White House Office of National Drug Control Policy

Drug Policy Information Clearinghouse

Cocaine

Facts and Figures

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INTRODUCTION

This information packet includes excerpts from selected Federal government, or Federally-sponsored publications which contain information on cocaine These data include production estimates, trafficking patterns, arrests, usage patterns, and treatment admissions. Information from the following publications is presented in this information packet:

1996 Drugs of Abuse
National Household Survey on Drug Abuse 1996: Preliminary Estimates
National Household Survey on Drug Abuse 1995: Main Findings
Monitoring the Future Study: December 18, 1997
National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1997
Office of National Drug Control Policy, Pulse Check: National Trends in Drug Abuse, Summer 1997
Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1996
Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network
Drug Abuse Warning Network, Annual Medical Examiner Data, 1995
1996 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees
Drugs and Jail Inmates, 1989
Survey of State Prison Inmates, 1991
Comparing Federal and State Prison Inmates, 1991
Drug Enforcement and Treatment in Prisons, 1990
Illegal Drug Price Purity Report, United States: January 1993-December 1996
The NNICC Report 1996: The Supply of Illicit Drugs to the United States
The Cocaine Threat to the United States
The South American Cocaine Trade: An "Industry" in Transition
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1995
What American Users Spend on Illegal Drugs, 1988-1995

Complete citations and ordering instructions for full copies of publications used in producing this information packet may be found on the last page.

This information packet was prepared by Frank Piñol at the ONDCP Drug Policy Information Clearinghouse This Clearinghouse is funded by the White House Office of National Drug Control Policy to support drug policy research and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drug policy issues, call 1-800-666-3332 or write ONDCP Drug Policy Information Clearinghouse, PO Box 6000, Rockville, MD 20849-6000. You may also visit us on the World Wide Web at http://www. whitehousedrugpolicy.gov.

U.S. Department of Justice
Drug Enforcement Administration

DEA

Cocaine

Cocaine, the most potent stimulant of natural origin, is extracted from the leaves of the coca plant *(Erythroxylon coca)*, which is indigenous to the Andean highlands of South America. Natives in this region chew or brew coca leaves into a tea for refreshment and to relieve fatigue similar to the customs of chewing tobacco and drinking tea or coffee.

Pure cocaine was first isolated in the 1880s and used as a local anesthetic in eye surgery. It was particulary useful in surgery of the nose and throat because of its ability to provide anesthesia as well as to constrict blood vessels and limit bleeding. Many of its therapeutic applications are now obsolete due to the development of safer drugs.

Illicit cocaine is usually distributed as a white crystaline powder or as an off-white chunky material. The powder, usually cocaine hydrochloride, is often diluted with a variety of substances, the most common of which are sugars such as lactose, inositol and mannitol, and local anesthetics such as lidocaine. The adulteration increases the volume and thus multiplies profits. Cocaine hydrochloride is generally snorted or dissolved in water and injected. It is rarely smoked.

"Crack," the chunk or "rock" form of cocaine, is a ready-to-use freebase. On the illicit market it is sold in small, inexpensive dosage units that are smoked. With crack came a dramatic increase in drug abuse problems and violence. Smoking delivers large quantities of cocaine to the lungs, producing effects comparable to intravenous injection; these effects are felt almost immediately after smoking, are very intense, and are quickly over. Once introduced in the mid-1980s, crack abuse spread rapidly and made the cocaine experience available to anyone with $10 and access to a dealer. In addition to other toxicities associated with cocaine abuse, cocaine smokers suffer from acute respiratory problems including cough, shortness of breath, and severe chest pains with lung trauma and bleeding.

The intensity of the psychological effects of cocaine, as with most psychoactive drugs, depends on the dose and rate of entry to the brain. Cocaine reaches the brain through the snorting method in three to five minutes. Intravenous injection of cocaine produces a rush in 15 to 30 seconds and smoking produces an almost immediate intense experience. The euphoric effects of cocaine are almost indistinguishable from those of amphetamine, although they do not last as long. These intense effects can be followed by a dysphoric crash. To avoid the fatigue and the depression of "coming down," frequent repeated doses are taken. Excessive doses of cocaine may lead to seizures and death from respiratory failure, stroke, cerebral hemorrhage or heart failure. There is no specific antidote for cocaine overdose.

According to the 1993 Household Drug Survey, the number of Americans who used cocaine within the preceding month of the survey numbered about 1.3 million; occasional users (those who used cocaine less often than monthly) numbered at approximately 3 million, down from 8.1 million in 1985. The number of weekly users has remained steady at around a half million since 1983.

Table 3A.—Estimated Numbers (in Thousands) of Lifetime Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1996

Drug	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
Any Illicit Drug[1]	56,414[a]	--	66,172[b]	67,457[a]	68,838	69,256	68,528	70,776	71,935	72,426	74,390
Marijuana and Hashish	50,322[b]	53,312[b]	56,547[b]	60,755[a]	61,266[a]	61,900[a]	62,075	64,149	65,229	65,545	68,571
Cocaine	15,541[b]	21,756	21,495	21,058	22,617	23,271	22,482	23,369	21,821	21,700	22,130
Crack	--	--	--	2,672[b]	2,967[b]	4,194	3,010[b]	4,034	4,042	3,895	4,628
Inhalants	--	--	15,167[a]	12,646	11,562	12,300	10,988	12,240	12,178	12,016	11,909
Hallucinogens	16,016[b]	16,989	13,221[b]	15,165[b]	15,925[b]	17,007[a]	17,065[a]	18,743	18,217[a]	20,129	20,699
PCP	--	--	3,811[b]	4,143[b]	4,019[b]	4,936[a]	5,550	5,683	5,911	6,718	6,755
LSD	--	--	8,889[b]	11,874[b]	11,656[b]	13,045[a]	13,681	14,471	14,711	15,852	16,400
Heroin	2,324	1,771	1,826	1,749	1,517[a]	2,433	1,687	2,102	2,083	2,451	2,444
Nonmedical Use of Any Psychotherapeutic[2]	--	--	29,386[b]	22,258	22,731	24,053[a]	22,552	21,793	20,926	21,446	20,409
Stimulants	--	--	14,139[b]	11,241	11,156	11,385	10,284	10,007	9,671	10,360	10,075
Sedatives	--	--	9,260[b]	5,206	5,609	6,482	5,309	5,320	5,460	5,760	4,866
Tranquilizers	--	--	14,692[b]	8,774	8,020	10,445[a]	9,766	8,751	8,390	8,251	7,774
Analgesics	--	--	14,693	11,465	12,751	13,782	12,634	13,324	12,552	12,806	11,799
Any Illicit Drug other than Marijuana[3]	--	--	43,130	38,301	39,190	40,228	38,923	40,803	39,383	40,426	40,375
Alcohol	159,525[b]	159,415[b]	163,608[a]	166,571	165,410	169,640	168,572	171,167	176,290	174,182	176,707
"Binge" Alcohol Use[4]	--	--	--	--	--	--	--	--	--	--	--
Heavy Alcohol Use[4]	--	--	--	--	--	--	--	--	--	--	--
Cigarettes	--	--	150,233	153,466	151,699	151,922	150,283	151,936	153,509	151,917	153,252
Smokeless Tobacco	--	--	--	36,551	35,193	35,420	37,538	32,862	36,042	35,899	36,369

[a] Low precision; no estimate reported.
-- Not available.

NOTE: The population distributions for the 1991 through 1996 NHSDAs are post-stratified to population projections of totals based on the 1990 decennial census. The 1979 NHSDA used population projections based on the 1970 census; NHSDAs from 1982 through 1991 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use, but may have a significant effect on estimates of number of drug users in some subpopulation groups.

NOTE: Estimates for 1979 through 1993 may differ from estimates for these survey years that were published in other NHSDA reports. The estimates shown here for 1979 through 1993 have been adjusted to improve their comparability with estimates based on the new version of the NHSDA instrument that was fielded in 1994 and subsequent NHSDAs. For 1979 and 1982, estimates are not shown (as indicated by --) where (a) the relevant data were not collected, or (b) the data for these drugs were based on measures that differed appreciably from those used in the other survey years. Consequently, adjustments to the 1979 and 1982 data were made only for those drugs whose measures were comparable to those in the other survey years.

Because of the methodology used to adjust the 1979 through 1993 estimates, some logical inconsistency may exist between estimates for a given drug within the same survey year. For example, some adjusted estimates of past year use may appear to be greater than adjusted lifetime estimates. These inconsistencies tend to be small, rare and not statistically significant.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a] Difference between estimate and 1996 estimate is statistically significant at the .01 level.
[b] Difference between estimate and 1996 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse

Table 3B. Percentages Reporting Lifetime Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1996

Drug	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
Any Illicit Drug[1]	31.3[a]	--	34.4	34.0	34.2	34.1	33.3	34.2	34.4	34.2	34.8
Marijuana and Hashish	27.9[a]	28.6	29.4	30.6	30.5	30.5	30.2	31.0	31.1	31.0	32.0
Cocaine	8.6[a]	11.7	11.2	10.6	11.2	11.5	10.9	11.3	10.4	10.3	10.3
Crack	--	--	--	1.3[b]	1.5[b]	2.1	1.5[b]	1.9	1.9	1.8	2.2
Inhalants	--	--	7.9[b]	6.4	5.7	6.1	5.3	5.9	5.8	5.7	5.6
Hallucinogens	8.9	9.1	6.9[b]	7.6[b]	7.9[a]	8.4	8.3	9.0	8.7	9.5	9.7
PCP	--	--	2.0[b]	2.1[b]	2.0[b]	2.4[a]	2.7	2.7	2.8	3.2	3.2
LSD	--	--	4.6[b]	6.0[a]	5.8[b]	6.4	6.7	7.0	7.0	7.5	7.7
Heroin	1.3	1.0	0.9	0.9	0.8	1.2	0.8	1.0	1.0	1.2	1.1
Nonmedical Use of Any Psychotherapeutic[2]	--	--	15.3[b]	11.2	11.3	11.9[b]	11.0	10.5	10.0	10.1	9.5
Stimulants	--	--	7.3[b]	5.7	5.5	5.6	5.0	4.8	4.6	4.9	4.7
Sedatives	--	--	4.8[b]	2.6	2.8	3.2[a]	2.6	2.6	2.6	2.7	2.3
Tranquilizers	--	--	7.6[b]	4.4	4.0	5.1[b]	4.7[a]	4.2	4.0	3.9	3.6
Analgesics	--	--	7.6[b]	5.8	6.3	6.8	6.1	6.4	6.0	6.1	5.5
Any Illicit Drug other than Marijuana[1]	--	--	22.4[b]	19.3	19.5	19.8	18.9	19.7	18.8	19.1	18.9
Alcohol	88.5[a]	85.5	84.9	84.0	82.2	83.6	81.9	82.6	84.2	82.3	82.6
"Binge" Alcohol Use[3]	--	--	--	--	--	--	--	--	--	--	--
Heavy Alcohol Use[3]	--	--	--	--	--	--	--	--	--	--	--
Cigarettes	--	--	78.0[b]	77.4	75.4	74.9	73.1	73.3	73.3	71.8	71.6
Smokeless Tobacco	--	--	--	18.4	17.5	17.5	18.2	15.9	17.2	17.0	17.0

[a] Low precision, no estimate reported
-- Not available.

NOTE: The population distributions for the 1993 through 1996 NHSDAs are post-stratified to population projections of totals based on the 1990 decennial census. The 1979 NHSDA used population projections based on the 1970 census; NHSDAs from 1982 through 1992 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use, but may have a significant effect on estimates of number of drug users in some subpopulation groups.

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Because of the methodology used to adjust the 1979 through 1993 estimates, some logical inconsistency may exist between estimates for a given drug within the same survey year. For example, some adjusted estimates of past year use may appear to be greater than adjusted lifetime estimates. These inconsistencies tend to be small, rare and not statistically significant.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a] Difference between estimate and 1996 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 1996 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

Table 4A: Estimated Numbers (in Thousands) of Past Year Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1996

Drug	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
Any Illicit Drug[1]	31,485[b]	--	31,488[b]	24,577	23,449	22,612	20,046	21,402	22,663	22,662	23,182
Marijuana and Hashish	29,869[b]	29,685[b]	26,145[b]	19,492	18,931	18,067	16,322	17,510	17,813	17,755	18,398
Cocaine	8,608[b]	10,458[b]	9,839[b]	7,151[b]	5,442	5,284	4,332	3,947	3,664	3,664	4,033
Crack	--	--	--	1,459	1,463	1,451	1,144	1,416	1,258	1,018	1,375
Inhalants	--	--	2,657	2,441	2,212	2,379	1,889	1,940	2,213	2,308	2,427
Hallucinogens	5,260	4,149	3,198	3,200	2,350[a]	2,562[a]	2,530[a]	2,479[a]	2,725[a]	3,416	3,602
PCP	--	--	455	167	136[a]	172[a]	207	199	206	322	382
LSD	--	--	--	--	--	--	--	--	1,651	2,108	2,104
Heroin	427	323	347	508	443	359	304	230	281	428	455
Nonmedical Use of Any Psychotherapeutic[2]	--	--	11,988[b]	9,151[a]	6,878	7,314	6,260	6,336	6,056	6,166	6,652
Stimulants	--	--	5,637[b]	3,698[b]	2,319	2,010	1,478	1,774	1,419	1,656	1,896
Sedatives	--	--	2,209[b]	1,376	991	946	802	702	736	666	678
Tranquilizers	--	--	6,181[b]	4,124	2,376	3,143	2,851	2,380	2,405	2,210	2,430
Analgesics	--	--	6,921[a]	5,328	4,986	5,063	4,871	4,560	4,247	4,102	4,510
Any Illicit Drug other than Marijuana[1]	--	--	18,725[b]	14,884[a]	12,153	12,624	10,815	10,968	11,127	11,393	11,644
Alcohol	131,443	126,534[a]	140,394	135,044	132,859	138,113	133,090	137,771	140,121	138,314	138,912
"Binge" Alcohol Use[3]	--	--	--	--	--	--	--	--	--	--	--
Heavy Alcohol Use[3]	--	--	--	--	--	--	--	--	--	--	--
Cigarettes	--	--	78,026	76,446	72,622	73,419	72,409	68,831	66,475	67,639	69,098
Smokeless Tobacco	--	--	--	11,140	10,924	10,704	11,416	9,168	10,017	9,667	10,030

[a] Low precision, no estimate reported
-- Not available

NOTE: The population distributions for the 1991 through 1996 NHSDAs are post-stratified to population projections of totals based on the 1990 decennial census. The 1979 NHSDA used population projections based on the 1970 census; NHSDAs from 1982 through 1992 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use, but may have a significant effect on estimates of number of drug users in some subpopulation groups.

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[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a] Difference between estimate and 1996 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 1996 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse

Table 4B. Percentages Reporting Past Year Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1996

Drug	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
Any Illicit Drug[1]	17.5[b]	--	16.3[b]	12.4	11.7	11.1	9.7	10.3	10.8	10.7	10.8
Marijuana and Hashish	16.6[b]	15.9[b]	13.6[b]	9.8	9.4	8.9	7.9	8.5	8.5	8.4	8.6
Cocaine	4.8[b]	5.6[b]	5.1[b]	3.6[b]	2.7*	2.6*	2.1	1.9	1.7	1.7	1.9
Crack	--	--	--	0.7	0.7	0.7	0.6	0.7	0.6	0.5	0.6
Inhalants	--	--	1.4	1.2	1.1	1.2	0.9	0.9	1.1	1.1	1.1
Hallucinogens	2.9*	2.2	1.7	1.6	1.2*	1.3	1.2*	1.2*	1.3*	1.6	1.7
PCP	--	--	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2
LSD	--	--	--	--	--	--	--	--	0.8	1.0	1.0
Heroin	0.2	0.2	0.2	0.3	0.2	0.2	0.1	0.1	0.1	0.2	0.2
Nonmedical Use of Any Psychotherapeutic[2]	--	--	6.2[b]	4.6*	3.4	3.6	3.0	3.1	2.9	2.9	3.1
Stimulants	--	--	2.9[b]	1.9[b]	1.2	1.0	0.7	0.9	0.7	0.8	0.9
Sedatives	--	--	1.1[b]	0.7	0.5	0.5	0.4	0.3	0.4	0.3	0.3
Tranquilizers	--	--	3.2[b]	2.1*	1.2	1.5	1.4	1.1	1.1	1.0	1.1
Analgesics	--	--	3.6[b]	2.7	2.5	2.5	2.4	2.2	2.0	1.9	2.1
Any Illicit Drug other than Marijuana[1]	--	--	9.7[b]	7.5[b]	6.0	6.2	5.3	5.3	5.3	5.4	5.4
Alcohol	72.9[b]	67.9	72.9[b]	68.1	66.0	68.1	64.7	66.5	66.9	65.4	64.9
"Binge" Alcohol Use[3]	--	--	--	--	--	--	--	--	--	--	--
Heavy Alcohol Use[3]	--	--	--	--	--	--	--	--	--	--	--
Cigarettes	--	--	40.5[b]	38.5[b]	36.1	36.2	35.2	33.2	31.7	32.0	32.3
Smokeless Tobacco	--	--	--	5.6	5.4	5.3	5.5	4.4	4.8	4.6	4.7

*Low precision; no estimate reported
-- Not available.

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[a] Difference between estimate and 1996 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 1996 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

Table 5A. Estimated Numbers (in Thousands) of Past Month Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1996

Drug	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
Any Illicit Drug[1]	25,399[b]	--	23,272[b]	15,192	13,526	13,368	12,033	12,256	12,553	12,823	13,035
Marijuana and Hashish	23,790[b]	21,507[b]	18,641[b]	12,353	10,913	10,366	9,676	9,610	10,112	9,842	10,095
Cocaine	4,743[b]	4,491[b]	5,686[b]	3,140[a]	1,720	2,032	1,402	1,404	1,382	1,453	1,749
Crack	--	--	--	673	686	666	436	579	520	420	668
Inhalants	--	--	1,156	810	787	806	586	589	799	896	961
Hallucinogens	3,382[a]	1,608	2,257	1,245	887	1,115	842	826	960[a]	1,469	1,316
PCP	--	--	*	*	*	*	16	29	34	40	120
LSD	--	--	--	--	--	--	--	--	436	548	482
Heroin	128	162	137	79	41[b]	71[a]	92	68[a]	117	196	216
Nonmedical Use of Any Psychotherapeutic[2]	--	--	7,319[b]	4,076	3,433	3,934	3,124	3,189	2,566	2,601	3,082
Stimulants	--	--	3,407[b]	2,383[a]	1,300	906	688	976	678	798	763
Sedatives	--	--	964	468	339	468	430	315	222	421	232
Tranquilizers	--	--	4,282[b]	2,512	1,216	2,232	1,646	1,223	967	809	952
Analgesics	--	--	2,657	1,361	1,816	1,723	1,828	1,675	1,542	1,264[a]	1,884
Any Illicit Drug other than Marijuana[1]	--	--	11,832[b]	6,768	5,436	6,187	4,909	4,873	4,907	5,574	5,805
Alcohol	114,065	105,613	115,984	108,882	105,869	105,938	100,789	105,351	112,804	110,501	109,149
"Binge" Alcohol Use[3]	--	--	38,545[a]	29,599	28,837	31,119	29,493	29,984	33,409	32,415	31,878
Heavy Alcohol Use[3]	--	--	15,757[a]	11,468	12,535	13,540	12,689	13,681	12,650	11,319	11,215
Cigarettes	--	--	74,545[b]	69,931	65,540	67,030	65,695	61,386	59,955	60,902	61,759
Smokeless Tobacco	--	--	--	7,769	7,810	7,562	8,283	6,694	6,838	6,907	6,813

*Low precision; no estimate reported
-- Not available.

NOTE The population distributions for the 1993 through 1996 NHSDAs are post-stratified to population projections of totals based on the 1990 decennial census. The 1979 NHSDA used population projections based on the 1970 census; NHSDAs from 1982 through 1993 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use, but may have a significant effect on estimates of number of drug users in some subpopulation groups.

NOTE Estimates for 1979 through 1993 may differ from estimates for these survey years that were published in other NHSDA reports. The estimates shown here for 1979 through 1993 have been adjusted to improve their comparability with estimates based on the new version of the NHSDA instrument that was fielded in 1994 and subsequent NHSDAs. For 1979 and 1982, estimates are not shown (as indicated by --) where (a) the relevant data were not collected, or (b) the data for those drugs were based on measures that differed appreciably from those used in the other survey years. Consequently, adjustments to the 1979 and 1982 data were made only for those drugs whose measures were comparable to those in the other survey years.

Because of the methodology used to adjust the 1979 through 1993 estimates, some logical inconsistency may exist between estimates for a given drug within the same survey year. For example, some adjusted estimates of past year use may appear to be greater than adjusted lifetime estimates. These inconsistencies tend to be small, rare and not statistically significant.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of those listed drugs, regardless of marijuana use, so persons users who also have used any of the other listed drugs are included.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days. All Heavy Alcohol Users are also "Binge" Alcohol Users.

[a] Difference between estimate and 1996 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 1996 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse

Table 5B. Percentages Reporting Past Month Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1996

Drug	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
Any Illicit Drug[1]	14.1[b]	--	12.1[b]	7.7	6.7	6.6	5.8	5.9	6.0	6.1	6.1
Marijuana and Hashish	13.2[b]	11.5[b]	9.7[b]	6.2[a]	5.4	5.1	4.7	4.6	4.8	4.7	4.7
Cocaine	2.6[b]	2.4[b]	3.0[b]	1.6[b]	0.9	1.0	0.7	0.7	0.7	0.7	0.8
Crack	--	--	--	0.3	0.3	0.3	0.2	0.3	0.2	0.2	0.3
Inhalants	--	--	0.6	0.4	0.4	0.4	0.3	0.3	0.4	0.4	0.4
Hallucinogens	1.9[b]	0.9	1.2	0.6	0.4	0.5	0.4	0.4	0.5	0.7	0.6
PCP	--	--	*	*	*	*	0.0	0.0	0.0	0.0	0.1
LSD	--	--	--	--	--	--	--	--	0.2	0.3	0.2
Heroin	0.1	0.1	0.1	0.0	0.0[b]	0.0	0.0	0.0[a]	0.1	0.1	0.1
Nonmedical Use of Any Psychotherapeutic[2]	--	--	3.8[b]	2.1	1.7	1.9	1.5	1.5	1.2	1.2	1.4
Stimulants	--	--	1.8[b]	1.2[a]	0.6	0.4	0.3	0.5	0.3	0.4	0.4
Sedatives	--	--	0.5	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.1
Tranquilizers	--	--	2.2[b]	1.3[a]	0.6	1.1[a]	0.8	0.6	0.5	0.4	0.4
Analgesics	--	--	1.4	0.7	0.9	0.8	0.9	0.8	0.7	0.6[a]	0.9
Any Illicit Drug other than Marijuana[1]	--	--	6.1[b]	3.4	2.7	3.0	2.4	2.4	2.3	2.6	2.7
Alcohol	63.2[b]	56.6[a]	60.2[b]	54.9	52.6	52.2	49.0	50.8	53.9[a]	52.2	51.0
"Binge" Alcohol Use[3]	--	--	20.2[b]	15.0	14.4	15.5	14.5	14.6	16.5	15.8	15.5
Heavy Alcohol Use[3]	--	--	8.3[b]	5.8	6.3	6.8	6.2	6.7	6.2	5.5	5.4
Cigarettes	--	--	38.7[b]	35.3[b]	32.6	33.0[a]	31.9	29.6	28.6	28.8	28.9
Smokeless Tobacco	--	--	--	3.9	3.9	3.7	4.0	3.2	3.3	3.3	3.2

*Low precision; no estimate reported
-- Not available.

NOTE: The population distributions for the 1993 through 1996 NHSDAs are post-stratified to population projections of totals based on the 1990 decennial census. The 1979 NHSDA used population projections based on the 1970 census; NHSDAs from 1982 through 1992 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use, but may have a significant effect on estimates of number of drug users in some subpopulation groups.

NOTE: Estimates for 1979 through 1993 may differ from estimates for these survey years that were published in other NHSDA reports. The estimates shown here for 1979 through 1993 have been adjusted to improve their comparability with estimates based on the new version of the NHSDA instrument that was fielded in 1994 and subsequent NHSDAs. For 1979 and 1982, estimates are not shown (as indicated by --) where (a) the relevant data were not collected, or (b) the data for those drugs were based on measures that differed appreciably from those used in the other survey years. Consequently, adjustments to the 1979 and 1982 data were made only for those drugs whose measures were comparable to those in the other survey years.

Because of the methodology used to adjust the 1979 through 1993 estimates, some logical inconsistency may exist between estimates for a given drug within the same survey year. For example, some adjusted estimates of past year use may appear to be greater than adjusted lifetime estimates. These inconsistencies tend to be small, rare and not statistically significant.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.

[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion, on at least one day in the past 30 days. By "occasion," is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days. All Heavy Alcohol Users are also "Binge" Alcohol Users.

[a] Difference between estimate and 1996 estimate is statistically significant at the .05 level.
[b] Difference between estimate and 1996 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse.

Table 6. Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1995 and 1996

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1995	1996	1995	1996	1995	1996
Any Illicit Drug[1]	34.2	34.8	10.7	10.8	6.1	6.1
Marijuana and Hashish	31.0	32.0	8.4	8.6	4.7	4.7
Cocaine	10.3	10.3	1.7	1.9	0.7	0.8
Crack	1.8	2.2	0.5	0.6	0.2	0.3
Inhalants	5.7	5.6	1.1	1.1	0.4	0.4
Hallucinogens	9.5	9.7	1.6	1.7	0.7	0.6
PCP	3.2	3.2	0.2	0.2	0.0	0.1
LSD	7.5	7.7	1.0	1.0	0.3	0.2
Heroin	1.2	1.1	0.2	0.2	0.1	0.1
Nonmedical Use of Any Psychotherapeutic[2]	10.1	9.5	2.9	3.1	1.2	1.4
Stimulants	4.9	4.7	0.8	0.9	0.4	0.4
Sedatives	2.7	2.3	0.3	0.3	0.2	0.1
Tranquilizers	3.9	3.6	1.0	1.1	0.4	0.4
Analgesics	6.1	5.5	1.9	2.1	0.6[a]	0.9
Any Illicit Drug Other than Marijuana[1]	19.1	18.9	5.4	5.4	2.6	2.7
Alcohol	82.3	82.6	65.4	64.9	52.2	51.0
"Binge" Alcohol Use[3]	--	--	--	--	15.8	15.5
Heavy Alcohol Use[3]	--	--	--	--	5.5	5.4
Cigarettes	71.8	71.6	32.0	32.3	28.8	28.9
Smokeless Tobacco	17.0	17.0	4.6	4.7	3.3	3.2

[a] Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[b] Difference between 1995 and 1996 is statistically significant at the .05 level.
[c] Difference between 1995 and 1996 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 7. Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 to 17: 1995 and 1996

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1995	1996	1995	1996	1995	1996
Any Illicit Drug[1]	22.2	22.1	18.0	16.7	10.9*	9.0
Marijuana and Hashish	16.2	16.8	14.2	13.0	8.2	7.1
Cocaine	2.0	1.9	1.7	1.4	0.8	0.6
Crack	0.9	0.7	0.6	0.4	0.2	0.2
Inhalants	7.4	5.9	4.6	4.0	2.1	1.7
Hallucinogens	5.4	5.6	4.6	4.3	1.7	2.0
PCP	1.6	1.2	0.8	0.7	0.1	0.2
LSD	4.3	4.3	3.2	2.8	0.9	0.8
Heroin	0.7	0.5	0.6	0.3	0.2	0.2
Nonmedical Use of Any Psychotherapeutic[2]	6.1	6.8	3.9	4.7	1.6	1.9
Stimulants	2.2	2.2	1.5	1.5	0.5	0.5
Sedatives	0.7	1.1	0.5	0.4	0.3	0.2
Tranquilizers	1.3	1.7	0.6	1.0	0.2	0.2
Analgesics	5.0	5.5	3.0	3.7	1.3	1.5
Any Illicit Drug Other than Marijuana[1]	13.9	13.0	9.7	9.3	4.9	4.6
Alcohol	40.6	38.8	35.1	32.7	21.1*	18.8
"Binge" Alcohol Use[3]	--	--	--	--	7.9	7.2
Heavy Alcohol Use[3]	--	--	--	--	2.8	2.9
Cigarettes	38.1	36.3	26.6	24.2	20.2	18.3
Smokeless Tobacco	11.6	10.0	6.0*	4.6	2.8*	1.9

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

*Difference between 1995 and 1996 is statistically significant at the .05 level.
*Difference between 1995 and 1996 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 8. Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 18 to 25: 1995 and 1996

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1995	1996	1995	1996	1995	1996
Any Illicit Drug[1]	45.8	48.0	25.5	26.8	14.2	15.6
Marijuana and Hashish	41.4*	44.0	21.8	23.8	12.0	13.2
Cocaine	9.8	10.2	4.3	4.7	1.3*	2.0
Crack	2.9	3.0	1.1	1.3	0.3	0.6
Inhalants	11.2	10.8	3.2	3.0	0.7	1.0
Hallucinogens	14.1*	16.3	5.3*	6.9	2.3	2.3
PCP	3.0	2.3	0.4	0.5	0.0	0.1
LSD	12.0*	13.9	3.8	4.6	1.2	0.9
Heroin	0.7	1.3	0.3*	0.9	0.1	0.4
Nonmedical Use of Any Psychotherapeutic[2]	12.1	12.7	6.5	6.7	2.5	2.9
Stimulants	3.9	4.3	2.0	2.0	1.0	0.6
Sedatives	1.5	1.3	0.5	0.7	0.2	0.3
Tranquilizers	5.0	5.0	2.8	2.6	0.7	0.9
Analgesics	8.1	8.9	4.2	4.9	1.1*	2.0
Any Illicit Drug Other than Marijuana[1]	25.3	26.6	12.5	12.7	5.7	6.3
Alcohol	84.4	83.8	76.5	75.3	61.3	60.0
"Binge" Alcohol Use[3]	--	--	--	--	29.9	32.0
Heavy Alcohol Use[3]	--	--	--	--	12.0	12.9
Cigarettes	67.7	68.5	42.5	44.7	35.3*	38.3
Smokeless Tobacco	24.7	23.4	8.8	9.7	5.4	6.1

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

*Difference between 1995 and 1996 is statistically significant at the .05 level.
*Difference between 1995 and 1996 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 9. Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 26 to 34: 1995 and 1996

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1995	1996	1995	1996	1995	1996
Any Illicit Drug[1]	54.8	53.1	14.6	14.6	8.3	8.4
Marijuana and Hashish	51.8	50.5	11.8	11.3	6.7	6.3
Cocaine	21.6	20.9	3.1	3.5	1.2	1.5
Crack	4.2	4.4	0.9	1.1	0.3[a]	0.5
Inhalants	8.7	8.3	0.5	0.7	0.3	0.3
Hallucinogens	15.2	15.4	1.3	1.1	0.3	0.2
PCP[2]	4.6	4.2	0.1	0.0	0.0	*
LSD	11.7	11.7	0.5	0.5	0.1	0.1
Heroin	1.5	1.3	0.2	0.2	0.1	0.1
Nonmedical Use of Any Psychotherapeutic[3]	14.6	13.4	3.9	4.2	1.6	1.9
Stimulants	6.9	6.5	1.2	1.3	0.5	0.4
Sedatives	3.7	2.9	0.3	0.5	0.1	0.2
Tranquilizers	6.0	5.8	1.4	1.6	0.5	0.5
Analgesics	8.6[a]	7.5	2.6	2.5	0.8	1.1
Any Illicit Drug Other than Marijuana[1]	31.4	30.2	6.8	7.2	2.9[a]	3.6
Alcohol	90.1	90.3	77.0	77.2	63.0	61.6
"Binge" Alcohol Use[4]	--	--	--	--	24.0	22.8
Heavy Alcohol Use[4]	--	--	--	--	7.9	7.1
Cigarettes	75.8	73.8	38.4	39.2	34.7	35.0
Smokeless Tobacco	24.0	24.4	6.2	7.2	4.4	4.9

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a] Difference between 1995 and 1996 is statistically significant at the .05 level.
[b] Difference between 1995 and 1996 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 10. Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 35 and Older: 1995 and 1996

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1995	1996	1995	1996	1995	1996
Any Illicit Drug[1]	27.9	29.0	5.0	5.3	2.8	2.9
Marijuana and Hashish	25.3	27.0	3.4	3.8	1.8	2.0
Cocaine	8.6	8.9	0.8	0.9	0.4	0.4
Crack	1.1	1.6	0.2	0.4	0.2	0.2
Inhalants	3.3	3.6	0.2	0.3	0.1	0.1
Hallucinogens	7.6	7.3	0.4	0.2	0.3	0.1
PCP	3.1	3.4	*	0.1	*	0.0
LSD	5.8	5.8	0.1	*	*	*
Heroin	1.2	1.2	0.1	0.0	0.1	0.0
Nonmedical Use of Any Psychotherapeutic[2]	9.1	8.3	1.7	1.8	0.8	0.9
Stimulants	5.0	4.7	0.3	0.4	0.2	0.3
Sedatives	3.1	2.5	0.3	0.2	0.2	0.0
Tranquilizers	3.5	3.1	0.6	0.7	0.3	0.4
Analgesics	5.0	4.2	1.0	1.1	0.3	0.5
Any Illicit Drug Other than Marijuana[1]	15.2	15.1	2.6	2.7	1.5	1.4
Alcohol	87.1	87.8	65.0	64.9	52.6	51.7
"Binge" Alcohol Use[3]	--	--	--	--	11.8	11.3
Heavy Alcohol Use[3]	--	--	--	--	3.9	3.8
Cigarettes	77.5	77.8	28.7	29.1	27.2	27.0
Smokeless Tobacco	14.2	14.8	2.9	2.9	2.6	2.3

*Low precision; no estimate reported.
-- Not available.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

'Difference between 1995 and 1996 is statistically significant at the .05 level.
"Difference between 1995 and 1996 is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 32A. Estimated Numbers (in Thousands) of Lifetime, Past Year, and Past Month Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population of Females Aged 15 to 44, by Pregnancy Status and Parental Status: Annual Averages Based on 1995 and 1996 Samples

Drug	Females Aged 15-44											
	Used in Lifetime				Used in Past Year				Used in Past Month			
		Not Pregnant				Not Pregnant				Not Pregnant		
	Pregnant	No Children	Has Child Aged <2[1]	All Children Aged >2[1]	Pregnant	No Children	Has Child Aged <2[1]	All Children Aged >2[1]	Pregnant	No Children	Has Child Aged <2[1]	All Children Aged >2[1]
Any Illicit Drug[2]	1,037	10,851	3,002	11,149	262	4,811	698	2,127	80	2,488	431	1,081
Marijuana and Hashish	973	9,983	2,775	10,372	224	3,944	509	1,445	40	2,000	318	738
Cocaine	329	3,269	842	3,475	70	773	97	364	14	260	36	178
Crack	98	699	169	389	35	271	22	109	14	88	14	57
Inhalants	104	2,013	305	1,062	22	583	27	40	7	183	15	18
Hallucinogens	244	3,220	731	2,538	43	988	73	126	5	391	47	64
PCP	64	773	219	887	6	99	29	7	*	8	29	3
LSD	159	2,522	563	1,856	29	625	23	28	2	176	6	6
Heroin	40	282	50	168	10	91	*	18	7	23	*	10
Nonmedical Use of Any Psychotherapeutic[3]	276	3,139	712	2,856	69	1,311	229	792	34	513	121	254
Stimulants	136	1,244	257	1,334	44	357	45	190	5	146	19	93
Sedatives	71	636	136	748	15	114	9	103	*	70	5	56
Tranquilizers	115	1,284	318	1,021	39	450	111	254	5	147	54	87
Analgetics	156	1,930	413	1,564	36	905	171	469	24	309	86	98
Any Illicit Drug other than Marijuana[2]	541	6,233	1,543	5,600	136	2,444	354	1,114	58	1,123	186	464
Alcohol	2,075	20,239	5,645	20,646	1,469	17,796	4,465	16,969	402	13,736	3,177	12,558
"Binge" Alcohol Use[4]	--	--	--	--	--	--	--	--	38	4,284	595	2,284
Heavy Alcohol Use[4]	--	--	--	--	--	--	--	--	12	1,050	136	434
Cigarettes	1,577	16,443	4,617	17,497	725	9,239	2,152	8,660	506	7,861	1,977	8,116
Smokeless Tobacco	85	1,894	337	888	7	338	12	77	4	132	7	36

*Low precision; no estimate reported.
-- Not available.

[1] The respondent and the child(ren) both (all) reside in the same household.
[2] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[3] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[4] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 32B. Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population of Females Aged 15 to 44, by Pregnancy Status and Parental Status: Annual Averages Based on 1995 and 1996 Samples

Drug	Females Aged 15-44											
	Used in Lifetime				Used in Past Year				Used in Past Month			
		Not Pregnant				Not Pregnant				Not Pregnant		
	Pregnant	No Children	Has Child Aged <2[1]	All Children Aged ≥2[1]	Pregnant	No Children	Has Child Aged <2[1]	All Children Aged ≥2[1]	Pregnant	No Children	Has Child Aged <2[1]	All Children Aged ≥2[1]
Any Illicit Drug[2]	41.5	43.5	43.1	47.7	10.5	19.3	10.0	9.1	3.2	10.0	6.2	4.6
Marijuana and Hashish	38.9	40.9	39.8	44.4	9.0	15.8	7.3	6.2	1.6	8.0	4.6	3.2
Cocaine	13.2	13.1	12.1	14.9	2.8	3.1	1.4	1.6	0.5	1.0	0.5	0.8
Crack	3.9	2.8	2.4	1.7	1.4	1.1	0.3	0.5	0.5	0.4	0.2	0.2
Inhalants	4.2	8.1	4.4	4.5	0.9	2.3	0.4	0.2	0.3	0.7	0.2	0.1
Hallucinogens	9.7	12.9	10.5	10.9	1.7	4.0	1.0	0.5	0.2	1.6	0.7	0.3
PCP	2.6	3.1	3.1	3.8	0.2	0.4	0.4	0.0	*	0.0	0.4	0.0
LSD	6.4	10.1	8.1	7.9	1.2	2.5	0.3	0.1	0.1	0.7	0.1	0.0
Heroin	1.6	1.1	0.7	0.7	0.4	0.4	*	0.1	0.3	0.1	*	0.0
Nonmedical Use of Any Psychotherapeutic[3]	11.0	12.5	10.2	12.2	2.8	5.3	3.3	3.4	1.3	2.1	1.7	1.1
Stimulants	5.5	5.0	3.7	5.7	1.8	1.4	0.6	0.8	0.2	0.6	0.3	0.4
Sedatives	2.8	2.5	1.9	3.2	0.6	0.5	0.1	0.4	*	0.3	0.1	0.2
Tranquilizers	4.6	5.1	4.6	4.4	1.6	1.8	1.6	1.1	0.2	0.6	0.8	0.4
Analgesics	6.3	7.7	5.9	6.7	1.5	3.6	2.5	2.0	0.9	1.2	1.2	0.4
Any Illicit Drug other than Marijuana[2]	21.6	25.0	22.2	24.0	5.4	9.8	5.1	4.8	2.3	4.5	2.7	2.0
Alcohol	83.0	81.1	81.0	88.4	58.8	71.3	64.1	72.6	16.1	55.1	45.6	53.8
"Binge" Alcohol Use[4]	--	--	--	--	--	--	--	--	1.6	17.7	8.9	10.2
Heavy Alcohol Use[4]	--	--	--	--	--	--	--	--	0.5	4.3	2.0	1.9
Cigarettes	63.1	65.9	66.3	74.9	29.0	37.0	30.9	37.1	20.3	31.5	28.4	34.7
Smokeless Tobacco	3.4	7.6	4.8	3.8	0.3	1.4	0.2	0.3	0.2	0.5	0.1	0.2

*Low precision; no estimate reported.
-- Not available.

[1] The respondent and the child(ren) both (all) reside in the same household.
[2] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[3] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[4] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 36. Percentages of Past Month Users of Cigarettes or Alcohol in the U.S. Population Aged 12 and Older Reporting Past Month Use of Illicit Drugs, Alcohol, and Tobacco, by Levels of Past Month Cigarette and Alcohol Use: 1995 and 1996

	USE OF CIGARETTES OR ALCOHOL IN PAST MONTH											
	Cigarette Use In Past Month				Level of Alcohol Use In Past Month							
	Any Use		No Use		Heavy Use[3]		"Binge" Use But Not Heavy Use[3]		Use But Not "Binge" Use[3]		No Use	
Drug	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996
Any Illicit Drug[1]	13.6	14.7	3.0	2.6	24.9[a]	30.8	17.9	16.1	5.5	5.3	1.9	1.9
Marijuana and Hashish	11.2	12.1	2.0	1.7	22.1	25.7	15.1	13.7	4.1	4.0	0.9	1.1
Cocaine	1.7	2.2	0.3	0.2	4.2[a]	6.3	1.8	2.4	0.6	0.5	0.1	0.1
Crack	0.5[a]	0.9	0.1	0.1	1.2[a]	2.6	0.3	0.6	0.2	0.2	0.1	0.0
Inhalants	1.0	0.9	0.2	0.2	1.7	2.9	1.1	1.3	0.3	0.3	0.3	0.1
Hallucinogens	1.6	1.7	0.3	0.2	3.8	4.5	3.0	1.7	0.4	0.3	0.1	0.1
PCP	0.0	0.2	0.0	*	0.2	0.3	*	0.2	0.0	0.1	0.0	*
LSD	0.7	0.7	0.1	0.0	2.2	2.0	0.7	0.5	0.2	0.1	0.0	0.1
Heroin	0.2	0.3	0.1	0.0	0.3	0.5	0.1[a]	0.4	0.0	0.1	0.1	0.0
Nonmedical Use of Any Psychotherapeutic[2]	2.7	3.2	0.6	0.7	3.9[a]	7.5	2.3	2.1	1.3	1.5	0.7	0.7
Stimulants	0.9	0.9	0.2	0.1	1.4	1.4	0.7	0.7	0.4	0.3	0.1	0.2
Sedatives	0.4	0.3	0.1	0.0	0.4	0.7	0.1	0.1	0.2	0.1	0.2	0.1
Tranquilizers	1.0	1.3	0.1	0.1	1.4	2.1	0.8	0.7	0.4	0.5	0.1	0.2
Analgesics	1.3	1.8	0.3	0.5	1.9[a]	5.3	1.2	1.3	0.4	0.9	0.5	0.3
Any Illicit Drug Other than Marijuana[1]	5.8	6.4	1.3	1.2	10.8	14.8	7.0	6.3	2.2	2.3	1.2	1.0
Alcohol	66.4	67.4	46.5	44.3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
"Binge" Alcohol Use[3]	30.2	30.1	10.1	9.7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Heavy Alcohol Use[3]	12.6	12.8	2.7	2.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigarettes	N/A	N/A	N/A	N/A	64.5	67.1	48.7	48.9	28.2	30.0	20.3	19.2
Smokeless Tobacco	4.2	5.0	2.9	2.5	9.0	10.3	6.5	6.8	3.0	2.3	2.3	2.2

*Low precision; no estimate reported.
N/A: Not applicable.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter drugs.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a] Difference between 1995 and 1996 is statistically significant at the .05 level.
[b] Difference between 1995 and 1996 is statistically significant at the .01 level.

Source: SAMHSA, Office Of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

Table 37. Percentages of Past Month Users of Cigarettes or Alcohol in the U.S. Population Aged 12 to 17 Reporting Past Month Use of Illicit Drugs, Alcohol, and Tobacco, by Levels of Past Month Cigarette and Alcohol Use: 1995 and 1996

	USE OF CIGARETTES OR ALCOHOL IN PAST MONTH											
	Cigarette Use In Past Month				Level of Alcohol Use In Past Month							
	Any Use		No Use		Heavy Use[2]		"Binge" Use But Not Heavy Use[3]		Use But Not "Binge" Use[3]		No Use	
Drug	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996
Any Illicit Drug[1]	35.3	32.5	4.7	3.8	54.9	51.1	49.1	47.4	27.0	25.3	4.3*	3.2
Marijuana and Hashish	29.2	27.8	2.9	2.5	*	44.9	43.3	43.1	21.1	19.8	2.4	2.0
Cocaine	3.2	2.4	0.2	0.2	*	7.1	4.9	3.8	*	0.8	0.2	0.1
Crack	0.9	1.1	*	0.0	*	5.0	0.8	*	0.2	*	0.1	0.0
Inhalants	7.1	6.7	0.9	0.6	13.1	13.4	8.5	14.0	4.5	4.2	1.0[5]	0.4
Hallucinogens	6.9	8.2	0.4	0.6	20.8	16.5	9.5	15.5	3.8	4.8	0.4	0.5
PCP	0.2	0.7	0.1	0.0	2.4	*	*	*	*	0.3	0.0	*
LSD	3.5	3.1	0.2	0.3	*	8.1	3.9	5.3	1.9	1.7	0.2	0.2
Heroin	0.9	0.3	0.0	0.1	*	*	*	*	0.2	*	0.2	0.0
Nonmedical Use of Any Psychotherapeutic[4]	4.3	5.7	0.9	1.0	6.6	11.3	4.2*	12.7	2.9	3.7	1.0	0.8
Stimulants	1.7	2.1	0.2	0.2	*	5.3	1.4	6.3	0.6	0.7	0.3	0.1
Sedatives	1.0	0.6	0.1	0.1	*	2.2	*	*	0.9	*	0.2	0.1
Tranquilizers	0.6	0.6	0.1	0.1	*	1.6	*	*	0.8	*	0.1	0.0
Analgesics	3.1	4.0	0.8	0.9	4.9	6.6	2.8*	8.9	2.3	3.1	0.9	0.7
Any Illicit Drug Other than Marijuana[1]	15.8	16.3	2.1	2.0	*	31.7	19.7	29.6	10.0	11.0	2.3*	1.6
Alcohol	54.6	55.9	12.6*	10.4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
"Binge" Alcohol Use[3]	27.0	28.2	3.2	2.6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Heavy Alcohol Use[3]	10.2	12.7	0.9	0.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cigarettes	N/A	N/A	N/A	N/A	73.1	77.4	64.7	64.8	43.8	46.0	11.6*	9.9
Smokeless Tobacco	9.2	6.4	1.2	0.9	20.3	15.9	13.0	7.5	4.6	3.7	1.3	0.9

*Low precision; no estimate reported.
N/A: Not applicable.

[1] Any Illicit Drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana use; marijuana users who also have used any of the other listed drugs are included.

[2] Nonmedical use of any prescription-type stimulant, sedative, tranquilizer, or analgesic; does not include over-the-counter-drugs.

[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of five or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

*Difference between 1995 and 1996 is statistically significant at the .05 level.
[5]Difference between 1995 and 1996 is statistically significant at the .01 level.

Source: SAMHSA, Office Of Applied Studies, National Household Survey on Drug Abuse, 1995 and 1996.

TABLE 1a

Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders

(Entries are percentages)

	Lifetime								
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	'91–'97 change
Any Illicit Drug[a]									
8th Grade	18.7	20.6	22.5	25.7	28.6	31.2	29.4	-1.8	+10.7[sss]
10th Grade	30.6	29.8	32.8	37.4	40.9	45.4	47.3	+1.9	+16.7[sss]
12th Grade	44.1	40.7	42.9	45.6	48.4	50.8	54.3	+3.5[s]	+10.2[sss]
Any Illicit Drug Other Than Marijuana[b]									
8th Grade	14.3	15.6	16.8	17.5	18.8	19.2	17.7	-1.6	+3.4[sss]
10th Grade	19.1	19.2	20.9	21.7	24.3	25.5	25.0	-0.5	+5.9[sss]
12th Grade	26.9	25.1	26.7	27.6	28.1	28.5	30.0	+1.5	+3.1[s]
Any Illicit Drug Including Inhalants[a,d]									
8th Grade	25.5	29.6	32.3	35.1	38.1	39.4	38.1	-1.3	+9.6[sss]
10th Grade	36.1	35.2	38.7	42.7	45.9	49.8	50.9	+1.1	+14.8[sss]
12th Grade	47.8	44.4	46.6	49.1	51.5	53.5	56.3	+2.8	+8.7[sss]
Marijuana/Hashish									
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	22.6	-0.5	+12.4[sss]
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	42.3	+2.5[s]	+18.9[sss]
12th Grade	35.7	32.6	35.3	38.2	41.7	44.9	49.6	+4.7[ss]	+12.9[sss]
Inhalants[d,e]									
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	21.0	-0.2	+3.4[sss]
10th Grade	15.7	16.6	17.6	18.9	19.0	19.3	18.3	-1.0	+2.6[ss]
12th Grade	17.6	16.6	17.4	17.7	17.4	16.6	16.1	-0.5	-1.5
Nitrites[d]									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	1.8	2.0	+0.2	+0.4
Hallucinogens[f]									
8th Grade	3.2	3.6	3.9	4.3	5.2	6.9	5.4	-0.5	+2.2[sss]
10th Grade	6.1	6.4	6.8	8.1	9.3	10.5	10.5	0.0	+4.4[sss]
12th Grade	9.6	9.2	10.9	11.4	12.7	14.0	15.1	+1.1	+5.5[sss]
LSD									
8th Grade	2.7	3.2	3.5	3.7	4.4	5.1	4.7	-0.4	+2.0[sss]
10th Grade	5.6	5.8	6.2	7.2	8.4	9.4	9.5	+0.1	+3.9[sss]
12th Grade	8.8	8.8	10.3	10.5	11.7	12.6	13.6	+1.0	+4.8[sss]

(Table continued on next page)

Source: Monitoring The Future Study, The University of Michigan

TABLE 1b

Trends in Annual and 30-Day Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders

	Annual									30-Day								
	1991	1992	1993	1994	1995	1996	1997	'96-'97 change	'91-'97 change	1991	1992	1993	1994	1995	1996	1997	'96-'97 change	'91-'97 change
Any Illicit Drug[a]																		
8th Grade	11.3	12.9	15.1	18.5	21.4	23.6	22.1	-1.5	+10.8***	5.7	6.8	8.4	10.9	12.4	14.6	12.9	-1.7**	+7.2***
10th Grade	21.4	20.4	24.7	30.0	33.3	37.5	38.5	+1.0	+17.1***	11.6	11.0	14.0	18.6	20.2	23.2	23.0	-0.2	+11.4***
12th Grade	29.4	27.1	31.0	35.8	39.0	40.2	42.4	+2.2	+13.0***	16.4	14.4	18.3	21.9	23.8	24.6	26.2	+1.6	+9.8***
Any Illicit Drug Other Than Marijuana[a]																		
8th Grade	8.4	9.7	10.4	11.3	12.6	13.1	11.8	-1.3*	+3.4***	3.8	4.7	5.3	5.6	6.5	6.9	5.0	-0.9*	+2.2***
10th Grade	12.2	12.3	13.9	15.2	17.5	18.4	18.2	-0.2	+6.0***	5.6	5.7	6.5	7.1	8.9	8.9	8.8	-0.1	+3.3***
12th Grade	16.2	14.9	17.1	18.0	19.4	19.8	20.7	+0.9	+4.5***	7.1	6.3	7.9	8.8	10.0	9.6	10.7	+1.2	+3.6***
Any Illicit Drug Including Inhalants[a,b]																		
8th Grade	16.1	18.2	21.1	24.2	27.1	28.7	27.2	-1.5	+10.5***	8.8	10.6	12.9	14.3	16.1	17.5	16.0	-1.5*	+7.2***
10th Grade	23.9	23.5	27.4	32.5	36.6	39.6	40.3	+0.7	+16.4***	13.1	12.6	15.5	20.0	21.6	24.5	24.1	-0.4	+11.0***
12th Grade	31.2	28.8	32.5	37.6	40.2	41.9	43.3	+1.4	+12.1***	17.8	16.5	19.3	23.0	24.8	25.5	26.9	+1.4	+9.1***
Marijuana/Hashish																		
8th Grade	6.2	7.2	9.2	13.0	15.8	18.3	17.7	-0.6	+11.5***	3.2	3.7	5.1	7.8	9.1	11.3	10.2	-1.1	+7.0***
10th Grade	16.5	15.2	19.2	25.2	28.7	33.6	34.8	+1.2	+18.3***	8.7	8.1	10.9	15.8	17.2	20.4	20.5	+0.1	+11.8***
12th Grade	23.9	21.9	26.0	30.7	34.7	35.8	38.5	+2.7	+14.6***	13.8	11.9	15.5	19.0	21.2	21.9	23.7	+1.8	+9.9***
Inhalants[b,c]																		
8th Grade	9.0	9.5	11.0	11.7	12.8	12.2	11.8	-0.4	+2.8***	4.4	4.7	5.4	5.6	6.1	5.8	5.6	-0.2	+1.2***
10th Grade	7.1	7.5	8.4	9.1	9.6	9.5	8.7	-0.8	+1.6**	2.7	2.7	3.3	3.6	3.5	3.3	3.0	-0.3	+0.3
12th Grade	6.6	6.2	7.0	7.7	8.0	7.6	6.7	-0.9	+0.1	2.4	2.3	2.5	2.7	3.2	2.5	2.5	0.0	+0.1
Nitrites[c]																		
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.9	0.8	0.9	1.1	1.1	1.6	1.2	-0.4	+0.3	0.4	0.3	0.6	0.4	0.4	0.7	0.7	0.0	+0.3
Hallucinogens[c]																		
8th Grade	1.9	2.5	2.6	2.7	3.6	4.1	3.7	-0.4	+1.8***	0.8	1.1	1.2	1.3	1.7	1.9	1.8	-0.1	+1.0***
10th Grade	4.0	4.3	4.7	5.8	7.2	7.8	7.6	-0.2	+3.6***	1.6	1.8	1.9	2.4	3.3	2.8	3.3	+0.5	+1.7***
12th Grade	5.8	5.9	7.4	7.6	9.3	10.1	9.8	-0.3	+4.0***	2.2	2.1	2.7	3.1	4.4	3.5	3.9	+0.4	+1.7***
LSD																		
8th Grade	1.7	2.1	2.3	2.4	3.2	3.6	3.2	-0.3	+1.5***	0.6	0.9	1.0	1.1	1.4	1.6	1.5	0.0	+0.9***
10th Grade	3.7	4.0	4.2	5.2	6.5	6.9	6.7	-0.2	+3.0***	1.5	1.6	1.6	2.0	3.0	2.4	2.8	+0.4	+1.3***
12th Grade	5.2	5.6	6.8	6.9	8.4	8.9	8.4	-0.4	+3.2***	1.9	2.0	2.4	2.6	4.0	2.5	3.1	+0.6*	+1.2***
Hallucinogens Other Than LSD																		
8th Grade	0.7	1.1	1.0	1.3	1.7	2.0	1.8	-0.2	+1.1***	0.3	0.4	0.5	0.7	0.8	0.9	0.7	-0.2	+0.4***
10th Grade	1.3	1.4	1.9	2.4	2.8	3.3	3.3	0.0	+2.0***	0.4	0.5	0.7	1.0	1.0	1.0	1.2	+0.2	+0.8***
12th Grade	2.0	1.7	2.2	3.1	3.8	4.4	4.6	+0.2	+2.6***	0.7	0.5	0.8	1.2	1.3	1.6	1.7	+0.1	+1.0***

(Table continued on next page)

Source: Monitoring The Future Study, The University of Michigan

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '--' indicates data not available. '*' indicates less than .05 percent.
Any apparent inconsistency between the change estimate and the prevalence estimates for the two years is due to rounding error.

SOURCE: The Monitoring the Future Study, the University of Michigan.

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

[a]For 12th graders only: Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders. For 8th and 10th graders: The use of other opiates and barbiturates has been excluded, because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

[b]For 12th graders only: Data based on five of six forms; N is five-sixths of N indicated.

[c]Inhalants are unadjusted for underreporting of amyl and butyl nitrites; hallucinogens are unadjusted for underreporting of PCP.

[d]For 8th and 10th graders only: Smokeless data based on one of two forms for 1991–96 and on two of four forms beginning in 1997; N is one-half of N indicated. MDMA data based on one-third of N indicated due to changes on the questionnaire forms. For 12th graders only: Data based on one form; N is one-sixth of N indicated.

[e]For 12th graders only: Data based on four of six forms; N is four-sixths of N indicated.

[f]In 1995, the heroin question was changed in three of six forms for 12th graders and in one of two forms for 8th and 10th graders. Separate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms. In 1996, the heroin question was changed in the remaining 8th and 10th grade form.

[g]Only drug use which was not under a doctor's orders is included here.

[h]For 12th graders only: Data based on two of six forms; N is two-sixths of N indicated.

[i]For all grades: In 1993, the question text was changed slightly in half of the forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from forms using the original wording, while the data in the lower line came from forms using the revised wording. In 1993, each line of data was based on one of two forms for the 8th and 10th graders and on three of six forms for the 12th graders. N is one-half of N indicated for all groups. Data for 1994–97 were based on all forms for all grades.

[j]For 8th, 10th and 12th graders: The changes in the '91–'97 change columns for alcohol are actually the '93–'97 changes.

[k]For 12th graders only: The changes in the '91–'97 change columns for smokeless tobacco are actually the '92–'97 changes.

[l]Daily use is defined as use on twenty or more occasions in the past thirty days except for 5+ drinks, cigarettes, and smokeless tobacco, for which actual daily use is measured.

TABLE 3

Long-Term Trends in Lifetime Prevalence of Use of Various Drugs for Twelfth Graders

	Percent ever used																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	50.8	54.3	+3.5s
Any Illicit Drug Other Than Marijuana[a,b]	36.2	35.4	35.8	36.5	37.4	38.7	42.8	41.1	40.4	40.3	39.7	37.7	35.8	32.5	31.4	29.4	26.9	25.1	26.7	27.6	28.1	28.5	30.0	+1.5
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	32.6	35.3	38.2	41.7	44.9	49.6	+4.7ss
Inhalants[c]	—	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	17.6	18.0	17.6	16.6	17.4	17.7	17.4	16.9	16.1	-0.8
Inhalants, Adjusted[c,d]	—	—	—	—	18.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	18.6	18.5	18.0	17.0	17.7	18.3	17.8	17.5	16.9	-0.6
Amyl/Butyl Nitrites[c,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	1.8	2.0	+0.2
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	9.2	10.9	11.4	12.7	14.0	15.1	+1.1
Hallucinogens, Adjusted[d]	—	—	—	—	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	9.9	9.7	10.0	9.4	11.3	11.7	13.1	14.5	15.4	+0.9
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.6	7.2	8.4	7.7	8.3	8.7	8.8	8.6	10.3	10.5	11.7	12.6	13.6	+1.0
PCP[c,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	4.0	3.9	-0.1
MDMA (Ecstasy)[c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.1	6.9	+0.8
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.8	6.1	6.1	5.9	6.0	7.1	8.7	+1.6s
Crack[b]	—	—	—	—	—	—	—	—	—	—	—	—	6.4	4.8	4.7	3.5	3.1	2.6	2.6	3.0	3.0	3.3	3.9	+0.6s
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	6.2	5.1	6.4	8.2	+1.8s
Heroin[f]	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	1.3	1.3	0.9	1.2	1.1	1.2	1.6	1.8	2.1	+0.3
Other Opiates[b]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	7.2	8.2	9.7	+1.5ss
Stimulants[b,h]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	27.9	26.9	27.9	26.2	23.4	21.6	19.8	19.1	17.5	15.4	13.9	16.1	15.7	15.3	15.3	16.5	+1.2
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	4.4	4.4	0.0
Sedatives[b,w]	18.2	17.7	17.4	16.0	14.8	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	6.1	6.4	7.3	7.6	8.2	8.7	+0.5
Barbiturates[b]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	7.4	7.6	8.1	+0.5
Methaqualone[b,w]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.0	0.6	1.4	1.2	2.0	1.7	-0.3
Tranquilizers[b]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	7.2	7.8	+0.6
Alcohol[a]	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	87.5	87.0 80.0	80.4	80.7	79.2	81.7	+2.5ss
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	61.8	64.2	+2.4
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	61.8	61.9	62.0	64.2	63.5	65.4	+1.9
Smokeless Tobacco[e,w]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	29.8	25.3	-4.5
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	1.9	2.4	+0.5

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Annual Prevalence of Use of Various Drugs for Twelfth Graders

Percent who used in last twelve months

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96-'97 change
Approx. N =	*9400*	*16400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17200*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*16800*	*16300*	*16400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	45.0	48.1	51.1	53.8	54.2	53.1	52.1	49.4	47.4	45.8	46.3	44.3	41.7	38.5	35.4	32.5	29.4	27.1	31.0	35.8	39.0	40.2	42.4	+2.2
Any Illicit Drug Other Than Marijuana[a,b]	26.2	25.4	26.0	27.1	28.2	30.1	34.0	30.1	28.4	28.0	27.4	25.9	21.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	19.8	20.7	+0.9
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.8	40.6	38.8	38.3	33.1	29.6	27.0	23.9	21.9	26.0	30.7	34.7	35.8	38.5	+2.7
Inhalants[i]	---	3.0	3.7	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	6.5	5.9	6.9	6.6	6.2	7.0	7.7	8.0	7.6	6.7	-0.9
Inhalants, Adjusted[i,4]	---	---	---	---	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	6.9	7.5	6.9	6.4	7.4	8.2	8.4	8.5	7.3	-1.2s
Amyl/Butyl Nitrites[e,i]	---				6.5	5.7	3.7	3.8	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	0.6	0.9	1.1	1.1	1.6	1.2	-0.4
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	5.9	7.4	7.6	9.3	10.1	9.8	-0.3
Hallucinogens, Adjusted[i]	---	---	---	---	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	6.2	6.0	6.1	6.2	7.6	7.6	9.7	10.7	10.0	-0.7
LSD	7.2	6.4	5.5	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.5	4.9	5.4	5.2	5.6	6.8	6.9	8.4	8.8	8.4	-0.4
PCP[e,i]	---	---	---	---	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	1.4	1.4	1.6	1.8	2.6	2.3	-0.3
MDMA (Ecstasy)[i]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	4.6	4.0	-0.6
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	3.1	3.3	3.6	4.0	4.9	5.5	+0.6
Crack[b]	---	---	---	---	---	---	---	---	---	---	---	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	2.1	2.4	+0.3
Other Cocaine[i]	---	---	---	---	---	---	---	---	---	---	---	---	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	3.4	4.2	5.0	+0.8
Heroin[i]	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.5	0.6	0.5	0.4	0.6	0.5	0.6	1.1	1.0	1.2	+0.2
Other Opiates[b]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	4.7	5.4	6.2	+0.8s
Stimulants[b,h]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	20.3	17.9	17.7	15.8	13.4	12.2	10.9	10.8	9.1	8.2	7.1	8.4	9.4	9.3	9.6	10.2	+0.7
Crystal Meth. (Ice)[i]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1.3	1.4	1.3	1.7	1.8	2.4	2.8	2.3	-0.5
Sedatives[b,m]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	2.9	3.4	4.2	4.9	5.3	5.4	+0.1
Barbiturates[b]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	2.8	3.4	4.1	4.7	4.9	5.1	+0.2
Methaqualone[b,m]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	0.6	0.2	0.5	0.7	1.1	1.0	-0.1
Tranquilizers[b]	10.6	10.3	10.8	9.9	9.6	8.7	8.0	7.9	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	2.8	3.5	3.7	4.4	4.6	4.7	+0.1
Alcohol[a]	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	85.3	82.7	80.6	77.7	76.8	76.0	---	---	---	---	---
																			72.7	73.0	73.7	72.5	74.8	+2.3s
Been Drunk[i]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	52.7	50.3	49.6	51.7	52.5	51.9	53.2	+1.3
Cigarettes	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Smokeless Tobacco[e,k]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Steroids[i]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	1.9	1.7	1.4	1.1	1.2	1.3	1.5	1.4	1.4	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 3 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Use of Various Drugs for Twelfth Graders

Percent who used in last thirty days

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96-'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*16900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16200*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	26.2	+1.6
Any Illicit Drug Other Than Marijuana[a,b]	16.4	13.9	16.2	15.1	16.8	18.4	21.7	17.0	15.4	15.1	14.9	13.2	11.6	10.0	9.1	8.0	7.1	6.3	7.9	8.8	10.0	9.5	10.7	+1.2
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	11.9	15.6	19.0	21.2	21.9	23.7	+1.8
Inhalants[c]	—	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.5	2.8	2.6	2.3	2.7	2.4	2.3	2.5	2.7	3.2	2.5	2.5	0.0
Inhalants, Adjusted[c,d]	—	—	—	—	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	2.7	2.9	2.6	2.5	2.8	2.9	3.5	2.9	2.9	0.0
Amyl/Butyl Nitrites[e,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	0.4	0.7	0.7	0.0
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.5	2.5	2.6	2.2	2.2	2.2	2.2	2.1	2.7	3.1	4.4	3.5	3.9	+0.4
Hallucinogens, Adjusted[d]	—	—	—	—	5.1	4.4	4.5	4.1	3.5	3.2	3.8	3.5	3.8	2.8	2.3	2.9	2.3	2.4	2.3	3.3	3.2	4.6	3.8	4.1	+0.3
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	2.0	2.4	2.6	4.0	2.5	3.1	+0.6s
PCP[e,f]	—	—	—	—	2.4	1.4	1.4	1.0	1.3	1.0	1.0	1.0	1.3	0.6	0.3	1.4	0.4	0.5	0.6	1.0	0.7	0.6	1.3	0.7	-0.6
MDMA (Ecstasy)[g]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.0	1.6	-0.4
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4	1.3	1.3	1.5	1.8	2.0	2.3	+0.3
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	1.0	0.9	-0.1
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	1.6	2.0	+0.4
Heroin[j]	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.3	0.6	0.5	0.5	0.0
Other Opiates[k]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	1.2	1.3	1.5	1.8	2.0	2.3	+0.3
Stimulants[b,l]	8.5	7.7	6.8	6.7	9.9	12.1	15.8	10.7	8.9	8.3	6.8	5.5	5.2	4.6	4.2	3.7	3.2	2.8	3.7	4.0	4.0	4.1	4.8	+0.7s
Crystal Meth. (Ice)[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	1.1	1.1	0.8	-0.3
Sedatives[b,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	2.3	2.3	2.1	-0.2
Barbiturates[b]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	1.1	1.3	1.7	2.2	2.1	2.1	0.0
Methaqualone[b,m]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.6	0.5	0.5	0.2	0.2	0.4	0.1	0.4	0.4	0.6	0.3	-0.3
Tranquilizers[b]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	1.0	1.2	1.4	1.8	2.0	1.8	-0.2
Alcohol[n]	68.2	69.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	66.4	63.9	60.0	57.1	54.0	51.3	51.0	—	—	—	—	—
																			48.6	50.1	51.3	50.6	52.7	+1.9
Been Drunk[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	33.2	31.3	34.2	+2.9
Cigarettes	36.7	38.8	36.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	26.3	27.8	29.9	31.2	33.5	34.0	36.5	+2.5s
Smokeless Tobacco[e,o]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	9.8	9.7	-0.1
Steroids[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	0.7	1.0	+0.3

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 3 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 6

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Drugs for Twelfth Graders

	Percent who used daily in last thirty days																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	1.9	2.4	3.6	4.6	4.9	5.8	+0.9s
Inhalants[1]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	0.2	0.1	-0.1
Inhalants, Adjusted[1,4]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—	0.4	0.2	-0.3s
Amyl/Butyl Nitrites[1,7]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	0.4	0.1	-0.3s
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	+0.1s
Hallucinogens, Adjusted[4]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—	0.4	0.4	-0.1
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	*	0.2	+0.1s
PCP[1,7]	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.3	0.1	-0.2
MDMA (Ecstasy)[7]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.0	0.1	+0.1
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	-0.1
Crack[5]	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.0
Other Cocaine[1]	—	—	—	—	—	—	—	—	—	—	—	—	0.2	0.2	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	-0.1
Heroin[1]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.1	0.1	-0.1
Other Opiates[1]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.2	0.2	0.0
Stimulants[1,4]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.0
Crystal Meth. (Ice)[7]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Sedatives[1,10]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Barbiturates[1]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	0.1	0.1	0.0
Methaqualone[1,10]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0	0.1	+0.1
Tranquilizers[1]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.2	0.1	-0.1s
Alcohol																								
Daily[8]	5.7	5.6	6.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.6	4.8	4.2	4.2	3.7	3.6	3.4	2.5	—	—	—	—	—
																			3.4	2.9	3.5	3.7	3.9	+0.2
Been drunk daily[1]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.9	0.9	1.2	1.3	1.8	2.0	+0.4
5+ drinks in a row in last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	33.0	32.2	29.8	27.9	27.5	28.2	29.8	30.2	31.3	+1.1
Cigarettes																								
Daily	26.9	28.8	28.6	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.6	17.2	19.0	19.4	21.6	22.2	24.6	+2.4s
Half-pack or more per day	17.9	19.2	19.4	18.8	16.6	14.3	13.6	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	10.0	10.9	11.2	12.4	13.0	14.3	+1.3
Smokeless Tobacco[1,9]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	3.3	4.4	+1.0
Steroids[1]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	0.3	0.3	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '*' indicates less than .05 percent.
Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error.
See Table 3 for relevant footnotes.
Daily use is defined as use on twenty or more occasions in the past thirty days except for 5+ drinks, cigarettes, and smokeless tobacco, for which actual daily use is measured.

SOURCE: The Monitoring the Future Study, the University of Michigan.

Footnotes for Table 3–Table 6

[a]Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (excluded since 1990), or tranquilizers not under a doctor's orders.

[b]Beginning in 1982 the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[c]Data based on four of five forms in 1976–88; N is four-fifths of N indicated. Data based on five of six forms in 1989–97; N is five-sixths of N indicated.

[d]Adjusted for underreporting of amyl and butyl nitrites. See text for details.

[e]Data based on one form; N is one-fifth of N indicated in 1979–88 and one-sixth of N indicated in 1989–97.

[f]Question text changed slightly in 1987.

[g]Adjusted for underreporting of PCP. See text for details.

[h]Data based on one of five forms in 1986; N is one-fifth of N indicated. Data based on two forms in 1987–89; N is two-fifths of N indicated in 1987–88 and two-sixths of N indicated in 1989. Data based on six forms in 1990–97.

[i]Data based on one form in 1987–89; N is one-fifth of N indicated in 1987–88 and one-sixth of N indicated in 1989. Data based on four of six forms in 1990–97; N is four-sixths of N indicated.

[j]In 1995 the heroin question was changed in half of the questionnaire forms. Separate questions were asked for use with injection and without injection. Data presented here represent the combined data from all forms.

[k]Only drug use which was not under a doctor's orders is included here.

[l]Data based on two of six forms; N is two-sixths of N indicated. Steroid data based on one of six forms in 1989–90; N is one-sixth of N indicated in 1989–90. Steroid data based on two of six forms since 1991; N is two-sixths of N indicated since 1991.

[m]Sedatives: Data based on five forms in 1975-88, six forms in 1989, one form in 1990 (N is one-sixth of N indicated in 1990), and six forms of data adjusted by one-form data beginning in 1991. Methaqualone: Data based on five forms in 1975–88, six forms in 1989, and one of six forms beginning in 1990 (N is one-sixth of N indicated beginning in 1990).

[n]Data based on five forms in 1975–88 and on six forms in 1989–92. In 1993, the question text was changed slightly in three of six forms to indicate that a "drink" meant "more than a few sips." The data in the upper line for alcohol came from the three forms using the original wording (N is three-sixths of N indicated), while the data in the lower line came from the three forms containing the revised wording (N is three-sixths of N indicated). Data for 1994–97 were based on all six forms.

[o]Prevalence of smokeless tobacco was not asked of twelfth graders in 1990 and 1991. Prior to 1990 the prevalence question on smokeless tobacco was located near the end of one twelfth-grade questionnaire form, whereas after 1991 the question was placed earlier and in a different form. This shift could explain the discontinuities between the corresponding data.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 7
Trends in Harmfulness of Drugs as Perceived by Eighth, Tenth, and Twelfth Graders, 1991–97

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"*																							
	8th Grade								10th Grade								12th Grade							
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change
Try marijuana once or twice	40.4	39.1	36.2	31.6	28.9	27.9	25.3	-2.6sss	30.0	31.9	29.7	24.4	21.5	20.0	18.8	-1.2	27.1	24.5	21.9	19.5	18.3	15.6	14.9	-0.7
Smoke marijuana occasionally	57.9	56.3	53.8	48.6	45.9	44.3	43.1	-1.2	48.6	48.9	46.1	38.9	35.4	32.8	31.9	-0.9	49.6	39.6	35.6	30.1	25.6	25.9	24.7	-1.2
Smoke marijuana regularly	83.8	82.0	79.6	74.3	73.0	70.9	72.7	+1.8	82.1	81.1	78.5	71.3	67.9	65.9	65.9	0.0	78.6	76.5	72.5	65.0	60.8	59.9	58.1	-1.8
Try inhalants once or twice[3]	35.9	37.0	36.5	37.9	38.4	40.8	40.1	-0.7	37.8	38.7	40.9	42.7	41.6	47.2	47.5	+0.3	—	—	—	—	—	—	—	—
Try inhalants regularly[3]	65.6	64.4	64.6	65.5	64.6	68.2	68.7	+0.5	69.8	67.9	69.6	71.5	71.8	76.8	74.5	-1.3	—	—	—	—	—	—	—	—
Take LSD once or twice[4]	—	—	42.1	38.3	36.7	36.5	37.0	+0.5	—	—	48.7	46.5	44.7	45.1	44.5	-0.6	46.6	42.3	39.5	38.8	36.4	36.2	34.7	-1.5
Take LSD regularly[4]	—	—	68.3	65.8	64.4	63.6	64.1	+0.5	—	—	78.9	76.9	75.5	75.3	73.8	-1.5	84.3	81.8	79.4	79.1	78.1	77.8	76.6	-1.2
Try crack once or twice[3]	62.8	61.2	57.2	54.4	50.8	51.0	49.9	-1.1	70.4	69.6	66.6	64.7	60.9	60.9	59.2	-1.7	60.6	62.4	57.6	58.4	54.6	56.0	54.0	-2.0
Take crack occasionally[3]	82.2	79.6	76.8	74.4	72.1	71.8	71.2	-0.4	87.4	86.4	84.4	83.1	81.2	80.3	78.7	-1.6	76.5	76.3	73.9	73.8	72.8	71.4	70.3	-1.1
Try cocaine powder once or twice[3]	55.5	54.1	50.7	48.4	44.9	45.2	45.0	-0.2	59.1	59.2	57.5	56.4	53.5	53.6	52.2	-1.4	53.6	57.1	53.2	55.4	52.0	53.2	51.4	-1.8
Take cocaine powder occasionally[3]	77.0	74.3	71.8	69.1	66.4	65.7	65.8	+0.1	82.2	80.1	79.1	77.8	75.6	75.0	73.9	-1.1	69.8	70.8	68.6	70.6	69.1	68.8	67.7	-1.1
Try heroin once or twice without using a needle[4]	—	—	—	—	60.1	61.3	63.0	+1.7	—	—	—	—	70.7	72.1	73.1	+1.0	—	—	—	—	55.8	58.6	60.5	+1.9
Take heroin occasionally without using a needle[4]	—	—	—	—	76.8	76.6	79.2	+2.6	—	—	—	—	85.1	85.8	86.5	+0.7	—	—	—	—	71.2	71.0	74.3	+3.3s
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	11.0	12.1	12.4	11.8	11.6	11.8	10.4	-1.4s	9.0	10.1	10.9	9.4	9.3	8.9	9.0	+0.1	9.1	8.6	8.2	7.6	5.9	7.3	6.7	-0.6
Take one or two drinks nearly every day	31.8	32.4	32.6	29.9	30.5	28.6	29.1	+0.5	36.1	36.8	35.9	32.5	31.7	31.2	31.8	+0.6	32.7	30.6	28.2	27.0	24.8	25.1	24.8	-0.3
Have five or more drinks once or twice each weekend	59.1	58.0	57.7	54.7	54.1	51.8	55.6	+3.8sss	54.7	55.9	54.9	52.9	52.0	50.9	51.8	+0.9	45.6	49.0	48.3	46.6	45.2	49.5	43.0	-6.5sss
Smoke one or more packs of cigarettes per day	51.6	50.8	52.7	50.8	49.8	50.4	52.6	+2.2	60.3	59.3	60.7	59.0	57.0	57.9	59.9	+2.0	69.4	69.2	69.5	67.6	65.6	68.2	68.7	+0.5
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.6	34.0	35.2	+1.2	40.3	39.6	44.2	42.2	38.2	41.0	42.2	+1.2	37.4	35.5	38.9	36.6	33.2	37.4	38.6	+1.2
Take steroids[4]	64.2	69.6	70.2	67.6	—	—	—	—	67.1	72.7	73.4	72.5	—	—	—	—	65.6	70.7	69.1	66.1	66.4	67.6	67.2	-0.4
Approx. N =	*17437*	*18662*	*18366*	*17394*	*17501*	*17926*	*18765*		*14719*	*14808*	*15298*	*15880*	*17006*	*15670*	*15640*		*2549*	*2684*	*2759*	*2591*	*2603*	*2449*	*2579*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, (5) Can't say, drug unfamiliar.
[3]8th and 10th grade: Data based in 1997 on two-thirds of N indicated due to changes in questionnaire forms.
[4]8th and 10th grade: Data based on one of two forms in 1993–96; N is one-half of N indicated. Data based in 1997 on one-third of N indicated due to changes in questionnaire forms.
[5]8th and 10th grade: Data based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 9
Trends in Disapproval of Drug Use by Eighth, Tenth, and Twelfth Graders, 1991–97

Percent who "disapprove" or "strongly disapprove"[a]

Do you disapprove of people who . . .	8th Grade								10th Grade								12th Grade[b]							
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change
Try marijuana once or twice	84.6	82.1	79.2	72.9	70.7	67.5	67.6	+0.1	74.6	74.8	70.3	62.4	59.8	55.5	54.1	-1.4	68.7	69.9	63.3	57.6	56.7	52.5	51.0	-1.5
Smoke marijuana occasionally	89.5	88.1	85.7	80.0	79.7	76.5	78.1	+1.6s	83.7	83.6	79.4	72.3	70.0	66.9	66.2	-0.7	79.4	79.7	75.5	68.9	66.7	62.9	63.2	+0.3
Smoke marijuana regularly	92.1	90.8	88.9	85.3	85.1	82.8	84.6	+1.8s	90.4	90.0	87.4	82.2	81.1	79.7	79.7	0.0	89.3	90.1	87.6	82.3	81.9	80.0	78.8	-1.2
Try inhalants once or twice[c]	84.9	84.0	82.5	81.0	81.8	82.9	84.1	+1.2	86.2	85.6	84.8	84.9	84.5	86.0	86.9	+0.9	—	—	—	—	—	—	—	—
Take inhalants regularly[c]	90.6	90.0	88.9	88.1	88.8	89.3	90.3	+1.0	91.0	91.5	90.9	91.0	90.9	91.7	91.7	0.0	—	—	—	—	—	—	—	—
Try LSD once or twice[d]	—	—	77.1	75.2	71.6	70.9	72.1	+1.2	—	—	82.1	79.3	77.9	76.8	76.6	-0.2	90.1	88.1	85.9	82.5	81.1	79.6	80.5	+0.9
Take LSD regularly[d]	—	—	79.8	78.4	75.8	75.3	76.3	+1.0	—	—	86.8	85.6	84.8	84.5	83.4	-1.1	96.4	95.5	95.8	94.3	92.5	93.2	92.9	-0.3
Try crack once or twice[c]	91.7	90.7	89.1	86.9	85.9	85.0	85.7	+0.7	92.5	92.5	91.4	89.9	88.7	88.2	87.4	-0.8	92.1	93.1	89.9	89.5	91.4	87.4	87.0	-0.4
Take crack occasionally[c]	93.3	92.5	91.7	89.9	89.8	89.3	90.3	+1.0	94.3	94.4	93.8	92.5	91.7	91.9	91.0	-0.9	94.2	95.0	92.5	92.8	94.0	91.2	91.3	+0.1
Try cocaine powder once or twice[c]	91.2	89.6	88.5	86.1	85.3	83.9	85.1	+1.2	90.8	91.1	90.0	88.1	86.8	86.1	85.1	-1.0	88.0	89.4	86.6	87.1	88.3	83.1	83.0	-0.1
Take cocaine powder occasionally[c]	93.1	92.4	91.6	89.7	89.7	88.7	90.1	+1.4s	94.0	94.0	93.2	92.1	91.4	91.1	90.4	-0.7	93.0	93.4	91.2	91.0	92.7	89.7	89.3	-0.4
Try heroin once or twice without using a needle[d]	—	—	. .	.	86.8	86.0	87.7	+2.7ss	—	—	—	—	89.7	89.6	89.1	-0.4	—	—	—	—	92.9	90.8	92.3	+1.5
Take heroin occasionally without using a needle[d]	—	—	—	—	88.5	87.7	90.1	+2.4ss	—	—	—	—	91.6	91.7	91.4	-0.3	—	—	—	—	94.7	93.2	94.4	+1.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	51.7	52.2	50.9	47.8	48.0	45.6	45.7	+0.2	37.6	39.9	38.5	36.6	36.1	34.2	33.7	-0.5	29.8	33.0	30.1	28.4	27.3	26.5	26.1	-0.4
Take one or two drinks nearly every day	82.2	81.0	79.6	76.7	75.9	74.1	76.6	+2.5ss	81.7	81.7	78.6	75.2	75.4	73.8	76.4	+1.6	76.5	75.9	77.6	73.1	73.3	70.8	70.0	-0.8
Have five or more drinks once or twice each weekend	85.2	83.9	83.3	80.7	80.7	79.1	81.3	+2.2ss	76.7	77.6	74.7	72.3	72.2	70.7	70.2	-0.5	67.4	70.7	70.1	65.1	66.7	64.7	66.0	+0.3
Smoke one or more packs of cigarettes per day	82.8	82.3	80.6	78.4	78.6	77.3	80.3	+3.0sss	79.4	77.8	76.5	73.9	73.2	71.6	73.8	+2.2s	71.4	73.5	70.6	69.5	68.2	67.2	67.1	-0.1
Use smokeless tobacco regularly	79.1	77.2	77.1	75.1	74.0	74.1	76.5	+2.4ss	75.4	74.8	73.8	71.2	71.0	71.0	72.3	+1.3	—	—	—	—	—	—	—	—
Take steroids[e]	89.8	90.3	89.9	87.9	—	—	—	—	90.0	91.0	91.2	90.8	—	—	—	—	90.6	92.1	92.1	91.9	91.0	91.7	91.4	-0.3
Approx. N =	*17390*	*18503*	*18435*	*17429*	*17560*	*17998*	*18765*		*14750*	*14774*	*15334*	*15891*	*17016*	*15686*	*15627*		*2547*	*2645*	*2721*	*2588*	*2603*	*2399*	*2601*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

[a] Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

[b] The twelfth grade questions ask about people who are 18 or older.

[c] 8th and 10th grade: Data based in 1997 on two-thirds of N indicated due to changes in questionnaire forms.

[d] 8th and 10th grade: Data based on one of two forms in 1993–96; N is one-half of N indicated. Data based in 1997 on one-third of N indicated due to changes in questionnaire forms.

[e] 8th and 10th grade: Data based on two forms in 1991 and 1992 and on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 12

Long-Term Trends in Perceived Availability of Drugs, Twelfth Graders

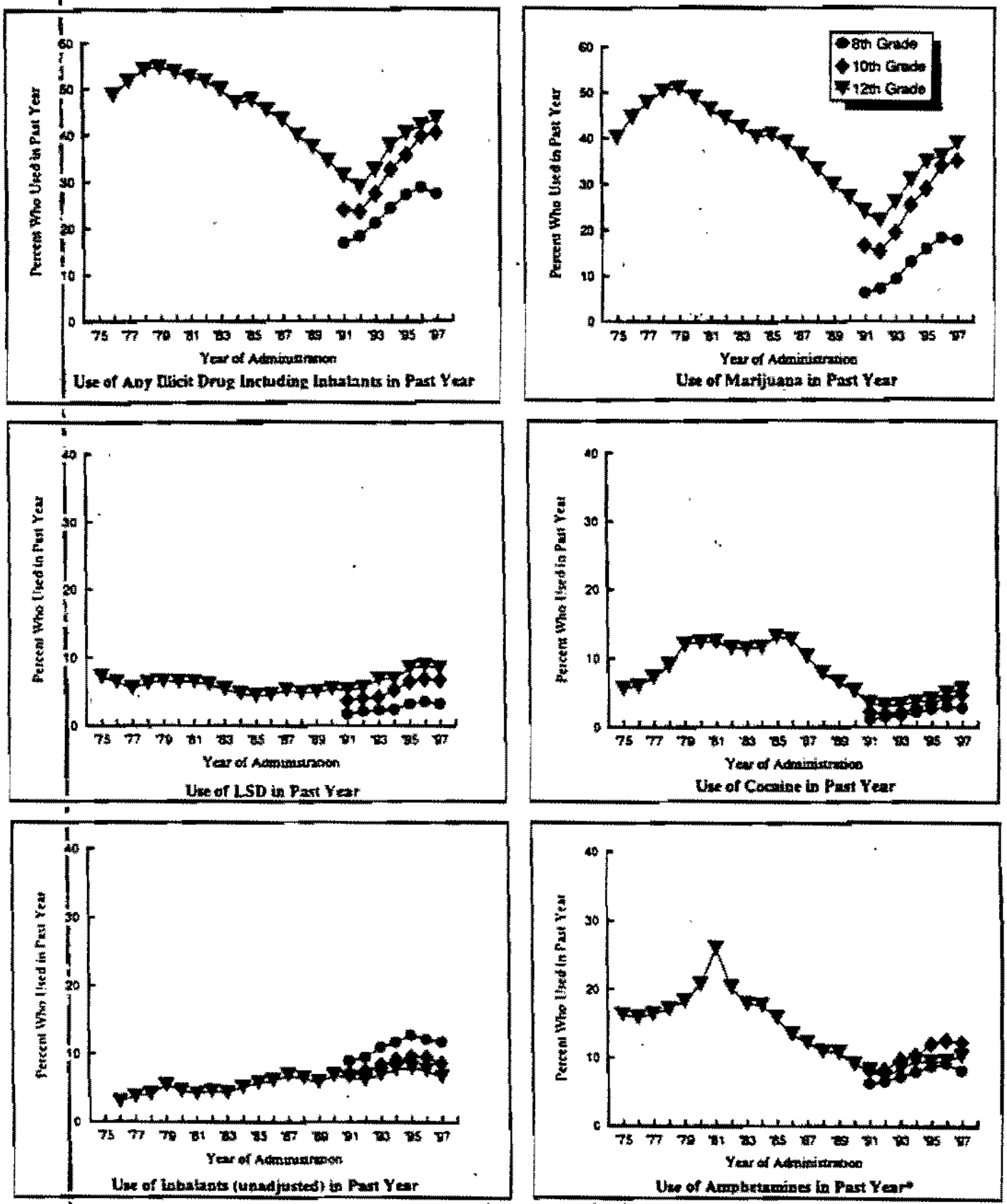
How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	86.0	84.3	84.4	83.3	82.7	83.0	85.5	86.5	86.7	89.6	+0.9
Amyl/Butyl Nitrites	—	—	—	—	—	—	—	—	—	—	—	—	23.9	25.9	26.6	24.4	22.7	25.9	25.9	26.7	26.9	23.9	23.8	-0.1
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.5	49.2	50.8	53.8	51.3	50.7	-0.6
Some other psychedelic	47.8	35.7	33.8	33.8	34.6	35.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	28.2	28.3	28.0	29.9	33.5	33.8	35.8	33.8	33.9	0.0
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	26.9	27.7	27.6	31.7	31.7	31.4	31.0	30.5	30.0	-0.5
MDMA (Ecstasy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	34.2	36.9	38.8	+1.9
Cocaine	37.0	34.0	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.6	47.7	48.1	48.6	+0.4
Crack	—	—	—	—	—	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	41.9	40.7	40.6	-0.1
Cocaine powder	—	—	—	—	—	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	43.8	44.4	43.3	-1.1
Heroin	24.2	18.4	17.9	16.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	35.1	32.2	33.8	+1.6
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.6	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	38.0	39.8	40.0	38.9	-1.1
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	68.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	62.8	59.4	59.8	+0.4
Crystal meth. (ice)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.6	27.0	26.9	27.8	+0.7
Barbiturates	60.0	54.4	52.4	50.6	49.6	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.5	48.4	45.9	42.4	44.0	44.5	43.3	42.3	41.4	40.0	-1.4
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	56.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	37.8	36.0	35.4	-0.6
Steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	45.5	40.3	41.7	+1.4
Approx. N =	*2627*	*2865*	*3065*	*3598*	*3172*	*3240*	*3578*	*3602*	*3385*	*3269*	*3274*	*3077*	*3271*	*3231*	*2806*	*2649*	*2476*	*2586*	*2670*	*2526*	*2552*	*2340*	*2517*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

FIGURE 7

Trends in Annual Use of Selected Drugs by Grade, 1975-1997

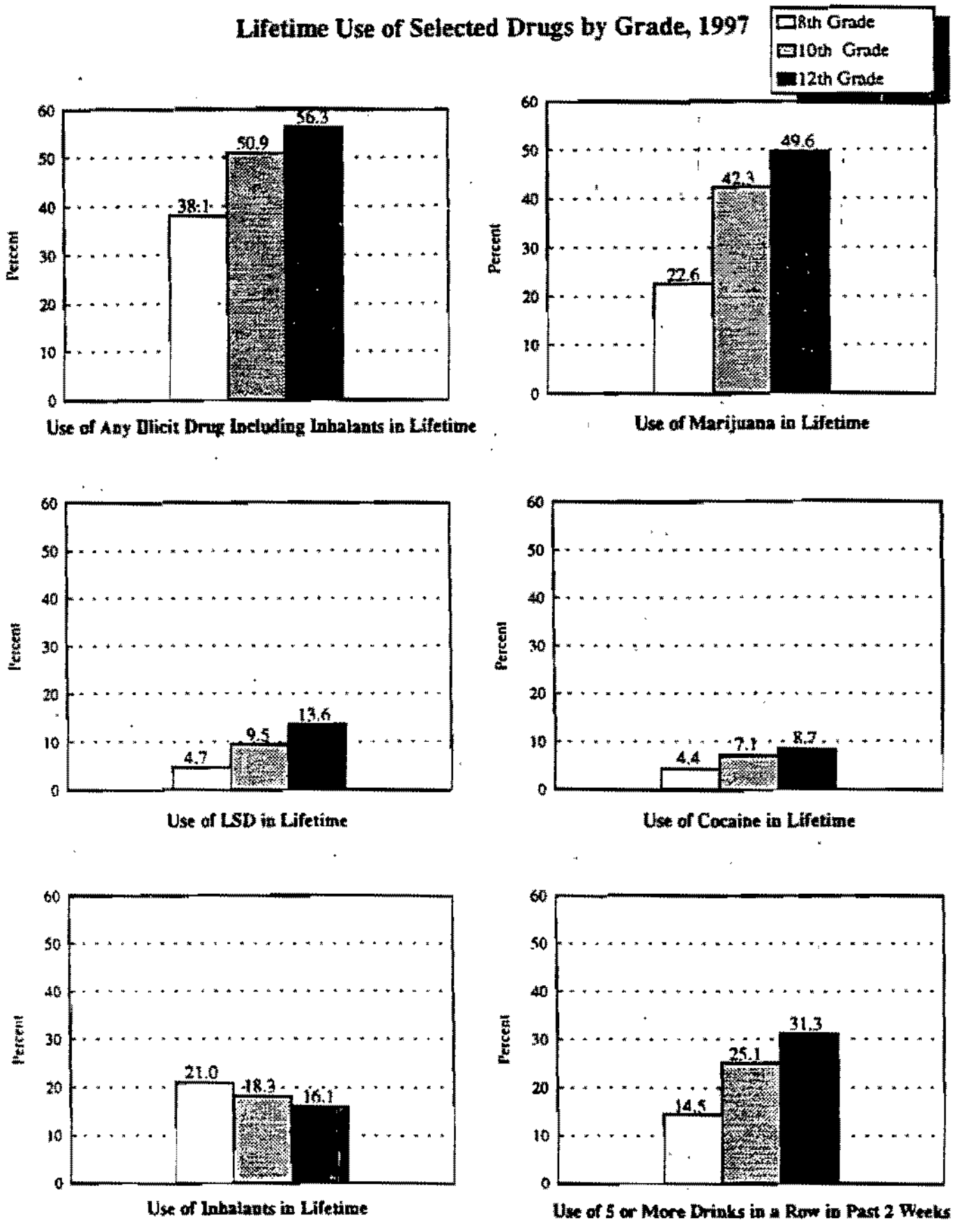


*Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

Source: Monitoring The Future Study, The University of Michigan.

FIGURE 8

Lifetime Use of Selected Drugs by Grade, 1997



Source: Monitoring The Future Study, The University of Michigan

Treatment Providers Report

In the Northeast, Mid-Atlantic and the South, approximately 19 percent of people who enter treatment cite heroin as their primary drug of abuse. In the Midwest, South, and Southwest, this figure is about 10 percent. Though this proportion of people rose slightly in the West and Midwest, and fell slightly in the Northeast and the South, these changes did not represent a great increase or decrease for most of the 61 programs reporting in this *Pulse Check*.

Most heroin users entering treatment inject the drug, with the exception of the Northeast, where more clients inhale. One treatment provider in the Northeast points out that while the majority of heroin clients usually snort, many of these same clients also inject, especially when they are unable to find high purity heroin, or when they want to speedball with cocaine powder. Cocaine is commonly mentioned as a secondary drug of abuse (by 33-92 percent of clients in all regions) as is alcohol (by 60-92 percent of clients in all regions).

Heroin users seeking treatment in all regions tend to be older (i.e., over 30), though sources in the Northeast and Mid-Atlantic region report higher percentages of clients under twenty years old. In all areas contacted, the majority of heroin treatment clients are white, except in the Midwest where just over half of the clients are African American. Over 75 percent of the clients have been in treatment before, and there continues to be a 70/30 split between men and women.

Part II: COCAINE

In this *Pulse Check*, sources report that the market for cocaine is generally stable, and in some areas it is declining. In particular, the demand for both cocaine and crack has declined, cocaine availability is down, while the availability of crack is stable. Cocaine users continue to be a diverse group, primarily people in their 30s and 40s who have been using for several years. However, there have been reports of rising cocaine use in specific communities, such as the Birmingham suburbs; the Hispanic community near the Texas border; and young people in the New York/New Jersey area. Treatment providers in most areas report that cocaine and crack are still the most commonly cited drugs of abuse among their clients.

Ethnographers and Epidemiologic Sources

Sources report broad shifts in the population of cocaine powder and crack users in particular areas. For example, young inner city users are starting to disdain crack as a "ghetto drug"; Miami sources describe crack use as "unfashionable" among youth, particularly with African Americans in inner city areas, and often those who continue to use crack try to hide it from their peers. In contrast, crack has recently made inroads into the Hispanic community along the Texas border; formerly, it had only been popular in the African American community in that area. In addition, the New York/New Jersey area has seen an increase in young crack

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

users for the first time in over a year.

However, the market for both cocaine powder and crack cocaine is generally stable; and cocaine is still a commonly used drug in most. Prices range from $50-$150/gram for cocaine powder and from $3-$40/rock or vial of crack. Purity is described as "good" to "fair" at the street level, though there is considerable variation in most areas.

Cocaine users are a diverse group of all ages and ethnicities and both sexes. In most areas, crack is marketed to people in their 30s and 40s who have been using the drug for several years. Cocaine powder, though less common than crack, is marketed to a diverse group -- primarily adults, of all ethnicities and socioeconomic groups. It is mentioned as a "club drug" in New York, Miami, and San Diego, but is not as prominent in the club environment as methamphetamine, MDMA, marijuana, and some hallucinogens.

Sources in Chicago report that some users are dissolving crack cocaine in lemon juice or vinegar and injecting it intravenously. This practice may have started as an innovation -- a new method to administer cocaine -- or as an adjustment to the decreased availability of cocaine powder, since it is cheaper to dissolve and inject crack than to purchase enough cocaine powder to create the same effect. While this practice reportedly produces a more intense rush than smoking the same amount of crack, the dilutants can produce serious abscesses and pain if the user misses the vein and injects into muscle tissue.

Cocaine powder, when available, is often used by heroin addicts to "speedball" -- combine cocaine with heroin -- to enhance or extend the effect of heroin. This entails injecting or snorting heroin, then smoking crack immediately. Several ethnographers note that as cocaine powder became harder to purchase during the summer, some heroin users began to speedball with crack. This overlap in heroin/cocaine/crack users may be related to the increase in double-breasted dealing described in the section on heroin. Similarly, heroin may be used by crack addicts to dampen the overly agitated effect produced by extended crack use. In both cases, the second drug is used to supplement rather than substitute the primary drug.

New York and Bridgeport ethnographers describe large pieces of crack called "slabs" being sold at the street level in their areas. The slab is a piece of crack about the size and shape of a stick of chewing gum, sometimes scored to form pieces. The slab is sold in the same containers (e.g., vials, bags) as individual rocks or pieces but, due to its size, costs more. This unit is smaller than what was described last year in the *Pulse Check* as the "cookie," a larger piece or sheet of crack sometimes bought for the purposes of resale.

In New York and San Diego, sources report that many crack users look for powder to make their own crack because processed crack is seen as "a bad buy" (i.e., poor quality or made up primarily of adulterants). This is largely due to the perception that dealers are cheating crack users by using very little powder in the cooking process.

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

Law Enforcement Sources

Police sources in most areas report that cocaine use remains stable. Boston police report fewer crack users, but maintain that crack is still a serious problem in that area. Three police sources (Seattle, Miami, and New York) report double-breasting dealing in their areas. Prices of cocaine are low ($30-$70/gram), and purity varies considerably.

Birmingham police are the only source that reports rising cocaine use in this *Pulse Check*. Crack has become more popular in the inner city; even in the suburbs, which have long been a powder market, police note an increase in the sale and use of crack. Consequently, prices are high; a piece of crack can run from $40 to $50. Police report that this increase in price may reflect the increase in the "yuppie" crack market of casual, middle-class users. Dealers have followed their new clientele into suburban areas, resulting in fewer open air cocaine markets in the inner city.

Treatment Providers

Treatment providers in all areas except the West and Southwest continue to report that cocaine is the most common illegal drug problem of clients seeking substance abuse treatment. While there have been slight decreases in the percentage of treatment admissions with cocaine as the primary drug problem, in general, admissions for cocaine treatment changed little in recent months. The majority of cocaine treatment clients smoke crack and use a variety of other substances. In all regions, alcohol is mentioned as a problem drug by a majority of clients (79-93 percent), as is marijuana (53-80 percent). Heroin, amphetamines, and tranquilizers are also commonly cited as secondary drugs of abuse.

The majority of cocaine treatment clients are white, except in the Midwest, where there is a fairly even proportion of whites and African-Americans. About two-thirds of the clients in all areas are male, and just over half have had prior treatment.

As in the last *Pulse Check*, several treatment providers commented on the "aging" of the crack user population; that is, the hardcore crack user is more likely to be an older user, who also consumes marijuana, alcohol and other drugs, than a teen or young adult. Just 3 to 11 percent of cocaine clients in all areas are below 20 years old. While sources report that there appear to be more young cocaine users seeking treatment in the Northwest, unlike the younger heroin clients, these young cocaine users are more likely to be new to treatment.

Part III: MARIJUANA

The market for marijuana appears to be thriving in the areas surveyed in this *Pulse Check*. Marijuana users are a diverse group, and the drug is highly popular in a variety of social settings. Most sources report that many types of marijuana, both foreign and domestic, can be purchased

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

Table 4
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City			
	Bridgeport, CN	**San Antonio/ El Paso, TX**	**San Diego, CA**	**New York, NY**
Use	stable	stable	stable	stable
Who's Using/ Change in Users	wide range of users	primarily African Americans, some Hispanics; more Hispanic users	African Americans (crack) 18-35 yrs. old, all groups (HCl)	
Method of Use	smoking snorting	smoking injecting	smoking snorting	smoking
Drugs In Combination	heroin	marijuana heroin	PCP heroin	heroin
Who's Selling	HCl sold with beepers, crack sold on street	More dealers of both heroin and cocaine.	African Americans & Hispanics; beeper sales	Young crews selling heroin also
Purchase Amount/Purity	$5, $10 bag; good purity	$20, $30/bag (HCl) $10, $20, $30/unit (crack)	$80-$100/gram $10 - 1/10 gr. (crack); 20% - 50% purity	$10, $20, $50/bag; $5/vial; purity fair
Other/Comments	There has been a noticeable trend among crack users to add heroin (snorted) to their use. Crack is also now sold as "slabs" or strips of crack in a plastic bag.	There are two major distributors: one uses young dealers to distribute, the other prefers older, experienced dealers.	A lot of users know how to make their own crack, so they buy powder. Vials have given way to tiny ziplock bags, so the product is more visible.	

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

Table 4 (cont'd.)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City			
	Denver, CO	**Miami, FL**	**Chicago, IL**	**Trenton/Newark, NJ**
Use	stable	stable	stable	stable
Who's Using/ Change in Users	wide range of ages; African Americans (crack)	Hispanics; decline in young adult use	wide range of users	20-30 yrs. old, all ethnicities; some more young users
Method of Use	injecting smoking	smoking	injecting smoking	
Drugs in Combination	heroin	marijuana alcohol	heroin marijuana	alcohol
Who's Selling	More sellers of heroin & cocaine together	Sellers match the communities they work	Gangs	Non-users primarily selling only cocaine.
Purchase Amount/Purity	$5 - $10/vial	$10, $20/bag $50-$75/gram	$50-$150/gram $3-$20/rock; purity "good"	$10 for 1/10 gram, $60-70/mg variable purity
Other/Comments	Methamphetamine is at highest level of availability in years. Most users are white, young, and equally likely to be male or female.		Hard to find HCl on the street, but crack is available. An "ozone" is a marijuana cigarette with PCP and crack in it that sells for $15.	

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

Table 4 (cont'd.)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City		
	New York, NY	**Austin, TX**	**Newark, DE**
Use	stable at high level	stable	stable
Who's Using/ Change in Users	wide range of users, including women & teens; more teens	African American & Hispanic, male & female; more Hispanics	more young users
Method of Use		smoking injecting inhaling	
Drugs in Combination			heroin marijuana
Who's Selling	Young sellers who match community.		Sellers often from larger cities & come into area with supply.
Purchase Amount/Purity	$10-$20/vial $40-$50/gram; purity is "good"	$600-$1,200/oz. $20-$100/gram $10-$40/rock variable purity	Purity is "fair"
Other/Comments	"Slabs" of crack available, increase in number of brand names or bag markings.	Cocaine continues as #1 drug among treatment admissions, though the proportion has dropped slightly. Crack users are older than HCl injectors or snorters.	

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*, Summer 1997.

Table 5
Law Enforcement Report on Cocaine/Crack

	City		
	Birmingham, AL P.D.	**Seattle, WA P.D.**	**New York, NY P.D.**
Use	up		stable
Who's Using/ Change in Users	inner city crack users; suburban HCl users; some casual middle-class crack users	African American and Hispanic users	variety of users
Method	smoking	inhaling smoking	smoking injecting
Drugs in Combination	marijuana alcohol		heroin
Who's Selling	Fewer open markets; some move to suburban areas.	Crack dealers also selling heroin.	More sales of both heroin and crack by same dealer.
Purchase Amount/Purity	$40 - $50/rock	$30 - $50/gram $10 - $20/rock; 15% - 92% purity (HCl) 30% - 75% purity (crack)	$3 - $10/vial $50 - $70/gram; variable purity
Other/Comments	Increase in crack prices. "Yuppie" crack users in suburbs also reported.	Some Mexican dealers sell heroin cocaine, marijuana and methamphetamine.	

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

Table 5 (cont'd.)
Law Enforcement Report on Cocaine/Crack

	City		
	Miami, FL P.D.	**Eugene, OR P.D.**	**Boston, MA P.D.**
Use	stable	stable	stable
Who's Using/ Change in Users	No change in users		somewhat fewer crack users
Method of Use	snorting smoking	smoking injecting	
Drugs in Combination		marijuana	
Who's Selling	Crack dealers also selling heroin.	Mexican Nationals.	Dominican and Colombians.
Purchase Amount/Purity	$10 for 1/10 gram $50/gram; high purity	$15, $20 for 1/4 gram; variable purity	$800/oz.
Other/Comments		Methamphetamine is up and often substitutes for the more expensive, less available cocaine.	Crack is somewhat less popular than before.

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

Table 6
Treatment Providers Report on Cocaine/Crack Use Patterns

	Region			
	I: Northeast N = 15	II: Mid-Atlantic & South N = 17	III: Mid-West N = 15	IV: West/ Southwest N = 14
% clients with drug listed as primary drug of abuse	45	32	34	21
Change over last year				
increase	8%	29%	7%	29%
no change	77%	71%	73%	71%
decrease	15%	0%	19%	0%
% clients injecting	15	9	23	27
% clients inhaling/smoking	85	91	77	73
Other Drugs Abused (% clients who mention)				
heroin	47%	0%	20%	14%
marijuana	53%	59%	80%	57%
alcohol	93%	82%	80%	79%
tranquilizers	7%	12%	7%	7%
amphetamines	0%	12%	33%	21%
other	0%	6%	7%	14%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania

Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington, D.C.

Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota

Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997.

Table 6 (cont'd.)
Treatment Providers Report on Cocaine/Crack Use Patterns

	Region			
	I: Northeast N = 15	II: Mid-Atlantic & South N = 17	III: Mid-West N = 15	IV: West/ Southwest N = 14
Average by Age				
under 20	11%	10%	7%	3%
21-30	33%	44%	36%	46%
31+	56%	46%	57%	51%
Average by Race/Ethnicity				
African-American	39%	42%	47%	17%
White	48%	53%	46%	65%
Hispanic & Other	13%	5%	7%	18%
Average by Sex				
Male	64%	62%	69%	68%
Female	36%	38%	31%	32%
Prior Treatment				
Yes	65%	51%	56%	53%
No	35%	49%	44%	47%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania

Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington, D.C.

Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota

Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Source: Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*, Summer 1997.

EXECUTIVE SUMMARY

COCAINE AND CRACK

***Miami:** "The remaining cocaine users appear to be the more addicted group whose progressively downward cycle of abuse has led to increasing problems and adverse consequences, even among a shrinking number of users."*

***San Francisco:** "Crack is generally viewed as 'going out of style.' ... Nonetheless, prevalence remains high..."*

MORTALITY DATA

Available cocaine mortality figures show recent declines in nine cities and increases in four.

Recent Declines or Stable Trends

Cocaine mortality figures appear to be declining in nine of the cities where 1995 (or early 1996) data are available: Denver, Honolulu, Los Angeles, Miami (cocaine-related, as opposed to cocaine-induced, deaths), Philadelphia, St. Louis, St. Paul, San Diego, and Detroit.

In Denver, after peaking in 1993, cocaine-related deaths per 1 million population have been declining (to 21.0 in 1994 and 20.5 in 1995). Cocaine toxicology mentions in Honolulu declined nearly 40 percent between 1994 (38 mentions) and 1995 (23 mentions). During that same period, in Los Angeles, deaths directly attributed to cocaine declined by 23 percent (from 107 to 82). Cocaine-related deaths in Miami similarly declined by 14 percent between 1994 (292 deaths, or 14.7 per 100,000 population) and 1995 (250 deaths, or 12.4 per 100,000). (However, cocaine-related deaths increased in other Florida cities; also, cocaine-*induced* deaths increased in Miami.)

In Philadelphia, too, cocaine-positive toxicology reports declined between 1994 and 1995, both in number (from 368 to 336) and proportion (from 60 percent to 53 percent of all drug-related deaths). Cocaine-related deaths in St. Louis similarly declined between those 2 years (from 128 to 58). Earlier in that city's cocaine epidemic, many cocaine-related deaths were overdoses; recently, however, most were cocaine-related homicides. Cocaine-related deaths in St. Paul declined slightly over the same period (from 8 to 7). In San Diego, after peaking in 1993 (at 57), accidental overdose deaths involving cocaine have likewise been declining (to 54 in 1994 and 52 in 1995). Early 1996 data in Detroit indicate a possible decline in deaths with positive drug toxicology for cocaine (61 in the first 3 months) following increases in 1994 (324 cases) and 1995 (342). This possible decline is even more dramatic in light of an expanded case definition as of late 1995.

Recent Increases

Four cities with 1995 data show increased mortality between 1994 and 1995: Miami (cocaine-induced deaths), Minneapolis, Phoenix, and Seattle.

In Miami, the increase in cocaine-induced deaths (from 31 to 33) was still well below the 1986 peak (of 53). In Minneapolis, however, cocaine-related deaths increased to a record number (from 35 to 46). Cocaine-related deaths in Phoenix peaked in 1992, declined for the following 2 years, but have increased again between 1994 and 1995 (from 22 to 35). And, in Seattle, cocaine overdose deaths increased 6 percent between 1994 and 1995 (from 65 to 69) (4.3 per 100,000 population in 1995) and seem to be increasing again in 1996 (19 deaths in the first quarter).

Speedball Deaths

Overdose deaths attributed to injection of "speedballs" (heroin-cocaine combinations) have been rising steadily in Seattle since 1990, both in number and as a proportion of all drug deaths (to 55 cases, or 30 percent of all drug deaths in 1995).

Earlier Trends

Data in Dallas and Newark were available only through 1994. In Dallas, medical examiner (ME) mentions of cocaine declined in 1994 (to 106) after reaching a record high in 1993 (129). Although cocaine findings in Newark have been surpassed by heroin, both have been increasing since 1991. Cocaine was found in 14 percent of drug deaths in 1994 (compared with 13 percent in 1991).

Cocaine Babies

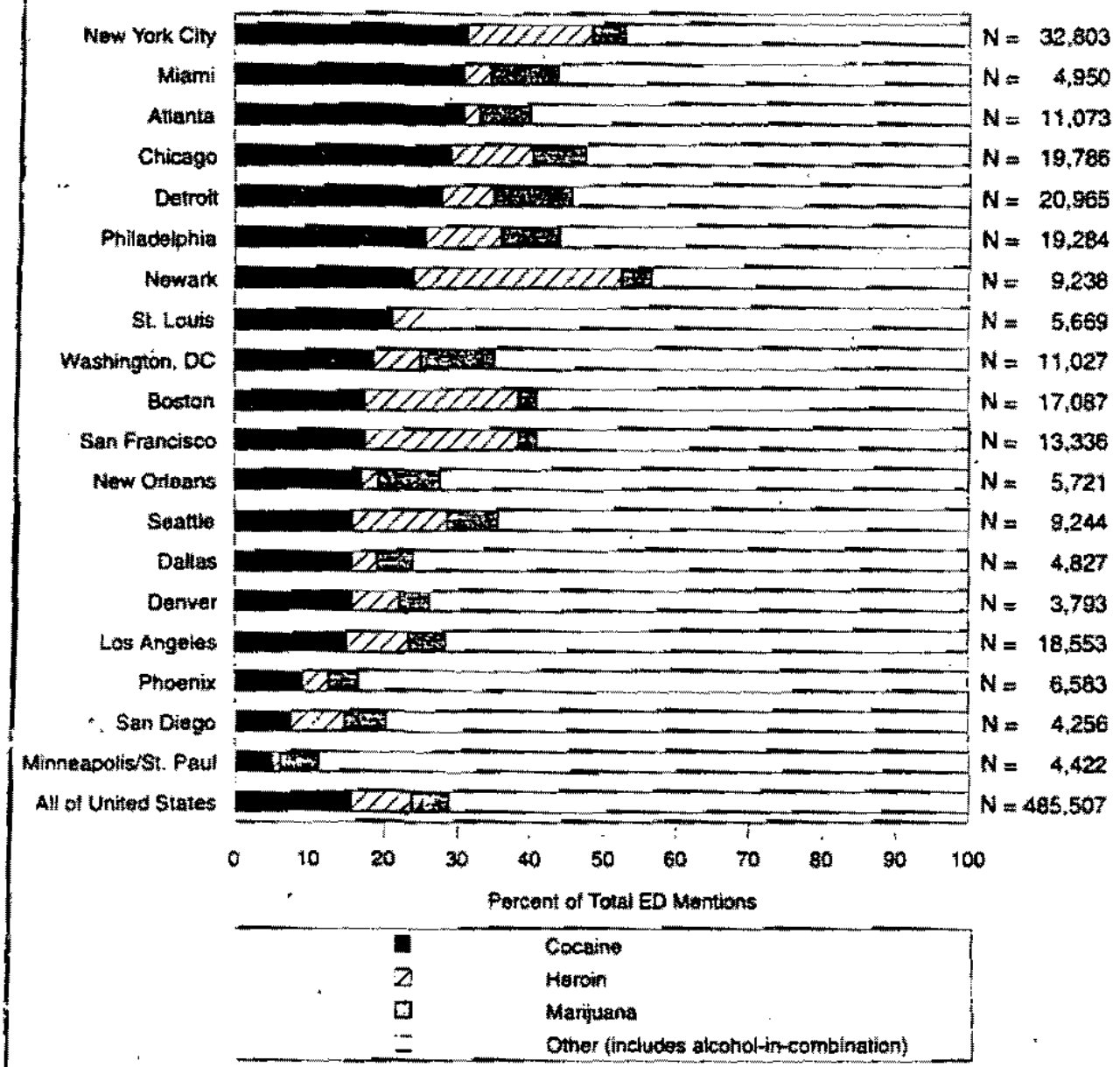
According to an ongoing urine toxicity study in Chicago, cocaine was detected in 68 percent of the 2,423 infants who tested positive for controlled substances in 1994–95. In Miami, infant deaths related to maternal cocaine exposure, which peaked in 1990 (at 21), continued to decline (to 2 in 1995). And, in Minneapolis, 3 of the 46 cocaine-related deaths in 1995 involved newborns or stillborns where maternal cocaine abuse was a significant contributing factor.

EMERGENCY DEPARTMENT DATA

During the first half of 1995, cocaine (including crack) continued to account for sizable proportions (20 percent or more) of total drug emergency department (ED) mentions in 8 of the 19 CEWG cities in the Drug Abuse Warning Network (DAWN) (exhibit 1). In the majority of cities, however, these proportions remained relatively unchanged from those a year earlier, in the first half of 1994. The two largest proportion increases, which were less than 3 percentage points each, occurred in Miami and Atlanta; the largest decline (less than 4 points) occurred in New Orleans.

Cocaine thus remained, by far, the most frequently reported illicit drug ED mention in most cities; heroin, however, remained more frequently mentioned in Newark and San Francisco; and methamphetamine, once again, was the most frequently mentioned drug in San Diego. As in 1993 and 1994, New York City and Miami had the highest proportions of cocaine ED

Exhibit 1. Proportions of total ED mentions composed of cocaine, heroin, marijuana, and "other" by metropolitan area, ranked by cocaine, first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

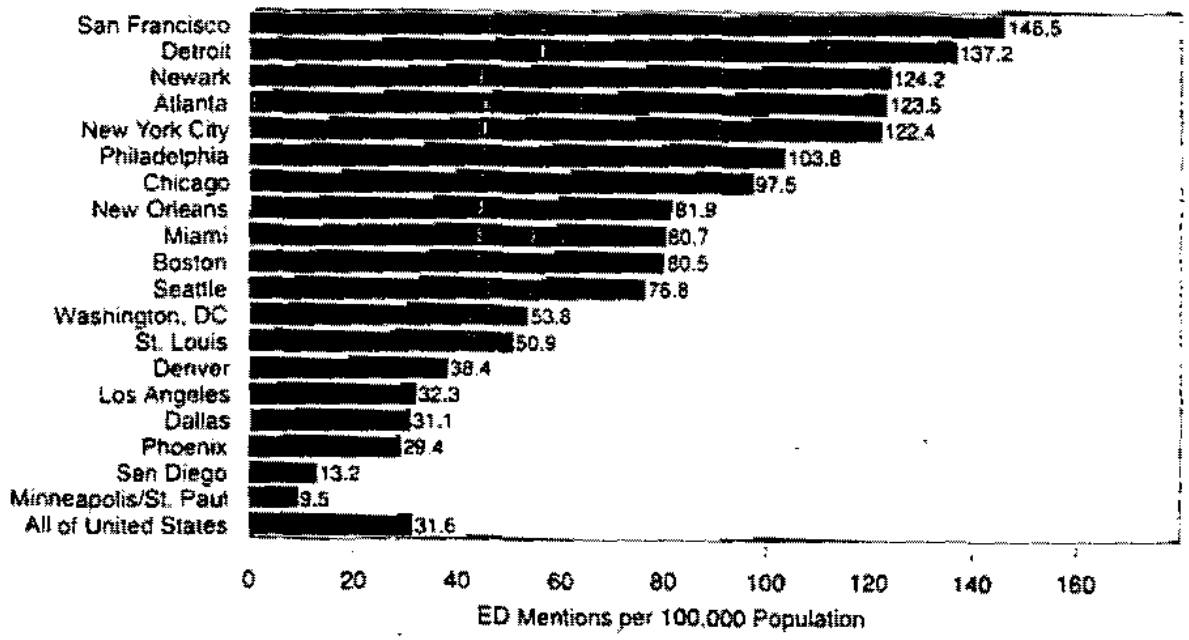
mentions (32 percent and 31 percent) of their respective total ED mentions.

San Francisco, however, now heads the list of cities in the estimated rate of cocaine ED mentions per 100,000 population; it is followed by Detroit (exhibit 2). San Francisco's jump from 11th place in 1994 follows an 83-percent increase ($p<0.001$) between the first halves of 1994 and 1995. At the same time, that city had an overall increase in ED mentions.

Four other cities had substantial increases in cocaine ED mentions between the first halves of 1994 and 1995: Boston (55 percent, $p<0.001$); Atlanta (29 percent, $p<0.05$); Chicago (20 percent, $p<0.05$); and Miami (17 percent, $p<0.001$). Only in Atlanta and Miami, however, did these increases parallel any notable increase (more than 2 percentage points) in cocaine's proportion relative to total ED mentions. (Note: Cocaine mentions appear to have increased in 16 cities. Only in seven, however, did these increases meet statistical standards of precision at $p<0.05$.) Mentions declined in three cities. Only in Denver, however, was the decline statistically significant (13 percent, $p<0.05$); and there, too, the cocaine proportion remained stable.

Exhibits 3 and 4 chart the latest 6 years of first-semester ED rates per 100,000 population in several selected cities. Interestingly, they delineate a gradual convergence of trends in many cities that, 6 years ago, had a wider disparity in rates. Overall, the most notable changes are the recent increase in San Francisco and the

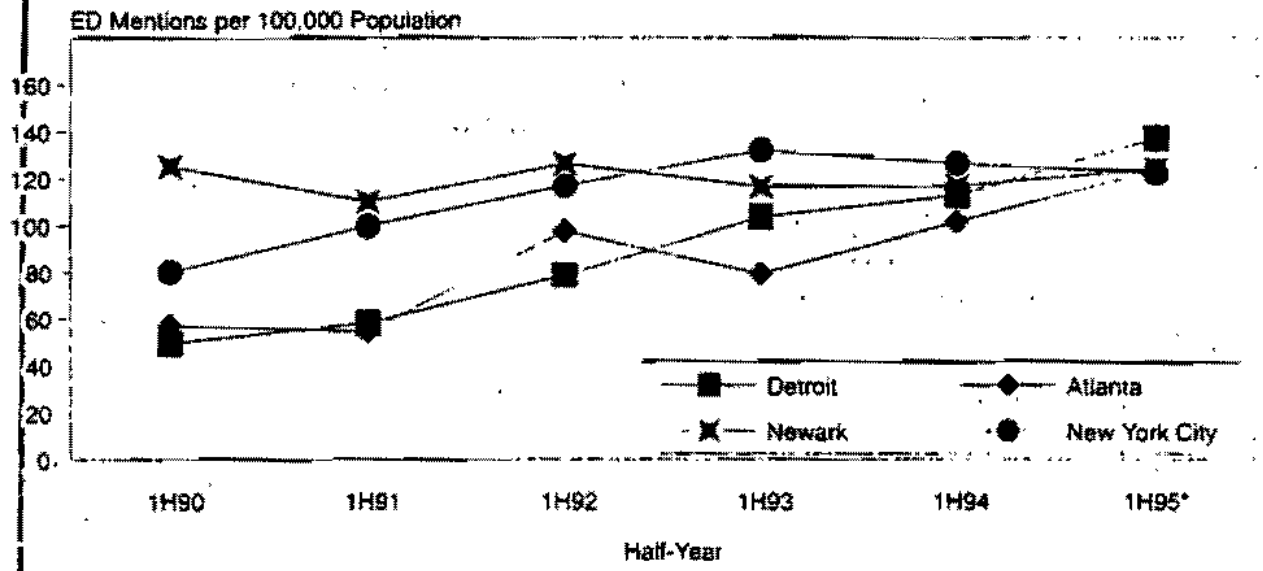
Exhibit 2. Estimated rate of cocaine/crack ED mentions per 100,000 population by metropolitan area, first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA. Drug Abuse Warning Network, October 1995 files, run in April 1996

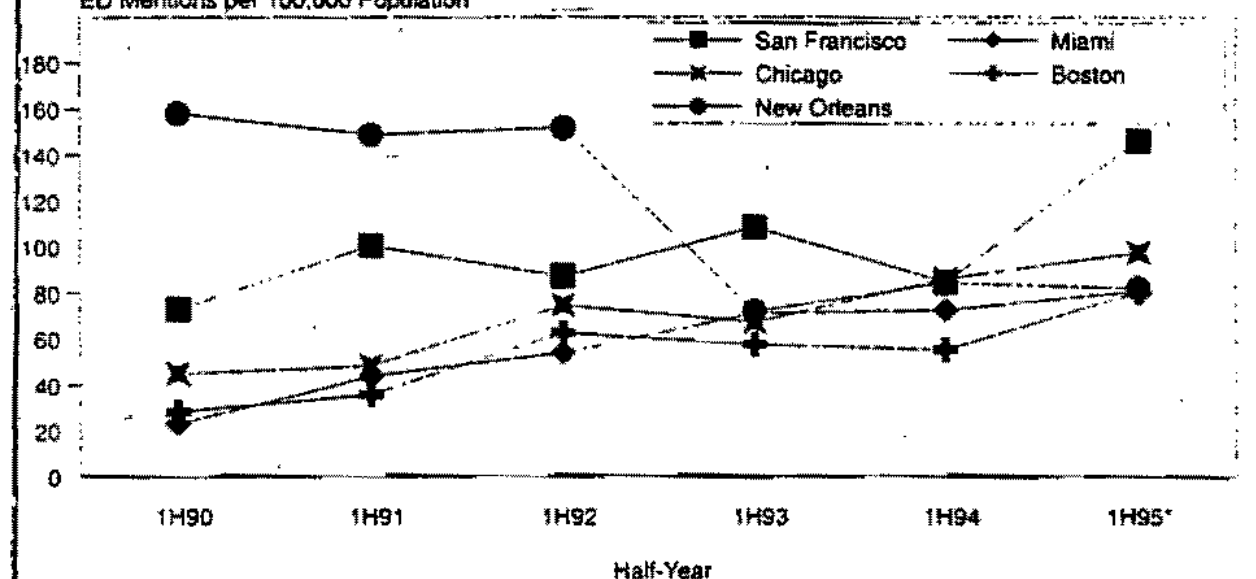
Exhibit 3. First-half-year trends in cocaine/crack ED mentions per 100,000 population in four selected cities, first half of 1990–first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 4. First-half-year trends in cocaine/crack ED mentions per 100,000 population in selected cities, first half of 1990–first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

decline in the New Orleans rates since early in the decade.

TREATMENT DATA

Cocaine (including crack) as a primary drug of abuse now accounts for the largest proportion of admissions (excluding alcohol-only but including alcohol-in-combination) in only 7 of the 18 areas where such data are available: Atlanta, Texas, Detroit, Chicago, Philadelphia, New Orleans, and St. Louis (exhibit 5). Since the previous reporting periods, the percentages for cocaine have declined in several areas, including Boston, Denver, Los Angeles, Newark (where heroin admissions have concurrently increased), New Orleans, and San Diego. The percentages have remained relatively stable in Chicago, New York City, San Francisco, Texas, and the Washington-Baltimore consolidated metropolitan statistical area (CMSA); the proportion has increased in Seattle.

Heroin now dominates the treatment proportions in another seven areas, while marijuana and methamphetamine each account for the largest percentages in two areas.

Exhibit 5. Primary drugs of abuse as percentages of treatment admissions[a] in reporting CEWG areas

Area	Cocaine	Heroin	Marijuana	Stimulants	Period
Atlanta	65	5	12	2	7/95–12/95
Texas[b]	42	12	17	4	1/95–12/95
Detroit	43	25	9	<1	1/95–12/95
Chicago	41	15	11	1	7/94–6/95
Miami	41	5	9	<1	1/94–6/94
Philadelphia	38	22	6	<1	1/95–12/95
New Orleans	34	8	27	<1	1995
St. Louis[c]	32	8	12	--	1/95–12/95
Newark	16	72	2	--	1/95–6/95
Los Angeles	12	57	4	6	10/95–12/95
San Francisco	20	52	3	5	1/95–6/95
New York City[d]	43	41	11	--	1/95–12/95
Boston	29	38	5	<1	1/95–12/95
Washington-Baltimore	28	31	12	<1	7/94–12/94
Seattle	23	26	19	16	1/95–12/95
Denver	33	12	37	13	1/95–12/95
Minneapolis/St. Paul[e]	15	2	19	2	1/95–12/95
San Diego	14	16	7	42	1/95–12/95
Honolulu	14	10	18	25	1/95–12/95

NOTE: The shaded areas indicate the top-ranking primary drug of abuse in each area.

[a] Total admissions number excludes alcohol-only.
[b] Includes Harris, Bexar, and Dallas Counties
[c] Includes St. Louis City, County, and five rural areas
[d] State-funded programs only
[e] Alcohol-only is not excluded.

DEMOGRAPHICS

Age

> ***New York City:*** *"...teenagers may be using crack now more than in the recent past. Field researchers report that more young people are smoking marijuana joints or 'blunt' cigars laced with crack."*
>
> ***Texas:*** *"In Houston, street youth are smoking crack and injecting cocaine.... In San Antonio, young African-Americans will smoke crack in a marijuana cigarette, but they look down on crack pipe smokers.... In Dallas, upper-class and upper-middle-class white youth are reported to be experimenting with crack."*
>
> ***Chicago:*** *"Crack smokers span a broad cross-section of ages...Initially crack was used primarily by illicit drug users younger than 30. However, as crack came to dominate the street cocaine market, older drug users, including IDUs, began to smoke or inject crack."*

Despite the growing evidence of an aging cocaine-using cohort, it is important to note that some youth are still initiating use in certain areas, especially in conjunction with marijuana.

However, available mortality figures for cocaine generally show decedents to be well over age 30. For example, the average age of cocaine decedents in Miami was 37.9; in San Diego, 42 percent were age 30–39 and 38 percent were 40 or older; and 45 percent of Dallas decedents were 35 or older.

Similarly, the rates of cocaine ED mentions per 100,000 population by age group continue to indicate an aging pool of cocaine users (exhibit 6). In every CEWG city, the highest rate occurred in the 26–34 age group, and the lowest rate was in the 12–17 group. The highest of all the rates once again occurred in Newark.

In many cities—such as Atlanta and Miami, the two cities where cocaine ED mentions increased both in number and proportion—trend analysis suggests an aging cohort of hard-core addicts who use emergency departments for primary care and addiction treatment services. Similarly, in San Francisco—the city with the Nation's highest cocaine ED rate—the proportion of ED mentions in the 35+ group increased from 41 percent in 1991 to 57 percent in 1995. Other examples of an aging cocaine ED population include the following: Chicago, where the 35+ group had a higher increase than the younger groups between the first halves of 1994 and 1995; Dallas, where the 35+ group increased from 27 percent in 1992 to 37 percent in 1995; and New York City, where over the past 5 years, those age 25 or younger have represented a declining proportion, while those 26 or older have become an increasing proportion of cocaine ED mentions.

Treatment demographics, like the mortality and ED figures, similarly suggest that cocaine users are aging as a group (exhibit 7). Again, the 26–34 age group overwhelmingly accounts for the highest percentage of cocaine admissions in all reporting cities, except for Detroit, where the majority are even older (35+). Trend data in several cities further support the notion of an aging cocaine-using population: for example, in Boston, the percentage of primary cocaine clients age

Exhibit 6. Rate of cocaine/crack ED mentions per 100,000 population by age group and area, January–June 1995*

Area	12–17	18–25	26–34	35+
Atlanta	8.4	66.6	384.7	122.5
Boston	11.1	58.0	340.6	55.3
Chicago	12.2	70.9	342.2	84.2
Dallas	11.9	28.8	88.4	25.3
Denver	10.9	44.5	119.9	26.1
Detroit	5.4	68.5	444.3	144.4
Los Angeles	15.7	24.0	100.6	31.0
Miami	17.7	56.1	293.5	69.5
Minneapolis/ St. Paul	...	7.1	28.7	7.8
Newark	12.3	104.5	526.4	88.1
New Orleans	...	70.0	291.5	71.2
New York City	5.8	63.7	423.7	115.4
Philadelphia	16.8	79.7	411.6	81.4
Phoenix	7.1	35.6	118.6	16.2
St. Louis	6.9	38.8	189.0	41.3
San Diego	7.2	7.3	49.3	14.1
San Francisco	28.4	95.5	346.0	150.7
Seattle	19.9	67.1	223.4	64.5
Washington, DC	9.4	34.7	189.9	42.3

NOTES: "..." Denotes estimate did not meet standard of precision; shaded areas reflect rates that have increased since the first half of 1994 ($p < 0.05$).

*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 7. Percentage of primary cocaine admissions in reporting CEWG areas who are in the two oldest age groups

Area	26–34	35+
Atlanta	48	40
Boston	52	32
Chicago	50	33
Denver	47	37
Detroit	43	51
Los Angeles	51	39
Miami	45	36
Minneapolis/St. Paul	47	38
Newark	56	28
New York City[a,b]	56	32
Philadelphia	52	40
St. Louis	88	3
San Diego	46	43
San Francisco	42	48
Seattle	47	41
Texas	45	37
Washington-Baltimore	48	35

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95–12/95).

[a]Age categories are 26–35 and 36+.

[b]Data incomplete for the whole year; include State-funded and non-State-funded treatment centers

30 or older has been increasing substantially since 1991; and in Detroit, the percentage of crack admissions in the 35+ group has been steadily increasing for the past 6 years. In Newark, however, cocaine admissions are younger than heroin or alcohol admissions; their lower mean age (31.3) is one indicator of the

relative severity of negative consequences for cocaine compared with the other drugs.

Gender

Gender-related mortality demographics were available for Miami, San Diego, and Dallas. Females accounted for 30 percent, 29 percent, and 17 percent, respectively, of cocaine decedents in those three cities.

Males outnumber females as a percentage of cocaine ED mentions in all CEWG cities in DAWN (exhibit 8). The gender gap is widest in Phoenix, followed by Atlanta; it is narrowest in Washington, DC. Between the first halves of 1994 and 1995, the rates per 100,000 population increased ($p<0.05$) for males in eight cities and for females in six cities, as indicated by the shaded areas in the table; rates declined for males in Denver.

Males also account for the majority of cocaine admissions in all reporting areas, except in San Diego, where males and females are evenly split (exhibit 9).

The narrowest gender gaps, following San Diego, are reported in Los Angeles, Newark, and Seattle. In most reporting areas, the male–female treatment ratios for cocaine are similar to or lower than those for ED data. New Orleans is a notable exception, with males outnumbering females by more than six to one (for 2 years in a row) among treatment admissions but by only about two to one among ED mentions—suggesting that females may possibly be underserved in the New Orleans treatment community.

By contrast, in some cities, such as Newark, females continue to have easier access to treatment than males as a result of Federal initiatives and Medicaid. In that city, the percentage of female admissions is higher among cocaine admissions than among heroin or marijuana admissions. In Texas, with the loss of criminal justice treatment initiative clients, the percentage of males has decreased. In Detroit, after peaking in FY 1993, the percentage of female crack admissions has been declining; however, among cocaine hydrochloride (HCl) admissions, the male–female ratio has been stable for more than 5 years (at approximately 3:1).

Race/Ethnicity

> ***San Francisco: "Crack sellers are mostly African-American or Hispanic, while HCl sellers are predominantly white."***

In areas where cocaine mortality figures are available, the racial/ethnic distribution often differs strikingly from the distributions in the ED and treatment data. In San Diego, for example, 52 percent of decedents were white, 23 percent were African-American (an overrepresentation), and 25 percent were Hispanic (an over-representation); whites also predominated in that city's ED data; African-Americans, however, predominated in treatment admissions (exhibits 10 and 11). Similarly, in Miami, whites predominated among cocaine decedents (16 whites, 12 African-Americans, and 5 Hispanics), while African-Americans accounted for the majority of ED mentions and treatment admissions. In Los Angeles, African-Americans represented more than half of the decedents and treatment admissions, but ED mentions were more evenly dis-

Exhibit 8. Proportions of cocaine/crack ED mentions by gender, area, and male–female ratios, January–June 1995*

City	Males	Females	Ratio
Atlanta	73	26	2.8
Boston	60	38	1.6
Chicago	66	33	2.0
Dallas	60	40	1.5
Denver	58	39	1.5
Detroit	68	31	2.2
Los Angeles	66	32	2.1
Miami	66	34	1.9
Minneapolis/ St. Paul	64	35	1.8
Newark	62	37	1.7
New Orleans	69	31	2.2
New York City	71	28	2.5
Philadelphia	69	30	2.3
Phoenix	75	24	3.1
St. Louis	66	32	2.1
San Diego	64	36	1.8
San Francisco	69	31	2.2
Seattle	65	34	1.9
Washington, DC	59	41	1.4

NOTE: Shaded areas reflect proportions where rates have increased since the first half of 1994 ($p < 0.05$).

*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 9. Proportions of primary cocaine admissions by gender and male–female ratios in reporting CEWG areas

Area	Males	Females	Ratio
Atlanta	66	34	1.9
Boston	62	38	1.6
Chicago	58	42	1.4
Denver	59	41	1.4
Detroit (crack)	63	37	1.7
Los Angeles	52	48	1.1
Miami	71	29	2.4
Minneapolis/ St. Paul	64	36	1.8
Newark	52	48	1.1
New Orleans	86	14	6.1
New York City*	60	40	1.5
Philadelphia	62	38	1.6
St. Louis	60	40	1.5
San Diego	50	50	1.0
San Francisco	64	36	1.8
Seattle	53	48	1.1
Texas	63	37	1.7
Washington-Baltimore	63	37	1.7

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95–12/95).

*Data incomplete for the whole year; include State-funded and non-State-funded treatement centers

tributed across the three groups. Mortality and treatment distributions were more even in Dallas, where 43 percent of cocaine decedents were white, 38 percent were African-American, and 19 percent were Hispanic. In Philadelphia, cocaine-positive toxicology reports have been declining among African-American males.

African-Americans account for the majority of cocaine ED mentions in 10 of the CEWG cities in DAWN, and they are the modal group in another 3 cities; whites are in the majority in Boston and Minneapolis/St. Paul, and they are the modal group in Phoenix, San Diego, and Seattle. The largest Hispanic represen-

Exhibit 10. Proportions of cocaine/crack ED mentions by race/ethnicity and area, January–June 1995*

Area	African-Americans	Whites	Hispanics
Atlanta	67	12	<1
Boston	17	66	6
Chicago	67	12	10
Dallas	46	41	12
Denver	13	27	18
Detroit	80	18	<1
Los Angeles	36	29	32
Miami	53	34	13
Minneapolis/ St. Paul	32	54	...
Newark	64	18	7
New Orleans	71	26	1
New York City	52	14	19
Philadelphia	65	29	6
Phoenix	20	46	29
St. Louis	69	27	...
San Diego	31	40	16
San Francisco	42	21	8
Seattle	26	41	3
Washington, DC	70	26	1

NOTES: "..." denotes estimate does not meet standard of precision or is less than 10. Some percentages may be on the low side because of an unusually high "race unknown" category.

*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 11. Proportions of primary cocaine admissions by race/ethnicity in reporting CEWG areas

Area	African-Americans	Whites	Hispanics
Atlanta	76	22	<1
Boston	56	34	7
Chicago	73	23	3
Denver	39	42	17
Detroit	82	16	1
Los Angeles	59	18	18
Miami	56	24	28*
Minneapolis/ St. Paul	60	34	3
Newark	86	4	10
New Orleans	63	37	--
New York City*	65	16	18
Philadelphia	86	10	4
St. Louis	87	13	--
San Diego	66	21	8
San Francisco	75	13	9
Seattle	50	42	3
Texas	57	29	14
Washington-Baltimore	67	31	<1

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95–12/95).

*Individuals whose ethnicity is cited as Hispanics may also be included in the African-American or white race categories.

*Data incomplete for the whole year; include State-funded and non-State-funded treatment centers

tation occurs in Los Angeles, followed by Phoenix. African-Americans are over-represented among cocaine ED mentions in several cities, such as St. Louis.

The percentage of African-Americans among cocaine ED mentions has declined in Los Angeles in the two latest half-year periods, while that of Hispanics and whites

increased. Similarly, the percentage of African-Americans has decreased slightly in Atlanta. In San Francisco, however, the percentage of African-Americans has been increasing since 1991. In Dallas, the percentage of whites has been declining (first half 1992 versus first half 1995), the percentage of Hispanics has increased slightly, and the percentage of African-Americans has been fluctuating. The largest Chicago subgroup increase between the first halves of 1994 and 1995 was among whites (36 percent) and Hispanics (32 percent).

African-Americans continue to account for the majority of primary cocaine treatment admissions in every reporting area, except Seattle, where they constitute the modal group, and Denver, where whites are the modal group. In Boston, the proportion of African-American treatment clients has been decreasing since 1991. Similarly, in New Orleans, the percentage of African-Americans declined between 1994 and 1995, while the percentage of whites increased. In Texas, too, with the loss of criminal justice treatment initiative clients, the percentage of African-Americans has decreased.

In every area, except for New Orleans and the Washington-Baltimore CMSA, the percentage of African-Americans among cocaine treatment admissions remains higher than the percentage among cocaine ED mentions; conversely, in most areas, the percentage of whites among cocaine treatment admissions is lower than among cocaine ED mentions. One possible explanation for this difference is that emergency departments treat a greater diversity of populations than do treatment programs. However, this phenomenon warrants further investigation, especially since it is not as consistently noted among heroin users.

USE PATTERNS

Route of Administration

> ***Atlanta:*** *"Users report to ethnographers, outreach workers, and drug treatment staff that they have shifted from smoking crack to injecting cocaine, often in combination with heroin. A combination of cocaine and heroin is also reportedly smoked."*
>
> ***Chicago:*** *"...crack has provided a bridge to link injectors and non-injectors. The close proximity of these drug users is reflected by the observations of intervention staff at shooting galleries, where a growing number of users 35 years old or younger have been appearing. While the social boundaries between injectors and noninjectors remain prominent, there is increasing interaction between the two as they begin to engage in drug-taking activities in a common place."*
>
> ***Texas:*** *"In Austin,...Among African-Americans and Hispanics, HCl is injected, sometimes with heroin as a 'speedball,' while whites are more likely to snort cocaine or to inject it without the heroin combination."*
>
> ***San Francisco:*** *"One observer noted the practice of scraping residues from crack pipes, to be dissolved and injected. Observers based in the Tenderloin district commented on the...injection of cocaine by transgender users."*

Smoking (usually crack) remains, by far, the most reported primary route of administration among primary cocaine

treatment admissions in every reporting CEWG area (exhibit 12). In Atlanta, however, the percentage of smokers has been declining (as has the percentage who inject), while the percentage who use intranasally has increased. Similarly, intranasal use may be increasing among primary HCl admissions in Detroit, while smoking may be declining (from about three-quarters of FY 1993 HCl admissions to 38 percent in the first half of FY 1996).

Injection continues to decline in Newark; intranasal use, while reported by only 22 percent of admissions, remains the most common mode among active recreational users not in treatment.

Since Chicago imposed drug paraphernalia laws, "rock" users smoke from cans, bottles, and other devices, such as a car antenna with a piece of scouring pad used as a screen.

Mode of administration is often correlated with gender, race/ethnicity, age, and other characteristics. For example, in Newark and New York City, smoking is more common among females than among males and among African-Americans than among whites or Hispanics. In Texas, crack smokers are the oldest of the cocaine clients; injectors are less likely than inhalers to be a minority; the percentage of injectors who are females has increased sharply in 1 year (from 34 percent to 57 percent in first quarter 1996); and the percentage of inhalers who are Hispanics has increased, while the percentage who are African-Americans has declined. By contrast, in the Washington-Baltimore CMSA, crack users and other cocaine users differed little demographically.

Exhibit 12. Route of administration among cocaine treatment admissions, by percentage, in reporting CEWG areas

Area	Smoking	Sniffing	Injecting
Atlanta	60	5	2
Boston	79	15	4
Chicago	87	8	3
Denver	68	18	12
Detroit	95	4	<1
Los Angeles	86	9	3
Miami	67	31	<1
Minneapolis/ St. Paul	86	12	2
Newark	76	22	2
New York City*	72	25	1
Philadelphia	87	9	4
St. Louis	90	10	--
San Diego	87	7	5
San Francisco	92	4	2
Seattle	76	2	13
Texas	74	12	12
Washington-Baltimore	80	12	7

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95-12/95).

*Data incomplete for the whole year; include State-funded and non-State-funded treatment centers

Multisubstance Use

In many cities, such as Newark, cocaine is even more of a problem as a secondary drug of abuse than as a primary drug. Alcohol and marijuana continue to be the most frequently reported secondary and tertiary substances of abuse among primary cocaine admissions.

Drug combinations in Chicago include the "bazooka" (crack and tobacco combined in a joint) and the "diablito" or "primo" (crack combined with marijuana in a joint). These combinations are not sold on the streets. Rather, users prepare them according to individual preference. Similarly, in Boston, "oolies" are marijuana cigarettes laced with crack, and, in New York City, "woolies" are marijuana joints or "blunt" cigars laced with crack; "speedballs" are PCP-crack combinations.

In St. Louis, some "old-time" injecting drug users (IDUs) continue to mix HCl and heroin together (speedball), but most users smoke crack.

LAW ENFORCEMENT DATA

Arrestee Data

Cocaine remains involved in the majority of drug arrests in several cities, including Miami (58 percent), Boston (54 percent), Detroit, and St. Louis. However, recent declines or stable trends are reported in many cities. For example, the Boston proportion is level with the preceding year but down from a 1992 high, and the Miami proportion is lower than in the previous reporting period. The number of cocaine arrests in San Francisco declined 14 percent between 1994 and 1995, and, in New Orleans, cocaine/opiate arrests declined between 1993 and 1994 and again in 1995.

By contrast, in New York City, cocaine arrests peaked in 1989, declined over the following 4 years, but rebounded in 1994 and appear to be increasing again in 1995 (based on the first 6 months). Similarly, cocaine cases in Honolulu increased 17 percent between 1994 and 1995. Arrest levels also remained high in Minneapolis, where they represented a mix of juveniles and street-level, midlevel, and major dealers.

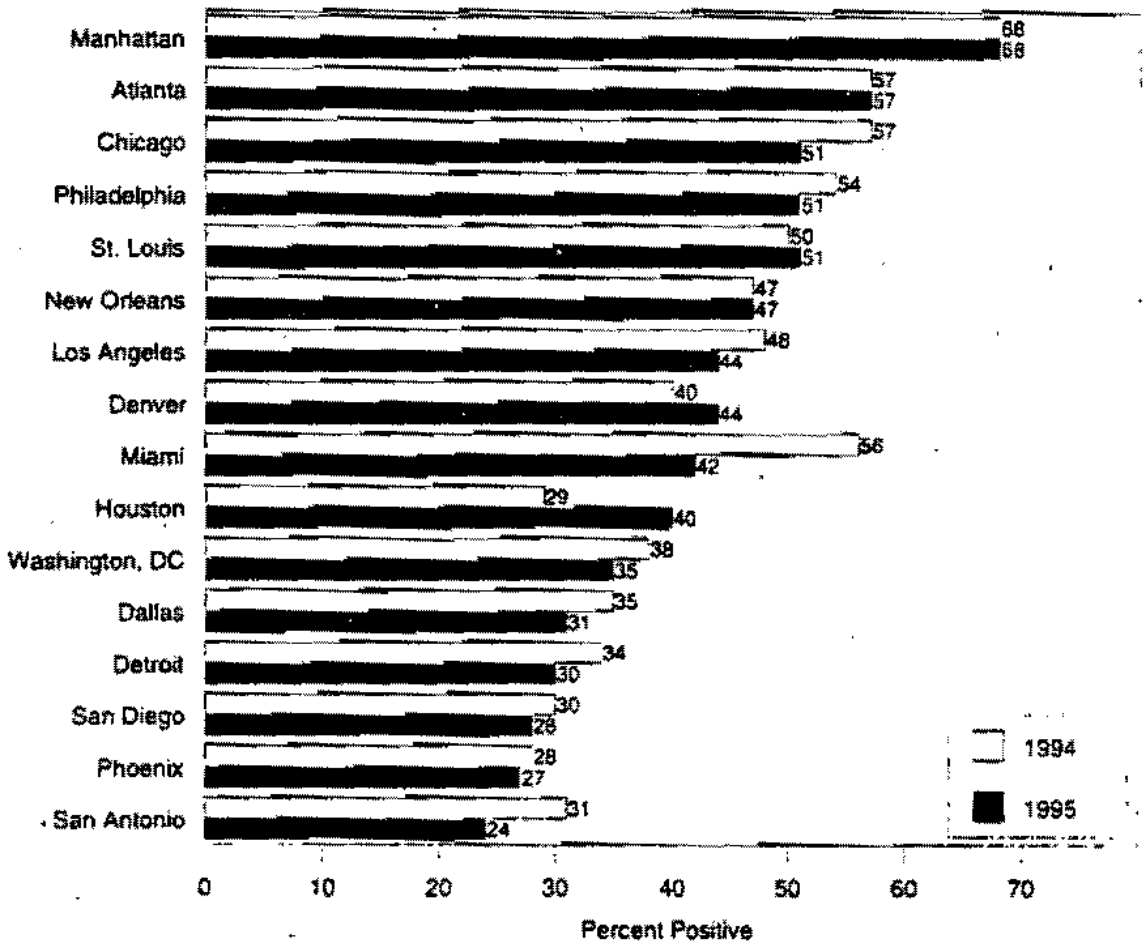
Although cocaine remains the most prevalent drug in the Drug Use Forecasting (DUF) monitoring system, its use has declined among adult male arrestees (exhibit 13).

Three of the most striking declines between 1994 and 1995 occurred in CEWG cities: Miami, down 14 percentage points; San Antonio, down 7 points; and Chicago, down 6 points. Among the youngest adult male arrestees (15–20 years), rates of cocaine use declined in several cities, with an especially large decline in Miami (19 points). Rates declined more moderately among female adult arrestees following minor increases in 1994. The largest declines were reported in St. Louis (12 points) and in Manhattan and Washington, DC (9 points each); three sites, however, had substantial increases for females: Detroit (15 points), New Orleans (12 points), and San Diego (10 points). Among the youngest female arrestees (15–20 years), substantial decreases in cocaine use were reported in Manhattan (30 points) and Detroit (12 points). Many of these declines in DUF cocaine rates were offset by increases in rates for marijuana.

Crime and Violence

Atlanta: "Ethnographic data show an increase of drug use among members of several gangs, which results in an increase of random violence that is not related to 'turf wars.'"

Exhibit 13. Percentage positive for cocaine among male booked arrestees, 1994 versus 1995 (ranked by 1995)



SOURCE: National Institute of Justice, Drug Use Forecasting 1995 Annual Report on Adult and Juvenile Arrestees (draft)

Although cocaine-related hospital emergencies and treatment admissions have declined in Minneapolis, the violence, gang activity, and deaths associated with crack sale and abuse reached peak levels in 1995; similar trends, however, did not occur in St. Paul. Several large cases in 1995 involved the "Detroit Boys," who would bring juveniles and crack into Minneapolis from Detroit, quickly sell it out of central-city crack house locations, and promptly leave the area. In Denver, too, crack continues to be associated with gang violence, drive-by shootings, and carjackings by users and distributors alike. Drug-related homicides in Atlanta have a higher incidence in areas where crack is sold, and a significant number of drug cases there continue to involve handguns and gang activity.

Gangs in San Antonio have begun to cut down on the violence in order to decrease police attention. However, with the truces, concerns have been raised about a resulting increase in drug use. Whites are now being seen at the middle to upper

distribution levels, and crack use is being encountered in the middle- to upper-income white communities.

Availability, Price, and Purity

> ***Atlanta:*** *"...ethnographic information [indicates] that the quality of cocaine, specifically crack cocaine, has become less reliable...Ethnographic reports reveal an increase in the availability of HCl."*
>
> ***Philadelphia:*** *"...during the April 1996 focus group discussion...there [was] a continued perception...that the quality of crack available has declined over the last several years."*
>
> ***Boston:*** *"Interviews with detoxification providers confirm that crack is far more prevalent than HCl..."*

While crack continues to be available in New York City, HCl availability has increased; that form remains popular in the nightclub scene and among crack users who prefer to process their own cocaine. In Newark, HCl is still more available than crack; there, too, many users freebase it themselves because they consider the street crack as inferior. Similarly, in Denver, where HCl remains readily available and less crack is being sold, users buy HCl and "rock it up" themselves. Both forms are readily available in Atlanta, where HCl was scarce for several years but is now more easily available. By contrast, in Chicago, crack availability has increased but HCl availability has declined.

Crack remains dominant over HCl in street-level drug sales in many cities, including Detroit (although it is rarely available in quantities above ounces), Boston (although both forms are still widely available), and Phoenix. Both forms are widely available in St. Louis, but most of the cocaine arrives as HCl and is processed locally into crack. Availability of both forms is stable in New Orleans and widespread in Miami. Both forms are even more widely available in other Florida counties than in Miami.

Crack and HCl prices and purity, as presented in exhibits 14 and 15, respectively, have increased in several areas. Prices for both forms have increased in Atlanta both at the distribution and street levels, and crack purity levels have also been increasing. In Texas, prices have risen slightly for both HCl (at the kilogram, ounce, and gram levels) and crack (at the ounce level), while purity has remained stable and high. In New York City, HCl purity is said to be increasing. The HCl kilogram price has increased in Los Angeles. It has also increased slightly in Phoenix, as has the "eightball" price.

Prices have remained relatively stable, however, in Boston (although some purity increases are reported), Denver (gram prices), Chicago (ounce prices), Detroit (both forms, with purity also remaining stable), Miami (despite some periodic fluctuations over the past 4 years), New Orleans (prices and purity for units other than ounces), Phoenix (except for increases and decreases noted above and below), San Diego (price and purity of both forms, although an HCl kilogram was slightly more expensive at the lower end of the price range, and purity was higher at the bulk level), and Minneapolis. Minneapolis street prices, however, are consistently higher than those in many other major metropolitan areas. While this may reflect more limited availability than

Exhibit 14. Crack prices and purity in reporting CEWG areas

Area	Purity (%)	Price/Unit
Atlanta	–	$50–$75/g $10–$50/rock $1,000–$1,300/oz $21,500–$25,000/kg
Boston	80–95	$10–$20/125 mg
Chicago	–	$3–$20/rock
Detroit	–	$5–$50/rock
Honolulu	–	$5–$15/dose $50–$130/g $20–$100/rock $100–$2,600/oz
Los Angeles	50–70	$450/oz
Minneapolis/ St. Paul	–	$20/rock
Newark	–	$3/5-mg vial
New Orleans	90	$20,000–$25,000/kg
New York City	–	$3–$5/vial
Philadelphia	"decline"	$5/"CD"
St. Louis	50–90	$37–$80/g $25/rock $1,000–$1,760/oz
San Diego	–	$20/.2g
Seattle	50–80	$10–$40/rock
Texas	44–85	$1–$50/rock $700–$1,100/oz $10,800–$22,000/kg

elsewhere, it also continues to entice drug profiteers from other areas of the country seeking new markets. Price declines are reported in several areas, such as Denver (dramatic declines since last year in ounce and kilogram prices), New Orleans (HCl ounce prices), Phoenix (ounce prices, slightly), San Francisco (HCl prices, although purity appears to be higher), and Seattle (street crack prices as well as small-quantity HCl samples, which generally cost more when preweighed than when weighed at street buy).

In Chicago, large-quantity purchases have generally been more volatile in availability, price, and quality than smaller unit purchases. Stiff competition in that city has resulted in marketing schemes such as "2-for-1" sales and free-sample giveaways. Similarly, in Seattle, some crack dealers deliver an extra rock, known as a "dub" or "double-up" as a marketing ploy to attract customers. Vials for packaging crack are increasingly being replaced by cellophane wrappers in New York City and by small plastic bags (known as "CDs") in Philadelphia.

Seizures

Cocaine seizures continue to outnumber those for other drugs in several cities, such as Boston and St. Louis. In Chicago, cocaine seizures increased dramatically between 1993 and 1994, and even more dramatically in surrounding rural counties.

Trafficking and Distribution

Arizona continues to be used as a cocaine transshipment point for California, New Jersey, New York, Texas, and Florida. Distribution areas in Texas, Florida, New York, California, and Washington, DC, remain cocaine supply sources for Atlanta, which subsequently serves as a major transshipment and distribution point for both HCl and crack. New York City remains the primary source for Boston, but increasing amounts of crack are being converted locally. Los Angeles and Houston are sources for New Orleans supplies, which are generally shipped via the interstate highway system. Detroit, which is increasingly supplied via Texas, remains a source for cocaine destined for

Exhibit 15. Cocaine hydrochloride prices and purity in reporting CEWG areas

City	Gram		Ounce		Kilogram	
	Purity (%)	Price	Purity (%)	Price	Purity (%)	Price
Atlanta	>90	$100–$125	>90	$1,000–$3,000	>90	$25,000–$29,000
Boston	40–75	$80–$90	60–85	$800–$1,100	70–95	$23,000–$30,000
Chicago	"low to med," "high"	$50–$100 $150	--	$800–$2,000	--	$20,000–$40,000
Denver	--	$100	--	$800	--	$12,000–$15,000
Honolulu	20–50	$100	--	$1,100–$1,500	--	$22,000–$52,000
Los Angeles	--	--	--	--	--	$19,000–$23,000
Miami	"high, varies widely"	$50–$75	--	$700–$1,000	--	$13,500–$18,000
Minneapolis/ St. Paul	--	$100	--	$1,000–$12,000	--	$18,000–$20,000
Newark	70	<$75	--	--	--	--
New Orleans	90	$100–$125	--	$900–$1,200	80–90	$18,000–$25,000
New York City	"improved"	$40–$50	--	--	--	$25,000
Phoenix	--	$80–$110	--	$700–$750	--	$14,000–$19,000
St. Louis	65–94	$33–$100	--	$900–$1,600	--	--
San Diego	--	--	20–50	$800–$1,000	85–90	$13,000
San Francisco	"improved"	$60	--	--	--	--
Seattle	20–60	$30–$50	--	--	--	--
Texas	35	$20–$100	35–85	$650–$1,200	85–90	$12,500–$25,000
Washington, DC	"pure"	$60–$100	--	--	--	--

smaller cities and rural areas throughout the Midwest.

Colombians remain the primary suppliers for Detroit, and several organizations distribute the cocaine within the city. In Texas, wholesale quantities are distributed by Colombian or Mexican trafficking organizations, while Hispanic and African-American crews, often affiliated with

gangs (such as the Bloods, Crips, Mexican Mafia, or Latin Kings), deal at the street level. Whites are now being seen at the middle to upper distribution levels. Hispanic organizations continue to orchestrate the vast majority of the Seattle area's HCl trafficking, while multiple ethnic youth gangs are heavily involved in distributing crack. Much of the drug trafficking in Hawaii is by Mexican nationals.

Youth are increasingly recruited in Atlanta to assist midlevel dealers in selling and carrying small amounts of crack; women are hired to cook up rock from HCl. An increasing number of crack dealers in that city also sell heroin or marijuana, which are touted for reducing the discomfort of coming down from a crack high. Atlanta's dealer market is becoming more complicated and more organized, with structure sometimes provided by gang leaders and members.

In New York City, increased law enforcement efforts have resulted in three selling strategies aimed at avoiding police detection: regular cab delivery service (which used to be provided only to high-level dealers but now also accommodates lower level dealers); strict rules and time schedules for copping; and indoor selling (in groceries, candy stores, and apartments).

HEROIN

***Denver:** "The 'grungers' are reportedly using heroin for nostalgic reasons and as a rebellion against crack cocaine and the gangster rap scene."*

***Texas:** "From these data and from conversations with treatment providers, it appears that the white heroin epidemic that is seen on the east coast has not yet hit Texas."*

MORTALITY DATA

***Chicago:** "Street sources report that a particular brand of heroin called 'wicked' was especially potent and was linked to all the overdose episodes and deaths."*

Recent Outbreaks

"Polo," a drug mixture sold as heroin, was involved in a series of outbreaks of serious adverse reactions, including fatalities, in New York, New Jersey, Philadelphia, and Baltimore, during early 1996. The mixture contains scopolamine (a belladonna derivative normally used to treat motion sickness) combined with dextromethorphan, quinine, or, in some of the cities, with heroin or even cocaine.

Similarly, in Chicago, heroin contaminants (possibly strychnine) were involved in an outbreak of deaths from suspected drug overdose between February and April 1996: at least five of the seven injectors involved frequented the same South Side gallery.

Recent Increases

Available heroin mortality figures show recent or continuing increases in nine areas. In Denver, opiate death mentions

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS:
TOTAL COTERMINOUS U.S. BY HALF YEAR, 1ST HALF 1991 - 2ND HALF 1996

	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93	JUL-DEC 93	JAN-JUN 94	JUL-DEC 94	JAN-JUN 95*	JUL-DEC 95*	JAN-JUN 96*	JUL-DEC 96*	P-VAL H1,H2,-96@,96@	P-VAL H2,H2,-95,96@
CATEGORY:														
DRUG EPISODES	195,268	198,701	214,587	218,905	230,234	230,676	252,625	265,896	271,712	246,052	233,472	254,093	0.002 +	0.232 +
DRUG MENTIONS	336,552	338,308	373,324	378,408	394,905	401,857	438,398	461,919	473,446	434,989	410,903	449,358	0.002 +	0.253 +
ALCOHOL-IN-COMB.	58,749	63,086	68,939	72,833	71,227	72,347	77,606	83,138	87,173	81,304	75,629	82,642	0.028 +	0.690 +
COCAINE	46,600	54,588	57,723	62,119	60,951	62,492	68,443	74,435	74,198	63,782	66,470	77,710	0.031 +	0.005 +
HEROIN/MORPHINE	17,291	18,607	21,438	26,566	30,763	32,469	30,036	33,977	36,110	36,119	32,819	37,644	0.007 +	0.470 +
ACETAMINOPHEN	14,771	15,673	17,391	13,964	18,981	15,052	21,450	17,225	18,711	17,735	19,012	17,481	0.143 -	0.801 -
ASPIRIN	11,320	10,349	9,895	8,939	10,124	8,834	9,968	9,390	8,514	8,282	7,696	7,103	0.567 -	0.098 -
IBUPROFEN	8,423	6,988	8,874	7,525	9,071	8,464	9,778	9,253	10,563	10,708	7,978	8,212	0.761 +	0.001 -
ALPRAZOLAM	8,358	7,877	8,314	8,184	8,106	8,726	8,854	9,129	9,043	8,188	7,972	7,447	0.486 -	0.280 -
MARIJUANA/HASHISH	9,111	7,140	11,511	12,487	13,577	15,296	19,078	21,105	24,493	21,282	22,342	27,695	0.001 +	0.001 +
DIAZEPAM	7,154	7,483	6,640	7,308	6,625	5,785	5,877	7,691	7,499	6,991	6,214	6,893	0.213 +	0.906 -
AMITRIPTYLINE	4,187	4,472	5,300	4,831	4,690	5,174	6,059	5,238	4,843	4,081	4,917	3,498	0.018 -	0.260 -
ACETAMIN./CODEINE	3,579	3,555	3,772	3,322	3,769	3,886	3,151	3,698	3,408	3,433	2,861	2,895	0.922 +	0.176 -
OTC-SLEEP-AIDS	3,057	3,282	3,869	3,165	2,655	2,725	3,241	3,649	3,349	3,450	4,057	3,202	0.126 -	0.505 -
LORAZEPAM	3,417	3,493	4,317	4,608	4,756	5,436	5,718	6,530	5,980	5,212	4,983	4,516	0.390 -	0.257 -
D-PROPOXYPHENE	3,896	3,907	3,247	3,304	4,209	3,850	3,971	3,507	3,641	3,369	3,269	3,180	0.869 -	0.747 -
FLUOXETINE	3,431	3,425	4,289	4,038	3,449	4,088	4,354	4,769	4,669	4,799	4,839	4,219	0.360 -	0.228 -
DIPHENHYDRAMINE	3,297	3,442	3,451	4,411	3,795	3,647	4,444	5,092	4,981	3,790	4,116	4,786	0.345 +	0.151 +
METHAMPHET./SPEED	2,513	2,374	2,592	3,971	4,224	5,702	7,824	9,841	9,770	6,413	3,984	6,803	0.007 +	0.567 +
OXYCODONE	2,061	1,880	1,541	2,209	1,692	1,703	2,094	1,990	1,835	1,547	1,342	1,674	0.431 +	0.741 +
PCP/PCP COMBS.	1,941	1,529	2,267	3,016	3,327	3,288	2,962	3,057	3,218	3,037	1,764	1,875	0.713 +	0.000 -
LITHIUM-CARBONATE	2,456	2,049	2,406	2,248	2,768	2,559	2,521	3,443	3,779	2,887	2,454	1,988	0.198 -	0.012 -
CLONAZEPAM	3,483	2,983	4,159	4,062	4,893	5,282	5,954	6,204	6,309	6,465	6,444	6,328	0.883 -	0.855 -
HYDANTOIN	1,291	1,855	2,126	1,753	1,491	2,037	1,807	1,469	1,979	1,601	1,383	1,363	0.954 -	0.563 -
HYDROCODONE	3,035	1,977	3,201	2,904	2,508	3,607	4,150	4,328	4,552	4,551	5,648	4,689	0.167 -	0.754 +
LSD	1,714	2,112	1,751	1,748	1,521	1,901	1,981	3,169	2,663	3,050	2,442	2,053	0.388 -	0.056 -
TRIAZOLAM	2,133	1,230	808	858	798	466	570	427	401	378	393	264	0.441 -	0.459 -
PHENOBARBITAL	1,598	1,418	1,600	1,620	1,723	1,298	1,421	1,058	1,334	1,587	1,178	1,033	0.644 -	0.085 -
DOXEPIN	2,489	1,245	1,752	1,853	1,811	1,548	1,903	2,365	1,552	1,209	1,009	1,281	0.447 +	0.832 +
CYCLOBENZAPRINE	1,628	1,464	1,526	1,205	1,544	1,103	1,432	1,699	1,303	1,600	1,464	1,843	0.319 +	0.576 +
HALOPERIDOL	1,801	1,375	1,418	1,478	1,856	1,445	1,322	1,751	1,511	1,224	1,167	2,022	0.010 +	0.035 +
AMPHETAMINE	1,101	1,195	1,659	2,054	2,271	3,267	4,266	5,398	5,636	3,775	3,296	5,734	0.019 +	0.060 +
TRAZODONE	1,865	2,390	2,304	2,337	2,973	2,710	3,275	4,018	4,777	4,675	4,517	4,312	0.753 -	0.542 -
CARISOPRODOL	2,095	2,134	2,911	3,011	2,598	3,972	3,484	3,088	4,387	3,433	3,520	3,453	0.889 -	0.978 +
NAPROXEN	1,587	1,836	1,542	1,148	1,907	1,218	2,126	2,176	2,366	2,887	2,142	2,175	0.935 +	0.075 -
IMIPRAMINE	1,509	1,883	2,419	1,952	1,731	1,564	1,457	1,307	1,571	933	726	1,016	0.303 +	0.808 +
CARBAMAZEPINE	1,615	1,768	1,619	1,700	2,266	2,556	1,952	1,929	1,930	1,736	1,675	1,819	0.730 +	0.791 +
THIORIDAZINE	1,218	1,460	1,406	1,475	1,650	1,367	1,405	1,785	1,609	1,008	1,195	988	0.493 -	0.948 -
ED VISITS **	41,466	42,723	42,046	43,899	43,500	44,151	44,439	45,190	43,877	44,893	41,325	44,197	0.000 +	0.000 -

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SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 97 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS: TOTAL COTERMINOUS U.S. BY YEAR, 1989 - 1996

	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994	TOTAL 1995*	TOTAL 1996*	P-VAL 1995, 1996@	P-VAL 1994, 1996@
CATEGORY:										
DRUG EPISODES	425,904	371,208	393,968	433,493	460,910	518,521	517,764	487,564	0.021 -	0.024 -
DRUG MENTIONS	713,392	635,460	674,861	751,731	796,762	900,317	908,434	860,260	0.060 -	0.104 -
ALCOHOL-IN-COMB.	125,861	115,162	121,835	141,772	143,574	160,744	168,477	158,271	0.177 -	0.704 -
COCAINE	110,013	80,355	101,189	119,843	123,423	142,878	137,979	144,180	0.566 +	0.905 +
HEROIN/MORPHINE	41,656	33,884	35,898	48,003	63,232	64,013	72,229	70,463	0.669 -	0.094 +
ACETAMINOPHEN	29,667	25,422	30,445	31,355	34,033	38,674	36,446	36,493	0.973 +	0.164 -
ASPIRIN	23,435	19,188	21,669	18,834	18,958	19,358	16,795	14,800	0.050 -	0.001 -
IBUPROFEN	16,537	16,299	15,411	16,400	17,534	19,031	21,271	16,189	0.000 -	0.044 -
ALPRAZOLAM	14,946	15,846	16,235	16,498	16,832	17,183	17,231	15,419	0.172 -	0.181 -
MARIJUANA/HASHISH	20,705	15,706	16,251	23,997	28,873	40,183	45,775	50,037	0.266 +	0.004 +
DIAZEPAM	17,032	14,836	14,637	13,947	12,409	13,568	14,490	13,107	0.283 -	0.695 -
AMITRIPTYLINE	10,497	8,642	8,660	10,132	9,863	11,297	8,924	8,415	0.590 -	0.002 -
ACETAMIN./CODEINE	9,981	8,222	7,134	7,094	7,655	6,849	6,841	5,756	0.077 -	0.236 -
OTC-SLEEP-AIDS	8,517	7,984	6,339	7,034	5,380	6,890	6,798	7,259	0.583 +	0.659 +
LORAZEPAM	7,056	7,625	8,910	8,925	10,191	12,248	11,192	9,498	0.121 -	0.036 -
D-PROPOXYPHENE	7,552	7,417	7,803	6,551	8,039	7,478	7,009	6,449	0.462 -	0.153 -
FLUOXETINE	3,555	6,917	6,856	8,327	7,537	9,123	9,467	9,058	0.636 -	0.943 -
DIPHENHYDRAMINE	6,787	6,483	6,739	7,861	7,442	9,537	8,691	8,902	0.810 +	0.470 -
METHAMPHET./SPEED	8,722	5,236	4,887	6,563	9,926	17,665	16,183	10,787	0.024 -	0.011 -
OXYCODONE	3,566	4,526	3,941	3,750	3,395	4,084	3,382	3,016	0.460 -	0.074 -
PCP/PCP COMBS.	8,042	4,408	3,470	5,282	6,614	6,019	6,255	3,640	0.000 -	0.000 -
LITHIUM-CARBONATE	3,843	4,402	4,506	4,653	5,327	5,964	6,665	4,442	0.000 -	0.005 -
CLONAZEPAM	2,634	4,335	6,467	8,220	10,175	12,158	12,774	12,772	0.998 -	0.666 +
HYDANTOIN	4,193	4,026	3,146	3,879	3,528	3,276	3,580	2,746	0.086 -	0.350 -
HYDROCODONE	3,679	3,921	5,012	6,105	6,115	8,478	9,103	10,337	0.215 +	0.051 +
LSD	3,421	3,869	3,846	3,499	3,422	5,150	5,713	4,495	0.111 -	0.422 -
TRIAZOLAM	4,381	3,801	3,363	1,666	1,264	997	779	658	0.585 -	0.139 -
PHENOBARBITAL	4,395	3,668	3,016	3,220	3,021	2,471	2,921	2,211	0.184 -	0.592 -
DOXEPIN	4,135	3,457	3,734	3,605	3,351	4,268	2,761	2,290	0.355 -	0.001 -
CYCLOBENZAPRINE	2,615	3,453	3,092	2,731	2,647	3,130	2,903	3,307	0.483 +	0.679 +
HALOPERIDOL	2,944	3,415	3,176	2,896	3,301	3,072	2,735	3,189	0.323 +	0.791 +
AMPHETAMINE	3,437	3,362	2,296	3,713	5,538	9,664	9,411	9,031	0.742 -	0.666 -
TRAZODONE	2,763	3,003	4,255	4,640	5,682	7,293	9,452	8,830	0.432 -	0.143 +
CARISOPRODOL	2,745	2,643	4,228	5,922	6,570	6,571	7,821	6,973	0.404 -	0.551 +
NAPROXEN	3,537	3,210	3,423	2,690	3,125	4,302	5,253	4,318	0.121 -	0.976 +
IMIPRAMINE	3,722	2,871	3,391	4,371	3,295	2,764	2,504	1,742	0.174 -	0.056 -
CARBAMAZEPINE	2,870	3,061	3,384	3,319	4,823	3,881	3,867	3,494	0.742 -	0.583 -
THIORIDAZINE	2,766	2,251	2,679	2,881	3,017	3,190	2,617	2,182	0.423 -	0.048 -
ED VISITS **	79,643	82,323	84,189	85,944	87,651	89,629	88,770	85,522	0.000 -	0.000 -

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ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS PER 100,000 POPULATION: TOTAL COTERMINOUS U.S. BY HALF YEAR, 2ND HALF 1990 - 2ND HALF 1996

	JAN-JUN 91	JUL-DEC 91	JAN-JUN 92	JUL-DEC 92	JAN-JUN 93	JUL-DEC 93	JAN-JUN 94	JUL-DEC 94	JAN-JUN 95*	JUL-DEC 95*	JAN-JUN 96*	JUL-DEC 96*
VARNAME												
DRUG EPISODES	87.4	88.5	95.0	96.4	100.8	100.4	110.0	115.1	117.1	105.3	99.6	107.6
DRUG MENTIONS	150.6	150.6	165.3	166.6	172.9	175.0	191.0	200.0	204.0	186.5	175.2	190.3
ALCOHOL-IN-COMB.	26.3	28.1	30.5	32.1	31.2	31.5	33.8	36.0	37.6	34.9	32.3	35.0
COCAINE	20.9	24.3	25.6	27.4	26.7	27.2	29.8	32.2	32.0	27.3	28.3	32.9
HEROIN/MORPHINE	7.7	8.3	9.5	11.7	13.5	14.1	13.1	14.7	15.6	15.5	14.0	15.9
ACETAMINOPHEN	6.6	7.0	7.7	6.1	8.3	6.6	9.3	7.5	8.1	7.6	8.1	7.4
ASPIRIN	5.1	4.6	4.4	3.9	4.4	3.8	4.3	4.1	3.7	3.6	3.3	3.0
IBUPROFEN	3.8	3.1	3.9	3.3	4.0	3.7	4.3	4.0	4.6	4.6	3.4	3.5
ALPRAZOLAM	3.7	3.5	3.7	3.6	3.5	3.8	3.5	4.0	3.9	3.5	3.4	3.2
MARIJUANA/HASHISH	4.1	3.2	5.1	5.5	5.9	6.7	8.3	9.1	10.6	9.1	9.5	11.7
DIAZEPAM	3.2	3.3	2.9	3.2	2.9	2.5	2.6	3.3	3.2	3.0	2.6	2.9
AMITRIPTYLINE	1.9	2.0	2.3	2.1	2.1	2.3	2.6	2.3	2.1	1.7	2.1	1.5
ACETAMIN./CODEINE	1.6	1.6	1.7	1.5	1.7	1.7	1.4	1.6	1.5	1.5	1.2	1.2
OTC-SLEEP-AIDS	1.4	1.5	1.7	1.4	1.2	1.2	1.4	1.6	1.4	1.5	1.7	1.4
LORAZEPAM	1.5	1.6	1.9	2.0	2.1	2.4	2.5	2.8	2.6	2.2	2.1	1.9
D-PROPOXYPHENE	1.7	1.7	1.4	1.5	1.8	1.7	1.7	1.5	1.6	1.4	1.4	1.3
FLUOXETINE	1.5	1.5	1.9	1.8	1.5	1.8	1.9	2.1	2.0	2.1	2.1	1.8
DIPHENHYDRAMINE	1.5	1.5	1.5	1.9	1.7	1.6	1.9	2.2	2.1	1.6	1.8	2.0
METHAMPHET./SPEED	1.1	1.1	1.1	1.7	1.8	2.5	3.4	4.3	4.2	2.7	1.7	2.9
OXYCODONE	0.9	0.8	0.7	1.0	0.7	0.7	0.9	0.9	0.8	0.7	0.6	0.7
PCP/PCP COMBS.	0.9	0.7	1.0	1.3	1.5	1.4	1.3	1.3	1.4	1.3	0.8	0.8
LITHIUM-CARBONATE	1.1	0.9	1.1	1.0	1.2	1.1	1.1	1.5	1.6	1.2	1.0	0.8
CLONAZEPAM	1.6	1.3	1.8	1.8	2.1	2.3	2.6	2.7	2.7	2.8	2.7	2.7
HYDANTOIN	0.6	0.8	0.9	0.8	0.7	0.9	0.8	0.6	0.9	0.7	0.6	0.6
HYDROCODONE	1.4	0.9	1.4	1.3	1.1	1.6	1.8	1.9	2.0	2.0	2.4	2.0
LSD	0.8	0.9	0.8	0.8	0.7	0.8	0.9	1.4	1.1	1.3	1.0	0.9
TRIAZOLAM	1.0	0.5	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.1
PHENOBARBITAL	0.7	0.6	0.7	0.7	0.8	0.6	0.6	0.5	0.6	0.7	0.5	0.4
DOXEPIN	1.1	0.6	0.8	0.8	0.8	0.7	0.8	1.0	0.7	0.5	0.4	0.5
CYCLOBENZAPRINE	0.7	0.7	0.7	0.5	0.7	0.5	0.6	0.7	0.6	0.7	0.6	0.8
HALOPERIDOL	0.8	0.6	0.6	0.7	0.8	0.6	0.6	0.8	0.7	0.5	0.5	0.9
AMPHETAMINE	0.5	0.5	0.7	0.9	1.0	1.4	1.9	2.3	2.4	1.6	1.4	2.4
TRAZODONE	0.8	1.1	1.0	1.0	1.3	1.2	1.4	1.7	2.1	2.0	1.9	1.8
CARISOPRODOL	0.9	0.9	1.3	1.3	1.1	1.7	1.5	1.3	1.9	1.5	1.5	1.5
NAPROXEN	0.7	0.8	0.7	0.5	0.8	0.5	0.9	0.9	1.0	1.2	0.9	0.9
IMIPRAMINE	0.7	0.8	1.1	0.9	0.8	0.7	0.6	0.6	0.7	0.4	0.3	0.4
CARBAMAZEPINE	0.7	0.8	0.7	0.7	1.0	1.1	0.9	0.8	0.8	0.7	0.7	0.8
THIORIDAZINE	0.5	0.6	0.6	0.6	0.7	0.6	0.6	0.8	0.7	0.4	0.5	0.4
ED VISITS **	18554.2	19018.3	18614.6	19328.2	19048.5	19225.9	19357.6	19565.7	18909.7	19244.5	17622.6	18721.2

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ESTIMATED RATE OF EMERGENCY DEPARTMENT DRUG EPISODES, DRUG MENTIONS, MENTIONS OF SELECTED DRUGS, AND TOTAL VISITS PER 100,000 POPULATION; TOTAL COTERMINOUS U.S. BY YEAR, 1989 - 1995

	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994	TOTAL 1995*	TOTAL 1996*
VARNAME								
DRUG EPISODES	193.9	167.3	175.8	191.4	201.3	225.2	222.5	207.2
DRUG MENTIONS	324.8	286.5	301.2	331.9	347.9	391.0	390.5	365.6
ALCOHOL-IN-COMB.	57.3	51.9	54.4	62.6	62.7	69.8	72.4	67.3
COCAINE	50.1	36.2	45.2	52.9	53.9	62.0	59.3	61.3
HEROIN/MORPHINE	19.0	15.3	16.0	21.2	27.6	27.8	31.0	29.9
ACETAMINOPHEN	13.5	11.5	13.6	13.8	14.9	16.8	15.7	15.5
ASPIRIN	10.7	8.7	9.7	8.3	8.3	8.4	7.2	6.3
IBUPROFEN	7.5	7.3	6.9	7.2	7.7	8.3	9.1	6.9
ALPRAZOLAM	6.8	7.1	7.2	7.3	7.4	7.5	7.4	6.6
MARIJUANA/HASHISH	9.4	7.1	7.3	10.6	12.6	17.5	19.7	21.3
DIAZEPAM	7.8	6.7	6.5	6.2	5.4	5.9	6.2	5.6
AMITRIPTYLINE	4.8	3.9	3.9	4.5	4.3	4.9	3.8	3.6
ACETAMIN./CODEINE	4.5	3.7	3.2	3.1	3.3	3.0	2.9	2.4
OTC-SLEEP-AIDS	3.9	3.6	2.8	3.1	2.3	3.0	2.9	3.1
LORAZEPAM	3.2	3.4	3.1	3.9	4.5	5.3	4.8	4.0
D-PROPOXYPHENE	3.4	3.3	3.5	2.9	3.5	3.2	3.0	2.7
FLUOXETINE	1.6	3.1	3.1	3.7	3.3	4.0	4.1	3.8
DIPHENHYDRAMINE	3.1	2.9	3.0	3.5	3.2	4.1	3.7	3.8
METHAMPHET./SPEED	4.0	2.4	2.2	2.9	4.3	7.7	7.0	4.6
OXYCODONE	1.6	2.0	1.8	1.7	1.5	1.8	1.5	1.3
PCP/PCP COMBS.	3.7	2.0	1.5	2.3	2.9	2.6	2.7	1.5
LITHIUM-CARBONATE	1.7	2.0	2.0	2.1	2.3	2.6	2.9	1.9
CLONAZEPAM	1.2	2.0	2.9	3.6	4.4	5.3	5.5	5.4
HYDANTOIN	1.9	1.8	1.4	1.7	1.5	1.4	1.5	1.2
HYDROCODONE	1.7	1.8	2.2	2.7	2.7	3.7	3.9	4.4
LSD	1.6	1.7	1.7	1.5	1.5	2.2	2.5	1.9
TRIAZOLAM	2.0	1.7	1.5	0.7	0.6	0.4	0.3	0.3
PHENOBARBITAL	2.0	1.7	1.3	1.4	1.3	1.1	1.3	0.9
DOXEPIN	1.9	1.6	1.7	1.6	1.5	1.9	1.2	1.0
CYCLOBENZAPRINE	1.2	1.6	1.4	1.2	1.2	1.4	1.2	1.4
HALOPERIDOL	1.3	1.5	1.4	1.3	1.4	1.3	1.2	1.4
AMPHETAMINE	1.6	1.5	1.0	1.6	2.4	4.2	4.0	3.8
TRAZODONE	1.3	1.4	1.9	2.0	2.5	3.2	4.1	3.8
CARISOPRODOL	1.2	1.2	1.9	2.6	2.9	2.9	3.4	3.0
NAPROXEN	1.6	1.4	1.5	1.2	1.4	1.9	2.3	1.8
IMIPRAMINE	1.7	1.3	1.5	1.9	1.4	1.2	1.1	0.7
CARBAMAZEPINE	1.3	1.4	1.5	1.5	2.1	1.7	1.6	1.5
THIORIDAZINE	1.3	1.0	1.2	1.3	1.3	1.4	1.1	0.9
ED VISITS **	36255.6	37112.6	37573.7	37944.8	38274.9	38923.9	38155.1	36347.4

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SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 97 FILES.

MEDICAL EXAMINER DATA

Table 2.06a - Drugs mentioned most frequently by medical examiners in 1995

(Drugs with fewer than 10 mentions are excluded.)

Rank	Drug name	Number of mentions	Percent of total episodes	Rank	Drug name	Number of mentions	Percent of total episodes
1	Cocaine	4,202	45.59	38	Secobarbital	56	0.61
2	Heroin/Morphine [1]	4,178	45.33	39	Temazepam	52	0.56
3	Alcohol-in-combination	3,613	39.20	40	Oxycodone	51	0.55
4	Codeine	1,156	12.54	41	Promethazine	49	0.53
5	Marijuana/Hashish	723	7.85	42	Meperidine HCl	41	0.44
6	Diazepam	660	7.16	43	Hydroxyzine	40	0.43
7	Methadone	497	5.39	44	Pseudoephedrine	38	0.41
8	Methamphetamine/Speed	488	5.30	45	Pentobarbital	34	0.37
9	Amitriptyline	463	5.02	46	Ephedrine	34	0.37
10	Diphenhydramine	458	4.97	47	Chlorpromazine	33	0.36
11	Acetaminophen	367	3.98	48	Flurazepam	32	0.35
12	D-Propoxyphene	366	3.97	49	Mesoridazine	32	0.35
13	Nortriptyline	321	3.48	50	Caffeine	31	0.34
14	Amphetamine	286	3.10	51	Theophylline	30	0.33
15	Quinine	255	2.77	52	Phenylpropanolamine	26	0.28
16	Lidocaine	230	2.50	53	Ibuprofen	26	0.28
17	PCP/PCP Combinations	193	2.09	54	Cyclobenzaprine	26	0.28
18	Unspec Benzodiazepine	188	2.04	55	Lorazepam	25	0.27
19	Phenobarbital	157	1.70	56	Benztropine	24	0.26
20	Doxepin	155	1.68	57	Brompheniramine Maleate	22	0.24
21	Fluoxetine	154	1.67	58	Clonazepam	22	0.24
22	Hydrocodone	140	1.52	59	Valproic Acid	22	0.24
23	Alprazolam	130	1.41	60	Lithium Carbonate	20	0.22
24	Aspirin	105	1.14	61	Oxazepam	18	0.20
25	Chlordiazepoxide	98	1.06	62	Fentanyl	17	0.18
26	Butalbital	90	0.98	63	Hydromorphone	16	0.17
27	Hydantoin	89	0.97	64	Phentermine	15	0.16
28	Dextromethorphan	88	0.95	65	Procaine HCl	15	0.16
29	Desipramine	86	0.93	66	Propanolol HCl	14	0.15
30	Chlorpheniramine	85	0.92	67	Amobarbital	13	0.14
31	Trazodone	85	0.92	68	Oxymorphones	13	0.14
32	Meprobamate	83	0.90	69	Clomipramine	13	0.14
33	Carisoprodol	76	0.82	70	Triazolam	13	0.14
34	Imipramine	76	0.82	71	Haloperidol	12	0.13
35	Doxylamine Succinate	74	0.80	72	Trimethoprim/Sulfamethox	12	0.13
36	Thiondazine	69	0.75	73	Nicotine	11	0.12
37	Carbamazepine	59	0.64	74	Insulin	11	0.12

NOTE: Percentages are based on a total raw medical examiner drug abuse case count of 9,216.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. *Drug Abuse Warning Network Annual Medical Examiner Data, 1995*, May 1997.

MEDICAL EXAMINER DATA[1]

Table 2.07 - Number of mentions and percent distribution of total deaths by selected drug group according to gender: 1995

Drug groups: therapeutic class by drug category (Examples of commonly encountered brands.)	TOTAL[2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
TRANQUILIZERS	1,251		877		373	
Diazepam (Valium)	660	7.2	478	6.8	178	8.2
Alprazolam (Xanax)	130	1.4	78	1.1	51	2.4
Chlordiazepoxide (Librium)	96	1.1	71	1.0	26	1.2
Lorazepam (Ativan)	25	0.3	16	0.2	9	0.4
Meprobamate	83	0.9	56	0.8	26	1.2
Other/unspecified tranquilizers	265	2.9	178	2.5	83	3.8
NARCOTIC ANALGESICS	6,492		5,142		1,322	
Heroin/Morphine[3]	4,178	45.3	3,485	49.8	675	31.2
d-Propoxyphene (Darvocet N, Darvon)	366	4.0	222	3.2	142	6.6
Methadone	497	5.4	336	4.8	156	7.3
Oxycodone (Percocet 5, Percodan, Tylox)	51	0.6	37	0.5	13	0.6
Codeine	1,156	12.5	809	13.0	245	11.3
Meperidine HCl (Demerol)	41	0.4	24	0.3	17	0.8
Hydromorphone (Dilaudid)	16	0.2	10	0.1	5	0.2
Other/unspecified narcotic analgesics	187	2.0	119	1.7	67	3.1
NON-NARCOTIC ANALGESICS	534		311		217	
Aspirin	105	1.1	58	0.8	45	2.1
Acetaminophen (Tylenol)	367	4.0	213	3.1	148	6.8
Pentazocine (Talwin, Talacen)	2	*	1	*	1	*
Other/unspecified non-narcotic analgesics	60	0.7	37	0.5	23	1.1
NON-BARBITURATE SEDATIVES	123		65		58	
Flurazepam (Dalmane)	32	0.3	15	0.2	17	0.8
Ethchlorvynol (Placidyl)	7	0.1	7	0.1	-	-
Glutethimide (Doriden)	1	*	1	*	-	-
Chloral hydrate	2	*	-	-	2	0.1
Other/unspecified non-barbiturate sedatives	81	0.9	42	0.6	39	1.8
ANTIDEPRESSANTS	1,397		744		644	
Amitriptyline (Elavil)	463	5.0	249	3.6	210	9.7
Doxepin (Sinequan)	185	1.7	87	1.2	67	3.1
Fluoxetine (Prozac)	154	1.7	65	1.2	69	3.2
Imipramine (Tofranil)	75	0.8	34	0.5	42	1.9
Desipramine (Norpramin)	86	0.9	41	0.6	45	2.0
Other/unspecified antidepressants	463	5.0	248	3.5	213	9.8
ANTIPSYCHOTICS	176		103		73	
Chlorpromazine (Thorazine)	33	0.4	22	0.3	11	0.5
Thioridazine (Mellaril)	69	0.7	38	0.5	31	1.4
Haloperidol (Haldol)	12	0.1	10	0.1	2	0.1
Trifluoperazine (Stelazine)	7	0.1	2	*	5	0.2
Other/unspecified antipsychotics	55	0.6	31	0.4	24	1.1
BARBITURATE SEDATIVES	394		244		147	
Phenobarbital	157	1.7	103	1.5	53	2.4
Secobarbital (Seconal)	56	0.6	37	0.5	16	0.8
Pentobarbital (Nembutal)	34	0.4	25	0.4	8	0.4
Other/unspecified barbiturate sedatives	147	1.6	78	1.1	68	3.1
AMPHETAMINES	783		627		156	
Amphetamine	286	3.1	226	3.2	60	2.8
Methamphetamine/Speed	485	5.3	394	5.6	94	4.3
Other/unspecified amphetamines	9	0.1	7	0.1	2	0.1
HALLUCINOGENS	197		165		31	
PCP/PCP combinations	193	2.1	163	2.3	29	1.3
LSD	2	*	1	*	1	*
Other/unspecified hallucinogens	2	*	1	*	1	*
OTHER DRUGS						
Alcohol-in-combination	3,613	39.2	2,957	42.2	641	29.6
Cocaine	4,202	45.6	3,346	47.8	837	38.6
Marijuana/Hashish	723	7.8	617	8.8	101	4.7
Diphenylhydantoin sodium (Dilantin)	89	1.0	64	0.9	24	1.1
Diphenhydramine (Benadryl)	458	5.0	285	4.1	171	7.9
Inhalants/Solvents/Aerosols	125	1.4	99	1.4	25	1.2
All other drugs	1,804		1,186		618	
DRUG UNKNOWN	12		11		1	
TOTAL DRUG MENTIONS	22,383	242.9	16,843	240.4	5,431	250.7
Total drug abuse deaths	9,216	100.0	7,005	100.0	2,166	100.0

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only drug mentioned.

[2] Includes episodes for which gender was unknown or not reported.

[3] Includes opiates not specified as to type.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file).

MEDICAL EXAMINER DATA[1]

Table 2.08 - Number of mentions and percent distribution of total deaths by selected drug group according to race/ethnicity: 1995

Drug group: therapeutic class by drug category (Examples of commonly encountered brands.)	TOTAL[2]		White		Black		Hispanic		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TRANQUILIZERS	1,261		1,033		149		52		25	
Diazepam (Valium)	660	7.2	544	10.1	80	3.1	25	2.3	11	5.6
Alprazolam (Xanax)	130	1.4	120	2.2	7	0.3	3	0.3	-	-
Chlordiazepoxide (Librium)	98	1.1	75	1.4	17	0.7	6	0.6	-	-
Lorazepam (Ativan)	25	0.3	20	0.4	2	0.1	2	0.2	1	0.5
Meprobamate	83	0.9	69	1.3	8	0.3	3	0.3	4	2.1
Other/unspecified tranquilizers	265	2.9	206	3.9	35	1.4	13	1.2	9	4.6
NARCOTIC ANALGESICS	6,492		3,859		1,578		845		107	
Heroin/Morphine[3]	4,178	45.3	2,383	44.3	1,120	43.8	607	55.9	68	34.9
d-Propoxyphene (Darvocet N, Darvon)	366	4.0	310	5.8	29	1.1	17	1.6	10	5.1
Methadone	497	5.4	270	5.0	133	5.4	80	7.4	8	4.1
Oxycodone (Percocet 5, Percodan, Tylox)	51	0.6	44	0.8	6	0.2	-	-	1	0.5
Codeine	1,156	12.5	748	13.9	256	10.0	140	12.9	12	6.2
Meperidine HCl (Demerol)	41	0.4	26	0.5	7	0.3	3	0.3	3	1.5
Hydromorphone (Dilaudid)	16	0.2	13	0.2	3	0.1	-	-	-	-
Other/unspecified narcotic analgesics	187	2.0	163	3.0	18	0.7	1	0.1	5	2.6
NON-NARCOTIC ANALGESICS	534		422		78		22		14	
Aspirin	105	1.1	83	1.5	12	0.5	5	0.5	5	2.6
Acetaminophen (Tylenol)	367	4.0	290	5.4	55	2.1	13	1.2	9	4.5
Pentazocine (Talwin, Talacen)	2	*	2	*	-	-	-	-	-	-
Other/unspecified non-narcotic analgesics	60	0.7	47	0.9	9	0.4	4	0.4	-	-
NON-BARBITURATE SEDATIVES	123		103		9		4		7	
Flurazepam (Dalmane)	32	0.3	24	0.4	2	0.1	3	0.3	3	1.5
Ethchlorvynol (Placidyl)	7	0.1	7	0.1	-	-	-	-	-	-
Glutethimide (Doriden)	1	*	-	-	1	*	-	-	-	-
Chloral hydrate	2	*	2	*	-	-	-	-	-	-
Other/unspecified non-barbiturate sedatives	81	0.9	70	1.3	6	0.2	1	0.1	4	2.1
ANTIDEPRESSANTS	1,397		1,086		107		93		21	
Amitriptyline (Elavil)	463	5.0	338	6.3	76	3.0	43	4.0	6	3.1
Doxepin (Sinequan)	155	1.7	111	2.1	32	1.3	9	0.8	3	1.5
Fluoxetine (Prozac)	154	1.7	140	2.6	10	0.4	2	0.2	2	1.0
Imipramine (Tofranil)	76	0.8	65	1.2	4	0.2	5	0.5	2	1.0
Desipramine (Norpramin)	86	0.9	72	1.3	10	0.4	3	0.3	1	0.5
Other/unspecified antidepressants	463	5.0	360	6.7	65	2.5	31	2.9	7	3.6
ANTIPSYCHOTICS	176		130		33		10		3	
Chlorpromazine (Thorazine)	33	0.4	26	0.5	3	0.1	1	0.1	1	0.5
Thioridazine (Mellaril)	59	0.7	40	0.9	13	0.5	5	0.5	2	1.0
Haloperidol (Haldol)	12	0.1	5	0.1	5	0.2	2	0.2	-	-
Trifluoperazine (Stelazine)	7	0.1	4	0.1	3	0.1	-	-	-	-
Other/unspecified antipsychotics	55	0.6	44	0.8	9	0.4	2	0.2	-	-
BARBITURATE SEDATIVES	394		323		38		19		14	
Phenobarbital	157	1.7	127	2.4	16	0.7	9	0.8	3	1.5
Secobarbital (Seconal)	56	0.6	51	0.9	2	0.1	1	0.1	2	1.0
Pentobarbital (Nembutal)	34	0.4	25	0.5	5	0.2	1	0.1	2	1.0
Other/unspecified barbiturate sedatives	147	1.6	120	2.2	12	0.5	8	0.7	7	3.6
AMPHETAMINES	783		595		38		123		26	
Amphetamine	286	3.1	213	4.0	13	0.5	48	4.4	12	6.2
Methamphetamine/Speed	488	5.3	375	7.0	24	0.9	75	6.9	14	7.2
Other/unspecified amphetamines	9	0.1	8	0.1	1	*	-	-	-	-
HALLUCINOGENS	127		75		78		41		3	
PCP/PCP combinations	193	2.1	71	1.3	78	3.0	41	3.8	3	1.5
LSD	2	*	2	*	-	-	-	-	-	-
Other/unspecified hallucinogens	2	*	2	*	-	-	-	-	-	-
OTHER DRUGS										
Alcohol-in-combination	3,613	39.2	2,066	38.4	954	37.3	524	48.3	69	35.4
Cocaine	4,202	45.6	1,763	32.8	1,782	69.8	598	55.1	59	30.3
Marijuana/Hashish	723	7.8	430	8.0	183	7.2	82	7.6	28	14.4
Diphenhydramine sodium (Benadryl)	89	1.0	53	1.0	25	1.0	7	0.6	2	1.0
Doxylamine (Bendectin)	456	5.0	330	6.1	81	3.2	31	2.9	16	8.2
Inhalants/Solvents/Aerosols	125	1.4	83	1.5	22	0.9	14	1.3	6	3.1
All other drugs	1,804		1,140		495		119		30	
DRUG UNKNOWN	12		12		-		-		-	
TOTAL DRUG MENTIONS	22,383	242.9	13,608	253.1	5,738	224.2	2,587	238.7	450	230.8
Total drug abuse deaths	9,216	100.0	5,375	100.0	2,559	100.0	1,086	100.0	195	100.0

[1] Excludes deaths in which AIDS was reported and deaths in which 'drug unknown' was the only drug mentioned

[2] Includes episodes for which race/ethnicity was unknown or not reported

[3] Includes opiates not specified as to type

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file)

MEDICAL EXAMINER DATA[1]

Table 2.10 - Number of mentions and percent distribution of total deaths by selected drug group according to cause of death: 1995

Drug groups: therapeutic class by drug category	Direct - single drug		Direct - multiple drugs		Drug and physiological condition		Drug and external physical event		Drug and medical disorder	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TRANQUILIZERS	15		889		104		212		19	
Diazepam	5	0.5	480	9.0	50	5.4	106	6.5	12	5.6
Alprazolam	3	0.3	111	2.1	4	0.4	12	0.7	-	-
Chlordiazepoxide	-	-	69	1.3	8	0.9	17	1.0	1	0.5
Lorazepam	-	-	20	0.4	4	0.4	1	0.1	-	-
Meprobamate	2	0.2	65	1.2	7	0.8	9	0.6	-	-
Other/unspecified tranquilizers	5	0.5	144	2.7	31	3.4	67	4.1	6	2.8
NARCOTIC ANALGESICS	425		5,258		336		309		117	
Heroin/Morphine [2]	355	35.1	3,414	63.7	167	18.2	159	9.8	58	27.2
d-Propoxyphene	12	1.2	295	5.5	23	2.5	28	1.7	5	2.3
Methadone	39	4.0	317	5.9	73	7.9	33	2.0	25	11.7
Oxycodone	1	0.1	46	0.9	4	0.4	-	-	-	-
Codeine	3	0.3	1,015	18.9	44	4.8	62	3.8	23	10.8
Meperidine HCl	2	0.2	22	0.4	9	1.0	5	0.3	3	1.4
Hydromorphone	-	-	13	0.2	1	0.1	1	0.1	-	-
Other/unspecified narcotic analgesics	11	1.1	136	2.5	15	1.6	21	1.3	3	1.4
NON-NARCOTIC ANALGESICS	33		348		55		65		13	
Aspirin	24	2.4	83	1.2	9	1.0	8	0.5	-	-
Acetaminophen	10	1.0	245	4.6	44	4.8	46	2.8	12	5.6
Pentazocine	-	-	2	-	-	-	-	-	-	-
Other/unspecified non-narcotic analgesics	1	0.1	39	0.7	5	0.5	11	0.7	1	0.5
NON-BARBITURATE SEDATIVES	5		95		6		14		1	
Flurazepam	-	-	26	0.5	2	0.2	3	0.2	-	-
Ethchlorvynol	1	0.1	6	0.1	-	-	1	0.1	-	-
Glutethimide	-	-	1	-	-	-	-	-	-	-
Chloral hydrate	-	-	2	-	-	-	-	-	-	-
Other/unspecified non-barbiturate sedatives	4	0.4	61	1.1	4	0.4	10	0.6	1	0.5
ANTIDEPRESSANTS	71		1,071		100		127		14	
Amerygtyline	21	2.1	375	7.0	35	3.8	23	1.4	5	2.3
Doxepin	11	1.1	123	2.3	9	1.0	9	0.6	3	1.4
Fluoxetine	1	0.1	119	2.2	8	0.9	24	1.5	1	0.5
Imipramine	11	1.1	51	1.0	3	0.3	11	0.7	-	-
Desipramine	9	0.9	60	1.1	3	0.3	14	0.9	-	-
Other/unspecified antidepressants	18	1.8	343	6.4	42	4.6	46	2.8	5	2.3
ANTIPSYCHOTICS	6		142		12		14		1	
Chlorpromazine	1	0.1	27	0.5	1	0.1	4	0.2	-	-
Thioridazine	5	0.5	53	1.0	4	0.4	6	0.4	-	-
Haloperidol	-	-	8	0.1	2	0.2	2	0.1	-	-
Trifluoperazine	-	-	7	0.1	-	-	-	-	-	-
Other/unspecified antipsychotics	-	-	47	0.9	5	0.5	2	0.1	1	0.5
BARBITURATE SEDATIVES	25		282		23		56		2	
Phenobarbital	10	1.0	117	2.2	9	1.0	17	1.0	1	0.5
Secobarbital	8	0.8	41	0.8	-	-	7	0.4	-	-
Pentobarbital	5	0.5	19	0.4	4	0.4	5	0.3	-	-
Other/unspecified barbiturate sedatives	2	0.2	105	2.0	10	1.1	27	1.7	1	0.5
AMPHETAMINES	24		365		116		256		16	
Amphetamine	1	0.1	134	2.5	43	4.7	102	6.3	5	2.3
Methamphetamine/Speed	22	2.2	225	4.2	73	7.9	152	9.4	11	5.2
Other/unspecified amphetamines	1	0.1	6	0.1	-	-	2	0.1	-	-
HALLUCINOGENS	9		105		11		85		2	
PCP/PCP combinations	9	0.9	104	1.9	11	1.2	83	3.9	2	0.9
LSD	-	-	-	-	-	-	1	0.1	-	-
Other/unspecified hallucinogens	-	-	1	-	-	-	1	0.1	-	-
OTHER DRUGS										
Alcohol in combination	-	-	2,591	48.4	223	24.3	725	44.7	45	21.1
Cocaine	265	26.9	2,373	44.0	474	51.6	739	45.5	118	54.0
Marijuana/Hashish	3	0.3	186	3.5	120	13.1	388	23.9	6	2.8
Diphenhydramine sodium	1	0.1	60	0.9	18	2.0	12	0.7	3	1.4
Diphenhydramine	15	1.5	314	5.9	42	4.6	63	3.9	11	5.2
Inhalants/Solvents/Aerosols	25	2.5	56	1.0	21	2.3	23	1.4	-	-
All other drugs	62		1,239		207		234		31	
DRUG UNKNOWN	-		6		-		4		-	
TOTAL DRUG MENTIONS	984	100.0	15,575	290.7	1,871	203.6	3,306	203.7	396	185.9
Total drug abuse deaths [1]	984	100.0	5,358	100.0	919	100.0	1,623	100.0	213	100.0

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only drug mentioned.

[2] Includes opiates not specified as to type.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file)

MEDICAL EXAMINER DATA[1]

Table 2.11 - Number of mentions and percent distribution of total deaths by selected drug group according to manner of death: 1995

Drug group[2] therapeutic class by drug category	Accidental/unexpected		Suicide		Other/unknown	
	Number	Percent	Number	Percent	Number	Percent
TRANQUILIZERS	821		359		281	
Diazepam	356	6.7	152	8.9	152	7.0
Alprazolam	49	0.9	62	3.6	19	0.9
Chlordiazepoxide	45	0.8	30	1.8	23	1.1
Lorazepam	8	0.2	9	0.5	8	0.4
Meprobamate	47	0.9	20	1.2	16	0.7
Other/unspecified tranquilizers	116	2.2	86	5.0	63	2.9
NARCOTIC ANALGESICS	4,344		538		1,810	
Heroin/Morphine[2]	3,005	56.4	183	10.7	990	45.4
d-Propoxyphene	158	3.0	130	7.6	78	3.6
Methadone	325	6.1	19	1.1	153	7.0
Oxycodone	17	0.3	21	1.2	13	0.6
Codeine	728	13.7	118	6.9	310	14.2
Meperidine HCl	15	0.3	11	0.6	15	0.7
Hydromorphone	9	0.2	4	0.2	3	0.1
Other/unspecified narcotic analgesics	87	1.6	52	3.1	48	2.2
NON-NARCOTIC ANALGESICS	147		217		170	
Aspirin	25	0.5	50	2.9	30	1.4
Acetaminophen	99	1.9	143	8.4	125	5.7
Paracetamol	-	-	2	0.1	-	-
Other/unspecified non-narcotic analgesics	23	0.4	22	1.3	15	0.7
NON-BARBITURATE SEDATIVES	44		64		15	
Flurazepam	9	0.2	18	1.1	5	0.2
Ethchlorvynol	2	*	5	0.3	-	-
Glutethimide	1	*	-	-	-	-
Chloral hydrate	-	-	2	0.1	-	-
Other/unspecified non-barbiturate sedatives	32	0.6	39	2.3	10	0.5
ANTIDEPRESSANTS	492		603		302	
Amitriptyline	189	3.5	179	10.5	95	4.4
Doxepin	53	1.0	62	3.6	40	1.8
Fluoxetine	51	1.0	61	3.6	42	1.9
Imipramine	20	0.4	50	2.9	6	0.3
Desipramine	17	0.3	62	3.6	7	0.3
Other/unspecified antidepressants	162	3.0	189	11.1	112	5.1
ANTIPSYCHOTICS	61		71		44	
Chlorpromazine	12	0.2	13	0.8	8	0.4
Thioridazine	26	0.5	24	1.4	19	0.9
Haloperidol	4	0.1	6	0.4	2	0.1
Trifluoperazine	4	0.1	1	0.1	2	0.1
Other/Unspecified antipsychotics	15	0.3	27	1.6	13	0.6
BARBITURATE SEDATIVES	138		170		86	
Phenobarbital	60	1.1	52	3.1	45	2.1
Secobarbital	10	0.2	42	2.5	4	0.2
Pentobarbital	12	0.2	17	1.0	5	0.2
Other/unspecified barbiturate sedatives	58	1.1	59	3.5	32	1.5
AMPHETAMINES	500		158		125	
Amphetamine	177	3.3	62	3.6	47	2.2
Methamphetamine/Speed	316	5.9	95	5.6	77	3.5
Other/unspecified amphetamines	7	0.1	1	0.1	1	*
HALLUCINOGENS	130		30		37	
PCP/PCP combinations	128	2.4	28	1.6	37	1.7
LSD	2	*	-	-	-	-
Other/unspecified hallucinogens	-	-	2	0.1	-	-
OTHER DRUGS						
Alcohol-in combination	2,265	42.5	575	33.7	773	35.4
Cocaine	2,798	52.5	399	23.4	1,005	46.0
Marijuana/Hashish	412	7.7	151	8.9	160	7.3
Diphenylhydantoin sodium	32	0.6	26	1.5	31	1.4
Diphenhydramine	174	3.3	175	10.3	109	5.0
Inhalants/Solvents/Aerosols	53	1.0	50	2.9	22	1.0
All other drugs	618		480		705	
DRUG UNKNOWN	5		6		1	
TOTAL DRUG MENTIONS	12,835	240.9	4,072	239.0	5,476	250.8
Total drug abuse deaths	5,329	100.0	1,704	100.0	2,183	100.0

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only drug mentioned.

[2] Includes deaths not specified as to type.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file)

MEDICAL EXAMINER DATA[1]

Table 2.12 - Percent distribution of drug mentions by gender and race/ethnicity according to drug group: 1995

Drug groups: therapeutic class by drug category	Gender				Race/ethnicity						Number of mentions
	Male	Female	Unknown	TOTAL	White	Black	Hispanic	Other	Unknown	TOTAL	
TRANQUILIZERS	69.5	29.6	0.9	100.0	82.1	11.8	4.1	0.3	1.7	100.0	1,261
Diazepam	72.4	27.0	0.6	100.0	82.4	12.1	3.8	0.3	1.4	100.0	660
Alprazolam	60.0	39.2	0.8	100.0	82.3	5.4	2.3	-	-	100.0	130
Chlordiazepoxide	72.4	26.5	1.0	100.0	78.5	17.3	6.1	-	-	100.0	98
Lorazepam	64.0	36.0	-	100.0	80.0	8.0	8.0	4.0	-	100.0	25
Meprobamate	67.5	31.3	1.2	100.0	81.8	9.8	3.8	1.2	3.6	100.0	83
Other/unspecified tranquilizers	67.2	31.3	1.5	100.0	78.5	13.2	4.9	-	3.4	100.0	265
NARCOTIC ANALGESICS	79.2	20.4	0.4	100.0	61.0	24.3	13.1	0.8	0.9	100.0	8,492
Heroin/Morphine[2]	83.4	16.2	0.4	100.0	57.0	26.8	14.5	0.8	0.9	100.0	4,178
d-Propoxyphene	60.7	38.8	0.5	100.0	84.7	7.9	4.8	1.6	1.1	100.0	366
Methadone	67.8	31.8	0.6	100.0	54.3	28.0	16.1	0.4	1.2	100.0	497
Oxycodone	72.5	25.5	2.0	100.0	86.3	11.8	-	-	2.0	100.0	51
Codeine	76.6	21.2	0.2	100.0	64.7	22.1	12.1	0.6	0.4	100.0	1,156
Meperidine HCl	58.5	41.5	-	100.0	68.3	17.1	7.3	4.9	2.4	100.0	41
Hydromorphone	62.5	31.2	6.2	100.0	81.2	18.8	-	-	-	100.0	16
Other/unspecified narcotic analgesics	63.6	35.8	0.5	100.0	87.2	9.5	0.5	1.1	1.6	100.0	187
NON-NARCOTIC ANALGESICS	58.2	40.6	1.1	100.0	79.0	14.2	4.1	0.9	1.7	100.0	534
Aspirin	55.2	42.9	1.9	100.0	79.0	11.4	4.8	1.9	2.9	100.0	105
Acetaminophen	58.8	40.3	1.1	100.0	79.0	13.0	3.5	0.8	1.6	100.0	367
Pentazocine	50.0	50.0	-	100.0	100.0	-	-	-	-	100.0	2
Other/unspecified non-narcotic analgesics	81.7	36.3	-	100.0	78.3	15.0	6.7	-	-	100.0	60
NON-BARBITURATE SEDATIVES	52.8	47.2	-	100.0	83.7	7.3	3.3	4.9	0.8	100.0	123
Flurazepam	46.9	53.1	-	100.0	75.0	6.2	9.4	6.2	3.1	100.0	32
Ethchlorvynol	100.0	-	-	100.0	100.0	-	-	-	-	100.0	7
Glutethimide	100.0	-	-	100.0	-	100.0	-	-	-	100.0	1
Chloral hydrate	-	100.0	-	100.0	100.0	-	-	-	-	100.0	2
Other/unspecified non-barbiturate sedatives	51.9	48.1	-	100.0	86.4	7.4	1.2	4.9	-	100.0	81
ANTIDEPRESSANTS	53.3	46.1	0.6	100.0	77.7	14.1	6.7	0.8	0.7	100.0	1,307
Amitriptyline	53.8	45.4	0.9	100.0	75.0	16.4	8.3	0.9	0.4	100.0	463
Doxepin	56.1	43.2	0.6	100.0	71.6	20.6	5.8	0.6	1.3	100.0	155
Fluoxetine	55.2	44.8	-	100.0	90.9	6.5	1.3	0.8	0.6	100.0	154
Imipramine	44.7	55.3	-	100.0	85.5	5.3	6.6	2.6	-	100.0	76
Desipramine	47.7	50.0	2.3	100.0	83.7	11.6	3.5	1.2	-	100.0	86
Other/unspecified antidepressants	53.6	46.0	0.4	100.0	77.3	14.0	6.7	0.4	1.1	100.0	463
ANTIPSYCHOTICS	58.5	41.5	-	100.0	73.9	18.8	5.7	0.6	1.1	100.0	176
Chlorpromazine	66.7	33.3	-	100.0	84.8	9.1	3.0	3.0	-	100.0	33
Thioridazine	55.1	44.9	-	100.0	71.0	18.8	7.2	-	2.9	100.0	69
Haloperidol	83.3	16.7	-	100.0	41.7	41.7	16.7	-	-	100.0	12
Trifluoperazine	28.6	71.4	-	100.0	57.1	42.9	-	-	-	100.0	7
Other/unspecified antipsychotics	56.4	43.6	-	100.0	80.0	16.4	3.6	-	-	100.0	55
BARBITURATE SEDATIVES	61.9	37.3	0.8	100.0	82.0	9.6	4.6	1.0	2.5	100.0	394
Phenobarbital	65.6	33.8	0.6	100.0	80.9	11.5	5.7	1.3	0.6	100.0	157
Secobarbital	66.1	32.1	1.8	100.0	91.1	3.6	1.8	1.8	1.8	100.0	56
Pentobarbital	73.5	23.5	2.9	100.0	73.5	17.6	2.9	-	5.9	100.0	34
Other/unspecified barbiturate sedatives	53.7	46.3	-	100.0	81.6	8.2	5.4	0.7	4.1	100.0	147
AMPHETAMINES	80.1	19.9	-	100.0	76.1	4.9	15.7	1.7	1.7	100.0	783
Amphetamine	78.0	21.0	-	100.0	74.5	4.5	16.8	1.7	2.4	100.0	296
Methamphetamine/Speed	80.7	19.3	-	100.0	76.5	4.9	15.4	1.6	1.2	100.0	488
Other/unspecified amphetamines	77.8	22.2	-	100.0	88.9	11.1	-	-	-	100.0	9
HALLUCINOGENS	83.8	15.7	0.5	100.0	38.1	39.6	20.8	-	1.5	100.0	197
PCP/PCP combinations	84.5	15.0	0.5	100.0	36.8	40.4	21.2	-	1.6	100.0	193
LSD	50.0	50.0	-	100.0	100.0	-	-	-	-	100.0	2
Other/unspecified hallucinogens	50.0	50.0	-	100.0	100.0	-	-	-	-	100.0	2
OTHER DRUGS	75.2	24.3	0.5	100.0	60.6	25.6	11.6	1.0	1.0	100.0	22,383
Alcohol-in-combination	81.8	17.7	0.4	100.0	57.2	26.4	14.5	1.0	0.9	100.0	3,613
Cocaine	79.6	19.9	0.5	100.0	42.0	42.4	14.2	0.7	0.7	100.0	4,202
Marijuana/Hashish	85.3	14.0	0.7	100.0	59.5	25.3	11.3	1.1	2.8	100.0	723
Diphenhydramine sodium	71.9	27.0	1.1	100.0	61.8	28.1	7.9	1.1	1.1	100.0	89
Diphenhydramine	82.2	17.3	0.4	100.0	72.1	17.7	6.8	3.1	0.4	100.0	458
Inhalants/Solvents/Aerosols	79.2	20.0	0.8	100.0	66.4	17.6	11.2	3.2	1.6	100.0	125
All other drugs	65.7	33.6	0.4	100.0	63.2	27.4	6.6	1.9	0.9	100.0	1,804
DRUG UNKNOWN	91.7	8.3	-	100.0	100.0	-	-	-	-	100.0	12
TOTAL DRUG MENTIONS	75.2	24.3	0.5	100.0	60.6	25.6	11.6	1.0	1.0	100.0	22,383

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only drug mentioned

[2] Includes deaths not specified as to type

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file)

1996 DUF Annual Report on Drug Use Among Arrestees

In 1996, DUF program sites located in 23 major metropolitan areas collected data from 19,835 adult male booked arrestees. Data were also collected from 7,532 adult female booked arrestees at 21 of these sites and 4,145 juvenile male and 645 juvenile female detainees at 12 sites and 7 sites, respectively.

This report presents drug use detected through urinalysis for adult male and female arrestees and juvenile male arrestees/detainees. Because of small sample sizes, data on female juvenile arrestees/detainees are not included.

Program findings are reported in three sections. The first section provides an overview of trends and issues in the 23 sites. The findings for adult males, adult females, and juvenile males are shown according to drug (marijuana, cocaine, and opiates), age group (particularly the youngest adults), and other categories (school status for juvenile males). The section concludes with a special analysis of methamphetamine.

The second section of the report presents special topics and analyses, including the impact of changing cutoff levels for marijuana urinalysis (see "1996 Marijuana Data" on page 7 of this report) and an overview of TELEDUF. This section also includes analyses of juvenile DUF data and recidivism.

In the third section, site-specific tables and graphical analyses for adults and juveniles are provided. To assist readers, the report includes a discussion of DUF data collection methodology on page 13 and a guide to the tables on page 20. The report concludes with selected DUF site reports on local and policy issues that have relied on DUF data.

Drug Use Among Adult Male Arrestees

- Marijuana use among adult male arrestees increased at almost every site, at rates exceeding those noted in recent years.
- Compared to 1995 data, 12 sites showed decreased percentages of adult males testing positive for cocaine, 9 sites showed increased percentages, and 2 sites registered the same percentage.

A general trend of increases in the fraction of arrestees testing positive for marijuana is apparent across sites. Only Phoenix reported a decline and San Jose reported no change in adult male marijuana test positive percentages. In contrast, regional patterns are more evident for cocaine, opiates, and methamphetamine. Cocaine, which has historically been the most commonly used drug among DUF arrestees in most sites, was surpassed by marijuana in popularity among male adult arrestees in many cities, but primarily in the Western United States. High rates of amphetamine use remain largely a Western U.S. phenomenon, while the highest rates of opiate use continue to be confined to a few large cities.

Use of Marijuana:

- In 1996, increasing rates of marijuana use registered across all age categories of adult males. This finding is in contrast to past years where increases were noted primarily in the juvenile and young arrestee populations.

In nine DUF sites, the increase of marijuana positives from 1995 to 1996 among 31- to 35-year-old arrestees reached or exceeded 10 percentage points, and included increases of 16 percentage points (Indianapolis and Atlanta), 15 percentage points (Cleveland), and 12 percentage points (Birmingham).

Use of Cocaine:

- While cocaine use among male arrestees continued to decline or remain stable in many DUF cities, remarkable increases were noted in several sites.

In Omaha, cocaine positives for adult male arrestees grew to 24 percent in 1996, up from 19 percent in 1995. In Miami, cocaine positives increased from 42 to 52 percent. Cocaine test positives rose 3 percentage points in Indianapolis. In other sites (Dallas and Houston) where there were overall decreases or a leveling off of cocaine positives in the adult male population, potentially significant increases nonetheless showed up among 15- to 20-year-olds (a finding that is discussed further below). Given the small number of cases, however, caution should be used when assessing the significance of the trend in this age category.

Use of Opiates:

- Opiate positives among adult male arrestees remained low relative to cocaine and marijuana, although a few sites reported rates of more than 10 percent.

Opiate use among male arrestees continued to be highest in Chicago, Manhattan, Philadelphia, Portland, St. Louis, and San Antonio. In each of those cities, opiate test positives equaled or exceeded 10 percent in 1996. The highest recorded percentage among adult male arrestees was 20 percent, found in Chicago. In each of these sites, however, the rate dropped 1 to 3 percentage points from 1995, except in San Antonio where it remained the same.

Use of At Least One Drug:

- In the majority of sites (15 out of 23), the rate at which adult male arrestees were found positive for at least one drug increased over the last year.

Source: U.S. Department of Justice, National Institute of Justice. *1996 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees. 1997.*

In 20 of 23 sites, more than 60 percent of adult male arrestees tested positive for at least one drug, and two more sites were within 3 percentage points of the 60-percent barrier. In only one site—San Jose—did less than 50 percent of the arrestees test positive for at least one drug.

Several trends appeared to account for the overall higher rates of drug use in the adult male arrestee population nationwide. The greatest increases (5 to 10 percent) were seen in sites where both marijuana and cocaine positives are climbing. These sites include Denver, Fort Lauderdale, Indianapolis, Omaha, and San Antonio, all of which are cities not historically associated with the highest rates of drug positives in DUF data, but which are currently experiencing increases in prevalence in the arrestee population. On the other hand, cities traditionally showing high drug test positive percentages, such as San Diego and St. Louis, showed stability that is explained by a drop in cocaine positives and an increase in marijuana positives. Furthermore, in Manhattan and Philadelphia the rate of positives found for any drug among the adult male population decreased by 5 and 7 percentage points, respectively, despite the fact that these cities followed the nationwide trend of increased marijuana test positives. The declines in these two cities can be explained by significant decreases in cocaine and opiate test positives in adult male arrestees.

Drug Use Among the Youngest Adult Male Arrestees

- The percentage of the youngest males testing positive for marijuana increased sharply in most sites.

The median rate of marijuana prevalence for this group was 64 percent, an increase of 11 percentage points over the past year. However, the rate of change varied across sites from a 6-point decrease in Houston to a 19-point increase in Indianapolis.

- Recent cocaine use, measured through urinalysis, among the youngest male arrestees continued to drop in most sites, but increased noticeably in others.

The decline in cocaine positives among young males noted in many DUF sites in recent years contrasts with increasing rates for this group in a number of sites in 1996, the most pronounced being found in Houston (14 percentage points). Other sites that showed increases are Omaha (11 points), Miami (10 points), and Indianapolis (8 points).

Use of Opiates:

- The median rate for opiate test positives was 2 percent among the youngest male arrestees.

While the youngest adult male arrestee group exhibited the lowest prevalence rates for opiates among adult males in 1996, the percentage testing positive increased in nine sites. Of special note are Philadelphia and St. Louis in which, respectively, 12 and 14 percent of the youngest males tested positive for opiates. These are high levels for this age bracket and thus these figures bear watching to determine if they are indicative of an emerging or more widespread heroin problem in these communities.

Drug Use Among Adult Female Arrestees

- In 20 of 21 sites collecting female data, the fraction of adult female arrestees testing positive for marijuana increased.
- Consistent with previous years, adult females exhibited higher prevalence rates for cocaine use than did adult males.

Use of Marijuana:

In 1996 adult females displayed notable increases in marijuana use. In five sites, increases reached 10 or more percentage points. Atlanta (13 points), Birmingham (10 points), Cleveland (11 points), Portland (10 points), and St. Louis (11 points). The highest rates of use were among those under age 21, with a median rate of 36 percent for that age group. Females 21 and older were detected as recent users of marijuana less frequently.

Use of Cocaine:

The median rate for cocaine test positives among adult DUF females continued to drop slowly—from 50 percent in 1994 to 48 percent in 1995 and 46 percent in 1996. Despite the consistent decrease, there was significant variation among sites. At the majority of sites, rates began leveling off, with large decreases at five sites (New Orleans and Cleveland down 11 points, Birmingham down 9 points, and Dallas and Detroit down 8 points). On the other hand, some sites registered sharp increases, with Philadelphia up by 10 percentage points and Phoenix up by 9 percentage points. Increases of 5 and 6 percentage points for cocaine test positives were seen among females in San Jose and Portland, respectively.

Use of Opiates:

- Generally, opiate use among adult females remained stable or increased slightly.

Two exceptions to overall stable rates of opiate use were seen in Manhattan and Portland. In each of those two cities, 8-point increases were reported, bringing the opiate test positives among adult female arrestees up to 27 and 26 percent, respectively. In Portland, the same percentage of adult female arrestees tested positive for opiates as tested positive for marijuana. Both Manhattan and Portland opiate figures were among the highest. San Diego, a third site with historically high rates of opiate positives among its adult female arrestees, however, demonstrated a decline among females and is currently at 10 percent prevalence.

Use of At Least One Drug:

- The percentage of female adults testing positive for at least one drug increased overall.

Source: U.S. Department of Justice, National Institute of Justice, *1996 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees, 1997*

to have past convictions for violent crime. Nearly 30% of jail inmates charged with a violent offense in 1989 had previously been on probation or incarcerated for a violent offense.

Inmates charged with drug offenses were more likely than those charged with property or public-order offenses to have never before been sentenced for a crime (28%, compared to 19% and 15%). Inmates charged with drug offenses and those charged with violent offenses were equally likely (28%) to have never been sentenced in the past.

In 1989 about a quarter of the inmates charged with drug offenses and a third of the violent and property offenders had juvenile records (table 5). About 65% of the drug offenders had been convicted as adults, almost the same percentage as those charged with violent offenses but lower than the 61% for public-order offenders and the 71% for property offenders.

Drug offenders had somewhat shorter criminal records than other offenders. About 12% of the drug offenders, 14% of the violent offenders, 20% of the property offenders, and 23% of the public-order offenders had at least six prior sentences to probation or incarceration. Overall, 17% of all jail inmates in 1989 had six or more sentences to probation or incarceration before their arrest for their current offense.

Table 5. Prior sentences of jail inmates, by the most serious current offense, 1989

Prior sentence	Most serious current offense: All inmates	Drug	Violent	Property	Public-order
Total	100.0%	100.0%	100.0%	100.0%	100.0%
None	23.2%	28.9%	29.0%	19.4%	15.9%
Juvenile only	7.6	8.2	9.6	10.1	8.3
Adult only	46.3	45.7	38.6	45.5	56.7
Both	23.0	19.2	22.8	25.3	24.1
Number of times					
0	23.2%	28.9%	29.0%	19.4%	15.9%
1	20.5	24.0	19.6	20.5	17.4
2	16.5	15.5	15.8	16.3	17.7
3-5	22.9	19.6	20.4	24.9	26.2
6-10	10.7	7.6	10.2	11.9	14.1
11 or more	6.3	4.4	3.6	8.2	8.7
Number of jail inmates	383,443	84,311	81,618	109,679	82,112

Note: Total includes "other offenses" not shown separately. Excludes an estimated 32,111 inmates whose offense or prior status was unknown.

Prior drug use by jail inmates

About 78% of all jail inmates in 1989 reported that they had used at least one illegal drug during their life, and 58% reported they had used drugs regularly, that is, once or more a week for at least 1 month (table 6). Among convicted inmates, 44% had used drugs in the month before their current offense: 30% daily or almost daily and 27% under the influence when they committed their current offense.

Jail inmates were twice as likely as persons in the general population to have ever used drugs and 7 times more likely than those in the general population to have been *current* users of drugs. (For jail inmates *current use* refers to the month before the arrest; for the general population, to the month before the interview.) Based on estimates from the 1990 National Household Survey on Drug Abuse, conducted by the National Institute on Drug Abuse (NIDA), 37% of all persons age 12 or older had used some illicit drug at some time, and more than 6% were current users.[5]

About half the inmates in local jails in 1989 had used cocaine or crack; in 1983, 38% reported having used these drugs. Cocaine and crack were the only drugs for which proportionately more inmates reported use in 1989 than in 1983. By every measure applied — ever using the drugs, ever using them regularly, using them in the month preceding the offense, and using them at the time of the offense — use of cocaine and crack increased.

[5]National Institute on Drug Abuse, *National Household Survey on Drug Abuse: Population Estimates 1990*, 1990, table 2-A.

Table 6. Drug use history of jail inmates, by type of drug, 1989 and 1983

Type of drug	Percent of jail inmates who had used drugs: Ever 1989	Ever 1983	Regularly 1989	Regularly 1983	Percent of convicted jail inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	Daily in the month before the offense 1989	Daily in the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	77.7%	76.1%	58.1%	60.8%	43.9%	46.1%	29.7%	32.9%	27.0%	29.6%
Major drug	55.4%	46.2%	37.4%	30.5%	27.7%	19.6%	17.3%	11.0%	16.2%	12.1%
Cocaine or crack	50.4	38.0	30.7	17.8	23.6	11.8	14.2	6.4	13.7	5.5
Heroin	18.2	22.4	11.4	16.0	7.0	7.9	5.1	5.8	4.8	5.6
LSD	18.6	22.3	6.3	8.5	1.6	3.9	.2	.9	.4	1.3
PCP	13.9	15.6	4.6	6.3	1.7	3.0	.6	1.2	1.3	1.9
Methadone	4.8	6.9	1.8	3.1	.6	.8	.2	.4	.5	.6
Other drug	71.9%	74.5%	49.8%	57.9%	31.3%	41.8%	18.9%	28.2%	12.0%	22.8%
Marijuana	70.7	73.0	47.9	55.0	29.1	39.6	18.8	25.6	9.1	18.9
Amphetamines	22.1	32.8	12.1	19.6	5.4	9.4	3.2	5.1	2.2	4.2
Barbiturates	17.2	27.8	7.2	13.9	3.3	5.9	1.4	2.8	.9	2.9
Methaqualone	14.7	23.0	4.2	8.8	.8	3.8	.2	1.5	.3	1.7
Tranquilizer*	11.0	10.8	5.4	5.9	2.4	3.0	1.3	1.8	.2	1.7

*A combination of amphetamines and barbiturates.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991.

Jail inmates who had used cocaine or crack, 1989

Convicted jail inmates reported relatively widespread use of cocaine and crack only after 1983. In that year, 12% of the convicted inmates said they had used cocaine or crack during the month before their offense; within 6 years the percentage doubled. Cocaine and crack were the only types of drugs that proportionately more jail inmates used in 1989 than in 1983. In several ways these offenders differed as a group from other drug users and from offenders who were using no drugs.

How many jail inmates used cocaine or crack in the month before their arrest?

- Nearly 1 in every 4 convicted jail inmates in 1989 were users of cocaine or crack in the month before they were arrested for their current offense.

What are the characteristics of inmates who used cocaine or crack in the month before their offense?

- Users of cocaine or crack were more likely to be female and black non-Hispanic than were inmates who used other drugs or had not used drugs in the month before their offense. Cocaine and crack users were more likely to be under age 30 than were inmates who had used no drugs.
- About 57% of cocaine and other drug users had failed to complete high school, compared to 54% of those who were not using drugs in the month before their offense.
- Users of cocaine or crack were more likely to be unemployed (47%) than other drug users (34%) or those who did not use drugs (29%).
- A third of cocaine and crack users had been convicted of drug trafficking or possession.
- Cocaine or crack users were 3 times more likely than other drug users to have committed their current offense to obtain money for drugs — 39% of the users of cocaine or crack said they were trying to get money for drugs when they committed their crime.
- Cocaine or crack users were more likely to have prior criminal records than inmates who used other drugs or did not use drugs. About 67% of users of cocaine or crack had at least one previous incarceration, and 84% had in the past been either on probation or incarcerated.
- About 42% of cocaine users had participated in some kind of drug treatment program, compared to 36% of other drug users and 13% of those who had not used drugs in the month before their current offense.

Characteristics of convicted jail inmates who had used cocaine or crack, other drugs, or no drugs in the month before their offenses, 1989

	Percent of jail inmates who in the month before the offense used		
Characteristic	Cocaine or crack	Another drug	No drug
Sex			
Male	83.6%	92.0%	92.1%
Female	16.4	8.0	7.9
Race and ethnicity			
White non-Hispanic	35.2%	50.2%	42.6%
Black non-Hispanic	45.2	29.6	36.7
Hispanic	16.0	17.0	17.5
Other	1.6	3.3	3.1
Age			
17 or younger	.5%	1.5%	1.2%
18-24	31.7	37.3	28.2
25-29	28.2	26.0	23.0
30-34	22.1	19.6	17.7
35-44	16.3	13.5	19.1
45 or older	2.2	2.2	10.8
Education			
8th grade or less	14.4%	12.4%	18.0%
9th to 11th grade	42.1	41.1	35.5
High school graduate	31.3	36.1	31.1
Some college or more	12.2	10.4	15.6
Employment			
Employed	53.4%	65.8%	70.3%
Full time	43.2	55.0	58.7
Part time	10.2	10.0	11.6
Unemployed	46.6	34.1	29.7
Looking for work	27.4	20.7	17.9
Not looking for work	19.2	13.4	10.8
Sources of income			
Wages	69.8%	76.7%	79.1%
Benefits	20.1	18.8	18.2
Family or friends	21.8	18.7	17.2
Illegal income	25.2	15.8	4.8
Other	2.2	2.7	3.4
Current offense			
Violent	15.4%	16.2%	17.5%
Robbery	7.9	3.8	4.3
Assault	3.4	4.4	6.0
Property	33.7	32.4	26.2
Burglary	12.9	11.5	7.9
Larceny	8.3	10.7	7.3
Drug	34.2	28.6	16.4
Possession	16.0	16.8	6.3
Trafficking	16.4	10.4	8.5
Other drug	1.7	1.3	.5
Public-order	15.9	22.7	38.1
Other	.8	1.3	1.8
Committed current offense for money for drugs	38.8%	12.9%	2.6%
Incarcerated in past	67.3%	63.7%	52.4%
Ever convicted in past	84.3%	84.5%	74.1%
Received drug treatment in past	42.2%	36.5%	13.3%
Number of jail inmates	51,337	44,550	121,982

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991

Compared to 1986, inmates reported increased use of cocaine or crack and decreased use of marijuana

Half of all inmates in 1991 had used cocaine in some form

Thirty-two percent had used cocaine or crack on a regular basis, compared to 22% in 1986.

Percent of inmates who reported —	Ever used		Used regularly	
	1991	1986	1991	1986
Any drug	79%	80%	62%	63%
Marijuana	74	76	52	55
Cocaine/crack	50	44	32	22
Heroin/opiates	25	26	15	18

Fig. 45

About a quarter of the inmates in 1991 said they had used cocaine or crack in the month before the offense, compared to a fifth of inmates in 1986. About 14% committed their offense under the influence of cocaine or crack in 1991, up from 10%.

The percentage of inmates using marijuana in the month before the offense decreased from 46% in 1986 to 32% in 1991. Eleven percent of inmates were under the influence of marijuana at the time of the offense in 1991, compared to 18% in 1986.

About 80% of inmates in both 1986 and 1991 reported ever using a drug, and 62% reported regular use of a drug at some time in their lives.

Inmates in 1991 were less likely than those in 1986 to have used drugs in the month before or at the time of the offense

Type of drug	Percent of inmates using drugs: In the month before the offense		At the time of the offense	
	1991	1986	1991	1986
Any drug	50%	56%	31%	36%
Marijuana	32	46	11	18
Cocaine/crack	25	20	14	10
Heroin/opiates*	10	11	6	7
Barbiturates*	4	9	1	4
Stimulants*	8	10	3	4
Hallucinogens*	4	7	2	3

*For components of drug categories, see page 30.

Fig. 46

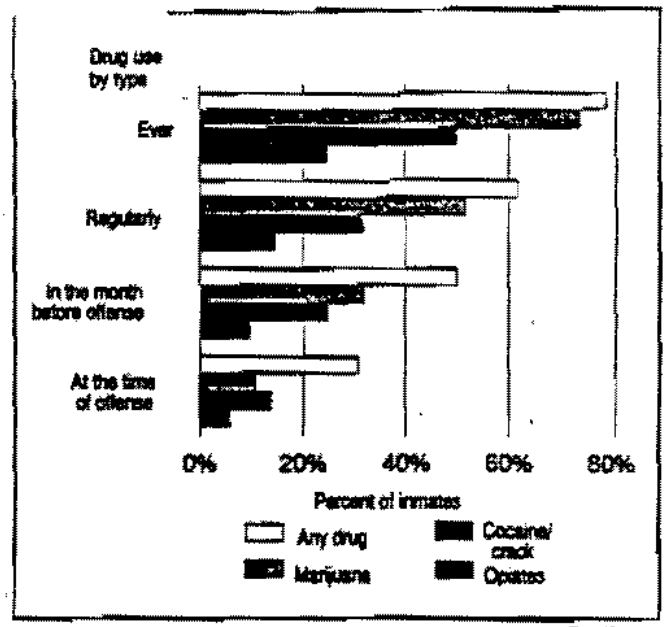


Fig. 47

About the same proportion of inmates in 1986 and 1991 reported using heroin or other opiates. In the month before the offense for which they were sentenced, about 1 in 10 had used heroin or other opiates, and about 1 in 16 had committed the offense under the influence of these drugs.

Marijuana was still the most commonly used drug

Inmates in 1991 were more likely to have used marijuana than any other drug. More than half reported using marijuana on a regular basis, and a third had used marijuana in the month before the offense. One in five inmates reported using marijuana daily in the month before their offense.

About 14% of inmates committed their offense under the influence of cocaine or crack

Sixteen percent of inmates were daily users of cocaine or crack in the month before their offense —

- 12% were using cocaine and 7% were using crack.

Inmates were twice as likely to report using cocaine as to report using crack —

- For the month before the offense, 20% reported cocaine use and 10% reported crack use.
- At the time of the offense, 10% were under the influence of cocaine and 5% were under the influence of crack.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993.

About 4% of State prison inmates were not U.S. citizens

About 31,300 inmates were aliens

• About 1 in 23 inmates were not U.S. citizens. These aliens were from at least 49 countries in North America, South America, Europe, Africa, and Asia.

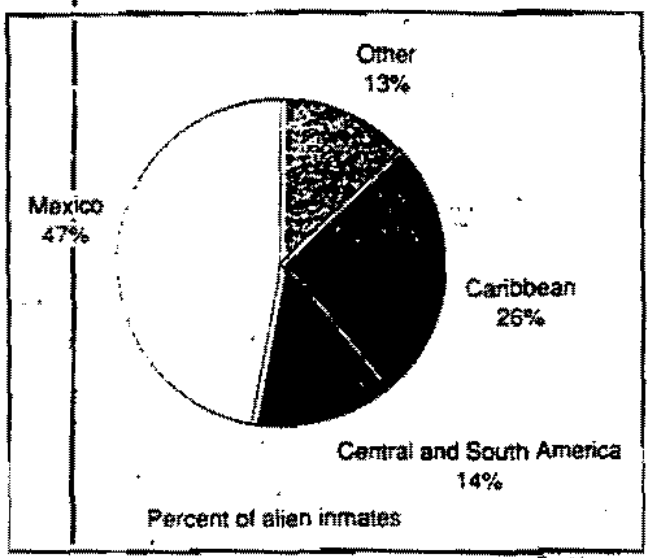


Fig. 11

• Mexicans accounted for about half of the aliens—

Country of origin	Percent of alien inmates in State prisons
Mexico	47%
Cuba	10
Dominican Republic	9
Colombia	4
Jamaica	4
El Salvador	4
Guatemala	2
Trinidad and Tobago	2
United Kingdom	1
Vietnam	1
Others	16

Young, Hispanic men predominated

• Nearly all aliens were male, more than four-fifths were of Hispanic origin, and about half were age 25 to 34.

• About a third of aliens were married, nearly two-thirds had not completed high school, and nearly four-fifths had a job at the time of their current offense.

• Approximately 1 in 10 aliens were non-Hispanic black inmates. About 1 in 25 were non-Hispanic white inmates, and about 1 in 25, Asian-Pacific Islanders.

About three-fifths of alien inmates had ever used drugs

• About two-fifths of alien inmates used drugs during the month prior to arrest for their current offense, and about a fifth were under the influence of drugs at the time of the offense.

Percent of alien inmates using drugs —

	In the month before the offense	At the time of the offense
Any drug	38%	22%
Cocaine/crack	25	12
Marijuana	19	6
Heroin/other opiates	10	6
Amphetamines/ methamphetamines	2	<1
Hallucinogens	2	1
Barbiturates	1	<1

Fig. 12

• About 14,000 aliens were incarcerated for drug offenses, including 7,900 for trafficking and 6,100 for possession.

• 87% of an estimated 1,400 aliens from Colombia and 67% of an estimated 2,700 aliens from the Dominican Republic were incarcerated for a drug offense.

Most alien inmates were serving time for drugs (45%) or violence (34%)

• Approximately 10,800 aliens were incarcerated for violent crimes, including homicide, robbery, assault, and sexual assault.

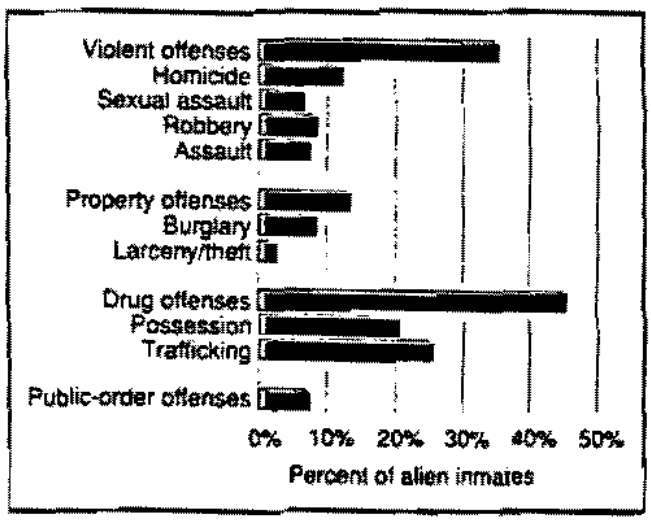


Fig. 13

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993.

Female inmates were more likely than male inmates — and black inmates more likely than white inmates — to have used crack

Crack users identified among the inmates may have used other drugs, including powder cocaine, in the month before their offense. Powder cocaine users may have used other drugs but not crack. Users of other drugs had not used crack or cocaine.

- 19% of women in prison had used crack in the month before the offense, compared to 10% of the men. About equal percentages of female and male inmates used powder cocaine.
- 14% of black inmates, compared to 6% of white inmates, had used crack. For black inmates, cocaine users accounted for the same percentage as crack users.
- Hispanic inmates of all races were more likely than non-Hispanic inmates to have used cocaine powder (21% versus 14%).

Characteristic	Percent of inmates who in the month before the offense used: Total	Crack	Powder cocaine	Another drug	No drug
All offenders	100%	10%	15%	25%	50%
Sex					
Male	100%	10%	15%	25%	50%
Female	100	19	17	18	46
Race/Hispanic origin					
White	100%	6%	14%	29%	51%
Black	100	14	14	21	51
Other	100	5	14	29	52
Hispanic	100	8	21	25	46
Age					
18-24	100%	10%	13%	29%	48%
25-29	100	12	16	27	45
30-34	100	13	18	26	44
35-44	100	8	16	23	52
45 or older	100	3	8	10	78

Pg. 81

Characteristic	Percent of inmates who in the month before the offense used: Crack	Powder cocaine	Another drug	No drug
Current offense	100%	100%	100%	100%
Violent offenses	33%	39%	46%	51%
Homicide	5	10	14	14
Sexual assault	4	5	7	13
Robbery	19	17	17	12
Assault	5	6	8	10
Property offenses	31%	25%	26%	23%
Burglary	16	14	14	10
Larceny	7	6	5	4
Drug offenses	32%	30%	20%	17%
Possession	12	11	7	6
Trafficking	20	18	12	11
Public-order offenses	4%	5%	5%	9%
Committed current offense for money for drugs	55%	43%	20%	...

Pg. 86

- Inmates who had used crack in the month before their offense were less likely to be in prison for a violent offense than those who had used other drugs or no drug.
- About a third of the crack users were in prison for a violent offense, slightly less than a third for a property offense, and about a third for a drug offense.
- The percentage of crack users indicating that they had committed their offense to get money for drugs (55%) was over 2½ times the percentage of users of drugs other than cocaine or crack (20%).

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993.

2.2% of inmates who reported the results of the test for the virus that causes AIDS said they were HIV-positive

51.2% of all inmates had ever been tested for the human immunodeficiency virus (HIV) and reported the results

Inmates	Percent of inmates tested for HIV and reporting the results: Total	HIV-positive
All	51.2%	2.2%
Male	50.3	2.1
Female	66.8	3.3
White	52.6%	1.1%
Black	52.1	2.6
Other	50.5	.9
Hispanic	46.0	3.7
Male		
White	51.7%	1.0%
Black	51.2	2.5
Hispanic	45.2	3.5
Female		
White	68.2%	1.9%
Black	67.3	3.5
Hispanic	62.7	6.8

Fig. 84

Among all inmates—
51.2% reported HIV-test results
32.2 had never been tested
9.0 did not know if they had been tested
7.5 had been tested but did not know the results
.1 refused to report whether they had been tested or refused to report the test results.

Of those inmates who were ever tested for the presence of HIV and who reported the results —

- Women (3.3%) were more likely than men (2.1%) to test HIV-positive.
- 3.7% of Hispanic inmates and 2.6% of black inmates tested HIV-positive, compared to 1.1% of white inmates.
- Hispanic men (3.5%) were more likely than white men (1.0%) to test HIV-positive. HIV-positive tests accounted for 2.5% of the black men who had ever tested and who reported the outcome.
- Hispanic women (6.8%) had higher HIV-positive rates than white women (1.9%). Black women had a positive rate of 3.5%.

Of all prison inmates, 55.9% said they had been tested after the most recent admission.

Drug users and needle users had higher positive rates than other inmates

- For inmates reporting test results, 2.5% of drug users, compared to 0.8% of other inmates, reported that they tested HIV-positive.
- The percentage of HIV-positive was higher among inmates who —
used drugs in the month before their offense (2.8%),
used needles to inject drugs intravenously (4.9%),
and shared needles with other drug users (7.1%).

A quarter of inmates had used a needle to inject drugs

	Percent of inmates who: All	Ever used drugs	Used drugs in the month before the offense
Ever injected a drug for nonmedical purposes	25%	31%	40%
Type of drug			
Heroin/other opiate	17	22	28
Cocaine	16	21	28
Crank (methamphetamine)	6	8	11
Other	4	5	7
Ever shared a needle	12%	15%	20%

Fig. 85

- 40% of inmates who used drugs in the month before their offense had in the past used a needle to inject drugs.
- 1 in 6 inmates used a needle to inject heroin or other opiates, and 1 in 6, to inject cocaine.
- More than 10% of all inmates and 20% of users in the month before their offense had shared a needle.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993.

Table 12. Current offense of sentenced Federal and State prison inmates, by criminal history, 1991

	Percent of sentenced inmates					
			Recidivists			
	No previous sentence		No prior violent offenses		Prior violent offense	
Current offense	Federal	State	Federal	State	Federal	State
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Violent offenses	9.9%	64.8%	14.6%	35.0%	43.2%	54.7%
Homicide	1.9	23.4	1.9	8.5	3.8	10.3
Sexual assault	.8	16.1	.5	6.2	.7	9.4
Robbery	4.6	13.2	9.7	11.5	32.4	21.6
Assault	1.0	8.1	1.2	6.2	3.6	11.3
Other violent	1.5	1.7	1.3	1.5	2.7	2.1
Property offenses	7.8%	9.8%	13.4%	32.3%	8.4%	22.1%
Burglary	.1	4.4	1.2	16.4	1.1	11.1
Larceny	.5	1.8	1.1	6.3	1.3	4.3
Fraud	6.5	1.7	8.1	3.8	4.4	1.9
Other property	.6	1.8	2.9	5.8	1.5	4.7
Drug offenses	68.7%	21.8%	57.2%	24.5%	31.1%	15.7%
Possession	17.9	6.5	13.1	9.2	6.1	5.5
Trafficking	50.0	14.8	42.7	14.9	24.7	9.6
Other drug	1.7	.5	1.4	.4	.4	.5
Public-order offenses	11.0%	3.4%	12.8%	7.9%	15.8%	7.3%
Number of inmates	23,005	133,487	21,377	352,296	8,789	207,590

Note: *Other offenses* are omitted. Detail may not add to totals because of rounding.

Criminal history and current offense

Most Federal inmates without prior offenses or with a history of only nonviolent offenses were serving a sentence for a drug offense (table 12). Five in ten first time inmates and over 4 in 10 nonviolent recidivists were drug traffickers. About 7 in 10 Federal inmates with no prior offenses and 2 in 10 State inmates were in prison for drugs. Compared to inmates with no prior offense and to recidivists with no prior violent offense, Federal and State inmates who were convicted in the past of a violent offense were less likely to be in prison for a current drug offense.

In both Federal and State prisons, inmates with prior violent offenses were likely to be in prison for another violent offense. About 43% of these Federal inmates and 55% of State violent recidivists were in prison for another violent offense. Of violent recidivists, a third of Federal inmates and a fifth of State inmates were in prison for robbery. About 10% of Federal prisoners and 65% of State inmates with no previous sentences were in prison for a violent offense.

Drug use

Although Federal inmates were much more likely than those in State prisons to be serving a sentence for drug offenses, they were less likely than State inmates to have used drugs (table 13). Asked if they had ever used drugs, had ever used drugs at least once a week for a month (regularly), or had used drugs in the month before their last arrest, Federal inmates reported less use than did State prison inmates. Federal inmates were almost half as likely as State inmates to have been using drugs at the time of the current offense (17% and 31%).

Marijuana was the drug most common for both Federal and State inmates, followed by cocaine-based drugs and heroin and other opiates. A fifth of all Federal inmates and almost a third of State inmates had used cocaine at least once a week for a month or more. Just under 10% of Federal inmates and 15% of State inmates had used heroin or other opiates regularly.

Table 13. Drug use of sentenced Federal and State prison inmates, 1991

	Percent of sentenced inmates							
	Ever used drugs		Ever used drugs regularly		Used drugs in the month before offense		Used drugs at the time of the offense	
Type of drug	Federal	State	Federal	State	Federal	State	Federal	State
Any drug	60.1%	79.4%	42.1%	62.2%	31.8%	49.9%	16.8%	31.0%
Marijuana	52.8	73.8	32.2	51.9	19.2	32.2	5.9	11.4
Cocaine/crack	37.3	49.4	20.6	31.9	15.4	25.2	7.7	14.5
Heroin/opiates	14.1	25.2	9.3	15.3	5.5	9.6	3.7	5.8
Barbiturates	13.1	24.0	5.3	10.8	1.4	3.8	.3	1.0
Stimulants	16.8	29.7	8.3	16.6	3.9	7.4	1.8	2.9
Hallucinogens	14.8	26.9	4.8	11.5	1.2	3.7	.5	1.6

Note: Data are missing on 1% of Federal prison inmates and .5% of State prison inmates.

Amount of drugs involved in the current offense, by race/Hispanic origin of sentenced Federal inmates, 1991

Race/Hispanic origin of inmates and type of current drug offense	Heroin			Crack			Cocaine			Marijuana		
	Number of inmates	Grams		Number of inmates	Grams		Number of inmates	Grams		Number of inmates	Grams	
		Median	Mean		Median	Mean		Median	Mean		Median	Mean
All inmates[a]												
Total[b]	3,127	240	2,510	2,980	40	940	16,528	1,580	77,690	6,015	100,000	3,028,330
Trafficking	2,436	300	2,770	2,358	40	970	12,615	1,500	82,990	4,420	136,060	3,353,580
Possession	665	170	1,420	535	50	680	3,702	2,000	83,910	1,506	45,360	2,100,560
White non-Hispanic inmates												
Total[b]	407	600	6,900	106	20	470	4,525	1,000	97,640	2,825	100,000	4,008,790
Trafficking	334	590	8,090	106	20	470	3,832	1,000	97,650	2,321	200,000	4,687,060
Possession	70	2,000	1,480	...	...	...	588	1,970	112,060	454	30,840	561,990
Black non-Hispanic inmates												
Total[b]	1,156	230	1,980	2,513	30	690	4,439	500	13,860	442	910	491,390
Trafficking	947	400	2,050	1,986	30	650	3,356	500	17,760	263	660	761,040
Possession	189	60	970	463	50	700	992	500	1,720	178	910	93,480
Hispanic inmates												
Total[b]	1,314	170	1,090	348	250	2,980	7,297	3,000	106,960	2,675	129,730	2,452,230
Trafficking	957	170	880	257	260	3,880	5,111	4,000	118,340	1,773	145,150	2,161,140
Possession	357	150	1,660	...	...	...	2,071	3,000	81,490	864	79,000	3,131,860

...The sampled number of inmates was too small to estimate the number, the median, and the mean.

[a]Includes inmates of all races and ethnic backgrounds.

[b]Includes inmates convicted of drug offenses other than trafficking and possession.

Federal inmates in prison for drugs had committed crimes that usually involved large amounts of illegal drugs and large amounts of money. The amount of drugs involved in a case can serve as one measure of the seriousness of the crimes. For example, at least half of the cocaine traffickers in Federal prisons in 1991 had been convicted in a case which had concerned 3 or more pounds of cocaine (500 grams = 17.5 ounces or a little more than a pound). The average trafficking case involved over 180 pounds.

According to Drug Enforcement Administration estimates for 1991, the uttimate value of 180 pounds of cocaine ranged from $2.9 million to $14.5 million. (Other estimates: 1 gram of heroin, $40-$450, and 1 pound of marijuana, $400-$3,000.)

In estimating the weight of drugs involved in the current offense, the offender may have been charged with all the drugs in the entire operation. An offender who served a sentence for laundering money from illegal drug sales, for example, could have been charged with the total amount sold. Three interviewed prisoners convicted in the same case could also have cited the total amount of drugs.

- Among offenders convicted of heroin offenses, half were involved with at least 240 grams of heroin. The average case concerned 2,510 grams. In Federal crack cases, half of the offenders were involved with at least 40 grams of crack (an average of 940 grams). Half of the cocaine offenders were sentenced for at least 1,580 grams of the drug (an average of 77,690 grams).

- White offenders were sentenced for larger amounts of heroin on average than black or Hispanic inmates. Half of the whites in heroin cases were involved with at least 600 grams of heroin, while half of the blacks were convicted for 230 grams and half of the Hispanics for 170 grams.

- In offenses involving crack, half of the Hispanic inmates were convicted in cases involving at least 250 grams; half of the black inmates were in cases having at least 30 grams; and half of the white inmates, at least 20 grams.

- In cocaine cases, Hispanic and white drug offenders were involved with larger amounts of cocaine than black inmates. Half of the Hispanics in cocaine cases had at least 3,000 grams of cocaine, half of the whites at least 1,000 grams, and half of the blacks at least 500 grams.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Comparing Federal and State Prison Inmates, 1991*, September 1994.

random groups of inmates in addition to inmates suspected of drug use. About 70% of community-based facilities tested either all inmates or random groups and inmates suspected of using drugs.

Almost all work release facilities tested for drugs

About 92% of facilities that provided special work release or prerelease programs tested inmates for drugs (table 10). Ninety-three percent of facilities that separately handled offenders reincarcerated for violating some condition of their supervised release also checked inmates for drugs. Over 90% of facilities that performed "other" functions, such as presentence, psychiatric, or geriatric services also tested their residents. Nearly 60% of facilities for youthful offenders tested inmates.

For all inmates tested, State prisons reported higher positive rates than Federal prisons

Nationwide, 3.1% of the tests for cocaine in the 12 months before June 30, 1990, were positive, as were 1.2% of the tests for heroin, 1.5% for methamphetamines, and 5.6% for marijuana. State facilities reported higher positive rates for drug tests than Federal facilities (table 11). In State institutions, 3.6% of tests for cocaine were positive, compared to 0.4% in Federal prisons. State facilities found 2.0% of the tests showing recent methamphetamine use and 6.3% showing marijuana use; Federal prisons found 0.1% and 1.1%, respectively.

Table 10. Facilities testing inmates or residents for drug use, by function of correctional facility, June 1990

Facility function	Number of facilities	Percent
General adult population confinement	1,048	65.2%
Boot camp	23	82.6
Reception/diagnosis and classification	147	87.8
Medical treatment/ hospitalization confinement	86	88.4
Alcohol/drug treatment confinement	117	88.0
Youthful offenders	27	59.3
Work release/prerelease	411	92.2
Persons returned to custody from a supervised release	91	93.4
Other	140	82.9

Note: Facilities may be classified with more than one function.

Table 11. Number of facilities testing for specific drugs, number of tests given, and percent positive, from July 1, 1989, to June 30, 1990

Type of drug	Tests: Number given	Tests: Percent positive	Facilities: Number testing	Facilities: Percent positive
All facilities				
Amphetamines	256,946	.9%	513	32.8%
Barbiturates	225,855	.8	472	34.1
Cocaine	379,970	3.1	712	60.0
Heroin	283,281	1.2	454	38.3
LSD	137,382	.8	275	9.8
Marijuana/hashish	396,893	5.6%	764	79.7%
Methadone	150,725	.6	304	8.6
Methamphetamines	176,300	1.5	327	21.4
Unspecified drug	124,815	.7	235	24.9
Other	83,609	1.4	162	60.5
Federal facilities				
Amphetamines	51,874	.2%	95	30.9%
Barbiturates	51,274	.1	94	33.3
Cocaine	55,393	.4	99	59.3
Heroin	45,486	.4	91	31.4
LSD	40,297	.0*	45	4.4
Marijuana/hashish	53,809	1.1%	97	77.2%
Methadone	43,338	.0*	48	8.3
Methamphetamines	48,181	.1	84	24.1
Unspecified drug	39,225	.1	42	14.3
Other	12,840	.4	13	92.3
State facilities				
Amphetamines	205,072	1.1%	458	32.8%
Barbiturates	174,581	1.0	418	34.2
Cocaine	324,577	3.6	653	60.0
Heroin	237,795	1.3	405	39.2
LSD	97,085	.3	230	10.9
Marijuana/hashish	343,184	6.3%	707	79.9%
Methadone	107,387	.8	256	9.0
Methamphetamines	127,109	2.0	273	20.9
Unspecified drug	85,590	1.0	193	26.4
Other	70,766	1.6	149	57.7

Note: Data are for 61 Federal facilities and 776 State facilities with data on all variables.
*Less than 0.05%.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Drug Enforcement and Treatment in Prisons, 1990*, July 1992.

Same percentage of State and Federal facilities reported positive drug tests

When facilities rather than individual drug tests are considered, Federal and State facilities were about equally likely to have found drug use in their institutions. Around 6 in 10 of both Federal and State facilities which tested for cocaine had at least one positive test. In over 2 in 10 facilities testing for methamphetamines, the use of the drug was discovered. Marijuana was detected in about 6 in 10 facilities testing.

Community-based facilities found higher rates of drug use than confinement facilities

Tests had positive outcomes for 6.9% of the cocaine tests and 8.1% of the marijuana tests administered by community-based facilities, compared to 1.4% of the cocaine tests and 5.8% of marijuana tests in confinement facilities (table 12). Methamphetamines, however, were found more often in confinement facilities (2.3% tested positive) than in community-based facilities (1.1% positive).

Among State confinement facilities, positive test results were highest in those testing on suspicion only

How inmates were selected for testing affected the rate of positive results. Those State confinement facilities testing only when drug use was suspected recorded higher rates of positive results than other facilities that tested randomly or comprehensively. When facilities tested only on suspicion of drug use, 6% of cocaine tests and 14% of marijuana tests were positive, compared to 1.5% or less for cocaine and 5% or less for marijuana when facilities tested everyone or at random.

The results for State community-based facilities were opposite those of confinement facilities. Testing on suspicion only produced a lower percentage of positive results than testing everyone or a random selection. In community-based facilities which tested on suspicion only, 4.8% were positive for cocaine and 6.4% for marijuana; in community-based facilities using other selection methods, around 9% of tests for cocaine and 8% for marijuana were positive.

The percentages of positive tests were higher in large facilities

Large prisons, whether Federal or State, had higher rates of positive drug tests. In Federal facilities with 1,000 or more inmates, 1.4% of the marijuana tests, 0.6% of the cocaine, and 0.6% of the heroin tests were positive (table 13). In Federal facilities holding fewer than 500 inmates, the percentages were 0.5% for marijuana, 0.2% for cocaine, and none for heroin. Among State prisons, the largest facilities with 2,500 or more inmates had the highest percentages of positive tests for amphetamines, cocaine, and heroin.

Table 12. Number of drug tests given in State facilities and percent positive from July 1, 1989, to June 30, 1990, by type of drug and criteria for testing

Type of drug and facility	Number of tests given	Percent positive when facility tests inmates/residents based on: Total	Combination of suspicion and either random or systematic	Random or systematic only	Suspicion only
State confinement					
Amphetamines	136,121	1.1%	.6%	.4%	5.0%
Barbiturates	126,162	1.0	.6	.3	4.0
Cocaine	230,800	1.4	1.0	1.5	6.0
Heroin	172,294	1.0	.7	.5	3.7
LSD	71,064	1.0	.4	1.7	4.1
Marijuana/hashish	270,983	5.8%	5.1%	4.7%	14.3%
Methadone	76,807	1.1	.7	0	3.3
Methamphetamines	92,101	2.3	1.1	.0*	7.8
Unspecified drug	65,818	1.1	.5	.2	4.8
Other	52,569	1.8	1.2	0	13.8
State community-based					
Amphetamines	68,851	1.0%	.8%	1.4%	.2%
Barbiturates	48,419	.8	.6	1.3	.2
Cocaine	93,777	6.9	6.4	8.9	4.8
Heroin	65,501	2.2	2.4	2.0	0
LSD	28,001	.2	.3	.0*	0
Marijuana/hashish	72,221	8.1%	7.7%	8.8%	6.4%
Methadone	30,580	.2	.2	.0*	0
Methamphetamines	35,026	1.1	1.0	1.2	.2
Unspecified drug	18,772	.7	1.1	.0*	1.5
Other	16,259	.9	.9	.9	0

Note: Data are for 569 State confinement facilities and 207 State community-based facilities with data on all variables.
*Less than 0.05%.

Table 13. Positive drug tests from July 1, 1989, to June 30, 1990, by security level and size of confinement facilities

Security level and size of facility	Percent of positive tests: Amphetamine	Cocaine	Heroin	Marijuana	Methamphetamine
Federal					
Security level					
Maximum	.2%	.7%	1.4%	2.5%	.3%
Medium	.3	.4	.3	1.0	.2
Minimum	.0*	.3	.0*	.3	.0*
Average daily population					
1-499 inmates	.0*	.2	.0*	.5	.1
500-999	.1	.4	.3	1.0	.1
1,000-2,499	.4	.6	.6	1.4	.2
State					
Security level					
Maximum	1.8	1.0	.5	5.0	.8
Medium	1.2	1.7	1.4	6.8	4.2
Minimum	.5	1.4	.8	4.8	.5
Average daily population					
1-499 inmates	.5	1.4	1.0	6.1	2.4
500-999	.5	.9	.8	4.4	.1
1,000-2,499	.9	1.5	.6	6.0	4.7
2,500 or more	3.8	2.7	3.3	4.6	3.1

Note: Data are from 734 State confinement facilities and 82 Federal facilities with data on the number tested and number positive for a drug.
*Less than 0.05%.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Drug Enforcement and Treatment in Prisons, 1990*, July 1992.

The facilities holding 1,000 to 2,499 inmates had the highest rates for marijuana and methamphetamines. Among Federal prisons, the maximum security facilities had higher rates for positive drug tests than minimum security facilities. In maximum security prisons, 2.5% of the tests for marijuana, .7% of the tests for cocaine, and 1.4% of the tests for heroin were positive. In minimum security, 0.3% for marijuana, 0.3% for cocaine, and none for heroin were positive.

State medium security facilities generally had higher positive rates than maximum or minimum security prisons. For each drug in medium security facilities, the percentage positive was as follows: 6.8% for marijuana, 4.2% for methamphetamines, 1.7% for cocaine, and 1.4% for heroin. In maximum and minimum facilities, the equivalent findings were 5.0% or less for marijuana, 0.6% or less for methamphetamines, 1.4% or less for cocaine, and 0.8% or less for heroin.

Positive results from drug tests varied among facilities performing different functions

Facilities which confined inmates returned to custody for parole violations had relatively high percentages of positive drug tests (table 14). More than 9% of tests for marijuana were positive, as were 6.2% of tests for methamphetamines, 3.5% for cocaine, and 2.9% for heroin. Facilities holding inmates who participated in work release programs or who were preparing for discharge also had relatively high positive test rates: 7% for cocaine, 6.9% for marijuana, and 1.8% for heroin. Drug/alcohol treatment in facilities was associated with relatively high positive results on tests for cocaine and marijuana use — 3% for cocaine and 7.6% for marijuana.

Facilities handling youthful offenders generally had relatively low positive test results: 2.1% for marijuana and 1.5% for cocaine.

Positive drug tests were linked to interdiction activities

The State confinement facilities that questioned and frisked inmates but did not exchange clothes or search body cavities had higher rates of positive drug tests than facilities doing all these measures (table 15). The tests in the facilities using less stringent measures were 5.2% positive for cocaine, 13.5% for marijuana, and 16.2% for methamphetamines. Tests in facilities performing all types of specific drug interdiction activities were 1.2% positive for cocaine, 4.6% for marijuana, and 0.6% for methamphetamines. Facilities which performed all types of interdiction activities had higher positive drug test rates than facilities which did body cavity searches and/or clothing exchanges. The facilities doing all types of interdiction may have

Table 14. Positive drug tests from July 1, 1989, to June 30, 1990, by function of facility

Facility function	Percent of positive tests				
	Amphetamines	Cocaine	Heroin	Marijuana	Methamphetamines
General adult population confinement	.7%	1.4%	.8%	5.1%	1.5%
Boot camp	.7	1.7	1.9	5.2	1.1
Reception/diagnosis and classification	1.4	1.1	1.6	4.2	.5
Medical treatment/hospitalization confinement	.4	2.0	.9	5.6	5.1
Alcohol/drug treatment confinement	1.8	3.0	1.6	7.6	1.2
Youthful offenders	.1	1.5	.5	2.1	0
Work release/prerelease	1.0	7.0	1.8	6.9	1.0
Returned to custody	2.7	5.5	2.9	9.1	6.2
Other	.8	4.3	.8	4.8	.3

Note: Data include 807 facilities with data on number of drug tests and number positive for each drug.

Table 15. Positive drug tests from July 1, 1989, to June 30, 1990, by drug interdiction activities of State confinement facilities

Interdiction activity and group targeted	Number of inmates tested	Percent of positive tests				
		Amphetamines	Cocaine	Heroin	Marijuana	Methamphetamines
Inmates						
All types	101,824	1.4%	1.2%	.8%	4.8%	.8%
Body cavity search and clothing exchange	17,444	.5	1.2	.1	2.6	0
Body cavity search	41,497	.3	.5	.8	5.1	.1
Clothing exchange	88,430	.9	1.5	1.4	6.3	.7
Verbal questioning and patdown	23,321	3.6	5.2	4.0	13.5	16.2
Patdown	17,111	.0*	.5	.2	3.9	.1
Verbal questioning	2,377	.1	1.1	.4	4.8	.2
Other	3,114	.2	1.1	1.0	2.7	0
No reported interdiction activity	254	8.3	40.2	0	25.4	0
Visitors						
All types	55,414	1.9%	.8%	.7%	3.8%	.5%
Body cavity and belongings searches	23,835	6.0	2.8	2.9	4.4	12.0
Body cavity search	4,067	.0*	.2	.1	2.1	0
Belongings search	183,121	.7	1.8	1.0	6.7	2.8
Verbal questioning and patdown	2,893	0	1.8	.2	6.0	0
Patdown	4,898	.2	.4	.2	9.9	0
Verbal questioning	6,757	.1	.8	.1	2.2	.1
Other	1,541	0	0	0	8.6	0
No reported interdiction activity	1,345	.4	7.4	0	8.3	0
Staff						
All types	26,002	3.3%	1.0%	.9%	5.4%	.9%
Verbal questioning and patdown	60,065	1.0	1.2	.8	5.5	.6
Questioning	42,529	.4	.5	1.1	5.3	5.8
Patdown	62,299	.3	1.2	.8	6.6	.0*
Other	60,704	.6	2.1	1.3	5.3	4.9
No reported interdiction activity	44,363	8.1	2.8	2.2	6.5	8.8

Note: Interdiction activities are mutually exclusive categories. "All types" for inmates and visitors includes body cavity search, clothing exchange or belongings search, patdown, and verbal questioning and may include other interdictions. For staff, "all types" includes verbal questioning, patdown and other interdiction. "Body cavity search and clothing exchange" and "body cavity and belongings searches" include both and may include patdown, verbal questioning, and/or other. "Body cavity search," "clothing exchange," and "belongings search" may include patdown, verbal questioning, and/or other. "Verbal questioning and patdown," "patdown," and "verbal questioning" may include other. "Other" does not include any of the specified interdiction activities. *Less than 0.05%.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Drug Enforcement and Treatment in Prisons, 1990*, July 1992.

COCAINE

COCAINE: Annual Price Data National Range (dollars)					
Quantity	Metropolitan Area	1993	1994	1995	1996
Kilogram	National Range	10,500-40,000	10,500-40,000	10,500-36,000	10,500-36,000
	Miami	16,000-24,000	16,000-22,000	15,000-25,000	14,000-25,000
	New York City	17,000-25,000	16,000-23,000	17,000-27,000	16,000-25,000
	Chicago	20,000-30,000	21,000-25,000	21,000-25,000	18,000-25,000
	Los Angeles	14,000-20,000	15,000-20,000	15,000-20,000	12,500-20,000
Ounce	National Range	300-2,600	300-2,600	300-2,200	250-2,000
	Miami	800-1,000	800-1,000	800-1,000	800-1,250
	New York City	800-1,200	800-1,200	800-1,200	600-1,200
	Chicago	900-1,500	900-1,100	900-1,100	900-1,100
	Los Angeles	600-1,000	800-1,200	800-1,200	800-1,200
Gram	National Range	15-200	20-200	30-200	20-200
	Miami	60-80	60-80	60-90	40-60
	New York City	50-90	30-90	30-60	30-120
	Chicago	100-150	100-150	100-150	75-100
	Los Angeles	80-100	75-100	75-100	75-100

COCAINE: Annual Purity Data National Average (percent)				
Quantity	1993	1994	1995	1996
Kilogram	82	83	83	82
Ounce	70	74	65	67
Gram	63	63	61	61

Source: U.S. Department of Justice, Drug Enforcement Administration, *Illegal Price/Purity Report, United States: January 1993-December 1996*, June, 1997.

COCAINE: Quarterly Price Data
National Range
(dollars)

Quantity	Metropolitan Area	1st Quarter 1996	2nd Quarter 1996	3rd Quarter 1996	4th Quarter 1996
Kilogram	National Range	12,000 - 36,000	10,500 - 36,000	12,000 - 34,000	10,500 - 35,000
	Miami	14,000 - 24,000	17,000 - 25,000	17,000 - 25,000	14,000 - 19,000
	New York City	16,000 - 24,000	16,000 - 24,000	16,000 - 24,000	18,000 - 25,000
	Chicago	21,000 - 25,000	21,000 - 25,000	21,000 - 25,000	18,000 - 25,000
	Los Angeles	15,000 - 20,000	14,000 - 18,500	14,000 - 19,500	12,500 - 15,500
Ounce	National Range	250 - 2,000	400 - 1,760	550 - 1,800	400 - 2,000
	Miami	800 - 1,250	800 - 1,250	800 - 1,250	800 - 1,250
	New York City	600 - 1,200	800 - 1,200	600 - 1,200	600 - 1,200
	Chicago	900 - 1,100	900 - 1,100	900 - 1,100	900 - 1,100
	Los Angeles	800 - 1,200	800 - 1,200	900 - 1,100	900 - 1,100
Gram	National Range	20 - 200	20 - 150	20 - 150	20 - 200
	Miami	40 - 60	40 - 60	40 - 60	40 - 60
	New York City	30 - 60	30 - 60	60 - 120	60 - 120
	Chicago	75 - 100	75 - 100	75 - 100	75 - 100
	Los Angeles	75 - 100	75 - 100	75 - 100	75 - 100

COCAINE: Quarterly Purity Data
National Average
(percent)

Quantity	1st Quarter 1996	2nd Quarter 1996	3rd Quarter 1996	4th Quarter 1996
Kilogram	81	83	82	82
Ounce	64	66	67	69
Gram	57	58	61	70

Source: U.S. Department of Justice, Drug Enforcement Administration, *Illegal Price/Purity Report, United States: January 1993-December 1996*, June, 1997.

COCAINE: Quarterly Price Data
National Range
(dollars)

Quantity	Metropolitan Area	1st Quarter 1997	2nd Quarter 1997	3rd Quarter 1997	4th Quarter 1997
Kilogram	National Range	10,000 - 36,000			
	Miami	13,000 - 22,000			
	New York City	18,000 - 25,000			
	Chicago	21,000 - 25,000			
	Los Angeles	12,500 - 15,500			
Ounce	National Range	200 - 2,000			
	Miami	700 - 1,300			
	New York City	600 - 1,200			
	Chicago	900 - 1,100			
	Los Angeles	900 - 1,100			
Gram	National Range	20 - 200			
	Miami	40 - 60			
	New York City	60 - 120			
	Chicago	75 - 100			
	Los Angeles	75 - 100			

Source: U.S. Department of Justice, Drug Enforcement Administration. *Illegal Price Purity Report, United States: January 1993-December 1996*, June, 1997.

COCAINE

DEVELOPMENTS IN THE UNITED STATES

Availability, Price, and Purity

In the first half of 1996, cocaine hydrochloride (HCl), commonly referred to as cocaine, was readily available in all major U.S. metropolitan areas. Generally, the price of cocaine remained low and stable at all levels of the traffic. In the first 6 months of 1996, nationwide prices ranged from $10,500 to $36,000 per kilogram, unchanged from 1995 prices.

During the first half of 1996, ounce-quantity cocaine prices nationwide ranged from $250 to $2,000, while gram-quantity prices ranged from $20 to $200. In 1995, ounce and gram prices ranged from $300 to $2,200 and from $30 to $200, respectively.

Cocaine purity remained relatively high and stable. The purity of gram amounts of cocaine averaged 57 percent in the first half of 1996, compared to 61 percent in 1995. Purity per kilogram averaged 82 percent in the first half of 1996 and 83 percent in 1995. Purity per ounce averaged 69 percent in the first half of 1996, as opposed to 65 percent in 1995.

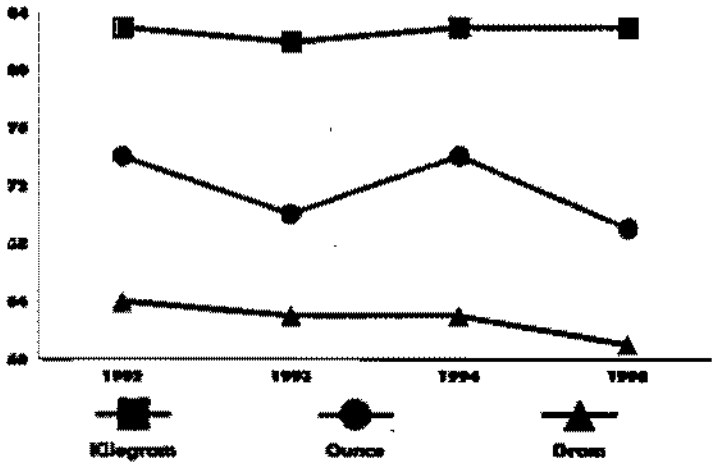
Abuse

The 1995 *National Household Survey on Drug Abuse** is the latest survey for which statistics on nationwide drug use are available. Results for 1995 show that, while cocaine use in the United States has declined over the past decade, the rate of use has stabilized at high levels. These rates are driven largely by "crack" cocaine use, which has reached the saturation point in large urban areas throughout the country.

In the survey, Americans who reported using cocaine sometime in the past year numbered 3.7 million in 1995, while past-month users numbered approximately 1.5 million. This compares with an estimated 3.9 million past-year users and 1.3 million past-month users in 1994. These numbers represent a significant decrease in the casual use of cocaine since the peak year of 1985, when past-year and past-month users numbered 9.8 million and 5.7 million, respectively.

According to the 1996 *Monitoring the Future Study*,* the use of cocaine in any form continued a gradual climb among 8th, 10th, and 12th graders, although most changes between 1995 and 1996 did not reach statistical significance. Crack cocaine use also continued to rise gradually among 8th and 10th graders, but not 12th graders. The annual prevalence rates for cocaine use in any form were 3 percent for 8th graders,

Cocaine Purity (National average)



Drug Use Among Youths

Percent of Youths Reporting...	8th Graders	9th Graders	10th Graders
Lifetime cocaine/crack use	4.5 / 2.9	6.5 / 3.3	7.1 / 3.3
Past-year cocaine/crack use	3.0 / 1.6	4.2 / 2.1	4.9 / 2.1
Past-month cocaine/crack use	1.3 / 0.8	1.7 / 0.8	2.0 / 1.0
Percent of Youths Who...			
Perceive harm in occasional cocaine/crack use	65.7 / 71.2	75.0 / 80.3	68.8 / 71.4
Disapprove of occasional cocaine/crack use	88.7 / 89.3	91.1 / 91.9	89.7 / 91.2

* The *National Household Survey* is a multistage, area probability sample of people, representative of the U.S. household population of ages 12 and over. Persons living on military installations, in nursing homes, dormitories, hospitals, jails and prisons, as well as homeless people are not included. The surveys are conducted by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health.

* The *Monitoring the Future Study* (formerly known as the *National High School Senior Survey*) is a program designed to determine the extent of drug use by the youth of our nation. It is sponsored by the Substance Abuse and Mental Health Services Administration and the University of Michigan's Institute for Social Research.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

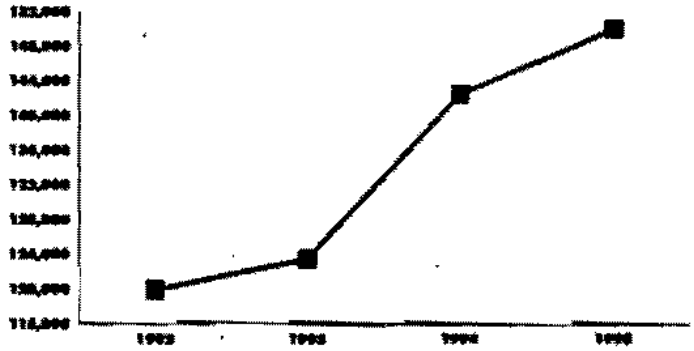
4 percent for 10th graders, and 5 percent for 12th graders, while the percentage for crack use was 2 percent for youngsters in all three grades. Survey results also showed that 8th, 10th, and 12th graders expressed less disapproval of cocaine or crack use in 1996 than in 1995.

Survey results as to the perceived harmfulness of drugs were mixed, with an equal or greater percentage of youths in each grade attaching "great risk" of harm in trying cocaine or crack once or twice, and a smaller percentage in each grade attaching "great risk" to the occasional use of cocaine and crack.

The survey data cited above measure trends in the prevalence of cocaine use. Another key drug abuse indicator, which measures the adverse consequences of drug use rather than prevalence, is the *Drug Abuse Warning Network* (DAWN).** DAWN shows that the estimated number of nationwide cocaine-related emergency room admissions, which had been increasing at a fairly constant rate since 1990, leveled off in the first half of 1995, and then decreased in the second half of 1995. It is too early to determine whether these 1995 figures signal a reversal of the previous trend, or whether they are simply an aberration. In any case, the 142,494 episodes reported in 1995 were significantly above the low of 80,355 episodes reported in 1990. DAWN data for 1996 are not yet available.

DAWN survey results for 1995 also contained evidence of an aging group of abusers. The percentage of cocaine-related episodes in which abusers' ages ranged between 20 and 29 was 28.7 percent, compared to 46.5 percent in 1989. The percentages of abusers aged from 30 to 39 and from 40 to 49 were 45.7 percent and 18.9 percent in 1995, compared to 36.5 percent and 8.3 percent in 1989. These data appear to lend credence to the theory, advanced by a number of drug epidemiologists and treatment specialists, that current high-episode numbers are an indication that many hard-core cocaine users now are experiencing the consequences of long-term addiction. As a result, an increasing number of users are seeking public medical assistance.

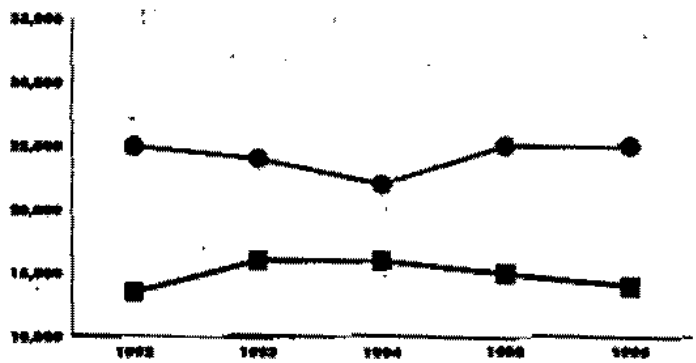
Cocaine-Related Emergency Room Episodes



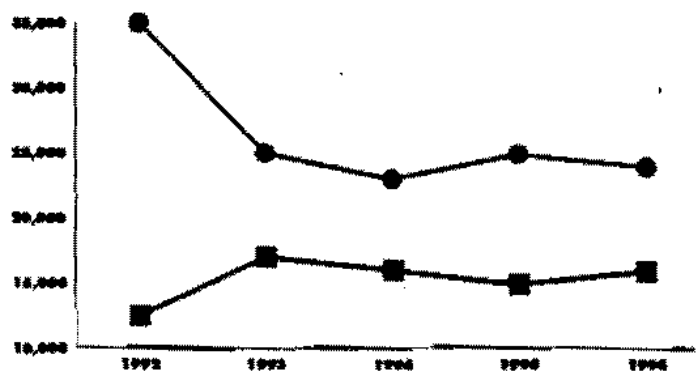
Source: Drug Abuse Warning Network

Cocaine Price Ranges (per kilogram)

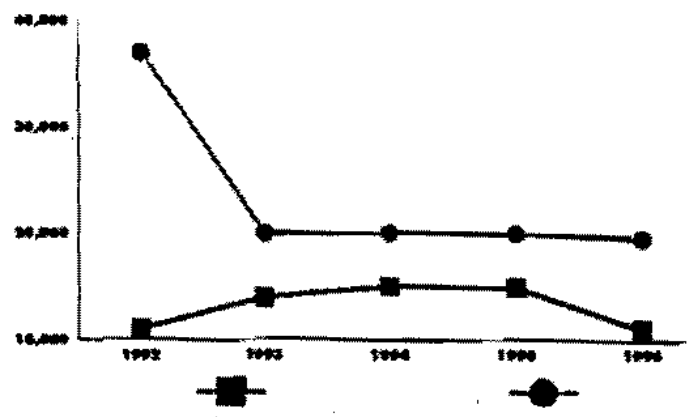
Miami



New York



Los Angeles



Source: Illegal Drug Price/Purity Report, DEA

**DAWN is a Federally funded program co-sponsored by the Drug Enforcement Administration (DEA) and the National Institute on Drug Abuse, but now managed by the Substance Abuse and Mental Health Services Administration. The program collects information on drug-related medical emergencies and deaths. This information is collected from participating hospital emergency rooms and medical examiner offices nationwide.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

INTERNATIONAL COCAINE TRADE

Colombia-based drug trafficking organizations continued to direct the cocaine trade. Of these, the two most powerful were referred to collectively as the Cali and the Medellin drug mafias. In 1996, the Cali drug mafia maintained primary control over cocaine trafficking to the United States, despite the incarceration of its most powerful kingpins. In Mexico, drug gangs continued to grow in power, sophistication, and reach. These gangs increased their involvement in domestic U.S. cocaine distribution as well.

The cocaine trade, however, continued to be rooted in South America, where the bulk of the cocaine available worldwide was produced. [Cocaine is produced from the coca plant, which is cultivated primarily in Bolivia, Colombia, and Peru.] In 1996, excluding hectarage lost to government eradication, farmers cultivated the coca plant on 209,700 hectares of land. Theoretically, the amount of land under cultivation was capable of producing approximately 303,600 metric tons of coca leaf. These data represent a slight decrease from 1995, when 214,800 hectares of cultivation potentially yielded approximately 309,400 metric tons of coca leaf. This coca leaf could have potentially produced 760 metric tons of cocaine HCl, commonly referred to as cocaine.

Most of the coca leaf was produced in Bolivia and Peru, while cocaine HCl processing laboratories were concentrated in Colombia. After harvesting the coca leaves, traffickers processed the leaves into a crude, impure form of cocaine—known as cocaine base—in facilities located near the cultivation sites. Traffickers transported the cocaine base to Colombia for final processing and subsequent shipment to international markets.

Traditionally, the transport of cocaine base to Colombia was accomplished by general aviation aircraft flying between clandestine airstrips located near processing facilities. However, in recent years, flight interdiction efforts by the Colombian and Peruvian air forces have forced traffickers to change their methods. As a result, traffickers have begun to rely increasingly on river and land transport to move shipments of cocaine base to staging sites in areas outside the traditional trafficker air routes, beyond the range of interdiction aircraft. In 1996, traffickers continued to avoid air routes and to favor river transport of cocaine base.

Trafficking Routes

Colombia is located in the northwest corner of South America, with coasts on both the Pacific Ocean and the Caribbean Sea. This location enables traffickers to smuggle cocaine to the United States by a variety of routes. Moreover, traffickers transported cocaine from South America from countries other than Colombia. Brazil, Ecuador, and Venezuela, in particular, also have become significant cocaine transit sites.

Traffic through Mexico

A large part of the cocaine traffic between South America and the United States was routed through Mexico by using a number of routes and methods.

Traffickers relied primarily on air and maritime transportation to move cocaine into Mexico from South America. Maritime activity included shipping cocaine from Colombia's western coast by bulk cargo ships or fishing vessels sailing from the Port of Buenaventura, following eastern Pacific routes to either Mexico or Central America.

High-speed "go-fast boats," freighters, and fishing vessels sailed from Colombia's North Coast; from the Ports of Cartagena or Barranquilla; from the Gulfs of Uraba or Morrosquillo; or from the Guajira Peninsula. Vessels with cocaine shipments to be transported through Mexico followed northwesterly routes into the western Caribbean, en route to locations off the coast of Mexico's Yucatan Peninsula, where the cocaine shipments would be off-loaded on shore, or transferred to Mexican vessels for delivery to shore.

General aviation aircraft were used to fly eastern Pacific routes to air-drop bales of cocaine into southern Mexico. In addition, general aviation aircraft flying from Colombia's North Coast landed and off-loaded in Mexico. Large cargo aircraft reportedly continued to deliver cocaine shipments to Mexico, although such flights were much less frequent than in 1995.

Traffic through the Caribbean

Cocaine was smuggled through the Caribbean by air and sea, often moved in the direction of Puerto Rico where it was repackaged and staged for direct shipment to major U.S. East Coast markets. Seaborne smuggling operations consisted primarily of go-fast boats that departed from Colombia's North Coast and Venezuela, typically carrying between 800- and 1,200-kilogram shipments of cocaine. Sailing and fishing vessels also were used, although to a more limited extent. These vessels departed the North Coast of Colombia, hugged the Venezuelan coast, and either proceeded directly to Puerto Rico, the Dominican Republic, or Haiti, or kept close to the coasts of the eastern Caribbean islands until they reached their final destinations. Traveling up the island chains allowed traffickers to blend with other vessel traffic, which minimized opportunities for detection. Vessels sometimes off-loaded to locally

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

built open fishing boats, known as *yolas*, positioned from 40 to 150 nautical miles off the coast of Puerto Rico and the Dominican Republic, or in the Leeward Islands. The *yolas* proceeded to Puerto Rico and off-loaded cocaine on Puerto Rico's east coast.

General aviation aircraft typically flew from airstrips in eastern Colombia's Vichada Department, overflying Venezuela on the way to delivery sites in the vicinity of the northern Lesser Antilles, the Virgin Islands, Puerto Rico, or the Dominican Republic. Other aircraft flying from Colombia's North Coast reportedly air-dropped waterproof bundles of cocaine in the vicinity of The Bahamas. Airdrops typically were made to waiting boat crews, who then delivered the cocaine to shore. From staging points in the Caribbean, smugglers then delivered the cocaine by sea to southern Florida.

Routes from South America to the United States

In addition to smuggling along routes to the United States that stretched through Mexico and the Caribbean, traffickers transshipped cocaine from South America to the United States using commercial maritime cargo vessels. While such shipments often arrived directly from Colombia in 1996, many loads also were transshipped through third countries—most often Haiti, Mexico, and Panama. Traffickers also used commercial maritime cargo to move cocaine from South America to European markets. In the first half of 1996, approximately 11 metric tons of cocaine were seized from commercial maritime vessels, with most seizures made in the Port of Miami. Most of this amount was concealed in containerized cargo shipments of coffee or furniture.

Traffickers also used commercial air cargo flights to smuggle cocaine directly to the United States; most often these air cargo shipments were off-loaded in Miami and New York. The largest of these shipments normally were concealed in cargo aboard legitimate commercial cargo flights, and usually arrived in the United States from Panama or directly from South America.

Trafficking Methods

Traffickers concealed multiton shipments of cocaine within commercial maritime cargo carried by legitimate shipping services from South America into the United States. In addition to concealing the shipments of cocaine within maritime cargo, traffickers frequently attempted to circumvent inspection by altering shipping documents at intermediate transshipment points, and by using counterfeit customs seals.

As in previous years, traffickers used a variety of concealment methods to ship cocaine within maritime cargo. In some instances, cocaine was secreted within container walls or floors, as was the case with over 660 kilograms of cocaine discovered in July in the floor of a container of plantains that arrived in Miami from Ecuador. Cocaine also was placed within boxes or bags commingled with legitimate cargo. In August, 2.7 metric tons of cocaine were found in 64 canvas bags placed in a 2-container shipment of coffee beans imported into Miami from Colombia. In other instances, cocaine was concealed within compartments in legitimate cargo. For example, in February, U.S. Customs Service (USCS) inspectors at Port Everglades, Florida, discovered 95 kilograms of cocaine concealed within three aluminum ingots. In September, customs inspectors at the Port of Galveston, Texas, discovered 1.1 metric tons of cocaine concealed in a large roller used in paper manufacturing en route from Cartagena, Colombia, to Houston, Texas.

Bulk cargo ships frequently were used to smuggle cocaine to staging sites in the western Caribbean-Gulf of Mexico area. These vessels typically were 150- to 250-foot coastal freighters that carried an average cocaine load of approximately 2.5 metric tons. The most common storage locations for cocaine were hidden compartments within fuel or ballast tanks. Modifications sometimes were made to the structure of the vessel, which made access to hidden compartments impossible without literally tearing the vessel apart. Additionally, compartments in some cases were mounted on the exterior of the ships; this was the case with a cargo vessel that arrived in July in Bridgeport, Connecticut, from Turbo, Colombia. USCS inspectors and the Connecticut State Police discovered a 5-foot sealed metal tube attached to the underside of the vessel; the tube contained 40 kilograms of cocaine.

Commercial fishing vessels also were used for smuggling operations. Fishing vessels were well-suited for mother ship operations because they typically had capacities for large shipments and were equipped with sophisticated navigation and communication instruments. Consequently, they did not require refitting that would indicate the vessels' roles in smuggling operations. Fishing vessels also were able to stay at sea for long periods and travel long distances. Additionally, fishing vessels were difficult to monitor and tight-knit fishing communities made infiltration by drug law enforcement authorities difficult. In addition to the above factors, fishing vessels were able to blend into the local surroundings. The use of fishing vessels for trafficking operations was demonstrated in October 1996, when Ecuadorian authorities at the Port of Esmeraldas seized nearly 7 metric tons of cocaine discovered aboard the fishing vessel *Don Celso*.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*. August, 1997

Noncommercial maritime vessels used by traffickers tended to be locally available vessels that could blend into the local surroundings. In areas with a high volume of recreational traffic, smugglers used the same types of boats as the local population, such as go-fast boats and *yolas*. Additionally, smugglers operated during weekends and at other times of peak boating activity to blend in with local traffic.

Smugglers also made attempts to avoid detection by operating at night without navigation lights. Smugglers received off-loads during at-sea transfers from mother ships that arrived from source countries, and then landed with the cocaine at marinas, isolated inlets, bays, bayous, beaches, or other areas that would hinder surveillance. Landing sites typically were located near major roads that connected to interstate highway systems, thus providing smugglers with easy access to escape routes.

There often was little effort made to conceal cocaine shipments transported by noncommercial maritime vessels, either because the cocaine had just been retrieved after airdrops and the boat crews had no opportunity to attempt concealment, or because the vessels simply were too small to provide much concealment.

Maritime craft known as low-profile vessels (LPVs) also were used to smuggle cocaine to Puerto Rico. LPVs are small, sleek vessels that ride low in the water and often have light gray camouflage paint schemes—all factors that make LPVs difficult to spot at sea at distances of over 1.5 nautical miles.

Aircraft were used to transport cocaine from South America both to staging sites in Mexico, Puerto Rico, elsewhere in the Caribbean, and, on occasion, directly to the United States. Aircraft used in flights to Mexico and the Caribbean most commonly were dual-engine, general aviation aircraft. Transportation directly from South America to the United States, on the other hand, was typically accomplished by airliner, with the cocaine concealed in either airfreight cargo or courier luggage. USCS inspectors at Miami International Airport uncovered a number of such shipment attempts in 1996. For example, in February, 91 kilograms of cocaine were discovered in four rolls of injection molding that arrived on a cargo flight from Medellin, Colombia. Also in February, 149 kilograms of cocaine were found in unclaimed luggage that arrived from Colombia. Less frequently, cocaine was concealed within the airliner by personnel with access to the aircraft. For example, in March, mechanics working on electronic components in a Boeing 757 at Miami International Airport discovered 30 kilograms of cocaine hidden behind overhead and side panels in the aircraft's cockpit.

Smuggling Into the United States

Cocaine shipments transported through Mexico or Central America generally were moved overland to staging sites in northern Mexico, although intelligence suggests a substantial amount of cocaine also was moved to the border area by aircraft. At these staging sites, the cocaine was broken down into smaller loads for smuggling across the U.S.-Mexican border.

The primary cocaine importation points within the United States were in Arizona, southern California, southern Florida, and Texas. Typically, land vehicles were driven across the Southwest border, and then either left in parking lots or driven directly to storage sites in the United States. One such storage site was discovered in December 1996, when a raid on a Tucson, Arizona, residence led to the seizure of over 5 metric tons of cocaine. Other storage sites uncovered during 1996 included a Houston residence where 1.4 metric tons of cocaine were seized in August; an El Paso residence where 884 kilograms were seized in September; and a Los Angeles storage business where 750 kilograms of cocaine were seized in November.

Colombian organizations relied on Mexican groups based in such locations as Guadalajara, Matamoros, Sinaloa, and Tijuana to convey their cocaine into the United States. Mexican trafficking groups have established themselves as land transportation specialists for smuggling drugs across the Southwest border. Frequently, these trafficking organizations were comprised of polydrug smugglers who transported marijuana, methamphetamine, and heroin in addition to cocaine. When operating on behalf of the Colombians, these Mexican groups maintained control of drug shipments until the cross-border movement was completed and delivery was made to Colombian drug mafia distribution cells operating in the United States. However, in 1996, with greater frequency, Mexican groups also transported cocaine obtained in payment for their services. Since the early 1990s, these groups based in Mexico often demanded upwards of 50 percent of the Colombian cocaine shipments as payment. In 1996, the Mexican traffickers purchased cocaine directly from the Colombians to transport to Mexican controlled distribution networks in the United States. (see textbox on page 6)

Typically, cross-border cocaine shipments were smuggled across the U.S.-Mexican border in concealed compartments within cars, trucks, and recreation vehicles, as well as hidden in legitimate tractor-trailer cargo. Using this method, traffickers were able to take advantage of the tremendous numbers of people and

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

Changing Dynamics of the U.S. Cocaine Trade

Over the past decade, Colombian drug organizations have allowed trafficking organizations operating from Mexico to play an increasing role in the U.S. cocaine trade. By the mid-1990s, these Mexico-based drug transportation groups were receiving up to 50 percent of the Colombian cocaine they moved as payment for a successful smuggling operation. The Cali leaders certainly realized that by relinquishing a portion of each cocaine shipment to their associates from Mexico they were also ceding a corresponding share of the U.S. wholesale cocaine market. Both sides realized, however, that this strategy eliminated the vulnerabilities and complex logistics associated with large cash transactions. As a result of this arrangement, traffickers operating from Mexico controlled an increasing proportion of wholesale cocaine distribution throughout the western and midwestern United States in 1996.

During the early 1990s, the subordinate role of Mexican drug transportation groups was highlighted by Operation FOXHUNT/ZORRO I, a combined drug law enforcement operation—comprised of officials from DEA, FBI, and other Federal, State, and local agencies—that identified Mexican transportation groups as "subcontractors" to Colombian wholesale distribution cells.

In May 1996, Federal, State, and local agents successfully completed a unique Organized Crime Drug Enforcement Task Force operation code-named ZORRO II. This investigation was part of the Southwest Border Initiative, one of the Department of Justice's priority drug law enforcement programs that targets criminal groups operating along the border by attacking their command and control infrastructures. ZORRO II targeted a cocaine smuggling and distribution group headed by Colombian nationals and a parallel organization operating from Mexico. Most importantly, the investigation revealed that this Mexican organized crime group increasingly was involved in distributing cocaine in the United States on a wholesale basis.

Colombian traffickers now control wholesale level cocaine distribution throughout the heavily-populated northeastern United States and along the eastern seaboard in cities such as Boston, Miami, Newark, New York City, and Philadelphia. However, Mexican traffickers control a substantial proportion of wholesale cocaine distribution throughout the western and midwestern United States. Distribution of multiton quantities of cocaine once dominated by the Cali drug groups is now controlled by trafficking groups based in Mexico but engaged in cocaine distribution in such U.S. cities as Chicago, Dallas, Denver, Houston, Los Angeles, Phoenix, San Diego, San Francisco, and Seattle.

In the early 1990s when the Mexican organized crime groups were expanding their role as cocaine transporters and wholesale level distributors, most of their U.S. based command and control operations were located in Southern California. In 1996, Chicago was the command and control center for their cocaine operations throughout the United States. Mexican cocaine traffickers in Chicago controlled the cocaine shipments from the time they were smuggled across the border until they were distributed to markets across the country.

Source: U.S. Department of Justice. Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*. August. 1997.

vehicles crossing the Southwest border.* These cocaine shipments typically consisted of 20- to 50- kilogram loads in concealed compartments, primarily under floors and in gas tanks of passenger cars, pickup trucks, and vans. Larger quantities, however, have been seized. In March, for example, 420 kilograms of cocaine were found in the rear seat area of a car crossing the U.S.-Mexican border at the Calexico, California, port of entry. Traffickers also moved cocaine across the borders in trucks, with the cocaine commingled with perishable items such as frozen fish or produce. In April 1996, USCS inspectors at the Colombia International Bridge, in Webb County, Texas, discovered over 1 metric ton of cocaine in the false ceiling of a tractor-trailer that entered the United States from Mexico through Laredo, Texas. And in an October case, USCS inspectors at the Mariposa Cargo Facility in Nogales, Arizona, discovered 437 kilograms of cocaine concealed within the walls of a tractor-trailer transporting a shipment of squash.

Cocaine also was carried across the U.S.-Mexican border by couriers known as "mules," who crossed into the United States either legally through Southwest border ports of entry, or illegally through undesignated points along the border. The mules typically carried small, kilogram quantities of cocaine, thus minimizing the loss in the event they were stopped and searched.

In order to avoid interdiction, traffickers monitored drug law enforcement activity along the U.S.-Mexican border using sophisticated surveillance and countersurveillance equipment, such as high-powered video recorders. Traffickers used radios with computer-controlled frequencies to make monitoring difficult. To escort cocaine shipments across the border, traffickers hired armed scouts, who increasingly have resorted to violence to evade U.S. border officials.

There was limited smuggling of cocaine into the United States by general aviation aircraft. The operation of ground radars and land-based aerostat radar systems along the U.S. Southwest border had made such operations rare. The threat of cross-border air smuggling was greatest in the Arizona and New Mexico area, where the terrain was conducive to attempts by pilots to evade radar detection. In 1996, several smuggling attempts by general aviation aircraft were detected. On July 23, authorities detected an apparent attempted airdrop near Iron Mountain, California. Mexican authorities reportedly seized 177 kilograms of cocaine after the aircraft abandoned the airdrop attempt and returned to Magdalena, Sonora, where it crashed on a highway. On August 6, U.S. authorities seized 200 kilograms of cocaine after airdrops near Desert Center, California. After making the drops, the aircraft was tracked to an area south of Punta Penasco, Sonora.

Puerto Rico remained a major transit point in the Caribbean for U.S. destined cocaine shipments. Also in 1996, increased seizures and intelligence reports pointed to a renewed interest by traffickers to smuggle cocaine into the United States through Florida. Seizures of cocaine from commercial and noncommercial vessels in Florida, intelligence reports on noncommercial vessels destined for Florida, and known movements going into The Bahamas suggested that increased quantities of cocaine were being transported by vessel to Florida. Increased drug law enforcement pressure on both sides of the U.S.-Mexican border may have prompted traffickers to diversify their trafficking routes to the United States.

Caribbean-routed cocaine shipments also were smuggled into the United States through the Gulf of Mexico. The proximity of the U.S. Gulf Coast to Mexico and Colombia, and the presence in the region of many undeveloped waterways, bayous, and inaccessible coastal areas made the region an attractive entry point into the United States. Cocaine was delivered to the region by go-fasts that typically off-loaded along the Caribbean side of Mexico's Yucatan Peninsula, in the areas of Bancos Chinchorro, Cancun, Isla Mujeres, and Cozumel. From these areas, shipments were transported by land, air, or maritime conveyances along various routes.

Rural U.S. Ranches Popular with Traffickers

In 1996, increased drug law enforcement activity in border cities and at ports of entry reportedly resulted in increased smuggling activity through privately owned ranches in isolated rural areas, such as in Eagle Pass, Texas. Reportedly, these ranches were popular with traffickers because of their remote locations, far from immigration checkpoints. In addition, the ranches usually had established trails that led to paved roads, where cocaine loads could be transferred to vehicles for overland transport. In response, Federal and State law enforcement agencies increased their presence in the Eagle Pass area and initiated 24-hour patrols.

* Each year, 232 million people, 84 million cars, and 2.8 million trucks cross the 2,000-mile U.S.-Mexican border at 38 ports of entry, manned by only 2,000 customs inspectors.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

Fishing vessels presented a substantial smuggling threat, while Mexican shark boats* were suspected of smuggling activity. In one incident that may have involved shark boats, on February 15, Federal and local authorities in Cameron County, Texas, converged on a beach at Andy Bowie Park, near South Padre Island, immediately after a ship-to-shore transfer of drugs by several boats. Authorities seized 336 kilograms of cocaine and 755 kilograms of marijuana, arrested three suspects, and confiscated two vehicles.

Intelligence indicated South American traffickers used commercial maritime cargo as their primary means to transship multiton loads of cocaine into the U.S. West Coast. The majority of the shipments originated from South American source countries and were transshipped through Central America and Mexico. Traffickers employed private maritime vessels to smuggle cocaine throughout the Pacific region.

On the U.S. Pacific coast, Southern California had the greatest likelihood of being exploited for noncommercial maritime smuggling, due to the large volume of pleasure craft activity in and around Los Angeles and San Diego, as well as the area's proximity to Mexico. The central California coast likewise posed a threat, due to both the large amount of pleasure craft activity into which traffickers can blend, and the many small bays, hidden coves, inlets, and remote beaches that served as delivery sites.

Distribution in the United States

Wholesale cocaine distribution within the United States continued to be controlled primarily by the Cali drug mafia, which had sophisticated and highly compartmentalized methods of operation and operational cells in many U.S. cities. Cell managers, operating independently of other cells, received their orders directly from Colombia. Colombian traffickers distributed multihundred- and multithousand-kilogram quantities of cocaine, primarily from Houston, Los Angeles, Miami, and New York City. The Cali drug mafia controlled most of the cocaine brought into New York City, shipping the drug from staging sites in California, Florida, and Texas. Cocaine supplied by smugglers operating from Mexico was temporarily stored at staging sites in the Southwest.

Proceeds from the sales of cocaine were collected from cities and towns all over the country and consolidated in several cities for collection and, increasingly, for direct transfer to Colombia. The primary collection points were located in Houston, Los Angeles, Miami, and New York City.

While Colombian criminals still dominated the U.S. wholesale market, groups from Mexico also played a role in cocaine distribution. As already noted, the Colombian drug mafias often employed transportation groups based in Mexico to smuggle cocaine through Mexico into the United States. Because the Colombians frequently paid these Mexican transportation organizations for their services with a percentage of the cocaine shipments, they have enabled the groups controlled from Mexico to become wholesale distributors of cocaine within the United States. (see textbox on page 6)

From the main distribution points, cocaine was transported to markets throughout the United States through the use of commercial and private vehicles, including trains, buses, airlines, and the postal service. U.S. drug law enforcement authorities frequently encountered smuggling operations that involved concealed compartments within vehicles, such as campers, recreational vehicles, trucks, and vans. Smuggling cocaine in concealed compartments was demonstrated by a number of seizures made across the United States in 1996. For example, in April, police in Memphis, Tennessee, seized 195 kilograms of cocaine that had been secreted in electronically controlled traps in the floor of a van en route from Dallas to New York City. And in February, Illinois State Police in LaSalle seized 126 kilograms of cocaine found in the floor of a motor home en route from Los Angeles to Staten Island, New York. In March, U.S. Border Patrol agents in Amarillo, Texas, discovered 122 kilograms of cocaine in the ceiling of a motor home en route from Austin, Texas, to Chicago. In other cases, attempts at concealment were either less elaborate or even nonexistent. In a February seizure made by police in Shelby County, Tennessee, over 240 kilograms of cocaine were found in luggage in the rear of a van being driven from Dallas to New York City. In Houston, 1.28 metric tons of cocaine were seized in January from a truck destined for New York City, and 845 kilograms were seized in August from a tractor-trailer en route to Chicago.

At the retail level, distribution was controlled by a variety of highly ethnocentric criminal groups. In major U.S. cities, organized groups of Cuban, Jamaican, and Mexican criminals, as well as African-American and Dominican gangs, dominated the retail market. The Crips, Bloods, and Dominican gangs, as well as Jamaican posses, were responsible primarily for widespread cocaine and crack cocaine-related violence. The migration of gang and posse members to smaller U.S. cities and rural areas resulted in increases in drug-

* Shark boats are open fishing vessels, approximately 25 feet in length, with fiberglass hulls and outboard engines of 150 horsepower or larger. Because of their speed and maneuverability, these boats often are able to evade U.S. Coast Guard (USCG) ships during interdiction operations.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

related homicides, armed robberies, and assaults in those areas.

DEVELOPMENTS IN NORTH AND CENTRAL AMERICA

In 1996, **Canada** continued to serve as both a destination and a transshipment point for cocaine. Canadian authorities preliminarily reported the seizure of over 1 metric ton of cocaine in 1996, compared to 1.5 metric tons in 1995. Cocaine was smuggled into the country by a variety of methods. Several substantial seizures were made from maritime vessels arriving from South America. For example, in June approximately 400 kilograms of cocaine were seized from a cargo consignment of cookware imported into Vancouver from Colombia. Other shipments arrived by air. This was the case with a number of airfreight shipments, such as the 52 kilograms of cocaine smuggled into Montreal's Mirabel International Airport from Barcelona, Spain, in February, and 62 kilograms of cocaine smuggled into Toronto International Airport from Trinidad in August. A more unusual airborne delivery occurred in September, when 510 kilograms of cocaine were air-dropped into a lake near Clova, Quebec, from a Cessna Caravan aircraft that had flown nonstop from Guajira, Colombia.

Canadian officials believed that at least 70 percent of the cocaine smuggled into Canada was destined for the United States. Smuggling to the United States through Canada was facilitated by the vast, remote land border between the two countries, as well as by the extensive waterways along the border. These geographic factors also made detection of cross-border smuggling difficult. By the same token, these geographic factors also enabled traffickers to smuggle cocaine from the United States into Canada. Several seizures in 1996 were indicative of this northward flow of cocaine. For example, in July, 400 kilograms of cocaine were seized from a container shipment of liquid soap imported into Toronto from Manta, Ecuador, by way of Philadelphia. Another shipment of 212 kilograms of cocaine was seized by USCS inspectors at the Port of Newark from a container shipment of coffee beans destined for Montreal. And in November, Arkansas State Police seized 175 kilograms of cocaine secreted in hidden compartments in a flatbed truck destined for Canada.

Mexico continued to be the primary transshipment point for cocaine destined for the United States. Mexican authorities seized 23.6 metric tons of cocaine in 1996, compared to 22 metric tons in 1995. The vast bulk of the cocaine smuggled through Mexico originated in Colombia.

Four major Mexico-based drug mafias controlled drug smuggling throughout Mexico and along the U.S.-Mexican border. The most powerful group is based in Ciudad Juarez, Chihuahua, and is headed by Amado Carrillo-Fuentes, the most important figure in Mexico's trafficking hierarchy.

The second most powerful group, headed by brothers Benjamin and Ramon Arellano-Felix, is based in Tijuana. For years, the Arellano-Felix brothers have eluded arrest, while a third brother, Francisco, remains in prison. The power and ruthlessness of the Arellano-Felix brothers were demonstrated vividly in 1996, when sources linked the organization to the assassination of a number of active or retired Tijuana drug law enforcement officials.

A third drug mafia, headed by Miguel Caro-Quintero and based in the northern State of Sonora, reportedly was associated closely with the Arellano-Felix organization. This polydrug organization was active in northwestern Mexico smuggling cocaine, marijuana, and heroin across the border into the United States. Cross-border smuggling activity also reportedly involved smuggling arms into Mexico from the United States.

Mexico's fourth major drug mafia, based on the Gulf of Mexico in Matamoros, Tamaulipas State, was headed until 1996 by Juan Garcia-Abrego. However, he was arrested in January 1996 by Mexican authorities in Nuevo Leon, and expelled to Houston, Texas. In Houston, Garcia-Abrego was tried and convicted on 22 counts of drug trafficking, money laundering, and operating a continuing criminal enterprise. He received a sentence of 11 consecutive life terms in prison and was fined $128 million. Garcia-Abrego's arrest and conviction, unfortunately, had little effect on cocaine trafficking into the United States, as elements of his organization remained intact. Moreover, any reduction in territory and influence suffered by the Garcia-Abrego organization was balanced by an increase in the power of the rival Carrillo-Fuentes organization.

In 1996, Colombian traffickers delivered cocaine to Mexico using a variety of methods. Smuggling by aircraft continued, although the use of cargo jet and passenger jet aircraft for multiton smuggling ventures reportedly was less common than in previous years. Seizures of cocaine shipments transported to Mexico by aircraft included the March seizures of 428 kilograms of cocaine delivered to Mexicali, Baja California Norte State, by a Cessna 210 aircraft, and of 700 kilograms delivered to Veracruz State by a Beechcraft Queen Air. In June, an even larger quantity was seized by authorities on Mexico's west coast. Authorities in that case seized approximately 1 metric ton of cocaine delivered to the Lake Chacahua area of Oaxaca State by a Beechcraft Super King Air. This seizure, in turn, was

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

overshadowed in November, when authorities in Trinidad, Sinaloa State, seized a Gulf Stream I aircraft and approximately 1.6 metric tons of cocaine.

Colombian traffickers also continued to use maritime vessels to smuggle cocaine into Mexico. For example, two seizures made during February at the Port of Altamira in Tamaulipas yielded over 1 metric ton of cocaine. In one of the seizures, authorities found 600 kilograms in the false bottom of a shipping container of bathroom fixtures that arrived from Buenaventura, Colombia. In the other case, over 400 kilograms were found in a container shipment of polypropylene fabric from Cartagena, Colombia. An even larger quantity of cocaine was seized in October, when authorities discovered 3.2 metric tons of cocaine in a container shipment of pipes imported into the Port of Salinas Cruz, Oaxaca, from Guayaquil, Ecuador.

While traffickers relied primarily on air and maritime transportation to move cocaine into Mexico from South America, they relied on land transportation to move cocaine from Central America into Mexico and from Mexico into the United States. A major route for cocaine traffic is the Pan-American Highway, which extends through Central America. Tractor-trailers were the preferred method of transport for large loads, while smaller vehicles with false compartments moved smaller quantities. Examples of significant seizures from land vehicles included the seizure in March of 658 kilograms of cocaine made at a checkpoint between Gomez Palacios, Durango, and Jimenez, Chihuahua. The cocaine was discovered in false ceilings in two tractor- trailers en route from Torreo, Coahuila, to Villa Aldama, Chihuahua. In April, authorities at a checkpoint between San Luis Rio Colorado, Sonora, and Mexicali, Baja California Norte, seized 818 kilograms of cocaine from a false ceiling in a tractor-trailer en route from Guadalajara, Jalisco, to Mexicali. Also in April, Federal police at a highway checkpoint in Chihuahua seized 568 kilograms of cocaine hidden in two truckloads of plantains en route from Tabasco to El Paso, Texas. The year's largest seizure from a land vehicle, however, took place in September, when authorities in Ciudad Victoria, Tamaulipas, discovered 3 metric tons of cocaine after stopping a truck en route from the port city of Tampico, in southern Tamaulipas, to the northern Tamaulipas city of Reynosa.

In another noteworthy drug law enforcement event, Mexican military authorities in December seized a cocaine HCl conversion laboratory discovered in the desert near Hermosillo, Sonora. The laboratory was a permanent structure, complete with stoves, plumbing, and bunks for 40 workers. Authorities believed that an abandoned ice factory served as a chemical storage facility for the laboratory. Authorities estimated 1.5 metric tons of cocaine already may have been produced at this laboratory, which was the most sophisticated cocaine production facility ever seized in Mexico. The laboratory appeared to represent a move by a Mexican trafficking organization to expand into the production phase of cocaine trafficking. A large-scale shift to cocaine production by Mexican traffickers, however, remains unlikely, given the friction such a move would cause between the Mexicans and the Colombian drug mafias that control most of the cocaine moved by the Mexicans.

Traffickers continued to transship cocaine through **Belize** by airdrop and maritime vessel for further transshipment to the United States, either directly or through Mexico, Jamaica, or the Cayman Islands. The country's 370-mile coastline, 100-plus unmonitored airstrips, and 2 deep-water ports made Belize particularly accessible to traffickers. The total quantity of cocaine seized in Belize in 1996 amounted to approximately 440 kilograms, a decrease from 840 kilograms seized in 1995. The 1995 figure, however, included one unusually large seizure of 636 kilograms of cocaine in January. The most significant seizure in Belize in 1996 took place in May in Cartagena when authorities found 364 kilograms of cocaine aboard a Cessna Crusader aircraft that had been tracked from Honduras, through Mexico, and into Belize. In addition, in January, 1.4 metric tons of cocaine were seized approximately 100 miles east of Ambergris Cay, Belize.

Costa Rica has a total of 800 miles of coastline on the Caribbean Sea and the Pacific Ocean, and, therefore, is accessible to pleasure boats and fishing vessels sailing from Colombia along both Caribbean and Pacific routes. Additionally, the country is easily accessible by land from Panama, another known transshipment nation, and by air with 200 unmonitored airstrips. These factors, combined with the country's proximity to Colombia, made Costa Rica a convenient staging point for traffickers operating out of Colombia. Cocaine seizures reflected this assessment since approximately 2 metric tons of cocaine were seized in 1996, a huge increase over 412 kilograms in 1995. In fact, the 1995 seizure total was surpassed in one November 1996 operation, when authorities in Limon seized 645 kilograms of cocaine being readied for transport to Miami and New York City in containerized shipments of agricultural products. In 1996, other significant seizures included the January seizure of 122 kilograms of cocaine on southern Costa Rica's Osa Peninsula, and the March seizure of 150 kilograms of cocaine at the Paso Canoas port of entry on the Costa Rican-Panamanian border.

In **El Salvador**, authorities seized 100 kilograms of cocaine in 1996, an increase from 75 kilograms in 1995.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*. August, 1997.

Traffic through El Salvador was facilitated by links between Salvadoran criminals and members of drug trafficking organizations in Colombia, Guatemala, Honduras, Mexico, Nicaragua, Panama, and the United States. Drug traffickers moved cocaine through El Salvador primarily by land and sea. Traffickers reportedly smuggled cocaine in commercial maritime cargo through the southern Port of Acajutla, which is connected by a highway system to three crossing points on the Salvadoran-Guatemalan border. Tractor-trailers were used mainly to smuggle cocaine into Guatemala for eventual delivery in Mexico. Traffickers also smuggled cocaine into El Salvador by aircraft, albeit to a lesser extent. Uncontrolled airstrips in the San Miguel and La Union Departments, near the Pan-American Highway, provided convenient transshipment points for traffickers smuggling by general aviation aircraft. Additionally, cocaine reportedly was air-dropped into waters off El Salvador's Pacific coast. Cocaine delivered in this manner was then transported northward by maritime vessels operating out of the small Salvadoran fishing port of La Libertad.

In **Guatemala**, trafficking organizations transported shipments of cocaine northward through Central America into Mexico. Traffickers received large cocaine deliveries by both air and sea, which they then broke down into smaller portions for overland movement. This movement usually was accomplished in tractor-trailers or in commercial maritime cargo. In 1996, authorities seized approximately 4 metric tons of cocaine, an increase from 1 metric ton in 1995. Of the 1996 amount, authorities seized 1.2 metric tons in August, after a delivery from a 30-foot fishing boat off the coast of Punta Manabique. An additional metric ton was seized in November from a tractor-trailer in Santa Lucia Cotzumalguapa, Escuintla Department. Other cocaine seizures included 340 kilograms in February from several pickup trucks stopped at the Guatemalan-Mexican border, and 362 kilograms in December from a tractor-trailer stopped at the Pedro de Alvarado port of entry on the Guatemalan-Salvadoran border.

Significant seizures in Guatemala also were made from aircraft. In July, for example, a helicopter-borne drug law enforcement team followed a Cessna Centurion to an airstrip in Aldea Guacamaya, Department of Izabal, and seized 359 kilograms of cocaine delivered by the aircraft. And in October, authorities raided a remote airstrip and seized 1 metric ton of cocaine. Legitimate air cargo services also were used for cocaine transshipment, as demonstrated by the October seizure by authorities at Guatemala City's La Aurora International Airport of 274 kilograms of cocaine from a consignment of handcrafted handbags destined for Miami.

Honduras lies midway between Colombia and the United States. Because of the country's long Caribbean coastline and offshore islands, traffickers took advantage of difficulties in detecting and interdicting maritime smuggling. Honduran and Colombian drug trafficking organizations primarily used maritime vessels to transport cocaine along the Honduran north coast. The Honduran Bay Islands served as a transit site where cocaine was concealed in legitimate cargo such as seafood and then shipped to the United States. Occasionally, cocaine reportedly was picked up in fishing vessels in Nicaraguan and southern Honduran waters, and then moved to Jamaica by way of the Bay Islands. From Jamaica, cocaine was transported to The Bahamas or directly to the United States. The use of Honduran waters for cocaine smuggling was demonstrated in January, when the U.S. Coast Gurad (USCG) seized 1.4 metric tons of cocaine jettisoned by a go-fast boat approximately 20 miles northwest of Santanilla, Honduras.

In addition to serving as a staging point for maritime smuggling, Honduras also served as a transit point for cocaine shipments being transported by land northward along the Pan-American Highway. This was illustrated in 1996 with the seizure of three cocaine shipments from tractor-trailers at the El Guasaule, Choluteca Department, a port of entry on the Honduran-Nicaraguan border. These seizures included 225 kilograms of cocaine en route from Panama to Mexico, 684 kilograms en route from Costa Rica to Guatemala, and 307 kilograms en route from Costa Rica to Mexico. In total, approximately 3.3 metric tons of cocaine were seized in Honduras in 1996, a dramatic increase from 400 kilograms in 1995.

Nicaragua continued to play an important role in cocaine trafficking to the United States, largely due to its location near traditional air and sea smuggling routes. Drug traffickers shipped cocaine from Colombia's San Andres Island to Nicaragua's Corn Island and Cayos Miskitos Islands, as well as the Port of Bluefields and Puerto Cabezas. From these points, traffickers were able to reach Florida by go-fast boats in as little as 6 hours. Cocaine shipments also were transported overland, along roads stretching from Puerto Cabezas to the Mosquitia region of Honduras, as well as along the Pan-American Highway. In 1996, 560 kilograms of cocaine were seized in Nicaragua. This was down from 1.5 metric tons in 1995, but of the 1995 amount, 1.4 metric tons were seized during one operation. In addition to seizures by Nicaraguan authorities, the U.S. Navy in November 1996 recovered 14 bales containing 400 kilograms of cocaine in international waters off the Nicaraguan coast. The cocaine had been jettisoned by the crew of a go-fast boat destined for Nicaragua, after the crew became aware of U.S. air surveillance; another 10 bales

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

jettisoned by the crew while they were under surveillance were not recovered.

Panama is a key transit country for cocaine destined for the United States. A substantial quantity of the cocaine smuggled to the United States by commercial maritime cargo reportedly passes through Panama's Colon Free Zone (CFZ)—the largest free trade zone in the Americas.

In a cocaine smuggling operation, traffickers transported cocaine to Panama from Colombia primarily by maritime vessel. The cocaine then was stored at stash sites, normally in the CFZ, before being loaded into maritime commercial cargo vessels or commercial and noncommercial land vehicles destined for the United States.

In 1996, a total of 7.8 metric tons of cocaine were seized in Panama. This figure, however, was inflated by the August seizure of 2.4 metric tons of cocaine from the fishing vessel *Oyster*, which was escorted to Rodman Naval Base in the Panama Canal Zone specifically for inspection purposes. The *Oyster* reportedly was en route from Colombia to Mexico when it was intercepted off the Colombian coast, and probably would not have transited Panama but for its interception. Among other significant seizures, police in September discovered over 1 metric ton of cocaine in two vehicles following a car chase and a brief gun battle. The chase began when the vehicles ran a roadblock near the Port of Samba Bonita, Colon. In addition, 417 kilograms of cocaine were seized by police in Colon in June, and 539 kilograms were seized by authorities in Distrito de Baru, Chiriqui, in July.

Several other significant enforcement events also took place in Panama in 1996. In April, for example, police in Panama City arrested Colombian cocaine trafficker Jose Castrillon-Henao. Castrillon's trafficking organization has been linked to two cocaine seizures off the coast of Panama—12 metric tons from the *Nataly I* in July 1995 and 2.5 metric tons from the catamaran *Michael Angelo* in October 1995. Also in April 1996, the Panamanian Government extradited Colombian national Fernando Hernandez-Arias to the United States. Hernandez had been indicted in the Federal District of New Jersey on charges of drug trafficking, money laundering, and income tax fraud.

Although the country is not considered a major coca producer, coca is cultivated in Panama to a limited extent. In February 1996, Panama's National Air Service completed a successful aerial coca eradication effort in an area of Darien Province, near the Colombian border, destroying approximately 125 hectares of coca plants.

DEVELOPMENTS IN THE CARIBBEAN

The Bahamas are made up of 700 islands and over 2,000 islets that occupy 100,000 square miles of ocean in the Atlantic. The island chain, which lies as close as 52 miles from Miami and which stretches as far south as Haiti, is a favorite staging ground for drug smugglers. Aircraft fly from South America and Jamaica to The Bahamas, where they make airdrops or land to make deliveries. Maritime vessels also smuggle cocaine from Jamaica to The Bahamas. Drugs that arrive in The Bahamas are then moved to Florida or to States on the Atlantic coast, typically by noncommercial maritime means. In 1996, 410 kilograms of cocaine were seized in The Bahamas, an increase over the 391 kilograms seized in 1995. This increase was due in large part to a single July seizure of cocaine by authorities in Matthewtown, Great Inagua initially thought to be as large as 1 metric ton. The cocaine was discovered aboard a go-fast boat that ran aground after developing engine trouble. The cocaine reportedly had been air-dropped off the coast of Jamaica and retrieved by the boat's crew.

Drug law enforcement authorities from The Bahamas, the Turks and Caicos Islands, and the United States continued their successful 14-year operation conducting joint patrols in Bahamian and surrounding waters. The operation is known by the acronym OPBAT (Operation BAHAMAS AND TURKS and CAICOS ISLANDS). OPBAT enforcement teams include Bahamian officers, who provide local enforcement authority, and U.S. Army and USCG personnel who provide helicopter support for the teams. Additionally, U.S.-Bahamian agreements allow U.S. authorities to engage in patrols in and near Bahamian waters and to exercise jurisdiction over non-Bahamian vessels. Royal Bahamas Defence Force officers are assigned to a number of USCG cutters in order to better coordinate drug interdiction operations. Since its inception, OPBAT activity has resulted in the seizure of 59 metric tons of cocaine and 318 metric tons of marijuana and the confiscation of aircraft, vehicles, and vessels valued in excess of $32 million.* Additionally, approximately 1,000 drug traffickers have been arrested, nearly one-third of whom were considered major violators.

OPBAT successes had contributed to a shifting of trafficker smuggling methods from aircraft delivery to a less detectable method—maritime smuggling. In 1996, however, traffickers continued to transport cocaine to the region by aircraft, and then airdrop to waiting go-fast boats for delivery to Florida. Aircraft landing and unloading in The Bahamas, however, remain rare. The only trafficker aircraft that continued to land in The Bahamas were flights originating from Jamaica. Air

* Unless otherwise indicated, all monies are expressed in U.S. dollars.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

traffic between Jamaica and The Bahamas was more difficult to detect because of the proximity of the islands and the ability of low-flying aircraft to avoid radar.

Cocaine shipments transited **Cuba's** airspace and territorial waters en route to the United States. Traffickers reportedly sought to avoid law enforcement presence in The Bahamas by crossing Cuba's airspace, using international air corridors to avoid detection. In addition, traffickers transited Cuban territorial waters in the course of maritime smuggling operations. Available information indicates that Cuban authorities seized a total of 6.3 metric tons of cocaine in 1996. [Although full-year data for 1995 are not available, it has been reported that Cuban authorities seized only 155 kilograms of cocaine in the first 8 months of 1995.]

The most significant seizure of 1996 in Cuba occurred on October 1, when the USCG intercepted and boarded the M/V *Limerick*, which had been en route from Barranquilla, Colombia, to Freeport, The Bahamas. The ultimate destination for the cocaine appears to have been Miami. The USCG seized 6.2 metric tons of cocaine, discovered in hidden compartments aboard the *Limerick*, which had to be evacuated after taking on water. The ship eventually drifted into Cuban waters, preventing further U.S. action. The Cuban Coast Guard, however, towed the vessel into Santiago de Cuba Harbor, where it was refloated and searched. In December, Cuban officials transferred the seized cocaine to U.S. authorities in order to facilitate the prosecution of the *Limerick*'s crew members. Other significant seizures included the confiscation in February of 360 kilograms discovered aboard a go-fast boat en route from Colombia to Haiti, and another February seizure of 180 kilograms discovered aboard the freighter *Spiritus*, which ostensibly was transporting a shipment of cement mix from Colombia to Haiti.

The **Dominican Republic** continued to be a transshipment area for cocaine. A number of favorable factors contribute to the nation's popularity with cocaine traffickers. First, it lies 61 nautical miles from Puerto Rico, making smuggling by fishing boat to Puerto Rico fairly simple. Second, it shares a long and sometimes desolate border with Haiti. Third, the country's long coastline and dense thickets of mangroves are ideal areas for airdrops and noncommercial smuggling from Colombia and Venezuela.

In 1996, Dominican authorities seized a total of 1.2 metric tons of cocaine, compared to 3.6 metric tons in 1995. Authorities interdicted shipments transported by sea and air, by both commercial and noncommercial methods. Examples of maritime cocaine shipments included 100 kilograms seized in June from a maritime containerized cargo shipment of marble tiles imported into the Port of Haina, and 630 kilograms seized near Monte Rio Beach, City of Azua, in August, after off-loading from a 32-foot go-fast boat that sailed from La Viguay, Colombia. In addition, approximately 560 kilograms of cocaine were seized in February from a container shipment of avocados that arrived in Newark, New Jersey, from the Dominican Republic.

Examples of shipments delivered by air included 270 kilograms of cocaine seized south of Isla Catalina in February after an airdrop off the Dominican coast from an aircraft flying out of Colombia, and 23 0 kilograms discovered in December in two airplane engines shipped by air freight to Santo Domingo.

Despite USCG patrols off the northern coast of **Haiti**, maritime shipments of cocaine continued to reach Haiti's shores in 1996. Seizures in 1996 totaled 1.4 metric tons. Drug traffickers exploited Haiti's numerous uncontrolled airstrips, an unguarded coastline, and a remote interior. In addition, widespread corruption in Haiti continued to be a problem in 1996.

Cargo ships, fishing vessels, and go-fast boats sailing from Colombia reportedly delivered cocaine shipments to Haitian fishing and sailing vessels off the Haitian coast; these vessels then delivered the cocaine to Haiti. Once smuggled into the country, cocaine destined for transshipment to the United States by maritime vessel typically was transported overland to one of three ports: Gonaives, Miragoane, or Port-de-Paix. From these ports, small Haitian cargo ships transported the cocaine to Miami, or to transshipment locations in the northern Bahamas. A number of seizures from cargo ships departing Haitian ports took place in 1996. For example, in August, U.S. and Haitian Coast Guard personnel seized 348 kilograms of cocaine discovered in a forward compartment of the M/V *Nuola Express* after the ship's arrival in Port-au-Prince from Colon, Panama. An even larger seizure took place in September, when a U.S.-Haitian Coast Guard team at the Port of St. Marc discovered 585 kilograms of cocaine aboard the M/V *Caribo*. The *Caribo*, which had sailed from Coco Solo, Panama, was intercepted by the USCG Cutter *Northland* and escorted to St. Marc. Meanwhile, in Miami, USCS inspectors seized 48 kilograms from the cargo ship *Tortue Express*, which arrived in March from Port-de-Paix, and another 21 kilograms from the cargo ship *Andre Paul*, which arrived in August from Miragone.

Traffickers also smuggled cocaine both into and out of Haiti by airline courier, with seizures of 45 and 80 kilograms made in March and June from couriers scheduled to board flights to Miami and New York City,

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

respectively. General aviation aircraft reportedly also were used to smuggle cocaine into Haiti, with traffickers either air-dropping cocaine off the coast, or landing and unloading at clandestine airstrips along the northern shore of Haiti's southern peninsula.

Jamaica was a transshipment area for both maritime and air shipments of cocaine. This likely was due to the country's long coastline, its position near international sailing routes, and its thinly stretched security forces. Go-fast boats posed a significant trafficking threat, given their ability to make the journey between Colombia and Jamaica in less than 12 hours. Additionally, aircraft based on Jamaica were used to pick up and deliver cocaine. Airdrops usually were made to boats off the southwest coast in the Pedro Banks area, off the southeast coast to the Morant Cays, and off the northeast coast. Aircraft flying from Jamaica, meanwhile, reportedly were used to transport cocaine to The Bahamas. In 1996, Jamaican authorities seized 236 kilograms of cocaine, compared to 571 kilograms seized in 1995.

Puerto Rico remained the primary eastern Caribbean destination for multiton cocaine shipments. Both Puerto Rico and the **U.S. Virgin Islands** were attractive staging points, given the fact that domestic commercial cargo shipments between these U.S. territories and the continental United States ordinarily are not subject to USCS inspection. Accordingly, most of the cocaine smuggled from these islands to the United States probably was concealed in commercial maritime or air cargo. Several seizures in 1996 supported this theory. In February, for example, USCS and New Jersey National Guard personnel in Newark, New Jersey, discovered 470 kilograms of cocaine in a container shipment of detergent that had arrived from Puerto Rico. Also in February, DEA and USCS agents in Philadelphia seized 227 kilograms of cocaine discovered in a containerized shipment of plumbing supplies imported from Colombia by way of Puerto Rico. And in December, DEA special agents in Hialeah, Florida, seized approximately 840 kilograms of cocaine that had been imported into Miami from Venezuela, again by way of Puerto Rico.

In addition to cocaine shipments that transited Puerto Rico in containerized cargo, a significant amount of cocaine was smuggled into Puerto Rico by other methods, for later shipment to the United States. Airdrops by general aviation aircraft originating in Colombia or Venezuela to waiting go-fast boats commonly occurred in waters off the eastern and southern coasts of Puerto Rico and in the area of the U.S. Virgin Islands. In March 1996, for example, USCG personnel, responding to a reported airdrop 120 miles southeast of Point Tuna, Maunabo, intercepted a 25-foot sport fisher and found over 400 kilograms of cocaine aboard. The cocaine had been dropped from a twin-engine aircraft flying from Venezuela. Airdrops also have been made over land to Puerto Rico. In one July case, authorities seized nearly 300 kilograms of cocaine air-dropped from an aircraft flying out of Colombia to waiting vehicles near Santa Isabel. Additionally, Puerto Rico and the U.S. Virgin Islands were destinations for cocaine air-dropped elsewhere in the eastern Caribbean—primarily in the Sabra Bank area **(St. Martin, St. Kitts, and Sabra)**, and near **Anguilla and Antigua.** From these drop zones, cocaine was transported to Puerto Rico or the U.S. Virgin Islands by go-fast boats.

In some cases, cocaine was delivered to Puerto Rico after first being smuggled into the Dominican Republic. In such cases, Dominican traffickers used *yolas* to make quick runs across the 90 nautical miles between the Dominican Republic and Puerto Rico. In October, USCS personnel made two cocaine seizures, each of which amounted to approximately 1 metric ton, from *yolas* intercepted off the Puerto Rican coast. Go-fast boats frequently also were used to smuggle cocaine into Puerto Rico. The potential size of such shipments was demonstrated in December, when USCG, USCS, and DEA personnel seized 1.3 metric tons of cocaine after intercepting a 37-foot go-fast boat 2 nautical miles south of Salinas. The craft reportedly had departed from Santa Marta, Colombia, several days earlier. In another incident, Puerto Rican authorities in July seized over 1 metric ton of cocaine apparently jettisoned by a go-fast boat in waters off Palominos Island, Fajardo. In general, noncommercial maritime smuggling is a frequently used means of transporting cocaine to Puerto Rico. According to one estimate, approximately half of the cocaine moved through the eastern Caribbean by noncommercial maritime vessels may be smuggled directly through Puerto Rico.

Elsewhere in the Caribbean, cocaine traffickers continued to operate in the Lesser Antilles region, in waters near **Antigua and Barbuda, Barbados, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Martin, St. Vincent and the Grenadines, and Trinidad and Tobago.** This area in general was used as a staging site for airdrops and small vessel smuggling. Maritime vessels sailing from Colombia or Venezuela transited the area en route to Puerto Rico, while aircraft flying out of Colombia or Venezuela air-dropped cocaine to waiting maritime vessels that then transported the cocaine to Puerto Rico. Examples of such smuggling operations included the January seizures of 400 kilograms of cocaine air-dropped 25 miles east of St. Kitts and 300 kilograms air-dropped off the coast of St. Martin.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

Fishing vessels, pleasure craft, and commercial maritime cargo vessels also posed a smuggling threat. Fishing vessels and pleasure craft transported most of the cocaine that was smuggled into **Aruba** and the **Netherlands Antilles**, while commercial cargo vessels carried most of the cocaine smuggled out of these countries. On the island of Saint Martin, which consists of French **St. Martin** and Dutch **Sint Maarten**, smuggling by commercial maritime cargo vessels also posed a threat, due largely to the island's free port status. However, airdrops and smuggling by go-fast boats posed greater dangers. The large number of tourists who visited Saint Martin on Caribbean cruises, meanwhile, made smuggling by cruise vessel another concern. Smuggling by couriers on commercial airlines was also a problem, primarily in the movement of cocaine from Saint Martin to the United States. Smuggling by commercial maritime cargo and commercial airlines likewise were problems in **Aruba, Bonaire, and Curacao**. This was illustrated in November 1996, when authorities at Curacao International Airport seized 260 kilograms of cocaine discovered in coolers checked as luggage by 12 Haitian nationals en route to Miami through Port-au-Prince, Haiti.

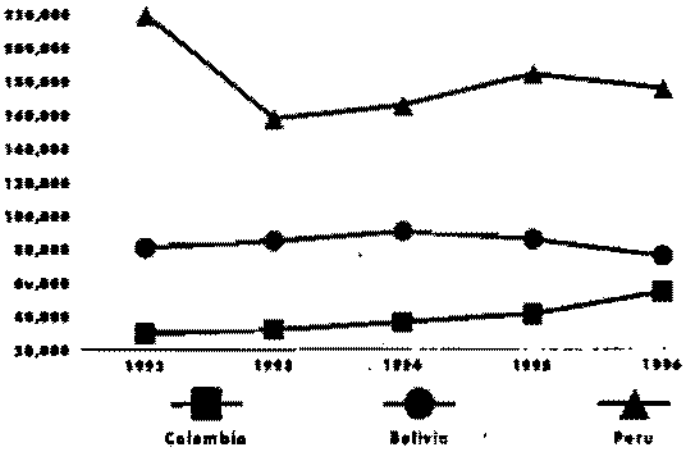
DEVELOPMENTS IN SOURCE COUNTRIES

Official U.S. Government estimates determined that maximum potential worldwide cocaine production in 1996 amounted to 760 metric tons, compared to 780 metric tons in 1995. Actual worldwide cocaine production in 1996, based on data obtained under the auspices of Operation BREAKTHROUGH, was placed at 700 metric tons after deducting the estimates for coca produced for legal uses.*

According to the Federal-wide Drug Seizure System, U.S. Federal authorities seized 108.1 metric tons in Fiscal Year 1996, compared to 102.4 metric tons in Fiscal Year 1995.

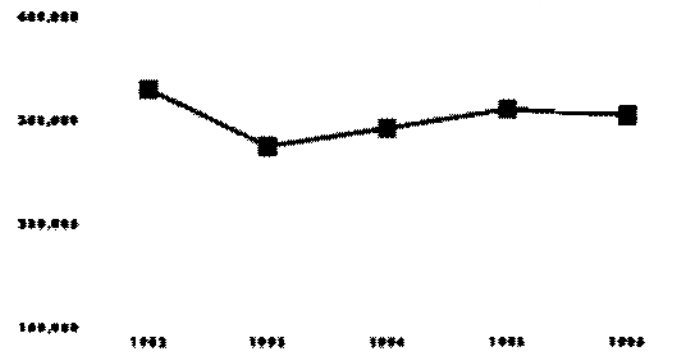
Bolivia

World Coca Leaf Production by Country (metric tons)



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

Potential Andean Coca Leaf Production (metric tons)



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

Cultivation: In 1996, Bolivia produced the world's second largest crop of coca leaf. In Bolivia, coca plants, cultivated on over 48,100 hectares of land, had the potential to yield 75,100 metric tons of coca leaf. By contrast, in 1995, 48,600 hectares of cultivation potentially yielded 85,000 metric tons of coca leaf.

Coca-growing areas were in the Yungas de La Paz, the Apolo, and the Chapare regions.

Yungas cultivation primarily served licit coca markets, as did the dwindling cultivation in the Apolo region. [In Bolivia, where chewing coca leaves and brewing coca leaf tea are accepted practices, coca cultivation is permitted in specified areas.] In the Chapare area, however, coca cultivation was dedicated almost exclusively to illicit cocaine production.

In 1996, the Bolivian Government eradicated 7,500 hectares of illicit coca crops, an increase from 5,493 hectares in 1995. Unfortunately, because coca growers

* Operation BREAKTHROUGH is a comprehensive coca cultivation and cocaine base processing research project. This initiative seeks to establish reliable estimates of Andean Ridge coca crop yields and leaf alkaloid content, and to measure the efficiencies of cocaine processing methodologies and laboratory analyses. It provides sufficiently detailed information to estimate source countries' cocaine production from the amount of coca cultivation. BREAKTHROUGH estimates attempt to account for wastage and for coca produced for legal use. Total potential production estimates assume that 100 percent of coca cultivation is used for illicit production.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

Estimated Worldwide Potential Cocaine Production Totals

	1996	1993
PERU		
Cocaine HCl Available	435	410
Coca Leaf Production	174,700	157,600
Estimated Net Cultivation	94,400	108,800
BOLIVIA		
Cocaine HCl Available	215	240
Coca Leaf Production	75,100	84,400
Estimated Net Cultivation	48,100	47,200
COLOMBIA		
Cocaine HCl Available	110	65
Coca Leaf Production	53,800	31,700
Estimated Net Cultivation	67,200	39,700
Total Cocaine HCl Available (mt.)	760	715
Total Coca Leaf Production (mt.)	303,600	273,700
Total Net Coca Cultivation (ha.)	209,700	195,700

	1995	1992
PERU		
Cocaine HCl Available	460	550
Coca Leaf Production	183,600	219,200
Estimated Net Cultivation	115,300	129,100
BOLIVIA		
Cocaine HCl Available	240	225
Coca Leaf Production	85,000	80,300
Estimated Net Cultivation	48,600	45,500
COLOMBIA		
Cocaine HCl Available	80	60
Coca Leaf Production	40,800	29,600
Estimated Net Cultivation	50,900	37,100
Total Cocaine HCl Available (mt.)	780	835
Total Coca Leaf Production (mt.)	309,400	329,100
Total Net Coca Cultivation (ha.)	214,800	211,700

	1994	1991
PERU		
Cocaine HCl Available	435	525
Coca Leaf Production	165,400	209,700
Estimated Net Cultivation	108,600	120,800
BOLIVIA		
Cocaine HCl Available	255	220
Coca Leaf Production	89,800	78,000
Estimated Net Cultivation	48,100	47,900
COLOMBIA		
Cocaine HCl Available	70	60
Coca Leaf Production	36,000	30,000
Estimated Net Cultivation	45,000	37,500
Total Cocaine HCl Available (mt.)	760	805
Total Coca Leaf Production (mt.)	291,200	317,700
Total Net Coca Cultivation (ha.)	201,700	206,200

Source: Official U.S. Government estimates

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

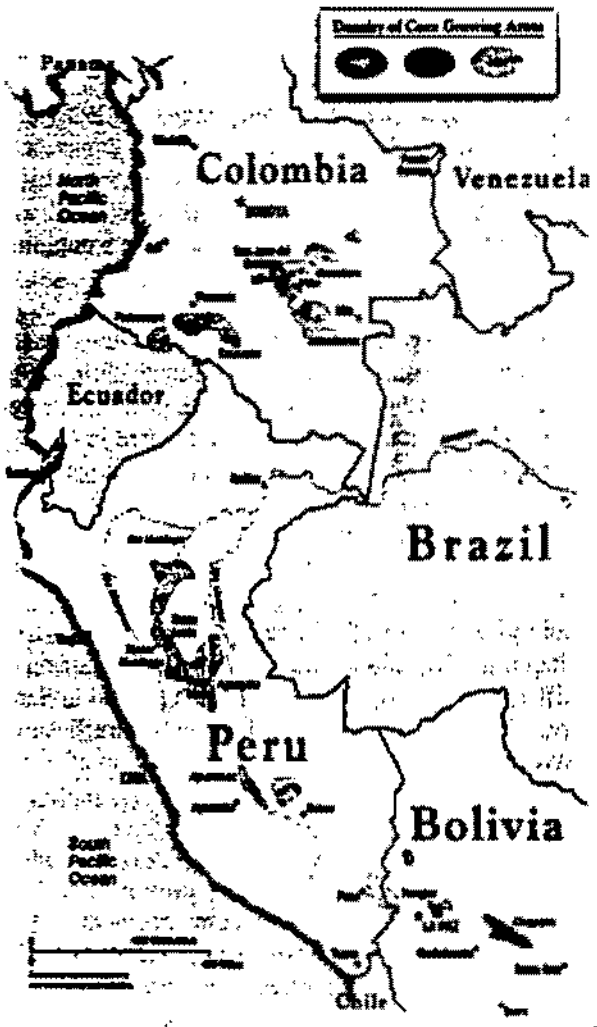
planted 7,000 hectares of new coca crops, the net reduction in cultivation was modest. Recognizing the threat posed by new cultivation to achieving any substantial reduction in the total coca crop, the Bolivian Government in late 1996 took aggressive steps to locate and destroy new crops and waged a publicity campaign warning that planters of new crops would be prosecuted.

Processing: In 1996, coca leaf production in Bolivia accounted for a potential 215 metric tons of cocaine HCl, a decrease from 240 metric tons in 1995. [DEA estimated actual production at 172 metric tons in 1996 and 198 metric tons in 1995.]

Essential chemicals used in the production of cocaine base and cocaine HCl were smuggled across Bolivia's borders with Argentina, Brazil, Chile, and Paraguay, mostly by road, railroad, and river networks, but occasionally by air. Additionally, precursor and essential chemicals were imported into Bolivia legally, and then diverted to cocaine processing operations. In 1996, Bolivian authorities, working with their Chilean counterparts, took strides toward stemming the flow of chemicals when they dismantled two organizations allegedly responsible for 80 percent of the essential chemicals smuggled into Bolivia from Chile. Other operations yielded significant chemical seizures including the February seizure in Choquecota, Oruro Department, of 3.2 metric tons of acetone, the August seizure in Santa Cruz Department of 18 metric tons of liquid ammonia, the September seizure in Cochabamba of 5 metric tons of sulfuric acid, and the October seizure in the Chapare of 3.4 metric tons of acetone. These measures forced producers to conserve chemicals and research recycling techniques. The price of chemicals in Bolivia also skyrocketed

Historically, cocaine processing in Bolivia did not proceed beyond the production of cocaine base. In the past, cocaine base would be shipped from Bolivia to Colombia, where processing into cocaine HCl would take place, and where arrangements would be made for movement of the cocaine into the international market.

In recent years, however, an increasing quantity of cocaine has been produced in and distributed from Bolivia, as the involvement of Colombian traffickers in Bolivia has decreased, leaving the production of both cocaine base and cocaine HCl primarily in the hands of Bolivians. This has been corroborated by seizure statistics, which have indicated that the previous ratio of coca product seizures consisting of 90 percent cocaine base and 10 percent cocaine has shifted to a ratio of approximately 70 percent cocaine base and 30 percent cocaine. In addition, this shift has been evidenced by intelligence indicating that some cocaine



Coca Growing Areas

base is being shipped from Peru to Bolivia, rather than to Colombia, for processing. This fact has been substantiated by large-scale seizures of essential chemicals that are used in cocaine processing, and by an increasing number of confiscated cocaine conversion laboratories in Bolivia. In June, for example, federal authorities in Buena Vista seized an active cocaine HCl laboratory, along with 480 kilograms of cocaine and 1.1 metric tons of essential chemicals. Additionally, reports indicated that Bolivian trafficking organizations have established direct contacts with Mexican and European traffickers, to whom they are exporting cocaine directly.

Trafficking: Traffickers generally used aircraft to transport cocaine base from Bolivia to Colombia, where conversion into cocaine HCl took place. Cocaine base was transported from the Chapare by roads, trails, and rivers. Cocaine HCl and cocaine base from outlying laboratories and transshipment sites in El Beni, Panda, and Santa Cruz Departments were transported to Colombia, Brazil, and Paraguay, as well as to staging points elsewhere in Bolivia, primarily by twin-engine

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

aircraft. Bolivian forces responded with roadblocks, mobile patrols, and riverine counterdrug operations.

Groups engaged in cocaine smuggling from Bolivia included independent Bolivian trafficking groups who frequently were engaged in smuggling to Europe by way of Argentina, Brazil, Chile, and Paraguay. Mexican and Argentine groups also were engaged in smuggling to the United States.

Brazil's role in cocaine smuggling from Bolivia was highlighted by a number of seizures made during 1996. For example, in June, authorities in El Carmen, Bolivia, seized 111 kilograms of cocaine discovered in the ceiling of a train dining car. The cocaine ultimately was destined for Corumba, Brazil. And in October, authorities in Santa Cruz seized 455 kilograms of cocaine discovered in a hidden compartment within a truck en route to Brazil. In December, Brazilian authorities at Brasilia's international airport seized 223 kilograms of cocaine found in an air cargo shipment of coffee grounds and pepper that had originated in Santa Cruz. Meanwhile, Mexican and Argentine traffickers played a greater role in the direct exportation of Bolivian cocaine to the United States.

Drug Law Enforcement: In 1996, DEA agents and Bolivian police seized 168 metric tons of coca leaf and 4.3 metric tons of cocaine base, compared with 1995 seizures of 110 metric tons of coca leaf and 4.6 metric tons of cocaine base. Seizures of *agua rica*—a partially processed form of cocaine base in solution—amounted to 98,360 liters, compared to 14,300 liters in 1995. Seizures of cocaine HCl decreased from 3.6 metric tons in 1995 to 3.1 metric tons of cocaine in 1996. The largest cocaine seizures of the year included those seizures mentioned above, as well as the seizure in August of over 130 kilograms of cocaine from a residence in the Santa Cruz area. In all, Bolivian authorities arrested 955 violators and destroyed 7 cocaine laboratories and 2,033 cocaine base production sites in 1996.

Colombia

Cultivation: In 1996, Colombia was the world's third largest producer of coca. An estimated 67,200 hectares of coca plant had the potential to yield 53,800 metric tons of coca leaf. This represented a marked increase from 1995, when cultivation covered 50,900 hectares of land, and the potential coca leaf yield stood at 40,800 metric tons. The Colombian Government reported the aerial spraying of approximately 16,000 hectares of coca in 1996—down from 24,000 hectares in 1995—but the amount of coca actually destroyed by the spraying is believed to be far less. Eradication operations by aerial spraying of herbicides were hindered in 1996 by a number of factors, including unusually bad weather, three U.S. Government-mandated groundings of eradication aircraft for security and technical reasons, and insurgent attacks against eradication aircraft.

Coca cultivation was located in the eastern plains, with heavy growth in Caqueta Department, Guaviare and Vaupes Commissariats, and Putumayo Intendency. Coca plants also were cultivated in Bolivar Department and in southwestern Colombia.

Processing: Most of the world's cocaine is produced in Colombia. In addition to cocaine produced from Peruvian and Bolivian cocaine base, potential cocaine production from domestic Colombian coca leaf cultivation amounted to 110 metric tons in 1996, an increase over 80 metric tons in 1995. Actual production in 1996 was estimated at 100 metric tons.* Processing took place in laboratories that ranged in sophistication from small, simple operations to large, industrial-type facilities employing several hundred workers and producing over 250 kilograms of cocaine per day. Most laboratories were located in remote areas. In recent years, the largest cocaine laboratories discovered by Colombian authorities have been in the remote eastern lowlands, the rain forest, and in trafficker strongholds in the Valle de Cauca and Tolima Departments.

In 1996, the Colombian Government reported the destruction of 523 cocaine HCl and cocaine base laboratories, an increase from the 396 laboratories destroyed in 1995. Eleven of the largest laboratories, located by authorities in the Departments of Caqueta, Guaviare, Meta, and Vaupes, consisted of between 9 and 18 buildings, with housing for between 35 and 80 workers.

The essential chemicals needed by cocaine laboratories in Colombia were imported legally into the country, and then diverted to wholesalers or retailers after delivery. However, in one March operation, authorities seized 200 metric tons of sodium carbonate during a raid at a chemical company warehouse in Barranquilla. In this case, the chemicals had been imported from Poland without valid permits. In an August operation, authorities seized 10 metric tons of essential processing chemicals from a business in Bogota. The owner of the business allegedly falsified business records and documented fictitious transactions to justify the sale of controlled chemicals. A raid in October on a paint shop in Bogota resulted in the seizure of approximately 50 metric tons of controlled essential chemicals.

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* One hundred metric tons is a derived estimate, as Operation BREAKTHROUGH has yet to complete the field study in Colombia.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

In 1996, Colombian authorities seized a total of more than 73 metric tons of solid precursor and essential chemicals and over 800 thousand gallons of liquid chemicals. [Note: These figures include chemicals used in the production of both cocaine and heroin.]

In response to increased law enforcement focus on chemical interdiction, traffickers have adopted sophisticated processing techniques and technologies designed to reduce the amount of chemicals required. In particular, the use of recycling systems has allowed traffickers to separate and recover a portion of the solvents used in the cocaine production process.

Trafficking: Although hundreds of Colombian criminal organizations engaged in cocaine trafficking, the handful of Colombian drug trafficking organizations, collectively known as the Cali drug mafia, until recently, held undisputed control over the international cocaine market. In 1996, although the Cali drug mafia continued to play the dominant role in the worldwide wholesale cocaine trade, some analysts noted a trend toward decentralization of the trade. This trend, which was given impetus in 1995 with the capture of kingpins Jose Santacruz-Londono and brothers Gilberto and Miguel Rodriguez-Orejuela, was spurred on in 1996 with the capture of several additional significant traffickers (see the Drug Law Enforcement section). These arrests by no means crippled the Cali drug mafia. Indeed, reports indicated that the Rodriguez-Orejuela brothers and others continued to direct their drug trafficking organizations from prison.

The arrests of the major Cali kingpins, however, were not without effect: they indirectly provided a new generation of Colombian traffickers with the opportunity to assume a larger role in the international cocaine trade. In particular, the Northern Valle del Cauca-based Henao-Montoya trafficking group, directed by brothers Arcangel de Jesus and Jose Orlando Henao-Montoya, moved to increase its power and influence. One result of this heightened competition between rival Colombian trafficking groups was an increase in drug-related violence in Colombia.

Despite the imprisonment of the Cali drug mafia leaders, cocaine trafficking patterns remained largely unaffected. Cocaine base was smuggled into Colombia mostly by single-engine general aviation aircraft capable of carrying loads ranging from 500 to 800 kilograms.

After processing, finished cocaine was smuggled out of the country along a number of routes, as detailed earlier in this report. Seizures in 1996 demonstrated the variety of methods used to transport these shipments. For example, go-fast boats were intercepted off the Colombian coast several times during the year, resulting in significant cocaine seizures. In March, personnel from the U.S.S. *Vincennes* recovered 1.5 metric tons of cocaine jettisoned from a 35-foot go-fast boat after the go-fast was overflown by a helicopter based aboard the *Vincennes*. In November, the USCG cutter *Campbell* intercepted a 44-foot go-fast boat 100 nautical miles north of Colombia, and seized 1.3 metric tons of cocaine. Smuggling attempts using containerized cargo also were detected. In January, for example, Colombian authorities seized a 200-kilogram shipment of cocaine that was to be secreted in a cargo container of blue jeans destined for San Francisco, California.

In other cases, seizures were made from fishing vessels. In August, for example, 2.4 metric tons of cocaine were discovered in secret compartments within the fishing vessel *Oyster*. The *Oyster* had been intercepted by the U.S.S. *Sides*, 15 nautical miles west of the Port of Tumaco, Colombia. The *Oyster* was escorted to Rodman Naval Base in the Panama Canal, where a thorough, dock-side inspection led to the discovery of the cocaine in a compartment within one of the *Oyster*'s fuel tanks.

Authorities also seized a number of cocaine shipments that were to be transported by aircraft. In June, for example, police in Bogota seized 150 kilograms of cocaine that was to be transported to Paris in an air cargo consignment of tropical fruit. And in November, Bogota authorities seized 567 kilograms of cocaine, at least a portion of which was to be sent to an unspecified Canadian city in luggage checked on commercial airline flights.

Drug Law Enforcement: Colombian authorities seized more than 23.5 metric tons of cocaine and 17.5 metric tons of cocaine base in 1996, compared to 21.5 metric tons of cocaine and 19.5 metric tons of cocaine base seized in 1995. More significantly, Colombian authorities captured or killed a number of important Cali drug mafia figures in 1996. In March, the Colombian Government announced that Cali drug lord Jose Santacruz-Londono, who had escaped from prison in January 1996 with the assistance of corrupt prison officials, had been killed in a shoot-out with police at a roadblock outside of Medellin. Also in March, Juan Carlos "Chupeta" Ramirez-Abadia and Carlos "Cuchillo" Ortiz-Escobar, both of whom were considered rising leaders in the Cali drug mafia, surrendered to authorities. More importantly, in October, Helmer "Pacho" Herrera, the last of the old-guard Cali drug mafia leaders to remain at large, finally surrendered.

Despite their incarceration, the Cali drug mafia leaders influenced the Colombian legal system. The initial defeat of bills to reform Colombia's sentencing and

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

asset forfeiture laws in the Colombian House of Representatives in December underscored this fact. Following the defeat, allegations surfaced that bribes had been offered to legislators to reject the reform bills. After the discovery of original drafts of the defeated legislation and exact tallies of voting records in Bogota's La Picota Prison, where the Rodriguez-Orejuela brothers were being held, the allegations gained added credence. Under the public scrutiny generated by these discoveries, the Colombian Congress reconsidered and passed tough asset forfeiture legislation in mid-December.

Prison sentences imposed in 1996 raised questions regarding the adequacy of the Colombian legal system. For example, Victor Patino-Fomeque, former Cali mafia chief of operations for smuggling in the Port of Buenaventura was arrested in June 1995. Although initially sentenced in February to 18 years' imprisonment, Patino-Fomeque received a 9-year sentence reduction. (Later, his sentence was lengthened to 12 years, following an appeal by the Colombian Prosecutor General's office.) In December, Ramirez-Abadia received the harshest sentence yet imposed on a trafficker, but his sentence also was reduced substantially—from 24 to 13 years—based on his surrender and confession. Also in December, the sentence of Ortiz Escobar was reduced from 20 to 11 years. It is likely these sentences will be reduced further for good behavior and work study. Miguel Rodriguez-Orejuela is earning work-study credits by running a small kiosk in prison called *Poor Michael's*.

Peru

Cultivation: Peru was the world's leading producer of coca leaf, coca paste, and cocaine base. As in previous years, cultivation was located in the Upper, Central, and Lower Huallaga Valleys; the Apurimac and Aguaytia River Valleys; and in the Department of Cuzco. In 1996, Peru's coca cultivation decreased, falling to 94,400 hectares from 115,300 hectares in 1995. Potential coca leaf production in 1996 was placed at 174,700 metric tons, a decrease from 183,600 metric tons in 1995.

There was a limited increase in coca eradication activity in 1996, as the Peruvian Government expanded its eradication campaign beyond seedlings—the exclusive targets of eradication in past years—to crops under 2 years old and to fully mature crops in unpopulated areas or in national parks. [Note: For years, Peru has declined to eradicate mature coca plants until farmers have found viable alternative means of support.]

Eradication eliminated only 1,259 hectares of coca cultivation. Authorities attributed the additional decrease in cultivation of over 19,600 hectares to a drop in cocaine base prices caused by a glut of the product in Peru. This situation was due, at least in part, to the successful interdiction campaign waged by the Peruvian Air Force (FAP) against suspect trafficker aircraft, and the resulting difficulties experienced by traffickers in transporting cocaine base to Colombia.

Processing: In 1996, coca leaf produced in Peru had the potential to yield 435 metric tons of cocaine HCl after processing, down from 460 metric tons in 1995. Actual production, according to DEA, amounted to 428 metric tons in 1996, compared to 443 metric tons in 1995. In 1996, however, most processing that took place in Peru was of coca leaf to cocaine base. As in previous years, traffickers in Peru were major cocaine base producers. Most processing occurred in the Upper Huallaga Valley. Coca leaves were processed into cocaine base in clandestine laboratories set up near cultivation sites. These laboratories ranged from small structures to large complexes. In 1996, Peruvian authorities destroyed 14 laboratories, a decrease from the 21 laboratories destroyed in 1995.

Essential chemicals were diverted from legitimate chemical shipments imported through Peru's seaports. Chemicals also entered Peru by land from Brazil, Chile, and Ecuador. In one major law enforcement operation that stretched from March to June 1996, Peruvian police seized over 12 metric tons of essential chemicals. These seizures were the culmination of investigations targeting over 270 businesses in the Lima-Callao metropolitan area. And in August, police seized 4 metric tons of acetone, 105 kilograms of hydrochloric acid, and 180 kilograms of ethyl alcohol after a raid on a warehouse in Puente Piedra.

Trafficking: The export of cocaine base from Peru was controlled by Peruvian traffickers who served as middlemen between farmers—many of whom produced cocaine base themselves—and Colombian traffickers. Most cocaine base was transported by air to Colombia, where it was converted to cocaine. However, traffickers responded to air interdiction efforts by increasing their use of land and river routes.

The FAP has been authorized to shoot down suspect trafficker aircraft under specific circumstances, such as when an aircraft flies illegally in Peruvian airspace and refuses to obey instructions to land. After the seizing or downing of 39 trafficker aircraft in 1995, trafficker pilots reportedly were more reluctant to fly shipments of cocaine base from Peru to Colombia. In some cases, these pilots demanded a large increase in pay to fly this route. Pressure on traffickers was maintained in 1996, as demonstrated in January, when FAP fighter aircraft forced down a Piper Seneca that was carrying over 500 kilograms of cocaine base, near Yurimaguas, Peru. After

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

their arrests, both pilots of the aircraft stated that it was a well-known fact among Colombian pilots that the FAP was authorized to shoot down trafficker aircraft flying illegally in Peruvian airspace if the violator did not obey instructions to land.

As a consequence of air interdiction operations, traffickers reportedly relied more heavily on river transport to move cocaine base to airstrips in northern Peru or southern Colombia including airstrips near Iquitos and Estrecho, Peru, and Leticia, Colombia. River traffic in 1996 was noted on the Amazon, Maranon, Napo, Putumayo, and Ucayali Rivers. Shipments, hidden in commercial cargo or covered with river debris, were moved through known areas of law enforcement activity at night, when authorities had a limited ability to patrol the waters. Still, the value of river transport as an alternative to air transport was tempered by the attendant delays and risk of interdiction.

The use of river transportation to smuggle cocaine products was demonstrated by a number of seizures in 1996. For example, in January, the Peruvian Navy seized 472 kilograms of cocaine paste from a vessel intercepted near Puerto Inca, on the Pachitea River. An even larger seizure was made in March, when police intercepted three wooden boats on the Pisqui River and seized 1.2 metric tons of cocaine base. Police seized 356 kilograms of cocaine base in August and 368 kilograms of cocaine base in September of cocaine base from small vessels on the Ucayali River.

Additionally, traffickers who used smaller aircraft attempted to avoid radar by flying at low altitudes, by using flight routes that passed through southern Peru where radar coverage was lighter, by using airfields near the Brazilian border as staging sites, and by making illegal use of legitimate flight plans. The Amazon region, where the borders of Peru, Bolivia, and Colombia meet, also was exploited to a greater extent. At least 15 airstrips were reported along the Peruvian-Colombian border, and another 18 reportedly could be found along the Peruvian-Bolivian border. In response to aircraft operations in the area, authorities launched operations in the tri-border area in April and December, attempting to deny trafficker aircraft access to airstrips. In the December operation, Peruvian and Colombian forces destroyed a total of 14 clandestine airstrips, 10 in Colombia and 4 in Peru.

Traffickers used land routes to transport cocaine base, if only to and from consolidation points and airstrips in northeastern Peru. For instance, in January, police in Aucayacu seized 635 kilograms of cocaine base from a hidden compartment in a truck en route to Ucayali, Peru. In August, police seized 255 kilograms of cocaine base from a truck at a checkpoint near Sangapilla, Peru. And in September, authorities seized 171 kilograms of cocaine base discovered in a truck stopped and searched at a checkpoint north of Tarapoto.

Drug Law Enforcement: In 1996, Peruvian authorities seized approximately 18.7 metric tons of cocaine paste and base, an increase from 9.6 metric tons seized in 1995. Significant seizures made in 1996, in addition to those mentioned above, included 411 kilograms of cocaine base seized in April in Cuzco Department, and 250 kilograms of cocaine base seized in March in Huanuco Department. Seizures of cocaine HCl in 1996 decreased to 1 metric ton from 7.6 metric tons in 1995. This drop was not necessarily indicative of decreased effectiveness on the part of Peruvian authorities, however, since 7.5 metric tons of the 1995 total were part of two unusually large seizures made in January and September 1995. Individual cocaine seizures in 1996, by contrast, were much smaller. For example in March, authorities seized 61 kilograms of cocaine discovered in false walls of a shipping container at the Port of Callao in one of the larger cocaine HCl seizures of the year.

Peruvian military personnel were involved in two cocaine smuggling operations disrupted by authorities in 1996. In the first incident, in May, police seized 174 kilograms of cocaine found aboard a FAP DC-8 transport plane; they arrested 13 FAP personnel. The plane was destined for Europe by way of the United States. One of the president's military aides de camp and three colonels reportedly were relieved from duty for possible involvement. In July, a total of 127 kilograms were discovered aboard two Peruvian-registered merchant marine vessels crewed by Peruvian Navy personnel. Canadian customs officers seized 79 kilograms aboard the M/V *Matarani* at the Port of Vancouver, British Columbia, and Peruvian navy officials discovered another 48 kilograms aboard the M/V *Ilo* at the Port of Callao.

In November 1996, Willer "Champa" Alvarado-Linares and three lieutenants in his organization were arrested by authorities in Quito, Ecuador, and deported to Peru. Alvarado-Linares directed a Cali-linked cocaine trafficking organization tied to over 5 metric tons of cocaine seized worldwide since 1993. Subsequent to his arrest, raids in a number of cities throughout Peru resulted in the arrests of an additional 31 key members of the Alvarado-Linares organization. In October 1996, Demetrio "Vaticano" Chavez-Penaherrera, once considered the main Peruvian supplier of cocaine base for the Cali drug mafia, was sentenced to 25 years' imprisonment. Chavez-Penaherrera was arrested in Colombia and expelled to Peru in 1994. He began serving a 30-year sentence for treason in 1994, after a military court convicted him of collaborating with the

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

Shining Path terrorist organization in coca-growing regions of the Upper Huallaga Valley.

DEVELOPMENTS IN OTHER AREAS

South America

Transshipment through **Argentina** continued in 1996 as cocaine was smuggled into the country by general aviation aircraft from Bolivia, and by land vehicles and couriers on commercial airline flights from Bolivia, Chile, and Paraguay. From Argentina, cocaine reportedly was smuggled to Europe and the United States through containerized maritime cargo, or by couriers aboard commercial airliners.

Argentine authorities seized a total of 2 metric tons of cocaine in 1996. Significant seizures included 40 kilograms of cocaine seized near Escobar, Buenos Aires Province, from a tractor-trailer en route from Bolivia to Salta, Argentina, and 30 kilograms of cocaine seized by authorities at Ezeiza International Airport in Buenos Aires from the luggage of two individuals scheduled to board a flight to Italy.

In addition to serving as a transshipment point, Argentina was the site of laboratories for the conversion of Bolivian cocaine base to cocaine HCl, which then was shipped to Europe and the United States. Argentina also produced essential chemicals, which occasionally were sold legally to legitimate businesses and then diverted to illicit cocaine production, or were sold illegally to front companies for use in clandestine laboratories in Bolivia.

During the year, traffickers flew air routes through **Brazil** in an attempt to avoid traditional trafficker flight routes between Colombia and Peru. By transporting cocaine base to airstrips in the tri-border area of Brazil, Colombia, and Peru, traffickers were able to circumvent Peruvian airspace altogether. Flights reportedly originated from the area of Bolognesi, Peru, with refueling stops near Leticia, Colombia. Usually, Vaupes Department, Colombia, was the destination for such flights. In addition, traffickers used Brazil as a staging location for cocaine HCl refined in neighboring countries and in transit to the United States and Europe.

Maritime smuggling occurred from the Ports of Belem, Manaus, and Sao Paulo, while Corumba, Recife, Rio de Janeiro, and Sao Paulo served as land and air transshipment points. Cocaine also reportedly transited Brazil en route to ports in Suriname. Couriers flying out of Sao Paulo and Rio de Janeiro, meanwhile, were used by organized crime groups from West Africa to smuggle cocaine to Europe and southern Africa.

Brazilian authorities seized 3.1 metric tons of cocaine in 1996, a decrease from the 5.7 metric tons seized in 1995. The 1996 total included several multihundred-kilogram seizures. For example, in April, police seized 200 kilograms of cocaine after a raid on a house in the Piadade District of Rio de Janeiro. The cocaine reportedly was transported to Brazil from Colombia by truck, and was to be broken down and smuggled to Europe by couriers. And in September, authorities seized 245 kilograms of cocaine, 225 kilograms of which was found in a vehicle in a Sao Paulo parking lot. Additionally, several multihundred-kilogram cocaine shipments that originated in Brazil were seized overseas. In January, for example, Portuguese authorities seized 120 kilograms of cocaine that had been smuggled into Lisbon International Airport on a commercial flight from Brasilia. And in September, Italian authorities in Genoa discovered 160 kilograms of cocaine aboard the M/V *Calopedra*, after the vessel's arrival from Brazil.

Additionally, Brazil is a major licit producer of ether, acetone, and other essential chemicals used in cocaine processing. Despite efforts at control, substantial amounts of these chemicals were diverted to illicit cocaine processing laboratories in Bolivia, Colombia, and Peru. The Brazilian Federal Police conducted joint operations with DEA, targeting both Brazilian and foreign firms, in order to interdict the flow of diverted chemicals.

In **Chile**, authorities seized over 500 kilograms of cocaine, an increase from 346 kilograms in 1995. Cocaine from Bolivia was transported to Chile's northern ports for shipment in commercial cargo to the United States and Europe. These shipments were facilitated by a bilateral agreement prohibiting the inspection of Bolivian goods routed through Chile for export to third countries. Cocaine shipments from Colombia also were routed through Chile. In a July incident, Chilean authorities at the Port of San Antonio seized 486 kilograms of cocaine discovered in a shipment of medical equipment that had arrived from Buenaventura, Colombia. The company to which the shipment was consigned had imported three similar shipments since December 1995, each of which was reexported to Miami, Florida.

Some minor quantities of cocaine base imported into Chile from Bolivia reportedly were processed into cocaine HCl domestically. Chile also continued to serve as a source of essential chemicals for traffickers in Bolivia and Peru. Several significant chemical seizures were made in 1996. In May, police in Santiago seized 8,150 liters of acetone, 125 kilograms of soda ash, 606 liters of hydrochloric acid, and 1,000 liters of sulfuric acid. The chemicals reportedly were destined for

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

cocaine laboratories in Bolivia. In June, police in Arica seized 4,000 liters of sulfuric acid, also destined for Bolivia.

Ecuador was a major transit country for large quantities of cocaine shipped from Colombia, and for smaller quantities shipped from Peru. Cocaine was transported by land into Ecuador, and then shipped to Europe and the United States either in maritime cargo vessels sailing from the Port of Guayaquil, or in air cargo departing international airports in Guayaquil and Quito.

In addition to the Colombian groups, which traditionally have moved cocaine through Ecuador to the international market, Nigerian organizations also played a role in cocaine trafficking through Ecuador. One Nigerian operation smuggled cocaine by courier from Colombia into Ecuador, and then on to the United States or Europe. Couriers were able to walk across the largely uncontrolled Colombian-Ecuadorian border, typically at the Tulcan International Bridge, and then depart on flights out of Ecuador, thereby avoiding the scrutiny usually given by customs officials in the United States or Europe to arrivals from Colombia.

In 1996, Ecuadorian authorities seized 8.75 metric tons of cocaine, a substantial increase from 4.09 metric tons in 1995. This increase was due in large part to the seizure in October of 7 metric tons of cocaine discovered aboard the M/V *Don Celso* by authorities at the Port of Esmeraldas. The *Don Celso* was intercepted by the U.S.S. *Ticonderoga* in international waters off the coast of Ecuador, and was escorted to Esmeraldas after a thorough at-sea search of the ship was impossible because of both a fire below deck and toxic fumes caused by a large spill of ammonia in the vessel's engine room. In April, authorities made another significant seizure, when authorities raided a fish-packing plant in Guayaquil and seized 500 kilograms of cocaine that was to be packed in a container shipment of frozen fish. And in May, authorities seized 123 kilograms of cocaine secreted in fruit jars in preparation for shipment to Europe.

Ecuador also was an important transit country for chemicals used by clandestine laboratory operators in Colombia. Chemicals were trucked from Guayaquil into the eastern jungles, and then transported into Colombia by truck or river boat. Significant chemical seizures made at the Port of Guayaquil in 1996 included 14.9 metric tons of sulfuric acid and over 18.3 metric tons of sodium hydroxide seized in January and February; and 2.2 metric tons of sodium carbonate and 2.64 metric tons of calcium chloride seized in April. A June seizure of 350 drums of chemicals in Quito was particularly noteworthy because the chemicals were tied to a cocaine HCl laboratory discovered in Santo Domingo de Los Colorados, Pichincha Province. This was the first cocaine HCl laboratory discovered in Ecuador in the last 10 years. Ecuadorian authorities estimated that approximately 100 kilograms of cocaine in various processing stages were found at the laboratory site.

Authorities in **Guyana** seized 74 kilograms of cocaine in 1996, an increase from 57 kilograms in 1995. Use of Guyana as a transshipment point for cocaine shipments appeared to be limited, despite favorable conditions, such as a heavily forested and sparsely populated interior, and numerous small and virtually inaccessible airfields. All of these factors presumably would facilitate the transshipment of cocaine from Venezuela, Brazil, and Suriname to the Caribbean, the United States, and Europe.

Paraguay has long unpatrolled borders with Argentina, Bolivia, and Brazil that are well-suited to smuggling operations. Smuggling by small aircraft is a particular threat, given the country's many unregulated and clandestine landing strips near the border with Brazil. Seizures suggest, however, that cocaine smuggling through Paraguay is not yet a significant problem. Approximately 56 kilograms of cocaine were seized in 1996, a slight decrease from the 59 kilograms seized in 1995.

Significant quantities of cocaine were routed through **Suriname** to Europe and North America, according to Surinamese authorities. Cocaine trafficking organizations in neighboring countries reportedly used Suriname as a staging area. In 1996, cocaine was transported into Suriname through northern Brazil from Bolivia, Colombia, and Peru. Transport was accomplished by small coastal vessels that ferried both licit cargo and contraband between the Amazon delta and other ports along the northeastern coast of South America. Additionally, some cocaine was smuggled into Suriname by private aircraft that used clandestine airstrips and open roads in the interior of the country. Once in Suriname, cocaine was repackaged and exported on commercial ships and regularly scheduled commercial flights. A total of 1.4 metric tons of cocaine were seized in Suriname in 1996, an increase from 63 kilograms in 1995. A record seizure in April contributed to this increase. In that case, police responded to a report of a twin-engine aircraft landing on a road between Jodenssavana and Blakawatra, Suriname, and seized a Cessna Titan aircraft and 1.27 metric tons of cocaine. Surinamese authorities point to this seizure and to the increasing Colombian trafficker presence in Suriname as indications that the country is becoming a more important transit point for Colombian cocaine.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

While police officials believed some cocaine is shipped from Suriname to the United States, there was no evidence that such shipments occur in large quantities. Most of the cocaine transhipped through Suriname appeared to be destined for Europe; the Netherlands, in particular, has been a popular destination. In the first 4 months of 1996 alone, authorities in the Netherlands seized over 440 kilograms of cocaine smuggled into the country from Suriname, including one 200-kilogram shipment discovered in an air freight consignment of produce. One large factor in the prominence of the Netherlands as a destination for cocaine shipments from Suriname was the presence of over 200,000 ethnic-Surinamese residing in the Netherlands. Cocaine traffickers have taken advantage of this and of historical links among Suriname, the Netherlands Antilles, and the Netherlands, to ship cocaine through Dutch seaports to other countries in Western Europe. Ties between Surinamese and Europeans also may have facilitated the smuggling of precursor and essential chemicals from Europe into Latin America.

Venezuela was a significant cocaine transit country in 1996. Cocaine was smuggled into Venezuela along Colombian rivers, and then transported overland to the coast. Cucuta and Maicao ports of entry on the Colombian-Venezuelan border were the scene of numerous drug seizures. From Venezuela, some cocaine was transported northward by go-fast boats departing Cumana and Isla Margarita. In other cases, cocaine was transported in multiton quantities through maritime containerized cargo and air cargo to the United States and Europe. Examples of such shipments in 1996 included 64 kilograms of cocaine discovered in March in a maritime cargo container shipped from Venezuela to Port Everglades, Florida; 123 kilograms of cocaine discovered in October in the doors of two maritime containers shipped from Venezuela to Miami; and 560 kilograms discovered in December in an industrial cheese-processing machine that was to be shipped from the Port of La Guaira, Venezuela, to Rome, Italy. In total, approximately 5.6 metric tons of cocaine were seized in Venezuela in 1996, compared to 6 metric tons in 1995. The year's largest seizure occurred in March, when authorities found 1.1 metric tons of cocaine following raids on warehouses in Guarenas in the suburbs of Caracas. The cocaine was hidden within a consignment of tennis shoes destined for Montreal, Canada. Other sizeable seizures included 700 kilograms seized in January from a warehouse in Acarigua, Portuguesa State; 505 kilograms seized in May from a vessel off Maurica Beach on the outskirts of Barcelona, Venezuela; and 750 kilograms seized in November from a truck at a checkpoint in San Antonio del Tachira. The May seizure was noteworthy in that several active or retired members of the Venezuelan national guard, the marines, and the customs service were arrested following an investigation.

Venezuela also was used as a transit location for essential chemicals shipped to cocaine processing laboratories in Colombia. Significant chemical seizures in 1996 included 120 metric tons of various chemicals, including acetone and methyl ethyl ketone, seized in March in Valencia, Carabobo State; 43 metric tons of chemicals seized in April in La Victoria, Aragua State; 105 metric tons of urea seized in September at the Del Tachira checkpoint on the Colombian-Venezuelan border; and 1.5 metric tons of acetone seized in September at a checkpoint in Guanare, Portuguesa State.

Europe

The cocaine market in Western Europe has expanded dramatically since 1985. Seizure statistics indicated that Colombian drug mafia elements increasingly targeted this market, where they were able to realize profit margins higher that those in the United States.

Cocaine being smuggled to Europe, in recent years, from time to time, has been transited through U.S. ports in addition to those in the Caribbean. Occasionally, South American traffickers have first shipped cocaine through European ports and then to North American markets. The growing cocaine threat to Europe has brought more interest and involvement on the part of European police agencies in counterdrug activities in the Western Hemisphere. According to the International Criminal Police Organization (INTERPOL), European authorities, to include authorities in the Newly Independent States, collectively seized 31 metric tons of cocaine in 1996, compared to 22 metric tons in 1995. Kilogram quantities of cocaine were seized in countries throughout Europe, including countries where the total quantity of cocaine seized during the year was relatively modest. For example, **Austria, Bulgaria, Croatia, the Czech Republic, Denmark, the Former Yugoslav Republic of Macedonia (FYROM), Hungary, Norway, Poland, Russia, Sweden, and Turkey** reported individual seizures of at least 1.2 kilograms, with seizures typically made from couriers arriving on international flights from South America. In each of these countries, however, seizure totals for 1996 failed to exceed 70 kilograms. In other countries, however, cocaine seizures were more substantial.

Belgium continued to serve as a transshipment point for cocaine destined for markets in the Netherlands and Germany. Cocaine was smuggled into Belgium both by maritime commercial cargo, and by couriers aboard commercial airline flights arriving at Brussels' Zaventem International Airport.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997

Belgian authorities seized over 935 kilograms of cocaine in 1996, compared to 452 kilograms in 1995. The year's largest seizures were made from maritime cargo. For example, in January, authorities at the Port of Antwerp seized 100 kilograms of cocaine that arrived from Colombia aboard the banana boat *Chiquita Rostock*. This was followed in February by the seizure of 70 kilograms of cocaine that had arrived in the Port of Zeebrugge aboard the M/V *Swanstream*.

France was both a consumer country and transit point for cocaine. Cocaine was smuggled into the country in maritime cargo, by vehicle at border crossings, and by airline couriers.

French authorities seized approximately 1.7 metric tons of cocaine in 1996, compared to 865 kilograms in 1995. In April, authorities at the Port of Le Havre seized 33 kilograms of cocaine that arrived on a container ship from Argentina. The cocaine, which was carried by an Italian national, one of the ship's crew, reportedly was destined for Portugal. And in June, authorities in Le Perthus, on the French-Spanish border, discovered 12 kilograms of cocaine hidden in the rear seat of a car en route to Italy. Also in June, authorities at Charles de Gaulle International Airport in Paris seized 3 kilograms of cocaine from luggage belonging to a passenger en route from Colombia to Israel.

Germany likewise was a cocaine consumer country and transit point. German authorities seized 1.37 metric tons of cocaine in 1996, a decrease from 1.8 metric tons in 1995. Seizures were generally under 50 kilograms, with the largest seizures made from air freight, or from luggage arriving on commercial airline flights. In February, for example, 20 kilograms of cocaine were discovered in an air cargo shipment that arrived in Frankfurt from Guatemala by way of Miami. In July, 40 kilograms of cocaine were discovered in the luggage of three individuals arriving from Venezuela en route to Poland. Additionally, two seizures, each of over 20 kilograms, were made in March and April from the luggage of individuals arriving in Stuttgart from Costa Rica. Overseas, meanwhile, authorities seized shipments en route to Germany. In September, for example, authorities in Lima, Peru, seized 30 kilograms of cocaine from the luggage of an individual destined for Frankfurt. Peru, in fact, was the point of origin for 17 cocaine smuggling cases destined for, or routed through, Germany in 1996.

Although **Greece** is not regarded as a major cocaine consumer or transit country, a record amount of cocaine was seized in April, when Hellenic customs officers at the Port of Pireaus discovered 114 kilograms of cocaine within a container shipment of blue jeans that had arrived from Callao, Peru. Reportedly, the shipment was to be transported to Sofia, Bulgaria. The last seizure of this size was made in December 1994, when authorities in Pireaus seized 103 kilograms from a container shipment of rice en route from Ecuador to Italy. Authorities seized a total of 156 kilograms of cocaine in 1996.

In 1996, **Ireland** emerged as a transit point for multihundred kilogram maritime shipments of cocaine en route to Western Europe. The country's numerous inlets and harbors, and its largely unpatrolled western coastline provided a convenient staging point for off-loading cocaine, as well as a safe harbor for trafficking vessels that encountered rough weather en route to other European destinations.

In the first of two noteworthy seizures in 1996, authorities in August seized 50 kilograms of cocaine discovered aboard the cargo vessel *Front Guider*, after the *Guider*'s arrival in the Port of Moneypoint, County Clare, from Santa Marta, Colombia. Authorities believe the cocaine was to be off-loaded in Ireland, but was destined for continental European markets. In the year's second large seizure, Irish authorities seized a record 610 kilograms of cocaine off Cork from the fishing trawler *Sea Mist*, which had sailed from Venezuela to Trinidad, and was en route to an off-load point off the French coast, when it sailed into Cork in order to avoid a storm at sea.

Cocaine trafficking to and through **Italy** continued, with seizures totaling 2.3 metric tons in 1996, a decrease from 2.6 metric tons in 1995. In September, authorities at the Port of Genoa seized 160 kilograms of cocaine discovered aboard the M/V *Calapedra*, after the vessel's arrival from Santos, Brazil. Then, in November, police in Milan seized 350 kilograms as part of an operation that resulted in 48 arrests in Italy, the Netherlands, and Spain.

The Netherlands continued to serve as a destination for European-bound cocaine shipments, with smuggling operations facilitated by ties among traffickers in the Netherlands, Suriname, and the Netherlands Antilles. In 1996, Dutch authorities seized over 8 metric tons of cocaine, compared to 4.9 metric tons in 1995. The year's largest seizure was made in July, when authorities boarded the private yacht *Odermirense* off the coast of Ijmuiden and discovered 1.1 metric tons of cocaine. The cocaine reportedly had been transferred to the *Odermirense* from a go-fast boat in waters in the vicinity of Trinidad and Tobago. Other significant seizures in 1996 included 113 kilograms of cocaine seized from the M/V *Jostelle*, and 137 kilograms seized in October; both seizures were made by authorities in Rotterdam.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

Authorities in **Portugal** seized 673 kilograms of cocaine in 1996, a decrease from 2.1 metric tons in 1995. Most seizures in 1996 were made from couriers arriving at Lisbon's international airport. In the year's largest seizure, police in January seized 120 kilograms of cocaine that had been smuggled into the country through the Lisbon airport. In most cases, however, cocaine shipments smuggled into the country by courier were under 20 kilograms. Seizures from maritime vessels were rare in 1996, although Portugal's long and desolate coastline traditionally has been an attractive target for maritime smuggling attempts. The year's most significant maritime seizure was made in October, when authorities in Ponta Delgada, Saint Miguel Island, the Azores, seized 46 kilograms of cocaine after a search of a sailing vessel that just had completed a round-trip voyage to Venezuela.

Spain served as a gateway for cocaine shipments destined for the European market. Smuggling into Spain was facilitated by the multiple points of entry available to traffickers, including 15 international airports, 23 major and 175 minor seaports; by northwestern Spain's rugged coastline; and by the large number of tourists who visited the country. Cultural, ethnic, and linguistic ties between Spain and Latin America also played a role.

Spanish authorities seized a record 13.7 metric tons of cocaine in 1996, a substantial increase from the 6.8 metric tons seized in 1995. Several seizures were made of multiton cocaine shipments. In January, Spanish authorities seized 2.6 metric tons of cocaine from the fishing vessel *Mae Yemaja*, after intercepting the vessel 15 miles off the coast of Corme and escorting it to the Port of La Coruna for inspection. In May, authorities discovered over 1.6 metric tons of cocaine from the M/V *Siva* after boarding the vessel in international waters 900 miles off the coast of the Canary Islands. In August, authorities in Puerto de Raos, Santander Province, seized 1.2 metric tons of cocaine that had been smuggled into the Port of Bilbao from Colombia in a shipment of lumber. And in November, authorities seized 1.1 metric tons of cocaine after boarding the M/V *Anita*, 70 nautical miles off the Galician coast. Other significant seizures included 900 kilograms of cocaine found in June floating off the northwestern Spanish coast, 280 kilograms of cocaine found in February in a shipping container imported into Barcelona from Colombia, and 240 kilograms of cocaine discovered in June in a container shipment of coffee that arrived in Barcelona from Colombia. In addition, in July, Spanish authorities on the island of Gran Canaria, the Canary Islands, seized 640 kilograms of cocaine discovered in a container shipment of coffee and liquor imported from Venezuela.

Traffickers continued to use **Switzerland** as a transit location for smuggling cocaine to Italy and other countries in Western Europe. Cocaine was smuggled into the country by couriers traveling on commercial airline flights arriving at international airports in Zurich and Geneva. Individual cocaine seizures were of kilogram quantities or less. For example, in May, authorities in Zurich seized 2.2 kilograms of cocaine from a courier who arrived on a flight from Sao Paulo, Brazil, by way of Barcelona, Spain. In 1996, Swiss authorities made 122 cocaine seizures, totaling 255 kilograms, compared to 262 kilograms of cocaine seized in 1995.

The United Kingdom was both a transit country and a destination for cocaine. British authorities seized 1.16 metric tons of cocaine in 1996, compared to 963 kilograms in 1995. Most seizures were made from air freight shipments or from couriers arriving on international flights from South America. In the largest such seizure, in September, authorities at London's Heathrow International Airport seized 180 kilograms of cocaine discovered in the false sides of two cargo containers that arrived on a commercial airline flight from Bogota, Colombia. In a February investigation, noteworthy because of the method of concealment, authorities at Heathrow discovered 30 kilograms of cocaine in the nose cone of a British Airways 747 that had arrived from Bogota. Typically, seizures of cocaine from the luggage of couriers ranged from 3 to 5 kilograms, although authorities did seize 25 kilograms from a courier arriving from Brazil in April, and 27 kilograms and 22 kilograms from unclaimed luggage arriving on flights from Trinidad and Tobago in July and September, respectively.

Africa

Nigerian trafficking groups were responsible for most cocaine trafficking activity in Africa. Nigerian trafficking groups are entrenched deeply in the U.S. heroin trade. Their exposure to and increasing involvement in moving cocaine to Europe and Africa is an outgrowth of their U.S. drug activity. As of May 1997, no statistics were available as to the amount of cocaine seized in Nigeria in 1996, or in the last half of 1995. In the first half of 1995, only 1.9 kilograms of cocaine were seized.

Typical seizures of cocaine controlled by Nigerian organizations consisted of quantities of under 10 kilograms carried by couriers. Most of the cocaine moved by Nigerian-controlled couriers was obtained in Brazil, although in 1996 Nigerian organizations also obtained cocaine from countries in the northern Andean region such as Colombia and Ecuador. Evidence of the Nigerian organizations' presence in Colombia was

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

demonstrated in April, when police in Bogota arrested 24 West Africans who were prepared to smuggle over 50 kilograms of cocaine to Europe. In addition to taking direct flights to Europe, couriers also smuggled cocaine to Nigeria and other West African countries, as well as to South Africa. From these countries, cocaine was reshipped to major markets in Europe.

South Africa has developed into a cocaine destination and transshipment location, due in part to its well-developed infrastructure and international air links. South African authorities continued to seize regularly kilogram quantities of cocaine in 1996. In 1995, 188 kilograms were seized. Statistics for 1996 are not yet available. Seizures ranging from 2 to 7 kilograms typically were made from couriers arriving on flights from Rio de Janeiro, Brazil. In at least two cases, however, seizures also were made from individuals arriving from Buenos Aires, Argentina. Nigerian criminals are involved widely in cocaine distribution in South Africa. These criminals probably introduced into South Africa's townships methods of producing crack cocaine learned while in the United States.

Other African countries were used as transit points for cocaine smuggled into South Africa or Europe from South America. The most common method of transport was by couriers who smuggled kilogram quantities of cocaine concealed in their personal effects, or who ingested latex-encased pellets of cocaine. Individual seizures of between 2 and 4 kilograms were made from couriers arriving on international flights into **Benin, Cote d'Ivoire, Kenya, Namibia,** and **Zambia**. In addition, in March, authorities in Morocco seized 62 kilograms of cocaine from a container ship docked in the Port of Casablanca. The container in which the cocaine was secreted, however, was not destined for Morocco, but instead was to be unloaded at a later port of call in Genoa, Italy.

The Middle East

Seizures of cocaine or cocaine base in **Lebanon** amounted to 166 kilograms in 1996, compared to 13.6 kilograms in 1995. Of this amount, 41 kilograms were discovered in January in a containerized shipment of wooden doors imported into Beirut from Brazil, and 122 kilograms were seized in late October and early November after importation in a two-container maritime shipment of ceramic tiles.

Lebanon was one of the few countries outside South America that processed cocaine base into cocaine HCl. Lebanese traffickers living in South America reportedly facilitated the importation of cocaine base into Lebanon, principally from Colombia, but also from Bolivia, Brazil, and Peru. Most of the cocaine processed in Lebanon was refined in conversion laboratories in the Bekaa Valley. Past reports have indicated that 80 percent of the cocaine produced in Lebanon is exported, with the remainder used domestically. Exported cocaine was packaged and then shipped—sometimes through Jordan or Syria—to Europe, or to markets in the Persian Gulf where cocaine prices were high. Lebanese traffickers also used Lebanon as a staging area for refined cocaine base being shipped to the Persian Gulf or Europe.

There have been a number of reports that criminal groups in **Israel** are involved in cocaine trafficking. Traffickers based in Israel reportedly have established links with Colombian drug cartels. In 1996, 43 kilograms were seized in March from a shipping container that arrived in the Port of Haifa from the United States. The cocaine reportedly was hidden in the container in the Los Angeles area and then shipped to New York, where it was repacked in household effects being shipped to Israel.

The Far East

The level of cocaine trafficking in Southeast Asia and the Pacific remained low. Nonetheless, local authorities were concerned by reports of contacts between cocaine trafficking organizations and local organized crime groups. In particular, there have been reports of contacts between Colombian cocaine traffickers and elements of Japanese organized crime groups (collectively known as the Boryokudan or Yakuza) that control Japan's illicit drug trade. Moreover, cocaine is transported into the region by U.S. criminals and by Asian criminals who obtain the drug in the United States.

Both **Australia** and **Japan** have been targeted by traffickers as lucrative cocaine markets. For example, one group in Sydney, Australia, composed of individuals who emigrated to Australia from Medellin, Colombia, reportedly attempted to establish a local market for cocaine. Southeast Asia's largest cocaine seizure in 1996 was made in June by authorities at the Port of Mackay, in Queensland, Australia. In that case, 20 kilograms of cocaine were discovered in a bulk coal carrier that arrived from Port Victoria, Brazil, by way of Taiwan. In Japan, on the other hand, seizures remained small.

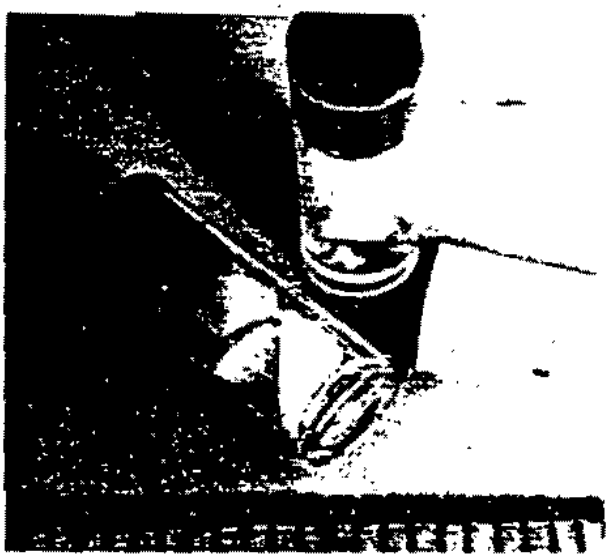
Elsewhere in Southeast Asia, seizures of between 300 grams and 10 kilograms were made from couriers arriving in **Hong Kong, Malaysia,** and **Thailand** on flights from South America. Authorities in Thailand also seized 7 kilograms of cocaine from a parcel mailed from Colombia.

Source: U.S. Department of Justice, Drug Enforcement Administration. *The NNICC Report 1996: The Supply of Illicit Drugs to the United States*, August, 1997.

BACKGROUND

The trafficking and abuse of cocaine, particularly in its highly addictive, smokable base form known as "crack," combined with the severe and chronic social trauma they generate, represent the gravest problems for U.S. drug law enforcement authorities. Cocaine HCl (hereafter referred to as cocaine) is produced in South America and smuggled into the United States on a massive scale by sophisticated criminal organizations. These drug mafias also are responsible for most of the wholesale domestic cocaine traffic, supplying primary source cities with the drug. From these source cities, loosely structured but extremely violent gangs distribute cocaine to and within other U.S. cities, smaller towns, and rural areas. It is these gangs that are responsible, in large part, for converting the cocaine into crack.

Cocaine.



Crack.

The cocaine threat first emerged in the United States during the mid- to late-1970's when both the trafficking and abuse of cocaine escalated rapidly. The trade was centered in South America where Chilean, Bolivian, and Peruvian suppliers dominated coca cultivation and cocaine processing. These groups supplied cocaine to Cubans and other groups of wholesale and retail (or street level) distributors in the United States. At that time, the volume of trafficking was nowhere near today's level. Large segments of the U.S. population were unaffected by cocaine trafficking and abuse, due in large part to cocaine's high price—$100 or more per gram. Expense, however, was no deterrent to those who tolerated the use of cocaine or viewed it as a nonaddictive "party" drug.

Circa 1980, the "cocaine wars"—a bloody spate of murders and shootings in Miami between rival cocaine trafficking organizations vying for control of wholesale cocaine distribution—focused the public's attention on the violence that accompanied the expanding cocaine trade. As a result of the struggle to control the U.S. cocaine market, Colombian traffickers replaced Cubans as the primary wholesale distributors. Two distinct Colombian groups emerged: a band of violence-prone, Medellin-based traffickers operating primarily in Miami and Los Angeles, and a group from Cali that established operations in New York City. As domestic demand for cocaine grew, the infrastructure associated with drug trafficking at the importation and wholesale levels—the production, transportation, and distribution elements—also grew as dealers competed to cash in on the boom market.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.

In the mid-1980's, the cocaine threat further evolved as crack cocaine trafficking and abuse swept through many metropolitan areas, particularly economically depressed, inner-city neighborhoods. In a gruesome parody of Colombian traffickers at the wholesale level, crack distributors at the mid- and retail-levels institutionalized drug distribution nationwide. Independent dealers/users—who frequently had distributed cocaine or other drugs to support their own habit—were replaced by structured, hierarchical organizations motivated by profit. Further, these groups established reliable sources of supply while creating transportation and distribution networks that employed salaried workers and enforcers.

Examined in its entirety, crack trafficking has had a devastating social impact on many metropolitan areas across the United States. Beyond the psychological and physical damage to individual users, crack distribution and abuse have degraded entire communities, particularly low-income, inner-city neighborhoods ill-equipped to cope with the wide range of social problems created by the drug. In communities across the country, the ongoing crack plague has undermined the quality of life more than any previous drug episode in U.S. history.

THE PHARMACOLOGY OF COCAINE

Cocaine is the most powerful stimulant of natural origin. In both hydrochloride and base forms, it is classified as a Schedule II drug under the Controlled Substances Act of 1970. In order to be classified in Schedule II, a drug must have a high potential for abuse and a currently accepted medical use in the United States. Furthermore, use of that drug may lead to severe psychological or physical dependence. Technically, crack has an accepted medical use only because it is one form of the cocaine alkaloid, which, as cocaine HCl, is used as an anesthetic in some surgeries. However, there is no legitimate medical use for crack itself.

Because of the intensity of its pleasurable effects, cocaine has the potential for extraordinary psychological dependency, particularly among cocaine injectors and crack smokers. Recurrent users may resort to larger doses at shorter intervals, leading to hard-core cocaine addiction. The onset of cocaine addiction varies according to the route of administration. Users who snort cocaine can maintain their addiction without the need for treatment assistance for a period of 3 to 5 years, while crack smokers often seek treatment within 6 months of first use.

The euphoria induced by cocaine use is similar regardless of the method of administration. However, different routes of administration may vary the intensity of this exaggerated feeling of excitement. For example, the effects of inhaling cocaine are felt in approximately 20 minutes and may linger for up to 40 minutes. The effects of smoking or injecting cocaine are felt almost immediately and persist for roughly 10 minutes. The resulting depression or "crash," therefore, is much greater with smoking or injecting cocaine than with inhaling it. This depression is the primary trigger of cocaine addiction; the cocaine abuser's desire to avoid this crash frequently results in compulsive use and psychological dependency.

Excessive doses may cause seizures and/or death from respiratory failure, stroke, cerebral hemorrhage, or heart failure. Psychological effects include various psychiatric disorders such as paranoia and suicidal tendencies. No specific treatments exist for cocaine overdose; nor does tolerance develop to cocaine's toxicity. There is no "safe" dose of cocaine.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.

THE COCAINE TRADE IN LATIN AMERICA

CULTIVATION AND PRODUCTION

Cocaine is derived from the coca plant grown primarily in Peru and Bolivia. As seen from the chart, smaller amounts of coca also are cultivated in Colombia. The leaves are stripped from the plant, dried, and then processed into cocaine base through simple chemical procedures. These procedures occur in crude laboratories located in remote regions of Peru and Bolivia.[1]

COCAINE PRODUCTION
Potential Cocaine HCl Production by Country, 1993-1994

		Net Coca Cultivation (hectares)	Estimated Coca Leaf Yield (metric tons)	Potential Cocaine HCl Capacity (metric tons)
Bolivia	1994	48,100	89,800	270
	1993	47,200	84,400	255
Colombia	1994	45,000	36,000	70
	1993	39,700	31,700	65
Peru	1994	108,600	155,300	480-515
	1993	108,800	155,500	450-485
Potential Cocaine HCl Production			1994	820-855
			1993	770-805

Source: *International Narcotics Control Strategy Report, March 1995*

While there is some cocaine production in Bolivia and Peru, most cocaine is refined in Colombia. Colombian cocaine trafficking organizations import cocaine base from Peru and Bolivia, refine it into finished cocaine at clandestine laboratories throughout Colombia, then smuggle the finished cocaine abroad for wholesale distribution. Independent Peruvian and Bolivian trafficking organizations also supply limited amounts of finished cocaine to the United States.

Some Colombian laboratory operations involve large, "industrial-type" facilities that employ 20 or more workers and produce over 250 kilograms of cocaine per week. The cocaine produced in these laboratories is smuggled to foreign markets by traffickers using a combination of air, land, and sea routes.

[1] For more information on coca cultivation and production, see *Coca Cultivation and Cocaine Processing*, Drug Enforcement Administration, Intelligence Division, Washington, DC, September 1993 (DEA-93054).

Typical cocaine base processing site in Bolivia.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.

COCAINE SMUGGLING TO THE UNITED STATES

Transportation Groups

In order to transport cocaine shipments from South America to U.S. markets, the Cali drug mafia uses the services of well-entrenched smuggling groups located throughout the Caribbean, Central America, and Mexico. These smuggling groups transport multiton shipments of cocaine from Colombia by air, land, and sea conveyances to the United States directly or by way of transshipment countries.

The Colombian drug mafias often use Mexican transportation groups to smuggle cocaine through Mexico into the United States. Many of these Mexican transportation groups are polydrug traffickers with extensive experience in smuggling drugs and other contraband across the southwest border into the United States. Frequently, the transportation groups receive a percentage of the cocaine shipments in exchange for their services. In addition, these Mexican groups have become wholesale distributors of cocaine in Chicago, Denver, Detroit, and other U.S. cities.

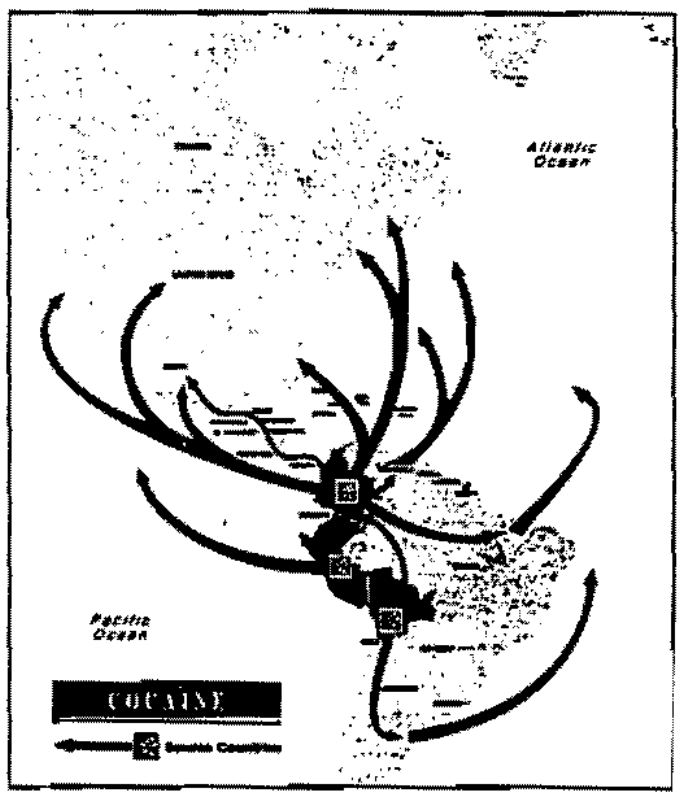
These groups control routes and pipelines into the United States. To aid smuggling ventures, they employ high-technology equipment, including night-vision goggles and radios with scramblers, as well as military hardware, such as assault rifles, hand grenades, and bulletproof vests. These Mexican organizations also use scouts with radios and scanners tuned to police frequencies to monitor law enforcement acitivities along the U.S.-Mexican border. Further demonstrating their smuggling resourcefulness, these traffickers have built sophisticated tunnels underneath the southwest border.

Mexican transportation groups receive cocaine shipments from Colombian traffickers and assume complete responsibility for the shipments until delivery in the United States. Multiton quantities of cocaine are warehoused in Mexico near the northern border. Frequently, smuggling organizations divide shipments into smaller quantities and transport them into the United States by smuggling organizations using passenger cars, tractor trailers, and other land vehicles.

Routes and Methods

The principal cocaine smuggling routes from South America to the United States commonly transit Mexico, where cocaine shipments often are warehoused near the U.S.-Mexican border before they are transported into the United States. Other primary cocaine smuggling routes from South America to the United States transit the Caribbean. Caribbean islands, such as Puerto Rico and The Bahamas, are used as transshipment areas for U.S.-bound cocaine. While airdrops are used by traffickers to transport cocaine from South America to Caribbean transit areas, maritime conveyances are believed to be used predominantly throughout the region.

Traffickers use **maritime** vessels to transport bulk quantities of cocaine from South America to the United States or Mexico. Maritime craft used by traffickers include commercial cargo vessels, fishing boats, specially designed low-profile vessels, and pleasure craft. Of these, commercial cargo vessels pose the greatest cocaine smuggling threat to the United States as evidenced by



Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.

numerous multiton cocaine seizures. For example, during February 1994, the U.S. Customs Service seized 3.8 metric tons of cocaine from a cargo container that had been transported from Cartagena, Colombia, to Miami, Florida.

Traffickers use a variety of aircraft to transport cocaine from South America to Mexico and the United States, including general aviation, large cargo, and commercial aircraft. General aviation aircraft are used to transport cocaine from Colombia to clandestine airstrips in Mexico and Central America. Increasingly, traffickers are turning to the use of larger, longer-range jet and cargo aircraft to expand their smuggling capabilities. For example, in August 1994, a Caravelle jet and shipment of 2.5 metric tons of cocaine were seized in Mexico upon arrival from Colombia. Bulk quantities of cocaine also are transported from South America directly into the United States concealed within commercial air cargo.

The use of private and commercial land vehicles is the predominant means of transporting cocaine from Mexico into the United States. In one incident during July 1994, DEA El Paso seized 5.4 metric tons of cocaine that had been warehoused in northern Mexico and transported by cargo van to El Paso, Texas. Since 1992, seizures along the southwest border have accounted for the majority of cocaine seized annually in the United States. The primary importation points for U.S.-bound cocaine are Arizona, southern California, southern Florida, and Texas.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.

THE COCAINE TRADE IN THE UNITED STATES

CALI DRUG MAFIA

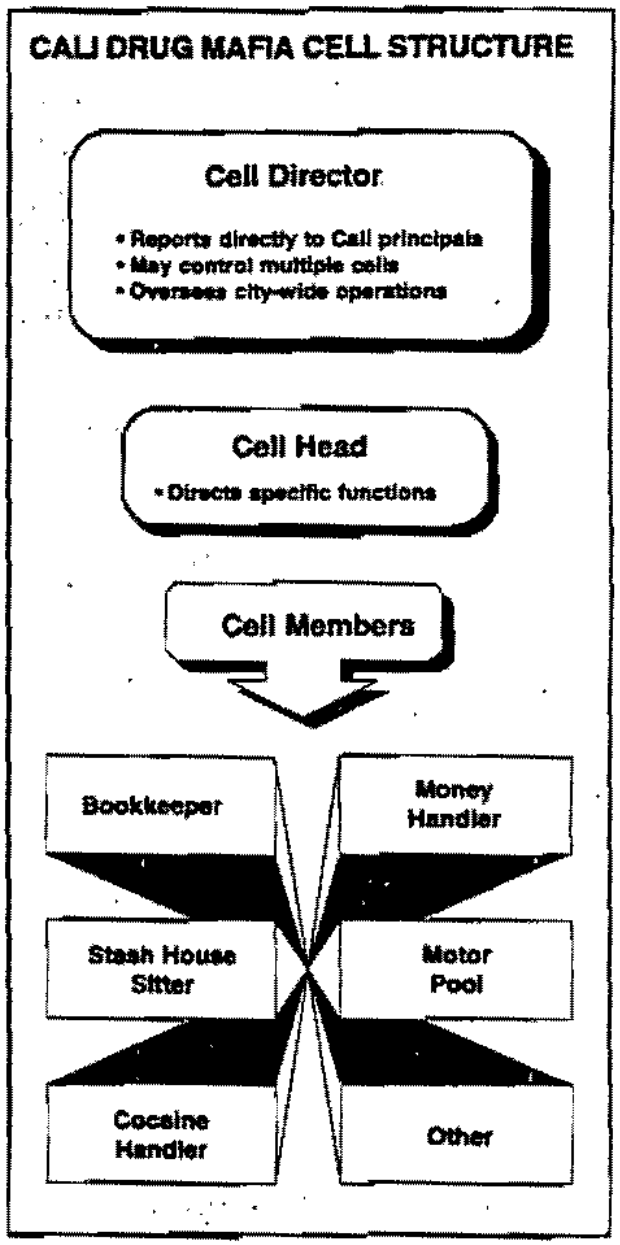
The principal Cali drug mafia trafficking groups have established "cells" that operate within a given geographic area in the United States. Primary U.S. bases of operation are comprised of cells operating independently of each other within major metropolitan areas, notably Chicago, Houston, Los Angeles, New York City, Philadelphia, and San Francisco.

Each cell, which may be comprised of 10 or more employees, operates with little or no knowledge about the membership or drug operations of other cells. Within these cells, smaller units may specialize in particular facets of the drug trade, such as cocaine transportation, storage, wholesale distribution, communications, or money laundering.

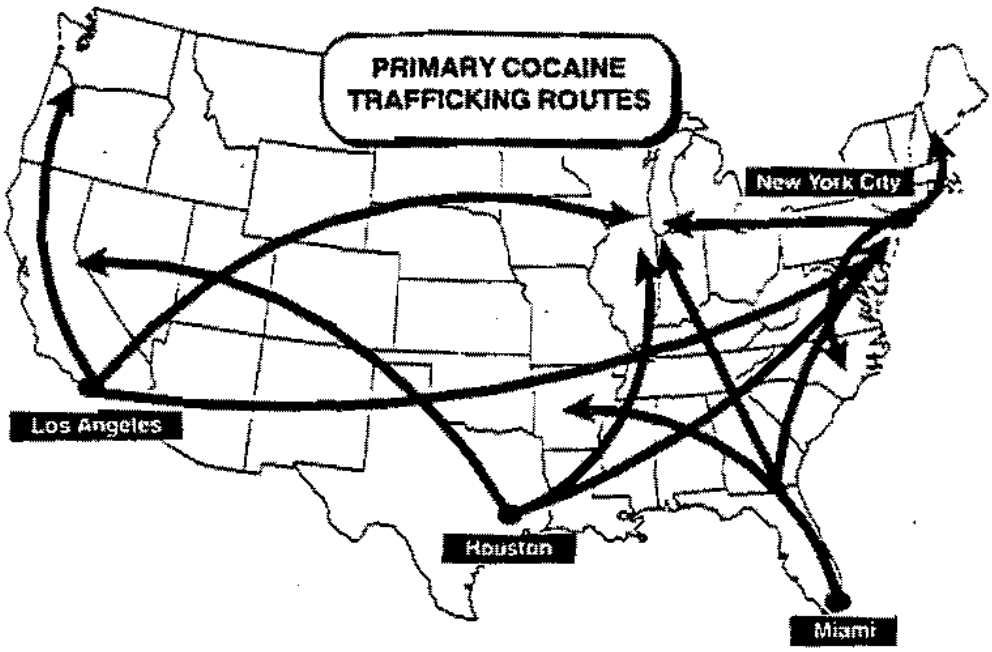
Each unit has minimal contact with other units and is directed by a manager who reports to the cell manager. Each cell manager reports to a regional director who is responsible for the overall management of several cells. The regional director, in turn, reports directly to one of the Cali leaders or their chiefs of operations in Colombia. Strict adherence to this compartmentalization insulates the leaders and other cells from drug law enforcement operations.

The cellular structure requires frequent contact between the cell manager in the United States and top-level drug mafia managers in Colombia. Cell managers use the latest technology, such as computers, pagers, and facsimile machines in their daily operations. Cellular telephones often are bought in bulk quantities and discarded after several months to thwart drug law enforcement efforts at telephone interception.

The Drug Enforcement Administration (DEA) has dismantled many Cali drug mafia cells operating in the United States. Most recently, during September and October 1994, special agents from 10 DEA field divisions conducted the primary arrest phase of Operation FOXHUNT, a 2-year investigation. Among the 199 subjects arrested were 2 regional directors who managed Cali drug mafia operations in New York City and Los Angeles. In addition, 6.5 metric tons of cocaine and $13 million were seized during the investigation.



Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.



MEDELLIN DRUG MAFIA

In general, the Medellin drug mafia's method of operation in the United States is less compartmentalized than that of the Cali drug mafia. The drug trafficking elements comprising the Medellin drug mafia employ a group decision-making process at the top level, as opposed to the hierarchical decision-making process employed by the Cali drug mafia. At the lower levels, Medellin trafficking groups transact business with fewer restrictions on their choice of business associates.

DOMESTIC TRAFFICKING AND DISTRIBUTION

Once smuggled into the United States, cocaine shipments are consolidated in either a gateway city or a warehouse facility near the U.S.-Mexican border. The principal gateway cities used for stashing multihundred or multithousand kilogram quantities of cocaine are Houston, Los Angeles, Miami, and New York City. After the shipments are received at a gateway city, control is relinquished back to the Colombian drug mafias.

Once the Colombians regain control over the shipments, the cocaine is divided again into multihundred kilogram quantities and is transported to cells in other metropolitan areas for local distribution. At this point, the individual cells, as well as Mexican transportation groups that were paid a percentage of cocaine shipments, divide the cocaine into smaller amounts for sale to local wholesalers who distribute 15-kilogram or less quantities. The local wholesalers sell kilogram amounts to retail distribution groups that further divide the cocaine for retail sales.

Retail distribution groups repackage cocaine purchases in ounce and gram quantities for sale by that group or other, smaller retailers. These groups include a diverse assortment of ethnic gangs that are responsible for most of the domestic street trade in cocaine and crack. While there continues to be a market for cocaine at the retail level, primarily among casual users and cocaine injectors, crack distribution and abuse now constitute the driving force behind the cocaine threat in the United States.[3] Although importation of crack has occurred sporadically (small quantities occasionally are transported into Florida from a few Caribbean islands), virtually all of the crack sold and consumed in the United States is manufactured domestically.

[3] For more information on crack trafficking, see *Crack Cocaine*, Drug Intelligence Report, Drug Enforcement Administration, Intelligence Division, Washington, DC, April 1994 (DEA-94016).

Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.

INTERNATIONAL DEVELOPMENTS

Europe

The dynamics of the cocaine trade in Europe have not evolved to the same extent as in the United States. The threat to Europe is similar to the situation in the United States circa 1980.

Western Europe is the second-largest cocaine market in the world after the United States. Since 1990, Colombian trafficking organizations, the Cali drug mafia in particular, increasingly have been smuggling larger amounts of cocaine to Europe, as evidenced by increasing annual seizures.

In addition, the Colombian drug mafias have established relations with Italian organized crime families, Russian criminal groups, and Spanish criminal organizations to coordinate the transportation of multiton cocaine shipments from South America to Europe.

Although the Iberian Peninsula has served as the traditional "Gateway to Europe" for South American cocaine since the 1980's, authorities in the Netherlands and Belgium, as well as in the major markets of France, Germany, Italy, and the United Kingdom, have been seizing increasingly larger amounts of cocaine. Colombian traffickers have exploited historical ties with Spain to smuggle large amounts of cocaine through Spain to the rest of Europe.

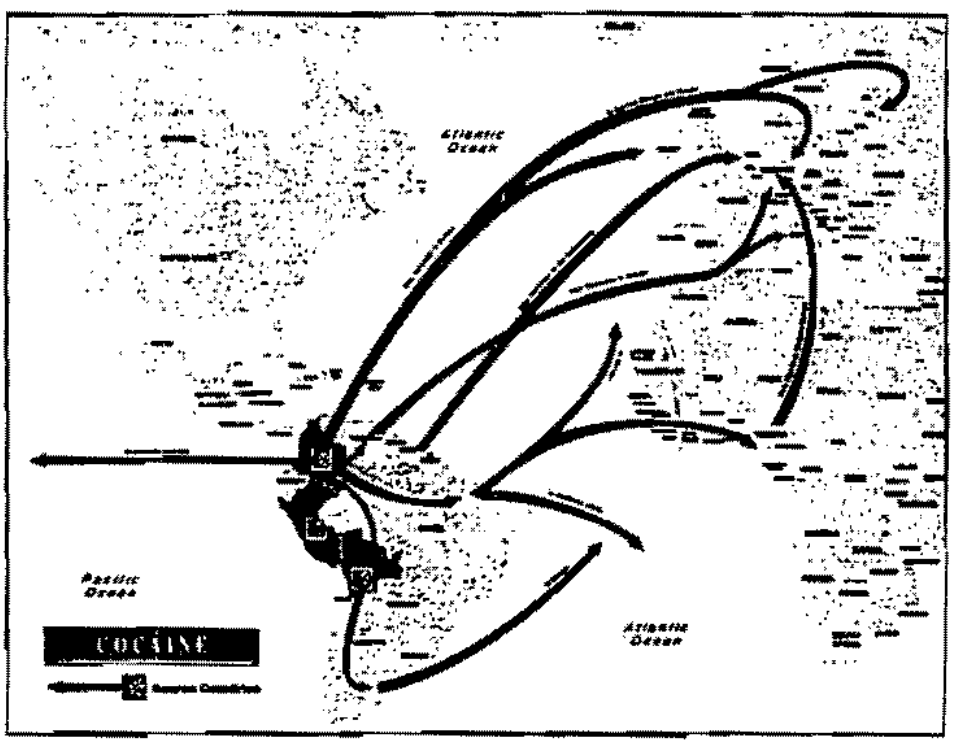
To date, crack distribution and abuse have not gained a foothold in Europe, with the exception of the United Kingdom where the market mirrors that of the United States in many ways. For example, violent Jamaican posses distribute crack in inner-city areas of major U.K. cities.

Asia

Australia is threatened by the illicit trafficking and abuse of cocaine more than any other country in the Far East. Colombian organizations have selected Australia as both a potential market and a transit country for cocaine being shipped to Japan. Since 1988, South American traffickers have been attempting to cultivate a demand for cocaine in Japan, but have met with only limited success.

Africa

Several countries in Africa also are experiencing a surge in cocaine trafficking, including Ghana, Nigeria, and South Africa. Likewise, Colombian trafficking organizations are making use of Algeria, Morocco, Tunisia, and other countries in northern Africa to smuggle cocaine to Western Europe.



Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.

OUTLOOK

The trafficking and abuse of cocaine will remain the primary threat to drug law enforcement authorities in the United States. The drug is produced, transported, and distributed by large, well-entrenched criminal organizations that will continue to supply large quantities of cocaine to the illicit market in the United States.

Domestically, the most serious problem resulting from the cocaine trade is crack-related violence. The typical crack marketplace is defined by spontaneous, random acts of violence, punctuated by turf wars, rip-offs, drive-by shootings, and arson. A chilling by-product of crack-related violence is the greatly increased risk of victimizing innocent bystanders—violent interactions often are played out on densely populated city streets.

Because crack distribution typically is perceived as a local threat in most communities, the municipal police department is the lead law enforcement agency in targeting crack distributors. However, many of the larger crack distribution groups also are involved in intrastate and interstate shipments of the drug from source cities to secondary markets. Consequently, Federal and State authorities are engaged to dismatle these higher-level distribution groups.

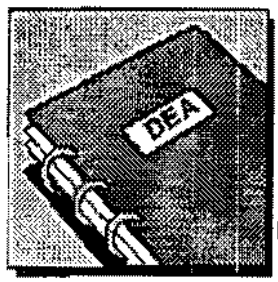
Furthermore, State and local law enforcement agencies and judicial systems are overwhelmed by the increasing numbers of violators and the escalating magnitude of crack trafficking activities. Consequently, assistance from Federal and State authorities is essential to dismantling these higher-level trafficking groups.

Federal targeting of the most significant crack traffickers has been effective. Destroying these organizations is the most daunting challenge facing U.S. drug law enforcement officials.

To support this mission, the Department of Justice has established several programs and funding mechanisms that target crack distribution groups, directly or through ancillary channels, and are geared to support State and local law enforcement agencies. Examples include State and local task forces, Organized Crime Drug Enforcement Task Forces, grants from the Bureau of Justice Assistance, and the designation of High Intensity Drug Trafficking Areas.

DEA is committed to dismantling cocaine trafficking organizations. DEA will accomplish this goal by targeting the highest-level violators both in Colombia—the primary source country for cocaine—and in every community across the United States.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The Cocaine Threat to the United States*, March 1995.



DEA

The South American Cocaine Trade: An "Industry" in Transition

June 1996

Contents

Introduction

The heart of the international cocaine trade is located in the Andean region of South America. Virtually all of the world's cocaine base, the intermediate product used to manufacture cocaine hydrochloride (cocaine HCl), is produced in Peru, Bolivia, or Colombia. Cocaine base production in Peru and Bolivia in 1995 represented about 90 percent of the world's cocaine base; the remaining 10 percent was produced in Colombia. Operation BREAKTHROUGH estimated worldwide cocaine production in 1995 at 715 metric tons.[1]

The major Colombian drug trafficking groups continue to produce most of the world's cocaine HCl. They import hundreds of tons of cocaine base from Peru and Bolivia, convert it into cocaine HCl at clandestine drug laboratories in Colombia, and export the illicit product to the United States and Europe. Independent Bolivian and Peruvian trafficking groups, however, increasingly are producing cocaine HCl.

The governments in the Andean region took unprecedented steps against the drug trade in 1995. Notable counterdrug successes included the arrest or surrender of seven of the eight top Cali drug mafia leaders and the successful execution of an assertive air interdiction campaign against the traditional Peru-Colombia air bridge. These counterdrug initiatives have accelerated the trend toward decentralization of the "Cali-centric" drug trade and compelled traffickers to change the way they "do business" in South America.

Impact of Operations against the Cali Drug Mafia

The death of Jose Santacruz-Londono and the arrest or surrender of such major traffickers as Victor Patino, Jose Castrillon Henao and Juan Carlos Ramirez Abadia (aka "Chupeta") have disrupted some Cali drug mafia drug trafficking operations. The Cali drug mafia per se, however, has not been dismantled in

that Cali drug lord Helmer "Pacho" Herrera remains at large and the Rodriguez-Orejuela brothers continue to manage aspects of their trafficking organizations from prison.

DEA reporting suggests, however, that a new generation of relatively young North Coast, Northern Valle del Cauca, and Cali traffickers will attempt to exploit any "power vacuum" created by the arrests of the Cali drug lords. The Henao Montoya brothers, for example, appear to be seeking to increase their power and influence relative to the Cali "old guard." One important result of this heightened competition between rival Colombian trafficking groups has been an increase in drug-related violence.

The major drug trafficking organizations in Mexico also may be expected to exploit the situation in Colombia in order to expand their business contacts with cocaine suppliers in Peru and Bolivia.

Impact of Operations against the Air Bridge

Assertive air interdiction campaigns against the traditional air bridge by the governments of Peru and Colombia have forced traffickers in Peru to transport cocaine base increasingly via land and riverine routes to airstrips in Peru that are located near the Brazilian or Colombian borders. This smuggling strategy minimizes the time that drug pilots are put at risk in Peruvian Air Force (FAP) areas of operation.[2]

Detected drug flights from Peru to Colombia in 1995 decreased significantly compared to 1994. Intelligence in 1995 indicated that this decline in drug flights resulted in a glut of cocaine base in Peru. This, in turn, led to a plunge in cocaine base prices in Peru. Reporting in early 1996, however, indicates that cocaine base prices in Peru are on the rebound. Although the air bridge interdiction initiative is considered to be a counterdrug success, this year-long campaign does not appear to have caused any measurable shortage of cocaine base for processing in Colombia.

Expanded Role of "Spill-Over" Countries in the Drug Trade

Aggressive drug law enforcement efforts in Colombia and Peru have forced traffickers to relocate some of their trafficking operations to Brazil, Ecuador, and Venezuela. Brazil has become increasingly important as a major cocaine transit route. Limited reporting also suggests that cocaine HCl production has increased in Brazil.

Venezuela remains a major transit country for cocaine HCl produced in Colombia. Venezuela also is an important conduit for essential chemicals and a financial center for drug money laundering. Likewise, Ecuador is an important transit country for cocaine from Colombia. The countries of the Southern Cone (Argentina, Chile, Paraguay, and Uruguay) are ranked as secondary transshipment regions for cocaine destined for the United States and Europe.

Decentralization of Cocaine Production and Trafficking

The emergence of independent Bolivian, Peruvian, and Mexican trafficking organizations highlights the trend toward decentralization of the "Cali-centric" cocaine trade. Increasing quantities of cocaine HCl are being produced by independent trafficking groups in Bolivia and Peru.

Cocaine HCl production in Bolivia has increased significantly in recent years. In 1995, 61 percent of the cocaine seized in Bolivia was cocaine HCl, as opposed to cocaine base. In contrast, cocaine HCl comprised only 9 percent of the cocaine seized in Bolivia during 1994.

DEA reporting also indicates that independent Mexican, Peruvian, Brazilian, and Bolivian trafficking organizations are increasing their activities in Bolivia. To date, however, these organizations have not demonstrated the capability to produce and transport multiton quantities of cocaine HCl from South America on a regular basis. The Colombian drug mafias continue to play an important role in cocaine production and distribution in Bolivia.

Recent intelligence and investigative reporting indicates that some independent trafficking groups in Peru increasingly are producing cocaine HCl. These independent Peruvian organizations, however, continue to sell the majority of their cocaine base to Colombian traffickers, who then process the cocaine base into cocaine HCl at clandestine drug laboratories in Colombia.

The trend toward decentralization of the cocaine trade, of course, is not limited to South America. Today, the major Mexican trafficking organizations are second only to the Colombian drug mafias in terms of power, sophistication, and international scope of operations. Accordingly, Mexico's drug lords may be expected to exploit opportunities to expand operations.

Limited reporting suggests that certain Mexican trafficking organizations are attempting to bypass the Colombian drug mafias and deal directly with Bolivian and Peruvian cocaine HCl suppliers. While predictions of a fundamental "power shift" in the drug trade away from the Cali drug mafia and toward the "Mexican Federation" are premature, additional expansion of Mexican trafficker contracts with cocaine suppliers in Peru and Bolivia is anticipated. The major Colombian drug trafficking organizations, however, are expected to remain dominant players in the international cocaine trade in the next five years.

Final Observations

The decentralization of the traditional "Cali-centric" cocaine trade presents international drug law enforcement authorities with new challenges. Traditional enforcement strategies and intelligence collection programs designed to target the major Colombian "cartels" may not provide optimum results against a fragmented cocaine "industry" comprised of hundreds of smaller, but significant, Latin American trafficking organizations. The international drug law enforcement community must explore new and innovative strategies to confront successfully the evolving cocaine trade into the 21st Century.

Footnotes

1) Operation BREAKTHROUGH is a DEA scientific research project designed to estimate the amount of cocaine produced in the Andean region by examining the yield and alkaloid content of coca crops and the efficiency of clandestine laboratory operations.
2) Drug pilots have reasonable cause to avoid the traditional Peru-Colombia air bridge. In 1995, the FAP forced down or shot down 20 drug aircraft. Likewise, the Colombian Air Force strafed or forced down at least 15 drug aircraft.

This report was prepared by the Latin America Unit of the Strategic Intelligence Section. For additional information, please contact the Intelligence Production Unit, Intelligence Division, DEA Headquarters, at (202) 307-8726.

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1995

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	BENZODIAZEPINE	OTHER TRANQUILIZERS	OTHER SEDATIVE/ HYPNOTICS	METHAMPHETAMINES	OTHER AMPHETAMINES
ALABAMA	92	15	376	0	104	5	13	101	42
ALASKA	89	4	14	5	3	1	6	40	13
ARIZONA	2,553	90	151	7	36	6	9	1,814	669
ARKANSAS	119	20	321	15	0	53	58	N/A	1,168
CALIFORNIA	67,956	68	1,332	190	150	52	114	28,204	1,044
COLORADO	1,744	34	342	19	68	9	15	1,199	139
CONNECTICUT	12,361	92	805	30	0	35	51	0	30
DELAWARE	1,410	1	24	8	4	14	1	5	4
DISTRICT OF COL	3,375	0	5	0	0	0	0	0	0
FLORIDA	1,272	25	604	53	80	37	57	195	47
GEORGIA	1,314	0	0	0	0	0	284	428	0
HAWAII	300	4	39	0	4	0	4	874	15
IDAHO	88	3	14	5	8	8	4	915	49
ILLINOIS	12,368	8	251	52	95	0	31	184	221
INDIANA	599	15	342	30	88	43	35	314	47
IOWA	211	7	115	19	37	20	21	2,253	173
KANSAS	113	5	74	8	13	7	11	468	86
KENTUCKY	91	25	531	4	155	5	31	43	31
LOUISIANA	160	5	181	31	57	27	44	36	100
MAINE	231	1	70	16	0	21	34	28	8
MARYLAND	7,221	37	177	25	23	5	32	25	15
MASSACHUSETTS	24,492	53	449	31	345	55	23	47	35
MICHIGAN	6,496	95	1,015	64	97	72	58	174	155
MINNESOTA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MISSISSIPPI	65	3	141	1	36	26	47	137	32
MISSOURI	1,030	49	130	6	84	43	30	915	249
MONTANA	49	3	92	15	16	20	8	492	58
NEBRASKA	115	10	51	7	8	16	22	318	37
NEVADA	565	1	34	1	1	3	3	1,429	28
NEW HAMPSHIRE	168	1	8	5	5	1	2	8	2
NEW JERSEY	19,359	54	281	54	164	41	41	56	65
NEW MEXICO	469	26	46	4	6	11	8	214	91
NEW YORK	19,715	154	403	118	109	141	90	26	151
NORTH CAROLINA	1,391	11	485	15	142	23	69	36	85
NORTH DAKOTA	4	0	9	0	6	0	2	23	7
OHIO	1,949	42	848	119	175	41	193	145	231
OKLAHOMA	88	3	92	22	30	10	11	508	261
OREGON	4,587	20	216	48	0	17	36	N/A	7,620
PALAU	0	0	0	0	0	0	0	1	0
PENNSYLVANIA	5,525	59	467	81	131	145	89	231	113
PUERTO RICO	5,585	0	4	14	0	31	4	0	0
RHODE ISLAND	2,622	10	151	16	27	14	4	2	12
SOUTH CAROLINA	348	7	149	16	26	11	64	35	51
SOUTH DAKOTA	7	0	28	4	5	5	9	127	68
TENNESSEE	41	3	257	17	30	55	50	7	70
TEXAS	4,559	53	328	105	0	103	156	N/A	1,795
UTAH	867	34	217	28	0	12	26	N/A	1,525
VERMONT	125	1	50	3	20	2	8	5	12
VIRGINIA	2,250	7	324	36	123	34	52	39	42
VIRGIN ISLANDS	23	0	0	0	0	0	0	0	0
WASHINGTON	4,952	21	297	32	21	54	21	2,443	478
WEST VIRGINIA	91	5	179	9	64	26	31	49	32
WISCONSIN	294	15	336	57	0	42	19	N/A	113
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	223,502	1,195	12,675	1,463	2,596	1,428	2,071	64,593	17,326
PERCENT OF TOTAL	25.3%	0.1%	1.5%	0.2%	0.3%	0.2%	0.2%	5.1%	2.0%

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1995; data are included for "ONLY THOSE PROGRAMS that receive at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1995."

Source: Gustafson, John S., et al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1995*. July, 1997.

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES (CON'T) BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1995

STATE	COCAINE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER THE COUNTER	OTHER	NOT REPORTED	TOTAL
ALABAMA	4,479	1,854	0	21	34	0	31	834	7,803
ALASKA	872	784	5	8	21	2	34	0	1,906
ARIZONA	2,581	1,176	14	38	28	0	28	0	9,182
ARKANSAS	2,200	2,041	12	22	44	4	81	0	6,254
CALIFORNIA	18,512	31,668	1,160	176	78	24	256	160	132,164
COLORADO	4,230	4,001	10	66	134	11	25	0	12,036
CONNECTICUT	8,273	1,871	86	44	14	6	26	623	24,345
DELAWARE	1,482	334	57	4	2	1	7	257	3,615
DISTRICT OF COL	8,949	269	27	6	8	0	0	51	12,674
FLORIDA	17,837	10,598	9	124	71	12	204	8,672	39,895
GEORGIA	16,965	3,616	3	41	64	0	4,462	5,583	31,760
HAWAII	523	604	0	36	2	0	0	0	2,685
IDAHO	280	1,129	3	24	20	6	33	5	2,596
ILLINOIS	32,853	9,811	400	115	111	30	100	7,063	63,683
INDIANA	7,012	2,886	5	46	58	13	293	1	11,467
IOWA	1,886	3,728	5	48	99	13	125	0	8,750
KANSAS	3,287	2,758	23	34	42	12	49	0	6,991
KENTUCKY	1,396	1,326	3	21	54	1	808	2,340	6,665
LOUISIANA	7,118	2,129	24	44	19	5	45	5,416	15,442
MAINE	239	830	0	44	7	5	12	0	1,546
MARYLAND	6,269	4,025	335	102	76	4	3	1,307	19,679
MASSACHUSETTS	17,596	6,506	65	139	20	19	296	0	48,189
MICHIGAN	17,384	10,009	13	122	71	29	113	0	35,969
MINNESOTA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MISSISSIPPI	3,872	1,130	2	34	16	0	102	274	6,018
MISSOURI	7,380	4,039	140	65	84	1	106	640	14,791
MONTANA	261	816	1	19	16	3	3	0	1,872
NEBRASKA	1,073	1,086	9	28	21	13	65	620	3,499
NEVADA	803	574	19	4	7	1	127	0	3,700
NEW HAMPSHIRE	381	548	0	32	8	0	10	0	1,171
NEW JERSEY	8,721	3,742	106	56	20	15	98	0	32,873
NEW MEXICO	691	637	7	11	16	3	505	16	2,761
NEW YORK	25,647	11,566	621	285	78	59	4,401	707	64,071
NORTH CAROLINA	14,469	4,035	6	49	62	7	270	0	21,155
NORTH DAKOTA	41	274	0	0	5	0	19	44	434
OHIO	14,248	10,273	32	152	161	27	185	0	28,821
OKLAHOMA	1,009	650	1	15	35	2	33	483	3,253
OREGON	2,922	6,869	7	82	36	15	49	0	20,524
PALAU	0	1	0	0	0	0	2	0	4
PENNSYLVANIA	17,306	7,682	294	231	118	37	367	0	32,776
PUERTO RICO	1,364	813	0	0	11	1	760	4,524	13,111
RHODE ISLAND	1,121	1,043	3	12	5	2	5	3	5,051
SOUTH CAROLINA	5,299	2,103	0	23	74	14	84	6	8,404
SOUTH DAKOTA	124	879	0	26	63	3	26	486	1,869
TENNESSEE	2,615	1,193	N/A	14	75	9	59	521	5,016
TEXAS	18,596	7,978	60	117	400	14	81	0	34,245
UTAH	1,944	1,600	11	57	65	86	384	340	7,276
VERMONT	299	836	1	23	5	2	0	7	1,407
VIRGINIA	10,716	4,038	170	67	47	24	69	0	18,044
VIRGIN ISLANDS	20	7	0	0	0	0	1	0	51
WASHINGTON	4,723	4,897	6	150	55	22	389	0	18,561
WEST VIRGINIA	736	942	1	25	55	12	89	0	2,312
WISCONSIN	1,554	6,705	9	65	156	68	123	0	11,541
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	333,359	165,801	3,567	3,893	2,743	842	15,391	49,677	869,970
PERCENT OF TOTAL	38.3%	19.1%	0.4%	0.3%	0.3%	0.1%	1.8%	4.7%	100.0%

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile (SADAP); FY 1995; data are included for "ONLY THOSE PROGRAMS that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1995."

Source: Gustafson, John S., et al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1995*, July, 1997.

Table B

Trends in the Cocaine Supply, 1989-1995
(in metric tons unless otherwise noted)

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

1 Estimates of cocaine HCl come from computer model of cocaine production. The range is based on the error band reported by the Department of State for the area under cultivation.
2 INCSR, 1996 (and previous years); Royal Canadian Mounted Police, National Drug Intelligence Estimate, 1994 (and previous years) and International Narcotics Control Board, Narcotic Drugs Statistic for 1991 (and previous years). The category excludes seizures of cocaine not destined for the United States.
3 Drug Enforcement Administration, Federal-wide Drug Seizures System, 1989-1996.
4 Estimates are a two-year moving average of years T and T-1. The estimate for 1989 is for year 1989 alone.

Source: Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs, 1988-1995*, September 29, 1997.

Table 1

Estimated Number of Hardcore and Occasional Users of Cocaine and Heroin (Thousands), 1988-1995

	1988	1989	1990	1991	1992	1993	1994	1995
NHSDA								
Cocaine Occasional	6,000	5,300	4,600	4,500	3,500	3,300	2,900	3,000
Heroin Occasional	170	150	140	170	210	200	210	320
DUF								
Cocaine Hardcore	3,600	3,400	3,200	3,000	3,100	3,300	3,200	3,300
Heroin Hardcore	875	880	780	730	690	790	800	810

The NHSDA was not administered in 1989. Estimates for 1989 are the averages for 1988 and 1990.

Sources: NHSDA 1988, 1990 through 1995; DUF 1988 through 1995; Uniform Crime Reports (UCR) 1988 through 1995

For example, Appendix A presents estimates of hardcore heroin use that are based on a different methodology than the methodology described in this report. One calculation from Appendix A supports a national estimate of 508,000 hardcore heroin users; a second calculation supports a national estimate of 582,000 hardcore heroin users. The Appendix explains why both estimates probably understate the true number. We are aware of only one other national estimate of heroin addicts, by Hamill and Cooley,[15] who concluded there were 640,000 to 1.1 million heroin addicts in 1987. These estimates are roughly consistent with the estimated 690,000 to 880,000 hardcore heroin users assumed in the retail sales calculations.

Simeone, Rhodes and Hunt[16] estimate that there were about 300,000 hardcore cocaine/heroin users in Cook County in 1995. Assuming a constant proportionality between the number of hardcore users in a population and the number of emergency room admissions attributed to them, the Simeone, Rhodes and Hunt estimates suggest there are about 4.0 to 4.5 million hardcore users in the nation. Although such an assumption of proportionality rests on shaky grounds, it nevertheless leads to estimates that are remarkably close to the 3.6 million estimate used in retail sales calculations.

Source: Office of National Drug Control Policy. *What America's Users Spend on Illegal Drugs, 1988-1995*. September 29, 1997.

In 1995, hardcore cocaine users spent $187 a week on cocaine, and hardcore heroin users spent $208 a week on heroin (Table 2). These DUF estimates lack precision, but they are reasonable considering other data about expenditures on illicit drugs (see Appendix B).

Of course, occasional users spend less per week than do hardcore users. Based on NHSDA data, occasional cocaine users spent $19 in 1988, $23 in 1989, $27 in 1990, $30 in 1991, $34 in 1992, and $35 in 1993. No such estimates are available from the NHSDA for occasional heroin users. For them, we assumed a weekly expenditure that was one-fifth of the amount spent by hardcore users, or about $50 per week.

Table 2

Weekly Median Cocaine and Heroin Expenditures Reported by Arrestee Hardcore Users, 1989-1995 (dollars, 1996 dollar equivalents)

	1989	1990	1991	1992	1993	1994	1995
Cocaine							
Median	$283	$267	$240	$219	$198	$189	$187
Heroin							
Median	$356	$340	$299	$267	$226	$211	$208

Sources: DUF 1989 through 1995.

Total Expenditures on Cocaine and Heroin

Between 1988 and 1995 American users spent $37 billion to $61 billion yearly on cocaine and $9 billion to $18 billion yearly on heroin (Table 3). We derived these estimates by multiplying the number of hardcore and occasional users in Table 1 by the median expenditures in Table 2 (and the figures cited earlier for occasional users) and adding the results.

Source: Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs, 1988-1995*, September 29, 1997.

How the Estimates are Affected by Varying the Assumptions

The estimates of expenditures may vary due to assumptions made about the number of hardcore and occasional users and about their average expenditures. Because hardcore users account for the bulk of drug spending, our estimates of total expenditures are especially sensitive to the accuracy of estimates of expenditures by hardcore users. Consequently, we tested how sensitive our expenditure estimates are to assumptions made about the number of hardcore users and their typical expenditures. Because the factors that entered the calculations were not derived from probability samples, it is impractical to develop a statistically based margin of error.

Table 3

Total Expenditures on Cocaine and Heroin, 1988-1995
($ in billions, 1996 dollar equivalents)

	1988	1989	1990	1991	1992	1993	1994	1995
Cocaine								
heavy use	$55.0	$50.0	$45.0	$38.7	$35.4	$33.9	$31.9	$32.4
occasional	$6.2	$6.7	$6.5	$7.2	$6.4	$6.4	$5.5	$5.6
total	$61.2	$56.7	$51.5	$45.9	$41.7	$40.3	$37.4	$38.0
Heroin								
heavy use	$17.2	$16.3	$13.9	$11.4	$9.6	$9.3	$8.8	$8.7
occasional	$0.6	$0.5	$0.4	$0.5	$0.6	$0.6	$0.6	$0.9
total	$17.7	$16.8	$14.3	$11.9	$10.2	$9.8	$9.3	$9.6

Since weekly expenditures from DUF data were not available for 1988, we used the 1989 amounts as proxies for 1988 in calculating total expenditures

Sources: See Tables 1 and 2

First, we determined how the expenditure estimates would be affected if we used lower or higher estimates of the

Source: Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs, 1988-1995*, September 29, 1997

heroin. After adjusting for the limitations of these other studies, our estimates are consistent with theirs.[26]

Accounting for Income in Kind

Our expenditure estimates reflect money that actually changed hands at the retail level. But drugs are often obtained as "income in kind," sometimes as payment for serving a role in the distribution chain and sometimes as payment for sex. For reasons explained in Appendix B, we assume that hardcore users of heroin received 22 percent of their drugs as in-kind payment and that users of cocaine received half that amount.

If we monetize in-kind payments at street prices, then the 1995 dollar expenditure on cocaine would increase by about $2 billion, and the 1995 dollar expenditure on heroin would increase by about $2 billion. These totals are not reflected in Table 3, but we do take them into account later when we estimate the bulk amounts of cocaine and heroin used in America.

How Much Cocaine and Heroin is Consumed?

To estimate how much cocaine and heroin Americans consume, we used data from the System to Retrieve Drug Evidence (STRIDE) to estimate the street prices paid for cocaine and heroin. These data come from laboratory analyses of purchases by Drug Enforcement Administration agents, other Federal agents, and some State and local agents. The price varies with the size of the purchase lot. Cocaine is much less expensive when bought as a large lot than when purchased as a smaller lot. This is also true of heroin. Therefore, to estimate the average street price of illicit drugs, it is necessary to know how much a typical buyer purchases each time he makes a purchase. The larger the quantity of drugs purchased, the lower the per unit price. There is scant evidence on this topic.

For purposes of estimating the prices, we assumed that a typical heroin purchase was of two to four bags, containing a total of 400 milligrams of bulk heroin, at a purity of 20 percent from 1988 to 1992, and at a purity of 25 percent from 1993 to 1995. These assumptions were used to estimate the average price paid for heroin, based on regression

Source: Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs, 1988-1995*, September 29, 1997.

predictions, for each year from 1988 through 1995. For cocaine, we assumed that the typical purchase was: two packages, containing 1.5 grams of bulk cocaine at 65 percent purity. Additional detail and justification for these assumptions is provided in Appendix C. Estimated prices are reported in Table 4.

The price of cocaine fell sharply throughout the early 1980s; increased during 1990; and then declined again in 1991 and into 1995. Most of the decline after 1990 is caused by an increase in the consumer price index. The price of heroin also fell throughout most of the 1980s; increased slightly in 1990; and has continued to decline since 1991 (Table 4).

Table 5 shows estimates of the amount of cocaine and heroin that was consumed based on the expenditures reported in Table 3 (adjusted to account for drugs earned as income in kind) and the retail prices reported in Table 4. According to the data for the 1988 to 1995 period, cocaine users consumed somewhere between 290 and 390 metric tons of pure cocaine each year. The level of consumption has stayed close to 300 metric tons throughout the 1990s. Heroin users consumed between 10 and 14 metric tons of pure heroin each year during the same period. Consumption has stayed close to 10 metric tons during most of the 1990s, although there may have been an increase in 1995..

Because estimates are not totally accurate, trends are uncertain. However, it appears that the amount of cocaine consumed in the United States has changed very little over the last eight years. The estimates are somewhat higher in 1988 and 1989 than in later years, but given the margin of error in these estimates, no strong trend is apparent. Total expenditure on cocaine has fallen over time, but this is attributable almost exclusively to using the consumer price index to inflate past expenditures.[27]

Table 4

Retail Prices Per Pure Gram for Cocaine and Heroin, 1988-1995
(dollars, 1996 dollar equivalents)

	1988	1989	1990	1991	1992	1993	1994	1995
Cocaine	$177	$163	$193	$165	$160	$155	$140	$139

Source: Office of National Drug Control Policy. *What America's Users Spend on Illegal Drugs, 1988-1995*. September 29, 1997.

Table 4

Retail Prices Per Pure Gram for Cocaine and Heroin, 1988-1995
(dollars, 1996 dollar equivalents)

Heroin	$1,655	$1,433	$1,476	$1,470	$1,315	$1,254	$1,099	$984

Sources: STRIDE 1981 through 1996

Table 5

Total Amount of Cocaine and Heroin Used, 1988-1995
(in metric tons)

	1988	1989	1990	1991	1992	1993	1994	1995
Cocaine	383	386	296	309	289	289	296	304
Heroin	13.1	14.3	11.8	9.8	9.5	9.6	10.3	11.9

Sources: See Tables 1 through 4.

Trends in heroin use may be different. The amount of heroin used seems to have decreased from 1988 and 1989 into the early 1990s. Thereafter, heroin consumption may have increased, but it is hard to be sure because of the unknown confidence intervals involved in these estimates. As already noted, there seem to be fewer heroin addicts in 1993 than there were in 1988. The HIV virus and AIDS have taken a toll. Yet, prices have fallen so much that remaining users may be able to purchase much more than they did in the past, and these lower prices may have attracted new users into the market.[28]

Other studies provide comparable estimates. Using a much different estimation methodology, Rand researchers estimated that about 451 metric tons of cocaine entered the United States in 1989.[29] This compares with our estimates of 386 metric tons. The Rand researchers estimate that 7.8 metric tons of heroin entered the States in 1991.[30] Our estimate is 9.8 metric tons.

Source: Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs, 1988-1995*, September 29, 1997

methodology changes from year to year. Accordingly, we have made no adjustments in our model for these losses.

The amount of cocaine available in consumer countries is further reduced by foreign seizures. According to the *INCSR*, authorities in producer, transshipment, and other consumer countries seized about 56 metric tons in 1994, and 41 metric tons in 1995, of cocaine that was destined for the United States market (Tables 9 and 10).[52]

Table 9

Estimates of Cocaine HCl Available in the United States in 1994 (in metric tons)

	Low	High
Cocaine HCl available for export	558	670
From producing countries[1]	428	514
Foreign seizures of cocaine destined for the United States[2]	-56	-56
Cocaine shipped to the United States	372	458
Federal seizures[3]	-120	-120
Cocaine available for consumption in the United States[4]	258	345

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

2 INCSR, 1995 and 1996.

3 Drug Enforcement Administration, Federal-wide Drug Seizure System.

4 Average for 1993 and 1994.

Note: Some numbers may not add due to rounding

Source: Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs, 1988-1995*, September 29, 1997.

Table 10

Estimates of Cocaine HCl Available in the United States in 1995 (in metric tons)

	Low	High
Cocaine HCl available for export	616	738
From producing countries[1]	462	554
Foreign seizures of cocaine destined for the United States[2]	-41	-41
Cocaine shipped to the United States	421	513
Federal seizures[3]	-98	-98
Cocaine available for consumption in the United States[4]	287	376

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

2 INCSR, 1995 and 1996. The category excludes seizures of cocaine not destined for the United States.

3 Drug Enforcement Administration, Federal-wide Drug Seizure System.

4 Average for 1994 and 1995.

Note: Some numbers may not add due to rounding

Estimates of the amount of cocaine shipped to countries other than the United States are uncertain. Western Europe would appear to be a significant market for cocaine, but there are no reliable prevalence numbers upon which to base European consumption estimates. It appears that cocaine use in Western Europe increased in the 1990s.[53] European cocaine prices also seem to have fallen from relatively high levels in the 1980s to relatively low levels in the 1990s,[54] suggesting that more cocaine was available in Western European markets and perhaps that those markets are better organized.[55] The International Narcotics Control Board reports that South American dealers are smuggling cocaine into Europe through Poland, the Russian Federation, Ukraine and other countries in Eastern Europe.[56] There appear to be no major diversions of cocaine outside the Western Hemisphere, Europe, and North Africa.

Lacking prevalence estimates, we estimated cocaine consumption for Europe from cocaine seizures during the past

Source: Office of National Drug Control Policy, *What America's Users Spend on Illegal Drugs, 1988-1995*, September 29, 1997.

Source: Office of National Drug Control Policy, *How America's Users Spend on Illegal Drugs, 1988-1995*, September 25, 1997.

Table 11

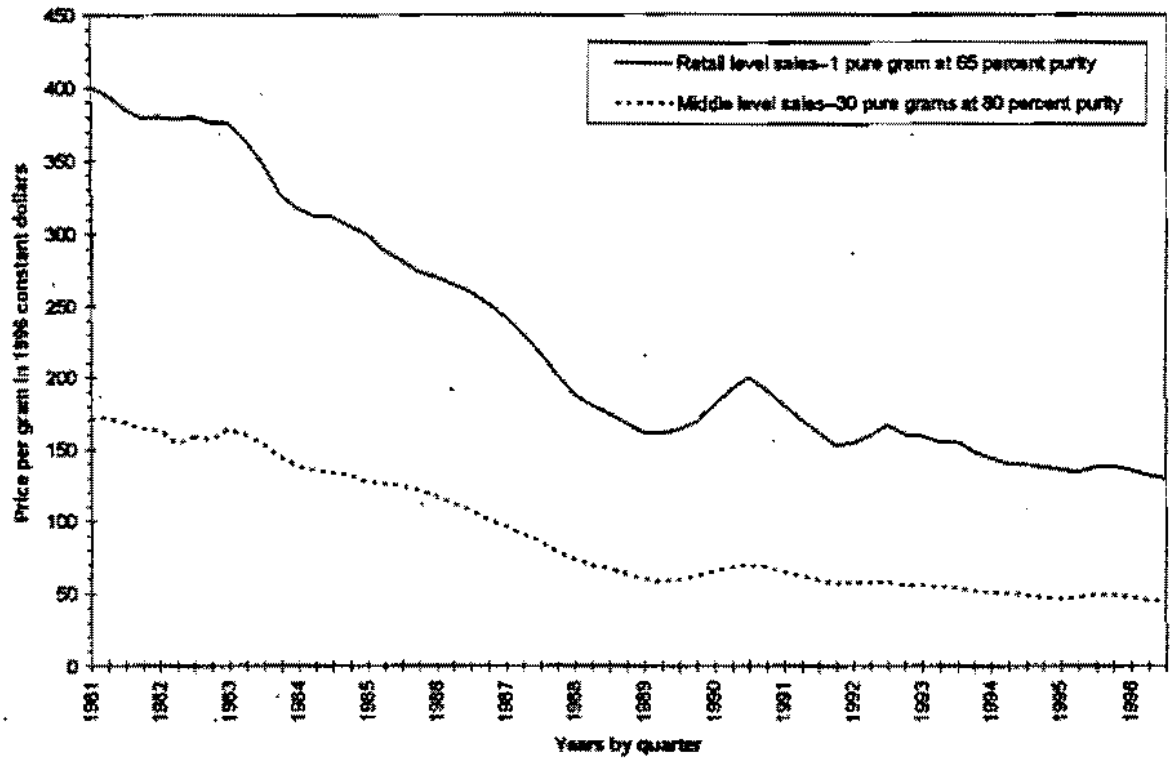
Trends in the Cocaine Supply, 1989-1995
(in metric tons unless otherwise noted)

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

1 Estimates of cocaine HCl come from computer model of cocaine production. The range is based on the error band reported by the Department of State for the area under cultivation.
2 INCSR, 1996 (and previous years); Royal Canadian Mounted Police, National Drug Intelligence Estimate, 1994 (and previous years) and International Narcotics Control Board, Narcotic Drugs Statistic for 1991 (and previous years). The category excludes seizures of cocaine not destined for the United States.
3 Drug Enforcement Administration, Federal-wide Drug Seizures System, 1989-1996.
4 Estimates are a two-year moving average of yearsT and T-1. The estimate for 1989 is for year 1989 alone.

Figure 4

Predicted Price per Pure Gram of Cocaine at the Retail and Middle Distribution Levels



Source: Office of National Drug Control Policy. *What America's Users Spend on Illegal Drugs, 1988-1995.* September 29, 1997.

FOR MORE INFORMATION

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drug Policy Information Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332
http://www.whitehousedrugpolicy.gov

Office of National Drug Control Policy. *Pulse Check: National Trends in Drug Abuse*. Summer 1997. Order #NCJ-164261.

Office of National Drug Control Policy. What America's Users Spend on Illegal Drugs, 1988-1995. November 1997. http://www.whitehousedrugpolicy.gov/drugfact/retail/contents.html

U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991. Order # NCJ-130836.

U.S. Department of Justice, Bureau of Justice Statistics. *Comparing Federal and State Prison Inmates, 1991*. September 1994. Order NCJ#145864.

U.S. Department of Justice, Bureau of Justice Statistics. *Drug Enforcement and Treatment in Prisons, 1990*. July 1992. Order #NCJ134724.

U.S. Department of Justice, Bureau of Justice Statistics. Survey of State Prison Inmates, 1991. May 1993. Order NCJ#136949

U.S. Department of Justice, National Institute of Justice. *1996 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees*. 1997. Order NCJ#165691. http://www.ncjrs.org/pdffiles/165691.pdf

National Clearinghouse for Alcohol and Drug Information
PO Box 2345
Rockville, MD 20847-2345
1-800-729-6686 or
301-468-2600 in the metropolitan Washington, DC area
http://www.health.org

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *NIDA Research Takes a New Look at LSD and Other Hallucinogens* in "NIDA Notes, Volume 8, Number 1," March/April 1993.

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use From the Monitoring the Future Study*, December 1997.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1995*, May 1997.

(Continued on next page)

(continued)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1995*, 1997.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Year-End Estimates from the 1996 Drug Abuse Warning Network*. November 1997.

National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane, Room 9-A-53
Rockville, MD 20857
301-443-6543

U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1996*, 1996.

Drug Enforcement Administration
Intelligence Production Unit
Intelligence Division
Washington, DC 20537

U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1993-December 1996*, June 1997.

U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1996. The Supply of Illicit Drugs to the United States*, August 1997. http://www.usdoj.gov/dea/pubs/intel/nnicc97.htm

U.S. Department of Justice, Drug Enforcement Administration. *The Cocaine Threat to the United States*. March 1995.

U.S. Department of Justice, Drug Enforcement Administration. *The South American Cocaine Trade: An "Industry" in Transition*. July 1996. http://www.usdoj.gov/dea/pubs/intel/cocaine.htm

U.S. Government Printing Office
Superintendent of Documents
Mail Stop :SSOP
Washington, DC 20402-9328

U.S. Department of Justice, Drug Enforcement Administration. *1996 Drugs of Abuse*. 1996. http://www.usdoj.gov/dea/pubs/abuse/chap4/stimula/cocaine.htm

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, DC 20001
202-783-6868
http://www.nasadad.org

Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1995*, July 1997.

University of Michigan
Institute for Social Research
Survey Research Center
Ann Arbor, MI 48109-1399
(313) 763-5043
http://www.isr.umich.edu/src/mtf

University of Michigan, Institute for Social Research, *The Monitoring the Future Study*, December 18, 1997.

ONDCP

The Drug Policy Information Clearinghouse

1-800-666-3332

email: ondcp@ncjrs.org
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Drug Policy Information Clearinghouse

CRACK

Facts and Figures

February 1998
PK25

INTRODUCTION

This information packet includes excerpts from selected Federal government, or Federally-sponsored publications that contain information on crack. These data include trafficking patterns, usage patterns, and sentencing data. Information from the following publications is presented in this information packet:

Drugs of Abuse, 1996 Edition
National Household Survey on Drug Abuse 1996: Population Estimates
National Household Survey on Drug Abuse: Main Findings 1995
Monitoring the Future Study, December 18, 1997 press release
National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1995, Volume II, College Students and Young Adults
Epidemiologic Trends in Drug Abuse, Volume I: Executive Summary, June 1996
Epidemiologic Trends in Drug Abuse, Advance Report, December 1996
Pulse Check: National Trends in Drug Abuse, Summer 1997
Drug Abuse Warning Network, Annual Emergency Department Data, 1996
Drug Abuse Warning Network, Annual Medical Examiner Data, 1994
Drugs and Jail Inmates, 1989
Women in Jail, 1989
Survey of State Prison Inmates, 1991
Comparing Federal and State Prison Inmates, 1991
Women in Prison
United States Sentencing Commission: 1996 Annual Report
Illegal Drug Price Purity Report, United States: January 1993-December 1996
The NNICC Report 1994, The Supply of Illicit Drugs to the United States

Complete citations and ordering instructions for full copies of publications used in producing this information packet may be found on the last page.

This information packet was prepared by Jill Schmidtlein at the Drug Policy Information Clearinghouse. The Clearinghouse is funded by the White House Office of National Drug Control Policy to support drug control policy research, and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drug policy issues, call 1-800-666-3332, write the Drug Policy Information Clearinghouse, PO Box 6000, Rockville, MD 20849-6000, or visit the ONDCP web site at http://www.whitehousedrugpolicy.gov.

U.S. Department of Justice
Drug Enforcement Administration

DEA

Stimulants

Stimulants are sometimes referred to as "uppers" and reverse the effects of fatigue on both mental and physical tasks. Two commonly used stimulants are nicotine, found in tobacco products, and caffeine, an active ingredient in coffee, tea, some soft drinks and many non-prescription medicines. Used in moderation, these substances tend to relieve malaise and increase alertness. Although the use of these products has been an accepted part of our culture, the recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking.

A number of stimulants, however, are under the regulatory control of the CSA. Some of these controlled substances are available by prescription for legitimate medical use in the treatment of obesity, narcolepsy and attention deficit hyperactivity disorders. As drugs of abuse, stimulants are frequently taken to produce a sense of exhilaration, enhance self esteem, improve mental and physical performance, increase activity, reduce appetite, produce prolonged wakefulness, and to "get high." They are recognized as among the most potent agents of reward and reinforcement that underlie the problem of dependence.

Stimulants are both diverted from legitimate channels and clandestinely manufactured exclusively for the illicit market. They are taken orally, sniffed, smoked and injected. Smoking, snorting or injecting stimulants produces a sudden sensation known as a "rush" or a "flash." Abuse is often associated with a pattern of binge use, that is, consuming large doses of stimulants sporadically. Heavy users may inject themselves every few hours, continuing until they have depleted their drug supply or reached a point of delirium, psychosis and physical exhaustion. During this period of heavy use, all other interests become secondary to recreating the initial euphoric rush. Tolerance can develop rapidly, and both physical and psychological dependence occur. Abrupt cessation, even after a weekend binge, is commonly followed by depression, anxiety, drug craving and extreme fatigue ("crash").

Therapeutic levels of stimulants can produce exhilaration, extended wakefulness and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken. Physical side effects--including dizziness, tremor, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting and abdominal cramps--may occur as a result of taking too large a dose at one time or taking large doses over an extended period of time. Psychological effects include agitation, hostility, panic, aggression and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur. In overdose, unless there is medical intervention, high fever, convulsions and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

U.S. Department of Justice
Drug Enforcement Administration

DEA

Cocaine

Cocaine, the most potent stimulant of natural origin, is extracted from the leaves of the coca plant *(Erythroxylon coca)*, which is indigenous to the Andean highlands of South America. Natives in this region chew or brew coca leaves into a tea for refreshment and to relieve fatigue similar to the customs of chewing tobacco and drinking tea or coffee.

Pure cocaine was first isolated in the 1880s and used as a local anesthetic in eye surgery. It was particulary useful in surgery of the nose and throat because of its ability to provide anesthesia as well as to constrict blood vessels and limit bleeding. Many of its therapeutic applications are now obsolete due to the development of safer drugs.

Illicit cocaine is usually distributed as a white crystaline powder or as an off-white chunky material. The powder, usually cocaine hydrochloride, is often diluted with a variety of substances, the most common of which are sugars such as lactose, inositol and mannitol, and local anesthetics such as lidocaine. The adulteration increases the volume and thus multiplies profits. Cocaine hydrochloride is generally snorted or dissolved in water and injected. It is rarely smoked.

"Crack," the chunk or "rock" form of cocaine, is a ready-to-use freebase. On the illicit market it is sold in small, inexpensive dosage units that are smoked. With crack came a dramatic increase in drug abuse problems and violence. Smoking delivers large quantities of cocaine to the lungs, producing effects comparable to intravenous injection; these effects are felt almost immediately after smoking, are very intense, and are quickly over. Once introduced in the mid-1980s, crack abuse spread rapidly and made the cocaine experience available to anyone with $10 and access to a dealer. In addition to other toxicities associated with cocaine abuse, cocaine smokers suffer from acute respiratory problems including cough, shortness of breath, and severe chest pains with lung trauma and bleeding.

The intensity of the psychological effects of cocaine, as with most psychoactive drugs, depends on the dose and rate of entry to the brain. Cocaine reaches the brain through the snorting method in three to five minutes. Intravenous injection of cocaine produces a rush in 15 to 30 seconds and smoking produces an almost immediate intense experience. The euphoric effects of cocaine are almost indistinguishable from those of amphetamine, although they do not last as long. These intense effects can be followed by a dysphoric crash. To avoid the fatigue and the depression of "coming down," frequent repeated doses are taken. Excessive doses of cocaine may lead to seizures and death from respiratory failure, stroke, cerebral hemorrhage or heart failure. There is no specific antidote for cocaine overdose.

According to the 1993 Household Drug Survey, the number of Americans who used cocaine within the preceding month of the survey numbered about 1.3 million; occasional users (those who used cocaine less often than monthly) numbered at approximately 3 million, down from 8.1 million in 1985. The number of weekly users has remained steady at around a half million since 1983.

U.S. Department of Justice
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Stimulants Photographs

Crack, the smokeable form of cocaine, provides an immediate "rush."

U.S. Department of Justice
Drug Enforcement Administration

DEA

Controlled Substances
Uses and Effects

Drug:	**Cocaine**
Classification:	Stimulant
CSA Schedule:	Schedule II
Trade or Other Names:	Coke; Flake; Snow; Crack (Cocaine is designated a narcotic under the CSA)
Medical Uses:	Local anesthetic
Physical Dependence:	Possible
Psychological Dependence:	High
Tolerance:	Yes
Duration (hours):	1-2
Usual Method:	Sniffed; Smoked; Injected
Possible Effects:	Increased alertness; Excitation; Euphoria; Increased pulse rate & blood pressure; Insomnia; Loss of appetite
Effects of Overdose:	Agitation; Increased body temperature; Hallucinations; Convulsions; Possible death
Withdrawal Syndrome:	Apathy; Long periods of sleep; Irritability; Depression; Disorientation

Table 5A. Crack Use by Sex Within Age Group for Total Population in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	0.7	(0.5 - 1.1)	0.4	(0.3 - 0.7)	0.2	(0.1 - 0.4)
Male	0.5	(0.2 - 1.0)	0.3	(0.1 - 0.7)	0.1	(0.0 - 0.5)
Female	1.0	(0.6 - 1.6)	0.6	(0.3 - 1.1)	0.3	(0.1 - 0.6)
18-25	3.0	(2.4 - 3.8)	1.3	(0.9 - 1.9)	0.6	(0.4 - 1.0)
Male	3.8	(2.8 - 5.0)	1.6	(1.1 - 2.5)	0.8	(0.4 - 1.5)
Female	2.3	(1.6 - 3.3)	1.0	(0.6 - 1.8)	0.5	(0.2 - 1.0)
26-34	4.4	(3.7 - 5.2)	1.1	(0.8 - 1.5)	0.5	(0.3 - 0.8)
Male	5.7	(4.7 - 7.0)	1.5	(1.0 - 2.2)	0.8	(0.5 - 1.4)
Female	3.1	(2.4 - 4.0)	0.7	(0.5 - 1.1)	0.3	(0.1 - 0.6)
≥35	1.6	(1.2 - 2.1)	0.4	(0.3 - 0.7)	0.2	(0.1 - 0.4)
Male	2.2	(1.5 - 3.2)	0.6	(0.3 - 1.1)	0.3	(0.1 - 0.7)
Female	1.1	(0.8 - 1.6)	0.3	(0.1 - 0.6)	0.1	(0.0 - 0.4)
TOTAL	2.2	(1.9 - 2.5)	0.6	(0.5 - 0.8)	0.3	(0.2 - 0.4)
Male	2.8	(2.3 - 3.4)	0.8	(0.6 - 1.1)	0.4	(0.3 - 0.6)
Female	1.6	(1.3 - 1.9)	0.5	(0.4 - 0.6)	0.2	(0.1 - 0.3)
POPULATION ESTIMATES (In Thousands)						
12-17	158	(105 - 237)	99	(62 - 159)	47	(24 - 93)
Male	53	(23 - 110)	33	(15 - 75)	16	(4 - 57)
Female	105	(63 - 176)	66	(37 - 117)	31	(14 - 69)
18-25	847	(680 - 1,054)	365	(257 - 517)	178	(110 - 285)
Male	521	(388 - 697)	224	(146 - 344)	112	(61 - 205)
Female	326	(230 - 463)	140	(77 - 255)	65	(30 - 141)
26-34	1,556	(1,320 - 1,831)	385	(278 - 532)	191	(124 - 295)
Male	995	(818 - 1,209)	256	(169 - 388)	140	(82 - 237)
Female	560	(430 - 727)	129	(83 - 200)	51	(26 - 100)
≥35	2,067	(1,562 - 2,731)	526	(321 - 863)	251	(126 - 502)
Male	1,315	(906 - 1,902)	334	(169 - 659)	159	(61 - 410)
Female	752	(518 - 1,089)	193	(92 - 402)	94	(32 - 269)
TOTAL	4,628	(3,980 - 5,377)	1,375	(1,093 - 1,730)	668	(495 - 901)
Male	2,884	(2,391 - 3,474)	847	(612 - 1,172)	427	(283 - 643)
Female	1,744	(1,439 - 2,112)	528	(394 - 707)	241	(160 - 364)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 5B. Crack Use by Age Group and Sex for Whites in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	0.5	(0.3 - 1.0)	0.3	(0.1 - 0.7)	0.1	(0.0 - 0.5)
18-25	3.5	(2.7 - 4.6)	1.6	(1.1 - 2.4)	0.8	(0.4 - 1.3)
26-34	3.9	(3.2 - 4.9)	0.8	(0.5 - 1.4)	0.4	(0.2 - 0.8)
≥35	1.3	(0.9 - 1.9)	0.3	(0.1 - 0.6)	0.2	(0.0 - 0.5)
SEX						
Male	2.5	(2.0 - 3.2)	0.7	(0.5 - 1.0)	0.4	(0.2 - 0.6)
Female	1.4	(1.0 - 1.8)	0.3	(0.2 - 0.5)	0.2	(0.1 - 0.3)
TOTAL	1.9	(1.6 - 2.3)	0.5	(0.4 - 0.7)	0.3	(0.2 - 0.4)
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	79	(42 - 148)	48	(23 - 103)	21	(7 - 69)
18-25	661	(505 - 862)	302	(201 - 452)	144	(82 - 251)
26-34	984	(793 - 1,220)	205	(124 - 339)	96	(46 - 202)
≥35	1,343	(912 - 1,974)	258	(106 - 625)	157	(50 - 489)
SEX						
Male	1,945	(1,520 - 2,485)	546	(370 - 805)	285	(162 - 502)
Female	1,122	(856 - 1,470)	267	(162 - 440)	134	(66 - 270)
TOTAL	3,067	(2,549 - 3,688)	813	(601 - 1,101)	419	(271 - 647)

Table 5C. Crack Use by Age Group and Sex for Hispanics in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	1.2	(0.6 - 2.3)	0.9	(0.4 - 1.9)	0.7	(0.3 - 1.7)
18-25	2.8	(1.8 - 4.4)	0.9	(0.4 - 2.2)	0.4	(0.1 - 1.6)
26-34	3.6	(2.5 - 5.1)	0.7	(0.3 - 1.9)	0.2	(0.0 - 0.9)
≥35	0.9	(0.4 - 1.8)	0.2	(0.0 - 1.6)	0.2	(0.0 - 1.6)
SEX						
Male	2.7	(2.0 - 3.6)	0.7	(0.3 - 1.5)	0.5	(0.2 - 1.3)
Female	1.0	(0.6 - 1.7)	0.4	(0.2 - 0.8)	0.2	(0.1 - 0.5)
TOTAL	1.9	(1.4 - 2.4)	0.6	(0.3 - 1.0)	0.3	(0.1 - 0.7)
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	36	(19 - 67)	26	(12 - 55)	20	(8 - 48)
18-25	110	(70 - 170)	36	(15 - 85)	17	(5 - 61)
26-34	161	(111 - 231)	31	(12 - 84)	9	(2 - 41)
≥35	82	(40 - 168)	21	(3 - 152)	21	(3 - 152)
SEX						
Male	282	(208 - 382)	74	(34 - 158)	50	(18 - 135)
Female	107	(65 - 174)	41	(19 - 86)	17	(7 - 47)
TOTAL	389	(301 - 501)	115	(65 - 200)	67	(30 - 148)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 5D. Crack Use by Age Group and Sex for Blacks in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	0.4	*(0.1 - 1.4)*	0.3	*(0.1 - 1.3)*	*	*
18-25	1.9	*(1.1 - 3.1)*	0.6	*(0.3 - 1.3)*	0.3	*(0.1 - 0.9)*
26-34	8.2	*(6.6 - 10.2)*	3.1	*(2.0 - 4.8)*	1.8	*(1.1 - 3.1)*
≥35	4.5	*(3.3 - 6.1)*	1.4	*(0.8 - 2.3)*	0.5	*(0.2 - 1.2)*
SEX						
Male	5.1	*(3.9 - 6.8)*	1.4	*(0.9 - 2.2)*	0.7	*(0.4 - 1.4)*
Female	3.4	*(2.6 - 4.4)*	1.4	*(0.9 - 2.1)*	0.6	*(0.3 - 1.0)*
TOTAL	4.2	*(3.4 - 5.2)*	1.4	*(1.0 - 2.0)*	0.6	*(0.4 - 1.0)*
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	13	*(4 - 45)*	9	*(2 - 42)*	*	*
18-25	71	*(43 - 118)*	23	*(11 - 50)*	13	*(5 - 34)*
26-34	350	*(281 - 435)*	132	*(84 - 205)*	78	*(45 - 133)*
≥35	571	*(421 - 773)*	177	*(106 - 295)*	62	*(26 - 147)*
SEX						
Male	556	*(416 - 740)*	156	*(100 - 241)*	78	*(40 - 150)*
Female	450	*(344 - 589)*	185	*(122 - 280)*	74	*(43 - 126)*
TOTAL	1,007	*(808 - 1,251)*	341	*(242 - 479)*	152	*(96 - 239)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 5E. Crack Use by Age Group and Sex for Northeast Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	1.0	(0.3 - 2.6)	0.4	(0.1 - 1.4)	*	*
18-25	1.2	(0.5 - 2.5)	0.7	(0.2 - 1.7)	0.3	(0.1 - 1.3)
26-34	3.9	(2.7 - 5.6)	1.1	(0.6 - 2.3)	0.6	(0.2 - 1.6)
≥35	1.6	(0.7 - 3.5)	0.3	(0.1 - 1.1)	*	*
SEX						
Male	2.1	(1.3 - 3.8)	0.3	(0.1 - 0.8)	0.1	(0.0 - 0.6)
Female	1.5	(0.9 - 2.7)	0.6	(0.3 - 1.4)	0.2	(0.1 - 0.5)
TOTAL	1.8	(1.2 - 2.8)	0.5	(0.2 - 1.0)	0.2	(0.1 - 0.4)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	36	(13 - 96)	16	(5 - 51)	*	*
18-25	54	(23 - 114)	30	(11 - 82)	14	(3 - 59)
26-34	266	(184 - 383)	77	(38 - 157)	42	(16 - 109)
≥35	420	(188 - 931)	72	(17 - 309)	*	*
SEX						
Male	443	(250 - 778)	64	(24 - 170)	30	(7 - 126)
Female	333	(192 - 575)	132	(59 - 294)	38	(13 - 111)
TOTAL	776	(515 - 1,165)	196	(95 - 404)	68	(28 - 162)

Table 5F. Crack Use by Age Group and Sex for North Central Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	0.3	(0.1 - 1.0)	0.2	(0.1 - 0.9)	0.2	(0.0 - 0.8)
18-25	2.9	(1.6 - 5.0)	0.9	(0.4 - 1.8)	0.4	(0.1 - 1.3)
26-34	5.5	(3.8 - 8.0)	2.0	(1.2 - 3.5)	1.0	(0.5 - 2.1)
≥35	1.6	(0.8 - 3.1)	0.2	(0.0 - 1.0)	*	*
SEX						
Male	3.2	(2.1 - 4.9)	0.7	(0.4 - 1.3)	0.4	(0.2 - 0.9)
Female	1.4	(1.0 - 2.1)	0.5	(0.3 - 0.9)	0.2	(0.1 - 0.5)
TOTAL	2.2	(1.6 - 3.2)	0.6	(0.4 - 0.9)	0.3	(0.2 - 0.5)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	19	(6 - 59)	14	(4 - 53)	12	(3 - 50)
18-25	193	(110 - 336)	59	(28 - 120)	27	(9 - 84)
26-34	460	(316 - 666)	168	(96 - 292)	85	(42 - 171)
≥35	490	(252 - 943)	54	(9 - 301)	*	*
SEX						
Male	758	(496 - 1,154)	160	(86 - 298)	88	(38 - 204)
Female	404	(274 - 594)	134	(72 - 250)	61	(24 - 153)
TOTAL	1,163	(825 - 1,633)	295	(190 - 456)	148	(80 - 275)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 5G. Crack Use by Age Group and Sex for South Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	0.7	(0.3 - 1.3)	0.6	(0.3 - 1.2)	0.2	(0.1 - 0.7)
18-25	4.4	(3.2 - 6.0)	2.1	(1.3 - 3.4)	1.1	(0.5 - 2.1)
26-34	3.6	(2.7 - 4.7)	0.8	(0.5 - 1.4)	0.5	(0.2 - 0.9)
≥35	1.3	(0.8 - 2.0)	0.5	(0.3 - 1.1)	0.3	(0.1 - 0.7)
SEX						
Male	2.7	(2.1 - 3.6)	1.2	(0.8 - 1.9)	0.6	(0.4 - 1.1)
Female	1.3	(1.0 - 1.8)	0.4	(0.2 - 0.7)	0.2	(0.1 - 0.4)
TOTAL	2.0	(1.6 - 2.4)	0.8	(0.6 - 1.1)	0.4	(0.2 - 0.6)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	52	(26 - 102)	45	(21 - 96)	19	(6 - 57)
18-25	419	(304 - 574)	198	(121 - 323)	101	(51 - 197)
26-34	436	(333 - 568)	100	(58 - 173)	55	(26 - 114)
≥35	581	(381 - 883)	244	(121 - 488)	116	(45 - 298)
SEX						
Male	966	(740 - 1,259)	429	(280 - 657)	216	(125 - 374)
Female	521	(377 - 718)	157	(94 - 264)	74	(34 - 160)
TOTAL	1,487	(1,210 - 1,825)	587	(422 - 814)	290	(184 - 456)

Table 5H. Crack Use by Age Group and Sex for West Region in 1996

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	1.0	(0.4 - 2.5)	0.5	(0.2 - 1.1)	0.3	(0.1 - 1.0)
18-25	2.6	(1.6 - 4.2)	1.1	(0.5 - 2.5)	0.5	(0.2 - 1.5)
26-34	4.8	(3.5 - 6.6)	0.5	(0.2 - 1.1)	0.1	(0.0 - 0.6)
≥35	2.3	(1.3 - 3.7)	0.6	(0.2 - 1.8)	0.4	(0.1 - 1.3)
SEX						
Male	3.1	(2.2 - 4.4)	0.8	(0.4 - 2.0)	0.4	(0.1 - 1.3)
Female	2.2	(1.5 - 3.2)	0.5	(0.2 - 1.0)	0.3	(0.1 - 0.7)
TOTAL	2.6	(1.9 - 3.6)	0.7	(0.4 - 1.2)	0.4	(0.2 - 0.8)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	52	(22 - 123)	23	(10 - 55)	17	(6 - 48)
18-25	181	(113 - 289)	78	(35 - 174)	36	(13 - 102)
26-34	394	(286 - 539)	39	(18 - 86)	10	(2 - 47)
≥35	576	(343 - 957)	157	(54 - 455)	100	(30 - 327)
SEX						
Male	717	(504 - 1,016)	194	(82 - 455)	92	(28 - 304)
Female	486	(329 - 715)	104	(50 - 213)	70	(30 - 160)
TOTAL	1,202	(881 - 1,636)	298	(161 - 551)	162	(75 - 347)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 4.7 Percentage Reporting Crack Use in Their Lifetime, by Age Group and Demographic Characteristics: 1995

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	35+	Total
Total	**0.9**	**2.9**	**4.2**	**1.1**	**1.8**
Gender					
Male	0.9	3.1	6.0	1.8	2.6
Female	0.8	2.6	2.5	0.5	1.1
Race/Ethnicity[1]					
White	1.1	3.4	4.2	0.9	1.7
Black	0.1	0.8	6.2	3.4	3.0
Hispanic	0.6	2.7	3.1	1.0	1.7
Population Density					
Large metro	1.1	2.1	3.8	1.2	1.8
Small metro	0.9	3.4	5.3	1.2	2.2
Nonmetro	0.5	3.6	3.6	0.7	1.5
Region					
Northeast	0.2	3.4	3.1	1.4	1.8
North Central	1.3	2.4	3.0	0.6	1.3
South	0.5	2.9	5.0	1.3	2.0
West	1.4	2.8	5.3	1.1	2.2
Adult Education[2]					
Less than high school	N/A	5.4	10.3	1.1	3.1
High school graduate	N/A	3.4	4.0	1.6	2.3
Some college	N/A	1.4	4.2	1.1	1.8
College graduate	N/A	1.3	1.2	0.5	0.7
Current Employment[3]					
Full-time	N/A	2.8	4.0	1.1	2.0
Part-time	N/A	1.8	3.2	0.5	1.4
Unemployed	N/A	5.7	9.7	8.2	7.9
Other[4]	N/A	2.9	3.9	0.7	1.2

N/A: Not applicable.

Note: Due to improved procedures implemented in 1994, these estimates are not comparable to those presented in NHSDA Main Findings prior to 1994.

[1] The category "other" for Race/Ethnicity is not included.

[2] Data on adult education are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N=13,152).

[3] Data on current employment are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N=13,152).

[4] Retired, disabled, homemaker, student, or "other."

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1995.

Table 4.8 Percentage Reporting Crack Use in the Past Year, by Age Group and Demographic Characteristics: 1995

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	35+	Total
Total	0.6	1.1	0.9	0.2	0.5
Gender					
Male	0.6	1.2	1.0	0.3	0.6
Female	0.7	1.0	0.7	0.1	0.4
Race/Ethnicity[1]					
White	0.8	1.2	0.7	0.1	0.4
Black	0.1	0.5	2.0	1.1	1.0
Hispanic	0.5	1.1	0.7	0.1	0.5
Population Density					
Large metro	1.0	0.7	0.8	0.2	0.4
Small metro	0.4	1.5	1.1	0.2	0.6
Nonmetro	0.4	1.3	0.7	0.2	0.5
Region					
Northeast	0.2	1.8	0.9	*	0.4
North Central	0.9	0.8	0.9	*	0.4
South	0.3	1.2	1.0	0.3	0.6
West	1.1	0.7	0.7	0.3	0.6
Adult Education[2]					
Less than high school	N/A	1.9	3.1	0.4	1.0
High school graduate	N/A	1.8	0.6	0.2	0.5
Some college	N/A	0.3	0.7	0.2	0.3
College graduate	N/A	0.7	0.1	*	0.1
Current Employment[3]					
Full-time	N/A	1.0	0.6	0.1	0.4
Part-time	N/A	1.0	0.4	*	0.4
Unemployed	N/A	1.6	3.9	*	1.6
Other[4]	N/A	1.3	1.0	0.3	0.5

* Low precision; no estimate reported.

N/A: Not applicable.

Note: Due to improved procedures implemented in 1994, these estimates are not comparable to those presented in NHSDA Main Findings prior to 1994.

[1] The category "other" for Race/Ethnicity is not included.

[2] Data on adult education are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N=13,152).

[3] Data on current employment are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N=13,152).

[4] Retired, disabled, homemaker, student, or "other."

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1995.

Future study (data reported elsewhere).

In 1997 the proportions of students reporting any use of ecstasy in the prior 12 months were 2.3 percent, 3.9 percent, and 4.0 percent among eighth-, 10th-, and 12th-graders.

Stimulants. The use of amphetamine stimulants rose gradually in all three grades during the early 1990s. This year, use leveled in the lower grades, though use may have continued its gradual rise in grade 12. Perceived risk and disapproval are asked only of 12th-graders for this class of drugs, and both have stabilized following an earlier period of decline.

The proportions of students in 1997 reporting any use of stimulants in the prior 12 months are 8 percent, 12 percent, and 10 percent for grades 8, 10, and 12.

Cocaine Powder. The use of cocaine powder inched up steadily in all three grade levels in the first half of the 1990s. While none of the 1996-97 changes reaches statistical significance, use appears to continue to be rising at about the same rate in 10th- and 12th-grades, but to have leveled off in eighth-grade. Among the eighth-graders perceived risk leveled this year and disapproval of use actually increased, both after an earlier period of erosion in these attitudes.

The proportions of 1997 students reporting any use of cocaine powder in the prior 12 months are 2.2 percent, 4.1 percent, and 5.0 percent in grades 8, 10, and 12, respectively.

Crack Cocaine. The use of crack rose very modestly at all three grade levels in the first half of the 1990s. In 1997 use leveled in grades 8 and 10 and rose only 0.3 percent (not statistically significant) in 12th-grade.

In 1997 the annual prevalence rates for crack were 1.7 percent, 2.2 percent, and 2.4 percent among eighth-, 10th-, and 12th-graders.

Heroin. The rates of heroin use in the student population are quite low, as would be expected, but they nevertheless have risen significantly in all three grade levels during the 1990s. According to the investigators, it seems highly likely that taking heroin by non-

(more)

TABLE 1a (cont.)

Trends in Lifetime Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders

	Lifetime								
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	'91–'97 change
Hallucinogens Other Than LSD									
8th Grade	1.4	1.7	1.7	2.2	2.5	3.0	2.6	-0.4	+1.2sss
10th Grade	2.2	2.5	2.8	3.8	3.9	4.7	4.8	+0.1	+2.6sss
12th Grade	3.7	3.3	3.0	4.0	5.4	6.8	7.5	+0.7	+3.8sss
PCP[a]									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	4.0	3.9	-0.1	+1.0
MDMA (Ecstasy)[a]									
8th Grade	—	—	—	—	—	3.4	3.2	-0.2	—
10th Grade	—	—	—	—	—	5.0	5.7	+0.1	—
12th Grade	—	—	—	—	—	6.1	6.9	+0.8	—
Cocaine									
8th Grade	2.3	2.9	2.9	3.5	4.2	4.5	4.4	-0.1	+2.1sss
10th Grade	4.1	3.3	3.6	4.3	6.0	6.5	7.1	+0.6	+3.0sss
12th Grade	7.8	6.1	6.1	6.9	8.0	7.1	8.7	+1.6s	+0.9
Crack									
8th Grade	1.3	1.6	1.7	2.4	2.7	2.9	2.7	-0.2	+1.4sss
10th Grade	1.7	1.5	1.6	2.1	2.8	3.3	3.6	+0.3	+1.9sss
12th Grade	3.1	2.6	2.6	3.0	3.0	3.3	3.9	+0.6s	+0.8ss
Other Cocaine[a]									
8th Grade	2.0	2.4	2.4	3.0	3.4	3.8	3.5	-0.3	+1.5sss
10th Grade	3.8	3.0	3.3	3.8	4.4	5.5	6.1	+0.6	+2.3sss
12th Grade	7.0	5.3	5.4	5.2	5.1	6.4	8.2	+1.8s	+1.2
Heroin[a]									
8th Grade	1.2	1.4	1.4	2.0	2.3	2.4	2.1	-0.3	+0.9sss
10th Grade	1.2	1.2	1.3	1.5	1.7	2.1	2.1	0.0	+0.9sss
12th Grade	0.9	1.2	1.1	1.2	1.6	1.8	2.1	+0.3	+1.2sss
Other Opiates[a]									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	6.0	6.1	6.4	6.6	7.2	8.2	9.7	+1.5ss	+3.1sss
Stimulants[a]									
8th Grade	10.5	10.8	11.8	12.3	13.1	13.5	12.3	-1.2	+1.8s
10th Grade	13.2	13.1	14.9	15.1	17.4	17.7	17.0	-0.7	+3.8sss
12th Grade	15.4	13.9	15.1	16.7	15.3	16.3	16.6	+1.2	+1.1

(Table continued on next page)

TABLE 1b (cont.)

Trends in Annual and 30-Day Prevalence of Use of Various Drugs for Eighth, Tenth, and Twelfth Graders

	Annual									30-Day								
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	'91–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	'91–'97 change
PCP[d]																		
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.4	1.4	1.6	1.8	2.0	2.3	+0.3	+0.9	0.6	0.6	1.0	0.7	0.6	1.3	0.7	-0.6	+0.2
MDMA (Ecstasy)[d]																		
8th Grade	—	—	—	—	—	2.3	2.3	0.0	—	—	—	—	—	—	1.0	1.0	0.0	—
10th Grade	—	—	—	—	—	4.6	3.9	-0.7	—	—	—	—	—	—	1.8	1.3	-0.5	—
12th Grade	—	—	—	—	—	4.6	4.0	-0.6	—	—	—	—	—	—	2.0	1.6	-0.4	—
Cocaine																		
8th Grade	1.1	1.5	1.7	2.1	2.6	3.0	2.8	-0.2	+1.7sss	0.5	0.7	0.7	1.0	1.2	1.3	1.1	-0.2	+0.6sss
10th Grade	2.2	1.9	2.1	2.8	3.5	4.2	4.7	+0.5	+2.5sss	0.7	0.7	0.9	1.2	1.7	1.7	2.0	+0.3	+1.3sss
12th Grade	3.5	3.1	3.3	3.6	4.0	4.9	5.6	+0.6	+2.0sss	1.4	1.3	1.3	1.5	1.8	2.0	2.3	+0.3	+0.9ss
Crack																		
8th Grade	0.7	0.9	1.0	1.3	1.6	1.6	1.7	+0.1	+1.0sss	0.3	0.5	0.4	0.7	0.7	0.8	0.7	-0.1	+0.4sss
10th Grade	0.9	0.9	1.1	1.4	1.6	2.1	2.2	+0.1	+1.3sss	0.3	0.4	0.5	0.6	0.9	0.6	0.9	+0.3	+0.6sss
12th Grade	1.5	1.5	1.5	1.9	2.1	2.1	2.4	+0.3	+0.9sss	0.7	0.8	0.7	0.8	1.0	1.0	0.9	-0.1	+0.2
Other Cocaine[e]																		
8th Grade	1.0	1.2	1.3	1.7	2.1	2.5	2.2	-0.3	+1.2sss	0.5	0.5	0.5	0.9	1.0	1.0	0.8	-0.2	+0.3s
10th Grade	2.1	1.7	1.8	2.4	3.0	3.6	4.1	+0.5	+2.0sss	0.6	0.6	0.7	1.0	1.4	1.3	1.6	+0.3	+1.0sss
12th Grade	3.2	2.6	2.9	3.0	3.4	4.2	6.0	+0.8	+1.8ss	1.2	1.0	1.2	1.3	1.3	1.6	2.0	+0.4	+0.8s
Heroin[f]																		
8th Grade	0.7	0.7	0.7	1.2	1.4	1.6	1.3	-0.3s	+0.6sss	0.3	0.4	0.4	0.6	0.6	0.7	0.6	-0.1	+0.3sss
10th Grade	0.5	0.6	0.7	0.9	1.1	1.2	1.4	+0.2	+0.9sss	0.2	0.2	0.3	0.4	0.6	0.5	0.6	+0.1	+0.4sss
12th Grade	0.4	0.6	0.5	0.6	1.1	1.0	1.2	+0.2	+0.8sss	0.2	0.3	0.2	0.3	0.6	0.5	0.5	0.0	+0.3sss
Other Opiates[g]																		
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.5	3.3	3.6	3.8	4.7	6.4	6.2	+0.8ss	+2.7sss	1.1	1.2	1.3	1.5	1.8	2.0	2.3	+0.3	+1.2sss
Stimulants[g]																		
8th Grade	6.2	6.6	7.2	7.9	8.7	9.1	8.1	-1.0s	+1.9sss	2.6	3.3	3.6	3.6	4.2	4.6	3.8	-0.8ss	+1.2sss
10th Grade	8.2	8.2	9.6	10.2	11.9	12.4	12.1	-0.3	+3.9sss	3.3	3.6	4.3	4.5	5.5	5.5	5.1	-0.4	+1.8sss
12th Grade	6.2	7.1	8.4	9.4	9.3	9.5	10.2	+0.7	+2.0ss	3.2	2.8	3.7	4.0	4.0	4.1	4.8	+0.7s	+1.6sss
Ice[h]																		
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.4	1.3	1.7	1.8	2.4	2.8	2.3	-0.5	+0.9ss	0.6	0.5	0.8	0.7	1.1	1.1	0.8	-0.3	+0.2

(Table continued on next page)

Source: *The Monitoring the Future Study*, The University of Michigan

TABLE 3

Long-Term Trends in Lifetime Prevalence of Use of Various Drugs for Twelfth Graders

	Percent ever used																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	50.8	54.3	+3.6s
Any Illicit Drug Other Than Marijuana[a,b]	36.2	35.4	35.8	36.5	37.4	38.7	42.8	41.1	40.4	40.3	39.7	37.7	35.8	32.5	31.4	29.4	26.9	25.1	20.7	27.6	28.1	28.5	30.0	+1.5
Marijuana/Hashish	47.3	52.8	56.4	59.2	60.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	36.7	32.6	35.3	38.2	41.7	44.9	49.6	+4.7ss
Inhalants[f]	—	10.3	11.1	12.0	12.7	11.9	12.3	12.8	13.6	14.4	15.4	15.9	17.0	16.7	17.6	18.0	17.8	16.6	17.4	17.7	17.4	16.6	16.1	-0.5
Inhalants, Adjusted[f,d]	—	—	—	—	16.2	17.3	17.2	17.7	18.2	18.0	18.1	20.1	18.6	17.5	18.6	18.5	18.0	17.0	17.7	18.3	17.8	17.5	16.9	-0.6
Amyl/Butyl Nitrites[e,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	1.8	2.0	+0.2
Hallucinogens	16.3	15.1	13.9	14.3	14.1	13.3	13.3	12.5	11.9	10.7	10.3	9.7	10.3	8.9	9.4	9.4	9.6	9.2	10.9	11.4	12.7	14.0	15.1	+1.1
Hallucinogens, Adjusted[d]	—	—	—	—	17.7	15.6	15.3	14.3	13.6	12.3	12.1	11.9	10.6	9.2	9.9	9.7	10.0	9.4	11.3	11.7	13.1	14.5	15.4	+0.9
LSD	11.3	11.0	9.8	9.7	9.5	9.3	9.8	9.6	8.9	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	8.6	10.3	10.5	11.7	12.6	13.6	+1.0
PCP[e,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	4.0	3.9	-0.1
MDMA (Ecstasy)[e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.1	6.9	+0.8
Cocaine	9.0	9.7	10.8	12.9	15.4	15.7	16.5	16.0	16.2	16.1	17.3	16.9	15.2	12.1	10.3	9.4	7.8	6.1	6.1	5.9	6.0	7.1	8.7	+1.6s
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	2.8	3.0	3.0	3.3	3.9	+0.6s
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.6	8.6	7.0	5.3	5.4	5.2	5.1	6.4	8.2	+1.8s
Heroin[f]	2.2	1.8	1.8	1.6	1.1	1.1	1.1	1.2	1.2	1.3	1.2	1.1	1.2	1.1	1.3	1.3	0.9	1.2	1.1	1.2	1.6	1.8	2.1	+0.3
Other Opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	7.2	8.2	9.7	+1.5ss
Stimulants[b,k]	22.3	22.6	23.0	22.9	24.2	26.4	32.2	27.9	26.9	27.9	26.2	23.4	21.6	19.8	19.1	17.5	15.4	13.9	15.1	15.7	15.3	16.3	10.5	+1.2
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	4.4	4.4	0.0
Sedatives[b,m]	18.2	17.7	17.4	16.0	14.6	14.9	16.0	15.2	14.4	13.3	11.8	10.4	8.7	7.8	7.4	7.5	6.7	6.1	6.4	7.3	7.6	8.2	8.7	+0.5
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	7.4	7.6	8.1	+0.5
Methaqualone[k,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.6	0.8	1.4	1.2	2.0	1.7	-0.3
Tranquilizers[k]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	7.2	7.8	+0.6
Alcohol[n]	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	87.5	87.0	—	—	—	—	—
																			80.0	80.4	80.7	79.2	81.7	+2.5ss
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	61.8	64.2	+2.4
Cigarettes	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	61.8	61.9	62.0	64.2	63.5	65.4	+1.9
Smokeless Tobacco[e,o]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	29.8	25.3	-4.5
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	1.9	2.4	+0.5

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Annual Prevalence of Use of Various Drugs for Twelfth Graders

Percent who used in last twelve months

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'98-'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17800*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*16400*	
Any Illicit Drug[1,3]	45.0	48.1	51.1	53.8	54.2	53.1	52.1	49.4	47.4	45.8	46.3	44.3	41.7	38.5	35.4	32.5	29.4	27.1	31.0	35.8	39.0	40.2	42.4	+2.2
Any Illicit Drug Other Than Marijuana[1,3]	26.2	28.1	28.0	27.1	28.2	30.1	31.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	19.8	20.7	+0.9
Marijuana/Hashish	40.0	44.5	47.6	50.2	50.8	48.8	46.1	44.3	42.3	40.0	40.0	38.8	36.3	33.1	29.6	27.0	23.9	21.9	26.0	30.7	34.7	35.8	38.5	+2.7
Inhalants[4]	--	3.0	3.2	4.1	5.4	4.6	4.1	4.5	4.3	5.1	5.7	6.1	6.9	6.5	5.9	6.9	6.6	6.2	7.0	7.7	8.0	7.6	6.7	-0.9
Inhalants, Adjusted[4,5]	-	-		--	8.9	7.9	6.1	6.6	6.2	7.2	7.5	8.9	8.1	7.1	6.9	7.5	6.9	6.4	7.4	8.2	8.4	8.5	7.3	-1.2s
Amyl/Butyl Nitrites[4,6]	--				6.6	5.7	3.7	3.6	3.6	4.0	4.0	4.7	2.6	1.7	1.7	1.4	0.9	0.5	0.9	1.1	1.1	1.6	1.2	-0.4
Hallucinogens	11.2	9.4	8.8	9.6	9.9	9.3	9.0	8.1	7.3	6.5	6.3	6.0	6.4	5.5	5.6	5.9	5.8	5.9	7.4	7.6	9.3	10.1	9.8	-0.3
Hallucinogens, Adjusted[5]	--	--	-	--	11.8	10.4	10.1	9.0	8.3	7.3	7.6	7.6	6.7	5.8	6.2	6.0	6.1	6.2	7.8	7.8	9.7	10.7	10.0	-0.7
LSD	7.2	6.4	5.6	6.3	6.6	6.5	6.5	6.1	5.4	4.7	4.4	4.5	5.2	4.8	4.9	5.4	5.2	5.6	6.8	6.9	8.4	8.8	8.4	-0.4
PCP[4,7]	—	—	—	--	7.0	4.4	3.2	2.2	2.6	2.3	2.9	2.4	1.3	1.2	2.4	1.2	1.4	1.4	1.4	1.9	1.8	2.6	2.3	-0.3
MDMA (Ecstasy)[8]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	--	—	—	—	4.6	4.0	-0.6
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.6	3.1	3.3	3.6	4.0	4.9	5.6	+0.6
Crack[9]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	2.1	2.4	+0.3
Other Cocaine[4]	—	—	—	--	—	—	—	—	—	—	—	—	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	3.4	4.2	5.0	+0.8
Heroin[4]	1.0	0.8	0.8	0.8	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.5	0.5	0.5	0.6	0.5	0.4	0.6	0.5	0.6	1.1	1.0	1.2	+0.2
Other Opiates[4]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.6	3.5	3.3	3.6	3.8	4.7	5.4	6.2	+0.8s
Stimulants[3,4]	16.2	15.8	16.3	17.1	18.3	20.8	26.0	20.3	17.9	17.7	15.8	13.4	12.2	10.9	10.8	9.1	8.2	7.1	8.4	9.4	9.3	9.5	10.2	+0.7
Crystal Meth. (Ice)[4]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	2.8	2.3	-0.5
Sedatives[4,10]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	5.8	5.2	4.1	3.7	3.7	3.6	3.6	2.9	3.4	4.2	4.9	5.3	5.4	+0.1
Barbiturates[4]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	2.8	3.4	4.1	4.7	4.9	5.1	+0.2
Methaqualone[4,10]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	0.6	0.2	0.6	0.7	1.1	1.0	-0.1
Tranquilizers[4]	10.6	10.3	10.6	9.9	9.6	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.8	3.8	3.5	3.6	2.8	3.5	3.7	4.4	4.6	4.7	+0.1
Alcohol[11]	64.8	65.7	67.0	67.7	68.1	67.9	67.0	66.8	67.3	66.0	65.6	64.6	65.7	65.3	62.7	60.6	57.7	56.8	56.0	—	—	—	--	—
																			72.7	73.0	73.7	72.5	74.8	+2.3s
Been Drunk[4]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	51.9	53.2	+1.3
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[12]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[4]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	1.5	1.4	1.4	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 3 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Use of Various Drugs for Twelfth Graders

Percent who used in last thirty days

	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Approx. N =	*9100*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	30.7	34.2	37.0	38.9	38.9	37.2	36.0	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.9	16.4	14.4	16.3	21.0	23.8	24.6	26.2	+1.6
Any Illicit Drug Other Than Marijuana[a,b]	15.4	13.9	15.2	15.1	15.6	18.4	21.7	17.0	15.4	15.1	14.9	13.2	11.6	10.0	9.1	8.0	7.1	6.3	7.9	9.6	10.0	9.5	10.7	+1.2
Marijuana/Hashish	27.1	32.2	35.4	37.1	36.5	33.7	31.6	28.5	27.0	25.2	25.7	23.4	21.0	18.0	16.7	14.0	13.8	11.9	15.5	19.0	21.2	21.9	23.7	+1.8
Inhalants[c]	—	0.9	1.3	1.5	1.7	1.4	1.5	1.5	1.7	1.9	2.2	2.6	2.8	2.6	2.3	2.7	2.4	2.3	2.6	2.7	3.2	2.6	2.6	0.0
Inhalants, Adjusted[c,d]	—	—	—	—	3.2	2.7	2.5	2.5	2.5	2.6	3.0	3.2	3.5	3.0	2.7	2.9	2.6	2.5	2.6	2.9	3.5	2.9	2.9	0.0
Amyl/Butyl Nitrites[c,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	0.4	0.7	0.7	0.0
Hallucinogens	4.7	3.4	4.1	3.9	4.0	3.7	3.7	3.4	2.8	2.6	2.6	2.5	2.5	2.2	2.2	2.2	2.2	2.1	2.7	3.1	4.4	3.5	3.9	+0.4
Hallucinogens, Adjusted[d]	—	—	—	—	5.3	4.4	4.6	4.1	3.5	3.2	3.8	3.5	2.8	2.3	2.9	2.3	2.4	2.3	3.3	3.2	4.6	3.8	4.1	+0.3
LSD	2.3	1.9	2.1	2.1	2.4	2.3	2.5	2.4	1.9	1.5	1.6	1.7	1.8	1.8	1.8	1.9	1.9	2.0	2.4	2.6	4.0	2.5	3.1	+0.6s
PCP[c,f]	—	—	—	—	2.4	1.4	1.4	1.0	1.3	1.0	1.6	1.3	0.8	0.3	1.4	0.4	0.5	0.6	1.0	0.7	0.5	1.3	0.7	-0.6
MDMA (Ecstasy)[c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.0	1.5	-0.4
Cocaine	1.9	2.0	2.9	3.9	5.7	5.2	5.8	5.0	4.9	5.8	6.7	6.2	4.3	3.4	2.8	1.9	1.4	1.3	1.3	1.5	1.8	2.0	2.3	+0.3
Crack[b]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	1.0	0.9	-0.1
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	1.6	2.0	+0.4
Heroin[f]	0.4	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.3	0.2	0.3	0.6	0.6	0.5	0.0
Other Opiates[b]	2.1	2.0	2.8	2.1	2.4	2.4	2.1	1.8	1.8	1.8	2.3	2.0	1.8	1.6	1.6	1.5	1.1	1.2	1.3	1.5	1.8	2.0	2.3	+0.3
Stimulants[b,g]	8.5	7.7	8.8	8.7	9.9	12.1	15.8	10.7	8.9	8.3	6.8	5.5	5.2	4.6	4.2	3.7	3.2	2.8	3.7	4.0	4.0	4.1	4.8	+0.7s
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	1.1	1.1	0.8	-0.3
Sedatives[b,h]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.6	1.2	1.3	1.8	2.3	2.3	2.1	-0.2
Barbiturates[b]	4.7	3.9	4.3	3.2	3.2	2.9	2.6	2.0	2.1	1.7	2.0	1.8	1.4	1.2	1.4	1.3	1.4	1.1	1.3	1.7	2.2	2.1	2.1	0.0
Methaqualone[b,h]	2.1	1.6	2.3	1.9	2.3	3.3	3.1	2.4	1.8	1.1	1.0	0.8	0.8	0.6	0.6	0.2	0.2	0.4	0.1	0.4	0.4	0.6	0.3	-0.3
Tranquilizers[b]	4.1	4.0	4.6	3.4	3.7	3.1	2.7	2.4	2.5	2.1	2.1	2.1	2.0	1.5	1.3	1.2	1.4	1.0	1.2	1.4	1.8	2.0	1.8	-0.2
Alcohol[a]	68.2	68.3	71.2	72.1	71.8	72.0	70.7	69.7	69.4	67.2	65.9	65.3	68.4	63.9	60.0	57.1	54.0	51.3	51.0	—	—	—	—	—
																			48.6	50.1	51.3	50.8	52.7	+1.9
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	33.2	31.3	34.2	+2.9
Cigarettes	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3	27.8	29.9	31.2	33.5	34.0	36.5	+2.5s
Smokeless Tobacco[a,b]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	9.8	9.7	-0.1
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	0.7	1.0	+0.3

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 3 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 6

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Drugs for Twelfth Graders

	Percent who used daily in last thirty days																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96–'97 change
Approx. N =	*9100*	*15400*	*17100*	*17800*	*15500*	*15900*	*17800*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Marijuana/Hashish	6.0	8.2	9.1	10.7	10.3	9.1	7.0	6.3	5.5	5.0	4.9	4.0	3.3	2.7	2.9	2.2	2.0	1.9	2.4	3.6	4.6	4.9	5.8	+0.9s
Inhalants[c]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	0.2	0.1	-0.1
Inhalants, Adjusted[d]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—	0.4	0.2	-0.3s
Amyl/Butyl Nitrites[e,f]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	0.4	0.1	-0.3s
Hallucinogens	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.3	+0.1s
Hallucinogens, Adjusted[g]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—	0.4	0.4	-0.1
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	*	0.2	+0.1s
PCP[e,f]	--	--		-	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.3	0.1	-0.2
MDMA (Ecstasy)[e]	--		-			--	-	—	—	—	--	—	--	—	—	--	—	—	—	—	—	0.0	0.1	+0.1
Cocaine	0.1	0.1	0.1	0.1	0.2	0.2	0.3	0.2	0.2	0.2	0.4	0.4	0.3	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	-0.1
Crack[h]								—	-	—	—	--	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.0
Other Cocaine[i]	--		--			--	--	--	--	--	—	—	0.2	0.2	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.1	-0.1
Heroin[j]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.1	0.1	-0.1
Other Opiates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.2	0.2	0.0
Stimulants[k,l]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.0
Crystal Meth. (Ice)[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Sedatives[k,m]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Barbiturates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	0.1	0.1	0.0
Methaqualone[k,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0	0.1	+0.1
Tranquilizers[k]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.2	0.1	-0.1s
Alcohol																								
Daily[n]	5.7	5.6	5.1	5.7	6.9	6.0	6.0	5.7	5.5	4.8	5.0	4.8	4.8	4.2	4.2	3.7	3.6	3.4	2.6	—	--	—	—	--
																			3.4	2.9	3.5	3.7	3.9	+0.2
Been drunk daily[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	1.3	1.6	2.0	+0.4
5+ drinks in a row in last 2 weeks	36.8	37.1	39.4	40.3	41.2	41.2	41.4	40.5	40.8	38.7	36.7	36.8	37.5	34.7	33.0	32.2	29.8	27.9	27.5	28.2	29.8	30.2	31.3	+1.1
Cigarettes																								
Daily	26.9	28.8	28.6	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5	17.2	19.0	19.4	21.6	22.2	24.6	+2.4s
Half-pack or more per day	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	10.0	10.9	11.2	12.4	13.0	14.3	+1.3
Smokeless Tobacco[e,o]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	3.3	4.4	+1.0
Steroids[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	0.3	0.3	0.0

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. '*' indicates less than .05 percent.
Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent classes is due to rounding error.
See Table 3 for relevant footnotes.
Daily use is defined as use on twenty or more occasions in the past thirty days except for 5+ drinks, cigarettes, and smokeless tobacco, for which actual daily use is measured.

SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 7
Trends in Harmfulness of Drugs as Perceived by Eighth, Tenth, and Twelfth Graders, 1991–97

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"*																							
	8th Grade								10th Grade								12th Grade							
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change
Try marijuana once or twice	40.4	39.1	36.2	31.6	28.9	27.9	25.3	-2.6sss	30.0	31.9	29.7	24.4	21.5	20.0	18.8	-1.2	27.1	24.5	21.9	19.5	16.3	15.6	14.9	-0.7
Smoke marijuana occasionally	57.9	56.3	53.8	48.6	45.9	44.3	43.1	-1.2	48.6	48.9	46.1	38.9	35.4	32.8	31.9	-0.9	40.5	39.6	35.8	30.1	25.6	25.9	24.7	-1.2
Smoke marijuana regularly	83.8	82.0	79.6	74.3	73.0	70.9	72.7	+1.8	82.1	81.1	78.5	71.3	67.9	65.9	65.9	0.0	78.6	76.5	72.5	65.0	60.8	59.9	58.1	-1.8
Try inhalants once or twice[b]	35.9	37.0	36.5	37.9	36.4	40.6	40.1	-0.7	37.8	38.7	40.9	42.7	41.6	47.2	47.5	+0.3	—	—	—	—	—	—	—	—
Try inhalants regularly[b]	65.6	64.4	64.6	65.5	64.8	68.2	68.7	+0.5	69.8	67.9	69.6	71.5	71.8	75.8	74.6	-1.3	—	—	—	—	—	—	—	—
Take LSD once or twice[c]	—	—	42.1	38.3	36.7	36.5	37.0	+0.5	—	—	46.7	46.5	44.7	45.1	44.5	-0.6	46.6	42.3	39.5	38.8	36.4	36.2	34.7	-1.5
Take LSD regularly[c]	—	—	68.3	65.8	64.4	63.6	64.1	+0.5	—	—	78.9	75.9	75.6	75.3	73.8	-1.5	84.3	81.8	79.4	79.1	78.1	77.8	76.6	-1.2
Try crack once or twice[b]	62.8	61.2	57.2	54.4	50.8	51.0	49.9	-1.1	70.4	69.6	66.6	64.7	60.9	60.9	59.2	-1.7	60.6	62.4	57.6	58.4	54.6	55.0	54.0	-2.0
Take crack occasionally[b]	82.2	79.6	76.8	74.4	72.1	71.6	71.2	-0.4	87.4	86.4	84.4	83.1	81.2	80.3	78.7	-1.6	76.5	76.3	73.9	73.8	72.8	71.4	70.3	-1.1
Try cocaine powder once or twice[b]	55.5	54.1	50.7	48.4	44.9	45.2	45.0	-0.2	59.1	59.2	57.5	56.4	53.5	53.6	52.2	-1.4	53.8	57.1	53.2	56.4	52.0	53.2	51.4	-1.8
Take cocaine powder occasionally[b]	77.0	74.3	71.8	69.1	66.4	65.7	65.8	+0.1	82.2	80.1	79.1	77.8	75.0	75.0	73.9	-1.1	89.6	70.8	68.6	70.6	69.1	68.8	67.7	-1.1
Try heroin once or twice without using a needle[c]	—	—	—	—	60.1	61.3	63.0	+1.7	—	—	—	—	70.7	72.1	73.1	+1.0	—	—	—	—	55.6	58.6	60.5	+1.9
Take heroin occasionally without using a needle[c]	—	—	—	—	76.8	76.6	79.2	+2.6	—	—	—	—	85.1	85.8	86.5	+0.7	—	—	—	—	71.2	71.0	74.3	+3.3s
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	11.0	12.1	12.4	11.8	11.6	11.8	10.4	-1.4s	9.0	10.1	10.9	9.4	9.3	8.9	9.0	+0.1	9.1	8.6	8.2	7.6	5.9	7.3	6.7	-0.6
Take one or two drinks nearly every day	31.8	32.4	32.6	29.9	30.6	28.0	29.1	+0.5	36.1	36.8	35.0	32.5	31.7	31.2	31.8	+0.6	32.7	30.6	28.2	27.0	24.8	25.1	24.8	-0.3
Have five or more drinks once or twice each weekend	59.1	58.0	57.7	54.7	54.1	51.8	55.6	+3.8sss	54.7	55.9	54.9	52.9	52.0	50.9	51.8	+0.9	48.0	49.0	48.3	46.5	45.2	49.5	43.0	-6.5sss
Smoke one or more packs of cigarettes per day	51.6	50.8	52.7	50.8	49.8	50.4	52.6	+2.2	60.3	59.3	60.7	59.0	57.0	57.9	59.9	+2.0	69.4	69.2	69.5	67.6	65.6	66.2	66.7	+0.5
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.6	34.0	35.2	+1.2	40.3	39.6	44.2	42.2	38.2	41.0	42.2	+1.2	37.4	35.5	38.9	36.6	33.2	37.4	38.6	+1.2
Take steroids[d]	64.2	69.5	70.2	67.6	—	—	—	—	67.1	72.7	73.4	72.5	—	—	—	—	65.6	70.7	69.1	66.1	66.4	67.6	67.2	-0.4
Approx. N =	*17437*	*18662*	*18366*	*17394*	*17501*	*17926*	*18765*		*14719*	*14808*	*15298*	*16880*	*17006*	*15670*	*15640*		*2549*	*2684*	*2759*	*2591*	*2607*	*2449*	*2579*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, (5) Can't say, drug unfamiliar.
[b] 8th and 10th grade: Data based in 1997 on two-thirds of N indicated due to changes in questionnaire forms.
[c] 8th and 10th grade: Data based on one of two forms in 1993–96; N is one-half of N indicated. Data based in 1997 on one-third of N indicated due to changes in questionnaire forms.
[d] 8th and 10th grade: Data based on two forms in 1991 and 1992. Data based on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 8

Long-Term Trends in Harmfulness of Drugs as Perceived by Twelfth Graders

How much do you think people risk harming themselves (physically or in other ways), if they . . .	Percentage saying "great risk"*																							
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96-'97 change
Try marijuana once or twice	15.1	11.4	9.5	8.1	9.4	10.0	10.0	11.5	12.7	14.7	14.8	15.1	18.4	19.9	23.6	23.1	27.1	24.5	21.9	19.5	16.3	15.6	14.9	-0.7
Smoke marijuana occasionally	18.1	15.0	13.4	12.4	13.5	14.7	19.1	18.3	20.6	22.6	24.6	26.0	30.4	31.7	36.5	36.9	40.6	39.6	35.6	30.1	25.6	25.9	24.7	-1.2
Smoke marijuana regularly	43.3	38.6	36.4	34.9	42.0	50.4	57.6	60.4	62.8	66.9	70.4	71.3	73.5	77.0	77.5	77.8	78.6	76.5	72.5	65.0	60.8	59.9	58.1	-1.8
Try LSD once or twice	49.4	45.7	43.2	42.7	41.6	43.9	45.5	44.9	44.7	45.4	43.5	42.0	44.9	45.7	46.0	44.7	46.8	42.3	39.5	38.8	36.4	36.2	34.7	-1.5
Take LSD regularly	81.4	80.8	79.1	81.1	82.4	83.0	83.5	83.5	83.2	83.8	82.9	82.6	83.8	84.2	84.3	84.6	84.3	81.8	79.4	79.1	78.1	77.8	76.6	-1.2
Try PCP once or twice	—	—	—	—	—	—	—	—	—	—	—	—	55.6	58.8	56.6	55.2	51.7	54.8	50.8	51.6	49.1	51.0	48.8	-2.2
Try MDMA once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33.8	—
Try cocaine once or twice	42.6	39.1	35.6	33.2	31.5	31.9	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	56.8	57.6	57.2	53.7	54.2	53.6	-0.6
Take cocaine occasionally	—	—	—	—	—	—	—	—	—	—	—	54.2	66.8	69.2	71.8	73.9	75.5	75.1	73.3	73.7	70.8	72.1	72.4	+0.3
Take cocaine regularly	73.1	72.3	68.2	68.2	69.5	69.2	71.2	73.0	74.3	78.8	79.0	82.2	88.6	89.2	90.2	91.1	90.4	90.2	90.1	89.3	87.9	88.3	87.1	-1.2
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	57.0	62.1	62.9	64.3	60.6	62.4	57.6	58.4	54.6	56.9	54.0	-2.9
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	70.4	73.2	75.3	80.4	76.5	76.3	73.9	73.8	72.8	71.4	70.3	-1.1
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	84.6	84.8	85.6	91.6	90.1	89.3	87.5	89.6	88.6	88.0	86.2	-1.8
Try cocaine powder once or twice	—	—	—	—	—	—	—	—	—	—	—	—	45.3	51.7	53.8	63.9	53.6	57.1	53.2	55.4	52.0	53.2	51.4	-1.8
Take cocaine powder occasionally	—	—	—	—	—	—	—	—	—	—	—	—	56.8	61.9	65.8	71.1	69.8	70.8	68.6	70.6	69.1	68.8	67.7	-1.1
Take cocaine powder regularly	—	—	—	—	—	—	—	—	—	—	—	—	81.4	82.9	83.9	90.2	88.9	88.4	87.0	88.6	87.8	86.8	86.0	-0.8
Try heroin once or twice	60.1	58.9	56.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	63.6	64.0	53.8	55.4	65.2	50.9	50.7	52.8	50.9	52.5	56.7	+4.2ss
Take heroin occasionally	75.6	75.6	71.9	71.4	70.9	70.9	72.2	69.8	71.8	70.7	69.8	68.2	74.6	73.8	75.6	76.6	74.9	74.2	72.0	72.1	71.0	74.8	76.3	+1.5
Take heroin regularly	87.2	88.6	86.1	86.6	87.5	86.2	87.6	86.0	86.1	87.2	86.0	87.1	88.7	88.8	89.5	90.2	89.6	89.2	88.3	88.0	87.2	89.5	88.9	-0.6
Try amphetamines once or twice	35.4	33.4	30.8	29.9	29.7	29.7	26.4	25.3	24.7	25.4	25.2	25.1	29.1	29.6	32.8	32.2	30.3	32.6	31.3	31.4	28.9	30.8	31.0	+0.2
Take amphetamines regularly	69.0	67.3	66.6	67.1	69.9	69.1	66.1	64.7	64.8	67.1	67.2	67.3	69.4	69.8	71.2	71.2	74.1	72.4	69.9	67.0	65.9	65.8	66.0	-0.8
Try crystal meth. (ice) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61.6	61.9	57.5	58.3	54.4	55.3	54.4	-0.9
Try barbiturates once or twice	34.8	32.5	31.2	31.3	30.7	30.9	28.4	27.5	27.0	27.4	26.1	25.4	30.9	29.7	32.2	32.4	35.1	32.2	29.2	29.9	26.3	29.1	26.9	-2.2
Take barbiturates regularly	69.1	67.7	68.6	68.4	71.6	72.2	69.9	67.6	67.7	68.5	68.3	67.2	69.4	69.6	70.5	70.2	70.6	70.2	66.1	63.3	61.6	60.4	56.8	-3.6s
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	5.3	4.8	4.1	3.4	4.1	3.8	4.6	3.5	4.2	4.6	6.0	4.6	6.2	6.0	6.0	8.3	9.1	8.6	8.2	7.6	5.9	7.3	6.7	-0.6
Take one or two drinks nearly every day	21.5	21.2	18.5	19.6	22.6	20.3	21.6	21.6	21.6	23.0	24.4	25.1	26.2	27.3	28.5	31.3	32.7	30.6	28.2	27.0	24.8	25.1	24.8	-0.3
Take four or five drinks nearly every day	63.6	61.0	62.9	63.1	66.2	65.7	64.5	65.5	66.8	68.4	69.8	66.5	69.7	68.5	69.8	70.9	69.5	70.5	67.8	66.2	62.8	65.6	63.0	-2.6
Have five or more drinks once or twice each weekend	37.8	37.0	34.7	34.5	34.9	35.9	36.3	36.0	38.6	41.7	43.0	39.1	41.9	42.6	44.0	47.1	48.6	49.0	46.3	46.5	45.2	49.5	43.0	-6.5sss
Smoke one or more packs of cigarettes per day	51.3	56.4	58.4	59.0	63.0	63.7	63.3	60.5	61.2	63.8	66.5	66.0	68.6	68.0	67.2	68.2	69.4	69.2	69.6	67.6	65.6	68.2	68.7	+0.5
Use smokeless tobacco regularly	—	—	—	—	—	—	—	—	—	—	—	25.8	30.0	33.2	32.9	34.2	37.4	35.5	38.9	36.6	33.2	37.4	38.6	+1.2
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	63.8	69.9	65.6	70.7	69.1	66.1	66.4	67.6	67.2	-0.4
Approx. N =	*2804*	*2918*	*3052*	*3770*	*3250*	*3234*	*3604*	*3557*	*3305*	*3262*	*3250*	*3020*	*3315*	*3276*	*2796*	*2553*	*2549*	*2684*	*2759*	*2591*	*2607*	*2449*	*2579*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

TABLE 9
Trends in Disapproval of Drug Use by Eighth, Tenth, and Twelfth Graders, 1991–97

Percent who "disapprove" or "strongly disapprove"*

Do you disapprove of people who . . .	8th Grade								10th Grade								12th Grade[b]							
	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change	1991	1992	1993	1994	1995	1996	1997	'96–'97 change
Try marijuana once or twice	84.5	82.1	79.2	72.9	70.7	67.5	67.6	+0.1	74.6	74.8	70.3	62.4	59.8	55.5	54.1	-1.4	68.7	69.9	63.3	57.6	55.7	52.5	51.0	-1.5
Smoke marijuana occasionally	89.5	88.1	85.7	80.9	79.7	76.5	78.1	+1.6s	83.7	83.6	79.4	72.3	70.0	66.9	66.3	-0.7	79.4	79.7	75.5	68.9	66.7	62.9	63.2	+0.3
Smoke marijuana regularly	92.1	90.8	88.9	85.3	85.1	82.8	84.6	+1.8s	90.4	90.0	87.4	82.2	81.1	79.7	79.7	0.0	89.3	90.1	87.6	82.3	81.9	80.0	78.8	-1.2
Try inhalants once or twice[c]	84.9	84.0	82.5	81.6	81.8	82.9	84.1	+1.2	85.2	85.6	84.8	84.9	84.5	86.0	86.9	+0.9	—	—	—	—	—	—	—	—
Take inhalants regularly[c]	90.6	90.0	88.9	88.1	88.8	89.3	90.3	+1.0	91.0	91.5	90.9	91.0	90.9	91.7	91.7	0.0	—	—	—	—	—	—	—	—
Try LSD once or twice[d]	—	—	77.1	75.2	71.6	70.9	72.1	+1.2	—	—	82.1	79.3	77.9	76.8	76.6	-0.2	90.1	88.1	85.9	82.5	81.1	79.6	80.5	+0.9
Take LSD regularly[d]	—	—	79.8	78.4	75.8	75.3	76.3	+1.0	—	—	86.8	85.6	84.8	84.5	83.4	-1.1	96.4	95.5	95.8	94.3	92.5	93.2	92.9	-0.3
Try crack once or twice[e]	91.7	90.7	89.1	86.9	86.9	85.0	85.7	+0.7	92.5	92.5	91.4	89.9	88.7	88.2	87.4	-0.8	92.1	93.1	89.9	89.5	91.4	87.4	87.0	-0.4
Take crack occasionally[e]	93.3	92.5	91.7	89.9	89.8	89.3	90.3	+1.0	94.3	94.4	93.6	92.5	91.7	91.9	91.0	-0.9	94.2	95.0	92.8	92.8	94.0	91.2	91.3	+0.1
Try cocaine powder once or twice[e]	91.2	89.6	88.5	86.1	85.3	83.9	85.1	+1.2	90.8	91.1	90.0	86.1	86.8	86.1	85.1	-1.0	88.0	89.4	86.6	87.1	88.3	83.1	83.0	-0.1
Take cocaine powder occasionally[e]	93.1	92.4	91.6	89.7	89.7	88.7	90.1	+1.4s	94.0	94.0	93.2	92.1	91.4	91.1	90.4	-0.7	93.0	93.4	91.2	91.0	92.7	89.7	89.3	-0.4
Try heroin once or twice without using a needle[e]	—	—			85.8	85.0	87.7	+2.7ss	—		—	—	89.7	89.5	89.1	-0.4	—	—	—	—	92.9	90.8	92.3	+1.5
Take heroin occasionally without using a needle[e]	—	—		—	89.5	87.7	90.1	+2.4ss	—	—	—	—	91.6	91.7	91.4	-0.3	—	—	—	—	94.7	93.2	94.4	+1.2
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	51.7	52.2	50.9	47.8	48.0	45.5	45.7	+0.2	37.6	39.9	38.5	36.5	36.1	34.2	33.7	-0.5	29.8	33.0	30.1	28.4	27.3	26.6	26.1	-0.4
Take one or two drinks nearly every day	82.2	81.0	79.6	76.7	75.9	74.1	76.6	+2.5ss	81.7	81.7	78.6	75.2	75.4	73.8	76.4	+1.6	76.5	75.9	77.8	73.1	73.3	70.8	70.0	-0.8
Have five or more drinks once or twice each weekend	85.2	83.9	83.3	80.7	80.7	79.1	81.3	+2.2ss	76.7	77.6	74.7	72.3	72.2	70.7	70.2	-0.5	67.4	70.7	70.1	65.1	66.7	64.7	65.0	+0.3
Smoke one or more packs of cigarettes per day	82.8	82.3	80.6	78.4	78.6	77.3	80.3	+3.0sss	79.4	77.8	76.5	73.9	73.2	71.0	73.8	+2.2s	71.4	73.5	70.6	69.8	68.2	67.2	67.1	-0.1
Use smokeless tobacco regularly	79.1	77.2	77.1	75.1	74.0	74.1	76.5	+2.4ss	75.4	74.6	73.8	71.2	71.0	71.0	72.3	+1.3	—	—	—	—	—	—	—	—
Take steroids[e]	89.8	90.3	89.9	87.9	—	—	—	—	90.0	91.0	91.2	90.8	—	—	—	—	90.5	92.1	92.1	91.9	91.0	91.7	91.4	-0.3
Approx. N =	*17390*	*18503*	*18435*	*17429*	*17660*	*17998*	*18766*		*14750*	*14774*	*15334*	*15891*	*17016*	*15686*	*15697*		*2547*	*2645*	*2722*	*2588*	*2603*	*2399*	*2601*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Don't disapprove, (2) Disapprove, (3) Strongly disapprove. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.

[b]The twelfth grade questions ask about people who are 18 or older.

[c]8th and 10th grade: Data based in 1997 on two-thirds of N indicated due to changes in questionnaire forms.

[d]8th and 10th grade: Data based on one of two forms in 1993–96; N is one-half of N indicated. Data based in 1997 on one-third of N indicated due to changes in questionnaire forms.

[e]8th and 10th grade: Data based on two forms in 1991 and 1992 and on one of two forms in 1993 and 1994; N is one-half of N indicated.

TABLE 10

Long-Term Trends in Disapproval of Drug Use by Twelfth Graders

Do you disapprove of people who are 18 or older doing each of the following?	Percentage "disapproving"*																					
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96-'97 change
Try marijuana once or twice	47.0	38.4	33.4	33.4	34.2	39.0	40.0	45.5	46.3	49.3	51.4	54.6	56.6	60.8	64.6	67.8	68.7	69.9	63.3	57.6	56.7	52.5	51.0	-1.5
Smoke marijuana occasionally	54.8	47.8	44.3	43.5	45.3	49.7	52.6	59.1	60.7	63.5	65.8	69.0	71.6	74.0	77.2	80.5	79.4	79.7	75.6	68.9	66.7	62.9	63.2	+0.3
Smoke marijuana regularly	71.9	69.5	65.5	67.5	69.2	74.6	77.4	80.6	82.5	84.7	85.5	86.6	89.2	89.3	89.8	91.0	89.3	90.1	87.8	82.3	81.9	80.0	78.8	-1.2
Try LSD once or twice	82.8	84.6	83.9	85.4	86.6	87.3	86.4	88.8	89.1	88.0	89.5	89.2	91.6	89.8	89.7	89.6	90.1	88.1	86.9	82.5	81.1	79.6	80.5	+0.9
Take LSD regularly	94.1	95.3	95.8	96.4	96.9	96.7	96.8	96.7	97.0	96.8	97.0	96.6	97.8	96.4	96.4	96.3	96.4	95.5	95.8	94.3	92.5	93.2	92.9	-0.3
Try MDMA once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	82.2	—
Try cocaine once or twice	81.3	82.4	79.1	77.0	74.7	76.3	74.6	76.6	77.0	79.7	79.3	80.2	87.3	89.1	90.5	91.5	93.6	93.0	92.7	91.6	90.3	90.0	88.0	-2.0
Take cocaine regularly	93.3	93.9	92.1	91.9	90.8	91.1	90.7	91.5	93.2	94.5	93.8	94.3	96.7	96.2	96.4	96.7	97.3	96.9	97.5	96.6	96.1	95.6	96.0	+0.4
Try crack once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	92.3	92.1	93.1	89.9	89.5	91.4	87.4	87.0	-0.4
Take crack occasionally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.3	94.2	95.0	92.8	92.8	94.0	91.2	91.3	+0.1
Take crack regularly	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	94.9	95.0	95.5	93.4	93.1	94.1	93.0	92.3	-0.7
Try coke powder once or twice						—	—	—	—	—	—	—	—	—	—	87.9	88.0	89.4	86.6	87.1	88.3	83.1	83.0	-0.1
Take coke powder occasionally						—	—	—	—	—	—	—	—	—	—	92.1	93.0	93.4	91.2	91.0	92.7	89.7	89.3	-0.4
Take coke powder regularly						—	—	—	—	—	—	—	—	—	—	93.7	94.4	94.3	93.0	92.5	93.8	92.9	91.5	-1.4
Try heroin once or twice	91.5	92.6	92.5	92.0	93.4	93.5	93.5	94.6	94.3	94.0	94.0	93.3	96.2	95.0	95.4	95.1	96.0	94.9	94.4	93.2	92.8	92.1	92.3	+0.2
Take heroin occasionally	94.8	96.0	96.0	96.4	96.8	96.7	97.2	96.8	96.9	97.1	96.8	96.8	97.9	96.9	97.2	96.7	97.3	96.8	97.0	96.2	95.7	95.0	95.4	+0.4
Take heroin regularly	96.7	97.5	97.2	97.8	97.9	97.6	97.8	97.5	97.7	98.0	97.6	97.6	98.1	97.2	97.4	97.5	97.8	97.2	97.5	97.1	96.4	96.3	96.4	+0.1
Try amphetamines once or twice	74.8	75.1	74.2	74.8	75.1	75.4	71.1	72.6	72.3	72.8	74.9	76.5	80.7	82.5	83.3	85.3	86.5	86.9	84.2	81.3	82.2	79.9	81.3	+1.4
Take amphetamines regularly	92.1	92.8	92.5	93.5	94.4	93.9	91.7	92.0	92.6	93.6	93.3	93.5	95.4	94.2	94.2	95.5	96.0	95.9	96.0	94.1	94.3	93.5	94.3	+0.8
Try barbiturates once or twice	77.7	81.3	81.1	82.4	84.0	83.9	82.4	84.4	83.1	84.1	84.9	86.8	89.6	89.4	89.3	90.5	90.8	90.3	89.7	87.5	87.3	84.9	86.4	+1.5
Take barbiturates regularly	93.3	93.6	93.0	94.3	95.2	95.4	94.2	94.4	95.1	95.1	95.5	94.9	96.4	95.3	95.3	96.4	97.1	96.5	97.0	96.1	95.2	94.8	95.3	+0.6
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.8	15.6	15.8	16.0	17.2	18.2	19.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	33.0	30.1	28.4	27.3	26.5	26.1	-0.4
Take one or two drinks nearly every day	67.6	68.9	66.8	67.7	68.3	69.0	69.1	69.9	68.9	72.9	70.9	72.6	74.2	76.0	76.5	77.9	76.5	75.9	77.8	73.1	73.3	70.8	70.0	-0.8
Take four or five drinks nearly every day	88.7	90.7	88.4	90.2	91.7	90.8	91.8	90.9	90.0	91.0	92.0	91.4	92.2	92.8	91.8	91.9	90.6	90.8	90.6	89.8	88.8	89.4	88.6	-0.8
Have five or more drinks once or twice each weekend	60.3	58.6	57.4	56.2	56.7	55.0	55.5	58.8	56.6	59.6	60.4	62.4	62.0	66.3	60.5	68.9	67.4	70.7	70.1	66.1	66.7	64.7	65.0	+0.3
Smoke one or more packs of cigarettes per day	67.5	65.9	66.4	67.0	70.3	70.8	69.9	69.4	70.8	73.0	72.3	75.4	74.3	73.1	72.4	72.8	71.4	73.5	70.6	69.8	68.2	67.2	67.1	-0.1
Take steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	90.8	90.5	92.1	92.1	91.9	91.0	91.7	91.4	-0.3
Approx. N =	*2677*	*2957*	*3085*	*3686*	*3221*	*3261*	*3610*	*3651*	*3341*	*3254*	*3265*	*3113*	*3302*	*3311*	*2799*	*2566*	*2547*	*2645*	*2723*	*2588*	*2601*	*2399*	*2601*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Don't disapprove, (2) Disapprove, and (3) Strongly disapprove. Percentages are shown for categories (2) and (3) combined.

TABLE 11

Trends in Perceived Availability of Drugs
Eighth, Tenth, and Twelfth Graders, 1992–97

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get*																				
	8th Grade							10th Grade							12th Grade						
	1992	1993	1994	1995	1996	1997	'96–'97 change	1992	1993	1994	1995	1996	1997	'96–'97 change	1992	1993	1994	1995	1996	1997	'96–'97 change
Marijuana	42.3	43.8	49.9	52.4	54.8	54.2	-0.6	65.2	68.4	76.0	78.1	81.1	80.5	-0.6	82.7	83.0	85.5	88.5	88.7	89.6	+0.9
LSD	21.5	21.8	21.8	23.5	23.6	22.7	-0.9	33.6	35.8	35.1	39.8	41.0	38.3	-2.7ss	44.5	49.2	50.8	53.8	61.3	60.7	-0.6
PCP*	18.0	18.5	17.7	19.0	19.6	19.2	-0.4	23.7	23.4	23.8	24.7	26.8	24.8	-2.0	31.7	31.7	31.4	31.0	30.5	30.0	-0.5
Crack	25.6	25.9	26.9	28.7	27.9	27.5	-0.4	33.7	33.0	34.2	34.6	36.4	36.0	-0.4	43.5	43.6	40.6	41.9	40.7	40.6	-0.1
Cocaine Powder	25.7	25.9	26.4	27.8	27.2	26.9	-0.3	35.0	34.1	34.5	35.3	36.9	37.1	+0.2	48.0	46.4	43.7	43.8	44.4	43.3	-1.1
Heroin	19.7	19.8	19.4	21.1	20.6	19.8	-0.8	24.3	24.3	24.7	24.6	24.8	24.4	-0.4	34.9	33.7	34.1	35.1	32.2	33.8	+1.6
Other Opiates*	19.8	19.0	18.3	20.3	20.0	20.6	+0.6	26.9	24.9	26.9	27.8	29.4	29.0	-0.4	37.1	37.5	38.0	39.8	40.0	38.9	-1.1
Amphetamines	32.2	31.4	31.0	33.4	32.6	30.6	-2.0s	43.4	46.4	46.8	47.7	47.2	44.6	-2.6ss	68.8	61.6	62.0	62.8	69.4	69.8	+0.4
Crystal Meth. (Ice)*	16.0	15.1	14.1	16.0	16.3	15.7	-0.6	18.8	16.4	17.8	20.7	22.6	22.9	+0.3	26.0	26.6	26.6	27.0	26.9	27.6	+0.7
Barbiturates	27.4	26.1	25.3	26.5	25.6	24.4	-1.2	38.9	36.8	38.3	38.8	38.1	35.6	-2.6ss	44.0	44.5	43.3	42.3	41.4	40.0	-1.4
Tranquilizers	22.9	21.4	20.4	21.3	20.4	19.6	-0.8	31.6	30.5	29.8	30.6	30.3	28.7	-1.6	40.9	41.1	39.2	37.8	36.0	35.4	-0.6
Alcohol	76.2	73.9	74.5	74.9	75.3	74.9	-0.4	88.6	88.9	89.8	89.7	90.4	89.0	-1.4ss	—	—	—	—	—	—	—
Cigarettes	77.8	75.5	76.1	76.4	76.9	76.0	-0.9	89.1	89.4	90.3	90.7	91.3	89.6	-1.7sss	—	—	—	—	—	—	—
Steroids	24.0	22.7	23.1	23.8	24.1	23.6	-0.5	37.6	33.6	33.6	34.8	34.8	34.2	-0.6	46.8	44.8	42.9	45.5	40.3	41.7	+1.4
Approx. N =	*8355*	*16775*	*16119*	*15496*	*16318*	*16482*		*7014*	*14652*	*15192*	*16209*	*14887*	*14856*		*2586*	*2670*	*2526*	*2552*	*2340*	*2517*	

NOTES: Level of significance of difference between the two years: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, (5) Very easy. For 8th and 10th grades, there was another category—"Can't say, drug unfamiliar"—which was included in the calculation of these percentages.
*8th and 10th grade only: Data based on one of two forms; N is one-half of N indicated in 1993-97.

TABLE 12

Long-Term Trends in Perceived Availability of Drugs, Twelfth Graders

How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class of 1983	Class of 1984	Class of 1985	Class of 1986	Class of 1987	Class of 1988	Class of 1989	Class of 1990	Class of 1991	Class of 1992	Class of 1993	Class of 1994	Class of 1995	Class of 1996	Class of 1997	'96-'97 change
Marijuana	87.8	87.4	87.9	87.8	90.1	89.0	89.2	88.5	86.2	84.6	85.5	85.2	84.8	85.0	84.3	84.4	83.3	82.7	83.0	85.5	88.5	88.7	89.6	+0.9
Amyl/Butyl Nitrites	—	—	—	—	—	—	—	—	—	—	—	—	23.9	25.9	26.8	24.4	22.7	25.9	25.9	26.7	26.0	23.9	23.8	-0.1
LSD	46.2	37.4	34.5	32.2	34.2	35.3	35.0	34.2	30.9	30.6	30.6	28.5	31.4	33.3	38.3	40.7	39.6	44.5	49.2	50.8	53.8	51.3	50.7	-0.6
Some other psychedelic	47.8	35.7	33.8	31.8	34.6	36.0	32.7	30.6	26.6	26.6	26.1	24.9	25.0	26.2	28.2	28.3	28.0	29.9	33.5	33.8	35.8	33.9	33.9	0.0
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	26.9	27.7	27.8	31.7	31.7	31.4	31.0	30.5	30.0	-0.6
MDMA (Ecstasy)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21.7	22.0	22.1	24.2	28.1	31.2	34.2	36.9	38.8	+1.9
Cocaine	37.0	34.0	33.9	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	55.0	58.7	54.5	51.0	52.7	48.5	46.6	47.7	48.1	48.5	+0.4
Crack	—	—	—	—	—	—	—	—	—	—	—	—	41.1	42.1	47.0	42.4	39.9	43.5	43.6	40.5	41.9	40.7	40.6	-0.1
Cocaine powder	—	—	—	—	—	—	—	—	—	—	—	—	52.9	50.3	53.7	49.0	46.0	48.0	45.4	43.7	43.8	44.4	43.3	-1.1
Heroin	24.2	18.4	17.9	18.4	18.9	21.2	19.2	20.8	19.3	19.9	21.0	22.0	23.7	28.0	31.4	31.9	30.6	34.9	33.7	34.1	35.1	32.2	33.8	+1.6
Some other narcotic (including methadone)	34.5	26.9	27.8	26.1	28.7	29.4	29.5	30.4	30.0	32.1	33.1	32.2	33.0	35.8	38.3	38.1	34.6	37.1	37.5	39.0	39.8	40.0	38.9	-1.1
Amphetamines	67.8	61.8	58.1	58.5	59.9	61.3	69.5	70.8	68.5	68.2	66.4	64.3	64.5	63.9	64.3	59.7	57.3	58.8	61.5	62.0	62.8	59.4	60.8	+0.4
Crystal meth. (ice)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24.1	24.3	26.0	26.6	25.6	27.0	26.9	27.6	+0.7
Barbiturates	60.0	54.4	52.4	50.6	49.0	49.1	54.9	55.2	52.5	51.9	51.3	48.3	48.2	47.8	48.4	45.9	42.4	44.0	44.5	43.3	42.3	41.4	40.0	-1.4
Tranquilizers	71.8	65.5	64.9	64.3	61.4	59.1	60.8	58.9	55.3	54.5	54.7	51.2	48.6	49.1	45.3	44.7	40.8	40.9	41.1	39.2	37.8	36.0	35.4	-0.6
Steroids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	46.7	46.8	44.8	42.9	45.5	40.3	41.7	+1.4
Approx. N =	*2627*	*2865*	*3065*	*3598*	*3172*	*3240*	*3578*	*3602*	*3385*	*3269*	*3271*	*3077*	*3271*	*3231*	*2806*	*2549*	*2476*	*2586*	*2670*	*2528*	*2552*	*2340*	*2517*	

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

*Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

TABLE 7

Trends in Lifetime Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are percentages)

	Percent who used in lifetime										'94-'95
	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	*(6400)*	
Any Illicit Drug[a]	70.5	69.9	67.9	66.4	64.5	62.2	60.2	59.6	57.5	57.4	0.0
Any Illicit Drug[a] Other than Marijuana	48.4	47.0	44.6	42.7	40.8	37.8	37.0	34.6	33.4	32.8	-0.6
Marijuana	66.5	66.0	63.8	62.8	60.2	58.6	56.4	55.9	53.7	53.6	-0.1
Inhalants[b]	12.3	12.7	12.6	13.2	12.5	13.4	13.5	14.1	13.2	14.5	+1.3
Inhalants, Adjusted[c]	18.6	15.7	15.0	NA	13.5	14.1	13.9	14.5	13.5	NA	—
Nitrites[d]	12.6	6.9	6.2	NA	1.9	1.4	1.2	1.3	1.0	NA	—
Hallucinogens	18.5	17.1	17.0	15.9	16.1	15.7	15.7	15.4	15.4	16.1	+0.7
Hallucinogens, Adjusted[e]	20.1	17.2	17.2	NA	16.5	16.0	15.9	15.5	15.5	16.2	+0.8
LSD	14.6	13.7	13.8	12.7	13.5	13.5	13.8	13.6	13.8	14.5	+0.7
PCP[e]	8.4	4.8	5.0	NA	2.5	3.1	2.0	1.9	2.0	2.2	+0.2
Cocaine	32.0	29.3	28.2	25.8	23.7	21.0	19.5	16.9	15.2	13.7	-1.4s
Crack[f]	NA	6.3	6.9	6.1	5.1	4.8	5.1	4.3	4.4	3.8	-0.6
Other Cocaine[f]	NA	28.2	25.2	25.4	22.1	19.8	18.4	15.1	13.9	12.4	-1.5s
MDMA ("Ecstasy")[g]	NA	NA	NA	3.3	3.7	3.2	3.9	3.8	3.8	4.5	+0.6
Heroin	1.3	1.3	1.1	1.0	0.9	0.9	0.9	0.9	0.8	1.1	+0.3
Other Opiates[h]	10.7	10.6	9.8	9.6	9.4	9.3	8.9	8.1	8.2	9.0	+0.8
Stimulants, Adjusted[i]	32.3	30.8	28.8	25.3	24.4	22.4	20.2	18.7	17.1	16.6	-0.5
"Ice"[k]	NA	NA	NA	NA	2.5	2.9	2.2	2.7	2.5	2.1	-0.4
Sedatives[l]	16.7	15.0	13.2	12.1	NA	NA	NA	NA	NA	NA	—
Barbiturates[l]	11.1	9.7	8.9	7.9	8.7	8.2	7.4	6.5	6.4	6.7	+0.3
Methaqualone[l]	13.1	11.6	9.7	8.7	NA	NA	NA	NA	NA	NA	—
Tranquilizers[l]	17.6	16.5	15.1	13.5	12.9	11.8	11.3	10.5	9.9	9.7	-0.2
Alcohol[k]	94.8	94.9	94.8	94.5	94.3	94.1	93.4	92.1	91.2	91.6	+0.4
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	—
Steroids[k]	NA	NA	NA	1.1	1.2	1.7	1.9	1.5	1.3	1.5	+0.2

Source: The Monitoring the Future Study, the University of Michigan.

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

"NA" indicates data not available.

Footnotes continue on next page.

TABLE 8
Trends in Annual Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are percentages)

	Percent who used in last thirty days										'94-'95
	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	*(6400)*	
Any Illicit Drug[a]	41.9	39.3	36.3	32.8	30.7	27.0	28.3	28.4	28.4	29.8	+1.5
Any Illicit Drug[a] Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	14.1	13.0	13.0	13.8	+0.8
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	25.2	25.1	25.5	26.5	+1.0
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	1.9	2.1	2.1	2.4	+0.4
Inhalants, Adjusted[c]	3.0	2.8	2.4	NA	2.1	2.2	1.9	2.3	2.2	NA	—
Nitrites[d]	2.0	1.3	1.0	NA	0.4	0.2	0.1	0.4	0.3	NA	—
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	5.0	4.5	4.8	5.6	+0.8s
Hallucinogens, Adjusted[e]	4.9	4.1	3.9	NA	4.2	4.6	5.1	4.6	4.9	5.7	+0.8s
LSD	3.0	2.9	2.9	2.7	3.3	3.8	4.3	3.8	4.0	4.6	+0.6
PCP[a]	0.8	0.4	0.4	NA	0.2	0.3	0.3	0.2	0.3	0.3	0.0
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	5.7	4.7	4.3	4.4	+0.1
Crack[f]	3.2	3.1	3.1	2.5	1.6	1.2	1.4	1.3	1.1	1.1	+0.1
Other Cocaine[g]	NA	13.6	11.9	10.3	8.1	5.4	5.1	3.9	3.6	3.9	+0.3
MDMA ("Ecstasy")[a]	NA	NA	NA	1.4	1.5	0.8	1.0	0.8	0.7	1.6	+0.9ss
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.4	+0.2s
Other Opiates[h]	3.1	3.1	2.7	2.8	2.7	2.5	2.5	2.2	2.5	3.0	+0.5
Stimulants, Adjusted[i]	10.6	8.7	7.3	5.8	5.2	4.3	4.1	4.0	4.5	4.6	+0.1
"Ice"[a]	NA	NA	NA	NA	0.4	0.3	0.4	0.8	0.9	1.2	+0.3
Sedatives[j]	3.0	2.5	2.1	1.8	NA	NA	NA	NA	NA	NA	—
Barbiturates[j]	2.3	2.1	1.8	1.7	1.9	1.8	1.6	1.9	1.8	2.1	+0.3
Methaqualone[j]	1.3	0.9	0.5	0.3	NA	NA	NA	NA	NA	NA	—
Tranquilizers[j]	5.4	5.1	4.2	3.7	3.7	3.5	3.4	3.1	2.9	3.4	+0.5
Alcohol[k]	88.6	89.4	88.6	88.1	87.4	86.9	86.2	85.3	83.7	84.7	+1.0
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	37.9	37.8	38.3	38.8	+0.5
Steroids[a]	NA	NA	NA	0.5	0.3	0.5	0.4	0.3	0.4	0.5	+0.1

Source: The Monitoring the Future Study, the University of Michigan.

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

"NA" indicates data not available.

See footnotes at end of Table 7.

TABLE 9
Trends in Thirty-Day Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are percentages)

	Percent who used in last thirty days										'94-'95
	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	change
Approx. Weighted N =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	*(6400)*	
Any Illicit Drug[a]	25.8	23.4	20.5	17.7	15.9	15.1	14.8	14.9	15.3	15.8	+0.4
Any Illicit Drug[a] Other than Marijuana	13.0	10.7	9.5	7.5	6.0	5.4	5.5	4.9	5.3	5.7	+0.3
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	13.3	13.4	14.1	14.0	-0.1
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	0.6	0.7	0.5	0.7	+0.2
Inhalants, Adjusted[c]	0.7	0.9	0.9	NA	0.7	0.6	0.7	0.7	0.6	NA	—
Nitrites[d]	0.5	0.5	0.4	NA	0.1	*	0.1	0.2	0.1	NA	—
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	1.5	1.2	1.4	1.7	+0.2
Hallucinogens, Adjusted[e]	1.4	1.2	1.1	NA	1.0	1.2	1.6	1.2	1.4	1.7	+0.2
LSD	0.9	0.8	0.8	0.8	0.6	0.8	1.1	0.8	1.1	1.3	+0.3
PCP[d]	0.2	0.1	0.3	NA	0.2	0.1	0.2	0.2	0.1	0.0	-0.1
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	1.8	1.4	1.3	1.5	+0.1
Crack[f]	NA	1.0	1.2	0.7	0.4	0.4	0.4	0.4	0.3	0.2	0.0
Other Cocaine[g]	NA	4.8	4.8	3.4	2.1	1.8	1.7	1.1	1.0	1.3	+0.3
MDMA ("Ecstasy")[h]	NA	NA	NA	0.4	0.2	0.1	0.3	0.3	0.2	0.4	+0.3
Heroin	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.1	0.0
Other Opiates[i]	0.9	0.9	0.7	0.7	0.7	0.6	0.7	0.7	0.6	0.9	+0.3s
Stimulants, Adjusted[j]	4.0	3.2	2.7	2.1	1.9	1.5	1.5	1.5	1.7	1.7	-0.1
"Ice"[k]	NA	NA	NA	NA	0.1	*	0.1	0.3	0.5	0.3	-0.2
Sedatives[l]	0.9	0.8	0.7	0.5	NA	NA	NA	NA	NA	NA	—
Barbiturates[l]	0.7	0.7	0.7	0.5	0.6	0.5	0.5	0.6	0.6	0.8	+0.2
Methaqualone[m]	0.3	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA	—
Tranquilizers[n]	1.8	1.6	1.4	1.2	1.1	0.9	1.0	1.0	0.8	1.1	+0.4s
Alcohol[o]	75.1	75.4	74.0	72.4	71.2	70.6	69.0	68.3	67.7	68.1	+0.4
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	28.3	28.0	28.0	29.2	+1.3
Steroids[d]	NA	NA	NA	0.2	0.1	0.2	0.1	0.0	0.1	0.2	+0.1

Source: The Monitoring the Future Study, the University of Michigan.

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence estimates for the two most recent years is due to rounding.

"*" indicates a prevalence rate of less than 0.05% but greater than true zero.
"NA" indicates data not available.

See footnotes at end of Table 7.

old age band. In the 23 to 26 year old group, there was a general but modest increase for a year or two, which generally ended by 1992.

- The important drop in ***cocaine*** use since 1986 slowed considerably after 1992 or 1993 in all three age strata and in communities of all sizes. Usage rates among the strata tended to converge a bit during the period of decline, and this convergence remains, with the large and very large cities still showing rates of cocaine use slightly higher than the less densely populated areas.

- ***Crack*** use among all age groups peaked in 1987 or 1988 and, after declining, appears to have bottomed out in all population-density strata since about 1990. The crack use reported in these young adult samples bears little systematic association with community size.

- ***Stimulant*** use showed large drops after 1981 among 19 to 22 year olds in communities of all sizes; after 1984 (the first time point available) among the 23 to 26 year olds; and, to a lesser extent, after 1988 (first time point available) among the 27 to 30 year olds. After 1991 use tended to level at relatively low prevalence rates in all strata and age groups, although use has been gradually rising since 1992 or 1993 for all strata–undoubtedly as a result of generational replacement by the heavier-using adolescents.

- ***Methaqualone*** use, which in 1981 was rather strongly associated (positively) with population density, dropped to annual prevalence rates of 0.8% or below in all size strata for all three age bands by 1989. Its use is no longer measured in the study.

- The use of ***barbiturates*** also fell to very low rates by 1989 before stabilizing. Annual prevalence in 1995 is less than 3% in all community-size strata for the two older age bands. Among the 19 to 22 year olds, however, use has begun to rise again since 1992 or 1993. Unlike methaqualone, barbiturates have never shown much correlation with urbanicity, at least as far back as 1980.

- ***Tranquilizer*** use among young adults has had little or no association with population density over this time interval either. Among the 19 to 22 year olds it declined by half in most strata from 1980 to about 1985, to just over 4% annual prevalence. Since 1985 some further, rather modest declines have occurred, resulting in annual prevalence rates of between 2% and 4% in all community-size strata for all three age bands. Once again, however, use has begun to rise among the 19 to 22 year olds only, since 1993 or 1994.

- Annual ***heroin*** prevalence in 1994 stands at less than 1.0%–usually much less–in all strata for all three age bands, and shows little systematic relationship with urbanicity. In the early 1980s it did tend to be a bit more concentrated in cities than in the small-town and farm/country strata among the 19 to 22 year olds. There was a slight upturn in use in 1995, which seems to be concentrated in the more urban areas.

TABLE 19

Annual Prevalence for Various Types of Drugs, 1995: Full-time College Students vs. Others Among Respondents 1-4 Years Beyond High School

(Entries are percentages)

	Total		Males		Females	
	Full-time College	Others	Full-time College	Others	Full-time College	Others
Any Illicit Drug[a]	33.5	34.0	36.1	36.1	31.7	32.2
Any Illicit Drug[a] Other than Marijuana	15.9	17.8	19.5	19.8	13.3	16.2
Marijuana	31.2	28.7	34.1	30.8	29.0	27.0
Inhalants[b]	3.9	3.1	6.1	4.4	2.3	2.1
Hallucinogens	8.2	7.9	11.9	11.0	5.5	5.5
LSD	6.9	6.8	9.7	9.5	4.9	4.6
Cocaine	3.6	4.5	5.6	5.7	2.2	3.6
Crack	1.1	1.5	1.2	2.2	0.6	0.9
MDMA ("Ecstasy")[c]	2.4	1.9	3.2	2.5	1.8	1.4
Heroin	0.3	0.7	0.4	0.8	0.2	0.5
Other Opiates[d]	3.8	4.0	5.8	4.1	2.3	3.9
Stimulants, Adjusted[d,e]	5.4	7.5	5.9	8.6	4.9	6.7
"Ice"[c]	1.1	2.2	2.5	3.4	0.1	1.2
Barbiturates[d]	2.0	4.0	2.7	4.2	1.6	3.8
Tranquilizers[d]	2.9	4.4	3.3	4.4	2.6	4.3
Alcohol	83.2	80.8	84.5	80.6	82.2	80.9
Cigarettes	39.3	47.7	39.4	48.9	39.1	46.8
Approximate Weighted N =	*1450*	*1420*	*610*	*640*	*840*	*790*

Source: The Monitoring the Future Study, the University of Michigan

[a]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders.

[b]This drug was asked about in five of the six questionnaire forms. Total N in 1995 for college students is approximately 1210.

[c]This drug was asked about in two of the six questionnaire forms. Total N in 1995 for college students is approximately 485.

[d]Only drug use which was not under a doctor's orders is included here.

[e]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

TABLE 20

Thirty-Day Prevalence for Various Types of Drugs, 1995: Full-time College Students vs. Others Among Respondents 1-4 Years Beyond High School

(Entries are percentages)

	Total		Males		Females	
	Full-time College	Others	Full-time College	Others	Full-time College	Others
Any Illicit Drug[a]	19.1	18.8	23.7	20.8	15.7	17.2
Any Illicit Drug[a] Other than Marijuana	6.3	8.0	8.8	8.8	4.5	7.4
Marijuana	18.6	15.5	23.5	18.0	14.9	13.5
Inhalants[b]	1.6	0.7	2.5	0.7	0.9	0.8
Hallucinogens	3.3	2.4	5.5	3.8	1.8	1.2
LSD	2.5	2.0	4.2	3.3	1.3	1.0
Cocaine	0.7	2.0	0.9	2.5	0.6	1.6
Crack	0.1	0.5	0.1	0.7	0.1	0.3
MDMA ("Ecstasy")[c]	0.7	0.5	1.5	0.6	0.1	0.5
Heroin	0.1	0.1	0.2	0.1	0.1	0.1
Other Opiates[d]	1.2	1.2	2.1	1.2	0.6	1.1
Stimulants, Adjusted[d,e]	2.2	2.6	2.6	2.1	1.9	3.1
"Ice"[c]	0.3	0.4	0.7	0.2	0.0	0.6
Barbiturates[d]	0.5	1.7	0.9	1.7	0.3	1.7
Tranquilizers[d]	0.5	1.6	0.8	1.7	0.3	1.6
Alcohol	67.5	61.9	71.1	67.0	64.9	57.8
Cigarettes	26.8	38.0	28.7	39.2	25.4	37.0
Approximate Weighted N =	*1450*	*1420*	*610*	*640*	*840*	*790*

Source: The Monitoring the Future Study, the University of Michigan

[a]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, or heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders

[b]This drug was asked about in five of the six questionnaire forms. Total N in 1995 for college students is approximately 1210.

[c]This drug was asked about in two of the six questionnaire forms. Total N in 1995 for college students is approximately 485.

[d]Only drug use which was not under a doctor's orders is included here.

[e]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants

National drug abuse indicators include the Drug Abuse Warning Network (DAWN) emergency department (ED) drug-related mentions, drug-related deaths reported by medical examiners, drugs reported by clients entering treatment, Drug Use Forecasting (DUF) urinalyses data on arrestees/detainees, and Drug Enforcement Agency (DEA) price, purity, and seizure data. These indicators show little overall change in patterns of use for crack, powder cocaine, methamphetamine, PCP, and LSD from 1994 to the present. These same indicators show increases in marijuana use during this same period. ED data show more heroin users being treated in 1995 than in prior years. Although total methamphetamine DAWN ED mentions did not show an increase, other indicators strongly suggest that the use of this drug is spreading to the Midwest and South.

In examining the data; CEWG members reported geographic/regional differences in patterns and trends by age, gender, and ethnic group. Comparisons were made across areas, thus identifying emerging trends and the potential spread of drugs from one community to another.

Cocaine

Many CEWG cities report that cocaine-and in particular crack- continues to dominate the drug scene. However, the level of use appears to have stabilized in a number of cities. As evidence that crack cocaine use has leveled off, there was virtually no change in the overall number of DAWN cocaine-related ED mentions between 1994 and 1995. These included smoked cocaine, which is most likely to be crack. Crack cocaine use, however, remains high. Of the 19 CEWG areas included in DAWN, 15 reported more cocaine-related mentions than mentions of any other illicit drug in 1995. The four exceptions are Minneapolis (where there are more marijuana-related than cocaine-related mentions), Newark, San Francisco (more heroin mentions), and San Diego (more methamphetamine mentions). Although most indicators show a leveling off of cocaine use across CEWG areas, cocaine-related ED mentions increased substantially in several CEWG areas: San Francisco (55%), New Orleans (23%), and Detroit (20%).

Of the 14 CEWG areas included in the DUF system, all but one reported cocaine as the predominant drug among adult arrestees in 1995. In San Diego, marijuana was detected among arrestees/detainees more often than cocaine (based on urinalyses).

The data reported by the CEWG cities indicated several shifts among cocaine-using populations. Although in most cities cocaine use was reported to remain highest among Blacks, its use in Texas and Atlanta increased among whites. Chicago data indicated a slight increase in Hispanic use, and there were anecdotal reports in Texas of young Hispanics initiating crack use. This development is of some concern, as crack use among Hispanics historically has been low. Nationally, Blacks accounted for a majority (59%) of ED cocaine-related mentions in 1995, followed by whites (32%) and Hispanics (9%).

Some indicators point to an increase in the number of female cocaine users. The largest increases (between 1994 and 1995) in arrestees/detainees testing positive for cocaine were reported in Detroit (15% increase among female adults) and New Orleans (12% increase in female adults). Approximately one-third of the total DAWN 1995 ED cocaine mentions involved females.

Reports from most cities show an increasingly older chronic cocaine-using population. In Philadelphia, however, there has been an increase in age of first cocaine use.

Crack reportedly remains the most popular form of cocaine, particularly among Blacks. In 1995 and early 1996, over 81% of cocaine users admitted to treatment in CEWG areas were cocaine smokers.

Crack remains readily available and cheap. In Philadelphia, a large rock, or boulder, sells for about $5. In Seattle, little bits of crack called kibbles sell for $1. In New York, crack is still commonly sold in vials, but heat-sealed plastic bags that discourage street dealers from taking out some of the crack are beginning to appear. In one area of Chicago, 2- for-1 crack sales are offered, and free samples are distributed 4 times a week in another section of the city.

Heroin

Data from drug indicators show that heroin use increased in most CEWG cities. Between 1994 and 1995, there was a 19% increase in total DAWN heroin-related mentions. Of total DAWN ED mentions, heroin was reported about equally by whites (43%) and Blacks (42%), as compared with Hispanics (14%) and others (>1%). Among CEWG areas, the greatest increases were reported in San Francisco (67%), Philadelphia (63%), New Orleans (58%), Dallas (29%), Miami (23%), Detroit (23%), Newark (22%), and Boston (21%). New York City, a major import and distribution center for Southeast Asian and South American heroin, had the largest number (11,047) of heroin-related DAWN mentions in 1995; however, this represented a slight decrease in heroin mentions from 1994. The New York City rate of heroin-related episodes per 100,000 decreased from 140 in 1994 to 136 in 1995.

Most CEWG DUF sites continued to report low percentages of opiate use (based on urinalysis) among adult arrestees/detainees in 1995. Only 4 CEWG sites (Chicago, Manhattan, Philadelphia, and St. Louis) reported percentages of 10% or more, and none of these sites reported increases in arrestees/detainees testing positive for opiates from 1994 to 1995. In Manhattan, the percentage of arrestees testing positive for opiates was 20% in 1995. The percentage of females in Manhattan dropped from 30% testing positive for opiates in 1994 to 19% in 1995.

The DEA attributed higher rates of heroin use in some East Coast cities to the increased availability of high-purity heroin from Southeast Asia and South America. Mexican brown and black tar heroin remain the most available types of heroin in the West and Southwest and are reportedly spreading to other areas. In St. Louis, a steady supply of Mexican heroin was reported in 1995 and early 1996. In Dallas, black tar reportedly sells for $10 a cap.

In 1995, approximately 20% of clients entering drug abuse treatment, nationally, reported heroin as the primary drug of abuse. This is similar to the percentage reported in 1994 and somewhat higher than the percentages reported in 1993 and 1992. In Boston, indicators show a slow but steady increase in heroin use- heroin (primary drug) treatment admissions surpassed cocaine admissions in 1995. Increased heroin use in suburban communities was reported in Boston and Newark. Reports of injection among heroin users have declined nationally: among heroin users admitted to treatment in New York City, injection use declined from 71% in 1988 to 41% in 1995.

Marijuana

Drug use indicators show a continued upward trend in marijuana use nationally and in almost all CEWG areas. In 1995, marijuana was reported as the primary substance of abuse by 15% of clients (n=876,118) entering drug abuse treatment programs, nationally, compared to 13% in 1994. During the past several decades, there have been improvements in methods of producing marijuana, resulting in increases in potency. In 1995, the average THC content of commercial grade marijuana reported by the DEA was 3.33%, higher than in the late 1970s and early 1980s, when it was 2%. The average THC content of sensimilla (6.66%), which is growing in popularity, was twice as potent as

EXECUTIVE SUMMARY

COCAINE AND CRACK

***Miami:** "The remaining cocaine users appear to be the more addicted group whose progressively downward cycle of abuse has led to increasing problems and adverse consequences, even among a shrinking number of users."*

***San Francisco:** "Crack is generally viewed as 'going out of style.' ... Nonetheless, prevalence remains high..."*

MORTALITY DATA

Available cocaine mortality figures show recent declines in nine cities and increases in four.

Recent Declines or Stable Trends

Cocaine mortality figures appear to be declining in nine of the cities where 1995 (or early 1996) data are available: Denver, Honolulu, Los Angeles, Miami (cocaine-related, as opposed to cocaine-induced, deaths), Philadelphia, St. Louis, St. Paul, San Diego, and Detroit.

In Denver, after peaking in 1993, cocaine-related deaths per 1 million population have been declining (to 21.0 in 1994 and 20.5 in 1995). Cocaine toxicology mentions in Honolulu declined nearly 40 percent between 1994 (38 mentions) and 1995 (23 mentions). During that same period, in Los Angeles, deaths directly attributed to cocaine declined by 23 percent (from 107 to 82). Cocaine-related deaths in Miami similarly declined by 14 percent between 1994 (292 deaths, or 14.7 per 100,000 population) and 1995 (250 deaths, or 12.4 per 100,000). (However, cocaine-related deaths increased in other Florida cities; also, cocaine-*induced* deaths increased in Miami.)

In Philadelphia, too, cocaine-positive toxicology reports declined between 1994 and 1995, both in number (from 368 to 336) and proportion (from 60 percent to 53 percent of all drug-related deaths). Cocaine-related deaths in St. Louis similarly declined between those 2 years (from 128 to 58). Earlier in that city's cocaine epidemic, many cocaine-related deaths were overdoses; recently, however, most were cocaine-related homicides. Cocaine-related deaths in St. Paul declined slightly over the same period (from 8 to 7). In San Diego, after peaking in 1993 (at 57), accidental overdose deaths involving cocaine have likewise been declining (to 54 in 1994 and 52 in 1995). Early 1996 data in Detroit indicate a possible decline in deaths with positive drug toxicology for cocaine (61 in the first 3 months) following increases in 1994 (324 cases) and 1995 (342). This possible decline is even more dramatic in light of an expanded case definition as of late 1995.

Recent Increases

Four cities with 1995 data show increased mortality between 1994 and 1995: Miami (cocaine-induced deaths), Minneapolis, Phoenix, and Seattle.

In Miami, the increase in cocaine-induced deaths (from 31 to 33) was still well below the 1986 peak (of 53). In Minneapolis, however, cocaine-related deaths increased to a record number (from 35 to 46). Cocaine-related deaths in Phoenix peaked in 1992, declined for the following 2 years, but have increased again between 1994 and 1995 (from 22 to 35). And, in Seattle, cocaine overdose deaths increased 6 percent between 1994 and 1995 (from 65 to 69) (4.3 per 100,000 population in 1995) and seem to be increasing again in 1996 (19 deaths in the first quarter).

Speedball Deaths

Overdose deaths attributed to injection of "speedballs" (heroin-cocaine combinations) have been rising steadily in Seattle since 1990, both in number and as a proportion of all drug deaths (to 55 cases, or 30 percent of all drug deaths in 1995).

Earlier Trends

Data in Dallas and Newark were available only through 1994. In Dallas, medical examiner (ME) mentions of cocaine declined in 1994 (to 106) after reaching a record high in 1993 (129). Although cocaine findings in Newark have been surpassed by heroin, both have been increasing since 1991. Cocaine was found in 14 percent of drug deaths in 1994 (compared with 13 percent in 1991).

Cocaine Babies

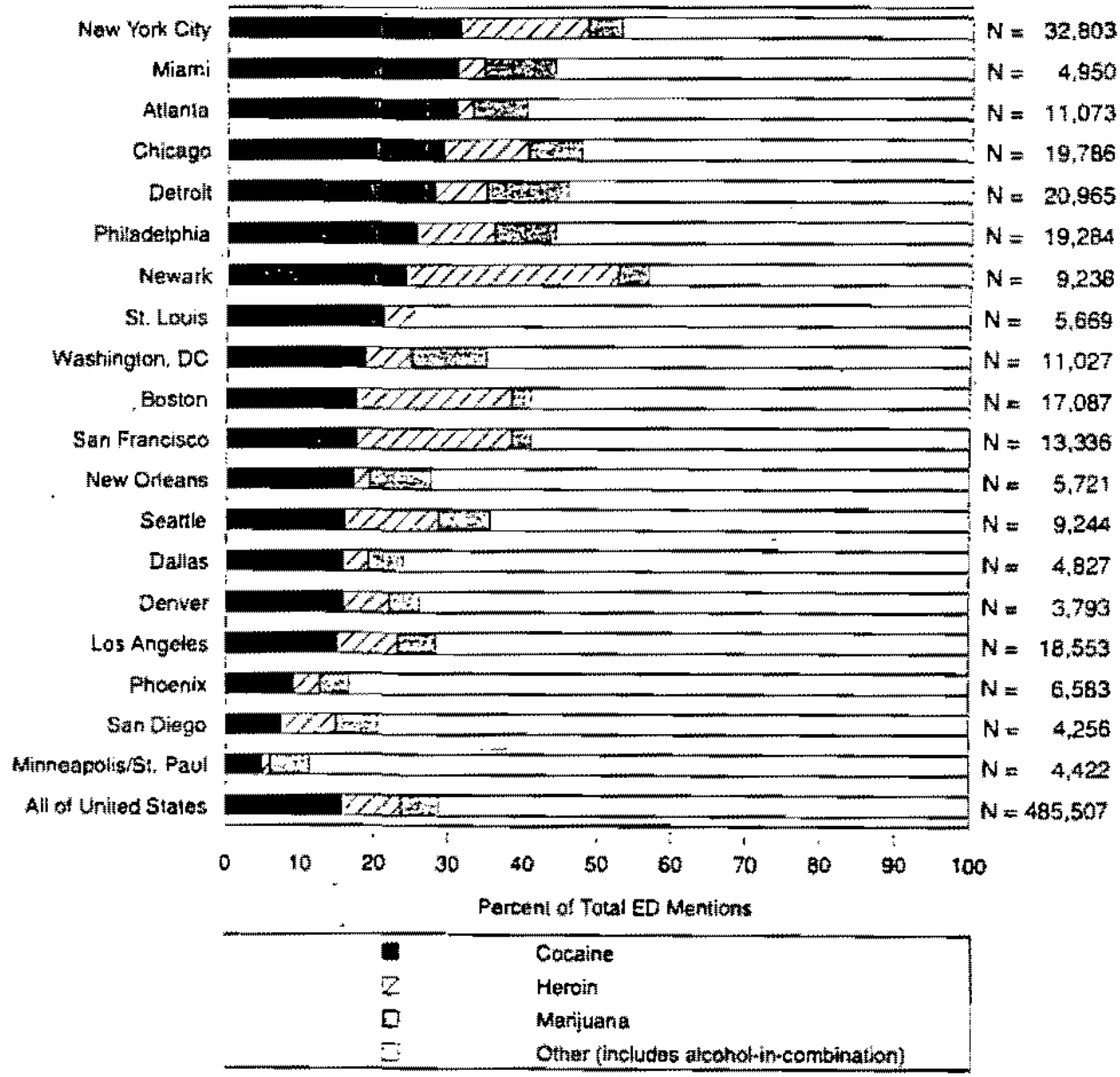
According to an ongoing urine toxicity study in Chicago, cocaine was detected in 68 percent of the 2,423 infants who tested positive for controlled substances in 1994–95. In Miami, infant deaths related to maternal cocaine exposure, which peaked in 1990 (at 21), continued to decline (to 2 in 1995). And, in Minneapolis, 3 of the 46 cocaine-related deaths in 1995 involved newborns or stillborns where maternal cocaine abuse was a significant contributing factor.

EMERGENCY DEPARTMENT DATA

During the first half of 1995, cocaine (including crack) continued to account for sizable proportions (20 percent or more) of total drug emergency department (ED) mentions in 8 of the 19 CEWG cities in the Drug Abuse Warning Network (DAWN) (exhibit 1). In the majority of cities, however, these proportions remained relatively unchanged from those a year earlier, in the first half of 1994. The two largest proportion increases, which were less than 3 percentage points each, occurred in Miami and Atlanta; the largest decline (less than 4 points) occurred in New Orleans.

Cocaine thus remained, by far, the most frequently reported illicit drug ED mention in most cities; heroin, however, remained more frequently mentioned in Newark and San Francisco; and methamphetamine, once again, was the most frequently mentioned drug in San Diego. As in 1993 and 1994, New York City and Miami had the highest proportions of cocaine ED

Exhibit 1. Proportions of total ED mentions composed of cocaine, heroin, marijuana, and "other" by metropolitan area, ranked by cocaine, first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

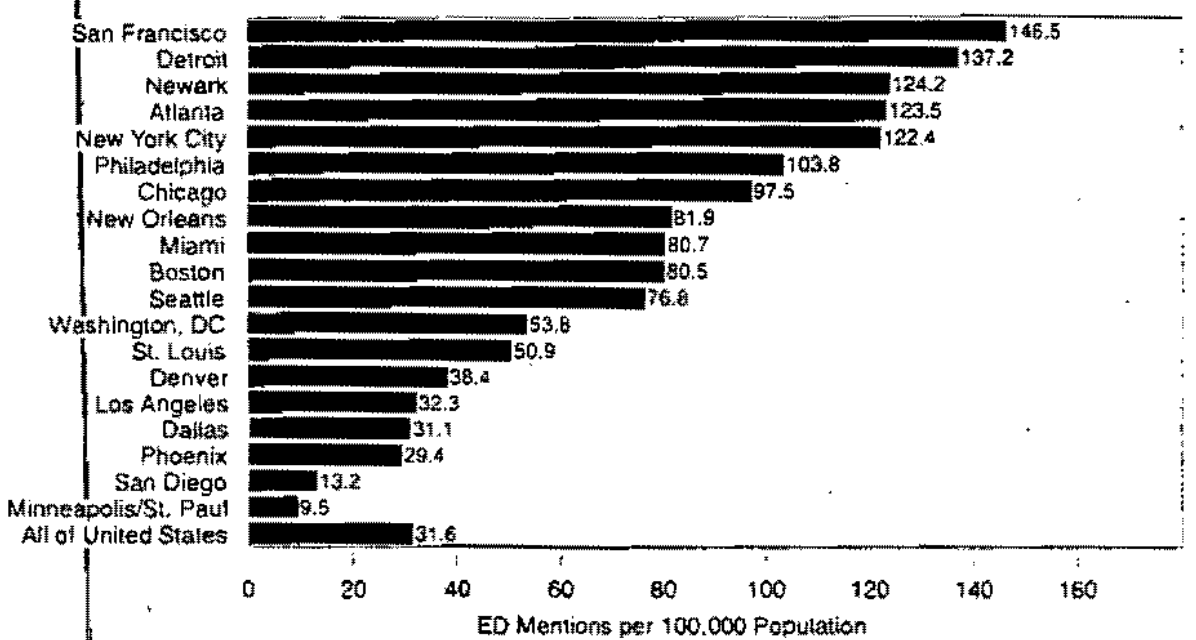
mentions (32 percent and 31 percent) of their respective total ED mentions.

San Francisco, however, now heads the list of cities in the estimated rate of cocaine ED mentions per 100,000 population; it is followed by Detroit (exhibit 2). San Francisco's jump from 11th place in 1994 follows an 83-percent increase ($p<0.001$) between the first halves of 1994 and 1995. At the same time, that city had an overall increase in ED mentions.

Four other cities had substantial increases in cocaine ED mentions between the first halves of 1994 and 1995: Boston (55 percent, $p<0.001$); Atlanta (29 percent, $p<0.05$); Chicago (20 percent, $p<0.05$); and Miami (17 percent, $p<0.001$). Only in Atlanta and Miami, however, did these increases parallel any notable increase (more than 2 percentage points) in cocaine's proportion relative to total ED mentions. (Note: Cocaine mentions appear to have increased in 16 cities. Only in seven, however, did these increases meet statistical standards of precision at $p<0.05$.) Mentions declined in three cities. Only in Denver, however, was the decline statistically significant (13 percent, $p<0.05$); and there, too, the cocaine proportion remained stable.

Exhibits 3 and 4 chart the latest 6 years of first-semester ED rates per 100,000 population in several selected cities. Interestingly, they delineate a gradual convergence of trends in many cities that, 6 years ago, had a wider disparity in rates. Overall, the most notable changes are the recent increase in San Francisco and the

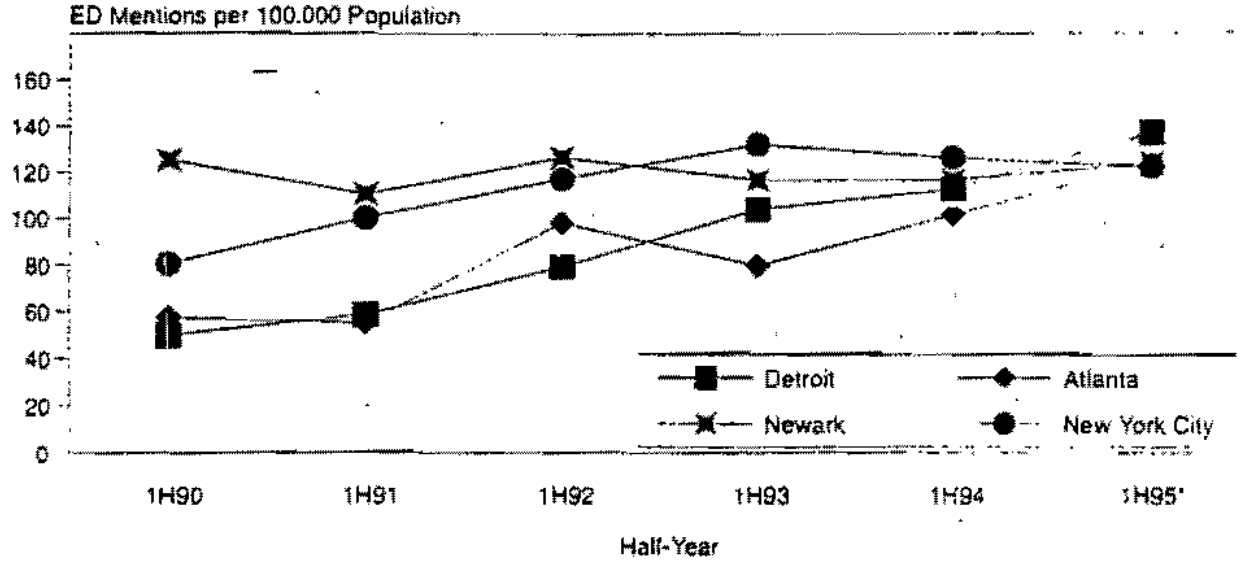
Exhibit 2. Estimated rate of cocaine/crack ED mentions per 100,000 population by metropolitan area, first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

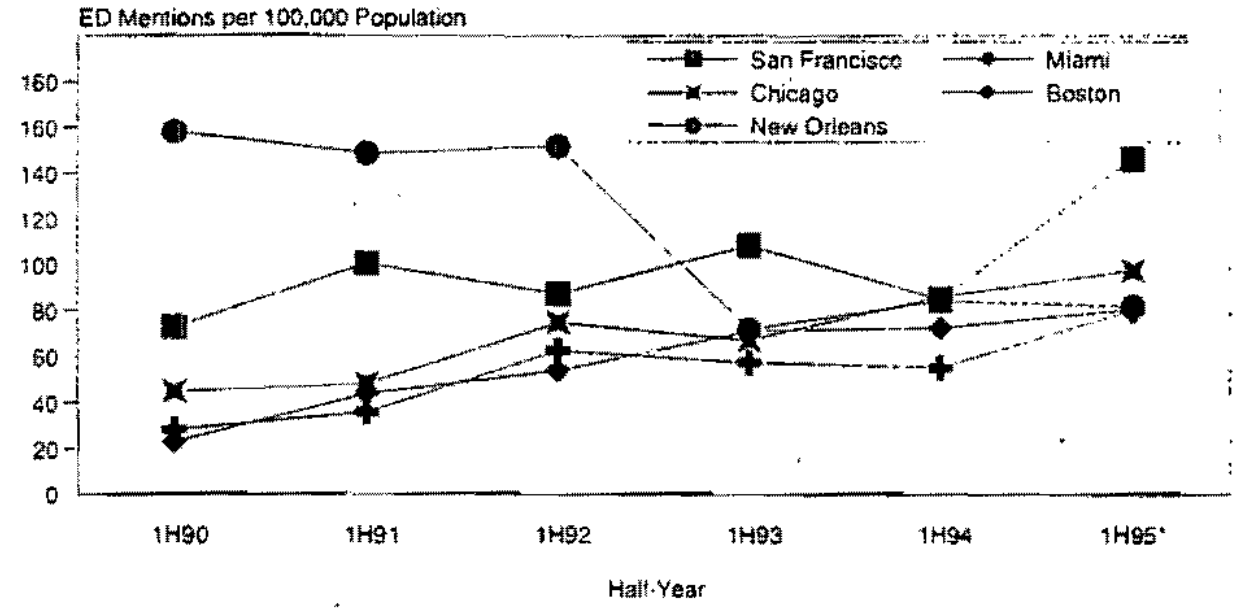
Exhibit 3. First-half-year trends in cocaine/crack ED mentions per 100,000 population in four selected cities, first half of 1990–first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 4. First-half-year trends in cocaine/crack ED mentions per 100,000 population in selected cities, first half of 1990–first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

decline in the New Orleans rates since early in the decade.

TREATMENT DATA

Cocaine (including crack) as a primary drug of abuse now accounts for the largest proportion of admissions (excluding alcohol-only but including alcohol-in-combination) in only 7 of the 18 areas where such data are available: Atlanta, Texas, Detroit, Chicago, Philadelphia, New Orleans, and St. Louis (exhibit 5). Since the previous reporting periods, the percentages for cocaine have declined in several areas, including Boston, Denver, Los Angeles, Newark (where heroin admissions have concurrently increased), New Orleans, and San Diego. The percentages have remained relatively stable in Chicago, New York City, San Francisco, Texas, and the Washington-Baltimore consolidated metropolitan statistical area (CMSA); the proportion has increased in Seattle.

Heroin now dominates the treatment proportions in another seven areas, while marijuana and methamphetamine each account for the largest percentages in two areas.

Exhibit 5. Primary drugs of abuse as percentages of treatment admissions[a] in reporting CEWG areas

Area	Cocaine	Heroin	Marijuana	Stimulants	Period
Atlanta	65	5	12	2	7/95–12/95
Texas[b]	42	12	17	4	1/95–12/95
Detroit	43	25	9	<1	1/95–12/95
Chicago	41	15	11	1	7/94–6/95
Miami	41	5	9	<1	1/94–6/94
Philadelphia	38	22	6	<1	1/95–12/95
New Orleans	34	8	27	<1	1995
St. Louis[c]	32	8	12	--	1/95–12/95
Newark	16	72	2	--	1/95–6/95
Los Angeles	12	57	4	6	10/95–12/95
San Francisco	20	52	3	5	1/95–6/95
New York City[d]	43	41	11	--	1/95–12/95
Boston	29	38	5	<1	1/95–12/95
Washington-Baltimore	28	31	12	<1	7/94–12/94
Seattle	23	26	19	16	1/95–12/95
Denver	33	12	37	13	1/95–12/95
Minneapolis/St. Paul[e]	15	2	19	2	1/95–12/95
San Diego	14	16	7	42	1/95–12/95
Honolulu	14	10	18	25	1/95–12/95

NOTE: The shaded areas indicate the top-ranking primary drug of abuse in each area.

[a] Total admissions number excludes alcohol-only.
[b] Includes Harris, Bexar, and Dallas Counties
[c] Includes St. Louis City, County, and five rural areas
[d] State-funded programs only
[e] Alcohol-only is not excluded.

DEMOGRAPHICS

Age

New York City: "...teenagers may be using crack now more than in the recent past. Field researchers report that more young people are smoking marijuana joints or 'blunt' cigars laced with crack."

Texas: "In Houston, street youth are smoking crack and injecting cocaine.... In San Antonio, young African-Americans will smoke crack in a marijuana cigarette, but they look down on crack pipe smokers.... In Dallas, upper-class and upper-middle-class white youth are reported to be experimenting with crack."

Chicago: "Crack smokers span a broad cross-section of ages...Initially crack was used primarily by illicit drug users younger than 30. However, as crack came to dominate the street cocaine market, older drug users, including IDUs, began to smoke or inject crack."

Despite the growing evidence of an aging cocaine-using cohort, it is important to note that some youth are still initiating use in certain areas, especially in conjunction with marijuana.

However, available mortality figures for cocaine generally show decedents to be well over age 30. For example, the average age of cocaine decedents in Miami was 37.9; in San Diego, 42 percent were age 30–39 and 38 percent were 40 or older; and 45 percent of Dallas decedents were 35 or older.

Similarly, the rates of cocaine ED mentions per 100,000 population by age group continue to indicate an aging pool of cocaine users (exhibit 6). In every CEWG city, the highest rate occurred in the 26–34 age group, and the lowest rate was in the 12–17 group. The highest of all the rates once again occurred in Newark.

In many cities—such as Atlanta and Miami, the two cities where cocaine ED mentions increased both in number and proportion—trend analysis suggests an aging cohort of hard-core addicts who use emergency departments for primary care and addiction treatment services. Similarly, in San Francisco—the city with the Nation's highest cocaine ED rate—the proportion of ED mentions in the 35+ group increased from 41 percent in 1991 to 57 percent in 1995. Other examples of an aging cocaine ED population include the following: Chicago, where the 35+ group had a higher increase than the younger groups between the first halves of 1994 and 1995; Dallas, where the 35+ group increased from 27 percent in 1992 to 37 percent in 1995; and New York City, where over the past 5 years, those age 25 or younger have represented a declining proportion, while those 26 or older have become an increasing proportion of cocaine ED mentions.

Treatment demographics, like the mortality and ED figures, similarly suggest that cocaine users are aging as a group (exhibit 7). Again, the 26–34 age group overwhelmingly accounts for the highest percentage of cocaine admissions in all reporting cities, except for Detroit, where the majority are even older (35+). Trend data in several cities further support the notion of an aging cocaine-using population: for example, in Boston, the percentage of primary cocaine clients age

Exhibit 6. Rate of cocaine/crack ED mentions per 100,000 population by age group and area, January–June 1995*

Area	12–17	18–25	26–34	35+
Atlanta	8.4	66.6	384.7	122.5
Boston	11.1	58.0	340.6	55.3
Chicago	12.2	70.9	342.2	84.2
Dallas	11.9	28.8	86.4	25.3
Denver	10.9	44.5	119.9	26.1
Detroit	5.4	68.5	444.3	144.4
Los Angeles	15.7	24.0	100.6	31.0
Miami	17.7	56.1	293.5	69.5
Minneapolis/ St. Paul	...	7.1	28.7	7.8
Newark	12.3	104.5	526.4	88.1
New Orleans	...	70.0	291.5	71.2
New York City	5.8	63.7	423.7	115.4
Philadelphia	16.8	79.7	411.6	81.4
Phoenix	7.1	35.6	118.6	16.2
St. Louis	6.9	38.8	189.0	41.3
San Diego	7.2	7.3	49.3	14.1
San Francisco	28.4	95.5	346.0	150.7
Seattle	19.9	67.1	223.4	64.5
Washington, DC	9.4	34.7	189.9	42.3

NOTES: "..." Denotes estimate did not meet standard of precision; shaded areas reflect rates that have increased since the first half of 1994 ($p < 0.05$).

*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 7. Percentage of primary cocaine admissions in reporting CEWG areas who are in the two oldest age groups

Area	26–34	35+
Atlanta	48	40
Boston	52	32
Chicago	50	33
Denver	47	37
Detroit	43	51
Los Angeles	51	39
Miami	45	36
Minneapolis/St. Paul	47	38
Newark	56	28
New York City[a,b]	56	32
Philadelphia	52	40
St. Louis	88	3
San Diego	46	43
San Francisco	42	48
Seattle	47	41
Texas	45	37
Washington-Baltimore	48	35

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95–12/95).

[a]Age categories are 26–35 and 36+.

[b]Data incomplete for the whole year; include State-funded and non-State-funded treatment centers

30 or older has been increasing substantially since 1991; and in Detroit, the percentage of crack admissions in the 35+ group has been steadily increasing for the past 6 years. In Newark, however, cocaine admissions are younger than heroin or alcohol admissions; their lower mean age (31.3) is one indicator of the

relative severity of negative consequences for cocaine compared with the other drugs.

Gender

Gender-related mortality demographics were available for Miami, San Diego, and Dallas. Females accounted for 30 percent, 29 percent, and 17 percent, respectively, of cocaine decedents in those three cities.

Males outnumber females as a percentage of cocaine ED mentions in all CEWG cities in DAWN (exhibit 8). The gender gap is widest in Phoenix, followed by Atlanta; it is narrowest in Washington, DC. Between the first halves of 1994 and 1995, the rates per 100,000 population increased ($p < 0.05$) for males in eight cities and for females in six cities, as indicated by the shaded areas in the table; rates declined for males in Denver.

Males also account for the majority of cocaine admissions in all reporting areas, except in San Diego, where males and females are evenly split (exhibit 9).

The narrowest gender gaps, following San Diego, are reported in Los Angeles, Newark, and Seattle. In most reporting areas, the male-female treatment ratios for cocaine are similar to or lower than those for ED data. New Orleans is a notable exception, with males outnumbering females by more than six to one (for 2 years in a row) among treatment admissions but by only about two to one among ED mentions—suggesting that females may possibly be underserved in the New Orleans treatment community.

By contrast, in some cities, such as Newark, females continue to have easier access to treatment than males as a result of Federal initiatives and Medicaid. In that city, the percentage of female admissions is higher among cocaine admissions than among heroin or marijuana admissions. In Texas, with the loss of criminal justice treatment initiative clients, the percentage of males has decreased. In Detroit, after peaking in FY 1993, the percentage of female crack admissions has been declining; however, among cocaine hydrochloride (HCl) admissions, the male-female ratio has been stable for more than 5 years (at approximately 3:1).

Race/Ethnicity

> ***San Francisco: "Crack sellers are mostly African-American or Hispanic, while HCl sellers are predominantly white."***

In areas where cocaine mortality figures are available, the racial/ethnic distribution often differs strikingly from the distributions in the ED and treatment data. In San Diego, for example, 52 percent of decedents were white, 23 percent were African-American (an overrepresentation), and 25 percent were Hispanic (an overrepresentation); whites also predominated in that city's ED data; African-Americans, however, predominated in treatment admissions (exhibits 10 and 11). Similarly, in Miami, whites predominated among cocaine decedents (16 whites, 12 African-Americans, and 5 Hispanics), while African-Americans accounted for the majority of ED mentions and treatment admissions. In Los Angeles, African-Americans represented more than half of the decedents and treatment admissions, but ED mentions were more evenly dis-

Exhibit 8. Proportions of cocaine/crack ED mentions by gender, area, and male–female ratios, January–June 1995*

City	Males	Females	Ratio
Atlanta	73	26	2.8
Boston	60	38	1.6
Chicago	66	33	2.0
Dallas	60	40	1.5
Denver	58	39	1.5
Detroit	68	31	2.2
Los Angeles	66	32	2.1
Miami	66	34	1.9
Minneapolis/ St. Paul	64	35	1.8
Newark	62	37	1.7
New Orleans	69	31	2.2
New York City	71	28	2.5
Philadelphia	69	30	2.3
Phoenix	75	24	3.1
St. Louis	66	32	2.1
San Diego	64	36	1.8
San Francisco	69	31	2.2
Seattle	65	34	1.9
Washington, DC	59	41	1.4

NOTE: Shaded areas reflect proportions where rates have increased since the first half of 1994 ($p<0.05$).

*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 9. Proportions of primary cocaine admissions by gender and male–female ratios in reporting CEWG areas

Area	Males	Females	Ratio
Atlanta	66	34	1.9
Boston	62	38	1.6
Chicago	58	42	1.4
Denver	59	41	1.4
Detroit (crack)	63	37	1.7
Los Angeles	52	48	1.1
Miami	71	29	2.4
Minneapolis/ St. Paul	64	36	1.8
Newark	52	48	1.1
New Orleans	86	14	6.1
New York City*	60	40	1.5
Philadelphia	62	38	1.6
St. Louis	60	40	1.5
San Diego	50	50	1.0
San Francisco	64	36	1.8
Seattle	53	48	1.1
Texas	63	37	1.7
Washington-Baltimore	63	37	1.7

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95–12/95).

*Data incomplete for the whole year; include State-funded and non-State-funded treatement centers

tributed across the three groups. Mortality and treatment distributions were more even in Dallas, where 43 percent of cocaine decedents were white, 38 percent were African-American, and 19 percent were Hispanic. In Philadelphia, cocaine-positive toxicology reports have been declining among African-American males.

African-Americans account for the majority of cocaine ED mentions in 10 of the CEWG cities in DAWN, and they are the modal group in another 3 cities; whites are in the majority in Boston and Minneapolis/St. Paul, and they are the modal group in Phoenix, San Diego, and Seattle. The largest Hispanic represen-

Exhibit 10. Proportions of cocaine/crack ED mentions by race/ethnicity and area, January–June 1995*

Area	African-Americans	Whites	Hispanics
Atlanta	67	12	<1
Boston	17	66	6
Chicago	67	12	10
Dallas	46	41	12
Denver	13	27	18
Detroit	80	18	<1
Los Angeles	36	29	32
Miami	53	34	13
Minneapolis/ St. Paul	32	54	...
Newark	64	18	7
New Orleans	71	26	1
New York City	52	14	19
Philadelphia	65	29	6
Phoenix	20	46	29
St. Louis	69	27	...
San Diego	31	40	16
San Francisco	42	21	8
Seattle	26	41	3
Washington, DC	70	26	1

NOTES: "..." denotes estimate does not meet standard of precision or is less than 10. Some percentages may be on the low side because of an unusually high "race unknown" category.

*Preliminary estimates

SOURCE: SAMHSA, Drug Abuse Warning Network, October 1995 files, run in April 1996

Exhibit 11. Proportions of primary cocaine admissions by race/ethnicity in reporting CEWG areas

Area	African-Americans	Whites	Hispanics
Atlanta	76	22	<1
Boston	56	34	7
Chicago	73	23	3
Denver	39	42	17
Detroit	82	16	1
Los Angeles	59	18	18
Miami	55	24	28*
Minneapolis/ St. Paul	60	34	3
Newark	86	4	10
New Orleans	63	37	--
New York City[b]	65	16	18
Philadelphia	86	10	4
St. Louis	87	13	--
San Diego	66	21	8
San Francisco	75	13	9
Seattle	50	42	3
Texas	57	29	14
Washington-Baltimore	67	31	<1

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95–12/95).

*Individuals whose ethnicity is cited as Hispanics may also be included in the African-American or white race categories.

[b]Data incomplete for the whole year; include State-funded and non-State-funded treatment centers

tation occurs in Los Angeles, followed by Phoenix. African-Americans are over-represented among cocaine ED mentions in several cities, such as St. Louis.

The percentage of African-Americans among cocaine ED mentions has declined in Los Angeles in the two latest half-year periods, while that of Hispanics and whites

increased. Similarly, the percentage of African-Americans has decreased slightly in Atlanta. In San Francisco, however, the percentage of African-Americans has been increasing since 1991. In Dallas, the percentage of whites has been declining (first half 1992 versus first half 1995), the percentage of Hispanics has increased slightly, and the percentage of African-Americans has been fluctuating. The largest Chicago subgroup increase between the first halves of 1994 and 1995 was among whites (36 percent) and Hispanics (32 percent).

African-Americans continue to account for the majority of primary cocaine treatment admissions in every reporting area, except Seattle, where they constitute the modal group, and Denver, where whites are the modal group. In Boston, the proportion of African-American treatment clients has been decreasing since 1991. Similarly, in New Orleans, the percentage of African-Americans declined between 1994 and 1995, while the percentage of whites increased. In Texas, too, with the loss of criminal justice treatment initiative clients, the percentage of African-Americans has decreased.

In every area, except for New Orleans and the Washington-Baltimore CMSA, the percentage of African-Americans among cocaine treatment admissions remains higher than the percentage among cocaine ED mentions; conversely, in most areas, the percentage of whites among cocaine treatment admissions is lower than among cocaine ED mentions. One possible explanation for this difference is that emergency departments treat a greater diversity of populations than do treatment programs. However, this phenomenon warrants further investigation, especially since it is not as consistently noted among heroin users.

USE PATTERNS

Route of Administration

> ***Atlanta:*** *"Users report to ethnographers, outreach workers, and drug treatment staff that they have shifted from smoking crack to injecting cocaine, often in combination with heroin. A combination of cocaine and heroin is also reportedly smoked."*
>
> ***Chicago:*** *"...crack has provided a bridge to link injectors and non-injectors. The close proximity of these drug users is reflected by the observations of intervention staff at shooting galleries, where a growing number of users 35 years old or younger have been appearing. While the social boundaries between injectors and noninjectors remain prominent, there is increasing interaction between the two as they begin to engage in drug-taking activities in a common place."*
>
> ***Texas:*** *"In Austin,...Among African-Americans and Hispanics, HCl is injected, sometimes with heroin as a 'speedball,' while whites are more likely to snort cocaine or to inject it without the heroin combination."*
>
> ***San Francisco:*** *"One observer noted the practice of scraping residues from crack pipes, to be dissolved and injected. Observers based in the Tenderloin district commented on the...injection of cocaine by transgender users."*

Smoking (usually crack) remains, by far, the most reported primary route of administration among primary cocaine

treatment admissions in every reporting CEWG area (exhibit 12). In Atlanta, however, the percentage of smokers has been declining (as has the percentage who inject), while the percentage who use intranasally has increased. Similarly, intranasal use may be increasing among primary HCl admissions in Detroit, while smoking may be declining (from about three-quarters of FY 1993 HCl admissions to 38 percent in the first half of FY 1996).

Injection continues to decline in Newark; intranasal use, while reported by only 22 percent of admissions, remains the most common mode among active recreational users not in treatment.

Since Chicago imposed drug paraphernalia laws, "rock" users smoke from cans, bottles, and other devices, such as a car antenna with a piece of scouring pad used as a screen.

Mode of administration is often correlated with gender, race/ethnicity, age, and other characteristics. For example, in Newark and New York City, smoking is more common among females than among males and among African-Americans than among whites or Hispanics. In Texas, crack smokers are the oldest of the cocaine clients; injectors are less likely than inhalers to be a minority; the percentage of injectors who are females has increased sharply in 1 year (from 34 percent to 57 percent in first quarter 1996); and the percentage of inhalers who are Hispanics has increased, while the percentage who are African-Americans has declined. By contrast, in the Washington-Baltimore CMSA, crack users and other cocaine users differed little demographically.

Exhibit 12. Route of administration among cocaine treatment admissions, by percentage, in reporting CEWG areas

Area	Smoking	Sniffing	Injecting
Atlanta	60	5	2
Boston	79	15	4
Chicago	87	8	3
Denver	66	18	12
Detroit	95	4	< 1
Los Angeles	86	9	3
Miami	67	31	< 1
Minneapolis/ St. Paul	86	12	2
Newark	76	22	2
New York City*	72	25	1
Philadelphia	87	9	4
St. Louis	90	10	--
San Diego	87	7	5
San Francisco	92	4	2
Seattle	76	2	13
Texas	74	12	12
Washington-Baltimore	80	12	7

NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis (period covered is 7/95-12/95).

*Data incomplete for the whole year; include State-funded and non-State-funded treatment centers

Multisubstance Use

In many cities, such as Newark, cocaine is even more of a problem as a secondary drug of abuse than as a primary drug. Alcohol and marijuana continue to be the most frequently reported secondary and tertiary substances of abuse among primary cocaine admissions.

Drug combinations in Chicago include the "bazooka" (crack and tobacco combined in a joint) and the "diablito" or "primo" (crack combined with marijuana in a joint). These combinations are not sold on the streets. Rather, users prepare them according to individual preference. Similarly, in Boston, "oolies" are marijuana cigarettes laced with crack, and, in New York City, "woolies" are marijuana joints or "blunt" cigars laced with crack; "speedballs" are PCP-crack combinations.

In St. Louis, some "old-time" injecting drug users (IDUs) continue to mix HCl and heroin together (speedball), but most users smoke crack.

LAW ENFORCEMENT DATA

Arrestee Data

Cocaine remains involved in the majority of drug arrests in several cities, including Miami (58 percent), Boston (54 percent), Detroit, and St. Louis. However, recent declines or stable trends are reported in many cities. For example, the Boston proportion is level with the preceding year but down from a 1992 high, and the Miami proportion is lower than in the previous reporting period. The number of cocaine arrests in San Francisco declined 14 percent between 1994 and 1995, and, in New Orleans, cocaine/opiate arrests declined between 1993 and 1994 and again in 1995.

By contrast, in New York City, cocaine arrests peaked in 1989, declined over the following 4 years, but rebounded in 1994 and appear to be increasing again in 1995 (based on the first 6 months). Similarly, cocaine cases in Honolulu increased 17 percent between 1994 and 1995. Arrest levels also remained high in Minneapolis, where they represented a mix of juveniles and street-level, midlevel, and major dealers.

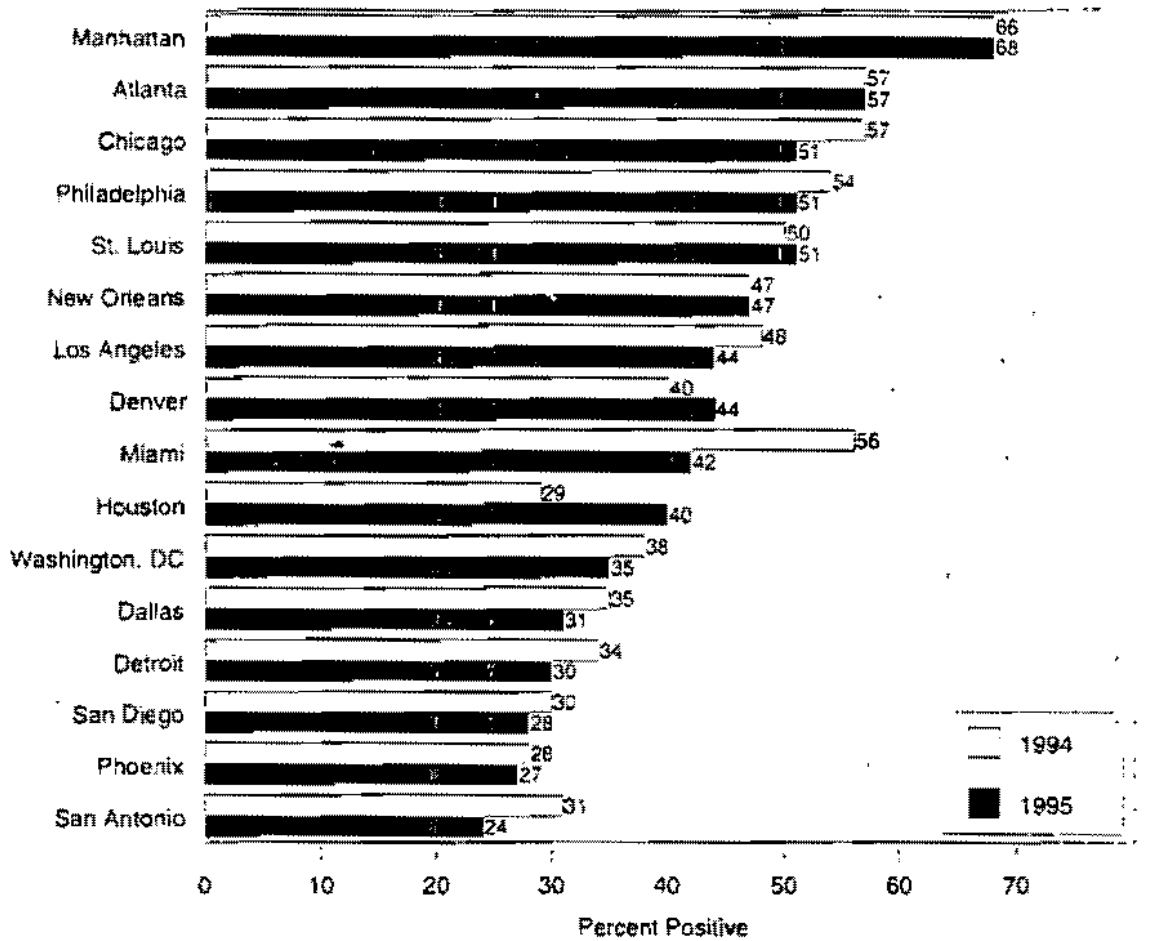
Although cocaine remains the most prevalent drug in the Drug Use Forecasting (DUF) monitoring system, its use has declined among adult male arrestees (exhibit 13).

Three of the most striking declines between 1994 and 1995 occurred in CEWG cities: Miami, down 14 percentage points; San Antonio, down 7 points; and Chicago, down 6 points. Among the youngest adult male arrestees (15–20 years), rates of cocaine use declined in several cities, with an especially large decline in Miami (19 points). Rates declined more moderately among female adult arrestees following minor increases in 1994. The largest declines were reported in St. Louis (12 points) and in Manhattan and Washington, DC (9 points each); three sites, however, had substantial increases for females: Detroit (15 points), New Orleans (12 points), and San Diego (10 points). Among the youngest female arrestees (15–20 years), substantial decreases in cocaine use were reported in Manhattan (30 points) and Detroit (12 points). Many of these declines in DUF cocaine rates were offset by increases in rates for marijuana.

Crime and Violence

Atlanta: "Ethnographic data show an increase of drug use among members of several gangs, which results in an increase of random violence that is not related to 'turf wars.'"

Exhibit 13. Percentage positive for cocaine among male booked arrestees. 1994 veraus 1995 (ranked by 1995)



SOURCE: National Institute of Justice, Drug Use Forecasting 1995 Annual Report on Adult and Juvenile Arrestees (draft)

Although cocaine-related hospital emergencies and treatment admissions have declined in Minneapolis, the violence, gang activity, and deaths associated with crack sale and abuse reached peak levels in 1995; similar trends, however, did not occur in St. Paul. Several large cases in 1995 involved the "Detroit Boys," who would bring juveniles and crack into Minneapolis from Detroit, quickly sell it out of central-city crack house locations, and promptly leave the area. In Denver, too, crack continues to be associated with gang violence, drive-by shootings, and carjackings by users and distributors alike. Drug-related homicides in Atlanta have a higher incidence in areas where crack is sold, and a significant number of drug cases there continue to involve handguns and gang activity.

Gangs in San Antonio have begun to cut down on the violence in order to decrease police attention. However, with the truces, concerns have been raised about a resulting increase in drug use. Whites are now being seen at the middle to upper

distribution levels, and crack use is being encountered in the middle- to upper-income white communities.

Availability, Price, and Purity

> ***Atlanta:*** *"...ethnographic information [indicates] that the quality of cocaine, specifically crack cocaine, has become less reliable...Ethnographic reports reveal an increase in the availability of HCl."*
>
> ***Philadelphia:*** *"...during the April 1996 focus group discussion...there [was] a continued perception...that the quality of crack available has declined over the last several years."*
>
> ***Boston:*** *"Interviews with detoxification providers confirm that crack is far more prevalent than HCl..."*

While crack continues to be available in New York City, HCl availability has increased; that form remains popular in the nightclub scene and among crack users who prefer to process their own cocaine. In Newark, HCl is still more available than crack; there, too, many users freebase it themselves because they consider the street crack as inferior. Similarly, in Denver, where HCl remains readily available and less crack is being sold, users buy HCl and "rock it up" themselves. Both forms are readily available in Atlanta, where HCl was scarce for several years but is now more easily available. By contrast, in Chicago, crack availability has increased but HCl availability has declined.

Crack remains dominant over HCl in street-level drug sales in many cities, including Detroit (although it is rarely available in quantities above ounces), Boston (although both forms are still widely available), and Phoenix. Both forms are widely available in St. Louis, but most of the cocaine arrives as HCl and is processed locally into crack. Availability of both forms is stable in New Orleans and widespread in Miami. Both forms are even more widely available in other Florida counties than in Miami.

Crack and HCl prices and purity, as presented in exhibits 14 and 15, respectively, have increased in several areas. Prices for both forms have increased in Atlanta both at the distribution and street levels, and crack purity levels have also been increasing. In Texas, prices have risen slightly for both HCl (at the kilogram, ounce, and gram levels) and crack (at the ounce level), while purity has remained stable and high. In New York City, HCl purity is said to be increasing. The HCl kilogram price has increased in Los Angeles. It has also increased slightly in Phoenix, as has the "eightball" price.

Prices have remained relatively stable, however, in Boston (although some purity increases are reported), Denver (gram prices), Chicago (ounce prices), Detroit (both forms, with purity also remaining stable), Miami (despite some periodic fluctuations over the past 4 years), New Orleans (prices and purity for units other than ounces), Phoenix (except for increases and decreases noted above and below), San Diego (price and purity of both forms, although an HCl kilogram was slightly more expensive at the lower end of the price range, and purity was higher at the bulk level), and Minneapolis. Minneapolis street prices, however, are consistently higher than those in many other major metropolitan areas. While this may reflect more limited availability than

Exhibit 14. Crack prices and purity in reporting CEWG areas

Area	Purity (%)	Price/Unit
Atlanta	--	$50–$75/g $10–$50/rock $1,000–$1,300/oz $21,500–$25,000/kg
Boston	80–95	$10–$20/125 mg
Chicago	--	$3–$20/rock
Detroit	--	$5–$50/rock
Honolulu	--	$5–$15/dose $50–$130/g $20–$100/rock $100–$2,600/oz
Los Angeles	50–70	$450/oz
Minneapolis/ St. Paul	--	$20/rock
Newark	--	$3/5-mg vial
New Orleans	90	$20,000–$25,000/kg
New York City	--	$3–$5/vial
Philadelphia	"decline"	$5/"CD"
St. Louis	50–90	$37–$80/g $25/rock $1,000–$1,760/oz
San Diego	--	$20/.2g
Seattle	50–80	$10–$40/rock
Texas	44–85	$1–$50/rock $700–$1,100/oz $10,800–$22,000/kg

elsewhere, it also continues to entice drug profiteers from other areas of the country seeking new markets. Price declines are reported in several areas, such as Denver (dramatic declines since last year in ounce and kilogram prices), New Orleans (HCl ounce prices), Phoenix (ounce prices, slightly), San Francisco (HCl prices, although purity appears to be higher), and Seattle (street crack prices as well as small-quantity HCl samples, which generally cost more when preweighed than when weighed at street buy).

In Chicago, large-quantity purchases have generally been more volatile in availability, price, and quality than smaller unit purchases. Stiff competition in that city has resulted in marketing schemes such as "2-for-1" sales and free-sample giveaways. Similarly, in Seattle, some crack dealers deliver an extra rock, known as a "dub" or "double-up" as a marketing ploy to attract customers. Vials for packaging crack are increasingly being replaced by cellophane wrappers in New York City and by small plastic bags (known as "CDs") in Philadelphia.

Seizures

Cocaine seizures continue to outnumber those for other drugs in several cities, such as Boston and St. Louis. In Chicago, cocaine seizures increased dramatically between 1993 and 1994, and even more dramatically in surrounding rural counties.

Trafficking and Distribution

Arizona continues to be used as a cocaine transshipment point for California, New Jersey, New York, Texas, and Florida. Distribution areas in Texas, Florida, New York, California, and Washington, DC, remain cocaine supply sources for Atlanta, which subsequently serves as a major transshipment and distribution point for both HCl and crack. New York City remains the primary source for Boston, but increasing amounts of crack are being converted locally. Los Angeles and Houston are sources for New Orleans supplies, which are generally shipped via the interstate highway system. Detroit, which is increasingly supplied via Texas, remains a source for cocaine destined for

Exhibit 15. Cocaine hydrochloride prices and purity in reporting CEWG areas

City	Gram		Ounce		Kilogram	
	Purity (%)	Price	Purity (%)	Price	Purity (%)	Price
Atlanta	>90	$100–$125	>80	$1,000–$3,000	>90	$25,000–$29,000
Boston	40–75	$60–$90	60–85	$800–$1,100	70–95	$23,000–$30,000
Chicago	"low to med." "high"	$50–$100 $150	--	$800–$2,000	--	$20,000–$40,000
Denver	--	$100	--	$800	--	$12,000–$15,000
Honolulu	20–50	$100	--	$1,100–$1,500	--	$22,000–$52,000
Los Angeles	--	--	--	--	--	$19,000–$23,000
Miami	"high, varies widely"	$50–$75	--	$700–$1,000	--	$13,500–$18,000
Minneapolis/ St. Paul	--	$100	--	$1,000–$12,000	--	$18,000–$20,000
Newark	70	<$75	--	--	--	--
New Orleans	90	$100–$125	--	$900–$1,200	80–90	$18,000–$25,000
New York City	"improved"	$40–$50	--	--	--	$25,000
Phoenix	--	$80–$110	--	$700–$750	--	$14,000–$19,000
St. Louis	65–94	$33–$100	--	$900–$1,600	--	--
San Diego	--	--	20–50	$800–$1,000	85–90	$13,000
San Francisco	"improved"	$60	--	--	--	--
Seattle	20–60	$30–$50	--	--	--	--
Texas	35	$20–$100	35–85	$650–$1,200	85–90	$12,500–$25,000
Washington, DC	"pure"	$60–$100	--	--	--	--

smaller cities and rural areas throughout the Midwest.

Colombians remain the primary suppliers for Detroit, and several organizations distribute the cocaine within the city. In Texas, wholesale quantities are distributed by Colombian or Mexican trafficking organizations, while Hispanic and African-American crews, often affiliated with

gangs (such as the Bloods, Crips, Mexican Mafia, or Latin Kings), deal at the street level. Whites are now being seen at the middle to upper distribution levels. Hispanic organizations continue to orchestrate the vast majority of the Seattle area's HCl trafficking, while multiple ethnic youth gangs are heavily involved in distributing crack. Much of the drug trafficking in Hawaii is by Mexican nationals.

Youth are increasingly recruited in Atlanta to assist midlevel dealers in selling and carrying small amounts of crack; women are hired to cook up rock from HCl. An increasing number of crack dealers in that city also sell heroin or marijuana, which are touted for reducing the discomfort of coming down from a crack high. Atlanta's dealer market is becoming more complicated and more organized, with structure sometimes provided by gang leaders and members.

In New York City, increased law enforcement efforts have resulted in three selling strategies aimed at avoiding police detection: regular cab delivery service (which used to be provided only to high-level dealers but now also accommodates lower level dealers); strict rules and time schedules for copping; and indoor selling (in groceries, candy stores, and apartments).

HEROIN

Denver: "The 'grungers' are reportedly using heroin for nostalgic reasons and as a rebellion against crack cocaine and the gangster rap scene."

Texas: "From these data and from conversations with treatment providers, it appears that the white heroin epidemic that is seen on the east coast has not yet hit Texas."

MORTALITY DATA

Chicago: "Street sources report that a particular brand of heroin called 'wicked' was especially potent and was linked to all the overdose episodes and deaths."

Recent Outbreaks

"Polo," a drug mixture sold as heroin, was involved in a series of outbreaks of serious adverse reactions, including fatalities, in New York, New Jersey, Philadelphia, and Baltimore, during early 1996. The mixture contains scopolamine (a belladonna derivative normally used to treat motion sickness) combined with dextromethorphan, quinine, or, in some of the cities, with heroin or even cocaine.

Similarly, in Chicago, heroin contaminants (possibly strychnine) were involved in an outbreak of deaths from suspected drug overdose between February and April 1996: at least five of the seven injectors involved frequented the same South Side gallery.

Recent Increases

Available heroin mortality figures show recent or continuing increases in nine areas. In Denver, opiate death mentions

PULSE CHECK
National Trends in Drug Abuse

Trends in Drug Use: Spring-Fall 1996

Part II: COCAINE

In this *Pulse Check*, sources report that the market for cocaine is generally stable, and in some areas it is declining. In particular, the demand for both cocaine and crack has declined, cocaine availability is down, while the availability of crack is stable. Cocaine users continue to be a diverse group, primarily people in their 30s and 40s who have been using for several years. However, there have been reports of rising cocaine use in specific communities, such as the Birmingham suburbs; the Hispanic community near the Texas border; and young people in the New York/New Jersey area. Treatment providers in most areas report that cocaine and crack are still the most commonly cited drugs of abuse among their clients.

Ethnographers and Epidemiologic Sources

Sources report broad shifts in the population of cocaine powder and crack users in particular areas. For example, young inner city users are starting to disdain crack as a "ghetto drug"; Miami sources describe crack use as "unfashionable" among youth, particularly with African Americans in inner city areas, and often those who continue to use crack try to hide it from their peers. In contrast, crack has recently made inroads into the Hispanic community along the Texas border; formerly, it had only been popular in the African American community in that area. In addition, the New York/New Jersey area has seen an increase in young crack users for the first time in over a year.

However, the market for both cocaine powder and crack cocaine is generally stable; and cocaine is still a commonly used drug in most. Prices range from $50-$150/gram for cocaine powder and from $3-$40/rock or vial of crack. Purity is described as "good" to "fair" at the street level, though there is considerable variation in most areas.

Cocaine users are a diverse group of all ages and ethnicities and both sexes. In most areas, crack is marketed to people in their 30s and 40s who have been using the drug for several years. Cocaine powder, though less common than crack, is marketed to a diverse group --primarily adults, of all ethnicities and socioeconomic groups. It is mentioned as a "club drug" in New York, Miami, and San Diego, but is not as prominent in the club environment as methamphetamine, MDMA, marijuana, and some hallucinogens.

Sources in Chicago report that some users are dissolving crack cocaine in lemon juice or vinegar and injecting it intravenously. This practice may have started as an innovation -- a new method to administer cocaine -- or as an adjustment to the decreased availability of cocaine powder, since it is cheaper to dissolve and inject crack than to purchase enough cocaine powder to create the same effect. While this practice reportedly produces a more intense rush than smoking the same amount of crack, the diluents can produce serious abscesses and pain if the user misses the vein and injects into muscle tissue.

Cocaine powder, when available, is often used by heroin addicts to "speedball" --combine cocaine with heroin -- to enhance or extend the effect of heroin. This entails injecting or snorting heroin, then smoking crack immediately. Several ethnographers note that as cocaine powder became harder to purchase during the summer, some heroin users began to speedball with crack. This overlap in heroin/cocaine/crack users may be related to the increase in double-breasted dealing described in the section on heroin. Similarly, heroin may be used by crack addicts to dampen the overly agitated effect produced by extended crack use. In both cases, the

second drug is used to supplement rather than substitute the primary drug.

New York and Bridgeport ethnographers describe large pieces of crack called "slabs" being sold at the street level in their areas. The slab is a piece of crack about the size and shape of a stick of chewing gum, sometimes scored to form pieces. The slab is sold in the same containers (e.g., vials, bags) as individual rocks or pieces but, due to its size, costs more. This unit is smaller than what was described last year in the *Pulse Check* as the "cookie," a larger piece or sheet of crack sometimes bought for the purposes of resale.

In New York and San Diego, sources report that many crack users look for powder to make their own crack because processed crack is seen as "a bad buy" (i.e., poor quality or made up primarily of adulterants). This is largely due to the perception that dealers are cheating crack users by using very little powder in the cooking process.

Law Enforcement Sources

Police sources in most areas report that cocaine use remains stable. Boston police report fewer crack users, but maintain that crack is still a serious problem in that area. Three police sources (Seattle, Miami, and New York) report double-breasting dealing in their areas. Prices of cocaine are low ($30-$70/gram), and purity varies considerably.

Birmingham police are the only source that reports rising cocaine use in this *Pulse Check*. Crack has become more popular in the inner city; even in the suburbs, which have long been a powder market, police note an increase in the sale and use of crack. Consequently, prices are high: a piece of crack can run from $40 to $50. Police report that this increase in price may reflect the increase in the "yuppie" crack market of casual, middle-class users. Dealers have followed their new clientele into suburban areas, resulting in fewer open air cocaine markets in the inner city.

Treatment Providers

Treatment providers in all areas except the West and Southwest continue to report that cocaine is the most common illegal drug problem of clients seeking substance abuse treatment. While there have been slight decreases in the percentage of treatment admissions with cocaine as the primary drug problem, in general, admissions for cocaine treatment changed little in recent months. The majority of cocaine treatment clients smoke crack and use a variety of other substances. In all regions, alcohol is mentioned as a problem drug by a majority of clients (79-93 percent), as is marijuana (53-80 percent). Heroin, amphetamines, and tranquilizers are also commonly cited as secondary drugs of abuse.

The majority of cocaine treatment clients are white, except in the Midwest, where there is a fairly even proportion of whites and African-Americans. About two-thirds of the clients in all areas are male, and just over half have had prior treatment.

As in the last *Pulse Check*, several treatment providers commented on the "aging" of the crack user population; that is, the hardcore crack user is more likely to be an older user, who also consumes marijuana, alcohol and other drugs, than a teen or young adult. Just 3 to 11 percent of cocaine clients in all areas are below 20 years old. While sources report that there appear to be more young cocaine users seeking treatment in the Northwest, unlike the younger heroin clients, these young cocaine users are more likely to be new to treatment.

Table 4
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City			
	Bridgeport, CN	**San Antonio/ El Paso, TX**	**San Diego, CA**	**New York, NY**
Use	stable	stable	stable	stable
Who's Using/ Change in Users	wide range of users	primarily African Americans, some Hispanics; more Hispanic users	African Americans (crack) 18-35 yrs. old, all groups (HCl)	
Method of Use	smoking snorting	smoking injecting	smoking snorting	smoking
Drugs In Combination	heroin	marijuana heroin	PCP heroin	heroin
Who's Selling	HCl sold with beepers, crack sold on street	More dealers of both heroin and cocaine.	African Americans & Hispanics; beeper sales	Young crews selling heroin also
Purchase Amount/Purity	$5, $10 bag; good purity	$20, $30/bag (HCl) $10, $20, $30/unit (crack)	$80-$100/gram $10 - 1/10 gr. (crack); 20% - 50% purity	$10, $20, $50/bag; $5/vial; purity fair
Other/Comments	There has been a noticeable trend among crack users to add heroin (snorted) to their use. Crack is also now sold as "slabs" or strips of crack in a plastic bag.	There are two major distributors: one uses young dealers to distribute, the other prefers older, experienced dealers.	A lot of users know how to make their own crack, so they buy powder. Vials have given way to tiny ziplock bags, so the product is more visible.	

Source: *Pulse Check: National Trends in Drug Abuse, Summer 1997.*

Table 4 (cont'd.)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City			
	Denver, CO	**Miami, FL**	**Chicago, IL**	**Trenton/Newark, NJ**
Use	stable	stable	stable	stable
Who's Using/ Change in Users	wide range of ages; African Americans (crack)	Hispanics; decline in young adult use	wide range of users	20-30 yrs. old, all ethnicities; some more young users
Method of Use	injecting smoking	smoking	injecting smoking	
Drugs in Combination	heroin	marijuana alcohol	heroin marijuana	alcohol
Who's Selling	More sellers of heroin & cocaine together	Sellers match the communities they work	Gangs	Non-users primarily selling only cocaine.
Purchase Amount/Purity	$5 - $10/vial	$10, $20/bag $50-$75/gram	$50-$150/gram $3-$20/rock; purity "good"	$10 for 1/10 gram, $60-70/mg variable purity
Other/Comments	Methamphetamine is at highest level of availability in years. Most users are white, young, and equally likely to be male or female.		Hard to find HCl on the street, but crack is available. An "ozone" is a marijuana cigarette with PCP and crack in it that sells for $15.	

Source: *Pulse Check: National Trends in Drug Abuse, Summer 1997.*

Table 4 (cont'd.)
Ethnographers and Epidemiologists Report on Cocaine/Crack

	City		
	New York, NY	**Austin, TX**	**Newark, DE**
Use	stable at high level	stable	stable
Who's Using/ Change in Users	wide range of users, including women & teens; more teens	African American & Hispanic, male & female; more Hispanics	more young users
Method of Use		smoking injecting inhaling	
Drugs in Combination			heroin marijuana
Who's Selling	Young sellers who match community.		Sellers often from larger cities & come into area with supply.
Purchase Amount/Purity	$10-$20/vial $40-$50/gram; purity is "good"	$600-$1,200/oz. $20-$100/gram $10-$40/rock variable purity	Purity is "fair"
Other/Comments	"Slabs" of crack available, increase in number of brand names or bag markings.	Cocaine continues as #1 drug among treatment admissions, though the proportion has dropped slightly. Crack users are older than HCl injectors or snorters.	

Source: *Pulse Check: National Trends in Drug Abuse, Summer 1997.*

Table 5
Law Enforcement Report on Cocaine/Crack

	City		
	Birmingham, AL P.D.	**Seattle, WA P.D.**	**New York, NY P.D.**
Use	up		stable
Who's Using/ Change in Users	inner city crack users; suburban HCl users; some casual middle-class crack users	African American and Hispanic users	variety of users
Method	smoking	inhaling smoking	smoking injecting
Drugs in Combination	marijuana alcohol		heroin
Who's Selling	Fewer open markets; some move to suburban areas.	Crack dealers also selling heroin.	More sales of both heroin and crack by same dealer.
Purchase Amount/Purity	$40 - $50/rock	$30 - $50/gram $10 - $20/rock; 15% - 92% purity (HCl) 30% - 75% purity (crack)	$3 - $10/vial $50 - $70/gram; variable purity
Other/Comments	Increase in crack prices. "Yuppie" crack users in suburbs also reported.	Some Mexican dealers sell heroin cocaine, marijuana and methamphetamine.	

Source: *Pulse Check: National Trends in Drug Abuse, Summer 1997.*

Table 5 (cont'd.)
Law Enforcement Report on Cocaine/Crack

	City		
	Miami, FL P.D.	**Eugene, OR P.D.**	**Boston, MA P.D.**
Use	stable	stable	stable
Who's Using/ Change in Users	No change in users		somewhat fewer crack users
Method of Use	snorting smoking	smoking injecting	
Drugs in Combination		marijuana	
Who's Selling	Crack dealers also selling heroin.	Mexican Nationals.	Dominican and Colombians.
Purchase Amount/Purity	$10 for 1/10 gram $50/gram; high purity	$15, $20 for 1/4 gram; variable purity	$800/oz.
Other/Comments		Methamphetamine is up and often substitutes for the more expensive, less available cocaine.	Crack is somewhat less popular than before.

Source: *Pulse Check: National Trends in Drug Abuse, Summer 1997.*

Table 6
Treatment Providers Report on Cocaine/Crack Use Patterns

	Region			
	I: Northeast N = 15	II: Mid-Atlantic & South N = 17	III: Mid-West N = 15	IV: West/ Southwest N = 14
% clients with drug listed as primary drug of abuse	45	32	34	21
Change over last year				
increase	8%	29%	7%	29%
no change	77%	71%	73%	71%
decrease	15%	0%	19%	0%
% clients injecting	15	9	23	27
% clients inhaling/smoking	85	91	77	73
Other Drugs Abused (% clients who mention)				
heroin	47%	0%	20%	14%
marijuana	53%	59%	80%	57%
alcohol	93%	82%	80%	79%
tranquilizers	7%	12%	7%	7%
amphetamines	0%	12%	33%	21%
other	0%	6%	7%	14%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania

Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington, D.C.

Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota

Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Source: *Pulse Check: National Trends in Drug Abuse, Summer 1997.*

Table 6 (cont'd.)
Treatment Providers Report on Cocaine/Crack Use Patterns

	Region			
	I: Northeast N = 15	II: Mid-Atlantic & South N = 17	III: Mid-West N = 15	IV: West/ Southwest N = 14
Average by Age				
under 20	11%	10%	7%	3%
21-30	33%	44%	36%	46%
31+	56%	46%	57%	51%
Average by Race/Ethnicity				
African-American	39%	42%	47%	17%
White	48%	53%	46%	65%
Hispanic & Other	13%	5%	7%	18%
Average by Sex				
Male	64%	62%	69%	68%
Female	36%	38%	31%	32%
Prior Treatment				
Yes	65%	51%	56%	53%
No	35%	49%	44%	47%

Region I: Connecticut, Maine, Massachusetts, New York, New Jersey, Rhode Island, New Hampshire, Vermont, Pennsylvania

Region II: Alabama, Florida, Georgia, Kentucky, Mississippi, Texas, North and South Carolina, Tennessee, Arkansas, Louisiana, Oklahoma, Maryland, Delaware, Virginia, West Virginia, Washington, D.C.

Region III: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska, North and South Dakota

Region IV: Colorado, Montana, Utah, Wyoming, Nevada, Arizona, California, Idaho, New Mexico, Washington, Oregon

Source: *Pulse Check: National Trends in Drug Abuse, Summer 1997.*

Table 2.17 - Percent distribution of drug mentions by route of administration according to drug group: 1994

Drug groups: therapeutic class by drug category	Route of drug administration								Number of mentions
	Oral	Injection	Inhaled	Smoked [1]	Sniffed	Other/ multiple	Unknown	TOTAL	
TRANQUILIZERS	89.3	...	-	*	*	*	10.2	100.0	82,623
Diazepam	90.4	...	-	*	*	*	8.9	100.0	13,568
Alprazolam	95.2	...	-	*	-	-	4.3	100.0	17,183
Chlordiazepoxide	95.3	-	-	-	-	-	4.5	100.0	2,695
Clorazepate	90.3	-	-	-	-	-	...	100.0	718
Lorazepam	94.6	.1	-	-	-	-	5.3	100.0	12,248
Meprobamate	92.2	-	-	-	-	-	7.8	100.0	437
Other/unspecified	76.6	...	-	*	.1	*	22.8	100.0	15,773
NARCOTIC ANALGESICS	25.8	38.4	.4	1.4	7.2	.5	26.3	100.0	99,972
Heroin/Morphine	1.6	57.2	.6	1.8	10.7	.6	27.5	100.0	64,013
d-Propoxyphene	94.7	*	-	*	-	*	5.2	100.0	1,478
Methadone	65.7	4.6	-	...	.3	-	27.5	100.0	3,234
Oxycodone	93.6	*	-	-	...	...	3.2	100.0	4,084
Codeine	86.0	-	-	.2	-	-	13.3	100.0	2,147
Meperidine HCl	54.3	38.0	-	-	-	-	7.6	100.0	736
Hydromorphone	41.1	...	-	-	-	-	...	100.0	896
Other/unspecified	52.4	5.5	.1	...	1.4	.4	39.1	100.0	17,384
NON-NARCOTIC ANALGESICS	95.6	.1	*	...	*	...	3.1	100.0	67,874
Aspirin	97.0	*	*	*	-	*	2.8	100.0	19,358
Acetaminophen	96.7	*	-	...	*	...	2.9	100.0	38,874
Pentazocine	95.6	-	-	-	-	-	4.4	100.0	294
Butalbital combinations	95.5	-	-	-	-	-	...	100.0	1,772
Other/unspecified	95.6	.1	-	-	-	.2	4.1	100.0	7,676
NON-BARBITURATE SEDATIVES	96.9	.1	*	*	*	...	2.6	100.0	18,307
Methaqualone	97.9	-	-	-	-	-	2.1	100.0	610
Flurazepam	98.3	*	*	-	-	-	...	100.0	1,495
O.T.C. sleep aids	99.2	*	*	*	*	*	.7	100.0	6,899
Ethchlorvynol	93.6	-	-	-	-	-	-	100.0	89
Glutethimide	-	-	-	-	-	-	-	100.0	11
Chloral hydrate	84.2	-	-	-	-	-	...	100.0	480
Other/unspecified	96.4	-	-	-	-	...	3.6	100.0	8,732
ANTIDEPRESSANTS	95.5	*	-	-	*	-	4.2	100.0	44,632
Amitriptyline	95.7	*	-	-	*	*	4.3	100.0	11,297
Amitriptyline combinations	88.0	-	-	-	-	-	...	100.0	616
Doxepin	93.3	-	-	-	-	-	6.7	100.0	4,268
Fluoxetine	87.4	-	-	-	*	*	2.4	100.0	9,123
Imipramine	96.1	-	-	-	-	-	...	100.0	2,764
Desipramine	97.4	-	-	-	-	-	2.5	100.0	1,246
Other/unspecified	95.0	*	-	-	-	...	4.6	100.0	15,318
ANTIPSYCHOTICS	95.0	...	*	-	*	*	4.5	100.0	17,240
Chlorpromazine	96.1	-	-	-	-	-	1.7	100.0	2,614
Thioridazine	94.7	*	*	-	-	.1	...	100.0	3,190
Haloperidol	98.0	-	-	-	-	-	1.8	100.0	3,072
Trifluoperazine	99.4	-	-	-	-	-	-	100.0	1,395
Other/unspecified	91.7	...	-	-	-	-	7.2	100.0	6,969
BARBITURATE SEDATIVES	72.4	.4	*	*	*	2.3	24.9	100.0	6,215
Phenobarbital	94.6	-	-	-	-	*	...	100.0	2,471
Secobarbital/Amobarbital	-	-	-	-	-	-	-	100.0	10
Secobarbital	96.4	-	-	-	-	-	-	100.0	212
Pentobarbital	...	-	-	-	-	-	-	100.0	170
Other/unspecified	53.2	...	-	-	*	4.2	42.0	100.0	3,351
AMPHETAMINES	15.5	16.8	...	...	18.2	.8	38.4	100.0	27,788
Amphetamine	28.0	9.7	*	...	8.2	...	49.7	100.0	8,664
Methamphetamine/Speed	7.4	21.0	...	...	24.1	.8	32.6	100.0	17,665
Other/unspecified	70.8	*	*	*	*	*	25.8	100.0	440
HALLUCINOGENS	30.1	.6	.7	23.0	1.1	.3	44.2	100.0	12,757
PCP/PCP combinations	5.5	.8	1.6	48.6	1.2	.2	44.2	100.0	6,019
LSD	47.7	.5	*	2.2	...	.3	46.0	100.0	5,150
Other/unspecified	66.3	*	*	.9	*	*	31.9	100.0	1,587
OTHER DRUGS									
Alcohol-in-combination	100.0	-	-	-	-	-	-	100.0	150,744
Cocaine	.8	13.2	.9	34.2	10.4	2.2	38.3	100.0	142,878
Marijuana/Hashish	.6	...	1.4	70.5	.5	.1	26.7	100.0	40,183
Codeine combinations	97.0	*	-	-	*	*	3.0	100.0	7,378
Diphenylhydantoin sodium	96.8	-	-	-	-	*	...	100.0	3,276
Diphenhydramine	93.4	-	*	-	-	*	6.4	100.0	9,537
O.T.C. diet aids	99.3	-	-	-	-	-	.7	100.0	1,905
Inhalants/Solvents/Aerosols	23.3	-	59.5	-	14.2	-	2.1	100.0	1,637
Methylphenidate	97.8	.9	-	-	-	-	1.3	100.0	1,191
All other drugs	83.2	.6	.3	...	...	...	5.2	100.0	141,827
DRUG UNKNOWN	26.6	45.3	.1	.8	.2	.8	26.2	100.0	32,273
TOTAL DRUG MENTIONS	62.5	8.7	.4	9.4	3.1	.6	15.4	100.0	900,317

[1] Includes freebase.

NOTE: These estimates are based on a representative sample of non-Federal short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: SAMHSA, Drug Abuse Warning Network (October 1995 data file).

Table 2.15 - Percent distribution of drug mentions by route of administration according to drug group: 1995

Drug groups therapeutic class by drug category	Route of drug administration								Number of mentions
	Oral	Injection	Inhaled	Smoked[2]	Snorted	Other/ multiple	Unknown	TOTAL	
TRANQUILIZERS	35.2	1.7	0.1	-	0.1	2.7	60.3	100.0	1,261
Diazepam	35.5	2.3	0.2	-	-	3.3	58.6	100.0	660
Alprazolam	48.2	-	-	-	-	-	50.8	100.0	130
Chlordiazepoxide	27.6	2.0	-	-	-	-	70.4	100.0	98
Lorazepam	36.0	-	-	-	-	-	64.0	100.0	25
Meprobamate	45.8	1.2	-	-	-	10.8	42.2	100.0	83
Other/unspecified tranquilizers	27.2	1.1	-	-	0.4	1.1	70.2	100.0	264
NARCOTIC ANALGESICS	7.4	15.8	0.2	0.2	1.1	2.5	72.8	100.0	6,492
Heroin/Morphine[3]	2.0	21.1	0.2	0.3	1.7	2.2	72.5	100.0	4,178
d-Propoxyphene	41.5	0.5	-	-	-	1.9	55.7	100.0	366
Methadone	17.1	1.2	-	-	-	0.2	81.5	100.0	497
Oxycodone	27.5	-	-	-	-	-	72.5	100.0	51
Codeine	6.8	10.6	0.1	0.2	0.2	5.5	76.6	100.0	1,156
Meperidine HCl	31.7	4.9	-	-	-	-	63.4	100.0	41
Hydromorphone	6.2	18.8	-	-	-	-	75.0	100.0	16
Other/unspecified narcotic analgesics	28.3	5.9	-	-	-	-	65.8	100.0	187
NON-NARCOTIC ANALGESICS	34.6	0.2	-	-	-	-	65.2	100.0	534
Aspirin	35.2	-	-	-	-	-	64.8	100.0	105
Acetaminophen	34.3	-	-	-	-	-	65.7	100.0	367
Pentazocine	100.0	-	-	-	-	-	-	100.0	2
Other/unspecified non-narcotic analgesics	33.3	1.7	-	-	-	-	65.0	100.0	60
NON-BARBITURATE SEDATIVES	39.8	-	-	-	0.8	3.3	56.1	100.0	123
Flurazepam	43.8	-	-	-	-	-	56.2	100.0	32
Ethchlorvynol	14.3	-	-	-	-	-	85.7	100.0	7
Glutethimide	-	-	-	-	-	-	100.0	100.0	1
Chloral hydrate	50.0	-	-	-	-	-	50.0	100.0	2
Other/unspecified non-barbiturate sedatives	40.7	-	-	-	1.2	4.9	53.1	100.0	81
ANTIDEPRESSANTS	32.4	1.1	-	-	-	1.1	65.4	100.0	1,397
Amitriptyline	33.7	1.3	-	-	-	-	65.0	100.0	463
Doxepin	33.9	1.9	-	-	-	0.5	63.9	100.0	155
Fluoxetine	29.9	0.5	-	-	-	-	69.5	100.0	194
Imipramine	36.2	-	-	-	-	-	61.8	100.0	76
Desipramine	32.6	2.3	-	-	-	-	65.1	100.0	86
Other/unspecified antidepressants	30.7	0.6	-	-	-	3.2	65.4	100.0	463
ANTIPSYCHOTICS	20.5	-	-	-	-	0.6	79.0	100.0	176
Chlorpromazine	30.3	-	-	-	-	-	69.7	100.0	33
Thioridazine	23.2	-	-	-	-	-	76.8	100.0	69
Haloperidol	8.3	-	-	-	-	-	91.7	100.0	12
Trifluoperazine	14.3	-	-	-	-	-	85.7	100.0	7
Other/unspecified antipsychotics	14.5	-	-	-	-	1.8	83.6	100.0	55
BARBITURATE SEDATIVES	32.5	1.5	-	-	0.3	1.8	64.0	100.0	354
Phenobarbital	29.3	1.9	-	-	-	1.3	67.5	100.0	157
Secobarbital	55.4	-	-	-	-	-	44.6	100.0	56
Pentobarbital	26.5	5.9	-	-	-	14.7	52.9	100.0	34
Other/unspecified barbiturate sedatives	28.6	0.7	-	-	0.7	-	70.1	100.0	147
AMPHETAMINES	2.4	8.5	0.8	0.3	0.1	0.6	89.3	100.0	783
Amphetamine	3.5	3.1	1.0	0.3	-	1.7	90.2	100.0	286
Methamphetamine/Speed	1.6	8.4	0.5	0.2	0.2	-	88.9	100.0	458
Other/unspecified amphetamines	11.1	11.1	-	-	-	-	77.8	100.0	9
HALLUCINOGENS	-	0.5	0.5	1.0	-	-	98.0	100.0	197
PCP/PCP combinations	-	0.5	0.5	1.0	-	-	97.9	100.0	193
LSD	-	-	-	-	-	-	100.0	100.0	2
Other/unspecified hallucinogens	-	-	-	-	-	-	100.0	100.0	2
OTHER DRUGS	26.5	6.5	0.5	1.2	0.9	2.7	61.7	100.0	22,383
Alcohol in combination	100.0	-	-	-	-	-	-	100.0	3,613
Cocaine	0.6	7.3	0.8	1.3	3.0	5.4	76.6	100.0	4,209
Marijuana/Hashish	0.8	-	1.2	25.3	-	0.4	72.2	100.0	723
Diphenhydramine sodium	19.1	3.4	-	-	-	1.1	76.4	100.0	89
Diphenhydramine	21.6	0.4	-	-	-	0.7	77.3	100.0	456
Inhalants/Solvents/Aerosols	4.8	-	39.7	-	4.8	0.8	50.4	100.0	125
All other drugs	19.8	1.8	0.1	0.5	-	0.6	77.3	100.0	1,804
DRUG UNKNOWN	8.3	-	-	-	-	8.3	83.3	100.0	12
TOTAL DRUG MENTIONS	26.5	6.5	0.5	1.2	0.9	2.7	61.7	100.0	22,383

[1] Excludes deaths in which AIDS was reported and deaths in which "drug unknown" was the only drug mentioned

[2] Includes freebase

[3] Includes powder not specified as to type

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (October 1996 data file)

to have past convictions for violent crime. Nearly 30% of jail inmates charged with a violent offense in 1989 had previously been on probation or incarcerated for a violent offense.

Inmates charged with drug offenses were more likely than those charged with property or public-order offenses to have never before been sentenced for a crime (28%, compared to 19% and 15%). Inmates charged with drug offenses and those charged with violent offenses were equally likely (28%) to have never been sentenced in the past.

In 1989 about a quarter of the inmates charged with drug offenses and a third of the violent and property offenders had juvenile records (table 5). About 65% of the drug offenders had been convicted as adults, almost the same percentage as those charged with violent offenses but lower than the 81% for public-order offenders and the 71% for property offenders.

Drug offenders had somewhat shorter criminal records than other offenders. About 12% of the drug offenders, 14% of the violent offenders, 20% of the property offenders, and 23% of the public-order offenders had at least six prior sentences to probation or incarceration. Overall, 17% of all jail inmates in 1989 had six or more sentences to probation or incarceration before their arrest for their current offense.

Table 5. Prior sentences of jail inmates, by the most serious current offense, 1989

Prior sentence	Most serious current offense: All inmates	Drug	Violent	Property	Public-order
Total	100.0%	100.0%	100.0%	100.0%	100.0%
None	23.2%	28.9%	29.0%	19.4%	15.9%
Juvenile only	7.6	6.2	9.6	10.1	3.3
Adult only	46.3	45.7	36.6	45.3	56.7
Both	23.0	19.2	22.8	25.3	24.1
Number of times					
0	23.2%	28.9%	29.0%	19.4%	15.9%
1	20.5	24.0	19.6	20.5	17.4
2	16.5	15.5	16.8	16.3	17.7
3-5	22.9	19.8	20.8	24.3	26.2
6-10	10.7	7.8	10.2	11.3	14.1
11 or more	6.3	4.4	3.6	8.2	6.7
Number of jail inmates	383,443	84,311	81,618	106,679	82,112

Note: Total includes "other offenses" not shown separately. Excludes an estimated 32,111 inmates whose offense or prior status was unknown.

Prior drug use by jail inmates

About 78% of all jail inmates in 1989 reported that they had used at least one illegal drug during their life, and 58% reported they had used drugs regularly, that is, once or more a week for at least 1 month (table 6). Among convicted inmates, 44% had used drugs in the month before their current offense: 30% daily or almost daily and 27% under the influence when they committed their current offense.

Jail inmates were twice as likely as persons in the general population to have ever used drugs and 7 times more likely than those in the general population to have been current users of drugs. (For jail inmates *current use* refers to the month before the arrest; for the general population, to the month before the interview.) Based on estimates from the 1990 National Household Survey on Drug Abuse, conducted by the National Institute on Drug Abuse (NIDA), 37% of all persons age 12 or older had used some illicit drug at some time, and more than 6% were current users.[1]

About half the inmates in local jails in 1989 had used cocaine or crack; in 1983, 36% reported having used these drugs. Cocaine and crack were the only drugs for which proportionately more inmates reported use in 1989 than in 1983. By every measure applied — ever using the drugs, ever using them regularly, using them in the month preceding the offense, and using them at the time of the offense — use of cocaine and crack increased.

[1]National Institute on Drug Abuse, *National Household Survey on Drug Abuse: Population Estimates 1990*, 1990, table 2-A.

Table 6. Drug use history of jail inmates, by type of drug, 1989 and 1983

Type of drug	Percent of jail inmates who had used drugs: Ever 1989	Ever 1983	Regularly 1989	Regularly 1983	Percent of convicted jail inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	Daily in the month before the offense 1989	Daily in the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	77.7%	76.1%	58.1%	60.8%	43.9%	46.1%	29.7%	32.9%	27.0%	29.6%
Major drug	55.4%	46.2%	37.4%	30.5%	27.7%	18.6%	17.3%	11.0%	16.2%	12.1%
Cocaine or crack	50.4	38.0	33.7	17.6	23.6	11.6	14.2	6.4	13.7	5.5
Heroin	16.2	22.4	11.4	16.0	7.0	7.9	5.1	5.8	4.6	5.6
LSD	18.5	22.0	6.3	8.5	1.6	3.0	.2	.9	.4	1.3
PCP	13.9	15.6	4.6	6.3	1.7	3.0	.6	1.2	1.3	1.9
Methadone	4.8	6.9	1.9	3.1	.5	.8	.2	.4	.5	.5
Other drug	71.9%	74.5%	49.8%	57.9%	31.3%	41.8%	18.8%	28.2%	12.0%	22.8%
Marijuana	70.7	73.0	47.9	55.0	29.1	38.6	16.8	25.8	9.1	16.9
Amphetamines	22.1	32.8	12.1	19.6	5.4	9.4	3.2	5.1	2.2	4.2
Barbiturates	17.2	27.8	7.2	13.9	3.3	5.9	1.4	2.9	.9	2.9
Methaqualone	14.7	23.0	4.2	8.8	.8	3.8	.2	1.5	.3	1.7
Tranquilizers*	11.0	10.9	5.4	5.9	2.4	3.0	1.3	1.6	.2	1.7

*A combination of amphetamines and barbiturates.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991.

Drug use among female inmates changed between 1983 and 1989 (table 13). The percentage of convicted female inmates who reported using cocaine or crack in the month before their offense more than doubled, from 15.2% in 1983 to 39.3% in 1989. The percentage who had reported use of marijuana or hashish declined from 33.4% to 23.4%. The use of other types of drugs either declined or remained about the same during the period.

The percentage of convicted female inmates reporting that they were under the influence of drugs at the time of the current offense increased from 31.2% in 1983 to 37.5% in 1989. More than 3 of every 10 convicted female inmates in 1989 had been under the influence of a major drug at the time of their offense. In 1989 an estimated 24.9% had been under the influence of cocaine or crack — more than triple the percentage in 1983 (7.4%). The reported use of drugs other than cocaine or crack at the time of the offense, however, declined from 1983 to 1989.

Many women in jail have a long history of prior drug use and past treatment for drug abuse. Nearly 1 in 5 convicted female inmates in 1989 said they committed their current offense in order to get money to buy drugs. A quarter of the convicted female inmates had a prior sentence to probation.

Table 13. Drug use by convicted female jail inmates, by type of drug, 1989 and 1983

Type of drug	Percent of convicted female inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	55.1%	50.5%	37.5%	31.2%
Major drug	43.6%	27.1%	31.3%	20.8%
Cocaine or crack	39.3	15.2	24.9	7.4
Heroin	15.0	17.3	12.0	12.9
LSD	.8	1.4	.1	.7
PCP	2.1	3.7	.8	2.2
Methadone	1.1	1.7	.7	2.2
Other drug	27.4%	39.8%	9.9%	16.6%
Marijuana	23.4	33.4	5.0	8.0
Amphetamines	5.6	8.7	4.1	4.0
Barbiturates	3.0	6.9	1.4	3.1
Methaqualone	1.0	2.6	.2	1.0

Note: Detail may add to more than total because an inmate may have been using more than one drug.

How sentenced jail inmates used their time, 1989

Data on how inmates spend their time while serving their jail sentences were collected for the first time in the 1989 survey. Each respondent was asked a series of questions concerning the amount of time spent inside and outside their cells, doing physical exercise or working at an assigned job.

	Inmates sentenced to jail: Female	Male
Average number of hours per day spent in cell or room	16.9 hrs.	14.6 hrs.
Average number of hours per day spent doing physical exercise outside cell	1.2 hrs.	1.5 hrs.

On average, female inmates said they spend almost 17 hours a day in their cells or other housing units and about an hour a day outside of their cells doing physical exercise. Male inmates said they spent fewer hours in their cells (an average of about 15 hours per day) and slightly more time exercising (1.5 hours per day).

Women were less likely than men to have work assignments: 43.8% of the women compared to 58.9% of the men said they had work assignments inside or outside the jail facility. About an equal percentage of female (37.7%) and male inmates (41.1%) reported they had been assigned work within the facility; however, female inmates were significantly less likely than male inmates to work outside the jail (8.1% versus 23.2%).

Among jail inmates with work assignments, females reported working an average of 4.2 hours per day; males reported an average of 5.9 hours per day. The most common work assignment cited by female inmates was janitorial work (39.2%), followed by food preparation (18.0%), and then by other service jobs including work in the library, stockroom, or office (12.9%). The most common work assignment cited by male inmates was maintenance (28.5%), followed by food preparation (25.5%) and janitorial work (23.3%).

	Inmates sentenced to jail: Female	Male
Percent of inmates with work assignments		
Total[a]	43.8%	58.9%
Inside the jail	37.7	41.1
Outside the jail	8.1	23.2
Average number of hours per day spent working[b]	4.2 hrs.	5.9 hrs.
Percent of inmates assigned work, by type of work[a,b]		
Janitorial	39.2%	23.3%
Maintenance	5.4	28.5
Goods production/farming	4.2	5.9
Food preparation	18.0	25.5
Hospital, infirmary or other medical services	4.6	.2
Laundry	9.8	6.0
Other services (library, stockroom, store, office help, etc.)	12.9	7.7
Other	10.5	12.7

[a]Detail may add to more than total because inmates may have had work assignment both inside and outside the facility or more than one work assignment.
[b]Based on inmates with work assignments.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992.

About 4% of State prison inmates were not U.S. citizens

About 31,300 inmates were aliens

• About 1 in 23 inmates were not U.S. citizens. These aliens were from at least 49 countries in North America, South America, Europe, Africa, and Asia.

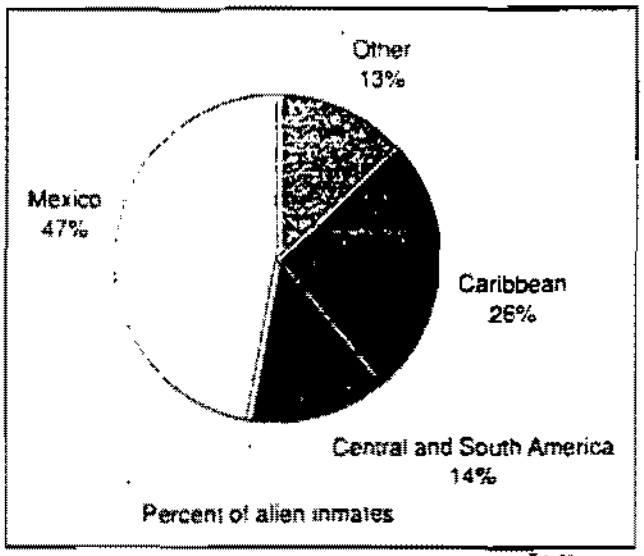


Fig. 11

• Mexicans accounted for about half of the aliens—

Country of origin	Percent of alien inmates in State prisons
Mexico	47%
Cuba	10
Dominican Republic	9
Colombia	4
Jamaica	4
El Salvador	4
Guatemala	2
Trinidad and Tobago	2
United Kingdom	1
Vietnam	1
Others	16

Young, Hispanic men predominated

• Nearly all aliens were male, more than four-fifths were of Hispanic origin, and about half were age 25 to 34.

• About a third of aliens were married, nearly two-thirds had not completed high school, and nearly four-fifths had a job at the time of their current offense.

• Approximately 1 in 10 aliens were non-Hispanic black inmates. About 1 in 25 were non-Hispanic white inmates, and about 1 in 25, Asian-Pacific Islanders.

About three-fifths of alien inmates had ever used drugs

• About two-fifths of alien inmates used drugs during the month prior to arrest for their current offense, and about a fifth were under the influence of drugs at the time of the offense.

Percent of alien inmates using drugs —

	In the month before the offense	At the time of the offense
Any drug	38%	22%
Cocaine/crack	25	12
Marijuana	19	6
Heroin/other opiates	10	6
Amphetamines/ methamphetamines	2	<1
Hallucinogens	2	1
Barbiturates	1	<1

Fig. 12

• About 14,000 aliens were incarcerated for drug offenses, including 7,900 for trafficking and 6,100 for possession.

• 67% of an estimated 1,400 aliens from Colombia and 67% of an estimated 2,700 aliens from the Dominican Republic were incarcerated for a drug offense.

Most alien inmates were serving time for drugs (45%) or violence (34%)

• Approximately 10,800 aliens were incarcerated for violent crimes, including homicide, robbery, assault, and sexual assault.

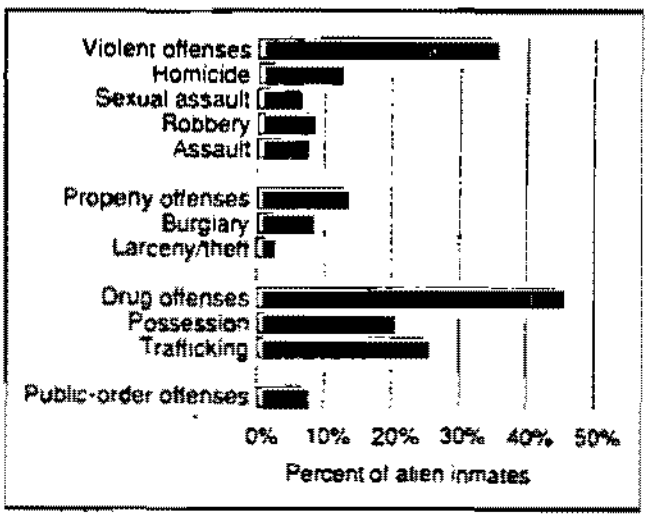


Fig. 13

 Source: U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993.

Compared to 1986, inmates reported increased use of cocaine or crack and decreased use of marijuana

Half of all inmates in 1991 had used cocaine in some form

Thirty-two percent had used cocaine or crack on a regular basis, compared to 22% in 1986.

Percent of inmates who reported —	Ever used		Used regularly	
	1991	1986	1991	1986
Any drug	79%	80%	62%	63%
Marijuana	74	76	52	55
Cocaine/crack	50	44	32	22
Heroin/opiates	25	26	15	18

Fig. 46

About a quarter of the inmates in 1991 said they had used cocaine or crack in the month before the offense, compared to a fifth of inmates in 1986. About 14% committed their offense under the influence of cocaine or crack in 1991, up from 10%.

The percentage of inmates using marijuana in the month before the offense decreased from 46% in 1986 to 32% in 1991. Eleven percent of inmates were under the influence of marijuana at the time of the offense in 1991, compared to 18% in 1986.

About 80% of inmates in both 1986 and 1991 reported ever using a drug, and 62% reported regular use of a drug at some time in their lives.

Inmates in 1991 were less likely than those in 1986 to have used drugs in the month before or at the time of the offense

Type of drug	Percent of inmates using drugs: In the month before the offense		At the time of the offense	
	1991	1986	1991	1986
Any drug	50%	56%	31%	36%
Marijuana	32	46	11	18
Cocaine/crack	25	20	14	10
Heroin/opiates*	10	11	6	7
Barbiturates*	4	9	1	4
Stimulants*	8	10	3	4
Hallucinogens*	4	7	2	3

*For components of drug categories, see page 30.

Fig. 48

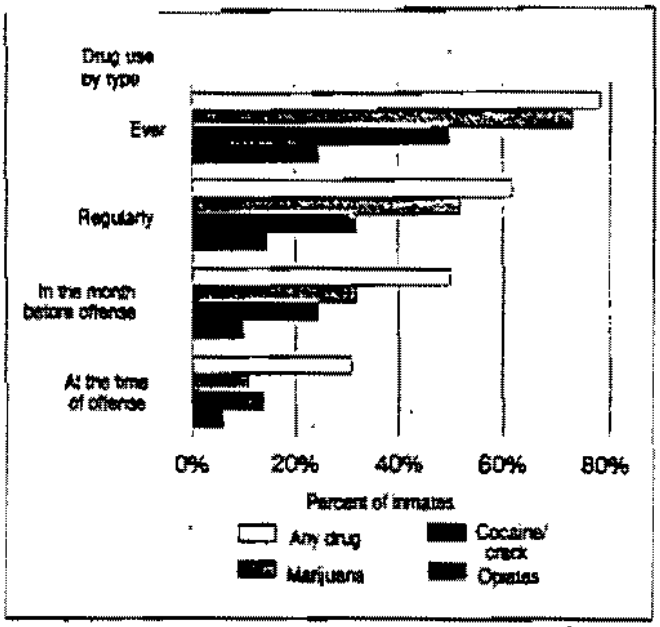


Fig. 47

About the same proportion of inmates in 1986 and 1991 reported using heroin or other opiates. In the month before the offense for which they were sentenced, about 1 in 10 had used heroin or other opiates, and about 1 in 16 had committed the offense under the influence of these drugs.

Marijuana was still the most commonly used drug

Inmates in 1991 were more likely to have used marijuana than any other drug. More than half reported using marijuana on a regular basis, and a third had used marijuana in the month before the offense. One in five inmates reported using marijuana daily in the month before their offense.

About 14% of inmates committed their offense under the influence of cocaine or crack

Sixteen percent of inmates were daily users of cocaine or crack in the month before their offense —

- 12% were using cocaine and 7% were using crack.

Inmates were twice as likely to report using cocaine as to report using crack —

- For the month before the offense, 20% reported cocaine use and 10% reported crack use.
- At the time of the offense, 10% were under the influence of cocaine and 5% were under the influence of crack.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993.

Table 12. Current offense of sentenced Federal and State prison inmates, by criminal history, 1991

Current offense	Percent of sentenced inmates					
	No previous sentence		Recidivists			
			No prior violent offenses		Prior violent offense	
	Federal	State	Federal	State	Federal	State
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Violent offenses	9.9%	64.8%	14.6%	35.0%	43.2%	54.7%
Homicide	1.9	23.4	1.9	8.5	3.8	10.9
Sexual assault	.8	18.1	.5	6.2	.7	9.4
Robbery	4.6	13.2	9.7	11.5	32.4	21.6
Assault	1.0	8.1	1.2	6.2	3.6	11.3
Other violent	1.5	1.7	1.3	1.5	2.7	2.1
Property offenses	7.8%	9.8%	13.4%	32.3%	8.4%	22.1%
Burglary	.1	4.4	1.2	16.4	1.1	11.1
Larceny	.5	1.8	1.1	6.3	1.3	4.3
Fraud	6.5	1.7	8.1	3.8	4.4	1.8
Other property	.6	1.8	2.9	5.8	1.6	4.7
Drug offenses	66.7%	21.8%	57.2%	24.5%	31.1%	15.7%
Possession	17.0	6.5	13.1	9.2	6.1	5.5
Trafficking	50.0	14.8	42.7	14.9	24.7	9.6
Other drug	1.7	.5	1.4	.4	.4	.5
Public-order offenses	11.0%	3.4%	12.8%	7.9%	15.8%	7.3%
Number of inmates	23,005	133,487	21,377	352,296	6,769	207,590

Note: *Other offenses* are omitted. Detail may not add to totals because of rounding.

Criminal history and current offense

Most Federal inmates without prior offenses or with a history of only nonviolent offenses were serving a sentence for a drug offense (table 12). Five in ten first time inmates and over 4 in 10 nonviolent recidivists were drug traffickers. About 7 in 10 Federal inmates with no prior offenses and 2 in 10 State inmates were in prison for drugs. Compared to inmates with no prior offense and to recidivists with no prior violent offense, Federal and State inmates who were convicted in the past of a violent offense were less likely to be in prison for a current drug offense.

In both Federal and State prisons, inmates with prior violent offenses were likely to be in prison for another violent offense. About 43% of these Federal inmates and 55% of State violent recidivists were in prison for another violent offense. Of violent recidivists, a third of Federal inmates and a fifth of State inmates were in prison for robbery. About 10% of Federal prisoners and 65% of State inmates with no previous sentences were in prison for a violent offense.

Drug use

Although Federal inmates were much more likely than those in State prisons to be serving a sentence for drug offenses, they were less likely than State inmates to have used drugs (table 13). Asked if they had ever used drugs, had ever used drugs at least once a week for a month (regularly), or had used drugs in the month before their last arrest, Federal inmates reported less use than did State prison inmates. Federal inmates were almost half as likely as State inmates to have been using drugs at the time of the current offense (17% and 31%).

Marijuana was the drug most common for both Federal and State inmates, followed by cocaine-based drugs and heroin and other opiates. A fifth of all Federal inmates and almost a third of State inmates had used cocaine at least once a week for a month or more. Just under 10% of Federal inmates and 15% of State inmates had used heroin or other opiates regularly.

Table 13. Drug use of sentenced Federal and State prison inmates, 1991

Type of drug	Percent of sentenced inmates							
	Ever used drugs		Ever used drugs regularly		Used drugs in the month before offense		Used drugs at the time of the offense	
	Federal	State	Federal	State	Federal	State	Federal	State
Any drug	60.1%	79.4%	42.1%	62.2%	31.8%	49.9%	16.8%	31.0%
Marijuana	52.8	73.8	32.2	51.9	19.2	32.2	5.9	11.4
Cocaine/crack	37.3	49.4	20.6	31.9	15.4	25.2	7.7	14.5
Heroin/opiates	14.1	25.2	9.3	15.3	5.5	9.6	3.7	5.8
Barbiturates	13.1	24.0	5.3	10.8	1.4	3.8	.3	1.0
Stimulants	16.8	29.7	8.3	16.6	3.9	7.4	1.8	2.9
Hallucinogens	14.8	26.9	4.8	11.5	1.2	3.7	.5	1.6

Note: Data are missing on 1% of Federal prison inmates and .5% of State prison inmates.

Amount of drugs involved in the current offense, by race/Hispanic origin of sentenced Federal inmates, 1991

Race/Hispanic origin of inmates and type of current drug offense	Heroin			Crack			Cocaine			Marijuana		
	Number of inmates	Grams Median	Grams Mean	Number of inmates	Grams Median	Grams Mean	Number of inmates	Grams Median	Grams Mean	Number of inmates	Grams Median	Grams Mean
All inmates[a]												
Total[b]	3,127	240	2,510	2,960	40	940	16,528	1,580	77,690	6,015	100,000	3,028,330
Trafficking	2,436	300	2,770	2,358	40	970	12,515	1,500	82,990	4,420	136,060	3,353,580
Possession	685	170	1,420	535	50	680	3,702	2,000	63,910	1,506	45,360	2,100,560
White non-Hispanic inmates												
Total[b]	407	600	6,900	106	20	470	4,525	1,000	97,640	2,825	100,000	4,008,790
Trafficking	334	590	6,090	106	20	470	3,832	1,000	97,650	2,321	200,000	4,687,060
Possession	70	2,000	1,480	...	...	...	588	1,970	112,060	454	30,840	581,990
Black non-Hispanic inmates												
Total[b]	1,156	230	1,960	2,513	30	690	4,439	500	13,860	442	910	491,390
Trafficking	947	400	2,050	1,986	30	650	3,356	500	17,760	263	660	781,040
Possession	189	60	970	463	50	700	992	500	1,720	176	910	83,460
Hispanic inmates												
Total[b]	1,314	170	1,090	348	250	2,980	7,297	3,000	106,960	2,675	129,730	2,452,230
Trafficking	957	170	880	257	280	3,880	5,111	4,000	118,340	1,773	145,150	2,161,140
Possession	357	150	1,660	...	...	...	2,071	3,000	81,490	864	79,000	3,131,860

...The sampled number of inmates was too small to estimate the number, the median, and the mean.

[a]Includes inmates of all races and ethnic backgrounds.
[b]Includes inmates convicted of drug offenses other than trafficking and possession.

Federal inmates in prison for drugs had committed crimes that usually involved large amounts of illegal drugs and large amounts of money. The amount of drugs involved in a case can serve as one measure of the seriousness of the crimes. For example, at least half of the cocaine traffickers in Federal prisons in 1991 had been convicted in a case which had concerned 3 or more pounds of cocaine (500 grams = 17.5 ounces or a little more than a pound). The average trafficking case involved over 180 pounds.

According to Drug Enforcement Administration estimates for 1991, the ultimate value of 180 pounds of cocaine ranged from $2.9 million to $14.5 million. (Other estimates: 1 gram of heroin, $40-$450, and 1 pound of marijuana, $400-$3,000.)

In estimating the weight of drugs involved in the current offense, the offender may have been charged with all the drugs in the entire operation. An offender who served a sentence for laundering money from illegal drug sales, for example, could have been charged with the total amount sold. Three interviewed prisoners convicted in the same case could also have cited the total amount of drugs.

- Among offenders convicted of heroin offenses, half were involved with at least 240 grams of heroin. The average case concerned 2,510 grams. In Federal crack cases, half of the offenders were involved with at least 40 grams of crack (an everage of 940 grams). Half of the cocaine offenders were sentenced for at least 1,580 grams of the drug (an average of 77,690 grams).
- White offenders were sentenced for larger amounts of heroin on average than black or Hispanic inmates. Half of the whites in heroin cases were involved with at least 600 grams of heroin, while half of the blacks were convicted for 230 grams and half of the Hispanics for 170 grams.
- In offenses involving crack, half of the Hispanic inmates were convicted in cases involving at least 250 grams; half of the black inmates were in cases having at least 30 grams; and half of the white inmates, at least 20 grams.
- In cocaine cases, Hispanic and white drug offenders were involved with larger amounts of cocaine than black inmates. Half of the Hispanics in cocaine cases had at least 3,000 grams of cocaine, half of the whites at least 1,000 grams, and half of the blacks at least 500 grams.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Comparing Federal and State Prison Inmates, 1991*, September 1994.

Female inmates who used drugs differed from those who did not in the types of crimes they committed (table 13). Regardless of the measure of drug use, users were less likely than nonusers to be serving a sentence for a violent offense.

One in four of the women who had used drugs in the month before their offense and 2 in 5 of the nonusers were serving a sentence for a violent offense. Among women who had committed the offense under the influence of drugs, 24% were sentenced for a violent offense, and among those not under the influence, 37% were sentenced for a violent offense. Women who had not used drugs were about twice as likely as users to have committed homicide, but were less likely to have committed robbery.

Among women who said they committed their crimes to get money to buy drugs, 17% were serving a sentence for a violent offense and 43%, for a property offense. Female inmates who said that drug money was a motive for their crimes were about twice as likely as other inmates to be incarcerated for robbery, burglary, larceny, or fraud (54% versus 27%).

About half the women in prison in 1991 reported that they had never participated in a drug treatment or drug education program (table 14). Those prisoners reporting a more recent use of drugs were more likely to have been participants. Among female inmates who had ever used drugs, 64% had been in a clinic, therapy, self-help group, class, or some other treatment program. Of the women who had used drugs in the month before their offense, 71% had participated in a drug treatment program; 42% had been in treatment before admission. Twelve percent of the women using drugs in the month before their arrest were also in treatment at that time.

Table 12. Drug use by female State prison inmates, by type of drug, 1991 and 1986

Type of drug	Used in the month before the offense		Under the influence at the time of the offense	
	1991	1986	1991	1986
Any drug	53.9%	50.0%	36.3%	33.9%
Marijuana	20.5	30.5	4.6	8.5
Cocaine/crack*	35.5	23.3	22.6	12.1
Cocaine	26.2	23.3	14.2	12.1
Crack	19.1	...	10.1	...
Heroin/opiate	15.9	17.8	11.3	12.8
Heroin	14.8	17.2	10.8	12.3
Other opiates	3.4	2.1	1.0	1.0
Stimulants*	7.6	7.8	2.8	4.0
Amphetamines	4.6	7.8	.9	4.0
Methamphetamines	5.1	...	2.2	...
Depressants	5.0	9.1	1.4	4.5
Barbiturates	4.6	9.0	1.3	3.9
Methaqualone	.8	3.0	.1	.7
Hallucinogens	2.2	3.5	1.1	1.5
LSD	1.0	1.6	.4	.4
PCP	1.5	2.2	.7	1.1

Note: Detail may add to more than total because an inmate may have been using more than one drug.
...Not available.

*Percents in 1986 reflect either cocaine or amphetamines in general because the survey in that year did not ask about crack or methamphetamines separately.

Table 13. Most serious offense of female State prison inmates, by drug use history, 1991

Most serious offense	Used drugs in the month before current offense		Under the influence of drugs at the time of the offense		Committed offense to get money to buy drugs	
	Yes	No	Yes	No	Yes	No
Violent offenses	25.0%	40.8%	24.3%	37.0%	17.1%	37.0%
Homicide[a]	6.6	22.5	8.5	19.0	2.2	19.3
Sexual assault[b]	.4	3.0	.3	2.4	0	2.2
Robbery	9.6	5.7	10.7	6.1	13.2	6.0
Assault	5.2	7.3	3.7	7.6	1.5	7.7
Other violent	.9	2.2	1.0	1.8	.3	1.9
Property offenses	30.0%	27.1%	30.8%	27.6%	42.6%	24.4%
Burglary	3.7	3.2	5.4	4.1	7.2	3.7
Larceny/theft	12.9	8.9	13.9	9.5	21.9	7.8
Fraud	8.8	12.0	9.0	11.0	11.9	9.6
Other property	2.6	3.1	2.4	3.1	1.5	3.3
Drug offenses	39.0%	25.7%	39.6%	28.6%	36.0%	31.6%
Possession	15.4	7.5	15.8	9.3	11.2	11.9
Trafficking	21.9	17.4	21.7	18.7	23.3	18.7
Other drug	1.7	.7	2.1	.6	1.4	1.2
Public-order offenses	5.5%	5.8%	5.2%	5.9%	3.9%	6.1%
Weapons	.6	.4	.5	.4	.3	.5
Other public-order	4.9	5.4	4.7	5.5	3.7	5.6
Other offenses	.5%	.7%	.3%	.8%	.4%	.7%
Number of inmates	20,758	17,639	13,827	24,220	9,096	28,812

[a]Includes murder, negligent manslaughter, and nonnegligent manslaughter.
[b]Includes rape and other sexual assault.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Table 28

GUIDELINE OF DRUG DEFENDANTS BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

DRUG TYPE	TOTAL	2D1.1 Drug Trafficking		2D1.2 Protected Locations		2D1.5 Continuing Criminal Enterprise		2D1.8 Rent/Manage Drug Establishment		2D2.1 Simple Possession	
		n	%	n	%	n	%	n	%	n	%
TOTAL	17,172	16,192	94.3	329	1.9	60	0.3	41	0.2	550	3.2
Powder Cocaine	4,471	4,350	97.3	47	1.1	17	0.4	6	0.1	51	1.1
Crack Cocaine	4,603	4,355	94.6	178	3.9	18	0.4	12	0.3	40	0.9
Heroin	1,766	1,653	93.6	75	4.2	4	0.2	5	0.3	29	1.6
Marijuana	4,249	3,874	91.2	12	0.3	10	0.2	4	0.1	349	8.2
Methamphetamine[2]	1,623	1,555	95.8	12	0.7	4	0.2	7	0.4	45	2.8
LSD	93	89	95.7	0	0.0	0	0.0	0	0.0	4	4.3
Other	367	316	86.1	5	1.4	7	1.9	7	1.9	32	8.7

))))))))))))

[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Of these 17,170 cases, four were excluded due to missing information on drug type.

[2]In FY96, the category methamphetamine includes methamphetamine mixture, methamphetamine actual, ICE, and methamphetamine precursors. Prior to FY96, the category methamphetamine did not include ICE. The number of ICE cases (which were eligible for inclusion in this table) for each year are as follows: 130 (1996), 48 (1995), 1 (1994), 9 (1993), and 1 (1992).
Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Table 29

RACE OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		WHITE		BLACK		HISPANIC		OTHER	
DRUG TYPE	TOTAL	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	17,162	4,403	25.7	6,046	35.2	6,373	37.1	340	2.0
Powder Cocaine	4,468	925	20.7	1,341	30.0	2,139	47.9	63	1.4
Crack Cocaine	4,603	222	4.8	3,951	85.8	399	8.7	31	0.7
Heroin	1,765	175	9.9	414	23.5	1,093	61.9	83	4.7
Marijuana	4,249	1,681	39.6	255	6.0	2,266	53.3	47	1.1
Methamphetamine[2]	1,623	1,063	65.5	18	1.1	440	27.1	102	6.3
LSD	93	90	96.8	1	1.1	2	2.2	0	0.0
Other	361	247	68.4	66	18.3	34	9.4	14	3.9

[1] Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Of these 17,170 cases, four were excluded due to missing information on defendant's race, and four due to missing information on drug type.

[2] In FY96, the category methamphetamine includes methamphetamine mixture, methamphetamine actual, ICE, and methamphetamine precursors. Prior to FY96, the category methamphetamine did not include ICE. The number of ICE cases (which were eligible for inclusion in this table) for each year are as follows: 130 (1996), 48 (1995), 1 (1994), 9 (1993), and 1 (1992). Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Table 30

GENDER OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

DRUG TYPE	TOTAL	MALE		FEMALE	
		Number	Percent	Number	Percent
TOTAL	17,166	14,987	87.3	2,179	12.7
Powder Cocaine	4,471	3,889	87.0	582	13.0
Crack Cocaine	4,603	4,102	89.1	501	10.9
Heroin	1,766	1,471	83.3	295	16.7
Marijuana	4,249	3,754	88.4	495	11.7
Methamphetamine[2]	1,623	1,384	85.3	239	14.7
LSD	93	86	92.5	7	7.5
Other	361	301	83.4	60	16.6

[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Of these 17,170 cases, four were excluded due to missing information on drug type.

[2]In FY96, the category methamphetamine includes methamphetamine mixture, methamphetamine actual, ICE, and methamphetamine precursors. Prior to FY96, the category methamphetamine did not include ICE. The number of ICE cases (which were eligible for inclusion in this table) for each year are as follows: 130 (1996), 48 (1995), 1 (1994), 9 (1993), and 1 (1992). Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Table 31

CITIZENSHIP OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

DRUG TYPE	TOTAL	U.S. Citizen		Non-U.S. Citizen	
		Number	Percent	Number	Percent
TOTAL	17,120	12,345	72.1	4,775	27.9
Powder Cocaine	4,444	2,866	64.5	1,578	35.5
Crack Cocaine	4,595	4,182	91.0	413	9.0
Heroin	1,759	791	45.0	968	55.0
Marijuana	4,244	2,828	66.6	1,416	33.4
Methamphetamine[2]	1,623	1,270	78.3	353	21.8
LSD	93	91	97.8	2	2.2
Other	362	317	87.6	45	12.4

[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Of these 17,170 cases, four were excluded due to missing information on drug type, and 46 due to missing information on citizenship.

[2]In FY96, the category methamphetamine includes methamphetamine mixture, methamphetamine actual, ICE, and methamphetamine precursors. Prior to FY96, the category methamphetamine did not include ICE. The number of ICE cases (which were eligible for inclusion in this table) for each year are as follows: 130 (1996), 48 (1995), 1 (1994), 9 (1993), and 1 (1992). Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Table 32

CRIMINAL HISTORY CATEGORY OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		CRIMINAL HISTORY CATEGORY											
		I		II		III		IV		V		VI	
DRUG TYPE	TOTAL	n	%	n	%	n	%	n	%	n	%	n	%
TOTAL	15,799	8,809	55.8	2,050	13.0	2,354	14.9	960	6.1	463	2.9	1,163	7.4
Powder Cocaine	4,057	2,593	63.9	488	12.0	526	13.0	179	4.4	67	1.7	204	5.0
Crack Cocaine	4,337	1,622	37.4	646	14.9	852	19.6	425	9.8	227	5.2	565	13.0
Heroin	1,555	1,060	68.2	118	7.6	148	9.5	60	3.9	45	2.9	124	8.0
Marijuana	3,918	2,520	64.3	538	13.7	509	13.0	155	4.0	69	1.8	127	3.2
Methamphetamine[1]	1,511	770	51.0	206	13.6	261	17.3	119	7.9	46	3.0	109	7.2
LSD	88	50	56.8	14	15.9	12	13.6	6	6.8	1	1.1	5	5.7
Other	333	194	58.3	40	12.0	46	13.8	16	4.8	8	2.4	29	8.7

[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Of these 17,170 cases, 15,801 had complete guideline application information. Additionally, two cases were excluded due to missing information on drug type.

[1]In FY96, the category methamphetamine includes methamphetamine mixture, methamphetamine actual, ICE, and methamphetamine precursors. Prior to FY96, the category methamphetamine did not include ICE. The number of ICE cases (which were eligible for inclusion in this table) for each year are as follows: 130 (1996), 48 (1995), 1 (1994), 9 (1993), and 1 (1992). Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Table 33

MODE OF CONVICTION OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		PLEA		TRIAL	
DRUG TYPE	TOTAL	Number	Percent	Number	Percent
TOTAL	17,148	15,473	90.2	1,675	9.8
Powder Cocaine	4,464	3,988	89.3	476	10.7
Crack Cocaine	4,598	3,953	86.0	645	14.0
Heroin	1,763	1,641	93.1	122	6.9
Marijuana	4,246	3,994	94.1	252	5.9
Methamphetamine[2]	1,623	1,474	90.8	149	9.2
LSD	93	92	98.9	1	1.1
Other	361	331	91.7	30	8.3

[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Of these 17,170 cases, 18 were excluded due to missing information on mode of conviction, and four due to missing information on drug type.
[2]In FY96, the category methamphetamine includes methamphetamine mixture, methamphetamine actual, ICE, and methamphetamine precursors. Prior to FY96, the category methamphetamine did not include ICE. The number of ICE cases (which were eligible for inclusion in this table) for each year are as follows: 130 (1996), 48 (1995), 1 (1994), 9 (1993), and 1 (1992). Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Table 34

WEAPON INVOLVEMENT OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		No Weapon Involved		Weapon Involved[2]	
DRUG TYPE	TOTAL	Number	Percent	Number	Percent
TOTAL	17,166	14,672	85.5	2,494	14.5
Powder Cocaine	4,471	3,981	89.0	490	11.0
Crack Cocaine	4,603	3,466	75.3	1,137	24.7
Heroin	1,766	1,676	94.9	90	5.1
Marijuana	4,249	3,896	91.7	353	8.3
Methamphetamine[3]	1,623	1,227	75.6	396	24.4
LSD	93	88	94.6	5	5.4
Other	361	338	93.6	23	6.4

[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Additionally, four cases were excluded due to missing information on drug type. Descriptions of variables used in this table are provided in Appendix A.
[2]Includes an adjustment for weapon possession under §2D1.1(b)(1) or a conviction under 18 U.S.C. § 924(c).
[3]In FY96, the category methamphetamine includes methamphetamine mixture, methamphetamine actual, ICE, and methamphetamine precursors. Prior to FY96, the category methamphetamine did not include ICE. The number of ICE cases (which were eligible for inclusion in this table) for each year are as follows: 130 (1996), 48 (1995), 1 (1994), 9 (1993), and 1 (1992). Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Table 37

MEAN AND MEDIAN DRUG AMOUNTS (IN GRAMS) OF DRUG TRAFFICKING DEFENDANTS BY BASE OFFENSE LEVEL AND DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

	Base Offense Level and Quantity Range			
DRUG TYPE	12	26	32	38
Powder Cocaine	**Less than 25G**	**500G - 1,999G**	**5,000G - 14,999G**	**At Least 150,000G**
Number	51	594	436	313
Mean	7.8	1,152.8	8,542.8	3,742,702.1
Median	5.6	1,000.0	8,373.5	442,000.0
Crack Cocaine	**Less Than 0.25G**	**5G - 19G**	**50G - 149G**	**At Least 1,500G**
Number	24	386	530	447
Mean	0.2	11.3	89.3	267,180.5
Median	0.2	11.0	83.8	2,452.4
Heroin	**Less Than 5G**	**100G - 399G**	**1,00G - 2,999G**	**At Least 30,000G**
Number	53	212	213	11
Mean	2.0	236.4	1,643.7	84,800.0
Median	1.6	226.5	1,480.5	74,500.0
Marijuana	**Less Than 5,000G**	**100,000G - 399,999G**	**1,000,000G - 2,999,999G**	**At Least 30,000,000G**
Number	56	876	153	3
Mean	3,731.8	202,863.8	1,742,424.0	407,263,060.0
Median	4,000.0	183,475.0	1,681,948.8	500,422,680.0
Methamphetamine[2]	**Less Than 0.5G**	**10 - 39G**	**100G - 299G**	**At Least 3,000G**
Number	9	141	178	116
Mean	0.3	21.2	183.6	367,233.6
Median	0.4	19.0	187.5	7,792.0

))))))))))))

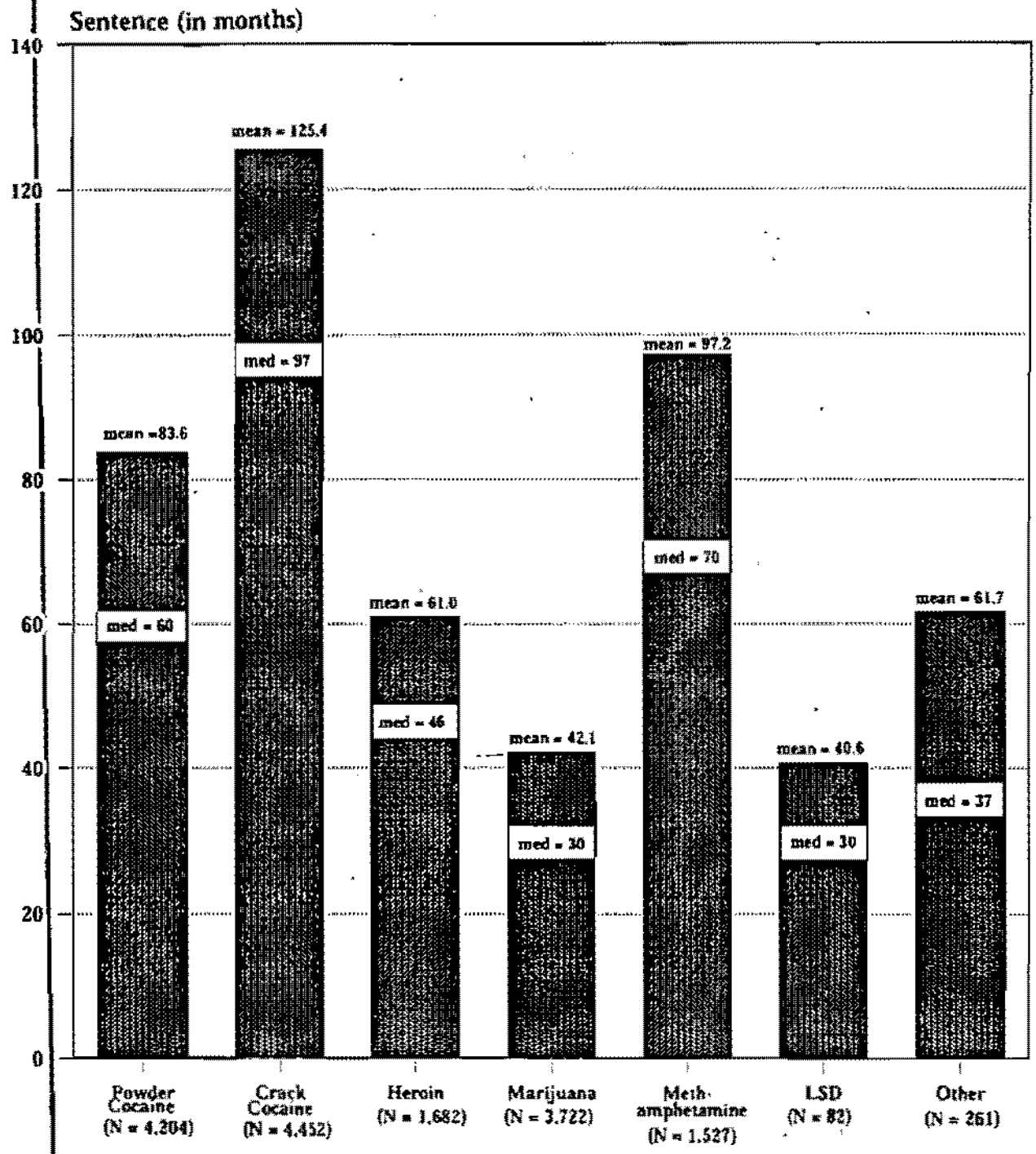
[1]Of the 42,436 cases, 16,196 were sentenced under Drug Trafficking (§2D1.1). Of these, 15,045 had complete guideline application information. Of these 15,045 cases, 14,639 involved powder cocaine, crack cocaine, heroin, marijuana, or methamphetamine. Of these 14,639 cases, 6,622 had a base offense level of 12, 26, 32, or 38. An additional 1,802 cases were excluded from this table due to one or more of the following reasons: involvement of more than 1 drug type (765), missing or range drug amount (1,136), or logical criteria (25). Descriptions of variables used in this table are provided in Appendix A.

[2]Methamphetamine includes Methamphetamine Mixture, Methamphetamine Actual, and ICE. All cases are converted into Methamphetamine Actual. Descriptions of variables used in this table are provided in Appendix A.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Figure I

AVERAGE LENGTH OF IMPRISONMENT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

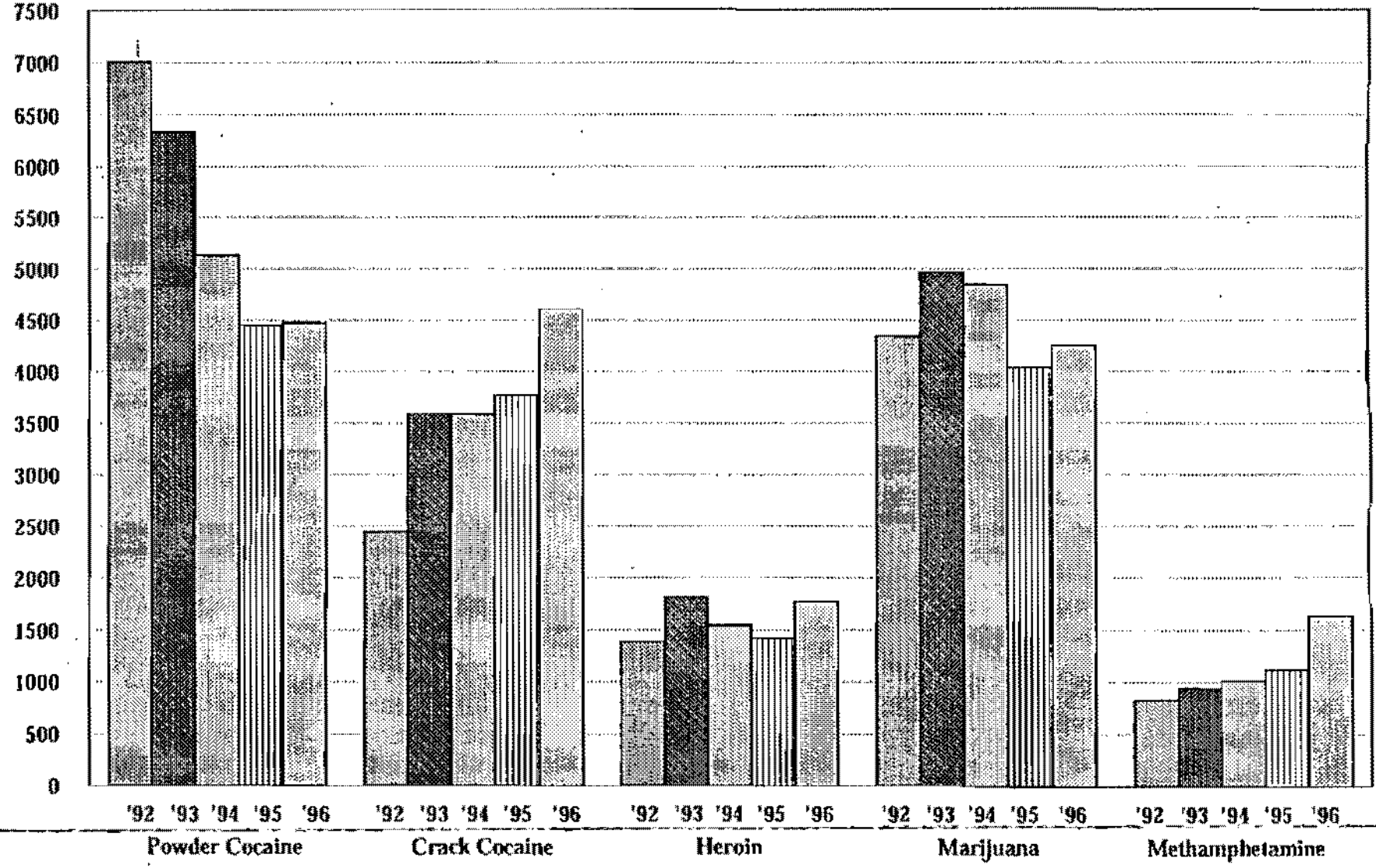


[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 sentenced under Part D guidelines other than §§2D1.1, 2D1.2, 2D1.5, 2D1.8, or 2D2.1 are depicted in this figure. Additionally, 1,109 cases with zero months prison ordered were excluded. Of the remaining 16,061 cases, three were excluded due to missing drug type and 128 due to missing sentencing information.

SOURCE: U.S. Sentencing Commission, 1996 Datafile, MONFY96.

Figure J

NUMBER OF DRUG DEFENDANTS BY DRUG TYPE AND YEAR [1]
(October 1, 1991, through September 30, 1996)

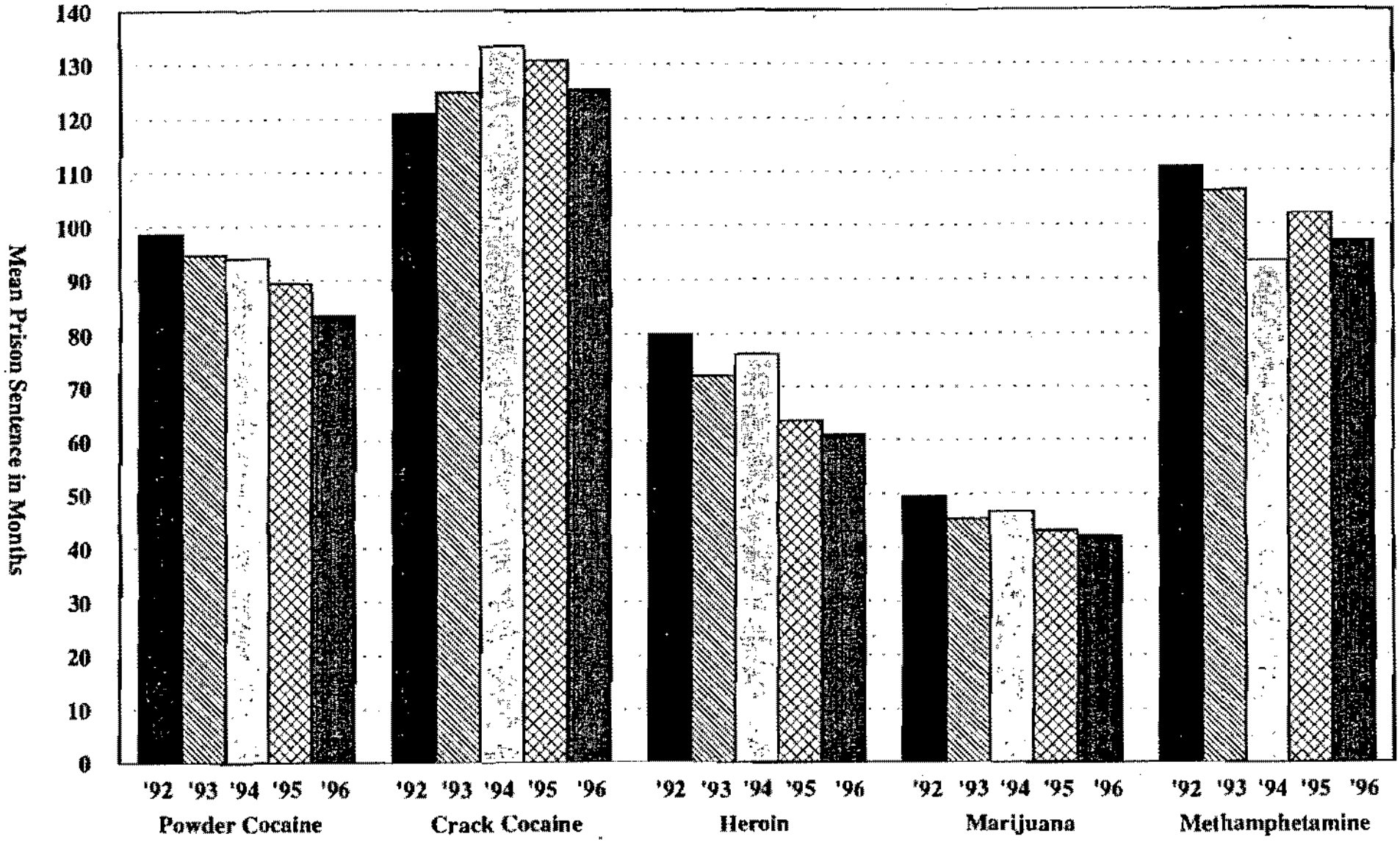


[1] Only cases sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession) are depicted in this figure. Additional cases were excluded due to missing information on drug type.

SOURCE: U.S. Sentencing Commission, 1992-1996 Datafiles, MONEY92-MONEY96.

Figure U

PRISON SENTENCE IMPOSED BY DRUG TYPE AND YEAR FOR DRUG DEFENDANTS [1]
(October 1, 1991, through September 30, 1996)



[1]Only cases sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession) are depicted in this figure. Additionally, cases with zero months prison were excluded. Cases missing drug type or sentencing information were not included in this figure.

SOURCE: U.S. Sentencing Commission, 1992-1996 Datafiles, MONFY92-MONFY96.

CRACK PRICE DATA

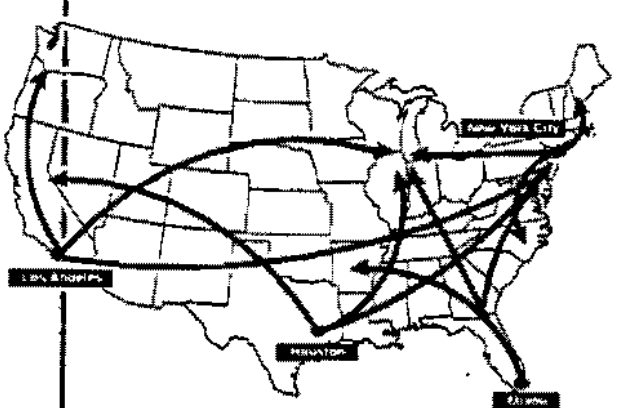
"Crack" cocaine, also referred to as "rock," is packaged in vials, glassine bags, film canisters, etc. Rock sizes are imprecise, but they generally range from 1/10 to 1/2 gram. These rocks can sell for as little as $2 to as much as $50. Crack generally is converted locally from cocaine hydrochloride (HCl) and sold at the retail level. When crack is available in kilogram quantities, prices are comparable to those for kilogram quantities of cocaine HCl. The national range of prices for ounce quantities of crack is from $475 to $2,800. A gram costs between $80 and $125.

Source: Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1993-December 1996.*

making process at the top level rather than the hierarchical decision-making process employed by the Cali drug mafia. At the lower levels, Medellin trafficking groups transacted business with fewer restrictions on their choice of business associates. Various ethnic groups were involved in domestic trafficking at all levels. Groups of Cubans, Dominicans, Jamaicans, and Mexicans, as well as African-American gangs, provided retail distribution in major U.S. cities. Nigerian cocaine distribution groups emerged in northern California, Oklahoma, North Carolina, South Carolina, Texas, and several other States across the nation. Asian groups, including Chinese, Filipino, and Vietnamese gangs, distributed kilogram amounts of cocaine in the West.

Despite this overall diversity, the wholesale distribution of cocaine within the United States was dominated by Hispanic organizations, particularly Colombian and Mexican groups. As noted, the Colombian drug mafias frequently employed Mexican transportation groups to smuggle cocaine through Mexico into the United States. Because Mexican transportation organizations frequently were paid percentages of the cocaine shipment for their services, they have become wholesale distributors of cocaine within the United States. Multiton quantities of cocaine frequently were divided into smaller quantities at staging points in Mexico near the northern border and transported into the United States by these organizations. Once in the United States, these shipments were reconsolidated in either distribution cities, such as Los Angeles or Houston, or warehouse facilities near the U.S.-Mexican border, for further transport to distribution cities.

Primary Cocaine Distribution Routes



"Crack" Cocaine Distribution Groups

There are numerous low- to mid-level distributors of crack. Crack trafficking groups are structured loosely and are characterized by high turnover rates at all organizational levels due to either imprisonment or mistrust and competition within and among groups. At the highest trafficking levels, the crack market is controlled by four groups: Los Angeles-based street gangs and their affiliates, and Jamaican, Dominican, and Haitian criminal groups. Each group is involved in interstate and intrastate transportation of cocaine and crack from source cities to their retail outlets.

A combination of factors—saturated markets, low prices, violent competition, and/or effective police pressure in major urban areas—has forced some crack distribution groups, in conjunction with local gangs, to develop new markets in smaller towns and rural areas. This menacing expansion creates new problems for local drug law enforcement officials and civic authorities. The more established distribution groups are crisscrossing the nation to find new markets, with the Jamaican "posses" spreading westward from New York City and the Los Angeles street gangs spreading eastward. In addition to drug distribution, crack groups engage in murder, kidnapping, arson, witness intimidation, weapons violations, robbery, fraud, and money laundering.

From central distribution points, cocaine was transported to markets throughout the United States. Traffickers used private vehicles, trains, buses, airlines*, and the postal service. Concealed compartments within vehicles such as campers, recreational vehicles, trucks, and vans commonly were encountered. A favored technique was to conceal cocaine in perishable cargo. In June 1994, 1.3 metric tons of cocaine were discovered within the false wall of a tractor-trailer transporting 30 pallets of watermelons from Edinburg, Texas, to Immokalee, Florida. In February 1995, 680 kilograms of cocaine were discovered at the U.S. Border Patrol checkpoint in Falfurrias, Texas, in a tractor-trailer shipment of limes being transported from Weslaco, Texas, to Brooklyn, New York. On March 6, 1995, over 1 metric ton of cocaine was seized from a truckload of cucumbers at the Falfurrias checkpoint.

* In one case, in September 1994, approximately 700 kilograms of cocaine were transported from Los Angeles to New York by air freight.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994: The Supply of Illicit Drugs to the United States*, August 1995.

FOR MORE INFORMATION

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drug Policy Information Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332
http://www.whitehousedrugpolicy.gov

U.S. Department of Justice, Bureau of Justice Statistics, *Comparing Federal and State Prison Inmates, 1991*, September 1994. Order # NCJ-145864.
http://www.ncjrs.org/drgscorr.htm

U.S. Department of Justice, Bureau of Justice Statistics; *Drugs and Jail Inmates, 1989*. August 1991. Order # NCJ-130836.

U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993. Order # NCJ-136949.
http://ncjrs.org/drgscorr.htm

U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail, 1989*. March 1992. Order # NCJ-134732.

U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994. Order # NCJ-14531.
http://www.ncjrs.org/txtfiles/womp.txt

Drug Enforcement Administration
Intelligence Production Unit
Intelligence Division
Washington, DC
202-307-8726
http://www.usdoj.gov/dea/

U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1993-December 1996*, June 1997.

U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994: The Supply of Illicit Drugs to the United States*, August 1995.

National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane, Room 9-A-53
Rockville, MD 20857
301-443-6543
http://www.nida.nih.gov

U.S. Department of Health and Human Services, National Institute on Drug Abuse, Community Epidemiologic Work Group, *Epidemiologic Trends in Drug Abuse, Volume I: Executive Summary, June 1996*.
http://www.edmgroup.com/CEWG/Pubs.htm#0696

U.S. Department of Health and Human Services, National Institute on Drug Abuse, Community Epidemiologic Work Group, *Epidemiologic Trends in Drug Abuse, Advance Report, December 1996*.

National Clearinghouse for Alcohol and Drug Information
PO Box 2345
Rockville, MD 20847-2345
1-800-729-6686 or
301-468-2600 in the metropolitan Washington, DC area
http://www.health.org

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1995*, May 1997.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1995*. http://www.samhsa.gov/oas/nhsda/

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Population Estimates, 1996*, July 1997. http://www.samhsa.gov/oas/nhsda/

U.S. Sentencing Commission
Office of Legislative and Public Affairs
One Columbus Circle, NE
Washington, DC 20002-8002
(202) 273-4500
http://www.ussc.gov/

United States Sentencing Commission, *1996 Sourcebook of Federal Sentencing Statistics*, 1997. http://www.ussc.gov/annrpt/1996/sourcbk.htm

University of Michigan
Institute for Social Research
Survey Research Center
Ann Arbor, MI 48109-1399
(313) 763-5043
http://www.isr.umich.edu/src/mtf

University of Michigan, Institute for Social Research, *The Monitoring the Future Study*, December 18, 1997 press release.

University of Michigan, Institute for Social Research, *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1995, Volume II College Students and Young Adults*, 1997.

ONDCP

The Drug Policy Information Clearinghouse

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- operates a toll-free 800 number staffed by drugs and crime information specialists
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