused stimulant medications, followed by pain medications. For respondents with a prescription, the most misused category of prescription drugs was pain medications, followed by sedatives/anxiety medications
- A small proportion (1%) of the sample reported heroin use in the past 12 months. Most of the respondents who reported using heroin in the past 12 months, also reported misusing prescription drugs in the past 12 months

Reasons for Alcohol & Marijuana Use

- Provided with 16 possible responses, the most common reasons for alcohol use included 'to have a good time with my friends' (30.7%), followed by 'to relax or relieve tension' (18.7%), and 'because it tastes good' (15.2%)
- Provided with 14 possible responses, the most common reasons for marijuana use included 'to relax or relieve tension' (20.7%), 'to feel good or get high' (19.0%), and 'to have a good time with my friends' (14.5%)

2016 Michigan Young Adult Survey

The 2016 Michigan Young Adult Survey was designed to learn more about substance use behaviors of Michigan residents aged 18 to 25. A total of 1,570 web-based surveys were completed via Qualtrics. However, two out-of-state surveys were removed from the sample, as they do not meet the criteria for our target population. After removal of these responses, a total of 1,568 completed surveys were used for the analyses.
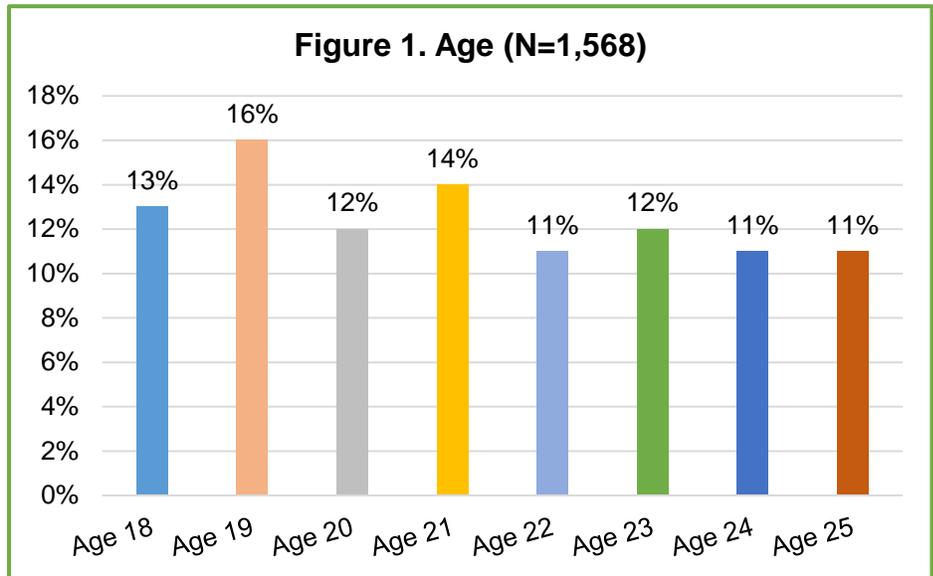
Data collection proceeded in two phases with the first phase of surveys collected between September 9th, 2015 and April 25th, 2016. The second phase of surveys was collected between November 26th, 2015 and April 30th, 2016. The first phase of the survey remained open when the second phase of surveys began, each version of the survey had an individualized link that respondents used to take the survey. Each survey contained the same questions with minor adjustments being made to the second phase. Each question was optional, therefore, discrepancies exist in the total number of responses per question. Skip patterns were also used on several questions, which changed the amount of respondents per question.

We recruited young adults for the survey using paid advertisements on Facebook, email, and social network advertisements to community partners. The Office of Recovery Oriented Systems of Care shared the survey with community partners including: schools, the higher education network and workforce development sites. Thirty-one precent of the sample was reached through Facebook advertisements, while 29% were referred to the survey through a friend or family member. Comparably, 28% were referred to the survey through their local college or university sending a flier or weblink. Three percent reported learning about the survey through a link on another website while 9% indicated other referral sources (e.g. coworkers, employer, other emails).

Demographic Information

Respondents were asked to provide demographic information including gender, age, race, employment status, student status, and education level.

With regard to gender, most respondents identified as female (75.1%), followed by 23.9% male, and 1% transgender or other. The mean age of respondents was 21.3 (SD=2.30) and as **Figure 1** illustrates the distribution was evenly spread across the ages 18 to 25.

Figure 1. Age (N=1,568)

A bar chart showing age distribution: Age 18 = 13%, Age 19 = 16%, Age 20 = 12%, Age 21 = 14%, Age 22 = 11%, Age 23 = 12%, Age 24 = 11%, Age 25 = 11%.
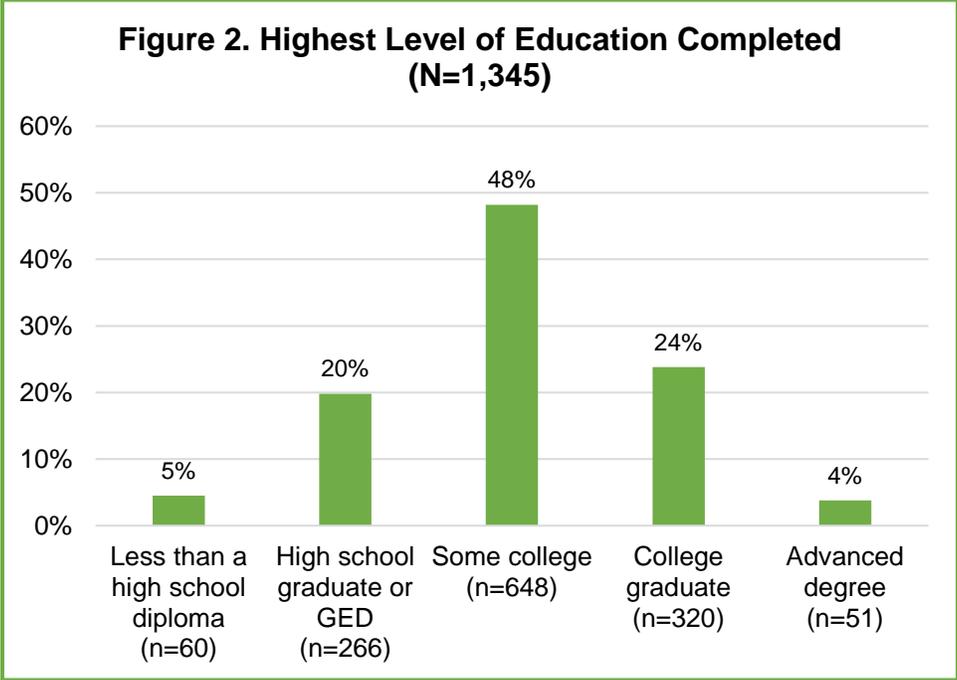
Respondents were also asked to indicate their race. Of the responses, most self-identified as Caucasian or White (85.3%), followed by 5.6% as two or more races, 5.3% as African American or Black, 2.5% as Asian, and 1.3% as American Indian or Alaska Native.

Examining employment status showed that three quarters of respondents were employed (76.3%), while 23.7% of respondents were *not* employed. More specifically, 46.2% of respondents were employed part-time, followed by employed full-time (27.4%) and self-employed (2.7%). Approximately 13.4% of respondents who were *not* employed also reported they were looking for employment (13.4%), while 10.4% indicated they were *not* looking for employment. These results in employment may be related to the fact that many of these individuals also attended school. Results regarding student status are found below.

Young adults were asked to indicate if they were a student and if so, what type of school they were attending. One-thousand and seventy-five (68.6%) young adults reported that they attended school. Of the 1,075 students, more than half of the young adults (55.3%) attended college or vocational school

full-time. Smaller portions of young adults attended school part-time (8.3%) or high school or a GED program (3.9%). Additionally, 1.1% indicated they attended some other type of school. In combination with student status, respondents were also asked to indicate the highest level of education they have completed. Results are shown below in **Figure 2**.

Figure 2. Highest Level of Education Completed (N=1,345)

Less than a high school diploma (n=60)	High school graduate or GED (n=266)	Some college (n=648)	College graduate (n=320)	Advanced degree (n=51)
5%	20%	48%	24%	4%

Perceptions about Ease of Access to Alcohol & Other Substances

Respondents were asked to indicate the ease of access to alcohol, marijuana, and non-prescribed prescription pain relievers, for individuals their age in their community. Possible responses included: very easy, fairly easy, fairly difficult, very difficult, and probably impossible. Responses are shown below in **Tables 1**, **2**, and **3**. Overall, respondents indicated that the ease of access to prescription pain relievers without a prescription was most difficult (M=3.45, SD=0.92), followed by accessing marijuana (M=4.10, SD=0.74), and alcohol (M=4.24, SD=0.75).

Table 1. Ease of Access to Alcohol for Ages 18-20 (N=1,286)			
	n	**%**	**Mean**
(5) Very easy	498	38.7%	
(4) Fairly easy	647	50.3%	
(3) Fairly difficult	108	8.4%	4.24
(2) Very difficult	20	1.6%	
(1) Probably impossible	13	1.0%	

For alcohol, 89.0% of respondents felt it was easy to access for 18 to 20 years olds in their community.

Table 2. Ease of Access to Marijuana (N=1,284)			
	n	**%**	**Mean**
(5) Very easy	369	28.7%	
(4) Fairly easy	722	56.2%	
(3) Fairly difficult	152	11.8%	4.10
(2) Very difficult	14	2.6%	
(1) Probably impossible	7	0.5%	

For marijuana, 84.9% of respondents felt it was easy to access for individuals their age in their community.

Table 3. Ease of Access to Prescription Pain Relievers Without a Prescription (N=1,282)			
	n	**%**	**Mean**
(5) Very easy	139	10.8%	
(4) Fairly easy	510	39.8%	
(3) Fairly difficult	453	35.3%	3.45
(2) Very difficult	150	11.7%	
(1) Probably impossible	30	2.3%	

For prescription pain relievers without a prescription, half of respondents (50.6%) felt they were easy to access for individuals their age in their community, while the other half (49.3%) thought it was difficult to access.

Perceptions about Risk of Alcohol & Other Substances

Respondents were asked to indicate the risk of harming themselves physically or in other ways as a result of using alcohol, marijuana, or prescription pain relievers. Possible responses included: no risk, slight risk, moderate risk, and great risk. Responses are shown below in **Tables 4**, **5**, **6**, and **7**. Overall, most respondents felt there was some level of risk with each substance. Respondents indicated they perceived the use of marijuana (M=2.20, SD=0.97) to be the least risky substance as compared to alcohol (M=3.00, SD=0.79) and prescription pain relievers (not prescribed: M=3.40, SD=0.74; prescribed: M=3.24, SD=0.82). Prescription pain relievers (M=3.40, SD=0.74) were perceived as the second least risky substance, while heavy, episodic use of alcohol was perceived as the most risky.

Table 4. Level of Risk for 5 Alcoholic Drinks Once or Twice a Week (N=1,283)			
	n	**%**	**Mean**
(1) No risk	44	3.4%	3.00
(2) Slight risk	270	21.0%	
(3) Moderate risk	610	47.5%	
(4) Great risk	359	28.0%	

For alcohol, 75% of respondents felt having 5 alcoholic drinks once or twice a week was of moderate to great risk.

Table 5. Level of Risk for Smoking Marijuana Once or Twice a Week (N=1,281)			
	n	**%**	**Mean**
(1) No risk	350	27.3%	2.20
(2) Slight risk	470	36.7%	
(3) Moderate risk	315	24.6%	
(4) Great risk	146	11.4%	

For marijuana, over 60% of respondents felt smoking marijuana once or twice a week was of no risk or only slight risk.

Table 6. Level of Risk for Prescription Pain Relievers Not Prescribed and Used Occasionally (N=1,281)			
	n	**%**	**Mean**
(1) No risk	20	1.6%	3.40
(2) Slight risk	138	10.8%	
(3) Moderate risk	433	33.8%	
(4) Great risk	690	53.9%	

For prescription pain relievers, almost 90% of respondents felt using prescription pain relievers occasionally without being prescribed was of moderate to great risk.

Table 7. Level of Risk for Prescribed Pain Relievers in Higher Doses or Different Reasons than Prescribed a Few Times Per Year (N=1,283)			
	n	**%**	**Mean**
(1) No risk	41	3.2%	3.24
(2) Slight risk	194	15.1%	
(3) Moderate risk	462	36.0%	
(4) Great risk	587	45.7%	

Additionally, over 80% of respondents felt using prescribed pain relievers at higher doses or for different reasons was of moderate to great risk.

Personal Behaviors and Experiences with Alcohol & Other Substances

With regard to the respondents' behaviors and experiences involving alcohol and other substances, respondents were asked to indicate if they had used and how often they had used alcohol, marijuana, both prescribed and not prescribed prescription drugs, as well as heroin. Respondents were also asked if they used these substances while operating a vehicle. Respondents indicated if they had a medical marijuana card and how they obtained prescription drugs if they were not prescribed to them.

Substance Use

Alcohol

For alcohol, respondents were first asked if they had at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor, within the past 30 days. With a total of 1,287 responses, approximately 72% indicated yes, 28% indicated no, and less than 1% indicated they did not know. Follow-up questions then assessed for risky drinking based on the National Institute on Alcoholism and Alcohol Abuse guidelines. If they indicated yes, females were asked on how many days they consumed *4 or more* drinks on a single occasion in the past 30 days, while males were asked on how many days they consumed *5 or more* drinks on a single occasion in the past 30 days. Of the 925 respondents who indicated they had consumed alcohol in the past 30 days, 900 answered the gender specific alcohol questions regarding binge-drinking behaviors.

- Of the 900 responses…
  - 68% of females engaged in binge-drinking over the past 30 days
    - Answers ranged from 0 to 24 days
  - 77% of males engaged in binge-drinking over the past 30 days
    - Answers ranged from 0 to 25 days
- For the females who reported binge-drinking over the past 30 days, the mean number of days this occurred on was 5.07
- For the males who reported binge-drinking over the past 30 days, the mean number of days this occurred on was 5.36

In sum, over the past 30 days 70% of the respondents who consumed alcohol also engaged in binge drinking. A slightly higher rate of males engaged in binge drinking (77%) compared to females (68%).

Marijuana and Hashish

With regard to marijuana and hashish, respondents were asked on how many days in the past 30 they used either or both substances, as well as if they were a medical marijuana cardholder. Of 1,256 responses, 29% indicated they used marijuana or hashish. For those who used marijuana and/or hashish in the past 30 days, the mean number of days of use was 8.76. Respondents were also asked to indicate if they had a medical marijuana card regardless of whether that has used marijuana in the past 30 days or not. Of the 573 respondents who answered the question, only 4% indicated they had a medical marijuana card. Therefore, most respondents were accessing marijuana through other ways.

Alcohol and Marijuana/Hashish Use While Driving

In addition to questions about alcohol and marijuana and/or hashish use, respondents were asked to indicate if within the past 30 days they had driven a vehicle after having too much to drink or after having used marijuana and/or hashish. Of the 628 eligible respondents for alcohol, 95% indicated they had *not* driven a vehicle after having too much to drink. Similar to alcohol, the majority of the 572 eligible respondents indicated they had *not* driven a vehicle after using marijuana and/or hashish (84%). However, the proportion of respondents who reported using marijuana and/or hashish and driving (16%) was more than triple the rate that reported they drove after they consumed alcohol (5%).

Prescription Drugs

With regard to prescription drug use, respondents were asked if they had taken any of the following medications: prescription pain medications, sedatives/anxiety medications, stimulant medications, and sleeping medications, within the past 12 months. For each type of medication, respondents were asked if they had used the medication without a prescription, or if they did have a prescription, if they had used it at a higher dose or with a different reason than it was prescribed. For those who used prescription drugs without a prescription, these respondents were 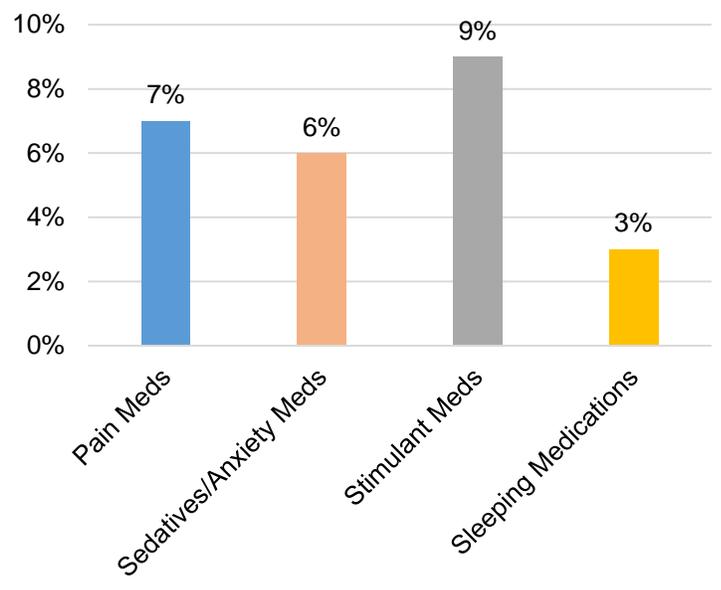asked where they obtained the drug. **Table 8** below indicates the results for how many participants used a prescription drug without a prescription by type.

Table 8. Use of Prescription Drugs Without a Prescription Over the Past 12 Months								
	Pain Medications (e.g. OxyContin, Vicodin, Tylenol 3 with Codeine, Percocet, Hydrocodone)		Sedatives/ Anxiety Medications (e.g. Xanax, Valium)		Stimulant Medications (e.g. Ritalin, Adderall, Concerta, Dexedrine)		Sleeping Medications (e.g. Ambien, Halcion, Triazolam)	
	n	%	n	%	n	%	n	%
Yes	88	7%	76	6%	109	9%	36	3%
No	1,152	91%	1,161	92%	1,119	89%	1,195	95%
Can't say, drug unfamiliar	21	2%	20	2%	22	2%	25	2%

Examining **Table 8** and **Figure 3** indicates the majority of respondents are not using prescription drugs without a prescription. However, the type of prescriptions most used by respondents are stimulant medications (9%), followed by pain medications (7%), sedatives/anxiety medications (6%), and sleeping medications (3%). For those who indicated they had used prescription drugs without a prescription, they were also asked where they obtained the medication from. Results for each type of prescription medication are shown on the following pages in **Table 9**.

Figure 3. Percent Using Prescription Drugs Without a Prescription by Type

Table 9. Obtainment of Prescription Drugs Without a Prescription								
	Pain Medications (e.g. OxyContin, Vicodin, Tylenol 3 with Codeine, Percocet, Hydrocodone)		Sedatives/ Anxiety Medications (e.g. Xanax, Valium)		Stimulant Medications (e.g. Ritalin, Adderall, Concerta, Dexedrine)		Sleeping Medications (e.g. Ambien, Halcion, Triazolam)	
	n	%	n	%	n	%	n	%
Got if from a friend or relative for free	60	69%	52	68%	66	61%	25	73%
Bought it from a friend or relative	15	17%	10	13%	32	29%	1	3%

Table 9. Obtainment of Prescription Drugs Without a Prescription								
	Pain Medications (e.g. OxyContin, Vicodin, Tylenol 3 with Codeine, Percocet, Hydrocodone)		**Sedatives/ Anxiety Medications** (e.g. Xanax, Valium)		**Stimulant Medications** (e.g. Ritalin, Adderall, Concerta, Dexedrine)		**Sleeping Medications** (e.g. Ambien, Halcion, Triazolam)	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Took it from a friend or relative without asking	5	6%	5	7%	0	0%	1	3%
Bought if from a drug dealer or other stranger	1	1%	3	4%	8	7%	2	6%
Got it some other way	2	2%	3	4%	0	0%	1	3%
Don't remember	4	5%	3	4%	3	3%	4	12%

Note. Respondents were also provided with the response option of "Bought it on the internet" but no respondents selected this option. Thus, it is not included in the table above.

Regardless of the type of prescription drug (pain medications, sedatives/anxiety medications, stimulant medications, sleeping medications), most respondents indicated they got the drug from a friend or relative for free. With the exception of sleeping medications, the second largest source of prescription drugs were bought from a friend or relative. The young adults in our sample were most commonly obtaining prescription drugs without a prescription through friends and relatives. The type of prescription drugs that are most often taken from a friend or relative without asking are pain medications and sedatives/anxiety medications. The type of prescription drugs that are most often purchased from a drug dealer or other stranger are stimulants. In addition, those who were prescribed these medications were asked to indicate if they had used it at a higher dose or with a different reason than it was prescribed. The results are shown below in **Table 10**.

Table 10. Use of Prescription Drugs With a Prescription at Higher Doses or for Different Reasons Over the Past 12 Months								
	Pain Medications (e.g. OxyContin, Vicodin, Tylenol 3 with Codeine, Percocet, Hydrocodone)		**Sedatives/ Anxiety Medications** (e.g. Xanax, Valium)		**Stimulant Medications** (e.g. Ritalin, Adderall, Concerta, Dexedrine)		**Sleeping Medications** (e.g. Ambien, Halcion, Triazolam)	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Yes	79	6%	48	4%	32	3%	17	1%
No	1,164	93%	1,196	95%	1,211	96%	1,225	97%
Can't say, drug unfamiliar	18	1%	14	1%	14	1%	16	1%

As Table 10 indicates, the majority of young adults are not prescribed these types of medications or they are not using their prescriptions at higher doses or for reasons other than the intended purpose of the medication. The type of prescriptions most abused by respondents are pain medications (6%), followed by sedatives/anxiety medications (4%), stimulant medications (3%), and sleeping medications (1%).

Overall, 17% of young adults reported using prescription drugs without a prescription or at a higher dosage or different reason than prescribed. For young adults who obtained prescription drugs without a prescription, they most often did so through a friend or relative. The most commonly misused categories of prescription medications varied by whether respondents had a prescription or not. For respondents without a prescription, the most abused category of prescription drugs was stimulant medications, followed by pain medications. For respondents with a prescription, the most abused category of prescription drugs was pain medications, followed by sedatives/anxiety medications.

Heroin

For heroin, respondents were asked if they had used any form of heroin, even once, within the past 12 months. Only 1% of 1,262 respondents reported they used heroin, while 99% indicated they did *not* use heroin. Of the 13 respondents who indicated using heroin in the past 12 months, most also reported non-medical use of prescription drugs. Nine respondents reported using a prescription drug without a prescription and 8 respondents reported using a prescribed medication at a higher dose or for a different reason than it was prescribed.

Reasons for Alcohol & Marijuana Use

Respondents who used alcohol or marijuana were asked about the reasons they used these substances. For alcohol, respondents were provided with 16 possible options, shown below in **Figure 3**. While for marijuana, respondents were provided with 14 possible options, shown in **Figure 4**.
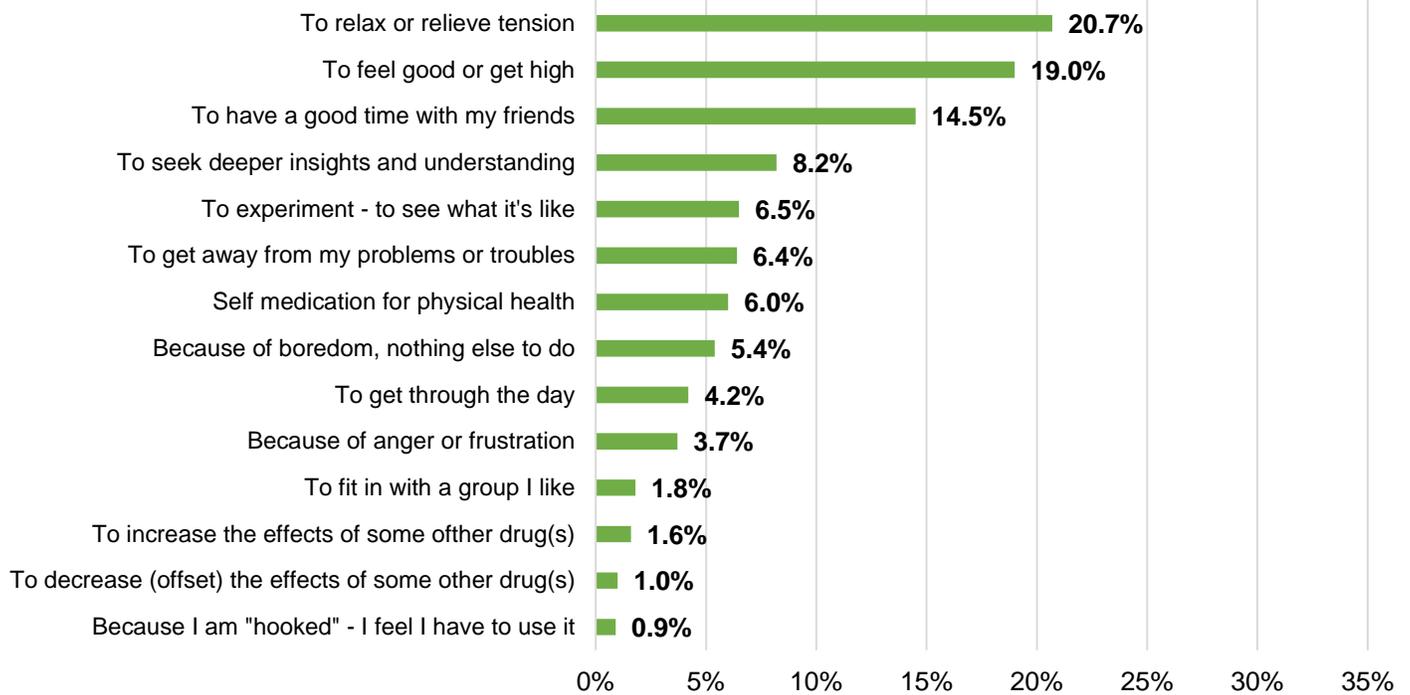
Figure 3. Reasons for Alcohol Use
(N=2,310 *multiple responses per individual*)

Reason	Percentage
To have a good time with my friends	30.7%
To relax or relieve tension	18.7%
Because it tastes good	15.2%
To feel good or get high	8.4%
To get away from my problems or troubles	5.5%
To experiment - to see what it's like	5.0%
Because of boredom, nothing else to do	4.9%
To get to sleep	3.1%
Because of anger or frustration	2.3%
To fit in with a group I like	2.3%
To seek deeper insights and understanding	1.2%
To get through the day	1.1%
To increase the effects of some other drug(s)	0.9%
Self medication for physical health	0.4%
Because I am "hooked" - I feel I have to drink	0.2%
To decrease (offset) the effects of some other drug(s)	0.1%

By far, the most common reason for using alcohol among respondents was "to have a good time with my friends." The second most common response was "to relax or relieve tension" (given half as often as the number one response), followed closely by "because it tastes good." On the opposite end, the least common responses, making up less than 1% in combination, were "self-medication for physical health," "because I am 'hooked' – I feel I have to drink," and "to decrease (offset) the effects of some other drug(s)." Results given as the reasons for marijuana use are shown in **Figure 4**, below.

Figure 4. Reasons for Marijuana and/or Hashish Use
(N=1,104*multiple responses per individual*)

Reason	Percentage
To relax or relieve tension	20.7%
To feel good or get high	19.0%
To have a good time with my friends	14.5%
To seek deeper insights and understanding	8.2%
To experiment - to see what it's like	6.5%
To get away from my problems or troubles	6.4%
Self medication for physical health	6.0%
Because of boredom, nothing else to do	5.4%
To get through the day	4.2%
Because of anger or frustration	3.7%
To fit in with a group I like	1.8%
To increase the effects of some other drug(s)	1.6%
To decrease (offset) the effects of some other drug(s)	1.0%
Because I am "hooked" - I feel I have to use it	0.9%

For marijuana, the three most frequently reported reasons, in order, were: "to relax or relieve tension," "to feel good or get high," and "to have a good time with my friends." The least common responses included "because I am 'hooked' – I feel I have to use it," "to decrease (offset) the effects of some other drug(s)," "to increase the effects of some other drug(s)," and "to fit in with a group I like."

Both alcohol and marijuana responses reflect young adults are using these substances for: release of tension, to have a good time with friends, and to feel good or get high. In each category those responses were rated in the top four reasons why young adults are using alcohol and marijuana.

Conclusion & Implications

The survey yielded some interesting results. From a methodological standpoint, we were able to reach a good number of young adults through social media. The survey will be revised slightly, based on the results, and will be launched again in an effort to get additional data on this hard-to-reach population. Additional partners will be recruited, including outreach to college and universities, in an effort to reach greater numbers of respondents. While the sample is small and not generalizable, it does provide good, local data that we otherwise lack. The data will continue to be shared across the State to use as a planning tool for prevention and treatment efforts.

The survey found that alcohol continues to be the prevalent drug of choice among young adults, which is not surprising since the Centers for Disease Control and Prevention reports the level of binge drinking among 18-25 year olds is about 28%. However, the level was significant higher in this sample with 70% reporting binge drinking in the past 30 days. Binge drinking in national data sets is known to be higher among college versus non-college attending young adults, and also higher among those with higher family incomes. As we gather more data we will explore this point. This data will be shared with the Fostering Success Michigan Higher Education Consortium in hopes they can use it to improve programming around binge drinking.

Within this sample, the perception of risk for marijuana was low. Data generally confirms that as perceptions of risk about marijuana decline, use of marijuana increases. Data from the National Institute on Drug Abuse shows marijuana use in this age group is increasing. Our state sample shows that 29% say they used marijuana in the past 30 days. Only 4% of the sample affirms they have a medical marijuana card, so the use is still mainly illicit. A higher number of young adults admit to driving after using marijuana; which can have dangerous consequences. While policy in this area is rapidly evolving, strategies to mitigate harmful consequences should be a high priority. The Michigan State Police has recently obtained data on marijuana involved crashes, this data has been shared and should be used in additional to this report. For young adults, marijuana use can have lasting consequences due to potential for impaired brain development. Despite its perception as a "safe" drug, evidence shows otherwise.

State and national data underscore that opioid usage is at a record high and continuing to grow. This young adult sample shows 3 - 9% use rates in the past year for various prescription drugs without a prescription. While low, these numbers are higher than what we have seen in high school use rates taken from the Michigan Profile for Healthy Youth (MiPHY; 3-4% for 2016). The National Survey on Drug Use and Health rates for prescription drug use were around 4% in 2014. The study's sample found usage rates for pain relievers (7%) and stimulants (9%). This is a troubling sign in a young population and could signal a continuation of the current opioid crisis. Prevention and treatment efforts that are tailored to this population at this specific stage could go a long way to slowing the opioid crisis.