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ACQUISITIONS

Drugs & Crime Data

Federal Drug Data for National Policy

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The Drugs & Crime Data Center & Clearinghouse of the Department of Justice was established with funds from the Department's Bureau of Justice Assistance and is managed by the Bureau of Justice Statistics. This report launches a series of publications from the Data Center & Clearinghouse.

Given the importance of indicators of drug use and abuse in the United States, the focus of this report is on the sources of drug information that drive national drug policy. The audience for this report is principally those involved in the formulation of such policy at the national, State, and local levels. Its intent is to provide an understanding of the research and statistical information available to guide the laws, regulations, and practices that constitute public policy. A subsequent report will review technical issues of importance to those directly analyzing the output of these information systems and data series.

We have tried to include all multijurisdictional, federally sponsored data sources that pertain to illegal drugs. Our search over the last year and a half may have overlooked some sources. We would greatly appreciate information on any additional sources so that they may be included in any subsequent efforts.

The Bureau of Justice Statistics thanks all the agencies and individuals, both public and private, who have reviewed this report and assisted in its preparation.

Joseph M. Bessette
Acting Director

The Anti-Drug Abuse Act of 1988 directed the President to examine the nature and extent of the drug problem and to propose policies to respond to it. Issued in September 1989, the President's National Drug Control Strategy calls for "a larger and more flexible information base in order to help us refine and target our counterdrug efforts." The purpose of this report is to explore the current status of the Federal information base on illegal drugs.

To formulate drug policy, policymakers use a variety of information sources including research and statistics from both government and nongovernment sources. As with economic statistics, drug policymakers look to the continuing, periodic statistical data produced by the Federal Government for indicators of the drug problem and how well we are responding to it. They need to know —

- the extent and nature of the drug abuse problems in this country
- the consequences of illegal drug use for both the individual and society
- where the illegal drugs are coming from and how they are distributed
- where to target scarce resources and which interventions to use
- what effect Federal programs are having on these problems from both the supply and demand perspective.

Drug control and demand reduction efforts are to be quantitatively measured. The Anti-Drug Abuse Act of 1988 requires that each National Drug Control Strategy include "comprehensive, research-based, long-range goals for reducing drug abuse in the United States," along with "short-term measurable objectives which the Director determines may be realistically achieved in the two-year period beginning on the date of submission of the strategy." Evaluation of the Federal data available for national policymaking must consider this requirement.

Monitoring illegal drug use

Monitoring a problem of such diversity and change as illegal drug use is a difficult task. It is not simply one problem affecting one group. It involves many different drugs, populations, and locations. The use and abuse patterns of one group in society in one city may be very different from those of the same group in another city.

Furthermore, illegal drug use is constantly changing. For example, the drug of choice for many users was powder cocaine in the

early 1980's, changing to crack cocaine in the late 1980's. Many data sources and networks attempt to anticipate shifts in consumption patterns and consequences of use. Often, however, measurements are dated before they become available to policymakers.

While much of the data that policymakers need is available, much is not. Some of the questions that policymakers ask cannot be answered using current survey methods and technology. For example, unlike legal commodities, the total amount of illegal drugs available in this country cannot be measured because of the surreptitious nature of the drug trade. Often data may not be available because of the cost and difficulty of collection. If data are available to shed light on a particular policy question, they may not cover all of the populations of concern, have adequate geographic coverage, be produced frequently enough, or be of high enough quality on which to base policy decisions.

The current status of Federal drug data

Illegal drug use involves many aspects of society and government. Illegal drug trafficking is an international business that supplies drugs of all types. Drug abuse results in major public health problems and produces problems for the economy and criminal justice systems. Drug use is linked to the crime problem because of the legal prohibition on the use of many drugs and its relationship to the commission of other crimes. Therefore, the Federal Government is addressing this problem in two ways: reduction of supply through interdiction and enforcement and reduction of demand through education, prevention, and treatment.

This report identifies 38 Federal sources of drug data (table 1). They are either produced or sponsored by 17 agencies in the Departments of State, Defense, Justice, Labor, Education, Health and Human Services, and Transportation. Several sources are joint efforts. Because it is not a drug indicator, Federal budget information is not included here as a data source.

To comprehensively describe the problem, statistical coverage of illegal drug use includes many kinds of information. In general, these 38 sources are concerned with —

- the extent of drug use
- the consequences of drug use
- substance abuse treatment and prevention strategies
- the source and volume of illegal drugs available in the country
- drugs, crime, and their impact on criminal justice systems.

Some subjects are sparsely covered, while others have several sources of information. For example, existing sources do not adequately describe drug use in all nonhousehold populations. Many cover more than one aspect of the drug problem, such as patterns of use and consequences of use, making classification difficult.

Some of the data sources were created specifically to answer questions about drugs and drug abuse. The *National Household Survey on Drug Abuse* produced by the National Institute on Drug Abuse was designed to measure drug use in the general population. Others are continuing Federal data series that include data on drugs or drug abuse but were initiated to inform us about other topics or populations. The *Uniform Crime Reports* of the Federal Bureau of Investigation was developed to measure crimes reported to the police. Drug questions have been added to many series in recent years in response to the deepening concern about illegal drug use. While most are either statistical surveys or reporting programs, some tap operational information to provide statistical data about drugs. Unfortunately, some of the data relevant to illegal drug use are not routinely published or readily available.

Most data sets look at illegal drug use from the perspective of the sponsoring agency. For example, morbidity and mortality data are collected from the health care delivery system, which is very different from the criminal justice system in terms of subject matter, approach, and structure. Therefore, the measures used, geographic coverage, and unit of analysis may not be comparable from the data of one sponsoring agency to those of another.

Both national and subnational data are needed for public policy because of the need to provide and coordinate Federal resources among the various levels of government and because the specifics of the drug problem vary from community to community. However, geographic coverage varies enormously. Most sources provide national estimates for the indicators that they cover (table 2). Many sources that provide national estimates do not provide subnational, regional, or local data, thus limiting their use in policymaking relevant to regions, States, and/or localities.

On the other hand, many sources supply information from a group of States, cities, or other geographic units that are not nationally representative. The participating jurisdictions in these multijurisdictional sources are not always the same, thus limiting meaningful comparisons between sources (table 3).* Furthermore, national data are frequently unavailable for a given variable because the data are not drawn from a representative sample.

Much of the information about the drug problem in the United States has been accumulated over the past two decades. This corresponds to the same time period that saw an increase in usage of and awareness about illegal drugs. Some surveys have been repeated multiple times. These series allow for the examination of drug use patterns and changes over many years. Others are either very recent or have not been repeated often enough to permit trend analysis. Very few have been conducted for the same time periods.

Each type of data collection method has its own limitations that affect the interpretation of results. For example, some researchers feel that recent self-report data underreport the extent of drug use due to current negative attitudes about drug use. This problem may be particularly acute when the respondent fears that an admission of drug use could have recriminations, such as for arrestees in the criminal justice system.

*This report does not include a description of data developed for single jurisdictions (States, counties, and cities). Only sources that cover multiple jurisdictions are included here.

Table 1. Federal drug data sources, 1990

Title of data set	Sponsoring agency	Purpose	Drug information available	Coverage by	
				Population	Geography
Extent of drug use					
National Household Survey on Drug Abuse	NIDA	To measure the prevalence of drug and alcohol use	Prevalence estimates for marijuana, cocaine, inhalants, hallucinogens, PCP, stimulants, sedatives, tranquilizers, analgesics, alcohol, and cigarettes by age, sex, race, and region	Household population age 12 and older	National
Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth	NIDA	To explore trends in drug use, changes in values, behaviors, and lifestyle orientations of American youth	100 drug use and demographic items	High school seniors and young adults	National
Worldwide Survey of Substance Abuse and Health Behaviors among Military Personnel	U.S. Department of Defense	To measure substance use and health behaviors among military personnel	Drug, alcohol, and tobacco use; negative effects of alcohol and drug use; positive health practices; beliefs and attitudes about AIDS; and beliefs and attitudes about military alcohol and drug policy and programs	Active-duty military personnel in the Army, Navy, Marines, and Air Force	U.S. military bases worldwide
Hispanic Health and Nutrition Examination Survey (HHANES)	National Center for Health Statistics	To assess the health status of Hispanic Americans	Supplemental questionnaire on use of marijuana, cocaine, inhalants, sedatives, tobacco, and alcohol	Hispanic household members age 12 to 74	Multijurisdictional (5 States and 2 localities with large Hispanic populations)
National Longitudinal Survey of Youth	U.S. Department of Labor	To track employment and vocational achievement, family, and employment status	In some years, data on drug use (1984, 1988), alcohol use (1982-85, 1988), and delinquent behavior (1980)	Individuals age 14 to 22	National
National Youth Survey	Joint effort of NIMH and NIDA	To assess family, peer, and other influences on delinquency and substance abuse	Drug and alcohol use and other variables including delinquency, family, school, peer group, mental health, and sexual behaviors	Youths and one parent	National
Epidemiological Catchment Area Program (ECA)	NIMH	To estimate the prevalence of mental disorder in the U.S. population	Drug abuse and drug dependence are included disorders	Community residents and institutional populations	Local, multijurisdictional
Community Epidemiology Work Group (CEWG)	NIDA	To provide early warning and epidemiology of drug use	Patterns, trends, and consequences of drug use including risk factors and methods development	More than one type of data used	Local, multijurisdictional
Drug Use Forecasting (DUF)	U.S. Department of Justice: NIJ and BJA	To determine the extent of drug use among arrestees	Urine test and interview results for a wide variety of illegal drugs by demographic characteristics, charge at arrest, treatment history, and drug ingestion methods	Male and female arrestees and juvenile detainees	Local, multijurisdictional (23 cities)
Drug and Alcohol Use among Arrestees	NIDA	To describe the prevalence and patterns of drug use among arrestees	Urine test and interview data for history of drug and alcohol use; frequency and route of administration; treatment history; and socioeconomic characteristics	Male arrestees	Local, multijurisdictional (3 cities)
Consequences of drug use					
Mortality Multiple Cause-of-Death Data File: 1968-87	National Center for Health Statistics	To monitor all causes of death	Drug poisoning as a cause of death by demographic characteristics	All recorded deaths	National
National Maternal and Infant Health Survey	Centers for Disease Control and National Center for Health Statistics	To monitor maternal and infant mortality, morbidity, health, and nutrition	Alcohol, tobacco, and drug use of the mother	Live births, infant and fetal deaths, and their mothers in 1988	National
National Adolescent Student Health Survey	Public Health Service's Office of Disease Prevention and Health Promotion, Centers for Disease Control, and NIDA	To determine health-related knowledge, behaviors, and attitudes among young people	Alcohol, drug, and tobacco use; suicide and depression; nutrition; violence; and sexually transmitted diseases	Eighth- and tenth-grade students	National

Table 1. Continued

Title of data set	Sponsoring agency	Purpose	Drug information available	Coverage by	
				Population	Geography
Drug Abuse Warning Network (DAWN)	NIDA with participation from DEA	To monitor drug abuse patterns and trends and assess the health hazards associated with drug abuse	Involvement of drugs in deaths and emergency room episodes by type of drug, reason for taking the drug, demographic characteristics of the user, and metropolitan area	Deaths and emergency room visits	Multijurisdictional
Substance abuse treatment and prevention					
National Drug and Alcoholism Treatment Unit Survey (NDATUS)	Jointly by NIDA and NIAAA	To identify and describe drug abuse and alcoholism treatment and prevention facilities	Characteristics of drug treatment programs including treatment capacities, utilization rates, funding sources, and staffing patterns	Alcohol and/or drug treatment and prevention programs	50 States, DC, Puerto Rico, and other American territories
The State Alcohol and Drug Abuse Profile (SADAP)	Jointly by NIDA and NIAAA	To collect aggregate treatment program data	Treatment program characteristics, funding allocations, and client characteristics	Alcohol and/or drug treatment programs	50 States, DC, Puerto Rico, and other American territories
Treatment Outcome Prospective Study (TOPS)	NIDA with NIJ	To provide detailed information on characteristics of clients entering selected drug treatment programs and their behavior before, during, and after treatment	Characteristics of drug treatment clients including alcohol and drug use history, criminal history, socioeconomic information, treatment history, and clinic treatment data	Clients in publicly funded drug treatment programs	Multijurisdictional (10 cities, 41 programs)
Census of State Adult Correctional Facilities	BJS	To describe State-operated confinement and community-based facilities	The number of inmates or residents in counseling programs including those for drug dependency	Offenders in State-operated facilities	State
Survey of Employer Anti-drug Programs	Bureau of Labor Statistics	To estimate the number of private employer drug-testing or employee assistance programs	The existence of drug-testing or employee assistance programs by establishment characteristics	Private, nonagricultural establishments	National and census region
State and District Efforts in Substance Abuse Education Surveys	Center for Education Statistics	To assess State and local public school district efforts in substance abuse education	State substance abuse education requirements, district substance abuse policies, assistance, resources, and perceived extent of drug use	State education agencies and local public school districts	National and State
Source and volume of illegal drugs					
National Narcotics Intelligence Consumers Committee (NNICC)	Multiple Federal agencies	To collect, analyze, and disseminate strategic national/international intelligence on sources of drugs	The amounts of opiates, cocaine, cannabis products, and other illegal drugs available from selected source countries		International
International Narcotics Control Strategy Report (INCSR)	U.S. Department of State	To provide the President with information on what major illicit drug-producing countries are doing to prevent drug production, trafficking, and related money laundering	Production estimates for a variety of drugs by source country		International
Drugs, crime, and the criminal justice system					
State statutes					
A Guide to State Controlled Substances Acts	BJA	To describe State provisions relating to the possession, use, sale, distribution, and manufacture of drugs	Federal and State controlled substances act provisions on scheduling, penalties, forfeiture, involvement of minors, drug paraphernalia, safehouses, and education and treatment	Federal and State statutes	Federal and State
Digest of State Alcohol-Highway Safety Legislation	National Highway Traffic Safety Administration	To describe State statutes concerning State alcohol-related highway safety legislation	Lists drugs that if used may result in a driving-while-intoxicated offense and whether blood or urine tests for drugs may be required of drivers	State statutes	State

Table 1. Continued

Title of data set	Sponsoring agency	Purpose	Drug information available	Coverage by	
				Population	Geography
Law enforcement					
Uniform Crime Reports (UCR)	FBI	To count the number of offenses known to the police, arrests, and clearances	Arrest data on drug abuse violations including possession and sale/manufacturing	98% of total U.S. population	Local
System to Retrieve Information from Drug Evidence (STRIDE)	DEA	To analyze drugs bought or seized by DEA and some State and local agencies	Type of drug seized or bought, purity, and location of confiscation	Substances seized or bought by DEA	National
Law Enforcement Management and Administrative Statistics (LEMAS)	BJS	To provide national data on the management and administration of law enforcement agencies	Existence of laboratory testing facilities, drug enforcement units, and drug education units	Law enforcement agencies	National
Processing drug offenders					
National Judicial Reporting Program (NJRP)	BJS	To provide national data on the judicial phase of the criminal justice system	Convictions and sentences for eight major felonies including drug trafficking	Felony convictions	National and county
Offender-Based Transaction Statistics (OBTS)	BJS	To track felony arrests through the criminal justice system to final disposition	Transactions resulting in the disposition of felony arrests for drug offenses	Adult felony arrestees	State, multijurisdictional
Prosecution of Felony Arrests	BJS	To track felony arrests through sentencing from the prosecutor's perspective	Processing of drug trafficking and drug possession felonies	Felony arrests or indictments	Local, multijurisdictional
National Corrections Reporting Program (NCRP)	BJS	To describe prisoners entering and leaving custody or supervision, including time served	Prisoners and parolees whose most serious conviction offense was drug trafficking or possession	All prison admissions and releases and parole releases	Multijurisdictional, Federal and State
Federal Integrated Justice Database	BJS	To describe the Federal criminal justice system from investigation through release from correctional supervision	Processing of Federal drug offenses of distribution/manufacture, importation, possession, and general trafficking/miscellaneous	Suspects in matters involving Federal offenses	Federal
Juvenile Court Statistics	OJJDP	To describe the cases and juveniles processed by the juvenile courts in the United States	National estimates of drug delinquency offenses and further detail on drug possession, drug trafficking, and marijuana cases for a small part of the at-risk population	Cases disposed of by juvenile courts	National and multijurisdictional
Institutionalized offenders and drugs					
Survey of Inmates of Local Jails	BJS	To describe the characteristics of inmates in local jails	Drug and alcohol use, criminal history, current offense, health care, and socioeconomic characteristics	Jail inmates	National
Survey of Inmates of State Correctional Facilities	BJS	To describe the characteristics of prison inmates	Drug and alcohol use, drug and treatment history, criminal history, current offense, socioeconomic characteristics	State prison inmates	National
Survey of Youth in Custody	BJS	To describe the characteristics of youth in long-term, State-operated correctional institutions	Drug and alcohol use, socioeconomic characteristics, family situation, criminal history, current offense, and weapons use	Youth in long-term, State-operated institutions	National
Children in Custody Census	OJJDP	To describe juvenile custody facilities and their residents	The number of juveniles by most serious offense including drug-related offenses and the number of treatment programs available and their enrollment	All public and private juvenile custody facilities	National
Survey of Prison and Jail Inmates	NIJ	To provide detailed information about serious offenders who are incarcerated	Use of drugs and alcohol, self-reports of criminal activity, and demographic data	State prison and local jail inmates	State, multijurisdictional

Table 2. Geographic coverage of Federal drug data sources

International
National Narcotics Intelligence Consumers Committee
International Narcotics Control Strategy Report

Federal (only)
Federal Integrated Justice Database

National
National Household Survey on Drug Abuse*
Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth
National Longitudinal Survey of Youth
National Youth Survey
Mortality Multiple Cause-of-Death Data File: 1968-87*
National Maternal and Infant Health Survey
National Adolescent Student Health Survey
Survey of Employer Anti-drug Programs*
District Efforts in Substance Abuse Education Survey
System to Retrieve Information from Drug Evidence*
Law Enforcement Management and Administrative Statistics
National Judicial Reporting Program**
Juvenile Court Statistics**
Survey of Inmates of Local Jails
Survey of Inmates of State Correctional Facilities
Survey of Youth in Custody
Children in Custody Census**

State
National Drug and Alcoholism Treatment Unit Survey
The State Alcohol and Drug Abuse Profile
Census of State Adult Correctional Facilities
State Efforts in Substance Abuse Education Survey
A Guide to State Controlled Substances Acts
Digest of State Alcohol-Highway Safety Legislation

Multistate
Offender-Based Transaction Statistics
National Corrections Reporting Program

Local
Uniform Crime Reports

Multijurisdictional
Hispanic Health and Nutrition Examination Survey
Epidemiological Catchment Area Program
Community Epidemiology Work Group
Drug Use Forecasting
Drug and Alcohol Use among Arrestees
Drug Abuse Warning Network
Treatment Outcome Prospective Study
Prosecution of Felony Arrests
Survey of Prison and Jail Inmates

Other
Worldwide Survey of Substance Abuse and Health Behaviors among Military Personnel

*Subnational data available.
**Some State and/or local data available.

Extent of drug use

Valuable data are available on the incidence and prevalence of drug use for the U.S. household population and some segments of that population such as high school students and military personnel. Much of these data come from epidemiological sources. Data for some population segments such as those who do not live in households and minorities are less well represented. These are significant gaps because evidence suggests drug use is disproportionately high in nonhousehold and some minority populations. Most of the data on the extent of drug use are for nationally representative samples.

National Household Survey on Drug Abuse

This survey sponsored by the National Institute on Drug Abuse (NIDA) reports the nature and extent of drug abuse among the household population age 12 and older in the coterminous United States. Initiated in 1972, this sample survey will be conducted for the 10th time in 1990. Beginning in 1990, surveys will be conducted in selected cities to provide city-level drug use estimates. Individuals are interviewed in person using self-administered answer sheets to maximize the validity of responses to sensitive questions. Certain age and race/ethnicity groups are oversampled to obtain more stable estimates of drug use for these groups. Estimates are made for the Nation, region, and metropolitan areas.

Each survey develops estimates for use of marijuana, cocaine, opiates, alcohol, cigarettes, and nonmedical use of various other drugs. The principal correlates of drug use included in the survey are age, sex, race/ethnicity, density of population, region of residence, educational attainment among those 18 years old and older, and current employment.

The *National Household Survey on Drug Abuse* does not include people who do not live in households, such as the homeless, those living on military bases, and those in correctional institutions. Some of these noncovered groups are known to have high rates of drug abuse. The drug

Table 3. Comparison of participants in three multijurisdictional drug data sources

Community Epidemiology Work Group (CEWG)	Drug Abuse Warning Network (DAWN)	Drug Use Forecasting (DUF)
Atlanta, GA	Atlanta, GA	
	Baltimore, MD	
		Birmingham, AL
Boston, MA	Boston, MA	
	Buffalo, NY	
Chicago, IL	Chicago, IL	Chicago, IL
	Cleveland, OH*	Cleveland, OH
Dallas, TX	Dallas, TX	Dallas, TX
Denver, CO	Denver, CO	
Detroit, MI	Detroit, MI	Detroit, MI
		Fort Lauderdale, FL
		Houston, TX
	Indianapolis, IN*	Indianapolis, IN
	Kansas City, MO*	Kansas City, MO
Los Angeles, CA	Los Angeles, CA	Los Angeles, CA
Miami, FL	Miami, FL	Miami, FL
Minneapolis/St. Paul, MN	Minneapolis, MN	
Newark, NJ	Newark, NJ	
New Orleans, LA	New Orleans, LA	New Orleans, LA
New York, NY	New York, NY	New York, NY
	Norfolk, VA*	
	Oklahoma City, OK*	
		Omaha, NE
Philadelphia, PA	Philadelphia, PA	Philadelphia, PA
Phoenix, AZ	Phoenix, AZ	Phoenix, AZ
		Portland, OR
St. Louis, MO	St. Louis, MO	St. Louis, MO
	San Antonio, TX*	San Antonio, TX
San Diego, CA	San Diego, CA	San Diego, CA
San Francisco, CA	San Francisco, CA	
		San Jose, CA
Seattle, WA	Seattle, WA	
Washington, DC	Washington, DC	Washington, DC

*Medical examiner coverage only.

use prevalence estimates should be viewed as approximations for some drugs because of low reports of use.

Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth

This survey is another major source of epidemiological data on drug abuse. Also known as *The High School Senior Survey*, it is supported by NIDA. The purpose of this survey is to explore the current prevalence of drug use, changes in values, behaviors, and lifestyle orientations of American youth.

Since 1975, representative national samples of high school seniors have been surveyed annually about their drug use and attitudes and beliefs about drugs. Questionnaires are administered to students in classrooms in about 130 public and private schools. Marijuana, inhalants, hallucinogens, cocaine, heroin, other opiates, stimulants, sedatives, tranquilizers, alcohol, and cigarettes are covered by the survey. Followup of representative subsamples of the original graduates has been conducted for up to 11 years, providing data on young adults and college students.

The major limitation of the program is the noninclusion of school dropouts and those who were absent from school on the day of the survey. There is reason to believe that these groups may be more likely to use drugs than students who were in school for the survey.

Worldwide Survey of Substance Abuse and Health Behaviors among Military Personnel

These surveys sponsored by the Department of Defense estimate drug use among military personnel and have been conducted in 1980, 1982, 1985, and 1988. The prevalence and frequency of use of drugs, alcohol, and tobacco by active-duty members of the Army, Navy, Marine Corps, and Air Force are estimated from questionnaires completed during scheduled survey sessions at military installations. Information about the consequences of alcohol and drug abuse on the work performance, social relationships, and health of active-duty military personnel is also collected.

The last two surveys also examined the prevalence of health behaviors other than substance use and the implications of health behaviors for military readiness and the overall well-being of military personnel. The 1988 survey also considered attitudes and knowledge about AIDS transmission and prevention. The survey also examines perceptions of military personnel about the effectiveness of military programs and policies in coping with substance abuse. Estimates are computed for all active-duty military personnel, personnel in each service, and various demographic and military rank groups.

Hispanic Health and Nutrition Examination Survey (HHANES)

This National Center for Health Statistics (NCHS) survey was conducted between 1982 and 1984 to assess the health and nutrition of Hispanic Americans. It included drug use questions. The prevalences of marijuana, cocaine, inhalant, and sedative use were estimated from interviews with a probability sample of 8,021 individuals between the ages of 12 and 74 from Hispanic households.

A home interview and a subsequent physical examination conducted in an examination center gathered sociodemographic information and data about health status, needs, practices, and insurance as well as barriers to health care. The examination and laboratory components of the study collected data on a variety of health conditions and nutrition-related conditions.

The sample was designed to represent the three major Hispanic subgroups: Mexican-Americans, Puerto Ricans, and Cuban-Americans. The sample also focused on areas of the country where sufficient numbers of Hispanic groups resided to make it feasible to collect data and generate estimates. Mexican-Americans residing in selected areas of Texas, California, Colorado, New Mexico, and Arizona; Cuban-Americans residing in Dade County, Florida; and Puerto Ricans living in the New York City area were selected.

The HHANES does not allow the construction of national estimates of Hispanic drug use because of the group/area features of the sample design. Moreover, it will not estimate drug use for nonhousehold populations, some of which are known to be at high risk of drug use.

National Longitudinal Survey of Youth

This ongoing survey of the U.S. Department of Labor includes a nationally representative group of males and females who were age 14-22 in 1979. Blacks, Hispanics, and low-income whites in selected households were oversampled in the cohort of approximately 12,000 cases. As of 1989, 10 rounds of data have been collected. Data are collected for a large number of demographic, educational, vocational, family, and employment factors. Between 1982 and 1985, data were collected on drinking behaviors and problems. In 1984 and 1988, a set of questions about drug use was included in the survey. Information about delinquent activities and police contacts was gathered in 1980.

The utility of this survey for examining substance abuse patterns and the relationship between substance use and delinquency/crime is limited by the occasional inclusion of questions about drug use. Survey respondents were drawn from households, not the military or institutions.

National Youth Survey

This survey is a joint effort of the National Institute of Mental Health (NIMH) and NIDA in the Department of Health and Human Services. It was designed to assess family, peer, and other influences on delinquency and substance abuse. It includes a national probability sample of males and females age 11 through 17 in 1976. Interviews of juveniles and one of their parents were conducted in several waves during the late 1970's and 1980's producing longitudinal data.

Self-reported drug use data have been collected for alcohol and drugs; for demographic, mental health, family, sexual behavior, school, and community factors; and for involvement in serious and nonserious delinquency. Police agency records were also searched. Several publications from this survey have examined the drug use, delinquency, and mental health relationship.

The strengths of these data are the national representativeness of the sample and the repeated measures that provide longitudinal data over a 10-year segment of the lifespan.

Epidemiological Catchment Area Program (ECA)

Beginning in 1977, NIMH began development of this program to estimate the prevalence of psychiatric disorders and symptoms in community and institutional populations. Studies were conducted in Baltimore, MD; Durham, NC; Los Angeles, CA; New Haven, CT; and St. Louis, MO. Samples of at least 3,500 individuals at each site were selected and interviewed to determine the presence of psychiatric disorders. The Diagnostic Interview Schedule (DIS), developed for the ECA, was used in each survey. The DIS was developed from the American Psychiatric Association's *Diagnostic and Statistical Manual, Third Edition* (1980), that defines specific psychiatric disorders. Followup interviews were also conducted.

As part of the interview, respondents were asked about their use of alcohol and illegal drugs including amphetamines, barbiturates, cocaine, heroin, psychedelics, and marijuana. Additional information was gathered to allow classification of drug use as being abuse and/or dependence as defined by the *Diagnostic and Statistical Manual, Third Edition.*

The major strength of the ECA surveys for analyzing drug use and abuse is their use of standard psychiatric classification criteria. The major limitation is the limited geographic coverage of five cities/counties.

Community Epidemiology Work Group (CEWG)

In November 1976, NIDA established the CEWG as the foundation for a community-based epidemiological surveillance program. The CEWG meets semiannually to discuss patterns and trends of drug abuse — especially emerging problems, risk factors, and negative health and social consequences associated with drug abuse in 19 major metropolitan areas of the United States.

The cities represented include Atlanta, GA; Boston, MA; Chicago, IL; Dallas, TX; Denver, CO; Detroit, MI; Washington, DC; Los Angeles, CA; Miami, FL; Minneapolis/St. Paul, MN; Newark, NJ; New Orleans, LA; New York City, NY; Philadelphia, PA; Phoenix, AZ; St. Louis, MO; San Diego, CA; San Francisco, CA; and Seattle, WA.

Proceedings describing the status of drug abuse in each of the 19 cities are prepared and published semiannually. Data from medical examiners; hospital emergency rooms; Federal, State, and local law enforcement; treatment programs; and other information sources are used to describe drug use patterns and problems in local areas. Reports by officials from several foreign countries on the extent and nature of drug abuse in their countries are also included in the proceedings.

CEWG data are most useful for providing timely descriptions of the patterns of use and abuse in participating cities. While there is no standard data-reporting protocol for participating cities, efforts are currently under way to improve standardization across city reports for systematic comparisons of cities and analysis of trends.

Drug Use Forecasting (DUF)

To provide data on recent drug use by arrestees who may not be covered in other surveys, two Department of Justice agencies, the National Institute of Justice (NIJ) and the Bureau of Justice Assistance (BJA), began DUF in 1986. Since 1987, arrestees in up to 23 cities have been interviewed about their drug use and asked to provide a voluntary and anonymous urine specimen as part of DUF. Efforts are made to obtain a minimum of 225 urine specimens from males, 100 from females, and 100 from juveniles in each participating city each quarter. Over 15,000 arrestees were studied in 1989. Persons charged with drug offenses were deliberately undersampled. Thus, DUF provides minimal estimates of drug use in the arrestee population. Urine specimens are analyzed by the Enzyme Multiplied Immunoassay Technique (EMIT) for the presence of 10 drugs: marijuana, cocaine, opiates, PCP, amphetamines, diazepam, propoxyphene, methaqualone, barbiturates, and methadone. (Amphetamine results are confirmed by gas chromatography.) Data are produced quarterly and annually.

In addition to its national objectives, DUF is to provide each participating city with information for —

- detecting drug epidemics early
- planning allocation of law enforcement resources
- determining treatment and prevention needs.

The participating cities include Birmingham, AL; Chicago, IL; Cleveland, OH; Dallas, TX; Detroit, MI; Fort Lauderdale, FL; Houston, TX; Indianapolis, IN; Kansas City, MO; Los Angeles, CA; Miami, FL; New Orleans, LA; New York (Manhattan), NY; Omaha, NE; Philadelphia, PA; Phoenix, AZ; Portland, OR; St. Louis, MO; San Antonio, TX; San Diego, CA; San Jose, CA; and Washington, DC. Not all cities with serious drug problems are included in DUF.

The major limitation of DUF is the absence of a probability sampling plan permitting generalization of results to the total arrestee populations in the participating cities and in the United States. On the other hand, evidence from several DUF cities demonstrated considerable agreement between DUF sample estimates of drug use and estimates derived from larger samples from the same cities.

Drug and Alcohol Use among Arrestees

This study was sponsored by NIDA to describe the prevalence and drug use among arrestees. In the study, 1,520 newly arrested adult males in Seattle, WA; New Orleans, LA; and Charlotte, NC, were interviewed in 1986 and 1987, and urine samples were collected from 1,240. Information was gathered about demographics, employment and income, alcohol and drug abuse treatment, criminal history, and past and current drug and alcohol use patterns. A probability sampling plan was employed to represent new adult male arrestees in the three cities during the data collection period.

Criminal justice practices and drug use patterns vary by city, so these data may not be generalizable beyond the three cities. Moreover, self-reports about sensitive topics such as drug use and crime involvement by individuals who have just been arrested and are being interviewed in jail almost surely underestimate these phenomena.

Consequences of drug use

Drug abuse can have a wide range of adverse health, economic, and social consequences. Drug users may die from overdoses, not participate in the legitimate economy, and have health problems. Drug use disrupts families. The quality of life in neighborhoods is adversely affected by drug trafficking.

Several national data bases contain very large numbers of cases, but the information on these problems is limited in scope. The sources described below address some of the adverse health consequences of drug use; little national information is available on negative economic and social consequences of drug use.

Frequently, these data have also been used as indicators of the extent of drug use and as an early warning system for changes in the nature and patterns of drug abuse. Such use often extends the data beyond their legitimate use.

Mortality Multiple Cause-of-Death Data File: 1968-87

These NCHS data include information on every death registered in the United States from 1968-87 with the exception of 1972, when a 50% sample of records was processed. These data are based on information from all death certificates filed in the 50 States and the District of Columbia. Demographic information about the deceased such as age, race, sex, and place of residence is included. Depending on year of death, 35 or 38 variables are coded for each death.

Both underlying and contributing causes of death are coded using the International Classification of Diseases (ICD). Drug-related deaths are classified by type of drug when available and by whether the death was due to an accident, therapeutic use, suicide, assault, or an undetermined cause. Deaths involving illegal drugs are not distinguishable from deaths involving legal drugs.

The *Mortality Multiple Cause-of-Death Data File* includes about 2 million deaths a year and provides an opportunity to analyze demographic and geographic patterns of deaths resulting from drugs.

The reliability of these reports is unknown and may be somewhat problematic, given that judgments about cause of death may vary considerably from place to place, among individuals, and across time. Because the ICD was revised in 1979, there may also be some discontinuities in coding between 1968-78 and 1979-87.

National Maternal and Infant Health Survey

Sponsored by the Centers for Disease Control of NCHS, this survey includes a national random sample of 10,000 live births, 4,000 fetal deaths, and 6,000 infant deaths in 1988. The samples include married and unmarried women in all States. Black and low-birth-weight infants were oversampled. The followup survey in 1990 will begin creation of a longitudinal data base. The surveys focus on a wide variety of factors associated with infant and early childhood mortality and morbidity including nutrition; health care; child care; and maternal drug use, smoking, and alcohol use.

The data are useful for examining the relationship between mother's substance use and fetal and infant death. The 1990 followup will be important for examining the relationship of mother's substance use to early child development and morbidity.

Marijuana, cocaine, and alcohol use frequency and "ever" having received alcohol or drug abuse treatment are each covered by one separate question, however. This is a major limitation to measuring the level of risk of maternal substance use because it precludes detailed analysis of the substance use/infant health relationship.

National Adolescent Student Health Survey

This survey was funded by the Public Health Service's Office of Disease Prevention and Health Promotion, the Centers for Disease Control, and NIDA. It is intended to determine health-related knowledge, behaviors, and attitudes among young people. A paper-and-pencil survey, it was conducted in late 1987 among approximately 11,000 eighth- and tenth-grade students in public and private schools. These youth were at ages when their risk of drug use was very high. The survey included detailed prevalence and incidence questions on illicit drug use, cigarette and alcohol use, suicide and depression, violence, AIDS, sexually transmitted diseases, and nutrition.

Administering the survey to those in grades 8 and 10 minimized the problem of excluding dropouts. The survey may not, however, have represented adequately those who have poor attendance. Data quality cannot be judged until methodological details are available.

Drug Abuse Warning Network (DAWN)

Initiated in 1972, DAWN is a large-scale, ongoing data collection system administered by NIDA with participation from the Drug Enforcement Administration (DEA). The major objectives of the system are to:

- identify substances associated with drug abuse episodes reported by DAWN-affiliated facilities
- monitor drug abuse patterns and trends and detect new abuse entities and new combinations
- assess health hazards associated with drug abuse
- provide data for national, State, and local drug abuse policy and program planning.

Data are collected from a panel of hospital emergency rooms located in 21 Primary Metropolitan Statistical Areas (PMSA's) and from the offices of medical examiners/coroners located in 27 PMSA's. A national panel of hospitals located outside of the metropolitan areas also report DAWN data. In 1988, 738 emergency rooms and 87 medical examiners participated in DAWN. Since 1987, an accelerated effort has been under way to transform the DAWN system to a national probability sample for emergency departments at the metropolitan and national levels. When completed, the new sample will allow NIDA to produce national, regional, and local estimates of drug use episodes that are representative of drug-related emergency cases in those areas.

An episode report is submitted for each drug abuse patient who visits a DAWN emergency room and for each drug abuse death encountered by a DAWN medical examiner. Up to four substances can be specified for each episode and six substances for each death.

DAWN pertains only to that abusing population that seeks emergency medical treatment or dies in circumstances that bring the death to the attention of a medical examiner. The number of emergency room mentions is not synonymous with the number of individuals involved with drug abuse. DAWN includes only drugs mentioned in relation to a medical crisis or that were found in an investigation of the cause of death. Substances that contributed to a drug episode may go undetected.

Substance abuse treatment and prevention

Among the several sources that have accumulated information about the treatment of drug abuse are those that focus on the numbers and characteristics of treatment clients and those that attempt to assess treatment effectiveness. Data that deal primarily with the treatment of alcoholism are not included here. Most of the information on the availability of treatment for defendants and offenders concerns only State adult correctional facilities. The existing data on drug abuse prevention include surveys about substance abuse education efforts by the States and school districts.

National Drug and Alcoholism Treatment Unit Survey (NDATUS)

NDATUS is a national survey sponsored jointly by NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). It is designed to measure the location, scope, and characteristics of drug abuse and alcoholism treatment and prevention facilities, services, and activities throughout the United States. The NDATUS is the only survey that includes privately as well as publicly funded programs. Data collected from all treatment units include unit identification, type and scope of services provided, sources of funding, and staffing information. The 1987 fiscal year survey produced information from 8,689 alcohol and/or drug treatment units in all 50 States, the District of Columbia, Puerto Rico, and other American territories.

Because NDATUS is a voluntary reporting program for treatment and prevention programs, its relationship to the universe of drug and alcohol abuse programs is not known. Many private substance abuse treatment programs do not report their data.

The State Alcohol and Drug Abuse Profile (SADAP)

Sponsored by NIDA and NIAAA, this survey has been conducted annually since 1982 by the National Association of State Alcohol and Drug Abuse Directors (NASADAD). The data are obtained for all 50 States plus the District of Columbia, Puerto Rico, and other American territories. The purpose of SADAP is to provide aggregate State-level treatment data on funding allocations and treatment unit and client characteristics in a uniform format using statistics that are already available at the State level. The matrices (both drug and alcohol) used by this system were adopted for the 1987 NDATUS in an attempt to reduce the reporting burden for the States.

Treatment Outcome Prospective Study (TOPS)

Sponsored by NIDA with support from NIJ, TOPS interviewed individuals entering publicly funded drug abuse treatment programs in calendar years 1979, 1980, and 1981 in 10 cities about their drug and alcohol use and related problems. The 11,750 treatment clients were also interviewed about their involvement in criminal behavior and the criminal justice system. Samples were interviewed during treatment and up to 5 years after treatment. Methadone maintenance, detoxification, and residential and outpatient drug-free modalities were included.

Although the sample is very large and is distributed across the country, it is not a random sample of treatment programs or clients. Moreover, private treatment program clients were not included. Most data are self-reported, and much of the data involves sensitive information.

Census of State Adult Correctional Facilities

This quinquennial census sponsored by the Bureau of Justice Statistics (BJS) was most recently conducted in 1984. The purpose of the census is to describe State-operated confinement and community-based facilities. The 1984 census includes data on facilities, inmates, programs, staff, and expenditures. The census reports the number of inmates in State facilities who were in counseling programs including counseling for alcohol addiction and drug dependence.

The grouping of all types of counseling programs into one category limits the usefulness of these data. The next census to be conducted in the summer of 1990 will break out the types of counseling programs so that there will be separate categories for alcohol and drug dependence. In addition, Federal correctional facilities will be included for the first time in 1990.

Survey of Employer Anti-drug Programs

The Bureau of Labor Statistics undertook this survey in the summer of 1988. It estimates the number of private nonagricultural establishments with drug-testing or employee assistance programs. Data are available by employment size class, major industry division, and region. Over 7,500 establishments were sampled. An establishment rather than company is the unit of analysis. The major limitation to the survey is the lack of coverage of public employers such as Federal, State, and local governments.

State and District Efforts in Substance Abuse Education Surveys

In 1987, the Center for Education Statistics of the Department of Education conducted two surveys about substance abuse education through its Fast Response Survey System (FRSS). The State survey was sent to the State education agencies in all 50 States and the District of Columbia. All of the agencies responded. This survey collected information on State drug abuse education efforts including requirements for school districts, assistance to school districts, resources for substance abuse education, coordination with other agencies, and the perceived extent of substance abuse.

The survey of school districts used a national probability sample of 700 public school districts and had a 98% response rate. This survey included questions about substance abuse policies of the school districts including actions taken for substance abuse infractions, substance abuse education, programs to prevent student substance abuse, district resources for substance abuse education, and the perceived extent of substance abuse.

These surveys were part of an assessment of current State and local substance abuse prevention activities being prepared for Congress. They do not address the effectiveness of these efforts. They measure only those efforts performed through the State departments of education and the school districts and do not include the substance abuse education efforts of any other agencies.

Source and volume of illegal drugs

Good information on the source and volume of illegal drugs is crucial to the formation of policymaking, enforcement, and intervention strategies; the accurate assessment of the effectiveness of intervention efforts; and treatment and prevention planning. This information needs to include data on drug-exporting countries; the sources, volume, and types of drugs shipped to the United States; domestic drug markets; drug distribution systems; the prices of illegal drugs; and patterns of consumer demand.

The task of statistically describing the illegal drug trade is formidable. By its nature the drug trade is surreptitious, and participants conceal their shipments and transactions.

Currently available statistics and their problems are as follows:

- Cultivation production estimates are made for the opium poppy and coca plants, the sources of heroin and cocaine; however, these estimates are not precise, and it is not known what proportion of the production enters the United States.

- Marijuana production is particularly difficult to estimate because marijuana is grown in many areas of the world, including the United States, in small cultivation plots and, unlike heroin and cocaine, requires little processing.

- Border seizures of heroin, cocaine, and marijuana are the basis for many of the estimates of the volume of drugs that enter the United States. The accuracy of the estimates is unknown because there is little information about the proportion of shipments that are interdicted.

Existing data series lack systematic data collection, as well as specific criteria and rules for calculations, to generate the type of information needed for policymaking. In addition, no national data series exist on domestic drug markets, distribution systems, the prices of illegal drugs, and consumer preferences.

National Narcotics Intelligence Consumers Committee (NNICC)

The Committee was created in 1978 as a cooperative effort involving Federal agencies with drug-related law enforcement, foreign and domestic policy, treatment, research, and intelligence responsibilities. The Committee was organized to coordinate, collect, analyze, disseminate, and evaluate drug-related intelligence. The Drug Enforcement Administration (DEA) Deputy Assistant Administrator for Intelligence is the Committee chair.

Annually, the NNICC produces a report that provides estimates of the volume and sources of illegal drugs available in the United States. Availability and distribution are estimated for opiates, cocaine, cannabis products, and other illegal drugs. Production estimates are given for selected foreign countries. The report also provides estimates of the volume of drug money laundered and the methods and locations of money-laundering operations.

The Committee uses multiple sources to estimate controlled substance production and distribution volume. The primary source for production estimates in foreign countries is the *International Narcotics Control Strategy Report* (INCSR) that is discussed below. Other sources used include *Monitoring the Future* and the *Drug Abuse Warning Network* (DAWN), described earlier.

The specifics of how the NNICC estimation methodologies have been revised have not been published, so it is difficult to assess the validity of year-to-year comparison estimates. The validity of the assumptions made in the NNICC report about the proportion of the total traffic that is seized is unknown because law enforcement and other official sources do not know the actual level of illegal drug distribution and production activity.

International Narcotics Control Strategy Report (INCSR)

The Foreign Assistance Act of 1961, as amended, requires the Department of State to prepare an annual *International Narcotics Control Strategy Report* (INCSR) to assess the performance of significant narcotics-producing and -transiting countries during the previous calendar year. The INCSR is the factual basis for the President to certify whether or not a major narcotics-producing or -transiting country has cooperated fully with the United States in meeting legislative requirements in a variety of narcotics control areas. These include satisfying goals in bilateral and multilateral narcotics control agreements, in preventing illegal drugs from being produced or trafficked through a country to the United States, and in preventing and punishing drug-related money-laundering activities and public corruption.

Under the Anti-Drug Abuse Act of 1986, countries that do not receive Presidential certification or a national-interest waiver will be denied U.S. Government assistance other than narcotics control, disaster, and various types of humanitarian aid. The United States is also required to vote against loans in multilateral development banks to countries denied certification. In 1990, of the 24 major narcotics-producing and -transiting countries, four — Afghanistan, Burma, Iran, and Syria — were denied certification; one country, Lebanon, was granted a national-interest waiver.

Data for the INCSR are collected in the field by the Department of State, DEA, and other U.S. Government agencies. Production estimates are made in Washington on the basis of methodologies used for estimating other agricultural crops. Data collected in the INCSR are used in the NNICC report previously cited.

Drugs, crime, and the criminal justice system

State statutes

Criminal justice is primarily a State and local responsibility in the United States. While the Federal Government has jurisdiction over controlled substances, State legislatures also enact statutes concerning drugs. While not statistical data, information about these statutes is valuable in determining what the States are doing with regard to drug control and how they differ in their approach.

A Guide to State Controlled Substances Acts

Prepared under the sponsorship of BJA, this Guide summarizes Federal and State penalties for drug possession and for drug manufacture, delivery, and sale. In addition, it identifies forfeiture provisions, offenses involving minors, drug paraphernalia restrictions, and offenses involving counterfeit drugs.

State statutes were analyzed to identify common elements and were classified into several categories. Therefore, comparisons among the State statutes can be made. In addition, the Guide provides statute citations and describes each jurisdiction's drug scheduling system. An update of the 1988 report will be published in the fall of 1990. This update will include additional information on several topics including special provisions regarding minors, crack cocaine, tax provisions from the revenue codes, precursor drugs, drug diversion, revocation of driver's licenses, and steroids.

Digest of State Alcohol-Highway Safety Legislation

Produced by the National Highway Traffic Safety Administration (NHTSA), this Digest annually summarizes State legislation concerning driving-while-intoxicated offenses and other State laws related to alcohol use and driving. While the emphasis of this Digest is on alcohol-related offenses, it also lists the drugs that, if found to have been used by a driver, will result in a driving-while-intoxicated offense. Additional information is provided on whether blood and urine tests may be required of drivers and on both the criminal and regulatory sanctions that may be imposed.

The information is developed by NHTSA through analysis of State statutes. The information on drugs is not summarized but is contained in the State-by-State listings. The Digest does not contain any information about State laws to revoke an operator's permit upon conviction of a criminal drug charge.

Law enforcement

Much attention in the public policy discussion has been given to the enforcement of drug laws. The data that do exist provide an estimate of law enforcement activity through arrests, drug seizures, and management statistics. Little information exists on the types of enforcement strategies used, the targets of drug enforcement, or the effectiveness of law enforcement.

Uniform Crime Reports (UCR)

The Federal Bureau of Investigation (FBI) has accumulated, organized, and published offense and arrest statistics from State and local law enforcement agencies around the country in the UCR since 1930. In 1988, approximately 16,000 agencies, representing 98% of the U.S. population, provided data for eight Index offenses and those cleared by law enforcement. Most participating agencies also report the number of arrests for all crimes by characteristics of the arrestees and the number and type of employees.

The UCR collects information on drug arrests, not drug offenses. Arrests for drug abuse violations are published by age, race, sex, and geographic area. More detailed information, such as arrest breakdowns for drug possession and distribution by drug type, is unpublished but available from the FBI.

In the last several years, the basic UCR has been redesigned to collect national data on an incident-by-incident basis. This National Incident-Based Reporting System (NIBRS) will have roughly 25 States reporting by the end of 1991. The new system will provide drug offense data including type of drug and type of drug offense. Drug involvement in any of the 22 broad categories of offenses will be delineated. In addition, the new system will permit analysis of all offenses that occur in any given incident, not just the most serious offense.

System to Retrieve Information from Drug Evidence (STRIDE)

In its role as the lead agency in enforcing Federal drug laws, DEA tests illegal substances bought or seized in its law enforcement operations. The results of this testing in DEA's laboratories are maintained in STRIDE, which began operation in 1971. Each of the hundreds of thousands of records includes data about location, controlled and noncontrolled substances identified, drug price and purity (where available), and other variables.

The STRIDE system can provide detailed information about Federal drug removal efforts over many years. STRIDE data are limited because:

- the system does not include much information about the State and local activities that comprise the bulk of the Nation's drug control activities
- DEA's formal mandate to focus their enforcement activities in certain areas (such as high-volume heroin and cocaine dealers) limits the scope of STRIDE.

Law Enforcement Management and Administrative Statistics (LEMAS)

Sponsored by the Bureau of Justice Statistics (BJS), LEMAS periodically collects information from a sample of some 3,000 law enforcement agencies. The initial survey collected information on types of programs operated in police agencies, including drug enforcement units, drug education units, and laboratory testing facilities. This current information is not detailed enough to permit generalizations about law enforcement activities concerning drugs.

The next survey that will be conducted in 1990 will include new drug-related questions that will include information about the number of officers assigned to special drug units, the cost of such units, participation in multijurisdictional task forces, receipt of assets from asset forfeiture programs, types of drugs seized, arrestee testing programs, and employee testing programs.

Processing drug offenders

In order to assess the impact of drugs on crime and the criminal justice system, information is needed on the processing of drug offenders through the criminal justice system. For example, we need to know if drug cases are clogging the system, what the conviction rate is for those accused of drug offenses, what sentences drug offenders are receiving, and how many convicted offenders are being sent to prison and for how long.

Current data series permit us to provide answers to some of these questions. However, the loose confederation of agencies that is the criminal justice system exists in an intergovernmental framework that makes geographic coverage difficult. Most of the data series cannot provide national estimates and are multijurisdictional rather than representative of all States or localities. Most of the data that are available cover only the most serious offenses.

National Judicial Reporting Program (NJRP)

Sponsored by BJS, the NJRP is based on a nationally representative survey of a sample of State courts. The survey provides data for the United States and the 75 largest counties. NJRP provides case-level data for felony convictions in eight categories including drug trafficking. The data include the types and lengths of sentences to probation, jail, prison, and other conditions. The surveys in this new series were conducted in 1986 and 1988.

NJRP is limited to information on cases that result in a felony conviction. Most of the NJRP data are available only for the eight offense categories including drug trafficking. Drug possession is included in an "other" category. Analysis of the "other" category reveals that about 10% of the convictions were for felony drug possession. However, as most drug possession cases are misdemeanors, the series does not cover all the judicial activity regarding drug cases. The 1990 survey includes a separate offense category for felony drug possession.

Offender-Based Transaction Statistics (OBTS)

OBTS data are accumulated by BJS from States that report the disposition of adult felony arrests. In 1987, 14 States provided OBTS data to BJS, covering 39% of the U.S. population. The reporting program is voluntary and not nationally representative.

At a minimum, participating States submit to BJS case-level data that include age of offender, arrest date and charge, court-disposed offense and date, judicial decision, and sentence. Additional data about the offender and every stage of processing may be submitted as well. In order to provide uniformity among State crime codes, the States determine the appropriate classification for their reported dispositions by using the National Crime Information Center's crime classifications. Subsequently, BJS merges these data into standard BJS crime classification codes.

Information is available for the most serious arrest charge, demographic characteristics of offenders, and final disposition and sentence. Final disposition refers either to a decision not to prosecute or to a trial court finding. Felony drug offenders' characteristics and the outcomes of their arrests can be compared with the characteristics and outcomes of those charged with other kinds of offenses. Most of the data, however, do not allow distinctions among types of drugs or between sales and possession.

The OBTS system is unique because it can link arrest and disposition information. It traces a criminal defendant's contact with the criminal justice system from the point of arrest to final disposition by police, prosecutors, and courts.

One of the limitations of OBTS is that it only includes individuals from whom the police get legible fingerprints at arrest. Offenders are sometimes not fingerprinted, the prints are sometimes not legible, and dispositional information is not always provided. However, offenders charged with drug sales, more often a felony, may be more likely to be fingerprinted than those charged with possession, more often a misdemeanor. Another limitation is that not all State OBTS systems are of equal quality or coverage.

Prosecution of Felony Arrests

This BJS series provides data on the prosecution of felonies from arrest to disposition and includes trafficking and possession offenses. It began in 1979, and statistics have been compiled through 1986. The 1987 edition is expected to be published in 1990. The 1987 report will contain information from 36 urban prosecutors' offices. Statistics are available for declinations by prosecutors, dismissals, convictions (by guilty plea or trial), acquittals at trial, sentences (to incarceration, probation, or other conditions), and elapsed time from arrest to disposition.

Current *Prosecution of Felony Arrests* data are not nationally representative; by 1990, however, the new sample design will be fully implemented to contain data on about 50 jurisdictions that are nationally representative of the 200 largest prosecutors' offices. These jurisdictions account for two-thirds of all serious crimes.

The breakdown of drug offenses in the series is derived from State statutory definitions of felony crimes. Crime type categories are based on the Bureau of Justice Statistics' crime type definitions. State statutory crime codes do not typically identify drug type. The series tracks all crimes that begin with a felony arrest, including felony cases subsequently reduced to misdemeanors. Original misdemeanor arrests are not included.

National Corrections Reporting Program (NCRP)

The NCRP, sponsored by BJS, annually describes prisoners entering and leaving prisons and parole. Initiated in 1983, the program includes demographic characteristics, sentence length, time served, and offense type (including the drug categories of heroin, marijuana, and "other") for hundreds of thousands of individuals. Data for NCRP are collected from most States (40 in 1986) and the Federal Bureau of Prisons.

NCRP is an important source of information about the size, turnover, and characteristics of correctional populations and time served in institutions and on parole. The limitations of NCRP include the absence of data for some States and the fact that variations in State practices may restrict some State-by-State comparisons.

Federal Integrated Justice Database

Also sponsored by BJS, the Database contains information about individuals and corporations processed by the Federal criminal justice system. It collects data about the outcome of investigations, such as whether the person was prosecuted, convicted, and incarcerated; time served in prison; and offense codes permitting

breakdown of drug offenses into distribution/manufacture, importation, possession, and general trafficking categories. This ongoing series began in 1980.

The *Federal Integrated Justice Database* is unique because it links the separate components of the Federal criminal justice system (law enforcement agencies, courts, corrections, etc.). Federal cases, on the other hand, are a small and unrepresentative proportion of all drug cases because most criminal justice system activity occurs at the State and local levels.

Juvenile Court Statistics

Sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the Department of Justice, the National Juvenile Court Data Archive collects administrative records on each case handled in more than 1,300 of the Nation's juvenile courts and on aggregate juvenile court data. In 1985, juvenile courts representing over 96% of the U.S. youth population contributed either case-level or court-level aggregate statistics. Voluntarily submitted, these data are not part of a census or probability sample. From these data, national estimates of the numbers and types of delinquency and status offense cases disposed of by juvenile courts, including characteristics of the juveniles handled, are prepared annually.

In 1985, the delinquency estimates were based on cases handled formally in 1,133 juvenile courts in 22 States and on aggregate-level data from 345 jurisdictions in another 7 States. Drug offenses are a category of delinquency used throughout this source. Additional detail on drug possession, drug trafficking, and marijuana and alcohol delinquency cases is also provided but is based on data from those jurisdictions that could provide such detail. Data for status offenses do not break out any drug-related behavior, although liquor offenses are included.

Institutionalized offenders and drugs

The substance abuse patterns of inmates have been examined in several national surveys of jails and prisons and a number of State-level surveys. Inmate substance abuse data are useful in determining the link between drugs and crime as well as in planning for treatment of the institutional population.

Survey of Inmates of Local Jails

The quinquennial *Survey of Inmates of Local Jails* is sponsored by the Bureau of Justice Statistics. In the third survey, conducted in 1983, a probability sample of 5,785 inmates were interviewed in person. In 1989, BJS conducted a fourth survey that interviewed almost 6,000 inmates. Results from this survey will be released in the summer of 1990. Extensive information on drug and alcohol use is collected in this survey, including data on age of first use, use in relationship to the time of arrest and incarceration, drug dependency, and treatment history. Drug use data are available for heroin, methadone, "T"s and Blues, amphetamines, methaqualone, barbiturates, cocaine or crack, LSD, PCP, and marijuana or hashish. Sociodemographic, employment, and criminal-history data were also collected. Interviewees are assured that their responses to questions about illegal behavior will remain confidential.

The probability sampling procedures of the jail surveys produce data generalizable to the national jail population at the time of the survey. The existence of four jail inmate surveys beginning in 1972 allows comparisons over time.

Survey of Inmates of State Correctional Facilities

Also sponsored by BJS, the third *Survey of Inmates of State Correctional Facilities* was conducted in 1986 when a probability sample of 13,711 inmates were interviewed in person. This survey collects extensive drug and alcohol use data like that collected for the *Survey of Inmates of Local Jails* described above. Sociodemographic, employment, and criminal-history data were also collected. Interviewees are assured that their responses to questions requesting sensitive information about illegal behavior will be confidential.

The probability sampling procedures produce data generalizable to the prison inmate population at the time of the survey. The existence of three State prison inmate surveys beginning in 1974 allows comparisons over the 12-year period. The next survey will be conducted in 1991.

Survey of Youth in Custody

This survey, sponsored by BJS in 1987, included 2,621 youth in long-term, State-operated juvenile institutions. Most of the youth interviewed were between ages 15 and 17; 27% were age 18 or older. Information was collected during personal interviews about family situation, current offense, previous arrests and incarcerations, weapons use, and use of drugs and alcohol. The substance use data were collected for age at first use, regular use, and use at the time of the incarceration offense.

The sample is nationally representative of incarcerated youth in State-operated training schools in 1987. The youth included were institutionalized for criminal offenses, status offenses, or other noncriminal reasons.

Children in Custody Census

OJJDP sponsors this biennial survey of over 3,500 public and private juvenile residential facilities, ranging from secure State-operated training schools to small private group homes. The *Children in Custody Census* has been ongoing since 1971 as the only national source of information on juvenile facilities, their programs, and their resident population.

The *Children in Custody Census* collects information on the number of confined juveniles whose most serious offenses include the distribution of drugs (including growing and manufacturing); possession and use of illegal drugs; and possession, purchase, or consumption of alcohol. For the first time in 1987, this census collected information on the availability and enrollment in specific types of treatment programs including those dealing with drug and alcohol dependency of juveniles. The 1989 census will not have data on program enrollment.

Survey of Prison and Jail Inmates

In this one-time survey sponsored by NIJ and conducted by The RAND Corporation, 1,380 adult male prison inmates and 810 jail inmates completed questionnaires in 1978 and 1979. At the time of the survey, the inmates in the survey represented incoming incarceration cohorts of adult males in three States, California, Michigan, and Texas. The inmates were asked about their juvenile and adult criminal histories, attitudes about crime and justice, and use of drugs and alcohol. Official records were also used to collect information about prior arrests, convictions, and sentences. Very detailed information about criminal behavior and drug use was collected.

Some underreporting of the drug use and crime data is to be expected, but validity studies showed that results were not altered when respondents giving "suspicious" responses were excluded from analyses.

A national compilation of statistical drug indicators

An annual BJS series since 1973, the *Sourcebook of Criminal Justice Statistics* includes a variety of information about drugs. The Sourcebook compiles information from existing research and from a large number of public agencies. Use of drugs in the general population and among offenders is included as well as public opinion and attitudinal data about drug use and the drug problem. Arrests for drug offenses and drug seizures by DEA, U.S. Customs, and the Coast Guard are also provided. This volume brings together in a single document much information from many sources about the drug problem and the governmental response to it.

The Drugs & Crime Data Center & Clearinghouse, the central source for drugs and crime data, is funded by the Bureau of Justice Assistance and managed by the Bureau of Justice Statistics, U.S. Department of Justice. The Data Center is at Research Triangle Institute (RTI), Research Triangle Park, NC. The Clearinghouse is at Aspen Systems Corporation, Rockville, MD. In BJS, Benjamin H. Renshaw III and Sue A. Lindgren provide project direction. Marilyn Marbrook administered publication of this report, assisted by Yvonne Boston.

April 1990, NCJ-122715

The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following offices and bureaus: Bureau of Justice Statistics, National Institute of Justice, Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, and Office for Victims of Crime.

Drugs & Crime Data

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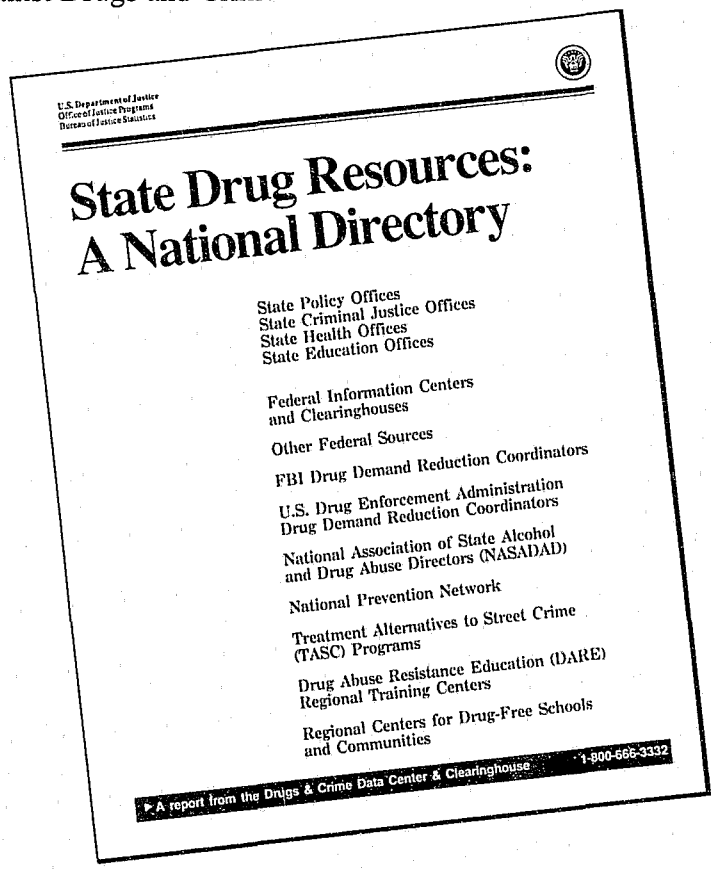

A report from the Drugs & Crime Data Center & Clearinghouse 1-800-666-3332

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- ☐ Drug trafficking: A report to the President 8/89 119844

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