

# 1

## COMPARATIVE EPIDEMIOLOGY OF DEPENDENCE ON TOBACCO, ALCOHOL, CONTROLLED SUBSTANCES, AND INHALANTS: BASIC FINDINGS FROM THE NATIONAL COMORBIDITY SURVEY

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The aim of this article is to report basic descriptive findings from new research on the epidemiology of drug dependence syndromes, conducted as part of the National Comorbidity Survey (NCS). In this study, our research team secured a nationally representative sample and applied standardized diagnostic assessments in a way that allows direct comparisons across prev-

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Reprinted from *Experimental and Clinical Psychopharmacology*, 2, 244–268. (1994).

The National Comorbidity Survey (NCS) is a collaborative epidemiologic investigation of the prevalence, causes, and consequences of psychiatric morbidity and comorbidity in the United States. The NCS is supported by U.S. Public Health Service Grants MH 46376 and MH 49098 with supplemental support from the National Institute on Drug Abuse and W. T. Grant Foundation Grant 90135190.

Preparation of this article was supported by the National Institute on Drug Abuse Addiction Research Center. We acknowledge H. Chilcoat for valuable research assistance.

alence estimates and correlates of tobacco dependence, alcohol dependence, and dependence on other psychoactive drugs (Kessler et al., 1994).

For this overview of the survey's findings, a primary goal has been to answer two basic epidemiologic questions about drug dependence involving tobacco, alcohol, controlled drugs such as cocaine, and inhalants: First, in the population under study, what proportion of persons now qualifies as a currently active or former case of drug dependence? Second, where are the affected cases more likely to be found within the sociodemographic structure of the study population?

In addition, population estimates presented in this article shed light on the epidemiology of dependence on tobacco, alcohol, and the following individual drugs and drug groups: cannabis; heroin; cocaine; psychostimulants other than cocaine; analgesic drugs; a drug group consisting of anxiolytic, sedative, and hypnotic drugs; psychedelic drugs; and inhalant drugs. The following population estimates are presented for each of these listed drugs, including tobacco and alcohol: (a) lifetime prevalence of drug dependence, evaluated in relation to criteria published in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* (DSM-III-R; American Psychiatric Association, 1987); (b) lifetime prevalence of extramedical drug use, defined to encompass illicit drug use as well as patients taking prescribed medicines to get high, taking more than was prescribed, or taking medicines for other reasons not intended by the doctor; and (c) the proportion of extramedical users who had become drug dependent.

Using estimates such as these, we seek to describe the broad population experience with forms of psychoactive drug use that generally occur without scrutiny or control by prescribers, pharmacists, or other health practitioners. Although conceding many reasons people might deny or underreport their illicit drug use or drug problems, we draw attention to how often illicit drug use and symptoms of drug use disorders are acknowledged in survey research of this type. For example, on the basis of confidential interviews conducted for the Epidemiologic Catchment Area (ECA) survey more than 10 years ago, we found that one in three adult Americans (30.5%) reported a history of recent or past illicit drug use. On the basis of self-report alone, 20% of these illicit drug users had a history of dependence on controlled substances or a related drug disorder. Not counting tobacco dependence, about one in six adult Americans (17%) met diagnostic criteria for either an alcohol or drug disorder, or both (Anthony & Helzer, 1991). These are substantial estimates that convey the public health significance of drug use and drug dependence in the United States, and they are far too large to be due to the type of exaggeration and overreporting sometimes found in surveys of drug use in early adolescence (Johnston, O'Malley, & Bachman, 1992). If a correction could be made for underreporting, these substantial estimates would be even larger.