

Drug-Related Data

Up-to-date information on the availability and prevalence of illegal drugs and the criminal, health, and social consequences of their use is vital to the implementation of the National Drug Control Strategy. Such information 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; Subcommittee on Data, Research, and Interagency Coordination coordinates the development and analysis of drug-control information in support of the Strategy. The Office of National Drug Control Policy Reauthorization Act of 1998 defines ONDCP's reporting requirements to include "an assessment of current drug use (including inhalants) and availability, impact of drug use, and treatment availability." The legislation, quoted here directly, specifies that this assessment shall include the following:

- i** estimates of drug prevalence and frequency of use as measured by national, State, and local surveys of illicit drug use and by other special studies of:
 - I** casual and chronic drug use;
 - II** high-risk populations, including school dropouts, the homeless and transient, arrestees, parolees, probationers, and juvenile delinquents; and
 - III** drug use in the workplace and the productivity lost by such use;
- ii** an assessment of the reduction of drug availability against an ascertained baseline, as measured by:
 - I** the quantities of cocaine, heroin, marijuana, methamphetamine, and other drugs available for consumption in the United States;
 - II** the amount of marijuana, cocaine, heroin, and precursor chemicals entering the United States;
 - III** the number of hectares of marijuana, poppy, and coca cultivated and destroyed domestically and in other countries;
 - IV** the number of metric tons of marijuana, heroin, cocaine, and methamphetamine seized;
 - V** the number of cocaine and methamphetamine processing laboratories destroyed domestically and in other countries;
 - VI** changes in the price and purity of heroin and cocaine, changes in the price of methamphetamine, and changes in tetrahydrocannabinol level of marijuana;
 - VII** the amount and type of controlled substances diverted from legitimate retail and wholesale sources; and
 - VIII** the effectiveness of Federal technology programs at improving drug detection capabilities in interdiction, and at United States ports of entry;

- iii an assessment of the reduction of the consequences of drug use and availability, which shall include estimation of:
 - I the burden drug users placed on hospital emergency departments in the United States, such as the quantity of drug-related services provided;
 - II the annual national health care costs of drug use, including costs associated with people becoming infected with the human immunodeficiency virus and other infectious diseases as a result of drug use;
 - III the extent of drug-related crime and criminal activity; and
 - IV the contribution of drugs to the underground economy as measured by the retail value of drugs sold in the United States;
- iv a determination of the status of drug treatment in the United States, by assessing:
 - I public and private treatment capacity within each State, including information on the treatment capacity available in relation to the capacity actually used;
 - II the extent, within each State, to which treatment is available;
 - III the number of drug users the Director estimates could benefit from treatment; and
 - IV the specific factors that restrict the availability of treatment services to those seeking it and proposed administrative or legislative remedies to make treatment available to those individuals; and
- v a review of the research agenda of the Counter-Drug Technology Assessment Center to reduce the availability and abuse of drugs.

Data are available for many of the areas listed above; however, there are specific areas for which measurement systems are not yet fully operational. The tables presented in this appendix contain the most current drug-related data on the areas the 1998 ONDCP Reauthorization Act requires 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: 1988–2000

(Source for Tables 1, 3, 32, 39, and 40)

This report estimates total U.S. expenditures on illicit drugs based on available drug price, purity, and demand data. Data are provided on estimated numbers of users' yearly and weekly expenditures for drugs, which is combined with drug price/purity data to calculate trends in total national drug expenditures and consumption. Abt Associates, Inc., first wrote the report for ONDCP in 1993. It was updated in 1995, 1997, 2000, and 2001. For each update, estimates for all years are adjusted due to changes in the database, methodology improvements, and assumption adjustments. See the source report for details.

National Household Survey on Drug Abuse

(Source for Tables 2, 4, 31, 49, and 50)

The NHSDA measures the prevalence of drug and alcohol use among household members aged twelve 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 civilians living on military bases. The NHSDA was administered by the National Institute on Drug Abuse (NIDA) from 1974 through 1991; the Substance Abuse and Mental Health Services Administration (SAMHSA) has administered the survey since 1992. The data collection methodology was changed from paper-and-pencil interviews (PAPI) to computer-assisted interviews (CAI) in 1999, and the sample was expanded almost fourfold to permit state-level estimates and more detailed subgroup analyses, including racial/ethnic subgroups and single-year age categories. This change in method represents a break in trend data after 1998.

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

(Source for Tables 5 and 6)

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 University of Michigan has conducted the study under a grant from NIDA since 1975.

Youth Risk Behavior Survey

(Source for Tables 7–9, 11, 74, and 75)

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 (CDC). 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 sub-populations 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 youths in each family selected for the National Health Interview Survey. In 1992, 10,645 youth ages 12–21 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. Another component of the YRBSS is the national Alternative High School Youth Risk Behavior Survey (ALT-YRBS). Conducted in 1998, ALT-YRBS results are based on a nationally representative sample of 8,918 students enrolled in alternative high schools who are at high risk for failing or dropping out of regular high school, or have been expelled from regular high school because of illegal activity or behavior problems.

The Monetary Value of Saving a High-Risk Youth

(Source for Tables 12 and 13)

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 use and dropping out of school.

Substance Abuse Among Probationers and Inmates

(Source for Table 14)

Conducted by the Bureau of Justice Statistics, Office of Justice Programs, Department of Justice, the 1997 Survey on Inmates in State and Federal Correctional Facilities comprises 14,285 interviews for the state survey and 4,041 for the federal survey using computer-assisted personal interviewing (published in December 1998). The survey is conducted every 5–6 years. The first national survey of adults on probation was conducted in 1995 by BJS and provides information on drug use from personal

interviews with a national representative sample of more than 2,000 adult probationers under active supervision (published in March 1998). About 417,000 jail inmates were surveyed in 1998 as part of the survey of inmates in local facilities. The 1998 survey included a special addendum on drug testing, sanctions, and interventions.

Homelessness: Programs and the People They Serve

(Source for Tables 15–17)

The National Survey of Homeless Assistance Providers and Clients provides a full picture of homeless service users in late 1996. It provides updated information about the providers of homeless assistance services and the characteristics of homeless clients who use these services. Information from this survey was intended for use by federal agencies responsible for administering homeless assistance programs and other interested parties. The U.S. Bureau of the Census carried out the data collection on behalf of the sponsoring agencies. The survey, released in December 1999, provides the first opportunity since 1987 to update the national picture of homelessness in a comprehensive and reliable way.

The Economic Costs of Drug Abuse in the United States

(Source for Tables 18 and 19)

ONDCP commissioned the study *The Economic Costs of Drug Abuse in the United States, 1992–1998* to update a previous study conducted by NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) that was released in 1998 and that had been based on 1992 data. The study also includes cost projections for 1999 and 2000. The report, conducted by The Lewin Group, uses a cost-of-illness methodology and was released by ONDCP in January 2002.

National Vital Statistics Report

(Source for Table 20)

Data on drug-induced deaths are based on information from all death certificates filed (2.3 million in 1997) in the 50 states and the District of Columbia. Information from the states is provided to the National Center for Health Statistics (NCHS), a component of CDC. NCHS tabulates causes of death attributable to drug-induced mortality, including drug psychoses; drug dependence; nondependent drug use, not including alcohol and tobacco; accidental poisoning by drugs, medicaments, and biologicals; suicide by drugs, medicaments, and biologicals; assault from poisoning by drugs and medicaments; and poisoning by drugs, medicaments, and biologicals, undetermined whether accidentally or purposely inflicted. Drug-induced causes exclude accidents, homicides, and other causes indirectly related to drug use. Also excluded are newborn deaths associated with mothers' drug use. The International Classification of Diseases, Version 10 (ICD-10) was implemented in 1999 following conventions defined by the World Health Organization to replace Version 9 (ICD-9), in use since 1979. Because of the change in coding causes of death and the resulting trend discontinuity, death data for 1998 were recalculated by NCHS to provide a benchmark for comparison of ICD-9 and ICD-10 results.

Drug Abuse Warning Network

(Source for Tables 21 and 68–72)

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 use. 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.

HIV/AIDS Surveillance Reports

(Source for Tables 22 and 23)

The HIV/AIDS Surveillance Reports are published semi-annually by CDC and contain tabular and graphic information about U.S. AIDS and HIV case reports, including data by state, metropolitan statistical area, mode of exposure to HIV, sex, race/ethnicity, age group, vital status, and case definition category.

Reported Tuberculosis in the United States

(Source for Table 24)

The TB Surveillance Reports are published annually by CDC and contain tabular and graphic information about reported tuberculosis cases collected from 59 reporting areas (the 50 states, the District of Columbia, New York City, U.S. dependencies and possessions, and independent nations in free association with the United States).

The reports include statistics on tuberculosis case counts and case rates by states and metropolitan statistical areas, with tables of selected demographic and clinical characteristics (e.g., race/ethnicity, age group, country of origin, form of disease, and drug resistance). The reports also include information on injection drug use and non-injection drug use among TB cases.

Summary of Notifiable Diseases

(Source for Table 25)

This publication contains summary tables of the official statistics for the reported occurrence of nationally notifiable diseases in the United States, including hepatitis. These statistics are collected and compiled from reports to the National Notifiable Diseases Surveillance System, which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists. These data are finalized and published in CDC's *Morbidity and Mortality Weekly Review Summary of Notifiable Diseases, United States* for use by state and local health departments; schools of medicine and public health; communications media; local, state, and federal agencies; and other agencies or persons interested in following the trends of reportable diseases in the United States. The annual publication of the summary also documents which diseases are considered national priorities for notification and the annual number of cases of such diseases.

Uniform Crime Reports

(Source for Tables 26 and 27)

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 violations by demographics and geographic areas are also 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 28)

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. The Bureau of Justice Statistics has conducted the survey every 5–6 years since 1972. About 417,000 jail inmates were surveyed in 1998 as part of the survey of inmates in local facilities. The 1998 survey included a special addendum on drug testing, sanctions, and interventions.

Survey of Inmates in Federal Correctional Facilities and Survey of Inmates in State Correctional Facilities

(Sources for Table 28)

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 BJS and the Bureau of Prisons and conducted by the U.S. Bureau of the Census. Similar surveys of state prison inmates were conducted in 1974, 1979, and 1986. The most recent SIFCF and SISCF were conducted in 1997.

National Prisoner Statistics Program

(Source for Table 28)

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 BJS later in the year.

Uniform Facility Data Set/National Drug and Alcoholism Treatment Unit Survey (Source for Tables 29, 30, and 51)

The Uniform Facility Data Set (UFDS) measures the location, scope, and characteristics of drug and alcohol treatment facilities throughout the United States. The survey collects data on unit ownership, type, and scope of services provided; sources of funding; number of clients; treatment capacities; and utilization rates. 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 before that date. The UFDS, then called the National Drug and Alcoholism Treatment Unit Survey (NDATUS), was administered jointly by NIDA and the National Institute of Alcohol Abuse and Alcoholism from 1974 to 1991. Since 1992, SAMHSA has administered UFDS.

Closing the Drug Abuse Treatment Gap (Source for Table 31)

The Department of Health and Human Services (DHHS) issued a report to the President on an inventory of drug treatment need and capacity. The report includes national and state estimates of the drug treatment gap based on the NHSDA and proposes a comprehensive plan to close the gap. This table reports estimates of the number of individuals who needed, in the past year, treatment for an illicit drug problem, by demographic characteristics.

Estimation of Cocaine Availability, 1996–1998 (Source for Table 32)

ONDCP is developing a flow model for cocaine, called the Sequential Transition and Reduction (STAR) Model. The STAR model is anchored to two annual estimates of cocaine availability: Andean cultivation estimates and U.S. domestic consumption estimates. Between these endpoints, other cocaine availabilities are calculated by sequentially transitioning from one stage to another. For example, from net cultivation, the model calculates leaf production by applying leaf yield figures and reductions due to leaf seizures and consumption.

The Price of Illicit Drugs, 1981–2000 (Source for Table 33)

This study commissioned by ONDCP reports national-level drug price and purity trends for the three major drugs: cocaine, heroin, and methamphetamine. National-level price trends for marijuana are also provided, but purity trends are not, because THC content is not provided by DEA's database. DEA's *System To Retrieve Information on Drug Evidence* (STRIDE) is the primary source of data for this study, providing lab analyses of street-level drug purchases. Regional price and purity trends are weighted by DAWN data to calculate a national-level estimate.

Federal-Wide Drug Seizure System

(Source for Table 34)

The Federal-Wide Drug Seizure System (FDSS) is an online computerized system that stores information about drug seizures made by and with the participation of DEA, FBI, Customs Service, Border Patrol, and Coast Guard. The FDSS database includes drug seizures by other federal agencies (such as the Forest Service) to the extent that custody of the drug evidence was transferred to one of the five agencies identified above. The FDSS has been maintained by the DEA since 1988.

Eradicated Domestic Cannabis by Plant Type, 1982–2001

(Source for Table 35)

DEA's Domestic Cannabis Eradication and Suppression Program provides resources to state and local law enforcement for cannabis eradication. The data tabulated in this table are from state and local law enforcement reporting of the results of their efforts.

International Narcotics Control Strategy Report

(Source for Tables 36–38 and 41–47)

The International Narcotics Control Strategy Report (INCSR) provides the President with information on the steps taken by the main illicit drug-producing and transiting 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 geographic areas. Drug supply figures, such as seizures and cultivation estimates, are forwarded from each host nation, through the American Embassy, to this U.S. Department of State report.

Estimation of Heroin Availability, 1995–1999

(Source for Table 40)

This research was supported by ONDCP's Office of Programs, Budget, Research, and Evaluation. Beginning with domestic heroin consumption estimates and source distribution data from DEA's Heroin Signature Program, seizure figures are added to measure the amount of heroin entering the United States from various source regions. These estimates are closely correlated to potential heroin production estimates for South America and Mexico.

DEA Information 7 Reports

(Source for Table 48)

Only a fraction of MDMA seizures are analyzed by DEA's field laboratories. Those federal seizures where DEA has an interest in the case but that are not analyzed are logged into a DEA database. The data form completed for each of those seizures is referred to as a "DEA Information 7 Report."

Arrestee Drug Abuse Monitoring/Drug Use Forecasting Program

(Source for Tables 52–66)

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. In 1997, this program became the Arrestee Drug Abuse Monitoring (ADAM) program. The ADAM program collected data in 35 major metropolitan sites across the United States in 1998, up from 23 in 1997. Arrestees 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 from site to site. Most sites collect data from 300–700 adult male arrestees, 100–300 female arrestees (at 32 sites), and 150–300 juvenile male arrestees (at 13 sites).

El Paso Intelligence Center

(Source for Table 67)

The El Paso Intelligence Center (EPIC) maintains the National Clandestine Laboratory Seizure Database containing information obtained from federal, state, and local law enforcement. EPIC was established in 1974 as a Southwest Border intelligence service center. Today, EPIC still concentrates primarily on drug movement and immigration violations. Staffing at the DEA-led center has increased to more than 300 analysts, agents, and support personnel from 15 federal agencies, the Texas Department of Public Safety, and the Texas Air National Guard. Information sharing agreements with other federal law enforcement agencies, the Royal Canadian Mounted Police, and each of the 50 states ensure that EPIC support is available to those who need it. Real-time information is maintained at EPIC via different federal databases, and EPIC's own internal database.

The European School Survey Project on Alcohol and Other Drugs: Alcohol and Other Drug Use Among Students in 30 European Countries

(Source for Table 73)

The European School Survey Project on Alcohol and Other Drugs (ESPAD) was jointly published by the Swedish Council for Information on Alcohol and Other Drugs, CAN Council of Europe, Co-Operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (the Pompidou Group). Under this project, data on drug use prevalence were collected from annual school surveys in up to 30 different European countries and the United States in 1995 and 1999. The target age of youth surveyed was 15, or approximately 10th grade, and the substances focused on included alcohol, tobacco, and other drugs. The group plans to repeat the surveys every fourth year.

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