

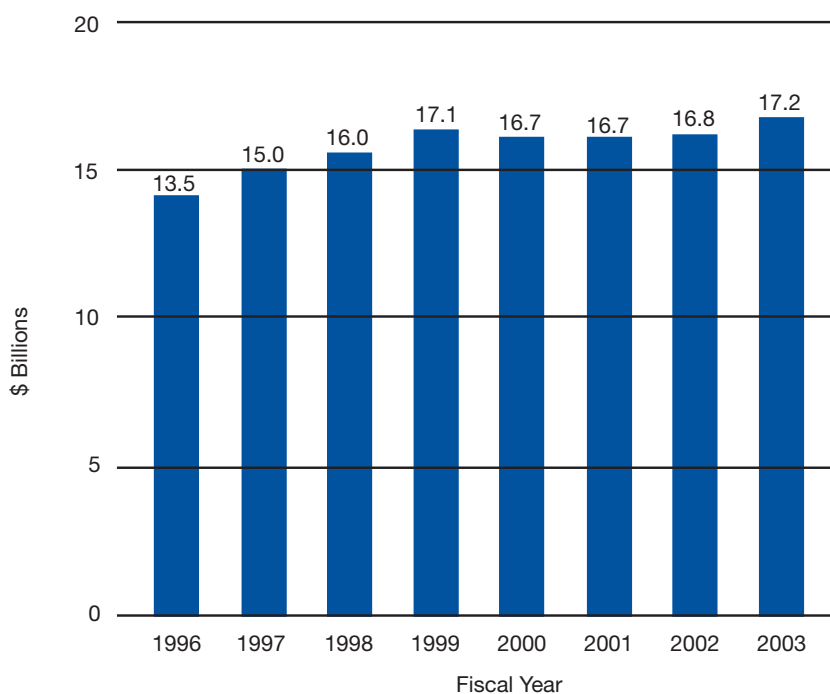
V: Supporting the Ten-Year Strategy: The National Drug Control Budget, FY 1999-FY 2003

The FY 1999-FY 2003 National Drug Control Budget supports the five goals and thirty-two objectives of the National Drug Control Strategy and is structured to make progress towards the performance targets outlined in the national drug control Performance Measures of Effectiveness (PME) system.* In total, funding recommended for FY

1999 is \$17.1 billion, an increase of \$1.1 billion (6.8 percent) over the FY 1998 enacted level. A summary of drug-control spending for FY 1996 through FY 2003 is presented in Figure 5-1.

* "Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy" a companion to the 1998 National Drug Control Strategy.

Figure 5-1: The National Drug Control Budget



Spending by Department

Proposed funding by department for FY 1999 to FY 2003 is displayed in Table 1. Over the five-year planning period, additional resources for supply-reduction programs in the Departments of Justice, Treasury, Transportation, State, and Defense will support security along the southwest border; additional efforts in the Andean Ridge region, Mexico, and the Caribbean; and enforcement operations targeting domestic sources of illegal drugs. Demand-reduction efforts by the Departments of Health and Human Services and Education will support programs to increase public drug treatment, provide basic research on drug abuse, and initiate prevention efforts aimed at school children.

The following increases in drug-control funding are included in the President's FY 1999 budget:

- **Defense:** The FY 1999 budget for the Department of Defense (DoD) would increase by a net of \$35.1 million from the FY 1998 enacted level. The total FY 1999 DoD drug budget includes an increase of \$75.4 million to support counterdrug activities in the Andean Ridge region (\$60.8 million), operations in the Caribbean (\$8.5 million), training of Mexican counterdrug forces (\$4.0 million), and a transfer of funds for air reconnaissance missions (\$2.1 million). The request also includes an additional \$15 million for the National Guard.
- **Education:** School Drug-Prevention Coordinators (\$50 million)—This initiative will fund about 1,300 paid drug-prevention coordinators. Each coordinator will develop and direct drug-prevention programs in five middle schools. In total, this initiative will provide prevention services for 6,500 middle schools.

Table 5-1: Drug Spending by Department (\$ Millions)

DEPARTMENT	FY 98	FY 99	PLANNING LEVEL				% CHANGE 98-03
	ENACTED	REQUEST	FY 00	FY 01	FY 02	FY 03	
Defense	\$ 847.7	\$ 882.8	\$ 870.0	\$ 886.1	\$ 896.2	\$ 911.8	+8%
Education	685.3	739.7	741.7	743.9	746.1	748.5	+9%
HHS	2,522.5	2,812.9	2,812.9	2,812.9	2,812.9	2,812.9	+12%
Justice	7,260.5	7,670.0	7,317.3	7,234.8	7,242.5	7,443.5	+3%
ONDCP	428.2	449.4	449.4	449.4	449.4	449.4	+5%
State	211.5	256.5	263.5	270.5	278.5	286.5	+35%
Transportation	455.0	515.2	528.9	514.9	514.9	514.9	+13%
Treasury	1,327.9	1,388.1	1,317.0	1,322.9	1,337.2	1,359.2	+2%
Veterans Affairs	1,097.2	1,139.1	1,183.1	1,226.9	1,275.3	1,375.7	+25%
All Other	<u>1,141.6</u>	<u>1,215.9</u>	<u>1,217.0</u>	<u>1,236.4</u>	<u>1,258.2</u>	<u>1,280.7</u>	<u>+12%</u>
TOTAL	\$15,977.4	\$17,069.8	\$16,700.9	\$16,698.8	\$16,811.3	\$17,183.2	+8%

- **Health and Human Services:**

SAMHSA—A top priority in this budget is the federal government's efforts to mobilize resources to increase substance-abuse treatment services nationwide. SAMHSA's \$200 million (\$143 million drug-related) increase in budget authority for the Substance Abuse Prevention and Treatment Performance Partnership Grant will support efforts to close the treatment gap.

FDA & CDC—Youth Tobacco Initiative (\$146 million)—In FY 1999, this initiative provides an additional \$100 million for the Food and Drug Administration (FDA) and \$46 million for the Centers for Disease Control and Prevention. This program will target cigarette smoking by underage youth, which has been identified as a gateway behavior for drug use. As part of this effort, FDA will expand its enforcement activities and CDC will conduct further research on the health risks of nicotine, additives, and other potentially toxic compounds in tobacco.

NIH—Drug and Underage Alcohol Research (\$51 million)—This initiative will allow NIH (NIDA and NIAAA) to expand research on drug and underage alcohol use. Research on underage alcohol and drug addiction among children and adolescents, as well as chronic drug users, will enhance prevention and treatment program effectiveness.

- **Justice:**

DEA—Methamphetamine Initiative (\$24.5 million) —This initiative provides DEA with 223 positions, including one hundred special agents, to address the growth of methamphetamine trafficking, production, and abuse across the United States. New funding for DEA in FY 1999 also includes a Heroin Initiative (\$14.9 million). This program combats heroin trafficking, production, and distribution networks operating in the United States and increases U.S. investigative presence in countries involved in the trafficking of drugs from Southeast and Southwest Asia. This enhancement includes 155 positions, including one hundred special agents.

Office of Justice Programs (OJP)—Drug Intervention Program (\$85 million)—This new program seeks to break the cycle of drug abuse and violence by assisting state and local governments, state and local courts, and Native American tribal governments to develop and implement drug testing, treatment, and graduated sanctions for drug offenders. Because considerable drug use has been documented among people within the criminal-justice system, this program will provide guidance and resources to help eligible jurisdictions institute policies that support treatment for drug offenders.

Border Patrol (\$163.2 million, \$24.5 million drug-related)—This enhancement includes one thousand new Border Patrol agents, primarily for the southwest border. These new resources will continue expansion of the Border Patrol's strategy of "prevention through deterrence" along the southwest border. Also included is funding to continue deployment of the Integrated Surveillance Intelligence System and Remote Video Surveillance (ISIS/RVS) equipment. ISIS/RVS will enable the Border Patrol to allocate agents more efficiently based on current information regarding illegal alien traffic. Funding is also included to erect and maintain border barriers and expand infrastructure that will improve enforcement between ports-of-entry.

- **ONDCP: Special Forfeiture Fund** (\$34 million)—The net increase for FY 1999 includes \$10 million for a Hardcore Users Study, which will generate national estimates of the size and composition of this population. A pilot project for this research, conducted in FY 1997 in Cook County, Illinois, concluded that hardcore users are significantly under-counted in current surveys. FY 1999 funding for the Special Forfeiture Fund includes \$20 million for grants that continue implementation of the Drug-Free Communities Act of 1997. This figure is an increase of \$10 million over FY 1998.

- **State: International Country Support** (\$45 million)—Included in this increase are funds to build on FY 1998 support for Andean

Ridge nations involved in interdiction and counterdrug law-enforcement operations. This effort will expand crop eradication and alternative-development programs to reduce illicit coca cultivation.

- **Transportation:** U.S. Coast Guard (\$35.7 million)—Most of the drug-related increase (\$32.8 million) requested in FY 1999 will provide for capital improvements to enhance the Coast Guard's interdiction capabilities, particularly in the Caribbean. The FY 1999 request includes funding for improved sensors on C-130 aircraft, additional coastal patrol craft, and expansion of the Coast Guard's deep water assets.
- **Treasury:** U.S. Customs Service (\$66.4 million)—Customs' FY 1999 request includes a total increase of \$66.4 million for counterdrug operations. Of this total, \$54.0 million is requested for non-intrusive inspection tech-

nologies. The request supports two seaport X-ray systems as well as \$41.0 million for non-intrusive inspection systems like mobile and fixed-site X-ray systems for land border ports-of-entry along the southwest border.

Spending by Strategy Goal

Funding by *Strategy* goal is summarized in Figure 2 and the accompanying table. Over the five-year planning period, funding priorities include resources to reduce drug use by young people (Goal 1), make treatment available to chronic users (Goal 3), interdict the flow of drugs at our borders (Goal 4), and target sources of illegal drugs and crime associated with criminal enterprises (Goals 2 and 5). By FY 2003, funding for Goal 1 will be \$2.0 billion, an increase of 14 percent over FY 1998 and nearly \$4 billion for goal 3, an increase of 14 percent. Further, multi-

Figure 5-2: Drug Funding by Goal, FY 1999

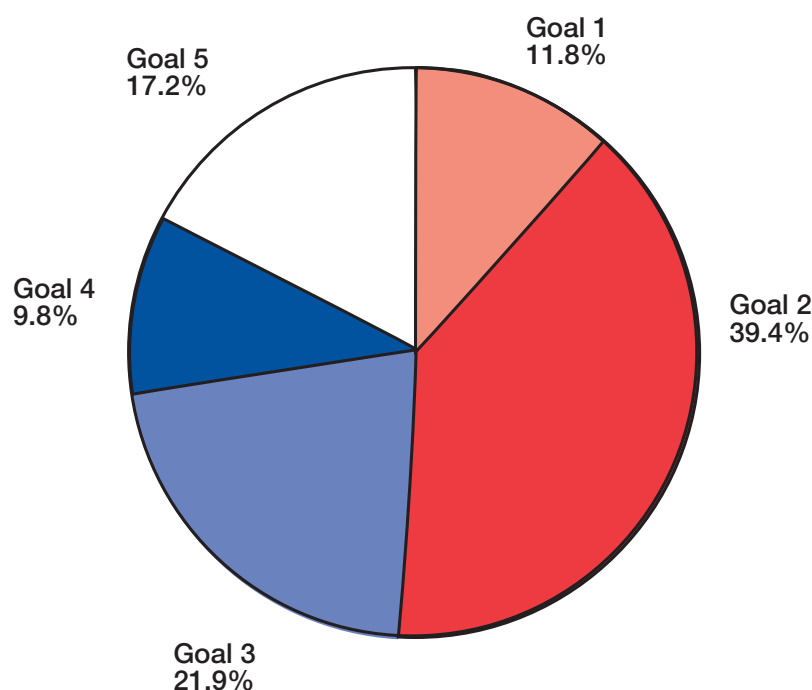


Table 5-2: Drug Funding by Goal (\$ Millions)

Goal	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03	% Change 98-03
1. Reduce Youth Drug Use	\$1,760.0	\$2,016.0	\$2,005.2	\$2,007.4	\$2,009.7	\$2,012.0	+14%
2. Reduce Drug- Related Crime	6,522.3	6,724.1	6,327.0	6,270.5	6,334.2	6,559.4	+1%**
3. Reduce Consequences	3,486.9	3,732.0	3,781.1	3,822.6	3,874.2	3,979.8	+14%
4. Shield Air, Land & Sea Frontiers	1,527.3	1,669.3	1,666.2	1,661.9	1,671.8	1,692.0	+11%
5. Reduce Sources of Supply	2,681.0	2,928.4	2,921.5	2,936.3	2,921.4	2,940.0	+10%
Total	\$15,977.4	\$17,069.8	\$16,700.9	\$16,698.8	\$16,811.3	\$17,183.2	+8%

** Most of the change in this Goal from the FY 1999 level is associated with the reduction in FY 2000 and the subsequent expiration in FY 2001 of Community Oriented Policing Services (COPS). For FY 1999, the drug-related portion of the COPS program is \$468.6 million.

agency efforts, which target ports-of-entry and the southwest border, will expand funding for Goal 4 to \$1.7 billion by FY 2003, an increase of 11 percent. Funding for Goal 2 will be \$6.6 billion by FY 2003. Resources devoted to Goal 5 will reach \$2.9 billion by FY 2003, an increase of 10 percent.

- Port and Border Security Initiative
- Andean Coca Reduction
- Caribbean Violent Crime and Regional Interdiction
- Mexican Initiative

Federal Funding Priorities: FY 1999–FY 2003

The *Strategy* is supported by a five-year budget from FY 1999 through FY 2003. The federal budget covers the following programs, which will remain priorities for funding throughout this planning period. Through at least FY 2003, funding for these programs will be emphasized through ONDCP's drug-budget certification authorities.

- National Youth Anti-Drug Media Campaign
- School Drug-Prevention Coordinators
- Close the Public System Treatment Gap

VI: Consultation

The Anti-Drug Abuse Act of 1988 requires the Office of National Drug Control Policy (ONDCP) to consult a wide array of experts and officials while developing the National Drug Control Strategy.

ONDCP fully met this congressional requirement in 1997 by consulting with Congress, heads of federal drug-control agencies, state and local officials, medical experts, law-enforcement officials, academics, researchers, scientists, business leaders, civic organizations, community leaders, and private citizens.

Consultation with Congress

ONDCP representatives appeared before numerous congressional committees in 1997. Hearings addressed drug-control priorities, the federal drug-control budget, drug abuse prevention and treatment, counterdrug cooperation in the Western Hemisphere, interdiction of illegal drugs, and drug legalization. ONDCP also participated in congressional field hearings. The views of senators, representatives, and supporting staff were solicited by ONDCP.

Consultation with Federal Drug-Control Agencies

Agencies charged with overseeing drug prevention, education, treatment, law enforcement, corrections, and interdiction contributed to the 1998 Strategy. Input from fifty-two federal agencies was used to establish goals and objectives; develop performance measures; and formulate budgets, initiatives, and programs.

Consultation with State Leaders

ONDCP requested suggestions from governors of all states as well as American Samoa, Puerto Rico, and the U.S. Virgin Islands. State drug-control

agencies also provided input for the 1998 Strategy in the areas of prevention, treatment, and law enforcement. ONDCP worked closely with state-based organizations like the National Governors' Association to coordinate programs and initiatives.

Consultation with Local Leaders

Perspectives were solicited from every mayor of a city with at least 100,000 people and from key county executives. Additionally, local prevention experts, treatment providers, and law-enforcement officials were asked to provide "street-level" views of the drug problem along with potential solutions. ONDCP also worked with the U.S. Conference of Mayors as it developed a National Action Plan to Control Drugs.

Consultation with the Private Sector

ONDCP gathered opinions from community anti-drug coalitions, chambers of commerce, editorial boards, non-governmental organizations, and religious institutions. A list of private sector groups from which views were considered during formulation of the 1998 Strategy is provided at the end of this chapter.

Publications

ONDCP publishes periodic reports, assessments, and studies to inform the public about the drug threat and plans to counter it. Samples of these publications are described below:

National Drug Control Strategy: Budget Summary contains detailed drug-control budget data by agency, function, and goal. This volume is released as part of the *National Drug Control Strategy*.

Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy, released in conjunction with the 1998 Strategy, presents the performance measurement system that will orient drug-control efforts for the next ten years.

U.S.-Mexico Binational Drug Threat Assessment was the first joint appraisal by Mexico and the United States of the drug problem. The document analyzes drug consumption and demand, drug production and trafficking, and drug-related crimes.

Pulse Check is a biannual report providing information on chronic drug use and illegal drug markets in selected cities. Data is supplied by police, ethnographers, and treatment providers.

What America's Users Spend on Illegal Drugs estimates the amount of money Americans devote to cocaine, heroin, and marijuana each year.

Responding to Drug Use and Violence: Helping People, Families, and Communities; A Directory and Resource Guide to Public and Private-Sector Drug Control Grants lists federal funds available in the area of drug control. The directory describes the purpose of the grants, the amount of money available, eligibility requirements, and application processes. Information is also provided on some private-sector grants.

These publications and other reference materials can be viewed on the ONDCP Web site (www.whitehousedrugpolicy.gov). ONDCP policy statements, speeches, editorials, and congressional testimony are also maintained at this site. The ONDCP Web site is visited by more than ten thousand people per month.

ONDCP also informs the public of drug-policy issues through an extensive media and outreach program. In 1997, more than two hundred television and radio interviews were conducted across the United States. Detailed briefings were provided to editorial boards of twenty-one newspapers and magazines. Spanish-language materials were produced for domestic and Latin American organizations. Op-eds, journal articles, and published speeches were placed in major publications.

The ONDCP Drug Policy Information Clearinghouse is another source of information. It performs customized bibliographic searches, advises the public on data availability and maintains the ONDCP Web site and a public reading room. The Clearinghouse is staffed by drug-policy information specialists. The toll-free number is 1-800-666-3332.

Conferences and Meetings

ONDCP convened or participated in the following gatherings to coordinate drug-control efforts, evaluate trends, and consult with experts.

President's Drug Policy Council: This cabinet-level organization met in March of 1997 to discuss the National Drug Control Strategy. Members of the council include heads of drug-control program agencies and presidential assistants.

High Intensity Drug Trafficking Area (HIDTA) Conference: Representatives of all seventeen HIDTAs and law-enforcement experts met in Washington, D.C., in December 1997 to consider regional responses to the drug problem and improve coordination among regional law enforcement.

U.S./Mexico High Level Contact Group on Drug Control: Created in March 1996, this group met during President Clinton's visit to Mexico in May 1997 and in Washington, D.C., in October. It developed a binational drug-control strategy that was released on February 6, 1998.

National Methamphetamine Conference: Scientists, treatment providers, prevention experts, law-enforcement officials, and federal, state, and local government officials assembled in Omaha, Nebraska, in May 1997 to assess the federal and regional response to the methamphetamine problem. Conference proceedings can be viewed at www.whitehousedrugpolicy.gov.

U.S. Conference of Mayors National Forum on Drug Control: Washington, D.C., May 1997. The meeting focused on urban drug problems and resulted in the U.S. Conference of Mayors National Plan to Control Drugs. Participants included mayors, police chiefs, and prosecutors.

The J-3/USIC Quarterly Counterdrug Conferences: Held in Washington, D.C., these meetings provide a bridge between field operations and policy development in Washington. The meetings are a forum for high-level interagency discussions of international drug-interdiction programs.

Southwest Border Trip: In August 1997, ONDCP led a delegation of federal officials on a fact-finding trip along the Southwest border. The group met with state and local officials in each border state to hear perspectives on the drug threat and discuss cooperative efforts with Mexican officials in the border cities of Ciudad Juarez, Nuevo Laredo, Nogales, and Tijuana.

Prevention Through Service Summit: Held in Washington, D.C., May 1997, this summit was attended by representatives of forty-five national civic, service, and fraternal organizations.

Multilateral Counterdrug Cooperation Conference: Held in Washington, D.C., November 1997, this conference considered a hemispheric alliance to address all aspects of the drug issue. Conference participants outlined the next steps in cooperation on drugs, including U.S. support for international demand-reduction efforts.

National Institutes of Health (NIH) Panel on Possible Medical Uses of Marijuana: Held in Washington, D.C., February 1997, this panel of experts was convened to review scientific data on potential therapeutic uses for marijuana and the need for additional research.

National Institute on Drug Abuse (NIDA) Conference on Heroin Use and Addiction: Convened in Washington, D.C., in September 1997, this conference assembled physicians, treatment providers, and drug-policy experts from across the country to share research findings related to heroin abuse.

National Institute on Drug Abuse (NIDA) and National Institute of Justice (NIJ) Conference on the Crack Decade: Research Perspectives and Lessons Learned: Held in Baltimore, Maryland, in November 1997, this conference examined the

historical context of crack cocaine as well as the national response to it. The conference also explored the need for research to inform public health and welfare policies and state and local law-enforcement issues.

Non-Governmental Organizations

Views of the following organizations were considered during formulation of the 1998 Strategy:

100 Black Men of America, Inc.
 Addiction Research and Treatment Corporation
 Ad Council
 AFL-CIO
 African American Parents for Drug Prevention
 Alcohol and Drug Problems Association of North America
 Alcohol Policy Coalition
 Alcohol Policy Foundation
 Alcoholics Anonymous World Services
 American Academy of Addiction Psychiatry
 American Academy of Family Physicians
 American Academy of Healthcare Providers in the Addictive Disorders
 American Academy of Nurse Practitioners
 American Academy of Pediatrics
 American Academy of Physician Assistants
 American Association of Halfway House Alcoholism Programs
 American Association of Health Plans
 American Association of Pastoral Counselors
 American Association of Preferred Provider Organizations
 American Association of School Administrators
 American Association of University Women
 American Bar Association
 American College of Emergency Physicians
 American College of Nurse Practitioners
 American College of Physicians
 American College of Preventive Medicine
 American Correctional Association
 American Council for Drug Education
 American Counseling Association
 American Enterprise Institute
 American Federation of Government Employees
 American Federation of State, County and Municipal Employees
 American Federation of Teachers
 American Friends Service Committee
 American Legion
 American Managed Behavioral Healthcare Association
 American Management Association
 American Medical Association
 American Medical Student Association
 American Medical Women's Association
 American Methadone Treatment Association, Inc.
 American Nurses Association
 American Occupational Therapy Association
 American Pharmaceutical Association
 American Physical Therapy Association
 American Psychiatric Association
 American Psychological Association
 American Public Health Association
 American Public Welfare Association
 American Red Cross
 American School Counselors Association
 American Society of Addiction Medicine
 American Speech/Language/Hearing Association
 American Youth Work Center
 Amnesty International
 AMVETS
 Annenberg School of Communications
 Asian Community Mental Health Services
 ASPIRA
 Association for Hospital Medical Education
 Association for Medical Education and Research in Substance Abuse
 Association for Worksite Health Promotion
 Association of Academic Health Centers
 Association of Junior Leagues
 Association of State Correctional Administrators
 Atlantic Council
 BACCHUS and GAMMA Peer Education
 Benevolent and Protective Order of Elks
 Bensinger DuPont & Associates
 Big Brothers Big Sisters of America
 Bodega de la Familia (New York City)
 Boy Scouts of America
 Boys and Girls Clubs of America
 Brookings Institute
 Business Roundtable
 B'nai B'rith International
 B'nai B'rith Youth
 California Association of Alcoholism and Drug Abuse Counselors
 California Narcotics Officers Association
 California School Boards Association
 Camp Fire Boys and Girls
 Carter Center
 Catholic Charities U.S.A.
 Center for Alcohol and Drug Research Education
 Center for Health Promotion
 Center for Media Education, Inc.
 Center for Media Literacy
 Center for Medical Fellowships in Alcoholism and Drug Abuse
 Center for Science in the Public Interest
 Center on Addiction and Substance Abuse of Columbia University (CASA)
 Chicago Project for Violence Prevention
 Child Welfare League of America, Inc.
 Children's Defense Fund
 Christian Life Commission
 Church Women United
 Cities in Schools
 Civitan International
 Club Hero
 College on Problems of Drug Dependence
 Community Anti-Drug Coalitions of America
 Congress of National Black Churches
 Congressional Youth Leadership Council
 Corporate Alliance for Drug Education
 Corporations Against Drug Abuse

Council of State Governments	Jeremiah Project
Council on Foreign Relations	Johns Hopkins University School of Medicine
D.A.R.E. America	Johnson Institute Foundation
Delancey Street Foundation	Join Together
Drug Strategies	Junior Achievement of the National Capital Area, Inc.
Drug Watch International	Junior Chamber International, Inc.
Drugs Don't Work	"Just Say No" International
Educational Video Center	Kaiser Family Foundation
Emergency Nurses Association	Kiwanis International
Employee Assistance Professionals Association	Knights of Columbus
Employee Assistance Society of North America	Latino Council on Alcohol and Tobacco
Employee Health Programs	Lawyer's Committee for Human Rights
Empower America	League of United Latin American Citizens
Entertainment Industries Council, Inc.	Legal Action Center
FAM Watch	Life Steps Foundation, Inc.
Families and Schools Together	Lindesmith Center
Families U.S.A. Foundation	Lions Club International
Family Research Council	Little League Foundation
Federal Law Enforcement Officers Association	Los Alamos Citizens Against Substance Abuse
Federation of American Scientists	Lutte Contra La Toxicomanie
Florida Alcohol and Drug Abuse Association, Inc.	LUZ Social Services
Florida Chamber of Commerce	Major City Chiefs Organization
Foster Grandparents Program	Maryland Underage Drinking Prevention Coalition
Fraternal Order of Eagles	Mediascope
Fraternal Order of Police	Metro-Richmond Coalition Against Drugs
Gaudenzia Program	Milton Eisenhower Foundation
Gateway Foundation	Moose International
General Federation of Women's Clubs	M.O.S.E.S. Coalition
Generations United	Mothers Against Drunk Driving (MADD)
George Meany Center for Labor Studies	Nar-Anon Family Groups
Georgia State University, Department of Psychology	Narcotics Anonymous
Girl Scouts of the U.S.A.	National Education Association
Girls, Incorporated	National 4-H Council
Greenville Family Partnership	National Academy of Public Administration
Hadassah	National Alliance for Model State Drug Laws
Haight-Ashbury Free Clinic	National Alliance of State Drug Enforcement Agencies
Harvard Inter-Disciplinary Working Group on Drugs and Addiction	National Alliance of State Territorial AIDS Directors
Harvard University School of Public Health	National Asian Pacific American Families Against Substance Abuse
Hazelden Foundation	National Asian Women's Health Organization
Heritage Foundation	National Assembly of Voluntary Health and Social Welfare Associations
Hispanic American Command Officers Association	National Association for Children of Alcoholics
Hispanic American Police Officers Association	National Association for Family and Community Education
Houston's Drug Free Business Initiative	National Association for Native American Children of Alcoholics
Human Rights Watch	National Association for the Advancement of Colored People
Illinois Drug Education Alliance	National Association of Addiction Treatment Providers
Independent Order of Odd Fellows	National Association of Alcoholism and Drug Abuse Counselors
Institute for Drug and Alcohol Prevention	National Association of Attorneys General
Institute for a Drug-Free Workplace	National Association of Black Narcotics Agents
Institute for the Study of the Americas	National Association of Blacks in Criminal Justice
Inter-American College of Physicians/Surgeons	National Association of Chain Drug Stores
International Association of Chiefs of Police	National Association of Chiefs of Police Organizations
International Association of Junior Leagues	National Association of Community Health Centers, Inc.
International Brotherhood of Police Officers	National Association of Counties
International Brotherhood of Teamsters	National Association of County and City Health Officials
International Certification and Reciprocity Consortium	
International City Managers Association	
International Drug Strategy Institute	

National Association of County Behavioral Health Directors	National Families in Action
National Association of Drug Court Professionals	National Family Partnership
National Association of Elementary School Principals	National Federation of Independent Businesses
National Association of Governor's Councils on Physical Fitness and Sports	National Federation of Parents for Drug-Free Youth
National Association of Managed Care Physicians	National Federation of State High School Associations
National Association of Manufacturers	National FFA Organization
National Association of Native American Children of Alcoholics	National Governors' Association
National Association of Neighborhoods	National Health Council
National Association of Police Organizations	National High School Athletic Coaches Association
National Association of Prenatal Addiction Research	National Hispanic/Latino Community Prevention Network
National Association of Prevention Professionals and Advocates, Inc.	National Hispanic Leadership Conference
National Association of Protection and Advocacy Systems	National Hispanic Radio
National Association of Psychiatric Health Systems	National Inhalant Prevention Coalition
National Association of Regional Councils	National Institute for Women of Color
National Association of School Nurses	National Jewish Community Relations Advisory Council
National Association of Secondary School Principals	National Latino Children's Institute
National Association of Social Workers	National League of Cities
National Association of State Alcohol and Drug Abuse Directors	National League of Counties
National Black Alcoholism and Addiction Council	National Legal Aid and Defender Association
National Black Caucus of Local Elected Officials	National Masonic Foundation for Children
National Black Caucus of State Legislators	National Medical Association
National Black Child Development Institute, Inc.	National Mental Health Association
National Caucus of Hispanic School Board Members	National Minority Health Association
National Center for Missing and Exploited Children	National Narcotics Officers Associations Coalition
National Center for State Courts	National Network of Runaway and Youth Services
National Center for Tobacco-Free Kids	National Nurses Society on Addiction
National Coalition for the Homeless	National Opinion Research Center
National Coalition of Hispanic Health and Human Services Organizations	National Organization of Black County Officials
National Committee for the Furtherance of Jewish Education	National Organization of Black Law Enforcement Executives
National Committee to Prevent Child Abuse	National Organization on Fetal Alcohol Syndrome
National Conference of Christians and Jews	National Panhellenic Conference
National Conference of Puerto Rican Women	National Parents and Teachers Association
National Conference of State Legislators	National Pharmaceutical Association
National Congress of Parents and Teachers	National Pharmaceutical Council, Inc.
National Consortium of TASC Programs	National Prevention Network
National Consumers League	National Puerto Rican Coalition
National Council for Community Behavioral Healthcare	National Recreation and Parks Association
National Council of Catholic Men	National Rural Health Association
National Council of Catholic Women	National School Boards Association
National Council of Churches	National Sheriffs Association
National Council of Jewish Women	National Stop the Violence Alliance
National Council of Juvenile and Family Court Judges	National Strategy Center
National Council of Negro Women	National Telemedia Council
National Council on Alcoholism and Drug Dependence	National Treatment Accountability for Safer Communities
National Council on Disability	National Treatment Consortium
National Council on Patient Information and Education	National Troopers Coalition
National Crime Prevention Council	National Urban Coalition
National Criminal Justice Association	National Wellness Association
National District Attorneys Association	National Wholesale Druggists Association
National Drug Prevention League	National Women's Health Resource Center
National Drug Strategy Network	Native American Outreach Project, America Society of Internal Medicine
National Education Association	Neighborhood Drug Crisis Center
National Exchange Club	New York Hospital Cornell Medical Center
	New York University Medical Center
	Nonprescription Drug Manufacturers Association
	Northwest Center for Health and Safety
	Odyssey House, Inc.

One Church - One Addict
 Operation PAR, Inc.
 Optimist International
 Organization of American States
 Organization of Chinese Americans, Inc.
 Orthodox Union
 Parents' Resource Institute for Drug Education, Inc. (PRIDE)
 Partners in Drug Abuse Rehabilitation Counseling
 Partnership for a Drug-Free America
 Patrician Movement
 Penn State University
 Pharmaceutical Research and Manufacturers of America
 Phoenix House
 Physicians for Prevention
 Pilot International
 Points of Light Foundation
 Police Executive Research Forum
 Police Foundation
 Presbyterian Women-Presbyterian Church USA
 Pretrial Services Resource Center
 Prevention, Intervention and Treatment Coalition for Health
 Public Agenda, Inc.
 Quota International
 RAND Corporation
 Recovery Network
 Religious Action Center
 Resource Center on Substance Abuse Prevention and Disability
 Rotary International
 Ruritan National
 Safe Streets
 San Francisco AIDS Foundation
 Scott Newman Center
 Sertoma International
 Siouxland Cares
 Soroptimist International of the Americas
 Southern Christian Leadership Conference
 State Justice Institute
 Student National Medical Association
 Students Against Destructive Decisions (SADD)
 Substance Abuse Foundation for Education and Research
 Substance Abuse Program Administrators Association
 Support Center for Alcohol and Drug Research and Education
 Temple University, Department of Pharmacology, College on Problems of Drug Dependence
 Texans' War on Drugs
 Texas A&M University - Department of Marketing
 The Business Council
 The Center for Drug Free Living, Inc.
 The Church of Jesus Christ of Latter-Day Saints
 The LINKS, Inc.
 The Matrix Institute on Addictions
 The North American Committee
 The Recovery Network
 The Robert Wood Johnson Foundation
 The Salvation Army
 The Village, Inc.
 Therapeutic Communities of America
 Travelers Aid International
 Treatment Accountability for Safer Communities
 Twentieth Century Fund
 U.S. Chamber of Commerce
 U.S. Conference of Mayors
 U.S. Hispanic Chamber of Commerce
 Union of American Hebrew Congregations
 United Church of Christ
 United Methodist Association of Health and Welfare
 United Methodist Church, Central Pennsylvania Conference
 United National Indian Tribal Youth, Inc.
 United States Catholic Conference
 United States Conference of Mayors
 United Synagogue of Conservative Judaism
 United Way of America
 University of California, Los Angeles
 Drug Abuse Research Group
 Graduate School of Management
 Neuropsychiatric Group
 University of Delaware, Division of Criminal Justice
 University of Kentucky
 Center for Prevention Research and
 Department of Communication
 University of Maryland, Center for Substance Abuse Research (CESAR)
 University of Michigan Survey Research Center
 University of Nebraska Medical Center
 University of North Carolina, Department of Curriculum and Instruction
 University of Pennsylvania
 Health System
 Treatment Research Center
 University of Southern California, Center for Prevention Policy Research
 University of Washington, College of Education and Alcohol and Drug Abuse Institute
 Urban Institute
 Urban League
 Veterans of Foreign Wars
 Virginia Association of Alcoholism and Drug Abuse Counselors
 Visiting Nurses Association of America
 Washington Business Group on Health
 Washington Office on Latin America
 Wellness Council of America
 World Affairs Council of San Diego
 World Affairs Council of Washington, D.C.
 Yale University School of Medicine
 Yerkes Regional Primate Research Center, Emory University
 YMCA of the USA
 Youth Crime Watch of America
 Youth Service America
 Youth to Youth
 YWCA of the USA
 Zeta Phi Beta, Inc.
 Zonta International

Appendix: Drug-Related Data

Up-to-date information on illegal-drug availability, prevalence, and criminal, health, and social consequences of their use is vital to the implementation of the National Drug Control Strategy. It is also important for measuring the effectiveness of federal, state, and local drug-control programs. The Office of National Drug Control Policy's (ONDCP) Advisory Committee on Research, Data, and Evaluation coordinates the development and analysis of drug-control information in support of the Strategy. The Violent Crime Control and Law Enforcement Act of 1994 extended ONDCP's reporting requirements to include the following areas:

- Assessing the reduction of drug use, including estimating drug prevalence and frequency of use, as measured by national, state, and local surveys and other special studies of the following:
 - High-risk populations, including those who drop out of school, homeless and transient people, arrestees, parolees, probationers, and juvenile delinquents; and
 - Drug use in the workplace, including productivity lost;
- Assessing the reduction of drug availability, as measured by the following:
 - The quantities of cocaine, heroin, and marijuana available for consumption in the United States;
 - The amount of cocaine and heroin entering the United States;
 - The number of hectares of poppy and coca cultivated and destroyed;
 - The number of metric tons of heroin and cocaine seized;
 - The number of cocaine-processing labs destroyed;
 - Changes in the price and purity of heroin and cocaine; and
 - The amount and type of controlled substances diverted from legitimate retail and wholesale sources;
- Assessing the reduction of the consequences of illicit drug use and availability, which include estimating the following:
 - Burdens that drug users place on hospital emergency rooms, such as quantity of drug-related services;
 - The annual national health care costs of illicit drug use, including costs associated with people becoming infected with HIV (human immunodeficiency virus) and other communicable diseases;
 - The extent of drug-related crime and criminal activity; and
 - The contribution of illicit drugs to the underground economy, as measured by the retail value of drugs sold in the United States;
- Determining the status of drug treatment in the United States by assessing the following:
 - Public and private treatment capacities within each state, including the number of drug

treatment slots available in relation to the number of slots actually used and the number of intravenous drug users and pregnant women;

- The extent within each state to which treatment is available to and in demand by intravenous drug users and pregnant women;
- The estimated number of drug users that could benefit from drug treatment; and
- The success of drug treatment programs, including assessing the effectiveness of the mechanisms in place federally and within each state to determine the relative quality of treatment programs, the qualifications of treatment personnel, and the mechanism by which patients are admitted to the most appropriate and cost-effective treatment setting.

The tables presented in this appendix contain the most current drug-related data on the areas the Crime Control Act require ONDCP to assess.

Data Source Descriptions

The following sections provide brief descriptions of the major data sources used to develop this appendix.

What America's Users Spend on Illegal Drugs: 1988-1995 (Source for Tables 1, 3, and 19)

This report estimates total U.S. expenditures on illicit drugs based on available drug supply and demand data. Data are provided on estimated numbers of users, yearly and weekly expenditures for drugs, trends in drug supply, and retail prices of drugs. The report was written for ONDCP by Abt Associates, Inc., in 1993 and was updated in 1995 and in 1997.

National Household Survey on Drug Abuse (Source for Table 2)

The National Household Survey on Drug Abuse (NHSDA) measures the prevalence of drug and

alcohol use among household members ages 12 and older. Topics include drug use, health, and demographics. In 1991 the NHSDA was expanded to include college students in dormitories, persons living in homeless shelters, and persons living on military bases. The NHSDA was administered by the National Institute on Drug Abuse (NIDA) from 1973 through 1991; the Substance Abuse and Mental Health Services Administration (SAMHSA) has administered the survey since 1992.

Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth (Source for Tables 4 and 5)

Often referred to as the "High School Senior Survey," the Monitoring the Future (MTF) study provides information on drug use trends as well as changes in values, behaviors, and lifestyle orientations of American youth. The study examines drug-related issues, including recency of drug use, perceived harmfulness of drugs, disapproval of drug use, and perceived availability of drugs. Although the focus of the MTF study has been high school seniors and graduates who complete follow-up surveys, 8th and 10th graders were added to the study sample in 1991. The study has been conducted under a grant from NIDA by the University of Michigan since 1975.

PRIDE USA Survey (Source for Table 6)

The National Parents' Resource Institute for Drug Education (PRIDE) conducts an annual survey of drug use by junior high and high school students. The PRIDE survey collects data from students in 6th through 12th grades and is conducted between September and June of a school year. Participating schools are sent the questionnaires with detailed instructions for administering the anonymous, self-report instrument. Schools participate on a voluntary basis or in compliance with a school or state request. The study conducted during the 1996-97 school year involved 156,609 students in twenty-eight states.

Drug Use Forecasting Program (Source for Tables 7 and 8)

The National Institute of Justice established the Drug Use Forecasting (DUF) program in 1987 to provide an objective assessment of the drug problem among those arrested and charged with crimes. On a quarterly basis, samples of arrestees in 24 cities across the United States are interviewed and asked to provide urine specimens that are tested for evidence of drug use. Urinalysis results can be matched to arrestee characteristics to help monitor trends in drug use. The sample size of the data set varies to some extent from site to site. Generally, each site collects quarterly data from 200 to 250 adult male arrestees, 100 to 150 female arrestees, 100 to 150 juvenile male arrestees (at 12 sites), and a smaller sample of female juvenile arrestees (at 8 sites). Together, the 1996 data comprised 19,835 adult male arrestees, 7,532 adult female arrestees, and a smaller sample of juvenile arrestees. The DUF system is expanding to more cities and will be known as the Arrestee Drug Abuse Monitoring (ADAM) program. Data on arrestees after 1996 will be provided by the ADAM program.

Current Population Survey (Source for Table 9)

As mandated by the U.S. Constitution, Article 1, Section 2, the U.S. Bureau of the Census has conducted a census every 10 years since 1790. The primary purpose of the Census is to provide population counts needed to apportion seats in the U.S. House of Representatives and subsequently determine state legislative district boundaries. The information collected also provides insight on population size and a broad range of demographic background information on the population living in each geographic area. The individual information in the Census is grouped together into statistical totals. Information such as the number of persons in a given area, their ages, educational background, and the characteristics of their housing enable government, business, and industry to plan more effectively.

Youth Risk Behavior Survey (Source for Table 10)

The Youth Risk Behavior Survey (YRBS) is a component of the Youth Risk Behavior Surveillance System (YRBSS), maintained by the Centers for Disease Control and Prevention. The YRBSS currently has the following three complementary components: (1) national school-based surveys, (2) state and local school-based surveys, and (3) a national household-based survey. Each of these components provides unique information about various subpopulations of adolescents in the United States. The school-based survey was initiated in 1990, and the household-based survey was conducted in 1992. The school-based survey is conducted biennially in odd-numbered years throughout the decade among national probability samples of 9th through 12th graders from public and private schools. Schools with a large proportion of black and Hispanic students are over sampled to provide stable estimates for these subgroups. The 1992 Youth Risk Behavior Supplement was administered to one in-school youth and up to two out-of-school youth in each family selected for the National Health Interview Survey. In 1992, 10,645 youth ages 12 to 21 were included in the YRBS sample. The purpose of the supplement was to provide information on a broader base of youth, including those not currently attending school, than usually is obtained with surveys and to obtain accurate information on the demographic characteristics of the household in which the youth reside.

The Monetary Value of Saving a High-Risk Youth (Source for Tables 11 and 12)

Based on estimates of the social costs associated with the typical career criminal, the typical drug user, and the typical high school dropout, this study calculates the average monetary value of saving a high-risk youth. The base data for establishing the estimates are derived from other studies and official crime data that provide information on numbers and types of crimes committed by career criminals, as well as the costs associated with these crimes and with drug abuse and dropping out of school.

Drug Abuse Warning Network (Source for Table 13)

The Drug Abuse Warning Network (DAWN) provides data on drug-related emergency department episodes and medical examiner cases. DAWN assists federal, state, and local drug policy makers to examine drug use patterns and trends and assess health hazards associated with drug abuse. Data are available on deaths and emergency department episodes by type of drug, reason for taking the drug, demographic characteristics of the user, and metropolitan area. NIDA maintained DAWN from 1982 through 1991; SAMHSA has maintained it since 1992.

Uniform Crime Reports (Source for Table 14)

The Uniform Crime Reports (UCR) is a nationwide census of thousands of city, county, and state law enforcement agencies. The goal of the UCR is to count in a standardized manner the number of offenses, arrests, and clearances known to police. Each law enforcement agency voluntarily reports data on crimes. Data are reported for the following nine index offenses: murder and manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, theft, motor vehicle theft, and arson. Data on drug arrests, including arrests for possession, sale, and manufacturing of drugs, are included in the database. Distributions of arrests for drug abuse violations by demographics and geographic areas also are available. UCR data have been collected since 1930; the FBI has collected data under a revised system since 1991.

Survey of Inmates of Local Jails (Source for Table 15)

The Survey of Inmates of Local Jails provides nationally representative data on inmates held in local jails, including those awaiting trials or transfers and those serving sentences. Survey topics include inmate characteristics, offense histories, drug use, and drug treatment. This survey has been conducted by the Bureau of Justice Statistics (BJS) every 5 to 6 years since 1972.

Survey of Inmates in Federal Correctional Facilities and Survey of Inmates in State Correctional Facilities (Source for Table 15)

The Survey of Inmates in Federal Correctional Facilities (SIFCF) and Survey of Inmates in State Correctional Facilities (SISCF) provide comprehensive background data on inmates in federal and state correctional facilities, based on confidential interviews with a sample of inmates. Topics include current offenses and sentences, criminal histories, family and personal backgrounds, gun possession and use, prior alcohol and drug treatment, and educational programs and other services provided in prison. The SIFCF and SISCF were sponsored jointly in 1991 by the BJS and the Bureau of Prisons and conducted by the Census Bureau. Similar surveys of state prison inmates were conducted in 1974, 1979, and 1986.

National Prisoner Statistics Program (Source for Table 15)

The National Prisoner Statistics Program provides an advance count of federal, state, and local prisoners immediately after the end of each calendar year, with a final count published by the BJS later in the year.

National Drug and Alcoholism Treatment Unit Survey (Source for Tables 16 and 18)

The National Drug and Alcoholism Treatment Unit Survey (NDATUS) measures the location, scope, and characteristics of drug abuse and alcoholism treatment facilities throughout the United States. The survey collects data on unit ownership, type and scope of services provided, sources of funding, staffing information, number of clients, treatment capacities, and utilization rates. For 1990, information on waiting lists also was collected. Data are reported for a point prevalence date in the fall of the year in which the survey is administered. Many questions focus on the 12 months prior to that date. The NDATUS has been administered jointly by NIDA and the National Institute of Alcohol Abuse and Alcoholism since 1974. In 1995, NDATUS was renamed the Uniform Facility Data Set (UFDS).

**National Drug Treatment Requirements
(Source for Table 17)**

The U.S. Department of Health and Human Services (HHS) is mandated by Congress to report to the Office of Management and Budget on its goals for enrolling drug abusers in treatment facilities and the progress it has made in achieving those goals. HHS provides data on the estimated number of clients who receive treatment, as well as persons who need treatment but are not in treatment.

System To Retrieve Information From Drug Evidence (Source for Table 20)

The System To Retrieve Information From Drug Evidence (STRIDE) compiles data on illegal substances purchased, seized, or acquired in DEA investigations. Data are gathered on the type of drug seized or bought, drug purity, location of confiscation, street price of the drug, and other characteristics. Data on drug exhibits from the FBI; the Metropolitan Police Department of the District of Columbia; and some exhibits submitted by other federal, state, and local agencies also are included in STRIDE. STRIDE data have been compiled by DEA since 1971.

Federal-Wide Drug Seizure System (Source for Table 21)

The Federal-Wide Drug Seizure System (FDSS) is an on-line computerized system that stores information about drug seizures made within the jurisdiction of the United States by the DEA, FBI, Customs Service, and Coast Guard. The FDSS database includes drug seizures by other Federal agencies (e.g., the Immigration and Naturalization Service) to the extent that custody of the drug evidence was transferred to one of the four agencies identified above. The database includes information from STRIDE, the Customs Law Enforcement Activity Report, and the U.S. Coast Guard's Law Enforcement Information System. The FDSS has been maintained by the DEA since 1988.

**International Narcotics Control Strategy Report
(Source for Table 22)**

The International Narcotics Control Strategy Report (INCSR) provides the President with information on the steps taken by the main illicit drug-producing and transmitting countries to prevent drug production, trafficking, and related money laundering during the previous year. The INCSR helps determine how cooperative a country has been in meeting legislative requirements in various narcotics control areas. Production estimates by source country also are provided. The INCSR has been prepared by the U.S. Department of State since 1989.

Drug User Expenditures

Table 1. Total U.S. Expenditures on Illicit Drugs, 1988–95 (in Billions of Dollars)

Drug	1988	1989	1990	1991	1992	1993	1994	1995
Cocaine	\$61.2	\$56.7	\$51.5	\$45.9	\$41.7	\$40.3	\$37.4	\$38.0
Heroin	17.7	16.8	14.3	11.9	10.2	9.8	9.3	9.6
Marijuana	9.1	10.9	11.0	10.7	11.5	8.8	8.2	7.0
Other drugs	3.3	2.8	2.2	2.3	2.0	1.5	2.6	2.7
Total	91.4	87.2	79.0	70.7	65.4	60.4	57.5	57.3

Note: Amounts are in constant 1996 dollars.

Source: Abt Associates, Inc., *What America's Users Spend on Illegal Drugs: 1988-95*, November 1997.

Drug Use

Table 2. Trends in Selected Drug Use Indicators, 1979-96 (in Millions of Users)

Selected Drug Use Indicators	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
Any illicit drug use ¹	25.4		23.3	15.2	13.5	13.4	12.0	12.3	12.6	12.8	13.0
Past month (current) cocaine use	4.7	4.5	5.7	3.1	1.7	2.0	1.4	1.4	1.4	1.5	1.7
Occasional (less than monthly) cocaine use	na*	na	7.1	5.1	3.7	3.8	3.0	2.7	2.4	2.5	2.6
Current marijuana use	23.8	21.5	18.6	12.4	10.9	10.4	9.7	9.6	10.1	9.8	10.1
Lifetime heroin use	2.3	1.8	1.8	1.8	1.5	2.4	1.7	2.1	2.1	2.5	2.4
Any adolescent illicit drug use ¹	4.1	2.8	3.2	1.9	1.6	1.4	1.3	1.4	1.8	2.4	2.0

*na = not applicable.

¹ Data are for past month (current) use.

Note: Any illicit drug use includes use of marijuana, cocaine, hallucinogens, inhalants (except in 1982), heroin, or nonmedical use of sedatives, tranquilizers, stimulants, or analgesics. The exclusion of inhalants in 1982 is believed to have resulted in under estimates of any illicit use for that year, especially for adolescents.

Source: National Household Survey on Drug Abuse, National Institute on Drug Abuse (1979–91), and Substance Abuse and Mental Health Services Administration (1992–96).

Table 3. Estimated Number of Hardcore and Occasional Users of Cocaine and Heroin (Thousands), 1988–95

Cocaine and Heroin Use	1988	1989	1990	1991	1992	1993	1994	1995
Cocaine								
Casual users (use less often than weekly)	6,039	5,313	4,587	4,478	3,503	3,332	2,930	3,082
Heavy users (use at least weekly)	4,140	3,889	3,674	3,501	3,528	3,598	3,610	3,620
Heroin								
Casual users (use less often than weekly)	167	152	136	172	207	199	206	322
Heavy users (use at least weekly)	876	881	784	730	692	787	799	810

Note: Data in this table are preliminary composite estimates derived from the National Household Survey on Drug Abuse (NHSDA) and the Drug Use Forecasting (DUF) program (see W. Rhodes "Synthetic Estimation Applied to the Prevalence of Drug Use," *Journal of Drug Issues*, 23(2):297-321, 1993 for a detailed description of the methodology). The NHSDA was not administered in 1989. Estimates for 1989 are the average for 1988 and 1989.

Source: Abt Associates Inc., *What America's Users Spend on Illicit Drugs: 1988-95*, November 1997.

Table 4. Trends in 30-Day Prevalence of Selected Drugs Among 8th, 10th, and 12th Graders, 1991–97

Selected drug/grade	30-Day Prevalence							1996–97 Change
	1991	1992	1993	1994	1995	1996	1997	
Marijuana/hashish								
8th grade	3.2	3.7	5.1	7.8	9.1	11.3	10.2	-1.1
10th grade	8.7	8.1	10.9	15.8	17.2	20.4	20.5	+0.1
12th grade	13.8	11.9	15.5	19.0	21.2	21.9	23.7	+1.8
Inhalants ^{1,2}								
8th grade	4.4	4.7	5.4	5.6	6.1	5.8	5.6	-0.2
10th grade	2.7	2.7	3.3	3.6	3.5	3.3	3.0	-0.3
12th grade	2.4	2.3	2.5	2.7	3.2	2.5	2.5	0.0
Hallucinogens ³								
8th grade	0.8	1.1	1.2	1.3	1.7	1.9	1.8	-0.1
10th grade	1.6	1.8	1.9	2.4	3.3	2.8	3.3	+0.5
12th grade	2.2	2.1	2.7	3.1	4.4	3.5	3.9	+0.4
LSD								
8th grade	0.6	0.9	1.0	1.1	1.4	1.5	1.5	0.0
10th grade	1.5	1.6	1.6	2.0	3.0	2.4	2.8	+0.4
12th grade	1.9	2.0	2.4	2.6	4.0	2.5	3.1	+0.6 s
Cocaine								
8th grade	0.5	0.7	0.7	1.0	1.2	1.3	1.1	-0.2
10th grade	0.7	0.7	0.9	1.2	1.7	1.7	2.0	+0.3
12th grade	1.4	1.3	1.3	1.5	1.8	2.0	2.3	+0.3
Stimulants								
8th grade	2.6	3.3	3.6	3.6	4.2	4.6	3.8	-0.8 ss
10th grade	3.3	3.6	4.3	4.5	5.3	5.5	5.1	-0.4
12th grade	3.2	2.8	3.7	4.0	4.0	4.1	4.8	+0.7 s
Alcohol (any use) ⁴								
8th grade	25.1	26.1	24.3	25.5	24.6	26.2	24.5	-1.7
10th grade	42.8	39.9	38.2	39.2	38.8	40.4	40.1	-0.3
12th grade	54.0	51.3	48.6	50.1	51.3	50.8	52.7	+1.9

Notes: Level of significance of 1996–97 difference: s = 0.05, ss = 0.01. Any apparent inconsistency between the 1996–97 change estimate and the respective prevalence estimates is due to rounding error.

Approximate Weighted N's	1991	1992	1993	1994	1995	1996	1997
8th Grade	17,500	18,600	18,300	17,300	17,500	17,800	18,600
10th Grade	14,800	14,800	15,300	15,800	17,000	15,600	15,500
12th Grade	15,000	15,800	16,300	15,400	15,400	14,300	15,400

¹ For 12th graders: Data based on five of six questionnaire forms; N is five-sixths of N indicated.

² Unadjusted for under reporting of amyl and butyl nitrites.

³ Unadjusted for underreporting of PCP (phencyclidine).

⁴ For all grades: In 1993, the question text was changed slightly in one-half of the forms to indicate that a “drink” meant “more than a few sips.” In 1993, N is one-half of N indicated for all groups. Data after 1993 were based on all forms for all grades.

Source: Monitoring the Future study, Institute for Social Research, University of Michigan.

Table 5. Trends in Harmfulness of Drugs as Perceived by 8th, 10th, and 12th Graders, 1991–97

Drug	Percentage Saying "Great risk"							1996-97 Change
	1991	1992	1993	1994	1995	1996	1997	
8th Grade								
How much do you think people risk harming themselves (physically or in other ways), if they....								
• Try marijuana once or twice	40.4	39.1	36.2	31.6	28.9	27.9	25.3	-2.6sss
• Smoke marijuana occasionally	57.9	56.3	53.8	48.6	45.9	44.3	43.1	-1.2
• Smoke marijuana regularly	83.8	82.0	79.6	74.3	73.0	70.9	72.7	+1.8
• Try crack once or twice	62.8	61.2	57.2	54.4	50.8	51.0	49.9	-1.1
• Take crack occasionally	82.2	79.6	76.8	74.4	72.1	71.6	71.2	-0.4
• Try cocaine powder once or twice	55.5	54.1	50.7	48.4	44.9	45.2	45.0	-0.2
• Take cocaine powder occasionally	77.0	74.3	71.8	69.1	66.4	65.7	65.8	+0.1
Approximate N	17,437	18,662	18,366	17,394	17,501	17,926	18,765	
10th Grade								
How much do you think people risk harming themselves (physically or in other ways), if they....								
• Try marijuana once or twice	30.0	31.9	29.7	24.4	21.5	20.0	18.8	-1.2
• Smoke marijuana occasionally	48.6	48.9	46.1	38.9	35.4	32.8	31.9	-0.9
• Smoke marijuana regularly	82.1	81.1	78.5	71.3	67.9	65.9	65.9	0.0
• Try crack once or twice	70.4	69.6	66.6	64.7	60.9	60.9	59.2	-1.7
• Take crack occasionally	87.4	86.4	84.4	83.1	81.2	80.3	78.7	-1.6
• Try cocaine powder once or twice	59.1	59.2	57.5	56.4	53.5	53.6	52.2	-1.4
• Take cocaine powder occasionally	82.2	80.1	79.1	77.8	75.6	75.0	73.9	-1.1
Approximate N	14,719	14,808	15,298	15,880	17,006	15,670	15,640	
12th Grade								
How much do you think people risk harming themselves (physically or in other ways), if they....								
• Try marijuana once or twice	27.1	24.5	21.9	19.5	16.3	15.6	14.9	-0.7
• Smoke marijuana occasionally	40.6	39.6	35.6	30.1	25.6	25.9	24.7	-1.2
• Smoke marijuana regularly	78.6	76.5	72.5	65.0	60.8	59.9	58.1	-1.8
• Try crack once or twice	60.6	62.4	57.6	58.4	54.6	56.0	54.0	-2.0
• Take crack occasionally	76.5	76.3	73.9	73.8	72.8	71.4	70.3	-1.1
• Try cocaine powder once or twice	53.6	57.1	53.2	55.4	52.0	53.2	51.4	-1.8
• Take cocaine powder occasionally	69.8	70.8	68.6	70.6	69.1	68.8	67.7	-1.1
Approximate N	2,549	2,684	2,759	2,591	2,603	2,449	2,579	

Note: Level of significance of 1996–97 difference: sss = 0.001. Any apparent inconsistency between the 1996–97 change estimate and the respective prevalence estimates is due to rounding error.

* Answer alternatives were (1) no risk, (2) slight risk, (3) moderate risk, (4) great risk, and (5) can't say, drug unfamiliar.

Source: Monitoring the Future study, Institute for Social Research, University of Michigan.

Table 6. Prevalence of Drug Use among 6th–8th, 9th–12th, and 12th Grade Students, 1994–95, 1995–96, and 1996–1997

	Annual Use				Monthly Use			
	1994–95	1995–96	1996–97	Change *	1994–95	1995–96	1996–97	Change *
Cigarettes								
6th–8th	28.1	31.1	31.8	+0.7 s	15.7	17.2	17.3	+0.1
9th–12th	44.4	48.2	50.2	+2.0 s	31.3	33.4	34.7	+1.3 s
12th	46.8	50.0	52.4	+2.4 s	34.6	36.2	38.3	+2.1 s
Beer								
6th–8th	30.8	33.1	33.2	+0.1	11.8	12.5	12.1	-0.4 s
9th–12th	57.4	59.1	59.6	+0.5 s	33.3	34.3	34.4	+0.1
12th	64.0	64.9	65.3	+0.4	40.6	41.2	41.7	+0.5
Wine Coolers								
6th–8th	29.8	33.2	33.6	+0.4	9.8	10.8	10.8	+0.0
9th–12th	51.7	52.6	52.9	+0.3	23.1	22.3	22.3	+0.0
12th	56.5	54.5	55.4	+0.9	25.6	22.9	23.7	+0.8
Liquor								
6th–8th	21.3	22.9	23.7	+0.8 s	8.5	9.0	9.1	+0.1
9th–12th	51.5	53.4	54.9	+1.5 s	27.4	28.2	28.7	+0.5 s
12th	59.5	59.9	62.3	+2.4 s	32.5	32.8	34.0	+1.2 s
Marijuana								
6th–8th	9.5	13.6	14.7	+1.1 s	5.7	8.1	8.6	+0.5 s
9th–12th	28.2	34.0	35.8	+1.8 s	18.5	22.3	22.7	+0.4
12th	33.2	37.9	39.4	+1.5 s	20.9	24.3	24.4	+0.1
Cocaine								
6th–8th	1.9	2.7	3.0	+0.3 s	1.2	1.5	1.7	+0.2 s
9th–12th	4.5	5.6	5.9	+0.3 s	2.6	2.9	3.0	+0.1
12th	5.3	7.1	7.0	-0.1	2.9	3.6	3.6	+0.0
Uppers								
6th–8th	3.3	4.6	4.9	+0.3 s	2.0	2.4	2.6	+0.2 s
9th–12th	9.3	10.5	10.3	-0.2	5.1	5.2	5.3	+0.1
12th	10.6	11.6	10.7	-0.9 s	5.6	5.8	5.6	-0.2
Downers								
6th–8th	2.4	3.5	4.0	+0.5 s	1.5	1.9	2.1	+0.2 s
9th–12th	5.5	7.1	7.2	+0.1	3.4	3.8	3.8	+0.0
12th	5.9	7.4	7.4	+0.0	3.6	4.1	3.9	-0.2
Inhalants								
6th–8th	6.3	8.5	8.9	+0.4 s	2.9	3.5	3.7	+0.2
9th–12th	7.5	7.6	7.1	-0.5 s	3.5	3.4	3.1	-0.3 s
12th	6.6	6.6	5.8	-0.8 s	3.0	3.1	2.7	-0.4 s
Hallucinogens								
6th–8th	2.4	3.3	3.6	+0.3 s	1.5	1.8	2.0	+0.2 s
9th–12th	7.7	9.5	9.5	+0.0	4.1	4.5	4.2	-0.3 s
12th	9.7	12.1	11.7	-0.4	4.8	5.1	4.6	-0.5

* Note: Level of significance of difference between the 1995–96 and 1996–97 surveys: s = 0.05, using chi-square with variables year and use/no use.

Grade	Sample Sizes		
	1994–95	1995–96	1996–97
6th–8th	92,453	58,596	68,071
9th–12th	105,788	70,964	73,006
12th	20,698	14,261	15,532

Source: PRIDE USA Survey, 1994–95, 1995–96, and 1996–1997.

Table 7. Drug Use¹ by Male Booked Arrestees: 1991–96

	Any drug use ²						Marijuana use					
	1991	1992	1993	1994	1995	1996	1991	1992	1993	1994	1995	1996
Atlanta	63	69	72	69	74	80	12	22	26	25	32	37
Birmingham	63	64	68	69	73	70	16	22	28	28	36	44
Chicago	74	69	81	79	79	82	23	26	40	38	41	47
Cleveland	56	64	64	66	65	67	12	17	23	28	29	37
Dallas	56	59	62	57	60	63	19	28	28	33	37	44
Denver	50	60	64	67	66	71	25	34	36	39	33	42
Detroit	55	58	63	66	67	66	18	27	37	38	42	46
Ft. Lauderdale	61	64	61	58	58	67	28	32	30	29	33	38
Houston	65	59	59	48	58	64	17	24	24	23	29	33
Indianapolis	45	52	60	69	64	74	23	35	42	39	38	51
Los Angeles	62	67	66	66	62	64	19	23	23	20	23	30
Manhattan	73	77	78	82	83	78	18	22	21	24	28	38
Miami	68	68	70	66	57	67	23	30	26	28	29	34
New Orleans	59	60	62	63	66	67	16	19	25	28	32	40
Omaha	36	48	54	59	54	63	26	38	42	44	42	52
Philadelphia	74	78	76	76	76	69	18	26	32	32	34	39
Phoenix	42	47	62	65	63	59	22	22	31	29	29	28
Portland	61	60	63	65	65	66	33	28	30	27	29	35
St. Louis	59	64	68	74	77	75	16	21	28	36	39	52
San Antonio	49	54	55	52	51	57	20	28	32	30	34	39
San Diego	75	77	78	79	72	71	33	35	40	36	35	40
San Jose	58	50	54	55	52	48	25	24	27	30	27	27
Wash., DC	59	60	60	64	64	66	11	20	26	30	32	40
	Cocaine use						Opiate use					
	1991	1992	1993	1994	1995	1996	1991	1992	1993	1994	1995	1996
Atlanta	57	58	59	57	57	59	3	4	3	2	3	3
Birmingham	52	49	51	50	49	43	5	3	4	4	2	4
Chicago	61	56	53	57	51	52	21	19	28	27	22	20
Cleveland	48	53	48	48	42	41	3	3	4	3	5	3
Dallas	43	41	44	35	31	32	4	4	4	3	5	5
Denver	30	38	41	40	44	44	2	2	4	4	5	5
Detroit	41	37	34	34	30	27	8	8	8	7	7	7
Ft. Lauderdale	44	46	43	41	39	44	1	1	1	1	2	2
Houston	56	41	41	29	40	39	3	3	2	3	5	8
Indianapolis	22	23	32	47	39	42	3	4	4	3	2	3
Los Angeles	44	52	48	48	44	44	10	10	9	10	7	6
Manhattan	62	62	66	68	68	56	14	18	20	19	20	17
Miami	61	56	61	56	42	52	2	2	2	2	3	1
New Orleans	50	49	48	47	47	46	4	4	5	5	7	7
Omaha	14	16	19	26	19	24	2	2	2	2	1	1
Philadelphia	62	63	56	54	51	40	11	12	11	14	12	11
Phoenix	20	26	30	28	27	32	5	5	6	6	8	9
Portland	30	35	33	32	30	34	9	11	11	12	15	13
St. Louis	48	50	50	50	51	43	6	7	9	11	11	10
San Antonio	31	32	31	31	24	28	16	15	14	13	10	10
San Diego	45	45	37	30	28	27	17	16	16	12	8	9
San Jose	33	28	23	19	18	16	8	4	6	6	5	5
Wash., DC	49	44	37	38	35	33	10	11	10	9	8	9

¹ Percent positive by urinalysis, January through December of each year.² "Any drug" includes cocaine, opiates, PCP, marijuana, amphetamines, methadone, methaqualone, benzodiazepines, barbiturates, and propoxyphene.

Source: Drug Use Forecasting Program, National Institute of Justice.

Table 8. Drug Use¹ by Female Booked Arrestees: 1991–96

	Any drug use ²						Marijuana use					
	1991	1992	1993	1994	1995	1996	1991	1992	1993	1994	1995	1996
Atlanta	70	65	74	72	68	77	8	13	16	15	13	26
Birmingham	62	59	55	63	57	59	10	13	12	17	12	22
Chicago	na	na	na	na	na	na	na	na	na	na	na	na
Cleveland	79	74	77	82	71	70	7	11	13	16	11	22
Dallas	56	66	61	63	58	58	11	24	19	22	21	44
Denver	54	61	66	68	66	69	16	19	24	22	21	27
Detroit	68	72	76	62	78	69	4	11	10	16	18	19
Ft. Lauderdale	64	62	60	62	60	66	14	21	20	18	18	24
Houston	59	54	53	48	50	54	8	12	15	13	18	26
Indianapolis	54	50	58	69	72	72	22	26	25	22	24	31
Los Angeles	75	72	77	72	68	78	9	13	15	12	14	38
Manhattan	77	85	83	90	84	83	11	12	19	15	16	19
Miami	na	na	na	na	na	na	na	na	na	na	na	na
New Orleans	50	52	47	32	50	35	7	8	14	7	16	13
Omaha	na	na	na	na	56	51	na	na	na	28	24	33
Philadelphia	75	78	79	76	77	81	14	15	20	18	20	21
Phoenix	61	63	62	67	63	65	14	15	20	22	19	22
Portland	68	73	74	74	68	74	28	17	17	19	16	26
St. Louis	54	70	69	76	69	73	8	11	15	15	18	29
San Antonio	45	44	42	39	41	44	9	16	16	15	16	19
San Diego	73	72	78	76	73	62	20	25	25	20	20	23
San Jose	52	56	51	61	50	53	13	18	17	18	12	19
Wash., DC	75	72	71	67	65	58	6	8	9	10	18	23
	Cocaine use						Opiate use					
	1991	1992	1993	1994	1995	1996	1991	1992	1993	1994	1995	1996
Atlanta	66	58	68	62	62	63	4	5	4	4	3	3
Birmingham	44	46	41	50	48	39	11	4	4	3	3	6
Chicago	na	na	na	na	na	na	na	na	na	na	na	na
Cleveland	76	66	69	74	63	52	6	5	4	4	6	6
Dallas	45	48	43	46	44	36	9	8	10	7	5	5
Denver	41	50	47	51	52	53	2	5	6	5	6	5
Detroit	62	62	64	46	61	53	11	15	14	13	15	18
Ft. Lauderdale	55	47	45	52	50	52	4	3	3	3	3	3
Houston	52	44	43	36	32	34	4	4	4	6	3	4
Indianapolis	26	25	36	56	54	52	11	7	4	5	7	3
Los Angeles	62	58	59	53	49	56	18	13	14	12	10	17
Manhattan	66	72	70	80	71	69	21	24	23	30	19	27
Miami	na	na	na	na	na	na	na	na	na	na	na	na
New Orleans	42	44	37	25	37	26	7	6	5	2	4	3
Omaha	na	na	na	34	30	28	na	na	na	2	2	3
Philadelphia	64	67	61	61	59	69	9	11	14	18	14	16
Phoenix	45	49	38	36	33	42	17	15	14	12	12	13
Portland	40	54	47	43	40	46	17	22	19	21	18	26
St. Louis	47	62	62	69	57	55	7	7	16	8	8	7
San Antonio	25	25	24	22	24	23	21	14	14	14	13	13
San Diego	40	37	36	18	28	22	21	17	20	13	12	10
San Jose	30	32	19	23	16	21	7	9	8	10	10	9
Wash., DC	68	64	62	55	46	40	16	19	21	13	16	11

¹ Percent positive by urinalysis, January through December of each year.

² "Any drug" includes cocaine, opiates, PCP, marijuana, amphetamines, methadone, methaqualone, benzodiazepines, barbiturates, and propoxyphene.

na = Not applicable (data for females not collected at these sites).

Source: Drug Use Forecasting Program, National Institute of Justice.

Table 9. Dropout Rates for Persons 18 to 24 Years Old by Sex and Race/Ethnicity: 1980–95

	All Races, Both Sexes				All Races, Male				All Races, Female				White, Both Sexes				White, Male				White, Female			
	All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1995	24,900	3,471	13.9	12,351	1,791	14.5	12,548	1,679	13.4	19,866	2,711	13.6	9,980	1,430	14.3	9,886	1,281	13.0						
1994	25,254	3,365	13.3	12,557	1,804	14.4	12,696	1,561	12.3	20,171	2,553	12.7	10,123	1,377	13.6	10,048	1,175	11.7						
1993	24,100	3,070	12.7	11,898	1,575	13.2	12,202	1,494	12.2	19,430	2,369	12.2	9,641	1,379	12.9	9,790	1,125	11.5						
1992	24,278	3,083	12.7	11,965	1,617	13.5	12,313	1,466	11.9	19,671	2,398	12.2	9,744	1,300	13.3	9,928	1,098	11.1						
1991	24,572	3,486	14.2	12,036	1,810	15.0	12,536	1,676	13.4	19,980	2,845	14.2	9,896	1,520	15.4	10,119	1,324	13.1						
1990	24,852	3,379	13.6	12,134	1,689	13.9	12,718	1,690	13.3	20,393	2,751	13.5	10,053	1,430	14.2	10,340	1,322	12.8						
1989	25,261	3,644	14.4	12,325	1,941	15.7	12,936	1,702	13.2	20,825	2,926	14.1	10,240	1,572	15.4	10,586	1,354	12.8						
1988	25,733	3,749	14.6	12,491	1,950	15.6	13,242	1,799	13.5	21,261	3,012	14.2	10,380	1,594	15.4	10,881	1,418	13.0						
1987	25,950	3,751	14.5	12,626	1,948	15.4	13,324	1,803	13.5	21,493	3,042	14.2	10,549	1,593	15.1	10,944	1,449	13.2						
1986	26,512	3,664	13.8	12,921	1,937	15.0	13,591	1,741	12.8	22,008	2,974	13.5	10,803	1,581	14.6	11,205	1,393	12.4						
1985	27,122	3,687	13.9	13,199	2,015	15.3	13,923	1,804	13.0	22,632	3,050	13.5	11,108	1,637	14.7	11,524	1,413	12.3						
1984	28,031	4,142	14.8	13,744	2,184	15.9	14,287	1,958	13.7	23,347	3,281	14.1	11,521	1,744	15.1	11,826	1,535	13.0						
1983	28,580	4,410	15.4	14,003	2,379	17.0	14,577	2,031	13.9	23,899	3,428	14.3	11,787	1,865	15.8	12,112	1,563	12.9						
1982	28,846	4,500	15.6	14,083	2,329	16.5	14,763	2,171	14.7	24,206	3,523	14.6	11,874	1,810	15.2	12,332	1,713	13.0						
1981	28,965	4,520	15.6	14,127	2,424	17.2	14,838	2,097	14.1	24,486	3,590	14.7	12,040	1,960	16.3	12,446	1,629	13.1						
1980	28,957	4,515	15.6	14,107	2,390	16.9	14,851	2,124	14.3	24,482	3,525	14.4	12,011	1,883	15.7	12,471	1,642	13.2						

	Black, Both Sexes				Black, Male				Black, Female				Hispanic Origin,* Both Sexes				Hispanic Origin,* Male				Hispanic Origin,* Female			
	All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts		All Persons		High School Dropouts	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1995	3,625	522	14.4	1,660	235	14.2	1,965	287	14.6	3,603	1,250	34.7	1,907	653	34.2	1,696	598	35.4						
1994	3,661	568	15.5	1,733	303	17.5	1,928	285	13.7	3,523	1,224	34.7	1,896	685	36.1	1,628	539	33.1						
1993	3,516	578	16.4	1,659	258	15.6	1,857	319	17.2	2,772	907	32.7	1,354	470	34.7	1,418	439	31.0						
1992	3,521	575	16.3	1,676	259	15.5	1,845	315	17.1	2,754	936	33.9	1,384	531	38.4	1,369	405	29.6						
1991	3,504	545	15.6	1,635	252	15.4	1,869	296	15.8	2,874	1,139	39.6	1,503	668	44.4	1,372	473	34.5						
1990	3,520	530	15.1	1,634	223	13.6	1,886	306	16.2	2,749	1,025	37.3	1,403	559	39.8	1,346	455	34.5						
1989	3,559	583	16.4	1,654	307	18.6	1,905	277	14.5	2,818	1,062	37.7	1,439	590	40.3	1,377	482	35.0						
1988	3,568	631	17.7	1,653	312	18.9	1,915	318	16.6	2,642	1,046	39.6	1,375	553	40.2	1,267	492	38.8						
1987	3,603	611	17.0	1,666	312	18.7	1,937	298	15.4	2,592	849	32.8	1,337	461	34.5	1,256	387	30.8						
1986	3,665	605	16.6	1,687	300	17.8	1,966	311	15.8	2,514	864	34.4	1,339	500	37.4	1,175	365	31.1						
1985	3,716	655	17.6	1,720	323	18.8	1,996	332	16.6	2,221	700	31.5	1,132	405	35.8	1,091	295	27.0						
1984	3,862	712	18.4	1,811	362	20.2	2,052	349	17.0	2,018	691	34.2	956	338	35.4	1,061	353	33.2						
1983	3,865	832	21.5	1,807	435	24.1	2,058	398	19.3	2,025	759	37.5	968	396	40.9	1,057	363	34.3						
1982	3,872	851	22.0	1,786	458	25.6	2,086	393	18.8	2,001	740	37.0	944	347	36.8	1,056	393	37.2						
1981	3,778	821	21.7	1,730	419	24.2	2,049	402	19.6	2,052	790	38.5	988	428	43.3	1,064	362	34.0						
1980	3,721	876	23.5	1,690	440	26.0	2,031	436	21.5	2,033	820	40.3	1,012	431	42.6	1,021	389	38.1						

Notes: Data for 1980 through 1993 use 1980 census-based population estimates; data for 1994 and 1995 use 1990 census-based population estimates; data for previous years are adjusted; numbers are in thousands.

* Persons of Hispanic origin may be of any race.

Source: Current Population Survey, U.S. Bureau of the Census.

Table 10. Prevalence of Past-Month Drug Use for Youth Ages 12-21, by Age, Dropout Status, Type of Drug Used, and Race/Ethnicity: 1992 Youth Risk Behavior Survey (in percentages)

Race/ethnicity	Age	Dropout Status	Marijuana Past 30 Days	Cocaine Past 30 Days
White	12-15	Nondropout	4.02	0.34
		Dropout	4.12	*
	16-21	Nondropout	15.93	1.61
		Dropout	27.60	4.12
Black	12-15	Nondropout	1.21	—
		Dropout	16.21	—
	16-21	Nondropout	13.24	1.00
		Dropout	20.80	4.40
Hispanic	12-15	Nondropout	3.96	0.81
		Dropout	*	*
	16-21	Nondropout	14.92	2.89
		Dropout	11.56	2.83
Other	12-15	Nondropout	4.56	*
		Dropout	*	*
	16-21	Nondropout	5.85	*
		Dropout	*	—

* Low precision, no estimate reported.

— No respondents.

Source: National Health Interview Survey, Youth Risk Behavior Survey, Centers for Disease Control and Prevention, National Center for Health Statistics, 1992.

Table 11. Lifetime Costs of Dropping Out of High School (1993 Dollars)

	Total Costs	Present Value (2% discount rate)	Present Value (10% discount rate)
Lost Wage/Productivity	\$360,000	\$186,500	\$15,300
Fringe Benefits	\$90,000	\$46,600	\$3,800
Nonmarket Losses	\$113,000-450,000	\$58,300-233,200	\$4,900-19,200
TOTAL	\$563,000-900,000	\$291,000-466,000	\$24,000-38,300

Note: Numbers may not add due to rounding.

Source: Cohen, Mark, *The Monetary Value of Saving a High Risk Youth*, 1995.

Table 12. Summary of the Monetary Value of Saving a High-Risk Youth (1993 Dollars)

	Total Costs	Present Value (2% discount rate)	Present Value (10% discount rate)
Career Criminal	1,200,000 - 1,500,000	1,000,000 - 1,300,000	650,000 - 850,000
Heavy Drug User	435,000 - 1,051,000	333,000 - 809,000	159,000 - 391,000
High School Dropout	563,000 - 900,000	291,000 - 466,000	24,000 - 38,000
LESS Duplication: (Crimes committed by heavy drug users)	(252,000 - 696,000)	(196,000 - 540,000)	(96,000 - 264,000)
TOTAL	1,900,000 - 2,700,000	1,500,000 - 2,000,000	700,000 - 1,000,000

Note: Numbers may not add correctly due to rounding.

Source: Cohen, Mark. *The Monetary Value of Saving a High Risk Youth*, 1995.

Drug Use Consequences

Table 13. Trends in Drug-Related Emergency Room Episodes and Selected Drug Mentions, 1988–96

Emergency Room Episodes and Drug Mentions	1988	1989	1990	1991	1992	1993	1994	1995 *	1996 *
Total drug episodes (person cases)	403,578	425,904	371,208	393,968	433,493	460,910	518,521	517,764	487,564
Total drug mentions	668,153	713,392	635,460	674,861	751,731	796,762	900,317	908,434	860,260
Total cocaine mentions	101,578	110,013	80,355	101,189	119,843	123,423	142,878	137,979	144,180
Total heroin mentions	38,063	41,656	33,884	35,898	48,003	63,232	64,013	72,229	70,463
Total marijuana mentions	19,962	20,703	15,706	16,251	23,997	28,873	40,183	45,775	50,037

* Estimates for 1995 and 1996 are preliminary.

Source: Drug Abuse Warning Network, National Institute on Drug Abuse (1988–91) and Substance Abuse and Mental Health Services Administration (1992–96).

Table 14. Total Crime, Violent Crime, and Property Crime and Drug Arrests, 1989–96

Crime Category	1989	1990	1991	1992	1993	1994	1995	1996
Total crime index	14,251,400	14,475,600	14,872,900	14,438,200	14,144,800	13,989,543	13,862,727	13,473,614
Total crime rate ¹	5,741.0	5,820.3	5,897.8	5,660.2	5,484.4	5,373.5	5,275.9	5,078.9
Violent crime index	1,646,040	1,820,130	1,911,770	1,932,270	1,926,020	1,857,670	1,798,792	1,682,278
Violent crime rate ¹	663.1	731.8	758.1	757.5	746.8	713.6	684.6	634.1
Total murder victims ²	21,500	23,440	24,700	23,760	24,530	23,326	21,606	19,645
Murders related to narcotic drug laws	1,402	1,367	1,353	1,302	1,295	1,239	1,031	819
Property crime	12,605,400	12,655,500	12,961,100	12,505,900	12,218,800	12,131,873	12,063,935	11,791,336
Property crime rate ¹	5,077.9	5,088.5	5,139.7	4,902.7	4,737.6	4,660.0	4,591.3	4,444.8
Arrests for drug abuse violations	1,361,700	1,089,500	1,010,000	1,066,400	1,126,300	1,351,400	1,144,228	1,128,647

¹ Rates per 100,000 population.

² Total number of murder victims for whom supplemental homicide information was received.

Source: *Crime in the United States—1996: Uniform Crime Reports*, U.S. Department of Justice, Federal Bureau of Investigation, 1997.

Table 15. Federal and State Prison and Local Jail Inmate Custody Populations, 1989–96

Prison/Jail	1989	1990	1991	1992	1993	1994	1995	1996
State prisons	629,995	684,544	728,605	778,495	828,566	904,647	989,004	1,032,440
Federal prisons	53,387	58,838	63,930	72,071	80,815	85,500	89,538	95,088
Total state and federal prisons	638,382	743,382	792,535	850,566	909,186	991,612	1,078,545	1,127,528
Percent of Federal prisoners who are drug offenders	48.1	53.5	55.9	58.9	59.2	60.5	59.9	na
Local jails	395,553	405,320	426,479	444,584	459,804	486,474	507,044	na

na = not yet available.

Sources: Bureau of Justice Statistics (BJS) Bulletin, January 1998, *Correctional Populations in the United States*, 1995, 1994, 1993, 1992, 1991, 1990, 1989. *Jails and Jail Inmates*, 1993–94. *Jail Inmates*, 1992. *Jail Inmates*, 1990. *Survey of Inmates in Federal Correctional Facilities*, and *Survey of Inmates in State Correctional Facilities* (population data), BJS; BJS Federal Justice Data Base (drug offender percentage), Department of Justice.

Drug Treatment

Table 16. One-Day Census of Clients in Treatment, by Institutional Setting, 1980–94

	1980	1982	1984	1987	1989	1990	1991	1992	1993	1994
Free standing/outpatient	197,255	172,562	291,441	306,406	376,575	383,182	426,562	506,774	503,625	503,313
Community mental health center	95,086	97,201	139,411	89,182	110,386	130,387	133,670	146,941	140,685	140,598
General hospital (including VA hospital)	49,529	53,389	83,950	63,039	65,729	61,902	62,338	91,720	95,826	95,767
Other specialized hospital	18,907	17,260	23,207	26,852	25,011	18,753	15,891	26,878	22,773	22,759
Halfway house/recovery house	17,891	14,434	27,142	17,049	18,306	17,358	15,830	23,125	24,343	24,328
Other residential facility	31,112	26,063	28,183	45,320	51,089	48,672	51,575	64,369	70,398	70,354
Correctional facility	12,143	9,983	13,303	9,434	14,196	26,082	39,270	30,658	38,353	38,329
Other and unknown	66,929	75,520	63,642	56,841	73,663	81,493	66,683	54,413	48,205	48,175
Total	488,852	463,412	670,279	614,123	734,955	767,829	811,819	944,880	944,208	943,623

Note: Data are estimated based on projections and simulations from historical NDATUS data and other sources.

Source: Substance Abuse and Mental Health Services Administration, *Overview of the FY95 National Drug and Alcoholism Treatment Unit Survey*. Data from 1994 and 1980–94, June 1996, Table 5.

Table 17. Treatment Need and Percent Treated and not Treated (Treatment Gap)

Year	1989	1990	1991	1992	1993	1994
Total Treatment Need	8,539	8,066	7,554	7,224	6,778	7,090
Level 1*						
Needs treatment	3,938	3,733	3,304	3,329	2,864	3,537
Level 2*						
Needs treatment	4,601	4,333	4,250	3,895	3,914	3,553
Clients treated	1,570	1,633	1,649	1,815	1,848	1,847
Percent treated	34%	38%	39%	47%	47%	52%
Percent not treated	66%	62%	61%	53%	53%	48%

*The need for treatment varies according to the severity of the problem. To reflect these differences, HHS divided those needing treatment into two categories, termed Level 1 and Level 2, based on intensity of drug use, symptoms, and consequences. The more severe category of need is Level 2, meaning the severity of symptoms make these users prime candidates for treatment. Level 2 users correspond to chronic, hardcore users discussed on the National Drug Control Strategy.

Source: Substance Abuse and Mental Health Services Administration, "The Need for Delivery of Drug Abuse Services: Recent Estimates" (February 22, 1996). A version of this report was subsequently published (Woodward, A., et al. 1997. "The Drug Abuse Treatment Gap: Recent Estimates" *Health Care Financing Review* 28(3):5-17).

Table 18. One-Day Census of Clients in Alcohol and/or Drug Abuse Treatment, by Age Group and by Sex, 1980–94

Age/Sex	1980	1982	1987	1989	1990	1991	1992 ¹	1993 ²	1994
Age Group									
20 years and under	74,451	63,115	98,052	114,818	86,326	82,242	95,773	105,359	109,121
21-44 years	292,331	289,935	400,731	474,210	527,815	553,067	710,877	697,735	691,463
45-64 years	99,580	89,274	74,827	82,191	91,401	95,598	129,275	131,352	134,408
65 years and over	7,194	6,734	6,569	7,134	7,214	7,464	8,954	9,762	9,137
Unknown	—	—	33,206	56,602	55,073	73,448	—	—	—
Total	473,556	449,058	613,385	734,955	767,829	811,819	944,880	944,208	943,623
Sex									
Male	358,021	337,245	430,132	494,095	535,836	562,388	671,438	664,067	663,367
Female	120,490	113,407	164,495	207,510	206,861	213,681	273,442	280,141	280,256
Unknown	—	—	19,076	33,350	25,132	35,750	—	—	—
Total	478,511	450,652	613,703	734,955	767,829	811,819	944,880	944,208	943,623

Note: Data are estimated based on projections and simulations from historical NDATUS data and other sources.

¹ Includes data imputed for 2,009 nonresponding providers based on a representative sample survey of nonresponding providers.

² Includes data for 2,070 nonresponding providers based on a survey of all nonresponding providers.

Source: National Drug and Alcoholism Treatment Unit Survey (NDATUS): Data for 1994 and 1980–94, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism, June 1996, Tables 4A and 4B.

Drug Availability
Table 19. Trends in Cocaine Supply, 1989–95 (in MetricTons)

	1989	1990	1991	1992	1993	1994	1995
Cocaine HCl available for export from producing countries ¹	709-842	714-851	777-931	834-972	581-692	558-670	616-738
Cocaine destined for the United States	603-716	595-709	635-760	667-778	455-542	428-513	462-553
Foreign seizures of cocaine destined for the United States ²	56	86	96	84	80	56	41
Cocaine shipped to the United States	547-660	509-624	539-664	583-694	375-462	371-456	421-513
Federal Seizures ³	115	96	128	120	110	120	98
Cocaine available for consumption in the United States	432-545	413-528	412-532	437-555	364-463	258-345	287-376
Retail value of cocaine in the United States (1996 dollars, billions) ⁴	\$70-89	\$82-104	\$68-88	\$70-89	\$56-72	\$36-48	\$40-52

¹ Estimates of cocaine HCl come from computer model of cocaine production. The range is based on the error band reported by the Department of State for the area under cultivation.

² INCSR, 1996 (and previous years); Royal Canadian Mounted Police, National Drug Intelligence Estimate, 1994 (and previous years) and International Narcotics Control Board, Narcotic Drugs Statistic for 1991 (and previous years). The category excludes seizures of cocaine not destined for the United States.

³ Drug Enforcement Administration, Federal-wide Drug Seizures System, 1989-1996.

⁴ Estimates are a two-year moving average of years T and T-1. The estimate for 1989 is for year 1989 alone.

Source: Abt Associates, Inc., *What America's Users Spend on Illegal Drugs, 1988–95*, November 1997.

Table 20. Average Price and Purity of Cocaine in the United States, 1981–96

	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996
Cocaine: Purchases of 5 oz. or less																
Price per pure gram	275.12	286.54	242.57	208.76	212.50	162.17	120.03	105.13	105.09	159.41	114.05	106.77	110.45	92.70	101.49	94.52
Purity	47.53	46.87	54.53	58.62	55.00	67.76	76.77	79.16	76.75	67.05	75.43	75.72	72.01	73.52	68.89	68.61
Heroin: Purchases of 5 grams or less																
Price per pure gram	3,374.40	3,320.90	3,322.63	3,066.56	2,652.71	2,673.96	2,281.05	1,835.09	1,457.89	1,935.32	2,023.48	1,715.83	1,404.20	1,252.51	1,311.25	1,126.57
Purity	6.73	9.07	11.34	13.77	14.16	16.34	21.80	30.18	30.31	24.24	26.37	34.22	37.20	48.54	46.35	41.48

Source: System To Retrieve Information From Drug Evidence, Drug Enforcement Administration, 1981–96.

Table 21. Federal-Wide Cocaine, Heroin, and Cannabis Seizures, Fiscal Years 1989–96

Drug	1989	1990	1991	1992	1993	1994	1995	1996
Cocaine (metric tons)	99.2	107.3	111.7	137.6	110.8	140.5	106.2	115.3
Heroin (kilograms)	1,095.2	815.0	1,374.4	1,157.2	1,594.8	1,309.6	1,164.5	1,532.3
Cannabis (metric tons)	509.0	227.0	307.2	357.6	362.1	473.1	607.3	663.6

Source: Federal-Wide Drug Seizure System, Drug Enforcement Administration.

Table 22. Worldwide Potential Net Production, 1988–96 (in Metric Tons)

Country	1988	1989	1990	1991	1992	1993	1994	1995	1996
Opium									
Afghanistan ¹	750	585	415	570	640	685	950	1,250	1,230
India	—	—	—	—	—	—	90	77	47
Iran ²	—	—	—	—	—	—	—	—	—
Pakistan	205	130	165	180	175	140	160	155	75
Total Southwest Asia	955	715	580	750	815	825	1,200	1,482	1,352
Burma	1,280	2,430	2,255	2,350	2,280	2,575	2,030	2,340	2,560
China	—	—	—	—	—	—	25	19	—
Laos	255	380	275	265	230	180	85	180	200
Thailand	25	50	40	35	24	42	17	25	30
Total Southeast Asia	1,560	2,860	2,570	2,650	2,534	2,797	2,157	2,564	2,790
Colombia	—	—	—	—	—	—	—	65	63
Lebanon ³	—	45	32	34	—	4	—	1	1
Guatemala	8	12	13	11	—	—	—	—	—
Mexico	67	66	62	41	40	49	60	53	54
Total Above	75	123	107	86	40	53	60	119	25
Total Opium	2,590	3,698	3,257	3,486	3,389	3,675	3,417	4,165	4,285
Coca Leaf									
Bolivia	78,400	77,600	77,000	78,000	80,300	84,400	89,800	85,000	75,100
Colombia	27,200	33,900	32,100	30,000	29,600	31,700	35,800	40,800	53,800
Peru	187,700	186,300	196,900	222,700	155,500	155,500	165,300	183,600	174,700
Ecuador	400	270	170	40	100	100	—	—	—
Total Coca Leaf	293,700	298,070	306,170	330,740	265,500	271,700	290,900	309,400	303,600
Cannabis									
Mexico	5,655	30,200	19,715	7,775	7,795	6,280	5,540	3,650	3,400
Colombia	7,775	2,800	1,500	1,650	1,650	4,125	4,138	4,133	4,133
Jamaica	405	190	825	641	263	502	208	206	356
Belize	120	65	60	49	0	0	0	0	0
Other	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500
Total Cannabis	17,445	36,775	25,600	13,615	13,208	14,407	13,386	11,489	11,389

¹ The U.S. Drug Enforcement Administration believes, based upon foreign reporting and human sources, that opium production in Afghanistan may have exceeded 900 metric tons in 1992 and 1993.

² While there is no solid information on Iranian opium production, the U.S. Government estimates that Iran potentially may produce between 35 and 75 metric tons of opium gum annually.

³ There was no information for 1992 production. For 1994, a vigorous eradication campaign reduced potential production to insignificant levels.

Source: *International Narcotics Control Strategy Report*, U.S. Department of State, 1997.

Glossary

ACSI — the Americas Counter-Smuggling Initiative, an ongoing initiative of the U.S. Customs Service.

ADAM — Arrestee Drug Abuse Monitoring System. Conducted by the National Institute of Justice, it provides community-level data and national estimates of drug abuse among arrestees. Formerly known as the Drug Use Forecasting (DUF) program.

AIDS — acquired immuno deficiency syndrome.

ASEAN — Association of Southeast Asian Nations.

ATF — Bureau of Alcohol, Tobacco and Firearms.

BASC — Business Anti-Smuggling Coalition, a program of the U.S. Customs Service.

BJS — Bureau of Justice Statistics, part of the U.S. Department of Justice.

CADCA — Community Anti-Drug Coalitions of America.

CASA — Center on Addiction and Substance Abuse, a research organization based at Columbia University.

CDC — Centers for Disease Control and Prevention.

CICAD — Inter-American Drug Abuse Control Commission, a body of the Organization of American States.

CIP — Carrier Initiative Programs, an ongoing initiative of the U.S. Customs Service.

CNP — Colombian National Police.

COPS — Community Oriented Policing Services, a program of the Department of Justice.

CSAP — Center for Substance Abuse Prevention. One of the National Institutes of Health and part of the Department of Health and Human Services.

CSAT - One of the National Institutes of Health and part of the Department of Health and Human Services.

CTAC — Counter-Drug Technology Assessment Center.

DAICC — Domestic Air Interdiction Coordination Center.

D.A.R.E. — Drug Abuse Resistance Education.

DATOS — Drug Abuse Treatment Outcome Study, run by the National Institute on Drug Abuse.

DAWN — Drug Abuse Warning Network, a SAMHSA-funded program which monitors drug abuse among persons admitted at hospital emergency rooms.

DEA — Drug Enforcement Administration, part of the Department of Justice.

DHHS — U.S. Department of Health and Human Services.

DOD — U.S. Department of Defense.

DOJ — U.S. Department of Justice.

DOL — U.S. Department of Labor.

DOT — U.S. Department of Transportation.

DUF — Drug Use Forecasting program. Now known as ADAM.

EAP — Employee Assistance Program.

EPA — U.S. Environmental Protection Agency.

FAS — fetal alcohol syndrome.

FATF — Financial Action Task Force, an international grouping of nations that fight money laundering.

FBI — Federal Bureau of Investigation, part of the Department of Justice.

FDA — Food and Drug Administration, part of the Department of Health and Human Services.

FDSS — Federal-Wide Drug Seizure System.

FY — fiscal year.

GHB — Gamma-hydroxybutyrate.

GREAT — Gang Resistance Education and Training.

GTO — Geographic Targeting Order, a tool used to fight money laundering.

HCl — hydrochloride.

HHS — U.S. Department of Health and Human Services.

HIDTA — High Intensity Drug Trafficking Area, a counterdrug initiative overseen by the Office of National Drug Control Policy.

HIV — human immunodeficiency virus.

HUD — U.S. Department of Housing and Urban Development.

IEEPA — International Emergency Economic Powers Act, a law that deals with money laundering and the financial proceeds of drug trafficking.

ILEA — International Law Enforcement Academy.

INCSR — International Narcotics Control Strategy Report.

INS — U.S. Immigration and Naturalization Service.

IOM — Institute of Medicine, part of the National Academy of Science.

ISIS/RVS — Integrated Surveillance Intelligence System and Remote Video Surveillance.

JIATF — Joint Interagency Task Force.

LAAM — levomethadyl acetate hydrochloride.

LSD — Lysergic acid diethylamide, a hallucinogen.

MDMA — 3,4 methylenedioxymethamphetamine, an illegally produced stimulant that has hallucinogenic properties.

MTF — Monitoring the Future, a long-term study of youth drug abuse and attitudes, run by the University of Michigan and funded by NIDA.

NDATUS — National Drug And Alcoholism Treatment Unit Survey.

NDCS — National Drug Control Strategy.

NHSDA — National Household Survey of Drug Abuse, the most comprehensive of the many national surveys of drug abuse, funded by SAMHSA.

NHTSA — National Highway Traffic Safety Administration, part of the Department of Transportation.

NIAAA — National Institute on Alcohol Abuse and Alcoholism, one of the National Institutes of Health and part of the Department of Health and Human Services.

NICCP — National Interdiction Command and Control Plan.

NIDA — National Institute on Drug Abuse, one of the National Institutes of Health and part of the Department of Health and Human Services.

NIH — National Institutes of Health, part of the Department of Health and Human Services.

NIJ — National Institute of Justice, part of the Department of Justice.

NRC — U.S. Nuclear Regulatory Commission.

NTIES — National Treatment Improvement Evaluation Study.

OAS — Organization of American States.

OCDETF — Organized Crime Drug Enforcement Task Forces, a program of the Department of Justice.

OJJDP — Office of Juvenile Justice and Delinquency Prevention, part of the Department of Justice.

OJP — Office of Justice Programs, part of the Department of Justice.

ONDCP — Office of National Drug Control Policy.

OPM — Office of Personnel Management.

PCP — Phencyclidine, a clandestinely manufactured hallucinogen.

PDFA — Partnership for a Drug-Free America, a private organization which promotes private sector involvement in the creation of anti-drug messages.

PME — Performance Measures of Effectiveness.

POE — Port of Entry.

PRIDE — Parent's Resource Institute for Drug Education.

SAMHSA — Substance Abuse and Mental Health Services Administration, part of the Department of Health and Human Services.

SDFS — Safe and Drug-Free Schools and Communities Program

SIDS — sudden infant death syndrome.

SIFCF — Survey of Inmates in Federal Correctional Facilities.

SISCF — Survey of Inmates in State Correction Facilities.

SMART — Self Management and Resistance Training.

STD — sexually transmitted disease.

STRIDE — System To Retrieve Information from Drug Evidence, a program of the Drug Enforcement Administration.

SWBI — South West Border Initiative.

THC — Tetrahydrocannabinol, the psychoactive family of substances in marijuana.

TIPS — Treatment Improvement Protocols.

UCR — Uniform Crime Reports, a publication of the FBI.

UFDS — Uniform Facility Data Set.

UN — United Nations.

UNDCP — United Nations International Drug Control Programme.

U.S. — United States.

USAID — U.S. Agency for International Development.

USCG — United States Coast Guard.

USCS — United States Customs Service.

USG — United States Government.

USIC — United States Interdiction Coordinator.

WtW — Welfare to Work.

XTC — a street name for MDMA.

YRBS — Youth Risk Behavior Survey.